2023Child Maltre atment U.S. Department of Health & Human Services Administration for Children and FamiliesAdministration on Children, Youth and FamiliesChildren’s Bureau YEAROF REPORTING25th YEAROF REPORTING34th This report was prepared by the Children’s Bureau (Administration on Children, Youth and Families, Administration for Children and Families) of the U.S. Department of Health and Human Services. Public Domain Notice Material contained in this publication is in the public domain and may be reproduced, fully or partially, without permission of the federal government. Electronic Access This report is available on the Children’s Bureau website at https://www.acf.hhs.gov/cb/data-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 submissions are archived at the National Data Archive on Child Abuse and Neglect (NDACAN) at Cornell University. Researchers who are interested in these files 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. Recommended Citation U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. (2025). Child Maltreatment 2023. Available from https://www.acf.hhs.gov/cb/data-research/child-maltreatment. Federal Contact Cara Kelly, Ph.D. Child Welfare Program Specialist330 C Street, S.W. Mary E. Switzer Building, Room 3419B Washington, DC cara.kelly@acf.hhs.govChild Maltreatment 2023 ii Child Maltreatment 2023 Letter ii Letter from the Commissioner: Child Maltreatment 2023 is the latest edition of the annual Child Maltreatment report series. States provide the data for this report via the National Child Abuse and Neglect Data System (NCANDS). NCANDS was established as a voluntary, national data collection and analysis program to make available state child abuse and neglect information. Data has been col-lected every year since 1991 and is collected from child welfare agencies in the 50 states, the Commonwealth of Puerto Rico, and the District of Columbia (known as “52 states” in this report). Key findings include: ■During Federal fiscal year (FFY) 2023, 52 states reported 3,081,715 children received either aninvestigation or alternative response at a rate of 42.0 children per 1,000 in the population ■For FFY 2023, 52 states reported 546,159 victims of child abuse and neglect. This equates to anational rate of 7.4 victims per 1,000 children in the population. ■For FFY 2023, a nationally estimated 2,000 children died from abuse and neglect at a rate of2.73 per 100,000 children in the population. 1 ■For FFY 2023, 52 states reported a unique count of 422,117 perpetrators. This is a 19.8 percentdecrease from FFY 2019 when 52 states reported 526,272 unique perpetrators. ■Based on data from 45 states, the FFY 2023 estimated total child recipients of preventionservices is 1,762,516. 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/data-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/ Rebecca Jones Gaston, MSWCommissioner, Administration on Children Youth and Families (ACYF) DEPARTMENT OF HEALTH & HUMAN SERVICES 1 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 1 00,000. The estimate is rounded to the nearest 10. For 2023, 51 states reported fatality data. Acknowledgements iii Child Maltreatment 2023 Acknowledgements The Children’s Bureau in the Administration on Children, Youth and Families (ACYF), the Administration for Children and Families (ACF), within the U.S. Department of Health and Human Services (HHS), strives to ensure the wellbeing 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 is analyzed, disseminated, and released in an annual report. Child Maltreatment 2023 marks the 34th 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 2023 national statistics are based upon receiving case-level and aggregate data from 50 states, the Commonwealth of Puerto Rico, and the District of Columbia. CB/ACYF/ACF/HHS 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 reflects the work of their agencies. CB/ACYF/ACF/HHS gratefully acknowledges the priorities that were set by state and local agencies to submit 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. .Child Maltreatment 2023 Contents ivContents Letter from the Commissioner ii ACknowLedgements iii summAry viii ChApter 1: Introduction 1 Background of NCANDS 1 Annual Data Collection Process 2 2020 Census 3 NCANDS as a Resource 3 Structure of the Report 4 ChApter 2: Reports 6 Screening 6 Report Sources 8 CPS Response Time 9 CPS Workforce and Caseload 10 Exhibit and Table Notes 10 ChApter 3: Children 23 Alternative Response 24 Unique and Duplicate Counts 24 Children Who Received an Investigation or Alternative Response 25 Children Who Received an Investigation or Alternative Response by Disposition 25 Number of Child Victims 26 Child Victim Demographics 26 Maltreatment Types 27 Focus on Maltreatment Categories 28 Perpetrator Relationship 28 Risk Factors 29 Reporting Infants with Prenatal Substance Exposure to NCANDS 29 Number of Infants with Prenatal Substance 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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 analy - sis program. The data is collected and analyzed by the Children’s Bureau in the Administration on Children, Youth and Families (ACYF), the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS). The data is 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) 2023 is the 34th issuance of this annual publication. Summary ix Child Maltreatment 2023How are the data used? NCANDS data is used for the Child Maltreatment report series. In addition, the data is a critical source of information for many publications, reports, and activities of the federal government and other groups. For example, NCANDS data is 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 . What data is collected? Once an allegation (called a referral) of abuse or 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 determine if a child was maltreated or is at-risk of maltreatment and establish 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) includes 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, the dispositions of the CPS responses, the risk factors of the child and their caregivers, the services that are provided, and the perpetrators. NCANDS collects agency-level aggregate statistics in a separate data submission called the Agency File. Where are the data available? The Child Maltreatment reports from this edition back to 1995 are available on the Children’s Bureau website at https://www.acf.hhs.gov/cb/data-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 submissions 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 files for statistical analyses may contact NDACAN by phone at 607–255–7799 or by email at ndacan@cornell.edu . See chapter 1 for more information about NCANDS and the data collection. How many allegations of maltreatment are reported and screened in for an investigation response or alternative response? For 2023, CPS agencies received a national estimate of 4,399,000 total referrals. The total referrals alleging maltreatment includes approximately 7,782,000 children. The national rate of screened-in referrals (reports) is 28.7 per 1,000 children in the national population. Among the 46 states that report both screened-in and screened-out refer-rals, 47.5 percent of referrals are screened-in and 52.5 percent are screened-out. Summary x Child Maltreatment 2023 Who reported child maltreatment? For 2023, professionals submitted 70.9 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 legal and law enforcement personnel (21.4%), education personnel (21.1%), and medical personnel (11.2%). Nonprofessionals, including friends, neighbors, and relatives, submitted fewer than one-fifth of reports (14.8%). Unclassified sources submitted the remaining reports (14.4%). 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 for more information about referrals and reports. Who were the child victims? For FFY 2023, there are 546,159 victims of child abuse and neglect nationally. The victim rate is 7.4 victims per 1,000 children in the population. (See chapter 3.) Victim demographics include: ■Children younger than 1 year old have the highest rate of victimization at 21.0 per1,000 children of the same age in the national population. ■The victimization rate for girls is 7.9 per 1,000 girls in the population, which ishigher than boys at 6.9 per 1,000 boys in the population. ■American Indian or Alaska Native children have the highest rate of victimizationat 13.8 per 1,000 children in the population of the same race or ethnicity; andBlack or African-American children have the second highest rate at 11.9 per 1,000children of the same race or ethnicity. What were the most common types of maltreatment? NCANDS collects all maltreatment type allegations, however only those maltreat-ments with a disposition of substantiated or indicated are included in the Child Maltreatment report. 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. In the analysis included in chapter 3, FFY 2023 victims are counted for each inves- tigation that resulted in a substantiation and displays the victims with a single type of maltreatment at the state level. If a victim has two or more substantiated maltreat-ment types in the same report, the victim is counted in the multiple maltreatment type category. For FFY 2023, 64.1 percent of duplicate victims experience neglect only, and 10.6 percent experience physical abuse only. Fewer than 10 percent of duplicate victims experienced sexual abuse only (7.5%) or psychological abuse only (3.5%) substantiated maltreatment types. Summary xi Child Maltreatment 2023How 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. FFY 2023 data shows 44,453 infants in 49 states being referred to CPS agencies as infants with prenatal substance exposure. The majority (72.5%) of IPSE were screened-in to CPS to receive either an investigation or alternative response. For FFY 2023, 35 states reported 22,319 screened-in IPSE (72.1%) have a plan of safe care and 32 states reported 20,468 screened-in IPSE (68.4%) have a referral to appropriate services. What risk factors do caregivers have? Risk factors are characteristics of a child or caregiver that may increase the likeli - hood of child maltreatment. Caregivers with these risk factors who are included in each analysis may or may not be the perpetrators responsible for the maltreatment. Refer to chapter 3 or Appendix B, Glossary for definitions of caregiver risk factors included in this report. In 40 reporting states, 106,594 victims (24.9%) have the drug abuse caregiver risk factor and in 38 reporting states, 108,112 victims (25.1%) have the domestic violence caregiver risk factor. See chapter 3 for more information about maltreatment victims. How many children died from abuse or neglect? Child fatalities are the most tragic consequence of maltreatment. For FFY 2023, a national estimate of 2,000 children died from abuse and neglect at a rate of 2.73 per 100,000 children in the population. See chapter 4 for more information about child fatalities. The child fatality demographics show: ■The youngest children are the most vulnerable to maltreatment, with childrenyounger than 1 representing 44.0 percent of child fatalities; a fatality rate of 24.11per 100,000 children in that age range. ■Boys have a higher child fatality rate at 3.15 per 100,000 boys in the populationwhen compared with girls at 2.30 per 100,000 girls in the population. ■The rate of Black or African-American child fatalities (6.04 per 100,000 Black orAfrican-American children) is 3.1 times greater than the rate of White children (1.94per100,000 White children) and 3.4 times greater than the rate of Hispanic children(1.76 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 422,117 perpetrators. See chapter 5 for more information about perpetrators of maltreatment. The analyses of case-level data show: ■The majority (69.2%) of perpetrators are between the ages of 25 and 44 years old. ■More than one-half (51.6%) of perpetrators are female, 47.3 percent of perpetratorsare male, and 1.1 percent have an unknown sex. Summary xii Child Maltreatment 2023■The three largest percentages of perpetrators are White (46.6%), Black or African- American (21.5%), and Hispanic (20.5%). ■The majority (76.0%) of perpetrators are parent(s) 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 chil-dren and their family to the attention of the agency. See chapter 6 for more informa-tion about children and their families who received services. During 2023: ■Forty-five states reported an estimated (1,762,516) children received preventionservices. ■Fifty-one states reported 887,274 children (both victims and nonvictims) receivedpostresponse services from a CPS agency. ■More than one-half (56.0%) of victims and one-fifth (19.9%) of nonvictims receivedpostresponse services. National Summary 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, 2019–2023 Based on data from 52 states for FFY 2019-2023 and 51 states for FFY 2021. Summary xiii Child Maltreatment 2023Exhibit S–2 Statistics at a Glance, 2023 Referrals Reports Children Services 2,107,473 REPORTS received a disposition (finding) Submitted by 70.9% professionals14.8% nonprofessionals14.4% unclassified 546,159 \* VICTIMS Includes Fatalities2,535,556 \* NONVICTIMS3,4 47.5% Referrals SCREENED IN2 (become reports) 52.5% Referrals SCREENED OUT2 300,288 VICTIMS5 received postresponse services 105,153 VICTIMS6 received foster care services586,986 NONVICTIMS4,5 received postresponse services 40,076 NONVICTIMS4,6 received foster care services 4,399,000 \* REFERRALS alleging maltreatment to CPS involving 7,782,000 \* children1 3,081,715 CHILDREN received Either an investigation or alternative response \* Indicates a nationally estimated 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 is (1.8 rounded). 2 Among the states that reported both screened-in and screened-out referrals. 3 The 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 51 states. These are duplicate counts. 6 Based on data from 50 states. These are duplicate counts. Only the children who are removed from their home on or after the report date and up to 90 days after the disposition date are counted. ChApter 1: Introduction 1 Child Maltreatment 2023 Introduction 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 (ACYF), 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 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 childwelfare systems. ■Supporting innovation through competitive, peer-reviewed grants for research and pro - gram development. ■Offering training and technical assistance to improve child welfare service delivery. ■Monitoring child welfare services to help states and tribes achieve positive outcomes forchildren and families. ■Sharing research to help child welfare professionals improve their services. Child Maltreatment 2023 presents national data about child abuse and neglect known to child protective services (CPS) agencies in the United States during federal fiscal year (FFY) 2023. The data is collected and analyzed through the National Child Abuse and Neglect Data System (NCANDS), which is an initiative of the Children’s Bureau. Approximately 50 data tables and exhibits are included in the Child Maltreatment report each year. Certain analyses are determined by federal 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 pro - gram, 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 34th 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 CHAPTER 1Child Maltreatment 2023 ChApter 1: Introduction 2 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, 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 the 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. Annual Data Collection Process The NCANDS reporting year is based on the FFY calendar, which for Child Maltreatment 2023 is October 1, 2022, through September 30, 2023. States submit case-level data by con - structing 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 the 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 is not reportable at the child-specific level and is 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 informa - tion about the Child File and Agency File please go to the Children’s Bureau website at https://www.acf.hhs.gov/cb/data-research/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 2023, 52 states submitted both a Child File and an Agency File. A state may resubmit prior years’ data for multiple reasons including: ■To fix incorrect data. ■To report data that was not previously available due to system, personnel, policy, orlegislative reasons.Child Maltreatment 2023 ChApter 1: Introduction 3 ■To reflect changes in policy, practice, and legislation (for example, implementing or phas - ing out an alternative response program, changing dispositions, etc.). ■Pending court cases were resolved or new cases overturned previous determinations. 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. As all 52 states submitted data to NCANDS for FFYs 2019–2023, Child Maltreatment 2023 can display most 5-year trend analyses at the state level instead of national exhibits with estimates for missing data. These tables are discussed in each chapter. 2020 Census With each Child Maltreatment report, the most recent population data from the U.S. Census Bureau are used. Child Maltreatment 2023 uses population estimates from the 2020 Census. The population estimates for 2020–2023 are the most recently updated estimates based on the 2020 census. 2 Information about the population estimates may be found at https://www.census.gov/ . According to the U.S. Census Bureau, the 2023 child population is more than 73 million children. See table C–2. NCANDS as a Resource The NCANDS data is 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 infor - mation about these reports and programs is available on the Children’s Bureau website at https://www.acf.hhs.gov/cb . ■Child Welfare Outcomes: Report to Congress: This annual report presents informa- tion 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/data-research/child-welfare-outcomes . ■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 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 4, NCANDS data is the basis for two of the CFSR national data indicators, Recurrence of Maltreatment and Maltreatment in Foster Care. NCANDS data is also used for data quality checks and context data. The NCANDS data is also used for several performance measures published annually as part of the ACF Annual Budget Request to Congress, which highlights certain key performance measures. 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 2 U.S. Census Bureau, Population division. (2023). 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, 2020 to July 1, 2023; (SC-EST2023- ALLDATA6) [data file]. Retrieved June 2024 from https://www.census.gov/data/tables/time-series/demo/popest/2020s -state-detail.html and Annual Estimates of the Resident Population by Single Year of Age and Sex for the Puerto Rico Commonwealth: April 1, 2020 to July 1, 2023 (PRC-EST2023-SYASEX) [data file]. Retrieved June 2024 from https://www.census.gov/newsroom/press-kits/2024/population-estimates-characteristics.html Child Maltreatment 2023 ChApter 1: Introduction 4 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 dis-seminates 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. Please note that NDACAN is not the author of the Child Maltreatment report series. More information is available at https://www.ndacan.acf.hhs.gov/index.cfm . In addition, NCANDS data is provided to other agencies as part of federal initiatives, includ - ing Healthy People https://health.gov/healthypeople and America’s Children: Key National Indicators of Well-Being https://www.childstats.gov/americaschildren . 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 on the table and is available in Appendix C, State Characteristics. Tables with mul-tiple 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 2023 report contains the additional chapters listed below. 3 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. 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. 3 A Special Focus chapter is not included in the Child Maltreatment 2023 report.Child Maltreatment 2023 ChApter 1: Introduction 5 ■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 their 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 numbers and email addresses for each NCANDS state contact person. Readers who would like additional information about specific policies or practices should contact the respective states. ChApter 2: Reports 6 Child Maltreatment 2023 Reports This chapter presents statistics about referrals alleging child abuse and neglect and how child protective services (CPS) agencies respond to those allegations. Most 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 cri-teria are screened-in (and called reports) to receive an investigation response 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 agency 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.4 Screened-in referrals are called reports and may include more than one child. Every state completes investigation responses for some reports. An investigation response includes assessing the maltreatment allegation according to state law and policy. The main purpose of the investigation is: (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, certain reports (screened-in referrals) may receive an alternative response. This response is usually for instances where the child is at a low or moderate risk of maltreatment. While states vary in how they design and apply their alternative response programs, the point is to focus on the family’s service needs to address issues which may cause future maltreatment. Twenty-two states report data on children in alternative response programs. In the National Child Abuse and Neglect Data System (NCANDS), both investigations and alternative responses result in a CPS finding called a disposition. See chapter 3 for more information about alternative response programs.CHAPTER 2 54 Victims of sex trafficking may be included in an NCANDS submission for any victim who is younger than 24 years. See chapter 3 for more information about victims of sex trafficking.Child Maltreatment 2023 ChApter 2: Reports 7As part of the annual data submission process, states can provide context and explain any changes from prior years. This context is provided in Appendix D, State Commentary. An explanation about a change in state data may be provided in an earlier edition of the Child Maltreatment report. When states make major system changes, whether to implement a new Comprehensive Child Welfare Information System (CCWIS) or to implement new screen-ing tools, the state may not have the ability to report some or all fields for a year. States are encouraged to submit or resubmit data to correct errors or report data that was not able to be reported previously. Due to states’ improved data quality and reporting, this chapter displays the 5-year trend analyses at the state level for referrals and reports. The number and rate per 1,000 children of screened-in referrals (reports) have fluctuated during the past 5 years, even though data was submitted by all 52 states for each of the 5 years of this analysis. (See table 2–1 and related notes.) States screened-in the largest number of referrals at 2,383,411 in FFY 2019 and the lowest at 2,045,884 during FFY 2021. The COVID-19 Pandemic was the number one reason cited by states for the decrease in screened-in referrals during FFY 2021 (see prior editions of Child Maltreatment). For FFY 2023, states screened in 2,107,473 referrals which is an 11.6 percent decrease from FFY 2019. Comparing states’ FFY 2019 to FFY 2023 number of screened-in referrals reveals a decrease in 42 states. Some states with the largest decreases attributed them to more consistent screening processes. Several states implemented a Structured Decision Making (SDM) model during the past few years. The number of states reporting screened-out referrals has fluctuated during the past 5 years. (See table 2–2 and related notes.) The differences in the number of states reporting also partly explains the fluctuation in the number of screened-out referrals for the past 5 years. States screened-out the lowest number of referrals at 1,564,101 during FFY 2020 and the highest at 1,921,472 during FFY 2023. The states with the largest numbers of screened-out referrals attribute it to the increase in total referrals and to better consistency with screening. After accounting for missing screened-out referral data by estimating screened-out referrals, the national estimate of screened-out referrals for FFY 2023 is 2,292,000. This is a 13.9 percent increase from the FFY 2019 national estimate of 2,012,000. Overall for FFY 2023, CPS agencies received 4,028,945 total referrals (the sum of screened- in and screened-out referrals). See table 2–3 and related notes. The national estimate of total referrals for FFY 2023 is 4,399,000, a 0.1 percent increase from the FFY 2019 estimated referrals of 4,395,000. The 2023 estimated total referrals at a rate of 60.0 per 1,000 children alleging maltreatment includes approximately 7,782,000 children. 5,6 While many states have seen the number of referrals increase since the end of COVID lockdowns, some have not seen a return to prepandemic levels. As shown in exhibit 2–A , the estimated number of total referrals received by CPS agen- cies have been increasing since the lowest point in 2020. The gap between the screened-in and screened-out referrals narrowed over the years until 2022, when more referrals were screened-out. According to states’ comments in Appendix D, State Commentary, several 5 Dividing the number of children with dispositions (3,728,421 from table 3–2 ) by the number of screened-in referrals (2,107,473, from table 2–3 ) results in the average number of children included in a screened-in referral (1.8 displayed as rounded). 6 The average number of children included in a screened-in referral (1.8) multiplied by the national estimate of total referrals (4,399,000 from table 2–3 ) results in an estimated 7,782,000 (rounded) children included in total referrals.Child Maltreatment 2023 ChApter 2: Reports 8 states changed to centralized intakes or implemented structured intakes that led to a decrease in the percentage of referrals screened-in for a CPS response when compared to FFY 2019. Additionally, one state began reporting screened-out referrals during the 5 years. 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 response or alternative response are submitted to NCANDS. To aid with comparisons, report sources are grouped into three categories: ■Professional: includes 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: includes 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 persons who preferred to be 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 informa-tion as to what states include in the category of “other” report source.Exhibit 2–A Number of Referrals, 2019–2023 Prior to 2022, more referrals were screened in and beginning 2022, more referrals were screened out Based on screened-in referral data for 52 states for FFYs 2019–2023. Based on screened-out referral data for 45 states for FFY 2019, 46 states for FFYs 2021 and 2023, and 47 states for FFYs 2020 and 2022. See T ables 2–1, 2–2, and 2–3. ChApter 2: Reports 9 Child Maltreatment 2023 FFY 2023 data shows professionals submit 70.9 percent (rounded) of reports. The highest percentages of reports are from legal and law enforcement personnel (21.4%), education personnel (21.1%), and medical personnel (11.2%). Nonprofessionals submit 14.8 percent (rounded) of reports with the largest category of nonprofessional reporters being parents (5.7%), other relatives (5.2%), and friends and neighbors (3.5%). Unclassified sources submit the remaining 14.4 percent. 7 See exhibit 2–B and related notes. 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 44 states, the FFY 2023 mean response time of state averages is 102 hours or 4.3 days; the median response time of state averages is 69 hours or 2.9 days. See table 2–4 and related notes. Thirteen states reported a decrease and 28 states reported an increase in average response times when compared with FFY 2022. States that provided comments about the increase in response times cited improved reporting, a push to reduce backlog, and several mentioned staff shortages and high turnover. Some states’ explanations for long response times are related to the geography of the state, meaning the distance from Exhibit 2–B Report Sources, 2023 Professionals submitted the majority of screened-in referrals (reports) that received an investigation or alternative response Data is from the Child File. Based on data from 51 states. States are excluded from this analysis if more than 20.0 percent are reported as Other. Supporting data not shown. Percentages may not total to exactly 100.0 due to rounding. 7 May not total to exactly 100.0 percent due to rounding. ChApter 2: Reports 10 Child Maltreatment 2023 the agency to the alleged victim, difficulties related to the terrain, and weather-related delays during certain times of the year (for example, winter or hurricane season). 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 2023, 46 states reported a total workforce of 32,685 and 43 states reported 5,936 specialized intake and screening workers. This is an increase from FFY 2022 when 45 states reported a total workforce of 30,750 and 41 states reported 5,036 specialized intake and screening workers. The state with the largest increase attributed the change to better role identification and hiring new staff. 8 The number of investigation and alternative response workers—21,739—is computed by subtracting the reported number of intake and screening workers from the total workforce number in the 43 reporting states. See table 2–5 and related notes. Using the data from the same 43 states that report on workers with specialized functions, investigation and alternative response workers completed 66 CPS responses per worker for FFY 2023. See table 2–6 and related notes. This is a decrease from the 69 responses per worker for FFY 2022. 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 infor-mation 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. Not every table has exclusion rules. ■Rates are per 1,000 children in the population. Rates are calculated by dividing the relevantreported 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. CensusBureau. These population estimates are provided in Appendix C, State Characteristics. ■National totals and calculations appear in a single row labeled National instead of separaterows labeled total, rate, or percent. ■The row labeled Reporting States displays the count of states that provided data for thatanalysis. ■Dashes are inserted into cells without any data. 8 MarylandChild Maltreatment 2023 ChApter 2: Reports 11Table 2–1 Screened-in Referrals, 2019–2023 ■Screened-in referral data is 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, multiplying theresult by 1,000, and displayed as rounded to the tenth. Table 2–2 Screened-out Referrals, 2019–2023 ■Screened-out referral data is 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, multiplying theresult by 1,000, and displayed as rounded to the tenth. ■The national estimate of screened-out referrals is based upon the rate (displayed as rounded)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. Table 2–3 Total Referrals, 2019–2023 ■Screened-in referral data is from the Child File and screened-out referral data is from the Agency File ■The national estimate of total referrals is the sum of the actual reported number of screened-in referrals (from table 2–1 ) and the number of estimated screened-out referrals (from table 2–2 ). The sum is rounded to the nearest 1,000. The national total referral rate is calcu- lated for each year by dividing the national estimate of total referrals by the child population of all 52 states, multiplying the result by 1,000, and displayed as rounded to the tenth. ■The state total referral rate is based on the number of total referrals divided by the childpopulation (see table C–2 ) of states reporting both screened-in and screened-out referrals, multiplying the result by 1,000, and displayed as rounded to the nearest 1,000. Table 2–4 Average Response Time in Hours, 2019–2023 ■Data is from the Agency File. ■The national mean of states’ reported average response time is calculated by summing theaverage response times from the states and dividing the total by the number of states report - ing. The result is rounded to the nearest whole number. ■The national median is determined by sorting the states’ averages and finding the midpoint. Table 2–5 Child Protective Services Workforce, 2023 ■Data is from the Agency File. ■Some states provide the total number of CPS workers, but not the specifics on worker func - tions as classified by NCANDS. ■States are excluded if the worker data is not full-time equivalents. Table 2–6 Child Protective Services Caseload, 2023 ■Data is from the Child File and the Agency File. ■The number of completed reports per investigation and alternative response worker for eachstate was based on the number of completed reports, divided by the number of investigationand 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 thereporting states, divided by the total number of investigation and alternative response work - ers, and rounded to the nearest whole number.Child Maltreatment 2023 ChApter 2: Reports 12 ■States are excluded if the worker data is not full-time equivalents. ■States are excluded if they do not report intake and screening workers separately from all workers.Child Maltreatment 2023 ChApter 2: Reports 13 Table 2–1 Screened-in Referrals 2019–2023 (continues next page) State2019 Screened-in Referrals (Reports) 2020 Screened-in Referrals (Reports) 2021 Screened-in Referrals (Reports) 2022 Screened-in Referrals (Reports) 2023 Screened-in Referrals (Reports) Percent Change from 2019 to 2023 Alabama 28,656 26,667 26,116 26,837 26,397 -7.9 Alaska 10,713 11,433 7,167 6,627 6,452 -39.8 Arizona 45,302 41,986 36,981 45,317 44,804 -1.1 Arkansas 33,755 31,429 30,592 31,923 34,677 2.7 California 224,644 199,749 178,996 192,197 193,617 -13.8 Colorado 36,079 33,453 33,362 31,792 31,403 -13.0 Connecticut 14,645 11,030 10,626 12,709 14,062 -4.0 Delaware 6,002 4,845 4,729 5,697 5,319 -11.4 District of Columbia 6,404 4,283 3,897 4,039 3,176 -50.4 Florida 163,494 140,639 143,105 138,711 139,213 -14.9 Georgia 85,309 62,675 54,463 52,994 50,787 -40.5 Hawaii 2,377 2,716 2,829 2,897 2,317 -2.5 Idaho 11,117 9,454 9,121 7,465 7,457 -32.9 Illinois 86,705 79,944 83,116 94,433 93,342 7.7 Indiana 120,208 111,868 111,495 102,320 99,718 -17.0 Iowa 33,319 30,684 34,938 34,900 33,668 1.0 Kansas 31,895 28,343 24,604 23,095 22,013 -31.0 Kentucky 50,779 46,270 38,253 37,894 39,506 -22.2 Louisiana 20,597 17,232 15,188 17,742 25,959 26.0 Maine 10,874 11,292 10,488 9,289 9,960 -8.4 Maryland 21,886 19,997 17,289 19,629 17,668 -19.3 Massachusetts 43,923 37,505 39,811 39,075 37,685 -14.2 Michigan 95,735 72,953 65,277 68,359 67,331 -29.7 Minnesota 31,059 28,329 25,724 25,662 24,823 -20.1 Mississippi 28,106 24,405 26,155 28,282 24,826 -11.7 Missouri 61,556 55,303 52,157 54,386 60,613 -1.5 Montana 10,199 10,120 8,691 7,301 6,978 -31.6 Nebraska 12,642 13,194 15,035 13,845 14,499 14.7 Nevada 15,657 14,739 15,941 16,117 15,091 -3.6 New Hampshire 10,288 10,816 9,595 10,183 10,318 0.3 New Jersey 60,934 52,853 48,781 57,068 60,869 -0.1 New Mexico 21,733 22,128 18,846 20,743 19,118 -12.0 New York 163,917 145,129 141,745 148,956 148,838 -9.2 North Carolina 69,778 63,886 60,318 62,304 60,441 -13.4 North Dakota 3,985 3,231 2,715 2,808 2,643 -33.7 Ohio 89,004 81,183 81,355 79,081 72,709 -18.3 Oklahoma 36,758 37,398 36,005 33,529 34,139 -7.1 Oregon 39,778 35,461 32,061 36,247 35,847 -9.9 Pennsylvania 41,951 35,865 34,607 39,775 39,138 -6.7 Puerto Rico 8,365 6,999 7,948 7,701 10,307 23.2 Rhode Island 7,294 5,966 5,314 4,597 4,839 -33.7 South Carolina 47,105 34,078 35,106 36,620 37,670 -20.0 South Dakota 2,379 2,449 2,280 2,496 2,618 10.0 Tennessee 76,162 68,813 68,212 71,046 66,495 -12.7 Texas 198,106 186,660 194,256 207,429 202,139 2.0 Utah 20,909 19,997 19,721 21,590 21,506 2.9 Vermont 4,015 2,730 2,490 3,457 3,600 -10.3 Virginia 36,780 33,216 32,013 33,801 34,852 -5.2 Washington 43,874 41,795 38,405 41,645 41,840 -4.6 West Virginia 26,919 24,104 23,066 22,354 20,873 -22.5 Wisconsin 26,797 24,159 22,427 23,009 21,270 -20.6 Wyoming 2,943 2,481 2,472 2,317 2,043 -30.6 National for states reporting screened-in referrals 2,383,411 2,123,934 2,045,884 2,120,290 2,107,473 -11.6 Reporting States for states reporting screened-in referrals 52 52 52 52 52 - Child Population of 52 States 73,661,476 74,823,584 74,175,203 73,743,251 73,330,540 - ChApter 2: Reports 14 Child Maltreatment 2023 Table 2–1 Screened-in Referrals 2019–2023 State2019 Rate per 1,000 Children2020 Rate per 1,000 Children2021 Rate per 1,000 Children2022 Rate per 1,000 Children2023 Rate per 1,000 Children Alabama 26.3 23.6 23.2 23.8 23.3 Alaska 59.4 63.4 40.1 37.4 36.8 Arizona 27.6 26.2 23.1 28.4 28.3 Arkansas 48.1 44.5 43.4 45.2 49.1 California 25.3 22.4 20.5 22.4 22.9 Colorado 28.7 26.6 26.8 25.9 25.9 Connecticut 20.1 14.9 14.5 17.4 19.4 Delaware 29.4 23.1 22.5 27.0 25.1 District of Columbia 50.1 33.9 31.1 32.1 25.1 Florida 38.6 32.9 33.4 31.9 31.8 Georgia 34.1 24.6 21.5 20.9 20.0 Hawaii 7.9 8.9 9.4 9.8 7.9 Idaho 24.8 20.6 19.6 15.9 16.0 Illinois 30.8 27.9 29.6 34.3 34.5 Indiana 76.6 69.8 69.8 64.3 62.8 Iowa 45.8 41.4 47.4 47.6 46.1 Kansas 45.5 39.8 34.9 33.0 31.7 Kentucky 50.6 45.1 37.4 37.2 38.8 Louisiana 18.9 15.6 13.9 16.5 24.3 Maine 43.6 44.5 41.5 37.0 40.0 Maryland 16.4 14.4 12.6 14.4 13.0 Massachusetts 32.4 27.0 29.1 28.9 28.1 Michigan 44.6 33.4 30.3 32.0 31.9 Minnesota 23.8 21.3 19.5 19.6 19.1 Mississippi 40.2 34.9 37.8 41.3 36.5 Missouri 44.8 39.7 37.6 39.4 44.1 Montana 44.6 43.2 36.9 30.9 29.6 Nebraska 26.6 27.0 31.0 28.7 30.1 Nevada 22.5 21.1 22.9 23.2 22.0 New Hampshire 40.2 41.7 37.3 39.9 40.9 New Jersey 31.4 25.8 24.0 28.3 30.3 New Mexico 45.5 46.4 40.3 45.1 42.4 New York 40.7 34.4 34.5 37.0 37.6 North Carolina 30.3 27.5 26.0 26.8 25.9 North Dakota 22.1 17.3 14.7 15.2 14.3 Ohio 34.5 30.8 31.1 30.5 28.2 Oklahoma 38.5 38.8 37.4 34.7 35.3 Oregon 46.0 40.6 37.2 42.9 43.1 Pennsylvania 15.9 13.3 12.9 15.0 14.9 Puerto Rico 14.6 12.4 14.6 14.9 20.7 Rhode Island 35.8 28.2 25.5 22.3 23.7 South Carolina 42.3 30.5 31.3 32.3 32.9 South Dakota 10.9 11.2 10.4 11.3 11.8 Tennessee 50.4 44.3 43.8 45.4 42.3 Texas 26.7 25.0 26.0 27.6 26.7 Utah 22.5 21.1 20.8 22.9 23.0 Vermont 35.1 23.0 21.2 29.8 31.4 Virginia 19.7 17.4 16.9 17.9 18.5 Washington 26.4 24.6 22.8 25.0 25.4 West Virginia 74.7 66.6 64.3 63.0 59.3 Wisconsin 21.1 18.7 17.6 18.3 17.0 Wyoming 22.0 18.5 18.7 17.7 15.8 National for states reporting screened-in referrals 32.4 28.4 27.6 28.8 28.7 Reporting States for states reporting screened-in referrals - - - - - Child Population of 52 States - - - - -Child Maltreatment 2023 ChApter 2: Reports 15Table 2–2 Screened-out Referrals 2019–2023 (continues next page) State2019 Screened-out Referrals 2020 Screened-out Referrals 2021 Screened-out Referrals 2022 Screened-out Referrals 2023 Screened-out Referrals Percent Change from 2019 to 2023 Alabama 470 352 407 348 341 -27.4 Alaska 12,926 11,254 11,001 12,674 13,694 5.9 Arizona 36,182 34,348 - 39,924 46,028 27.2 Arkansas 25,539 22,922 24,518 25,416 29,055 13.8 California 179,708 159,950 159,190 189,948 203,173 13.1 Colorado 71,261 64,620 66,451 77,321 79,961 12.2 Connecticut 37,258 32,756 31,261 35,971 36,843 -1.1 Delaware 14,105 13,395 13,965 15,617 17,608 24.8 District of Columbia 11,198 8,514 11,612 11,029 14,372 28.3 Florida 86,684 89,959 98,312 103,799 107,565 24.1 Georgia 39,463 47,552 59,797 70,465 73,720 86.8 Hawaii 2,755 2,641 2,602 3,365 3,524 27.9 Idaho 11,382 11,935 12,387 13,741 15,061 32.3 Illinois - - - - - - Indiana 56,762 53,837 63,348 68,765 72,289 27.4 Iowa 19,315 16,941 17,116 18,372 19,336 0.1 Kansas 19,526 19,870 20,360 22,394 25,742 31.8 Kentucky 54,364 49,108 45,856 56,974 55,625 2.3 Louisiana 31,840 29,078 30,871 31,197 25,160 -21.0 Maine 12,659 11,591 14,276 17,465 16,676 31.7 Maryland 40,465 38,152 33,759 41,512 46,225 14.2 Massachusetts 41,988 34,313 34,544 42,206 45,776 9.0 Michigan 56,109 67,795 94,564 105,910 110,984 97.8 Minnesota 59,202 52,238 53,161 55,983 57,308 -3.2 Mississippi 8,149 7,595 8,250 8,183 8,097 -0.6 Missouri 23,937 27,866 33,673 27,791 26,416 10.4 Montana - 4,266 4,489 4,296 3,654 - Nebraska 24,614 20,695 18,602 23,348 25,857 5.0 Nevada 25,094 23,234 23,663 25,804 25,919 3.3 New Hampshire 7,342 8,009 7,821 8,089 8,212 11.8 New Jersey - - - - - - New Mexico 19,486 18,253 20,211 17,992 18,598 -4.6 New York - - - - - - North Carolina - 44,890 45,566 45,232 45,790 - North Dakota - - - - - - Ohio 111,729 100,853 105,779 116,517 127,684 14.3 Oklahoma 45,680 38,911 42,178 47,899 50,080 9.6 Oregon 43,666 36,095 35,327 37,104 47,269 8.3 Pennsylvania - - - - - - Puerto Rico 9,109 8,238 6,952 6,272 7,192 -21.0 Rhode Island 11,617 9,850 8,662 8,529 9,365 -19.4 South Carolina 12,135 19,436 29,144 30,717 30,708 153.1 South Dakota 12,495 11,682 12,658 12,317 12,630 1.1 Tennessee 65,686 57,625 63,789 71,500 82,607 25.8 Texas 53,107 46,002 33,884 38,001 47,144 -11.2 Utah 21,325 19,501 21,124 22,689 25,720 20.6 Vermont 15,545 12,848 13,539 14,981 16,024 3.1 Virginia 50,511 48,651 40,458 49,869 56,100 11.1 Washington 68,109 60,847 60,529 67,974 74,965 10.1 West Virginia 15,919 13,591 13,419 13,296 - - Wisconsin 54,638 47,905 48,769 52,396 51,707 -5.4 Wyoming 4,637 4,137 4,652 4,969 3,668 -20.9 National for states reporting screened-out referrals 1,625,691 1,564,101 1,602,496 1,816,161 1,921,472 18.2 Reporting States for states reporting screened-out referrals 45 47 46 47 46 44.0 Child Population of 52 States 73,661,476 74,823,584 74,175,203 73,743,251 73,330,540 N/A National Estimate Screened- out Referrals 2,012,000 1,863,000 1,956,000 2,156,000 2,292,000 13.9Child Maltreatment 2023 ChApter 2: Reports 16Table 2–2 Screened-out Referrals 2019–2023 State2019 Rate per 1,000 Children2020 Rate per 1,000 Children2021 Rate per 1,000 Children2022 Rate per 1,000 Children2023 Rate per 1,000 Children Alabama 0.4 0.3 0.4 0.3 0.3 Alaska 71.6 62.4 61.5 71.5 78.0 Arizona 22.0 21.5 - 25.0 29.1 Arkansas 36.4 32.4 34.8 36.0 41.2 California 20.2 18.0 18.2 22.1 24.1 Colorado 56.7 51.3 53.4 63.0 65.8 Connecticut 51.2 44.3 42.7 49.4 51.0 Delaware 69.1 63.8 66.5 73.9 83.1 District of Columbia 87.5 67.4 92.7 87.8 113.5 Florida 20.5 21.0 23.0 23.9 24.6 Georgia 15.8 18.7 23.6 27.7 29.0 Hawaii 9.2 8.6 8.6 11.3 12.0 Idaho 25.4 26.0 26.6 29.4 32.2 Illinois - - - - - Indiana 36.2 33.6 39.7 43.2 45.5 Iowa 26.5 22.8 23.2 25.0 26.5 Kansas 27.8 27.9 28.9 32.0 37.1 Kentucky 54.1 47.9 44.9 55.9 54.7 Louisiana 29.2 26.3 28.3 29.0 23.6 Maine 50.7 45.6 56.6 69.6 67.0 Maryland 30.2 27.5 24.5 30.4 33.9 Massachusetts 31.0 24.7 25.3 31.3 34.1 Michigan 26.2 31.1 43.9 49.6 52.6 Minnesota 45.4 39.2 40.3 42.8 44.1 Mississippi 11.6 10.9 11.9 11.9 11.9 Missouri 17.4 20.0 24.3 20.1 19.2 Montana - 18.2 19.1 18.2 15.5 Nebraska 51.7 42.4 38.4 48.4 53.8 Nevada 36.1 33.3 34.0 37.2 37.8 New Hampshire 28.7 30.9 30.4 31.7 32.6 New Jersey - - - - - New Mexico 40.8 38.3 43.2 39.1 41.2 New York - - - - - North Carolina - 19.4 19.7 19.4 19.6 North Dakota - - - - - Ohio 43.3 38.3 40.5 44.9 49.5 Oklahoma 47.9 40.4 43.8 49.6 51.8 Oregon 50.5 41.4 41.0 43.9 56.8 Pennsylvania - - - - - Puerto Rico 15.9 14.5 12.8 12.1 14.4 Rhode Island 57.0 46.5 41.5 41.4 45.9 South Carolina 10.9 17.4 26.0 27.1 26.8 South Dakota 57.4 53.3 57.6 55.6 56.9 Tennessee 43.5 37.1 41.0 45.7 52.6 Texas 7.2 6.2 4.5 5.1 6.2 Utah 22.9 20.5 22.3 24.1 27.6 Vermont 136.0 108.3 115.3 128.9 139.8 Virginia 27.0 25.5 21.3 26.4 29.8 Washington 41.0 35.9 36.0 40.8 45.5 West Virginia 44.2 37.5 37.4 37.5 - Wisconsin 43.1 37.1 38.2 41.6 41.4 Wyoming 34.7 30.9 35.1 37.9 28.3 National for states reporting screened-out referrals 27.3 24.9 26.4 29.2 31.2 Reporting States for states reporting screened-out referrals - - - - - Child Population of 52 States - - - - - National Estimate Screened-out Referrals - - - - -Child Maltreatment 2023 ChApter 2: Reports 17Table 2–3 Total Referrals, 2019 –2023 (continues next page) State2019 Screened-in Referrals (Reports) 2019 Screened-out Referrals 2019 Total Referrals from Reporting States2019 Rate per 1,000 Children2020 Screened-in Referrals (Reports) 2020 Screened-out Referrals 2020 Total Referrals from Reporting States2020 Rate per 1,000 Children Alabama 28,656 470 29,126 26.8 26,667 352 27,019 23.9 Alaska 10,713 12,926 23,639 131.0 11,433 11,254 22,687 125.9 Arizona 45,302 36,182 81,484 49.6 41,986 34,348 76,334 47.7 Arkansas 33,755 25,539 59,294 84.5 31,429 22,922 54,351 76.9 California 224,644 179,708 404,352 45.5 199,749 159,950 359,699 40.4 Colorado 36,079 71,261 107,340 85.4 33,453 64,620 98,073 77.9 Connecticut 14,645 37,258 51,903 71.4 11,030 32,756 43,786 59.2 Delaware 6,002 14,105 20,107 98.4 4,845 13,395 18,240 86.8 District of Columbia 6,404 11,198 17,602 137.6 4,283 8,514 12,797 101.3 Florida 163,494 86,684 250,178 59.1 140,639 89,959 230,598 53.9 Georgia 85,309 39,463 124,772 49.8 62,675 47,552 110,227 43.3 Hawaii 2,377 2,755 5,132 17.1 2,716 2,641 5,357 17.5 Idaho 11,117 11,382 22,499 50.2 9,454 11,935 21,389 46.7 Illinois 86,705 - 86,705 - 79,944 - 79,944 - Indiana 120,208 56,762 176,970 112.8 111,868 53,837 165,705 103.3 Iowa 33,319 19,315 52,634 72.3 30,684 16,941 47,625 64.2 Kansas 31,895 19,526 51,421 73.3 28,343 19,870 48,213 67.7 Kentucky 50,779 54,364 105,143 104.7 46,270 49,108 95,378 92.9 Louisiana 20,597 31,840 52,437 48.1 17,232 29,078 46,310 41.9 Maine 10,874 12,659 23,533 94.3 11,292 11,591 22,883 90.1 Maryland 21,886 40,465 62,351 46.6 19,997 38,152 58,149 41.9 Massachusetts 43,923 41,988 85,911 63.5 37,505 34,313 71,818 51.7 Michigan 95,735 56,109 151,844 70.8 72,953 67,795 140,748 64.5 Minnesota 31,059 59,202 90,261 69.3 28,329 52,238 80,567 60.5 Mississippi 28,106 8,149 36,255 51.8 24,405 7,595 32,000 45.8 Missouri 61,556 23,937 85,493 62.2 55,303 27,866 83,169 59.7 Montana 10,199 - 10,199 - 10,120 4,266 14,386 61.5 Nebraska 12,642 24,614 37,256 78.3 13,194 20,695 33,889 69.4 Nevada 15,657 25,094 40,751 58.7 14,739 23,234 37,973 54.5 New Hampshire 10,288 7,342 17,630 68.9 10,816 8,009 18,825 72.6 New Jersey 60,934 - 60,934 - 52,853 - 52,853 - New Mexico 21,733 19,486 41,219 86.4 22,128 18,253 40,381 84.7 New York 163,917 - 163,917 - 145,129 - 145,129 - North Carolina 69,778 - 69,778 - 63,886 44,890 108,776 46.9 North Dakota 3,985 - 3,985 - 3,231 - 3,231 - Ohio 89,004 111,729 200,733 77.8 81,183 100,853 182,036 69.2 Oklahoma 36,758 45,680 82,438 86.4 37,398 38,911 76,309 79.2 Oregon 39,778 43,666 83,444 96.5 35,461 36,095 71,556 82.0 Pennsylvania 41,951 - 41,951 - 35,865 - 35,865 - Puerto Rico 8,365 9,109 17,474 30.5 6,999 8,238 15,237 26.9 Rhode Island 7,294 11,617 18,911 92.7 5,966 9,850 15,816 74.7 South Carolina 47,105 12,135 59,240 53.2 34,078 19,436 53,514 47.8 South Dakota 2,379 12,495 14,874 68.3 2,449 11,682 14,131 64.5 Tennessee 76,162 65,686 141,848 93.9 68,813 57,625 126,438 81.3 Texas 198,106 53,107 251,213 33.9 186,660 46,002 232,662 31.2 Utah 20,909 21,325 42,234 45.4 19,997 19,501 39,498 41.6 Vermont 4,015 15,545 19,560 171.1 2,730 12,848 15,578 131.3 Virginia 36,780 50,511 87,291 46.7 33,216 48,651 81,867 42.9 Washington 43,874 68,109 111,983 67.4 41,795 60,847 102,642 60.5 West Virginia 26,919 15,919 42,838 118.8 24,104 13,591 37,695 104.1 Wisconsin 26,797 54,638 81,435 64.2 24,159 47,905 72,064 55.8 Wyoming 2,943 4,637 7,580 56.7 2,481 4,137 6,618 49.5 National 2,383,411 1,625,691 4,009,102 - 2,123,934 1,564,101 3,688,035 - Reporting States 52 45 52 - 52 47 52 - National for states reporting both screened- in and screened-out referrals 1,945,942 1,625,691 3,571,633 - 1,806,912 1,564,101 3,371,013 - National Percent for states reporting both screened-in and screened-out referrals 54.5 45.5 100.0 - 53.6 46.4 100.0 - Child Population of 52 States - - 73,661,476 - - - 74,823,584 - National Estimate of Total Referrals - - 4,395,000 59.7 - - 3,987,000 53.3 ChApter 2: Reports 18 Child Maltreatment 2023 Table 2–3 Total Referrals, 2019 –2023 (continues next page) State2021 Screened-in Referrals (Reports) 2021 Screened-out Referrals 2021 Total Referrals from Reporting States2021 Rate per 1,000 Children2022 Screened-in Referrals (Reports) 2022 Screened-out Referrals 2022 Total Referrals from Reporting States2022 Rate per 1,000 Children Alabama 26,116 407 26,523 23.5 26,837 348 27,185 24.1 Alaska 7,167 11,001 18,168 101.5 6,627 12,674 19,301 108.8 Arizona 36,981 - 36,981 - 45,317 39,924 85,241 53.5 Arkansas 30,592 24,518 55,110 78.2 31,923 25,416 57,339 81.2 California 178,996 159,190 338,186 38.7 192,197 189,948 382,145 44.5 Colorado 33,362 66,451 99,813 80.2 31,792 77,321 109,113 88.9 Connecticut 10,626 31,261 41,887 57.2 12,709 35,971 48,680 66.8 Delaware 4,729 13,965 18,694 89.1 5,697 15,617 21,314 100.9 District of Columbia 3,897 11,612 15,509 123.8 4,039 11,029 15,068 119.9 Florida 143,105 98,312 241,417 56.4 138,711 103,799 242,510 55.9 Georgia 54,463 59,797 114,260 45.0 52,994 70,465 123,459 48.6 Hawaii 2,829 2,602 5,431 18.0 2,897 3,365 6,262 21.1 Idaho 9,121 12,387 21,508 46.2 7,465 13,741 21,206 45.3 Illinois 83,116 - 83,116 - 94,433 - 94,433 - Indiana 111,495 63,348 174,843 109.5 102,320 68,765 171,085 107.5 Iowa 34,938 17,116 52,054 70.6 34,900 18,372 53,272 72.6 Kansas 24,604 20,360 44,964 63.8 23,095 22,394 45,489 65.0 Kentucky 38,253 45,856 84,109 82.3 37,894 56,974 94,868 93.1 Louisiana 15,188 30,871 46,059 42.2 17,742 31,197 48,939 45.4 Maine 10,488 14,276 24,764 98.1 9,289 17,465 26,754 106.6 Maryland 17,289 33,759 51,048 37.1 19,629 41,512 61,141 44.7 Massachusetts 39,811 34,544 74,355 54.4 39,075 42,206 81,281 60.2 Michigan 65,277 94,564 159,841 74.1 68,359 105,910 174,269 81.7 Minnesota 25,724 53,161 78,885 59.8 25,662 55,983 81,645 62.3 Mississippi 26,155 8,250 34,405 49.7 28,282 8,183 36,465 53.2 Missouri 52,157 33,673 85,830 61.9 54,386 27,791 82,177 59.5 Montana 8,691 4,489 13,180 56.0 7,301 4,296 11,597 49.0 Nebraska 15,035 18,602 33,637 69.4 13,845 23,348 37,193 77.1 Nevada 15,941 23,663 39,604 57.0 16,117 25,804 41,921 60.4 New Hampshire 9,595 7,821 17,416 67.7 10,183 8,089 18,272 71.6 New Jersey 48,781 - 48,781 - 57,068 - 57,068 - New Mexico 18,846 20,211 39,057 83.5 20,743 17,992 38,735 84.2 New York 141,745 - 141,745 - 148,956 - 148,956 - North Carolina 60,318 45,566 105,884 45.7 62,304 45,232 107,536 46.2 North Dakota 2,715 - 2,715 - 2,808 - 2,808 - Ohio 81,355 105,779 187,134 71.6 79,081 116,517 195,598 75.5 Oklahoma 36,005 42,178 78,183 81.2 33,529 47,899 81,428 84.3 Oregon 32,061 35,327 67,388 78.3 36,247 37,104 73,351 86.7 Pennsylvania 34,607 - 34,607 - 39,775 - 39,775 - Puerto Rico 7,948 6,952 14,900 27.4 7,701 6,272 13,973 27.0 Rhode Island 5,314 8,662 13,976 67.0 4,597 8,529 13,126 63.8 South Carolina 35,106 29,144 64,250 57.2 36,620 30,717 67,337 59.3 South Dakota 2,280 12,658 14,938 68.0 2,496 12,317 14,813 66.9 Tennessee 68,212 63,789 132,001 84.8 71,046 71,500 142,546 91.1 Texas 194,256 33,884 228,140 30.6 207,429 38,001 245,430 32.7 Utah 19,721 21,124 40,845 43.1 21,590 22,689 44,279 47.0 Vermont 2,490 13,539 16,029 136.5 3,457 14,981 18,438 158.7 Virginia 32,013 40,458 72,471 38.2 33,801 49,869 83,670 44.3 Washington 38,405 60,529 98,934 58.8 41,645 67,974 109,619 65.8 West Virginia 23,066 13,419 36,485 101.8 22,354 13,296 35,650 100.4 Wisconsin 22,427 48,769 71,196 55.8 23,009 52,396 75,405 59.8 Wyoming 2,472 4,652 7,124 53.8 2,317 4,969 7,286 55.6 National 2,045,884 1,602,496 3,648,380 - 2,120,290 1,816,161 3,936,451 - Reporting States 52 46 52 - 52 47 52 - National for states reporting both screened- in and screened-out referrals 1,697,939 1,602,496 3,300,435 - 1,777,250 1,816,161 3,593,411 - National Percent for states reporting both screened-in and screened-out referrals 51.4 48.6 100.0 - 49.5 50.5 100.0 - Child Population of 52 States - - 74,175,203 - - - 73,743,251 - National Estimate of Total Referrals - - 4,002,000 54.0 - - 4,276,000 58.0 ChApter 2: Reports 19 Child Maltreatment 2023 Table 2–3 Total Referrals, 2019 –2023 State2023 Screened-in Referrals (Reports) 2023 Screened-out Referrals 2023 Total Referrals from Reporting States2023 Rate per 1,000 ChildrenPercent Change from 2019 to 2023 Alabama 26,397 341 26,738 23.6 -8.2 Alaska 6,452 13,694 20,146 114.8 -14.8 Arizona 44,804 46,028 90,832 57.4 11.5 Arkansas 34,677 29,055 63,732 90.3 7.5 California 193,617 203,173 396,790 47.0 -1.9 Colorado 31,403 79,961 111,364 91.7 3.7 Connecticut 14,062 36,843 50,905 70.4 -1.9 Delaware 5,319 17,608 22,927 108.2 14.0 District of Columbia 3,176 14,372 17,548 138.6 -0.3 Florida 139,213 107,565 246,778 56.3 -1.4 Georgia 50,787 73,720 124,507 49.0 -0.2 Hawaii 2,317 3,524 5,841 19.9 13.8 Idaho 7,457 15,061 22,518 48.2 0.1 Illinois 93,342 - 93,342 - - Indiana 99,718 72,289 172,007 108.4 -2.8 Iowa 33,668 19,336 53,004 72.6 0.7 Kansas 22,013 25,742 47,755 68.8 -7.1 Kentucky 39,506 55,625 95,131 93.6 -9.5 Louisiana 25,959 25,160 51,119 47.9 -2.5 Maine 9,960 16,676 26,636 106.9 13.2 Maryland 17,668 46,225 63,893 46.9 2.5 Massachusetts 37,685 45,776 83,461 62.2 -2.9 Michigan 67,331 110,984 178,315 84.4 17.4 Minnesota 24,823 57,308 82,131 63.1 -9.0 Mississippi 24,826 8,097 32,923 48.4 -9.2 Missouri 60,613 26,416 87,029 63.3 1.8 Montana 6,978 3,654 10,632 45.1 - Nebraska 14,499 25,857 40,356 83.9 8.3 Nevada 15,091 25,919 41,010 59.8 0.6 New Hampshire 10,318 8,212 18,530 73.5 5.1 New Jersey 60,869 - 60,869 - - New Mexico 19,118 18,598 37,716 83.6 -8.5 New York 148,838 - 148,838 - - North Carolina 60,441 45,790 106,231 45.5 - North Dakota 2,643 - 2,643 - - Ohio 72,709 127,684 200,393 77.7 -0.2 Oklahoma 34,139 50,080 84,219 87.1 2.2 Oregon 35,847 47,269 83,116 99.9 -0.4 Pennsylvania 39,138 - 39,138 - - Puerto Rico 10,307 7,192 17,499 35.1 0.1 Rhode Island 4,839 9,365 14,204 69.7 -24.9 South Carolina 37,670 30,708 68,378 59.8 15.4 South Dakota 2,618 12,630 15,248 68.7 2.5 Tennessee 66,495 82,607 149,102 94.9 5.1 Texas 202,139 47,144 249,283 33.0 -0.8 Utah 21,506 25,720 47,226 50.6 11.8 Vermont 3,600 16,024 19,624 171.2 0.3 Virginia 34,852 56,100 90,952 48.3 4.2 Washington 41,840 74,965 116,805 70.9 4.3 West Virginia 20,873 - 20,873 - - Wisconsin 21,270 51,707 72,977 58.4 -10.4 Wyoming 2,043 3,668 5,711 44.1 -24.7 National 2,107,473 1,921,472 4,028,945 - 0.5 Reporting States 52 46 52 - - National for states reporting both screened- in and screened-out referrals 1,741,770 1,921,472 3,663,242 - - National Percent for states reporting both screened-in and screened-out referrals 47.5 52.5 100.0 - - Child Population of 52 States - - 73,330,540 - - National Estimate of Total Referrals - - 4,399,000 60.0 0.1 ChApter 2: Reports 20 Child Maltreatment 2023 Table 2–4 Average Response Time in Hours, 2019–2023 State 2019 2020 2021 2022 2023 Alabama 51 48 51 60 73 Alaska 602 576 219 223 244 Arizona 32 31 - 35 33 Arkansas 104 98 104 114 153 California 148 141 - - - Colorado 116 116 114 117 117 Connecticut 42 31 32 30 36 Delaware 409 296 174 380 358 District of Columbia 23 15 15 16 18 Florida 9 9 10 11 11 Georgia - - - - - Hawaii 315 269 322 304 208 Idaho 64 62 69 107 209 Illinois - - - - - Indiana 63 63 60 53 46 Iowa 63 55 56 53 50 Kansas 101 125 88 81 86 Kentucky 121 200 172 221 246 Louisiana - - 119 208 197 Maine 94 61 58 - 69 Maryland - - - - - Massachusetts - - - - - Michigan 43 42 41 39 42 Minnesota 72 84 89 41 37 Mississippi 34 30 33 37 45 Missouri 61 - 44 49 118 Montana - - - - 136 Nebraska 123 121 124 150 139 Nevada 69 64 68 56 69 New Hampshire 113 92 74 64 67 New Jersey 19 18 21 22 22 New Mexico 89 73 55 50 53 New York 12 10 11 14 13 North Carolina - - - - - North Dakota - - - - 145 Ohio 24 24 24 24 21 Oklahoma 47 50 53 55 56 Oregon 165 157 166 168 178 Pennsylvania - - - - - Puerto Rico - 141 152 157 162 Rhode Island 20 19 17 19 20 South Carolina 42 33 37 39 33 South Dakota 34 33 41 42 34 Tennessee - - - 167 223 Texas 50 50 56 64 67 Utah 76 81 93 93 100 Vermont 92 107 129 126 110 Virginia - - - - - Washington 37 35 34 32 33 West Virginia 339 309 174 147 292 Wisconsin 113 111 109 112 113 Wyoming 23 15 11 13 18 National Average 101 97 83 93 102 National Median 64 62 59 56 69 Reporting States 40 40 40 41 44 ChApter 2: Reports 21 Child Maltreatment 2023 Table 2–5 Child Protective Services Workforce, 2023 StateIntake and Screening WorkersInvestigation and Alternative Response WorkersIntake, Screening, Investigation, and Alternative Response Workers Alabama 87 435 522 Alaska 20 250 270 Arizona 98 394 492 Arkansas 43 379 422 California - - 2,351 Colorado - - - Connecticut 60 361 421 Delaware 32 130 162 District of Columbia 35 115 150 Florida - - - Georgia - - - Hawaii 14 38 52 Idaho 17 206 223 Illinois 191 1,146 1,337 Indiana 120 693 813 Iowa 45 230 275 Kansas 85 258 343 Kentucky 82 987 1,069 Louisiana 45 202 247 Maine 35 157 192 Maryland 672 1,063 1,735 Massachusetts 142 314 456 Michigan 161 1,485 1,646 Minnesota 525 505 1,030 Mississippi 32 344 376 Missouri 47 432 479 Montana 23 216 239 Nebraska 48 203 251 Nevada 63 155 218 New Hampshire 25 122 147 New Jersey 124 1,248 1,372 New Mexico 62 182 244 New York - - - North Carolina 147 746 893 North Dakota - - - Ohio - - - Oklahoma 85 516 601 Oregon 181 434 615 Pennsylvania - - 2,499 Puerto Rico 34 316 350 Rhode Island 19 78 97 South Carolina 125 469 594 South Dakota 16 43 59 Tennessee 102 973 1,075 Texas 522 3,810 4,332 Utah 38 124 162 Vermont 31 56 87 Virginia 120 760 880 Washington 117 591 708 West Virginia 41 321 362 Wisconsin 1,425 252 1,677 Wyoming - - 160 National 5,936 21,739 32,685 Reporting States 43 43 46 ChApter 2: Reports 22 Child Maltreatment 2023 Table 2–6 Child Protective Services Caseload, 2023 StateInvestigation and Alternative Response WorkersCompleted Reports (Reports with a Disposition)Completed Reports per Investigation and Alternative Response Worker Alabama 435 26,837 62 Alaska 250 6,627 27 Arizona 394 45,317 115 Arkansas 379 31,923 84 California - - - Colorado - - - Connecticut 361 12,709 35 Delaware 130 5,697 44 District of Columbia 115 4,039 35 Florida - - - Georgia - - - Hawaii 38 2,897 76 Idaho 206 7,465 36 Illinois 1,146 94,433 82 Indiana 693 102,320 148 Iowa 230 34,900 152 Kansas 258 23,095 90 Kentucky 987 37,894 38 Louisiana 202 17,742 88 Maine 157 9,289 59 Maryland 1,063 19,629 18 Massachusetts 314 39,075 124 Michigan 1,485 68,359 46 Minnesota 505 25,662 51 Mississippi 344 28,282 82 Missouri 432 54,386 126 Montana 216 7,301 34 Nebraska 203 13,845 68 Nevada 155 16,117 104 New Hampshire 122 10,183 83 New Jersey 1,248 57,068 46 New Mexico 182 20,743 114 New York - - - North Carolina 746 62,304 84 North Dakota - - - Ohio - - - Oklahoma 516 33,529 65 Oregon 434 36,247 84 Pennsylvania - - - Puerto Rico 316 7,701 24 Rhode Island 78 4,597 59 South Carolina 469 36,620 78 South Dakota 43 2,496 58 Tennessee 973 71,046 73 Texas 3,810 207,429 54 Utah 124 21,590 174 Vermont 56 3,457 62 Virginia 760 33,801 44 Washington 591 41,645 70 West Virginia 321 22,354 70 Wisconsin 252 23,009 91 Wyoming - - - National 21,739 1,431,659 66 Reporting States 43 43 43 ChApter 3: Children 23 Child Maltreatment 2023 Children 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 ChildAbuse Prevention and Treatment Act (CAPTA), (P.L. 100–294) defines child abuse and neglectas, 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 a legislation requirement toinclude sex trafficking victims in the definition of child abuse and neglect. CAPTA recognizesindividual state authority by providing this minimum federal definition of child abuse andneglect. Each state defines child abuse and neglect in its own statutes and policies and thechild welfare agencies determine the appropriate response for the alleged maltreatment basedon those statutes and policies. While the purpose of the National Child Abuse and NeglectData System (NCANDS) is to collect nationally standardized aggregate and case-level childmaltreatment data, readers should exercise caution in making state-to-state comparisons. Statesmap their own codes to the NCANDS codes. 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.CHAPTER 3Child Maltreatment 2023 ChApter 3: Children 24■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 whenCPS is unable to locate the alleged victim. ■No alleged maltreatment: A disposition for a child who receives a CPS response, butis not the subject of an allegation or any finding of maltreatment. Some states have lawsrequiring all children in a household receive a CPS response if any child in the householdis 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 orindicated. 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 are 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. 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 tocount 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. Child Maltreatment 2023 ChApter 3: Children 25 ■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 thechild’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 2023, 3,081,715 children received either an investigation or alternative response at a rate of 42.0 children per 1,000 in the population. This is a 12.0 percent decrease in the number of children from FFY 2019 when 3,500,991 children received an investigation or alternative response at a rate of 47.5 per 1,000 children. See table 3–1 and related notes. At the state level, the percent change for FFY 2019 to FFY 2023 ranged from a 46.2 percent decrease to a 24.2 percent increase. State explanations for changes in the number of children who received a CPS response across the 5 years include changes to screening and assessment tools and policies for better reporting and consistency, reducing backlog, and increased number of completed investigations due to hiring private companies and outsourcing to a private task force. Please see Appendix D, State Commentary, for state-specific information about changes. Information about a change may be in an earlier edition of Child Maltreatment. Children Who Received an Investigation or Alternative Response by Disposition (duplicate count of children) For FFY 2023, 3,728,421 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. Of these children, 15.8 percent are classified as victims with dispositions of substantiated (14.7%) and indicated (1.1%). The remaining children are not determined to be victims or have received an alternative response. More than one-half (56.3%) of children have unsubstantiated dispositions. See table 3–2 , exhibit 3–A , and related notes. Exhibit 3–A Children Who Received an Investigation or Alternative Response by Disposition, 2023 Fewer than 16 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 .Child Maltreatment 2023 ChApter 3: Children 26 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 or neglect. A child may be a victim in one report and a nonvictim in another report. For FFY 2023, 52 states reported 546,159 victims of child abuse and neglect. This equates to a national rate of 7.4 victims per 1,000 children in the population. This is a 19.3 percent decrease from the FFY 2019 number of victims 677,099 reported by 52 states. Looking at the most recent 5 years of data, the largest number of victims was for FFY 2019, and the number of vic - tims has been decreasing since that year. See table 3–3 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. At the state level, the percent change of victims of abuse and neglect ranges from a 50.2 percent decrease to a 30.2 percent increase from FFY 2019 to 2023. The FFY 2023 state victimization rates range from a low of 1.5 to a high of 16.2 per 1,000 children. Comments about 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. Reasons for differences across the 5 years as provided by states include: one state changed its dispositions from alternative response victims to indicated, resolving an investigation or assessment backlog, CCWIS implementation, new screening and intake tools and procedures, alternative response program implementation, and a number of states cited the multiyear effects of the COVID-19 pandemic. Information about a change may be in an earlier edition of Child Maltreatment. As discussed above, children with alternative response dispositions are not considered maltreatment victims and do not have perpetrators. Children with indicated dispositions are considered maltreatment victims. Readers are encouraged to read Appendix C, State Characteristics and Appendix D, State Commentary, for more information. Information about a change may be in an earlier edition of Child Maltreatment. Based on data from 52 states, the FFY 2023 rate of first-time victims is 5.2 per 1,000 children in the population. Seventy percent of all victims are first-time victims. First-time victim rates ranged from a low of 0.8 per 1,000 children to a high of 12.7 per 1,000 children. States use the disposition date of prior substantiated or indicated maltreatments to determine whether the victim is a first-time victim. See table 3–4 and related notes. Child Victim Demographics (unique count of child victims) The youngest children are the most vulnerable to maltreatment. More than one-quarter (26.6%) of victims are in the age range of birth through 2 years old. Infant victims younger than 1 year are 14.2 percent of all victims. The victimization rate is highest for infant victims younger than 1 year at 21.0 per 1,000 children in the population of the same age, which is 2.2 times the rate of victims who are 1 year at 9.5 per 1,000 children. Victims who are 2 or 3 years old have victim - ization rates of 8.8 and 8.5 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 ChApter 3: Children 27 Child Maltreatment 2023programs in place for maltreatment allegations. In general, the rate of victimization decreases with the child’s age. See table 3–5 , exhibit 3–B , and related notes. The percentages of child victims by sex are 52.0 percent for girls and 47.6 percent for boys. The sex is unknown for 0.4 percent of victims. The FFY 2023 victimization rate for girls is 7.9 per 1,000 girls in the population, which is higher than the rate for boys at 6.9 per 1,000 boys in the population. See table 3–6 and related notes. Most victims are one of three races or ethnicities—White 41.3 percent, Hispanic 23.8 percent, and Black or African-American 22.1 percent. The racial distributions for all children in the population are 48.4 percent White, 26.3 percent Hispanic, and 13.9 percent Black or African- American. See table C–3 and related notes. For FFY 2023, American Indian or Alaska Native children have the highest rate of victimization at 13.8 per 1,000 children in the population of the same race or ethnicity and Black or African-American children have the second highest rate at 11.9 per 1,000 children in the population of the same race or ethnicity. See table 3–7 and related notes. Maltreatment Types NCANDS collects all maltreatment type allegations, however only those maltreatments witha disposition of substantiated or indicated are included in the Child Maltreatment report. 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 neglectmaltreatment type cannot be present twice in the same victim report.Exhibit 3–B Victims by Age, 2023 The youngest children are the most vulnerable to maltreatment Based on data from 52 states. See table 3–5 . ChApter 3: Children 28 Child Maltreatment 2023 Focus on Single Types of Maltreatments (duplicate count of victims) As discussed in Child Maltreatment 2022 in the maltreatment type combinations analysis (pp 94–95), the majority of victims experience a single maltreatment type.9 The purpose of this analysis is to count FFY 2023 victims for each investigation that resulted in a substantiation and display the victims with a single type of maltreatment at the state level. If a victim has two or more substantiated maltreatment types in the same report, the victim is counted in the multiple maltreatment type category. For example: ■A victim with two substantiated reports of neglect is counted twice in neglect only. ■A victim with one substantiated report with both neglect and physical abuse is countedonce in the multiple maltreatments category. ■A victim with two separate substantiated reports in FFY 2023, one with neglect and asecond report with physical abuse, is counted once in neglect only and once in physicalabuse only. The FFY 2023 data shows nearly two-thirds (64.1%) of duplicate victims experience neglect only and 10.6 percent experience physical abuse only. Fewer than 10 percent of duplicate victims have sexual abuse only (7.5%) or psychological maltreatment only (3.5%) substanti - ated maltreatment types. Slightly more than 10 percent (11.1%) of duplicate victims have an investigation that results in multiple substantiated maltreatment types. In addition, 2.1 percent of duplicate victims are substantiated with the “other” type of maltreatment. States may code any maltreatment as “other” if it does not fit in one of the NCANDS categories. States with larger than average numbers or percentages of victims with the NCANDS “other” maltreatment type may map state categories of threatened harm, threatened abuse, and threat of family violence to the NCANDS “other” category. See table 3–8 and related notes. A few states have 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. Perpetrator Relationship (unique count of child victims and duplicate count of relationships) In this section, data is analyzed by relationship of victims to their perpetrators. A victimmay be maltreated multiple times by the same perpetrator or by different combinations ofperpetrators (e.g., mother alone, mother and nonparent(s), two parents, etc.). This analysiscounts every combination of relationships for each victim in each report and, therefore, thepercentages total more than 100.0 percent. The FFY 2023 data shows 89.0 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 tomaltreat the child. The parent categories with the largest percentages are victims maltreatedby a mother acting alone (37.2%), victims maltreated by a father acting alone (24.6%), andvictims maltreated by both parents (19.4%). See table 3–9 and related notes. Perpetrators who are not the victim’s parent maltreated 15.1 percent of victims. The largest categories in the nonparent group are relative(s) (5.5%), unmarried partner(s) of parent (3.5%), and “other(s)” (3.3%). The NCANDS category of “other(s)” perpetrator relationship 9 https://www.acf.hhs.gov/cb/data-research/child-maltreatmentChild Maltreatment 2023 ChApter 3: Children 29 includes any relationship that does not map to one of the NCANDS relationship categories. According to states’ commentary, this category includes nonrelated adult, non-related child, foster sibling, babysitter, household staff, clergy, and school personnel. See appendix D for more information on what states include as “other” perpetrator relationship. Risk Factors Risk factors are characteristics of a child or caregiver that may increase the likelihood of childmaltreatment. 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 undetectedamong many children and caregivers. Some states may not have the resources to gather information from other sources or agencies or the ability to collect or store certain information in their child welfare system. In addition, some risk factors must be clinically diagnosed, whichmay not occur during the investigation or alternative response. If the case is closed prior tothe diagnosis, the CPS agency may not be notified and the information will not be reported toNCANDS. Caregivers with these risk factors who are included in each analysis may or may notbe the perpetrators responsible for the maltreatment. For FFY 2023, data is analyzed for caregiver risk factors with the following NCANDS definitions. Please see Appendix B, Glossary forthese and additional 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. A caregiver with this riskfactor only indicates the domestic violence presence and not whether the caregiver is theperpetrator or a victim of domestic violence. ■Drug abuse (caregiver): The compulsive use of drugs that is not of a temporary nature. ■Inadequate housing: A risk factor related to substandard, overcrowded, or unsafe housing conditions, including homelessness. As not every state is able to report on every caregiver risk factor, the national percentages arecalculated 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 40 reporting states, 106,594 victims (24.9%) have the drug abuse caregiver risk factor and in 38 reporting states, 108,112 victims (25.1%) have the domestic violence caregiver factor. See table 3–10 and related notes. Reporting Infants with Prenatal Substance Exposure Data to NCANDS10 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 follow - ing conditions as defined by NCANDS data elements: ■Infant: The child must be in the age range of birth to 1 year old. ■Referred to CPS by health care provider: The child must have the medical personnel report source. ■Born with and identified as being affected by substance abuse or withdrawal symptoms: The child must have the alcohol abuse, drug abuse, or both alcohol and drug abuse child risk factors. 10 The Comprehensive Addiction and Recovery Act (CARA) of 2016 amended CAPTA by adding a requirement to report the number of infants with prenatal substance exposure (IPSE), the number of IPSE with a plan of safe care, and the number of IPSE with a referral to appropriate services. States began reporting the new fields with their FFY 2018 NCANDS submissions. Children’s Bureau Program Instruction ACYF-CB-PI-17-02 dated January 17, 2018, https://www.acf.hhs.gov/cb/policy-guidance/pi-17-02 . Child Maltreatment 2023 ChApter 3: Children 30 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 IPSE11: ■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. ■Screened-out IPSE: Indicates the child is included in the state’s Agency File. 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 child victims) FFY 2023 data from 49 states shows 44,453 children referred to CPS agencies as infants with prenatal substance exposure. See table 3–11 and related notes. For FFY 2023, 43 states reported the majority (32,230 or 72.5%) of IPSE are screened-in to CPS to receive either an investigation or alternative response. For FFY 2023, 38 states reported one-quarter (27.5%) of IPSE are screened-out. Some states have policies and legislation prohibiting certain referrals from being screened-out and some states have special programs or agencies specifically for certain referrals. For example, a state may routinely screen-out IPSE referrals to a special agency or program unless there are additional maltreatment allegations that require an investigation. See Appendix D , State Commentary, for more information about states’ screening policies and additional informationabout states’ capabilities to collect and report data on these IPSE 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). For FFY 2023, 35 states report 22,319 screened-in IPSE (72.1%) have a plan of safe care. See table 3–12 and related notes. States that have programs outside of CPS may have plans of safe care for IPSE, but they would not be included in the NCANDS submission. 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-inIPSE who also had a referral to services as described under subsection (b)(2)(B)(iii). For FFY 2023, 32 states report 20,468 screened-in IPSE (68.4%) have a referral to appropriate services. 11 CAPTA uses terms infants affected by substance abuse, prenatal drug exposure, infants affected by withdrawal symptoms, and Fetal Alcohol Spectrum Disorder. In NCANDS, the term infants with prenatal substance exposure includes all of the terms used by CAPTA.Child Maltreatment 2023 ChApter 3: Children 31 States that have programs outside of CPS may have referrals for IPSE, but they would not be included in the NCANDS submission. See table 3–13 and related notes. What is considered an appropriate service is up to each state’s determination and may depend on the needs of the specific case. According to comments provided by the states, some examples 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 identifica-tion of at-risk children and caregivers and link them with early intervention services, public health services, and community-based resources. Exhibit and Table Notes The following pages contain the data tables referenced in chapter 3. Specific informationabout 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 toreport data from as many states as possible. States may be excluded from an analysis for dataquality issues. Exclusion rules are listed in the individual table notes below. Not every tablehas an exclusion rule or notes. ■The data for all tables is from the Child File unless otherwise noted. ■Rates are per 1,000 children in the population. Rates are calculated by dividing the relevantreported count (child, victim, first-time victim, etc.) by the child population count (children,by age, etc.) and multiplying by 1,000. The rates are displayed as rounded to the tenth. ■Percentages are displayed as rounded to the tenth. ■Unless otherwise noted, the number of children and victims are unique counts. ■The count of victims includes children with dispositions of substantiated or indicated. ■Children with dispositions of alternative response victims are not included in the victimcount. ■NCANDS uses the child population estimates that are released annually by the U.S. CensusBureau. These population estimates are provided in Appendix C, State Characteristics. ■The row labeled Reporting States displays the count of states that provided data for thatanalysis. ■National totals and calculations appear in a single row labeled National instead of separaterows labeled total, rate, or percent. ■Dashes are inserted into cells without any data. Table 3–1 Children Who Received an Investigation or Alternative Response,2019–2023 ■The percent change was calculated by subtracting 2019 data from 2023 data, dividing theresult by 2019 data, and multiplying by 100. Table 3–2 Children Who Received an Investigation or Alternative Response byDisposition, 2023 ■The number of children is a duplicate count. ■Many states conduct investigations for all children in a family when any child is the subjectof an allegation. In these states, a disposition of “no alleged maltreatment” is assigned tosiblings who are not the subjects of an allegation and are not found to be victims. Thesechildren may receive an alternative response or an investigation.Child Maltreatment 2023 ChApter 3: Children 32Table 3–3 Child Victims, 2019–2023 ■The percent change was calculated by subtracting 2019 data from 2023 data, dividing the result by 2019 data, and multiplying by 100. Table 3–4 First-time Victims, 2023 ■States are instructed to check whether there was a disposition date of substantiated orindicated 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. Table 3–5 Victims by Age, 2023 ■There is no population data for unknown age and, therefore, no rates. Table 3–6 Victims by Sex, 2023 ■There is no population data for children with unknown sex and, therefore, no rates. Table 3–7 Victims by Race or Ethnicity, 2023 ■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 thisanalysis. ■States are excluded from this analysis if more than 30.0 percent of victims are reported withan unknown or missing race or ethnicity. Table 3–8 Duplicate Victims by Maltreatment Type, 2023 ■The number of victims is a duplicate count. ■Combinations are at the record level to show the result of the investigation. ■If a victim has two substantiated reports, one of neglect and one of physical abuse, thevictim is counted once in neglect only and once in physical abuse only. ■If a victim has one report with both substantiated neglect and substantiated physical abuse,the victim is counted once in the multiple maltreatments category. ■If a victim has two substantiated neglect reports, the victim is counted twice in neglectonly. ■Percentages are calculated against the duplicate count of victims in each state. Table 3–9 Victims by Relationship to Their Perpetrators, 2023 ■The number of relationships is a duplicate count, and the number of victims is a uniquecount. 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 donot 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 more than 25.0 percent of perpetrators are reportedwith an unknown or missing relationship. ■States are excluded from this analysis if fewer than 85.0 percent of victims have one or moreperpetrators. ■The relationship categories listed under nonparent perpetrator include any perpetratorrelationship that was not identified as an adoptive parent, a biological parent, or a stepparent. ■The two parents of known sex category can include mother and father, two mothers, and twofathers.Child Maltreatment 2023 ChApter 3: Children 33 ■The two parents of known sex with nonparent category can include mother, father, and nonparent; two mothers and nonparent; and two fathers and nonparent. ■One or more parents of unknown sex can include up to three parents in any combinationof known and unknown sex. The parent(s) could have acted alone, together, or with anonparent. ■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 thatcategory. For example, two child daycare providers are counted as child daycare providers. ■Multiple nonparental perpetrators that are in different categories are counted in more thanone nonparental perpetrator. ■Some states are not able to collect and report on group home and residential facility staffperpetrators due to system limitations or jurisdictional issues Table 3–10 Victims with Caregiver Risk Factors, 2023 ■As states have varying abilities to report on caregiver risk factors, the national percentagesare calculated only on those states able to report the specific risk factor as shown in the column labelled Victims in Reporting States. ■A victim is counted only once if there is more than one report in which the victim is reportedwith the caregiver risk factor. ■The counts on this table are exclusive and follow a hierarchy rule. If a victim is reported bothwith and without the caregiver risk factor, the victim is counted once with the caregiver risk factor. ■States are excluded from this analysis if fewer than 2.0 percent of victims are reported witheach specific caregiver risk factor. ■States are included in this analysis if they are not able to differentiate between alcohol abuseand drug abuse caregiver risk factors and reported both risk factors for the same children in both caregiver risk factor categories. Table 3–11 Infants with Prenatal Substance Exposure by Submission Type, 2023 ■Data is from the Child File and Agency File. ■States may be excluded from the count of screened-in referrals for incomplete reporting. Table 3–12 Screened-in Infants with Prenatal Substance Exposure Who Have a Plan of Safe Care, 2023 ■This analysis uses a hierarchy, if a screened-in IPSE is reported with and without a plan ofsafe care, the infant is counted once with the plan of safe care. ■States may be excluded from the count of screened-in referrals for incomplete reporting. Table 3–13 Screened-in Infants with Prenatal Substance Exposure Who Have aReferral to Appropriate Services, 2023 ■This analysis uses a hierarchy, if a screened-in IPSE is reported with and without the referralto appropriate services, the infant is counted once with the referral to appropriate services. ■States may be excluded from the count of screened-in referrals for incomplete reporting.Child Maltreatment 2023 ChApter 3: Children 34 Table 3–1 Children Who Received an Investigation or Alternative Response, 2019–2023 (continues next page) State 2019 2020 2021 2022 2023Percent Change from 2019 to 2023 Alabama 39,335 36,931 36,139 36,538 36,326 -7.6 Alaska 14,429 15,460 10,816 9,799 9,591 -33.5 Arizona 82,336 77,146 57,942 71,670 71,896 -12.7 Arkansas 57,339 54,775 52,887 55,674 58,280 1.6 California 343,536 306,919 271,487 292,782 294,325 -14.3 Colorado 45,849 43,483 43,197 41,159 40,912 -10.8 Connecticut 18,669 14,135 13,416 15,561 16,757 -10.2 Delaware 12,373 10,672 10,006 12,014 11,133 -10.0 District of Columbia 12,315 8,651 7,824 8,211 6,621 -46.2 Florida 285,141 251,149 256,060 251,757 251,995 -11.6 Georgia 157,705 121,595 106,948 104,979 100,192 -36.5 Hawaii 4,378 4,938 4,845 5,193 4,209 -3.9 Idaho 13,385 12,769 12,850 10,666 10,566 -21.1 Illinois 151,490 140,762 142,309 158,622 157,150 3.7 Indiana 147,872 139,343 135,799 123,644 123,428 -16.5 Iowa 38,253 35,469 38,953 38,790 37,455 -2.1 Kansas 32,877 29,552 26,134 24,366 23,037 -29.9 Kentucky 77,512 67,066 55,547 52,816 50,479 -34.9 Louisiana 27,366 23,553 20,623 23,633 33,998 24.2 Maine 16,288 18,871 17,524 16,008 17,062 4.8 Maryland 32,196 29,852 21,367 23,038 20,647 -35.9 Massachusetts 72,962 62,829 65,918 65,920 64,062 -12.2 Michigan 161,058 129,271 127,759 138,996 138,899 -13.8 Minnesota 38,690 36,274 32,919 32,958 31,465 -18.7 Mississippi 38,838 33,450 34,732 36,698 32,398 -16.6 Missouri 67,322 62,059 59,129 60,422 67,085 -0.4 Montana 15,400 15,528 13,484 11,158 10,462 -32.1 Nebraska 25,312 25,964 29,093 27,634 28,622 13.1 Nevada 29,439 27,980 29,351 29,963 28,339 -3.7 New Hampshire 12,798 13,336 11,816 12,742 12,838 0.3 New Jersey 78,741 70,179 66,321 74,766 78,929 0.2 New Mexico 26,040 25,980 23,281 24,529 22,176 -14.8 New York 216,016 194,127 189,559 192,737 192,039 -11.1 North Carolina 124,639 115,472 109,236 113,162 111,443 -10.6 North Dakota 6,597 5,570 4,598 4,764 4,560 -30.9 Ohio 113,071 104,750 106,012 102,858 94,718 -16.2 Oklahoma 57,504 58,379 55,518 51,985 53,127 -7.6 Oregon 55,063 48,161 43,312 47,707 45,504 -17.4 Pennsylvania 41,062 35,447 34,167 39,414 38,751 -5.6 Puerto Rico 15,044 12,510 13,646 12,956 17,231 14.5 Rhode Island 9,334 8,062 6,967 6,160 6,442 -31.0 South Carolina 84,872 63,067 63,842 65,470 67,467 -20.5 South Dakota 4,039 4,032 3,800 3,987 4,122 2.1 Tennessee 94,946 86,109 85,534 88,309 83,431 -12.1 Texas 278,004 263,493 278,119 289,231 280,483 0.9 Utah 26,926 25,860 25,642 26,819 26,790 -0.5 Vermont 4,429 3,178 2,902 3,790 3,857 -12.9 Virginia 49,338 44,902 44,037 44,896 45,994 -6.8 Washington 49,174 47,375 43,474 45,834 45,354 -7.8 West Virginia 53,491 49,128 46,595 46,198 37,350 -30.2 Wisconsin 35,105 32,062 30,191 30,556 28,489 -18.8 Wyoming 5,093 4,006 3,801 3,642 3,229 -36.6 National 3,500,991 3,151,631 3,027,428 3,113,181 3,081,715 -12.0 Reporting States 52 52 52 52 52 -Child Maltreatment 2023 ChApter 3: Children 35 Table 3–1 Children Who Received an Investigation or Alternative Response, 2019–2023 State2019 Rate per 1,000 Children2020 Rate per 1,000 Children2021 Rate per 1,000 Children2022 Rate per 1,000 Children2023 Rate per 1,000 Children Alabama 36.1 32.7 32.0 32.4 32.1 Alaska 80.0 85.8 60.5 55.3 54.6 Arizona 50.2 48.2 36.3 44.9 45.4 Arkansas 81.8 77.5 75.0 78.8 82.6 California 38.7 34.5 31.1 34.1 34.8 Colorado 36.5 34.5 34.7 33.5 33.7 Connecticut 25.7 19.1 18.3 21.4 23.2 Delaware 60.6 50.8 47.7 56.9 52.5 District of Columbia 96.2 68.5 62.4 65.3 52.3 Florida 67.3 58.7 59.8 58.0 57.5 Georgia 62.9 47.7 42.2 41.3 39.5 Hawaii 14.6 16.1 16.1 17.5 14.3 Idaho 29.9 27.9 27.6 22.8 22.6 Illinois 53.8 49.1 50.6 57.6 58.1 Indiana 94.2 86.9 85.1 77.7 77.8 Iowa 52.5 47.8 52.8 52.9 51.3 Kansas 46.9 41.5 37.1 34.8 33.2 Kentucky 77.2 65.3 54.3 51.8 49.6 Louisiana 25.1 21.3 18.9 21.9 31.9 Maine 65.3 74.3 69.4 63.8 68.5 Maryland 24.1 21.5 15.5 16.9 15.2 Massachusetts 53.9 45.2 48.3 48.8 47.7 Michigan 75.1 59.3 59.3 65.2 65.8 Minnesota 29.7 27.3 25.0 25.2 24.2 Mississippi 55.5 47.8 50.1 53.5 47.7 Missouri 49.0 44.5 42.6 43.7 48.8 Montana 67.3 66.3 57.3 47.2 44.4 Nebraska 53.2 53.2 60.0 57.3 59.5 Nevada 42.4 40.1 42.2 43.2 41.3 New Hampshire 50.0 51.4 45.9 49.9 50.9 New Jersey 40.5 34.2 32.7 37.1 39.3 New Mexico 54.6 54.5 49.7 53.3 49.1 New York 53.6 46.1 46.1 47.8 48.5 North Carolina 54.1 49.8 47.1 48.6 47.7 North Dakota 36.5 29.9 24.8 25.8 24.7 Ohio 43.8 39.8 40.6 39.7 36.7 Oklahoma 60.3 60.6 57.6 53.8 55.0 Oregon 63.7 55.2 50.3 56.4 54.7 Pennsylvania 15.6 13.1 12.8 14.9 14.7 Puerto Rico 26.3 22.1 25.0 25.0 34.6 Rhode Island 45.8 38.1 33.4 29.9 31.6 South Carolina 76.2 56.4 56.9 57.7 59.0 South Dakota 18.5 18.4 17.3 18.0 18.6 Tennessee 62.8 55.4 55.0 56.4 53.1 Texas 37.5 35.3 37.3 38.5 37.1 Utah 29.0 27.2 27.0 28.5 28.7 Vermont 38.7 26.8 24.7 32.6 33.6 Virginia 26.4 23.5 23.2 23.8 24.4 Washington 29.6 27.9 25.8 27.5 27.5 West Virginia 148.4 135.6 130.0 130.2 106.0 Wisconsin 27.7 24.8 23.7 24.2 22.8 Wyoming 38.1 29.9 28.7 27.8 24.9 National 47.5 42.1 40.8 42.2 42.0 Reporting States - - - - -Child Maltreatment 2023ChApter 3: Children 36 Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2023 (continues next page) State Substantiated Indicated Alternative Response Unsubstantiated Intentionally False Alabama 11,935 - - 26,056 - Alaska 2,670 - - 8,107 - Arizona 13,196 75 - 49,842 - Arkansas 8,211 - 8,395 30,116 - California 50,526 - - 250,196 - Colorado 10,639 - 17,621 20,266 - Connecticut 5,578 - - 14,085 - Delaware 891 - 86 6,784 - District of Columbia 1,336 - - 3,416 - Florida 23,860 - - 198,186 - Georgia 11,824 - 32,609 31,218 - Hawaii 883 - - 3,740 - Idaho 2,076 - - 10,599 - Illinois 36,357 - - 113,570 343 Indiana 19,214 - - 144,791 - Iowa 12,800 - 11,229 30,144 - Kansas 1,889 - - 27,822 - Kentucky 16,577 - 2 44,597 - Louisiana 9,459 - - 27,224 - Maine 2,531 1,535 - 11,419 - Maryland 4,024 2,539 11,083 5,207 - Massachusetts 23,976 - - 23,518 - Michigan 13,672 10,373 - 77,971 23 Minnesota 5,219 - 21,742 7,873 - Mississippi 9,460 - - 28,436 - Missouri 4,515 - 53,025 24,425 - Montana 2,754 30 - 9,343 - Nebraska 2,338 - 6,406 15,677 - Nevada 6,947 - 712 16,850 - New Hampshire 1,317 - - 13,439 - New Jersey 3,065 - - 92,650 - New Mexico 6,673 - - 22,450 - New York 53,248 - 22,452 165,257 - North Carolina 7,081 18,394 83,203 18,727 - North Dakota 909 - - 3,881 - Ohio 16,122 6,377 48,375 37,194 - Oklahoma 13,859 - 800 39,273 - Oregon 11,630 - - 38,518 - Pennsylvania 4,659 - - 34,479 - Puerto Rico 5,034 211 - 9,015 85 Rhode Island 2,620 - - 4,528 - South Carolina 14,701 - - 45,621 - South Dakota 1,551 - - 2,959 - Tennessee 6,971 797 63,190 18,075 - Texas 56,358 - 49,544 184,968 - Utah 9,079 - - 19,954 51 Vermont 762 - 1,595 2,371 19 Virginia 4,478 - 37,543 8,834 - Washington 3,872 - 33,973 20,418 67 West Virginia 5,209 - - 29,159 - Wisconsin 3,843 - 4,568 25,157 - Wyoming 786 - 2,738 275 - National 549,184 40,331 510,891 2,098,680 588 National Percent 14.7 1.1 13.7 56.3 0.0 Reporting States 52 9 22 52 6Child Maltreatment 2023 ChApter 3: Children 37 Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2023 State Closed With No Finding No Alleged Maltreatment Other Unknown Total Children Alabama 1,501 - 1 93 39,586 Alaska 1,231 - - - 12,008 Arizona 1,584 20,178 - - 84,875 Arkansas 1,773 22,704 - - 71,199 California - 51,173 - - 351,895 Colorado - - - 497 49,023 Connecticut - - - - 19,663 Delaware 3,401 1,488 - - 12,650 District of Columbia 210 2,585 - - 7,547 Florida - 82,864 - 595 305,505 Georgia - 43,459 - - 119,110 Hawaii - - - 21 4,644 Idaho - - - - 12,675 Illinois - 56,276 - - 206,546 Indiana - - - - 164,005 Iowa - - - 22 54,195 Kansas 251 - - - 29,962 Kentucky 1,147 - 143 - 62,466 Louisiana 1,888 - - - 38,571 Maine - 6,953 - - 22,438 Maryland - - - - 22,853 Massachusetts - 19,122 9,984 - 76,600 Michigan 702 73,334 - - 176,075 Minnesota 1,635 - - 1 36,470 Mississippi 1,075 - - - 38,971 Missouri 2,093 - 532 102 84,692 Montana 413 4 72 - 12,616 Nebraska 382 11,290 - - 36,093 Nevada 621 8,992 - - 34,122 New Hampshire 607 - - 283 15,646 New Jersey - - - - 95,715 New Mexico - - - - 29,123 New York - 2,107 - - 243,064 North Carolina - 1,599 139 - 129,143 North Dakota 217 - - - 5,007 Ohio 4,503 - - - 112,571 Oklahoma 5,822 - - - 59,754 Oregon - - 5,574 - 55,722 Pennsylvania - - - - 39,138 Puerto Rico 1,917 3,081 - - 19,343 Rhode Island 68 - - - 7,216 South Carolina - 26,357 - - 86,679 South Dakota 168 - - - 4,678 Tennessee 6,930 - 2 33 95,998 Texas 3,090 - 19,454 3,222 316,636 Utah 2,180 - - - 31,264 Vermont - - - - 4,747 Virginia 40 486 - 4 51,385 Washington 2,115 - - - 60,445 West Virginia 2,164 4,182 - 11 40,725 Wisconsin - - - - 33,568 Wyoming - - - - 3,799 National 49,728 438,234 35,901 4,884 3,728,421 National Percent 1.3 11.8 1.0 0.1 100.0 Reporting States 29 20 9 12 52Child Maltreatment 2023 ChApter 3: Children 38 Table 3–3 Child Victims, 2019–2023 (continues next page) State 2019 2020 2021 2022 2023Percent Change from 2019 to 2023 Alabama 11,677 11,663 11,840 11,618 11,636 -0.4 Alaska 3,059 3,212 2,733 2,581 2,424 -20.8 Arizona 12,847 9,954 11,037 11,541 11,624 -9.5 Arkansas 8,422 9,241 9,616 8,927 7,842 -6.9 California 64,132 60,317 55,503 50,869 47,824 -25.4 Colorado 12,246 11,615 11,147 9,777 9,868 -19.4 Connecticut 8,042 6,346 5,570 5,032 5,227 -35.0 Delaware 1,248 1,200 1,131 1,077 882 -29.3 District of Columbia 1,857 1,568 1,647 1,574 1,269 -31.7 Florida 32,915 28,268 27,394 24,505 22,842 -30.6 Georgia 10,102 8,690 9,643 10,524 11,435 13.2 Hawaii 1,342 1,294 1,322 1,228 831 -38.1 Idaho 1,869 1,958 2,268 2,005 2,017 7.9 Illinois 33,331 35,437 35,841 32,433 32,054 -3.8 Indiana 23,029 22,648 21,556 19,185 18,267 -20.7 Iowa 11,648 10,600 11,271 11,150 10,789 -7.4 Kansas 2,945 2,386 2,140 1,861 1,807 -38.6 Kentucky 20,130 16,748 14,963 12,340 14,484 -28.0 Louisiana 8,441 6,859 6,422 7,572 8,971 6.3 Maine 4,413 4,726 4,228 3,792 3,741 -15.2 Maryland 7,661 7,242 6,303 6,564 6,074 -20.7 Massachusetts 25,029 22,538 22,654 22,075 21,710 -13.3 Michigan 33,043 26,932 24,515 23,500 22,728 -31.2 Minnesota 6,780 6,647 5,544 5,299 4,988 -26.4 Mississippi 9,377 8,136 8,526 9,028 8,781 -6.4 Missouri 4,762 4,449 4,262 3,932 4,419 -7.2 Montana 3,736 3,777 3,077 2,714 2,628 -29.7 Nebraska 2,822 2,376 2,471 2,026 2,228 -21.0 Nevada 4,990 5,016 5,547 5,851 6,496 30.2 New Hampshire 1,217 1,182 985 1,034 1,276 4.8 New Jersey 5,132 3,655 3,188 3,146 2,951 -42.5 New Mexico 8,025 7,050 5,964 5,817 5,670 -29.3 New York 67,269 59,126 56,760 50,056 46,431 -31.0 North Carolina 26,449 23,480 21,643 23,134 23,737 -10.3 North Dakota 1,797 1,614 1,349 1,132 895 -50.2 Ohio 25,470 23,691 24,267 22,439 20,598 -19.1 Oklahoma 15,148 14,685 13,719 13,546 13,198 -12.9 Oregon 13,543 11,487 10,573 10,479 10,773 -20.5 Pennsylvania 4,817 4,582 4,683 5,005 4,455 -7.5 Puerto Rico 4,738 3,572 4,753 4,320 4,446 -6.2 Rhode Island 3,183 2,743 2,588 2,444 2,514 -21.0 South Carolina 18,717 14,263 15,307 14,572 13,628 -27.2 South Dakota 1,537 1,570 1,459 1,451 1,445 -6.0 Tennessee 9,859 8,687 7,739 6,924 7,638 -22.5 Texas 64,093 65,116 65,253 54,207 54,476 -15.0 Utah 10,579 9,694 9,233 8,765 8,640 -18.3 Vermont 851 530 392 672 660 -22.4 Virginia 6,159 5,658 4,944 4,563 4,342 -29.5 Washington 4,222 3,967 3,487 3,389 3,194 -24.3 West Virginia 6,727 6,116 6,094 5,510 4,850 -27.9 Wisconsin 4,576 4,177 4,229 4,082 3,694 -19.3 Wyoming 1,096 992 886 821 762 -30.5 National 677,099 619,480 599,666 558,088 546,159 -19.3 Reporting States 52 52 52 52 52 - ChApter 3: Children 39 Child Maltreatment 2023 Table 3–3 Child Victims, 2019–2023 State2019 Rate per 1,000 Children2020 Rate per 1,000 Children2021 Rate per 1,000 Children2022 Rate per 1,000 Children2023 Rate per 1,000 Children Alabama 10.7 10.3 10.5 10.3 10.3 Alaska 17.0 17.8 15.3 14.6 13.8 Arizona 7.8 6.2 6.9 7.2 7.3 Arkansas 12.0 13.1 13.6 12.6 11.1 California 7.2 6.8 6.4 5.9 5.7 Colorado 9.7 9.2 9.0 8.0 8.1 Connecticut 11.1 8.6 7.6 6.9 7.2 Delaware 6.1 5.7 5.4 5.1 4.2 District of Columbia 14.5 12.4 13.1 12.5 10.0 Florida 7.8 6.6 6.4 5.6 5.2 Georgia 4.0 3.4 3.8 4.1 4.5 Hawaii 4.5 4.2 4.4 4.1 2.8 Idaho 4.2 4.3 4.9 4.3 4.3 Illinois 11.8 12.4 12.7 11.8 11.8 Indiana 14.7 14.1 13.5 12.1 11.5 Iowa 16.0 14.3 15.3 15.2 14.8 Kansas 4.2 3.3 3.0 2.7 2.6 Kentucky 20.0 16.3 14.6 12.1 14.2 Louisiana 7.7 6.2 5.9 7.0 8.4 Maine 17.7 18.6 16.7 15.1 15.0 Maryland 5.7 5.2 4.6 4.8 4.5 Massachusetts 18.5 16.2 16.6 16.3 16.2 Michigan 15.4 12.3 11.4 11.0 10.8 Minnesota 5.2 5.0 4.2 4.0 3.8 Mississippi 13.4 11.6 12.3 13.2 12.9 Missouri 3.5 3.2 3.1 2.8 3.2 Montana 16.3 16.1 13.1 11.5 11.2 Nebraska 5.9 4.9 5.1 4.2 4.6 Nevada 7.2 7.2 8.0 8.4 9.5 New Hampshire 4.8 4.6 3.8 4.1 5.1 New Jersey 2.6 1.8 1.6 1.6 1.5 New Mexico 16.8 14.8 12.7 12.6 12.6 New York 16.7 14.0 13.8 12.4 11.7 North Carolina 11.5 10.1 9.3 9.9 10.2 North Dakota 10.0 8.7 7.3 6.1 4.8 Ohio 9.9 9.0 9.3 8.7 8.0 Oklahoma 15.9 15.2 14.2 14.0 13.7 Oregon 15.7 13.2 12.3 12.4 13.0 Pennsylvania 1.8 1.7 1.7 1.9 1.7 Puerto Rico 8.3 6.3 8.7 8.3 8.9 Rhode Island 15.6 13.0 12.4 11.9 12.3 South Carolina 16.8 12.7 13.6 12.8 11.9 South Dakota 7.1 7.2 6.6 6.6 6.5 Tennessee 6.5 5.6 5.0 4.4 4.9 Texas 8.7 8.7 8.7 7.2 7.2 Utah 11.4 10.2 9.7 9.3 9.3 Vermont 7.4 4.5 3.3 5.8 5.8 Virginia 3.3 3.0 2.6 2.4 2.3 Washington 2.5 2.3 2.1 2.0 1.9 West Virginia 18.7 16.9 17.0 15.5 13.8 Wisconsin 3.6 3.2 3.3 3.2 3.0 Wyoming 8.2 7.4 6.7 6.3 5.9 National 9.2 8.3 8.1 7.6 7.4 Reporting States - - - - - ChApter 3: Children 40 Child Maltreatment 2023 Table 3–4 First-time Victims, 2023 State First-time Victims First-time Victims Rate per 1,000 Children Alabama 9,194 8.1 Alaska 1,544 8.8 Arizona 6,614 4.2 Arkansas 6,337 9.0 California 37,820 4.5 Colorado 6,753 5.6 Connecticut 3,746 5.2 Delaware 738 3.5 District of Columbia 823 6.5 Florida 10,231 2.3 Georgia 9,415 3.7 Hawaii 668 2.3 Idaho 1,685 3.6 Illinois 19,877 7.3 Indiana 13,066 8.2 Iowa 7,290 10.0 Kansas 1,610 2.3 Kentucky 9,129 9.0 Louisiana 7,025 6.6 Maine 1,963 7.9 Maryland 4,187 3.1 Massachusetts 12,161 9.1 Michigan 14,435 6.8 Minnesota 4,721 3.6 Mississippi 7,766 11.4 Missouri 3,814 2.8 Montana 2,138 9.1 Nebraska 1,795 3.7 Nevada 4,195 6.1 New Hampshire 983 3.9 New Jersey 2,393 1.2 New Mexico 3,894 8.6 New York 27,359 6.9 North Carolina 15,833 6.8 North Dakota 663 3.6 Ohio 14,894 5.8 Oklahoma 10,290 10.6 Oregon 6,887 8.3 Pennsylvania 4,164 1.6 Puerto Rico 4,092 8.2 Rhode Island 1,737 8.5 South Carolina 9,631 8.4 South Dakota 1,091 4.9 Tennessee 4,023 2.6 Texas 43,827 5.8 Utah 5,952 6.4 Vermont 539 4.7 Virginia 4,121 2.2 Washington 1,375 0.8 West Virginia 4,462 12.7 Wisconsin 3,075 2.5 Wyoming 578 4.5 National 382,603 5.2 Reporting States 52 - ChApter 3: Children 41 Child Maltreatment 2023 Table 3–5 Victims by Age, 2023 (continues next page) State <1 1 2 3 4 5 6 7 8 9 Alabama 2,013 743 725 662 680 625 554 551 530 495 Alaska 305 164 154 142 167 150 154 132 129 117 Arizona 2,627 691 664 648 593 603 570 547 544 456 Arkansas 1,776 408 417 368 377 423 385 351 323 270 California 7,168 3,016 2,683 2,656 2,629 2,598 2,623 2,486 2,374 2,280 Colorado 1,208 618 601 601 596 557 553 590 559 508 Connecticut 590 302 308 297 279 265 263 249 285 257 Delaware 92 43 44 49 49 53 46 40 45 55 District of Columbia 131 70 64 81 55 102 84 84 73 80 Florida 3,432 1,579 1,505 1,555 1,404 1,348 1,240 1,153 1,115 1,035 Georgia 1,714 643 653 643 621 710 685 638 587 564 Hawaii 153 40 45 37 39 45 50 34 42 51 Idaho 428 104 101 109 98 105 97 94 83 88 Illinois 3,846 2,305 2,221 2,127 2,111 1,935 2,003 1,859 1,709 1,606 Indiana 4,144 1,090 1,062 1,011 900 919 858 821 873 768 Iowa 1,693 698 707 644 656 635 605 567 580 504 Kansas 190 92 95 96 120 85 130 82 90 97 Kentucky 1,802 825 861 839 827 813 825 824 804 710 Louisiana 2,626 541 476 482 437 422 410 402 351 360 Maine 421 216 231 226 227 185 249 226 244 231 Maryland 438 328 325 305 335 325 334 310 289 295 Massachusetts 2,084 1,284 1,182 1,164 1,203 1,193 1,229 1,199 1,154 1,155 Michigan 2,502 1,516 1,446 1,443 1,422 1,347 1,365 1,265 1,179 1,152 Minnesota 666 301 295 298 272 296 261 266 253 241 Mississippi 1,240 411 476 451 463 452 492 436 427 426 Missouri 294 253 253 234 262 217 210 207 254 202 Montana 312 159 174 153 169 149 152 159 158 146 Nebraska 277 162 144 137 138 118 137 103 113 98 Nevada 894 467 415 386 420 391 380 387 339 283 New Hampshire 158 85 74 78 67 70 65 54 62 79 New Jersey 346 163 159 166 152 162 161 175 157 154 New Mexico 651 268 316 298 300 345 349 409 343 352 New York 4,193 2,662 2,613 2,642 2,605 2,582 2,784 2,685 2,555 2,481 North Carolina 2,982 1,448 1,441 1,428 1,309 1,315 1,376 1,347 1,238 1,214 North Dakota 190 63 74 58 55 50 42 40 44 39 Ohio 3,111 1,201 1,130 1,173 1,143 1,133 1,044 1,095 1,017 983 Oklahoma 2,005 948 864 870 834 745 736 724 696 638 Oregon 1,031 599 597 598 605 598 639 622 582 563 Pennsylvania 353 243 211 192 207 190 193 159 159 203 Puerto Rico 260 202 194 214 234 264 295 278 270 259 Rhode Island 332 188 186 158 134 144 143 149 134 134 South Carolina 1,877 888 886 829 766 774 796 710 683 635 South Dakota 243 94 99 107 98 85 71 81 74 67 Tennessee 1,895 353 342 308 336 341 295 318 299 286 Texas 10,203 4,392 4,134 4,017 3,803 3,442 2,834 2,564 2,411 2,180 Utah 657 381 403 442 402 455 461 456 460 410 Vermont 44 33 33 41 36 43 31 32 38 22 Virginia 559 285 249 250 246 234 223 238 200 185 Washington 293 235 234 229 184 184 190 184 161 144 West Virginia 655 250 268 270 289 277 310 275 248 250 Wisconsin 362 252 214 242 228 232 249 223 203 175 Wyoming 104 48 47 51 50 41 51 36 49 38 National 77,570 34,350 33,095 32,505 31,632 30,772 30,282 28,916 27,589 26,021 Reporting States 52 52 52 52 52 52 52 52 52 52Child Maltreatment 2023 ChApter 3: Children 42 Table 3–5 Victims by Age, 2023 (continues next page) State 10 11 12 13 14 15 16 17Unborn, Unknown, and 18–21 Total Victims Alabama 470 458 510 567 626 584 466 304 73 11,636 Alaska 124 107 125 121 103 82 68 68 12 2,424 Arizona 454 467 462 517 493 492 462 321 13 11,624 Arkansas 307 326 323 344 409 378 354 237 66 7,842 California 2,183 2,222 2,236 2,331 2,348 2,298 2,076 1,588 29 47,824 Colorado 477 464 458 482 515 469 356 247 9 9,868 Connecticut 273 265 293 286 266 298 245 174 32 5,227 Delaware 42 44 51 47 62 45 43 29 3 882 District of Columbia 87 69 65 67 54 46 40 14 3 1,269 Florida 949 1,001 973 1,060 1,031 957 842 594 69 22,842 Georgia 546 510 560 551 573 549 420 257 11 11,435 Hawaii 34 41 35 43 51 33 34 19 5 831 Idaho 89 78 85 103 103 115 74 62 1 2,017 Illinois 1,521 1,457 1,402 1,443 1,336 1,284 1,128 724 37 32,054 Indiana 802 775 790 824 794 793 633 384 26 18,267 Iowa 501 488 461 471 510 440 363 264 2 10,789 Kansas 93 99 93 100 98 103 91 48 5 1,807 Kentucky 733 686 665 764 769 688 638 398 13 14,484 Louisiana 323 319 339 337 378 316 301 134 17 8,971 Maine 211 162 207 188 174 164 112 63 4 3,741 Maryland 286 325 361 392 428 400 348 239 11 6,074 Massachusetts 1,114 1,094 1,163 1,242 1,176 1,249 1,034 769 22 21,710 Michigan 1,012 1,062 1,076 1,206 1,095 1,111 903 611 15 22,728 Minnesota 243 269 247 255 268 197 213 139 8 4,988 Mississippi 400 413 457 469 525 499 449 266 29 8,781 Missouri 206 219 221 304 313 341 252 176 1 4,419 Montana 118 145 124 117 120 112 78 61 22 2,628 Nebraska 101 102 97 102 122 107 84 52 34 2,228 Nevada 299 308 262 323 261 277 222 176 6 6,496 New Hampshire 62 58 77 65 72 45 65 34 6 1,276 New Jersey 141 149 185 151 151 154 130 79 16 2,951 New Mexico 302 289 278 278 259 245 185 144 59 5,670 New York 2,426 2,405 2,468 2,592 2,563 2,618 2,238 1,211 108 46,431 North Carolina 1,155 1,110 1,217 1,215 1,168 1,114 916 625 119 23,737 North Dakota 34 40 30 35 30 33 28 7 3 895 Ohio 946 942 1,054 1,011 1,105 1,011 884 565 50 20,598 Oklahoma 568 584 553 617 566 517 419 257 57 13,198 Oregon 597 535 509 585 617 564 497 383 52 10,773 Pennsylvania 211 250 272 302 351 385 298 224 52 4,455 Puerto Rico 259 261 265 296 267 272 224 111 21 4,446 Rhode Island 125 113 98 123 116 96 68 54 19 2,514 South Carolina 610 601 620 625 640 655 545 274 214 13,628 South Dakota 67 61 52 49 62 50 42 37 6 1,445 Tennessee 289 322 392 422 352 415 350 271 52 7,638 Texas 2,048 1,961 1,994 2,035 1,991 1,774 1,561 906 226 54,476 Utah 461 466 462 556 558 590 557 452 11 8,640 Vermont 38 26 29 31 60 60 33 28 2 660 Virginia 195 172 189 214 231 227 183 136 126 4,342 Washington 159 147 157 157 189 137 117 91 2 3,194 West Virginia 265 240 248 224 234 221 192 123 11 4,850 Wisconsin 168 169 169 203 179 188 139 89 10 3,694 Wyoming 30 34 41 32 38 27 26 19 - 762 National 25,154 24,910 25,500 26,874 26,800 25,825 22,026 14,538 1,800 546,159 Reporting States 52 52 52 52 52 52 52 52 51 52Child Maltreatment 2023 ChApter 3: Children 43 Table 3–5 Victims by Age, 2023 (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 34.9 13.0 12.5 11.2 11.2 10.2 8.9 8.8 8.5 Alaska 32.7 17.8 16.4 15.4 17.5 15.0 15.2 13.0 12.6 Arizona 33.4 9.1 8.5 8.1 7.2 7.1 6.5 6.1 6.1 Arkansas 49.4 11.6 11.6 10.0 10.0 11.0 9.8 8.9 8.3 California 16.9 7.4 6.3 6.1 5.9 5.6 5.5 5.2 4.9 Colorado 19.4 10.1 9.7 9.7 9.4 8.6 8.2 8.7 8.2 Connecticut 16.6 8.7 8.5 8.1 7.4 7.0 6.7 6.3 7.2 Delaware 8.4 4.1 4.1 4.5 4.4 4.7 4.0 3.4 3.9 District of Columbia 15.4 8.5 8.5 10.7 7.1 13.2 11.0 11.0 10.2 Florida 15.4 7.4 6.8 6.8 6.1 5.7 5.1 4.8 4.6 Georgia 13.7 5.2 5.2 5.0 4.7 5.3 4.9 4.5 4.2 Hawaii 9.7 2.6 2.9 2.3 2.4 2.7 2.9 2.0 2.4 Idaho 19.2 4.7 4.4 4.7 4.1 4.2 3.7 3.6 3.2 Illinois 29.8 17.6 16.1 15.1 14.5 13.1 13.1 12.1 11.3 Indiana 52.0 14.0 12.9 12.1 10.6 10.7 9.7 9.2 9.8 Iowa 46.0 19.4 18.8 17.0 16.8 16.0 14.8 13.8 14.2 Kansas 5.5 2.7 2.7 2.7 3.3 2.3 3.4 2.1 2.3 Kentucky 34.6 16.1 16.3 15.6 15.0 14.7 14.6 14.5 14.1 Louisiana 46.8 9.7 8.5 8.5 7.5 7.1 6.7 6.6 5.8 Maine 35.2 18.5 18.2 17.5 17.5 14.0 18.2 16.3 17.6 Maryland 6.4 4.9 4.6 4.2 4.6 4.4 4.4 4.1 3.8 Massachusetts 29.9 19.3 17.2 16.8 17.0 16.6 16.8 16.2 15.6 Michigan 24.1 14.7 13.2 13.1 12.6 11.7 11.6 10.6 9.9 Minnesota 10.3 4.8 4.4 4.4 3.9 4.1 3.6 3.6 3.4 Mississippi 36.1 11.9 13.7 12.7 12.8 12.5 13.4 11.8 11.5 Missouri 4.3 3.7 3.5 3.2 3.5 2.9 2.8 2.7 3.3 Montana 27.7 14.3 14.9 12.9 13.8 11.6 11.3 11.7 11.8 Nebraska 11.5 6.7 5.8 5.4 5.3 4.5 5.0 3.8 4.1 Nevada 26.8 13.8 11.8 10.7 11.5 10.5 9.8 9.9 8.8 New Hampshire 12.7 7.0 5.8 6.1 5.2 5.3 4.8 3.9 4.5 New Jersey 3.4 1.6 1.5 1.6 1.4 1.5 1.5 1.6 1.4 New Mexico 30.9 12.6 14.4 13.1 12.9 14.5 14.0 16.0 13.4 New York 19.7 13.2 12.3 12.2 11.8 11.7 12.4 11.9 11.4 North Carolina 24.6 12.3 12.1 11.8 10.7 10.6 10.8 10.5 9.7 North Dakota 19.4 6.4 7.4 5.8 5.4 4.7 3.9 3.7 4.2 Ohio 24.3 9.4 8.4 8.6 8.2 8.0 7.3 7.6 7.0 Oklahoma 42.1 19.9 17.6 17.4 16.3 14.2 13.6 13.3 12.7 Oregon 25.5 15.2 14.4 14.2 13.9 13.3 13.6 13.0 12.1 Pennsylvania 2.7 1.9 1.6 1.4 1.5 1.3 1.3 1.1 1.1 Puerto Rico 13.4 11.1 9.9 10.2 11.0 11.5 11.6 10.1 9.3 Rhode Island 32.0 18.8 17.6 14.6 12.1 12.9 12.4 13.1 11.9 South Carolina 32.8 15.7 15.4 14.3 12.8 12.8 12.8 11.3 10.9 South Dakota 21.3 8.4 8.4 9.0 8.1 6.9 5.7 6.5 5.9 Tennessee 23.2 4.4 4.2 3.7 4.0 4.0 3.4 3.7 3.5 Texas 26.6 11.8 10.9 10.4 9.6 8.4 6.7 6.0 5.7 Utah 14.2 8.4 8.5 9.3 8.3 9.1 8.9 8.7 8.7 Vermont 8.1 6.3 5.9 7.1 6.1 7.0 4.9 4.9 5.8 Virginia 5.8 3.0 2.5 2.5 2.4 2.3 2.1 2.3 1.9 Washington 3.5 2.8 2.7 2.6 2.1 2.0 2.0 1.9 1.7 West Virginia 38.6 14.6 15.1 15.2 15.8 14.9 16.2 14.0 12.4 Wisconsin 6.0 4.2 3.4 3.8 3.5 3.4 3.6 3.2 2.9 Wyoming 17.3 7.9 7.5 8.0 7.6 5.9 7.0 4.9 6.7 National 21.0 9.5 8.8 8.5 8.1 7.7 7.4 7.0 6.7 Reporting States - - - - - - - - -Child Maltreatment 2023 ChApter 3: Children 44 Table 3–5 Victims by Age, 2023 State9 Rate per 1,000 Children10 Rate per 1,000 Children11 Rate per 1,000 Children12 Rate per 1,000 Children13 Rate per 1,000 Children14 Rate per 1,000 Children15 Rate per 1,000 Children16 Rate per 1,000 Children17 Rate per 1,000 Children Alabama 8.0 7.6 7.3 7.9 8.6 9.1 8.5 7.0 4.6 Alaska 11.4 12.3 10.5 12.4 11.9 10.2 8.2 7.0 7.1 Arizona 5.1 5.1 5.2 5.0 5.4 5.0 4.9 4.7 3.3 Arkansas 7.0 7.9 8.3 8.0 8.3 9.5 8.8 8.4 5.7 California 4.7 4.5 4.5 4.5 4.6 4.5 4.4 4.0 3.1 Colorado 7.5 7.0 6.7 6.4 6.6 6.8 6.2 4.8 3.3 Connecticut 6.5 6.8 6.4 6.9 6.6 5.8 6.4 5.3 3.7 Delaware 4.7 3.5 3.7 4.2 3.8 4.8 3.5 3.4 2.4 District of Columbia 11.1 12.3 10.2 10.4 11.1 9.1 8.0 7.4 2.6 Florida 4.3 3.9 4.1 3.9 4.2 3.9 3.6 3.2 2.3 Georgia 4.0 3.9 3.5 3.8 3.6 3.6 3.5 2.7 1.7 Hawaii 2.9 2.0 2.4 2.1 2.6 3.1 2.0 2.2 1.2 Idaho 3.4 3.4 2.9 3.1 3.6 3.5 3.9 2.6 2.2 Illinois 10.6 9.9 9.4 8.8 8.8 7.8 7.5 6.7 4.3 Indiana 8.7 9.1 8.7 8.7 8.8 8.2 8.2 6.7 4.1 Iowa 12.4 12.5 12.1 11.0 10.8 11.3 9.8 8.2 6.1 Kansas 2.5 2.4 2.5 2.3 2.4 2.3 2.4 2.2 1.2 Kentucky 12.5 13.0 12.2 11.6 12.9 12.5 11.2 10.6 6.7 Louisiana 6.1 5.5 5.4 5.6 5.4 5.8 4.9 4.8 2.2 Maine 16.7 15.3 11.6 14.2 12.5 11.2 10.4 7.1 4.0 Maryland 3.9 3.8 4.2 4.6 4.9 5.2 4.9 4.3 3.0 Massachusetts 15.5 14.8 14.4 15.0 15.8 14.4 15.1 12.5 9.2 Michigan 9.7 8.6 8.9 8.8 9.7 8.4 8.5 7.0 4.7 Minnesota 3.3 3.3 3.7 3.3 3.3 3.4 2.5 2.7 1.8 Mississippi 11.6 10.7 10.9 11.7 11.4 12.0 11.3 10.7 6.5 Missouri 2.6 2.7 2.8 2.8 3.8 3.7 4.1 3.1 2.2 Montana 10.9 8.8 10.8 9.1 8.3 8.2 7.7 5.5 4.4 Nebraska 3.6 3.8 3.8 3.5 3.6 4.2 3.7 3.0 1.9 Nevada 7.3 7.7 7.8 6.5 7.9 6.1 6.5 5.4 4.4 New Hampshire 5.6 4.4 4.0 5.2 4.3 4.5 2.8 4.0 2.1 New Jersey 1.4 1.3 1.3 1.6 1.3 1.2 1.3 1.1 0.7 New Mexico 13.5 11.6 10.9 10.1 9.8 8.8 8.4 6.5 5.1 New York 11.1 10.8 10.6 10.9 11.4 10.9 11.2 9.6 5.2 North Carolina 9.5 9.0 8.6 9.1 8.8 8.2 7.8 6.5 4.5 North Dakota 3.7 3.3 4.0 3.0 3.4 2.9 3.2 2.8 0.7 Ohio 6.8 6.6 6.6 7.2 6.7 7.1 6.5 5.7 3.7 Oklahoma 11.6 10.4 10.7 10.0 10.9 9.7 8.9 7.4 4.6 Oregon 11.8 12.4 11.0 10.2 11.5 11.7 10.8 9.7 7.6 Pennsylvania 1.4 1.4 1.7 1.8 1.9 2.2 2.4 1.9 1.4 Puerto Rico 8.5 8.1 8.0 7.7 8.4 7.5 7.4 5.9 2.9 Rhode Island 11.9 11.1 9.9 8.5 10.4 9.4 7.7 5.4 4.2 South Carolina 10.2 9.7 9.5 9.4 9.1 9.1 9.3 8.0 4.1 South Dakota 5.4 5.4 4.9 4.1 3.8 4.7 3.9 3.3 3.0 Tennessee 3.3 3.4 3.7 4.4 4.6 3.7 4.4 3.8 3.0 Texas 5.2 4.9 4.6 4.6 4.6 4.4 3.9 3.5 2.1 Utah 7.8 8.8 8.7 8.3 9.8 9.5 10.1 9.8 8.1 Vermont 3.4 5.7 3.9 4.3 4.5 8.2 8.2 4.5 3.8 Virginia 1.8 1.9 1.6 1.8 2.0 2.0 2.0 1.6 1.2 Washington 1.5 1.7 1.6 1.6 1.6 1.9 1.4 1.2 1.0 West Virginia 12.4 13.2 11.9 12.0 10.6 10.6 10.0 8.9 5.7 Wisconsin 2.5 2.4 2.4 2.3 2.7 2.3 2.4 1.8 1.2 Wyoming 5.1 4.1 4.5 5.2 3.9 4.6 3.2 3.2 2.4 National 6.3 6.1 6.0 6.0 6.2 6.0 5.8 5.0 3.3 Reporting States - - - - - - - - -Child Maltreatment 2023 ChApter 3: Children 45 Table 3–6 Victims by Sex, 2023 State Boy Girl Unknown Total VictimsBoy Rate per 1,000 Children Girl Rate per 1,000 Children Alabama 5,333 6,290 13 11,636 9.2 11.4 Alaska 1,182 1,229 13 2,424 13.1 14.4 Arizona 5,576 5,886 162 11,624 6.9 7.6 Arkansas 3,513 4,323 6 7,842 9.7 12.6 California 22,896 24,834 94 47,824 5.3 6.0 Colorado 4,721 5,146 1 9,868 7.6 8.7 Connecticut 2,431 2,760 36 5,227 6.6 7.8 Delaware 375 507 - 882 3.5 4.9 District of Columbia 608 659 2 1,269 9.5 10.6 Florida 10,859 11,850 133 22,842 4.8 5.5 Georgia 5,516 5,906 13 11,435 4.3 4.7 Hawaii 376 444 11 831 2.5 3.1 Idaho 964 1,053 - 2,017 4.0 4.6 Illinois 15,774 16,182 98 32,054 11.4 12.2 Indiana 8,750 9,504 13 18,267 10.7 12.3 Iowa 5,338 5,443 8 10,789 14.3 15.3 Kansas 798 1,006 3 1,807 2.2 3.0 Kentucky 7,142 7,248 94 14,484 13.7 14.6 Louisiana 4,309 4,629 33 8,971 7.9 8.9 Maine 1,890 1,847 4 3,741 14.7 15.3 Maryland 2,529 3,519 26 6,074 3.6 5.3 Massachusetts 10,315 10,900 495 21,710 15.0 16.7 Michigan 11,192 11,516 20 22,728 10.3 11.2 Minnesota 2,314 2,674 - 4,988 3.5 4.2 Mississippi 4,096 4,660 25 8,781 11.8 14.0 Missouri 1,815 2,604 - 4,419 2.6 3.9 Montana 1,277 1,347 4 2,628 10.5 11.8 Nebraska 1,037 1,186 5 2,228 4.2 5.1 Nevada 3,265 3,231 - 6,496 9.3 9.6 New Hampshire 623 653 - 1,276 4.8 5.3 New Jersey 1,402 1,541 8 2,951 1.4 1.6 New Mexico 2,768 2,868 34 5,670 12.0 13.0 New York 22,718 23,684 29 46,431 11.2 12.3 North Carolina 11,687 12,030 20 23,737 9.8 10.5 North Dakota 451 444 - 895 4.8 4.9 Ohio 9,540 11,001 57 20,598 7.2 8.7 Oklahoma 6,545 6,653 - 13,198 13.2 14.1 Oregon 4,996 5,741 36 10,773 11.7 14.2 Pennsylvania 1,676 2,779 - 4,455 1.2 2.2 Puerto Rico 2,174 2,271 1 4,446 8.6 9.3 Rhode Island 1,248 1,260 6 2,514 12.0 12.6 South Carolina 6,612 6,956 60 13,628 11.3 12.4 South Dakota 706 736 3 1,445 6.2 6.8 Tennessee 2,971 4,617 50 7,638 3.7 6.0 Texas 25,625 28,561 290 54,476 6.6 7.7 Utah 4,046 4,594 - 8,640 8.4 10.1 Vermont 276 384 - 660 4.7 6.9 Virginia 1,986 2,355 1 4,342 2.1 2.6 Washington 1,429 1,758 7 3,194 1.7 2.2 West Virginia 2,438 2,391 21 4,850 13.5 13.9 Wisconsin 1,665 2,010 19 3,694 2.6 3.3 Wyoming 371 391 - 762 5.6 6.2 National 260,144 284,061 1,954 546,159 6.9 7.9 Reporting States 52 52 40 52 - -Child Maltreatment 2023 ChApter 3: Children 46 Table 3–7 Victims by Race or Ethnicity, 2023 (continues next page) State American Indian or Alaska Native Asian Black or African- American HispanicNative Hawaiian or Other Pacific Islander Two or More Races White Unknown Total Victims Alabama 17 24 3,665 690 0 308 6,805 127 11,636 Alaska 1,303 6 32 80 56 355 458 134 2,424 Arizona 628 35 1,180 4,064 25 465 3,653 1,574 11,624 Arkansas 13 15 1,598 660 54 660 4,710 132 7,842 California 412 1,093 6,160 27,842 159 1,134 8,753 2,271 47,824 Colorado 64 85 1,195 4,068 52 442 3,555 407 9,868 Connecticut 8 33 1,127 1,840 1 298 1,770 150 5,227 Delaware 2 7 436 134 2 19 282 0 882 District of Columbia 0 3 927 103 0 4 10 222 1,269 Florida 20 77 7,064 3,811 8 1,389 9,469 1,004 22,842 Georgia 10 48 4,787 919 6 737 4,713 215 11,435 Hawaii 3 63 23 22 172 372 114 62 831 Idaho 42 1 24 260 4 61 1,009 616 2,017 Illinois 18 336 9,927 6,303 15 1,128 14,057 270 32,054 Indiana 10 90 3,167 1,869 13 1,508 11,567 43 18,267 Iowa 124 69 1,621 1,301 75 351 7,205 43 10,789 Kansas 7 12 207 274 1 158 1,114 34 1,807 Kentucky 5 35 1,406 729 8 926 10,785 590 14,484 Louisiana 28 18 4,320 346 6 275 3,687 291 8,971 Maine 42 12 72 127 1 147 2,780 560 3,741 Maryland 4 63 2,202 848 1 320 1,563 1,073 6,074 Massachusetts 44 312 2,747 7,192 4 1,398 7,645 2,368 21,710 Michigan 83 64 7,640 1,806 5 2,213 10,896 21 22,728 Minnesota 454 123 638 771 3 1,055 1,753 191 4,988 Mississippi 5 10 3,841 295 4 305 4,028 293 8,781 Missouri 15 11 482 374 11 79 3,070 377 4,419 Montana 399 4 29 163 5 179 1,818 31 2,628 Nebraska 125 24 245 485 2 158 1,029 160 2,228 Nevada 50 74 1,812 2,005 59 459 1,587 450 6,496 New Hampshire 1 6 32 109 2 55 957 114 1,276 New Jersey 3 43 846 1,048 3 99 832 77 2,951 New Mexico 514 13 162 2,982 1 110 934 954 5,670 New York 169 1,199 11,943 14,681 22 2,442 15,669 306 46,431 North Carolina 586 155 8,478 3,007 22 1,283 9,533 673 23,737 North Dakota 209 7 83 73 1 59 374 89 895 Ohio 8 40 5,187 1,474 7 2,295 11,431 156 20,598 Oklahoma 896 43 1,415 2,392 35 3,528 4,836 53 13,198 Oregon 216 75 363 1,330 69 387 5,548 2,785 10,773 Pennsylvania 5 42 904 737 1 281 2,296 189 4,455 Puerto Rico - - - - - - - - - Rhode Island 14 21 329 810 4 228 1,065 43 2,514 South Carolina 15 28 5,214 805 10 515 5,798 1,243 13,628 South Dakota 626 8 52 116 2 218 370 53 1,445 Tennessee 6 14 1,742 626 13 293 4,664 280 7,638 Texas 63 347 12,030 25,290 51 2,184 13,605 906 54,476 Utah 150 50 280 2,312 202 264 5,235 147 8,640 Vermont 1 8 9 7 0 5 540 90 660 Virginia 1 42 1,015 657 6 322 2,062 237 4,342 Washington 105 41 199 687 63 441 1,423 235 3,194 West Virginia 1 5 180 64 1 336 4,175 88 4,850 Wisconsin 158 58 842 494 3 200 1,868 71 3,694 Wyoming 31 0 19 105 0 10 565 32 762 National 7,713 4,992 119,898 129,187 1,270 32,458 223,665 22,530 541,713 Reporting States 51 51 51 51 51 51 51 51 51Child Maltreatment 2023 ChApter 3: Children 47 Table 3–7 Victims by Race or Ethnicity, 2023 StateAmerican Indian or Alaska Native Rate per 1,000 ChildrenAsian Rate per 1,000 ChildrenBlack or African- American Rate per 1,000 ChildrenHispanic Rate per 1,000 ChildrenNative Hawaiian or Other Pacific Islander Rate per 1,000 ChildrenTwo or More Races Rate per 1,000 ChildrenWhite Rate per 1,000 Children Alabama 4.4 1.5 11.4 6.2 - 7.1 10.7 Alaska 41.1 0.6 6.3 4.3 12.8 14.5 5.6 Arizona 8.9 0.7 13.4 5.9 7.7 6.4 6.1 Arkansas 2.6 1.1 13.0 6.6 10.3 22.0 11.0 California 13.9 1.0 14.6 6.4 5.3 2.4 4.3 Colorado 10.0 1.9 21.3 10.1 20.7 7.3 5.5 Connecticut 4.1 0.8 13.0 9.1 2.5 10.0 4.9 Delaware 4.4 0.8 7.9 3.4 25.6 1.5 3.0 District of Columbia - 0.9 14.4 4.5 - 0.7 0.3 Florida 2.2 0.6 8.3 2.7 2.5 7.8 5.3 Georgia 2.3 0.4 5.6 2.2 2.6 6.8 4.5 Hawaii 6.3 1.0 4.5 0.4 5.3 3.8 2.8 Idaho 10.0 0.2 5.4 2.8 4.5 3.4 3.0 Illinois 4.8 2.2 24.0 9.2 19.9 10.9 10.5 Indiana 4.1 1.9 16.9 9.0 16.8 20.9 10.8 Iowa 50.1 3.5 36.5 15.1 24.8 11.2 13.3 Kansas 1.7 0.6 4.9 2.0 1.0 4.1 2.5 Kentucky 4.0 1.8 14.7 8.8 6.8 19.5 14.0 Louisiana 4.7 1.0 11.4 3.2 16.7 7.5 7.1 Maine 23.2 3.5 7.7 13.7 9.1 14.3 12.9 Maryland 1.6 0.7 5.4 3.2 1.8 4.3 3.0 Massachusetts 18.9 2.9 21.5 25.5 5.4 23.5 10.0 Michigan 7.4 0.8 22.3 9.3 8.1 20.1 7.9 Minnesota 26.0 1.4 4.3 5.9 2.6 15.1 2.1 Mississippi 1.3 1.4 13.8 7.4 16.8 15.4 12.2 Missouri 3.2 0.4 2.6 3.3 3.3 1.1 3.2 Montana 19.5 2.0 19.4 9.0 21.0 15.6 10.0 Nebraska 26.3 1.7 8.3 5.0 4.9 7.5 3.3 Nevada 10.4 1.6 22.7 7.1 10.6 8.7 7.4 New Hampshire 2.6 0.7 5.9 5.3 24.1 6.3 4.6 New Jersey 0.9 0.2 3.1 1.8 3.2 1.5 1.0 New Mexico 11.4 2.1 18.4 10.9 4.1 8.5 8.8 New York 14.0 3.4 20.7 14.6 10.1 15.4 8.5 North Carolina 24.0 1.7 16.4 6.8 11.9 11.3 8.3 North Dakota 16.9 2.2 8.9 4.9 2.9 6.5 2.8 Ohio 2.3 0.5 12.9 7.6 4.4 16.6 6.5 Oklahoma 10.1 1.9 18.7 12.2 11.9 34.7 10.1 Oregon 26.6 2.0 17.8 6.6 15.4 6.8 11.1 Pennsylvania 1.5 0.4 2.7 1.9 1.0 2.4 1.4 Puerto Rico - - - - - - - Rhode Island 15.4 2.8 21.6 13.3 29.6 22.4 9.8 South Carolina 4.8 1.3 16.3 5.9 11.0 9.9 9.5 South Dakota 24.9 2.0 6.7 6.1 6.3 19.4 2.4 Tennessee 2.0 0.4 6.1 3.1 12.3 4.4 4.7 Texas 3.6 0.9 12.4 6.9 7.0 9.5 5.9 Utah 20.5 2.6 23.7 12.1 18.1 6.8 8.0 Vermont 3.9 3.1 3.8 1.7 0.0 1.1 5.4 Virginia 0.3 0.3 2.7 2.2 5.0 2.7 2.2 Washington 5.5 0.3 2.7 1.7 4.0 3.0 1.7 West Virginia 2.2 1.8 13.7 5.5 14.5 20.3 13.6 Wisconsin 12.7 1.1 7.6 2.9 5.1 3.6 2.2 Wyoming 9.1 0.0 15.9 5.0 0.0 2.1 5.8 National 13.8 1.2 11.9 6.7 8.0 9.2 6.3 Reporting States - - - - - - -Child Maltreatment 2023 ChApter 3: Children 48 Table 3–8 Duplicate Victims by Maltreatment Type, 2023 (continues next page) StateMedical Neglect only Neglect only Other onlyPhysical Abuse onlyPsychological Maltreatment onlySexual Abuse onlySex Trafficking only Unknown onlyMultiple MaltreatmentsTotal Duplicate Victims Alabama 40 3,698 - 5,041 7 1,613 6 - 1,530 11,935 Alaska 79 1,244 - 138 287 129 - - 793 2,670 Arizona 5 10,672 - 974 6 520 1 - 1,093 13,271 Arkansas - 4,941 80 916 68 1,492 2 - 712 8,211 California 13 40,431 130 1,637 1,478 2,136 48 - 4,653 50,526 Colorado 79 8,405 - 718 115 794 - 23 505 10,639 Connecticut 73 3,426 - 135 304 223 - - 1,417 5,578 Delaware 5 190 109 155 173 148 - - 111 891 District of Columbia - 1,117 - 110 - 26 5 - 78 1,336 Florida 491 10,191 5,455 1,379 97 1,917 - - 4,330 23,860 Georgia 235 7,545 2 1,315 1,175 500 10 - 1,042 11,824 Hawaii 1 24 620 15 - 29 8 - 186 883 Idaho 9 1,489 3 334 - 152 - - 89 2,076 Illinois 550 26,633 11 3,697 49 3,130 - - 2,287 36,357 Indiana - 15,731 - 801 - 1,904 11 - 767 19,214 Iowa 71 10,853 - 882 69 523 14 - 388 12,800 Kansas 27 805 - 393 198 346 6 - 114 1,889 Kentucky 264 8,540 5 3,104 1,494 1,005 10 - 2,155 16,577 Louisiana - 7,981 2 622 12 357 - - 485 9,459 Maine - 1,871 - 411 759 159 - - 866 4,066 Maryland - 3,486 - 1,090 1 1,614 - - 372 6,563 Massachusetts - 21,088 3 884 - 431 302 - 1,268 23,976 Michigan 361 17,436 - 3,112 88 968 5 - 2,075 24,045 Minnesota - 2,968 - 382 40 1,340 4 - 485 5,219 Mississippi 209 5,499 3 821 700 837 11 - 1,380 9,460 Missouri 15 1,537 - 633 116 1,032 7 - 1,175 4,515 Montana 2 2,435 2 62 9 42 1 - 231 2,784 Nebraska - 1,748 - 239 8 226 5 - 112 2,338 Nevada 35 5,707 - 463 3 249 5 - 485 6,947 New Hampshire 6 856 - 42 117 58 9 - 229 1,317 New Jersey 31 2,099 - 359 8 432 - - 136 3,065 New Mexico 96 4,090 - 394 557 74 - - 1,462 6,673 New York 224 42,854 221 345 34 342 2 - 9,226 53,248 North Carolina 554 16,624 159 2,369 3,593 1,493 1 283 399 25,475 North Dakota 6 754 - 55 29 24 - - 41 909 Ohio 230 7,911 - 7,384 562 3,442 - - 2,970 22,499 Oklahoma 112 7,046 - 928 2,376 370 3 - 3,024 13,859 Oregon - 2,394 5,365 790 98 899 - - 2,084 11,630 Pennsylvania 123 482 9 1,960 44 1,799 24 - 218 4,659 Puerto Rico 110 1,773 10 199 968 112 - - 2,073 5,245 Rhode Island 6 1,145 63 258 792 84 1 - 271 2,620 South Carolina 134 6,645 - 4,964 328 479 81 - 2,070 14,701 South Dakota - 1,267 - 91 1 61 - - 131 1,551 Tennessee 16 817 - 3,314 57 2,215 178 - 1,171 7,768 Texas 434 42,813 1 3,831 96 5,226 13 1 3,943 56,358 Utah 16 1,409 48 2,201 2,463 1,356 3 - 1,583 9,079 Vermont 9 4 - 451 1 270 1 - 26 762 Virginia 55 2,524 - 815 43 627 2 - 412 4,478 Washington - 2,640 - 576 - 331 20 - 305 3,872 West Virginia 54 1,024 152 414 1,306 96 1 - 2,162 5,209 Wisconsin - 2,407 - 475 9 686 - - 266 3,843 Wyoming 2 473 - 7 157 37 - - 110 786 National 4,782 377,742 12,453 62,685 20,895 44,355 800 307 65,496 589,515 Reporting States 39 52 22 52 46 52 33 3 52 52 ChApter 3: Children 49 Child Maltreatment 2023 Table 3–8 Duplicate Victims by Maltreatment Type, 2023 StateMedical Neglect only Neglect only Other onlyPhysical Abuse onlyPsychological Maltreatment onlySexual Abuse onlySex Trafficking only Unknown onlyMultiple Maltreatments Alabama 0.3 31.0 - 42.2 0.1 13.5 0.1 - 12.8 Alaska 3.0 46.6 - 5.2 10.7 4.8 - - 29.7 Arizona 0.0 80.4 - 7.3 0.0 3.9 0.0 - 8.2 Arkansas - 60.2 1.0 11.2 0.8 18.2 0.0 - 8.7 California 0.0 80.0 0.3 3.2 2.9 4.2 0.1 - 9.2 Colorado 0.7 79.0 - 6.7 1.1 7.5 - 0.2 4.7 Connecticut 1.3 61.4 - 2.4 5.4 4.0 - - 25.4 Delaware 0.6 21.3 12.2 17.4 19.4 16.6 - - 12.5 District of Columbia - 83.6 - 8.2 - 1.9 0.4 - 5.8 Florida 2.1 42.7 22.9 5.8 0.4 8.0 - - 18.1 Georgia 2.0 63.8 0.0 11.1 9.9 4.2 0.1 - 8.8 Hawaii 0.1 2.7 70.2 1.7 - 3.3 0.9 - 21.1 Idaho 0.4 71.7 0.1 16.1 - 7.3 - - 4.3 Illinois 1.5 73.3 0.0 10.2 0.1 8.6 - - 6.3 Indiana - 81.9 - 4.2 - 9.9 0.1 - 4.0 Iowa 0.6 84.8 - 6.9 0.5 4.1 0.1 - 3.0 Kansas 1.4 42.6 - 20.8 10.5 18.3 0.3 - 6.0 Kentucky 1.6 51.5 0.0 18.7 9.0 6.1 0.1 - 13.0 Louisiana - 84.4 0.0 6.6 0.1 3.8 - - 5.1 Maine - 46.0 - 10.1 18.7 3.9 - - 21.3 Maryland - 53.1 - 16.6 0.0 24.6 - - 5.7 Massachusetts - 88.0 0.0 3.7 - 1.8 1.3 - 5.3 Michigan 1.5 72.5 - 12.9 0.4 4.0 0.0 - 8.6 Minnesota - 56.9 - 7.3 0.8 25.7 0.1 - 9.3 Mississippi 2.2 58.1 0.0 8.7 7.4 8.8 0.1 - 14.6 Missouri 0.3 34.0 - 14.0 2.6 22.9 0.2 - 26.0 Montana 0.1 87.5 0.1 2.2 0.3 1.5 0.0 - 8.3 Nebraska - 74.8 - 10.2 0.3 9.7 0.2 - 4.8 Nevada 0.5 82.2 - 6.7 0.0 3.6 0.1 - 7.0 New Hampshire 0.5 65.0 - 3.2 8.9 4.4 0.7 - 17.4 New Jersey 1.0 68.5 - 11.7 0.3 14.1 - - 4.4 New Mexico 1.4 61.3 - 5.9 8.3 1.1 - - 21.9 New York 0.4 80.5 0.4 0.6 0.1 0.6 0.0 - 17.3 North Carolina 2.2 65.3 0.6 9.3 14.1 5.9 0.0 1.1 1.6 North Dakota 0.7 82.9 - 6.1 3.2 2.6 - - 4.5 Ohio 1.0 35.2 - 32.8 2.5 15.3 - - 13.2 Oklahoma 0.8 50.8 - 6.7 17.1 2.7 0.0 - 21.8 Oregon - 20.6 46.1 6.8 0.8 7.7 - - 17.9 Pennsylvania 2.6 10.3 0.2 42.1 0.9 38.6 0.5 - 4.7 Puerto Rico 2.1 33.8 0.2 3.8 18.5 2.1 - - 39.5 Rhode Island 0.2 43.7 2.4 9.8 30.2 3.2 0.0 - 10.3 South Carolina 0.9 45.2 - 33.8 2.2 3.3 0.6 - 14.1 South Dakota - 81.7 - 5.9 0.1 3.9 - - 8.4 Tennessee 0.2 10.5 - 42.7 0.7 28.5 2.3 - 15.1 Texas 0.8 76.0 0.0 6.8 0.2 9.3 0.0 0.0 7.0 Utah 0.2 15.5 0.5 24.2 27.1 14.9 0.0 - 17.4 Vermont 1.2 0.5 - 59.2 0.1 35.4 0.1 - 3.4 Virginia 1.2 56.4 - 18.2 1.0 14.0 0.0 - 9.2 Washington - 68.2 - 14.9 0.0 8.5 0.5 - 7.9 West Virginia 1.0 19.7 2.9 7.9 25.1 1.8 0.0 - 41.5 Wisconsin - 62.6 - 12.4 0.2 17.9 - - 6.9 Wyoming 0.3 60.2 - 0.9 20.0 4.7 - - 14.0 National 0.8 64.1 2.1 10.6 3.5 7.5 0.1 0.1 11.1 Reporting States - - - - - - - - - ChApter 3: Children 50 Child Maltreatment 2023 Table 3–9 Victims by Relationship to Their Perpetrators, 2023 Perpetrator VictimsReported RelationshipsReported Relationships Percent PARENT - - - Father Only - 125,493 24.6 Father and Nonparent - 5,416 1.1 Mother Only - 189,635 37.2 Mother and Nonparent - 27,898 5.5 Two Parents of Known Sex - 99,051 19.4 Three Parents of Known Sex - 758 0.1 Two Parents of Known Sex and Nonparent - 4,156 0.8 One or More Parents of Unknown Sex - 1,280 0.3 Total Parents - 453,687 89.0 NONPARENT - - - Child Daycare Provider(s) - 2,048 0.4 Foster Parent(s) - 1,792 0.4 Friend(s) and Neighbor(s) - 3,739 0.7 Group Home and Residential Facility Staff - 1,029 0.2 Legal Guardian(s) - 1,650 0.3 Other Professional(s) - 1,763 0.3 Relative(s) - 28,073 5.5 Unmarried Partner(s) of Parent - 17,787 3.5 Other(s) - 16,604 3.3 More Than One Nonparental Perpetrator - 2,229 0.4 Total Nonparents - 76,714 15.1 Total Unknown - 20,114 3.9 National 509,710 550,515 108.0 Based on data from 49 states. ChApter 3: Children 51 Child Maltreatment 2023 Table 3–10 Victims With Selected Caregiver Risk Factors, 2023 (continues next page) StateVictims in Reporting States Alcohol Abuse Alcohol Abuse PercentVictims in Reporting StatesDomestic Violence Domestic Violence Percent Alabama 11,636 752 6.5 - - - Alaska 2,424 1,376 56.8 2,424 1,114 46.0 Arizona 11,624 1,574 13.5 11,624 4,193 36.1 Arkansas - - - 7,842 927 11.8 California 47,824 11,112 23.2 47,824 11,478 24.0 Colorado - - - - - - Connecticut - - - - - - Delaware 882 169 19.2 882 297 33.7 District of Columbia 1,269 361 28.4 1,269 256 20.2 Florida - - - 22,842 8,419 36.9 Georgia - - - 11,435 311 2.7 Hawaii - - - 831 283 34.1 Idaho 2,017 218 10.8 - - - Illinois - - - - - - Indiana 18,267 786 4.3 18,267 1,943 10.6 Iowa - - - - - - Kansas - - - - - - Kentucky 14,484 2,110 14.6 14,484 2,201 15.2 Louisiana - - - - - - Maine 3,741 535 14.3 3,741 799 21.4 Maryland 6,074 199 3.3 6,074 264 4.3 Massachusetts 21,710 9,743 44.9 21,710 10,085 46.5 Michigan - - - 22,728 1,177 5.2 Minnesota 4,988 455 9.1 4,988 1,207 24.2 Mississippi 8,781 456 5.2 8,781 998 11.4 Missouri 4,419 434 9.8 4,419 373 8.4 Montana 2,628 152 5.8 2,628 91 3.5 Nebraska 2,228 367 16.5 2,228 89 4.0 Nevada 6,496 1,938 29.8 6,496 1,307 20.1 New Hampshire 1,276 120 9.4 1,276 591 46.3 New Jersey 2,951 390 13.2 2,951 705 23.9 New Mexico 5,670 951 16.8 - - - New York 46,431 8,490 18.3 46,431 12,067 26.0 North Carolina 23,737 1,443 6.1 23,737 3,757 15.8 North Dakota - - - - - - Ohio - - - 20,598 4,969 24.1 Oklahoma 13,198 2,571 19.5 13,198 5,111 38.7 Oregon 10,773 5,068 47.0 10,773 4,467 41.5 Pennsylvania - - - - - - Puerto Rico 4,446 616 13.9 4,446 1,345 30.3 Rhode Island 2,514 266 10.6 2,514 1,209 48.1 South Carolina - - - - - - South Dakota 1,445 615 42.6 1,445 446 30.9 Tennessee - - - - - - Texas 54,476 2,508 4.6 54,476 20,208 37.1 Utah 8,640 1,025 11.9 8,640 2,615 30.3 Vermont - - - - - - Virginia - - - 4,342 818 18.8 Washington 3,194 860 26.9 3,194 574 18.0 West Virginia 4,850 336 6.9 4,850 872 18.0 Wisconsin 3,694 83 2.2 3,694 403 10.9 Wyoming 762 163 21.4 762 143 18.8 National 359,549 58,242 16.2 430,844 108,112 25.1 Reporting States 34 34 - 38 38 - ChApter 3: Children 52 Child Maltreatment 2023 Table 3–10 Victims With Selected Caregiver Risk Factors, 2023 StateVictims in Reporting States Drug Abuse Drug Abuse PercentVictims in Reporting States Inadequate Housing Inadequate Housing Percent Alabama 11,636 6,073 52.2 11,636 795 6.8 Alaska 2,424 819 33.8 2,424 178 7.3 Arizona 11,624 3,950 34.0 11,624 2,642 22.7 Arkansas - - - 7,842 328 4.2 California 47,824 14,280 29.9 47,824 2,044 4.3 Colorado - - - - - - Connecticut - - - 5,227 133 2.5 Delaware 882 251 28.5 882 155 17.6 District of Columbia 1,269 361 28.4 1,269 144 11.3 Florida 22,842 524 2.3 22,842 2,060 9.0 Georgia 11,435 491 4.3 - - - Hawaii 831 80 9.6 831 50 6.0 Idaho 2,017 704 34.9 2,017 270 13.4 Illinois - - - - - - Indiana 18,267 3,016 16.5 18,267 1,533 8.4 Iowa - - - 10,789 346 3.2 Kansas - - - - - - Kentucky 14,484 5,665 39.1 14,484 778 5.4 Louisiana - - - - - - Maine 3,741 780 20.9 3,741 178 4.8 Maryland 6,074 356 5.9 6,074 370 6.1 Massachusetts 21,710 9,743 44.9 21,710 1,429 6.6 Michigan - - - - - - Minnesota 4,988 892 17.9 4,988 572 11.5 Mississippi 8,781 3,026 34.5 8,781 1,546 17.6 Missouri 4,419 863 19.5 4,419 783 17.7 Montana 2,628 442 16.8 - - - Nebraska 2,228 618 27.7 - - - Nevada 6,496 1,917 29.5 6,496 498 7.7 New Hampshire 1,276 402 31.5 1,276 109 8.5 New Jersey 2,951 611 20.7 2,951 292 9.9 New Mexico 5,670 1,550 27.3 5,670 209 3.7 New York 46,431 7,761 16.7 - - - North Carolina 23,737 4,172 17.6 23,737 1,393 5.9 North Dakota - - - - - - Ohio 20,598 10,383 50.4 20,598 2,839 13.8 Oklahoma 13,198 4,868 36.9 13,198 547 4.1 Oregon 10,773 5,105 47.4 10,773 937 8.7 Pennsylvania 4,455 88 2.0 - - - Puerto Rico 4,446 681 15.3 4,446 494 11.1 Rhode Island 2,514 298 11.9 - - - South Carolina - - - 13,628 1,784 13.1 South Dakota 1,445 599 41.5 1,445 347 24.0 Tennessee 7,638 898 11.8 7,638 151 2.0 Texas 54,476 9,029 16.6 54,476 2,508 4.6 Utah 8,640 1,822 21.1 8,640 504 5.8 Vermont - - - - - - Virginia - - - - - - Washington 3,194 1,485 46.5 3,194 498 15.6 West Virginia 4,850 1,510 31.1 4,850 146 3.0 Wisconsin 3,694 161 4.4 3,694 172 4.7 Wyoming 762 320 42.0 762 112 14.7 National 427,348 106,594 24.9 395,143 29,874 7.6 Reporting States 40 40 - 38 38 - ChApter 3: Children 53 Child Maltreatment 2023 Table 3–11 Infants With Prenatal Substance Exposure (IPSE) by Submission Type, 2023 State Screened-in IPSE Screened-out IPSE Total IPSE Alabama 507 5 512 Alaska 73 96 169 Arizona 472 117 589 Arkansas 1,796 1 1,797 California 2,454 520 2,974 Colorado 18 639 657 Connecticut - 58 58 Delaware 235 25 260 District of Columbia 91 - 91 Florida - 32 32 Georgia 1,928 877 2,805 Hawaii - - - Idaho 192 6 198 Illinois 529 - 529 Indiana 548 67 615 Iowa 36 4 40 Kansas 43 35 78 Kentucky 323 66 389 Louisiana 2,108 32 2,140 Maine - 456 456 Maryland - 1,815 1,815 Massachusetts 1,120 166 1,286 Michigan 6,048 1,455 7,503 Minnesota 1,183 248 1,431 Mississippi 63 112 175 Missouri 13 933 946 Montana 25 - 25 Nebraska 131 18 149 Nevada 536 1,027 1,563 New Hampshire 118 - 118 New Jersey 364 - 364 New Mexico 145 513 658 New York 215 - 215 North Carolina 1,455 519 1,974 North Dakota - - - Ohio 4,721 1,807 6,528 Oklahoma 2,209 22 2,231 Oregon 13 - 13 Pennsylvania - - - Puerto Rico 22 - 22 Rhode Island 68 3 71 South Carolina 493 143 636 South Dakota 33 77 110 Tennessee 115 - 115 Texas 1,053 2 1,055 Utah 131 - 131 Vermont - 143 143 Virginia 13 79 92 Washington 294 39 333 West Virginia 286 - 286 Wisconsin - 42 42 Wyoming 10 24 34 National 32,230 12,223 44,453 National Percent 72.5 27.5 100.0 Reporting States 43 38 49 ChApter 3: Children 54 Child Maltreatment 2023 Table 3–12 Screened-in Infants With Prenatal Substance Exposure Who Have a Plan of Safe Care, 2023 State Screened-in IPSEScreened-in IPSE Who Have a Plan of Safe CareScreened-in IPSE Who Have a Plan of Safe Care Percent Alabama 507 241 47.5 Alaska - - - Arizona 472 303 64.2 Arkansas 1,796 1,394 77.6 California 2,454 974 39.7 Colorado 18 1 5.6 Connecticut - - - Delaware 235 228 97.0 District of Columbia 91 76 83.5 Florida - - - Georgia 1,928 1,424 73.9 Hawaii - - - Idaho 192 164 85.4 Illinois - - - Indiana 548 279 50.9 Iowa 36 36 100.0 Kansas 43 3 7.0 Kentucky 323 67 20.7 Louisiana 2,108 1,616 76.7 Maine - - - Maryland - - - Massachusetts 1,120 735 65.6 Michigan 6,048 5,874 97.1 Minnesota 1,183 998 84.4 Mississippi - - - Missouri - - - Montana - - - Nebraska 131 31 23.7 Nevada 536 249 46.5 New Hampshire 118 74 62.7 New Jersey 364 219 60.2 New Mexico 145 52 35.9 New York 215 184 85.6 North Carolina 1,455 1,382 95.0 North Dakota - - - Ohio 4,721 4,140 87.7 Oklahoma 2,209 85 3.8 Oregon 13 11 84.6 Pennsylvania - - - Puerto Rico 22 21 95.5 Rhode Island - - - South Carolina - - - South Dakota 33 23 69.7 Tennessee 115 114 99.1 Texas 1,053 1,053 100.0 Utah 131 35 26.7 Vermont - - - Virginia 13 7 53.8 Washington 294 118 40.1 West Virginia 286 108 37.8 Wisconsin - - - Wyoming - - - National 30,956 22,319 72.1 Reporting States 35 35 - ChApter 3: Children 55 Child Maltreatment 2023 Table 3–13 Screened-in Infants With Prenatal Substance Exposure Who Have a Referral to Appropriate Services, 2023 State Screened-in IPSEScreened-in IPSE Who Have a Referral to Appropriate ServicesScreened-in IPSE Who Have a Referral to Appropriate Services Percent Alabama 507 398 78.5 Alaska - - - Arizona - - - Arkansas 1,796 1,394 77.6 California 2,454 749 30.5 Colorado - - - Connecticut - - - Delaware 235 229 97.4 District of Columbia 91 75 82.4 Florida - - - Georgia 1,928 1,424 73.9 Hawaii - - - Idaho 192 162 84.4 Illinois - - - Indiana 548 128 23.4 Iowa 36 28 77.8 Kansas 43 2 4.7 Kentucky 323 90 27.9 Louisiana 2,108 1,848 87.7 Maine - - - Maryland - - - Massachusetts 1,120 1,086 97.0 Michigan 6,048 5,386 89.1 Minnesota 1,183 277 23.4 Mississippi - - - Missouri - - - Montana - - - Nebraska 131 94 71.8 Nevada - - - New Hampshire 118 69 58.5 New Jersey 364 219 60.2 New Mexico 145 49 33.8 New York 215 193 89.8 North Carolina 1,455 271 18.6 North Dakota - - - Ohio 4,721 3,752 79.5 Oklahoma 2,209 1,124 50.9 Oregon 13 9 69.2 Pennsylvania - - - Puerto Rico 22 21 95.5 Rhode Island - - - South Carolina - - - South Dakota 33 17 51.5 Tennessee 115 114 99.1 Texas 1,053 986 93.6 Utah 131 35 26.7 Vermont - - - Virginia 13 12 92.3 Washington 294 118 40.1 West Virginia 286 109 38.1 Wisconsin - - - Wyoming - - - National 29,930 20,468 68.4 Reporting States 32 32 - ChApter 4: Fatalities 56 Child Maltreatment 2023 Fatalities The effects of child abuse and neglect are serious, and a child fatality is the most tragic consequence. The National Child Abuse and Neglect Data System (NCANDS) collects case level data in the Child File on child deaths from maltreatment. Additional counts of child fatalities, for which case-level data is not known, are reported in the Agency File. Some child maltreatment deaths may not come to the attention of child protective services (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 in NCANDS, 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 in 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 federal fiscal year (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 “date of death” field in the NCANDS Child File indicates the day, month, and year in which the child died. Number of Child Fatalities For FFY 2023, a national estimate of 2,000 children died from abuse and neglect at a rate of 2.73 per 100,000 children in the population. The 2023 national estimate is a 9.6 percent increase from the 2019 actual number of child fatalities of 1,825. 12 See exhibit 4–A and CHAPTER 4 12 The percent change is calculated using the actual reported number for FFY 2019 and the national estimate for FFY 2023. ChApter 4: Fatalities 57 Child Maltreatment 2023 related 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. 13 At the state level for FFY 2023, 51 states reported 1,968 fatalities. Of those states, 46 states reported case-level data on 1,606 fatalities and 38 states reported aggregate data on 362 fatali - ties. Fatality rates by state range from 0.00 to 11.18 per 100,000 children in the population. See table 4–1 and related notes. All states are required to confirm fatality counts during data submission and validation. The number of total child fatalities reported by states in the Child File and Agency File increased from 1,825 for FFY 2019 from 52 states to a high of 2,010 for FFY 2022 from 51 states. After several years of steadily increasing, fatalities decreased to 1,968 for FFY 2023 from 51 reporting states. See table 4–2 and related notes. While not every state had an explanation for the increase in fatalities across several years, one state noted improved reporting and resubmitted multiple prior years to include additional fatalities, one state cited increased violence, and one cited increased fentanyl and opioid related deaths. 14 States did not have an answer for the decrease other than normal fluctuation. One state added a new review process for sleep-related death prior to making a final finding.15 Readers are encouraged to review the fatality comments provided by states in Appendix D. Child Fatality Demographics 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. FFY 2023 data shows that 66.9 percent of child fatali - ties are younger than 3 years. Close to one-half (44.0%) of child fatalities are younger than 1 year, with a fatality rate of 24.11 per 100,000 children in that age range. This is 3.3 (rounded) times the fatality rate for 1-year-old children (7.35 per 100,000 children in the population of the same age). The child fatality rates mostly decrease with age. 13 https://www.acf.hhs.gov/cb/data-research/child-maltreatment 14 North Carolina, Ohio, and Washington. 15 IllinoisExhibit 4–A Child Fatality Rates per 100,000 Children, 2019–2023 Year Reporting StatesChild Population of Reporting States Child Fatalities from Reporting StatesNational Fatality Rate Per 100,000 Children Child Population of all 52 StatesNational Estimate/ Actual Number of Child Fatalities 2019 52 73,661,476 1,825 2.48 73,661,476 1,825 2020 52 74,823,584 1,832 2.45 74,823,584 1,832 2021 52 74,175,203 1,888 2.55 74,175,203 1,888 2022 51 72,393,092 2,010 2.78 73,743,251 2,050 2023 51 71,988,739 1,968 2.73 73,330,540 2,000 Data is from the Child File and Agency File. National fatality rates per 100,000 children are calculated for each year by dividing the number of child fatalities by the population of reporting states, multiplying the result by 100,000, and displayed as rounded to the hundredth. If fewer than 52 states reported data, the national estimate of child fatalities is calculated by multiplying the national fatality rate (displayed as rounded) by the child population of all 52 states and dividing by 100,000. The estimate is rounded to the nearest 10. If 52 states reported data, the actual number of child fatalities reported by states is displayed. ChApter 4: Fatalities 58 Child Maltreatment 2023 Boys have a higher child fatality rate than girls at 3.15 per 100,000 boys in the population, compared with 2.30 per 100,000 girls in the population. Boys are 58.7 percent of child fatalities and girls are 40.9 percent. See exhibit 4–C and related notes. Nearly 85.0 percent (84.8%) of child fatalities are one of three races: White (36.3%), Black or African-American (33.7%), or Hispanic (14.8%). Using the number of victims and the population data to create rates highlights some racial disparity. The rate of Black or African-American child fatalities (6.04 per 100,000 Black or African-American children) is 3.1 (rounded) times greater than the rate of White child fatalities (1.94 per 100,000 White children) and 3.4 (rounded) times greater than the rate of Hispanic child fatalities (1.76 per 100,000 Hispanic children). Children of two or more races had the second highest rate at 3.66 and American Indian or Alaska Native children had a rate of 3.60 per 100,000 children. See exhibit 4–D and related notes.Exhibit 4–C Child Fatalities by Sex, 2023 Sex Child Population Child Fatalities Child Fatalities PercentChild Fatalities Rate per 100,000 Children Boys 29,948,556 942 58.7 3.15 Girls 28,602,484 657 40.9 2.30 Unknown - 7 0.4 - National 58,551,040 1,606 100.0 N/A Based on data from 46 states. Data is from the Child File. Dashes are inserted into cells without any data included in this analysis. Exhibit 4–B Child Fatalities by Age, 2023 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 46 states. See table 4–3 . ChApter 4: Fatalities 59 Child Maltreatment 2023Maltreatment Types As discussed in chapter 3, the Child Maltreatment report includes only those maltreatment types that have a disposition of substantiated or indicated. 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, 78.0 percent experienced neglect and 41.6 percent suffered physical abuse either exclu-sively or in combination with another maltreatment type. 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 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. For FFY 2023, 28 states report that 39 (4.5%) child fatalities had a caregiver with a risk factor of alcohol abuse. Thirty-four states report that 256 (20.6%) child fatalities had a caregiver with a risk factor of drug abuse. See exhibit 4–F and related notes.Exhibit 4–E Maltreatment Types of Child Fatalities, 2023 Maltreatment Type Child Fatalities Maltreatment TypesMaltreatment Types Percent Medical Neglect - 126 7.8 Neglect - 1,252 78.0 Other - 1 0.1 Physical Abuse - 668 41.6 Psychological Maltreatment- 15 0.9 Sexual Abuse - 9 0.6 Sex Trafficking - - - Unknown - - - National 1,606 2,071 N/A Based on data from 46 states. Data is 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. Exhibit 4–D Child Fatalities by Race or Ethnicity, 2023 Race and Ethnicity Child Population Child Fatalities Child Fatalities PercentChild Fatalities Rate per 100,000 Children American Indian or Alaska Native 444,523 16 1.0 3.60 Asian 2,570,482 13 0.8 0.51 Black or African-American 8,944,059 540 33.7 6.04 Hispanic 13,457,569 237 14.8 1.76 Native Hawaiian or Other Pacific Islander 102,769 0 0.0 0.00 Unknown - 117 7.3 - White 29,880,740 581 36.3 1.94 Two or More Races 2,652,219 97 6.1 3.66 National 58,052,361 1,601 100.0 N/A Based on data from 45 states. Data is from the Child File. Counts associated with specific racial groups (e.g., White) are exclusive and do not include Hispanic. States with 30.0 percent or more 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. ChApter 4: Fatalities 60 Child Maltreatment 2023Perpetrator Relationship Based on data from 44 states, the FFY 2023 data shows that most perpetrators are caregivers of their victims. More than 80 percent (81.5%) of child fatalities involve one or more parents acting alone, together, or with other individuals. Nonparents are 13.7 percent of fatality per - petrators. Similar to all victims, the largest categories in the nonparent group are relative(s) (4.4%), “other(s)” (2.8%), and unmarried partner(s) of parent (2.3%). 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, “other” includes non - related adult, nonrelated child, foster sibling, babysitter, household staff, clergy, and school personnel. Please see Appendix D for additional information on what states include in this category. Child fatalities with unknown perpetrator relationship data account for 4.9 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. Not all states that report child fatalities are able to report family preservation or reunification services. The national percentages are sensitive to which states report data. In the states reporting both child fatalities and family preservation services, 81 (9.2%) of the 878 Child File fatalities and 50 (14.4%) of the 348 Agency File fatalities had family preservation services. In the states reporting both fatalities and family reunification services, 43 (3.4%) of the 1,262 Child File fatalities and 9 (2.5%) of the 355 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. 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 infor-mation regarding the exhibits and tables is provided below. General During data analyses, thresholds are set to ensure data quality is balanced with the need toreport data from as many states as possible. States may be excluded from an analysis for dataquality issues. Exclusion rules are listed with the relevant table notes below. Not every tablehas an exclusion rule or notes. ■The data for all tables is from the Child File unless otherwise noted. ■All analyses use a unique count of fatalities (each 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,Exhibit 4–F Child Fatalities With Selected Caregiver Risk Factors, 2023 Caregiver Risk Factor Reporting StatesChild Fatalities from Reporting StatesChild Fatalities With a Caregiver Risk Factor Child Fatalities With a Caregiver Risk Factor Percent Alcohol Abuse 28 860 39 4.5 Drug Abuse 34 1,240 256 20.6 Data is from the Child File. For each caregiver risk factor, the analysis includes only those states that report at least 2.0 percent of victims with the caregiver risk factor as shown in table 3-10. States are counted as reporting if the state has victims with the caregiver risk factor and reports fatalities in the Child File, even if the state did not have any fatalities with the risk factor. If a child is reported both with and without the caregiver risk factor, the child is counted once with the caregiver risk factor. ChApter 4: Fatalities 61 Child Maltreatment 2023etc.) by the relevant child population count (by age, by race, etc.), multiplying by 100,000 and displayed as rounded to the hundredth. ■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 thatanalysis. States that do not have a child maltreatment related death and report a zero are included in the count of reporting states and the state’s child population is included in tables with rate calculations. ■Child fatalities are reported during the FFY in which the death was determined as due tomaltreatment. 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 separaterows labeled total, rate, or percent. ■Dashes are inserted into cells without any data. Table 4–1 Child Fatalities by Submission Type, 2023 ■Data is from the Child File and Agency File. ■The rates were computed by dividing the number of total child fatalities by the childpopulation of reporting states and multiplying by 100,000. Table 4–2 Child Fatalities, 2019–2023 ■Data is from the Child File and Agency File. Table 4–3 Child Fatalities by Age, 2023 ■There are no population data for unknown age and therefore, no rates. Table 4–4 Child Fatalities by Relationship to Their Perpetrators, 2023 ■States are excluded from this analysis if more than 25.0 percent of perpetrators arereported with an unknown or missing relationship. ■States are excluded from this analysis if more than 15.0 percent of victims are not associ - ated with at least one perpetrator. ■In NCANDS, a child victim may have up to three perpetrators. A few states’ systems donot 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 perpetratorrelationship that was not identified as a parent. ■The two parents of known sex category includes mother and father, two mothers, and twofathers. ■The two parents of known sex with nonparent category includes mother, father, andnonparent; two mothers and nonparent; and two fathers and nonparent. ■One or more parents of unknown sex includes up to three parents in any combination of knownand unknown sex. The parent(s) could have acted alone, together, or with a nonparent. ■Nonparent perpetrators counted in combination with parents (e.g., mother andnonparent(s)) are not also counted in the individual categories listed under nonparent. ■Multiple nonparental perpetrators that are in the same category are counted within thatcategory. For example, two child daycare providers are counted as child daycare providers. ■Multiple nonparental perpetrators that are in different categories are counted in more thanone nonparental perpetrator. ■Some states were not able to collect and report on group home and residential facility staffperpetrators due to system limitations or jurisdictional issues. See also table 5–5 . ChApter 4: Fatalities 62 Child Maltreatment 2023Table 4–5 Child Fatalities Who Received Family Preservation Services within the Previous 5 Years, 2023 ■Data is from the Child File and Agency File. Table 4–6 Child Fatalities Who Were Reunited with Their Families within thePrevious 5 Years, 2023 ■Data is from the Child File and Agency File. ChApter 4: Fatalities 63 Child Maltreatment 2023 Table 4–1 Child Fatalities by Submission Type, 2023 StateChild Fatalities Reported in the Child FileChild Fatalities Reported in the Agency File Total Child Fatalities Child Fatality Rates per 100,000 Children Alabama 43 0 43 3.80 Alaska - 5 5 2.85 Arizona 43 - 43 2.72 Arkansas 33 - 33 4.68 California - 150 150 1.78 Colorado 32 0 32 2.63 Connecticut 9 2 11 1.52 Delaware 7 0 7 3.30 District of Columbia 5 0 5 3.95 Florida 75 - 75 1.71 Georgia 85 18 103 4.06 Hawaii 2 0 2 0.68 Idaho 5 3 8 1.71 Illinois 83 0 83 3.07 Indiana 65 - 65 4.10 Iowa 14 - 14 1.92 Kansas 12 0 12 1.73 Kentucky 5 0 5 0.49 Louisiana 47 0 47 4.40 Maine 1 6 7 2.81 Maryland 83 0 83 6.09 Massachusetts - - - - Michigan 40 3 43 2.04 Minnesota 32 0 32 2.46 Mississippi 75 1 76 11.18 Missouri 61 0 61 4.44 Montana 2 - 2 0.85 Nebraska 0 0 0 0.00 Nevada 17 4 21 3.06 New Hampshire 2 0 2 0.79 New Jersey 14 0 14 0.70 New Mexico 14 2 16 3.54 New York 123 - 123 3.11 North Carolina - 107 107 4.58 North Dakota 2 0 2 1.08 Ohio 137 3 140 5.43 Oklahoma 17 0 17 1.76 Oregon - 19 19 2.28 Pennsylvania 50 - 50 1.90 Puerto Rico 5 0 5 1.00 Rhode Island 1 - 1 0.49 South Carolina 36 7 43 3.76 South Dakota 7 - 7 3.15 Tennessee 31 0 31 1.97 Texas 187 0 187 2.47 Utah 17 0 17 1.82 Vermont 3 - 3 2.62 Virginia 55 - 55 2.92 Washington - 31 31 1.88 West Virginia 7 1 8 2.27 Wisconsin 22 - 22 1.76 Wyoming 0 0 0 0.00 National 1606 362 1,968 2.73 Reporting States 46 38 51 - ChApter 4: Fatalities 64 Child Maltreatment 2023 Table 4–2 Child Fatalities, 2019–2023 State 2019 2020 2021 2022 2023 Alabama 34 47 36 38 43 Alaska 1 2 6 8 5 Arizona 33 18 21 38 43 Arkansas 35 30 36 39 33 California 153 150 159 176 150 Colorado 25 24 31 40 32 Connecticut 4 9 14 15 11 Delaware 13 5 7 6 7 District of Columbia 3 4 2 3 5 Florida 114 101 84 86 75 Georgia 68 85 92 114 103 Hawaii 4 0 2 5 2 Idaho 3 10 3 8 8 Illinois 106 102 89 110 83 Indiana 116 56 57 62 65 Iowa 25 9 12 18 14 Kansas 16 10 10 8 12 Kentucky 12 9 11 12 5 Louisiana 24 18 23 29 47 Maine 3 1 8 10 7 Maryland 55 50 84 68 83 Massachusetts 13 14 15 - - Michigan 63 43 35 61 43 Minnesota 17 21 22 25 32 Mississippi 35 38 49 72 76 Missouri 46 44 75 57 61 Montana 2 5 2 1 2 Nebraska 5 2 1 3 0 Nevada 20 14 27 15 21 New Hampshire 2 2 3 2 2 New Jersey 19 17 10 19 14 New Mexico 11 13 10 19 16 New York 69 105 126 105 123 North Carolina 5 99 121 93 107 North Dakota 6 5 4 6 2 Ohio 79 94 98 115 140 Oklahoma 23 42 15 29 17 Oregon 23 17 18 19 19 Pennsylvania 54 67 65 80 50 Puerto Rico 5 5 7 4 5 Rhode Island 3 2 2 2 1 South Carolina 60 36 41 38 43 South Dakota 9 12 9 13 7 Tennessee 43 34 32 34 31 Texas 229 255 206 176 187 Utah 11 6 4 15 17 Vermont 1 0 1 0 3 Virginia 49 39 51 51 55 Washington 25 14 19 31 31 West Virginia 17 12 9 8 8 Wisconsin 34 32 22 21 22 Wyoming 0 3 2 3 0 National 1,825 1,832 1,888 2,010 1,968 Reporting States 52 52 52 51 51 ChApter 4: Fatalities 65 Child Maltreatment 2023 Table 4–4 Child Fatalities by Relationship to Their Perpetrators, 2023Table 4–3 Child Fatalities by Age, 2023 Age Child Population Child Fatalities Child Fatalities PercentChild Fatalities Rate per 100,000 Children <1 2,931,922 707 44.0 24.11 1 2,965,796 218 13.6 7.35 2 2,907,619 150 9.3 5.16 3 3,016,930 107 6.7 3.55 4 3,068,368 68 4.2 2.22 5 3,136,172 73 4.5 2.33 6 3,191,082 40 2.5 1.25 7 3,276,201 29 1.8 0.89 8 3,302,555 33 2.1 1.00 9 3,293,024 19 1.2 0.58 10 3,279,763 13 0.8 0.40 11 3,285,878 18 1.1 0.55 12 3,320,160 21 1.3 0.63 13 3,392,105 24 1.5 0.71 14 3,465,951 27 1.7 0.78 15 3,594,013 16 1.0 0.45 16 3,590,074 16 1.0 0.45 17 3,533,427 25 1.6 0.71 Unborn, Unknown, and 18–21 - 2 0.1 N/A National 58,551,040 1606 100.0 N/A Based on data from 46 states. Perpetrator Child Fatalities Relationships Percent PARENT - - Father Only 229 14.7 Father and Nonparent 17 1.1 Mother Only 459 29.5 Mother and Nonparent 158 10.1 Two Parents of Known Sex 364 23.4 Three Parents of Known Sex 1 0.1 Two Parents of Known Sex and Nonparent38 2.4 One or More Parents of Unknown Sex 3 0.2 Total Parents 1,269 81.5 NONPARENT - - Child Daycare Provider(s) 23 1.5 Foster Parent(s) 7 0.4 Friend(s) or Neighbor(s) 11 0.7 Group Home and Residential Facility Staff 3 0.2 Legal Guardian(s) 3 0.2 Other Professional(s) 1 0.1 Relative(s) 69 4.4 Unmarried Partner(s) of Parent 36 2.3 Other(s) 43 2.8 More Than One Nonparental Perpetrator 17 1.1 Total Nonparents 213 13.7 TOTAL UNKNOWN 76 4.9 National 1,558 100.0 Based on data from 45 states. ChApter 4: Fatalities 66 Child Maltreatment 2023 Table 4–5 Child Fatalities Who Received Family Preservation Services Within the Previous 5 Years, 2023 State Child File FatalitiesChild File Fatalities Whose Families Received Preservation Services in the Previous 5 Years Agency File FatalitiesAgency File Fatalities Whose Families Received Preservation Services in the Previous 5 Years Alabama 43 5 0 0 Alaska - - 5 0 Arizona - - - - Arkansas 33 2 - - California - - 150 18 Colorado - - - - Connecticut 9 0 2 0 Delaware - - - - District of Columbia 5 0 0 0 Florida 75 0 - - Georgia 85 6 18 0 Hawaii - - - - Idaho 5 1 3 2 Illinois 83 14 0 0 Indiana - - - - Iowa - - - - Kansas 12 0 0 0 Kentucky 5 2 0 0 Louisiana 47 4 0 0 Maine - - 6 4 Maryland - - - - Massachusetts - - - - Michigan - - - - Minnesota 32 8 0 0 Mississippi 75 2 1 0 Missouri 61 4 0 0 Montana - - - - Nebraska 0 0 0 0 Nevada 17 3 4 2 New Hampshire - - - - New Jersey 14 2 0 0 New Mexico 14 0 2 0 New York - - - - North Carolina - - 107 19 North Dakota 2 1 0 0 Ohio - - - - Oklahoma 17 1 0 0 Oregon - - 19 2 Pennsylvania - - - - Puerto Rico 5 0 0 0 Rhode Island 1 0 - - South Carolina - - - - South Dakota - - - - Tennessee 31 8 0 0 Texas 187 18 0 0 Utah 17 0 0 0 Vermont 3 0 - - Virginia - - - - Washington - - 31 3 West Virginia - - - - Wisconsin - - - - Wyoming 0 0 0 0 National 878 81 348 50 National Percent - 9.2 - 14.4 Reporting States 27 27 29 29 ChApter 4: Fatalities 67 Child Maltreatment 2023 Table 4–6 Child Fatalities Who Were Reunited With Their Families Within the Previous 5 Years, 2023 State Child File FatalitiesChild File Fatalities Who Were Reunited With Their Families in the Previous 5 Years Agency File FatalitiesAgency File Fatalities Who Were Reunited With Their Families in the Previous 5 Years Alabama 43 3 0 0 Alaska - - 5 0 Arizona - - - - Arkansas 33 0 - - California - - 150 6 Colorado 32 1 - - Connecticut 9 0 2 0 Delaware 7 1 0 0 District of Columbia 5 0 0 0 Florida 75 0 - - Georgia 85 1 18 0 Hawaii 2 0 0 0 Idaho 5 1 3 0 Illinois 83 1 0 0 Indiana 65 9 - - Iowa - - - - Kansas 12 0 0 0 Kentucky 5 0 0 0 Louisiana 47 1 0 0 Maine - - 6 0 Maryland 83 15 0 0 Massachusetts - - - - Michigan - - - - Minnesota 32 0 0 0 Mississippi 75 0 1 0 Missouri 61 1 0 0 Montana - - - - Nebraska 0 0 0 0 Nevada 17 3 4 0 New Hampshire - - - - New Jersey 14 0 0 0 New Mexico 14 0 2 0 New York - - - - North Carolina - - 107 1 North Dakota 2 0 0 0 Ohio 137 4 - - Oklahoma 17 1 0 0 Oregon - - 19 0 Pennsylvania - - - - Puerto Rico 5 0 0 0 Rhode Island 1 0 - - South Carolina 36 0 7 0 South Dakota - - - - Tennessee 31 0 0 0 Texas 187 0 0 0 Utah 17 1 0 0 Vermont 3 0 - - Virginia - - - - Washington - - 31 2 West Virginia - - - - Wisconsin 22 0 - - Wyoming 0 0 0 0 National 1,262 43 355 9 National Percent - 3.4 - 2.5 Reporting States 35 35 33 33 ChApter 5: Perpetrators 68 Child Maltreatment 2023 Perpetrators 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 andcounting a perpetrator once, regardless of the number of times the perpetrator is the subjectof a report. For FFY 2023, 52 states reported a unique count of 422,117 perpetrators. This isa 19.8 percent decrease from FFY 2019 when 52 states reported 526,272 unique perpetrators.See table 5–1 and related notes. Perpetrator Demographics (unique count of perpetrators) The majority (69.2%) of perpetrators are in the age range of 25–44 years old. Perpetrators in the age group 25–34 are 39.4 percent of all perpetrators. Perpetrators younger than 18 years old accounted for 1.8 percent of all perpetra - tors. Some states have laws that limit the youngest age that a person can be con - sidered a perpetrator. (See Appendix D , State Commentary.) The perpetrator age group of 25–34 has the highest rate at 3.7 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 2.9, while young adults in the age group of 18–24 have a rate of 1.8 per 1,000 adults in the population of the same age. 16 See table 5–2 , exhibit 5–A , and related notes.17 CHAPTER 5 16 Rates are not calculated for perpetrators younger than 18 years due to the variations in state policy as to how young a perpetrator can be. 17 In FFY 2022, North Carolina submitted or resubmitted files for FFYs 2018–2022 when the state recoded the disposition of children who would have previously received an alternative response victim disposition to an indicated disposition. Children with alternative response dispositions are not considered maltreatment victims and do not have perpetrators. Children with indicated dispositions are considered maltreatment victims. North Carolina was not able to include perpetrators for indicated dispositions in its FFY 2019–2023 data submissions and is excluded from analyses in the rest of the chapter.Exhibit 5–A Adult Perpetrators by Age, 2023 Perpetrators ages 25 through 44 have the highest rates per 1,000 Based on data from 50 states. See table 5–2 .Child Maltreatment 2023 ChApter 5: Perpetrators 69 Based on data from 51 reporting states, more than one-half (51.6%) of perpetra - tors are female and 47.3 percent of perpetrators are male; 1.1 percent of perpetra - tors are of unknown sex. See table 5–3 and related notes. The three largest percentages of perpetrators are White (46.6%), Black or African-American (21.5%), and Hispanic (20.5%). Race or ethnicity is unknown or not reported for 6.2 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 isreported 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 relationshipscategory: ■The perpetrator is a parent to one victim and is an unmarried partner of parent to a secondvictim in the same report. ■The perpetrator is a parent to one victim in one report and an unmarried partner of parentto a second victim in a second report. The majority (76.0%) of perpetrators are a parent of their victim, 6.6 percent of perpetrators are a relative other than a parent, 4.1 percent have multiple relationships to their victims, and 4.0 percent are an unmarried partner of the parent. Nearly 4.0 percent (3.7%) 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 infor-mation regarding the exhibits and tables is provided below.Exhibit 5–B Perpetrators by Race or Ethnicity, 2023 The largest percentages of perpetrators are White, Black or African-American, and Hispanic Based on data from 49 states. See table 5–4 . ChApter 5: Perpetrators 70 Child Maltreatment 2023 General During data analyses, thresholds are set to ensure data quality is balanced with the need toreport data from as many states as possible. States may be excluded from an analysis fordata quality issues. Exclusion rules are listed in the table notes below. Not every table has anexclusion rule or notes. ■The data for all tables is from the Child File. ■Rates are per 1,000 adults in the population. ■Rates are calculated by dividing the perpetrator count by the adult population count andmultiplying by 1,000. ■NCANDS uses the population estimates that are released annually by the U.S. CensusBureau. These estimates are available in Appendix C, State Characteristics. ■National totals and calculations appear in a single row labeled National instead of separaterows labeled total, rate, or percent. ■The row labeled Reporting States displays the count of states that provided data for thatanalysis. ■Unless otherwise noted, all tables use a unique count of perpetrators. ■Dashes are inserted into cells without any data. Table 5–2 Perpetrators by Age, 2023 ■In NCANDS, valid perpetrator ages are 6–75 years old. If a perpetrator is reported with anage 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 befound in appendix D. ■Rates are not calculated for perpetrators younger than 18 years. ■If a perpetrator appears in two or more reports, the age at the time of the earliest report isused. ■States are excluded from this analysis if fewer than 85.0 percent of victims are associatedwith one or more perpetrators. ■States are excluded from this analysis if there are known data quality issues with reportingage. Table 5–3 Perpetrators by Sex, 2023 ■The category of unknown sex includes not reported. ■States are excluded from this analysis if fewer than 85.0 percent of victims are associatedwith one or more perpetrators. Table 5–4 Perpetrators by Race or Ethnicity, 2023 ■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 anyreported race. ■States are excluded from this analysis if more than 30.0 percent of perpetrators have anunknown or missing race or ethnicity. ■Only those states that reported both race and ethnicity separately are included in this analysis. ■States are excluded from this analysis if fewer than 85.0 percent of victims are associatedwith one or more perpetrators.Child Maltreatment 2023 ChApter 5: Perpetrators 71Table 5–5 Perpetrators by Relationship to Their Victims, 2023 ■Some states are 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 are excluded from this analysis if more than 25.0 percent of perpetrators are reportedwith an unknown or missing relationship. ■States are excluded from this analysis if fewer than 85.0 percent of victims are associatedwith one or more perpetrators. Child Maltreatment 2023 ChApter 5: Perpetrators 72 Table 5–1 Perpetrators, 2019–2023 State 2019 2020 2021 2022 2023 Alabama 8,376 8,432 8,387 8,162 8,275 Alaska 2,294 2,425 2,023 1,964 1,850 Arizona 12,909 9,684 11,264 11,497 11,398 Arkansas 7,118 7,809 8,138 7,635 6,631 California 55,845 53,124 49,073 45,289 42,991 Colorado 10,478 9,820 9,416 8,080 8,008 Connecticut 6,497 5,171 4,541 4,090 4,256 Delaware 977 919 896 829 740 District of Columbia 1,257 1,054 1,059 1,016 832 Florida 24,927 21,599 20,933 18,647 17,010 Georgia 8,107 6,730 7,344 7,897 8,658 Hawaii 1,158 1,150 1,220 1,144 824 Idaho 1,774 1,764 2,016 1,702 1,790 Illinois 23,858 25,303 25,475 23,359 23,081 Indiana 18,477 18,036 17,185 15,302 14,516 Iowa 8,327 7,625 8,158 8,003 7,775 Kansas 2,473 1,998 1,786 1,551 1,531 Kentucky 14,731 12,443 11,303 9,399 11,126 Louisiana 7,574 6,091 5,659 6,565 7,706 Maine 3,874 4,030 3,693 3,258 3,227 Maryland 6,559 6,424 5,715 5,967 5,622 Massachusetts 20,075 17,947 18,261 17,811 17,139 Michigan 26,210 21,484 19,348 18,417 17,961 Minnesota 4,951 4,709 4,000 3,768 3,537 Mississippi 7,793 6,812 7,107 7,611 7,352 Missouri 4,252 4,015 3,945 3,625 3,812 Montana 2,686 2,630 2,142 1,870 1,807 Nebraska 2,022 1,648 1,684 1,338 1,589 Nevada 4,000 4,094 4,465 4,643 5,143 New Hampshire 1,112 1,008 875 913 1,090 New Jersey 4,026 2,826 2,517 2,434 2,188 New Mexico 6,702 5,852 4,848 4,668 4,726 New York 52,669 45,922 43,478 38,597 35,819 North Carolina 3,718 3,891 3,635 3,752 4,221 North Dakota 1,344 1,200 1,037 852 701 Ohio 21,190 19,599 19,772 18,424 16,923 Oklahoma 12,901 12,487 11,595 11,332 10,926 Oregon 10,056 8,541 7,964 7,938 8,183 Pennsylvania 4,941 4,615 4,765 5,040 4,442 Puerto Rico 3,666 2,734 3,786 3,472 3,348 Rhode Island 2,508 2,141 2,023 1,948 1,956 South Carolina 13,630 10,727 11,501 10,930 10,208 South Dakota 1,099 1,097 992 1,028 1,043 Tennessee 9,428 8,493 7,608 6,828 7,589 Texas 49,969 50,567 50,820 42,240 41,808 Utah 7,851 7,197 6,676 6,387 6,213 Vermont 709 419 308 556 531 Virginia 5,005 4,728 4,180 3,882 3,684 Washington 3,693 3,315 3,036 2,986 2,815 West Virginia 5,959 5,359 5,475 4,821 3,932 Wisconsin 3,668 3,345 3,431 3,325 3,008 Wyoming 849 729 652 613 576 National 526,272 481,762 467,210 433,405 422,117 Reporting States 52 52 52 52 52 Child Maltreatment 2023 ChApter 5: Perpetrators 73 Table 5–2 Perpetrators by Age, 2023 (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 Unique Perpetrators Alabama 1 241 1,470 3,233 1,927 553 242 75 24 509 8,275 Alaska 2 1 176 750 623 171 62 30 4 31 1,850 Arizona - 58 1,468 4,694 3,458 969 329 92 30 300 11,398 Arkansas 120 354 1,251 2,395 1,492 431 216 85 16 271 6,631 California 43 371 4,647 17,160 13,728 4,375 1,474 460 135 598 42,991 Colorado 8 132 930 3,146 2,562 749 262 70 79 70 8,008 Connecticut 2 12 387 1,599 1,446 488 164 48 9 101 4,256 Delaware 1 27 89 282 216 58 46 16 4 1 740 District of Columbia - - 81 419 229 56 17 4 1 25 832 Florida 1 39 1,738 6,581 5,536 1,684 662 247 73 449 17,010 Georgia 1 88 1,029 3,797 2,569 725 306 118 18 7 8,658 Hawaii - 4 71 298 287 94 35 9 2 24 824 Idaho - 3 281 691 590 162 42 17 4 - 1,790 Illinois 18 352 3,253 9,598 6,719 2,010 647 178 61 245 23,081 Indiana 5 414 2,755 5,989 3,721 1,028 338 142 25 99 14,516 Iowa 1 129 1,181 3,152 2,336 686 205 59 15 11 7,775 Kansas 5 85 218 524 456 138 57 20 4 24 1,531 Kentucky - 53 1,325 4,407 3,422 1,172 514 162 68 3 11,126 Louisiana 1 60 1,298 3,322 2,167 521 234 80 20 3 7,706 Maine 1 9 312 1,265 1,122 350 114 31 8 15 3,227 Maryland - - - - - - - - - - - Massachusetts - 71 1,512 5,957 6,097 2,109 686 196 42 469 17,139 Michigan 1 41 2,051 7,640 5,625 1,820 560 161 42 20 17,961 Minnesota 19 124 422 1,325 1,137 310 144 39 17 - 3,537 Mississippi 68 217 975 2,881 2,070 678 304 105 33 21 7,352 Missouri - 37 557 1,304 1,124 387 181 60 13 149 3,812 Montana - 9 204 690 632 190 55 21 1 5 1,807 Nebraska - 53 228 621 497 138 34 11 6 1 1,589 Nevada - 17 583 2,201 1,698 436 160 42 6 - 5,143 New Hampshire 2 8 94 431 422 90 30 5 1 7 1,090 New Jersey - 5 171 781 800 262 96 25 10 38 2,188 New Mexico - 20 463 1,820 1,358 389 108 51 11 506 4,726 New York 1 97 3,517 13,398 12,285 4,486 1,527 419 82 7 35,819 North Carolina - - - - - - - - - - - North Dakota - 1 109 288 206 45 16 3 0 33 701 Ohio 57 759 2,528 6,189 4,219 1,336 571 219 64 981 16,923 Oklahoma - 56 1,606 4,495 3,171 906 345 119 23 205 10,926 Oregon - 145 883 3,101 2,653 846 246 75 36 198 8,183 Pennsylvania - 164 565 1,538 1,207 507 238 95 27 101 4,442 Puerto Rico 1 11 397 1,445 992 325 117 51 7 2 3,348 Rhode Island 2 28 218 777 635 187 53 14 2 40 1,956 South Carolina 26 42 1,152 4,184 3,337 928 345 132 26 36 10,208 South Dakota - 6 147 449 313 73 25 10 5 15 1,043 Tennessee 12 368 1,130 2,611 1,506 497 251 108 26 1,080 7,589 Texas 147 1,610 8,093 17,592 9,948 2,790 1,107 415 91 15 41,808 Utah 5 551 736 1,997 2,030 632 176 64 19 3 6,213 Vermont - 35 52 186 164 49 16 8 5 16 531 Virginia 1 22 470 1,300 1,053 369 162 57 22 228 3,684 Washington - 4 243 1,055 1,058 321 84 25 6 19 2,815 West Virginia 1 6 384 1,550 1,196 409 161 41 6 178 3,932 Wisconsin 5 29 298 1,071 805 240 84 21 4 451 3,008 Wyoming - 7 71 237 177 50 10 3 1 20 576 National 558 6,975 53,819 162,416 123,021 38,225 13,858 4,538 1,234 7,630 412,274 Reporting States 30 49 50 50 50 50 50 50 50 47 50 Child Maltreatment 2023 ChApter 5: Perpetrators 74 Table 5–2 Perpetrators by Age, 2023 State 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 3.1 4.9 3.1 0.9 0.4 0.1 0.1 Alaska 2.7 6.6 6.0 2.1 0.7 0.4 0.1 Arizona 2.1 4.6 3.7 1.1 0.4 0.1 0.1 Arkansas 4.4 6.0 3.9 1.2 0.6 0.3 0.1 California 1.3 3.0 2.5 0.9 0.3 0.1 0.1 Colorado 1.7 3.4 3.0 1.1 0.4 0.1 0.2 Connecticut 1.2 3.5 3.2 1.1 0.3 0.1 0.0 Delaware 1.0 2.2 1.7 0.5 0.3 0.1 0.0 District of Columbia 1.2 2.9 2.1 0.8 0.3 0.1 0.0 Florida 1.0 2.3 2.0 0.6 0.2 0.1 0.0 Georgia 1.0 2.5 1.8 0.5 0.2 0.1 0.0 Hawaii 0.6 1.6 1.5 0.6 0.2 0.1 0.0 Idaho 1.5 2.7 2.3 0.7 0.2 0.1 0.0 Illinois 2.9 5.7 4.0 1.3 0.4 0.1 0.1 Indiana 4.2 6.7 4.3 1.3 0.4 0.2 0.1 Iowa 3.7 7.9 5.8 1.9 0.5 0.2 0.1 Kansas 0.7 1.4 1.2 0.4 0.2 0.1 0.0 Kentucky 3.3 7.4 6.1 2.1 0.9 0.3 0.2 Louisiana 3.1 5.5 3.6 1.0 0.4 0.2 0.1 Maine 2.8 7.5 6.6 2.1 0.5 0.2 0.1 Maryland - - - - - - - Massachusetts 2.2 6.1 6.7 2.5 0.7 0.3 0.1 Michigan 2.2 5.8 4.6 1.5 0.4 0.1 0.1 Minnesota 0.9 1.8 1.5 0.5 0.2 0.1 0.0 Mississippi 3.5 7.7 5.7 1.9 0.8 0.3 0.2 Missouri 1.0 1.6 1.4 0.5 0.2 0.1 0.0 Montana 2.0 4.7 4.4 1.5 0.4 0.2 0.0 Nebraska 1.2 2.5 1.9 0.6 0.1 0.1 0.0 Nevada 2.3 4.8 3.9 1.1 0.4 0.1 0.0 New Hampshire 0.8 2.4 2.4 0.5 0.1 0.0 0.0 New Jersey 0.2 0.7 0.7 0.2 0.1 0.0 0.0 New Mexico 2.3 6.6 5.0 1.7 0.4 0.2 0.1 New York 2.0 4.8 4.8 1.9 0.6 0.2 0.1 North Carolina - - - - - - - North Dakota 1.3 2.6 2.0 0.6 0.2 0.0 0.0 Ohio 2.4 4.0 2.9 1.0 0.4 0.2 0.1 Oklahoma 4.1 8.3 6.0 2.0 0.7 0.3 0.1 Oregon 2.5 5.2 4.5 1.6 0.5 0.2 0.1 Pennsylvania 0.5 0.9 0.7 0.3 0.1 0.1 0.0 Puerto Rico 1.4 3.3 2.6 0.8 0.3 0.1 0.0 Rhode Island 2.0 5.1 4.6 1.4 0.3 0.1 0.0 South Carolina 2.4 6.1 5.1 1.5 0.5 0.2 0.1 South Dakota 1.7 3.9 2.7 0.8 0.2 0.1 0.1 Tennessee 1.8 2.7 1.7 0.6 0.3 0.1 0.1 Texas 2.8 4.1 2.4 0.8 0.3 0.2 0.1 Utah 1.9 4.0 4.4 1.7 0.6 0.3 0.1 Vermont 0.8 2.4 2.1 0.6 0.2 0.1 0.1 Virginia 0.6 1.1 0.9 0.3 0.1 0.1 0.0 Washington 0.4 0.9 1.0 0.3 0.1 0.0 0.0 West Virginia 2.5 7.3 5.6 1.8 0.7 0.2 0.0 Wisconsin 0.5 1.5 1.1 0.3 0.1 0.0 0.0 Wyoming 1.3 3.2 2.3 0.8 0.1 0.0 0.0 National 1.8 3.7 2.9 1.0 0.3 0.1 0.1 Reporting States - - - - - - - ChApter 5: Perpetrators 75 Child Maltreatment 2023 Table 5–3 Perpetrators by Sex, 2023 State Men Women Unknown Total Perpetrators Men Percent Women Percent Unknown Percent Alabama 3,489 4,760 26 8,275 42.2 57.5 0.3 Alaska 832 990 28 1,850 45.0 53.5 1.5 Arizona 5,492 5,727 179 11,398 48.2 50.2 1.6 Arkansas 2,962 3,547 122 6,631 44.7 53.5 1.8 California 19,874 22,803 314 42,991 46.2 53.0 0.7 Colorado 4,316 3,642 50 8,008 53.9 45.5 0.6 Connecticut 2,038 2,164 54 4,256 47.9 50.8 1.3 Delaware 429 311 - 740 58.0 42.0 - District of Columbia 251 566 15 832 30.2 68.0 1.8 Florida 8,008 8,663 339 17,010 47.1 50.9 2.0 Georgia 3,050 5,585 23 8,658 35.2 64.5 0.3 Hawaii 381 435 8 824 46.2 52.8 1.0 Idaho 707 1,083 - 1,790 39.5 60.5 - Illinois 10,896 12,016 169 23,081 47.2 52.1 0.7 Indiana 6,388 8,091 37 14,516 44.0 55.7 0.3 Iowa 3,629 4,133 13 7,775 46.7 53.2 0.2 Kansas 855 664 12 1,531 55.8 43.4 0.8 Kentucky 4,948 6,141 37 11,126 44.5 55.2 0.3 Louisiana 2,482 5,195 29 7,706 32.2 67.4 0.4 Maine 1,670 1,553 4 3,227 51.8 48.1 0.1 Maryland 2,926 2,535 161 5,622 52.0 45.1 2.9 Massachusetts 7,815 8,501 823 17,139 45.6 49.6 4.8 Michigan 8,796 9,141 24 17,961 49.0 50.9 0.1 Minnesota 1,880 1,657 - 3,537 53.2 46.8 - Mississippi 2,974 4,303 75 7,352 40.5 58.5 1.0 Missouri 2,314 1,381 117 3,812 60.7 36.2 3.1 Montana 857 933 17 1,807 47.4 51.6 0.9 Nebraska 838 751 - 1,589 52.7 47.3 - Nevada 2,490 2,652 1 5,143 48.4 51.6 0.0 New Hampshire 529 553 8 1,090 48.5 50.7 0.7 New Jersey 1,053 1,123 12 2,188 48.1 51.3 0.5 New Mexico 1,968 2,636 122 4,726 41.6 55.8 2.6 New York 17,757 18,052 10 35,819 49.6 50.4 0.0 North Carolina - - - - - - - North Dakota 230 454 17 701 32.8 64.8 2.4 Ohio 8,109 8,399 415 16,923 47.9 49.6 2.5 Oklahoma 5,452 5,438 36 10,926 49.9 49.8 0.3 Oregon 4,783 3,267 133 8,183 58.5 39.9 1.6 Pennsylvania 2,831 1,539 72 4,442 63.7 34.6 1.6 Puerto Rico 1,276 2,072 - 3,348 38.1 61.9 - Rhode Island 979 952 25 1,956 50.1 48.7 1.3 South Carolina 3,906 6,293 9 10,208 38.3 61.6 0.1 South Dakota 386 649 8 1,043 37.0 62.2 0.8 Tennessee 3,651 3,399 539 7,589 48.1 44.8 7.1 Texas 20,654 20,939 215 41,808 49.4 50.1 0.5 Utah 3,651 2,561 1 6,213 58.8 41.2 0.0 Vermont 363 168 - 531 68.4 31.6 - Virginia 1,744 1,839 101 3,684 47.3 49.9 2.7 Washington 1,439 1,361 15 2,815 51.1 48.3 0.5 West Virginia 1,665 2,264 3 3,932 42.3 57.6 0.1 Wisconsin 1,426 1,238 344 3,008 47.4 41.2 11.4 Wyoming 251 324 1 576 43.6 56.3 0.2 National 197,690 215,443 4,763 417,896 47.3 51.6 1.1 Reporting States 51 51 45 51 - - - ChApter 5: Perpetrators 76 Child Maltreatment 2023 Table 5–4 Perpetrators by Race or Ethnicity, 2023 (continues next page) State American Indian or Alaska Native Asian Black or African- American HispanicTwo or More Races Native Hawaiian or Other Pacific Islander White UnknownTotal Perpetrators Alabama 7 17 2,452 372 42 7 5,187 191 8,275 Alaska 988 9 46 49 75 49 481 153 1,850 Arizona 628 39 1,198 12 267 35 6,630 2,589 11,398 Arkansas 12 16 1,354 463 336 43 4,141 266 6,631 California 410 1,271 5,807 20,666 0 175 11,031 3,631 42,991 Colorado - - - - - - - - - Connecticut 6 30 984 1,326 71 3 1,664 172 4,256 Delaware 1 5 335 104 5 0 290 - 740 District of Columbia 0 0 617 73 0 0 15 127 832 Florida 20 69 5,070 2,559 201 15 7,885 1,191 17,010 Georgia 6 44 3,602 575 93 5 3,993 340 8,658 Hawaii 2 113 12 24 244 180 173 76 824 Idaho 39 3 26 152 21 2 1,045 502 1,790 Illinois 11 275 6,883 3,848 246 14 11,338 466 23,081 Indiana 18 79 2,670 1,058 361 9 10,181 140 14,516 Iowa 102 56 1,123 688 107 65 5,552 82 7,775 Kansas 10 15 196 161 22 2 1,010 115 1,531 Kentucky 1 23 1,103 361 326 11 9,037 264 11,126 Louisiana 9 19 3,384 252 31 9 3,569 433 7,706 Maine 45 19 81 70 72 2 2,588 350 3,227 Maryland 5 53 1,977 660 54 2 1,536 1,335 5,622 Massachusetts 35 304 2,403 4,674 416 10 7,044 2,253 17,139 Michigan 73 73 5,987 1,163 818 7 9,750 90 17,961 Minnesota 296 81 551 427 401 5 1,701 75 3,537 Mississippi 14 11 2,840 169 27 5 3,522 764 7,352 Missouri 6 13 456 260 16 6 2,751 304 3,812 Montana 304 1 28 87 36 3 1,056 292 1,807 Nebraska 89 14 194 252 51 3 789 197 1,589 Nevada 36 82 1,454 1,296 111 63 1,638 463 5,143 New Hampshire 3 8 28 51 15 1 854 130 1,090 New Jersey 2 24 631 670 13 2 760 86 2,188 New Mexico 399 13 143 2,366 66 5 976 758 4,726 New York 157 974 9,880 9,741 698 21 14,041 307 35,819 North Carolina - - - - - - - - - North Dakota 160 3 57 39 15 2 341 84 701 Ohio 10 44 4,293 810 584 3 10,199 980 16,923 Oklahoma 501 42 1,191 1,664 2,505 21 4,833 169 10,926 Oregon 206 45 351 813 161 52 4,870 1,685 8,183 Pennsylvania 4 45 974 588 68 1 2,371 391 4,442 Puerto Rico 7 0 21 3,081 2 0 93 144 3,348 Rhode Island 13 21 302 529 49 3 954 85 1,956 South Carolina 18 26 3,691 532 103 8 5,065 765 10,208 South Dakota 440 5 38 59 99 1 356 45 1,043 Tennessee - - - - - - - - - Texas 71 299 9,892 17,032 412 52 12,767 1,283 41,808 Utah 117 51 232 1,366 93 172 4,109 73 6,213 Vermont 1 3 21 7 0 0 445 54 531 Virginia 1 42 851 486 34 5 1,887 378 3,684 Washington 118 44 226 440 148 58 1,526 255 2,815 West Virginia 1 6 179 8 62 1 3,584 91 3,932 Wisconsin 104 38 531 274 39 0 1,561 461 3,008 Wyoming 27 1 11 64 0 1 444 28 576 National 5,533 4,468 86,376 82,421 9,616 1,139 187,633 25,113 402,299 Reporting States 49 49 49 49 49 49 49 48 49Child Maltreatment 2023 ChApter 5: Perpetrators 77 Table 5–4 Perpetrators by Race or Ethnicity, 2023 State American Indian or Alaska Native Percent Asian PercentBlack or African- American PercentHispanic Percent Two or More Races PercentNative Hawaiian or Other Pacific Islander Percent White PercentUnknown Percent Alabama 0.1 0.2 29.6 4.5 0.5 0.1 62.7 2.3 Alaska 53.4 0.5 2.5 2.6 4.1 2.6 26.0 8.3 Arizona 5.5 0.3 10.5 0.1 2.3 0.3 58.2 22.7 Arkansas 0.2 0.2 20.4 7.0 5.1 0.6 62.4 4.0 California 1.0 3.0 13.5 48.1 0.0 0.4 25.7 8.4 Colorado - - - - - - - - Connecticut 0.1 0.7 23.1 31.2 1.7 0.1 39.1 4.0 Delaware 0.1 0.7 45.3 14.1 0.7 0.0 39.2 - District of Columbia 0.0 0.0 74.2 8.8 0.0 0.0 1.8 15.3 Florida 0.1 0.4 29.8 15.0 1.2 0.1 46.4 7.0 Georgia 0.1 0.5 41.6 6.6 1.1 0.1 46.1 3.9 Hawaii 0.2 13.7 1.5 2.9 29.6 21.8 21.0 9.2 Idaho 2.2 0.2 1.5 8.5 1.2 0.1 58.4 28.0 Illinois 0.0 1.2 29.8 16.7 1.1 0.1 49.1 2.0 Indiana 0.1 0.5 18.4 7.3 2.5 0.1 70.1 1.0 Iowa 1.3 0.7 14.4 8.8 1.4 0.8 71.4 1.1 Kansas 0.7 1.0 12.8 10.5 1.4 0.1 66.0 7.5 Kentucky 0.0 0.2 9.9 3.2 2.9 0.1 81.2 2.4 Louisiana 0.1 0.2 43.9 3.3 0.4 0.1 46.3 5.6 Maine 1.4 0.6 2.5 2.2 2.2 0.1 80.2 10.8 Maryland 0.1 0.9 35.2 11.7 1.0 0.0 27.3 23.7 Massachusetts 0.2 1.8 14.0 27.3 2.4 0.1 41.1 13.1 Michigan 0.4 0.4 33.3 6.5 4.6 0.0 54.3 0.5 Minnesota 8.4 2.3 15.6 12.1 11.3 0.1 48.1 2.1 Mississippi 0.2 0.1 38.6 2.3 0.4 0.1 47.9 10.4 Missouri 0.2 0.3 12.0 6.8 0.4 0.2 72.2 8.0 Montana 16.8 0.1 1.5 4.8 2.0 0.2 58.4 16.2 Nebraska 5.6 0.9 12.2 15.9 3.2 0.2 49.7 12.4 Nevada 0.7 1.6 28.3 25.2 2.2 1.2 31.8 9.0 New Hampshire 0.3 0.7 2.6 4.7 1.4 0.1 78.3 11.9 New Jersey 0.1 1.1 28.8 30.6 0.6 0.1 34.7 3.9 New Mexico 8.4 0.3 3.0 50.1 1.4 0.1 20.7 16.0 New York 0.4 2.7 27.6 27.2 1.9 0.1 39.2 0.9 North Carolina - - - - - - - - North Dakota 22.8 0.4 8.1 5.6 2.1 0.3 48.6 12.0 Ohio 0.1 0.3 25.4 4.8 3.5 0.0 60.3 5.8 Oklahoma 4.6 0.4 10.9 15.2 22.9 0.2 44.2 1.5 Oregon 2.5 0.5 4.3 9.9 2.0 0.6 59.5 20.6 Pennsylvania 0.1 1.0 21.9 13.2 1.5 0.0 53.4 8.8 Puerto Rico 0.2 0.0 0.6 92.0 0.1 0.0 2.8 4.3 Rhode Island 0.7 1.1 15.4 27.0 2.5 0.2 48.8 4.3 South Carolina 0.2 0.3 36.2 5.2 1.0 0.1 49.6 7.5 South Dakota 42.2 0.5 3.6 5.7 9.5 0.1 34.1 4.3 Tennessee - - - - - - - - Texas 0.2 0.7 23.7 40.7 1.0 0.1 30.5 3.1 Utah 1.9 0.8 3.7 22.0 1.5 2.8 66.1 1.2 Vermont 0.2 0.6 4.0 1.3 0.0 0.0 83.8 10.2 Virginia 0.0 1.1 23.1 13.2 0.9 0.1 51.2 10.3 Washington 4.2 1.6 8.0 15.6 5.3 2.1 54.2 9.1 West Virginia 0.0 0.2 4.6 0.2 1.6 0.0 91.1 2.3 Wisconsin 3.5 1.3 17.7 9.1 1.3 0.0 51.9 15.3 Wyoming 4.7 0.2 1.9 11.1 0.0 0.2 77.1 4.9 National 1.4 1.1 21.5 20.5 2.4 0.3 46.6 6.2 Reporting States - - - - - - - -Child Maltreatment 2023 ChApter 5: Perpetrators 78 Table 5–5 Perpetrators by Relationship to Their Victims, 2023 (continues next page) State ParentChild Daycare Provider Foster Parent Friend and NeighborGroup Home and Residential Facility Staff L e g a l G u a r d i a n Multiple Relationships Alabama 5,950 33 14 109 13 26 385 Alaska 1,561 - 23 - - 9 62 Arizona 8,265 - 45 3 - 69 487 Arkansas 4,432 42 11 113 4 25 206 California 37,087 - 127 - 4 - 1,268 Colorado 5,814 15 6 - 13 5 488 Connecticut 3,199 18 13 40 17 122 234 Delaware 511 1 - - - 1 37 District of Columbia 781 - 3 - - 3 15 Florida 12,024 23 - - 1 31 1,137 Georgia 7,054 33 35 48 19 46 159 Hawaii 717 - 7 - - 14 22 Idaho 1,623 - 5 17 - 19 8 Illinois 18,827 156 138 - 25 - 1,051 Indiana 11,177 32 28 313 4 39 696 Iowa 6,192 54 20 - 12 41 282 Kansas 1,052 - 9 3 10 - 20 Kentucky 6,532 7 6 156 - 200 872 Louisiana - - - - - - - Maine - - - - - - - Maryland 3,313 29 35 40 58 22 155 Massachusetts 13,566 91 45 - 95 108 949 Michigan 13,348 - 126 901 46 61 1,458 Minnesota 2,555 27 44 19 7 58 202 Mississippi 5,321 14 52 144 16 17 240 Missouri 2,130 23 21 159 31 - 180 Montana 1,631 6 12 - 1 6 22 Nebraska 1,193 17 7 - 2 - 79 Nevada 4,257 - 7 113 16 2 294 New Hampshire 931 1 - - 1 5 47 New Jersey 1,701 14 4 17 3 - 69 New Mexico 4,034 - 2 1 - 57 138 New York 30,010 264 129 - 86 146 380 North Carolina - - - - - - - North Dakota 586 - - 16 - - 23 Ohio 10,719 51 63 163 35 - 925 Oklahoma 8,758 26 82 - 18 53 642 Oregon 5,576 2 - - - 36 581 Pennsylvania 2,485 22 6 76 26 9 123 Puerto Rico 2,366 2 2 - 16 3 345 Rhode Island 1,555 24 9 - 45 11 126 South Carolina 8,720 5 37 - 8 85 439 South Dakota 851 7 1 - 2 11 56 Tennessee 4,350 10 22 377 10 55 100 Texas 31,600 286 62 214 98 - 591 Utah 4,018 19 12 211 29 21 331 Vermont 310 4 3 47 2 - 23 Virginia 2,569 76 5 - 8 31 136 Washington 2,405 7 11 - - - 72 West Virginia 3,067 2 5 2 1 32 215 Wisconsin 1,892 20 14 20 - 1 126 Wyoming 492 3 - - - 2 21 National Total 309,107 1,466 1,308 3,322 782 1,482 16,517 National Percent 76.0 0.4 0.3 0.8 0.2 0.4 4.1 Reporting States 49 38 43 26 36 38 49Child Maltreatment 2023 ChApter 5: Perpetrators 79 Table 5–5 Perpetrators by Relationship to Their Victims, 2023 State Other Other Professional RelativeUnmarried Partner of Parent U n k n o w n Total Perpetrators Alabama 549 19 695 297 185 8,275 Alaska 43 - 78 67 7 1,850 Arizona 31 - 46 41 2,411 11,398 Arkansas 635 37 713 213 200 6,631 California - - 1,825 2,680 - 42,991 Colorado 334 16 637 5 675 8,008 Connecticut 220 61 151 177 4 4,256 Delaware 40 - 117 33 - 740 District of Columbia 12 - 18 - - 832 Florida 656 169 780 742 1,447 17,010 Georgia 448 42 613 161 - 8,658 Hawaii 30 - 28 - 6 824 Idaho - 1 53 55 9 1,790 Illinois 465 72 1,298 830 219 23,081 Indiana 832 18 847 - 530 14,516 Iowa 254 - 404 512 4 7,775 Kansas 195 - 226 - 16 1,531 Kentucky 102 - 516 469 2,266 11,126 Louisiana - - - - - - Maine - - - - - - Maryland 521 159 789 - 501 5,622 Massachusetts 490 68 558 740 429 17,139 Michigan 225 8 958 823 7 17,961 Minnesota 87 1 312 210 15 3,537 Mississippi 171 25 761 269 322 7,352 Missouri 472 29 336 299 132 3,812 Montana 22 - 58 48 1 1,807 Nebraska 83 - 105 77 26 1,589 Nevada 5 - 144 292 13 5,143 New Hampshire - - 31 20 54 1,090 New Jersey 55 65 113 130 17 2,188 New Mexico 37 - 205 200 52 4,726 New York 464 - 2,213 2,100 27 35,819 North Carolina - - - - - - North Dakota - - 11 - 65 701 Ohio 1,929 114 1,986 - 938 16,923 Oklahoma 717 7 531 32 60 10,926 Oregon - - 344 180 1,464 8,183 Pennsylvania 429 75 811 299 81 4,442 Puerto Rico 14 8 85 5 502 3,348 Rhode Island 57 - 31 95 3 1,956 South Carolina 306 - 364 243 1 10,208 South Dakota 19 - 33 46 17 1,043 Tennessee 1,655 7 943 57 3 7,589 Texas 1,079 257 4,684 2,835 102 41,808 Utah 575 8 636 276 77 6,213 Vermont 47 2 33 32 28 531 Virginia 236 84 292 118 129 3,684 Washington 43 - 89 186 2 2,815 West Virginia 217 5 202 14 170 3,932 Wisconsin 219 11 236 221 248 3,008 Wyoming 27 - 28 1 2 576 National Total 15,047 1,368 26,967 16,130 13,467 406,963 National Percent 3.7 0.3 6.6 4.0 3.3 100.0 Reporting States 44 27 49 42 45 49 ChApter 6: Services 80 Child Maltreatment 2023 Services The mandate of child protection is not only to investigate or assess maltreatment allegations, but also to provide services. Child protective 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. 18 States have their own typologies of services, which they map or crosswalk to the NCANDS services categories. 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), asamended [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 CPS 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. CHAPTER 6 18 For a listing of all 26 services categories and definitions, please see the NCANDS Child File Codebook on the Children’s Bureau website at https://www.acf.hhs.gov/cb/training-technical-assistance/ncands-child-file-codebook Child Maltreatment 2023 ChApter 6: Services 81 ■Title II of CAPTA, as amended [P.L. 100–294]: The Community-Based Child Abuse Prevention Grants (CBCAP) provides funding to a lead state agency (designated by thegovernor) to support community-based efforts to develop, operate, expand, enhance, andport the coordination of resources and activities; and to foster understanding, appreciationand knowledge of diverse populations in order to effectively prevent and treat child abuseand 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 theunnecessary separation of children from their families, improve the quality of care andservices to children and their families, and ensure permanency for children by reunitingthem with their parents, by adoption, or by another permanent living arrangement. Statesare to spend most of the funding for services that address family support, family preserva - tion, time-limited family reunification, and adoption promotion and support. The servicesare designed to help state child welfare agencies and eligible Indian tribes establish andoperate integrated, preventive family preservation services and community-based familysupport services for families at risk or in crisis. ■Title IV–E of the Social Security Act as amended [P.L.115–123]: Family First PreventionServices Act (FFPSA): This act authorized new optional title IV–E funding for time-lim - ited prevention services for mental health, substance abuse, and in-home parent skill-basedprograms for children or youth who are candidates for foster care, pregnant or parentingyouth in foster care, and the parents or kin caregivers of those children and youth. Statesdo not report these services to NCANDS. ■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 ser - vice programming to their population’s needs. Through the SSBG, states provide essentialsocial services that help achieve goals to reduce dependency and promote self-sufficiency;protect children and adults from neglect, abuse and exploitation; and help individuals whoare unable to take care of themselves to stay in their homes or to find the best institutionalarrangements. For each funding source, states are asked to provide NCANDS with a countof child recipients. Some states are not able to report all child recipients and may report acount of family recipients either instead of or in combination with a count of child recipi - ents. 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. According to the U.S. Census Bureau, the average number of own children under 18 in families is 1.94. 19 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 45 states, the FFY 2023 estimated total child recipients of prevention services is 1,762,516. See table 6–1 and related notes. This is a decrease from the FFY 2022 estimated total child recipients of 1,922,792 based on data from 45 states. 19 Source: U.S. Census Bureau, Current Population Survey. (2023). 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: 2023 [data file]. Retrieved April 2024 from https://www.census.gov/data/tables/ 2023/demo/families/cps-2023.html Child Maltreatment 2023 ChApter 6: Services 82 The funding source with the largest number of estimated total child recipients is the Promoting Safe and Stable Families (PSSF) with 38 states reporting 587,006 estimated recipients. 20 The second largest is the Community-Based Child Abuse Prevention Grants (CBCAP) with 38 states reporting 431,851 estimated recipients. Due to 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 elements are listed below: ■CPS agencies may contract out some or all prevention services to local community-basedagencies, 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 itmay 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. 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 maltreat - ment 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 postre - sponse 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. During FFY 2023, 887,274 children received postresponse services from a CPS agency. Fifty- one states reported 56.0 percent of duplicate victims received postresponse services and 19.9percent of duplicate nonvictims received postresponse services. See table 6–2 and related notes. This is a slight decrease from FFY 2022 when 51 states reported 897,486 children who received postresponse services. 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 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 44 states, the average number of days from receipt of a report to initiation of services for FFY 2023 is 42 days and a midpoint (median) of 23 days. See table 6–3 and related notes. This 20 P.L. 116–94 Family First Transition Act of 2020 renamed this program to Marylee Allen Promoting Safe and Stable Families.Child Maltreatment 2023 ChApter 6: Services 83 is a slight increase from FFY 2022 when 45 states reported an average of 40 days and a median of 22 days. Several states provided comments about the increase in days to services receipt and attributed the increase to: an increase in families receiving community-based services, increase in screened-in referrals, backlog reduction, and improved reporting. Table 6–4 displays the number of 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/data-research/ adoption-fostercare . AFCARS collects case-level information on all children in foster care and those who are adopted with title IV–E agency involvement. Based on FFY 2023 data from 50 states, 105,153 victims (19.8%) and 40,076 nonvictims (1.4%) were removed from their homes. For FFY 2022, 49 states reported 104,747 victims (19.6%) and 40,702 nonvictims (1.4%) were removed. Some states report low percentages of victims and nonvictims who received foster care services due to system limitations or other difficulties with collecting and reporting the data as mentioned above. 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 volun - tarily agrees to place a child in foster care even if the child was not determined to be a victim of maltreatment. Twenty-five states reported 50,329 victims (19.0%) have court-appointed representatives. See table 6–5 and related notes. This is a decrease from FFY 2022 when 25 states reported 51,193 victims (19.0%) had court-appointed representatives. 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 data: ■The data is provided by contracted vendors and is not available at the child level. ■The lack of a 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.Child Maltreatment 2023 ChApter 6: Services 84 History of Receiving Services (unique count of victims) Two data elements in the Agency File collect information on histories of victims with prior CPS involvement—family preservation and family reunification services. For FFY 2023, 31 states reported 46,979 victims (13.6%) received family preservation services within the previous 5 years. This is a decrease from FFY 2022 when 28 states reported 49,703 victims (15.2%) received family preservation services. See table 6–6 and related notes. Several states subcontract family preservation services to outside vendors and are not able to report this data to NCANDS. FFY 2023 data from 38 states show 17,859 victims (4.3%) were reunited with their families within the previous 5 years. This is similar to FFY 2022 when 37 states reported 18,327 victims (4.8%) were reunited. See table 6–7 and related notes. Part C of the Individuals With Disabilities Education Act (IDEA) (unique count of victims) 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 InterventionServices 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 UnderPart 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-eight states reported 82,646 victims who are eligible for referral to agencies providing early intervention services and 32 states reported 36,389 victims as referred to these services. Of the states that are able to report both the victims who are eligible and referred (31 states), 59.6 percent of victims who are eligible are referred to the agencies. See table 6–8 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 infor-mation 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. Not every table has exclu-sion rules or notes. ■The data for all tables is from the Child File unless otherwise noted. ■Due to the large number of categories, most services are defined in Appendix B, Glossary.Child Maltreatment 2023 ChApter 6: Services 85 ■The row labeled Reporting 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’sBureau website at https://www.acf.hhs.gov/cb/training-technical-assistance/ncands- child-file-codebook ■National totals and calculations appear in a single row labeled National instead of separaterows labeled total, rate, or percent. ■Dashes are inserted into cells without any data for this analysis. Table 6–1 Children Who Received Prevention Services by Funding Source, 2023 ■Data is 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 fund - ing sources. ■Children who received prevention services may have received them via CPS or otheragencies. ■Funds used for public service announcements or campaigns are not included in NCANDSreporting. ■Some programs maintain their data as counts of families rather than counts of children. Ifa family count was provided, the number of families was multiplied by the average numberof children per family (1.94) and used as the estimate of the number of children whoreceived services or added to any counts of children that were also provided. The estimatedtotal child recipient count by funding source is a sum of the reported child count and thecalculated child count. Table 6–2 Children Who Received Postresponse Services, 2023 ■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 thecompletion of the CPS response. ■States are excluded from this analysis if they report fewer than 1.0 percent of victims orfewer than 1.0 percent of nonvictims with postresponse services. ■A couple of states reported that 100.0 percent of its victims, nonvictims, or both receivedservices. These states may be reporting case management services and information andreferral services for all children who received a CPS response. Table 6–3 Average and Median Number of Days to Initiation of Services, 2023 ■The number of children is a duplicate count. ■This analysis uses subset of children whose service date is the same day or later than thereport date. The subset is created by excluding any report with a service date prior to thereport date. ■The average is displayed at the state and national level. The state average is rounded toa whole day. The national average is calculated by dividing the total number of days toservices by the number of children who received services on or after the report date. Thetotal 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 determinedby finding the midpoint of the number of days to services for children who received ser - vices on or after the report date. ChApter 6: Services 86 Child Maltreatment 2023 ■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 80.0 percent of records with a service have a service date. ■States are excluded from this analysis if fewer than 35.0 percent of records with a service have 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, 2023 ■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 and up to 90 days after the disposition date are counted. ■States are excluded from this analysis if fewer than 1.0 percent of victims received foster care services. ■States were excluded from this analysis if fewer than 75.0 percent of victims with foster care services or fewer than 40.0 percent of nonvictims with foster care services have a removal date. Table 6–5 Victims with Court-Appointed Representatives, 2023 ■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 6–6 Victims Who Received Family Preservation Services withinthe Previous 5 Years, 2023 ■Data is from the Child File and Agency File. ■The number of victims is a unique count. Table 6–7 Victims Who Were Reunited with Their Families within the Previous 5 Years, 2023 ■Data is from the Child File and the Agency File. ■The number of victims is a unique count. Table 6–8 IDEA: Victims Who Were Eligible and Victims Who Were Referred to Part C Agencies, 2023 ■Data is from the Agency File. ■The number of victims is a unique count. ChApter 6: Services 87 Child Maltreatment 2023 Table 6–1 Children Who Received Prevention Services by Funding Source, 2023 (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) ChildrenCBCAP Calculated Child CountCBCAP Estimated Total Child Recipients Alabama - 1,077 1,077 2,597 - 2,597 Alaska - - - 427 - 427 Arizona - - - - 5,221 5,221 Arkansas 6 116 122 - 2,025 2,025 California - 2,497 2,497 1,006 2,669 3,675 Colorado - - - - - - Connecticut 2,997 - 2,997 - 631 631 Delaware - - - - - - District of Columbia 42 - 42 - - - Florida - - - - - - Georgia 33,013 43,770 76,783 32,978 29,509 62,487 Hawaii - - - - 5,888 5,888 Idaho - - - 8,269 11,008 19,277 Illinois 3,563 5,599 9,162 6,147 8,963 15,110 Indiana 28,632 - 28,632 2,065 - 2,065 Iowa - 146 146 - 1,317 1,317 Kansas - - - - - - Kentucky - - - 1,925 - 1,925 Louisiana - - - 21,683 11,541 33,224 Maine - - - - - - Maryland - - - - - - Massachusetts - - - - - - Michigan 2,570 4,020 6,590 46,652 14,540 61,192 Minnesota 3,359 - 3,359 8,990 - 8,990 Mississippi - - - 3,673 6,668 10,341 Missouri - - - 828 1,599 2,427 Montana - - - 887 1,009 1,896 Nebraska - - - 3,785 - 3,785 Nevada 300 - 300 567 - 567 New Hampshire - - - 3,115 - 3,115 New Jersey - 1,492 1,492 66,814 18,548 85,362 New Mexico - - - 129 - 129 New York - - - 1,903 3,649 5,552 North Carolina - - - 376 371 747 North Dakota - - - 174 2,029 2,203 Ohio - - - 2,441 3,277 5,718 Oklahoma - - - 177 1,494 1,671 Oregon - - - - - - Pennsylvania - - - 3,795 - 3,795 Puerto Rico 7,715 64,924 72,639 1,050 5,562 6,612 Rhode Island - - - - - - South Carolina - - - - - - South Dakota - - - 1,629 741 2,370 Tennessee - - - - - - Texas - - - 1,054 2,221 3,275 Utah - - - 14,207 - 14,207 Vermont - - - - - - Virginia 38,210 - 38,210 1,179 3,021 4,200 Washington 4,599 - 4,599 - 8,127 8,127 West Virginia - - - 36,552 - 36,552 Wisconsin - - - - - - Wyoming - - - 3,150 - 3,150 National 125,006 123,640 248,646 280,224 151,627 431,851 Reporting States 12 9 16 32 25 38Child Maltreatment 2023 ChApter 6: Services 88 Table 6–1 Children Who Received Prevention Services by Funding Source, 2023 (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 - 62,755 62,755 13,318 - 13,318 Alaska 28 130 158 161 2,687 2,848 Arizona - 10,806 10,806 - - - Arkansas 26 318 344 - 51,847 51,847 California 4,805 45,772 50,577 - - - Colorado - - - - - - Connecticut 56,737 3,131 59,868 - - - Delaware 542 - 542 - 481 481 District of Columbia 121 - 121 - - - Florida 37,411 - 37,411 - - - Georgia 17,563 - 17,563 - - - Hawaii - - - - - - Idaho 607 - 607 115 - 115 Illinois - - - 6,657 10,936 17,593 Indiana 773 - 773 43 - 43 Iowa - 1,059 1,059 - - - Kansas 1,767 1,818 3,585 - - - Kentucky 340 - 340 - - - Louisiana 3,268 4,167 7,435 7,178 - 7,178 Maine - - - - - - Maryland - - - 12,822 - 12,822 Massachusetts - - - - - - Michigan 11,526 7,644 19,170 - - - Minnesota 1,874 - 1,874 11,418 - 11,418 Mississippi 436 - 436 - - - Missouri 2,431 2,369 4,800 9,486 8,486 17,972 Montana 2,882 2,607 5,489 - - - Nebraska - 11,496 11,496 - - - Nevada 7,700 - 7,700 - - - New Hampshire 112 - 112 387 - 387 New Jersey - 6,064 6,064 - - - New Mexico 700 - 700 - - - New York - - - - - - North Carolina 1,997 2,778 4,775 812 1,575 2,387 North Dakota - 3,987 3,987 - - - Ohio - - - - - - Oklahoma 570 660 1,230 - - - Oregon - 1,773 1,773 - 3,539 3,539 Pennsylvania 1,672 - 1,672 137,747 - 137,747 Puerto Rico 1,547 2,964 4,511 3,807 4,984 8,791 Rhode Island - 2,497 2,497 - - - South Carolina - - - - - - South Dakota - - - - - - Tennessee - - - - - - Texas 22,759 38,501 61,260 - - - Utah - - - - - - Vermont - - - - - - Virginia 20,420 34,631 55,051 - - - Washington 3,820 24,861 28,681 - - - West Virginia 36,552 71,431 107,983 - - - Wisconsin - - - - - - Wyoming 1,800 - 1,800 3,799 - 3,799 National 242,786 344,220 587,006 207,750 84,534 292,284 Reporting States 30 24 38 14 8 17Child Maltreatment 2023 ChApter 6: Services 89 Table 6–1 Children Who Received Prevention Services by Funding Source, 2023 State Other Funding (Other) Children Other Calculated Child Count Other Estimated Total Child Recipients Estimated Total Child Recipients (duplicate) Alabama - - - 79,747 Alaska 76 62 138 3,571 Arizona - 7,347 7,347 23,373 Arkansas - - - 54,338 California 1,036 13,481 14,517 71,267 Colorado - - - - Connecticut 2,421 - 2,421 65,917 Delaware 2,413 3,601 6,014 7,037 District of Columbia 1,133 - 1,133 1,296 Florida - - - 37,411 Georgia - - - 156,834 Hawaii - - - 5,888 Idaho 115 - 115 20,114 Illinois - - - 41,864 Indiana 9,365 - 9,365 40,878 Iowa - - - 2,522 Kansas 7 6 13 3,598 Kentucky 250 - 250 2,515 Louisiana 1,752 4,547 6,299 54,137 Maine - - - - Maryland - - - 12,822 Massachusetts - - - - Michigan - - - 86,952 Minnesota - - - 25,641 Mississippi 1,902 - 1,902 12,679 Missouri 1,653 3,224 4,877 30,075 Montana - - - 7,385 Nebraska - - - 15,281 Nevada 15,537 - 15,537 24,104 New Hampshire 1,167 - 1,167 4,781 New Jersey - 3,141 3,141 96,060 New Mexico 977 3,659 4,636 5,465 New York 66,993 - 66,993 72,545 North Carolina 3,368 6,074 9,442 17,351 North Dakota - - - 6,190 Ohio - - - 5,718 Oklahoma 4,068 7,774 11,842 14,742 Oregon - 318 318 5,630 Pennsylvania 8,574 - 8,574 151,788 Puerto Rico 824 4,703 5,527 98,080 Rhode Island - - - 2,497 South Carolina - - - - South Dakota - - - 2,370 Tennessee - - - - Texas - - - 64,536 Utah 7,264 - 7,264 21,471 Vermont - - - - Virginia 5,460 8,439 13,899 111,360 Washington - - - 41,407 West Virginia - - - 144,535 Wisconsin - - - - Wyoming - - - 8,749 National 136,355 66,375 202,730 1,762,516 Reporting States 22 14 25 45Child Maltreatment 2023 ChApter 6: Services 90Table 6–2 Children Who Received Postresponse Services, 2023 State Victims Victims Who Received Postresponse ServicesVictims Who Received Postresponse Services Percentage Nonvictims Nonvictims Who Received Postresponse ServicesNonvictims Who Received Postresponse Services Percentage Alabama 11,935 7,047 59.0 27,651 4,508 16.3 Alaska 2,670 1,347 50.4 9,338 356 3.8 Arizona 13,271 8,263 62.3 71,604 8,571 12.0 Arkansas 8,211 6,149 74.9 62,988 8,297 13.2 California 50,526 32,057 63.4 301,369 61,188 20.3 Colorado 10,639 1,957 18.4 38,384 744 1.9 Connecticut 5,578 5,430 97.3 14,085 13,251 94.1 Delaware 891 349 39.2 11,759 1,508 12.8 District of Columbia 1,336 180 13.5 6,211 112 1.8 Florida 23,860 8,270 34.7 281,645 9,858 3.5 Georgia 11,824 8,878 75.1 107,286 59,849 55.8 Hawaii 883 493 55.8 3,761 448 11.9 Idaho 2,076 1,130 54.4 10,599 961 9.1 Illinois 36,357 16,455 45.3 170,189 27,457 16.1 Indiana 19,214 10,396 54.1 144,791 9,029 6.2 Iowa 12,800 12,800 100.0 41,395 41,395 100.0 Kansas 1,889 956 50.6 28,073 6,982 24.9 Kentucky 16,577 11,309 68.2 45,889 862 1.9 Louisiana 9,459 5,131 54.2 29,112 2,118 7.3 Maine 4,066 984 24.2 18,372 414 2.3 Maryland 6,563 1,830 27.9 16,290 1,715 10.5 Massachusetts 23,976 21,446 89.4 52,624 31,264 59.4 Michigan 24,045 9,042 37.6 152,030 17,815 11.7 Minnesota 5,219 3,073 58.9 31,251 7,638 24.4 Mississippi 9,460 4,416 46.7 29,511 1,889 6.4 Missouri 4,515 2,720 60.2 80,177 18,371 22.9 Montana 2,784 1,180 42.4 9,832 612 6.2 Nebraska 2,338 1,622 69.4 33,755 13,395 39.7 Nevada 6,947 3,311 47.7 27,175 4,813 17.7 New Hampshire 1,317 771 58.5 14,329 2,191 15.3 New Jersey 3,065 1,595 52.0 92,650 14,674 15.8 New Mexico 6,673 1,988 29.8 22,450 1,368 6.1 New York - - North Carolina 25,475 17,514 68.7 103,668 16,961 16.4 North Dakota 909 535 58.9 4,098 478 11.7 Ohio 22,499 13,743 61.1 90,072 24,110 26.8 Oklahoma 13,859 11,799 85.1 45,895 31,300 68.2 Oregon 11,630 3,891 33.5 44,092 3,567 8.1 Pennsylvania 4,659 917 19.7 34,479 1,984 5.8 Puerto Rico 5,245 4,464 85.1 14,098 4,046 28.7 Rhode Island 2,620 893 34.1 4,596 565 12.3 South Carolina 14,701 4,921 33.5 71,978 8,588 11.9 South Dakota 1,551 721 46.5 3,127 275 8.8 Tennessee 7,768 7,768 100.0 88,230 81,836 92.8 Texas 56,358 23,786 42.2 260,278 12,581 4.8 Utah 9,079 7,388 81.4 22,185 12,860 58.0 Vermont 762 218 28.6 3,985 488 12.2 Virginia 4,478 1,363 30.4 46,907 2,212 4.7 Washington 3,872 1,918 49.5 56,573 3,632 6.4 West Virginia 5,209 3,669 70.4 35,516 3,213 9.0 Wisconsin 3,843 1,554 40.4 29,725 2,106 7.1 Wyoming 786 651 82.8 3,013 2,531 84.0 National 536,267 300,288 56.0 2,949,090 586,986 19.9 Reporting States 51 51 - 51 51 - Child Maltreatment 2023 ChApter 6: Services 91 Table 6–3 Average and Median Number of Days to Initiation of Services, 2023 State Children Who Received ServicesChildren Who Received Services On or After the Report DateAverage Number of Days to Initiation of Services Median Number of Days to Initiation of Services Alabama 11,555 11,495 43 36 Alaska 1,703 1,703 45 31 Arizona 16,834 16,708 56 37 Arkansas 14,446 13,675 43 41 California 93,245 87,804 61 44 Colorado 2,701 2,462 23 14 Connecticut - - - - Delaware 1,857 1,857 91 71 District of Columbia 292 283 66 49 Florida 18,128 11,211 32 16 Georgia 68,727 67,529 13 7 Hawaii 941 631 28 1 Idaho 2,091 2,087 32 21 Illinois 43,912 21,383 46 31 Indiana 19,425 19,386 32 20 Iowa 54,195 54,195 25 28 Kansas 7,938 4,902 52 30 Kentucky 12,171 10,717 82 70 Louisiana 7,249 6,585 51 28 Maine 1,398 1,019 33 14 Maryland - - - - Massachusetts 52,710 36,552 13 12 Michigan 26,857 13,748 44 37 Minnesota 10,711 10,711 62 45 Mississippi 6,305 6,305 29 28 Missouri 21,091 18,756 65 43 Montana 1,792 1,438 47 30 Nebraska 15,017 6,407 59 31 Nevada 8,124 7,885 67 58 New Hampshire 2,962 2,565 65 48 New Jersey 16,269 11,000 54 46 New Mexico 3,356 2,840 36 15 New York - - - - North Carolina - - - - North Dakota 1,013 992 51 34 Ohio 37,853 30,586 40 30 Oklahoma 43,099 43,011 52 50 Oregon 7,458 6,382 49 24 Pennsylvania 2,901 2,110 28 27 Puerto Rico 8,510 7,056 118 46 Rhode Island 1,458 973 39 22 South Carolina 13,509 7,799 39 43 South Dakota - - - - Tennessee - - - - Texas 36,367 35,898 38 22 Utah - - - - Vermont 706 401 37 14 Virginia 3,575 2,032 42 20 Washington 5,550 4,267 40 22 West Virginia - - - - Wisconsin 3,660 3,660 53 56 Wyoming 3,182 3,162 12 5 National 712,843 602,168 42 23 Reporting States 44 44 44 44Child Maltreatment 2023 ChApter 6: Services 92 Table 6–4 Children Who Received Foster Care Postresponse Services and Who had a Removal Date On or After the Report Date, 2023 State Victims Victims Who Received Foster Care Postresponse Services Victims Who Received Foster Care Postresponse Services Percent Nonvictims Nonvictims Who Received Foster Care Postresponse ServicesNonvictims Who Received Foster Care Postresponse Services Percent Alabama 11,935 2,196 18.4 27,651 745 2.7 Alaska 2,670 609 22.8 9,338 195 2.1 Arizona 13,271 5,670 42.7 71,604 482 0.7 Arkansas 8,211 1,236 15.1 62,988 977 1.6 California 50,526 16,438 32.5 301,369 5,168 1.7 Colorado 10,639 1,283 12.1 38,384 195 0.5 Connecticut 5,578 981 17.6 14,085 244 1.7 Delaware 891 195 21.9 11,759 63 0.5 District of Columbia 1,336 129 9.7 6,211 17 0.3 Florida 23,860 7,490 31.4 281,645 2,158 0.8 Georgia 11,824 2,542 21.5 107,286 1,161 1.1 Hawaii 883 316 35.8 3,761 33 0.9 Idaho 2,076 695 33.5 10,599 188 1.8 Illinois 36,357 5,255 14.5 170,189 2,064 1.2 Indiana 19,214 4,984 25.9 144,791 1,367 0.9 Iowa 12,800 1,393 10.9 41,395 50 0.1 Kansas 1,889 160 8.5 28,073 590 2.1 Kentucky 16,577 899 5.4 45,889 23 0.1 Louisiana 9,459 2,904 30.7 29,112 513 1.8 Maine 4,066 835 20.5 18,372 101 0.5 Maryland 6,563 529 8.1 16,290 132 0.8 Massachusetts 23,976 2,899 12.1 52,624 742 1.4 Michigan 24,045 2,661 11.1 152,030 1,030 0.7 Minnesota 5,219 1,323 25.3 31,251 1,697 5.4 Mississippi 9,460 1,262 13.3 29,511 252 0.9 Missouri 4,515 1,497 33.2 80,177 2,990 3.7 Montana 2,784 955 34.3 9,832 256 2.6 Nebraska 2,338 716 30.6 33,755 988 2.9 Nevada 6,947 2,272 32.7 27,175 553 2.0 New Hampshire 1,317 490 37.2 14,329 276 1.9 New Jersey 3,065 571 18.6 92,650 1,190 1.3 New Mexico 6,673 1,087 16.3 22,450 433 1.9 New York - - - - - - North Carolina 25,475 3,242 12.7 103,668 389 0.4 North Dakota 909 292 32.1 4,098 109 2.7 Ohio 22,499 5,105 22.7 90,072 2,345 2.6 Oklahoma 13,859 2,766 20.0 45,895 40 0.1 Oregon 11,630 2,305 19.8 44,092 616 1.4 Pennsylvania - - - - - - Puerto Rico 5,245 397 7.6 14,098 24 0.2 Rhode Island 2,620 429 16.4 4,596 104 2.3 South Carolina 14,701 2,062 14.0 71,978 782 1.1 South Dakota 1,551 690 44.5 3,127 216 6.9 Tennessee 7,768 1,555 20.0 88,230 3,340 3.8 Texas 56,358 6,859 12.2 260,278 676 0.3 Utah 9,079 854 9.4 22,185 23 0.1 Vermont 762 76 10.0 3,985 72 1.8 Virginia 4,478 1,116 24.9 46,907 871 1.9 Washington 3,872 1,215 31.4 56,573 1,106 2.0 West Virginia 5,209 2,050 39.4 35,516 735 2.1 Wisconsin 3,843 1,367 35.6 29,725 1,735 5.8 Wyoming 786 301 38.3 3,013 20 0.7 National 531,608 105,153 19.8 2,914,611 40,076 1.4 Reporting States 50 50 - 50 50 - ChApter 6: Services 93 Child Maltreatment 2023 Table 6–5 Victims With Court-Appointed Representatives, 2023 State Victims Victims With Court-Appointed RepresentativesVictims With Court-Appointed Representatives Percent Alabama 11,935 920 7.7 Alaska 2,670 605 22.7 Arizona 13,271 1,516 11.4 Arkansas - - - California 50,526 14,005 27.7 Colorado - - - Connecticut - - - Delaware 891 211 23.7 District of Columbia - - - Florida - - - Georgia 11,824 2,410 20.4 Hawaii 883 446 50.5 Idaho - - - Illinois - - - Indiana 19,214 2,994 15.6 Iowa 12,800 1,807 14.1 Kansas - - - Kentucky 16,577 3,658 22.1 Louisiana - - - Maine - - - Maryland - - - Massachusetts 23,976 4,011 16.7 Michigan - - - Minnesota 5,219 1,014 19.4 Mississippi 9,460 847 9.0 Missouri - - - Montana 2,784 429 15.4 Nebraska 2,338 844 36.1 Nevada 6,947 1,392 20.0 New Hampshire 1,317 665 50.5 New Jersey - - - New Mexico 6,673 1,069 16.0 New York - - - North Carolina - - - North Dakota - - - Ohio 22,499 4,580 20.4 Oklahoma 13,859 1,021 7.4 Oregon 11,630 2,785 23.9 Pennsylvania - - - Puerto Rico - - - Rhode Island 2,620 453 17.3 South Carolina - - - South Dakota - - - Tennessee - - - Texas - - - Utah 9,079 1,292 14.2 Vermont 762 164 21.5 Virginia 4,478 1,191 26.6 Washington - - - West Virginia - - - Wisconsin - - - Wyoming - - - National 264,232 50,329 19.0 Reporting States 25 25 - ChApter 6: Services 94 Child Maltreatment 2023 Table 6–6 Victims Who Received Family Preservation Services Within the Previous 5 Years, 2023 State Victims Victims Who Received Family Preservation Services Within the Previous 5 Years NumberVictims Who Received Family Preservation Services Within the Previous 5 Years Percent Alabama 11,636 1,254 10.8 Alaska - - - Arizona - - - Arkansas 7,842 1,472 18.8 California 47,824 6,565 13.7 Colorado - - - Connecticut 5,227 555 10.6 Delaware - - - District of Columbia 1,269 200 15.8 Florida 22,842 1,279 5.6 Georgia 11,435 1,797 15.7 Hawaii - - - Idaho 2,017 1,076 53.3 Illinois 32,054 7,979 24.9 Indiana - - - Iowa - - - Kansas 1,807 369 20.4 Kentucky - - - Louisiana 8,971 1,449 16.2 Maine 3,741 508 13.6 Maryland - - - Massachusetts 21,710 7,681 35.4 Michigan - - - Minnesota 4,988 1,685 33.8 Mississippi 8,781 37 0.4 Missouri 4,419 465 10.5 Montana - - - Nebraska 2,228 336 15.1 Nevada 6,496 440 6.8 New Hampshire 1,276 232 18.2 New Jersey 2,951 254 8.6 New Mexico 5,670 337 5.9 New York - - - North Carolina 23,737 82 0.3 North Dakota 895 259 28.9 Ohio - - - Oklahoma 13,198 419 3.2 Oregon 10,773 411 3.8 Pennsylvania - - - Puerto Rico 4,446 931 20.9 Rhode Island 2,514 619 24.6 South Carolina - - - South Dakota - - - Tennessee 7,638 1,303 17.1 Texas 54,476 6,739 12.4 Utah 8,640 15 0.2 Vermont - - - Virginia - - - Washington 3,194 231 7.2 West Virginia - - - Wisconsin - - - Wyoming - - - National 344,695 46,979 13.6 Reporting States 31 31 - ChApter 6: Services 95 Child Maltreatment 2023 Table 6–7 Victims Who Were Reunited With Their Families Within the Previous 5 Years, 2023 State Victims Victims Who Were Reunited With Their Families Within the Previous 5 Years NumberVictims Who Were Reunited With Their Families Within the Previous 5 Years Percent Alabama 11,636 230 2.0 Alaska 2,424 221 9.1 Arizona - - - Arkansas 7,842 183 2.3 California 47,824 2,687 5.6 Colorado 9,868 344 3.5 Connecticut 5,227 198 3.8 Delaware 882 12 1.4 District of Columbia - - - Florida 22,842 639 2.8 Georgia 11,435 431 3.8 Hawaii 831 69 8.3 Idaho 2,017 133 6.6 Illinois 32,054 1,215 3.8 Indiana 18,267 1,154 6.3 Iowa - - - Kansas 1,807 260 14.4 Kentucky - - - Louisiana 8,971 286 3.2 Maine 3,741 209 5.6 Maryland 6,074 192 3.2 Massachusetts 21,710 1,720 7.9 Michigan - - - Minnesota 4,988 388 7.8 Mississippi 8,781 32 0.4 Missouri 4,419 185 4.2 Montana - - - Nebraska 2,228 225 10.1 Nevada 6,496 509 7.8 New Hampshire 1,276 81 6.3 New Jersey 2,951 126 4.3 New Mexico 5,670 298 5.3 New York - - - North Carolina 23,737 461 1.9 North Dakota - - - Ohio 20,598 1,258 6.1 Oklahoma 13,198 484 3.7 Oregon 10,773 899 8.3 Pennsylvania - - - Puerto Rico 4,446 51 1.1 Rhode Island 2,514 160 6.4 South Carolina 13,628 200 1.5 South Dakota - - - Tennessee 7,638 289 3.8 Texas 54,476 1,048 1.9 Utah 8,640 307 3.6 Vermont - - - Virginia - - - Washington 3,194 400 12.5 West Virginia - - - Wisconsin 3,694 275 7.4 Wyoming - - - National 418,797 17,859 4.3 Reporting States 38 38 - ChApter 6: Services 96 Child Maltreatment 2023 Table 6–8 IDEA: Victims Who Were Eligible and Victims Who Were Referred to Part C Agencies, 2023 StateVictims Who Were Eligible for Referral to Part C AgenciesVictims Who Were Referred to Part C Agencies Victims Who Were Referred to Part C Agencies Percent Alabama 3,401 506 14.9 Alaska 609 609 100.0 Arizona 883 96 10.9 Arkansas 2,598 - - California 12,866 1,422 11.1 Colorado 2,253 1,584 70.3 Connecticut 1,200 739 61.6 Delaware - - - District of Columbia 265 6 2.3 Florida - - - Georgia 6,606 6,287 95.2 Hawaii - - - Idaho 633 481 76.0 Illinois - - - Indiana - - - Iowa 3,383 3,383 100.0 Kansas 194 170 87.6 Kentucky 2,942 - - Louisiana 3,233 3,015 93.3 Maine 868 868 100.0 Maryland - - - Massachusetts 4,550 - - Michigan - - - Minnesota 1,458 1,407 96.5 Mississippi 526 411 78.1 Missouri 702 208 29.6 Montana - - - Nebraska 583 583 100.0 Nevada 1,172 1,123 95.8 New Hampshire 317 - - New Jersey 595 521 87.6 New Mexico 1,287 907 70.5 New York 9,418 - - North Carolina - 772 - North Dakota 327 319 97.6 Ohio 3,838 3,838 100.0 Oklahoma 3,776 673 17.8 Oregon 2,226 - - Pennsylvania - - - Puerto Rico 501 136 27.1 Rhode Island 658 642 97.6 South Carolina 3,653 2,880 78.8 South Dakota 436 372 85.3 Tennessee - - - Texas - - - Utah 1,409 1,409 100.0 Vermont - - - Virginia - - - Washington 762 181 23.8 West Virginia 1,523 642 42.2 Wisconsin 796 - - Wyoming 199 199 100.0 National 82,646 36,389 44.0 Reporting States 38 32 31 National for States Reporting Both Victims Eligible and Referred59,799 35,617 59.6 Reporting States for States Reporting Both Victims Eligible and Referred31 31 -Appendixes 97 Child Maltreatment 2023 Appendixes1 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..CAPTA Data Items 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 victimsof 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) 3) Of the number of children described in paragraph (2)— a)the number that did not receive services during the year under the stateprogram funded under this section or an equivalent state program; b)the number that received services during the year under the state programfunded under this section or an equivalent state program; and c)the number that were removed from their families during the year by disposi - tion of the case. 4)The number of families that received preventive services, including use of dif - ferential response, from the state during the year. 5)The number of deaths in the state during the year resulting from child abuse orneglect. 6)Of the number of children described in paragraph (5), the number of suchchildren 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 initialinvestigation of reports of child abuse or neglect. 9)The response time with respect to the provision of services to families andchildren where an allegation of child abuse or Neglect has been made.APPENDIX A Appendix A: CAPTA Data Items 98 Child Maltreatment 202310) For child protective service personnel responsible for intake, screening, assess - ment, 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 preserva - tion 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). Appendix A: CAPTA Data Items 99 Child Maltreatment 2023Glossary 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 SDM: Structured Decision Making SSBG: Social Services Block Grant TANF: Temporary Assistance for Needy Families WORKER ID: Worker identifierAPPENDIX B Child Maltreatment 2023 Appendix B: Glossary 100Definitions 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 medi - cal 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. Child Maltreatment 2023 Appendix B: Glossary 101AMERICAN INDIAN or ALASKA NATIVE: A person having origins in any of the original peoples of North and South America (including Central America), and who main - tains 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 sus - pected 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 environ - ment, which could tend to 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. Appendix B: Glossary 102 Child Maltreatment 2023CHILD 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 origi - nally 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 require - ments 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) defini - tion 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. Appendix B: Glossary 103 Child Maltreatment 2023CHILD 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 commu- nity-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). Appendix B: Glossary 104 Child Maltreatment 2023COUNSELING 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 proceed - ings 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 of 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. Appendix B: Glossary 105 Child Maltreatment 2023DUPLICATED COUNT OF PERPETRATORS: Counting a perpetrator each time the perpetrator is associated with maltreating a child. This also is known as a report-child-perpe - trator 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 develop - ment. 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 employ - ment 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: Services for children and families designed to help families at risk or in crisis. This includes service programs designed to help children return to families, be placed for adoption, or be placed in some other planned, permanent living arrangement. Services also include preplacement preventive services programs, such as intensive family preservation programs, designed to help children at risk of foster care placement remain safely with their families; service programs designed to provide followup care to families to whom a child has been returned after a foster care placement; respite care of children to provide temporary relief for caregivers; services designed to improve parenting skills; and infant safe haven programs. FAMILY REUNIFICATION SERVICES: Services and activities that are provided to a child that is removed from the child’s home and placed in a foster family home or a child care institution or a child who has been returned home and to the parents or primary caregiver of such a child, in order to facilitate the reunification of the child safely and appropriately within a timely fashion and to ensure the strength and stability of the reunification. In the case of a child who has been returned home, the services and activities shall only be provided during the 15-month period that begins on the date that the child returns home. These services Appendix B: Glossary 106 Child Maltreatment 2023include: individual, group, and family counseling; inpatient, residential, or outpatient substance abuse treatment services; mental health services; assistance to address domestic violence, services designed to provide temporary child care and therapeutic services for families, including crisis nurseries; peer-to-peer mentoring and support groups for parents and primary caregivers; services and activities designed to facilitate access to and visitation of children by parents and siblings; and transportation to or from any of these services and activities. FAMILY SUPPORT SERVICES: Community-based services designed to carry out purposes including: promoting the safety and well-being of children and families; increasing the strength and stability of families; supporting and retaining foster families; to increase parents’ confidence and competence in their parenting abilities; to afford children a safe, stable, and supportive family environment; to strengthen parental relationships and promote healthy marriages; and to enhance child development. FATALITY: Death of a child as a result of abuse and neglect, because either an injury result - ing from the abuse and neglect was the cause of death, or abuse and neglect were contribut - ing 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. https: //www.niaaa.nih.gov/alcohol-health/fetal-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 facil - ity 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. Appendix B: Glossary 107 Child Maltreatment 2023FOSTER 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. Appendix B: Glossary 108 Child Maltreatment 2023INDICATED 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. INFANTS WITH PRENATAL SUBSTANCE EXPOSURE (IPSE): 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 protec-tive services system of the occurrence of such condition of such infants. 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 informa - tion 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 investiga-tion 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. Appendix B: Glossary 109 Child Maltreatment 2023LEARNING 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 calcula - tions. 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, attor - neys, probation or other community corrections agency, and correctional facilities. LEGAL SERVICES: Activities provided by a lawyer, or other person(s) under the supervi - sion 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 disposi - tion of substantiated or indicated. States should not use “8-other” maltreatment type as a flag for maltreatment death. MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM: The Patient Protection and Affordable Care Act of 2010 (P.L. 111–148) authorized the cre-ation 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, chiroprac - tors, coroners, and dental assistants and technicians. MENTAL HEALTH PERSONNEL: People employed by a mental health facility or prac- tice, including psychologists, psychiatrists, clinicians, and therapists. Appendix B: Glossary 110 Child Maltreatment 2023MENTAL HEALTH SERVICES: Activities that aim to overcome issues involving emo - tional 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 estab - lished 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 inde - pendent 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. NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. 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. Appendix B: Glossary 111 Child Maltreatment 2023NONVICTIM: 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 (i.e. behavior problem, emotional disturbance, learning disability, intellectual disability, physically disabled, and visually or hearing impaired). The not otherwise classi - fied 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. 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. Appendix B: Glossary 112 Child Maltreatment 2023PERPETRATOR 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 section at 106(b)(2)(B)(iii) requires that a plan of safe care addresses 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 preven - tive 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. Appendix B: Glossary 113 Child Maltreatment 2023PROFESSIONAL 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: Acts or omissions—other than physical abuse or sexual abuse—that caused or could have caused—conduct, cognitive, affective, or other behavioral or mental disorders. Frequently occurs as verbal abuse or exces - sive demands on a child’s performance. 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, NATIVE HAWAIIAN OR OTHER 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 deter - mined 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. Appendix B: Glossary 114 Child Maltreatment 2023REPORT: 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. Appendix B: Glossary 115 Child Maltreatment 2023SERVICE 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, expo - sure, 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 informa - tion to the NCANDS.STEPPARENT: The husband or wife, by a subsequent marriage, of the child’s mother or father. STRUCTURED DECISION MAKING® (SDM): A model of decision-support tools that promote safety and well-being for children and adults. The model is an evidence- and research-based system that identifies the key points in the life of a child welfare case and uses structured assessments to improve the consistency of decisions. 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.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. Appendix B: Glossary 116 Child Maltreatment 2023UNIQUE 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 was 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. Appendix B: Glossary 117 Child Maltreatment 2023State Characteristics 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 admin - istered; 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 in cludes 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 2023, 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 2023 dataset is available to researchers from the National Data Archive on Child Abuse and Neglect (NDACAN). APPENDIX C Appendix C: State Characteristics 118 Child Maltreatment 2023Child Population Data The child population data for years 2019–2023 are displayed by state in table C–2 . The 2023 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 . Appendix C: State Characteristics 119 Child Maltreatment 2023Table C–1 State Administrative Structure, Level of Evidence, and Data Files Submitted, 2023 State HybridState AdministeredState Supervised, County Administered Credible PreponderanceProbable Cause ReasonableAgency 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 6 38 1 7 52 Note: Level of evidence is listed in alphabetical order. Appendix C: State Characteristics 120 Child Maltreatment 2023Table C–2 Child Population, 2019–2023 State 2019 2020 2021 2022 2023 Alabama 1,088,727 1,129,672 1,128,005 1,128,550 1,130,840 Alaska 180,442 180,220 178,917 177,337 175,507 Arizona 1,641,727 1,600,080 1,597,685 1,594,638 1,583,034 Arkansas 701,317 706,459 705,161 706,529 705,608 California 8,881,104 8,902,537 8,734,758 8,582,944 8,445,669 Colorado 1,256,673 1,259,307 1,244,201 1,226,987 1,214,684 Connecticut 727,280 739,674 732,830 728,608 722,986 Delaware 204,263 210,076 209,884 211,259 211,938 District of Columbia 127,952 126,362 125,293 125,672 126,592 Florida 4,233,967 4,276,128 4,280,180 4,341,654 4,380,843 Georgia 2,505,399 2,547,971 2,536,809 2,540,296 2,538,681 Hawaii 299,419 306,311 301,318 297,125 293,613 Idaho 448,116 458,267 465,744 468,145 467,342 Illinois 2,817,312 2,869,242 2,811,647 2,752,035 2,705,522 Indiana 1,569,375 1,603,634 1,596,363 1,592,048 1,587,254 Iowa 728,005 741,974 737,229 733,566 730,122 Kansas 701,453 712,422 705,003 699,314 694,337 Kentucky 1,004,268 1,026,270 1,022,233 1,019,206 1,016,895 Louisiana 1,089,906 1,104,295 1,091,937 1,077,218 1,067,149 Maine 249,610 254,012 252,436 251,053 249,052 Maryland 1,338,232 1,388,229 1,375,245 1,366,336 1,361,916 Massachusetts 1,353,615 1,388,653 1,365,906 1,350,159 1,341,801 Michigan 2,144,307 2,181,035 2,156,102 2,133,330 2,111,911 Minnesota 1,303,212 1,331,046 1,319,250 1,309,503 1,300,934 Mississippi 699,984 699,161 692,594 685,575 679,826 Missouri 1,374,703 1,393,596 1,387,442 1,381,373 1,374,470 Montana 228,888 234,054 235,346 236,550 235,651 Nebraska 476,033 488,129 485,005 482,324 480,998 Nevada 694,730 697,201 694,980 693,801 685,956 New Hampshire 255,785 259,269 257,430 255,302 252,050 New Jersey 1,943,575 2,050,818 2,030,637 2,017,711 2,010,290 New Mexico 477,209 476,634 468,006 460,068 451,347 New York 4,031,894 4,212,998 4,112,493 4,027,951 3,959,908 North Carolina 2,304,554 2,319,098 2,317,847 2,328,897 2,336,623 North Dakota 180,584 186,414 185,037 184,345 184,734 Ohio 2,581,403 2,632,397 2,612,071 2,592,193 2,578,254 Oklahoma 953,923 962,995 963,306 965,518 966,607 Oregon 864,815 872,748 861,153 845,795 831,830 Pennsylvania 2,635,819 2,702,049 2,678,603 2,652,666 2,629,005 Puerto Rico 572,801 566,375 544,770 517,927 498,679 Rhode Island 203,923 211,666 208,581 205,767 203,838 South Carolina 1,113,673 1,118,808 1,122,726 1,134,671 1,144,201 South Dakota 217,817 219,103 219,786 221,389 221,898 Tennessee 1,510,976 1,554,645 1,555,919 1,564,695 1,570,728 Texas 7,406,777 7,461,418 7,458,003 7,516,252 7,561,125 Utah 929,940 949,728 948,417 942,094 933,152 Vermont 114,325 118,646 117,428 116,199 114,636 Virginia 1,868,689 1,907,867 1,895,204 1,888,301 1,881,544 Washington 1,661,024 1,697,257 1,681,898 1,665,998 1,648,070 West Virginia 360,439 362,177 358,469 354,919 352,212 Wisconsin 1,267,935 1,290,647 1,275,422 1,260,389 1,249,129 Wyoming 133,577 133,810 132,494 131,069 129,549 National 73,661,476 74,823,584 74,175,203 73,743,251 73,330,540 States Reporting 52 52 52 52 52 Appendix C: State Characteristics 121 Child Maltreatment 2023Table C–3 Child Population Demographics, 2023 (continues) State <1 1 2 3 4 5 6 7 8 Alabama 57,885 58,419 58,006 59,016 59,779 61,507 61,999 62,999 63,416 Alaska 9,224 9,163 9,054 9,286 9,130 9,403 9,944 10,065 10,204 Arizona 78,075 79,101 76,514 78,959 80,882 82,808 85,303 87,984 90,021 Arkansas 35,297 36,502 35,449 36,407 37,179 38,183 38,729 39,684 39,754 California 415,125 421,432 404,928 423,738 432,567 443,800 459,958 471,694 479,383 Colorado 62,168 61,980 61,343 61,780 61,688 63,586 65,256 67,443 68,138 Connecticut 34,935 36,422 35,490 36,634 37,192 38,103 38,459 39,348 39,860 Delaware 10,745 11,150 10,514 10,987 11,075 11,349 11,463 11,755 11,828 District of Columbia 7,791 8,039 7,846 7,449 7,461 7,682 7,580 7,545 7,570 Florida 224,670 226,359 217,030 225,412 231,285 235,655 239,240 245,711 246,626 Georgia 125,156 126,779 124,501 128,393 131,003 134,728 136,879 140,364 142,044 Hawaii 15,147 15,624 15,107 15,670 16,102 16,228 16,693 17,041 17,115 Idaho 22,331 22,401 22,331 23,038 23,282 24,111 25,246 26,356 26,752 Illinois 126,792 129,077 130,714 137,579 140,712 144,919 147,917 152,123 153,215 Indiana 79,101 80,696 78,995 82,933 83,998 85,922 86,627 88,833 89,476 Iowa 36,766 37,162 36,187 37,882 38,042 39,240 39,874 40,879 41,217 Kansas 34,590 34,438 34,227 35,587 36,146 36,699 37,609 38,753 38,922 Kentucky 52,111 52,584 51,638 53,364 54,165 55,237 55,812 56,793 57,151 Louisiana 55,838 56,006 55,733 55,437 56,413 57,869 59,069 60,700 60,717 Maine 11,892 12,068 11,835 12,859 12,991 13,043 13,429 13,888 13,971 Maryland 68,060 69,378 67,804 71,747 72,724 74,179 74,790 76,399 76,490 Massachusetts 69,103 69,691 66,750 68,967 69,432 71,205 72,161 73,508 74,101 Michigan 101,385 104,476 103,519 109,751 110,831 113,724 115,663 118,401 119,442 Minnesota 63,637 65,087 63,796 67,484 68,426 69,818 71,804 73,529 74,067 Mississippi 34,372 34,415 34,674 35,015 35,394 36,036 36,060 36,989 37,105 Missouri 67,996 69,034 69,108 72,241 73,138 74,514 75,080 76,712 77,212 Montana 11,266 11,357 11,147 11,784 12,020 12,372 12,894 13,554 13,686 Nebraska 24,144 24,372 24,488 25,212 25,443 26,025 26,701 27,326 27,421 Nevada 32,716 33,592 33,917 35,192 36,023 36,420 37,390 38,825 38,974 New Hampshire 12,164 12,523 12,274 12,727 12,897 13,010 13,306 13,664 13,869 New Jersey 102,477 104,348 100,230 105,135 106,880 108,990 109,711 111,351 111,606 New Mexico 20,589 20,921 21,293 21,816 22,702 23,270 23,851 24,923 25,389 New York 209,673 208,015 198,250 209,648 213,230 216,890 218,390 221,231 222,573 North Carolina 120,602 123,076 119,646 121,061 122,070 124,879 126,360 128,766 129,902 North Dakota 9,626 9,763 9,775 10,085 10,058 10,297 10,691 10,899 10,816 Ohio 128,059 129,457 129,285 134,972 136,920 140,262 141,417 144,326 145,591 Oklahoma 47,714 48,302 48,091 49,622 50,548 51,880 53,256 54,670 54,982 Oregon 38,904 40,658 39,367 41,506 41,897 43,343 44,859 46,764 47,494 Pennsylvania 128,878 131,810 130,769 136,329 138,121 141,068 143,054 146,199 147,975 Puerto Rico 18,682 19,361 18,215 19,678 21,043 21,214 23,034 25,486 27,421 Rhode Island 10,018 10,520 10,080 10,672 10,920 11,011 11,225 11,443 11,355 South Carolina 57,279 58,227 58,104 58,636 59,366 60,746 61,512 63,186 63,844 South Dakota 11,434 11,506 11,212 11,819 11,964 12,299 12,375 12,614 12,531 Tennessee 81,959 82,331 80,622 82,634 83,834 85,408 85,330 87,258 87,748 Texas 389,814 390,289 378,282 385,255 393,253 402,314 413,833 428,696 432,975 Utah 45,759 45,687 44,955 47,273 47,621 48,124 49,802 51,892 52,500 Vermont 5,112 5,494 5,285 5,654 5,803 5,959 6,170 6,402 6,464 Virginia 95,290 96,470 94,954 98,571 100,661 102,510 103,275 106,051 105,878 Washington 82,456 83,767 82,734 85,997 86,173 88,489 91,667 94,046 94,280 West Virginia 17,135 17,178 17,288 17,875 17,923 18,330 18,642 19,220 19,774 Wisconsin 59,547 61,005 60,616 64,385 64,821 65,992 67,691 69,410 69,754 Wyoming 5,847 6,071 6,126 6,332 6,409 6,641 6,951 7,346 7,320 National 3,667,336 3,713,583 3,630,098 3,767,485 3,829,637 3,917,291 3,996,031 4,101,044 4,137,919 Reporting States 52 52 52 52 52 52 52 52 52 Appendix C: State Characteristics 122 Child Maltreatment 2023Table C–3 Child Population Demographics, 2023 (continues) State 9 10 11 12 13 14 15 16 17 Alabama 62,673 62,154 62,540 63,387 64,905 66,848 69,479 68,941 66,887 Alaska 10,166 10,220 10,008 10,108 10,025 10,028 10,100 9,822 9,557 Arizona 89,883 89,255 89,138 90,107 92,332 95,257 99,276 99,877 98,262 Arkansas 39,392 38,995 39,229 39,607 40,428 41,524 43,418 43,387 42,444 California 479,294 479,946 480,598 488,148 493,791 502,328 525,616 525,439 517,884 Colorado 67,989 67,505 67,900 69,490 71,325 72,367 75,316 75,217 74,193 Connecticut 39,785 40,014 40,421 41,360 42,312 43,763 45,949 46,502 46,437 Delaware 11,797 11,753 11,984 12,173 12,316 12,474 12,985 12,817 12,773 District of Columbia 7,116 7,107 6,958 6,734 6,169 6,007 6,008 5,849 5,681 Florida 246,024 244,340 245,657 247,422 250,609 255,978 266,786 267,966 264,073 Georgia 141,553 141,295 143,091 145,217 148,562 153,164 159,647 159,727 156,578 Hawaii 17,198 17,197 17,041 16,914 16,441 16,027 16,486 15,942 15,640 Idaho 26,442 26,501 26,494 26,965 27,940 28,758 29,724 29,625 29,045 Illinois 151,561 150,936 152,599 155,267 159,633 163,033 169,864 170,587 168,994 Indiana 89,083 88,996 88,947 89,248 91,438 93,692 97,075 96,883 95,311 Iowa 41,181 40,704 40,368 40,422 42,127 43,586 45,158 45,103 44,224 Kansas 39,210 39,446 39,464 39,938 40,971 41,554 42,595 42,456 41,732 Kentucky 57,094 56,839 56,634 56,592 57,852 59,460 61,740 61,593 60,236 Louisiana 60,103 58,882 58,542 58,735 60,271 62,108 64,585 64,059 62,082 Maine 13,972 13,987 13,918 13,977 14,648 15,097 15,654 15,937 15,886 Maryland 76,125 75,821 76,354 77,644 78,832 79,865 82,947 82,237 80,520 Massachusetts 74,225 74,615 75,211 76,280 77,562 79,093 82,505 83,468 83,924 Michigan 119,310 118,441 118,518 119,734 122,825 125,117 130,062 130,625 130,087 Minnesota 73,965 73,535 73,429 73,459 75,296 76,956 79,558 79,223 77,865 Mississippi 37,104 36,911 37,531 37,865 39,242 41,334 43,566 43,972 42,241 Missouri 77,209 76,495 76,723 77,606 79,189 81,219 84,114 84,156 82,724 Montana 13,553 13,457 13,617 13,462 13,753 14,137 14,655 14,646 14,291 Nebraska 27,371 26,997 26,846 26,834 27,631 28,317 28,995 28,762 28,113 Nevada 38,686 38,625 38,752 39,715 39,993 40,872 42,744 42,362 41,158 New Hampshire 13,935 14,174 14,195 14,646 14,923 15,267 16,060 16,184 16,232 New Jersey 111,370 111,623 112,472 114,228 116,129 117,793 122,262 122,569 121,116 New Mexico 25,579 25,951 26,029 26,407 27,339 28,088 29,156 29,279 28,765 New York 220,916 221,549 222,249 224,944 225,671 226,081 233,776 233,894 232,928 North Carolina 129,093 128,618 129,359 130,525 135,099 138,949 144,163 143,493 140,962 North Dakota 10,675 10,463 10,367 10,017 10,111 10,248 10,447 10,314 10,082 Ohio 145,496 145,128 144,045 144,151 147,684 151,942 156,828 157,042 155,649 Oklahoma 55,313 55,157 54,939 55,034 56,005 56,985 58,868 58,428 56,813 Oregon 47,660 47,383 47,807 48,150 49,375 50,437 52,576 52,324 51,326 Pennsylvania 148,046 147,718 148,345 149,443 152,398 155,977 161,267 161,567 160,041 Puerto Rico 29,133 30,588 31,902 32,803 34,409 35,242 35,740 36,851 37,877 Rhode Island 11,315 11,300 11,325 11,396 11,597 11,778 12,446 12,645 12,792 South Carolina 63,856 63,365 63,781 64,599 66,993 69,165 71,581 71,128 68,833 South Dakota 12,520 12,481 12,367 12,415 12,607 12,837 13,244 13,066 12,607 Tennessee 87,147 86,891 86,967 86,916 88,971 91,991 96,054 95,330 93,337 Texas 430,468 425,313 422,015 427,974 438,013 444,953 458,391 454,437 444,850 Utah 52,739 53,003 52,608 53,629 55,477 57,067 58,947 58,696 57,373 Vermont 6,653 6,530 6,613 6,681 6,755 6,973 7,338 7,379 7,371 Virginia 105,302 104,952 105,368 106,247 107,388 109,448 113,792 113,569 111,818 Washington 93,298 93,487 92,850 93,456 95,466 96,729 99,159 98,171 95,845 West Virginia 20,119 20,309 20,110 20,285 20,668 21,245 22,300 22,089 21,722 Wisconsin 69,686 69,678 70,182 70,958 74,100 76,188 78,736 78,792 77,588 Wyoming 7,377 7,402 7,304 7,513 7,827 8,169 8,394 8,364 8,156 National 4,126,760 4,114,032 4,121,711 4,166,827 4,253,423 4,343,515 4,508,132 4,502,791 4,432,925 Reporting States 52 52 52 52 52 52 52 52 52 Appendix C: State Characteristics 123 Child Maltreatment 2023Table C–3 Child Population Demographics, 2023 State Boy GirlAmerican Indian or Alaska Native AsianBlack or African- American HispanicNative Hawaiian or Other Pacific IslanderTwo or More Races White Alabama 576,698 554,142 3,874 16,414 320,579 111,761 705 43,588 633,919 Alaska 90,266 85,241 31,733 9,790 5,045 18,483 4,378 24,466 81,612 Arizona 808,904 774,130 70,913 50,770 88,214 694,361 3,229 72,818 602,729 Arkansas 361,560 344,048 5,022 13,373 123,206 99,348 5,263 30,027 429,369 California 4,322,644 4,123,025 29,633 1,103,921 423,164 4,380,449 29,807 465,479 2,013,216 Colorado 621,819 592,865 6,429 44,255 56,093 402,771 2,509 60,456 642,171 Connecticut 368,983 354,003 1,937 38,925 86,715 202,459 399 29,889 362,662 Delaware 107,766 104,172 451 9,290 55,171 39,608 78 12,507 94,833 District of Columbia 64,209 62,383 185 3,274 64,370 22,668 84 6,057 29,954 Florida 2,239,329 2,141,514 8,939 127,489 851,222 1,416,966 3,250 178,202 1,794,775 Georgia 1,294,029 1,244,652 4,320 114,856 858,418 408,948 2,349 108,217 1,041,573 Hawaii 151,178 142,435 476 64,046 5,055 53,061 32,532 97,222 41,221 Idaho 239,634 227,708 4,199 6,442 4,405 93,857 889 18,100 339,450 Illinois 1,382,228 1,323,294 3,735 154,013 413,263 685,382 755 103,959 1,344,415 Indiana 814,025 773,229 2,442 46,994 187,456 207,958 774 72,324 1,069,306 Iowa 373,790 356,332 2,477 19,644 44,384 85,928 3,030 31,339 543,320 Kansas 355,712 338,625 4,234 19,702 42,630 140,227 993 38,512 448,039 Kentucky 521,412 495,483 1,256 19,858 95,701 82,564 1,171 47,391 768,954 Louisiana 544,658 522,491 5,913 17,736 377,413 108,021 359 36,450 521,257 Maine 128,246 120,806 1,809 3,402 9,308 9,261 110 10,250 214,912 Maryland 695,641 666,275 2,519 87,993 410,103 262,424 567 75,110 523,200 Massachusetts 687,166 654,635 2,330 106,918 127,656 282,493 735 59,525 762,144 Michigan 1,082,441 1,029,470 11,275 75,563 342,524 193,951 617 110,211 1,377,770 Minnesota 664,885 636,049 17,475 86,369 147,003 130,671 1,171 69,971 848,274 Mississippi 346,258 333,568 3,887 6,974 278,413 40,080 238 19,770 330,464 Missouri 705,441 669,029 4,662 28,855 182,147 112,360 3,302 71,058 972,086 Montana 121,078 114,573 20,477 1,967 1,494 18,182 238 11,461 181,832 Nebraska 247,098 233,900 4,752 14,129 29,608 96,418 409 21,037 314,645 Nevada 351,002 334,954 4,803 45,811 79,863 283,729 5,560 52,603 213,587 New Hampshire 129,288 122,762 378 8,755 5,419 20,697 83 8,800 207,918 New Jersey 1,028,353 981,937 3,473 206,157 269,709 596,393 940 67,910 865,708 New Mexico 230,426 220,921 44,914 6,149 8,814 272,609 244 12,947 105,670 New York 2,027,108 1,932,800 12,050 355,266 576,531 1,006,227 2,172 158,759 1,848,903 North Carolina 1,193,487 1,143,136 24,408 91,504 515,419 441,238 1,845 113,085 1,149,124 North Dakota 94,178 90,556 12,383 3,246 9,319 15,015 348 9,026 135,397 Ohio 1,318,453 1,259,801 3,549 74,996 401,340 194,795 1,578 138,271 1,763,725 Oklahoma 494,871 471,736 88,435 22,849 75,530 195,461 2,943 101,559 479,830 Oregon 426,156 405,674 8,108 38,093 20,447 202,338 4,491 56,502 501,851 Pennsylvania 1,348,394 1,280,611 3,347 115,271 334,880 380,161 999 117,924 1,676,423 Puerto Rico 253,522 245,157 - - - - - - - Rhode Island 104,081 99,757 907 7,615 15,261 60,864 135 10,158 108,898 South Carolina 582,908 561,293 3,149 22,163 319,470 136,832 910 51,920 609,757 South Dakota 113,613 108,285 25,094 4,094 7,733 19,122 316 11,248 154,291 Tennessee 802,866 767,862 3,005 31,690 283,328 200,130 1,059 67,001 984,515 Texas 3,861,582 3,699,543 17,723 388,137 971,822 3,653,571 7,290 230,221 2,292,361 Utah 479,465 453,687 7,317 19,288 11,832 190,837 11,191 38,721 653,966 Vermont 59,132 55,504 258 2,575 2,385 4,227 40 4,710 100,441 Virginia 964,762 916,782 3,732 128,942 371,059 305,345 1,192 117,629 953,645 Washington 844,243 803,827 19,084 149,458 74,456 393,802 15,712 147,021 848,537 West Virginia 180,645 171,567 463 2,809 13,119 11,701 69 16,528 307,523 Wisconsin 640,100 609,029 12,466 51,323 110,555 169,669 592 55,674 848,850 Wyoming 66,785 62,764 3,419 1,013 1,195 20,949 87 4,684 98,202 National 37,512,518 35,818,022 559,819 4,070,166 10,110,246 19,176,372 159,737 3,518,297 35,237,224 Reporting States 52 52 51 51 51 51 51 51 51 Appendix C: State Characteristics 124 Child Maltreatment 2023Table C–4 Adult Population by Age Group, 2023 State 18–24 25–34 35–44 45–54 55–64 65–75 75 and Older Alabama 480,295 660,795 631,197 618,963 654,066 550,923 381,389 Alaska 66,231 112,357 105,964 82,872 85,164 69,294 36,017 Arizona 704,399 1,027,029 943,877 858,908 879,578 804,936 629,583 Arkansas 285,471 400,366 387,566 361,836 375,591 320,139 231,155 California 3,562,398 5,671,757 5,449,760 4,847,348 4,676,328 3,660,975 2,650,958 Colorado 540,530 924,103 864,386 714,267 676,625 575,044 367,971 Connecticut 335,325 452,572 464,604 444,074 506,841 394,715 296,059 Delaware 87,115 127,620 126,717 115,803 143,379 132,163 87,155 District of Columbia 67,855 146,717 113,711 71,990 63,375 50,695 38,037 Florida 1,815,025 2,834,538 2,874,549 2,761,781 3,027,298 2,673,263 2,243,429 Georgia 1,045,284 1,524,619 1,475,028 1,403,912 1,345,486 1,020,844 675,373 Hawaii 115,412 185,875 192,629 168,986 176,117 165,877 136,629 Idaho 193,673 254,531 257,368 224,778 225,904 205,013 136,117 Illinois 1,138,431 1,690,403 1,674,557 1,552,831 1,584,023 1,291,887 912,035 Indiana 661,123 901,469 870,155 818,696 844,354 703,004 476,144 Iowa 319,124 400,063 404,474 361,790 395,594 345,975 249,862 Kansas 299,660 376,652 379,479 329,515 347,509 302,607 210,787 Kentucky 407,426 595,255 566,000 554,182 579,639 484,327 322,430 Louisiana 416,525 598,536 607,542 524,341 566,001 478,781 314,874 Maine 110,726 168,721 173,105 166,785 206,492 190,427 130,414 Maryland 519,610 800,446 847,592 767,120 817,185 622,771 443,613 Massachusetts 681,207 970,917 923,661 846,938 943,201 752,773 540,901 Michigan 923,107 1,318,956 1,224,407 1,193,335 1,338,793 1,154,448 772,304 Minnesota 506,793 738,130 781,476 661,837 725,498 603,143 420,104 Mississippi 283,531 375,637 364,767 351,331 366,936 308,593 209,069 Missouri 564,035 812,667 799,226 719,855 789,288 667,826 468,789 Montana 102,037 148,147 147,330 126,083 141,580 140,615 91,369 Nebraska 194,848 252,578 259,635 220,602 230,172 200,769 138,777 Nevada 254,384 458,128 446,124 398,968 394,907 330,828 224,881 New Hampshire 119,834 178,543 176,636 169,589 213,876 175,450 116,076 New Jersey 772,257 1,190,470 1,233,652 1,187,108 1,248,720 949,539 698,805 New Mexico 200,395 276,976 273,129 235,584 258,389 245,514 173,037 New York 1,741,335 2,736,294 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85,541 57,582 Virginia 801,609 1,171,287 1,185,567 1,075,254 1,101,558 876,869 622,010 Washington 655,826 1,183,601 1,132,655 933,407 921,562 800,441 537,318 West Virginia 155,305 214,074 210,206 222,259 235,336 224,099 156,580 Wisconsin 552,399 739,843 749,317 688,762 801,703 680,227 449,575 Wyoming 53,439 72,813 78,363 66,440 71,588 69,033 42,832 National 30,836,767 45,979,129 44,765,873 40,900,506 42,288,555 35,069,646 24,949,570 Reporting States 52 52 52 52 52 52 52 Appendix C: State Characteristics 125 Child Maltreatment 2023Alabama Contact Holly Christian Phone 334–353–4898 Title Deputy Director, Children and Family Services DivisionEmail holly.christian@dhr.alabama.gov Address Alabama Department of Human Resources 50 Ripley StreetMontgomery, AL 36130–4000 General There were no changes in policies, programs or procedures that affected the 2023 submis - sion of NCANDS data. Variances in data compared to previous years may occur as we have continued work to strengthen our data collection processes in the system. 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 2023, 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 2023 submission does not include prevention assessment data in the Child File. Reports The state did not change it’s screening protocol due to the pandemic that began in 2020. The state has maintained the same policy and requirements for in-person investigations. No policies or procedures were changed related to the screening or completion of reports. A policy change was implemented in FFY 2017 that decreased the timeframe permitted to complete CA/N investigations from 90 days to 60 days. The state did not modify the timeframe requirements for investigation completions due to the pandemic for FFY 2021. Response time, as reported in the Agency File, is taken from the calculated average response time reported in the Child File. State Comme ntary 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. Appendix d: State Commentary 126 Child Maltreatment 2023Children The policy requirements regarding timeframes to complete investigations did not change during FFY 2023. 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 n the system. Workers are required to document plans of safe care in the system. Reports are generated to monitor the completion of these requirements. During FFY 2023, coding was modified around CARA related services to enhance reporting of services provided. The additional code looks in multiple fields to determine if a service was provided. During FFY 2019, the mapping for caregiver and child risk factors was modified to improve NCANDS reporting accuracy and completeness. During FFY 2021, coding and mapping updates were completed for child and caregiver risk factors. Alcohol abuse and drug abuse can both be documented independently as a child risk factor and as a caregiver risk factor in the CCWIS system. Fatalities Child maltreatment fatalities reported to NCANDS are those children for which the Department has investigated the child death. The circumstances of the child fatality are entered into our CCWIS system as a CA/N report. Coroners, LEA and Medical Examiners are legislatively mandated reporters. During FFY 2022, coding and mapping updates were completed for reporting deaths due to maltreatment. Also, coding was updated to improve reporting around child risk factors. For FFY 2023 all state child fatalities are reported in the Child File. Alabama’s Child Death Review Team continued to meet during the pandemic. The meetings had been conducted virtually prior to the pandemic, so no interruption due to social distancing requirements occurred. The FFY 2023 number of child fatalities increased from FFY 2022. Child fatality investigations are often 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 2023, the actual dates of death occurred in a five-year range, from FFY 2018 – FFY 2023. Perpetrators 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. Alabama reports both caregiver and noncaregiver perpetrators of sex trafficking to NCANDS. Also, coding was updated to improve reporting around perpetrator prior abuse. Alabama (continued) Appendix d: State Commentary 127 Child Maltreatment 2023Services For 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 CCWIS 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. 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 2023 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 2023. Many services are provided through contract providers and may not be documented through our CCWIS system. However, enhancements were made to the system in FFYs 2019– 2021 to better capture services provided, including those that may not use the system to initiate payments. During FFY 2020, mapping updates were focused around improving reporting for services for clients. Additionally, updates were created for the service date code to successfully report service dates within the timeframe specified by NCANDS. And more work that was initiated in FFY 2020 was completed around capturing appropriate service referrals.Alabama (continued) Appendix d: State Commentary 128 Child Maltreatment 2023Alaska Contact Susan Cable Phone 907–465–3191 Title Research Analyst IIl, Office of Children’s Services Email fcs.ocs.researchunit@alaska.gov Address Department of Family and Community Services P. O. Box 112631Juneau, AK 99811–2631 General The State of Alaska utilizes a single child welfare information system, the Online Resource for the Children of Alaska (ORCA), which was previously designated as a Statewide Automated Child Welfare Information System (SACWIS). In 2018, Alaska declared ORCA as a transitional Comprehensive Child Welfare Information System (CCWIS) under CCWIS regulations. All NCANDS data is entered into and then transmitted from ORCA. The Child Protection Practice Model of Alaska focuses on those families where a formal intervention by the state is necessary. This model emphasizes a strengths-based, family-centered approach through the standardization of information gathering, enhanced assessment and critical thinking skills by the Child Protection (CP) staff. Decisions regarding needed interventions with families are based on thorough processes for initial and ongoing assessment of safety, risk, and protective factors. The CP program serves families who are identified as having children who are “unsafe” or at “high risk” for future maltreatment. The state of Alaska does not utilize differential response, however, we work closely with our tribal partners on every protective service report received that includes an Alaska Native or American Indian Child. Reports The State of Alaska NCANDS report includes all children reported to be victims of physical injury, sexual abuse, sexual exploitation, neglect, or mental injury including those that can later be determined to be screened out for assessment. The reporter may identify him or herself or be anonymous and reports are accepted by phone, letter, fax, e-mail, or in person. A Protective Services Report (PSR) may be screened in when the information received indicates a child may be unsafe or is at high risk of harm by a primary caregiver, parent, custodian, or guardian. There are three levels of screen in: 1)Priority 1 must be responded to as soon as possible but no later than 24 hours after the time the report is received by OCS. 2)Priority 2 must be responded to no later than 72 hours after the time the report isreceived by the OCS. 3)Priority 3 must be responded to within seven days of the time the report is received bythe OCS. NCANDS data from the past five years continues to show a continual decrease of number of reports screened in albeit at a slower rate; from FFY 2022 to FFY 2023, the decrease was noted at approximately 2%. Although it not believed to have affected the number of reports received, it is noted that an unprecedented worker turnover rate of approximately 50% for front-line, case-carrying staff, was seen in FFY 2023. In Alaska workforce data is calculated using Full-Time Equivalents (FTE). Appendix d: State Commentary 129 Child Maltreatment 2023Children Alaska completes a safety assessment on all child victims, their siblings, and any other children in the home, regardless of if they were noted as victim or not. In FFY 2023, there was a slight increase in the number of children reported as possible abuse or neglect victims as compared to the previous year. Conversely, the number of substantiated victims decreased. In alignment with federal guidance, in 2020, specific data indicators on sex trafficking were added to both the initial Protective Service Report and the Initial Assessment. Reports are made to law enforcement if any sex trafficking is suspected and all youth who go on runaway status are then assessed for potential trafficking once found. Furthermore, the State of Alaska has a process for reporting to National Center for Missing and Exploited Children (NCMEC) and the National Crime Information Center (NCIC). A pilot program for Plans of Safe Care with the Department of Public Health is currently underway. The pilot program completed its third year of functioning and targeted infants born exposed to substances. The pilot program has expanded to two additional communities since its initial roll out. Fatalities In the State of 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 maltreat - ment. 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. As a note, in December 2023, new policy was introduced that changed the practice of screening out fatalities when no surviving children remained in the home. With this policy shift, the agency will be making maltreatment findings in fatality cases regardless of if there are children remaining in the home. Perpetrators Alaska does not have a limitation on how young a perpetrator can be; however, the state continues to look into ways to better document child-on-child abuse. The NCANDS category “other” perpetrator relationship includes perpetrators who are not primary or secondary caregivers to the child (i.e., non-caregivers) such as a stranger or adult who does not live in the home and does not normally have access to the child. Services The State of Alaska does not document services provided to families in the CCWIS, however, we partner with our Tribal entities to provide preventative and ongoing services to the families we serve. The State continues to expand the Alaska Tribal Child Welfare Compact signed in 2017, and now has 19 Tribal Co-signers, representing a total of 162 tribes. Services provided via the Compact include Initial Diligent Relative Searches, Ongoing placement searches, Licensing Assistance, Safety Evaluation of an Unlicensed Relative Home, Family Contact, Primary and Secondary Prevention. Alaska (continued) Appendix d: State Commentary 130 Child Maltreatment 2023Arizona Contact Andrew Egge Phone 602–255–2744 Title Information Technology Manager, Reports and StatisticsEmail andrew.egge@azdcs.gov Address Arizona Department of Child Safety P.O. Box 6030Site Code C010-14Phoenix, AZ 85003–6030 The state did not submit commentary in time for the Child Maltreatment 2023 report. Appendix d: State Commentary 131 Child Maltreatment 2023Arkansas Contact Nellena Garrison Phone 501–320–6503 Title DCFS Information Systems Manager Department of Human ServicesEmail nellena.garrison@dhs.arkansas.gov Address Office of Information Technology108 E. 7th Street, Donaghey Plaza North, 3rd FloorLittle Rock, AR 72201 General The following options are available when accepting a referral: ■Refer to DCFS for Fetal Alcohol Spectrum Disorder Assessment (R/A-FASD: Act1143 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 used the Request for DCFS assessment for FASD. These were automatically assigned to the DCFS Central Office FASD Project Unit to complete the assessment and closure. The R/A-FASD Assessment was updated and integrated with a new Refer to DCFS for N. I. Substance Exposure (R/A-SE) Assessment type during FFY 2020. ■Refer to DCFS for N. I. Substance Exposure Assessment (R/A-SE): AArkansas legisla - tion 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 previous 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. Refer to DCFS Newborn Infant Substance Exposure Assessments do not have allegations of maltreatment at the time of the Referral. ■Referrals regarding substance exposed infants would be screened out for the follow - ing circumstances: • If reported by persons other than medical personnel, • If the referral is a duplicate and an investigation already is opened, • If the mother tests positive during her pregnancy but not at birth, or • If the Health Care Provider can confirm the mother’s prescription for the drug causingthe positive screening. For FFY 2021 the Request for Assessment Refer to DCFS for N.I. Substance Exposure(R/A-SE) was included in the data. The R/A-SE Assessment Type was added to the NCANDS logic as an Alternative Response Referral for FFY 2021. The R/A-SE Assessments are mapped to 04-Alternative response nonvictim. Clients under 1 year old who meet the other defined criteria are counted for any RA-SE Assessment Type: • FASD • Substance Use Resulting in Prenatal Exposure • Withdrawal Symptoms Resulting From Prenatal Exposure ■Refer to CACD for Death Assessment (R/A-DA): The Department of Human Servicesand Arkansas State Police Crimes Against Children Division (CACD) will conduct aninvestigation or death assessment upon receiving initial notification of suspected childmaltreatment or notification of a child death. The Child Abuse Hotline will accept a reportfor a child death if a child has died suddenly and unexpectedly not caused by a known Appendix d: State Commentary 132 Child Maltreatment 2023disease 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: • Sudden infant death syndrome; • Sudden unexplained infant death; • An accident; • A suicide; • A homicide; or • Other undetermined circumstance 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: 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,. 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 respond - ing to allegations of child neglect. DR is different from DCFS’ traditional investigation process. It allows allegations that meet the criteria of neglect or physical abuse that occurred at least one year from the Referral Date 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, iden-tify service needs, and arrange for the services to be put in place. Differential Response Referrals are mapped to Mapped to 04-Alternative response nonvictim. ReportsFor FFY 2023 the number of referrals increased less than 10%. The Arkansas Mandated Reporter Portal (MRP) guides users through the process of submitting a referral. The MRP facilitates reporting child maltreatment online without the delay that could occur when reporting by a call to the Child Abuse Hotline. On September 6, 2022, the Arkansas Mandated Reporter Portal (MRP) went live. The MRP is a new public-facing website that mandated reporters can create an account and submit a child maltreatment report using a new secure online portal. If there are any questions, the portal includes a step-by-step video to walk the user through the process of submitting online. This new portal has been created in addition to the hotline for reporting suspected child abuse and neglect. The Arkansas Child Abuse Hotline remains accessible. Once a Referral is submitted through the MRP, the information transfers directly into the ARFocus Arkansas (continued) Appendix d: State Commentary 133 Child Maltreatment 2023(first module of new CCWIS implemented in Production) for the ASP Hotline staff to complete the Referral determination and then submit to CHRIS. Children The number of unique child victims decreased from FFY 2022 to FFY 2023. The Hotline completes the Structured Decision Making® (SDM) Assessment Tool that provides the output to the appropriate referral acceptance, response agency and priority. This could lead to more reports being routed to Differential Response Referrals which are mapped to 04-Alternative response nonvictim. Fatalities The Arkansas Division of Children and Family Services (DCFS) receives notice of child fatalities through the Arkansas Child Abuse hotline. The reports include referrals from man - dated 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 are 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. All sudden and unexpected child deaths will be reported to the Child Abuse Hotline. Death Assessment (R/A-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. All Child Death Investigation reports are included in the Child File data submission. The Agency reviews reports on all deaths from cases of children with whom the agency has been involved in any way during the twenty-four months prior to the child’s death. The DCFS Internal Child Death Committee reviews DCFS actions and prior involvement to make recommendations to improve child safety and investigative practices both locally and statewide. The Prevention and Reunification Assistance Director along with the Prevention Program Manager reviews those recommendations. The Assistance Director reports the implementation of the recommended actions to the DCFS Executive Staff. In addition, DCFS policy and procedures are updated as needed to reflect changes identified through the reviews. As a result of the internal child death review process, additional training, coaching, and technical assistance has been provided to staff to improve the quality of the investigations and case work. DCFS believes these initiatives have contributed to a decrease in child fatalities. Perpetrators An Alleged Offender must be fourteen years of age or older. For sexual abuse allegations by an alleged offender under fourteen years old, a role in referral is selected of Alleged Juvenile Offender-Under Age Fourteen and Findings of Exempted (Underage Juvenile Offender at Time of Incident) for the applicable sexual abuse allegations that were found to have a preponderance of evidence to support a True Finding. Arkansas (continued) Appendix d: State Commentary 134 Child Maltreatment 2023The following values are validated as other perpetrator relationships and are mapped to NCANDS code value 88- Other: client, life connection, live-in, no relation, peer, significant other, and student. Arkansas accepts reports of sex trafficking by adult non-caregiver offenders 18 years of age or older. This data is reported to NCANDS in the Child File. Services Arkansas continued to use the additional funding provided through the Relief Bill promoting Safe and Stable Families during FFY 2022. The Intensive In-Home Services funding source was no longer used for Safe and Stable Families for FFY 2023. The state outsources some contracted services such as Parenting Training and Substance Abuse Treatment.Arkansas (continued) Appendix d: State Commentary 135 Child Maltreatment 2023California Contact Christina Hoerl Phone 916–651–0229 Title Section Chief, Data Analytics Bureau Email christina.hoerl@dss.ca.gov Address California Department of Social Services 744 P Street, MS 8–05–656Sacramento, CA 95814 General California has two overlapping types of responses to reports of child welfare or neglect: investi - gative response and differential response. Not all counties utilize differential response. Only the data from the investigative response pathway/Paths 2 and 3 of differential response are reported to NCANDS. 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. Reports Reports in FFY 2023 increased, but have still not reached pre-pandemic levels. However, if we look at the decreasing trend we were observing prior to the pandemic, the number of reports in FFY 2023 follows what we would expect based on this trend. In California, when a report is made to the child abuse hotline, the hotline social worker uses the Structured Decision Making (SDM) hotline tool to determine if the report should be investigated and how quickly a response should be made. The report count includes both the number of child abuse and neglect reports that require, and then receive, an in-person investigation within the time frame 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, 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, the actual visit (or attempted visit) must have occurred within 10-days of the report receipt date. For the quarter ending September 2023, the immediate response compliance rate was 96.0 percent, and the 10-day response compliance rate was 87.7 percent. Children The California Department of Social Services (CDSS) has policies to investigate/assess all children in a household if any child in the household has a maltreatment allegation. First, the investigating social worker performing the initial investigation must determine the potential Appendix d: State Commentary 136 Child Maltreatment 2023risks to the child, or any child in the family or household, and have in-person contact with all the children alleged to be abused, neglected, or exploited. If the social worker finds that the referral is not unfounded, they must conduct an in-person investigation with all children present at the time of the initial in-person investigation. It is then at the discretion of the county to decide whether to conduct an in-person investigation with any additional children who were not present at the initial in-person investigation. In our statewide child welfare information system, we have an allegation type of At Risk, Sibling Abused. This allegation type is reported to NCANDS as No alleged maltreatment. In February 2023, California implemented changes in our statewide child welfare information system to capture more complete data on child and caregiver risk factors of alcohol use, drug use, diagnosed mental health needs, and domestic violence. Data reported in the child risk factors and caregiver risk factors sections of the Child File have changed the most from last year as a result. Specifically, we saw significant increases in the number of caregivers identified with alcohol use, drug use, mental health needs, and domestic violence. We also saw significant increases in the number of children and caregivers identified as not having these risk factors, because the updates to the system allow a social worker to definitively say the risk factor is not present. We also developed methodologies and began reporting on Agency File item Child Victims Who Were Reunited with Their Families in the Previous Five Years. System changes to capture data for substance exposed infants, creation of plans of safe care, and referral to appropriate services were completed in July 2020 and data entry guidance was released to counties in November 2020. Our analyses have found that there are a high number of plans of safe care and referrals to services entered into our system which originate from reports not provided by medical professionals, and many of these are notated as “other” reporters. While we do not expect that 100% of our plans of safe care and referrals to services will originate from reports made by medical professionals, it is likely at least some of the reports made by “other” sources could be more accurately entered as medical professionals. We will continue to work with counties to accurately enter report sources. While the system changes to capture CARA related data improved NCANDS reporting of alcohol and drug abuse child risk factors for infants, there are instances where we cannot separate alcohol abuse from drug abuse. When our data indicates that an infant has a substance exposure type of Substance Abuse, Withdrawal Symptoms, or Other, the child is reported as having both Alcohol Abuse and Drug Abuse, as instructed in the Child File Codebook. We hope to address this limitation and other opportunities for data improvement in the building of our new child welfare information system, which is scheduled to be ready in the coming years. Commercially sexually exploited (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 subcategories be entered. Thus, inconclusive CSE allegations are not reported as CSE.California (continued) Appendix d: State Commentary 137 Child Maltreatment 2023Fatalities 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 deter - mined that a child has died as the result of abuse and neglect. The abuse and neglect determina - tions reported by CWS agencies are made by local coroner/medical examiner offices, law enforcement agencies, and/ or county CWS/probation agencies. As such, the data collected and used for NCANDS reporting purposes reflects 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. The data is used to meet the reporting mandates of CAPTA and for the Title IV-B, Annual Progress and Services Report (APSR). Calendar Year (CY) 2022 is the most recent validated annual data and is therefore reported for FFY 2023. 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 2022 as of December 2023 and may change if additional fatalities that occurred in CY 2022 are later determined to be the result of abuse and/or neglect. For fatalities that occurred while the child was in foster care, the perpetrator information is unavailable until full case reviews of CY 2023 critical incidents are concluded. 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 2023 NCANDS submission, the data were derived from CY 2022. Additionally, CDSS receives 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 submissions includes such fatalities. Perpetrators California does not have a limit on how young a perpetrator can be. The following is an excerpt from guidance released by the California Department of Social Services in All County Letter 17-85: Circumstances may arise where the abuse or neglect occurs within the home, but the perpetrator is a nonparent under the age of 18. The county hotline screener must still assess any referral indicating a possible failure or inability to protect involving the parent that places the child at risk. The county, in consultation with county counsel and at its discretion, may choose to investigate and substantiate an allegation involving a minor perpetrator. When doing so, best practice indicates that the county considers several factors including, but not limited to, the following: ■The relationship between the perpetrator and the victim. ■The ages and developmental levels of the perpetrator and victim. ■Whether the action constitutes developmentally normal behavior (i.e., sexual explorationbetween two pre-school aged children, or physical aggression between siblings, if thebehavior was not extreme and the parents responded appropriately). ■If the perpetrator has the developmental ability and capacity to understand the gravity ofhis or her actions or acted with willful disregard to the danger, pain or fear of the otherchild.California (continued) Appendix d: State Commentary 138 Child Maltreatment 2023 ■The severity and frequency of the alleged abuse. ■If the action negatively affects the long-term safety and well-being of either child. Relationship types of Indian Custodian (where the child is an Indian Child), Live In, and No Relation are included in “other” perpetrator relationship. 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 community based local lens. This approach, however, results in 58 sets of challenges in program implementation, evalu - ation, data collection, and reporting. Federal funding is allocated to each county to support a variety of prevention services. Federal funding streams targeted for prevention services include Community-Based Child Abuse Prevention (CBCAP), Promoting Safe and Stable Families (PSSF), Child Abuse Prevention and Treatment Act (CAPTA), and Child Abuse Prevention, Intervention and Treatment (CAPIT). The Office of Child Abuse Prevention (OCAP) is responsible for monitoring federal expenditures as well as ensuring counties are evaluating the quality of programs consistently. Since the State Fiscal Year (SFY) and the FFY are not aligned, information for SFY 2022 is representative of FFY 2023. As providers and families adjusted to a virtual platform for service delivery, there was a recognition that virtual services offered a level of convenience which encouraged participation by families that traditionally were unable to engage in services. Although the virtual platform allows for flexibility, one of the ongoing challenges providers continue to face is staff shortages and high turnover rates. Each year the CDSS also allocates prevention funding directly to counties for disbursement. This information is gathered in a data collection system funded by the OCAP called Apricot. Counties continue to make active efforts to improve data collection methods and evaluation processes. The OCAP requested counties select one unit of measure (children, parents/caregivers, or families) for service counts instead of multiple units of measure for one service activity to reduce duplicative service counts. This request has led to some improvements in the way information is captured, however, in some instances counties are changing the unit of measure collected from year to year so it is difficult to compare service counts It is therefore difficult to determine if there has been an overall change in the numbers served. Discrepancies between service counts from year to year may be attributed to changes in vendor contracts, evaluation methodologies, and/or the transition from in-person services to a virtual platform. A decrease in children and families being served using CBCAP funds in SFY 2022-23 can be attributed to the following factors: ■Plumas County service counts differed significantly from the previous year in light of the demographic changes the county experienced relating to a major area fire in previous seasons. ■Placer County changed funding for a program from CBCAP to CAPIT, which contributed to the largest decrease in the count of CBCAP families. ■Staffing and workload issues affected counties’ abilities to complete the OCAP Annual Report timely, as three counties did not report CBCAP service counts in SFY 2022-23.California (continued) Appendix d: State Commentary 139 Child Maltreatment 2023In SFY 2022-23, there was an increase in children and families being served using CAPIT funding: ■Placer County reported an increase in the number of child maltreatment allegations and entries into foster care which led to increases in secondary and tertiary prevention pro - grams partially funded by CAPIT. They also changed funding for a program from CBCAP to CAPIT ■Fresno County reported increases in the number of contracted staff and/or providers at their Neighborhood Resource Centers, mainly funded by CAPIT and PSSF. ■Flexibility of the virtual platform in conducting counseling sessions and support groups eliminates the barriers associated with transportation and childcare. ■Counties such as San Diego, Contra Costa, Kings, and San Mateo made changes to the unit measured (counties may have selected to measure parent service counts in the previ - ous reporting period, and in SFY 2022-23 chose to collect data based on the child for the same intervention). In SFY 2022-23 there was an increase in families being served using PSSF funds. The reasons reported for the increase include: ■Placer County reported an increase in the number of child maltreatment allegations and entries into foster care which led to increases in secondary and tertiary prevention pro - grams, mainly funded by PSSF. ■Fresno County reported increases in the number of contracted staff and/or providers at their Neighborhood Resource Centers, mainly funded by CAPIT and PSSF. ■In-person services and activities have resumed since COVID-19 restrictions have been lifted in counties such as Glenn, Fresno and Mariposa. ■Flexibility of the virtual platform in conducting counseling sessions and support groups eliminates the barriers associated with transportation and childcare. ■Santa Barbara County reported increases in the number of contracted staff and/or providers. ■Increased technical assistance support early in the reporting period by OCAP Consultants. ■Contra Costa, Kern and Santa Barbara counties, updated OCAP-funded prevention programming and made changes to OCAP funding allocations in FY 2022-23 due to resumption of the California Child and Family Services Review (C-CFSR) activities. Factors that led to a decrease in children being served include: ■Los Angeles County and San Diego County updated prevention funding programming and adjusted allocations in FY 2022-23 due to resumption of the California Child and Family Services Review (C-CFSR) activities. ■San Diego County reported providers continuing to not track children being served. ■San Joaquin County changed service counts from children to families for their Parent/Sibling Visitation program. The OCAP funded a parent leadership program via a grant using CAPTA funds. This program was delivered by the organization Lead4Tomorrow (L4T). L4T’s Family Hui program helps develop parent leadership and healthy parenting skills that facilitate parent/caregiver engagement in state and local leadership opportunities focused on improving child and family well-being. In SFY 2022-23, L4T was allotted $107,997 in both CAPTA and CBCAP with a total of $215,994. Funds were used to work with parents/caregivers by California (continued) Appendix d: State Commentary 140 Child Maltreatment 2023providing trainings and healthy parenting/caregiver programming in Alameda, Colusa, Imperial, Sacramento, San Diego, Siskiyou, and Yolo counties. The Strategies Technical Assistance (TA) grant was funded with $2,078,527 (CAP Center-$1,271,815, Children’s Bureau-$806,712) through a combination of CAPTA and CBCAP funds in SFY 2022-23. This grant functioned as a collaborative partnership between Prevent Child Abuse California and the Children’s Bureau of Southern California. These organizations hosted a variety of webinars and learning exchanges in SFY 2022-23 attended by more than 1,400 participants statewide. In FY 2022-23, Strategies TA focused efforts on supporting a variety of counties developing and submitting Comprehensive Prevention Plans by July 2023. The Celebrating Families! (CF!) grant funded with $51,769 in CAPTA funds allowed Community Solutions (CS) to provide train-the-trainer training and technical assistance to agencies who will be administered the Celebrating Families! program. The trained agencies planned to each reach at least 10-15 families in their respective sites in the third year of the grant. The families served are at risk for experiencing child abuse/neglect, or family violence due to substance use disorders and other adverse childhood experiences. The three agencies trained in Phase One of the project included: SHIELDS for Families and Para Los Niños in Los Angeles, and Sherwood Valley Band of Pomo Indians in Northern California. The two agencies trained in Phase Two of the project included WEAVE, Inc. in Sacramento and CAHELP in San Bernardino County. The OCAP continued the Economic Empowerment program with 10 organizations committed to support the financial empowerment of parents and alleviate the stress of poverty in their communities. The OCAP has continued to monitor the ten awarded grantees as they provided the YMYG financial toolkit to families via virtual home-visiting as well as socially distanced one-on-ones and center-based workshops and cohorts. A total of $400,000 in CAPTA funds and $335,886 in CBCAP funds was allocated to support the program in SFY 2022-23. In SFY 2022-23, a total of 6441 families were served. Road to Resilience grant funding is supported with $7,011,462.30 in Child Abuse Prevention and Treatment Act (CAPTA) funds. The 11 grantees are composed of collaborative partnerships between community-based and county government agencies. The objective of the program is to serve pregnant women with known histories of substance use, pregnant women with current substance use, and mothers of substance-exposed infants, linking them to services and supports. In SFY 2022-23 Road to Resilience grantees had an increase in clients served as COVID-19 restrictions eased. A total of 557 mothers were served. The Father Engagement grant is one of OCAP’s newest grants that began in Fiscal Year 2022- 23. The Father Engagement Program will support evidence based or evidence informed/promising practice father engagement activities through the following three broad categories: fatherhood education, case management, and peer-to-peer support. The Father Engagement grants are supported with $4,200,000 in federal CAPTA funds provided through the American Rescue Plan Act (ARPA). California (continued) Appendix d: State Commentary 141 Child Maltreatment 2023In March 2022, the OCAP released a competitive request for application to award eight Strong Community Grantees. The eight grantees selected were CASA LA, The Children’s Bureau of Southern California, Catholic Charities of Santa Clara County, East Bay Agency for Children, Fighting Back Partnership Inc., North Coast Opportunities Inc., and Social Advocates for Youth San Diego. A total of $851,380 in ARPA-CAPTA funds, $763,001 in CAPTA funds, and $434,370 in CBCAP funds was allocated to support the program in SFY 2022-23. Through the Strong Community grants, the OCAP, and funded agencies, are supporting the expansion and development of FRCs throughout the state of California to provide family-centered and family strengthening services that are culturally sensitive and include cross-system collaboration to assist in transforming families and communities through reciprocity and asset development based on impact-driven and evidence-informed approaches with the goal of preventing child abuse and neglect.California (continued) Appendix d: State Commentary 142 Child Maltreatment 2023Colorado Contact Detre Godinez Phone 303–866–5359 Title Federal Analyst and Liaison Email detre.godinez@state.co.us Address Colorado Department of Human Services, Office of Children, Youth and Families1575 Sherman StreetDenver, CO 80203 General Colorado implemented the new Adoption and Foster Care Analysis and Reporting System (AFCARS) requirements and the Family First Prevention Services Act. This resulted in several new practices related to service delivery and data collection. Refinements to NCANDS reports are still needed to better reflect data in Colorado as CCWIS is modernized and mapping of services and risk factors are improved. Safety and risk assessments are completed for all screened-in referrals. Colorado has two referral options including a traditional High-Risk Assessment and a Family Assessment Response (FAR) for low and moderate-risk referrals. Both tracks are reported to NCANDS. As Colorado has a state supervised and county administered structure, counties not using the FAR alternative use only High-Risk Assessments. Reports The number of referrals has stabilized from the fluctuations seen during the pandemic. Colorado continues to use a hotline system (1-844-CO-4-KIDS). Children Colorado county agencies conduct face-to-face investigations and assessments as required to accurately determine safety and risk of children. Colorado’s child welfare system includes assessment at the time of birth as a measure of substance use exposure. Limitations currently exist in reporting substance use exposure and service data. Improvements to NCANDS data mapping of child and caregiver risk factor data were put on hold due to data system moderniza - tion and AFCARS changes. These corrections will improve federal reporting. Fatalities The Colorado Child Fatality Review Team (CFRT), which consists of a multidisciplinary team, was able to perform reviews of egregious, near fatal or fatal incidents. Perpetrators Colorado does not make findings on third party perpetrators of sex trafficking; instead, the caretakers are evaluated to see if their behaviors are providing access to the third-party perpe - trators. The “other” perpetrator relationships include Live-In Partners, No Relation, Significant Other, Significant Other, Foster Son, Foster Daughter, Teacher, School Counselor, Spouse (Ex), Restitution Recipient, Child Under Guardianship, Significant Other (Ex), Neighbor, Self, and Host Home Provider. Services The Division of Child Welfare began implementing the Family First Prevention Services Act, which is shifting services toward prevention and creating new avenues for services. Colorado Appendix d: State Commentary 143 Child Maltreatment 2023aims to better reflect services in Colorado through CCWIS modernization and mapping refinements of services and risk factors. Colorado does not outsource any direct child welfare protection services. Some services that help to support families are community-based.Colorado (continued) Appendix d: State Commentary 144 Child Maltreatment 2023Connecticut Contact Fred North Phone 860–817–7462 Title Program Director Strategic Planning, Data Reporting and Evaluation Email fred.north@ct.gov Address Department of Children & Families 505 Hudson Street Hartford, CT 06106 General The State of Connecticut (CT) Department of Children and Families (DCF) continues to operate a Differential Response System (DRS). DRS is comprised of two tracks: Child Protective Services (CPS) Investigations for moderate to high-risk cases (see Child Protective Investigations Policy for details), and Family Assessment Responses (FAR) for low to moder - ate risk cases (exceptions apply, see FAR Policy and Practice Guide for details). Currently, CT does not report data concerning reports handled through a FAR response to NCANDS. This means that the total number of abuse/neglect reports observed in the NCANDS data is far lower than the total that we actually receive, accept and respond to each year. We have also been increasingly using the FAR response, to the point where during FFY 2023 we used FAR to respond to about 50% of all accepted reports. DCF policy did not change with regards to commencement within the designated response time determined at time of acceptance, or for completion of DRS response within 33 business days. For FFY 2023, responses have continued to meet our commencement measure (>=90%). Overall rates for response completion declined this year from 92.5% during FFY 2022, to 86.7% in FFY 2023, though that still continued to meet our somewhat different outcome measure expectation (>=85% completion in <=45 calendar days). The main factor contributing to the decline in performance for completion was lack of full staffing on our intake teams. Reports During the reporting period, 167 Social Worker/Trainees began their pre-service training. DCF’s Academy for Workforce Development certified 127 new child protective services hires as completing their pre-service training during FFY 2023. The CT DCF Careline is the agency’s 24/7 centralized point of contact for reporting concerns of child abuse and neglect. The Careline has maintained continuous operations 24/7/365 throughout the course of the year. Careline social work screening staff are comprised of 56 full-time staff, and 7 part-time staff (at either 34, 32 or 20 hours per week). Agency File responses to questions 2.3 - 2.4 are calculated using Full-Time Equivalents (FTE). CT DCF has also continued to modernize our systems through ongoing enhancements to our automated reporting portals. The Careline’s public facing non-emergent mandated reporter portal was implemented in June 2022 and additional enhancements continued in FFY 2023. This portal allows all mandated reporters the ability to file non-emergent reports of abuse/neglect online. DCF received 11,690 reports through the portal during FFY 2023, receiving an average of 974 per month. The CAPTA Notification/CPS portal allows birthing hospitals the ability to file online reports of abuse or neglect to DCF OR to create a CAPTA Notification for those newborns identified as substance exposed and consistent with the criteria associated with a notification. Appendix d: State Commentary 145 Child Maltreatment 2023During FFY 2023 the Careline expanded its partnership and collaboration with our Area Offices to ensure subject children are seen within the designated response time. Additional after-hours staff have been secured to allow multiple attempts to make face-to-face contact with the subject child. Since August 2023, the Careline has successfully initiated reports of child maltreatment by making face-to-face contact with 75% of identified victims on cases received after hours where the response time will or is nearing expiration prior the next business day. There was an increase in overall CPS reports received during FFY 2023 compared to FFY 2022. The types of reporters making calls to the Careline have continued to evolve beyond pre- pandemic proportions during FFY 2023, particularly with respect to those calling from schools. The proportion of calls received from schools continued to rise during FFY 2023, with seven months of the year even exceeding the proportions seen during FFY 2019 and nine months of the year exceeding FFY 2022. Most other groups showed a commensurate decrease in proportion from FFY 2022 to FFY 2023 during most months, though Mental Health Professional also increased in eight months compared to the previous year. Children During FFY 2023, there was an increase in the number of unique children who were alleged victims, compared to FFY 2022. This correlates with the increase in the number of reports accepted for Investigation this year as reporting continues to rebound from the pandemic. CT continued to conduct differential responses throughout this year and had returned to almost entirely in-person responses. Policies and procedures solely concerning differential responses did not change during the year. However, in October 2022 practice expectations were changed to respond to the growing fentanyl problem to require all cases (including those open only for Investigation or Family Assessment) where active fentanyl use is alleged, suspected, or confirmed, shall require triage for a Regional Resource Group (RRG) substance use consult as a Safety Plan is being developed. RRG staff are encouraged to attend home visits as needed/recommended from the emergent consult. The Area Office Principal Attorney, Office Director and Clinical Program Director are notified of the consult and will meet with the RRG and social work team within the same day to develop multidisciplinary strategies to assess substance use and ensure child safety. At the same time this practice expectation was released, all agency cell phones had the Naloxone and Overdose Response App (NORA) installed. This application is a free app created by the CT Department of Public Health to help prevent, treat, and report opioid overdose. These practice expectations were enhanced in August 2023 to expand the focus to cases involving fentanyl, opioids, and other substances. An interdisciplinary approach was continued to ensure child safety, as well as support parents and caregivers by ensuring they are connected to treatment and supportive services which can be life-saving, such as medication assisted treatment (MAT) or medication for opioid use disorder (MOUD). The enhanced safety guidance required that the UNCOPE screening tool shall be conducted at intake during the initial home visit and as needed during the pendency of the case to assess for substance use. When a safety factor related to substance use is identified, social work staff shall consult with their supervisor immediately, and within one business day request a high priority Regional Resource Group (RRG) consultation. Within 72 hours, or within 24 hours if involving a Connecticut (continued) Appendix d: State Commentary 146 Child Maltreatment 2023Critical Incident, a Substance Use Multidisciplinary Team Meeting (MDTM) shall be held and documented using a standardized outline. DCF received 1,730 notifications through the CAPTA portal during FFY 2023, of which 31.1% resulted in an actual abuse/neglect report. Further, 80.6% indicated that a Plan of Safe Care had been developed for the child, and 80.6% referred to appropriate services, as of the time of the notification. Data collected by the portal is de-identified but does include required elements regarding development of a Plan of Safe Care and Referral to Appropriate Services. These fields have not been incorporated into our legacy SACWIS system, as they are planned to be developed in our upcoming CCWIS system within the next two years. DCF continues to strengthen its response to child victims of human trafficking. During 2023, DCF continued to see close to 300 new referrals, online grooming continues to be the primary means of luring vulnerable children. In addition, peer recruitment continues to be a challenge. The department is revamping our youth curriculum and encouraging schools to provide opportunities for children to be educated about the realities of human trafficking. Education is also offered to youth groups, Girl Scouts, church groups, etc. A serious concern, the age at the time of referral is also trending to include younger children. Education on human trafficking typically starts at age 12. We are developing Internet Safety Training for children of various age groups. Children of color continue to be over-represented in the population of child victims of human trafficking in CT. Each of the six DCF Regions has a Human Antitrafficking Response Team (HART) team consisting of a HART Lead and Liaison(s) that partner with law enforcement, service providers and the identified Multidisciplinary Team(s) (MDT). These partnerships ensure a collaborative response and coordinate services for child victims and their families. Cases that do not meet the statutory definition of abuse and neglect are coordinated by the Department’s HART Director in partnership with the relevant MDT(s). The Department’s Human Trafficking Policy and Practice Guide allows for all cases of suspected child trafficking to be sent directly to the MDT Coordinators. Fatalities CT DCF continues to have appointed representatives that are members of, and regularly attend, the CT Statewide Child Fatality Review Panel meetings. Other members include representa - tives from the Office of the Chief State’s Attorney, Chief Medical Examiner, Child Advocate, and more. From these meetings, recommendations are generated for communications, dissemi - nation of information and other actions as a result. The receipt of child fatality data by the Panel has also continued from the Office of the Chief State’s Attorney, Chief Medical Examiner, Child Advocate, CT Department of Public Health and other law enforcement or medical entities without interruption. Perpetrators CT Statute defines abuse and neglect as having been committed by a parent/guardian or entrusted caretaker. Most of Connecticut’s child trafficking cases are the result of noncaregiver perpetrators and, therefore, are not accepted by DCF Careline. The new DCF Human Trafficking Policy and Practice Guide that went into effect in August 2021 created a new pathway for non-accept cases. All calls of suspected child trafficking that are called into the Connecticut (continued) Appendix d: State Commentary 147 Child Maltreatment 2023DCF Careline are reviewed by the HART director and are automatically sent to the state’s seventeen Multidisciplinary Teams (MDTs) and Human Trafficking Task Force. This process ensures that every case of suspected child trafficking receives the same access to support, resources, and legal response despite the limits of state statutes. The MDTs have access to the state’s specialized providers for this population as well as a wealth of other supports and services that can be beneficial to the child victims and their families. All child trafficking cases are documented in the Provider Information Exchange (PIE) database. PIE data is used for federal reporting, grant writing, service development, and statewide awareness. The Perpetrator Relationship field is used to capture the relationship between specific alleged perpetrators and alleged victims. Types of relationships not specified in already defined values are to be captured using the “Other” perpetrator relationship. Examples include parents of other children in the family that are not step/adoptive parents to the alleged victim, parents or relatives of a friend of the alleged victim, school/educational setting staff (i.e. janitors), and occasional coding errors (“other” used when another actual code should have been used). Services CT DCF directly provides all Differential Response Services, as well as ongoing Child Protective and Foster Care/Adoption services. DCF also funds a wide array of contracted services to meet the ongoing needs of children, youth and families, and are aimed at both prevention of abuse/neglect, and treatment of behavioral health, parenting skills, independent living skills and many more. Connecticut continued to plan for implementation of our Family First Prevention Plan, developed in partnership with over 400 individuals from state agencies, community-based providers, advocates, youth and families with lived experiences. Family First is being used as a tool, as part of Connecticut’s overall prevention strategy, to assist in building upon an existing infrastructure and its array of services and evidence-based programs (EBPs), with the goal to prevent maltreatment and children entering foster care. Connecticut’s vision is to expand upon its child well-being system through enhanced focus on prevention and early intervention. We have continued ongoing preparation for full implementation throughout FFY 2024. The Integrated Family Care and Support (IFCS) program has continued to take referrals from DCF for families following unsubstantiated abuse/neglect reports that previously would have been opened for ongoing child protective services to address risk factors. The development of the program was a result of a review of data showing a high rate of unsubstantiated case transfers to ongoing protective services provided directly by DCF. The program was developed in the belief that families would be better served in their own community without DCF involvement and aligns well with the Families First Prevention Services legislation and our prevention mandate. IFCS was designed to engage families while connecting them to concrete, traditional and nontraditional resources and services in their community, using components of a Wraparound Family Team Model approach. Each of the families served by the program are assigned a Family Care and Support Coordinator to coordinate planning, referrals and assessment, and have access to a Peer Specialist to advocate for, and be a mentor to, the family. During the first half of Calendar Year 2023, 711 referrals were made, and of those there were 614 (86.4%) where the program was able to hold Connecticut (continued) Appendix d: State Commentary 148 Child Maltreatment 2023Transition Meetings. There were 403 of the 424 (95%) of families with meetings that went on to complete a Care Plan due during the reporting period. Of the 343 that had a plan of care and discharged during the period, 3.8% met their goals upon discharge. and 508 (38%) that successfully completed the full course of the program. Of those that had been discharged for six months during the period, 5.8% experienced a subsequent substantiated abuse/neglect report post-discharge. During FFY 2023 DCF continued to be engaged in the Quality Parenting Initiative (QPI) in partnership with the Youth Law Center. The key elements of the QPI-CT approach are 1) defining the expectations of and by caregivers, 2) clearly communicating these expectations to all staff, caregivers, and other stakeholders, as well as the general public, and 3) aligning system policy and practice with those expectations. The number of children in DCF care (placement) has continued to decline slightly during FFY 2023. However, while the number of children that enter care has continued to remain below the number that are discharged from care, the volume of entries has been steadily increasing over the course of the year. Further, the average utilization of Kinship care settings for initial placement remained high at about 47% during FFY 2023. Initial Foster care settings increased from an average of 39.8% in FFY 2022 to 44% in FY23, while initial Congregate Care settings decreased from an average of 10.3% in FY22 to 7.8% this year. It should be noted that many initial Congregate Care placements are in Hospital settings, and as our total number of children in care decreases, a higher proportion of those that remain tend to have complex needs that require this level of care.Connecticut (continued) Appendix d: State Commentary 149 Child Maltreatment 2023Delaware Contact Christine Weaver Phone 302–892–6489 Title Data and Quality Assurance Manager Division of Family Services Email christine.weaver@delaware.gov Address Delaware Department of Services for Children, Youth and their Families 1825 Faulkland RoadWilmington, DE 19805 General Delaware’s Division of Family Services (DFS) has received an increase in reports of child abuse, neglect and dependency. Delaware continues to use Structured Decision Making® (SDM) at the report line, in Investigation, and in Family Assessment Intervention Response (FAIR). Using 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. Delaware had continued our internal FAIR programming, but staffing shortages have lessened our capacity to fully continue our internal FAIR work. Delaware has maintained our external FAIR contracts. Near the end of the current NCANDS reporting period, Delaware began adding external FAIR case data to our data system via a provider portal. All FAIR cases in our data system are included in the NCANDS submission. Delaware also instituted an administrative Review, Evaluate, Decide (RED) team in October 2022 to review all “risk of” abuse/neglect reports received at our hotline. This process has allowed us to refine our maltreatment definitions to ensure we are screening in reports appropriately. On average, 25% of “risk of” cases received are now screened in for further investigation or assessment. Due to staffing challenges, an administrative case review process was also implemented to assist workers in triaging case activities and tasks, thus allowing workers to focus their time on activities most essential for child safety. This process revealed that many cases were being held open unnecessarily, thus, the process allowed the Division to apply our Tier 1 policy for abridgement. Delaware uses Dialpad, a cloud-based communication platform for intakes. This allows hotline staff to have remote capability and ensure that all calls will be answered by a live hotline worker, eliminating Delaware’s need for an answering service. Delaware had updated juvenile trafficking definitions to assist our intake staff on screening reports and has introduced a Commercial Sexual Exploitation Identification Tool (CSE-IT). The increased awareness and training around juvenile trafficking has resulted in identification of more trafficking victims. In February 2018, our SACWIS system called FOCUS (For Our Children’s Ultimate Success) went live. Change requests continue to be built and testing is ongoing. Delaware also has expanded our FOCUS mobile app capacity to allow workers to have access to our data system and enter more events directly from the field. As we continue to improve FOCUS, we have tasked ourselves with improving data quality including information used for the NCANDS submission. NCANDS validations are used as a data quality tool to determine areas of need and improvement. We have added validations to our system to improve data quality and more accurate reporting. For example, we improved our ability to validate case participants more accurately. Delaware has an established Continuous Quality Improvement Data Quality Committee that continues to focus on data quality improvement efforts. Appendix d: State Commentary 150 Child Maltreatment 2023Reports In FFY 2023, 10% of reports were diverted through various differential response programs, as compared to 53% in FFY 2022, a 43% decrease. In FFY 2023, Delaware has overall completed more investigations than FFY 2022 primarily due to our lack of capacity to conduct internal FAIR assessments and contracted FAIR closures due to staffing issues. Many of these investigations would have gone to internal or contracted FAIR if we had the staffing complement. This increase in investigation completion numbers is also attributed to the increase in referrals. 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 2023, accepted referrals for family abuse cases were identified as 61% routine/Priority 3, 16% Priority 2, and 23% urgent/Priority1 in response. The calculation of our average response time for FFY 2023 was an increase of 52% from FFY 2022. Delaware has made great efforts to improve our timeliness response to investigations. We are using data informed practice and have established initial interview due date reports and initial interview completion rate reports that are shared with all staff. Despite our efforts to improve timeliness of response, our vacancy rate is the highest it has been which has led to increase caseloads and an increase in response time, particularly on our Priority 3 reports. 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, surgi - cal, 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 implemented sex trafficking as an allegation type in January 2020. Reports regarding noncaregiver perpetrators of sex trafficking are accepted and included in the NCANDS submission. Delaware has been reporting infants with prenatal substance exposure for a number of years and include information on Plans of Safe Care. Fatalities House Bill 181 requires the agency to investigate all child deaths of children aged 3 and under that are sudden, unexplained, or unexpected. Delaware also has a Maternal and 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 Delaware (continued) Appendix d: State Commentary 151 Child Maltreatment 2023child 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. Perpetrators Delaware maintains a confidential Child Protection Registry for individuals who have been substantiated for incidents of abuse and neglect. 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 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. The other perpetrator relationship includes individuals such as a nonrelated household member. Services 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 has enhanced its partnerships with community organizations to provide community-based preservation and reunification services including family interventionists and kinship navigators. Delaware has expanded our contracts with post adoptive services. 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 continue to build on our service array for prevention services in the upcoming years. Delaware has added additional fields to capture information on services provided in our FOCUS system. These service fields were newly built into our data system as of February 2018. They were intended to be mandatory fields, however there was a defect allowing workers to complete the event without adding any services. A validation was added and improvements on data entry have been seen. Although improvements have been made, there remains a data entry and completion delay that is being addressed by operations. Delaware (continued) Appendix d: State Commentary 152 Child Maltreatment 2023Delaware Division of Family Services provides case management and some foster care ser - vices. Delaware outsources with community agencies to support additional foster care homes and group care, FAIR intervention, post-adopt support, and a number of other services. Delaware (continued) Appendix d: State Commentary 153 Child Maltreatment 2023District of Columbia Contact Franchelle Smith Phone 202–434–0031 Title IT Program Manager (Data Management) Child Information System AdministrationEmail franchelle.smith@dc.gov Address Child and Family Services Agency200 I St, SEWashington, DC 20003 General During FFY 2023, the District launched the Keeping D.C. Families Together initiative. This initiative was implemented to link individuals, families, and the communities to appropriate resources and support services that don’t warrant CFSA involvement. The District continues to build the agency’s new comprehensive child welfare information system, Stronger Together Against Abuse and Neglect (STAAND), to improve CFSA ’s data collection and analysis, data integrity and public transparency through the development of a modernized child information system. In February 2023, CFSA launched Release 1 of STAAND that comprise of the Foster Parent Licensing and Service Referral features. Reports As a result of implementing the Keeping D.C. Families Together initiative, the data reported on the number of referrals decreased in FFY 2023 compared to FFY 2022. Children There was a decrease in the number of children reported in FFY 2023 compared to last year’s data because of the Keeping D.C. Families Together initiative. The District’s Child and Family Services Agency (CFSA) does not accept calls on alleged victims of sex trafficking aged above 18 years old. These occurrences are solely handled by the Metropolitan Police Department. Fatalities CFSA participates in the District-wide Child Fatality Review committee and uses informa-tion 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. Appendix d: State Commentary 154 Child Maltreatment 2023Florida Contact Hans Soder Phone 850–717–4686 Title Director of Data & Information Services Office of Child & Family Well-BeingEmail hans.soder@myflfamilies.com Address Florida Department of Children and Families 2415 N Monroe St, Ste. 400 Tallahassee, FL 32303 General Child Protective Investigations in the State of Florida are primarily state administered. Beginning in July 2023, the Department reassumed responsibilities in the seven Florida Counties (Walton, Seminole, Broward, Manatee, Pinellas, Pasco, Hillsborough), where Child Protective Investigations were previously handled by the County Sheriff’s Offices through grant agreements. There were no significant changes to our policies that would impact NCANDS data for FFY 2023 (maltreatments and determination of findings). Florida uses one pathway for intakes screened in for investigation. All screened-in intakes alleging abuse, abandonment, and/or neglect are responded to through an investigative response by a Child Protective Investigator. A separate type of referral (Special Conditions Referral) is generated when certain conditions are reported to the Hotline and do not meet the criteria for an investigation (do not contain allegations of child abuse, abandonment, or neglect), but warrant a response by the department, investigating sheriff’s office or community-based-care child welfare professional. These special conditions referrals include caregiver unavailable, child on child sexual abuse, parent needs assistance, and foster care referral. Reports The criteria to accept a report are that an alleged victim: ■Is younger than 18 years. ■Is a resident of Florida or is located within 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, orother person responsible for the child’s welfare (including a babysitter or teacher), or ■Needs supervision and care and has no parent, legal custodian, or responsible adult relativeimmediately known and available to provide supervision and care, or ■Is suspected to be a victim of human trafficking by either a caregiver or non-caregiver. 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 min-utes 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 is 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 hospitaliza-tion 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. Appendix d: State Commentary 155 Child Maltreatment 2023Florida maps all reports with a disposition of ‘Not substantiated’ to the NCANDS category of ‘Unsubstantiated’. 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. The NCANDS category of Other maltreatment type includes 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 reported. 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 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 determina - tion 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. Beginning with the 2021 submission, the maltreatment of “Other” was removed from fatality records. leaving only the additional maltreatment(s) in the investigation. 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 non-relative 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 (continued) Appendix d: State Commentary 156 Child Maltreatment 2023Florida 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 per - formed 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). Florida (continued) Appendix d: State Commentary 157 Child Maltreatment 2023Georgia Contact Michael Fost Phone 404–463–0845 Title Operations Analyst Division of Family and Children ServicesEmail michael.fost@dhs.ga.gov Address Department of Human Services47 Trinity Avenue SWAtlanta, GA 30334 General Screened-in maltreatment referrals that are not considered “Special” call types, are directed to an Initial Safety Assessment, where case managers conduct a preliminary assessment to determine if there is present or impending danger safety threats. The system determines the track assignments based on safety threats recorded by the Case Manager. The track assignment can be Investigation or Family Support Services (alternative response), depend - ing on safety threats recorded. Both investigations and Family Support are included in the NCANDS Child File. Special Investigation (Maltreatment in Care and Child Death, Near Fatality and Serious Injury) cases are immediately assigned to the Investigation stage. Special Circumstances - No Maltreatment Alleged Intakes are also assigned to the Investigation track, but with a five-day response time instead of immediate or one-day. Cases with allegations that are considered 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 conclude with a disposition of either substantiated or unsubstantiated, indicating whether a preponderance of evidence supports the allegation(s) or not. Family Support Services cases can be track assigned to Investigation if safety threats are observed or closed if no threats exist. A decision to remove children into state custody does not depend on the investigation disposition, but on present or impending danger safety threats that indicate the child is unsafe. Case Managers are required to explore Kinship Arrangements when an Out of Home Safety Plan is necessary. 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. Children The number of unique child victims increased less than 10% from 2022 to 2023. Appendix d: State Commentary 158 Child Maltreatment 2023Fatalities Georgia receives information from partners in the medical field, law enforcement, Office of the Child Advocate, other agencies, and the general public to identify and evaluate child fatalities. Perpetrators In 2020, the state discontinued the Child Abuse Registry. Perpetrator data is still collected in the SACWIS system, and Georgia continues to report perpetrator data in NCANDS. The effect, if any, on substantiation rates is not obvious. Noncaregiver perpetrators of sex traffick - ing are included in the file. 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.Georgia (continued) Appendix d: State Commentary 159 Child Maltreatment 2023Hawaii Contact Rosaline Tupou Phone 808–586–5705 Title Administrator Program DevelopmenttEmail rtupou@dhs.hawaii.gov Address Hawaii Child WelfarePrincess Victoria Kamamalu Bldg1010 Richards Street, Suite 216Honolulu, HI 96813 The state did not submit commentary in time for the Child Maltreatment 2023 report. Appendix d: State Commentary 160 Child Maltreatment 2023Idaho Contact Robbin Thomas Phone 208–334–5700 Title Research Analyst, Principal Family and Community ServicesEmail robbin.thomas@dhw.idaho.gov Address Idaho Department of Health and Welfare450 West State Street, 5th Floor Boise, ID 83703 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 pri - oritize 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 Services (CFS) recognizes the emotional impact of domestic violence on children, due to capacity of intake, we only can respond to referrals of domes - tic violence that involve a child’s safety. 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 defini - tions 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. More information regarding intake, screening, and priority guideline standards can be found on the Idaho Health and Welfare website. Appendix d: State Commentary 161 Child Maltreatment 2023The investigation start date is defined as the date and time the child is seen by a CPS social worker. The date and time are compared against the report date and time when CPS was notified about the alleged abuse. Idaho reports substantiated, unsubstantiated: insufficient evidence, and unsubstantiated: erroneous report dispositions. ChildrenIdaho’s current practice standard for Expedited Safety Assessment, Comprehensive Safety, Ongoing, and Re-Assessment requires the social worker to interview all children of con - cern, 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.” Idaho collected data on Sex Trafficking Victims on all children assessed for neglect, abuse, or abandonment. In addition, Idaho assesses children in foster care 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. When our centralized intake unit receives a report regarding concerns of a substance affected infant information is collected regarding the plan of care and services provided. There were no changes in policies or procedures regarding sex trafficking or referral of infants with prenatal substance exposure during the pandemic. More information regarding Idaho’s standards specific to safety assessment, mandatory referrals for children birth to three, and human trafficking standards can be found on the Idaho Health and Welfare website. Fatalities There were no changes in policies or procedures regarding child death reviews during the pandemic. Idaho has a state child fatality review team who was able to make a slight sched - ule adjustment and continue to meet to ensure reviews were completed as planned during the pandemic. 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 CCWIS and provides the number of fatalities for all children for whom the cause of death is homicide. 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 used 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. Perpetrators Idaho Administrative Code for the purpose of substantiating an individual for abuse, neglect or abandonment does not define the age of a suspect or perpetrator. However, for the Idaho (continued) Appendix d: State Commentary 162 Child Maltreatment 2023purpose 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. Idaho does report noncaregiver preparators of substantiated cases related to sex trafficking. Idaho’s other perpetrator relationship is for other relative. We have defined categories for stepparents, grandparents, and great grandparents therefore other relative is typically used for aunt, uncle, or cousin or other relative relationships. Services All children ages birth to three years old who are involved in cases substantiated for abuse, neglect and/or abandonment are referred to early intervention services through the Idaho Infant and Toddler Program. Currently, Idaho is unable to report public assistance data due to constraints between Idaho’s Welfare Information System and CCWIS. Idaho has had no changes in preventive funding. Idaho used contractors service providers and community service providers and/or agencies to provide services to families and children.Idaho (continued) Appendix d: State Commentary 163 Child Maltreatment 2023Illinois Contact Jennifer Eblen-Manning Phone 708–338–6618 Title Deputy Director Quality AssuranceEmail jennifer.eblen-manning@illinois.gov Address Illinois Department of Children and Family Services1701 S. First Ave, 10th Floor Rm 1060Maywood, IL 60153 General There have been no changes to how Illinois submitted its FFY 2023 data to NCANDS. The Illinois NCANDS Child File contains screened-in referrals (reports) of child abuse/neglect that resulted from a hotline call meeting the standards of abuse/neglect as defined in depart - ment procedure Criteria for a Report of Abuse or Neglect: ■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 report 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 report 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. The Illinois DCFS procedures allow taking multiple reports on the same child abuse and neglect incident when there are multiple perpetrators that either do not reside in the same residence or reside in the same residence as a child victim, but are part of separate and inde-pendent families. In these situations, there are separate reports taken for each perpetrator. Illinois DCFS launched a Streamlined Online System for Reporting of Non-Emergency Child Abuse and Neglect in October 2020. This system makes it easier for everyone to file a referral of suspected abuse or neglect. Currently Illinois does not have a Differential Response pathway.Reports The number of unique reports for FFY 2023 shows a decrease compared to FFY 2022. Per federal guidance, if a state considers Good Faith Attempts (i.e., the investigator attempted to see the alleged child victim at the location they were believed to be, but did not see the alleged victim) when establishing Investigation Start Date and Time then the state should not report this data element. Illinois does consider Good Faith Attempts when establishing the Investigation Start Date and Time, so this data element is not reported. Appendix d: State Commentary 164 Child Maltreatment 2023Children Compared with FFY 2022, Illinois has seen a decline in NCANDS child data (number of unique children/number of unique child victims/number of duplicate victims/number of duplicate nonvictims) of in the FFY 2023 data. Illinois uses the allegation of Substance Misuse to report on infants with prenatal substance exposure among other types of substance misuse for children and youth. Illinois has an allegation of Human Trafficking, which, according to the federal law, is defined as: sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the n 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. For the purpose of a child abuse/neglect investigation, force, fraud, or coercion need not be present. According to Illinois’ Abused and Neglected Child Reporting Act (ANCRA) – a person who engages a minor in human trafficking is considered an eligible perpetrator for abuse or neglect even if there is not a verbal or written agreement from the parent or primary caregiver for the trafficker to be in a caretaker role of the minor. Incidents of maltreatment: ■Labor exploitation (ABUSE). ■Commercial sexual exploitation (i.e., prostitution, the production of pornography or sexu- ally explicit performance) (ABUSE). ■Blatant disregard of a caregiver’s responsibilities that resulted in a child being trafficked(NEGLECT). Illinois procedure related to Human Trafficking was updated on 9/16/2022 to collect data specific to Human Labor Trafficking Abuse allegation, Human Sex Trafficking Abuse allega - tion, Blatant disregard of a caregiver’s responsibilities that result in Human Labor Trafficking Neglect allegation, and Blatant disregard of a caregiver’s responsibilities that result in Human Sex Trafficking Neglect allegation. Effective 7/17/23, Illinois has ensured that it can collect and produce data on these new elements out of SACWIS. Updated values for Human Trafficking: ■40a–Human Labor Trafficking - Mapped to NCANDS Maltreatment Type 8 other ■40b–Human Sex Trafficking - Mapped to NCANDS Maltreatment Type 7 sex trafficking ■90a–Human Labor Trafficking by Neglect - Mapped to NCANDS Maltreatment Type 8other ■90b-Human Sex Trafficking by Neglect - Mapped to NCANDS Maltreatment Type 7 sextrafficking Currently, Illinois reports child risk factors for youth with prior or current foster care involvement only. Illinois (continued) Appendix d: State Commentary 165 Child Maltreatment 2023Fatalities Compared to FFY 2022, Illinois notes a decrease of -24.6% in unique child fatalities in FFY 2023. New in FFY 2023, the Division of Child Protection (DCP) added a new administra-tive review process for sleep-related deaths prior to determining a final finding. For any sleep-related death (allegation 51), prior to final finding of indicated or unfounded, a senior DCP administrator reviews the investigation to ensure consistent evaluation of whether the sleep-related death included evidence of blatant disregard. This review process has resulted in fewer indicated sleep-related deaths, for situations where there was no evidence of blatant disregard. Illinois DCFS procedures allow for multiple reports on the same child abuse and neglect incident (fatal incidents included) to be taken when there are multiple perpetrators that either do not reside in the same residence or reside in the same residence as the child victim but are of separate and independent families. In these situations, there are separate reports taken for each perpetrator. This policy has the potential to report the same child fatality in multiple reporting cycles if the disposition (final finding) dates occur in different reporting cycles. No other data system or agencies are used to compile and report child fatalities due to suspected abuse or neglect. In Illinois, mandated reporters are required to report suspected child abuse or neglect immediately (fatal incidents included) when they have “reasonable cause to believe” that a child known to them in their professional or official capacity may be an abused or neglected child”. (325 ILCS 5/4) Reports are made by calling the DCFS Child Abuse Hotline. Mandated reporters include, but are not limited to, medical personnel, law enforcement personnel, coroners, medical examiners, and funeral home directors. Perpetrators Compared to FFY 2022, Illinois notes a decrease of -1.2% in the number of unique perpetra - tors in FFY 2023. The state makes a dispositional allegation-based determination for perpe - trators for alleged victim. 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, except for Allegation #10 – Substantial Risk pf 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. The state is currently unable to report caregiver risk factors.Services Illinois case-management services include intact family and foster care services. The state contracts 70%-80% of its casework to community-based provider agencies. Illinois (continued) Appendix d: State Commentary 166 Child Maltreatment 2023The Intact Family Services program is designed to work with families voluntarily who have come to the attention of the Department of Children and Family Services: 1) as a result of an indicated finding from a child abuse/neglect investigation, 2) as a result of an unfounded investigation if approved by the Office of Intact Family Services, or 3) involuntarily when ordered by the court to provide services as defined in Procedures 302.388. There are 5 target populations served by Family First Prevention Services and intact family services is the largest group.Illinois (continued) Appendix d: State Commentary 167 Child Maltreatment 2023Indiana Contact Kara Riley Phone 765–431–0851 Title Data Analyst–Federal Reporting Project Manager Email kara.riley@dcs.in.gov Address Indiana Department of Child Services Office of Data Management302 W. Washington St, Room E306-MS47Indianapolis, IN 46204–2739 General Indiana has engaged in continuous improvement efforts to refine the data collection and mapping process through system modifications and overall enhancements. The state’s child welfare information system: Management Gateway for Indiana’s Kids (MaGIK) is an ever-evolving, umbrella system which has 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 allreports 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. Effective June 1, 2021, DCS Hotline modified its standardized worker safety questions. DCS also partnered with the Capacity Building Center for States as well as ran internal events targeted at reducing our screen-in rate. DCS made decision modifications on types of reports that include, but are not limited to: ■“Sexting” concerns among adolescents, effective October 1, 2020. ■Pre-adolescent children exhibiting potentially sexually maladaptive behaviors, effective January 1, 2021. ■Marijuana use only reports with children 3 and older, effective April 1, 2021. ■Educational neglect, effective August 16, 2021. Effective June 1, 2021, every screen-out report (including child fatalities and near fatalities) will be reviewed by one hotline supervisor, then sent to the local DCS offices, where one member of management will be designated to make the final determination within 24 hours. DCS Hotline also ceased doing the additional screen out review for children under 3. Effective February 28, 2022, a practice change was implemented where DCS Hotline would no longer document certain reports that provide no value. Examples include wrong numbers, immediate disconnects, internal DCS conversations, or simply transferring a call to another worker within the Hotline. Children 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 Appendix d: State Commentary 168 Child Maltreatment 2023risk factors. Indiana completes daily Assessment Staffings between field workers and super - visors, which emphasizes ensuring the safety of children as quickly as possible. In FFY 2021, Indiana streamlined their assessment completion processes for SafeACT assessments (where all children in the assessment are deemed clearly safe) and Professional Service Requests. Streamlining these processes should allow workers to initiate and complete all assessments more timely. Fatalities All data regarding child fatalities are submitted exclusively in the Child File. Fatality counts for the FFY are based on the date of an approved, substantiated, fatality assessment. DCS completes a review of all child fatalities that fit the following circumstances: ■Children under the age of 3: the child’s death is sudden, unexpected or unexplained, or there are allegations of abuse or neglect; ■Children age 3 or older: the child’s death involves allegations of abuse or neglect. Reports for fatalities can be made from multiple sources, including DCS, law enforcement, fire investigator, emergency medical personnel, coroners, the health department, or hospitals. Reports can be made from these sources related to drownings, poisonings/overdoses, asphyxiation, etc., which may include accidents. It is the intention for these reporting standards not only to be used to determine if abuse or neglect was involved but also as an evaluation tool to inform practice. 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. In FFY 2021, a CBCAP CoVID grant was added as a separate federal funding source and, in FFY 2023, a NCAN CoVID grant was added. These supplemental grants allowed Indiana to serve more children. On June 1, 2020, Indiana Family Preservation Service was launched. This service is required to be referred on all new in-home child in need of services (CHINS) and Informal Adjustments (IA). This service is a per diem that encompasses all services that the family needs to remain safely in the home with their caregiverIndiana (continued) Appendix d: State Commentary 169 Child Maltreatment 2023Iowa Contact Lynda Miller Phone 515–377–0390 Title Management Analyst 3 Bureau of Quality Assurance & ImprovementEmail lmiller3@dhs.state.ia.us Address Iowa Department of Health and Human Services P.O. Box 4826Des Moines, IA 50305 General Iowa has two types of responses to screened-in referrals/reports of suspected abuse. Our traditional pathway is called a child abuse assessment and the alternative response pathway is called a family assessment. The child abuse assessment pathway requires a determination of abuse and a determination of whether criteria for placement on the Registry are met. The family assessment pathway identifies family strengths and needs, connects the family to the appropriate services needed, and does not include a determination of abuse or a determina-tion of whether criteria for placement on the Registry are met. Data from both pathways are reported to NCANDS. A significant number of Iowa laws impacted state policies and procedures, that in turn may have affected FFY 2023 data to NCANDS, including the following which were effective July 1, 2023: ■The state public defender pilot project for child welfare legal representation was extended another year and expanded from six to sixteen counties throughout the state. ■The definition of continuous sexual abuse of a child was modified to include any combina - tion of three or more acts of sexual abuse with the same child and at least thirty days have elapsed between the first and last acts of sexual abuse. ■Safety plans were extended to allow a child’s guardian to enter into and not just a parent. ■The definition of parent was amended to add language relating to paternity in certain actions before the juvenile court. ■An option was provided for juvenile court to close a child in need of assistance case through a bridge order which transfers jurisdiction to district court. ■Adoptive parents are afforded representation in certain adoption proceedings and the filing requirements for adoption petitions and notice requirements were modified. ■A foster parent was provided the ability to request a vacation of termination of parental rights order under certain circumstances. ■The Newborn Safe Haven Act was updated to provide for voluntary release of a newborn infant to medical staff at a hospital or other facility following delivery of the newborn infant or by relinquishing physical custody of the newborn infant at a hospital, a fire station, or an emergency medical care provider, through a newborn safety device. The modification also added adoption service providers as one of the options parents should release custody to. ■Rights and responsibilities to individual licensees who provide child foster care was added. ReportsThe number of suspected reports of abuse decreased slightly in FFY 2023. The law change from FFY 2023 which requires an allegation of Denial of Critical Care or an allegation of Dangerous Substance to be reported within five years to qualify as child abuse took effect on July 1, 2023, and may continue to be a factor in this slight decrease. Appendix d: State Commentary 170 Child Maltreatment 2023Children The number of victims of abuse decreased slightly in FFY 2023. While it’s unknown what contributed to the slight decrease, barriers to collecting and reporting data for infants with prenatal substance exposure remains a topic of discussion. A lack of common understanding and application of what constitutes “infant affected” has led to confusion around what medical providers feel they should be reporting and how child welfare staff should be responding. Policies and procedures have not changed regarding the referral of infants with prenatal substance exposure, but conversations with medical provider partners have increased and trainings with child welfare staff have increased in attempt to assure these infants are being identified and Safe Plans of Care are created for them and their caregivers. Fatalities While Iowa’s Child Death Review Team does review all fatalities of children that were sudden, unexpected, or nonnatural deaths, Iowa Agency File fatalities are collected from data maintained internally by the Iowa Department of Health and Human Services (HHS). Infant/child deaths are only assessed by HHS when there is an allegation of abuse. The number of child maltreatment fatalities decreased slightly in FFY 2023. Fatalities related to unsafe sleep made up the majority of this total. With the awareness of safe sleep recommendations continuing to rise and the number of those cases which include substance use by the parent/caretaker, it is no surprise that we are seeing an increase in fatalities resulting from unsafe sleep. Looking at this data in total, fourteen child fatalities were the result of abuse or abuse as a contributing factor in FFY 2023. A state review of the maltreatment death data indicated unsafe sleep made up half (seven) of all child maltreatment deaths. When considering whether any child maltreatment deaths included a history of HHS services, it was determined that five of the child maltreatment deaths had both CPA and service history, one had CPA history only (no service history), and eight had no CPA or service history. Perpetrators Perpetrators in Iowa include individuals of any age who have caregiver responsibilities at the time of the alleged abuse, or a person 14 years of age or older who sexually abuses a child they reside with, or a person who engages in or allows child sex trafficking. This definition, in accordance with federal regulation, defines any perpetrator of child sex trafficking as a perpetrator of child abuse and therefore, includes data in NCANDS reporting for persons who may otherwise be considered noncaregivers. In FFY 2023, the incidents of abuse perpetrated by a child care provider decreased by more than 20%, abuse perpetrated by a foster care provider decreased by more than 18%, and abuse perpetrated by an unknown person decreased more than 16%. On the other hand, the incidents of abuse perpetrated by a parent increased by 100%. The logic for perpetrator information did not change and there is no clear explanation for these changes. While HHS is seeing an increase in abuse outcomes by parents, the exact reasoning is not known. Iowa (continued) Appendix d: State Commentary 171 Child Maltreatment 2023Services Iowa has both prevention and postresponse services. Prevention services, referred to as Non-Agency Voluntary Services, are available on a voluntary basis to families following an assessment where abuse is not substantiated or abuse is confirmed (substantiated, but not placed on the central abuse registry) and there is low or moderate risk. These services are provided through contracts with external partners to 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, referred to as Family Centered Services, are required for families where abuse is confirmed (substantiated, but not placed on the central abuse registry) and there is high risk or for families where abuse is founded (substantiated, and placed on the central abuse registry) and the risk is low, moderate, or high. These services are provided through contracts with external partners and managed by the Iowa’s child welfare agency to offer a flexible array of culturally sensitive interventions and supports (including Family Preservation Services, Solution Based Casework, and SafeCare), to achieve safety and permanency for children and their families. Iowa (continued) Appendix d: State Commentary 172 Child Maltreatment 2023Kansas Contact Christin Loveall Phone 913–687–7150 Title Management Systems Analyst Email christin.loveall@ks.gov Address Department for Children & Families 8915 Lenexa DrOverland Park, KS 66214 The state did not submit commentary in time for the Child Maltreatment 2023 report. Appendix d: State Commentary 173 Child Maltreatment 2023Kentucky Contact Melanie Day Phone 502–564–7635 Title Quality Assurance Branch Manager Protection and PermanencyEmail melanie.day@ky.gov Address Department of Community Based Services275 East Main Street 3E-A Frankfort, KY 40621 General Kentucky has a partial alternative response. The state uses an approach that allow the assess - ment worker to make the investigative response or alternative response (IR/AR) determination at the completion of the assessment. In other words, IR/AR as a finding, rather than an assess - ment path. Kentucky’s name for the IR is investigation and for AR is family in need of services. The department has begun the tasks associated with implementation of a true alternative response system. Kentucky coordinated with eight other states who have implemented an alternative response track into their child welfare system. Information gained included implementation timeframes, organizational structure, terminology, findings, statutory requirements, training, and outside support. Kentucky consulted with the Kempe Center who submitted a work plan and budget beginning April 2022 and ending June 2023. With full implementation of an alternative response statewide, the department anticipates a decrease in the number of past due investigations/assessments. Currently, alternative response is active in two regions, Northeastern (15 counties), and Two Rivers (17 counties), with the goal to be statewide by mid-2025. 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. Kentucky currently has the following dispositional findings for investigations/assessments: fatality/near fatality 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 currently does not map a dispositional finding to alternative response. Upon full implementation of alternative response, mapping will be updated. Reports Each of the nine service regions in Kentucky houses a central intake (CI) team which oper - ates the statewide abuse and neglect reporting system. Due to the high volume of reports and population size, Jefferson County has two CI teams. All ten CI teams are housed under one statewide branch focused on serving their respective service region. The CI phone system allows teams to “share” call volume by serving consumers across regional boundaries. The statewide hotline number first directs calls based on area codes to the corresponding service region. If all lines for that service region are busy, the call then bounces over to the next available CI team member statewide. This has improved customer experience via shorter wait times, increased service efficiency, and expanded coverage to meet business needs. Appendix d: State Commentary 174 Child Maltreatment 2023The statewide call platform was implemented in July 2019 with all teams online by March 2020. A partnership with Seven Counties Services, Kentucky’s after-hours hotline operator, began in 2022 and was implemented 1/31/2023. This expanded the number of employees and ensured more calls were answered in a timely manner. The PureCloud phone system used by DCBS’s CI staff became available for Seven Counties Services hotline employees 02/01/2023. To slow down the intake process and gather the information needed to make better decisions for assessing reports for acceptance, the Department took steps to enhance the skills of intake staff through the implementation of the SDM® Intake Assessment Tool. The intake assessment is consensus-based, meaning it is designed to operationalize Kentucky’s standards of practice (SOP) and statute in a decision support tool. This will assist in decreasing the number of false positive acceptances (referrals that are incorrectly accepted for investigation), consequently reducing staff burden. The SDM® Intake Assessment Tool was released for staff use on April 2, 2022. Efforts to address staff turnover and decrease caseloads to stabilize the workforce have continued. Regional retention committees are operational in all regions. This issue will not be solved short term but rather over the process of several years. Kentucky is in an ongoing process of addressing its pay equity issues that it has attributed to its staff turnover. CPS workforce data for Kentucky only includes full-time equivalents (FTEs). The Child Protection Branch completed revisions of Standards of Practice (SOP) Online Manual to align with changes resulting from the new intake tool release and to better align with current regulations. Following an extended period for field draft review in which staff are given time to provide commentary on the potential impact of policy updates, SOPs finalized and released April 2, 2022. Due to multiple changes made to SOP, this may have played a role in the increase of victims reported in FFY 2023. 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. However, with the implementation of community response pilots in 10 Kentucky counties, it is the goal to improve data collection for every individual in referrals that are screened out to provide the information to community response partners. In January 2018, the state implemented new response times based upon the safety threats 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 identified as 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 continued increase to average response time in this submission. In addition, the responsibility of determining response times during normal business hours was transferred from field staff supervisors to central intake supervisors.Kentucky (continued) Appendix d: State Commentary 175 Child Maltreatment 2023Children An overall decrease in child victims was observed between FFY 2022 and FFY 2023. Kentucky has worked diligently over the past several years to implement a safety model which includes the implementation of SDM® Intake Assessment Tool and a thorough review and modification of the state’s acceptance criteria to ensure a focus upon children and families with true safety threats versus risk factors. Kentucky’s Investigation Protocol indicates unannounced face-to-face interviews should be completed with all household members including all other children in the home. The Department updated its CCWIS screens in 2022 to indicate whether an individual is a victim of human trafficking, as well as to distinguish between labor and sex trafficking. The Department publishes an annual human trafficking report to the LRC, which includes data on demographics, trends, and case findings regarding human trafficking reports. Across the state, community partners utilize the report to guide practice for service delivery to victims of human trafficking. Fatalities Kentucky has a systems safety review (SSR) team which reviews all cases involving a child fatality in an active CPS case and/or accepted as an investigation with the fatality/near fatality designation. An initial review is completed by a system safety analyst and is then presented to the multi-disciplinary team (MDT) for consideration of a comprehensive analysis. The state investigates only child fatalities that are a result of maltreatment. The state uses CCWIS to capture information on child fatalities related to maltreatment. For every fatality investigated as a possible death caused by maltreatment, the investigator obtains a copy of the official death certificate and autopsy conducted by the medical examiner from the Department of Public Health (DPH). The investigator incorporates this information into decision making around the investigative findings, as well as case disposition. A discussion of the contents of these documents is included in the assessment entered into CCWIS. These documents, as well as any additional documents such as those produced by law enforcement, are maintained in the case file. Perpetrators The number of perpetrators in Kentucky increased in FFY 2023. Kentucky has worked diligently over the past several years to implement a safety model which includes the imple - mentation of SDM® Intake Assessment Tool and a thorough review and modification of the state’s acceptance criteria to ensure a focus upon children and families with true safety threats versus risk factors. Kentucky’s Acceptance Criteria states: A report that meets child abuse, neglect, or dependency criteria which involves an alleged perpetrator between the age of twelve (12) and seventeen (17) years old who is in a caretaking role will be accepted. If substantiated, the child aged twelve (12) to seventeen (17) will be identified as the perpetrator. Kentucky reports Perp REL as 88-other for non-caregivers. DCBS will only accept reports involving a non-caretaker as a perpetrator if the report involves allegations of human trafficking and/or female genital mutilation. SOP 2.3-Acceptance Criteria also states: Child Kentucky (continued) Appendix d: State Commentary 176 Child Maltreatment 2023sex trafficking when a non-caretaker is the alleged perpetrator involves any sex act involving a minor in exchange for anything of value. This includes but is not limited to cash, drugs, jewelry, clothing, food, shelter, protection, or transportation. This could also include the offer or intent to exchange something of value for sexual favors. In 2022, Kentucky revised program areas specifically related to human trafficking allegations to ensure noncaretaker reports were accepted appropriately. This change was made to fulfill federal reporting requirements to differentiate between sex trafficking and labor trafficking, and to ensure proper identification of caretaker vs. noncaretaker perpetrators. The revised program/subprograms are now Human Trafficking-Sexual-Caretaker, Human Trafficking-Labor-Caretaker, Human Trafficking-Sexual-Non-caretaker, and Human Trafficking-Labor-Non-caretaker. Services Many of Kentucky’s prevention services are provided by contracted service providers. As identified in the five-year FFPSA Prevention Plan, children meeting Kentucky’s foster care candidacy definition total over 27,000, with Kentucky having the capacity to meet 1/5 of the need with contracted prevention services. Kentucky continues to pursue diligent efforts to expand child welfare contracted prevention services, including stakeholder partnership and advocacy for additional funding from the legislature. Kentucky had the opportunity to expand Family Preservation Program (FPP) to serve more families and train further in Family First Prevention Services Act (FFPSA) evidence-based practices (EBPs), through use of state general funds in calendar year (CY) 2022. FPP expanded in calendar year 2022 to serve additional families through an open solicitation, allowing for providers to submit proposals including budgetary needs to address barriers to staffing capacity. Additionally, the agency’s budget biennium request included an ask for an additional $11,491,000 in funding for state fiscal year (SFY) 2023, and an additional $16,323,000 in funding for SFY 2024. As a result of advocacy efforts for greater focus on prevention, DCBS received an additional $20 million appropriation of state general funds to be used for prevention services in SFY 2022, allowing expansion of the Kentucky Strengthening Ties and Empowering Parents (KSTEP) program. Parent engagement meetings (PEMs) were implemented in 11 rural areas in calendar year 2022 thanks to additional prevention state general funds and Community-Based Child Abuse Prevention (CBCAP) funding through the American Rescue Plan Act (ARPA). Discussions among DCBS leadership continue regarding the prioritization of funding for all prevention services, including PEMs. Kentucky received a grant award in the amount of $7.9M to support FFPSA implementation. The department originally intended to use these funds for FPP expansion. The Consolidated Appropriations Act granted 100% federal reimbursement to states for FFPSA EBPs through 9/30/2021. Twenty million dollars ($20M) was also appropriated from state general funds to the department for FFPSA through SFY 2022. Therefore, grant funds were no longer needed. A portion of these funds was used to support qualified residential treatment program (QRTP) implementation in the form of stipends to QRTP providers struggling financially due to pandemic related challenges, including staffing. The remaining balance of $5,768,487 in Kentucky (continued) Appendix d: State Commentary 177 Child Maltreatment 2023Family First Transition Act (FFTA) funds must be used by 9/30/2025. This is 100% federally funded and cannot be used for services for which a title IV-E claim will also be submitted. A reorganization occurred in 2022 that created a new division within DCBS focused on prevention and community efforts. The Division of Prevention and Community Well Being (DPCW) houses three branches, Primary Prevention, Community Response and Well-Being, and Prevention Evidence-Based Practices, that focus on primary, secondary, and tertiary prevention efforts. For tertiary prevention, START and KSTEP both expanded through a partnership with the DBHDID KORE, to serve geographic areas in need of services, and additional families. Both programs were sustained beyond the title IV-E waiver demonstration project to assist Kentucky families affected by SUD. Families with these risk factors often experience removal absent these services. DCBS received an additional $20 million appropriation of state general funds to be used for prevention services in SFY 2022. In CY 2022, DCBS com-pleted an RFP for the FPRP, which included adding an additional 25% of funding statewide. For secondary prevention, Kentucky was successful in expanding PEMs to multiple locations. Kentucky expanded FPP to serve more families and train further in FFPSA EBPs, through use of State General Funds in CY 2022. A Title IV-E Five-Year Prevention Plan amendment was approved in CY 2021, to include expanded use of MI and use of HFW. Another amendment was submitted to the Children’s Bureau in March 2022 to add Intercept® as an EBP. This amendment was approved in September 2022. Intercept® is an EBP through Youth Villages piloting in Cumberland, Southern Bluegrass, and The Lakes service regions. FPP contracts were expanded in March 2019 to serve additional families, and again in April 2020 to serve families, train for EBPs associated with FFPSA, and address issues of provider capacity through increasing staff salaries and increasing retention. Kentucky received a grant award in the amount of $7.9M to support Family First implementation. This grant funding was originally going to be used to support expansion of FPP. However, in CY 2021 with the Consolidated Appropriations Act granting 100% federal reimbursement to states for Family First EBPs through 9/30/2021 and the department receiving a $20 million appropriated in state general funds for Family First through SFY 2022, this was no longer a need for these funds. Instead, a portion of these funds was used to support QRTP implementation in the form of stipends to QRTP providers who were struggling financially because of pandemic related challenges including staffing. The remaining balance of these FFTA funds is $6,519,207 and these must be used by 9/30/2025, understanding this is 100% federal funding and cannot be used for services for which a title IV-E claim will also be submitted. A Title IV-E State Prevention Plan amendment was approved in CY 2021, to include expanded use of motivational interviewing (MI) and High-Fidelity Wraparound. Another amendment was submitted to the Children’s Bureau in March 2022 to add Intercept as an EBP, with approval pending. Kentucky (continued) Appendix d: State Commentary 178 Child Maltreatment 2023The Department is using supplemental funding to provide additional services and supports to families across the state. Supplemental CBCAP funding has been used to expand services under Community Collaboration for Children (CCC), which is available in all parts of the state but especially critical in rural areas where other services may be sparse. The goal is to decrease CCC in-home services waitlists, provide concrete supports for families, expand PEMs, and enhance primary prevention efforts through the local regional networks. In addition, Kentucky is one of the jurisdictions selected for the Thriving Families, Safer Children initiative. These supplemental CBCAP funds will support this initiative. CBCAP aligns with Thriving Families, Safer Children for primary and secondary prevention. The goal in Kentucky will be to increase the availability of supports, services, and resources within local communities to assist families in becoming successful in raising safe and healthy children, while enhancing the well-being of families. The funds must be obligated by September 30, 2025, and liquidated by December 30, 2025. Kentucky invested over $9.5 million in tertiary prevention services from SFY 19 to present, along with leveraging partnerships with other agencies to serve target populations. Sobriety Treatment and Recovery Teams (START) and KSTEP both expanded through partnership with the Kentucky Opioid Response Effort (KORE) through funding from the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) Substance Abuse and Mental Health Services Administration (SAMHSA) grant to serve geographic areas of need and additional families. Both programs were sustained beyond the title IV-E waiver demonstration project to assist Kentucky families affected by substance use disorder; cases often resulting in removal absent these services. KSTEP expanded from four counties to eight counties, from eight to 15, and an entire service region, since SFY 2019, with plans to expand to two additional service regions. Kentucky also expanded in CY 2021 to include an additional prevention pilot to deliver Multisystemic Therapy (MST) in two service regions, with plans for two additional providers in two additional service areas. Kentucky (continued) Appendix d: State Commentary 179 Child Maltreatment 2023Louisiana Contact Steven Lane Phone 318-518-7780 Title Business Analytics Specialist Email steven.lane.dcfs@la.gov Address Department of Children and Family Services 1525 Fairfield AvenueShreveport, LA 71101–4388 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. The Department is cur - rently in the planning phase of implementing a new CCWIS system to capture all NCANDS requirements in an effective and efficient manner. 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. 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 whom the agency is authorized to investigate. 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 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 and is still under investigation, the second report is classified as an additional information report. The Department uses a 4-pronged Response Priority system; the four separate priorities are 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). Louisiana no longer employs the Alternative Response model. 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 Appendix d: State Commentary 180 Child Maltreatment 2023worker 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, treat - ment or counseling which substantially threatened or impaired a child’s physical, mental, or emotional health and safety; or a newborn identified as exposed to chronic or severe use of alcohol; or, the unlawful use of any controlled dangerous substance or in a manner not lawfully prescribed; and, ■The direct or indirect cause of the alleged or other injury, harm or extreme threat of harm is a parent; a caretaker as defined in the Louisiana Children’s Code; a person who maintains an interpersonal dating or engagement relationship with the parent/caretaker/legal custodian; or a person living in the same residence with the parent/caretaker/legal custodian as a spouse, whether married or not. 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 as defined in the Louisiana Children’s Code; a person who maintains an interpersonal dating or engagement relationship with the parent/caretaker/legal custodian; or a person living in the same residence with the parent/caretaker/legal custodian as a spouse, whether married or not, the allegation shall be found invalid. If there is evidence that any person other than the parent, caretaker as defined in the Louisiana Children’s Code; a person who maintains an interpersonal dating or engagement relationship with the parent/caretaker/legal custodian; or a person living in the same residence with the parent/caretaker/legal custodian as a spouse, whether married or not, 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 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; or 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. Louisiana (continued) Appendix d: State Commentary 181 Child Maltreatment 2023A 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. Children During 2023 there were no changes to Child Protective Services policies related to conduct - ing investigations due to the continued pandemic. Increased focus has gone to drug and alcohol affected newborns. However, reporting in this area has been difficult due to a number of Plan of Safe Care and Referral cases have been dropped as a result of staff not accurately documenting the plan of safe care. Further, staff will be given additional guidance regarding when to identify a plan of safe care as being in place. The agency has provided more guidance on public awareness on Human Trafficking due to Act 622 that was passed during the 2022 Regular Legislative Session which resulted in more Human Trafficking reports. The law went into effect January 1, 2023 and requires that mandatory reporters shall report all alleged child sex trafficking to DCFS regardless of whether there is alleged parental or caretaker culpability. Fatalities Louisiana saw an% increase in the number of fatalities reported in the child file from FFY 2022 to FFY 2023. Louisiana reported 47 fatalities during FFY 2023. Policies around child fatality reviews were not changed in 2023 and the Child Death Review Panel meetings were able to continue to conduct operations during the pandemic. The State Child Death Review panel consists of the state health officer or his designee, the secretary of the Louisiana Department of Health or his designee, the secretary of the Department of Children and Family Services or his designee, the superintendent of the office of state police or his designee, the state registrar of vital records in the office of public health or his designee, the attorney general or his designee, a member of the Senate appointed by the president of the Senate, a member of the House of Representatives appointed by the speaker of the House of Representatives, the commissioner of insurance or his designee, the executive director of the Highway Safety Commission of the Department of Public Safety and Corrections or his designee, the state fire marshal or his designee, the assistant secretary of the office of behavioral health of the Louisiana Department of Health or his designee, a representative of the Louisiana Partnership for Children and Families, a district attorney appointed by the Louisiana District Attorneys Association, a sheriff appointed by the Louisiana Sheriff’s Association, a police chief appointed by the Louisiana Association of Chiefs of Police, a forensic pathologist certified by the American Board of Pathology and licensed to practice medicine in the state appointed by the chairman of the Louisiana State Child Death Review Panel subject to Senate confirmation, a pathologist experienced in pediatrics appointed by the Louisiana Pathology Society, a coroner appointed by the Louisiana (continued) Appendix d: State Commentary 182 Child Maltreatment 2023president of the Louisiana Coroner’s Association, the state superintendent of education or his designee, the director of the bureau of emergency medical services of the Louisiana Department of Health or his designee, and six persons appointed by the governor, subject to Senate confirmation, for a term of three years as follows: ■A health professional with expertise in Sudden Infant Death Syndrome appointed from a list of three names submitted by the Louisiana State Medical Society. ■A pediatrician with experience in diagnosing and treating child abuse and neglect appointed from a list of three names submitted by the state chapter of the American Academy of Pediatrics. ■Four citizens from the state at large who represent different geographic areas of the state. PerpetratorsThe 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 postinvestigation services such as foster care, adoption, in-home family services, and protective daycare. Many services are provided through con-tracted 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. Louisiana (continued) Appendix d: State Commentary 183 Child Maltreatment 2023Maine Contact Leigh-Anne Bordas Phone 207– 624–7911 Title Information Services Manager Email leigh-anne.bordas@maine.gov Address Office of Child and Family Services Maine Department of Health and Human Services2 Anthony Avenue, 11 State House StationAugusta, ME 04333–0011 General Maine continues to utilize the Structured Decision Making (SDM) Intake Screening and Response Priority Tool. It ensures that all reports received are investigated 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. Reports The number of alleged abuse and neglect reports received by Maine’s Intake Unit increased in FFY 2023 from FFY 2022 resulting in an increase in the number of reports assigned for investigation. All reports, including reports that are not appropriate, and are referred to as screened out, are documented in the Comprehensive Child Welfare Information System (CCWIS). The screening decision is performed at the Intake Unit using the SDM Tool. Reports 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 prelimi - narily 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 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 investigations in FFY 2023 decreased slightly from FFY 2022 due to the overall increase in investigations assigned. The state docu - ments 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 now 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. Fatalities In FFY 2019 Maine began the collection and ability to track child deaths at time of report, during investigation or while in care. This information is now available in the Child File for Appendix d: State Commentary 184 Child Maltreatment 2023deaths 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 CCWIS system. 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. Maine (continued) Appendix d: State Commentary 185 Child Maltreatment 2023Maryland Contact Shana Proctor Phone 443–934–4173 Title Director of Operations Email shana.proctor1@maryland.gov Address Division Department of Human Services Agency Social Services Administration311 West Saratoga StreetBaltimore, MD 21201 General Maryland’s Department of Human Services Social Services Administration continues to enhance our CCWIS system for quantitative and quality data collection. During FFY 2023 there were a significant amount of enhancements made to the application due to AFCARS 2.0 going into effect. These modifications have allowed for better data collection and will continue to improve future NCANDS submissions. Maryland has implemented a response timer within the CCWIS application. There are two different response timers connected to the CPS case. The first is an intake screening response timer and the second response timer documents the time it takes for all criteria to be met for initial contact. To ensure better NCANDS outcomes, Maryland has used our Sailpoint onboarding system to effectively track roles and responsibilities within the system. The Sailpoint system allows us to track what roles workers are being assigned at a local level. This allows us to track the number of screened-in and screened-out referrals more effectively. 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 5days 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. 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. Investigative Response targets moderate to high-risk reports of child neglect and abuse which results in a finding concerning maltreatment. Maryland continues to improve NCANDS data mapping for its CPS functionality in CJAMS. New and updated mapping documents have been created for the 2023 NCANDS submission. Reports Maryland continues to use a centralized reporting hotline for Child Protective Services. This centralized hotline has provided a single number for Marylanders to report suspected abuse Appendix d: State Commentary 186 Child Maltreatment 2023or neglect with the ability to then route the calls to the appropriate local jurisdiction based on the location of the allegation. The local jurisdiction’s previous child protection numbers remained in service, allowing those to continue to be used by those who were already familiar with them, thus providing options for reporting suspected child abuse or neglect. Maryland’s number of referrals increased in FFY 2023 from FFY 2022 which is thought to be due to training and education in the community. Children with increased access to education personnel in confidential settings allowed for children to disclose alleged abuse or neglect, which led to an increase in the reports. In FFY 2023 there was more access to in-person mental health and physical health appointments, which allowed for an increase in reports from those mandated reporters. Our number of screened out increased due to Maryland making significant progress in our preventative work, leading to more families receiving community-based services instead of CPS services and investigations. When CPS reports are screened out, they are evaluated to determine if the concerns raised in the report meet criteria for a risk of harm assessment. These criteria include: ■substance exposed newborns, ■domestic violence (when a child has not been injured), ■substantial risk of sexual abuse by a registered sex offender, ■caregiver impairment, ■previous death or serious injury of a child due to child abuse or neglect, ■previous report to CPS and there is currently a child age 5 or under in the home, ■suspicion of sex trafficking, and ■adult survivor of maltreatment (where maltreator has children in care and supervision). These assessments are able to be changed to a CPS case if the assessment indicates that the information meets CPS criteria. Risk of Harm cases can also be referred to ongoing services to provide support to prevent potential maltreatment in the future. Children During Calendar Year 2023 policy SSA #23-02 Trafficking Response in Child Welfare was updated to redefine “young adult” individuals between 18 and 21 years old for whom the State agency has responsibility for placement, care, or supervision, and individuals between 18 and 23 years old receiving Chafee program services. Incorporated the federal language referencing the policy applying to those “for whom the State agency has responsibility for placement, care, or supervision. Added protocols for investigating reports that a young adult is suspected of being a victim of labor or sex trafficking. In FFY 2023 the Department of Human Services/Social Services Administration provided guidance to the local departments of Social Services Leadership regarding safe sleep. This guidance supplements SSA-CW-22-02 and SSA-CW 15-05 (Substance Exposed Newborns) and can be used with any caregiver providing care for children under 12 months of age, including resource parents, and youth in out of home care who may be pregnant or parenting their own children. The goal of this guidance is to strengthen family engagement so that child welfare workers are best equipped to educate families on the risks associated with unsafe sleep while demonstrating safe sleep options and offering tangible goods as needed. Maryland (continued) Appendix d: State Commentary 187 Child Maltreatment 2023Maryland regulations require that all children in a household are interviewed/assessed during an investigation or alternative response. The time frame for these interviews/assessments of children not initially identified as victims vary depending on the type of response. Maryland does have a check box in place in the SDM tool to count sex trafficking: when a caseworker chooses sexual abuse, the case worker is able to choose “yes” or “no” as to whether it was sex trafficking. Maryland continues to enhance data collection around trafficking in the CCWIS system. Maryland does not investigate infants where prenatal substance abuse exposure was the only concern. These children receive a risk of harm assessment and are reported as part of the agency file. Only in situations where additional factors that meet abuse or neglect criteria will infants with perinatal substance abuse be reported in the Child File. Maryland has been able to develop a plan of safe care for infants who are substance abuse exposed. This is a required document in our case record. Fatalities Maryland requires that child fatalities where child maltreatment is a factor are reported to the local departments of social services. In addition, the state and local departments also get information about these fatalities from local agency fatality review teams, the Maryland Department of Health’s Child Fatality Review team, the office of the Chief Medical Examiner, and the police and Sheriff’s Department. In Maryland the State Child Fatality Review Team (CFR) consists of: The county health officer, directors of the local Department of Social Services, the states attorney, the superintendent of schools, Child Protective Services, law enforcement, attorney that represents the local Department of Social Services, Director of the counties substance abuse treatment program, a representative of the local Early Childhood Advisory Council, director of the county mental health agency, a psychiatrist or psychologist with experience in child abuse/neglect or child injury, a pediatrician with experience in diagnosing and treating injuries and child abuse/neglect, and other community agency’s when appropriate. Maryland has revised both screening and fatality policies to increase prevention efforts beginning with the initial referral. In 2022, Maryland issued a policy that requires local DSS agencies to screen in sleep-related fatalities, which was not a previous requirement. We believe that this is the cause of this increase. Perpetrators Maryland currently does not have a minimum age for a perpetrator, however the age differ - ence and difference in ability would be taken into consideration and often in the finding, the perpetrator would be unnamed and indicated more often than naming the youth offender. Services As our population of children in foster care has been decreasing in the past several years, Maryland continues to used family team decision meetings as well as increase the use of evidence-based practices (EBP), such as Functional Family Therapy (FFT), Parent Child Maryland (continued) Appendix d: State Commentary 188 Child Maltreatment 2023Interactive Therapy (PCIT), Multisystemic Therapy (MST), and Healthy Families America (HFA), which were identified in Maryland’s Family First Prevention Services Act (FFPSA) Prevention Plan to address a holistic approach to family needs. These EBPs were rolled out throughout the state in stages, using those that were already in place following the Title IV-E Waiver and then implementing services in other jurisdictions across the state. Maryland (continued) Appendix d: State Commentary 189 Child Maltreatment 2023Massachusetts Contact Nicholas Campolettano Phone 508–929–2013 Title Management Analyst Office of Management, Planning, and Analysis Email nicholas.campolettano@mass.gov Address Massachusetts Department of Children and Families600 Washington StreetBoston, MA 02211 Reports The Department’s Protective Intake Policy requires non-emergency reports of abuse and neglect to be reviewed and screened in or out in one business day. Emergency reports require an immediate screening decision and an investigatory response within 2 to 4 hours. Massachusetts uses a single child protection response, with all screened-in reports of suspected child abuse and neglect assigned to investigation-trained response workers. This places the decision making regarding the appropriate level of departmental intervention after the response–the point at which the Department has interviewed the child and caregiver involved, contacted collaterals, 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. To complete an investigation, the policy mandates the use of the Department’s Risk Assessment Tool to assess potential future safety risks to the child. In October 2019, the Department updated its Risk Assessment Tool to incorporate the latest validated research to assess child safety risk more effectively and reliably. 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 Baker Center for Children and Families, Massachusetts’ Child-At-Risk Hotline contractor. The hotline handles child protective service functions whenever 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 2023, social workers also performed screening and investigation functions in addition to ongoing casework. Children In Massachusetts, intake screening and response decisions require the lowest legal threshold, or level of proof, of “reasonable cause”, as required by Massachusetts state law. This allows for the capture of a broader view of children potentially in need of protective services. 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. Appendix d: State Commentary 190 Child Maltreatment 2023The NCANDS category of neglect includes medical neglect; Massachusetts does not have a separate allegation type for medical neglect. Living arrangement data are not collected dur - ing 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 dur - ing an investigation. 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 has a comprehensive approach to address Human Trafficking and Sexual Exploitation of children and youth that includes: ■Updating multiple policies to integrate understanding, identifying and responding to child trafficking. • Accepting reports of allegations against non-caretaker alleged perpetrators. • Since the implementation of the new protective intake policy in 2016, the identified perpetrators have mostly been non-relatives—the relationships are identified in the Department’s 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 and Sexual Exploitation of children. ■Implementing a Multi-Disciplinary Team model that primarily consists of Child Advocacy Centers, the Department , 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. Changes to iFamilyNet, Massachusetts’ electronic case record system, were implemented in FFY 2020 to allow for the documentation of the presence of Plans of Safe Care and Referrals to Appropriate Services (for families of Substance Exposed Infants) during the report or investigation. Additionally, this information can also be captured and detailed during the Family Assessment and Action Plan that occurs on cases open for services. Fatalities Massachusetts reports child fatalities attributed to maltreatment only after information is received from the state’s 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 may also include data compiled by the Department’s’ Case Investigation Unit, 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 (continued) Appendix d: State Commentary 191 Child Maltreatment 2023Massachusetts 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 the Department. The Department may be granted custody of a child who is never removed from home and placed in substitute care. In most cases when the Department is granted custody of a child, the child has an appointed legal representative. Representative data are not always recorded in iFamilyNet.Massachusetts (continued) Appendix d: State Commentary 192 Child Maltreatment 2023Michigan Contact Theresa Keyes Phone 517–574–2257 Title State Administrative Manager Email keyest@michigan.gov Address Division of Continuous Quality Improvement Michigan Department of Health and Human Services Children Services Administration 235 South Grand Avenue, Suite 505 Lansing, MI 48933 General The Michigan Department of Health and Human Services (MDHHS) is responsible for the investigation of complaints of child abuse and neglect allegedly committed by a person responsible for the child’s health and welfare. MDHHS has one response to a screened-in referral. Michigan does not operate a differential or an alternate response program. Reports Michigan did not see substantive changes to the number of referrals screened out nor was there substantive change within reporting sources. Michigan utilizes a Structured Decision-Making protocol at the statewide Centralized Intake Division, the twenty-four-hour hotline responsible for taking all child and adult abuse or neglect concerns. The decision tool routes families to prevention services when the complaint does not rise to the level for concern of child abuse or neglect per state law to keep children and youth safe in their own communities by establishing a system rooted in family well-being, prevention, and equity. Children Michigan updated the maltreatment types during federal fiscal year 2023. Michigan is in the process of developing the state’s Comprehensive Child Welfare Information System which has prevented improvements within the SACWIS system’s collection of risk factors for children, parents, and perpetrators. The state can differentiate between alcohol use and drug use. Michigan reports victims of sex trafficking; defined as an individual subject to the recruit - ment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purposes of a commercial sex act or who is a victim of a severe form of trafficking in persons in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induces to perform the act is under 18 years old. In addition, Michigan defines labor trafficking as the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, using force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery. Michigan’s state policy indicates that CPS will investigate complaints alleging that an infant was born exposed to substances not attributed to medical treatment and subsequent require - ments for confirming abuse/neglect must find that a parent’s substance use/abuse impacts child safety/well-being. Michigan does report infants with prenatal substance exposure and continues to collaborate with the medical community, staff, and Governor’s appointed task force to ensure families impacted are offered a Plan of Safe Care through either a public health or child welfare contact. Fatalities Michigan receives notification of all child fatalities and investigates those where there is a concern of child maltreatment. Child fatalities fluctuate when comparing year-to-year data. Appendix d: State Commentary 193 Child Maltreatment 2023In fiscal year 2023, a total of 40 child fatalities are reported in the Child File, 17 youth less than fiscal year 2022, five more than fiscal year 2021, and five less than in fiscal year 2020. Michigan reports child fatalities within the Child File where there is a confirmation of abuse or neglect outlined by a disposition or finding defined as a Category 1, 2, or 3. Michigan does not confirm persons not responsible as defined by statute nor deceased persons as perpetrators. In FY23, three child fatalities met these criteria and have been reported within the Agency File. Michigan observes an increase in physical violence as the cause for child fatalities. To understand more about critical incidents, Michigan participates an interagency collaborative aimed at systemic improvements within child welfare systems. Perpetrators Perpetrators are defined as persons responsible for a child’s health or welfare who have abused or neglected a child. An individual under the age of 10 years cannot be considered a perpetrator. 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. The exception to this is when law enforcement is the reporting source, and they are reporting child trafficking concerns. In these instances, Centralized Intake is required to assign the referral for investigation and the field determines if the person is responsible and can be substantiated. Services Michigan continues to provide prevention and preservation services through statewide and local programing. The state prevention model, MiFamily Stronger Together, continues to implement strategies over time. Michigan contracted with Chapin Hall to train all staff using Motivational Interviewing across the state. The state information system was updated to col - lect prevention services data; improvements are being considered to improve data integrity. Michigan refers children birth through age three to programs under the Individuals with Disabilities Education Act (IDEA). IDEA is managed within the Michigan Department of Education and data is not available to report within the Agency File.Michigan (continued) Appendix d: State Commentary 194 Child Maltreatment 2023Minnesota Contact Jennifer Droneck Phone 612–703–-6974 Title Manager of Child Safety and Permanency Continuous Quality Improvement Child Safety and Permanency DivisionEmail jennifer.droneck@state.mn.us Address Minnesota Department of Human Services 444 Lafayette RoadSaint Paul, MN 55155 General 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 Data on CPS staff represent the full-time equivalent (FTE) of staff as reported by local agencies (counties, combined agencies, and two tribal agencies). In Minnesota, child protec - tion staff are employees of the local agencies rather than the state. Overall, local agencies reported a slight decrease in the number of child protection staff compared to last year, while the number of supervisory staff remained the same. Reports of child maltreatment are made directly to local child welfare agencies (counties and three tribal agencies). All three responses (family and facility investigations, and family assessment) apply to screened-in reports of alleged child maltreatment in Minnesota. There was not a significant difference in the proportion of reports screened to each type of response. 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. Most referrals are screened out because the stated concerns do not meet established criteria in Minnesota’s Child Maltreatment Intake, Screening, and Response Path Guidelines or 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 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 Screening and Response Path Guidelines and statute apply screen-in requirements to children who have been born. Screened in reports alleging substantial child endangerment Appendix d: State Commentary 195 Child Maltreatment 2023or 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 reports are also 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 2023 the number of victims decreased. The numbers of victims is based on determined/substantiated child victims in child maltreatment investigations. 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. The State currently collects and reports data related to infants with prenatal substance exposure. While there were no policy changes during FFY 2023, the State has taken efforts to improve its response through partnerships and communications. The State has also created a dashboard to monitor data timelier to support strategies for improvements. Minnesota currently collects and reports data related to children determined to have been victims of sex trafficking. Mandated reporters must report all known or suspected sex trafficking of children to local child protection agencies, regardless of relationship to alleged offenders. All screened-in reports of sex trafficking must be investigated by child protection, regardless of alleged offender relationship. The focus of the child welfare system response to children and youth who experience human trafficking and sexual exploitation is securing safety and access to services. Service planning for trafficked or exploited youth can be complex and may include coordination with community partners, including advocates or Safe Harbor. Minnesota uses a No Wrong Door model to respond to sexual exploitation of youth and to provide services to victims. This model includes Safe Harbor regional navigators, specialized service providers, and specialized shelter and housing providers who collaborate to provide a network of services for sexually exploited youth. The No Wrong Door model also involves professionals and community members through training, outreach, and protocol development. The state has created a dashboard to monitor data to support strategies for improvements. Fatalities In FFY 2023, the number of maltreatment-related fatalities as compared to 2022 increased from 25 to 32 where a single case in the period ended up being overturned due to an appeal. Given the rarity and complexity of these cases, it would be misleading to speculate on the reasons for this increase. Each fatality is a tragedy, and it is imperative that when such an Minnesota (continued) Appendix d: State Commentary 196 Child Maltreatment 2023incident occurs, the state have a process for learning what we can to improve outcomes for all children and families moving forward. The primary source of information on child deaths resulting from child maltreatment is local agency child protective services staff; however, some reports originate with law enforcement or coroners/medical examiners. Local agencies also submit results of any local child mortality review to the department’s critical incident review team. The department’s critical incident review team also regularly reviews death certificates filed with the Minnesota Department of Health (MDH) and directs local agencies to enter child deaths resulting from child maltreatment, but not previously recorded by child protective services, into Minnesota’s Comprehensive Child Welfare Information System, to ensure that complete data are available. Occasionally, a child who is a resident of Minnesota becomes the subject of an alleged CA/N related fatality in another jurisdiction. When the department’s critical incident review team becomes aware of such an incident, documentation, including police reports, are requested from law enforcement in the other state. The local agency within Minnesota is asked to record the data in Minnesota’s Comprehensive Child Welfare Information System. Minnesota has a critical incident review team that conducts reviews of maltreatment related child fatalities. The review process, based in human factors and safety science, is a robust, thorough and time intensive endeavor that includes a review of the child and family’s history of involvement with the child welfare system. This process results in the identification of systemic barriers and influences that impact work occurring in Minnesota’s child welfare system; this information is used to inform the state’s broader continuous quality improvement efforts. In addition to the critical incident review team, Minnesota has a State Child Mortality Review Panel. The multidisciplinary team including representatives from state, local, and private agencies; disciplines represented include social work, law enforcement, medical, legal, and educators. Other than conducting reviews and meetings virtually, all other policies and procedures for reviewing child fatalities in Minnesota remained the same throughout the pandemic. 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. Noncaregiver perpetrators of sex trafficking are included. 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 Minnesota (continued) Appendix d: State Commentary 197 Child Maltreatment 2023an 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 (continued) Appendix d: State Commentary 198 Child Maltreatment 2023Mississippi Contact Tameika Givens Phone 601–576–1614 Title Office of Federal Reporting Email tameika.givens@mdcps.ms.gov Address Department of Child Protection Services P. O. Box 346Jackson, MS 39205 General In-office and face to face contact COVID guidance continues to evolve as updates are provided by the CDC and MSDH (Mississippi State Department of Health). Mississippi does not have two types of responses to screened-in referrals (reports). Reports Mississippi Centralized Intake and Assessment (MCIA) is the department within Mississippi Dept. of Child Protection Services (MDCPS) to perform intake and initial screening functions. Most of the staff are full-time, but there a few part-time staff hired as employees and a few part-time staff hired through a contractor to provide intake services on weekends and holidays. The part-time staff were converted to Full-Time Equivalents for data collection purposes. MDCPS is continuing to work toward more standardized screening to be conducted at the intake stage. During 2023, the secondary screening duties previously conducted in each county office were moved to a group of screeners strictly dedicated to performing the final screening of intakes. A Structured Decision-Making Tool is being developed for implementa-tion by FFY 2025.. For FFY 2023, there was an increase in the amount of screening assessment conducted at the intake level, especially pertaining to whether information on children in open cases constituted a situation of abuse or neglect by the caregiver, or whether the information pertained to the ongoing casework management of assessing, monitoring, and managing safety, risks, and well-being. Children The Comprehensive Addiction and Recovery Act continues to assist mothers and infants affected by substance use exposure. For the reporting period, there were 324 referrals received for CARA services. MDCPS continued the Memorandum of Understanding (MOU’s) with the Mississippi Department of Mental Health, Mississippi Department of Health, and the Department of Human Services. Services for the mothers and infants include community support, Medicaid, SNAP, WIC, Health education for depression, anxiety, and healthy infant development. CARA referrals are tracked through a software called Smartsheet. The provid - ers, Mississippi Department of Health, Mississippi Department of Mental Health, and the Mississippi Department of Human Services are sent referrals through DocuSign. All comments and information are sent through Smartsheet. The information consists of successful/unsuc - cessful of contacting the mother and/or medical provider, and if the mother accept/deny ser - vices. Plans of safe care are completed through each provider upon receiving the referral. There are no alcohol abuse child risk factor or drug abuse child risk factor reporting limitations. The reporting period was October 1, 2022—September 30, 2023. There were also no challenges or barriers in reporting for the infants with prenatal substance exposure. There was a decrease of victims for FFY 2023 compared to FFY 2022. Increased efforts have been made to screen Appendix d: State Commentary 199 Child Maltreatment 2023intakes out that are not allegations of abuse or neglect by caregiver but are situations that need to be addressed by MDCPS staff on active cases. Fatalities There were 73 fatalities for FFY 2022 and 76 fatalities for FFY 2023. The agency developed a Special Investigations Unit that is responsible for investigating all reports of child fatalities that meet criteria for agency investigations. Previously, the investigations were conducted by regular workers in the field. The development of the 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 of fatalities reported with substantiated findings of abuse and neglect. Mississippi previously counted only those fatalities where the medical examiner or coroner ruled the manner of death was a homicide. In 2007, Mississippi also began counting those child fatalities determined to be the result of abuse or neglect that has been substantiated by MDCPS. Other sources that compile and report fatalities due to abuse and neglect are Serious Incident Reports (SIRs) and Child Death Review Panel (CDRP) facilitated by the Mississippi Department of Health. Child Death Review meetings are attended by MDCPS staff and executive leadership responsible. Perpetrators MDCPS does report non-caregiver perpetrators of sex trafficking to NCANDS. “Other” perpetrator relationship would be selected when the alleged perpetrator’s relationship to the victim is known but it does not fit into the other categories listed. Human Trafficking laws in Mississippi stipulate that child abuse has occurred when a child is trafficked by any person, whether or not that person is the child’s caregiver. Therefore, the non-relative perpetrators of Human Trafficking would be included in reporting. Services Prevention subgrantees are being funded through the Community-Based Child Abuse Prevention (CBCAP), Kinship Navigator, Children’s Trust Fund (CTF), and the Child Abuse Prevention Treatment Act (CAPTA) grants. The purpose of prevention services is to strengthen families, ensure safety and permanency and well-being of children. For October 1, 2022 through September 30, 2023, the prevention subgrantees served 3,437 families and 3,673 children. Subgrantees continued to offer parenting classes, concrete needs, support groups, and several community-based activities for children and families. All prevention services are outsourced through contractual agreements to provide prevention services to children and families. This includes prevention and in-home services. In-Home services are provided through Canopy and Youth Villages. Primary prevention services are offered through Starkville Oktibbeha Discovery Center (Parent Café’s and Project CARE), Health Connect America, Southern Christian Services for Children & Youth (Parent Strong), and Catholic Charities (Kinship Navigator). When a service case is opened and maintained by MDCPS staff, it is referred to as an In-Home service case. These cases are opened to Mississippi (continued) Appendix d: State Commentary 200 Child Maltreatment 2023either maintain successful reunifications after a foster care episode or prevent the need for initial removals from home into foster care. There has been funding changes for In Home Services under Preventive Services,” as Intercept is being funded ARPA. Some Prevention services are contracted to two Providers. One is funded privately through Baptist Children’s Village (BCV) as a support to our Preventive programs. This Preventive service through BCV is a no cost to our families as it is provided pro bono. Two Providers offer Preventive services, and these services are outsourced to the two Providers. In previous years, children who received Preventive services covered under the Promoting Safe and Stable Families Grant (PSSF) during the year were used by the Families First Resources Centers with some of these funds. The PSSF grant funds in-CIRCLE Family Support Services Program, or Family Preservation/Family Reunification/Family Support Services through Youth Villages. in-CIRCLE Family Support Services Program by the Provider, Canopy Children’s Solution is funded through State General Funds. Canopy Children’s Solutions used these state general funds to provide services. Youth Villages also has another Preventive Program which began services in our state November 2022. This Program is funded through the American Rescue Plan Act (AR PA). ■in-CIRCLE is an intensive, home and community-based family preservation, reuni - fication, 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 and informal concrete supports, (6) addressing mental health and substance use issues, (7) reducing child behavior problems, and (8) safely reunifying families. ■Intercept is an evidence-based program that provides intensive in-home parenting skill development to meet the individualized needs of a family and young person. Intercept is appropriate for families with children of all ages who have serious emotional and behav - ioral symptoms or have experienced abuse and/or neglect. ■The Dorcas In-Home Family Support Program is also another program that provided family-driven, youth-guided interventions to improve the stability of enrolled families and their ability to provide adequate care for the children for whom they are responsible. These interventions increased families’ access to and utilization of community resources and assistance. In Home Services served 436 children/families during FFY 2023 under the PSSF grant. In addition, 1284 children/families were served through the General Funds, 245 families/children were served through the No Cost funds, and 373 through ARPA funds.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. Through Promoting Safe and Stable Families, General State Funds, ARPA, and No Cost Services.Mississippi (continued) Appendix d: State Commentary 201 Child Maltreatment 2023The total number of children/families served under these preventive services were 990 families and 2338 children. 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. Mississippi (continued) Appendix d: State Commentary 202 Child Maltreatment 2023Missouri Contact Mary Faucett, Jennifer Gunnels Phone 660–216–2180 Title Senior Social Services Specialist Email mary.f.faucett@dss.mo.gov jennifer.gunnels@dss.mo.gov Address Children’s Division (Dept. of Social Services)Jefferson State Office Building205 Jefferson Street Jefferson City, MO 65101 General 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. 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. 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 offi - cials, or other service agencies. Child protective services (CPS) staff will contact the multi - disciplinary 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 2021 does not include initial contact with multidisciplinary team members. 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. Appendix d: State Commentary 203 Child Maltreatment 2023Missouri saw a decrease in the overall number of referrals in FY 2022 because in 2021 we accepted educational neglect referrals. These referrals were taken due to the volume of calls of concerns for educational issues due to remote learning. This was stopped in May 2021. Missouri experienced a backlog of reports due to staff shortages. Missouri created an action plan to address the backlog. The action plan involved staff from across the state assisting with new report received in areas that were experiencing staff shortages and staff virtually closing reports. Due to these efforts, the backlog was significantly reduced and an increased number of reports reached a disposition during 2023. In February 2022 Missouri implemented a Central Consult Unit (CCU) which consults and closes cases in which children were deemed to be safe. The CCU must be called within 7 days on reports when workers have determined that children are safe. This allows more time for workers to complete other reports in the field. This has decreased the backlog and assisted with preventing future backlog. 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 2021 substantiated records, and dividing it by the total number of prior substantiated records, not including unsubstantiated or alternate response records. In response to the Covid-19 Pandemic Missouri implemented multiple protocols to meet our investigation and assessment guidelines on ensuring safety and child contact. Temporary policies addressed both child and worker safety, proper use and availability of PPE, virtual, curbside and in-person visits. In many situations, we did continue to investigate reports in-person. Safety of children continued to be a primary concern and when a child needed to be removed from the home, practice was not impacted. Changes were made to our states’ calculation for our time from the start of an investigation to final determination for the Agency file by mirroring the same logic used in the Child File. Alternative response reports (assessments) in Missouri were previously coded under “other” for maltreatment type. For FY2023, the state now captures maltreatment type for assessments and investigations. Missouri tracks cases with sex trafficking victims as a result of the 2017 Preventing Sex Trafficking and Strengthening Families Act. With the 2019 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 model specific to assessing, identifying and responding to trafficking as it relates to working with children through the child welfare system. CD has worked with other states to develop a comprehensive assessment tool for child victims of both labor and sex trafficking. This new tool was incorporated into CD policy and supported by Advanced Human Trafficking training. Missouri (continued) Appendix d: State Commentary 204 Child Maltreatment 2023Missouri collects data on Plans of Safe Care in the instance of a Newborn Crisis Assessment Referral. During FFY 2022, there were 273 children who had a Plan of Safe Care developed. During a prior review of reports, it was that noticed staff were not checking the box as they should. Our agency has been telling staff during their training to check the box in our system if a plan of safe care is put in place. Most staff members said they didn’t know what it was for. This is being addressed again on our agency’s monthly CA/N call. The numbers increased significantly during FFY 2023 - now 933 children are reported. This likely reflect the success of additional training. Newborn Crisis Assessments in Missouri are not considered reports of abuse or neglect and there are no plans, in Missouri, to change the way Newborn Crisis Referrals are categorized. They will continue to be considered referrals and not reports of abuse/neglect. 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. In FFY 2020, Missouri adjusted coding on our mapping document to more accurately pro - vide child fatality information in the child file rather than the agency file, based on a mapping issue found in FFY 2019 data. Mapping was looking for a Preponderance of Evidence (POE) finding on coding of “B1” Child Fatality-Child resides in state & “B2” Child Fatality-Child resides out of state, if they were coded as “unsubstantiated” even though conclusion findings within the investigation had coded findings for POE resulting in the fatality. The issue is staff were trained to make the POE findings on the actual allegation (physical abuse, neglect, lack of supervision) rather than the fatality itself (B1/B2). In FFY 2023, Missouri adjusted coding Missouri (continued) Appendix d: State Commentary 205 Child Maltreatment 2023on our mapping document to more accurately provide child fatality information in the child file rather than the agency file, based on a mapping issue found in FY22 data. Prior mapping did not capture a perpetrator on the child file if the perpetrator was deceased (it was reported in the Agency File). 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. 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 estab - lished 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. Missouri made a policy change to the category of “other” that changed the wording “paramour” to “partner” which added additional coding that fell to the “other” category. In FFY 2020, Missouri updated coding on our mapping document to capture “partner” which resulted in an elevated % changed from the “other” category. The “other” category also includes reports where the perpetrator is coded as “self” for the victim. These are instances usually involving older victim children that are also perpetrators themselves, to younger children on the same report, which puts them in the “other” category. For Missouri, the “Other” category mapping includes “Spouse”, “Self”, “Ex-paramour’s Family”, “Ex-paramour’s Family”, and “Other” (which captures anything else that is not an option. 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 submit - ting 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) Appendix d: State Commentary 206 Child Maltreatment 2023Montana Contact Jill Burgan Phone 406–523–4100 Title Business & Technology Operations Bureau Chief Email jill.burgan@mt.gov Address Child and Family Services 2677 Palmer St. STE 300 Missoula, MT 59808 General Montana does not have a differential response track for investigations. The state continues to make improvements to the existing case management system and has secured funding for a full CCWIS replacement in upcoming years. Montana is currently in the planning and requirement gathering stages of this project. Reports Montana Child and Family Services has a Centralized Intake Bureau or call center that screens each referral of child abuse or neglect to determine if it requires investigation, assis - tance, or referral to another entity. Referrals requiring immediate assessment or investigation are immediately called out to the field office. By policy, these are Priority 1 reports and require contact with alleged victims within 24 hours. All other CPS reports that require an assessment or investigation are sent to the field within 24 hours. In general, this has resulted in improved response times. Montana has had a decrease in the number of CPS reports over the past few years, reducing the total number of victims. Children Montana continues to conduct all investigations per policy and did not make any modifica - tions to timeframes. Montana has not experienced any delays in investigation decisions/outcomes. Investigative procedure dictates that all children in a home are seen/assessed. There have not been any alcohol abuse or drug abuse child risk factors reporting limitations changes in Montana. There have not been any alcohol abuse or drug abuse caregiver risk factors reporting limitations changes in Montana. 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. Not all infant/child deaths are investigated, it is dependent on if a report is made to Child and Family Services where maltreatment is suspected. Perpetrators Unknown perpetrators are given a common identifier within the state’s data system. If a CPS report is made, Montana reports noncaregiver perpetrators of sex trafficking to NCANDS. Services Data for prevention services are collected by State Fiscal Year (SFY). The majority of Preventative Services are outsourced through our Child Welfare Prevention Support Services. Appendix d: State Commentary 207 Child Maltreatment 2023Nebraska Contact Andrew Keck Phone 531–207–2770 Title Deputy Director of Finance – Children and Family ServicesEmail andrew.keck@nebraska.gov Address Nebraska Department of Health and Human Services Nebraska State Office Building, 3rd Floor301 Centennial Mall SouthLincoln, NE 68509 General During FFY 2023, the state of Nebraska continued to utilize the Structured Decision Making (SDM®) model, a set of research-based decision-support assessments, to assess reports of child safety and risk. 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 risk levels. Nebraska has a two-tiered system of responding to accepted reports of abuse and neglect. Reports are assigned to a Traditional assessment or an Alternative Response. Alternative Response (AR) is an approach to keep children safe in a family-friendly way by doing things such as making appointments to see the family, asking the parents or caregivers for permission to talk to their children and other collaterals, not entering abuse or neglect findings, and offering concrete supports, among other things. AR started as a pilot has since expanded statewide as of October 1, 2018. Data for traditional and AR cases are reported to NCANDS. Successful child welfare practice is predicated on engaging the families with whom we come into contact. To enhance our engagement skills, the Division of Children and Family Services introduced Safety Organized Practice (SOP) to our staff beginning in April 2019. SOP is an approach to child welfare casework designed to help all key stakeholders—the family and professionals—involved with a child keep a clear focus on assessing and enhancing safety at all points in the case process. By employing solution-focused interviewing, proven strategies for meaningful child and youth participation, and a common language for concepts like “safety,” “danger,” and risk,” SOP compliments SDM® to create a rigorous child welfare practice model that is neither too naïve nor negative in its view of families. The tools used in SOP are proven to enhance the development of good working relationships and create detailed practical, achievable safety plans. In the last five years, CFS has completed the roll-out of all 12 modules of SOP training statewide and is developing ongoing refresher training for staff across Nebraska. Reports All reports of child abuse and neglect are received at the toll-free, 24/7, centralized Nebraska Child and Adult Abuse and Neglect Intake Hotline (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 an SDM® Safety Assessment and SDM® Safety Plan (if applicable) and an SDM® Risk or Prevention Assessment. Each SDM® Assessment provides decision-making support to the worker to determine whether a case should remain open for ongoing services. Nebraska experienced an increase in screened-out reports to the Hotline in FFY 2023 as well as an increase in the number of children screened out. The number of screened-out reports Appendix d: State Commentary 208 Child Maltreatment 2023had dropped significantly during the pandemic and has increased each of the last two years. To ensure the safety of Nebraska’s most vulnerable population, in June 2019, a policy was enacted whereby all reports made by medical professionals that involve an identified child or child victim age five and under are accepted for assessment. This policy was changed in July 2023 and an override is no longer used to automatically accept these reports. In June of 2019, Central Office program policy staff began performing second-level reviews of all reports screened out at the Hotline. The Hotline Supervisors began completing these reviews in November of 2021 and continue to complete these reviews. These reviews ensure the correct screening decisions concerning reports not accepted for assessment are made. In August 2023, an updated SDM intake screening manual was implemented. Since the onset of the pandemic and throughout the ensuing four years, child abuse and neglect referrals have been affected within Nebraska. Overall, the Hotline experienced decreased call volume. Specifically, there were fewer calls from educational professionals due to school closings. However, there has been increased reporting from local law enforcement agencies. Notably, referrals to the Hotline during this time have involved families experiencing high-stress levels and involving more serious physical abuse of young children. Nebraska has seen increased severity of verbal and physical family violence involving both weapons and serious threats of harm. There has also been an increase in the number and complexity of sex trafficking reports and exposure to sexualized content due to children having more access to the internet. The Nebraska Department of Health and Human Services (DHHS) did not change any Hotline policies or procedures related to screening due to the pandemic. Nebraska also did not experience staff reduction due to the pandemic. Specifically, the Hotline did not have any reductions due to the pandemic. However, with natural attrition, positions were used to help other areas of child welfare to ensure coverage to meet child and family contact deadlines and complete safety assessments promptly and accurately. Children In FFY 2023, Nebraska saw an increase in unique child victims. The overall increase in the number of received and accepted intakes likely contributed to this increase. Further, all Agency Substantiated findings are reviewed and entered by supervisors who have administrative oversight of this process. The supervisor considering a finding of Agency Substantiated and the entry of the alleged perpetrator’s name on the Central Registry must find sufficient evidence to support that the subject of the report, the alleged perpetrator, committed child abuse or neglect as outlined in state statute and determine that the evidence meets statutory requirements. CFS experienced a decrease in the average response time. In July 2022, Nebraska changed policy to eliminate its lowest response priority timeframe, which was ten days. Nebraska now prioritizes reports as needing a 24-hour or five-day response. FFY 2023 was the first full year with this policy change in place. For FFY 2023, Nebraska reported the sex trafficking maltreatment type for the entire year. As of August 2019, Nebraska accepts all reports of trafficking without regard to the subject (the alleged perpetrator) of the report for assessment of child safety. Findings allow for Nebraska (continued) Appendix d: State Commentary 209 Child Maltreatment 2023differentiation between labor and sex trafficking. However, the finding is not an accurate indication of who is a trafficking victim since often the identity of the subject is not known, and CFS cannot substantiate an unknown perpetrator or list them on the Central Registry. Most victims of sex trafficking engage in “survival sex,” and thus far, there is no mechanism for tracking these cases. Beginning on April 1, 2021, CFS entered into a contract with HTI Labs to include the Providing Avenues for Victim Empowerment (PAVE) tool in the intake and assessment processes. PAVE is a screening, assessment, and referral process that connects trafficking victims to services. PAVE provides a “no wrong door” entry to Children and Family Services for victims of labor and sex trafficking. Any provider participating in PAVE completes the PAVE screening and forwards it to the Abuse and Neglect Hotline. The Hotline receives the report and refers it to field staff for investigation and assessment. The level of trafficking risk is assessed, and appropriate next steps and services that law enforcement and CFS Specialists can implement for victims are recommended. Nebraska successfully initiated the development and implementation of Prenatal Plans of Safe Care. The initiative commenced with collaborative efforts in the Hastings Community, engaging the Community Coordinator through the Community Collaborative. In September 2022, the Prenatal Plan of Safe Care Binder was officially launched in Hastings. Following this success, in June 2023, North Platte introduced its own Prenatal Plan of Safe Care Binders. The implementation process in North Platte included the involvement of a peer support group named Straight Up Advocates, contributing to the outreach efforts. Through the Comprehensive Addiction and Recovery Act (CARA), Nebraska has a notification process in place for birthing hospitals. If the hospital does not feel there are concerns of abuse or neglect, but an infant was born affected by substance use, a notification is made to DHHS. Nebraska continues to work with external partners, including hospitals, to ensure they provide CFS staff with the necessary information to complete a Plan of Safe Care. Nebraska continues to work with CFS staff for the accuracy of identifying infants affected by substance to ensure a Plan of Safe Care is being completed with families to address the needs of the infant and the parent/caregiver. Fatalities Nebraska reports child fatalities in both the Child File and the Agency File. Nebraska reported no child fatalities resulting from maltreatment in FFY 2023. While there are some child fatalities currently under investigation in Nebraska, none of the investigation findings were entered or complete during the FFY 2023. Nebraska continues to work with the state’s Child and Maternal Death Review Team (CMDRT) to identify child fatalities resulting from maltreatment but 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 CMDRT with final results is usually made available two to three years after submitting 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 initially reported due to the CMDRT final report. No policies were changed concerning child fatality reviews.Nebraska (continued) Appendix d: State Commentary 210 Child Maltreatment 2023Perpetrators Nebraska collects information on the perpetrators and enters the data into the child welfare information system. Information includes perpetrator demographics and the relationship of the perpetrator to the child. Nebraska state statute 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 2023, Nebraska saw an increase in unique perpetrators compared to FFY 2022. This increase correlated with the increase in overall reports received and assessments completed. Nebraska reports noncaregiver perpetrators of sex trafficking to NCANDS. Nebraska Revised Statutes require DHHS to conduct in-person investigations of trafficking regardless of the alleged perpetrator’s relationship to the alleged victim. This legislation was effective in August 2019. Nebraska reports “Other” relationships for perpetrators of sex trafficking, including non-relatives and other people who are not professional caregivers. Services Nebraska refers children younger than three years old to the Early Development Network (EDN) in a substantiated case or a case referred by the county attorney for prosecution. Nebraska has automated its referral system to its Early Childhood Development Network and automatically notifies the network of these children. Nebraska believes most of the services provided to families can be accomplished during the assessment phase, between the report date and the final disposition. When a case disposition is delayed due to awaiting a court disposition, services are provided to the family. Case management, supervised visitation, family support services, and addiction services are only a few of the services frequently used by families during the pendency of their court cases. Some or all of the services may often be concluded before the disposition. In many cases, these are the only services required to keep the child or victim safe. Services provided before disposition are not included in the NCANDS Child File; only those services that extend beyond the disposition are included. Nebraska DHHS Division of Children and Family Services provides child welfare services to the citizens of Nebraska. The statewide Hotline is centralized in Omaha but serves the entire state. Initial Assessment (investigation) is conducted by State of Nebraska Child and Family Services Specialists (CFS Specialists). Before FFY 2022, CFS Specialists conducted case management in all but one service area. In the Eastern Service Area, the privatization of case management ended during FFY 2022 and the transition continued into FFY 2023. St. Francis Ministries was the contractor performing case management duties in the Eastern Service Area until that contract ended. Nebraska (continued) Appendix d: State Commentary 211 Child Maltreatment 2023Nevada Contact Alexia Benshoof Phone 775–687–9013 Title Bureau Chief Email abenshoof@dhhs.nv.gov Address Office of Analytics Department of Health and Human Services4126 Technology Way, 2nd FloorCarson City, NV 89706 General Nevada child welfare agencies use a single statewide child welfare information system known as UNITY—Unified Nevada Information Technology for Youth. UNITY was previ - ously federally designated as a SACWIS, a Statewide Automated Child Welfare Information System, but is now governed by federal Comprehensive Child Welfare Information System (CCWIS) regulations. Child Protective Services (CPS) provided by 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 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), which has been implemented throughout the state since 2007. 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. Nevada has modified the DR program to better meet the needs of the child welfare agencies and the communities in which the agencies operate. Each child welfare agency now provides DR services differently through their agency. CCDFS modified its DR program to a Community Collaborative Program designed to serve as a neighborhood-based family support system. The agency conducts 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 established an agency-based DR program. The agency serves screened-in maltreatment reports and utilizes internal staff to conduct the assessment and provide services to the family. DCFS Rural Region transitioned 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 Appendix d: State Commentary 212 Child Maltreatment 2023for a screened-in maltreatment report but do meet agency criteria that indicate the family is at risk for future involvement with the CPS system and needs services to reduce the likelihood of future involvement with the public child welfare system. Additionally, DCFS Rural Region envisions future development of a referral process for families to receive voluntary services following CPS case closure. Reports In FFY 2023, there was a decrease of 6.4% in reports of abuse or neglect completed or dis - positioned in the year as compared to the previous year (from 16,117 in FFY 2022 to 15,091 in FFY 2023). Nevada has established intake processes, governed by the SAFE model, to determine if CPS referrals constitute reports of abuse or neglect. Referrals that contain insuf - ficient information about the family or maltreatment of the child and no allegations of child abuse are screened-out. Referrals that 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. The statewide Intake Policy was updated in April 2020 due to challenges of the COVID-19 pandemic. One adjustment made was that some response times to make face-to-face contact with children were modified. Report response times are one of the following: ■Priority 1: 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 (due to COVID, this was changed from 3 hours to 6 hours for all jurisdictions; Rural Region child welfare was previously using 6 hours as response time so it did not change for them). ■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 (this response time did not change due to COVID; it is the still the same as it was prior to the pandemic). ■Priority 3: respond within 7 business days 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 (this response time changed due to COVID; previously contact had to be made within 72 hours). Nevada conducts face-to-face investigations and assessments for all screened-in reports of child abuse and neglect. During the early stages of the COVID-19 pandemic, Nevada allowed investigations and assessments to be conducted via phone or video contact if there were no safety concerns after the initial face-to-face contact with the child. During FFY 2022, policies governing response times and pandemic modifications for CPS were still in place, although program oversight staff indicated workers are returning to pre-pandemic practices for investigations and assessments as much as possible.Nevada (continued) Appendix d: State Commentary 213 Child Maltreatment 2023Over the last year, Nevada continued various Continuous Quality Improvement (CQI) initiatives related to Nevada’s last federal Child and Family Services Review (CFSR) and subsequent Program Improvement Plan (PIP). One ongoing CQI initiative is related to improving the timeliness of initial contact with all children on screened-in reports. Over the last few years as part of the PIP, child welfare staff improved processes to reach out to families and make child contact promptly. They also improved processes for timely documentation of contact in the child welfare information system. A monitoring and oversight report was developed as a tool for field supervisors as well as CQI and QA units to track adherence to processes and policies in this area. Additionally, training and technical assistance have been provided regularly to improve documentation of initial child contact. As noted previously, Nevada has a Differential Response (DR) program. CPS referrals that do not rise to the level of an investigation may be referred to DR according to agency practice previously described. The DR program has a required report response time of Priority 3: respond within 7 business days (this was not affected by the pandemic). At the onset of the COVID-19 pandemic, Nevada initially saw a decrease of CPS reports received throughout the entire state, due in part to a significant decrease in reports received from educational personnel after schools were closed in March 2020 as a pandemic response. However, since schools and other activities have mostly returned to normal operations, Nevada’s CPS reports received are back up to pre-pandemic levels (15,091 total unique reports in FFY 2023 compared to 15,657 unique reports in FFY 2019 and 16,250 unique reports in FFY 2018). Additionally, the statewide CPS Hotline for child maltreatment referrals did not go through any changes to the hours of operation or staffing levels during FFY 2023. Rural Region child welfare opened a new centralized Intake unit during FFY 2021 and are fully staffed through FFY 2023. Children In FFY 2023, there was a decrease of 5.4% in the number of unique children reported as possible abuse or neglect victims as compared to the previous year (from 29,963 in FFY 2022 to 28,339 in FFY 2023). Further, the number of confirmed unique victims increased by 11.0% compared to the previous year (from 5,851 in FFY 2022 to 6,496 in FFY 2023). We reviewed the data and are not sure why the number of duplicate victims increased by over 10% com - pared to the previous year. We wonder if perhaps the various economic, educational, mental-health, and other related pressures that followed the pandemic may have negatively affected children and families over FFY 2023 and if this could be related somehow to an increase in duplicate child victims of maltreatment occurring in our state. Nevada child welfare policy requires that all children in a household are assessed for safety and well-being if any child in the household has a maltreatment allegation. Regarding alcohol and drug abuse risk factors for both children and caregivers, some reporting limitations exist in our data. For example, there are several places in the statewide child welfare information system where data related to NCANDS alcohol or drug abuse Nevada (continued) Appendix d: State Commentary 214 Child Maltreatment 2023risk factors for children or caregivers can be captured. Depending on how and where data is entered, the value for both the alcohol abuse and drug abuse risk factors for a child or care - giver may be reported as ‘1-yes’ or only one risk factor may be set to ‘1-yes’ (‘1-yes’ means the risk factor is applicable to the child or caregiver). There is overlap where the risk factor for both alcohol and drug abuse can be set to ‘1-yes’ – for example if there is documented ‘substance abuse’ but it is not clear whether the substance abuse is related to alcohol or drugs. Programmatically, Nevada has been serving substance-exposed infants and their families per CARA requirements for several years. Over the last year, the statewide child welfare information system was updated to be able to collect additional CARA-related data such as NCANDS Child File element 151 which reports whether a substance-exposed infant has a Plan of Safe Care. The changes to the information system were deployed in late May 2022 which allowed certain CARA-related data collection to start at the end of May 2022. The data provided for element 151 in the FFY 2022 submission of the Child File, for example, reflects only what was able to be obtained in the last quarter of FFY 2022. In FFY 2023, reporting did increase for element 151 but is still below the goal of 95%. Based on the way that substance-exposed infants are often documented in Nevada’s child welfare information system, both child risk factors related to alcohol and drug abuse are set to ‘1-yes.’ Over the last several years, Nevada established the criteria for collecting and documenting Commercial Sexual Exploitation of Children (CSEC), and in the past year, functionality was added to the state’s child welfare information system for this data entry. However, this documentation does not always involve a screened-in CPS report with allegations of maltreatment, as perpetrators may often be non-caregivers or may be unknown. When CSEC is identified for a child and no maltreatment is alleged against the child’s known caregiver, then Nevada’s coordinated model response protocol may be initiated. Staff will input CSEC information into the child welfare information system, but not necessarily as a report requiring a traditional CPS Investigation; in those instances, because there is no maltreatment allegation or investigation initiated, these youth and the CSEC data cannot be reported in the NCANDS Child File. Regarding instances where CSEC-related maltreatment is alleged against the child’s caregiver, then a report and investigation will be initiated. Nevada included these circumstances in the NCANDS Child File in the FFY 2023 submission. However, youth in these circumstances will likely represent a very small subset of the CSEC population known to child welfare and served in Nevada. 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 deter - mination was completed in the next reporting period. The total number of NCANDS reported fatalities has increased since the last reporting period (15 in FFY 2022 to 21 in FFY 2023). 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 Nevada (continued) Appendix d: State Commentary 215 Child Maltreatment 2023local, 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. The regional and statewide CDR teams did not undergo any policy changes to the child fatality review process due to the pandemic and have been able to provide continued support throughout the pandemic. Perpetrators All perpetrator data are reported in accordance with instructions outlined in the NCANDS Child File mapping forms (fields 88-144). Services Many of the services provided to children and families served by CPS agencies are handled through outside providers. Information on services received by families is reported through various programs. Each child welfare jurisdiction manages its service array differently. Services provided in conjunction with the new safety model are documented in the UNITY system, but these data are not always readily reportable as they may be documented as text in lengthy case notes instead of in easily query-able data fields. The state is continuing to investi - gate how to improve reporting of services-related data. During the COVID-19 pandemic, especially during FFY 2021, most services typically provided at the child’s home were delivered using social distancing methods and other pandemic-related safety measures or by in-home providers using technology to meet remotely with families such as over a video call. For example, some mental and physical health-related appointments were conducted via telehealth methods due to the pandemic. In FFY 2022, Nevada has returned to pre-pandemic working practices whenever possible. Program staff indicate there are, however, some circumstances that continue to require some appointments to be delivered via telehealth methods. 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.Nevada (continued) Appendix d: State Commentary 216 Child Maltreatment 2023New Hampshire Contact Daniel Paton Phone 603–271–4714 Title Data Analyst Email daniel.n.paton@dhhs.nh.gov Address Division for Children, Youth and Families Department of Health and Human Services97 Pleasant StreetConcord, NH 03301 The state did not provide commentary in time for the Child Maltreatment 2023 report. Appendix d: State Commentary 217 Child Maltreatment 2023New Jersey Contact Kathleen Butler Phone 609–888–7618 Title Project Manager New Jersey Department of Children and FamiliesEmail kathy.butler@dcf.nj.gov Address Office of Data Management and Reporting 50 East State Street Trenton, NJ 08625 General Since the implementation of the Statewide Automated Child Welfare Information System (SACWIS), each NCANDS Child File data element is reported from New Jersey’s system, called NJ SPIRIT. The state is continuously making enhancements toward improving the quality of NCANDS data. New Jersey has declared that NJ SPIRIT will be its Comprehensive Child Welfare Information System (CCWIS) and plans to achieve compliance. Reports New Jersey’s Department of Children and Families’ (DCF) Division of Child Protection andPermanency (CP&P) investigates reports of child abuse and neglect that meet statutory criteria for investigation. New Jersey does not use a differential response protocol. NJ SPIRIT allows the linking of multiple CPS Reports to a single investigation. The state system also allows for documenting the date and time of the initial face-to-face contact that began the investigation. In FFY 2023, the number of unique reports increased compared to FFY 2022; however, the number received in FFY 2023 is consistent with reports received prior to COVID-19. With the onset of COVID-19, phone calls to our State Central Registry (SCR) had decreased by approximately 16%. The New Jersey call volume has been steadily increasing since the end of the pandemic. New Jersey’s screening is centralized; all reports are screened via the State Central Registry. For a CPS report to be accepted, four criteria must be met: ■The alleged child victim is a born child, under 18 years of age. ■The alleged perpetrator(s) is the child’s parent, guardian, or other person in a caregiving role, who has custody or control of the child. ■The child victim(s) was harmed or placed at substantial risk of harm; meeting criteria specified in the Allegation Based System. ■There is a specific incident or set of circumstances that suggest the harm or substantial risk of harm was caused by the child’s parent, guardian or other person having custody or control of the child. ChildrenChildren with allegations of maltreatment are designated as alleged victims in the CPS Report and are included in the NCANDS Child File. NJ SPIRIT allows for reporting more than one race for a child. Race, Hispanic/Latino origin, and ethnicity are each collected in separate fields. Despite the number of CPS referrals increasing from FFY 2022 to FFY 2023, the number of child victims continues to decrease. Appendix d: State Commentary 218 Child Maltreatment 2023In 2017, in response to the Comprehensive Addiction and Recovery Act of 2016 (CARA), New Jersey amended its regulations to require reporting of Substance Affected Newborns to the State Central Registry. For FFY 2023, New Jersey identified 1,854 substance exposed newborns; 1,529 (82.4%) had a Plan of Safe Care and 1,107 (72.4%) were referred to appropriate services. While reporting improved, due to system limitations not all children with plans of safe care and referrals to appropriate services are able to be included in the Child File. New Jersey investigates allegations of commercial sexual exploitation for alleged victims under the age of 18 when the alleged perpetrator is in a caregiving role. There were additional children subject to human trafficking by a noncaregiver who received services from DCF; however, they are not included in the CPS report count. In New Jersey, the category of neglect includes allegations of medical neglect.Fatalities In FFY 2023, the number of child fatalities decreased from FFY 2022. Fluctuations in the number of fatalities from year to year are likely due to random case-level variation and are monitored closely. Child fatalities are reported to New Jersey DCF 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 ultimately determines if the child fatality was the result of child maltreatment. The Office of Quality manages a critical incident review process that uses safety science approaches, including human factors debriefing to identify contributing systemic factors. The State NCANDS liaison consults with the Office of Quality and CP&P to ensure that all child maltreatment fatalities are reported in the state NCANDS files. NJ SPIRIT is the primary source of reporting child fatalities in the NCANDS Child File. Specifically, child maltreatment deaths are reported in the NCANDS Child File in the field Maltreatment Death. The data is collected and recorded by investigators and the person management screens are updated in NJ SPIRIT. Other child maltreatment fatalities not reported in the Child File due to data anomalies, but which are designated child maltreatment fatalities by the Office of Quality 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 only investigates child deaths if there is a reported allegation of abuse or neglect. Perpetrators In New Jersey, perpetrators are defined as persons responsible for a child’s welfare who have engaged in the abuse or neglect of that child. Minors shall be considered caregivers to their own children and may be considered caregivers to other children if caring for that child at the time of an alleged act of abuse or neglect and of sufficient age and maturity to reasonably be expected to provide such care. New Jersey does accept perpetrator relationship types that are categorized as “other,” including but not limited to: Child in Foster/Adoptive Home, Child in Other Licensed Care, and Other. For sex trafficking, New Jersey only investigates child abuse and neglect allegations in which the alleged perpetrator is in a caregiving role.New Jersey (continued) Appendix d: State Commentary 219 Child Maltreatment 2023Services New Jersey aims to preserve children in their own home for support services whenever possible. For more than 10 years, New Jersey continues to observe a decline in the volume of children separated from their family as a child welfare intervention. Data regarding services to children with behavioral health and substance use disorder diagnoses, as well as the volume of children separated from their family as a child welfare intervention is available on the New Jersey Child Welfare Data Hub. New Jersey contracts for all direct services except for case management services, which are provided by CP&P workers. NJ SPIRIT reports those services specifically designated as Family Preservation Services, Family Support Services, and Foster Care Services as post investigation services in the Child File. Many additional services that are provided to families, such as supportive housing, home visiting, counseling, and in-home treatment are not captured in the NJ SPIRIT system and are not reported in the Child File.New Jersey (continued) Appendix d: State Commentary 220 Child Maltreatment 2023New Mexico Contact Doreen Chavez Phone 505–412–9868 Title AFCARS/NCANDS/FACTS Program Manager Office of Performance and AccountabilityEmail doreen.chavez@cyfd.nm.gov Address Children, Youth & Families Department1120 Paseo de PeraltaSanta Fe, NM 87501 General There have been no recent changes in the state’s policies, programs, or procedures that would affect New Mexico’s FFY 2023 NCANDS submission. Currently, 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. A differential response program was implemented in a limited scope during FFY 2020 (to support families with allegations of educational neglect during widespread remote schooling). Referral criteria expanded, and the program is now operating as envisioned to support families with a wider variety of risk factors and needs. The program is still only operational in most counties, not all. A full statewide rollout will be completed in FFY 2024. Reports The number of screened-in referrals in FFY 2023 decreased by 7.8% from New Mexico’s FFY 2022 NCANDS submission. This decrease may be attributed to an influx of reports in FFY 2022 after the Covid-19 pandemic. The number of screened in referrals in FFY 2023 reflect the usual trend in New Mexico. Additionally, calls that pertain to CARA allegations are not screened in by SCI unless there are additional concerns or allegations. 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 time frames 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 has modified the state’s data collection system to capture incident information. New Mexico updated the data collection to coincide with the 2022 reporting period. The 2022 submission should have an accurate incident date for the entire reporting year. New Mexico has modified the state’s data collection system to capture incident information. New Mexico updated the data collection to coincide with the 2022 reporting period. The 2022 submission should have an accurate incident date for the entire reporting year. Appendix d: State Commentary 221 Child Maltreatment 2023Children The total number of unique children FFY 2023 decreased by 9.6% and the number of unique child victims in FFY 2023 decreased by 2.5% from New Mexico’s FFY 2023 NCANDS submission. This decrease may be attributed to an influx of reports in FFY 2022 after the Covid-19 pandemic. The number of screened in referrals in FFY 2023 reflect the usual trend in New Mexico. Additionally, calls that pertain to CARA allegations are not screened in by SCI unless there are additional concerns or allegations. 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 does not have the capacity to report sex trafficking as an allegation type currently. As New Mexico transitions to a CCWIS, this change will be fully implemented, and reporting will likely begin once resources to map the changes become available. For FFY 2023 513 reports were called in to CYFD Statewide Central Intake (SCI) for concerns for abuse or neglect and were screened out. Plans of care are tracked by the 2 CARA Navigators, one with CYFD and the other at DOH. New Mexico’s Department of Health receives the plans of care through the portal, although there remain some training issues statewide with birthing hospitals on consistent use of the portal. Fatalities New Mexico reported a decrease in FFY 2023 as compared to FFY 2022. 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. New Mexico’s overall child population is small compared to many other states. The total number of fatalities from year to year is proportionately small, so even incrementally small increases in the number of fatalities from one year to the next impacts the data but do not necessarily indicate systemic changes in agency practice. Because these records are included in the submission that cor - responds 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 compar - ing 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, step - parent, guardian, foster parent, sibling, or any individual with responsibility for the care, New Mexico (continued) Appendix d: State Commentary 222 Child Maltreatment 2023supervision, 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 as adminis - trative 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 Post investigation 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 ■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.New Mexico (continued) Appendix d: State Commentary 223 Child Maltreatment 2023New York Contact Hui-Shien Tsao, Ph.D. Phone 518–474–6791 Title Research Scientist Bureau of Research, Evaluation and Performance Analytics Strategic Planning and Policy DevelopmentEmail hui-shien.tsao@ocfs.ny.gov Address New York State Office of Children and Family Services (OCFS)52 Washington St, Room 323 NorthRensselaer, NY12144 General Beginning on January 1, 2022, the level of evidence required was raised to “a fair preponder - ance of the evidence” standard. New York State Office of Children and Family Services (OCFS) regulations (18 New York Code Rules and Regulations-NYCRR, section 434.10) define these terms as follows: ■Some credible evidence–is evidence that is worthy and capable of being believed. ■A fair preponderance of the evidence–is evidence that outweighs other evidence that is offered to oppose it. To allow for a more flexible response to families reported to the SCR, New York State has a dual track child protective system. Family Assessment Response (FAR). The law excludes reports containing allegations of sexual abuse, physical abuse, severe or repeated abuse, abandonment, and failure to thrive from consideration for FAR [SSL §427-a(3)(a)-(i)]. It also requires an initial assessment of child safety, and if a child is deemed unsafe, the report may not be handled using FAR [SSL §427-a(4)(c)]. LDSSs can opt to impose more restrictive eligibility criteria for assignment to FAR than those required by the statute [SSL §427-a(3), 18 NYCRR 432.13(b)(4)(ii)]. During the Covid-19 pandemic, some LDSSs established a FAR program and opted to use FAR to handle educational neglect cases only. Reports In 2023, OCFS revised and released the training for mandated reporters. The revisions to the training were made to comply with statutory requirements and to strengthen the skills of mandated reporters in making informed decisions about identifying potential abuse or maltreatment of a child. The new training helps mandated reporters identify when concerns do not rise to a level legally requiring a report be made to the Statewide Central Register of Child Abuse and Maltreatment (SCR). Another key focus of the new training is an implicit bias training component to explore the impact of implicit bias on decision making and to reduce the number of SCR reports influenced by bias about race or poverty. In FFY 2023 the number of full-time SCR screening staff increased 22% back toward pre-pandemic levels. This was accomplished in part by working collaboratively with NYS Civil Service and the unions, and by expanding to satellite offices. The NYS SCR operates 24/7. It is staffed by trained Child Protective Specialists who conduct a focused interview with the caller and use the information to determine if a report of suspected abuse or maltreatment can be registered, or if other action is necessary and appropriate, such as a Law Enforcement Referral (LER). New York State does not collect information about calls not registered as reports. Appendix d: State Commentary 224 Child Maltreatment 2023On March 31, 2021, the Marijuana Regulation and Taxation Act (MRTA) was signed into law legalizing adult-use cannabis in New York State. In response to this change, OCFS notified local districts in April 2022 that the SCR will “not register a report of suspected child abuse or maltreatment when the only reported concern is that a birthing parent and/or an infant tested positive for the presence of cannabis. Additionally, the SCR continues to not register a report when the only reportable concern is that a parent uses cannabis products.” While NYS maintains a statewide hotline for CPS referrals, response to accepted referrals is handled at the county level. New York State law requires that each local department of social services (LDSS) establish a CPS unit within the LDSS to investigate suspected child abuse and maltreatment, provide protection from further abuse or maltreatment and offer rehabilitative services for the child or children and parents or caregivers involved. Investigations must start within 24 hours of receipt of the report and caseworkers are required to conduct a safety assessment within 7 days of an accepted referral to determine whether the child named in the report or any other children in the household are in immediate danger of serious harm. Prior to FFY 2021, approximately 10 percent of reports submitted to NCANDS were mapped to the “other” report source category. NYS revised its report source mapping rules beginning with the FFY 2021 submission. Under these new rules several report sources previously attributed to “other” were reassigned to existing NCANDs categories. For example, reporters from shelters, community agencies or service providers were reassigned to the “Social Service Personnel” category. Additional changes included moving “Substance Abuse Counselors” to the “Mental Health Personnel” category; “Parent Substitute” and “Guardian” to the “Parent” category; and “Godparent”, “Non-relative”, “Concerned Citizens”, and “Unrelated Household Members” to the “Friends and Neighbors” category. These changes significantly reduced the percentage of reports attribute to the “Other” reporter source. Children NYS has an allegation type of “Parent Drug/Alcohol Use.” During the investigation, CPS caseworkers can document the drug or alcohol use of the caregivers, giving the State the capability to separate caregivers’ use of drugs from use of alcohol. This allegation does not directly correspond to any of the predefined NCANDS maltreatment type categories. Beginning with the FFY 2021 file, NYS changed its mapping rules to move this allegation from “Other” to “Neglect or Deprivation of Necessities.” Not all children reported in the Child File have AFCARS IDs because the State uses different child identifiers for child protective service cases and child welfare cases. If a child’s system involvement is limited to CPS investigation, the child will not be assigned a child welfare identifier (i.e., AFCARS ID). Additionally, the Justice Center for the Protection of People with Special Needs which investigates reports of institutional abuse uses a different child identifier. Ideally a child should have a single child protective services case id that spans across all CPS reports. However, in some instances a child is assigned a new child protective services case id when a new report is received, resulting in some children having more than one child New York (continued) Appendix d: State Commentary 225 Child Maltreatment 2023protective services case id. New York is exploring ways to detect and reduce the circum - stances that lead to multiple child protective case IDs per child. Information on “child alcohol and drug abuse” risk factors was reported for the first time in FFY 2020. In NYS accepted allegations include “child drug or alcohol abuse” and “parent drug or alcohol abuse.” If a child is over the age of one and named as an alleged victim of an allegation of child drug or alcohol abuse, the child is identified in the NCANDS Child File as having a drug or alcohol risk. If a child is under the age of one and named as an alleged victim of parent drug or alcohol abuse and one or more additional risk factors are checked (positive tox, withdrawal, Fetal Alcohol Spectrum) the child is identified in NCANDS as having a drug or alcohol risk. For every child younger than one year old named as an alleged victim of parent drug or alcohol abuse, where one or more additional risk factors are checked (positive tox, withdrawal, Fetal Alcohol Spectrum), NYS requires that information on plans of safe care and service referral be completed – regardless of reporter type. This differs from NCANDS rules, which state that information on plans of safe care and referral only be provided when the reporter was classified as “medical personnel.” In NYS, many reporters identify by professional qualification (e.g., social worker) rather than setting (e.g., medical personnel). As a result, while NYS maintains information on the plan of safe care and referral for all children identified in the NCANDS Child File as substance exposed, the plan of safe care and referral numbers reported in the NCANDS file are limited to those cases in which the report source identified as medical personnel, under reporting the number of children in each category. Facilities 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 Abuse and Maltreatment. No other sources or agencies are used to compile and report child fatalities due to suspected child abuse or maltreatment. NYS also has a state Child Fatality Review Team that fulfils State’s oversight and reporting roles. State practice allows for multiple reports of child fatalities for the same child and deaths that occurred in previous years to be reported to the State Central Register (SCR). These fatalities are then investigated, and dispositions made. This practice allows for reporting of fatalities reported in previous NCANDS files to be reported again. However, starting in FFY 2021 a new fatality report will not be registered by the SCR if one had already been registered and investigated with a disposition made in the past and no new information is provided regarding maltreatment or abuse concerns associated with the child’s death. After further review of reporting instruction and clarification with NCANDS technical assistance, New York State revised how it reports fatalities within NCANDS starting in FFY 2020. New York State now includes all fatalities regardless the date of death to NCANDS fatality reporting, as long as the fatality report investigation ended during the reporting period and the fatality had not been reported in a prior NCANDS submission. Between FFY 2022 and FFY 2023 the number of substantiated fatalities increased. The reasons for this New York (continued) Appendix d: State Commentary 226 Child Maltreatment 2023increase are not currently known; OCFS’ fatality review team is reviewing the change and engaging Local District staff to further explore the issue. Perpetrators In NYS, any of the following persons who are allegedly responsible for causing injury, abuse or maltreatment to, or allowing injury, abuse or maltreatment to be inflicted on, a child named in a report to the SCR may be a subject of a report: ■A child’s parent or guardian; or other persons legally responsible ■A director, operator, employee or volunteer of a home operated or supervised by an autho - rized agency, OCFS, a family day-care home, a day-care center, a group family day-care home, or a school-age child care program; who allegedly is responsible for causing injury, abuse, or maltreatment to a child who is reports to the Statewide Central Register of child abuse or maltreatment, or who allegedly allows such injury, abuse or maltreatment to be inflicted on such child. There is no age limitation for parents. Noncaregivers are not considered legally responsible individuals, and thus do not meet the criteria to named as a subject in a registered report. Prior to FFY 2022, perpetrator relationship was missing or unknown in approximately six percent of cases submitted to NCANDS. For the FFY 2022 submission, NYS revised the programming used to determine perpetrator relationship. Services The State is not currently able to report the NCANDS services fields. Title XX funds are not used for providing child preventive services in this State. Local departments of social services provide all services, and many of those services are contracted services with various preventive agency providers. New York State does provide funding for primary prevention programs such as the Healthy Families New York home visiting program.New York (continued) Appendix d: State Commentary 227 Child Maltreatment 2023North Carolina Contact Joy Smith Phone 919–527–6433 Title Data Analyst Email joy.h.smith@dhhs.nc.gov Address NC Division of Social Services Performance Mgmt Section820 S. Boylan Avenue2415 Mail Service CenterRaleigh, NC 27699–2401 The state did not submit commentary in time for the Child Maltreatment 2023 report. Appendix d: State Commentary 228 Child Maltreatment 2023North Dakota Contact Jenn Grabar Phone 701–328–1863 Title Child Maltreatment and Fatality Manager Children and Family ServicesEmail jjgrabar@nd.gov Address North Dakota Department of Health and Human Services 600 E Boulevard Avenue, Dept 325Bismarck, ND 58505 General North Dakota implemented a central “hotline,” the Child Abuse and Neglect Reporting Line, for the receipt of reports of suspected child abuse and neglect in January 2021. Since the inception of this centralized process, the number of reports received had steadily increased until this FFY when the reports started to decline. On August 1, 2021, there was a change to state law and policy that provides for a definition of impending danger. North Dakota Century Code Chapter defines “impending danger” as a foreseeable state of danger in which a behavior, attitude, motive, emotion, or situation can be reasonably anticipated to have severe effects on a child according to criteria developed by the Department. Two determinations are made upon the conclusion of a child protection assessment, one that determines if a child meets the definition of an abused or neglected child and another that determines if impending danger threats are present. The presence of impending danger threats mandate child welfare involvement through case management (protective services), either in-home or out-of-home. The provision of protective services is now no longer directed by substantiated maltreatment, but rather the presence of impending danger threats to a child’s safety. Substantiated child victims remain those with identified maltreatment. Once case management (protective services) begins, the caseworker must continually assess the parents/caregivers, children, and alternate caregivers (when applicable to the case) on an ongoing basis to ensure all needs are addressed through appropriate services and progress towards goal achievement is being made. The state’s decrease in child victims and perpetrators is likely due to the above-mentioned changes to statute and policy. A new definition of “mental injury” was added to the state statute and defines mental injury as an observable and substantial, nontransitory impairment to a child’s mental or psychological ability to function within a normal range of performance or behavior. Since this addition to the law, there has been a decrease in the determination of psychological maltreatment. State law defines three types of assessments that may be carried out in response to a report of suspected child abuse and neglect: An “alternative response assessment” means a child protection response involving substance exposed infants which is designed to provide referral services to and monitor support services for a person responsible for the child’s welfare and the substance exposed infant; and to develop a plan of safe care for the substance exposed infant. A “child protection assessment” means a factfinding process designed to provide information that enables a determination of whether a child meets the definition of an abused or neglected child, including instances that may not identify a specific person responsible for the child’s welfare which is responsible for the abuse or neglect. A “family services assessment” means a child protection services response to reports of suspected child abuse or neglect in which the child is determined to be at low risk and safety concerns for the child are not evident according to guidelines developed by the department. Appendix d: State Commentary 229 Child Maltreatment 2023The alternative response assessments are exclusive to substance exposed infants. The assess- ments are considered voluntary; however, prenatal substance exposure is a form of neglect as identified in state law. Caregivers who decline to participate in an alternative response assessment receive a child protection services assessment response. Other primary reasons for an alternative response assessment to revert to a child protection services assessment include a violation of the plan of safe care that places the infant in danger and the receipt of new reports that allege a different maltreatment or victims. The state law was changed on August 1, 2023, regarding the definition of substance exposed infants and alternative response assessments. Previous to this date, statute defined an alternative response assessment as a response involving substance exposed newborns rather than infants. Substance exposed newborns were defined as those under 28 days of age. The new definition of substance exposed infants defines this age as under twelve months. Thus, those children eligible for an alternative response assessment increased, which resulted in an increase in alternative response assessments and another reason for the decrease in maltreatment victims. The family services assessment was implemented statewide in March 2022 after being pilot tested in four Human Service Zones. The primary suspected maltreatment receiving a family services assessment is educational neglect. Data elements for the Alternative Response Assessment and Family Services Assessment response have been added to the child welfare data management system, however, they have not yet been mapped to the Child File. The total number of completed Alternative Response Assessments in FFY 2023 is 162 The total number of completed Family Services Assessments in FFY 2023 is 84. North Dakota Century Code requires that all reports of suspected child abuse and neglect be reported to the Department of Health and Human Services through its authorized agent and requires that any report must be accepted was changed on August 1, 2021, to allow child protection services assessment decisions as follows: ■Confirmed” means that upon completion of a child protection assessment, the department determines, based upon a preponderance of the evidence, that a child meets the definition of an abused or neglected child, and the department confirms the identity of a specific person responsible for the child’s welfare which is responsible for the abuse or neglect. ■“Confirmed with unknown subject” means that upon completion of a child protection assessment, the department determines, based upon a preponderance of the evidence, that a child meets the definition of an abused or neglected child, but the evidence does not confirm the identity of a specific person responsible for the child’s welfare which is responsible for the abuse or neglect. ■“Unable to determine” means insufficient evidence is available to enable a determination whether a child meets the definition of an abused or neglected child. These assessments are coded as closed with no finding. ■“Unconfirmed” means that upon completion of a child protection assessment, the depart - ment has determined, based upon a preponderance of the evidence, that a child does not meet the definition of an abused or neglected child. North Dakota (continued) Appendix d: State Commentary 230 Child Maltreatment 2023Reports North Dakota encompasses four American Indian Reservations. These reservations are sov - ereign 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 statute does not allow referrals (reports) to be screened out. All referrals must be accepted and assessed to some degree. North Dakota has an administrative assessment process to correctly triage reports received. Data regarding the number of children included in reports that are administratively assessed is not collected. An administrative assessment is defined as the process for documenting the disposition of Child Protection Services Intakes that fall outside the criteria for a report of suspected child abuse or neglect. Under this definition, reports can be administratively assessed when the concerns in the report clearly fall outside of the state child protection law. Such circumstances include: ■The report does not contain a credible or causal reason for suspecting the child has been abused or neglected. ■The report does not contain sufficient information to identify or locate the child or family (after performing due diligence) ■There is reason to believe the reporter is willfully making a false report (these reports are referred to the county prosecutor) ■The concern in the report has been addressed in a prior assessment. ■The concerns are being addressed through county case management or a Department of Health and Human Services therapist. ■Reports 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 “confirmed” (substantiation) in the absence of a live birth. Assessments that are in progress when information found during the assessment indicates the reported concerns fall outside the definitions in the child abuse and neglect law are then terminated in progress. Reports may also be referred to another jurisdiction when the children of the report are not physically present in the Human Service Zone {these reports are referred to another jurisdiction (tribal, or state), where the children are present or believed to be present}. Reports 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. Reports concerning sexual abuse or physical abuse by someone who is not a person responsible for the child’s welfare (non-caregiver) are referred to law enforcement. The total number of administrative assessments or referrals in FFY 2023 is 10,948. This total breaks down to 5,277 administrative assessments; 2,355 administrative referrals; 3,085 terminated in progress (16 were alternative response assessments terminated in progress); and 231 pregnant woman assessments. There were 2,853 completed full assessments for a determination. Child Protection Services Policy for initiation changed with the adoption of the Safety Framework Practice Model in December 2020, which states that initiation of child protection assessments is face to face contact with all reported child victims, the initial face to face contact with a victim must be completed by child welfare, is no longer allowed to be conducted prior to the report date and the timeline for contact with victims does not exceed three days. North Dakota (continued) Appendix d: State Commentary 231 Child Maltreatment 2023The state also acknowledges there have been workforce challenges this submission period. There are vacancies statewide across child welfare; workers have high caseloads; there is high turnover; vacancies are being filled with a younger, inexperienced workforce, all this resulting in decreased capacity to promptly respond to reports and complete quality comprehensive assessments that would determine child abuse and neglect. This issue has primarily plagued the largest zone in the state and additional staff have responded to that area to assist and accommodate the case load. When response time is calculated according to state policy and administrative rule during FFY 2023, the response time is 145 hours. Workforce challenges are present statewide with the primary impact being higher caseloads than desired and increased response time to reports not identifying present danger. Several agencies have numerous vacancies, resulting in extremely high caseloads and decreased capacity. Vacancies are being filled with a younger, less experienced workforce, increasing the need for training and supervision. 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 1/2 time will be CPS functions, ¼ time maybe foster care and ¼ time may be in-in home case management. The state has no independent way to determine what portions of the FTE are dedicated to CPS functions. North Dakota implemented a centralized intake “hotline” (ND Central Child Abuse and Neglect Reporting Line) for reporting suspected child abuse and neglect in January 2021. The workforce for this unit is comprised of 15 county FTE’s. In an attempt to glean the required information for NCANDS reporting, the state has completed a survey of the 19 Human Service Zones (formerly county social service agencies) in which the Human Service Zones are asked to report the number of FTEs in their agency dedicated to CPS functions. An electronic survey was prepared in two sections, using Survey Monkey as the vehicle for collecting the data. This survey was transmitted via email to directors of all Human Service Zones in the state. The survey was administered in two parts. The first part was completed by agency directors, listing the staff and percentage of FTE for each child welfare staff person for each function requested. Information on caseload or workload requirements, including the average number, were then calculated using the data provided in the survey and the caseload numbers extracted from the statewide data system. The survey was administered in May 2023 and represents the workforce for FFY 2022. For the Director’s portion of the survey all 19 of the 19 Human Service Zones reported. Directors reported a total of 112 employees, including supervisors, responsible for intake and assessment. Of these 112 FTEs, 13 were responsible for CPS intake functions, 81 were responsible for CPS assessment functions, and 18 were responsible for supervision functions. Children There was a decrease in child victims this reporting period and this is likely the result of the change in state statute and policy, adding the presence of impending danger as the determining factor in accessing post assessment protective services, rather than substantiated maltreatment. When children do not meet the definition of an abused or neglected child, North Dakota (continued) Appendix d: State Commentary 232 Child Maltreatment 2023yet there is identified impending danger, protective services to address child’s safety is now mandated, even without the maltreatment substantiation. This has also resulted in an increase in children receiving preventative services. This decrease in child victims, specifically in those under one year of age, may also be reflective of a recent legislative change defining an alternative response assessment as a child protection response involving “substance exposed infants” rather than “substance exposed newborns” as it had previously been defined (prior to August 1, 2022). This change has allowed for additional children to be eligible for the alternative response, now allowing children up to 12 months of age from the previous maximum of 28 days, and thus lowering the substantiated victims for prenatal substance exposure. The state law requires referral services and monitoring of support services for caregivers as well as a Plan of Safe Care for the substance exposed newborn/infant, mirroring the federal CARA legislation amending CAPTA. Notification of substance exposed newborns by health care providers are reported as child maltreatment. State statute defines a “neglected child” as “subject to prenatal exposure to alcohol misuse or any controlled substance as defined in section 19-03.1-01 in a manner not lawfully prescribed by a practitioner.” There were 149 substance exposed infants identified during FFY 2023. Of the 149 identified substance exposed infants, 152 of them had a Plan of Safe Care developed (89%); all 149 of these substance exposed infants and their affected caregivers received some degree of appropriate services. The most frequently identified reasons for lack of a Plan of Safe Care included: toxicology testing confirmed the infant was not drug exposed and lack of cooperation from the caregiver The lead agency completed the process of analysis and design to incorporate data system changes for the data reporting elements for prenatally substance exposed infants, however appropriate mapping for NCANDS continues to be delayed for technical and resource reasons, including priority for the development of a new child welfare data management system. Program data reports as well as data management system development pull from the same pool of data resources available to Health and Human Services and this is beyond the control of the program. 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. This process has begun and is expected to be completed for next submission period. 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; however, this process has begun and is expected to be completed next submission period. There were zero children identified with a confirmed maltreatment of sex trafficking in FFY 2023 and 11 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. Child victim counts with a caregiver risk factor for alcohol abuse is 212, methamphetamine use is 251, opioid use is 87, and other drug use by caregiver is 308. Child victim risk factor counts for prenatal exposure to alcohol is 17, prenatal exposure North Dakota (continued) Appendix d: State Commentary 233 Child Maltreatment 2023to methamphetamine is 85, prenatal exposure to opioids is 18 and prenatal exposure to other drugs is 97. In addition, the child victim risk factors for environmental exposure to methamphetamine is 214, environmental exposure to alcohol is 204, environmental exposure to opioids is 77 and environmental exposure to all other drugs is 261. Fatalities All fatalities were reported in the Child File. The North Dakota Department of Health and Human Services, Children and Family Services 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 Child Maltreatment and Fatality Administrator / Prevention and Protection 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 and Human Services Vital Records to receive death certificates for all children, ages 0-17 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 county Human Service Zones 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 is “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, CPS, 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 wo 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. Another safeguard in data reporting is that the child welfare agency is also the entity that convenes the Child Fatality Review Panel, reviews the records for each death, compiles that data following the reviews and publishes the annual Child Fatality Review Panel Data report as well as being responsible for NCANDS reporting. Perpetrators State law limits CPS actions to reports involving “a person responsible for a child’s welfare”, defined as “an individual who has responsibility for the care or supervision of a child and who is the child’s parent, an adult family member of the child, any member of the child’s North Dakota (continued) Appendix d: State Commentary 234 Child Maltreatment 2023household, the child’s guardian, or the child’s foster parent; or an employee of, or any person providing care for the child in, a child care setting. Reports which do not meet statutory definitions mandated to Child Protection Services, but which may be a potential violation of criminal law are to be “disposed” through referral to law enforcement. For the purposes of institutional child abuse and neglect, “a person responsible for the child’s welfare” means an institution that has responsibility for the care or supervision of a child. 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 public or private school, a residential facility or setting either licensed, certified, or approved by the department, or a residential facility or setting that receives funding from the department. The following are excluded: correctional, medical, home and community based residential rehabilitation and educational boarding care settings. An individual working as facility staff is not held culpable within Institutional Child Protection Services, rather, the facility itself is considered to be the “subject’ (perpetrator) of the report. Assessments of institutional child abuse or neglect are assessed at the state level (DHHS) rather than at the county (Human Service Zone) 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 at least 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 181 reports of Institutional Child Abuse or Neglect in FFY 2023, making up 47 completed full assessments. Of these 47 assessments, 44 had a finding of “not indicated” and 3 had a finding of “indicated”. There were 65 assessments Terminated in Progress, and 69 reports were administratively assessed/administratively referred. No reports remained open at the time of this report. North Dakota reports unknown perpetrators as Unknown within the state’s child welfare data management system (FRAME). Perpetrator IDs for unknown perpetrators are unique to each assessment. State law allows for a CPS assessment determination of “confirmed with an unknown subject” which means that upon completion of a child protection assessment, the department determines, based upon a preponderance of the evidence, that a child meets the definition of an abused or neglected child, but the evidence does not confirm the identity of a specific person responsible for the child’s welfare which is responsible for the abuse or neglect. 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 by a non-caregiver. This data has not yet been mapped for NCANDS reporting. There were 13 reported perpetrators of sex trafficking that were identified as non-caregivers. Services The methods for Agency File Data components 5.1 and 5.2 include only children less than 3 years of age. The number of children eligible for referral for IDEA is 327. The number of children actually referred is 319. Of the 8 children eligible and not referred, five (5) children had been previously referred and were receiving IDEA services, two had moved out of the service area and one’s whereabouts were unknown. North Dakota (continued) Appendix d: State Commentary 235 Child Maltreatment 2023The state has limitations when reporting reunification services. Case management services provided by county agencies (Human Service Zones) 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. North Dakota Title IV-E Prevention Services portal went live in 2021. There are nine approved prevention services eligible for Tile IV-E reimbursement, they are: ■Healthy Families ■Parents as Teachers ■Nurse-Family Partnership ■Homebuilders ■Brief Strategic Family Therapy ■Parent-Child Interaction Therapy ■Multisystemic Therapy ■Functional Family Therapy ■The Family Check-Up Community agencies and private service providers can apply to become an approved Title IV-E prevention services provider by completing an application. Title IV-E providers must identify the approved Title IV-E prevention service(s) they want to provide, submit verification they have the required qualifications, training, certification and/or accreditation to provide the service, outline their fidelity review process, and agree to the responsibilities and requirements set forth by ND Children and Family Services Division (CFS) and the Family First Prevention Services Act. Children and Family Services provided grant funding for agencies and professionals to become trained in and providing the evidence-based prevention services. The approved services focus on behavioral health and in-home parent skill-based programs supporting family stability and preventing children from entering foster care.North Dakota (continued) Appendix d: State Commentary 236 Child Maltreatment 2023Ohio Contact Denielle Ell-Rittinger Phone 614–752–1143 Title Program Administrator Children Services Policy and Supports Email denielle.ell-rittinger@childrenandyouth.ohio.gov Address Ohio Department of Children and Youth 246 North High Street, 8th FloorColumbus, OH 43215 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) path - way and an alternative response (AR) pathway. Children who are subjects of reports assigned to the AR pathway are mapped to NCANDS as AR nonvictim. Those 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) respon - sible; 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. A mandated reporter portal (Taking Early Action Matters (TEAM Ohio)) is currently being piloted in several counties throughout the state consisting of the public children services agency with some of their local partners (i.e., children’s hospital, school districts, law enforcement) entering referrals into the system. There was a correction made to the Agency File field Number of Children Screened Out for previous years submission (FFYs 2021 and 2022) due to an identified mapping error. The query was adjusted with the correct count of children screened out. Reports In FFY 2023, the number of referrals screened out increased from FFY 2022. The reason for the higher rate of screen outs statewide is attributed to two of Ohio’s major metropolitan counties adjusting their screening procedures to be more consistent with the rest of the state. Essentially, their screen in rates were previously significantly higher than the statewide aver - age and now are consistent with the rest of the state. Ohio is a state supervised, county administered, child protection services program and does not operate a state referral hotline. Ohio continues to operate a centralized state referral hotline which provides the referent with the local county Public Children Services Agency (PCSA) referral contact information. The intake of referrals is required to be received by each county PCSA. The requirements established for recording referral information received, completing a screening decision of the referral, conducting assessment/investigations of alleged abuse or neglect are maintained per Ohio Administrative Code rules. The revised Ohio Child Protective Services Screening Guidelines were released on September 7, 2022. This guide was revised and reformatted to provide child welfare Appendix d: State Commentary 237 Child Maltreatment 2023professionals enhanced guidance of screening examples along with a streamlined flow within the document, supporting the decision-making process. References to Ohio Administrative Code (OAC) and Ohio Revised Code (ORC) were made in the beginning of each section/sub-section of the categories to assist with decision making. Considerations for each category have been provided to promote critical thinking during the intake and screening processes. The revised guidelines influence statewide consistency and serve as a training resource. Ohio does not capture full-time or part-time status of staff in Ohio SACWIS or any other state automated system. As such, Ohio does not report in Agency File fields Number of Staff Responsible for CPS Functions (Screening, Intake, and Investigation/Assessment of Reports) During the Year or Number of Staff Responsible for the Screening and Intake of Reports During the Year. However, it is important to note Ohio SACWIS identifies 3,568 staff responsible for multiple child protective services functions including screening, intake, and assessment/investigation of reports. Children Ohio PCSAs have the ability to identify a case involving human trafficking at any point during the assessment/investigation. Often referral information received regarding a concern of child maltreatment may not be known, or identified as, human trafficking by the reporter. Initial concerns reported may be regarding the child’s condition of being neglected or physi - cally abused. During the assessment/investigation processes additional information may be gathered regarding human trafficking. If this occurs, the PCSA is required to contact law enforcement. Ohio’s screening guidelines were revised to include ORC definitions of trafficking and the criminal offenses associated to assist in screening decisions related to trafficking. Universal human trafficking assessments for all children screened into a PCSA child abuse or neglect report will assist in the identification of human trafficking and service provision. Human trafficking assessments and resource links are to be added to assessment and planning tool field guides. The field guides include examples of trafficking in addition to guided questions for the caseworker. Ohio’s Comprehensive Addiction Recovery Act (CARA) data collection has improved over the past few years. Infants with prenatal substance exposure are tracked when child abuse or neglect is reported and at the completion of the assessment/investigation in the Family Assessment. ODJFS has teamed with numerous projects, initiatives, and workgroups to train and educate the entities who are responsible in serving infants who are substance exposed and their families. In May 2020, the Practice and Policy Academy launched its work on creating a collaborative systemic approach to implementation of CARA and Plans of Safe Care (PoSC). The Practice and Policy Academy is led by Ohio Department of Mental Health and Addiction Services and the Ohio Department of Job and Family Services (Department of Children and Youth), with Children and Family Futures previously providing oversight. The Practice and Policy Academy is comprised of participants from state agencies, state associations, PCSAs, and other community partners that work with families experiencing substance use during pregnancy. A standalone CARA Dashboard for PCSA and community use is under Ohio (continued) Appendix d: State Commentary 238 Child Maltreatment 2023development. The Department of Children and Youth is exploring new CARA and Plan of Safe Care funding opportunities for plan of safe care coordinators throughout the state. Fatalities Child maltreatment deaths reported in Ohio’s NCANDS submission are compiled from the data maintained in the Ohio SACWIS. The Ohio SACWIS data contains information on those children whose deaths were reported to a PCSA, or children involved in a 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 is making changes to its Child Fatality Review Process and has joined the National Partnership for Child Safety (NPCS), to improve efforts in child safety and preventing child maltreatment fatalities. Ohio is beginning to use a new tool to review child fatalities – the Safe Systems Improvement Tool (SSIT) National Partnership for Child Safety Version. The SSIT is specifically designed for use in reviewing child fatalities or serious incidents. 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 an 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. Ohio does report noncaregiver perpetrators of sex trafficking to NCANDS in the “other” category as described above. These cases are also tracked at disposition and the date they were referred to law enforcement entered. Services Ohio is continually working to improve the recording of services data in the Ohio SACWIS. Federal grant funds are used for state level program development and support to county agencies providing direct services to children and families. Ohio successfully implemented phase one of the Family First Prevention Services Act (FFPSA) on October 1, 2021. Ohio secured a vendor, the Center of Excellence to ensure statewide capacity building of evidence-based practice models for multisystem therapy and family functional therapy and to monitor for fidelity to their model. Ohio was approved for the use of the evidence-based practices known as OhioSTART for families struggling with substance abuse; Healthy Families America, Triple P Parenting, and Parents as Teachers to help those families in need of in-home parenting-based services. In FFY 2023, the number of children, parents, and families served through the Community- Based Prevention of Child Abuse and Neglect Grant has increased significantly since FFY 2022. Ohio (continued) Appendix d: State Commentary 239 Child Maltreatment 2023The 136.55% increase in parents/families served in FFY 2023 and the 90% increase of children served can be attributed to continued and increased investment in projects demon-strating success in innovative child abuse and neglect prevention services. One grantee in particular built momentum from FFY 2022 to FFY 2023, doubling the number of service providers from 6 to 11 being provided services, nearly doubling the number of parents/fami - lies reached. Other statewide innovative child abuse and neglect prevention service providers also continued success and increased their reach to parents/families in FFY 2023.Ohio (continued) Appendix d: State Commentary 240 Child Maltreatment 2023Oklahoma Contact Elizabeth Roberts Phone 405–850–6994 Title Programs Manager II, Child Welfare Services Email e.roberts@okdhs.org Address Oklahoma Department of Human Services P.O. Box 25352Oklahoma City, OK 73125 General Throughout FFY 2023, the Oklahoma Human Services (OKDHS) continued to transform through an intense focus on transparency and innovation and our commitment to improve the trajectory of Oklahoma families. In FFY 2023, OKDHS reached a major milestone in the agency’s plan to reform foster care in Oklahoma. Child Welfare Services (CWS) achieved and maintained 23 of 30 performance measures as required through the Pinnacle Plan, the Oklahoma’s Child Welfare System reform plan from the settlement agreement reached in the class action litigation DG vs. Yarbrough, Case No. 09-CV-074. It is critical to note the impacts from COVID-19 has continued to effect service coordina- tion. OKDHS and service providers have continued to experience workforce shortages and turnover that have resulted in less capacity to provide prevention services to families. This, coupled with the end of the public health emergency declarations that provided waived/modified requirements for Medicaid and other safety net services and supports for families, and the increase in mental health disorders and long-term effects of the social, economic, and psychological issues brought on by the COVID-19 pandemic, have continued to be a challenge. Geographic variances, including population density, driving distances, and avail - ability of local services are barriers in the delivery of the highest quality and most effective services available statewide, particularly in the western panhandle region of the state. While the state’s capacity to respond to the need to increase capacity depends on budget constraints, when possible, the state has added to contracts to assist in children being able to remain safety with their parents and for children in foster and adoptive placements achieve permanency. Four bills related to Child Welfare Services were passed during the 2023 legislative ses - sion. Of note, HB 1072 requires courts to set hearings within 60 days of placing a child in a residential treatment program; and, SB 159 which permits parents and legal guardians who are parties to deprived petitions to voluntarily participate in services related to the behaviors and conditions which led to the petition, such participation is not to be used as evidence in certain proceedings. 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) assessment or investigation. 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 Appendix d: State Commentary 241 Child Maltreatment 2023assessments 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 two – 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. An assessment is a comprehensive review of child safety and evaluation of family functioning and protective capacities conducted in response to a child abuse or neglect report that does not allege 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 report meets the abuse or neglect guidelines and constitutes a serious and immediate threat to the safety of a child ■there have been three or more reports accepted for assessment or investigation regarding the family ■the family has been the subject of a deprived petition or ■the child was diagnosed with fetal alcohol syndrome or DHS determines the child meets the definition of “drug-endangered child”. Reports that are appropriate for screening out and are not accepted for assessment or investigation are reports: ■that clearly fall outside the definitions of abuse and neglect, including minor injury to a child 10 years of age and older who has no significant child abuse 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; ■concerning a victim 18 years of age or older, unless the victim is in voluntary placement with DHS; ■where there is insufficient information to locate the family and child; ■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; ■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 observedOklahoma (continued) Appendix d: State Commentary 242 Child Maltreatment 2023 ■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; and ■the family resides on tribal land includes tribal members or the family is a tribal foster home with placement of only tribal custody children and the tribe accepted jurisdiction of the investigation. 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, unless the subsequent report contains allegations of a child death, child near death, child trafficking, or sexual abuse to a child by a PRFC or other adult who has close contact or access to the child. These are not screened out as subsequent and the allegations are investigated in a new report. 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). ■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. ■(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. ■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 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. ■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. Oklahoma defines a “plan of safe care” as a plan developed for an infant with neonatal absti - nence 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. Oklahoma (continued) Appendix d: State Commentary 243 Child Maltreatment 2023Oklahoma 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. 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 inves - tigative findings of the child protective services review. Notice is communicated securely no later than 24 hours after the reasonable determination of suspicion. 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 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 pertain - ing to the death or near-death and previous records when applicable; all pertinent case information ■an assessment of compliance of findings with CPS standards ■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. Perpetrators Oklahoma defines a person responsible for the child’s health, safety, or welfare (PRFC) as: ■the child’s parent, legal guardian, custodian, or foster parent; ■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; ■an agent or employee of a public or private residential home, institution, facility, or day treatment program; ■an owner, operator, or employee of a child care facility whether the home is licensed or unlicensed; or ■a foster parent maintaining a therapeutic, emergency, specialized-community, tribal, kin - ship, or foster family home responsible for providing care, supervision, guidance, rearing, and other foster care services to a child.Oklahoma (continued) Appendix d: State Commentary 244 Child Maltreatment 2023 A referral to law enforcement is immediately made either verbally or in writing for the pur - pose of conducting a possible criminal investigation when, upon receipt of a report alleging abuse, neglect, or during the assessment or investigation, DHS determines: ■the alleged perpetrator is someone other than a PRFC (third-party perpetrator) ■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: ■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; ■The appropriate law enforcement jurisdiction requests DHS participate in the investiga-tion. 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. “Other” perpetrator relationship includes those with no relation to the alleged victim and roommate. Services CWS entered the second year of administering the Oklahoma Title IV-E Prevention Program Plan, an optional prevention program authorized through the Family First Prevention and Services Act, ensuring prevention programs and services to prevent the need for foster care placement are accessible to families involved with the CW system, and elevating quality improvement and evaluation of prevention programs. OKDHS CWS provides direct child abuse and neglect prevention and intervention-related services by a combination of state agencies and community-based contract provider agencies to help link families to the services and supports needed to ensure a child’s safety, permanency, and well-being. These core services include in-home parent skill-based programs, mental health and substance abuse prevention and treatment services, domestic violence and sexual assault intervention programs, batterer’s intervention programs, and sexual abuse treatment services. Oklahoma continues to investment in an early childhood care and education system through state appropriations, and increased federal investments through the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) and Community Based Prevention of Child Abuse and Neglect (CBCAP), to support and sustain home visitation programs. Oklahoma continues to invest in three evidence-based models of home visiting: Parents As Teachers (PAT), Nurse-Family Partnership (known as Children First), and SafeCare®-Augmented with varying levels of service intensity targeted to meet specific family needs and risk factors. Oklahoma (continued) Appendix d: State Commentary 268 Child Maltreatment 2023OKDHS continues to invest in two evidence-based models of home visiting: SafeCare® and Intercept®; which are the two approved in-home parent skill-based Title IV-E prevention services in the Oklahoma Title IV-E Prevention Program Plan. The SafeCare® model offered through the Comprehensive Home-Based Services (CHBS) provision of the Oklahoma Children’s Services (OCS) for families involved in the CW system is distinct from the SafeCare®-Augmented model available for families not involved in the CW system through secondary prevention home-based family support programs. These home visiting models are administered through the OCS, a statewide, community-based, contracted services program authorized by Section 1-9-110 of Title 10A of the Oklahoma Statues, aimed towards the development and implementation of a diverse array of prevention and remedial community-based services and care for children who are alleged or adjudicated deprived. OCS, the single largest service contract serving families whose needs encompass voluntary preventive services, reunification, services to maintain placements, offers services designed to help ensure and enhance the safety, well-being, and social functioning of the child and the child’s family. OKDHS has also continued to provide two other in-home parent skill-based programs, Intensive Safety Services (ISS) and Parent Aide Services (PAS) for families involved in the CW system. ISS continues to undergo additional evaluation of the effectiveness of the program to be approved for Family First Prevention Services Title IV-E prevention funding. Parent Assistance Services and Sexual Abuse Treatment services are available for families and children involved in the CW system or are at-risk for child abuse and neglect to promote the health, safety and wellness of Oklahoma’s children and families preventatively, as well as to help reunite families whose children are in out-of-home care. The Parent Assistance Services, centered-based parent education services, provide education, support and childcare while parents attend education and counseling sessions in a group format. The Sexual Abuse Treatment services are administered through individual, family, and group counseling format and are specialized and comprehensive to victims of child sexual abuse and their families. OKDHS CWS contracts with eligible Tribes to provide State Title IV-B Promoting Safe and Stable Families (PSSF) funds to assist Tribes in preventive family preservation services and community-based family support services to prevent the unnecessary separation of children from their families and improving the quality of care and services to children and their families. Throughout FFY 2023 OKDHS continued to collaborate with Tribes in creating a comprehensive continuum of prevention and community-based supports and resources for children and families that includes culturally-relevant prevention services to promote safe, healthy, and culturally strong environments for Native American children, their families, and their tribes. OCS Programs continue to meet the complex needs of families being served by OKDHS CWS. The OCS Programs services are available statewide in every CWS region. OKDHS CWS continues to collaborate with OSDH on primary and secondary prevention efforts, the Oklahoma Department of Mental Health and Substance Abuse Treatment Services (ODMHSAS), the state’s safety net mental health and substance abuse treatment services system, and the Office of the Oklahoma Attorney General Victim Services Unit, authorized by Title 74 § 18p-1 et seq. of the Oklahoma Statutes to administered the domestic violence and sexual assault intervention programs, toward a unified and integrated system of care for Oklahoma (continued) Appendix d: State Commentary 269 Child Maltreatment 2023all Oklahoma’s children, youth and families involved with or at risk for involvement in the CW system. Community capacity increases by capitalizing on partnerships to meet child and family needs through the availability of effective services. Evidence-based or evidence-informed services continue to be identified and/or developed at a community level to promote child well-being, safety, and permanency, and enhance the service array. In addition, Medicaid expansion in Oklahoma has allowed for more children and families to have access to an array of services that meet the needs of the children and families OKDHS CWS serves. Oklahoma also awarded managed care contracts for its Medicaid program in 2023, including a specialty program for children and youth in the state’s custody which is aimed to expand the provider capacity to be able to meet the identified needs of children and families served by the CW system.Oklahoma (continued) Appendix d: State Commentary 270 Child Maltreatment 2023Oregon Contact Tammy Freeman Phone 503–884–1049 Title Business Analyst Email tammy.freeman@state.or.us Address Dept of Human Services Child Welfare 500 Summer St.Salem, OR 97304 The state did not submit commentary for the Child Maltreatment 2023 report. Appendix d: State Commentary 271 Child Maltreatment 2023Pennsylvania Contact Elysa Springer Phone 717–409–3933 Title Director of Systems and Data Management Email elyspringe@pa.gov Address Bureau of Policy, Programs and Operations Division of Systems and Data ManagementOffice of Children, Youth and Families2525 North 7th StreetHarrisburg Uptown BuildingHarrisburg, PA 17110 General In Pennsylvania, only General Protective Services (GPS) referrals may be screened out. GPS data is not currently included in Pennsylvania’s NCANDS submission. Reports of suspected child abuse are not able to be screened out. Reports All relevant commentary was provided within the submission. There is no additional information to provide as part of this form. Children No changes have impacted PA ’s data. Fatalities The fatality records in the NCANDS populations all rise to the level of suspected child abuse under the Child Protective Services Law (CPSL). A death which does not rise to the level of a suspected child abuse referral may be captured in the system under a different referral type if it does not rise to the level of suspected child abuse, but it is not tracked as a fatality by our system. Perpetrators The persons who meet the criteria to be considered alleged perpetrators of child abuse in Pennsylvania are defined in statute, and that statutory definition is noted below. “Perpetrator.” A person who has committed child abuse as defined in this section. The following shall apply: ■The term includes only 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 havingdirect contact with children as an employee of child-care services, a school or through aprogram, 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 thechild but is related within the third degree of consanguinity or affinity by birth oradoption to the child. • An individual 18 years of age or older who engages a child in severe forms of traffick - ing in persons or sex trafficking, as those terms are defined under section 103 of the Trafficking Victims Protection Act of 2000. Appendix d: State Commentary 272 Child Maltreatment 2023 ■Only the following may be considered a perpetrator for failing to act, as provided in this section: • 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 plans to opt into the Family First Prevention Services Act Title IV-E Prevention Program and is revising the state five-year prevention plan for final submission to the Administration for Children and Families. Once this plan is approved, Pennsylvania will begin claiming reimbursement for eligible prevention services. Pennsylvania continues to incentivize use of evidence-based services to support prevention through the existing special grants initiative. This initiative provides a higher state funding match for county use of evidence-based programs, truancy prevention programs, housing support and other promising practices when compared for the state funding match made available for other service categories. However, these plans do not impact NCANDS submission data, as preventative service data is maintained at the county level, and therefore not included in the state NCANDS submission. Pennsylvania is state supervised, and county administered for child welfare. As such, services are provided by the counties and not by the state. Pennsylvania’s Child Protective Services Law allows for counties to outsource nearly all services except for child abuse investigation and general protective services assessments. There are many counties within Pennsylvania who select to outsource services and the counties hold the contracts for these services, not the state. Again, NCANDS data is not impacted by this information, due to the fact that this data is currently maintained within the county systems and not the state Child Welfare Information System, and therefore is not currently part of Pennsylvania’s NCANDS data submission.Pennsylvania (continued) Appendix d: State Commentary 273 Child Maltreatment 2023Puerto Rico Contact Lisa M. Agosto Carrasquillo/Glenda Gerena Ríos Phone 787–625–4900 X 1734/1800 Title Director of Central Registry/Administrator ADFAN Administrator for Families and Children (ADFAN)Email lmagosto@familia.pr.govglenda.gerena@familia.pr.gov Address Family Department185 Roosevelt Avenue P.O. Box 194090 San Juan, PR 00919–4090 The Department of the Family composition is as follows (Spanish acronyms used): ■Office of the Secretary ■Administration for Children and Families- ACF (ADFAN) ■Administration of the Socioeconomic Development of the Family (ADSEF) ■Child Support Administration (ASUME) ■Administration for Integral Development of Childhood (ACUDEN) The Administrations are agencies dedicated to executing 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 the final approval of the Secretary. 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. Appendix d: State Commentary 274 Child Maltreatment 2023General On May 11, 2023, a new law for child protection was adopted, known as the Law for the Prevention of Abuse, Preservation of Family Unity and for the Safety, Welfare and Protection of Children. The public policy of Law 57 focuses on providing and making reasonable efforts to avoid the removal of children from their homes and to maintain family unity or reunify the child with his or her family. It encourages the provision of reasonable opportunities and efforts to preserve family and community ties to the extent that the child is not harmed, avoiding the trauma of unnecessary separation of parents and children. Promotes the involve - ment of families throughout the process to ensure that the child remains in his or her home, providing the necessary services and tools to families to address the problems that led to the maltreatment. The whole family should remain united, as long as it is in the best interest of the child. Although we have a new law, it is recent and does not impact the data in the file. Chang4es may be seen in next year’s services data. Puerto Rico does not have an alternative response to child abuse investigations.Reports The call screening process remains unchanged. The protocol in the Referral Screening Manual of Rules, Procedures, and Rules of Execution of the Security Model in the Investigation of Referrals outlines the entire procedure for handling calls received on the hotline. It includes questions to enhance the screening process when accepting referrals for social investigation. Stage One: Receipt of Referral The process, which involves collecting information at the Abuse, Institutional Abuse, Neglect, and Neglect Hotline or local office, screening the referral, assigning response priority, and transferring to the appropriate work unit, should not exceed a timeframe of two hours from the call’s receipt. This procedure is applicable to any situation in which abuse is alleged in a family home, foster home, or family resource home. The number of employees is calculated using the equivalent of full time. This calculation is used in the direct line and with all staff dedicated to referral research in the agency. There was an increase due to the hiring of personnel, collaboration with private companies, and the establishment of a dedicated task force for the corresponding investigations. Children The number of child victims decreased this year. The Manual of Rules, Procedures and Rules of Execution of the Security Model in the Investigation of Referrals establishes the funda - mental objectives of the child maltreatment referral investigation process: ■To assess the safety of the child. ■To take immediate protective actions as necessary. ■Determine the disposition of the referral. This process involves the evaluation of all children in a referred family. The interview proto - col establishes the parties to be interviewed and the children to be evaluated, considering the essential objectives of the investigation.Puerto Rico (continued) Appendix d: State Commentary 275 Child Maltreatment 2023The data related to any alcohol abuse child risk factor or drug abuse child risk factor can be collected through data entry in investigation of referrals and case management. The alcohol abuse and drugs abuse area are collected separate. Our information system has the option to collect data in both areas, sex trafficking and prenatal child victims of substance abuse. We have been able to identify them in recent years as they are correctly documented in our system. We are directed to emphasize the importance of this information and what it implies for the child victim. Fatalities Puerto Rico works in collaboration with other agencies such as police and justice department, forensic sciences for the collection of information on child deaths. Generally, it is the external agencies that validate child abuse deaths and collaborate with our agency in this area. In PR, infant/child deaths are generally reported through the hotline even when there is no suspected allegation of abuse or neglect. in the absence of a direct allegation of an abuse or neglect death, a social emergency is activated for appropriate intervention and, if an allegation of abuse or neglect is identified, a report referral is generated. Perpetrators In PR there is no policy as to how young a perpetrator can be. The NCANDS category of “other” perpetrator relationship includes the perpetrators who are other caregivers; staff of institution for children, school, foster care, childcare and others institution responsibility for the care, education, supervision, and treatment of physical and emotional needs, as defined by our protection law. Our system has the capacity to collect data related to sex trafficking, these data are catalogued in the typologies, however, our protection law only catalogues situations of sex trafficking when the perpetrator is a parent or caregiver, but not a third party or noncaregiver. Services The funding changes relate to funds to address structural improvements for damage sus - tained by utilities affected by hurricanes Ian and Fiona. The funds currently in place for preventive services are those allocated under the FVPSA, PSSF and CBCAP grants. These funds are distributed to non-profit entities that provide prevention services. As part of the new initiatives for prevention services, the evidence-based practice of Parenting Fundamentals has been incorporated. Nexos has trained 8 regions, with the Arecibo and Aguadilla regions yet to be trained. This effort will allow Prevention staff to recruit parents of children between the ages of 12–18 years old, within the various communities to offer 10 workshops aimed at the prevention of abuse. Not all services are outsourced, only some support services are contracted, for example, for coaching and training, technical assistance, and investigation of referrals in arrears.Puerto Rico (continued) Appendix d: State Commentary 276 Child Maltreatment 2023Rhode Island Contact Nicole DesChamps-Paola Phone 401–528–3850 Title Agency IT Manager Information TechnologyEmail nicole.deschamps@dcyf.ri.gov Address RI Department of Children, Youth & Families101 Friendship St.Providence, RI 02903 General In November of 2019, DCYF implemented the SAFE Practice Model across all divisions. In CPS, the model determines child safety through an assessment of family functioning and caregiver capacities. The practice shifts from making safety determinations based primarily on the absence or presence of an incident of maltreatment to an assessment of the needs and strengths of each family member. Investigations are documented using a Family Functioning Assessment which addresses specific areas of functioning for all children and their caregiv - ers. This assessment identifies safety threats and protective capacity, creates the basis for safety plans when appropriate, and identifies behavioral changes required to mitigate those safety threats. For families transferred to on-going Family Service Units, those behavioral changes formulate the foundation for service plans. Safety is re-assessed throughout the life of a case through the On-going Family Functioning Assessment which re-assesses the areas safety addressed by CPS in the Family Functioning Assessment. The model shifts the practice in our Family Service Units from making decisions about safety and permanency based on compliance with services to the identification of positive behavioral changes and a network of informal supports for the family. Rhode Island does have two types of response to screened-in referrals: screened in and preven- tion response to Support and Response Unit (SRU). All reports meeting criteria for a CPS investigation are screened in for investigation. DCYF is not reporting SRU data to NCANDS. In September 2020, DCYF launched a new Support and Response Unit (SRU) to better connect families and their children to support services. DCYF recognizes that many families struggle sometimes and could benefit from accessing services and supports that were traditionally only available to families with formal DCYF or Rhode Island Family Court involvement. The SRU provides assistance by identifying each family’s needs and provides the necessary support to help families thrive. The unit, which is located within DCYF’s Division of Family Services (DFS), helps families navigate services in their own communities. Also, the unit is a resource for families who are feeling overwhelmed or who need assistance with accessing home and community-based services for a variety of needs. SRU staff are able to offer: ■Assessments for families using established screening and assessment tools; ■Short-term, home- and community-based services for families and children who need support; ■Assistance for families when their older youth are exhibiting wayward or disobedient behavior; ■Local resources to better support families whose children have behavioral health needs. ReportsThe structured Decision Making tool was implemented in 2019. Staff were re-trained on the SDM Hot Line Screening Tool in 2022 Evident Change; the Tool guide and automated Appendix d: State Commentary 277 Child Maltreatment 2023tool were edited to include clear language to describe maltreatment types as defined in RI General Law. All training through evident change continued in August 2023. Under RI General Laws, anyone who has a reasonable suspicion that a child has been maltreated has 24 hours to make a report to the DCYF CPS Hot Line. The Hot Line is in operation seven days per week, 24 hours per day and is staffed by Child Protective Investigators. All calls are recorded, and reporters may remain anonymous. The investigator takes the information from the reporter and uses the Structured Decision-Making screening tool. Based on the tool, reports are screened out or assigned for investigation within the designated response priority times. The CPS workforce data calculated using full-time equivalents (FTEs). Children Any child who is a household member or was a member of the household at the time of the alleged maltreatment must be interviewed by a Child Protective Investigator to assess child safety. The risk factors involving the use of illicit substances as well as misuse of prescribed and legal substances are not separated. The screening tool and process does not differentiate between substances, therefore specific risk factors are not associated with different substances. Sex tracking is a separate allegation from sexual abuse. Perpetrators Perpetrators of physical abuse and neglect are defined as bio/adoptive/step-foster parents, employ - ees of licensing programs(for institutional maltreatment), other adults living in the home over the age of 18, employees of school systems who are alleged to have sexually abused a child or other individuals accused of Sexual Exploitation/Sex Trafficking who are not required to meet the definition of “caretaker”- the only category that would involve a child as a potential perpetrator, and does not specify an age limit involves sexual abuse of a child by another child; the criteria defines sexual abuse in these instances which does not include age appropriate exploration. The “other” perpetrator relationship includes any adult who does not have a relationship to the child listed under the definition of “caretaker”-this would include no caregiver perpetrators of sex trafficking. DCYF investigates the part of the caregiver; Non-caregivers are investigated by law enforcement. Services We allow families access to FCCP and services which previously required an open DCYF Case. Even when the general rule was a DCYF referred case, the FCCP was still able to ask on a case-by-case basis for a referral to a service even if non DCYF (community) referral. State law mandates that DCYF have a service array for the children youth and families we serve. DCYF currently has about 120 contracts. I would not call this outsourcing because we maintain contracts where DCYF directs who receives the service by the referral process.Rhode Island (continued) Appendix d: State Commentary 278 Child Maltreatment 2023South Carolina Contact Lynn Horne Phone 803–394–9737 Title CAPSS Business Analyst Email lynn.horne@dss.sc.gov Address Division of Technology Services Department of Social Services1628 Browning Road, Suite 100Columbia, SC 29210 General South Carolina has one type of response to screened-in referrals, CPS Investigation. In-Home CPS Investigations are assigned to a case manager in the identified County Office to complete the investigation. The OHAN Investigations are assigned to a case manager in the Out of Home Abuse and Neglect (OHAN) Office, which is responsible for investigations of allegations of Child Abuse or Neglect in Foster Homes, Residential Institutions, and Day Care Facilities. Reports South Carolina has a centralized intake hub that oversees all new reports of abuse and/or neglect that are report to the agency. Intake uses a singular screening tool to assess all new reports and is open 24 hours a day, 365 days a year. Reports are received by calling into our intake hub or online reporting. The CPS workforce data is calculated using full-time equivalents (FTEs). In FFY 2023, there were approximately 594 total CPS case managers and team leaders. Of the 594, there were 125 that were assigned exclusively to Intake and Screening. SC uses a Structured Decision Making tool called SDM that assists the intake case manager and team leader in determining if a case should be screened in (accepted for investigation) or screened out. Our team leader positions are the gatekeepers for determining the outcome of a report based on consultations that are held with the intake case manager and information captured on the tool. Children The state has an investigation policy to investigate/assess all children in a household if any child in the household has a maltreatment allegation. There are separate child characteristics for selection of alcohol dependence and drug dependence of the child. There are separate adult characteristics for selection of alcohol abuse and drug abuse of the adult. South Carolina is in the process of finalizing the Plan of Safe Care policy. Additionally, the agency is developing practice and system enhancements to ensure the work is being captured in the state’s CCWIS system. Training has begun with external and internal partners regard - ing the engagement process that should take place with the family or caregiver, while final - izing the policy and process for Plan of Safe Care and the services related to this plan. The goal is to have this finalized within the next 12 months. Appendix d: State Commentary 279 Child Maltreatment 2023 Appendix d: State Commentary 279Fatalities The Systems Transformation Unit at the South Carolina Department of Social Services (SCDSS) tracks child fatalities the agency is made aware of. South Carolina is a mandatory reporting state, per statute, and all deaths that are suspected to be the result of child mal - treatment must be reported via the SCDSS Intake hub. Law enforcement, county coroners, medical examiners, the State Law Enforcement Division (SLED), and other investigative partners report child deaths that are suspected to be the result of child maltreatment to the SCDSS Intake hub for screening. Intake’s SDM tool contains a threshold for suspicious death of a child with specific guidelines on how to determine if maltreatment is suspected. Only reported fatalities where that threshold is met are investigated. The SCDSS Systems Transformation Unit is made aware of all intakes related to child deaths and tracks/monitors these cases, although does not perform case management of these cases. The SCDSS county staff for which the case is assigned is investigates and makes a determination if maltreatment by a person responsible for the child caused or contributed to the child’s death. Only reported fatalities where that threshold is met are investigated. SCDSS policy requires participation in a multi-disciplinary child death review. These reviews serve multiple purposes including gathering information from investigatory partners and establishing the next step for each investigatory partner. Additionally, the State Child Fatality Advisory Committee (SCFAC) reviews a portion of child fatality cases referred from SLED. Information used in child death reviews is also used by SCDSS staff investigating the case to assist in determining whether maltreatment was a factor in the death. 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-fatality. Due to time limits (60 days) on CPS investigations imposed by state statute and the fatality occurring outside this timeframe, the case is not indicated for death by maltreatment in the state’s CCWIS system. 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-fatality, 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 CCWIS system. Perpetrators South Carolina does not have a limitation on how young a perpetrator can be; however, the perpetrator must be acting in loco parentis or is the unknown perpetrator for a sex trafficking victim. The “other” perpetrator relationship is used when the perpetrator is “unknown,” including the “unknown” perpetrator for a sex trafficking maltreatment. South Carolina (continued) Appendix d: State Commentary 280 Child Maltreatment 2023South Dakota Contact JoLynn Bostrom Phone 605–347–2588 ext. 4900203 Title Administrator of Services for Families Email jolynn.bostrom@state.sd.us Address Department of Social Services Division of Child Protection Services2200 W Main StreetSturgis, SD 57785 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. The reporter types listed as other in the child file include clergy, community person, coroner, domestic violence shelter employee or volunteer, funeral director, other state agency, public official and tribal official. Children 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. The data reported in the Child File includes children who were victims of substantiated reports of child abuse and neglect where the perpetrator is the parent, guardian or custodian. 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. South Dakota Codified Law 26-8A-3 mandates which entities are required to report child abuse and neglect. Persons required to report child abuse or neglected child--Intentional failure as misdemeanor. Any physician, dentist, doctor of osteopathy, chiropractor, optometrist, emergency medical Appendix d: State Commentary 281 Child Maltreatment 2023technician, 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, who has reasonable cause to suspect that a child under the age of eighteen has been abused or neglected shall report that information. 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 may report that information. South Dakota Codified Law 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 reporting process 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. 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 State of 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 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. South Dakota (continued) Appendix d: State Commentary 282 Child Maltreatment 2023Tennessee Contact Neal Thompson Phone 615–253–1017 Title Business Intelligence Specialist-Intermediate Strategic Technology SolutionsFinance and AdministrationEmail neal.thompson@tn.gov Address Davy Crockett Tower 2nd Floor 500 James Robertson Parkway Nashville, TN 37243 General Tennessee has multiple pathways when screening referrals through CPS. The Multiple Response System includes Investigations, Assessments (services approach) and Resource Linkage. Investigations result in an administrative finding of substantiated/unsubstantiated for allegations of abuse or neglect. Assessments result in a service finding on whether services were not needed, recommended, required or court ordered to address the concerns raised to the Department. Resource Linkage involves situations that do not rise to the level of state definitions of abuse or neglect but where community or material services would prevent the need for child welfare involvement. All of these tracks are embedded in the SACWIS/CCWIS system and available to report to NCANDS. Reports Tennessee currently uses the SDM tool. CPS workforce data are calculated using full-time equivalents (FTEs). All calls and web-based referrals are processed by the centralized Child Abuse Hotline using a 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 assign the referrals to front line workers. The State does not screen out referrals of substance exposed infants. Children All households are assessed as part of a CPS case including those children not initially listed in a maltreatment report to ensure whether they are victims or at risk of abuse/neglect. Currently the state is not able to separate alcohol abuse from drug abuse. The current system allows for an additional indicator at different points in time during the life of a case to indicate whether sex trafficking is a maltreatment type experienced by a child. Due to system limitations, this data is siloed and difficult to pull into one reliable report. This is set to be addressed through the replacement of the current system. The system allows for the indication of whether an infant meets the federal definition under the Comprehensive Addiction and Recovery Act. This does not account for those infants who have Plans of Safe Care developed by the hospital but are not reported to child welfare. This is a known issue as many hospitals take a philosophical approach to certain substances and delay contacting child welfare as long as the parent cooperates with services/treatment. Currently we are not able to separate out specific substances. Appendix d: State Commentary 283 Child Maltreatment 2023Fatalities All child fatalities information recorded comes from data received and entered into the system and are reported in the Child File. Any suspected child abuse is required to be reported under the state’s universal mandated reporting law. All external agencies fall under that, with no exceptions. External agencies may be contacted for information relevant to the investigation and disposition of child fatalities after they are reported to the Child Abuse Hotline. Not all infant/child deaths are investigated. DCS must have jurisdiction due to a report/ concern of child maltreatment or if the incident is unexplained at the time of report, then we will accept the death for investigation. Through that process, a determination is made whether the death was due to child maltreatment. Perpetrators 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). Yes – Note: Tennessee reports non-familial traffickers as caregivers. Services The state outsources some services. Tennessee (continued) Appendix d: State Commentary 284 Child Maltreatment 2023Texas Contact Kevin Chmiel Phone 512–289–4680 Title Data Manager V Information and TechnologyEmail kevin.chmiel@dfps.texas.gov Address Department of Family and Protective Services4900 N Lamar BlvdAustin, TX 78751 The state did not submit commentary in time for the Child Maltreatment 2023 report. Appendix d: State Commentary 285 Child Maltreatment 2023Utah Contact Jennifer Larson Phone 801–538–4100 Title Electronic Business Project Manager/CCWIS Director Email jblarson@utah.gov Address Division of Child and Family Services 195 N 1950 WSalt Lake City, UT 84116 General Utah continues to invest in its child welfare programs through improved training for case - workers and updating the technology that enables those workers. Utah has seen high case - worker turnover, and addressing the impact in training, mentoring, and overall workforce support is Utah’s top priority. Utah secured additional funding for staff compensation that should stabilize the frontline workforce. Utah has seen positive trends since July 2023, which should be reflected next year. Utah does not have an alternative response/differential response. All reports are screened out or screened in as a referral for a CPS assessment. When a report is screened out, Utah does not include specific allegations for the report, as the information received did not meet the level of abuse or neglect. Reports For FFY 2023, the number of referrals received from the previous year has increased, while the percentage of referrals accepted has decreased, accounting for a higher screened-out referral rate. The investigation start date is defined as the date the intake worker dispositions the case as accepted. 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 informa - tion 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 depen - dency 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 Appendix d: State Commentary 286 Child Maltreatment 2023practice guidelines and has made reasonable efforts, the child and family services child pro - tective 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, unsupported, or without merit. ■Unable to Complete —A CPS case finding when the following situations are present: • When the child or family moves outside the state and a request for courtesy work is requested and declined and there is insufficient information to make a finding. • When the child or family moves outside the state after face-to-face contact is made with the child and there is insufficient information to make a finding because the where - abouts of the child or family are unknown. • When the child or family moves within the state, the face-to-face with the child was made but there is insufficient information to make a finding, and the whereabouts of the child or family are unknown. ■False Report —A report of abuse or neglect made to Child and Family Services by a reporter (referent) who more likely than not knew the report was false at the time that person submitted the report. ChildrenUtah’s predominant allegation continues to be neglect. When combined with a family’s risk factors, neglect is often the result of substance misuse. Utah continues to investigate out-of-home perpetrators, which results in higher than the national average of sexual abuse cases. This also influences the number of cases per worker. Utah has a process which defers pregnant women who are identified by a medical professional as substance-using to the Utah Department of Health and Human Services, Division of Integrated Healthcare, Office of Substance Abuse and Mental Health for treatment and services as a preventative measure to DCFS involvement. This process allows pregnant women access to treatment services prior to delivery of their child. Fatalities Concerns related to child maltreatment, including fatalities, are required to be reported to the Utah DCFS. Fatalities where the CPS investigation determined the death was due to abuse or neglect are reported in the NCANDS Child File. No changes to the fatality review process were made in FFY 2023. 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 12, except in extreme circumstances. This change was a result from HB262 during the 2020 General Session of the Utah State Legislature. Utah does accept referrals where the perpetrator does not have care, custody or control of the child, in other words, an out-of-home perpetrator. Utah does report non-caregiver perpetrators of sex trafficking. Services There has been no changes to Utah’s prevention funding. Utah continues to explore other prevention services as related to FFPSA. Utah does not outsource case management responsi - bilities, but does outsource services where appropriate.Utah (continued) Appendix d: State Commentary 287 Child Maltreatment 2023Vermont Contact Melissa Burt Phone 802-760-7802 Title Quality Assurance Coordinator Vermont Family Services DivisionEmail melissa.burt@vermont.gov Address Vermont Department for Children and Families 280 State Dr HC1 North Bldg BWaterbury, VT 05671 General Vermont has an assessment track and an investigation track. About 35 percent of cases are assigned to the assessment track. In the assessment track, the disposition options are services needed and no services needed. Cases assigned to the assessment track may be switched to the investigation track, but not vice versa. Data from both tracks are reported to NCANDS. Vermont’s Family Services Division (FSD) is responsible for responding to allegations of child abuse and neglect by parents or persons responsible for the child’s welfare, and sexual abuse by any person (including out-of-home perpetrators). 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. The focus of the assessment is on whether a child may be in need of care or supervision and are referred to as CHINS assessments. Because these family assessments are not part of our abuse and neglect statute, they are not reflected in this dataset. However, it is important to acknowledge that on an annual basis we conduct approximately 1,000 family assessments. Reports Vermont operates a statewide child protection hotline, available 24/7. All intakes are handled by family services workers and screening decisions are handled by hotline supervisors. These same supervisors make the initial track assignment decision. Vermont’s CPS work - force data is calculated using full-time equivalents and has experienced some fluctuation in capacity since the COVID-19 pandemic. Some of the changes seen can be attributed to the reduction in the workforce itself, seen nationwide, as well as a reduction in the number of accepted child safety interventions since the pandemic. Vermont continues to see an increase in the number of reports made to the child protection hotline each year post-pandemic, which has reached pre- pandemic volumes. 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, delinquent behavior, mental health crises, 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 enter - ing reports under the primary caretaker when there are multiple children involved. This often results in multiple reports for the same incident. Further, mandated reporting statute requires reporters to make a report within 24 hours of the time they first observed or received information about the suspected abuse/neglect; there is no carveout or exception for situa - tions known to have already been reported, which increases duplicate reports due to fear of Appendix d: State Commentary 288 Child Maltreatment 2023liability. In situations where multiple reports are made for the same incident, it is Vermont’s practice to screen in only one of those reports. Vermont continues to utilize the SDM Safety Assessment and Risk Assessment tools in our child safety interventions. In 2022, we added language into the Safety Assessment to better capture human trafficking as a danger item and we shifted our practice to truly give families a choice in whether they engage in prevention-based services with the Division. Children The FSD is responsible for investigating allegations of child abuse or neglect by caregivers and sexual abuse by any person. The Division investigates risk of physical harm and risk of sexual abuse. Statute allows the Division to identify other children living in the same home as the identified child victim, and states that the investigator shall consider the physical and emotional condition of those children and may interview them, unless the child is the person who is alleged to be responsible for such abuse or neglect. Unless unreasonable within the context of the child safety intervention, division policy requires staff to evaluate the safety of any other children living in the same home. The evaluation should include an interview or observation of the other child(ren) and occurs with the permission of the child’s parent, guardian or custodian. Vermont faces a few challenges regarding collecting and reporting data to NCANDS for some data elements, including child and caregiver risk factors, and infants with prenatal substance exposure. We will continue to have limitations until the state can successfully implement a new CCWIS system. Until that time, we will continue to make system enhancements to our legacy system when IT resources are available. This work needs to be prioritized against other department-wide initiatives, resulting in a substantial lag time for the work to be completed. As an example of a system limitation regarding prenatal substance exposure, when CPS or FSD are not involved, meaning the child does not meet the criteria for making a report to the child abuse and neglect hotline, we are currently relying on hospital staff to remember to fax a notification to us at FSD. Vermont has considered making enhancements to the state’s database where our centralized intake data lives to better track this data; however, the state continues to lack IT resources to move this work forward. Vermont participated in the 2023 Policy Academy: Advancing Collaborative Practice and Policy: Promoting Healthy Development and Family Recovery for Infants, Children, Parents, and Caregivers Affected by Prenatal Substance Exposure, and we have since applied for and been accepted to receive In Depth Technical Assistance (IDTA) from Children and Family Futures, which is now underway. Related to data collection, one of our goals within this work is to improve data collection as a strategy to apply quality improvement methods in clinical and community care towards the goal of increased care coordination a systems integration, including: ■Understand number of infants born affected by substance use who needed a POSC ■Explore development of portal to collect notification data ■Expand use of CAPTA flow sheet in electronic health records (EHRs) across the state ■Subgroup (PLSB Workgroup) continue to meet to address data concernsVermont (continued) Appendix d: State Commentary 289 Child Maltreatment 2023 ■Determine where redcap database/portal data will live ■Implement data collection measures as possible within CHARM teams When CPS/FSD are involved due to safety issues, our current antiquated data system has many limitations and we currently are not able to capture all cases that would fall into this category, therefore we are under-reporting. Vermont did not change any polices or procedures regarding reporting or tracking of infants with prenatal substance exposure during the pandemic. One system enhancement that Vermont was able to successfully implement was having sex trafficking as its own maltreatment type. Vermont has been collecting this data for years, however, with reduced IT resources and the need for the work to be prioritized, FFY 2022 submission was the first reporting period that includes the updated mapping. Vermont tracks both accepted and unaccepted reports involving human trafficking (outside of substantiation data). In July 2023, synced with the Trafficking Victims Prevention and Protection Reauthorization Act of 2022 Title IV-E amendment, DCF FSD updated Policy 50: Child Abuse and Neglect Definitions and Policy 51: Screening Reports of Child Abuse and Neglect. A statement was added to the definition of human trafficking to acknowledge that in addition to child protection definitions articulated in Title 33, Chapter 49 of the Vermont Statutes, a definition of human trafficking, aggravated human trafficking, and companion definitions of other terms exists within Title 13 (Crimes and Criminal Procedure), Chapter 60 (Human Trafficking) of the Vermont Statutes. Fatalities DCF FSD is a member of the National Partnership for Child Safety, which is now a 37- jurisdiction collaborative with support from Casey Family Programs. As part of our collaboration with NPCS, Vermont is in the process of developing the Safe System Learning Review (SSLR); a child death review process which utilizes the Safe Systems Improvement Tool (SSIT) and seeks to create a psychologically safe process for staff as well as one that promotes system wide improvement over individually based fault finding. DCF FSD is part of Vermont’s Child Fatality Review Team (CFRT), which is housed under the Vermont Department of Health (VDH). This team reviews all unnatural child fatalities and provides annual data to the legislature, striving to make recommendations related to themes which arise. Perpetrators Division policy defines a perpetrator as an individual of any age who is determined to have committed child abuse or neglect. Perpetrators of sexual abuse include noncaregiver perpetrators of any age. Perpetrators of all other types of abuse must be a person responsible for the child’s welfare (includes the child’s parent; guardian; foster parent; any other adult residing in the child’s home who serves in a parental role; an employee of a public or private residential home, institution or agency; or other person responsible for the child’s welfare while in a residential, educational, or child care setting, including any staff person (33 V.S.A. Vermont (continued) Appendix d: State Commentary 290 Child Maltreatment 2023§ 4912(10)). Young people may be identified as a perpetrator of sexual abuse on another youth as young as age 6 (referred to as alleged actor youth); however, according to our differential response track assignment, those allegations would be assigned as an assessment up until age 14, at which point the case would be assigned as an investigation. Perpetrators that fall into the “other” relationship category for the purposes of NCANDS reporting include stepparent, foster sibling, and grandparent. In addition, any perpetrator that is captured using the stand-alone code of OO (other relationship) within the database will fall into this category. Vermont does report non-caregiver perpetrators of sex trafficking to NCANDS. In 2019, The Vermont Children’s Justice Act Task Force began conversations about investigative practices and substantiations which had been overturned during due process registry reviews. In response to these conversations Vermont Family Services Division completed three layers of analysis, including 33 cases where substantiations were overturned by the Commissioner’s Registry Review Unit, 104 Human Services Board review decisions regarding substantiations and an in-depth review and analysis of 41 other states substantiation processes and use of child protection registries. From this analysis, we came away with three areas for further exploration: moving from the reasonable person standard to a preponderance of the evidence for name placement on the child protection registry; instituting an internal and centralized layer of oversight and review for all substantiations, applying a secondary layer of consideration to all substantiations prior to name placement on the child protection registry (an assessment which looks not just at whether the alleged incident occurred, but if the incident that occurred equates to an individual posing a significant risk to children and vulnerable adults in the community) and expansion of time frames for requesting and holding due process reviews. Services In September 2023, Vermont’s Court Improvement Program hosted a Child Welfare Summit bringing together judges, family services workers, attorneys, and advocates to take a close look at the decisions which might lead a child to be removed from their home due to con - cerns of abuse and neglect. Over 240 people representing parties in a Family Court matter learned about the Structured Decision Making tools used by Family Services Division to assess safety and risk, and a newly released guide for courts designed to unify language and understanding across disciplines. The guides, titled “The Vermont Court SDM Guide and Guide and the SDM Court Reference Sheet, developed by a collaborative workgroup consisting of judges, FSD, and Evident Change, were born from recommendations from the legislatively commissioned UVM study on the drivers of custody rates in Vermont, and are designed to unify language around safety and risk and to increase objectivity and consistency around the state. Vermont continues to make practice changes related to our use of the SDM Risk Assessment and determination of service need to give families a choice in whether they engage in prevention-based 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. State statute dictates that families have the option of declining services offered as a result of the division’s assessment. Prior to case closure, staff should be assisting the family in making Vermont (continued) Appendix d: State Commentary 291 Child Maltreatment 2023referrals and connections to community providers, and having a conversation with the family about why they are declining services and how they plan to partner with family, friends, and/or services providers in their local community to mitigate the risks. Vermont chose two evidence-based practices to implement in year 1 of our 5-Year Prevention Plan. We decided to start with a small number of EBPs initially to support a successful implementation and reliable CQI processes.. Vermont’s two selected EBPs are Motivational Interviewing (MI) and Child Parent Interactive Therapy (PCIT). Specific to MI, contracts have been amended for Intensive Family Based Services (IFBS) and Balanced and Restorative Justice (BARJ). We are partnering closely with the Department of Mental Health (DMH) regarding PCIT. Vermont will begin by providing preventive services to candidates involved with the division through open Family Support Cases and Conditional Custody Orders (CCOs). Over time, our vision is to collaborate with and support our key community stakeholders so that in the future, the funding would follow the child/youth/family regardless of the division’s involve - ment or case status. We also recognize the need to expand our array of prevention-based services over time.Vermont (continued) Appendix d: State Commentary 292 Child Maltreatment 2023Virginia Contact Shannon Hartung Phone 804–629–7125 Title Protection Program Manager Division of Family ServicesEmail shannon.hartung1@dss.virginia.gov Address Virginia Department of Social Services 5600 Cox Road Glen Allen, VA 23060 General There were not any substantial changes to the Code of Virginia in 2023. The Code of Virginia provides Virginia with a differential response system. The differential response system allows local departments to respond to valid reports or complaints of child abuse or neglect by conducting either an investigation or a family assessment. Virginia reports data from both pathways to NCANDS. The Virginia Administrative Code 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 deterabuse or neglect; ■Risk of future harm to the child; and ■Alternative plans for the child’s safety if protective and rehabilitative services are indi - cated and the family is unable or unwilling to participate in services. These arrangementsmay be made in consultation with the caretaker of the child. The Virginia Administrative Code defines Investigation as the collection of information to determine: ■The immediate safety needs of the child; ■The protective and rehabilitative services needs of the child and family that will deterabuse or neglect; ■Risk of future harm to the child; ■Alternative plans for the child’s safety if protective and rehabilitative services are indi - cated 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 theinvestigation. ReportsThe FFY 2023 number of referrals and number of screened in referrals remained consistent with the number of referrals and number of screened in referrals FFY 2022. As a state super - vised locally administered system, referral validity is determined by the local department of jurisdiction. Local departments assess the validity criteria of age, caretaker, and jurisdiction and are required to use the Structured Decision Making (SDM) Intake Tool to determine if the allegations meet a definition of abuse or neglect. The SDM Intake Tool is also used to deter - mine the referral track (family assessment or investigation) and response priority (R1, R2, or R3). The SDM Intake Tool used by Virginia was revised in August 2020. Children Child victims decreased from FFY 2022 to FFY 2023. Virginia does not include all children in the household as victims. To be identified as a victim, the child must be directly associated Appendix d: State Commentary 293 Child Maltreatment 2023with a maltreatment allegation. Virginia captures alcohol and drug child risk factors; however, when both risk factors are indicated the system only reports one risk factor. There have been no changes in the methodologies of our reporting from FFY 2022 to FFY 2023 for sex trafficking victims and infants with prenatal substance exposure. Fatalities Virginia investigated more child fatalities in FFY 2023. Virginia does not collect child fatality data from external agencies. Virginia only investigates infant and child deaths when there is a child maltreatment allegation. Virginia did not make any policy or guidance related changes to the child fatality review process; however, we significantly revised our guidance around the investigation of child deaths in 2022. Virginia continues to prepare an annual report on child deaths investigated for abuse or neglect across the Commonwealth. Perpetrators The number of perpetrators decreased by. In Virginia, any individual who is in a caretaking role of a child can be identified as a perpetrator of abuse or neglect, this includes individuals under the age of eighteen. Consideration is given to the amount of authority delegated to the individual for the care, control, and discipline of the child. Virginia reports noncaretaker perpetrators of sex trafficking to NCANDS. of the Code of Virginia says: A valid report or complaint regarding a child who has been identified as a victim of sex trafficking or severe forms of trafficking as defined in the federal Trafficking Victims Protection Act of 2000 and in the federal Justice for Victims of Trafficking Act of 2015 may be established if the alleged abuser is the alleged victim child’s parent, other caretaker, or any other person suspected to have caused such abuse or neglect. ServicesVirginia implemented Family First on July 1, 2021. This implementation included the alignment of Prevention, CPS Ongoing, and Family First to create In-Home Services, and the utilization of IV-E Prevention Services funding for evidence-based programs (EBPs). Virginia began with three EBPs – Multisystemic Therapy (MST), Functional Family Therapy (FFT), and Parent-Child Interaction Therapy (PCIT). LDSS began using IV-E Prevention Services funding in the first few months of implementation. As so December 1, 2021, all three of these EBPs were also Medicaid eligible, resulting in a decrease in IV-E spending. Based on recommendations from the Center for Evidence-based Partnerships in Virginia (CEP-Va) in their Needs Assessment and Gaps Analysis (NAGA) report to VDSS published, Virginia’s Prevention Plan was amended (approved April 2023) to add five additional EBPs – Brief Strategic Family Therapy (BSFT), Family Check-Up, Homebuilders (HB), Motivational Interviewing (MI), and High Fidelity Wraparound (HFW). CEP-Va’s second NAGA report was published in 2023, detailing systemic barriers to the expansion of EBP’s in Virginia. While Virginia has used Transition Act funds to expand the availability of EBPs across the state, these barriers have resulted in very few additional providers currently able to implement and sustain EBPs, and thus a continued low level of IV-E prevention services spending. Virginia is implementing MI as a case manage - ment tool for In-Home Services workers and hopes to claim a significant amount of IV-E funds for this service. Virginia (continued) Appendix d: State Commentary 294 Child Maltreatment 2023Relative Maintenance Support Payment (RMP) is financial assistance to families who are providing relative or fictive kin care to children to avoid placement into foster care. When families are receiving services and supports from local departments of social services (LDSS), they may make safety decisions for their child(ren) to live temporarily or permanently with relatives or fictive kin caregivers to prevent placement into foster care. In these cases, the relative or fictive kin caregiver would be eligible for this available financial assistance for as long as they are caring for the child(ren). The 2022 Special Session of the Virginia General Assembly authorized a change in funding source for RMP to eligible relatives and fictive kin from Temporary Assistance for Needy Families (TANF) federal block funds to 100 percent state general funds. The Relative Maintenance Support Payment aligns with the Virginia Department of Social Services (VDSS) Kin-First culture and is a state supported approach to providing needed financial assistance and promotes concerted efforts that honors and maintains family connections. This appropriation of general funds presented VDSS with the opportunity to provide support payments for children who do not meet the TANF child-only requirements and are being cared for by fictive kin to avoid placement into foster care. This support payment was incorporated into the Virginia Case Management System (VaCMS) to manage and disperse payments with payments to eligible relative and fictive kin caregivers beginning December 19, 2022. In SFY 2023, 1,326 children received Relative Maintenance Support Payments. Promoting Safe and Stable Families (PSSF) Virginia continues to value and support usage of PSSF funds for preventive services. There continues to be a targeted focus on the technical assistance provided to local agencies to increase the use of PSSF funds to ensure children and families receive appropriate and necessary wrap around services across the continuum and/ or that PSSF funds be used to complement other funding streams to ensure there are no gaps in services when working with families. Another targeted focus has been to increase the use of PSSF funds to provide supportive services to relatives and fictive kin caring for children as a result of CPS involvement to reduce the risk of entry or re-entry into foster care. The primary services being housing/ material assistance, case management, information and referrals, parent-family resource center, assessments, transportation, parenting education and counseling services. Virginia (continued) Appendix d: State Commentary 295 Child Maltreatment 2023Washington Contact Lisa Barber Phone 360–407–1461 Title Report Design/Development Office of Innovation, Alignment, and AccountabilityEmail lisa.barber@dcyf.wa.gov Address WA State Department of Children, Youth, and Families 1500 Jefferson StreetOlympia, WA 98504 General The state uses an SDM which supports a two pathway response for CPS responses 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, 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. However, because CPS risk-only intakes 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. Intakes screened to FAR predominately contain allegations for physical abuse and neglect that were and still 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. Reports To be screened-in for CPS intervention, intakes must meet sufficiency. Washington’s suf - ficiency 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. ■The alleged subject of child abuse or neglect has a role of parent, acting in loco parentis, or unknown. Intakes that do not meet all three 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, when protective factors are in place mitigating the imminent risk of harm to the child for the 72 hours following the intake (e.g. hospitalization). Appendix d: State Commentary 296 Child Maltreatment 2023Intakes screened to the FAR pathway do not receive a CPS finding. Additionally, FAR intakes are mapped as alternative response nonvictim in NCANDS and don’t receive findings on allegations. The Licensing Division (LD), complete DLR-CPS risk-only intakes alleging, abuse or neglect of 18–21year 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 of 24 hours or 72 hours are determined based on the sufficiency screen and the SDM intake screening tool. 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 in inconclusive no longer being a findings category. The NCANDS category of neglect includes medical neglect. 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 previ - ously counted only those child fatalities where the medical examiner or coroner ruled the man - ner of death was a homicide. Washington only reports fatalities in the Agency File. Information about fatalities is also requested 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. There continues to be a significant increase in the numbers of fentanyl and opioid related fatalities and near fatalities: ■In 2021, 28% of the fatality and near fatalities that qualified for a review were the result of fentanyl and opioid overdose/ingestion. Fentanyl and opioid overdose/ingestion deaths accounted for .08% of the child fatalities that year. ■In 2022, 44% of the fatality and near fatalities that qualified for a review were the result of fentanyl and opioid overdose/ingestion. Fentanyl and opioid overdose/ingestion deaths accounted for 23% of the child fatalities that year. ■In 2023, 60% of the reviewed fatality and near fatalities were fentanyl/opioid related. Fentanyl and opioid related incidents accounted for 32% of the child fatalities that year. Per Washington State law, DCYF is required to conduct child fatality and near fatality reviews when the child’s death or near fatal injury is the result of abuse or neglect and the department provided services to the child within 12 months of the fatal or near fatal injury. Washington (continued) Appendix d: State Commentary 297 Child Maltreatment 2023Perpetrators 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. Washington does not report noncaregiver perpetrators of sex trafficking. These are screened out as a 3rd party report to law enforcement. Services Families receive preventive and remedial services from the following sources: community-based services such as Public Health Nurses, Infant Mental Health, Early Intervention, Head Start and other early learning programs, the Parent-Child Assistance Program, and referrals for Mental Health, Domestic Violence, and/or Substance Use Disorder treatment. Contracted services, including several evidence-based practices 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). Washington (continued) Appendix d: State Commentary 298 Child Maltreatment 2023West Virginia Contact Stephanie Lindley Phone 304–558–5864 Title Program Manager Email stephanie.l.lindley@wv.gov Address Office of Management Information Systems WV Department of Health and Human ResourcesOne Davis Square, Suite 200Charleston, WV 25301 The state did not submit commentary in time for the Child Maltreatment 2023 report. Appendix d: State Commentary 299 Child Maltreatment 2023Wisconsin Contact John M Elliot Phone 608–422–6989 Title Division Administrator Division of Safety and PermanenceEmail john.elliott@wisconsin.gov Address Wisconsin Department of Children and Families201 West Washington Avenue Madison, WI 53703 General There were no significant state policy changes that affect the data submission. Certain counties in Wisconsin have implemented the Alternative Response (AR) approach. The maltreatment disposition for AR assessments identifies whether services are needed and will appear in NCANDS as alternative response nonvictim dispositions. Reports The state data are child-based, with each report associated with a single child. The report date is the date when the agency was notified of the alleged maltreatment, and the investigation start date is the date when the agency made initial contact with the child or other family member. In Wisconsin’s child protective services (CPS) system, multiple maltreatment reports for a single child may be assessed during 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 non-caregivers, so those reports may be screened out, except under certain circumstances defined by statute. In rare instances, cases may be screened out because there is insufficient identifiable information available. Finally, cases may be screened out because jurisdiction more properly rests with another state. While there is no significant difference in the number of referrals between FFY 2022 and FFY 2023, there is a seven percent decrease in screened-in referrals (reports). Children A child is considered to be a victim when an allegation is substantiated. The NCANDS unsub - stantiated 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 maltreatment as alleged occurred. No changes were made to the policies regarding conducting investigations and assessments as a result of the pandemic. Our state continued to conduct investigations and assessments through face-to-face contact, as well as a combination of phone and video calls. All initial contact for investigations and any contact necessary for ensuring children’s safety was expected to be face-to-face. Workers continued to gather information per requirements laid out in the state’s Initial Assessment Standards, Ongoing Services Standards, and Safety Intervention Standards. DCF issued practice guidance for engaging families through virtual means, such as video calls, for the purposes of information gathering and assessing during the pandemic. Appendix d: State Commentary 300 Child Maltreatment 2023Fatalities The number of fatalities includes only those children who were reported as subjects of abuse or neglect and the maltreatment allegation was substantiated. Only the Wisconsin Department of Children and Families is involved in compiling information on child maltreatment fatalities, and all fatalities are reported in the Child File. Perpetrators Details of the perpetrators is included for allegations in which the child was substantiated. The NCANDS category “other” perpetrator relationship includes perpetrators who are not primary or secondary caregivers to the child (such as noncaregivers) for example, another child or peer of the child victim or a stranger. As mentioned previously, there are no substantiations in AR cases, so the alleged perpetrators in AR cases will not be recorded as substantiated perpetra-tors. Services, if needed, are established based on the assessment determination, not the determination of 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.Wisconsin (continued) Appendix d: State Commentary 301 Child Maltreatment 2023Wyoming Contact Laura Dobler Phone 307–777–5539 Title Social Service Program Supervisor Social Services Email laura.dobler@wyo.gov Address Department of Family Services 2300 Capitol Avenue Cheyenne, WY 82002 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 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 sate 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 has three (3) types of responses to child protection referrals. There is an Investigation Track, Assessment Track, and a Prevention Track. Victims that have been substantiated or 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. Nonvictims are identified and reported to NCANDS through the assessment and Prevention Tracks. Reports During FFY 2023, the Department saw an overall decrease in reports of, which also led to fewer reports screened out. There have been no changes to our screening process, aside from additional training and guidance provided to staff during FFY 2023. The Children’s Trust Fund has provided additional training to communities around reporting abuse and neglect Appendix d: State Commentary 302 Child Maltreatment 2023concerns, however this does not necessarily explain a decrease in reports received. In review of the data overtime, the reports received and screened out appear to be in line with the increases/decreases we have experienced previously. Children 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. There was a decrease in victims during FFY 2023, however there was also a decrease in the number of reports received. There have been no changes to policy or procedure related to assessments or investigations, however a law pertaining to infants prenatally substance exposed was passed in the spring of 2023 and went into effect on January 1st, 2024. This law prescribes that all pregnant women using substances or infants prenatally exposed shall receive a plan of safe care that is to be developed by the medical care team associated with the family. Work to support this law began in early 2023, including training and support to communities, hospitals and other medical staff. This would lead to a decrease in reports received pertaining to infants prenatally exposed or pregnant women who are using substances as the services would/will be provided outside of the agency by the community stakeholders and medical professionals. Fatalities There were no substantiated or indicated child maltreatment related fatalities during FFY 2023. Wyoming did not change any policies related to child fatality reviews. Wyoming has a major injury and fatality review team that is comprised of the Department of Family Services, the Wyoming Citizen Review Panel, the Wyoming Children’s Trust Fund, the Wyoming Department of Health, the Wyoming Department of Corrections, the Wyoming Division of Victim Services, the Wyoming Department of Education as well as members representing the disciplines of judges, mental health, local medical professionals and local law enforcement. Perpetrators Wyoming utilizes a SACWIS that is incident based and does not have the ability to cat - egorize incidents to see trends. Over the course of the last three years the Department has developed and implemented a special investigation unit that has one focus of facility related maltreatment, which has included updated procedures and two dedicated investigators. Wyoming (continued) Appendix d: State Commentary 303 Child Maltreatment 2023Services There were no significant increases or decreases in services or funding to children and families in FFY 2023.Wyoming (continued) Appendix d: State Commentary 304 Child Maltreatment 2023