

Child Maltreatment 2019



U.S. Department of Health & Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau



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<https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>.

Questions and More Information

If you have questions or require additional information about this report, please contact the Child Welfare Information Gateway at info@childwelfare.gov or 1–800–394–3366. If you have questions about a specific state's data or policies, contact information is provided for each state in Appendix D, State Commentary.

Data Sets

Restricted use files of the NCANDS data are archived at the National Data Archive on Child Abuse and Neglect (NDACAN) at Cornell University. Researchers who are interested in these data for statistical analyses may contact NDACAN by phone at 607–255–7799, by email at ndacan@cornell.edu or on the Internet at <https://www.ndacan.acf.hhs.gov/>. NDACAN serves as the repository for the NCANDS data sets, but is not the author of the Child Maltreatment report.

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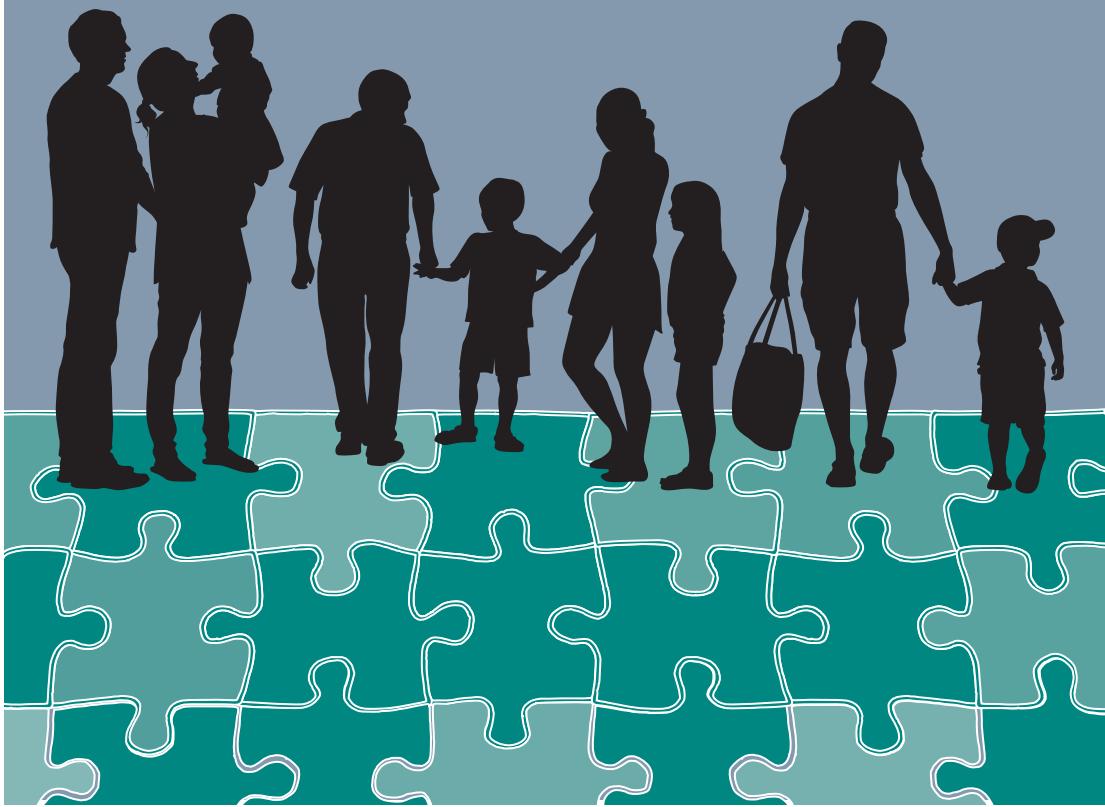
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Child Maltreatment

2019





DEPARTMENT OF HEALTH & HUMAN SERVICES

Letter from the Associate Commissioner:

Child Maltreatment 2019 is the 30th edition of the annual Child Maltreatment report series. States provide the data for this report through the National Child Abuse and Neglect Data System (NCANDS). NCANDS was established in 1988 as a voluntary, national data collection and analysis program to make available state child abuse and neglect information. Data have been collected every year since 1991 and are collected from child welfare agencies in the 50 states, the Commonwealth of Puerto Rico, and the District of Columbia. Key findings in this report include:

- The national rounded number of children who received a child protective services investigation response or alternative response decreased from 3,534,000 for federal fiscal year (FFY) 2018 to 3,476,000 for FFY 2019.
- Comparing the national rounded number of victims from FFY 2018 (677,000) to the national rounded number of victims in 2019 (656,000) also shows a decrease.
- The 2019 data show more than four-fifths (84.5%) of victims suffer a single type of maltreatment. Sixty-one percent are neglected only, 10.3 percent are physically abused only, and 7.2 percent are sexually abused only. More than 15 percent (15.5%) are victims of two or more maltreatment types.
- For FFY 2019, a national estimate of 1,840 children died from abuse and neglect at a rate of 2.50 per 100,000 children in the population. The 2019 national estimate is an increase from the FFY 2018 national estimate of 1,780 children who died from child maltreatment.¹

State explanations for decreases in the number of children who received a CPS response and the number determined to be maltreatment victims, and increases in the number estimated to have died of maltreatment, are discussed in chapters 3–4 and Appendix D, State Commentary.

The Child Maltreatment report series is an important resource relied upon by thousands of researchers, practitioners, and advocates throughout the world. The report is available from our website at <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>.

NCANDS would not be possible without the time, effort, and dedication of state and local child welfare, information technology, and related agency personnel working together on behalf of children and families. We gratefully acknowledge the efforts of all involved to make resources like this report possible and will continue to do everything we can to promote the safety and well-being of our nation's children.

Sincerely,

/s/

Jerry Milner
Associate Commissioner
Children's Bureau

¹ If fewer than 52 states reported data, the national estimate of child fatalities is calculated by multiplying the national fatality rate by the child population of all 52 states and dividing by 100,000. The estimate is rounded to the nearest 10. For 2019, 51 states reported data and for 2015 50 states reported data.

Acknowledgements

The Administration on Children, Youth and Families (ACYF) strives to ensure the well-being of our Nation's children through many programs and activities. One such activity is the National Child Abuse and Neglect Data System (NCANDS) of the Children's Bureau.

National and state statistics about child maltreatment are derived from the data collected by child protective services agencies and reported to NCANDS. The data are analyzed, disseminated, and released in an annual report. *Child Maltreatment 2019* marks the 30th edition of this report. The administration hopes that the report continues to serve as a valuable resource for policymakers, child welfare practitioners, researchers, and other concerned citizens.

The 2019 national statistics were based upon receiving case-level and aggregate data from the 50 states, the Commonwealth of Puerto Rico, and the District of Columbia.

ACYF wishes to thank the many people who made this publication possible. The Children's Bureau has been fortunate to collaborate with informed and committed state personnel who work hard to provide comprehensive data, which reflect the work of their agencies.

ACYF gratefully acknowledges the priorities that were set by state and local agencies to submit these data to the Children's Bureau, and thanks the caseworkers and supervisors who contribute to and use their state's information system. The time and effort dedicated by these and other individuals are the foundation of this successful federal-state partnership.

30th Edition of Child Maltreatment

This edition marks the 30th instance child maltreatment data from the National Child Abuse and Neglect Data System have been publicly released in the Child Maltreatment report series. Child Maltreatment is a highly successful report, which is relied upon by many users for critical statistics concerning child abuse and neglect in the United States. The first report, *National Child Abuse and Neglect Data System: Working Paper I—1990 Summary Data Component* was released in April 1992 and was the result of 4 years of work to design and implement a national data collection and analysis system for state child protective services data. Data were collected from 49 states, the District of Columbia, the Territory of Guam, and all branches of the Armed Services. That first report was 80 pages long and included mostly duplicated counts of key aggregate indicators and analyses were conducted on a single year of data.

Decades later, the report is three times the size of the first edition (now more than 250 pages); contains data from 50 states, the District of Columbia, and the Commonwealth of Puerto Rico; and provides mostly unique counts of key case-level indicators. The current NCANDS Data Warehouse includes case- and aggregate-level data from 2002–2019, consisting of more than 50 million records, which enables complex multiyear and multistate analyses to be conducted. As NCANDS continues to evolve in response to changing legislation, needs from federal agencies, and the child welfare field, the Child Maltreatment report will continue to be a comprehensive and user-friendly tool for decision makers at the federal, state, and private agency levels. It will also continue to provide indispensable support for planning and evaluation by child welfare researchers and practitioners.

Contents

LETTER FROM THE ASSOCIATE COMMISSIONER	ii
ACKNOWLEDGEMENTS	iii
30TH EDITION OF CHILD MALTREATMENT	iv
SUMMARY	ix
CHAPTER 1: Introduction	1
Background of NCANDS	1
New Reporting to NCANDS	2
Annual Data Collection Process	2
NCANDS as a Resource	3
Structure of the Report	4
CHAPTER 2: Reports	6
Screening	6
Report Sources	8
CPS Response Time	10
CPS Workforce and Caseload	10
Exhibit and Table Notes	10
CHAPTER 3: Children	16
Alternative Response	17
Unique and Duplicate Counts	17
Children Who Received an Investigation or Alternative Response	18
Children Who Received an Investigation or Alternative Response by Disposition	18
Number of Child Victims	20
Child Victim Demographics	21
Maltreatment Types	21
Focus on Maltreatment Categories	22
Focus on Single Types of Maltreatments	22
Risk Factors	23
Perpetrator Relationship	23
Exhibit and Table Notes	24
CHAPTER 4: Fatalities	53
Number of Child Fatalities	53
Child Fatality Demographics	54
Maltreatment Types	56
Risk Factors	56

Perpetrator Relationship	57
Prior CPS Contact	57
Exhibit and Table Notes	58
CHAPTER 5: Perpetrators	66
Number of Perpetrators	66
Perpetrator Demographics	66
Perpetrator Relationship	67
Exhibit and Table Notes	67
CHAPTER 6: Services	77
Prevention Services	77
Postresponse Services	79
History of Receiving Services	81
Part C of the Individuals with Disabilities Education Act (IDEA)	81
Exhibit and Table Notes	82
CHAPTER 7: Special Focus	96
Sex Trafficking	96
Reporting Sex Trafficking Data to NCANDS	96
Number and Demographics of Victims of Sex Trafficking	97
Maltreatment Types	97
Perpetrator Relationship	97
Infants with Prenatal Substance Exposure	98
Reporting Infants with Prenatal Substance Exposure Data to NCANDS	99
Number of Infants with Prenatal Substance Exposure	100
Screened-in Infants with Prenatal Substance Exposure Who Have a Plan of Safe Care	100
Screened-in Infants with Prenatal Substance Exposure Who Have a Referral to Appropriate Services	101
Exhibit and Table Notes	101
APPENDIX A: CAPTA Data Items	111
APPENDIX B: Glossary	113
APPENDIX C: State Characteristics	130
APPENDIX D: State Commentary	138

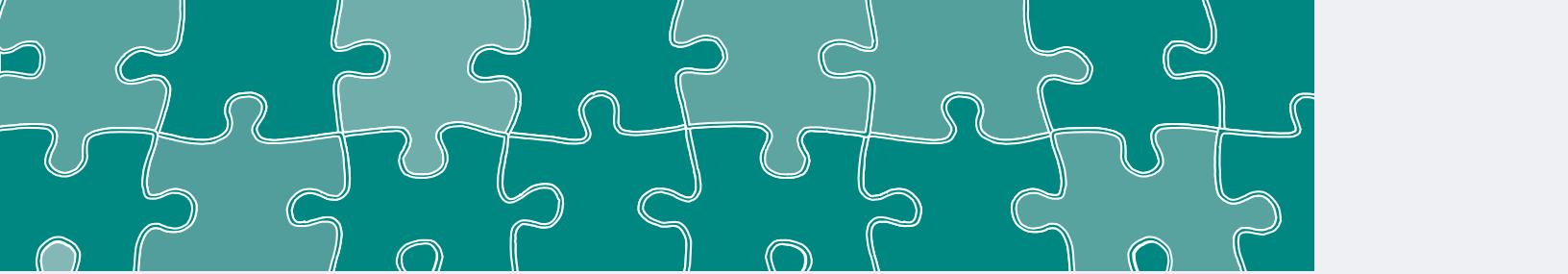
Exhibits

Exhibit S–1 Summary of Child Maltreatment Rates per 1,000 Children, 2015–2019	xiii
Exhibit S–2 Statistics at a Glance, 2019	xiv
Exhibit 2–A Screened-in Referral Rates, 2015–2019	6
Exhibit 2–B Screened-out Referral Rates, 2015–2019	7
Exhibit 2–C Total Referral Rates, 2015–2019	7
Exhibit 2–D Number of Referrals, 2015–2019	8
Exhibit 2–E Report Sources, 2019	9
Exhibit 3–A Child Disposition Rates, 2015–2019	18
Exhibit 3–B Children by Number of Screened-in Referrals (Reports), 2019	18
Exhibit 3–C Children Who Received an Investigation or Alternative Response by Disposition, 2019	19
Exhibit 3–D Children Who Received a Disposition by Response Category, 2019	19
Exhibit 3–E Child Victimization Rates, 2015–2019	20
Exhibit 3–F Victims by Age, 2019	21
Exhibit 4–A Child Fatality Rates per 100,000 Children, 2015–2019	54
Exhibit 4–B Child Fatalities by Age, 2019	55
Exhibit 4–C Child Fatalities by Sex, 2019	55
Exhibit 4–D Child Fatalities by Race and Ethnicity, 2019	56
Exhibit 4–E Maltreatment Types of Child Fatalities, 2019	56
Exhibit 4–F Child Fatalities with Selected Caregiver Risk Factors, 2019	57
Exhibit 4–G Child Fatalities by Number of Prior CPS Contacts, 2019	58
Exhibit 5–A Perpetrators by Age, 2019	66
Exhibit 5–B Perpetrators by Race or Ethnicity, 2019	67
Exhibit 7–A Victims of Sex Trafficking by Sex, 2019	97
Exhibit 7–B Victims of Sex Trafficking by Relationship Category to Their Perpetrators, 2019	98

Tables

Table 2–1 Screened-in and Screened-out Referrals, 2019	12
Table 2–2 Average Response Time in Hours, 2015–2019	13
Table 2–3 Child Protective Services Workforce, 2019	14
Table 2–4 Child Protective Services Caseload, 2019	15
Table 3–1 Children Who Received an Investigation or Alternative Response, 2015–2019	28
Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2019	30
Table 3–3 Children Who Received a Disposition by Response Category, 2015–2019	32
Table 3–4 Child Victims, 2015–2019	36
Table 3–5 First-time Victims, 2015–2019	38
Table 3–6 Victims by Age, 2019	39
Table 3–7 Victims by Sex, 2019	43
Table 3–8 Victims by Race or Ethnicity, 2019	44
Table 3–9 Maltreatment Types of Victims (Categories), 2019	46
Table 3–10 Maltreatment Types of Victims (Single Type), 2019	48
Table 3–11 Victims With Caregiver Risk Factors, 2016–2019	50
Table 3–12 Victims by Relationship to Their Perpetrators, 2019	52
Table 4–1 Child Fatalities by Submission Type, 2019	61
Table 4–2 Child Fatalities, 2015–2019	62

Table 4–3 Child Fatalities by Age, 2019	63
Table 4–4 Child Fatalities by Relationship to Their Perpetrators, 2019	63
Table 4–5 Child Fatalities who Received Family Preservation Services Within the Previous 5 Years, 2019	64
Table 4–6 Child Fatalities who Were Reunited with Their Families Within the Previous 5 Years, 2019	65
Table 5–1 Perpetrators, 2015–2019	69
Table 5–2 Perpetrators by Age, 2019	70
Table 5–3 Perpetrators by Sex, 2019	72
Table 5–4 Perpetrators by Race or Ethnicity, 2019	73
Table 5–5 Perpetrators by Relationship to Their Victims, 2019	75
Table 6–1 Children who Received Prevention Services by Funding Source, 2019	85
Table 6–2 Children who Received Postresponse Services, 2019	88
Table 6–3 Average and Median Number of Days to Initiation of Services, 2019	89
Table 6–4 Children who Received Foster Care Postresponse Services and Who had a Removal Date on or After the Report Date, 2019	90
Table 6–5 Victims with Court Action, 2019	91
Table 6–6 Victims with Court-Appointed Representatives, 2019	92
Table 6–7 Victims Who Received Family Preservation Services Within the Previous 5 Years, 2019	93
Table 6–8 Victims Who Were Reunited with Their Families Within the Previous 5 Years, 2019	94
Table 6–9 IDEA: Victims Who Were Eligible and Victims Who Were Referred to Part C Agencies, 2019	95
Table 7–1 Victims of Sex Trafficking by Sex, 2019	104
Table 7–2 Victims of Sex Trafficking by Sex and Age, 2019	105
Table 7–3 Victims of Sex Trafficking by Known Sex and Maltreatment Types, 2019	105
Table 7–4 Victims of Sex Trafficking by Relationship to Their Perpetrators, 2019	106
Table 7–5 Infants with Prenatal Substance Exposure by Submission Type, 2019	107
Table 7–6 Screened-in Infants with Prenatal Substance Exposure Who Have a Plan of Safe Care, 2019	108
Table 7–7 Screened-in Infants with Prenatal Substance Exposure Who Have a Referral to Appropriate Services, 2019	109
Table C–1 State Administrative Structure, Level of Evidence, and Data Files Submitted, 2019	132
Table C–2 Child Population, 2015–2019	133
Table C–3 Child Population Demographics, 2019	134
Table C–4 Adult Population by Age Group, 2019	137



Summary

Overview

All 50 states, the District of Columbia, and the U.S. Territories have child abuse and neglect reporting laws that mandate certain professionals and institutions refer suspected maltreatment to a child protective services (CPS) agency.

Each state has its own definitions of child abuse and neglect that are based on standards set by federal law. Federal legislation provides a foundation for states by identifying a set of acts or behaviors that define child abuse and neglect. The Child Abuse Prevention and Treatment Act (CAPTA), (P.L. 100–294), as amended by the CAPTA Reauthorization Act of 2010 (P.L. 111–320), retained the existing definition of child abuse and neglect as, at a minimum:

Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation []; or an act or failure to act, which presents an imminent risk of serious harm.

The Justice for Victims of Trafficking Act (P.L. 114–22) added the requirement to include sex trafficking victims in the definition of child abuse and neglect. The following pages provide a summary of key information from this report. The information is provided in a question and answer format as the Children's Bureau is anticipating the most common questions for each chapter of the report. Please refer to the individual chapters for detailed information about each topic and the relevant data. Definitions of terms also are provided in Appendix B, Glossary.

What is the National Child Abuse and Neglect Data System (NCANDS)?

NCANDS is a federally sponsored effort that collects and analyzes annual data on child abuse and neglect. The 1988 CAPTA amendments directed the U.S. Department of Health and Human Services to establish a national data collection and analysis program. The data are collected and analyzed by the Children's Bureau in the Administration on Children, Youth and Families, the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS).

The data are submitted voluntarily by the 50 states, the District of Columbia, and the Commonwealth of Puerto Rico. The first report from NCANDS was based on data for 1990. This report for federal fiscal year (FFY) 2019 data is the 30th issuance of this annual publication. (See chapter 1.)

How are the data used?

NCANDS data are used for the Child Maltreatment report series. In addition, the data are a critical source of information for many publications, reports, and activities of the federal government and other groups. For example, NCANDS data are used in the annual publication, *Child Welfare Outcomes: Report to Congress*. More information about these reports and programs are available on the Children's Bureau website at <https://www.acf.hhs.gov/cb>. (See chapter 1.)

What data are collected?

Once an allegation (called a referral) of abuse and neglect is received by a CPS agency, it is either screened in for a response by CPS or it is screened out. A screened-in referral is called a report. CPS agencies respond to all reports. In most states, the majority of reports receive investigations, which determines if a child was maltreated or is at-risk of maltreatment and establishes whether an intervention is needed. Some reports receive alternative responses, which focus primarily upon the needs of the family and do not determine if a child was maltreated or is at-risk of maltreatment.

NCANDS collects case-level data on all children who received a CPS agency response in the form of an investigation response or an alternative response. Case-level data (meaning individual child record data) include information about the characteristics of screened-in referrals (reports) of abuse and neglect that are made to CPS agencies, the children involved, the types of maltreatment they suffered, the dispositions of the CPS responses, the risk factors of the child and the caregivers, the services that are provided, and the perpetrators. (See chapter 1.)

Where are the data available?

The Child Maltreatment reports are available on the Children's Bureau website at <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>. If you have questions or require additional information about this report, please contact the Child Welfare Information Gateway at info@childwelfare.gov or 1–800–394–3366. Restricted use files of NCANDS data are archived at the National Data Archive on Child Abuse and Neglect (NDACAN) at Cornell University <https://www.ndacan.acf.hhs.gov/>. Researchers who are interested in using these data for statistical analyses may contact NDACAN by phone at 607–255–7799 or by email at ndacan@cornell.edu. (See chapter 1.)

How many allegations of maltreatment are reported and screened in for an investigation response or alternative response?

For 2019, CPS agencies received a national estimate of 4.4 million (4,378,000) total referrals. The 4.4 million total referrals alleging maltreatment includes approximately 7.9 million (7,880,400) children. The national rate of screened-in referrals (reports) is 32.2 per 1,000 children in the national population. Among the 45 states that report both screened-in and screened-out referrals, 54.5 percent of referrals are screened in and 45.5 percent are screened out. (See chapter 2.)

Who reported child maltreatment?

For 2019, professionals submitted 68.6 percent of reports alleging child abuse and neglect. The term professional means that the person has contact with the alleged child maltreatment victim as part of his or her job. This term includes teachers, police officers, lawyers, and social services staff. The highest percentages of reports are from education personnel (21.0%), legal and law enforcement personnel (19.1%), and medical personnel (11.0%).

Nonprofessionals—including friends, neighbors, and relatives—submitted fewer than one-fifth of reports (15.7%). Unclassified sources submitted the remaining reports (15.7%). Unclassified includes anonymous, “other,” and unknown report sources. States use the code “other” for any report source that does not have an NCANDS designated code. See Appendix D, State Commentary, for additional information provided by the states as to what is included in “other.” (See chapter 2.)

Who were the child victims?

For FFY 2019, there are nationally 656,000 (rounded) victims of child abuse and neglect. The victim rate is 8.9 victims per 1,000 children in the population. (See chapter 3.) Victim demographics include:

- Children in their first year of life have the highest rate of victimization at 25.7 per 1,000 children of the same age in the national population.
- The victimization rate for girls is 9.4 per 1,000 girls in the population, which is higher than boys at 8.4 per 1,000 boys in the population.
- American-Indian or Alaska Native children have the highest rate of victimization at 14.8 per 1,000 children in the population of the same race or ethnicity; and African-American children have the second highest rate at 13.7 per 1,000 children of the same race or ethnicity.

What were the most common types of maltreatment?

The type of abuse and neglect suffered by victims may be analyzed multiple ways. The two analyses presented in this report answer different, but equally important questions about maltreatment.

- Counting Categories—a victim is counted once for each substantiated maltreatment type, but only a maximum of once per type. For FFY 2019, 74.9 percent of victims are neglected, 17.5 percent are physically abused, and 9.3 percent are sexually abused. This answers the question of how many different types (categories) of maltreatment did victims suffer.
- Counting Single Types—the focus is on those victims who suffered a single type of maltreatment. Any victim who had two or more substantiated maltreatment types are counted in the multiple maltreatment type category. For FFY 2019, 84.5 percent of victims suffered from a single maltreatment type. Three-fifths (61.0%) of victims are neglected only, 10.3 percent are physically abused only, and 7.2 percent are sexually abused only. This answers the question of how many victims suffered a single type of maltreatment only and what those were. (See chapter 3.)

How many children died from abuse or neglect?

Child fatalities are the most tragic consequence of maltreatment. For FFY 2019, a national estimate of 1,840 children died from abuse and neglect at a rate of 2.50 per 100,000 children in the population. (See chapter 4.) The child fatality demographics show:

- The youngest children are the most vulnerable to maltreatment, with 45.4 percent of child fatalities younger than 1 year old and who died at a rate of 22.94 per 100,000 children in the population of the same age.
- Boys have a higher child fatality rate at 2.98 per 100,000 boys in the population when compared with girls at 2.20 per 100,000 girls in the population.
- The rate of African-American child fatalities (5.06 per 100,000 African-American children) is 2.3 times greater than the rate of White children (2.18 per 100,000 White children) and 2.7 times greater than the rate of Hispanic children (1.89 per 100,000 Hispanic children).

Who abused and neglected children?

A perpetrator is the person who is responsible for the abuse or neglect of a child.

Fifty-two states reported 525,319 perpetrators. (See chapter 5.) The analyses of case-level data show:

- More than four-fifths (83.0%) of perpetrators are between the ages of 18 and 44 years old.
- More than one-half (53.0%) of perpetrators are female and 46.1 percent of perpetrators are male.
- The three largest percentages of perpetrators are White (48.9%), African-American (21.1%), and Hispanic (19.7%).
- The majority (77.5%) of perpetrators are a parent to their victim.

Who received services?

CPS agencies provide services to children and their families, both in their homes and in foster care. Reasons for providing services may include (1) preventing future instances of child maltreatment and (2) remedying conditions that brought the children and their family to the attention of the agency. (See chapter 6.) During 2019:

- Forty-seven states reported approximately 1.9 million children received prevention services.
- Approximately 1.3 million children received postresponse services from a CPS agency.
- Two-thirds (60.8%) of victims and one third (27.7%) of nonvictims received postresponse services.

What is the Special Focus chapter?

The purpose of this chapter is to highlight analyses of specific subsets of children. These analyses may otherwise have been spread throughout the report in different chapters, which can make it more difficult for readers to see the whole analytical picture. The analyses included in this chapter for FFY 2019 focus on the new data elements for sex trafficking and infants with prenatal substance exposure. (See chapter 7.)

How many victims of sex trafficking are there?

The Justice for Victims of Trafficking Act of 2015 includes an amendment to CAPTA to collect and report the number of children determined to be victims of sex trafficking. This is the second year for which states are reporting the new maltreatment type of sex trafficking. For FFY 2019, 29 states report 877 unique victims of sex trafficking. (See chapter 7.)

How many infants with prenatal substance exposure are there?

The Comprehensive Addiction and Recovery Act (CARA) of 2016 includes an amendment to CAPTA to collect and report the number of infants with prenatal substance exposure (IPSE), IPSE with a plan of safe care, and IPSE with a referral to appropriate services. As shown in chapter 7, FFY 2019 data show 38,625 children in 47 states were referred to CPS agencies as IPSE. Of those:

- Fewer than 1.0 percent (0.7%) had the alcohol abuse child risk factor.
- Nearly 71.0 percent (70.9%) had the drug abuse child risk factor.
- More than 11.0 percent (11.4%) had both the alcohol and drug abuse child factors.
- More than 83.0 percent (83.1%) were screened in for an investigation response or alternative response.

A summary of national rates per 1,000 children is provided below (S-1) and a one-page chart of key statistics from the annual report is on the following page (S-2).

Exhibit S-1 Summary Child Maltreatment Rates per 1,000 Children, 2015–2019

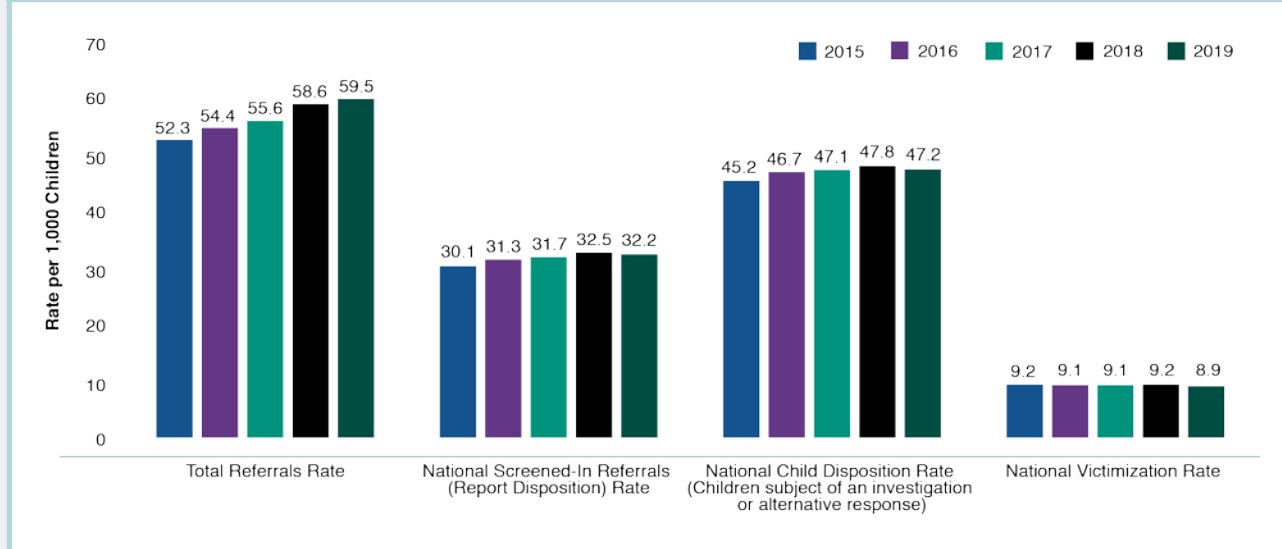
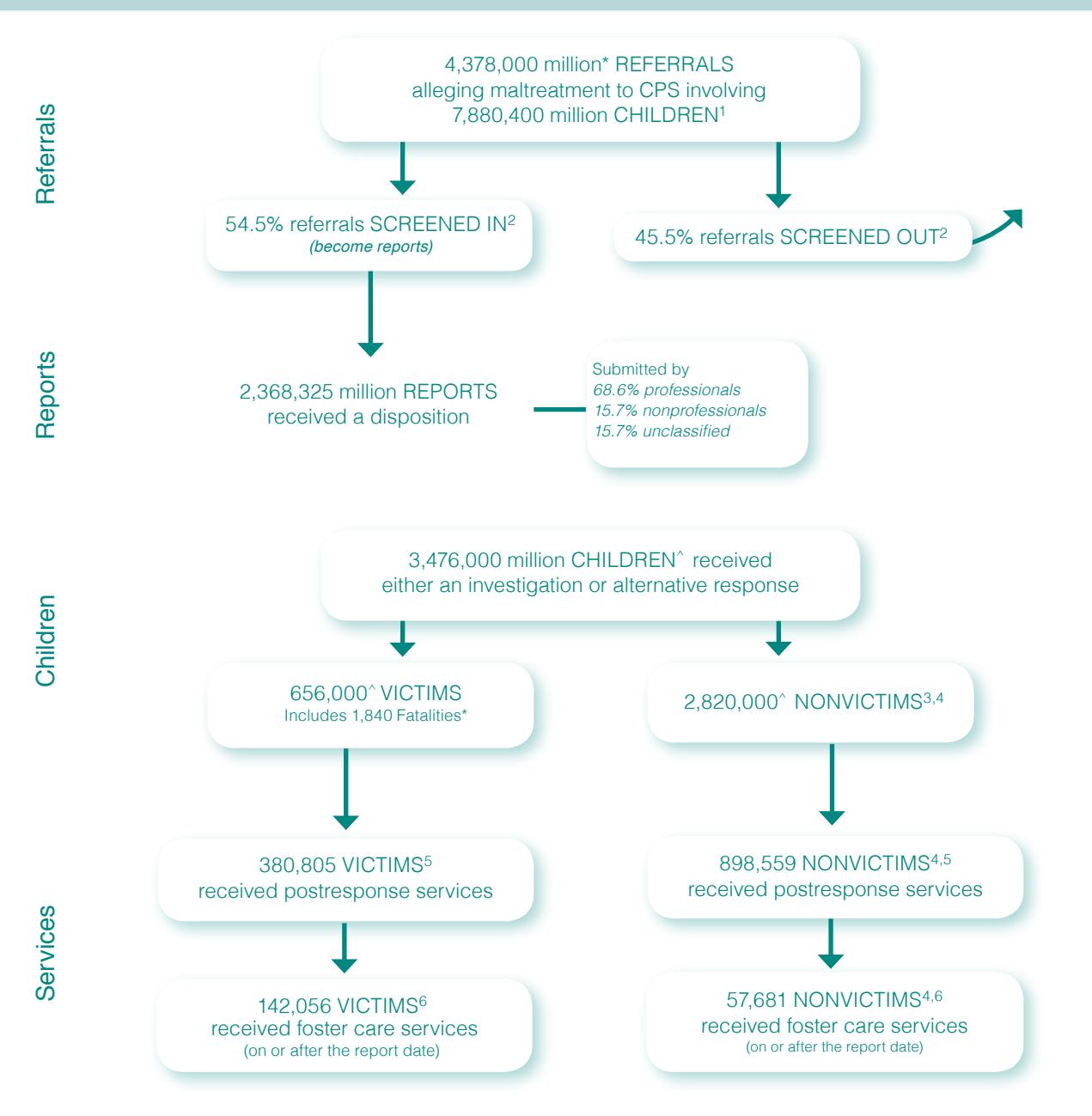


Exhibit S-2 Statistics at a Glance, 2019



* Indicates a nationally estimated number. ^ indicates a rounded number. Please refer to the relevant chapter notes for information about thresholds, exclusions, and how the estimates are calculated.

¹ The average number of children included in a referral was (1.8 rounded).

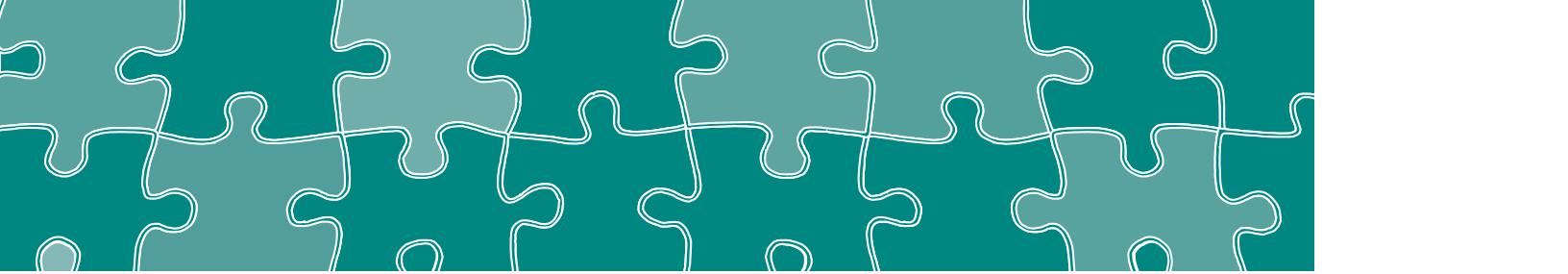
² For the states that reported both screened-in and screened-out referrals.

³ The estimated number of unique nonvictims was calculated by subtracting the unique count of victims from the unique count of children.

⁴ Includes children who received an alternative response.

⁵ Based on data from 50 states. These are duplicate counts.

⁶ Based on data from 49 states. These are duplicate counts.



Introduction

CHAPTER 1

Child abuse and neglect is one of the Nation’s most serious concerns. This important issue is addressed in many ways by the Children’s Bureau in the Administration on Children, Youth and Families, the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS). The Children’s Bureau strives to ensure the safety, permanency, and well-being of all children by working with state, tribal, and local agencies to develop programs to prevent child abuse and neglect. To achieve our goals, we participate in a variety of projects, including:

- Providing guidance on federal law, policy, and program regulations.
- Funding essential services, helping states and tribes operate every aspect of their child welfare systems.
- Supporting innovation through competitive, peer-reviewed grants for research and program development.
- Offering training and technical assistance to improve child welfare service delivery.
- Monitoring child welfare services to help states and tribes achieve positive outcomes for children and families.
- Sharing research to help child welfare professionals improve their services.

Child Maltreatment 2019 presents national data about child abuse and neglect known to child protective services (CPS) agencies in the United States during federal fiscal year (FFY) 2019. The data are collected and analyzed through the National Child Abuse and Neglect Data System (NCANDS), which is an initiative of the Children’s Bureau. Because NCANDS contains all screened-in referrals to CPS agencies that receive a disposition and those that receive an alternative response, these data represent the universe of known CPS child maltreatment cases for FFY 2019.

Approximately 60 data tables and exhibits are included in the Child Maltreatment report each year. Certain analyses are determined by CAPTA legislation, while others are in response to the needs of federal agencies, policy decision makers, child welfare agency staff, and researchers.

Background of NCANDS

The Child Abuse Prevention and Treatment Act (CAPTA) was amended in 1988 (P.L. 100–294) to direct the Secretary of HHS to establish a national data collection and analysis program, which would make available state child abuse and neglect reporting information. HHS responded by establishing NCANDS as a voluntary national reporting system. During 1992, HHS produced its first NCANDS report based on data from 1990. The Child Maltreatment report series evolved from that initial report and is now in its

30th edition. During 1996, CAPTA was amended to require all states that receive funds from the Basic State Grant program to work with the Secretary of HHS to provide specific data, to the maximum extent practicable, about children who had been maltreated. Subsequent CAPTA amendments added data elements and readers are encouraged to review Appendix A, CAPTA Data Items, most of which are reported by states to NCANDS.

A successful federal-state partnership is the core component of NCANDS. Each state designates one person to be the NCANDS state contact. The state contacts from all 52 states (unless otherwise noted, the term “states” includes the District of Columbia and the Commonwealth of Puerto Rico) work with the Children’s Bureau and the NCANDS Technical Team to uphold the high-quality standards associated with NCANDS data. Webinars, technical bulletins, virtual meetings, email, listserv discussions, and phone conferences are used regularly to facilitate information sharing and provision of technical assistance.

NCANDS has the objective to collect nationally standardized case-level and aggregate data and to make these data useful for policy decision-makers, child welfare researchers, and practitioners. The NCANDS Technical Team developed a general data standardization (mapping) procedure whereby all states systematically define the rules for extracting the data from the states’ child welfare information system into the standard NCANDS data format. Team members provide one-on-one technical assistance to states to assist with data mapping, construction, extraction, and data submission and validation.

New Reporting to NCANDS

FFY 2019 is the second year states are reporting data from two enacted laws that amended CAPTA and require states to report certain data elements to the extent practicable:

- The Justice for Victims of Trafficking Act of 2015 (P.L. 114–22)—the number of children determined to be victims of sex trafficking.
- The Comprehensive Addiction and Recovery Act of 2016 (P.L. 114–198)—the number of infants identified by healthcare providers as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder; the number of infants with prenatal substance exposure with safe care plans; and the number of infants with prenatal substance exposure for whom appropriate service referrals were made, including services for the affected parent or caregiver.

These new requirements were added to the NCANDS data collection, and the NCANDS Technical Team disseminated guidance from the Children’s Bureau and worked with the states to implement the fields and codes. Please see Chapter 7, Special Focus for these analyses.

Annual Data Collection Process

The NCANDS reporting year is based on the FFY calendar, which for *Child Maltreatment 2019* is October 1, 2018 through September 30, 2019. States submit case-level data by constructing an electronic file of child-specific records for each report of alleged child abuse and neglect that received a CPS response. Each state’s file only includes completed reports with a disposition (or finding) as an outcome of the CPS response during the reporting year. The data submission containing these case-level data is called the Child File.

The Child File is supplemented by agency-level aggregate statistics in a separate data submission called the Agency File. The Agency File contains data that are not reportable at the child-specific level and are often gathered from agencies external to CPS (e.g., vital statistics departments, child death review teams, law enforcement agencies, etc.). States are asked to submit both the Child File and the Agency File each year. For more information about the Child File and Agency File please go to the Children’s Bureau website at <https://www.acf.hhs.gov/cb/research-data-technology/reporting-systems/ncands>.

Upon receipt of data from each state, a technical validation review assesses the internal consistency and identifies probable causes for any missing data. If the reviews conclude that corrections are necessary, the state may be asked to resubmit its data. States also have the opportunity to give context to their data by providing information about policies, procedures, and legislation in their State Commentary. (See Appendix C, State Characteristics for additional information about submissions and Appendix D, State Commentary for information from states about their data.)

For FFY 2019, 52 states submitted both a Child File and an Agency File. The most recent data submissions or resubmissions from states are included in trend tables and this may account for some differences in the counts from previous reports. With each Child Maltreatment report, the most recent population data from the U.S. Census Bureau are used to update all data years in each trend table.² Wherever possible, trend tables encompass 5 years of data. According to the U.S. Census Bureau, the population of the 52 states that submitted FFY 2019 data accounts for more than 73 million children. (See table C-2.) As part of the NCANDS annual data collection process, states are asked to verify that their data are sufficiently encrypted.

NCANDS as a Resource

The NCANDS data are a critical source of information for many publications, reports, and activities of the federal government, child welfare personnel, researchers, and others. Some examples of programs and reports that use NCANDS data are discussed below. More information about these reports and programs are available on the Children’s Bureau website at <https://www.acf.hhs.gov/cb>.

- *Child Welfare Outcomes: Report to Congress*—This annual report presents information on state and national performance in seven outcome categories. Data for the Child Welfare Outcomes measures and the majority of the context data in this report come from NCANDS and the Adoption and Foster Care Analysis and Reporting System (AFCARS). The reports are available on the Children’s Bureau’s website at <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/cwo>.
- Child and Family Services Reviews (CFSRs)—The Children’s Bureau conducts periodic reviews of state child welfare systems to ensure conformity with federal requirements, determine what is happening with children and families who are engaged in child welfare

² U.S. Census Bureau, Population division. (2020). Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2019 [data file]. Retrieved from <https://www.census.gov/newsroom/press-kits/2020/population-estimates-detailed.html>. Annual Estimates of the Resident Population by Single Year of Age and Sex for the Puerto Rico Commonwealth: April 1, 2010 to July 1, 2019 [data file]. Retrieved from <https://www.census.gov/newsroom/press-kits/2020/population-estimates-detailed.html>

services, and assist states with helping children and families achieve positive outcomes. States develop Program Improvement Plans to address areas revealed by the CFSR as in need of improvement. For CFSR Round 3, NCANDS data are the basis for two of the CFSR national data indicators: Recurrence of Maltreatment and Maltreatment in Foster Care. NCANDS data also are used for data quality checks and context data.

The NCANDS data also are used for several performance measures published annually as part of the ACF Annual Budget Request to Congress, which highlights certain key performance measures in compliance with the Government Performance and Results Modernization Act (P.L. 111–352). Specific measures on which ACF reports using NCANDS data include:

- Decrease the rate of first-time victims per 1,000 children in the population.
- Decrease the percentage of children with substantiated or indicated reports of maltreatment who have a repeated substantiated or indicated report of maltreatment within six months.
- Improve states' average response time between maltreatment report and investigation, based on the median of states' reported average response time in hours from screened-in reports to the initiation of the investigation.

The National Data Archive on Child Abuse and Neglect (NDACAN) was established by the Children's Bureau to encourage scholars to use existing child maltreatment data in their research. NDACAN acquires data sets from national data collection efforts and from individual researchers, prepares the data and documentation for secondary analysis, and disseminates the data sets to qualified researchers who apply to use the data. NDACAN houses the NCANDS's Child Files and Agency Files and licenses researchers to use the data sets. NDACAN has its own strict confidentiality protection procedures. More information on confidentiality protection is available in the NDACAN User's Guide for NCANDS data at <https://www.ndacan.acf.hhs.gov/datasets/datasets-list.cfm>. Please note that NDACAN serves as the repository for the data sets, but is not the author of the Child Maltreatment report series. More information is available at <https://www.ndacan.acf.hhs.gov/>.

In addition, NCANDS data are provided to other agencies as part of federal initiatives, including Healthy People <https://health.gov/healthypeople> and America's Children: Key National Indicators of Well-Being <https://www.childstats.gov/americanachildren>.

Structure of the Report

Many tables include 5 years of data to facilitate trend analyses. To accommodate the space needed to display the child maltreatment data, population data (when applicable) may not appear with the table and are available in Appendix C, State Characteristics. Tables with multiple categories or years of data have numbers presented separately from percentages or rates to make it easier to compare numbers, percentages, or rates across columns or rows.

By making changes designed to improve the functionality and practicality of the report each year, the Children's Bureau endeavors to increase readers' comprehension and knowledge about child maltreatment. Feedback regarding changes, suggestions for potential future changes, or other comments related to the Child Maltreatment report are encouraged. Please provide feedback to the Children's Bureau's Child Welfare Information Gateway at

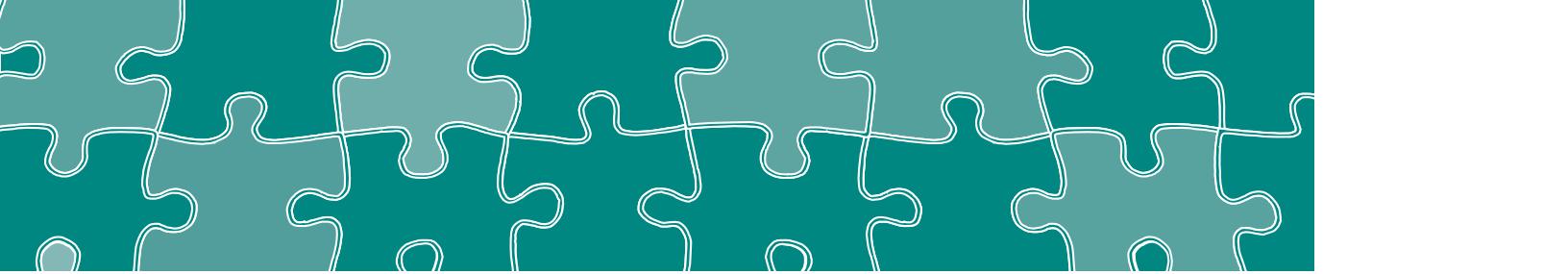
info@childwelfare.gov. The *Child Maltreatment 2019* report contains the additional chapters listed below. Most data tables and notes discussing methodology are at the end of each chapter:

- **Chapter 2, Reports**—referrals and reports of child maltreatment.
- **Chapter 3, Children**—characteristics of victims and nonvictims.
- **Chapter 4, Fatalities**—fatalities that occurred as a result of maltreatment.
- **Chapter 5, Perpetrators**—characteristics of perpetrators of maltreatment.
- **Chapter 6, Services**—services to prevent maltreatment and to assist children and families.
- **Chapter 7, Special Focus**—analyses of specific subsets of children.

The report includes the following resources:

- **Appendix A, CAPTA Data Items**—the list of data items from CAPTA, most of which states submit to NCANDS.
- **Appendix B, Glossary**—common terms and acronyms used in NCANDS and their definitions.
- **Appendix C, State Characteristics**—child and adult population data and information about states administrative structures, levels of evidence, and data files submitted to NCANDS.
- **Appendix D, State Commentary**—information about state policies, procedures, and legislation that may affect data.

Readers are urged to use state commentaries as a resource for additional context to the chapters' text and data tables. States vary in the policies, legislation, requirements, and procedures. While the purpose of the NCANDS project is to collect nationally standardized aggregate and case-level child maltreatment data, readers should exercise caution in making state-to-state comparisons. Each state defines child abuse and neglect in its own statutes and policies and the child welfare agencies determine the appropriate response for the alleged maltreatment based on those statutes and policies. Appendix D, State Commentary also includes phone and email information for each NCANDS state contact person. Readers who would like additional information about specific policies or practices should contact the respective states.



Reports

CHAPTER 2

This chapter presents statistics about referrals alleging child abuse and neglect and how CPS agencies respond to those allegations. Most CPS agencies use a two-step process to respond to allegations of child maltreatment: (1) screening and (2) investigation and alternative response. A CPS agency receives an initial notification—called a referral—alleging child maltreatment. A referral may involve more than one child. Agency hotline or intake units conduct the screening response to determine whether a referral is appropriate for further action.

Screening

A referral may be either screened in or screened out. Referrals that meet CPS agency criteria are screened in (and called reports) and receive an investigation or alternative response from the agency. Referrals that do not meet agency criteria are screened out or diverted from CPS to other community agencies. Reasons for screening out a referral vary by state policy, but may include one or more of the following:

- Does not concern child abuse and neglect.
- Does not contain enough information for a CPS response to occur.
- Response by another agency is deemed more appropriate.
- Children in the referral are the responsibility of another agency or jurisdiction (e.g., military installation or tribe).
- Children in the referral are older than 18 years.³

During FFY 2019, CPS agencies across the nation screened in 2.4 million (2,368,325) referrals in all 52 reporting states. This is a 5.8 percent increase from the 2.2 million (2,237,754) screened-in referrals during 2015. (See [exhibit 2–A](#) and related notes.)

Exhibit 2–A Screened-in Referral Rates, 2015–2019

Year	Reporting States	Child Population of Reporting States	Screened-in Referrals (Reports)	Rate per 1,000 Children	Child Population of 52 States	National Estimate/Actual Screened-in Referrals
2015	52	74,350,047	2,237,754	30.1	74,350,047	2,237,754
2016	51	73,649,413	2,303,225	31.3	74,342,970	2,327,000
2017	52	74,236,882	2,356,356	31.7	74,236,882	2,356,356
2018	52	73,911,017	2,402,907	32.5	73,911,017	2,402,907
2019	52	73,611,881	2,368,325	32.2	73,611,881	2,368,325

Screened-in referral data are from the Child File. The screened-in referral rate is calculated for each year by dividing the number of screened-in referrals from reporting states by the child population in reporting states and multiplying the result by 1,000.

If all 52 states report screened-in referrals, the national estimate/actual number of screened-in referrals is the actual number of referrals reported. If fewer than 52 states report screened-in referrals (2016 only) then the national estimate/actual number of screened-in referrals is a calculation from the rate of screened-in referrals multiplied by the national population of all 52 states. The result is divided by 1,000 and rounded to the nearest 1,000.

³ Victims of sex trafficking may be reported up to anyone who has not reached the age of 24 years. See chapter 7 for more information about victims of sex trafficking.

Screened-in referrals are called reports and may include more than one child. Investigations are conducted on some reports in all states. This type of response includes assessing the allegation of maltreatment according to state law and policy. The primary purpose of the investigation is twofold: (1) to determine whether the child was maltreated or is at-risk of maltreatment and (2) to determine if services are needed and which services to provide.

In some states, reports (screened-in referrals) may receive an alternative response. This response is usually reserved for instances where the child is at a low or moderate risk of maltreatment. While states vary in how they implement their alternative response programs, the primary purpose is to focus on the service needs of the family. Twenty-two states report data on children in alternative response programs. See chapter 3 for more information about alternative response. In NCANDS, both investigations and alternative responses receive a CPS finding known as a disposition.

For 2019, a national estimate of 2.0 million (2,010,000) referrals were screened out. This is a 21.7 percent increase from the 1.7 million (1,651,000) screened-out referrals for 2015. (See [exhibit 2-B](#) and related notes.)

Exhibit 2-B Screened-out Referral Rates, 2015–2019

Year	Reporting States	Child Population of Reporting States	Screened-out Referrals	Rate per 1,000 Children	Child Population of 52 States	National Estimate of Screened-out Referrals
2015	44	59,031,209	1,310,716	22.2	74,350,047	1,651,000
2016	45	59,453,054	1,374,053	23.1	74,342,970	1,717,000
2017	45	59,471,036	1,421,252	23.9	74,236,882	1,774,000
2018	46	59,903,593	1,563,226	26.1	73,911,017	1,929,000
2019	45	59,483,042	1,625,691	27.3	73,611,881	2,010,000

Screened-out referral data are from the Agency File. The screened-out referral rate is calculated for each year by dividing the number of screened-out referrals from reporting states by the child population in reporting states and multiplying the result by 1,000.

The national estimate of screened-out referrals is based upon the rate of referrals multiplied by the national population of all 52 states. The result is divided by 1,000 and rounded to the nearest 1,000.

For 2019, CPS agencies received a national estimate of 4.4 million (4,378,000) total referrals. This is a 12.6 percent increase from the 3.9 million (3,889,000) total referrals received for 2015. The 4.4 million total referrals alleging maltreatment includes approximately 7.9 million (7,880,400) children.^{4,5} (See [exhibit 2-C](#) and related notes).

Exhibit 2-C Total Referral Rates, 2015–2019

Year	National Estimate/ Actual Screened-in Referrals	National Estimate of Screened-out Referrals	National Estimate of Total Referrals	Child Population of all 52 States	Total Referrals Rate per 1,000 Children
2015	2,237,754	1,651,000	3,889,000	74,350,047	52.3
2016	2,327,000	1,717,000	4,044,000	74,342,970	54.4
2017	2,356,356	1,774,000	4,130,000	74,236,882	55.6
2018	2,402,907	1,929,000	4,332,000	73,911,017	58.6
2019	2,368,325	2,010,000	4,378,000	73,611,881	59.5

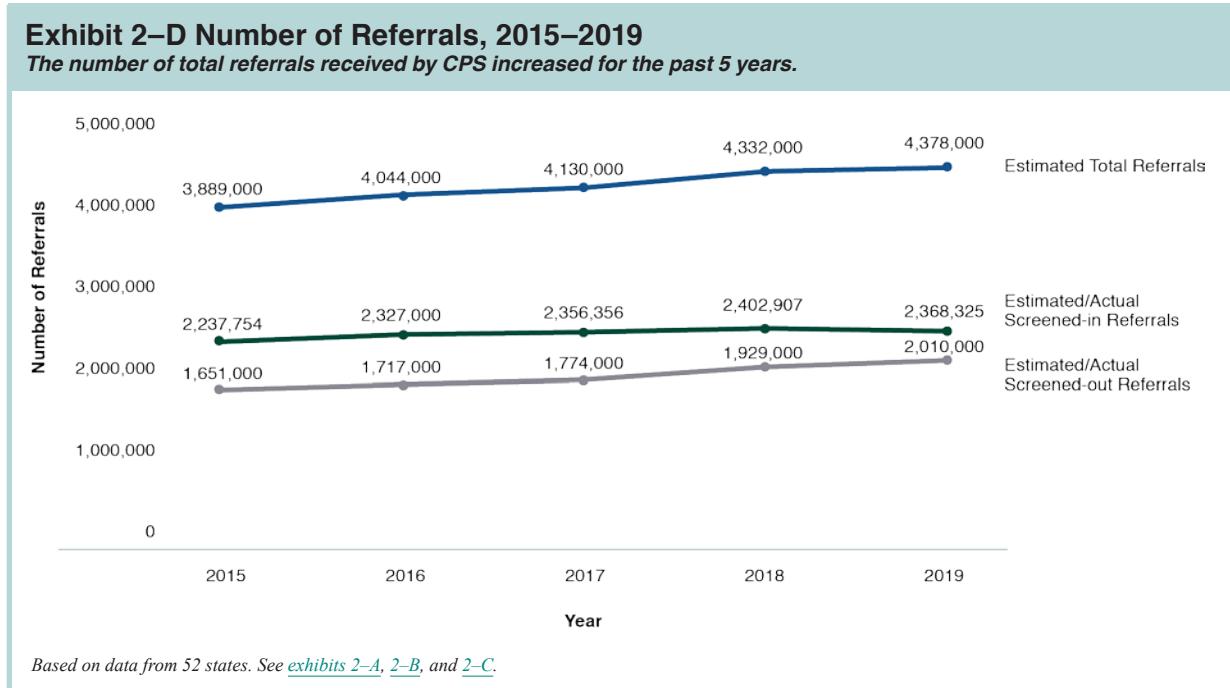
Screened-out referral data are from the Agency File and screened-in referral data are from the Child File.

The national estimate of total referrals is the sum of the actual reported or estimated number of screened-in referrals (from [exhibit 2-A](#)) plus the number of estimated screened-out referrals (from [exhibit 2-B](#)). The sum is rounded to the nearest 1,000. The national total referral rate is calculated for each year by dividing the national estimate of total referrals by the child population of 52 states and multiplying the result by 1,000.

⁴ Dividing the number of children with dispositions (4,255,946, from [table 3-2](#)) by the number of screened-in referrals (2,368,325, from [exhibit 2-A](#)) results in the average number of children included in a screened-in referral (1.8, rounded).

⁵ The average number of children included in a screened-in referral (1.8) multiplied by the national estimate of total referrals (4,378,000, from [exhibit 2-C](#)) results in an estimated 7,880,400 children included in total referrals.

As shown in [exhibit 2-D](#), the number of total referrals received by CPS agencies has steadily increased during the past 5 years. After several years of increasing, the number of screened-in referrals decreased in 2019 while the number of screened-out referrals steadily increased.



For 2019, 45 states report both screened-in and screened-out referral data and screened in 54.5 percent and screened out 45.5 percent of referrals. Of those 45 states, 16 states screened in more than the national percentage, ranging from 55.5 to 98.4 percent and 29 states screened out more than the national percentage, ranging from 46.3 to 84.0 percent. (See [table 2-1](#) and related notes.)

Several states with the largest increases for all referrals provided the following explanations: increased public awareness of child abuse and neglect due to media coverage of child deaths, a centralized and publicly promoted child abuse and neglect hotline, improvements to existing child abuse and neglect definitions, and improvements in the ability to collect and report maltreatment allegations.

States also provided explanations for a decrease in the number of screened-in reports as due to a reduction in backlog of referrals, a change in procedures for combining multiple reports, and a policy change to stop automatically screening in any referral for children younger than 3 years. Readers are encouraged to view state comments in Appendix D, State Commentary for additional information about screening policies and state comments about increases and decreases.

Report Sources

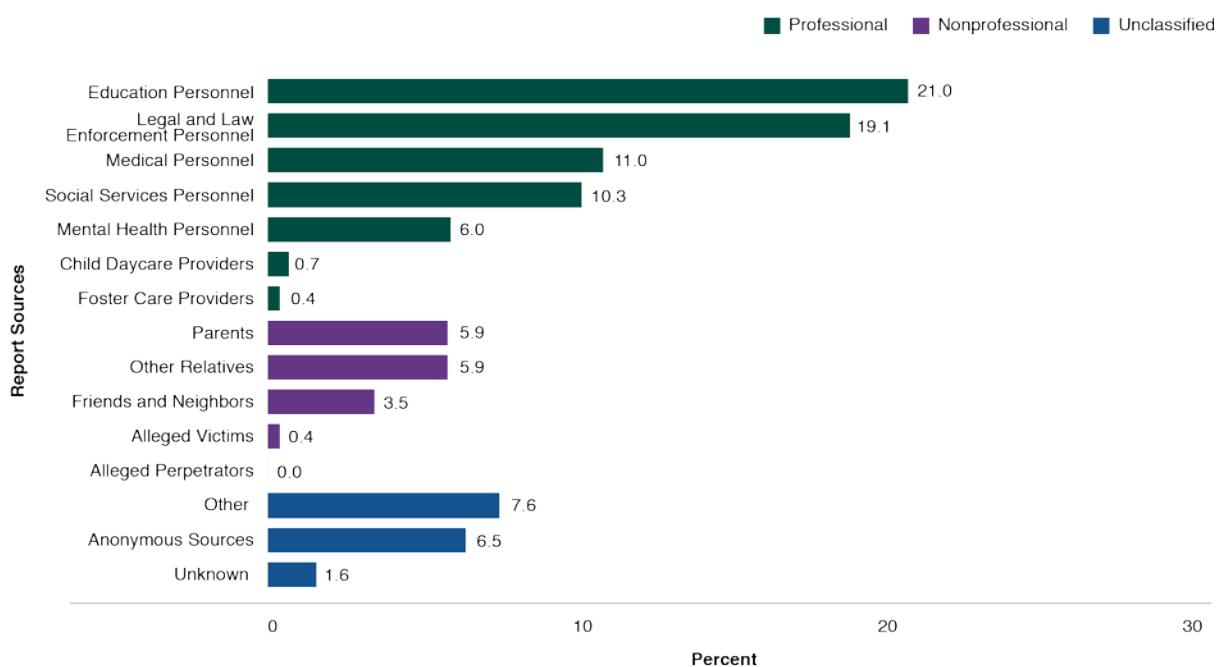
The report source is the role of the person who notified a CPS agency of the alleged child abuse or neglect in a referral. Only those sources in reports (screened-in referrals) that receive an investigation or alternative response are submitted to NCANDS. To facilitate comparisons, report sources are grouped into three categories: professional, nonprofessional, and unclassified.

Professional report sources are persons who encounter the child as part of their occupation, such as child daycare providers, educators, legal and law enforcement personnel, and medical personnel. State laws require most professionals to notify CPS agencies of suspected maltreatment (these are known as mandated reporters). Nonprofessional report sources are persons who do not have a relationship with the child based on their occupation, such as friends, relatives, and neighbors. State laws vary as to the requirements of nonprofessionals to report suspected abuse and neglect. Unclassified includes anonymous, “other,” and unknown report sources. States use the code of “other” for any report source that does not have an NCANDS designated code. According to comments provided by the states, the “other” report source category might include such sources as religious leader, Temporary Assistance for Needy Families staff, landlord, tribal official or member, camp counselor, and private agency staff. Readers are encouraged to review Appendix D, State Commentary for additional information as to what is in the category of “other” report source.

FFY 2019 data show professionals submit 68.6 percent of reports. The highest percentages of reports are from education personnel (21.0%), legal and law enforcement personnel (19.1%), and medical personnel (11.0%). Nonprofessionals submit 15.7 percent of reports with the largest category of nonprofessional reporters being parents (5.9%), other relatives (5.9%), and friends and neighbors (3.5%). Unclassified sources submit the remaining 15.7 percent. (See [exhibit 2–E](#) and related notes.)

Exhibit 2–E Report Sources, 2019

Professionals submitted the majority of screened-in referrals (reports) that received an investigation or alternative response



Data are from the Child File. Based on data from 49 states. States were excluded from this analysis if more than 25.0 percent had an “other” or unknown report source. Supporting data not shown.

CPS Response Time

States' policies usually establish time guidelines or requirements for initiating a CPS response. The definition of response time is the time from the CPS agency's receipt of a referral to the initial face-to-face contact with the alleged victim wherever this is appropriate, or with another person who can provide information on the allegation(s). States have either a single response timeframe for all reports or different timeframes for different types of reports. High-priority responses are often stipulated to occur within 24 hours; lower priority responses may occur within several days.

Based on data from 38 states, the FFY 2019 mean response time of state averages is 102 hours or 4.3 days; the median response time is 64 hours or 2.7 days. (See [table 2–2](#) and related notes.) Some states' explanations for long response times are related to the geography of the state meaning the distance from the agency to the alleged victim, difficulties related to the terrain, and weather-related delays. Some states also mentioned high staff turnover contributed to long response times.

CPS Workforce and Caseload

Given the large number and the complexity of CPS responses that are conducted each year, there is ongoing interest in the size of the workforce that performs CPS functions. In most agencies, different groups of workers conduct screening, investigations, and alternative responses. However, in some agencies, one worker may perform all or any combination of those functions and may provide additional services. Due to limitations in states' information systems and the fact that workers may conduct more than one function in a CPS agency, the data in the workforce and caseload tables vary among the states. The Children's Bureau asks states to submit data for workers as full-time equivalents when possible.

For FFY 2019, 42 states reported a total workforce of 29,405 and thirty-nine states reported 3,188 specialized intake and screening workers. The number of investigation and alternative response workers—20,120—is computed by subtracting the reported number of intake and screening workers from the total workforce number. (See [table 2–3](#) and related notes.) This is a decrease from FFY 2018 when 43 states reported 29,754 total workers and 40 states reported 3,349 intake and screening workers. One state did not report workforce data for 2019 as the state is implementing system changes to improve reporting.

Using the data from the same thirty-nine states that report on workers with specialized functions, investigation and alternative response workers complete an average of 71 CPS responses per worker for FFY 2019. (See [table 2–4](#) and related notes.) This is similar to the average of 72 responses per worker for FFY 2018.

Exhibit and Table Notes

The following pages contain the data tables referenced in chapter 2. Specific information about state submissions can be found in Appendix D, State Commentary. Additional information regarding the exhibits and tables is provided below.

General

- During data analyses, thresholds are set to ensure data quality is balanced with the need to report data from as many states as possible. States may be excluded from an analysis for data quality issues. Exclusion rules are in the table notes below.

- Rates are per 1,000 children in the population.
- Rates are calculated by dividing the relevant reported count (screened-in referrals, total referrals, etc.) by the relevant child population count and multiplying by 1,000.
- NCANDS uses the child population estimates that are released annually by the U.S. Census Bureau. These population estimates are provided in Appendix C, State Characteristics.
- National totals and calculations appear in a single row labeled National instead of separate rows labeled total, rate, or percent.
- The row labeled Reporting States displays the count of states that provided data for that analysis.
- Dashes are inserted into cells without any data included in this analysis.

Table 2–1 Screened-in and Screened-out Referrals, 2019

- Screened-out referral data are from the Agency File and screened-in referral data are from the Child File.
- This table includes screened-in referral data from all states and screened-out referral data from 45 reporting states.
- The state total referral rate is based on the number of total referrals divided by the child population (see [table C–2](#)) of states reporting both screened-in and screened-out referrals and multiplying the result by 1,000.

Table 2–2 Average Response Time in Hours, 2015–2019

- Data are from the Agency File.
- The national mean of states' reported average response time is calculated by summing the average response times from the states and dividing the total by the number of states reporting. The result is rounded to the nearest whole number.
- The national median is determined by sorting the states' averages and finding the midpoint.
- Some states report the average response time generated from the NCANDS Child File as their average response time in the Agency File. If a state does use the Child File calculated average, the following thresholds apply and the state would be excluded from this analysis if any of the following conditions are present: if fewer than 95.0 percent of reports have a report time, fewer than 75.0 percent of reports have an investigation start date, or fewer than 75.0 percent of reports have an investigation start time.

Table 2–3 Child Protective Services Workforce, 2019

- Data are from the Agency File.
- Some states provide the total number of CPS workers, but not the specifics on worker functions as classified by NCANDS.
- States are excluded if the worker data are not full-time equivalents.

Table 2–4 Child Protective Services Caseload, 2019

- Data are from the Child File and the Agency File.
- The number of completed reports per investigation and alternative response worker for each state was based on the number of completed reports, divided by the number of investigation and alternative response workers, and rounded to the nearest whole number.
- The national number of reports per worker is based on the total of completed reports for the reporting states, divided by the total number of investigation and alternative response workers, and rounded to the nearest whole number.
- States are excluded if the worker data are not full-time equivalents.
- States are excluded if they do not report intake and screening workers separately from all workers.

Table 2–1 Screened-in and Screened-out Referrals, 2019

State	Screened-in Referrals (Reports)	Screened-out Referrals	Total Referrals	Screened-in Referrals (Reports) Percent	Screened-out Referrals Percent	Total Referrals Rate per 1,000
Alabama	28,656	470	29,126	98.4	1.6	26.8
Alaska	10,713	12,926	23,639	45.3	54.7	131.3
Arizona	45,302	36,182	81,484	55.6	44.4	49.7
Arkansas	33,755	25,539	59,294	56.9	43.1	84.7
California	224,212	179,708	403,920	55.5	44.5	45.4
Colorado	36,079	71,261	107,340	33.6	66.4	85.2
Connecticut	14,645	37,258	51,903	28.2	71.8	71.4
Delaware	6,002	14,105	20,107	29.9	70.1	98.8
District of Columbia	6,404	11,198	17,602	36.4	63.6	137.3
Florida	163,494	86,684	250,178	65.4	34.6	59.1
Georgia	85,309	39,463	124,772	68.4	31.6	49.8
Hawaii	2,377	2,755	5,132	46.3	53.7	17.1
Idaho	11,117	11,382	22,499	49.4	50.6	50.2
Illinois	86,705	-	86,705	-	-	-
Indiana	120,208	56,762	176,970	67.9	32.1	112.9
Iowa	33,319	19,315	52,634	63.3	36.7	72.4
Kansas	31,895	19,526	51,421	62.0	38.0	73.4
Kentucky	50,779	54,364	105,143	48.3	51.7	104.8
Louisiana	20,597	31,840	52,437	39.3	60.7	48.2
Maine	10,874	12,659	23,533	46.2	53.8	94.6
Maryland	21,886	40,465	62,351	35.1	64.9	46.7
Massachusetts	43,923	41,988	85,911	51.1	48.9	63.5
Michigan	95,735	56,109	151,844	63.0	37.0	70.8
Minnesota	31,059	59,202	90,261	34.4	65.6	69.3
Mississippi	28,106	8,149	36,255	77.5	22.5	51.9
Missouri	61,556	23,937	85,493	72.0	28.0	62.4
Montana	10,199	-	10,199	-	-	-
Nebraska	12,642	24,614	37,256	33.9	66.1	78.3
Nevada	15,659	25,094	40,753	38.4	61.6	58.8
New Hampshire	10,288	7,342	17,630	58.4	41.6	69.1
New Jersey	60,934	-	60,934	-	-	-
New Mexico	21,733	19,486	41,219	52.7	47.3	86.6
New York	163,917	-	163,917	-	-	-
North Carolina	55,122	-	55,122	-	-	-
North Dakota	3,985	-	3,985	-	-	-
Ohio	89,004	111,729	200,733	44.3	55.7	77.9
Oklahoma	36,758	45,680	82,438	44.6	55.4	86.6
Oregon	39,778	43,666	83,444	47.7	52.3	96.3
Pennsylvania	41,951	-	41,951	-	-	-
Puerto Rico	8,365	9,109	17,474	47.9	52.1	30.5
Rhode Island	7,294	11,617	18,911	38.6	61.4	92.5
South Carolina	47,105	12,135	59,240	79.5	20.5	53.3
South Dakota	2,379	12,495	14,874	16.0	84.0	68.5
Tennessee	76,162	65,686	141,848	53.7	46.3	93.9
Texas	198,106	53,107	251,213	78.9	21.1	33.9
Utah	20,909	21,325	42,234	49.5	50.5	45.4
Vermont	4,015	15,545	19,560	20.5	79.5	171.6
Virginia	36,780	50,511	87,291	42.1	57.9	46.9
Washington	43,874	68,109	111,983	39.2	60.8	67.3
West Virginia	26,919	15,919	42,838	62.8	37.2	119.1
Wisconsin	26,797	54,638	81,435	32.9	67.1	64.3
Wyoming	2,943	4,637	7,580	38.8	61.2	56.7
National	2,368,325	1,625,691	3,994,016	59.3	40.7	-
Reporting States	52	45	52	-	-	-
National for states reporting both screened-in and screened-out referrals	1,945,512	1,625,691	3,571,203	54.5	45.5	-
Reporting states for reporting both screened-in and screened-out referrals	45	45	45	-	-	-

Table 2–2 Average Response Time in Hours, 2015–2019

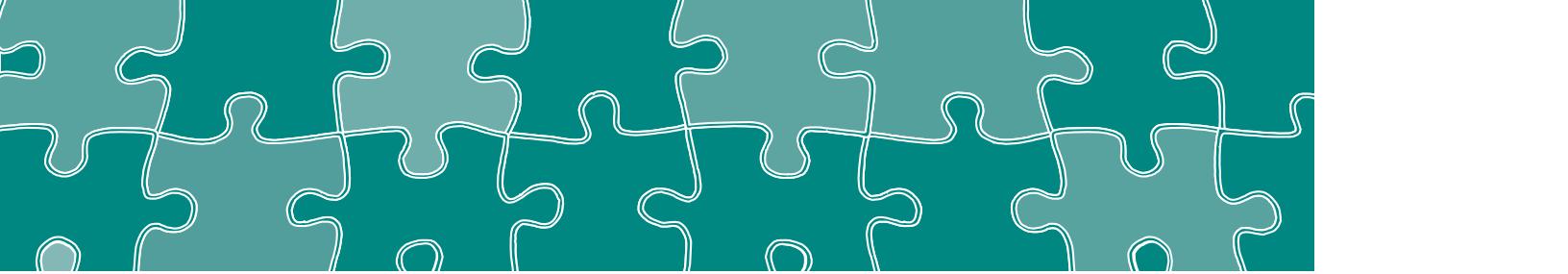
State	2015	2016	2017	2018	2019
Alabama	13	64	58	53	51
Alaska	348	-	-	423	602
Arizona	-	-	32	31	32
Arkansas	98	113	134	98	104
California	-	-	-	-	-
Colorado	-	-	-	114	116
Connecticut	44	44	62	46	42
Delaware	210	231	291	354	409
District of Columbia	19	22	26	29	23
Florida	10	10	10	11	9
Georgia	-	-	-	-	-
Hawaii	113	154	179	338	315
Idaho	61	56	64	60	64
Illinois	-	-	-	-	-
Indiana	103	96	74	64	63
Iowa	48	54	49	52	63
Kansas	76	67	94	123	101
Kentucky	85	75	78	96	121
Louisiana	59	73	99	-	-
Maine	72	72	72	87	94
Maryland	-	-	-	-	-
Massachusetts	-	-	-	-	-
Michigan	41	41	33	34	43
Minnesota	124	108	104	79	72
Mississippi	66	51	50	31	34
Missouri	-	42	65	48	61
Montana	172	125	-	-	-
Nebraska	115	126	145	136	123
Nevada	17	19	18	20	69
New Hampshire	88	104	116	129	113
New Jersey	17	17	18	18	19
New Mexico	76	68	67	63	89
New York	-	-	-	-	-
North Carolina	-	-	-	-	-
North Dakota	215	-	-	-	-
Ohio	31	24	26	23	24
Oklahoma	48	51	50	50	47
Oregon	123	133	137	150	165
Pennsylvania	-	-	-	-	-
Puerto Rico	-	-	-	-	-
Rhode Island	14	20	28	32	20
South Carolina	-	-	-	38	42
South Dakota	78	73	75	51	34
Tennessee	93	52	-	-	-
Texas	63	63	55	50	50
Utah	83	86	88	81	76
Vermont	103	106	102	94	92
Virginia	-	-	-	-	-
Washington	50	40	39	38	37
West Virginia	71	200	211	238	339
Wisconsin	113	119	117	119	113
Wyoming	24	24	14	18	23
National Average	84	76	80	93	102
National Median	74	67	66	57	64
Reporting States	38	37	36	38	38

Table 2–3 Child Protective Services Workforce, 2019

State	Intake and Screening Workers	Investigation and Alternative Response Workers	Intake, Screening, Investigation, and Alternative Response Workers
Alabama	85	498	583
Alaska	19	178	197
Arizona	76	447	523
Arkansas	49	487	536
California	-	-	2,988
Colorado	-	-	-
Connecticut	56	366	422
Delaware	30	129	159
District of Columbia	44	164	208
Florida	-	-	-
Georgia	-	-	-
Hawaii	14	39	53
Idaho	14	153	167
Illinois	131	978	1,109
Indiana	120	834	954
Iowa	29	253	282
Kansas	78	322	400
Kentucky	76	1,046	1,122
Louisiana	46	207	253
Maine	35	157	192
Maryland	-	-	-
Massachusetts	146	366	512
Michigan	140	1,532	1,672
Minnesota	342	535	877
Mississippi	30	502	532
Missouri	49	505	554
Montana	21	189	210
Nebraska	54	179	233
Nevada	57	190	247
New Hampshire	19	96	115
New Jersey	107	1,349	1,456
New Mexico	44	186	230
New York	-	-	-
North Carolina	188	957	1,145
North Dakota	-	-	-
Ohio	-	-	-
Oklahoma	60	650	710
Oregon	101	390	491
Pennsylvania	-	-	2,949
Puerto Rico	36	212	248
Rhode Island	5	76	81
South Carolina	-	-	-
South Dakota	33	46	79
Tennessee	111	1,032	1,143
Texas	529	3,845	4,374
Utah	31	127	158
Vermont	37	52	89
Virginia	-	-	-
Washington	105	538	643
West Virginia	41	308	349
Wisconsin	-	-	-
Wyoming	-	-	160
National	3,188	20,120	29,405
Reporting States	39	39	42

Table 2–4 Child Protective Services Caseload, 2019

State	Investigation and Alternative Response Workers	Completed Reports (Reports with a Disposition)	Completed Reports per Investigation and Alternative Response Worker
Alabama	498	28,656	58
Alaska	178	10,713	60
Arizona	447	45,302	101
Arkansas	487	33,755	69
California	-	-	-
Colorado	-	-	-
Connecticut	366	14,645	40
Delaware	129	6,002	47
District of Columbia	164	6,404	39
Florida	-	-	-
Georgia	-	-	-
Hawaii	39	2,377	61
Idaho	153	11,117	73
Illinois	978	86,705	89
Indiana	834	120,208	144
Iowa	253	33,319	132
Kansas	322	31,895	99
Kentucky	1,046	50,779	49
Louisiana	207	20,597	100
Maine	157	10,874	69
Maryland	-	-	-
Massachusetts	366	43,923	120
Michigan	1,532	95,735	62
Minnesota	535	31,059	58
Mississippi	502	28,106	56
Missouri	505	61,556	122
Montana	189	10,199	54
Nebraska	179	12,642	71
Nevada	190	15,659	82
New Hampshire	96	10,288	107
New Jersey	1,349	60,934	45
New Mexico	186	21,733	117
New York	-	-	-
North Carolina	957	55,122	58
North Dakota	-	-	-
Ohio	-	-	-
Oklahoma	650	36,758	57
Oregon	390	39,778	102
Pennsylvania	-	-	-
Puerto Rico	212	8,365	39
Rhode Island	76	7,294	96
South Carolina	-	-	-
South Dakota	46	2,379	52
Tennessee	1,032	76,162	74
Texas	3,845	198,106	52
Utah	127	20,909	165
Vermont	52	4,015	77
Virginia	-	-	-
Washington	538	43,874	82
West Virginia	308	26,919	87
Wisconsin	-	-	-
Wyoming	-	-	-
National	20,120	1,424,863	71
Reporting States	39	39	39



Children

CHAPTER 3

This chapter discusses the children who are the subjects of reports (screened-in referrals) and the characteristics of those who are determined to be victims of abuse and neglect. The Child Abuse Prevention and Treatment Act (CAPTA), (P.L. 100–294) defines child abuse and neglect as, at a minimum:

Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation []; or an act or failure to act, which presents an imminent risk of serious harm.

The Justice for Victims of Trafficking Act (P.L. 114–22) added the requirement to include sex trafficking victims in the definition of child abuse and neglect. CAPTA legislation recognizes individual state authority by providing this minimum federal definition of child abuse and neglect. Each state defines child abuse and neglect in its own statutes and policies and the child welfare agencies determine the appropriate response for the alleged maltreatment based on those statutes and policies. While the purpose of the NCANDS project is to collect nationally standardized aggregate and case-level child maltreatment data, readers should exercise caution in making state-to-state comparisons. States map their own codes to the NCANDS codes (see chapter 1).

In most states, the majority of reports receive an investigation. An investigation response results in a determination (also known as a disposition) about the alleged child maltreatment. The two most prevalent NCANDS dispositions are:

- **Substantiated:** An investigation disposition that concludes the allegation of maltreatment or risk of maltreatment is supported or founded by state law or policy. NCANDS includes this disposition in the count of victims.
- **Unsubstantiated:** An investigation disposition that concludes there is not sufficient evidence under state law to conclude or suspect that the child was maltreated or is at risk of being maltreated.

Less commonly used NCANDS dispositions for investigation responses include:

- **Indicated:** A disposition that concludes maltreatment could not be substantiated under state law or policy, but there is a reason to suspect that at least one child may have been maltreated or is at risk of maltreatment. This disposition is applicable only to states that distinguish between substantiated and indicated dispositions. NCANDS includes this disposition in the count of victims.
- **Intentionally false:** A disposition that concludes the person who made the allegation of maltreatment knew that the allegation was not true.
- **Closed with no finding:** A disposition that does not conclude with a specific finding because the CPS response could not be completed. This disposition is often assigned when CPS is unable to locate the alleged victim.

- **No alleged maltreatment:** A disposition for a child who receives a CPS response, but is not the subject of an allegation or any finding of maltreatment. Some states have laws requiring all children in a household receive a CPS response if any child in the household is the subject of a CPS response.
- **Other:** States may use the category of “other” if none of the above is applicable.

State statutes also establish the level of evidence needed to determine a disposition of substantiated or indicated. (See Appendix C, State Characteristics for each state’s level of evidence.) These statutes influence how CPS agencies respond to the safety needs of the children who are the subjects of child maltreatment reports.

Alternative Response

In some states, reports of maltreatment may not be investigated, but are instead assigned to an alternative track, called alternative response, family assessment response, or differential response. Cases receiving this response often include early determinations that the children have a low or moderate risk of maltreatment. According to states, alternative responses usually include the voluntary acceptance of CPS services and the agreement of family needs. These cases do not result in a formal determination regarding the maltreatment allegation or alleged perpetrator. The term disposition is used when referring to both investigation response and alternative response. In NCANDS, alternative response is defined as:

- **Alternative response:** The provision of a response other than an investigation that determines if a child or family needs services. A determination of maltreatment is not made and a perpetrator is not determined.

Variations in how states define and implement alternative response programs continue. For example, several states mention that they have an alternative response program that is not reported to NCANDS. For some of these states, the alternative response programs provide services for families regardless of whether there were any allegations of child maltreatment. Some states restrict who can receive an alternative response by the type of abuse. For example, several states mention that children who are alleged victims of sexual abuse must receive an investigation response and are not eligible for an alternative response. Another variation in reporting or reason why alternative response program data may not be reported to NCANDS is that the program may not be implemented statewide. To test implementation feasibility, states often first pilot or phase in programs in select counties. Full implementation may depend on the results of the initial implementation. Some states, or counties within states, implemented an alternative response program and terminated the program a few years later. Readers are encouraged to review Appendix D, State Commentary, for more information about these programs.

Unique and Duplicate Counts

All NCANDS reporting states have the ability to assign a unique identifier, within the state, to each child who receives a CPS response. These unique identifiers enable two ways to count children:

- **Duplicate count of children:** Counting a child each time he or she is the subject of a report. This count also is called a report-child pair. For example, a duplicate count of children who received an investigation response or alternative response counts each child for each CPS response.
- **Unique count of children:** Counting a child once, regardless of the number of times he or she is the subject of a report. For example, a unique count of victims by age counts the child’s age in the first report where the child has a substantiated or indicated disposition.

Children Who Received an Investigation or Alternative Response (unique count of children)

For FFY 2019, 3,476,000 million children (national rounded number) received either an investigation or alternative response at a rate of 47.2 children per 1,000 in the population. The number of children who received a CPS response increased nationally by 3.5 percent from 2015 to 2019. At the state level, the percent change ranged from a 46.2 percent decrease to a 68.3 increase. State explanations for the decrease in the number of children who received a CPS response include a reduction in a backlog of reports that was completed in the prior year and changes to screening and assessment policies. (See [exhibit 3–A](#), [table 3–1](#), and related notes.) Please see Appendix D, State Commentary, for state-specific information about changes.

Exhibit 3–A Child Disposition Rates, 2015–2019

Year	Reporting States	Child Population of Reporting States	Reported Children Who Received an Investigation or Alternative Response	National Disposition Rate per 1,000 Children	Child Population of all 52 States	National Estimate/Rounded Number of Children Who Received an Investigation or Alternative Response
2015	52	74,350,047	3,359,531	45.2	74,350,047	3,360,000
2016	51	73,649,413	3,441,462	46.7	74,342,970	3,472,000
2017	52	74,236,882	3,498,511	47.1	74,236,882	3,499,000
2018	52	73,911,017	3,533,827	47.8	73,911,017	3,534,000
2019	52	73,611,881	3,476,034	47.2	73,611,881	3,476,000

The number of children is a unique count. The national disposition rate is computed by dividing the number of reported children who received an investigation or alternative response by the child population of reporting states and multiplying by 1,000.

If fewer than 52 states report data in a given year, the national estimate of children who received an investigation or alternative response is calculated by multiplying the national disposition rate by the child population of all 52 states and dividing by 1,000. The result was rounded to the nearest 1,000. If 52 states report data in a given year, the number of estimated/rounded children who received an investigation or alternative response is calculated by taking the number of reported children who received an investigation or alternative response and rounding it to the nearest 1,000.

Most children (83.2%) percent, or 2,893,283 are included in a single report (screened-in referral) within FFY 2019. Some children, 12.8 percent or 444,053, are included in two reports and 4.0 percent are in three or more reports within FFY 2019. (See [exhibit 3–B](#) and related notes.)

Children Who Received an Investigation or Alternative Response by Disposition (duplicate count of children)

For FFY 2019, approximately 4.3 (4,255,946) million children (duplicate count) are the subjects of reports (screened-in referrals). A child may be a victim in one report and a nonvictim in another report, and in this analysis, the child is counted both times. A total of 16.7 percent of children are classified as victims with dispositions of substantiated (16.0%) and indicated (0.7%). The remaining children are not determined to be victims or received an alternative response (83.3%). (See [table 3–2](#), [exhibit 3–C](#), and related notes.)

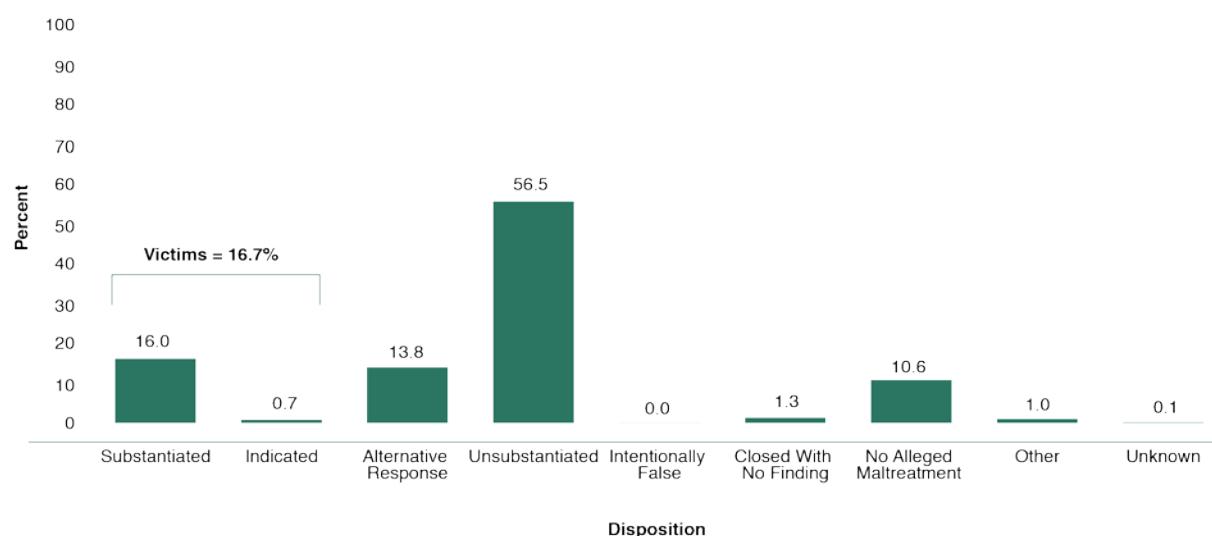
Exhibit 3–B Children by Number of Screened-In Referrals (Reports), 2019

Number of Reports	Children	Children Percent
1	2,893,283	83.2
2	444,053	12.8
3	100,354	2.9
>3	38,344	1.1
National	3,476,034	100.0

Based on data from 52 states.

Exhibit 3-C Children Who Received an Investigation or Alternative Response by Disposition, 2019

16.7 percent of children received a disposition of substantiated or indicated and are counted as maltreatment victims

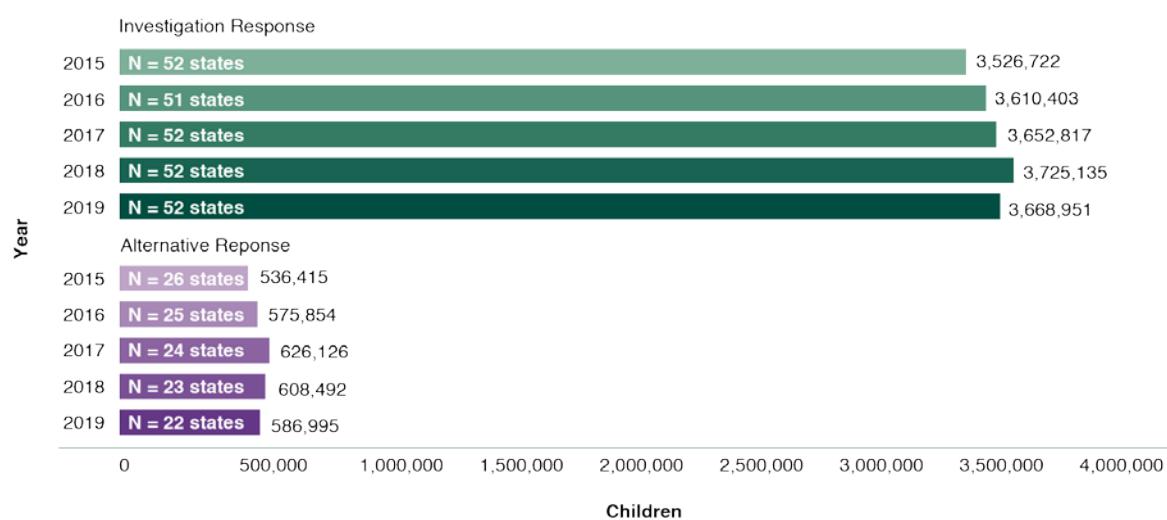


Based on data from 52 states. See [table 3-2](#).

Analyzing 5 years of disposition data by CPS response category reveals how the alternative response usage fluctuated during the past 5 years. While the number of states with alternative response programs decreased from 26 states in 2015 to 22 states in 2019, the number of children with alternative response dispositions fluctuated from a low of 536,415 in 2015 to a high of 626,126 in 2017 to 586,995 in 2019. (See [3-3](#), [Exhibit 3-D](#), and related notes.)

Exhibit 3-D Children Who Received a Disposition by Response Category, 2015–2019

After several years of increases, alternative responses are decreasing



Based on data from 51 states for 2016 and 52 states for 2015 and 2017–2019. See [table 3-3](#).

The number of states reporting children with alternative response dispositions changes from year to year. Reasons for the fluctuation include, some states implemented the program as a pilot (either statewide or in certain jurisdictions) and once the pilot ended the state ceased its reporting. Other states may have implemented alternative response on a rolling basis and

over time, the number of children who received an alternative response slowly increased. More information about states' alternative response programs may be found in Appendix D, State Commentary.

Number of Child Victims (unique count of child victims)

In NCANDS, a victim is defined as:

- **Victim:** A child for whom the state determined at least one maltreatment was substantiated or indicated; and a disposition of substantiated or indicated was assigned for a child in a report. This includes a child who died and the death was confirmed to be the result of child abuse and neglect. A child may be a victim in one report and a nonvictim in another report.

For FFY 2019, there are nationally 656,000 (rounded) victims of child abuse and neglect. This equates to a national rate of 8.9 victims per 1,000 children in the population. The FFY 2019 state victimization rates range from a low of 1.8 to a high of 20.1 per 1,000 children. (See [exhibit 3–E](#) and related notes.) States have different policies about what is considered child maltreatment, the type of CPS responses (alternative and investigation), and different levels of evidence required to substantiate an abuse allegation, all or some of which may account for variations in victimization rates. Readers are encouraged to read Appendix C, State Characteristics and Appendix D, State Commentary for more information.

The number of victims decreased nationally by 4.0 percent from 2015 to 2019. At the state level, the percent change of victims of abuse and neglect range from a 62.5 percent decrease to 100.0 percent increase from FFY 2015 to 2019. Changes to legislation, child welfare policy, and practice that may contribute to an increase or decrease in the number of victims are provided by states in Appendix D, State Commentary. For example, across the 5 years: one state changed its level of evidence, several states resolved investigation or assessment backlogs, and several states adopted new intake or screening processes. Other factors include the increase in reports due to public awareness after media coverage of child deaths and severe storms that changed or reduced the population. (See [table 3–4](#), and related notes.)

Exhibit 3–E Child Victimization Rates, 2015–2019

Year	Reporting States	Child Population of Reporting States	Victims from Reporting States	National Victimization Rate per 1,000 Children	Child Population of all 52 States	National Estimate/Rounded Number of Victims
2015	52	74,350,047	683,221	9.2	74,350,047	683,000
2016	51	73,649,413	671,176	9.1	74,342,970	677,000
2017	52	74,236,882	673,630	9.1	74,236,882	674,000
2018	52	73,911,017	677,464	9.2	73,911,017	677,000
2019	52	73,611,881	656,243	8.9	73,611,881	656,000

The number of victims is a unique count. The national victimization rate is calculated by dividing the number of victims from reporting states by the child population of reporting states and multiplying by 1,000.

If fewer than 52 states report data in a given year, the national estimate/rounded number of victims is calculated by multiplying the national victimization rate by the child population of all 52 states and dividing by 1,000. The result is rounded to the nearest 1,000. If 52 states report data in a given year, the number of rounded victims is calculated by taking the number of reported victims and rounding it to the nearest 1,000. The percent change is calculated using the rounded numbers.

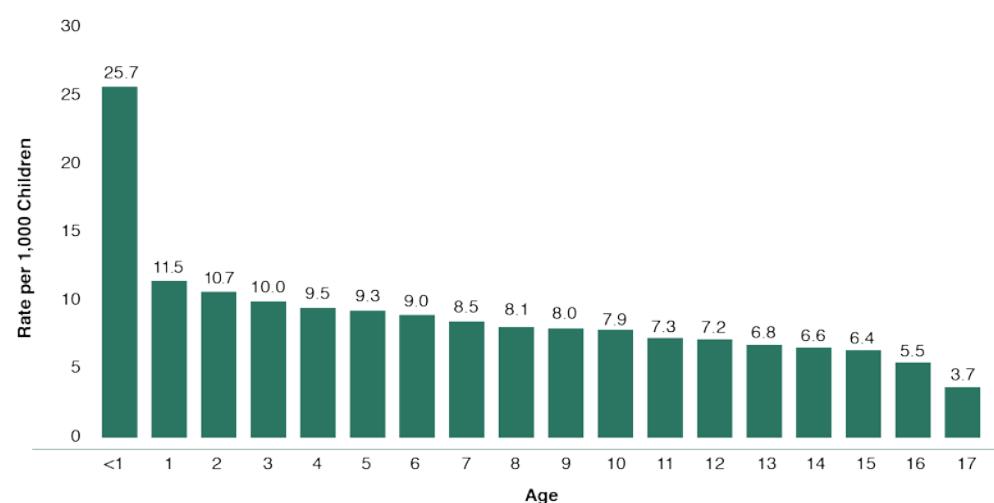
Based on data from 49 states, the FFY 2019 rate of first-time victims is 6.6 per 1,000 children in the population. This equates to 70.3 percent of all victims are first-time victims in the same 49 states. States use the disposition date of prior substantiated or indicated maltreatments to determine whether the victim is a first-time victim. (See [table 3–5](#) and related notes.)

Child Victim Demographics (unique count of child victims)

The youngest children are the most vulnerable to maltreatment. Nationally, more than one-quarter (28.1%) of victims are in the age range of birth through 2 years old. Victims younger than 1 year are 14.9 percent of all victims. The victimization rate is highest for children younger than 1 year old at 25.7 per 1,000 children in the population of the same age. This is more than double the rate of victims who are 1 year old (11.5 per 1,000 children). Victims who are 2 or 3 years old have victimization rates of 10.7 and 10.0 victims per 1,000 children of those respective ages in the population. Readers may notice some states have lower rates across age groups than other states. The states with lower rates may assign low-risk cases to alternative response or have other state policies or programs in place for maltreatment allegations. In general, the rate of victimization decreases with the child's age. (See [table 3–6](#), [exhibit 3–F](#), and related notes.)

Exhibit 3–F Victims by Age, 2019

The youngest children are the most vulnerable to maltreatment



Based on data from 52 states. See [table 3–6](#).

The percentages of child victims are similar for both boys (48.3%) and girls (51.4%). The sex is unknown for 0.3 percent of victims. The FFY 2019 victimization rate for girls is 9.4 per 1,000 girls in the population, which is higher than boys at 8.4 per 1,000 boys in the population. (See [table 3–7](#) and related notes.) Most victims are one of three races or ethnicities—White (43.5%), Hispanic (23.5%), or African-American (20.9%). The racial distributions for all children in the population are 50.2 percent White, 25.6 percent Hispanic, and 13.7 percent African-American. (See [table C–3](#) and related notes.) For FFY 2019, American-Indian or Alaska Native children have the highest rate of victimization at 14.8 per 1,000 children in the population of the same race or ethnicity and African-American children have the second highest rate at 13.8 per 1,000 children in the population of the same race or ethnicity. (See [table 3–8](#) and related notes.)

Maltreatment Types

NCANDS collects all maltreatment type allegations, however only those maltreatments with a disposition of substantiated or indicated are included in the Child Maltreatment report. *Child Maltreatment 2019* is the second edition in which data will be shown for the new maltreatment type of sex trafficking. Please see Chapter 7, Special Focus for information about the Justice for Victims of Trafficking Act and the new maltreatment type.

A child may be determined to be a victim multiple times within the same FFY and up to four different maltreatment types in each victim report. A child also may be determined to be a victim of the same maltreatment type multiple times in the same FFY, just not in the same report. For example, a child may be the victim of neglect twice in the same year, but the neglect maltreatment type cannot be present twice in the same victim report. This section discusses two ways of analyzing maltreatment types that answer different questions about which types of maltreatments do victims suffer and whether victims suffer from single or multiple types.

Focus on Maltreatment Categories

(unique count of child victims and duplicate count of maltreatment types)

In this analysis, a victim who has more than one type of maltreatment is counted once per type. This answers the question of how many different types of maltreatment do victims have, rather than how many occurrences of each type; for example:

- A victim with three reports of neglect—victim is counted once in neglect
- A victim with one report of both neglect and physical abuse—victim is counted once in neglect and once in physical abuse

The FFY 2019 data show, three-quarters (74.9%) of victims are neglected, 17.5 percent are physically abused, and 9.3 percent are sexually abused. In addition, 6.8 percent of victims are reported with the “other” type of maltreatment. States may code any maltreatment as “other” if it does not fit in one of the NCANDS categories. According to states, the “other” maltreatment type includes threatened abuse or neglect, drug/alcohol addiction, and lack of supervision. (See [table 3–9](#) and related notes.) A few states have specific policies about conducting investigations into specific maltreatment types. Readers are encouraged to review states’ comments (appendix D) about what is included in the “other” maltreatment type category and for additional information on state policies related to maltreatment types.

Focus on Single Types of Maltreatments

(unique count of child victims and unique count of maltreatment types)

In this analysis, the focus is on victims with a single type of maltreatment, for example neglect only. If a victim is reported with two or more different maltreatment types, the victim is counted in the multiple maltreatment type category. This answers the question of how many victims have a single type of abuse, what those single abuse types are, and how many victims have multiple maltreatments; for example:

- A victim with one report of neglect—victim is counted once in neglect
- A victim with two reports of neglect—victim is counted once in neglect
- A victim with one report of neglect and physical abuse—victim is counted once in multiple maltreatment types

The FFY 2019 data show 84.5 percent of victims have a single maltreatment type and the remaining 15.5 percent have two or more maltreatment types (multiple maltreatment types). Three-fifths (61.0%) of victims are neglected only, 10.3 percent are physically abused only, and 7.2 percent are sexually abused only. Twenty-one states reported 439 victims of sex trafficking only (0.1%). (See [table 3–10](#) and related notes.) Previous analyses of combinations of maltreatment types reveal the most common combination to be neglect and physical abuse.⁶

⁶ Based on analyses from FFY 2016–2018. Data not shown.

Risk Factors

Risk factors are characteristics of a child or caregiver that may increase the likelihood of child maltreatment. NCANDS collects data for 9 child risk factors and 12 caregiver risk factors. Risk factors can be difficult to accurately assess and measure, and therefore may go undetected among many children and caregivers. Some states may not have the resources to gather information from other sources or agencies or have the ability to collect or store certain information in their child welfare system. In addition, some risk factors must be clinically diagnosed, which may not occur during the investigation or alternative response. If the case is closed prior to the diagnosis, the CPS agency may not be notified, and the information will not be reported to NCANDS.

Caregivers with these risk factors who are included in each analysis may or may not be the perpetrators responsible for the maltreatment. For FFY 2019, data are analyzed for caregiver risk factors with the following NCANDS definitions:

- **Alcohol abuse (caregiver):** The compulsive use of alcohol that is not of a temporary nature.
- **Domestic Violence:** Any abusive, violent, coercive, forceful, or threatening act or word inflicted by one member of a family or household on another. In NCANDS, the caregiver may be the perpetrator or the victim of the domestic violence.
- **Drug abuse (caregiver):** The compulsive use of drugs that is not of a temporary nature.
- **Financial Problem:** A risk factor related to the family's inability to provide sufficient financial resources to meet minimum needs.
- **Inadequate Housing:** A risk factor related to substandard, overcrowded, or unsafe housing conditions, including homelessness.
- **Public Assistance:** A risk factor related to the family's participation in social services programs, including Temporary Assistance for Needy Families; General Assistance; Medicaid; Social Security Income; Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); etc.
- **Any Caregiver Disability:** This category counts a victim with any of the six disability caregiver risk factors—Intellectual Disability, Emotional Disturbance, Visual or Hearing Impairment, Learning Disability, Physical Disability, and Other Medical Condition. Please see Appendix B, Glossary for the NCANDS definitions. The victim is counted once for each reported caregiver disability type.

This is a new table for the *Child Maltreatment 2019* report. As not every state is able to report on every caregiver risk factor, the national percentages are calculated only on the number of victims in states reporting each individual risk factor. The largest percentages of victims with caregiver risk factors are those reported with domestic violence and drug abuse. In 38 reporting states, 29.4 percent of victims have the drug abuse caregiver risk factor and 28.8 percent of victims have the domestic violence caregiver factor. This is closely followed by 26.9 percent of victims in 29 reporting states with the public assistance caregiver risk factor. As states have varying abilities to report on caregiver risk factors, the national percentages are calculated only on those states able to report the specific risk factor. (See [table 3–11](#) and related notes.)

Perpetrator Relationship

(unique count of child victims and duplicate count of relationships)

In this section, data are analyzed by relationship of victims to their perpetrators. A victim may be maltreated multiple times by the same perpetrator or by different combinations of perpetrators (e.g., mother alone, mother and nonparent(s), two parents). This analysis counts

every combination of relationships for each victim in each report and, therefore, the percentages total more than 100.0 percent.

Some of the categories on this table changed for *Child Maltreatment 2019*. The purpose of the changes is to be more descriptive of what the categories include and to reduce the number of relationships counted as unknown. Please see the table notes at the end of this chapter for specifics about the changes. The FFY 2019 data show, 91.4 percent of victims are maltreated by one or both parents. The parent(s) could have acted together, acted alone, or acted with up to two other people to maltreat the child. Nearly 40.0 percent (39.0%) of victims are maltreated by a mother acting alone, 22.6 percent of victims are maltreated by a father acting alone, and 21.0 percent of victims are maltreated by both parents (two parents of known sex). More than 14.0 percent (14.2%) of victims are maltreated by a perpetrator who was not the child's parent. The largest categories in the nonparent group are relative(s) (5.3%), unmarried partner(s) of parent (3.0%), and "other(s)" (3.2%). (See [table 3–12](#) and related notes.) The NCANDS category of "other(s)" perpetrator relationship includes any relationship that does not map to one of the NCANDS relationship categories. According to states' commentary, this category includes nonrelated adult, nonrelated child, foster sibling, babysitter, household staff, clergy, and school personnel.

Exhibit and Table Notes

The following pages contain the data tables referenced in chapter 3. Specific information about state submissions can be found in Appendix D, State Commentary. Additional information regarding the exhibits and tables is provided below.

General

- During data analyses, thresholds are set to ensure data quality is balanced with the need to report data from as many states as possible. States may be excluded from an analysis for data quality issues. Exclusion rules are listed in the individual table notes below. Not every table has exclusion rules.
- The data for all tables are from the Child File unless otherwise noted.
- Rates are per 1,000 children in the population. Rates are calculated by dividing the relevant reported count (child, victim, first-time victim, etc.) by the child population count (children, by age, etc.) and multiplying by 1,000.
- The count of victims includes children with dispositions of substantiated or indicated. Children with dispositions of alternative response victims are not included in the victim count.
- NCANDS uses the child population estimates that are released annually by the U.S. Census Bureau. These population estimates are provided in Appendix C, State Characteristics.
- The row labeled Reporting States displays the count of states that provided data for that analysis.
- National totals and calculations appear in a single row labeled National instead of separate rows labeled total, rate, or percent.
- Dashes are inserted into cells without any data included in this analysis.

Table 3–1 Children Who Received an Investigation or Alternative Response, 2015–2019

- The number of children is a unique count.
- The percent change was calculated by subtracting 2015 data from 2019 data, dividing the result by 2015 data, and multiplying by 100.

Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2019

- The number of children is a duplicate count.
- Many states conduct investigations for all children in a family when any child is the subject of an allegation. In these states, a disposition of “no alleged maltreatment” is assigned to siblings who are not the subjects of an allegation and are not found to be victims. These children may receive an alternative response or an investigation.

Table 3–3 Children Who Received a Disposition by Response Category, 2015–2019

- The number of children is a duplicate count.
- Many states conduct investigations or alternative responses for all children in a family when any child is the subject of an investigation or assessment.

Table 3–4 Child Victims, 2015–2019

- The number of victims is a unique count.
- The percent change is calculated by subtracting 2015 data from 2019 data, dividing the result by 2015 data, and multiplying by 100.

Table 3–5 First-time Victims, 2019

- The number of first-time victims is a unique count.
- States with 95.0 percent or more first-time victims are excluded from this analysis.
- States are instructed to check whether there was a disposition date of substantiated or indicated associated with the same child prior to the disposition date of the current victim report. States may have different abilities and criteria for how far back they check for first-time victims.
- This table changed from a 5-year trend to a single year table for the *Child Maltreatment 2019* report.

Table 3–6 Victims by Age, 2019

- The number of victims is a unique count.
- There are no population data for unknown age and, therefore, no rates..

Table 3–7 Victims by Sex, 2019

- The number of victims is a unique count.
- There are no population data for children with unknown sex and, therefore, no rates.

Table 3–8 Victims by Race or Ethnicity, 2019

- The number of victims is a unique count.
- Counts associated with each racial group are exclusive and do not include Hispanic ethnicity.
- Only those states that have both race and ethnicity population data are included in this analysis.
- States are excluded from this analysis if more than 25.0 percent of victims are reported with an unknown or blank race or ethnicity.

Table 3–9 Maltreatment Types of Victims (Categories), 2019 (duplicate count of maltreatments)

- This analysis counts victims with one or more maltreatment types, but counts them only once regardless of the number of times the child is reported as a victim of the maltreatment type.
- A child may be a victim of more than one type of maltreatment and therefore the maltreatment type is a duplicate count.

Table 3–10 Maltreatment Types of Victims (Single Type), 2019 (unique count of maltreatments)

- This analysis counts victims with a single type of maltreatment, for example neglect only.
- If a victim is reported with two or more maltreatment types, the victim is counted in the multiple maltreatment type category once.
- If a victim is reported with the same maltreatment type twice, the victim is counted in the category once.

Table 3–11 Victims With Caregiver Risk Factors, 2019

- The number of victims is a unique count.
- A victim is counted only once if there is more than one report in which the victim is reported with the caregiver risk factor. The counts on this table are exclusive and follow a hierarchy rule. If a victim is reported both with and without the caregiver risk factor, the victim is counted once with the caregiver risk factor.
- The category Any Caregiver Disability is the combination of six disability types. States are excluded if fewer than 2.0 percent of victims were reported with the combined caregiver disabilities.
- States are excluded from this analysis if fewer than 2.0 percent of victims are reported with each specific caregiver risk factor.
- States are included in this analysis if they are not able to differentiate between alcohol abuse and drug abuse caregiver risk factors and reported both risk factors for the same children in both caregiver risk factor categories.
- As states have varying abilities to report on caregiver risk factors, the national percentages are calculated only on those states able to report the specific risk factor as shown in the row labelled National Count of Victims in Reporting States.

Table 3–12 Victims by Relationship to Their Perpetrators, 2019

- The number of relationships is a duplicate count, and the number of victims is a unique count.
- Percentages are calculated against the unique count of victims and total to more than 100.0 percent.
- States are excluded from this analysis if more than 20.0 percent of perpetrators are reported with an unknown or blank relationship.
- In NCANDS, a child victim may have up to three perpetrators. A few states' systems do not have the capability of collecting and reporting data for all three perpetrator fields. More information may be found in Appendix D.
- The relationship categories listed under nonparent perpetrator include any perpetrator relationship that was not identified as an adoptive parent, a biological parent, or a stepparent.
- The two parents of known sex category replaces the mother and father category and includes mother and father, two mothers, and two fathers.

- The two parents of known sex with nonparent category replaces the mother, father, and nonparent category and includes mother, father, and nonparent; two mothers and nonparent; and two fathers and nonparent.
- The three parents of known sex category was added to reflect the state-reported parental relationships.
- One or more parents of unknown sex includes up to three parents in any combination of known and unknown sex. The parent(s) could have acted alone, together, or with a nonparent.
- Nonparent perpetrators counted in combination with parents (e.g., mother and nonparent(s)) are not also counted in the individual categories listed under nonparent.
- Multiple nonparental perpetrators that are in the same category are counted within that category. For example, two child daycare providers are counted as child daycare providers. This is a change from prior years when these two child daycare providers would have been counted in more than one nonparental perpetrator.
- Multiple nonparental perpetrators that are in different categories are counted in more than one nonparental perpetrator.
- The unknown relationship category includes victims with an unknown perpetrator.
- Some states were not able to collect and report on group home and residential facility staff perpetrators due to system limitations or jurisdictional issues.

Table 3–1 Children Who Received an Investigation or Alternative Response, 2015–2019 (*continues next page*)

State	2015	2016	2017	2018	2019	Percent Change from 2015 to 2019
Alabama	30,647	36,776	38,871	38,634	39,335	28.3
Alaska	10,795	11,801	13,184	12,749	14,429	33.7
Arizona	76,581	93,488	83,693	87,862	82,336	7.5
Arkansas	58,072	58,685	60,736	58,823	57,339	-1.3
California	375,972	376,738	365,921	360,040	343,126	-8.7
Colorado	38,376	42,441	43,558	44,698	45,849	19.5
Connecticut	21,726	23,543	24,432	19,693	18,669	-14.1
Delaware	13,994	13,861	13,281	12,180	12,373	-11.6
District of Columbia	11,867	12,855	14,210	14,334	12,315	3.8
Florida	281,040	287,951	296,250	292,518	285,141	1.5
Georgia	163,134	169,328	164,405	164,147	157,705	-3.3
Hawaii	3,695	3,706	3,484	3,817	4,378	18.5
Idaho	12,233	11,363	11,712	12,825	13,385	9.4
Illinois	125,098	140,480	134,004	146,141	151,490	21.1
Indiana	139,168	146,673	163,110	161,340	147,872	6.3
Iowa	28,970	30,544	35,194	38,631	38,253	32.0
Kansas	27,565	27,388	27,138	27,816	32,877	19.3
Kentucky	74,170	71,876	80,405	83,902	77,512	4.5
Louisiana	36,382	33,570	27,941	26,064	27,366	-24.8
Maine	12,641	11,613	11,226	11,031	16,288	28.9
Maryland	30,927	32,020	32,433	32,244	32,196	4.1
Massachusetts	75,688	79,335	74,440	76,244	72,962	-3.6
Michigan	147,431	149,302	150,927	158,673	161,058	9.2
Minnesota	30,481	38,816	40,697	39,581	38,690	26.9
Mississippi	34,069	38,538	39,334	40,682	38,838	14.0
Missouri	73,523	75,593	70,419	81,059	67,322	-8.4
Montana	12,669	13,702	14,237	15,300	15,400	21.6
Nebraska	23,190	22,852	25,192	24,476	25,312	9.2
Nevada	28,277	27,832	28,126	30,279	29,445	4.1
New Hampshire	11,266	13,935	12,636	13,888	12,798	13.6
New Jersey	74,546	73,889	74,393	77,661	78,741	5.6
New Mexico	28,223	23,656	26,597	25,774	26,040	-7.7
New York	206,453	209,331	218,147	218,684	216,016	4.6
North Carolina	123,436	119,994	120,734	112,261	100,086	-18.9
North Dakota	6,437	6,647	6,728	7,295	6,597	2.5
Ohio	101,836	103,868	107,992	110,550	113,071	11.0
Oklahoma	57,141	53,724	54,726	58,958	57,504	0.6
Oregon	39,009	49,964	44,058	50,319	55,063	41.2
Pennsylvania	36,788	40,237	42,890	42,295	41,062	11.6
Puerto Rico	27,961	-	18,395	15,053	15,044	-46.2
Rhode Island	8,429	7,546	7,493	10,841	9,334	10.7
South Carolina	50,417	65,151	68,718	82,617	84,872	68.3
South Dakota	4,235	4,139	4,201	3,761	4,039	-4.6
Tennessee	93,154	91,562	91,992	87,384	94,946	1.9
Texas	267,880	269,952	283,764	281,562	278,004	3.8
Utah	25,523	24,985	25,773	26,076	26,926	5.5
Vermont	5,102	4,603	4,710	4,485	4,429	-13.2
Virginia	60,607	62,808	61,754	49,156	49,338	-18.6
Washington	45,338	40,793	41,299	46,131	49,174	8.5
West Virginia	45,407	52,442	52,390	52,276	53,491	17.8
Wisconsin	36,330	34,539	35,290	36,103	35,105	-3.4
Wyoming	5,632	5,027	5,271	4,914	5,093	-9.6
National	3,359,531	3,441,462	3,498,511	3,533,827	3,476,034	3.5
Reporting States	52	51	52	52	52	-

Table 3–1 Children Who Received an Investigation or Alternative Response, 2015–2019

State	2015 Rate per 1,000 Children	2016 Rate per 1,000 Children	2017 Rate per 1,000 Children	2018 Rate per 1,000 Children	2019 Rate per 1,000 Children
Alabama	27.8	33.4	35.5	35.4	36.1
Alaska	58.0	63.2	71.1	69.8	80.2
Arizona	47.0	57.2	51.1	53.7	50.2
Arkansas	82.2	83.1	86.1	83.7	81.9
California	41.2	41.5	40.4	40.1	38.6
Colorado	30.5	33.6	34.5	35.4	36.4
Connecticut	28.5	31.3	32.9	26.8	25.7
Delaware	68.7	68.0	65.1	59.8	60.8
District of Columbia	99.7	105.8	114.0	113.2	96.1
Florida	68.5	69.2	70.5	69.3	67.4
Georgia	65.3	67.5	65.5	65.5	63.0
Hawaii	12.0	12.1	11.4	12.6	14.6
Idaho	28.2	26.0	26.5	28.8	29.9
Illinois	42.2	47.9	46.3	51.2	53.8
Indiana	88.2	93.1	103.7	102.7	94.3
Iowa	39.7	41.8	48.1	53.0	52.6
Kansas	38.2	38.2	38.1	39.4	47.0
Kentucky	73.2	71.0	79.6	83.3	77.3
Louisiana	32.6	30.1	25.2	23.8	25.2
Maine	49.3	45.6	44.4	44.1	65.5
Maryland	23.0	23.8	24.1	24.1	24.1
Massachusetts	54.6	57.6	54.2	55.9	53.9
Michigan	66.7	68.1	69.2	73.4	75.1
Minnesota	23.7	30.0	31.3	30.4	29.7
Mississippi	46.9	53.5	55.1	57.6	55.6
Missouri	52.9	54.5	50.9	58.9	49.1
Montana	55.9	60.1	62.1	66.9	67.4
Nebraska	49.3	48.2	52.9	51.4	53.2
Nevada	42.4	41.2	41.3	44.0	42.5
New Hampshire	42.5	53.1	48.6	53.9	50.1
New Jersey	37.6	37.5	37.9	39.8	40.6
New Mexico	56.5	47.8	54.5	53.5	54.7
New York	49.4	50.4	53.0	53.7	53.6
North Carolina	54.0	52.3	52.5	48.8	43.5
North Dakota	37.0	37.9	38.2	41.0	36.6
Ohio	38.7	39.7	41.4	42.6	43.9
Oklahoma	59.4	55.8	57.1	61.8	60.4
Oregon	45.2	57.4	50.5	57.9	63.5
Pennsylvania	13.7	15.0	16.1	16.0	15.6
Puerto Rico	38.2	-	28.2	25.4	26.3
Rhode Island	40.0	36.1	36.2	52.6	45.6
South Carolina	46.2	59.3	62.3	74.6	76.4
South Dakota	20.0	19.4	19.5	17.4	18.6
Tennessee	62.1	60.9	61.1	57.9	62.9
Texas	37.0	36.9	38.5	38.2	37.6
Utah	28.0	27.1	27.8	28.0	28.9
Vermont	42.5	38.9	40.3	38.9	38.8
Virginia	32.5	33.6	33.0	26.3	26.5
Washington	28.1	25.0	25.0	27.8	29.6
West Virginia	120.1	140.1	141.9	143.4	148.8
Wisconsin	28.1	26.8	27.5	28.3	27.7
Wyoming	40.4	36.2	38.7	36.5	38.1
National	45.2	46.7	47.1	47.8	47.2
Reporting States	-	-	-	-	-

Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2019 (*continues next page*)

State	Substantiated	Indicated	Alternative Response	Unsubstantiated	Intentionally False
Alabama	12,026	-	-	29,627	-
Alaska	3,575	-	-	14,657	-
Arizona	13,531	74	-	50,850	-
Arkansas	8,898	-	8,512	28,417	-
California	68,348	-	-	291,083	-
Colorado	13,127	-	13,257	28,783	-
Connecticut	8,659	-	-	12,958	-
Delaware	1,265	-	-	8,810	-
District of Columbia	2,017	-	2,752	4,833	-
Florida	34,644	-	-	229,788	-
Georgia	10,341	-	66,636	52,459	-
Hawaii	1,374	-	-	3,270	-
Idaho	1,928	-	-	15,051	918
Illinois	37,767	-	-	104,809	298
Indiana	24,932	-	-	-	-
Iowa	13,761	-	11,753	28,803	-
Kansas	3,132	-	-	41,017	-
Kentucky	22,434	-	-	67,517	-
Louisiana	8,783	-	-	19,805	-
Maine	4,791	-	-	12,590	-
Maryland	4,877	3,388	18,597	8,773	-
Massachusetts	27,984	-	-	28,929	-
Michigan	19,938	15,696	-	126,898	24
Minnesota	7,089	-	26,432	10,127	-
Mississippi	10,239	-	-	36,997	-
Missouri	4,868	-	55,173	21,364	-
Montana	3,965	40	-	14,298	-
Nebraska	2,937	-	1,098	-	-
Nevada	5,313	-	958	18,698	-
New Hampshire	1,233	-	-	12,349	-
New Jersey	5,340	-	-	89,660	-
New Mexico	9,373	-	-	-	-
New York	78,051	-	14,544	176,530	-
North Carolina	5,741	-	92,129	-	-
North Dakota	1,868	-	-	-	-
Ohio	20,069	7,893	58,326	-	-
Oklahoma	15,993	-	1,488	43,926	-
Oregon	14,764	-	-	46,363	-
Pennsylvania	5,017	-	-	36,934	-
Puerto Rico	4,980	27	-	-	105
Rhode Island	3,438	-	-	7,590	-
South Carolina	19,747	-	21,337	46,812	-
South Dakota	1,617	-	-	2,766	-
Tennessee	9,279	858	61,351	34,280	-
Texas	66,259	-	43,251	176,925	-
Utah	11,189	-	-	18,554	37
Vermont	945	-	1,522	2,802	17
Virginia	6,345	-	40,687	8,388	-
Washington	4,887	-	36,033	19,936	53
West Virginia	7,171	-	-	37,406	-
Wisconsin	4,791	-	6,591	30,657	-
Wyoming	1,132	-	4,568	332	-
National	681,772	27,976	586,995	2,402,853	1,452
Reporting States	16.0	0.7	13.8	56.5	0.0
National States	52	7	22	52	7

Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2019

State	Closed With No Finding	No Alleged Maltreatment	Other	Unknown	Total Children
Alabama	1,527	-	-	71	43,251
Alaska	1,550	-	18	-	19,800
Arizona	1,740	35,054	-	-	101,249
Arkansas	1,425	21,055	-	-	68,307
California	-	57,766	-	8	417,205
Colorado	-	-	-	207	55,374
Connecticut	-	-	-	-	21,617
Delaware	2,881	1,104	-	-	14,060
District of Columbia	193	5,439	-	-	15,234
Florida	-	85,479	-	2,222	352,133
Georgia	-	67,188	-	-	196,624
Hawaii	-	-	-	25	4,669
Idaho	-	-	-	-	17,897
Illinois	-	54,096	-	-	196,970
Indiana	-	-	-	-	205,466
Iowa	-	-	-	18	54,335
Kansas	468	-	-	-	44,617
Kentucky	1,575	-	4,314	-	95,840
Louisiana	1,743	1	-	-	30,332
Maine	-	3,112	-	-	20,493
Maryland	-	-	-	-	35,635
Massachusetts	-	20,203	11,577	-	88,693
Michigan	1,483	46,716	-	-	210,755
Minnesota	1,933	-	-	-	45,581
Mississippi	1,512	-	-	-	48,748
Missouri	2,632	-	438	28	84,503
Montana	1,129	71	100	8	19,611
Nebraska	-	9,471	-	-	31,106
Nevada	40	9,790	-	-	34,799
New Hampshire	1,826	-	-	1	15,409
New Jersey	-	-	-	-	95,000
New Mexico	-	-	-	-	33,911
New York	-	2,943	1	-	272,069
North Carolina	17	-	662	8	115,648
North Dakota	-	-	-	-	7,346
Ohio	4,095	-	-	-	138,025
Oklahoma	4,912	-	-	-	66,319
Oregon	-	-	6,710	1	67,838
Pennsylvania	-	-	-	-	41,951
Puerto Rico	1,040	2,453	-	-	15,735
Rhode Island	209	-	-	-	11,237
South Carolina	-	19,942	-	260	108,098
South Dakota	170	-	-	-	4,553
Tennessee	7,679	-	2	63	113,512
Texas	2,568	-	18,785	2,530	310,318
Utah	1,649	-	-	-	31,429
Vermont	-	-	-	-	5,286
Virginia	39	518	-	4	55,981
Washington	2,355	-	-	-	63,264
West Virginia	4,732	10,710	-	23	60,042
Wisconsin	-	-	-	-	42,039
Wyoming	-	-	-	-	6,032
National	53,703	453,111	42,607	5,477	4,255,946
National Percent	1.3	10.6	1.0	0.1	100.0
Reporting States	29	20	10	16	52

Table 3–3 Children Who Received a Disposition by Response Category, 2015–2019 (*continues next page*)

State	2015 Total Children	2015 Alternative Response	2015 Investigation Response	2016 Total Children	2016 Alternative Response	2016 Investigation Response
Alabama	32,908	-	32,908	39,755	-	39,755
Alaska	13,819	-	13,819	15,142	-	15,142
Arizona	98,160	-	98,160	119,784	-	119,784
Arkansas	68,263	5,829	62,434	69,292	6,596	62,696
California	458,864	-	458,864	460,071	-	460,071
Colorado	44,713	10,438	34,275	50,771	10,511	40,260
Connecticut	25,901	-	25,901	28,471	-	28,471
Delaware	16,523	-	16,523	16,291	-	16,291
District of Columbia	13,949	3,390	10,559	15,105	4,042	11,063
Florida	341,501	-	341,501	351,850	-	351,850
Georgia	202,891	54,346	148,545	211,755	55,630	156,125
Hawaii	3,824	-	3,824	3,855	-	3,855
Idaho	15,127	-	15,127	14,360	-	14,360
Illinois	151,988	-	151,988	176,169	-	176,169
Indiana	185,997	-	185,997	198,481	-	198,481
Iowa	36,956	13,276	23,680	39,395	12,956	26,439
Kansas	34,616	-	34,616	34,537	-	34,537
Kentucky	92,261	15,071	77,190	88,940	7,812	81,128
Louisiana	41,541	237	41,304	38,082	-	38,082
Maine	14,902	-	14,902	13,608	-	13,608
Maryland	34,349	18,943	15,406	35,414	19,010	16,404
Massachusetts	91,624	14,547	77,077	97,027	5,697	91,330
Michigan	187,354	-	187,354	190,763	-	190,763
Minnesota	34,923	22,218	12,705	45,798	25,562	20,236
Mississippi	41,769	-	41,769	47,364	-	47,364
Missouri	96,774	53,899	42,875	101,276	56,162	45,114
Montana	15,740	-	15,740	17,538	-	17,538
Nebraska	28,871	383	28,488	28,247	435	27,812
Nevada	34,278	2,106	32,172	33,590	2,059	31,531
New Hampshire	13,566	-	13,566	17,358	-	17,358
New Jersey	90,557	-	90,557	88,610	-	88,610
New Mexico	35,472	-	35,472	29,727	-	29,727
New York	256,821	16,702	240,119	262,163	17,752	244,411
North Carolina	144,986	111,359	33,627	141,112	112,412	28,700
North Dakota	7,105	-	7,105	7,445	-	7,445
Ohio	122,662	52,417	70,245	124,626	53,339	71,287
Oklahoma	67,279	2,462	64,817	63,011	2,431	60,580
Oregon	46,033	2,467	43,566	60,310	10,351	49,959
Pennsylvania	37,149	-	37,149	43,264	-	43,264
Puerto Rico	29,643	-	29,643	-	-	-
Rhode Island	10,145	-	10,145	8,841	-	8,841
South Carolina	59,081	11,728	47,353	79,011	21,591	57,420
South Dakota	4,759	-	4,759	4,584	-	4,584
Tennessee	118,790	57,516	61,274	112,645	62,791	49,854
Texas	300,120	4,141	295,979	303,275	19,014	284,261
Utah	30,415	-	30,415	29,748	-	29,748
Vermont	6,204	2,365	3,839	5,479	2,091	3,388
Virginia	66,406	35,158	31,248	69,434	37,335	32,099
Washington	57,189	16,721	40,468	51,121	20,331	30,790
West Virginia	47,418	-	47,418	54,243	-	54,243
Wisconsin	44,157	3,257	40,900	41,446	5,166	36,280
Wyoming	6,794	5,439	1,355	6,073	4,778	1,295
National	4,063,137	536,415	3,526,722	4,186,257	575,854	3,610,403
Reporting States	52	26	52	51	25	51

Table 3–3 Children Who Received a Disposition by Response Category, 2015–2019 (*continues next page*)

State	2017 Total Children	2017 Alternative Response	2017 Investigation Response	2018 Total Children	2018 Alternative Response	2018 Investigation Response
Alabama	42,503	-	42,503	42,379	-	42,379
Alaska	17,187	-	17,187	16,818	-	16,818
Arizona	103,758	-	103,758	109,432	-	109,432
Arkansas	71,626	7,800	63,826	70,372	8,836	61,536
California	447,384	-	447,384	439,435	-	439,435
Colorado	52,100	11,436	40,664	53,551	12,429	41,122
Connecticut	29,375	-	29,375	22,998	-	22,998
Delaware	15,234	-	15,234	13,745	-	13,745
District of Columbia	17,225	4,804	12,421	17,529	4,962	12,567
Florida	368,327	-	368,327	362,565	-	362,565
Georgia	207,958	88,733	119,225	205,333	74,547	130,786
Hawaii	3,618	-	3,618	3,938	-	3,938
Idaho	14,737	-	14,737	16,835	-	16,835
Illinois	167,421	-	167,421	186,008	-	186,008
Indiana	227,160	-	227,160	223,929	-	223,929
Iowa	48,967	12,690	36,277	57,422	12,275	45,147
Kansas	33,909	-	33,909	35,627	-	35,627
Kentucky	102,098	3,605	98,493	105,959	-	105,959
Louisiana	31,213	-	31,213	28,650	-	28,650
Maine	13,214	-	13,214	13,123	-	13,123
Maryland	36,087	17,551	18,536	35,778	17,561	18,217
Massachusetts	90,898	-	90,898	92,554	-	92,554
Michigan	194,354	-	194,354	205,116	-	205,116
Minnesota	48,553	25,824	22,729	46,796	25,846	20,950
Mississippi	48,426	-	48,426	50,672	-	50,672
Missouri	93,425	58,450	34,975	109,779	71,403	38,376
Montana	17,875	-	17,875	19,453	-	19,453
Nebraska	31,872	785	31,087	30,090	879	29,211
Nevada	33,441	1,410	32,031	36,146	1,436	34,710
New Hampshire	15,335	-	15,335	16,845	-	16,845
New Jersey	89,422	-	89,422	93,282	-	93,282
New Mexico	34,533	-	34,533	32,955	-	32,955
New York	275,006	19,113	255,893	275,323	17,781	257,542
North Carolina	142,301	114,052	28,249	130,554	103,220	27,334
North Dakota	7,492	-	7,492	8,102	-	8,102
Ohio	130,592	57,156	73,436	133,869	58,211	75,658
Oklahoma	63,933	1,835	62,098	68,665	1,760	66,905
Oregon	52,383	8,627	43,756	60,491	55	60,436
Pennsylvania	46,208	-	46,208	45,279	-	45,279
Puerto Rico	18,931	-	18,931	15,530	-	15,530
Rhode Island	8,758	-	8,758	13,060	-	13,060
South Carolina	83,434	22,155	61,279	104,611	17,043	87,568
South Dakota	4,709	-	4,709	4,111	-	4,111
Tennessee	112,265	66,826	45,439	104,250	62,146	42,104
Texas	319,975	26,615	293,360	315,263	34,291	280,972
Utah	30,641	-	30,641	30,646	-	30,646
Vermont	5,622	1,957	3,665	5,393	1,636	3,757
Virginia	68,107	39,988	28,119	55,301	40,192	15,109
Washington	52,537	23,654	28,883	59,952	30,461	29,491
West Virginia	58,178	-	58,178	58,860	-	58,860
Wisconsin	42,313	5,984	36,329	43,415	7,045	36,370
Wyoming	6,323	5,076	1,247	5,838	4,477	1,361
National	4,278,943	626,126	3,652,817	4,333,627	608,492	3,725,135
Reporting States	52	24	52	52	23	52

Table 3–3 Children Who Received a Disposition by Response Category, 2015–2019 (continues next page)

State	2019 Total Children	2019 Alternative Response	2019 Investigation Response	2015 Alternative Response Percent	2015 Investigation Response Percent	2016 Alternative Response Percent	2016 Investigation Response Percent
Alabama	43,251	-	43,251	-	100.0	-	100.0
Alaska	19,800	-	19,800	-	100.0	-	100.0
Arizona	101,249	-	101,249	-	100.0	-	100.0
Arkansas	68,307	8,512	59,795	8.5	91.5	9.5	90.5
California	417,205	-	417,205	-	100.0	-	100.0
Colorado	55,374	13,257	42,117	23.3	76.7	20.7	79.3
Connecticut	21,617	-	21,617	-	100.0	-	100.0
Delaware	14,060	-	14,060	-	100.0	-	100.0
District of Columbia	15,234	2,752	12,482	24.3	75.7	26.8	73.2
Florida	352,133	-	352,133	-	100.0	-	100.0
Georgia	196,624	66,636	129,988	26.8	73.2	26.3	73.7
Hawaii	4,669	-	4,669	-	100.0	-	100.0
Idaho	17,897	-	17,897	-	100.0	-	100.0
Illinois	196,970	-	196,970	-	100.0	-	100.0
Indiana	205,466	-	205,466	-	100.0	-	100.0
Iowa	54,335	11,753	42,582	35.9	64.1	32.9	67.1
Kansas	44,617	-	44,617	-	100.0	-	100.0
Kentucky	95,840	-	95,840	16.3	83.7	8.8	91.2
Louisiana	30,332	-	30,332	0.6	99.4	-	100.0
Maine	20,493	-	20,493	-	100.0	-	100.0
Maryland	35,635	18,597	17,038	55.1	44.9	53.7	46.3
Massachusetts	88,693	-	88,693	15.9	84.1	5.9	94.1
Michigan	210,755	-	210,755	-	100.0	-	100.0
Minnesota	45,581	26,432	19,149	63.6	36.4	55.8	44.2
Mississippi	48,748	-	48,748	-	100.0	-	100.0
Missouri	84,503	55,173	29,330	55.7	44.3	55.5	44.5
Montana	19,611	-	19,611	-	100.0	-	100.0
Nebraska	31,106	1,098	30,008	1.3	98.7	1.5	98.5
Nevada	34,799	958	33,841	6.1	93.9	6.1	93.9
New Hampshire	15,409	-	15,409	-	100.0	-	100.0
New Jersey	95,000	-	95,000	-	100.0	-	100.0
New Mexico	33,911	-	33,911	-	100.0	-	100.0
New York	272,069	14,544	257,525	6.5	93.5	6.8	93.2
North Carolina	115,648	92,129	23,519	76.8	23.2	79.7	20.3
North Dakota	7,346	-	7,346	-	100.0	-	100.0
Ohio	138,025	58,326	79,699	42.7	57.3	42.8	57.2
Oklahoma	66,319	1,488	64,831	3.7	96.3	3.9	96.1
Oregon	67,838	-	67,838	5.4	94.6	17.2	82.8
Pennsylvania	41,951	-	41,951	-	100.0	-	100.0
Puerto Rico	15,735	-	15,735	-	100.0	-	-
Rhode Island	11,237	-	11,237	-	100.0	-	100.0
South Carolina	108,098	21,337	86,761	19.9	80.1	27.3	72.7
South Dakota	4,553	-	4,553	-	100.0	-	100.0
Tennessee	113,512	61,351	52,161	48.4	51.6	55.7	44.3
Texas	310,318	43,251	267,067	1.4	98.6	6.3	93.7
Utah	31,429	-	31,429	-	100.0	-	100.0
Vermont	5,286	1,522	3,764	38.1	61.9	38.2	61.8
Virginia	55,981	40,687	15,294	52.9	47.1	53.8	46.2
Washington	63,264	36,033	27,231	29.2	70.8	39.8	60.2
West Virginia	60,042	-	60,042	-	100.0	-	100.0
Wisconsin	42,039	6,591	35,448	7.4	92.6	12.5	87.5
Wyoming	6,032	4,568	1,464	80.1	19.9	78.7	21.3
National	4,255,946	586,995	3,668,951	13.2	86.8	13.8	86.2
Reporting States	52	22	52	-	-	-	-

Table 3–3 Children Who Received a Disposition by Response Category, 2015–2019

State	2017 Alternative Response Percent	2017 Investigation Response Percent	2018 Alternative Response Percent	2018 Investigation Response Percent	2019 Alternative Response Percent	2019 Investigation Response Percent
Alabama	-	100.0	-	100.0	-	100.0
Alaska	-	100.0	-	100.0	-	100.0
Arizona	-	100.0	-	100.0	-	100.0
Arkansas	10.9	89.1	12.6	87.4	12.5	87.5
California	-	100.0	-	100.0	-	100.0
Colorado	22.0	78.0	23.2	76.8	23.9	76.1
Connecticut	-	100.0	-	100.0	-	100.0
Delaware	-	100.0	-	100.0	-	100.0
District of Columbia	27.9	72.1	28.3	71.7	18.1	81.9
Florida	-	100.0	-	100.0	-	100.0
Georgia	42.7	57.3	36.3	63.7	33.9	66.1
Hawaii	-	100.0	-	100.0	-	100.0
Idaho	-	100.0	-	100.0	-	100.0
Illinois	-	100.0	-	100.0	-	100.0
Indiana	-	100.0	-	100.0	-	100.0
Iowa	25.9	74.1	21.4	78.6	21.6	78.4
Kansas	-	100.0	-	100.0	-	100.0
Kentucky	3.5	96.5	-	100.0	-	100.0
Louisiana	-	100.0	-	100.0	-	100.0
Maine	-	100.0	-	100.0	-	100.0
Maryland	48.6	51.4	49.1	50.9	52.2	47.8
Massachusetts	-	100.0	-	100.0	-	100.0
Michigan	-	100.0	-	100.0	-	100.0
Minnesota	53.2	46.8	55.2	44.8	58.0	42.0
Mississippi	-	100.0	-	100.0	-	100.0
Missouri	62.6	37.4	65.0	35.0	65.3	34.7
Montana	-	100.0	-	100.0	-	100.0
Nebraska	2.5	97.5	2.9	97.1	3.5	96.5
Nevada	4.2	95.8	4.0	96.0	2.8	97.2
New Hampshire	-	100.0	-	100.0	-	100.0
New Jersey	-	100.0	-	100.0	-	100.0
New Mexico	-	100.0	-	100.0	-	100.0
New York	7.0	93.0	6.5	93.5	5.3	94.7
North Carolina	80.1	19.9	79.1	20.9	79.7	20.3
North Dakota	-	100.0	-	100.0	-	100.0
Ohio	43.8	56.2	43.5	56.5	42.3	57.7
Oklahoma	2.9	97.1	2.6	97.4	2.2	97.8
Oregon	16.5	83.5	0.1	99.9	-	100.0
Pennsylvania	-	100.0	-	100.0	-	100.0
Puerto Rico	-	100.0	-	100.0	-	100.0
Rhode Island	-	100.0	-	100.0	-	100.0
South Carolina	26.6	73.4	16.3	83.7	19.7	80.3
South Dakota	-	100.0	-	100.0	-	100.0
Tennessee	59.5	40.5	59.6	40.4	54.0	46.0
Texas	8.3	91.7	10.9	89.1	13.9	86.1
Utah	-	100.0	-	100.0	-	100.0
Vermont	34.8	65.2	30.3	69.7	28.8	71.2
Virginia	58.7	41.3	72.7	27.3	72.7	27.3
Washington	45.0	55.0	50.8	49.2	57.0	43.0
West Virginia	-	100.0	-	100.0	-	100.0
Wisconsin	14.1	85.9	16.2	83.8	15.7	84.3
Wyoming	80.3	19.7	76.7	23.3	75.7	24.3
National	14.6	85.4	14.0	86.0	13.8	86.2
Reporting States	-	-	-	-	-	-

Table 3–4 Victims, 2015–2019 (*continues next page*)

State	2015	2016	2017	2018	2019
Alabama	8,466	10,157	10,847	12,158	11,677
Alaska	2,898	3,142	2,783	2,615	3,059
Arizona	11,955	10,841	9,909	15,504	12,847
Arkansas	9,204	9,707	9,334	8,538	8,422
California	72,000	68,663	65,342	63,795	64,115
Colorado	10,100	11,226	11,578	11,879	12,246
Connecticut	6,930	7,903	8,442	7,652	8,042
Delaware	1,538	1,572	1,542	1,251	1,248
District of Columbia	1,348	1,366	1,639	1,699	1,857
Florida	43,775	41,894	40,103	36,795	32,915
Georgia	26,952	21,635	10,319	11,064	10,102
Hawaii	1,506	1,491	1,280	1,265	1,342
Idaho	1,623	1,847	1,832	1,919	1,869
Illinois	29,993	29,059	28,751	31,515	33,331
Indiana	26,397	28,430	29,198	25,731	23,029
Iowa	7,877	8,555	10,643	11,764	11,648
Kansas	1,992	2,403	4,153	3,188	2,945
Kentucky	18,897	20,010	22,410	23,752	20,130
Louisiana	12,631	11,289	10,356	9,380	8,441
Maine	3,372	3,446	3,475	3,481	4,413
Maryland	6,790	6,993	7,578	7,743	7,661
Massachusetts	31,089	31,624	24,955	25,812	25,029
Michigan	34,729	37,261	38,062	37,703	33,043
Minnesota	5,120	7,941	8,709	7,785	6,780
Mississippi	8,730	10,179	10,429	10,002	9,377
Missouri	5,699	5,481	4,585	5,662	4,762
Montana	1,868	3,116	3,534	3,763	3,736
Nebraska	3,483	2,783	3,246	2,596	2,822
Nevada	4,953	4,885	4,859	5,162	4,999
New Hampshire	745	905	1,151	1,331	1,217
New Jersey	9,689	8,264	6,614	6,008	5,132
New Mexico	8,701	7,526	8,577	8,024	8,025
New York	66,676	65,123	71,226	68,785	67,269
North Carolina	7,857	7,134	7,392	6,502	5,601
North Dakota	1,760	1,805	1,981	2,097	1,797
Ohio	23,006	23,635	24,897	25,158	25,470
Oklahoma	14,449	14,308	14,457	15,355	15,148
Oregon	10,428	11,812	11,013	12,581	13,543
Pennsylvania	3,629	4,355	4,625	4,695	4,817
Puerto Rico	6,950	-	5,729	4,381	4,738
Rhode Island	3,183	2,955	3,095	3,644	3,183
South Carolina	14,856	17,331	17,071	19,130	18,717
South Dakota	1,073	1,246	1,339	1,426	1,537
Tennessee	11,362	9,665	9,354	9,186	9,859
Texas	63,781	57,374	61,506	63,271	64,093
Utah	9,569	9,614	9,947	10,122	10,579
Vermont	921	822	878	958	851
Virginia	6,112	5,941	6,277	6,132	6,159
Washington	5,894	4,725	4,386	4,498	4,222
West Virginia	4,857	5,938	6,370	6,946	6,727
Wisconsin	4,840	4,822	4,902	5,017	4,576
Wyoming	968	977	950	1,044	1,096
National	683,221	671,176	673,630	677,464	656,243
Reporting States	52	51	52	52	52

Table 3–4 Victims, 2015–2019

State	Percent Change from 2015 to 2019	2015 Rate per 1,000 Children	2016 Rate per 1,000 Children	2017 Rate per 1,000 Children	2018 Rate per 1,000 Children	2019 Rate per 1,000 Children
Alabama	37.9	7.7	9.2	9.9	11.1	10.7
Alaska	5.6	15.6	16.8	15.0	14.3	17.0
Arizona	7.5	7.3	6.6	6.1	9.5	7.8
Arkansas	-8.5	13.0	13.8	13.2	12.2	12.0
California	-11.0	7.9	7.6	7.2	7.1	7.2
Colorado	21.2	8.0	8.9	9.2	9.4	9.7
Connecticut	16.0	9.1	10.5	11.4	10.4	11.1
Delaware	-18.9	7.5	7.7	7.6	6.1	6.1
District of Columbia	37.8	11.3	11.2	13.1	13.4	14.5
Florida	-24.8	10.7	10.1	9.5	8.7	7.8
Georgia	-62.5	10.8	8.6	4.1	4.4	4.0
Hawaii	-10.9	4.9	4.9	4.2	4.2	4.5
Idaho	15.2	3.7	4.2	4.1	4.3	4.2
Illinois	11.1	10.1	9.9	9.9	11.0	11.8
Indiana	-12.8	16.7	18.0	18.6	16.4	14.7
Iowa	47.9	10.8	11.7	14.5	16.1	16.0
Kansas	47.8	2.8	3.4	5.8	4.5	4.2
Kentucky	6.5	18.7	19.8	22.2	23.6	20.1
Louisiana	-33.2	11.3	10.1	9.4	8.6	7.8
Maine	30.9	13.2	13.5	13.8	13.9	17.7
Maryland	12.8	5.0	5.2	5.6	5.8	5.7
Massachusetts	-19.5	22.4	22.9	18.2	18.9	18.5
Michigan	-4.9	15.7	17.0	17.5	17.4	15.4
Minnesota	32.4	4.0	6.1	6.7	6.0	5.2
Mississippi	7.4	12.0	14.1	14.6	14.2	13.4
Missouri	-16.4	4.1	4.0	3.3	4.1	3.5
Montana	100.0	8.2	13.7	15.4	16.5	16.3
Nebraska	-19.0	7.4	5.9	6.8	5.5	5.9
Nevada	0.9	7.4	7.2	7.1	7.5	7.2
New Hampshire	63.4	2.8	3.4	4.4	5.2	4.8
New Jersey	-47.0	4.9	4.2	3.4	3.1	2.6
New Mexico	-7.8	17.4	15.2	17.6	16.7	16.9
New York	0.9	15.9	15.7	17.3	16.9	16.7
North Carolina	-28.7	3.4	3.1	3.2	2.8	2.4
North Dakota	2.1	10.1	10.3	11.2	11.8	10.0
Ohio	10.7	8.7	9.0	9.5	9.7	9.9
Oklahoma	4.8	15.0	14.9	15.1	16.1	15.9
Oregon	29.9	12.1	13.6	12.6	14.5	15.6
Pennsylvania	32.7	1.3	1.6	1.7	1.8	1.8
Puerto Rico	-31.8	9.5	-	8.8	7.4	8.3
Rhode Island	0.0	15.1	14.1	15.0	17.7	15.6
South Carolina	26.0	13.6	15.8	15.5	17.3	16.8
South Dakota	43.2	5.1	5.8	6.2	6.6	7.1
Tennessee	-13.2	7.6	6.4	6.2	6.1	6.5
Texas	0.5	8.8	7.8	8.4	8.6	8.7
Utah	10.6	10.5	10.4	10.7	10.9	11.4
Vermont	-7.6	7.7	7.0	7.5	8.3	7.5
Virginia	0.8	3.3	3.2	3.4	3.3	3.3
Washington	-28.4	3.7	2.9	2.7	2.7	2.5
West Virginia	38.5	12.8	15.9	17.2	19.1	18.7
Wisconsin	-5.5	3.7	3.7	3.8	3.9	3.6
Wyoming	13.2	6.9	7.0	7.0	7.8	8.2
National	N/A	9.2	9.1	9.1	9.2	8.9
Reporting States	-	-	-	-	-	-

Table 3–5 First-time Victims, 2019

State	First-time Victims	First-time Victims Rate per 1,000 Children
Alabama	9,522	8.7
Alaska	2,038	11.3
Arizona	10,461	6.4
Arkansas	7,043	10.1
California	50,728	5.7
Colorado	8,837	7.0
Connecticut	5,790	8.0
Delaware	1,000	4.9
District of Columbia	1,256	9.8
Florida	14,839	3.5
Georgia	8,379	3.3
Hawaii	1,117	3.7
Idaho	1,599	3.6
Illinois	22,015	7.8
Indiana	16,107	10.3
Iowa	8,056	11.1
Kansas	2,626	3.8
Kentucky	13,097	13.1
Louisiana	6,559	6.0
Maine	2,949	11.9
Maryland	5,628	4.2
Massachusetts	13,609	10.1
Michigan	20,788	9.7
Minnesota	5,937	4.6
Mississippi	8,148	11.7
Missouri	4,092	3.0
Montana	3,064	13.4
Nebraska	2,147	4.5
Nevada	3,355	4.8
New Hampshire	1,003	3.9
New Jersey	4,070	2.1
New Mexico	5,675	11.9
New York	39,375	9.8
North Carolina	4,731	2.1
North Dakota	1,272	7.1
Ohio	18,701	7.3
Oklahoma	11,901	12.5
Oregon	8,954	10.3
Pennsylvania	-	-
Puerto Rico	-	-
Rhode Island	2,137	10.5
South Carolina	13,744	12.4
South Dakota	1,185	5.5
Tennessee	5,130	3.4
Texas	51,730	7.0
Utah	7,353	7.9
Vermont	705	6.2
Virginia	-	-
Washington	1,926	1.2
West Virginia	5,407	15.0
Wisconsin	3,877	3.1
Wyoming	907	6.8
National	450,569	6.6
Reporting States	49	-

Table 3–6 Victims by Age, 2019 (continues next page)

State	<1	1	2	3	4	5	6	7	8	9
Alabama	1,945	761	714	731	668	621	578	567	544	553
Alaska	416	221	232	193	205	194	175	166	168	156
Arizona	3,380	830	836	738	655	650	564	570	572	532
Arkansas	1,814	524	528	487	459	425	381	397	356	321
California	10,134	4,221	3,931	3,796	3,601	3,653	3,356	3,449	3,155	3,189
Colorado	1,773	801	781	719	751	632	675	660	644	667
Connecticut	1,062	547	471	420	421	463	480	450	413	424
Delaware	126	95	68	69	65	88	78	70	68	76
District of Columbia	206	95	87	126	107	132	131	131	114	116
Florida	5,126	2,493	2,378	2,310	2,037	1,913	1,844	1,659	1,507	1,602
Georgia	2,402	585	510	534	527	479	492	480	478	454
Hawaii	207	86	69	76	77	76	79	58	62	57
Idaho	466	105	96	105	90	85	87	68	81	66
Illinois	4,291	2,516	2,350	2,260	2,175	2,002	1,926	1,819	1,777	1,810
Indiana	4,935	1,549	1,392	1,281	1,250	1,221	1,179	1,139	1,043	1,010
Iowa	1,723	828	759	758	776	656	692	583	611	616
Kansas	219	168	143	163	153	175	183	148	183	193
Kentucky	3,016	1,378	1,403	1,312	1,269	1,159	1,113	1,066	1,018	1,065
Louisiana	2,759	491	476	415	378	389	343	374	321	319
Maine	506	277	272	287	279	277	268	250	242	261
Maryland	566	405	408	499	437	468	445	451	408	393
Massachusetts	3,022	1,463	1,420	1,373	1,357	1,344	1,458	1,434	1,335	1,372
Michigan	4,176	2,412	2,275	2,124	2,035	1,957	1,926	1,829	1,790	1,698
Minnesota	1,010	427	441	407	400	412	384	360	347	348
Mississippi	1,225	530	455	477	477	500	486	498	473	504
Missouri	317	273	267	299	268	232	244	244	258	275
Montana	457	286	273	271	261	241	209	202	194	187
Nebraska	368	201	208	176	194	194	155	144	138	143
Nevada	805	358	365	315	337	258	280	271	251	255
New Hampshire	165	92	84	82	68	65	60	64	60	67
New Jersey	684	300	266	303	282	301	271	263	276	271
New Mexico	1,115	489	446	445	451	469	492	470	468	479
New York	6,444	4,001	3,837	3,741	3,659	3,924	4,126	3,971	3,836	3,696
North Carolina	559	339	350	326	321	314	331	300	306	315
North Dakota	218	124	134	117	129	103	114	111	94	96
Ohio	4,194	1,501	1,383	1,457	1,383	1,360	1,425	1,351	1,233	1,228
Oklahoma	2,524	1,162	1,136	1,033	976	927	854	766	744	712
Oregon	1,407	892	863	860	812	871	795	756	741	762
Pennsylvania	411	258	223	220	212	211	215	205	217	236
Puerto Rico	285	257	251	218	274	323	299	295	291	293
Rhode Island	480	203	206	211	191	158	196	176	173	168
South Carolina	2,431	1,314	1,232	1,144	1,054	1,100	1,062	1,047	1,009	970
South Dakota	255	141	125	96	109	97	89	78	73	71
Tennessee	2,221	782	521	508	488	464	424	390	365	386
Texas	11,614	5,471	5,195	4,839	4,604	4,300	3,333	3,018	2,819	2,753
Utah	1,209	551	601	522	545	543	571	534	519	517
Vermont	60	54	55	61	49	52	47	28	43	45
Virginia	749	441	438	408	376	372	349	303	303	302
Washington	399	314	322	289	265	256	258	221	215	224
West Virginia	1,321	401	412	354	392	403	411	378	388	342
Wisconsin	537	314	308	277	288	284	291	264	225	231
Wyoming	145	84	77	75	71	65	79	50	66	64
National	97,879	44,411	42,073	40,307	38,708	37,858	36,303	34,576	33,015	32,890
Reporting States	52									

Table 3–6 Victims by Age, 2019 (continues next page)

State	10	11	12	13	14	15	16	17	Unborn, Unknown, and 18–21	Total Victims
Alabama	551	500	491	563	629	568	403	261	29	11,677
Alaska	161	157	131	129	106	88	92	58	11	3,059
Arizona	493	466	517	479	441	426	380	300	18	12,847
Arkansas	378	336	327	348	374	362	301	228	76	8,422
California	3,094	3,119	3,038	2,826	2,681	2,609	2,379	1,824	60	64,115
Colorado	677	625	593	547	516	476	384	263	62	12,246
Connecticut	414	406	392	411	368	359	298	213	30	8,042
Delaware	55	56	60	68	56	63	48	35	4	1,248
District of Columbia	105	77	88	76	80	70	54	50	12	1,857
Florida	1,500	1,440	1,391	1,271	1,249	1,256	1,017	811	111	32,915
Georgia	479	452	499	432	400	424	311	149	15	10,102
Hawaii	74	69	70	58	59	63	61	37	4	1,342
Idaho	84	84	73	88	80	93	67	51	-	1,869
Illinois	1,739	1,542	1,533	1,400	1,283	1,158	1,001	682	67	33,331
Indiana	1,063	1,015	995	911	911	928	707	472	28	23,029
Iowa	634	571	536	487	475	395	333	206	9	11,648
Kansas	162	144	184	162	153	188	130	89	5	2,945
Kentucky	969	940	951	853	734	719	643	463	59	20,130
Louisiana	311	341	327	280	266	292	233	114	12	8,441
Maine	245	274	226	211	192	143	115	79	9	4,413
Maryland	417	426	403	409	416	413	384	283	30	7,661
Massachusetts	1,372	1,367	1,259	1,225	1,197	1,187	1,001	806	37	25,029
Michigan	1,630	1,534	1,547	1,492	1,419	1,313	1,124	697	65	33,043
Minnesota	369	328	349	287	261	264	212	163	11	6,780
Mississippi	500	523	556	505	474	513	415	243	23	9,377
Missouri	266	238	267	288	298	330	266	131	1	4,762
Montana	186	186	193	144	127	117	107	64	31	3,736
Nebraska	127	131	111	107	119	116	91	78	21	2,822
Nevada	251	209	205	198	193	179	146	118	5	4,999
New Hampshire	58	63	52	61	51	40	45	37	3	1,217
New Jersey	252	294	254	272	248	246	179	154	16	5,132
New Mexico	471	407	348	363	334	273	260	182	63	8,025
New York	3,712	3,598	3,457	3,359	3,412	3,492	3,124	1,738	142	67,269
North Carolina	338	332	305	308	295	254	204	90	14	5,601
North Dakota	95	96	83	82	66	55	40	20	20	1,797
Ohio	1,250	1,166	1,282	1,200	1,154	1,121	972	714	96	25,470
Oklahoma	726	706	654	583	497	434	397	249	68	15,148
Oregon	752	683	668	632	567	548	502	343	89	13,543
Pennsylvania	221	235	317	315	360	364	289	237	71	4,817
Puerto Rico	277	237	263	258	253	261	226	162	15	4,738
Rhode Island	152	154	153	132	112	136	93	74	15	3,183
South Carolina	935	941	863	756	742	711	556	320	530	18,717
South Dakota	59	62	67	62	59	33	30	26	5	1,537
Tennessee	366	391	485	425	444	401	374	326	98	9,859
Texas	2,616	2,425	2,339	2,143	2,037	1,792	1,572	927	296	64,093
Utah	530	559	546	562	627	645	550	427	21	10,579
Vermont	41	33	43	41	61	49	41	42	6	851
Virginia	285	280	287	280	260	236	220	148	122	6,159
Washington	206	208	211	206	191	186	143	103	5	4,222
West Virginia	287	302	284	280	232	205	176	123	36	6,727
Wisconsin	213	228	231	214	203	195	150	111	12	4,576
Wyoming	45	60	41	42	45	38	32	16	1	1,096
National	32,193	31,016	30,545	28,831	27,807	26,827	22,878	15,537	2,589	656,243
Reporting States	52	51	52							

Table 3–6 Victims by Age, 2019 (continues next page)

State	<1 Rate per 1,000 Children	1 Rate per 1,000 Children	2 Rate per 1,000 Children	3 Rate per 1,000 Children	4 Rate per 1,000 Children	5 Rate per 1,000 Children	6 Rate per 1,000 Children	7 Rate per 1,000 Children	8 Rate per 1,000 Children
Alabama	34.2	13.1	12.1	12.2	11.1	10.4	9.9	9.5	9.1
Alaska	41.7	22.1	22.8	18.4	19.7	18.6	17.0	16.1	16.1
Arizona	41.3	10.0	9.8	8.4	7.2	7.2	6.2	6.3	6.3
Arkansas	49.9	14.2	14.1	12.6	11.8	11.1	10.0	10.2	9.2
California	21.9	9.1	8.2	7.8	7.3	7.4	6.8	7.0	6.3
Colorado	27.5	12.3	11.8	10.6	10.9	9.2	9.9	9.6	9.2
Connecticut	30.7	15.4	13.0	11.3	11.1	12.2	12.6	11.6	10.4
Delaware	11.9	8.9	6.1	6.1	5.8	7.9	7.1	6.2	5.9
District of Columbia	21.6	10.3	9.6	14.3	12.2	16.6	16.0	16.6	15.3
Florida	23.1	11.1	10.4	9.9	8.8	8.2	8.0	7.1	6.4
Georgia	18.9	4.5	3.9	4.0	3.9	3.5	3.7	3.5	3.4
Hawaii	12.3	5.1	4.0	4.4	4.5	4.3	4.5	3.3	3.6
Idaho	21.1	4.7	4.2	4.4	3.7	3.5	3.5	2.8	3.2
Illinois	29.9	17.2	15.7	14.8	14.1	13.1	12.7	11.9	11.4
Indiana	61.4	18.8	16.7	15.0	14.4	14.2	13.6	13.2	12.1
Iowa	45.9	21.6	19.4	18.9	19.2	16.2	17.3	14.7	15.6
Kansas	6.2	4.7	3.8	4.3	4.0	4.5	4.7	3.8	4.6
Kentucky	56.7	25.5	25.8	23.8	22.8	20.8	20.0	19.3	18.5
Louisiana	47.6	8.3	7.8	6.7	6.1	6.3	5.7	6.3	5.4
Maine	42.0	22.4	21.4	21.9	20.9	20.8	19.9	18.7	18.1
Maryland	8.1	5.7	5.6	6.8	5.9	6.4	6.1	6.1	5.4
Massachusetts	42.7	20.7	19.9	19.1	18.7	18.5	19.9	19.5	17.8
Michigan	38.3	21.8	20.0	18.4	17.4	16.7	16.6	15.7	15.2
Minnesota	14.9	6.2	6.2	5.7	5.5	5.6	5.3	5.0	4.8
Mississippi	34.5	14.6	12.3	12.8	12.7	13.4	13.1	13.1	12.4
Missouri	4.5	3.8	3.6	4.0	3.5	3.1	3.2	3.2	3.4
Montana	39.2	24.8	22.1	21.4	20.2	18.7	16.4	15.8	15.3
Nebraska	14.6	7.9	7.9	6.6	7.1	7.2	5.9	5.5	5.2
Nevada	22.5	10.0	9.8	8.3	8.7	6.8	7.3	7.1	6.4
New Hampshire	13.7	7.5	6.5	6.3	5.1	4.9	4.4	4.7	4.2
New Jersey	6.9	3.0	2.6	2.9	2.7	2.9	2.6	2.5	2.5
New Mexico	48.4	21.0	18.6	17.8	17.6	18.1	18.8	17.9	17.3
New York	28.8	17.9	17.0	16.5	16.1	17.6	18.4	17.7	17.0
North Carolina	4.7	2.8	2.9	2.6	2.6	2.5	2.7	2.4	2.4
North Dakota	20.8	11.8	12.1	10.7	11.7	9.7	11.0	10.9	9.5
Ohio	31.4	11.0	10.0	10.3	9.7	9.6	10.0	9.6	8.8
Oklahoma	52.1	23.5	22.1	19.5	18.3	17.3	15.9	14.3	13.8
Oregon	32.5	20.3	19.0	18.2	17.0	18.1	16.6	15.7	15.1
Pennsylvania	3.1	1.9	1.6	1.5	1.5	1.5	1.5	1.4	1.5
Puerto Rico	13.3	12.5	11.0	8.6	10.1	11.1	9.9	9.3	9.0
Rhode Island	45.6	18.6	19.1	18.9	17.2	14.4	18.1	16.0	15.6
South Carolina	43.3	23.0	21.1	19.2	17.3	18.1	17.5	17.1	16.4
South Dakota	21.3	11.6	10.2	7.8	8.8	7.8	7.3	6.4	6.0
Tennessee	27.8	9.6	6.4	6.1	5.8	5.6	5.1	4.7	4.4
Texas	30.7	14.3	13.0	11.7	11.0	10.3	8.1	7.4	6.8
Utah	24.9	11.5	12.2	10.3	10.6	10.6	11.0	10.6	10.0
Vermont	10.8	9.7	9.3	10.3	8.1	8.3	7.7	4.5	6.9
Virginia	7.7	4.4	4.3	4.0	3.6	3.6	3.4	2.9	2.9
Washington	4.5	3.6	3.5	3.1	2.8	2.7	2.7	2.4	2.3
West Virginia	74.4	22.3	22.1	18.6	19.9	20.2	20.4	18.8	19.4
Wisconsin	8.5	4.9	4.6	4.1	4.2	4.2	4.2	3.8	3.2
Wyoming	22.1	12.5	10.9	10.3	9.7	8.8	10.7	6.8	8.9
National	25.7	11.5	10.7	10.0	9.5	9.3	9.0	8.5	8.1
Reporting States	-	-	-	-	-	-	-	-	-

Table 3–6 Victims by Age, 2019

State	9 Rate per 1,000 Children	10 Rate per 1,000 Children	11 Rate per 1,000 Children	12 Rate per 1,000 Children	13 Rate per 1,000 Children	14 Rate per 1,000 Children	15 Rate per 1,000 Children	16 Rate per 1,000 Children	17 Rate per 1,000 Children
Alabama	9.2	9.0	7.9	7.8	9.1	10.2	9.2	6.5	4.2
Alaska	15.4	16.1	15.7	13.2	13.6	11.0	9.3	9.8	6.2
Arizona	5.9	5.3	4.8	5.3	5.0	4.6	4.5	4.1	3.2
Arkansas	8.2	9.7	8.3	8.0	8.7	9.4	9.1	7.6	5.8
California	6.5	6.3	6.1	5.9	5.6	5.3	5.2	4.7	3.7
Colorado	9.3	9.5	8.6	8.1	7.5	7.1	6.5	5.3	3.7
Connecticut	10.6	10.2	9.6	9.1	9.4	8.2	7.9	6.6	4.6
Delaware	6.7	4.9	4.8	5.2	5.8	4.9	5.4	4.1	3.0
District of Columbia	17.3	16.6	12.5	14.8	13.8	15.1	13.7	10.7	9.6
Florida	6.9	6.4	5.9	5.7	5.2	5.2	5.2	4.3	3.3
Georgia	3.3	3.4	3.1	3.4	2.9	2.7	2.9	2.2	1.0
Hawaii	3.4	4.6	4.1	4.3	3.6	3.7	3.9	3.9	2.4
Idaho	2.6	3.3	3.2	2.7	3.4	3.0	3.5	2.6	2.0
Illinois	11.6	11.1	9.6	9.4	8.6	7.9	7.0	6.1	4.1
Indiana	11.6	12.2	11.3	11.0	10.1	10.2	10.2	7.8	5.3
Iowa	15.1	15.5	13.6	12.7	11.6	11.5	9.6	8.1	5.1
Kansas	4.8	4.1	3.6	4.6	4.1	3.9	4.7	3.3	2.3
Kentucky	19.4	17.4	16.5	16.5	15.0	12.9	12.6	11.4	8.2
Louisiana	5.3	5.2	5.5	5.2	4.6	4.4	4.9	3.9	1.9
Maine	18.7	17.6	19.0	15.4	14.3	12.9	9.6	7.6	5.2
Maryland	5.3	5.7	5.6	5.3	5.4	5.5	5.5	5.1	3.8
Massachusetts	18.6	18.6	17.9	16.3	15.8	15.3	14.7	12.3	9.8
Michigan	14.3	13.8	12.7	12.6	12.1	11.4	10.4	8.9	5.5
Minnesota	4.8	5.1	4.4	4.7	3.9	3.5	3.5	2.9	2.3
Mississippi	13.1	12.5	12.5	13.0	12.3	11.7	12.8	10.4	6.2
Missouri	3.6	3.5	3.0	3.4	3.7	3.8	4.2	3.4	1.7
Montana	14.6	14.5	14.0	14.4	11.0	9.9	9.1	8.4	5.1
Nebraska	5.4	4.7	4.8	4.1	4.0	4.4	4.4	3.4	3.0
Nevada	6.5	6.5	5.1	5.1	5.0	4.9	4.6	3.8	3.1
New Hampshire	4.8	4.1	4.3	3.4	4.0	3.3	2.5	2.8	2.3
New Jersey	2.5	2.4	2.7	2.3	2.4	2.2	2.2	1.6	1.4
New Mexico	17.6	17.1	14.5	12.4	13.0	12.0	10.0	9.4	6.6
New York	16.8	17.3	16.3	15.6	15.2	15.3	15.4	13.7	7.6
North Carolina	2.5	2.6	2.5	2.3	2.3	2.2	1.9	1.5	0.7
North Dakota	9.7	9.6	9.8	8.5	8.6	7.0	6.1	4.5	2.3
Ohio	8.7	8.7	8.0	8.7	8.1	7.8	7.5	6.5	4.8
Oklahoma	13.3	13.5	12.9	11.9	10.9	9.3	8.2	7.5	4.7
Oregon	15.5	15.4	13.5	13.2	12.7	11.6	11.1	10.2	7.0
Pennsylvania	1.6	1.5	1.6	2.1	2.1	2.4	2.4	1.9	1.5
Puerto Rico	8.5	7.9	6.7	7.2	6.9	6.6	6.9	6.0	4.1
Rhode Island	15.2	13.9	13.4	13.2	11.1	9.3	11.1	7.5	5.9
South Carolina	15.5	14.6	14.4	13.0	11.7	11.7	11.2	8.9	5.1
South Dakota	5.9	4.9	5.0	5.4	5.2	5.0	2.8	2.7	2.3
Tennessee	4.6	4.4	4.5	5.6	4.9	5.2	4.7	4.4	3.8
Texas	6.6	6.3	5.7	5.5	5.1	4.9	4.3	3.8	2.3
Utah	9.8	10.0	10.3	10.0	10.5	11.8	12.2	10.5	8.4
Vermont	7.1	6.5	5.0	6.3	6.1	9.1	7.1	5.9	6.1
Virginia	2.9	2.8	2.6	2.7	2.6	2.5	2.2	2.1	1.4
Washington	2.4	2.2	2.2	2.2	2.2	2.1	2.0	1.6	1.1
West Virginia	17.1	14.3	14.5	13.6	13.5	11.2	9.7	8.4	5.8
Wisconsin	3.2	3.0	3.1	3.1	2.9	2.8	2.6	2.0	1.5
Wyoming	8.2	5.8	7.5	5.1	5.4	5.8	5.1	4.3	2.2
National	8.0	7.9	7.3	7.2	6.8	6.6	6.4	5.5	3.7
Reporting States	-	-	-	-	-	-	-	-	-

Table 3–7 Victims by Sex, 2019

State	Boy	Girl	Unknown	Total Victims	Boy Rate per 1,000 Children	Girl Rate per 1,000 Children
Alabama	5,304	6,365	8	11,677	9.6	11.9
Alaska	1,489	1,560	10	3,059	16.1	17.8
Arizona	6,405	6,418	24	12,847	7.7	8.0
Arkansas	3,858	4,559	5	8,422	10.8	13.3
California	31,269	32,772	74	64,115	6.9	7.5
Colorado	5,922	6,324	-	12,246	9.2	10.3
Connecticut	3,866	4,112	64	8,042	10.4	11.5
Delaware	562	686	-	1,248	5.5	6.8
District of Columbia	893	960	4	1,857	13.8	15.2
Florida	15,874	16,797	244	32,915	7.4	8.1
Georgia	4,905	5,189	8	10,102	3.9	4.2
Hawaii	636	689	17	1,342	4.1	4.7
Idaho	901	968	-	1,869	3.9	4.4
Illinois	16,552	16,652	127	33,331	11.5	12.1
Indiana	11,178	11,847	4	23,029	13.9	15.5
Iowa	5,694	5,939	15	11,648	15.3	16.7
Kansas	1,379	1,564	2	2,945	3.8	4.6
Kentucky	10,072	9,940	118	20,130	19.6	20.3
Louisiana	4,145	4,257	39	8,441	7.5	8.0
Maine	2,140	2,270	3	4,413	16.8	18.7
Maryland	3,457	4,178	26	7,661	5.1	6.4
Massachusetts	12,178	12,503	348	25,029	17.6	18.9
Michigan	16,647	16,365	31	33,043	15.2	15.6
Minnesota	3,216	3,564	-	6,780	4.8	5.6
Mississippi	4,323	5,022	32	9,377	12.2	14.6
Missouri	1,936	2,826	-	4,762	2.8	4.2
Montana	1,814	1,829	93	3,736	15.5	16.4
Nebraska	1,295	1,526	1	2,822	5.3	6.6
Nevada	2,492	2,507	-	4,999	7.0	7.4
New Hampshire	606	610	1	1,217	4.6	4.9
New Jersey	2,405	2,722	5	5,132	2.4	2.9
New Mexico	3,961	4,022	42	8,025	16.4	17.2
New York	33,460	33,754	55	67,269	16.2	17.1
North Carolina	2,669	2,932	-	5,601	2.3	2.6
North Dakota	935	856	6	1,797	10.2	9.7
Ohio	11,778	13,626	66	25,470	8.9	10.8
Oklahoma	7,418	7,730	-	15,148	15.2	16.6
Oregon	6,554	6,976	13	13,543	14.8	16.5
Pennsylvania	1,873	2,943	1	4,817	1.4	2.3
Puerto Rico	2,339	2,399	-	4,738	8.0	8.5
Rhode Island	1,603	1,565	15	3,183	15.3	15.7
South Carolina	9,297	9,237	183	18,717	16.5	16.9
South Dakota	775	761	1	1,537	7.0	7.2
Tennessee	4,292	5,528	39	9,859	5.6	7.5
Texas	30,381	33,396	316	64,093	8.1	9.2
Utah	4,891	5,688	-	10,579	10.2	12.6
Vermont	346	505	-	851	5.9	9.1
Virginia	3,033	3,123	3	6,159	3.2	3.4
Washington	1,996	2,216	10	4,222	2.3	2.7
West Virginia	3,309	3,388	30	6,727	17.9	19.4
Wisconsin	2,112	2,440	24	4,576	3.3	3.9
Wyoming	537	558	1	1,096	7.8	8.6
National	316,972	337,163	2,108	656,243	8.4	9.4
Reporting States	52	52	41	52	-	-

Table 3–8 Victims by Race or Ethnicity, 2019 (continues next page)

State	African-American	American Indian or Alaska Native	Asian	Hispanic	Multiple Race	Pacific Islander	White	Unknown	Total Victims
Alabama	3,400	16	17	604	357	4	7,106	173	11,677
Alaska	66	1,498	45	140	499	86	599	126	3,059
Arizona	1,290	635	46	4,637	576	33	4,368	1,262	12,847
Arkansas	1,473	7	16	554	681	21	5,596	74	8,422
California	8,331	548	1,667	35,408	1,345	217	12,905	3,694	64,115
Colorado	1,233	82	106	4,725	519	58	5,213	310	12,246
Connecticut	1,774	12	53	2,543	455	8	2,819	378	8,042
Delaware	570	1	13	184	30	-	449	1	1,248
District of Columbia	1,210	-	-	225	11	-	7	404	1,857
Florida	8,994	27	103	6,154	1,716	19	14,444	1,458	32,915
Georgia	3,994	6	37	689	558	3	4,691	124	10,102
Hawaii	14	7	108	55	549	352	204	53	1,342
Idaho	23	38	5	142	9	9	1,489	154	1,869
Illinois	10,811	33	295	5,867	829	8	15,247	241	33,331
Indiana	4,035	10	64	1,955	1,715	10	15,213	27	23,029
Iowa	1,623	170	58	1,174	400	26	8,067	130	11,648
Kansas	291	26	20	457	180	6	1,932	33	2,945
Kentucky	2,035	11	43	875	1,062	7	15,119	978	20,130
Louisiana	3,870	10	15	157	209	6	3,841	333	8,441
Maine	66	37	10	129	183	6	2,939	1,043	4,413
Maryland	3,044	8	77	673	149	10	2,189	1,511	7,661
Massachusetts	3,195	34	348	8,238	1,281	11	9,256	2,666	25,029
Michigan	8,697	108	91	2,579	3,004	22	18,473	69	33,043
Minnesota	1,107	500	208	809	1,092	1	2,804	259	6,780
Mississippi	3,726	25	15	225	204	3	4,864	315	9,377
Missouri	655	22	14	454	100	6	3,213	298	4,762
Montana	42	493	4	171	225	1	1,950	850	3,736
Nebraska	518	165	27	511	222	7	1,235	137	2,822
Nevada	1,315	37	40	1,358	322	36	1,748	143	4,999
New Hampshire	30	1	2	97	46	-	926	115	1,217
New Jersey	1,567	-	76	1,589	130	9	1,652	109	5,132
New Mexico	240	784	17	4,739	141	5	1,525	574	8,025
New York	19,139	234	1,720	19,488	3,050	29	22,352	1,257	67,269
North Carolina	1,663	218	26	735	348	4	2,535	72	5,601
North Dakota	135	374	2	90	143	11	951	91	1,797
Ohio	6,549	9	49	1,449	2,375	18	14,450	571	25,470
Oklahoma	1,479	1,115	23	2,736	3,859	27	5,903	6	15,148
Oregon	509	313	85	1,871	435	97	7,634	2,599	13,543
Pennsylvania	1,016	6	39	810	315	1	2,526	104	4,817
Puerto Rico	-	-	-	-	-	-	-	-	-
Rhode Island	352	12	24	731	236	-	1,345	483	3,183
South Carolina	7,369	11	23	889	577	12	8,811	1,025	18,717
South Dakota	52	631	4	83	209	2	537	19	1,537
Tennessee	-	-	-	-	-	-	-	-	-
Texas	12,958	72	378	28,952	2,459	66	18,155	1,053	64,093
Utah	326	195	60	2,415	320	220	6,965	78	10,579
Vermont	6	-	13	12	9	-	744	67	851
Virginia	1,566	4	66	770	414	13	3,097	229	6,159
Washington	295	208	69	872	562	63	1,985	168	4,222
West Virginia	242	-	-	62	472	-	5,903	48	6,727
Wisconsin	909	260	74	523	186	4	2,535	85	4,576
Wyoming	34	26	1	157	13	-	821	44	1,096
National	133,838	9,039	6,296	150,762	34,781	1,557	279,332	26,041	641,646
Reporting States	50	46	48	50	50	43	50	50	50

Table 3–8 Victims by Race or Ethnicity, 2019

State	African-American Rate per 1,000 Children	American Indian or Alaska Native Rate per 1,000 Children	Asian Rate per 1,000 Children	Hispanic Rate per 1,000 Children	Multiple Race Rate per 1,000 Children	Pacific Islander Rate per 1,000 Children	White Rate per 1,000 Children
Alabama	10.8	3.3	1.1	6.8	9.6	6.2	11.3
Alaska	12.0	44.7	4.5	7.8	22.5	26.7	6.8
Arizona	15.9	7.8	1.0	6.4	8.8	10.9	6.9
Arkansas	11.9	1.4	1.4	6.2	24.5	5.4	12.7
California	18.5	16.7	1.6	7.7	3.1	6.8	5.7
Colorado	22.4	10.9	2.7	11.9	9.4	30.4	7.4
Connecticut	21.3	6.1	1.4	13.8	15.9	25.2	7.2
Delaware	11.0	2.0	1.6	5.5	2.8	-	4.6
District of Columbia	18.0	-	-	10.3	2.1	-	0.2
Florida	10.7	3.0	0.9	4.5	10.7	6.9	8.3
Georgia	4.8	1.3	0.4	1.8	5.8	1.7	4.3
Hawaii	2.5	15.8	1.5	1.0	5.9	11.0	4.7
Idaho	5.5	7.5	1.0	1.7	0.6	11.2	4.4
Illinois	25.3	8.8	2.0	8.4	8.4	9.4	10.6
Indiana	22.9	3.4	1.6	10.9	26.2	14.3	13.8
Iowa	41.1	63.3	3.1	15.5	13.7	19.3	14.4
Kansas	6.7	5.2	1.0	3.5	5.0	7.5	4.2
Kentucky	21.9	7.1	2.5	13.3	25.0	8.4	19.3
Louisiana	9.8	1.4	0.9	2.0	5.9	14.8	6.9
Maine	9.1	17.2	3.0	17.8	19.0	61.2	13.4
Maryland	7.5	2.7	0.9	3.1	2.1	15.7	4.0
Massachusetts	26.6	13.6	3.6	31.7	23.1	16.0	11.3
Michigan	25.4	8.5	1.3	14.1	29.2	35.9	12.9
Minnesota	8.4	26.4	2.6	6.9	16.6	1.2	3.2
Mississippi	12.8	5.9	2.3	6.4	11.3	13.2	14.1
Missouri	3.6	3.9	0.5	4.7	1.6	2.3	3.2
Montana	28.0	22.4	2.5	11.2	21.1	6.8	11.0
Nebraska	18.2	30.8	2.1	5.9	11.5	20.9	3.8
Nevada	18.1	6.6	1.0	4.8	6.9	7.8	7.3
New Hampshire	5.9	2.2	0.2	5.7	5.1	-	4.3
New Jersey	6.1	-	0.4	3.0	2.1	11.5	1.9
New Mexico	28.9	16.0	3.1	16.5	11.5	19.6	13.5
New York	31.7	19.7	5.3	19.4	20.2	14.7	11.6
North Carolina	3.2	8.0	0.3	1.9	3.5	2.2	2.1
North Dakota	17.3	26.9	0.7	7.4	18.5	75.3	7.0
Ohio	16.8	2.1	0.8	8.7	19.0	13.4	7.9
Oklahoma	19.8	12.1	1.2	16.3	42.2	12.6	11.7
Oregon	24.7	30.3	2.4	9.7	8.2	23.9	13.9
Pennsylvania	2.9	1.5	0.4	2.4	3.0	1.1	1.5
Puerto Rico	-	-	-	-	-	-	-
Rhode Island	22.6	10.5	3.2	13.5	24.3	-	11.6
South Carolina	22.6	3.0	1.2	8.1	12.8	15.4	14.5
South Dakota	8.1	22.7	1.2	5.4	21.1	12.7	3.5
Tennessee	-	-	-	-	-	-	-
Texas	14.8	4.0	1.2	7.9	12.3	9.9	7.8
Utah	27.4	22.6	3.6	14.4	9.6	22.5	10.2
Vermont	2.8	-	5.4	3.7	2.1	0.0	7.3
Virginia	4.2	1.0	0.5	2.9	3.8	9.1	3.1
Washington	4.0	8.9	0.5	2.4	4.2	4.4	2.1
West Virginia	18.6	-	-	6.2	31.6	-	18.5
Wisconsin	8.1	18.3	1.6	3.4	3.7	6.5	2.8
Wyoming	22.2	6.7	1.0	7.8	2.8	-	8.0
National	13.8	14.8	1.7	8.1	11.0	10.7	7.8
Reporting States	-	-	-	-	-	-	-

Table 3–9 Maltreatment Types of Victims, 2019 (Categories) (continues next page)

State	Victims	Medical Neglect	Neglect	Other	Physical Abuse	Psychological Maltreatment	Sexual Abuse	Sex Trafficking	Unknown	Total Maltreatment Types
Alabama	11,677	86	4,567	-	6,288	24	2,040	5	-	13,010
Alaska	3,059	90	2,298	-	489	996	279	3	-	4,155
Arizona	12,847	-	11,771	-	1,020	8	494	-	-	13,293
Arkansas	8,422	1,446	4,301	2	2,038	93	1,618	6	-	9,504
California	64,115	78	56,995	334	4,582	5,849	3,413	61	-	71,312
Colorado	12,246	160	10,137	-	1,224	254	1,172	-	20	12,967
Connecticut	8,042	245	6,917	-	434	2,570	376	-	-	10,542
Delaware	1,248	-	386	164	221	481	132	-	-	1,384
District of Columbia	1,857	-	1,617	4	279	-	65	-	-	1,992
Florida	32,915	1,066	19,362	13,821	2,807	430	2,888	-	-	40,374
Georgia	10,102	266	6,825	-	1,194	1,962	848	-	-	11,140
Hawaii	1,342	11	219	1,217	141	14	77	-	-	1,695
Idaho	1,869	12	1,447	8	377	-	128	-	-	1,974
Illinois	33,331	710	24,984	48	6,054	52	4,587	-	-	36,435
Indiana	23,029	-	20,090	-	1,583	-	2,456	-	-	24,146
Iowa	11,648	105	8,338	3,651	1,188	74	705	-	-	14,061
Kansas	2,945	84	1,348	1	724	466	584	-	-	3,217
Kentucky	20,130	371	19,224	-	1,348	36	785	-	-	21,764
Louisiana	8,441	-	7,384	7	1,053	17	436	-	-	8,902
Maine	4,413	-	2,746	-	1,307	1,476	357	-	-	5,886
Maryland	7,661	-	4,689	-	1,558	12	1,916	-	-	8,175
Massachusetts	25,029	-	23,519	2	1,990	-	796	-	-	26,592
Michigan	33,043	751	28,882	1	5,104	209	1,308	-	-	36,282
Minnesota	6,780	-	4,685	-	994	133	1,579	-	-	7,416
Mississippi	9,377	472	6,739	13	1,495	1,555	1,273	-	-	11,559
Missouri	4,762	143	2,525	5	1,427	583	1,567	-	-	6,258
Montana	3,736	13	3,646	2	170	22	92	-	-	3,945
Nebraska	2,822	2	2,355	-	361	12	263	-	-	2,995
Nevada	4,999	83	4,200	-	964	4	293	-	-	5,544
New Hampshire	1,217	50	1,055	-	107	20	100	-	-	1,332
New Jersey	5,132	119	3,818	2	664	71	777	-	-	5,454
New Mexico	8,025	257	6,604	-	969	2,185	217	-	-	10,232
New York	67,269	4,282	64,262	18,246	6,112	509	2,262	-	-	95,673
North Carolina	5,601	58	2,521	114	1,613	109	1,216	-	45	5,676
North Dakota	1,797	50	1,394	-	133	501	67	-	-	2,145
Ohio	25,470	486	11,659	-	11,531	1,619	4,509	22	-	29,826
Oklahoma	15,148	266	11,325	-	1,899	4,981	711	7	-	19,189
Oregon	13,543	185	6,780	6,662	1,654	268	1,084	35	-	16,668
Pennsylvania	4,817	218	479	24	2,147	58	2,100	32	-	5,058
Puerto Rico	4,738	523	3,147	33	1,124	2,266	115	1	-	7,209
Rhode Island	3,183	56	1,871	64	432	1,120	141	1	-	3,685
South Carolina	18,717	375	10,370	22	10,485	109	945	-	6	22,312
South Dakota	1,537	-	1,419	-	145	19	59	-	-	1,642
Tennessee	9,859	147	2,459	-	5,976	390	2,450	109	-	11,531
Texas	64,093	1,152	53,464	6	7,817	355	6,921	32	-	69,747
Utah	10,579	43	2,966	141	4,562	3,242	1,841	10	-	12,805
Vermont	851	18	25	-	491	14	342	-	-	890
Virginia	6,159	146	4,013	-	1,782	67	776	-	-	6,784
Washington	4,222	-	3,284	-	928	-	487	18	-	4,717
West Virginia	6,727	367	2,660	-	5,364	4,209	240	-	-	12,840
Wisconsin	4,576	93	3,110	1	730	31	968	51	-	4,984
Wyoming	1,096	7	829	-	21	349	72	-	-	1,278
National	656,243	15,092	491,710	44,595	115,100	39,824	60,927	877	71	768,196
Reporting States	52	41	52	27	52	47	52	29	3	52

Table 3–9 Maltreatment Types of Victims, 2019 (Categories)

State	Medical Neglect Percent	Neglect Percent	Other Percent	Physical Abuse Percent	Psychological Maltreatment Percent	Sexual Abuse Percent	Sex Trafficking Percent	Unknown Percent	Total Maltreatment Types Percent
Alabama	0.7	39.1	-	53.8	0.2	17.5	0.0	-	111.4
Alaska	2.9	75.1	-	16.0	32.6	9.1	0.1	-	135.8
Arizona	-	91.6	-	7.9	0.1	3.8	-	-	103.5
Arkansas	17.2	51.1	0.0	24.2	1.1	19.2	0.1	-	112.8
California	0.1	88.9	0.5	7.1	9.1	5.3	0.1	-	111.2
Colorado	1.3	82.8	-	10.0	2.1	9.6	-	0.2	105.9
Connecticut	3.0	86.0	-	5.4	32.0	4.7	-	-	131.1
Delaware	-	30.9	13.1	17.7	38.5	10.6	-	-	110.9
District of Columbia	-	87.1	0.2	15.0	-	3.5	1.5	-	107.3
Florida	3.2	58.8	42.0	8.5	1.3	8.8	-	-	122.7
Georgia	2.6	67.6	-	11.8	19.4	8.4	0.4	-	110.3
Hawaii	0.8	16.3	90.7	10.5	1.0	5.7	1.2	-	126.3
Idaho	0.6	77.4	0.4	20.2	-	6.8	0.1	-	105.6
Illinois	2.1	75.0	0.1	18.2	0.2	13.8	-	-	109.3
Indiana	-	87.2	-	6.9	-	10.7	0.1	-	104.9
Iowa	0.9	71.6	31.3	10.2	0.6	6.1	-	-	120.7
Kansas	2.9	45.8	0.0	24.6	15.8	19.8	0.3	-	109.2
Kentucky	1.8	95.5	-	6.7	0.2	3.9	-	-	108.1
Louisiana	-	87.5	0.1	12.5	0.2	5.2	0.1	-	105.5
Maine	-	62.2	-	29.6	33.4	8.1	-	-	133.4
Maryland	-	61.2	-	20.3	0.2	25.0	-	-	106.7
Massachusetts	-	94.0	0.0	8.0	-	3.2	1.1	-	106.2
Michigan	2.3	87.4	0.0	15.4	0.6	4.0	0.1	-	109.8
Minnesota	-	69.1	-	14.7	2.0	23.3	0.4	-	109.4
Mississippi	5.0	71.9	0.1	15.9	16.6	13.6	0.1	-	123.3
Missouri	3.0	53.0	0.1	30.0	12.2	32.9	0.2	-	131.4
Montana	0.3	97.6	0.1	4.6	0.6	2.5	-	-	105.6
Nebraska	0.1	83.5	-	12.8	0.4	9.3	0.1	-	106.1
Nevada	1.7	84.0	-	19.3	0.1	5.9	-	-	110.9
New Hampshire	4.1	86.7	-	8.8	1.6	8.2	-	-	109.4
New Jersey	2.3	74.4	0.0	12.9	1.4	15.1	0.1	-	106.3
New Mexico	3.2	82.3	-	12.1	27.2	2.7	-	-	127.5
New York	6.4	95.5	27.1	9.1	0.8	3.4	-	-	142.2
North Carolina	1.0	45.0	2.0	28.8	1.9	21.7	-	0.8	101.3
North Dakota	2.8	77.6	-	7.4	27.9	3.7	-	-	119.4
Ohio	1.9	45.8	-	45.3	6.4	17.7	0.1	-	117.1
Oklahoma	1.8	74.8	-	12.5	32.9	4.7	0.0	-	126.7
Oregon	1.4	50.1	49.2	12.2	2.0	8.0	0.3	-	123.1
Pennsylvania	4.5	9.9	0.5	44.6	1.2	43.6	0.7	-	105.0
Puerto Rico	11.0	66.4	0.7	23.7	47.8	2.4	0.0	-	152.2
Rhode Island	1.8	58.8	2.0	13.6	35.2	4.4	0.0	-	115.8
South Carolina	2.0	55.4	0.1	56.0	0.6	5.0	-	0.0	119.2
South Dakota	-	92.3	-	9.4	1.2	3.8	-	-	106.8
Tennessee	1.5	24.9	-	60.6	4.0	24.9	1.1	-	117.0
Texas	1.8	83.4	0.0	12.2	0.6	10.8	0.0	-	108.8
Utah	0.4	28.0	1.3	43.1	30.6	17.4	0.1	-	121.0
Vermont	2.1	2.9	-	57.7	1.6	40.2	-	-	104.6
Virginia	2.4	65.2	-	28.9	1.1	12.6	-	-	110.1
Washington	-	77.8	-	22.0	-	11.5	0.4	-	111.7
West Virginia	5.5	39.5	-	79.7	62.6	3.6	-	-	190.9
Wisconsin	2.0	68.0	0.0	16.0	0.7	21.2	1.1	-	108.9
Wyoming	0.6	75.6	-	1.9	31.8	6.6	-	-	116.6
National	2.3	74.9	6.8	17.5	6.1	9.3	0.1	0.0	117.1
Reporting States	-	-	-	-	-	-	-	-	-

Table 3–10 Maltreatment Types of Victims, 2019 (Single Type) (continues next page)

State	Medical Neglect Only	Neglect Only	Other Only	Physical Abuse Only	Psychological Maltreatment Only	Sexual Abuse Only	Sex Trafficking Only	Unknown Only	Multiple Maltreatment Types	Total Victims
Alabama	49	3,380	-	5,114	16	1,828	3	-	1,287	11,677
Alaska	37	1,445	-	111	327	183	1	-	955	3,059
Arizona	-	11,332	-	682	1	389	-	-	443	12,847
Arkansas	1,279	3,421	1	1,286	25	1,415	-	-	995	8,422
California	-	50,799	117	2,161	2,115	2,264	-	-	6,659	64,115
Colorado	80	9,517	-	854	126	990	-	9	670	12,246
Connecticut	87	4,709	-	172	599	181	-	-	2,294	8,042
Delaware	-	313	120	161	404	121	-	-	129	1,248
District of Columbia	-	1,492	-	175	-	45	14	-	131	1,857
Florida	616	12,893	8,201	1,742	156	2,354	-	-	6,953	32,915
Georgia	148	5,992	-	840	1,447	693	27	-	955	10,102
Hawaii	-	47	918	31	2	23	13	-	308	1,342
Idaho	7	1,349	3	306	-	100	-	-	104	1,869
Illinois	441	22,234	22	3,856	29	3,798	-	-	2,951	33,331
Indiana	-	19,006	-	856	-	2,060	4	-	1,103	23,029
Iowa	44	6,105	1,754	845	43	566	-	-	2,291	11,648
Kansas	58	1,162	1	600	343	519	7	-	255	2,945
Kentucky	127	17,670	-	381	14	376	-	-	1,562	20,130
Louisiana	-	6,954	-	690	11	339	1	-	446	8,441
Maine	-	1,839	-	460	679	217	-	-	1,218	4,413
Maryland	-	4,221	-	1,182	7	1,748	-	-	503	7,661
Massachusetts	-	22,067	-	838	-	443	187	-	1,494	25,029
Michigan	349	25,823	-	2,950	103	676	14	-	3,128	33,043
Minnesota	-	4,127	-	691	50	1,292	20	-	600	6,780
Mississippi	191	5,202	1	777	480	888	3	-	1,835	9,377
Missouri	23	1,549	5	665	90	1,199	6	-	1,225	4,762
Montana	3	3,444	-	44	3	39	-	-	203	3,736
Nebraska	-	2,190	-	229	4	228	-	-	171	2,822
Nevada	33	3,680	-	540	3	215	-	-	528	4,999
New Hampshire	18	948	-	47	9	84	-	-	111	1,217
New Jersey	65	3,545	1	485	32	703	1	-	300	5,132
New Mexico	67	4,747	-	420	721	111	-	-	1,959	8,025
New York	453	38,395	1,564	547	40	345	-	-	25,925	67,269
North Carolina	49	2,455	108	1,575	105	1,195	-	44	70	5,601
North Dakota	6	1,106	-	62	256	45	-	-	322	1,797
Ohio	252	8,333	-	8,123	776	3,905	-	-	4,081	25,470
Oklahoma	88	7,824	-	849	2,310	396	2	-	3,679	15,148
Oregon	64	4,426	4,595	861	72	757	18	-	2,750	13,543
Pennsylvania	160	373	21	1,961	48	2,007	17	-	230	4,817
Puerto Rico	76	1,576	10	245	815	41	-	-	1,975	4,738
Rhode Island	25	1,436	51	288	802	110	-	-	471	3,183
South Carolina	153	7,073	13	7,403	29	593	-	3	3,450	18,717
South Dakota	-	1,319	-	76	2	39	-	-	101	1,537
Tennessee	42	1,199	-	4,671	172	2,159	88	-	1,528	9,859
Texas	417	48,404	3	4,086	116	5,753	5	-	5,309	64,093
Utah	25	1,953	105	2,944	2,051	1,506	1	-	1,994	10,579
Vermont	11	13	-	463	1	327	-	-	36	851
Virginia	69	3,444	-	1,303	39	698	-	-	606	6,159
Washington	-	2,831	-	569	-	337	7	-	478	4,222
West Virginia	-	1,173	-	902	-	-	-	-	4,652	6,727
Wisconsin	-	2,802	-	546	10	845	-	-	373	4,576
Wyoming	-	655	-	13	189	60	-	-	177	1,096
National	5,614	399,992	17,614	67,678	15,672	47,205	439	56	101,973	656,243
Reporting States	36	52	21	52	46	51	21	3	52	52

Table 3–10 Maltreatment Types of Victims, 2019 (Single Type)

State	Medical Neglect Only Percent	Neglect Only Percent	Other Only Percent	Physical Abuse Only Percent	Psychological Maltreatment Only Percent	Sexual Abuse Only Percent	Sex Trafficking Only Percent	Unknown Only Percent	Multiple Maltreatment Types Percent	Total Victims Percent
Alabama	0.4	28.9	-	43.8	0.1	15.7	0.0	-	11.0	100.0
Alaska	1.2	47.2	-	3.6	10.7	6.0	0.0	-	31.2	100.0
Arizona	-	88.2	-	5.3	0.0	3.0	-	-	3.4	100.0
Arkansas	15.2	40.6	0.0	15.3	0.3	16.8	-	-	11.8	100.0
California	-	79.2	0.2	3.4	3.3	3.5	-	-	10.4	100.0
Colorado	0.7	77.7	-	7.0	1.0	8.1	-	0.1	5.5	100.0
Connecticut	1.1	58.6	-	2.1	7.4	2.3	-	-	28.5	100.0
Delaware	-	25.1	9.6	12.9	32.4	9.7	-	-	10.3	100.0
District of Columbia	-	80.3	-	9.4	-	2.4	0.8	-	7.1	100.0
Florida	1.9	39.2	24.9	5.3	0.5	7.2	-	-	21.1	100.0
Georgia	1.5	59.3	-	8.3	14.3	6.9	0.3	-	9.5	100.0
Hawaii	-	3.5	68.4	2.3	0.1	1.7	1.0	-	23.0	100.0
Idaho	0.4	72.2	0.2	16.4	-	5.4	-	-	5.6	100.0
Illinois	1.3	66.7	0.1	11.6	0.1	11.4	-	-	8.9	100.0
Indiana	-	82.5	-	3.7	-	8.9	0.0	-	4.8	100.0
Iowa	0.4	52.4	15.1	7.3	0.4	4.9	-	-	19.7	100.0
Kansas	2.0	39.5	0.0	20.4	11.6	17.6	0.2	-	8.7	100.0
Kentucky	0.6	87.8	-	1.9	0.1	1.9	-	-	7.8	100.0
Louisiana	-	82.4	-	8.2	0.1	4.0	0.0	-	5.3	100.0
Maine	-	41.7	-	10.4	15.4	4.9	-	-	27.6	100.0
Maryland	-	55.1	-	15.4	0.1	22.8	-	-	6.6	100.0
Massachusetts	-	88.2	-	3.3	-	1.8	0.7	-	6.0	100.0
Michigan	1.1	78.1	-	8.9	0.3	2.0	0.0	-	9.5	100.0
Minnesota	-	60.9	-	10.2	0.7	19.1	0.3	-	8.8	100.0
Mississippi	2.0	55.5	0.0	8.3	5.1	9.5	0.0	-	19.6	100.0
Missouri	0.5	32.5	0.1	14.0	1.9	25.2	0.1	-	25.7	100.0
Montana	0.1	92.2	-	1.2	0.1	1.0	-	-	5.4	100.0
Nebraska	-	77.6	-	8.1	0.1	8.1	-	-	6.1	100.0
Nevada	0.7	73.6	-	10.8	0.1	4.3	-	-	10.6	100.0
New Hampshire	1.5	77.9	-	3.9	0.7	6.9	-	-	9.1	100.0
New Jersey	1.3	69.1	0.0	9.5	0.6	13.7	0.0	-	5.8	100.0
New Mexico	0.8	59.2	-	5.2	9.0	1.4	-	-	24.4	100.0
New York	0.7	57.1	2.3	0.8	0.1	0.5	-	-	38.5	100.0
North Carolina	0.9	43.8	1.9	28.1	1.9	21.3	-	0.8	1.2	100.0
North Dakota	0.3	61.5	-	3.5	14.2	2.5	-	-	17.9	100.0
Ohio	1.0	32.7	-	31.9	3.0	15.3	-	-	16.0	100.0
Oklahoma	0.6	51.7	-	5.6	15.2	2.6	0.0	-	24.3	100.0
Oregon	0.5	32.7	33.9	6.4	0.5	5.6	0.1	-	20.3	100.0
Pennsylvania	3.3	7.7	0.4	40.7	1.0	41.7	0.4	-	4.8	100.0
Puerto Rico	1.6	33.3	0.2	5.2	17.2	0.9	-	-	41.7	100.0
Rhode Island	0.8	45.1	1.6	9.0	25.2	3.5	-	-	14.8	100.0
South Carolina	0.8	37.8	0.1	39.6	0.2	3.2	-	-	18.4	100.0
South Dakota	-	85.8	-	4.9	0.1	2.5	-	-	6.6	100.0
Tennessee	0.4	12.2	-	47.4	1.7	21.9	0.9	-	15.5	100.0
Texas	0.7	75.5	0.0	6.4	0.2	9.0	0.0	-	8.3	100.0
Utah	0.2	18.5	1.0	27.8	19.4	14.2	0.0	-	18.8	100.0
Vermont	1.3	1.5	-	54.4	0.1	38.4	-	-	4.2	100.0
Virginia	1.1	55.9	-	21.2	0.6	11.3	-	-	9.8	100.0
Washington	-	67.1	-	13.5	-	8.0	0.2	-	11.3	100.0
West Virginia	-	17.4	-	13.4	-	-	-	-	69.2	100.0
Wisconsin	-	61.2	-	11.9	0.2	18.5	-	-	8.2	100.0
Wyoming	0.2	59.8	-	1.2	17.2	5.5	-	-	16.1	100.0
National	0.9	61.0	2.7	10.3	2.4	7.2	0.1	0.0	15.5	100.0
Reporting States	-	-	-	-	-	-	-	-	-	-

Table 3–11 Victims With Caregiver Risk Factors, 2019 (continues next page)

State	Victims	Alcohol Abuse	Domestic Violence	Drug Abuse	Financial Problem	Inadequate Housing	Public Assistance	Any Caregiver Disability
Alabama	11,677	-	-	4,837	-	732	-	911
Alaska	3,059	1,314	1,271	942	-	173	95	422
Arizona	12,847	1,628	5,007	5,915	6,552	4,155	-	929
Arkansas	8,422	-	670	173	1,110	494	190	435
California	64,115	-	-	-	-	-	15,595	-
Colorado	-	-	-	-	-	-	-	-
Connecticut	8,042	379	2,504	382	323	326	305	215
Delaware	1,248	299	602	421	426	236	1,007	500
District of Columbia	1,857	639	324	639	-	224	-	1,043
Florida	32,915	-	13,087	653	10,647	2,369	4,269	-
Georgia	10,102	-	388	816	198	206	1,408	931
Hawaii	1,342	169	315	662	27	142	-	-
Idaho	1,869	-	-	-	-	-	-	74
Illinois	33,331	-	-	-	754	-	-	-
Indiana	23,029	918	2,456	5,017	3,893	2,041	5,357	2,198
Iowa	11,648	-	-	-	513	351	1,601	-
Kansas	-	-	-	-	-	-	-	-
Kentucky	20,130	2,776	10,379	10,802	-	3,675	-	6,832
Louisiana	-	-	-	-	-	-	-	-
Maine	4,413	754	945	1,124	-	316	3,120	109
Maryland	7,661	173	2,955	447	2,637	248	432	401
Massachusetts	25,029	11,502	10,553	11,502	-	1,520	-	-
Michigan	33,043	5,501	11,386	8,891	937	2,088	23,143	2,625
Minnesota	6,780	790	1,800	1,554	979	927	782	1,486
Mississippi	9,377	610	1,133	3,488	1,214	1,944	3,168	-
Missouri	4,762	347	384	1,173	850	924	797	772
Montana	3,736	195	-	766	-	-	1,347	-
Nebraska	2,822	418	126	945	-	-	2,296	1,363
Nevada	4,999	2,094	1,382	2,369	1,040	731	-	-
New Hampshire	1,217	128	515	450	-	101	1,045	491
New Jersey	5,132	664	1,253	1,339	872	511	-	145
New Mexico	8,025	2,527	1,672	4,326	532	252	289	-
New York	67,269	-	16,036	-	-	-	-	-
North Carolina	-	-	-	-	-	-	-	-
North Dakota	1,797	-	-	-	-	-	989	-
Ohio	25,470	-	6,058	12,980	3,882	3,432	-	11,941
Oklahoma	15,148	2,589	5,882	6,698	920	-	6,890	-
Oregon	13,543	5,971	5,168	6,066	2,586	1,232	-	417
Pennsylvania	4,817	-	106	145	-	-	-	134
Puerto Rico	4,738	609	1,407	655	2,092	564	347	2,615
Rhode Island	3,183	599	1,486	640	254	99	1,256	-
South Carolina	18,717	-	-	-	3,584	3,166	7,376	769
South Dakota	1,537	567	451	766	706	386	838	193
Tennessee	9,859	337	551	2,269	354	611	-	-
Texas	64,093	3,568	21,849	14,021	3,742	3,698	12,603	7,229
Utah	10,579	-	3,018	-	1,654	920	2,482	-
Vermont	-	-	-	-	-	-	-	-
Virginia	6,159	-	1,137	-	-	-	-	-
Washington	4,222	1,194	893	1,949	780	823	-	-
West Virginia	6,727	601	-	3,887	-	-	-	198
Wisconsin	4,576	180	514	367	240	347	272	666
Wyoming	1,096	312	271	495	247	156	84	188
National Count of Victims with the Caregiver Risk Factor	-	50,352	135,934	120,571	54,545	40,120	99,383	46,232
National Count of Victims in Reporting States	626,159	317,272	472,542	410,675	399,466	418,369	369,880	313,426
Reporting States	47	32	38	38	31	36	29	29

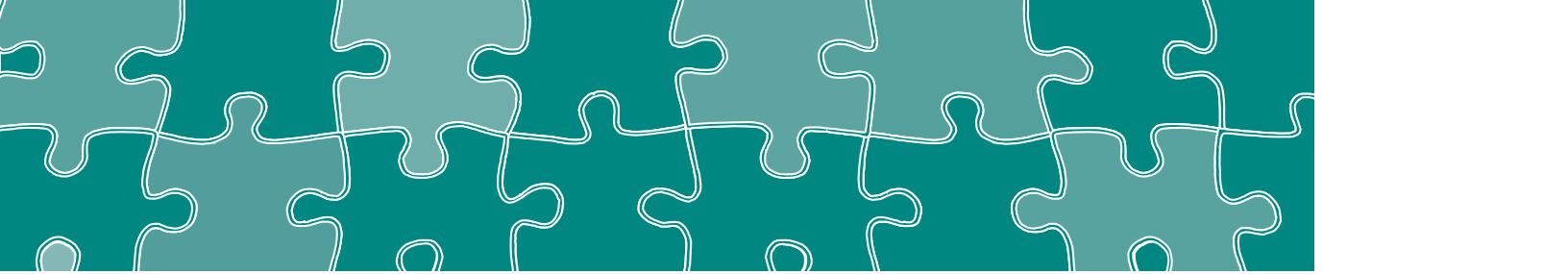
Table 3–11 Victims With Caregiver Risk Factors, 2019

State	Alcohol Abuse Percent	Domestic Violence Percent	Drug Abuse Percent	Financial Problem Percent	Inadequate Housing Percent	Public Assistance Percent	Any Caregiver Disability Percent
Alabama	-	-	41.4	-	6.3	-	7.8
Alaska	43.0	41.5	30.8	-	5.7	3.1	13.8
Arizona	12.7	39.0	46.0	51.0	32.3	-	7.2
Arkansas	-	8.0	2.1	13.2	5.9	2.3	5.2
California	-	-	-	-	-	24.3	-
Colorado	-	-	-	-	-	-	-
Connecticut	4.7	31.1	4.8	4.0	4.1	3.8	2.7
Delaware	24.0	48.2	33.7	34.1	18.9	80.7	40.1
District of Columbia	34.4	17.4	34.4	-	12.1	-	56.2
Florida	-	39.8	2.0	32.3	7.2	13.0	-
Georgia	-	3.8	8.1	2.0	2.0	13.9	9.2
Hawaii	12.6	23.5	49.3	2.0	10.6	-	-
Idaho	-	-	-	-	-	-	4.0
Illinois	-	-	-	2.3	-	-	-
Indiana	4.0	10.7	21.8	16.9	8.9	23.3	9.5
Iowa	-	-	-	4.4	3.0	13.7	-
Kansas	-	-	-	-	-	-	-
Kentucky	13.8	51.6	53.7	-	18.3	-	33.9
Louisiana	-	-	-	-	-	-	-
Maine	17.1	21.4	25.5	-	7.2	70.7	2.5
Maryland	2.3	38.6	5.8	34.4	3.2	5.6	5.2
Massachusetts	46.0	42.2	46.0	-	6.1	-	-
Michigan	16.6	34.5	26.9	2.8	6.3	70.0	7.9
Minnesota	11.7	26.5	22.9	14.4	13.7	11.5	21.9
Mississippi	6.5	12.1	37.2	12.9	20.7	33.8	-
Missouri	7.3	8.1	24.6	17.8	19.4	16.7	16.2
Montana	5.2	-	20.5	-	-	36.1	-
Nebraska	14.8	4.5	33.5	-	-	81.4	48.3
Nevada	41.9	27.6	47.4	20.8	14.6	-	-
New Hampshire	10.5	42.3	37.0	-	8.3	85.9	40.3
New Jersey	12.9	24.4	26.1	17.0	10.0	-	2.8
New Mexico	31.5	20.8	53.9	6.6	3.1	3.6	-
New York	-	23.8	-	-	-	-	-
North Carolina	-	-	-	-	-	-	-
North Dakota	-	-	-	-	-	55.0	-
Ohio	-	23.8	51.0	15.2	13.5	-	46.9
Oklahoma	17.1	38.8	44.2	6.1	-	45.5	-
Oregon	44.1	38.2	44.8	19.1	9.1	-	3.1
Pennsylvania	-	2.2	3.0	-	-	-	2.8
Puerto Rico	12.9	29.7	13.8	44.2	11.9	7.3	55.2
Rhode Island	18.8	46.7	20.1	8.0	3.1	39.5	-
South Carolina	-	-	-	19.1	16.9	39.4	4.1
South Dakota	36.9	29.3	49.8	45.9	25.1	54.5	12.6
Tennessee	3.4	5.6	23.0	3.6	6.2	-	-
Texas	5.6	34.1	21.9	5.8	5.8	19.7	11.3
Utah	-	28.5	-	15.6	8.7	23.5	-
Vermont	-	-	-	-	-	-	-
Virginia	-	18.5	-	-	-	-	-
Washington	28.3	21.2	46.2	18.5	19.5	-	-
West Virginia	8.9	-	57.8	-	-	-	2.9
Wisconsin	3.9	11.2	8.0	5.2	7.6	5.9	14.6
Wyoming	28.5	24.7	45.2	22.5	14.2	7.7	17.2
National Count of Victims with the Caregiver Risk Factor	15.9	28.8	29.4	13.7	9.6	26.9	14.8
National Count of Victims in Reporting States	-	-	-	-	-	-	-
Reporting States	-	-	-	-	-	-	-

Table 3–12 Victims by Relationship to Their Perpetrators, 2019

Perpetrator	Victims	Reported Relationships	Reported Relationships Percent
PARENT	-	-	-
Father Only	-	146,369	22.6
Father and Nonparent	-	7,381	1.1
Mother Only	-	252,324	39.0
Mother and Nonparent	-	41,349	6.4
Two Parents of Known Sex	-	136,122	21.0
Three Parents of Known Sex	-	1,143	0.2
Two Parents of Known Sex and Nonparent	-	5,829	0.9
One or More Parents of Unknown Sex	-	1,431	0.2
Total Parents	-	591,948	91.4
NONPARENT	-	-	-
Child Daycare Provider	-	2,574	0.4
Foster Parent(s)	-	2,070	0.3
Friend(s) and Neighbor(s)	-	5,745	0.9
Group Home and Residential Facility Staff	-	891	0.1
Legal Guardian(s)	-	1,728	0.3
Other(s)	-	34,452	5.3
Other Professional(s)	-	19,528	3.0
Relative(s)	-	20,800	3.2
Unmarried Partner(s) of Parent	-	2,611	0.4
More Than One Nonparental Perpetrator	-	1,597	0.2
Total Nonparents	-	91,996	14.2
UNKNOWN	-	17,021	2.6
National	647,802	700,965	-

Based on data from 51 states.



Fatalities

CHAPTER 4

The effects of child abuse and neglect are serious, and a child fatality is the most tragic consequence. NCANDS collects case-level data in the Child File on child deaths from maltreatment. Additional counts of child fatalities, for which case-level data are not known, are reported in the Agency File.

Some child maltreatment deaths may not come to the attention of CPS agencies. Reasons for this include if there were no surviving siblings in the family, or if the child had not (prior to his or her death) received child welfare services. To improve the counts of child fatalities, states consult data sources outside of CPS for deaths attributed to child maltreatment. The Child and Family Services Improvement and Innovation Act (P.L. 112–34) lists the following additional data sources, which states must include a description of in their state plan or explain why they are not used to report child deaths due to maltreatment: state vital statistics departments, child death review teams, law enforcement agencies, and offices of medical examiners or coroners. In addition to the sources mentioned in the law, some states also collect child fatality data from hospitals, health departments, juvenile justice departments, and prosecutor and attorney general offices. States that can provide these additional data do so as aggregate data via the Agency File. After the passage of the Child and Family Services Improvement and Innovation Act, several states mentioned that they implemented new child death reviews or expanded the scope of existing reviews. Some states began investigating all unexplained infant deaths regardless of whether there was an allegation of maltreatment.

The child fatality count in this report reflects the FFY in which the deaths are determined as due to maltreatment. The year in which a determination is made may be different from the year in which the child died. CPS agencies may need more time to determine a child died due to maltreatment. The time needed to conclude if a child was a victim of maltreatment often does not coincide with the timeframe for concluding that the death was a result of maltreatment due to multiple agency involvement and multiple levels of review for child deaths. The “maltreatment death date” field differentiates the year in which the death was reported to NCANDS in the Child File from the year in which the child died. For FFY 2019 data, 87.9 percent of child fatality reviews reach a determination about whether the death is due to maltreatment in 2 years or less.⁷

Number of Child Fatalities

For FFY 2019, a national estimate of 1,840 children died from abuse and neglect at a rate of 2.50 per 100,000 children in the population. The 2019 national estimate is a 10.8 percent increase from the 2015 national estimate of 1,660.⁸ (See [exhibit 4–A](#) and related

⁷ Out of 1,515 fatalities reported in the Child File, 1,331 have a maltreatment death date in FFY 2018 or FFY 2019.

⁸ Not all states report fatality data. The percent change is calculated using the national estimates for FFY 2015 and FFY 2019.

notes on how the national estimate is calculated.) Due to the relatively low frequency of child fatalities, the national rate and national estimate are sensitive to which states report data and changes in the child population estimates produced by the U.S. Census Bureau. Detailed explanations for data fluctuations may be found in Appendix D, State Commentary. An explanation for a change may be in an earlier edition of the Child Maltreatment report. Previous editions of the report are located on the Children's Bureau website at <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>.

Exhibit 4–A Child Fatality Rates per 100,000 Children, 2015–2019

Year	Reporting States	Child Population of Reporting States	Child Fatalities from Reporting States	National Fatality Rate Per 100,000 Children	Child Population of all 52 States	National Estimate of Child Fatalities
2015	50	71,806,672	1,603	2.23	74,350,047	1,660
2016	50	73,394,916	1,708	2.33	74,342,970	1,730
2017	50	72,610,987	1,677	2.31	74,236,882	1,710
2018	51	72,546,232	1,751	2.41	73,911,017	1,780
2019	51	72,259,081	1,809	2.50	73,611,881	1,840

Data are from the Child File and Agency File. National fatality rates per 100,000 children are calculated by dividing the number of child fatalities by the population of reporting states and multiplying the result by 100,000.

If fewer than 52 states reported data, the national estimate of child fatalities is calculated by multiplying the national fatality rate by the child population of all 52 states and dividing by 100,000. The estimate is rounded to the nearest 10.

At the state level for FFY 2019, 51 states reported 1,809 fatalities. Of those states, 45 reported case-level data on 1,515 fatalities and 34 reported aggregate data on 294 fatalities. Fatality rates by state range from 0.00 to 7.40 per 100,000 children in the population. (See [table 4–1](#) and related notes.) The number of reported fatalities in the Child File and Agency File increased from 1,751 for FFY 2018 to 1,809 for FFY 2019. The states with the largest increases attributed it to investigations with multiple deaths; increase in staff to complete more timely reviews; and increases in drownings, vehicle-related deaths, and unsafe sleep deaths combined with substance abuse.⁹ The number of child fatalities in the Child File and Agency File fluctuated during the past 5 years, which is partly due to the number of states reporting, the reasons mentioned above, resubmissions, and other reasons which may be in state commentaries for prior years. (See [table 4–2](#) and related notes.)

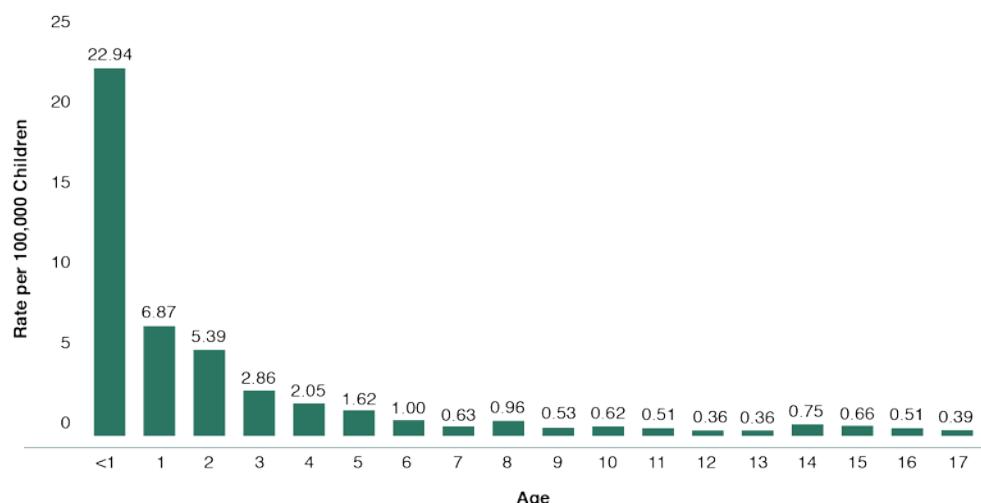
Child Fatality Demographics

FFY 2019 data show that seventy percent (70.3%) of all child fatalities are younger than 3 years old. Close to one-half (45.4%) of child fatalities are younger than 1 year old and died at a rate of 22.94 per 100,000 children in the population of the same age. This is 3.3 times the fatality rate for 1-year-old children (6.87 per 100,000 children in the population of the same age). The child fatality rates mostly decrease with age. As shown in exhibit 4–B, younger children are the most vulnerable to death as the result of child abuse and neglect. (See [table 4–3](#), [exhibit 4–B](#), and related notes.)

⁹ The FFY 2018 data include resubmissions.

Exhibit 4–B Child Fatalities by Age, 2019

Children <1 year old died from abuse and neglect at more than three times the rate of children who were 1 year old.



Based on data from 45 states. See [table 4–3](#).

Boys have a higher child fatality rate than girls; 2.98 per 100,000 boys in the population, compared with 2.20 per 100,000 girls in the population. (See [exhibit 4–C](#) and related notes.) Ninety percent (89.9%) of child fatalities are one of three races: White (44.1%), African-American (29.4%), or Hispanic (16.4%). Using the number of victims and the population data to create rates highlights some racial disparity. The rate of African-American child fatalities (5.06 per 100,000 African-American children) is 2.3 times greater than the rate of White children (2.18 per 100,000 White children) and 2.7 times greater than the rate of Hispanic children (1.89 per 100,000 Hispanic children). Pacific Islander children had the second highest rate at 3.34 and children of two or more races had a rate of 3.07 per 100,000 children of their respective races. (See [exhibit 4–D](#) and related notes.)

Exhibit 4–C Child Fatalities by Sex, 2019

Sex	Child Population	Child Fatalities	Child Fatalities Percent	Child Fatalities Rate per 100,000 Children
Boys	29,676,154	884	58.3	2.98
Girls	28,429,123	626	41.3	2.20
Unknown	-	5	0.3	-
National	58,105,277	1,515	100.0	-

Based on data from 45 states. Data are from the Child File. There are no population data for unknown sex and therefore no rates. Dashes are inserted into cells without any data included in this analysis.

Exhibit 4–D Child Fatalities by Race and Ethnicity, 2019

Race and Ethnicity	Child Population	Child Fatalities	Child Fatalities Percent	Child Fatalities Rate per 100,000 Children
SINGLE RACE	-	-	-	-
African-American	8,524,560	431	29.4	5.06
American Indian or Alaska Native	480,550	10	0.7	2.08
Asian	2,270,594	16	1.1	0.70
Hispanic	12,680,619	240	16.4	1.89
Pacific Islander	89,717	3	0.2	3.34
Unknown	-	48	3.3	N/A
White	29,632,026	647	44.1	2.18
MULTIPLE RACE	-	-	-	-
Two or More Races	2,344,429	72	4.9	3.07
National	56,022,495	1,467	100.0	-

Based on data from 43 states. Data are from the Child File. The multiple race category is defined as any combination of two or more race categories. Counts associated with specific racial groups (e.g., White) are exclusive and do not include Hispanic.

States with more than 25.0 percent of victim race or ethnicity reported as unknown or missing are excluded from this analysis. This analysis includes only those states that have both race and ethnicity population data. Dashes are inserted into cells without any data included in this analysis.

Maltreatment Types

As discussed in chapter 3, the Child Maltreatment report includes only those maltreatment types that have a disposition of substantiated or indicated by the CPS response. It is important to note that while these maltreatment types likely contributed to the cause of death, NCANDS does not have a field for collecting the official cause of death. Of the children who died, 72.9 percent suffered neglect and 44.4 percent suffered physical abuse either exclusively or in combination with another maltreatment type. The majority of the child fatalities reported with the “other” maltreatment type is due to one state that reports death as “other” in combination with additional maltreatments. The NCANDS Technical Team is working with this state to improve reporting. (See [exhibit 4–E](#) and related notes.)

Risk Factors

Risk factors are characteristics of a child or caregiver that may increase the likelihood of child maltreatment. Risk factors can be difficult to accurately assess and measure, and therefore may go undetected among many children and caregivers. Some states are able to report data on caregiver risk factors for children who died as a result of maltreatment. Caregivers with these risk factors may or may not be the perpetrator responsible for the child’s death. Please see the Risk Factors section in chapter 3 or Appendix B, Glossary, for more information and the NCANDS’ definitions of these risk factors.

Exhibit 4–E Maltreatment Types of Child Fatalities, 2019

Maltreatment Type	Child Fatalities	Maltreatment Types	Maltreatment Types Percent
Medical Neglect	-	118	7.8
Neglect	-	1,105	72.9
Other	-	120	7.9
Physical Abuse	-	673	44.4
Psychological Abuse	-	14	0.9
Sexual Abuse	-	14	0.9
Sex Trafficking	-	-	-
Unknown	-	-	-
National	1,515	2,044	-

Based on data from 45 states. Data are from the Child File. A child may have suffered from more than one type of maltreatment and therefore, the total number of reported maltreatments exceeds the number of fatalities, and the total percentage of reported maltreatments exceeds 100.0 percent. The percentages are calculated against the number of child fatalities in the reporting states. Dashes are inserted into cells without any data included in this analysis.

Twenty-three states report that 5.8 percent of child fatalities had a caregiver with a risk factor of alcohol abuse and 29 states report that 19.4 percent of child fatalities had a caregiver with a risk factor of drug abuse. (See [exhibit 4–F](#) and related notes.)

Exhibit 4–F Child Fatalities with Selected Caregiver Risk Factors, 2019

Caregiver Risk Factor	Reporting States	Child Fatalities from Reporting States	Child Fatalities With a Caregiver Risk Factor	Child Fatalities With a Caregiver Risk Factor Percent
Alcohol Abuse	23	712	41	5.8
Drug Abuse	29	1,094	212	19.4

Data are from the Child File. For each caregiver risk factor, the analysis includes only those states that report at least 2.0 percent of child victims' caregiver with the risk factor.

States are excluded from these analyses if they are not able to differentiate between alcohol abuse and drug abuse caregiver risk factors and report both risk factors for the same children in both caregiver risk factor categories. If a child is reported both with and without the caregiver risk factor, the child is counted once with the caregiver risk factor.

Perpetrator Relationship

Some of the categories on this table changed for *Child Maltreatment 2019*. The purpose of the changes is to be more descriptive of what the categories include and to reduce the number of relationships counted as unknown. Please see the table notes at the end of this chapter for specifics about the changes. The FFY 2019 data show that most perpetrators are caregivers of their victims. Nearly 80.0 percent (79.7%) of child fatalities involved parents acting alone, together, or with other individuals. More than 16 percent (16.6%) of fatalities did not have a parental relationship to their perpetrator. Similarly to all victims, the largest categories in the nonparent group are relative(s) (5.0%) and “other(s)” (3.8%). The NCANDS category of “other(s)” perpetrator relationship includes any relationship that does not map to one of the NCANDS relationship categories. According to states’ commentary, this category includes nonrelated adult, nonrelated child, foster sibling, babysitter, household staff, clergy, and school personnel. Child fatalities with unknown perpetrator relationship data accounted for 3.7 percent. (See [table 4–4](#) and related notes.)

Prior CPS Contact

Some children who die from abuse and neglect are already known to CPS agencies. This report includes a retrospective analysis to determine how many previous CPS contacts children had before they died due to maltreatment. To be included in this analysis, states must report the child fatalities and the maltreatment death date in the Child File submission. More than one-third (34.3%) of the fatalities in this analysis had at least 1 prior CPS contact in the 5 years prior to the date of death. Nearly 7.0 percent (6.9%) had at least one victim contact (meaning a previous report of maltreatment had a disposition of substantiated or indicated), 21.5 percent had at least one nonvictim contact, and 5.9 percent had both victim and nonvictim prior contacts. (See [exhibit 4–G](#) and related notes.)

Exhibit 4–G Child Fatalities by Number of Prior CPS Contacts, 2019

Number of Prior CPS Contacts	Fatalities with a Maltreatment Date of Death	Fatalities with Prior Victim Contact	Fatalities with Prior Victim Contact Percent	Fatalities with Prior Nonvictim Contact	Fatalities with Prior Nonvictim Contact Percent	Fatalities with Prior Victim and Nonvictim Contact	Fatalities with Prior Victim and Nonvictim Contact Percent
1	-	83	6.3	191	14.4	0	0.0
2	-	8	0.6	57	4.3	32	2.4
3	-	0	0.0	25	1.9	16	1.2
>3	-	0	0.0	12	0.9	30	2.3
National	1,328	91	6.9	285	21.5	78	5.9

Based on data from 40 states. States must report both fatalities and maltreatment death date in the Child File to be included in this analysis. Only fatalities reported in FFY 2019 that had a maltreatment death date of FFY 2018 or later are included in this analysis (n=1,331). Reports occurring on the same day as the prior report are excluded. States were excluded from this analysis if child IDs were not unique across years. A fatality record was excluded if the fatality was also reported in a prior year. Categories are mutually exclusive. Prior CPS contacts with a report date of up to 5 years prior to the maltreatment death date were counted.

In table 4–5, Child Fatalities Who Received Family Preservation Services Within the Previous 5 Years, 67 of the 873 Child File fatalities and 6 of the 83 Agency File fatalities had preservation services. Two states that only report fatality data in the Agency File account for all of the preservation services Agency File data. Table 4–6 shows that 27 of the 1,156 Child File fatalities and 12 of the 249 Agency File fatalities were removed from home and subsequently reunited with their families prior to their death. (See [tables 4–5, 4–6](#), and related notes.) Not all states are able to report these two services, and the national percentage is sensitive to which states report data.

Exhibit and Table Notes

The following pages contain the data tables referenced in chapter 4. Specific information about state submissions can be found in Appendix D, State Commentary. Additional information regarding the exhibits and tables is provided below.

General

During data analyses, thresholds are set to ensure data quality is balanced with the need to report data from as many states as possible. States may be excluded from an analysis for data quality issues. Exclusion rules are listed with the relevant table notes below.

- The data for all tables are from the Child File unless otherwise noted.
- All analyses use a unique count of fatalities (child fatality is counted once).
- Rates are per 100,000 children in the population.
- Rates are calculated by dividing the relevant reported count (fatalities, by age, by race, etc.) by the relevant child population count (by age, by race, etc.) and multiplying by 100,000.
- NCANDS uses the child population estimates that are released annually by the U.S. Census Bureau. These estimates are in Appendix C, State Characteristics.
- The row labeled Reporting States displays the count of states that provide data for that analysis. States that do not have a child maltreatment related death and report a zero are included in the count of reporting states.
- Child fatalities are reported during the FFY in which the death was determined as due to maltreatment. This may not be the same year in which the child died.
- National totals and calculations appear in a single row labeled National instead of separate rows labeled total, rate, or percent.
- Dashes are inserted into cells without any data included in this analysis.

Table 4–1 Child Fatalities by Submission Type, 2019

- Data are from the Child File and Agency File.

Table 4–2 Child Fatalities, 2015–2019

- Data are from the Child File and Agency File.

Table 4–3 Child Fatalities by Age, 2019

- There are no population data for unknown age and therefore, no rates.

Table 4–4 Child Fatalities by Relationship to Their Perpetrators, 2019

- Percentages are calculated against the unique count of victims and total to more than 100.0 percent.
- States are excluded from this analysis if more than 20.0 percent of perpetrators are reported with an unknown or blank relationship.
- In NCANDS, a child victim may have up to three perpetrators. A few states' systems do not have the capability of collecting and reporting data for all three perpetrator fields. More information may be found in Appendix D.
- The relationship categories listed under nonparent perpetrator include any perpetrator relationship that was not identified as an adoptive parent, a biological parent, or a stepparent.
- The two parents of known sex category replaces the mother and father category and includes mother and father, two mothers, and two fathers.
- The two parents of known sex with nonparent category replaces the mother, father, and nonparent category and includes mother, father, and nonparent; two mothers and nonparent; and two fathers and nonparent.
- The three parents of known sex category was added to reflect the state-reported parental relationships.
- One or more parents of unknown sex includes up to three parents in any combination of known and unknown sex. The parent(s) could have acted alone, together, or with a nonparent.
- Nonparent perpetrators counted in combination with parents (e.g., mother and nonparent(s)) are not also counted in the individual categories listed under nonparent.
- Multiple nonparental perpetrators that are in the same category are counted within that category. For example, two child daycare providers are counted as child daycare providers. This is a change from prior years when these two child daycare providers would have been counted in more than one nonparental perpetrator.
- Multiple nonparental perpetrators that are in different categories are counted in more than one nonparental perpetrator.
- The unknown relationship category includes victims with an unknown perpetrator.
- Some states were not able to collect and report on group home and residential facility staff perpetrators due to system limitations or jurisdictional issues.

Table 4–5 Child Fatalities Who Received Family Preservation Services Within the Previous 5 Years, 2019

- Data are from the Child File and Agency File.
- This table is presented differently in the *Child Maltreatment 2019* report than prior to the 2018 report to provide readers with an additional understanding of how states report these data.
- The Child File and Agency File data are presented separately.

Table 4–6 Child Fatalities Who Were Reunited with Their Families Within the Previous 5 Years, 2019

- Data are from the Child File and Agency File.
- This table is presented differently in the *Child Maltreatment 2019* report than prior to the 2018 report to provide readers with an additional understanding of how states report these data.
- The Child File and Agency File data are presented separately.

Table 4–1 Child Fatalities by Submission Type, 2019

State	Child Fatalities Reported in the Child File	Child Fatalities Reported in the Agency File	Total Child Fatalities	Child Fatality Rate per 100,000 Children
Alabama	34	0	34	3.12
Alaska	-	1	1	0.56
Arizona	33	-	33	2.01
Arkansas	35	-	35	5.00
California	-	149	149	1.68
Colorado	25	0	25	1.98
Connecticut	4	-	4	0.55
Delaware	13	-	13	6.39
District of Columbia	3	0	3	2.34
Florida	114	-	114	2.70
Georgia	67	1	68	2.72
Hawaii	4	-	4	1.33
Idaho	1	2	3	0.67
Illinois	98	8	106	3.76
Indiana	116	-	116	7.40
Iowa	25	-	25	3.44
Kansas	16	0	16	2.28
Kentucky	11	1	12	1.20
Louisiana	24	-	24	2.21
Maine	-	3	3	1.21
Maryland	19	36	55	4.12
Massachusetts	-	-	-	-
Michigan	63	0	63	2.94
Minnesota	17	0	17	1.30
Mississippi	35	0	35	5.01
Missouri	34	12	46	3.36
Montana	1	1	2	0.87
Nebraska	5	0	5	1.05
Nevada	16	4	20	2.89
New Hampshire	2	0	2	0.78
New Jersey	17	2	19	0.98
New Mexico	10	1	11	2.31
New York	69	-	69	1.71
North Carolina	-	5	5	0.22
North Dakota	6	0	6	3.33
Ohio	78	1	79	3.06
Oklahoma	23	0	23	2.42
Oregon	-	23	23	2.65
Pennsylvania	54	0	54	2.05
Puerto Rico	5	-	5	0.87
Rhode Island	3	-	3	1.47
South Carolina	43	17	60	5.40
South Dakota	9	-	9	4.15
Tennessee	43	0	43	2.85
Texas	228	1	229	3.09
Utah	11	-	11	1.18
Vermont	1	1	2	1.75
Virginia	49	-	49	2.63
Washington	-	25	25	1.50
West Virginia	17	-	17	4.73
Wisconsin	34	-	34	2.68
Wyoming	0	0	0	0.00
National	1,515	294	1,809	2.50
Reporting States	45	34	51	-

Table 4–2 Child Fatalities, 2015–2019

State	2015	2016	2017	2018	2019
Alabama	13	26	28	43	34
Alaska	5	1	2	2	1
Arizona	51	48	35	48	33
Arkansas	40	42	37	44	35
California	127	137	147	145	149
Colorado	19	37	35	40	25
Connecticut	11	5	11	8	4
Delaware	1	0	4	4	13
District of Columbia	3	3	4	5	3
Florida	124	110	101	111	114
Georgia	113	97	94	86	68
Hawaii	4	4	4	1	4
Idaho	6	3	10	3	3
Illinois	77	64	74	70	106
Indiana	34	70	78	80	116
Iowa	12	12	19	16	25
Kansas	8	10	14	9	16
Kentucky	16	15	10	6	12
Louisiana	39	41	25	25	24
Maine	-	-	-	3	3
Maryland	28	32	41	40	55
Massachusetts	14	8	-	-	-
Michigan	83	86	51	49	63
Minnesota	17	28	24	30	17
Mississippi	35	41	40	30	35
Missouri	35	29	33	36	46
Montana	2	0	4	2	2
Nebraska	3	7	1	0	5
Nevada	13	13	21	19	20
New Hampshire	4	4	2	0	2
New Jersey	23	21	13	18	19
New Mexico	14	11	16	12	11
New York	108	95	127	118	69
North Carolina	-	32	18	14	5
North Dakota	3	4	1	8	6
Ohio	74	66	73	106	79
Oklahoma	31	31	21	47	23
Oregon	27	19	30	26	23
Pennsylvania	31	47	42	45	54
Puerto Rico	7	-	6	3	5
Rhode Island	0	4	5	1	3
South Carolina	25	22	28	39	60
South Dakota	11	4	5	3	9
Tennessee	32	41	33	47	43
Texas	162	217	186	200	229
Utah	6	12	13	10	11
Vermont	3	0	0	1	2
Virginia	54	45	41	37	49
Washington	27	15	18	28	25
West Virginia	9	20	17	8	17
Wisconsin	17	25	31	24	34
Wyoming	2	4	4	1	0
National	1,603	1,708	1,677	1,751	1,809
Reporting States	50	50	50	51	51

Table 4–3 Child Fatalities by Age, 2019

Age	Child Population	Child Fatalities	Child Fatalities Percent	Child Fatalities Rate per 100,000 Children
<1	3,045,193	688	45.4	22.94
1	3,101,250	209	13.8	6.87
2	3,168,823	168	11.1	5.39
3	3,203,519	91	6.0	2.86
4	3,192,210	66	4.4	2.05
5	3,182,042	52	3.4	1.62
6	3,189,282	32	2.1	1.00
7	3,218,557	20	1.3	0.63
8	3,225,868	31	2.0	0.96
9	3,226,849	17	1.1	0.53
10	3,326,113	20	1.3	0.62
11	3,344,552	17	1.1	0.51
12	3,320,381	12	0.8	0.36
13	3,313,554	12	0.8	0.36
14	3,323,428	25	1.7	0.75
15	3,301,169	22	1.5	0.66
16	3,298,154	17	1.1	0.51
17	3,383,879	13	0.9	0.39
Unborn, Unknown, and 18–21	-	3	0.2	-
National	58,364,823	1,515	100.0	-

Based on data from 45 states.

Table 4–4 Child Fatalities by Relationship to Their Perpetrators, 2019

PERPETRATOR	Child Fatalities	Relationships	Relationships Percent
PARENT	-	-	-
Father Only	-	212	14.2
Father and Nonparent	-	26	1.7
Mother Only	-	435	29.2
Mother and Nonparent	-	149	10.0
Two Parents of Known Sex	-	337	22.6
Three Parents of Known Sex	-	3	0.2
Two Parents of Known Sex and Nonparent	-	25	1.7
One or More Parents of Unknown Sex	-	1	0.1
Total Parents	-	1,188	79.7
NONPARENT	-	-	-
Child Daycare Provider(s)	-	26	1.7
Foster Parent(s)	-	10	0.7
Friend(s) or Neighbor(s)	-	9	0.6
Group Home and Residential Facility Staff	-	3	0.2
Legal Guardian(s)	-	8	0.5
Other(s)	-	75	5.0
Other Professional(s)	-	36	2.4
Relative(s)	-	56	3.8
Unmarried Partner(s) of Parent	-	22	1.5
More than One Nonparental Perpetrator	-	3	0.2
Total Nonparents	-	248	16.6
UNKNOWN	-	55	3.7
National	1,491	1,491	100.0

Based on data from 43 states.

Table 4–5 Child Fatalities Who Received Family Preservation Services Within the Previous 5 Years, 2019

State	Child File Fatalities	Child File Fatalities Whose Families Received Preservation Services in the Previous 5 Years	Agency File Fatalities	Agency File Fatalities Whose Families Received Preservation Services in the Previous 5 Years
Alabama	34	2	0	0
Alaska	-	-	1	0
Arizona	-	-	-	-
Arkansas	35	3	-	-
California	-	-	-	-
Colorado	-	-	-	-
Connecticut	-	-	-	-
Delaware	-	-	-	-
District of Columbia	3	0	0	0
Florida	114	4	-	-
Georgia	67	9	1	0
Hawaii	-	-	-	-
Idaho	1	1	-	-
Illinois	98	6	8	0
Indiana	-	-	-	-
Iowa	-	-	-	-
Kansas	16	4	0	0
Kentucky	11	3	1	0
Louisiana	24	3	-	-
Maine	-	-	3	0
Maryland	19	0	-	-
Massachusetts	-	-	-	-
Michigan	-	-	-	-
Minnesota	17	0	0	0
Mississippi	35	1	0	0
Missouri	34	2	12	0
Montana	-	-	-	-
Nebraska	5	0	0	0
Nevada	16	0	4	0
New Hampshire	2	0	0	0
New Jersey	17	1	2	0
New Mexico	10	0	1	0
New York	-	-	-	-
North Carolina	-	-	-	-
North Dakota	6	0	-	-
Ohio	-	-	-	-
Oklahoma	23	1	0	0
Oregon	-	-	23	5
Pennsylvania	-	-	-	-
Puerto Rico	-	-	-	-
Rhode Island	3	1	-	-
South Carolina	-	-	-	-
South Dakota	-	-	-	-
Tennessee	43	3	0	0
Texas	228	23	1	0
Utah	11	0	-	-
Vermont	1	0	1	0
Virginia	-	-	-	-
Washington	-	-	25	1
West Virginia	-	-	-	-
Wisconsin	-	-	-	-
Wyoming	0	0	0	0
National	873	67	83	6
National Percent	-	7.7	-	7.2
Reporting States	27	27	23	23

Table 4–6 Child Fatalities Who Were Reunited With Their Families Within the Previous 5 Years, 2019

State	Child File Fatalities	Child File Fatalities Whose Families Received Preservation Services in the Previous 5 Years	Agency File Fatalities	Agency File Fatalities Whose Families Received Preservation Services in the Previous 5 Years
Alabama	34	1	0	0
Alaska	-	-	1	0
Arizona	-	-	-	-
Arkansas	35	2	-	-
California	-	-	149	10
Colorado	25	0	0	0
Connecticut	4	0	-	-
Delaware	13	0	-	-
District of Columbia	3	0	0	0
Florida	114	0	-	-
Georgia	67	2	1	0
Hawaii	4	0	-	-
Idaho	1	0	-	-
Illinois	98	2	8	0
Indiana	116	8	-	-
Iowa	-	-	-	-
Kansas	16	1	0	0
Kentucky	11	0	1	0
Louisiana	24	0	-	-
Maine	-	-	3	0
Maryland	19	1	-	-
Massachusetts	-	-	-	-
Michigan	-	-	-	-
Minnesota	17	0	0	0
Mississippi	35	1	0	0
Missouri	34	0	12	0
Montana	-	-	-	-
Nebraska	5	0	0	0
Nevada	16	0	4	1
New Hampshire	2	0	0	0
New Jersey	17	0	2	0
New Mexico	10	1	1	0
New York	-	-	-	-
North Carolina	-	-	-	-
North Dakota	6	0	-	-
Ohio	78	2	-	-
Oklahoma	23	0	0	0
Oregon	-	-	23	0
Pennsylvania	-	-	-	-
Puerto Rico	-	-	-	-
Rhode Island	3	0	-	-
South Carolina	43	0	17	1
South Dakota	-	-	-	-
Tennessee	43	1	0	0
Texas	228	4	1	0
Utah	11	1	-	-
Vermont	1	0	1	0
Virginia	-	-	-	-
Washington	-	-	25	0
West Virginia	-	-	-	-
Wisconsin	-	-	-	-
Wyoming	0	0	0	0
National	1,156	27	249	12
National Percent	-	2.3	-	4.8
Reporting States	34	34	26	26

Perpetrators

CHAPTER 5

NCANDS defines a perpetrator as a person who is determined to have caused or knowingly allowed the maltreatment of a child. NCANDS does not collect information about persons who are alleged to be perpetrators and not found to have perpetrated abuse and neglect. This chapter includes perpetrators of children with substantiated and indicated dispositions (see chapter 3 for definitions). The majority of perpetrators are caregivers of their victims.

Number of Perpetrators (unique count of perpetrators)

The analyses in this chapter use a unique count of perpetrators, which means identifying and counting a perpetrator once, regardless of the number of times the perpetrator is the subject of a report. For FFY 2019, 52 states reported a unique count of 525,319 perpetrators. (See [table 5–1](#) and related notes.)

Perpetrator Demographics

(unique count of perpetrators)

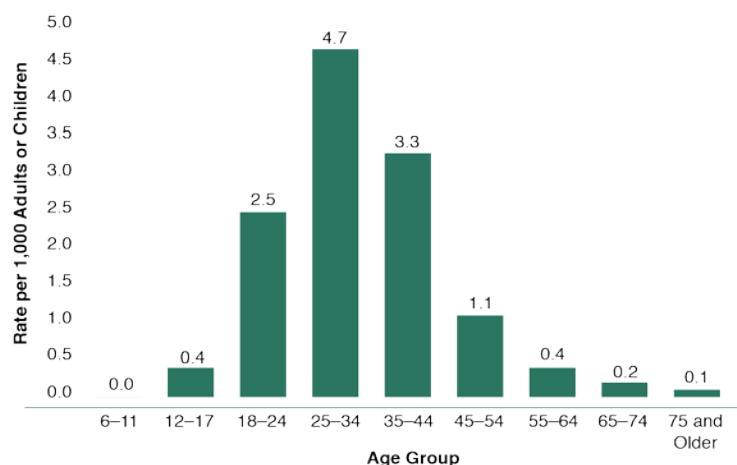
More than four-fifths (83.1%) of perpetrators are in the age range of 18–44 years old. Perpetrators in the age group 25–34 are 41.6 percent of all perpetrators. Perpetrators younger than 18 years old accounted for 1.9 percent of all perpetrators. Some states have laws that limit the youngest age that a person can be considered a perpetrator. (See [Appendix D](#), State Commentary.) The perpetrator age group of 25–34 have the highest rate at 4.7 per 1,000 adults in the population of the same age.

Older adults in the age group of 35–44 have the second highest rate at 3.3, while young adults in the age group of 18–24 have a rate of 2.5 per 1,000 adults in the population of the same age. (See [table 5–2](#), [exhibit 5–A](#), and related notes.)

More than one-half (53.0%) of perpetrators are female and 46.1 percent of perpetrators are male; fewer than 1.0 percent of perpetrators (0.9 %) are of unknown sex. (See [table 5–3](#) and related notes.) The three largest percentages of perpetrators are White (48.9%), African-American (21.1%),

Exhibit 5–A Perpetrators by Age, 2019

83.1% of perpetrators are between the ages of 18–44 years



Based on data from 52 states. See [table 5–2](#).

and Hispanic (19.7%). Race or ethnicity is unknown or not reported for 5.5 percent of perpetrators. (See [table 5–4](#), [exhibit 5–B](#), and related notes.)

Perpetrator Relationship (unique count of perpetrators and unique count of relationships)

In this analysis, single relationships are counted only once per category.

Perpetrators with two or more relationships are counted in the multiple relationships

category. In the scenarios below, the perpetrator is counted once in the parent category:

- The perpetrator is a parent to one victim and in two or more reports (one victim is reported at least twice).
- The perpetrator is a parent to two victims and in one report.

In the following scenarios, the perpetrator is counted once in the multiple relationships category:

- The perpetrator is a parent to one victim and is an unmarried partner of parent to a second victim in the same report.
- The perpetrator is a parent to one victim in one report and an unmarried partner of parent to a second victim in a second report.

The majority (77.5%) of perpetrators are a parent of their victim, 6.5 percent of perpetrators are a relative other than a parent, and 4.1 percent had a multiple relationship to their victims. Approximately 4.0 percent (3.8%) of perpetrators have an “other” relationship to their victims. (See [table 5–5](#) and related notes.) According to Appendix D, State Commentary, the NCANDS category of “other” perpetrator relationship includes foster sibling, nonrelative, babysitter, etc.

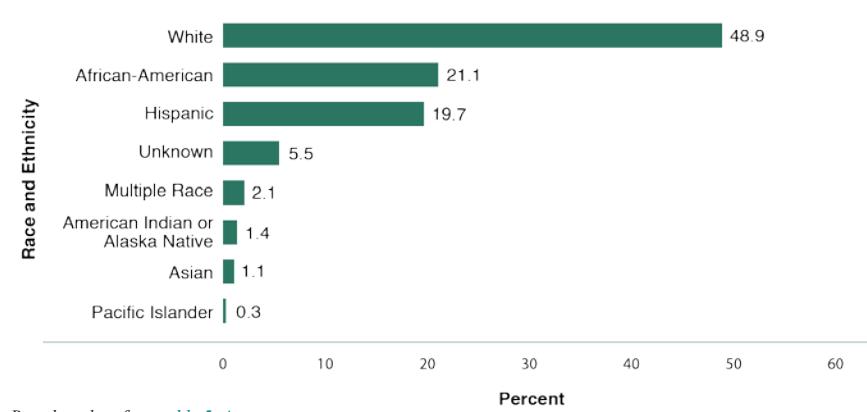
Exhibit and Table Notes

The following pages contain the data tables referenced in chapter 5. Specific information about state submissions can be found in Appendix D, State Commentary. Additional information regarding the exhibits and tables is provided below.

General

- During data analyses, thresholds are set to ensure data quality is balanced with the need to report data from as many states as possible. States may be excluded from an analysis for data quality issues. Exclusion rules are listed in the table notes below.
- The data for all tables are from the Child File.
- Rates are per 1,000 adults or children in the population.
- Rates are calculated by dividing the perpetrator count by the adult or child population count and multiplying by 1,000.
- NCANDS uses the population estimates that are released annually by the U.S. Census Bureau. These estimates are available in Appendix C, State Characteristics.

Exhibit 5–B Perpetrators by Race or Ethnicity, 2019
The largest percentages of perpetrators are White, African-American, and Hispanic



Based on data from [table 5–4](#).

- National totals and calculations appear in a single row labeled National instead of separate rows labeled total, rate, or percent.
- The row labeled Reporting States displays the count of states that provided data for that analysis.
- All tables use a unique count of perpetrators.
- Dashes are inserted into cells without any data included in this analysis..

Table 5–1 Perpetrators, 2015–2019

- One state did not report perpetrator data for FFY 2015–2016.
- One state did not report an NCANDS submission for FFY 2016.

Table 5–2 Perpetrators by Age, 2019

- In NCANDS, valid perpetrator ages are 6–75 years old. If a perpetrator is reported with an age of 76 years or older, the age is recoded to 75.
- Some states have laws restricting how young a perpetrator can be. More information may be found in appendix D.
- If a perpetrator appears in two reports, the age at the time of the earliest report is used.

Table 5–3 Perpetrators by Sex, 2019

- The category of unknown sex includes not reported.

Table 5–4 Perpetrators by Race and Ethnicity, 2019

- The NCANDS category of multiple race is defined as any combination of two or more race categories.
- Counts associated with each racial group are exclusive and do not include Hispanic ethnicity.
- Perpetrators reported with Hispanic ethnicity are counted as Hispanic, regardless of any reported race.
- States were excluded from this analysis if more than 25.0 percent of perpetrators had the race and ethnicity reported as blank.
- Only those states that reported both race and ethnicity separately are included in this analysis.

Table 5–5 Perpetrators by Relationship to Their Victims, 2019

- Some states were not able to collect and report on group home and residential facility staff perpetrators due to system limitations or jurisdictional issues. More information may be found in appendix D.
- States were excluded from this analysis if more than 20.0 percent of perpetrators were reported with an unknown relationship.

Table 5–1 Perpetrators, 2015–2019

State	2015	2016	2017	2018	2019
Alabama	6,075	7,280	7,817	8,791	8,376
Alaska	2,255	2,424	2,177	2,032	2,294
Arizona	12,232	11,107	10,180	15,395	12,909
Arkansas	7,831	8,221	8,049	7,424	7,118
California	57,344	55,304	52,707	58,362	55,830
Colorado	8,797	9,818	10,078	10,253	10,478
Connecticut	5,571	6,470	6,938	6,292	6,497
Delaware	1,202	1,281	1,236	976	977
District of Columbia	946	961	1,112	1,136	1,257
Florida	32,421	31,333	30,364	27,844	24,927
Georgia	-	-	7,647	8,612	8,107
Hawaii	1,235	1,195	1,086	1,098	1,158
Idaho	1,417	1,650	1,697	1,774	1,774
Illinois	21,571	20,668	20,652	22,275	23,858
Indiana	20,385	22,090	22,534	20,159	18,477
Iowa	5,919	6,437	7,867	8,529	8,327
Kansas	1,653	2,017	3,525	2,594	2,473
Kentucky	13,191	12,975	16,614	17,400	14,731
Louisiana	10,665	9,682	9,172	7,983	7,574
Maine	3,085	3,158	3,042	3,021	3,874
Maryland	5,700	5,869	6,296	6,507	6,559
Massachusetts	25,272	25,452	20,385	20,750	20,075
Michigan	28,753	30,902	31,306	30,705	26,210
Minnesota	4,013	5,792	6,469	5,617	4,951
Mississippi	6,726	8,368	8,688	8,252	7,793
Missouri	4,940	4,765	4,013	5,108	4,252
Montana	1,316	2,332	2,615	2,704	2,686
Nebraska	2,445	1,976	2,240	1,859	2,022
Nevada	3,975	3,989	3,936	4,168	4,010
New Hampshire	673	816	1,074	1,154	1,112
New Jersey	7,518	6,447	5,097	4,589	4,026
New Mexico	7,421	6,504	7,260	6,832	6,702
New York	52,852	51,199	56,260	54,550	52,669
North Carolina	4,110	3,710	3,832	3,409	2,770
North Dakota	1,276	1,344	1,450	1,558	1,344
Ohio	18,690	19,294	20,290	20,567	21,190
Oklahoma	12,807	12,323	12,548	12,929	12,901
Oregon	8,010	8,999	8,458	9,486	10,056
Pennsylvania	3,648	4,653	5,062	4,865	4,941
Puerto Rico	5,245	-	4,415	3,347	3,666
Rhode Island	2,464	2,309	2,467	2,846	2,508
South Carolina	11,418	13,210	12,599	14,350	13,630
South Dakota	694	881	941	933	1,099
Tennessee	9,881	9,611	9,231	9,116	9,428
Texas	50,880	45,926	48,380	49,563	49,969
Utah	7,303	7,284	7,543	7,784	7,851
Vermont	732	695	724	782	709
Virginia	5,014	4,901	5,092	5,074	5,005
Washington	5,044	4,207	3,805	3,881	3,693
West Virginia	4,402	5,242	5,692	6,252	5,959
Wisconsin	3,904	3,886	3,933	4,031	3,668
Wyoming	716	728	721	780	849
National	521,637	517,685	537,316	546,298	525,319
Reporting States	51	50	52	52	52

Table 5–2 Perpetrators by Age, 2019 (*continues next page*)

State	6–11	12–17	18–24	25–34	35–44	45–54	55–64	65–74	75 and Older	Unknown	Total Perpetrators
Alabama	1	291	1,530	3,472	1,720	541	196	70	11	544	8,376
Alaska	-	5	278	1,037	609	209	86	20	9	41	2,294
Arizona	-	85	2,146	5,887	3,397	962	270	75	85	2	12,909
Arkansas	100	332	1,408	2,724	1,493	463	180	68	13	337	7,118
California	46	528	7,364	22,796	16,406	5,571	1,754	521	136	708	55,830
Colorado	33	305	1,444	4,315	2,945	850	264	73	-	249	10,478
Connecticut	3	22	830	2,616	1,962	673	198	53	14	126	6,497
Delaware	1	30	122	403	272	106	33	7	3	-	977
District of Columbia	-	6	140	532	376	101	32	8	-	62	1,257
Florida	1	77	2,958	10,701	6,923	2,341	973	303	85	565	24,927
Georgia	-	107	1,418	3,686	1,965	622	211	82	14	2	8,107
Hawaii	-	6	104	438	375	119	53	19	6	38	1,158
Idaho	-	9	324	716	510	156	45	9	5	-	1,774
Illinois	23	482	3,787	10,336	6,027	1,939	646	210	38	370	23,858
Indiana	19	544	3,826	7,943	4,193	1,208	437	137	27	143	18,477
Iowa	1	129	1,303	3,590	2,346	630	244	57	12	15	8,327
Kansas	17	142	330	902	692	238	99	25	7	21	2,473
Kentucky	1	62	2,171	6,541	4,064	1,226	498	125	39	4	14,731
Louisiana	1	62	1,389	3,523	1,849	454	217	56	17	6	7,574
Maine	-	12	416	1,785	1,149	356	118	26	1	11	3,874
Maryland	29	224	700	2,318	1,610	641	303	103	625	6	6,559
Massachusetts	2	108	2,230	8,039	6,055	2,280	684	160	43	474	20,075
Michigan	5	106	3,808	11,797	7,223	2,317	733	157	35	29	26,210
Minnesota	24	182	618	2,079	1,457	399	151	33	8	-	4,951
Mississippi	77	278	1,087	3,120	2,101	661	326	97	28	18	7,793
Missouri	-	55	659	1,599	1,113	428	192	58	15	133	4,252
Montana	-	12	429	1,152	709	244	66	9	1	64	2,686
Nebraska	-	36	326	885	583	137	41	9	4	1	2,022
Nevada	-	18	527	1,769	1,187	351	132	20	6	-	4,010
New Hampshire	1	20	133	510	311	92	29	7	1	8	1,112
New Jersey	-	14	368	1,622	1,192	504	186	53	12	75	4,026
New Mexico	-	45	910	2,730	1,672	463	162	37	12	671	6,702
New York	8	205	6,225	20,077	16,312	6,841	2,254	588	141	18	52,669
North Carolina	-	7	355	1,205	797	260	95	41	8	2	2,770
North Dakota	-	5	173	617	374	121	22	6	-	26	1,344
Ohio	105	1,048	3,421	8,200	4,750	1,511	672	184	39	1,260	21,190
Oklahoma	-	62	2,144	5,797	3,335	899	332	103	22	207	12,901
Oregon	7	205	1,252	4,077	2,910	974	362	93	30	146	10,056
Pennsylvania	-	253	760	1,709	1,212	497	217	113	21	159	4,941
Puerto Rico	4	27	534	1,434	1,049	392	139	53	17	17	3,666
Rhode Island	4	54	326	1,089	694	223	70	18	2	28	2,508
South Carolina	27	49	1,732	6,184	3,855	1,137	428	130	49	39	13,630
South Dakota	-	7	186	531	276	61	17	4	-	17	1,099
Tennessee	16	451	1,532	3,494	1,776	636	281	72	20	1,150	9,428
Texas	173	1,823	10,415	21,812	10,646	3,165	1,350	424	118	43	49,969
Utah	41	602	1,177	2,765	2,260	685	212	90	16	3	7,851
Vermont	-	50	110	266	173	62	14	11	2	21	709
Virginia	2	32	621	2,036	1,276	490	177	57	18	296	5,005
Washington	-	7	381	1,541	1,167	392	126	37	4	38	3,693
West Virginia	1	18	767	2,579	1,514	423	162	54	12	429	5,959
Wisconsin	3	45	454	1,398	842	240	97	17	7	565	3,668
Wyoming	1	18	142	365	227	48	19	6	-	23	849
National	777	9,302	77,790	218,739	139,931	46,339	16,605	4,788	1,838	9,210	525,319
Reporting States	32	52	52	52	52	52	52	52	47	48	52

Table 5–2 Perpetrators by Age, 2019

State	6–11 Rate per 1,000	12–17 Rate per 1,000	18–24 Rate per 1,000	25–34 Rate per 1,000	35–44 Rate per 1,000	45–54 Rate per 1,000	55–64 Rate per 1,000	65–74 Rate per 1,000	75 and Older Rate per 1,000
Alabama	0.0	0.8	3.4	5.4	2.9	0.9	0.3	0.1	0.0
Alaska	-	0.1	4.1	8.8	6.4	2.5	0.9	0.3	0.3
Arizona	-	0.1	3.1	5.8	3.8	1.1	0.3	0.1	0.2
Arkansas	0.4	1.4	5.0	6.9	4.0	1.3	0.5	0.2	0.1
California	0.0	0.2	2.0	3.8	3.1	1.1	0.4	0.2	0.1
Colorado	0.1	0.7	2.7	4.7	3.7	1.2	0.4	0.1	-
Connecticut	0.0	0.1	2.4	5.8	4.6	1.4	0.4	0.2	0.1
Delaware	0.0	0.4	1.5	3.1	2.4	0.9	0.2	0.1	0.0
District of Columbia	-	0.2	1.9	3.2	3.5	1.4	0.5	0.2	-
Florida	0.0	0.1	1.7	3.8	2.7	0.9	0.3	0.1	0.0
Georgia	-	0.1	1.4	2.5	1.4	0.4	0.2	0.1	0.0
Hawaii	-	0.1	0.9	2.2	2.1	0.7	0.3	0.1	0.1
Idaho	-	0.1	2.0	3.0	2.2	0.8	0.2	0.1	0.0
Illinois	0.0	0.5	3.3	5.9	3.7	1.2	0.4	0.2	0.0
Indiana	0.0	1.0	5.8	8.9	5.1	1.5	0.5	0.2	0.1
Iowa	0.0	0.5	4.2	9.0	6.1	1.7	0.6	0.2	0.0
Kansas	0.1	0.6	1.1	2.4	1.9	0.7	0.3	0.1	0.0
Kentucky	0.0	0.2	5.2	11.1	7.4	2.2	0.8	0.3	0.1
Louisiana	0.0	0.2	3.3	5.4	3.1	0.8	0.4	0.1	0.1
Maine	-	0.1	3.9	11.0	7.5	2.0	0.6	0.2	0.0
Maryland	0.1	0.5	1.3	2.8	2.1	0.8	0.4	0.2	1.6
Massachusetts	0.0	0.2	3.2	8.1	7.1	2.6	0.7	0.2	0.1
Michigan	0.0	0.1	4.0	9.0	6.2	1.8	0.5	0.2	0.0
Minnesota	0.1	0.4	1.2	2.7	2.0	0.6	0.2	0.1	0.0
Mississippi	0.3	1.1	3.8	7.9	5.7	1.8	0.8	0.3	0.1
Missouri	-	0.1	1.2	1.9	1.5	0.6	0.2	0.1	0.0
Montana	-	0.2	4.4	8.3	5.5	2.1	0.4	0.1	0.0
Nebraska	-	0.2	1.7	3.5	2.4	0.6	0.2	0.1	0.0
Nevada	-	0.1	2.1	3.9	2.9	0.9	0.3	0.1	0.0
New Hampshire	0.0	0.2	1.1	3.0	2.0	0.5	0.1	0.0	0.0
New Jersey	-	0.0	0.5	1.4	1.0	0.4	0.2	0.1	0.0
New Mexico	-	0.3	4.6	9.6	6.6	2.0	0.6	0.2	0.1
New York	0.0	0.2	3.5	7.0	6.7	2.8	0.9	0.3	0.1
North Carolina	-	0.0	0.4	0.9	0.6	0.2	0.1	0.0	0.0
North Dakota	-	0.1	2.1	5.4	4.0	1.5	0.2	0.1	-
Ohio	0.1	1.2	3.2	5.3	3.4	1.0	0.4	0.2	0.0
Oklahoma	-	0.2	5.6	10.7	6.7	2.0	0.7	0.3	0.1
Oregon	0.0	0.7	3.4	6.7	5.1	1.9	0.7	0.2	0.1
Pennsylvania	-	0.3	0.7	1.0	0.8	0.3	0.1	0.1	0.0
Puerto Rico	0.0	0.1	1.8	3.5	2.7	0.9	0.3	0.1	0.1
Rhode Island	0.1	0.7	3.0	7.3	5.5	1.7	0.5	0.2	0.0
South Carolina	0.1	0.1	3.7	9.1	6.2	1.8	0.6	0.2	0.1
South Dakota	-	0.1	2.3	4.6	2.6	0.6	0.1	0.0	-
Tennessee	0.0	0.9	2.5	3.7	2.1	0.7	0.3	0.1	0.0
Texas	0.1	0.7	3.7	5.1	2.7	0.9	0.4	0.2	0.1
Utah	0.1	1.9	3.3	5.9	5.1	2.1	0.7	0.4	0.1
Vermont	-	1.2	1.7	3.6	2.4	0.8	0.1	0.1	0.0
Virginia	0.0	0.1	0.8	1.7	1.1	0.4	0.2	0.1	0.0
Washington	-	0.0	0.6	1.3	1.1	0.4	0.1	0.1	0.0
West Virginia	0.0	0.1	5.0	12.1	7.1	1.8	0.6	0.2	0.1
Wisconsin	0.0	0.1	0.8	1.9	1.2	0.3	0.1	0.0	0.0
Wyoming	0.0	0.4	2.7	4.8	3.1	0.8	0.2	0.1	-
National	0.0	0.4	2.5	4.7	3.3	1.1	0.4	0.2	0.1
Reporting States	-	-	-	-	-	-	-	-	-

Table 5–3 Perpetrators by Sex, 2019

State	Male	Female	Unknown	Total Perpetrators	Male Percent	Female Percent	Unknown Percent
Alabama	3,615	4,746	15	8,376	43.2	56.7	0.2
Alaska	1,031	1,240	23	2,294	44.9	54.1	1.0
Arizona	6,328	6,557	24	12,909	49.0	50.8	0.2
Arkansas	3,177	3,806	135	7,118	44.6	53.5	1.9
California	24,968	30,536	326	55,830	44.7	54.7	0.6
Colorado	5,247	5,159	72	10,478	50.1	49.2	0.7
Connecticut	3,091	3,356	50	6,497	47.6	51.7	0.8
Delaware	588	389	-	977	60.2	39.8	-
District of Columbia	365	864	28	1,257	29.0	68.7	2.2
Florida	11,896	12,570	461	24,927	47.7	50.4	1.8
Georgia	2,883	5,212	12	8,107	35.6	64.3	0.1
Hawaii	483	647	28	1,158	41.7	55.9	2.4
Idaho	715	1,059	-	1,774	40.3	59.7	-
Illinois	10,946	12,683	229	23,858	45.9	53.2	1.0
Indiana	7,855	10,582	40	18,477	42.5	57.3	0.2
Iowa	3,913	4,401	13	8,327	47.0	52.9	0.2
Kansas	1,360	1,107	6	2,473	55.0	44.8	0.2
Kentucky	6,714	7,950	67	14,731	45.6	54.0	0.5
Louisiana	2,443	5,110	21	7,574	32.3	67.5	0.3
Maine	2,011	1,862	1	3,874	51.9	48.1	0.0
Maryland	3,233	2,969	357	6,559	49.3	45.3	5.4
Massachusetts	8,673	10,831	571	20,075	43.2	54.0	2.8
Michigan	12,396	13,775	39	26,210	47.3	52.6	0.1
Minnesota	2,546	2,405	-	4,951	51.4	48.6	-
Mississippi	3,269	4,444	80	7,793	41.9	57.0	1.0
Missouri	2,581	1,589	82	4,252	60.7	37.4	1.9
Montana	1,125	1,475	86	2,686	41.9	54.9	3.2
Nebraska	1,078	943	1	2,022	53.3	46.6	0.0
Nevada	1,686	2,324	-	4,010	42.0	58.0	-
New Hampshire	537	568	7	1,112	48.3	51.1	0.6
New Jersey	1,916	2,099	11	4,026	47.6	52.1	0.3
New Mexico	2,720	3,842	140	6,702	40.6	57.3	2.1
New York	24,342	28,304	23	52,669	46.2	53.7	0.0
North Carolina	1,222	1,542	6	2,770	44.1	55.7	0.2
North Dakota	503	833	8	1,344	37.4	62.0	0.6
Ohio	9,954	10,887	349	21,190	47.0	51.4	1.6
Oklahoma	6,369	6,467	65	12,901	49.4	50.1	0.5
Oregon	5,589	4,404	63	10,056	55.6	43.8	0.6
Pennsylvania	3,190	1,672	79	4,941	64.6	33.8	1.6
Puerto Rico	1,360	2,306	-	3,666	37.1	62.9	-
Rhode Island	1,217	1,273	18	2,508	48.5	50.8	0.7
South Carolina	5,119	8,505	6	13,630	37.6	62.4	0.0
South Dakota	388	701	10	1,099	35.3	63.8	0.9
Tennessee	4,420	4,533	475	9,428	46.9	48.1	5.0
Texas	23,624	26,034	311	49,969	47.3	52.1	0.6
Utah	4,252	3,599	-	7,851	54.2	45.8	-
Vermont	495	214	-	709	69.8	30.2	-
Virginia	2,345	2,566	-	5,005	46.9	51.3	1.9
Washington	1,757	1,921	15	3,693	47.6	52.0	0.4
West Virginia	2,367	3,590	2	5,959	39.7	60.2	-
Wisconsin	1,683	1,523	462	3,668	45.9	41.5	12.6
Wyoming	372	476	1	849	43.8	56.1	0.1
National	241,957	278,450	4,912	525,319	46.1	53.0	0.9
Reporting States	52	52	45	52	-	-	-

Table 5–4 Perpetrators by Race or Ethnicity, 2019 (continues next page)

State	African-American	American Indian or Alaska Native	Asian	Hispanic	Multiple Race	Pacific Islander	White	Unknown	Total Perpetrators
Alabama	2,404	12	12	279	42	6	5,377	244	8,376
Alaska	88	1,106	29	78	119	64	623	187	2,294
Arizona	1,395	571	64	4,234	223	38	4,968	1,416	12,909
Arkansas	1,306	9	21	390	331	21	4,830	210	7,118
California	7,544	479	1,666	25,801	-	237	14,912	5,191	55,830
Colorado	-	-	-	-	-	-	-	-	-
Connecticut	1,583	12	61	1,793	99	10	2,623	316	6,497
Delaware	451	3	8	110	3	-	401	1	977
District of Columbia	822	-	1	141	1	-	11	281	1,257
Florida	6,865	24	111	3,503	223	21	12,695	1,485	24,927
Georgia	3,246	8	27	465	54	7	4,070	230	8,107
Hawaii	24	5	148	50	297	319	225	90	1,158
Idaho	17	49	8	159	4	5	1,409	123	1,774
Illinois	7,230	19	229	3,573	215	5	12,139	448	23,858
Indiana	3,294	12	55	1,072	328	12	13,552	152	18,477
Iowa	1,166	116	44	554	93	24	6,191	139	8,327
Kansas	273	20	18	282	34	4	1,678	164	2,473
Kentucky	1,590	10	32	356	343	6	12,026	368	14,731
Louisiana	3,281	15	16	127	27	6	3,703	399	7,574
Maine	81	39	12	70	85	3	2,627	957	3,874
Maryland	2,502	15	55	600	-	6	2,102	1,279	6,559
Massachusetts	2,796	34	306	5,460	288	10	8,758	2,423	20,075
Michigan	6,798	108	102	1,565	1,202	12	16,280	143	26,210
Minnesota	924	379	130	434	448	4	2,532	100	4,951
Mississippi	2,659	14	16	155	29	3	4,065	852	7,793
Missouri	656	16	10	259	9	7	3,022	273	4,252
Montana	32	383	3	72	52	4	1,584	556	2,686
Nebraska	384	132	9	266	73	2	988	168	2,022
Nevada	1,025	27	64	858	74	36	1,745	181	4,010
New Hampshire	31	1	5	46	12	-	869	148	1,112
New Jersey	1,243	2	69	1,044	29	6	1,505	128	4,026
New Mexico	198	640	14	3,535	80	5	1,589	641	6,702
New York	15,854	200	1,541	13,335	777	31	19,931	1,000	52,669
North Carolina	804	121	15	273	42	6	1,433	76	2,770
North Dakota	100	285	1	49	32	6	800	71	1,344
Ohio	5,440	3	45	794	591	13	12,988	1,316	21,190
Oklahoma	1,370	639	27	1,762	2,831	24	6,127	121	12,901
Oregon	441	235	72	940	204	59	6,444	1,661	10,056
Pennsylvania	1,171	5	43	682	95	2	2,633	310	4,941
Puerto Rico	-	-	-	-	-	-	-	-	-
Rhode Island	356	21	23	498	39	1	1,241	329	2,508
South Carolina	4,998	22	28	486	76	12	7,468	540	13,630
South Dakota	46	419	6	61	80	2	449	36	1,099
Tennessee	-	-	-	-	-	-	-	-	-
Texas	10,665	74	334	19,482	427	55	17,347	1,585	49,969
Utah	267	167	67	1,440	114	151	5,603	42	7,851
Vermont	23	1	8	11	-	-	624	42	709
Virginia	1,291	6	57	562	39	10	2,687	353	5,005
Washington	306	203	75	540	156	57	2,092	264	3,693
West Virginia	246	2	-	37	139	2	5,471	62	5,959
Wisconsin	570	156	46	266	41	1	2,019	569	3,668
Wyoming	28	15	1	99	-	1	671	34	849
National	105,884	6,834	5,734	98,648	10,500	1,316	245,127	27,704	501,747
Reporting States	49	48	48	49	45	45	49	49	49

Table 5–4 Perpetrators by Race or Ethnicity, 2019

State	African-American Percent	American Indian or Alaska Native Percent	Asian Percent	Hispanic Percent	Multiple Race Percent	Pacific Islander Percent	White Percent	Unknown Percent
Alabama	28.7	0.1	0.1	3.3	0.5	0.1	64.2	2.9
Alaska	3.8	48.2	1.3	3.4	5.2	2.8	27.2	8.2
Arizona	10.8	4.4	0.5	32.8	1.7	0.3	38.5	11.0
Arkansas	18.3	0.1	0.3	5.5	4.7	0.3	67.9	3.0
California	13.5	0.9	3.0	46.2	-	0.4	26.7	9.3
Colorado	-	-	-	-	-	-	-	-
Connecticut	24.4	0.2	0.9	27.6	1.5	0.2	40.4	4.9
Delaware	46.2	0.3	0.8	11.3	0.3	-	41.0	0.1
District of Columbia	65.4	-	0.1	11.2	0.1	-	0.9	22.4
Florida	27.5	0.1	0.4	14.1	0.9	0.1	50.9	6.0
Georgia	40.0	0.1	0.3	5.7	0.7	0.1	50.2	2.8
Hawaii	2.1	0.4	12.8	4.3	25.6	27.5	19.4	7.8
Idaho	1.0	2.8	0.5	9.0	0.2	0.3	79.4	6.9
Illinois	30.3	0.1	1.0	15.0	0.9	0.0	50.9	1.9
Indiana	17.8	0.1	0.3	5.8	1.8	0.1	73.3	0.8
Iowa	14.0	1.4	0.5	6.7	1.1	0.3	74.3	1.7
Kansas	11.0	0.8	0.7	11.4	1.4	0.2	67.9	6.6
Kentucky	10.8	0.1	0.2	2.4	2.3	0.0	81.6	2.5
Louisiana	43.3	0.2	0.2	1.7	0.4	0.1	48.9	5.3
Maine	2.1	1.0	0.3	1.8	2.2	0.1	67.8	24.7
Maryland	38.1	0.2	0.8	9.1	-	0.1	32.0	19.5
Massachusetts	13.9	0.2	1.5	27.2	1.4	0.0	43.6	12.1
Michigan	25.9	0.4	0.4	6.0	4.6	0.0	62.1	0.5
Minnesota	18.7	7.7	2.6	8.8	9.0	0.1	51.1	2.0
Mississippi	34.1	0.2	0.2	2.0	0.4	0.0	52.2	10.9
Missouri	15.4	0.4	0.2	6.1	0.2	0.2	71.1	6.4
Montana	1.2	14.3	0.1	2.7	1.9	0.1	59.0	20.7
Nebraska	19.0	6.5	0.4	13.2	3.6	0.1	48.9	8.3
Nevada	25.6	0.7	1.6	21.4	1.8	0.9	43.5	4.5
New Hampshire	2.8	0.1	0.4	4.1	1.1	-	78.1	13.3
New Jersey	30.9	0.0	1.7	25.9	0.7	0.1	37.4	3.2
New Mexico	3.0	9.5	0.2	52.7	1.2	0.1	23.7	9.6
New York	30.1	0.4	2.9	25.3	1.5	0.1	37.8	1.9
North Carolina	29.0	4.4	0.5	9.9	1.5	0.2	51.7	2.7
North Dakota	7.4	21.2	0.1	3.6	2.4	0.4	59.5	5.3
Ohio	25.7	0.0	0.2	3.7	2.8	0.1	61.3	6.2
Oklahoma	10.6	5.0	0.2	13.7	21.9	0.2	47.5	0.9
Oregon	4.4	2.3	0.7	9.3	2.0	0.6	64.1	16.5
Pennsylvania	23.7	0.1	0.9	13.8	1.9	0.0	53.3	6.3
Puerto Rico	-	-	-	-	-	-	-	-
Rhode Island	14.2	0.8	0.9	19.9	1.6	0.0	49.5	13.1
South Carolina	36.7	0.2	0.2	3.6	0.6	0.1	54.8	4.0
South Dakota	4.2	38.1	0.5	5.6	7.3	0.2	40.9	3.3
Tennessee	-	-	-	-	-	-	-	-
Texas	21.3	0.1	0.7	39.0	0.9	0.1	34.7	3.2
Utah	3.4	2.1	0.9	18.3	1.5	1.9	71.4	0.5
Vermont	3.2	0.1	1.1	1.6	-	-	88.0	5.9
Virginia	25.8	0.1	1.1	11.2	0.8	0.2	53.7	7.1
Washington	8.3	5.5	2.0	14.6	4.2	1.5	56.6	7.1
West Virginia	4.1	0.0	-	0.6	2.3	0.0	91.8	1.0
Wisconsin	15.5	4.3	1.3	7.3	1.1	0.0	55.0	15.5
Wyoming	3.3	1.8	0.1	11.7	-	0.1	79.0	4.0
National	21.1	1.4	1.1	19.7	2.1	0.3	48.9	5.5
Reporting States	-	-	-	-	-	-	-	-

Table 5–5 Perpetrators by Relationship to Their Victims, 2019 (continues next page)

State	Parent	Child Daycare Provider	Foster Parent	Friend and Neighbor	Group Home and Residential Facility Staff	Legal Guardian	Multiple Relationships
Alabama	5,919	24	11	166	14	40	390
Alaska	1,854	-	30	-	-	15	125
Arizona	11,359	-	40	-	19	41	132
Arkansas	4,907	38	3	107	7	21	227
California	48,721	-	89	-	6	-	1,718
Colorado	7,430	28	19	1	29	6	651
Connecticut	5,052	10	8	33	4	97	411
Delaware	697	-	2	-	-	-	43
District of Columbia	1,184	-	-	-	-	6	23
Florida	17,332	61	6	-	-	24	1,765
Georgia	6,533	37	52	25	13	32	156
Hawaii	1,008	-	11	-	-	13	40
Idaho	1,628	-	1	9	-	6	14
Illinois	18,921	228	103	-	17	-	1,242
Indiana	14,179	62	45	376	5	49	1,022
Iowa	6,472	48	12	-	16	50	348
Kansas	1,631	-	17	15	19	-	61
Kentucky	11,449	9	20	236	5	269	1,088
Louisiana	-	-	-	-	-	-	-
Maine	3,126	8	7	-	8	13	288
Maryland	3,832	47	13	-	14	5	237
Massachusetts	16,059	51	48	-	55	128	1,097
Michigan	20,571	1	86	2,096	24	132	1,935
Minnesota	3,682	46	49	28	8	40	261
Mississippi	5,517	9	66	121	13	12	271
Missouri	2,357	27	27	239	32	-	177
Montana	2,378	14	20	1	4	5	36
Nebraska	1,592	7	8	-	3	2	91
Nevada	3,447	-	8	237	13	2	182
New Hampshire	957	-	-	-	1	7	32
New Jersey	3,112	34	16	61	3	-	156
New Mexico	5,773	-	2	5	-	50	193
New York	44,233	298	210	-	99	164	574
North Carolina	2,283	1	28	-	18	-	93
North Dakota	1,103	-	2	48	-	-	95
Ohio	13,327	51	83	225	31	-	1,240
Oklahoma	10,372	46	60	-	44	64	760
Oregon	7,251	39	81	118	4	33	703
Pennsylvania	2,622	26	5	101	41	8	82
Puerto Rico	2,936	9	10	1	11	10	270
Rhode Island	1,972	19	25	-	29	13	180
South Carolina	11,613	6	19	-	11	70	646
South Dakota	899	4	4	-	1	6	69
Tennessee	5,835	9	20	519	10	73	155
Texas	38,241	300	60	184	73	-	758
Utah	5,259	26	4	282	6	30	458
Vermont	406	2	2	95	1	-	27
Virginia	3,623	102	9	-	5	24	209
Washington	3,091	33	7	-	1	-	113
West Virginia	4,585	1	13	-	-	49	361
Wisconsin	2,277	24	12	27	3	2	171
Wyoming	694	6	1	-	-	5	29
National Total	401,301	1,791	1,474	5,356	720	1,616	21,405
National Percent	77.5	0.3	0.3	1.0	0.1	0.3	4.1
Reporting States	51	39	49	27	41	39	51

Table 5–5 Perpetrators by Relationship to Their Victims, 2019

State	Other	Other Professional	Relative	Unmarried Partner or Parent	Unknown	Total Perpetrators
Alabama	622	12	692	320	166	8,376
Alaska	54	-	96	106	14	2,294
Arizona	459	-	544	315	-	12,909
Arkansas	736	31	669	182	190	7,118
California	2	-	2,315	2,979	-	55,830
Colorado	463	4	920	4	923	10,478
Connecticut	314	13	233	321	1	6,497
Delaware	52	-	99	67	17	977
District of Columbia	19	-	25	-	-	1,257
Florida	951	194	1,181	1,227	2,186	24,927
Georgia	546	76	466	171	-	8,107
Hawaii	51	-	23	-	12	1,158
Idaho	-	-	46	49	21	1,774
Illinois	614	98	1,381	979	275	23,858
Indiana	1,027	27	1,061	-	624	18,477
Iowa	320	-	443	614	4	8,327
Kansas	392	-	321	-	17	2,473
Kentucky	113	-	722	701	119	14,731
Louisiana	-	-	-	-	-	-
Maine	61	-	101	243	19	3,874
Maryland	583	-	560	-	1,268	6,559
Massachusetts	485	63	730	1,019	340	20,075
Michigan	280	4	998	68	15	26,210
Minnesota	108	2	408	307	12	4,951
Mississippi	277	4	849	330	324	7,793
Missouri	667	23	419	168	116	4,252
Montana	13	2	95	117	1	2,686
Nebraska	94	-	85	101	39	2,022
Nevada	5	-	110	-	6	4,010
New Hampshire	-	-	41	17	57	1,112
New Jersey	94	55	265	195	35	4,026
New Mexico	52	-	273	286	68	6,702
New York	785	-	3,515	300	2,491	52,669
North Carolina	-	-	139	189	19	2,770
North Dakota	-	-	35	-	61	1,344
Ohio	2,716	131	2,369	-	1,017	21,190
Oklahoma	886	7	524	47	91	12,901
Oregon	225	-	713	700	189	10,056
Pennsylvania	534	105	915	425	77	4,941
Puerto Rico	25	23	97	6	268	3,666
Rhode Island	102	-	47	121	-	2,508
South Carolina	348	-	515	401	1	13,630
South Dakota	21	-	27	53	15	1,099
Tennessee	1,668	7	1,047	82	3	9,428
Texas	1,320	257	5,409	3,229	138	49,969
Utah	540	14	903	287	42	7,851
Vermont	56	1	61	44	14	709
Virginia	281	63	378	158	153	5,005
Washington	51	-	143	254	-	3,693
West Virginia	400	1	299	20	230	5,959
Wisconsin	276	6	290	274	306	3,668
Wyoming	58	-	42	12	2	849
National Total	19,746	1,223	33,639	17,488	11,986	517,745
National Percent	3.8	0.2	6.5	3.4	2.3	100.0
Reporting States	47	26	51	44	45	51



Services

CHAPTER 6

The mandate of child protection is not only to investigate or assess maltreatment allegations, but also to provide services. CPS agencies promote children's safety and well-being with a broad range of prevention activities and by providing services to children who were maltreated or are at-risk of maltreatment. CPS agencies may use several options for providing services: agency staff may provide services directly to children and their families, the agency may hire a service provider, or CPS may work with other agencies (e.g., public health agencies).

NCANDS collects data for 26 types of services including adoption, employment, mental health, and substance abuse. States have their own typologies of services, which they map to the NCANDS services categories. (See chapter 1.) In this chapter, services are examined from two perspectives:

- (1) Prevention services—consists of aggregated data from states about the use of various funding streams for prevention services, which are provided to parents whose children are at-risk of abuse and neglect. These services are designed to improve child-rearing competencies of the parents and other caregivers via education on the developmental stages of childhood and the provision of other types of assistance.
- (2) Postresponse services—consists of case-level data about children who receive services as a result of an investigation response or alternative response. Postresponse services address the safety of the child and usually are based on an assessment of the family's situation, including service needs and family strengths.

Prevention Services (duplicate count of children)

States and local agencies determine who will receive prevention services, which services will be offered, and how the services will be provided. Prevention services may be funded by the state or the following federal programs:

- Section 106 of Title I of the Child Abuse Prevention and Treatment Act (CAPTA), as amended [P.L. 100–294]—(State Grant). Under this program, states perform a range of prevention activities, including addressing the needs of infants born with prenatal drug exposure, referring children not at risk of imminent harm to community services, implementing criminal record checks for prospective foster and adoptive parents and other adults in their homes, training child protective services workers, protecting the legal rights of families and alleged perpetrators, and supporting citizen review panels. CAPTA requires states to convene multidisciplinary teams to review the circumstances of child fatalities in the state and make recommendations.

- Title II of CAPTA, as amended [P.L. 100–294]—The Community-Based Child Abuse Prevention Grants provides funding to a lead state agency (designated by the governor) to:
 - support community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs, and activities to prevent child abuse and neglect and support the coordination of resources and activities; and
 - to foster understanding, appreciation and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.
- Title IV–B, Subpart 2, as amended [P.L. 107–133] Promoting Safe and Stable Families—The primary goals of Promoting Safe and Stable Families (PSSF) are to prevent the unnecessary separation of children from their families, improve the quality of care and services to children and their families, and ensure permanency for children by reuniting them with their parents, by adoption or by another permanent living arrangement. States are to spend most of the funding for services that address family support, family preservation, time-limited family reunification and adoption promotion and support. The services are designed to help State child welfare agencies and eligible Indian tribes establish and operate integrated, preventive family preservation services and community-based family support services for families at risk or in crisis.
- Title XX of the Social Security Act, [P.L. 93–647], Social Services Block Grant (SSBG)—This grant is a flexible funding source that allows states and territories to tailor social service programming to their population’s needs. Through the SSBG, states provide essential social services that help achieve goals to reduce dependency and promote self-sufficiency; protect children and adults from neglect, abuse and exploitation; and help individuals who are unable to take care of themselves to stay in their homes or to find the best institutional arrangements.

For each funding source, states are asked to provide to NCANDS a count of child recipients. Some states are not able to report all child recipients and may report a count of family recipients either instead of or in combination with a count of child recipients. A calculation is performed on the count of family recipients to derive a child count.

The estimated total child recipient count by funding source is a sum of the reported child count and the calculated child count. The calculated child count is computed by multiplying the family count by the average number of children in a family.¹⁰ States are asked to provide unique and mutually exclusive counts (e.g., if reporting a child in the child count, the child is not also included in the family count) within each source. However, because a child or family may receive multiple services, there may be duplication across funding sources.

Based on data from 47 states, the FFY 2019 estimated total child recipients of prevention services is 1,902,429. (See [table 6–1](#) and related notes.) This is a decrease from the FFY 2018 estimated total child recipients of 1,993,204, based on data from 47 states. The funding source with the largest number of states reporting data is Promoting Safe and Stable Families¹¹ with 38 states and has the largest estimated child recipients with 687,569. The Social Services Block Grant has 20 reporting states and estimated total child recipient count of 390,633. Twenty-four states reported recipients in the “Other” funding source. Due to

¹⁰ For 2019, the average number of own children under 18 in families is 1.93. Source: U.S. Census Bureau, *Current Population Survey*. (2019). *Annual Social and Economic Supplement AVG3. Average Number of People per Family Household with Own Children Under 18, by Race and Hispanic Origin, Marital Status, Age, and Education of Householder: 2019 [data file]*. Retrieved May 2020 from <https://www.census.gov/data/tables/2019/demo/families/cps-2019.html>

¹¹ P.L. 116-94 Family First Transition Act of 2020 renamed this program to Marylee Allen Promoting Safe and Stable Families

the nature of these funds and the ways states use them, the number of recipients fluctuates from one year to the next. Information about state increases and decreases in recipients and funding may be found in Appendix D, State Commentary. States continue to work on improving the ability to measure prevention services. Some of the difficulties with collecting and reporting these data are listed below:

- CPS agencies may contract out some or all prevention services to local community-based agencies, and they may not report on the number of clients they serve.
- CPS agencies may have difficulty collecting data from all funders or all funded agencies.
- The prevention program may be on a different fiscal schedule (e.g., state fiscal year) and it may be difficult to provide accurate data on an FFY schedule.

Postresponse Services (duplicate count of children)

All children and families who are involved with a child welfare agency receive services to some degree. NCANDS and the Child Maltreatment report focus on only those services that were initiated or continued as a result of the investigation response or alternative response. NCANDS collects data for 26 services categories, states have their own service categories which they crosswalk (map) to the NCANDS categories. (See chapter 1.) Not every state reports data for every service. Readers should see Appendix B, Glossary, for definitions of service categories and Appendix D, State Commentary, for state-specific information on services reporting. States continue to work on improving the ability to report postresponse services data. Some states say they are only able to report on those services that the CPS agency provides and are not able to report on those services provided by an external agency or vendors.

The analyses include those services that were provided between the report date (date the maltreatment report is received) and up to 90 days after the disposition date (date of determination about whether the maltreatment occurred). For services that began prior to the report date, if they continue past the report disposition date, this would imply that the investigation or alternative response reaffirmed the need and continuation of the services, and they should be reported to NCANDS as postresponse services. Services that do not meet the definition of postresponse services are those that (1) began prior to the report date, but did not continue past the disposition date or (2) began more than 90 days after the disposition date.

Approximately 1.3 million (1,279,364) children received postresponse services from a CPS agency. Fifty states reported 60.8 percent of duplicate victims received postresponse services and 50 states reported 27.7 percent of duplicate nonvictims received postresponse services. (See [table 6–2](#) and related notes.) This is a decrease from the 1,343,339 children who received postresponse services for FFY 2018. Comments provided by states attribute changes in FFY 2019 data when compared with 2018 are due to improved reporting. Children who received postresponse services are counted per response by CPS and may be counted more than once. States provide data on the start of postresponse services.

Table 6–3 Average and Median Number of Days to Initiation of Services calculates the national average by dividing the total number of days to services by the number of children who received services on or after the report date (mean). Based on data from 45 states, the average number of days from receipt of a report to initiation of services for FFY 2019 is 33 days and a midpoint (median) of 20 days. (See [table 6–3](#) and related notes.) For FFY 2018, 44 states reported an average of 32 days and a median of 18 days.

Table 6–4 displays the children who received foster care services and are removed from home. Only the children who are removed from their home on or after the report date are counted. This is because some children were already in foster care when the allegation of maltreatment was made, and readers and researchers want to know the number of children who were removed as a result of the investigation or alternative response. Readers interested in more complete adoption and foster care statistics should refer to the Adoption and Foster Care Analysis and Reporting System (AFCARS) data at <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/afcars>. AFCARS collects case-level information on all children in foster care and those who are adopted with title IV-E agency involvement.

Based on data from 49 states, more than one-fifth (22.9%) of victims and just under 2.0 percent (1.8%) of nonvictims are removed from their homes. This is nearly identical to FFY 2018 data from 49 states, which showed 22.9 percent of victims and 1.9 percent of nonvictims were removed. Some states report low percentages of victims and nonvictims who received foster care services. (See [table 6–4](#) and related notes.)

There may be several explanations as to why nonvictims are placed in foster care. For example, if one child in a household is deemed to be in danger or at-risk of maltreatment, the state may remove all of the children in the household to ensure their safety. (E.g., if a CPS worker finds a drug lab in a house or finds a severely intoxicated caregiver, the worker may remove all children, even if there is only a maltreatment allegation for one child in the household.) Another reason for a nonvictim to be removed has to do with voluntary placements. This is when a parent voluntarily agrees to place a child in foster care even if the child was not determined to be a victim of maltreatment.

States also report on the number of victims for whom some court action occurred. Court action may include any legal action taken by the CPS agency or the courts on behalf of the child, including authorization to place a child in foster care and applying for temporary custody, protective custody, dependency, or termination of parental rights. In other words, these include children who are removed, as well as other children who may have a court action while remaining at home. Based on 41 reporting states, 26.9 percent of victims had court actions. This is similar to FFY 2018 when 41 states reported 28.6 percent of victims had a court action. (See [table 6–5](#) and related notes.)

Twenty-five states reported 17.2 percent of victims have court-appointed representatives. (See [table 6–6](#) and related notes.) This is a decrease from FFY 2018 when 26 states reported 21.9 percent of victims had court-appointed representatives. The decreases may be attributable to the decrease in the number of victims in reporting states and the improvements in services reporting mentioned above. The representatives act on behalf of a child in court proceedings and make recommendations to the court in the best interests of the child. According to states, Guardians ad litem, children's attorneys, and Court Appointed Special Advocates (CASAs) are included in these counts to NCANDS. These numbers are likely to be an undercount given the statutory requirement in CAPTA that says, “in every case involving a victim of child abuse or neglect which results in a judicial proceeding, a guardian ad litem who has received training appropriate to the role, including training in early childhood, child and adolescent development, and who may be an attorney or a court-appointed special advocate who has received training

appropriate to that role (or both), shall be appointed to represent the child in such proceedings..." States provide the following possible reasons for not reporting these data:

- the data are provided by contracted vendors and are not available at the child level
- lack of centralized database
- the court system is not able to interface with the child welfare system
- the court system does not record information at the child-level

The NCANDS Technical Team is continuing to work with states on improving reporting in this area.

History of Receiving Services (unique count of children)

Two data elements in the Agency File collect information on histories of victims with prior CPS involvement. Based on data from 30 states, 15.8 percent of victims received family preservation services within the previous 5 years. This is an increase from FFY 2018 when 29 states reported 15.1 percent of victims received family preservation services. (See [table 6–7](#) and related notes.) Data from 40 states show 5.3 percent of victims were reunited with their families within the previous 5 years. This is an increase from FFY 2018 when 39 states reported 5.1 percent of victims had been reunited. Several states subcontract family preservation services to outside vendors and are not able to report these data to NCANDS. (See [table 6–8](#) and related notes.)

Part C of the Individuals With Disabilities Education Act (IDEA) (unique count of children)

Federal guidance asks for states to report the number of victims who are younger than 3 years who are eligible for and referred to agencies providing early intervention services under Part C of the Individuals with Disabilities Education Act. However, some states have policies in place to allow older children to be considered eligible for referral and receipt of these services and these states may report victims who are older than 3 years. NCANDS uses the following definitions:

- Number of Children Eligible for Referral to Agencies Providing Early Intervention Services Under Part C of the Individuals with Disabilities Education Act: a unique count of the number of victims eligible for referral to agencies providing early intervention services under Part C of the Individuals with Disabilities Act.
- Number of Children Referred to Agencies Providing Early Intervention Services Under Part C of the Individuals with Disabilities Education Act: a unique count of the number of victims actually referred to agencies providing early intervention services under Part C of the Individuals with Disabilities Education Act.

Thirty-seven states reported 100,535 victims who are eligible for referral to agencies providing early intervention services and 28 states reported 33,036 victims who are referred. Of the states that are able to report both the victims who are eligible and referred (28 states), 71.9 percent of victims who are eligible are referred to the agencies. (See [table 6–9](#) and related notes).

Exhibit and Table Notes

The following pages contain the data tables referenced in chapter 6. Specific information about state submissions can be found in Appendix D, State Commentary. Additional information regarding the exhibits and tables is provided below.

General

- During data analyses, thresholds are set to ensure data quality is balanced with the need to report data from as many states as possible. States may be excluded from an analysis for data quality issues. Exclusion rules are listed in the table notes below.
- The data for all tables are from the Child File unless otherwise noted.
- Due to the large number of categories, most services are defined in Appendix B, Glossary.
- The row labeled Reporting States displays the count of states that provide data for that analysis. The row labeled NonReporting States displays the count of states that provide data for that analysis.
- The Child File Codebook, which includes the services fields, is located on the Children’s Bureau website at <https://www.acf.hhs.gov/cb/research-data-technology/reporting-systems/ncands>
- National totals and calculations appear in a single row labeled National instead of separate rows labeled total, rate, or percent.
- The row labeled Reporting States displays the count of states that provide data for that analysis.
- Dashes are inserted into cells without any data for this analysis.

Table 6–1 Children Who Received Prevention Services by Funding Source, 2019

- Data are from the Agency File.
- The number of total recipients is a duplicate count.
- Children may be counted more than once, under a single funding source and across funding sources. Children who received prevention services may have received them via CPS or other agencies.
- Funds used for public service announcements or campaigns are not included in NCANDS reporting.
- Some programs maintain their data as counts of families rather than counts of children. If a family count was provided, the number of families was multiplied by the average number of children per family (1.93) and used as the estimate of the number of children who received services or added to any counts of children that were also provided.
- The estimated total child recipient count by funding source is a sum of the reported child count and the calculated child count.

Table 6–2 Children Who Received Postresponse Services, 2019

- The numbers of victims and nonvictims are duplicate counts.
- A child is counted each time that a CPS response is completed and services are provided.
- This analysis includes only those services that continue past or are initiated after the completion of the CPS response.
- States are excluded from this analysis if they report fewer than 1.0 percent of victims or fewer than 1.0 percent of nonvictims with postresponse services.
- A few states reported that 100.0 percent of its victims, nonvictims, or both received services. These states may be reporting case management services and information and referral services for all children who received a CPS response.

Table 6–3 Average and Median Number of Days to Initiation of Services, 2019

- The number of children is a duplicate count.
- This analysis uses subset of children whose service date is the same day or later than the report date. The subset is created by excluding any report with a service date prior to the report date.
- The state average is rounded to a whole day. A zero represents a state average of less than 1 day.
- The national average is calculated by dividing the total number of days to services by the number of children who received services on or after the report date. The total number of days to the initiation of services is not shown.
- The median is displayed for both the national and the state level. The median is determined by finding the midpoint of the number of days to services for children who received services on or after the report date.
- States are excluded from this analysis if they report fewer than 1.0 percent of victims or fewer than 1.0 percent of nonvictims with postresponse services.
- States are excluded from this analysis if fewer than 75.0 percent of records with a service have a service date.
- States are excluded from this analysis for having less than 10.0 percent of records with a service date after the report date.
- States are excluded from this analysis if more than 40.0 percent of records have the same report date and service date.

Table 6–4 Children Who Received Foster Care Postresponse Services and Who Had a Removal Date on or After the Report Date, 2019

- The numbers of victims and nonvictims are a duplicate count.
- A child is counted each time that a CPS response is completed and services are provided.
- Only the children who are removed from their home on or after the report date are counted.
- States are excluded from this analysis if fewer than 2.0 percent of victims received foster care services.
- States were excluded from this analysis if more than 35.0 percent of victims with foster care services or more than 35.0 percent of nonvictims with foster care services did not have a removal date.

Table 6–5 Victims with Court Action, 2019

- The number of victims is a duplicate count.
- States are excluded from this analysis if fewer than 5.0 percent of victims have a court action.

Table 6–6 Victims with Court-Appointed Representatives, 2019

- The number of victims is a duplicate count.
- The NCANDS category of court-appointed representatives includes attorneys and court-appointed special advocates who represent the interests of the child in a maltreatment hearing.
- States are excluded from this analysis if fewer than 5.0 percent of victims have a court-appointed representative.

Table 6–7 Victims Who Received Family Preservation Services Within the Previous 5 Years, 2019

- Data are from the Child File and Agency File.
- The number of victims is a unique count.

Table 6–8 Victims Who Were Reunited with Their Families Within the Previous 5 Years, 2019

- Data are from the Child File and the Agency File.
- The number of victims is a unique count.

Table 6–9 IDEA: Victims Who Were Eligible and Victims Who Were Referred to Part C Agencies, 2019

- Data are from the Agency File.

Table 6–1 Children Who Received Prevention Services by Funding Source, 2019

(continues next page)

State	Child Abuse and Neglect State Grant (State Grant) Children	State Grant Calculated Child Count	State Grant Estimated Total Child Recipients	Community-Based Child Abuse Prevention Grants (CBCAP) Children	CBCAP Calculated Child Count	CBCAP Estimated Total Child Recipients
Alabama	-	730	730	13,815	-	13,815
Alaska	-	-	-	402	-	402
Arizona	-	-	-	-	-	-
Arkansas	5	125	130	-	1,069	1,069
California	-	3,818	3,818	3,557	8,807	12,364
Colorado	-	-	-	-	-	-
Connecticut	50	58	108	-	1,023	1,023
Delaware	-	-	-	-	-	-
District of Columbia	163	-	163	-	-	-
Florida	-	-	-	-	-	-
Georgia	-	45,718	45,718	12,997	9,023	22,020
Hawaii	-	-	-	-	2,086	2,086
Idaho	-	-	-	9,108	10,451	19,559
Illinois	2,920	4,711	7,631	8,089	11,862	19,951
Indiana	27,193	-	27,193	1,281	-	1,281
Iowa	12	17	29	366	577	943
Kansas	-	-	-	-	-	-
Kentucky	-	-	-	1,014	-	1,014
Louisiana	-	-	-	16,410	7,942	24,352
Maine	-	-	-	-	-	-
Maryland	-	-	-	-	-	-
Massachusetts	-	-	-	-	-	-
Michigan	-	-	-	-	-	-
Minnesota	3,920	-	3,920	6,003	-	6,003
Mississippi	-	-	-	2,097	9,407	11,504
Missouri	-	-	-	552	627	1,179
Montana	-	-	-	858	2,567	3,425
Nebraska	-	-	-	2,812	-	2,812
Nevada	-	-	-	4,101	-	4,101
New Hampshire	-	-	-	6,223	-	6,223
New Jersey	-	4,366	4,366	91,118	-	91,118
New Mexico	-	-	-	271	245	516
New York	-	-	-	1,991	4,698	6,689
North Carolina	-	-	-	528	510	1,038
North Dakota	-	-	-	245	1,436	1,681
Ohio	-	-	-	1,249	396	1,645
Oklahoma	-	-	-	-	1,889	1,889
Oregon	-	-	-	-	-	-
Pennsylvania	-	-	-	3,974	7,062	11,036
Puerto Rico	12,871	41,375	54,246	877	4,528	5,405
Rhode Island	-	-	-	-	-	-
South Carolina	-	-	-	1,150	-	1,150
South Dakota	-	-	-	1,658	979	2,637
Tennessee	-	-	-	-	-	-
Texas	-	-	-	1,118	2,059	3,177
Utah	-	-	-	4,491	-	4,491
Vermont	-	-	-	-	-	-
Virginia	44,328	-	44,328	1,248	2,681	3,929
Washington	3,304	-	3,304	2,008	2,418	4,426
West Virginia	31,171	6,655	37,826	19,009	-	19,009
Wisconsin	-	-	-	-	-	-
Wyoming	-	-	-	587	672	1,259
National	125,937	107,572	233,509	221,207	95,012	316,219
Reporting States	11	10	15	33	25	37

Table 6–1 Children Who Received Prevention Services by Funding Source, 2019

(continues next page)

State	Promoting Safe and Stable Families (PSSF) Children	PSSF Calculated Child Count	PSSF Estimated Total Child Recipients	Social Services Block Grant (SSBG) Children	SSBG Calculated Child Count	SSBG Estimated Total Child Recipients
Alabama	-	57,387	57,387	15,453	20,487	35,940
Alaska	247	-	247	257	-	257
Arizona	-	8,424	8,424	-	-	-
Arkansas	-	778	778	29	112,689	112,718
California	6,766	115,455	122,221	-	-	-
Colorado	-	4,395	4,395	-	-	-
Connecticut	13,737	39,440	53,177	-	-	-
Delaware	2,864	-	2,864	-	1,146	1,146
District of Columbia	161	-	161	126	-	126
Florida	32,947	-	32,947	-	-	-
Georgia	19,594	-	19,594	14,609	-	14,609
Hawaii	-	-	-	-	-	-
Idaho	802	-	802	2,037	-	2,037
Illinois	-	-	-	3,842	7,328	11,170
Indiana	4,114	-	4,114	4	-	4
Iowa	1,780	2,480	4,260	-	-	-
Kansas	4,343	-	4,343	-	-	-
Kentucky	1,272	-	1,272	-	-	-
Louisiana	2,724	2,183	4,907	7,903	-	7,903
Maine	-	-	-	-	-	-
Maryland	-	-	-	10,547	-	10,547
Massachusetts	-	-	-	-	-	-
Michigan	15,410	10,864	26,274	-	-	-
Minnesota	1,229	-	1,229	12,474	-	12,474
Mississippi	309	-	309	-	-	-
Missouri	-	-	-	-	-	-
Montana	1,520	1,552	3,072	-	-	-
Nebraska	-	16,274	16,274	-	-	-
Nevada	13,752	-	13,752	28,562	-	28,562
New Hampshire	498	-	498	1,912	-	1,912
New Jersey	-	12,516	12,516	-	-	-
New Mexico	1,829	1,395	3,224	-	-	-
New York	-	-	-	-	-	-
North Carolina	3,475	5,113	8,588	-	-	-
North Dakota	-	6,033	6,033	-	-	-
Ohio	-	-	-	48,851	-	48,851
Oklahoma	29	531	560	-	-	-
Oregon	-	6,087	6,087	-	5,819	5,819
Pennsylvania	4,501	6,305	10,806	31,797	-	31,797
Puerto Rico	1,810	2,698	4,508	1,491	4,381	5,872
Rhode Island	-	3,534	3,534	-	-	-
South Carolina	-	-	-	-	-	-
South Dakota	-	-	-	-	-	-
Tennessee	-	-	-	-	-	-
Texas	22,000	41,431	63,431	-	-	-
Utah	-	-	-	-	-	-
Vermont	-	-	-	-	-	-
Virginia	40,386	52,787	93,173	-	-	-
Washington	6,692	34,369	41,061	-	-	-
West Virginia	22,762	24,990	47,752	36,373	16,507	52,880
Wisconsin	-	-	-	-	-	-
Wyoming	-	2,995	2,995	6,008	-	6,008
National	227,553	460,016	687,569	222,275	168,358	390,633
Reporting States	28	25	38	18	7	20

Table 6–1 Children Who Received Prevention Services by Funding Source, 2019

State	Other Funding (Other) Children	Other Calculated Child Count	Other Estimated Total Child Recipients	Estimated Total Child Recipients
Alabama	-	-	-	107,871
Alaska	376	-	376	1,282
Arizona	-	8,531	8,531	16,955
Arkansas	-	-	-	114,695
California	6,893	11,738	18,631	157,033
Colorado	-	-	-	4,395
Connecticut	-	5,006	5,006	59,314
Delaware	2,180	1,859	4,039	8,049
District of Columbia	1,122	-	1,122	1,572
Florida	-	-	-	32,947
Georgia	-	-	-	101,941
Hawaii	-	-	-	2,086
Idaho	70	-	70	22,468
Illinois	634	724	1,358	40,110
Indiana	11,669	-	11,669	44,261
Iowa	-	-	-	5,232
Kansas	134	-	134	4,477
Kentucky	3,832	-	3,832	6,118
Louisiana	2,420	6,377	8,797	45,959
Maine	-	-	-	-
Maryland	-	-	-	10,547
Massachusetts	-	-	-	-
Michigan	-	-	-	26,274
Minnesota	-	-	-	23,626
Mississippi	863	-	863	12,676
Missouri	3,570	-	3,570	4,749
Montana	-	-	-	6,497
Nebraska	-	-	-	19,086
Nevada	-	-	-	46,415
New Hampshire	-	-	-	8,633
New Jersey	-	6,404	6,404	114,403
New Mexico	580	757	1,337	5,077
New York	97,283	-	97,283	103,972
North Carolina	-	-	-	9,625
North Dakota	-	-	-	7,714
Ohio	-	-	-	50,496
Oklahoma	7,108	11,248	18,356	20,805
Oregon	-	3,403	3,403	15,309
Pennsylvania	5,488	9,372	14,860	68,499
Puerto Rico	1,185	12,117	13,302	83,333
Rhode Island	-	-	-	3,534
South Carolina	-	-	-	1,150
South Dakota	-	-	-	2,637
Tennessee	-	-	-	-
Texas	-	-	-	66,609
Utah	28,182	-	28,182	32,673
Vermont	-	-	-	-
Virginia	5,590	10,459	16,049	157,479
Washington	-	-	-	48,792
West Virginia	7,328	-	7,328	164,795
Wisconsin	-	-	-	-
Wyoming	-	-	-	10,262
National	186,507	87,993	274,500	1,902,429
Reporting States	20	13	24	47

Table 6–2 Children Who Received Postresponse Services, 2019

State	Victims	Victims Who Received Postresponse Services	Victims Who Received Postresponse Services Percent	Nonvictims	Nonvictims Who Received Postresponse Services	Nonvictims Who Received Postresponse Services Percent
Alabama	12,026	8,123	67.5	31,225	8,758	28.0
Alaska	3,575	2,053	57.4	16,225	960	5.9
Arizona	13,605	13,329	98.0	87,644	48,424	55.3
Arkansas	8,898	7,462	83.9	59,409	8,444	14.2
California	68,348	57,959	84.8	348,857	228,817	65.6
Colorado	13,127	2,672	20.4	42,247	1,033	2.4
Connecticut	8,659	8,341	96.3	12,958	11,840	91.4
Delaware	1,265	311	24.6	12,795	942	7.4
District of Columbia	2,017	415	20.6	13,217	450	3.4
Florida	34,644	12,590	36.3	317,489	10,207	3.2
Georgia	10,341	7,374	71.3	186,283	102,540	55.0
Hawaii	1,374	915	66.6	3,295	462	14.0
Idaho	1,928	1,213	62.9	15,969	3,248	20.3
Illinois	37,767	18,129	48.0	159,203	23,542	14.8
Indiana	24,932	14,134	56.7	180,534	14,862	8.2
Iowa	13,761	13,761	100.0	40,574	40,574	100.0
Kansas	3,132	1,784	57.0	41,485	11,662	28.1
Kentucky	22,434	15,761	70.3	73,406	5,270	7.2
Louisiana	8,783	4,564	52.0	21,549	1,488	6.9
Maine	4,791	1,537	32.1	15,702	298	1.9
Maryland	8,265	3,177	38.4	27,370	3,865	14.1
Massachusetts	27,984	25,703	91.8	60,709	37,057	61.0
Michigan	35,634	9,124	25.6	175,121	13,955	8.0
Minnesota	7,089	4,536	64.0	38,492	10,775	28.0
Mississippi	10,239	5,351	52.3	38,509	3,462	9.0
Missouri	4,868	3,009	61.8	79,635	22,993	28.9
Montana	4,005	1,956	48.8	15,606	1,212	7.8
Nebraska	2,937	2,263	77.1	28,169	12,933	45.9
Nevada	5,313	3,377	63.6	29,486	5,736	19.5
New Hampshire	1,233	643	52.1	14,176	945	6.7
New Jersey	5,340	3,159	59.2	89,660	19,790	22.1
New Mexico	9,373	3,435	36.6	24,538	2,956	12.0
New York	-	-	-	-	-	-
North Carolina	-	-	-	-	-	-
North Dakota	1,868	1,339	71.7	5,478	340	6.2
Ohio	27,962	18,265	65.3	110,063	34,101	31.0
Oklahoma	15,993	14,045	87.8	50,326	34,945	69.4
Oregon	14,764	4,748	32.2	53,074	3,489	6.6
Pennsylvania	5,017	1,277	25.5	36,934	2,553	6.9
Puerto Rico	5,007	4,277	85.4	10,728	4,686	43.7
Rhode Island	3,438	1,441	41.9	7,799	1,022	13.1
South Carolina	19,747	6,342	32.1	88,351	7,828	8.9
South Dakota	1,617	856	52.9	2,936	277	9.4
Tennessee	10,137	10,137	100.0	103,375	97,963	94.8
Texas	66,259	34,745	52.4	244,059	15,497	6.3
Utah	11,189	10,274	91.8	20,240	15,316	75.7
Vermont	945	307	32.5	4,341	756	17.4
Virginia	6,345	1,698	26.8	49,636	2,353	4.7
Washington	4,887	2,854	58.4	58,377	3,934	6.7
West Virginia	7,171	6,943	96.8	52,871	7,214	13.6
Wisconsin	4,791	2,166	45.2	37,248	2,754	7.4
Wyoming	1,132	931	82.2	4,900	4,031	82.3
National	625,956	380,805	60.8	3,242,273	898,559	27.7
Reporting States	50	50	-	50	50	-

Table 6–3 Average and Median Number of Days to Initiation of Services, 2019

State	Children Who Received Services	Children Who Received Services On or After the Report Date	Average Number of Days to Initiation of Services	Median Number of Days to Initiation of Services
Alabama	-	-	-	-
Alaska	3,013	3,013	85	55
Arizona	61,753	60,880	45	42
Arkansas	15,906	15,206	35	39
California	286,776	271,009	17	7
Colorado	3,705	3,624	22	14
Connecticut	-	-	-	-
Delaware	1,253	1,241	86	61
District of Columbia	865	851	43	35
Florida	22,797	16,371	31	12
Georgia	109,914	107,712	16	6
Hawaii	1,377	1,129	30	3
Idaho	4,461	4,413	48	35
Illinois	41,671	22,961	41	32
Indiana	28,996	28,931	33	18
Iowa	54,335	54,335	24	28
Kansas	13,446	7,595	54	28
Kentucky	21,031	18,188	77	68
Louisiana	6,052	5,531	40	24
Maine	1,835	1,835	47	33
Maryland	7,042	5,608	62	59
Massachusetts	62,760	42,024	14	19
Michigan	23,079	11,840	42	33
Minnesota	15,311	15,311	57	43
Mississippi	8,813	8,739	28	27
Missouri	26,002	23,183	54	44
Montana	3,168	2,536	49	29
Nebraska	15,196	6,842	52	30
Nevada	9,113	8,887	48	36
New Hampshire	1,588	1,372	69	43
New Jersey	22,949	13,665	49	39
New Mexico	6,391	5,531	36	10
New York	-	-	-	-
North Carolina	-	-	-	-
North Dakota	1,679	1,649	50	41
Ohio	52,366	44,004	38	28
Oklahoma	48,990	48,904	54	53
Oregon	8,237	7,655	53	22
Pennsylvania	3,830	2,785	32	28
Puerto Rico	8,963	7,215	86	33
Rhode Island	2,463	1,447	30	11
South Carolina	14,170	8,585	36	39
South Dakota	-	-	-	-
Tennessee	-	-	-	-
Texas	50,242	49,160	61	51
Utah	-	-	-	-
Vermont	1,063	631	40	15
Virginia	4,051	2,419	41	24
Washington	6,788	5,354	35	17
West Virginia	14,157	8,502	48	22
Wisconsin	4,920	4,920	56	57
Wyoming	4,962	4,904	15	7
National	1,107,479	968,497	33	20
Reporting States	45	45	-	-

Table 6–4 Children Who Received Foster Care Postresponse Services and Who had a Removal Date on or After the Report Date, 2019

State	Victims	Victims Who Received Foster Care Postresponse Services	Victims Who Received Foster Care Postresponse Services Percent	Nonvictims	Nonvictims Who Received Foster Care Postresponse Services	Nonvictims Who Received Foster Care Postresponse Services Percent
Alabama	12,026	1,896	15.8	31,225	813	2.6
Alaska	3,575	772	21.6	16,225	546	3.4
Arizona	13,605	6,492	47.7	87,644	1,963	2.2
Arkansas	8,898	1,671	18.8	59,409	1,153	1.9
California	68,348	24,318	35.6	348,857	7,777	2.2
Colorado	13,127	1,810	13.8	42,247	323	0.8
Connecticut	8,659	1,448	16.7	12,958	460	3.5
Delaware	1,265	151	11.9	12,795	48	0.4
District of Columbia	2,017	343	17.0	13,217	87	0.7
Florida	34,644	11,748	33.9	317,489	3,505	1.1
Georgia	10,341	2,309	22.3	186,283	2,921	1.6
Hawaii	1,374	643	46.8	3,295	82	2.5
Idaho	1,928	861	44.7	15,969	226	1.4
Illinois	37,767	6,555	17.4	159,203	2,647	1.7
Indiana	24,932	8,166	32.8	180,534	2,911	1.6
Iowa	13,761	2,517	18.3	40,574	65	0.2
Kansas	3,132	336	10.7	41,485	1,046	2.5
Kentucky	22,434	1,188	5.3	73,406	146	0.2
Louisiana	8,783	2,230	25.4	21,549	361	1.7
Maine	4,791	1,222	25.5	15,702	270	1.7
Maryland	8,265	759	9.2	27,370	357	1.3
Massachusetts	27,984	4,331	15.5	60,709	1,172	1.9
Michigan	35,634	4,729	13.3	175,121	1,597	0.9
Minnesota	7,089	2,037	28.7	38,492	2,263	5.9
Mississippi	10,239	1,489	14.5	38,509	406	1.1
Missouri	4,868	1,573	32.3	79,635	3,772	4.7
Montana	4,005	1,652	41.2	15,606	547	3.5
Nebraska	2,937	1,223	41.6	28,169	817	2.9
Nevada	5,313	2,179	41.0	29,486	792	2.7
New Hampshire	1,233	462	37.5	14,176	301	2.1
New Jersey	5,340	1,101	20.6	89,660	1,662	1.9
New Mexico	9,373	1,216	13.0	24,538	535	2.2
New York	-	-	-	-	-	-
North Carolina	-	-	-	-	-	-
North Dakota	1,868	368	19.7	5,478	27	0.5
Ohio	27,962	6,491	23.2	110,063	3,422	3.1
Oklahoma	15,993	3,860	24.1	50,326	59	0.1
Oregon	14,764	3,323	22.5	53,074	998	1.9
Pennsylvania	-	-	-	-	-	-
Puerto Rico	5,007	391	7.8	10,728	20	0.2
Rhode Island	3,438	738	21.5	7,799	203	2.6
South Carolina	19,747	3,045	15.4	88,351	613	0.7
South Dakota	1,617	818	50.6	2,936	212	7.2
Tennessee	10,137	2,198	21.7	103,375	3,405	3.3
Texas	66,259	12,065	18.2	244,059	1,428	0.6
Utah	11,189	1,210	10.8	20,240	43	0.2
Vermont	945	159	16.8	4,341	202	4.7
Virginia	6,345	1,345	21.2	49,636	942	1.9
Washington	4,887	1,976	40.4	58,377	1,438	2.5
West Virginia	7,171	2,164	30.2	52,871	770	1.5
Wisconsin	4,791	1,930	40.3	37,248	2,294	6.2
Wyoming	1,132	548	48.4	4,900	34	0.7
National	620,939	142,056	22.9	3,205,339	57,681	1.8
Reporting States	49	49	-	49	49	-

Table 6–5 Victims with Court Action, 2019

State	Victims	Victims With Court Action	Victims With Court Action Percent
Alabama	-	-	-
Alaska	3,575	772	21.6
Arizona	13,605	5,935	43.6
Arkansas	8,898	1,702	19.1
California	68,348	26,584	38.9
Colorado	-	-	-
Connecticut	8,659	2,952	34.1
Delaware	1,265	158	12.5
District of Columbia	2,017	208	10.3
Florida	-	-	-
Georgia	10,341	2,318	22.4
Hawaii	1,374	865	63.0
Idaho	1,928	1,043	54.1
Illinois	-	-	-
Indiana	24,932	12,038	48.3
Iowa	13,761	4,923	35.8
Kansas	3,132	1,146	36.6
Kentucky	22,434	5,118	22.8
Louisiana	8,783	2,274	25.9
Maine	-	-	-
Maryland	8,265	1,241	15.0
Massachusetts	27,984	6,049	21.6
Michigan	35,634	5,310	14.9
Minnesota	7,089	1,794	25.3
Mississippi	-	-	-
Missouri	4,868	1,583	32.5
Montana	4,005	1,838	45.9
Nebraska	2,937	1,392	47.4
Nevada	5,313	2,529	47.6
New Hampshire	1,233	591	47.9
New Jersey	5,340	946	17.7
New Mexico	9,373	1,271	13.6
New York	-	-	-
North Carolina	-	-	-
North Dakota	1,868	376	20.1
Ohio	27,962	7,522	26.9
Oklahoma	15,993	4,014	25.1
Oregon	14,764	3,055	20.7
Pennsylvania	-	-	-
Puerto Rico	5,007	323	6.5
Rhode Island	3,438	1,031	30.0
South Carolina	19,747	3,292	16.7
South Dakota	-	-	-
Tennessee	-	-	-
Texas	66,259	12,046	18.2
Utah	11,189	2,126	19.0
Vermont	945	239	25.3
Virginia	6,345	1,491	23.5
Washington	4,887	1,987	40.7
West Virginia	7,171	2,222	31.0
Wisconsin	4,791	721	15.0
Wyoming	1,132	557	49.2
National	496,591	133,582	26.9
Reporting States	41	41	-

Table 6–6 Victims with Court-Appointed Representatives, 2019

State	Victims	Victims With Court-Appointed Representatives	Victims With Court-Appointed Representatives Percent
Alabama	12,026	1,748	14.5
Alaska	3,575	761	21.3
Arizona	13,605	5,972	43.9
Arkansas	-	-	-
California	68,348	3,865	5.7
Colorado	-	-	-
Connecticut	-	-	-
Delaware	1,265	158	12.5
District of Columbia	-	-	-
Florida	-	-	-
Georgia	10,341	1,957	18.9
Hawaii	1,374	862	62.7
Idaho	-	-	-
Illinois	-	-	-
Indiana	24,932	5,970	23.9
Iowa	13,761	2,410	17.5
Kansas	-	-	-
Kentucky	22,434	3,831	17.1
Louisiana	-	-	-
Maine	4,791	771	16.1
Maryland	-	-	-
Massachusetts	27,984	5,637	20.1
Michigan	-	-	-
Minnesota	7,089	1,566	22.1
Mississippi	10,239	1,163	11.4
Missouri	-	-	-
Montana	4,005	739	18.5
Nebraska	2,937	1,202	40.9
Nevada	5,313	572	10.8
New Hampshire	1,233	591	47.9
New Jersey	-	-	-
New Mexico	9,373	1,271	13.6
New York	-	-	-
North Carolina	-	-	-
North Dakota	-	-	-
Ohio	27,962	5,755	20.6
Oklahoma	15,993	1,774	11.1
Oregon	-	-	-
Pennsylvania	-	-	-
Puerto Rico	-	-	-
Rhode Island	3,438	814	23.7
South Carolina	-	-	-
South Dakota	-	-	-
Tennessee	-	-	-
Texas	-	-	-
Utah	11,189	2,126	19.0
Vermont	945	239	25.3
Virginia	6,345	1,499	23.6
Washington	-	-	-
West Virginia	-	-	-
Wisconsin	-	-	-
Wyoming	-	-	-
National	310,497	53,253	17.2
Reporting States	25	25	-

Table 6–7 Victims Who Received Family Preservation Services Within the Previous 5 Years, 2019

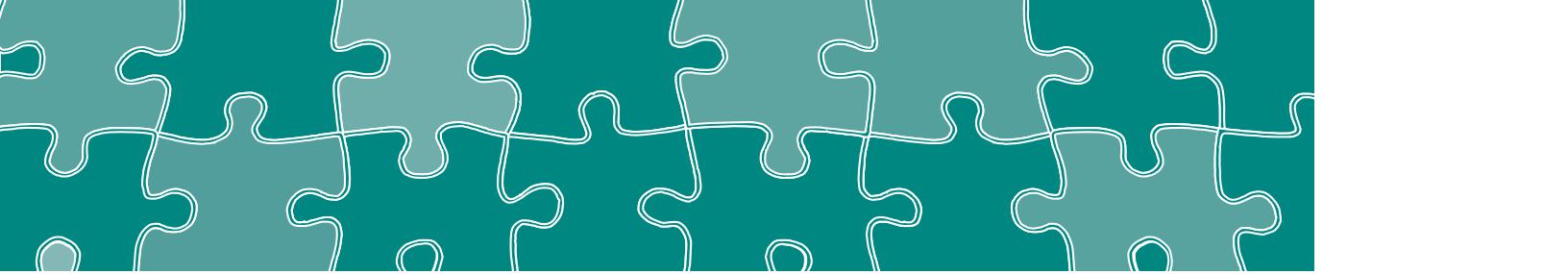
State	Victims	Victims Who Received Family Preservation Services Within the Previous 5 Years Number	Victims Who Received Family Preservation Services Within the Previous 5 Years Percent
Alabama	11,677	339	2.9
Alaska	-	-	-
Arizona	-	-	-
Arkansas	8,422	1,486	17.6
California	-	-	-
Colorado	-	-	-
Connecticut	-	-	-
Delaware	-	-	-
District of Columbia	1,857	354	19.1
Florida	32,915	5,283	16.1
Georgia	10,102	1,472	14.6
Hawaii	-	-	-
Idaho	1,869	756	40.4
Illinois	33,331	6,672	20.0
Indiana	-	-	-
Iowa	-	-	-
Kansas	2,945	975	33.1
Kentucky	20,130	1,439	7.1
Louisiana	8,441	1,767	20.9
Maine	4,413	1,277	28.9
Maryland	7,661	2,954	38.6
Massachusetts	25,029	8,702	34.8
Michigan	-	-	-
Minnesota	6,780	2,406	35.5
Mississippi	9,377	20	0.2
Missouri	4,762	518	10.9
Montana	-	-	-
Nebraska	2,822	287	10.2
Nevada	4,999	537	10.7
New Hampshire	1,217	61	5.0
New Jersey	5,132	432	8.4
New Mexico	8,025	593	7.4
New York	-	-	-
North Carolina	-	-	-
North Dakota	-	-	-
Ohio	-	-	-
Oklahoma	15,148	707	4.7
Oregon	13,543	1,447	10.7
Pennsylvania	-	-	-
Puerto Rico	4,738	337	7.1
Rhode Island	3,183	831	26.1
South Carolina	-	-	-
South Dakota	-	-	-
Tennessee	9,859	1,531	15.5
Texas	64,093	9,662	15.1
Utah	10,579	58	0.5
Vermont	851	87	10.2
Virginia	-	-	-
Washington	4,222	307	7.3
West Virginia	-	-	-
Wisconsin	-	-	-
Wyoming	-	-	-
National	338,122	53,297	15.8
Reporting States	30	30	-

Table 6–8 Victims Who Were Reunited with Their Families Within the Previous 5 Years, 2019

State	Victims	Victims Who Were Reunited With Their Families Within the Previous 5 Years Number	Victims Who Were Reunited With Their Families Within the Previous 5 Years Percent
Alabama	11,677	263	2.3
Alaska	3,059	306	10.0
Arizona	-	-	-
Arkansas	8,422	247	2.9
California	-	-	-
Colorado	12,246	519	4.2
Connecticut	8,042	209	2.6
Delaware	1,248	39	3.1
District of Columbia	1,857	35	1.9
Florida	32,915	2,739	8.3
Georgia	10,102	472	4.7
Hawaii	1,342	34	2.5
Idaho	1,869	103	5.5
Illinois	33,331	1,330	4.0
Indiana	23,029	1,777	7.7
Iowa	-	-	-
Kansas	2,945	404	13.7
Kentucky	20,130	1,116	5.5
Louisiana	8,441	447	5.3
Maine	4,413	459	10.4
Maryland	7,661	779	10.2
Massachusetts	25,029	2,294	9.2
Michigan	-	-	-
Minnesota	6,780	632	9.3
Mississippi	9,377	16	0.2
Missouri	4,762	227	4.8
Montana	-	-	-
Nebraska	2,822	320	11.3
Nevada	4,999	559	11.2
New Hampshire	1,217	67	5.5
New Jersey	5,132	361	7.0
New Mexico	8,025	539	6.7
New York	-	-	-
North Carolina	5,601	143	2.6
North Dakota	-	-	-
Ohio	25,470	1,357	5.3
Oklahoma	15,148	790	5.2
Oregon	13,543	1,203	8.9
Pennsylvania	-	-	-
Puerto Rico	4,738	20	0.4
Rhode Island	3,183	301	9.5
South Carolina	18,717	218	1.2
South Dakota	-	-	-
Tennessee	9,859	355	3.6
Texas	64,093	1,403	2.2
Utah	10,579	305	2.9
Vermont	851	43	5.1
Virginia	-	-	-
Washington	4,222	415	9.8
West Virginia	-	-	-
Wisconsin	4,576	349	7.6
Wyoming	-	-	-
National	441,452	23,195	5.3
Reporting States	40	40	-

Table 6–9 IDEA: Victims Who Were Eligible and Victims Who Were Referred to Part C Agencies, 2019

State	Victims Who Were Eligible for Referral to Part C Agencies	Victims Who Were Referred to Part C Agencies	Victims Who Were Referred to Part C Agencies Percent
Alabama	3,306	981	29.7
Alaska	802	802	100.0
Arizona	672	85	12.6
Arkansas	2,866	-	-
California	18,283	-	-
Colorado	3,172	2,409	75.9
Connecticut	2,081	1,238	59.5
Delaware	-	-	-
District of Columbia	388	1	0.3
Florida	-	-	-
Georgia	3,400	-	-
Hawaii	-	-	-
Idaho	667	314	47.1
Illinois	-	-	-
Indiana	-	-	-
Iowa	3,115	3,115	100.0
Kansas	340	287	84.4
Kentucky	5,842	-	-
Louisiana	3,534	3,134	88.7
Maine	1,057	1,057	100.0
Maryland	-	-	-
Massachusetts	5,905	-	-
Michigan	-	-	-
Minnesota	1,867	1,867	100.0
Mississippi	642	290	45.2
Missouri	651	219	33.6
Montana	-	-	-
Nebraska	777	777	100.0
Nevada	362	360	99.4
New Hampshire	341	-	-
New Jersey	1,159	977	84.3
New Mexico	2,112	1,773	83.9
New York	14,280	-	-
North Carolina	-	-	-
North Dakota	536	510	95.1
Ohio	5,811	5,811	100.0
Oklahoma	4,744	940	19.8
Oregon	2,891	-	-
Pennsylvania	-	-	-
Puerto Rico	790	-	-
Rhode Island	857	838	97.8
South Carolina	-	-	-
South Dakota	433	433	100.0
Tennessee	-	-	-
Texas	-	-	-
Utah	2,315	2,315	100.0
Vermont	-	-	-
Virginia	-	-	-
Washington	1,036	308	29.7
West Virginia	2,006	958	47.8
Wisconsin	1,189	931	78.3
Wyoming	306	306	100.0
National	100,535	33,036	-
Reporting States	37	28	-
National for States Reporting Both Victims Eligible and Referred	45,937	33,036	71.9
Reporting States for States Reporting Both Victims Eligible and Referred	28	28	-



Special Focus

CHAPTER 7

Child Maltreatment 2019 is the second report to include a special focus chapter. The purpose of this chapter is to highlight analyses of specific subsets of children. These analyses may otherwise have been spread throughout the report in different chapters, which can make it more difficult for readers to see the whole analytical picture. Some analyses are expected to change with each edition of *Child Maltreatment*. Similar to last year, the analyses included in this chapter for FFY 2019 focus on the data elements for sex trafficking and infants with prenatal substance exposure.

Sex Trafficking

The Justice for Victims of Trafficking Act of 2015 includes an amendment to Child Abuse Prevention and Treatment Act (CAPTA) under title VIII—Better Response for Victims of Child Sex Trafficking by adding this requirement to Section 106(d) Annual State Data Reports:

- (17) *The number of children determined to be victims described in subsection (b)(2)(B)(xxiv).*

Subsection (b)(2)(B)(xxiv) states:

(xxiv) provisions and procedures requiring identification and assessment of all reports involving children known or suspected to be victims of sex trafficking (as defined in section 103(10) of the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7102 (10)); and S. 178—38.

STATE OPTION: A State may elect to define a child as a person who has not attained the age of 24.

States are instructed to include sex trafficking cases by caregivers and noncaregivers in their NCANDS submissions. The Children’s Bureau Information Memoranda ACYF-CB-IM-15-05 dated July 16, 2015, informed states that these data will be reported, to the extent practicable, to NCANDS.¹² States began reporting these data with their FFY 2018 data submissions.

Reporting Sex Trafficking Data to NCANDS

NCANDS added sex trafficking as a new maltreatment type, defined as:

- **Sex trafficking:** A type of maltreatment that refers to the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. States have the option to report to NCANDS any sex trafficking victim who is younger than 24 years.

¹² <https://www.acf.hhs.gov/cb/resource/im1505>

While states report all allegations regardless of the determination as to whether the maltreatment occurred, this report only presents maltreatment types that were substantiated or indicated. As this is the second year of reporting the sex trafficking maltreatment type, most reporting states provided a full year of data, however some states that began reporting this year may have submitted only a partial-year for these elements and will submit a full year with its FFY 2020 submission. A number of states are making internal changes to systems to report data already captured or are working to capture it. Two states are developing new child welfare systems and will add the maltreatment type to the new system. Readers are encouraged to read states' comments in Appendix D, State Commentary for more information about state reporting of this data element. States also are encouraged to conduct a CPS response for sex trafficking cases by noncaregivers and to consider sex trafficking victims who are older than 21 and younger than 24 as children, which is outside of the traditional scope of CPS.

Number and Demographics of Victims of Sex Trafficking

(unique count of victims)

For FFY 2019, 29 states report 877 unique victims of sex trafficking. Analyzing victims of sex trafficking by demographics shows different patterns of abuse than for victims of all maltreatment types analyzed together (chapter 3). As shown in table 3–6, the percentages of victims are evenly split by sex. However, for victims of the sex trafficking maltreatment type, the majority (88.5%) are female and 10.6 percent are male. (See [table 7–1](#), [exhibit 7–A](#), and related notes.)

Different patterns also are seen by age. As shown in chapter 3, table 3–6, for victims of all maltreatment types, the youngest children are the most vulnerable to maltreatment as 28.1 percent are younger than 3 years and the percentages decrease for older victims. For victims of sex trafficking, less than 1.0 percent are younger than 3 years and the percentages increase for older victims. More than three-quarters of victims of sex trafficking are in the age range of 14–17. (See [table 7–2](#) and related notes.)

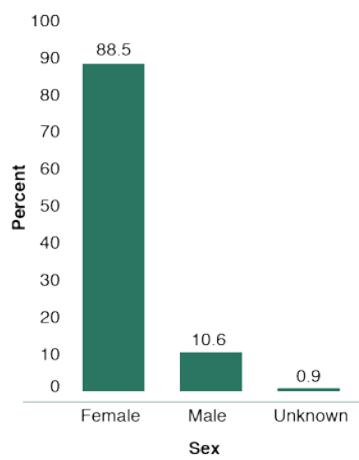
Maltreatment Types (unique count of victims of sex trafficking, duplicate count of maltreatments)

Federal guidance is to report sex trafficking separately and not only in combination with sexual abuse. For both sexes, approximately one-half of the victims of sex trafficking (49.7% for female and 50.5% for male) are reported to NCANDS as victims of sex trafficking only and did not suffer any other maltreatment types. For those victims who did suffer from two or more maltreatment types, the highest percentages for females are sexual abuse with 30.7 percent and neglect with 22.7 percent. For males the categories are reversed, with 30.1 percent for neglect and 28.0 percent for sexual abuse. (See [table 7–3](#) and related notes.)

Perpetrator Relationship (unique count of victims of sex trafficking, duplicate count of maltreatments)

Some of the categories on this table changed for *Child Maltreatment 2019*. The purpose of the changes is to be more descriptive of what the categories include and to reduce the number of relationships counted as unknown. Please see the table notes at the end of this chapter for

Exhibit 7–A Victims of Sex Trafficking by Sex, 2019 Most sex trafficking victims are female



Based on data from 29 states. See [table 7–1](#).

specifies about the changes. More than one-half (51.3%) of victims of sex trafficking have an unknown or missing relationship to their perpetrators and more than 40.0 percent (41.4%) have no parental involvement in their maltreatment. The largest nonparent category is “other(s)” (31.1%). In NCANDS the term “other(s)” means not otherwise classified. One of the challenges for states with collecting these data is that the sex trafficker may not be the victim’s caregiver. As the focus of CPS agencies is on caregivers, some states may not be able to collect noncaregiver sex trafficker perpetrator data due to agency scope and jurisdiction restrictions.

The NCANDS category of “other(s)” perpetrator relationship includes any relationship that does not map to one of the NCANDS relationship categories. According to states’ commentary, this category includes nonrelated adult, nonrelated child, foster sibling, babysitter, household staff, clergy, and school personnel.

Victims of sex trafficking have different relationship patterns to their perpetrators than victims of all maltreatment types analyzed together. As shown in table 3–12, 91.4 percent of victims are maltreated by one or more parents. However, for sex trafficking victims, only 13.6 percent are maltreated by a parent. (See [table 7–4](#), [exhibit 7–B](#), and related notes.)

Infants with Prenatal Substance Exposure

The Comprehensive Addiction and Recovery Act (CARA) of 2016 amended CAPTA in sections 106(b)(2)(B)(ii) and (iii) by adding these requirements to Section 106(d) Annual State Data Reports:

- (18) *The number of infants—*
- (A) *identified under subsection (b)(2)(B)(ii);*
 - (B) *for whom a plan of safe care was developed under subsection (b)(2)(B)(iii); and*
 - (C) *for whom a referral was made for appropriate services, including services for the affected family or caregiver, under subsection (b)(2)(B)(iii).*

Subsections (b)(2)(B)(ii) and (b)(2)(B)(iii) state:

ii. policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition of such infants, except that such notification shall not be construed to—

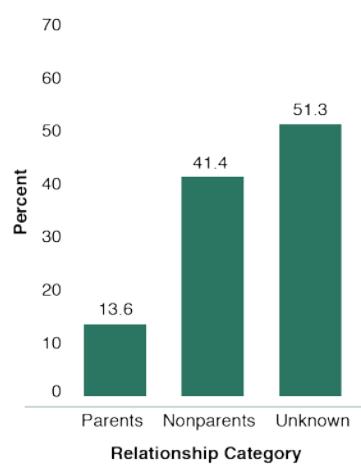
- I. establish a definition under Federal law of what constitutes child abuse or neglect; or*
- II. require prosecution for any illegal action.*

iii. the development of a plan of safe care for the infant born and identified as being affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder to ensure the safety and well-being of such infant following release from the care of healthcare providers, including through—

- I. addressing the health and substance use disorder treatment needs of the infant and affected family or caregiver; and*

Exhibit 7–B Victims of Sex Trafficking by Relationship Category to Their Perpetrators, 2019

More than one-half of sex trafficking victims have an unknown or missing relationship with their perpetrators



Based on data from 28 states. See [table 7–4](#).

II. the development and implementation by the State of monitoring systems regarding the implementation of such plans to determine whether and in what manner local entities are providing, in accordance with State requirements, referrals to and delivery of appropriate services for the infant and affected family or caregiver.

The Children's Bureau Program Instruction ACYF-CB-PI-17-02 dated January 17, 2017, informed states that these data will be reported, to the extent practicable, to NCANDS.¹³ Some challenges for determining whether an infant was exposed to alcohol and/or drugs during pregnancy are that, "The rate of drug and alcohol excretion is affected by many factors, including the amount of alcohol or other drug taken; the frequency of use; the user's [mother's] daily liquid intake, health status, exercise, age, sex, body weight, and metabolic rate; and the concurrent use of other drugs, including alcohol and/or nicotine."¹⁴ A Fetal Alcohol Spectrum Disorder diagnosis requires a medical evaluation and neurodevelopmental assessment conducted by a multidisciplinary team.¹⁵ "Neurobehavioral outcomes depend on the dose and pattern of alcohol consumption and the developmental stage when the fetus was exposed."¹⁶

Reporting Infants with Prenatal Substance Exposure Data to NCANDS¹⁷

CAPTA Section 106(d) Annual State Data Reports 18 (A) requests a count of infants with prenatal substance exposure (IPSE). To be included in the count, a child must meet the following conditions as defined by NCANDS data elements:

- (1) Infant—the child must be in the age range of birth to 1 year old.
- (2) Referred to CPS by health care provider—child must have the medical personnel report source.
- (3) Born with and identified as being affected by substance abuse or withdrawal symptoms—child must have the alcohol abuse, drug abuse, or both alcohol and drug abuse child risk factors.

The legislation does not require the infants to be considered victims of maltreatment solely based on the substance exposure; and drug abuse includes both legal and illegal drugs.

NCANDS uses the following definitions when discussing IPSE:

- **Alcohol abuse (child risk factor):** The compulsive use of alcohol that is not of a temporary nature, includes Fetal Alcohol Syndrome, Fetal Alcohol Spectrum Disorder, and exposure to alcohol during pregnancy.
- **Drug abuse (child risk factor):** The compulsive use of drugs that is not of a temporary nature, includes infants exposed to drugs during pregnancy.
- **Screened-in IPSE:** Indicates the child is included in the state's Child File. NCANDS uses the existing fields of age, report source, and alcohol abuse and drug abuse child risk factors to determine the count. These are children who were screened in and were the subjects of either an investigation or alternative response.¹⁸

¹³ <https://www.acf.hhs.gov/cb/resource/pi1702>

¹⁴ U.S. Department of Health & Human Services Administration for Children and Families, Administration on Children, Youth and Families, National Center on Child Abuse and Neglect. (1994). Protecting Children in Substance-Abusing Families. Available from <https://www.childwelfare.gov/catalog/>

¹⁵ Cook, J. L., Green, C. R., Lilley, C. M., Anderson, S. M., Baldwin, M. E., Chudley, A. E., & Mallon, B. F. (2016). Fetal alcohol spectrum disorder: A guideline for diagnosis across the lifespan. Canadian Medical Association Journal, 188(3), 191–197.

¹⁶ Mattson, S. N., Crocker, N., & Nguyen, T. T. (2011). Fetal alcohol spectrum disorders: neuropsychological and behavioral features. *Neuropsychology Review*, 21(2), 81–101.

¹⁷ CAPTA uses terms infants affected by substance abuse, prenatal drug exposure, and infants affected by withdrawal symptoms, and Fetal Alcohol Spectrum Disorder. In NCANDS, the term infants with prenatal substance exposure is used to include all of the terms used by CAPTA.

¹⁸ See Chapter 2, Reports for information about the screening process and Appendix D, State Commentary for information about states' screening policies.

- **Screened-out IPSE:** Indicates the child is included in the state's Agency File. NCANDS added a new field to collect this aggregate count. These are children who were screened-out either because they did not meet the child welfare agency's criteria for a CPS response or because in some states, there are special programs outside of CPS for handling substance abuse.
- **Total IPSE:** The sum of screened-in IPSE and screened-out IPSE.

Number of Infants with Prenatal Substance Exposure (unique count of children)

FFY 2019 data show 38,625 infants in 47 states being referred to CPS agencies as infants with prenatal substance exposure. (See [table 7–5](#) and related notes.) Of the total IPSE:

- Fewer than 1.0 percent (0.7%) had the alcohol abuse child risk factor.
- Nearly 71.0 percent (70.9%) had the drug abuse child risk factor.
- More than 11.0 percent (11.4%) had both the alcohol and drug abuse child factors.
- More than 83.0 percent (83.1%) were screened in for an investigation response or alternative response.
- Nearly 17.0 percent (16.9%) were screened out, this is an aggregate count and NCANDS does not collect the breakdown of alcohol and drug abuse risk factors for these children.

Some states are not able to collect and report alcohol and drug abuse child risk factors separately and NCANDS guidance is to report both risk factors for the same children. However, for this analysis, children with both risk factors are only counted once. While 31 states reported data for screened-out IPSE, an additional seven states said that no IPSE referrals were screened out for FFY 2019. Some states have policies and legislation prohibiting all or certain referrals from being screened out. See Appendix D for more information about states' screening policies. Appendix D, State Commentary may provide additional information about states' capabilities to collect and report data on these children.

Screened-in Infants with Prenatal Substance Exposure Who Have a Plan of Safe Care (unique count of children)

CAPTA Section 106(d) Annual State Data Reports 18 (B) asks for the number of screened-in IPSE who also have a plan of safe care as developed under subsection (b)(2)(B)(iii). NCANDS uses the following definition:

- **Plan of safe care**—A plan developed as described in CAPTA sections 106(b)(2)(B)(iii) for infants born and identified as being affected by substance abuse or withdrawal symptoms, or Fetal Alcohol Spectrum Disorder. The state plan requirement at 106(b)(2)(B)(iii) requires that a plan of safe care address the health and substance use disorder treatment needs of the infant and affected family or caregiver.

For FFY 2019, 21 states reported 75.4 percent of screened-in IPSE have a plan of safe care. (See [table 7–6](#) and related notes.) This is an improvement from FFY 2018, the first year of reporting when 13 states reported 64.1 of screened-in IPSE had a plan of safe care.

Screened-in Infants with Prenatal Substance Exposure Who Have a Referral to Appropriate Services (unique count of children)

CAPTA Section 106(d) Annual State Data Reports 18 (C) asks for the number of screened-in IPSE who also had a referral to services as described under subsection (b)(2)(B)(iii). NCANDS uses the following definition:

- **Referral to appropriate services**—This field indicates whether the infant with prenatal substance exposure has a referral to appropriate services, including services for the affected family or caregiver. According to Administration for Children and Families, the definition of “appropriate services” is determined by each state.

Twenty states reported more than 60.0 percent (61.5%) of screened-in IPSE have a referral to appropriate services. (See [table 7–7](#) and related notes.) This is an improvement from FFY 2018 when 14 states reported 42.6 percent. What is considered an appropriate service is up to each state’s determination and may depend on the needs of the specific case. Some examples of types of services that these children and families were referred to include mental and behavioral health, foster care, substance abuse assessment and treatment, and other programs that facilitate early identification of at-risk children and caregivers and links them with early intervention services, other public health services, and community-based resources.

Exhibit and Table Notes

The following pages contain the data tables referenced in chapter 7. Specific information about state submissions can be found in Appendix D, State Commentary. Additional information regarding the exhibits and tables is provided below.

General

- National totals and calculations appear in a single row labeled National instead of separate rows labeled total, rate, or percent.
- The row labeled Reporting States displays the count of states that provided data for that analysis.
- Data are from the Child File unless otherwise noted.
- Dashes are inserted into cells without any data for this analysis.

Table 7–1 Victims of Sex Trafficking by Sex, 2019

- The number of victims is a unique count.

Table 7–2 Victims of Sex Trafficking by Sex and Age, 2019

- The number of victims is a unique count.
- The category of unknown age includes unborn.
- Percentages do not sum to 100.0% due to rounding.

Table 7–3 Victims of Sex Trafficking by Race, 2019

- A child or adult may have been the victim of more than one type of maltreatment therefore, the maltreatment type count is a duplicate count.
- A victim is counted in each maltreatment type category only once, regardless of the number of times the child or adult is reported as a victim of the maltreatment type.

Table 7–4 Victims of Sex Trafficking by Relationship to Their Perpetrator, 2019

- The number of relationships is a duplicate count, and the number of sex trafficking victims is a unique count. Percentages are calculated against the unique count of victims and total to more than 100.0 percent.
- In NCANDS, a child victim may have up to three perpetrators. A few states' systems do not have the capability of collecting and reporting data for all three perpetrator fields. More information may be found in appendix D.
- States are excluded from this analysis if the state did not report sex trafficking victims or if more than 20.0 percent of perpetrators are reported with a blank or unknown relationship.
- Perpetrator relationship categories without any victims are displayed on the table to facilitate across year comparisons.
- The two parents of known sex category replaces the mother and father category and includes mother and father, two mothers, and two fathers.
- The two parents of known sex with nonparent category replaces the mother, father, and nonparent category and includes mother, father, and nonparent; two mothers and nonparent; and two fathers and nonparent.
- The three parents of known sex category was added to reflect the state-reported parental relationships.
- One or more parents of unknown sex includes up to three parents in any combination of known and unknown sex. The parent(s) could have acted alone, together, or with a nonparent.
- Nonparent perpetrators counted in combination with parents (e.g., mother and nonparent(s)) are not also counted in the individual categories listed under nonparent.
- Multiple nonparental perpetrators that are in the same category are counted within that category. For example, two child daycare providers are counted as child daycare providers. This is a change from prior years when these two child daycare providers would have been counted in more than one nonparental.
- Multiple nonparental perpetrators that are in different categories are counted in more than one nonparental perpetrator.
- The unknown relationship category includes sex trafficking victims with no specified perpetrator relationship recorded, as well as situations with multiple perpetrators in which all were of unknown relationships.
- Some states were not able to collect and report on group home and residential facility staff perpetrators due to system limitations or jurisdictional issues.

Table 7–5 Infants with Prenatal Substance Exposure by Submission Type, 2019

- Data are from the Child File and Agency File.
- The number of children is a unique count.

Table 7–6 Screened-in Infants with Prenatal Substance Exposure Who Have a Plan of Safe Care, 2019

- The number of infants is a unique count.
- This analysis uses a hierarchy, if a screened-in IPSE was reported with and without a plan of safe care, the infant was counted once with the plan of safe care.

Table 7–7 Screened-in Infants with Prenatal Substance Exposure Who Have a Referral to Appropriate Services, 2019

- The number of children is a unique count.
- This analysis uses a hierarchy, if a screened-in IPSE was reported with and without the referral to appropriate services, the infant was counted once with the referral to appropriate services.

Table 7–1 Victims of Sex Trafficking by Sex, 2019

State	Female	Male	Unknown Sex	Total Sex Trafficking Victims
Alabama	5	-	-	5
Alaska	3	-	-	3
Arizona	-	-	-	-
Arkansas	6	-	-	6
California	58	3	-	61
Colorado	-	-	-	-
Connecticut	-	-	-	-
Delaware	-	-	-	-
District of Columbia	24	3	-	27
Florida	-	-	-	-
Georgia	37	8	-	45
Hawaii	15	1	-	16
Idaho	2	-	-	2
Illinois	-	-	-	-
Indiana	16	1	-	17
Iowa	-	-	-	-
Kansas	10	-	-	10
Kentucky	-	-	-	-
Louisiana	4	1	-	5
Maine	-	-	-	-
Maryland	-	-	-	-
Massachusetts	236	41	8	285
Michigan	25	2	-	27
Minnesota	20	5	-	25
Mississippi	12	-	-	12
Missouri	7	1	-	8
Montana	-	-	-	-
Nebraska	2	-	-	2
Nevada	-	-	-	-
New Hampshire	-	-	-	-
New Jersey	2	1	-	3
New Mexico	-	-	-	-
New York	-	-	-	-
North Carolina	-	-	-	-
North Dakota	-	-	-	-
Ohio	20	2	-	22
Oklahoma	7	-	-	7
Oregon	33	2	-	35
Pennsylvania	27	5	-	32
Puerto Rico	1	-	-	1
Rhode Island	1	-	-	1
South Carolina	-	-	-	-
South Dakota	-	-	-	-
Tennessee	99	10	-	109
Texas	30	2	-	32
Utah	9	1	-	10
Vermont	-	-	-	-
Virginia	-	-	-	-
Washington	16	2	-	18
West Virginia	-	-	-	-
Wisconsin	49	2	-	51
Wyoming	-	-	-	-
National	776	93	8	877
National Percent	88.5	10.6	0.9	100.0
Reporting States	29	19	1	29

Table 7–2 Victims of Sex Trafficking by Sex and Age, 2019

Age	Male	Female	Unknown	Total Sex Trafficking Victims	Total Sex Trafficking Victims Percent
<1	-	2	-	2	0.2
1	1	2	-	3	0.3
2	-	1	-	1	0.1
3	1	1	-	2	0.2
4	3	6	-	9	1.0
5	3	8	-	11	1.3
6	5	4	-	9	1.0
7	4	2	-	6	0.7
8	1	7	-	8	0.9
9	2	8	-	10	1.1
10	3	10	-	13	1.5
11	4	16	-	20	2.3
12	6	38	1	45	5.1
13	3	63	-	66	7.5
14	11	103	1	115	13.1
15	11	154	-	165	18.8
16	15	197	3	215	24.5
17	20	151	2	173	19.7
18	-	3	-	3	0.3
19–23	-	-	-	-	-
Unknown age	-	-	1	-	-
National	93	776	8	877	99.9

Based on data from 29 states.

Table 7–3 Victims of Sex Trafficking by Known Sex and Maltreatment Types, 2019

Maltreatment Type	Female Victims of Sex Trafficking	Maltreatment Types of Female Sex Trafficking Victims	Maltreatment Types of Female Sex Trafficking Victims Percent	Male Victims of Sex Trafficking	Maltreatment Types of Male Sex Trafficking Victims	Maltreatment Types of Male Sex Trafficking Victims Percent
SINGLE MALTREATMENT TYPE	-	-	-	-	-	-
Sex Trafficking Only	-	386	49.7	-	47	50.5
TWO OR MORE MALTREATMENT TYPES	-	-	-	-	-	-
Medical Neglect	-	2	0.3	-	-	-
Neglect	-	176	22.7	-	28	30.1
Other	-	58	7.5	-	1	1.1
Physical Abuse	-	54	7.0	-	5	5.4
Psychological Maltreatment	-	5	0.6	-	-	-
Sexual Abuse	-	238	30.7	-	26	28.0
Unknown	-	-	-	-	-	-
National	776	919	-	93	107	-

Based on data from 29 states.

Table 7–4 Victims of Sex Trafficking by Relationship to Their Perpetrators, 2019

PERPETRATOR	Sex Trafficking Victims	Relationships	Relationships Percent
PARENT	-	-	-
Father	-	49	5.6
Father and Nonparent(s)	-	4	0.5
Mother	-	42	4.8
Mother and Nonparent(s)	-	10	1.1
Two Parents of known sex	-	5	0.6
Three Parents of known sex	-	-	-
Two Parents of known sex and Nonparent	-	-	-
One or more Parents of Unknown Sex	-	9	1.0
Total Parents	-	119	13.6
NONPARENT	-	-	-
Child Daycare Provider(s)	-	-	-
Foster Parent(s)	-	-	-
Friend(s) and Neighbor(s)	-	26	3.0
Group Home and Residential Facility Staff	-	2	0.2
Legal Guardian(s)	-	-	-
Other Professional(s)	-	6	0.7
Relative(s)	-	29	3.3
Unmarried Partner(s) of Parent	-	9	1.0
Other(s)	-	271	31.1
More Than One Nonparental Perpetrator	-	18	2.1
Total Nonparents	-	361	41.4
UNKNOWN	-	447	51.3
National	872	927	106.3

Based on data from 28 states.

Table 7–5 Infants with Prenatal Substance Exposure by Submission Type, 2019

State	Screened-in IPSE with Alcohol Abuse Child Risk Factor	Screened-in IPSE with Drug Abuse Child Risk Factor	Screened-in IPSE with Alcohol Abuse and Drug Abuse Child Risk Factor	Total Screened-in IPSE	Screened-out IPSE	Total IPSE
Alabama	23	552	10	585	5	590
Alaska	-	-	76	76	140	216
Arizona	13	528	14	555	186	741
Arkansas	-	431	-	431	43	474
California	8	634	615	1,257	53	1,310
Colorado	-	38	1	39	435	474
Connecticut	-	7	-	7	39	46
Delaware	-	18	-	18	26	44
District of Columbia	-	74	-	74	-	74
Florida	-	-	-	-	-	-
Georgia	93	3,271	164	3,528	151	3,679
Hawaii	-	24	6	30	-	30
Idaho	1	24	1	26	1	27
Illinois	-	1	-	1	-	1
Indiana	3	486	5	494	34	528
Iowa	-	-	-	-	-	-
Kansas	-	-	32	32	24	56
Kentucky	12	1,138	12	1,162	492	1,654
Louisiana	4	2,145	-	2,149	59	2,208
Maine	-	97	3	100	-	100
Maryland	-	37	-	37	-	37
Massachusetts	-	97	1,991	2,088	248	2,336
Michigan	3	6,002	22	6,027	596	6,623
Minnesota	17	1,441	-	1,458	196	1,654
Mississippi	2	69	1	72	187	259
Missouri	-	14	-	14	843	857
Montana	-	12	3	15	-	15
Nebraska	-	207	2	209	66	275
Nevada	-	51	1,190	1,241	-	1,241
New Hampshire	-	65	-	65	-	65
New Jersey	5	361	6	372	-	372
New Mexico	-	59	2	61	-	61
New York	-	-	-	-	-	-
North Carolina	-	-	27	27	832	859
North Dakota	-	-	-	-	-	-
Ohio	4	5,631	54	5,689	893	6,582
Oklahoma	5	468	29	502	24	526
Oregon	2	57	1	60	-	60
Pennsylvania	-	-	-	-	-	-
Puerto Rico	-	5	2	7	-	7
Rhode Island	-	-	115	115	3	118
South Carolina	2	485	1	488	-	488
South Dakota	-	38	1	39	59	98
Tennessee	-	4	-	4	-	4
Texas	74	1,102	-	1,176	15	1,191
Utah	8	516	5	529	2	531
Vermont	-	-	-	-	243	243
Virginia	-	-	24	24	-	24
Washington	-	209	-	209	61	270
West Virginia	-	994	5	999	492	1,491
Wisconsin	-	-	-	-	79	79
Wyoming	-	6	1	7	-	7
National	279	27,398	4,421	32,098	6,527	38,625
National Percent	0.7	70.9	11.4	83.1	16.9	100.0
Reporting States	18	40	32	45	31	47

Table 7–6 Screened-in Infants with Prenatal Substance Exposure who Have a Plan of Safe Care, 2019

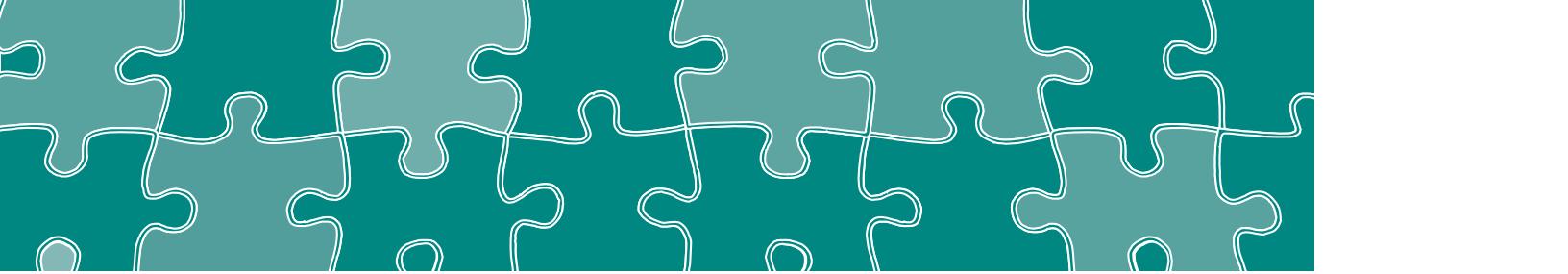
State	Screened-in IPSE	Screened-in IPSE who Have a Plan of Safe Care	Screened-in IPSE who Have a Plan of Safe Care Percent
Alabama	585	337	57.6
Alaska	-	-	-
Arizona	-	-	-
Arkansas	431	378	87.7
California	-	-	-
Colorado	-	-	-
Connecticut	-	-	-
Delaware	18	18	100.0
District of Columbia	74	72	97.3
Florida	-	-	-
Georgia	3,528	2,542	72.1
Hawaii	-	-	-
Idaho	26	10	38.5
Illinois	-	-	-
Indiana	494	94	19.0
Iowa	-	-	-
Kansas	32	1	3.1
Kentucky	-	-	-
Louisiana	2,149	984	45.8
Maine	-	-	-
Maryland	-	-	-
Massachusetts	-	-	-
Michigan	6,027	5,529	91.7
Minnesota	1,458	1,205	82.6
Mississippi	-	-	-
Missouri	-	-	-
Montana	-	-	-
Nebraska	209	38	18.2
Nevada	-	-	-
New Hampshire	-	-	-
New Jersey	-	-	-
New Mexico	-	-	-
New York	-	-	-
North Carolina	-	-	-
North Dakota	-	-	-
Ohio	5,689	4,835	85.0
Oklahoma	502	20	4.0
Oregon	-	-	-
Pennsylvania	-	-	-
Puerto Rico	7	3	42.9
Rhode Island	-	-	-
South Carolina	-	-	-
South Dakota	39	14	35.9
Tennessee	4	1	25.0
Texas	1,176	1,176	100.0
Utah	529	216	40.8
Vermont	-	-	-
Virginia	24	24	100.0
Washington	209	8	3.8
West Virginia	-	-	-
Wisconsin	-	-	-
Wyoming	-	-	-
National	23,210	17,505	75.4
Reporting States	21	21	-

Table 7–7 Screened-in Infants With Prenatal Substance Exposure who Have a Referral to Appropriate Services, 2019

State	Screened-in IPSE	Screened-in IPSE who Have a Referral to Appropriate Services	Screened-in IPSE who Have a Referral to Appropriate Services Percent
Alabama	585	302	51.6
Alaska	-	-	-
Arizona	-	-	-
Arkansas	431	378	87.7
California	1,257	159	12.6
Colorado	-	-	-
Connecticut	-	-	-
Delaware	18	8	44.4
District of Columbia	74	71	95.9
Florida	-	-	-
Georgia	3,528	2,542	72.1
Hawaii	-	-	-
Idaho	26	16	61.5
Illinois	-	-	-
Indiana	494	30	6.1
Iowa	-	-	-
Kansas	-	-	-
Kentucky	-	-	-
Louisiana	2,149	1,211	56.4
Maine	-	-	-
Maryland	-	-	-
Massachusetts	-	-	-
Michigan	6,027	3,671	60.9
Minnesota	1,458	462	31.7
Mississippi	-	-	-
Missouri	-	-	-
Montana	-	-	-
Nebraska	209	152	72.7
Nevada	-	-	-
New Hampshire	-	-	-
New Jersey	-	-	-
New Mexico	-	-	-
New York	-	-	-
North Carolina	-	-	-
North Dakota	-	-	-
Ohio	5,689	4,320	75.9
Oklahoma	502	337	67.1
Oregon	-	-	-
Pennsylvania	-	-	-
Puerto Rico	7	4	57.1
Rhode Island	-	-	-
South Carolina	-	-	-
South Dakota	39	10	25.6
Tennessee	-	-	-
Texas	1,176	1,124	95.6
Utah	529	216	40.8
Vermont	-	-	-
Virginia	24	16	67
Washington	209	8	3.8
West Virginia	-	-	-
Wisconsin	-	-	-
Wyoming	-	-	-
National	24,431	15,037	61.5
Reporting States	20	20	-

Appendices





CAPTA Data Items

APPENDIX A

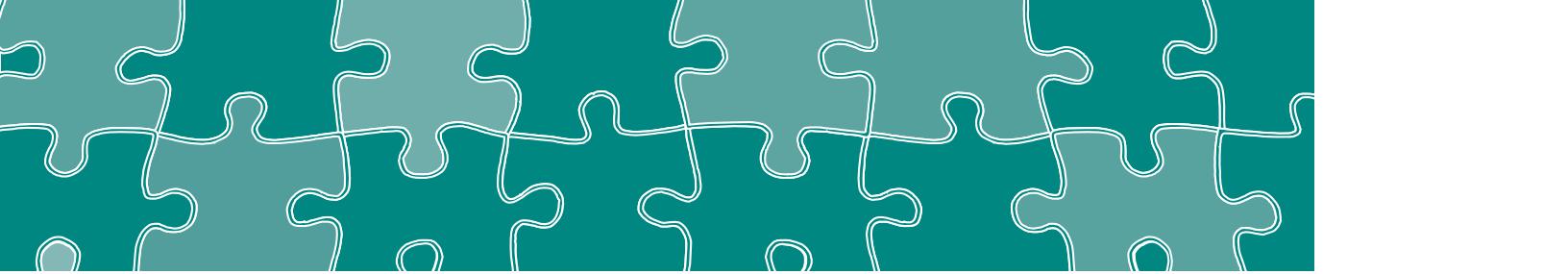
The Child Abuse Prevention and Treatment Act (CAPTA), as amended by P.L. 111–320, the CAPTA Reauthorization Act of 2010, affirms, “Each State to which a grant is made under this section shall annually work with the Secretary to provide, to the maximum extent practicable, a report that includes the following:”¹

- 1) The number of children who were reported to the state during the year as victims of child abuse or neglect.
- 2) Of the number of children described in paragraph (1), the number with respect to whom such reports were—
 - a) Substantiated;
 - b) Unsubstantiated; or
 - c) Determined to be false.
- 3) Of the number of children described in paragraph (2)—
 - a) the number that did not receive services during the year under the state program funded under this section or an equivalent state program;
 - b) the number that received services during the year under the state program funded under this section or an equivalent state program; and
 - c) the number that were removed from their families during the year by disposition of the case.
- 4) The number of families that received preventive services, including use of differential response, from the state during the year.
- 5) The number of deaths in the state during the year resulting from child abuse or neglect
- 6) Of the number of children described in paragraph (5), the number of such children who were in foster care.
- 7)
 - a) The number of child protective service personnel responsible for the—
 - i.) intake of reports filed in the previous year;
 - ii.) screening of such reports;
 - iii.) assessment of such reports; and
 - iv.) investigation of such reports.
 - b) The average caseload for the workers described in subparagraph (A).
- 8) The agency response time with respect to each such report with respect to initial investigation of reports of child abuse or neglect.
- 9) The response time with respect to the provision of services to families and

¹ The items listed under number (10), (13), and (14) are not collected by NCANDS. Items (17) and (18) were enacted with the Justice for Victims of Trafficking Act of 2015 (P.L. 114–22) and The Comprehensive Addiction and Recovery Act (CARA) of 2016 (P.L. 114–198). States began reporting these items with FFY 2018 data.

children where an allegation of child abuse or neglect has been made.

- 10) For child protective service personnel responsible for intake, screening, assessment, and investigation of child abuse and neglect reports in the state—
 - a) information on the education, qualifications, and training requirements established by the state for child protective service professionals, including for entry and advancement in the profession, including advancement to supervisory positions;
 - b) data of the education, qualifications, and training of such personnel;
 - c) demographic information of the child protective service personnel; and
 - d) information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor.
- 11) The number of children reunited with their families or receiving family preservation services that, within five years, result in subsequent substantiated reports of child abuse or neglect, including the death of the child.
- 12) The number of children for whom individuals were appointed by the court to represent the best interests of such children and the average number of out of court contacts between such individuals and children.
- 13) The annual report containing the summary of activities of the citizen review panels of the state required by subsection (c)(6).
- 14) The number of children under the care of the state child protection system who are transferred into the custody of the state juvenile justice system.
- 15) The number of children referred to a child protective services system under subsection (b)(2)(B)(ii).
- 16) The number of children determined to be eligible for referral, and the number of children referred, under subsection (b)(2)(B)(xxi), to agencies providing early intervention services under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).
- 17) The number of children determined to be victims described in subsection (b) (2) (B)(xxiv).
- 18) The number of infants—
 - a) identified under subsection (b)(2)(B)(ii);
 - b) for whom a plan of safe care was developed under subsection (b)(2)(B) (iii); and
 - c) for whom a referral was made for appropriate services, including services for the affected family or caregiver, under subsection (b)(2)(B) (iii).



Glossary

APPENDIX B

Acronyms

- AFCARS:** Adoption and Foster Care Analysis and Reporting System
- AFCARS ID:** Adoption and Foster Care Analysis and Reporting System identifier
- CAPTA:** Child Abuse Prevention and Treatment Act
- CARA:** Comprehensive Addiction and Recovery Act
- CASA:** Court-appointed special advocate
- CBCAP:** Community-Based Child Abuse Prevention
- CFSR:** Child and Family Services Reviews
- CHILD ID:** Child identifier
- CPS:** Child protective services
- FFY:** Federal fiscal year
- FIPS:** Federal information processing standards
- FTE:** Full-time equivalent
- GAL:** Guardian ad litem
- IDEA:** Individuals with Disabilities Education Act
- IPSE:** Infants with prenatal substance exposure
- NCANDS:** National Child Abuse and Neglect Data System
- NYTD:** National Youth in Transition Database
- MIECHV:** Maternal, Infant, and Early Childhood Home Visiting
- OMB:** Office of Management and Budget
- PERPETRATOR ID:** Perpetrator identifier
- PSSF:** Promoting Safe and Stable Families
- REPORT ID:** Report identifier
- SDC:** Summary data component
- SSBG:** Social Services Block Grant
- TANF:** Temporary Assistance for Needy Families
- WORKER ID:** Worker identifier

Definitions

ADOPTION AND FOSTER CARE ANALYSIS AND REPORTING SYSTEM

(AFCARS): The federal collection of case-level information on all children in foster care for whom state child welfare agencies have responsibility for placement, care, or supervision and on children who are adopted under the auspices of the state's public child welfare agency. AFCARS also includes information on foster and adoptive parents.

ADOPTION SERVICES: Activities to assist with bringing about the adoption of a child.

ADOPTIVE PARENT: A person who become the permanent parent through adoption, with all of the social, legal rights and responsibilities of any parent.

AFCARS ID: The record number used in the AFCARS data submission or the value that would be assigned.

AGE: A number representing the years that the child or perpetrator had been alive at the time of the alleged maltreatment.

AGENCY FILE: A data file submitted by a state to NCANDS on an annual basis. The file contains supplemental aggregated child abuse and neglect data from such agencies as medical examiners' offices and non-CPS services providers.

ALCOHOL ABUSE: Compulsive use of alcohol that is not of a temporary nature. This risk factor can be applied to a caregiver or a child. If applied to a child, it can include Fetal Alcohol Syndrome and exposure to alcohol during pregnancy.

ALLEGED PERPETRATOR: An individual who is named in a referral to have caused or knowingly allowed the maltreatment of a child.

ALLEGED MALTREATMENT: Suspected child abuse and neglect. In NCANDS, such suspicions are included in a referral to a CPS agency.

ALLEGED VICTIM: Child about whom a referral regarding maltreatment was made to a CPS agency.

ALLEGED VICTIM REPORT SOURCE: A child who alleges to have been a victim of child maltreatment and who makes a CPS referral of the allegation. Only referrals that were screened-in (and become reports) for an investigation or assessment have report sources.

ALTERNATIVE RESPONSE: The provision of a response other than an investigation that determines a child or family is in need of services. A determination of maltreatment is not made and a perpetrator is not determined. States may report the disposition as alternative response victim or alternative response nonvictim, however, in this report the categories are combined.

AMERICAN INDIAN or ALASKA NATIVE: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. Race may be self-identified or identified by a caregiver.

ANONYMOUS REPORT SOURCE: An individual who notifies a CPS agency of suspected child maltreatment without identifying himself or herself.

ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. Race may be self-identified or identified by a caregiver.

ASSESSMENT: A process by which the CPS agency determines whether the child or other persons involved in the report of alleged maltreatment is in need of services. When used as an alternative to an investigation, it is a process designed to gain a greater understanding about family strengths, needs, and resources.

BEHAVIOR PROBLEM, CHILD: A child's behavior in the school or community that adversely affects socialization, learning, growth, and moral development. This risk factor may include adjudicated or nonadjudicated behavior problems such as running away from home or a placement.

BIOLOGICAL PARENT: The birth mother or father of the child.

BLACK or AFRICAN-AMERICAN: A person having origins in any of the Black racial groups of Africa. Race may be self-identified or identified by a caregiver.

BOY: A male child younger than 18 years.

CAREGIVER: A person responsible for the care and supervision of a child.

CAREGIVER RISK FACTOR: A caregiver's characteristic, disability, problem, or environment, which could decrease the ability to provide adequate care for a child.

CASE-LEVEL DATA: States submit case-level data by constructing an electronic file of child-specific records for each report of alleged child abuse and neglect that received a CPS response. Only completed reports that resulted in a disposition (or finding) as an outcome of the CPS response during the reporting year, are submitted in each state's data file. The data submission containing these case-level data is called the Child File.

CASELOAD: The number of CPS responses (cases) handled by workers.

CASE MANAGEMENT SERVICES: Activities for the arrangement, coordination, and monitoring of services to meet the needs of children and their families.

CHILD: A person who has not attained the lesser of (a) the age of 18 or (b) the age specified by the child protection law of the state in which the child resides. For sex trafficking victims only, a state may define a child as a person who has not attained the age of 24.

CHILD ABUSE AND NEGLECT STATE GRANT: Funding to the states for programs serving abused and neglected children, awarded under the Child Abuse Prevention and Treatment Act (CAPTA). May be used to assist states with intake and assessment, screening and investigation of child abuse and neglect reports, improving risk and safety assessment protocols, training child protective service workers and mandated reporters, and improving services to disabled infants with life-threatening conditions.

CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) (42 U.S.C. 5101 et seq): The key federal legislation addressing child abuse and neglect, which was originally enacted on January 31, 1974 (P.L. 93–247). CAPTA has been reauthorized and amended several times, most recently on December 20, 2010, by the CAPTA Reauthorization Act of 2010 (P.L. 111–320). CAPTA provides federal funding to states in support of prevention, assessment, investigation, prosecution, and treatment activities for child abuse and neglect. It also provides grants to public agencies and nonprofit organizations, including Tribes, for demonstration programs and projects; and the federal support for research, evaluation, technical assistance, and data collection activities.

CHILD AND FAMILY SERVICES REVIEWS (CFSR): The 1994 Amendments to the Social Security Act (SSA) authorized the U.S. Department of Health and Human Services (HHS) to review state child and family service programs to ensure conformity with the requirements in titles IV–B and IV–E of the SSA. Under a final rule, which became effective March 25, 2000, states are assessed for substantial conformity with certain federal requirements for child protective, foster care, adoption, family preservation and family support, and independent living services.

CHILD DAYCARE PROVIDER: A person with a temporary caregiver responsibility, but who is not related to the child, such as a daycare center staff member, family provider, or babysitter. Does not include persons with legal custody or guardianship of the child.

CHILD DISPOSITION: A determination made by a social service agency that evidence is or is not sufficient under state law to conclude that maltreatment occurred. A disposition is applied to each child within a report.

CHILD DEATH REVIEW TEAM: A state or local team of professionals who review all or a sample of cases of children who are alleged to have died due to maltreatment or other causes.

CHILD FILE: A data file submitted by a state to NCANDS. The file contains child-specific records for each report of alleged child abuse and neglect that received a CPS response. Only completed reports that resulted in a disposition (or finding) as an outcome of the CPS response during the reporting year, are submitted in each state's data file.

CHILD IDENTIFIER (Child ID): A unique identification assigned to each child. This identification is not the state's child identification but is an encrypted identification assigned by the state for the purposes of the NCANDS data collection.

CHILD MALTREATMENT: The Child Abuse Prevention and Treatment Act (CAPTA) definition of child abuse and neglect is, at a minimum: Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act, which presents an imminent risk of serious harm.

CHILD PROTECTIVE SERVICES (CPS) AGENCY: An official state agency having the responsibility to receive and respond to allegations of suspected child abuse and neglect, determine the validity of the allegations, and provide services to protect and serve children and their families.

CHILD PROTECTIVE SERVICES (CPS) RESPONSE: CPS agencies conduct a response for all reports of child maltreatment. The response may be an investigation, which determines whether a child was maltreated or is at-risk of maltreatment and establishes if an intervention is needed. The majority of reports receive investigations. A small, but growing, number of reports receive an alternative response, which focuses primarily upon the needs of the family and usually does not include a determination regarding the alleged maltreatment(s).

CHILD PROTECTIVE SERVICES (CPS) SUPERVISOR: The manager of the case-worker assigned to a report of child maltreatment at the time of the report disposition.

CHILD PROTECTIVE SERVICES (CPS) WORKER: The person assigned to a report of child maltreatment at the time of the report disposition.

CHILD RECORD: A case-level record in the Child File containing the data associated with one child.

CHILD RISK FACTOR: A child's characteristic, disability, problem, or environment that may affect the child's safety.

CHILD VICTIM: A child for whom the state determined at least one maltreatment was substantiated or indicated. This includes a child who died of child abuse and neglect. This is a change from prior years when children with dispositions of alternative response victim were included as victims. It is important to note that a child may be a victim in one report and a nonvictim in another report.

CHILDREN'S BUREAU: The Children's Bureau partners with federal, state, tribal, and local agencies to improve the overall health and well-being of our nation's children and families. It is the federal agency responsible for the collection and analysis of NCANDS data.

CLOSED WITH NO FINDING: A disposition that does not conclude with a specific finding because the CPS response could not be completed.

COMMUNITY-BASED CHILD ABUSE PREVENTION PROGRAM (CBCAP):

This program provides funding to states to develop, operate, expand, and enhance community-based, prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect. The program was reauthorized, amended, and renamed as part of the CAPTA amendments in 2010. To receive these funds, the Governor must designate a lead agency to receive the funds and implement the program.

COMPREHENSIVE ADDICTION AND RECOVERY ACT (CARA): Amended the Child Abuse Prevention and Treatment Act in sections 106(b)(2)(B)(ii) and (iii) and by adding new state reporting requirements to Section 106(d).

COUNSELING SERVICES: Activities that apply therapeutic processes to individual, family, situational, or occupational problems to resolve the problem or improve individual or family functioning or circumstances.

COUNTY OF REPORT: The jurisdiction to which the report of alleged child maltreatment was assigned for a CPS response.

COUNTY OF RESIDENCE: The jurisdiction in which the child was residing at the time of the report of maltreatment.

COURT-APPOINTED REPRESENTATIVE: A person appointed by the court to represent a child in an abuse and neglect proceeding and is often referred to as a guardian ad litem (GAL). The representative makes recommendations to the court concerning the best interests of the child.

COURT-APPOINTED SPECIAL ADVOCATE (CASA): Adult volunteers trained to advocate for abused and neglected children who are involved in the juvenile court.

COURT ACTION: Legal action initiated by a representative of the CPS agency on behalf of the child. This includes authorization to place the child in foster care, filing for temporary custody, dependency, or termination of parental rights. It does not include criminal proceedings against a perpetrator.

DAYCARE SERVICES: Activities provided to a child or children in a setting that meets applicable standards of state and local law, in a center or home, for a portion of a 24-hour day.

DISABILITY: A child is considered to have a disability if one or more of the following risk factors has been identified or clinically diagnosed: child has a/an intellectual disability, emotional disturbance, visual or hearing impairment, learning disability, physical disability, behavior problem, or some other medical condition. In general, children with such conditions are undercounted as not every child receives a clinical diagnostic assessment.

DISPOSITION: A determination made by a CPS agency that evidence is or is not sufficient under state law to conclude that maltreatment occurred. A disposition is applied to each alleged maltreatment in a report and to the report itself.

DOMESTIC VIOLENCE: Any abusive, violent, coercive, forceful, or threatening act or word inflicted by one member of a family or household on another. This risk factor can be applied to a caregiver. In NCANDS, the caregiver may be the perpetrator or the victim of the domestic violence.

DRUG ABUSE: The compulsive use of drugs that is not of a temporary nature. This risk factor can be applied to a caregiver or a child. If applied to a child, it can include infants exposed to drugs during pregnancy.

DUPLICATE COUNT OF CHILDREN: Counting a child each time he or she was the subject of a report. This count also is called a report-child pair.

DUPLICATED COUNT OF PERPETRATORS: Counting a perpetrator each time the perpetrator is associated with maltreating a child. This also is known as a report-child-perpetrator triad. For example, a perpetrator would be counted twice in the following situations: (1) one child in two separate reports, (2) two children in a single report, and (3) two children in two separate reports.

EDUCATION AND TRAINING SERVICES: Services provided to improve knowledge or capacity of a given skill set, in a particular subject matter, or in personal or human development. Services may include instruction or training in, but are not limited to, such issues as consumer education, health education, community protection and safety education, literacy education, English as a second language, and General Educational Development (G.E.D.). Component services or activities may include screening, assessment, and testing; individual or group instruction; tutoring; provision of books, supplies and instructional material; counseling; transportation; and referral to community resources.

EDUCATION PERSONNEL: Employees of a public or private educational institution or program; includes teachers, teacher assistants, administrators, and others directly associated with the delivery of educational services.

EMOTIONAL DISTURBANCE: A clinically diagnosed condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree: an inability to build or maintain satisfactory interpersonal relationships; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal problems. The diagnosis is based on the Diagnostic and Statistical Manual of Mental Disorders. This risk factor includes schizophrenia and autism and can be applied to a child or a caregiver.

EMPLOYMENT SERVICES: Activities provided to assist individuals in securing employment or the acquiring of skills that promote opportunities for employment.

FAMILY: A group of two or more persons related by birth, marriage, adoption, or emotional ties.

FAMILY PRESERVATION SERVICES: Activities designed to help families alleviate crises that might lead to out-of-home placement of children, maintain the safety of children in their own homes, support families to reunify or adopt, and assist families to obtain services and other supports in a culturally sensitive manner.

FAMILY SUPPORT SERVICES: Community-based services that assist and support parents in their role as caregivers. These services are designed to improve parental competency and healthy child development by helping parents enhance their strengths and resolve problems that may lead to child maltreatment, developmental delays, and family disruption.

FATALITY: Death of a child as a result of abuse and neglect, because either an injury resulting from the abuse and neglect was the cause of death, or abuse and neglect were contributing factors to the cause of death.

FEDERAL FISCAL YEAR (FFY): The 12-month period from October 1 through September 30 used by the federal government. The fiscal year is designated by the calendar year in which it ends.

FEDERAL INFORMATION PROCESSING STANDARDS (FIPS): The federally defined set of county codes for all states.

FINDING: See DISPOSITION.

FETAL ALCOHOL SPECTRUM DISORDERS: Scientists define a broad range of effects and symptoms caused by prenatal alcohol exposure under the umbrella term Fetal Alcohol Spectrum Disorders (FASD). The medical disorders collectively labeled FASD include the Institute of Medicine of the National Academies (IOM) diagnostic categories of Fetal Alcohol Syndrome, Partial Fetal Alcohol Syndrome, Alcohol-Related Neurodevelopmental Disorder, and Alcohol-Related Birth Defects. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) also includes Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure.

FINANCIAL PROBLEM: A risk factor related to the family's inability to provide sufficient financial resources to meet minimum needs.

FOSTER CARE: Twenty-four-hour substitute care for children placed away from their parents or guardians and for whom the state agency has placement and care responsibility. This includes family foster homes, group homes, emergency shelters, residential facilities, childcare institutions, etc. The NCANDS category applies regardless of whether the facility is licensed and whether payments are made by the state or local agency for the care of the child, or whether there is federal matching of any payments made. Foster care may be provided by those related or not related to the child. All children in care for more than 24 hours are counted.

FOSTER PARENT: Individual who provides a home for orphaned, abused, neglected, delinquent, or disabled children under the placement, care, or supervision of the state. The person may be a relative or nonrelative and need not be licensed by the state agency to be considered a foster parent.

FRIEND: A nonrelative acquainted with the child, the parent, or caregiver.

FULL-TIME EQUIVALENT (FTE): A computed statistic representing the number of full-time employees if the number of hours worked by part-time employees had been worked by full-time employees.

GIRL: A female child younger than 18 years.

GROUP HOME OR RESIDENTIAL CARE: A nonfamilial 24-hour care facility that may be supervised by the state agency or governed privately.

GROUP HOME STAFF: Employee of a nonfamilial 24-hour care facility.

GUARDIAN AD LITEM (GAL): See COURT-APPOINTED REPRESENTATIVE.

HEALTH-RELATED AND HOME HEALTH SERVICES: Activities provided to attain and maintain a favorable condition of health.

HISPANIC ETHNICITY: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. See RACE.

HOME-BASED SERVICES: In-home activities provided to individuals or families to assist with household or personal care that improve or maintain family well-being. Includes homemaker, chore, home maintenance, and household management services.

HOUSING SERVICES: Activities designed to assist individuals or families to locate, obtain, or retain suitable housing.

INADEQUATE HOUSING: A risk factor related to substandard, overcrowded, or unsafe housing conditions, including homelessness.

INCIDENT DATE: The month, day, and year of the most recent, known incident of alleged child maltreatment.

INDEPENDENT AND TRANSITIONAL LIVING SERVICES: Activities designed to help older youth in foster care or homeless youth make the transition to independent living.

INDIVIDUALS WITH DISABILITIES EDUCATION IMPROVEMENT ACT: A law ensuring services to children with disabilities throughout the nation.

INFORMATION AND REFERRAL SERVICES: Resources or activities that provide facts about services that are available from public and private providers. The facts are provided after an assessment (not a clinical diagnosis or evaluation) of client needs.

INDICATED OR REASON TO SUSPECT: A disposition that concludes that maltreatment could not be substantiated under state law or policy, but there was a reason to suspect that a child may have been maltreated or was at-risk of maltreatment. This is applicable only to states that distinguish between substantiated and indicated dispositions.

IN-HOME SERVICES: Any service provided to the family while the child's residence is in the home. Services may be provided directly in the child's home or a professional setting.

INTAKE: The activities associated with the receipt of a referral and the decision of whether to accept it for a CPS response.

INTELLECTUAL DISABILITY: A clinically diagnosed condition of reduced general cognitive and motor functioning existing concurrently with deficits in adaptive behavior that adversely affect socialization and learning. This risk factor can be applied to a caregiver or a child.

INTENTIONALLY FALSE: A disposition that indicates a conclusion that the person who made the allegation of maltreatment knew that the allegation was not true.

INVESTIGATION: A type of CPS response that involves the gathering of objective information to determine whether a child was maltreated or is at-risk of maltreatment and establishes if an intervention is needed. Generally, includes face-to-face contact with the alleged victim and results in a disposition as to whether the alleged maltreatment occurred.

INVESTIGATION START DATE: The date when CPS initially had face-to-face contact with the alleged victim. If this face-to-face contact is not possible, the date would be when CPS initially contacted any party who could provide information essential to the investigation or assessment.

INVESTIGATION WORKER: A CPS agency person who performs either an investigation response or alternative response to determine whether the alleged victim(s) in the screened-in referral (report) was maltreated or is at-risk of maltreatment.

JUSTICE FOR VICTIMS OF TRAFFICKING ACT: Amended the Child Abuse Prevention and Treatment Act under title VIII—Better Response for Victims of Child Sex Trafficking by adding state reporting requirements to Section 106(d).

JUVENILE COURT PETITION: A legal document requesting that the court take action regarding the child's status as a result of the CPS response; usually a petition requesting the child be declared a dependent and placed in an out-of-home setting.

LEARNING DISABILITY: A clinically diagnosed disorder in basic psychological processes involved with understanding or using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or use mathematical calculations. The term includes conditions such as perceptual disability, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. This risk factor term can be applied to a caregiver or a child.

LEGAL GUARDIAN: Adult person who has been given legal custody and guardianship of a minor.

LEGAL AND LAW ENFORCEMENT PERSONNEL: People employed by a local, state, tribal, or federal justice agency. This includes police, courts, district attorney's office, attorneys, probation or other community corrections agency, and correctional facilities.

LEGAL SERVICES: Activities provided by a lawyer, or other person(s) under the supervision of a lawyer, to assist individuals in seeking or obtaining legal help in civil matters such as housing, divorce, child support, guardianship, paternity, and legal separation.

LEVEL OF EVIDENCE: The type of proof required by state statute to make a specific finding or disposition regarding an allegation of child abuse and neglect.

LIVING ARRANGEMENT: The environment in which a child was residing at the time of the alleged incident of maltreatment.

MALTREATMENT TYPE: A particular form of child maltreatment that received a CPS response. Types include medical neglect, neglect or deprivation of necessities, physical abuse, psychological or emotional maltreatment, sexual abuse, sex trafficking, and other forms included in state law. NCANDS conducts analyses on maltreatments that received a disposition of substantiated or indicated.

MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM:

The Patient Protection and Affordable Care Act of 2010 (P.L. 111–148) authorized the creation of the Maternal, Infant, and Early Childhood Home Visiting program (MIECHV). The program facilitates collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs.

MEDICAL NEGLECT: A type of maltreatment caused by failure of the caregiver to provide for the appropriate health care of the child although financially able to do so, or offered financial or other resources to do so.

MEDICAL PERSONNEL: People employed by a medical facility or practice. This includes physicians, physician assistants, nurses, emergency medical technicians, dentists, chiropractors, coroners, and dental assistants and technicians.

MENTAL HEALTH PERSONNEL: People employed by a mental health facility or practice, including psychologists, psychiatrists, clinicians, and therapists.

MENTAL HEALTH SERVICES: Activities that aim to overcome issues involving emotional disturbance or maladaptive behavior adversely affecting socialization, learning, or development. Usually provided by public or private mental health agencies and includes both residential and nonresidential activities.

MILITARY FAMILY MEMBER: A legal dependent of a person on active duty in the Armed Services of the United States such as the Army, Navy, Air Force, Marine Corps, or Coast Guard.

MILITARY MEMBER: A person on active duty in the Armed Services of the United States such as the Army, Navy, Air Force, Marine Corps, or Coast Guard.

NATIONAL CHILD ABUSE AND NEGLECT DATA SYSTEM (NCANDS): A national data collection system of child abuse and neglect data from CPS agencies. Contains case-level and aggregate data.

NATIONAL YOUTH IN TRANSITION DATABASE (NYTD): Public Law 106–169 established the John H. Chafee Foster Care Independence Program (CFCIP), which provides states with flexible funding to assist youth with transitioning from foster care to self-sufficiency. The law required a data collection system to track the independent living services states provide to youth and outcome measures to assess states' performance in operating their independent living programs. The National Youth in Transition Database (NYTD) requires states engage in two data collection activities: (1) to collect information on each youth who receives independent living services paid for or provided by the state agency that administers the CFCIP; and (2) to collect demographic and outcome information on certain youth in foster care whom the state will follow over time to collect additional outcome information. States begin collecting data for NYTD on October 1, 2010 and report data to ACF semiannually.

NEGLECT OR DEPRIVATION OF NECESSITIES: A type of maltreatment that refers to the failure by the caregiver to provide needed, age-appropriate care although financially able to do so or offered financial or other means to do so.

NEIGHBOR: A person living in close geographical proximity to the child or family.

NO ALLEGED MALTREATMENT: A child who received a CPS response, but was not the subject of an allegation or any finding of maltreatment. Some states have laws requiring all children in a household receive a CPS response, if any child in the household is the subject of a CPS response.

NONCAREGIVER: A person who is not responsible for the care and supervision of the child, including school personnel, friends, and neighbors.

NONPARENT: A person in a caregiver role other than an adoptive parent, biological parent, or stepparent.

NONVICTIM: A child with a maltreatment disposition of alternative response nonvictim, alternative response victim, unsubstantiated, closed with no finding, no alleged maltreatment, other, and unknown.

NONPROFESSIONAL REPORT SOURCE: Persons who did not have a relationship with the child based on their occupation, such as friends, relatives, and neighbors. State laws vary as to whether nonprofessionals are required to report suspected abuse and neglect.

OFFICE OF MANAGEMENT AND BUDGET (OMB): The office assists the President of the United States with overseeing the preparation of the federal budget and supervising its administration in Executive Branch agencies. It evaluates the effectiveness of agency programs, policies, and procedures, assesses competing funding demands among agencies, and sets funding priorities.

OTHER: The state coding for this field is not one of the codes in the NCANDS record layout.

OTHER RELATIVE: A nonparental family member.

OTHER MEDICAL CONDITION: A type of disability other than one of those defined in NCANDS (behavior problem, emotional disturbance, learning disability, intellectual disability, physically disabled, and visually or hearing impaired). The not otherwise classified disability must affect functioning or development or require special medical care (e.g., chronic illnesses). This risk factor may be applied to a caregiver or a child.

OTHER PROFESSIONAL: A perpetrator relationship where the relationship with the child is part of the perpetrator's occupation and is not one of the existing codes in the NCANDS record layout. Examples include clergy member, court staff, counselor, camp employee, doctor, EMS/EMG, teacher, sports coach, service provider, other school personnel, etc.

OUT-OF-COURT CONTACT: A meeting, which is not part of the actual judicial hearing, between the court-appointed representative and the child victim. Such contacts enable the court-appointed representative to obtain a first-hand understanding of the situation and needs of the child victim and to make recommendations to the court concerning the best interests of the child.

PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

PARENT: The birth mother or father, adoptive mother or father, or stepmother or stepfather of a child.

PART C: A section in the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) for infants and toddlers younger than 3 years with disabilities.

PERPETRATOR: The person who has been determined to have caused or knowingly allowed the maltreatment of a child.

PERPETRATOR AGE: Age of an individual determined to have caused or knowingly allowed the maltreatment of a child. Age is calculated in years at the time of the report of child maltreatment.

PERPETRATOR AS CAREGIVER: Circumstances whereby the person who caused or knowingly allowed child maltreatment to occur was also responsible for care and supervision of the victim when the maltreatment occurred.

PERPETRATOR IDENTIFIER (Perpetrator ID): A unique, encrypted identification assigned to each perpetrator by the state for the purposes of the NCANDS data collection.

PERPETRATOR RELATIONSHIP: Primary role of the perpetrator to a child victim.

PETITION DATE: The month, day, and year that a juvenile court petition was filed.

PLAN OF SAFE CARE: A plan developed as described in CAPTA sections 106(b)(2)(B)(iii) for infants born and identified as being affected by substance abuse or withdrawal symptoms, or Fetal Alcohol Spectrum Disorder. The state plan requirement at 106(b)(2)(B)(iii) requires that a plan of safe care address the health and substance use disorder treatment needs of the infant and affected family or caregiver. The plan of safe care may be created at any point during an investigation or assessment. This is not considered an NCANDS service field.

PHYSICAL ABUSE: Type of maltreatment that refers to physical acts that caused or could have caused physical injury to a child.

PHYSICAL DISABILITY: A clinically diagnosed physical condition that adversely affects day-to-day motor functioning, such as cerebral palsy, spina bifida, multiple sclerosis, orthopedic impairments, and other physical disabilities. This risk factor can be applied to a caregiver or a child.

POSTRESPONSE SERVICES (also known as Postinvestigation Services):

Activities provided or arranged by the child protective services agency, social services agency, or the child welfare agency for the child or family as a result of needs discovered during an investigation. Includes such services as family preservation, family support, and foster care. Postresponse services are delivered within the first 90 days after the disposition of the report.

PREVENTION SERVICES: Activities aimed at preventing child abuse and neglect. Such activities may be directed at specific populations identified as being at increased risk of becoming abusive and maybe designed to increase the strength and stability of families, to increase parents' confidence and competence in their parenting abilities, and to afford children a stable and supportive environment. They include child abuse and neglect preventive services provided through federal, state, and local funds. These prevention activities do not include public awareness campaigns.

PRIOR CHILD VICTIM: A child victim with previous substantiated or indicated reports of maltreatment.

PRIOR PERPETRATOR: A perpetrator with a previous determination in the state's information system that he or she had caused or knowingly allowed child maltreatment to occur. "Previous" is defined as a determination that took place prior to the disposition date of the report being included in the dataset.

PROFESSIONAL REPORT SOURCE: Persons who encountered the child as part of their occupation, such as child daycare providers, educators, legal law enforcement personnel, and medical personnel. State laws require most professionals to notify CPS agencies of suspected maltreatment.

PROMOTING SAFE AND STABLE FAMILIES: Program that provides grants to the states under Section 430, title IV-B, subpart 2 of the Social Security Act, as amended, to develop and expand four types of services—community-based family support services; innovative child welfare services, including family preservation services; time-limited reunification services; and adoption promotion and support services.

PSYCHOLOGICAL OR EMOTIONAL MALTREATMENT: Program that provides grants to the states under Section 430, title IV-B, subpart 2 of the Social Security Act, as amended, to develop and expand four types of services—community-based family support services; innovative child welfare services, including family preservation services; time-limited reunification services; and adoption promotion and support services.

PUBLIC ASSISTANCE: A risk factor related the family's participation in social services programs, including Temporary Assistance for Needy Families; General Assistance; Medicaid; Social Security Income; Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); etc.

RACE: The primary taxonomic category of which the individual identifies himself or herself as a member, or of which the parent identifies the child as a member. See AMERICAN INDIAN OR ALASKA NATIVE, ASIAN, BLACK OR AFRICAN-AMERICAN, PACIFIC ISLANDER, WHITE, and UNKNOWN. Also, see HISPANIC.

RECEIPT OF REPORT: The log-in of a referral to the agency alleging child maltreatment.

REFERRAL: Notification to the CPS agency of suspected child maltreatment. This can include more than one child.

REFERRAL TO APPROPRIATE SERVICES: As described in CAPTA sections 106(b)(2) (B)(iii), this field indicates whether the infant with prenatal substance exposure has a referral to appropriate services, including services for the affected family or caregiver. According to Administration for Children and Families, the definition of “appropriate services” is determined by each state. This is not considered an NCANDS service field.

RELATIVE: A person connected to the child by adoption, blood, or marriage.

REMOVAL DATE: The month, day, and year that the child was removed from his or her normal place of residence to a substitute care setting by a CPS agency during or as a result of the CPS response. If a child has been removed more than once, the removal date is the first removal resulting from the CPS response.

REMOVED FROM HOME: The removal of the child from his or her normal place of residence to a foster care setting.

REPORT: A screened-in referral alleging child maltreatment. A report receives a CPS response in the form of an investigation response or an alternative response.

REPORT-CHILD PAIR: Refers to the concatenation of the Report ID and the Child ID, which together form a new unique ID that represents a single unique record in the Child File.

REPORT DATE: The day, month, and year that the responsible agency was notified of the suspected child maltreatment.

REPORT DISPOSITION: The point in time at the end of the investigation or assessment when a CPS worker makes a final determination (disposition) about whether the alleged maltreatment occurred.

REPORT DISPOSITION DATE: The day, month, and year that the report disposition was made.

REPORT IDENTIFIER (Report ID): A unique identification assigned to each report of child maltreatment for the purposes of the NCANDS data collection.

REPORT SOURCE: The category or role of the person who notifies a CPS agency of alleged child maltreatment.

REPORTING PERIOD: The 12-month period for which data are submitted to the NCANDS.

RESIDENTIAL FACILITY STAFF: Employees of a public or private group residential facility, including emergency shelters, group homes, and institutions.

RESPONSE TIME FROM REFERRAL TO INVESTIGATION OR ALTERNATIVE RESPONSE: The response time is defined as the time between the receipt of a call to the state or local agency alleging maltreatment and face-to-face contact with the alleged victim, wherever this is appropriate, or with another person who can provide information on the allegation(s).

RESPONSE TIME FROM REFERRAL TO THE PROVISION OF SERVICES: The time from the receipt of a referral to the state or local agency alleging child maltreatment to the provision of post response services, often requiring the opening of a case for ongoing services.

SCREENED-IN REFERRAL: An allegation of child maltreatment that met the state's standards for acceptance and became a report.

SCREENED-OUT REFERRAL: An allegation of child maltreatment that did not meet the state's standards for acceptance.

SCREENING: Agency hotline or intake units conduct the screening process to determine whether a referral is appropriate for further action. Referrals that do not meet agency criteria are screened out or diverted from CPS to other community agencies. In most states, a referral may include more than one child.

SERVICE DATE: The date activities began as a result of needs discovered during the CPS response.

SERVICES: See POSTRESPONSE SERVICES and PREVENTION SERVICES.

SEXUAL ABUSE: A type of maltreatment that refers to the involvement of the child in sexual activity to provide sexual gratification or financial benefit to the perpetrator, including contacts for sexual purposes, molestation, statutory rape, prostitution, pornography, exposure, incest, or other sexually exploitative activities.

SEX TRAFFICKING: A type of maltreatment that refers to the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. States have the option to report to NCANDS any sex trafficking victim who is younger than 24 years.

SOCIAL SERVICES BLOCK GRANT (SSBG): Funds provided by title XX of the Social Security Act that are used for services to the states that may include child protection, child and foster care services, and daycare.

SOCIAL SERVICES PERSONNEL: Employees of a public or private social services or social welfare agency, or other social worker or counselor who provides similar services.

STATE: In NCANDS, the primary unit from which child maltreatment data are collected. This includes all 50 states, the Commonwealth of Puerto Rico, and the District of Columbia.

STATE CONTACT PERSON: The state person with the responsibility to provide information to the NCANDS.

STEPPARENT: The husband or wife, by a subsequent marriage, of the child's mother or father.

SUBSTANCE ABUSE SERVICES: Activities designed to deter, reduce, or eliminate substance abuse or chemical dependency.

SUBSTANTIATED: An investigation disposition that concludes that the allegation of maltreatment or risk of maltreatment was supported or founded by state law or policy.

SUMMARY DATA COMPONENT (SDC): The aggregate data collection form submitted by states that do not submit the Child File. This form was discontinued for the FFY 2012 data collection.

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF): A block grant that is administered by state, territorial, and tribal agencies. Citizens can apply for TANF at the respective agency administering the program in their community.

UNIQUE COUNT OF CHILDREN: Counting a child once, regardless of the number of reports concerning that child, who received a CPS response in the FFY.

UNIQUE COUNT OF PERPETRATORS: Counting a perpetrator once, regardless of the number of children the perpetrator is associated with maltreating or the number of records associated with a perpetrator.

UNKNOWN: The state may collect data on this variable, but the data for this particular report or child were not captured or are missing.

UNMARRIED PARTNER OF PARENT: Someone who has an intimate relationship with the parent and lives in the household with the parent of the maltreated child.

UNSUBSTANTIATED: An investigation disposition that determines that there was not sufficient evidence under state law to conclude or suspect that the child was maltreated or at-risk of being maltreated.

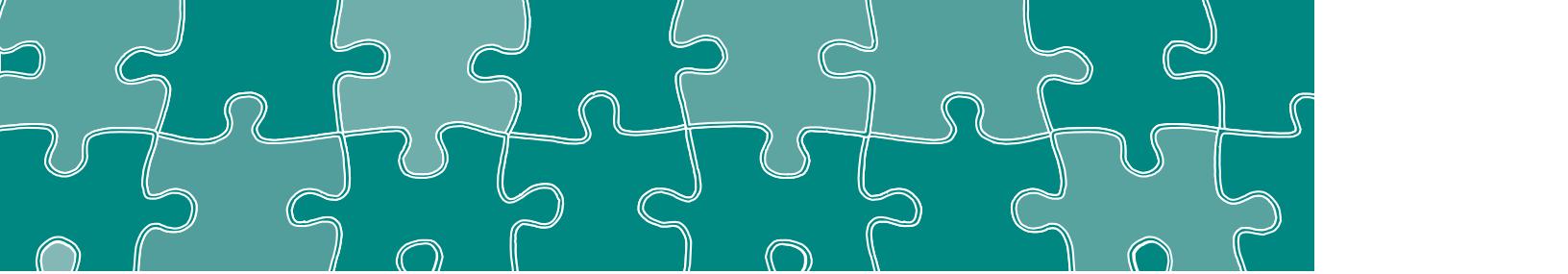
VISUAL OR HEARING IMPAIRMENT: A clinically diagnosed condition related to a visual impairment or permanent or fluctuating hearing or speech impairment that may affect functioning or development. This term can be applied to a caregiver or a child.

VICTIM: A child for whom the state determined at least one maltreatment was substantiated or indicated; and a disposition of substantiated or indicated was assigned for a child in a specific report. This includes a child who died and the death was confirmed to be the result of child abuse and neglect. A child may be a victim in one report and a nonvictim in another report.

WHITE: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. Race may be self-identified or identified by a caregiver.

WORKER IDENTIFIER (WORKER ID): A unique identification of the worker who is assigned to the child at the time of the report disposition.

WORKFORCE: Total number of workers in a CPS agency.



State Characteristics

APPENDIX C

Administrative Structure

States vary in how they administer and deliver child welfare services. Forty states (including the District of Columbia and the Commonwealth of Puerto Rico) have a centralized system classified as state administered. Ten states are classified as state supervised, county administered; and two states are classified as “hybrid” meaning they are partially administered by the state and partially administered by counties. Each state’s administrative structure (as submitted by the state as part of Appendix D, State Commentary) is provided in table C–1.

Level of Evidence

States use a certain level of evidence to determine whether maltreatment occurred or the child is at-risk of maltreatment. Level of evidence is defined as the proof required to make a specific finding or disposition regarding an allegation of child abuse and neglect. Each state’s level of evidence (as submitted by each state as part of commentary in appendix D) is provided in table C–1.

Data Submissions

States submit case-level data by constructing an electronic file of child-specific records for each report of alleged child abuse and neglect that received a CPS response. Each state’s submission includes only completed reports that resulted in a disposition (or finding) as an outcome of the CPS response during the reporting year. The data submission containing these case-level data is called the Child File.

The Child File is supplemented by agency-level aggregate statistics in a separate data submission called the Agency File. The Agency File contains data that are not reportable at the child-specific level and often gathered from agencies external to CPS. States are asked to submit both the Child File and the Agency File each year. For FFY 2019, 52 states submitted both a Child File and an Agency File.

Once validated, the Child Files and Agency Files are loaded into the multiyear, multistate NCANDS Data Warehouse. The FFY 2019 dataset is available to researchers from the National Data Archive on Child Abuse and neglect (NDACAN).

Child Population Data

The child population data for years 2015-2019 are displayed by state in table C-2. The 2019 child population data for the demographics of age, sex, and race and ethnicity are displayed by state in table C-3. The adult population is displayed in table C-4.

Table C–1 State Administrative Structure, Level of Evidence, and Data Files Submitted, 2019

State	Hybrid	State Administered	State Supervised, County Administered	Credible	Preponderance	Probable Cause	Reasonable	Agency File and Child File
Alabama	-	1	-	-	1	-	-	1
Alaska	-	1	-	-	1	-	-	1
Arizona	-	1	-	-	-	1	-	1
Arkansas	-	1	-	-	1	-	-	1
California	-	-	1	-	1	-	-	1
Colorado	-	-	1	-	1	-	-	1
Connecticut	-	1	-	-	-	-	1	1
Delaware	-	1	-	-	1	-	-	1
District of Columbia	-	1	-	1	-	-	-	1
Florida	-	1	-	-	1	-	-	1
Georgia	-	1	-	-	1	-	-	1
Hawaii	-	1	-	-	-	-	1	1
Idaho	-	1	-	-	1	-	-	1
Illinois	-	1	-	1	-	-	-	1
Indiana	-	1	-	-	1	-	-	1
Iowa	-	1	-	-	1	-	-	1
Kansas	-	1	-	-	1	-	-	1
Kentucky	-	1	-	-	1	-	-	1
Louisiana	-	1	-	-	-	-	1	1
Maine	-	1	-	-	1	-	-	1
Maryland	-	1	-	-	1	-	-	1
Massachusetts	-	1	-	-	-	-	1	1
Michigan	-	1	-	-	1	-	-	1
Minnesota	-	-	1	-	1	-	-	1
Mississippi	-	1	-	1	-	-	-	1
Missouri	-	1	-	-	1	-	-	1
Montana	-	1	-	-	1	-	-	1
Nebraska	-	1	-	-	1	-	-	1
Nevada	1	-	-	-	1	-	-	1
New Hampshire	-	1	-	-	1	-	-	1
New Jersey	-	1	-	-	1	-	-	1
New Mexico	-	1	-	1	-	-	-	1
New York	-	-	1	1	-	-	-	1
North Carolina	-	-	1	-	1	-	-	1
North Dakota	-	-	1	-	1	-	-	1
Ohio	-	-	1	1	-	-	-	1
Oklahoma	-	1	-	1	-	-	-	1
Oregon	-	1	-	-	-	-	1	1
Pennsylvania	-	-	1	-	1	-	-	1
Puerto Rico	-	1	-	-	1	-	-	1
Rhode Island	-	1	-	-	1	-	-	1
South Carolina	-	1	-	-	1	-	-	1
South Dakota	-	1	-	-	1	-	-	1
Tennessee	-	1	-	-	1	-	-	1
Texas	-	1	-	-	1	-	-	1
Utah	-	1	-	-	-	-	1	1
Vermont	-	1	-	-	-	-	1	1
Virginia	-	-	1	-	1	-	-	1
Washington	-	1	-	-	1	-	-	1
West Virginia	-	1	-	-	1	-	-	1
Wisconsin	1	-	-	-	1	-	-	1
Wyoming	-	-	1	-	1	-	-	1
States Reporting	2	40	10	7	37	1	7	52

Note: Level of evidence is listed in alphabetical order.

Table C–2 Child Population, 2015–2019

State	2015	2016	2017	2018	2019
Alabama	1,102,585	1,099,450	1,096,017	1,091,854	1,088,306
Alaska	186,144	186,851	185,410	182,696	179,983
Arizona	1,628,633	1,635,218	1,637,162	1,637,600	1,640,236
Arkansas	706,417	705,926	705,370	702,704	700,155
California	9,116,629	9,087,159	9,046,314	8,971,748	8,894,641
Colorado	1,257,335	1,262,977	1,263,102	1,263,756	1,259,519
Connecticut	761,796	751,855	743,342	735,668	727,440
Delaware	203,772	203,729	203,861	203,712	203,572
District of Columbia	119,066	121,480	124,682	126,648	128,168
Florida	4,101,879	4,159,352	4,201,903	4,222,005	4,229,929
Georgia	2,497,665	2,508,493	2,511,410	2,506,877	2,503,881
Hawaii	308,172	307,166	305,161	302,742	299,868
Idaho	433,551	437,730	442,490	444,839	448,201
Illinois	2,961,889	2,929,827	2,895,982	2,855,050	2,817,875
Indiana	1,578,188	1,575,894	1,572,900	1,567,622	1,567,974
Iowa	729,839	730,843	731,611	729,325	726,841
Kansas	720,680	716,900	711,857	705,496	700,250
Kentucky	1,012,672	1,011,692	1,010,420	1,007,203	1,002,871
Louisiana	1,114,969	1,114,121	1,107,332	1,096,754	1,087,630
Maine	256,340	254,497	252,622	250,303	248,842
Maryland	1,346,113	1,345,550	1,343,930	1,339,438	1,334,687
Massachusetts	1,385,700	1,378,299	1,373,273	1,364,785	1,352,800
Michigan	2,209,035	2,193,921	2,180,747	2,162,182	2,143,933
Minnesota	1,285,301	1,292,129	1,299,518	1,302,437	1,303,157
Mississippi	726,342	720,957	714,501	706,663	698,583
Missouri	1,389,727	1,386,221	1,382,921	1,376,684	1,370,585
Montana	226,514	227,821	229,200	228,749	228,588
Nebraska	470,580	473,844	475,934	476,237	476,074
Nevada	667,499	675,073	681,535	688,242	692,639
New Hampshire	264,783	262,446	260,253	257,787	255,253
New Jersey	1,984,003	1,971,351	1,963,383	1,951,193	1,938,578
New Mexico	499,114	494,726	488,458	481,824	475,838
New York	4,181,910	4,150,467	4,113,612	4,070,693	4,028,299
North Carolina	2,287,035	2,294,081	2,300,721	2,301,812	2,300,715
North Dakota	174,184	175,390	176,337	178,055	180,171
Ohio	2,630,983	2,617,811	2,607,996	2,593,542	2,578,019
Oklahoma	961,303	962,044	958,437	954,563	952,238
Oregon	863,265	870,231	872,372	869,075	866,562
Pennsylvania	2,689,649	2,675,243	2,664,275	2,650,621	2,634,613
Puerto Rico	731,996	693,557	651,536	591,872	572,731
Rhode Island	210,593	208,982	206,851	205,982	204,495
South Carolina	1,091,515	1,097,808	1,103,780	1,107,050	1,111,183
South Dakota	211,280	213,716	215,965	216,422	217,101
Tennessee	1,499,134	1,502,848	1,506,518	1,508,346	1,510,051
Texas	7,239,541	7,315,517	7,361,663	7,375,936	7,399,810
Utah	910,626	920,442	927,108	929,678	931,184
Vermont	120,051	118,191	116,906	115,394	114,005
Virginia	1,867,059	1,869,028	1,870,586	1,866,014	1,860,848
Washington	1,614,222	1,632,853	1,650,916	1,658,124	1,663,061
West Virginia	378,115	374,214	369,291	364,436	359,567
Wisconsin	1,295,105	1,288,309	1,283,205	1,275,040	1,266,597
Wyoming	139,549	138,740	136,206	134,539	133,734
National	74,350,047	74,342,970	74,236,882	73,911,017	73,611,881
States Reporting	52	52	52	52	52

Note: Puerto Rico did not submit FFY 2016 NCANDS data in time for Child Maltreatment 2016; however, the state's population data are presented in this table. Puerto Rico's 2016 population data were not included in any rate calculations in this report.

Table C–3 Child Population Demographics, 2019 (continues)

State	<1	1	2	3	4	5	6	7	8
Alabama	56,901	58,290	59,073	59,799	60,294	59,568	58,599	59,537	60,023
Alaska	9,978	10,012	10,186	10,509	10,395	10,414	10,303	10,286	10,436
Arizona	81,929	83,065	85,726	88,192	90,876	90,858	90,405	90,319	91,313
Arkansas	36,355	37,006	37,572	38,610	38,921	38,404	37,924	38,827	38,633
California	462,589	462,713	477,322	485,894	495,198	493,458	494,221	493,396	504,330
Colorado	64,561	64,867	66,298	67,828	68,647	68,470	68,016	68,582	70,351
Connecticut	34,625	35,542	36,346	37,139	38,058	38,066	38,190	38,800	39,802
Delaware	10,618	10,671	11,061	11,239	11,130	11,106	11,061	11,372	11,448
District of Columbia	9,552	9,212	9,036	8,811	8,757	7,962	8,189	7,876	7,460
Florida	221,463	224,371	228,778	232,381	232,749	233,471	231,167	233,532	235,348
Georgia	127,141	128,766	131,644	133,384	135,631	135,015	134,438	137,644	138,824
Hawaii	16,800	16,717	17,044	17,402	17,256	17,554	17,706	17,396	17,447
Idaho	22,106	22,367	23,057	24,024	24,646	24,065	24,588	24,348	24,947
Illinois	143,723	145,936	149,504	153,181	154,590	152,251	151,861	153,500	155,612
Indiana	80,356	82,338	83,235	85,579	86,832	86,118	86,434	86,142	86,226
Iowa	37,540	38,296	39,186	40,104	40,510	40,384	40,018	39,731	39,289
Kansas	35,325	36,037	37,321	38,289	38,359	38,831	39,150	39,055	39,463
Kentucky	53,154	54,112	54,464	55,204	55,676	55,656	55,651	55,183	55,061
Louisiana	58,010	58,976	61,029	61,801	61,653	61,580	60,148	59,786	59,921
Maine	12,035	12,355	12,711	13,104	13,332	13,305	13,456	13,373	13,366
Maryland	69,926	71,658	72,309	73,738	74,306	73,246	73,366	74,072	75,067
Massachusetts	70,791	70,819	71,300	71,913	72,539	72,797	73,268	73,611	74,839
Michigan	109,018	110,855	113,925	115,735	116,909	117,356	116,303	116,857	117,405
Minnesota	67,629	68,358	70,924	71,994	72,717	73,198	72,479	72,218	72,021
Mississippi	35,518	36,238	36,965	37,210	37,547	37,412	37,184	38,131	38,096
Missouri	71,012	72,134	74,086	75,166	75,682	75,978	75,161	75,274	75,954
Montana	11,659	11,540	12,346	12,659	12,952	12,860	12,713	12,782	12,721
Nebraska	25,252	25,379	26,343	26,675	27,231	26,874	26,478	26,158	26,291
Nevada	35,701	35,854	37,284	38,009	38,727	38,088	38,601	37,927	39,428
New Hampshire	12,052	12,294	12,859	13,065	13,351	13,254	13,778	13,484	14,211
New Jersey	99,459	101,592	103,374	105,051	105,214	105,053	105,229	106,128	108,436
New Mexico	23,014	23,339	23,944	25,030	25,659	25,937	26,200	26,258	27,125
New York	223,930	223,989	225,107	226,638	227,337	223,415	224,235	223,720	226,256
North Carolina	118,891	120,577	121,664	123,961	124,677	124,780	124,213	125,537	125,930
North Dakota	10,483	10,547	11,054	10,984	11,033	10,623	10,404	10,196	9,923
Ohio	133,487	136,247	138,052	140,961	142,081	142,314	142,480	141,082	140,836
Oklahoma	48,442	49,485	51,437	52,914	53,255	53,440	53,843	53,450	53,727
Oregon	43,312	44,026	45,462	47,146	47,865	48,190	47,959	48,090	49,002
Pennsylvania	134,712	137,402	139,553	142,257	144,000	144,818	144,426	144,836	145,799
Puerto Rico	21,386	20,596	22,865	25,461	27,174	28,973	30,253	31,865	32,155
Rhode Island	10,518	10,914	10,792	11,166	11,131	10,936	10,818	10,992	11,070
South Carolina	56,122	57,170	58,423	59,703	61,046	60,618	60,615	61,289	61,600
South Dakota	11,985	12,127	12,285	12,376	12,394	12,400	12,147	12,152	12,127
Tennessee	79,775	81,044	81,371	82,894	83,521	82,643	82,533	83,023	82,100
Texas	377,806	383,788	399,369	411,922	418,006	415,864	410,388	406,998	414,091
Utah	48,566	47,961	49,421	50,616	51,239	51,368	52,095	50,605	51,995
Vermont	5,579	5,558	5,922	5,935	6,049	6,230	6,067	6,233	6,248
Virginia	97,864	99,825	101,443	102,904	103,441	102,812	102,507	102,943	103,743
Washington	88,095	88,292	92,153	93,588	94,348	93,691	94,015	92,998	93,926
West Virginia	17,755	17,978	18,620	19,022	19,650	19,961	20,189	20,126	20,011
Wisconsin	63,366	64,258	66,589	67,711	68,572	68,237	68,628	69,102	69,473
Wyoming	6,572	6,702	7,075	7,248	7,334	7,352	7,380	7,362	7,443
National	3,804,438	3,850,195	3,944,909	4,024,126	4,070,497	4,057,254	4,047,480	4,054,184	4,098,349
Reporting States	52								

Table C–3 Child Population Demographics, 2019 (continues)

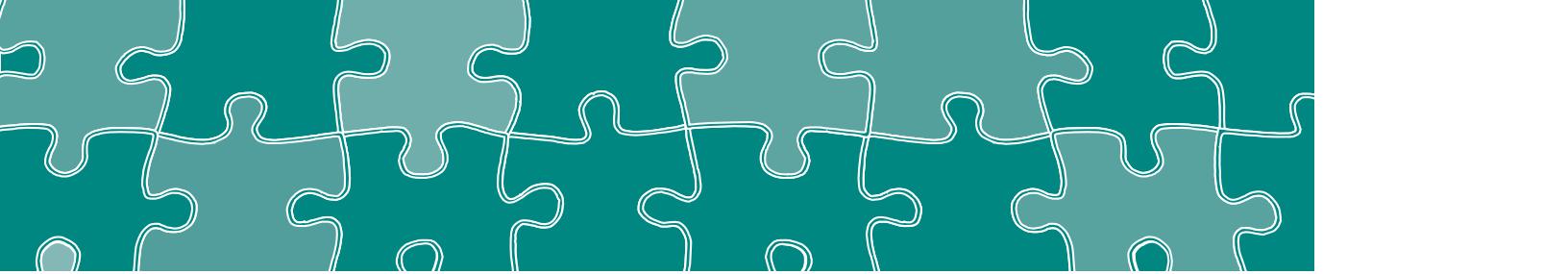
State	9	10	11	12	13	14	15	16	17
Alabama	60,241	60,897	63,083	62,906	61,883	61,729	61,740	61,799	61,944
Alaska	10,157	9,976	10,016	9,887	9,509	9,678	9,488	9,410	9,343
Arizona	90,797	92,572	96,605	96,951	95,849	95,076	94,742	91,832	93,129
Arkansas	38,959	38,941	40,404	41,015	40,146	39,960	39,598	39,485	39,395
California	493,445	492,283	511,109	512,662	507,455	505,628	503,712	501,846	497,380
Colorado	71,364	71,018	72,673	73,645	73,125	73,078	73,342	72,647	71,007
Connecticut	39,880	40,641	42,251	43,045	43,714	44,611	45,230	45,467	46,033
Delaware	11,325	11,313	11,613	11,558	11,646	11,533	11,654	11,648	11,576
District of Columbia	6,690	6,314	6,136	5,954	5,506	5,311	5,127	5,054	5,221
Florida	232,832	232,988	242,629	244,614	243,892	241,924	240,850	234,530	242,410
Georgia	139,666	140,592	146,576	147,613	147,134	145,501	145,634	144,049	144,629
Hawaii	16,607	16,185	16,649	16,237	15,937	15,868	16,053	15,771	15,239
Idaho	25,369	25,620	26,521	26,768	26,182	26,380	26,305	25,594	25,314
Illinois	156,503	156,110	161,245	162,519	162,807	163,337	165,869	164,633	164,694
Indiana	87,022	87,080	89,818	90,440	89,977	89,724	90,625	90,135	89,893
Iowa	40,734	40,974	42,023	42,224	41,896	41,222	41,086	41,007	40,617
Kansas	39,864	39,546	40,377	40,314	39,987	39,679	39,667	39,922	39,064
Kentucky	54,866	55,610	56,869	57,689	56,917	56,915	56,992	56,540	56,312
Louisiana	59,782	60,333	62,457	62,704	60,878	60,347	59,643	59,297	59,285
Maine	13,924	13,915	14,400	14,691	14,747	14,923	14,885	15,138	15,182
Maryland	74,804	73,727	76,574	76,406	75,370	75,237	75,230	74,773	74,878
Massachusetts	73,935	73,749	76,197	77,005	77,354	78,280	80,675	81,506	82,222
Michigan	118,404	117,938	121,150	123,257	123,542	124,477	126,809	126,571	127,422
Minnesota	72,930	72,470	74,606	74,885	73,855	73,931	74,482	72,997	71,463
Mississippi	38,554	40,138	41,731	42,818	41,169	40,426	40,206	39,856	39,384
Missouri	76,058	76,383	78,825	79,078	78,762	78,067	77,994	77,767	77,204
Montana	12,800	12,860	13,288	13,359	13,126	12,796	12,806	12,707	12,614
Nebraska	26,556	26,740	27,023	26,770	26,642	26,764	26,556	26,405	25,937
Nevada	39,006	38,907	40,822	40,476	39,767	39,044	38,673	38,452	37,873
New Hampshire	14,011	14,132	14,651	15,101	15,284	15,543	15,895	16,124	16,164
New Jersey	107,412	106,735	110,132	111,271	111,366	112,205	113,652	113,429	112,840
New Mexico	27,259	27,502	28,131	28,170	27,843	27,843	27,412	27,680	27,492
New York	220,265	214,961	220,488	221,125	220,762	223,369	226,557	227,902	228,243
North Carolina	128,406	129,884	134,045	134,985	133,907	132,785	132,640	131,990	131,843
North Dakota	9,885	9,848	9,836	9,797	9,569	9,414	9,044	8,887	8,644
Ohio	141,755	142,881	146,222	147,925	147,689	147,095	148,904	148,473	149,535
Oklahoma	53,447	53,669	54,639	54,881	53,602	53,350	53,176	52,757	52,724
Oregon	49,211	48,977	50,728	50,417	49,878	49,084	49,498	49,026	48,691
Pennsylvania	146,174	146,219	150,263	150,821	150,640	151,644	153,418	154,083	153,548
Puerto Rico	34,415	34,999	35,259	36,619	37,664	38,223	37,617	37,945	39,262
Rhode Island	11,083	10,951	11,499	11,584	11,928	12,007	12,272	12,364	12,470
South Carolina	62,654	64,002	65,498	66,430	64,545	63,465	63,254	62,423	62,326
South Dakota	12,108	12,088	12,369	12,366	12,016	11,893	11,845	11,318	11,105
Tennessee	83,080	83,950	87,672	87,358	86,678	85,644	85,732	85,662	85,371
Texas	416,237	415,321	424,978	423,578	420,172	419,075	417,110	414,872	410,235
Utah	52,913	52,836	54,086	54,402	53,503	53,158	52,837	52,509	51,074
Vermont	6,320	6,305	6,593	6,774	6,681	6,705	6,878	6,994	6,934
Virginia	102,881	102,083	106,100	106,349	105,662	105,041	105,689	104,775	104,786
Washington	94,147	93,421	95,294	94,405	92,372	91,502	90,978	90,157	89,679
West Virginia	19,993	20,111	20,894	20,844	20,668	20,675	21,035	20,947	21,088
Wisconsin	71,800	71,443	73,463	74,291	73,861	73,733	74,505	73,798	73,767
Wyoming	7,759	7,801	8,010	8,023	7,821	7,783	7,455	7,412	7,202
National	4,096,289	4,095,939	4,224,520	4,245,006	4,212,885	4,202,682	4,213,076	4,188,365	4,181,687
Reporting States	52								

Table C–3 Child Population Demographics, 2019

State	Boy	Girl	African-American	American Indian or Alaska Native	Asian	Hispanic	Multiple Race	Pacific Islander	White
Alabama	554,205	534,101	313,565	4,832	15,633	89,238	37,071	641	627,326
Alaska	92,381	87,602	5,480	33,511	9,903	17,861	22,136	3,219	87,873
Arizona	836,491	803,745	81,286	80,902	46,635	729,412	65,140	3,037	633,824
Arkansas	358,636	341,519	123,669	5,043	11,066	88,702	27,764	3,887	440,024
California	4,545,773	4,348,868	451,152	32,785	1,032,674	4,627,553	437,196	32,122	2,281,159
Colorado	643,634	615,885	54,944	7,538	39,296	396,145	55,478	1,905	704,213
Connecticut	371,252	356,188	83,368	1,974	37,311	184,060	28,580	318	391,829
Delaware	103,100	100,472	51,781	496	8,137	33,589	10,908	86	98,575
District of Columbia	64,925	63,243	67,266	200	3,125	21,855	5,272	60	30,390
Florida	2,159,396	2,070,533	842,133	8,865	110,001	1,357,704	159,973	2,769	1,748,484
Georgia	1,274,016	1,229,865	840,112	4,649	99,166	375,621	95,944	1,743	1,086,646
Hawaii	153,987	145,881	5,567	442	70,370	55,457	92,652	32,122	43,258
Idaho	228,944	219,257	4,148	5,054	5,125	82,662	15,783	802	334,627
Illinois	1,438,838	1,379,037	426,685	3,755	145,289	700,789	98,819	851	1,441,687
Indiana	802,749	765,225	176,270	2,922	39,495	179,514	65,483	697	1,103,593
Iowa	371,927	354,914	39,510	2,687	18,879	75,906	29,095	1,344	559,420
Kansas	358,404	341,846	43,220	5,004	19,559	130,806	36,279	805	464,577
Kentucky	513,932	488,939	92,803	1,552	17,403	65,633	42,499	832	782,149
Louisiana	554,011	533,619	393,868	6,925	17,002	79,882	35,712	406	553,835
Maine	127,585	121,257	7,282	2,149	3,374	7,238	9,623	98	219,078
Maryland	680,373	654,314	408,541	2,919	81,060	219,986	69,733	635	551,813
Massachusetts	690,570	662,230	120,146	2,493	96,441	259,942	55,411	689	817,678
Michigan	1,096,680	1,047,253	342,727	12,724	71,322	182,284	102,759	612	1,431,505
Minnesota	665,770	637,387	131,923	18,950	78,736	117,582	65,638	865	889,463
Mississippi	355,752	342,831	290,023	4,254	6,610	35,018	18,055	228	344,395
Missouri	701,346	669,239	183,808	5,631	27,532	95,706	62,917	2,563	992,428
Montana	117,290	111,298	1,502	22,041	1,575	15,256	10,658	147	177,409
Nebraska	244,071	232,003	28,397	5,362	12,922	86,073	19,261	335	323,724
Nevada	354,046	338,593	72,708	5,597	38,362	285,083	46,625	4,591	239,673
New Hampshire	130,573	124,680	5,110	463	8,412	16,970	9,003	83	215,212
New Jersey	989,586	948,992	259,004	2,749	185,139	538,367	62,188	786	890,345
New Mexico	242,209	233,629	8,309	48,975	5,488	287,316	12,291	255	113,204
New York	2,060,002	1,968,297	603,581	11,865	322,410	1,006,860	150,756	1,969	1,930,858
North Carolina	1,172,820	1,127,895	518,141	27,265	75,426	388,868	99,952	1,849	1,189,214
North Dakota	92,054	88,117	7,814	13,920	2,762	12,166	7,729	146	135,634
Ohio	1,317,452	1,260,567	389,309	4,215	63,727	167,168	124,753	1,344	1,827,503
Oklahoma	487,133	465,105	74,613	91,971	19,591	168,135	91,498	2,139	504,291
Oregon	443,816	422,746	20,615	10,327	35,478	193,482	53,342	4,057	549,261
Pennsylvania	1,348,313	1,286,300	344,565	3,954	101,627	336,393	106,098	939	1,741,037
Puerto Rico	291,375	281,356	-	-	-	-	-	-	-
Rhode Island	104,633	99,862	15,552	1,138	7,456	54,229	9,707	154	116,259
South Carolina	565,146	546,037	325,589	3,702	19,258	109,326	45,080	778	607,450
South Dakota	111,361	105,740	6,386	27,743	3,302	15,501	9,887	157	154,125
Tennessee	770,533	739,518	285,632	3,386	28,481	153,809	59,298	950	978,495
Texas	3,773,129	3,626,681	875,321	17,936	320,957	3,660,246	200,663	6,635	2,318,052
Utah	478,213	452,971	11,886	8,625	16,480	167,819	33,497	9,784	683,093
Vermont	58,759	55,246	2,161	310	2,389	3,266	4,376	41	101,462
Virginia	950,838	910,010	369,359	3,986	120,443	269,156	108,467	1,426	988,011
Washington	850,944	812,117	74,149	23,484	131,701	358,193	133,068	14,356	928,110
West Virginia	184,481	175,086	13,011	569	2,499	10,051	14,944	90	318,403
Wisconsin	647,647	618,950	111,636	14,232	46,021	153,658	50,825	616	889,609
Wyoming	68,942	64,792	1,530	3,879	1,022	20,029	4,569	94	102,611
National	37,600,043	36,011,838	10,007,157	615,950	3,684,072	18,687,565	3,214,455	147,057	36,682,894
Reporting States	52	52	51	51	51	51	51	51	51

Table C–4 Adult Population by Age Group, 2019

State	18–24	25–34	35–44	45–54	55–64	65–75	75 and Older
Alabama	450,224	647,229	593,306	616,616	657,667	501,447	348,390
Alaska	68,152	117,588	95,765	85,130	93,339	61,300	30,288
Arizona	693,844	1,007,093	896,027	852,090	880,794	751,699	556,934
Arkansas	279,060	396,868	370,263	361,582	385,994	302,829	221,053
California	3,678,035	6,052,952	5,282,100	4,979,745	4,786,635	3,386,670	2,451,445
Colorado	526,217	913,354	798,071	706,150	713,013	522,131	320,281
Connecticut	342,073	448,029	427,141	476,905	513,455	352,819	277,425
Delaware	82,494	129,080	113,101	118,881	137,730	112,858	76,048
District of Columbia	72,566	164,541	108,969	74,286	69,876	50,219	37,124
Florida	1,742,768	2,799,422	2,600,531	2,709,395	2,898,355	2,465,369	2,031,968
Georgia	1,015,188	1,493,261	1,380,954	1,399,652	1,307,533	926,001	590,953
Hawaii	118,874	199,995	181,803	167,747	179,137	152,092	116,356
Idaho	164,406	236,490	227,172	201,766	218,360	175,866	114,804
Illinois	1,157,411	1,758,096	1,637,135	1,599,789	1,658,283	1,176,033	867,199
Indiana	659,745	890,687	828,959	824,029	875,082	636,737	449,006
Iowa	313,705	398,150	385,215	362,509	415,696	311,447	241,507
Kansas	294,160	382,922	361,029	327,961	371,505	272,236	203,251
Kentucky	413,954	587,380	550,953	563,662	598,289	447,876	302,688
Louisiana	419,043	658,227	589,854	548,348	604,670	442,534	298,488
Maine	106,932	162,808	154,075	174,730	211,560	169,079	116,186
Maryland	526,149	829,249	782,213	795,467	818,519	561,582	397,814
Massachusetts	690,721	994,454	848,373	893,633	943,190	673,305	496,027
Michigan	945,523	1,311,614	1,166,172	1,254,679	1,399,535	1,037,580	727,821
Minnesota	498,118	762,616	725,577	673,361	756,421	531,059	389,323
Mississippi	283,421	393,747	365,754	362,040	385,911	288,955	197,738
Missouri	561,504	825,887	753,739	732,944	830,732	610,165	451,872
Montana	97,764	138,386	129,795	117,800	150,008	124,631	81,806
Nebraska	189,298	255,338	243,139	215,808	242,293	178,908	133,550
Nevada	250,220	453,116	410,505	394,228	383,476	303,363	192,609
New Hampshire	123,691	172,816	156,500	183,273	214,314	152,669	101,195
New Jersey	753,634	1,152,278	1,137,693	1,200,823	1,223,649	832,866	642,669
New Mexico	195,875	284,087	254,846	235,656	272,921	224,483	153,123
New York	1,762,544	2,867,651	2,429,961	2,471,804	2,597,156	1,859,922	1,436,224
North Carolina	990,587	1,416,069	1,303,427	1,364,067	1,362,125	1,046,508	704,586
North Dakota	82,822	114,571	92,576	78,199	93,878	66,664	53,181
Ohio	1,060,311	1,554,378	1,397,808	1,447,581	1,604,683	1,189,243	857,077
Oklahoma	380,905	543,593	497,873	453,536	493,694	368,050	267,082
Oregon	363,022	604,284	568,712	510,127	538,950	464,598	301,482
Pennsylvania	1,142,159	1,709,136	1,513,739	1,604,097	1,804,883	1,354,093	1,039,269
Puerto Rico	303,277	405,166	388,383	416,055	428,426	366,490	313,166
Rhode Island	109,551	148,213	125,335	135,112	149,609	106,159	80,887
South Carolina	467,399	682,854	620,504	640,607	689,144	570,600	366,423
South Dakota	82,396	115,064	105,864	94,865	117,498	89,216	62,655
Tennessee	612,440	949,656	847,658	871,279	894,697	681,396	461,997
Texas	2,813,300	4,276,763	3,942,439	3,554,098	3,275,242	2,245,028	1,489,201
Utah	362,079	471,806	443,453	328,430	303,134	219,466	146,406
Vermont	65,840	74,408	71,267	78,051	95,379	75,206	49,833
Virginia	798,197	1,190,381	1,112,496	1,100,274	1,114,417	802,291	556,615
Washington	658,508	1,172,075	1,028,141	923,777	959,608	735,524	474,199
West Virginia	153,786	214,004	213,802	229,251	254,726	217,323	149,688
Wisconsin	546,070	741,222	713,075	715,209	823,018	594,748	422,495
Wyoming	52,521	76,433	74,285	63,853	78,754	60,590	38,589
National	30,522,483	46,345,487	42,047,527	41,290,957	42,876,963	31,849,923	22,887,996
Reporting States	52						



State Commentary

APPENDIX D

This section provides insights into policies and conditions that may affect state data. Readers are encouraged to use this appendix as a resource for providing additional context to the report's text and data tables. Wherever possible, information was provided by each NCANDS state contact and uses state terminology.

Alabama

Contact	Holly Christian	Phone	334-353-4898
Title	Program Manager, Office of Data Analysis	Email	holly.christian@dhr.alabama.gov
Address	Alabama Department of Human Resources 50 Ripley Street Montgomery, AL 36130-4000		

General

Enhancements are completed each year to continue efforts to improve reporting of services to children and families, perpetrator data and mapping of NCANDS elements.

Alabama has two types of screened-in responses: child abuse and neglect investigations (CA/Ns) and prevention assessments (alternative response). For FFY 2019, the Child File included only CA/Ns, which have allegations of abuse or neglect. Prevention Assessments are reports that do not include allegations of abuse/neglect, but the potential risk for abuse may exist. A Prevention Assessment may be changed to a CA/N report if an allegation is added to the system. At that time, policy for CA/N Investigations are in effect. The FFY 2019 submission does not include prevention assessment data in the Child File.

Reports

For FFY 2019, the number of screened-in reports increased from the prior reporting year and the number of completed or disposed reports also increased from the prior reporting year. A policy change was implemented in FFY 2017 that decreased the timeframe permitted to complete CA/N investigations from 90 days to 60 days.

FFY 2017 screened-out reports included only reports that did not meet the definition of a CA/N report and did not include Prevention Assessments, Alabama's alternative response. Prevention Assessments are screened-in assessments.

Alabama (continued)

Alabama determines staff needs based on a 6- or 12-month average of different case types. Intake is one worker per county and more than one for larger counties, based on population. CA/N reports are counted at a 1:8 ratio for sexual abuse, 1:10 for children who enter foster care and 1:12 ratio for all other maltreatment types. Prevention assessments (AR) are counted on a ratio of 1:12 and child protective services ongoing cases are staffed at a ratio of 1:18 cases.

Response time, as reported in the Agency File, is taken from the calculated average response time reported in the Child File. Data shows a decrease in average response time for FFY 2018 from the previous year.

Children

During FFY 2019, the mapping for caregiver and child risk factors was modified to improve NCANDS reporting accuracy and completeness.

Fatalities

For FFY 2019 all state child fatalities are reported in the Child File. The child death review process determined no additional data to report in the Agency File. The FFY 2019 number of child fatalities is a decrease from FFY 2018. The majority of child fatality investigations which are indicated are suspended for due process or criminal prosecution. This extends the length of the investigation, which can take several months or years to complete. For the fatalities reported in FFY 2019, the actual dates of death occurred in a five-year range, from FFY 2015–FFY 2019.

Perpetrators

An enhancement to Alabama's SACWIS system requiring the perpetrator relationship to be established to the child went into production mid-FFY 2014. Subsequent submissions have shown improvement in data quality.

Alabama state statutes do not allow a person under the age of 14 years to be identified as a perpetrator. These reports are addressed in an alternate response. On-going services are provided as needed to the child victim and the child identified as the person allegedly responsible. During FFY 2019 NCANDS extraction code was modified to correctly blank perpetrator age when the DOB is unknown.

Services

Enhancements to our SACWIS system and mapping are planned to allow more complete reporting of services in future submissions. For FFY 2015 and FFY 2016 additional service data was provided in the Agency File.

For foster care services, Alabama SACWIS does not require the documentation of the petition or identity of the court-appointed representative. Petitions are prepared and filed according to the procedure of each court district. All children entering foster care are appointed by the court a guardian ad litem, who represents their interests in all court proceedings. The state's SACWIS does not require the tracking of out of court contacts between the court-appointed representative and the child victims. Improvement in data quality will require staff training in this area.

Alabama *(continued)*

The NCANDS category of the number of children eligible for referral to agencies providing early intervention services under Part C of the IDEA is the number of children who had indicated dispositions during FFY 2019 and were younger than 3 years. The NCANDS category of the number of children referred to agencies providing early intervention services under Part C of the IDEA is the number of referrals the agency providing services reported receiving during FFY 2019.

Many services are provided through contract providers and may not be documented through our SACWIS system. However, enhancements were made to the system in FFY 2019 to better capture services provided, even those that may not use the system to initiate payments.

Special Focus

The state began reporting sex trafficking as a maltreatment type in FFY 2018. Historically, the numbers have been low and the state does not expect them to increase. The state does report all sex trafficking incidents through NCANDS including those with a nonrelative perpetrator.

During FFY 2018, fields were added to the state's SACWIS system to capture CARA-related data. Some of these included plans of safe care data and substance exposed infant data. During FFY 2019, additional fields were added to the SACWIS system and NCANDS data extraction codes were modified to further improve accuracy and completeness of CARA-related data. Fields to document CARA-related services are available on the system. Workers are required to document plans of safe care in the system. Reports are generated to monitor completion of these requirements. The state has provided additional training to staff and mapping corrections to improve collection efforts. The reporting for the plan of safe care field has improved significantly over the past two years.

Alaska

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General

Alaska made several system changes to support accurate data in the NCANDS report:

- Added reference data for changed city names or for zip codes missing from the address table
- Removed the user's ability to document duplicate allegations of maltreatment
- Added FIPS codes for tribes providing case management services under the Tribal Child Welfare Compacting Agreement
- Reduced the number of steps/tasks required to enter legal status and centralized the entry of legal status updates

Reports

Alaska's intake was centralized in mid-2016, which increased consistency in screening decisions. A year later a centralized toll-free number was added, making it easier for reporters to call in without having to locate a phone number for a specific region.

Protective Service Reports (reports of harm) received for cases opened after February 2, 2015, are subject to new maltreatment finding policy, which includes revised definitions of "substantiated finding," "not substantiated finding," and "closed without finding," plus requires completion of a formalized Maltreatment Assessment Protocol to determine the finding.

Beginning July 21, 2017, a streamlined documentation process for closing Initial Assessments was implemented. Improvements included standardization of closing method, revision or reduced requirements of forms, SACWIS tab revisions, emphasis on voice dictation to help meet deadlines, documentation of all contacts, and documentation of the case worker's critical analysis.

For federal fiscal year (FFY) 2018 NCANDS reporting methodology was amended to include reporting for sex trafficking, and logic was improved for reporting of medical neglect. However, both of these methodologies rely upon data from the Maltreatment Assessment Protocol, which is only used for screened-in Protective Service Reports. Therefore, no allegations of sex trafficking or medical neglect are currently captured for screened-out reports of Protective Service Reports.

Children

Alaska has enhanced efforts related to the identification and documentation of children with Alaska Native race, which may decrease children with unknown race while increasing counts for identified races.

Alaska believes that caretaker risk factors of alcohol and drug abuse have been under-reported in the past. Toward the end of FFY 2016 Alaska instituted an improved system

Alaska (continued)

for tracking Family Characteristics in Investigations. For FFY 2017 NCANDS syntax was revised to harvest the benefits of these SACWIS upgrades.

Fatalities

In Alaska, the authority for child fatality determinations resides with the medical examiner's office, not the child welfare agency. The medical examiner's office assists the state's Child Fatality Review Team in determining if a child's death was due to maltreatment. A child fatality is reported only if the medical examiner's office concludes that the fatality was due to maltreatment. For NCANDS reporting, fatality counts are obtained from a member of the Child Fatality Review Team and reported in the Agency File.

Perpetrators

Alaska reports the percentage of parent perpetrators as caregivers, but given the prevalence of small town and casual relationships, Alaska demographics may vary from the norms in other states.

Services

Many services are provided through contracting providers and may not be well-documented in Alaska's SACWIS; therefore, analysis of the services array with the state's NCANDS Child File is not advised. For FFY 2017, NCANDS services reporting methodology was again enhanced to ensure that all qualifying services are within the scope of mapping timelines are reported.

Agency file data on the numbers of children by funding source is reported for state fiscal year (July 1–June 30). The funding source “other” includes state general funds and matching funds from contracting agencies.

Special Focus

Alaska improved data collection efforts for the sex trafficking/exploitation indicator by reviewing the accuracy of data. In addition, Alaska isolated the “sex trafficking/exploitation” data element to just “sex trafficking” and implemented a data fix for inaccurate records.

Alaska was unable to implement a reporting mechanism in the SACWIS system for Plans of Safe Care or Referral to Appropriate Services for FFY 2019.

Arizona

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General

There have been no significant changes to policies or procedures during the current submission year. For NCANDS reporting purposes, Arizona does not have a differential response program.

Reports

The decision to take a report for investigation by the hotline is dependent upon meeting criteria that is based on state statutes. For information to be screened in as a report, the Intake Specialist gathers information from reporting sources using the Department's standardized interview questions and operating guide to determine if the following criteria are met:

- the suspected conduct would constitute abuse or neglect;
- the suspected victim of the conduct is under eighteen years of age;
- the suspected victim of the conduct is a resident of or present in this state;
- the person suspected of committing the abuse or neglect is the parent, guardian, or custodian of the victim or an adult member of the victim's household;
- the identity or current location of the child victim, the child victim's family, or the person suspected of abuse or neglect is known or can be reasonably ascertained;
- the suspected abuse or neglect occurred within the last three years; and
- there is information or indication that a child is being currently abused or neglected.

Children

The number of victims declined after a substantial increase for federal fiscal year (FFY) 2018. This puts the number of victims in line with historical numbers. It appears that 2018 was an outlier, possibly caused by our administrative review team reducing its backlog. This unit has the responsibility to review all substantiated reports.

DCS policy states that in addition to the alleged child victim, the Department shall interview other children residing in the household of the alleged abuse or neglect. This policy mirrors statute requirements to interview all child victim, siblings and other children in the household (ARS 8-802).

Fatalities

There were fewer fatalities compared with the previous submission. Although it is a significant reduction, there have been no changes in procedures or polices that would account for this reduction. Arizona continues encouraging programs and PSAs supporting safe sleep and swimming pool safety, two of the most prevalent causes of child fatalities in Arizona. Additionally, the Department promotes awareness to not leave children unattended in vehicles to reduce injuries and fatalities resulting from heat stroke.

All fatality referrals come through the Hotline and any agency or individual can make a report. The Arizona Child Fatality Review Program generates reports to the Department

Arizona (continued)

when, in their determination, child abuse/neglect was the cause of death and a referral has not previously been made to the Hotline. Because of the Program's review all child fatalities, the Department is assured of receiving all cases in which there are allegations of abuse or neglect. For DCS to investigate child maltreatment fatalities, there must be an allegation of abuse or neglect. If not, as in all fatality cases, law enforcement would investigate.

Perpetrators

State statute (ARS 8-455) and policy does not provide a limitation on the age of alleged perpetrator if the individual is the parent, guardian or custodian. If the alleged perpetrator is another household member without that relationship, then the person must be an adult. State statute (ARS 8-455) and policy provide for other to be an adult member of the household who is not the parent, guardian or custodian.

Services

There have been no significant changes in funding, but there has been some shift as to where the funds go. More money is going into primary prevention messaging in the community, pregnant and parenting youth in foster care and our parent advisory collaborative. The Department has a mix of contracted and direct services provided by CPS staff.

Special Focus

Arizona did not provide sex trafficking data for any part of FFY 2019. The Department is in the process of replacing its current SACWIS system (CHILDS) with a new Comprehensive Child Welfare Information Systems (CCWIS) called Guardian. This project has restricted changes to the existing system. To report on sex trafficking would have necessitated a major change to the existing systems which was not approved. The new system will come online in July of 2020 and will have the capacity to report on sex trafficking. The Department is precluded by law from investigating allegations of sex trafficking in which the perpetrator is someone other than a parent or guardian.

Currently, the Department only tracks reports in which prenatal substance exposure is alleged but does not specifically identify the alleged victim. This will be changed in the new system.

Arkansas

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General

The following options are available when accepting a referral:

- **Refer to DCFS for Fetal Alcohol Spectrum Disorder (R/A-FASD):** The following change was made to Arkansas legislation effective July 2011—Act 1143 requires health care providers involved in the delivery or care of infants to report infants born and affected by Fetal Alcohol Spectrum Disorder. The Department of Human Services shall accept referrals, calls, and other communication from health care providers involved in the delivery or care of infants born and affected with FASD. The Department of Human Services shall develop a plan of safe care of infants born with FASD. The Arkansas State Police hotline staff will use the regular request for DCFS assessment for FASD. These will automatically be assigned to the DCFS Central Office FASD Project Unit to complete the assessment and closure. There were two R/A-FASD reports received in FFY 2019.
- **Refer to DCFS for Newborn Infant Substance Exposure (R/A-SE):** Arkansas legislation effective July 2019 - Act 598 requires healthcare providers involved in delivery or care of infants reporting an infant born and affected by Fetal Alcohol Spectrum Disorder (FASD) (the current requirement), and adds infants born and affected by maternal substance abuse resulting in prenatal drug exposure to an illegal or a legal substance, or withdrawal symptoms resulting from prenatal drug exposure to an illegal or a legal substance to that list.
 - Referrals regarding substance exposed infants would be screened out for the following circumstances:
 - a) If reported by persons other than medical personnel,
 - b) If the referral is a duplicate and an investigation already is opened,
 - c) If the mother tests positive during her pregnancy but not at birth, or
 - d) If the Health Care Provider can confirm the mother's prescription for the drug causing the positive screening.
- **Refer to CACD for Death Assessment (R/A-DA):** Arkansas FFY 2015 legislation mandated per Act 1211, the Department of Human Services and Arkansas State Police Crimes Against Children Division (CACD) will conduct an investigation or death assessment upon receiving initial notification of suspected child maltreatment or notification of a child death. This was effective in CHRIS August 2, 2015. The Child Abuse Hotline will accept a report for a child death if a child has died suddenly and unexpectedly not caused by a known disease or illness for which the child was under a physician's care at the time of death, including without limitation child deaths as a result of the following:
 - e) Sudden infant death syndrome;
 - f) Sudden unexplained infant death;
 - g) An accident;
 - h) A suicide;
 - i) A homicide; or
 - j) Other undetermined circumstance

Arkansas (continued)

All sudden and unexpected child deaths will be reported to the Child Abuse Hotline. Death Assessment (DA) reports are accepted by the Hotline and do not have allegations of maltreatment at the time of the Referral. The data for R/A-DA reports are not submitted to NCANDS. If the incident does rise to the level of a child maltreatment investigation, then the Referral will be elevated to be investigated. Child Death Investigation reports are accepted by the Hotline and will have maltreatment allegations at the time of the referral.

- **Accept for Investigation:** Reports of child maltreatment allegations will be assigned for child maltreatment investigation pursuant to Arkansas Code Annotated 12-18-601. Arkansas uses an established protocol when a DCFS family service worker or the Arkansas State Police Crimes Against Children Division investigator conducts a child maltreatment assessment. The protocol was developed under the authority of the state legislator, (ACA 12-18-15). It identifies various types of child maltreatment a DCFS family service worker or an Arkansas State Police Crimes Against Children Division investigator may encounter during an assessment. The protocol also identifies when and from whom an allegation of child maltreatment may be taken. The worker or investigator must show that a preponderance of the evidence supports the allegation of child maltreatment. The data for these reports are submitted to NCANDS.
- **Accept for Differential Response:** Differential response (DR) is another way of responding to allegations of child neglect. DR is different from DCFS' traditional investigation process. It allows allegations that meet the criteria of neglect to be diverted from the investigative pathway and serviced through the DR track. DR is designed to engage low- to moderate-risk families in the services needed to keep children from becoming involved with the child welfare system. Counties have a differential response team to assess for safety, identify service needs, and arrange for the services to be put in place. DR began with five pilot counties on October 1, 2012 and was implemented statewide for all 75 counties by August 12, 2013 through a periodic schedule. FFY 2013 was the first year the state submitted differential response data to NCANDS.

Reports

Arkansas legislation approved the funding for the addition of 8 new Hotline Operator positions in FFY 2019. Hotline Operators are located at the Arkansas State Police Headquarters.

Children

There was not an increase or a decrease of victims by more than 10 percent.

Fatalities

Arkansas saw a decrease in the number of accepted substantiated child fatalities during FFY 2019. The Arkansas Division of Children and Family Services receives notice of child fatalities through the Arkansas Child Abuse hotline. The reports include referrals from mandated reporters such as, physicians, medical examiners, law enforcement officers, therapists, and teachers, etc. A report alleging a child fatality can also be accepted from a nonmandated reporter. Nonmandated reporters include neighbors, family members, friends or members of the community. The guidelines for reporting is mandated and non-mandated persons are asked to contact the child abuse hotline if they have reasonable cause to believe that a child has died as a result of child maltreatment. As of FFY 2019, data is no longer obtained from the Department of Health. An annual report is provided from the Arkansas Infant and Child Death Review Panel.

Arkansas (continued)

Services

The investigators frequently do not document services provided to the families during the investigation process. This documentation is often left to the caseworker to enter when the case is opened.

The state reports all children 2 years and younger with true overall findings as eligible to be referred for the Individuals with Disabilities Education Act. Siblings, other children in the home, and victims are included in this count.

Special Focus

Arkansas accepts reports of sex trafficking by adult noncaregiver offenders 18 years of age or older. This data is reported to NCANDS in the Child File.

The state made efforts to improve the reporting of child drug and alcohol risk factors by reviewing the mapping logic and identifying methods for improvement with documentation and data captured on various screens within the state data system to facilitate the Comprehensive Addiction and Recovery Act reporting requirements. For NCANDS Element 35-Alcohol Abuse Child, logic was added during FFY 2018 to include “Refer to DCFS for Fetal Alcohol Spectrum Disorder (R/A-FASD).” There were two RA/FASD records for FFY 2019.

For NCANDS Element 36-Drug Abuse Child, logic was added to include “Exempted (Prenatal Exposure).” Logic was developed and a new Refer to DCFS for Newborn Infant Substance Exposure record type was implemented during early FFY 2020 to address documentation and reporting purposes.

California

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General

California's differential response approach is comprised of three pathways:

- *Path 1* community response—family problems as indicated by the referral to the child welfare system do not meet statutory definitions of abuse and neglect, and the referral is evaluated out by child welfare with no investigation. But based on the information given at the hotline, the family may be referred by child welfare to community services.
- *Path 2* child welfare services with community response—family problems meet statutory definitions of abuse and neglect but the child is safe and the family has strengths that can meet challenges. The referral of suspected abuse and neglect is accepted for investigation by the child welfare agency, and a community partner goes with the investigator to help engage the family in services. A case may or may not be opened by child welfare, depending on the results of the investigation.
- *Path 3* child welfare services response—the child is not safe and at moderate to high risk for continuing abuse or neglect. This referral appears to have some rather serious allegations at the hotline, and it is investigated and a child welfare services case is opened. Once an assessment is completed, these families may still be referred to an outside agency for some services, depending on their needs. Families may still be referred to an outside agency for some services, depending on their needs.

Reports

The report count includes both the number of child abuse and neglect reports that require, and then receive, an in-person investigation within the timeframe specified by the report response type. Reports are classified as either immediate response or 10-day response. For a report that was coded as requiring an immediate response to be counted in the immediate response measure, the actual visit (or attempted visit) must have occurred within 24 hours of the report receipt date. For a report that was coded as requiring a 10-day response to be counted in the 10-day response measure, the actual visit (or attempted visit) must have occurred within 10-days of the report receipt date. For the quarter ending September 2019, the immediate response compliance rate was 96.4 percent and the 10-day response compliance rate was 91.4 percent.

Children

Racial categorizations for victims and perpetrators reflect ongoing state efforts to improve data reporting, per federal guidance. Specifically, the number of “blank” entries have reduced while an equivalent number of “white” entries increased. This is a result of outreach to the counties instructing them on accurately entering racial demographic information into the Child Welfare Services/Case Management System (CWS/CMS). We anticipate noticeable changes in these numbers to be present in next year’s submission, as well, as data entry continues to improve.

Fatalities

Fatality data submitted to NCANDS is derived from notifications (SOC 826 forms) submitted to the CDSS from County Child Welfare Services (CWS) agencies when it has been determined

California (continued)

that a child has died as the result of abuse and neglect. The abuse and neglect determinations reported by CWS agencies can be and are made by local coroner/medical examiner offices, law enforcement agencies, and/or county CWS/probation agencies. As such, the data collected and reported via SB 39 and used for NCANDS reporting purposes does reflect child death information derived from multiple sources. It does not, however, represent information directly received from either the state's vital statistics agency or local child death review teams.

Calendar year (CY) 2018 is the most recent validated annual data and is therefore reported for FFY 2019. It is recognized that counties will continue to determine causes of fatalities to be the result of abuse and/or neglect that occurred in prior years. Therefore, the number reflected in this report is a point in time number for CY 2018 as of December 2019 and may change if additional fatalities that occurred in CY 2018 are later determined to be the result of abuse and/or neglect. Any changes to this number will be reflected in NCANDS trends analyses, through resubmissions, as well as subsequent year's APSR reports.

It is important to note that while SB 39 data were used in the FFY 2019 NCANDS submission, the data were derived from CY 2018. Additionally, beginning in CY 2012 CDSS began to receive reports of fatalities determined to be the result of abuse and neglect and caused by an unknown third party where a parent or caretaker did not contribute to the child's death. NCANDS submission of FFY 2013 (CY 2012) forward includes such fatalities.

CDSS will continue to look at how it might use other information sources to enrich the data gathered from the SOC 826 reporting process and reported to NCANDS. In September 2012, the CDSS issued a best practices all county information notice to counties encouraging annual reconciliation of CWS child death information with other entities that review child deaths such as local child death review teams, and attendance at local child death review team meetings to participate in discussions regarding deaths which may have been the result of abuse and/or neglect. As part of the technical assistance provided to counties regarding SB 39, the CDSS has also recently begun collecting information regarding county child welfare agencies' roles on local child death review teams and how their participation may lead to further identification and reporting of deaths that are a result of abuse or neglect. Additionally, the CDSS is partnering with the CDPH and the California Department of Justice to reestablish lapsed data sharing agreements, for purposes of the reconciliation audit of child death cases in California. We are hopeful that once the reconciliation audit data are for a more current period, the CDSS will be able to compare that data, which includes state vital statistics data, with our SOC 826 fatality statistics to compare actual numbers reported to help inform our NCANDS submission.

Perpetrators

California improved reporting efforts for perpetrator race, perpetrator ethnicity, and perpetrator as prior abuser. California increased implementation of new guidance to report a federally recognized race for clients being marked with the "Hispanic" indicator. In addition, the number of "unable to determine" entries reduced while an equivalent number of "White" entries increased, as a result of outreach encouraging counties to utilize the race field while also using the Hispanic indicator. California also improved efforts to evaluate all available records for prior perpetrators, rather than a limited amount of time.

California *(continued)*

Services

Prevention services in California are implemented through a state-supervised, county administered system. This system has the advantage of allowing the 58 counties in California flexibility to address child abuse prevention efforts through a local lens. This approach, however, results in 58 sets of challenges in program implementation, evaluation, data collection, and reporting. The CDSS funded direct prevention services for children and families through the allocation of federal Community-Based Child Abuse Prevention (CBCAP), Promoting Safe and Stable Families (PSSF), Child Abuse Prevention and Treatment Act (CAPTA) funds, and state Child Abuse Prevention, Intervention and Treatment (CAPIT) funds to California counties. Services are reported and verified according to the State Fiscal Year (SFY) 2018-19, and consequently, reported as FFY 2019.

This is the Office of Child Abuse Prevention's (OCAP's) fifth year of utilizing the Efforts to Outcomes (ETO) software as the primary data collection and reporting tool. This is the second year, the OCAP changed ETO to direct counties to choose one unit of measure (children, parents/caregivers, or families) instead of multiple units of measure (children and parent/caregivers) for one service activity. This change was made to mitigate the number of duplicate counts for numbers served and move towards more uniform data collection. After the change in ETO, a county selected one of the following: children, parents/caregivers or families for each service category. There were significant changes among the counties in the reporting of numbers served due to changing the unit of measure; particularly, for parent education, public education, differential response and basic needs. Historically, counties included children in the service count for these services, but with OCAP's guidance counties updated the numbers served to parents/caregivers or families.

For SFY 2018-19 counties reported 37,878 CAPIT parents/caregivers served, 539,758 CBCAP parents/caregivers served and 48,831 PSSF parents/caregivers served. In this reporting period, 21 counties reported a decrease in the total number of children served with PSSF and CAPIT funding, and six counties reported a decrease in the total number of children served with CBCAP funding. There was a decrease in the total number of children served by PSSF, CAPIT and CBCAP due to several factors including:

- Counties corrected inaccuracies in reporting from the prior fiscal year
- Staffing issues and;
- Alternative programs offered causing less participation in services.

Colusa, Nevada, and Solano counties reported decreases in the number of children served with CBCAP funds. Last year, Colusa county reported serving 1,095 children for advocacy, and in SFY 2018-19 Colusa county reported 999 children served. Colusa county cited they will evaluate the current tracking process and identify how to best begin collecting data for children served. Also, in SFY 2017–2018 Nevada county reported serving 77 children at Family Resources Centers, whereas in SFY 2018-19 Nevada county reported 31 children served. This decrease in the number of children served in Nevada county is a result of errors reported in the previous SFY on how the children count was tracked which resulted in duplication. The error was discovered midyear and corrected so the current numbers are lower than last SFY.

California *(continued)*

Last year, Solano county reported 28 children served in Youth Programs, in SFY 2018-19 Solano reported zero children served. Solano county reported this is the first year of this contract and data was not collected.

In SFY 2018-19, Orange county again reported the largest decrease in the number of children served with PSSF funds. Orange county reported the decrease was due to a decline in participation from the previous year and activities offered by alternative programs within the community including school districts and other community-based organizations.

In SFY 2018-19, Los Angeles county corrected the service count to only capture the primary recipient being the parents/caregivers served. In SFY 2018-19 Madera county reported the largest decrease in the number of children served with CAPIT funds. Madera county reported this was due to the Parent Project, a parent education program, now being offered through the local school district.

Moreover, 15 counties reported a decrease in the number of families served with CBCAP funding. There was a decrease in the number of families served by CBCAP due to several factors including:

- Increased accuracy of data collection
- Staffing issues; and
- Community outreach and alternative programs offered causing less participation in services.

Modoc and Ventura counties reported decreases in the number of families served with CBCAP funds. Modoc county reported a decrease of 1,500 families served for public education. Ventura county reported a decrease of 1,221 families for public education due to unforeseen weather during the fairs which had a negative impact for attendance on the events held.

Additionally, 15 counties reported an increase in the number of families served with CAPIT and 22 counties reported an increase of numbers served using PSSF funding. An increase in the total number of families served by CAPIT and PSSF funds occurred due to a variety of factors including:

- Increased accuracy of data collection
- Staffing issues; and
- Referrals.

Madera and Imperial counties reported the largest increase in the number of families served with CAPIT funds. This increase is due to in SFY 2017-18 Madera County counted by children and in SFY 2018-19 data was recorded by families due to the change in new service providers. In SFY 2018-19, Imperial county reported an increase in the number of families served which is due to no CAPIT services/activities reported in the previous SFY.

San Joaquin and Imperial counties reported the largest increase in the number of families served with PSSF funds. In SFY 2018-19 San Joaquin county successfully recruited 860 families and they attribute it to their collaboration with Dr. Denise Goodman and the community outreach efforts over the last year. Imperial county reported an increase in the number of families served due accurate tracking this SFY in comparison to the previous years' service counts.

California (continued)

With CAPTA funding, the OCAP funded the Family Hui program delivered by Lead4Tomorrow, which engages parents and provides them with opportunities to participate in state and local policymaking. Family Hui participants have attended leadership training seminars and child welfare policymaking meetings. Lead4Tomorrow developed a concept paper for agencies to assist in understanding the steps they should take for parents to effectively participate in advocacy activities, and what it means to be “trauma-informed.” Lead4Tomorrow has provided trainings in Siskiyou, Shasta, and Sacramento Counties to directly address these issues. Lead4Tomorrow reported that 129 families were served in SFY 2018-19.

Also, with CAPTA funding, Strategies 2.0, the training and technical assistance grantee, provided in-person and webinar trainings related to Parental Resilience serving 385 individuals. In addition, Strategies 2.0 provided Family Engagement and Family Strengthening training serving an additional 1,464 individuals.

The Celebrating Families! grant funded under CAPTA will allow Prevention Partnership International to train agencies who will be administering the Celebrating Families! program for at least 10-15 families each (totaling 20-30 families between two agencies) in the first 12 months of the grant. Families served are at risk for experiencing child abuse/neglect or family violence due to substance use disorders and other adverse childhood experiences.

Additionally, with CAPTA funding the OCAP partnered with the Department of Community Services and Development to issue the Economic Empowerment grant to five organizations focused on outreach to tribal partners. Each grantee committed to support the financial empowerment of parents and alleviate the stress of poverty in their community. In SFY 2018-19 China Service Center served 71 families, Folsom Cordova Community Partnership served 50 families, Community Action Partnership—San Luis Obispo served 33 families, Community Action Partnership—Santa Barbara served 41 families, and Redwood Community Action Agency committed to serving 100 families by the end of their grant period.

In SFY 2018-19 the OCAP awarded 12 new Road to Resilience grants supported with CAPTA funds which are composed of collaborative partnerships between community-based and county government agencies. Through interagency collaboration and integration of services, the Road to Resilience grantees will identify and serve pregnant women with known histories of substance use, pregnant women with current substance use, and mothers of substance-exposed infants.

Finally, the OCAP used CAPTA funds to improve the mandated reporter training offered online. The OCAP’s vision was to create quality online mandated reporter training modules which can be accessed throughout California and which increase understanding of the signs of abuse and neglect, as well as proper reporting procedures. The OCAP is currently offering eight updated mandated reporter online training modules.

Special Focus

On June 1, 2015, the California Department of Social Services (CDSS) implemented a policy to track commercially sexually exploited (CSE) youth referrals through the use of

California *(continued)*

an allegation of “Exploitation.” For FFY 2019, the data for reporting CSE has become more consistent. Following a policy California implemented on May 21, 2016, CSE allegations are entered in one of two ways: first, by choosing “Exploitation” and, to differentiate this from other exploitation referrals, with the sub-category of “Commercial Sexual Exploitation;” second, by choosing “General Neglect” with a sub-category of “Fail/Unable to Protect from CSE.” There is a limitation with these data, however. Only when the allegation is substantiated can the sub-categories be entered. Thus, inconclusive CSE allegations are not reported as CSE.

CARA-related fields (i.e. the plan of safe care and referral to appropriate services fields) reflect an ongoing process to improve the accuracy of data collection for these new fields. There is a system change in progress to record a plan of safe care in our system, and we continue working with counties to improve reporting and reviewing our own analysis to ensure accuracy about CARA referrals. We anticipate beginning to collect the data in 2020 and having a complete year of data for 2021. Currently, these fields are still optional, and often only used once a referral has been promoted to a case.

Colorado

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General

Colorado continues its work to improve the quality of NCANDS data. Several issues have been identified and are in queue to be modified by developers. Business rules that will require certain fields to be mandatory (e.g., additional perpetrator information) have also been identified with a request to be implemented into Colorado's modernized CCWIS system.

In Colorado, the Institutional Abuse Review Team (IART) reviews all reports of child abuse and neglect which occur within institutions and facilities that provide 24-hour care to children and are under the oversight of the Office of Children, Youth, and Families. Part of IART's on-going review includes technical assistance for counties to achieve consistent and accurate victim and perpetrator reporting.

Colorado also provides the following differential response assessment options for reports of child abuse and neglect:

- High Risk Assessment
 - Children are interviewed separately from the person responsible for the abuse and neglect.
 - A formal determination of whether or not abuse and neglect occurred is documented.
 - Postassessment services may be provided via transfer to either voluntary (non-court-involved) or court-involved traditional services case.
- Family Assessment Response (FAR)
 - Caseworkers have the option to meet with the entire family during the initial contact.
 - No official determination of whether or not abuse and neglect occurred is documented.
 - Families understand the assessment is not voluntary, but that post-assessment services are available and voluntary.

Each year, more counties implement FAR which increases the number of reports with an alternative response disposition.

Reports

The Colorado Department of Human Services (CDHS) uses a statewide child abuse and neglect hotline: 1-844-CO-4-KIDS. This serves as another option for individuals to report suspected child abuse and neglect, in addition to the local numbers all 64 counties have available to the public. All callers speak with a live person 24-hours a day, 365-days a year, and critical information is captured to ensure calls across the state are handled timely.

Fatalities

Colorado's Child Fatality Review Team (CFRT) has statutory authority to review incidents of egregious abuse or neglect, near fatalities, or fatalities of children resulting from abuse or neglect in which there has been previous child welfare involvement with the child, family, and/

Colorado (continued)

or alleged perpetrator within 3 years of the incident. The reviews are intended to gain a better understanding of the causes, trends, and system responses to child maltreatment and develop recommendations in policy, practice, and systemic changes which improve the overall health, safety, and well-being of children in Colorado and mitigate future incidents from occurring.

Colorado county human service agencies report all egregious and near fatal incidents that were suspicious for abuse and neglect to the State Department within 24 hours of becoming aware of the incident.

The CFRT is housed in Colorado Department of Human Services' Administrative Review Division (ARD). Together, ARD and county human services agencies work closely to ensure these egregious incidents of abuse or neglect, near fatalities, or fatalities are documented correctly and timely into the Statewide Automated Child Welfare Information System.

Perpetrators

Business rules have been added to the modernized CCWIS to improve reporting of perpetrator fields including perpetrator race, perpetrator ethnicity, and perpetrator as caregiver.

Services

The Community-Based Prevention of Child Abuse and Neglect Grant funding this year was used to support 20 counties in developing local child maltreatment prevention plans and releasing the solicitation for funding for the next 5 years so that communities could implement strategies in those plans. Colorado provided educational opportunities for professionals on the Strengthening Families Protective Factors Framework so that the work going forward would build upon that approach. In addition, Colorado supported an effort to increase the infrastructure of our 211 system to better serve families needing to be connected to resources.

Special Focus

Colorado was able to implement and collect two new required variables: 1) has a plan of safe care (PLNSFCR) and 2) referral to appropriate services (REFRCARA).

Connecticut

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General

The Connecticut Department of Children and Families (DCF) continues to operate a Differential Response System (DRS). DRS is comprised of two tracks: Child Protective Services Investigations for moderate to high risk cases, and Family Assessment Responses (FAR) for very low- to moderate-risk cases. Currently, Connecticut does not report data concerning reports handled through a FAR response to NCANDS.

A policy change modified a CT statute that changed the time DCF has to complete a child abuse or neglect investigation from 45 calendar days to 33 business days, effective July 2019. Also, PA 19-16 and PA 19-93 changed various civil and criminal statutes to (1) eliminate the criminal statute of limitations for any offense involving sexual abuse, sexual exploitation, or sexual assault of a minor and (2) extending the time to file a civil case related to sexual abuse or related conduct for victims under age 21 by allowing any such victim to file the lawsuit up until his or her 51st birthday.

Reports

During FFY 2019, the total volume of referrals received represents an increase compared to those received during FFY 2018. Of the screened-in referrals (reports), a larger percentage were assigned the investigations track than in prior years. The increase in using investigations instead of FAR may have been the result of a 12-month adjustment to the criteria for determining if a report should be handled through FAR or Investigation that began in August of 2018. During this period, cases with two or more reports within the most recent 5 years involving substance use/abuse or intimate partner violence, that upon receipt of a new report, were to be considered for changing tracks to an Investigation response instead. The state also implemented an online/electronic reporting option for non-emergency reports of abuse and neglect. This option was made available to schools on December 8, 2018, to judicial on February 1, 2019, and birthing hospitals on March 15, 2019. The inclusion of birthing hospitals in the electronic reporting option was coupled with the notification of substance exposed infants, as defined by CAPTA/CARA.

There have been several highly publicized reports in the media pertaining to failure to report child abuse and neglect, including the arrest of school and municipal employees in the fall of 2018. Also, CT General Statute Chapter 319a, Sec. 17a-101 was amended effective July 2018 to add the category of licensed behavior analysts, and again effective October 2019 to add DCF-contracted and/or credentialed service providers, victim services advocates employed by the CT Judicial Department, and employees of programs operated or contracted by the Judicial Department Court Support Services Division to the list of mandated reporters. Additionally, there were over 100,915 (Non-DCF staff) and 530 (DCF staff) who completed mandated reporter training during this reporting period. This represents a greater than 50 percent increase in trained non-DCF staff compared to FFY 2018. These factors are viewed as having significantly impacted the increase in overall number of reports received by the Careline.

Connecticut (continued)

During the reporting period, DCF refilled 211 positions: 35 social work supervisors, 39 social workers, and 137 social worker trainees. DCF also established 12 new positions: 11 social work supervisors, and 1 social worker. DCF's Academy for Workforce Development certified 184 new hires as completing their pre-service training during FFY 2019.

Fatalities

During FFY 2019, there was a decrease in child fatalities as a result of child maltreatment. Given the small numbers involved, it is not possible to provide definitive reasons for the decline. However, the state did continue to implement two review processes throughout FFY 2019, Rapid Safety Feedback (RSF) and Special Qualitative Reviews (SQR), which focus on child safety and learning opportunities for staff.

The RSF Model, developed by Eckerd Connects, identifies cases with a current likeness to past risk patterns with a poor outcome, i.e., serious maltreatment or fatality and couple “real time” quality assurance case reviews with coaching and consultation. During FFY19, RSF reviewers conducted reviews on a total of 450 cases.

During FFY 2019 DCF continued to enhance its practice to help prevent child fatalities through the continued implementation of Special Qualitative Reviews (SQR). SQR processes have been instrumental in guiding DCF case practice and policy as DCF strives to reduce the number of child maltreatment fatalities in CT and promote best practice in child welfare.

SQRs are conducted on critical incidents which include but are not limited to child fatalities, as well as on identified cases that have either current or recent agency involvement. SQR involves a thorough case review, including associated cases of parent(s) or child(ren), and interviews with staff when deemed necessary. SQR staff produces and shares a written report with appropriate agency staff and compiles, aggregates, and shares results during Learning Forums. SQR staff began facilitating Learning Forums in December 2017, as professional development opportunities for DCF staff. During learning forums, SQR and other departmental staff present data and information and facilitate a guided discussion about strengths, opportunities for improvement, risk factors, themes (e.g., chronic neglect, substance use, and infant fatality), and implications for case practice and policy. During FFY 2019, there were 54 contracted providers and 381 DCF staff that have participated in learning forums across the state, including senior administrators, managers, supervisors and social workers.

Perpetrators

During FFY 2019, there is an increase in the number of unique perpetrators compared to FFY 2018. Further, PA 18-5 requires Police officers responding to intimate partner violence calls to arrest a person they believe is the “dominant aggressor.” The law is intended to reduce the number of dual arrests, where both aggressor and the victim are charged. CT’s rate of dual arrest has been more than twice the national average. Advocates for intimate partner violence victims say the threat of arrest discourages victims from calling police for help. Dual arrests often lead to unwarranted negative consequences for victims, which may also impact the course of related child protective services cases.

Connecticut (continued)

Services

During FFY 2019, CT worked in partnership with key stakeholders to develop the agency's Child and Family Services Plan (CFSP) with input from over two hundred stakeholders who participated in planning meetings at various stages. The CFSP development and stakeholder partnerships positioned CT to successfully move into the year-long planning process to develop the state's five-year prevention plan under the Family First Prevention and Services Act (FFPSA). This process has been highly inclusive and comprehensive, including partners from other state agencies, community providers, advocates, foster parents, and family and youth with lived experiences in the system. Many of these stakeholders also contributed to the agency's CFSP and committed to a long-term partnership with the agency. CT expects to submit the 5-year plan for federal approval by October 2020.

Special Focus

DCF continues to strengthen its response to child victims of human trafficking. During FFY 2019, the Department received and investigated in conjunction with law enforcement 81 reports alleging trafficking of children and youth in CT of which 57 (70 percent) were accepted for investigation. Of significance, the data indicates that over 60 percent of the referrals were related to children living at home at the time of their victimization. There were 158 referrals to the 14 DCF area offices Human Anti-Trafficking Response Teams (HART). Each team has a Lead and Liaison(s) that partner with law enforcement, service providers and the identified Multidisciplinary Team(s) (MDT) to ensure a collaborative response and coordinated services for child victims and their families. The MDT collaboration also ensures the appropriate medical services are provided to the victims and forensic interviews are done by a skilled interviewer when deemed appropriate for the specific case.

During FFY 2019, 174 cases were reviewed by the appropriate MDT(s). The DCF continues to provide statewide professional development and training opportunities utilizing various specialized curricula. During FFY 2019, the number of trainings provided increased to a total of 289 trainings reaching a total of 7,164 professionals. To meet the training demands the department developed a Training of Trainer (TOT) process to expand training capacity, currently the state has over 200 certified trainers. The statewide Response to Recovery conference that focuses on child abuse including child trafficking drew 600 participants. Systemic barriers to collecting and reporting sex trafficking data, include CT's inability to accept reports of suspected Child Trafficking when the perpetrator is identified as a noncaregiver. This is due to limitations of CT statute and regulation, as well as technical data collection infrastructure.

Pursuant to CAPTA requirements, CT PA 18-11 amended Sec. 5 Section 17a-102a to include requirements that DCF develop guidelines for the safe care of substance-exposed newborns, and for providers involved in delivery or care of such newborns to notify DCF of this condition and their plan of safe care for the child. DCF worked to implement this statute in collaboration with key stakeholders including other state agencies, the CT Hospital Association, the CT Chapters of the American Association of Pediatrics and American College of Obstetricians and Gynecologists, community providers and mothers with lived experiences. On March 15, 2019, DCF launched a web-based notification portal for birthing hospital staff to make the notifications to DCF in an efficient manner that allows for data collection and analysis.

Connecticut (continued)

During the remainder of FFY 2019, there were 1,123 such notifications entered into the portal, for which 69 percent indicated developed or verified plans of safe care. Marijuana was the most commonly reported substance (77 percent of notifications). Methadone was the next frequent (10 percent), with all other substances occurring in less than 10 percent of all notifications. Mothers were referred to a variety of services, including Safe Sleep Plan (41 percent), WIC (37 percent), treatment for Depression (36 percent), Breastfeeding (25 percent), Pediatric care (23 percent), other parental Mental Health (20 percent), Substance Use counseling (19 percent), Car Seat Safety (19 percent) and Birth to Three (8 percent).

One barrier to implementation concerns the uneven practice of notification by hospital based on the type of community in which the mother resides. The vast majority (76 percent) of notifications were made concerning mothers residing in urban periphery or core towns (utilizing 5 Connecticut classifications). Only 13.5 percent were regarding those in rural towns, 10.3 percent in suburban towns, and only a single notification was made concerning a mother residing in a wealthy town. CT has been and remains committed to eliminating racial and ethnic disparate outcomes and maintains this as one of the agency's five strategic goals. As the portal continues to be populated and there is more data available for analysis, CT will be incorporating the findings into the racial justice work across the agency in an effort to address the findings with our partners in the child welfare system. Additional outreach and trainings are planned for hospital staff serving more affluent communities based on some of the initial findings. Continued enhancements to the portal to include notifications by providers outside of birthing hospitals is also planned for future development.

Delaware

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General

For the past five years, Delaware has received historical numbers of reports of child abuse, neglect and dependency. In Federal Fiscal Year (FFY) 2019, Delaware's Division of Family Services (DFS) received an increase in the number of reports from FFY 2018. Delaware continues to use Structured Decision Making® (SDM) at the report line, in Investigation, and in Family Assessment Intervention Response (FAIR). By the use of this evidence- and research-based tool, Delaware is better able to distinguish between cases that require a full investigation and those that require an assessment or referrals for services unrelated to child abuse and neglect, to consistently determine safety threats, and to make decisions using the same set of standards. Of the screened in reports, less than 10 percent were referred to one of our differential response pathways, called FAIR. Delaware has expanded our FAIR programming to include low risk cases involving our teen population, cases in which domestic violence is an identified risk factor, and cases in which parental substance abuse is an identified risk factor. We are also using another differential response program to work with infants with prenatal substance exposure in which maternal marijuana use is the only allegation. For the current NCANDS reporting period, Delaware did not provide FAIR data in the Child File because the program has not been fully implemented across the state. In future years, we hope to be able to include our internal FAIR data as well as contracted FAIR data.

On February 6, 2018, our new SACWIS system called FOCUS (For Our Children's Ultimate Success) went live. This integrated cloud based system is implemented but remains under construction. Change requests continue to be built and testing is ongoing. As we built FOCUS, we tasked ourselves with improving methods of collecting information specifically for the NCANDS report. We have added a section on every investigation that is able to specifically capture caregiver and child risk factors. We have also added specific elements to capture post response service details. Our staff is still adjusting to the new system and there have been instances where fields were left blank or not completed for all children. Delaware continues to train all staff on the use of the new system and on continual updates that have been made. Change requests have also been made to add additional validations into the system, but they have not been completed. It is an overall work in progress.

Reports

In FFY 2019, Delaware screened out more referrals in FFY 2019 than in FFY 2018. One contributor to this is the increased focus on mandatory reporting in Delaware. Reports are received due to suspicion of abuse or neglect, but do not necessarily meet criteria for an investigation. Delaware was also previously using Review Evaluate Decide (RED) team to review all "risk of" maltreatment reports. Fifty percent of these reports were screened out. The agency is also documenting reports made on active treatment cases with a screened out treatment response, whereas last year these reports were documented as screened in reports.

Delaware *(continued)*

In FFY 2019, Delaware has overall completed more investigations than FFY 2018. This increase in investigation completion numbers is highly contributed to the staff's better understanding and acclimation to the use of the new FOCUS system. Also, system errors that had previously impacted ability to complete an investigation have been mitigated. Delaware has also increased the number of investigation workers.

The state's intake unit uses the Structured Decision Making® (SDM) tool to collect sufficient information to access and determine the urgency to investigate child maltreatment reports. Currently, all screened-in reports are assessed in a three-tiered priority process to determine the urgency of the workers first contact; Priority 1 - Within 24 hours, Priority 2 - Within 3 days and Priority 3 - Within 10 days. In FFY 2019, accepted referrals for family abuse cases were identified as 57 percent routine/Priority 3, 16 percent Priority 2, and 27 percent urgent/Priority 1 in response. The calculation of our average response time for FFY 2019 is a large increase from FFY 2018. The agency has found that Priority 1 and Priority 2 reports are made in a timely manner. The Priority 3 reports are the area where improvement is needed. Again, contributing factors are the continual high volume of reports, above standards caseload size, as well as increase in front line staff turnover.

In light of the continued high number of referrals coming in, Delaware has continued to increase the number of staff responsible for hotline and investigation functions by adding an additional 57 positions to support these areas over the past few years.

Children

The state uses 50 statutory types of child abuse, neglect and dependency to substantiate an investigation. The State code defines the following terms; "abuse" is any physical injury to a child by those responsible for the care, custody and control of the child, through unjustified force as defined in the Delaware Code Title 11 §468, including emotional abuse, torture, sexual abuse, exploitation, and maltreatment or mistreatment. "Neglect" is defined as the failure to provide, by those responsible for the care, custody, and control of the child, the proper or necessary: education as required by law; nutrition; supervision; or medical, surgical, or any other care necessary for the child's safety and general well-being. "Dependent child" is defined as a child under the age of 18 who does not have parental care because of the death, hospitalization, incarceration, residential treatment of the parent or because of the parent's inability to care for the child through no fault of the parent. It is Delaware's policy to assess all children that are part of the household where the alleged maltreatment occurred.

Delaware is now able to capture more specific information related to caregiver risk factors, including the separation of alcohol abuse and drug abuse as a contributing factor.

Fatalities

House Bill 181 requires the agency to investigate all child deaths of children age 3 and under that are sudden, unexplained, or unexpected. Delaware also has a Child Death Review Commission that reviews every child death in the state. There is also a Child Abuse and Neglect (CAN) panel that conducts retrospective reviews on all child death and child near death cases where abuse or neglect is suspected. The state does not report any child fatalities in the Agency File that are not reported in the Child File. For FFY 2019, the state reported

Delaware (continued)

13 fatalities, 4 were due to co-sleeping, 4 due to physical abuse, 3 due to neglect, 1 due to drowning and 1 due to drug ingestion.

Perpetrators

Delaware maintains a confidential Child Protection Registry for individuals who have been substantiated for incidents of abuse and neglect since August 1, 1994. The primary purpose of the Child Protection Registry is to protect children and to ensure the safety of children in childcare, health care, and public educational facilities. The Child Protection Registry in Delaware does not include the names of individuals, who were substantiated for dependency; parent and child conflict, adolescent problems, or cases opened for risk of child abuse and neglect. An adult Delaware intends to substantiate will receive a written notice of intent to substantiate at the conclusion of the investigation. The notification includes a hearing request form that must be returned within thirty days of the postmarked date of the notification. The hearing request form enables the individual to receive a substantiation hearing in Family Court. When the hearing request form is not returned within the specified timeframe, the individual will automatically be entered on the Child Protection Registry. A minor will receive a substantiation hearing without submitting a hearing request form. This registry is not available through the internet and is not the same as the Sex Offender Registry maintained by the Delaware State Police State Bureau of Identification.

Services

During FFY 2019, Delaware's Children's Department saw an increase in the number of children and families served in agency file elements 1.1.C-C. This was contributed to an increase in the number of referrals made by Department staff. There was a decline for those served in agency file 1.1 E-C and 1.1.E-F. This decline was attributed to staff turnover and training related issues regarding the new state client tracking device as well as a reported greater ownership and empowerment within the community among the faith based and grass root organizations.

In FFY 2014, Delaware's Division of Family Services implemented several initiatives to improve our outcomes with families. These initiatives continue to have a strong presence in our practice. One of our programs is Team Decision Making, which engages the family, informal supports and formal supports in planning for children who are at risk of coming into care. This process has remained steady in diverting youth into kinship placements instead of Foster Care. Family Team Meetings is a growing component of our casework practice. Delaware continues its partnerships with community organizations to provide community based preservation and reunification services including family interventionists. Delaware has collaborated with numerous community partners to provide better services and plans of safe care for infants with prenatal substance exposure. We have partnerships with domestic violence and substance abuse agencies that provide intervention services in conjunction with agency case management. Delaware plans to build on our service array for prevention services in the upcoming years.

Delaware has added additional fields to capture information on services provided. These service fields were newly built into our data system as of February 2018. They were intended to be mandatory fields, however there is currently a defect allowing workers to complete the

Delaware *(continued)*

event without adding any services. Moving forward we have created a mandatory process and expect to report more service related information in FFY 2020.

Special Focus

Delaware has recently built in new fields to our FOCUS system to better capture information on sex trafficking as well as substance exposed infants. Sex trafficking data was not reported to NCANDS during FFY 2019 because our system did not capture Sex trafficking as a maltreatment type until January 2020. We predict we will be able to better report this information over the next two years.

Fields regarding substance exposed infants and plan of safe care were implemented October 17, 2018 and at that time the fields were not mandatory for all children that were part of the investigation. Therefore, there may be instances where the fields were not completed. There has been a decrease in the number of screen outs for prenatal exposed infants as Delaware is federally required to screen in all reports and ensure all of these children have a Plan of Safe Care in place. Many of our substance exposed infant cases are handled by contracted providers through differential response.

District of Columbia

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General

In April 2019, the District eliminated Alternative Response (formally known as Family Assessments) from its clinical practice. Now all screened-in reports are directed to the Investigation pathway.

Reports

As a result of the practice change, the data reveals that majority of the referrals received were screened out. In addition, the data also reveals that majority of the screened-in reports have a disposition of “unsubstantiated”.

For this reporting period, the data reflects that the District’s average response time is under the required time for investigations to be initiated.

Fatalities

CDSA participates on the District-wide Child Fatality Review committee and uses information from the Metropolitan Police Department and the District Office of the Chief Medical Examiner (CME) when reporting child maltreatment fatalities to NCANDS.

The District reports fatalities in the Child File when neglect and abuse was a contributing factor that led to the death of the child. The District defines “*Suspicious Child Death as a report of child death is either unexplained, or concern exists that abuse or neglect by caregiver contributed to or caused the child’s death*”.

Currently, there is no NCANDS maltreatment type for the District’s maltreatment “Suspicious Child Death”. The District will continue to report the maltreatment type of “Suspicious Child Death” to NCANDS maltreatment type of “other.” In addition to “Suspicious Child Death”, any maltreatment types that led to fatalities are also captured/mapped to a valid NCANDS maltreatment type.

Special Focus

The District revised its hierarchy of referral type for investigations to the following: child fatality, sex trafficking, sexual abuse, physical/other abuse, and neglect. The District’s Child and Family Services Agency (CDSA) does not accept calls on alleged victims of sex trafficking aged above 21 years old. These occurrences are solely handled by the Metropolitan Police Department.

The sex trafficking data represents a full reporting fiscal year. The following allegation values are mapped to the “Sex Trafficking” maltreatment type: a) Sexual exploitation/sex trafficking of a child (by a noncaregiver), b) Failure to protect against human sex trafficking, and c) Sexual exploitation of a child by a caregiver.

District of Columbia *(continued)*

The District began reporting data on drug and alcohol abuse child risk factors in FFY 2018.

The data represents the number of alleged victims with an allegation of:

- Positive toxicology of a newborn
- Fetal Alcohol Spectrum Disorder (FASD)

It is the District's practice to screen-in all infants with prenatal substance exposure (IPSE) referrals and thus no referrals were screened out.

Florida

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Reports

The criteria to accept a report are that an alleged victim:

- Is younger than 18 years
- Is a resident of Florida or can be located in the state at the time of the report
- Has not been emancipated by marriage or other order of a competent court
- Is a victim of known or suspected maltreatment by a parent, legal custodian, caregiver, or other person responsible for the child's welfare (including a babysitter or teacher),
- Is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care
- Is suspected to be a victim of human trafficking by either a caregiver or noncaregiver.

The response commences when the assigned child protective investigator attempts the initial face-to-face contact with the alleged victim. The system calculates the number of minutes from the received date and time of the report to the commencement date and time. The minutes for all cases are averaged and converted to hours. An initial onsite response is conducted immediately in situations in which any one of the following allegations are made: (1) a child's immediate safety or well-being is endangered; (2) the family may flee or the child will be unavailable within 24 hours; (3) institutional abuse or neglect is alleged; (4) an employee of the department has allegedly committed an act of child abuse or neglect directly related to the job duties of the employee; (5) a special condition referral (e.g., no maltreatment is alleged but the child's circumstances require an immediate response such as emergency hospitalization of a parent, etc.); for services; or (6) the facts of the report otherwise so warrant. All other initial responses must be conducted with an attempted onsite visit with the child victim within 24 hours.

Several maltreatments map to “8 - other” in Florida, including Threatened Harm, Intimate Partner Violence Threatens Child, Household Threatens Child, and Family Violence Threatens Child, this will inevitably increase the number of “other” maltreatment values.

Children

The Child File includes both children alleged to be victims and other children in the household. The Adoption and Foster Care Analysis and Reporting System (AFCARS) identification number field is populated with the number that would be created for the child regardless of whether that child has actually been removed and/or reported to AFCARS.

Although the Florida Hotline uses the maltreatment “Threatened Harm” only for narrowly defined situations, investigators may add this maltreatment to any investigation when they are unable to document existing harm specific to any maltreatment type, but the information gathered and documentation reviewed yields a preponderance of evidence that the plausible threat of harm to the child is real and significant. Threatened harm is defined as behavior which is not accidental and which is likely to result in harm to the child, which leads a

Florida (continued)

prudent person to have reasonable cause to suspect abuse or neglect has occurred or may occur in the immediate future if no intervention is provided. However, Florida does not typically add threatened harm if actual harm has already occurred due to abuse (willful action) or neglect (omission which is a serious disregard of parental responsibilities).

Most data captured for child and caregiver risk factors will only be available if there is an ongoing services case already open at the time the report is received or opened due to the report.

Fatalities

Fatality counts include any report closed during the year, even those victims whose dates of death may have been in a prior year. Only verified abuse or neglect deaths are counted. The finding was verified when a preponderance of the credible evidence resulted in a determination that death was the result of abuse or neglect. All suspected child maltreatment fatalities must be reported for investigation and are included in the Child File. The death maltreatment is an actual code that is reported as the NCANDS category of “other” maltreatment in the NCANDS mapping.

Perpetrators

By Florida statute, perpetrators are only identified as responsible for maltreatment in cases with verified findings. Licensed foster parents and non-finalized adoptive parents are mapped to nonrelative foster parents, although some may be related to the child. Approved relative caregivers (license not issued) are mapped to the NCANDS category of relative foster parent.

Florida reviews all children verified as abused with a perpetrator relationship of relative foster parent, nonrelative foster parent, or group home or residential facility staff during the investigation against actual placement data to validate the child was in one of these placements when the report was received. If it is determined that the child was not in one of these placements on the report received date, then the perpetrator relationship is mapped to the NCANDS category of “other.”

Services

Due to the IV-E waiver and a cost pool structure that is based on common activities performed that are funded from various federal and state awards, Florida uses client eligibility statistics to allocate costs among federal and state funding sources. As such, Florida does not link individuals receiving specific services to specific funding sources (such as prevention).

Special Focus

Florida collects information on sex trafficking allegations, however the maltreatment type has not been mapped correctly for the purposes of the NCANDS submission. Florida is continuing to work on implementing this for NCANDS reporting.

In FFY 2017 Florida initiated a new maltreatment of “Substance Exposed Newborn.” The definition is as follows: Substance-exposed newborn as a maltreatment occurs when a child

Florida *(continued)*

is exposed to a controlled substance or alcohol prenatally. Exposure to a controlled substance or alcohol prenatally is established by:

- A test, administered at birth, which indicates that the child's blood, urine or meconium contained any amount of alcohol or a controlled substance or metabolites of such substances, the presence of which was not the result of medical treatment administered to the mother or the newborn infant;
- A diagnosis of Neonatal Abstinence Syndrome or Fetal Alcohol Spectrum Disorder as a result of maternal use of a controlled substance or alcohol; or
- Knowledge or suspicion by medical personnel or hospital staff that an infant was exposed to a controlled substance or alcohol prenatally based on physiological or neurobehavioral abnormalities (e.g., seizures, muscle tightness, rapid breathing), and/or the mother's reported use of controlled substances or alcohol prenatally when such use would likely result in neonatal toxicology or withdrawal.

The term "controlled substance" means prescription drugs not prescribed for the parent or not administered as prescribed, and controlled substances as outlined in Schedule I or Schedule II as defined in Section 893.03, F.S.

The state is currently not able to report the IPSE plan of safe care or referral to appropriate services fields. Limited resources and competing priorities are the barriers to updating the extract for reporting these fields.

Georgia

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General

The Statewide Automated Child Welfare Information System, SHINES, captures nearly all the data in the NCANDS files. Each year enhancements are made to improve accuracy and completeness. Comparing data from different years may lead to inaccurate conclusions. In addition to enhancements in the SHINES database, changes in policy and practice also necessitate caution when comparing data from one year to another.

Screened-in referrals in Georgia are directed to either an investigation or alternative response, called Family Support. Cases with allegations that are considered more dangerous (sexual abuse, physical abuse, maltreatment in care) are directed immediately to the investigation pathway. Cases with other allegations undergo an “Initial Safety Assessment” (ISA). A case worker interviews in person the alleged victim(s) and the alleged perpetrator(s) at the home. Risk is assessed, and the case is then directed either to an investigation or, if risk appears low, to the Family Support pathway. Investigations end with a determination of either substantiated or unsubstantiated, indicating whether a preponderance of evidence supports the allegation(s) or not. Family Support cases receive no such determination. A decision to remove children into state custody does not depend on the investigation disposition, but on the safety of the home.

Both investigations and Family Support are included in the NCANDS Child File.

Two significant changes occurred in Georgia during Federal Fiscal 2016. The first was the creation of a Child Abuse Registry on July 01, 2016. Prior to the Registry, Georgia did not keep records of perpetrators. The FFY 2017 NCANDS submission was the first that includes Georgia perpetrator data. The creation of the registry has been accompanied by a significant decrease in the number of substantiated incidents.

The second important change in Georgia in 2016 was a new practice called the Initial Safety Assessment (ISA). Prior to the ISA, intake workers who received a report of child maltreatment made the decision to screen the call out, or assign it to a case worker as an investigation or alternative response (Family Support). The new policy allows the intake worker to screen out non-qualifying calls (as before), assign a case as an investigation if it meets certain criteria (serious injury, maltreatment in care, etc.), or assign the case as an Initial Safety Assessment with a priority of immediate, 24 hour, or 72 hour response times. Initial Safety Assessment workers visit the home and determine whether the investigation track or alternative response is appropriate. This change in policy has been accompanied by a large shift in the number of cases assigned as investigations and alternative response. Previously, about 60 percent of child protective services cases were investigated, and the remaining 40 percent were alternative response. Since ISA began on August 06, 2016, between 60 percent and 70 percent of cases are alternative response.

Georgia (continued)

Reports

The components of a CPS report are: (1) a child younger than 18 years; (2) a referral of conditions indicating child maltreatment; and (3) a known or unknown individual alleged to be a perpetrator. Referrals that do not contain all three components of a CPS report are screened out. Screen-outs may include historical incidents, custody issues, poverty issues, truancy issues, situations involving an unborn child, and/or juvenile delinquency issues. For many of these, referrals are made to other resources, such as early intervention or prevention programs.

Fatalities

Georgia relies upon partners in the medical field, law enforcement, Office of the Child Advocate, and other agencies in identifying and evaluating child fatalities.

Perpetrators

Prior to July 1, 2016, a ruling of the Georgia Supreme Court prohibited the Division of Family and Children Services from reporting perpetrator data. GA Senate Bill 138 Section 11, codified as Official Code of Georgia Annotated statute 49-5-182, effective July 1, 2016 established a Child Abuse Registry and now allows for the reporting of perpetrator data.

If the perpetrator of the abuse is identified in our SACWIS system as a parent of the child and as the primary caretaker in the family then we can assume that the parent perpetrator is a caretaker. However, if the perpetrator is identified as a parent but is not the primary caretaker, the system offers no method of determining if the parent has a caretaker role.

Services

The agency does not provide Educational and Training, Family Planning, Daycare, Information and Referral, or Pregnancy Planning Services for clients. These services would be provided by referrals to other agencies or community resources. Our SACWIS system would only track those services paid for by agency funds. However, most services are provided through referrals to other agencies or community resources.

Special Focus

Georgia was able to report sex trafficking as a maltreatment type and the IPSE-related fields for FFY 2019. Georgia improved collection efforts for the IPSE-related fields by training case managers to enter documentation correctly in SACWIS system. Reporting increased for these fields in FFY 2019.

In addition to the children referred by medical personnel for prenatal substance exposure and screened out, there were also 89 reports of prenatal substance exposure by medical personnel for which an investigation was created. These additional 89 reports are not included in the Child File, because there were no allegations of child maltreatment.

Hawaii

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General

Reports to Child Welfare Services (CWS) of potential abuse or neglect are handled in one of three ways through our Differential Response System:

- 1) Reports assessed as low risk and with no identified safety issues are referred to Family Strengthening Services (FSS).
- 2) Reports assessed as moderate risk with no identified safety issues are referred to Voluntary Case Management (VCM).
- 3) Reports assessed as severe/high risk and/or with identified safety issues are assigned to a CWS unit for investigation.

There are no identified alleged victims of maltreatment in reports assigned to Family Strengthening Services (FSS) and Voluntary Case Management (VCM). While VCM cases are documented in the Child Welfare database they are non-Protective Services cases. All intakes that are referred to FSS, VCM, or CWS are documented in the CWS database. FSS cases are not documented in the state CWS database. During FSS and VCM service provision and assessments, if maltreatment or a safety concern is indicated, the case will be returned to CWS for investigation.

Reports

Hawaii currently uses two disposition categories: confirmed and unconfirmed. A child is categorized as substantiated in NCANDS if one or more of the alleged maltreatment types is confirmed with more than 50 percent certainty, or as unsubstantiated if all of the alleged maltreatment types are not confirmed with more than 50 percent certainty.

Children

The “other” maltreatment type category includes “threatened abuse” and “threatened neglect”. Threatened Harm does not meet the level of evidence for Psychological Abuse or Physical Abuse. “Threatened Harm means any reasonably foreseeable substantial risk of harm to a child”, Hawaii Revised Statutes §587a-4. Threatened Harm is recognized in Hawaii Revised Statutes.

Fatalities

We report all child fatalities as a result of maltreatment in the state child welfare services database. The State Medical Examiner’s office, local law enforcement, and Child Welfare Services’ Multidisciplinary Team conduct reviews on potential child abuse and/or neglect cases that result in death.

Hawaii *(continued)*

Perpetrators

The State CWS data system designates up to two perpetrators per child. The perpetrator maltreatment fields are currently blank. The information was in narrative form, not coded for data collection.

Services

The State is not able to report some children and families receiving preventive services under the Child Abuse and Neglect State Grant, the Social Services Block Grant, and “other” funding sources because funds are mixed. Funds are allocated into a single budget classification and multiple sources of state and federal funding are combined to pay for most services. All active cases receive services.

Special Focus

Hawaii was able to capture a full fiscal year of sex trafficking data.

Hawaii’s current CWS database is not set up to capture the IPSE-related fields. In Hawaii’s new CCWIS database, this data will be captured. Hawaii is also exploring how to modify the current database to capture this data, and is anticipating reporting in FFY 2021.

Idaho

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General

Idaho does not have an alternative response to screened-in referrals.

Reports

Idaho has a centralized intake unit which includes a 24-hour telephone line for child welfare referrals. The intake unit maintains a specially trained staff to answer, document, and prioritize calls, and documentation systems that enable a quicker response and effective quality assurance. Allegations are screened out and not assessed when:

- The alleged perpetrator is not a parent or caregiver for a child, the alleged perpetrator no longer has access to the child, the child's parent or caregiver is able to be protective of the child to prevent the child from further maltreatment, and all allegations that a criminal act may have taken place have been forwarded to law enforcement.
- The alleged victim is under 18 years of age and is married.
- The alleged victim is unborn.
- The alleged victim is 18 years of age or older at the time of the report, even if the alleged abuse occurred when the individual was under 18 years of age. If the individual is over 18 years of age, but is vulnerable (physically or mentally disabled), all pertinent information should be forwarded to Adult Protective Services and law enforcement.
- There is no current evidence of physical abuse or neglect and/or the alleged abuse, neglect, or abandonment occurred in the past and there is no evidence to support the allegations.
- Although Child and Family Safety (CFS) recognizes the emotional impact of domestic violence on children, due to capacity of intake, we only can respond to referrals of domestic violence that involve a child's safety. Please see the priority response guidelines for more information regarding child safety in domestic violence situations. Referrals alleging that a child is witnessing their parent/caregiver being hurt will be forwarded to law enforcement for their consideration. Additionally, referents will be given referrals to community resources.
- Allegations are that the child's parents or caregiver use drugs, but there is no reported connection between drug usage and specific maltreatment of the child. All allegations that a criminal act may have taken place must be forwarded to law enforcement.
- Parental lifestyle concerns exist, but don't result in specific maltreatment of the child.
- Allegations are that children are neglected as the result of poverty. These referrals should be assessed as potential service need cases.
- Allegations are that children have untreated head lice without other medical concerns.
- Child custody issues exist, but don't allege abuse or neglect or don't meet agency definitions of abuse or neglect.
- More than one referral describes the identical issues or concerns as described in a previous referral. Multiple duplicate referrals made by the same referent should be staffed with the local county multi-disciplinary team for recommendations in planning a response.

Idaho (continued)

More information regarding intake, screening, and priority guideline standards can be found on the Idaho Health and Welfare website.

The investigation start date is defined as the date and time the child is seen by a Child Protective Services (CPS) social worker. The date and time are compared against the report date and time when CPS was notified about the alleged abuse. Idaho only reports substantiated, unsubstantiated: insufficient evidence, and unsubstantiated: erroneous report dispositions. Most regions are not large enough to dedicate staff separately into screening, intake, and assessment workers.

Children

Idaho's current practice standard for Comprehensive Safety, Ongoing, and Re-Assessment requires the social worker to interview all children of concern, all child participants on a report, and any child who falls under the Temporary Child resident Standard. The practice standard defines child(ren) participants on a presenting issue as, "all other children who are not identified as victim(s) of abuse or abandonment which reside in or visit the home."

At this time, the Statewide Automated Child Welfare Information System (SACWIS) cannot provide living arrangement information to the degree of detail requested. The state's SACWIS counts children by region rather than by county. There are seven regions in Idaho. The NCANDS category of "other" maltreatment types includes the state categories of abandonment, adolescent conflict, exploitation, alcohol addiction, drug addiction, and finding of aggravated circumstances.

For caregiver risk factors, Idaho's safety assessment model was implemented in early FFY 2015 and does not list domestic violence or financial issues as separate risk issues. These risk issues are captured under broader risk issue of dangerous living environment/child fearful of home situation/caregiver with uncontrolled or violent behavior and the risk issue of unused or unavailable resources.

Perpetrators

Idaho Administrative Code for the purpose of substantiating an individual for abuse, neglect or abandonment does not define the age of a suspect of perpetrator. However, for the purpose of Idaho's Child Protection Central Registry levels of risk, for an individual to be to be placed on the Central Registry at the highest level for sexual abuse they must meet the definition of sexual abuse as defined in Idaho Statute. Idaho Statute 18-1506 includes in the definition of sexual abuse of a child under the age of sixteen year that it is a felony for any person eighteen (18) year of age or older. Idaho's practice is to substantiate suspects who are over the age of eighteen (18) or are the parent of the victim.

Fatalities

Idaho compares fatality data from the Division of Family and Community Services with the Division of Vital Statistics for all children younger than 18. The Division of Vital Statistics confirms all fatalities reported by child welfare via the state's SACWIS and provides the number of fatalities for all children for whom the cause of death is homicide.

Idaho *(continued)*

When a report is made to the Centralized Intake Unit, the Priority Response Guidelines establish requirements for evaluating safety issues within Child and Family Services (CFS) mandates and are utilized to determine the immediacy of the response timeframes. When the death of a child is alleged to be due to physical abuse or neglect by the child's parents, guardian, or caregiver and reported information indicates there may be safety threats to any minor siblings remaining in the home, CFS will assess the safety of the other children in the home with an immediate response.

Services

Idaho has had no changes in preventive funding. Currently, Idaho is unable to report public assistance data due to constraints between Idaho's Welfare Information System and SACWIS.

Special Focus

Idaho collected data on Sex Trafficking Victims on all children assessed for neglect, abuse, or abandonment. In addition, Idaho assesses children in foster care during for human trafficking during child contact visits and when a youth returns from runaway status.

Idaho implemented data collection for prenatal substance exposure in April 2019.

Illinois

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General

The Illinois NCANDS Child File contains reports of child abuse/neglect that resulted from a hotline call meeting the standards of abuse/neglect as defined in department procedure *300.30(a)(1)—Criteria for a Report of Abuse or Neglect*.

The following criteria must be met for a referral of abuse or neglect to be screened in:

- The alleged child victim must be under 18 years of age or be between the ages of 18-22 while living in a DCFS licensed facility;
- There must be an incident of harm or a set of circumstances that would lead a reasonable person to suspect that a child was abused or neglected as interpreted in the allegation definitions contained in *Procedures 300, Appendix B*; and
- The person committing the action or failure to act must be an eligible perpetrator:
 - For a referral of suspected abuse, the alleged perpetrator must be the child's parent, immediate family member, any individual who resides in the same home as the child, any person who is responsible for the child's welfare at the time of the incident, a paramour of the child's parent, or any person who came to know the child through an official capacity or is in a position of trust.
 - For a referral of suspected neglect, the alleged perpetrator must be the child's parent or any other person who was responsible for care of the child at the time of the alleged neglect.

Currently Illinois does not have a Differential Response pathway.

Reports

The increase in the number of abuse/neglect referrals meeting the above criteria and screened in for a response, and becoming a report is primarily attributed to two factors:

- An increase in new reports being created from calls and online reports made to the child abuse hotline and
- Concerted efforts to follow department procedures for documenting a report as a single report or as multiple reports as outlined below:
 - Facility reports which list only one alleged perpetrator per report—(*300.110(b) Child Abuse and Neglect in Child Care Facilities*)
 - When abuse or neglect is alleged to have occurred in a facility and the caller identifies multiple perpetrators, the CFW shall document in the report narrative that a separate sequence shall be added to the facility SCR number for each perpetrator, as per Section 300.110(b), Child Abuse and Neglect in Child Care Facilities.
 - *300.30(b) Multiple Perpetrators: When to Document as Single or Multiple Reports*
 - i.) When the caller identifies multiple perpetrators for a single incident of abuse/neglect, the CFW shall determine whether the alleged perpetrators reside in the child's household, the address of incident, or other residence. When all alleged perpetrators are household members, the CFW shall list them in one report.
When there are two independent families residing in the same household and

Illinois (continued)

both families are involved in the alleged abuse or neglect, then the CFW shall take two separate reports. When one or more alleged perpetrators reside in different locations, the CFW shall document in the narrative that an additional report will be added for each perpetrator. When the alleged perpetrator residing outside the home of the child victim has children in his/her own home and those children are known to have been abused or are considered to be at risk of physical or sexual injury or environment injurious, a report will be taken on those children.

Illinois' definition of investigation start date/time is the date/time of the first actual in-person contact or attempted in-person contact listed for the last alleged victim listed in the investigation. Based on NCANDS instructions, Illinois does not provide the investigation start date/time for the NCANDS child maltreatment data.

Children

The above Reports section provides an explanation for the increase in the total number of unique children, total number of unique child victims and the total number of duplicate victims.

For Illinois, an NCANDS report disposition of "no alleged maltreatment" refers to noninvolved children (i.e., children not suspected of being abused or neglected) whom are recorded on a child abuse or neglect report. There are no specific dispositions because there are no allegations of abuse or neglect for these children.

Fatalities

When the Illinois hotline accepts a report of abuse/neglect involving the death of a child, the data is entered in the Statewide Automated Child Welfare and Information System (SACWIS). The Illinois NCANDS child file contains child death data as recorded in SACWIS. Because Illinois allows multiple reports for the same incident when multiple perpetrators residing in different locations or independent families residing within the same household are involved but NCANDS validation rules delete all records involving duplicative reports, fatalities deleted as a result of this validation process have been added to the agency file.

The increase of fatalities can be attributed to the completion of 15 death investigations during FFY 2019 where the report date of the investigation was more than six months prior to the start of the FFY 2019 when compared to FFY 2018 when only 2 death investigations were completed during the report period when the report date was more than 6 months prior to the FFY 2018. Additionally, an incident occurred which claimed the lives of 10 children.

Perpetrators

The *Illinois Abused and Neglected Child Reporting Act (ANCRA) [325 ILCS 5/5] and Rule 300, Reports of Child Abuse and Neglect*, does not set a minimum age for a perpetrator, with the exception of Allegation #10 Substantial Risk of Physical Injury (minimum age of 16), therefore any case involving a young perpetrator must be assessed on an individual basis according to the dynamics of the case.

Illinois (continued)

Services

Illinois prevention services, reported in the Agency File, are based on the state fiscal year 2019, which is from July 2018–June 2019. Illinois is currently providing information on placement services only.

Special Focus

Illinois has an allegation of Human Trafficking which is defined as:

Federal law defines severe forms of trafficking in persons (Human Trafficking) as: “*sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or the recruitment, harboring, transportation, provision, obtaining, patronizing or soliciting of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery.*” [22 U.S.C. §7102(8)]

For the purpose of a child abuse/neglect investigation, force, fraud, or coercion need not be present.

Incidents of Maltreatment:

- Labor exploitation (ABUSE).
- Commercial sexual exploitation (i.e., prostitution, the production of pornography or sexually explicit performance) (ABUSE).
- Blatant disregard of a caregiver’s responsibilities that resulted in a child being trafficked (NEGLECT).

Because Illinois’s definition of sex trafficking is a part of a broader definition of Human Trafficking that also includes labor exploitation and blatant disregard of a caregiver’s responsibilities, it is mapped to the NCANDS maltreatment type “8—other”.

Illinois is reviewing the maltreatments associated with Prenatal Substance Exposure and whether the state can accurately report on these maltreatments.

Indiana

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General

In July 2012, Indiana instituted a new child welfare information system: The Management Gateway for Indiana's Kids (MaGIK). Coinciding with the implementation of MaGIK, the department also developed a new extraction code and mapping documents to effectively collect and organize data for NCANDS. Indiana has engaged in continuous improvement efforts to refine the data collection and mapping process through system modifications and overall enhancements, including a new intake system that launched in February 2016. To facilitate these efforts, Indiana sought out technical assistance through the National Resource Center for Child Welfare Data and Technology (NRC-CWDT). MaGIK is an ever-evolving, umbrella system which has further incorporated services, billing, case management, and the overall data management, organization, and extraction components.

Reports

The Indiana Department of Child Services (DCS) does not assign for assessment a referral of alleged child abuse or neglect that does not:

- Meet the statutory definition of child abuse and neglect; and/or
- Contain sufficient information to either identify or locate the child and/or family and initiate an assessment (Indiana Policy Manual 3.6).

As of January 1, 2018, the Hotline ceased automatically recommending assessment of all reports with alleged victims under the age of three years old. As of July 1, 2019, a change in legislation increased the 1-hour response time to 2-hours.

The following four types of referrals do not receive an assessment:

- **Screen out:** These referrals meet one or both conditions listed above. No further action is taken within or outside of the department due to insufficient information by the report source or the information given to the hotline does not meet requirements for diversion to voluntary services or information and referral.
- **Refer to Licensing:** These referrals meet the first condition above and meet requirements for a response from the departments licensing unit. (E.g., reporter has concerns about a foster home that do not meet statutory definition of child abuse and neglect, but complaint does cause licensing concern/s such as too many children living in a foster home).
- **Service Request:** These referrals meet the first condition above and meet action requirements for the family to be contacted for voluntary services coordinated or provided by the department. These referrals would include service requests through the DCS Children's Mental Health Initiative and the Collaborative Care Program.
- **Information and Referral:** Referral meets the first condition listed above and the report source is given information by hotline staff and verbally referred to outside agencies as appropriate. (E.g. Reporter is concerned about developmental issues with their child. The hotline would give the report source information about and contact information for Indiana's early intervention program).

Indiana (continued)

Indiana also instituted daily Safety Staffings between field workers and supervisors, which emphasizes ensuring the safety of children as quickly as possible. This has resulted in a significant reduction in reported time to investigation.

Children

As of January 2018, the Hotline ceased automatically recommending assessment of all reports with alleged victims under the age of three years old. For reports involving children under 3 on reports recommended for screen out, the local offices may still choose to change the recommendation to assess. If a report is recommended for assessment and includes an alleged victim under the age of 3, the local office may only screen out with approval from their chain of command up to the Deputy Director of Field Operations. As a result of this change, the number of reports declined while the number of allegations leading to a substantiation increased. Indiana continues to work with its field staff responsible for entering reports and completing assessments and emphasizing the importance of entering all applicable data, including child risk factors.

Fatalities

All data regarding child fatalities are submitted exclusively in the Child File.

Perpetrators

Indiana launched a new intake system in February 2016 that better aligns with the system used for completing assessments and case management cases. This has allowed for more accurate perpetrator data entry.

Services

Improvements in data collection allowed Indiana to report prevention data by child. Therefore, to not duplicate counts, Indiana does not provide prevention data on a family level.

Indiana maintained similar expenditures for Community Partners in FFY 2019 compared to FFY 2018. Overall, Indiana expended less Federal funds this year and slightly more state funds. There were less children reported served this year. Title IVB – Promoting Safe and Stable Families decreased, which caused Indiana to serve less children.

Special Focus

Indiana was able to report sex trafficking as a maltreatment type in FFY 2018. Indiana has not excluded any kind of sex trafficking reports based on perpetrator relationship with the victim.

Indiana continues working to improve plan of safe care data extraction and field processes. DCS released policy on May 1, 2019 to give practice guidance on plan of safe care entry into our information system as well as guidance on what types of children and families should have this plan completed.

Iowa

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General

In FFY 2019, the number of children going through the child welfare system decreased just slightly and Iowa continued to experience high caseloads. While it was helpful that additional funding from the state did allow for the hiring of 80 positions, frontline workers still face extraordinary challenges by large caseloads and the complexities of working with families challenged by substance abuse, mental health, and financial struggles. Our workforce remains dedicated to holding child safety first and foremost and to preserving resources for vulnerable families. We continuously strive to improve service delivery by mandating data-driven performance; we scrutinize our data for areas needing improvement, and implement policy and practice changes in response.

Reports

The number of abuse and neglect reports decreased in FFY 2019. A practice change effective October 18, 2018, was factor in this decrease. The change allows for a new report of suspected abuse to be accepted and linked to a report that is already open for assessment. For nearly 18 months prior to this, all new reports of suspected abuse that were accepted for assessment, were being addressed in a new/separate assessment. The linking option built into our child welfare information system now allows for duplicate allegations regarding the same subjects to be addressed within one report.

Children

The number of children involved in a child abuse assessment decreased just slightly in FFY 2019, after having higher increases in the previous 2 years. A factor in this increase is contributed to a law change, which expanded the abuse category defining a dangerous substance from methamphetamine only to including cocaine, heroin, and opium/opiates. The definition also expanded to include any use, possession, manufacture, cultivation, or distribution of any of those dangerous substances. As a result, a significant lower number assessments were eligible for a family assessment, Iowa's alternate/differential response.

Fatalities

The number of child fatalities that resulted from abuse or where abuse was a contributing factor, increased in FFY 2019. The majority of these fatalities resulted from unsafe sleep practices. Parental substance abuse leading to neglect, physical abuse, and other denial of critical care were additional causes. As a result of this significant increase, Iowa will be following up with a more in-depth review to determine factors that led to the increase and identify efforts to assist in decreasing these fatalities.

Perpetrators

The number of perpetrators decreased in FFY 2019. Perpetrators in Iowa include individuals who have caregiver responsibilities at the time of the alleged abuse, or a person 14 years of

Iowa *(continued)*

age or older who sexually abuses a child they reside with, or a person who engages in or allows child sex trafficking.

Services

Iowa has both preventive and postresponse services. Preventive services (Community Care) are available on a voluntary basis to families following an assessment where abuse is not substantiated or abuse is confirmed (substantiated, not placed on the central abuse registry), but there is low or moderate risk. These services strive to keep children safe from abuse, keep families intact, prevent the need for future involvement from the child welfare system, and to build ongoing connection to community-based resources.

Postresponse services (Family Safety, Risk, and Permanency Services-FSRP) are required for families where abuse is founded (substantiated, placed on the central abuse registry) and confirmed with high risk. These services are managed by the Iowa's child welfare agency and offer a flexible array of culturally sensitive interventions and supports to achieve safety and permanency for children and their families.

Special Focus

In Iowa, the NCANDS category of “other” maltreatment types includes either presence of illegal drugs in a child or dangerous substance. All other substance abuse allegations are reported as neglect. Iowa continues to see a significant amount of substance abuse.

Kansas

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General

In July 2016, Kansas's level of evidence changed from Clear and Convincing to Preponderance. In addition to our finding category of "substantiated," another finding category of "affirmed" was added as of July 2016. Affirmed is defined as a reasonable person weighing the facts and circumstances would conclude it is more than likely than not (preponderance of the evidence) the alleged perpetrator's actions or inactions meet the abuse/neglect definition per Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.). Furthermore, "unable to locate" (closed-no finding) was added as a finding category in January 2014.

Reports

Reasons for screening out allegations of child abuse and neglect include:

- Initial assessment of reported information does not meet the statutory definition: Report does not contain information that indicates abuse and neglect allegations according to Kansas law or agency policy.
- Report fails to provide the information necessary to locate child: Report doesn't provide an address, adequate identifying information to search for a family, a school where a child might be attending, or any other available means to locate a child.
- The Department of Children and Families (DCF) does not have authority to proceed or has a conflict of interest if: Incidents occur on a Native American reservation or military installation; alleged perpetrator is a DCF employee; alleged incident took place in an institution operated by DCF or Kansas Department of Corrections—Juvenile Services (KDOC-JS); or alleged victim is age 18 or older.
- Incident has been or is being assessed by DCF or law enforcement: Previous report with the same allegations, same victims, and same perpetrators has been assessed or is currently being assessed by DCF or law enforcement.

The NCANDS category of "other" report source includes the state categories of self, private agencies, religious leaders, guardian, Job Corp, landlord, Indian tribe or court, other person, out-of-state agency, citizen review board member, collateral witness, public official, volunteer and Crippled Children's services.

The increase in reports is due in part to Kansas improving existing abuse/neglect definitions and adding additional abuse/neglect allegation types such as human trafficking and education neglect in July 2018.

Fatalities

Kansas uses data from the Family and Child Tracking System (FACTS) to report fatalities to NCANDS. Maltreatment findings recorded in FACTS on child fatalities are made from joint investigations with law enforcement. The investigation from law enforcement and any report from medical examiner's office would be used to determine if the child's fatality was caused

Kansas *(continued)*

by maltreatment. The Kansas Child Death Review Board reviews all child deaths in the state of Kansas. Child fatalities reported to NCANDS are child deaths as a result of maltreatment.

Reviews completed by the state child death review are completed after all the investigations, medical examiner's results, and any other information related to the death is made available. The review by this board does not take place at the time of death or during the investigation of death. The state's vital statistics reports on aggregate data are not information specific to an individual child's death. Kansas is using all information sources currently made available when child fatalities are reviewed by the state child death review board.

Perpetrators

The NCANDS category of "other" perpetrator relationship includes the state category of not related.

Services

Kansas does not capture information on court-appointed representatives. However, Kansas statute (K.S.A. 38-2205) requires the child to have a court-appointed attorney (GAL).

Special Focus

Kansas reported a full fiscal year of sex trafficking data in FFY 2019.

Kansas does plans of safe care on intake types other than abuse/neglect. Those done on Abuse/neglect intakes are limited to our substance affected infant allegations and to do a plan of safe care on these intakes, Kansas policy requires a medical professional to confirm the infant is affected by substance abuse, withdrawal symptoms or Fetal Alcohol Spectrum Disorder.

Kentucky

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General

Kentucky does not have an alternative or differential response. In 2014, the state began utilizing a new approach to the investigation response (IR) and the alternative response (AR). Before the change in the business process, the intake worker made the decision regarding IR/AR at intake. With the new approach, the assessment worker makes the IR/AR determination at the completion of the assessment. In other words, IR/AR is now a finding, rather than an assessment path. Kentucky's name for the IR is investigation and for AR is "family in need of services." Kentucky's business practice does allow multiple maltreatment levels to be present in a single report. For example, one report could have a disposition/finding of unsubstantiated and services needed if it was determined that maltreatment did not occur, but the family needed services from the agency. In FFY 2018, Kentucky altered NCANDS reporting to reflect this policy change. Subsequently, the state went from reporting children with alternative response victim and alternative response nonvictims dispositions in FFY 2017 to reporting none in FFY 2018.

In FFY 2016, Kentucky removed the dispositional finding of services value not needed from the standards of practice (SOP) and from SACWIS/CCWIS. Mapping has been reviewed and updated as appropriate. Kentucky currently has the following dispositional findings for investigations/assessments: death/near death substantiated, found/substantiated, substantiated, unsubstantiated, and services needed. For the purposes of NCANDS reporting, services needed is mapped to the NCANDS disposition of "other." Kentucky no longer maps a dispositional finding to alternative response.

Prior to the FFY 2017 submission modifications were made to population identified as "reunited with families." In past submissions, this included youth exiting to relatives. The current methodology just considers the population with an exit reason of reunification-parent/primary caregiver. Kentucky also changed the matching dataset of child victims from the referral dataset to the NCANDS management report to closer align with NCANDS child file submission data.

Reports

The state does not collect in-depth information regarding the number of children who are screened out for referrals that do not meet criteria for abuse or neglect. In January 2018, the state implemented new response times based upon the safety and risk factors identified by the reporting source. For example, two reports both alleging sexual abuse may currently have different response times based upon the perpetrator's current location and access to the victim. Prior to this change, each maltreatment type had a single response time, e.g. all reports alleging sexual abuse had a response time of one hour. The response times were overall increased with this change, as reports with low or no risk were previously assigned a response time of 48 hours but now may have up to 72 hours, which likely is the cause of the increase to average response time in this submission. In addition, the responsibility

Kentucky *(continued)*

of determining response times during normal business hours was transferred from field staff supervisors to centralized intake supervisors. Incident date is not a required field in Kentucky's SACWIS/CCWIS. The state will continue to monitor these data and may make improvements to SACWIS/CCWIS for future submissions.

Children

There have been no changes in data collection or the extraction process that would result in a decrease in victims. There are no concerns with data validity.

Kentucky does not automatically consider siblings of an alleged victim as alleged victims. However, if there is concern that the maltreatment that child A has experienced may pose a risk that child B and child C are also experiencing maltreatment (sexual abuse, physical abuse), then risk of harm (neglect) may be accepted for investigation in regard to child B and child C.

Family structure/living arrangement values have been changed in Kentucky's SACWIS/CCWIS in an effort to improve NCANDS reporting. Kentucky now collects data for the following values: single mother household; single father household; single mother household, with one other adult; single father household, with one other adult; married couple; unmarried two parent household with two biological/adoptive parents; unmarried two parent household with one biological/adoptive parent and one cohabitating partner; two parent household, marital status unknown; non-parent relative caregiver household (includes relative foster care); and nonrelative caregiver household (includes non-relative foster care). The option of unknown has been removed.

Fatalities

Kentucky collects death certificates from the Department of Public Health to confirm whether deaths were related to child maltreatment. The state investigates child fatalities that are a result of maltreatment only. The number unique child fatalities has been confirmed.

Perpetrators

In the FFY 2015 and FFY 2016 submissions, if there were multiple perpetrators named in an incident, only one was reported per program/subprogram. This has been corrected, therefore, has led to an increase in total number of unique perpetrators reported in subsequent submissions.

Following the FFY 2016 submission, the state made an extraction/mapping change in an effort to report perpetrator as a prior abuser more accurately.

The state has seen a decrease in the number of unique perpetrators from the previous submission. There are no concerns with data validity. In Kentucky, perpetrators must be age twelve or older.

Services

Prevention services data is tracked in the In-Home Services Database, which is a separate database from SACWIS/CCWIS. While information regarding prevention services may be discussed in narrative fields in SACWIS/CCWIS, SACWIS/CCWIS had previously been

Kentucky *(continued)*

unable to identify those families who were referred to or received prevention services. Kentucky has made modifications within the SACWIS/CCWIS in 2019 to include prevention service referrals, which will allow for better data collections as well as a more efficient referral process.

In 2019, Kentucky used SSBG funds for protective services and did not contribute to prevention services for families or children.

Title IV-B Subpart I funds are used to make foster care maintenance payments for children who enter out-of-home care as the result of department intervention. Therefore, the state does not use Title IV-B Subpart I funds for prevention services.

There was an overall increase of referrals due to substance use/misuse and families needing additional resources in the community.

The state began collecting information regarding court-appointed representatives in FFY 2017. The only information currently captured in SACWIS/CCWIS regarding court-appointed representatives is whether or not a court-appointed representative (or guardian ad litem) was appointed to a child. Currently, entering this information into SACWIS/CCWIS is optional. In addition, workers may document contact between court-appointed representatives and children in a narrative field however entering this information is also optional and unable to be tracked in SACWIS/CCWIS at this time. Per the Administrative Office of the Courts (AOC), there is no agency within the state that collects data on court-appointed representatives' contact with children outside of court. While each representative may track this data him or herself, there is no database to compile this information. In addition, AOC has no oversight over court-appointed representatives; court-appointed representatives are part of the Kentucky Bar Association.

Kentucky provides early intervention services through the First Steps program. Kentucky's SOP 4.28.2 states, "For all children, birth to age 3, and who are involved with a substantiated case of abuse or neglect, the SSW makes a referral to First Steps," therefore all child victims under age 3 are eligible for referral for services through the Individuals with Disabilities Education Act. The state does not collect data on the number of children referred to these services.

Special Focus

Kentucky currently does not track sex trafficking data as a maltreatment type. Rather, it is collected as a factor within the case. Discussions are underway to determine a better way to collect this data to improve NCANDS submission data.

Kentucky only began capturing safe care plan data and referral to appropriate services in the SACWIS/CCWIS. FFY 2019 is not a full year of reporting. Kentucky will report a full year with the FFY 2020 submission.

Louisiana

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General

The Louisiana Department of Children and Family Services (DCFS) continues to review and revise the extraction methodology used to extract the Child File. These changes often reflect system enhancements that have been completed since the previous submission, requiring updates to how DCFS data is mapped. Further, the Department revises the extraction process to address identified gaps in reporting as well possible corrections to errors identified during the extraction process in an attempt to improve overall data quality.

Louisiana employs only one type of screened-in response—Child Protection Assessment and Services (CPS). The CPS program uses the same safety and risk assessment instruments and documentation protocols for all screened-in reports.

In August of 2018, the Department implemented a new case management system to capture data related to intake reports and investigations. As with all system implementation, a number of issues were identified. For example, the Department continues to find issues related to the report date and time as well as the date and time initiation of the investigation. This was noted because of military time discrepancies discovered during the error clean-up process. The Department is currently designing a new CCWIS system that is intended to capture all NCANDS requirements in an effective and efficient manner.

Reports

In Louisiana, referrals of child abuse and neglect are received through a centralized intake center that operates on a 24-hour basis. The centralized intake worker and supervisor review the information using a structured, safety model tool to determine whether the case meets the legal criteria for intervention. Referrals are screened in if they meet three primary criteria for case acceptance:

- A child victim younger than 18 years
- An allegation of child abuse or neglect as defined by the Louisiana Children's Code
- The alleged perpetrator meets the legal definition of a caretaker of the alleged victim

The primary reason for screened-out referrals is that either the allegation or the alleged perpetrator does not meet the legal criteria. Newborns affected by the mother's use of a controlled dangerous substance taken in a lawfully prescribed manner are also screened out, and reported in the Agency File. Some intake reports are neither screened-out nor accepted. These are additional information reports are often related to active investigations, in-home services cases, or out-of-home services cases. Generally, if a second report is received within 30 days of receipt of an initial report that is still under investigation, the second report is classified as an additional information report. Beginning in FFY 2016, more specialized training was provided to Centralized Intake Managers to aid in determining what cases should be accepted in accordance with the Louisiana Children's Code definition of Child Abuse and Neglect.

Louisiana (continued)

After the discontinuation of the ARFA program in 2014, a Priority system change was implemented. In the past, Louisiana had 5 separate response priorities—Immediate (contact within 24 hours), High Priority (contact within 3 days), Non-Emergency (Contact within 5 days), ARFA 3-day and ARFA 5-day. The new Priority system was implemented with four separate priorities: Priority 1 (contact within 24 hours), Priority 2 (contact within 48 hours), Priority 3 (contact within calendar 3 days), and Priority 4 (contact within 5 calendar days).

The NCANDS disposition of substantiated investigation case is coded in the state as having a disposition of valid. When determining a final finding of valid child abuse or neglect, the worker and supervisor review the information gathered during the investigation and if any of the following answers are “yes,” then the allegation is valid:

- An act or a physical or mental injury which seriously endangered a child’s physical, mental or emotional health and safety; or
- A refusal or unreasonable failure to provide necessary food, clothing, shelter, care, treatment or counseling which substantially threatened or impaired a child’s physical, mental, or emotional health and safety; or a newborn identified as affected by either alcohol or the illegal use of a controlled dangerous substance or withdrawal symptoms as a result of prenatal illegal drug exposure; and
- The direct or indirect cause of the alleged or other injury, harm or extreme risk of harm is a parent; a caretaker as defined in the Louisiana Children’s Code; an adult occupant of the household in which the child victim normally resides; or, a person who maintains an interpersonal dating or engagement relationship with the parent or caretaker or legal custodian who does not reside with the parent or caretaker or legal custodian.

The NCANDS disposition of unsubstantiated investigation case is coded in the state as having a disposition of invalid. This disposition is defined as a case with no injury or harm, no extreme risk of harm, insufficient evidence to meet validity standard, or a non-caretaker perpetrator. If there is insufficient evidence to meet the agencies standard of abuse or neglect by a parent, caretaker, adult household occupant, or person who is dating or engaged to a parent or caregiver, the allegation shall be found invalid. If there is evidence that any person other than the parent, caretaker, or adult household occupant has injured a child with no culpability by a parent, caregiver, adult household occupant, or a person dating/ engaged to one of the aforementioned, the case will be determined invalid.

It is expected that the worker and supervisor will determine a finding of invalid or valid whenever possible. For cases in which the investigation findings do not meet the standard for invalid or valid, additional contacts or investigative activities should be conducted to determine a finding. When a finding cannot be determined following such efforts, an inconclusive finding is considered. It is appropriate when there is some evidence to support a finding that abuse or neglect occurred but there is not enough credible evidence to meet the standard for a valid finding. The inconclusive finding is only appropriate for cases in which there are particular facts or dynamics that give the worker or supervisor a reason to suspect child abuse or neglect occurred.

In addition to the findings noted above, Louisiana also employs the use of an Unable to Locate finding and a Client Non-Cooperation finding. The Unable to Locate finding is used when the Department has made extensive efforts to locate the alleged victim and their

Louisiana (continued)

family—for example, attempted in-person contact at the address supplied by the reporter and other addresses found via a global record search (SNAP, FITAP, Medicaid, etc.) and Consolidated Lead Evaluation and Reporting search (CLEAR); attempted contact via phone; a neighbor or relative is unable to provide information on the client's whereabouts. If the Department is unable to locate the family after these efforts, this finding may be used.

A finding of Client Non-Cooperation shall be used only in instances in which the Department is completely thwarted in attempts to complete the investigation by the parents' refusal to participate in the investigation. Several conditions need to be met to use this finding: (1) the worker has made reasonable effort to interview the client; (2) Law enforcement has not been able to assist or refused to assist with efforts to interview the client; and, (3) the district attorney has chosen not to pursue further action; or, (4) the court has refused to order the client to cooperate.

Fatalities

Louisiana saw a 4 percent decrease in the number of fatalities from FFY 2018 to FFY 2019. Louisiana reported 25 fatalities in FFY 2018 and 24 fatalities in FFY 2019. Since FFY 2017 and continuing through FFY 2019, the Department has employed the Eckerd Rapid Safety Feedback model. The purpose of this model has been to better identify children at higher risk of having a poor outcome—such as a fatality.

Perpetrators

The current method of extracting NCANDS data captures perpetrator involvement in family investigation cases but does not capture perpetrator relationship to child victims. Therefore, perpetrator relationship is reported as unknown for the majority of cases.

Services

The child welfare agency provides such post-investigation services as foster care, adoption, in-home family services, and protective daycare. Many services are provided through contracted providers and are not reportable in the Child File. To the extent possible, the number of families and children receiving services through Title IV-B funded activities are reported in the Agency File.

Special Focus

The Department implemented a new case management system in 2018. During that time, the ability to identify victims of juvenile sex trafficking was made possible through the implementation of a new category of child abuse and neglect. Louisiana reports information on victims with parent/caregiver perpetrators; those victims are substantiated only when the parent or caregiver is found to be culpable in the alleged sexual trafficking incident.

Additionally, increased focus has gone to drug and alcohol affected newborns. Identification of drug and alcohol abuse by the parents has been identified as a risk factor. However, reporting in this area has been difficult due to some issues leading back to one distinct problem: Identification of the reporter as medical personnel. Very often, the hospital social worker calls as opposed to a doctor or nurse. Staff require additional training in this area to correctly identify the reporter type as medical personnel, rather than social services. A number of plan of safe care and referral cases have been dropped as a result of this issue. further, staff also

Louisiana *(continued)*

need additional guidance regarding when to identify a plan of safe case as being in place. the department believes that children entering out-of-home (foster care) or in-home services are not properly being identified as having a plan of safe care, therefore under-reporting those vulnerable children identified as being substance exposed.

Maine

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General

Maine continues to utilize the Structured Decision Making (SDM) Intake Screening and Response Priority Tool. It ensures that all reports received are assessed for meeting the statutory threshold for an in-person Office of Child and Family Services (OCFS) response. It identifies how quickly to respond, and the path of response, if whether a Community Intervention Program (CIP) or preventive service referral is appropriate. Preventive Services may return a report to the State Child Welfare Intake if further determination is required after an assignment.

Reports

The number of alleged abuse and neglect referrals received by Maine's Intake Unit increased in FFY 2019 from FFY 2018. All referrals, including those that are not appropriate, and are referred to as screened out, are documented in the State Automated Child Welfare Information System (SACWIS). The screening decision is performed at the Intake Unit using the SDM Tool. Referrals that do not meet the statutory definition of child abuse and/or neglect and which the criteria for appropriateness of child abuse/neglect report for response is not met, are preliminarily screened out. The Maine statutory definition of child abuse and/or neglect is a threat to a child's health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these or failure to ensure compliance with school attendance requirements under Title 20-A, section 3272, subsection 2, paragraph B or section 5051-A, subsection 1, paragraph C, by a person responsible for the child.

Maine's report investigation start date is defined as the date and time (in hours and minutes) of the first face-to-face contact with an alleged victim. The SDM tool provides the appropriate response time required by child protective services, either 24 or 72 hours from the approval of a report as appropriate for child protective services.

Children

The total number of victims associated with completed assessments in FFY 2019 increased from FFY 2018 due to the overall increase in assigned reports and assessments. The state documents all household members and other individuals involved in a report. Some children in the household do not have specific allegations associated with them, and so are not designated as alleged victims. These children are included in the NCANDS Child File for Maine.

For the NCANDS Child File category of victims in a substantiated report, Maine combines children with the state dispositions of indicated and substantiated. The term indicated is used when the maltreatment found is low to moderate severity. The term substantiated is used when the maltreatment found is high severity.

Maine *(continued)*

Fatalities

In FFY 2019 Maine began the collection and ability to track child deaths at time of report, during assessment or while in care. This information is available in the Child File for deaths that occurred after June 2019. Various state offices, along with the multidisciplinary child death and serious injury review board continue to share and compile child fatality data.

Perpetrators

Relationships of perpetrators to victims are designated in the SACWIS. Perpetrators receive notice of their rights to appeal any maltreatment finding. Low to moderate severity findings (indicated) that are appealed, result in only a desk review. High severity findings (substantiated) that are appealed can result in an administrative hearing with due process.

Services

Only services through a child welfare approved service authorization are included in the NCANDS Child File. Maine continues to work with our contracted agencies for the future reporting of child/family prevention services in an NCANDS Child File.

Special Focus

Maine was able to report sex trafficking as a maltreatment type for a full fiscal year in FFY 2019. Maine captures noncaregiver perpetrators by screening them into the profile of the report and forwarding the information to the DA, though any allegations in the report (if assessed) would not be on the noncaregiver perpetrator. Many reports with concerns of sex trafficking are assessed to ensure the parents have a plan and support necessary to assist with the issue and make sure they are aware.

The Maine Office of Child and Family Services (OCFS) has developed a draft Plan of Safe Care Policy, which is currently under review by management to ensure a holistic approach to serving infants born substance affected and their families by DHHS. Maine is researching national best practices, the policies of other states and has a conference call scheduled with New Hampshire in January to inform the structure of service delivery in Maine, with a goal to engage families prenatally, whenever possible in the development of a Plan of Safe Care. Currently, on cases opened by OCFS with a substance affected infant, staff are exploring the impact to the child and ensuring that services and supports are in place to meet the needs of the family. This is captured in a narrative format and not easily counted for NCANDS purposes. The expectation is that by October 2020, the policy, protocol and practice will be established to ensure full compliance with the NCANDS data reporting requirements.

Maryland

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General

Maryland's Department of Human Services Social Services Administration has been undertaking a new information technology development process to replace its SACWIS with CCWIS during FFY 2020.

Maryland has completed its IV-E Waiver Demonstration, known as Families Blossom, which began implementation during the summer of 2015, and came to a close in September 2019. The IV-E Waiver enabled Maryland to extend its vision to prevent and divert children and families from foster care, reduce the need for foster care, and have timely and lasting permanency for the children and families we serve. Families Blossom is focused on extending Maryland's success as it implements Family First, by focusing on family centered services through trauma-informed assessment and evidence-based practices, increasing data analytics capabilities to monitor trends and progress, and reinforcing collaboration and partnership on all levels, in order to bring transformational outcomes to the children and families we serve.

Maryland is also undertaking an extensive CFSR local review process wherein the state, in partnership with the University of Maryland School of Social Work, conducts case reviews and local site reviews including interviews with families and local partners. The state coordinates this effort in partnership with the Children's Bureau and as necessary develops program improvement plans with local jurisdictions that helps aligning all the jurisdictions with critical federal and state expectations for child safety, permanence, and well-being.

Reports

Maryland's current CPS response follows the same rules for Alternative or Investigative Response:

- Alleged perpetrators and alleged victims are noted in the record;
- Alleged child victims must be seen within 24 hours when abuse is alleged, and within 5 days when neglect is alleged;
- Child safety and risk of maltreatment must be assessed;
- The CPS response must be completed within 60 days; and
- Additional services may be offered including in-home or out-of-home services.

The key differences between Alternative Response and Investigative Response are:

- Alternative Response targets low risk reports of child neglect and abuse, and although the alleged victims and alleged perpetrators are noted in the record, the case does not establish findings concerning maltreatment, nor are the children receiving Alternative Response coded as victims. Instead, alternative response allows local departments of social services to help Maryland families to access services, supports and other assistance that will address their concerns. Families screened in for CPS who are eligible but refuse to participate in Alternative Response are reassigned to Investigative Response.

Maryland *(continued)*

- Investigative Response targets moderate to high risk reports of child neglect and abuse which results in a finding concerning maltreatment. This is Maryland's traditional CPS investigation.

Once assigned to Alternative Response or Investigative Response, the CPS caseworker begins to meet with the family and children. If during the assessment with the family the circumstances are found to be quite different than reported, the CPS caseworker, with supervisor approval, may reassign the CPS case from Alternative Response to Investigative Response, or vice versa.

Children

The NCANDS category of neglect includes medical neglect as state statute and policy do not define them separately.

Fatalities

Child fatalities where child maltreatment is a factor are reported by the local departments of social services. In addition, the state and local departments also get information about these fatalities from local interagency fatality review teams, the Maryland Department of Health's Child Fatality Review Team, and the Office of the Chief Medical Examiner. SSA will begin conducting centralized state-wide reviews of child fatality cases where maltreatment was a factor. The approved Child Fatality Prevention Plan required by the Family First Prevention Services Act will be implemented in the fall of 2020.

Services

The population of children in foster care has been decreasing during the past several years. Maryland continues, as part of its family-centered practice, to use family involvement meetings which are expected to have positive impacts on the safety, permanency, and well-being of children receiving child welfare services, at various trigger points:

- separation of children from their families/considered separation,
- placement change,
- recommendation for permanency plan change,
- youth transition plan, and
- voluntary placement.

SSA is also looking to expand the use of family involvement meetings in an effort to improve engagement in family decision making beyond the above triggers. Finalization of the expanded process is expected to occur through the fall of 2020.

Now that the Title IV-E Waiver has ended nationally as of September 30, 2019, Maryland will continue to support families through its Families Blossom|Place Matters initiative focusing on reducing entries and reentries into foster care by engaging with families at earlier touch points such as child protective services and family preservation services. Maryland has used the flexibility afforded by the Waiver to focus on preventing new entries and reentries into foster care through the two key strategies: the meaningful use of assessments of families; and installing and testing a range of evidence-based and promising practices selected by local jurisdictions to meet the needs of their population. These strategies are mirrored in

Maryland *(continued)*

several provisions of the Family First Prevention Services Act (Families First), which makes Maryland well-positioned to implement them.

Special Focus

Maryland does have a check box in place in the SDM tool to count sex trafficking: when a caseworker chooses sexual abuse, the casework is able to choose “yes” or “no” as to whether it was sex trafficking. This information does not carry forward into the investigation data and therefore cannot currently be pulled in the extract for NCANDS reporting, however, the state intends to further review how these data can be reported for the purposes of NCANDS.

Maryland has two basic challenges collecting a plan of safe care and referral to appropriate services, the new IPSE NCANDS data elements:

- 1) Code freeze in legacy system. MD CHESSIE has been on code freeze for the last 2 years in anticipation of building and shifting to the new CCWIS system, with the exception of fiscal changes and mandatory changes in state law
- 2) Development of CCWIS. Maryland is in development of its new system. It is anticipated that this new system will be launched during 2019, and it is anticipated that, starting with FFY 2020, Maryland anticipates having the new fields installed in its CCWIS to capture the new NCANDS fields.

Massachusetts

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General

In March 2016, the Massachusetts Department of Children and Families (DCF) implemented major changes to policies and practices focused on ensuring the safety of children in the Commonwealth's child welfare system. The new Protective Intake Policy substantially updated and clarified protocols for DCF's screening and investigation of reports of abuse or neglect. The changes also included a first ever Supervision Policy designed to support DCF front-line workers in decision-making and to identify circumstances where cases need to be elevated for collaborative higher-level review.

The Protective Intake Policy created a comprehensive set of procedures to guide the Department's review and investigation of reports of abuse or neglect. Details of the new policy include:

Screening

- Requires non-emergency reports of abuse and neglect to be reviewed and screened in or out in one business day—reduced from three days previously. Emergency reports continue to require an immediate screening decision and an investigatory response within 2 hours.
- Introduces screening teams comprised of social workers, supervisors, and managers in all 29 DCF area offices charged with reviewing new reports of abuse or neglect in open cases, reports associated to cases with three or more separate incidents of alleged abuse/neglect in the past 12 months, and other reports indicating reasons for elevated concern.
- Mandates review of all information about the child and caregiver's prior DCF involvement and review of any comparable information available from child welfare agencies in other states, including cases in which a parent has previously lost custody of a child.
- Requires CORI (Criminal Offender Record Information), SORI (Sexual Offender Record Information), and national criminal history database checks of parents/caregivers and all household members over 15 years old.
- Requires requests from law enforcement for information on 911 calls and police responses to the residence of any child or family involved in a report of abuse or neglect.

Investigative Response

- Creates a single child protection response to all screened in reports that eliminates the practice of tiered or differential response at screening. All reports that are screened in will now be assigned for a response by an Investigation Trained Response Worker. The revised policy places decision-making regarding the appropriate level of department intervention after the response—the point at which the Department has interviewed the child and caregiver involved and substantially investigated the report of abuse or neglect.
- Emergency responses must be completed in 5 working days; Non-Emergency responses must be completed in 15 workings days.
- As with the prior policy, requires response workers to interview parents, caregivers and other children in the home as well as the person allegedly responsible for the abuse or neglect.

Massachusetts (continued)

- Enables response workers, for the first time, to search online sources for information relevant to assessing child safety.
- Includes an assessment of parental capacity by evaluating whether the parent understands how to keep the child safe, uses appropriate discipline methods and provides for the family's basic needs, among other criteria.
- Mandates use of the Department's Risk Assessment Tool to assess potential future risks to the child's safety.
- Response outcomes are mapped to NCANDS outcomes as follows:
 - Supported is mapped to Substantiated
 - Substantiated Concern is mapped to "other"
 - Unsupported is mapped to Unsubstantiated at the report level and to Unsubstantiated at the allegation level if the report decision is either Supported or Unsupported. If the report decision is Substantiated Concern, an allegation decision of Unsupported is mapped to "other."
 - Data has been resubmitted for FFY 2016 and FFY 2017 to account for reports and victims that might have been excluded from counts due to earlier mapping that resulted in the mixing of investigation and alternative response decisions.

Reports

The number of screening and initial assessment/investigation workers listed is the estimated full-time equivalents (FTE) based on the number of screenings and initial assessments/investigations completed during the federal fiscal year (FFY), divided by the monthly workload standard for the activity, divided by 12. The workload standards are 55 screenings per month and 10 investigations per month. The number includes both state staff and staff working for the Judge Baker Guidance Center, Massachusetts' Hotline contractor. The hotline handles child protective service functions during night and weekend hours when state offices are closed. The number of workers completing assessments was not reported because assessments are case-management activities rather than screening, intake, and investigation activities. In FFY 2019, DCF social workers also performed screening, and investigation/initial assessment functions in addition to ongoing casework.

Children

Changes in the number of victims in comparison to the prior years are the result of the aforementioned policy changes implemented in March 2016.

The NCANDS category of neglect includes medical neglect; Massachusetts does not have a separate allegation type for medical neglect. Living arrangement data are not collected during investigations with enough specificity to report except for children who are in placement. Data on child health and behavior are collected, but these data need not be entered during an investigation. Data on caregiver health and behavior conditions are not usually collected. For both the alcohol and drug abuse elements, the indicator is marked as a "yes" for any information found in the health and behavior sections of the case record and for any infant with a reported allegation of Substance Exposed Newborn or Substance Exposed Newborn-Neonatal Abstinence Syndrome.

Massachusetts (continued)

Fatalities

Massachusetts reports child fatalities attributed to maltreatment only after information is received from the Registry of Vital Records and Statistics (RVRS). RVRS records for cases where child maltreatment is a suspected factor are not available until the medical examiner's office determines that child abuse or neglect was a contributing factor in a child's death or certifies that it is unable to determine the manner of death. Information used to determine if the fatality was due to abuse or neglect also include data compiled by DCF's Case Investigation Unit and reports of alleged child abuse and neglect filed by the state and regional child fatality review teams convened pursuant to Massachusetts law and law enforcement. As these data are not available until after the NCANDS Child File must be transmitted, the state reports a count of child fatalities due to maltreatment in the NCANDS Agency File. Massachusetts only reports fatalities due to abuse or neglect if an allegation related to the child's death is supported.

Services

Data are collected only for those services provided by DCF. DCF may be granted custody of a child who is never removed from home and placed in substitute care. In most cases when DCF is granted custody of a child, the child has an appointed representative. Representative data are not always recorded in FamilyNet.

Special Focus

The state implemented sex trafficking as a new maltreatment type on November 15, 2018.

Since 2014, Massachusetts has engaged in a comprehensive approach to address Human Trafficking and Sexual Exploitation of children and youth that has included:

- Updating multiple policies to integrate identification, understanding, responding to, and addressing human trafficking.
 - Accepting reports of allegations against non-caretaker alleged perpetrators.
 - i.) Since the implementation of the new protective intake policy in 2016, the identified perpetrators have mostly been non-relatives—the relationships are identified in our system as “unknown” or “other person”.
- Training of child welfare staff and community partners.
- Maintaining an internal intranet page (available to all child welfare staff) that provides tip and fact sheets related to Human Trafficking.
- Implementing a Multi-Disciplinary Team model that primarily consists of Child Advocacy Centers, DCF, and law enforcement representatives, and includes numerous community partners.
 - Child Advocacy Centers cover the entire state and there is a Human Trafficking Coordinator within each Center.

Massachusetts is still currently unable to report the IPSE-related plan of safe care and referral to appropriate services fields.

Michigan

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General

Michigan statute and corresponding child protective services (CPS) policy requires a preponderance of evidence of abuse and neglect must be determined by an investigator to confirm the abuse or neglect of a child. A preponderance of evidence is statutorily defined as evidence that is of greater weight or more convincing than evidence that is offered in opposition to it.

The Michigan Department of Health and Human Services (MDHHS) continues its commitment to improving the state's performance in outcomes related to child safety. Michigan does not have a differential response or alternative response program.

Michigan experienced an independent review of CPS resulting in procedural and policy modifications during both fiscal year 2018 and 2019. In addition, substantial policy modification regarding parental substance use has contributed to the decline in specific dispositional findings.

Reports

Michigan's child protection law states under MCL 722.623a, requires mandated reporters who have reasonable cause to suspect that a newborn has any amount of alcohol, a controlled substance, or a metabolite of a controlled substance in his or her body to make a complaint of suspected child abuse to CPS. A CPS complaint is not required if the mandated reporter knows that the controlled substance, metabolite, or the child's symptoms are the result of MAT or medication prescribed to the mother or the newborn.

Children

Michigan's Statewide Automated Child Welfare Information System (MiSACWIS) allows for reporting on individual children.

Fatalities

Michigan reports all child fatality data within the Child File.

Michigan receives reports on child fatalities from several sources including law enforcement agencies, medical examiners/coroners, vital records and child death review teams. The determination of whether maltreatment occurred is dependent upon completion of

Michigan (continued)

a CPS investigation that confirmed abuse or neglect. Fatality reports are not included in the NCANDS submission unless a link between the child fatality and maltreatment is established.

The data on child fatalities are used to provide recommendations, raise awareness and encourage initiatives to decrease child fatalities.

Perpetrators

Perpetrators are defined as persons responsible for a child's health or welfare who have abused or neglected a child.

Services

Michigan is not able to accurately report on all prevention services within the Agency File. Michigan continues to report services from promoting safe and stable families through programing by Families First of Michigan, Family Reunification Program, and Families Together Building Solutions-Pathways of Hope.

Michigan refers children birth through age three to programs under the Individuals with Disabilities Education Act. At this time, the state does not have the capacity to report IDEA data within the Agency File.

Special Focus

Michigan reported sex trafficking data for the entire federal fiscal year 2019. Michigan does not report noncaregiver perpetrators of sex trafficking referring these adults to law enforcement. This population does not meet criteria of "nonparent adult" or "person responsible" as defined in Michigan's Child Protection Law.

Michigan continues to improve reporting consistent with the Comprehensive Addiction and Recovery Act of 2016 (CARA) plans of safe care through staff training, improved guidelines and collaboration with the medical profession statewide.

Michigan modified policy to provide clarification to field staff on investigations involving substance use/abuse by a parent. The policy indicates that CPS will investigate complaints alleging that an infant was born exposed to substances not attributed to medical treatment. Mandated complaints to CPS and subsequent requirements for confirming abuse/neglect must find that a parent's substance use/abuse impacts child safety/well-being. The department either through public health or child welfare contact is in position to assist these children and families develop a plan of safe care.

Minnesota

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General

In Minnesota, determinations of child maltreatment are made based on a preponderance of evidence of the facts. A preponderance of evidence is defined as evidence in support of fact that is more convincing and has a greater probability of truth than evidence opposing the fact (51 percent or more).

Minnesota has three response paths to reports of alleged child maltreatment, currently referred to as family assessment response, family investigative response, and facility investigative response. Reports alleging substantial child endangerment or sexual abuse, as defined by Minnesota statute, require an investigative response. Child protection workers must document the reason(s) for providing an investigative response which may include: statutorily required due to allegations of substantial child endangerment or sexual abuse, or discretionary use for reasons such as the frequency, similarity, or recentness of reports about the same family.

Family assessment response deals with the family system in a strengths-based approach and does not substantiate or make determinations of whether maltreatment occurred; however, a determination is made as to whether child protective services (CPS) are needed to reduce the risk of any future maltreatment of the children.

Acceptance into either response path, family assessment or investigative, means that a report has been screened in as meeting Minnesota's statutory definition of alleged child maltreatment, so allegations accepted for either response are reported through NCANDS.

Reports

During FFY 2019, the number of reports declined from the previous year. Data on CPS staff represent the full-time equivalent (FTE) of staff as reported by the local agencies (counties, combined agencies, and two tribal agencies). In Minnesota, CPS staff are employees of the local agencies rather than the state.

Both responses (investigative and family assessment) apply to screened-in referrals (reports) of alleged child maltreatment in Minnesota. A separate program, Parent Support Outreach Program (PSOP), offers early intervention supports and services to families when reports alleging child maltreatment are screened out or a family is voluntarily referred into the program. The number of children served under this program is reported under preventive services in the Agency File and is noted below in the services section of this commentary.

Approximately 75 percent of screened out referrals are because the stated concerns do not meet the definitions of child abuse or neglect under Minnesota law. Other reasons to screen out a referral include: children not in the county's jurisdiction, allegations have already been assessed or investigated, not enough identifying information was provided, or the incident

Minnesota (continued)

did not occur within the family unit or a licensed facility. There is little variation in the proportion of screened out referrals for each of the reasons across years. In addition, Minnesota only screens in reports of children who have been born. Screened in reports alleging substantial child endangerment or sexual abuse must be responded to within 24 hours. Other reports must be responded to within 5 days or 120 hours under Minnesota statutes.

Reports with either a determination of maltreatment (substantiation) or a determination of need for child protective services are retained for 10 years. Reports with neither determination (including all family assessment response reports) are kept for 5 years. Screened out child maltreatment referralss are also now kept for 5 years. Timelines for record retention and destruction are set in Minnesota statutes.

The NCANDS category of “other” report sources include the state categories of clergy, Department of Human Services (DHS) birth match, other mandated, and other non-mandated.

Children

During FFY 2019, the number of victims decreased when compared with FFY 2018. The number of victims is based on determined/substantiated child victims in investigation cases. During the reporting year there was a slight decrease in the use of investigation in Minnesota, a decrease in the determination rate for investigation cases, as well as an overall decrease in the number of children screened in for further assessment leading to this decrease in unique child victims.

To ensure the safety of all children who have or had contact with an alleged offender, Minnesota statute requires other children who currently reside with, or who have resided with, an alleged offender to be interviewed in the early stages of an assessment or investigation. These children are subject to the same protections and provisions as the alleged victim.

Fatalities

Minnesota’s Child Mortality Review Panel is a multidisciplinary team including representatives from state, local, and private agencies. Disciplines represented include social work, law enforcement, medical, legal, and university-level educators. The primary source of information on child deaths resulting from child maltreatment is the local agency child protective services staff; however, some reports originate with law enforcement or coroners/medical examiners. Local agencies also submit results of the required local child mortality review to the Minnesota DHS Child Mortality Review Team. The Minnesota DHS Child Mortality Review Team also regularly reviews death certificates filed with the Minnesota Department of Health (MDH) to ensure that all child deaths are reviewed. The Child Mortality Review Team directs the local agency to enter child deaths resulting from child maltreatment, but not previously recorded by child protective services, into Minnesota’s child welfare information system, to ensure that complete data are available.

Occasionally, a child who was a resident of Minnesota is killed in a child abuse incident out of state. When the Child Mortality Review Team becomes aware of such a situation, documentation, including police reports, are requested from law enforcement in the other

Minnesota (continued)

state. The local agency in the Minnesota county of residence is asked to record the data in Minnesota's child welfare information system. The fatality data in this instance is delayed from the time of death, but eventually appears in Minnesota's NCANDS mortality counts.

In FFY 2019, the number of maltreatment-related fatalities decreased. Given the rarity and complexity of these cases, it would be misleading to speculate on the reasons for this decrease. Each fatality is a tragedy, and it is imperative that when such an incident occurs the state have a process for learning what we can to improve outcomes for all children and families moving forward. Minnesota utilizes a systemic critical incident review process, the foundations of which are based on safety science concepts and principals, to review cases that include maltreatment related fatalities and near fatalities. This process results in the identification of systemic barriers and influences that impact the work in Minnesota's child welfare system which are used to inform the state's broader continuous quality improvement efforts.

Perpetrators

The NCANDS category of "other" perpetrator relationships includes other nonrelative. In Minnesota, maltreatment determinations can be made against children age 10 and older, as long as there is a preponderance of evidence.

Services

Primary prevention services are often provided without reference to individually identified recipients or their precise ages, so reporting by age is not possible. Clients of an unknown age are not included as specifically children or adults.

Data reported in preventive services funded by Community-Based Child Abuse Prevention (CBCAP) and Promoting Safe and Stable Families (Title IV-B) represents the unduplicated number of children who received Parent Support Outreach Program supports and services. Services in this program are provided to children and families who were reported as having an allegation of child maltreatment but the reported allegation was screened out and did not receive a child protective response. Community agency referrals and self-referrals are also eligible for the Parent Support Outreach Program. This program is completely voluntary.

Services offered by local agencies vary greatly in availability between rural and metropolitan areas of the state. Although all agencies use a statewide service listing, resource development without a large customer base can be difficult. Cost effectiveness is an issue for providers who must serve large geographic areas that are sparsely populated.

Minnesota has indicated intent to begin implementation of the Family First Prevention Services Act on July 1, 2021. The Act will provide 50 percent Title IV-E funding of prevention services for candidates for foster care and the parents or kin caregivers of these children.

Minnesota (continued)

Special Focus

Reports of sex trafficked youth require a decision to screen in and conduct a child protection investigation, regardless of the relationship of an alleged offender to a victim, which includes non-family and non-household members.

The substance abuse crisis is hitting Minnesota hard and prenatal drug exposure has been on the rise since 2012. According to Minnesota's most recent Child Maltreatment report, there were 120 percent increase since 2013, though these numbers have flattened or slightly decreased over the past couple years. Additionally, a significant number of reports of prenatal substance exposure are screened out for a child protection response since the child has not yet been born. Instead, early intervention services are offered to pregnant women in these cases. A state policy requiring a plan of safe care for infants identified as affected by substance abuse was implemented to comply with the Child Abuse Prevention and Treatment Act. This includes a requirement to include documentation in Minnesota's child welfare information system.

Mississippi

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General

In July 2016, the Division of Family and Children's Services was transitioned to a free-standing agency no longer under the purview of the Mississippi Department of Human Services (MDHS). The title of the new agency was established as the Mississippi Department of Child Protection Services (MDCPS). MDCPS carries on the responsibilities of the Division of Family and Children's Services and is a subagency independent of, though housed within, MDHS.

MDCPS is Mississippi's lead child welfare agency, responsible for administering programs under Title IV-B and Title IV-E of Social Security Act. MDCPS is led by a Commissioner who is appointed by the Governor, and who exercises complete and exclusive operational control of the Department's functions, independent of MDHS, except where he and the Executive Director of MDHS agree to share administrative support services. MDCPS maintains sole responsibility for its programmatic functions.

MDCPS statutory authority includes primary responsibility for protective services for children, foster care, adoption, interstate compact, and licensure. MDCPS is led by an Executive Leadership Team, which includes the Commissioner, Chief of Staff, Director of Communications, Deputy Commissioner of Child Welfare, Deputy Commissioner of Child Safety, Deputy Commissioner of Administration, and Chief Legal Counsel.

Reports

The centralized intake system has been in operation since November 2009 with MDCPS having oversight over a contractor who managed daily operations. This structure changed on September 14, 2019, with the contractor continuing to provide the staffing of intake specialists, but MDCPS assumed direct, daily supervision of the intake staff and processes.

As of August 10, 2018, an intake initially screened in by centralized intake staff and subsequently screened out at the field operations level requires the approval of two MDCPS Field Operations leadership positions and Youth Court is notified. This includes screen-outs due to non-practice-related reasons, such as duplicates not caught at the intake stage.

The centralized intake service consists of receiving, entering, screening and forwarding to the appropriate county or specialized staff all incoming reports of maltreatment of children. The service operates 24-hours a day, 7 days a week. Intake types are as follows:

- Abuse, Neglect, and Exploitation (ANE),
- Information and Referral (I&R),
- Case Management,
- Children in Need of Supervision (CHINS)/Unaccompanied Refugee Minors/Voluntary Placement/Prevention Services,
- Resource Inquires,
- CARA (Comprehensive Addiction and Recovery Act)

Mississippi (continued)

The state utilizes a system of assigning screening levels, which is a form of alternative response:

- Level I includes reports that do not meet the statute for MDCPS investigation, but may require referrals for information or services.
- Level II requires a response from a MDCPS worker within 72 hours.
- Level III requires a response from a MDCPS worker within 24 hours. This includes reports with allegations meeting the legal definition of an abused child or neglected child as defined in the MS Code and meeting at least one of the following criteria:
 - Any child in current legal custody of MDCPS
 - Prior ANE report within past 12 months or multiple ANE reports involving alleged victim
 - Child is at imminent risk of harm
 - Any sexual abuse, including Human Trafficking
 - Any life threatening neglect
 - Any allegation of any child in the home ages 5 and under
 - Any allegation of a child who has a disability or special need(s) including, but not limited to, the known or suspected presence of a medical condition or physical, mental, and/or emotional disability.
 - This also includes reports including any allegation of felonious child abuse under state or federal law.
- CARA (Comprehensive Addiction and Recovery Act) are referrals that do not meet the statute for MDCPS investigation, but rather inform that an infant has been born affected by substance abuse. These referrals are screened to a state office unit for review, referral, and monitoring for services to the infant and caregivers.

Reports which may be screened out as Level I at intake:

- Dirty houses or dirty children but no indication of life or health endangering situation. If school/day care officials report dirty children, they should be requested to talk to parents first. If their attempts to meet with parents or to correct situation fail, then MDCPS accepts the report.
- Children inappropriately dressed but no indication of neglect of a life or health endangering situation.
- Allegations that speak more to the parent's behaviors rather than the child's condition: (e.g., parent drinks beer or takes drugs; mother has boyfriend) but there is no indication of neglect or life or health endangering situation.
- Reports of crowded conditions or too many people living in a home but no indication of neglect or life or health endangering situation.
- Allegations that parent is not spending TANF, Food Stamps, Child Support or other income on children, but there is no indication of neglect of basic necessities, or of a life or health endangering situation. Reporters should be referred to local Economic Assistance office.
- Reports which suggest a need to be addressed by another agency but there is no indication of a life or health endangering situation. (i.e., lack of school attendance, presence of lice, delinquency, lead/asbestos poisoning). These reports should be referred to the appropriate agency for handling (i.e., school attendance officer, health department).
- Reports on teen pregnancy where there is no suspicion of abuse/neglect.

Mississippi (continued)

- Reports that provide insufficient information to enable the Agency to locate the family and this information cannot be secured through other sources after all reasonable efforts have been made.
- Reports of incidents that occurred when a person now eighteen (18) or over was a child. When adults report that abuse/neglect was perpetrated on them as children, they must have some other information or reason to believe that children presently cared for by perpetrator are being abused/neglected.
- Reports on an unborn child and there are no other children at risk. These reports are assessed for referral to services related to CARA.
- Reports of sexual relations involving victims age 16 and over that meet all of the criteria below. If any one criterion does not apply, the report should be considered for investigation.
 - a) Alleged victim was age sixteen (16) or over at the time incident occurred, and
 - b) Alleged victim is a normally functioning child, and
 - c) Alleged victim, age 16 or over, willfully consented, and
 - d) Alleged perpetrator is not a parent, guardian, relative, custodian or person responsible for the child's care or support and resides in the child's home, or an employee of a residential child care facility licensed by MDCPS, and or a person in a position of trust or authority.
 - e) No parental or caretaker neglect is suspected.
- If a report is considered outside the jurisdiction of the MDCPS, the report shall be documented and be referred to law enforcement of proper jurisdiction for investigation, unless the report alleges Human Trafficking. In cases of any human trafficking, MDCPS is required to follow reporting requirements to the National Child Trafficking Hotline, the Mississippi Department of Public Safety State Coordinator for Human Trafficking, and to coordinate investigations with law enforcement. Allegations of Human Trafficking meet the state statute for investigation whether or not the parent is responsible for maltreatment. Other services of the Agency may be provided.
- Reports of rape, sexual molestation, or exploitation of any age child that meet all the criteria below. If either (a) or (b) does not apply, the report should be considered for investigation.
 - f) Alleged perpetrator is not a caretaker, friend of caretaker,
 - g) relative, other person living in the home, or employee of a child
 - h) care facility where the child attends or lives.
 - i) No parental or caretaker neglect is suspected.
 - j) Law Enforcement has been informed of the report.
- If law enforcement has not been contacted, County MDCPS will immediately make the report to them. Other services of County MDCPS will be offered to law enforcement (i.e., interviewing children) and the family (i.e., mental health referrals, counseling) as needed.
- Reports of children who have not had their immunizations. Reporter should be referred to the County Health Department to contact a public health social worker or to the school attendance officer as appropriate.
- Threats or attempts of suicide by children if there is no suspicion of parental/caretaker abuse or neglect.
 - If the nature of the report suggests that the child is in immediate danger of self-harm,

Mississippi (continued)

- a referral should be made immediately for mental health services and/or Law Enforcement.
- If reporter is a professional, they should be requested to refer the family to counseling. If family does not follow through, then case can be referred to MDCPS for neglect.
 - If reporter is a non-professional, the MDCPS should determine if family is seeking counseling. If not, MDCPS should investigate for neglect.
 - If reporter feels suspicion that abuse or neglect exists just because suicide attempt was made, MDCPS will investigate.
- Physical injury committed by one child on another that meet all the following criteria:
- k) Child is not in a caretaking role over the other child.
 - l) No parental or caretaker neglect is suspected.
 - m) Child victim and perpetrator are not in a residential child caring facility or a home licensed or approved by MDCPS.

Children

There has been an increase in public advertising of reporting methods, supported by Community Based Child Abuse Prevention (CBCAP) and the Children's Trust Fund. This public advertising has been utilized to promote knowledge and understanding to diverse populations in efforts to prevent child abuse and neglect as well as CARA.

Fatalities

Mississippi counts child fatalities where the medical examiner or coroner ruled the manner of death was a homicide and those child fatalities determined to be the result of abuse or neglect that had been substantiated by MDCPS. Other sources that compile and report child fatalities due to abuse and neglect are Serious Incident Reports (SIRs) and the Child Death Review Panel (CDRP) facilitated by the Mississippi Department of Health.

The development of the Specialized Investigation Unit (SIU) has standardized screening and decision-making processes in fatality investigations. In addition, the investigators that make up the unit are required to have an advanced level of licensure and experience. Having the dedicated, specialized investigators has contributed to the increase in the number of fatalities reported with substantiated findings of abuse or neglect.

In addition, the Agency has collaborated with other agencies to continue public awareness campaigns aimed at death from heat stroke from leaving children in hot cars, and death from unsafe sleeping conditions. Child fatalities previously labeled by law enforcement or medical professionals as “accidental” are now more frequently being reported as abuse or neglect; contributing to the Agency’s higher reported numbers.

Perpetrators

For a child to be considered a perpetrator:

- The child must be in a caretaker role, or
- The child is identified by the reporter as the perpetrator or aggressor in an abusive act against another child.

Mississippi (continued)

Screening at centralized intake must include the possibility of parental neglect having contributed to one child harming another. Screening criteria to determine whether the relationship of the alleged perpetrator to the victim fits statute and policy for CPS investigation:

- Is the alleged perpetrator the parent, guardian, custodian, person responsible for the child's care or support, or an adult relative or household member with access to the child?

Services

In previous years, children who received preventive services covered under the Promoting Safe and Stable Families grant (PSSF) during the year were utilized by the Families First Resources Centers with some of these funds. The PSSF grant funds a portion of the *in-CIRCLE Family Support Services Program*, formally known as CFFSP, or Family Preservation/Family Reunification/Family Support Services. Beginning on October 1, 2017, the CFSSP transitioned to the *in-CIRCLE Family Support Services Program*. Two vendors provide services for this program, however, only one provides services funded through PSSF funds, Youth Villages. Canopy Children's Solutions utilized state general funds to provide services.

in-CIRCLE is an intensive, home and community-based family preservation, reunification and support services program for families with children who are at risk of out-of-home placement. It is designed and implemented to help break the cycle of family dysfunction by strengthening families, keeping children safe, and reducing foster care and other forms of out-of-home placements. Services are also offered to families with pregnant mothers who were at high risk of the child being removed due to substance use issues once the child is born. The primary goal of the program is to remove the risk of harm to the child rather than removing the child by (1) reducing unnecessary out-of-home placements, (2) preventing and/or reducing child abuse and neglect, (3) improving family functioning, (4) enhancing parenting skills, (5) increasing access to social and formal and informal concrete supports, (6) addressing mental health and substance use issues, (7) reducing child behavior problems, and (8) safely reunifying families.

The “other” funding sources for children who received preventive services from the state during the year are Temporary Assistance for Needy Families (TANF), Children’s Trust Fund of Mississippi and the Community Based Child Abuse Prevent Grant (CBCAP). Prevention services and support are provided via parenting programs, therapy, and other support services through sub-grantees.

Services to child victims outside of a service case are provided through the Family Reunification and Preservation Program within the In-Home Services Unit of the Agency. Subgrantees have continued services for this contract year to provide step-down and soft support; whereby, it promotes less probability of reentry into the program.

Missouri

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General

The Children's Division, under the Department of Social Services umbrella, is designated to direct and supervise the administration of child welfare services. The Children's Division works in partnership with families, communities, the courts and other governmental entities toward ensuring the safety, permanency, and well-being of Missouri children. The division works with all parties to safely maintain children in their homes whenever possible and to secure safe, permanent living arrangements when out-of-home placement is necessary. The Children's Division administers the Child Abuse/Neglect Hotline, Intensive In-Home Services, Family Centered Services, Adoption Services, Independent Living, Foster Care, Residential Licensing and preventive services including Early Head Start, Home Visiting Program, Educare, Child Care Subsidy, and other early childhood and early intervention strategies. The division is responsible for the assessment and investigation of all reports to the Child Abuse/Neglect Hotline. These services are administered statewide within a centralized organizational framework.

Children's Division Responsibilities:

- Oversees a 24 hour child abuse and neglect hotline
- Investigates child maltreatment reports
- Provides foster care services for maltreated children
- Provides preventive services to at-risk families
- Provides intensive family supports for at-risk families
- Assists with children finding permanency with adoption and guardianship services

Missouri has 114 counties and the City of St. Louis which are grouped together using pre-established judicial circuit boundaries. Each circuit has oversight by a Circuit Manager. The state is divided into five regions with each governed by a Regional Director. In the Jackson County urban area, the Regional Director and the Circuit Manager position are held by the same person. The St. Louis Region includes the county and the city of St. Louis. Missouri's five regions are: St. Louis, Jackson County, Southeast Region, Southwest Region and the Northern Region.

Missouri operates under a differential response program where each referral of child abuse and neglect is screened by the centralized hotline system and assigned to either investigation or family assessment. Both types are reported to NCANDS.

Investigations are conducted when the acts of the alleged perpetrator, if confirmed, are criminal violations; or where the action or inaction of the alleged perpetrator may not be criminal, but if continued, would lead to the removal of the child or the alleged perpetrator from the home. Investigations include but are not limited to child fatalities, serious physical, medical, or emotional abuse, and serious neglect where criminal investigations are warranted, and sexual abuse. Law enforcement is notified of reports classified as investigations to allow for co-investigation.

Missouri (continued)

Family assessment responses (alternative responses) are screened-in reports of suspected maltreatment. Family assessment reports include mild, moderate, or first-time noncriminal reports of physical abuse or neglect, mild or moderate reports of emotional maltreatment, and educational neglect reports. These include reports where a law enforcement co-investigation does not appear necessary to ensure the safety of the child. When a report is classified as a family assessment, it is assigned to staff who conducts a thorough family assessment. The main purpose of a family assessment is to determine the child's safety and the family's needs for services. Taking a non-punitive assessment approach has created an environment in which the family and the children's service worker are able to develop a rapport and build on existing family strengths to create a mutually agreed-upon plan. Law enforcement is generally not involved in family assessments unless a specific need exists.

In the 2019 Missouri legislative session, a statutory addition to the definition of those responsible for the care, custody and control of a child was enacted. Current statutory definition of care, custody and control of a child includes:

- The parents or legal guardians of a child;
- Other members of the child's household;
- Those exercising supervision over a child for any part of a twenty-four-hour day;
- Any adult person who has access to the child based on relationship to the parents of the child or members of the child's household or the family;
- Any person who takes control of the child by deception, force, or coercion; or
- School personnel, contractors, and volunteers, if the relationship with the child was established through the school or through school-related activities, even if the alleged abuse or neglect occurred outside of school hours or off school grounds.

The last bullet was added to the definition to provide the Children's Division an enhanced ability to investigate child abuse/neglect when the alleged perpetrator has a relationship with the victim child through school.

Reports

The response time indicated is based on the time from the login of the call to the time of the first actual face-to-face contact with the victim for all report and response types, recorded in hours. State policy enables, in addition to CPS staff, multidisciplinary team members to make the initial face-to-face contact for safety assurance. The multidisciplinary teams include law enforcement, local public school liaisons, juvenile officers, juvenile court officials, or other service agencies. Child protective services (CPS) staff will contact the multidisciplinary person to help with assuring safety. Once safety is assured, the multidisciplinary person will contact the assigned worker. The worker is then required to follow-up with the family and sees all household children within 72 hours. Data provided for 2019 does not include initial contact with multidisciplinary team members.

The FFY 2019 submission shows a large decrease in the number of records which we felt needed further explanation. In 2018, Missouri had worked on a project cleanup of

Missouri (continued)

outstanding reports which resulted in more concluded files during the FFY 2018 reporting period. This year, we would expect to see a decrease now that the cleanup project has evened out the number of concluded reports. We also implemented a new policy 4/15/19 where multiple reports could be combined on the same family resulting in only one conclusion no matter how many reports were combined. In 2019 we also expanded the policy on duplicating reports which again would decrease the number of conclusions as more reports were meeting the duplication policy. These changes contribute to significant decreases in the number of records from 2018 to 2019.

Missouri uses structured decision-making protocols to classify hotline calls and to determine whether a call should be screened out or assigned. If a call is screened out, all concerns are documented by the division and the caller is provided with referral contact information when available.

In 2017 an implementation plan began with goals to enhance and upgrade the call center, obtain Workforce Management (WFM) for data-driven decisions and streamline & strengthen the intake interview process at our call center. This plan was developed to provide adequate support to staff to address best practice in customer support. As a result, in CY19 -0- calls were deflected from the Missouri Child Abuse and Neglect Hotline Unit call center with 100 percent of calls answered.

During Calendar Year 2017, 53,701 deflects/busy signals were given to individuals calling the CANHU due to max hold times and queue positions being full. Outdated technology did not provide adequate support and best practice customer service for the continued increase in child abuse and neglect reporting. The technology did not fully support data-driven decisions for staffing patterns and call trends.

In Calendar Year 2018 the deflect/busy signal number was reduced to 899. This was possible with the support of the Division and the Department and focusing on enhancing and upgrading the call center technology, obtaining Workforce Management for data-driven decision making, and streamlining/ strengthening the intake interview process. The utilization by mandated reporters of the online reporting system for emergent and non-emergent concerns has had a positive impact on the call volume. The CANHU will continue making data-driven decisions in efforts to maintain zero deflects/busy signals and to reduce wait times.

At 11:59pm on December 7, 2019 the Missouri Child Abuse and Neglect Hotline Unit (CANHU) completed their 365 Day Challenge by giving zero deflects/busy signals since December 7, 2018.

Children

The state counts a child as a victim of abuse or neglect based on a preponderance of evidence standard or court-adjudicated determination. Children who received an alternative response are not considered to be victims of abuse or neglect as defined by state statute. Therefore, the rate of prior victimization, for example, is not comparable to states that define victimization in a different manner, and may result in a lower rate of victimization than such states. For example, the state measures its rate of prior victimization by calculating the total number of

Missouri (continued)

2019 substantiated records, and dividing it by the total number of prior substantiated records, not including unsubstantiated or alternate response records.

The state does not retain the maltreatment type for reports if they are classified as alternative response nonvictims.

Fatalities

Missouri statute requires medical examiners or coroners to report all child deaths to the Children's Division Central Hotline Unit. Deaths due to alleged abuse or those which are suspicious in nature are accepted for investigation, and deaths which are nonsuspicious, accidental, natural, or congenital are screened out as referrals. Missouri does determine substantiated findings when a death is due to neglect as defined in statute unlike many other states. Therefore, Missouri is able to thoroughly track and report fatalities as compared to states without similar statutes. Through Missouri statute, legislation created the Missouri State Technical Assistance Team (STAT) to review and assist law enforcement and the Children's Division in instances of severe abuse of children.

While there is not currently an interface between the state's electronic case management system and the Bureau of Vital Records statistical database, STAT has collaborative processes with the Bureau of Vital Records to routinely compare fatality information. STAT also has the capacity to make additional reports of deaths to the hotline to ensure all deaths are captured in Missouri's electronic case management system (FACES). The standard of proof for determining if child abuse and neglect was a contributing factor in the child's death is based on the preponderance of evidence.

Because Missouri's hotline (CPS) agency is the central recipient for fatality reporting and because of the state statute requiring coroners and medical examiners to report all fatalities, Missouri could appear to have a higher number of fatalities when compared to other states where the CPS agency is not the central recipient of fatality data. Other states may have to obtain fatality information from other agencies and thus, have more difficulty with fully reporting fatalities.

Perpetrators

The state retains individual findings for perpetrators associated with individual children. For NCANDS, the value of the report disposition is equal to the most severe determination of any perpetrator associated with the report.

The FFY 2019 Missouri submission indicated a higher number of perpetrators in the category of "other" due to a policy change. This policy changed the wording "paramour" to "partner" which added additional coding that fell to the "other" category.

Services

Children younger than 3 years are required to be referred to the First Steps program if the child has been determined abused or neglected by a preponderance of evidence in a child abuse and neglect investigation. Referrals are made electronically on the First Steps website or by submitting a paper referral via mail, fax, or email. First Steps reviews the paper or electronic referral and notifies the primary contact to initiate the intake and evaluation process.

Missouri (continued)

Postinvestigation services are reported for a client who had intensive in-home services or alternative care opening between the report date and 90 days post disposition date or an active family-centered services case at the time of the report. Data for child contacts with court-appointed special advocates (CASA) were provided by Missouri CASA. Data regarding guardian ad litem information was not available for FFY 2019. The Children's Trust Fund provided supplemental data regarding preventive services.

Special Focus

Missouri does track cases with sex trafficking victims as a result of the 2017 Preventing Sex Trafficking and Strengthening Families Act. With the expansion of the definition of care, custody and control in Missouri Children's Division policy to include those who take control of a child by deception, force or coercion, we have been able to identify any perpetrator of sex trafficking as a caregiver and include them in NCANDS data. Missouri's concern with barriers is the current lack of an evidence-based tool specific to trafficking as it related to children and the child welfare system which means education is still evolving on how to assess, identify and respond to trafficking.

Missouri is collecting data on plans of safe care in the instance of a Newborn Crisis Assessment Referral. Barriers are determined to be accurate reporting by medical providers, accurate assessment by staff on whether to complete a plan of safe care and then checking the correct box for data collection. Some of these steps are subjective and not always accurately captured. Multiple examples have been provided in new policy to resolve some of the barriers.

Montana

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General

Montana is state administered. Montana does not have a differential response track for investigations. A new computer system is being developed through a modular approach with the first module focused on Intake and Investigations of Child Abuse/Neglect which went live in December of 2019.

Reports

Montana Child and Family Services has a Centralized Intake Bureau or call center that screen each referral of child abuse or neglect to determine if it requires investigation, assistance, or referral to another entity. Referrals requiring immediate assessment or investigation are immediately called out to the field office. By policy, these Priority 1 reports receive an assessment or investigation within 24 hours. All other Child Protective Services Reports that require an assessment or investigation are sent to the field within 24 hours. In general, this has resulted in improved response times.

Fatalities

Due to the lack of legal jurisdiction, information in our system does not include child deaths that occurred in cases investigated by the Bureau of Indian Affairs, Tribal Social Services or Tribal Law Enforcement.

Perpetrators

Unknown perpetrators are given a common identifier within the state's data system.

Services

Data for prevention services are collected by State Fiscal Year (SFY).

Nebraska

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Child Welfare Administrative Structure

State Administered

Data File(s) Submitted

Child File, Agency File

Level of Evidence Required

Preponderance

General

During FFY 2019, the state of Nebraska continued to utilize the Structured Decision Making (SDM) model, a research based model, to assess reports of child safety and risk. SDM has been implemented throughout Nebraska since 2012. The utilization of SDM provides consistency in the decision making of protective services staff from the point of accepting reports of abuse and neglect through the assessment of child safety and assessing risk levels. Nebraska increased its FTEs responsible for making initial contact with victims and conducting assessments in an effort to reduce response times and improve general child welfare services.

Nebraska has a two-tiered systems of responding to accepted reports of abuse and neglect. Reports are assigned to a traditional assessment or an alternative response. Alternative Response reports are assessed as part of the Title IV-E Demonstration Project. This type of response is an approach to keep children safe in a family friendly way by doing things such as, making appointments to see them; asking permission to talk to their children and other collaterals; no abuse or neglect findings; offering concrete supports among other things. Alternative Response started as a pilot in 5 counties in 2014 and has since expanded statewide as of October 1, 2018. Since Alternative Response is a part of Nebraska's IV-E Demonstration Project, one-half of all cases eligible for Alternative Response receive a traditional response so that the evaluation component can compare the outcomes of Nebraska's Alternative Response program to the traditional response to families. Data for traditional and alternative response cases are reported to NCANDS.

Reports

All reports of child abuse and neglect are received at the toll-free, 24/7, centralized hotline. The hotline workers and supervisors utilize SDM to determine whether a report meets criteria for intervention and the subsequent response time for accepted reports. Accepted reports are assigned to a worker to conduct an initial assessment, which includes, a SDM Safety Assessment and SDM Safety Plan (if applicable) and a SDM Risk or Prevention Assessment. Each SDM Assessment provides decision-making support to the worker on whether a case should remain open for ongoing services.

Nebraska (continued)

Nebraska experienced an increase in unique screened-in referrals (reports) in FFY 2019. Nebraska only experienced a slight increase in screened-out referrals and a slight increase in children that were screened out during FFY 2019. This increase was based on the implementation of a process to refer neglect cases to community based services; the Nebraska Helpline and to the Family Action Support Team (FAST). There has been a lot of work done to move to a prevention model utilizing community supports.

The response time was reduced during FFY 2019. In 2018, Nebraska implemented a process improvement initiative in the initial assessment process which resulted in a reduction in the number of steps and functions a worker must complete. This led to improving the response time by workers. Nebraska was able to report FTEs for staff responsible for screening, intake and investigations beginning in FFY 2018. Nebraska had not been able to report these numbers in recent years. There was also an increase in FTEs responsible for making initial contact with alleged victims.

Children

In FFY 2019, Nebraska saw an increase in unique child victims. Nebraska implemented a new policy to accept all hotline reports from a medical professional in which a child age 5 and under lives in the household. This resulted in an increase in accepted reports.

Fatalities

Nebraska reports child fatalities in both the Child File and the Agency File.. Nebraska continues to work closely with the state's Child and Maternal Death Review Team (CMDRT) to identify child fatalities that are the result of maltreatment but are not included in the child welfare system. When a child fatality is not included in the Child File, the state determines if the child fatality should be included in the Agency File. The official report from CFDRT with final results are usually made available two to three years after the submission of the NCANDS Child and Agency files. Nebraska will resubmit the Agency File for previous years when there is a difference in the count than was originally reported as a result of the CMDRT final report.

Perpetrators

Nebraska collects information on the perpetrators and enters the data into the child welfare information system. Information includes the relationship of the perpetrator to the child and demographics. Nebraska has a state statute that prohibits a perpetrator under 12 years of age from being listed as a substantiated perpetrator. The maltreatment will be listed but there is no finding entered indicating if the maltreatment was substantiated or unfounded.

In FFY 2019, Nebraska saw an increase in unique perpetrators. Nebraska implemented a new policy to accept all hotline reports from a medical professional in which a child age 5 and under lives in the household. This resulted in an increase in accepted reports.

Services

Nebraska refers children who are younger than three years old to the Early Development Network (EDN). All children who are in a substantiated case will be referred to EDN as well as any child identified in an accepted report who has a suspected delay in their development. Nebraska has automated its referral system to its Early Childhood Development Network

Nebraska *(continued)*

to automatically notify the network of children younger than three who are victims of maltreatment.

Nebraska believes that most of the services provided to families can be accomplished during the assessment phase, which is between the report date and the final disposition. In many cases, these are the only services required to keep the child or victim safe. These services are not included in the NCANDS Child File. Only the services that extend beyond the disposition are included.

Services

Nebraska typically closes intakes involving noncaregiver perpetrators of sex trafficking and refers them to law enforcement. Findings are then entered into Nebraska's system when they are received from law enforcement and included in NCANDS. Nebraska recently made changes to its system that will allow improved reporting of sex trafficking allegations.

Nebraska continues to improve its ability to collect and report on infants with prenatal substance exposure and continues to discuss strategies with administration. Nebraska currently only includes data based on children's characteristics but is working on incorporating caregiver characteristics related to substance use.

Nevada

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General

Nevada uses a state-administered and county-operated structure for the management of child welfare services. The Nevada Division of Child and Family Services (DCFS), under the umbrella of the Nevada Department of Health and Human Services (DHHS), provides administrative oversight of the state's child welfare operations through its Family Programs Office.

The organizational structure of DCFS and program delivery of child welfare services are influenced by the state size and concentration of county population. Nevada Revised Statute (NRS) 432B.325 states that in counties where the population is 100,000 or more, the county shall provide child protective services for children in that county and pay the cost of those services in accordance with standards adopted by the state. The state legislature expanded the responsibility of those counties to include all child welfare services including child protection, foster care, and adoption.

Clark County Department of Family Services (CCDFS), located in Las Vegas, provides child welfare services to all children and families in Clark County, Nevada's most populous county, located in the southernmost part of the state. Washoe County Human Services Agency (WCHSA) located in Reno, Nevada, provides child welfare services directly to all children and families located in Washoe County, the state's second most populous county, in the northwestern part of Nevada. DCFS Rural Region provides child welfare services to Nevada's remaining 15 rural counties, a service area which encompasses about 87 percent of the state, geographically, although only about 11 percent of the population.

During FFY 2019, child welfare agencies in Nevada used Preponderance of Evidence as the level of evidence required to substantiate an allegation of maltreatment. In the past, agencies used Credible Evidence as the level of evidence, but during FFY 2018, agencies started transitioning to the new model, and by mid-September 2018, the entire state-wide child welfare system was using Preponderance of Evidence.

Nevada child welfare agencies use a single statewide child welfare information system known as UNITY - Unified Nevada Information Technology for Youth. UNITY was previously federally designated as a SACWIS, but is now governed by federal Comprehensive Child Welfare Information System (CCWIS) regulations.

Child welfare agencies in Nevada follow the Nevada child welfare safety model known as the Safety Assessment and Family Evaluation (SAFE) model. The SAFE model supports the transfer of learning and ongoing assessment of safety throughout the life of the case. The model emphasizes the differences between identification of present and impending danger, assessment of how deficient caregiver protective capacities contribute to the existence of safety threats and safety planning/management services, assessment of motivational

Nevada (continued)

readiness, and utilization of the Stages of Change theory as a way of understanding and intervening with families. All child welfare agencies in Nevada have implemented this model, which has changed the state's way of assessing child abuse and neglect and has enhanced the state's ability to identify appropriate services to reduce safety issues in the children's home of origin. Additionally, this model has unified the state's CPS processes and standards regarding investigation of maltreatment.

In addition to CPS services, Nevada has an alternative response program, called Differential Response (DR). Families referred to the program are the subject of reports of child abuse and/or neglect which have been determined by the agency as likely to benefit from voluntary early intervention through assessment of their unique strengths, risks, and individual needs, rather than the more intrusive approach of investigation. Over the last year, Nevada has been in the process of modifying the DR program to better meet the needs of the child welfare agencies and the communities in which the agencies operate.

To summarize the planned changes, each child welfare agency is going to provide DR services differently through their agency. CCDFS is modifying its DR program to a Community Collaborative Program designed to serve as a neighborhood-based family support system. The agency will conduct an initial assessment of a report that has been received through its intake hotline. Based on the assessment, the agency will either continue to work with the family or request the Community Collaborative to continue to work with the family based on the families' needs. WCHSA is establishing an agency-based DR program. The agency will serve screened-in maltreatment reports and utilize internal staff to conduct the assessment and provide services to the family. DCFS Rural Region is transitioning DR from a program that responds to screened-in CPS reports to a program that serves families in the context of a more traditional prevention model. DR will serve families brought to the agency's attention through CPS intake that do not meet criteria for a screened-in maltreatment report, but do meet criteria, yet to be established, that indicates the family is at risk for future involvement with the CPS system and is in need of assessment and services to reduce the likelihood of future involvement with the public child welfare system. Additionally, DCFS Rural Region also envisions criteria development of a referral process for families to receive voluntary services following CPS case closure. These changes will affect data reported to NCANDS, but it remains to be seen what the impact will be.

Reports

In FFY 2019, there was a decrease of in reports of abuse or neglect completed or dispositioned in the year as compared to the previous year. Nevada has established intake processes, governed by the SAFE model, to determine if CPS referrals constitute reports of abuse or neglect. Referrals that contain insufficient information about the family or maltreatment of the child and no allegations of child abuse/ are screened out. Referrals that do meet criteria are screened in. Based on various factors associated with the report, CPS supervisors decide what type of response the report merits, assign the report to either Investigation or Differential Response, and assign a response time according to policy.

Nevada (continued)

Report response times may be one of the following: Priority 1: respond within 3 hours when the identified danger is urgent or of emergency status, there is present danger, and safety factors are identified; this response type requires a face-to-face contact by CPS. Priority 1 Rural: respond within 6 hours when the identified danger is urgent or of emergency status, there is present danger, and safety factors are identified; this response type requires a face-to-face contact by CPS. (Rural response time is longer because of the time required to travel from field offices to remote locations.) Priority 2: respond within 24 hours with any maltreatment of impending danger and safety factors identified including child fatality; this response type requires a face-to-face contact by CPS or may involve collateral contact by telephone or case review. Priority 3: respond within 72 hours when maltreatment is indicated, but no safety factors are identified; this response type requires a face-to-face contact by CPS or may involve collateral contact by telephone or case review. In situations where the initial contact is by telephone, the agency must make a face to face contact with the alleged child victim within 24 hours following the telephone contact. Referrals that do not rise to the level of an investigation may be referred to DR. The DR program has a required response time of Priority 3: respond within 72 hours (three business days). This variance in response time affects Nevada's average report response time in NCANDS reporting.

Children

In FFY 2019 there was a decrease in the number of children reported as possible abuse or neglect victims and the number of substantiated victims compared to the previous year.

Fatalities

Fatalities identified in the statewide child welfare information system as maltreatment deaths are reported in the Child File. Deaths not included in the Child File, for which substantiated maltreatment was a contributing factor, are included in the Agency File as an unduplicated count. Reported fatalities can include deaths that occurred in prior periods, for which the determination was completed in the next reporting period.

Nevada utilizes a variety of sources when compiling reports and data about child fatalities resulting from maltreatment. Any instance of a child suffering a fatality or near fatality, who previously had contact with, or was in the custody of, a child welfare agency, is subject to an internal case review. Data are extracted from the case review reports and used for local, state, and federal reporting as well as to support prevention messaging. Additionally, Nevada has both state and local child death review (CDR) teams which review deaths of children (17 years or younger). The purpose of the Nevada CDR process is public awareness and prevention, enabling many agencies and jurisdictions to work together to gain a better understanding of child deaths.

Services

Many of the services provided are handled through outside providers. Information on services received by families is reported through various programs. Services provided in conjunction with the new safety model are documented in the system, but these data are not always readily reportable. The Child File contains some of the services from the statewide child welfare information system (UNITY), and the state is investigating steps to bring more of that information into the NCANDS report.

Nevada *(continued)*

Nevada follows its statewide policy (#0502 CAPTA-IDEA Part C), which states: “Child welfare agencies will refer children under the age of three (3) who are involved in a substantiated case of child abuse or neglect, or who have a positive drug screen at birth, to Early Intervention Services within two (2) working days of identifying the child(ren) pursuant to CAPTA Section 106 (b)(2)(A)(xxi) and IDEA Part C of 2004.” The policy further defines “involved” to include children that are identified as: having been abused or neglected; having a positive drug screen at birth; or found in need of services.

Special Focus

Nevada is not yet able to collect and report data associated with the NCANDS elements related to sex trafficking and ISPE, although policy, procedural, and technical planning is underway to address these items.

New Hampshire

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General

New Hampshire's child protection system does not include differential response.

Reports

The total number of reports received was virtually the same between FFYs 2018 and 2019, but the number of screened-in reports decreased in 2019. New Hampshire is currently receiving technical assistance from the Harvard Kennedy School, Government Performance Lab, looking at and implementing ways to safely screen out calls that do not indicate a family is at higher risk of abuse or neglect. As a result, approximately 900 more calls were screened out in 2019 than in the previous year.

New Hampshire uses a tiered system of required response time, ranging from 24 to 72 hours, depending on level of risk at the time of the referral. New Hampshire was authorized to hire 12 additional child protection direct care staff in June 2019. As of September 30, 2019, 115 of the agency's 141 full time assessment positions were filled, with 28 of those staff in training, and 2 on FMLA. Twenty-six positions remained vacant.

Children

By policy, New Hampshire interviews all children in a household if any children are alleged to be maltreated. Alleged victims, including victims of sex trafficking, must be under the age of 18 in order for a report to be screened in.

Fatalities

Historically, NH Division for Children, Youth and Families deferred investigation of child fatalities to law enforcement, but did investigate the safety of siblings in the family. Beginning in January 2018, DCYF began conducting its own investigation of child fatalities that are suspected to be the result of child abuse or neglect. Therefore, all such fatalities are now reported in the NCANDS Child File.

New Hampshire has a Child Fatality Committee consisting of 31 members representing government agencies (Attorney General; Judicial Branch; Board of Pharmacy; Division for Children, Youth and Families; Department of Safety; State Medical Examiner; Fire Marshall; Behavioral Health; Public Health; Drug and Alcohol Services); Law Enforcement (State and Local); Community Mental Health Services; Granite State Children's Alliance; NH Coalition Against Domestic and Sexual Violence; and Dartmouth Hitchcock Medical Center.

Perpetrators

New Hampshire generally does not name minors as perpetrators of neglect or physical abuse, except for juvenile parents who have abused or neglected their own children. Other minors may be named as perpetrators of physical abuse, however it is more likely that the report will be approached as parental neglect (lack of supervision) when a child is reported to be

New Hampshire *(continued)*

physically abused by another child in the home. By policy, no child under the age of 13 may be named as a perpetrator of sexual abuse. There are no other policies governing the age at which a minor may be named as a perpetrator.

New Hampshire does not code any perpetrator relationships as “other.”

Services

“Other” services in Element 85 includes “ISO In-Home,” an Individual Service Option that provides comprehensive services for children/youth with significant challenges, which may be medical, physical, behavioral or psychological. The service therefore fits into several different service categories, but not precisely into any one category.

New Hampshire is only able to report services that were paid for directly by the child protection agency. Any services that were paid for by Medicaid or the family’s own health insurance are not reported for:

- 67: Counseling Services
- 72: Health-Related and Home Health Services
- 83: Substance Abuse Services

New Hampshire does not provide or collect data on the following services, as defined by NCANDS:

- 66: Case Management Services
- 70: Employment Services
- 71: Family Planning Services
- 73: Home Based Services
- 76: Information and Referral Services
- 74: Housing Services
- 77: Legal Services
- 80: Respite Care Services

Special Focus

New Hampshire does not yet collect data on service referrals for substance-exposed infants. We have added the fields to our SACWIS and will begin collecting this in 2020.

New Hampshire investigates sex trafficking only when the alleged perpetrator is a member of the child’s household, having regular access to the child. This is consistent with the manner in which we screen in other reports of sexual abuse or physical abuse. That household member does not need to be a caregiver in order to be named as a perpetrator. Other reports of sex trafficking, by perpetrators who are not household members, are referred to law enforcement, and those perpetrators (and victims) are not reported in NCANDS. Sex Trafficking data are reported for the full federal fiscal year.

New Jersey

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General

Since the implementation of the Statewide Automated Child Welfare Information System (SACWIS), each NCANDS Child File data element is reported from the system. The state is continuously making enhancements toward improving the quality of NCANDS data.

Reports

This year, the state data shows an increase in the number of screened-in referrals (reports). The State Department of Children and Families (DCF), Division of Child Protection and Permanency (CP&P) investigates all reports of child abuse and neglect. The State system allows for linking multiple CPS Reports to a single investigation. The state has the capability to record the time and date of the initial face-to-face contact made to begin the investigation. Structured Decision-Making assessment tools, including Safety and Risk Assessments, are incorporated within the Investigation screens in the SACWIS. These tools are required to be completed in the system prior to documenting and approving the investigation disposition.

Children

This year, the state data shows a decrease in the number of substantiated victims. This remains consistent with prior years and shows a continued trend in the decrease of victimization rates. Children with allegations of maltreatment are designated as alleged victims in the CPS Report and are included in the Child File. The NCANDS category of neglect includes medical neglect. The state SACWIS allows for reporting more than one race for a child. Race, Hispanic/Latino origin, and ethnicity are each collected in separate fields.

Fatalities

Child fatalities are reported to the New Jersey Department of Children and Families Fatality and Executive Review Unit by many different sources including law enforcement agencies, medical personnel, family members, schools, offices of medical examiners and occasionally child death review teams. The CP&P Assistant Commissioner makes a determination as to whether the child fatality was a result of child maltreatment. The NCANDS state contact consults with the Fatality and Executive Review Unit Coordinator and the Child Protection and Permanency (CP&P) Assistant Commissioner to ensure that all child maltreatment fatalities are reported in the state NCANDS files.

The state SACWIS (New Jersey Spirit) is the primary source of reporting child fatalities in the NCANDS Child File. Other child maltreatment fatalities not reported in the Child File due to data anomalies, but which are designated child maltreatment fatalities by the Fatality and Executive Review Unit under the Child Abuse Prevention and Treatment Act (CAPTA), are reported in the NCANDS Agency File under Child Maltreatment Fatalities Not Reported in the Child File.

New Jersey (continued)

Fluctuations in the number of fatalities from year to year are likely due to random case-level variation and are monitored closely.

Perpetrators

Perpetrators are defined as persons responsible for a child's welfare who have abused or neglected a child. New Jersey requires them to be in a caretaker role to be considered a perpetrator.

Services

The Child Abuse and Neglect State Grant is one funding source for the Child Protection and Substance Abuse Initiative (CPSAI). We can report that with state grant funding, CPSAI served 2,262 individuals. The Social Service Block Grant served 180,110 children with case management services. This number is unduplicated and includes children who may have had a CPS report during the fiscal year.

The State's Community-Based Prevention of Child Abuse and Neglect Grant funded seven Family Success Centers (FSC), the New Jersey Child Assault Prevention Program (NJCAP) and the Prevent Child Abuse New Jersey Program (PCANJ). In addition, funding was provided to the Safe Haven program, the Help Me Grow program, and the Father Time program. In total, we can report that the Community-Based Prevention of Child Abuse and Neglect Grant served 91,118 children.

The state SACWIS reports those services specifically designated as Family Preservation Services, Family Support Services, and Foster Care Services as postinvestigation services in the Child File.

The state can also report the number of children eligible for a referral to Early Intervention Services and the number of children referred in FFY 2019. Compliance with this federal requirement is closely monitored by CP&P.

Special Focus

In 2013, New Jersey modified its allegation based system to include allegations of Human Trafficking; specifically, Sexual Exploitation. The Justice for Victims of Trafficking Act of 2015 now requires states to report the number of children determined to be victims of sex trafficking. We can report that for FFY 2019, we investigated 31 reports of sexual exploitation. NJ did not modify the age of a sex trafficking victim and only investigates allegations up until 18 years of age. In addition, NJ only investigates child abuse and neglect allegations of sex trafficking where the alleged perpetrator is in a caretaking role. It should be noted this number does not represent the children who may be subjected to human trafficking by a noncaretaker. These children do receive services; however, they are not included in the CPS report count.

In 2017, New Jersey amended its regulations and further modified the allegation based system to capture allegations of Substance Affected Newborns. This was in response to the Comprehensive Addiction and Recovery Act of 2016 (CARA). Community Outreach began in effort to inform our local healthcare partners of the new reporting requirements and New Jersey drafted internal policy around plans of safe care. In 2018, a pilot program was

New Jersey *(continued)*

developed to assess and engage the families identified as meeting the requirements and plans of safe care training and implementation began to rollout statewide. By August 2019, New Jersey successfully trained all 46 local offices on CARA and Plans of Safe Care are now being completed in all the offices. Based on the office's implementation schedule, New Jersey identified 1,308 substance exposed newborns; 1,028 had a Plan of Safe Care and 1,141 were referred to appropriate services. New Jersey is currently working on updating SACWIS and will be able to report the number of Plans of Safe Care created and the Number Referred to Appropriate Services to NCANDS in FFY 20.

New Jersey does not report screened-out IPSE referrals as the state investigates all allegations of child abuse and neglect; no reports or children are screened out.

New Mexico

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General

According to New Mexico state law and the agency's policies and procedures regarding abuse and neglect investigations, a child may be determined to be a victim based on care-giver admission; physical facts or evidence; statements from collateral contacts or witnesses; child disclosure; and/or observation of the worker. There have been no recent changes in the state's policies, programs, or procedures that would affect New Mexico's FFY 2019 NCANDS submission.

At this time, New Mexico does not have more than one type of response for screened-in reports. All screened-in reports are investigated. Screened-out reports are cross-reported to local law enforcement.

Reports

The number of screened-in referrals in FFY 2019 increased from New Mexico's FFY 2018 NCANDS submission. This slight increase may be attributed to ongoing public awareness campaigns about reporting suspected child abuse and neglect. The agency has not made any significant changes to its call center processes and procedures, other than normal staff turnover and training, as well as concerted efforts to reduce call center wait times.

The New Mexico definition for the investigation start date ("initiation") is defined as the caseworker making face-to-face contact with each alleged victim identified in the report, rather than the individual child referenced in the Child File. New Mexico also measures initiation timeframes from the point at which the report is accepted by Statewide Central Intake, rather than the point at which the report is received, or assigned to a worker in the county where the family resides.

New Mexico does not currently report an incident date. New Mexico is considering modifying the state's data collection system to capture incident information in the future.

Children

The total numbers of both unique children and unique child victims in FFY 2019 increased slightly from New Mexico's FFY 2018 NCANDS submission.

New Mexico investigation procedures do include face-to-face assessment of all children living in the household, regardless of whether they are identified as an alleged victim in the initial report.

The state's reporting of drug and alcohol abuse as a child risk factor does have significant limitations within our current reporting system. New Mexico plans to address these limitations with the implementation of a CCWIS system and hopes that reporting will be improved for future submissions.

New Mexico (continued)

Fatalities

Percent differences in fatalities from year to year are highly susceptible to broad fluctuation due to the overall low numbers of applicable fatalities occurring in the population. Because these records are included in the submission that corresponds with the investigation closure date, the length of time that some of these cases must remain open to allow for thorough investigation can also create year-over-year variation.

New Mexico identifies applicable child fatalities for inclusion in the Agency File by comparing homicides in the Child File with homicides identified by the state Office of the Medical Investigator (OMI). Any child victims who do not already appear in the agency's child file are reviewed to determine the identity and relationship of the perpetrator. Only children known to have died due to maltreatment by a parent or primary caregiver, not already included in the child file, are then included in the agency file.

The agency does not investigate all fatalities. Only fatalities reported to the agency by law enforcement, medical personnel, or "other" reporting source are investigated.

Perpetrators

The state only investigates and reports maltreatment allegations in which the alleged perpetrator is a parent or other caregiver such as a relative, other household member, stepparent, guardian, foster parent, sibling, or any individual with responsibility for the care, supervision, and safety of a child. However, the agency does not report information on residential staff perpetrators, as CPS does not have jurisdiction under state law to investigate allegations of abuse and neglect in facilities. If such allegations are reported to Statewide Central Intake, the following procedures are followed:

- The report is screened out to CPS but cross-reported to the law enforcement agency that has jurisdiction over the facility/incident;
- The report is cross-reported to the Licensing and Certification Authority, which has administrative oversight of residential facilities;
- Upon request from law enforcement, CPS investigation staff may act in consultation in conducting investigations of child abuse and neglect in schools and facilities, and may assist in the interview process.

Services

Postinvestigation services are reported for any child or family involved in a child welfare agency report that has an identified service documented in the SACWIS as: 1) a service delivered, 2) a payment for service delivered, or 3) a component of a service plan. Services must fall within the NCANDS date parameters to be reported.

The state is not able to report on the following services data fields regarding information and referral services:

- Special Services-Juvenile Delinquency
- Employment Services
- Family Planning
- Housing services
- Independent and Transitional Living Services

New Mexico (continued)

- Legal Services
- Pregnancy/Parenting Services for young parents
- Respite care

Every substantiated investigation involving a child younger than 3 years old, per state policy, is referred to the Family Infant Toddler (FIT) Program for a diagnostic assessment. The referral occurs within 2 days of the substantiation. The date of this referral is documented in the state SACWIS prior to approval of the investigation results. The worker also notifies the family of the referral and provides them with a copy of the FIT fact sheet.

New Mexico no longer offers Family Preservation services per the Family Preservation Model. New Mexico offers In-Home Services, which is a clinical intervention aimed at reducing safety threats and enhancing parental protective capacities. In-Home Services is a 4- to 6-month intervention, specifically geared toward families who are at risk of child removal. New Mexico's In-Home Services clinicians are all licensed social workers or licensed clinical counselors.

Special Focus

The state does not have the capacity to report sex trafficking as an allegation type at this time. As New Mexico transitions to a CCWIS, this change will be fully implemented and reporting will likely begin with the FFY 2021 NCANDS submission.

New Mexico created House Bill 230, the Plan of Safe Care bill through a state-wide, public-private workgroup with over 160 stakeholders around the state with two and a half years leading up to the presentation at legislative session. The bill was created using data from national best practices and evidence based models that have proven better health outcomes and reduced healthcare costs related to substance use disorder. The bill was signed into law during the 2019 legislative session and became state law July 1, 2019. In conjunction with the bill, a change to Children's Code was made that prenatal substance exposure does not, by itself, support a finding that the child was abused or neglected. The bill allowed the workgroup to develop rules in conjunction with other stakeholders over the first 6 months.

In addition to finalizing the rules the workgroup has been able to train the majority of the birthing hospitals in the state. The new process for substance exposed newborns is that every hospital will create a plan of care and evaluate the safety of the child. The evaluation of safety will occur in the context of the capacity of the mother similar to any mother with a chronic health condition such as epilepsy. If there are concerns for the safety of the child, a report should be made to the CPS Statewide Central Intake. The plan of care for the newborn included assignment of a care coordinator and referrals to services providers for the infant and the caregivers. The plan of care goes to primary care providers for the infant, services providers where mother and infant were referred, and to insurance care coordinators. The notification of the plans of care go to the state Department of Health and simultaneously to the state CPS agency through an online portal. The process of data reporting complies with federal regulations by the creation of an electronic portal in which hospitals enter plans of care. Plans of care are voluntary, and the process gives parents an opportunity to plan for the best care of their infant. Health insurance company care coordinators with their access to

New Mexico *(continued)*

utilization data will monitor the infant's access to primary care, early intervention, and home visiting programs. The care coordinators monitor the mother's utilization of referred services as well.

For FFY 2019 we received 44 plans of care as we piloted the plans of safe care with hospitals who were trained early on and wanted to begin the process starting July 1, 2019. Due to the timing of the online portal development for plans of safe care, the state is unable to report relevant data elements in the FFY 2019 NCANDS submission. The state hopes to report these data in the FFY 2020 submission.

New York

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General

The state has expanded the number of local districts of social services using the alternative response, known as Family Assessment Response (FAR). Currently, FAR is offered in 19 Local Districts of Social Services (LDSS) in New York state. Data from both traditional Child Protective Services path and FAR path are reported in NCANDS.

Reports

New York state does not collect information about calls not registered as reports.

Children

Most of the NCANDS maltreatment type “other” is accounted for by the state maltreatment type “Parent’s Drug/Alcohol Use.”

The state is not able to report the NCANDS child risk factor fields. However, changes were made to the system to capture elements related to Comprehensive Addiction Recovery Act (CARA) which will be captured under alcohol and drug abuse risk factors for infants for FFY 2020.

Not all children reported in the Child File have AFCARS IDs because the state uses different child identifiers for child protective services and child welfare. The child welfare identifier (AFCARS ID) is only assigned if the child is receiving child welfare services. It is inconsistently updated in the child protective system, which is the primary source of the NCANDS submission. Additionally, the Justice Center for the Protection of People with Special Needs (Justice Center) that investigates reports on institutional abuse uses a different child identifier. This results in multiple child identifiers mapped to the same child. New York state is exploring different avenues to reduce this and has reduced it over time.

State statute and policy allow acceptance and investigation/assessment of child protective reports concerning certain youth over the age of 21.

Fatalities

State practice allows for multiple reports of child fatalities for the same child and deaths that occurred in previous years. Those that have been reported in previous years and reported in a case closed in FFY 2019 were removed from the NCANDS file. As a result, only deaths that occurred and were reported during the FFY were reported in the file. The number of fatalities decreased from FFY 2018 to FFY 2019.

By state statute, all child fatalities due to suspected abuse and neglect must be reported by mandated reporters, including, but not limited to, law enforcement, medical examiners, coroners, medical professionals, and hospital staff, to the Statewide Central Register of Child

New York (continued)

Abuse and Maltreatment. No other sources or agencies are used to compile and report child fatalities due to suspected child abuse or maltreatment.

Perpetrators

In New York a very low percent of perpetrators are mapped to “other”. The subject of the report (perpetrators) in New York, needs to be a person legally responsible. A person legally responsible includes a parent and there is no age limitation for parents. Persons Legally Responsible would be persons 18 years of age or older found in the same home and legally responsible for the child at the relevant time and they either caused the harm (or imminent risk of harm) to the child or allowed the harm to occur.

Services

The state is not able to report the NCANDS services fields at this time. Title XX funds are not used for providing child preventive services in this state.

Special Focus

For the FFY 2019 file allegation of sex trafficking was added to the Child File. However, data is not complete as this was added to the system towards the end of FFY. Collection of data on infants with prenatal substance abuse was implemented towards the end of FFY and New York plans to report it in the FFY 2020 file.

North Carolina

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The state was not able to submit commentary in time for the *Child Maltreatment 2019* report.

North Dakota

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General

In the fall of 2018, North Dakota Child Protection Services implemented a pilot project testing a redesigned Child Protection Services assessment process. This new process was pilot tested in 14 of 47 county jurisdictions with the goals of reducing the response time to face-to-face contact with victim children and the overall timeliness of the assessment process from receipt of the initial report to the time of decision/notification. The CPS Redesign Pilot project was implemented on September 17, 2018 to January 17, 2018. Prior to the project, counties in the pilot areas closed assessments within the 62 days allowed by administrative rule 41 percent of the time. At completion of the Pilot, 89 percent of assessments were completed within 62 days.

Given the positive results of the pilot, an expansion group of 11 additional counties was included in the rollout on April 1, 2019. It is likely this redesign has resulted in a decrease in unique victims and unique perpetrators. Statewide rollout was delayed when redesign of the In-Home Services redesign identified a need for a more defined and safety-focused practice model. Statewide implementation of the redesigned CPS process is currently on hold pending statewide rollout of the new safety framework planned for early summer 2020. The redesigned CPS process will be implemented statewide at that time. The redesigned process and shortened timeline data may impact NCANDS data during this reporting period.

North Dakota Implemented a CPS alternative response option exclusive to substance exposed newborns (defined in state law as infants age 28 days or less) in November 2017 in response to the Comprehensive Addiction and Recovery Act amendments to CAPTA. this alternative response option includes development and monitoring of a plan of safe care for each substance exposed newborn and each caregiver for the newborn, needs assessment and the absence of a “finding” of child abuse or neglect. The alternative response is voluntary and prenatal substance exposure remains in state law as a form of child neglect. Caregivers who decline participation in alternative response receive a standard CPS assessment response. Data elements for alternative response have been included in the state’s data system but are not yet mapped to NCANDS Child File reporting. Due to limited data resources, data from the alternative response assessments are not included in reporting for FFY 2019. The state intends to report for FFY 2020.

Reports

North Dakota encompasses four American Indian Reservations. These reservations are sovereign nations, each of whom maintains the reservation’s own child welfare system. Because of this, North Dakota’s NCANDS data does not include child abuse and neglect data, or data on child deaths from abuse or neglect or near deaths from abuse or neglect which occurred in a tribal jurisdiction.

North Dakota *(continued)*

North Dakota does not report a number of screened-out referrals. Under North Dakota law, all referrals of suspected child abuse and neglect must be accepted. North Dakota has adopted an administrative assessment process to correctly triage reports received. Data regarding the number of children included in referrals that are administratively assessed is not collected. An administrative assessment is defined as: The process of documenting reports of suspected child abuse or neglect that do not meet the criteria for a Child Protection Services Assessment. Under this definition, referrals can be administratively assessed when the concerns clearly fall outside of the state child protection law. Such circumstances include:

- The referral does not contain a credible reason for suspecting the child has been abused or neglected
- The referral does not contain sufficient information to identify or locate the child
- There is reason to believe the reporter is willfully making a false referral (these are referred to the county prosecutor)
- The concern in the referral has been addressed in a prior assessment
- The concerns are being addressed through county case management or a Department of Human Services therapist
- Referrals of pregnant women using controlled substances or abusing alcohol (when there are no other children reported as abused or neglected) are also included in the category of administrative assessments, as state law doesn't allow for a decision of "services required" (substantiation) in the absence of a live birth.

Assessments that are in progress when information indicates the report falls outside of the child abuse and neglect law may be terminated in progress. Referrals may also be sent to another jurisdiction when the children are not physically present in the county receiving the referral {these are referred to another jurisdiction (county, tribal, or state), where the children are present or believed to be present}. Referrals involving a Native American child living on an Indian Reservation are referred to tribal child welfare systems or to the Bureau of Indian Affairs child welfare office. Referrals concerning sexual abuse or physical abuse by someone who is not a person responsible for the child's welfare (noncaregiver) are referred to law enforcement. The number of administrative assessments or referrals in FFY 2019 is 9,701. This total breaks down to 4,296 administrative assessments; 1,804 administrative referrals; 3,427 terminated in progress; and 174 pregnant woman assessments. There were 7,418 completed full assessments.

Data mapping and calculating the response time, both in the Agency File and in the Child File, has proved to be quite challenging as there is a significant divergence between the state's administrative rule and policies and the definitions required for NCANDS reporting. In the North Dakota data system, there is only a single code allowed to indicate initiation of an assessment. State administrative rule allows initiation of an assessment to be done by completing a check for records of past involvement, by contact with the subject of a report, or with a collateral contact. In contradiction to the federal definition, the administrative rule does not list contact with a victim as an initiation activity. When a subsequent contact is made with a victim, there is not a separate code within the data system to indicate this action as initiation. Therefore, many assessments initiated under the state administrative rule do not meet the initiation definition in the Child File or Agency File.

North Dakota *(continued)*

Another complicating factor is that system codes for contacts with children are often indicated as worker/child or worker/family, which may or may not indicate contact with a victim. This is due to multiple programs using case activity codes, but does not allow specific NCANDS mapping for victim contacts. Additionally, the initial face-to-face contact with a victim for purposes of a safety assessment is allowed, by state policy, to be conducted by specific professional partners who have authority to provide immediate protection for the child (Law Enforcement, Medical Personnel, Juvenile Court staff, or Military Family Advocacy staff) in addition to a child welfare worker, in order to assure safety in a rural environment where minimal staffing, weather and distance can delay a worker's ability to respond quickly. Given this policy, face-to-face contact by a partner may occur previous to the report received date/time. For example: Law enforcement is called to a home in the evening for a welfare check and determines that the children are not in immediate danger, so does not remove, but does follow up with a written report the following day. Face-to-face contact with the victim has occurred by someone with authority to protect the child, but occurs prior to the report date/time, by someone other than the child welfare worker, but does not count under the definitions in the Child File or Agency File. State policy also specifies that the response time may vary by the category of the report. Response times may vary from 24 hours before or after a report for the most serious category to three days before or after a report for moderate risk reports, to as much as 14 days before or after the report for low risk reports. Given this possible variation, these timeframes also do not meet the NCANDS definitions. When response time is calculated according to state policy and administrative rule, the response time is 212.2 hours.

Because North Dakota is a county administered system, the state can only determine the numbers of Full-Time Equivalents (FTEs) employed by a county for certain job titles, such as Social Worker or Family Service Specialist. These FTEs may be employed in various county programs for varying portions of their FTE. For Example: A county employee may be a full FTE, but $\frac{1}{4}$ time will be CPS functions, $\frac{1}{4}$ time may be foster care, $\frac{1}{4}$ time may be in adult services, and $\frac{1}{4}$ time may be in-home case management. The state has no independent way to determine what portions of the FTE are dedicated to CPS functions. Additionally, intake and report analysis functions are the responsibility of each county office. North Dakota does not have a centralized intake "hotline". Additionally, counties may assign non-child welfare staff, such as clerical staff or economic assistance staff, to conduct CPS intake functions. These personnel are not included in the counts.

In an attempt to glean the required information for NCANDS reporting, the state has initiated a survey of the counties in which the counties are asked to report the number of FTEs in their agency dedicated to CPS functions. The survey was administered in May 2019. For the Director's portion of the survey 28 of 53 counties reported. Directors reported a total of 120 employees, including supervisors, responsible for intake and assessment. These were then reported as a corresponding portion of an FTE, resulting in a total of 81.1 FTEs. Of these approximately 81 FTEs, 13.7 were responsible for CPS intake functions, 57 were responsible for CPS assessment functions, and 10.4 were responsible for supervision functions.

The worker demographic and training portion of the survey was completed by 56 of the workers/supervisors. The results of the worker demographic portion of the report are included in the state's CAPTA report. As roughly half of the state's counties, including the

North Dakota (continued)

second and third largest counties in the state, did not return survey results, the above data may not be a true representation of the state's workforce.

Children

Due to mapping requirements and limited data resources, NCANDS mapping for risk factor data elements are limited for this reporting period. The data reporting is expected to improve when the revised risk factor changes are mapped for NCANDS reporting.

Fatalities

All fatalities were reported in the Child File. The North Dakota Department of Human Services, Children and Family Services Division is the agency responsible for coordination of the statewide Child Fatality Review Panel as well as serving as the state's child welfare agency. The Administrator of Child Protection Services serves as the Presiding Officer of the Child Fatality Review Panel. This dual role provides for close coordination between these two processes and aides in the identification of child fatalities due to child abuse and neglect as a sub-category of child fatalities from all causes. The North Dakota Child Fatality Review Panel coordinates with the North Dakota Department of Health Vital Records Division to receive death certificates for all children, ages 0-18 years, who receive a death certificate issued in the state.

These death certificates are screened against the child welfare database and any child who has current or prior CPS involvement as well as any child who it can be determined is in the custody of the Department of Human Services, county social services, or the Division of Juvenile Services at the time of the death is selected for in-depth review by the Child Fatality Review Panel, along with any child whose Manner of Death as listed on the Death Certificate as "Accident", "Homicide", "Suicide" or "Undetermined."

Any child for whom the Manner of Death is listed on the Death Certificate as "Natural", but whose death is identified as sudden, unexpected or unexplained is also selected for in-depth review. As part of these in-depth reviews, records are requested from any agency identified in the record as having involvement with the child in the recent period prior to death, including law enforcement, medical facilities, Child Protection Services, the County Coroner and the State Medical Examiner's Office for each death. Under North Dakota law, any hospital, physician, medical professional, medical facility, mental health professional, mental health facility, school counselor, or division of juvenile services employee shall disclose all records of that entity with respect to any child who has or is eligible to receive a certificate of live birth and who has died. Additionally, the State Medical Examiner's Office forensic pathologists participate in conducting the reviews. Data from each review is collected and maintained in a separate database. It is this database that is correlated with data extracted from the child welfare database for NCANDS reporting. Even though the NCANDS data does not contain child welfare data concerning children in tribal jurisdiction, the state is confident that all deaths in the state from all causes are identified, reviewed and reported.

Perpetrators

North Dakota reports unknown perpetrators as unknown within the state's data system (FRAME). Perpetrator IDs for unknown perpetrators are unique to each assessment. Institutional Child Protection Services are addressed in a separate section of the state statute.

North Dakota (continued)

Under state statute, “Institutional child abuse or neglect” means situations of known or suspected child abuse or neglect when the institution responsible for the child’s welfare is a residential child care facility, a treatment or care center for individuals with intellectual disabilities, a public or private residential educational facility, a maternity home, or any residential facility owned or managed by the state or a political subdivision of the state.

An individual working as facility staff is not held culpable within Institutional Child Protection Services, rather, the facility itself is considered to be a ‘subject’ (perpetrator) of the report. Assessments of institutional child abuse or neglect are assessed at the state level, by regional staff, rather than at the county level as are CPS reports that are non-institutional. All reports of institutional child abuse and neglect are reviewed by a multi-disciplinary State Child Protection Team on a quarterly basis. Determinations of institutional child abuse and neglect are made by team consensus. A determination of “indicated” means that a child was abused or neglected by the facility. A decision of “not indicated” means that a child was not abused or neglected by the facility.

There were 128 reports of Institutional Child Abuse or Neglect in FFY 2019 resulting in 126 completed full assessments. Of these full assessments 31 had a finding of “not indicated” and 7 had a finding of “indicated”. There were 61 assessments Terminated in Progress. There were 12 reports of ICPS that were administratively assessed/administratively referred (see above under ‘reports’ for definitions of administrative assessments and referrals). There remained 15 assessments open at the time of this report.

Services

The methods for Agency File Data components 5.1 and 5.2 include only children less than 3 years of age.. Of the children eligible and not referred, two children had been previously referred and were receiving IDEA services, there were three children whose whereabouts were unknown and three children were deceased. The reason for non-referral for the remaining children was not available.

The state has limitations when reporting reunification services. Case management services provided by county agencies are dependent upon correct data entry connecting the service with the CPS assessment. Additionally, services provided through referral to service providers outside the county agency may only be documented in narrative form, which prohibits data extraction.

Special Focus

Data fields have been added to the child welfare data management system to capture the maltreatment type of sex trafficking as well as sex trafficking as a child risk factor. This data has not yet been mapped for NCANDS reporting. There were no children with an identified maltreatment of sex trafficking in FFY 2019 and 5 children with an identified child risk factor for sex trafficking. An identified child risk factor indicates that trafficking may have occurred by someone who is not a “person responsible for a child’s welfare” under state law.

According to state law a “Substance exposed newborn” means an infant younger than 28 days at the time of the initial report of child abuse or neglect and who is identified as being affected by substance abuse or withdrawal symptoms or by a fetal alcohol spectrum disorder.

North Dakota *(continued)*

The state law requires referral services and monitoring of support services for caregivers as well as a plan of safe care for the newborn, mirroring the federal CARA legislation amending CAPTA. On June 1, 2018, fields were added to the child welfare data management system to enable the entry for plans of safe care as well referrals to CARA related services for the substance exposed newborn and the affected caregiver(s). Plans of safe care were developed to have both required and optional elements. Required elements include providing information regarding safe sleep and Period of Purple Crying as well as assuring adequate medical care, and safe housing. This data has not yet been mapped for NCANDS reporting. There were 214 substance exposed newborns identified during this reporting period. Of the 214 identified substance exposed newborns, 176 of them had a plan of safe care developed (81 percent); all 176 of these substance exposed newborns and their affected caregivers received some degree of appropriate services.

Ohio

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General

Ohio implements a Differential Response (DR) System for screened in reports of alleged child abuse and/or neglect. The DR system is comprised of a traditional response (TR) pathway and an alternative response (AR) pathway. Children who are subjects of reports assigned to the AR pathway are mapped to NCANDS as AR nonvictim and have a disposition of “AR.” who are “alleged child victims” of reports assigned to the TR pathway receive a disposition:

- *Unsubstantiated*—the assessment/ investigation determined no occurrence of child abuse or neglect.
- *Substantiated*—there is an admission of child abuse or neglect by the person(s) responsible; an adjudication of child abuse or neglect; or other forms of confirmation deemed valid by the public children services agency (PCSA).
- *Indicated*—there is circumstantial or other isolated indicators of child abuse or neglect lacking confirmation; or a determination by the caseworker that the child may have been abused or neglected based upon completion of an assessment/investigation.

Reports

The total number of screened-out referrals received between FFY 2018 and FFY 2019 remained relatively unchanged. Likewise, the number of screened-in referrals (reports) between FFY 2018 and 2019 increased slightly.

Children

Requirements to record the race/ethnicity of children in Statewide Automated Child Welfare Information System (SACWIS) were effectuated in FFY 2015 and remain in place today. Child victims as reported by Ohio are children who have received a disposition of substantiated or indicated in the traditional response pathway.

Fatalities

Child maltreatment deaths reported in Ohio’s NCANDS submission are compiled from the data maintained in the SACWIS. The SACWIS data contains information on those children whose deaths were reported to a public children services agency (PCSA) or children involved in a child protective services (CPS) report who died during the assessment or investigation period. As a county administered CPS system, Ohio PCSAs have discretion of which referrals are accepted for assessment or investigation. In some cases, the PCSA will not investigate a child fatality report unless it is deemed there was suspected abuse or neglect or other children in the home who may be at risk of harm or require services. Referrals of child deaths due to suspected maltreatment not accepted by the PCSA are investigated by law enforcement. Ohio continued to improve in the collection of data surrounding child fatalities and fewer errors were made this year.

Ohio (continued)

Perpetrators

The NCANDS category of “other” perpetrator relationship includes nonrelated (NR) child and NR adult. These are catch-all categories that can be used for any individual who is not a family member. Guidance continues to be provided to agencies to select the most appropriate relationship code (e.g., neighbor) instead of using the nonrelated categories.

Services

Ohio is continually working to improve the recording of services data in the SACWIS. Federal grant funds are used for state level program development and support to county agencies providing direct services to children and families.

Ohio policy requires all children ages 0–3 with a substantiated report to be referred to Help Me Grow/Early Intervention. Ohio has established a referral form that is used exclusively by child protective services agencies to refer families and children to Help Me Grow. Ohio’s Help Me Grow/Early Intervention program is supervised by the Ohio Department of Health and is administered through county agencies. This is the number of unique children ages 0–3 with a substantiated report disposition. Although the state does not report AR victims to NCANDS, the data include children and siblings served through both the alternative response pathway and the traditional response pathway. All children determined eligible were referred to Help Me Grow. Ohio’s SACWIS generates the Help Me Grow referral form.

Special Focus

Ohio began reporting sex trafficking in FFY 2018 for the purposes of NCANDS. The sex trafficking indicator always occurs with other maltreatment types. It is coded within the hierarchy, thus occurring after other maltreatments. Therefore, sex trafficking, does not populate under maltreatment-1 type but occurs in maltreatment-2-4 types. Sex trafficking is recorded on the harm description in SACWIS which is at the intake level and not the person level. It is then mapped back to the AP without regard to the relationship.

In FFY 2019, Ohio improved substantially in collecting CARA related referral information.

Oklahoma

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General

Oklahoma has continued with the commitment and emphasis on trauma-informed care as a priority in the state. The OK-TASCC, a demonstration grant through the Administration on Children, Youth and Families, Children's Bureau, "Initiative to Improve Access to Needs-Driven, Evidence-Based/Evidence-informed Mental and Behavioral Health Services in Child Welfare" (HHS-2012-ACF-ACYF-CO-0279), was completed on September 30, 2018. The goal of the project was to improve the social and emotional well-being and restore the developmentally appropriate functioning of children and youth in the child welfare system that have mental and behavioral health needs. This would be accomplished through helping the Oklahoma Department of Human Services-Child Welfare Services develop and implement comprehensive, integrated and reliable continuum of screening, assessment, and aligned service delivery. A trauma-informed/focused approach has been essential to enhance system-wide capacity and sustain the implementation activities required to address the multiple domains associated with well-being.

As of June 2016, the implementation of the Child Behavioral Health Screener (CBHS) with child welfare (CW) staff was statewide and expanded to include Family Centered Services, adoptions and post-adoptions programs. The CBHS, tailored to different developmental levels, is a brief measure designed to screen monthly for presence of behavioral and trauma-related symptoms that may be negatively impacting child functioning in youth ages birth through seventeen years old. The monthly administration is aimed to improve the timely identification of behavioral health needs of children within child welfare services (CWS), improve quality of communication between CW staff and resource parents, and sustainably imbed this practice approach into CWS work processes. Through the administration of the CBHS we are identifying children's behavioral and mental health needs earlier as well as those who would have potentially never been identified without this practice in place.

In January of 2019, as DHS continues to improve access to needs-driven, evidence-based/evidence-informed mental and behavioral health services in child welfare, the findings from the OK-TASCC project and the CBHS that was implemented in family-based care enabled DHS to expand the screening to other levels of care, i.e. group home and shelter care. This expansion has allowed for all children, no matter their custody status or placement, to be screened and improve access to services. The DHS CW leadership team is committed to sustaining this screening practice through a trauma-informed care framework and in collaboration with external partners and systems, including courts, schools, foster parents, and resource/service providers towards continued improved outcomes for children.

Oklahoma (continued)

Reports

The Oklahoma Department of Human Services has a statewide, centralized hotline to receive child abuse and neglect reports. An allegation of child abuse or neglect reported in any manner to a DHS county office is immediately referred to the Hotline.

Each report received at the Hotline is screened to determine whether the allegations meet the definition of child abuse or neglect and are within the scope of child protective services (CPS).

DHS responds to an accepted report of child abuse or neglect by initiating an assessment of the family or an investigation of the report in accordance with priority guidelines. The primary purpose of the assessment or investigation is the protection of the child. For assessments or investigations, DHS gives special consideration to the risks of any minor child, including a child with a disability, who is vulnerable due to his or her inability to communicate effectively about abuse, neglect, or any safety threat.

A Priority I report indicates the child is in present danger and at risk of serious harm or injury. Allegations of abuse and neglect may be severe and conditions extreme. The situation is responded to immediately, the same day the report is received. Priority II is assigned to all other reports. The response time is established based on the vulnerability and risk of harm to the child. Priority II assessments or investigations are initiated within 2 to 10 calendar days from the date the report is accepted for assessment or investigation.

An assessment is conducted when a report meets the abuse or neglect guidelines but does not constitute a serious and immediate safety threat to a child. The assessment uses the same comprehensive review to address allegations, identify behaviors and conditions in the home that lead to risk factors; and evaluate the protective capacities of the person responsible for the child's health, safety, or welfare to address the safety needs of each child in the family. Assessments do not have findings. When a child is determined unsafe in the initial stages of the assessment and the family's circumstances or the person responsible for care's (PRFC) behavior poses a risk to the child, an investigation is immediately initiated by the Child Welfare specialist. The family is told an investigation rather than an assessment is necessary and the CW specialist immediately follows investigation protocol.

An investigation is conducted when:

- a) a report meets the abuse or neglect guidelines and constitutes a serious and immediate threat to the safety of a child (*10A O.S. § 1-2-105*);
- b) there have been three or more reports accepted for assessment or investigation regarding the family per (*10A O.S. §1-2-102*);
- c) the family has been the subject of a deprived petition (*10A O.S. §1-2-102*); or
- d) the child was diagnosed with fetal alcohol syndrome or DHS determines the child meets the definition of "drug-endangered child" (*10A O.S. § 1-1-105 and OAC 340:75-3-450*).

Reports that are appropriate for screening out and are not accepted for assessment or investigation are reports:

- e) that clearly fall outside the definitions of abuse and neglect per OAC 340:75-3-120, including minor injury to a child 10 years of age and older who has no significant child abuse

Oklahoma *(continued)*

- and neglect history or history of neglect that would be harmful to a young or disabled child, but poses less of a threat to a child 10 years of age and older;
- b) concerning a victim 18 years of age or older, unless the victim is in voluntary placement with DHS;
 - c) where there is insufficient information to locate the family and child;
 - d) where there is an indication that the family needs assistance from a social service agency but there is no indication of child abuse or neglect;
 - e) that indicate a child 6 years of age or older is spanked on the buttocks by a foster or trial adoptive parent with no unreasonable force used or injuries observed per OAC 340:75-3-410; and
 - f) that indicate the alleged perpetrator of child abuse or neglect is not a PRFC, there is no indication the PRFC failed to protect the child, and the report is referred to local law enforcement.

Allegations concerning the same incident received from the same or a different reporter are considered duplicate reports and may be screened out and associated with the original assigned assessment or investigation.

Allegations concerning the same child and family received within 45 calendar days of a previously accepted and assigned report are considered subsequent reports and may be screened out and the allegations addressed in the on-going report.

SB576 amended *10A O.S. 2011 § 1-2-101*, which previously referenced “every teacher of any child under the age of 18 years” to “every school employee having reason to believe that a student under the age of 18 years is a victim of abuse or neglect shall report the matter immediately to the Department of Humans Services and local law enforcement.”

Children

Oklahoma defines a child as any unmarried person younger than 18 years of age, including an infant born alive.

A “drug endangered child” is defined as a child who is at risk of suffering physical, psychological, or sexual harm as a result of the use, possession, distribution, manufacture, or cultivation of controlled dangerous substances or the attempt of any of these acts by a Person Responsible For Care (PRFC).

- a. This term includes circumstances wherein the PRFC’s substance use or abuse interferes with his or her ability to parent and provide a safe and nurturing environment for the child.
- b. (*10A O.S. § 1-2-101*) Every physician, surgeon, or other health care professional including doctors of medicine, licensed osteopathic physicians, residents and interns, any other health care professional, or midwife involved in the pre-natal care of expectant mothers or the delivery or care of infants who test positive for alcohol or a controlled dangerous substance, must promptly report the matter to the DHS. This includes infants who are diagnosed with neonatal abstinence syndrome or fetal alcohol spectrum disorder.
- c. Whenever DHS determines that a child meets the definition of a “drug-endangered child” or was diagnosed with neonatal abstinence syndrome or fetal alcohol spectrum

Oklahoma *(continued)*

disorder, and the referral is assigned, DHS conducts an investigation of the allegations and does not limit the evaluation of the circumstances to an assessment, (*10A O.S. § 1-2-102*).

- d. Whenever DHS determines an infant is diagnosed with neonatal abstinence syndrome or fetal alcohol spectrum disorder, DHS develops a plan of safe care that addresses the infant and affected family member or caregiver and, at a minimum, their health and substance use or abuse treatment needs.

Effective November 1, 2019, HB1075 enacted that every child taken into custody by DHS shall be given a standardized assessment within 21 days of entering custody. The assessment shall evaluate the physical, developmental, medical, mental health and educational needs of the child and shall be considered when developing placement and service plans for the child.

Fatalities

Oklahoma investigates all reports of child death and near death that are alleged to be the result of abuse or neglect. When DHS has reasonable cause to suspect that a child death or near-death is the result of abuse or neglect, DHS notifies the Governor, the President Pro Tempore of the Senate, and the Speaker of the House of Representatives of the initial investigative findings of the child protective services review. Notice is communicated securely no later than 24 hours after the reasonable determination of suspicion. (*10A O.S. § 1-6-105*)

A final determination of death or near death due to abuse or neglect is made after a report is received from the office of the medical examiner which may extend beyond a 12-month period. Fatalities are not reported to NCANDS until both the investigation and Child Protective Services program review, which is inclusive of the final determination, are completed.

The Child Protective Services Programs Unit program review includes:

- a) a review of the case record which is inclusive of the Report to District Attorney; law enforcement reports; medical examiner's Report of Autopsy; medical records pertaining to the death or near-death and previous records when applicable; all pertinent case information
- b) an assessment of compliance of findings with CPS standards per OAC 340:75-3-120 and OAC 340:75-3-130
- c) requests for additional information when determined necessary.

The Oklahoma Child Death Review Board conducts a review of every child death and near death in Oklahoma. The Bureau of Vital Statistics forwards all death certificates of persons under 18 years of age to the Office of the Chief Medical Examiner monthly, received during the preceding month. The Office of the Chief Medical Examiner conducts an initial review of death certificates in accordance to the criteria established by the Child Death Review Board and refers to the Board cases that meet the criteria.

The Child Death Review Board is composed of 27 members or designees (*10 O.S. 1150.3*). Fourteen members are specified positions, including the Chief Medical Examiner, the Director of the Department of Human Services, the State Commissioner of Health, the State Epidemiologist of the State Department of Health, the Director of the Oklahoma State

Oklahoma *(continued)*

Bureau of Investigation, and the Chair of the Child Protection Committee of the Children's Hospital of Oklahoma. Thirteen of the members are appointed and include law enforcement, attorneys, social workers, physicians, advocacy, a psychologist, and emergency medical personnel. State Office Child Protective Services staff work closely with the Child Death Review Board and participate as a member of this board. The Child Death Review Board powers and duties are contained in *10 O.S. 1150.2*.

Perpetrators

Oklahoma defines a person responsible for the child's health, safety, or welfare (PRFC) as:

- a) the child's parent, legal guardian, custodian (*10A O.S. §1-1-105*), or foster parent;
- b) a person 18 years of age or older with whom the child's parent cohabitates or any other adult residing in the home of the child;
- c) an agent or employee of a public or private residential home, institution, facility, or day treatment program (*10 O.S. § 175.20*);
- d) an owner, operator, or employee of a child care facility (*10 O.S. § 402*) whether the home is licensed or unlicensed; or
- e) a foster parent maintaining a therapeutic, emergency, specialized-community, tribal, kinship, or foster family home responsible for providing care, supervision, guidance, rearing, and other foster care services to a child.

(10A O.S. §1-2-102) A referral to law enforcement is immediately made either verbally or in writing for the purpose of conducting a possible criminal investigation when, upon receipt of a report alleging abuse, neglect, or during the assessment or investigation, DHS determines:

- a) the alleged perpetrator is someone other than a PRFC (third-party perpetrator)
- b) abuse or neglect of the child does not appear attributable to failure on the part of a PRFC to provide protection for the child

After making the referral to the appropriate law enforcement jurisdiction, DHS is not responsible for further investigation unless:

- a) DHS has reason to believe, or law enforcement has determined that the alleged perpetrator is a parent of another child, not the subject of the criminal investigation, or is a PRFC of another child;
- b) The appropriate law enforcement jurisdiction requests DHS participate in the investigation. When funds and personnel are available, as determined by the DHS Director or designee, DHS may assist law enforcement in interviewing children alleged to be victims of physical or sexual abuse.

A prior perpetrator is defined as a perpetrator of a substantiated maltreatment within the reporting year who has also been a perpetrator in a substantiated maltreatment anytime back to 1995, the year of implementation of the State Automated Child Welfare Information System.

Oklahoma reports all unknown perpetrators.

Oklahoma (continued)

Services

Postinvestigation services are services that are provided during the investigation and continue after the investigation, or services that begin within 90 days of closure of the investigation. In cases where the family would benefit from services and the child can be maintained safely in the home, DHS can refer to community services or refer the case to Comprehensive Home-Based Services through a DHS contracted provider. If referred to community services, the DHS investigation can be closed and DHS will determine within 60 days whether the family has accessed the recommended services and if the child remains safe. If the family is referred to Comprehensive Home-Based Services, DHS will open a Family Centered Services case and follow the family for up to six months.

Special Focus

21 O.S. 748.2 DHS is responsible for investigating reports that a child may be a victim of human trafficking;

- a) Priority 1 response is required;
- b) joint investigation is conducted with law enforcement per OAC 340:75-3-110 and may involve coordination with other states, when the child is not an Oklahoma resident;
- c) court order for emergency custody of the child is requested as soon as possible;
- d) plan is made for the child's immediate behavioral health and medical treatment upon confirmation that a court placed the child in DHS emergency custody; and
- e) notification of the report is made to the CPS Programs Unit

Noncaregiver perpetrators of sex trafficking are not included. By statute, DHS makes a referral, verbally or in writing, to the appropriate law enforcement jurisdiction for the purpose of conducting a possible criminal investigation when DHS determines the alleged perpetrator is someone other than a PRFC. Also, by statute, DHS initiates a joint investigation with law enforcement when law enforcement determines a child may be a victim of human trafficking.

Oklahoma defines a “substance exposed infant” as a newborn who tests positive for alcohol or a controlled dangerous substance with the exception of substances administered under the care of a physician. Oklahoma defines “substance affected infant” as one who was born experiencing withdrawal symptoms as a result of prenatal drug exposure or fetal alcohol spectrum disorder as determined by the direct health care provider.

Oklahoma defines a “plan of safe care” as a plan developed for an infant with neonatal abstinence syndrome or a fetal alcohol spectrum disorder, upon release from healthcare provider care that addresses the infant’s and mother’s or caregiver’s health and substance use or abuse treatment needs.

When a referral is received and subsequently screened out and assigned as a plan of safe care, contact is made with the mother or caregiver within five-business days of receiving the referral.

When a referral is received and accepted for Child Protective Services investigation, a plan of safe care is required in addition to following CPS investigation and safety analysis protocols found in Oklahoma Administrative Code 340:75-3-200, 340:75-3-220, and 340:75-3-300. The plan of safe care includes referring the infant to SoonerStart and a medical provider to

Oklahoma *(continued)*

evaluate the effects of the substance on the child's development. When available, a referral to a pediatric Neonatal Abstinence Syndrome clinic is preferable.

The CW specialist asks about any plans previously developed by a hospital or medical professional to address the infant's and the mother's or caregiver's health and substance use or abuse treatment needs. Such plans are appropriate for inclusion in the plan of safe care.

The mother or caregiver is referred to substance use or abuse services that include a substance abuse assessment.

Oregon

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General

OR-Kids, which is the name for Oregon's SACWIS. Oregon began a phased implementation of a two track response system called Differential Response (DR) in May of 2014 and was ended by legislative action in April 2017. Both Traditional Responses (TR) and Alternative Responses (AR) were submitted to NCANDS during the years the Differential Response system was implemented. FFY 2019 data only includes Traditional Responses. Oregon will continue to work on improving the extraction procedures, as needed, in order to accurately report all NCANDS data.

Reports

The FFY 2019 number of screened in referrals (reports) increased from FFY 2018 due to centralization of screening and promotion of the Oregon Child Abuse Hotline. The increase in response time in Oregon, which has been historically higher than average, may result from hotline centralization and mandatory reporting law changes, without additional staff to cover the increased workload. The investigation start date is the date of actual child or parental contact.

In Oregon, a referral is screened out when:

- 1) No report of child abuse/neglect has been made, but the information indicates there is risk present in the family, but no safety threat.
- 2) A report of child abuse/neglect is determined to be third party child abuse, but the alleged
- 3) perpetrator does not have access to the child, and the parent or caregiver is willing and able to protect the child.
- 4) An expectant mother reports that conditions or circumstances would endanger the child when born.
- 5) The child protection screener is unable to identify the family.

Children

The NCANDS category "other" maltreatment type includes "threat of harm."

Fatalities

There is no systemic cause for the increase in the number of fatalities between FFY 2018 and FFY 2019. The state reports fatalities in the Agency file. These cases are dependent upon medical examiner report findings, law enforcement findings and completed CPS assessments and the fatality cannot be reported as being due to child abuse/neglect until these findings are final. Reported fatalities due to child abuse for FFY 2019 represent deaths due to child abuse for cases where the findings were final and are correct as of January 29, 2020.

Oregon *(continued)*

Services

The state's SACWIS system does not collect data on preventive services; therefore, it does not currently have NCANDS child-level reporting on these services. Further, the NCANDS Child File information on services is not complete at this time.

Special Focus

Additional programming is in place to capture data around infants with prenatal substance exposure including a safe plan of care and referral for appropriate services but was not implemented in our SACWIS system in time to capture any data for the FFY 2019 submission.

Pennsylvania

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General

Upon receipt of a report of suspected child abuse, the department shall immediately transmit an oral notice or a notice by electronic technologies to the appropriate county agency that a report of suspected child abuse has been received. The notice shall include the substance of the report. If the report received does not suggest suspected child abuse but does suggest a need for social services or other services or assessment, the department shall transmit the information to the county agency for appropriate action. These allegations or concerns are referred to as General Protective Services (GPS) and are not classified as child abuse in Pennsylvania. The information shall not be considered a child abuse report unless the agency to which the information was referred has reasonable cause to suspect after assessment that abuse occurred. If the agency has reasonable cause to suspect that abuse occurred, the agency shall notify the department and the initial report shall be upgraded to a child abuse report.

Pennsylvania implemented a new Child Welfare Information Solution (CWIS) on December 27, 2014. Definitions outlined in this commentary reflect the amended statute that took effect December 31, 2014. Pennsylvania defines child abuse as intentionally, knowingly or recklessly doing any of the following:

- 1) Causing bodily injury to a child through any recent act or failure to act.
- 2) Fabricating, feigning, or intentionally exaggerating or inducing a medical symptom or disease which results in a potentially harmful medical evaluation or treatment to the child through any recent act.
- 3) Causing or substantially contributing to serious mental injury to a child through any act or failure to act or a series of such acts or failures to act.
- 4) Causing sexual abuse or exploitation of a child through any act or failure to act.
- 5) Creating a reasonable likelihood of bodily injury to a child through any recent act or failure to act.
- 6) Creating a likelihood of sexual abuse or exploitation of a child through any recent act or failure to act.
- 7) Causing serious physical neglect of a child.
- 8) Engaging in any of the following recent acts:
 - i. Kicking, biting, throwing, burning, stabbing, or cutting a child in a manner that endangers the child.
 - ii. Unreasonably restraining or confining a child, based on consideration of the method, location, or the duration of the restraint or confinement.
 - iii. Forcefully shaking a child under one year of age.
 - iv. Forcefully slapping or otherwise striking a child under one year of age.
 - v. Interfering with the breathing of a child.
 - vi. Causing a child to be present at a location while a violation of 18 Pa.C.S. §7508.2 (relating to operation of methamphetamine laboratory) is occurring, provided that the violation is being investigated by law enforcement.

Pennsylvania *(continued)*

- vii. Leaving a child unsupervised with an individual, other than the child's parent, who the actor knows or reasonably should have known:
- A.) Is required to register as a Tier II or Tier III sexual offender under 42 Pa.C.S. Ch. 97 Subch. H (relating to registration of sexual offenders), where the victim of the sexual offense was under 18 years of age when the crime was committed.
 - B.) Has been determined to be a sexually violent predator under 42 Pa.C.S. §9799.24 (relating to assessments) or any of its predecessors.
 - C.) Has been determined to be a sexually violent delinquent child as defined in 42 Pa.C.S. §9799.12 (relating to definitions).
- 9) Causing the death of the child through any act or failure to act.
- 10) Engaging a child in a severe form of trafficking in persons or sex trafficking, as those terms are defined under Section 103 of the Trafficking Victims Protection Act of 2000 (114 Stat. 1466, 22 U.S.C. §7102).

Reports

In Federal Fiscal Year (FFY) 2019, the number of reports for suspected child abuse decreased by from FFY 2018. The more recent decreases in reports over the last two years may indicate an improved understanding of the types of suspected abuse required to be reported by mandated reporters. Between 2014 and 2017, Pennsylvania had seen a continuous increase in reports received largely due to legislative changes enacted in late 2014 which expanded the definitions of child abuse and perpetrator, streamlined and clarified mandatory child abuse reporting processes, increased penalties for failure to report suspected child abuse, and protected persons who report child abuse.

The law now requires a mandated reporter to make a direct report to the child abuse hotline rather than notifying a designated individual within their organization who was responsible to make the report. The amendments to the definition of child abuse, specifically the inclusion of additional categories of abuse and the lower threshold for substantiating a report of child abuse, have led to an increase in the number of reports being made, as well as the substantiation of these reports. Along with the amendments to the definition of child abuse, the definition of perpetrator has also been expanded to capture additional categories of individuals as perpetrators when they abuse a child.

Children

In FFY 2019 the number of duplicate victims (a child may be a victim on more than one report) increased from FFY 2018. This increase is likely due to the amendments to the law as described above.

Fatalities

Pennsylvania law requires that every child fatality and near fatality resulting from substantiated abuse, or for cases in which no status determination has been made within 30 days, be reviewed at the county level. A state level review is conducted on all fatalities and near fatalities where abuse is suspected regardless of status determination. The information and data collected from both levels of review are analyzed for trends and risk factors across Pennsylvania. These reviews and analyses provide the foundation used for determining the root causes of severe child abuse and neglect; they are also used to better understand what responses or services

Pennsylvania *(continued)*

can be used in the future to prevent similar occurrences. Pennsylvania does not use data from sources and agencies other than child protective services to compile and report child fatalities.

Perpetrators

Pennsylvania defines a perpetrator as a person who has committed child abuse and is any of the following:

- A parent of the child.
- A spouse or former spouse of the child's parent.
- A paramour or former paramour of the child's parent.
- A person 14 years of age or older and responsible for the child's welfare or having direct contact with children as an employee of child-care services, a school or through a program, activity or service.
- An individual 14 years of age or older who resides in the same home as the child.
- An individual 18 years of age or older who does not reside in the same home as the child but is related within the third degree of consanguinity or affinity by birth or adoption to the child.
- An individual 18 years of age or older who engages in severe forms of trafficking in persons or sex trafficking, as those terms are defined under section 103 of the Trafficking Victims Protections Act of 2000 (114 Stat. 1466, 22 U.S.C. § 7102).

Additionally, only the following may be considered a perpetrator for failing to act:

- A parent of the child.
- A spouse or former spouse of the child's parent.
- A paramour or former paramour of the child's parent.
- A person 18 years of age or older and responsible for the child's welfare.
- A person 18 years of age or older who resides in the same home as the child.

Services

Pennsylvania currently reports limited services data and plans on providing more complete services data in the future.

Special Focus

Pennsylvania includes noncaregiver perpetrators in sex trafficking reporting.

Pennsylvania currently does not collect data for the IPSE-related fields in the statewide system.

Puerto Rico

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General

Sufficiency and pertinence in the information collected in the investigation process is based on the security model adopted by the agency, evaluating the safety of the children and making an assessment of the family.

The Puerto Rico Department of the Family (DF) is the agency of the Government of Puerto Rico responsible for the provision of the diversity and /or a variety of social welfare services. The Department of the Family composition is as follows:

The Department of the Family composition is as follows:

- Office of the Secretary
- Administration for Children and Families- ACF (ADFAN, Spanish acronym)
- Administration of the Socioeconomic Development of the Family (ADSEF, Spanish acronym)
- Child Support Administration (ASUME, Spanish acronym), enacted by PL 86, August 17, 1994
- Administration for Integral Development of Childhood (ACUDEN, Spanish acronym)
PL-179 August 1, 2003

The Administrations are agencies dedicated to execute the public policy established by the Secretary, in the different priority areas of services to children and their families including the elderly population in Puerto Rico. It establishes the standards, norms and procedures to manage the programs and provide the operation and supervision of the Integrated Services Centers (ISC) at the local levels. The regional levels (10 regional offices) supervise the local offices.

They are also responsible for implementing and developing those functions delegated by the Secretary through the redefinition and reorganization of the variety of services for the family including traditional services and the creation of new methods and strategies for responding to the needs of families. Work plans are prepared in agreement with the directives and require final approval of the Secretary.

Puerto Rico (continued)

The functions and responsibilities of ADFAN are executed through the following programmatic and administrative components:

- Administrator's Office
- Assistant Administration for Adults and Community Services
- Assistant Administration for Prevention and Community Services
- Assistant Administration for Child Protective Services,
- Family Preservation and Support Services
- Assistant Administration for Foster Care and Adoption

The Assistant Administration for Child Protective Services is responsible for the investigation of intra-familial and institutional CA/N referrals. As one of its primary components, the State Center for the Protection of Children is responsible for the operation of the Child Abuse and Neglect Hotline and the Orientation and Family Support Hotline. Both lines are responsible for providing an expedited system of communication to receive family and/or institutional referrals and to provide orientation and crisis intervention in different areas of family life. It also operates the Central Registry, which maintains updated statistical and programmatic information about the movement of CAN referrals and cases receiving services by ADFAN.

Reports

The referrals are evaluated according to the criteria already established in the security manual, the call screening is handled according to a protocol of included questions that reflect the collection of data aimed mainly at the identification of security situations in which it is necessary to take an action from the handling of the call with rapid response agencies to protect minors.

Children

The increase in the number of victims between 2018 and 2019 is attributed to the increase in social problems that resulted from the natural disaster.

Fatalities

After the national emergency, the effect of the catastrophe on the population caused an increase in social problems such as homelessness, increased mental health problems, suicides, economic problems in families, housing crisis, lack of access to health services, among others as risk factors that contribute to the increase in cases of child abuse and fatalities.

In Puerto Rico, interventions of those child fatalities referred through the direct line are carried out, even if an allegation of abuse is not clear. For these situations we handle what we call a "social emergency" that allows us to perform an intervention to verify the circumstances presented in the death of the child and if a suspicion of abuse or neglect is identified, a referral is made for a complete investigation.

Services

Abrazo de Generaciones is a Project of initiative to promote that the children in foster care share with older adults who participate in CAMPEA program for a multi-generational meeting. The elderly promote affection in minors while giving them the opportunity to care for minors.

Puerto Rico *(continued)*

Proyecto Jefas de Familia; to the improvement of the quality of life of PR, of the female heads of household who are participants in the services aimed at early childhood. It seeks to achieve empowerment and self-management by directing collaborative efforts between private and governmental entities to offer alternatives to our single mothers who seek to achieve self-management through the development of their own company.

Special Focus

Our system has the capacity to collect data related to sexual trafficking, these data are cataloged in the typologies, however, our file reflects a minimum amount of research in this area. This can be attributed to the fact that in our protection law, sex trafficking situations are cataloged when the perpetrator is a father, mother or responsible person, but not a noncaregiver.

Rhode Island

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General

RI policy defines child abuse/neglect as: a child whose physical or mental health or welfare is harmed, or threatened with harm, when his or her parent or other person responsible for his or her welfare. Person responsible for the child's welfare" means the child's parent or guardian, any individual, eighteen (18) years of age or older, who resides in the home of a parent or guardian and has unsupervised access to a child, a foster parent (relative or non-relative), an employee of a public or private residential home or facility or any staff person providing out-of-home care, which includes family child care, group child care and center-based child care.

In 2018, DCYF implemented a change to the response types for screened-in referrals. Reports can now be screened-in for investigation or for family assessment response (FAR). The Family Assessment Response process is:

- A. The Department utilizes a standardized screening tool to determine if a report made to the Hotline that contains a concern about the well-being of a child and does not meet the criteria for a child abuse/neglect investigation should be screened in for a family assessment.
 1. The family's participation in the family assessment is voluntary, the family may decline to participate. Should this occur, the family assessment caseworker and supervisor convene a meeting to reassess the risk and/or concerns to determine if they should be elevated to an investigation. If so, the family assessment caseworker files a report with the child abuse Hotline.
 2. The Department conducts a thorough assessment of child safety and risk for all children in the home during the family assessment response, and develops a safety plan with the family, if necessary.
 3. The family assessment consists of:
 - a. A face to face meeting is scheduled as soon as possible and must take place not later than three (3) business days of case assignment with the parent or guardian, the child, and any other household members and family supports. Face to face contact with the child who is the subject of the report and any siblings is subject to the consent of the parent or guardian.
 - b. Completion of a standardized risk and safety assessment.
 - c. Criminal background checks and Department clearances for caregiver(s), and household members over the age of eighteen (18).
 - d. Service assessment and delivery to stabilize and mitigate risk.
- B. Information that may be screened in for a family assessment response includes, but is not limited to, the following vulnerability factors and risk areas:
 - a. Child is age (6) six and under;
 - b. caregiver or child's emotional, physical, or developmental condition;
 - c. circumstances indicating that the caregiver's protective capacity may be compromised but not to the level of requiring an investigation.

Rhode Island (continued)

- d. A prior report within a twelve (12)-month period involving a family with a child age six (6) or under, or with two (2) or more children;
 - e. One or more prior reports received on a family within a three (3)-month period;
 - f. A prior indicated investigation or removal within the past twelve (12) months;
 - g. Any other risk factors that may compromise the well-being of the child; or
 - h. Whether the report was called in by a professional mandated reporter.
- C. Any report screened in for a family assessment response may be upgraded to an investigation if there is any evidence or reason to suspect child abuse or neglect in accordance with this Rule and the Rhode Island statute governing child abuse/neglect investigations.
- D. All efforts are made to complete each family assessment response within thirty (30) days. If an extension of the thirty (30) day timeframe for completion of a family assessment response is necessary, a supervisor and/or administrator may grant an extension request up to fifteen (15) additional days.

Reports

The state experienced a significant increase in the number of CPS reports received in FFY 2018 as a result of a highly publicized trial of a school employee who was charged with failure to report child abuse. Many of these were duplicated reports with multiple reporters calling into the hotline to ensure they followed the existing law. The law was amended in July 2018 and extensive training and outreach was done to ensure educational staff understood the state's reporting requirements. The amendment to the law and the subsequent training led to a decrease in the number of duplicate reports received in FFY19.

Children

The state experienced a significant increase in the number of alleged victims in FFY 2018 as a result of a highly publicized trial of a school employee who was charged with failure to report child abuse. Many of these alleged victims were associated with duplicate CPS reports with multiple reporters calling into the hotline to ensure they followed the existing law. The law was amended in July 2018 and extensive training and outreach was done to ensure educational staff understood the state's reporting requirements. The amendment to the law and the subsequent training led to a decrease in the number of alleged victims reported in FFY19.

Fatalities

The fatalities reported for child abuse and neglect in the Child and Agency Files only come from those reported to the department and recorded in RICHIST. By state law, all child maltreatment is required to be reported to DCYF, regardless of whether it results in a death. There are no other sources except RICHIST that collect fatality information.

Perpetrators

Rhode Island reports noncaregiver perpetrators to NCANDS

Services

Rhode Island does outsource many of our preventive services. The state funds five Family Care Community Partnerships (FCCPs), which operate in different geographic areas of the state. Families may be referred to FCCP services directly from the community or through the department.

Rhode Island *(continued)*

Special Focus

Rhode Island has provided sex trafficking data for the entire FFY 2019. The data includes reports of noncaregiver perpetrators of sex trafficking. Barriers to collecting and reporting sex trafficking data include youth who do not want to disclose this information.

Barriers to collecting and reporting infants with prenatal substance exposure include the absence of electronic data systems to allow external health providers to submit data on infants with prenatal substance abuse.

South Carolina

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General

RI policy defines child abuse/neglect as: a child whose physical or mental health or welfare is harmed, or threatened with harm, when his or her parent or other person responsible for his or her welfare. Person responsible for the child's welfare" means the child's parent or guardian, any individual, eighteen (18) years of age.

Reports

Intake Referrals and Findings of Appropriate Response slightly increased in federal fiscal year (FFY) 2019 as South Carolina operationalized regionalized intake centers in a multiyear project. The implementation of regionalized intake staff and centralized intake practice and leadership is designed to increase the efficiency and consistency across the state related to evaluation and assignment of CPS referrals.

Children

The state investigates all children in the home at the time of investigation. If children are listed in the household, in CAPSS, but not a subject of the investigation, they are reported to NCANDS as nonvictims.

The children in families referred for CBPS are reported in FFY 2019 NCANDS data submission with a disposition of alternative response nonvictim and the NCANDS category of "other" maltreatment type. The number of children slightly increased as there were more referrals made to CBPS in FFY 2019 than in FFY 2018. All demographic information is reported on these children.

Fatalities

South Carolina Department of Social Services (SCDSS), in response to gaps in child fatality practice and analysis, created a unit within the Child Welfare division. Law enforcement, the coroner, the medical examiner, and the Department of Health and Environmental Control (Bureau of Vital Statistics Division) report all child deaths that were not the result of natural causes, to the State Law Enforcement Division (SLED) for an investigation. SLED investigates all preventable child deaths and then refers their findings to DSS, where this unit reviews the agency's response to these child fatalities. The State Child Fatality Advisory Committee (SCFAC) also reviews a portion of cases referred from SLED.

As such, SCDSS's comprehensive systems-level review, including SCDSS's records, records collected by SLED, and when available, records collected by the SCFAC, form the Child Fatality Unit's determination that the child fatality was caused by maltreatment by a person responsible for the child's welfare or maltreatment by a person responsible for the child's welfare contributed to the child fatality for the purposes of reporting Agency File data. This list is compared to the agency's SACWIS system and children whose deaths have been reported in the Child File (indicated by SCDSS for death by maltreatment) are removed.

South Carolina *(continued)*

Fatalities reported on the Agency File include but are not limited to fatalities not investigated by SCDSS due to the perpetrating person responsible for the child's welfare also being deceased and indicated incidents of maltreatment causing a near- and eventual-fatalty, but due to time limits (60 days) on CPS investigations imposed by state statute and the fatality itself occurring outside this timeframe, the case is not indicated for death by maltreatment in SCDSS's SACWIS system.

Perpetrators

The "other" perpetrator relationship is used when the perpetrator is "unknown," including the "unknown" perpetrator for a sex trafficking maltreatment.

Special Focus

South Carolina has added sex trafficking as a maltreatment and noncaregiver perpetrators will be reported.

The state added an indicator to the intake to identify if the intake recipient is a substance affected infant, and therefore South Carolina anticipates reporting screened-out infants with prenatal substance exposure in FFY 2020. The state is still implementing the plan of safe care and referral to appropriate services fields.

South Dakota

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General

Child Protection Services (CPS) does not utilize the Differential Response Model. CPS either screens in reports, which are assigned as Initial Family Assessments, or the reports are screened out. However, the Initial Family Assessment allows CPS to open a case for services based on danger threats without substantiation of an incident of abuse or neglect. South Dakota does refer reports to other agencies if the report does not meet the requirements for assignment, and it appears the family could benefit from the assistance of another agency.

Reports

CPS child abuse and neglect screening and response processes are based on allegations that indicate the presence of danger threats, which includes the concern for child maltreatment. CPS makes screening decisions using the Screening Guideline and Response Assessment. Assignment is based on child safety and vulnerability. The response decision is related to whether the information reported indicates present danger, impending danger, or any other danger threat. A report is screened out if it does not meet the criteria in the Screening Guideline and Response Assessment as described above.

South Dakota Codified Law 26-8A-3 mandates which entities are required to report child abuse and neglect.

“26-8A-3. Persons required to report child abuse or neglected child--Intentional failure as misdemeanor. Any physician, dentist, doctor of osteopathy, chiropractor, optometrist, emergency medical technician, paramedic, mental health professional or counselor, podiatrist, psychologist, religious healing practitioner, social worker, hospital intern or resident, parole or court services officer, law enforcement officer, teacher, school counselor, school official, nurse, licensed or registered child welfare provider, employee or volunteer of a domestic abuse shelter, employee or volunteer of a child advocacy organization or child welfare service provider, chemical dependency counselor, coroner, or any safety-sensitive position as defined in § 3-6C-1, who has reasonable cause to suspect that a child under the age of eighteen has been abused or neglected as defined in § 26-8A-2 shall report that information in accordance with §§ 26-8A-6, 26-8A-7, and 26-8A-8. Any person who intentionally fails to make the required report is guilty of a Class 1 misdemeanor. Any person who knows or has reason to suspect that a child has been abused or neglected as defined in § 26-8A-2 may report that information as provided in § 26-8A-8.”

South Dakota Codified Law 26-8A-4 mandates that anyone who has reasonable cause to suspect that a child has died as a result of child abuse or neglect must report. The NCANDS category of “other” report source include clergy, community person, coroner, domestic violence shelter employee or volunteer, funeral director, other state agency, public official and tribal official.

South Dakota (continued)

Children

The data reported in the NCANDS Child File includes children who were victims of substantiated reports of child abuse and neglect where the perpetrator is the parent, guardian or custodian. Reports of abuse and neglect are categorized into five types- neglect, physical abuse, sexual abuse, sex trafficking, and/or emotional maltreatment. Medical neglect is included in the neglect category.

Fatalities

Children who died due to substantiated child abuse and neglect by their parent, guardian or custodian are reported as child fatalities. The number reported each year are those victims involved in a report disposed during the report period, even if their date of death may have actually been in the previous year. The state of South Dakota reports child fatalities in the Child File and the Agency File.

The reporting process required by SDCL 26-8A-4 stipulates that the report must be made to the medical examiner or coroner and in turn the medical examiner or coroner must report to the South Dakota Department of Social Services.

“26-8A-4. Additional persons to report death resulting from abuse or neglect--Intentional failure as misdemeanor. In addition to the report required under § 26-8A-3, any person who has reasonable cause to suspect that a child has died as a result of child abuse or neglect as defined in § 26-8A-2 shall report that information to the medical examiner or coroner. Upon receipt of the report, the medical examiner or coroner shall cause an investigation to be made and submit written findings to the state’s attorney and the Department of Social Services. Any person required to report under this section who knowingly and intentionally fails to make a report is guilty of a Class 1 misdemeanor.”

When CPS receives reports of child maltreatment deaths as required under SDCL 26-8A-4 from any source, CPS documents the report in FACIS (SACWIS). Reports that meet the NCANDS data definition are reported to NCANDS. The Justice for Children’s Committee (Children’s Justice Act Task Force) is also updated annually on the handling of suspected child abuse and neglect related fatalities.

Perpetrators

Perpetrators are defined as individuals who abused or neglected a child and are the child’s parent, guardian or custodian. The state information system designates one perpetrator per child per allegation.

Services

The Agency File data includes services provided to children and families where funds were used for primary prevention from the Community Based Family Resource and Support Grant. This primarily involves individuals who received benefit from parenting education classes or parent aide services.

The South Dakota, Division of Child Protection Services with the consent of the parent, refers every child under the age of 3 involved in a substantiated case of child abuse or neglect

South Dakota *(continued)*

to the Department of Education's Birth to Three Connections program. This program is responsible for the IDEA services. The parent or guardian is advised by the Division of Child Protection Services that with their permission, a referral to Birth to Three Connections will be made for a developmental screening of their child. The parent or guardian needs to sign a DSS Information Authorization Form before the referral is made. The parent or guardian is also given a Birth to Three Connections brochure and provided the name of the service coordinator that will be contacting them to schedule the screening. The Birth to Three Connections intake form is then completed and faxed with the Information Authorization to the Birth to Three Connections coordinators to determine eligibility and write an Individual Family Service Plan for eligible children within 45 days of the receipt of the referral. Not all children referred by the Division of Child Protection Services to the Birth to Three program are eligible for services.

Special Focus

South Dakota began collecting sex trafficking data on October 31, 2017. Noncaregiver perpetrators of sex trafficking would be included if the agency received a report.

South Dakota began collecting data for the IPSE-related fields on October 31, 2017.

Tennessee

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General

There was a shift in supervision of the Regional “Readers” (staff that take the referrals from the Hotline and assign them to the field staff) to supervision by the Hotline which resulted in an increase in staff responsible for screenings and intake of reports during the year. Implemented statewide, the Readers are empowered to prompt a conversation between the CPS Tracks prior to case assignment to determine the best approach to the allegations which affected the results of both report and maltreatment dispositions.

Tennessee refers to the system as Multiple Response. There are three pathways:

- Investigations: All cases deemed Severe Abuse including all child death/near death incidents, sexual abuse, and forms of physical abuse and neglect where a child has experienced harm or is at imminent risk of harm.
- Assessments: cases of child maltreatment with a risk of harm to a child.
- Resource Linkage: No direct child maltreatment but a identified need such as lack of housing, food or need for behavioral/mental health service referral.

All calls and web-based referrals are processed by the centralized Child Abuse Hotline using a Structured Decision Making (SDM) tool that incorporates laws and policies regarding the alternative response system. The cases that meet criteria are then submitted to each of the twelve regions or the Special Investigation Unit. Hotline staff in each region known as “Readers” then review the cases and then assigns the referrals to front line workers.

Reports

A shift in supervision occurred of the Regional “Readers” (staff that take the referrals from the Hotline and assign them to the field staff) to supervision by the Hotline. More Hotline staff were added for FFY 2019. The CPS workforce data are calculated using full-time equivalents (FTEs).

Children

Tennessee is not able are not able to separate out specific substances for child or caregiver drug and alcohol risk factors.

Fatalities

Infant/child deaths are investigated when there is a maltreatment allegation or the cause of death is unknown or not immediately clear.

Perpetrators

For a sexual abuse allegation, if the referral includes two children under the age of 13, each is listed as an alleged child victim unless the report contains information that one of the children used force or violence as part of the incident.

Tennessee *(continued)*

The SACWIS defines almost 70 different ACV to perpetrator roles, where the most selected role is “Alleged Perpetrator” which is mapped to the NCANDS value= 88 (other). The Agency will continue to work to improve ACV to perpetrator role identification in FFY 2020.

Services

A gradual increase of PSS staff primarily centered on the Drug Teams and Safe Baby Courts accounted for the ability to work more cases, which increased child victims (substantiated or indicated) whose families received family preservation services in the previous five years.

Special Focus

Sex Trafficking data was included for the entire FFY 2019 reporting period. The state does not separate out noncaregiver perpetrators.

Texas

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General

Alternative Response (AR) is an approach that responds differently than traditional investigations to reports of abuse/neglect. It allows for a more flexible, family engaging approach while still focusing on the safety of the children as much as in a traditional investigation. AR allows screened-in reports of low to moderate risk to be diverted from a traditional investigation and serviced through an alternative family centered assessment track. There will be no change in the number or type of clients served but alternative response clients will be served in a different manner. Generally, the Alternative Response track will serve accepted child abuse and neglect cases that do not allege serious harm. AR cases will differ from traditional investigations cases in that there will be no substantiation of allegations related roles, dispositions will not be used, names of perpetrators will not be entered into the Central Registry (a repository for confirmed reports of child abuse and neglect), and there will be a heightened focus on guiding the family to plan for safety in a way that works for them and therefore sustains the safety.

Beginning in November, 2014, Alternative Response was initially implemented in Regions 1, 3, and 11 to begin practicing AR and to develop experience and expertise. Implementation was staggered to allow for planning and training. Regions 7 and 9 were implemented in 2015. Regions 4, 5 and 10 were implemented in 2017. In 2018, Regions 2, 6b and 8 implemented AR. The family engagement/solution focused practice skills that are used in AR were introduced in Region 6A in 2019. AR will be fully implemented in Region 6A in 2020.

Texas implemented the SDM Safety Assessment and Risk Assessment in Investigations, and the SDM Family Strengths and Needs Assessment in FBSS and conservatorship. The SDM system includes a series of evidenced-based assessments used at key points in child protection casework to support staff in making consistent, accurate, and equitable decisions throughout the course of their work with families.

Reports

All reports of maltreatment within DFPS' jurisdiction are investigated, excluding those which during the screening process are determined not to warrant an investigation based on reliable collateral information.

The state considers the start of the investigation to be the point at which the first actual or attempted contact is made with a principal in the investigation. In some instances, the worker will get a report about a new incident of abuse or neglect involving a family who is already being investigated or receiving services in an open CPS case. There are also instances in which workers begin their investigation when families and children are brought to or walk-in an office or 24-hour shelter. In both situations, the worker would then report the maltreatment incident after the first face-to-face contact initializing the investigation has been made. Because the report date is recorded as the date the suspected maltreatment is reported to the agency, these situations would result in the report date being after the investigation start date.

Texas (continued)

The state's CPS schema regarding disposition hierarchy differs from NCANDS hierarchy. The state has "other" and "closed-no finding" codes as superseding "unsubstantiated" at the report level. Texas works on the principle that the two ends of the disposition spectrum are "founded" and "unfounded" with all else in the middle. NCANDS takes a slightly different view that the two "sure" points are "founded" and "unfounded" and everything else is less than either of these two points. The state's hierarchy for overall disposition is, from highest to lowest, RTB-Reason to Believe, UTD-Unable to Determine, R/O-Ruled Out and UTC-Unable to Complete. Mapping for NCANDS reporting is; RTB=01, UTD=88, UTC=07, and R/O=05. An inconsistency in the hierarchies for the state and for NCANDS occurs in investigations where an alleged victim has multiple maltreatment allegations and one has a disposition of UTD while the other has a maltreatment disposition of R/O. According to the state's hierarchy, the overall disposition for these investigations is UTD. Mapping the report disposition to "unsubstantiated" as indicated in the NCANDS's Report Disposition Hierarchy report would be inconsistent with state policy.

There is no CPS program requirement or state requirement to capture incident date so there is no data field in the SACWIS system for this information. Historical problem: the date when an abuse/neglect incident happened does not conform to only one date when abuse/neglect is ongoing. Therefore identifying one date would be inaccurate.

Children

The state does not make a distinction between substantiated and indicated victims. A child has the role of "designated victim" when he or she is named as a victim in an allegation that has a disposition of "reason to believe".

A child (age 10 or older) has the role of "designated both" (i.e., designated victim and designated perpetrator in the same case) when he or she is named as a victim in an allegation that has a disposition of "reason to believe" and as a perpetrator in an allegation that has a disposition of "reason to believe."

A person (child or adult) has the role of "unknown (unable to determine)" when he or she is named in an allegation that has a disposition of "unable to determine" but is not named in another allegation that has a disposition of "reason to believe".

A person (child or adult) has the role of "unknown (unable to complete)" when he or she is named in an allegation that has a disposition of "unable to complete" but is not named in another allegation that has a disposition of "reason to believe" or "unable to determine".

A person (child or adult) has the role of "not involved" when: all the allegations in which the person is named have a disposition of "ruled out", the overall disposition for the investigation is "administrative closure", or the person was not named in an allegation as a perpetrator or victim.

The state can provide data for living arrangement at the time of the alleged incident of maltreatment only for children investigated while in a substitute care living situation. All others are reported as unknown.

Texas *(continued)*

Perpetrators

A child (age 10 or older) has the role of “designated perpetrator” when he or she is named as a perpetrator in an allegation that has a disposition of “reason to believe.” A child (age 10 or older) has the role of “designated both” (i.e., designated victim and designated perpetrator in the same case) when he or she is named as a victim in an allegation that has a disposition of “reason to believe” and as a perpetrator in an allegation that has a disposition of “reason to believe.” A person (child or adult) has the role of “not involved” when: all the allegations in which the person is named have a disposition of “ruled out”, the overall disposition for the investigation is “administrative closure”, or the person was not named in an allegation as a perpetrator or victim.

Fatalities

The source of information used for reporting child maltreatment fatalities is the “reason for death” field contained in the DFPS IMPACT system.

- If the state does not use information from the state’s vital statistics department, child death review teams, law enforcement agencies and medical examiners’ offices when reporting child maltreatment fatality data to NCANDS, explain why any of these sources are excluded;
- DFPS uses information from the state’s vital statistics department, child death review teams, law enforcement agencies and medical examiners’ offices when reporting child maltreatment fatality data to NCANDS. DFPS is the agency required by law to investigate and report on child maltreatment fatalities in Texas when the perpetrator is a person responsible for the care of the child. Information from the other agencies/entities listed above is often used to make reports to DFPS that initiate an investigation into suspected abuse or neglect that may have led to a child fatality. Also, DFPS uses information gathered by law enforcement and medical examiners’ offices to reach dispositions in the child fatalities investigated by DFPS. Other agencies, however, have different criteria for assessing and evaluating causes of death that may not be consistent with the child abuse/neglect definitions in the Texas Family Code and/or may not be interpreted or applied in the same manner as within DFPS.

There was an increase in child fatalities during 2019 with the vast majority of the increase due to concerns surrounding neglectful supervision. This includes significant increase in drownings, and overall increases in vehicle related deaths and ongoing concerns of unsafe sleep practices combined with substance abuse. There were no changes to policy, data reporting, or investigation practices.

Perpetrators

Relationships reported for individuals are based on the person’s relationship to the oldest alleged victim in the investigation. The state is unable to report the perpetrator’s relationship to each individual alleged victim but rather reports data as the perpetrator relates to the oldest alleged victim. Currently the state’s relationship code for foster parents does not distinguish between relative/non relative.

Texas *(continued)*

Services

DFPS completed a significant data system upgrade in SFY 2017 that allows for the agency to have a more robust data collection system that allows more complete and accurate data collection. This has allowed PEI to report on specific outputs/outcomes at a child and family level. When revising data reporting, there are occasions where the new data collection system differs in the data structure and original source code had to be updated.

Special Focus

Since FFY 2017, Texas implemented the breakout of sex trafficking from the sexual abuse maltreatment type. During FFY 2019, Texas received 424 unique reports of sex trafficking for 534 unique suspected victims. The state does not currently report noncaregiver perpetrators of sex trafficking.

Utah

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General

Utah continues to invest in its child welfare programs, both through improved training for caseworkers and updating the technology that enables those workers. At this time, none of Utah's efforts have had a direct effect on NCANDS data for FFY 2019.

Reports

The investigation start date is defined as the date a child is first seen by CPS. The data is captured in date, hours, and minutes. A referral is screened out in situations including, but not limited to:

- The minimum required information for accepting a referral is not available.
- As a result of research, the information is found not credible or reliable.
- The specific incidence or allegation has been previously investigated and no new information is gathered.
- If all the information provided by the referent were found to be true and the case finding would still be unsupported.
- The specific allegation is under investigation and no new information is gathered.

The state uses the following findings:

- *Supported*—a finding, based on the information available to the worker at the end of the investigation, that there is a reasonable basis to conclude that abuse, neglect, or dependency occurred, and that the identified perpetrator is responsible.
- *Unsupported*—a finding based on the information available to the worker at the end of the investigation that there was insufficient information to conclude that abuse, neglect, or dependency occurred. A finding of unsupported means that the worker was unable to make a positive determination that the allegation was actually without merit.
- *Without merit*—an affirmative finding at the completion of the investigation that the alleged abuse, neglect, or dependency did not occur, or that the alleged perpetrator was not responsible.
- *Unable to locate*—a category indicating that even though the child and family services child protective services worker has followed the steps outlined in child and family services practice guideline and has made reasonable efforts, the child and family services child protective services worker has been unable to make face-to-face contact with the alleged victims to investigate an allegation of abuse, neglect, or dependency and to make a determination of whether the allegation should be classified as supported, nonsupported, or without merit.

Children

Utah previously reported some contributing factors associated with a case (such as drug abuse or certain disabilities) as “caregiver risk factors.” However, upon review we have determined that many of these factors cannot be definitively linked to the caregiver(s), and beginning in FFY 2018 we only report these factors if they are a characteristic linked to a

Utah (continued)

caregiver on the case. Factors related to the family's housing, poverty or home environment in a more general sense are reported as they were for FFY 2017.

Perpetrators

The only restriction Utah places upon identifying perpetrators is that CPS will not open a case for sexual abuse where the perpetrator is under the age of 10, except in extreme circumstances.

Fatalities

Concerns related to child abuse and neglect, including fatalities, are required to be reported to the Utah DCFS. Fatalities where the CPS investigation determined the abuse was due to abuse or neglect are reported in the NCANDS Child File.

Services

As of April 2015, Utah's CPS workers no longer screen for developmental delays. Instead, all children 34½ months of age and under who are supported victims of abuse or neglect are automatically referred to the Utah Department of Health's Baby Watch Early Intervention Program (BWEIP).

Special Focus

Utah had the capability to capture sex trafficking allegations for the entirety of FFY 2019. This count does include noncaregiver perpetrators.

With regards to plan of safe care on fetal exposure cases:

- Our current criteria for this field is a supported allegation of fetal exposure, accompanied by a safety rating on the case citing drug abuse and subsequent in-home or out-of-home care involving the child (as these are required to have applicable plans).
- This criteria may exclude some children who meet the standard, but can currently only be confirmed by qualitative review of the case. If the state implements more a more direct data-accessible measure in the future we will implement it into our NCANDS reporting.

Vermont

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General

In July 2009, Vermont implemented a differential response program with an assessment track and an investigation track. About 40 percent of cases are assigned to the assessment pathway. In the assessment pathway, the disposition options are services needed and no services needed. Cases assigned to the assessment pathway may be switched to the investigation pathway, but not vice versa. Data from both pathways are reported to NCANDS. The Family Services Division is responsible for responding to allegations of child abuse or risk of harm by caregivers and sexual abuse by any person (not just caregivers). In addition to conducting our statutory child abuse investigations and assessments, we also have an option to conduct family assessments. These family assessments do not meet statutory requirements for abuse and neglect but provide an option to engage with families where there are concerns. Because these family assessments are not part of our abuse and neglect statute, they are not reflected in our NCANDS data. However, it is important to acknowledge that on an annual basis we conduct approximately 1,000-1,200 family assessments.

Reports

Vermont operates a statewide child protection hotline, available 24/7. All intakes are handled by social workers and screening decisions are handled by hotline supervisors. These same supervisors make the initial track assignment decision. All calls to the child abuse hotline are counted as referrals, resulting in a very high rate of referrals per 1,000 children, and making it appear that Vermont has a very low screen-in rate. Although Vermont has not conducted a thorough analysis, some of the contributing factors leading to our increasing number of referrals include, but are not limited to, reports where child abuse/neglect are not present and issues include truancy and delinquent behavior, out of home sexual abuse reports including teen sexting with or without consent, teen sexual harassment, as well as family configuration and our practice of entering reports under the primary caretaker when there are multiple children involved. This often results in multiple reports for the same incident. In situations where multiple reports are made for the same incident, it is Vermont's practice to screen in only one of those reports.

Children

The Family Services Division is responsible for investigating allegations of child abuse or neglect by caregivers and sexual abuse by any person. The department investigates risk of physical harm and risk of sexual abuse.

Fatalities

The department is an active participant in Vermont's Child Fatality Review Committee.

Perpetrators

For sexual abuse, perpetrators include noncaregiver perpetrators of any age.

Vermont *(continued)*

Services

Following an investigation or assessment, a validated risk assessment tool is applied. If the family is classified as at high- or very-high-risk for future child maltreatment, the family is offered in-home services, and may be referred to other community services designed to address risk factors and build protective capacities.

Special Focus

Vermont recently updated their database to have the ability to isolate sex trafficking as a maltreatment type, however, the state is still working on coding and mapping this data.

Vermont currently does not have a way to track IPSE-related fields in an automated format. The state will pursue ways in which to capture this in an automated format for future submissions, however this type of request will need to go through the department prioritization process, so we do not have a timeline as to when this will be addressed at this point in time. Vermont participated in a PAPD for new CCWIS data management system, however, funding was not available to support additional steps to secure an upgrade.

Virginia

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General

“Preponderance of evidence” means just enough evidence to make it more likely than not that the asserted facts are true. It is evidence, which is of greater weight, or more convincing than the evidence offered in opposition.

Effective July 1, 2019, § 63.2-1509 of the Code of Virginia codified that a health care provider’s finding that a child is abused or neglected based on in utero substance exposure does not constitute a finding, per se, of child abuse or neglect and that the hospital must develop and document a written discharge plan and substance-abuse treatment referral for the mother and notify the community services board of the jurisdiction in which the mother resides to appoint a discharge plan manager. Additionally, there were changes made to the Code of Virginia regarding child victims of human trafficking. Effective July 1, 2019, §§ 63.2-1506, 63.2-1508, and 63.2-1517 of the Code of Virginia required local departments of social services (LDSS) respond to all complaints or reports of child human trafficking. It also established that the alleged victim’s parent, caretaker, or any other person suspected of trafficking a child may meet the caretaker criteria needed to determine the validity of a complaint or report of sex abuse involving sex trafficking. It also allowed LDSS assume emergency custody of child victims of trafficking for up to 72 hours until the parents can be located and their ability to protect the child from the trafficker can be assessed.

Virginia has a Differential Response System; the two tracks are Family Assessment and Investigation and both tracks are reported to NCANDS.

The Virginia Administrative Code 22VAC40-705-10 defines family assessment as the collection of information necessary to determine:

- The immediate safety needs of the child
- The protective and rehabilitative services needs of the child and family that will deter abuse or neglect
- Risk of future harm to the child

The Virginia Administrative Code 22VAC40-705-10 defines Investigation as the collection of information necessary to determine:

- The immediate safety needs of the child;
- The protective and rehabilitative services needs of the child and family that will deter abuse or neglect
- Risk of future harm to the child;
- Alternative plans for the child’s safety if protective and rehabilitative services are indicated and the family is unable or unwilling to participate in services;
- Whether or not abuse or neglect has occurred;
- If abuse or neglect has occurred, who abused or neglected the child; and
- A finding of either founded or unfounded based on the facts collected during the investigation.

Virginia (continued)

Reports

Reports placed in the investigation track receive a disposition of founded, substantiated in NCANDS, or unfounded, unsubstantiated in NCANDS, for each maltreatment allegation. Reports placed in the family assessment track receive a family assessment; no determination is made as to whether or not maltreatment actually occurred. Virginia reports these family assessment cases to NCANDS as alternative response nonvictim.

The response time is determined by the priority assigned to the valid report based on the information collected at intake. It is measured from the date of the report. The department continues to seek improvements to the automated data system and to provide technical assistance to local departments of social services to improve documentation of the initial response to the investigation or family assessment.

Children

During this submission period, Virginia modified the data being submitted by removing nonvictim children from NCANDS. The effect of this decision lowers the total number of children reported to NCANDS. However, it does not change the number of children identified as an alleged victim of child abuse and neglect reported.

Fatalities

Virginia prepares an annual report on child deaths investigated for child abuse or neglect across the Commonwealth. The report can be found on VDSS' public website at <https://www.dss.virginia.gov>.

For VDSS to investigate reports of child deaths, there must be a valid allegation of child abuse or neglect suspected to have been perpetrated by a caregiver. Virginia has a robust State Child Fatality Review Team and five Regional Child Fatality Review Teams. The State Child Fatality Review Team reviews child deaths across the Commonwealth by death type, which includes child deaths that are not the result of child abuse or neglect. The Regional Child Fatality Review Teams review only child deaths that suspected to be the result of child abuse or neglect by a caregiver. Both teams make recommendations to VDSS to improve Virginia's response to child deaths.

Perpetrators

Effective July 1, 2019, §§ 63.2-1506, 63.2-1508, and 63.2-1517 of the Code of Virginia required local departments of social services (LDSS) respond to all complaints or reports of child human trafficking. It also established that the alleged victim's parent, caretaker, or any other person suspected of trafficking a child may meet the caretaker criteria needed to determine the validity of a complaint or report of sex abuse involving sex trafficking.

Services

Virginia offers CPS ongoing services to children and families. Services should be offered to all child victims and their families in completed family assessments or investigations when the risk is determined to be High or Very High. The worker and supervisor should assess the decision to open a case for services and document in the child welfare information system the decision not to open a case to include if the services need to be court ordered. Services may also be offered to children and families who are also in need or determined to be at Low or Moderate risk.

Virginia *(continued)*

Special Focus

Additionally, there were changes made to the Code of Virginia regarding child victims of human trafficking. Effective July 1, 2019, §§ 63.2-1506, 63.2-1508, and 63.2-1517 of the Code of Virginia required local departments of social services (LDSS) respond to all complaints or reports of child human trafficking. It also established that the alleged victim's parent, caretaker, or any other person suspected of trafficking a child may meet the caretaker criteria needed to determine the validity of a complaint or report of sex abuse involving sex trafficking. It also allowed LDSS assume emergency custody of child victims of trafficking for up to 72 hours until the parents can be located and their ability to protect the child from the trafficker can be assessed.

Effective July 1, 2019, § 63.2-1509 of the Code of Virginia codified that a health care provider's finding that a child is abused or neglected based on in utero substance exposure does not constitute a finding, *per se*, of child abuse or neglect and that the hospital must develop and document a written discharge plan and substance-abuse treatment referral for the mother and notify the community services board of the jurisdiction in which the mother resides to appoint a discharge plan manager. The ability for Virginia to report the IPSE-related fields Plan of Safe Care and Referral to Appropriate Services in the Child File is new and just became a functionality of the reporting system in December of 2018.

Washington

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General

A Structured Decision Making intake screening tool (SDM) was implemented in late 2013, which supported the development of a two pathway response for CPS response when there were allegations of child abuse and neglect (CA/N) and clear definitions for CPS risk-only intakes.

CPS risk-only intakes involve a child whose circumstances places him or her at imminent risk of serious harm without any specific allegations of abuse or neglect. When CPS risk-only intakes are screened in, the children must be seen by a CPS investigator within 24 hours and a complete investigation is required. If child abuse or neglect is found during the response to a CPS risk-only intake, a new CPS intake is created regarding the allegation, the case worker records the findings and the record is included in the NCANDS Child File. CPS risk-only intakes were not historically submitted to NCANDS because of no substantiation of maltreatment. But because CPS Risk-Only intakes do receive a full investigation it has been requested that they be included to provide an accurate reflection of the number of CPS cases being investigated and assessed. CPS Risk-Only intakes are now included as of the FFY 2019 report. Historical counts of CPS Risk-Only intakes were provided in each year's commentary

During 2012, Washington's Children's Administration (CA) actively prepared for the start of a new CPS differential response pathway called family assessment response (FAR) as the demonstration project for Washington's IVE Waiver. This preparation included eliminating the alternative response (10-day response intakes) and developing a two pathway response for CPS intakes: investigation which requires a 24- or 72-hour response time, and FAR, requiring a 72-hour response. Intakes screened to FAR predominately contain allegations for physical abuse and neglect that are considered low risk, not requiring an immediate response. The SDM provides consistency in screening, and it guides intakes with neglect allegations considered low risk to the FAR pathway. Intakes involving cases that have had three or more screened in CPS intakes within the last 12 months or allegations of moderate to severe physical abuse and all sexual abuse allegations are screened to the investigation pathway. Intakes with any allegations of physical abuse for children under age 4, with a dependency within the last 12 months or an active dependency are screened to investigation. This two pathway response began in January 2014 in three offices and has been phased-in across the state as of June 2017. Up until FFYs 2013–2014, alternative response (10 day response) was assigned to intakes containing low-risk allegations. Services were offered to families with children through community-based contracted providers.

Reports

To be screened-in for CPS intervention, intakes must meet sufficiency. Washington's sufficiency screening consists of three criteria:

- Allegations must meet the Washington Administrative Code (WAC) for child abuse and neglect.
- The alleged victim of child abuse and neglect must be younger than 18 years.

Washington (continued)

- The alleged subject of child abuse or neglect has a role of parent, acting in loco parentis, or unknown.

Intakes that do not meet one of the above criteria do not screen in for a CPS response, unless there is imminent risk of harm (CPS risk-only) to the child. Intakes that allege a crime has been committed but do not meet Washington's screening criteria are referred to the law enforcement jurisdiction where the alleged crime occurred. CPS Risk Only intakes receive an Investigation with a 24 or 72-hour response.

Intakes screened to the FAR pathway do not receive a CPS finding. Additionally, FAR intakes are mapped as alternative response non-victim in NCANDS and don't receive findings on allegations, so the maltreatment types are currently mapped to the NCANDS category of "other" maltreatment types. In FFY 2015, there was a significant increase in intakes screened to the FAR pathway from FFY 2014, thus eliminating a large pool of victims receiving a finding. The increase in the number of intakes screened to the FAR pathway in FFY 2015 is a result of the staggered implementation of the FAR pathway across the state. In FFY 2016 there was a similar increase in intakes screened to the FAR pathway from FFY 2015 as a result of additional offices implementing FAR and due to additional training and consultation on the SDM intake screening tool and FAR pathway. Prior to full implementation of FAR, for offices that had not launched FAR, intakes screened to FAR through the use of the SDM were diverted back to an investigation pathway, allowed under the Washington state statute. Since the full implementation of FAR statewide, the number of intakes screened to the FAR pathway have continued to increase which resulted in a reduction of cases that involved a victim and subject.

During FFYs 2014–2016 there was a significant increase noted for 24-hour emergent intakes, both with allegations of CA/N and CPS risk only. Also during FFYs 2014–2015, there was an enhanced focus on child safety related to children age 0–3. A new intake policy was implemented requiring that screened-in physical abuse intakes regarding children 0–3 would be investigated, and children would be seen within 24 hours. In FFY 2017 there was again an increase in CPS Risk Only and 24-hour emergent intakes.

The Department of Licensed Resources (DLR), CPS, and DLR-CPS risk-only intakes alleging, abuse or neglect of 18–21 year olds in facilities licensed or certified to care for children require a complete investigation. If, during the course of the investigation, it is determined that a child younger than 18 was also allegedly abused by the same perpetrator, the investigation would then meet the criteria for a CPS investigation rather than a CPS risk-only investigation. A victim and findings will be recorded, and the record will be included in the NCANDS Child File. For intakes containing child abuse and neglect allegations, response times are determined based on the sufficiency screen and intake screening tool. Response times of 24 hours or 72 hours are determined based on the imminent risk assessed by the intake worker.

Children

An alleged victim is reported as substantiated if any of the alleged child abuse or neglect was founded. The alleged victim is reported as unsubstantiated if all alleged child abuse or neglect identified was unfounded. The NCANDS category of "other" disposition previously included the number of children in inconclusive investigations. Legislative changes resulted

Washington (continued)

in inconclusive no longer being a findings category. The NCANDS category of neglect includes medical neglect.

An analysis of common risk factors found for Washington state families involved in CPS since 2009 have shown an increase in negative outcomes over time. The risk factors are parent criminality, parent mental illness, parent substance abuse, family economic stress, domestic violence and family homelessness. In addition to the increase in negative outcomes, the families have more risk factors per individual family than in previous years. Negative outcomes are recurrence, 90-day placement rate, founded rate and families with a new founded or child(ren) placed within 365 days of investigation completion. This may assist in explaining the increased number of CPS intakes overall and a substantial increase in the number of 24-hour response times for CPS investigations.

Fatalities

The state includes child fatalities that were determined to be the result of abuse or neglect by a medical examiner or coroner or if there was a CPS finding of abuse or neglect. The state previously counted only those child fatalities where the medical examiner or coroner ruled the manner of death was a homicide. Washington only reports fatalities in the Agency File. Information about these fatalities is obtained from the County Coroner's/Medical Examiner's Offices, Law Enforcement departments, and the Washington State Department of Health, which maintains vital statistics data, including child deaths.

Children's Administration (CA) began maintaining a separate database of child fatality data (AIRS) in 2002. At that time the CAMIS system used before the SACWIS system was implemented. CAMIS did not support a database of child fatality and other critical incident information. In February 2009, CA released a new SACWIS system (FamLink). The objective was to have all child fatality and other critical incident information stored in FamLink and the reporting of all critical incidents would be done through FamLink. However, this plan was shelved due to budgetary considerations. FamLink does identify child fatalities and other critical incidents, but it does not include the level of detail necessary to determine whether the fatality was the result of abuse and neglect. This information continues to be maintained in the AIRS database.

Perpetrators

The perpetrator relationship value of residential facility provider/staff is currently mapped to the NCANDS category of "other" perpetrator relationship. The NCANDS category of "other" perpetrator relationship includes the state categories of 'other' and 'babysitter'.

The parental type relationship is a combined parent birth/adoptive value. Because the NCANDS field separates biological and adoptive parent and Washington's system does not distinguish between the two, parent birth/adoptive is mapped to the NCANDS category of unknown parent relationship.

Services

Families receive preventive and remedial services from the following sources: community based services such as Public Health Nurses, Infant Mental Health, Head Start and the Parent-Child Assistance Program, contracted services, including several evidence based practices

Washington *(continued)*

such as Homebuilders, Incredible Years, Safe Care, Triple P, Parent-Child Interaction Therapy, and Promoting First Relationships. Families can also receive CPS childcare, family reconciliation services, family preservation, and intensive family preservation services. The number of recipients of the community-based family resource and support grant is obtained from community-based child abuse prevention (CBCAP).

Special Focus

Washington has included data for sex trafficking for all of FFY 2019. Washington does not report non-caregiver perpetrators of sex trafficking. These are screened out as a 3rd party report to law enforcement. Some of the barriers to collecting and reporting this data include workload, time to attend and apply mandatory training, recognition of indicators to trafficking, inconsistent interpretation of indicators, and bias around “who” is a trafficking victim.

FFY 2019 includes data for substance exposed infants from Dec 2018–Sept 2019. The state continues to support efforts to improve data entry of safe care plans.

West Virginia

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General

West Virginia does not have a differential response program.

The Bureau and the FACTS team have started work on the new Integrated Eligibility System. Also, FACTS staff, mainly on the technical side, has been depleted to almost nothing.

Reports

The increase in the number of hours for responding to the initial assessment during the current reporting period in comparison to last year was influenced by multiple contributing factors. These factors include an increase in the number of reports alleging abuse and neglect, staffing issues including turnover, backlogged assessments, difficulty locating the family, documentation entered into the system late, as well as both data entry and system errors.

Children

Due to the drug epidemic, our Foster Care numbers are increasing at a high rate.

Fatalities

The agency file only includes data from child welfare through our computer system called Facts. The Child Fatality Team operated through Public Health by the Medical Examiner's office no longer provides our Bureau with this data to report. However, the medical examiner's office is a mandated reporter and reports all cases to BCF that they feel are due to abuse and/or neglect.

Not all child or infant deaths are investigated by our Bureau and included in the FACTS data, BCF only investigates child deaths if there is reason to believe the death is a result of abuse and/or neglect. The Child Fatality Team operated by Public Health through the Medical Examiner's Office reviews all child deaths, investigations of child deaths are completed by local law enforcement.

West Virginia has a child death review team called the Child Fatality Review Team, this team is operated under the Bureau for Public Health through the Medical Examiner's Office. BCF has an internal review team that reviews cases that are "known" to our agency for quality assurance purposes.

Perpetrators

West Virginia plans to improve reporting for perpetrator as caregiver in the new system. The state is also working to clean up the data around perpetrator as prior abuser.

Services

The CBCAP grant was transitioned from the Division of Children and Families to the Division of Early Care and Education, which identified several areas for improvements in

West Virginia *(continued)*

oversight and administration resulting in a higher number of children served this reporting period in 2016, and this increased oversight has had similar results for 2017. Grantees are asked to provide an unduplicated count of recipients at the end of the fourth quarter of the state fiscal year.

Special Focus

Due to limited technical resources and the ongoing work with the new PATH system, sex trafficking will be mapped in the new system, not FACTS.

Due to limited staffing and the transition to the new state system, West Virginia was unable to get the NCANDS extract updated for the CARA reporting, as well as the numbers needed for the Agency File for CARA. The state is hopeful that this coding will be completed in time for FFY 2020's submission.

Wisconsin

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General

There were no significant state policy changes that affect the data submission. Certain counties in Wisconsin have implemented Alternative Response (AR). Maltreatment disposition for AR assessments result in identifying whether services are needed and will appear in NCANDS as alternative response nonvictim dispositions.

Reports

The state data are child-based where each report is associated with a single child. The report date refers to the date when the agency was notified of the alleged maltreatment and the investigation start date refers to the date when the agency made initial contact with the child or other family member. In Wisconsin's child protective services (CPS) system, several maltreatment reports for a single child may be assessed in a single investigation.

There are a variety of reasons why a report might be screened out. In most cases screened-out reports are those reports where the information provided does not constitute maltreatment of a child or risk of maltreatment of a child. Additionally, when multiple reports are made about the same maltreatment, the subsequent reports may be screened out. In Wisconsin, CPS agencies are currently not required to investigate instances of abuse by noncaregivers, so those reports may be screened out. In rare instances cases may be screened out because there is not enough identifiable information to do an assessment. Finally, cases may be screened out because jurisdiction more properly rests with another state.

Children

A child is considered to be a victim when an allegation is substantiated. The NCANDS unsubstantiated maltreatment disposition includes instances where the allegation was unsubstantiated for that child, or when critical sources of information cannot be found or accessed to determine whether or not maltreatment as alleged occurred.

Fatalities

The count of fatalities includes only those children who were subjects of reports of abuse or neglect in which the maltreatment allegation was substantiated. No agency other than Wisconsin Department of Children and Families is involved in compiling child maltreatment fatality information; all fatalities are reported in the Child File. WI did see an increase in child fatalities reported; WI reported 24 child fatalities in the 2018 NCANDS submission and 34 child fatalities in the 2019 NCANDS submission. Two of the fatalities that we report with this submission occurred in 2017, but were not reported in prior years due to data maturity.

Perpetrators

Perpetrators and perpetrator detail is included for allegations where the child was substantiated. The NCANDS category "other" perpetrator relationship includes perpetrators who are not primary or secondary caregivers to the child (i.e. noncaregivers) such as another child or peer to the child victim or a stranger. As described above, there are no substantiations in AR

Wisconsin (continued)

cases, so the alleged perpetrators in AR cases will not show up as substantiated perpetrators. Services, if needed, are established through an assessment determination, not a determination about a specific perpetrator.

Services

Wisconsin is currently not able to report prevention services. The state continues to support data quality related to service documentation and ultimately to modify the NCANDS file to incorporate services reporting for future data submissions.

Special Focus

There are a number of barriers to collecting and reporting sex trafficking data, including challenges associated with coordinating with law enforcement. For example, local law enforcement agencies vary in their acceptance of sex trafficking as child abuse, rather than prostitution; this plays a large role in determining whether the sex trafficked youth is viewed as having committed a crime or as having been abused. Additionally, identification of sex trafficked youth is often difficult because the children, as a rule, do not adopt the label of “sex trafficking” to describe their experiences. Wisconsin has aligned state statutes and policies with federal requirements for cases involving allegations related to no caregiver maltreaters. Children who are sex trafficked are recognized as victims of child abuse and neglect.

Wisconsin will not be reporting on the fields in the Child File for plan of safe care and referral to appropriate services as the state is unable to definitively state which services the infant, family, and/or caregiver may have received, or if these services are appropriate. The state continues to support data quality related to service documentation and ultimately to modify the NCANDS file to incorporate services reporting for future data submissions.

Wyoming

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General

The Department of Family Services (DFS) organizational structure includes four (4) Divisions under the Director's office: Economic Security Division, Social Services Division, Support Services Division, and Financial Services Division. Under the Social Services Division, social services is established to administer and supervise all child welfare, juvenile probation, and adult protection services, with the functions of policy development, training, strategic planning, and continuing quality improvement centralized at the state level. Policy and practice standards are uniform across the state, and the state utilizes a centralized State Automated Child Welfare Information System (SACWIS) known as Wyoming Children's Assistance and Protection System (WYCAPS) for the purposes of case management and documentation.

The state is comprised of 23 counties and the Wind River Reservation. Through contract, DFS provides technical assistance and funding of the two Tribal programs which administer their own programs. At least one DFS county field office is located in each county. DFS divides Wyoming into nine social service districts to coincide with the nine judicial districts. The Services Division Administrator oversees eight District Managers. These District Managers are in turn responsible for the direct supervision of staff with their district.

Although the Social Services Division programs are state administered, the services and case management functions are managed and provided at the county field office level. Services for children and families are provided directly through DFS or can be purchased on behalf of eligible clients under the supervision of the state office. These services are administered through county field offices or through the Wyoming Boys School and Wyoming Girls School. DFS does not contract for any primary casework functions and is responsible for conducting and managing intakes, assessments, investigations and ongoing family based and foster care services.

Wyoming's level of evidence, or burden of proof, is a preponderance of evidence. Wyoming's only level of evidence is indicated in the Investigation Track which is assigned when a referral meets the definition of abuse and/or neglect and meets the following criteria: Criminal charges could be filed, child appear to be in imminent danger (includes threatened harm and means a statement, overt act, condition or status which represents an immediate and substantial risk of sexual abuse or physical or mental injury even when there are no signs of injury), the child will likely need to be removed from his/her home, a child/youth fatality, major injury and/or sexual abuse.

General

Wyoming has three (3) types of responses to child protection referrals. There is an Investigation Track, Assessment Track, and a Prevention Track. The Investigation Track is assigned as described in the Level of Evidence section. Victims that have been substantiated

Wyoming (continued)

on unsubstantiated are identified and reported to NCANDS through the Investigation Track. The Assessment Track gets assigned if the referral alleges abuse and /or neglect but does not meet the criteria for the Investigation Track. The Prevention Track is assigned when there is no allegation of abuse and/or neglect, but there are identified risk factors that indicate the need for services to prevent abuse and/or neglect. Non-victims are identified and reported to NCANDS through the assessment and Prevention Tracks.

Abuse is defined as inflicting or causing physical or mental injury, harm or imminent danger to the physical or mental health or welfare of a child other than by accidental means, including abandonment, excessive or unreasonable corporal punishment, malnutrition or substantial risk thereof by reason of intentional or unintentional neglect, and the commission of allowing the commission of a sexual offense against a child.

Neglect is defined as a failure or refusal by those responsible for the child's welfare to provide adequate care, maintenance, supervision, education or medical, surgical or any other care necessary for the child's well being. Treatment given in good faith by spiritual means alone, through prayer, by a duly accredited practitioner in accordance with the tenets and practices of a recognized church or religious denomination is not child neglect for that reason alone.

Perpetrators

Wyoming does not have a limitation on the age of a perpetrator can be, however, we have a differential response system in Wyoming to handle underage perpetrators differently than just investigations. The "other" category listed in the perpetrator relationships refers to caretakers and non-caretakers not represented in the initial categories such as mother's boyfriend, babysitter, parent's friend, or fiancé.

Services

Wyoming has not had any changes in preventive services funding. Wyoming outsources most of its services but still maintains case management services within the department.

Special Focus

Wyoming has a sex trafficking screening tool that staff has been using since 2016. However, with the changes in NCANDS requirements, Wyoming has not been able to collect the data as required. However, the goal is to complete the investigation policy so Wyoming can start collecting the sex trafficking data.

Currently, the reporting requirements for substance exposed infants is difficult as many of the children may be transported to surrounding states and placed into protective custody. At this time, Wyoming is sometimes unable to collect this data. Wyoming is developing a memorandum of understanding with the Wyoming Department of Health to start working diligently to improve this data collection process.

