Child Maltreatment 2019 U.S. Department of Health & Human Services Administration for Children and FamiliesAdministration on Children, Youth and FamiliesChildren’s Bureau YEAROF REPORTING25th YEAROF REPORTING30th 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/research-data-technology/statistics-research/child-maltreatment. Questions and More Information If you have questions or require additional information about this report, please contact the Child Welfare Information Gateway at info@childwelfare.gov or 1–800–394–3366. If you have questions about a specific state’s data or policies, contact information is provided for each state in Appendix D, State Commentary. Data Sets Restricted use files of the NCANDS data are archived at the National Data Archive on Child Abuse and Neglect (NDACAN) at Cornell University. Researchers who are interested in these data for statistical analyses may contact NDACAN by phone at 607–255–7799, by email at ndacan@cornell.edu or on the Internet at https://www.ndacan.acf.hhs.gov/ . NDACAN serves as the repository for the NCANDS data sets, but is not the author of the Child Maltreatment report. Recommended Citation U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. (2021). Child Maltreatment 2019. Available from https://www.acf.hhs.gov/cb/research-data-technology/ statistics-research/child-maltreatment . Federal Contact Cara Kelly, Ph.D.Child Welfare Program Specialist330 C Street, S.W.Mary E. Switzer Building, Room 3419BWashington, DCcara.kelly@acf.hhs.govChild Maltreatment 2019Child Maltreatment 2019 Letter ii Letter from the Associate Commissioner: Child Malt reatment 2019 is the 30th edition of the annual Child Maltreatment report series. States provide the data for this report through the National Child Abuse and Neglect Data System (NCANDS). NCANDS was established in 1988 as a voluntary, national data collec - tion and analysis program to make available state child abuse and neglect information. Data have been collected every year since 1991 and are collected from child welfare agencies in the 50 states, the Commonwealth of Puerto Rico, and the District of Columbia. Key findings in this report include: ■The national rounded number of children who received a child protective services inves-tigation response or alternative response decreased from 3,534,000 for federal fiscal year(FFY) 2018 to 3,476,000 for FFY 2019. ■Comparing the national rounded number of victims from FFY 2018 (677,000) to thenational rounded number of victims in 2019 (656,000) also shows a decrease. ■The 2019 data show more than four-fifths (84.5%) of victims suffer a single type ofmaltreatment. Sixty-one percent are neglected only, 10.3 percent are physically abusedonly, and 7.2 percent are sexually abused only. More than 15 percent (15.5%) are victimsof two or more maltreatment types. ■For FFY 2019, a national estimate of 1,840 children died from abuse and neglect at a rate of2.50 per 100,000 children in the population. The 2019 national estimate is an increase from theFFY 2018 national estimate of 1,780 children who died from child maltreatment. 1 State e xplanations for decreases in the number of children who received a CPS response and the number determined to be maltreatment victims, and increases in the number esti-mated to have died of maltreatment, are discussed in chapters 3–4 and Appendix D, State Commentary. The Child Maltreatment report series is an important resource relied upon by thousands of researchers, practitioners, and advocates throughout the world. The report is available from our website at https://www.acf.hhs.gov/cb/research-data-technology/statistics- research/child-maltreatment . NCANDS would not be possible without the time, effort, and dedication of state and local child welfare, information technology, and related agency personnel working together on behalf of children and families. We gratefully acknowledge the efforts of all involved to make resources like this report possible and will continue to do everything we can to promote the safety and well-being of our nation’s children. Sincerely, /s/ Jerry Milner Associate Commissioner Children’s Bureau DEPARTMENT OF HEALTH & HUMAN SERVICES 1 If fewer than 52 states reported data, the national estimate of child fatalities is calculated by multiplying the national fatality rate by the child population of all 52 states and dividing by 100,000. The estimate is rounded to the nearest 10. For 2019, 51 states reported data and for 2015 50 states reported data. Acknowledgements iii Child Maltreatment 2019 Acknowledgements The Administration on Children, Youth and Families (ACYF) strives to ensure the well- being of our Nation’s children through many programs and activities. One such activity is the National Child Abuse and Neglect Data System (NCANDS) of the Children’s Bureau. National and state statistics about child maltreatment are derived from the data collected by child protective services agencies and reported to NCANDS. The data are analyzed, dissemi - nated, and released in an annual report. Child Maltreatment 2019 marks the 30th edition of this report. The administration hopes that the report continues to serve as a valuable resource for policymakers, child welfare practitioners, researchers, and other concerned citizens. The 2019 national statistics were based upon receiving case-level and aggregate data from the 50 states, the Commonwealth of Puerto Rico, and the District of Columbia. ACYF wishes to thank the many people who made this publication possible. The Children’s Bureau has been fortunate to collaborate with informed and committed state personnel who work hard to provide comprehensive data, which reflect the work of their agencies. ACYF gratefully acknowledges the priorities that were set by state and local agencies to submit these data to the Children’s Bureau, and thanks the caseworkers and supervisors who contribute to and use their state’s information system. The time and effort dedicated by these and other individuals are the foundation of this successful federal-state partnership. . 30th Edition of Child Maltreatment iv Child Maltreatment 2019 30th Edition of Child Maltreatment This edition marks the 30th instance child maltreatment data from the National Child Abuse and Neglect Data System have been publicly released in the Child Maltreatment report series. Child Maltreatment is a highly successful report, which is relied upon by many users for critical statistics concerning child abuse and neglect in the United States. The first report, National Child Abuse and Neglect Data System: Working Paper 1–1990 Summary Data Component was released in April 1992 and was the result of 4 years of work to design and implement a national data collection and analysis system for state child protective services data. Data were collected from 49 states, the District of Columbia, the Territory of Guam, and all branches of the Armed Services. That first report was 80 pages long and included mostly duplicated counts of key aggregate indicators and analyses were conducted on a single year of data. Decades later, the report is three times the size of the first edition (now more than 250 pages); contains data from 50 states, the District of Columbia, and the Commonwealth of Puerto Rico; and provides mostly unique counts of key case-level indicators. The current NCANDS Data Warehouse includes case- and aggregate-level data from 2002–2019, consisting of more than 50 million records, which enables complex multiyear and multistate analyses to be conducted. As NCANDS continues to evolve in response to changing legislation, needs from federal agencies, and the child welfare field, the Child Maltreatment report will continue to be a comprehensive and user-friendly tool for decision makers at the federal, state, and private agency levels. It will also continue to provide indispensable support for planning and evaluation by child welfare researchers and practitioners. .Child Maltreatment 2019 Contents vContents Letter from the AssociAte commissioner ii AcknowLedgements iii 30th edition of chiLd mALtreAtment iv summAry ix chApter 1: Introduction 1 Background of NCANDS 1 New Reporting to NCANDS 2 Annual Data Collection Process 2 NCANDS as a Resource 3 Structure of the Report 4 chApter 2: Reports 6 Screening 6 Report Sources 8 CPS Response Time 10 CPS Workforce and Caseload 10 Exhibit and Table Notes 10 chApter 3: Children 16 Alternative Response 17 Unique and Duplicate Counts 17 Children Who Received an Investigation or Alternative Response 18 Children Who Received an Investigation or Alternative Response by Disposition 18 Number of Child Victims 20 Child Victim Demographics 21 Maltreatment Types 21 Focus on Maltreatment Categories 22 Focus on Single Types of Maltreatments 22 Risk Factors 23 Perpetrator Relationship 23 Exhibit and Table Notes 24 chApter 4: Fatalities 53 Number of Child Fatalities 53 Child Fatality Demographics 54 Maltreatment Types 56 Risk Factors 56Child Maltreatment 2019 Contents viPerpetrator Relationship 57 Prior CPS Contact 57 Exhibit and Table Notes 58 chApter 5: Perpetrators 66 Number of Perpetrators 66 Perpetrator Demographics 66 Perpetrator Relationship 67 Exhibit and Table Notes 67 chApter 6: Services 77 Prevention Services 77 Postresponse Services 79 History of Receiving Services 81 Part C of the Individuals with Disabilities Education Act (IDEA) 81 Exhibit and Table Notes 82 chApter 7: Special Focus 96 Sex Trafficking 96 Reporti ng Sex Trafficking Data to NCANDS 96 Number an d Demographics of Victims of Sex Trafficking 97 Maltrea tment Types 97 Perpetr ator Relationship 97 Infants with Prenatal Substance Exposure 98 Reporti ng Infants with Prenatal Substance Exposure Data to NCANDS 99 Number of I nfants with Prenatal Substance Exposure 100 Screene d-in Infants with Prenatal Substance Exposure Who Have a Plan of Safe Care 100 Screene d-in Infants with Prenatal Substance Exposure Who Have a Referral to Appropri ate Services 101 Exhibit and Table Notes 101 Appendix A: CAPTA Data Items 111 Appendix B: Glossary 113 Appendix c: State Characteristics 130 Appendix d: State Commentary 138Child Maltreatment 2019 Contents viiExhibits Exhibit S–1 Summary of Child Maltreatment Rates per 1,000 Children, 2015–2019 xiii Exhibit S–2 Statistics at a Glance, 2019 xiv Exhibit 2–A Screened-in Referral Rates, 2015–2019 6 Exhibit 2–B Screened-out Referral Rates, 2015–2019 7 Exhibit 2–C Total Referral Rates, 2015–2019 7 Exhibit 2–D Number of Referrals, 2015–2019 8 Exhibit 2–E Report Sources, 2019 9 Exhibit 3–A Child Disposition Rates, 2015–2019 18 Exhibit 3–B Children by Number of Screened-in Referrals (Reports), 2019 18 Exhibit 3–C Children Who Received an Investigation or Alternative Response by Disposition, 2019 19 Exhibit 3–D Children Who Received a Disposition by Response Category, 2019 19Exhibit 3–E Child Victimization Rates, 2015–2019 20 Exhibit 3–F Victims by Age, 2019 21 Exhibit 4–A Child Fatality Rates per 100,000 Children, 2015–2019 54 Exhibit 4–B Child Fatalities by Age, 2019 55 Exhibit 4–C Child Fatalities by Sex, 2019 55 Exhibit 4–D Child Fatalities by Race and Ethnicity, 2019 56 Exhibit 4–E Maltreatment Types of Child Fatalities, 2019 56 Exhibit 4–F Child Fatalities with Selected Caregiver Risk Factors, 2019 57 Exhibit 4–G Child Fatalities by Number of Prior CPS Contacts, 2019 58 Exhibit 5–A Perpetrators by Age, 2019 66 Exhibit 5–B Perpetrators by Race or Ethnicity, 2019 67 Exhibit 7–A Victims of Sex Trafficking by Sex, 2019 97 Exhibit 7–B Victims of Sex Trafficking by Relationship Category to Their Perpetrators, 2019 98 Tables Table 2–1 Screened-in and Screened-out Referrals, 2019 12 Table 2–2 Average Response Time in Hours, 2015–2019 13 Table 2–3 Child Protective Services Workforce, 2019 14 Table 2–4 Child Protective Services Caseload, 2019 15 Table 3–1 Children Who Received an Investigation or Alternative Response, 2015–2019 28Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2019 30 Table 3–3 Children Who Received a Disposition by Response Category, 2015–2019 32Table 3–4 Child Victims, 2015–2019 36 Table 3–5 First-time Victims, 2015–2019 38 Table 3–6 Victims by Age, 2019 39 Table 3–7 Victims by Sex, 2019 43 Table 3–8 Victims by Race or Ethnicity, 2019 44 Table 3–9 Maltreatment Types of Victims (Categories), 2019 46 Table 3–10 Maltreatment Types of Victims (Single Type), 2019 48 Table 3–11 Victims With Caregiver Risk Factors, 2016–2019 50 Table 3–12 Victims by Relationship to Their Perpetrators, 2019 52 Table 4–1 Child Fatalities by Submission Type, 2019 61 Table 4–2 Child Fatalities, 2015–2019 62 Contents viii Child Maltreatment 2019Table 4–3 Child Fatalities by Age, 2019 63 Table 4–4 Child Fatalities by Relationship to Their Perpetrators, 2019 63 Table 4–5 Child Fatalities who Received Family Preservation Services Within the Previous 5 Years, 2019 64 Table 4–6 Child Fatalities who Were Reunited with Their Families Within the Previous 5 Years, 2019 65 Table 5–1 Perpetrators, 2015–2019 69 Table 5–2 Perpetrators by Age, 2019 70 Table 5–3 Perpetrators by Sex, 2019 72 Table 5–4 Perpetrators by Race or Ethnicity, 2019 73 Table 5–5 Perpetrators by Relationship to Their Victims, 2019 75 Table 6–1 Children who Received Prevention Services by Funding Source, 2019 85 Table 6–2 Children who Received Postresponse Services, 2019 88 Table 6–3 Average and Median Number of Days to Initiation of Services, 2019 89 Table 6–4 Children who Received Foster Care Postresponse Services and Who had a Removal Date on or After the Report Date, 2019 90 Table 6–5 Victims with Court Action, 2019 91 Table 6–6 Victims with Court-Appointed Representatives, 2019 92 Table 6–7 Victims Who Received Family Preservation Services Within the Previous 5 Years, 2019 93 Table 6–8 Victims Who Were Reunited with Their Families Within the Previous 5 Years, 2019 94 Table 6–9 IDEA: Victims Who Were Eligible and Victims Who Were Referred to Part C Agencies, 2019 95 Table 7–1 Victims of Sex Trafficking by Sex, 2019 104 Table 7–2 Victims of Sex Trafficking by Sex and Age, 2019 105 Table 7–3 Victims of Sex Trafficking by Known Sex and Maltreatment Types, 2019 105 Table 7–4 Victims of Sex Trafficking by Relationship to Their Perpetrators, 2019 106Table 7–5 Infants with Prenatal Substance Exposure by Submission Type, 2019 107Table 7–6 Screened-in Infants with Prenatal Substance Exposure Who Have a Plan of Safe Care, 2019 108 Table 7–7 Screened-in Infants with Prenatal Substance Exposure Who Have a Referral to Appropriate Services, 2019 109 Table C–1 State Administrative Structure, Level of Evidence, and Data Files Submitted, 2019 132 Table C–2 Child Population, 2015–2019 133 Table C–3 Child Population Demographics, 2019 134 Table C–4 Adult Population by Age Group, 2019 137 Summary ix Child Maltreatment 2019 Summary Overview All 50 states, the District of Columbia, and the U.S. Territories have child abuse and neglect reporting laws that mandate certain professionals and institutions refer suspected maltreatment to a child protective services (CPS) agency. Each state has its own definitions of child abuse and neglect that are based on standards set by federal law. Federal legislation provides a foundation for states by identifying a set of acts or behaviors that define child abuse and neglect. The Child Abuse Prevention and Treatment Act (CAPTA), (P .L. 100–294), as amended by the CAPTA Reauthorization Act of 2010 (P .L. 111–320), retained the existing definition of child abuse and neglect as, at a minimum: Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation [ ]; or an act or failure to act, which presents an imminent risk of serious harm. The Justice for Victims of Trafficking Act (P.L. 114–22) added the requirement to include sex trafficking victims in the definition of child abuse and neglect. The follow - ing pages provide a summary of key information from this report. The information is provided in a question and answer format as the Children’s Bureau is anticipating the most common questions for each chapter of the report. Please refer to the individual chapters for detailed information about each topic and the relevant data. Definitions of terms also are provided in Appendix B, Glossary. What is the National Child Abuse and Neglect Data System (NCANDS)? NCANDS is a federally sponsored effort that collects and analyzes annual data on child abuse and neglect. The 1988 CAPTA amendments directed the U.S. Department of Health and Human Services to establish a national data collection and analysis program. The data are collected and analyzed by the Children’s Bureau in the Administration on Children, Youth and Families, the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS). The data are submitted voluntarily by the 50 states, the District of Columbia, and the Commonwealth of Puerto Rico. The first report from NCANDS was based on data for 1990. This report for federal fiscal year (FFY) 2019 data is the 30th issuance of this annual publication. (See chapter 1.) Summary x Child Maltreatment 2019How are the data used? NCANDS data are used for the Child Maltreatment report series. In addition, the data are a critical source of information for many publications, reports, and activities of the federal government and other groups. For example, NCANDS data are used in the annual publication, Child Welfare Outcomes: Report to Congress . More information about these reports and programs are available on the Children’s Bureau website at https://www.acf.hhs.gov/cb . (See chapter 1.) What data are collected? Once an allegation (called a referral) of abuse and neglect is received by a CPS agency, it is either screened in for a response by CPS or it is screened out. A screened-in referral is called a report. CPS agencies respond to all reports. In most states, the majority of reports receive investigations, which determines if a child was maltreated or is at-risk of maltreatment and establishes whether an intervention is needed. Some reports receive alternative responses, which focus primarily upon the needs of the family and do not determine if a child was maltreated or is at-risk of maltreatment. NCANDS collects case-level data on all children who received a CPS agency response in the form of an investigation response or an alternative response. Case-level data (meaning individual child record data) include information about the characteristics of screened-in referrals (reports) of abuse and neglect that are made to CPS agencies, the children involved, the types of maltreatment they suffered, the dispositions of the CPS responses, the risk factors of the child and the caregivers, the services that are provided, and the perpetrators. (See chapter 1.) Where are the data available? The Child Maltreatment reports are available on the Children’s Bureau website at https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child- maltreatment . If you have questions or require additional information about this report, please contact the Child Welfare Information Gateway at info@childwelfare.gov or 1–800–394–3366. Restricted use files of NCANDS data are archived at the National Data Archive on Child Abuse and Neglect (NDACAN) at Cornell University https://www.ndacan.acf.hhs.gov/ . Researchers who are interested in using these data for statistical analyses may contact NDACAN by phone at 607–255–7799 or by email at ndacan@cornell.edu . (See chapter 1.) How many allegations of maltreatment are reported and screened in for an investigation response or alternative response? For 2019, CPS agencies received a national estimate of 4.4 million (4,378,000) total referrals. The 4.4 million total referrals alleging maltreatment includes approximately 7.9 million (7,880,400) children. The national rate of screened-in referrals (reports) is 32.2 per 1,000 children in the national population. Among the 45 states that report both screened-in and screened-out referrals, 54.5 percent of referrals are screened in and 45.5 percent are screened out. (See chapter 2.) Summary xi Child Maltreatment 2019 Who reported child maltreatment? For 2019, professionals submitted 68.6 percent of reports alleging child abuse and neglect. The term professional means that the person has contact with the alleged child maltreatment victim as part of his or her job. This term includes teachers, police officers, lawyers, and social services staff. The highest percentages of reports are from education personnel (21.0%), legal and law enforcement personnel (19.1%), and medical personnel (11.0%). Nonprofessionals—including friends, neighbors, and relatives—submitted fewer than one-fifth of reports (15.7%). Unclassified sources submitted the remaining reports (15.7%). Unclassified includes anonymous, “other,” and unknown report sources. States use the code “other” for any report source that does not have an NCANDS designated code. See Appendix D, State Commentary, for additional information provided by the states as to what is included in “other.” (See chapter 2.) Who were the child victims? For FFY 2019, there are nationally 656,000 (rounded) victims of child abuse and neglect. The victim rate is 8.9 victims per 1,000 children in the population. (See chapter 3.) Victim demographics include: ■Children in their first year of life have the highest rate of victimization at 25.7 per 1,000 children of the same age in the national population. ■The victimization rate for girls is 9.4 per 1,000 girls in the population, which is higher than boys at 8.4 per 1,000 boys in the population. ■American-Indian or Alaska Native children have the highest rate of victimization at 14.8 per 1,000 children in the population of the same race or ethnicity; and African-American children have the second highest rate at 13.7 per 1,000 children of the same race or ethnicity. What were the most common types of maltreatment? The type of abuse and neglect suffered by victims may be analyzed multiple ways. The two analyses presented in this report answer different, but equally important questions about maltreatment. ■Counting Categories–a victim is counted once for each substantiated maltreat-ment type, but only a maximum of once per type. For FFY 2019, 74.9 percent of victims are neglected, 17.5 percent are physically abused, and 9.3 percent are sexually abused. This answers the question of how many different types (catego - ries) of maltreatment did victims suffer. ■Counting Single Types–the focus is on those victims who suffered a single type of maltreatment. Any victim who had two or more substantiated maltreatment types are counted in the multiple maltreatment type category. For FFY 2019, 84.5 percent of victims suffered from a single maltreatment type. Three-fifths (61.0%) of victims are neglected only, 10.3 percent are physically abused only, and 7.2 percent are sexually abused only. This answers the question of how many victims suffered a single type of maltreatment only and what those were. (See chapter 3.) Summary xii Child Maltreatment 2019How many children died from abuse or neglect? Child fatalities are the most tragic consequence of maltreatment. For FFY 2019, a national estimate of 1,840 children died from abuse and neglect at a rate of 2.50 per 100,000 children in the population. (See chapter 4.) The child fatality demographics show: ■The youngest children are the most vulnerable to maltreatment, with 45.4 percentof child fatalities younger than 1 year old and who died at a rate of 22.94 per100,000 children in the population of the same age. ■Boys have a higher child fatality rate at 2.98 per 100,000 boys in the populationwhen compared with girls at 2.20 per 100,000 girls in the population. ■The rate of African-American child fatalities (5.06 per 100,000 African-Americanchildren) is 2.3 times greater than the rate of White children (2.18 per 100,000White children) and 2.7 times greater than the rate of Hispanic children (1.89 per100,000 Hispanic children). Who abused and neglected children? A perpetrator is the person who is responsible for the abuse or neglect of a child. Fifty-two states reported 525,319 perpetrators. (See chapter 5.) The analyses of case-level data show: ■More than four-fifths (83.0%) of perpetrators are between the ages of 18 and44 years old. ■More than one-half (53.0%) of perpetrators are female and 46.1 percent of perpe-trators are male. ■The three largest percentages of perpetrators are White (48.9%), African-American(21.1%), and Hispanic (19.7%). ■The majority (77.5%) of perpetrators are a parent to their victim. Who received services? CPS agencies provide services to children and their families, both in their homes and in foster care. Reasons for providing services may include (1) preventing future instances of child maltreatment and (2) remedying conditions that brought the chil-dren and their family to the attention of the agency. (See chapter 6.) During 2019: ■Forty-seven states reported approximately 1.9 million children received preventionservices. ■Approximately 1.3 million children received postresponse services from a CPSagency. ■Two-thirds (60.8%) of victims and one third (27.7%) of nonvictims received postre-sponse services. What is the Special Focus chapter? The purpose of this chapter is to highlight analyses of specific subsets of children. These analyses may otherwise have been spread throughout the report in different chapters, which can make it more difficult for readers to see the whole analytical picture. The analyses included in this chapter for FFY 2019 focus on the new data elements for sex trafficking and infants with prenatal substance exposure. (See chapter 7.) Summary xiii Child Maltreatment 2019How many victims of sex trafficking are there? The Justice for Victims of Trafficking Act of 2015 includes an amendment to CAPTA to collect and report the number of children determined to be victims of sex traffick - ing. This is the second year for which states are reporting the new maltreatment type of sex trafficking. For FFY 2019, 29 states report 877 unique victims of sex traffick - ing. (See chapter 7.) How many infants with prenatal substance exposure are there? The Comprehensive Addiction and Recovery Act (CARA) of 2016 includes an amendment to CAPTA to collect and report the number of infants with prenatal substance exposure (IPSE), IPSE with a plan of safe care, and IPSE with a referral to appropriate services. As shown in chapter 7, FFY 2019 data show 38,625 children in 47 states were referred to CPS agencies as IPSE. Of those: ■Fewer than 1.0 percent (0.7%) had the alcohol abuse child risk factor. ■Nearly 71.0 percent (70.9%) had the drug abuse child risk factor. ■More than 11.0 percent (11.4%) had both the alcohol and drug abuse child factors. ■More than 83.0 percent (83.1%) were screened in for an investigation response or alternative response. A summary of national rates per 1,000 children is provided below (S–1) and a one-page chart of key statistics from the annual report is on the following page (S–2). Exhibit S–1 Summary Child Maltreatment Rates per 1,000 Children, 2015–2019 Summary xiv Child Maltreatment 2019Exhibit S–2 Statistics at a Glance, 2019 Referrals Reports Children Services2,368,325 million reports received a disposition submitted by 68.6% professionals 15.7% nonprofessionals15.7% unclassified 656,000^ victims includes 1,840 Fatalities\*2,820,000^ nonvictims3,4 54.5% referrals screened in2 (become reports) 45.5% referrals screened out2 380,805 victims5 received postresponse services 142,056 victims6 received foster care services (on or after the report date)898,559 nonvictims4,5 received postresponse services 57,681 nonvictims4,6 received foster care services (on or after the report date) 4,378,000 million\* re Ferrals alleging maltreatment to cps involving 7,880,400 million children1 3,476,000 million children^ received either an investigation or alternative response \* Indicates a nationally estimated number. ^ indicates a rounded number. Please refer to the relevant chapter notes for information about thresholds, exclusions, and how the estimates are calculated. 1 The average number of children included in a referral was (1.8 rounded). 2 For the states that reported both screened-in and screened-out referrals. 3 The estimated number of unique nonvictims was calculated by subtracting the unique count of victims from the unique count of children. 4 Includes children who received an alternative response. 5 Based on data from 50 states. These are duplicate counts. 6 Based on data from 49 states. These are duplicate counts. chApter 1: Introduction 1 Child Maltreatment 2019 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, the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS). The Children’s Bureau strives to ensure the safety, permanency, and well-being of all children by working with state, tribal, and local agencies to develop programs to prevent child abuse and neglect. To achieve our goals, we participate in a variety of projects, including: ■Providing guidance on federal law, policy, and program regulations. ■Funding essential services, helping states and tribes operate every aspect of their 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 2019 presents national data about child abuse and neglect known to child protective services (CPS) agencies in the United States during federal fiscal year (FFY) 2019. The data are collected and analyzed through the National Child Abuse and Neglect Data System (NCANDS), which is an initiative of the Children’s Bureau. Because NCANDS contains all screened-in referrals to CPS agencies that receive a disposition and those that receive an alternative response, these data represent the universe of known CPS child mal-treatment cases for FFY 2019. Approximately 60 data tables and exhibits are included in the Child Maltreatment report each year. Certain analyses are determined by CAPTA legislation, while others are in response to the needs of federal agencies, policy decision makers, child welfare agency staff, and researchers. Background of NCANDS The Child Abuse Prevention and Treatment Act (CAPTA) was amended in 1988 (P.L. 100–294) to direct the Secretary of HHS to establish a national data collection and analysis program, which would make available state child abuse and neglect reporting information. HHS responded by establishing NCANDS as a voluntary national reporting system. During 1992, HHS produced its first NCANDS report based on data from 1990. The Child Maltreatment report series evolved from that initial report and is now in its CHAPTER 1 chApter 1: Introduction 2 Child Maltreatment 2019 30th edition. During 1996, CAPTA was amended to require all states that receive funds from the Basic State Grant program to work with the Secretary of HHS to provide specific data, to the maximum extent practicable, about children who had been maltreated. Subsequent CAPTA amendments added data elements and readers are encouraged to review Appendix A, CAPTA Data Items, most of which are reported by states to NCANDS. A successful federal-state partnership is the core component of NCANDS. Each state desig - nates one person to be the NCANDS state contact. The state contacts from all 52 states (unless otherwise noted, the term “states” includes the District of Columbia and the Commonwealth of Puerto Rico) work with the Children’s Bureau and the NCANDS Technical Team to uphold the high-quality standards associated with NCANDS data. Webinars, technical bulletins, virtual meetings, email, listserv discussions, and phone conferences are used regularly to facilitate information sharing and provision of technical assistance. NCANDS has the objective to collect nationally standardized case-level and aggregate data and to make these data useful for policy decision-makers, child welfare researchers, and practitioners. The NCANDS Technical Team developed a general data standardization (mapping) procedure whereby all states systematically define the rules for extracting the data from the states’ child welfare information system into the standard NCANDS data format. Team members provide one-on-one technical assistance to states to assist with data mapping, construction, extraction, and data submission and validation. New Reporting to NCANDS FFY 2019 is the second year states are reporting data from two enacted laws that amended CAPTA and require states to report certain data elements to the extent practicable: ■The Justice for Victims of Trafficking Act of 2015 (P.L. 114–22)—the number of children determined to be victims of sex trafficking. ■The Comprehensive Addiction and Recovery Act of 2016 (P.L. 114–198)—the number of infants identified by healthcare providers as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder; the number of infants with prenatal substance exposure with safe care plans; and the number of infants with prenatal substance exposure for whom appropriate service referrals were made, including services for the affected parent or caregiver. These new requirements were added to the NCANDS data collection, and the NCANDS Technical Team disseminated guidance from the Children’s Bureau and worked with the states to implement the fields and codes. Please see Chapter 7, Special Focus for these analyses. Annual Data Collection Process The NCANDS reporting year is based on the FFY calendar, which for Child Maltreatment 2019 is October 1, 2018 through September 30, 2019. States submit case-level data by 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 these case-level data is called the Child File. chApter 1: Introduction 3 Child Maltreatment 2019 The Child File is supplemented by agency-level aggregate statistics in a separate data sub- mission called the Agency File. The Agency File contains data that are not reportable at the child-specific level and are often gathered from agencies external to CPS (e.g., vital statistics departments, child death review teams, law enforcement agencies, etc.). States are asked to submit both the Child File and the Agency File each year. For more information about the Child File and Agency File please go to the Children’s Bureau website at https://www.acf.hhs.gov/cb/research-data-technology/reporting-systems/ncands . Upon receipt of data from each state, a technical validation review assesses the internal consistency and identifies probable causes for any missing data. If the reviews conclude that corrections are necessary, the state may be asked to resubmit its data. States also have the opportunity to give context to their data by providing information about policies, procedures, and legislation in their State Commentary. (See Appendix C, State Characteristics for additional information about submissions and Appendix D, State Commentary for informa-tion from states about their data.) For FFY 2019, 52 states submitted both a Child File and an Agency File. The most recent data submissions or resubmissions from states are included in trend tables and this may account for some differences in the counts from previous reports. With each Child Maltreatment report, the most recent population data from the U.S. Census Bureau are used to update all data years in each trend table. 2 Wherever possible, trend tables encompass 5 years of data. According to the U.S. Census Bureau, the population of the 52 states that submitted FFY 2019 data accounts for more than 73 million children. (See table C–2.) As part of the NCANDS annual data collection process, states are asked to verify that their data are sufficiently encrypted. NCANDS as a Resource The NCANDS data are a critical source of information for many publications, reports, and activities of the federal government, child welfare personnel, researchers, and others. Some examples of programs and reports that use NCANDS data are discussed below. More infor - mation about these reports and programs are available on the Children’s Bureau website at https://www.acf.hhs.gov/cb . ■Child Welfare Outcomes: Report to Congress —This annual report presents 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/research-data-technology/statistics-research/cwo . ■Child and Family Services Reviews (CFSRs)—The Children’s Bureau conducts periodic reviews of state child welfare systems to ensure conformity with federal requirements, determine what is happening with children and families who are engaged in child welfare 2 U.S. Census Bureau, Population division. (2020). Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2019 [data file]. Retrieved from https://www.census.gov/newsroom/press-kits/2020/population-estimates-detailed.html. Annual Estimates of the Resident Population by Single Year of Age and Sex for the Puerto Rico Commonwealth: April 1, 2010 to July 1, 2019 [data file]. Retrieved from https://www.census.gov/newsroom/press-kits/2020/population- estimates-de tailed.html chApter 1: Introduction 4 Child Maltreatment 2019 services, and assist states with helping children and families achieve positive outcomes. States develop Program Improvement Plans to address areas revealed by the CFSR as in need of improvement. For CFSR Round 3, NCANDS data are the basis for two of the CFSR national data indicators: Recurrence of Maltreatment and Maltreatment in Foster Care. NCANDS data also are used for data quality checks and context data. The NCANDS data also are used for several performance measures published annually as part of the ACF Annual Budget Request to Congress, which highlights certain key performance measures in compliance with the Government Performance and Results Modernization Act (P.L. 111–352). Specific measures on which ACF reports using NCANDS data include: ■Decrease the rate of first-time victims per 1,000 children in the population. ■Decrease the percentage of children with substantiated or indicated reports of maltreat- ment 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 B ureau to encourage scholars to use existing child maltreatment data in their research. NDACAN acquires data sets from national data collection efforts and from individual researchers, prepares the data and documentation for secondary analysis, and disseminates the data sets to qualified researchers who apply to use the data. NDACAN houses the NCANDS ’s Child Files and Agency Files and licenses researchers to use the data sets. NDACAN has its own strict confidentiality protection procedures. More information on confidentiality protection is available in the NDACAN User ’s Guide for NCANDS data at https://ww w.ndacan.acf.hhs.gov/datasets/datasets-list.cfm . Ple ase note that NDACAN serves as the repository for the data sets, but is not the author of the Child Maltreatment report series. More information is available at https://ww w.ndacan.acf.hhs.gov /. In addition, NCANDS data are provided to other agencies as part of federal initiatives, including Healthy People https://health.gov/healthypeople and America’s Children: Key National Indicators of Well-Being https://www.childstats.gov /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 with the table and are available in Appendix C, State Characteristics. Tables with multiple categories or years of data have numbers presented separately from percentages or rates to make it easier to compare numbers, percentages, or rates across columns or rows. By making changes designed to improve the functionality and practicality of the report each year, the Children’s Bureau endeavors to increase readers’ comprehension and knowledge about child maltreatment. Feedback regarding changes, suggestions for potential future changes, or other comments related to the Child Maltreatment report are encouraged. Please provide feedback to the Children’s Bureau’s Child Welfare Information Gateway at chApter 1: Introduction 5 Child Maltreatment 2019 info@childwelfare.gov . The Child Maltreatment 2019 report contains the additional chapters listed below. Most data tables and notes discussing methodology are at the end of each chapter: ■Chapter 2, Reports —referrals and reports of child maltreatment. ■Chapter 3, Children —characteristics of victims and nonvictims. ■Chapter 4, Fatalities —fatalities that occurred as a result of maltreatment. ■Chapter 5, Perpetrators —characteristics of perpetrators of maltreatment. ■Chapter 6, Services —services to prevent maltreatment and to assist children and families. ■Chapter 7, Special Focus —analyses of specific subsets of children. The report includes the following resources: ■Appendix A, CAPTA Data Items —the list of data items from CAPTA, most of which states submit to NCANDS. ■Appendix B, Glossary —common terms and acronyms used in NCANDS and their definitions. ■Appendix C, State Characteristics —child and adult population data and information about states administrative structures, levels of evidence, and data files submitted to NCANDS. ■Appendix D, State Commentary —information about state policies, procedures, and legislation that may affect data. Readers are urged to use state commentaries as a resource for additional context to the chapters’ text and data tables. States vary in the policies, legislation, requirements, and procedures. While the purpose of the NCANDS project is to collect nationally standardized aggregate and case-level child maltreatment data, readers should exercise caution in making state-to-state comparisons. Each state defines child abuse and neglect in its own statutes and policies and the child welfare agencies determine the appropriate response for the alleged maltreatment based on those statutes and policies. Appendix D, State Commentary also includes phone and email information for each NCANDS state contact person. Readers who would like additional information about specific policies or practices should contact the respective states. chApter 2: Reports 6 Child Maltreatment 2019 Reports This chapter p resents statistics about referrals alleging child abuse and neglect and how CPS agencies respond to those allegations. Most CPS agencies use a two-step process to respond to allegations of child maltreatment: (1) screening and (2) investigation and alternative response. A CPS agency receives an initial notification—called a referral—alleging child maltreat - ment. A referral may involve more than one child. Agency hotline or intake units conduct the screening response to determine whether a referral is appropriate for further action. Screening A referral may be either screened in or screened out. Referrals that meet CPS agency criteria are screened in (and called reports) and receive an investigation or alternative response from the agency. Referrals that do not meet agency criteria are screened out or diverted from CPS to other community agencies. Reasons for screening out a referral vary by state policy, but may include one or more of the following: ■Does not concern child abuse and neglect. ■Does not contain enough information for a CPS response to occur. ■Response by another agency is deemed more appropriate. ■Children in the referral are the responsibility of another agency or jurisdiction (e.g., military installation or tribe). ■Children in the referral are older than 18 years.3 During FFY 2019, CPS agencies across the nation screened in 2.4 million (2,368,325) refer - rals in all 52 reporting states. This is a 5.8 percent increase from the 2.2 million (2,237,754) screened-in referrals during 2015. (See exhibit 2–A and related notes.) CHAPTER 2 3 Victims of sex trafficking may be reported up to anyone who has not reached the age of 24 years. See chapter 7 for more information about victims of sex trafficking.Exhibit 2–A Screened-in Referral Rates, 2015–2019 National Estimate/ Child Population of Screened-in Referrals Rate per 1,000 Child Population Actual Screened-in Year Reporting States Reporting States (Reports) Children of 52 States Referrals 2015 52 74,350,047 2,237,754 30.1 74,350,047 2,237,754 2016 51 73,649,413 2,303,225 31.3 74,342,970 2,327,000 2017 52 74,236,882 2,356,356 31.7 74,236,882 2,356,356 2018 52 73,911,017 2,402,907 32.5 73,911,017 2,402,907 2019 52 73,611,881 2,368,325 32.2 73,611,881 2,368,325 Screened-in referral data are from the Child File. The screened-in referral rate is calculated for each year by dividing the number of screened-in referrals from reporting states by the child population in reporting states and multiplying the result by 1,000. If all 52 states report screened-in referrals, the national estimate/actual number of screened-in referrals is the actual number of referrals reported. If fewer than 52 states report screened-in referrals (2016 only) then the national estimate/actual number of screened-in referrals is a calculation from the rate of screened-in referrals multiplied by the national population of all 52 states. The result is divided by 1,000 and rounded to the nearest 1,000. chApter 2: Reports 7 Child Maltreatment 2019Screened-in referrals are called reports and may include more than one child. Investigations are conducted on some reports in all states. This type of response includes assessing the allegation of maltreatment according to state law and policy. The primary purpose of the investigation is twofold: (1) to determine whether the child was maltreated or is at-risk of maltreatment and (2) to determine if services are needed and which services to provide. In some states, reports (screened-in referrals) may receive an alternative response. This response is usually reserved for instances where the child is at a low or moderate risk of maltreatment. While states vary in how they implement their alternative response programs, the primary purpose is to focus on the service needs of the family. Twenty-two states report data on children in alternative response programs. See chapter 3 for more information about alternative response. In NCANDS, both investigations and alternative responses receive a CPS finding known as a disposition. For 2019, a national estimate of 2.0 million (2,010,000) referrals were screened out. This is a 21.7 percent increase from the 1.7 million (1,651,000) screened-out referrals for 2015. (See exhibit 2–B and related notes.) For 2019, CPS agencies received a national estimate of 4.4 million (4,378,000) total referrals. This is a 12.6 percent increase from the 3.9 million (3,889,000) total referrals received for 2015. The 4.4 million total referrals alleging maltreatment includes approximately 7.9 million (7,880,400) children. 4,5 (See exhibit 2–C and related notes).Exhibit 2–B Screened-out Referral Rates, 2015–2019 National Estimate Child Population of Rate per 1,000 Child Population of Screened-out Year Reporting States Reporting States Screened-out Referrals Children of 52 States Referrals 2015 44 59,031,209 1,310,716 22.2 74,350,047 1,651,000 2016 45 59,453,054 1,374,053 23.1 74,342,970 1,717,000 2017 45 59,471,036 1,421,252 23.9 74,236,882 1,774,000 2018 46 59,903,593 1,563,226 26.1 73,911,017 1,929,000 2019 45 59,483,042 1,625,691 27.3 73,611,881 2,010,000 Screened-out referral data are from the Agency File. The screened-out referral rate is calculated for each year by dividing the number of screened-out referrals from reporting states by the child population in reporting states and multiplying the result by 1,000. The national estimate of screened-out referrals is based upon the rate of referrals multiplied by the national population of all 52 states. The result is divided by 1,000 and rounded to the nearest 1,000. 4 Dividing the number of children with dispositions (4,255,946, from table 3–2 ) by the number of screened-in referrals (2,368,325, from exhibit 2–A) results in the average number of children included in a screened-in referral (1.8, rounded). 5 The average number of children included in a screened-in referral (1.8) multiplied by the national estimate of total referrals (4,378,000, from exhibit 2–C ) results in an estimated 7,880,400 children included in total referrals. Exhibit 2–C Total Referral Rates, 2015–2019 YearNational Estimate/ Actual Screened-in ReferralsNational Estimate of Screened-out ReferralsNational Estimate of Total ReferralsChild Population of all 52 StatesTotal Referrals Rate per 1,000 Children 2015 2,237,754 1,651,000 3,889,000 74,350,047 52.3 2016 2,327,000 1,717,000 4,044,000 74,342,970 54.4 2017 2,356,356 1,774,000 4,130,000 74,236,882 55.6 2018 2,402,907 1,929,000 4,332,000 73,911,017 58.6 2019 2,368,325 2,010,000 4,378,000 73,611,881 59.5 Screened-out referral data are from the Agency File and screened-in referral data are from the Child File. The national estimate of total referrals is the sum of the actual reported or estimated number of screened-in referrals (from exhibit 2–A) plus the number of estimated screened-out referrals (from exhibit 2–B). The sum is rounded to the nearest 1,000. The national total referral rate is calculated for each year by dividing the national estimate of total referrals by the child population of 52 states and multiplying the result by 1,000. chApter 2: Reports 8 Child Maltreatment 2019 As shown in exhibit 2–D , the number of total referrals received by CPS agencies has steadily increased during the past 5 years. After several years of increasing, the number of screened- in referrals decreased in 2019 while the number of screened–out referrals steadily increased. For 2019, 45 states report both screened-in and screened-out referral data and screened in 54.5 percent and screened out 45.5 percent of referrals. Of those 45 states, 16 states screened in more than the national percentage, ranging from 55.5 to 98.4 percent and 29 states screened out more than the national percentage, ranging from 46.3 to 84.0 percent. (See table 2–1 and related notes.) Several states with the largest increases for all referrals provided the following explanations: increased public awareness of child abuse and neglect due to media coverage of child deaths, a centralized and publicly promoted child abuse and neglect hotline, improvements to exist-ing child abuse and neglect definitions, and improvements in the ability to collect and report maltreatment allegations. States also provided explanations for a decrease in the number of screened-in reports as due to a reduction in backlog of referrals, a change in procedures for combining multiple reports, and a policy change to stop automatically screening in any referral for children younger than 3 years. Readers are encouraged to view state comments in Appendix D, State Commentary for additional information about screening policies and state comments about increases and decreases. Report Sources The report source is the role of the person who notified a CPS agency of the alleged child abuse or neglect in a referral. Only those sources in reports (screened-in referrals) that receive an investigation or alternative response are submitted to NCANDS. To facilitate comparisons, report sources are grouped into three categories: professional, nonprofessional, and unclassified.Exhibit 2–D Number of Referrals, 2015–2019 The number of total referrals received by CPS increased for the past 5 years. Based on data from 52 states. See exhibits 2–A , 2–B, and 2–C. chApter 2: Reports 9 Child Maltreatment 2019 Professional report sources are persons who encounter the child as part of their occupation, such as child daycare providers, educators, legal and law enforcement personnel, and medical personnel. State laws require most professionals to notify CPS agencies of suspected mal-treatment (these are known as mandated reporters). Nonprofessional report sources are per - sons who do not have a relationship with the child based on their occupation, such as friends, relatives, and neighbors. State laws vary as to the requirements of nonprofessionals to report suspected abuse and neglect. Unclassified includes anonymous, “other,” and unknown report sources. States use the code of “other” for any report source that does not have an NCANDS designated code. According to comments provided by the states, the “other” report source category might include such sources as religious leader, Temporary Assistance for Needy Families staff, landlord, tribal official or member, camp counselor, and private agency staff. Readers are encouraged to review Appendix D, State Commentary for additional information as to what is in the category of “other” report source. FFY 2019 data show professionals submit 68.6 percent of reports. The highest percentages of reports are from education personnel (21.0%), legal and law enforcement personnel (19.1%), and medical personnel (11.0%). Nonprofessionals submit 15.7 percent of reports with the largest category of nonprofessional reporters being parents (5.9%), other relatives (5.9%), and friends and neighbors (3.5%). Unclassified sources submit the remaining 15.7 percent. (See exhibit 2–E and related notes.) Exhibit 2–E Report Sources, 2019 Professionals submitted the majority of screened-in referrals (reports) that received an investigation or alternative response Data are from the Child File. Based on data from 49 states. States were excluded from this analysis if more than 25.0 percent had an “other” or unknown report source. Supporting data not shown. chApter 2: Reports 10 Child Maltreatment 2019 CPS Response Time States’ policies usually establish time guidelines or requirements for initiating a CPS response. The definition of response time is the time from the CPS agency’s receipt of a referral to the initial face-to-face contact with the alleged victim wherever this is appropriate, or with another person who can provide information on the allegation(s). States have either a single response timeframe for all reports or different timeframes for different types of reports. High-priority responses are often stipulated to occur within 24 hours; lower priority responses may occur within several days. Based on data from 38 states, the FFY 2019 mean response time of state averages is 102 hours or 4.3 days; the median response time is 64 hours or 2.7 days. (See table 2–2 and related notes.) Some states’ explanations for long response times are related to the geography of the state meaning the distance from the agency to the alleged victim, difficulties related to the terrain, and weather-related delays. Some states also mentioned high staff turnover contributed to long response times. CPS Workforce and Caseload Given the large number and the complexity of CPS responses that are conducted each year, there is ongoing interest in the size of the workforce that performs CPS functions. In most agencies, different groups of workers conduct screening, investigations, and alternative responses. However, in some agencies, one worker may perform all or any combination of those functions and may provide additional services. Due to limitations in states’ information systems and the fact that workers may conduct more than one function in a CPS agency, the data in the workforce and caseload tables vary among the states. The Children’s Bureau asks states to submit data for workers as full-time equivalents when possible. For FFY 2019, 42 states reported a total workforce of 29,405 and thirty-nine states reported 3,188 specialized intake and screening workers. The number of investigation and alternative response workers—20,120—is computed by subtracting the reported number of intake and screening workers from the total workforce number. (See table 2–3 and related notes.) This is a decrease from FFY 2018 when 43 states reported 29,754 total workers and 40 states reported 3,349 intake and screening workers. One state did not report workforce data for 2019 as the state is implementing system changes to improve reporting. Using the data from the same thirty-nine states that report on workers with specialized functions, investigation and alternative response workers complete an average of 71 CPS responses per worker for FFY 2019. (See table 2–4 and related notes.) This is similar to the average of 72 responses per worker for FFY 2018. Exhibit and Table Notes The following pages contain the data tables referenced in chapter 2. Specific information about state submissions can be found in Appendix D, State Commentary. Additional 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. chApter 2: Reports 11 Child Maltreatment 2019 ■Rates are per 1,000 children in the population. ■Rates are calculated by dividing the relevant reported count (screened-in referrals, total refer - rals, etc.) by the relevant child population count and multiplying by 1,000. ■NCANDS uses the child population estimates that are released annually by the U.S. Census Bureau. These population estimates are provided in Appendix C, State Characteristics. ■National totals and calculations appear in a single row labeled National instead of 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 included in this analysis. Table 2–1 Screened-in and Screened-out Referrals, 2019 ■Screened-out referral data are from the Agency File and screened-in referral data are fromthe Child File. ■This table includes screened-in referral data from all states and screened-out referral datafrom 45 reporting states. ■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 and multiplying the result by 1,000. Table 2–2 Average Response Time in Hours, 2015–2019 ■Data are from the Agency File. ■The national mean of states’ reported average response time is calculated by summing 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. ■Some states report the average response time generated from the NCANDS Child File astheir average response time in the Agency File. If a state does use the Child File calculatedaverage, the following thresholds apply and the state would be excluded from this analysisif any of the following conditions are present: if fewer than 95.0 percent of reports havea report time, fewer than 75.0 percent of reports have an investigation start date, or fewerthan 75.0 percent of reports have an investigation start time. Table 2–3 Child Protective Services Workforce, 2019 ■Data are from the Agency File. ■Some states provide the total number of CPS workers, but not the specifics on worker func - tions as classified by NCANDS. ■States are excluded if the worker data are not full-time equivalents. Table 2–4 Child Protective Services Caseload, 2019 ■Data are from the Child File and the Agency File. ■The number of completed reports per investigation and alternative response worker for 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. ■States are excluded if the worker data are not full-time equivalents. ■States are excluded if they do not report intake and screening workers separately from all workers. chApter 2: Reports 12 Child Maltreatment 2019 Table 2–1 Screened-in and Screened-out Referrals, 2019 StateScreened-in Referrals (Reports) Screened-out Referrals Total Referrals Screened-in Referrals (Reports) PercentScreened-out Referrals PercentTotal Referrals Rate per 1,000 Alabama 28,656 470 29,126 98.4 1.6 26.8 Alaska 10,713 12,926 23,639 45.3 54.7 131.3 Arizona 45,302 36,182 81,484 55.6 44.4 49.7 Arkansas 33,755 25,539 59,294 56.9 43.1 84.7 California 224,212 179,708 403,920 55.5 44.5 45.4 Colorado 36,079 71,261 107,340 33.6 66.4 85.2 Connecticut 14,645 37,258 51,903 28.2 71.8 71.4 Delaware 6,002 14,105 20,107 29.9 70.1 98.8 District of Columbia 6,404 11,198 17,602 36.4 63.6 137.3 Florida 163,494 86,684 250,178 65.4 34.6 59.1 Georgia 85,309 39,463 124,772 68.4 31.6 49.8 Hawaii 2,377 2,755 5,132 46.3 53.7 17.1 Idaho 11,117 11,382 22,499 49.4 50.6 50.2 Illinois 86,705 - 86,705 - - - Indiana 120,208 56,762 176,970 67.9 32.1 112.9 Iowa 33,319 19,315 52,634 63.3 36.7 72.4 Kansas 31,895 19,526 51,421 62.0 38.0 73.4 Kentucky 50,779 54,364 105,143 48.3 51.7 104.8 Louisiana 20,597 31,840 52,437 39.3 60.7 48.2 Maine 10,874 12,659 23,533 46.2 53.8 94.6 Maryland 21,886 40,465 62,351 35.1 64.9 46.7 Massachusetts 43,923 41,988 85,911 51.1 48.9 63.5 Michigan 95,735 56,109 151,844 63.0 37.0 70.8 Minnesota 31,059 59,202 90,261 34.4 65.6 69.3 Mississippi 28,106 8,149 36,255 77.5 22.5 51.9 Missouri 61,556 23,937 85,493 72.0 28.0 62.4 Montana 10,199 - 10,199 - - - Nebraska 12,642 24,614 37,256 33.9 66.1 78.3 Nevada 15,659 25,094 40,753 38.4 61.6 58.8 New Hampshire 10,288 7,342 17,630 58.4 41.6 69.1 New Jersey 60,934 - 60,934 - - - New Mexico 21,733 19,486 41,219 52.7 47.3 86.6 New York 163,917 - 163,917 - - - North Carolina 55,122 - 55,122 - - - North Dakota 3,985 - 3,985 - - - Ohio 89,004 111,729 200,733 44.3 55.7 77.9 Oklahoma 36,758 45,680 82,438 44.6 55.4 86.6 Oregon 39,778 43,666 83,444 47.7 52.3 96.3 Pennsylvania 41,951 - 41,951 - - - Puerto Rico 8,365 9,109 17,474 47.9 52.1 30.5 Rhode Island 7,294 11,617 18,911 38.6 61.4 92.5 South Carolina 47,105 12,135 59,240 79.5 20.5 53.3 South Dakota 2,379 12,495 14,874 16.0 84.0 68.5 Tennessee 76,162 65,686 141,848 53.7 46.3 93.9 Texas 198,106 53,107 251,213 78.9 21.1 33.9 Utah 20,909 21,325 42,234 49.5 50.5 45.4 Vermont 4,015 15,545 19,560 20.5 79.5 171.6 Virginia 36,780 50,511 87,291 42.1 57.9 46.9 Washington 43,874 68,109 111,983 39.2 60.8 67.3 West Virginia 26,919 15,919 42,838 62.8 37.2 119.1 Wisconsin 26,797 54,638 81,435 32.9 67.1 64.3 Wyoming 2,943 4,637 7,580 38.8 61.2 56.7 National 2,368,325 1,625,691 3,994,016 59.3 40.7 - Reporting States National for states reporting both screened-in and 52 45 52 - - - screened-out referrals Reporting states for reporting both screened-in 1,945,512 1,625,691 3,571,203 54.5 45.5 - and screened-out referrals 45 45 45 - - - chApter 2: Reports 13 Child Maltreatment 2019Table 2–2 Average Response Time in Hours, 2015–2019 State 2015 2016 2017 2018 2019 Alabama 13 64 58 53 51 Alaska 348 - - 423 602 Arizona - - 32 31 32 Arkansas 98 113 134 98 104 California - - - - - Colorado - - - 114 116 Connecticut 44 44 62 46 42 Delaware 210 231 291 354 409 District of Columbia 19 22 26 29 23 Florida 10 10 10 11 9 Georgia - - - - - Hawaii 113 154 179 338 315 Idaho 61 56 64 60 64 Illinois - - - - - Indiana 103 96 74 64 63 Iowa 48 54 49 52 63 Kansas 76 67 94 123 101 Kentucky 85 75 78 96 121 Louisiana 59 73 99 - - Maine 72 72 72 87 94 Maryland - - - - - Massachusetts - - - - - Michigan 41 41 33 34 43 Minnesota 124 108 104 79 72 Mississippi 66 51 50 31 34 Missouri - 42 65 48 61 Montana 172 125 - - - Nebraska 115 126 145 136 123 Nevada 17 19 18 20 69 New Hampshire 88 104 116 129 113 New Jersey 17 17 18 18 19 New Mexico 76 68 67 63 89 New York - - - - - North Carolina - - - - - North Dakota 215 - - - - Ohio 31 24 26 23 24 Oklahoma 48 51 50 50 47 Oregon 123 133 137 150 165 Pennsylvania - - - - - Puerto Rico - - - - - Rhode Island 14 20 28 32 20 South Carolina - - - 38 42 South Dakota 78 73 75 51 34 Tennessee 93 52 - - - Texas 63 63 55 50 50 Utah 83 86 88 81 76 Vermont 103 106 102 94 92 Virginia - - - - - Washington 50 40 39 38 37 West Virginia 71 200 211 238 339 Wisconsin 113 119 117 119 113 Wyoming 24 24 14 18 23 National Average 84 76 80 93 102 National Median 74 67 66 57 64 Reporting States 38 37 36 38 38 chApter 2: Reports 14 Child Maltreatment 2019Table 2–3 Child Protective Services Workforce, 2019 StateIntake and Screening WorkersInvestigation and Alternative Response WorkersIntake, Screening, Investigation, and Alternative Response Workers Alabama AlaskaArizonaArkansasCaliforniaColorado ConnecticutDelawareDistrict of ColumbiaFlorida Georgia Hawaii IdahoIllinoisIndianaIowaKansasKentuckyLouisianaMaineMaryland MassachusettsMichiganMinnesotaMississippiMissouriMontanaNebraskaNevadaNew HampshireNew JerseyNew MexicoNew York North CarolinaNorth Dakota Ohio OklahomaOregonPennsylvaniaPuerto RicoRhode Island South Carolina South Dakota TennesseeTexasUtahVermont Virginia WashingtonWest VirginiaWisconsin WyomingNational Reporting States85 197649 -- 563044 - - 14 14 131120 2978764635 - 146140342 304921545719 107 44 - 188 - - 60 101 - 36 5 - 33 111 529 3137 - 105 41 - - 3,188 39498178447487 -- 366129164 - - 39 153978834253322 1,046 207157 - 366 1,532 535502505189179190 96 1,349 186 - 957 - - 650390 - 212 76 - 46 1,0323,845 127 52 - 538308 - - 20,120 39583197523536 2,988 - 422159208 - - 53 167 1,109 954282400 1,122 253192 - 512 1,672 877532554210233247 115 1,456 230 - 1,145 - - 710491 2,949 248 81 - 79 1,1434,374 158 89 - 643349 - 160 29,405 42 chApter 2: Reports 15 Child Maltreatment 2019Table 2–4 Child Protective Services Caseload, 2019 StateInvestigation and Alternative Response WorkersCompleted Reports (Reports with a Disposition)Completed Reports per Investigation and Alternative Response Worker Alabama 498 28,656 58 Alaska 178 10,713 60 Arizona 447 45,302 101 Arkansas 487 33,755 69 California - - - Colorado - - - Connecticut 366 14,645 40 Delaware 129 6,002 47 District of Columbia 164 6,404 39 Florida - - - Georgia - - - Hawaii 39 2,377 61 Idaho 153 11,117 73 Illinois 978 86,705 89 Indiana 834 120,208 144 Iowa 253 33,319 132 Kansas 322 31,895 99 Kentucky 1,046 50,779 49 Louisiana 207 20,597 100 Maine 157 10,874 69 Maryland - - - Massachusetts 366 43,923 120 Michigan 1,532 95,735 62 Minnesota 535 31,059 58 Mississippi 502 28,106 56 Missouri 505 61,556 122 Montana 189 10,199 54 Nebraska 179 12,642 71 Nevada 190 15,659 82 New Hampshire 96 10,288 107 New Jersey 1,349 60,934 45 New Mexico 186 21,733 117 New York - - - North Carolina 957 55,122 58 North Dakota - - - Ohio - - - Oklahoma 650 36,758 57 Oregon 390 39,778 102 Pennsylvania - - - Puerto Rico 212 8,365 39 Rhode Island 76 7,294 96 South Carolina - - - South Dakota 46 2,379 52 Tennessee 1,032 76,162 74 Texas 3,845 198,106 52 Utah 127 20,909 165 Vermont 52 4,015 77 Virginia - - - Washington 538 43,874 82 West Virginia 308 26,919 87 Wisconsin - - - Wyoming - - - National 20,120 1,424,863 71 Reporting States 39 39 39 chApter 3: Children 16 Child Maltreatment 2019 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 Child Abuse Prevention and Treatment Act (CAPTA), (P.L. 100–294) defines child abuse and neglect as, at a minimum: Any recent ac t or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation [ ]; or an act or failure to act, which presents an imminent risk of serious harm. The Justice for Victims of Trafficking Act (P.L. 114–22) added the requirement to include sex trafficking victims in the definition of child abuse and neglect. CAPTA legislation recognizes individual state authority by providing this minimum federal definition of child abuse and neglect. Each state defines child abuse and neglect in its own statutes and policies and the child welfare agencies determine the appropriate response for the alleged maltreatment based on those stat - utes and policies. While the purpose of the NCANDS project is to collect nationally standard - ized aggregate and case-level child maltreatment data, readers should exercise caution in making state-to-state comparisons. States map their own codes to the NCANDS codes (see chapter 1). In most states, the majority of reports receive an investigation. An investigation response results in a determination (also known as a disposition) about the alleged child maltreatment. The two most prevalent NCANDS dispositions are: ■Substantiated: An investigation disposition that concludes the allegation of maltreatment or risk of maltreatment is supported or founded by state law or policy. NCANDS includes this disposition in the count of victims. ■Unsubstantiated: An investigation disposition that concludes there is not sufficient evidence under state law to conclude or suspect that the child was maltreated or is at risk of being maltreated. Less commonly used NCANDS dispositions for investigation responses include: ■Indicated: A disposition that concludes maltreatment could not be substantiated under ■state law or policy, but there is a reason to suspect that at least one child may have beenmaltreated or is at risk of maltreatment. This disposition is applicable only to states thatdistinguish between substantiated and indicated dispositions. NCANDS includes thisdisposition in the count of victims. ■Intentionally false: A disposition that concludes the person who made the allegation of maltreatment knew that the allegation was not true. ■Closed with no finding: A disposition that does not conclude with a specific findingbecause the CPS response could not be completed. This disposition is often assigned whenCPS is unable to locate the alleged victim.CHAPTER 3 chApter 3: Children 17 Child Maltreatment 2019 ■No alleged maltreatment: A disposition for a child who receives a CPS response, but is not the subject of an allegation or any finding of maltreatment. Some states have 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 or indicated. (See Appendix C, State Characteristics for each state’s level of evidence.) These statutes influence how CPS agencies respond to the safety needs of the children who are the subjects of child maltreatment reports. Alternative Response In some states, reports of maltreatment may not be investigated, but are instead assigned to an alternative track, called alternative response, family assessment response, or differential response. Cases receiving this response often include early determinations that the children have a low or moderate risk of maltreatment. According to states, alternative responses usually include the voluntary acceptance of CPS services and the agreement of family needs. These cases do not result in a formal determination regarding the maltreatment allegation or alleged perpetrator. The term disposition is used when referring to both investigation response and alternative response. In NCANDS, alternative response is defined as: ■Alternative response: The provision of a response other than an investigation that determines if a child or family needs services. A determination of maltreatment is not made and a perpetrator is not determined. Variations in how states define and implement alternative response programs continue. For example, several states mention that they have an alternative response program that is not reported to NCANDS. For some of these states, the alternative response programs provide services for families regardless of whether there were any allegations of child maltreatment. Some states restrict who can receive an alternative response by the type of abuse. For example, several states mention that children who are alleged victims of sexual abuse must receive an investiga - tion 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 alterna - tive response program and terminated the program a few years later. Readers are encouraged to review Appendix D, State Commentary, for more information about these programs. Unique and Duplicate Counts All NCANDS reporting states have the ability to assign a unique identifier, within the state, to each child who receives a CPS response. These unique identifiers enable two ways to count children: ■Duplicate count of children: Counting a child each time he or she is the subject of a report. This count also is called a report-child pair. For example, a duplicate count of children who received an investigation response or alternative response counts each child for each CPS response. ■Unique count of children: Counting a child once, regardless of the number of times heor she is the subject of a report. For example, a unique count of victims by age counts the child’s age in the first report where the child has a substantiated or indicated disposition. chApter 3: Children 18 Child Maltreatment 2019 Children Who Received an Investigation or Alternative Response (unique count of children) For FFY 2019, 3,476,000 million children (national rounded number) received either an investi - gation or alternative response at a rate of 47.2 children per 1,000 in the population. The number of children who received a CPS response increased nationally by 3.5 percent from 2015 to 2019. At the state level, the percent change ranged from a 46.2 percent decrease to a 68.3 increase. State explanations for the decrease in the number of children who received a CPS response include a reduction in a backlog of reports that was completed in the prior year and changes to screening and assessment policies. (See exhibit 3–A , table 3–1 , and related notes.) Please see Appendix D, State Commentary, for state-specific information about changes. Most children (83.2%) percent, or 2,893,283 are included in a single report (screened-in referral) within FFY 2019. Some children, 12.8 percent or 444,053, are included in two reports and 4.0 percent are in three or more reports within FFY 2019. (See exhibit 3–B and related notes.) Children Who Received an Investigation or Alternative Response by Disposition (duplicate count of children) For FFY 2019, approximately 4.3 (4,255,946) million children (duplicate count) are the subjects of reports (screened-in referrals). A child may be a victim in one report and a nonvictim in another report, and in this analysis, the child is counted both times. A total of 16.7 percent of children are classified as victims with dispositions of substantiated (16.0%) and indicated (0.7%). The remaining children are not determined to be victims or received an alternative response (83.3%). (See table 3–2 , exhibit 3–C , and related notes.)Exhibit 3–A Child Disposition Rates, 2015–2019 National Estimate/ Reported Children National Rounded Number of Who Received an Disposition Children Who Received Child Population of Investigation or Rate per 1,000 Child Population of all an Investigation or Year Reporting States Reporting States Alternative Response Children 52 States Alternative Response 2015 52 74,350,047 3,359,531 45.2 74,350,047 3,360,000 2016 51 73,649,413 3,441,462 46.7 74,342,970 3,472,000 2017 52 74,236,882 3,498,511 47.1 74,236,882 3,499,000 2018 52 73,911,017 3,533,827 47.8 73,911,017 3,534,000 2019 52 73,611,881 3,476,034 47.2 73,611,881 3,476,000 The number of children is a unique count. The national disposition rate is computed by dividing the number of reported children who received an investigation or alternative response by the child population of reporting states and multiplying by 1,000. If fewer than 52 states report data in a given year, the national estimate of children who received an investigation or alternative response is calculated by multiplying the national disposition rate by the child population of all 52 states and dividing by 1,000. The result was rounded to the nearest 1,000. If 52 states report data in a given year, the number of estimated/rounded children who received an investigation or alternative response is calculated by taking the number of reported children who received an investigation or alternative response and rounding it to the nearest 1,000. Exhibit 3–B Children by Number of Screened-In Referrals (Reports), 2019 Number of Reports Children Children Percent 1 2,893,283 83.2 2 444,053 12.8 3 100,354 2.9 >3 38,344 1.1 National 3,476,034 100.0 Based on data from 52 states. chApter 3: Children 19 Child Maltreatment 2019 Analyzing 5 years of disposition data by CPS response category reveals how the alternative response usage fluctuated during the past 5 years. While the number of states with alternative response programs decreased from 26 states in 2015 to 22 states in 2019, the number of children with alternative response dispositions fluctuated from a low of 536,415 in 2015 to a high of 626,126 in 2017 to 586,995 in 2019. (See 3–3 , Exhibit 3–D , and related notes.) The number of states reporting children with alternative response dispositions changes from year to year. Reasons for the fluctuation include, some states implemented the program as a pilot (either statewide or in certain jurisdictions) and once the pilot ended the state ceased its reporting. Other states may have implemented alternative response on a rolling basis and Exhibit 3–C Children Who Received an Investigation or Alternative Response by Disposition, 2019 16.7 percent of children received a disposition of substantiated or indicated and are counted as maltreatment victims Based on data from 52 states. See table 3–2 . Exhibit 3–D Children Who Received a Disposition by Response Category, 2015–2019 After several years of increases, alternative responses are decreasing Based on data from 51 states for 2016 and 52 states for 2015 and 2017-2019. See table 3–3. chApter 3: Children 20 Child Maltreatment 2019over time, the number of children who received an alternative response slowly increased. More information about states’ alternative response programs may be found in Appendix D, State Commentary. Number of Child Victims (unique count of child victims) In NCANDS, a victim is defined as: ■Victim: A child for whom the state determined at least one maltreatment was substantiated or indicated; and a disposition of substantiated or indicated was assigned for a child in a report. This includes a child who died and the death was confirmed to be the result of child abuse and neglect. A child may be a victim in one report and a nonvictim in another report. For FFY 2019, there are nationally 656,000 (rounded) victims of child abuse and neglect. This equates to a national rate of 8.9 victims per 1,000 children in the population. The FFY 2019 state victimization rates range from a low of 1.8 to a high of 20.1 per 1,000 children. (See exhibit 3–E and related notes.) States have different policies about what is considered child maltreatment, the type of CPS responses (alternative and investigation), and different levels of evidence required to substantiate an abuse allegation, all or some of which may account for variations in victimization rates. Readers are encouraged to read Appendix C, State Characteristics and Appendix D, State Commentary for more information. The number of victims decreased nationally by 4.0 percent from 2015 to 2019. At the state level, the percent change of victims of abuse and neglect range from a 62.5 percent decrease to 100.0 percent increase from FFY 2015 to 2019. Changes to legislation, child welfare policy, and practice that may contribute to an increase or decrease in the number of victims are pro - vided by states in Appendix D, State Commentary. For example, across the 5 years: one state changed its level of evidence, several states resolved investigation or assessment backlogs, and several states adopted new intake or screening processes. Other factors include the increase in reports due to public awareness after media coverage of child deaths and severe storms that changed or reduced the population. (See table 3–4 , and related notes.) Based on data from 49 states, the FFY 2019 rate of first-time victims is 6.6 per 1,000 children in the population. This equates to 70.3 percent of all victims are first-time victims in the same 49 states. States use the disposition date of prior substantiated or indicated maltreatments to determine whether the victim is a first-time victim. (See table 3–5 and related notes.) Exhibit 3–E Child Victimization Rates, 2015–2019 Year Reporting StatesChild Population of Reporting StatesVictims from Reporting StatesNational Victimization Rate per 1,000 ChildrenChild Population of all 52 StatesNational Estimate/ Rounded Number of Victims 2015 52 74,350,047 683,221 9.2 74,350,047 683,000 2016 51 73,649,413 671,176 9.1 74,342,970 677,000 2017 52 74,236,882 673,630 9.1 74,236,882 674,000 2018 52 73,911,017 677,464 9.2 73,911,017 677,000 2019 52 73,611,881 656,243 8.9 73,611,881 656,000 The number of victims is a unique count. The national victimization rate is calculated by dividing the number of victims from reporting states by the child population of reporting states and multiplying by 1,000. If fewer than 52 states report data in a given year, the national estimate/rounded number of victims is calculated by multiplying the national victimization rate by the child population of all 52 states and dividing by 1,000. The result is rounded to the nearest 1,000. If 52 states report data in a given year, the number of rounded victims is calculated by taking the number of reported victims and rounding it to the nearest 1,000. The percent change is calculated using the rounded numbers. chApter 3: Children 21 Child Maltreatment 2019 Child Victim Demographics (unique count of child victims) The youngest children are the most vulnerable to maltreatment. Nationally, more than one- quarter (28.1%) of victims are in the age range of birth through 2 years old. Victims younger than 1 year are 14.9 percent of all victims. The victimization rate is highest for children younger than 1 year old at 25.7 per 1,000 children in the population of the same age. This is more than double the rate of victims who are 1 year old (11.5 per 1,000 children). Victims who are 2 or 3 years old have victimization rates of 10.7 and 10.0 victims per 1,000 children of those respective ages in the population. Readers may notice some states have lower rates across age groups than other states. The states with lower rates may assign low-risk cases to alternative response or have other state policies or programs in place for maltreatment allegations. In general, the rate of victimization decreases with the child’s age. (See table 3–6 , exhibit 3–F , and related notes.) The percentages of child victims are similar for both boys (48.3%) and girls (51.4%). The sex is unknown for 0.3 percent of victims. The FFY 2019 victimization rate for girls is 9.4 per 1,000 girls in the population, which is higher than boys at 8.4 per 1,000 boys in the population. (See table 3–7 and related notes.) Most victims are one of three races or ethnicities—White (43.5%), Hispanic (23.5%), or African-American (20.9%). The racial distributions for all children in the population are 50.2 percent White, 25.6 percent Hispanic, and 13.7 percent African-American. (See table C–3 and related notes.) For FFY 2019, American-Indian or Alaska Native children have the highest rate of victimization at 14.8 per 1,000 children in the population of the same race or ethnicity and African-American children have the second highest rate at 13.8 per 1,000 children in the population of the same race or ethnicity. (See table 3–8 and related notes.) Maltreatment Types NCANDS collects all maltreatment type allegations, however only those maltreatments with a disposition of substantiated or indicated are included in the Child Maltreatment report. Child Maltreatment 2019 is the second edition in which data will be shown for the new maltreatment type of sex trafficking. Please see Chapter 7, Special Focus for information about the Justice for Victims of Trafficking Act and the new maltreatment type.Exhibit 3–F Victims by Age, 2019 The youngest children are the most vulnerable to maltreatment Based on data from 52 states. See table 3–6 . chApter 3: Children 22 Child Maltreatment 2019 A child may be determined to be a victim multiple times within the same FFY and up to four different maltreatment types in each victim report. A child also may be determined to be a victim of the same maltreatment type multiple times in the same FFY, just not in the same report. For example, a child may be the victim of neglect twice in the same year, but the neglect maltreatment type cannot be present twice in the same victim report. This section discusses two ways of analyzing maltreatment types that answer different questions about which types of maltreatments do victims suffer and whether victims suffer from single or multiple types. Focus on Maltreatment Categories (unique count of child victims and duplicate count of maltreatment types) In this analysis, a victim who has more than one type of maltreatment is counted once per type. This answers the question of how many different types of maltreatment do victims have, rather than how many occurrences of each type; for example: ■A victim with three reports of neglect–victim is counted once in neglect ■A victim with one report of both neglect and physical abuse–victim is counted once in neglect a nd once in physical abuse The FFY 2019 data show, three-quarters (74.9%) of victims are neglected, 17.5 percent are physically abused, and 9.3 percent are sexually abused. In addition, 6.8 percent of victims are reported with the “other” type of maltreatment. States may code any maltreatment as “other” if it does not fit in one of the NCANDS categories. According to states, the “other” maltreat - ment type includes threatened abuse or neglect, drug/alcohol addiction, and lack of supervi-sion. (See table 3–9 and related notes.) A few states have specific policies about conducting investigations into specific maltreatment types. Readers are encouraged to review states’ comments (appendix D) about what is included in the “other” maltreatment type category and for additional information on state policies related to maltreatment types. Focus on Single Types of Maltreatments (unique count of child victims and unique count of maltreatment types) In this analysis, the focus is on victims with a single type of maltreatment, for example neglect only. If a victim is reported with two or more different maltreatment types, the victim is counted in the multiple maltreatment type category. This answers the question of how many victims have a single type of abuse, what those single abuse types are, and how many victims have multiple maltreatments; for example: ■A victim with one report of neglect–victim is counted once in neglect ■A victim with two reports of neglect–victim is counted once in neglect ■A victim with one report of neglect and physical abuse–victim is counted once in multiple maltreatment types The FFY 2019 data show 84.5 percent of victims have a single maltreatment type and the remaining 15.5 percent have two or more maltreatment types (multiple maltreatment types). Three-fifths (61.0%) of victims are neglected only, 10.3 percent are physically abused only, and 7.2 percent are sexually abused only. Twenty-one states reported 439 victims of sex trafficking only (0.1%). (See table 3–10 and related notes.) Previous analyses of combinations of maltreatment types reveal the most common combination to be neglect and physical abuse. 6 6 Based on analyses from FFY 2016–2018. Data not shown. chApter 3: Children 23 Child Maltreatment 2019 Risk Factors Risk factors are characteristics of a child or caregiver that may increase the likelihood of child maltreatment. NCANDS collects data for 9 child risk factors and 12 caregiver risk factors. Risk factors can be difficult to accurately assess and measure, and therefore may go undetected among many children and caregivers. Some states may not have the resources to gather information from other sources or agencies or have the ability to collect or store certain information in their child welfare system. In addition, some risk factors must be clini-cally diagnosed, which may not occur during the investigation or alternative response. If the case is closed prior to the diagnosis, the CPS agency may not be notified, and the information will not be reported to NCANDS. Caregivers with these risk factors who are included in each analysis may or may not be the perpetrators responsible for the maltreatment. For FFY 2019, data are analyzed for caregiver risk factors with the following NCANDS definitions: ■Alcohol abuse (caregiver): The compulsive use of alcohol that is not of a temporary nature. ■Domestic Violence: Any abusive, violent, coercive, forceful, or threatening act or word inflicted by one member of a family or household on another. In NCANDS, the caregiver may be the perpetrator or the victim of the domestic violence. ■Drug abuse (caregiver): The compulsive use of drugs that is not of a temporary nature. ■Financial Problem: A risk factor related to the family’s inability to provide sufficient financial resources to meet minimum needs. ■Inadequate Housing: A risk factor related to substandard, overcrowded, or unsafe housing conditions, including homelessness. ■Public Assistance: A risk factor related the family’s participation in social services programs, including Temporary Assistance for Needy Families; General Assistance; Medicaid; Social Security Income; Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); etc. ■Any Caregiver Disability: This category counts a victim with any of the six disability caregiver risk factors—Intellectual Disability, Emotional Disturbance, Visual or Hearing Impairment, Learning Disability, Physical Disability, and Other Medical Condition. Please see Appendix B, Glossary for the NCANDS definitions. The victim is counted once for each reported caregiver disability type. This is a new table for the Child Maltreatment 2019 report. As not every state is able to report on every caregiver risk factor, the national percentages are calculated only on the number of victims in states reporting each individual risk factor. The largest percentages of victims with caregiver risk factors are those reported with domestic violence and drug abuse. In 38 reporting states, 29.4 percent of victims have the drug abuse caregiver risk factor and 28.8 percent of victims have the domestic violence caregiver factor. This is closely followed by 26.9 percent of victims in 29 reporting states with the public assistance caregiver risk factor. As states have varying abilities to report on caregiver risk factors, the national percentages are calculated only on those states able to report the specific risk factor. (See table 3–11 and related notes.) Perpetrator Relationship (unique count of child victims and duplicate count of relationships) In this section, data are analyzed by relationship of victims to their perpetrators. A victim may be maltreated multiple times by the same perpetrator or by different combinations of perpetrators (e.g., mother alone, mother and nonparent(s), two parents). This analysis counts chApter 3: Children 24 Child Maltreatment 2019 every combination of relationships for each victim in each report and, therefore, the percent- ages total more than 100.0 percent. Some of the categories on this table changed for Child Maltreatment 2019 . The purpose of the changes is to be more descriptive of what the categories include and to reduce the number of relationships counted as unknown. Please see the table notes at the end of this chapter for specifics about the changes. The FFY 2019 data show, 91.4 percent of victims are maltreated by one or both parents. The parent(s) could have acted together, acted alone, or acted with up to two other people to maltreat the child. Nearly 40.0 percent (39.0%) of victims are maltreated by a mother acting alone, 22.6 percent of victims are maltreated by a father acting alone, and 21.0 percent of victims are maltreated by both parents (two parents of known sex). More than 14.0 percent (14.2%) of victims are maltreated by a perpetrator who was not the child’s parent. The largest categories in the nonparent group are relative(s) (5.3%), unmarried partner(s) of parent (3.0%), and “other(s)” (3.2%). (See table 3–12 and related notes.) The NCANDS category of “other(s)” perpetrator relationship includes any relationship that does not map to one of the NCANDS relationship categories. According to states’ commentary, this category includes nonrelated adult, nonrelated child, foster sibling, babysitter, household staff, clergy, and school personnel. Exhibit and Table Notes The following pages contain the data tables referenced in chapter 3. Specific information about state submissions can be found in Appendix D, State Commentary. Additional 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 individual table notes below. Not every table has exclusion rules. ■The data for all tables are from the Child File unless otherwise noted. ■Rates are per 1,000 children in the population. Rates are calculated by dividing the relevant reported count (child, victim, first-time victim, etc.) by the child population count (children, by age, etc.) and multiplying by 1,000. ■The count of victims includes children with dispositions of substantiated or indicated. Children with dispositions of alternative response victims are not included in the victim count. ■NCANDS uses the child population estimates that are released annually by the U.S. Census Bureau. These population estimates are provided in Appendix C, State Characteristics. ■The row labeled Reporting States displays the count of states that provided data for that analysis. ■National totals and calculations appear in a single row labeled National instead of separate rows labeled total, rate, or percent. ■Dashes are inserted into cells without any data included in this analysis. Table 3–1 Children Who Received an Investigation or Alternative Response, 2015–2019 ■The number of children is a unique count. ■The percent change was calculated by subtracting 2015 data from 2019 data, dividing the result by 2015 data, and multiplying by 100. chApter 3: Children 25 Child Maltreatment 2019Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2019 ■The number of children is a duplicate count. ■Many states conduct investigations for all children in a family when any child is the 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. Table 3–3 Chi ldren Who Children Who Received a Disposition by Response Category, 2015–2019 ■The number of children is a duplicate count. ■Many states conduct investigations or alternative responses for all children in a family whenany child is the subject of an investigation or assessment. Table 3–4 Child Victims, 2015–2019 ■The number of victims is a unique count. ■The percent change is calculated by subtracting 2015 data from 2019 data, dividing the resultby 2015 data, and multiplying by 100. Table 3–5 First-time Victims, 2019 ■The number of first-time victims is a unique count. ■States with 95.0 percent or more first-time victims are excluded from this analysis. ■States are instructed to check whether there was a disposition date of substantiated orindicated associated with the same child prior to the disposition date of the current victimreport. States may have different abilities and criteria for how far back they check for first-time victims. ■This table changed from a 5-year trend to a single year table for the Child Maltreatment 2019report. Table 3–6 Vic tims by Age, 2019 ■The number of victims is a unique count. ■There are no population data for unknown age and, therefore, no rates.. Table 3–7 Vic tims by Sex, 2019 ■The number of victims is a unique count. ■There are no population data for children with unknown sex and, therefore, no rates. Table 3–8 Victims by Race or Ethnicity, 2019 ■The number of victims is a unique count. ■Counts associated with each racial group are exclusive and do not include Hispanic ethnicity. ■Only those states that have both race and ethnicity population data are included in thisanalysis. ■States are excluded from this analysis if more than 25.0 percent of victims are reported withan unknown or blank race or ethnicity. chApter 3: Children 26 Child Maltreatment 2019Table 3–9 Maltreatment Types of Victims (Categories), 2019 (duplicate count of maltreatments) ■This analysis counts victims with one or more maltreatment types, but counts them onlyonce regardless of the number of times the child is reported as a victim of the maltreatment type. ■A child may be a victim of more than one type of maltreatment and therefore the maltreat - ment type is a duplicate count. Table 3–10 Maltreatment Types of Victims (Single Type), 2019 (unique count of maltreatments) ■This analysis counts victims with a single type of maltreatment, for example neglect only. ■If a victim is reported with two or more maltreatment types, the victim is counted in themultiple maltreatment type category once. ■If a victim is reported with the same maltreatment type twice, the victim is counted in thecategory once. Table 3–11 Vi ctims With Caregiver Risk Factors, 2019 ■The number of victims is a unique count. ■A victim is counted only once if there is more than one report in which the victim is reportedwith the caregiver risk factor. The counts on this table are exclusive and follow a hierarchyrule. If a victim is reported both with and without the caregiver risk factor, the victim iscounted once with the caregiver risk factor. ■The category Any Caregiver Disability is the combination of six disability types. States areexcluded if fewer than 2.0 percent of victims were reported with the combined caregiverdisabilities. ■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 inboth caregiver risk factor categories. ■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 rowlabelled National Count of Victims in Reporting States. Table 3–12 Vi ctims by Relationship to Their Perpetrators, 2019 ■The number of relationships is a duplicate count, and the number of victims is a unique count. ■Percentages are calculated against the unique count of victims and total to more than 100.0percent. ■States are excluded from this analysis if more than 20.0 percent of perpetrators are reportedwith an unknown or blank relationship. ■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. Moreinformation may be found in Appendix D. ■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 replaces the mother and father category and includesmother and father, two mothers, and two fathers. chApter 3: Children 27 Child Maltreatment 2019 ■The two parents of known sex with nonparent category replaces the mother, father, and nonparent category and includes mother, father, and nonparent; two mothers and nonparent; and two fathers and nonparent. ■The three parents of known sex category was added to reflect the state-reported parental relationships. ■One or more parents of unknown sex includes up to three parents in any combination of known and unknown sex. The parent(s) could have acted alone, together, or with a nonparent. ■Nonparent perpetrators counted in combination with parents (e.g., mother and nonparent(s)) are not also counted in the individual categories listed under nonparent. ■Multiple nonparental perpetrators that are in the same category are counted within that category. For example, two child daycare providers are counted as child daycare providers. This is a change from prior years when these two child daycare providers would have been counted in more than one nonparental perpetrator. ■Multiple nonparental perpetrators that are in different categories are counted in more than one nonparental perpetrator. ■The unknown relationship category includes victims with an unknown perpetrator. ■Some states were not able to collect and report on group home and residential facility staff perpetrators due to system limitations or jurisdictional issues. chApter 3: Children 28 Child Maltreatment 2019 Table 3–1 Children Who Received an Investigation or Alternative Response, 2015–2019 (continues next page) State 2015 2016 2017 2018 2019Percent Change from 2015 to 2019 Alabama 30,647 36,776 38,871 38,634 39,335 28.3 Alaska 10,795 11,801 13,184 12,749 14,429 33.7 Arizona 76,581 93,488 83,693 87,862 82,336 7.5 Arkansas 58,072 58,685 60,736 58,823 57,339 -1.3 California 375,972 376,738 365,921 360,040 343,126 -8.7 Colorado 38,376 42,441 43,558 44,698 45,849 19.5 Connecticut 21,726 23,543 24,432 19,693 18,669 -14.1 Delaware 13,994 13,861 13,281 12,180 12,373 -11.6 District of Columbia 11,867 12,855 14,210 14,334 12,315 3.8 Florida 281,040 287,951 296,250 292,518 285,141 1.5 Georgia 163,134 169,328 164,405 164,147 157,705 -3.3 Hawaii 3,695 3,706 3,484 3,817 4,378 18.5 Idaho 12,233 11,363 11,712 12,825 13,385 9.4 Illinois 125,098 140,480 134,004 146,141 151,490 21.1 Indiana 139,168 146,673 163,110 161,340 147,872 6.3 Iowa 28,970 30,544 35,194 38,631 38,253 32.0 Kansas 27,565 27,388 27,138 27,816 32,877 19.3 Kentucky 74,170 71,876 80,405 83,902 77,512 4.5 Louisiana 36,382 33,570 27,941 26,064 27,366 -24.8 Maine 12,641 11,613 11,226 11,031 16,288 28.9 Maryland 30,927 32,020 32,433 32,244 32,196 4.1 Massachusetts 75,688 79,335 74,440 76,244 72,962 -3.6 Michigan 147,431 149,302 150,927 158,673 161,058 9.2 Minnesota 30,481 38,816 40,697 39,581 38,690 26.9 Mississippi 34,069 38,538 39,334 40,682 38,838 14.0 Missouri 73,523 75,593 70,419 81,059 67,322 -8.4 Montana 12,669 13,702 14,237 15,300 15,400 21.6 Nebraska 23,190 22,852 25,192 24,476 25,312 9.2 Nevada 28,277 27,832 28,126 30,279 29,445 4.1 New Hampshire 11,266 13,935 12,636 13,888 12,798 13.6 New Jersey 74,546 73,889 74,393 77,661 78,741 5.6 New Mexico 28,223 23,656 26,597 25,774 26,040 -7.7 New York 206,453 209,331 218,147 218,684 216,016 4.6 North Carolina 123,436 119,994 120,734 112,261 100,086 -18.9 North Dakota 6,437 6,647 6,728 7,295 6,597 2.5 Ohio 101,836 103,868 107,992 110,550 113,071 11.0 Oklahoma 57,141 53,724 54,726 58,958 57,504 0.6 Oregon 39,009 49,964 44,058 50,319 55,063 41.2 Pennsylvania 36,788 40,237 42,890 42,295 41,062 11.6 Puerto Rico 27,961 - 18,395 15,053 15,044 -46.2 Rhode Island 8,429 7,546 7,493 10,841 9,334 10.7 South Carolina 50,417 65,151 68,718 82,617 84,872 68.3 South Dakota 4,235 4,139 4,201 3,761 4,039 -4.6 Tennessee 93,154 91,562 91,992 87,384 94,946 1.9 Texas 267,880 269,952 283,764 281,562 278,004 3.8 Utah 25,523 24,985 25,773 26,076 26,926 5.5 Vermont 5,102 4,603 4,710 4,485 4,429 -13.2 Virginia 60,607 62,808 61,754 49,156 49,338 -18.6 Washington 45,338 40,793 41,299 46,131 49,174 8.5 West Virginia 45,407 52,442 52,390 52,276 53,491 17.8 Wisconsin 36,330 34,539 35,290 36,103 35,105 -3.4 Wyoming 5,632 5,027 5,271 4,914 5,093 -9.6 National 3,359,531 3,441,462 3,498,511 3,533,827 3,476,034 3.5 Reporting States 52 51 52 52 52 - Chapter 3: Children 29 Child Maltreatment 2019 Table 3–1 Children Who Received an Investigation or Alternative Response, 2015–2019 State2015 Rate per 1,000 Children2016 Rate per 1,000 Children2017 Rate per 1,000 Children2018 Rate per 1,000 Children2019 Rate per 1,000 Children Alabama 27.8 33.4 35.5 35.4 36.1 Alaska 58.0 63.2 71.1 69.8 80.2 Arizona 47.0 57.2 51.1 53.7 50.2 Arkansas 82.2 83.1 86.1 83.7 81.9 California 41.2 41.5 40.4 40.1 38.6 Colorado 30.5 33.6 34.5 35.4 36.4 Connecticut 28.5 31.3 32.9 26.8 25.7 Delaware 68.7 68.0 65.1 59.8 60.8 District of Columbia 99.7 105.8 114.0 113.2 96.1 Florida 68.5 69.2 70.5 69.3 67.4 Georgia 65.3 67.5 65.5 65.5 63.0 Hawaii 12.0 12.1 11.4 12.6 14.6 Idaho 28.2 26.0 26.5 28.8 29.9 Illinois 42.2 47.9 46.3 51.2 53.8 Indiana 88.2 93.1 103.7 102.7 94.3 Iowa 39.7 41.8 48.1 53.0 52.6 Kansas 38.2 38.2 38.1 39.4 47.0 Kentucky 73.2 71.0 79.6 83.3 77.3 Louisiana 32.6 30.1 25.2 23.8 25.2 Maine 49.3 45.6 44.4 44.1 65.5 Maryland 23.0 23.8 24.1 24.1 24.1 Massachusetts 54.6 57.6 54.2 55.9 53.9 Michigan 66.7 68.1 69.2 73.4 75.1 Minnesota 23.7 30.0 31.3 30.4 29.7 Mississippi 46.9 53.5 55.1 57.6 55.6 Missouri 52.9 54.5 50.9 58.9 49.1 Montana 55.9 60.1 62.1 66.9 67.4 Nebraska 49.3 48.2 52.9 51.4 53.2 Nevada 42.4 41.2 41.3 44.0 42.5 New Hampshire 42.5 53.1 48.6 53.9 50.1 New Jersey 37.6 37.5 37.9 39.8 40.6 New Mexico 56.5 47.8 54.5 53.5 54.7 New York 49.4 50.4 53.0 53.7 53.6 North Carolina 54.0 52.3 52.5 48.8 43.5 North Dakota 37.0 37.9 38.2 41.0 36.6 Ohio 38.7 39.7 41.4 42.6 43.9 Oklahoma 59.4 55.8 57.1 61.8 60.4 Oregon 45.2 57.4 50.5 57.9 63.5 Pennsylvania 13.7 15.0 16.1 16.0 15.6 Puerto Rico 38.2 - 28.2 25.4 26.3 Rhode Island 40.0 36.1 36.2 52.6 45.6 South Carolina 46.2 59.3 62.3 74.6 76.4 South Dakota 20.0 19.4 19.5 17.4 18.6 Tennessee 62.1 60.9 61.1 57.9 62.9 Texas 37.0 36.9 38.5 38.2 37.6 Utah 28.0 27.1 27.8 28.0 28.9 Vermont 42.5 38.9 40.3 38.9 38.8 Virginia 32.5 33.6 33.0 26.3 26.5 Washington 28.1 25.0 25.0 27.8 29.6 West Virginia 120.1 140.1 141.9 143.4 148.8 Wisconsin 28.1 26.8 27.5 28.3 27.7 Wyoming 40.4 36.2 38.7 36.5 38.1 National 45.2 46.7 47.1 47.8 47.2 Reporting States - - - - - chApter 3: Children 30 Child Maltreatment 2019 Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2019 (continues next page) State Substantiated Indicated Alternative Response Unsubstantiated Intentionally False Alabama 12,026 - - 29,627 - Alaska 3,575 - - 14,657 - Arizona 13,531 74 - 50,850 - Arkansas 8,898 - 8,512 28,417 - California 68,348 - - 291,083 - Colorado 13,127 - 13,257 28,783 - Connecticut 8,659 - - 12,958 - Delaware 1,265 - - 8,810 - District of Columbia 2,017 - 2,752 4,833 - Florida 34,644 - - 229,788 - Georgia 10,341 - 66,636 52,459 - Hawaii 1,374 - - 3,270 - Idaho 1,928 - - 15,051 918 Illinois 37,767 - - 104,809 298 Indiana 24,932 - - 180,534 - Iowa 13,761 - 11,753 28,803 - Kansas 3,132 - - 41,017 - Kentucky 22,434 - - 67,517 - Louisiana 8,783 - - 19,805 - Maine 4,791 - - 12,590 - Maryland 4,877 3,388 18,597 8,773 - Massachusetts 27,984 - - 28,929 - Michigan 19,938 15,696 - 126,898 24 Minnesota 7,089 - 26,432 10,127 - Mississippi 10,239 - - 36,997 - Missouri 4,868 - 55,173 21,364 - Montana 3,965 40 - 14,298 - Nebraska 2,937 - 1,098 17,019 - Nevada 5,313 - 958 18,698 - New Hampshire 1,233 - - 12,349 - New Jersey 5,340 - - 89,660 - New Mexico 9,373 - - 24,538 - New York 78,051 - 14,544 176,530 - North Carolina 5,741 - 92,129 17,091 - North Dakota 1,868 - - 5,478 - Ohio 20,069 7,893 58,326 47,642 - Oklahoma 15,993 - 1,488 43,926 - Oregon 14,764 - - 46,363 - Pennsylvania 5,017 - - 36,934 - Puerto Rico 4,980 27 - 7,130 105 Rhode Island 3,438 - - 7,590 - South Carolina 19,747 - 21,337 46,812 - South Dakota 1,617 - - 2,766 - Tennessee 9,279 858 61,351 34,280 - Texas 66,259 - 43,251 176,925 - Utah 11,189 - - 18,554 37 Vermont 945 - 1,522 2,802 17 Virginia 6,345 - 40,687 8,388 - Washington 4,887 - 36,033 19,936 53 West Virginia 7,171 - - 37,406 - Wisconsin 4,791 - 6,591 30,657 - Wyoming 1,132 - 4,568 332 - National 681,772 27,976 586,995 2,402,853 1,452 Reporting States 16.0 0.7 13.8 56.5 0.0 National States 52 7 22 52 7 chApter 3: Children 31 Child Maltreatment 2019 Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2019 State Closed With No Finding No Alleged Maltreatment Other Unknown Total Children Alabama 1,527 - - 71 43,251 Alaska 1,550 - 18 - 19,800 Arizona 1,740 35,054 - - 101,249 Arkansas 1,425 21,055 - - 68,307 California - 57,766 - 8 417,205 Colorado - - - 207 55,374 Connecticut - - - - 21,617 Delaware 2,881 1,104 - - 14,060 District of Columbia 193 5,439 - - 15,234 Florida - 85,479 - 2,222 352,133 Georgia - 67,188 - - 196,624 Hawaii - - - 25 4,669 Idaho - - - - 17,897 Illinois - 54,096 - - 196,970 Indiana - - - - 205,466 Iowa - - - 18 54,335 Kansas 468 - - - 44,617 Kentucky 1,575 - 4,314 - 95,840 Louisiana 1,743 1 - - 30,332 Maine - 3,112 - - 20,493 Maryland - - - - 35,635 Massachusetts - 20,203 11,577 - 88,693 Michigan 1,483 46,716 - - 210,755 Minnesota 1,933 - - - 45,581 Mississippi 1,512 - - - 48,748 Missouri 2,632 - 438 28 84,503 Montana 1,129 71 100 8 19,611 Nebraska - - 31,106 Nevada 40 9,471 9,790 - - 34,799 New Hampshire 1,826 - - 1 15,409 New Jersey - - - - 95,000 New Mexico - - - - 33,911 New York - 2,943 1 - 272,069 North Carolina 17 - 662 8 115,648 North Dakota - - - - 7,346 Ohio 4,095 - - - 138,025 Oklahoma 4,912 - - - 66,319 Oregon - - 6,710 1 67,838 Pennsylvania - - - - 41,951 Puerto Rico 1,040 2,453 - - 15,735 Rhode Island 209 - - - 11,237 South Carolina - 19,942 - 260 108,098 South Dakota 170 - - - 4,553 Tennessee 7,679 - 2 63 113,512 Texas 2,568 - 18,785 2,530 310,318 Utah 1,649 - - - 31,429 Vermont - - - - 5,286 Virginia 39 518 - 4 55,981 Washington 2,355 - - - 63,264 West Virginia 4,732 10,710 - 23 60,042 Wisconsin - - - - 42,039 Wyoming - - - - 6,032 National 53,703 453,111 42,607 5,477 4,255,946 National Percent 1.3 10.6 1.0 0.1 100.0 Reporting States 29 20 10 16 52581 chApter 3: Children 32 Child Maltreatment 2019 Table 3–3 Children Who Received a Disposition by Response Category, 2015–2019 (continues next page) State 2015 Total Children 2015 Alternative Response 2015 Investigation Response 2016 Total Children 2016 Alternative Response 2016 Investigation Response Alabama 32,908 - 32,908 39,755 - 39,755 Alaska 13,819 - 13,819 15,142 - 15,142 Arizona 98,160 - 98,160 119,784 - 119,784 Arkansas 68,263 5,829 62,434 69,292 6,596 62,696 California 458,864 - 458,864 460,071 - 460,071 Colorado 44,713 10,438 34,275 50,771 10,511 40,260 Connecticut 25,901 - 25,901 28,471 - 28,471 Delaware 16,523 - 16,523 16,291 - 16,291 District of Columbia 13,949 3,390 10,559 15,105 4,042 11,063 Florida 341,501 - 341,501 351,850 - 351,850 Georgia 202,891 54,346 148,545 211,755 55,630 156,125 Hawaii 3,824 - 3,824 3,855 - 3,855 Idaho 15,127 - 15,127 14,360 - 14,360 Illinois 151,988 - 151,988 176,169 - 176,169 Indiana 185,997 - 185,997 198,481 - 198,481 Iowa 36,956 13,276 23,680 39,395 12,956 26,439 Kansas 34,616 - 34,616 34,537 - 34,537 Kentucky 92,261 15,071 77,190 88,940 7,812 81,128 Louisiana 41,541 237 41,304 38,082 - 38,082 Maine 14,902 - 14,902 13,608 - 13,608 Maryland 34,349 18,943 15,406 35,414 19,010 16,404 Massachusetts 91,624 14,547 77,077 97,027 5,697 91,330 Michigan 187,354 - 187,354 190,763 - 190,763 Minnesota 34,923 22,218 12,705 45,798 25,562 20,236 Mississippi 41,769 - 41,769 47,364 - 47,364 Missouri 96,774 53,899 42,875 101,276 56,162 45,114 Montana 15,740 - 15,740 17,538 - 17,538 Nebraska 28,871 383 28,488 28,247 435 27,812 Nevada 34,278 2,106 32,172 33,590 2,059 31,531 New Hampshire 13,566 - 13,566 17,358 - 17,358 New Jersey 90,557 - 90,557 88,610 - 88,610 New Mexico 35,472 - 35,472 29,727 - 29,727 New York 256,821 16,702 240,119 262,163 17,752 244,411 North Carolina 144,986 111,359 33,627 141,112 112,412 28,700 North Dakota 7,105 - 7,105 7,445 - 7,445 Ohio 122,662 52,417 70,245 124,626 53,339 71,287 Oklahoma 67,279 2,462 64,817 63,011 2,431 60,580 Oregon 46,033 2,467 43,566 60,310 10,351 49,959 Pennsylvania 37,149 - 37,149 43,264 - 43,264 Puerto Rico 29,643 - 29,643 - - - Rhode Island 10,145 - 10,145 8,841 - 8,841 South Carolina 59,081 11,728 47,353 79,011 21,591 57,420 South Dakota 4,759 - 4,759 4,584 - 4,584 Tennessee 118,790 57,516 61,274 112,645 62,791 49,854 Texas 300,120 4,141 295,979 303,275 19,014 284,261 Utah 30,415 - 30,415 29,748 - 29,748 Vermont 6,204 2,365 3,839 5,479 2,091 3,388 Virginia 66,406 35,158 31,248 69,434 37,335 32,099 Washington 57,189 16,721 40,468 51,121 20,331 30,790 West Virginia 47,418 - 47,418 54,243 - 54,243 Wisconsin 44,157 3,257 40,900 41,446 5,166 36,280 Wyoming 6,794 5,439 1,355 6,073 4,778 1,295 National 4,063,137 536,415 3,526,722 4,186,257 575,854 3,610,403 Reporting States 52 26 52 51 25 51 chApter 3: Children 33 Child Maltreatment 2019 Table 3–3 Children Who Received a Disposition by Response Category, 2015–2019 (continues next page) State 2017 Total Children 2017 Alternative Response 2017 Investigation Response 2018 Total Children 2018 Alternative Response 2018 Investigation Response Alabama 42,503 - 42,503 42,379 - 42,379 Alaska 17,187 - 17,187 16,818 - 16,818 Arizona 103,758 - 103,758 109,432 - 109,432 Arkansas 71,626 7,800 63,826 70,372 8,836 61,536 California 447,384 - 447,384 439,435 - 439,435 Colorado 52,100 11,436 40,664 53,551 12,429 41,122 Connecticut 29,375 - 29,375 22,998 - 22,998 Delaware 15,234 - 15,234 13,745 - 13,745 District of Columbia 17,225 4,804 12,421 17,529 4,962 12,567 Florida 368,327 - 368,327 362,565 - 362,565 Georgia 207,958 88,733 119,225 205,333 74,547 130,786 Hawaii 3,618 - 3,618 3,938 - 3,938 Idaho 14,737 - 14,737 16,835 - 16,835 Illinois 167,421 - 167,421 186,008 - 186,008 Indiana 227,160 - 227,160 223,929 - 223,929 Iowa 48,967 12,690 36,277 57,422 12,275 45,147 Kansas 33,909 - 33,909 35,627 - 35,627 Kentucky 102,098 3,605 98,493 105,959 - 105,959 Louisiana 31,213 - 31,213 28,650 - 28,650 Maine 13,214 - 13,214 13,123 - 13,123 Maryland 36,087 17,551 18,536 35,778 17,561 18,217 Massachusetts 90,898 - 90,898 92,554 - 92,554 Michigan 194,354 - 194,354 205,116 - 205,116 Minnesota 48,553 25,824 22,729 46,796 25,846 20,950 Mississippi 48,426 - 48,426 50,672 - 50,672 Missouri 93,425 58,450 34,975 109,779 71,403 38,376 Montana 17,875 - 17,875 19,453 - 19,453 Nebraska 31,872 785 31,087 30,090 879 29,211 Nevada 33,441 1,410 32,031 36,146 1,436 34,710 New Hampshire 15,335 - 15,335 16,845 - 16,845 New Jersey 89,422 - 89,422 93,282 - 93,282 New Mexico 34,533 - 34,533 32,955 - 32,955 New York 275,006 19,113 255,893 275,323 17,781 257,542 North Carolina 142,301 114,052 28,249 130,554 103,220 27,334 North Dakota 7,492 - 7,492 8,102 - 8,102 Ohio 130,592 57,156 73,436 133,869 58,211 75,658 Oklahoma 63,933 1,835 62,098 68,665 1,760 66,905 Oregon 52,383 8,627 43,756 60,491 55 60,436 Pennsylvania 46,208 - 46,208 45,279 - 45,279 Puerto Rico 18,931 - 18,931 15,530 - 15,530 Rhode Island 8,758 - 8,758 13,060 - 13,060 South Carolina 83,434 22,155 61,279 104,611 17,043 87,568 South Dakota 4,709 - 4,709 4,111 - 4,111 Tennessee 112,265 66,826 45,439 104,250 62,146 42,104 Texas 319,975 26,615 293,360 315,263 34,291 280,972 Utah 30,641 - 30,641 30,646 - 30,646 Vermont 5,622 1,957 3,665 5,393 1,636 3,757 Virginia 68,107 39,988 28,119 55,301 40,192 15,109 Washington 52,537 23,654 28,883 59,952 30,461 29,491 West Virginia 58,178 - 58,178 58,860 - 58,860 Wisconsin 42,313 5,984 36,329 43,415 7,045 36,370 Wyoming 6,323 5,076 1,247 5,838 4,477 1,361 National 4,278,943 626,126 3,652,817 4,333,627 608,492 3,725,135 Reporting States 52 24 52 52 23 52 chApter 3: Children 34 Child Maltreatment 2019 State 2019 Total Children 2019 Alternative Response 2019 Investigation Response 2015 Alternative Response Percent2015 Investigation Response Percent2016 Alternative Response Percent2016 Investigation Response Percent Alabama 43,251 - 43,251 - 100.0 - 100.0 Alaska 19,800 - 19,800 - 100.0 - 100.0 Arizona 101,249 - 101,249 - 100.0 - 100.0 Arkansas 68,307 8,512 59,795 8.5 91.5 9.5 90.5 California 417,205 - 417,205 - 100.0 - 100.0 Colorado 55,374 13,257 42,117 23.3 76.7 20.7 79.3 Connecticut 21,617 - 21,617 - 100.0 - 100.0 Delaware 14,060 - 14,060 - 100.0 - 100.0 District of Columbia 15,234 2,752 12,482 24.3 75.7 26.8 73.2 Florida 352,133 - 352,133 - 100.0 - 100.0 Georgia 196,624 66,636 129,988 26.8 73.2 26.3 73.7 Hawaii 4,669 - 4,669 - 100.0 - 100.0 Idaho 17,897 - 17,897 - 100.0 - 100.0 Illinois 196,970 - 196,970 - 100.0 - 100.0 Indiana 205,466 - 205,466 - 100.0 - 100.0 Iowa 54,335 11,753 42,582 35.9 64.1 32.9 67.1 Kansas 44,617 - 44,617 - 100.0 - 100.0 Kentucky 95,840 - 95,840 16.3 83.7 8.8 91.2 Louisiana 30,332 - 30,332 0.6 99.4 - 100.0 Maine 20,493 - 20,493 - 100.0 - 100.0 Maryland 35,635 18,597 17,038 55.1 44.9 53.7 46.3 Massachusetts 88,693 - 88,693 15.9 84.1 5.9 94.1 Michigan 210,755 - 210,755 - 100.0 - 100.0 Minnesota 45,581 26,432 19,149 63.6 36.4 55.8 44.2 Mississippi 48,748 - 48,748 - 100.0 - 100.0 Missouri 84,503 55,173 29,330 55.7 44.3 55.5 44.5 Montana 19,611 - 19,611 - 100.0 - 100.0 Nebraska 31,106 1,098 30,008 1.3 98.7 1.5 98.5 Nevada 34,799 958 33,841 6.1 93.9 6.1 93.9 New Hampshire 15,409 - 15,409 - 100.0 - 100.0 New Jersey 95,000 - 95,000 - 100.0 - 100.0 New Mexico 33,911 - 33,911 - 100.0 - 100.0 New York 272,069 14,544 257,525 6.5 93.5 6.8 93.2 North Carolina 115,648 92,129 23,519 76.8 23.2 79.7 20.3 North Dakota 7,346 - 7,346 - 100.0 - 100.0 Ohio 138,025 58,326 79,699 42.7 57.3 42.8 57.2 Oklahoma 66,319 1,488 64,831 3.7 96.3 3.9 96.1 Oregon 67,838 - 67,838 5.4 94.6 17.2 82.8 Pennsylvania 41,951 - 41,951 - 100.0 - 100.0 Puerto Rico 15,735 - 15,735 - 100.0 - - Rhode Island 11,237 - 11,237 - 100.0 - 100.0 South Carolina 108,098 21,337 86,761 19.9 80.1 27.3 72.7 South Dakota 4,553 - 4,553 - 100.0 - 100.0 Tennessee 113,512 61,351 52,161 48.4 51.6 55.7 44.3 Texas 310,318 43,251 267,067 1.4 98.6 6.3 93.7 Utah 31,429 - 31,429 - 100.0 - 100.0 Vermont 5,286 1,522 3,764 38.1 61.9 38.2 61.8 Virginia 55,981 40,687 15,294 52.9 47.1 53.8 46.2 Washington 63,264 36,033 27,231 29.2 70.8 39.8 60.2 West Virginia 60,042 - 60,042 - 100.0 - 100.0 Wisconsin 42,039 6,591 35,448 7.4 92.6 12.5 87.5 Wyoming 6,032 4,568 1,464 80.1 19.9 78.7 21.3 National 4,255,946 586,995 3,668,951 13.2 86.8 13.8 86.2 Reporting States 52 22 52 - - - -Table 3–3 Children Who Received a Disposition by Response Category, 2015–2019 (continues next page) chApter 3: Children 35 Child Maltreatment 2019 State2017 Alternative Response Percent2017 Investigation Response Percent2018 Alternative Response Percent2018 Investigation Response Percent2019 Alternative Response Percent2019 Investigation Response Percent Alabama - 100.0 - 100.0 - 100.0 Alaska - 100.0 - 100.0 - 100.0 Arizona - 100.0 - 100.0 - 100.0 Arkansas 10.9 89.1 12.6 87.4 12.5 87.5 California - 100.0 - 100.0 - 100.0 Colorado 22.0 78.0 23.2 76.8 23.9 76.1 Connecticut - 100.0 - 100.0 - 100.0 Delaware - 100.0 - 100.0 - 100.0 District of Columbia 27.9 72.1 28.3 71.7 18.1 81.9 Florida - 100.0 - 100.0 - 100.0 Georgia 42.7 57.3 36.3 63.7 33.9 66.1 Hawaii - 100.0 - 100.0 - 100.0 Idaho - 100.0 - 100.0 - 100.0 Illinois - 100.0 - 100.0 - 100.0 Indiana - 100.0 - 100.0 - 100.0 Iowa 25.9 74.1 21.4 78.6 21.6 78.4 Kansas - 100.0 - 100.0 - 100.0 Kentucky 3.5 96.5 - 100.0 - 100.0 Louisiana - 100.0 - 100.0 - 100.0 Maine - 100.0 - 100.0 - 100.0 Maryland 48.6 51.4 49.1 50.9 52.2 47.8 Massachusetts - 100.0 - 100.0 - 100.0 Michigan - 100.0 - 100.0 - 100.0 Minnesota 53.2 46.8 55.2 44.8 58.0 42.0 Mississippi - 100.0 - 100.0 - 100.0 Missouri 62.6 37.4 65.0 35.0 65.3 34.7 Montana - 100.0 - 100.0 - 100.0 Nebraska 2.5 97.5 2.9 97.1 3.5 96.5 Nevada 4.2 95.8 4.0 96.0 2.8 97.2 New Hampshire - 100.0 - 100.0 - 100.0 New Jersey - 100.0 - 100.0 - 100.0 New Mexico - 100.0 - 100.0 - 100.0 New York 7.0 93.0 6.5 93.5 5.3 94.7 North Carolina 80.1 19.9 79.1 20.9 79.7 20.3 North Dakota - 100.0 - 100.0 - 100.0 Ohio 43.8 56.2 43.5 56.5 42.3 57.7 Oklahoma 2.9 97.1 2.6 97.4 2.2 97.8 Oregon 16.5 83.5 0.1 99.9 - 100.0 Pennsylvania - 100.0 - 100.0 - 100.0 Puerto Rico - 100.0 - 100.0 - 100.0 Rhode Island - 100.0 - 100.0 - 100.0 South Carolina 26.6 73.4 16.3 83.7 19.7 80.3 South Dakota - 100.0 - 100.0 - 100.0 Tennessee 59.5 40.5 59.6 40.4 54.0 46.0 Texas 8.3 91.7 10.9 89.1 13.9 86.1 Utah - 100.0 - 100.0 - 100.0 Vermont 34.8 65.2 30.3 69.7 28.8 71.2 Virginia 58.7 41.3 72.7 27.3 72.7 27.3 Washington 45.0 55.0 50.8 49.2 57.0 43.0 West Virginia - 100.0 - 100.0 - 100.0 Wisconsin 14.1 85.9 16.2 83.8 15.7 84.3 Wyoming 80.3 19.7 76.7 23.3 75.7 24.3 National 14.6 85.4 14.0 86.0 13.8 86.2 Reporting States - - - - - -Table 3–3 Children Who Received a Disposition by Response Category, 2015–2019 chApter 3: Children 36 Child Maltreatment 2019 Table 3–4 Victims, 2015–2019 (continues next page) State 2015 2016 2017 2018 2019 Alabama 8,466 10,157 10,847 12,158 11,677 Alaska 2,898 3,142 2,783 2,615 3,059 Arizona 11,955 10,841 9,909 15,504 12,847 Arkansas 9,204 9,707 9,334 8,538 8,422 California 72,000 68,663 65,342 63,795 64,115 Colorado 10,100 11,226 11,578 11,879 12,246 Connecticut 6,930 7,903 8,442 7,652 8,042 Delaware 1,538 1,572 1,542 1,251 1,248 District of Columbia 1,348 1,366 1,639 1,699 1,857 Florida 43,775 41,894 40,103 36,795 32,915 Georgia 26,952 21,635 10,319 11,064 10,102 Hawaii 1,506 1,491 1,280 1,265 1,342 Idaho 1,623 1,847 1,832 1,919 1,869 Illinois 29,993 29,059 28,751 31,515 33,331 Indiana 26,397 28,430 29,198 25,731 23,029 Iowa 7,877 8,555 10,643 11,764 11,648 Kansas 1,992 2,403 4,153 3,188 2,945 Kentucky 18,897 20,010 22,410 23,752 20,130 Louisiana 12,631 11,289 10,356 9,380 8,441 Maine 3,372 3,446 3,475 3,481 4,413 Maryland 6,790 6,993 7,578 7,743 7,661 Massachusetts 31,089 31,624 24,955 25,812 25,029 Michigan 34,729 37,261 38,062 37,703 33,043 Minnesota 5,120 7,941 8,709 7,785 6,780 Mississippi 8,730 10,179 10,429 10,002 9,377 Missouri 5,699 5,481 4,585 5,662 4,762 Montana 1,868 3,116 3,534 3,763 3,736 Nebraska 3,483 2,783 3,246 2,596 2,822 Nevada 4,953 4,885 4,859 5,162 4,999 New Hampshire 745 905 1,151 1,331 1,217 New Jersey 9,689 8,264 6,614 6,008 5,132 New Mexico 8,701 7,526 8,577 8,024 8,025 New York 66,676 65,123 71,226 68,785 67,269 North Carolina 7,857 7,134 7,392 6,502 5,601 North Dakota 1,760 1,805 1,981 2,097 1,797 Ohio 23,006 23,635 24,897 25,158 25,470 Oklahoma 14,449 14,308 14,457 15,355 15,148 Oregon 10,428 11,812 11,013 12,581 13,543 Pennsylvania 3,629 4,355 4,625 4,695 4,817 Puerto Rico 6,950 - 5,729 4,381 4,738 Rhode Island 3,183 2,955 3,095 3,644 3,183 South Carolina 14,856 17,331 17,071 19,130 18,717 South Dakota 1,073 1,246 1,339 1,426 1,537 Tennessee 11,362 9,665 9,354 9,186 9,859 Texas 63,781 57,374 61,506 63,271 64,093 Utah 9,569 9,614 9,947 10,122 10,579 Vermont 921 822 878 958 851 Virginia 6,112 5,941 6,277 6,132 6,159 Washington 5,894 4,725 4,386 4,498 4,222 West Virginia 4,857 5,938 6,370 6,946 6,727 Wisconsin 4,840 4,822 4,902 5,017 4,576 Wyoming 968 977 950 1,044 1,096 National 683,221 671,176 673,630 677,464 656,243 Reporting States 52 51 52 52 52 chApter 3: Children 37 Child Maltreatment 2019 Table 3–4 Victims, 2015–2019 StatePercent Change from 2015 to 20192015 Rate per 1,000 Children2016 Rate per 1,000 Children2017 Rate per 1,000 Children2018 Rate per 1,000 Children2019 Rate per 1,000 Children Alabama 37.9 7.7 9.2 9.9 11.1 10.7 Alaska 5.6 15.6 16.8 15.0 14.3 17.0 Arizona 7.5 7.3 6.6 6.1 9.5 7.8 Arkansas -8.5 13.0 13.8 13.2 12.2 12.0 California -11.0 7.9 7.6 7.2 7.1 7.2 Colorado 21.2 8.0 8.9 9.2 9.4 9.7 Connecticut 16.0 9.1 10.5 11.4 10.4 11.1 Delaware -18.9 7.5 7.7 7.6 6.1 6.1 District of Columbia 37.8 11.3 11.2 13.1 13.4 14.5 Florida -24.8 10.7 10.1 9.5 8.7 7.8 Georgia -62.5 10.8 8.6 4.1 4.4 4.0 Hawaii -10.9 4.9 4.9 4.2 4.2 4.5 Idaho 15.2 3.7 4.2 4.1 4.3 4.2 Illinois 11.1 10.1 9.9 9.9 11.0 11.8 Indiana -12.8 16.7 18.0 18.6 16.4 14.7 Iowa 47.9 10.8 11.7 14.5 16.1 16.0 Kansas 47.8 2.8 3.4 5.8 4.5 4.2 Kentucky 6.5 18.7 19.8 22.2 23.6 20.1 Louisiana -33.2 11.3 10.1 9.4 8.6 7.8 Maine 30.9 13.2 13.5 13.8 13.9 17.7 Maryland 12.8 5.0 5.2 5.6 5.8 5.7 Massachusetts -19.5 22.4 22.9 18.2 18.9 18.5 Michigan -4.9 15.7 17.0 17.5 17.4 15.4 Minnesota 32.4 4.0 6.1 6.7 6.0 5.2 Mississippi 7.4 12.0 14.1 14.6 14.2 13.4 Missouri -16.4 4.1 4.0 3.3 4.1 3.5 Montana 100.0 8.2 13.7 15.4 16.5 16.3 Nebraska -19.0 7.4 5.9 6.8 5.5 5.9 Nevada 0.9 7.4 7.2 7.1 7.5 7.2 New Hampshire 63.4 2.8 3.4 4.4 5.2 4.8 New Jersey -47.0 4.9 4.2 3.4 3.1 2.6 New Mexico -7.8 17.4 15.2 17.6 16.7 16.9 New York 0.9 15.9 15.7 17.3 16.9 16.7 North Carolina -28.7 3.4 3.1 3.2 2.8 2.4 North Dakota 2.1 10.1 10.3 11.2 11.8 10.0 Ohio 10.7 8.7 9.0 9.5 9.7 9.9 Oklahoma 4.8 15.0 14.9 15.1 16.1 15.9 Oregon 29.9 12.1 13.6 12.6 14.5 15.6 Pennsylvania 32.7 1.3 1.6 1.7 1.8 1.8 Puerto Rico -31.8 9.5 - 8.8 7.4 8.3 Rhode Island 0.0 15.1 14.1 15.0 17.7 15.6 South Carolina 26.0 13.6 15.8 15.5 17.3 16.8 South Dakota 43.2 5.1 5.8 6.2 6.6 7.1 Tennessee -13.2 7.6 6.4 6.2 6.1 6.5 Texas 0.5 8.8 7.8 8.4 8.6 8.7 Utah 10.6 10.5 10.4 10.7 10.9 11.4 Vermont -7.6 7.7 7.0 7.5 8.3 7.5 Virginia 0.8 3.3 3.2 3.4 3.3 3.3 Washington -28.4 3.7 2.9 2.7 2.7 2.5 West Virginia 38.5 12.8 15.9 17.2 19.1 18.7 Wisconsin -5.5 3.7 3.7 3.8 3.9 3.6 Wyoming 13.2 6.9 7.0 7.0 7.8 8.2 National N/A 9.2 9.1 9.1 9.2 8.9 Reporting States - - - - - - chApter 3: Children 38 Child Maltreatment 2019 Table 3–5 First-time Victims, 2019 State First-time Victims First-time Victims Rate per 1,000 Children Alabama 9,522 8.7 Alaska 2,038 11.3 Arizona 10,461 6.4 Arkansas 7,043 10.1 California 50,728 5.7 Colorado 8,837 7.0 Connecticut 5,790 8.0 Delaware 1,000 4.9 District of Columbia 1,256 9.8 Florida 14,839 3.5 Georgia 8,379 3.3 Hawaii 1,117 3.7 Idaho 1,599 3.6 Illinois 22,015 7.8 Indiana 16,107 10.3 Iowa 8,056 11.1 Kansas 2,626 3.8 Kentucky 13,097 13.1 Louisiana 6,559 6.0 Maine 2,949 11.9 Maryland 5,628 4.2 Massachusetts 13,609 10.1 Michigan 20,788 9.7 Minnesota 5,937 4.6 Mississippi 8,148 11.7 Missouri 4,092 3.0 Montana 3,064 13.4 Nebraska 2,147 4.5 Nevada 3,355 4.8 New Hampshire 1,003 3.9 New Jersey 4,070 2.1 New Mexico 5,675 11.9 New York 39,375 9.8 North Carolina 4,731 2.1 North Dakota 1,272 7.1 Ohio 18,701 7.3 Oklahoma 11,901 12.5 Oregon 8,954 10.3 Pennsylvania - - Puerto Rico - - Rhode Island 2,137 10.5 South Carolina 13,744 12.4 South Dakota 1,185 5.5 Tennessee 5,130 3.4 Texas 51,730 7.0 Utah 7,353 7.9 Vermont 705 6.2 Virginia - - Washington 1,926 1.2 West Virginia 5,407 15.0 Wisconsin 3,877 3.1 Wyoming 907 6.8 National 450,569 6.6 Reporting States 49 - Chapter 3: Children 39 Child Maltreatment 2019 Table 3–6 Victims by Age, 2019 (continues next page) State <1 1 2 3 4 5 6 7 8 9 Alabama 1,945 761 714 731 668 621 578 567 544 553 Alaska 416 221 232 193 205 194 175 166 168 156 Arizona 3,380 830 836 738 655 650 564 570 572 532 Arkansas 1,814 524 528 487 459 425 381 397 356 321 California 10,134 4,221 3,931 3,796 3,601 3,653 3,356 3,449 3,155 3,189 Colorado 1,773 801 781 719 751 632 675 660 644 667 Connecticut 1,062 547 471 420 421 463 480 450 413 424 Delaware 126 95 68 69 65 88 78 70 68 76 District of Columbia 206 95 87 126 107 132 131 131 114 116 Florida 5,126 2,493 2,378 2,310 2,037 1,913 1,844 1,659 1,507 1,602 Georgia 2,402 585 510 534 527 479 492 480 478 454 Hawaii 207 86 69 76 77 76 79 58 62 57 Idaho 466 105 96 105 90 85 87 68 81 66 Illinois 4,291 2,516 2,350 2,260 2,175 2,002 1,926 1,819 1,777 1,810 Indiana 4,935 1,549 1,392 1,281 1,250 1,221 1,179 1,139 1,043 1,010 Iowa 1,723 828 759 758 776 656 692 583 611 616 Kansas 219 168 143 163 153 175 183 148 183 193 Kentucky 3,016 1,378 1,403 1,312 1,269 1,159 1,113 1,066 1,018 1,065 Louisiana 2,759 491 476 415 378 389 343 374 321 319 Maine 506 277 272 287 279 277 268 250 242 261 Maryland 566 405 408 499 437 468 445 451 408 393 Massachusetts 3,022 1,463 1,420 1,373 1,357 1,344 1,458 1,434 1,335 1,372 Michigan 4,176 2,412 2,275 2,124 2,035 1,957 1,926 1,829 1,790 1,698 Minnesota 1,010 427 441 407 400 412 384 360 347 348 Mississippi 1,225 530 455 477 477 500 486 498 473 504 Missouri 317 273 267 299 268 232 244 244 258 275 Montana 457 286 273 271 261 241 209 202 194 187 Nebraska 368 201 208 176 194 194 155 144 138 143 Nevada 805 358 365 315 337 258 280 271 251 255 New Hampshire 165 92 84 82 68 65 60 64 60 67 New Jersey 684 300 266 303 282 301 271 263 276 271 New Mexico 1,115 489 446 445 451 469 492 470 468 479 New York 6,444 4,001 3,837 3,741 3,659 3,924 4,126 3,971 3,836 3,696 North Carolina 559 339 350 326 321 314 331 300 306 315 North Dakota 218 124 134 117 129 103 114 111 94 96 Ohio 4,194 1,501 1,383 1,457 1,383 1,360 1,425 1,351 1,233 1,228 Oklahoma 2,524 1,162 1,136 1,033 976 927 854 766 744 712 Oregon 1,407 892 863 860 812 871 795 756 741 762 Pennsylvania 411 258 223 220 212 211 215 205 217 236 Puerto Rico 285 257 251 218 274 323 299 295 291 293 Rhode Island 480 203 206 211 191 158 196 176 173 168 South Carolina 2,431 1,314 1,232 1,144 1,054 1,100 1,062 1,047 1,009 970 South Dakota 255 141 125 96 109 97 89 78 73 71 Tennessee 2,221 782 521 508 488 464 424 390 365 386 Texas 11,614 5,471 5,195 4,839 4,604 4,300 3,333 3,018 2,819 2,753 Utah 1,209 551 601 522 545 543 571 534 519 517 Vermont 60 54 55 61 49 52 47 28 43 45 Virginia 749 441 438 408 376 372 349 303 303 302 Washington 399 314 322 289 265 256 258 221 215 224 West Virginia 1,321 401 412 354 392 403 411 378 388 342 Wisconsin 537 314 308 277 288 284 291 264 225 231 Wyoming 145 84 77 75 71 65 79 50 66 64 National 97,879 44,411 42,073 40,307 38,708 37,858 36,303 34,576 33,015 32,890 Reporting States 52 52 52 52 52 52 52 52 52 52 Chapter 3: Children 40 Child Maltreatment 2019 Table 3–6 Victims by Age, 2019 (continues next page) State 10 11 12 13 14 15 16 17Unborn, Unknown, and 18–21 Total Victims Alabama 551 500 491 563 629 568 403 261 29 11,677 Alaska 161 157 131 129 106 88 92 58 11 3,059 Arizona 493 466 517 479 441 426 380 300 18 12,847 Arkansas 378 336 327 348 374 362 301 228 76 8,422 California 3,094 3,119 3,038 2,826 2,681 2,609 2,379 1,824 60 64,115 Colorado 677 625 593 547 516 476 384 263 62 12,246 Connecticut 414 406 392 411 368 359 298 213 30 8,042 Delaware 55 56 60 68 56 63 48 35 4 1,248 District of Columbia 105 77 88 76 80 70 54 50 12 1,857 Florida 1,500 1,440 1,391 1,271 1,249 1,256 1,017 811 111 32,915 Georgia 479 452 499 432 400 424 311 149 15 10,102 Hawaii 74 69 70 58 59 63 61 37 4 1,342 Idaho 84 84 73 88 80 93 67 51 - 1,869 Illinois 1,739 1,542 1,533 1,400 1,283 1,158 1,001 682 67 33,331 Indiana 1,063 1,015 995 911 911 928 707 472 28 23,029 Iowa 634 571 536 487 475 395 333 206 9 11,648 Kansas 162 144 184 162 153 188 130 89 5 2,945 Kentucky 969 940 951 853 734 719 643 463 59 20,130 Louisiana 311 341 327 280 266 292 233 114 12 8,441 Maine 245 274 226 211 192 143 115 79 9 4,413 Maryland 417 426 403 409 416 413 384 283 30 7,661 Massachusetts 1,372 1,367 1,259 1,225 1,197 1,187 1,001 806 37 25,029 Michigan 1,630 1,534 1,547 1,492 1,419 1,313 1,124 697 65 33,043 Minnesota 369 328 349 287 261 264 212 163 11 6,780 Mississippi 500 523 556 505 474 513 415 243 23 9,377 Missouri 266 238 267 288 298 330 266 131 1 4,762 Montana 186 186 193 144 127 117 107 64 31 3,736 Nebraska 127 131 111 107 119 116 91 78 21 2,822 Nevada 251 209 205 198 193 179 146 118 5 4,999 New Hampshire 58 63 52 61 51 40 45 37 3 1,217 New Jersey 252 294 254 272 248 246 179 154 16 5,132 New Mexico 471 407 348 363 334 273 260 182 63 8,025 New York 3,712 3,598 3,457 3,359 3,412 3,492 3,124 1,738 142 67,269 North Carolina 338 332 305 308 295 254 204 90 14 5,601 North Dakota 95 96 83 82 66 55 40 20 20 1,797 Ohio 1,250 1,166 1,282 1,200 1,154 1,121 972 714 96 25,470 Oklahoma 726 706 654 583 497 434 397 249 68 15,148 Oregon 752 683 668 632 567 548 502 343 89 13,543 Pennsylvania 221 235 317 315 360 364 289 237 71 4,817 Puerto Rico 277 237 263 258 253 261 226 162 15 4,738 Rhode Island 152 154 153 132 112 136 93 74 15 3,183 South Carolina 935 941 863 756 742 711 556 320 530 18,717 South Dakota 59 62 67 62 59 33 30 26 5 1,537 Tennessee 366 391 485 425 444 401 374 326 98 9,859 Texas 2,616 2,425 2,339 2,143 2,037 1,792 1,572 927 296 64,093 Utah 530 559 546 562 627 645 550 427 21 10,579 Vermont 41 33 43 41 61 49 41 42 6 851 Virginia 285 280 287 280 260 236 220 148 122 6,159 Washington 206 208 211 206 191 186 143 103 5 4,222 West Virginia 287 302 284 280 232 205 176 123 36 6,727 Wisconsin 213 228 231 214 203 195 150 111 12 4,576 Wyoming 45 60 41 42 45 38 32 16 1 1,096 National 32,193 31,016 30,545 28,831 27,807 26,827 22,878 15,537 2,589 656,243 Reporting States 52 52 52 52 52 52 52 52 51 52 chApter 3: Children 41 Child Maltreatment 2019 Table 3–6 Victims by Age, 2019 (continues next page) State<1 Rate per 1,000 Children 1 Rate per 1,000 Children2 Rate per 1,000 Children3 Rate per 1,000 Children4 Rate per 1,000 Children5 Rate per 1,000 Children6 Rate per 1,000 Children7 Rate per 1,000 Children8 Rate per 1,000 Children Alabama 34.2 13.1 12.1 12.2 11.1 10.4 9.9 9.5 9.1 Alaska 41.7 22.1 22.8 18.4 19.7 18.6 17.0 16.1 16.1 Arizona 41.3 10.0 9.8 8.4 7.2 7.2 6.2 6.3 6.3 Arkansas 49.9 14.2 14.1 12.6 11.8 11.1 10.0 10.2 9.2 California 21.9 9.1 8.2 7.8 7.3 7.4 6.8 7.0 6.3 Colorado 27.5 12.3 11.8 10.6 10.9 9.2 9.9 9.6 9.2 Connecticut 30.7 15.4 13.0 11.3 11.1 12.2 12.6 11.6 10.4 Delaware 11.9 8.9 6.1 6.1 5.8 7.9 7.1 6.2 5.9 District of Columbia 21.6 10.3 9.6 14.3 12.2 16.6 16.0 16.6 15.3 Florida 23.1 11.1 10.4 9.9 8.8 8.2 8.0 7.1 6.4 Georgia 18.9 4.5 3.9 4.0 3.9 3.5 3.7 3.5 3.4 Hawaii 12.3 5.1 4.0 4.4 4.5 4.3 4.5 3.3 3.6 Idaho 21.1 4.7 4.2 4.4 3.7 3.5 3.5 2.8 3.2 Illinois 29.9 17.2 15.7 14.8 14.1 13.1 12.7 11.9 11.4 Indiana 61.4 18.8 16.7 15.0 14.4 14.2 13.6 13.2 12.1 Iowa 45.9 21.6 19.4 18.9 19.2 16.2 17.3 14.7 15.6 Kansas 6.2 4.7 3.8 4.3 4.0 4.5 4.7 3.8 4.6 Kentucky 56.7 25.5 25.8 23.8 22.8 20.8 20.0 19.3 18.5 Louisiana 47.6 8.3 7.8 6.7 6.1 6.3 5.7 6.3 5.4 Maine 42.0 22.4 21.4 21.9 20.9 20.8 19.9 18.7 18.1 Maryland 8.1 5.7 5.6 6.8 5.9 6.4 6.1 6.1 5.4 Massachusetts 42.7 20.7 19.9 19.1 18.7 18.5 19.9 19.5 17.8 Michigan 38.3 21.8 20.0 18.4 17.4 16.7 16.6 15.7 15.2 Minnesota 14.9 6.2 6.2 5.7 5.5 5.6 5.3 5.0 4.8 Mississippi 34.5 14.6 12.3 12.8 12.7 13.4 13.1 13.1 12.4 Missouri 4.5 3.8 3.6 4.0 3.5 3.1 3.2 3.2 3.4 Montana 39.2 24.8 22.1 21.4 20.2 18.7 16.4 15.8 15.3 Nebraska 14.6 7.9 7.9 6.6 7.1 7.2 5.9 5.5 5.2 Nevada 22.5 10.0 9.8 8.3 8.7 6.8 7.3 7.1 6.4 New Hampshire 13.7 7.5 6.5 6.3 5.1 4.9 4.4 4.7 4.2 New Jersey 6.9 3.0 2.6 2.9 2.7 2.9 2.6 2.5 2.5 New Mexico 48.4 21.0 18.6 17.8 17.6 18.1 18.8 17.9 17.3 New York 28.8 17.9 17.0 16.5 16.1 17.6 18.4 17.7 17.0 North Carolina 4.7 2.8 2.9 2.6 2.6 2.5 2.7 2.4 2.4 North Dakota 20.8 11.8 12.1 10.7 11.7 9.7 11.0 10.9 9.5 Ohio 31.4 11.0 10.0 10.3 9.7 9.6 10.0 9.6 8.8 Oklahoma 52.1 23.5 22.1 19.5 18.3 17.3 15.9 14.3 13.8 Oregon 32.5 20.3 19.0 18.2 17.0 18.1 16.6 15.7 15.1 Pennsylvania 3.1 1.9 1.6 1.5 1.5 1.5 1.5 1.4 1.5 Puerto Rico 13.3 12.5 11.0 8.6 10.1 11.1 9.9 9.3 9.0 Rhode Island 45.6 18.6 19.1 18.9 17.2 14.4 18.1 16.0 15.6 South Carolina 43.3 23.0 21.1 19.2 17.3 18.1 17.5 17.1 16.4 South Dakota 21.3 11.6 10.2 7.8 8.8 7.8 7.3 6.4 6.0 Tennessee 27.8 9.6 6.4 6.1 5.8 5.6 5.1 4.7 4.4 Texas 30.7 14.3 13.0 11.7 11.0 10.3 8.1 7.4 6.8 Utah 24.9 11.5 12.2 10.3 10.6 10.6 11.0 10.6 10.0 Vermont 10.8 9.7 9.3 10.3 8.1 8.3 7.7 4.5 6.9 Virginia 7.7 4.4 4.3 4.0 3.6 3.6 3.4 2.9 2.9 Washington 4.5 3.6 3.5 3.1 2.8 2.7 2.7 2.4 2.3 West Virginia 74.4 22.3 22.1 18.6 19.9 20.2 20.4 18.8 19.4 Wisconsin 8.5 4.9 4.6 4.1 4.2 4.2 4.2 3.8 3.2 Wyoming 22.1 12.5 10.9 10.3 9.7 8.8 10.7 6.8 8.9 National 25.7 11.5 10.7 10.0 9.5 9.3 9.0 8.5 8.1 Reporting States - - - - - - - - - chApter 3: Children 42 Child Maltreatment 2019 Table 3–6 Victims by Age, 2019 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 9.2 9.0 7.9 7.8 9.1 10.2 9.2 6.5 4.2 Alaska 15.4 16.1 15.7 13.2 13.6 11.0 9.3 9.8 6.2 Arizona 5.9 5.3 4.8 5.3 5.0 4.6 4.5 4.1 3.2 Arkansas 8.2 9.7 8.3 8.0 8.7 9.4 9.1 7.6 5.8 California 6.5 6.3 6.1 5.9 5.6 5.3 5.2 4.7 3.7 Colorado 9.3 9.5 8.6 8.1 7.5 7.1 6.5 5.3 3.7 Connecticut 10.6 10.2 9.6 9.1 9.4 8.2 7.9 6.6 4.6 Delaware 6.7 4.9 4.8 5.2 5.8 4.9 5.4 4.1 3.0 District of Columbia 17.3 16.6 12.5 14.8 13.8 15.1 13.7 10.7 9.6 Florida 6.9 6.4 5.9 5.7 5.2 5.2 5.2 4.3 3.3 Georgia 3.3 3.4 3.1 3.4 2.9 2.7 2.9 2.2 1.0 Hawaii 3.4 4.6 4.1 4.3 3.6 3.7 3.9 3.9 2.4 Idaho 2.6 3.3 3.2 2.7 3.4 3.0 3.5 2.6 2.0 Illinois 11.6 11.1 9.6 9.4 8.6 7.9 7.0 6.1 4.1 Indiana 11.6 12.2 11.3 11.0 10.1 10.2 10.2 7.8 5.3 Iowa 15.1 15.5 13.6 12.7 11.6 11.5 9.6 8.1 5.1 Kansas 4.8 4.1 3.6 4.6 4.1 3.9 4.7 3.3 2.3 Kentucky 19.4 17.4 16.5 16.5 15.0 12.9 12.6 11.4 8.2 Louisiana 5.3 5.2 5.5 5.2 4.6 4.4 4.9 3.9 1.9 Maine 18.7 17.6 19.0 15.4 14.3 12.9 9.6 7.6 5.2 Maryland 5.3 5.7 5.6 5.3 5.4 5.5 5.5 5.1 3.8 Massachusetts 18.6 18.6 17.9 16.3 15.8 15.3 14.7 12.3 9.8 Michigan 14.3 13.8 12.7 12.6 12.1 11.4 10.4 8.9 5.5 Minnesota 4.8 5.1 4.4 4.7 3.9 3.5 3.5 2.9 2.3 Mississippi 13.1 12.5 12.5 13.0 12.3 11.7 12.8 10.4 6.2 Missouri 3.6 3.5 3.0 3.4 3.7 3.8 4.2 3.4 1.7 Montana 14.6 14.5 14.0 14.4 11.0 9.9 9.1 8.4 5.1 Nebraska 5.4 4.7 4.8 4.1 4.0 4.4 4.4 3.4 3.0 Nevada 6.5 6.5 5.1 5.1 5.0 4.9 4.6 3.8 3.1 New Hampshire 4.8 4.1 4.3 3.4 4.0 3.3 2.5 2.8 2.3 New Jersey 2.5 2.4 2.7 2.3 2.4 2.2 2.2 1.6 1.4 New Mexico 17.6 17.1 14.5 12.4 13.0 12.0 10.0 9.4 6.6 New York 16.8 17.3 16.3 15.6 15.2 15.3 15.4 13.7 7.6 North Carolina 2.5 2.6 2.5 2.3 2.3 2.2 1.9 1.5 0.7 North Dakota 9.7 9.6 9.8 8.5 8.6 7.0 6.1 4.5 2.3 Ohio 8.7 8.7 8.0 8.7 8.1 7.8 7.5 6.5 4.8 Oklahoma 13.3 13.5 12.9 11.9 10.9 9.3 8.2 7.5 4.7 Oregon 15.5 15.4 13.5 13.2 12.7 11.6 11.1 10.2 7.0 Pennsylvania 1.6 1.5 1.6 2.1 2.1 2.4 2.4 1.9 1.5 Puerto Rico 8.5 7.9 6.7 7.2 6.9 6.6 6.9 6.0 4.1 Rhode Island 15.2 13.9 13.4 13.2 11.1 9.3 11.1 7.5 5.9 South Carolina 15.5 14.6 14.4 13.0 11.7 11.7 11.2 8.9 5.1 South Dakota 5.9 4.9 5.0 5.4 5.2 5.0 2.8 2.7 2.3 Tennessee 4.6 4.4 4.5 5.6 4.9 5.2 4.7 4.4 3.8 Texas 6.6 6.3 5.7 5.5 5.1 4.9 4.3 3.8 2.3 Utah 9.8 10.0 10.3 10.0 10.5 11.8 12.2 10.5 8.4 Vermont 7.1 6.5 5.0 6.3 6.1 9.1 7.1 5.9 6.1 Virginia 2.9 2.8 2.6 2.7 2.6 2.5 2.2 2.1 1.4 Washington 2.4 2.2 2.2 2.2 2.2 2.1 2.0 1.6 1.1 West Virginia 17.1 14.3 14.5 13.6 13.5 11.2 9.7 8.4 5.8 Wisconsin 3.2 3.0 3.1 3.1 2.9 2.8 2.6 2.0 1.5 Wyoming 8.2 5.8 7.5 5.1 5.4 5.8 5.1 4.3 2.2 National 8.0 7.9 7.3 7.2 6.8 6.6 6.4 5.5 3.7 Reporting States - - - - - - - - - Chapter 3: Children 43 Child Maltreatment 2019 Table 3–7 Victims by Sex, 2019 State Boy Girl Unknown Total VictimsBoy Rate per 1,000 Children Girl Rate per 1,000 Children Alabama 5,304 6,365 8 11,677 9.6 11.9 Alaska 1,489 1,560 10 3,059 16.1 17.8 Arizona 6,405 6,418 24 12,847 7.7 8.0 Arkansas 3,858 4,559 5 8,422 10.8 13.3 California 31,269 32,772 74 64,115 6.9 7.5 Colorado 5,922 6,324 - 12,246 9.2 10.3 Connecticut 3,866 4,112 64 8,042 10.4 11.5 Delaware 562 686 - 1,248 5.5 6.8 District of Columbia 893 960 4 1,857 13.8 15.2 Florida 15,874 16,797 244 32,915 7.4 8.1 Georgia 4,905 5,189 8 10,102 3.9 4.2 Hawaii 636 689 17 1,342 4.1 4.7 Idaho 901 968 - 1,869 3.9 4.4 Illinois 16,552 16,652 127 33,331 11.5 12.1 Indiana 11,178 11,847 4 23,029 13.9 15.5 Iowa 5,694 5,939 15 11,648 15.3 16.7 Kansas 1,379 1,564 2 2,945 3.8 4.6 Kentucky 10,072 9,940 118 20,130 19.6 20.3 Louisiana 4,145 4,257 39 8,441 7.5 8.0 Maine 2,140 2,270 3 4,413 16.8 18.7 Maryland 3,457 4,178 26 7,661 5.1 6.4 Massachusetts 12,178 12,503 348 25,029 17.6 18.9 Michigan 16,647 16,365 31 33,043 15.2 15.6 Minnesota 3,216 3,564 - 6,780 4.8 5.6 Mississippi 4,323 5,022 32 9,377 12.2 14.6 Missouri 1,936 2,826 - 4,762 2.8 4.2 Montana 1,814 1,829 93 3,736 15.5 16.4 Nebraska 1,295 1,526 1 2,822 5.3 6.6 Nevada 2,492 2,507 - 4,999 7.0 7.4 New Hampshire 606 610 1 1,217 4.6 4.9 New Jersey 2,405 2,722 5 5,132 2.4 2.9 New Mexico 3,961 4,022 42 8,025 16.4 17.2 New York 33,460 33,754 55 67,269 16.2 17.1 North Carolina 2,669 2,932 - 5,601 2.3 2.6 North Dakota 935 856 6 1,797 10.2 9.7 Ohio 11,778 13,626 66 25,470 8.9 10.8 Oklahoma 7,418 7,730 - 15,148 15.2 16.6 Oregon 6,554 6,976 13 13,543 14.8 16.5 Pennsylvania 1,873 2,943 1 4,817 1.4 2.3 Puerto Rico 2,339 2,399 - 4,738 8.0 8.5 Rhode Island 1,603 1,565 15 3,183 15.3 15.7 South Carolina 9,297 9,237 183 18,717 16.5 16.9 South Dakota 775 761 1 1,537 7.0 7.2 Tennessee 4,292 5,528 39 9,859 5.6 7.5 Texas 30,381 33,396 316 64,093 8.1 9.2 Utah 4,891 5,688 - 10,579 10.2 12.6 Vermont 346 505 - 851 5.9 9.1 Virginia 3,033 3,123 3 6,159 3.2 3.4 Washington 1,996 2,216 10 4,222 2.3 2.7 West Virginia 3,309 3,388 30 6,727 17.9 19.4 Wisconsin 2,112 2,440 24 4,576 3.3 3.9 Wyoming 537 558 1 1,096 7.8 8.6 National 316,972 337,163 2,108 656,243 8.4 9.4 Reporting States 52 52 41 52 - - chApter 3: Children 44 Child Maltreatment 2019 Table 3–8 Victims by Race or Ethnicity, 2019 (continues next page) State African- American American Indian or Alaska Native Asian Hispanic Multiple Race Pacific Islander White Unknown Total Victims Alabama 3,400 16 17 604 357 4 7,106 173 11,677 Alaska 66 1,498 45 140 499 86 599 126 3,059 Arizona 1,290 635 46 4,637 576 33 4,368 1,262 12,847 Arkansas 1,473 7 16 554 681 21 5,596 74 8,422 California 8,331 548 1,667 35,408 1,345 217 12,905 3,694 64,115 Colorado 1,233 82 106 4,725 519 58 5,213 310 12,246 Connecticut 1,774 12 53 2,543 455 8 2,819 378 8,042 Delaware 570 1 13 184 30 - 449 1 1,248 District of Columbia 1,210 - - 225 11 - 7 404 1,857 Florida 8,994 27 103 6,154 1,716 19 14,444 1,458 32,915 Georgia 3,994 6 37 689 558 3 4,691 124 10,102 Hawaii 14 7 108 55 549 352 204 53 1,342 Idaho 23 38 5 142 9 9 1,489 154 1,869 Illinois 10,811 33 295 5,867 829 8 15,247 241 33,331 Indiana 4,035 10 64 1,955 1,715 10 15,213 27 23,029 Iowa 1,623 170 58 1,174 400 26 8,067 130 11,648 Kansas 291 26 20 457 180 6 1,932 33 2,945 Kentucky 2,035 11 43 875 1,062 7 15,119 978 20,130 Louisiana 3,870 10 15 157 209 6 3,841 333 8,441 Maine 66 37 10 129 183 6 2,939 1,043 4,413 Maryland 3,044 8 77 673 149 10 2,189 1,511 7,661 Massachusetts 3,195 34 348 8,238 1,281 11 9,256 2,666 25,029 Michigan 8,697 108 91 2,579 3,004 22 18,473 69 33,043 Minnesota 1,107 500 208 809 1,092 1 2,804 259 6,780 Mississippi 3,726 25 15 225 204 3 4,864 315 9,377 Missouri 655 22 14 454 100 6 3,213 298 4,762 Montana 42 493 4 171 225 1 1,950 850 3,736 Nebraska 518 165 27 511 222 7 1,235 137 2,822 Nevada 1,315 37 40 1,358 322 36 1,748 143 4,999 New Hampshire 30 1 2 97 46 - 926 115 1,217 New Jersey 1,567 - 76 1,589 130 9 1,652 109 5,132 New Mexico 240 784 17 4,739 141 5 1,525 574 8,025 New York 19,139 234 1,720 19,488 3,050 29 22,352 1,257 67,269 North Carolina 1,663 218 26 735 348 4 2,535 72 5,601 North Dakota 135 374 2 90 143 11 951 91 1,797 Ohio 6,549 9 49 1,449 2,375 18 14,450 571 25,470 Oklahoma 1,479 1,115 23 2,736 3,859 27 5,903 6 15,148 Oregon 509 313 85 1,871 435 97 7,634 2,599 13,543 Pennsylvania 1,016 6 39 810 315 1 2,526 104 4,817 Puerto Rico - - - - - - - - - Rhode Island 352 12 24 731 236 - 1,345 483 3,183 South Carolina 7,369 11 23 889 577 12 8,811 1,025 18,717 South Dakota 52 631 4 83 209 2 537 19 1,537 Tennessee - - - - - - - - - Texas 12,958 72 378 28,952 2,459 66 18,155 1,053 64,093 Utah 326 195 60 2,415 320 220 6,965 78 10,579 Vermont 6 - 13 12 9 - 744 67 851 Virginia 1,566 4 66 770 414 13 3,097 229 6,159 Washington 295 208 69 872 562 63 1,985 168 4,222 West Virginia 242 - - 62 472 - 5,903 48 6,727 Wisconsin 909 260 74 523 186 4 2,535 85 4,576 Wyoming 34 26 1 157 13 - 821 44 1,096 National 133,838 9,039 6,296 150,762 34,781 1,557 279,332 26,041 641,646 Reporting States 50 46 48 50 50 43 50 50 50 chApter 3: Children 45 Child Maltreatment 2019 Table 3–8 Victims by Race or Ethnicity, 2019 StateAfrican- American Rate per 1,000 ChildrenAmerican Indian or Alaska Native Rate per 1,000 ChildrenAsian Rate per 1,000 ChildrenHispanic Rate per 1,000 ChildrenMultiple Race Rate per 1,000 ChildrenPacific Islander Rate per 1,000 ChildrenWhite Rate per 1,000 Children Alabama 10.8 3.3 1.1 6.8 9.6 6.2 11.3 Alaska 12.0 44.7 4.5 7.8 22.5 26.7 6.8 Arizona 15.9 7.8 1.0 6.4 8.8 10.9 6.9 Arkansas 11.9 1.4 1.4 6.2 24.5 5.4 12.7 California 18.5 16.7 1.6 7.7 3.1 6.8 5.7 Colorado 22.4 10.9 2.7 11.9 9.4 30.4 7.4 Connecticut 21.3 6.1 1.4 13.8 15.9 25.2 7.2 Delaware 11.0 2.0 1.6 5.5 2.8 - 4.6 District of Columbia 18.0 - - 10.3 2.1 - 0.2 Florida 10.7 3.0 0.9 4.5 10.7 6.9 8.3 Georgia 4.8 1.3 0.4 1.8 5.8 1.7 4.3 Hawaii 2.5 15.8 1.5 1.0 5.9 11.0 4.7 Idaho 5.5 7.5 1.0 1.7 0.6 11.2 4.4 Illinois 25.3 8.8 2.0 8.4 8.4 9.4 10.6 Indiana 22.9 3.4 1.6 10.9 26.2 14.3 13.8 Iowa 41.1 63.3 3.1 15.5 13.7 19.3 14.4 Kansas 6.7 5.2 1.0 3.5 5.0 7.5 4.2 Kentucky 21.9 7.1 2.5 13.3 25.0 8.4 19.3 Louisiana 9.8 1.4 0.9 2.0 5.9 14.8 6.9 Maine 9.1 17.2 3.0 17.8 19.0 61.2 13.4 Maryland 7.5 2.7 0.9 3.1 2.1 15.7 4.0 Massachusetts 26.6 13.6 3.6 31.7 23.1 16.0 11.3 Michigan 25.4 8.5 1.3 14.1 29.2 35.9 12.9 Minnesota 8.4 26.4 2.6 6.9 16.6 1.2 3.2 Mississippi 12.8 5.9 2.3 6.4 11.3 13.2 14.1 Missouri 3.6 3.9 0.5 4.7 1.6 2.3 3.2 Montana 28.0 22.4 2.5 11.2 21.1 6.8 11.0 Nebraska 18.2 30.8 2.1 5.9 11.5 20.9 3.8 Nevada 18.1 6.6 1.0 4.8 6.9 7.8 7.3 New Hampshire 5.9 2.2 0.2 5.7 5.1 - 4.3 New Jersey 6.1 - 0.4 3.0 2.1 11.5 1.9 New Mexico 28.9 16.0 3.1 16.5 11.5 19.6 13.5 New York 31.7 19.7 5.3 19.4 20.2 14.7 11.6 North Carolina 3.2 8.0 0.3 1.9 3.5 2.2 2.1 North Dakota 17.3 26.9 0.7 7.4 18.5 75.3 7.0 Ohio 16.8 2.1 0.8 8.7 19.0 13.4 7.9 Oklahoma 19.8 12.1 1.2 16.3 42.2 12.6 11.7 Oregon 24.7 30.3 2.4 9.7 8.2 23.9 13.9 Pennsylvania 2.9 1.5 0.4 2.4 3.0 1.1 1.5 Puerto Rico - - - - - - - Rhode Island 22.6 10.5 3.2 13.5 24.3 - 11.6 South Carolina 22.6 3.0 1.2 8.1 12.8 15.4 14.5 South Dakota 8.1 22.7 1.2 5.4 21.1 12.7 3.5 Tennessee - - - - - - - Texas 14.8 4.0 1.2 7.9 12.3 9.9 7.8 Utah 27.4 22.6 3.6 14.4 9.6 22.5 10.2 Vermont 2.8 - 5.4 3.7 2.1 0.0 7.3 Virginia 4.2 1.0 0.5 2.9 3.8 9.1 3.1 Washington 4.0 8.9 0.5 2.4 4.2 4.4 2.1 West Virginia 18.6 - - 6.2 31.6 - 18.5 Wisconsin 8.1 18.3 1.6 3.4 3.7 6.5 2.8 Wyoming 22.2 6.7 1.0 7.8 2.8 - 8.0 National 13.8 14.8 1.7 8.1 11.0 10.7 7.8 Reporting States - - - - - - - chApter 3: Children 46 Child Maltreatment 2019 Table 3–9 Maltreatment Types of Victims, 2019 (Categories) (continues next page) State VictimsMedical Neglect Neglect Other Physical Abuse Psychological Maltreatment Sexual Abuse Sex Trafficking Unknown Total Maltreatment Types Alabama 11,677 86 4,567 - 6,288 24 2,040 5 - 13,010 Alaska 3,059 90 2,298 - 489 996 279 3 - 4,155 Arizona 12,847 - 11,771 - 1,020 8 494 - - 13,293 Arkansas 8,422 1,446 4,301 2 2,038 93 1,618 6 - 9,504 California 64,115 78 56,995 334 4,582 5,849 3,413 61 - 71,312 Colorado 12,246 160 10,137 - 1,224 254 1,172 - 20 12,967 Connecticut 8,042 245 6,917 - 434 2,570 376 - - 10,542 Delaware 1,248 - 386 164 221 481 132 - - 1,384 District of Columbia 1,857 - 1,617 4 279 - 65 27 - 1,992 Florida 32,915 1,066 19,362 13,821 2,807 430 2,888 - - 40,374 Georgia 10,102 266 6,825 - 1,194 1,962 848 45 - 11,140 Hawaii 1,342 11 219 1,217 141 14 77 16 - 1,695 Idaho 1,869 12 1,447 8 377 - 128 2 - 1,974 Illinois 33,331 710 24,984 48 6,054 52 4,587 - - 36,435 Indiana 23,029 - 20,090 - 1,583 - 2,456 17 - 24,146 Iowa 11,648 105 8,338 3,651 1,188 74 705 - - 14,061 Kansas 2,945 84 1,348 1 724 466 584 10 - 3,217 Kentucky 20,130 371 19,224 - 1,348 36 785 - - 21,764 Louisiana 8,441 - 7,384 7 1,053 17 436 5 - 8,902 Maine 4,413 - 2,746 - 1,307 1,476 357 - - 5,886 Maryland 7,661 - 4,689 - 1,558 12 1,916 - - 8,175 Massachusetts 25,029 - 23,519 2 1,990 - 796 285 - 26,592 Michigan 33,043 751 28,882 1 5,104 209 1,308 27 - 36,282 Minnesota 6,780 - 4,685 - 994 133 1,579 25 - 7,416 Mississippi 9,377 472 6,739 13 1,495 1,555 1,273 12 - 11,559 Missouri 4,762 143 2,525 5 1,427 583 1,567 8 - 6,258 Montana 3,736 13 3,646 2 170 22 92 - - 3,945 Nebraska 2,822 2 2,355 - 361 12 263 2 - 2,995 Nevada 4,999 83 4,200 - 964 4 293 - - 5,544 New Hampshire 1,217 50 1,055 - 107 20 100 - - 1,332 New Jersey 5,132 119 3,818 2 664 71 777 3 - 5,454 New Mexico 8,025 257 6,604 - 969 2,185 217 - - 10,232 New York 67,269 4,282 64,262 18,246 6,1 12 509 2,262 - - 95,673 North Carolina 5,601 58 2,521 114 1,613 109 1,216 - 45 5,676 North Dakota 1,797 50 1,394 - 133 501 67 - - 2,145 Ohio 25,470 486 11,659 - 11,531 1,619 4,509 22 - 29,826 Oklahoma 15,148 266 11,325 - 1,899 4,981 711 7 - 19,189 Oregon 13,543 185 6,780 6,662 1,654 268 1,084 35 - 16,668 Pennsylvania 4,817 218 479 24 2,147 58 2,100 32 - 5,058 Puerto Rico 4,738 523 3,147 33 1,124 2,266 115 1 - 7,209 Rhode Island 3,183 56 1,871 64 432 1,120 141 1 - 3,685 South Carolina 18,717 375 10,370 22 10,485 109 945 - 6 22,312 South Dakota 1,537 - 1,419 - 145 19 59 - - 1,642 Tennessee 9,859 147 2,459 - 5,976 390 2,450 109 - 11,531 Texas 64,093 1,152 53,464 6 7,817 355 6,921 32 - 69,747 Utah 10,579 43 2,966 141 4,562 3,242 1,841 10 - 12,805 Vermont 851 18 25 - 491 14 342 - - 890 Virginia 6,159 146 4,013 - 1,782 67 776 - - 6,784 Washington 4,222 - 3,284 - 928 - 487 18 - 4,717 West Virginia 6,727 367 2,660 - 5,364 4,209 240 - - 12,840 Wisconsin 4,576 93 3,110 1 730 31 968 51 - 4,984 Wyoming 1,096 7 829 - 21 349 72 - - 1,278 National 656,243 15,092 491,710 44,595 115,100 39,824 60,927 877 71 768,196 Reporting States 52 41 52 27 52 47 52 29 3 52 chApter 3: Children 47 Child Maltreatment 2019 Table 3–9 Maltreatment Types of Victims, 2019 (Categories) StateMedical Neglect PercentNeglect Percent Other PercentPhysical Abuse PercentPsychological Maltreatment PercentSexual Abuse PercentSex Trafficking PercentUnknown PercentTotal Maltreatment Types Percent Alabama 0.7 39.1 - 53.8 0.2 17.5 0.0 - 111.4 Alaska 2.9 75.1 - 16.0 32.6 9.1 0.1 - 135.8 Arizona - 91.6 - 7.9 0.1 3.8 - - 103.5 Arkansas 17.2 51.1 0.0 24.2 1.1 19.2 0.1 - 112.8 California 0.1 88.9 0.5 7.1 9.1 5.3 0.1 - 111.2 Colorado 1.3 82.8 - 10.0 2.1 9.6 - 0.2 105.9 Connecticut 3.0 86.0 - 5.4 32.0 4.7 - - 131.1 Delaware - 30.9 13.1 17.7 38.5 10.6 - - 110.9 District of Columbia - 87.1 0.2 15.0 - 3.5 1.5 - 107.3 Florida 3.2 58.8 42.0 8.5 1.3 8.8 - - 122.7 Georgia 2.6 67.6 - 11.8 19.4 8.4 0.4 - 110.3 Hawaii 0.8 16.3 90.7 10.5 1.0 5.7 1.2 - 126.3 Idaho 0.6 77.4 0.4 20.2 - 6.8 0.1 - 105.6 Illinois 2.1 75.0 0.1 18.2 0.2 13.8 - - 109.3 Indiana - 87.2 - 6.9 - 10.7 0.1 - 104.9 Iowa 0.9 71.6 31.3 10.2 0.6 6.1 - - 120.7 Kansas 2.9 45.8 0.0 24.6 15.8 19.8 0.3 - 109.2 Kentucky 1.8 95.5 - 6.7 0.2 3.9 - - 108.1 Louisiana - 87.5 0.1 12.5 0.2 5.2 0.1 - 105.5 Maine - 62.2 - 29.6 33.4 8.1 - - 133.4 Maryland - 61.2 - 20.3 0.2 25.0 - - 106.7 Massachusetts - 94.0 0.0 8.0 - 3.2 1.1 - 106.2 Michigan 2.3 87.4 0.0 15.4 0.6 4.0 0.1 - 109.8 Minnesota - 69.1 - 14.7 2.0 23.3 0.4 - 109.4 Mississippi 5.0 71.9 0.1 15.9 16.6 13.6 0.1 - 123.3 Missouri 3.0 53.0 0.1 30.0 12.2 32.9 0.2 - 131.4 Montana 0.3 97.6 0.1 4.6 0.6 2.5 - - 105.6 Nebraska 0.1 83.5 - 12.8 0.4 9.3 0.1 - 106.1 Nevada 1.7 84.0 - 19.3 0.1 5.9 - - 110.9 New Hampshire 4.1 86.7 - 8.8 1.6 8.2 - - 109.4 New Jersey 2.3 74.4 0.0 12.9 1.4 15.1 0.1 - 106.3 New Mexico 3.2 82.3 - 12.1 27.2 2.7 - - 127.5 New York 6.4 95.5 27.1 9.1 0.8 3.4 - - 142.2 North Carolina 1.0 45.0 2.0 28.8 1.9 21.7 - 0.8 101.3 North Dakota 2.8 77.6 - 7.4 27.9 3.7 - - 119.4 Ohio 1.9 45.8 - 45.3 6.4 17.7 0.1 - 117.1 Oklahoma 1.8 74.8 - 12.5 32.9 4.7 0.0 - 126.7 Oregon 1.4 50.1 49.2 12.2 2.0 8.0 0.3 - 123.1 Pennsylvania 4.5 9.9 0.5 44.6 1.2 43.6 0.7 - 105.0 Puerto Rico 11.0 66.4 0.7 23.7 47.8 2.4 0.0 - 152.2 Rhode Island 1.8 58.8 2.0 13.6 35.2 4.4 0.0 - 115.8 South Carolina 2.0 55.4 0.1 56.0 0.6 5.0 - 0.0 119.2 South Dakota - 92.3 - 9.4 1.2 3.8 - - 106.8 Tennessee 1.5 24.9 - 60.6 4.0 24.9 1.1 - 117.0 Texas 1.8 83.4 0.0 12.2 0.6 10.8 0.0 - 108.8 Utah 0.4 28.0 1.3 43.1 30.6 17.4 0.1 - 121.0 Vermont 2.1 2.9 - 57.7 1.6 40.2 - - 104.6 Virginia 2.4 65.2 - 28.9 1.1 12.6 - - 110.1 Washington - 77.8 - 22.0 - 11.5 0.4 - 111.7 West Virginia 5.5 39.5 - 79.7 62.6 3.6 - - 190.9 Wisconsin 2.0 68.0 0.0 16.0 0.7 21.2 1.1 - 108.9 Wyoming 0.6 75.6 - 1.9 31.8 6.6 - - 116.6 National 2.3 74.9 6.8 17.5 6.1 9.3 0.1 0.0 117.1 Reporting States - - - - - - - - - Chapter 3: Children 48 Child Maltreatment 2019 Table 3–10 Maltreatment Types of Victims, 2019 (Single Type) (continues next page) StateMedical Neglect Only Neglect Only Other Only Physical Abuse Only Psychological Maltreatment Only Sexual Abuse Only Sex Trafficking Only Unknown Only Multiple Maltreatment Types Total Victims Alabama 49 3,380 - 5,114 16 1,828 3 - 1,287 11,677 Alaska 37 1,445 - 111 327 183 1 - 955 3,059 Arizona - 11,332 - 682 1 389 - - 443 12,847 Arkansas 1,279 3,421 1 1,286 25 1,415 - - 995 8,422 California - 50,799 117 2,161 2,115 2,264 - - 6,659 64,115 Colorado 80 9,517 - 854 126 990 - 9 670 12,246 Connecticut 87 4,709 - 172 599 181 - - 2,294 8,042 Delaware - 313 120 161 404 121 - - 129 1,248 District of Columbia - 1,492 - 175 - 45 14 - 131 1,857 Florida 616 12,893 8,201 1,742 156 2,354 - - 6,953 32,915 Georgia 148 5,992 - 840 1,447 693 27 - 955 10,102 Hawaii - 47 918 31 2 23 13 - 308 1,342 Idaho 7 1,349 3 306 - 100 - - 104 1,869 Illinois 441 22,234 22 3,856 29 3,798 - - 2,951 33,331 Indiana - 19,006 - 856 - 2,060 4 - 1,103 23,029 Iowa 44 6,105 1,754 845 43 566 - - 2,291 11,648 Kansas 58 1,162 1 600 343 519 7 - 255 2,945 Kentucky 127 17,670 - 381 14 376 - - 1,562 20,130 Louisiana - 6,954 - 690 11 339 1 - 446 8,441 Maine - 1,839 - 460 679 217 - - 1,218 4,413 Maryland - 4,221 - 1,182 7 1,748 - - 503 7,661 Massachusetts - 22,067 - 838 - 443 187 - 1,494 25,029 Michigan 349 25,823 - 2,950 103 676 14 - 3,128 33,043 Minnesota - 4,127 - 691 50 1,292 20 - 600 6,780 Mississippi 191 5,202 1 777 480 888 3 - 1,835 9,377 Missouri 23 1,549 5 665 90 1,199 6 - 1,225 4,762 Montana 3 3,444 - 44 3 39 - - 203 3,736 Nebraska - 2,190 - 229 4 228 - - 171 2,822 Nevada 33 3,680 - 540 3 215 - - 528 4,999 New Hampshire 18 948 - 47 9 84 - - 111 1,217 New Jersey 65 3,545 1 485 32 703 1 - 300 5,132 New Mexico 67 4,747 - 420 721 111 - - 1,959 8,025 New York 453 38,395 1,564 547 40 345 - - 25,925 67,269 North Carolina 49 2,455 108 1,575 105 1,195 - 44 70 5,601 North Dakota 6 1,106 - 62 256 45 - - 322 1,797 Ohio 252 8,333 - 8,123 776 3,905 - - 4,081 25,470 Oklahoma 88 7,824 - 849 2,310 396 2 - 3,679 15,148 Oregon 64 4,426 4,595 861 72 757 18 - 2,750 13,543 Pennsylvania 160 373 21 1,961 48 2,007 17 - 230 4,817 Puerto Rico 76 1,576 10 245 815 41 - - 1,975 4,738 Rhode Island 25 1,436 51 288 802 110 - - 471 3,183 South Carolina 153 7,073 13 7,403 29 593 - 3 3,450 18,717 South Dakota - 1,319 - 76 2 39 - - 101 1,537 Tennessee 42 1,199 - 4,671 172 2,159 88 - 1,528 9,859 Texas 417 48,404 3 4,086 116 5,753 5 - 5,309 64,093 Utah 25 1,953 105 2,944 2,051 1,506 1 - 1,994 10,579 Vermont 11 13 - 463 1 327 - - 36 851 Virginia 69 3,444 - 1,303 39 698 - - 606 6,159 Washington - 2,831 - 569 - 337 7 - 478 4,222 West Virginia - 1,173 - 902 - - - - 4,652 6,727 Wisconsin - 2,802 - 546 10 845 - - 373 4,576 Wyoming 2 655 - 13 189 60 - - 177 1,096 National 5,614 399,992 17,614 67,678 15,672 47,205 439 56 101,973 656,243 Reporting States 36 52 21 52 46 51 21 3 52 52 Chapter 3: Children 49 Child Maltreatment 2019 Table 3–10 Maltreatment Types of Victims, 2019 (Single Type) StateMedical Neglect Only PercentNeglect Only PercentOther Only PercentPhysical Abuse Only PercentPsychological Maltreatment Only PercentSexual Abuse Only PercentSex Trafficking Only PercentUnknown Only PercentMultiple Maltreatment Types PercentTotal Victims Percent Alabama 0.4 28.9 - 43.8 0.1 15.7 0.0 - 11.0 100.0 Alaska 1.2 47.2 - 3.6 10.7 6.0 0.0 - 31.2 100.0 Arizona - 88.2 - 5.3 0.0 3.0 - - 3.4 100.0 Arkansas 15.2 40.6 0.0 15.3 0.3 16.8 - - 11.8 100.0 California - 79.2 0.2 3.4 3.3 3.5 - - 10.4 100.0 Colorado 0.7 77.7 - 7.0 1.0 8.1 - 0.1 5.5 100.0 Connecticut 1.1 58.6 - 2.1 7.4 2.3 - - 28.5 100.0 Delaware - 25.1 9.6 12.9 32.4 9.7 - - 10.3 100.0 District of Columbia - 80.3 - 9.4 - 2.4 0.8 - 7.1 100.0 Florida 1.9 39.2 24.9 5.3 0.5 7.2 - - 21.1 100.0 Georgia 1.5 59.3 - 8.3 14.3 6.9 0.3 - 9.5 100.0 Hawaii - 3.5 68.4 2.3 0.1 1.7 1.0 - 23.0 100.0 Idaho 0.4 72.2 0.2 16.4 - 5.4 - - 5.6 100.0 Illinois 1.3 66.7 0.1 11.6 0.1 11.4 - - 8.9 100.0 Indiana - 82.5 - 3.7 - 8.9 0.0 - 4.8 100.0 Iowa 0.4 52.4 15.1 7.3 0.4 4.9 - - 19.7 100.0 Kansas 2.0 39.5 0.0 20.4 11.6 17.6 0.2 - 8.7 100.0 Kentucky 0.6 87.8 - 1.9 0.1 1.9 - - 7.8 100.0 Louisiana - 82.4 - 8.2 0.1 4.0 0.0 - 5.3 100.0 Maine - 41.7 - 10.4 15.4 4.9 - - 27.6 100.0 Maryland - 55.1 - 15.4 0.1 22.8 - - 6.6 100.0 Massachusetts - 88.2 - 3.3 - 1.8 0.7 - 6.0 100.0 Michigan 1.1 78.1 - 8.9 0.3 2.0 0.0 - 9.5 100.0 Minnesota - 60.9 - 10.2 0.7 19.1 0.3 - 8.8 100.0 Mississippi 2.0 55.5 0.0 8.3 5.1 9.5 0.0 - 19.6 100.0 Missouri 0.5 32.5 0.1 14.0 1.9 25.2 0.1 - 25.7 100.0 Montana 0.1 92.2 - 1.2 0.1 1.0 - - 5.4 100.0 Nebraska - 77.6 - 8.1 0.1 8.1 - - 6.1 100.0 Nevada 0.7 73.6 - 10.8 0.1 4.3 - - 10.6 100.0 New Hampshire 1.5 77.9 - 3.9 0.7 6.9 - - 9.1 100.0 New Jersey 1.3 69.1 0.0 9.5 0.6 13.7 0.0 - 5.8 100.0 New Mexico 0.8 59.2 - 5.2 9.0 1.4 - - 24.4 100.0 New York 0.7 57.1 2.3 0.8 0.1 0.5 - - 38.5 100.0 North Carolina 0.9 43.8 1.9 28.1 1.9 21.3 - 0.8 1.2 100.0 North Dakota 0.3 61.5 - 3.5 14.2 2.5 - - 17.9 100.0 Ohio 1.0 32.7 - 31.9 3.0 15.3 - - 16.0 100.0 Oklahoma 0.6 51.7 - 5.6 15.2 2.6 0.0 - 24.3 100.0 Oregon 0.5 32.7 33.9 6.4 0.5 5.6 0.1 - 20.3 100.0 Pennsylvania 3.3 7.7 0.4 40.7 1.0 41.7 0.4 - 4.8 100.0 Puerto Rico 1.6 33.3 0.2 5.2 17.2 0.9 - - 41.7 100.0 Rhode Island 0.8 45.1 1.6 9.0 25.2 3.5 - - 14.8 100.0 South Carolina 0.8 37.8 0.1 39.6 0.2 3.2 - - 18.4 100.0 South Dakota - 85.8 - 4.9 0.1 2.5 - - 6.6 100.0 Tennessee 0.4 12.2 - 47.4 1.7 21.9 0.9 - 15.5 100.0 Texas 0.7 75.5 0.0 6.4 0.2 9.0 0.0 - 8.3 100.0 Utah 0.2 18.5 1.0 27.8 19.4 14.2 0.0 - 18.8 100.0 Vermont 1.3 1.5 - 54.4 0.1 38.4 - - 4.2 100.0 Virginia 1.1 55.9 - 21.2 0.6 11.3 - - 9.8 100.0 Washington - 67.1 - 13.5 - 8.0 0.2 - 11.3 100.0 West Virginia - 17.4 - 13.4 - - - - 69.2 100.0 Wisconsin - 61.2 - 11.9 0.2 18.5 - - 8.2 100.0 Wyoming 0.2 59.8 - 1.2 17.2 5.5 - - 16.1 100.0 National 0.9 61.0 2.7 10.3 2.4 7.2 0.1 0.0 15.5 100.0 Reporting States - - - - - - - - - - chApter 3: Children 50 Child Maltreatment 2019 Table 3–11 Victims With Caregiver Risk Factors, 2019 (continues next page) State Victims Alcohol Abuse Domestic Violence Drug Abuse Financial Problem Inadequate Housing Public Assistance Any Caregiver Disability Alabama 11,677 - - 4,837 - 732 - 911 Alaska 3,059 1,314 1,271 942 - 173 95 422 Arizona 12,847 1,628 5,007 5,915 6,552 4,155 - 929 Arkansas 8,422 - 670 173 1,110 494 190 435 California 64,115 - - - - - 15,595 - Colorado - - - - - - - - Connecticut 8,042 379 2,504 382 323 326 305 215 Delaware 1,248 299 602 421 426 236 1,007 500 District of Columbia 1,857 639 324 639 - 224 - 1,043 Florida 32,915 - 13,087 653 10,647 2,369 4,269 - Georgia 10,102 - 388 816 198 206 1,408 931 Hawaii 1,342 169 315 662 27 142 - - Idaho 1,869 - - - - - - 74 Illinois 33,331 - - - 754 - - - Indiana 23,029 918 2,456 5,017 3,893 2,041 5,357 2,198 Iowa 11,648 - - - 513 351 1,601 - Kansas - - - - - - - - Kentucky 20,130 2,776 10,379 10,802 - 3,675 - 6,832 Louisiana - - - - - - - - Maine 4,413 754 945 1,124 - 316 3,120 109 Maryland 7,661 173 2,955 447 2,637 248 432 401 Massachusetts 25,029 11,502 10,553 11,502 - 1,520 - - Michigan 33,043 5,501 11,386 8,891 937 2,088 23,143 2,625 Minnesota 6,780 790 1,800 1,554 979 927 782 1,486 Mississippi 9,377 610 1,133 3,488 1,214 1,944 3,168 - Missouri 4,762 347 384 1,173 850 924 797 772 Montana 3,736 195 - 766 - - 1,347 - Nebraska 2,822 418 126 945 - - 2,296 1,363 Nevada 4,999 2,094 1,382 2,369 1,040 731 - - New Hampshire 1,217 128 515 450 - 101 1,045 491 New Jersey 5,132 664 1,253 1,339 872 511 - 145 New Mexico 8,025 2,527 1,672 4,326 532 252 289 - New York 67,269 - 16,036 - - - - - North Carolina - - - - - - - - North Dakota 1,797 - - - - - 989 - Ohio 25,470 - 6,058 12,980 3,882 3,432 - 11,941 Oklahoma 15,148 2,589 5,882 6,698 920 - 6,890 - Oregon 13,543 5,971 5,168 6,066 2,586 1,232 - 417 Pennsylvania 4,817 - 106 145 - - - 134 Puerto Rico 4,738 609 1,407 655 2,092 564 347 2,615 Rhode Island 3,183 599 1,486 640 254 99 1,256 - South Carolina 18,717 - - - 3,584 3,166 7,376 769 South Dakota 1,537 567 451 766 706 386 838 193 Tennessee 9,859 337 551 2,269 354 611 - - Texas 64,093 3,568 21,849 14,021 3,742 3,698 12,603 7,229 Utah 10,579 - 3,018 - 1,654 920 2,482 - Vermont - - - - - - - - Virginia 6,159 - 1,137 - - - - - Washington 4,222 1,194 893 1,949 780 823 - - West Virginia 6,727 601 - 3,887 - - - 198 Wisconsin 4,576 180 514 367 240 347 272 666 Wyoming 1,096 312 271 495 247 156 84 188 National Count of Victims with the Caregiver Risk Factor - 50,352 135,934 120,571 54,545 40,120 99,383 46,232 National Count of Victims in Reporting States 626,159 317,272 472,542 410,675 399,466 418,369 369,880 313,426 Reporting States 47 32 38 38 31 36 29 29 Chapter 3: Children 51 Child Maltreatment 2019 Table 3–11 Victims With Caregiver Risk Factors, 2019 State Alcohol Abuse PercentDomestic Violence Percent Drug Abuse Percent Financial Problem Percent Inadequate Housing Percent Public Assistance PercentAny Caregiver Disability Percent Alabama - - 41.4 - 6.3 - 7.8 Alaska 43.0 41.5 30.8 - 5.7 3.1 13.8 Arizona 12.7 39.0 46.0 51.0 32.3 - 7.2 Arkansas - 8.0 2.1 13.2 5.9 2.3 5.2 California - - - - - 24.3 - Colorado - - - - - - - Connecticut 4.7 31.1 4.8 4.0 4.1 3.8 2.7 Delaware 24.0 48.2 33.7 34.1 18.9 80.7 40.1 District of Columbia 34.4 17.4 34.4 - 12.1 - 56.2 Florida - 39.8 2.0 32.3 7.2 13.0 - Georgia - 3.8 8.1 2.0 2.0 13.9 9.2 Hawaii 12.6 23.5 49.3 2.0 10.6 - - Idaho - - - - - - 4.0 Illinois - - - 2.3 - - - Indiana 4.0 10.7 21.8 16.9 8.9 23.3 9.5 Iowa - - - 4.4 3.0 13.7 - Kansas - - - - - - - Kentucky 13.8 51.6 53.7 - 18.3 - 33.9 Louisiana - - - - - - - Maine 17.1 21.4 25.5 - 7.2 70.7 2.5 Maryland 2.3 38.6 5.8 34.4 3.2 5.6 5.2 Massachusetts 46.0 42.2 46.0 - 6.1 - - Michigan 16.6 34.5 26.9 2.8 6.3 70.0 7.9 Minnesota 11.7 26.5 22.9 14.4 13.7 11.5 21.9 Mississippi 6.5 12.1 37.2 12.9 20.7 33.8 - Missouri 7.3 8.1 24.6 17.8 19.4 16.7 16.2 Montana 5.2 - 20.5 - - 36.1 - Nebraska 14.8 4.5 33.5 - - 81.4 48.3 Nevada 41.9 27.6 47.4 20.8 14.6 - - New Hampshire 10.5 42.3 37.0 - 8.3 85.9 40.3 New Jersey 12.9 24.4 26.1 17.0 10.0 - 2.8 New Mexico 31.5 20.8 53.9 6.6 3.1 3.6 - New York - 23.8 - - - - - North Carolina - - - - - - - North Dakota - - - - - 55.0 - Ohio - 23.8 51.0 15.2 13.5 - 46.9 Oklahoma 17.1 38.8 44.2 6.1 - 45.5 - Oregon 44.1 38.2 44.8 19.1 9.1 - 3.1 Pennsylvania - 2.2 3.0 - - - 2.8 Puerto Rico 12.9 29.7 13.8 44.2 11.9 7.3 55.2 Rhode Island 18.8 46.7 20.1 8.0 3.1 39.5 - South Carolina - - - 19.1 16.9 39.4 4.1 South Dakota 36.9 29.3 49.8 45.9 25.1 54.5 12.6 Tennessee 3.4 5.6 23.0 3.6 6.2 - - Texas 5.6 34.1 21.9 5.8 5.8 19.7 11.3 Utah - 28.5 - 15.6 8.7 23.5 - Vermont - - - - - - - Virginia - 18.5 - - - - - Washington 28.3 21.2 46.2 18.5 19.5 - - West Virginia 8.9 - 57.8 - - - 2.9 Wisconsin 3.9 11.2 8.0 5.2 7.6 5.9 14.6 Wyoming 28.5 24.7 45.2 22.5 14.2 7.7 17.2 National Count of Victims with the Caregiver Risk Factor 15.9 28.8 29.4 13.7 9.6 26.9 14.8 National Count of Victims in Reporting States - - - - - - - Reporting States - - - - - - - chApter 3: Children 52 Child Maltreatment 2019 Table 3–12 Victims by Relationship to Their Perpetrators, 2019 Perpetrator VictimsReported RelationshipsReported Relationships Percent PARENT - - - Father Only - 146,369 22.6 Father and Nonparent - 7,381 1.1 Mother Only - 252,324 39.0 Mother and Nonparent - 41,349 6.4 Two Parents of Known Sex - 136,122 21.0 Three Parents of Known Sex - 1,143 0.2 Two Parents of Known Sex and Nonparent - 5,829 0.9 One or More Parents of Unknown Sex - 1,431 0.2 Total Parents - 591,948 91.4 NONPARENT - - - Child Daycare Provider - 2,574 0.4 Foster Parent(s) - 2,070 0.3 Friend(s) and Neighbor(s) - 5,745 0.9 Group Home and Residential Facility Staff - 891 0.1 Legal Guardian(s) - 1,728 0.3 Other (s) - 20,800 3.2 Other Professional (s) - 1,597 0.2 Relative (s) - 34,452 5.3 Unmarried Partner (s) of Parent - 19,528 3.0 More Than One Nonparental Perpetrator - 2,611 0.4 Total Nonparents - 91,996 14.2 U NkNOW N - 17,021 2.6 National 647,802 700,965 - Based on data from 51 states. chApter 4: Fatalities 53 Child Maltreatment 2019 Fatalities The effects of child abuse and neglect are serious, and a child fatality is the most tragic consequence. NCANDS collects case-level data in the Child File on child deaths from maltreatment. Additional counts of child fatalities, for which case-level data are not known, are reported in the Agency File. Some child maltreatment deaths may not come to the attention of CPS agencies. Reasons for this include if there were no surviving siblings in the family, or if the child had not (prior to his or her death) received child welfare services. To improve the counts of child fatalities, states consult data sources outside of CPS for deaths attributed to child maltreatment. The Child and Family Services Improvement and Innovation Act (P.L. 112–34) lists the follow - ing additional data sources, which states must include a description of in their state plan or explain why they are not used to report child deaths due to maltreatment: state vital statistics departments, child death review teams, law enforcement agencies, and offices of medical examiners or coroners. In addition to the sources mentioned in the law, some states also collect child fatality data from hospitals, health departments, juvenile justice departments, and prosecutor and attorney general offices. States that can provide these additional data do so as aggregate data via the Agency File. After the passage of the Child and Family Services Improvement and Innovation Act, several states mentioned that they implemented new child death reviews or expanded the scope of existing reviews. Some states began investigating all unexplained infant deaths regardless of whether there was an allegation of maltreatment. The child fatality count in this report reflects the FFY in which the deaths are determined as due to maltreatment. The year in which a determination is made may be different from the year in which the child died. CPS agencies may need more time to determine a child died due to maltreatment. The time needed to conclude if a child was a victim of maltreatment often does not coincide with the timeframe for concluding that the death was a result of maltreatment due to multiple agency involvement and multiple levels of review for child deaths. The “maltreatment death date” field differentiates the year in which the death was reported to NCANDS in the Child File from the year in which the child died. For FFY 2019 data, 87.9 percent of child fatality reviews reach a determination about whether the death is due to maltreatment in 2 years or less. 7 Number of Child Fatalities For FFY 2019, a national estimate of 1,840 children died from abuse and neglect at a rate of 2.50 per 100,000 children in the population. The 2019 national estimate is a 10.8 percent increase from the 2015 national estimate of 1,660. 8 (See exhibit 4–A and related CHAPTER 4 7 Out of 1,515 fatalities reported in the Child File, 1,331 have a maltreatment death date in FFY 2018 or FFY 2019. 8 Not all states report fatality data. The percent change is calculated using the national estimates for FFY 2015 and FFY 2019. chApter 4: Fatalities 54 Child Maltreatment 2019 notes on how the national estimate is calculated.) Due to the relatively low frequency of child fatalities, the national rate and national estimate are sensitive to which states report data and changes in the child population estimates produced by the U.S. Census Bureau. Detailed explanations for data fluctuations may be found in Appendix D, State Commentary. An explanation for a change may be in an earlier edition of the Child Maltreatment report. Previous editions of the report are located on the Children’s Bureau website at https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment. At the state level for FFY 2019, 51 states reported 1,809 fatalities. Of those states, 45 reported case-level data on 1,515 fatalities and 34 reported aggregate data on 294 fatalities. Fatality rates by state range from 0.00 to 7.40 per 100,000 children in the population. (See table 4–1 and related notes.) The number of reported fatalities in the Child File and Agency File increased from 1,751 for FFY 2018 to 1,809 for FFY 2019. The states with the largest increases attributed it to investigations with multiple deaths; increase in staff to complete more timely reviews; and increases in drownings, vehicle-related deaths, and unsafe sleep deaths combined with substance abuse. 9 The number of child fatalities in the Child File and Agency File fluctuated during the past 5 years, which is partly due to the number of states reporting, the reasons mentioned above, resubmissions, and other reasons which may be in state commentaries for prior years. (See table 4–2 and related notes.) Child Fatality Demographics FFY 2019 data show that seventy percent (70.3%) of all child fatalities are younger than 3 years old. Close to one-half (45.4%) of child fatalities are younger than 1 year old and died at a rate of 22.94 per 100,000 children in the population of the same age. This is 3.3 times the fatality rate for 1-year-old children (6.87 per 100,000 children in the population of the same age). The child fatality rates mostly decrease with age. As shown in exhibit 4–B, younger children are the most vulnerable to death as the result of child abuse and neglect. (See table 4–3 , exhibit 4–B , and related notes.) 9 The FFY 2018 data include resubmissions. Exhibit 4–A Child Fatality Rates per 100,000 Children, 2015–2019 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 of Child Fatalities 2015 50 71,806,672 1,603 2.23 74,350,047 1,660 2016 50 73,394,916 1,708 2.33 74,342,970 1,730 2017 50 72,610,987 1,677 2.31 74,236,882 1,710 2018 51 72,546,232 1,751 2.41 73,911,017 1,780 2019 51 72,259,081 1,809 2.50 73,611,881 1,840 Data are from the Child File and Agency File. National fatality rates per 100,000 children are calculated by dividing the number of child fatalities by the population of reporting states and multiplying the result by 100,000. If fewer than 52 states reported data, the national estimate of child fatalities is calculated by multiplying the national fatality rate by the child population of all 52 states and dividing by 100,000. The estimate is rounded to the nearest 10. chApter 4: Fatalities 55 Child Maltreatment 2019 Exhibit 4–B Child Fatalities by Age, 2019 Children <1 year old died from abuse and neglect at more than three times the rate of children who were 1 year old. Based on data from 45 states. See table 4–3 . Boys have a higher child fatality rate than girls; 2.98 per 100,000 boys in the population, com- pared with 2.20 per 100,000 girls in the population. (See exhibit 4–C and related notes.) Ninety percent (89.9%) of child fatalities are one of three races: White (44.1%), African-American (29.4%), or Hispanic (16.4%). Using the number of victims and the population data to create rates highlights some racial disparity. The rate of African-American child fatalities (5.06 per 100,000 African-American children) is 2.3 times greater than the rate of White children (2.18 per 100,000 White children) and 2.7 times greater than the rate of Hispanic children (1.89 per 100,000 Hispanic children). Pacific Islander children had the second highest rate at 3.34 and children of two or more races had a rate of 3.07 per 100,000 children of their respec - tive races. (See exhibit 4–D and related notes.) Exhibit 4–C Child Fatalities by Sex, 2019 Sex Child Population Child Fatalities Child Fatalities PercentChild Fatalities Rate per 100,000 Children Boys 29,676,154 884 58.3 2.98 Girls 28,429,123 626 41.3 2.20 Unknown - 5 0.3 - National 58,105,277 1,515 100.0 - Based on data from 45 states. Data are from the Child File. There are no population data for unknown sex and therefore no rates. Dashes are inserted into cells without any data included in this analysis. chApter 4: Fatalities 56 Child Maltreatment 2019Exhibit 4–E Maltreatment Types of Child Fatalities, 2019 Maltreatment Type Child Fatalities Maltreatment TypesMaltreatment Types Percent Medical Neglect - 118 7.8 Neglect - 1,105 72.9 Other - 120 7.9 Physical Abuse - 673 44.4 Psychological Abuse - 14 0.9 Sexual Abuse - 14 0.9 Sex Trafficking - - - Unknown - - - National 1,515 2,044 - Based on data from 45 states. Data are from the Child File. A child may have suffered from more than one type of maltreatment and therefore, the total number of reported maltreatments exceeds the number of fatalities, and the total percentage of reported maltreatments exceeds 100.0 percent. The percentages are calculated against the number of child fatalities in the reporting states. Dashes are inserted into cells without any data included in this analysis. Maltreatment Types As discussed in chapter 3, the Child Maltreatment report includes only those maltreatment types that have a disposition of substantiated or indicated by the CPS response. It is important to note that while these maltreatment types likely contributed to the cause of death, NCANDS does not have a field for collecting the official cause of death. Of the children who died, 72.9 percent suffered neglect and 44.4 percent suffered physical abuse either exclusively or in combination with another maltreatment type. The majority of the child fatalities reported with the “other” maltreatment type is due to one state that reports death as “other” in combination with additional maltreatments. The NCANDS Technical Team is working with this state to improve reporting. (See exhibit 4–E and related notes.) Risk Factors Risk factors are characteristics of a child or caregiver that may increase the likelihood of child maltreat-ment. 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 ma y or may not be the perpetrator respon-sible for the child’s death. Please see the Risk Factors section in chapter 3 or Appendix B, Glossary, for more information and the NCANDS’ definitions of these risk factors. Exhibit 4–D Child Fatalities by Race and Ethnicity, 2019 Race and Ethnicity Child Population Child Fatalities Child Fatalities PercentChild Fatalities Rate per 100,000 Children SINGLE RACE - - - - African-American 8,524,560 431 29.4 5.06 American Indian or Alaska Native 480,550 10 0.7 2.08 Asian 2,270,594 16 1.1 0.70 Hispanic 12,680,619 240 16.4 1.89 Pacific Islander 89,717 3 0.2 3.34 Unknown - 48 3.3 N/A White 29,632,026 647 44.1 2.18 MULTIPLE RACE - - - - Two or More Races 2,344,429 72 4.9 3.07 National 56,022,495 1,467 100.0 - Based on data from 43 states. Data are from the Child File. The multiple race category is defined as any combination of two or more race categories. Counts associated with specific racial groups (e.g., White) are exclusive and do not include Hispanic. States with more than 25.0 percent of victim race or ethnicity reported as unknown or missing are excluded from this analysis. This analysis includes only those states that have both race and ethnicity population data. Dashes are inserted into cells without any data included in this analysis. chApter 4: Fatalities 57 Child Maltreatment 2019Twenty-three states report that 5.8 percent of child fatalities had a caregiver with a risk factor of alcohol abuse and 29 states report that 19.4 percent of child fatalities had a caregiver with a risk factor of drug abuse. (See exhibit 4–F and related notes.) Perpetrator Relationship Some of the categories on this table changed for Child Maltreatment 2019 . The purpose of the changes is to be more descriptive of what the categories include and to reduce the number of relationships counted as unknown. Please see the table notes at the end of this chapter for specifics about the changes. The FFY 2019 data show that most perpetrators are caregivers of their victims. Nearly 80.0 percent (79.7%) of child fatalities involved parents acting alone, together, or with other individuals. More than 16 percent (16.6%) of fatalities did not have a parental relationship to their perpetrator. Similarly to all victims, the largest categories in the nonparent group are relative(s) (5.0%) and “other(s)” (3.8%). The NCANDS category of “other(s)” perpetrator relationship includes any relationship that does not map to one of the NCANDS relationship categories. According to states’ commentary, this category includes nonrelated adult, nonrelated child, foster sibling, babysitter, household staff, clergy, and school personnel. Child fatalities with unknown perpetrator relationship data accounted for 3.7 percent. (See table 4–4 and related notes.) Prior CPS Contact Some children who die from abuse and neglect are already known to CPS agencies. This report includes a retrospective analysis to determine how many previous CPS contacts children had before they died due to maltreatment. To be included in this analysis, states must report the child fatalities and the maltreatment death date in the Child File submission. More than one-third (34.3%) of the fatalities in this analysis had at least 1 prior CPS contact in the 5 years prior to the date of death. Nearly 7.0 percent (6.9%) had at least one victim contact (meaning a previous report of maltreatment had a disposition of substantiated or indicated), 21.5 percent had at least one nonvictim contact, and 5.9 percent had both victim and nonvictim prior contacts. (See exhibit 4–G and related notes.) Exhibit 4–F Child Fatalities with Selected Caregiver Risk Factors, 2019 Caregiver Risk Factor Reporting StatesChild Fatalities from Reporting StatesChild Fatalities With a Caregiver Risk FactorChild Fatalities With a Caregiver Risk Factor Percent Alcohol Abuse 23 712 41 5.8 Drug Abuse 29 1,094 212 19.4 Data are from the Child File. For each caregiver risk factor, the analysis includes only those states that report at least 2.0 percent of child victims’ caregiver with the risk factor. States are excluded from these analyses if they are not able to differentiate between alcohol abuse and drug abuse caregiver risk factors and report both risk factors for the same children in both caregiver risk factor categories. If a child is reported both with and without the caregiver risk factor, the child is counted once with the caregiver risk factor. chApter 4: Fatalities 58 Child Maltreatment 2019In table 4–5, Child Fatalities Who Received Family Preservation Services Within the Previous 5 Years, 67 of the 873 Child File fatalities and 6 of the 83 Agency File fatalities had preservation services. Two states that only report fatality data in the Agency File account for all of the preservation services Agency File data. Table 4–6 shows that 27 of the 1,156 Child File fatalities and 12 of the 249 Agency File fatalities were removed from home and subsequently reunited with their families prior to their death. (See tables 4–5 , 4–6 , and related notes.) Not all states are able to report these two services, and the national percentage is sensitive to which states report data. Exhibit and Table Notes The following pages contain the data tables referenced in chapter 4. Specific information about state submissions can be found in Appendix D, State Commentary. Additional 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 with the relevant table notes below. ■The data for all tables are from the Child File unless otherwise noted. ■All analyses use a unique count of fatalities (child fatality is counted once). ■Rates are per 100,000 children in the population. ■Rates are calculated by dividing the relevant reported count (fatalities, by age, by race, etc.) by the relevant child population count (by age, by race, etc.) and multiplying by 100,000. ■NCANDS uses the child population estimates that are released annually by the U.S. Census Bureau. These estimates are in Appendix C, State Characteristics. ■The row labeled Reporting States displays the count of states that provide data for that analysis. States that do not have a child maltreatment related death and report a zero are included in the count of reporting states. ■Child fatalities are reported during the FFY in which the death was determined as due to maltreatment. This may not be the same year in which the child died. ■National totals and calculations appear in a single row labeled National instead of separate rows labeled total, rate, or percent. ■Dashes are inserted into cells without any data included in this analysis.Exhibit 4–G Child Fatalities by Number of Prior CPS Contacts, 2019 Number of Prior CPS ContactsFatalities with a Maltreatment Date of DeathFatalities with Prior Victim ContactFatalities with Prior Victim Contact PercentFatalities with Prior Nonvictim Contact Fatalities with Prior Nonvictim Contact PercentFatalities with Prior Victim and Nonvictim ContactFatalities with Prior Victim and Nonvictim Contact Percent 1 - 83 6.3 191 14.4 0 0.0 2 - 8 0.6 57 4.3 32 2.4 3 - 0 0.0 25 1.9 16 1.2 >3 - 0 0.0 12 0.9 30 2.3 National 1,328 91 6.9 285 21.5 78 5.9 Based on data from 40 states. States must report both fatalities and maltreatment death date in the Child File to be included in this analysis. Only fatalities reported in FFY 2019 that had a maltreatment death date of FFY 2018 or later are included in this analysis (n=1,331). Reports occurring on the same day as the prior report are excluded. States were excluded from this analysis if child IDs were not unique across years. A fatality record was excluded if the fatality was also reported in a prior year. Categories are mutually exclusive. Prior CPS contacts with a report date of up to 5 years prior to the maltreatment death date were counted. chApter 4: Fatalities 59 Child Maltreatment 2019Table 4–1 Child Fatalities by Submission Type, 2019 ■Data are from the Child File and Agency File. Table 4–2 Child Fatalities, 2015–2019 ■Data are from the Child File and Agency File. Table 4–3 Child Fatalities by Age, 2019 ■There are no population data for unknown age and therefore, no rates. Table 4–4 Child Fatalities by Relationship to Their Perpetrators, 2019 ■Percentages are calculated against the unique count of victims and total to more than 100.0 percent. ■States are excluded from this analysis if more than 20.0 percent of perpetrators are reported with an unknown or blank relationship. ■In NCANDS, a child victim may have up to three perpetrators. A few states’ systems do not have the capability of collecting and reporting data for all three perpetrator fields. More information may be found in Appendix D. ■The relationship categories listed under nonparent perpetrator include any perpetrator rela-tionship that was not identified as an adoptive parent, a biological parent, or a stepparent. ■The two parents of known sex category replaces the mother and father category and includes mother and father, two mothers, and two fathers. ■The two parents of known sex with nonparent category replaces the mother, father, and nonparent category and includes mother, father, and nonparent; two mothers and nonpar - ent; and two fathers and nonparent. ■The three parents of known sex category was added to reflect the state-reported parental relationships. ■One or more parents of unknown sex includes up to three parents in any combination of known and unknown sex. The parent(s) could have acted alone, together, or with a nonparent. ■Nonparent perpetrators counted in combination with parents (e.g., mother and nonparent(s)) are not also counted in the individual categories listed under nonparent. ■Multiple nonparental perpetrators that are in the same category are counted within that category. For example, two child daycare providers are counted as child daycare providers. This is a change from prior years when these two child daycare providers would have been counted in more than one nonparental perpetrator. ■Multiple nonparental perpetrators that are in different categories are counted in more than one nonparental perpetrator. ■The unknown relationship category includes victims with an unknown perpetrator. ■Some states were not able to collect and report on group home and residential facility staff perpetrators due to system limitations or jurisdictional issues. Table 4–5 Child Fatalities Who Received Family Preservation Services Within the Previous 5 Years, 2019 ■Data are from the Child File and Agency File. ■This table is presented differently in the Child Maltreatment 2019 report than prior to the 2018 report to provide readers with an additional understanding of how states report these data. ■The Child File and Agency File data are presented separately. chApter 4: Fatalities 60 Child Maltreatment 2019Table 4–6 Child Fatalities Who Were Reunited with Their Families Within the Previous 5 Years, 2019 ■Data are from the Child File and Agency File. ■This table is presented differently in the Child Maltreatment 2019 report than prior to the 2018 report to provide readers with an additional understanding of how states report these data. ■The Child File and Agency File data are presented separately. chApter 4: Fatalities 61 Child Maltreatment 2019 Table 4–1 Child Fatalities by Submission Type, 2019 StateChild Fatalities Reported in the Child FileChild Fatalities Reported in the Agency File Total Child Fatalities Child Fatality Rate per 100,000 Children Alabama 34 0 34 3.12 Alaska - 1 1 0.56 Arizona 33 - 33 2.01 Arkansas 35 - 35 5.00 California - 149 149 1.68 Colorado 25 0 25 1.98 Connecticut 4 - 4 0.55 Delaware 13 - 13 6.39 District of Columbia 3 0 3 2.34 Florida 114 - 114 2.70 Georgia 67 1 68 2.72 Hawaii 4 - 4 1.33 Idaho 1 2 3 0.67 Illinois 98 8 106 3.76 Indiana 116 - 116 7.40 Iowa 25 - 25 3.44 Kansas 16 0 16 2.28 Kentucky 11 1 12 1.20 Louisiana 24 - 24 2.21 Maine - 3 3 1.21 Maryland 19 36 55 4.12 Massachusetts - - - - Michigan 63 0 63 2.94 Minnesota 17 0 17 1.30 Mississippi 35 0 35 5.01 Missouri 34 12 46 3.36 Montana 1 1 2 0.87 Nebraska 5 0 5 1.05 Nevada 16 4 20 2.89 New Hampshire 2 0 2 0.78 New Jersey 17 2 19 0.98 New Mexico 10 1 11 2.31 New York 69 - 69 1.71 North Carolina - 5 5 0.22 North Dakota 6 0 6 3.33 Ohio 78 1 79 3.06 Oklahoma 23 0 23 2.42 Oregon - 23 23 2.65 Pennsylvania 54 0 54 2.05 Puerto Rico 5 - 5 0.87 Rhode Island 3 - 3 1.47 South Carolina 43 17 60 5.40 South Dakota 9 - 9 4.15 Tennessee 43 0 43 2.85 Texas 228 1 229 3.09 Utah 11 - 11 1.18 Vermont 1 1 2 1.75 Virginia 49 - 49 2.63 Washington - 25 25 1.50 West Virginia 17 - 17 4.73 Wisconsin 34 - 34 2.68 Wyoming 0 0 0 0.00 National 1,515 294 1,809 2.50 Reporting States 45 34 51 - chApter 4: Fatalities 62 Child Maltreatment 2019 Table 4–2 Child Fatalities, 2015–2019 State 2015 2016 2017 2018 2019 Alabama 13 26 28 43 34 Alaska 5 1 2 2 1 Arizona 51 48 35 48 33 Arkansas 40 42 37 44 35 California 127 137 147 145 149 Colorado 19 37 35 40 25 Connecticut 11 5 11 8 4 Delaware 1 0 4 4 13 District of Columbia 3 3 4 5 3 Florida 124 110 101 111 114 Georgia 113 97 94 86 68 Hawaii 4 4 4 1 4 Idaho 6 3 10 3 3 Illinois 77 64 74 70 106 Indiana 34 70 78 80 116 Iowa 12 12 19 16 25 Kansas 8 10 14 9 16 Kentucky 16 15 10 6 12 Louisiana 39 41 25 25 24 Maine - - - 3 3 Maryland 28 32 41 40 55 Massachusetts 14 8 - - - Michigan 83 86 51 49 63 Minnesota 17 28 24 30 17 Mississippi 35 41 40 30 35 Missouri 35 29 33 36 46 Montana 2 0 4 2 2 Nebraska 3 7 1 0 5 Nevada 13 13 21 19 20 New Hampshire 4 4 2 0 2 New Jersey 23 21 13 18 19 New Mexico 14 11 16 12 11 New York 108 95 127 118 69 North Carolina - 32 18 14 5 North Dakota 3 4 1 8 6 Ohio 74 66 73 106 79 Oklahoma 31 31 21 47 23 Oregon 27 19 30 26 23 Pennsylvania 31 47 42 45 54 Puerto Rico 7 - 6 3 5 Rhode Island 0 4 5 1 3 South Carolina 25 22 28 39 60 South Dakota 11 4 5 3 9 Tennessee 32 41 33 47 43 Texas 162 217 186 200 229 Utah 6 12 13 10 11 Vermont 3 0 0 1 2 Virginia 54 45 41 37 49 Washington 27 15 18 28 25 West Virginia 9 20 17 8 17 Wisconsin 17 25 31 24 34 Wyoming 2 4 4 1 0 National 1,603 1,708 1,677 1,751 1,809 Reporting States 50 50 50 51 51 chApter 4: Fatalities 63 Child Maltreatment 2019 Table 4–4 Child Fatalities by Relationship to Their Perpetrators, 2019Table 4–3 Child Fatalities by Age, 2019 Age Child Population Child Fatalities Child Fatalities PercentChild Fatalities Rate per 100,000 Children <1 2,998,747 688 45.4 22.94 1 3,041,401 209 13.8 6.87 2 3,114,111 168 11.1 5.39 3 3,178,011 91 6.0 2.86 4 3,212,143 66 4.4 2.05 5 3,200,619 52 3.4 1.62 6 3,190,045 32 2.1 1.00 7 3,196,893 20 1.3 0.63 8 3,226,520 31 2.0 0.96 9 3,233,064 17 1.1 0.53 10 3,233,734 20 1.3 0.62 11 3,332,731 17 1.1 0.51 12 3,350,954 12 0.8 0.36 13 3,327,663 12 0.8 0.36 14 3,320,802 25 1.7 0.75 15 3,331,200 22 1.5 0.66 16 3,309,292 17 1.1 0.51 17 3,307,347 13 0.9 0.39 Unborn, Unknown, and 18–21- 3 0.2 - National 58,105,277 1,515 100.0 - Based on data from 45 states. PERPETRATOR Child Fatalities Relationships Relationships Percent PARENT - - - Father Only - 212 14.2 Father and Nonparent - 26 1.7 Mother Only - 435 29.2 Mother and Nonparent - 149 10.0 Two Parents of Known Sex - 337 22.6 Three Parents of Known Sex - 3 0.2 Two Parents of Known Sex and Nonparent- 25 1.7 One or More Parents of Unknown Sex - 1 0.1 Total Parents - 1,188 79.7 NONPARENT - - - Child Daycare Provider(s) - 26 1.7 Foster Parent(s) - 10 0.7 Friend(s) or Neighbor(s) - 9 0.6 Group Home and Residential Facility Staff - 3 0.2 Legal Guardian(s) - 8 0.5 Other(s) - 56 3.8 Other Professional(s) - 3 0.2 Relative(s) - 75 5.0 Unmarried Partner(s) of Parent - 36 2.4 More than One Nonparental Perpetrator - 22 1.5 Total Nonparents - 248 16.6 UNkNOWN - 55 3.7 National 1,491 1,491 100.0 Based on data from 43 states. chApter 4: Fatalities 64 Child Maltreatment 2019 Table 4–5 Child Fatalities Who Received Family Preservation Services Within the Previous 5 Years, 2019 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 34 2 0 0 Alaska - - 1 0 Arizona - - - - Arkansas 35 3 - - California - - - - Colorado - - - - Connecticut - - - - Delaware - - - - District of Columbia 3 0 0 0 Florida 114 4 - - Georgia 67 9 1 0 Hawaii - - - - Idaho 1 1 - - Illinois 98 6 8 0 Indiana - - - - Iowa - - - - Kansas 16 4 0 0 Kentucky 11 3 1 0 Louisiana 24 3 - - Maine - - 3 0 Maryland 19 0 - - Massachusetts - - - - Michigan - - - - Minnesota 17 0 0 0 Mississippi 35 1 0 0 Missouri 34 2 12 0 Montana - - - - Nebraska 5 0 0 0 Nevada 16 0 4 0 New Hampshire 2 0 0 0 New Jersey 17 1 2 0 New Mexico 10 0 1 0 New York - - - - North Carolina - - - - North Dakota 6 0 - - Ohio - - - - Oklahoma 23 1 0 0 Oregon - - 23 5 Pennsylvania - - - - Puerto Rico - - - - Rhode Island 3 1 - - South Carolina - - - - South Dakota - - - - Tennessee 43 3 0 0 Texas 228 23 1 0 Utah 11 0 - - Vermont 1 0 1 0 Virginia - - - - Washington - - 25 1 West Virginia - - - - Wisconsin - - - - Wyoming 0 0 0 0 National 873 67 83 6 National Percent - 7.7 - 7.2 Reporting States 27 27 23 23 chApter 4: Fatalities 65 Child Maltreatment 2019 Table 4–6 Child Fatalities Who Were Reunited With Their Families Within the Previous 5 Years, 2019 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 34 1 0 0 Alaska - - 1 0 Arizona - - - - Arkansas 35 2 - - California - - 149 10 Colorado 25 0 0 0 Connecticut 4 0 - - Delaware 13 0 - - District of Columbia 3 0 0 0 Florida 114 0 - - Georgia 67 2 1 0 Hawaii 4 0 - - Idaho 1 0 - - Illinois 98 2 8 0 Indiana 116 8 - - Iowa - - - - Kansas 16 1 0 0 Kentucky 11 0 1 0 Louisiana 24 0 - - Maine - - 3 0 Maryland 19 1 - - Massachusetts - - - - Michigan - - - - Minnesota 17 0 0 0 Mississippi 35 1 0 0 Missouri 34 0 12 0 Montana - - - - Nebraska 5 0 0 0 Nevada 16 0 4 1 New Hampshire 2 0 0 0 New Jersey 17 0 2 0 New Mexico 10 1 1 0 New York - - - - North Carolina - - - - North Dakota 6 0 - - Ohio 78 2 - - Oklahoma 23 0 0 0 Oregon - - 23 0 Pennsylvania - - - - Puerto Rico - - - - Rhode Island 3 0 - - South Carolina 43 0 17 1 South Dakota - - - - Tennessee 43 1 0 0 Texas 228 4 1 0 Utah 11 1 - - Vermont 1 0 1 0 Virginia - - - - Washington - - 25 0 West Virginia - - - - Wisconsin - - - - Wyoming 0 0 0 0 National 1,156 27 249 12 National Percent - 2.3 - 4.8 Reporting States 34 34 26 26 chApter 5: Perpetrators 66 Child Maltreatment 2019 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 and counting a perpetrator once, regardless of the number of times the perpetrator is the subject of a report. For FFY 2019, 52 states reported a unique count of 525,319 perpetrators. (See table 5–1 and related notes.) Perpetrator Demographics (unique count of perpetrators) More than four-fifths (83.1%) of perpetrators are in the age range of 18–44 years old. Perpetrators in the age group 25–34 are 41.6 percent of all perpetrators. Perpetrators younger than 18 years old accounted for 1.9 percent of all perpetrators. Some states have laws that limit the youngest age that a person can be considered a perpetrator. (See Appendix D , State Commentary.) The perpetrator age group of 25–34 have the highest rate at 4.7 per 1,000 adults in the population of the same age. Older adults in the age group of 35–44 have the second highest rate at 3.3, while young adults in the age group of 18–24 have a rate of 2.5 per 1,000 adults in the population of the same age. (See table 5–2 , exhibit 5–A , and related notes.) More than one-half (53.0%) of per - petrators are female and 46.1 percent of perpetrators are male; fewer than 1.0 percent of perpetrators (0.9 %) are of unknown sex. (See table 5–3 and related notes.) The three largest percentages of perpetrators are White (48.9%), African-American (21.1%), CHAPTER 5 Exhibit 5–A Perpetrators by Age, 2019 83.1% of perpetrators are between the ages of 18–44 years Based on data from 52 states. See table 5–2 . chApter 5: Perpetrators 67 Child Maltreatment 2019 and Hispanic (19.7%). Race or ethnicity is unknown or not reported for 5.5 percent of perpetrators. (See table 5–4 , exhibit 5–B , and related notes.) Perpetrator Relationship (unique count of perpetrators and unique count of relationships) In this analysis, single relationships are counted only once per category. Perpetrators with two or more relationships are counted in the multiple relationships category. In the scenarios below, the perpetrator is counted once in the parent category: ■The perpetrator is a parent to one victim and in two or more reports (one victim is reported at least twice). ■The perpetrator is a parent to two victims and in one report. In the following scenarios, the perpetrator is counted once in the multiple relationships category: ■The perpetrator is a parent to one victim and is an unmarried partner of parent to a second victim in the same report. ■The perpetrator is a parent to one victim in one report and an unmarried partner of parent to a second victim in a second report. The majority (77.5%) of perpetrators are a parent of their victim, 6.5 percent of perpetrators are a relative other than a parent, and 4.1 percent had a multiple relationship to their victims. Approximately 4.0 percent (3.8%) of perpetrators have an “other” relationship to their victims. (See table 5–5 and related notes.) According to Appendix D, State Commentary, the NCANDS category of “other” perpetrator relationship includes foster sibling, nonrelative, babysitter, etc. Exhibit and Table Notes The following pages contain the data tables referenced in chapter 5. Specific information about state submissions can be found in Appendix D, State Commentary. Additional 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. ■The data for all tables are from the Child File. ■Rates are per 1,000 adults or children in the population. ■Rates are calculated by dividing the perpetrator count by the adult or child population count and multiplying by 1,000. ■NCANDS uses the population estimates that are released annually by the U.S. Census Bureau. These estimates are available in Appendix C, State Characteristics.Exhibit 5–B Perpetrators by Race or Ethnicity, 2019 The largest percentages of perpetrators are White, African-American, and Hispanic Based on data from table 5–4 . chApter 5: Perpetrators 68 Child Maltreatment 2019 ■National totals and calculations appear in a single row labeled National instead of separate rows labeled total, rate, or percent. ■The row labeled Reporting States displays the count of states that provided data for that analysis. ■All tables use a unique count of perpetrators. ■Dashes are inserted into cells without any data included in this analysis.. Table 5–1 Perpetrators, 2015–2019 ■One state did not report perpetrator data for FFY 2015–2016. ■One state did not report an NCANDS submission for FFY 2016. Table 5–2 Perpetrators by Age, 2019 ■In NCANDS, valid perpetrator ages are 6–75 years old. If a perpetrator is reported with an age of 76 years or older, the age is recoded to 75. ■Some states have laws restricting how young a perpetrator can be. More information may be found in appendix D. ■If a perpetrator appears in two reports, the age at the time of the earliest report is used. Table 5–3 Perpetrators by Sex, 2019 ■The category of unknown sex includes not reported. Table 5–4 Perpetrators by Race and Ethnicity, 2019 ■The NCANDS category of multiple race is defined as any combination of two or more race categories. ■Counts associated with each racial group are exclusive and do not include Hispanic ethnicity. ■Perpetrators reported with Hispanic ethnicity are counted as Hispanic, regardless of any reported race. ■States were excluded from this analysis if more than 25.0 percent of perpetrators had the race and ethnicity reported as blank. ■Only those states that reported both race and ethnicity separately are included in this analysis. Table 5–5 Perpetrators by Relationship to Their Victims, 2019 ■Some states were not able to collect and report on group home and residential facility staff perpetrators due to system limitations or jurisdictional issues. More information may be found in appendix D. ■States were excluded from this analysis if more than 20.0 percent of perpetrators were reported with an unknown relationship. chApter 5: Perpetrators 69 Child Maltreatment 2019 Table 5–1 Perpetrators, 2015–2019 State 2015 2016 2017 2018 2019 Alabama 6,075 7,280 7,817 8,791 8,376 Alaska 2,255 2,424 2,177 2,032 2,294 Arizona 12,232 11,107 10,180 15,395 12,909 Arkansas 7,831 8,221 8,049 7,424 7,118 California 57,344 55,304 52,707 58,362 55,830 Colorado 8,797 9,818 10,078 10,253 10,478 Connecticut 5,571 6,470 6,938 6,292 6,497 Delaware 1,202 1,281 1,236 976 977 District of Columbia 946 961 1,112 1,136 1,257 Florida 32,421 31,333 30,364 27,844 24,927 Georgia - - 7,647 8,612 8,107 Hawaii 1,235 1,195 1,086 1,098 1,158 Idaho 1,417 1,650 1,697 1,774 1,774 Illinois 21,571 20,668 20,652 22,275 23,858 Indiana 20,385 22,090 22,534 20,159 18,477 Iowa 5,919 6,437 7,867 8,529 8,327 Kansas 1,653 2,017 3,525 2,594 2,473 Kentucky 13,191 12,975 16,614 17,400 14,731 Louisiana 10,665 9,682 9,172 7,983 7,574 Maine 3,085 3,158 3,042 3,021 3,874 Maryland 5,700 5,869 6,296 6,507 6,559 Massachusetts 25,272 25,452 20,385 20,750 20,075 Michigan 28,753 30,902 31,306 30,705 26,210 Minnesota 4,013 5,792 6,469 5,617 4,951 Mississippi 6,726 8,368 8,688 8,252 7,793 Missouri 4,940 4,765 4,013 5,108 4,252 Montana 1,316 2,332 2,615 2,704 2,686 Nebraska 2,445 1,976 2,240 1,859 2,022 Nevada 3,975 3,989 3,936 4,168 4,010 New Hampshire 673 816 1,074 1,154 1,112 New Jersey 7,518 6,447 5,097 4,589 4,026 New Mexico 7,421 6,504 7,260 6,832 6,702 New York 52,852 51,199 56,260 54,550 52,669 North Carolina 4,110 3,710 3,832 3,409 2,770 North Dakota 1,276 1,344 1,450 1,558 1,344 Ohio 18,690 19,294 20,290 20,567 21,190 Oklahoma 12,807 12,323 12,548 12,929 12,901 Oregon 8,010 8,999 8,458 9,486 10,056 Pennsylvania 3,648 4,653 5,062 4,865 4,941 Puerto Rico 5,245 - 4,415 3,347 3,666 Rhode Island 2,464 2,309 2,467 2,846 2,508 South Carolina 11,418 13,210 12,599 14,350 13,630 South Dakota 694 881 941 933 1,099 Tennessee 9,881 9,611 9,231 9,116 9,428 Texas 50,880 45,926 48,380 49,563 49,969 Utah 7,303 7,284 7,543 7,784 7,851 Vermont 732 695 724 782 709 Virginia 5,014 4,901 5,092 5,074 5,005 Washington 5,044 4,207 3,805 3,881 3,693 West Virginia 4,402 5,242 5,692 6,252 5,959 Wisconsin 3,904 3,886 3,933 4,031 3,668 Wyoming 716 728 721 780 849 National 521,637 517,685 537,316 546,298 525,319 Reporting States 51 50 52 52 52 chApter 5: Perpetrators 70 Child Maltreatment 2019 Table 5–2 Perpetrators by Age, 2019 (continues next page) State 6–11 12–17 18–24 25–34 35–44 45–54 55–64 65–74 75 and Older UnknownTotal Perpetrators Alabama 1 291 1,530 3,472 1,720 541 196 70 11 544 8,376 Alaska - 5 278 1,037 609 209 86 20 9 41 2,294 Arizona - 85 2,146 5,887 3,397 962 270 75 85 2 12,909 Arkansas 100 332 1,408 2,724 1,493 463 180 68 13 337 7,118 California 46 528 7,364 22,796 16,406 5,571 1,754 521 136 708 55,830 Colorado 33 305 1,444 4,315 2,945 850 264 73 - 249 10,478 Connecticut 3 22 830 2,616 1,962 673 198 53 14 126 6,497 Delaware 1 30 122 403 272 106 33 7 3 - 977 District of Columbia - 6 140 532 376 101 32 8 - 62 1,257 Florida 1 77 2,958 10,701 6,923 2,341 973 303 85 565 24,927 Georgia - 107 1,418 3,686 1,965 622 211 82 14 2 8,107 Hawaii - 6 104 438 375 119 53 19 6 38 1,158 Idaho - 9 324 716 510 156 45 9 5 - 1,774 Illinois 23 482 3,787 10,336 6,027 1,939 646 210 38 370 23,858 Indiana 19 544 3,826 7,943 4,193 1,208 437 137 27 143 18,477 Iowa 1 129 1,303 3,590 2,346 630 244 57 12 15 8,327 Kansas 17 142 330 902 692 238 99 25 7 21 2,473 Kentucky 1 62 2,171 6,541 4,064 1,226 498 125 39 4 14,731 Louisiana 1 62 1,389 3,523 1,849 454 217 56 17 6 7,574 Maine - 12 416 1,785 1,149 356 118 26 1 11 3,874 Maryland 29 224 700 2,318 1,610 641 303 103 625 6 6,559 Massachusetts 2 108 2,230 8,039 6,055 2,280 684 160 43 474 20,075 Michigan 5 106 3,808 11,797 7,223 2,317 733 157 35 29 26,210 Minnesota 24 182 618 2,079 1,457 399 151 33 8 - 4,951 Mississippi 77 278 1,087 3,120 2,101 661 326 97 28 18 7,793 Missouri - 55 659 1,599 1,113 428 192 58 15 133 4,252 Montana - 12 429 1,152 709 244 66 9 1 64 2,686 Nebraska - 36 326 885 583 137 41 9 4 1 2,022 Nevada - 18 527 1,769 1,187 351 132 20 6 - 4,010 New Hampshire 1 20 133 510 311 92 29 7 1 8 1,112 New Jersey - 14 368 1,622 1,192 504 186 53 12 75 4,026 New Mexico - 45 910 2,730 1,672 463 162 37 12 671 6,702 New York 8 205 6,225 20,077 16,312 6,841 2,254 588 141 18 52,669 North Carolina - 7 355 1,205 797 260 95 41 8 2 2,770 North Dakota - 5 173 617 374 121 22 6 - 26 1,344 Ohio 105 1,048 3,421 8,200 4,750 1,511 672 184 39 1,260 21,190 Oklahoma - 62 2,144 5,797 3,335 899 332 103 22 207 12,901 Oregon 7 205 1,252 4,077 2,910 974 362 93 30 146 10,056 Pennsylvania - 253 760 1,709 1,212 497 217 113 21 159 4,941 Puerto Rico 4 27 534 1,434 1,049 392 139 53 17 17 3,666 Rhode Island 4 54 326 1,089 694 223 70 18 2 28 2,508 South Carolina 27 49 1,732 6,184 3,855 1,137 428 130 49 39 13,630 South Dakota - 7 186 531 276 61 17 4 - 17 1,099 Tennessee 16 451 1,532 3,494 1,776 636 281 72 20 1,150 9,428 Texas 173 1,823 10,415 21,812 10,646 3,165 1,350 424 118 43 49,969 Utah 41 602 1,177 2,765 2,260 685 212 90 16 3 7,851 Vermont - 50 110 266 173 62 14 11 2 21 709 Virginia 2 32 621 2,036 1,276 490 177 57 18 296 5,005 Washington - 7 381 1,541 1,167 392 126 37 4 38 3,693 West Virginia 1 18 767 2,579 1,514 423 162 54 12 429 5,959 Wisconsin 3 45 454 1,398 842 240 97 17 7 565 3,668 Wyoming 1 18 142 365 227 48 19 6 - 23 849 National 777 9,302 77,790 218,739 139,931 46,339 16,605 4,788 1,838 9,210 525,319 Reporting States 32 52 52 52 52 52 52 52 47 48 52 chApter 5: Perpetrators 71 Child Maltreatment 2019 Table 5–2 Perpetrators by Age, 2019 State 6–11 Rate per 1,000 12–17 Rate per 1,000 18–24 Rate per 1,000 25–34 Rate per 1,000 35–44 Rate per 1,000 45–54 Rate per 1,000 55–64 Rate per 1,000 65–74 Rate per 1,000 75 and Older Rate per 1,000 Alabama 0.0 0.8 3.4 5.4 2.9 0.9 0.3 0.1 0.0 Alaska - 0.1 4.1 8.8 6.4 2.5 0.9 0.3 0.3 Arizona - 0.1 3.1 5.8 3.8 1.1 0.3 0.1 0.2 Arkansas 0.4 1.4 5.0 6.9 4.0 1.3 0.5 0.2 0.1 California 0.0 0.2 2.0 3.8 3.1 1.1 0.4 0.2 0.1 Colorado 0.1 0.7 2.7 4.7 3.7 1.2 0.4 0.1 - Connecticut 0.0 0.1 2.4 5.8 4.6 1.4 0.4 0.2 0.1 Delaware 0.0 0.4 1.5 3.1 2.4 0.9 0.2 0.1 0.0 District of Columbia - 0.2 1.9 3.2 3.5 1.4 0.5 0.2 - Florida 0.0 0.1 1.7 3.8 2.7 0.9 0.3 0.1 0.0 Georgia - 0.1 1.4 2.5 1.4 0.4 0.2 0.1 0.0 Hawaii - 0.1 0.9 2.2 2.1 0.7 0.3 0.1 0.1 Idaho - 0.1 2.0 3.0 2.2 0.8 0.2 0.1 0.0 Illinois 0.0 0.5 3.3 5.9 3.7 1.2 0.4 0.2 0.0 Indiana 0.0 1.0 5.8 8.9 5.1 1.5 0.5 0.2 0.1 Iowa 0.0 0.5 4.2 9.0 6.1 1.7 0.6 0.2 0.0 Kansas 0.1 0.6 1.1 2.4 1.9 0.7 0.3 0.1 0.0 Kentucky 0.0 0.2 5.2 11.1 7.4 2.2 0.8 0.3 0.1 Louisiana 0.0 0.2 3.3 5.4 3.1 0.8 0.4 0.1 0.1 Maine - 0.1 3.9 11.0 7.5 2.0 0.6 0.2 0.0 Maryland 0.1 0.5 1.3 2.8 2.1 0.8 0.4 0.2 1.6 Massachusetts 0.0 0.2 3.2 8.1 7.1 2.6 0.7 0.2 0.1 Michigan 0.0 0.1 4.0 9.0 6.2 1.8 0.5 0.2 0.0 Minnesota 0.1 0.4 1.2 2.7 2.0 0.6 0.2 0.1 0.0 Mississippi 0.3 1.1 3.8 7.9 5.7 1.8 0.8 0.3 0.1 Missouri - 0.1 1.2 1.9 1.5 0.6 0.2 0.1 0.0 Montana - 0.2 4.4 8.3 5.5 2.1 0.4 0.1 0.0 Nebraska - 0.2 1.7 3.5 2.4 0.6 0.2 0.1 0.0 Nevada - 0.1 2.1 3.9 2.9 0.9 0.3 0.1 0.0 New Hampshire 0.0 0.2 1.1 3.0 2.0 0.5 0.1 0.0 0.0 New Jersey - 0.0 0.5 1.4 1.0 0.4 0.2 0.1 0.0 New Mexico - 0.3 4.6 9.6 6.6 2.0 0.6 0.2 0.1 New York 0.0 0.2 3.5 7.0 6.7 2.8 0.9 0.3 0.1 North Carolina - 0.0 0.4 0.9 0.6 0.2 0.1 0.0 0.0 North Dakota - 0.1 2.1 5.4 4.0 1.5 0.2 0.1 - Ohio 0.1 1.2 3.2 5.3 3.4 1.0 0.4 0.2 0.0 Oklahoma - 0.2 5.6 10.7 6.7 2.0 0.7 0.3 0.1 Oregon 0.0 0.7 3.4 6.7 5.1 1.9 0.7 0.2 0.1 Pennsylvania - 0.3 0.7 1.0 0.8 0.3 0.1 0.1 0.0 Puerto Rico 0.0 0.1 1.8 3.5 2.7 0.9 0.3 0.1 0.1 Rhode Island 0.1 0.7 3.0 7.3 5.5 1.7 0.5 0.2 0.0 South Carolina 0.1 0.1 3.7 9.1 6.2 1.8 0.6 0.2 0.1 South Dakota - 0.1 2.3 4.6 2.6 0.6 0.1 0.0 - Tennessee 0.0 0.9 2.5 3.7 2.1 0.7 0.3 0.1 0.0 Texas 0.1 0.7 3.7 5.1 2.7 0.9 0.4 0.2 0.1 Utah 0.1 1.9 3.3 5.9 5.1 2.1 0.7 0.4 0.1 Vermont - 1.2 1.7 3.6 2.4 0.8 0.1 0.1 0.0 Virginia 0.0 0.1 0.8 1.7 1.1 0.4 0.2 0.1 0.0 Washington - 0.0 0.6 1.3 1.1 0.4 0.1 0.1 0.0 West Virginia 0.0 0.1 5.0 12.1 7.1 1.8 0.6 0.2 0.1 Wisconsin 0.0 0.1 0.8 1.9 1.2 0.3 0.1 0.0 0.0 Wyoming 0.0 0.4 2.7 4.8 3.1 0.8 0.2 0.1 - National 0.0 0.4 2.5 4.7 3.3 1.1 0.4 0.2 0.1 Reporting States - - - - - - - - - chApter 5: Perpetrators 72 Child Maltreatment 2019 Table 5–3 Perpetrators by Sex, 2019 State Male Female Unknown Total Perpetrators Male Percent Female Percent Unknown Percent Alabama 3,615 4,746 15 8,376 43.2 56.7 0.2 Alaska 1,031 1,240 23 2,294 44.9 54.1 1.0 Arizona 6,328 6,557 24 12,909 49.0 50.8 0.2 Arkansas 3,177 3,806 135 7,118 44.6 53.5 1.9 California 24,968 30,536 326 55,830 44.7 54.7 0.6 Colorado 5,247 5,159 72 10,478 50.1 49.2 0.7 Connecticut 3,091 3,356 50 6,497 47.6 51.7 0.8 Delaware 588 389 - 977 60.2 39.8 - District of Columbia 365 864 28 1,257 29.0 68.7 2.2 Florida 11,896 12,570 461 24,927 47.7 50.4 1.8 Georgia 2,883 5,212 12 8,107 35.6 64.3 0.1 Hawaii 483 647 28 1,158 41.7 55.9 2.4 Idaho 715 1,059 - 1,774 40.3 59.7 - Illinois 10,946 12,683 229 23,858 45.9 53.2 1.0 Indiana 7,855 10,582 40 18,477 42.5 57.3 0.2 Iowa 3,913 4,401 13 8,327 47.0 52.9 0.2 Kansas 1,360 1,107 6 2,473 55.0 44.8 0.2 Kentucky 6,714 7,950 67 14,731 45.6 54.0 0.5 Louisiana 2,443 5,110 21 7,574 32.3 67.5 0.3 Maine 2,011 1,862 1 3,874 51.9 48.1 0.0 Maryland 3,233 2,969 357 6,559 49.3 45.3 5.4 Massachusetts 8,673 10,831 571 20,075 43.2 54.0 2.8 Michigan 12,396 13,775 39 26,210 47.3 52.6 0.1 Minnesota 2,546 2,405 - 4,951 51.4 48.6 - Mississippi 3,269 4,444 80 7,793 41.9 57.0 1.0 Missouri 2,581 1,589 82 4,252 60.7 37.4 1.9 Montana 1,125 1,475 86 2,686 41.9 54.9 3.2 Nebraska 1,078 943 1 2,022 53.3 46.6 0.0 Nevada 1,686 2,324 - 4,010 42.0 58.0 - New Hampshire 537 568 7 1,112 48.3 51.1 0.6 New Jersey 1,916 2,099 11 4,026 47.6 52.1 0.3 New Mexico 2,720 3,842 140 6,702 40.6 57.3 2.1 New York 24,342 28,304 23 52,669 46.2 53.7 0.0 North Carolina 1,222 1,542 6 2,770 44.1 55.7 0.2 North Dakota 503 833 8 1,344 37.4 62.0 0.6 Ohio 9,954 10,887 349 21,190 47.0 51.4 1.6 Oklahoma 6,369 6,467 65 12,901 49.4 50.1 0.5 Oregon 5,589 4,404 63 10,056 55.6 43.8 0.6 Pennsylvania 3,190 1,672 79 4,941 64.6 33.8 1.6 Puerto Rico 1,360 2,306 - 3,666 37.1 62.9 - Rhode Island 1,217 1,273 18 2,508 48.5 50.8 0.7 South Carolina 5,119 8,505 6 13,630 37.6 62.4 0.0 South Dakota 388 701 10 1,099 35.3 63.8 0.9 Tennessee 4,420 4,533 475 9,428 46.9 48.1 5.0 Texas 23,624 26,034 311 49,969 47.3 52.1 0.6 Utah 4,252 3,599 - 7,851 54.2 45.8 - Vermont 495 214 - 709 69.8 30.2 - Virginia 2,345 2,566 94 5,005 46.9 51.3 1.9 Washington 1,757 1,921 15 3,693 47.6 52.0 0.4 W est Virginia 2,367 3,590 2 5,959 39.7 60.2 - Wisconsin 1,683 1,523 462 3,668 45.9 41.5 12.6 Wyoming 372 476 1 849 43.8 56.1 0.1 National 241,957 278,450 4,912 525,319 46.1 53.0 0.9 Reporting States 52 52 45 52 - - - chApter 5: Perpetrators 73 Child Maltreatment 2019 Table 5–4 Perpetrators by Race or Ethnicity, 2019 (continues next page) State African- American American Indian or Alaska Native Asian Hispanic Multiple Race Pacific Islander White UnknownTotal Perpetrators Alabama 2,404 12 12 279 42 6 5,377 244 8,376 Alaska 88 1,106 29 78 119 64 623 187 2,294 Arizona 1,395 571 64 4,234 223 38 4,968 1,416 12,909 Arkansas 1,306 9 21 390 331 21 4,830 210 7,118 California 7,544 479 1,666 25,801 - 237 14,912 5,191 55,830 Colorado - - - - - - - - - Connecticut 1,583 12 61 1,793 99 10 2,623 316 6,497 Delaware 451 3 8 110 3 - 401 1 977 District of Columbia 822 - 1 141 1 - 11 281 1,257 Florida 6,865 24 111 3,503 223 21 12,695 1,485 24,927 Georgia 3,246 8 27 465 54 7 4,070 230 8,107 Hawaii 24 5 148 50 297 319 225 90 1,158 Idaho 17 49 8 159 4 5 1,409 123 1,774 Illinois 7,230 19 229 3,573 215 5 12,139 448 23,858 Indiana 3,294 12 55 1,072 328 12 13,552 152 18,477 Iowa 1,166 116 44 554 93 24 6,191 139 8,327 Kansas 273 20 18 282 34 4 1,678 164 2,473 Kentucky 1,590 10 32 356 343 6 12,026 368 14,731 Louisiana 3,281 15 16 127 27 6 3,703 399 7,574 Maine 81 39 12 70 85 3 2,627 957 3,874 Maryland 2,502 15 55 600 - 6 2,102 1,279 6,559 Massachusetts 2,796 34 306 5,460 288 10 8,758 2,423 20,075 Michigan 6,798 108 102 1,565 1,202 12 16,280 143 26,210 Minnesota 924 379 130 434 448 4 2,532 100 4,951 Mississippi 2,659 14 16 155 29 3 4,065 852 7,793 Missouri 656 16 10 259 9 7 3,022 273 4,252 Montana 32 383 3 72 52 4 1,584 556 2,686 Nebraska 384 132 9 266 73 2 988 168 2,022 Nevada 1,025 27 64 858 74 36 1,745 181 4,010 New Hampshire 31 1 5 46 12 - 869 148 1,112 New Jersey 1,243 2 69 1,044 29 6 1,505 128 4,026 New Mexico 198 640 14 3,535 80 5 1,589 641 6,702 New York 15,854 200 1,541 13,335 777 31 19,931 1,000 52,669 North Carolina 804 121 15 273 42 6 1,433 76 2,770 North Dakota 100 285 1 49 32 6 800 71 1,344 Ohio 5,440 3 45 794 591 13 12,988 1,316 21,190 Oklahoma 1,370 639 27 1,762 2,831 24 6,127 121 12,901 Oregon 441 235 72 940 204 59 6,444 1,661 10,056 Pennsylvania 1,171 5 43 682 95 2 2,633 310 4,941 Puerto Rico - - - - - - - - - Rhode Island 356 21 23 498 39 1 1,241 329 2,508 South Carolina 4,998 22 28 486 76 12 7,468 540 13,630 South Dakota 46 419 6 61 80 2 449 36 1,099 Tennessee - - - - - - - - - Texas 10,665 74 334 19,482 427 55 17,347 1,585 49,969 Utah 267 167 67 1,440 114 151 5,603 42 7,851 Vermont 23 1 8 11 - - 624 42 709 Virginia 1,291 6 57 562 39 10 2,687 353 5,005 Washington 306 203 75 540 156 57 2,092 264 3,693 West Virginia 246 2 - 37 139 2 5,471 62 5,959 Wisconsin 570 156 46 266 41 1 2,019 569 3,668 Wyoming 28 15 1 99 - 1 671 34 849 National 105,884 6,834 5,734 98,648 10,500 1,316 245,127 27,704 501,747 Reporting States 49 48 48 49 45 45 49 49 49 chApter 5: Perpetrators 74 Child Maltreatment 2019 Table 5–4 Perpetrators by Race or Ethnicity, 2019 State African- American Percent American Indian or Alaska Native Percent Asian PercentHispanic Percent Multiple Race Percent Pacific Islander Percent White PercentUnknown Percent Alabama 28.7 0.1 0.1 3.3 0.5 0.1 64.2 2.9 Alaska 3.8 48.2 1.3 3.4 5.2 2.8 27.2 8.2 Arizona 10.8 4.4 0.5 32.8 1.7 0.3 38.5 11.0 Arkansas 18.3 0.1 0.3 5.5 4.7 0.3 67.9 3.0 California 13.5 0.9 3.0 46.2 - 0.4 26.7 9.3 Colorado - - - - - - - - Connecticut 24.4 0.2 0.9 27.6 1.5 0.2 40.4 4.9 Delaware 46.2 0.3 0.8 11.3 0.3 - 41.0 0.1 District of Columbia 65.4 - 0.1 11.2 0.1 - 0.9 22.4 Florida 27.5 0.1 0.4 14.1 0.9 0.1 50.9 6.0 Georgia 40.0 0.1 0.3 5.7 0.7 0.1 50.2 2.8 Hawaii 2.1 0.4 12.8 4.3 25.6 27.5 19.4 7.8 Idaho 1.0 2.8 0.5 9.0 0.2 0.3 79.4 6.9 Illinois 30.3 0.1 1.0 15.0 0.9 0.0 50.9 1.9 Indiana 17.8 0.1 0.3 5.8 1.8 0.1 73.3 0.8 Iowa 14.0 1.4 0.5 6.7 1.1 0.3 74.3 1.7 Kansas 11.0 0.8 0.7 11.4 1.4 0.2 67.9 6.6 Kentucky 10.8 0.1 0.2 2.4 2.3 0.0 81.6 2.5 Louisiana 43.3 0.2 0.2 1.7 0.4 0.1 48.9 5.3 Maine 2.1 1.0 0.3 1.8 2.2 0.1 67.8 24.7 Maryland 38.1 0.2 0.8 9.1 - 0.1 32.0 19.5 Massachusetts 13.9 0.2 1.5 27.2 1.4 0.0 43.6 12.1 Michigan 25.9 0.4 0.4 6.0 4.6 0.0 62.1 0.5 Minnesota 18.7 7.7 2.6 8.8 9.0 0.1 51.1 2.0 Mississippi 34.1 0.2 0.2 2.0 0.4 0.0 52.2 10.9 Missouri 15.4 0.4 0.2 6.1 0.2 0.2 71.1 6.4 Montana 1.2 14.3 0.1 2.7 1.9 0.1 59.0 20.7 Nebraska 19.0 6.5 0.4 13.2 3.6 0.1 48.9 8.3 Nevada 25.6 0.7 1.6 21.4 1.8 0.9 43.5 4.5 New Hampshire 2.8 0.1 0.4 4.1 1.1 - 78.1 13.3 New Jersey 30.9 0.0 1.7 25.9 0.7 0.1 37.4 3.2 New Mexico 3.0 9.5 0.2 52.7 1.2 0.1 23.7 9.6 New York 30.1 0.4 2.9 25.3 1.5 0.1 37.8 1.9 North Carolina 29.0 4.4 0.5 9.9 1.5 0.2 51.7 2.7 North Dakota 7.4 21.2 0.1 3.6 2.4 0.4 59.5 5.3 Ohio 25.7 0.0 0.2 3.7 2.8 0.1 61.3 6.2 Oklahoma 10.6 5.0 0.2 13.7 21.9 0.2 47.5 0.9 Oregon 4.4 2.3 0.7 9.3 2.0 0.6 64.1 16.5 Pennsylvania 23.7 0.1 0.9 13.8 1.9 0.0 53.3 6.3 Puerto Rico - - - - - - - - Rhode Island 14.2 0.8 0.9 19.9 1.6 0.0 49.5 13.1 South Carolina 36.7 0.2 0.2 3.6 0.6 0.1 54.8 4.0 South Dakota 4.2 38.1 0.5 5.6 7.3 0.2 40.9 3.3 Tennessee - - - - - - - - Texas 21.3 0.1 0.7 39.0 0.9 0.1 34.7 3.2 Utah 3.4 2.1 0.9 18.3 1.5 1.9 71.4 0.5 Vermont 3.2 0.1 1.1 1.6 - - 88.0 5.9 Virginia 25.8 0.1 1.1 11.2 0.8 0.2 53.7 7.1 Washington 8.3 5.5 2.0 14.6 4.2 1.5 56.6 7.1 West Virginia 4.1 0.0 - 0.6 2.3 0.0 91.8 1.0 Wisconsin 15.5 4.3 1.3 7.3 1.1 0.0 55.0 15.5 Wyoming 3.3 1.8 0.1 11.7 - 0.1 79.0 4.0 National 21.1 1.4 1.1 19.7 2.1 0.3 48.9 5.5 Reporting States - - - - - - - - Chapter 5: Perpetrators 75 Child Maltreatment 2019 Table 5–5 Perpetrators by Relationship to Their Victims, 2019 (continues next page) State ParentChild Daycare Provider Foster Parent Friend and NeighborGroup Home and Residential Facility Staff Legal Guardian Multiple Relationships Alabama 5,919 24 11 166 14 40 390 Alaska 1,854 - 30 - - 15 125 Arizona 11,359 - 40 - 19 41 132 Arkansas 4,907 38 3 107 7 21 227 California 48,721 - 89 - 6 - 1,718 Colorado 7,430 28 19 1 29 6 651 Connecticut 5,052 10 8 33 4 97 411 Delaware 697 - 2 - - - 43 District of Columbia 1,184 - - - - 6 23 Florida 17,332 61 6 - - 24 1,765 Georgia 6,533 37 52 25 13 32 156 Hawaii 1,008 - 11 - - 13 40 Idaho 1,628 - 1 9 - 6 14 Illinois 18,921 228 103 - 17 - 1,242 Indiana 14,179 62 45 376 5 49 1,022 Iowa 6,472 48 12 - 16 50 348 Kansas 1,631 - 17 15 19 - 61 Kentucky 11,449 9 20 236 5 269 1,088 Louisiana - - - - - - - Maine 3,126 8 7 - 8 13 288 Maryland 3,832 47 13 - 14 5 237 Massachusetts 16,059 51 48 - 55 128 1,097 Michigan 20,571 1 86 2,096 24 132 1,935 Minnesota 3,682 46 49 28 8 40 261 Mississippi 5,517 9 66 121 13 12 271 Missouri 2,357 27 27 239 32 - 177 Montana 2,378 14 20 1 4 5 36 Nebraska 1,592 7 8 - 3 2 91 Nevada 3,447 - 8 237 13 2 182 New Hampshire 957 - - - 1 7 32 New Jersey 3,112 34 16 61 3 - 156 New Mexico 5,773 - 2 5 - 50 193 New York 44,233 298 210 - 99 164 574 North Carolina 2,283 1 28 - 18 - 93 North Dakota 1,103 - 2 48 - - 95 Ohio 13,327 51 83 225 31 - 1,240 Oklahoma 10,372 46 60 - 44 64 760 Oregon 7,251 39 81 118 4 33 703 Pennsylvania 2,622 26 5 101 41 8 82 Puerto Rico 2,936 9 10 1 11 10 270 Rhode Island 1,972 19 25 - 29 13 180 South Carolina 11,613 6 19 - 11 70 646 South Dakota 899 4 4 - 1 6 69 Tennessee 5,835 9 20 519 10 73 155 Texas 38,241 300 60 184 73 - 758 Utah 5,259 26 4 282 6 30 458 Vermont 406 2 2 95 1 - 27 Virginia 3,623 102 9 - 5 24 209 Washington 3,091 33 7 - 1 - 113 West Virginia 4,585 1 13 - - 49 361 Wisconsin 2,277 24 12 27 3 2 171 Wyoming 694 6 1 - - 5 29 National Total 401,301 1,791 1,474 5,356 720 1,616 21,405 National Percent 77.5 0.3 0.3 1.0 0.1 0.3 4.1 Reporting States 51 39 49 27 41 39 51 chApter 5: Perpetrators 76 Child Maltreatment 2019 Table 5–5 Perpetrators by Relationship to Their Victims, 2019 State Other Other Professional RelativeUnmarried Partner of Parent Unknown Total Perpetrators Alabama 622 12 692 320 166 8,376 Alaska 54 - 96 106 14 2,294 Arizona 459 - 544 315 - 12,909 Arkansas 736 31 669 182 190 7,118 California 2 - 2,315 2,979 - 55,830 Colorado 463 4 920 4 923 10,478 Connecticut 314 13 233 321 1 6,497 Delaware 52 - 99 67 17 977 District of Columbia 19 - 25 - - 1,257 Florida 951 194 1,181 1,227 2,186 24,927 Georgia 546 76 466 171 - 8,107 Hawaii 51 - 23 - 12 1,158 Idaho - - 46 49 21 1,774 Illinois 614 98 1,381 979 275 23,858 Indiana 1,027 27 1,061 - 624 18,477 Iowa 320 - 443 614 4 8,327 Kansas 392 - 321 - 17 2,473 Kentucky 113 - 722 701 119 14,731 Louisiana - - - - - - Maine 61 - 101 243 19 3,874 Maryland 583 - 560 - 1,268 6,559 Massachusetts 485 63 730 1,019 340 20,075 Michigan 280 4 998 68 15 26,210 Minnesota 108 2 408 307 12 4,951 Mississippi 277 4 849 330 324 7,793 Missouri 667 23 419 168 116 4,252 Montana 13 2 95 117 1 2,686 Nebraska 94 - 85 101 39 2,022 Nevada 5 - 110 - 6 4,010 New Hampshire - - 41 17 57 1,112 New Jersey 94 55 265 195 35 4,026 New Mexico 52 - 273 286 68 6,702 New York 785 - 3,515 300 2,491 52,669 North Carolina - - 139 189 19 2,770 North Dakota - - 35 - 61 1,344 Ohio 2,716 131 2,369 - 1,017 21,190 Oklahoma 886 7 524 47 91 12,901 Oregon 225 - 713 700 189 10,056 Pennsylvania 534 105 915 425 77 4,941 Puerto Rico 25 23 97 6 268 3,666 Rhode Island 102 - 47 121 - 2,508 South Carolina 348 - 515 401 1 13,630 South Dakota 21 - 27 53 15 1,099 Tennessee 1,668 7 1,047 82 3 9,428 Texas 1,320 257 5,409 3,229 138 49,969 Utah 540 14 903 287 42 7,851 Vermont 56 1 61 44 14 709 Virginia 281 63 378 158 153 5,005 Washington 51 - 143 254 - 3,693 West Virginia 400 1 299 20 230 5,959 Wisconsin 276 6 290 274 306 3,668 Wyoming 58 - 42 12 2 849 National Total 19,746 1,223 33,639 17,488 11,986 517,745 National Percent 3.8 0.2 6.5 3.4 2.3 100.0 Reporting States 47 26 51 44 45 51 chApter 6: Services 77 Child Maltreatment 2019 Services The mandate of child protection is not only to investigate or assess maltreatment allegations, but also to provide services. CPS agencies promote children’s safety and well-being with a broad range of prevention activities and by providing services to children who were maltreated or are at-risk of maltreatment. CPS agencies may use several options for providing services: agency staff may provide services directly to children and their families, the agency may hire a service provider, or CPS may work with other agencies (e.g., public health agencies). NCANDS collects data for 26 types of services including adoption, employment, mental health, and substance abuse. States have their own typologies of services, which they map to the NCANDS services categories. (See chapter 1.) In this chapter, services are examined from two perspectives: (1) Prevention services–consists of aggregated data from states about the use of various funding streams for prevention services, which are provided to parents whose children are at-risk of abuse and neglect. These services are designed to improve child-rearing competencies of the parents and other caregivers via education on the developmental stages of childhood and the provision of other types of assistance. (2) Postresponse services–consists of case-level data about children who receive services as a result of an investigation response or alternative response. Postresponse services address the safety of the child and usually are based on an assessment of the family’s situation, including service needs and family strengths. Prevention Services (duplicate count of children) States and local agencies determine who will receive prevention services, which services will be offered, and how the services will be provided. Prevention services may be funded by the state or the following federal programs: ■Section 106 of Title I of the Child Abuse Prevention and Treatment Act (CAPTA), as amended [P.L. 100–294]—(State Grant). Under this program, states perform a range of prevention activities, including addressing the needs of infants born with prenatal drug exposure, referring children not at risk of imminent harm to community services, implementing criminal record checks for prospective foster and adoptive parents and other adults in their homes, training child protective services workers, protecting the legal rights of families and alleged perpetrators, and supporting citizen review panels. CAPTA requires states to convene multidisciplinary teams to review the circumstances of child fatalities in the state and make recommendations. CHAPTER 6 chApter 6: Services 78 Child Maltreatment 2019 ■Title II of CAPTA, as amended [P.L. 100–294]—The Community-Based Child Abuse Prevention Grants provides funding to a lead state agency (designated by the governor) to: • support community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs, and activities to prevent child abuse and neglect and support the coordination of resources and activities; and • to foster understanding, appreciation and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect. ■Title IV–B, Subpart 2, as amended [P.L. 107–133] Promoting Safe and Stable Families—The primary goals of Promoting Safe and Stable Families (PSSF) are to prevent the unnecessary separation of children from their families, improve the quality of care and services to children and their families, and ensure permanency for children by reuniting them with their parents, by adoption or by another permanent living arrangement. States are to spend most of the funding for services that address family support, family preserva-tion, time-limited family reunification and adoption promotion and support. The services are designed to help State child welfare agencies and eligible Indian tribes establish and operate integrated, preventive family preservation services and community-based family support services for families at risk or in crisis. ■Title XX of the Social Security Act, [P.L. 93–647], Social Services Block Grant (SSBG)—This grant is a flexible funding source that allows states and territories to tailor social ser - vice programming to their population’s needs. Through the SSBG, states provide essential social services that help achieve goals to reduce dependency and promote self-sufficiency; protect children and adults from neglect, abuse and exploitation; and help individuals who are unable to take care of themselves to stay in their homes or to find the best institutional arrangements. For each funding source, states are asked to provide to NCANDS a count of child recipients. Some states are not able to report all child recipients and may report a count of family recipients either instead of or in combination with a count of child recipients. A calculation is performed on the count of family recipients to derive a child count. The estimated total child recipient count by funding source is a sum of the reported child count and the calculated child count. The calculated child count is computed by multiplying the family count by the average number of children in a family. 10 States are asked to provide unique and mutually exclusive counts (e.g., if reporting a child in the child count, the child is not also included in the family count) within each source. However, because a child or family may receive multiple services, there may be duplication across funding sources. Based on data from 47 states, the FFY 2019 estimated total child recipients of prevention services is 1,902,429. (See table 6–1 and related notes.) This is a decrease from the FFY 2018 estimated total child recipients of 1,993,204, based on data from 47 states. The fund - ing source with the largest number of states reporting data is Promoting Safe and Stable Families 11 with 38 states and has the largest estimated child recipients with 687,569. The Social Services Block Grant has 20 reporting states and estimated total child recipient count of 390,633. Twenty-four states reported recipients in the “Other” funding source. Due to 10 For 2019, the average number of own children under 18 in families is 1.93. Source: U.S. Census Bureau, Current Population Survey. (2019). Annual Social and Economic Supplement AVG3. Average Number of People per Family Household with Own Children Under 18, by Race and Hispanic Origin, Marital Status, Age, and Education of House-holder: 2019 [data file]. Retrieved May 2020 from https://www.census.gov/data/tables/2019/demo/families/cps-2019.html 11 P.L. 116-94 Family First Transition Act of 2020 renamed this program to Marylee Allen Promoting Safe and Stable Families chApter 6: Services 79 Child Maltreatment 2019 the nature of these funds and the ways states use them, the number of recipients fluctuates from one year to the next. Information about state increases and decreases in recipients and funding may be found in Appendix D, State Commentary. States continue to work on improving the ability to measure prevention services. Some of the difficulties with collecting and reporting these data are listed below: ■CPS agencies may contract out some or all prevention services to local community-based agencies, and they may not report on the number of clients they serve. ■CPS agencies may have difficulty collecting data from all funders or all funded agencies. ■The prevention program may be on a different fiscal schedule (e.g., state fiscal year) and it may be difficult to provide accurate data on an FFY schedule. Postresponse Services (duplicate count of children) All children and families who are involved with a child welfare agency receive services to some degree. NCANDS and the Child Maltreatment report focus on only those services that were initiated or continued as a result of the investigation response or alternative response. NCANDS collects data for 26 services categories, states have their own service categories which they crosswalk (map) to the NCANDS categories. (See chapter 1.) Not every state reports data for every service. Readers should see Appendix B, Glossary, for definitions of service categories and Appendix D, State Commentary, for state-specific information on services reporting. States continue to work on improving the ability to report postresponse services data. Some states say they are only able to report on those services that the CPS agency provides and are not able to report on those services provided by an external agency or vendors. The analyses include those services that were provided between the report date (date the mal - treatment report is received) and up to 90 days after the disposition date (date of determination about whether the maltreatment occurred). For services that began prior to the report date, if they continue past the report disposition date, this would imply that the investigation or alterna-tive response reaffirmed the need and continuation of the services, and they should be reported to NCANDS as postresponse services. Services that do not meet the definition of postresponse services are those that (1) began prior to the report date, but did not continue past the disposi - tion date or (2) began more than 90 days after the disposition date. Approximately 1.3 million (1,279,364) children received postresponse services from a CPS agency. Fifty states reported 60.8 percent of duplicate victims received postresponse services and 50 states reported 27.7 percent of duplicate nonvictims received postresponse services. (See table 6–2 and related notes.) This is a decrease from the 1,343,339 children who received postresponse services for FFY 2018. Comments provided by states attribute changes in FFY 2019 data when compared with 2018 are due to improved reporting. Children who received postresponse services are counted per response by CPS and may be counted more than once. States provide data on the start of postresponse services. Table 6–3 Average and Median Number of Days to Initiation of Services calculates the national average by dividing the total number of days to services by the number of children who received services on or after the report date (mean). Based on data from 45 states, the average number of days from receipt of a report to initiation of services for FFY 2019 is 33 days and a midpoint (median) of 20 days. (See table 6–3 and related notes.) For FFY 2018, 44 states reported an average of 32 days and a median of 18 days. chApter 6: Services 80 Child Maltreatment 2019 Table 6–4 displays the children who received foster care services and are removed from home. Only the children who are removed from their home on or after the report date are counted. This is because some children were already in foster care when the allegation of maltreat - ment was made, and readers and researchers want to know the number of children who were removed as a result of the investigation or alternative response. Readers interested in more complete adoption and foster care statistics should refer to the Adoption and Foster Care Analysis and Reporting System (AFCARS) data at https://www.acf.hhs.gov/cb/research-data- technology/statistics-research/afcars . AFCARS collects case-level information on all children in foster care and those who are adopted with title IV-E agency involvement. Based on data from 49 states, more than one-fifth (22.9%) of victims and just under 2.0 percent (1.8%) of nonvictims are removed from their homes. This is nearly identical to FFY 2018 data from 49 states, which showed 22.9 percent of victims and 1.9 percent of nonvictims were removed. Some states report low percentages of victims and nonvictims who received foster care services. (See table 6–4 and related notes.) There may be several explanations as to why nonvictims are placed in foster care. For example, if one child in a household is deemed to be in danger or at-risk of maltreatment, the state may remove all of the children in the household to ensure their safety. (E.g., if a CPS worker finds a drug lab in a house or finds a severely intoxicated caregiver, the worker may remove all children, even if there is only a maltreatment allegation for one child in the household.) Another reason for a nonvictim to be removed has to do with voluntary place-ments. This is when a parent voluntarily agrees to place a child in foster care even if the child was not determined to be a victim of maltreatment. States also report on the number of victims for whom some court action occurred. Court action may include any legal action taken by the CPS agency or the courts on behalf of the child, including authorization to place a child in foster care and applying for temporary custody, protective custody, dependency, or termination of parental rights. In other words, these include children who are removed, as well as other children who may have a court action while remain-ing at home. Based on 41 reporting states, 26.9 percent of victims had court actions. This is similar to FFY 2018 when 41 states reported 28.6 percent of victims had a court action. (See table 6–5 and related notes.) Twenty-five states reported 17.2 percent of victims have court-appointed representatives. (See table 6–6 and related notes.) This is a decrease from FFY 2018 when 26 states reported 21.9 percent of victims had court-appointed representatives. The decreases may be attributable to the decrease in the number of victims in reporting states and the improvements in services reporting mentioned above. The representatives act on behalf of a child in court proceedings and make recommendations to the court in the best interests of the child. According to states, Guardians ad litem, children’s attorneys, and Court Appointed Special Advocates (CASAs) are included in these counts to NCANDS. These numbers are likely to be an undercount given the statutory requirement in CAPTA that says, “in every case involving a victim of child abuse or neglect which results in a judicial proceeding, a guardian ad litem who has received training appropriate to the role, including training in early childhood, child and adolescent development, and who may be an attorney or a court-appointed special advocate who has received training chApter 6: Services 81 Child Maltreatment 2019 appropriate to that role (or both), shall be appointed to represent the child in such proceed- ings…” States provide the following possible reasons for not reporting these data: ■the data are provided by contracted vendors and are not available at the child level ■lack of centralized database ■the court system is not able to interface with the child welfare system ■the court system does not record information at the child-level The NCANDS Technical Team is continuing to work with states on improving reporting in this area. History of Receiving Services (unique count of children) Two data elements in the Agency File collect information on histories of victims with prior CPS involvement. Based on data from 30 states, 15.8 percent of victims received family preservation services within the previous 5 years. This is an increase from FFY 2018 when 29 states reported 15.1 percent of victims received family preservation services. (See table 6–7 and related notes.) Data from 40 states show 5.3 percent of victims were reunited with their families within the previous 5 years. This is an increase from FFY 2018 when 39 states reported 5.1 percent of victims had been reunited. Several states subcontract family preservation services to outside vendors and are not able to report these data to NCANDS. (See table 6–8 and related notes.) Part C of the Individuals With Disabilities Education Act (IDEA) (unique count of children) Federal guidance asks for states to report the number of victims who are younger than 3 years who are eligible for and referred to agencies providing early intervention services under Part C of the Individuals with Disabilities Education Act. However, some states have policies in place to allow older children to be considered eligible for referral and receipt of these services and these states may report victims who are older than 3 years. NCANDS uses the following definitions: ■Number of Children Eligible for Referral to Agencies Providing Early Intervention Services Under Part C of the Individuals with Disabilities Education Act: a unique count of the number of victims eligible for referral to agencies providing early intervention services under Part C of the Individuals with Disabilities Act. ■Number of Children Referred to Agencies Providing Early Intervention Services Under Part C of the Individuals with Disabilities Education Act: a unique count of the number of victims actually referred to agencies providing early intervention services under Part C of the Individuals with Disabilities Education Act. Thirty-seven states reported 100,535 victims who are eligible for referral to agencies provid - ing early intervention services and 28 states reported 33,036 victims who are referred. Of the states that are able to report both the victims who are eligible and referred (28 states), 71.9 percent of victims who are eligible are referred to the agencies. (See table 6–9 and related notes). chApter 6: Services 82 Child Maltreatment 2019 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 quali ty issues. Exclusion rules are listed in the table notes below. ■The data for all tables are from the Child File unless otherwise noted. ■Due to the large number of categories, most services are defined in Appendix B, Glossary. ■The row labeled Reporting States displays the count of states that provide data for that analysis. The row labeled Reporting States displays the count of states that provide data for that a nalysi s. ■The Child File Codebook, which includes the services fields, is located on the Children’s Bureau website at https://w ww.acf.hhs.gov/cb/research-data-technology/reporting- systems/ncands ■National totals and calculations appear in a single row labeled National instead of separate rows labeled total, rate, or percent. ■The row labeled Reporting States displays the count of states that provide data for that analysis. ■Dashes are inserted into cells without any data for this analysis. Table 6–1 Children Who Received Prevention Services by Funding Source, 2019 ■Data are from the Agency File. ■The number of total recipients is a duplicate count. ■Children may be counted more than once, under a single funding source and across fund - ing sources. Children who received prevention services may have received them via CPS or other agencies. ■Funds used for public service announcements or campaigns are not included in NCANDS reporting. ■Some programs maintain their data as counts of families rather than counts of children. If a family count was provided, the number of families was multiplied by the average number of children per family (1.93) and used as the estimate of the number of children who received services or a dded to any counts of children that were also provided. ■The estimated total child recipient count by funding source is a sum of the reported child count and the calculated child count. Table 6–2 Chi ldren Who Received Postresponse Services, 2019 ■The numbers of victims and nonvictims are duplicate counts. ■A child is counted each time that a CPS response is completed and services are provided. ■This analysis includes only those services that continue past or are initiated after the completion of the CPS response. ■States are excluded from this analysis if they report fewer than 1.0 percent of victims or fewer than 1.0 percent of nonvictims with postresponse services. ■A few states reported that 100.0 percent of its victims, nonvictims, or both received services. These states may be reporting case management services and information and referral se rvices for all children who received a CPS response. chApter 6: Services 83 Child Maltreatment 2019Table 6–3 Average and Median Number of Days to Initiation of Services, 2019 ■The number of children is a duplicate count. ■This analysis uses subset of children whose service date is the same day or later than the report date. The subset is created by excluding any report with a service date prior to thereport date. ■The state average is rounded to a whole day. A zero represents a state average of less than1 day. ■The national average is calculated by dividing the total number of days to services by thenumber of children who received services on or after the report date. The total number ofdays 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 receivedservices on or after the report date. ■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. ■States are excluded from this analysis if fewer than 75.0 percent of records with a servicehave a service date. ■States are excluded from this analysis for having less than 10.0 percent of records with aservice date after the report date. ■States are excluded from this analysis if more than 40.0 percent of records have the samereport date and service date. Table 6–4 Children Who Received Foster Care Postresponse Services and Who Had a Removal Date on or After the Report Date, 2019 ■The numbers of victims and nonvictims are a duplicate count. ■A child is counted each time that a CPS response is completed and services are provided. ■Only the children who are removed from their home on or after the report date are counted. ■States are excluded from this analysis if fewer than 2.0 percent of victims received fostercare services. ■States were excluded from this analysis if more than 35.0 percent of victims with foster careservices or more than 35.0 percent of nonvictims with foster care services did not have aremoval date. Table 6–5 Victims with Court Action, 2019 ■The number of victims is a duplicate count. ■States are excluded from this analysis if fewer than 5.0 percent of victims have a courtaction. Table 6–6 Victims with Court-Appointed Representatives, 2019 ■The number of victims is a duplicate count. ■The NCANDS category of court-appointed representatives includes attorneys and court-appointed special advocates who represent the interests of the child in a maltreatmenthearing. ■States are excluded from this analysis if fewer than 5.0 percent of victims have a court-appointed representative. chApter 6: Services 84 Child Maltreatment 2019Table 6–7 Victims Who Received Family Preservation Services Within the Previous 5 Years, 2019 ■Data are from the Child File and Agency File. ■The number of victims is a unique count. Table 6–8 Victims Who Were Reunited with Their Families Within the Previous 5 Years, 2019 ■Data are from the Child File and the Agency File. ■The number of victims is a unique count. Table 6–9 IDEA: Victims Who Were Eligible and Victims Who Were Referred to Part C Agencies, 2019 ■Data are from the Agency File. chApter 6: Services 85 Child Maltreatment 2019 Table 6–1 Children Who Received Prevention Services by Funding Source, 2019 (continues next page) State Child Abuse and Neglect State Grant (State Grant) Children State Grant Calculated Child Count State Grant Estimated Total Child Recipients Community-Based Child Abuse Prevention Grants (CBCAP) ChildrenCBCAP Calculated Child CountCBCAP Estimated Total Child Recipients Alabama - 730 730 13,815 - 13,815 Alaska - - - 402 - 402 Arizona - - - - - - Arkansas 5 125 130 - 1,069 1,069 California - 3,818 3,818 3,557 8,807 12,364 Colorado - - - - - - Connecticut 50 58 108 - 1,023 1,023 Delaware - - - - - - District of Columbia 163 - 163 - - - Florida - - - - - - Georgia - 45,718 45,718 12,997 9,023 22,020 Hawaii - - - - 2,086 2,086 Idaho - - - 9,108 10,451 19,559 Illinois 2,920 4,711 7,631 8,089 11,862 19,951 Indiana 27,193 - 27,193 1,281 - 1,281 Iowa 12 17 29 366 577 943 Kansas - - - - - - Kentucky - - - 1,014 - 1,014 Louisiana - - - 16,410 7,942 24,352 Maine - - - - - - Maryland - - - - - - Massachusetts - - - - - - Michigan - - - - - - Minnesota 3,920 - 3,920 6,003 - 6,003 Mississippi - - - 2,097 9,407 11,504 Missouri - - - 552 627 1,179 Montana - - - 858 2,567 3,425 Nebraska - - - 2,812 - 2,812 Nevada - - - 4,101 - 4,101 New Hampshire - - - 6,223 - 6,223 New Jersey - 4,366 4,366 91,118 - 91,118 New Mexico - - - 271 245 516 New York - - - 1,991 4,698 6,689 North Carolina - - - 528 510 1,038 North Dakota - - - 245 1,436 1,681 Ohio - - - 1,249 396 1,645 Oklahoma - - - - 1,889 1,889 Oregon - - - - - - Pennsylvania - - - 3,974 7,062 11,036 Puerto Rico 12,871 41,375 54,246 877 4,528 5,405 Rhode Island - - - - - - South Carolina - - - 1,150 - 1,150 South Dakota - - - 1,658 979 2,637 Tennessee - - - - - - Texas - - - 1,118 2,059 3,177 Utah - - - 4,491 - 4,491 Vermont - - - - - - Virginia 44,328 - 44,328 1,248 2,681 3,929 Washington 3,304 - 3,304 2,008 2,418 4,426 West Virginia 31,171 6,655 37,826 19,009 - 19,009 Wisconsin - - - - - - Wyoming - - - 587 672 1,259 National 125,937 107,572 233,509 221,207 95,012 316,219 Reporting States 11 10 15 33 25 37 chApter 6: Services 86 Child Maltreatment 2019 Table 6–1 Children Who Received Prevention Services by Funding Source, 2019 (continues next page) State Promoting Safe and Stable Families (PSSF) Children PSSF Calculated Child Count PSSF Estimated Total Child Recipients Social Services Block Grant (SSBG) Children SSBG Calculated Child Count SSBG Estimated Total Child Recipients Alabama - 57,387 57,387 15,453 20,487 35,940 Alaska 247 - 247 257 - 257 Arizona - 8,424 8,424 - - - Arkansas - 778 778 29 112,689 112,718 California 6,766 115,455 122,221 - - - Colorado - 4,395 4,395 - - - Connecticut 13,737 39,440 53,177 - - - Delaware 2,864 - 2,864 - 1,146 1,146 District of Columbia 161 - 161 126 - 126 Florida 32,947 - 32,947 - - - Georgia 19,594 - 19,594 14,609 - 14,609 Hawaii - - - - - - Idaho 802 - 802 2,037 - 2,037 Illinois - - - 3,842 7,328 11,170 Indiana 4,114 - 4,114 4 - 4 Iowa 1,780 2,480 4,260 - - - Kansas 4,343 - 4,343 - - - Kentucky 1,272 - 1,272 - - - Louisiana 2,724 2,183 4,907 7,903 - 7,903 Maine - - - - - - Maryland - - - 10,547 - 10,547 Massachusetts - - - - - - Michigan 15,410 10,864 26,274 - - - Minnesota 1,229 - 1,229 12,474 - 12,474 Mississippi 309 - 309 - - - Missouri - - - - - - Montana 1,520 1,552 3,072 - - - Nebraska - 16,274 16,274 - - - Nevada 13,752 - 13,752 28,562 - 28,562 New Hampshire 498 - 498 1,912 - 1,912 New Jersey - 12,516 12,516 - - - New Mexico 1,829 1,395 3,224 - - - New York - - - - - - North Carolina 3,475 5,113 8,588 - - - North Dakota - 6,033 6,033 - - - Ohio - - - 48,851 - 48,851 Oklahoma 29 531 560 - - - Oregon - 6,087 6,087 - 5,819 5,819 Pennsylvania 4,501 6,305 10,806 31,797 - 31,797 Puerto Rico 1,810 2,698 4,508 1,491 4,381 5,872 Rhode Island - 3,534 3,534 - - - South Carolina - - - - - - South Dakota - - - - - - Tennessee - - - - - - Texas 22,000 41,431 63,431 - - - Utah - - - - - - Vermont - - - - - - Virginia 40,386 52,787 93,173 - - - Washington 6,692 34,369 41,061 - - - West Virginia 22,762 24,990 47,752 36,373 16,507 52,880 Wisconsin - - - - - - Wyoming - 2,995 2,995 6,008 - 6,008 National 227,553 460,016 687,569 222,275 168,358 390,633 Reporting States 28 25 38 18 7 20 chApter 6: Services 87 Child Maltreatment 2019 Table 6–1 Children Who Received Prevention Services by Funding Source, 2019 State Other Funding (Other) Children Other Calculated Child Count Other Estimated Total Child Recipients Estimated Total Child Recipients Alabama - - - 107,871 Alaska 376 - 376 1,282 Arizona - 8,531 8,531 16,955 Arkansas - - - 114,695 California 6,893 11,738 18,631 157,033 Colorado - - - 4,395 Connecticut - 5,006 5,006 59,314 Delaware 2,180 1,859 4,039 8,049 District of Columbia 1,122 - 1,122 1,572 Florida - - - 32,947 Georgia - - - 101,941 Hawaii - - - 2,086 Idaho 70 - 70 22,468 Illinois 634 724 1,358 40,110 Indiana 11,669 - 11,669 44,261 Iowa - - - 5,232 Kansas 134 - 134 4,477 Kentucky 3,832 - 3,832 6,118 Louisiana 2,420 6,377 8,797 45,959 Maine - - - - Maryland - - - 10,547 Massachusetts - - - - Michigan - - - 26,274 Minnesota - - - 23,626 Mississippi 863 - 863 12,676 Missouri 3,570 - 3,570 4,749 Montana - - - 6,497 Nebraska - - - 19,086 Nevada - - - 46,415 New Hampshire - - - 8,633 New Jersey - 6,404 6,404 114,403 New Mexico 580 757 1,337 5,077 New York 97,283 - 97,283 103,972 North Carolina - - - 9,625 North Dakota - - - 7,714 Ohio - - - 50,496 Oklahoma 7,108 11,248 18,356 20,805 Oregon - 3,403 3,403 15,309 Pennsylvania 5,488 9,372 14,860 68,499 Puerto Rico 1,185 12,117 13,302 83,333 Rhode Island - - - 3,534 South Carolina - - - 1,150 South Dakota - - - 2,637 Tennessee - - - - Texas - - - 66,609 Utah 28,182 - 28,182 32,673 Vermont - - - - Virginia 5,590 10,459 16,049 157,479 Washington - - - 48,792 West Virginia 7,328 - 7,328 164,795 Wisconsin - - - - Wyoming - - - 10,262 National 186,507 87,993 274,500 1,902,429 Reporting States 20 13 24 47 chApter 6: Services 88 Child Maltreatment 2019 Table 6–2 Children Who Received Postresponse Services, 2019 State Victims Victims Who Received Postresponse ServicesVictims Who Received Postresponse Services Percent Nonvictims Nonvictims Who Received Postresponse ServicesNonvictims Who Received Postresponse Services Percent Alabama 12,026 8,123 67.5 31,225 8,758 28.0 Alaska 3,575 2,053 57.4 16,225 960 5.9 Arizona 13,605 13,329 98.0 87,644 48,424 55.3 Arkansas 8,898 7,462 83.9 59,409 8,444 14.2 California 68,348 57,959 84.8 348,857 228,817 65.6 Colorado 13,127 2,672 20.4 42,247 1,033 2.4 Connecticut 8,659 8,341 96.3 12,958 11,840 91.4 Delaware 1,265 311 24.6 12,795 942 7.4 District of Columbia 2,017 415 20.6 13,217 450 3.4 Florida 34,644 12,590 36.3 317,489 10,207 3.2 Georgia 10,341 7,374 71.3 186,283 102,540 55.0 Hawaii 1,374 915 66.6 3,295 462 14.0 Idaho 1,928 1,213 62.9 15,969 3,248 20.3 Illinois 37,767 18,129 48.0 159,203 23,542 14.8 Indiana 24,932 14,134 56.7 180,534 14,862 8.2 Iowa 13,761 13,761 100.0 40,574 40,574 100.0 Kansas 3,132 1,784 57.0 41,485 11,662 28.1 Kentucky 22,434 15,761 70.3 73,406 5,270 7.2 Louisiana 8,783 4,564 52.0 21,549 1,488 6.9 Maine 4,791 1,537 32.1 15,702 298 1.9 Maryland 8,265 3,177 38.4 27,370 3,865 14.1 Massachusetts 27,984 25,703 91.8 60,709 37,057 61.0 Michigan 35,634 9,124 25.6 175,121 13,955 8.0 Minnesota 7,089 4,536 64.0 38,492 10,775 28.0 Mississippi 10,239 5,351 52.3 38,509 3,462 9.0 Missouri 4,868 3,009 61.8 79,635 22,993 28.9 Montana 4,005 1,956 48.8 15,606 1,212 7.8 Nebraska 2,937 2,263 77.1 28,169 12,933 45.9 Nevada 5,313 3,377 63.6 29,486 5,736 19.5 New Hampshire 1,233 643 52.1 14,176 945 6.7 New Jersey 5,340 3,159 59.2 89,660 19,790 22.1 New Mexico 9,373 3,435 36.6 24,538 2,956 12.0 New York - - - - - - North Carolina - - - - - - North Dakota 1,868 1,339 71.7 5,478 340 6.2 Ohio 27,962 18,265 65.3 110,063 34,101 31.0 Oklahoma 15,993 14,045 87.8 50,326 34,945 69.4 Oregon 14,764 4,748 32.2 53,074 3,489 6.6 Pennsylvania 5,017 1,277 25.5 36,934 2,553 6.9 Puerto Rico 5,007 4,277 85.4 10,728 4,686 43.7 Rhode Island 3,438 1,441 41.9 7,799 1,022 13.1 South Carolina 19,747 6,342 32.1 88,351 7,828 8.9 South Dakota 1,617 856 52.9 2,936 277 9.4 Tennessee 10,137 10,137 100.0 103,375 97,963 94.8 Texas 66,259 34,745 52.4 244,059 15,497 6.3 Utah 11,189 10,274 91.8 20,240 15,316 75.7 Vermont 945 307 32.5 4,341 756 17.4 Virginia 6,345 1,698 26.8 49,636 2,353 4.7 Washington 4,887 2,854 58.4 58,377 3,934 6.7 West Virginia 7,171 6,943 96.8 52,871 7,214 13.6 Wisconsin 4,791 2,166 45.2 37,248 2,754 7.4 Wyoming 1,132 931 82.2 4,900 4,031 82.3 National 625,956 380,805 60.8 3,242,273 898,559 27.7 Reporting States 50 50 - 50 50 - chApter 6: Services 89 Child Maltreatment 2019 Table 6–3 Average and Median Number of Days to Initiation of Services, 2019 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 - - - - Alaska 3,013 3,013 85 55 Arizona 61,753 60,880 45 42 Arkansas 15,906 15,206 35 39 California 286,776 271,009 17 7 Colorado 3,705 3,624 22 14 Connecticut - - - - Delaware 1,253 1,241 86 61 District of Columbia 865 851 43 35 Florida 22,797 16,371 31 12 Georgia 109,914 107,712 16 6 Hawaii 1,377 1,129 30 3 Idaho 4,461 4,413 48 35 Illinois 41,671 22,961 41 32 Indiana 28,996 28,931 33 18 Iowa 54,335 54,335 24 28 Kansas 13,446 7,595 54 28 Kentucky 21,031 18,188 77 68 Louisiana 6,052 5,531 40 24 Maine 1,835 1,835 47 33 Maryland 7,042 5,608 62 59 Massachusetts 62,760 42,024 14 19 Michigan 23,079 11,840 42 33 Minnesota 15,311 15,311 57 43 Mississippi 8,813 8,739 28 27 Missouri 26,002 23,183 54 44 Montana 3,168 2,536 49 29 Nebraska 15,196 6,842 52 30 Nevada 9,113 8,887 48 36 New Hampshire 1,588 1,372 69 43 New Jersey 22,949 13,665 49 39 New Mexico 6,391 5,531 36 10 New York - - - - North Carolina - - - - North Dakota 1,679 1,649 50 41 Ohio 52,366 44,004 38 28 Oklahoma 48,990 48,904 54 53 Oregon 8,237 7,655 53 22 Pennsylvania 3,830 2,785 32 28 Puerto Rico 8,963 7,215 86 33 Rhode Island 2,463 1,447 30 11 South Carolina 14,170 8,585 36 39 South Dakota - - - - Tennessee - - - - Texas 50,242 49,160 61 51 Utah - - - - Vermont 1,063 631 40 15 Virginia 4,051 2,419 41 24 Washington 6,788 5,354 35 17 West Virginia 14,157 8,502 48 22 Wisconsin 4,920 4,920 56 57 Wyoming 4,962 4,904 15 7 National 1,107,479 968,497 33 20 Reporting States 45 45 - - chApter 6: Services 90 Child Maltreatment 2019 Table 6–4 Children Who Received Foster Care Postresponse Services and Who had a Removal Date on or After the Report Date, 2019 State Victims Victims Who Received Foster Care Postresponse Services Victims Who Received Foster Care Postresponse Services Percent Nonvictims Nonvictims Who Received Foster Care Postresponse ServicesNonvictims Who Received Foster Care Postresponse Services Percent Alabama 12,026 1,896 15.8 31,225 813 2.6 Alaska 3,575 772 21.6 16,225 546 3.4 Arizona 13,605 6,492 47.7 87,644 1,963 2.2 Arkansas 8,898 1,671 18.8 59,409 1,153 1.9 California 68,348 24,318 35.6 348,857 7,777 2.2 Colorado 13,127 1,810 13.8 42,247 323 0.8 Connecticut 8,659 1,448 16.7 12,958 460 3.5 Delaware 1,265 151 11.9 12,795 48 0.4 District of Columbia 2,017 343 17.0 13,217 87 0.7 Florida 34,644 11,748 33.9 317,489 3,505 1.1 Georgia 10,341 2,309 22.3 186,283 2,921 1.6 Hawaii 1,374 643 46.8 3,295 82 2.5 Idaho 1,928 861 44.7 15,969 226 1.4 Illinois 37,767 6,555 17.4 159,203 2,647 1.7 Indiana 24,932 8,166 32.8 180,534 2,911 1.6 Iowa 13,761 2,517 18.3 40,574 65 0.2 Kansas 3,132 336 10.7 41,485 1,046 2.5 Kentucky 22,434 1,188 5.3 73,406 146 0.2 Louisiana 8,783 2,230 25.4 21,549 361 1.7 Maine 4,791 1,222 25.5 15,702 270 1.7 Maryland 8,265 759 9.2 27,370 357 1.3 Massachusetts 27,984 4,331 15.5 60,709 1,172 1.9 Michigan 35,634 4,729 13.3 175,121 1,597 0.9 Minnesota 7,089 2,037 28.7 38,492 2,263 5.9 Mississippi 10,239 1,489 14.5 38,509 406 1.1 Missouri 4,868 1,573 32.3 79,635 3,772 4.7 Montana 4,005 1,652 41.2 15,606 547 3.5 Nebraska 2,937 1,223 41.6 28,169 817 2.9 Nevada 5,313 2,179 41.0 29,486 792 2.7 New Hampshire 1,233 462 37.5 14,176 301 2.1 New Jersey 5,340 1,101 20.6 89,660 1,662 1.9 New Mexico 9,373 1,216 13.0 24,538 535 2.2 New York - - - - - - North Carolina - - - - - - North Dakota 1,868 368 19.7 5,478 27 0.5 Ohio 27,962 6,491 23.2 110,063 3,422 3.1 Oklahoma 15,993 3,860 24.1 50,326 59 0.1 Oregon 14,764 3,323 22.5 53,074 998 1.9 Pennsylvania - - - - - - Puerto Rico 5,007 391 7.8 10,728 20 0.2 Rhode Island 3,438 738 21.5 7,799 203 2.6 South Carolina 19,747 3,045 15.4 88,351 613 0.7 South Dakota 1,617 818 50.6 2,936 212 7.2 Tennessee 10,137 2,198 21.7 103,375 3,405 3.3 Texas 66,259 12,065 18.2 244,059 1,428 0.6 Utah 11,189 1,210 10.8 20,240 43 0.2 Vermont 945 159 16.8 4,341 202 4.7 Virginia 6,345 1,345 21.2 49,636 942 1.9 Washington 4,887 1,976 40.4 58,377 1,438 2.5 West Virginia 7,171 2,164 30.2 52,871 770 1.5 Wisconsin 4,791 1,930 40.3 37,248 2,294 6.2 Wyoming 1,132 548 48.4 4,900 34 0.7 National 620,939 142,056 22.9 3,205,339 57,681 1.8 Reporting States 49 49 - 49 49 - chApter 6: Services 91 Child Maltreatment 2019 Table 6–5 Victims with Court Action, 2019 State Victims Victims With Court Action Victims With Court Action Percent Alabama - - - Alaska 3,575 772 21.6 Arizona 13,605 5,935 43.6 Arkansas 8,898 1,702 19.1 California 68,348 26,584 38.9 Colorado - - - Connecticut 8,659 2,952 34.1 Delaware 1,265 158 12.5 District of Columbia 2,017 208 10.3 Florida - - - Georgia 10,341 2,318 22.4 Hawaii 1,374 865 63.0 Idaho 1,928 1,043 54.1 Illinois - - - Indiana 24,932 12,038 48.3 Iowa 13,761 4,923 35.8 Kansas 3,132 1,146 36.6 Kentucky 22,434 5,118 22.8 Louisiana 8,783 2,274 25.9 Maine - - - Maryland 8,265 1,241 15.0 Massachusetts 27,984 6,049 21.6 Michigan 35,634 5,310 14.9 Minnesota 7,089 1,794 25.3 Mississippi - - - Missouri 4,868 1,583 32.5 Montana 4,005 1,838 45.9 Nebraska 2,937 1,392 47.4 Nevada 5,313 2,529 47.6 New Hampshire 1,233 591 47.9 New Jersey 5,340 946 17.7 New Mexico 9,373 1,271 13.6 New York - - - North Carolina - - - North Dakota 1,868 376 20.1 Ohio 27,962 7,522 26.9 Oklahoma 15,993 4,014 25.1 Oregon 14,764 3,055 20.7 Pennsylvania - - - Puerto Rico 5,007 323 6.5 Rhode Island 3,438 1,031 30.0 South Carolina 19,747 3,292 16.7 South Dakota - - - Tennessee - - - Texas 66,259 12,046 18.2 Utah 11,189 2,126 19.0 Vermont 945 239 25.3 Virginia 6,345 1,491 23.5 Washington 4,887 1,987 40.7 West Virginia 7,171 2,222 31.0 Wisconsin 4,791 721 15.0 Wyoming 1,132 557 49.2 National 496,591 133,582 26.9 Reporting States 41 41 - chApter 6: Services 92 Child Maltreatment 2019 Table 6–6 Victims with Court-Appointed Representatives, 2019 State Victims Victims With Court-Appointed RepresentativesVictims With Court-Appointed Representatives Percent Alabama 12,026 1,748 14.5 Alaska 3,575 761 21.3 Arizona 13,605 5,972 43.9 Arkansas - - - California 68,348 3,865 5.7 Colorado - - - Connecticut - - - Delaware 1,265 158 12.5 District of Columbia - - - Florida - - - Georgia 10,341 1,957 18.9 Hawaii 1,374 862 62.7 Idaho - - - Illinois - - - Indiana 24,932 5,970 23.9 Iowa 13,761 2,410 17.5 Kansas - - - Kentucky 22,434 3,831 17.1 Louisiana - - - Maine 4,791 771 16.1 Maryland - - - Massachusetts 27,984 5,637 20.1 Michigan - - - Minnesota 7,089 1,566 22.1 Mississippi 10,239 1,163 11.4 Missouri - - - Montana 4,005 739 18.5 Nebraska 2,937 1,202 40.9 Nevada 5,313 572 10.8 New Hampshire 1,233 591 47.9 New Jersey - - - New Mexico 9,373 1,271 13.6 New York - - - North Carolina - - - North Dakota - - - Ohio 27,962 5,755 20.6 Oklahoma 15,993 1,774 11.1 Oregon - - - Pennsylvania - - - Puerto Rico - - - Rhode Island 3,438 814 23.7 South Carolina - - - South Dakota - - - Tennessee - - - Texas - - - Utah 11,189 2,126 19.0 Vermont 945 239 25.3 Virginia 6,345 1,499 23.6 Washington - - - West Virginia - - - Wisconsin - - - Wyoming - - - National 310,497 53,253 17.2 Reporting States 25 25 - chApter 6: Services 93 Child Maltreatment 2019 Table 6–7 Victims Who Received Family Preservation Services Within the Previous 5 Years, 2019 State Victims Victims Who Received Family Preservation Services Within the Previous 5 Years NumberVictims Who Received Family Preservation Services Within the Previous 5 Years Percent Alabama 11,677 339 2.9 Alaska - - - Arizona - - - Arkansas 8,422 1,486 17.6 California - - - Colorado - - - Connecticut - - - Delaware - - - District of Columbia 1,857 354 19.1 Florida 32,915 5,283 16.1 Georgia 10,102 1,472 14.6 Hawaii - - - Idaho 1,869 756 40.4 Illinois 33,331 6,672 20.0 Indiana - - - Iowa - - - Kansas 2,945 975 33.1 Kentucky 20,130 1,439 7.1 Louisiana 8,441 1,767 20.9 Maine 4,413 1,277 28.9 Maryland 7,661 2,954 38.6 Massachusetts 25,029 8,702 34.8 Michigan - - - Minnesota 6,780 2,406 35.5 Mississippi 9,377 20 0.2 Missouri 4,762 518 10.9 Montana - - - Nebraska 2,822 287 10.2 Nevada 4,999 537 10.7 New Hampshire 1,217 61 5.0 New Jersey 5,132 432 8.4 New Mexico 8,025 593 7.4 New York - - - North Carolina - - - North Dakota - - - Ohio - - - Oklahoma 15,148 707 4.7 Oregon 13,543 1,447 10.7 Pennsylvania - - - Puerto Rico 4,738 337 7.1 Rhode Island 3,183 831 26.1 South Carolina - - - South Dakota - - - Tennessee 9,859 1,531 15.5 Texas 64,093 9,662 15.1 Utah 10,579 58 0.5 Vermont 851 87 10.2 Virginia - - - Washington 4,222 307 7.3 West Virginia - - - Wisconsin - - - Wyoming - - - National 338,122 53,297 15.8 Reporting States 30 30 - chApter 6: Services 94 Child Maltreatment 2019 Table 6–8 Victims Who Were Reunited with Their Families Within the Previous 5 Years, 2019 State Victims Victims Who Were Reunited With Their Families Within the Previous 5 Years NumberVictims Who Were Reunited With Their Families Within the Previous 5 Years Percent Alabama 11,677 263 2.3 Alaska 3,059 306 10.0 Arizona - - - Arkansas 8,422 247 2.9 California - - - Colorado 12,246 519 4.2 Connecticut 8,042 209 2.6 Delaware 1,248 39 3.1 District of Columbia 1,857 35 1.9 Florida 32,915 2,739 8.3 Georgia 10,102 472 4.7 Hawaii 1,342 34 2.5 Idaho 1,869 103 5.5 Illinois 33,331 1,330 4.0 Indiana 23,029 1,777 7.7 Iowa - - - Kansas 2,945 404 13.7 Kentucky 20,130 1,116 5.5 Louisiana 8,441 447 5.3 Maine 4,413 459 10.4 Maryland 7,661 779 10.2 Massachusetts 25,029 2,294 9.2 Michigan - - - Minnesota 6,780 632 9.3 Mississippi 9,377 16 0.2 Missouri 4,762 227 4.8 Montana - - - Nebraska 2,822 320 11.3 Nevada 4,999 559 11.2 New Hampshire 1,217 67 5.5 New Jersey 5,132 361 7.0 New Mexico 8,025 539 6.7 New York - - - North Carolina 5,601 143 2.6 North Dakota - - - Ohio 25,470 1,357 5.3 Oklahoma 15,148 790 5.2 Oregon 13,543 1,203 8.9 Pennsylvania - - - Puerto Rico 4,738 20 0.4 Rhode Island 3,183 301 9.5 South Carolina 18,717 218 1.2 South Dakota - - - Tennessee 9,859 355 3.6 Texas 64,093 1,403 2.2 Utah 10,579 305 2.9 Vermont 851 43 5.1 Virginia - - - Washington 4,222 415 9.8 West Virginia - - - Wisconsin 4,576 349 7.6 Wyoming - - - National 441,452 23,195 5.3 Reporting States 40 40 - chApter 6: Services 95 Child Maltreatment 2019 Table 6–9 IDEA: Victims Who Were Eligible and Victims Who Were Referred to Part C Agencies, 2019 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 3,306 981 29.7 Alaska 802 802 100.0 Arizona 672 85 12.6 Arkansas 2,866 - - California 18,283 - - Colorado 3,172 2,409 75.9 Connecticut 2,081 1,238 59.5 Delaware - - - District of Columbia 388 1 0.3 Florida - - - Georgia 3,400 - - Hawaii - - - Idaho 667 314 47.1 Illinois - - - Indiana - - - Iowa 3,115 3,115 100.0 Kansas 340 287 84.4 Kentucky 5,842 - - Louisiana 3,534 3,134 88.7 Maine 1,057 1,057 100.0 Maryland - - - Massachusetts 5,905 - - Michigan - - - Minnesota 1,867 1,867 100.0 Mississippi 642 290 45.2 Missouri 651 219 33.6 Montana - - - Nebraska 777 777 100.0 Nevada 362 360 99.4 New Hampshire 341 - - New Jersey 1,159 977 84.3 New Mexico 2,112 1,773 83.9 New York 14,280 - - North Carolina - - - North Dakota 536 510 95.1 Ohio 5,811 5,811 100.0 Oklahoma 4,744 940 19.8 Oregon 2,891 - - Pennsylvania - - - Puerto Rico 790 - - Rhode Island 857 838 97.8 South Carolina - - - South Dakota 433 433 100.0 Tennessee - - - Texas - - - Utah 2,315 2,315 100.0 Vermont - - - Virginia - - - Washington 1,036 308 29.7 West Virginia 2,006 958 47.8 Wisconsin 1,189 931 78.3 Wyoming 306 306 100.0 National 100,535 33,036 - Reporting States 37 28 - National for States Reporting Both Victims Eligible and Referred 45,937 33,036 71.9 Reporting States for States Reporting Both Victims Eligible and Referred 28 28 -Child Maltreatment 2019 chApter 7: Special Focus 96 Special Focus Child Maltreatment 2019 is the second report to include a special focus chapter. The purpose of this chapter is to highlight analyses of specific subsets of children. These analyses may otherwise have been spread throughout the report in different chapters, which can make it more difficult for readers to see the whole analytical picture. Some analyses are expected to change with each edition of Child Maltreatment. Similar to last year, the analyses included in this chapter for FFY 2019 focus on the data elements for sex trafficking and infants with prenatal substance exposure. Sex Trafficking The Justice for Victims of Trafficking Act of 2015 includes an amendment to Child Abuse Prevention and Treatment Act (CAPTA) under title VIII—Better Response for Victims of Child Sex Trafficking by adding this requirement to Section 106(d) Annual State Data Reports: (17) The number of children determined to be victims described in subsection (b)(2)(B)(xxiv). Subsection (b)(2)(B)(xxiv) states: (xxiv) provisions and procedures requiring identification and assessment of all reports involving children known or suspected to be victims of sex trafficking (as defined in section 103(10) of the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7102 (10)); and S. 178—38. STATE OPTION: A State may elect to define a child as a person who has not attained the age of 24. States are instructed to include sex trafficking cases by caregivers and noncaregivers in their NCANDS submissions. The Children’s Bureau Information Memoranda ACYF-CB-IM-15-05 dated July 16, 2015, informed states that these data will be reported, to the extent practicable, to NCANDS. 12 States began reporting these data with their FFY 2018 data submissions. Reporting Sex Trafficking Data to NCANDS NCANDS added sex trafficking as a new maltreatment type, defined as: ■Sex trafficking: A type of maltreatment that refers to the recruitment, harboring, transporta - tion, 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. CHAPTER 7 12 https://www.acf.hhs.gov/cb/resource/im1505 Child Maltreatment 2019chApter 7: Special Focus 97 While states report all allegations regardless of the determination as to whether the maltreat - ment occurred, this report only presents maltreatment types that were substantiated or indicated. As this is the second year of reporting the sex trafficking maltreatment type, most reporting states provided a full year of data, however some states that began reporting this year may have submitted only a partial-year for these elements and will submit a full year with its FFY 2020 submission. A number of states are making internal changes to systems to report data already captured or are working to capture it. Two states are developing new child welfare systems and will add the maltreatment type to the new system. Readers are encouraged to read states’ comments in Appendix D, State Commentary for more information about state reporting of this data element. States also are encouraged to conduct a CPS response for sex trafficking cases by noncaregivers and to consider sex trafficking victims who are older than 21 and younger than 24 as children, which is outside of the traditional scope of CPS. Number and Demographics of Victims of Sex Trafficking (unique count of victims) For FFY 2019, 29 states report 877 unique victims of sex trafficking. Analyzing victims of sex trafficking by demographics shows different patterns of abuse than for victims of all maltreat - ment types analyzed together (chapter 3). As shown in table 3–6, the percentages of victims are evenly split by sex. However, for victims of the sex trafficking maltreatment type, the majority (88.5%) are female and 10.6 percent are male. (See table 7–1 , exhibit 7–A , and related notes.) Different patterns also are seen by age. As shown in chapter 3, table 3–6, for victims of all maltreatment types, the youngest children are the most vulnerable to maltreatment as 28.1 percent are younger than 3 years and the percentages decrease for older victims. For victims of sex trafficking, less than 1.0 percent are younger than 3 years and the percentages increase for older victims. More than three-quarters of victims of sex trafficking are in the age range of 14–17. (See table 7–2 and related notes.) Maltreatment Types (unique count of victims of sex trafficking, duplicate count of maltreatments) Federal guidance is to report sex trafficking separately and not only in combination with sexual abuse. For both sexes, approximately one-half of the victims of sex trafficking (49.7% for female and 50.5% for male) are reported to NCANDS as victims of sex trafficking only and did not suffer any other maltreatment types. For those victims who did suffer from two or more maltreatment types, the highest percentages for females are sexual abuse with 30.7 percent and neglect with 22.7 percent. For males the categories are reversed, with 30.1 percent for neglect and 28.0 percent for sexual abuse. (See table 7–3 and related notes.) Perpetrator Relationship (unique count of victims of sex trafficking, duplicate count of maltreatments) Some of the categories on this table changed for Child Maltreatment 2019 . The purpose of the changes is to be more descriptive of what the categories include and to reduce the number of relationships counted as unknown. Please see the table notes at the end of this chapter for Exhibit 7–A Victims of Sex Trafficking by Sex, 2019 Most sex trafficking victims are female Based on data from 29 states. See table 7–1 .Child Maltreatment 2019 chApter 7: Special Focus 98specifics about the changes. More than one-half (51.3%) of victims of sex trafficking have an unknown or missing relationship to their perpetrators and more than 40.0 percent (41.4%) have no parental involvement in their maltreatment. The largest nonparent category is “other(s)” (31.1%). In NCANDS the term “other(s)” means not otherwise classified. One of the chal - lenges for states with collecting these data is that the sex trafficker may not be the victim’s caregiver. As the focus of CPS agencies is on caregivers, some states may not be able to collect noncaregiver sex trafficker perpetrator data due to agency scope and jurisdiction restrictions. The NCANDS category of “other(s)” perpetrator relationship includes any relationship that does not map to one of the NCANDS relationship categories. According to states’ com - mentary, this category includes nonrelated adult, nonrelated child, foster sibling, babysitter, household staff, clergy, and school personnel. Victims of sex trafficking have different relationship patterns to their perpetrators than victims of all maltreatment types analyzed together. As shown in table 3–12, 91.4 percent of victims are maltreated by one or more parents. However, for sex trafficking victims, only 13.6 percent are maltreated by a parent. (See table 7–4 , exhibit 7–B , and related notes.) Infants with Prenatal Substance Exposure The Comprehensive Addiction and Recovery Act (CARA) of 2016 amended CAPTA in sections 106(b)(2)(B)(ii) and (iii) by adding these requirements to Section 106(d) Annual State Data Reports: (18) The number of infants— (A) identified under subsection (b)(2)(B)(ii); (B) for whom a plan of safe care was developed under subsection (b)(2)(B)(iii); and (C) for whom a referral was made for appropriate services, including services for the affected family or caregiver, under subsection (b)(2)(B)(iii). Subsections (b)(2)(B)(ii) and (b)(2)(B)(iii) state: ii. policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition of such infants, except that such notification shall not be construed to— I. establish a definition under Federal law of what constitutes child abuse or neglect; or II. require prosecution for any illegal action. iii. the development of a plan of safe care for the infant born and identified as being affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder to ensure the safety and well-being of such infant following release from the care of healthcare providers, including through – I. addressing the health and substance use disorder treatment needs of the infant and affected family or caregiver; and Exhibit 7–B Victims of Sex Trafficking by Relationship Category to Their Perpetrators, 2019 More than one-half of sex trafficking victims have an unknown or missing relationship with their perpetrators Based on data from 28 states. See table 7–4 .Child Maltreatment 2019 chApter 7: Special Focus 99II. the development and implementation by the State of monitoring systems regarding the implementation of such plans to determine whether and in what manner local entities are providing, in accordance with State requirements, referrals to and delivery of appropriate services for the infant and affected family or caregiver. The Children’s Bureau Program Instruction ACYF-CB-PI-17-02 dated January 17, 2017, informed states that these data will be reported, to the extent practicable, to NCANDS. 13 Some challenges for determining whether an infant was exposed to alcohol and/or drugs during preg - nancy are that, “The rate of drug and alcohol excretion is affected by many factors, including the amount of alcohol or other drug taken; the frequency of use; the user’s [mother’s] daily liq - uid intake, health status, exercise, age, sex, body weight, and metabolic rate; and the concurrent use of other drugs, including alcohol and/or nicotine.” 14 A Fetal Alcohol Spectrum Disorder diagnosis requires a medical evaluation and neurodevelopmental assessment conducted by a multidisciplinary team. 15 “Neurobehavioral outcomes depend on the dose and pattern of alcohol consumption and the developmental stage when the fetus was exposed.”16 Reporting Infants with Prenatal Substance Exposure Data to NCANDS17 CAPTA Section 106(d) Annual State Data Reports 18 (A) requests a count of infants with prenatal substance exposure (IPSE). To be included in the count, a child must meet the follow - ing conditions as defined by NCANDS data elements: (1) Infant–the child must be in the age range of birth to 1 year old. (2) Referred to CPS by health care provider–child must have the medical personnel report source. (3) Born with and identified as being affected by substance abuse or withdrawal symptoms–child must have the alcohol abuse, drug abuse, or both alcohol and drug abuse child risk factors. The legislation does not require the infants to be considered victims of maltreatment solely based on the substance exposure; and drug abuse includes both legal and illegal drugs. NCANDS uses the following definitions when discussing IPSE: ■Alcohol abuse (child risk factor): The compulsive use of alcohol that is not of a tem-porary nature, includes Fetal Alcohol Syndrome, Fetal Alcohol Spectrum Disorder, and exposure to alcohol during pregnancy. ■Drug abuse (child risk factor): The compulsive use of drugs that is not of a temporary nature, includes infants exposed to drugs during pregnancy. ■Screened-in IPSE: Indicates the child is included in the state’s Child File. NCANDS uses the existing fields of age, report source, and alcohol abuse and drug abuse child risk factors to determine the count. These are children who were screened in and were the subjects of either an investigation or alternative response. 18 13 https://www.acf.hhs.gov/cb/resource/pi1702 14 U.S. Department of Health & Human Services Administration for Children and Families, Administration on Children, Youth and Families, National Center on Child Abuse and Neglect. (1994). Protecting Children in Substance-Abusing Families. Available from https://www.childwelfare.gov/catalog/ 15 Cook, J. L., Green, C. R., Lilley, C. M., Anderson, S. M., Baldwin, M. E., Chudley, A. E., & Mallon, B. F. (2016). Fetal alcohol spectrum disorder: A guideline for diagnosis across the lifespan. Canadian Medical Association Journal, 188(3), 191–197. 16 Mattson, S. N., Crocker, N., & Nguyen, T. T. (2011). Fetal alcohol spectrum disorders: neuropsychological and behavioral features. Neuropsychology Review, 21(2), 81–101. 17 CAPTA uses terms infants affected by substance abuse, prenatal drug exposure, and infants affected by withdrawal symptoms, and Fetal Alcohol Spectrum Disorder. In NCANDS, the term infants with prenatal substance exposure is used to include all of the terms used by CAPTA. 18 See Chapter 2, Reports for information about the screening process and Appendix D, State Commentary for information about states’ screening policies.Child Maltreatment 2019 chApter 7: Special Focus 100 ■Screened-out IPSE: Indicates the child is included in the state’s Agency File. NCANDS added a new field to collect this aggregate count. These are children who were screened-out either because they did not meet the child welfare agency’s criteria for a CPS response or because in some states, there are special programs outside of CPS for handling sub-stance abuse. ■Total IPSE: The sum of screened-in IPSE and screened-out IPSE. Number of Infants with Prenatal Substance Exposure (unique count of children) FFY 2019 data show 38,625 infants in 47 states being referred to CPS agencies as infants with prenatal substance exposure. (See table 7–5 and related notes.) Of the total IPSE: ■Fewer than 1.0 percent (0.7%) had the alcohol abuse child risk factor. ■Nearly 71.0 percent (70.9%) had the drug abuse child risk factor. ■More than 11.0 percent (11.4%) had both the alcohol and drug abuse child factors. ■More than 83.0 percent (83.1%) were screened in for an investigation response or alterna - tive response. ■Nearly 17.0 percent (16.9%) were screened out, this is an aggregate count and NCANDS does not collect the breakdown of alcohol and drug abuse risk factors for these children. Some states are not able to collect and report alcohol and drug abuse child risk factors sepa - rately and NCANDS guidance is to report both risk factors for the same children. However, for this analysis, children with both risk factors are only counted once. While 31 states reported data for screened-out IPSE, an additional seven states said that no IPSE referrals were screened out for FFY 2019. Some states have policies and legislation prohibiting all or certain refer - rals from being screened out. See Appendix D for more information about states’ screening policies. Appendix D, State Commentary may provide additional information about states’ capabilities to collect and report data on these children. Screened-in Infants with Prenatal Substance Exposure Who Have a Plan of Safe Care (unique count of children) CAPTA Section 106(d) Annual State Data Reports 18 (B) asks for the number of screened-in IPSE who also have a plan of safe care as developed under subsection (b)(2)(B)(iii). NCANDS uses the following definition: ■Plan of safe care –A plan developed as described in CAPTA sections 106(b)(2)(B)(iii) for infants born and identified as being affected by substance abuse or withdrawal symp - toms, or Fetal Alcohol Spectrum Disorder. The state plan requirement at 106(b)(2)(B)(iii) requires that a plan of safe care address the health and substance use disorder treatment needs of the infant and affected family or caregiver. For FFY 2019, 21 states reported 75.4 percent of screened-in IPSE have a plan of safe care. (See table 7–6 and related notes.) This is an improvement from FFY 2018, the first year of reporting when 13 states reported 64.1 of screened-in IPSE had a plan of safe care. Child Maltreatment 2019 chApter 7: Special Focus 101Screened-in Infants with Prenatal Substance Exposure Who Have a Referral to Appropriate Services (unique count of children) CAPTA Section 106(d) Annual State Data Reports 18 (C) asks for the number of screened-in IPSE who also had a referral to services as described under subsection (b)(2)(B)(iii). NCANDS uses the following definition: ■Referral to appropriate services– This field indicates whether the infant with prenatal substance exposure has a referral to appropriate services, including services for the affected family or caregiver. According to Administration for Children and Families, the definition of “appropriate services” is determined by each state. Twenty states reported more than 60.0 percent (61.5%) of screened-in IPSE have a referral to appropriate services. (See table 7–7 and related notes.) This is an improvement from FFY 2018 when 14 states reported 42.6 percent. What is considered an appropriate service is up to each state’s determination and may depend on the needs of the specific case. Some examples of types of services that these children and families were referred to include mental and behavioral health, foster care, substance abuse assessment and treatment, and other programs that facilitate early identification of at-risk children and caregivers and links them with early intervention services, other public health services, and community-based resources. Exhibit and Table Notes The following pages contain the data tables referenced in chapter 7. Specific information about state submissions can be found in Appendix D, State Commentary. Additional information regarding the exhibits and tables is provided below. General ■National totals and calculations appear in a single row labeled National instead of separate rows labeled total, rate, or percent. ■The row labeled Reporting States displays the count of states that provided data for that analysis. ■Data are from the Child File unless otherwise noted. ■Dashes are inserted into cells without any data for this analysis. Table 7–1 Victims of Sex Trafficking by Sex, 2019 ■The number of victims is a unique count. Table 7–2 Victims of Sex Trafficking by Sex and Age, 2019 ■The number of victims is a unique count. ■The category of unknown age includes unborn. ■Percentages do not sum to 100.0% due to rounding. Table 7–3 Victims of Sex Trafficking by Race, 2019 ■A child or adult may have been the victim of more than one type of maltreatment there-fore, the maltreatment type count is a duplicate count. ■A victim is counted in each maltreatment type category only once, regardless of the number of times the child or adult is reported as a victim of the maltreatment type. Child Maltreatment 2019 chApter 7: Special Focus 102Table 7–4 Victims of Sex Trafficking by Relationship to Their Perpetrator, 2019 ■The number of relationships is a duplicate count, and the number of sex trafficking victims is a unique count. Percentages are calculated against the unique count of victims and total to more than 100.0 percent. ■In NCANDS, a child victim may have up to three perpetrators. A few states’ systems do not have the capability of collecting and reporting data for all three perpetrator fields. More information may be found in appendix D. ■States are excluded from this analysis if the state did not report sex trafficking victims or if more than 20.0 percent of perpetrators are reported with a blank or unknown relationship. ■Perpetrator relationship categories without any victims are displayed on the table to facilitate across year comparisons. ■The two parents of known sex category replaces the mother and father category and includes mother and father, two mothers, and two fathers. ■The two parents of known sex with nonparent category replaces the mother, father, and nonparent category and includes mother, father, and nonparent; two mothers and nonpar - ent; and two fathers and nonparent. ■The three parents of known sex category was added to reflect the state-reported parental relationships. ■One or more parents of unknown sex includes up to three parents in any combination of known and unknown sex. The parent(s) could have acted alone, together, or with a nonparent. ■Nonparent perpetrators counted in combination with parents (e.g., mother and nonparent(s)) are not also counted in the individual categories listed under nonparent. ■Multiple nonparental perpetrators that are in the same category are counted within that category. For example, two child daycare providers are counted as child daycare providers. This is a change from prior years when these two child daycare providers would have been counted in more than one nonparental. ■Multiple nonparental perpetrators that are in different categories are counted in more than one nonparental perpetrator. ■The unknown relationship category includes sex trafficking victims with no specified perpetrator relationship recorded, as well as situations with multiple perpetrators in which all were of unknown relationships. ■Some states were not able to collect and report on group home and residential facility staff perpetrators due to system limitations or jurisdictional issues. Table 7–5 Infants with Prenatal Substance Exposure by Submission Type, 2019 ■Data are from the Child File and Agency File. ■The number of children is a unique count. Table 7–6 Screened-in Infants with Prenatal Substance Exposure Who Have a Plan of Safe Care, 2019 ■The number of infants is a unique count. ■This analysis uses a hierarchy, if a screened-in IPSE was reported with and without a plan of safe care, the infant was counted once with the plan of safe care. Child Maltreatment 2019 chApter 7: Special Focus 103Table 7–7 Screened-in Infants with Prenatal Substance Exposure Who Have a Referral to Appropriate Services, 2019 ■The number of children is a unique count. ■This analysis uses a hierarchy, if a screened-in IPSE was reported with and without the referral to appropriate services, the infant was counted once with the referral to appropri-ate services. Child Maltreatment 2019 Chapter 7: Special Focus 104 Table 7–1 Victims of Sex Trafficking by Sex, 2019 State Female Male Unknown Sex Total Sex Trafficking Victims Alabama 5 - - 5 Alaska 3 - - 3 Arizona - - - - Arkansas 6 - - 6 California 58 3 - 61 Colorado - - - - Connecticut - - - - Delaware - - - - District of Columbia 24 3 - 27 Florida - - - - Georgia 37 8 - 45 Hawaii 15 1 - 16 Idaho 2 - - 2 Illinois - - - - Indiana 16 1 - 17 Iowa - - - - Kansas 10 - - 10 Kentucky - - - - Louisiana 4 1 - 5 Maine - - - - Maryland - - - - Massachusetts 236 41 8 285 Michigan 25 2 - 27 Minnesota 20 5 - 25 Mississippi 12 - - 12 Missouri 7 1 - 8 Montana - - - - Nebraska 2 - - 2 Nevada - - - - New Hampshire - - - - New Jersey 2 1 - 3 New Mexico - - - - New York - - - - North Carolina - - - - North Dakota - - - - Ohio 20 2 - 22 Oklahoma 7 - - 7 Oregon 33 2 - 35 Pennsylvania 27 5 - 32 Puerto Rico 1 - - 1 Rhode Island 1 - - 1 South Carolina - - - - South Dakota - - - - Tennessee 99 10 - 109 Texas 30 2 - 32 Utah 9 1 - 10 Vermont - - - - Virginia - - - - Washington 16 2 - 18 West Virginia - - - - Wisconsin 49 2 - 51 Wyoming - - - - National 776 93 8 877 National Percent 88.5 10.6 0.9 100.0 Reporting States 29 19 1 29 Child Maltreatment 2019 chApter 7: Special Focus 105 Table 7–2 Victims of Sex Trafficking by Sex and Age, 2019 Age Male Female UnknownTotal Sex Trafficking VictimsTotal Sex Trafficking Victims Percent <1 - 2 - 2 0.2 1 1 2 - 3 0.3 2 - 1 - 1 0.1 3 1 1 - 2 0.2 4 3 6 - 9 1.0 5 3 8 - 11 1.3 6 5 4 - 9 1.0 7 4 2 - 6 0.7 8 1 7 - 8 0.9 9 2 8 - 10 1.1 10 3 10 - 13 1.5 11 4 16 - 20 2.3 12 6 38 1 45 5.1 13 3 63 - 66 7.5 14 11 103 1 115 13.1 15 11 154 - 165 18.8 16 15 197 3 215 24.5 17 20 151 2 173 19.7 18 - 3 - 3 0.3 19–23 - - - - - Unknown age - - 1 1 0.1 National 93 776 8 877 100.0 Based on data from 29 states. Table 7–3 Victims of Sex Trafficking by Known Sex and Maltreatment Types, 2019 Maltreatment TypeFemale Victims of Sex Trafficking Maltreatment Types of Female Sex Trafficking VictimsMaltreatment Types of Female Sex Trafficking Victims PercentMale Victims of Sex TraffickingMaltreatment Types of Male Sex Trafficking VictimsMaltreatment Types of Male Sex Trafficking Victims Percent SINGLE MALTREATMENT TYPE - - - - - - Sex Trafficking Only - 386 49.7 - 47 50.5 TWO OR MORE MALTREATMENT TYPES - - - - - - Medical Neglect - 2 0.3 - - - Neglect - 176 22.7 - 28 30.1 Other - 58 7.5 - 1 1.1 Physical Abuse - 54 7.0 - 5 5.4 Psychological Maltreatment - 5 0.6 - - - Sexual Abuse - 238 30.7 - 26 28.0 Unknown - - - - - - National 776 919 - 93 107 - Based on data from 29 states. Child Maltreatment 2019 chApter 7: Special Focus 106 Table 7–4 Victims of Sex Trafficking by Relationship to Their Perpetrators, 2019 PERPETRATOR Sex Trafficking Victims Relationships Relationships Percent PARENT - - - Father - 49 5.6 Father and Nonparent(s) - 4 0.5 Mother - 42 4.8 Mother and Nonparent(s) - 10 1.1 Two Parents of known sex - 5 0.6 Three Parents of known sex - - - Two Parents of known sex and Nonparent - - - One or more Parents of Unknown Sex - 9 1.0 Total Parents - 119 13.6 NONPARENT - - - Child Daycare Provider(s) - - - Foster Parent(s) - - - Friend(s) and Neighbor(s) - 26 3.0 Group Home and Residential Facility Staff - 2 0.2 Legal Guardian(s) - - - Other Professional(s) - 6 0.7 Relative(s) - 29 3.3 Unmarried Partner(s) of Parent - 9 1.0 Other(s) - 271 31.1 More Than One Nonparental Perpetrator - 18 2.1 Total Nonparents - 361 41.4 UNkNOWN - 447 51.3 National 872 927 106.3 Based on data from 28 states.Child Maltreatment 2019 chApter 7: Special Focus 107 Table 7–5 Infants with Prenatal Substance Exposure by Submission Type, 2019 StateScreened-in IPSE with Alcohol Abuse Child Risk FactorScreened-in IPSE with Drug Abuse Child Risk FactorScreened-in IPSE with Alcohol Abuse and Drug Abuse Child Risk FactorTotal Screened- in IPSEScreened-out IPSE Total IPSE Alabama 23 552 10 585 5 590 Alaska - - 76 76 140 216 Arizona 13 528 14 555 186 741 Arkansas - 431 - 431 43 474 California 8 634 615 1,257 53 1,310 Colorado - 38 1 39 435 474 Connecticut - 7 - 7 39 46 Delaware - 18 - 18 26 44 District of Columbia - 74 - 74 - 74 Florida - - - - - - Georgia 93 3,271 164 3,528 151 3,679 Hawaii - 24 6 30 - 30 Idaho 1 24 1 26 1 27 Illinois - 1 - 1 - 1 Indiana 3 486 5 494 34 528 Iowa - - - - - - Kansas - - 32 32 24 56 Kentucky 12 1,138 12 1,162 492 1,654 Louisiana 4 2,145 - 2,149 59 2,208 Maine - 97 3 100 - 100 Maryland - 37 - 37 - 37 Massachusetts - 97 1,991 2,088 248 2,336 Michigan 3 6,002 22 6,027 596 6,623 Minnesota 17 1,441 - 1,458 196 1,654 Mississippi 2 69 1 72 187 259 Missouri - 14 - 14 843 857 Montana - 12 3 15 - 15 Nebraska - 207 2 209 66 275 Nevada - 51 1,190 1,241 - 1,241 New Hampshire - 65 - 65 - 65 New Jersey 5 361 6 372 - 372 New Mexico - 59 2 61 - 61 New York - - - - - - North Carolina - - 27 27 832 859 North Dakota - - - - - - Ohio 4 5,631 54 5,689 893 6,582 Oklahoma 5 468 29 502 24 526 Oregon 2 57 1 60 - 60 Pennsylvania - - - - - - Puerto Rico - 5 2 7 - 7 Rhode Island - - 115 115 3 118 South Carolina 2 485 1 488 - 488 South Dakota - 38 1 39 59 98 Tennessee - 4 - 4 - 4 Texas 74 1,102 - 1,176 15 1,191 Utah 8 516 5 529 2 531 Vermont - - - - 243 243 Virginia - - 24 24 - 24 Washington - 209 - 209 61 270 West Virginia - 994 5 999 492 1,491 Wisconsin - - - - 79 79 Wyoming - 6 1 7 - 7 National 279 27,398 4,421 32,098 6,527 38,625 National Percent 0.7 70.9 11.4 83.1 16.9 100.0 Reporting States 18 40 32 45 31 47Child Maltreatment 2019 chApter 7: Special Focus 108 Table 7–6 Screened-in Infants with Prenatal Substance Exposure who Have a Plan of Safe Care, 2019 State Screened-in IPSEScreened-in IPSE who Have a Plan of Safe CareScreened-in IPSE who Have a Plan of Safe Care Percent Alabama 585 337 57.6 Alaska - - - Arizona - - - Arkansas 431 378 87.7 California - - - Colorado - - - Connecticut - - - Delaware 18 18 100.0 District of Columbia 74 72 97.3 Florida - - - Georgia 3,528 2,542 72.1 Hawaii - - - Idaho 26 10 38.5 Illinois - - - Indiana 494 94 19.0 Iowa - - - Kansas 32 1 3.1 Kentucky - - - Louisiana 2,149 984 45.8 Maine - - - Maryland - - - Massachusetts - - - Michigan 6,027 5,529 91.7 Minnesota 1,458 1,205 82.6 Mississippi - - - Missouri - - - Montana - - - Nebraska 209 38 18.2 Nevada - - - New Hampshire - - - New Jersey - - - New Mexico - - - New York - - - North Carolina - - - North Dakota - - - Ohio 5,689 4,835 85.0 Oklahoma 502 20 4.0 Oregon - - - Pennsylvania - - - Puerto Rico 7 3 42.9 Rhode Island - - - South Carolina - - - South Dakota 39 14 35.9 Tennessee 4 1 25.0 Texas 1,176 1,176 100.0 Utah 529 216 40.8 Vermont - - - Virginia 24 24 100.0 Washington 209 8 3.8 West Virginia - - - Wisconsin - - - Wyoming - - - National 23,210 17,505 75.4 Reporting States 21 21 -Child Maltreatment 2019 chApter 7: Special Focus 109 Table 7–7 Screened-in Infants With Prenatal Substance Exposure who Have a Referral to Appropriate Services, 2019 State Screened-in IPSEScreened-in IPSE who Have a Referral to Appropriate ServicesScreened-in IPSE who Have a Referral to Appropriate Services Percent Alabama 585 302 51.6 Alaska - - - Arizona - - - Arkansas 431 378 87.7 California 1,257 159 12.6 Colorado - - - Connecticut - - - Delaware 18 8 44.4 District of Columbia 74 71 95.9 Florida - - - Georgia 3,528 2,542 72.1 Hawaii - - - Idaho 26 16 61.5 Illinois - - - Indiana 494 30 6.1 Iowa - - - Kansas - - - Kentucky - - - Louisiana 2,149 1,211 56.4 Maine - - - Maryland - - - Massachusetts - - - Michigan 6,027 3,671 60.9 Minnesota 1,458 462 31.7 Mississippi - - - Missouri - - - Montana - - - Nebraska 209 152 72.7 Nevada - - - New Hampshire - - - New Jersey - - - New Mexico - - - New York - - - North Carolina - - - North Dakota - - - Ohio 5,689 4,320 75.9 Oklahoma 502 337 67.1 Oregon - - - Pennsylvania - - - Puerto Rico 7 4 57.1 Rhode Island - - - South Carolina - - - South Dakota 39 10 25.6 Tennessee - - - Texas 1,176 1,124 95.6 Utah 529 216 40.8 Vermont - - - Virginia 24 16 67 Washington 209 8 3.8 West Virginia - - - Wisconsin - - - Wyoming - - - National 24,431 15,037 61.5 Reporting States 20 20 -Appendixes Child Maltreatment 2019 110 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 victims of child abuse or neglect. 2) Of the number of children described in paragraph (1), the number with respect to whom such reports were— a) Substantiated; b) Unsubstantiated; or c) Determined to be false. 3) Of the number of children described in paragraph (2)— a) the number that did not receive services during the year under the state program funded under this section or an equivalent state program; b) the number that received services during the year under the state program funded under this section or an equivalent state program; and c) the number that were removed from their families during the year by 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 or neglect 6) Of the number of children described in paragraph (5), the number of such children who were in foster care. 7) a) The number of child protective service personnel responsible for the— i.) intake of reports filed in the previous year; ii.) screening of such reports; iii.) assessment of such reports; and iv.) investigation of such reports. b) The average caseload for the workers described in subparagraph (A). 8) The agency response time with respect to each such report with respect to initial investigation of reports of child abuse or neglect. 9) The response time with respect to the provision of services to families and APPEndix A Child Maltreatment 2019 Appendix A: CAPTA d ata items 111children where an allegation of child abuse or neglect has been made. 10)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). Child Maltreatment 2019 Appendix A: CAPTA d ata items 112Glossary Acronyms AFCARS: Adoption and Foster Care Analysis and Reporting System AFCARS ID: Adoption and Foster Care Analysis and Reporting System identifier CAPTA: Child Abuse Prevention and Treatment Act CARA: Comprehensive Addiction and Recovery Act CASA: Court-appointed special advocate CBCAP: Community-Based Child Abuse Prevention CFSR: Child and Family Services Reviews CHILD ID: Child identifier CPS: Child protective services FFY: Federal fiscal year FIPS: Federal information processing standards FTE: Full-time equivalent GAL: Guardian ad litem IDEA: individuals with disabilities Education Act IPSE: infants with prenatal substance exposure NCANDS: national Child Abuse and neglect data System NYTD: national Youth in Transition database MIECHV: Maternal, infant, and Early Childhood Home Visiting OMB: Office of Management and Budget PERPETRATOR ID: Perpetrator identifier PSSF: Promoting Safe and Stable Families REPORT ID: Report identifier SDC: Summary data component SSBG: Social Services Block Grant TANF: Temporary Assistance for needy Families WORKER ID: Worker identifierAPPEndix B Child Maltreatment 2019 Appendix B: Glossary 113Definitions 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 2019 Appendix B: Glossary 114AMERICAN 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 decrease the ability to provide adequate care for a child. CASE-LEVEL DATA: States submit case-level data by constructing an electronic file of child-specific records for each report of alleged child abuse and neglect that received a CPS response. Only completed reports that resulted in a disposition (or finding) as an outcome of the CPS response during the reporting year, are submitted in each state’s data file. The data submission containing these case-level data is called the Child File. CASELOAD: The number of CPS responses (cases) handled by workers. CASE MANAGEMENT SERVICES: Activities for the arrangement, coordination, and monitoring of services to meet the needs of children and their families. CHILD: A person who has not attained the lesser of (a) the age of 18 or (b) the age specified by the child protection law of the state in which the child resides. For sex trafficking victims only, a state may define a child as a person who has not attained the age of 24. Child Maltreatment 2019 Appendix B: Glossary 115CHILD 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. Child Maltreatment 2019 Appendix B: Glossary 116CHILD 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). Child Maltreatment 2019 Appendix B: Glossary 117COUNSELING 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. Child Maltreatment 2019 Appendix B: Glossary 118DUPLICATED 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: Activities designed to help families alleviate crises that might lead to out-of-home placement of children, maintain the safety of children in their own homes, support families to reunify or adopt, and assist families to obtain ser - vices and other supports in a culturally sensitive manner. FAMILY SUPPORT SERVICES: Community-based services that assist and support parents in their role as caregivers. These services are designed to improve parental compe - tency and healthy child development by helping parents enhance their strengths and resolve problems that may lead to child maltreatment, developmental delays, and family disruption. FATALITY: death of a child as a result of abuse and neglect, because either an injury 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. Child Maltreatment 2019 Appendix B: Glossary 119FEDERAL INFORM ATION PROCESSING S TANDARDS (FIPS): The federally defined set of county codes for all states. FINDING: S ee diSPOSiTiOn. FETAL A LCOHOL S PECTRUM D ISORDERS: Scient ists define a broad range of eff ects and symptoms caused by prenatal alcohol exposure under the umbrella term Fetal Alcohol Spectrum disorders ( FASd). The medical disorders collectively labeled FASd include the institute of Medicine of the national Academies (iOM) diagnostic categories of Fetal Alcohol Syndrome, Partial Fetal Alcohol Syndrome, Alcohol-Related neurodevelopmental disorder, and Alcohol-Related Birth defects. The diagnostic and Statistical Manual of Mental disorders (dSM–5) also includes neurobehavioral disorder Associated with Prenatal Alcohol Exposure. FINANCIAL PROBLEM: A risk factor related to the family ’s inability to provide sufficient financial resources to meet minimum needs. FOSTER C ARE: Twenty-four-hour substitute care for children placed away from their parents or guardians and for whom the state agency has placement and care responsibilit y. This includes family foster hom es, 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 a re counted. FOSTER P AREN T: individual w ho 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 C ARE: A nonfamilial 24-hour care facility that may be supervised by the state agency or governed privatel y. GROUP H OME S TAFF: Employee of a nonfamilial 24-hour care facilit y. GUARDIAN AD L ITEM ( GAL): See COUR T-APPOinTEd R EPRESEnTATiVE. HEA LTH-REL ATED AND HOME HE ALTH SERVICES: Activities provided to attain and maintain a favorable condi tion of health. Child Maltreatment 2019 Appendix B: Glossary 120HISPANIC ETHNICITY: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. See RACE. HOME-BASED SERVICES: in-home activities provided to individuals or families to assist with household or personal care that improve or maintain family well-being. includes homemaker, chore, home maintenance, and household management services. HOUSING SERVICES: Activities designed to assist individuals or families to locate, obtain, or retain suitable housing. INADEQUATE HOUSING: A risk factor related to substandard, overcrowded, or unsafe housing conditions, including homelessness. INCIDENT DATE: The month, day, and year of the most recent, known incident of alleged child maltreatment. INDEPENDENT AND TRANSITIONAL LIVING SERVICES: Activities designed to help older youth in foster care or homeless youth make the transition to independent living. INDIVIDUALS WITH DISABILITIES EDUCATION IMPROVEMENT ACT: A law ensuring services to children with disabilities throughout the nation. INFORMATION AND REFERRAL SERVICES: Resources or activities that provide facts about services that are available from public and private providers. The facts are provided after an assessment (not a clinical diagnosis or evaluation) of client needs. INDICATED OR REASON TO SUSPECT: A disposition that concludes that maltreatment could not be substantiated under state law or policy, but there was a reason to suspect that a child may have been maltreated or was at-risk of maltreatment. This is applicable only to states that distinguish between substantiated and indicated dispositions. IN-HOME SERVICES: Any service provided to the family while the child’s residence is in the home. Services may be provided directly in the child’s home or a professional setting. INTAKE: The activities associated with the receipt of a referral and the decision of whether to accept it for a CPS response. INTELLECTUAL DISABILITY: A clinically diagnosed condition of reduced general cognitive and motor functioning existing concurrently with deficits in adaptive behavior that adversely affect socialization and learning. This risk factor can be applied to a caregiver or a child. INTENTIONALLY FALSE: A disposition that indicates a conclusion that the person who made the allegation of maltreatment knew that the allegation was not true. INVESTIGATION: A type of CPS response that involves the gathering of objective 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. Child Maltreatment 2019 Appendix B: Glossary 121INVESTIGATION 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. LEARNING DISABILITY: A clinically diagnosed disorder in basic psychological processes involved with understanding or using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or use mathematical 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. Child Maltreatment 2019 Appendix B: Glossary 122MATERNAL, 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. MENTAL 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. 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. Child Maltreatment 2019 Appendix B: Glossary 123NEIGHBOR: A person living in close geographical proximity to the child or family. NO ALLEGED MALTREATMENT: A child who received a CPS response, but was not the subject of an allegation or any finding of maltreatment. Some states have laws requiring all children in a household receive a CPS response, if any child in the household is the subject of a CPS response. NONCAREGIVER: A person who is not responsible for the care and supervision of the child, including school personnel, friends, and neighbors. NONPARENT: A person in a caregiver role other than an adoptive parent, biological parent, or stepparent.NONVICTIM: A child with a maltreatment disposition of alternative response nonvictim, alternative response victim, unsubstantiated, closed with no finding, no alleged maltreatment, other, and unknown. NONPROFESSIONAL REPORT SOURCE: Persons who did not have a relationship with the child based on their occupation, such as friends, relatives, and neighbors. State laws vary as to whether nonprofessionals are required to report suspected abuse and neglect. OFFICE OF MANAGEMENT AND BUDGET (OMB): The office assists the President of the United States with overseeing the preparation of the federal budget and supervising its administration in Executive Branch agencies. it evaluates the effectiveness of agency programs, policies, and procedures, assesses competing funding demands among agencies, and sets funding priorities. OTHER: The state coding for this field is not one of the codes in the nCAndS record layout. OTHER RELATIVE: A nonparental family member. OTHER MEDICAL CONDITION: A type of disability other than one of those defined in nCAndS (behavior problem, emotional disturbance, learning disability, intellectual disability, physically disabled, and visually or hearing impaired). The not otherwise 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. Child Maltreatment 2019 Appendix B: Glossary 124PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands. PARENT: The birth mother or father, adoptive mother or father, or stepmother or stepfather of a child. PART C: A section in the individuals with disabilities Education improvement Act of 2004 (idEA) for infants and toddlers younger than 3 years with disabilities. PERPETRATOR: The person who has been determined to have caused or knowingly allowed the maltreatment of a child. PERPETRATOR AGE: Age of an individual determined to have caused or knowingly allowed the maltreatment of a child. Age is calculated in years at the time of the report of child maltreatment. PERPETRATOR AS CAREGIVER: Circumstances whereby the person who caused or knowingly allowed child maltreatment to occur was also responsible for care and supervision of the victim when the maltreatment occurred. PERPETRATOR IDENTIFIER (Perpetrator ID ): A unique, encrypted identification assigned to each perpetrator by the state for the purposes of the nCAndS data collection.PERPETRATOR RELATIONSHIP: Primary role of the perpetrator to a child victim. PETITION DATE: The month, day, and year that a juvenile court petition was filed. PLAN OF SAFE CARE: A plan developed as described in CAPTA sections 106(b)(2)(B)(iii) for infants born and identified as being affected by substance abuse or withdrawal symptoms, or Fetal Alcohol Spectrum disorder. The state plan requirement at 106(b)(2)(B)(iii) requires that a plan of safe care address the health and substance use disorder treatment needs of the infant and affected family or caregiver. The plan of safe care may be created at any point during an investigation or assessment. This is not considered an nCAndS service field. PHYSICAL ABUSE: Type of maltreatment that refers to physical acts that caused or could have caused physical injury to a child. PHYSICAL DISABILITY: A clinically diagnosed physical condition that adversely affects day-to-day motor functioning, such as cerebral palsy, spina bifida, multiple sclerosis, orthopedic impairments, and other physical disabilities. This risk factor can be applied to a caregiver or a child. POSTRESPONSE SERVICES (also known as Postinvestigation Services): Activities provided or arranged by the child protective services agency, social services agency, or the child welfare agency for the child or family as a result of needs discovered during an investigation. includes such services as family preservation, family support, and foster care. Postresponse services are delivered within the first 90 days after the disposition of the report. Child Maltreatment 2019 Appendix B: Glossary 125PREVENTION 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. PROFESSIONAL REPORT SOURCE: Persons who encountered the child as part of their occupation, such as child daycare providers, educators, legal law enforcement personnel, and medical personnel. State laws require most professionals to notify CPS agencies of suspected maltreatment. PROMOTING SAFE AND STABLE FAMILIES: Program that provides grants to the states under Section 430, title iV–B, subpart 2 of the Social Security Act, as amended, to develop and expand four types of services—community-based family support services; innovative child welfare services, including family preservation services; time-limited reunification services; and adoption promotion and support services. PSYCHOLOGICAL OR EMOTIONAL MALTREATMENT: Program that provides grants to the states under Section 430, title iV–B, subpart 2 of the Social Security Act, as amended, to develop and expand four types of services—community-based family support services; innovative child welfare services, including family preservation services; time-limited reunification services; and adoption promotion and support services. PUBLIC ASSISTANCE: A risk factor related the family’s participation in social services programs, including Temporary Assistance for needy Families; General Assistance; Medicaid; Social Security income; Special Supplemental nutrition Program for Women, infants, and Children (WiC); etc. RACE: The primary taxonomic category of which the individual identifies himself or herself as a member, or of which the parent identifies the child as a member. See AMERiCAn indiAn OR ALASKA nATiVE, ASiAn, BLACK OR AFRiCAn-AMERiCAn, PACiFiC iSLAndER, WHiTE, and UnKnOWn. Also, see HiSPAniC. RECEIPT OF REPORT: The log-in of a referral to the agency alleging child maltreatment. REFERRAL: notification to the CPS agency of suspected child maltreatment. This can include more than one child. Child Maltreatment 2019 Appendix B: Glossary 126REFERRAL 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. REPORT: A screened-in referral alleging child maltreatment. A report receives a CPS response in the form of an investigation response or an alternative response.REPORT-CHILD PAIR: Refers to the concatenation of the Report id and the Child id, which together form a new unique id that represents a single unique record in the Child File. REPORT DATE: The day, month, and year that the responsible agency was notified of the suspected child maltreatment. REPORT DISPOSITION: The point in time at the end of the investigation or assessment when a CPS worker makes a final determination (disposition) about whether the alleged maltreatment occurred. REPORT DISPOSITION DATE: The day, month, and year that the report disposition was made. REPORT IDENTIFIER (Report ID): A unique identification assigned to each report of child maltreatment for the purposes of the nCAndS data collection. REPORT SOURCE: The category or role of the person who notifies a CPS agency of alleged child maltreatment. REPORTING PERIOD: The 12-month period for which data are submitted to the nCAndS. RESIDENTIAL FACILITY STAFF: Employees of a public or private group residential facility, including emergency shelters, group homes, and institutions. RESPONSE TIME FROM REFERRAL TO INVESTIGATION OR ALTERNATIVE RESPONSE: The response time is defined as the time between the receipt of a call to the state or local agency alleging maltreatment and face-to-face contact with the alleged victim, wherever this is appropriate, or with another person who can provide information on the allegation(s). Child Maltreatment 2019 Appendix B: Glossary 127RESPONSE TIME FROM REFERRAL TO THE PROVISION OF SERVICES: The time from the receipt of a referral to the state or local agency alleging child maltreatment to the provision of post response services, often requiring the opening of a case for ongoing services. SCREENED-IN REFERRAL: An allegation of child maltreatment that met the state’s standards for acceptance and became a report. SCREENED-OUT REFERRAL: An allegation of child maltreatment that did not meet the state’s standards for acceptance.SCREENING: Agency hotline or intake units conduct the screening process to determine whether a referral is appropriate for further action. Referrals that do not meet agency criteria are screened out or diverted from CPS to other community agencies. in most states, a referral may include more than one child. SERVICE DATE: The date activities began as a result of needs discovered during the CPS response. SERVICES: See POSTRESPOnSE SERViCES and PREVEnTiOn SERViCES. SEXUAL ABUSE: A type of maltreatment that refers to the involvement of the child in sexual activity to provide sexual gratification or financial benefit to the perpetrator, including contacts for sexual purposes, molestation, statutory rape, prostitution, pornography, 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. SUBSTANCE ABUSE SERVICES: Activities designed to deter, reduce, or eliminate substance abuse or chemical dependency. Child Maltreatment 2019 Appendix B: Glossary 128SUBSTANTIATED: An investigation disposition that concludes that the allegation of maltreatment or risk of maltreatment was supported or founded by state law or policy. SUMMARY DATA COMPONENT (SDC): The aggregate data collection form submitted by states that do not submit the Child File. This form was discontinued for the FFY 2012 data collection. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF): A block grant that is administered by state, territorial, and tribal agencies. Citizens can apply for TAnF at the respective agency administering the program in their community. UNIQUE COUNT OF CHILDREN: Counting a child once, regardless of the number of reports concerning that child, who received a CPS response in the FFY. UNIQUE COUNT OF PERPETRATORS: Counting a perpetrator once, regardless of the number of children the perpetrator is associated with maltreating or the number of records associated with a perpetrator. UNKNOWN: The state may collect data on this variable, but the data for this particular report or child were not captured or are missing. UNMARRIED PARTNER OF PARENT: Someone who has an intimate relationship with the parent and lives in the household with the parent of the maltreated child. UNSUBSTANTIATED: An investigation disposition that determines that there was not sufficient evidence under state law to conclude or suspect that the child was maltreated or at-risk of being maltreated. VISUAL OR HEARING IMPAIRMENT: A clinically diagnosed condition related to a visual impairment or permanent or fluctuating hearing or speech impairment that may affect functioning or development. This term can be applied to a caregiver or a child. VICTIM: A child for whom the state determined at least one maltreatment was substantiated or indicated; and a disposition of substantiated or indicated was assigned for a child in a specific report. This includes a child who died and the death was confirmed to be the result of child abuse and neglect. A child may be a victim in one report and a nonvictim in another report. WHITE: A person having origins in any of the original peoples of Europe, the Middle East, or north Africa. Race may be self-identified or identified by a caregiver.WORKER IDENTIFIER (WORKER ID): A unique identification of the worker who is assigned to the child at the time of the report disposition. WORKFORCE: Total number of workers in a CPS agency. Child Maltreatment 2019 Appendix B: Glossary 129State 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 includes only completed reports that resulted in a disposition (or finding) as an outcome of the CPS response during the reporting year. The data submission containing these case-level data is called the Child File. The Child File is supplemented by agency-level aggregate statistics in a separate data submis - sion called the Agency File. The Agency File contains data that are not reportable at the child-specific level and often gathered from agencies external to CPS. States are asked to submit both the Child File and the Agency File each year. For FFY 2019, 52 states submitted both a Child File and an Agency File. Once validated, the Child Files and Agency Files are loaded into the multiyear, multistate nCAndS data Warehouse. The FFY 2019 dataset is available to researchers from the national data Archive on Child Abuse and neglect (ndACAn).APPEndix C Child Maltreatment 2019 Appendix C: State Characteristics 130Child Population Data The child population data for years 2015-2019 are displayed by state in table C–2. The 2019 child population data for the demographics of age, sex, and race and ethnicity are displayed by state in table C–3. The adult population is displayed in table C–4. Child Maltreatment 2019 Appendix C: State Characteristics 131Table C–1 State Administrative Structure, Level of Evidence, and Data Files Submitted, 2019 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 7 37 1 7 52 Note: Level of evidence is listed in alphabetical order. Child Maltreatment 2019 Appendix C: State Characteristics 132Table C–2 Child Population, 2015–2019 State 2015 2016 2017 2018 2019 Alabama 1,102,585 1,099,450 1,096,017 1,091,854 1,088,306 Alaska 186,144 186,851 185,410 182,696 179,983 Arizona 1,628,633 1,635,218 1,637,162 1,637,600 1,640,236 Arkansas 706,417 705,926 705,370 702,704 700,155 California 9,116,629 9,087,159 9,046,314 8,971,748 8,894,641 Colorado 1,257,335 1,262,977 1,263,102 1,263,756 1,259,519 Connecticut 761,796 751,855 743,342 735,668 727,440 Delaware 203,772 203,729 203,861 203,712 203,572 District of Columbia 119,066 121,480 124,682 126,648 128,168 Florida 4,101,879 4,159,352 4,201,903 4,222,005 4,229,929 Georgia 2,497,665 2,508,493 2,511,410 2,506,877 2,503,881 Hawaii 308,172 307,166 305,161 302,742 299,868 Idaho 433,551 437,730 442,490 444,839 448,201 Illinois 2,961,889 2,929,827 2,895,982 2,855,050 2,817,875 Indiana 1,578,188 1,575,894 1,572,900 1,570,622 1,567,974 Iowa 729,839 730,843 731,611 729,325 726,841 Kansas 720,680 716,900 711,857 705,496 700,250 Kentucky 1,012,672 1,011,692 1,010,420 1,007,203 1,002,871 Louisiana 1,114,969 1,114,121 1,107,332 1,096,754 1,087,630 Maine 256,340 254,497 252,622 250,303 248,842 Maryland 1,346,113 1,345,550 1,343,930 1,339,438 1,334,687 Massachusetts 1,385,700 1,378,299 1,373,273 1,364,785 1,352,800 Michigan 2,209,035 2,193,921 2,180,747 2,162,182 2,143,933 Minnesota 1,285,301 1,292,129 1,299,518 1,302,437 1,303,157 Mississippi 726,342 720,957 714,501 706,663 698,583 Missouri 1,389,727 1,386,221 1,382,921 1,376,684 1,370,585 Montana 226,514 227,821 229,200 228,749 228,588 Nebraska 470,580 473,844 475,934 476,237 476,074 Nevada 667,499 675,073 681,535 688,242 692,639 New Hampshire 264,783 262,446 260,253 257,787 255,253 New Jersey 1,984,003 1,971,351 1,963,383 1,951,193 1,938,578 New Mexico 499,114 494,726 488,458 481,824 475,838 New York 4,181,910 4,150,467 4,113,612 4,070,693 4,028,299 North Carolina 2,287,035 2,294,081 2,300,721 2,301,812 2,300,715 North Dakota 174,184 175,390 176,337 178,055 180,171 Ohio 2,630,983 2,617,811 2,607,996 2,593,542 2,578,019 Oklahoma 961,303 962,044 958,437 954,563 952,238 Oregon 863,265 870,231 872,372 869,075 866,562 Pennsylvania 2,689,649 2,675,243 2,664,275 2,650,621 2,634,613 Puerto Rico 731,996 693,557 651,536 591,872 572,731 Rhode Island 210,593 208,982 206,851 205,982 204,495 South Carolina 1,091,515 1,097,808 1,103,780 1,107,050 1,111,183 South Dakota 211,280 213,716 215,965 216,422 217,101 Tennessee 1,499,134 1,502,848 1,506,518 1,508,346 1,510,051 Texas 7,239,541 7,315,517 7,361,663 7,375,936 7,399,810 Utah 910,626 920,442 927,108 929,678 931,184 Vermont 120,051 118,191 116,906 115,394 114,005 Virginia 1,867,059 1,869,028 1,870,586 1,866,014 1,860,848 Washington 1,614,222 1,632,853 1,650,916 1,658,124 1,663,061 West Virginia 378,115 374,214 369,291 364,436 359,567 Wisconsin 1,295,105 1,288,309 1,283,205 1,275,040 1,266,597 Wyoming 139,549 138,740 136,206 134,539 133,734 National 74,350,047 74,342,970 74,236,882 73,911,017 73,611,881 States Reporting 52 52 52 52 52 Note: Puerto Rico did not submit FFY 2016 NCANDS data in time for Child Maltr eatment 2016; however, the state’ s population data are presented in this table. Puerto Rico’ s 2016 population data were not included in any rate calculations in this report. Child Maltreatment 2019 Appendix C: State Characteristics 133Table C–3 Child Population Demographics, 2019 (continues) State <1 1 2 3 4 5 6 7 8 Alabama 56,901 58,290 59,073 59,799 60,294 59,568 58,599 59,537 60,023 Alaska 9,978 10,012 10,186 10,509 10,395 10,414 10,303 10,286 10,436 Arizona 81,929 83,065 85,726 88,192 90,876 90,858 90,405 90,319 91,313 Arkansas 36,355 37,006 37,572 38,610 38,921 38,404 37,924 38,827 38,633 California 462,589 462,713 477,322 485,894 495,198 493,458 494,221 493,396 504,330 Colorado 64,561 64,867 66,298 67,828 68,647 68,470 68,016 68,582 70,351 Connecticut 34,625 35,542 36,346 37,139 38,058 38,066 38,190 38,800 39,802 Delaware 10,618 10,671 11,061 11,239 11,130 11,106 11,061 11,372 11,448 District of Columbia 9,552 9,212 9,036 8,811 8,757 7,962 8,189 7,876 7,460 Florida 221,463 224,371 228,778 232,381 232,749 233,471 231,167 233,532 235,348 Georgia 127,141 128,766 131,644 133,384 135,631 135,015 134,438 137,644 138,824 Hawaii 16,800 16,717 17,044 17,402 17,256 17,554 17,706 17,396 17,447 Idaho 22,106 22,367 23,057 24,024 24,646 24,065 24,588 24,348 24,947 Illinois 143,723 145,936 149,504 153,181 154,590 152,251 151,861 153,500 155,612 Indiana 80,356 82,338 83,235 85,579 86,832 86,118 86,434 86,142 86,226 Iowa 37,540 38,296 39,186 40,104 40,510 40,384 40,018 39,731 39,289 Kansas 35,325 36,037 37,321 38,289 38,359 38,831 39,150 39,055 39,463 Kentucky 53,154 54,112 54,464 55,204 55,676 55,656 55,651 55,183 55,061 Louisiana 58,010 58,976 61,029 61,801 61,653 61,580 60,148 59,786 59,921 Maine 12,035 12,355 12,711 13,104 13,332 13,305 13,456 13,373 13,366 Maryland 69,926 71,658 72,309 73,738 74,306 73,246 73,366 74,072 75,067 Massachusetts 70,791 70,819 71,300 71,913 72,539 72,797 73,268 73,611 74,839 Michigan 109,018 110,855 113,925 115,735 116,909 117,356 116,303 116,857 117,405 Minnesota 67,629 68,358 70,924 71,994 72,717 73,198 72,479 72,218 72,021 Mississippi 35,518 36,238 36,965 37,210 37,547 37,412 37,184 38,131 38,096 Missouri 71,012 72,134 74,086 75,166 75,682 75,978 75,161 75,274 75,954 Montana 11,659 11,540 12,346 12,659 12,952 12,860 12,713 12,782 12,721 Nebraska 25,252 25,379 26,343 26,675 27,231 26,874 26,478 26,158 26,291 Nevada 35,701 35,854 37,284 38,009 38,727 38,088 38,601 37,927 39,428 New Hampshire 12,052 12,294 12,859 13,065 13,351 13,254 13,778 13,484 14,211 New Jersey 99,459 101,592 103,374 105,051 105,214 105,053 105,229 106,128 108,436 New Mexico 23,014 23,339 23,944 25,030 25,659 25,937 26,200 26,258 27,125 New York 223,930 223,989 225,107 226,638 227,337 223,415 224,235 223,720 226,256 North Carolina 118,891 120,577 121,664 123,961 124,677 124,780 124,213 125,537 125,930 North Dakota 10,483 10,547 11,054 10,984 11,033 10,623 10,404 10,196 9,923 Ohio 133,487 136,247 138,052 140,961 142,081 142,314 142,480 141,082 140,836 Oklahoma 48,442 49,485 51,437 52,914 53,255 53,440 53,843 53,450 53,727 Oregon 43,312 44,026 45,462 47,146 47,865 48,190 47,959 48,090 49,002 Pennsylvania 134,712 137,402 139,553 142,257 144,000 144,818 144,426 144,836 145,799 Puerto Rico 21,386 20,596 22,865 25,461 27,174 28,973 30,253 31,865 32,155 Rhode Island 10,518 10,914 10,792 11,166 11,131 10,936 10,818 10,992 11,070 South Carolina 56,122 57,170 58,423 59,703 61,046 60,618 60,615 61,289 61,600 South Dakota 11,985 12,127 12,285 12,376 12,394 12,400 12,147 12,152 12,127 Tennessee 79,775 81,044 81,371 82,894 83,521 82,643 82,533 83,023 82,100 Texas 377,806 383,788 399,369 411,922 418,006 415,864 410,388 406,998 414,091 Utah 48,566 47,961 49,421 50,616 51,239 51,368 52,095 50,605 51,995 Vermont 5,579 5,558 5,922 5,935 6,049 6,230 6,067 6,233 6,248 Virginia 97,864 99,825 101,443 102,904 103,441 102,812 102,507 102,943 103,743 Washington 88,095 88,292 92,153 93,588 94,348 93,691 94,015 92,998 93,926 West Virginia 17,755 17,978 18,620 19,022 19,650 19,961 20,189 20,126 20,011 Wisconsin 63,366 64,258 66,589 67,711 68,572 68,237 68,628 69,102 69,473 Wyoming 6,572 6,702 7,075 7,248 7,334 7,352 7,380 7,362 7,443 National 3,804,438 3,850,195 3,944,909 4,024,126 4,070,497 4,057,254 4,047,480 4,054,184 4,098,349 Reporting States 52 52 52 52 52 52 52 52 52 Child Maltreatment 2019 Appendix C: State Characteristics 134Table C–3 Child Population Demographics, 2019 (continues) State 9 10 11 12 13 14 15 16 17 Alabama 60,241 60,897 63,083 62,906 61,883 61,729 61,740 61,799 61,944 Alaska 10,157 9,976 10,016 9,887 9,509 9,678 9,488 9,410 9,343 Arizona 90,797 92,572 96,605 96,951 95,849 95,076 94,742 91,832 93,129 Arkansas 38,959 38,941 40,404 41,015 40,146 39,960 39,598 39,485 39,395 California 493,445 492,283 511,109 512,662 507,455 505,628 503,712 501,846 497,380 Colorado 71,364 71,018 72,673 73,645 73,125 73,078 73,342 72,647 71,007 Connecticut 39,880 40,641 42,251 43,045 43,714 44,611 45,230 45,467 46,033 Delaware 11,325 11,313 11,613 11,558 11,646 11,533 11,654 11,648 11,576 District of Columbia 6,690 6,314 6,136 5,954 5,506 5,311 5,127 5,054 5,221 Florida 232,832 232,988 242,629 244,614 243,892 241,924 240,850 234,530 242,410 Georgia 139,666 140,592 146,576 147,613 147,134 145,501 145,634 144,049 144,629 Hawaii 16,607 16,185 16,649 16,237 15,937 15,868 16,053 15,771 15,239 Idaho 25,369 25,620 26,521 26,768 26,182 26,380 26,305 25,594 25,314 Illinois 156,503 156,110 161,245 162,519 162,807 163,337 165,869 164,633 164,694 Indiana 87,022 87,080 89,818 90,440 89,977 89,724 90,625 90,135 89,893 Iowa 40,734 40,974 42,023 42,224 41,896 41,222 41,086 41,007 40,617 Kansas 39,864 39,546 40,377 40,314 39,987 39,679 39,667 39,922 39,064 Kentucky 54,866 55,610 56,869 57,689 56,917 56,915 56,992 56,540 56,312 Louisiana 59,782 60,333 62,457 62,704 60,878 60,347 59,643 59,297 59,285 Maine 13,924 13,915 14,400 14,691 14,747 14,923 14,885 15,138 15,182 Maryland 74,804 73,727 76,574 76,406 75,370 75,237 75,230 74,773 74,878 Massachusetts 73,935 73,749 76,197 77,005 77,354 78,280 80,675 81,506 82,222 Michigan 118,404 117,938 121,150 123,257 123,542 124,477 126,809 126,571 127,422 Minnesota 72,930 72,470 74,606 74,885 73,855 73,931 74,482 72,997 71,463 Mississippi 38,554 40,138 41,731 42,818 41,169 40,426 40,206 39,856 39,384 Missouri 76,058 76,383 78,825 79,078 78,762 78,067 77,994 77,767 77,204 Montana 12,800 12,860 13,288 13,359 13,126 12,796 12,806 12,707 12,614 Nebraska 26,556 26,740 27,023 26,770 26,642 26,764 26,556 26,405 25,937 Nevada 39,006 38,907 40,822 40,476 39,767 39,044 38,673 38,452 37,873 New Hampshire 14,011 14,132 14,651 15,101 15,284 15,543 15,895 16,124 16,164 New Jersey 107,412 106,735 110,132 111,271 111,366 112,205 113,652 113,429 112,840 New Mexico 27,259 27,502 28,131 28,170 27,843 27,843 27,412 27,680 27,492 New York 220,265 214,961 220,488 221,125 220,762 223,369 226,557 227,902 228,243 North Carolina 128,406 129,884 134,045 134,985 133,907 132,785 132,640 131,990 131,843 North Dakota 9,885 9,848 9,836 9,797 9,569 9,414 9,044 8,887 8,644 Ohio 141,755 142,881 146,222 147,925 147,689 147,095 148,904 148,473 149,535 Oklahoma 53,447 53,669 54,639 54,881 53,602 53,350 53,176 52,757 52,724 Oregon 49,211 48,977 50,728 50,417 49,878 49,084 49,498 49,026 48,691 Pennsylvania 146,174 146,219 150,263 150,821 150,640 151,644 153,418 154,083 153,548 Puerto Rico 34,415 34,999 35,259 36,619 37,664 38,223 37,617 37,945 39,262 Rhode Island 11,083 10,951 11,499 11,584 11,928 12,007 12,272 12,364 12,470 South Carolina 62,654 64,002 65,498 66,430 64,545 63,465 63,254 62,423 62,326 South Dakota 12,108 12,088 12,369 12,366 12,016 11,893 11,845 11,318 11,105 Tennessee 83,080 83,950 87,672 87,358 86,678 85,644 85,732 85,662 85,371 Texas 416,237 415,321 424,978 423,578 420,172 419,075 417,110 414,872 410,235 Utah 52,913 52,836 54,086 54,402 53,503 53,158 52,837 52,509 51,074 Vermont 6,320 6,305 6,593 6,774 6,681 6,705 6,878 6,994 6,934 Virginia 102,881 102,083 106,100 106,349 105,662 105,041 105,689 104,775 104,786 Washington 94,147 93,421 95,294 94,405 92,372 91,502 90,978 90,157 89,679 West Virginia 19,993 20,111 20,894 20,844 20,668 20,675 21,035 20,947 21,088 Wisconsin 71,800 71,443 73,463 74,291 73,861 73,733 74,505 73,798 73,767 Wyoming 7,759 7,801 8,010 8,023 7,821 7,783 7,455 7,412 7,202 National 4,096,289 4,095,939 4,224,520 4,245,006 4,212,885 4,202,682 4,213,076 4,188,365 4,181,687 Reporting States 52 52 52 52 52 52 52 52 52 Child Maltreatment 2019 Appendix C: State Characteristics 135Table C–3 Child Population Demographics, 2019 State Boy GirlAfrican- American American Indian or Alaska Native Asian Hispanic Multiple RacePacific Islander White Alabama 554,205 534,101 313,565 4,832 15,633 89,238 37,071 641 627,326 Alaska 92,381 87,602 5,480 33,511 9,903 17,861 22,136 3,219 87,873 Arizona 836,491 803,745 81,286 80,902 46,635 729,412 65,140 3,037 633,824 Arkansas 358,636 341,519 123,669 5,043 11,066 88,702 27,764 3,887 440,024 California 4,545,773 4,348,868 451,152 32,785 1,032,674 4,627,553 437,196 32,122 2,281,159 Colorado 643,634 615,885 54,944 7,538 39,296 396,145 55,478 1,905 704,213 Connecticut 371,252 356,188 83,368 1,974 37,311 184,060 28,580 318 391,829 Delaware 103,100 100,472 51,781 496 8,137 33,589 10,908 86 98,575 District of Columbia 64,925 63,243 67,266 200 3,125 21,855 5,272 60 30,390 Florida 2,159,396 2,070,533 842,133 8,865 110,001 1,357,704 159,973 2,769 1,748,484 Georgia 1,274,016 1,229,865 840,112 4,649 99,166 375,621 95,944 1,743 1,086,646 Hawaii 153,987 145,881 5,567 442 70,370 55,457 92,652 32,122 43,258 Idaho 228,944 219,257 4,148 5,054 5,125 82,662 15,783 802 334,627 Illinois 1,438,838 1,379,037 426,685 3,755 145,289 700,789 98,819 851 1,441,687 Indiana 802,749 765,225 176,270 2,922 39,495 179,514 65,483 697 1,103,593 Iowa 371,927 354,914 39,510 2,687 18,879 75,906 29,095 1,344 559,420 Kansas 358,404 341,846 43,220 5,004 19,559 130,806 36,279 805 464,577 Kentucky 513,932 488,939 92,803 1,552 17,403 65,633 42,499 832 782,149 Louisiana 554,011 533,619 393,868 6,925 17,002 79,882 35,712 406 553,835 Maine 127,585 121,257 7,282 2,149 3,374 7,238 9,623 98 219,078 Maryland 680,373 654,314 408,541 2,919 81,060 219,986 69,733 635 551,813 Massachusetts 690,570 662,230 120,146 2,493 96,441 259,942 55,411 689 817,678 Michigan 1,096,680 1,047,253 342,727 12,724 71,322 182,284 102,759 612 1,431,505 Minnesota 665,770 637,387 131,923 18,950 78,736 117,582 65,638 865 889,463 Mississippi 355,752 342,831 290,023 4,254 6,610 35,018 18,055 228 344,395 Missouri 701,346 669,239 183,808 5,631 27,532 95,706 62,917 2,563 992,428 Montana 117,290 111,298 1,502 22,041 1,575 15,256 10,658 147 177,409 Nebraska 244,071 232,003 28,397 5,362 12,922 86,073 19,261 335 323,724 Nevada 354,046 338,593 72,708 5,597 38,362 285,083 46,625 4,591 239,673 New Hampshire 130,573 124,680 5,110 463 8,412 16,970 9,003 83 215,212 New Jersey 989,586 948,992 259,004 2,749 185,139 538,367 62,188 786 890,345 New Mexico 242,209 233,629 8,309 48,975 5,488 287,316 12,291 255 113,204 New York 2,060,002 1,968,297 603,581 11,865 322,410 1,006,860 150,756 1,969 1,930,858 North Carolina 1,172,820 1,127,895 518,141 27,265 75,426 388,868 99,952 1,849 1,189,214 North Dakota 92,054 88,117 7,814 13,920 2,762 12,166 7,729 146 135,634 Ohio 1,317,452 1,260,567 389,309 4,215 63,727 167,168 124,753 1,344 1,827,503 Oklahoma 487,133 465,105 74,613 91,971 19,591 168,135 91,498 2,139 504,291 Oregon 443,816 422,746 20,615 10,327 35,478 193,482 53,342 4,057 549,261 Pennsylvania 1,348,313 1,286,300 344,565 3,954 101,627 336,393 106,098 939 1,741,037 Puerto Rico 291,375 281,356 - - - - - - - Rhode Island 104,633 99,862 15,552 1,138 7,456 54,229 9,707 154 116,259 South Carolina 565,146 546,037 325,589 3,702 19,258 109,326 45,080 778 607,450 South Dakota 111,361 105,740 6,386 27,743 3,302 15,501 9,887 157 154,125 Tennessee 770,533 739,518 285,632 3,386 28,481 153,809 59,298 950 978,495 Texas 3,773,129 3,626,681 875,321 17,936 320,957 3,660,246 200,663 6,635 2,318,052 Utah 478,213 452,971 11,886 8,625 16,480 167,819 33,497 9,784 683,093 Vermont 58,759 55,246 2,161 310 2,389 3,266 4,376 41 101,462 Virginia 950,838 910,010 369,359 3,986 120,443 269,156 108,467 1,426 988,011 Washington 850,944 812,117 74,149 23,484 131,701 358,193 133,068 14,356 928,110 West Virginia 184,481 175,086 13,011 569 2,499 10,051 14,944 90 318,403 Wisconsin 647,647 618,950 111,636 14,232 46,021 153,658 50,825 616 889,609 Wyoming 68,942 64,792 1,530 3,879 1,022 20,029 4,569 94 102,611 National 37,600,043 36,011,838 10,007,157 615,950 3,684,072 18,687,565 3,214,455 147,057 36,682,894 Reporting States 52 52 51 51 51 51 51 51 51 Child Maltreatment 2019 Appendix C: State Characteristics 136Table C–4 Adult Population by Age Group, 2019 State 18–24 25–34 35–44 45–54 55–64 65–75 75 and Older Alabama 450,224 647,229 593,306 616,616 657,667 501,447 348,390 Alaska 68,152 117,588 95,765 85,130 93,339 61,300 30,288 Arizona 693,844 1,007,093 896,027 852,090 880,794 751,699 556,934 Arkansas 279,060 396,868 370,263 361,582 385,994 302,829 221,053 California 3,678,035 6,052,952 5,282,100 4,979,745 4,786,635 3,386,670 2,451,445 Colorado 526,217 913,354 798,071 706,150 713,013 522,131 320,281 Connecticut 342,073 448,029 427,141 476,905 513,455 352,819 277,425 Delaware 82,494 129,080 113,101 118,881 137,730 112,858 76,048 District of Columbia 72,566 164,541 108,969 74,286 69,876 50,219 37,124 Florida 1,742,768 2,799,422 2,600,531 2,709,395 2,898,355 2,465,369 2,031,968 Georgia 1,015,188 1,493,261 1,380,954 1,399,652 1,307,533 926,001 590,953 Hawaii 118,874 199,995 181,803 167,747 179,137 152,092 116,356 Idaho 164,406 236,490 227,172 201,766 218,360 175,866 114,804 Illinois 1,157,411 1,758,096 1,637,135 1,599,789 1,658,283 1,176,033 867,199 Indiana 659,745 890,687 828,959 824,029 875,082 636,737 449,006 Iowa 313,705 398,150 385,215 362,509 415,696 311,447 241,507 Kansas 294,160 382,922 361,029 327,961 371,505 272,236 203,251 Kentucky 413,954 587,380 550,953 563,662 598,289 447,876 302,688 Louisiana 419,043 658,227 589,854 548,348 604,670 442,534 298,488 Maine 106,932 162,808 154,075 174,730 211,560 169,079 116,186 Maryland 526,149 829,249 782,213 795,467 818,519 561,582 397,814 Massachusetts 690,721 994,454 848,373 893,633 943,190 673,305 496,027 Michigan 945,523 1,311,614 1,166,172 1,254,679 1,399,535 1,037,580 727,821 Minnesota 498,118 762,616 725,577 673,361 756,421 531,059 389,323 Mississippi 283,421 393,747 365,754 362,040 385,911 288,955 197,738 Missouri 561,504 825,887 753,739 732,944 830,732 610,165 451,872 Montana 97,764 138,386 129,795 117,800 150,008 124,631 81,806 Nebraska 189,298 255,338 243,139 215,808 242,293 178,908 133,550 Nevada 250,220 453,116 410,505 394,228 383,476 303,363 192,609 New Hampshire 123,691 172,816 156,500 183,273 214,314 152,669 101,195 New Jersey 753,634 1,152,278 1,137,693 1,200,823 1,223,649 832,866 642,669 New Mexico 195,875 284,087 254,846 235,656 272,921 224,483 153,123 New York 1,762,544 2,867,651 2,429,961 2,471,804 2,597,156 1,859,922 1,436,224 North Carolina 990,587 1,416,069 1,303,427 1,364,067 1,362,125 1,046,508 704,586 North Dakota 82,822 114,571 92,576 78,199 93,878 66,664 53,181 Ohio 1,060,311 1,554,378 1,397,808 1,447,581 1,604,683 1,189,243 857,077 Oklahoma 380,905 543,593 497,873 453,536 493,694 368,050 267,082 Oregon 363,022 604,284 568,712 510,127 538,950 464,598 301,482 Pennsylvania 1,142,159 1,709,136 1,513,739 1,604,097 1,804,883 1,354,093 1,039,269 Puerto Rico 303,277 405,166 388,383 416,055 428,426 366,490 313,166 Rhode Island 109,551 148,213 125,335 135,112 149,609 106,159 80,887 South Carolina 467,399 682,854 620,504 640,607 689,144 570,600 366,423 South Dakota 82,396 115,064 105,864 94,865 117,498 89,216 62,655 Tennessee 612,440 949,656 847,658 871,279 894,697 681,396 461,997 Texas 2,813,300 4,276,763 3,942,439 3,554,098 3,275,242 2,245,028 1,489,201 Utah 362,079 471,806 443,453 328,430 303,134 219,466 146,406 Vermont 65,840 74,408 71,267 78,051 95,379 75,206 49,833 Virginia 798,197 1,190,381 1,112,496 1,100,274 1,114,417 802,291 556,615 Washington 658,508 1,172,075 1,028,141 923,777 959,608 735,524 474,199 West Virginia 153,786 214,004 213,802 229,251 254,726 217,323 149,688 Wisconsin 546,070 741,222 713,075 715,209 823,018 594,748 422,495 Wyoming 52,521 76,433 74,285 63,853 78,754 60,590 38,589 National 30,522,483 46,345,487 42,047,527 41,290,957 42,876,963 31,849,923 22,887,996 Reporting States 52 52 52 52 52 52 52 Child Maltreatment 2019 Appendix C: State Characteristics 137Alabama Contact Holly Christian Phone 334–353–4898 Title Program Manager, Office of Data Analysis Email holly.christian@dhr.alabama.gov Address Alabama Department of Human Resources 50 Ripley Street Montgomery, AL 36130–4000 General Enhancements are completed each year to continue efforts to improve reporting of services to children and families, perpetrator data and mapping of nCAndS elements. Alabama has two types of screened-in responses: child abuse and neglect investigations (CA/ns) and prevention assessments (alternative response). For FFY 2019, the Child File included only CA/ns, which have allegations of abuse or neglect. Prevention Assessments are reports that do not include allegations of abuse/neglect, but the potential risk for abuse may exist. A Prevention Assessment may be changed to a CA/n report if an allegation is added to the system. At that time, policy for CA/n investigations are in effect. The FFY 2019 submission does not include prevention assessment data in the Child File. Reports For FFY 2019, the number of screened-in reports increased from the prior reporting year and the number of completed or disposed reports also increased from the prior reporting year. A policy change was implemented in FFY 2017 that decreased the timeframe permitted to complete CA/n investigations from 90 days to 60 days. FFY 2017 screened-out reports included only reports that did not meet the definition of a CA/n report and did not include Prevention Assessments, Alabama’s alternative response. Prevention Assessments are screened-in assessments. State Commentary APPEndix d This section provides insights into policies and conditions that may affect state data. Readers are encouraged to use this appendix as a resource for providing additional context to the report’s text and data tables. Wherever possible, information was provided by each nCAndS state contact and uses state terminology. Child Maltreatment 2019 Appendix d: State Commentary 138Alabama determines staff needs based on a 6- or 12-month average of different case types. intake is one worker per county and more than one for larger counties, based on population. CA/n reports are counted at a 1:8 ratio for sexual abuse, 1:10 for children who enter foster care and 1:12 ratio for all other maltreatment types. Prevention assessments (AR) are counted on a ratio of 1:12 and child protective services ongoing cases are staffed at a ratio of 1:18 cases. Response time, as reported in the Agency File, is taken from the calculated average response time reported in the Child File. data shows a decrease in average response time for FFY 2018 from the previous year. Children during FFY 2019, the mapping for caregiver and child risk factors was modified to improve nCAndS reporting accuracy and completeness. Fatalities For FFY 2019 all state child fatalities are reported in the Child File. The child death review process determined no additional data to report in the Agency File. The FFY 2019 number of child fatalities is a decrease from FFY 2018. The majority of child fatality investigations which are indicated are suspended for due process or criminal prosecution. This extends the length of the investigation, which can take several months or years to complete. For the fatalities reported in FFY 2019, the actual dates of death occurred in a five-year range, from FFY 2015–FFY 2019. Perpetrators An enhancement to Alabama’s SACWiS system requiring the perpetrator relationship to be established to the child went into production mid-FFY 2014. Subsequent submissions have shown improvement in data quality. Alabama state statutes do not allow a person under the age of 14 years to be identified as a perpetrator. These reports are addressed in an alternate response. On-going services are provided as needed to the child victim and the child identified as the person allegedly responsible. during FFY 2019 nCAndS extraction code was modified to correctly blank perpetrator age when the dOB is unknown. Services Enhancements to our SACWiS system and mapping are planned to allow more complete reporting of services in future submissions. For FFY 2015 and FFY 2016 additional service data was provided in the Agency File. For foster care services, Alabama SACWiS does not require the documentation of the peti - tion or identity of the court-appointed representative. Petitions are prepared and filed according to the procedure of each court district. All children entering foster care are appointed by the court a guardian ad litem, who represents their interests in all court proceedings. The state’s SACWiS does not require the tracking of out of court contacts between the court-appointed representative and the child victims. improvement in data quality will require staff training in this area. Alabama (continued) Child Maltreatment 2019 Appendix d: State Commentary 139The nCAndS category of the number of children eligible for referral to agencies providing early intervention services under Part C of the idEA is the number of children who had indicated dispositions during FFY 2019 and were younger than 3 years. The nCAndS category of the number of children referred to agencies providing early intervention services under Part C of the idEA is the number of referrals the agency providing services reported receiving during FFY 2019. Many services are provided through contract providers and may not be documented through our SACWiS system. However, enhancements were made to the system in FFY 2019 to better capture services provided, even those that may not use the system to initiate payments. Special Focus The state began reporting sex trafficking as a maltreatment type in FFY 2018. Historically, the numbers have been low and the state does not expect them to increase. The state does report all sex trafficking incidents through nCAndS including those with a nonrelative perpetrator. during FFY 2018, fields were added to the state’s SACWiS system to capture CARA-related data. Some of these included plans of safe care data and substance exposed infant data. during FFY 2019, additional fields were added to the SACWiS system and nCAndS data extraction codes were modified to further improve accuracy and completeness of CARA-related data. Fields to document CARA-related services are available on the system. Workers are required to document plans of safe care in the system. Reports are generated to monitor completion of these requirements. The state has provided additional training to staff and mapping corrections to improve collection efforts. The reporting for the plan of safe care field has improved significantly over the past two years.Alabama (continued) Child Maltreatment 2019 Appendix d: State Commentary 140Alaska Contact Susan Cable Phone 907–465–2203 Title Research Analyst Email susan.cable@alaska.gov Address Alaska Office of Children’s Services P.O. Box 110630 Juneau, AK 9981 1–0630 General Alaska made several system changes to support accurate data in the nCAndS report: ■Added reference data for changed city names or for zip codes missing from the addresstable ■Removed the user’s ability to document duplicate allegations of maltreatment ■Added FiPS codes for tribes providing case management services under the Tribal ChildWelfare Compacting Agreement ■Reduced the number of steps/tasks required to enter legal status and centralized the entryof legal status updates Reports Alaska’s intake was centralized in mid-2016, which increased consistency in screening decisions. A year later a centralized toll-free number was added, making it easier for report - ers to call in without having to locate a phone number for a specific region. Protective Service Reports (reports of harm) received for cases opened after February 2, 2015, are subject to new maltreatment finding policy, which includes revised definitions of “substantiated finding,” “not substantiated finding,” and “closed without finding,” plus requires completion of a formalized Maltreatment Assessment Protocol to determine the finding. Beginning July 21, 2017, a streamlined documentation process for closing initial Assessments was implemented. improvements included standardization of closing method, revision or reduced requirements of forms, SACWiS tab revisions, emphasis on voice dictation to help meet deadlines, documentation of all contacts, and documentation of the case worker’s critical analysis. For federal fiscal year (FFY) 2018 nCAndS reporting methodology was amended to include reporting for sex trafficking, and logic was improved for reporting of medical neglect. However, both of these methodologies rely upon data from the Maltreatment Assessment Protocol, which is only used for screened-in Protective Service Reports. Therefore, no allegations of sex trafficking or medical neglect are currently captured for screened-out reports of Protective Service Reports. Children Alaska has enhanced efforts related to the identification and documentation of children with Alaska native race, which may decrease children with unknown race while increasing counts for identified races. Alaska believes that caretaker risk factors of alcohol and drug abuse have been under- reported in the past. Toward the end of FFY 2016 Alaska instituted an improved system Child Maltreatment 2019 Appendix d: State Commentary 141for tracking Family Characteristics in investigations. For FFY 2017 nCAndS syntax was revised to harvest the benefits of these SACWiS upgrades. Fatalities in Alaska, the authority for child fatality determinations resides with the medical examiner’s office, not the child welfare agency. The medical examiner’s office assists the state’s Child Fatality Review Team in determining if a child’s death was due to maltreatment. A child fatality is reported only if the medical examiner’s office concludes that the fatality was due to maltreatment. For nCAndS reporting, fatality counts are obtained from a member of the Child Fatality Review Team and reported in the Agency File. Perpetrators Alaska reports the percentage of parent perpetrators as caregivers, but given the prevlance of small town and casual relationships, Alaska demographics may vary from the norms in other states. Services Many services are provided through contracting providers and may not be well-documented in Alaska’s SACWiS; therefore, analysis of the services array with the state’s nCAndS Child File is not advised. For FFY 2017, nCAndS services reporting methodology was again enhanced to ensure that all qualifying services are within the scope of mapping timelines are reported. Agency file data on the numbers of children by funding source is reported for state fiscal year (July 1–June 30). The funding source “other” includes state general funds and matching funds from contracting agencies. Special Focus Alaska improved data collection efforts for the sex trafficking/exploitation indicator by reviewing the accuracy of data. in addition, Alaska isolated the “sex trafficking/exploitation” data element to just “sex trafficking” and implemented a data fix for inaccurate records. Alaska was unable to implement a reporting mechanism in the SACWiS system for Plans of Safe Care or Referral to Appropriate Services for FFY 2019.Alaska (continued) Child Maltreatment 2019 Appendix d: State Commentary 142Arizona Contact Andy Egge Phone 602–255–2744 Title Information Technology Manager Reports and StatisticsEmail andrew.egge@azdcs.gov Address Arizona Department of Child Safety PO Box 6030, Site Code C010-14 Phoenix, AZ 85003–6030 General There have been no significant changes to policies or procedures during the current submission year. For nCAndS reporting purposes, Arizona does not have a differential response program. Reports The decision to take a report for investigation by the hotline is dependent upon meeting criteria that is based on state statutes. For information to be screened in as a report, the intake Specialist gathers information from reporting sources using the department’s standardized interview questions and operating guide to determine if the following criteria are met: ■the suspected conduct would constitute abuse or neglect; ■the suspected victim of the conduct is under eighteen years of age; ■the suspected victim of the conduct is a resident of or present in this state; ■the person suspected of committing the abuse or neglect is the parent, guardian, orcustodian of the victim or an adult member of the victim’s household; ■the identity or current location of the child victim, the child victim’s family, or the personsuspected of abuse or neglect is known or can be reasonably ascertained; ■the suspected abuse or neglect occurred within the last three years; and ■there is information or indication that a child is being currently abused or neglected. ChildrenThe number of victims declined after a substantial increase for federal fiscal year (FFY) 2018. This puts the number of victims in line with historical numbers. it appears that 2018 was an outlier, possibly caused by our administrative review team reducing its backlog. This unit has the responsibility to review all substantiated reports. dCS policy states that in addition to the alleged child victim, the department shall interview other children residing in the household of the alleged abuse or neglect. This policy mirrors statute requirements to interview all child victim, siblings and other children in the house - hold (ARS 8-802). Fatalities There were fewer fatalities compared with the previous submission. Although it is a signifi - cant reduction, there have been no changes in procedures or polices that would account for this reduction. Arizona continues encouraging programs and PSAs supporting safe sleep and swimming pool safety, two of the most prevalent causes of child fatalities in Arizona. Additionally, the department promotes awareness to not leave children unattended in vehicles to reduce injuries and fatalities resulting from heat stroke. All fatality referrals come though the Hotline and any agency or individual can make a report. The Arizona Child Fatality Review Program generates reports to the department Child Maltreatment 2019 Appendix d: State Commentary 143when, in their determination, child abuse/neglect was the cause of death and a referral has not previously been made to the Hotline. Because of the Program’s review all child fatalities, the department is assured of receiving all cases in which there are allegations of abuse or neglect. For dCS to investigate child maltreatment fatalities, there must be an allegation of abuse or neglect. if not, as in all fatality cases, law enforcement would investigate. Perpetrators State statute (ARS 8-455) and policy does not provide a limitation on the age of alleged perpetrator if the individual is the parent, guardian or custodian. if the alleged perpetrator is another household member without that relationship, then the person must be an adult. State statute (ARS 8-455) and policy provide for other to be an adult member of the household who is not the parent, guardian or custodian. Services There have been no significant changes in funding, but there has been some shift as to where the funds go. More money is going into primary prevention messaging in the community, pregnant and parenting youth in foster care and our parent advisory collaborative. The department has a mix of contracted and direct services provided by CPS staff. Special Focus Arizona did not provide sex trafficking data for any part of FFY 2019. The department is in the process of replacing its current SACWiS system (CHiLdS) with a new Comprehensive Child Welfare information Systems (CCWiS) called Guardian. This project has restricted changes to the existing system. To report on sex trafficking would have necessitated a major change to the existing systems which was not approved. The new system will come online in July of 2020 and will have the capacity to report on sex trafficking. The department is precluded by law from investigating allegations of sex trafficking in which the perpetrator is someone other than a parent or guardian. Currently, the department only tracks reports in which prenatal substance exposure is alleged but does not specifically identify the alleged victim. This will be changed in the new system.Arizona (continued) Child Maltreatment 2019 Appendix d: State Commentary 144Arkansas Contact Nellena Garrison Phone 501–320–6503 Title DCFS Information Systems Manager Email nellena.garrison@dhs.arkansas.gov Address Department of Human Services Office of Information Technology 108 E. 7th Street, Donaghey Plaza North, 3rd Floor Little Rock, AR 72201 General The following options are available when accepting a referral: ■Refer to DCFS for Fetal Alcohol Spectrum Disorder (R/A-FASD): The followingchange was made to Arkansas legislation effective July 2011—Act 1143 requires health care providers involved in the delivery or care of infants to report infants born and affected by Fetal Alcohol Spectrum disorder. The department of Human Services shall accept re-ferrals, calls, and other communication from health care providers involved in the delivery or care of infants born and affected with FASd. The department of Human Services shall develop a plan of safe care of infants born with FASd. The Arkansas State Police hotline staff will use the regular request for dCFS assessment for FASd. These will automatically be assigned to the dCFS Central Office FASd Project Unit to complete the assessment and closure. There were two R/A-FASd reports received in FFY 2019. ■Refer to DCFS for Newborn Infant Substance Exposure (R/A-SE): Arkansas 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 current requirement), and adds infants born and affected by maternal substance abuse resulting in prenatal drug exposure to an illegal or a legal substance, or withdrawal symptoms resulting from prenatal drug exposure to an illegal or a legal substance to that list. • Referrals regarding substance exposed infants would be screened out for the followingcircumstances: a)if reported by persons other than medical personnel, b)if the referral is a duplicate and an investigation already is opened, c)if the mother tests positive during her pregnancy but not at birth, or d)if the Health Care Provider can confirm the mother’s prescription for the drugcausing the positive screening. ■Refer to CACD for Death Assessment (R/A-DA): Arkansas FFY 2015 legislationmandated per Act 1211, the department of Human Services and Arkansas State PoliceCrimes Against Children division (CACd) will conduct an investigation or death assess - ment upon receiving initial notification of suspected child maltreatment or notification ofa child death. This was effective in CHRiS August 2, 2015. The Child Abuse Hotline will accept a report for a child death if a child has died suddenly and unexpectedly not causedby a known disease or illness for which the child was under a physician’s care at the timeof death, including without limitation child deaths as a result of the following: e)Sudden infant death syndrome; f)Sudden unexplained infant death; g)An accident; h)A suicide; i)A homicide; or j)Other undetermined circumstance Child Maltreatment 2019 Appendix d: State Commentary 145All 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 maltreat - ment at the time of the Referral. The data for R/A-dA reports are not submitted to nCAndS. if the incident does rise to the level of a child maltreatment investigation, then the Referral will be elevated to be investigated. Child death investigation reports are accepted by the Hotline and will have maltreatment allegations at the time of the referral . ■Accept for Investigation: Reports of child maltreatment allegations will be assigned for child maltreatment investigation pursuant to Arkansas Code Annotated 12-18-601. Arkansas uses an established protocol when a dCFS family service worker or the Arkansas State Police Crimes Against Children division investigator conducts a child maltreatment assessment. The protocol was developed under the authority of the state legislator, (ACA 12-18-15). it identifies various types of child maltreatment a dCFS family service worker or an Arkansas State Police Crimes Against Children division investigator may encounter during an assessment. The protocol also identifies when and from whom an allegation of child maltreatment may be taken. The worker or investigator must show that a preponderance of the evidence supports the allegation of child maltreatment. The data for these reports are submitted to nCAndS. ■Accept for Differential Response: differential response (dR) is another way of respond - ing to allegations of child neglect. dR is different from dCFS’ traditional investigation process. it allows allegations that meet the criteria of neglect to be diverted from the investigative pathway and serviced through the dR track. dR is designed to engage low- to moderate-risk families in the services needed to keep children from becoming involved with the child welfare system. Counties have a differential response team to assess for safety, identify service needs, and arrange for the services to be put in place. dR began with five pilot counties on October 1, 2012 and was implemented statewide for all 75 counties by August 12, 2013 through a periodic schedule. FFY 2013 was the first year the state submitted differential response data to nCAndS. Reports Arkansas legislation approved the funding for the addition of 8 new Hotline Operator posi - tions in FFY 2019. Hotline Operators are located at the Arkansas State Police Headquarters. Children There was not an increase or a decrease of victims by more than 10 percent. Fatalities Arkansas saw a decrease in the number of accepted substantiated child fatalities during FFY 2019. The Arkansas division of Children and Family Services receives notice of child fatalities through the Arkansas Child Abuse hotline. The reports include referrals from 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 is mandated and non-mandated persons are asked to contact the child abuse hotline if they have reasonable cause to believe that a child has died as a result of child maltreatment. As of FFY 2019, data is no longer obtained from the department of Health. An annual report is provided from the Arkansas infant and Child death Review Panel. Arkansas (continued) Child Maltreatment 2019 Appendix d: State Commentary 146Services The investigators frequently do not document services provided to the families during the investigation process. This documentation is often left to the caseworker to enter when the case is opened. The state reports all children 2 years and younger with true overall findings as eligible to be referred for the individuals with disabilities Education Act. Siblings, other children in the home, and victims are included in this count. Special Focus Arkansas accepts reports of sex trafficking by adult noncaregiver offenders 18 years of age or older. This data is reported to nCAndS in the Child File. The state made efforts to improve the reporting of child drug and alcohol risk factors by reviewing the mapping logic and identifying methods for improvement with documentation and data captured on various screens within the state data system to facilitate the Comprehensive Addiction and Recovery Act reporting requirements. For nCAndS Element 35-Alcohol Abuse Child, logic was added during FFY 2018 to include “Refer to dCFS for Fetal Alcohol Spectrum disorder (R/A-FASd).” There were two RA/FASd records for FFY 2019. For nCAndS Element 36-drug Abuse Child, logic was added to include “Exempted (Prenatal Exposure).” Logic was developed and a new Refer to dCFS for newborn infant Substance Exposure record type was implemented during early FFY 2020 to address docu-mentation and reporting purposes. Arkansas (continued) Child Maltreatment 2019 Appendix d: State Commentary 147California Contact Cory Benton Phone 916–657–1888 Title Chief, Child Welfare Statistics and Analysis Section Email cory.benton@dss.ca.gov Address California Department of Social Services 744 P Street, MS 9–13–43 Sacramento, CA 95814 General California’s differential response approach is comprised of three pathways: ■Path 1 community response—family problems as indicated by the referral to the childwelfare 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 statutorydefinitions 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, depend - ing on the results of the investigation. ■Path 3 child welfare services response—the child is not safe and at moderate to high riskfor continuing abuse or neglect. This referral appears to have some rather serious allega - tions 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.ilies may still be referred to an outside agency for some services, depending on their needs. Reports The report count includes both the number of child abuse and neglect reports that require, and then receive, an in-person investigation within the timeframe specified by the report response type. Reports are classified as either immediate response or 10-day response. For a report that was coded as requiring an immediate response to be counted in the immediate response measure, the actual visit (or attempted visit) must have occurred within 24 hours of the report receipt date. For a report that was coded as requiring a 10-day response to be counted in the 10-day response measure, the actual visit (or attempted visit) must have occurred within 10-days of the report receipt date. For the quarter ending September 2019, the immediate response compliance rate was 96.4 percent and the 10-day response compli - ance rate was 91.4 percent. Children Racial categorizations for victims and perpetrators reflect ongoing state efforts to improve data reporting, per federal guidance. Specifically, the number of “blank” entries have reduced while an equivalent number of “white” entries increased. This is a result of outreach to the counties instructing them on accurately entering racial demographic information into the Child Welfare Services/Case Management System (CWS/CMS). We anticipate noticeable changes in these numbers to be present in next year’s submission, as well, as data entry continues to improve. Fatalities Fatality data submitted to nCAndS is derived from notifications (SOC 826 forms) submitted to the CdSS from County Child Welfare Services (CWS) agencies when it has been determined Child Maltreatment 2019 Appendix d: State Commentary 148that a child has died as the result of abuse and neglect. The abuse and neglect determinations reported by CWS agencies can be and are made by local coroner/medical examiner offices, law enforcement agencies, and/ or county CWS/probation agencies. As such, the data collected and reported via SB 39 and used for nCAndS reporting purposes does reflect child death informa- tion derived from multiple sources. it does not, however, represent information directly received from either the state’s vital statistics agency or local child death review teams. Calendar year (CY) 2018 is the most recent validated annual data and is therefore reported for FFY 2019. it is recognized that counties will continue to determine causes of fatalities to be the result of abuse and/or neglect that occurred in prior years. Therefore, the number reflected in this report is a point in time number for CY 2018 as of december 2019 and may change if additional fatalities that occurred in CY 2018 are later determined to be the result of abuse and/or neglect. Any changes to this number will be reflected in nCAndS trends analyses, through resubmissions, as well as subsequent year’s APSR reports. it is important to note that while SB 39 data were used in the FFY 2019 nCAndS submis - sion, the data were derived from CY 2018. Additionally, beginning in CY 2012 CdSS began to receive reports of fatalities determined to be the result of abuse and neglect and caused by an unknown third party where a parent or caretaker did not contribute to the child’s death. nCAndS submission of FFY 2013 (CY 2012) forward includes such fatalities. CdSS will continue to look at how it might use other information sources to enrich the data gathered from the SOC 826 reporting process and reported to nCAndS. in September 2012, the CdSS issued a best practices all county information notice to counties encouraging annual reconciliation of CWS child death information with other entities that review child deaths such as local child death review teams, and attendance at local child death review team meetings to participate in discussions regarding deaths which may have been the result of abuse and or neglect. As part of the technical assistance provided to counties regarding SB 39, the CdSS has also recently begun collecting information regarding county child welfare agencies’ roles on local child death review teams and how their participation may lead to further identification and reporting of deaths that are a result of abuse or neglect. Additionally, the CdSS is partner - ing with the CdPH and the California department of Justice to reestablish lapsed data sharing agreements, for purposes of the reconciliation audit of child death cases in California. We are hopeful that once the reconciliation audit data are for a more current period, the CdSS will be able to compare that data, which includes state vital statistics data, with our SOC 826 fatality statistics to compare actual numbers reported to help inform our nCAndS submission. Perpetrators California improved reporting efforts for perpetrator race, perpetrator ethnicity, and per - petrator as prior abuser. California increased implementation of new guidance to report a federally recognized race for clients being marked with the “Hispanic” indicator. in addition, the number of “unable to determine” entries reduced while an equivalent number of “White” entries increased, as a result of outreach encouraging counties to utilize the race field while also using the Hispanic indicator. California also improved efforts to evaluate all available records for prior perpetrators, rather than a limited amount of time.California (continued) Child Maltreatment 2019 Appendix d: State Commentary 149Services Prevention services in California are implemented through a state-supervised, county admin-istered system. This system has the advantage of allowing the 58 counties in California flex - ibility to address child abuse prevention efforts through a local lens. This approach, however, results in 58 sets of challenges in program implementation, evaluation, data collection, and reporting. The CdSS funded direct prevention services for children and families through the allocation of federal Community-Based Child Abuse Prevention (CBCAP), Promoting Safe and Stable Families (PSSF), Child Abuse Prevention and Treatment Act (CAPTA) funds, and state Child Abuse Prevention, intervention and Treatment (CAPiT) funds to California counties. Services are reported and verified according to the State Fiscal Year (SFY) 2018-19, and consequently, reported as FFY 2019. This is the Office of Child Abuse Prevention’s (OCAP’s) fifth year of utilizing the Efforts to Outcomes (ETO) software as the primary data collection and reporting tool. This is the second year, the OCAP changed ETO to direct counties to choose one unit of measure (children, parents/caregivers, or families) instead of multiple units of measure (children and parent/caregivers) for one service activity. This change was made to mitigate the number of duplicate counts for numbers served and move towards more uniform data collection. After the change in ETO, a county selected one of the following: children, parents/caregivers or families for each service category. There were significant changes among the counties in the reporting of numbers served due to changing the unit of measure; particularly, for parent education, public education, differential response and basic needs. Historically, counties included children in the service count for these services, but with OCAP’s guidance counties updated the numbers served to parents/caregivers or families. For SFY 2018-19 counties reported 37,878 CAPiT parents/caregivers served, 539,758 CBCAP parents/caregivers served and 48,831 PSSF parents/caregivers served. in this reporting period, 21 counties reported a decrease in the total number of children served with PSSF and CAPiT funding, and six counties reported a decrease in the total number of children served with CBCAP funding. There was a decrease in the total number of children served by PSSF, CAPiT and CBCAP due to several factors including: ■Counties corrected inaccuracies in reporting from the prior fiscal year ■Staffing issues and; ■Alternative programs offered causing less participation in services. Colusa, nevada, and Solano counties reported decreases in the number of children served with CBCAP funds. Last year, Colusa county reported serving 1,095 children for advocacy, and in SFY 2018-19 Colusa county reported 999 children served. Colusa county cited they will evaluate the current tracking process and identify how to best begin collecting data for children served. Also, in SFY 2017–2018 nevada county reported serving 77 children at Family Resources Centers, whereas in SFY 2018-19 nevada county reported 31 children served. This decrease in the number of children served in nevada county is a result of errors reported in the previous SFY on how the children count was tracked which resulted in duplication. The error was discovered midyear and corrected so the current numbers are lower than last SFY. California (continued) Child Maltreatment 2019 Appendix d: State Commentary 150Last year, Solano county reported 28 children served in Youth Programs, in SFY 2018-19 Solano reported zero children served. Solano county reported this is the first year of this contract and data was not collected. in SFY 2018-19, Orange county again reported the largest decrease in the number of children served with PSSF funds. Orange county reported the decrease was due to a decline in participation from the previous year and activities offered by alternative programs within the community including school districts and other community-based organizations. in SFY 2018-19, Los Angeles county corrected the service count to only capture the primary recipient being the parents/caregivers served. in SFY 2018-19 Madera county reported the largest decrease in the number of children served with CAPiT funds. Madera county reported this was due to the Parent Project, a parent education program, now being offered through the local school district. Moreover, 15 counties reported a decrease in the number of families served with CBCAP funding. There was a decrease in the number of families served by CBCAP due to several factors including: ■increased accuracy of data collection ■Staffing issues; and ■Community outreach and alternative programs offered causing less participation inservices. Modoc and Ventura counties reported decreases in the number of families served with CBCAP funds. Modoc county reported a decrease of 1,500 families served for public educa-tion. Ventura county reported a decrease of 1,221 families for public education due to unfore - seen weather during the fairs which had a negative impact for attendance on the events held. Additionally, 15 counties reported an increase in the number of families served with CAPiT and 22 counties reported an increase of numbers served using PSSF funding. An increase in the total number of families served by CAPiT and PSSF funds occurred due to a variety of factors including: ■increased accuracy of data collection ■Staffing issues; and ■Referrals. Madera and imperial counties reported the largest increase in the number of families served with CAPiT funds. This increase is due to in SFY 2017-18 Madera County counted by children and in SFY 2018-19 data was recorded by families due to the change in new service providers. in SFY 2018-19, imperial county reported an increase in the number of families served which is due to no CAPiT services/activities reported in the previous SFY. San Joaquin and imperial counties reported the largest increase in the number of families served with PSSF funds. in SFY 2018-19 San Joaquin county successfully recruited 860 families and they attribute it to their collaboration with dr. denise Goodman and the community outreach efforts over the last year. imperial county reported an increase in the number of families served due accurate tracking this SFY in comparison to the previous years’ service counts. California (continued) Child Maltreatment 2019 Appendix d: State Commentary 151With CAPTA funding, the OCAP funded the Family Hui program delivered by Lead4Tomorrow, which engages parents and provides them with opportunities to participate in state and local policymaking. Family Hui participants have attended leadership training seminars and child welfare policymaking meetings. Lead4Tomorrow developed a concept paper for agencies to assist in understanding the steps they should take for parents to effectively participate in advocacy activities, and what it means to be “trauma-informed.” Lead4Tomorrow has provided trainings in Siskiyou, Shasta, and Sacramento Counties to directly address these issues. Lead4Tomorrow reported that 129 families were served in SFY 2018-19. Also, with CAPTA funding, Strategies 2.0, the training and technical assistance grantee, provided in-person and webinar trainings related to Parental Resilience serving 385 indi - viduals. in addition, Strategies 2.0 provided Family Engagement and Family Strengthening training serving an additional 1,464 individuals. The Celebrating Families! grant funded under CAPTA will allow Prevention Partnership international to train agencies who will be administering the Celebrating Families! program for at least 10-15 families each (totaling 20-30 families between two agencies) in the first 12 months of the grant. Families served are at risk for experiencing child abuse/neglect or family violence due to substance use disorders and other adverse childhood experiences. Additionally, with CAPTA funding the OCAP partnered with the department of Community Services and development to issue the Economic Empowerment grant to five organizations focused on outreach to tribal partners. Each grantee committed to support the financial empowerment of parents and alleviate the stress of poverty in their community. in SFY 2018-19 China Service Center served 71 families, Folsom Cordova Community Partnership served 50 families, Community Action Partnership—San Luis Obispo served 33 families, Community Action Partnership—Santa Barbara served 41 families, and Redwood Community Action Agency committed to serving 100 families by the end of their grant period. in SFY 2018-19 the OCAP awarded 12 new Road to Resilience grants supported with CAPTA funds which are composed of collaborative partnerships between community-based and county government agencies. Through interagency collaboration and integration of services, the Road to Resilience grantees will identify and serve pregnant women with known histories of substance use, pregnant women with current substance use, and mothers of substance-exposed infants. Finally, the OCAP used CAPTA funds to improve the mandated reporter training offered online. The OCAP’s vision was to create quality online mandated reporter training modules which can be accessed throughout California and which increase understanding of the signs of abuse and neglect, as well as proper reporting procedures. The OCAP is currently offering eight updated mandated reporter online training modules. Special Focus On June 1, 2015, the California department of Social Services (CdSS) implemented a policy to track commercially sexually exploited (CSE) youth referrals through the use of California (continued) Child Maltreatment 2019 Appendix d: State Commentary 152an allegation of “Exploitation.” For FFY 2019, the data for reporting CSE has become more consistent. Following a policy California implemented on May 21, 2016, CSE allegations are entered in one of two ways: first, by choosing “Exploitation” and, to differentiate this from other exploitation referrals, with the sub-category of “Commercial Sexual Exploitation;” second, by choosing “General neglect” with a sub-category of “Fail/Unable to Protect from CSE.” There is a limitation with these data, however. Only when the allegation is substanti - ated can the sub-categories be entered. Thus, inconclusive CSE allegations are not reported as CSE. CARA-related fields (i.e. the plan of safe care and referral to appropriate services fields) reflect an ongoing process to improve the accuracy of data collection for these new fields. There is a system change in progress to record a plan of safe care in our system, and we continue working with counties to improve reporting and reviewing our own analysis to ensure accuracy about CARA referrals. We anticipate beginning to collect the data in 2020 and having a complete year of data for 2021. Currently, these fields are still optional, and often only used once a referral has been promoted to a case.California (continued) Child Maltreatment 2019 Appendix d: State Commentary 153Colorado Contact Raquel Flores Phone 303–866–5359 Title Federal Data Analyst Email raquel.flores@state.co.us Address Division of Child Welfare Colorado Department of Human Services 1575 Sherman Street Denver, CO 80203–1714 General Colorado continues its work to improve the quality of nCAndS data. Several issues have been identified and are in queue to be modified by developers. Business rules that will require certain fields to be mandatory (e.g., additional perpetrator information) have also been identified with a request to be implemented into Colorado’s modernized CCWiS system. in Colorado, the institutional Abuse Review Team (iART) reviews all reports of child abuse and neglect which occur within institutions and facilities that provide 24-hour care to children and are under the oversight of the Office of Children, Youth, and Families. Part of iART’s on-going review includes technical assistance for counties to achieve consistent and accurate victim and perpetrator reporting. Colorado also provides the following differential response assessment options for reports of child abuse and neglect: ■High Risk Assessment • Children are interviewed separately from the person responsible for the abuse andneglect. • A formal determination of whether or not abuse and neglect occurred is documented. • Postassessment services may be provided via transfer to either voluntary (non-court-involved) or court-involved traditional services case. ■Family Assessment Response (FAR) • Caseworkers have the option to meet with the entire family during the initial contact. • no official determination of whether or not abuse and neglect occurred is documented. • Families understand the assessment is not voluntary, but that post-assessment servicesare available and voluntary. Each year, more counties implement FAR which increases the number of reports with an alternative response disposition. Reports The Colorado department of Human Services (CdHS) uses a statewide child abuse and neglect hotline: 1–844–CO–4–KidS. This serves as another option for individuals to report suspected child abuse and neglect, in addition to the local numbers all 64 counties have available to the public. All callers speak with a live person 24-hours a day, 365-days a year, and critical information is captured to ensure calls across the state are handled timely. Fatalities Colorado’s Child Fatality Review Team (CFRT) has statutory authority to review incidents of egregious abuse or neglect, near fatalities, or fatalities of children resulting from abuse or neglect in which there has been previous child welfare involvement with the child, family, and/ Child Maltreatment 2019 Appendix d: State Commentary 154or alleged perpetrator within 3 years of the incident. The reviews are intended to gain a better understanding of the causes, trends, and system responses to child maltreatment and develop recommendations in policy, practice, and systemic changes which improve the overall health, safety, and well-being of children in Colorado and mitigate future incidents from occurring. Colorado county human service agencies report all egregious and near fatal incidents that were suspicious for abuse and neglect to the State department within 24 hours of becoming aware of the incident. The CFRT is housed in Colorado department of Human Services’ Administrative Review division (ARd). Together, ARd and county human services agencies work closely to ensure these egregious incidents of abuse or neglect, near fatalities, or fatalities are documented cor - rectly and timely into the Statewide Automated Child Welfare information System. Perpetrators Business rules have been added to the modernized CCWiS to improve reporting of perpetrator fields including perpetrator race, perpetrator ethnicity, and perpetrator as caregiver. Services The Community-Based Prevention of Child Abuse and neglect Grant funding this year was used to support 20 counties in developing local child maltreatment prevention plans and releasing the solicitation for funding for the next 5 years so that communities could implement strategies in those plans. Colorado provided educational opportunities for professionals on the Strengthening Families Protective Factors Framework so that the work going forward would build upon that approach. in addition, Colorado supported an effort to increase the infrastruc - ture of our 211 system to better serve families needing to be connected to resources. Special Focus Colorado was able to implement and collect two new required variables: 1) has a plan of safe care (PLnSFCR) and 2) referral to appropriate services (REFRCARA).Colorado (continued) Child Maltreatment 2019 Appendix d: State Commentary 155Connecticut Contact Fred North Phone 860–500–2512 Title Program Supervisor Information Systems, Data Management and Analytics Email fred.north@ct.gov Address Department of Children & Families 505 Hudson Street Hartford, CT 06106 General The Connecticut Department of Children and Families (DCF) continues to operate a differential Response System (dRS). dRS is comprised of two tracks: Child Protective Services investigations for moderate to high risk cases, and Family Assessment Responses (FAR) for very low- to moderate-risk cases. Currently, Connecticut does not report data concerning reports handled through a FAR response to nCAndS. A policy change modified a CT statute that changed the time dCF has to complete a child abuse or neglect investigation from 45 calendar days to 33 business days, effective July 2019. Also, PA 19-16 and PA 19-93 changed various civil and criminal statutes to (1) eliminate the criminal statute of limitations for any offense involving sexual abuse, sexual exploitation, or sexual assault of a minor and (2) extending the time to file a civil case related to sexual abuse or related conduct for victims under age 21 by allowing any such victim to file the lawsuit up until his or her 51st birthday. Reports during FFY 2019, the total volume of referrals received represents an increase compared to those received during FFY 2018. Of the screened-in referrals (reports), a larger percentage were assigned the nvestigations track than in prior years. The increase in using investiga - tions instead of FAR may have been the result of a 12-month adjustment to the criteria for determining if a report should be handled through FAR or investigation that began in August of 2018. during this period, cases with two or more reports within the most recent 5 years involving substance use/abuse or intimate partner violence, that upon receipt of a new report, were to be considered for changing tracks to an investigation response instead. The state also implemented an online/electronic reporting option for non-emergency reports of abuse and neglect. This option was made available to schools on december 8, 2018, to judicial on February 1, 2019, and birthing hospitals on March 15, 2019. The inclusion of birthing hospi - tals in the electronic reporting option was coupled with the notification of substance exposed infants, as defined by CAPTA/CARA. There have been several highly publicized reports in the media pertaining to failure to report child abuse and neglect, including the arrest of school and municipal employees in the fall of 2018. Also, CT General Statute Chapter 319a, Sec. 17a-101 was amended effective July 2018 to add the category of licensed behavior analysts, and again effective October 2019 to add DCF-contracted and/or credentialed service providers, victim services advocates employed by the CT Judicial department, and employees of programs operated or contracted by the Judicial department Court Support Services division to the list of mandated reporters. Additionally, there were over 100,915 (non-dCF staff) and 530 (dCF staff) who completed mandated reporter training during this reporting period. This represents a greater than 50 percent increase in trained non-dCF staff compared to FFY 2018. These factors are viewed as having significantly impacted the increase in overall number of reports received by the Careline. Child Maltreatment 2019 Appendix d: State Commentary 156during the reporting period, dCF refilled 211 positions: 35 social work supervisors, 39 social workers, and 137 social worker trainees. dCF also established 12 new positions: 11 social work supervisors, and 1 social worker. dCF’s Academy for Workforce development certified 184 new hires as completing their pre-service training during FFY 2019. Fatalities during FFY 2019, there was a decrease in child fatalities as a result of child maltreatment. Given the small numbers involved, it is not possible to provide definitive reasons for the decline. However, the state did continue to implement two review processes throughout FFY 2019, Rapid Safety Feedback (RSF) and Special Qualitative Reviews (SQR), which focus on child safety and learning opportunities for staff. The RSF Model, developed by Eckerd Connects, identifies cases with a current likeness to past risk patterns with a poor outcome, i.e., serious maltreatment or fatality and couple “real time” quality assurance case reviews with coaching and consultation. during FFY19, RSF reviewers conducted reviews on a total of 450 cases. during FFY 2019 dCF continued to enhance its practice to help prevent child fatalities through the continued implementation of Special Qualitative Reviews (SQR). SQR processes have been instrumental in guiding dCF case practice and policy as dCF strives to reduce the number of child maltreatment fatalities in CT and promote best practice in child welfare. SQRs are conducted on critical incidents which include but are not limited to child fatalities, as well as on identified cases that have either current or recent agency involvement. SQR involves a thorough case review, including associated cases of parent(s) or child(ren), and interviews with staff when deemed necessary. SQR staff produces and shares a written report with appropriate agency staff and compiles, aggregates, and shares results during Learning Forums. SQR staff began facilitating Learning Forums in december 2017, as professional development opportunities for dCF staff. during learning forums, SQR and other departmental staff present data and information and facilitate a guided discussion about strengths, opportunities for improvement, risk factors, themes (e.g., chronic neglect, substance use, and infant fatality), and implications for case practice and policy. during FFY 2019, there were 54 contracted providers and 381 dCF staff that have participated in learning forums across the state, including senior administrators, managers, supervisors and social workers. Perpetrators during FFY 2019, there is an increase in the number of unique perpetrators compared to FFY 2018. Further, PA 18-5 requires Police officers responding to intimate partner violence calls to arrest a person they believe is the “dominant aggressor.” The law is intended to reduce the number of dual arrests, where both aggressor and the victim are charged. CT’s rate of dual arrest has been more than twice the national average. Advocates for intimate partner violence victims say the threat of arrest discourages victims from calling police for help. dual arrests often lead to unwarranted negative consequences for victims, which may also impact the course of related child protective services cases. Connecticut (continued) Child Maltreatment 2019 Appendix d: State Commentary 157Services during FFY 2019, CT worked in partnership with key stakeholders to develop the agency’s Child and Family Services Plan (CFSP) with input from over two hundred stakeholders who participated in planning meetings at various stages. The CFSP development and stakeholder partnerships positioned CT to successfully move into the year-long planning process to develop the state’s five-year prevention plan under the Family First Prevention and Services Act (FFPSA). This process has been highly inclusive and comprehensive, including partners from other state agencies, community providers, advocates, foster parents, and family and youth with lived experiences in the system. Many of these stakeholders also contributed to the agency’s CFSP and committed to a long-term partnership with the agency. CT expects to submit the 5-year plan for federal approval by October 2020. Special Focus dCF continue s to strengthen its response to child victims of human trafficking. during FFY 2019, the department received and investigated in conjunction with law enforcement 81 reports alleging trafficking of children and youth in CT of which 57 (70 percent) were accepted for investigation. Of significance, the data indicates that over 60 percent of the referrals were related to children living at home at the time of their victimization. There were 158 referrals to the 14 dCF area offices Human Anti-Trafficking Response Teams (HART). Each team has a Lead and Liaison(s) that partner with law enforcement, service providers and the identified Multidisciplinary Team(s) (MdT) to ensure a collaborative response and coordinated services for child victims and their families. The MDT collaboration also ensures the appropriate medical services are provided to the victims and forensic interviews are done by a skilled interviewer when deemed appropriate for the specific case. during FFY 2019, 174 cases were reviewed by the appropriate MdT(s). The dCF continues to provide statewide professional development and training opportunities utilizing various specialized curricula. during FFY 2019, the number of trainings provided increased to a total of 289 trainings reaching a total of 7,164 professionals. To meet the training demands the department developed a Training of Trainer (TOT) process to expand training capacity, currently the state has over 200 certified trainers. The statewide Response to Recovery conference that focuses on child abuse including child trafficking drew 600 participants. Systemic barriers to collecting and reporting sex trafficking data, include CT’s inability to accept reports of suspected Child Trafficking when the perpetrator is identified as a noncaregiver. This is due to limitations of CT statute and regulation, as well as technical data collection infrastructure. Pursuant to CAPTA requirem ents, CT PA 18-11 amended Sec. 5 Section 17a-102a to include requirements that dCF develop guidelines for the safe care of substance-exposed newborns, and for providers involved in delivery or care of such newborns to notify dCF of this condi - tion and their plan of safe care for the child. dCF worked to implement this statute in collaboration with key stakeholders including other state agencies, the CT Hospital Association, the CT Chapters of the American Association of Pediatrics and American College of Obstetricians and Gynecologists, community providers and mothers with lived experiences. On March 15, 2019, dCF launched a web-based notification portal for birthing hospital staff to make the notifications to dCF in an efficient manner that allows for data collection and analysis. Connecticut (continued) Child Maltreatment 2019 Appendix d: State Commentary 158during the remainder of FFY 2019, there were 1,123 such notifications entered into the portal, for which 69 percent indicated developed or verified plans of safe care. Marijuana was the most commonly reported substance (77 percent of notifications). Methadone was the next frequent (10 percent), with all other substances occurring in less than 10 percent of all notifications. Mothers were referred to a variety of services, including Safe Sleep Plan (41 percent), WiC (37 percent), treatment for depression (36 percent), Breastfeeding (25 percent), Pediatric care (23 percent), other parental Mental Health (20 percent), Substance Use coun - seling (19 percent), Car Seat Safety (19 percent) and Birth to Three (8 percent). One barrier to implementation concerns the uneven practice of notification by hospital based on the type of community in which the mother resides. The vast majority (76 percent) of notifications were made concerning mothers residing in urban periphery or core towns (utilizing 5 Connecticut classifications). Only 13.5 percent were regarding those in rural towns, 10.3 percent in suburban towns, and only a single notification was made concerning a mother residing in a wealthy town. CT has been and remains committed to eliminating racial and ethnic disparate outcomes and maintains this as one of the agency’s five strategic goals. As the portal continues to be populated and there is more data available for analysis, CT will be incorporating the findings into the racial justice work across the agency in an effort to address the findings with our partners in the child welfare system. Additional outreach and trainings are planned for hospital staff serving more affluent communities based on some of the initial findings. Continued enhancements to the portal to include notifications by provid - ers outside of birthing hospitals is also planned for future development.Connecticut (continued) Child Maltreatment 2019 Appendix d: State Commentary 159Delaware 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 Road Wilmington, DE 19805 General For the past five years, delaware has received historical numbers of reports of child abuse, neglect and dependency. in Federal Fiscal Year (FFY) 2019, delaware’s division of Family Services (dFS) received an increase in the number of reports from FFY 2018. delaware continues to use Structured decision Making® (SdM) at the report line, in investigation, and in Family Assessment intervention Response (FAiR). By the use of this evidence- and research-based tool, delaware is better able to distinguish between cases that require a full investigation and those that require an assessment or referrals for services unrelated to child abuse and neglect, to consistently determine safety threats, and to make decisions using the same set of standards. Of the screened in reports, less than 10 percent were referred to one of our differential response pathways, called FAiR. delaware has expanded our FAiR pro - gramming to include low risk cases involving our teen population, cases in which domestic violence is an identified risk factor, and cases in which parental substance abuse is an identi - fied risk factor. We are also using another differential response program to work with infants with prenatal substance exposure in which maternal marijuana use is the only allegation. For the current nCAndS reporting period, delaware did not provide FAiR data in the Child File because the program has not been fully implemented across the state. in future years, we hope to be able to include our internal FAiR data as well as contracted FAiR data. On February 6, 2018, our new SACWiS system called FOCUS (For Our Children’s Ultimate Success) went live. This integrated cloud based system is implemented but remains under construction. Change requests continue to be built and testing is ongoing. As we built FOCUS, we tasked ourselves with improving methods of collecting information specifically for the nCAndS report. We have added a section on every investigation that is able to specifically capture caregiver and child risk factors. We have also added specific elements to capture post response service details. Our staff is still adjusting to the new system and there have been instances where fields were left blank or not completed for all children. delaware continues to train all staff on the use of the new system and on continual updates that have been made. Change requests have also been made to add additional validations into the system, but they have not been completed. it is an overall work in progress. Reports in FFY 2019, delaware screened out more referrals in FFY 2019 than in FFY 2018. One contributor to this is the increased focus on mandatory reporting in delaware. Reports are received due to suspicion of abuse or neglect, but do not necessarily meet criteria for an investigation. delaware was also previously using Review Evaluate decide (REd) team to review all “risk of” maltreatment reports. Fifty percent of these reports were screened out. The agency is also documenting reports made on active treatment cases with a screened out treatment response, whereas last year these reports were documented as screened in reports. Child Maltreatment 2019 Appendix d: State Commentary 160in FFY 2019, delaware has overall completed more investigations than FFY 2018. This increase in investigation completion numbers is highly contributed to the staff’s better understanding and acclimation to the use of the new FOCUS system. Also, system errors that had previously impacted ability to complete an investigation have been mitigated. delaware has also increased the number of investigation workers. The state’s intake unit uses the Structured decision Making® (SdM) tool to collect sufficient information to access and determine the urgency to investigate child maltreatment reports. Currently, all screened-in reports are assessed in a three-tiered priority process to determine the urgency of the workers first contact; Priority 1 - Within 24 hours, Priority 2 - Within 3 days and Priority 3 - Within 10 days. in FFY 2019, accepted referrals for family abuse cases were identified as 57 percent routine/Priority 3, 16 percent Priority 2, and 27 percent urgent/Priority1 in response. The calculation of our average response time for FFY 2019 is a large increase from FFY 2018. The agency has found that Priority 1 and Priority 2 reports are made in a timely manner. The Priority 3 reports are the area where improvement is needed. Again, contributing factors are the continual high volume of reports, above standards caseload size, as well as increase in front line staff turnover. in light of the continued high number of referrals coming in, delaware has continued to increase the number of staff responsible for hotline and investigation functions by adding an additional 57 positions to support these areas over the past few years. Children The state uses 50 statutory types of child abuse, neglect and dependency to substantiate an investigation. The State code defines the following terms; “abuse” is any physical injury to a child by those responsible for the care, custody and control of the child, through unjustified force as defined in the delaware Code Title 11 §468, including emotional abuse, torture, sexual abuse, exploitation, and maltreatment or mistreatment. “neglect” is defined as the failure to provide, by those responsible for the care, custody, and control of the child, the proper or necessary: education as required by law; nutrition; supervision; or medical, 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 is now able to capture more specific information related to caregiver risk factors, including the separation of alcohol abuse and drug abuse as a contributing factor. Fatalities House Bill 181 requires the agency to investigate all child deaths of children age 3 and under that are sudden, unexplained, or unexpected. delaware also has a Child death Review Commission that reviews every child death in the state. There is also a Child Abuse and neglect (CAn) panel that conducts retrospective reviews on all child death and child near death cases where abuse or neglect is suspected. The state does not report any child fatalities in the Agency File that are not reported in the Child File. For FFY 2019, the state reported Delaware (continued) Child Maltreatment 2019 Appendix d: State Commentary 16113 fatalities, 4 were due to co-sleeping, 4 due to physical abuse, 3 due to neglect, 1 due to drowning and 1 due to drug ingestion. Perpetrators delaware maintains a confidential Child Protection Registry for individuals who have been substantiated for incidents of abuse and neglect since August 1, 1994. The primary purpose of the Child Protection Registry is to protect children and to ensure the safety of children in childcare, health care, and public educational facilities. The Child Protection Registry in delaware does not include the names of individuals, who were substantiated for dependency; parent and child conflict, adolescent problems, or cases opened for risk of child abuse and neglect. An adult delaware intends to substantiate will receive a written notice of intent to substantiate at the conclusion of the investigation. The notification includes a hearing request form that must be returned within thirty days of the postmarked date of the notification. The hearing request form enables the individual to receive a substantiation hearing in Family Court. When the hearing request form is not returned within the specified timeframe, the individual will automatically be entered on the Child Protection Registry. A minor will receive a substantiation hearing without submitting a hearing request form. This registry is not available through the internet and is not the same as the Sex Offender Registry maintained by the delaware State Police State Bureau of identification. Services during FFY 2019, delaware’s Children’s department saw an increase in the number of children and families served in agency file elements 1.1.C-C. This was contributed to an increase in the number of referrals made by department staff. There was a decline for those served in agency file 1.1 E-C and 1.1.E-F. This decline was attributed to staff turnover and training related issues regarding the new state client tracking device as well as a reported greater ownership and empowerment within the community among the faith based and grass root organizations. in FFY 2014, delaware’s division of Family Services implemented several initiatives to improve our outcomes with families. These initiatives continue to have a strong presence in our practice. One of our programs is Team decision Making, which engages the family, informal supports and formal supports in planning for children who are at risk of coming into care. This process has remained steady in diverting youth into kinship placements instead of Foster Care. Family Team Meetings is a growing component of our casework practice. delaware continues it partnerships with community organizations to provide community based preservation and reunification services including family interventionists. delaware has collaborated with numerous community partners to provide better services and plans of safe care for infants with prenatal substance exposure. We have partnerships with domestic violence and substance abuse agencies that provide intervention services in conjunction with agency case management. delaware plans to build on our service array for prevention services in the upcoming years. delaware has added additional fields to capture information on services provided. These service fields were newly built into our data system as of February 2018. They were intended to be mandatory fields, however there is currently a defect allowing workers to complete the Delaware (continued) Child Maltreatment 2019 Appendix d: State Commentary 162event without adding any services. Moving forward we have created a mandatory process and expect to report more service related information in FFY 2020. Special Focus delaware has recently built in new fields to our FOCUS system to better capture informa-tion on sex trafficking as well as substance exposed infants. Sex trafficking data was not reported to nCAndS during FFY 2019 because our system did not capture Sex trafficking as a maltreatment type until January 2020. We predict we will be able to better report this information over the next two years. Fields regarding substance exposed infants and plan of safe care were implemented October 17, 2018 and at that time the fields were not mandatory for all children that were part of the investigation. Therefore, there may be instances where the fields were not completed. There has been a decrease in the number of screen outs for prenatal exposed infants as delaware is federally required to screen in all reports and ensure all of these children have a Plan of Safe Care in place. Many of our substance exposed infant cases are handled by contracted provid-ers through differential response.Delaware (continued) Child Maltreatment 2019 Appendix d: State Commentary 163District of Columbia Contact Lori Peterson Phone 202–434–0055 Title IT Program Manager (Data Management) Child Information System AdministrationEmail lori.peterson@dc.gov Address DC Child and Family Services Agency 200 I St, SE Washington, DC 20003 General in April 2019, the district eliminated Alternative Response (formally known as Family Assessments) from its clinical practice. now all screened-in reports are directed to the investigation pathway. Reports As a result of the practice change, the data reveals that majority of the referrals received were screened out. in addition, the data also reveals that majority of the screened-in reports have a disposition of “unsubstantiated”. For this reporting period, the data reflects that the district’s average response time is under the required time for investigations to be initiated. Fatalities CFSA participates on 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 ”. Currently, there is no nCAndS maltreatment type for the district’s maltreatment “Suspicious Child death”. The district will continue to report the maltreatment type of “Suspicious Child death” to nCAndS maltreatment type of “other.” in addition to “Suspicious Child death, any maltreatment types that led to fatalities are also captured/mapped to a valid nCAndS maltreatment type. Special Focus The district revised its hierarchy of referral type for investigations to the following: child fatality, sex trafficking, sexual abuse, physical/other abuse, and neglect. The district’s Child and Family Services Agency (CFSA) does not accept calls on alleged victims of sex traffick - ing aged above 21 years old. These occurrences are solely handled by the Metropolitan Police Department. The sex trafficking data represents a full reporting fiscal year. The following allegation values are mapped to the “Sex Trafficking” maltreatment type: a) Sexual exploitation/sex trafficking of a child (by a noncaregiver), b) Failure to protect against human sex trafficking, and c) Sexual exploitation of a child by a caregiver. Child Maltreatment 2019 Appendix d: State Commentary 164The district began reporting data on drug and alcohol abuse child risk factors in FFY 2018. The data represents the number of alleged victims with an allegation of: ■Positive toxicology of a newborn ■Fetal Alcohol Spectrum disorder (FASd) it is the district’s practice to s creen-in all infants with prenatal substance exposure (iPSE) referrals and thus no referrals were screened out.District of Columbia (continued) Child Maltreatment 2019 Appendix d: State Commentary 165Florida Contact James Weaver Phone 850–717–4686 Title Director of Continuous Quality Improvement Email james.weaver@myflfamilies.com Address Office of Child Welfare Florida Department of Children and Families 1317 Winewood Boulevard Tallahassee, FL 32399–0700 Reports The criteria to accept a report are that an alleged victim: ■is younger than 18 years ■is a resident of Florida or can be located in the state at the time of the report ■Has not been emancipated by marriage or other order of a competent court ■is a victim of known or suspected maltreatment by a parent, legal custodian, caregiver, orother person responsible for the child’s welfare (including a babysitter or teacher), ■is in need of supervision and care and has no parent, legal custodian, or responsible adultrelative immediately known and available to provide supervision and care ■is suspected to be a victim of human trafficking by either a caregiver or noncaregiver. The response commences when the assigned child protective investigator attempts the initial face-to-face contact with the alleged victim. The system calculates the number of minutes from the received date and time of the report to the commencement date and time. The 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. Several maltreatments map to “8 - other” in Florida, including Threatened Harm, intimate Partner Violence Threatens Child, Household Threatens Child, and Family Violence Threatens Child, this will inevitably increase the number of “other” maltreatment values. Children The Child File includes both children alleged to be victims and other children in the house - hold. The Adoption and Foster Care Analysis and Reporting System (AFCARS) identifica-tion number field is populated with the number that would be created for the child regardless of whether that child has actually been removed and/or reported to AFCARS. Although the Florida Hotline uses the maltreatment “Threatened Harm” only for narrowly defined situations, investigators may add this maltreatment to any investigation when they are unable to document existing harm specific to any maltreatment type, but the information gathered and documentation reviewed yields a preponderance of evidence that the plausible threat of harm to the child is real and significant. Threatened harm is defined as behavior which is not accidental and which is likely to result in harm to the child, which leads a Child Maltreatment 2019 Appendix d: State Commentary 166prudent 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 typi - cally 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. The death maltreatment is an actual code that is reported as the nCAndS category of “other” maltreatment in the nCAndS mapping. Perpetrators By Florida statute, perpetrators are only identified as responsible for maltreatment in cases with verified findings. Licensed foster parents and non-finalized adoptive parents are mapped to nonrelative foster parents, although some may be related to the child. Approved relative caregivers (license not issued) are mapped to the nCAndS category of relative foster parent. Florida reviews all children verified as abused with a perpetrator relationship of relative foster parent, nonrelative foster parent, or group home or residential facility staff during the investigation against actual placement data to validate the child was in one of these place - ments 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). Special Focus Florida collects information on sex trafficking allegations, however the maltreatment type has not been mapped correctly for the purposes of the nCAndS submission. Florida is continuing to work on implementing this for nCAndS reporting. in FFY 2017 Florida initiated a new maltreatment of “Substance Exposed newborn.” The definition is as follows: Substance-exposed newborn as a maltreatment occurs when a child Florida (continued) Child Maltreatment 2019 Appendix d: State Commentary 167is exposed to a controlled substance or alcohol prenatally. Exposure to a controlled substance or alcohol prenatally is established by: ■A test, administered at birth, which indicates that the child’s blood, urine or meconiumcontained any amount of alcohol or a controlled substance or metabolites of such substances, the presence of which was not the result of medical treatment administered to the mother or the newborn infant; ■A diagnosis of neonatal Abstinence Syndrome or Fetal Alcohol Spectrum disorder as aresult of maternal use of a controlled substance or alcohol; or ■Knowledge or suspicion by medical personnel or hospital staff that an infant was exposedto a controlled substance or alcohol prenatally based on physiological or neurobehavioral abnormalities (e.g., seizures, muscle tightness, rapid breathing), and/or the mother’s reported use of controlled substances or alcohol prenatally when such use would likely result in neonatal toxicology or withdrawal. The term “controlled substance” means prescription drugs not prescribed for the parent or not administered as prescribed, and controlled substances as outlined in Schedule i or Schedule ii as defined in Section 893.03, F.S. The state is currently not able to report the iPSE plan of safe care or referral to appropriate services fields. Limited resources and competing priorities are the barriers to updating the extract for reporting these fields.Florida (continued) Child Maltreatment 2019 Appendix d: State Commentary 168Georgia Contact Michael Fost Phone 404–463–0845 Title Operations Analyst Email michael.fost@dhs.ga.us Address Division of Family and Children Services Georgia Department of Human Services 2 Peachtree StreetAtlanta, GA 30303 General The Statewide Automated Child Welfare information System, SHinES, captures nearly all the data in the nCAndS files. Each year enhancements are made to improve accuracy and completeness. Comparing data from different years may lead to inaccurate conclusions. in addition to enhancements in the SHinES database, changes in policy and practice also necessitate caution when comparing data from one year to another. Screened-in referrals in Georgia are directed to either an investigation or alternative response, called Family Support. Cases with allegations that are considered more danger - ous (sexual abuse, physical abuse, maltreatment in care) are directed immediately to the investigation pathway. Cases with other allegations undergo an “initial Safety Assessment” (iSA). A case worker interviews in person the alleged victim(s) and the alleged perpetrator(s) at the home. Risk is assessed, and the case is then directed either to an investigation or, if risk appears low, to the Family Support pathway. investigations end with a determination of either substantiated or unsubstantiated, indicating whether a preponderance of evidence supports the allegation(s) or not. Family Support cases receive no such determination. A decision to remove children into state custody does not depend on the investigation disposition, but on the safety of the home. Both investigations and Family Support are included in the nCAndS Child File. Two significant changes occurred in Georgia during Federal Fiscal 2016. The first was the creation of a Child Abuse Registry on July 01, 2016. Prior to the Registry, Georgia did not keep records of perpetrators. The FFY 2017 nCAndS submission was the first that includes Georgia perpetrator data. The creation of the registry has been accompanied by a significant decrease in the number of substantiated incidents. The second important change in Georgia in 2016 was a new practice called the initial Safety Assessment (iSA). Prior to the iSA, intake workers who received a report of child maltreat - ment made the decision to screen the call out, or assign it to a case worker as an investigation or alternative response (Family Support). The new policy allows the intake worker to screen out non-qualifying calls (as before), assign a case as an investigation if it meets certain criteria (serious injury, maltreatment in care, etc.), or assign the case as an initial Safety Assessment with a priority of immediate, 24 hour, or 72 hour response times. initial Safety Assessment workers visit the home and determine whether the investigation track or alterna - tive response is appropriate. This change in policy has been accompanied by a large shift in the number of cases assigned as investigations and alternative response. Previously, about 60 percent of child protective services cases were investigated, and the remaining 40 percent were alternative response. Since iSA began on August 06, 2016, between 60 percent and 70 percent of cases are alternative response. Child Maltreatment 2019 Appendix d: State Commentary 169Reports The components of a CPS report are: (1) a child younger than 18 years; (2) a referral of conditions indicating child maltreatment; and (3) a known or unknown individual alleged to be a perpetrator. Referrals that do not contain all three components of a CPS report are screened out. Screen-outs may include historical incidents, custody issues, poverty issues, truancy issues, situations involving an unborn child, and/or juvenile delinquency issues. For many of these, referrals are made to other resources, such as early intervention or prevention programs. Fatalities Georgia relies upon partners in the medical field, law enforcement, Office of the Child Advocate, and other agencies in identifying and evaluating child fatalities. Perpetrators Prior to July 1, 2016, a ruling of the Georgia Supreme Court prohibited the division of Family and Children Services from reporting perpetrator data. GA Senate Bill 138 Section 11, codified as Official Code of Georgia Annotated statute 49-5-182, effective July 1, 2016 established a Child Abuse Registry and now allows for the reporting of perpetrator data. if the perpetrator of the abuse is identified in our SACWiS system as a parent of the child and as the primary caretaker in the family then we can assume that the parent perpetrator is a caretaker. However, if the perpetrator is identified as a parent but is not the primary care - taker, the system offers no method of determining if the parent has a caretaker role. Services The agency does not provide Educational and Training, Family Planning, daycare, information and Referral, or Pregnancy Planning Services for clients. These services would be provided by referrals to other agencies or community resources. Our SACWiS system would only track those services paid for by agency funds. However, most services are provided through referrals to other agencies or community resources. Special Focus Georgia was able to report sex trafficking as a maltreatment type and the iPSE-related fields for FFY 2019. Georgia improved collection efforts for the iPSE-related fields by training case managers to enter documentation correctly in SACWiS system. Reporting increased for these fields in FFY 2019. in addition to the children referred by medical personnel for prenatal substance exposure and screened out, there were also 89 reports of prenatal substance exposure by medical personnel for which an investigation was created. These additional 89 reports are not included in the Child File, because there were no allegations of child maltreatment.Georgia (continued) Child Maltreatment 2019 Appendix d: State Commentary 170Hawaii Contact Rosaline L. Tupou Phone 808–586–5705 Title Program Development Administrator Email rtupou@dhs.hawaii.gov Address Child Welfare Services Branch Department of Human Services Princess Victoria Kamamalu Building1010 Richards Street, Suite 216Honolulu, HI 96813 General Reports to Child Welfare Services (CWS) of potential abuse or neglect are handled in one of three ways through our differential Response System: 1)Reports assessed as low risk and with no identified safety issues are referred to FamilyStrengthening Services (FSS). 2)Reports assessed as moderate risk with no identified safety issues are referred toVoluntary Case Management (VCM). 3)Reports assessed as severe/high risk and/or with identified safety issues are assigned to aCWS unit for investigation. There are no identified alleged victims of maltreatment in reports assigned to Family Strengthening Services (FSS) and Voluntary Case Management (VCM). While VCM cases are documented in the Child Welfare database they are non-Protective Services cases. All intakes that are referred to FSS, VCM, or CWS are documented in the CWS database. FSS cases are not documented in the state CWS database. during FSS and VCM service provision and assessments, if maltreatment or a safety concern is indicated, the case will be returned to CWS for investigation. Reports Hawaii currently uses two disposition categories: confirmed and unconfirmed. A child is catego - rized as substantiated in nCAndS if one or more of the alleged maltreatment types is confirmed with more than 50 percent certainty, or as unsubstantiated if all of the alleged maltreatment types are not confirmed with more than 50 percent certainty. Children The “other” maltreatment type category includes “threatened abuse” and “threatened neglect”. Threatened Harm does not meet the level of evidence for Psychological Abuse or Physical Abuse. “Threatened Harm means any reasonably foreseeable substantial risk of harm to a child”, Hawaii Revised Statutes §587a-4. Threatened Harm is recognized in Hawaii Revised Statutes. Fatalities We report all child fatalities as a result of maltreatment in the state child welfare services database. The State Medical Examiner’s office, local law enforcement, and Child Welfare Services’ Multidisciplinary Team conduct reviews on potential child abuse and/or neglect cases that result in death. Child Maltreatment 2019 Appendix d: State Commentary 171Perpetrators The State CWS data system designates up to two perpetrators per child. The perpetrator maltreatment fields are currently blank. The information was in narrative form, not coded for data collection. Services The State is not able to report some children and families receiving preventive services under the Child Abuse and neglect State Grant, the Social Services Block Grant, and “other” funding sources because funds are mixed. Funds are allocated into a single budget classification and multiple sources of state and federal funding are combined to pay for most services. All active cases receive services. Special Focus Hawaii was able to capture a full fiscal year of sex trafficking data. Hawaii’s current CWS database is not set up to capture the iPSE-related fields. in Hawaii’s new CCWiS database, this data will be captured. Hawaii is also exploring how to modify the current database to capture this data, and is anticipating reporting in FFY 2021.Hawaii (continued) Child Maltreatment 2019 Appendix d: State Commentary 172Idaho Contact Robbin Thomas Phone 208–334–5700 Title Management Analyst, Sr. Email robbin.thomas@dhw.idaho.gov Address Family and Community Services Idaho Department of Health and Welfare 450 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 prioritize calls, and documentation systems that enable a quicker response and effective quality assurance. Allegations are screened out and not assessed when: ■The alleged perpetrator is not a parent or caregiver for a child, the alleged perpetrator nolonger 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 allegedabuse occurred when the individual was under 18 years of age. if the individual is over18 years of age, but is vulnerable (physically or mentally disabled), all pertinent informa- tion should be forwarded to Adult Protective Services and law enforcement. ■There is no current evidence of physical abuse or neglect and/or the alleged abuse, neglect,or abandonment occurred in the past and there is no evidence to support the allegations. ■Although Child and Family Safety (CFS) recognizes the emotional impact of domesticviolence on children, due to capacity of intake, we only can respond to referrals ofdomestic violence that involve a child’s safety. Please see the priority response guidelinesfor more information regarding child safety in domestic violence situations. Referralsalleging that a child is witnessing their parent/caregiver being hurt will be forwarded tolaw enforcement for their consideration. Additionally, referents will be given referrals tocommunity resources. ■Allegations are that the child’s parents or caregiver use drugs, but there is no reportedconnection between drug usage and specific maltreatment of the child. All allegations thata 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 shouldbe 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 previousreferral. Multiple duplicate referrals made by the same referent should be staffed with thelocal county multi-disciplinary team for recommendations in planning a response. Child Maltreatment 2019 Appendix d: State Commentary 173More information regarding intake, screening, and priority guideline standards can be found on the idaho Health and Welfare website. The investigation start date is defined as the date and time the child is seen by a Child Protective Services (CPS) social worker. The date and time are compared against the report date and time when CPS was notified about the alleged abuse. idaho only reports substanti - ated, unsubstantiated: insufficient evidence, and unsubstantiated: erroneous report disposi - tions. Most regions are not large enough to dedicate staff separately into screening, intake, and assessment workers. Children idaho’s current practice standard for Comprehensive Safety, Ongoing, and Re-Assessment requires the social worker to interview all children of concern, all child participants on a report, and any child who falls under the Temporary Child resident Standard. The practice standard defines child(ren) participants on a presenting issue as, “all other children who are not identified as victim(s) of abuse or abandonment which reside in or visit the home.” At this time, the Statewide Automated Child Welfare information System (SACWiS) cannot provide living arrangement information to the degree of detail requested. The state’s SACWiS counts children by region rather than by county. There are seven regions in idaho. The nCAndS category of “other” maltreatment types includes the state categories of abandonment, adolescent conflict, exploitation, alcohol addiction, drug addiction, and finding of aggravated circumstances. For caregiver risk factors, idaho’s safety assessment model was implemented in early FFY 2015 and does not list domestic violence or financial issues as separate risk issues. These risk issues are captured under broader risk issue of dangerous living environment/child fearful of home situation/caregiver with uncontrolled or violent behavior and the risk issue of unused or unavailable resources. Perpetrators idaho Administrative Code for the purpose of substantiating an individual for abuse, neglect or abandonment does not define the age of a suspect of perpetrator. However, for the purpose of idaho’s Child Protection Central Registry levels of risk, for an individual to be to be placed on the Central Registry at the highest level for sexual abuse they must meet the definition of sexual abuse as defined in idaho Statute. idaho Statute 18-1506 includes in the definition of sexual abuse of a child under the age of sixteen year that it is a felony for any person eighteen (18) year of age or older. idaho’s practice is to substantiate suspects who are over the age of eighteen (18) or are the parent of the victim. Fatalities idaho compares fatality data from the division of Family and Community Services with the division of Vital Statistics for all children younger than 18. The division of Vital Statistics confirms all fatalities reported by child welfare via the state’s SACWiS and provides the number of fatalities for all children for whom the cause of death is homicide.Idaho (continued) Child Maltreatment 2019 Appendix d: State Commentary 174When a report is made to the Centralized intake Unit, the Priority Response Guidelines establish requirements for evaluating safety issues within Child and Family Services (CFS) mandates and are utilized to determine the immediacy of the response timeframes. When the death of a child is alleged to be due to physical abuse or neglect by the child’s parents, guardian, or caregiver and reported information indicates there may be safety threats to any minor siblings remaining in the home, CFS will assess the safety of the other children in the home with an immediate response. Services idaho has had no changes in preventive funding. Currently, idaho is unable to report public assistance data due to constraints between idaho’s Welfare information System and SACWiS. Special Focus idaho collected data on Sex Trafficking Victims on all children assessed for neglect, abuse, or abandonment. in addition, idaho assesses children in foster care during for human traf - ficking during child contact visits and when a youth returns from runaway status. idaho implemented data collection for prenatal substance exposure in April 2019.Idaho (continued) Child Maltreatment 2019 Appendix d: State Commentary 175Illinois Contact Cynthia Richter-Jackson Phone 217–558–5678 Title Deputy Director, Quality Enhancement Email cynthia.richter-jackson@illinois.gov Address Department of Children and Family Services 4 West Old State Capital Plaza Spring ield, IL 62701 General The illinois nCAndS Child File contains reports of child abuse/neglect that resulted from a hotline call meeting the standards of abuse/neglect as defined in department procedure 300.30(a)(1)—Criteria for a Report of Abuse or Neglect . The following criteria must be met for a referral of abuse or neglect to be screened in: ■The alleged child victim must be under 18 years of age or be between the ages of 18-22while living in a dCFS licensed facility; ■There must be an incident of harm or a set of circumstances that would lead a reasonableperson to suspect that a child was abused or neglected as interpreted in the allegation definitions contained in Procedures 300, Appendix B ; and ■The person committing the action or failure to act must be an eligible perpetrator: • For a referral of suspected abuse, the alleged perpetrator must be the child’s parent,immediate family member, any individual who resides in the same home as the child,any person who is responsible for the child’s welfare at the time of the incident, aparamour of the child’s parent, or any person who came to know the child through anofficial capacity or is in a position of trust. • For a referral of suspected neglect, the alleged perpetrator must be the child’s parentor any other person who was responsible for care of the child at the time of the allegedneglect. Currently illinois does not have a differential Response pathway. Reports The increase in the number of abuse/neglect referrals meeting the above criteria and screened in for a response, and becoming a report is primarily attributed to two factors: ■An increase in new reports being created from calls and online reports made to the childabuse hotline and ■Concerted efforts to follow department procedures for documenting a report as a singlereport or as multiple reports as outlined below: • Facility reports which list only one alleged perpetrator per report— (300.110(b) Child Abuse and Neglect in Child Care Facilities) • When abuse or neglect is alleged to have occurred in a facility and the caller identifiesmultiple perpetrators, the CFW shall document in the report narrative that a separate sequence shall be added to the facility SCR number for each perpetrator, as per Section 300.110(b), Child Abuse and neglect in Child Care Facilities. • 300.30(b) Multiple Perpetrators: When to Document as Single or Multiple Reports i.) When the caller identifies multiple perpetrators for a single incident of abuse/neglect, the CFW shall determine whether the alleged perpetrators reside in the child’s household, the address of incident, or other residence. When all alleged perpetrators are household members, the CFW shall list them in one report. When there are two independent families residing in the same household and Child Maltreatment 2019 Appendix d: State Commentary 176both families are involved in the alleged abuse or neglect, then the CFW shall take two separate reports. When one or more alleged perpetrators reside in different locations, the CFW shall document in the narrative that an additional report will be added for each perpetrator. When the alleged perpetrator residing outside the home of the child victim has children in his/her own home and those children are known to have been abused or are considered to be at risk of physi - cal or sexual injury or environment injurious, a report will be taken on those children. illinois’ definition of investigation start date/time is the date/time of the first actual in-person contact or attempted in-person contact listed for the last alleged victim listed in the investiga-tion. Based on nCAndS instructions, illinois does not provide the investigation start date/ time for the nCAndS child maltreatment data. ChildrenThe above Reports section provides an explanation for the increase in the total number of unique children, total number of unique child victims and the total number of duplicate victims. For illinois, an nCAndS report disposition of “no alleged maltreatment” refers to nonin - volved children (i.e., children not suspected of being abused or neglected) whom are recorded on a child abuse or neglect report. There are no specific dispositions because there are no allegations of abuse or neglect for these children. Fatalities When the illinois hotline accepts a report of abuse/neglect involving the death of a child, the data is entered in the Statewide Automated Child Welfare and information System (SACWiS). The illinois nCAndS child file contains child death data as recorded in SACWiS. Because illinois allows multiple reports for the same incident when multiple perpetrators residing in different locations or independent families residing within the same household are involved but nCAndS validation rules delete all records involving duplicative reports, fatalities deleted as a result of this validation process have been added to the agency file. The increase of fatalities can be attributed to the completion of 15 death investigations during FFY 2019 where the report date of the investigation was more than six months prior to the start of the FFY 2019 when compared to FFY 2018 when only 2 death investigations were completed during the report period when the report date was more than 6 months prior to the FFY 2018. Additionally, an incident occurred which claimed the lives of 10 children. Perpetrators The Illinois Abused and Neglected Child Reporting Act (ANCRA) [325 ILCS 5/5] and Rule 300, Reports of Child Abuse and Neglect , does not set a minimum age for a perpetrator, with the exception of Allegation #10 Substantial Risk of Physical injury (minimum age of 16), therefore any case involving a young perpetrator must be assessed on an individual basis according to the dynamics of the case. Illinois (continued) Child Maltreatment 2019 Appendix d: State Commentary 177Services illinois prevention services, reported in the Agency File, are based on the state fiscal year 2019, which is from July 2018–June 2019. illinois is currently providing information on placement services only. Special Focus illinois has an allegation of Human Trafficking which is defined as: Federal law defines severe forms of trafficking in persons (Human Trafficking) as: “ sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or the recruitment, harboring, transportation, provision, obtaining, patronizing or soliciting of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery. ” [22 U.S.C. §7102(8)] For the purpose of a child abuse/neglect investigation, force, fraud, or coercion need not be present. incidents of Maltreatment: ■Labor exploitation (ABUSE). ■Commercial sexual exploitation (i.e., prostitution, the production of pornography or sexu- ally explicit performance) (ABUSE). ■Blatant disregard of a caregiver’s responsibilities that resulted in a child being trafficked(nEGLECT). Because illinois’s definition of sex trafficking is a part of a broader definition of Human Trafficking that also includes labor exploitation and blatant disregard of a caregiver’s respon - sibilities, it is mapped to the nCAndS maltreatment type “8—other”. illinois is reviewing the maltreatments associated with Prenatal Substance Exposure and whether the state can accurately report on these maltreatments. Illinois (continued) Child Maltreatment 2019 Appendix d: State Commentary 178Indiana 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 Management 302 W. Washington St, Room E306-MS47 Indianapolis, IN 46204–2739 General in July 2012, indiana instituted a new child welfare information system: The Management Gateway for indiana’s Kids (MaGiK). Coinciding with the implementation of MaGiK, the department also developed a new extraction code and mapping documents to effectively collect and organize data for nCAndS. indiana has engaged in continuous improvement efforts to refine the data collection and mapping process through system modifications and overall enhancements, including a new intake system that launched in February 2016. To facilitate these efforts, indiana sought out technical assistance through the national Resource Center for Child Welfare data and Technology (nRC-CWdT). MaGiK is an ever-evolving, umbrella system which has further incorporated services, billing, case management, and the overall data management, organization, and extraction components. Reports The indiana department of Child Services (dCS) does not assign for assessment a referral of alleged child abuse or neglect that does not: ■Meet the statutory definition of child abuse and neglect; and/or ■Contain sufficient information to either identify or locate the child and/or family andinitiate an assessment (indiana Policy Manual 3.6). As of January 1, 2018, the Hotline ceased automatically recommending assessment of all reports with alleged victims under the age of three years old. As of July 1, 2019, a change in legislation increased the 1-hour response time to 2-hours.The following four types of referrals do not receive an assessment: ■Screen out: These referrals meet one or both conditions listed above. no further action is taken within or outside of the department due to insufficient information by the report source or the information given to the hotline does not meet requirements for diversion to voluntary services or information and referral. ■Refer to Licensing: These referrals meet the first condition above and meet requirementsfor a response from the departments licensing unit. (E.g., reporter has concerns about a foster home that do not meet statutory definition of child abuse and neglect, but complaint does cause licensing concern/s such as too many children living in a foster home). ■Service Request: These referrals meet the first condition above and meet action require - ments for the family to be contacted for voluntary services coordinated or provided by the department. These referrals would include service requests through the dCS Children’s Mental Health initiative and the Collaborative Care Program. ■Information and Referral: Referral meets the first condition listed above and the reportsource is given information by hotline staff and verbally referred to outside agencies as appropriate. (E.g. Reporter is concerned about developmental issues with their child. The hotline would give the report source information about and contact information for indiana’s early intervention program). Child Maltreatment 2019 Appendix d: State Commentary 179indiana also instituted daily Safety Staffings between field workers and supervisors, which emphasizes ensuring the safety of children as quickly as possible. This has resulted in a significant reduction in reported time to investigation. Children As of January 2018, the Hotline ceased automatically recommending assessment of all reports with alleged victims under the age of three years old. For reports involving children under 3 on reports recommended for screen out, the local offices may still choose to change the recommendation to assess. if a report is recommended for assessment and includes an alleged victim under the age of 3, the local office may only screen out with approval from their chain of command up to the Deputy Director of Field Operations. As a result of this change, the number of reports declined while the number of allegations leading to a substantiation increased. indiana continues to work with its field staff responsible for enter - ing reports and completing assessments and emphasizing the importance of entering all applicable data, including child risk factors. Fatalities All data regarding child fatalities are submitted exclusively in the Child File. Perpetrators indiana launched a new intake system in February 2016 that better aligns with the system used for completing assessments and case management cases. This has allowed for more accurate perpetrator data entry. Services improvements in data collection allowed indiana to report prevention data by child. Therefore, to not duplicate counts, indiana does not provide prevention data on a family level. indiana maintained similar expenditures for Community Partners in FFY 2019 compared to FFY 2018. Overall, indiana expended less Federal funds this year and slightly more state funds. There were less children reported served this year. Title iVB – Promoting Safe and Stable Families decreased, which caused indiana to serve less children. Special Focus indiana was able to report sex trafficking as a maltreatment type in FFY 2018. indiana has not excluded any kind of sex trafficking reports based on perpetrator relationship with the victim. indiana continues working to improve plan of safe care data extraction and field processes. dCS released policy on May 1, 2019 to give practice guidance on plan of safe care entry into our information system as well as guidance on what types of children and families should have this plan completed.Indiana (continued) Child Maltreatment 2019 Appendix d: State Commentary 180Iowa Contact Lynda Miller Phone 515–242–5103 Title Management Analyst 3 Field Operations Quality Assurance and ImprovementEmail lmiller3@dhs.state.ia.us Address Department of Human Services 1305 E. Walnut Street Des Moines, IA 50319 General in FFY 2019, the number of children going through the child welfare system decreased just slightly and iowa continued to experience high caseloads. While it was helpful that additional funding from the state did allow for the hiring of 80 positions, frontline workers still face extraordinary challenges by large caseloads and the complexities of working with families challenged by substance abuse, mental health, and financial struggles. Our workforce remains dedicated to holding child safety first and foremost and to preserving resources for vulnerable families. We continuously strive to improve service delivery by mandating data-driven performance; we scrutinize our data for areas needing improvement, and imple - ment policy and practice changes in response. Reports The number of abuse and neglect reports decreased in FFY 2019. A practice change effective October 18, 2018, was factor in this decrease. The change allows for a new report of suspected abuse to be accepted and linked to a report that is already open for assessment. For nearly 18 months prior to this, all new reports of suspected abuse that were accepted for assessment, were being addressed in a new/separate assessment. The linking option built into our child welfare information system now allows for duplicate allegations regarding the same subjects to be addressed within one report. Children The number of children involved in a child abuse assessment decreased just slightly in FFY 2019, after having higher increases in the previous 2 years. A factor in this increase is contributed to a law change, which expanded the abuse category defining a dangerous substance from methamphetamine only to including cocaine, heroin, and opium/opiates. The definition also expanded to include any use, possession, manufacture, cultivation, or distribution of any of those dangerous substances. As a result, a significant lower number assessments were eligible for a family assessment, iowa’s alternate/differential response. Fatalities The number of child fatalities that resulted from abuse or where abuse was a contributing factor, increased in FFY 2019. The majority of these fatalities resulted from unsafe sleep practices. Parental substance abuse leading to neglect, physical abuse, and other denial of critical care were additional causes. As a result of this significant increase, iowa will be following up with a more in-depth review to determine factors that led to the increase and identify efforts to assist in decreasing these fatalities. Perpetrators The number of perpetrators decreased in FFY 2019. Perpetrators in iowa include individuals who have caregiver responsibilities at the time of the alleged abuse, or a person 14 years of Child Maltreatment 2019 Appendix d: State Commentary 181age or older who sexually abuses a child they reside with, or a person who engages in or allows child sex trafficking. Services iowa has both preventive and postresponse services. Preventive services (Community Care) are available on a voluntary basis to families following an assessment where abuse is not substantiated or abuse is confirmed (substantiated, not placed on the central abuse registry), but there is low or moderate risk. These services strive to keep children safe from abuse, keep families intact, prevent the need for future involvement from the child welfare system, and to build ongoing connection to community-based resources. Postresponse services (Family Safety, Risk, and Permanency Services-FSRP) are required for families where abuse is founded (substantiated, placed on the central abuse registry) and confirmed with high risk. These services are managed by the iowa’s child welfare agency and offer a flexible array of culturally sensitive interventions and supports to achieve safety and permanency for children and their families. Special Focus in iowa, the nCAndS category of “other” maltreatment types includes either presence of illegal drugs in a child or dangerous substance. All other substance abuse allegations are reported as neglect. iowa continues to see a significant amount of substance abuse. Iowa (continued) Child Maltreatment 2019 Appendix d: State Commentary 182Kansas Contact Jill Loebel Phone 785–368–8172 Title Performance Improvement Prevention and Protection ServicesEmail jill.loebel@ks.gov Address Kansas Department for Children and Families 555 S. Kansas Ave Topeka, KS 66603 General in July 2016, Kansas’s level of evidence changed from Clear and Convincing to Preponderance. in addition to our finding category of “substantiated,”another finding category of “affirmed” was added as of July 2016. Affirmed is defined as a reasonable person weighing the facts and circumstances would conclude it is more than likely than not (prepon - derance of the evidence) the alleged perpetrator’s actions or inactions meet the abuse/neglect definition per Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.). Furthermore, “unable to locate” (closed-no finding) was added as a finding category in January 2014. Reports Reasons for screening out allegations of child abuse and neglect include: ■initial assessment of reported information does not meet the statutory definition: Reportdoes not contain information that indicates abuse and neglect allegations according to Kansas law or agency policy. ■Report fails to provide the information necessary to locate child: Report doesn’t providean address, adequate identifying information to search for a family, a school where a child might be attending, or any other available means to locate a child. ■The Department of Children and Families (DCF) does not have authority to proceed orhas a conflict of interest if: incidents occur on a native American reservation or military installation; alleged perpetrator is a dCF employee; alleged incident took place in an institution operated by dCF or Kansas department of Corrections—Juvenile Services (KdOC-JS); or alleged victim is age 18 or older. ■incident has been or is being assessed by dCF or law enforcement: Previous reportwith the same allegations, same victims, and same perpetrators has been assessed or is currently being assessed by dCF or law enforcement. The nCAndS category of “other” report source includes the state categories of self, private agencies, religious leaders, guardian, Job Corp, landlord, indian tribe or court, other person, out-of-state agency, citizen review board member, collateral witness, public official, volun - teer and Crippled Children’s services. The increase in reports is due in part to Kansas improving existing abuse/neglect definitions and adding additional abuse/neglect allegation types such as human trafficking and education neglect in July 2018. Fatalities Kansas uses data from the Family and Child Tracking System (FACTS) to report fatalities to nCAndS. Maltreatment findings recorded in FACTS on child fatalities are made from joint investigations with law enforcement. The investigation from law enforcement and any report from medical examiner’s office would be used to determine if the child’s fatality was caused Child Maltreatment 2019 Appendix d: State Commentary 183by maltreatment. The Kansas Child death Review Board reviews all child deaths in the state of Kansas. Child fatalities reported to nCAndS are child deaths as a result of maltreatment. Reviews completed by the state child death review are completed after all the investigations, medical examiner’s results, and any other information related to the death is made available. The review by this board does not take place at the time of death or during the investigation of death. The state’s vital statistics reports on aggregate data are not information specific to an individual child’s death. Kansas is using all information sources currently made available when child fatalities are reviewed by the state child death review board. Perpetrators The nCAndS category of “other” perpetrator relationship includes the state category of not related. Services Kansas does not capture information on court-appointed representatives. However, Kansas statute (K.S.A. 38-2205) requires the child to have a court-appointed attorney (GAL). Special Focus Kansas reported a full fiscal year of sex trafficking data in FFY 2019. Kansas does plans of safe care on intake types other than abuse/neglect. Those done on Abuse/neglect intakes are limited to our substance affected infant allegations and to do a plan of safe care on these intakes, Kansas policy requires a medical professional to confirm the infant is affected by substance abuse, withdrawal symptoms or Fetal Alcohol Spectrum Disorder. Kansas (continued) Child Maltreatment 2019 Appendix d: State Commentary 184Kentucky Contact Tracy DeSimone Phone 502–564–7635 x3571 Title Assistant Director Division of Protection and Permanency Email tracy.desimone@ky.gov Address Department for Community Based Service 275 East Main Street 3E-A Frankfort, KY 40621 General Kentucky does not have an alternative or differential response. in 2014, the state began utilizing a new approach to the investigation response (iR) and the alternative response (AR). Before the change in the business process, the intake worker made the decision regarding iR/AR at intake. With the new approach, the assessment worker makes the iR/AR determi - nation at the completion of the assessment. in other words, iR/AR is now a finding, rather than an assessment path. Kentucky’s name for the iR is investigation and for AR is “family in need of services.” Kentucky’s business practice does allow multiple maltreatment levels to be present in a single report. For example, one report could have a disposition/finding of unsubstantiated and services needed if it was determined that maltreatment did not occur, but the family needed services from the agency. in FFY 2018, Kentucky altered nCAndS reporting to reflect this policy change. Subsequently, the state went from reporting children with alternative response victim and alternative response nonvictims dispositions in FFY 2017 to reporting none in FFY 2018. in FFY 2016, Kentucky removed the dispositional finding of services value not needed from the standards of practice (SOP) and from SACWiS/CCWiS. Mapping has been reviewed and updated as appropriate. Kentucky currently has the following dispositional findings for investigations/assessments: death/near death substantiated, found/substantiated, substanti - ated, unsubstantiated, and services needed. For the purposes of nCAndS reporting, services needed is mapped to the nCAndS disposition of “other.” Kentucky no longer maps a dispositional finding to alternative response. Prior to the FFY 2017 submission modifications were made to population identified as “reunited with families.” in past submissions, this included youth exiting to relatives. The current methodology just considers the population with an exit reason of reunification– parent/primary caregiver. Kentucky also changed the matching dataset of child victims from the referral dataset to the nCAndS management report to closer align with nCAndS child file submission data. Reports The state does not collect in-depth information regarding the number of children who are screened out for referrals that do not meet criteria for abuse or neglect. in January 2018, the state implemented new response times based upon the safety and risk factors identified by the reporting source. For example, two reports both alleging sexual abuse may currently have different response times based upon the perpetrator’s current location and access to the victim. Prior to this change, each maltreatment type had a single response time, e.g. all reports alleging sexual abuse had a response time of one hour. The response times were overall increased with this change, as reports with low or no risk were previously assigned a response time of 48 hours but now may have up to 72 hours, which likely is the cause of the increase to average response time in this submission. in addition, the responsibility Child Maltreatment 2019 Appendix d: State Commentary 185of determining response times during normal business hours was transferred from field staff supervisors to centralized intake supervisors. incident date is not a required field in Kentucky’s SACWiS/CCWiS. The state will continue to monitor these data and may make improvements to SACWiS/CCWiS for future submissions. ChildrenThere have been no changes in data collection or the extraction process that would result in a decrease in victims. There are no concerns with data validity. Kentucky does not automatically consider siblings of an alleged victim as alleged victims. However, if there is concern that the maltreatment that child A has experienced may pose a risk that child B and child C are also experiencing maltreatment (sexual abuse, physical abuse), then risk of harm (neglect) may be accepted for investigation in regard to child B and child C. Family structure/living arrangement values have been changed in Kentucky’s SACWiS/ CCWiS in an effort to improve nCAndS reporting. Kentucky now collects data for the following values: single mother household; single father household; single mother household, with one other adult; single father household, with one other adult; married couple; unmar - ried two parent household with two biological/adoptive parents; unmarried two parent household with one biological/adoptive parent and one cohabitating partner; two parent household, marital status unknown; non-parent relative caregiver household (includes relative foster care); and nonrelative caregiver household (includes non-relative foster care). The option of unknown has been removed. Fatalities Kentucky collects death certificates from the department of Public Health to confirm whether deaths were related to child maltreatment. The state investigates child fatalities that are a result of maltreatment only. The number unique child fatalities has been confirmed. Perpetrators in the FFY 2015 and FFY 2016 submissions, if there were multiple perpetrators named in an incident, only one was reported per program/subprogram. This has been corrected, therefore, has led to an increase in total number of unique perpetrators reported in subsequent submissions. Following the FFY 2016 submission, the state made an extraction/mapping change in an effort to report perpetrator as a prior abuser more accurately. The state has seen a decrease in the number of unique perpetrators from the previous submission. There are no concerns with data validity. in Kentucky, perpetrators must be age twelve or older. Services Prevention services data is tracked in the in-Home Services database, which is a separate database from SACWiS/CCWiS. While information regarding prevention services may be discussed in narrative fields in SACWiS/CCWiS, SACWiS/CCWiS had previously been Kentucky (continued) Child Maltreatment 2019 Appendix d: State Commentary 186unable to identify those families who were referred to or received prevention services. Kentucky has made modifications within the SACWiS/CCWiS in 2019 to include preven - tion service referrals, which will allow for better data collections as well as a more efficient referral process. in 2019, Kentucky used SSBG funds for protective services and did not contribute to preven - tion services for families or children.Title iV-B Subpart i funds are used to make foster care maintenance payments for children who enter out-of-home care as the result of department intervention. Therefore, the state does not use Title iV-B Subpart i funds for prevention services. There was an overall increase of referrals due to substance use/misuse and families needing additional resources in the community. The state began collecting information regarding court-appointed representatives in FFY 2017. The only information currently captured in SACWiS/CCWiS regarding court- appointed representatives is whether or not a court-appointed representative (or guardian ad litem) was appointed to a child. Currently, entering this information into SACWiS/CCWiS is optional. in addition, workers may document contact between court-appointed representa - tives and children in a narrative field however entering this information is also optional and unable to be tracked in SACWiS/CCWiS at this time. Per the Administrative Office of the Courts (AOC), there is no agency within the state that collects data on court-appointed representatives’ contact with children outside of court. While each representative may track this data him or herself, there is no database to compile this information. in addition, AOC has no oversight over court-appointed representatives; court-appointed representatives are part of the Kentucky Bar Association. Kentucky provides early intervention services through the First Steps program. Kentucky’s SOP 4.28.2 states, “For all children, birth to age 3, and who are involved with a substantiated case of abuse or neglect, the SSW makes a referral to First Steps,” therefore all child victims under age 3 are eligible for referral for services through the individuals with disabilities Education Act. The state does not collect data on the number of children referred to these services. Special Focus Kentucky currently does not track sex trafficking data as a maltreatment type. Rather, it is collected as a factor within the case. discussions are underway to determine a better way to collect this data to improve nCAndS submission data. Kentucky only began capturing safe care plan data and referral to appropriate services in the SACWiS/CCWiS. FFY 2019 is not a full year of reporting. Kentucky will report a full year with the FFY 2020 submission.Kentucky (continued) Child Maltreatment 2019 Appendix d: State Commentary 187Louisiana Contact Kristen Brown Phone 225-342-7208 Title Child Welfare Consultant Email kristen.brown.dcfs2@la.gov Address Department of Children and Family Services PO Box 3318 Baton Rouge, LA 70821 General The Louisiana department of Children and Family Services (dCFS) continues to review and revise the extraction methodology used to extract the Child File. These changes often reflect system enhancements that have been completed since the previous submission, requiring updates to how dCFS data is mapped. Further, the department revises the extraction process to address identified gaps in reporting as well possible corrections to errors identified during the extraction process in an attempt to improve overall data quality. Louisiana employs only one type of screened-in response—Child Protection Assessment and Services (CPS). The CPS program uses the same safety and risk assessment instruments and documentation protocols for all screened-in reports. in August of 2018, the department implemented a new case management system to capture data related to intake reports and investigations. As with all system implementation, a num - ber of issues were identified. For example, the department continues to find issues related to the report date and time as well as the date and time initiation of the investigation. This was noted because of military time discrepancies discovered during the error clean-up process. The department is currently designing a new CCWiS system that is intended to capture all nCAndS requirements in an effective and efficient manner. Reportsin Louisiana, referrals of child abuse and neglect are received through a centralized intake center that operates on a 24-hour basis. The centralized intake worker and supervisor review the information using a structured, safety model tool to determine whether the case meets the legal criteria for intervention. Referrals are screened in if they meet three primary criteria for case acceptance: ■A child victim younger than 18 years ■An allegation of child abuse or neglect as defined by the Louisiana Children’s Code ■The alleged perpetrator meets the legal definition of a caretaker of the alleged victim The primary reason for screened-out referrals is that either the allegation or the alleged perpetrator does not meet the legal criteria. newborns affected by the mother’s use of a controlled dangerous substance taken in a lawfully prescribed manner are also screened out, and reported in the Agency File. Some intake reports are neither screened-out nor accepted. These are additional information reports are often related to active investigations, in-home services cases, or out-of-home services cases. Generally, if a second report is received within 30 days of receipt of an initial report that is still under investigation, the second report is classified as an additional information report. Beginning in FFY 2016, more specialized training was provided to Centralized intake Managers to aid in determining what cases should be accepted in accordance with the Louisiana Children’s Code definition of Child Abuse and neglect. Child Maltreatment 2019 Appendix d: State Commentary 188After the discontinuation of the ARFA program in 2014, a Priority system change was implemented. in the past, Louisiana had 5 separate response priorities—immediate (contact within 24 hours), High Priority (contact within 3 days), non-Emergency (Contact within 5 days), ARFA 3-day and ARFA 5-day. The new Priority system was implemented with four separate priorities: Priority 1 (contact within 24 hours), Priority 2 (contact within 48 hours), Priority 3 (contact within calendar 3 days), and Priority 4 (contact within 5 calendar days). The nCAndS disposition of substantiated investigation case is coded in the state as having a disposition of valid. When determining a final finding of valid child abuse or neglect, the worker and supervisor review the information gathered during the investigation and if any of the following answers are “yes,” then the allegation is valid: ■An act or a physical or mental injury which seriously endangered a child’s physical, mental or emotional health and safety; or ■A refusal or unreasonable failure to provide necessary food, clothing, shelter, care, treat - ment or counseling which substantially threatened or impaired a child’s physical, mental, or emotional health and safety; or a newborn identified as affected by either alcohol or the illegal use of a controlled dangerous substance or withdrawal symptoms as a result of prenatal illegal drug exposure; and ■The direct or indirect cause of the alleged or other injury, harm or extreme risk of harm is a parent; a caretaker as defined in the Louisiana Children’s Code; an adult occupant of the household in which the child victim normally resides; or, a person who maintains an interpersonal dating or engagement relationship with the parent or caretaker or legal custodian who does not reside with the parent or caretaker or legal custodian. The nCAndS disposition of unsubstantiated investigation case is coded in the state as having a disposition of invalid. This disposition is defined as a case with no injury or harm, no extreme risk of harm, insufficient evidence to meet validity standard, or a non-caretaker perpetrator. if there is insufficient evidence to meet the agencies standard of abuse or neglect by a parent, caretaker, adult household occupant, or person who is dating or engaged to a parent or caregiver, the allegation shall be found invalid. if there is evidence that any person other than the parent, caretaker, or adult household occupant has injured a child with no culpability by a parent, caregiver, adult household occupant, or a person dating/ engaged to one of the aforementioned, the case will be determined invalid. it is expected that the worker and supervisor will determine a finding of invalid or valid whenever possible. For cases in which the investigation findings do not meet the standard for invalid or valid, additional contacts or investigative activities should be conducted to deter - mine a finding. When a finding cannot be determined following such efforts, an inconclusive finding is considered. it is appropriate when there is some evidence to support a finding that abuse or neglect occurred but there is not enough credible evidence to meet the standard for a valid finding. The inconclusive finding is only appropriate for cases in which there are particular facts or dynamics that give the worker or supervisor a reason to suspect child abuse or neglect occurred. in addition to the findings noted above, Louisiana also employs the use of an Unable to Locate finding and a Client non-Cooperation finding. The Unable to Locate finding is used when the department has made extensive efforts to locate the alleged victim and their Louisiana (continued) Child Maltreatment 2019 Appendix d: State Commentary 189family—for example, attempted in-person contact at the address supplied by the reporter and other addresses found via a global record search (SnAP, FiTAP, Medicaid, etc.) and Consolidated Lead Evaluation and Reporting search (CLEAR); attempted contact via phone; a neighbor or relative is unable to provide information on the client’s whereabouts. if the department is unable to locate the family after these efforts, this finding may be used. A finding of Client non-Cooperation shall be used only in instances in which the department is completely thwarted in attempts to complete the investigation by the parents’ refusal to participate in the investigation. Several conditions need to be met to use this find - ing: (1) the worker has made reasonable effort to interview the client; (2) Law enforcement has not been able to assist or refused to assist with efforts to interview the client; and, (3) the district attorney has chosen not to pursue further action; or, (4) the court has refused to order the client to cooperate. Fatalities Louisiana saw a 4 percent decrease in the number of fatalities from FFY 2018 to FFY 2019. Louisiana reported 25 fatalities in FFY 2018 and 24 fatalities in FFY 2019. Since FFY 2017 and continuing through FFY 2019, the department has employed the Eckerd Rapid Safety Feedback model. The purpose of this model has been to better identify children at higher risk of having a poor outcome—such as a fatality. Perpetrators The current method of extracting nCAndS data captures perpetrator involvement in family investigation cases but does not capture perpetrator relationship to child victims. Therefore, perpetrator relationship is reported as unknown for the majority of cases. Services The child welfare agency provides such post-investigation services as foster care, adoption, in-home family services, and protective daycare. Many services are provided through 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. Special Focus The department implemented a new case management system in 2018. during that time, the ability to identify victims of juvenile sex trafficking was made possible through the implementation of a new category of child abuse and neglect. Louisiana reports information on victims with parent/caregiver perpetrators; those victims are substantiated only when the parent or caregiver is found to be culpable in the alleged sexual trafficking incident. Additionally, increased focus has gone to drug and alcohol affected newborns. identification of drug and alcohol abuse by the parents has been identified as a risk factor. However, report - ing in this area has been difficult due to some issues leading back to one distinct problem: identification of the reporter as medical personnel. Very often, the hospital social worker calls as opposed to a doctor or nurse. Staff require additional training in this area to correctly identify the reporter type as medical personnel, rather than social services. A number of plan of safe care and referral cases have been dropped as a result of this issue. further, staff also Louisiana (continued) Child Maltreatment 2019 Appendix d: State Commentary 190need additional guidance regarding when to identify a plan of safe case as being in place. the department believes that children entering out-of-home (foster care) or in-home services are not properly being identified as having a plan of safe care, therefore under-reporting those vulnerable children identified as being substance exposed.Louisiana (continued) Child Maltreatment 2019 Appendix d: State Commentary 191Maine Contact Lori Geiger Phone 207– 624–7911 Title Information Systems Manager Email lori.geiger@maine.gov Address Office of Child and Family Services Maine Department of Health and Human Services 2 Anthony Avenue, 11 State House Station Augusta, 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 assessed for meeting the statutory threshold for an in-person Office of Child and Family Services (OCFS) response. it identifies how quickly to respond, and the path of response, if whether a Community intervention Program (CiP) or preventive service referral is appropriate. Preventive Services may return a report to the State Child Welfare intake if further determination is required after an assignment. Reports The number of alleged abuse and neglect referrals received by Maine’s intake Unit increased in FFY 2019 from FFY 2018. All referrals, including those that are not appropriate, and are referred to as screened out, are documented in the State Automated Child Welfare information System (SACWiS). The screening decision is performed at the intake Unit using the SdM Tool. Referrals that do not meet the statutory definition of child abuse and/or neglect and which the criteria for appropriateness of child abuse/neglect report for response is not met, are preliminarily screened out. The Maine statutory definition of child abuse and/or neglect is a threat to a child’s health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these or failure to ensure compliance with school attendance requirements under Title 20–A, section 3272, subsection 2, paragraph B or section 5051–A, subsection 1, paragraph C, by a person responsible for the child. Maine’s report investigation start date is defined as the date and time (in hours and minutes) of the first face-to-face contact with an alleged victim. The SdM tool provides the appro - priate response time required by child protective services, either 24 or 72 hours from the approval of a report as appropriate for child protective services. Children The total number of victims associated with completed assessments in FFY 2019 increased from FFY 2018 due to the overall increase in assigned reports and assessments. The state documents all household members and other individuals involved in a report. Some children in the household do not have specific allegations associated with them, and so are not desig - nated as alleged victims. These children are included in the nCAndS Child File for Maine. For the nCAndS Child File category of victims in a substantiated report, Maine combines children with the state dispositions of indicated and substantiated. The term indicated is used when the maltreatment found is low to moderate severity. The term substantiated is used when the maltreatment found is high severity. Child Maltreatment 2019 Appendix d: State Commentary 192Fatalities in FFY 2019 Maine began the collection and ability to track child deaths at time of report, during assessment or while in care. This information is available in the Child File for deaths that occurred after June 2019. Various state offices, along with the multidisciplinary child death and serious injury review board continue to share and compile child fatality data. Perpetrators Relationships of perpetrators to victims are designated in the SACWiS. Perpetrators receive notice of their rights to appeal any maltreatment finding. Low to moderate severity findings (indicated) that are appealed, result in only a desk review. High severity findings (substanti - ated) that are appealed can result in an administrative hearing with due process. Services Only services through a child welfare approved service authorization are included in the nCAndS Child File. Maine continues to work with our contracted agencies for the future reporting of child/family prevention services in an nCAndS Child File. Special Focus Maine was able to report sex trafficking as a maltreatment type for a full fiscal year in FFY 2019. Maine captures noncaregiver perpetrators by screening them into the profile of the report and forwarding the information to the dA, though any allegations in the report (if assessed) would not be on the noncaregiver perpetrator. Many reports with concerns of sex trafficking are assessed to ensure the parents have a plan and support necessary to assist with the issue and make sure they are aware. The Maine Office of Child and Family Services (OCFS) has developed a draft Plan of Safe Care Policy, which is currently under review by management to ensure a holistic approach to serving infants born substance affected and their families by dHHS. Maine is researching national best practices, the policies of other states and has a conference call scheduled with new Hampshire in January to inform the structure of service delivery in Maine, with a goal to engage families prenatally, whenever possible in the development of a Plan of Safe Care. Currently, on cases opened by OCFS with a substance affected infant, staff are exploring the impact to the child and ensuring that services and supports are in place to meet the needs of the family. This is captured in a narrative format and not easily counted for nCAndS purposes. The expectation is that by October 2020, the policy, protocol and practice will be established to ensure full compliance with the nCAndS data reporting requirements.Maine (continued) Child Maltreatment 2019 Appendix d: State Commentary 193Maryland Contact David Ayer Phone 410–767–8946 Title Deputy Executive Director of Operations Email david.ayer@maryland.gov Address Maryland Department of Human Resources 311 West Saratoga Street, 5th Floor Baltimore, MD 21201 General Maryland’s department of Human Services Social Services Administration has been undertaking a new information technology development process to replace its SACWiS with CCWiS during FFY 2020. Maryland has completed its iV-E Waiver demonstration, known as Families Blossom, which began implementation during the summer of 2015, and came to a close in September 2019. The iV-E Waiver enabled Maryland to extend its vision to prevent and divert children and families from foster care, reduce the need for foster care, and have timely and lasting per - manency for the children and families we serve. Families Blossom is focused on extending Maryland’s success as it implements Family First, by focusing on family centered services through trauma-informed assessment and evidence-based practices, increasing data analytics capabilities to monitor trends and progress, and reinforcing collaboration and partnership on all levels, in order to bring transformational outcomes to the children and families we serve. Maryland is also undertaking an extensive CFSR local review process wherein the state, in partnership with the University of Maryland School of Social Work, conducts case reviews and local site reviews including interviews with families and local partners. The state coordinates this effort in partnership with the Children’s Bureau and as necessary develops program improvement plans with local jurisdictions that helps aligning all the jurisdictions with critical federal and state expectations for child safety, permanence, and well-being. Reports Maryland’s current CPS response follows the same rules for Alternative or investigative Response: ■Alleged perpetrators and alleged victims are noted in the record; ■Alleged child victims must be seen within 24 hours when abuse is alleged, and within5 days when neglect is alleged; ■Child safety and risk of maltreatment must be assessed; ■The CPS response must be completed within 60 days; and ■Additional services may be offered including in-home or out-of-home services. The key differences between Alternative Response and investigative Response are: ■Alternative Response targets low risk reports of child neglect and abuse, and although thealleged 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 partici - pate in Alternative Response are reassigned to investigative Response. Child Maltreatment 2019 Appendix d: State Commentary 194 ■investigative Response targets moderate to high risk reports of child neglect and abuse which results in a finding concerning maltreatment. This is Maryland’s traditional CPS investigation. Once assigned to Alternative Response or investigative Response, the CPS caseworker begins to meet with the family and children. if during the assessment with the family the circumstances are found to be quite different than reported, the CPS caseworker, with supervisor approval, may reassign the CPS case from Alternative Response to investigative Response, or vice versa. Children The nCAndS category of neglect includes medical neglect as state statute and policy do not define them separately. Fatalities Child fatalities where child maltreatment is a factor are reported by the local departments of social services. in addition, the state and local departments also get information about these fatalities from local interagency fatality review teams, the Maryland department of Health’s Child Fatality Review Team, and the Office of the Chief Medical Examiner. SSA will begin conducting centralized state-wide reviews of child fatality cases where maltreatment was a factor. The approved Child Fatality Prevention Plan required by the Family First Prevention Services Act will be implemented in the fall of 2020. Services The population of children in foster care has been decreasing during the past several years. Maryland continues, as part of its family-centered practice, to use family involvement meet-ings which are expected to have positive impacts on the safety, permanency, and well-being of children receiving child welfare services, at various trigger points: ■separation of children from their families/considered separation, ■placement change, ■recommendation for permanency plan change, ■youth transition plan, and ■voluntary placement. SSA is also looking to expand the use of family involvement meetings in an effort to improve engagement in family decision making beyond the above triggers. Finalization of the expanded process is expected to occur through the fall of 2020. now that the Title iV-E Waiver has ended nationally as of September 30, 2019, Maryland will continue to support families through its Families Blossom|Place Matters initiative focusing on reducing entries and reentries into foster care by engaging with families at earlier touch points such as child protective services and family preservation services. Maryland has used the flexibility afforded by the Waiver to focus on preventing new entries and reentries into foster care through the two key strategies: the meaningful use of assessments of families; and installing and testing a range of evidence-based and promising practices selected by local jurisdictions to meet the needs of their population. These strategies are mirrored in Maryland (continued) Child Maltreatment 2019 Appendix d: State Commentary 195several provisions of the Family First Prevention Services Act (Families First), which makes Maryland well-positioned to implement them. Special Focus Maryland does have a check box in place in the SdM tool to count sex trafficking: when a caseworker chooses sexual abuse, the casework is able to choose “yes” or “no” as to whether it was sex trafficking. This information does not carry forward into the investigation data and therefore cannot currently be pulled in the extract for nCAndS reporting, however, the state intends to further review how these data can be reported for the purposes of nCAndS. Maryland has two basic challenges collecting a plan of safe care and referral to appropriate services, the new iPSE nCAndS data elements: 1) Code freeze in legacy system. Md CHESSiE has been on code freeze for the last 2 years in anticipation of building and shifting to the new CCWiS system, with the exception of fiscal changes and mandatory changes in state law 2) development of CCWiS. Maryland is in development of its new system. it is anticipated that this new system will be launched during 2019, and it is anticipated that, starting with FFY 2020, Maryland anticipates having the new fields installed in its CCWiS to capture the new nCAndS fields. Maryland (continued) Child Maltreatment 2019 Appendix d: State Commentary 196Massachusetts Contact Nicholas Campolettano Phone 508–929–2013 Title Management Analyst Email nicholas.campolettano@state.ma.us Address Office of Management, Planning, and Analysis Massachusetts Department of Children and Families 600 Washington Street Boston, MA 0221 1 General in March 2016, the Massachusetts department of Children and Families (dCF) implemented major changes to policies and practices focused on ensuring the safety of children in the Commonwealth’s child welfare system. The new Protective intake Policy substantially updated and clarified protocols for dCF’s screening and investigation of reports of abuse or neglect. The changes also included a first ever Supervision Policy designed to support dCF front-line workers in decision-making and to identify circumstances where cases need to be elevated for collaborative higher-level review. The Protective intake Policy created a comprehensive set of procedures to guide the department’s review and investigation of reports of abuse or neglect. details of the new policy include: Screening ■Requires non-emergency reports of abuse and neglect to be reviewed and screened in or out in one business day—reduced from three days previously. Emergency reports continue to require an immediate screening decision and an investigatory response within 2 hours. ■introduces screening teams comprised of social workers, supervisors, and managers in all29 dCF area offices charged with reviewing new reports of abuse or neglect in open cases, reports associated to cases with three or more separate incidents of alleged abuse/neglect in the past 12 months, and other reports indicating reasons for elevated concern. ■Mandates review of all information about the child and caregiver’s prior dCF involvementand review of any comparable information available from child welfare agencies in other states, including cases in which a parent has previously lost custody of a child. ■Requires CORi (Criminal Offender Record information), SORi (Sexual Offender Record information), and national criminal history database checks of parents/caregivers and all household members over 15 years old. ■Requires requests from law enforcement for information on 911 calls and police responsesto the residence of any child or family involved in a report of abuse or neglect. Investigative Response ■Creates a single child protection response to all screened in reports that eliminates thepractice of tiered or differential response at screening. All reports that are screened in will now be assigned for a response by an investigation Trained Response Worker. The revised policy places decision-making regarding the appropriate level of department intervention after the response—the point at which the department has interviewed the child and caregiver involved and substantially investigated the report of abuse or neglect. ■Emergency responses must be completed in 5 working days; non-Emergency responsesmust be completed in 15 workings days. ■As with the prior policy, requires response workers to interview parents, caregivers and otherchildren in the home as well as the person allegedly responsible for the abuse or neglect. Child Maltreatment 2019 Appendix d: State Commentary 197 ■Enables response workers, for the first time, to search online sources for information relevant to assessing child safety. ■includes an assessment of parental capacity by evaluating whether the parent understands how to keep the child safe, uses appropriate discipline methods and provides for the fam - ily’s basic needs, among other criteria. ■Mandates use of the department’s Risk Assessment Tool to assess potential future risks to the child’s safety. ■Response outcomes are mapped to nCAndS outcomes as follows: • Supported is mapped to Substantiated • Substantiated Concern is mapped to “other” • Unsupported is mapped to Unsubstantiated at the report level and to Unsubstantiated at the allegation level if the report decision is either Supported or Unsupported. if the report decision is Substantiated Concern, an allegation decision of Unsupported is mapped to “other.” • data has been resubmitted for FFY 2016 and FFY 2017 to account for reports and victims that might have been excluded from counts due to earlier mapping that resulted in the mixing of investigation and alternative response decisions. ReportsThe 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 screen-ings per month and 10 investigations per month. The number includes both state staff and staff working for the Judge Baker Guidance Center, Massachusetts’ Hotline contractor. The hotline handles child protective service functions during night and weekend hours when state offices are closed. The number of workers completing assessments was not reported because assessments are case-management activities rather than screening, intake, and investigation activities. in FFY 2019, dCF social workers also performed screening, and investigation/initial assessment functions in addition to ongoing casework. ChildrenChanges in the number of victims in comparison to the prior years are the result of the aforementioned policy changes implemented in March 2016. The nCAndS category of neglect includes medical neglect; Massachusetts does not have a separate allegation type for medical neglect. Living arrangement data are not collected during investigations with enough specificity to report except for children who are in placement. Data on child health and behavior are collected, but these data need not be entered during an investigation. data on caregiver health and behavior conditions are not usually collected. For both the alcohol and drug abuse elements, the indicator is marked as a “yes” for any information found in the health and behavior sections of the case record and for any infant with a reported allegation of Substance Exposed newborn or Substance Exposed newborn-neonatal Abstinence Syndrome.Massachusetts (continued) Child Maltreatment 2019 Appendix d: State Commentary 198Fatalities Massachusetts reports child fatalities attributed to maltreatment only after information is received from the Registry of Vital Records and Statistics (RVRS). RVRS records for cases where child maltreatment is a suspected factor are not available until the medical examiner’s office determines that child abuse or neglect was a contributing factor in a child’s death or certifies that it is unable to determine the manner of death. information used to determine if the fatality was due to abuse or neglect also include data compiled by dCF’s Case investigation Unit and reports of alleged child abuse and neglect filed by the state and regional child fatality review teams convened pursuant to Massachusetts law and law enforcement. As these data are not available until after the nCAndS Child File must be transmitted, the state reports a count of child fatalities due to maltreatment in the nCAndS Agency File. Massachusetts only reports fatalities due to abuse or neglect if an allegation related to the child’s death is supported. Services data are collected only for those services provided by dCF. dCF may be granted custody of a child who is never removed from home and placed in substitute care. in most cases when dCF is granted custody of a child, the child has an appointed representative. Representative data are not always recorded in Familynet. Special Focus The state implemented sex trafficking as a new maltreatment type on november 15, 2018. Since 2014, Massachusetts has engaged in a comprehensive approach to address Human Trafficking and Sexual Exploitation of children and youth that has included: ■Updating multiple policies to integrate identification, understanding, responding to, and addressing human trafficking. • Accepting reports of allegations against non-caretaker alleged perpetrators. i.) Since the implementation of the new protective intake policy in 2016, the identi - fied perpetrators have mostly been non-relatives—the relationships are identified in our system as “unknown” or “other person”. ■Training of child welfare staff and community partners. ■Maintaining an internal intranet page (available to all child welfare staff) that provides tip and fact sheets related to Human Trafficking. ■implementing a Multi-disciplinary Team model that primarily consists of Child Advocacy Centers, dCF, and law enforcement representatives, and includes numerous community partners. • Child Advocacy Centers cover the entire state and there is a Human Trafficking Coordinator within each Center. Massachusetts is still currently unable to report the iPSE-related plan of safe care and refer - ral to appropriate services fields.Massachusetts (continued) Child Maltreatment 2019 Appendix d: State Commentary 199Michigan Contact Theresa Keyes Phone 517–574–2257 Title Manager Email keyest@michigan.gov Address Michigan Department of Health and Human Services Children’s Services Agency 235 South Grand Ave, suite 505 Lansing, Mic higan 4 8933 Contact Cynthia Eberhard Phone 517-896-6213 Title Child Welfare Data Manager Email eberhardc@michigan.gov Address Michigan Department of Health and Human Services Michigan Statewide Automated Child Welfare Information System One Michigan Avenue Building 120 North Washington Square, 8th Floor Lansing, Mic higan 4 8933 General Michigan statute and corresponding child protective services (CPS) policy requires a preponderance of evidence of abuse and neglect must be determined by an investigator to confirm the abuse or neglect of a child. A preponderance of evidence is statutorily defined as evidence that is of greater weight or more convincing than evidence that is offered in opposi - tion to it. The Michigan department of Health and Human Services (MdHHS) continues its commit - ment to improving the state’s performance in outcomes related to child safety. Michigan does not have a differential response or alternative response program. Michigan experienced an independent review of CPS resulting in procedural and policy modifications during both fiscal year 2018 and 2019. in addition, substantial policy modifica - tion regarding parental substance use has contributed to the decline in specific dispositional findings. Reports Michigan’s child protection law states under MCL 722.623a, requires mandated reporters who have reasonable cause to suspect that a newborn has any amount of alcohol, a controlled substance, or a metabolite of a controlled substance in his or her body to make a complaint of suspected child abuse to CPS. A CPS complaint is not required if the mandated reporter knows that the controlled substance, metabolite, or the child’s symptoms are the result of MAT or medication prescribed to the mother or the newborn. Children Michigan’s Statewide Automated Child Welfare information System (MiSACWiS) allows for reporting on individual children. Fatalities Michigan reports all child fatality data within the Child File. Michigan receives reports on child fatalities from several sources including law enforce - ment agencies, medical examiners/coroners, vital records and child death review teams. The determination of whether maltreatment occurred is dependent upon completion of Child Maltreatment 2019 Appendix d: State Commentary 200a CPS investigation that confirmed abuse or neglect. Fatality reports are not included in the nCAndS submission unless a link between the child fatality and maltreatment is established. The data on child fatalities are used to provide recommendations, raise awareness and encourage initiatives to decrease child fatalities. Perpetrators Perpetrators are defined as persons responsible for a child’s health or welfare who have abused or neglected a child. Services Michigan is not able to accurately report on all prevention services within the Agency File. Michigan continues to report services from promoting safe and stable families through programing by Families First of Michigan, Family Reunification Program, and Families Together Building Solutions-Pathways of Hope. Michigan refers children birth through age three to programs under the individuals with disabilities Education Act. At this time, the state does not have the capacity to report idEA data within the Agency File. Special Focus Michigan reported sex trafficking data for the entire federal fiscal year 2019. Michigan does not report noncaregiver perpetrators of sex trafficking referring these adults to law enforce - ment. This population does not meet criteria of “nonparent adult” or “person responsible” as defined in Michigan’s Child Protection Law. Michigan continues to improve reporting consistent with the Comprehensive Addiction and Recovery Act of 2016 (CARA) plans of safe care through staff training, improved guidelines and collaboration with the medical profession statewide. Michigan modified policy to provide clarification to field staff on investigations involving substance use/abuse by a parent. The policy indicates that CPS will investigate complaints alleging that an infant was born exposed to substances not attributed to medical treatment. Mandated complaints to CPS and subsequent requirements for confirming abuse/neglect must find that a parent’s substance use/abuse impacts child safety/well-being. The department either through public health or child welfare contact is in position to assist these children and families develop a plan of safe care.Michigan (continued) Child Maltreatment 2019 Appendix d: State Commentary 201Minnesota Contact Nikki Kovan Phone 651–431–3843 Title Research and Evaluation Supervisor Email nikki.kovan@state.mn.us Address Program Child Safety and Permanency Division Minnesota Department of Human Services 444 Lafayette Rd N. St Paul, MN 55155 General in Minnesota, determinations of child maltreatment are made based on a preponderance of evidence of the facts. A preponderance of evidence is defined as evidence in support of fact that is more convincing and has a greater probability of truth than evidence opposing the fact (51 percent or more). Minnesota has three response paths to reports of alleged child maltreatment, currently referred to as family assessment response, family investigative response, and facility investi - gative 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 discretion - ary 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 maltreat - ment, so allegations accepted for either response are reported through nCAndS. Reports during FFY 2019, the number of reports declined from the previous year. data on CPS staff represent the full-time equivalent (FTE) of staff as reported by the local agencies (counties, combined agencies, and two tribal agencies). in Minnesota, CPS staff are employees of the local agencies rather than the state. Both responses (investigative and family assessment) apply to screened-in referrals (reports) of alleged child maltreatment in Minnesota. A separate program, Parent Support Outreach Program (PSOP), offers early intervention supports and services to families when reports alleging child maltreatment are screened out or a family is voluntarily referred into the program. The number of children served under this program is reported under preventive services in the Agency File and is noted below in the services section of this commentary. Approximately 75 percent of screened out referrals are because the stated concerns do not meet the definitions of child abuse or neglect under Minnesota law. Other reasons to screen out a referral include: children not in the county’s jurisdiction, allegations have already been assessed or investigated, not enough identifying information was provided, or the incident Child Maltreatment 2019 Appendix d: State Commentary 202did not occur within the family unit or a licensed facility. There is little variation in the proportion of screened out referrals for each of the reasons across years. in addition, Minnesota only screens in reports of children who have been born. Screened in reports alleg - ing substantial child endangerment or sexual abuse must be responded to within 24 hours. Other reports must be responded to within 5 days or 120 hours under Minnesota statutes. Reports with either a determination of maltreatment (substantiation) or a determination of need for child protective services are retained for 10 years. Reports with neither determina - tion (including all family assessment response reports) are kept for 5 years. Screened out child maltreatment referralss are also now kept for 5 years. Timelines for record retention and destruction are set in Minnesota statutes. The nCAndS category of “other” report sources include the state categories of clergy, department of Human Services (dHS) birth match, other mandated, and other non-mandated. Children during FFY 2019, the number of victims decreased when compared with FFY 2018. The number of victims is based on determined/substantiated child victims in investigation cases. during the reporting year there was a slight decrease in the use of investigation in Minnesota, a decrease in the determination rate for investigation cases, as well as an overall decrease in the number of children screened in for further assessment leading to this decrease in unique child victims. To ensure the safety of all children who have or had contact with an alleged offender, Minnesota statute requires other children who currently reside with, or who have resided with, an alleged offender to be interviewed in the early stages of an assessment or investiga - tion. These children are subject to the same protections and provisions as the alleged victim. Fatalities Minnesota’s Child Mortality Review Panel is a multidisciplinary team including representa - tives from state, local, and private agencies. disciplines represented include social work, law enforcement, medical, legal, and university-level educators. The primary source of informa-tion on child deaths resulting from child maltreatment is the local agency child protective services staff; however, some reports originate with law enforcement or coroners/medical examiners. Local agencies also submit results of the required local child mortality review to the Minnesota dHS Child Mortality Review Team. The Minnesota dHS Child Mortality Review Team also regularly reviews death certificates filed with the Minnesota department of Health (MdH) to ensure that all child deaths are reviewed. The Child Mortality Review Team directs the local agency to enter child deaths resulting from child maltreatment, but not previously recorded by child protective services, into Minnesota’s child welfare information system, to ensure that complete data are available. Occasionally, a child who was a resident of Minnesota is killed in a child abuse incident out of state. When the Child Mortality Review Team becomes aware of such a situation, documentation, including police reports, are requested from law enforcement in the other Minnesota (continued) Child Maltreatment 2019 Appendix d: State Commentary 203state. The local agency in the Minnesota county of residence is asked to record the data in Minnesota’s child welfare information system. The fatality data in this instance is delayed from the time of death, but eventually appears in Minnesota’s nCAndS mortality counts. in FFY 2019, the number of maltreatment-related fatalities decreased. Given the rarity and complexity of these cases, it would be misleading to speculate on the reasons for this decrease. Each fatality is a tragedy, and it is imperative that when such an incident occurs the state have a process for learning what we can to improve outcomes for all children and families moving forward. Minnesota utilizes a systemic critical incident review process, the foundations of which are based on safety science concepts and principals, to review cases that include maltreatment related fatalities and near fatalities. This process results in the identification of systemic barriers and influences that impact the work in Minnesota’s child welfare system which are used to inform the state’s broader continuous quality improvement efforts. Perpetrators The nCAndS category of “other” perpetrator relationships includes other nonrelative. in Minnesota, maltreatment determinations can be made against children age 10 and older, as long as there is a preponderance of evidence. Services Primary prevention services are often provided without reference to individually identified recipients or their precise ages, so reporting by age is not possible. Clients of an unknown age are not included as specifically children or adults. Data reported in preventive services funded by Community-Based Child Abuse Prevention (CBCAP) and Promoting Safe and Stable Families (Title iV-B) represents the unduplicated number of children who received Parent Support Outreach Program supports and services. Services in this program are provided to children and families who were reported as having an allegation of child maltreatment but the reported allegation was screened out and did not receive a child protective response. Community agency referrals and self-referrals are also eligible for the Parent Support Outreach Program. This program is completely voluntary. Services offered by local agencies vary greatly in availability between rural and metropolitan areas of the state. Although all agencies use a statewide service listing, resource development without a large customer base can be difficult. Cost effectiveness is an issue for providers who must serve large geographic areas that are sparsely populated. Minnesota has indicated intent to begin implementation of the Family First Prevention Services Act on July 1, 2021. The Act will provide 50 percent Title iV-E funding of preven - tion services for candidates for foster care and the parents or kin caregivers of these children.Minnesota (continued) Child Maltreatment 2019 Appendix d: State Commentary 204Special Focus Reports of sex trafficked youth require a decision to screen in and conduct a child protection investigation, regardless of the relationship of an alleged offender to a victim, which includes non-family and non-household members. The substance abuse crisis is hitting Minnesota hard and prenatal drug exposure has been on the rise since 2012. According to Minnesota’s most recent Child Maltreatment report, there were 120 percent increase since 2013, though these numbers have flattened or slightly decreased over the past couple years. Additionally, a significant number of reports of prenatal substance exposure are screened out for a child protection response since the child has not yet been born. instead, early intervention services are offered to pregnant women in these cases. A state policy requiring a plan of safe care for infants identified as affected by sub - stance abuse was implemented to comply with the Child Abuse Prevention and Treatment Act. This includes a requirement to include documentation in Minnesota’s child welfare information system. Minnesota (continued) Child Maltreatment 2019 Appendix d: State Commentary 205Mississippi Contact Shirley Johnson Phone 601–359–4679 Title Office of Data Reporting Email shirley.johnson@mdhs.ms.gov Address Department of Child Protection Services P. O. Box 346 Jackson, MS 39205 General in July 2016, the division of Family and Children’s Services was transitioned to a free-standing agency no longer under the purview of the Mississippi department of Human Services (MdHS). The title of the new agency was established as the Mississippi department of Child Protection Services (MdCPS). MdCPS carries on the responsibilities of the division of Family and Children’s Services and is a subagency independent of, though housed within, MdHS. MdCPS is Mississippi’s lead child welfare agency, responsible for administering programs under Title iV-B and Title iV-E of Social Security Act. MdCPS is led by a Commissioner who is appointed by the Governor, and who exercises complete and exclusive operational control of the department’s functions, independent of MdHS, except where he and the Executive director of MdHS agree to share administrative support services. MdCPS maintains sole responsibility for its programmatic functions. MdCPS statutory authority includes primary responsibility for protective services for children, foster care, adoption, interstate compact, and licensure. MdCPS is led by an Executive Leadership Team, which includes the Commissioner, Chief of Staff, director of Communications, Deputy Commissioner of Child Welfare, Deputy Commissioner of Child Safety, deputy Commissioner of Administration, and Chief Legal Counsel. Reports The centralized intake system has been in operation since november 2009 with MdCPS having oversight over a contractor who managed daily operations. This structure changed on September 14, 2019, with the contractor continuing to provide the staffing of intake special - ists, but MdCPS assumed direct, daily supervision of the intake staff and processes. As of August 10, 2018, an intake initially screened in by centralized intake staff and subse - quently screened out at the field operations level requires the approval of two MdCPS Field Operations leadership positions and Youth Court is notified. This includes screen-outs due to non-practice-related reasons, such as duplicates not caught at the intake stage. The centralized intake service consists of receiving, entering, screening and forwarding to the appropriate county or specialized staff all incoming reports of maltreatment of children. The service operates 24-hours a day, 7 days a week. intake types are as follows: ■Abuse, neglect, and Exploitation (AnE), ■information and Referral (i&R), ■Case Management, ■Children in need of Supervision (CHinS)/Unaccompanied Refugee Minors/VoluntaryPlacement/Prevention Services, ■Resource inquires, ■CARA (Comprehensive Addiction and Recovery Act) Child Maltreatment 2019 Appendix d: State Commentary 206The state utilizes a system of assigning screening levels, which is a form of alternative response: ■Level i includes reports that do not meet the statute for MdCPS investigation, but may require referrals for information or services. ■Level ii requires a response from a MdCPS worker within 72 hours. ■Level iii requires a response from a MdCPS worker within 24 hours. This includes reports with allegations meeting the legal definition of an abused child or neglected child as defined in the MS Code and meeting at least one of the following criteria: • Any child in current legal custody of MdCPS • Prior AnE report within past 12 months or multiple AnE reports involving alleged victim • Child is at imminent risk of harm • Any sexual abuse, including Human Trafficking • Any life threatening neglect • Any allegation of any child in the home ages 5 and under • Any allegation of a child who has a disability or special need(s) including, but not limited to, the known or suspected presence of a medical condition or physical, mental, and/or emotional disability. • This also includes reports including any allegation of felonious child abuse under state or federal law. ■CARA (Comprehensive Addiction and Recovery Act) are referrals that do not meet the statute for MdCPS investigation, but rather inform that an infant has been born affected by substance abuse. These referrals are screened to a state office unit for review, referral, and monitoring for services to the infant and caregivers. Reports which may be screened out as Level i at intake: ■dirty houses or dirty children but no indication of life or health endangering situation. if school/day care officials report dirty children, they should be requested to talk to parents first. if their attempts to meet with parents or to correct situation fail, then MdCPS accepts the report. ■Children inappropriately dressed but no indication of neglect of a life or health endanger - ing situation. ■Allegations that speak more to the parent’s behaviors rather than the child’s condition: (e.g., parent drinks beer or takes drugs; mother has boyfriend) but there is no indication of neglect or life or health endangering situation. ■Reports of crowded conditions or too many people living in a home but no indication of neglect or life or health endangering situation. ■Allegations that parent is not spending TAnF, Food Stamps, Child Support or other income on children, but there is no indication of neglect of basic necessities, or of a life or health endangering situation. Reporters should be referred to local Economic Assistance office. ■Reports which suggest a need to be addressed by another agency but there is no indication of a life or health endangering situation. (i.e., lack of school attendance, presence of lice, delinquency, lead/asbestos poisoning). These reports should be referred to the appropriate agency for handling (i.e., school attendance officer, health department). ■Reports on teen pregnancy where there is no suspicion of abuse/neglect.Mississippi (continued) Child Maltreatment 2019 Appendix d: State Commentary 207 ■Reports that provide insufficient information to enable the Agency to locate the family and this information cannot be secured through other sources after all reasonable efforts have been made. ■Reports of incidents that occurred when a person now eighteen (18) or over was a child. When adults report that abuse/neglect was perpetrated on them as children, they must have some other information or reason to believe that children presently cared for by perpetrator are being abused/neglected. ■Reports on an unborn child and there are no other children at risk. These reports are assessed for referral to services related to CARA. ■Reports of sexual relations involving victims age 16 and over that meet all of the criteria below. if any one criterion does not apply, the report should be considered for investigation. a) Alleged victim was age sixteen (16) or over at the time incident occurred, and b) Alleged victim is a normally functioning child, and c) Alleged victim, age 16 or over, willfully consented, and d) Alleged perpetrator is not a parent, guardian, relative, custodian or person respon - sible for the child’s care or support and resides in the child’s home, or an employee of a residential child care facility licensed by MdCPS, and or a person in a position of trust or authority. e) no parental or caretaker neglect is suspected. • if a report is considered outside the jurisdiction of the MdCPS, the report shall be documented and be referred to law enforcement of proper jurisdiction for investiga - tion, unless the report alleges Human Trafficking. in cases of any human traffick - ing, MdCPS is required to following reporting requirements to the national Child Trafficking Hotline, the Mississippi department of Public Safety State Coordinator for Human Trafficking, and to coordinate investigations with law enforcement. Allegations of Human Trafficking meet the state statute for investigation whether or not the parent is responsible for maltreatment. Other services of the Agency may be provided. ■Reports of rape, sexual molestation, or exploitation of any age child that meet all the criteria below. if either (a) or (b) does not apply, the report should be considered for investigation. f) Alleged perpetrator is not a caretaker, friend of caretaker, g) relative, other person living in the home, or employee of a child h) care facility where the child attends or lives. i) no parental or caretaker neglect is suspected. j) Law Enforcement has been informed of the report. • if law enforcement has not been contacted, County MdCPS will immediately make the report to them. Other services of County MdCPS will be offered to law enforcement (i.e., interviewing children) and the family (i.e., mental health referrals, counseling) as needed. ■Reports of children who have not had their immunizations. Reporter should be referred to the County Health department to contact a public health social worker or to the school attendance officer as appropriate. ■Threats or attempts of suicide by children if there is no suspicion of parental/caretaker abuse or neglect. • if the nature of the report suggests that the child is in immediate danger of self-harm, Mississippi (continued) Child Maltreatment 2019 Appendix d: State Commentary 208a referral should be made immediately for mental health services and/or Law Enforcement. • if reporter is a professional, they should be requested to refer the family to counseling. if family does not follow through, then case can be referred to MdCPS for neglect. • if reporter is a non-professional, the MdCPS should determine if family is seeking counseling. if not, MdCPS should investigate for neglect. • if reporter feels suspicion that abuse or neglect exists just because suicide attempt was made, MdCPS will investigate. ■Physical injury committed by one child on another that meet all the following criteria: k) Child is not in a caretaking role over the other child. l) no parental or caretaker neglect is suspected. m) Child victim and perpetrator are not in a residential child caring facility or a home licensed or approved by MdCPS. Children There has been an increase in public advertising of reporting methods, supported by Community Based Child Abuse Prevention (CBCAP) and the Children’s Trust Fund. This public advertising has been utilized to promote knowledge and understanding to diverse populations in efforts to prevent child abuse and neglect as well as CARA. Fatalities Mississippi counts child fatalities where the medical examiner or coroner ruled the manner of death was a homicide and those child fatalities determined to be the result of abuse or neglect that had been substantiated by MdCPS. er sources that compile and report child fatalities due to abuse and neglect are Serious incident Reports (SiRs) and the Child death Review Panel (CdRP) facilitated by the Mississippi department of Health. The development of the Specialized investigation Unit (SiU) has standardized screening and decision-making processes in fatality investigations. in addition, the investigators that make up the unit are required to have an advanced level of licensure and experience. Having the dedicated, specialized investigators has contributed to the increase in the number of fatalities reported with substantiated findings of abuse or neglect. in addition, the Agency has collaborated with other agencies to continue public awareness campaigns aimed at death from heat stroke from leaving children in hot cars, and death from unsafe sleeping conditions. Child fatalities previously labeled by law enforcement or medical professionals as “accidental” are now more frequently being reported as abuse or neglect; contributing to the Agency’s higher reported numbers. Perpetrators For a child to be considered a perpetrator: ■The child must be in a caretaker role, or ■The child is identified by the reporter as the perpetrator or aggressor in an abusive act against another child.Mississippi (continued) Child Maltreatment 2019 Appendix d: State Commentary 209Screening at centralized intake must include the possibility of parental neglect having con - tributed to one child harming another. Screening criteria to determine whether the relation- ship of the alleged perpetrator to the victim fits statute and policy for CPS investigation: ■is the alleged perpetrator the parent, guardian, custodian, person responsible for the child’s care or support, or an adult relative or household member with access to the child? Services in previous years, children who received preventive services covered under the Promoting Safe and Stable Families grant (PSSF) during the year were utilized by the Families First Resources Centers with some of these funds. The PSSF grant funds a portion of the in-CIR - CLE Family Support Services Program , formally known as CFFSP, or Family Preservation/ Family Reunification/Family Support Services. Beginning on October 1, 2017, the CFSSP transitioned to the in-CiRCLE Family Support Services Program. Two vendors provide services for this program, however, only one provides services funded through PSSF funds, Youth Villages. Canopy Children’s Solutions utilized state general funds to provide services. in-CIRCLE is an intensive, home and community-based family preservation, reunification and support services program for families with children who are at risk of out-of-home placement. it is designed and implemented to help break the cycle of family dysfunction by strengthening families, keeping children safe, and reducing foster care and other forms of out-of-home placements. Services are also offered to families with pregnant mothers who were at high risk of the child being removed due to substance use issues once the child is born.The primary goal of the program is to remove the risk of harm to the child rather than removing the child by (1) reducing unnecessary out-of-home placements, (2) preventing and/or reducing child abuse and neglect, (3) improving family functioning, (4) enhancing parent - ing skills, (5) increasing access to social and formal and informal concrete supports, (6) addressing mental health and substance use issues, (7) reducing child behavior problems, and (8) safely reunifying families. The “other” funding sources for children who received preventive services from the state during the year are Temporary Assistance for needy Families (TAnF), Children’s Trust Fund of Mississippi and the Community Based Child Abuse Prevent Grant (CBCAP). Prevention services and support are provided via parenting programs, therapy, and other support services through sub-grantees. Services to child victims outside of a service case are provided through the Family Reunification and Preservation Program within the in-Home Services Unit of the Agency. Subgrantees have continued services for this contract year to provide step-down and soft support; whereby, it promotes less probability of reentry into the program.Mississippi (continued) Child Maltreatment 2019 Appendix d: State Commentary 210Missouri Contact Stacy Johns Phone 573–368–3440 Title Management Analysis Specialist II Email stacy.a.johns@dss.mo.gov Address Missouri Department of Social Services Children’s Division 1111 Kingshighway, Suite A Rolla, MO 65401–2922 General The Children’s division, under the department of Social Services umbrella, is designated to direct and supervise the administration of child welfare services. The Children’s division works in partnership with families, communities, the courts and other governmental entities toward ensuring the safety, permanency, and well-being of Missouri children. The division works with all parties to safely maintain children in their homes whenever possible and to secure safe, permanent living arrangements when out-of-home placement is necessary. The Children’s division administers the Child Abuse/neglect Hotline, intensive in-Home Services, Family Centered Services, Adoption Services, independent Living, Foster Care, Residential Licensing and preventive services including Early Head Start, Home Visiting Program, Educare, Child Care Subsidy, and other early childhood and early intervention strategies. The division is responsible for the assessment and investigation of all reports to the Child Abuse/neglect Hotline. These services are administered statewide within a central - ized organizational framework. Children’s division Responsibilities: ■Oversees a 24 hour child abuse and neglect hotline ■investigates child maltreatment reports ■Provides foster care services for maltreated children ■Provides preventive services to at-risk families ■Provides intensive family supports for at-risk families ■Assists with children finding permanency with adoption and guardianship services Missouri has 114 counties and the City of St. Louis which are grouped together using pre-established judicial circuit boundaries. Each circuit has oversight by a Circuit Manager. The state is divided into five regions with each governed by a Regional director. in the Jackson County urban area, the Regional director and the Circuit Manager position are held by the same person. The St. Louis Region includes the county and the city of St. Louis. Missouri’s five regions are: St. Louis, Jackson County, Southeast Region, Southwest Region and the northern Region. Missouri operates under a differential response program where each referral of child abuse and neglect is screened by the centralized hotline system and assigned to either investigation or family assessment. Both types are reported to nCAndS. investigations are conducted when the acts of the alleged perpetrator, if confirmed, are crimi - nal 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. Child Maltreatment 2019 Appendix d: State Commentary 211Family 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 gener - ally not involved in family assessments unless a specific need exists. in the 2019 Missouri legislative session, a statutory addition to the definition of those respon - sible 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 of off school grounds. The last bullet was added to the definition to provide the Children’s division an enhanced ability to investigate child abuse/neglect when the alleged perpetrator has a relationship with the victim child through school. Reports The response time indicated is based on the time from the login of the call to the time of the first actual face-to-face contact with the victim for all report and response types, recorded in hours. State policy enables, in addition to CPS staff, multidisciplinary team members to make the initial face-to-face contact for safety assurance. The multidisciplinary teams include law enforcement, local public school liaisons, juvenile officers, juvenile court 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 2019 does not include initial contact with multidisciplinary team members. The FFY 2019 submission shows a large decrease in the number of records which we felt needed further explanation. in 2018, Missouri had worked on a project cleanup of Missouri (continued) Child Maltreatment 2019 Appendix d: State Commentary 212outstanding reports which resulted in more concluded files during the FFY 2018 reporting period. This year, we would expect to see a decrease now that the cleanup project has evened out the number of concluded reports. We also implemented a new policy 4/15/19 where multiple reports could be combined on the same family resulting in only one conclusion no matter how many reports were combined. in 2019 we also expanded the policy on duplicating reports which again would decrease the number of conclusions as more reports were meeting the duplication policy. These changes contribute to significant decreases in the number of records from 2018 to 2019. Missouri uses structured decision-making protocols to classify hotline calls and to determine whether a call should be screened out or assigned. if a call is screened out, all concerns are documented by the division and the caller is provided with referral contact information when available. in 2017 an implementation plan began with goals to enhance and upgrade the call center, obtain Workforce Management (WFM) for data-driven decisions and streamline & strengthen the intake interview process at our call center. This plan was developed to provide adequate support to staff to address best practice in customer support. As a result, in CY19 -0- calls were deflected from the Missouri Child Abuse and neglect Hotline Unit call center with 100 percent of calls answered. during Calendar Year 2017, 53,701 deflects/busy signals were given to individuals calling the CAnHU due to max hold times and queue positions being full. Outdated technology did not provide adequate support and best practice customer service for the continued increase in child abuse and neglect reporting. The technology did not fully support data-driven decisions for staffing patterns and call trends. in Calendar Year 2018 the deflect/busy signal number was reduced to 899. This was possible with the support of the division and the department and focusing on enhancing and upgrad - ing the call center technology, obtaining Workforce Management for data-driven decision making, and streamlining/ strengthening the intake interview process. The utilization by mandated reporters of the online reporting system for emergent and non-emergent concerns has had a positive impact on the call volume. The CAnHU will continue making data-driven decisions in efforts to maintain zero deflects/busy signals and to reduce wait times. At 11:59pm on december 7, 2019 the Missouri Child Abuse and neglect Hotline Unit (CAnHU) completed their 365 day Challenge by giving zero deflects/busy signals since December 7, 2018.Children The state counts a child as a victim of abuse or neglect based on a preponderance of evidence standard or court-adjudicated determination. Children who received an alternative response are not considered to be victims of abuse or neglect as defined by state statute. Therefore, the rate of prior victimization, for example, is not comparable to states that define victimization in a different manner, and may result in a lower rate of victimization than such states. For example, the state measures its rate of prior victimization by calculating the total number of Missouri (continued) Child Maltreatment 2019 Appendix d: State Commentary 2132019 substantiated records, and dividing it by the total number of prior substantiated records, not including unsubstantiated or alternate response records. The state does not retain the maltreatment type for reports if they are classified as alternative response nonvictims. Fatalities Missouri statute requires medical examiners or coroners to report all child deaths to the Children’s division Central Hotline Unit. deaths due to alleged abuse or those which are suspicious in nature are accepted for investigation, and deaths which are nonsuspicious, accidental, natural, or congenital are screened out as referrals. Missouri does determine substantiated findings when a death is due to neglect as defined in statute unlike many other states. Therefore, Missouri is able to thoroughly track and report fatalities as compared to states without similar statutes. Through Missouri statute, legislation created the Missouri State Technical Assistance Team (STAT) to review and assist law enforcement and the Children’s division in instances of severe abuse of children. While there is not currently an interface between the state’s electronic case management system and the Bureau of Vital Records statistical database, STAT has collaborative processes with the Bureau of Vital Records to routinely compare fatality information. STAT also has the capacity to make additional reports of deaths to the hotline to ensure all deaths are captured in Missouri’s electronic case management system (FACES). The standard of proof for determining if child abuse and neglect was a contributing factor in the child’s death is based on the preponderance of evidence. Because Missouri’s hotline (CPS) agency is the central recipient for fatality reporting and because of the state statute requiring coroners and medical examiners to report all fatalities, Missouri could appear to have a higher number of fatalities when compared to other states where the CPS agency is not the central recipient of fatality data. Other states may have to obtain fatality information from other agencies and thus, have more difficulty with fully reporting fatalities. Perpetrators The state retains individual findings for perpetrators associated with individual children. For nCAndS, the value of the report disposition is equal to the most severe determination of any perpetrator associated with the report. The FFY 2019 Missouri submission indicated a higher number of perpetrators in the cat - egory of “other” due to a policy change. This policy changed the wording “paramour” to “partner” which added additional coding that fell to the “other” category. Services Children younger than 3 years are required to be referred to the First Steps program if the child has been determined abused or neglected by a preponderance of evidence in a child abuse and neglect investigation. Referrals are made electronically on the First Steps website or by 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) Child Maltreatment 2019 Appendix d: State Commentary 214Postinvestigation services are reported for a client who had intensive in-home services or alternative care opening between the report date and 90 days post disposition date or an active family-centered services case at the time of the report. data for child contacts with court-appointed special advocates (CASA) were provided by Missouri CASA. data regarding guardian ad litem information was not available for FFY 2019. The Children’s Trust Fund provided supplemental data regarding preventive services. Special Focus Missouri does track cases with sex trafficking victims as a result of the 2017 Preventing Sex Trafficking and Strengthening Families Act. With the expansion of the definition of care, custody and control in Missouri Children’s division policy to include those who take control of a child by deception, force or coercion, we have been able to identify any perpetrator of sex trafficking gas a caregiver and include them in nCAndS data. Missouri’s concern with barriers is the current lack of an evidence-based tool specific to trafficking as it related to children and the child welfare system which means education is still evolving on how to assess, identify and respond to trafficking. Missouri is collecting data on plans of safe care in the instance of a newborn Crisis Assessment Referral. Barriers are determined to be accurate reporting by medical providers, accurate assessment by staff on whether to complete a plan of safe care and then checking the correct box for data collection. Some of these steps are subjective and not always accu-rately captured. Multiple examples have been provided in new policy to resolve some of the barriers.Missouri (continued) Child Maltreatment 2019 Appendix d: State Commentary 215Montana Contact Janice Basso Phone 406–841–2414 Title IT and Data Systems Manager Email jbasso@mt.gov Address Montana Department of Public Health and Human Services 301 S. Park; 5th Floor PO Box 8005 Helena, MT 59604–8005 General Montana is state administered. Montana does not have a differential response track for investigations. A new computer system is being developed through a modular approach with the first module focused on intake and investigations of Child Abuse/neglect which went live in December of 2019. Reports Montana Child and Family Services has a Centralized intake Bureau or call center that screen each referral of child abuse or neglect to determine if it requires investigation, assis - tance, or referral to another entity. Referrals requiring immediate assessment or investigation are immediately called out to the field office. By policy, these Priority 1 reports receive an assessment or investigation within 24 hours. All other Child Protective Services Reports that require an assessment or investigation are sent to the field within 24 hours. in general, this has resulted in improved response times. Fatalities due to the lack of legal jurisdiction, information in our system does not include child deaths that occurred in cases investigated by the Bureau of indian Affairs, Tribal Social Services or Tribal Law Enforcement. Perpetrators Unknown perpetrators are given a common identifier within the state’s data system. Services data for prevention services are collected by State Fiscal Year (SFY). Child Maltreatment 2019 Appendix d: State Commentary 216Nebraska Contact Jarrod Walker Phone 402– 471–9112 Title IT Business Systems Analyst Email jarrod.walker@nebraska.gov Address Nebraska Department of Health and Human Services 1033 O ST, Suite 400 Lincoln, NE 68508 Child Welfare Administrative Structure State Administered Data File(s) Submitted Child File, Agency File Level of Evidence Required Preponderance General during FFY 2019, the state of nebraska continued to utilize the Structured decision Making (SdM) model, a research based model, to assess reports of child safety and risk. SdM has been implemented throughout nebraska since 2012. The utilization of SdM provides consistency in the decision making of protective services staff from the point of accepting reports of abuse and neglect through the assessment of child safety and assessing risk levels. nebraska increased its FTEs responsible for making initial contact with victims and conducting assessments in an effort to reduce response times and improve general child welfare services. nebraska has a two-tiered systems of responding to accepted reports of abuse and neglect. Reports are assigned to a traditional assessment or an alternative response. Alternative Response reports are assessed as part of the Title iV-E demonstration Project. This type of response is an approach to keep children safe in a family friendly way by doing things such as, making appointments to see them; asking permission to talk to their children and other collaterals; no abuse or neglect findings; offering concrete supports among other things. Alternative Response started as a pilot in 5 counties in 2014 and has since expanded statewide as of October 1, 2018. Since Alternative Response is a part of nebraska’s iV-E demonstration Project, one-half of all cases eligible for Alternative Response receive a traditional response so that the evaluation component can compare the outcomes of nebraska’s Alternative Response program to the traditional response to families. data for traditional and alternative response cases are reported to nCAndS. ReportsAll reports of child abuse and neglect are received at the toll-free, 24/7, centralized hotline. The hotline workers and supervisors utilize SdM to determine whether a report meets crite - ria for intervention and the subsequent response time for accepted reports. Accepted reports are assigned to a worker to conduct an initial assessment, which includes, a SdM Safety Assessment and SdM Safety Plan (if applicable) and a SdM Risk or Prevention Assessment. Each SdM Assessment provides decision-making support to the worker on whether a case should remain open for ongoing services. Child Maltreatment 2019 Appendix d: State Commentary 217nebraska experienced an increase in unique screened-in referrals (reports) in FFY 2019. nebraska only experienced a slight increase in screened-out referrals and a slight increase in children that were screened out during FFY 2019. This increase was based on the implemen - tation of a process to refer neglect cases to community based services; the nebraska Helpline and to the Family Action Support Team (FAST). There has been a lot of work done to move to a prevention model utilizing community supports. The response time was reduced during FFY 2019. in 2018, nebraska implemented a process improvement initiative in the initial assessment process which resulted in a reduction in the number of steps and functions a worker must complete. This led to improving the response time by workers. nebraska was able to report FTEs for staff responsible for screening, intake and investigations beginning in FFY 2018. nebraska had not been able to report these numbers in recent years. There was also an increase in FTEs responsible for making initial contact with alleged victims. Children in FFY 2019, nebraska saw an increase in unique child victims. nebraska implemented a new policy to accept all hotline reports from a medical professional in which a child age 5 and under lives in the household. This resulted in an increase in accepted reports. Fatalities nebraska reports child fatalities in both the Child File and the Agency File.. nebraska continues to work closely with the state’s Child and Maternal death Review Team (CMdRT) to identify child fatalities that are the result of maltreatment but are not included in the child welfare system. When a child fatality is not included in the Child File, the state determines if the child fatality should be included in the Agency File. The official report from CFdRT with final results are usually made available two to three years after the submission of the nCAndS Child and Agency files. nebraska will resubmit the Agency File for previous years when there is a difference in the count than was originally reported as a result of the CMdRT final report. Perpetratorsnebraska collects information on the perpetrators and enters the data into the child welfare information system. information includes the relationship of the perpetrator to the child and demographics. nebraska has a state statute that prohibits a perpetrator under 12 years of age from being listed as a substantiated perpetrator. The maltreatment will be listed but there is no finding entered indicating if the maltreatment was substantiated or unfounded. in FFY 2019, nebraska saw an increase in unique perpetrators. nebraska implemented a new policy to accept all hotline reports from a medical professional in which a child age 5 and under lives in the household. This resulted in an increase in accepted reports. Services nebraska refers children who are younger than three years old to the Early development network (Edn). All children who are in a substantiated case will be referred to Edn as well as any child identified in an accepted report who has a suspected delay in their development. nebraska has automated its referral system to its Early Childhood development network Nebraska (continued) Child Maltreatment 2019 Appendix d: State Commentary 218to automatically notify the network of children younger than three who are victims of maltreatment. nebraska believes that most of the services provided to families can be accomplished during the assessment phase, which is between the report date and the final disposition. in many cases, these are the only services required to keep the child or victim safe. These services are not included in the nCAndS Child File. Only the services that extend beyond the disposition are included. Services nebraska typically closes intakes involving noncaregiver perpetrators of sex trafficking and refers them to law enforcement. Findings are then entered into nebraska’s system when they are received from law enforcement and included in nCAndS. nebraska recently made changes to its system that will allow improved reporting of sex trafficking allegations. nebraska continues to improve its ability to collect and report on infants with prenatal substance exposure and continues to discuss strategies with administration. nebraska currently only includes data based on children’s characteristics but is working on incorporat - ing caregiver characteristics related to substance use.Nebraska (continued) Child Maltreatment 2019 Appendix d: State Commentary 219Nevada Contact Alexia Benshoof Phone 775–687–9013 Title Management Analyst IV Email abenshoof@dcfs.nv.gov Address Nevada Division of Child and Family Services Department of Health and Human Services 4126 Technology Way, 2nd Floor Carson City, NV 89706 General nevada uses a state-administered and county-operated structure for the management of child welfare services. The nevada division of Child and Family Services (dCFS), under the umbrella of the nevada department of Health and Human Services (dHHS), provides administrative oversight of the state’s child welfare operations through its Family Programs Office. The organizational structure of dCFS and program delivery of child welfare services are influenced by the state size and concentration of county population. nevada Revised Statute (nRS) 432B.325 states that in counties where the population is 100,000 or more, the county shall provide child protective services for children in that county and pay the cost of those services in accordance with standards adopted by the state. The state legislature expanded the responsibility of those counties to include all child welfare services including child protection, foster care, and adoption. Clark County department of Family Services (CCdFS), located in Las Vegas, provides child welfare services to all children and families in Clark County, nevada’s most populous county, located in the southernmost part of the state. Washoe County Human Services Agency (WCHSA) located in Reno, nevada, provides child welfare services directly to all children and families located in Washoe County, the state’s second most populous county, in the northwestern part of nevada. dCFS Rural Region provides child welfare services to nevada’s remaining 15 rural counties, a service area which encompasses about 87 percent of the state, geographically, although only about 11 percent of the population. during FFY 2019, child welfare agencies in nevada used Preponderance of Evidence as the level of evidence required to substantiate an allegation of maltreatment. in the past, agencies used Credible Evidence as the level of evidence, but during FFY 2018, agencies started tran - sitioning to the new model, and by mid-September 2018, the entire state-wide child welfare system was using Preponderance of Evidence. nevada child welfare agencies use a single statewide child welfare information system known as UniTY - Unified nevada information Technology for Youth. UniTY was previ - ously federally designated as a SACWiS, but is now governed by federal Comprehensive Child Welfare information System (CCWiS) regulations. Child welfare agencies in nevada follow the nevada child welfare safety model known as the Safety Assessment and Family Evaluation (SAFE) model. The SAFE model supports the transfer of learning and ongoing assessment of safety throughout the life of the case. The model emphasizes the differences between identification of present and impending danger, assessment of how deficient caregiver protective capacities contribute to the existence of safety threats and safety planning/management services, assessment of motivational Child Maltreatment 2019 Appendix d: State Commentary 220readiness, and utilization of the Stages of Change theory as a way of understanding and intervening with families. All child welfare agencies in nevada have implemented this model, which has changed the state’s way of assessing child abuse and neglect and has enhanced the state’s ability to identify appropriate services to reduce safety issues in the children’s home of origin. Additionally, this model has unified the state’s CPS processes and standards regarding investigation of maltreatment. in addition to CPS services, nevada has an alternative response program, called differential Response (dR). Families referred to the program are the subject of reports of child abuse and/or neglect which have been determined by the agency as likely to benefit from voluntary early intervention through assessment of their unique strengths, risks, and individual needs, rather than the more intrusive approach of investigation. Over the last year, nevada has been in the process of modifying the dR program to better meet the needs of the child welfare agencies and the communities in which the agencies operate. To summarize the planned changes, each child welfare agency is going to provide dR ser - vices differently through their agency. CCdFS is modifying its dR program to a Community Collaborative Program designed to serve as a neighborhood-based family support system. The agency will conduct an initial assessment of a report that has been received through its intake hotline. Based on the assessment, the agency will either continue to work with the family or request the Community Collaborative to continue to work with the family based on the families’ needs. WCHSA is establishing an agency-based dR program. The agency will serve screened-in maltreatment reports and utilize internal staff to conduct the assessment and provide services to the family. dCFS Rural Region is transitioning dR from a program that responds to screened-in CPS reports to a program that serves families in the context of a more traditional prevention model. dR will serve families brought to the agency’s attention through CPS intake that do not meet criteria for a screened-in maltreatment report, but do meet criteria, yet to be established, that indicates the family is at risk for future involvement with the CPS system and is in need of assessment and services to reduce the likelihood of future involvement with the public child welfare system. Additionally, dCFS Rural Region also envisions criteria development of a referral process for families to receive voluntary services following CPS case closure. These changes will affect data reported to nCAndS, but it remains to be seen what the impact will be. Reports in FFY 2019, there was a decrease of in reports of abuse or neglect completed or disposi - tioned in the year as compared to the previous year. nevada has established intake processes, governed by the SAFE model, to determine if CPS referrals constitute reports of abuse or neglect. Referrals that contain insufficient information about the family or maltreatment of the child and no allegations of child abuse/ are screened out. Referrals that do meet criteria are screened in. Based on various factors associated with the report, CPS supervisors decide what type of response the report merits, assign the report to either investigation or differential Response, and assign a response time according to policy. Nevada (continued) Child Maltreatment 2019 Appendix d: State Commentary 221Report response times may be one of the following: Priority 1: respond within 3 hours when the identified danger is urgent or of emergency status, there is present danger, and safety factors are identified; this response type requires a face-to-face contact by CPS. Priority 1 Rural: respond within 6 hours when the identified danger is urgent or of emergency status, there is present danger, and safety factors are identified; this response type requires a face-to-face contact by CPS. (Rural response time is longer because of the time required to travel from field offices to remote locations.) Priority 2: respond within 24 hours with any maltreatment of impending danger and safety factors identified including child fatality; this response type requires a face-to-face contact by CPS or may involve collateral contact by telephone or case review. Priority 3: respond within 72 hours when maltreatment is indicated, but no safety factors are identified; this response type requires a face-to-face contact by CPS or may involve collateral contact by telephone or case review. in situations where the initial contact is by telephone, the agency must make a face to face contact with the alleged child victim within 24 hours following the telephone contact. Referrals that do not rise to the level of an investigation may be referred to dR. The dR program has a required response time of Priority 3: respond within 72 hours (three business days). This variance in response time affects nevada’s average report response time in nCAndS reporting. Childrenin FFY 2019 there was a decrease in the number of children reported as possible abuse or neglect victims and the number of substantiated victims compared to the previous year. Fatalities Fatalities identified in the statewide child welfare information system as maltreatment deaths are reported in the Child File. deaths not included in the Child File, for which substantiated maltreatment was a contributing factor, are included in the Agency File as an unduplicated count. Reported fatalities can include deaths that occurred in prior periods, for which the determination was completed in the next reporting period. nevada utilizes a variety of sources when compiling reports and data about child fatalities resulting from maltreatment. Any instance of a child suffering a fatality or near fatality, who previously had contact with, or was in the custody of, a child welfare agency, is subject to an internal case review. data are extracted from the case review reports and used for local, state, and federal reporting as well as to support prevention messaging. Additionally, nevada has both state and local child death review (CdR) teams which review deaths of children (17 years or younger). The purpose of the nevada CdR process is public awareness and prevention, enabling many agencies and jurisdictions to work together to gain a better understanding of child deaths. Services Many of the services provided are handled through outside providers. information on services received by families is reported through various programs. Services provided in conjunction with the new safety model are documented in the system, but these data are not always readily reportable. The Child File contains some of the services from the statewide child welfare information system (UniTY), and the state is investigating steps to bring more of that information into the nCAndS report.Nevada (continued) Child Maltreatment 2019 Appendix d: State Commentary 222nevada 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 substanti - ated case of child abuse or neglect, or who have a positive drug screen at birth, to Early intervention Services within two (2) working days of identifying the child(ren) pursuant to CAPTA Section 106 (b)(2)(A)(xxi) and idEA Part C of 2004.” The policy further defines “involved” to include children that are identified as: having been abused or neglected; having a positive drug screen at birth; or found in need of services. Special Focus nevada is not yet able to collect and report data associated with the nCAndS elements related to sex trafficking and iSPE, although policy, procedural, and technical planning is underway to address these items. Nevada (continued) Child Maltreatment 2019 Appendix d: State Commentary 223New Hampshire Contact Lorraine Ellis Phone 603–271–0837 Title Business Systems Analyst Bureau of Information Systems Email lorraine.ellis@dhhs.nh.gov Address New Hampshire Division for Children, Youth and Families 129 Pleasant StreetConcord, NH 03301 General new Hampshire’s child protection system does not include differential response. Reports The total number of reports received was virtually the same between FFYs 2018 and 2019, but the number of screened-in reports decreased in 2019. new Hampshire is currently receiving technical assistance from the Harvard Kennedy School, Government Performance Lab, looking at and implementing ways to safely screen out calls that do not indicate a family is at higher risk of abuse or neglect. As a result, approximately 900 more calls were screened out in 2019 than in the previous year. new Hampshire uses a tiered system of required response time, ranging from 24 to 72 hours, depending on level of risk at the time of the referral. new Hampshire was authorized to hire 12 additional child protection direct care staff in June 2019. As of September 30, 2019, 115 of the agency’s 141 full time assessment positions were filled, with 28 of those staff in training, and 2 on FMLA. Twenty-six positions remained vacant. Children By policy, new Hampshire interviews all children in a household if any children are alleged to be maltreated. Alleged victims, including victims of sex trafficking, must be under the age of 18 in order for a report to be screened in. Fatalities Historically, nH division for Children, Youth and Families deferred investigation of child fatalities to law enforcement, but did investigate the safety of siblings in the family. Beginning in January 2018, dCYF began conducting its own investigation of child fatalities that are suspected to be the result child abuse or neglect. Therefore, all such fatalities are now reported in the nCAndS Child File. new Hampshire has a Child Fatality Committee consisting of 31 members representing government agencies (Attorney General; Judicial Branch; Board of Pharmacy; division for Children, Youth and Families; department of Safety; State Medical Examiner; Fire Marshall; Behavioral Health; Public Health; drug and Alcohol Services); Law Enforcement (State and Local); Community Mental Health Services; Granite State Children’s Alliance; nH Coalition Against domestic and Sexual Violence; and dartmouth Hitchcock Medical Center. Perpetrators new Hampshire generally does not name minors as perpetrators of neglect or physical abuse, except for juvenile parents who have abused or neglected their own children. Other minors may be named as perpetrators of physical abuse, however it is more likely that the report will be approached as parental neglect (lack of supervision) when a child is reported to be Child Maltreatment 2019 Appendix d: State Commentary 224physically abused by another child in the home. By policy, no child under the age of 13 may be named as a perpetrator of sexual abuse. There are no other policies governing the age at which a minor may be named as a perpetrator. new Hampshire does not code any perpetrator relationships as “other.”Services “Other” services in Element 85 includes “iSO in-Home,” an individual Service Option that provides comprehensive services for children/youth with significant challenges, which may be medical, physical, behavioral or psychological. The service therefore fits into several different service categories, but not precisely into any one category. new Hampshire is only able to report services that were paid for directly by the child protec - tion agency. Any services that were paid for by Medicaid or the family’s own health insur - ance are not reported for: 67: Counseling Services72: Health-Related and Home Health Services83: Substance Abuse Services new Hampshire does not provide or collect data on the following services, as defined by nCAndS: 66: Case Management Services70: Employment Services71: Family Planning Services73: Home Based Services76: information and Referral Services74: Housing Services77: Legal Services80: Respite Care Services Special Focus new Hampshire does not yet collect data on service referrals for substance-exposed infants. We have added the fields to our SACWiS and will begin collecting this in 2020. new Hampshire investigates sex trafficking only when the alleged perpetrator is a member of the child’s household, having regular access to the child. This is consistent with the manner in which we screen in other reports of sexual abuse or physical abuse. That household mem-ber does not need to be a caregiver in order to be named as a perpetrator. Other reports of sex trafficking, by perpetrators who are not household members, are referred to law enforcement, and those perpetrators (and victims) are not reported in nCAndS. Sex Trafficking data are reported for the full federal fiscal year.New Hampshire (continued) Child Maltreatment 2019 Appendix d: State Commentary 225New Jersey Contact Nicole Ruiz Phone 609–888–7336 Title Program Specialist Office of Research, Evaluation and Reporting Email nicole.ruiz@dcf.nj.gov Address New Jersey Department of Children and Families 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 the system. The state is continuously making enhancements toward improving the quality of nCAndS data. Reports This year, the state data shows an increase in the number of screened-in referrals (reports). The State department of Children and Families (dCF), division of Child Protection and Permanency (CP&P) investigates all reports of child abuse and neglect. The State system allows for linking multiple CPS Reports to a single investigation. The state has the capability to record the time and date of the initial face-to-face contact made to begin the investigation. Structured decision-Making assessment tools, including Safety and Risk Assessments, are incorporated within the investigation screens in the SACWiS. These tools are required to be completed in the system prior to documenting and approving the investigation disposition. Children This year, the state data shows a decrease in the number of substantiated victims. This remains consistent with prior years and shows a continued trend in the decrease of victimiza-tion rates. Children with allegations of maltreatment are designated as alleged victims in the CPS Report and are included in the Child File. The nCAndS category of neglect includes medical neglect. The state SACWiS allows for reporting more than one race for a child. Race, Hispanic/Latino origin, and ethnicity are each collected in separate fields. Fatalities Child fatalities are reported to the new Jersey department of Children and Families Fatality and Executive Review Unit by many different sources including law enforcement agencies, medical personnel, family members, schools, offices of medical examiners and occasionally child death review teams. The CP&P Assistant Commissioner makes a determination as to whether the child fatality was a result of child maltreatment. The nCAndS state contact consults with the Fatality and Executive Review Unit Coordinator and the Child Protection and Permanency (CP&P) Assistant Commissioner to ensure that all child maltreatment fatalities are reported in the state nCAndS files. The state SACWiS (new Jersey Spirit) is the primary source of reporting child fatalities in the nCAndS Child File. Other child maltreatment fatalities not reported in the Child File due to data anomalies, but which are designated child maltreatment fatalities by the Fatality and Executive Review Unit under the Child Abuse Prevention and Treatment Act (CAPTA), are reported in the nCAndS Agency File under Child Maltreatment Fatalities not Reported in the Child File. Child Maltreatment 2019 Appendix d: State Commentary 226Fluctuations in the number of fatalities from year to year are likely due to random case-level variation and are monitored closely. Perpetrators Perpetrators are defined as persons responsible for a child’s welfare who have abused or neglected a child. new Jersey requires them to be in a caretaker role to be considered a perpetrator. Services The Child Abuse and neglect State Grant is one funding source for the Child Protection and Substance Abuse initiative (CPSAi). We can report that with state grant funding, CPSAi served 2,262 individuals. The Social Service Block Grant served 180,110 children with case management services. This number is unduplicated and includes children who may have had a CPS report during the fiscal year. The State’s Community-Based Prevention of Child Abuse and neglect Grant funded seven Family Success Centers (FSC), the new Jersey Child Assault Prevention Program (nJCAP) and the Prevent Child Abuse new Jersey Program (PCAnJ). in addition, funding was provided to the Safe Haven program, the Help Me Grow program, and the Father Time program. in total, we can report that the Community-Based Prevention of Child Abuse and neglect Grant served 91,118 children. The state SACWiS reports those services specifically designated as Family Preservation Services, Family Support Services, and Foster Care Services as postinvestigation services in the Child File. The state can also report the number of children eligible for a referral to Early intervention Services and the number of children referred in FFY 2019. Compliance with this federal requirement is closely monitored by CP&P. Special Focus in 2013, new Jersey modified its allegation based system to include allegations of Human Trafficking; specifically, Sexual Exploitation. The Justice for Victims of Trafficking Act of 2015 now requires states to report the number of children determined to be victims of sex trafficking. We can report that for FFY 2019, we investigated 31 reports of sexual exploita - tion. nJ did not modify the age of a sex trafficking victim and only investigates allegations up until 18 years of age. in addition, nJ only investigates child abuse and neglect allegations of sex trafficking where the alleged perpetrator is in a caretaking role. it should be noted this number does not represent the children who may be subjected to human trafficking by a noncaretaker. These children do receive services; however, they are not included in the CPS report count. in 2017, new Jersey amended its regulations and further modified the allegation based system to capture allegations of Substance Affected newborns. This was in response to the Comprehensive Addiction and Recovery Act of 2016 (CARA). Community Outreach began in effort to inform our local healthcare partners of the new reporting requirements and new Jersey drafted internal policy around plans of safe care. in 2018, a pilot program was New Jersey (continued) Child Maltreatment 2019 Appendix d: State Commentary 227developed to assess and engage the families identified as meeting the requirements and plans of safe care training and implementation began to rollout statewide. By August 2019, new Jersey successfully trained all 46 local offices on CARA and Plans of Safe Care are now being completed in all the offices. Based on the office’s implementation schedule, new Jersey identified 1,308 substance exposed newborns; 1,028 had a Plan of Safe Care an 1,141 were referred to appropriate services. new Jersey is currently working on updating SACWiS and will be able to report the number of Plans of Safe Care created and the number Referred to Appropriate Services to nCAndS in FFY 20. new Jersey does not report screened-out iPSE referrals as the state investigates all allega - tions of child abuse and neglect; no reports or children are screened out.New Jersey (continued) Child Maltreatment 2019 Appendix d: State Commentary 228New Mexico Contact Doreen Chavez Phone 505–412–9868 Title SACWIS/AFCARS/NCANDS/FACTS Program Manager Prot ective S ervicesEmail doreen.chavez@state.nm.us Address Children, Youth & Families Department 4501 Indian School Rd NE, Bldg 3 Suite 200 Albu querque, NM 87110 General According to new Mexico state law and the agency’s policies and procedures regarding abuse and neglect investigations, a child may be determined to be a victim based on care -giver admission; physical facts or evidence; statements from collateral contacts or witnesses; child disclosure; and/or observation of the worker. There have been no recent changes in the state’ s policies, programs, or procedures that would affect new Mexico’ s FFY 2019 nCAndS submission. At this time, new Mexico does not have more than one type of response for screened-in reports. All screened-in reports are investigated. Screened-out reports are cross-reported to local law enforcement. Reports The number of screened-in referrals in FFY 2019 increased from new Mexico’ s FFY 201 8 nCAndS submission. This slight increase may be attributed to ongoing public awareness campaigns about reporting suspected child abuse and neglect. The agency has not made any significant changes to its call center processes and procedures, other than normal staff turnover and training, as well as concerted efforts to reduce call center wait times. The new Mexico definition for the investigation start date (“initiation”) is defined as the caseworker making face-to-face contact with each alleged victim identified in the report, rather than the individual child referenced in the Child File. new Mexico also measures initiation timeframes from the point at which the report is accepted by Statewide Central intake, rather than the point at which the report is received, or assigned to a worker in the county where the family resides. new Mexico does not currently report an incident date. new Mexico is considering modify -ing the state’s data collection system to capture incident information in the future. Children The total numbers of both unique children and unique child victims in FFY 2019 increased slightly from new Mexico’s FFY 2018 nCAndS submission. new Mexico investigation procedures do include face-to-face assessment of all children living in the household, regardless of whether they are identified as an alleged victim in the initial report. The state’s reporting of drug and alcohol abuse as a child risk factor does have significant limitations within our current reporting system. new Mexico plans to address these limitations with the imple -mentation of a CCWiS system and hopes that reporting will be improved for future submissions. Child Maltreatment 2019 Appendix d: State Commentary 229Fatalities Percent differences in fatalities from year to year are highly susceptible to broad fluctuation due to the overall low numbers of applicable fatalities occurring in the population. Because these records are included in the submission that corresponds with the investigation closure date, the length of time that some of these cases must remain open to allow for thorough investigation can also create year-over-year variation. new Mexico identifies applicable child fatalities for inclusion in the Agency File by 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 perpe - trator is a parent or other caregiver such as a relative, other household member, stepparent, guardian, foster parent, sibling, or any individual with responsibility for the care, supervision, and safety of a child. However, the agency does not report information on residential staff perpetrators, as CPS does not have jurisdiction under state law to investigate allegations of abuse and neglect in facilities. if such allegations are reported to Statewide Central intake, the following procedures are followed: ■The report is screened out to CPS but cross-reported to the law enforcement agency that has jurisdiction over the facility/incident; ■The report is cross-reported to the Licensing and Certification Authority, which as admin - istrative oversight of residential facilities; ■Upon request from law enforcement, CPS investigation staff may act in consultation in conducting investigations of child abuse and neglect in schools and facilities, and may assist in the interview process. Services Postinvestigation services are reported for any child or family involved in a child welfare agency report that has an identified service documented in the SACWiS as: 1) a service delivered, 2) a payment for service delivered, or 3) a component of a service plan. Services must fall within the nCAndS date parameters to be reported. The state is not able to report on the following services data fields regarding information and referral services: ■Special Services-Juvenile delinquency ■Employment Services ■Family Planning ■Housing services ■independent and Transitional Living ServicesNew Mexico (continued) Child Maltreatment 2019 Appendix d: State Commentary 230 ■Legal Services ■Pregnancy/Parenting Services for young parents ■Respite care Every substantiated investigation involving a child younger than 3 years old, per state policy, is referred to the Family infant Toddler (FiT) Program for a diagnostic assessment. The referral occurs within 2 days of the substantiation. The date of this referral is documented in the state SACWiS prior to approval of the investigation results. The worker also notifies the family of the referral and provides them with a copy of the FiT fact sheet. new Mexico no longer offers Family Preservation services per the Family Preservation Model. new Mexico offers in-Home Services, which is a clinical intervention aimed at reducing safety threats and enhancing parental protective capacities. in-Home Services is a 4- to 6-month intervention, specifically geared toward families who are at risk of child removal. new Mexico’s in-Home Services clinicians are all licensed social workers or licensed clinical counselors. Special Focus The state does not have the capacity to report sex trafficking as an allegation type at this time. As new Mexico transitions to a CCWiS, this change will be fully implemented and reporting will likely begin with the FFY 2021 nCAndS submission. new Mexico created House Bill 230, the Plan of Safe Care bill through a state-wide, public- private workgroup with over 160 stakeholders around the state with two and a half years leading up to the presentation at legislative session. The bill was created using data from national best practices and evidence based models that have proven better health outcomes and reduced healthcare costs related to substance use disorder. The bill was signed into law during the 2019 legislative session and became state law July 1, 2019. in conjunction with the bill, a change to Children’s Code was made that prenatal substance exposure does not, by itself, support a finding that the child was abused or neglected. The bill allowed the work - group to develop rules in conjunction with other stakeholders over the first 6 months. in addition to finalizing the rules the workgroup has been able to train the majority of the birthing hospitals in the state. The new process for substance exposed newborns is that every hospital will create a plan of care and evaluate the safety of the child. The evaluation of safety will occur in the context of the capacity of the mother similar to any mother with a chronic health condition such as epilepsy. if there are concerns for the safety of the child, a report should be made to the CPS Statewide Central intake. The plan of care for the newborn included assignment of a care coordinator and referrals to services providers for the infant and the caregivers. The plan of care goes to primary care providers for the infant, services providers where mother and infant were referred, and to insurance care coordinators. The notification of the plans of care go to the state department of Health and simultaneously to the state CPS agency through an online portal. The process of data reporting complies with federal regulations by the creation of an electronic portal in which hospitals enter plans of care. Plans of care are voluntary, and the process gives parents an opportunity to plan for the best care of their infant. Health insurance company care coordinators with their access to New Mexico (continued) Child Maltreatment 2019 Appendix d: State Commentary 231utilization data will monitor the infant’s access to primary care, early intervention, and home visiting programs. The care coordinators monitor the mother’s utilization of referred services as well. For FFY 2019 we received 44 plans of care as we piloted the plans of safe care with hospitals who were trained early on and wanted to begin the process starting July 1, 2019. due to the timing of the online portal development for plans of safe care, the state is unable to report relevant data elements in the FFY 2019 nCAndS submission. The state hopes to report these data in the FFY 2020 submission.New Mexico (continued) Child Maltreatment 2019 Appendix d: State Commentary 232New York Contact Vajeera Dorabawila, Ph.D. Phone 518–402–7386 Title Assistant Director Bureau of Research, Evaluation and Performance Analytics Strategic Planning and Policy DevelopmentEmail vajeera.dorabawila@ocfs.ny.gov Address New York State Office of Children and Family Services 52 Washington St, Room 323 North Rensselaer, NY 12144 General The state has expanded the number of local districts of social services using the alternative response, known as Family Assessment Response (FAR). Currently, FAR is offered in 19 Local districts of Social Services (LdSS) in new York state. data from both traditional Child Protective Services path and FAR path are reported in nCAndS. Reportsnew York state does not collect information about calls not registered as reports. Children Most of the nCAndS maltreatment type “other” is accounted for by the state maltreatment type “Parent’s drug/Alcohol Use.” The state is not able to report the nCAndS child risk factor fields. However, changes were made to the system to capture elements related to Comprehensive Addiction Recovery Act (CARA) which will be captured under alcohol and drug abuse risk factors for infants for FFY 2020. not all children reported in the Child File have AFCARS ids because the state uses different child identifiers for child protective services and child welfare. The child welfare identifier (AFCARS id) is only assigned if the child is receiving child welfare services. it is inconsis - tently updated in the child protective system, which is the primary source of the nCAndS submission. Additionally, the Justice Center for the Protection of People with Special needs (Justice Center) that investigates reports on institutional abuse uses a different child identi - fier. This results in multiple child identifiers mapped to the same child. new York state is exploring different avenues to reduce this and has reduced it over time. State statute and policy allow acceptance and investigation/assessment of child protective reports concerning certain youth over the age of 21. Fatalities State practice allows for multiple reports of child fatalities for the same child and deaths that occurred in previous years. Those that have been reported in previous years and reported in a case closed in FFY 2019 were removed from the nCAndS file. As a result, only deaths that occurred and were reported during the FFY were reported in the file. The number of fatali - ties decreased from FFY 2018 to FFY 2019. By state statute, all child fatalities due to suspected abuse and neglect must be reported by mandated reporters, including, but not limited to, law enforcement, medical examiners, coroners, medical professionals, and hospital staff, to the Statewide Central Register of Child Child Maltreatment 2019 Appendix d: State Commentary 233Abuse and Maltreatment. no other sources or agencies are used to compile and report child fatalities due to suspected child abuse or maltreatment. Perpetrators in new York a very low percent of perpetrators are mapped to “other”. The subject of the report (perpetrators) in new York, needs to be a person legally responsible. A person legally responsible includes a parent and there is no age limitation for parents. Persons Legally Responsible would be persons 18 years of age or older found in the same home and legally responsible for the child at the relevant time and they either caused the harm (or imminent risk of harm) to the child or allowed the harm to occur. Services The state is not able to report the nCAndS services fields at this time. Title xx funds are not used for providing child preventive services in this state. Special Focus For the FFY 2019 file allegation of sex trafficking was added to the Child File. However, data is not complete as this was added to the system towards the end of FFY. Collection of data on infants with prenatal substance abuse was implemented towards the end of FFY and new York plans to report it in the FFY 2020 file.New York (continued) Child Maltreatment 2019 Appendix d: State Commentary 234North Carolina Contact Joy Smith Phone 919-527-6433 Title Data Analyst Email joy.h.smith@dhhs.nc.gov Address NC Division of Social Services 820 S. Boylan Ave., 2415 Mail Service Center Raleigh, NC 27699 The state was not able to submit commentary in time for the Child Maltreatment 2019 report. Child Maltreatment 2019 Appendix d: State Commentary 235North Dakota Contact Jennifer Grabar Phone 701–328–1863 Title Assistant Child Protection Services Administrator Email jjgrabar@nd.gov Address North Dakota Department of Human Services 600 East Boulevard Avenue Bismarck, ND 58505 General in the fall of 2018, north dakota Child Protection Services implemented a pilot project testing a redesigned Child Protection Services assessment process. This new process was pilot tested in 14 of 47 county jurisdictions with the goals of reducing the response time to face-to-face contact with victim children and the overall timeliness of the assessment process from receipt of the initial report to the time of decision/notification. The CPS Redesign Pilot project was implemented on September 17, 2018 to January 17, 2018. Prior to the project, counties in the pilot areas closed assessments within the 62 days allowed by administra - tive rule 41 percent of the time. At completion of the Pilot, 89 percent of assessments were completed within 62 days. Given the positive results of the pilot, an expansion group of 11 additional counties was included in the rollout on April 1, 2019. it is likely this redesign has resulted in a decrease in unique victims and unique perpetrators. Statewide rollout was delayed when redesign of the in-Home Services redesign identified a need for a more defined and safety-focused practice model. Statewide implementation of the redesigned CPS process is currently on hold pending statewide rollout of the new safety framework planned for early summer 2020. The rede - signed CPS process will be implemented statewide at that time. The redesigned process and shortened timeline data may impact nCAndS data during this reporting period. north dakota implemented a CPS alternative response option exclusive to substance exposed newborns (defined in state law as infants age 28 days or less) in november 2017 in response to the Comprehensive Addiction and Recovery Act amendments to CAPTA. this alterna-tive response option includes development and monitoring of a plan of safe care for each substance exposed newborn and each caregiver for the newborn, needs assessment and the absence of a “finding” of child abuse or neglect. The alternative response is voluntary and prenatal substance exposure remains in state law as a form of child neglect. Caregivers who decline participation in alternative response receive a standard CPS assessment response. data elements for alternative response have been included in the state’s data system but are not yet mapped to nCAndS Child File reporting. due to limited data resources, data from the alternative response assessments are not included in reporting for FFY 2019. The state intends to report for FFY 2020. Reports north dakota encompasses four American indian Reservations. These reservations are sovereign nations, each of whom maintains the reservation’s own child welfare system. Because of this, north dakota’s nCAndS data does not include child abuse and neglect data, or data on child deaths from abuse or neglect or near deaths from abuse or neglect which occurred in a tribal jurisdiction. Child Maltreatment 2019 Appendix d: State Commentary 236north dakota does not report a number of screened-out referrals. Under north dakota law, all referrals of suspected child abuse and neglect must be accepted. north dakota has adopted an administrative assessment process to correctly triage reports received. data regarding the number of children included in referrals that are administratively assessed is not collected. An administrative assessment is defined as: The process of documenting reports of suspected child abuse or neglect that do not meet the criteria for a Child Protection Services Assessment. Under this definition, referrals can be administratively assessed when the concerns clearly fall outside of the state child protection law. Such circumstances include: ■The referral does not contain a credible reason for suspecting the child has been abused or neglected ■The referral does not contain sufficient information to identify or locate the child ■There is reason to believe the reporter is willfully making a false referral (these are referred to the county prosecutor) ■The concern in the referral has been addressed in a prior assessment ■The concerns are being addressed through county case management or a department of Human Services therapist ■Referrals of pregnant women using controlled substances or abusing alcohol (when there are no other children reported as abused or neglected) are also included in the category of administrative assessments, as state law doesn’t allow for a decision of “services required” (substantiation) in the absence of a live birth. Assessments that are in progress when information indicates the report falls outside of the child abuse and neglect law may be terminated in progress. Referrals may also be sent to another jurisdiction when the children are not physically present in the county receiving the referral {these are referred to another jurisdiction (county, tribal, or state), where the children are present or believed to be present}. Referrals involving a native American child living on an indian Reservation are referred to tribal child welfare systems or to the Bureau of indian Affairs child welfare office. Referrals concerning sexual abuse or physical abuse by someone who is not a person responsible for the child’s welfare (noncaregiver) are referred to law enforcement. The number of administrative assessments or referrals in FFY 2019 is 9,701. This total breaks down to 4,296 administrative assessments; 1,804 administrative refer - rals; 3,427 terminated in progress; and 174 pregnant woman assessments. There were 7,418 completed full assessments. data mapping and calculating the response time, both in the Agency File and in the Child File, has proved to be quite challenging as there is a significant divergence between the state’s administrative rule and policies and the definitions required for nCAndS reporting. in the north dakota data system, there is only a single code allowed to indicate initiation of an assessment. State administrative rule allows initiation of an assessment to be done by completing a check for records of past involvement, by contact with the subject of a report, or with a collateral contact. in contradiction to the federal definition, the administrative rule does not list contact with a victim as an initiation activity. When a subsequent contact is made with a victim, there is not a separate code within the data system to indicate this action as initiation. Therefore, many assessments initiated under the state administrative rule do not meet the initiation definition in the Child File or Agency File. North Dakota (continued) Child Maltreatment 2019 Appendix d: State Commentary 237Another complicating factor is that system codes for contacts with children are often indicated as worker/child or worker/family, which may or may not indicate contact with a victim. This is due to multiple programs using case activity codes, but does not allow specific nCAndS mapping for victim contacts. Additionally, the initial face-to-face contact with a victim for purposes of a safety assessment is allowed, by state policy, to be conducted by specific professional partners who have authority to provide immediate protection for the child (Law Enforcement, Medical Personnel, Juvenile Court staff, or Military Family Advocacy staff) in addition to a child welfare worker, in order to assure safety in a rural environment where minimal staffing, weather and distance can delay a worker’s ability to respond quickly. Given this policy, face-to-face contact by a partner may occur previous to the report received date/time. For example: Law enforcement is called to a home in the evening for a welfare check and determines that the children are not in immediate danger, so does not remove, but does follow up with a written report the following day. Face-to-face contact with the victim has occurred by someone with authority to protect the child, but occurs prior to the report date/time, by someone other than the child welfare worker, but does not count under the definitions in the Child File or Agency File. State policy also specifies that the response time may vary by the category of the report. Response times may vary from 24 hours before or after a report for the most serious category to three days before or after a report for moderate risk reports, to as much as 14 days before or after the report for low risk reports. Given this possible variation, these timeframes also do not meet the nCAndS definitions. When response time is calculated according to state policy and administrative rule, the response time is 212.2 hours. Because north dakota is a county administered system, the state can only determine the numbers of Full-Time Equivalents (FTEs) employed by a county for certain job titles, such as Social Worker or Family Service Specialist. These FTEs may be employed in various county programs for varying portions of their FTE. For Example: A county employee may be a full FTE, but ¼ time will be CPS functions, ¼ time may be foster care, ¼ time may be in adult services, 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. Additionally, intake and report analysis functions are the responsibility of each county office. north dakota does not have a centralized intake “hotline”. Additionally, counties may assign non-child welfare staff, such as clerical staff or economic assistance staff, to conduct CPS intake functions. These personnel are not included the counts. in an attempt to glean the required information for nCAndS reporting, the state has initi - ated a survey of the counties in which the counties are asked to report the number of FTEs in their agency dedicated to CPS functions. The survey was administered in May 2019. For the director’s portion of the survey 28 of 53 counties reported. directors reported a total of 120 employees, including supervisors, responsible for intake and assessment. These were then reported as a corresponding portion of an FTE, resulting in a total of 81.1 FTEs. Of these approximately 81 FTEs, 13.7 were responsible for CPS intake functions, 57 were responsible for CPS assessment functions, and 10.4 were responsible for supervision functions. The worker demographic and training portion of the survey was completed by 56 of the workers/supervisors. The results of the worker demographic portion of the report are included in the state’s CAPTA report. As roughly half of the state’s counties, including the North Dakota (continued) Child Maltreatment 2019 Appendix d: State Commentary 238second and third largest counties in the state, did not return survey results, the above data may not be a true representation of the state’s workforce. Children due to mapping requirements and limited data resources, nCAndS mapping for risk factor data elements are limited for this reporting period. The data reporting is expected to improve when the revised risk factor changes are mapped for nCAndS reporting. Fatalities AAll fatalities were reported in the Child File. The north dakota department of Human Services, Children and Family Services division is the agency responsible for coordination of the statewide Child Fatality Review Panel as well as serving as the state’s child welfare agency. The Administrator of Child Protection Services serves as the Presiding Officer of the Child Fatality Review Panel. This dual role provides for close coordination between these two processes and aides in the identification of child fatalities due to child abuse and neglect as a sub-category of child fatalities from all causes. The north dakota Child Fatality Review Panel coordinates with the north dakota department of Health Vital Records division to receive death certificates for all children, ages 0-18 years, who receive a death certificate issued in the state. These death certificates are screened against the child welfare database and any child who has current or prior CPS involvement as well as any child who it can be determined is in the custody of the department of Human Services, county social services, or the division of Juvenile Services at the time of the death is selected for in-depth review by the Child Fatality Review Panel, along with any child whose Manner of death as listed on the death Certificate as “Accident”, “Homicide”, “Suicide” or “Undetermined.” Any child for whom the Manner of death is listed on the death Certificate as “natural”, but whose death is identified as sudden, unexpected or unexplained is also selected for in-depth review. As part of these in-depth reviews, records are requested from any agency identified in the record as having involvement with the child in the recent period prior to death, includ - ing law enforcement, medical facilities, Child Protection Services, the County Coroner and the State Medical Examiner’s Office for each death. Under north dakota law, any hospital, physician, medical professional, medical facility, mental health professional, mental health facility, school counselor, or division of juvenile services employee shall disclose all records of that entity with respect to any child who has or is eligible to receive a certificate of live birth and wo has died. Additionally, the State Medical Examiner’s Office forensic patholo - gists participate in conducting the reviews. data from each review is collected and main - tained in a separate database. it is this database that is correlated with data extracted from the child welfare database for nCAndS reporting. Even though the nCAndS data does not contain child welfare data concerning children in tribal jurisdiction, the state is confident that all deaths in the state from all causes are identified, reviewed and reported. Perpetrators north dakota reports unknown perpetrators as unknown within the state’s data system (FRAME). Perpetrator ids for unknown perpetrators are unique to each assessment. institutional Child Protection Services are addressed in a separate section of the state statute. North Dakota (continued) Child Maltreatment 2019 Appendix d: State Commentary 239Under state statute, “institutional child abuse or neglect” means situations of known or suspected child abuse or neglect when the institution responsible for the child’s welfare is a residential child care facility, a treatment or care center for individuals with intellectual disabilities, a public or private residential educational facility, a maternity home, or any residential facility owned or managed by the state or a political subdivision of the state. An individual working as facility staff is not held culpable within institutional Child Protection Services, rather, the facility itself is considered to be a ‘subject’ (perpetrator) of the report. Assessments of institutional child abuse or neglect are assessed at the state level, by regional staff, rather than at the county level as are CPS reports that are non-institutional. All reports of institutional child abuse and neglect are reviewed by a multi-disciplinary State Child Protection Team on a quarterly basis. determinations of institutional child abuse and neglect are made by team consensus. A determination of “indicated” means that a child was abused or neglected by the facility. A decision of “not indicated” means that a child was not abused or neglected by the facility. There were 128 reports of institutional Child Abuse or neglect in FFY 2019 resulting in 126 completed full assessments. Of these full assessments 31 had a finding of “not indicated” and 7 had a finding of “indicated”. There were 61assessments Terminated in Progress. There were 12 reports of iCPS that were administratively assessed/administratively referred (see above under ‘reports’ for definitions of administrative assessments and referrals). There remained 15 assessments open at the time of this report. Services The methods for Agency File data components 5.1 and 5.2 include only children less than 3 years of age.. Of the children eligible and not referred, two children had been previously referred and were receiving idEA services, there were three children whose whereabouts were unknown and three children were deceased. The reason for non-referral for the remain - ing children was not available. The state has limitations when reporting reunification services. Case management services provided by county agencies are dependent upon correct data entry connecting the service with the CPS assessment. Additionally, services provided through referral to service provid - ers outside the county agency may only be documented in narrative form, which prohibits data extraction. Special Focus data fields have been added to the child welfare data management system to capture the maltreatment type of sex trafficking as well as sex trafficking as a child risk factor. This data has not yet been mapped for nCAndS reporting. There were no children with an identified maltreatment of sex trafficking in FFY 2019 and 5 children with an identified child risk factor for sex trafficking. An identified child risk factor indicates that trafficking may have occurred by someone who is not a “person responsible for a child’s welfare” under state law. According to state law a “Substance exposed newborn” means an infant younger than 28 days at the time of the initial report of child abuse or neglect and who is identified as being affected by substance abuse or withdrawal symptoms or by a fetal alcohol spectrum disorder. North Dakota (continued) Child Maltreatment 2019 Appendix d: State Commentary 240The state law requires referral services and monitoring of support services for caregivers as well as a plan of safe care for the newborn, mirroring the federal CARA legislation amending CAPTA. On June 1, 2018, fields were added to the child welfare data management system to enable the entry for plans of safe care as well referrals to CARA related services for the sub - stance exposed newborn and the affected caregiver(s). Plans of safe care were developed to have both required and optional elements. Required elements include providing information regarding safe sleep and Period of Purple Crying as well as assuring adequate medical care, and safe housing. This data has not yet been mapped for nCAndS reporting. There were 214 substance exposed newborns identified during this reporting period. Of the 214 identified substance exposed newborns, 176 of them had a plan of safe care developed (81 percent); all 176 of these substance exposed newborns and their affected caregivers received some degree of appropriate services. .North Dakota (continued) Child Maltreatment 2019 Appendix d: State Commentary 241Ohio Contact Denielle Ell-Rittinger Phone 614–752–1143 Title Program Administrator Email denielle.ell-rittinger@jfs.ohio.gov Address Office of Families and Children Ohio Department of Job and Family Services PO Box 183204 Columbus, OH 43218–3204 General Ohio implements a differential Response (dR) System for screened in reports of alleged child abuse and/or neglect. The dR system is comprised of a traditional response (TR) pathway and an alternative response (AR) pathway. Children who are subjects of reports assigned to the AR pathway are mapped to nCAndS as AR nonvictim and have a disposi - tion of “AR.” who are “alleged child victims” of reports assigned to the TR pathway receive a disposition: ■Unsubstantiated —the assessment/ investigation determined no occurrence of child abuse or neglect. ■Substantiated —there is an admission of child abuse or neglect by the person(s) 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. ReportsThe total number of screened-out referrals received between FFY 2018 and FFY 2019 remained relatively unchanged. Likewise, the number of screened-in referrals (reports) between FFY 2018 and 2019 increased slightly. Children Requirements to record the race/ethnicity of children in Statewide Automated Child Welfare information System (SACWiS) were effectuated in FFY 2015 and remain in place today. Child victims as reported by Ohio are children who have received a disposition of substanti - ated or indicated in the traditional response pathway. Fatalities Child maltreatment deaths reported in Ohio’s nCAndS submission are compiled from the data maintained in the SACWiS. The SACWiS data contains information on those children whose deaths were reported to a public children services agency (PCSA) or children involved in a child protective services (CPS) report who died during the assessment or investiga - tion period. As a county administered CPS system, Ohio PCSAs have discretion of which referrals are accepted for assessment or investigation. in some cases, the PCSA will not investigate a child fatality report unless it is deemed there was suspected abuse or neglect or other children in the home who may be at risk of harm or require services. Referrals of child deaths due to suspected maltreatment not accepted by the PCSA are investigated by law enforcement. Ohio continued to improve in the collection of data surrounding child fatalities and fewer errors were made this year. Child Maltreatment 2019 Appendix d: State Commentary 242Perpetrators The nCAndS category of “other” perpetrator relationship includes nonrelated (nR) child and nR adult. These are catch-all categories that can be used for any individual who is not a family member. Guidance continues to be provided to agencies to select the most appropriate relationship code (e.g., neighbor) instead of using the nonrelated categories. Services Ohio is continually working to improve the recording of services data in the SACWiS. Federal grant funds are used for state level program development and support to county agencies providing direct services to children and families. Ohio policy requires all children ages 0–3 with a substantiated report to be referred to Help Me Grow/Early intervention. Ohio has established a referral form that is used exclusively by child protective services agencies to refer families and children to Help Me Grow. Ohio’s Help Me Grow/Early intervention program is supervised by the Ohio department of Health and is administered through county agencies. This is the number of unique children ages 0–3 with a substantiated report disposition. Although the state does not report AR victims to nCAndS, the data include children and siblings served through both the alternative response pathway and the traditional response pathway. All children determined eligible were referred to Help Me Grow. Ohio’s SACWiS generates the Help Me Grow referral form. Special Focus Ohio began reporting sex trafficking in FFY 2018 for the purposes of nCAndS. The sex trafficking indicator always occurs with other maltreatment types. it is coded within the hierarchy, thus occurring after other maltreatments. Therefore, sex trafficking, does not populate under maltreatment-1 type but occurs in maltreatment-2-4 types. Sex trafficking is recorded on the harm description in SACWiS which is at the intake level and not the person level. it is then mapped back to the AP without regard to the relationship. in FFY 2019, Ohio improved substantially in collecting CARA related referral information.Ohio (continued) Child Maltreatment 2019 Appendix d: State Commentary 243Oklahoma Contact Elizabeth Roberts Phone 405–522–3715 Title Programs Manager II Email e.roberts@okdhs.org Address Child Welfare Services Oklahoma Department of Human Services P.O. Box 25352 Oklahoma City, OK 73125 General Oklahoma has continued with the commitment and emphasis on trauma-informed care as a priority in the state. The OK-TASCC, a demonstration grant through the Administration on Children, Youth and Families, Children’s Bureau, “initiative to improve Access to needs-driven, Evidence-Based/Evidence-informed Mental and Behavioral Health Services in Child Welfare” (HHS-2012-ACF-ACYF-CO-0279), was completed on September 30, 2018. The goal of the project was to improve the social and emotional well-being and restore the developmentally appropriate functioning of children and youth in the child welfare system that have mental and behavioral health needs. This would be accomplished through help - ing the Oklahoma department of Human Services-Child Welfare Services develop and implement comprehensive, integrated and reliable continuum of screening, assessment, and aligned service delivery. A trauma-informed/focused approach has been essential to enhance system-wide capacity and sustain the implementation activities required to address the multiple domains associated with well-being. As of June 2016, the implementation of the Child Behavioral Health Screener (CBHS) with child welfare (CW) staff was statewide and expanded to include Family Centered Services, adoptions and post-adoptions programs. The CBHS, tailored to different developmental levels, is a brief measure designed to screen monthly for presence of behavioral and trauma-related symptoms that may be negatively impacting child functioning in youth ages birth through seventeen years old. The monthly administration is aimed to improve the timely identification of behavioral health needs of children within child welfare services (CWS), improve quality of communication between CW staff and resource parents, and sustainably imbed this practice approach into CWS work processes. Through the administration of the CBHS we are identifying children’s behavioral and mental health needs earlier as well as those who would have potentially never been identified without this practice in place. in January of 2019, as dHS continues to improve access to needs-driven, evidence-based/ evidence-informed mental and behavioral health services in child welfare, the findings from the OK-TASCC project and the CBHS that was implemented in family-based care enabled dHS to expand the screening to other levels of care, i.e. group home and shelter care. This expansion has allowed for all children, no matter their custody status or placement, to be screened and improve access to services. The dHS CW leadership team is committed to sustaining this screening practice through a trauma-informed care framework and in col - laboration with external partners and systems, including courts, schools, foster parents, and resource/service providers towards continued improved outcomes for children. Child Maltreatment 2019 Appendix d: State Commentary 244Reports 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 man - ner to a dHS county office is immediately referred to the Hotline. Each report received at the Hotline is screened to determine whether the allegations meet the definition of child abuse or neglect and are within the scope of child protective services (CPS). dHS responds to an accepted report of child abuse or neglect by initiating an assessment of the family or an investigation of the report in accordance with priority guidelines. The primary purpose of the assessment or investigation is the protection of the child. For assess - ments 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 communi - cate effectively about abuse, neglect, or any safety threat. A Priority i report indicates the child is in present danger and at risk of serious harm or injury. Allegations of abuse and neglect may be severe and conditions extreme. The situation is responded to immediately, the same day the report is received. Priority ii is assigned to all other reports. The response time is established based on the vulnerability and risk of harm to the child. Priority ii assessments or investigations are initiated within 2 to 10 calendar days from the date the report is accepted for assessment or investigation. An assessment is conducted when a report meets the abuse or neglect guidelines but does not constitute a serious and immediate safety threat to a child. The assessment uses the same comprehensive review to address allegations, identify behaviors and conditions in the home that lead to risk factors; and evaluate the protective capacities of the person responsible for the child’s health, safety, or welfare to address the safety needs of each child in the family. Assessments do not have findings. When a child is determined unsafe in the initial stages of the assessment and the family’s circumstances or the person responsible for care’s (PRFC) behavior poses a risk to the child, an investigation is immediately initiated by the Child Welfare specialist. The family is told an investigation rather than an assessment is necessary and the CW specialist immediately follows investigation protocol. An investigation is conducted when: a) a report meets the abuse or neglect guidelines and constitutes a serious and immediate threat to the safety of a child (10A O.S. § 1-2-105) ; b) there have been three or more reports accepted for assessment or investigation regarding the family per (10A O.S. §1-2-102) ; c) the family has been the subject of a deprived petition (10A O.S. §1-2-102) ; or d) the child was diagnosed with fetal alcohol syndrome or dHS determines the child meets the definition of “drug-endangered child” (10A O.S. § 1-1-105 and OAC 340:75-3-450) . Reports that are appropriate for screening out and are not accepted for assessment or investi - gation are reports: e) that clearly fall outside the definitions of abuse and neglect per OAC 340:75-3-120, includ - ing minor injury to a child 10 years of age and older who has no significant child abuse Oklahoma (continued) Child Maltreatment 2019 Appendix d: State Commentary 245and neglect history or history of neglect that would be harmful to a young or disabled child, but poses less of a threat to a child 10 years of age and older; b)concerning a victim 18 years of age or older, unless the victim is in voluntary placementwith dHS; c)where there is insufficient information to locate the family and child; d)where there is an indication that the family needs assistance from a social service agencybut there is no indication of child abuse or neglect; e)that indicate a child 6 years of age or older is spanked on the buttocks by a foster or trialadoptive parent with no unreasonable force used or injuries observed per OAC 340:75-3-410; and f)that indicate the alleged perpetrator of child abuse or neglect is not a PRFC, there is noindication the PRFC failed to protect the child, and the report is referred to local lawenforcement. 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 pre - viously accepted and assigned report are considered subsequent reports and may be screened out and the allegations addressed in the on-going report. SB576 amended 10A O.S. 2011 § 1-2-101 , which previously referenced “every teacher of any child under the age of 18 years” to “every school employee having reason to believe that a student under the age of 18 years is a victim of abuse or neglect shall report the matter immediately to the department of Humans Services and local law enforcement.” Children Oklahoma defines a child as any unmarried person younger than 18 years of age, including an infant born alive. A “drug endangered child” is defined as a child who is at risk of suffering physical, psychological, or sexual harm as a result of the use, possession, distribution, manufacture, or cultivation of controlled dangerous substances or the attempt of any of these acts by a Person Responsible For Care (PRFC). a.This term includes circumstances wherein the PRFC’s substance use or abuse interfereswith his or her ability to parent and provide a safe and nurturing environment for the child. b.(10A O.S. § 1-2-101) Every physician, surgeon, or other health care professional includ - ing doctors of medicine, licensed osteopathic physicians, residents and interns, any other health care professional, or midwife involved in the pre-natal care of expectant mothers or the delivery or care of infants who test positive for alcohol or a controlled dangerous substance, must promptly report the matter to the dHS. This includes infants who are diagnosed with neonatal abstinence syndrome or fetal alcohol spectrum disorder. c.Whenever dHS determines that a child meets the definition of a “drug-endangeredchild” or was diagnosed with neonatal abstinence syndrome or fetal alcohol spectrum Oklahoma (continued) Child Maltreatment 2019 Appendix d: State Commentary 246disorder, and the referral is assigned, dHS conducts an investigation of the allegations and does not limit the evaluation of the circumstances to an assessment, (10A O.S. § 1-2-102) . d. Whenever dHS determines an infant is diagnosed with neonatal abstinence syndrome or fetal alcohol spectrum disorder, dHS develops a plan of safe care that addresses the infant and affected family member or caregiver and, at a minimum, their health and substance use or abuse treatment needs. Effective november 1, 2019, HB1075 enacted that every child taken into custody by dHS shall be given a standardized assessment within 21 days of entering custody. The assessment shall evaluate the physical, developmental, medical, mental health and educational needs of the child and shall be considered when developing placement and service plans for the child. Fatalities Oklahoma investigates all reports of child death and near death that are alleged to be the result of abuse or neglect. When dHS has reasonable cause to suspect that a child death or near-death is the result of abuse or neglect, dHS notifies the Governor, the President Pro Tempore of the Senate, and the Speaker of the House of Representatives of the initial inves - tigative findings of the child protective services review. notice is communicated securely no later than 24 hours after the reasonable determination of suspicion. (10A O.S. § 1-6-105) A final determination of death or near death due to abuse or neglect is made after a report is received from the office of the medical examiner which may extend beyond a 12-month period. Fatalities are not reported to nCAndS until both the investigation and Child Protective Services program review, which is inclusive of the final determination, are completed. The Child Protective Services Programs Unit program review includes: a) a review of the case record which is inclusive of the Report to district Attorney; law enforcement reports; medical examiner’s Report of Autopsy; medical records pertain - ing to the death or near-death and previous records when applicable; all pertinent case information b) an assessment of compliance of findings with CPS standards per OAC 340:75-3-120 and OAC 340:75-3-130 c) requests for additional information when determined necessary. The Oklahoma Child death Review Board conducts a review of every child death and near death in Oklahoma. The Bureau of Vital Statistics forwards all death certificates of persons under 18 years of age to the Office of the Chief Medical Examiner monthly, received during the preceding month. The Office of the Chief Medical Examiner conducts an initial review of death certificates in accordance to the criteria established by the Child death Review Board and refers to the Board cases that meet the criteria. The Child death Review Board is composed of 27 members or designees (10 O.S. 1150.3) . Fourteen members are specified positions, including the Chief Medical Examiner, the director of the department of Human Services, the State Commissioner of Health, the State Epidemiologist of the State department of Health, the director of the Oklahoma State Oklahoma (continued) Child Maltreatment 2019 Appendix d: State Commentary 247Bureau of investigation, and the Chair of the Child Protection Committee of the Children’s Hospital of Oklahoma. Thirteen of the members are appointed and include law enforcement, attorneys, social workers, physicians, advocacy, a psychologist, and emergency medical personnel. State Office Child Protective Services staff work closely with the Child death Review Board and participate as a member of this board. The Child death Review Board powers and duties are contained in 10 O.S. 1150.2 . Perpetrators Oklahoma defines a person responsible for the child’s health, safety, or welfare (PRFC) as: a)the child’s parent, legal guardian, custodian (10A O.S. §1-1-105) , or foster parent; b)a person 18 years of age or older with whom the child’s parent cohabitates or any otheradult residing in the home of the child; c)an agent or employee of a public or private residential home, institution, facility, or daytreatment program (10 O.S. § 175.20) ; d)an owner, operator, or employee of a child care facility (10 O.S. § 402) whether the homeis licensed or unlicensed; or e)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. (10A O.S. §1-2-102) A referral to law enforcement is immediately made either verbally or in writing for the purpose of conducting a possible criminal investigation when, upon receipt of a report alleging abuse, neglect, or during the assessment or investigation, dHS determines: a)the alleged perpetrator is someone other than a PRFC (third-party perpetrator) b)abuse or neglect of the child does not appear attributable to failure on the part of a PRFC to provide protection for the child After making the referral to the appropriate law enforcement jurisdiction, dHS is not respon - sible for further investigation unless: a)dHS has reason to believe, or law enforcement has determined that the alleged perpetrator is a parent of another child, not the subject of the criminal investigation, or is a PRFC of another child; b)The appropriate law enforcement jurisdiction requests dHS participate in the 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.Oklahoma (continued) Child Maltreatment 2019 Appendix d: State Commentary 248Services Postinvestigation services are services that are provided during the investigation and con - tinue after the investigation, or services that begin within 90 days of closure of the investiga - tion. in cases where the family would benefit from services and the child can be maintained safely in the home, dHS can refer to community services or refer the case to Comprehensive Home-Based Services through a dHS contracted provider. if referred to community services, the dHS investigation can be closed and dHS will determine within 60 days whether the family has accessed the recommended services and if the child remains safe. if the family is referred to Comprehensive Home-Based Services, dHS will open a Family Centered Services case and follow the family for up to six months. Special Focus 21 O.S. 748.2 dHS is responsible for investigating reports that a child may be a victim of human trafficking; a)Priority 1 response is required; b)joint investigation is conducted with law enforcement per OAC 340:75-3-110 and mayinvolve coordination with other states, when the child is not an Oklahoma resident; c)court order for emergency custody of the child is requested as soon as possible; d)plan is made for the child’s immediate behavioral health and medical treatment uponconfirmation that a court placed the child in dHS emergency custody; and e)notification of the report is made to the CPS Programs Unit noncaregiver perpetrators of sex trafficking are not included. By statute, dHS makes a refer - ral, verbally or in writing, to the appropriate law enforcement jurisdiction for the purpose of conducting a possible criminal investigation when dHS determines the alleged perpetrator is someone other than a PRFC. Also, by statute, dHS initiates a joint investigation with law enforcement when law enforcement determines a child may be a victim of human trafficking. Oklahoma defines a “substance exposed infant” as a newborn who tests positive for alcohol or a controlled dangerous substance with the exception of substances administered under the care of a physician. Oklahoma defines “substance affected infant” as one who was born experiencing withdrawal symptoms as a result of prenatal drug exposure or fetal alcohol spectrum disorder as determined by the direct health care provider. Oklahoma defines a “plan of safe care” as a plan developed for an infant with neonatal 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. When a referral is received and subsequently screened out and assigned as a plan of safe care, contact is made with the mother or caregiver within five-business days of receiving the referral. When a referral is received and accepted for Child Protective Services investigation, a plan of safe care is required in addition to following CPS investigation and safety analysis proto - cols found in Oklahoma Administrative Code 340:75-3-200, 340:75-3-220 , and 340:75-3-300 . The plan of safe care includes referring the infant to SoonerStart and a medical provider to Oklahoma (continued) Child Maltreatment 2019 Appendix d: State Commentary 249evaluate the effects of the substance on the child’s development. When available, a referral to a pediatric neonatal Abstinence Syndrome clinic is preferable. The CW specialist asks about any plans previously developed by a hospital or medical professional to address the infant’s and the mother’s or caregiver’s health and substance use or abuse treatment needs. Such plans are appropriate for inclusion in the plan of safe care. The mother or caregiver is referred to substance use or abuse services that include a sub - stance abuse assessment.Oklahoma (continued) Child Maltreatment 2019 Appendix d: State Commentary 250Oregon Contact Eloise Rasmussen Phone 503–945–6093 Title Data Collection and Reporting Research Analyst Office of Reporting, Research, Analytics and ImplementationEmail eloise.rasmussen@state.or.us Address Oregon Department of Human Services 500 Summer Street NE E72 Salem, OR 97301 General OR-Kids, which is the name for Oregon’s SACWiS.Oregon began a phased implementation of a two track response system called differential Response (dR) in May of 2014 and was ended by legislative action in April 2017. Both Traditional Responses (TR) and Alternative Responses (AR) were submitted to nCAndS during the years the differential Response system was implented. FFY 2019 data only includes Traditional Responses. Oregon will continue to work on improving the extraction procedures, as needed, in order to accurately report all nCAndS data. ReportsThe FFY 2019 number of screened in referrals (reports) increased from FFY 2018 due to centralization of screening and promotion of the Oregon Child Abuse Hotline. The increase in response time in Oregon, which has been historically higher than average, may result from hotline centralization and mandatory reporting law changes, without addition staff to cover the increased workload.The investigation start date is the date of actual child or parental contact. in Oregon, a referral is screened out when: 1)no report of child abuse/neglect has been made, but the information indicates there isrisk present in the family, but no safety threat. 2)A report of child abuse/neglect is determined to be third party child abuse, but thealleged 3)perpetrator does not have access to the child, and the parent or caregiver is willing andable to protect the child. 4)An expectant mother reports that conditions or circumstances would endanger the childwhen born. 5)The child protection screener is unable to identify the family. Children The nCAndS category “other” maltreatment type includes “threat of harm.” Fatalities There is no systemic cause for the increase in the number of fatalities between FFY 2018 and FFY 2019. The state reports fatalities in the Agency file. These cases are dependent upon medical examiner report findings, law enforcement findings and completed CPS assessments and the fatality cannot be reported as being due to child abuse/neglect until these findings are final. Reported fatalities due to child abuse for FFY 2019 represent deaths due to child abuse for cases where the findings were final and are correct as of January 29, 2020. Child Maltreatment 2019 Appendix d: State Commentary 251Services The state’s SACWiS system does not collect data on preventive services; therefore, it does not currently have nCAndS child-level reporting on these services. Further, the nCAndS Child File information on services is not complete at this time. Special Focus Additional programming is in place to capture data around infants with prenatal substance exposure including a safe plan of care and referral for appropriate services but was not imple - mented in our SACWiS system in time to capture any data for the FFY 2019 submission.Oregon (continued) Child Maltreatment 2019 Appendix d: State Commentary 252Pennsylvania Contact Susan Stockwell Phone 717–772–6902 Title Department of Human Services Email sstockwell@pa.gov Address Office of Children, Youth and Families 1006 Hemlock Drive Harrisburg, P A 17105 General Upon receipt of a report of suspected child abuse, the department shall immediately transmit an oral notice or a notice by electronic technologies to the appropriate county agency that a report of suspected child abuse has been received. The notice shall include the substance of the report. if the report received does not suggest suspected child abuse but does suggest a need for social services or other services or assessment, the department shall transmit the information to the county agency for appropriate action. These allegations or concerns are referred to as General Protective Services (GPS) and are not classified as child abuse in Pennsylvania. The information shall not be considered a child abuse report unless the agency to which the information was referred has reasonable cause to suspect after assessment that abuse occurred. if the agency has reasonable cause to suspect that abuse occurred, the agency shall notify the department and the initial report shall be upgraded to a child abuse report. Pennsylvania implemented a new Child Welfare information Solution (CWiS) on december 27, 2014. definitions outlined in this commentary reflect the amended statute that took effect december 31, 2014. Pennsylvania defines child abuse as intentionally, knowingly or reck - lessly doing any of the following:1)Causing bodily injury to a child through any recent act or failure to act. 2)Fabricating, feigning, or intentionally exaggerating or inducing a medical symptom ordisease which results in a potentially harmful medical evaluation or treatment to thechild through any recent act. 3)Causing or substantially contributing to serious mental injury to a child through any actor failure to act or a series of such acts or failures to act. 4)Causing sexual abuse or exploitation of a child through any act or failure to act. 5)Creating a reasonable likelihood of bodily injury to a child through any recent act or failure to act. 6)Creating a likelihood of sexual abuse or exploitation of a child through any recent act or failure to act. 7)Causing serious physical neglect of a child. 8)Engaging in any of the following recent acts: i.Kicking, biting, throwing, burning, stabbing, or cutting a child in a manner thatendangers the child. ii.Unreasonably restraining or confining a child, based on consideration of the method,location, or the duration of the restraint or confinement. iii. Forcefully shaking a child under one year of age. iv.Forcefully slapping or otherwise striking a child under one year of age. v.interfering with the breathing of a child. vi.Causing a child to be present at a location while a violation of 18 Pa.C.S. §7508.2(relating to operation of methamphetamine laboratory) is occurring, provided that theviolation is being investigated by law enforcement. Child Maltreatment 2019 Appendix d: State Commentary 253vii.Leaving a child unsupervised with an individual, other than the child’s parent, who the actor knows or reasonably should have known: A.) is required to register as a Tier ii or Tier iii sexual offender under 42 Pa.C.S. Ch. 97 Subch. H (relating to registration of sexual offenders), where the victim of the sexual offense was under 18 years of age when the crime was committed. B.) Has been determined to be a sexually violent predator under 42 Pa.C.S. §9799.24 (relating to assessments) or any of its predecessors. C.) Has been determined to be a sexually violent delinquent child as defined in 42 Pa.C.S. §9799.12 (relating to definitions). 9)Causing the death of the child through any act or failure to act. 10)Engaging a child in a severe form of trafficking in persons or sex trafficking, as thoseterms are defined under Section 103 of the Trafficking Victims Protection Act of 2000(114 Stat. 1466, 22 U.S.C. §7102). Reportsin Federal Fiscal Year (FFY) 2019, the number of reports for suspected child abuse decreased by from FFY 2018. The more recent decreases in reports over the last two years may indicate an improved understanding of the types of suspected abuse required to be reported by mandated reporters. Between 2014 and 2017, Pennsylvania had seen a continuous increase in reports received largely due to legislative changes enacted in late 2014 which expanded the definitions of child abuse and perpetrator, streamlined and clarified mandatory child abuse reporting processes, increased penalties for failure to report suspected child abuse, and protected persons who report child abuse. The law now requires a mandated reporter to make a direct report to the child abuse hotline rather than notifying a designated individual within their organization who was responsible to make the report. The amendments to the definition of child abuse, specifically the inclu-sion of additional categories of abuse and the lower threshold for substantiating a report of child abuse, have led to an increase in the number of reports being made, as well as the substantiation of these reports. Along with the amendments to the definition of child abuse, the definition of perpetrator has also been expanded to capture additional categories of individuals as perpetrators when they abuse a child. Children in FFY 2019 the number of duplicate victims (a child may be a victim on more than one report) increased from FFY 2018. This increase is likely due to the amendments to the law as described above. Fatalities Pennsylvania law requires that every child fatality and near fatality resulting from substanti - ated abuse, or for cases in which no status determination has been made within 30 days, be reviewed at the county level. A state level review is conducted on all fatalities and near fatalities where abuse is suspected regardless of status determination. The information and data collected from both levels of review are analyzed for trends and risk factors across Pennsylvania. These reviews and analyses provide the foundation used for determining the root causes of severe child abuse and neglect; they are also used to better understand what responses or services Pennsylvania (continued) Child Maltreatment 2019 Appendix d: State Commentary 254can be used in the future to prevent similar occurrences. Pennsylvania does not use data from sources and agencies other than child protective services to compile and report child fatalities. Perpetrators Pennsylvania defines a perpetrator as a person who has committed child abuse and is any of the following: ■A parent of the child. ■A spouse or former spouse of the child’s parent. ■A paramour or former paramour of the child’s parent. ■A person 14 years of age or older and responsible for the child’s welfare or having direct contact with children as an employee of child-care services, a school or through a pro - gram, activity or service. ■An individual 14 years of age or older who resides in the same home as the child. ■An individual 18 years of age or older who does not reside in the same home as the child but is related within the third degree of consanguinity or affinity by birth or adoption to the child. ■An individual 18 years of age or older who engages in severe forms of trafficking in persons or sex trafficking, as those terms are defined under section 103 of the Trafficking Victims Protections Act of 2000 (114 Stat. 1466, 22 U.S.C. § 7102). Additionally, only the following may be considered a perpetrator for failing to act: ■A parent of the child. ■A spouse or former spouse of the child’s parent. ■A paramour or former paramour of the child’s parent. ■A person 18 years of age or older and responsible for the child’s welfare. ■A person 18 years of age or older who resides in the same home as the child. Services Pennsylvania currently reports limited services data and plans on providing more complete services data in the future. Special Focus Pennsylvania includes noncaregiver perpetrators in sex trafficking reporting. Pennsylvania currently does not collect data for the iPSE-related fields in the statewide system. Pennsylvania (continued) Child Maltreatment 2019 Appendix d: State Commentary 255Puerto Rico Contact Lisa M. Agosto Carrasquillo Phone 787–625–4900 Title Director Central Registry Email lmagosto@familia.pr.gov Address Administration for Families and Children (ADFAN) 185 Roosevelt Avenue, San Juan PR 00910 PO Box 194090 San Juan, PR 00919-4090 Contact Glenda Gerena Ríos Phone 787–625–4900 Title Deputy Administrator Email glenda.gerena@familia.pr.gov Address Administration for Families and Children (ADFAN) 185 Roosevelt Avenue, San Juan PR 00910 PO Box 194090 San Juan, PR 00919-4090 General Sufficiency and pertinence in the information collected in the investigation process is based on the security model adopted by the agency, evaluating the safety of the children and mak - ing an assessment of the family. The Puerto Rico department of the Family (dF) is the agency of the Government of Puerto Rico responsible for the provision of the diversity and /or a variety of social welfare services. The department of the Family composition is as follows: The department of the Family composition is as follows: ■Office of the Secretary ■Administration for Children and Families- ACF (AdFAn, Spanish acronym) ■Administration of the Socioeconomic development of the Family (AdSEF, Spanish acronym) ■Child Support Administration (ASUME, Spanish acronym), enacted by PL 86, August 17,1994 ■Administration for integral development of Childhood (ACUdEn, Spanish acronym)PL-179 August 1, 2003 The Administrations are agencies dedicated to execute the public policy established by the Secretary, in the different priority areas of services to children and their families including the elderly population in Puerto Rico. it establishes the standards, norms and procedures to manage the programs and provide the operation and supervision of the integrated Services Centers (iSC) at the local levels. The regional levels (10 regional offices) supervise the local offices. They are also responsible for implementing and developing those functions delegated by the Secretary through the redefinition and reorganization of the variety of services for the family including traditional services and the creation of new methods and strategies for respond - ing to the needs of families. Work plans are prepared in agreement with the directives and require final approval of the Secretary. Appendix d: State Commentary 256 Child Maltreatment 2018The functions and responsibilities of AdFAn are executed through the following program - matic 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 investiga- tion 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. ReportsThe referrals are evaluated according to the criteria already established in the security manual, the call screening is handled according to a protocol of included questions that reflect the collection of data aimed mainly at the identification of security situations in which it is necessary to take an action from the handling of the call with rapid response agencies to protect minors. Children The increase in the number of victims between 2018 and 2019 is attributed to the increase in social problems that resulted from the natural disaster. Fatalities After the national emergency, the effect of the catastrophe on the population caused an increase in social problems such as homelessness, increased mental health problems, sui-cides, economic problems in families, housing crisis, lack of access to health services, among others as risk factors that contribute to the increase in cases of child abuse and fatalities. in Puerto Rico, interventions of those child fatalities referred through the direct line are carried out, even if an allegation of abuse is not clear. For these situations we handle what we call a “social emergency” that allows us to perform an intervention to verify the circum - stances presented in the death of the child and if a suspicion of abuse or neglect is identified, a referral is made for a complete investigation. Services Abrazo de Generaciones is a Project of initiative to promote that the children in foster care share with older adults who participate in CAMPEA program for a multi-generational meet - ing. The elderly promote affection in minors while giving them the opportunity to care for minors.Puerto Rico (continued) Appendix d: State Commentary 257 Child Maltreatment 2018Proyecto Jefas de Familia; to the improvement of the quality of life of PR, of the female heads of household who are participants in the services aimed at early childhood. it seeks to achieve empowerment and self-management by directing collaborative efforts between private and governmental entities to offer alternatives to our single mothers who seek to achieve self-management through the development of their own company. Special Focus Our system has the capacity to collect data related to sexual trafficking, these data are cataloged in the typologies, however, our file reflects a minimum amount of research in this area. This can be attributed to the fact that in our protection law, sex trafficking situa - tions are cataloged when the perpetrator is a father, mother or responsible person, but not a noncaregiver.Puerto Rico (continued) Appendix d: State Commentary 258 Child Maltreatment 2018Rhode Island Contact Leon Saunders Phone 401–528–3850 Title Agency IT Manager Information TechnologyEmail leon.saunders@doit.ri.gov Address Rhode Island Department of Children, Youth, and Families 101 Friendship StreetProvidence, RI 02903 General Ri policy defines child abuse/neglect as: a child whose physical or mental health or welfare is harmed, or threatened with harm, when his or her parent or other person responsible for his or her welfare. Person responsible for the child’s welfare” means the child’s parent or guard - ian, any individual, eighteen (18) years of age or older, who resides in the home of a parent or guardian and has unsupervised access to a child, a foster parent (relative or non-relative), an employee of a public or private residential home or facility or any staff person providing out-of-home care, which includes family child care, group child care and center-based child care. in 2018, dCYF implemented a change to the response types for screened-in referrals. Reports can now be screened-in for investigation or for family assessment response (FAR). The Family Assessment Response process is: A. The department utilizes a standardized screening tool to determine if a report made to the Hotline that contains a concern about the well-being of a child and does not meet the criteria for a child abuse/neglect investigation should be screened in for a family assessment. 1.The family’s participation in the family assessment is voluntary, the family may decline to participate. Should this occur, the family assessment caseworker and supervisor convene a meeting to reassess the risk and/or concerns to determine if they should be elevated to an investigation. if so, the family assessment caseworker files a report with the child abuse Hotline. 2.The department conducts a thorough assessment of child safety and risk for all childrenin the home during the family assessment response, and develops a safety plan with the family, if necessary. 3.The family assessment consists of: a.A face to face meeting is scheduled as soon as possible and must take place not laterthan three (3) business days of case assignment with the parent or guardian, thechild, and any other household members and family supports. Face to face contactwith the child who is the subject of the report and any siblings is subject to theconsent of the parent or guardian. b.Completion of a standardized risk and safety assessment. c.Criminal background checks and department clearances for caregiver(s), andhousehold members over the age of eighteen (18). d.Service assessment and delivery to stabilize and mitigate risk. B. information that may be screened in for a family assessment response includes, but is not limited to, the following vulnerability factors and risk areas: a.Child is age (6) six and under; b.caregiver or child’s emotional, physical, or developmental condition; c.circumstances indicating that the caregiver’s protective capacity may be compro - mised but not to the level of requiring an investigation. Appendix d: State Commentary 259 Child Maltreatment 2019d.A prior report within a twelve (12)-month period involving a family with a child age six (6) or under, or with two (2) or more children; e.One or more prior reports received on a family within a three (3)-month period; f.A prior indicated investigation or removal within the past twelve (12) months; g.Any other risk factors that may compromise the well-being of the child; or h.Whether the report was called in by a professional mandated reporter. C. Any report screened in for a family assessment response may be upgraded to an investiga - tion if there is any evidence or reason to suspect child abuse or neglect in accordance with this Rule and the Rhode island statute governing child abuse/neglect investigations. d. All efforts are made to complete each family assessment response within thirty (30) days.if an extension of the thirty (30) day timeframe for completion of a family assessment response is necessary, a supervisor and/or administrator may grant an extension request up to fifteen (15) additional days. ReportsThe state experienced a significant increase in the number of CPS reports received in FFY 2018 as a result of a highly publicized trial of a school employee who was charged with failure to report child abuse. Many of these were duplicated reports with multiple reporters calling into the hotline to ensure they followed the existing law. The law was amended in July 2018 and extensive training and outreach was done to ensure educational staff under - stood the state’s reporting requirements. The amendment to the law and the subsequent training led to a decrease in the number of duplicate reports received in FFY19. Children The state experienced a significant increase in the number of alleged victims in FFY 2018 as a result of a highly publicized trial of a school employee who was charged with failure to report child abuse. Many of these alleged victims were associated with duplicate CPS reports with multiple reporters calling into the hotline to ensure they followed the existing law. The law was amended in July 2018 and extensive training and outreach was done to ensure educational staff understood the state’s reporting requirements. The amendment to the law and the subsequent training led to a decrease in the number of alleged victims reported in FFY19. Fatalities The fatalities reported for child abuse and neglect in the Child and Agency Files only come from those reported to the department and recorded in RiCHiST. By state law, all child maltreatment is required to be reported to dCYF, regardless of whether it results in a death. There are no other sources except RiCHiST that collect fatality information. Perpetrators Rhode island reports noncaregiver perpetrators to nCAndS Services Rhode island does outsource many of our preventive services. The state funds five Family Care Community Partnerships (FCCPs), which operate in different geographic areas of the state. Families may be referred to FCCP services directly from the community or through the department.Rhode Island (continued) Child Maltreatment 2019 Appendix d: State Commentary 260 Child Maltreatment 2019Special Focus Rhode island has provided sex trafficking data for the entire FFY 2019. The data includes reports of noncaregiver perpetrators of sex trafficking. Barriers to collecting and reporting sex trafficking data include youth who do not want to disclose this information. Barriers to collecting and reporting infants with prenatal substance exposure include the absence of electronic data systems to allow external health providers to submit data on infants with prenatal substance abuse.Rhode Island (continued) Child Maltreatment 2019 Appendix d: State Commentary 261South Carolina Contact Lynn Horne Phone 803–724–5933 Title CAPSS Project Administrator CAPSS ITEmail lynn.horne@dss.sc.gov Address South Carolina Department of Social Services P.O. Box 1520 Columbia, SC 29201 General Ri policy defines child abuse/neglect as: a child whose physical or mental health or welfare is harmed, or threatened with harm, when his or her parent or other person responsible for his or her welfare. Person responsible for the child’s welfare” means the child’s parent or guard - ian, any individual, eighteen (18) years of ag Reports intake Referrals and Findings of Appropriate Response slightly increased in federal fiscal year (FFY) 2019 as South Carolina operationalized regionalized intake centers in a multiyear project. The implementation of regionalized intake staff and centralized intake practice and leadership is designed to increase the efficiency and consistency across the state related to evaluation and assignment of CPS referrals. Children The state investigates all children in the home at the time of investigation. if children are listed in the household, in CAPSS, but not a subject of the investigation, they are reported to nCAndS as nonvictims. The children in families referred for CBPS are reported in FFY 2019 nCAndS data submis - sion with a disposition of alternative response nonvictim and the nCAndS category of “other” maltreatment type. The number of children slightly increased as there were more referrals made to CBPS in FFY 2019 than in FFY 2018. All demographic information is reported on these children. Fatalities South Carolina department of Social Services (SCdSS), in response to gaps in child fatality practice and analysis, created a unit within the Child Welfare division. Law enforcement, the coroner, the medical examiner, and the department of Health and Environmental Control (Bureau of Vital Statistics division) report all child deaths that were not the result of natural causes, to the State Law Enforcement division (SLEd) for an investigation. SLEd investigates all preventable child deaths and then refers their findings to dSS, where this unit reviews the agency’s response to these child fatalities. The State Child Fatality Advisory Committee (SCFAC) also reviews a portion of cases referred from SLEd. As such, SCdSS’s comprehensive systems-level review, including SCdSS’s records, records collected by SLEd, and when available, records collected by the SCFAC, form the Child Fatality Unit’s determination that the child fatality was caused by maltreatment by a person responsible for the child’s welfare or maltreatment by a person responsible for the child’s welfare contributed to the child fatality for the purposes of reporting Agency File data. This list is compared to the agency’s SACWiS system and children whose deaths have been reported in the Child File (indicated by SCdSS for death by maltreatment) are removed. Child Maltreatment 2019 Appendix d: State Commentary 262Fatalities 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 SACWiS system. Perpetrators The “other” perpetrator relationship is used when the perpetrator is “unknown,” including the “unknown” perpetrator for a sex trafficking maltreatment. Special Focus South Carolina has added sex trafficking as a maltreatment and noncaregiver perpetrators will be reported. The state added an indicator to the intake to identify if the intake recipient is a substance affected infant, and therefore South Carolina anticipates reporting screened-out infants with prenatal substance exposure in FFY 2020. The state is still implementing the plan of safe care and referral to appropriate services fields.South Carolina (continued) Child Maltreatment 2019 Appendix d: State Commentary 263South Dakota Contact JoLynn Bostrom Phone 605–347–2588 ext. 203 Title Program Specialist Division of Child Protection ServicesEmail jolynn.bostrom@state.sd.us Address Department of Social Services 2200 W Main Street Sturgis, 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. South dakota Codified Law 26-8A-3 mandates which entities are required to report child abuse and neglect. “26-8A-3. Persons required to report child abuse or neglected child--intentional failure as misdemeanor. Any physician, dentist, doctor of osteopathy, chiropractor, optometrist, emergency medical technician, paramedic, mental health professional or counselor, podia - trist, psychologist, religious healing practitioner, social worker, hospital intern or resident, parole or court services officer, law enforcement officer, teacher, school counselor, school official, nurse, licensed or registered child welfare provider, employee or volunteer of a domestic abuse shelter, employee or volunteer of a child advocacy organization or child welfare service provider, chemical dependency counselor, coroner, or any safety-sensitive position as defined in § 3-6C-1, who has reasonable cause to suspect that a child under the age of eighteen has been abused or neglected as defined in § 26-8A-2 shall report that information in accordance with §§ 26-8A-6, 26-8A-7, and 26-8A-8. Any person who intentionally fails to make the required report is guilty of a Class 1 misdemeanor. Any person who knows or has reason to suspect that a child has been abused or neglected as defined in § 26-8A-2 may report that information as provided in § 26-8A-8.” South dakota Codified Law 26-8A-4 mandates that anyone who has reasonable cause to suspect that a child has died as a result of child abuse or neglect must report. The nCAndS category of “other” report source include clergy, community person, coroner, domestic violence shelter employee or volunteer, funeral director, other state agency, public official and tribal official. Child Maltreatment 2019 Appendix d: State Commentary 264Children The data reported in the nCAndS Child File includes children who were victims of sub - stantiated reports of child abuse and neglect where the perpetrator is the parent, guardian or custodian. Reports of abuse and neglect are categorized into five types- neglect, physical abuse, sexual abuse, sex trafficking, and/or emotional maltreatment. Medical neglect is included in the neglect category. Fatalities Children who died due to substantiated child abuse and neglect by their parent, guardian or custodian are reported as child fatalities. The number reported each year are those victims involved in a report disposed during the report period, even if their date of death may have actually been in the previous year. The state of South dakota reports child fatalities in the Child File and the Agency File. The reporting process required by SdCL 26-8A-4 stipulates that the report must be made to the medical examiner or coroner and in turn the medical examiner or coroner must report to the South dakota department of Social Services. “26-8A-4 . Additional persons to report death resulting from abuse or neglect--intentional failure as misdemeanor. in addition to the report required under § 26-8A-3, any person who has reasonable cause to suspect that a child has died as a result of child abuse or neglect as defined in § 26-8A-2 shall report that information to the medical examiner or coroner. Upon receipt of the report, the medical examiner or coroner shall cause an inves-tigation to be made and submit written findings to the state’s attorney and the department of Social Services. Any person required to report under this section who knowingly and intentionally fails to make a report is guilty of a Class 1 misdemeanor.” When CPS receives reports of child maltreatment deaths as required under SdCL 26-8A-4 from any source, CPS documents the report in FACiS (SACWiS). Reports that meet the nCAndS data definition are reported to nCAndS. The Justice for Children’s Committee (Children’s Justice Act Task Force) is also updated annually on the handling of suspected child abuse and neglect related fatalities. Perpetrators Perpetrators are defined as individuals who abused or neglected a child and are the child’s parent, guardian or custodian. The state information system designates one perpetrator per child per allegation. Services The Agency File data includes services provided to children and families where funds were used for primary prevention from the Community Based Family Resource and Support Grant. This primarily involves individuals who received benefit from parenting education classes or parent aide services. The South dakota, division of Child Protection Services with the consent of the parent, refers every child under the age of 3 involved in a substantiated case of child abuse or neglect South Dakota (continued) Child Maltreatment 2019 Appendix d: State Commentary 265to the department of Education’s Birth to Three Connections program. This program is responsible for the idEA services. The parent or guardian is advised by the division of Child Protection Services that with their permission, a referral to Birth to Three Connections will be made for a developmental screening of their child. The parent or guardian needs to sign a dSS information Authorization Form before the referral is made. The parent or guardian is also given a Birth to Three Connections brochure and provided the name of the service coordinator that will be contacting them to schedule the screening. The Birth to Three Connections intake form is then completed and faxed with the information Authorization to the Birth to Three Connections coordinators to determine eligibility and write an individual Family Service Plan for eligible children within 45 days of the receipt of the referral. not all children referred by the division of Child Protection Services to the Birth to Three program are eligible for services. Special Focus South dakota began collecting sex trafficking data on October 31, 2017. noncaregiver perpetrators of sex trafficking would be included if the agency received a report. South dakota began collecting data for the iPSE-related fields on October 31, 2017.South Dakota (continued) Child Maltreatment 2019 Appendix d: State Commentary 266Tennessee Contact Neal Thompson Phone 615–253–1017 Title Business Intelligence Specialist-Intermediate Strategic Technology Solutions Finance an d AdministrationEmail neal.thompson@tn.gov Address Davy Crockett Tower, 2nd floor 500 James Robertson Parkway Nashville, TN 37208 General There was a shift in supervision of the Regional “Readers” (staff that take the referrals from the Hotline and assign them to the field staff) to supervision by the Hotline which resulted in an increase in staff responsible for screenings and intake of reports during the year. implemented statewide, the Readers are empowered to prompt a conversation between the CPS Tracks prior to case assignment to determine the best approach to the allegations which affected the results of both report and maltreatment dispositions. Tennessee refers to the system as Multiple Response. There are three pathways: ■investigations: All cases deemed Severe Abuse including all child death/near death incidents, sexual abuse, and forms of physical abuse and neglect where a child has experi - enced harm or is at imminent risk of harm. ■Assessments: cases of child maltreatment with a risk of harm to a child. ■Resource Linkage: no direct child maltreatment but a identified need such as lack ofhousing, food or need for behavioral/mental health service referral. All calls and web-based referrals are processed by the centralized Child Abuse Hotline using a Structured decision Making (SdM) tool that incorporates laws and policies regarding the alternative response system. The cases that meet criteria are then submitted to each of the twelve regions or the Special investigation Unit. Hotline staff in each region known as “Readers” then review the cases and then assigns the referrals to front line workers. Reports A shift in supervision occureed of the Regional “Readers” (staff that take the referrals from the Hotline and assign them to the field staff) to supervision by the Hotline. More Hotline staff were added for FFY 2019. The CPS workforce data are calculated using full-time equivalents (FTEs). Children Tennessee is not able are not able to separate out specific substances for child or caregiver drug and alcohol risk factors. Fatalities infant/child deaths are investigated when there is a maltreatment allegation or the cause of death is unknown or not immediately clear. Perpetrators For a sexual abuse allegation, if the referral includes two children under the age of 13, each is listed as an alleged child victim unless the report contains information that one of the children used force or violence as part of the incident. Child Maltreatment 2019 Appendix d: State Commentary 267The SACWiS defines almost 70 different ACV to perpetrator roles, where the most selected role is “Alleged Perpetrator” which is mapped to the nCAndS value= 88 (other). The Agency will continue to work to improve ACV to perpetrator role identification in FFY 2020. Services A gra dual increase of PSS staff primarily centered on the drug Teams and Safe Baby Courts accounted for the ability to work more cases, which increased child victims (substantiated or indicated) whose families received family preservation services in the previous five years. Special Focus Sex Trafficking data was included for the entire FFY 2019 reporting period. The state does not separate out noncaregiver perpetrators.Tennessee (continued) Child Maltreatment 2019 Appendix d: State Commentary 268Texas Contact Mark Prindle Phone 512–929–6753 Title System Analyst Information and TechnologyEmail mark.prindle@dfps.state.tx.us Address Department of Family and Protective Services 2323 Ridgepoint Dr Austin, TX 78754 General Alternative Response (AR) is an approach that responds differently than traditional investiga - tions to reports of abuse/neglect. it allows for a more flexible, family engaging approach while still focusing on the safety of the children as much as in a traditional investigation. AR allows screened-in reports of low to moderate risk to be diverted from a traditional investigation and serviced through an alternative family centered assessment track. There will be no change in the number or type of clients served but alternative response clients will be served in a different manner. Generally, the Alternative Response track will serve accepted child abuse and neglect cases that do not allege serious harm. AR cases will differ from traditional investigations cases in that there will be no substantiation of allegations related roles, dispositions will not be used, names of perpetrators will not be entered into the Central Registry (a repository for confirmed reports of child abuse and neglect), and there will be a heightened focus on guiding the family to plan for safety in a way that works for them and therefore sustains the safety. Beginning in november, 2014, Alternative Response was initially implemented in Regions 1, 3, and 11 to begin practicing AR and to develop experience and expertise. implementation was staggered to allow for planning and training. Regions 7 and 9 were implemented in 2015. Regions 4, 5 and 10 were implemented in 2017. in 2018, Regions 2, 6b and 8 implemented AR. The family engagement/solution focused practice skills that are used in AR were introduced in Region 6A in 2019. AR will be fully implemented in Region 6A in 2020. Texas implemented the SdM Safety Assessment and Risk Assessment in investigations, and the SdM Family Strengths and needs Assessment in FBSS and conservatorship. The SdM system includes a series of evidenced-based assessments used at key points in child protection casework to support staff in making consistent, accurate, and equitable decisions throughout the course of their work with families. Reports All reports of maltreatment within dFPS’ jurisdiction are investigated, excluding those which during the screening process are determined not to warrant an investigation based on reliable collateral information. The state considers the start of the investigation to be the point at which the first actual or attempted contact is made with a principal in the investigation. in some instances, the worker will get a report about a new incident of abuse or neglect involving a family who is already being investigated or receiving services in an open CPS case. There are also instances in which workers begin their investigation when families and children are brought to or walk-in an office or 24-hour shelter. in both situations, the worker would then report the maltreat - ment incident after the first face-to-face contact initializing the investigation has been made. Because the report date is recorded as the date the suspected maltreatment is reported to the agency, these situations would result in the report date being after the investigation start date. Child Maltreatment 2019 Appendix d: State Commentary 269The state’s CPS schema regarding disposition hierarchy differs from nCAndS hierarchy. The state has “other” and “closed-no finding” codes as superseding “unsubstantiated” at the report level. Texas works on the principle that the two ends of the disposition spectrum are “founded” and “unfounded” with all else in the middle. nCAndS takes a slightly different view that the two “sure” points are “founded” and “unfounded” and everything else is less than either of these two points. The state’s hierarchy for overall disposition is, from highest to lowest, RTB-Reason to Believe, UTd-Unable to determine, R/O-Ruled Out and UTC-Unable to Complete. Mapping for nCAndS reporting is; RTB=01, UTd=88, UTC=07, and R/O=05. An inconsistency in the hierarchies for the state and for nCAndS occurs in investigations where an alleged victim has multiple maltreatment allegations and one has a disposition of UTd while the other has a maltreatment disposition of R/O. According to the state’s hierarchy, the overall disposition for these investigations is UTd. Mapping the report disposition to “unsubstantiated” as indicated in the nCAndS’s Report disposition Hierarchy report would be inconsistent with state policy. There is no CPS program requirement or state requirement to capture incident date so there is no data field in the SACWiS system for this information. Historical problem: the date when an abuse/neglect incident happened does not conform to only one date when abuse/neglect is ongoing. Therefore identifying one date would be inaccurate. Children The state does not make a distinction between substantiated and indicated victims. A child has the role of “designated victim” when he or she is named as a victim in an allegation that has a disposition of “reason to believe”. A child (age 10 or older) has the role of “designated both” (i.e., designated victim and des - ignated perpetrator in the same case) when he or she is named as a victim in an allegation that has a disposition of “reason to believe” and as a perpetrator in an allegation that has a disposition of “reason to believe.” A person (child or adult) has the role of “unknown (unable to determine)” when he or she is named in an allegation that has a disposition of “unable to determine” but is not named in another allegation that has a disposition of “reason to believe”. A person (child or adult) has the role of “unknown (unable to complete)” when he or she is named in an allegation that has a disposition of “unable to complete” but is not named in another allegation that has a disposition of “reason to believe” or “unable to determine”. A person (child or adult) has the role of “not involved” when: all the allegations in which the person is named have a disposition of “ruled out”, the overall disposition for the investigation is “administrative closure”, or the person was not named in an allegation as a perpetrator or victim. The state can provide data for living arrangement at the time of the alleged incident of maltreatment only for children investigated while in a substitute care living situation. All others are reported as unknown.Texas (continued) Child Maltreatment 2019 Appendix d: State Commentary 270Perpetrators A child (age 10 or older) has the role of “designated perpetrator” when he or she is named as a perpetrator in an allegation that has a disposition of “reason to believe.” A child (age 10 or older) has the role of “designated both” (i.e., designated victim and designated perpetrator in the same case) when he or she is named as a victim in an allegation that has a disposition of “reason to believe” and as a perpetrator in an allegation that has a disposition of “reason to believe.” A person (child or adult) has the role of “not involved” when: all the allegations in which the person is named have a disposition of “ruled out”, the overall disposition for the investigation is “administrative closure”, or the person was not named in an allegation as a perpetrator or victim. Fatalities The source of information used for reporting child maltreatment fatalities is the “reason for death’ field contained in the dFPS iMPACT system. ■if the state does not use information from the state’s vital statistics department, child deathreview teams, law enforcement agencies and medical examiners’ offices when report - ing child maltreatment fatality data to nCAndS, explain why any of these sources are excluded; ■dFPS uses information from the state’s vital statistics department, child death reviewteams, law enforcement agencies and medical examiners’ offices when reporting child maltreatment fatality data to nCAndS. dFPS is the agency required by law to investigate and report on child maltreatment fatalities in Texas when the perpetrator is a person responsible for the care of the child. information from the other agencies/entities listed above is often used to make reports to dFPS that initiate an investigation into suspected abuse or neglect that may have led to a child fatality. Also, dFPS uses information gathered by law enforcement and medical examiners’ offices to reach dispositions in the child fatalities investigated by dFPS. Other agencies, however, have different criteria for assessing and evaluating causes of death that may not be consistent with the child abuse/neglect definitions in the Texas Family Code and/or may not be interpreted or applied in the same manner as within dFPS. There was an increase in child fatalities during 2019 with the vast majority of the increase due to concerns surrounding neglectful supervision. This includes significant increase in drown - ings, and overall increases in vehicle related deaths and ongoing concerns of unsafe sleep practices combined with substance abuse. There were no changes to policy, data reporting, or investigation practices. Perpetrators Relationships reported for individuals are based on the person’s relationship to the oldest alleged victim in the investigation. The state is unable to report the perpetrator’s relationship to each individual alleged victim but rather reports data as the perpetrator relates to the oldest alleged victim. Currently the state’s relationship code for foster parents does not distinguish between relative/non relative.Texas (continued) Child Maltreatment 2019 Appendix d: State Commentary 271Services dFPS completed a significant data system upgrade in SFY 2017 that allows for the agency to have a more robust data collection system that allows more complete and accurate data collec - tion. This has allowed PEi to report on specific outputs/outcomes at a child and family level. When revising data reporting, there are occasions where the new data collection system differs in the data structure and original source code had to be updated. Special Focus Since FFY 2017, Texas implemented the breakout of sex trafficking from the sexual abuse maltreatment type. during FFY 2019, Texas received 424 unique reports of sex trafficking for 534 unique suspected victims. The state does not currently report noncaregiver perpetrators of sex trafficking. Texas (continued) Child Maltreatment 2019 Appendix d: State Commentary 272Utah Contact Kai Gentille Phone 801–538– 4100 Title Senior Data Analyst Email kgentille@utah.gov Address Division of Child and Family Services 195 N. 1950 W. Salt Lake City, UT 84116 General Utah continues to invest in its child welfare programs, both through improved training for caseworkers and updating the technology that enables those workers. At this time, none of Utah’s efforts have had a direct effect on nCAndS data for FFY 2019. ReportsThe investigation start date is defined as the date a child is first seen by CPS. The data is captured in date, hours, and minutes. A referral is screened out in situations including, but not limited to: ■The minimum required information for accepting a referral is not available. ■As a result of research, the information is found not credible or reliable. ■The specific incidence or allegation has been previously investigated and no new informa - tion is gathered. ■if all the information provided by the referent were found to be true and the case findingwould 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 practice guideline and has made reasonable efforts, the child and family services child protective services worker has been unable to make face-to-face contact with the alleged victims to investigate an allegation of abuse, neglect, or dependency and to make a determination of whether the allegation should be classified as supported, nonsupported, or without merit. Children Utah previously reported some contributing factors associated with a case (such as drug abuse or certain disabilities) as “caregiver risk factors.” However, upon review we have determined that many of these factors cannot be definitively linked to the caregiver(s), and beginning in FFY 2018 we only report these factors if they are a characteristic linked to a Child Maltreatment 2019 Appendix d: State Commentary 273caregiver on the case. Factors related to the family’s housing, poverty or home environment in a more general sense are reported as they were for FFY 2017. Perpetrators The only restriction Utah places upon identifying perpetrators is that CPS will not open a case for sexual abuse where the perpetrator is under the age of 10, except in extreme circumstances. Fatalities Concerns related to child abuse and neglect, including fatalities, are required to be reported to the Utah dCFS. Fatalities where the CPS investigation determined the abuse was due to abuse or neglect are reported in the nCAndS Child File. Services As of April 2015, Utah’s CPS workers no longer screen for developmental delays. instead, all children 34½ months of age and under who are supported victims of abuse or neglect are automatically referred to the Utah department of Health’s Baby Watch Early intervention Program (BWEiP). Special Focus Utah had the capability to capture sex trafficking allegations for the entirety of FFY 2019. This count does include noncaregiver perpetrators. With regards to plan of safe care on fetal exposure cases: ■Our current criteria for this field is a supported allegation of fetal exposure, accompanied by a safety rating on the case citing drug abuse and subsequent in-home or out-of-homecare involving the child (as these are required to have applicable plans). ■This criteria may exclude some children who meet the standard, but can currently only beconfirmed by qualitative review of the case. if the state implements more a more directdata-accessible measure in the future we will implement it into our nCAndS reporting.Utah (continued) Child Maltreatment 2019 Appendix d: State Commentary 274Vermont Contact Melissa Burt Phone 802–241–0879 Title Quality Assurance Coordinator Vermont Family Services DivisionEmail melissa.burt@vermont.gov Address Vermont Department for Children and Families 280 State Dr HC1 North Waterbury, VT 05671 General in July 2009, Vermont implemented a differential response program with an assessment track and an investigation track. About 40 percent of cases are assigned to the assessment pathway. in the assessment pathway, the disposition options are services needed and no services needed. Cases assigned to the assessment pathway may be switched to the investigation pathway, but not vice versa. data from both pathways are reported to nCAndS. The Family Services division is responsible for responding to allegations of child abuse or risk of harm by caregivers and sexual abuse by any person (not just caregivers). in addition to conducting our statutory child abuse investigations and assessments, we also have an option to conduct family assessments. These family assessments do not meet statutory requirements for abuse and neglect but provide an option to engage with families where there are concerns. Because these family assessments are not part of our abuse and neglect statute, they are not reflected in our nCAndS data. However, it is important to acknowledge that on an annual basis we conduct approximately 1,000-1,200 family assessments. Reports Vermont operates a statewide child protection hotline, available 24/7. All intakes are handled by social workers and screening decisions are handled by hotline supervisors. These same supervisors make the initial track assignment decision. All calls to the child abuse hotline are counted as referrals, resulting in a very high rate of referrals per 1,000 children, and making it appear that Vermont has a very low screen-in rate. Although Vermont has not conducted a thorough analysis, some of the contributing factors leading to our increasing number of referrals include, but are not limited to, reports where child abuse/neglect are not present and issues include truancy and delinquent behavior, out of home sexual abuse reports including teen sexting with or without consent, teen sexual harassment, as well as family configuration and our practice of entering reports under the primary caretaker when there are multiple children involved. This often results in multiple reports for the same incident. in situations where multiple reports are made for the same incident, it is Vermont’s practice to screen in only one of those reports. Children The Family Services division is responsible for investigating allegations of child abuse or neglect by caregivers and sexual abuse by any person. The department investigates risk of physical harm and risk of sexual abuse. Fatalities The department is an active participant in Vermont’s Child Fatality Review Committee. Perpetrators For sexual abuse, perpetrators include noncaregiver perpetrators of any age. Child Maltreatment 2019 Appendix d: State Commentary 275Services Following an investigation or assessment, a validated risk assessment tool is applied. if the family is classified as at high- or very-high-risk for future child maltreatment, the family is offered in-home services, and may be referred to other community services designed to address risk factors and build protective capacities. Special Focus Vermont recently updated their database to have the ability to isolate sex trafficking as a maltreatment type, however, the state is still working on coding and mapping this data. Vermont currently does not have a way to track iPSE-related fields in an automated format. The state will pursue ways in which to capture this in an automated format for future sub - missions, however this type of request will need to go through the department prioritization process, so we do not have a timeline as to when this will be addressed at this point in time. Vermont participated in a PAPd for new CCWiS data management system, however, fund - ing was not available to support additional steps to secure an upgrade.Vermont (continued) Child Maltreatment 2019 Appendix d: State Commentary 276Virginia Contact Shannon Hartung Phone 804–726–7554 Title Program Manager Child Protective Services Division Family Services AgencyEmail shannon.hartung1@dss.virginia.gov Address Virginia Department of Social Services Address 801 East Main Street, 11th Floor Richmond, VA 23219 General “Preponderance of evidence” means just enough evidence to make it more likely than not that the asserted facts are true. it is evidence, which is of greater weight, or more convincing than the evidence offered in opposition. Effective July 1, 2019, § 63.2-1509 of the Code of Virginia codified that a health care provider’s finding that a child is abused or neglected based on in utero substance exposure does not consti - tute a finding, per se, of child abuse or neglect and that the hospital must develop and document a written discharge plan and substance-abuse treatment referral for the mother and notify the community services board of the jurisdiction in which the mother resides to appoint a discharge plan manager. Additionally, there were changes made to the Code of Virginia regarding child victims of human trafficking. Effective July 1, 2019, §§ 63.2-1506, 63.2-1508, and 63.2-1517 of the Code of Virginia required local departments of social services (LdSS) respond to all complaints or reports of child human trafficking. it also established that the alleged victim’s parent, caretaker, or any other person suspected of trafficking a child may meet the caretaker criteria needed to determine the validity of a complaint or report of sex abuse involving sex trafficking. it also allowed LdSS assume emergency custody of child victims of trafficking for up to 72 hours until the parents can be located and their ability to protect the child from the trafficker can be assessed. Virginia has a differential Response System; the two tracks are Family Assessment and investigation and both tracks are reported to nCAndS.The Virginia Administrative Code 22VAC40-705-10 defines family assessment as the collec - tion 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 The Virginia Administrative Code 22VAC40-705-10 defines investigation as the collection of information necessary to determine: ■The immediate safety needs of the child; ■The protective and rehabilitative services needs of the child and family that will 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. Child Maltreatment 2019 Appendix d: State Commentary 277Reports Reports placed in the investigation track receive a disposition of founded, substantiated in nCAndS, or unfounded, unsubstantiated in nCAndS, for each maltreatment allegation. Reports placed in the family assessment track receive a family assessment; no determination is made as to whether or not maltreatment actually occurred. Virginia reports these family assessment cases to nCAndS a s alternative response nonvictim. The response time is determined by the priority assigned to the valid report based on the infor - mation collected at intake. it is measured from the date of the report. The department continues to seek improvements to t h e automated data system and to provide technical assistance to local departments of social services to improve documentation of the initial response to the investi - gation or family assessment. Children during this submission period, Virginia modified the data being submitted by removing nonvictim children from nCAndS. The effect of this decision lowers the total number of children reported to nCAndS. However, it does not change the number of children identified as an alleged victim of child abuse and neglect reported. Fatalities Virginia prepares an annual report on child deaths investigated for child abuse or neglect across t he Commonwealth. The report can be found on VdSS’ public website at https://www.dss.virginia.gov. For VdSS to investigate reports of child deaths, there must be a valid allegation of child abuse or neglect suspected to have been perpetrated by a caregiver. Virginia has a robust State Child Fatality Review Team and five Regional Child Fatality Review Teams. The State Child Fatality Review T eam reviews child deaths across the Commonwealth by death type, which includes child deaths that are not the result of child abuse or neglect. The Regional Child Fatality R eview Teams rev iew only child deaths that suspected to be the result of child abuse or neglect by a caregiver. Both teams make recommendations to VdSS to improve Virginia’s response to child deaths. Perpetrators Effective July 1, 2019, §§ 63.2-1506, 63.2-1508, and 63.2-1517 of the Code of Virginia required local departments of social services (LdSS) respond to all complaints or reports of child human trafficking. it also established that the alleged victim’s parent, caretaker, or any other person suspected of trafficking a child may meet the caretaker criteria needed to determine the validity of a complaint or report of sex abuse involving sex trafficking. Services Virginia offers CPS ongoing services to children and families. Services should be offered to all child victims a nd t heir families i n completed family assessments or investigations when the risk is determined to be High or Very High. The worker and supervisor shoul d assess the decision to open a case for services and document in the child welfare information system the decision not to open a case to include if the services need to be court ordered. Services may also be offered t o children and families who are also in need or determined to be at Low or Moderate risk.Virginia (continued) Child Maltreatment 2019 Appendix d: State Commentary 278Special Focus Additionally, there were changes made to the Code of Virginia regarding child victims of human trafficking. Effective July 1, 2019, §§ 63.2-1506, 63.2-1508, and 63.2-1517 of the Code of Virginia required local departments of social services (LdSS) respond to all complaints or reports of child human trafficking. it also established that the alleged victim’s parent, caretaker, or any other person suspected of trafficking a child may meet the caretaker criteria needed to determine the validity of a complaint or report of sex abuse involving sex trafficking. it also allowed LdSS assume emergency custody of child victims of trafficking for up to 72 hours until the parents can be located and their ability to protect the child from the trafficker can be assessed. Effective July 1, 2019, § 63.2-1509 of the Code of Virginia codified that a health care provider’s finding that a child is abused or neglected based on in utero substance exposure does not consti - tute a finding, per se, of child abuse or neglect and that the hospital must develop and document a written discharge plan and substance-abuse treatment referral for the mother and notify the community services board of the jurisdiction in which the mother resides to appoint a discharge plan manager. The ability for Virginia to report the iPSE-related fields Plan of Safe Care and Referral to Appropriate Services in the Child File is new and just became a functionality of the reporting system in december of 2018.Virginia (continued) Child Maltreatment 2019 Appendix d: State Commentary 279Washington 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 Street Olympia, WA 98504 General A Structured decision Making intake screening tool (SdM) was implemented in late 2013, which supported the development of a two pathway response for CPS response when there were allegations of child abuse and neglect (CA/n) and clear definitions for CPS risk-only intakes. CPS risk-only intakes involve a child whose circumstances places him or her at imminent risk of serious harm without any specific allegations of abuse or neglect. When CPS risk-only intakes are screened in, the children must be seen by a CPS investigator within 24 hours and a complete investigation is required. if child abuse or neglect is found during the response to a CPS risk-only intake, a new CPS intake is created regarding the allegation, the case worker records the findings and the record is included in the nCAndS Child File. CPS risk-only intakes were not historically submitted to nCAndS because of no substantiation of maltreat - ment. But because CPS Risk-Only intakes do receive a full investigation it has been requested that they be included to provide an accurate reflection of the number of CPS cases being investigated and assessed. CPS Risk-Only intakes are now included as of the FFY 2019 report. Historical counts of CPS Risk-Only intakes were provided in each year’s commentary during 2012, Washington’s Children’s Administration (CA) actively prepared for the start of a new CPS differential response pathway called family assessment response (FAR) as the demonstration project for Washington’s iVE Waiver. This preparation included eliminating the alternative response (10-day response intakes) and developing a two pathway response for CPS intakes: investigation which requires a 24- or 72-hour response time, and FAR, requiring a 72-hour response. intakes screened to FAR predominately contain allegations for physical abuse and neglect that are considered low risk, not requiring an immediate response. The SdM provides consistency in screening, and it guides intakes with neglect allegations considered low risk to the FAR pathway. intakes involving cases that have had three or more screened in CPS intakes within the last 12 months or allegations of moderate to severe physi - cal abuse and all sexual abuse allegations are screened to the investigation pathway. intakes with any allegations of physical abuse for children under age 4, with a dependency within the last 12 months or an active dependency are screened to investigation. This two pathway response began in January 2014 in three offices and has been phased-in across the state as of June 2017. Up until FFYs 2013–2014, alternative response (10 day response) was assigned to intakes containing low-risk allegations. Services were offered to families with children through community-based contracted providers. Reports To be screened-in for CPS intervention, intakes must meet sufficiency. Washington’s suf - ficiency screening consists of three criteria: ■Allegations must meet the Washington Administrative Code (WAC) for child abuse andneglect. ■The alleged victim of child abuse and neglect must be younger than 18 years. Child Maltreatment 2019 Appendix d: State Commentary 280 ■The alleged subject of child abuse or neglect has a role of parent, acting in loco parentis, or unknown. intakes that do not meet one of the above criteria do not screen in for a CPS response, unless there is imminent risk of harm (CPS risk-only) to the child. intakes that allege a crime has been committed but do not meet Washington’s screening criteria are referred to the law enforcement jurisdiction where the alleged crime occurred. CPS Risk Only intakes receive an investigation with a 24 or 72-hour response. intakes screened to the FAR pathway do not receive a CPS finding. Additionally, FAR intakes are mapped as alternative response non-victim in nCAndS and don’t receive findings on alle - gations, so the maltreatment types are currently mapped to the nCAndS category of “other” maltreatment types. in FFY 2015, there was a significant increase in intakes screened to the FAR pathway from FFY 2014, thus eliminating a large pool of victims receiving a finding. The increase in the number of intakes screened to the FAR pathway in FFY 2015 is a result of the staggered implementation of the FAR pathway across the state. in FFY 2016 there was a similar increase in intakes screened to the FAR pathway from FFY 2015 as a result of additional offices implementing FAR and due to additional training and consultation on the SdM intake screening tool and FAR pathway. Prior to full implementation of FAR, for offices that had not launched FAR, intakes screened to FAR through the use of the SdM were diverted back to an investigation pathway, allowed under the Washington state statute. Since the full implementa - tion of FAR statewide, the number of intakes screened to the FAR pathway have continued to increase which resulted in a reduction of cases that involved a victim and subject. during FFYs 2014–2016 there was a significant increase noted for 24-hour emergent intakes, both with allegations of CA/n and CPS risk only. Also during FFYs 2014–2015, there was an enhanced focus on child safety related to children age 0–3. A new intake policy was implemented requiring that screened-in physical abuse intakes regarding children 0–3 would be investigated, and children would be seen within 24 hours. in FFY 2017 there was again an increase in CPS Risk Only and 24-hour emergent intakes. The department of Licensed Resources (dLR), CPS, and dLR-CPS risk-only intakes alleg - ing, abuse or neglect of 18–21 year olds in facilities licensed or certified to care for children require a complete investigation. if, during the course of the investigation, it is determined that a child younger than 18 was also allegedly abused by the same perpetrator, the investigation would then meet the criteria for a CPS investigation rather than a CPS risk-only investigation. A victim and findings will be recorded, and the record will be included in the nCAndS Child File. For intakes containing child abuse and neglect allegations, response times are determined based on the sufficiency screen and intake screening tool. Response times of 24 hours or 72 hours are determined based on the imminent risk assessed by the intake worker. Children An alleged victim is reported as substantiated if any of the alleged child abuse or neglect was founded. The alleged victim is reported as unsubstantiated if all alleged child abuse or neglect identified was unfounded. The nCAndS category of “other” disposition previously included the number of children in inconclusive investigations. Legislative changes resulted Washington (continued) Child Maltreatment 2019 Appendix d: State Commentary 281in inconclusive no longer being a findings category. The nCAndS category of neglect includes medical neglect. An analysis of common risk factors found for Washington state families involved in CPS since 2009 have shown an increase in negative outcomes over time. The risk factors are parent criminality, parent mental illness, parent substance abuse, family economic stress, domestic violence and family homelessness. in addition to the increase in negative outcomes, the fami - lies have more risk factors per individual family than in previous years. negative outcomes are recurrence, 90-day placement rate, founded rate and families with a new founded or child(ren) placed within 365 days of investigation completion. This may assist in explaining the increased number of CPS intakes overall and a substantial increase in the number of 24-hour response times for CPS investigations. Fatalities The state includes child fatalities that were determined to be the result of abuse or neglect by a medical examiner or coroner or if there was a CPS finding of abuse or neglect. The state 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 these fatalities is obtained from the County Coroner’s/Medical Examiner’s Offices, Law Enforcement departments, and the Washington State department of Health, which maintains vital statistics data, including child deaths. Children’s Administration (CA) began maintaining a separate database of child fatality data (AiRS) in 2002. At that time the CAMiS system used before the SACWiS system was implemented. CAMiS did not support a database of child fatality and other critical incident information. in February 2009, CA released a new SACWiS system (FamLink). The objective was to have all child fatality and other critical incident information stored in FamLink and the reporting of all critical incidents would be done through FamLink. However, this plan was shelved due to budgetary considerations. FamLink does identify child fatalities and other critical incidents, but it does not include the level of detail necessary to determine whether the fatality was the result of abuse and neglect. This information continues to be maintained in the AiRS database. PerpetratorsThe perpetrator relationship value of residential facility provider/staff is currently mapped to the nCAndS category of “other” perpetrator relationship. The nCAndS category of “other” perpetrator relationship includes the state categories of ‘other’ and ‘babysitter’. The parental type relationship is a combined parent birth/adoptive value. Because the nCAndS field separates biological and adoptive parent and Washington’s system does not distinguish between the two, parent birth/adoptive is mapped to the nCAndS category of unknown parent relationship. Services Families receive preventive and remedial services from the following sources: community based services such as Public Health nurses, infant Mental Health, Head Start and the Parent-Child Assistance Program, contracted services, including several evidence based practices Washington (continued) Child Maltreatment 2019 Appendix d: State Commentary 282such as Homebuilders, incredible Years, Safe Care, Triple P, Parent-Child interaction Therapy, and Promoting First Relationships. Families can also receive CPS childcare, family reconcili - ation services, family preservation, and intensive family preservation services. The number of recipients of the community-based family resource and support grant is obtained from community-based child abuse prevention (CBCAP). Special Focus Washington has included data for sex trafficking for all of FFY 2019. Washington does not report non-caregiver perpetrators of sex trafficking. These are screened out as a 3rd party report to law enforcement. Some of the barriers to collecting and reporting this data include workload, time to attend and apply mandatory training, recognition of indicators to trafficking, inconsistent interpretation of indicators, and bias around “who” is a trafficking victim. FFY 2019 includes data for substance exposed infants from dec 2018–Sept 2019. The state continues to support efforts to improve data entry of safe care plans.Washington (continued) Child Maltreatment 2019 Appendix d: State Commentary 283West Virginia Contact Stephanie Lindley Phone 304–558–5864 Title Functional Manager MIS–FACTSEmail stephanie.l.lindley@wv.gov Address Department of Health and Human Resources One Davis Square, Suite 200 Charleston, WV 25301–1785 General West Virginia does not have a differential response program. The Bureau and the FACTS team have started work on the new integrated Eligibility System. Also, FACTS staff, mainly on the technical side, has been depleted to almost nothing. Reports The increase in the number of hours for responding to the initial assessment during the current reporting period in comparison to last year was influenced by multiple contributing factors. These factors include an increase in the number of reports alleging abuse and neglect, staffing issues including turnover, backlogged assessments, difficulty locating the family, documentation entered into the system late, as well as both data entry and system errors. Children due to the drug epidemic, our Foster Care numbers are increasing at a high rate. Fatalities The agency file only includes data from child welfare through our computer system called Facts. The Child Fatality Team operated through Public Health by the Medical Examiner’s office no longer provides our Bureau with this data to report. However, the medical exam - iner’s office is a mandated reporter and reports all cases to BCF that they feel are due to abuse and/or neglect. not all child or infant deaths are investigated by our Bureau and included in the FACTS data, BCF only investigates child deaths if there is reason to believe the death is a result of abuse and/or neglect. The Child Fatality Team operated by Public Heath through the Medical Examiner’s Office reviews all child deaths, investigations of child deaths are completed by local law enforcement. West Virginia has a child death review team called the Child Fatality Review Team, this team is operated under the Bureau for Public Health through the Medical Examiner’s Office. BCF has an internal review team that reviews cases that are “known” to our agency for quality assurance purposes. Perpetrators West Virginia plans to improve reporting for perpetrator as caregiver in the new system. The state is also working to clean up the data around perpetrator as prior abuser. Services The CBCAP grant was transitioned from the division of Children and Families to the division of Early Care and Education, which identified several areas for improvements in Child Maltreatment 2019 Appendix d: State Commentary 284oversight and administration resulting in a higher number of children served this reporting period in 2016, and this increased oversight has had similar results for 2017. Grantees are asked to provide an unduplicated count of recipients at the end of the fourth quarter of the state fiscal year. Special Focus due to limited technical resources and the ongoing work with the new PATH system, sex trafficking will be mapped in the new system, not FACTS. due to limited staffing and the transition to the new state system, West Virginia was unable to get the nCAndS extract updated for the CARA reporting, as well as the numbers needed for the Agency File for CARA. The state is hopeful that this coding will be completed in time for FFY 2020’s submission.West Virginia (continued) Child Maltreatment 2019 Appendix d: State Commentary 285Wisconsin Contact Wendy Henderson Phone 608–422–6989 Title Division of Safety and Permanence Email wendy.henderson@wisconsin.gov Address Wisconsin Department of Children and Families 201 East Washington Avenue, Room E200 Madison, WI 53708–8916 General There were no significant state policy changes that affect the data submission. Certain counties in Wisconsin have implemented Alternative Response (AR). Maltreatment disposi-tion for AR assessments result in identifying whether services are needed and will appear in nCAndS as alternative response nonvictim dispositions. ReportsThe state data are child-based where each report is associated with a single child. The report date refers to the date when the agency was notified of the alleged maltreatment and the investigation start date refers to the date when the agency made initial contact with the child or other family member. in Wisconsin’s child protective services (CPS) system, several maltreatment reports for a single child may be assessed in a single investigation. There are a variety of reasons why a report might be screened out. in most cases screened- out reports are those reports where the information provided does not constitute maltreat - ment of a child or risk of maltreatment of a child. Additionally, when multiple reports are made about the same maltreatment, the subsequent reports may be screened out. in Wisconsin, CPS agencies are currently not required to investigate instances of abuse by noncaregivers, so those reports may be screened out. in rare instances cases may be screened out because there is not enough identifiable information to do an assessment. Finally, cases may be screened out because jurisdiction more properly rests with another state. Children A child is considered to be a victim when an allegation is substantiated. The nCAndS unsubstantiated maltreatment disposition includes instances where the allegation was unsub - stantiated for that child, or when critical sources of information cannot be found or accessed to determine whether or not maltreatment as alleged occurred. Fatalities The count of fatalities includes only those children who were subjects of reports of abuse or neglect in which the maltreatment allegation was substantiated. no agency other than Wisconsin department of Children and Families is involved in compiling child maltreatment fatality information; all fatalities are reported in the Child File. Wi did see an increase in child fatalities reported; Wi reported 24 child fatalities in the 2018 nCAndS submission and 34 child fatalities in the 2019 nCAndS submission. Two of the fatalities that we report with this submission occurred in 2017, but were not reported in prior years due to data maturity. Perpetrators Perpetrators and perpetrator detail is included for allegations where the child was substanti - ated. The nCAndS category “other” perpetrator relationship includes perpetrators who are not primary or secondary caregivers to the child (i.e. noncaregivers) such as another child or peer to the child victim or a stranger. As described above, there are no substantiations in AR Child Maltreatment 2019 Appendix d: State Commentary 286cases, so the alleged perpetrators in AR cases will not show up as substantiated perpetrators. Services, if needed, are established through an assessment determination, not a determina - tion about a specific perpetrator. Services Wisconsin is currently not able to report prevention services. The state continues to support data quality related to service documentation and ultimately to modify the nCAndS file to incorporate services reporting for future data submissions. Special Focus There are a number of barriers to collecting and reporting sex trafficking data, including challenges associated with coordinating with law enforcement. For example, local law enforcement agencies vary in their acceptance of sex trafficking as child abuse, rather than prostitution; this plays a large role in determining whether the sex trafficked youth is viewed as having committed a crime or as having been abused. Additionally, identification of sex trafficked youth is often difficult because the children, as a rule, do not adopt the label of “sex trafficking” to describe their experiences. Wisconsin has aligned state statutes and policies with federal requirements for cases involving allegations related to no caregiver maltreaters. Children who are sex trafficked are recognized as victims of child abuse and neglect. Wisconsin will not be reporting on the fields in the Child File for plan of safe care and refer - ral to appropriate services as the state is unable to definitively state which services the infant, family, and/or caregiver may have received, or if these services are appropriate. The state continues to support data quality related to service documentation and ultimately to modify the nCAndS file to incorporate services reporting for future data submissions.Wisconsin (continued) Child Maltreatment 2019 Appendix d: State Commentary 287Wyoming Contact Debra Hibbard Phone 307–777–5479 Title Program and Policy Manager Services DivisionEmail debra.hibbard@wyo.gov Address Wyoming 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 centralized State Automated Child Welfare information System (SACWiS) known as Wyoming Children’s Assistance and Protection System (WYCAPS) for the purposes of case management and documentation. The state is comprised of 23 counties and the Wind River Reservation. Through contract, dFS provides technical assistance and funding of the two Tribal programs which administer their own programs. At least one dFS county field office is located in each county. dFS divides Wyoming into nine social service districts to coincide with the nine judicial districts. The Services division Administrator oversees eight district Managers. These district Managers are in turn responsible for the direct supervision of staff with their district. Although the Social Services division programs are state administered, the services and case management functions are managed and provided at the county field office level. Services for children and families are provided directly through dFS or can be purchased on behalf of eligible clients under the supervision of the 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’s level of evidence, or burden of proof, is a preponderance of evidence. Wyoming’s only level of evidence is indicated in the investigation Track which is assigned when a refer - ral meets the definition of abuse and/or neglect and meets the following criteria: Criminal charges could be filed, child appear to be in imminent danger (includes threatened harm and means a statement, overt act, condition or status which represents an immediate and substantial risk of sexual abuse or physical or mental injury even when there are no signs of injury), the child will likely need to be removed from his/her home, a child/youth fatality, major injury and/or sexual abuse. General Wyoming has three (3) types of responses to child protection referrals. There is an investigation Track, Assessment Track, and a Prevention Track. The investigation Track is assigned as described in the Level of Evidence section. Victims that have been substantiated Child Maltreatment 2019 Appendix d: State Commentary 288on unsubstantiated are identified and reported to nCAndS through the investigation Track. The Assessment Track gets assigned if the referral alleges abuse and /or neglect but does not meet the criteria for the investigation Track. The Prevention Track is assigned when there is no allegation of abuse and/or neglect, but there are identified risk factors that indicate the need for services to prevent abuse and/or neglect. non-victims are identified and reported to nCAndS through the assessment and Prevention Tracks. Abuse is defined as inflicting or causing physical or mental injury, harm or imminent danger to the physical or mental health or welfare of a child other than by accidental means, including abandonment, excessive or unreasonable corporal punishment, malnutrition or substantial risk thereof by reason of intentional or unintentional neglect, and the commission of allowing the commission of a sexual offense against a child. neglect is defined as a failure or refusal by those responsible for the child’s welfare to provide adequate care, maintenance, supervision, education or medical, surgical or any other care necessary for the child’s well being. Treatment given in good faith by spiritual means alone, through prayer, by a duly accredited practitioner in accordance with the tenets and practices of a recognized church or religious denomination is not child neglect for that reason alone. Perpetrators Wyoming does not have a limitation on the age of a perpetrator can be, however, we have a differential response system in Wyoming to handle underage perpetrators differently than just investigations. The “other” category listed in the perpetrator relationships refers to care - takers and non-caretakers not represented in the initial categories such as mother’s boyfriend, babysitter, parent’s friend, or fiancé. Services Wyoming has not had any changes in preventive services funding. Wyoming outsources most of its services but still maintains case management services within the department. Special Focus Wyoming has a sex trafficking screening tool that staff has been using since 2016. However, with the changes in nCAndS requirements, Wyoming has not been able to collect the data as required. However, the goal is to complete the investigation policy so Wyoming can start collecting the sex trafficking data. Currently, the reporting requirements for substance exposed infants is difficult as many of the children may be transported to surrounding states and placed into protective custody. At this time, Wyoming is sometimes unable to collect this data. Wyoming is developing a memorandum of understanding with the Wyoming department of Health to start working diligently to improve this data collection process. Wyoming (continued) Child Maltreatment 2019 Appendix d: State Commentary 289