Child Maltreatment 2020 U.S. Department of Health & Human Services Administration for Children and FamiliesAdministration on Children, Youth and FamiliesChildren’s Bureau YEAROF REPORTING25th YEAROF REPORTING31st This report was prepared by the Children’s Bureau (Administration on Children, Youth and Families, Administration for Children and Families) of the U.S. Department of Health and Human Services. Public Domain Notice Material contained in this publication is in the public domain and may be reproduced, fully or partially, without permission of the federal government. Electronic Access This report is available on the Children’s Bureau website at https://www.acf.hhs.gov/cb/data-research/child-maltreatment. Questions and More Information If you have questions or require additional information about this report, please contact the Child Welfare Information Gateway at info@childwelfare.gov or 1–800–394–3366. If you have questions about a specific state’s data or policies, contact information is provided for each state in Appendix D, State Commentary. Data Sets Restricted use files of the NCANDS 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. (2022). Child Maltreatment 2020 . Available from https://www.acf.hhs.gov/cb/data-research/child-maltreatment . Federal Contact Cara Kelly, Ph.D. Child Welfare Program Specialist 330 C Street, S.W. Mary E. Switzer Building, Room 3419B Washington, DC cara.kelly@acf.hhs.gov Child Maltreatment 2020Child Maltreatment 2020 Letter ii Letter from the Associate Commissioner: Child Maltreatment 2020 is the latest edition of the annual Child Maltreatment report series. States provide the data for this report via the National Child Abuse and Neglect Data System (NCANDS). NCANDS was established as a voluntary, national data collection and analysis program to make available state child abuse and neglect information. Data have been collected every year since 1991 and are collected from child welfare agencies in the 50 states, the Commonwealth of Puerto Rico, and the District of Columbia. Key findings in this report include: ■The national rounded number of children who received a child protective services investigation response or alternative response decreased from 3,476,000 for federal fiscal year (FFY) 2019 to 3,145,000 for FFY 2020. ■Comparing the national rounded number of victims from FFY 2019 (656,000) to the national rounded number of victims in 2020 (618,000) also shows a decrease. ■The FFY 2020 data show three-quarters (76.1%) of victims are neglected, 16.5 percent are physically abused, 9.4 percent are sexually abused, and 0.2 percent are sex trafficked. ■The national estimate of victims who died from abuse and neglect decreased from 1,830 for FFY 2019 to 1,750 for FFY 2020. The rate of child fatalities also decreased from 2.48 per 100,000 children in the population to 2.38 per 100,000 children in the population. 1 The Child Maltreatment report series is an important resource relied upon by thousands of researchers, practitioners, and advocates throughout the world. The report is available from our website at https://www.acf.hhs.gov/cb/data-research/child-maltreatment. NCANDS would not be possible without the time, effort, and dedication of state and local child welfare, information technology, and related agency personnel working together on behalf of children and families. We gratefully acknowledge the efforts of all involved to make resources like this report possible and will continue to do everything we can to promote the safety and well-being of our nation’s children. Sincerely, /s/ Aysha E. Schomburg 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, 52 states reported data and for 2020, 51 states reported data. Acknowledgements iii Child Maltreatment 2020 Acknowledgements The Administration on Children, Youth and Families (ACYF) strives to ensure the well- being of our Nation’s children through many programs and activities. One such activity is the National Child Abuse and Neglect Data System (NCANDS) of the Children’s Bureau. National and state statistics about child maltreatment are derived from the data collected by child protective services agencies and reported to NCANDS. The data are analyzed, disseminated, and released in an annual report. Child Maltreatment 2020 marks the 31st 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 2020 na tional 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. The Children’s Bureau greatly appreciates the dedication of child welfare agencies to ensure worker’s safety while continuing to serve children and families during a global pandemic. . Child Abuse and Neglect Data During the Pandemic iv Child Maltreatment 2020‍Child Abuse and Neglect Data During the Pandemic The child maltreatment data collected from states and analyzed for this year’s report are different from data collected during prior years due to the pandemic caused by COVID-19.2 While the core of this annual Child Maltreatment report remains the same as in previous years, tables comparing 2020 to 2019 data by quarters are added for key analyses to examine differences. The quarterly breakouts were chosen to enable targeted analyses of the lockdown period of March–June. These tables are located in Chapter 7, Special Focus. Additionally, states were encouraged to provide comments about how their child welfare agencies con-ducted operations during the year and especially during the lockdown period. Many states provided comments, which are included in Appendix D, State Commentary. Nearly every state and U.S. Territory experienced some lockdown restrictions to reduce the spread of COVID-19. Most schools transitioned to virtual classrooms making it difficult for the largest group of child abuse and neglect reporters, education personnel, to observe suspected maltreatment and submit maltreatment allegations. According to Education Week, a nonprofit organization dedicated to reporting education-related news since 1981, “at their peak, the [school] closures affected at least 55.1 million students in 124,000 U.S. public and private schools.” 3 Whether or not a school closed, how long the closure lasted, and when and how the school transitioned to virtual learning varied widely depending upon the school district, region, and state. Education Week has since stopped updating its state maps, but information for the 2020–2021 school year may be found on its website at https://www.edweek.org/leadership/map-where-are-schools-closed/2020/07 . According to comments provided by states in appendix D, many Hotlines transitioned to virtual call centers with little or no down time and remained open throughout lockdown. In addition, 22 states said their agency transitioned to a mixture of virtual and in-person investigations and assessments depending on various screening factors, and 19 states said they continued in-person CPS responses. The remaining states did not comment on CPS response processes. Many agencies that conducted some or all in-person responses said that they provided workers with personal protective equipment and conducted prescreening for COVID symptoms. 2 Severe acute respiratory syndrome coronavirus 2 virus. 3 https://www.edweek.org/leadership/map-coronavirus-and-school-closures-in-2019-2020/2020/03Child Maltreatment 2020 Contents vContents Letter from the AssociAte commissioner ii AcknowLedgements iii chiLd Abuse And negLect dAtA during the PAndemic iv summAry ix chAPter 1: Introduction 1 Background of NCANDS 1 Annual Data Collection Process 2 NCANDS as a Resource 3 Structure of the Report 4 chAPter 2: Reports 6 Screening 6 Report Sources 9 CPS Response Time 10 CPS Workforce and Caseload 10 Exhibit and Table Notes 11 chAPter 3: Children 17 Alternative Response 18 Unique and Duplicate Counts 19 Children Who Received an Investigation or Alternative Response 19 Children Who Received an Investigation or Alternative Response by Disposition 20 Number of Child Victims 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Each state has its own definitions of child abuse and neglect that are based on standards set by federal law. Federal legislation provides a foundation for states by identifying a set of acts or behaviors that define child abuse and neglect. The Child Abuse Prevention and Treatment Act (CAPTA), (P .L. 100–294), as amended by the CAPTA Reauthorization Act of 2010 (P .L. 111–320), retained the existing definition of child abuse and neglect as, at a minimum: Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation [ ]; or an act or failure to act, which presents an imminent risk of serious harm. The Justice for Victims of Trafficking Act (P .L. 114–22) added the requirement to include sex trafficking victims in the definition of child abuse and neglect. The following pages provide a summary of key information from this report. The information is provided in a question-and-answer format as the Children’s Bureau is anticipating the most common questions for each chapter of the report. Please refer to the individual chapters for detailed information about each topic and the relevant data. Definitions of terms also are provided in Appendix B, Glossary. - What is the National Child Abuse and Neglect Data System (NCANDS)? NCANDS is a federally sponsored effort that collects and analyzes annual data on child abuse and neglect. The 1988 CAPTA amendments directed the U.S. Department of Health and Human Services to establish a national data collection and 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) data is the 31st issuance of this annual publication. (See chapter 1.) Summary x Child Maltreatment 2020How 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. NCANDS collects agency-level aggregate statistics in a separate data submission called the Agency File. (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/data-research/child-maltreatment . If you have questions or require additional information about this report, please contact the Child Welfare Information Gateway at info@childwelfare.gov or 1–800–394–3366. Restricted use files of NCANDS 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 2020, CPS agencies received a national estimate of 3.9 million (3,925,000) total referrals. The 3.9 million total referrals alleging maltreatment includes approximately 7 .1 million (7 ,100,000) children. The national rate of screened-in referrals (reports) is 28.9 per 1,000 children in the national population. Among the 47 states that report both screened-in and screened-out referrals, 54.2 percent of referrals are screened in and 45.8 percent are screened out. (See chapter 2.) Summary xi Child Maltreatment 2020 Who reported child maltreatment? For 2020, professionals submitted 66.7 percent of reports alleging child abuse and neglect. The term professional means that the person has contact with the alleged child maltreatment victim as part of his or her job. This term includes teachers, police officers, lawyers, and social services staff. The highest percentages of reports are from legal and law enforcement personnel (20.9%), education personnel (17.2%), and medical personnel (11.6%). Nonprofessionals, including friends, neighbors, and relatives, submitted fewer than one-fifth of reports (17.0%). Unclassified sources submitted the remaining reports (16.3%). 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 2020, there are nationally 618,000 (rounded) victims of child abuse and neglect. The victim rate is 8.4 victims per 1,000 children in the population. (See chapter 3.) Victim demographics include: Children younger than 1 year old have the highest rate of victimization at 25.1 per 1,000 children of the same age in the national population. The victimization rate for girls is 8.9 per 1,000 girls in the population, which is higher than boys at 7.9 per 1,000 boys in the population. American-Indian or Alaska Native children have the highest rate of victimization at 15.5 per 1,000 children in the population of the same race or ethnicity; and African-American children have the second highest rate at 13.2 per 1,000 children of the same race or ethnicity. - What were the most common types of maltreatment? NCANDS collects all maltreatment type allegations, however only those maltreatments with a disposition of substantiated or indicated are included in the Child Maltreatment report. A child may be determined to be a victim multiple times within the same FFY and up to four different maltreatment types in each victim report. This means the totals may equal more than 100 percent.- 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 FFY 2020, 76.1 percent of victims are neglected, 16.5 percent are physically abused, 9.4 percent are sexually abused and 0.2 percent are sex trafficked. (See chapter 3.) 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. Summary xii Child Maltreatment 2020FFY 2020 data show 42,821 infants in 49 states being referred to CPS agencies as infants with prenatal substance exposure. The majority (81.9%) of IPSE were screened-in to CPS to receive either an investigation or alternative response. Nearly one-fifth (18.1%) of IPSE were screened-out. For FFY 2020, 27 states reported 21,964 screened-in IPSE (71.4 percent) have a plan of safe care and 28 states reported 20,648 screened-in IPSE (65.0%) have a referral to appropriate services. (See chapter 3.) What risk factors do caregivers have? Risk factors are characteristics of a child or caregiver that may increase the likelihood of child maltreatment. Caregivers with these risk factors who are included in each analysis may or may not be the perpetrators responsible for the maltreatment. - The largest percentages of victims with caregiver risk factors are those reported with domestic violence and drug abuse. In 41 reporting states, 121,215 victims (26.4%) have the drug abuse caregiver risk factor and in 37 reporting states, 125,538 victims (28.7%) have the domestic violence caregiver factor. (See chapter 3.) How many children died from abuse or neglect? Child fatalities are the most tragic consequence of maltreatment. For FFY 2020, a national estimate of 1,750 children died from abuse and neglect at a rate of 2.38 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 46.4 percent of child fatalities younger than 1 year old and who died at a rate of 23.03 per 100,000 children in the population of the same age. ■Boys have a higher child fatality rate at 2.99 per 100,000 boys in the population when compared with girls at 2.05 per 100,000 girls in the population. ■The rate of African-American child fatalities (5.90 per 100,000 African-American children) is 3.1 times greater than the rate of White children (1.90 per 100,000 White children) and 3.6 times greater than the rate of Hispanic children (1.65 per 100,000 Hispanic children). Who abused and neglected children? A perpetrator is the person who is responsible for the abuse or neglect of a child. Fifty-two states reported 483,285 perpetrators. (See chapter 5.) The analyses of case-level data show: ■More than four-fifths (83.2%) of perpetrators are between the ages of 18 and 44 years old. ■More than one-half (52.0%) of perpetrators are female and 47.1 percent of perpe - trators are male. ■The three largest percentages of perpetrators are White (48.4%), African-American (20.8%), and Hispanic (20.1%). ■The majority (77.2%) of perpetrators are a parent to their victim. Summary xiii Child Maltreatment 2020Who received services? CPS agencies provide services to children and their families, both in their homes and in foster care. Reasons for providing services may include (1) preventing future instances of child maltreatment and (2) remedying conditions that brought the children and their family to the attention of the agency. (See chapter 6.) During 2020: - ■Forty-six states reported approximately 2.0 million (1,963,369) children receivedprevention services. ■Approximately 1.2 million (1,159,294) children received postresponse services froma CPS agency. ■Approximately two-thirds (59.7%) of victims and one third (27.1%) of nonvictimsreceived post-response services. What is the Special Focus chapter? The purpose of this chapter is to highlight analyses of specific subsets of children or data analyses focusing on a specific topic. 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 2020 focus on quarterly analyses of child welfare data during the COVID-19 pandemic by comparing FFY 2020 quarterly data (October 2019 through September 2020) with the same quarters from FFY 2019 (October 2018 through September 2019). Additionally, states were asked to provide comments about how their child welfare agencies continued operations during the year, especially during the period from March through June 2020. (See chapter 7 and Appendix D.) Key highlights include: ■FFY 2020 shows a total decrease of 10.5 percent in the number of total screened-in referrals compared with FFY 2019. While there is an overall decrease, analyzingthe data by quarters shows both increases and decreases, depending upon thequarter. ■FFY 2020 shows an overall decrease of 11.0 percent in the number of total reportsources when compared with FFY 2019. The largest changes are in the profes-sional report sources, which decreased 13.2 percent from FFY 2019. ■Overall, for FFY 2020, the number of children who received an investigation oralternative response decreased 9.5 percent from FFY 2019. The largest decreasesoccurred during April through September 2020. ■For FFY 2020 there is a 5.8 percent decrease in the number of victims whencompared with FFY 2019. The decrease occurred during the second half of thefiscal year. Throughout FFY 2019 the number of children determined to bevictims of maltreatment is stable for each quarter. During FFY 2020, the numberdecreases starting in April through September. ■Grouping the victims by approximate education categories (preschool/kindergar - ten, elementary, etc.) shows that victims in the age group of 6–12 have the largestpercent decrease at 8.2 percent. ■The racial distributions show that for nearly all race categories, there is a decreaseduring the last 6 months of FFY 2020. However, victims of American Indian orAlaska Native descent had an increase of 1.4 percent for the fiscal year. Summary xiv Child Maltreatment 2020 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, 2016–2020 Summary xv Child Maltreatment 2020Exhibit S–2 Statistics at a Glance, 2020 Repo rts Children Services Referrals 2,120,000 million REPORTS received a disposition Submitted by 66.7% professionals17.0% nonprofessionals16.3% unclassified 618,000^ VICTIMS Includes 1,750 Fatalities\*2,527,000^ NONVICTIMS3,4 54.2% Referrals SCREENED IN2 (become reports) 45.8% Referrals SCREENED OUT2 357,057 VICTIMS5 received postresponse services 124,360 VICTIMS6 received foster care services (on or after the report date)802,237 NONVICTIMS4,5 received postresponse services 48,719 NONVICTIMS4,6 received foster care services (on or after the report date) 3,925,000 million\* REFERRALS alleging maltreatment to CPS involving 7,065,000 children1 3,145,000 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 51 states. These are duplicate counts. 6 Based on data from 49 states. These are duplicate counts. chAPter 1: Introduction 1 Child Maltreatment 2020 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 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 2020 presents national data about child abuse and neglect known to child protective services (CPS) agencies in the United States during federal fiscal year (FFY) 2020. 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 for FFY 2020. Approximately 60 data tables and exhibits are included in the Child Maltreatment report each year. Certain analyses are determined by federal legislation, while others are in response to the needs of federal agencies, policy decision makers, child welfare agency staff, and researchers. Background of NCANDS The Child Abuse Prevention and Treatment Act (CAPTA) was amended in 1988 (P.L. 100–294) to direct the Secretary of HHS to establish a national data collection and analysis 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 31st edition. During 1996, CAPTA was amended to require all states that receive funds from the Basic State Grant -CHAPTER 1 chAPter 1: Introduction 2 Child Maltreatment 2020 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. Annual Data Collection Process The NCANDS reporting year is based on the FFY calendar, which for Child Maltreatment 2020 is October 1, 2019, through September 30, 2020. States submit case-level data by constructing an electronic file of child-specific records for each report of alleged child abuse and neglect that received a CPS response. Each state’s file only includes completed reports with a disposition (or finding) as an outcome of the CPS response during the reporting year. The data submission containing these case-level data is called the Child File. The Child File is supplemented by agency-level aggregate statistics in a separate data 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 informa-tion about the Child File and Agency File please go to the Children’s Bureau website at https://www.acf.hhs.gov/cb/data-research/ncands . Upon receipt of data from each state, a technical validation review assesses the internal consistency and identifies probable causes for any missing data. If the reviews conclude that corrections are necessary, the state may be asked to resubmit its data. States also have the opportunity to give context to their data by providing information about policies, procedures, and legislation in their State Commentary. (See Appendix C, State Characteristics for additional information about submissions and Appendix D, State Commentary for information from states about their data.)- For FFY 2020, 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 chAPter 1: Introduction 3 Child Maltreatment 2020 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. 4 As population data are not yet available from the 2020 Census, Child Maltreatment 2020 was created using updated 2020 population estimates based on the 2010 Census. 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 2020 data accounts for more than 73 million children. (See table C–2 .) As part of the NCANDS annual data collec tion 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/data-research/child-welfare-outcomes. ■Child and Family Services Reviews (CFSRs): The Children’s Bureau conducts periodic reviews of state child welfare systems to ensure conformity with federal requirements, determine what is happening with children and families who are engaged in child welfare services, and assist states with helping children and families achieve positive outcomes. States develop Program Improvement Plans to address areas revealed by the CFSR as in need of improvement. For CFSR Round 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. 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 sixmonths. ■Improve states’ average response time between maltreatment report and investigation,based on the median of states’ reported average response time in hours from screened-inreports to the initiation of the investigation. 4 U.S. Census Bureau, Population division. (2021). 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; April 1, 2020; and July 1, 2020 (SC-EST2020-ALLDATA6) [data file]. Retrieved from https://www.census.gov/programs-surveys/popest/technical-documentation/research/evaluation-estimates/2020-evaluation-estimates/2010s-state-detail.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; April 1 2020; and July 1, 2020 (PRC-EST2020-SYASEX) [data file]. Retrieved from https://www.census.gov/programs-surveys/popest/technical-documentation/research/evaluation-estimates/2020-evaluation-estimates/2010s- detail-puerto-rico.html . chAPter 1: Introduction 4 Child Maltreatment 2020 The National Data Archive on Child Abuse and Neglect (NDACAN) was established by the Children’s Bureau to encourage scholars to use existing child maltreatment data in their research. NDACAN acquires data sets from national data collection efforts and from individual researchers, prepares the data and documentation for secondary analysis, and disseminates the data sets to qualified researchers who apply to use the data. NDACAN houses the NCANDS’s Child Files and Agency Files and licenses researchers to use the data sets. NDACAN has its own strict confidentiality protection procedures. More information on confidentiality protection is available in the NDACAN User’s Guide for NCANDS data at https://www.ndacan.acf.hhs.gov/datasets/datasets-list-ncands-child-file.cfm . There is a user guide provided with each dataset. Please note that NDACAN serves as the repository for the data sets, but is not the author of the Child Maltreatment report series. More information is available at https://www.ndacan.acf.hhs.gov/index.cfm . 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 info@childwelfare.gov . The Child Maltreatment 2020 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 or data analyses focusing on a specific topic. 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 toNCANDS. chAPter 1: Introduction 5 Child Maltreatment 2020 ■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 2020 Reports This chapte r presents statistics about referrals alleging child abuse and neglect and how child protective services (CPS) agencies respond to those allegations. Most agencies use a two-step process to respond to allegations of child maltreatment: (1) screening and (2) investigation and alternative response. A CPS agency receives an initial notification, called a referral, alleging child maltreatment. A referral may involve more than one child. Agency hotline or intake units conduct the screening response to determine whether a referral is appropriate for further action. The child protective services (CPS) data for federal fiscal year (FFY) 2020 shows a national decrease in the number of referrals when compared with 2019. While the analyses in this chapter remain mostly the same as in previous years, chapter 7 includes tables comparing 2020 to 2019 data by quarters for key analyses to examine differences in CPS data during the COVID-19 pandemic. See Chapter 7, Special Focus for analyses of CPS data during the COVID-19 pandemic. Screening A referral may be either screened in or screened out. Referrals that meet CPS agency criteria are screened in (and called reports) to receive an investigation response or alternative response from the agency. Referrals that do not meet agency criteria are screened out or diverted from CPS to other community agencies. Reasons for screening out a referral vary by state policy, but may include one or more of the following:- ■Does not concern child abuse and neglect. ■Does not contain enough information for a CPS agency response to occur. ■Response by another agency is deemed more appropriate. ■Children in the referral are the responsibility of another agency or jurisdiction (e.g.,military installation or tribe). ■Children in the referral are older than 18 years.5 During FFY 2020, CPS agencies across the nation screened in 2.1 million (2,120,316) referrals in the 52 reporting states. This is an 8.9 percent decrease from the 2.3 million (2,328,000) estimated screened-in referrals during 2016. (See exhibit 2–A and related notes.)CHAPTER 2 chAPter 2: Reports 7 Child Maltreatment 2020Screened-in referrals are called reports and may include more than one child. Every state completes investigation responses for some reports. An investigation response includes assessing the maltreatment allegation according to state law and policy. The main purpose of the investigation is: (1) to determine whether the child was maltreated or is at risk of maltreatment and (2) to determine if services are needed and which services to provide. - In some sta tes, certain reports (screened-in referrals) may receive an alternative response. This response is usually for instances where the child is at a low or moderate risk of maltreatment. While states vary in how they design and apply their alternative response programs, the point is to focus on the family’s service needs to address issues which may cause future maltreatment. (See chapter 3.) Twenty-one states report data on children in alternative response programs. See chapter 3 for more information about alternative response. In the National Child Abuse and Neglect Data System (NCANDS), both investigations and alternative responses result in a CPS finding called a disposition. - - For 2020, a n ational estimate of 1.8 million (1,805,000) referrals were screened out. This is a 5.1 percent increase from the 1.7 million (1,718,000) estimated screened-out referrals for 2016. (See exhibit 2–B and related notes.) Exhibit 2–B Screened-out Referral Rates, 2016–2020 Year Reporting StatesChild Population of Reporting States Screened-out ReferralsRate per 1,000 ChildrenChild Population of 52 States Nat ional Estimate of Screened-out Referrals 2016 45 59,496,024 1,374,053 23.1 74,392,850 1,718,000 2017 45 59,511,053 1,421,252 23.9 74,283,872 1,775,000 2018 46 59,955,457 1,565,553 26.1 73,977,376 1,931,000 2019 45 59,518,850 1,625,691 27.3 73,661,476 2,011,000 2020 47 61,864,951 1,522,916 24.6 73,368,194 1,805,000 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. 5 Victims of sex trafficking may be included in an NCANDS submission for any victim who is younger than 24 years. See chapter 3 for more information about victims of sex trafficking.Exhibit 2–A Screened-in Referral Rates, 2016–2020 Year Reporting StatesChild Population of Reporting StatesScreened-in Referrals (Reports) from Reporting States)Rate per 1,000 ChildrenChild Population of 52 States Nat ional Estimate/ Rounded Number of Screened-in Referrals 2016 51 73,699,293 2,303,225 31.3 74,392,850 2,328,000 2017 52 74,283,872 2,356,356 31.7 74,283,872 2,356,000 2018 52 73,977,376 2,402,884 32.5 73,977,376 2,403,000 2019 52 73,661,476 2,368,755 32.2 73,661,476 2,369,000 2020 52 73,368,194 2,120,316 28.9 73,368,194 2,120,000 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 fewer than 52 states report screened-in referrals (2016 only) then the national estimate/rounded 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. If 52 states report screened-in referrals, the national estimate/rounded number of screened-in referrals is the actual number of referrals reported rounded to the nearest 1,000. chAPter 2: Reports 8 Child Maltreatment 2020 For 2020, CPS agencies received a national estimate of 3.9 million (3,925,000) total refer - rals. This is a 3.0 percent decrease from the 4.0 million (4,046,000) estimated total referrals received for 2016. The 3.9 million total referrals alleging maltreatment includes approxi - mately 7.1 million (7,065,000) children.6,7 (See exhibit 2–C and related notes). As shown in exhibits 2–C and 2–D , the number of total referrals received by CPS agencies increased until 2020. After several years of increasing, the number of screened-in referrals began decreasing in 2019, while the number of screened-out referrals increased until 2020. Exhibit 2-D Number of Referrals 2016-2020 After increasing for several years, the number of total referrals decreased for 2020 Based on data from 52 states. See exhibits 2–A , 2–B, and 2–C. Exhibit 2–C Total Referral Rates, 2016–2020 YearNational Estimate/ Screened-in Referrals from Reporting StatesNational Estimate of Screened-out ReferralsNational Estimate of Total ReferralsChild Population of all 52 StatesTotal Referrals Rate per 1,000 Children 2016 2,328,000 1,718,000 4,046,000 74,392,850 54.4 2017 2,356,356 1,775,000 4,131,000 74,283,872 55.6 2018 2,402,884 1,931,000 4,334,000 73,977,376 58.6 2019 2,368,755 2,011,000 4,380,000 73,661,476 59.5 2020 2,120,316 1,805,000 3,925,000 73,368,194 53.5 Screened-in referral data are from the Child File and screened-out referral data are from the Agency 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. 6 Dividing the number of children with dispositions (3,798,038 from table 3–2 ) by the number of screened-in referrals (2,120,316 from table 2–1 ) results in the average number of children included in a screened-in referral (1.8, rounded). 7 The average number of children included in a screened-in referral (1.8) multiplied by the national estimate of total referrals (3,925,000, from exhibit 2–C ) results in an estimated 7,065,000 children included in total referrals. chAPter 2: Reports 9 Child Maltreatment 2020 For 2020, 47 states report both screened-in and screened-out referral data and screened in 54.2 percent and screened out 45.8 percent of referrals. Of those 47 states, 19 states screened in more than the national percentage, ranging from 54.4 to 98.7 percent and 28 states screened out more than the national percentage, ranging from 47.8 to 82.7 percent. (See table 2–1 and related notes.) While most states reported a d ecrease in the number of total referrals received, two states began reporting screened-out referrals with their 2020 data.8 See Chapter 7 for analyses on screened-in referrals during the COVID-19 pandemic. Report Sources The report source is the role of the person who notified a CPS agency of the alleged child abuse or neglect in a referral. Only those sources in reports (screened-in referrals) that receive an investigation response or alternative response are submitted to NCANDS. To aid with comparisons, report sources are grouped into three categories: ■Professional: includes persons who encounter the child as part of their occupation, such as child daycare providers, educators, legal and law enforcement personnel, and medicalpersonnel. State laws require most professionals to notify CPS agencies of suspectedmaltreatment (these are known as mandated reporters). ■Nonprofessional: includes persons who do not have a relationship with the child based on their occupation, such as friends, relatives, and neighbors. State laws vary as to therequirements of nonprofessionals to report suspected abuse and neglect. Exhibit 2–E Report Sources, 2020 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 are excluded from this analysis if more than 15.0 percent had an unknown report source or if of the known sources, more than 20.0 percent are reported as Other. Supporting data not shown. 8 Montana and North Carolina. chAPter 2: Reports 10 Child Maltreatment 2020 ■Unclassified: includes persons who preferred to be anonymous, “other,” and unknown report sources. States use the code of “other” for any report source that does not have an NCANDS designated code. According to comments provided by the states, the “other” report sourcecategory might include such sources as religious leader, Temporary Assistance for NeedyFamilies staff, landlord, tribal official or member, camp counselor, and private agency staff.Readers are encouraged to review Appendix D, State Commentary for additional informa-tion as to what states include in the category of “other” report source. FFY 2020 data show professionals submit 66.7 percent of reports. The highest percentages of reports are from legal and law enforcement personnel (20.9%), education personnel (17.2%), and medical personnel (11.6%). Nonprofessionals submit 17.0 percent of reports with the largest category of nonprofessional reporters being parents (6.3%), other relatives (6.3%), and friends and neighbors (4.0%). Unclassified sources submit the remaining 16.3 percent. (See exhibit 2–E and related notes.) As expected with school closures and virtual learning, the number and percentage of education personnel report sources decreased for 2020 when compared with 2019. See Chapter 7 for analyses on report sources during the COVID-19 pandemic. 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 2020 mean response time of state averages is 99 hours or 4.0 days; the median response time of state averages is 62 hours or 2.6 days. (See table 2–2 and related notes.) Most states reported a decrease in average response times, which may be attributed to the decrease in the number of screened-in referrals. Many states also allowed CPS agencies to conduct virtual investigations and assessments and this practice may have contributed to the decrease in response times. 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 during certain times of the year (for example, winter or hurricane season). CPS Workforce and Caseload Given the large number and the complexity of CPS responses that are conducted each year, there is ongoing interest in the size of the workforce that performs CPS functions. In most agencies, different groups of workers conduct screening, investigations, and alternative responses. However, in some agencies, one worker may perform all or any combination of those functions and may provide additional services. Due to limitations in states’ information systems and the fact that workers may conduct more than one function in a CPS agency, the data in the workforce and caseload tables vary among the states. The Children’s Bureau asks states to submit data for workers as full-time equivalents when possible. 9 Virginia and Wisconsin. chAPter 2: Reports 11 Child Maltreatment 2020For FFY 2020, 44 states reported a total workforce of 31,215 and 41 states reported 4,798 specialized intake and screening workers. This is an increase from FFY 2019 when 42 states reported 29,405 total workers and 39 states reported 3,188 intake and screening workers. Two states began reporting these data in 2020. 9 The number of investigation and alternative response workers—20,450—is computed by subtracting the reported number of intake and screening workers from the total workforce number. (See table 2–3 and related notes.) Using the data from the same 41 states that report on workers with specialized functions, investigation and alternative response workers complete an average of 67 CPS responses per worker for FFY 2020. (See table 2–4 and related notes.) This is a decrease from the average of 71 responses per worker for FFY 2019. Exhibit and Table Notes The following pages contain the data tables referenced in chapter 2. Specific information about state submissions can be found in Appendix D, State Commentary. Additional information regarding the exhibits and tables is provided below. - Genera l During data analyses, thresholds are set to ensure data quality is balanced with the need to report data from as many states as possible. States may be excluded from an analysis for data quality issues. Exclusion rules are in the table notes below. ■Rates are per 1,000 children in the population. ■Rates are calculated by dividing the relevant reported count (screened-in referrals, total 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. CensusBureau. These population estimates are provided in Appendix C, State Characteristics. ■National totals and calculations appear in a single row labeled National instead of separaterows labeled total, rate, or percent. ■The row labeled Reporting States displays the count of states that provided data for thatanalysis. ■Dashes are inserted into cells without any data. Table 2–1 Screened-in and Screened-out Referrals, 2020 ■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 47 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, 2016–2020 ■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 as chAPter 2: Reports 12 Child Maltreatment 2020their average response time in the Agency File. If a state does use the Child File calculated average, the following thresholds apply and the state would be excluded from this analysis if any of the following conditions are present: if fewer than 95.0 percent of reports have a report time, fewer than 80.0 percent of reports have an investigation start date, fewer than 75.0 percent of reports have an investigation start time or fewer than 50.0 percent of unique reports with investigation start date have different investigation start and report dates/times. Table 2–3 Child Protective Services Workforce, 2020 ■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, 2020 ■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 forthe reporting states, divided by the total number of investigation and alternative responseworkers, 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 allworkers. chAPter 2: Reports 13 Child Maltreatment 2020 Table 2–1 Screened-in and Screened-out Referrals, 2020 StateScreened-in Referrals (Reports)Screened-out Referrals Total ReferralsScreened-in Referrals (Reports) PercentScreened-out Referrals PercentTotal Referrals Rate per 1,000 Children Alabama 26,667 352 27,019 98.7 1.3 24.9 Alaska 11,433 11,254 22,687 50.4 49.6 126.9 Arizona 41,986 34,348 76,334 55.0 45.0 46.4 Arkansas 31,429 22,922 54,351 57.8 42.2 77.7 California 199,749 159,950 359,699 55.5 44.5 40.9 Colorado 33,453 64,620 98,073 34.1 65.9 78.5 Connecticut 11,030 32,756 43,786 25.2 74.8 60.9 Delaware 4,845 13,395 18,240 26.6 73.4 89.1 District of Columbia 4,283 8,514 12,797 33.5 66.5 98.8 Florida 140,639 89,959 230,598 61.0 39.0 54.2 Georgia 62,675 47,552 110,227 56.9 43.1 44.1 Hawaii 2,716 2,641 5,357 50.7 49.3 18.1 Idaho 9,454 11,935 21,389 44.2 55.8 47.4 Illinois 79,944 - 79,944 100.0 - - Indiana 111,868 53,837 165,705 67.5 32.5 105.8 Iowa 30,684 16,941 47,625 64.4 35.6 65.6 Kansas 28,343 19,870 48,213 58.8 41.2 69.2 Kentucky 46,270 49,108 95,378 48.5 51.5 95.2 Louisiana 17,232 29,078 46,310 37.2 62.8 42.8 Maine 11,292 11,591 22,883 49.3 50.7 92.2 Maryland 19,997 38,152 58,149 34.4 65.6 43.6 Massachusetts 37,505 34,313 71,818 52.2 47.8 53.5 Michigan 72,953 67,795 140,748 51.8 48.2 66.2 Minnesota 28,329 52,238 80,567 35.2 64.8 61.9 Mississippi 24,405 7,595 32,000 76.3 23.7 46.2 Missouri 55,303 27,866 83,169 66.5 33.5 60.6 Montana 10,120 4,266 14,386 70.3 29.7 62.6 Nebraska 13,194 20,695 33,889 38.9 61.1 71.3 Nevada 14,739 23,234 37,973 38.8 61.2 54.4 New Hampshire 10,816 8,009 18,825 57.5 42.5 74.4 New Jersey 52,853 - 52,853 100.0 - - New Mexico 22,128 18,253 40,381 54.8 45.2 85.5 New York 145,129 - 145,129 100.0 0.0 0.0 North Carolina 60,268 3,705 63,973 94.2 5.8 27.7 North Dakota 3,231 - 3,231 100.0 0.0 0.0 Ohio 81,183 100,853 182,036 44.6 55.4 70.9 Oklahoma 37,398 38,911 76,309 49.0 51.0 80.0 Oregon 35,461 36,095 71,556 49.6 50.4 83.1 Pennsylvania 35,865 - 35,865 100.0 - - Puerto Rico 6,999 8,238 15,237 45.9 54.1 27.9 Rhode Island 5,966 9,850 15,816 37.7 62.3 78.4 South Carolina 34,078 19,436 53,514 63.7 36.3 47.9 South Dakota 2,449 11,682 14,131 17.3 82.7 64.7 Tennessee 68,813 57,625 126,438 54.4 45.6 83.5 Texas 186,660 46,002 232,662 80.2 19.8 31.3 Utah 19,997 19,501 39,498 50.6 49.4 42.5 Vermont 2,730 12,848 15,578 17.5 82.5 137.7 Virginia 33,216 48,651 81,867 40.6 59.4 43.9 Washington 41,795 60,847 102,642 40.7 59.3 61.6 West Virginia 24,104 13,591 37,695 63.9 36.1 105.8 Wisconsin 24,159 47,905 72,064 33.5 66.5 57.3 Wyoming 2,481 4,137 6,618 37.5 62.5 49.7 National 2,120,316 1,522,916 3,643,232 - - - Reporting States 52 47 52 - - - National for states reporting both screened-in and screened-out referrals 1,803,294 1,522,916 3,326,210 54.2 45.8 N/A Reporting states for reporting both screened-in and screened-out referrals 47 47 47 - - - chAPter 2: Reports 14 Child Maltreatment 20202–2 Average Response Time in Hours, 2016–2020 State 2016 2017 2018 2019 2020 Alabama 64 58 53 51 48 Alaska - - 423 602 576 Arizona - 32 31 32 31 Arkansas 113 134 98 104 98 California - - - - - Colorado - - 114 116 116 Connecticut 44 62 46 42 31 Delaware 231 291 354 409 296 District of Columbia 22 26 29 23 15 Florida 10 10 11 9 9 Georgia - - - - - Hawaii 154 179 338 315 269 Idaho 56 64 60 64 62 Illinois - - - - - Indiana 96 74 64 63 63 Iowa 54 49 52 63 55 Kansas 67 94 123 101 125 Kentucky 75 78 96 121 200 Louisiana 73 99 - - - Maine 72 72 87 94 61 Maryland - - - - - Massachusetts - - - - - Michigan 41 33 34 43 42 Minnesota 108 104 79 72 84 Mississippi 51 50 31 34 30 Missouri 42 65 48 61 - Montana 125 - - - - Nebraska 126 145 136 123 121 Nevada 19 18 68 69 64 New Hampshire 104 116 129 113 92 New Jersey 17 18 18 19 18 New Mexico 68 67 63 89 73 New York - - - - - North Carolina - - - - - North Dakota - - - - - Ohio 24 26 23 24 24 Oklahoma 51 50 51 48 50 Oregon 133 137 150 165 157 Pennsylvania - - - - - Puerto Rico - - - - 141 Rhode Island 20 28 32 20 19 South Carolina - - 38 42 33 South Dakota 73 75 51 34 33 Tennessee 52 - - - - Texas 63 55 50 50 50 Utah 86 88 82 76 82 Vermont 107 102 94 92 107 Virginia - - - - - Washington 40 39 38 37 35 West Virginia 200 211 238 339 309 Wisconsin 119 117 119 113 111 Wyoming 24 14 18 23 15 National Average 76 80 94 102 99 National Median 67 66 62 64 62 Reporting States 37 36 38 38 38 chAPter 2: Reports 15 Child Maltreatment 2020Table 2–3 Child Protective Services Workforce, 2020 State Intake and Screening WorkersInvestigation and Alternative Response WorkersIntake, Screening, Investigation, and Alternative Response Workers Alabama 85 492 577 Alaska 21 202 223 Arizona 88 469 557 Arkansas 42 440 482 California - - 2,872 Colorado - - - Connecticut 56 334 390 Delaware 30 142 172 District of Columbia 35 158 193 Florida - - - Georgia - - - Hawaii 13 42 55 Idaho 14 148 162 Illinois 179 837 1,016 Indiana 124 776 900 Iowa 29 276 305 Kansas 79 306 385 Kentucky 80 1,043 1,123 Louisiana 45 198 243 Maine 35 157 192 Maryland - - - Massachusetts 122 313 435 Michigan 151 1,498 1,649 Minnesota 462 517 979 Mississippi 21 446 467 Missouri 50 522 572 Montana 22 179 201 Nebraska 42 165 207 Nevada 59 160 219 New Hampshire 18 112 130 New Jersey 107 1,259 1,366 New Mexico 62 179 241 New York - - - North Carolina 153 927 1,080 North Dakota - - - Ohio - - - Oklahoma 78 698 776 Oregon 93 364 457 Pennsylvania - - 2,935 Puerto Rico 34 298 332 Rhode Island 12 68 80 South Carolina - - - South Dakota 16 46 62 Tennessee 78 951 1,029 Texas 522 3,866 4,388 Utah 30 122 152 Vermont 34 45 79 Virginia 110 571 681 Washington 110 543 653 West Virginia 40 332 372 Wisconsin 1,417 249 1,666 Wyoming - - 160 National 4,798 20,450 31,215 Reporting States 41 41 44 chAPter 2: Reports 16 Child Maltreatment 2020Table 2–4 Child Protective Services Caseload, 2020 StateInvestigation and Alternative Response WorkersCompleted Reports (Reports with a disposition)Completed Reports per Investigation and Alternative Response Worker Alabama 492 26,667 54 Alaska 202 11,433 57 Arizona 469 41,986 90 Arkansas 440 31,429 71 California - - - Colorado - - - Connecticut 334 11,030 33 Delaware 142 4,845 34 District of Columbia 158 4,283 27 Florida - - - Georgia - - - Hawaii 42 2,716 65 Idaho 148 9,454 64 Illinois 837 79,944 96 Indiana 776 111,868 144 Iowa 276 30,684 111 Kansas 306 28,343 93 Kentucky 1,043 46,270 44 Louisiana 198 17,232 87 Maine 157 11,292 72 Maryland - - - Massachusetts 313 37,505 120 Michigan 1,498 72,953 49 Minnesota 517 28,329 55 Mississippi 446 24,405 55 Missouri 522 55,303 106 Montana 179 10,120 57 Nebraska 165 13,194 80 Nevada 160 14,739 92 New Hampshire 112 10,816 97 New Jersey 1,259 52,853 42 New Mexico 179 22,128 124 New York - - - North Carolina 927 60,268 65 North Dakota - - - Ohio - - - Oklahoma 698 37,398 54 Oregon 364 35,461 97 Pennsylvania - - - Puerto Rico 298 6,999 23 Rhode Island 68 5,966 88 South Carolina - - - South Dakota 46 2,449 53 Tennessee 951 68,813 72 Texas 3,866 186,660 48 Utah 122 19,997 164 Vermont 45 2,730 61 Virginia 571 33,216 58 Washington 543 41,795 77 West Virginia 332 24,104 73 Wisconsin 249 24,159 97 Wyoming - - - National 20,450 1,361,836 67 Reporting States 41 41 41 chAPter 3: Children 17 Child Maltreatment 2020 Children This chap ter 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 protective services (CPS) data for federal fiscal year (FFY) 2020 shows a national decrease in children who were the subjects of a CPS response and those who were determined to be maltreatment victims when compared with 2019. While the analyses in this chapter remain mostly the same as in previous years, chapter 7 includes tables comparing 2020 to 2019 data by quarters for key analyses to examine differences in CPS data during the COVID-19 pandemic. The Child Abuse Prevention and Treatment Act (CAPTA), (P.L. 100–294) defines child abuse and neglect as, at a minimum: Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation [ ]; or an act or failure to act, which presents an imminent risk of serious harm. The Justice for Victims of Trafficking Act (P.L. 114–22) added a legislation requirement to include sex trafficking victims in the definition of child abuse and neglect. CAPTA recognizes individual state authority by providing this minimum federal definition of child abuse and neglect. Each state defines child abuse and neglect in its own statutes and policies and the child welfare agencies determine the appropriate response for the alleged maltreatment based on those statutes and policies. While the purpose of the National Child Abuse and Neglect Data System (NCANDS) is to collect nationally standardized aggregate and case-level child maltreatment data, readers should exercise caution in making state-to-state comparisons. States map their own codes to the NCANDS codes. (See chapter 1.) In most states, the majority of reports receive an investigation. An investigation response results in a determination (also known as a disposition) about the alleged child maltreatment. The two most prevalent NCANDS dispositions are: ■Substantiated: An investigation disposition that concludes the allegation of maltreatment or risk of maltreatment is supported or founded by state law or policy. NCANDS includes this disposition in the count of victims. ■Unsubstantiated: An investigation disposition that concludes there is not sufficient evidence under state law to conclude or suspect that the child was maltreated or is at risk of being maltreated. Less commonly used NCANDS dispositions for investigation responses include: ■Indicated: A disposition that concludes maltreatment could not be substantiated under state law or policy, but there is a reason to suspect that at least one child may have been maltreated or is at risk of maltreatment. This disposition is applicable only to states that CHAPTER 3 chAPter 3: Children 18 Child Maltreatment 2020distinguish between substantiated and indicated dispositions. NCANDS includes this disposition in the count of victims. ■Intentionally false: A disposition that concludes the person who made the allegation of maltreatment knew that the allegation was not true. ■Closed with no finding: A disposition that does not conclude with a specific findingbecause the CPS response could not be completed. This disposition is often assigned when CPS is unable to locate the alleged victim. ■No alleged maltreatment: A disposition for a child who receives a CPS response, butis not the subject of an allegation or any finding of maltreatment. Some states have laws requiring all children in a household receive a CPS response if any child in the household is the subject of a CPS response. ■Other: States may use the category of “other” if none of the above is applicable. State statutes also establish the level of evidence needed to determine a disposition of substantiated or indicated. (See Appendix C, State Characteristics for each state’s level of evidence.) These statutes influence how CPS agencies respond to the safety needs of the children who are the subjects of child maltreatment reports. Alternative Response In some states, reports of maltreatment may not be investigated, but are instead assigned to an alternative track, called alternative response, family assessment response, or differential response. Cases receiving this response often include early determinations that the children have a low or moderate risk of maltreatment. According to states, alternative responses usually include the voluntary acceptance of CPS services and the agreement of family needs. These cases do not result in a formal determination regarding the maltreatment allegation or alleged perpetrator. The term disposition is used when referring to both investigation response and alternative response. In NCANDS, alternative response is defined as: ■Alternative response: The provision of a response other than an investigation that determines if a child or family needs services. A determination of maltreatment is not made and a perpetrator is not determined. Variations in how states define and implement alternative response programs continue. For example, several states mention that they have an alternative response program that is not reported to NCANDS. For some of these states, the alternative response programs provide services for families regardless of whether there were any allegations of child maltreatment. Some states restrict who can receive an alternative response by the type of abuse. For example, several states mention that children who are alleged victims of sexual abuse must receive an investigation response and are not eligible for an alternative response. Another variation in reporting or reason why alternative response program data may not be reported to NCANDS is that the program may not be implemented statewide. To test implementation feasibility, states often first pilot or phase in programs in select counties. Full implementation may depend on the results of the initial implementation. Some states, or counties within states, implemented an alternative response program and terminated the program a few years later. Readers are encouraged to review Appendix D, State Commentary, for more information about these programs. chAPter 3: Children 19 Child Maltreatment 2020 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. Children Who Received an Investigation or Alternative Response (unique count of children) For FFY 2020, about 3,145,000 children (national rounded number) received either an investiga - tion or alternative response at a rate of 42.9 children per 1,000 in the population. This is a 9.5 percent decrease in the number of children from FFY 2016 when approximately 3,474,000 children (national estimated number) received an investigation or alternative response at a rate of 46.7 per 1,000 children. 10 (See exhibit 3–A and related notes.) At the state level, the percent change from FFY 2016 to FFY 2020 ranged from a 40.0 percent decrease to a 62.5 increase. State explanations for changes in the number of children who received a CPS response across the 5 years include backlog reduction (which may involve an increase in one year followed by a decrease in the next year) changes to screening and assessment policies, surges related to increased media coverage, and the reductions due to the COVID-19 pandemic. Please see Appendix D, State Commentary, for state-specific information about changes. Information about a change may be in an earlier edition of Child Maltreatment. For analyses and state comments related to the COVID-19 pandemic please see Chapter 7, Special Focus. (See table 3–1 , and related notes.)Exhibit 3–A Child Disposition Rates, 2016–2020 Year Reporting States Child Population of Reporting StatesChildren Who Received an Investigation or Alternative Response from Reporting StatesNational Disposition Rate per 1,000 ChildrenChild Population of all 52 StatesNational Estimate/ Rounded Number of Children Who Received an Investigation or Alternative Response 2016 51 73,699,293 3,441,462 46.7 74,392,850 3,474,000 2017 52 74,283,872 3,498,511 47.1 74,283,872 3,499,000 2018 52 73,977,376 3,533,768 47.8 73,977,376 3,534,000 2019 52 73,661,476 3,476,438 47.2 73,661,476 3,476,000 2020 52 73,368,194 3,144,644 42.9 73,368,194 3,145,000 The number of reported children who received an investigation or alternative response 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 is 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 the actual number of reported children who received an investigation or alternative response rounded to the nearest 1,000. 10 The national percent change was calculated using the national estimate of children who received a CPS response for 2016 and the national rounded number of children who received a CPS response for 2020. chAPter 3: Children 20 Child Maltreatment 2020 Children Who Received an Investigation or Alternative Response by Disposition (duplicate count of children) For FFY 2020, approximately 3.8 (3,798,038) 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. More than 17.0 percent of children are classified as victims with dispositions of substantiated (16.5%) and indicated (1.1%). 11 The remaining children are not determined to be victims or received an alternative response. (See table 3–2 , exhibit 3–B , and related notes.) 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 2020, there are nationally 618,000 (rounded) victims of child abuse and neglect. This equates to a national rate of 8.4 victims per 1,000 children in the population. The national number of victims for 2020 is an 8.7 percent decrease from the 2016 national estimate of 677,000 victims. 12 While the 2020 decrease may be due to the COVID-19 pandemic, the number of victims has fluctuated during the past 5 years. (See exhibit 3–C 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 substanti - ate 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 Exhibit 3–B Children Who Received an Investigation or Alternative Response by Disposition, 2020 More than 17 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 . 11 North Carolina recoded the dispositions of children who would have received alternative response victim to indicated. 12 The national percent change was calculated using the national estimate of victims for 2016 and the national rounded number of victims for 2020. chAPter 3: Children 21 Child Maltreatment 2020Commentary for more information. Information about a change may be in an earlier edition of Child Maltreatment. For analyses and state comments related to the COVID-19 pandemic please see Chapter 7, Special Focus. At the state level, the percent change of victims of abuse and neglect range from a 59.8 percent decrease to 214.0 percent increase from FFY 2016 to 2020. The FFY 2020 state victimization rates range from a low of 1.7 to a high of 19.0 per 1,000 children. (See table 3–3 and related notes.) Changes to legislation, child welfare policy, and practice that may contrib-ute to an increase or decrease in the number of victims are provided by states in Appendix D, State Commentary. For example, across the 5 years: one state changed its level of evidence, several states resolved investigation or assessment backlogs, and several states adopted new intake or screening processes. 13 Other factors include the increase in reports due to public awareness after media coverage of child deaths, severe storms that changed or reduced the population and the COVID-19 pandemic. Information about a change may be in an earlier edition of Child Maltreatment. For analyses and state comments related to the COVID-19 pandemic please see Chapter 7, Special Focus. Based on data from 51 states, the FFY 2020 rate of first-time victims is 5.9 per 1,000 children in the population. This equates to 70.8 percent of all victims are first-time victims in the same 51 states. States use the disposition date of prior substantiated or indicated maltreatments to determine whether the victim is a first-time victim. (See table 3–4 and related notes.) Child Victim Demographics (unique count of child victims) The youngest children are the most vulnerable to maltreatment. More than one-quarter (28.6%) of victims are in the age range of birth through 2 years old. Victims younger than 1 year are 15.2 percent of all victims. The victimization rate is highest for children younger than 1 year old at 25.1 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 (11.2 per 1,000 children). Victims who are 2 or 3 years old have victimization rates of 10.4 and 9.7 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 3–5 , exhibit 3–D , and related notes.)Exhibit 3–C Child Victimization Rates, 2016–2020 Year Reporting States Child Population of Reporting StatesVictims from Reporting StatesNational Victimization Rate per 1,000 ChildrenChild Population of all 52 States National Estimate/ Rounded Number of Victims 2016 51 73,699,293 671,176 9.1 74,392,850 677,000 2017 52 74,283,872 673,630 9.1 74,283,872 674,000 2018 52 73,977,376 677,411 9.2 73,977,376 677,000 2019 52 73,661,476 656,251 8.9 73,661,476 656,000 2020 52 73,368,194 618,399 8.4 73,368,194 618,000 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. 13 North Carolina recoded child dispositions of alternative response victim to indicated, which significantly increased the state’s count of unique victims. chAPter 3: Children 22 Child Maltreatment 2020 The percentages of child victims are similar for both boys (48.1%) and girls (51.6%). The sex is unknown for 0.3 percent of victims. The FFY 2020 victimization rate for girls is 8.9 per 1,000 girls in the population, which is higher than boys at 7.9 per 1,000 boys in the population. (See table 3–6 and related notes.) Most victims are one of three races or ethnicities—White (43.1%), Hispanic (23.6%), or African-American (21.1%). The racial distributions for all children in the population are 49.6 percent White, 25.6 percent Hispanic, and 13.7 percent African-American. 14 (See table C–3 and related notes.) For FFY 2020, American-Indian or Alaska Native children have the highest rate of victimization at 15.5 per 1,000 children in the population of the same race or ethnicity and African-American children have the second highest rate at 13.2 per 1,000 children in the population of the same race or ethnicity. (See table 3–7 and related notes.) Maltreatment Types NCANDS collects all maltreatment type allegations, however only those maltreatments with a disposition of substantiated or indicated are included in the Child Maltreatment report. The Justice for Victims of Trafficking Act of 2015 includes an amendment to CAPTA under title VIII—Better Response for Victims of Child Sex Trafficking by adding a requirement to report the number of sex trafficking victims. 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. States are instructed to include sex trafficking by caregivers and noncaregivers and began report - ing these data with their FFY 2018 data submissions to NCANDS. 15 Analyses of these data were in chapter 7 in prior Child Maltreatment reports. Exhibit 3–D Victims by Age, 2020 The youngest children are the most vulnerable to maltreatment Based on data from 52 states. See table 3–6 . 14 Does not include Puerto Rico due to lack of race and ethnicity data. 15 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. https://www.acf.hhs.gov/cb/policy-guidance/im-15-05 chAPter 3: Children 23 Child Maltreatment 2020 Focus on Maltreatment Categories (unique count of child victims and duplicate count of maltreatment types) 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. 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 is counted once in neglect. ■A victim with one report with both neglect and physical abuse is counted once in neglect and once in physical abuse. ■A victim with two separate reports in the same FFY, one with neglect and a second report with physical abuse, is counted once in neglect and once in physical abuse. The FFY 2020 data show three-quarters (76.1%) of victims are neglected, 16.5 percent are physically abused, 9.4 percent are sexually abused, and 0.2 percent are sex trafficked. In addition, 6.0 percent of victims are reported with the “other” type of maltreatment. States may code any maltreatment as “other” if it does not fit in one of the NCANDS categories. According to states, the “other” maltreatment type includes threatened abuse or neglect, drug/alcohol addiction, and lack of supervision. (See table 3–8 and related notes.) A few states have policies about conducting investigations into specific maltreatment types. Readers are encouraged to review states’ comments (appendix D) about what is included in the “other” maltreatment type category and for additional information on state policies related to maltreatment types. Victims of Sex Trafficking by Sex and Age (unique count of child victims) Analyzing victims of sex trafficking by demographics shows different patterns of abuse than for victims of all maltreatment types analyzed together. As shown in table 3–6, the percent-ages of victims regardless of maltreatment types are evenly split by sex. However, for victims of the sex trafficking maltreatment type, the majority (88.6%) are female and 10.9 percent are male. (See table 3–9 and related notes.) Different patterns also are seen by age, with older rather than younger children being the most vulnerable to sex trafficking maltreatment. For example, approximately three-quarters (74.8%) of victims of sex trafficking are in the age range of 14–17 and 19.1 percent are in the age range of 9–13. Infants With Prenatal Substance Exposure The Comprehensive Addiction and Recovery Act (CARA) of 2016 amended CAPTA by adding a requirement to report the number of infants with prenatal substance exposure (ISPE), the number of ISPE with a plan of safe care, and the number of ISPE with a referral to appropriate services. States began reporting the new fields with their FFY 2018 NCANDS submissions. 16 16 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 https://www.acf.hhs.gov/cb/policy-guidance/pi-17-02 . chAPter 3: Children 24 Child Maltreatment 2020 Some challenges for determining whether an infant was exposed to alcohol and/or drugs during pregnancy are that, “The rate of drug and alcohol excretion is affected by many factors, including the amount of alcohol or other drug taken; the frequency of use; the user’s [mother’s] daily liquid intake, health status, exercise, age, sex, body weight, and metabolic rate; and the concurrent use of other drugs, including alcohol and/or nicotine.” 17 A Fetal Alcohol Spectrum Disorder diagnosis requires a medical evaluation and neurodevelopmental assessment conducted by a multidisciplinary team. 18 “Neurobehavioral outcomes depend on the dose and pattern of alcohol consumption and the developmental stage when the fetus was exposed.” 19 Reporting Infants With Prenatal Substance Exposure Data to NCANDS20 CAPTA Section 106(d) Annual State Data Reports 18 (A) requests a count of infants with prenatal substance exposure (IPSE). To be included in the count, a child must meet the following conditions as defined by NCANDS data elements: (1)Infant: the child must be in the age range of birth to 1 year old. (2)Referred to CPS by health care provider: the child must have the medical personnel report source. (3)Born with and identified as being affected by substance abuse or withdrawal symptoms:the child must have the alcohol abuse, drug abuse, or both alcohol and drug abuse childrisk 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 temporarynature, includes Fetal Alcohol Syndrome, Fetal Alcohol Spectrum Disorder, and exposureto alcohol during pregnancy. ■Drug abuse (child risk factor): The compulsive use of drugs that is not of a temporarynature, includes infants exposed to drugs during pregnancy. ■Screened-in IPSE: Indicates the child is included in the state’s Child File. NCANDSuses the existing fields of age, report source, and alcohol abuse and drug abuse child riskfactors to determine the count. These are children who were screened in and were thesubjects of either an investigation or alternative response. ■Screened-out IPSE: Indicates the child is included in the state’s Agency File. Theseare children who were screened-out either because they did not meet the child welfareagency’s criteria for a CPS response or because in some states, there are special programsoutside of CPS for handling substance abuse. ■Total IPSE: The sum of screened-in IPSE and screened-out IPSE. 17 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/pubs/usermanuals/sub abuse/ 18 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. 19 Mattson, S. N., Crocker, N., & Nguyen, T. T. (2011). Fetal alcohol spectrum disorders: neuropsychological and behavioral features. Neuropsychology Review, 21(2), 81–101 20 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 includes all of the terms used by CAPTA. Chapter 3: Children 25 Child Maltreatment 2020 Number of Infants With Prenatal Substance Exposure (unique count of children) FFY 2020 data show 42,821 infants in 49 states being referred to CPS agencies as infants with prenatal substance exposure. (See table 3–10 and related notes.) The majority (81.9%) of IPSE were screened-in to CPS to receive either an investigation or alternative response. Of the screened-in IPSE, 88.9 percent have the drug abuse child risk factor, 0.9 percent have the alco - hol abuse child risk factor and 10.2 percent have the alcohol and drug abuse child risk factor. 21 Nearly one-fifth (18.1%) of IPSE were screened-out. While 36 states reported data for screened-out IPSE, some states said that no IPSE referrals were screened out for FFY 2020. Some states have policies and legislation prohibiting all or certain referrals from being screened out. See Appendix D, State Commentary for more information about states’ screen-ing policies and additional information about states’ capabilities to collect and report data on these IPSE children. Screened-in Infants With Prenatal Substance Exposure Who Have a Plan of Safe Care (unique count of children) CAPTA Section 106(d) Annual State Data Reports 18 (B) asks for the number of screened-in IPSE who also have a plan of safe care as developed under subsection (b)(2)(B)(iii). NCANDS uses the following definition: ■Plan of safe care: A plan developed as described in CAPTA sections 106(b)(2)(B)(iii) for infants born and identified as being affected by substance abuse or withdrawal symptoms,or Fetal Alcohol Spectrum Disorder. The state plan requirement at 106(b)(2)(B)(iii)requires that a plan of safe care address the health and substance use disorder treatmentneeds of the infant and affected family or caregiver. For FFY 2020, 27 states reported 21,964 screened-in IPSE (71.4%) have a plan of safe care. (See table 3–11 and related notes.) This is an improvement in number of states reporting from FFY 2019, when 21 states reported 17,505 screened-in IPSE (75.4%) had a plan of safe care. Screened-in Infants With Prenatal Substance Exposure Who Have 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 sub - stance exposure has a referral to appropriate services, including services for the affectedfamily or caregiver. According to Administration for Children and Families, the definitionof “appropriate services” is determined by each state. Twenty-eight states reported 20,648 screened-in IPSE (65.0%) have a referral to appropriate services. (See table 3–12 and related notes.) This is an improvement in reporting from FFY 2019 when 20 states reported 15,037 screened-in IPSE (61.5%) had a referral to appropriate care. What is considered an appropriate service is up to each state’s determination and may depend on the needs of the specific case. According to comments provided by the states, some 21 Some states are not able to collect and report alcohol and drug abuse child risk factors separately and NCANDS guidance is to report both risk factors for the same children. For this analysis, children with both risk factors are counted once in the category screened-in IPSE with alcohol abuse and drug abuse child risk factor. chAPter 3: Children 26 Child Maltreatment 2020examples 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, public health services, and community-based resources. 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 infor - mation from other sources or agencies or have the ability to collect or store certain information in their child welfare system. In addition, some risk factors must be clinically diagnosed, which may not occur during the investigation or alternative response. If the case is closed prior to the diagnosis, the CPS agency may not be notified, and the information will not be reported to NCANDS. Caregivers with these risk factors who are included in each analysis may or may not be the perpetrators responsible for the maltreatment. For FFY 2020, 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. 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 41 reporting states, 121,215 victims (26.4%) have the drug abuse caregiver risk factor and in 37 reporting states, 125,538 victims (28.7%) have the domestic violence caregiver factor. This is closely followed by 83,897 victims (23.5%) with the public assistance caregiver risk factor. (See table 3–13 and related notes.) chAPter 3: Children 27 Child Maltreatment 2020Perpetrator 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 perpetra - tors (e.g., mother alone, mother and nonparent(s), two parents). This analysis counts every combination of relationships for each victim in each report and, therefore, the percentages total more than 100.0 percent. The FFY 2020 data show 90.6 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 (37.6%) of victims are maltreated by a mother acting alone, 23.6 percent of victims are maltreated by a father acting alone, and 20.7 percent of victims are maltreated by both parents (two parents of known sex). More than 14.0 percent (14.4%) of victims are maltreated by a perpetrator who was not the child’s parent. The largest categories in the nonparent group are relative(s) (5.4%), unmarried partner(s) of parent (3.3%), and “other(s)” (3.2%). (See table 3–14 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, non - related 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. chAPter 3: Children 28 Child Maltreatment 2020Table 3–1 Children Who Received an Investigation or Alternative Response, 2016–2020 ■The number of children is a unique count. ■The percent change was calculated by subtracting 2016 data from 2020 data, dividing the result by 2016 data, and multiplying by 100. Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2020 ■The number of children is a duplicate count. ■Many states conduct investigations for all children in a family when any child is the subject of an allegation. In these states, a disposition of “no alleged maltreatment” is assigned to siblings who are not the subjects of an allegation and are not found to be victims. These children may receive an alternative response or an investigation. Table 3–3 Child Victims, 2016–2020 ■The number of victims is a unique count. ■The percent change is calculated by subtracting 2016 data from 2020 data, dividing the result by 2016 data, and multiplying by 100. A state must have data in both years. Table 3–4 First-time Victims, 2020 ■The number of first-time victims is a unique count. ■States are excluded from this analysis if they have fewer than 5.0 percent of prior victims. ■States are instructed to check whether there was a disposition date of substantiated or indicated associated with the same child prior to the disposition date of the current victim report. States may have different abilities and criteria for how far back they check for first-time victims. Table 3–5 Victims by Age, 2020 ■The number of victims is a unique count. ■There are no population data for unknown age and, therefore, no rates. Table 3–6 Victims by Sex, 2020 ■The number of victims is a unique count. ■There are no population data for children with unknown sex and, therefore, no rates. Table 3–7 Victims by Race or Ethnicity, 2020 ■The number of victims is a unique count. ■Counts associated with each racial group are exclusive and do not include Hispanic ethnicity. ■Only those states that have both race and ethnicity population data are included in this analysis. ■States are excluded from this analysis if more than 30.0 percent of victims are reported with an unknown or missing race or ethnicity. Table 3–8 Maltreatment Types of Victims (Categories), 2020 ■The number of victims is a unique count and the number of maltreatment types is a duplicate count. ■This analysis counts victims with one or more maltreatment types, but counts them only once regardless of the number of times the child is reported as a victim of the maltreat-ment type. chAPter 3: Children 29 Child Maltreatment 2020 ■A child may be a victim of more than one type of maltreatment and therefore the maltreat - ment type is a duplicate count. Table 3–9 Victims of Sex Trafficking by Sex and Age, 2020 ■Table 3–9 Victims of Sex Trafficking by Sex and Age, 2020. Table 3–10 Infants with Prenatal Substance Exposure by Submission Type, 2020 ■Table 3–10 Infants with Prenatal Substance Exposure by Submission Type, 2020. Table 3–11 Screened-in Infants with Prenatal Substance Exposure Who Have a Plan of Safe Care, 2020 ■This analysis uses a hierarchy, if a screened-in IPSE is reported with and without a plan of safe care, the infant is counted once with the plan of safe care. Table 3–12 Screened-in Infants with Prenatal Substance Exposure Who Have a Referral to Appropriate Services, 2020 ■This analysis uses a hierarchy, if a screened-in IPSE is reported with and without the referral to appropriate services, the infant is counted once with the referral to appropriate services. Table 3–13 Victims With Caregiver Risk Factors, 2020 ■A victim is counted only once if there is more than one report in which the victim is reported with the caregiver risk factor. The counts on this table are exclusive and follow a hierarchy rule. If a victim is reported both with and without the caregiver risk factor, the victim is counted once with the caregiver risk factor. ■The category Any Caregiver Disability is the combination of six disability types. States are excluded if fewer than 2.0 percent of victims are reported with the total combined disabilities. ■States are excluded from this analysis if fewer than 2.0 percent of victims are reported with each specific caregiver risk factor. ■States are included in this analysis if they are not able to differentiate between alcohol abuse and drug abuse caregiver risk factors and reported both risk factors for the same children in both caregiver risk factor categories. ■As states have varying abilities to report on caregiver risk factors, the national percentages are calculated only on those states able to report the specific risk factor as shown in the row labelled National Count of Victims in Reporting States. Table 3–14 Victims by Relationship to Their Perpetrators, 2020 ■The number of relationships is a duplicate count, and the number of victims is a unique count. ■Percentages are calculated against the unique count of victims and total to more than 100.0 percent. ■States are excluded from this analysis if more than 20.0 percent of perpetrators are reported with an unknown or missing relationship. ■In NCANDS, a child victim may have up to three perpetrators. A few states’ systems do not have the capability of collecting and reporting data for all three perpetrator fields. More information may be found in Appendix D. ■The relationship categories listed under nonparent perpetrator include any perpetrator relationship that was not identified as an adoptive parent, a biological parent, or a stepparent. ■The two parents of known sex category includes mother and father, two mothers, and two fathers. chAPter 3: Children 30 Child Maltreatment 2020 ■The two parents of known sex with nonparent category includes mother, father, and nonpar - ent; 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. ■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 are not able to collect and report on group home and residential facility staff perpetrators due to system limitations or jurisdictional issues. chAPter 3: Children 31 Child Maltreatment 2020 Table 3–1 Children Who Received an Investigation or Alternative Response, 2016–2020 (continues next page) State 2016 2017 2018 2019 2020Percent Change from 2016 to 2020 Alabama 36,776 38,871 38,634 39,335 36,931 0.4 Alaska 11,801 13,184 12,749 14,429 15,460 31.0 Arizona 93,488 83,693 87,862 82,336 77,146 -17.5 Arkansas 58,685 60,736 58,823 57,339 54,775 -6.7 California 376,738 365,921 360,040 343,536 306,919 -18.5 Colorado 42,441 43,558 44,698 45,849 43,483 2.5 Connecticut 23,543 24,432 19,693 18,669 14,135 -40.0 Delaware 13,861 13,281 12,180 12,373 10,672 -23.0 District of Columbia 12,855 14,210 14,334 12,315 8,651 -32.7 Florida 287,951 296,250 292,518 285,141 251,149 -12.8 Georgia 169,328 164,405 164,147 157,705 121,595 -28.2 Hawaii 3,706 3,484 3,817 4,378 4,938 33.2 Idaho 11,363 11,712 12,825 13,385 12,769 12.4 Illinois 140,480 134,004 146,141 151,490 140,762 0.2 Indiana 146,673 163,110 161,340 147,872 139,343 -5.0 Iowa 30,544 35,194 38,631 38,253 35,469 16.1 Kansas 27,388 27,138 27,816 32,877 29,552 7.9 Kentucky 71,876 80,405 83,902 77,512 67,066 -6.7 Louisiana 33,570 27,941 26,064 27,366 23,553 -29.8 Maine 11,613 11,226 11,031 16,288 18,871 62.5 Maryland 32,020 32,433 32,244 32,196 29,852 -6.8 Massachusetts 79,335 74,440 76,244 72,962 62,829 -20.8 Michigan 149,302 150,927 158,673 161,058 129,271 -13.4 Minnesota 38,816 40,697 39,581 38,690 36,274 -6.5 Mississippi 38,538 39,334 40,682 38,838 33,450 -13.2 Missouri 75,593 70,419 81,059 67,322 62,059 -17.9 Montana 13,702 14,237 15,300 15,400 15,528 13.3 Nebraska 22,852 25,192 24,476 25,312 25,964 13.6 Nevada 27,832 28,126 30,220 29,439 27,980 0.5 New Hampshire 13,935 12,636 13,888 12,798 13,336 -4.3 New Jersey 73,889 74,393 77,661 78,741 70,179 -5.0 New Mexico 23,656 26,597 25,774 26,040 25,980 9.8 New York 209,331 218,147 218,684 216,016 194,127 -7.3 North Carolina 119,994 120,734 112,261 100,086 108,485 -9.6 North Dakota 6,647 6,728 7,295 6,597 5,570 -16.2 Ohio 103,868 107,992 110,550 113,071 104,750 0.8 Oklahoma 53,724 54,726 58,958 57,504 58,379 8.7 Oregon 49,964 44,058 50,319 55,063 48,161 -3.6 Pennsylvania 40,237 42,890 42,295 41,062 35,447 -11.9 Puerto Rico - 18,395 15,053 15,044 12,510 - Rhode Island 7,546 7,493 10,841 9,334 8,062 6.8 South Carolina 65,151 68,718 82,617 84,872 63,067 -3.2 South Dakota 4,139 4,201 3,761 4,039 4,032 -2.6 Tennessee 91,562 91,992 87,384 94,946 86,109 -6.0 Texas 269,952 283,764 281,562 278,004 263,493 -2.4 Utah 24,985 25,773 26,076 26,926 25,860 3.5 Vermont 4,603 4,710 4,485 4,429 3,178 -31.0 Virginia 62,808 61,754 49,156 49,338 44,902 -28.5 Washington 40,793 41,299 46,131 49,174 47,375 16.1 West Virginia 52,442 52,390 52,276 53,491 49,128 -6.3 Wisconsin 34,539 35,290 36,103 35,105 32,062 -7.2 Wyoming 5,027 5,271 4,914 5,093 4,006 -20.3 National 3,441,462 3,498,511 3,533,768 3,476,438 3,144,644 N/A Reporting States 51 52 52 52 52 - chAPter 3: Children 32 Child Maltreatment 2020 Table 3–1 Children Who Received an Investigation or Alternative Response, 2016–2020 State2016 Rate per 1,000 Children2017 Rate per 1,000 Children2018 Rate per 1,000 Children2019 Rate per 1,000 Children2020 Rate per 1,000 Children Alabama 33.4 35.4 35.4 36.1 34.0 Alaska 63.1 71.0 69.6 80.0 86.5 Arizona 57.1 51.1 53.6 50.2 46.9 Arkansas 83.1 86.0 83.6 81.8 78.3 California 41.5 40.4 40.1 38.7 34.9 Colorado 33.6 34.5 35.4 36.5 34.8 Connecticut 31.3 32.9 26.8 25.7 19.7 Delaware 67.9 65.1 59.7 60.6 52.1 District of Columbia 105.7 113.8 113.1 96.2 66.8 Florida 69.2 70.5 69.2 67.3 59.1 Georgia 67.4 65.4 65.4 62.9 48.6 Hawaii 12.0 11.4 12.6 14.6 16.7 Idaho 25.9 26.4 28.8 29.9 28.3 Illinois 47.9 46.3 51.1 53.8 50.7 Indiana 93.0 103.6 102.6 94.2 89.0 Iowa 41.8 48.1 52.9 52.5 48.9 Kansas 38.2 38.1 39.4 46.9 42.4 Kentucky 71.0 79.5 83.2 77.2 66.9 Louisiana 30.1 25.2 23.7 25.1 21.8 Maine 45.6 44.4 44.0 65.3 76.0 Maryland 23.8 24.1 24.0 24.1 22.4 Massachusetts 57.5 54.2 55.8 53.9 46.8 Michigan 68.0 69.2 73.3 75.1 60.8 Minnesota 30.0 31.3 30.4 29.7 27.9 Mississippi 53.4 55.0 57.5 55.5 48.3 Missouri 54.5 50.9 58.8 49.0 45.3 Montana 60.1 62.0 66.8 67.3 67.6 Nebraska 48.2 52.9 51.4 53.2 54.7 Nevada 41.2 41.2 43.9 42.4 40.1 New Hampshire 53.0 48.5 53.8 50.0 52.7 New Jersey 37.5 37.9 39.7 40.5 36.3 New Mexico 47.8 54.4 53.4 54.6 55.0 New York 50.4 53.0 53.7 53.6 48.7 North Carolina 52.3 52.4 48.7 43.4 47.0 North Dakota 37.8 38.1 40.9 36.5 30.7 Ohio 39.7 41.4 42.6 43.8 40.8 Oklahoma 55.8 57.1 61.7 60.3 61.2 Oregon 57.4 50.5 57.9 63.7 56.0 Pennsylvania 15.0 16.1 15.9 15.6 13.5 Puerto Rico - 28.2 25.4 26.3 22.9 Rhode Island 36.1 36.2 52.6 45.8 39.9 South Carolina 59.3 62.2 74.5 76.2 56.4 South Dakota 19.4 19.4 17.4 18.5 18.5 Tennessee 60.9 61.0 57.9 62.8 56.9 Texas 36.9 38.5 38.1 37.5 35.4 Utah 27.1 27.8 28.0 29.0 27.8 Vermont 38.9 40.2 38.8 38.7 28.1 Virginia 33.6 33.0 26.3 26.4 24.1 Washington 25.0 25.0 27.8 29.6 28.4 West Virginia 140.1 141.7 143.2 148.4 137.9 Wisconsin 26.8 27.5 28.3 27.7 25.5 Wyoming 36.1 38.7 36.5 38.1 30.1 National 46.7 47.1 47.8 47.2 42.9 Reporting States - - - - - chAPter 3: Children 33 Child Maltreatment 2020 Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2020 (continues next page) State Substantiated Indicated Alternative Response Unsubstantiated Intentionally False Alabama 12,029 - - 27,205 - Alaska 3,684 - - 15,160 - Arizona 10,452 58 - 49,062 - Arkansas 9,734 - 6,161 27,624 - California 64,001 - - 256,903 - Colorado 12,513 - 13,717 26,047 - Connecticut 6,759 - - 9,342 - Delaware 1,227 - - 7,566 - District of Columbia 1,699 - - 4,901 - Florida 29,599 - - 197,436 - Georgia 8,884 - 45,407 42,321 - Hawaii 1,371 - - 4,002 - Idaho 2,000 - - 13,196 784 Illinois 40,282 - - 92,464 279 Indiana 24,219 - - 166,585 - Iowa 12,705 - 11,602 25,864 - Kansas 2,519 - - 36,045 - Kentucky 18,260 - - 57,544 - Louisiana 7,100 - - 17,299 - Maine 5,220 - - 13,275 - Maryland 4,675 3,104 18,306 6,746 - Massachusetts 24,958 - - 23,346 - Michigan 16,082 12,572 - 91,488 6 Minnesota 6,934 - 23,802 9,892 - Mississippi 8,784 - - 30,785 - Missouri 4,558 - 49,178 20,217 - Montana 4,085 37 - 14,681 - Nebraska 2,472 - 2,069 17,694 - Nevada 5,231 - 726 18,021 - New Hampshire 1,214 - - 13,256 - New Jersey 3,821 - - 79,988 - New Mexico 8,242 - - 26,249 - New York 67,660 - 13,130 160,554 - North Carolina 6,982 17,139 84,038 16,503 - North Dakota 1,657 - - 4,484 - Ohio 18,513 7,613 52,621 43,354 - Oklahoma 15,439 - 1,222 45,331 - Oregon 12,384 - - 40,348 - Pennsylvania 4,770 - - 31,095 - Puerto Rico 3,804 24 - 6,081 56 Rhode Island 2,905 - - 6,267 - South Carolina 15,109 - 2,774 40,584 - South Dakota 1,656 - - 2,739 - Tennessee 8,091 820 55,605 30,046 - Texas 67,462 - 39,133 164,838 - Utah 10,234 - - 18,332 30 Vermont 562 - 1,447 1,605 8 Virginia 5,836 - 36,602 7,646 - Washington 4,583 - 33,701 20,473 60 West Virginia 6,411 - - 33,679 - Wisconsin 4,372 - 6,580 27,460 - Wyoming 1,050 - 3,286 345 - National 624,793 41,367 501,107 2,143,968 1,223 Reporting States 16.5 1.1 13.2 56.4 0.0 National States 52 8 21 52 7 chAPter 3: Children 34 Child Maltreatment 2020 Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2020 State Closed With No Finding No Alleged Maltreatment Other Unknown Total Children Alabama 1,189 - 1 104 40,528 Alaska 2,552 - 5 - 21,401 Arizona 1,989 32,154 - - 93,715 Arkansas 1,409 20,027 - - 64,955 California - 47,214 - 2 368,120 Colorado - - - 256 52,533 Connecticut - - - - 16,101 Delaware 1,421 1,590 - - 11,804 District of Columbia 229 3,434 - - 10,263 Florida - 75,723 - 1,529 304,287 Georgia - 50,015 - - 146,627 Hawaii - - - 34 5,407 Idaho - - - - 15,980 Illinois - 47,925 - - 180,950 Indiana - - - - 190,804 Iowa - - - 10 50,181 Kansas 697 - - - 39,261 Kentucky 1,115 - 4,091 - 81,010 Louisiana 1,340 - - - 25,739 Maine - 6,814 - - 25,309 Maryland - - - - 32,831 Massachusetts - 16,422 10,154 - 74,880 Michigan 1,010 40,042 - - 161,200 Minnesota 1,795 - - - 42,423 Mississippi 1,349 - - - 40,918 Missouri 1,932 - 406 44 76,335 Montana 886 25 172 - 19,886 Nebraska 476 9,490 - - 32,201 Nevada 18 8,869 - - 32,865 New Hampshire 1,695 - - 1 16,166 New Jersey - - - - 83,809 New Mexico - - - - 34,491 New York - 2,059 1 - 243,404 North Carolina 131 - - 17 124,810 North Dakota - - - - 6,141 Ohio 4,147 - - - 126,248 Oklahoma 5,188 - - - 67,180 Oregon - - 5,528 - 58,260 Pennsylvania - - - - 35,865 Puerto Rico 1,174 2,033 - - 13,172 Rhode Island 138 - - - 9,310 South Carolina - 19,427 - - 77,894 South Dakota 175 - - - 4,570 Tennessee 7,071 - - 15 101,648 Texas 2,664 - 17,866 2,491 294,454 Utah 1,499 - - - 30,095 Vermont - - - - 3,622 Virginia 57 443 - 11 50,595 Washington 2,082 - - - 60,899 West Virginia 4,021 9,678 - 9 53,798 Wisconsin - - - - 38,412 Wyoming - - - - 4,681 National 49,449 393,384 38,224 4,523 3,798,038 National Percent 1.3 10.4 1.0 0.1 100.0 Reporting States 29 19 9 13 52 chAPter 3: Children 35 Child Maltreatment 2020 Table 3–3 Child Victims, 2016–2020 (continues next page) State 2016 2017 2018 2019 2020Percent Change from 2016 to 2020 Alabama 10,157 10,847 12,158 11,677 11,663 14.8 Alaska 3,142 2,783 2,615 3,059 3,212 2.2 Arizona 10,841 9,909 15,504 12,847 9,954 -8.2 Arkansas 9,707 9,334 8,538 8,422 9,241 -4.8 California 68,663 65,342 63,795 64,132 60,317 -12.2 Colorado 11,226 11,578 11,879 12,246 11,615 3.5 Connecticut 7,903 8,442 7,652 8,042 6,346 -19.7 Delaware 1,572 1,542 1,251 1,248 1,200 -23.7 District of Columbia 1,366 1,639 1,699 1,857 1,568 14.8 Florida 41,894 40,103 36,795 32,915 28,268 -32.5 Georgia 21,635 10,319 11,064 10,102 8,690 -59.8 Hawaii 1,491 1,280 1,265 1,342 1,294 -13.2 Idaho 1,847 1,832 1,919 1,869 1,958 6.0 Illinois 29,059 28,751 31,515 33,331 35,437 21.9 Indiana 28,430 29,198 25,731 23,029 22,648 -20.3 Iowa 8,555 10,643 11,764 11,648 10,600 23.9 Kansas 2,403 4,153 3,188 2,945 2,386 -0.7 Kentucky 20,010 22,410 23,752 20,130 16,748 -16.3 Louisiana 11,289 10,356 9,380 8,441 6,859 -39.2 Maine 3,446 3,475 3,481 4,413 4,726 37.1 Maryland 6,993 7,578 7,743 7,661 7,242 3.6 Massachusetts 31,624 24,955 25,812 25,029 22,538 -28.7 Michigan 37,261 38,062 37,703 33,043 26,932 -27.7 Minnesota 7,941 8,709 7,785 6,780 6,647 -16.3 Mississippi 10,179 10,429 10,002 9,377 8,136 -20.1 Missouri 5,481 4,585 5,662 4,762 4,449 -18.8 Montana 3,116 3,534 3,763 3,736 3,777 21.2 Nebraska 2,783 3,246 2,596 2,822 2,376 -14.6 Nevada 4,885 4,859 5,109 4,990 5,016 2.7 New Hampshire 905 1,151 1,331 1,217 1,182 30.6 New Jersey 8,264 6,614 6,008 5,132 3,655 -55.8 New Mexico 7,526 8,577 8,024 8,025 7,050 -6.3 New York 65,123 71,226 68,785 67,269 59,126 -9.2 North Carolina 7,134 7,392 6,502 5,601 22,399 214.0 North Dakota 1,805 1,981 2,097 1,797 1,614 -10.6 Ohio 23,635 24,897 25,158 25,470 23,691 0.2 Oklahoma 14,308 14,457 15,355 15,148 14,685 2.6 Oregon 11,812 11,013 12,581 13,543 11,487 -2.8 Pennsylvania 4,355 4,625 4,695 4,817 4,582 5.2 Puerto Rico - 5,729 4,381 4,738 3,572 - Rhode Island 2,955 3,095 3,644 3,183 2,743 -7.2 South Carolina 17,331 17,071 19,130 18,717 14,263 -17.7 South Dakota 1,246 1,339 1,426 1,537 1,570 26.0 Tennessee 9,665 9,354 9,186 9,859 8,687 -10.1 Texas 57,374 61,506 63,271 64,093 65,116 13.5 Utah 9,614 9,947 10,122 10,579 9,694 0.8 Vermont 822 878 958 851 530 -35.5 Virginia 5,941 6,277 6,132 6,159 5,658 -4.8 Washington 4,725 4,386 4,498 4,222 3,967 -16.0 West Virginia 5,938 6,370 6,946 6,727 6,116 3.0 Wisconsin 4,822 4,902 5,017 4,576 4,177 -13.4 Wyoming 977 950 1,044 1,096 992 1.5 National 671,176 673,630 677,411 656,251 618,399 N/A Reporting States 51 52 52 52 52 - chAPter 3: Children 36 Child Maltreatment 2020 Table 3–3 Child Victims, 2016–2020 State2016 Rate per 1,000 Children2017 Rate per 1,000 Children2018 Rate per 1,000 Children2019 Rate per 1,000 Children2020 Rate per 1,000 Children Alabama 9.2 9.9 11.1 10.7 10.7 Alaska 16.8 15.0 14.3 17.0 18.0 Arizona 6.6 6.0 9.5 7.8 6.0 Arkansas 13.7 13.2 12.1 12.0 13.2 California 7.6 7.2 7.1 7.2 6.9 Colorado 8.9 9.2 9.4 9.7 9.3 Connecticut 10.5 11.4 10.4 11.1 8.8 Delaware 7.7 7.6 6.1 6.1 5.9 District of Columbia 11.2 13.1 13.4 14.5 12.1 Florida 10.1 9.5 8.7 7.8 6.7 Georgia 8.6 4.1 4.4 4.0 3.5 Hawaii 4.8 4.2 4.2 4.5 4.4 Idaho 4.2 4.1 4.3 4.2 4.3 Illinois 9.9 9.9 11.0 11.8 12.8 Indiana 18.0 18.6 16.4 14.7 14.5 Iowa 11.7 14.5 16.1 16.0 14.6 Kansas 3.3 5.8 4.5 4.2 3.4 Kentucky 19.8 22.2 23.6 20.0 16.7 Louisiana 10.1 9.3 8.5 7.7 6.3 Maine 13.5 13.7 13.9 17.7 19.0 Maryland 5.2 5.6 5.8 5.7 5.4 Massachusetts 22.9 18.2 18.9 18.5 16.8 Michigan 17.0 17.4 17.4 15.4 12.7 Minnesota 6.1 6.7 6.0 5.2 5.1 Mississippi 14.1 14.6 14.1 13.4 11.7 Missouri 4.0 3.3 4.1 3.5 3.2 Montana 13.7 15.4 16.4 16.3 16.4 Nebraska 5.9 6.8 5.4 5.9 5.0 Nevada 7.2 7.1 7.4 7.2 7.2 New Hampshire 3.4 4.4 5.2 4.8 4.7 New Jersey 4.2 3.4 3.1 2.6 1.9 New Mexico 15.2 17.5 16.6 16.8 14.9 New York 15.7 17.3 16.9 16.7 14.8 North Carolina 3.1 3.2 2.8 2.4 9.7 North Dakota 10.3 11.2 11.7 10.0 8.9 Ohio 9.0 9.5 9.7 9.9 9.2 Oklahoma 14.9 15.1 16.1 15.9 15.4 Oregon 13.6 12.6 14.5 15.7 13.3 Pennsylvania 1.6 1.7 1.8 1.8 1.7 Puerto Rico - 8.8 7.4 8.3 6.5 Rhode Island 14.1 15.0 17.7 15.6 13.6 South Carolina 15.8 15.4 17.3 16.8 12.8 South Dakota 5.8 6.2 6.6 7.1 7.2 Tennessee 6.4 6.2 6.1 6.5 5.7 Texas 7.8 8.4 8.6 8.7 8.8 Utah 10.4 10.7 10.9 11.4 10.4 Vermont 7.0 7.5 8.3 7.4 4.7 Virginia 3.2 3.4 3.3 3.3 3.0 Washington 2.9 2.7 2.7 2.5 2.4 West Virginia 15.9 17.2 19.0 18.7 17.2 Wisconsin 3.7 3.8 3.9 3.6 3.3 Wyoming 7.0 7.0 7.8 8.2 7.5 National 9.1 9.1 9.2 8.9 8.4 Reporting States - - - - - chAPter 3: Children 37 Child Maltreatment 2020 Table 3–4 First-Time Victims, 2020 State First-time Victims First-time Victims Rate per 1,000 Children Alabama 9,391 8.6 Alaska 2,120 11.9 Arizona 8,166 5.0 Arkansas 7,705 11.0 California 47,931 5.5 Colorado 8,225 6.6 Connecticut 4,611 6.4 Delaware 1,010 4.9 District of Columbia 1,013 7.8 Florida 12,765 3.0 Georgia 7,156 2.9 Hawaii 1,004 3.4 Idaho 1,602 3.6 Illinois 23,628 8.5 Indiana 16,032 10.2 Iowa 7,132 9.8 Kansas 2,142 3.1 Kentucky 10,732 10.7 Louisiana 5,437 5.0 Maine 3,099 12.5 Maryland 4,661 3.5 Massachusetts 12,466 9.3 Michigan 16,859 7.9 Minnesota 6,044 4.6 Mississippi 7,145 10.3 Missouri 3,866 2.8 Montana 3,009 13.1 Nebraska 1,881 4.0 Nevada 3,316 4.8 New Hampshire 946 3.7 New Jersey 2,902 1.5 New Mexico 4,949 10.5 New York 34,462 8.6 North Carolina - - North Dakota 1,130 6.2 Ohio 17,381 6.8 Oklahoma 11,374 11.9 Oregon 7,472 8.7 Pennsylvania 4,331 1.7 Puerto Rico 3,359 6.2 Rhode Island 1,849 9.2 South Carolina 10,083 9.0 South Dakota 1,238 5.7 Tennessee 4,306 2.8 Texas 52,650 7.1 Utah 6,722 7.2 Vermont 433 3.8 Virginia 5,315 2.8 Washington 1,851 1.1 West Virginia 5,029 14.1 Wisconsin 3,519 2.8 Wyoming 768 5.8 National 422,217 5.9 Reporting States 51 - chAPter 3: Children 38 Child Maltreatment 2020 Table 3–5 Victims by Age, 2020 (continues next page) State <1 1 2 3 4 5 6 7 8 9 Alabama 1,925 755 713 671 650 594 574 526 520 523 Alaska 419 204 210 219 192 189 180 171 166 169 Arizona 2,644 691 608 588 525 526 463 426 388 401 Arkansas 2,029 522 540 493 551 515 446 411 425 363 California 9,747 3,898 3,817 3,512 3,328 3,381 3,301 3,105 3,018 2,855 Colorado 1,755 754 733 671 638 617 661 620 618 586 Connecticut 951 401 380 346 319 407 319 341 344 279 Delaware 140 77 89 69 59 71 79 73 63 65 District of Columbia 195 92 90 94 98 100 112 101 93 105 Florida 4,501 2,252 2,027 1,948 1,737 1,779 1,509 1,489 1,329 1,246 Georgia 1,599 537 530 474 457 434 489 443 424 415 Hawaii 185 78 66 71 77 66 68 61 61 75 Idaho 472 104 114 97 100 97 80 94 75 94 Illinois 4,640 2,747 2,545 2,474 2,276 2,167 2,004 1,931 1,808 1,784 Indiana 4,900 1,439 1,417 1,254 1,235 1,186 1,163 1,091 1,011 1,015 Iowa 1,649 677 729 685 640 618 598 571 526 518 Kansas 187 139 143 155 141 137 116 147 114 133 Kentucky 2,493 1,165 1,118 1,019 1,032 972 959 892 816 787 Louisiana 2,406 397 367 346 330 311 297 301 258 226 Maine 527 298 285 275 304 309 306 290 277 234 Maryland 565 411 360 383 410 432 439 371 374 360 Massachusetts 2,769 1,376 1,337 1,252 1,203 1,254 1,293 1,260 1,236 1,167 Michigan 3,430 1,994 1,866 1,840 1,670 1,594 1,540 1,512 1,389 1,268 Minnesota 965 413 407 412 387 416 324 366 302 322 Mississippi 1,175 448 414 414 419 414 444 404 391 370 Missouri 339 266 246 263 242 210 219 206 223 217 Montana 448 292 287 252 231 223 232 208 193 181 Nebraska 282 188 150 156 143 156 142 128 115 118 Nevada 831 372 354 327 311 321 266 288 244 214 New Hampshire 150 82 65 77 79 69 73 65 59 61 New Jersey 489 187 216 187 186 183 224 198 200 198 New Mexico 917 408 404 399 408 408 439 393 424 356 New York 6,005 3,605 3,411 3,358 3,275 3,520 3,596 3,364 3,228 3,249 North Carolina 3,053 1,566 1,494 1,377 1,359 1,254 1,225 1,224 1,139 1,139 North Dakota 226 124 106 93 97 80 103 101 76 82 Ohio 4,081 1,449 1,358 1,318 1,287 1,272 1,273 1,155 1,091 1,077 Oklahoma 2,435 1,067 993 951 908 857 845 788 717 706 Oregon 1,239 731 747 743 750 677 652 651 628 563 Pennsylvania 354 237 240 195 237 199 181 173 190 212 Puerto Rico 249 175 192 228 220 221 208 251 200 194 Rhode Island 421 204 191 173 154 167 144 165 138 130 South Carolina 2,098 1,098 955 831 839 818 788 732 695 704 South Dakota 254 117 121 117 126 85 82 87 85 72 Tennessee 1,925 687 458 426 422 390 391 350 311 304 Texas 12,159 5,815 5,269 4,958 4,648 4,509 3,363 2,919 2,715 2,640 Utah 973 490 523 489 482 493 507 501 472 498 Vermont 35 38 29 34 35 32 20 28 37 30 Virginia 722 410 437 369 316 317 304 287 273 267 Washington 385 282 316 319 270 237 232 201 194 217 West Virginia 1,140 384 324 374 334 351 332 351 327 306 Wisconsin 453 309 287 285 255 257 235 221 213 196 Wyoming 136 81 55 68 73 54 52 59 50 56 National 94,067 42,533 40,133 38,129 36,465 35,946 33,892 32,091 30,263 29,347 Reporting States 52 52 52 52 52 52 52 52 52 52 chAPter 3: Children 39 Child Maltreatment 2020 Table 3–5 Victims by Age, 2020 (continues next page) State 10 11 12 13 14 15 16 17Unborn, Unknown, and 18–21 Total Victims Alabama 492 490 523 591 637 633 433 288 125 11,663 Alaska 165 171 180 144 124 112 109 65 23 3,212 Arizona 395 363 379 366 345 304 315 213 14 9,954 Arkansas 371 357 383 419 384 382 322 247 81 9,241 California 2,831 2,742 2,823 2,734 2,586 2,479 2,297 1,827 36 60,317 Colorado 603 589 588 552 500 432 388 277 33 11,615 Connecticut 334 265 345 315 274 289 229 175 33 6,346 Delaware 69 60 51 47 64 50 38 35 1 1,200 District of Columbia 67 73 62 83 63 53 49 35 3 1,568 Florida 1,244 1,184 1,192 1,142 1,062 1,057 881 607 82 28,268 Georgia 386 425 416 432 401 376 292 152 8 8,690 Hawaii 60 68 61 65 66 57 52 48 9 1,294 Idaho 95 69 96 89 92 73 78 38 1 1,958 Illinois 1,725 1,612 1,596 1,544 1,375 1,255 1,128 760 66 35,437 Indiana 975 948 929 993 947 907 732 486 20 22,648 Iowa 544 520 500 483 455 383 286 207 11 10,600 Kansas 140 137 142 121 124 126 97 82 5 2,386 Kentucky 813 817 807 727 698 642 558 398 35 16,748 Louisiana 248 238 220 237 196 210 160 102 9 6,859 Maine 277 255 238 210 219 184 137 83 18 4,726 Maryland 370 405 426 431 429 414 356 277 29 7,242 Massachusetts 1,107 1,155 1,136 1,160 1,078 1,069 896 755 35 22,538 Michigan 1,262 1,270 1,188 1,218 1,182 1,113 974 600 22 26,932 Minnesota 336 328 350 367 303 256 223 150 20 6,647 Mississippi 412 451 458 447 440 417 376 226 16 8,136 Missouri 214 236 243 332 294 281 282 136 - 4,449 Montana 185 205 166 151 139 132 116 82 54 3,777 Nebraska 103 111 109 109 108 101 73 61 23 2,376 Nevada 236 199 211 191 190 169 176 113 3 5,016 New Hampshire 45 62 63 56 55 51 42 28 - 1,182 New Jersey 218 210 181 162 187 164 141 117 7 3,655 New Mexico 379 349 350 339 304 281 233 172 87 7,050 New York 3,218 3,003 3,014 3,037 2,852 3,060 2,584 1,637 110 59,126 North Carolina 1,089 1,086 1,103 1,023 994 890 732 505 147 22,399 North Dakota 72 79 74 74 75 68 40 24 20 1,614 Ohio 1,086 1,082 1,135 1,180 1,117 1,158 853 641 78 23,691 Oklahoma 659 696 622 623 595 494 394 277 58 14,685 Oregon 613 566 598 555 531 451 423 305 64 11,487 Pennsylvania 227 247 263 317 357 340 308 240 65 4,582 Puerto Rico 186 195 185 190 197 176 172 117 16 3,572 Rhode Island 141 131 117 94 99 108 86 57 23 2,743 South Carolina 684 664 689 665 570 544 468 279 142 14,263 South Dakota 59 61 77 67 43 47 36 29 5 1,570 Tennessee 336 392 434 406 391 340 365 281 78 8,687 Texas 2,523 2,339 2,436 2,211 2,027 1,876 1,577 871 261 65,116 Utah 485 465 545 609 588 575 559 427 13 9,694 Vermont 24 21 27 29 25 25 31 26 4 530 Virginia 259 264 274 239 254 221 195 151 99 5,658 Washington 166 187 187 191 188 147 138 106 4 3,967 West Virginia 286 269 290 259 250 218 166 127 28 6,116 Wisconsin 201 204 195 204 174 184 180 115 9 4,177 Wyoming 48 45 44 36 52 29 39 14 1 992 National 29,063 28,360 28,721 28,266 26,700 25,403 21,815 15,071 2,134 618,399 Reporting States 52 52 52 52 52 52 52 52 50 52 chAPter 3: Children 40 Child Maltreatment 2020 Table 3–5 Victims by Age, 2020 (continues next page) State<1 Rate per 1,000 children 1 Rate per 1,000 children 2 Rate per 1,000 children 3 Rate per 1,000 children 4 Rate per 1,000 children 5 Rate per 1,000 children 6 Rate per 1,000 children 7 Rate per 1,000 children 8 Rate per 1,000 children Alabama 34.2 13.2 12.1 11.4 10.8 9.8 9.6 8.9 8.7 Alaska 43.2 21.3 21.2 21.7 18.3 18.4 17.4 16.6 16.1 Arizona 32.5 8.3 7.2 6.7 5.9 5.7 5.0 4.7 4.3 Arkansas 56.3 14.3 14.4 13.1 14.2 13.2 11.6 10.8 10.9 California 21.8 8.7 8.4 7.4 6.9 6.9 6.7 6.3 6.1 Colorado 27.8 12.0 11.4 10.1 9.4 9.0 9.6 9.1 9.0 Connecticut 27.8 11.4 10.5 9.4 8.5 10.7 8.4 8.9 8.8 Delaware 13.3 7.2 8.2 6.2 5.2 6.3 7.0 6.6 5.5 District of Columbia 21.1 10.3 10.3 10.8 11.3 11.7 14.4 12.7 12.0 Florida 20.5 10.1 8.9 8.5 7.4 7.6 6.4 6.4 5.6 Georgia 12.8 4.3 4.1 3.6 3.4 3.2 3.6 3.3 3.1 Hawaii 11.4 4.7 3.9 4.2 4.4 3.8 3.9 3.4 3.5 Idaho 21.9 4.8 5.1 4.1 4.1 3.9 3.2 3.7 3.0 Illinois 33.1 19.5 17.5 16.7 14.9 14.1 13.3 12.8 11.9 Indiana 60.9 17.7 16.9 15.0 14.4 13.6 13.4 12.5 11.7 Iowa 44.6 18.1 18.8 17.5 15.9 15.2 14.8 14.2 13.2 Kansas 5.3 3.9 3.9 4.2 3.7 3.6 3.0 3.8 2.9 Kentucky 47.5 21.9 20.5 18.8 18.6 17.4 17.2 16.0 14.8 Louisiana 42.1 6.9 6.2 5.8 5.3 5.1 4.8 5.0 4.3 Maine 42.9 23.5 22.9 21.5 23.0 23.1 22.8 21.5 20.6 Maryland 8.1 5.8 5.0 5.3 5.5 5.8 6.0 5.0 5.0 Massachusetts 40.2 19.9 18.9 17.6 16.7 17.2 17.7 17.2 16.8 Michigan 31.8 18.2 16.7 16.2 14.4 13.6 13.1 13.0 11.9 Minnesota 14.5 6.1 5.9 5.8 5.3 5.7 4.4 5.0 4.2 Mississippi 33.2 12.5 11.3 11.3 11.3 11.1 11.9 10.9 10.3 Missouri 4.7 3.7 3.3 3.5 3.2 2.8 2.9 2.7 3.0 Montana 39.4 25.5 24.2 20.3 18.0 17.0 17.8 16.1 14.9 Nebraska 11.3 7.5 5.9 5.9 5.4 5.7 5.3 4.8 4.4 Nevada 23.3 10.3 9.7 8.7 8.0 8.2 6.9 7.4 6.4 New Hampshire 12.4 6.6 5.2 6.0 5.9 5.1 5.5 4.7 4.3 New Jersey 4.9 1.8 2.1 1.8 1.8 1.7 2.1 1.9 1.9 New Mexico 40.6 17.6 17.1 16.5 16.2 15.9 16.9 15.0 16.1 New York 27.2 16.4 15.3 15.2 14.7 15.7 16.3 15.1 14.5 North Carolina 25.8 13.1 12.3 11.3 10.8 10.0 9.7 9.7 9.0 North Dakota 21.6 12.0 10.1 8.5 8.9 7.3 9.7 9.7 7.4 Ohio 30.8 10.8 9.8 9.5 9.1 8.9 8.9 8.1 7.7 Oklahoma 50.0 21.6 19.7 18.5 16.9 16.0 15.7 14.5 13.4 Oregon 29.5 17.2 17.1 16.3 15.9 14.1 13.5 13.5 13.0 Pennsylvania 2.7 1.8 1.7 1.4 1.7 1.4 1.2 1.2 1.3 Puerto Rico 12.7 8.3 9.5 10.1 8.8 8.2 7.3 8.4 6.4 Rhode Island 40.5 19.6 17.4 16.1 13.7 15.0 13.1 15.2 12.5 South Carolina 37.2 19.2 16.4 14.1 13.9 13.2 12.9 11.9 11.2 South Dakota 21.5 9.9 9.9 9.5 10.2 6.8 6.6 7.1 7.0 Tennessee 24.1 8.5 5.6 5.2 5.1 4.6 4.7 4.2 3.7 Texas 32.3 15.2 13.5 12.3 11.1 10.7 8.0 7.0 6.6 Utah 20.5 10.4 11.1 10.0 9.5 9.6 9.8 9.6 9.3 Vermont 6.6 6.8 5.3 5.8 5.8 5.3 3.2 4.6 5.8 Virginia 7.4 4.1 4.3 3.6 3.0 3.0 2.9 2.8 2.6 Washington 4.5 3.2 3.6 3.4 2.8 2.5 2.5 2.1 2.1 West Virginia 65.3 21.5 17.7 20.1 17.7 17.9 16.6 17.3 16.3 Wisconsin 7.2 4.8 4.4 4.3 3.7 3.7 3.4 3.2 3.1 Wyoming 21.5 12.8 8.1 9.8 9.8 7.3 7.1 8.0 6.7 National 25.1 11.2 10.4 9.7 9.0 8.8 8.3 7.9 7.4 Reporting States - - - - - - - - - chAPter 3: Children 41 Child Maltreatment 2020 Table 3–5 Victims by Age, 2020 State9 Rate per 1,000 Children10 Rate per 1,000 Children11 Rate per 1,000 Children12 Rate per 1,000 Children13 Rate per 1,000 Children14 Rate per 1,000 Children15 Rate per 1,000 Children16 Rate per 1,000 Children17 Rate per 1,000 Children Alabama 8.7 8.1 8.0 8.3 9.4 10.3 10.2 7.0 4.7 Alaska 16.2 16.5 17.2 18.2 14.7 13.2 11.7 11.7 6.9 Arizona 4.4 4.3 3.9 3.9 3.7 3.6 3.2 3.3 2.3 Arkansas 9.4 9.5 9.1 9.4 10.2 9.5 9.5 8.1 6.2 California 5.7 5.8 5.6 5.5 5.4 5.1 4.9 4.6 3.6 Colorado 8.3 8.5 8.3 8.1 7.5 6.8 5.9 5.3 3.8 Connecticut 7.0 8.3 6.5 8.1 7.3 6.3 6.5 5.1 3.8 Delaware 5.6 6.0 5.2 4.3 4.0 5.5 4.3 3.2 3.0 District of Columbia 14.3 10.0 11.7 10.2 14.0 11.5 10.1 9.5 6.8 Florida 5.2 5.3 5.0 4.9 4.6 4.3 4.3 3.6 2.6 Georgia 3.0 2.7 3.0 2.8 2.9 2.7 2.6 2.0 1.0 Hawaii 4.3 3.7 4.4 3.8 4.2 4.3 3.8 3.4 3.2 Idaho 3.7 3.7 2.7 3.6 3.3 3.4 2.7 2.9 1.5 Illinois 11.5 11.1 10.4 9.9 9.5 8.5 7.7 6.8 4.6 Indiana 11.7 11.2 10.8 10.3 11.0 10.5 10.1 8.1 5.4 Iowa 13.2 13.3 12.6 11.8 11.4 10.8 9.2 6.9 5.0 Kansas 3.4 3.5 3.5 3.5 3.0 3.1 3.2 2.4 2.1 Kentucky 14.3 14.8 14.6 14.1 12.6 12.3 11.2 9.8 7.0 Louisiana 3.8 4.2 4.0 3.5 3.8 3.2 3.5 2.7 1.7 Maine 17.4 19.7 18.2 16.4 14.3 14.8 12.3 9.0 5.4 Maryland 4.8 4.9 5.5 5.6 5.6 5.7 5.5 4.7 3.7 Massachusetts 15.5 14.9 15.6 14.9 15.0 13.9 13.5 11.0 9.2 Michigan 10.8 10.6 10.8 9.8 9.9 9.6 8.9 7.7 4.7 Minnesota 4.5 4.6 4.5 4.7 4.9 4.1 3.5 3.0 2.0 Mississippi 9.7 10.7 11.3 11.0 10.5 10.7 10.3 9.4 5.7 Missouri 2.8 2.8 3.1 3.1 4.2 3.7 3.6 3.6 1.7 Montana 14.0 14.3 15.7 12.3 11.2 10.6 10.2 8.8 6.4 Nebraska 4.5 3.9 4.2 4.0 4.1 4.1 3.8 2.8 2.3 Nevada 5.4 6.0 5.1 5.1 4.7 4.7 4.3 4.5 2.9 New Hampshire 4.3 3.2 4.3 4.3 3.7 3.6 3.3 2.6 1.7 New Jersey 1.8 2.0 2.0 1.6 1.5 1.7 1.5 1.2 1.0 New Mexico 13.2 13.9 12.7 12.4 12.0 10.9 10.1 8.4 6.2 New York 14.5 14.7 14.1 13.8 13.8 13.0 13.8 11.4 7.2 North Carolina 8.9 8.4 8.3 8.2 7.5 7.4 6.7 5.5 3.8 North Dakota 8.3 7.2 8.0 7.5 7.5 7.8 7.2 4.4 2.7 Ohio 7.6 7.6 7.6 7.8 8.0 7.5 7.9 5.7 4.3 Oklahoma 13.1 12.3 12.9 11.4 11.3 11.1 9.2 7.4 5.2 Oregon 11.5 12.4 11.5 11.8 11.0 10.6 9.2 8.5 6.2 Pennsylvania 1.5 1.6 1.7 1.7 2.1 2.4 2.2 2.0 1.6 Puerto Rico 6.1 5.5 5.6 5.3 5.3 5.3 4.7 4.6 3.1 Rhode Island 11.8 12.8 12.0 10.2 8.1 8.4 9.1 7.1 4.6 South Carolina 11.3 10.8 10.2 10.4 9.9 8.7 8.5 7.4 4.4 South Dakota 5.9 4.8 5.0 6.2 5.4 3.6 3.9 3.0 2.5 Tennessee 3.7 4.0 4.6 4.9 4.6 4.5 3.9 4.2 3.3 Texas 6.3 6.0 5.6 5.7 5.2 4.8 4.4 3.8 2.1 Utah 9.5 9.1 8.7 10.0 11.1 10.9 10.7 10.5 8.1 Vermont 4.7 3.8 3.3 4.1 4.3 3.7 3.7 4.4 3.7 Virginia 2.6 2.5 2.6 2.6 2.2 2.4 2.1 1.8 1.4 Washington 2.3 1.8 2.0 2.0 2.0 2.0 1.6 1.5 1.2 West Virginia 15.3 14.3 13.4 13.9 12.4 12.1 10.5 7.9 6.0 Wisconsin 2.8 2.8 2.9 2.7 2.7 2.3 2.5 2.4 1.6 Wyoming 7.5 6.1 5.8 5.5 4.4 6.6 3.7 5.2 1.9 National 7.1 7.1 6.9 6.8 6.6 6.3 6.0 5.2 3.6 Reporting States - - - - - - - - - chAPter 3: Children 42 Child Maltreatment 2020 Table 3–6 Victims by Sex, 2020 State Boy Girl Unknown Total VictimsBoy Rate per 1,000 Children Girl Rate per 1,000 Children Alabama 5,242 6,413 8 11,663 9.5 12.0 Alaska 1,544 1,658 10 3,212 16.8 19.1 Arizona 4,882 5,048 24 9,954 5.8 6.3 Arkansas 4,137 5,100 4 9,241 11.5 14.9 California 29,230 30,989 98 60,317 6.5 7.2 Colorado 5,514 6,101 - 11,615 8.6 10.0 Connecticut 3,098 3,212 36 6,346 8.5 9.1 Delaware 581 619 - 1,200 5.6 6.1 District of Columbia 756 811 1 1,568 11.5 12.7 Florida 13,625 14,438 205 28,268 6.3 6.9 Georgia 4,190 4,497 3 8,690 3.3 3.7 Hawaii 601 680 13 1,294 3.9 4.7 Idaho 977 981 - 1,958 4.2 4.5 Illinois 17,468 17,846 123 35,437 12.3 13.1 Indiana 10,752 11,884 12 22,648 13.4 15.5 Iowa 5,169 5,404 27 10,600 13.9 15.2 Kansas 1,067 1,319 - 2,386 3.0 3.9 Kentucky 8,212 8,438 98 16,748 16.0 17.3 Louisiana 3,327 3,508 24 6,859 6.0 6.6 Maine 2,348 2,370 8 4,726 18.4 19.6 Maryland 3,089 4,123 30 7,242 4.5 6.3 Massachusetts 11,019 11,170 349 22,538 16.1 17.0 Michigan 13,377 13,551 4 26,932 12.3 13.0 Minnesota 3,122 3,525 - 6,647 4.7 5.5 Mississippi 3,760 4,350 26 8,136 10.7 12.8 Missouri 1,821 2,628 - 4,449 2.6 3.9 Montana 1,926 1,848 3 3,777 16.3 16.5 Nebraska 1,063 1,312 1 2,376 4.4 5.7 Nevada 2,409 2,607 - 5,016 6.8 7.6 New Hampshire 581 601 - 1,182 4.5 4.9 New Jersey 1,654 1,997 4 3,655 1.7 2.1 New Mexico 3,478 3,541 31 7,050 14.5 15.3 New York 29,319 29,785 22 59,126 14.4 15.3 North Carolina 11,098 11,295 6 22,399 9.4 10.0 North Dakota 799 811 4 1,614 8.6 9.1 Ohio 11,004 12,615 72 23,691 8.4 10.0 Oklahoma 7,191 7,490 4 14,685 14.8 16.1 Oregon 5,599 5,873 15 11,487 12.7 14.0 Pennsylvania 1,801 2,781 - 4,582 1.3 2.2 Puerto Rico 1,835 1,737 - 3,572 6.6 6.5 Rhode Island 1,366 1,367 10 2,743 13.2 13.9 South Carolina 7,187 6,981 95 14,263 12.6 12.7 South Dakota 749 819 2 1,570 6.7 7.7 Tennessee 3,765 4,879 43 8,687 4.9 6.6 Texas 31,010 33,768 338 65,116 8.2 9.3 Utah 4,422 5,272 - 9,694 9.3 11.7 Vermont 242 288 - 530 4.1 5.3 Virginia 2,696 2,955 7 5,658 2.8 3.2 Washington 1,913 2,037 17 3,967 2.2 2.5 West Virginia 2,951 3,137 28 6,116 16.1 18.1 Wisconsin 1,877 2,288 12 4,177 2.9 3.7 Wyoming 509 483 - 992 7.4 7.5 National 297,352 319,230 1,817 618,399 7.9 8.9 Reporting States 52 52 39 52 - - chAPter 3: Children 43 Child Maltreatment 2020 Table 3–7 Victims by Race or Ethnicity, 2020 (continues next page) State African- American American Indian or Alaska Native Asian Hispanic Multiple Race Pacific Islander White Unknown Total Victims Alabama 3,338 13 19 516 378 3 7,241 155 11,663 Alaska 62 1,661 31 119 482 70 608 179 3,212 Arizona 1,039 449 45 3,597 470 20 3,204 1,130 9,954 Arkansas 1,767 10 22 689 768 23 5,874 88 9,241 California 7,895 465 1,577 33,655 1,254 199 11,888 3,384 60,317 Colorado 1,166 88 108 4,674 520 47 4,720 292 11,615 Connecticut 1,402 5 30 2,117 343 7 2,219 223 6,346 Delaware 625 - 3 144 20 - 408 - 1,200 District of Columbia 1,020 1 - 179 6 - 11 351 1,568 Florida 7,852 53 119 5,002 1,506 13 12,543 1,180 28,268 Georgia 3,452 8 20 681 471 1 3,938 119 8,690 Hawaii 19 1 111 38 530 347 161 87 1,294 Idaho 15 38 3 197 18 6 1,347 334 1,958 Illinois 11,941 16 340 6,563 940 14 15,426 197 35,437 Indiana 4,096 4 63 1,885 1,793 11 14,746 50 22,648 Iowa 1,519 143 64 1,103 334 38 7,330 69 10,600 Kansas 268 20 15 359 167 1 1,518 38 2,386 Kentucky 1,925 3 24 716 961 3 12,384 732 16,748 Louisiana 3,115 18 19 162 208 8 3,077 252 6,859 Maine 79 38 5 152 190 3 3,333 926 4,726 Maryland 2,696 9 58 648 124 3 1,660 2,044 7,242 Massachusetts 2,773 34 374 7,288 1,232 7 8,568 2,262 22,538 Michigan 7,461 83 69 1,989 2,517 10 14,756 47 26,932 Minnesota 1,128 482 172 877 1,194 3 2,527 264 6,647 Mississippi 3,246 15 15 205 180 1 4,212 262 8,136 Missouri 664 22 9 425 93 4 2,945 287 4,449 Montana 33 597 6 211 244 - 2,661 25 3,777 Nebraska 277 118 21 508 204 3 1,111 134 2,376 Nevada 1,232 27 52 1,492 320 29 1,625 239 5,016 New Hampshire 25 1 3 81 34 2 912 124 1,182 New Jersey 1,048 2 47 1,255 87 8 1,110 98 3,655 New Mexico 203 738 9 4,063 133 5 1,275 624 7,050 New York 16,172 193 1,646 17,011 2,778 36 20,815 475 59,126 North Carolina 7,341 704 112 2,608 1,372 25 9,760 477 22,399 North Dakota 104 333 8 115 124 3 811 116 1,614 Ohio 5,793 17 60 1,495 2,396 12 13,360 558 23,691 Oklahoma 1,498 1,125 34 2,647 3,713 9 5,643 16 14,685 Oregon 434 312 98 1,512 420 94 6,573 2,044 11,487 Pennsylvania 865 4 26 716 288 2 2,565 116 4,582 Puerto Rico - - - - - - - - - Rhode Island 341 5 17 675 208 1 1,222 274 2,743 South Carolina 5,478 14 8 651 460 8 6,720 924 14,263 South Dakota 43 634 12 85 226 1 542 27 1,570 Tennessee - - - - - - - - - Texas 13,492 53 333 29,835 2,601 74 17,728 1,000 65,116 Utah 340 200 76 2,340 303 180 6,151 104 9,694 Vermont 12 1 5 3 9 - 467 33 530 Virginia 1,355 3 50 667 358 12 3,010 203 5,658 Washington 316 163 70 706 508 43 1,999 162 3,967 West Virginia 165 - 9 58 417 1 5,395 71 6,116 Wisconsin 906 235 45 465 184 5 2,246 91 4,177 Wyoming 25 29 - 128 18 1 754 37 992 National 128,061 9,187 6,062 143,307 34,104 1,396 261,099 22,924 606,140 Reporting States 50 50 50 50 50 50 50 50 50 chAPter 3: Children 44 Child Maltreatment 2020 Table 3–7 Victims by Race or Ethnicity, 2020 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 10.6 3.1 1.2 5.8 9.8 4.6 11.6 Alaska 12.2 50.3 3.1 6.6 20.4 17.1 7.2 Arizona 12.4 5.8 0.9 4.9 6.8 6.7 5.1 Arkansas 14.2 2.0 1.8 7.7 27.1 5.3 13.5 California 18.0 14.6 1.4 7.4 2.7 6.2 5.5 Colorado 21.5 12.8 2.7 11.8 8.9 20.5 6.8 Connecticut 16.8 2.4 0.8 11.4 11.7 19.8 5.9 Delaware 12.0 - 0.3 4.1 1.7 - 4.2 District of Columbia 15.2 5.6 - 8.0 1.1 - 0.4 Florida 9.2 6.1 1.0 3.8 9.1 4.4 7.1 Georgia 4.1 1.8 0.2 1.8 4.7 0.4 3.7 Hawaii 3.7 2.6 1.7 0.7 5.7 9.9 4.1 Idaho 3.9 8.5 0.5 2.3 1.1 7.3 4.0 Illinois 28.1 4.1 2.2 9.6 9.3 17.6 11.0 Indiana 23.0 1.5 1.5 10.3 26.2 15.0 13.5 Iowa 37.5 57.9 3.2 14.1 11.1 23.2 13.3 Kansas 6.3 4.3 0.7 2.7 4.4 1.2 3.3 Kentucky 20.8 2.4 1.3 10.7 21.5 3.2 15.9 Louisiana 7.9 2.8 1.0 2.0 5.9 20.4 5.6 Maine 10.6 19.9 1.4 19.5 19.9 25.4 15.3 Maryland 6.6 3.3 0.7 2.9 1.7 5.1 3.1 Massachusetts 23.2 13.6 3.6 28.0 21.7 9.7 10.7 Michigan 21.9 7.0 0.9 10.7 23.4 15.9 10.5 Minnesota 8.3 26.8 2.1 7.4 17.3 2.9 2.9 Mississippi 11.3 3.8 2.2 5.8 9.7 4.4 12.4 Missouri 3.6 4.5 0.3 4.3 1.4 1.5 3.0 Montana 22.7 27.6 3.1 13.6 22.3 - 14.9 Nebraska 9.6 23.4 1.6 5.8 10.3 9.1 3.5 Nevada 16.6 5.2 1.3 5.2 6.3 5.3 6.9 New Hampshire 5.0 2.4 0.3 4.5 3.8 25.3 4.3 New Jersey 4.1 0.6 0.2 2.3 1.4 9.0 1.3 New Mexico 23.5 16.0 1.5 14.0 10.5 19.5 11.8 New York 27.5 15.3 4.8 17.2 18.1 17.2 11.0 North Carolina 14.2 27.0 1.4 6.6 13.0 13.2 8.3 North Dakota 13.2 24.1 2.7 8.9 15.5 18.6 6.0 Ohio 14.9 4.6 0.9 8.7 18.2 8.3 7.4 Oklahoma 20.6 11.8 1.6 15.2 38.5 3.6 11.5 Oregon 21.7 34.0 2.7 7.8 7.5 21.3 12.2 Pennsylvania 2.6 1.1 0.2 2.1 2.6 2.0 1.5 Puerto Rico - - - - - - - Rhode Island 23.1 4.9 2.2 12.2 21.0 6.3 10.8 South Carolina 16.8 4.2 0.4 5.7 9.6 10.9 11.1 South Dakota 6.3 23.4 3.4 5.1 21.9 6.0 3.5 Tennessee - - - - - - - Texas 15.0 3.0 0.9 8.2 12.6 11.0 7.7 Utah 30.2 25.3 4.4 13.9 8.8 16.6 9.1 Vermont 5.9 3.7 1.9 0.9 2.0 - 4.7 Virginia 3.7 0.8 0.4 2.5 3.2 9.4 3.1 Washington 4.4 7.8 0.5 1.9 3.5 3.1 2.2 West Virginia 12.9 - 3.4 5.7 27.0 11.1 17.1 Wisconsin 8.2 17.9 0.9 2.9 3.4 8.3 2.6 Wyoming 20.7 7.8 - 6.2 3.9 11.5 7.4 National 13.2 15.5 1.6 7.8 10.3 9.0 7.4 Reporting States - - - - - - - chAPter 3: Children 45 Child Maltreatment 2020 Table 3–8 Maltreatment Types of Victims (Categories), 2020 (continues next page) State VictimsMedical Neglect Neglect Other Physical Abuse Psychological Maltreatment Sexual Abuse Sex Trafficking Unknown Total Maltreatment Types Alabama 11,663 86 5,033 - 5,800 21 2,212 4 - 13,156 Alaska 3,212 112 2,295 - 689 1,071 297 - - 4,464 Arizona 9,954 - 9,127 - 836 5 382 - - 10,350 Arkansas 9,241 221 6,407 32 1,806 180 1,787 12 - 10,445 California 60,317 47 53,680 343 4,132 5,422 3,258 65 - 66,947 Colorado 11,615 144 9,692 - 1,169 216 1,039 - 28 12,288 Connecticut 6,346 165 5,410 - 350 1,942 376 - - 8,243 Delaware 1,200 - 381 116 199 455 149 - - 1,300 District of Columbia 1,568 - 1,402 - 208 - 36 25 2 1,673 Florida 28,268 950 16,884 11,818 2,361 284 2,318 - - 34,615 Georgia 8,690 246 5,317 - 1,108 2,239 763 39 - 9,712 Hawaii 1,294 10 279 1,135 124 27 90 16 - 1,681 Idaho 1,958 6 1,064 - 846 - 160 2 - 2,078 Illinois 35,437 667 27,184 61 6,134 68 4,785 - - 38,899 Indiana 22,648 - 19,622 - 1,596 - 2,542 32 - 23,792 Iowa 10,600 81 9,222 - 1,098 93 670 11 - 11,175 Kansas 2,386 66 1,036 1 601 380 492 10 - 2,586 Kentucky 16,748 304 15,631 - 1,226 37 710 - - 17,908 Louisiana 6,859 - 6,032 10 781 20 410 2 - 7,255 Maine 4,726 - 2,926 - 1,336 1,811 382 1 - 6,456 Maryland 7,242 - 4,271 - 1,420 16 2,059 - - 7,766 Massachusetts 22,538 - 21,195 - 1,765 - 732 273 - 23,965 Michigan 26,932 590 23,405 - 4,036 166 1,197 28 - 29,422 Minnesota 6,647 - 4,629 - 922 174 1,641 16 - 7,382 Mississippi 8,136 377 5,737 17 1,279 1,510 1,088 11 - 10,019 Missouri 4,449 108 2,249 - 1,398 647 1,456 10 - 5,868 Montana 3,777 13 3,683 6 187 24 107 1 - 4,021 Nebraska 2,376 1 1,917 - 323 10 253 11 - 2,515 Nevada 5,016 76 4,146 - 1,034 18 365 - - 5,639 New Hampshire 1,182 28 1,010 - 83 45 119 - - 1,285 New Jersey 3,655 79 2,592 - 525 46 640 3 - 3,885 New Mexico 7,050 219 5,770 - 952 1,982 258 - - 9,181 New York 59,126 3,301 56,595 16,851 5,289 577 2,170 12 - 84,795 North Carolina 22,399 970 19,916 193 1,104 158 999 4 - 23,344 North Dakota 1,614 34 1,241 - 137 462 50 - - 1,924 Ohio 23,691 371 10,311 - 11,319 1,580 4,240 25 - 27,846 Oklahoma 14,685 257 10,684 - 1,956 5,010 792 4 - 18,703 Oregon 11,487 69 5,558 6,053 1,381 220 769 27 - 14,077 Pennsylvania 4,582 169 437 12 2,036 45 2,060 43 - 4,802 Puerto Rico 3,572 457 2,340 32 847 1,808 92 1 - 5,577 Rhode Island 2,743 37 1,562 67 366 1,031 132 - - 3,195 South Carolina 14,263 321 8,216 4 6,434 1,041 741 28 - 16,785 South Dakota 1,570 - 1,423 - 152 40 84 1 - 1,700 Tennessee 8,687 129 2,198 - 5,096 463 2,307 100 - 10,293 Texas 65,116 983 55,117 3 7,422 323 6,580 36 1 70,465 Utah 9,694 53 2,567 142 3,708 3,536 1,651 14 - 11,671 Vermont 530 11 4 - 396 2 126 - - 539 Virginia 5,658 131 3,800 3 1,562 95 714 3 - 6,308 Washington 3,967 - 3,050 - 859 - 464 33 - 4,406 West Virginia 6,116 332 2,513 - 4,905 3,983 239 - - 11,972 Wisconsin 4,177 63 2,774 - 645 24 934 50 - 4,490 Wyoming 992 3 763 5 23 345 46 - - 1,185 National 618,399 12,287 470,297 36,904 101,961 39,652 57,963 953 31 720,048 Reporting States 52 41 52 21 52 47 52 35 3 52 chAPter 3: Children 46 Child Maltreatment 2020 Table 3–8 Maltreatment Types of Victims (Categories), 2020 StateMedical Neglect PercentNeglect Percent Other PercentPhysical Abuse PercentPsychological Maltreatment PercentSexual Abuse PercentSex Trafficking PercentUnknown PercentTotal Maltreatment Types Percent Alabama 0.7 43.2 - 49.7 0.2 19.0 0.0 - 112.8 Alaska 3.5 71.5 - 21.5 33.3 9.2 - - 139.0 Arizona - 91.7 - 8.4 0.1 3.8 - - 104.0 Arkansas 2.4 69.3 0.3 19.5 1.9 19.3 0.1 - 113.0 California 0.1 89.0 0.6 6.9 9.0 5.4 0.1 - 111.0 Colorado 1.2 83.4 - 10.1 1.9 8.9 - 0.2 105.8 Connecticut 2.6 85.3 - 5.5 30.6 5.9 - - 129.9 Delaware - 31.8 9.7 16.6 37.9 12.4 - - 108.3 District of Columbia - 89.4 - 13.3 - 2.3 1.6 0.1 106.7 Florida 3.4 59.7 41.8 8.4 1.0 8.2 - - 122.5 Georgia 2.8 61.2 - 12.8 25.8 8.8 0.4 - 111.8 Hawaii 0.8 21.6 87.7 9.6 2.1 7.0 1.2 - 129.9 Idaho 0.3 54.3 - 43.2 - 8.2 0.1 - 106.1 Illinois 1.9 76.7 0.2 17.3 0.2 13.5 - - 109.8 Indiana - 86.6 - 7.0 - 11.2 0.1 - 105.1 Iowa 0.8 87.0 - 10.4 0.9 6.3 0.1 - 105.4 Kansas 2.8 43.4 0.0 25.2 15.9 20.6 0.4 - 108.4 Kentucky 1.8 93.3 - 7.3 0.2 4.2 - - 106.9 Louisiana - 87.9 0.1 11.4 0.3 6.0 0.0 - 105.8 Maine - 61.9 - 28.3 38.3 8.1 0.0 - 136.6 Maryland - 59.0 - 19.6 0.2 28.4 - - 107.2 Massachusetts - 94.0 - 7.8 - 3.2 1.2 - 106.3 Michigan 2.2 86.9 - 15.0 0.6 4.4 0.1 - 109.2 Minnesota - 69.6 - 13.9 2.6 24.7 0.2 - 111.1 Mississippi 4.6 70.5 0.2 15.7 18.6 13.4 0.1 - 123.1 Missouri 2.4 50.6 - 31.4 14.5 32.7 0.2 - 131.9 Montana 0.3 97.5 0.2 5.0 0.6 2.8 0.0 - 106.5 Nebraska 0.0 80.7 - 13.6 0.4 10.6 0.5 - 105.9 Nevada 1.5 82.7 - 20.6 0.4 7.3 - - 112.4 New Hampshire 2.4 85.4 - 7.0 3.8 10.1 - - 108.7 New Jersey 2.2 70.9 - 14.4 1.3 17.5 0.1 - 106.3 New Mexico 3.1 81.8 - 13.5 28.1 3.7 - - 130.2 New York 5.6 95.7 28.5 8.9 1.0 3.7 0.0 - 143.4 North Carolina 4.3 88.9 0.9 4.9 0.7 4.5 0.0 - 104.2 North Dakota 2.1 76.9 - 8.5 28.6 3.1 - - 119.2 Ohio 1.6 43.5 - 47.8 6.7 17.9 0.1 - 117.5 Oklahoma 1.8 72.8 - 13.3 34.1 5.4 0.0 - 127.4 Oregon 0.6 48.4 52.7 12.0 1.9 6.7 0.2 - 122.5 Pennsylvania 3.7 9.5 0.3 44.4 1.0 45.0 0.9 - 104.8 Puerto Rico 12.8 65.5 0.9 23.7 50.6 2.6 0.0 - 156.1 Rhode Island 1.3 56.9 2.4 13.3 37.6 4.8 - - 116.5 South Carolina 2.3 57.6 0.0 45.1 7.3 5.2 0.2 - 117.7 South Dakota - 90.6 - 9.7 2.5 5.4 0.1 - 108.3 Tennessee 1.5 25.3 - 58.7 5.3 26.6 1.2 - 118.5 Texas 1.5 84.6 0.0 11.4 0.5 10.1 0.1 0.0 108.2 Utah 0.5 26.5 1.5 38.3 36.5 17.0 0.1 - 120.4 Vermont 2.1 0.8 - 74.7 0.4 23.8 - - 101.7 Virginia 2.3 67.2 0.1 27.6 1.7 12.6 0.1 - 111.5 Washington - 76.9 - 21.7 - 11.7 0.8 - 111.1 West Virginia 5.4 41.1 - 80.2 65.1 3.9 - - 195.7 Wisconsin 1.5 66.4 - 15.4 0.6 22.4 1.2 - 107.5 Wyoming 0.3 76.9 0.5 2.3 34.8 4.6 - - 119.5 National 2.0 76.1 6.0 16.5 6.4 9.4 0.2 0.0 116.4 Reporting States - - - - - - - - - chAPter 3: Children 47 Child Maltreatment 2020 3–9 Victims of Sex Trafficking by Sex and Age, 2020 Age Male Female Unknown Total Total Percent <1 - 2 - 2 0.2 1 2 4 - 6 0.6 2 2 1 - 3 0.3 3 1 2 - 3 0.3 4 2 3 - 5 0.5 5 1 4 - 5 0.5 6 5 7 - 12 1.3 7 - 7 - 7 0.7 8 5 6 - 11 1.2 9 - 11 - 11 1.2 10 2 18 1 21 2.2 11 5 36 - 41 4.3 12 7 38 - 45 4.7 13 4 60 - 64 6.7 14 21 123 1 145 15.2 15 13 151 1 165 17.3 16 16 196 2 214 22.5 17 16 173 - 189 19.8 18 2 2 - 4 0.4 19–23 - - - - - Unknown age - - - - - National 104 844 5 953 100.0 National Percent 10.9 88.6 0.5 - - Based on data from 35 states. chAPter 3: Children 48 Child Maltreatment 2020 Table 3–10 Infants With Prenatal Substance Exposure by Submission Type, 2020 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 Factor Total Screened-in IPSE Screened-out IPSE Total IPSE Alabama 25 564 8 597 1 598 Alaska - - 82 82 121 203 Arizona 9 452 9 470 197 667 Arkansas - 511 1 512 31 543 California 4 526 485 1,015 39 1,054 Colorado - 27 - 27 458 485 Connecticut - 2 - 2 87 89 Delaware - 24 4 28 20 48 District of Columbia 1 165 - 166 2 168 Florida - 1 - 1 8 9 Georgia 73 3,588 108 3,769 125 3,894 Hawaii - 25 2 27 - 27 Idaho 1 - - 1 17 18 Illinois - - - - - - Indiana 4 625 5 634 33 667 Iowa - 51 - 51 16 67 Kansas - - 48 48 22 70 Kentucky 15 1,128 7 1,150 423 1,573 Louisiana 4 1,952 - 1,956 54 2,010 Maine 2 108 5 115 - 115 Maryland - 6 - 6 - 6 Massachusetts - 66 1,893 1,959 237 2,196 Michigan - 6,337 33 6,370 1,662 8,032 Minnesota 19 1,666 - 1,685 204 1,889 Mississippi - 51 - 51 226 277 Missouri 1 13 - 14 1,050 1,064 Montana - 8 - 8 - 8 Nebraska 1 192 3 196 18 214 Nevada - 70 615 685 - 685 New Hampshire 1 75 - 76 - 76 New Jersey 3 435 6 444 - 444 New Mexico 2 272 - 274 143 417 New York 4 738 13 755 - 755 North Carolina 4 221 1 226 884 1,110 North Dakota - - - - - - Ohio 11 5,816 57 5,884 1,123 7,007 Oklahoma 24 2,114 80 2,218 29 2,247 Oregon - 20 - 20 - 20 Pennsylvania - - - - - - Puerto Rico - 10 1 11 1 12 Rhode Island - - 101 101 1 102 South Carolina 3 446 2 451 - 451 South Dakota 2 27 1 30 51 81 Tennessee - 213 - 213 - 213 Texas 88 1,215 - 1,303 13 1,316 Utah 1 405 1 407 8 415 Vermont - - - - 239 239 Virginia - - 15 15 77 92 Washington - 290 - 290 65 355 West Virginia - 712 - 712 - 712 Wisconsin - 1 - 1 68 69 Wyoming - 12 - 12 - 12 National 302 31,180 3,586 35,068 7,753 42,821 National Percent N/A N/A N/A 81.9 18.1 100.0 Percent of Screened-in IPSE 0.9 88.9 10.2 100.0 N/A N/A Reporting States 24 43 27 48 36 49 chAPter 3: Children 49 Child Maltreatment 2020 Table 3–11 Screened-in Infants With Prenatal Substance Exposure Who Have a Plan of Safe Care, 2020 State Screened-in IPSES c r e e n e d - i n I P S E W h o Have a Plan of Safe CareS c r e e n e d - i n I P S E W h o H a v e a Plan of Safe Care Percent Alabama 597 299 50.1 Alaska - - - Arizona - - - Arkansas 512 468 91.4 California - - - Colorado 27 2 7.4 Connecticut - - - Delaware 28 28 100.0 District of Columbia 166 145 87.3 Florida - - - Georgia 3,769 2,656 70.5 Hawaii - - - Idaho - - - Illinois - - - Indiana 634 239 37.7 Iowa 51 51 100.0 Kansas 48 8 16.7 Kentucky 1,150 228 19.8 Louisiana 1,956 1,019 52.1 Maine - - - Maryland - - - Massachusetts 1,959 1,329 67.8 Michigan 6,370 6,101 95.8 Minnesota 1,685 1,414 83.9 Mississippi - - - Missouri - - - Montana - - - Nebraska 196 20 10.2 Nevada - - - New Hampshire - - - New Jersey - - - New Mexico 274 4 1.5 New York 755 629 83.3 North Carolina 226 152 67.3 North Dakota - - - Ohio 5,884 5,316 90.3 Oklahoma 2,218 71 3.2 Oregon - - - Pennsylvania - - - Puerto Rico 11 11 100.0 Rhode Island - - - South Carolina - - - South Dakota 30 13 43.3 Tennessee 213 212 99.5 Texas 1,303 1,303 100.0 Utah 407 143 35.1 Vermont - - - Virginia 15 15 100.0 Washington 290 88 30.3 West Virginia - - - Wisconsin - - - Wyoming - - - National 30,774 21,964 71.4 Reporting States 27 27 - chAPter 3: Children 50 Child Maltreatment 2020 Table 3–12 Screened-in Infants With Prenatal Substance Exposure Who Have a Referral to Appropriate Services, 2020 State Screened-in IPSEScreened-in IPSE Who Have a Referral to Appropriate ServicesScreened-in IPSE Who Have a Referral to Appropriate Services Percent Alabama 597 337 56.4 Alaska - - - Arizona - - - Arkansas 512 466 91.0 California 1,015 123 12.1 Colorado 27 3 11.1 Connecticut - - - Delaware 28 12 42.9 District of Columbia 166 142 85.5 Florida - - - Georgia 3,769 2,656 70.5 Hawaii - - - Idaho - - - Illinois - - - Indiana 634 57 9.0 Iowa 51 47 92.2 Kansas 48 8 16.7 Kentucky 1,150 249 21.7 Louisiana 1,956 1,225 62.6 Maine - - - Maryland - - - Massachusetts 1,959 1,837 93.8 Michigan 6,370 4,645 72.9 Minnesota 1,685 369 21.9 Mississippi - - - Missouri - - - Montana - - - Nebraska 196 136 69.4 Nevada - - - New Hampshire - - - New Jersey - - - New Mexico 274 4 1.5 New York 755 591 78.3 North Carolina 226 48 21.2 North Dakota - - - Ohio 5,884 4,575 77.8 Oklahoma 2,218 1,382 62.3 Oregon - - - Pennsylvania - - - Puerto Rico 11 11 100.0 Rhode Island - - - South Carolina - - - South Dakota 30 8 26.7 Tennessee 213 212 99.5 Texas 1,303 1,260 96.7 Utah 407 143 35.1 Vermont - - - Virginia 15 14 93.3 Washington 290 88 30.3 West Virginia - - - Wisconsin - - - Wyoming - - - National 31,789 20,648 65.0 Reporting States 28 28 - chAPter 3: Children 51 Child Maltreatment 2020 Table 3–13 Victims With Caregiver Risk Factors, 2020 (continues next page) State Victims Alcohol Abuse Domestic Violence Drug Abuse Financial Problem Inadequate Housing Public Assistance Any Caregiver Disability Alabama 11,663 - - 4,798 - 645 - 796 Alaska 3,212 1,446 1,384 869 146 118 96 475 Arizona 9,954 1,300 4,048 4,449 4,960 2,972 - 454 Arkansas 9,241 - 937 263 1,229 484 256 378 California 60,317 - - - - - 13,345 - Colorado - - - - - - - - Connecticut 6,346 227 1,982 238 274 236 149 127 Delaware 1,200 171 497 332 385 192 918 427 District of Columbia 1,568 509 312 509 - 181 - 761 Florida 28,268 - 11,256 715 8,812 1,894 3,226 - Georgia 8,690 - 341 550 - - 1,139 610 Hawaii 1,294 178 384 645 - 98 - - Idaho 1,958 120 - 305 - 159 - 206 Illinois - - - - - - - - Indiana 22,648 929 2,396 4,474 3,321 1,614 4,433 1,547 Iowa 10,600 - - - 397 255 1,222 - Kansas - - - - - - - - Kentucky 16,748 2,454 8,784 8,370 - 2,964 - 4,432 Louisiana - - - - - - - - Maine 4,726 791 968 1,217 - 277 3,556 107 Maryland 7,242 256 357 510 - - - - Massachusetts 22,538 10,893 10,042 10,893 - 1,170 - - Michigan 26,932 4,220 8,816 6,746 566 1,347 18,411 1,649 Minnesota 6,647 915 1,999 1,505 740 788 560 1,136 Mississippi 8,136 537 1,025 2,974 890 1,387 2,536 - Missouri 4,449 394 391 1,040 675 812 684 726 Montana 3,777 246 - 770 - - 1,420 - Nebraska 2,376 439 106 779 70 - 1,924 889 Nevada 5,016 1,991 1,066 2,090 839 483 - - New Hampshire 1,182 105 502 408 - 88 1,001 422 New Jersey 3,655 452 880 960 592 318 - 106 New Mexico 7,050 1,613 155 2,083 457 228 228 - New York 59,126 11,047 14,811 12,691 - - - - North Carolina 22,399 1,451 3,236 3,964 - 793 899 1,293 North Dakota 1,614 - - - - - 791 - Ohio 23,691 - 6,036 12,180 2,973 3,052 - 7,245 Oklahoma 14,685 2,670 5,780 5,940 856 - 6,058 519 Oregon 11,487 5,152 4,614 5,226 2,065 969 - 266 Pennsylvania 4,582 - - 116 - - - 104 Puerto Rico 3,572 475 1,198 514 1,730 372 192 1,551 Rhode Island 2,743 425 1,340 479 344 108 1,055 - South Carolina 14,263 - - - 2,224 2,165 4,808 656 South Dakota 1,570 557 475 722 521 348 611 132 Tennessee 8,687 - - 1,169 - 315 - - Texas 65,116 3,544 23,645 13,651 3,387 3,137 12,040 5,951 Utah 9,694 - 3,045 - 1,295 688 2,021 - Vermont - - - - - - - - Virginia 5,658 - 1,055 - - - - - Washington 3,967 1,114 802 1,803 710 646 - - West Virginia 6,116 495 - 3,513 - - - 123 Wisconsin 4,177 126 565 293 171 198 227 378 Wyoming 992 318 308 462 237 156 91 184 National Count of Victims with the Caregiver Risk Factor - 57,560 125,538 121,215 40,866 31,657 83,897 33,650 National Count of Victims in Reporting States 561,572 364,604 437,995 459,426 311,687 387,389 356,622 315,845 Reporting States 47 34 37 41 28 36 29 30 chAPter 3: Children 52 Child Maltreatment 2020 Table 3–13 Victims With Caregiver Risk Factors, 2020 State Alcohol Abuse PercentDomestic Violence Percent Drug Abuse Percent Financial Problem Percent Inadequate Housing Percent Public Assistance PercentAny Caregiver Disability Percent Alabama - - 41.1 - 5.5 - 6.8 Alaska 45.0 43.1 27.1 4.5 3.7 3.0 14.8 Arizona 13.1 40.7 44.7 49.8 29.9 - 4.6 Arkansas - 10.1 2.8 13.3 5.2 2.8 4.1 California - - - - - 22.1 - Colorado - - - - - - - Connecticut 3.6 31.2 3.8 4.3 3.7 2.3 2.0 Delaware 14.3 41.4 27.7 32.1 16.0 76.5 35.6 District of Columbia 32.5 19.9 32.5 - 11.5 - 48.5 Florida - 39.8 2.5 31.2 6.7 11.4 - Georgia - 3.9 6.3 - - 13.1 7.0 Hawaii 13.8 29.7 49.8 - 7.6 - - Idaho 6.1 - 15.6 - 8.1 - 10.5 Illinois - - - - - - - Indiana 4.1 10.6 19.8 14.7 7.1 19.6 6.8 Iowa - - - 3.7 2.4 11.5 - Kansas - - - - - - - Kentucky 14.7 52.4 50.0 - 17.7 - 26.5 Louisiana - - - - - - - Maine 16.7 20.5 25.8 - 5.9 75.2 2.3 Maryland 3.5 4.9 7.0 - - - - Massachusetts 48.3 44.6 48.3 - 5.2 - - Michigan 15.7 32.7 25.0 2.1 5.0 68.4 6.1 Minnesota 13.8 30.1 22.6 11.1 11.9 8.4 17.1 Mississippi 6.6 12.6 36.6 10.9 17.0 31.2 - Missouri 8.9 8.8 23.4 15.2 18.3 15.4 16.3 Montana 6.5 - 20.4 - - 37.6 - Nebraska 18.5 4.5 32.8 2.9 - 81.0 37.4 Nevada 39.7 21.3 41.7 16.7 9.6 - - New Hampshire 8.9 42.5 34.5 - 7.4 84.7 35.7 New Jersey 12.4 24.1 26.3 16.2 8.7 - 2.9 New Mexico 22.9 2.2 29.5 6.5 3.2 3.2 - New York 18.7 25.0 21.5 - - - - North Carolina 6.5 14.4 17.7 - 3.5 4.0 5.8 North Dakota - - - - - 49.0 - Ohio - 25.5 51.4 12.5 12.9 - 30.6 Oklahoma 18.2 39.4 40.4 5.8 - 41.3 3.5 Oregon 44.9 40.2 45.5 18.0 8.4 - 2.3 Pennsylvania - - 2.5 - - - 2.3 Puerto Rico 13.3 33.5 14.4 48.4 10.4 5.4 43.4 Rhode Island 15.5 48.9 17.5 12.5 3.9 38.5 - South Carolina - - - 15.6 15.2 33.7 4.6 South Dakota 35.5 30.3 46.0 33.2 22.2 38.9 8.4 Tennessee - - 13.5 - 3.6 - - Texas 5.4 36.3 21.0 5.2 4.8 18.5 9.1 Utah - 31.4 - 13.4 7.1 20.8 - Vermont - - - - - - - Virginia - 18.6 - - - - - Washington 28.1 20.2 45.4 17.9 16.3 - - West Virginia 8.1 - 57.4 - - - 2.0 Wisconsin 3.0 13.5 7.0 4.1 4.7 5.4 9.0 Wyoming 32.1 31.0 46.6 23.9 15.7 9.2 18.5 National Count of Victims with the Caregiver Risk Factor 15.8 28.7 26.4 13.1 8.2 23.5 10.7 National Count of Victims in Reporting States - - - - - - - Reporting States - - - - - - - chAPter 3: Children 53 Child Maltreatment 2020 Table 3–14 Victims by Relationship to Their Perpetrators, 2020 Perpetrator VictimsReported RelationshipsReported Relationships Percent PARENT - - - Father Only - 138,803 23.6 Father and Nonparent - 6,910 1.2 Mother Only - 221,372 37.6 Mother and Nonparent - 37,064 6.3 Two Parents of known sex - 122,015 20.7 Three Parents of known sex - 955 0.2 Two Parents of known sex and Nonparent - 5,230 0.9 One or more Parents of Unknown Sex - 1,292 0.2 Total Parents - 533,641 90.6 NONPARENT - - - Child Daycare Provider(s) - 2,013 0.3 Foster Parent(s) - 1,990 0.3 Friend(s) and Neighbor(s) - 3,961 0.7 Group Home and Residential Facility Staff - 1,080 0.2 Legal Guardian(s) - 1,726 0.3 Other Professional(s) - 1,187 0.2 Relative(s) - 32,037 5.4 Unmarried Partner(s) of Parent - 19,370 3.3 Other(s) - 18,966 3.2 More Than One Nonparental Perpetrator - 2,504 0.4 Total Nonparents - 84,834 14.4 UNKNOWN - 16,464 2.8 National 589,141 634,939 107.8 Based on data from 50 states. chAPter 4: Fatalities 54 Child Maltreatment 2020 Fatalities The effects of child abuse and neglect are serious, and a child fatality is the most tragic consequence. The National Child Abuse and Neglect Data System (NCANDS) collects case-level data in the Child File on child deaths from maltreatment. Additional counts of child fatalities, for which case-level data are not known, are reported in the Agency File. Some child maltreatment deaths may not come to the attention of child protective services (CPS) agencies. Reasons for this include if there were no surviving siblings in the family, or if the child had not (prior to his or her death) received child welfare services. To improve the counts of child fatalities in NCANDS, states consult data sources outside of CPS for deaths attributed to child maltreatment. The Child and Family Services Improvement and Innovation Act (P.L. 112–34) lists the following additional data sources, which states must include a description of in their state plan or explain why they are not used to report child deaths due to maltreatment: state vital statistics departments, child death review teams, law enforcement agencies, and offices of medical examiners or coroners. In addition to the sources mentioned in the law, some states also collect child fatality data from hospitals, health departments, juvenile justice departments, and prosecutor and attorney general offices. States that can provide these additional data do so as aggregate data in the Agency File. After the passage of the Child and Family Services Improvement and Innovation Act, several states mentioned that they implemented new child death reviews or expanded the scope of existing reviews. Some states began investigating all unexplained infant deaths regardless of whether there was an allegation of maltreatment. The child fatality count in this report reflects the federal fiscal year (FFY) in which the deaths are determined as due to maltreatment. The year in which a determination is made may be different from the year in which the child died. CPS agencies may need more time to determine a child died due to maltreatment. The time needed to conclude if a child was a victim of maltreatment often does not coincide with the timeframe for concluding that the death was a result of maltreatment due to multiple agency involvement and multiple levels of review for child deaths. The “date of death” field in the NCANDS Child File indicates the day, month, and year in which the child died. Number of Child Fatalities For FFY 2020, a national estimate of 1,750 children died from abuse and neglect at a rate of 2.38 per 100,000 children in the population. The 2020 national estimate is a 1.2 percent increase from the 2016 national estimate of 1,730. 22 (See exhibit 4–A and related notes on how the national estimate is calculated.) Due to the relatively low frequency of child fatali - ties, the national rate and national estimate are sensitive to which states report data and CHAPTER 4 22 The percent change is calculated using the national estimates for FFY 2016 and FFY 2020. chAPter 4: Fatalities 55 Child Maltreatment 2020 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/data-research/child-maltreatment. At the state level for FFY 2020, 51 states reported 1,713 fatalities. Of those states, 46 reported case-level data on 1,480 fatalities and 28 reported aggregate data on 233 fatalities. Fatality rates by state range from 0.00 to 5.49 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 decreased from 1,825 for FFY 2019 to 1,713 for FFY 2020. All states are required to confirm fatality counts during data submission and validation. Thirty-two states reported fewer child fatalities due to maltreatment in 2020 than in 2019. Seventeen states reported more child fatalities due to maltreatment in 2020 than in 2019. Not every state with the largest increases (10 or more) had an explanation for the increases (appendix D), but some provided the follow - ing: some deaths were for prior years and were pending in the court system; murder-suicides; neglectful supervision, including children left in hot cars and unsafe sleep deaths combined with substance abuse; and one state began reporting children who died during the prior year(s) but the deaths were determined as due to maltreatment during the current reporting period. 23 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.) States were asked to provide additional information about child fatality reviews during the COVID-19 pandemic. Most states provided comments and explained how reviews continued, with many using virtual formats. Readers are encouraged to review the fatality comments provided by states in Appendix D. Child Fatality Demographics FFY 2020 data show that 68.0 percent (67.8%) of all child fatalities are younger than 3 years old. Close to one-half (46.4%) of child fatalities are younger than 1 year old and died at a rate of 23.03 per 100,000 children in the population of the same age. This is 3.6 times the fatality rate for 1-year-old children (6.49 per 100,000 children in the population of the same age). The child 23 New York, see Appendix D, State Commentary. Exhibit 4–A Child Fatality Rates per 100,000 Children, 2016–2020 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/ Rounded Number of Child Fatalities 2016 50 73,444,585 1,708 2.33 74,392,850 1,730 2017 51 74,031,013 1,691 2.28 74,283,872 1,690 2018 52 73,977,376 1,765 2.39 73,977,376 1,770 2019 52 73,661,476 1,825 2.48 73,661,476 1,830 2020 51 72,026,671 1,713 2.38 73,368,194 1,750 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. If 52 states reported data, the national estimate of child fatalities is the number of reported child fatalities rounded to the nearest 10. chAPter 4: Fatalities 56 Child Maltreatment 2020 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.) Boys have a higher child fatality rate than girls at 2.99 per 100,000 boys in the population, compared with 2.05 per 100,000 girls in the population. (See exhibit 4–C and related notes.) Nearly ninety percent (88.1%) of child fatalities are one of three races: White (38.7%), African-American (34.9%), or Hispanic (14.5%). Using the number of victims and the population data to create rates highlights some racial disparity. The rate of African-American child fatalities (5.90 per 100,000 African-American children) is 3.1 times greater than the rate of White child fatalities (1.90 per 100,000 White children) and 3.6 times greater than the rate of Hispanic child fatalities (1.65 per 100,000 Hispanic children). American Indian or Alaska Native children had the second highest rate at 3.85 and children of two or more races had a rate of 3.27 per 100,000 children of their respective races. (See exhibit 4–D and related notes.)Exhibit 4–C Child Fatalities by Sex, 2020 Sex Child Population Child Fatalities Child Fatalities PercentChild Fatalities Rate per 100,000 Children Boys 29,732,915 890 60.1 2.99 Girls 28,490,819 584 39.5 2.05 Unknown - 6 0.4 - National 58,223,734 1,480 100.0 N/A Based on data from 46 states. Data are from the Child File. There are no population data for unknown sex and therefore no rates. Dashes are inserted into cells without any data included in this analysis. Exhibit 4–B Child Fatalities by Age, 2020 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 . chAPter 4: Fatalities 57 Child Maltreatment 2020Exhibit 4–E Maltreatment Types of Child Fatalities, 2020 Maltreatment Type Child Fatalities Maltreatment TypesMaltreatment Types Percent Medical Neglect - 126 8.5 Neglect - 1,091 73.7 Other - 5 0.3 Physical Abuse - 630 42.6 Psychological Maltreatment - 21 1.4 Sexual Abuse - 14 0.9 Sex Trafficking - - - Unknown - 1 0.1 National 1,480 1,888 N/A Based on data from 46 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, 73.7 percent suffered neglect and 42.6 percent suffered physical abuse either exclusively or in combination with another maltreatment type. (See exhibit 4–E and related notes.) Risk Factors Risk factors are characteristics of a child or caregiver that may increase the likelihood of child maltreatment. Risk factors can be difficult to accu-rately assess and measure, and there-fore may go undetected among many children and caregivers. Some states are able to report data on caregiver risk factors for children who died as a result of maltreatment. Caregivers with these risk factors may not be the perpetrator responsible for the child’s death. Please see the Risk Factors section in chapter 3 or Appendix B, Glossary, for more information and the NCANDS’ definitions of these risk factors. Twenty-seven states report that 45 (5.7%) of child fatalities in reporting states had a caregiver with a risk factor of alcohol abuse and 34 states report that 218 (17.6%) of child fatalities in reporting states had a caregiver with a risk factor of drug abuse. (See exhibit 4–F and related notes.)Exhibit 4–D Child Fatalities by Race or Ethnicity, 2020 Race and Ethnicity Child Population Child Fatalities Child Fatalities PercentChild Fatalities Rate per 100,000 Children SINGLE RACE - - - - African-American 8,549,229 504 34.9 5.90 American Indian or Alaska Native 467,907 18 1.2 3.85 Asian 2,427,571 8 0.6 0.33 Hispanic 12,705,582 210 14.5 1.65 Pacific Islander 97,594 2 0.1 2.05 Unknown - 64 4.4 N/A White 29,469,031 560 38.7 1.90 MULTIPLE RACE - - - - Two or More Races 2,447,338 80 5.5 3.27 National 56,164,252 1,446 100.0 N/A Based on data from 44 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 30.0 percent or more of victim race or ethnicity reported as unknown or missing are excluded from this analysis. This analysis includes only those states that have both race and ethnicity population data. Dashes are inserted into cells without any data included in this analysis. chAPter 4: Fatalities 58 Child Maltreatment 2020Perpetrator Relationship The FFY 2020 data show that most perpetrators are caregivers of their victims. More than 80.0 percent (80.6%) of child fatalities involved parents acting alone, together, or with other individuals. More than 15 percent (15.3%) 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) (5.3%) and “other(s)” (3.6%). 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, fos - ter sibling, babysitter, household staff, clergy, and school personnel. Child fatalities with unknown perpetrator relationship data accounted for 4.2 percent. (See table 4–4 and related notes.) Prior CPS Contact Some children who die from abuse and neglect are already known to CPS agencies. Not all states that report child fatalities are able to report family preservation services. In the 29 states that reported fatalities and family preservation services in table 4–5, Child Fatalities Who Received Family Preservation Services Within the Previous 5 Years, 80 of the 904 Child File fatalities and 8 of the 51 Agency File fatalities had preservation services. Not all states that report child fatalities are able to report family reunification services. In the 36 states that reported fatalities and family reunification services, table 4–6 shows that 32 of the 1,171 Child File fatalities and 12 of the 208 Agency File fatalities were removed from home and subsequently reunited with their families prior to their death. (See tables 4–5 , 4–6 , and related notes.) Not all states are able to report these two services, and the national percentage is sensitive to which states report data. Exhibit and Table Notes The following pages contain the data tables referenced in chapter 4. Specific information about state submissions can be found in Appendix D, State Commentary. Additional information regarding the exhibits and tables is provided below. - Gener al 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. Exhibit 4–F Child Fatalities with Selected Caregiver Risk Factors, 2020 Caregiver Risk Factor Reporting StatesChild Fatalities from Reporting StatesChild Fatalities With a Caregiver Risk FactorChild Fatalities With a Caregiver Risk Factor Percent Alcohol Abuse 27 785 45 5.7 Drug Abuse 34 1,241 218 17.6 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 59 Child Maltreatment 2020 ■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 and the state’s child population is included in tables with rate calculations. ■Child fatalities are reported during the FFY in which the death was determined as due 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. Table 4–1 Child Fatalities by Submission Type, 2020 ■Data are from the Child File and Agency File. ■The rates were computed by dividing the number of total child fatalities by the child population of reporting states and multiplying by 100,000. Table 4–2 Child Fatalities, 2016–2020 ■Data are from the Child File and Agency File. Table 4–3 Child Fatalities by Age, 2020 ■There are no population data for unknown age and therefore, no rates. Table 4–4 Child Fatalities by Relationship to Their Perpetrators, 2020 ■States are excluded from this analysis if more than 20.0 percent of perpetrators are reported with an unknown or missing relationship. ■States are excluded from this analysis if more than 15.0 percent of victims are not associ - ated with at least one perpetrator. ■In NCANDS, a child victim may have up to three perpetrators. A few states’ systems 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 includes mother and father, two mothers, and two fathers. ■The two parents of known sex with nonparent category includes mother, father, and nonparent; two mothers and nonparent; and two fathers and nonparent. ■One or more parents of unknown sex includes up to three parents in any combination of 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. ■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 4: Fatalities 60 Child Maltreatment 2020Table 4–5 Child Fatalities Who Received Family Preservation Services Within the Previous 5 Years, 2020 ■Data are from the Child File and Agency File. ■The Child File and Agency File data are presented separately. Table 4–6 Child Fatalities Who Were Reunited With Their Families Within the Previous 5 Years, 2020 ■Data are from the Child File and Agency File. chAPter 4: Fatalities 61 Child Maltreatment 2020 Table 4–1 Child Fatalities by Submission Type, 2020 State Child PopulationChild Fatalities Reported in the Child FileChild Fatalities Reported in the Agency File Total Child Fatalities Child Fatality Rates per 100,000 Children Alabama 1,087,283 47 - 47 4.32 Alaska 178,731 - 2 2 1.12 Arizona 1,646,423 18 - 18 1.09 Arkansas 699,714 30 - 30 4.29 California 8,791,234 - 143 143 1.63 Colorado 1,250,035 24 - 24 1.92 Connecticut 718,952 8 1 9 1.25 Delaware 204,656 5 - 5 2.44 District of Columbia 129,588 4 0 4 3.09 Florida 4,250,732 101 - 101 2.38 Georgia 2,499,950 83 2 85 3.40 Hawaii 295,818 0 - 0 0.00 Idaho 451,043 5 5 10 2.22 Illinois 2,777,968 100 2 102 3.67 Indiana 1,566,439 56 - 56 3.57 Iowa 725,559 9 - 9 1.24 Kansas 696,746 10 0 10 1.44 Kentucky 1,001,917 6 3 9 0.90 Louisiana 1,081,280 18 - 18 1.66 Maine 248,168 1 0 1 0.40 Maryland 1,333,919 32 18 50 3.75 Massachusetts - - - - - Michigan 2,126,813 43 - 43 2.02 Minnesota 1,301,219 21 0 21 1.61 Mississippi 693,133 38 - 38 5.48 Missouri 1,371,429 41 3 44 3.21 Montana 229,683 5 0 5 2.18 Nebraska 475,015 2 0 2 0.42 Nevada 697,580 10 4 14 2.01 New Hampshire 253,134 1 1 2 0.79 New Jersey 1,934,535 16 1 17 0.88 New Mexico 472,491 10 3 13 2.75 New York 3,988,354 105 - 105 2.63 North Carolina 2,306,400 - 1 1 0.04 North Dakota 181,629 5 0 5 2.75 Ohio 2,568,641 94 - 94 3.66 Oklahoma 953,520 42 0 42 4.40 Oregon 860,778 - 17 17 1.97 Pennsylvania 2,620,757 67 - 67 2.56 Puerto Rico 546,081 5 - 5 0.92 Rhode Island 201,849 2 - 2 0.99 South Carolina 1,117,925 24 12 36 3.22 South Dakota 218,479 12 - 12 5.49 Tennessee 1,513,401 34 - 34 2.25 Texas 7,435,132 255 0 255 3.43 Utah 929,276 6 - 6 0.65 Vermont 113,166 0 - 0 0.00 Virginia 1,866,420 39 - 39 2.09 Washington 1,665,794 - 14 14 0.84 West Virginia 356,267 11 1 12 3.37 Wisconsin 1,258,524 32 - 32 2.54 Wyoming 133,091 3 0 3 2.25 National 72,026,671 1,480 233 1,713 2.38 Reporting States - 46 28 51 - chAPter 4: Fatalities 62 Child Maltreatment 2020 Table 4–2 Child Fatalities, 2016–2020 State 2016 2017 2018 2019 2020 Alabama 26 28 43 34 47 Alaska 1 2 2 1 2 Arizona 48 35 48 33 18 Arkansas 42 37 44 35 30 California 137 147 145 153 143 Colorado 37 35 40 25 24 Connecticut 5 11 8 4 9 Delaware 0 4 4 13 5 District of Columbia 3 4 5 3 4 Florida 110 101 111 114 101 Georgia 97 94 86 68 85 Hawaii 4 4 1 4 0 Idaho 3 10 3 3 10 Illinois 64 74 70 106 102 Indiana 70 78 80 116 56 Iowa 12 19 16 25 9 Kansas 10 14 9 16 10 Kentucky 15 10 6 12 9 Louisiana 41 25 25 24 18 Maine - - 3 3 1 Maryland 32 41 40 55 50 Massachusetts 8 14 14 13 - Michigan 86 51 49 63 43 Minnesota 28 24 30 17 21 Mississippi 41 40 30 35 38 Missouri 29 33 36 46 44 Montana 0 4 2 2 5 Nebraska 7 1 0 5 2 Nevada 13 21 19 20 14 New Hampshire 4 2 0 2 2 New Jersey 21 13 18 19 17 New Mexico 11 16 12 11 13 New York 95 127 118 69 105 North Carolina 32 18 14 5 1 North Dakota 4 1 8 6 5 Ohio 66 73 106 79 94 Oklahoma 31 21 47 23 42 Oregon 19 30 26 23 17 Pennsylvania 47 42 45 54 67 Puerto Rico - 6 3 5 5 Rhode Island 4 5 1 3 2 South Carolina 22 28 39 60 36 South Dakota 4 5 3 9 12 Tennessee 41 33 47 43 34 Texas 217 186 200 229 255 Utah 12 13 10 11 6 Vermont 0 0 1 1 0 Virginia 45 41 37 49 39 Washington 15 18 28 25 14 West Virginia 20 17 8 17 12 Wisconsin 25 31 24 34 32 Wyoming 4 4 1 0 3 National 1,708 1,691 1,765 1,825 1,713 Reporting States 50 51 52 52 51 chAPter 4: Fatalities 63 Child Maltreatment 2020 Table 4–4 Child Fatalities by Relationship to Their Perpetrators, 2020Table 4–3 Child Fatalities by Age, 2020 Age Child Population Child Fatalities Child Fatalities PercentChild Fatalities Rate per 100,000 Children <1 2,982,424 687 46.4 23.03 1 3,018,680 196 13.2 6.49 2 3,081,767 120 8.1 3.89 3 3,126,811 101 6.8 3.23 4 3,210,326 64 4.3 1.99 5 3,236,417 61 4.1 1.88 6 3,225,797 27 1.8 0.84 7 3,215,877 25 1.7 0.78 8 3,222,471 10 0.7 0.31 9 3,251,797 24 1.6 0.74 10 3,259,859 21 1.4 0.64 11 3,259,890 24 1.6 0.74 12 3,359,300 21 1.4 0.63 13 3,377,805 13 0.9 0.38 14 3,353,562 26 1.8 0.78 15 3,346,596 21 1.4 0.63 16 3,357,944 19 1.3 0.57 17 3,336,411 14 0.9 0.42 Unborn, Unknown, and 18–21N/A 6 0.4 N/A National 58,223,734 1,480 100.0 N/A Based on data from 46 states. Perpetrator Child Fatalities Relationships Relationships Percent PARENT - - - Father Only - 209 14.3 Father and Nonparent - 31 2.1 Mother Only - 426 29.1 Mother and Nonparent - 141 9.6 Two Parents of Known Sex - 337 23.1 Three Parents of Known Sex - - - Two Parents of Known Sex and Nonparent- 29 2.0 One or More Parents of Unknown Sex - 5 0.3 Total Parents - 1,178 80.6 NONPARENT - - - Child Daycare Provider(s) - 23 1.6 Foster Parent(s) - 10 0.7 Friend(s) or Neighbor(s) - 8 0.5 Group Home and Residential Facility Staff - 2 0.1 Legal Guardian(s) - 4 0.3 Other Professional(s) - 1 0.1 Relative(s) - 77 5.3 Unmarried Partner(s) of Parent - 36 2.5 Other(s) - 52 3.6 More Than One Nonparental Perpetrator - 10 0.7 Total Nonparents - 223 15.3 UNKNOWN - 61 4.2 National 1,462 1,462 100.0 Based on data from 43 states. chAPter 4: Fatalities 64 Child Maltreatment 2020 Table 4–5 Child Fatalities Who Received Family Preservation Services Within the Previous 5 Years, 2020 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 47 3 - - Alaska - - - - Arizona - - - - Arkansas 30 3 - - California - - - - Colorado - - - - Connecticut 8 0 - - Delaware - - - - District of Columbia 4 0 0 0 Florida 101 6 - - Georgia 83 12 2 0 Hawaii - - - - Idaho 5 0 - - Illinois 100 8 2 0 Indiana - - - - Iowa - - - - Kansas 10 4 0 0 Kentucky 6 4 3 1 Louisiana 18 0 - - Maine 1 0 0 0 Maryland - - - - Massachusetts - - - - Michigan - - - - Minnesota 21 2 0 0 Mississippi 38 2 - - Missouri 41 1 3 0 Montana - - - - Nebraska 2 0 0 0 Nevada 10 0 4 1 New Hampshire 1 0 1 0 New Jersey 16 1 1 0 New Mexico 10 0 3 0 New York - - - - North Carolina - - 1 0 North Dakota 5 0 0 0 Ohio - - - - Oklahoma 42 2 0 0 Oregon - - 17 5 Pennsylvania - - - - Puerto Rico 5 0 - - Rhode Island 2 1 - - South Carolina - - - - South Dakota - - - - Tennessee 34 5 - - Texas 255 26 0 0 Utah 6 0 - - Vermont 0 0 - - Virginia - - - - Washington - - 14 1 West Virginia - - - - Wisconsin - - - - Wyoming 3 0 0 0 National 904 80 51 8 National Percent - 8.8 - 15.7 Reporting States 29 29 20 20 chAPter 4: Fatalities 65 Child Maltreatment 2020 Table 4–6 Child Fatalities Who Were Reunited With Their Families Within the Previous 5 Years, 2020 State Child File FatalitiesChild File Fatalities Who Were Reunited With Their Families in the Previous 5 Years Agency File FatalitiesAgency File Fatalities Who Were Reunited With Their Families in the Previous 5 Years Alabama 47 2 - - Alaska - - 2 0 Arizona - - - - Arkansas 30 1 - - California - - 143 7 Colorado 24 0 - - Connecticut 8 0 - - Delaware 5 0 - - District of Columbia 4 0 - - Florida 101 2 - - Georgia 83 1 2 0 Hawaii - - - - Idaho 5 0 - - Illinois 100 5 2 0 Indiana 56 4 - - Iowa - - - - Kansas 10 1 0 0 Kentucky 6 0 3 0 Louisiana 18 0 - - Maine 1 0 0 0 Maryland 32 1 - - Massachusetts - - - - Michigan - - - - Minnesota 21 0 0 0 Mississippi 38 1 - - Missouri 41 0 3 0 Montana - - - - Nebraska 2 0 0 0 Nevada 10 1 4 1 New Hampshire 1 0 1 0 New Jersey 16 1 1 0 New Mexico 10 0 3 0 New York - - - - North Carolina - - 1 0 North Dakota 5 0 0 0 Ohio 94 2 - - Oklahoma 42 1 0 0 Oregon - - 17 0 Pennsylvania - - - - Puerto Rico 5 0 - - Rhode Island 2 0 - - South Carolina 24 4 12 1 South Dakota - - - - Tennessee 34 0 - - Texas 255 4 0 0 Utah 6 0 - - Vermont 0 0 - - Virginia - - - - Washington - - 14 3 West Virginia - - - - Wisconsin 32 1 - - Wyoming 3 0 0 0 National 1,171 32 208 12 National Percent - 2.7 - 5.8 Reporting States 36 36 22 22 chAPter 5: Perpetrators 66 Child Maltreatment 2020 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 2020, 52 states reported a unique count of 483,285 perpetrators. This is a decrease from FFY 2016 when 50 states reported 517,685 unique perpetrators. Using the count of perpetrators from the same 50 states that reported for both 2016 and 2020 shows a decrease of 8.5 percent. One state had a significant increase in the number of reported perpetrators due to a policy and procedure change. 24 (See table 5–1 and related notes.) Perpetrator Demographics (unique count of perpetrators) More than four-fifths (83.2%) of perpetrators are in the age range of 18–44 years old. Perpetrators in the age group 25–34 are 41.3 percent of all perpetrators. Perpetrators younger than 18 years old accounted for 0.2 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 4.4 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 3.2, while young adults in the age group of 18–24 have a rate of 2.4 per 1,000 adults in the population of the same age. (See table 5–2 , exhibit 5–A , and related notes.) CHAPTER 5 Exhibit 5–A Perpetrators by Age, 2020 More than 80.0 percent of perpetrators are in the age range of 18–44 years Based on data from 51 states. See table 5–2 . 24 North Carolina recoded child dispositions of alternative response victim to indicated, meaning the children are consid - ered victims by NCANDS and they have perpetrators. The state was not able to include all perpetrators in its 2020 data submission, but expects to be able to collect and submit perpetrator data for its FFY 2021 submission. North Carolina is excluded from the remaining analyses in this chapter due to the missing perpetrator data. chAPter 5: Perpetrators 67 Child Maltreatment 2020 More than one-half (52.0%) of perpetrators are female and 4 7.1 percent of perpetra - tors are male; fewer than 1.0 percent of perpetrators (0.9 %) are of unknown sex. (See table 5–3 and r elated no tes.) The three largest percentages of perpetrators are White (48.4%), African-American (20.8%), and Hispanic (20.1%). Race or ethnicity is unknown or not reporte d for 5.6 percent of perpetrators. (See table 5-4 , exhibit 5–B , and related no tes.) Perpetrator Relationship (unique count of perpetrators and unique count of relationships) In this analysis, single relationships are counted only once per category. Perpetrators with two or more relationships are counted in the multiple relationships category. In the scenarios below, the perpetrator is counted once in the parent category: ■The perpetrator is a parent to one victim and in two or more reports (one victim isreported at least twice). ■The perpetrator is a parent to two victims and in one report. In the following scenarios, the perpetrator is counted once in the multiple relationships category: ■The perpetrator is a parent to one victim and is an unmarried partner of parent to a secondvictim in the same report. ■The perpetrator is a parent to one victim in one report and an unmarried partner of parentto a second victim in a second report. The majority (77.2%) of perpetrators are a parent of their victim, 6.6 percent of perpetrators are a relative other than a parent, and 4.2 percent had multiple relationships 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.Exhibit 5–B Perpetrators by Race and Ethnicity, 2020 The largest percentages of perpetrators are White, African-American, and Hispanic Based on data from 48 states. See table 5–4 . chAPter 5: Perpetrators 68 Child Maltreatment 2020 ■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. ■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. Table 5–1 Perpetrators, 2016–2020 ■One state did not report an NCANDS submission for FFY 2016. ■One state did not report perpetrators for FFY 2016. Table 5–2 Perpetrators by Age, 2020 ■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. ■States are excluded from this analysis if fewer than 85.0 percent of duplicate victims are associated with a perpetrator(s). Table 5–3 Perpetrators by Sex, 2020 ■The category of unknown sex includes not reported. ■States are excluded from this analysis if fewer than 85.0 percent of duplicate victims are associated with a perpetrator(s). Table 5–4 Perpetrators by Race and Ethnicity, 2020 ■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 are excluded from this analysis if more than 30.0 percent of perpetrators have an unknown or missing race or ethnicity. ■Only those states that reported both race and ethnicity separately are included in this analysis. ■States are excluded from this analysis if fewer than 85.0 percent of duplicate victims are associated with a perpetrator(s). Table 5–5 Perpetrators by Relationship to Their Victims, 2020 ■Some states are not able to collect and report on group home and residential facility staff perpetrators due to system limitations or jurisdictional issues. More information may be found in appendix D. ■States are excluded from this analysis if more than 20.0 percent of perpetrators are reported with an unknown or missing relationship. ■States are excluded from this analysis if fewer than 85.0 percent of duplicate victims are associated with a perpetrator(s). chAPter 5: Perpetrators 69 Child Maltreatment 2020 Table 5–1 Perpetrators, 2016–2020 State 2016 2017 2018 2019 2020 Alabama 7,280 7,817 8,791 8,376 8,432 Alaska 2,424 2,177 2,032 2,294 2,425 Arizona 11,107 10,180 15,395 12,909 9,684 Arkansas 8,221 8,049 7,424 7,118 7,809 California 55,304 52,707 58,362 55,845 53,124 Colorado 9,818 10,078 10,253 10,478 9,820 Connecticut 6,470 6,938 6,292 6,497 5,171 Delaware 1,281 1,236 976 977 919 District of Columbia 961 1,112 1,136 1,257 1,054 Florida 31,333 30,364 27,844 24,927 21,599 Georgia - 7,647 8,612 8,107 6,730 Hawaii 1,195 1,086 1,098 1,158 1,150 Idaho 1,650 1,697 1,774 1,774 1,764 Illinois 20,668 20,652 22,275 23,858 25,303 Indiana 22,090 22,534 20,159 18,477 18,036 Iowa 6,437 7,867 8,529 8,327 7,625 Kansas 2,017 3,525 2,594 2,473 1,998 Kentucky 12,975 16,614 17,400 14,731 12,443 Louisiana 9,682 9,172 7,983 7,574 6,091 Maine 3,158 3,042 3,021 3,874 4,030 Maryland 5,869 6,296 6,507 6,559 6,424 Massachusetts 25,452 20,385 20,750 20,075 17,947 Michigan 30,902 31,306 30,705 26,210 21,484 Minnesota 5,792 6,469 5,617 4,951 4,709 Mississippi 8,368 8,688 8,252 7,793 6,812 Missouri 4,765 4,013 5,108 4,252 4,015 Montana 2,332 2,615 2,704 2,686 2,630 Nebraska 1,976 2,240 1,859 2,022 1,648 Nevada 3,989 3,936 4,120 4,000 4,094 New Hampshire 816 1,074 1,154 1,112 1,008 New Jersey 6,447 5,097 4,589 4,026 2,826 New Mexico 6,504 7,260 6,832 6,702 5,852 New York 51,199 56,260 54,550 52,669 45,922 North Carolina 3,710 3,832 3,409 2,770 5,414 North Dakota 1,344 1,450 1,558 1,344 1,200 Ohio 19,294 20,290 20,567 21,190 19,599 Oklahoma 12,323 12,548 12,929 12,901 12,487 Oregon 8,999 8,458 9,486 10,056 8,541 Pennsylvania 4,653 5,062 4,865 4,941 4,615 Puerto Rico - 4,415 3,347 3,666 2,734 Rhode Island 2,309 2,467 2,846 2,508 2,141 South Carolina 13,210 12,599 14,350 13,630 10,727 South Dakota 881 941 933 1,099 1,097 Tennessee 9,611 9,231 9,116 9,428 8,493 Texas 45,926 48,380 49,563 49,969 50,567 Utah 7,284 7,543 7,784 7,851 7,197 Vermont 695 724 782 709 419 Virginia 4,901 5,092 5,074 5,005 4,728 Washington 4,207 3,805 3,881 3,693 3,315 West Virginia 5,242 5,692 6,252 5,959 5,359 Wisconsin 3,886 3,933 4,031 3,668 3,345 Wyoming 728 721 780 849 729 National 517,685 537,316 546,250 525,324 483,285 Reporting States 50 52 52 52 52 chAPter 5: Perpetrators 70 Child Maltreatment 2020 Table 5–2 Perpetrators by Age, 2020 (continues next page) State 6–11 12–17 18–24 25–34 35–44 45–54 55–64 65–74 75 and Older Unknown Total Unique Perpetrators Alabama - 279 1,557 3,355 1,889 569 222 78 21 462 8,432 Alaska - 8 280 1,053 699 207 104 24 2 48 2,425 Arizona 2 71 1,623 4,450 2,536 710 204 37 50 1 9,684 Arkansas 108 336 1,499 3,093 1,556 525 247 90 19 336 7,809 California 56 466 6,728 21,909 15,879 5,089 1,694 484 130 689 53,124 Colorado 35 228 1,408 4,112 2,719 787 262 74 92 103 9,820 Connecticut 5 26 615 2,111 1,603 512 156 37 9 97 5,171 Delaware 2 35 114 374 254 84 45 11 - - 919 District of Columbia - 5 116 522 268 73 21 7 - 42 1,054 Florida 4 52 2,572 9,137 6,413 1,898 758 233 84 448 21,599 Georgia - 77 1,004 2,980 1,825 524 235 68 14 3 6,730 Hawaii - 5 113 426 384 133 49 7 1 32 1,150 Idaho 1 7 307 733 483 168 53 11 1 - 1,764 Illinois 24 517 4,042 10,755 6,554 2,081 731 227 49 323 25,303 Indiana 14 469 3,623 7,820 4,170 1,164 470 143 26 137 18,036 Iowa 1 113 1,190 3,281 2,174 584 203 52 16 11 7,625 Kansas 5 124 265 721 535 187 89 31 3 38 1,998 Kentucky 1 50 1,768 5,343 3,503 1,173 427 133 41 4 12,443 Louisiana 2 35 1,087 2,894 1,477 364 158 61 11 2 6,091 Maine - 11 437 1,818 1,215 392 119 31 1 6 4,030 Maryland 44 273 682 2,141 1,660 642 290 105 570 17 6,424 Massachusetts 2 84 1,939 7,029 5,600 2,088 637 143 34 391 17,947 Michigan - 73 2,972 9,511 6,219 1,908 597 151 26 27 21,484 Minnesota 18 166 565 1,953 1,413 395 158 34 7 - 4,709 Mississippi 56 248 1,017 2,633 1,780 641 305 87 21 24 6,812 Missouri - 30 589 1,464 1,090 408 177 54 12 191 4,015 Montana 1 6 339 1,118 799 233 64 14 2 54 2,630 Nebraska - 38 255 713 477 115 37 12 1 - 1,648 Nevada - 14 534 1,865 1,131 359 148 35 8 - 4,094 New Hampshire 1 22 96 433 322 96 23 5 1 9 1,008 New Jersey - 17 229 1,159 899 290 135 30 11 56 2,826 New Mexico 1 34 664 2,412 1,598 407 136 36 6 558 5,852 New York 6 150 5,327 17,619 14,463 5,653 2,013 544 143 4 45,922 North Carolina - - - - - - - - - - - North Dakota - 3 146 548 366 77 23 5 - 32 1,200 Ohio 89 894 3,162 7,630 4,426 1,343 597 199 44 1,215 19,599 Oklahoma - 80 2,039 5,211 3,496 959 364 112 29 197 12,487 Oregon 2 140 1,005 3,375 2,668 840 294 75 22 120 8,541 Pennsylvania - 209 644 1,601 1,224 485 220 84 24 124 4,615 Puerto Rico 1 16 439 1,104 735 246 126 51 13 3 2,734 Rhode Island 4 40 328 926 574 183 50 12 1 23 2,141 South Carolina 29 33 1,308 4,640 3,204 948 383 126 28 28 10,727 South Dakota - 4 159 504 304 82 24 2 - 18 1,097 Tennessee 11 390 1,362 3,088 1,626 570 264 111 25 1,046 8,493 Texas 198 1,723 10,942 22,079 10,657 3,038 1,323 459 113 35 50,567 Utah 21 516 1,069 2,532 2,116 635 217 67 21 3 7,197 Vermont - 20 45 180 99 45 14 6 1 9 419 Virginia 2 41 590 1,852 1,229 473 195 59 20 267 4,728 Washington - 8 341 1,324 1,127 346 106 32 7 24 3,315 West Virginia 3 12 619 2,237 1,403 428 186 56 9 406 5,359 Wisconsin 2 39 422 1,314 755 211 79 16 5 502 3,345 Wyoming - 5 107 325 220 48 14 2 2 6 729 National 751 8,242 70,283 197,407 129,816 41,416 15,446 4,563 1,776 8,171 477,871 Reporting States 33 51 51 51 51 51 51 51 47 46 51 chAPter 5: Perpetrators 71 Child Maltreatment 2020 Table 5–2 Perpetrators by Age, 2020 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 - 0.7 3.5 5.2 3.2 0.9 0.3 0.2 0.1 Alaska - 0.1 4.2 9.1 7.1 2.5 1.1 0.4 0.1 Arizona 0.0 0.1 2.3 4.3 2.8 0.8 0.2 0.0 0.1 Arkansas 0.5 1.4 5.4 7.8 4.2 1.5 0.6 0.3 0.1 California 0.0 0.2 1.9 3.6 3.0 1.0 0.4 0.1 0.1 Colorado 0.1 0.5 2.7 4.5 3.3 1.1 0.4 0.1 0.3 Connecticut 0.0 0.1 1.8 4.7 3.7 1.1 0.3 0.1 0.0 Delaware 0.0 0.5 1.4 2.9 2.2 0.7 0.3 0.1 - District of Columbia - 0.2 1.6 3.2 2.4 1.0 0.3 0.1 - Florida 0.0 0.0 1.5 3.2 2.4 0.7 0.3 0.1 0.0 Georgia - 0.1 1.0 2.0 1.3 0.4 0.2 0.1 0.0 Hawaii - 0.1 1.0 2.2 2.1 0.8 0.3 0.0 0.0 Idaho 0.0 0.0 1.8 3.0 2.1 0.8 0.2 0.1 0.0 Illinois 0.0 0.5 3.6 6.2 4.0 1.3 0.4 0.2 0.1 Indiana 0.0 0.9 5.5 8.7 5.0 1.4 0.5 0.2 0.1 Iowa 0.0 0.5 3.8 8.2 5.6 1.6 0.5 0.2 0.1 Kansas 0.0 0.5 0.9 1.9 1.5 0.6 0.2 0.1 0.0 Kentucky 0.0 0.1 4.3 9.0 6.4 2.1 0.7 0.3 0.1 Louisiana 0.0 0.1 2.6 4.5 2.5 0.7 0.3 0.1 0.0 Maine - 0.1 4.1 11.1 7.7 2.3 0.6 0.2 0.0 Maryland 0.1 0.6 1.3 2.6 2.1 0.8 0.4 0.2 1.4 Massachusetts 0.0 0.2 2.8 7.1 6.5 2.4 0.7 0.2 0.1 Michigan - 0.1 3.2 7.2 5.3 1.6 0.4 0.1 0.0 Minnesota 0.0 0.4 1.1 2.6 1.9 0.6 0.2 0.1 0.0 Mississippi 0.2 1.0 3.6 6.8 4.9 1.8 0.8 0.3 0.1 Missouri - 0.1 1.1 1.8 1.4 0.6 0.2 0.1 0.0 Montana 0.0 0.1 3.5 8.0 6.0 2.0 0.4 0.1 0.0 Nebraska - 0.2 1.4 2.8 1.9 0.5 0.2 0.1 0.0 Nevada - 0.1 2.1 4.0 2.7 0.9 0.4 0.1 0.0 New Hampshire 0.0 0.2 0.8 2.5 2.0 0.5 0.1 0.0 0.0 New Jersey - 0.0 0.3 1.0 0.8 0.2 0.1 0.0 0.0 New Mexico 0.0 0.2 3.4 8.5 6.1 1.7 0.5 0.2 0.0 New York 0.0 0.1 3.1 6.2 5.9 2.4 0.8 0.3 0.1 North Carolina - - - - - - - - - North Dakota - 0.1 1.8 4.8 3.9 1.0 0.2 0.1 - Ohio 0.1 1.0 3.0 4.9 3.1 0.9 0.4 0.2 0.1 Oklahoma - 0.2 5.3 9.6 6.9 2.1 0.7 0.3 0.1 Oregon 0.0 0.5 2.8 5.5 4.6 1.6 0.6 0.2 0.1 Pennsylvania - 0.2 0.6 0.9 0.8 0.3 0.1 0.1 0.0 Puerto Rico 0.0 0.1 1.5 2.7 1.9 0.6 0.3 0.1 0.0 Rhode Island 0.1 0.6 3.1 6.2 4.5 1.4 0.3 0.1 0.0 South Carolina 0.1 0.1 2.8 6.7 5.1 1.5 0.5 0.2 0.1 South Dakota - 0.1 1.9 4.4 2.8 0.9 0.2 0.0 - Tennessee 0.0 0.7 2.2 3.2 1.9 0.7 0.3 0.2 0.1 Texas 0.1 0.7 3.9 5.1 2.7 0.8 0.4 0.2 0.1 Utah 0.1 1.6 2.9 5.3 4.7 1.9 0.7 0.3 0.1 Vermont - 0.5 0.7 2.4 1.4 0.6 0.1 0.1 0.0 Virginia 0.0 0.1 0.7 1.5 1.1 0.4 0.2 0.1 0.0 Washington - 0.0 0.5 1.1 1.1 0.4 0.1 0.0 0.0 West Virginia 0.0 0.1 4.0 10.4 6.6 1.9 0.7 0.3 0.1 Wisconsin 0.0 0.1 0.8 1.8 1.0 0.3 0.1 0.0 0.0 Wyoming - 0.1 2.0 4.3 2.9 0.8 0.2 0.0 0.1 National 0.0 0.3 2.4 4.4 3.2 1.1 0.4 0.1 0.1 Reporting States - - - - - - - - - chAPter 5: Perpetrators 72 Child Maltreatment 2020 Table 5–3 Perpetrators by Sex, 2020 State Men Women Unknown Total Perpetrators Men Percent Women Percent Unknown Percent Alabama 3,773 4,633 26 8,432 44.7 54.9 0.3 Alaska 1,083 1,311 31 2,425 44.7 54.1 1.3 Arizona 4,726 4,950 8 9,684 48.8 51.1 0.1 Arkansas 3,430 4,237 142 7,809 43.9 54.3 1.8 California 24,189 28,639 296 53,124 45.5 53.9 0.6 Colorado 4,934 4,825 61 9,820 50.2 49.1 0.6 Connecticut 2,531 2,597 43 5,171 48.9 50.2 0.8 Delaware 532 387 - 919 57.9 42.1 - District of Columbia 338 690 26 1,054 32.1 65.5 2.5 Florida 10,316 10,924 359 21,599 47.8 50.6 1.7 Georgia 2,703 4,019 8 6,730 40.2 59.7 0.1 Hawaii 520 607 23 1,150 45.2 52.8 2.0 Idaho 711 1,053 - 1,764 40.3 59.7 - Illinois 11,682 13,435 186 25,303 46.2 53.1 0.7 Indiana 7,881 10,115 40 18,036 43.7 56.1 0.2 Iowa 3,607 4,006 12 7,625 47.3 52.5 0.2 Kansas 1,128 850 20 1,998 56.5 42.5 1.0 Kentucky 5,851 6,554 38 12,443 47.0 52.7 0.3 Louisiana 1,907 4,164 20 6,091 31.3 68.4 0.3 Maine 2,090 1,937 3 4,030 51.9 48.1 0.1 Maryland 3,357 2,783 284 6,424 52.3 43.3 4.4 Massachusetts 8,021 9,367 559 17,947 44.7 52.2 3.1 Michigan 10,434 11,023 27 21,484 48.6 51.3 0.1 Minnesota 2,512 2,197 - 4,709 53.3 46.7 - Mississippi 2,897 3,848 67 6,812 42.5 56.5 1.0 Missouri 2,487 1,386 142 4,015 61.9 34.5 3.5 Montana 1,157 1,405 68 2,630 44.0 53.4 2.6 Nebraska 875 773 - 1,648 53.1 46.9 - Nevada 1,836 2,258 - 4,094 44.8 55.2 - New Hampshire 493 508 7 1,008 48.9 50.4 0.7 New Jersey 1,359 1,458 9 2,826 48.1 51.6 0.3 New Mexico 2,511 3,219 122 5,852 42.9 55.0 2.1 New York 21,955 23,962 5 45,922 47.8 52.2 0.0 North Carolina - - - - - - - North Dakota 471 717 12 1,200 39.3 59.8 1.0 Ohio 9,386 9,821 392 19,599 47.9 50.1 2.0 Oklahoma 6,199 6,230 58 12,487 49.6 49.9 0.5 Oregon 4,849 3,635 57 8,541 56.8 42.6 0.7 Pennsylvania 3,018 1,522 75 4,615 65.4 33.0 1.6 Puerto Rico 1,052 1,682 - 2,734 38.5 61.5 - Rhode Island 1,069 1,058 14 2,141 49.9 49.4 0.7 South Carolina 4,148 6,573 6 10,727 38.7 61.3 0.1 South Dakota 419 667 11 1,097 38.2 60.8 1.0 Tennessee 4,119 3,906 468 8,493 48.5 46.0 5.5 Texas 24,257 26,039 271 50,567 48.0 51.5 0.5 Utah 3,996 3,201 - 7,197 55.5 44.5 - Vermont 275 144 - 419 65.6 34.4 - Virginia 2,211 2,414 103 4,728 46.8 51.1 2.2 Washington 1,618 1,686 11 3,315 48.8 50.9 0.3 West Virginia 2,229 3,127 3 5,359 41.6 58.4 0.1 Wisconsin 1,581 1,361 403 3,345 47.3 40.7 12.0 Wyoming 297 432 - 729 40.7 59.3 - National 225,020 248,335 4,516 477,871 47.1 52.0 0.9 Reporting States 51 51 42 51 - - - chAPter 5: Perpetrators 73 Child Maltreatment 2020 Table 5–4 Perpetrators by Race and Ethnicity, 2020 (continues next page) State African- American American Indian or Alaska Native Asian Hispanic Multiple Race Pacific Islander White UnknownTotal Perpetrators Alabama 2,397 10 11 254 48 9 5,479 224 8,432 Alaska 80 1,230 24 70 96 50 662 213 2,425 Arizona 1,106 435 49 3,183 185 28 3,605 1,093 9,684 Arkansas 1,507 7 17 479 391 21 5,120 267 7,809 California 7,175 486 1,613 24,355 - 222 14,285 4,988 53,124 Colorado - - - - - - - - - Connecticut 1,247 3 30 1,505 72 10 2,063 241 5,171 Delaware 440 - 3 113 1 1 361 - 919 District of Columbia 705 - - 97 1 - 15 236 1,054 Florida 5,942 36 103 3,098 214 14 10,922 1,270 21,599 Georgia 2,594 5 28 429 59 5 3,349 261 6,730 Hawaii 36 1 153 37 280 299 221 123 1,150 Idaho 14 41 1 171 3 5 1,303 226 1,764 Illinois 7,881 15 236 3,969 229 9 12,541 423 25,303 Indiana 3,391 11 54 1,055 369 13 12,967 176 18,036 Iowa 1,058 113 50 527 69 20 5,690 98 7,625 Kansas 249 11 14 223 38 2 1,306 155 1,998 Kentucky 1,470 6 17 306 277 5 10,090 272 12,443 Louisiana 2,569 10 18 129 19 9 3,015 322 6,091 Maine 67 45 5 69 95 2 2,749 998 4,030 Maryland 2,327 9 47 541 36 3 1,582 1,879 6,424 Massachusetts 2,458 31 311 4,755 327 9 7,981 2,075 17,947 Michigan 5,800 72 71 1,350 1,048 6 13,030 107 21,484 Minnesota 843 330 103 425 464 7 2,436 101 4,709 Mississippi 2,340 7 16 126 22 3 3,514 784 6,812 Missouri 662 9 11 247 8 7 2,736 335 4,015 Montana 28 402 6 92 46 1 1,602 453 2,630 Nebraska 201 76 10 251 52 3 903 152 1,648 Nevada 975 26 53 995 108 40 1,606 291 4,094 New Hampshire 22 - 3 54 9 - 794 126 1,008 New Jersey 831 2 43 818 6 4 1,030 92 2,826 New Mexico 174 614 16 2,964 72 6 1,360 646 5,852 New York 13,148 183 1,362 11,627 798 27 18,361 416 45,922 North Carolina - - - - - - - - - North Dakota 90 215 6 49 29 5 693 113 1,200 Ohio 4,705 10 53 790 631 11 12,105 1,294 19,599 Oklahoma 1,314 612 36 1,678 2,800 9 5,932 106 12,487 Oregon 382 214 60 863 154 56 5,516 1,296 8,541 Pennsylvania 963 6 35 591 58 1 2,637 324 4,615 Puerto Rico - - - - - - - - - Rhode Island 324 12 19 443 42 1 1,065 235 2,141 South Carolina 3,853 16 10 396 88 5 5,853 506 10,727 South Dakota 41 436 8 60 96 1 422 33 1,097 Tennessee - - - - - - - - - Texas 11,155 83 327 19,944 532 58 16,946 1,522 50,567 Utah 251 138 78 1,480 98 128 4,969 55 7,197 Vermont 13 - 5 3 - - 369 29 419 Virginia 1,101 2 42 505 31 6 2,691 350 4,728 Washington 291 142 85 412 167 39 1,965 214 3,315 West Virginia 193 1 5 24 110 1 4,955 70 5,359 Wisconsin 575 154 35 251 44 4 1,768 514 3,345 Wyoming 22 20 - 65 - 1 594 27 729 National 95,010 6,287 5,282 91,868 10,322 1,166 221,158 25,731 456,824 Reporting States 48 44 46 48 45 45 48 47 48 chAPter 5: Perpetrators 74 Child Maltreatment 2020 Table 5–4 Perpetrators by Race or Ethnicity, 2020 State African- American Percent American Indian or Alaska Native Percent Asian PercentHispanic Percent Multiple Race Percent Pacific Islander Percent White PercentUnknown Percent Alabama 28.4 0.1 0.1 3.0 0.6 0.1 65.0 2.7 Alaska 3.3 50.7 1.0 2.9 4.0 2.1 27.3 8.8 Arizona 11.4 4.5 0.5 32.9 1.9 0.3 37.2 11.3 Arkansas 19.3 0.1 0.2 6.1 5.0 0.3 65.6 3.4 California 13.5 0.9 3.0 45.8 - 0.4 26.9 9.4 Colorado - - - - - - - - Connecticut 24.1 0.1 0.6 29.1 1.4 0.2 39.9 4.7 Delaware 47.9 - 0.3 12.3 0.1 0.1 39.3 - District of Columbia 66.9 - - 9.2 0.1 - 1.4 22.4 Florida 27.5 0.2 0.5 14.3 1.0 0.1 50.6 5.9 Georgia 38.5 0.1 0.4 6.4 0.9 0.1 49.8 3.9 Hawaii 3.1 0.1 13.3 3.2 24.3 26.0 19.2 10.7 Idaho 0.8 2.3 0.1 9.7 0.2 0.3 73.9 12.8 Illinois 31.1 0.1 0.9 15.7 0.9 0.0 49.6 1.7 Indiana 18.8 0.1 0.3 5.8 2.0 0.1 71.9 1.0 Iowa 13.9 1.5 0.7 6.9 0.9 0.3 74.6 1.3 Kansas 12.5 0.6 0.7 11.2 1.9 0.1 65.4 7.8 Kentucky 11.8 0.0 0.1 2.5 2.2 0.0 81.1 2.2 Louisiana 42.2 0.2 0.3 2.1 0.3 0.1 49.5 5.3 Maine 1.7 1.1 0.1 1.7 2.4 0.0 68.2 24.8 Maryland 36.2 0.1 0.7 8.4 0.6 0.0 24.6 29.2 Massachusetts 13.7 0.2 1.7 26.5 1.8 0.1 44.5 11.6 Michigan 27.0 0.3 0.3 6.3 4.9 0.0 60.6 0.5 Minnesota 17.9 7.0 2.2 9.0 9.9 0.1 51.7 2.1 Mississippi 34.4 0.1 0.2 1.8 0.3 0.0 51.6 11.5 Missouri 16.5 0.2 0.3 6.2 0.2 0.2 68.1 8.3 Montana 1.1 15.3 0.2 3.5 1.7 0.0 60.9 17.2 Nebraska 12.2 4.6 0.6 15.2 3.2 0.2 54.8 9.2 Nevada 23.8 0.6 1.3 24.3 2.6 1.0 39.2 7.1 New Hampshire 2.2 - 0.3 5.4 0.9 - 78.8 12.5 New Jersey 29.4 0.1 1.5 28.9 0.2 0.1 36.4 3.3 New Mexico 3.0 10.5 0.3 50.6 1.2 0.1 23.2 11.0 New York 28.6 0.4 3.0 25.3 1.7 0.1 40.0 0.9 North Carolina - - - - - - - - North Dakota 7.5 17.9 0.5 4.1 2.4 0.4 57.8 9.4 Ohio 24.0 0.1 0.3 4.0 3.2 0.1 61.8 6.6 Oklahoma 10.5 4.9 0.3 13.4 22.4 0.1 47.5 0.8 Oregon 4.5 2.5 0.7 10.1 1.8 0.7 64.6 15.2 Pennsylvania 20.9 0.1 0.8 12.8 1.3 0.0 57.1 7.0 Puerto Rico - - - - - - - - Rhode Island 15.1 0.6 0.9 20.7 2.0 0.0 49.7 11.0 South Carolina 35.9 0.1 0.1 3.7 0.8 0.0 54.6 4.7 South Dakota 3.7 39.7 0.7 5.5 8.8 0.1 38.5 3.0 Tennessee - - - - - - - - Texas 22.1 0.2 0.6 39.4 1.1 0.1 33.5 3.0 Utah 3.5 1.9 1.1 20.6 1.4 1.8 69.0 0.8 Vermont 3.1 - 1.2 0.7 - - 88.1 6.9 Virginia 23.3 0.0 0.9 10.7 0.7 0.1 56.9 7.4 Washington 8.8 4.3 2.6 12.4 5.0 1.2 59.3 6.5 West Virginia 3.6 0.0 0.1 0.4 2.1 0.0 92.5 1.3 Wisconsin 17.2 4.6 1.0 7.5 1.3 0.1 52.9 15.4 Wyoming 3.0 2.7 - 8.9 - 0.1 81.5 3.7 National 20.8 1.4 1.2 20.1 2.3 0.3 48.4 5.6 Reporting States - - - - - - - - chAPter 5: Perpetrators 75 Child Maltreatment 2020 Table 5–5 Perpetrators by Relationship to Their Victims, 2020 (continues next page) State ParentChild Daycare Provider Foster Parent Friend and NeighborGroup Home and Residential Facility Staff L e g a l G u a r d i a n Multiple Relationships Alabama 5,918 19 9 171 8 30 412 Alaska 1,978 - 38 - - 17 143 Arizona 8,528 - 21 - 10 24 91 Arkansas 5,291 26 12 115 10 37 286 California 46,295 - 119 - 15 - 1,681 Colorado 7,139 17 16 3 11 7 547 Connecticut 4,037 1 4 28 - 97 315 Delaware 620 - - - - - 59 District of Columbia 976 1 2 - - 4 19 Florida 15,433 32 1 - - 28 1,526 Georgia 5,246 18 35 25 18 30 133 Hawaii 1,013 - 6 - 1 17 29 Idaho 1,600 2 1 14 - 23 9 Illinois 20,156 217 115 - 35 - 1,367 Indiana 13,856 73 43 401 9 51 989 Iowa 5,942 35 7 - 24 44 313 Kansas 1,320 - 16 12 13 - 31 Kentucky 9,504 13 16 209 - 288 845 Louisiana - - - - - - - Maine 3,244 20 10 1 19 12 265 Maryland 3,644 2 42 - 28 15 204 Massachusetts 14,323 39 46 - 71 95 1,047 Michigan 16,509 - 34 705 33 90 1,658 Minnesota 3,426 33 57 18 9 36 297 Mississippi 4,828 7 77 115 22 13 222 Missouri 2,230 11 22 203 36 - 171 Montana 2,318 5 14 3 7 3 30 Nebraska 1,219 13 10 - 3 1 95 Nevada 3,456 - 7 92 23 5 174 New Hampshire 867 - - - - 9 30 New Jersey 2,160 31 8 42 8 - 92 New Mexico 5,030 - 4 5 - 42 191 New York 38,342 198 222 - 102 186 571 North Carolina - - - - - - - North Dakota 976 - 1 36 - - 85 Ohio 12,367 41 52 238 41 - 1,155 Oklahoma 10,035 41 78 - 20 59 740 Oregon 6,173 26 24 54 1 26 646 Pennsylvania 2,565 18 18 58 28 9 98 Puerto Rico 2,151 4 10 - 14 2 218 Rhode Island 1,699 9 16 - 43 14 131 South Carolina 9,187 3 20 - 20 75 481 South Dakota 870 3 2 - 3 3 85 Tennessee 5,139 14 22 499 24 70 107 Texas 38,609 272 100 215 150 - 858 Utah 4,746 15 5 273 5 25 414 Vermont 265 3 3 40 1 - 14 Virginia 3,386 96 10 - 10 21 214 Washington 2,782 20 13 1 - - 118 West Virginia 4,039 1 17 - 7 45 338 Wisconsin 2,055 17 15 24 - 4 145 Wyoming 608 1 3 - 3 1 34 National Total 364,100 1,397 1,423 3,600 885 1,558 19,723 National Percent 77.2 0.3 0.3 0.8 0.2 0.3 4.2 Reporting States 50 39 48 28 38 39 50 chAPter 5: Perpetrators 76 Child Maltreatment 2020 Table 5–5 Perpetrators by Relationship to Their Victims, 2020 State Other Other Professional RelativeUnmarried Partner of Parent U n k n o w n Total Perpetrators Alabama 680 12 708 304 161 8,432 Alaska 55 - 95 77 22 2,425 Arizona 320 - 449 240 1 9,684 Arkansas 725 40 811 240 216 7,809 California 2 - 2,123 2,889 - 53,124 Colorado 405 3 775 3 894 9,820 Connecticut 262 2 169 256 - 5,171 Delaware 60 - 121 59 - 919 District of Columbia 28 - 24 - - 1,054 Florida 693 107 950 1,116 1,713 21,599 Georgia 523 55 442 205 - 6,730 Hawaii 50 - 27 - 7 1,150 Idaho 2 - 57 51 5 1,764 Illinois 535 92 1,513 986 287 25,303 Indiana 1,055 17 944 - 598 18,036 Iowa 333 - 364 555 8 7,625 Kansas 308 - 274 - 24 1,998 Kentucky 114 - 654 647 153 12,443 Louisiana - - - - - - Maine 67 - 142 227 23 4,030 Maryland 627 - 706 - 1,156 6,424 Massachusetts 458 36 658 857 317 17,947 Michigan 248 3 1,037 1,150 17 21,484 Minnesota 99 2 388 330 14 4,709 Mississippi 179 10 722 322 295 6,812 Missouri 435 16 394 334 163 4,015 Montana 26 - 115 104 5 2,630 Nebraska 116 - 94 69 28 1,648 Nevada 8 - 114 204 11 4,094 New Hampshire - - 31 21 50 1,008 New Jersey 73 39 203 155 15 2,826 New Mexico 55 - 211 263 51 5,852 New York 738 1 2,938 263 2,361 45,922 North Carolina - - - - - - North Dakota - - 38 - 64 1,200 Ohio 2,375 79 2,183 - 1,068 19,599 Oklahoma 835 4 550 46 79 12,487 Oregon 99 - 429 380 683 8,541 Pennsylvania 500 75 788 379 79 4,615 Puerto Rico 9 12 92 3 219 2,734 Rhode Island 75 - 45 107 2 2,141 South Carolina 229 - 395 316 1 10,727 South Dakota 25 - 40 53 13 1,097 Tennessee 1,593 6 945 72 2 8,493 Texas 1,257 188 5,306 3,484 128 50,567 Utah 546 12 805 294 57 7,197 Vermont 22 2 22 35 12 419 Virginia 287 65 364 137 138 4,728 Washington 47 - 115 216 3 3,315 West Virginia 359 1 318 26 208 5,359 Wisconsin 244 8 244 287 302 3,345 Wyoming 43 2 28 6 - 729 National Total 17,824 889 30,960 17,768 11,653 471,780 National Percent 3.8 0.2 6.6 3.8 2.5 100.0 Reporting States 48 27 50 43 44 50 chAPter 6: Services 77 Child Maltreatment 2020 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 2020 ■Title II of CAPTA, as amended [P.L. 100–294]: The Community-Based Child Abuse Prevention Grants (CBCAP) provides funding to a lead state agency (designated by 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 sup-port 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. 25 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 46 states, the FFY 2020 estimated total child recipients of prevention services is 1,963,369. (See table 6–1 and related notes.) This is an increase from the FFY 2019 estimated total child recipients of 1,902,429, based on data from 47 states. The funding source with the largest number of estimated total child recipients is Promoting Safe and Stable Families with 37 states reporting 603,084 estimated recipients. 26 The Community- Based Child Abuse Prevention Grants has 38 states reporting an estimated total child recipi-ents of 503,206. Twenty-six states reported recipients in the “Other” funding source. Due to 25 For 2020, the average number of own children under 18 in families is 1.93. Source: U.S. Census Bureau, Current Population Survey. (2020). 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: 2020 [data file]. Retrieved April 2021 from https://www.census.gov/data/tables/2020/demo/families/cps-2020.html 26 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 2020 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. 27 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 1.1 million (1,159,294) children received postresponse services from a CPS agency. Fifty-one states reported 59.7 percent of duplicate victims received postresponse services and 51 states reported 27.1 percent of duplicate nonvictims received postresponse services. (See table 6–2 and related notes.) This is a decrease from the 1,279,364 children who received postresponse services for FFY 2019. Comments provided by states attribute changes in FFY 2020 data when compared with 2019 are due to the decrease in referrals and children known to the CPS agency due to the COVID–19 pandemic. Children who received postre - sponse 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 2020 is 33 days and a 27 For a listing of all 26 services categories and definitions, please see the NCANDS Child File Code Book on the Children’s Bureau website at https://www.acf.hhs.gov/cb/training-technical-assistance/ncands-child-file-codebook chAPter 6: Services 80 Child Maltreatment 2020 midpoint (median) of 20 days. (See table 6–3 and related notes.) This is the same as it was for FFY 2019, when 45 states reported an average of 33 days and a median of 20 days. Table 6–4 displays the children who received foster care services and are removed from home. Only the children who are removed from their home on or after the report date are counted. This is because some children were already in foster care when the allegation of maltreatment was made, and readers and researchers want to know the number of children who were removed as a result of the investigation or alternative response. Readers interested in more complete adoption and foster care statistics should refer to the Adoption and Foster Care Analysis andReporting System (AFCARS) data at https://www.acf.hhs.gov/cb/data-research/adoption-fostercare . AFCARS collects case-level information on all children in foster care and those who are adopted with title IV-E agency involvement. Based on data from 49 states, 124,360 victims (21.8%) and 48,719 nonvictims (1.7%) are removed from their homes. For FFY 2019, 49 states reported 142,056 victims (22.9%) and 57,681 nonvictims (1.8%) were removed. Some states report low percentages of victims and nonvictims who received foster care services due to system limitations or other difficulties with collecting and reporting the data as mentioned above. (See table 6–4 and related notes.) There may be several explanations as to why nonvictims are placed in foster care. For example, if one child in a household is deemed to be in danger or at-risk of maltreatment, the state may remove all of the children in the household to ensure their safety. (E.g., if a CPS worker finds a drug lab in a house or finds a severely intoxicated caregiver, the worker may remove all children, even if there is only a maltreatment allegation for one child in the household.) Another reason for a nonvictim to be removed has to do with voluntary placements. This is when a parent voluntarily agrees to place a child in foster care even if the child was not determined to be a victim of maltreatment. Twenty-six states reported 57,525 victims (20.1%) have court-appointed representatives. (See table 6–5 and related notes.) This is an increase from FFY 2019 when 25 states reported 53,253 victims (17.2%) had court-appointed representatives. The representatives act on behalf of a child in court proceedings and make recommendations to the court in the best interests of the child. According to states, Guardians ad litem, children’s attorneys, and Court Appointed Special Advocates (CASAs) are included in these counts to NCANDS. 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, 46,205 victims (13.9%) received family preservation services within the previous 5 years. This is a decrease from FFY 2019 when 30 states reported 53,297 of victims (15.8%) received family preservation services. (See table 6–6 and related notes.) Data from 39 states show 20,654 of victims (4.9%) were reunited with their families within the previous 5 years. This is a decrease from FFY 2019 when 40 states reported 23,195 of victims (5.3%) were reunited. The decreases from FFY 2019 are likely due to the decrease in the number of victims for 2020. Several states subcontract fam - ily preservation services to outside vendors and are not able to report these data to NCANDS. (See table 6–7 and related notes.) chAPter 6: Services 81 Child Maltreatment 2020 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-five states reported 93,009 victims who are eligible for referral to agencies providing early intervention services and 27 states reported 28,523 victims who are referred. Of the states that are able to report both the victims who are eligible and referred (27 states), 68.4 percent of victims who are eligible are referred to the agencies. (See table 6–8 and related notes). Exhibit and Table Notes The following pages contain the data tables referenced in chapter 6. Specific information about state submissions can be found in Appendix D, State Commentary. Additional infor-mation regarding the exhibits and tables is provided below. General During data analyses, thresholds are set to ensure data quality is balanced with the need to report data from as many states as possible. States may be excluded from an analysis for data quality issues. Exclusion rules are listed in the table notes below. ■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 Child File Codebook, which includes the services fields, is located on the Children’s Bureau website at https://www.acf.hhs.gov/cb/training-technical-assistance/ncands-child-file-codebook . ■National totals and calculations appear in a single row labeled National instead of separate rows labeled total, rate, or percent. ■Dashes are inserted into cells without any data. Table 6–1 Children Who Received Prevention Services by Funding Source, 2020 ■Data are from the Agency File. ■The number of total recipients is a duplicate count. ■Children may be counted more than once, under a single funding source and across funding sources. chAPter 6: Services 82 Child Maltreatment 2020 ■Children who received prevention services may have received them via CPS or other agencies. ■Funds used for public service announcements or campaigns are not included in NCANDS reporting. ■Some programs maintain their data as counts of families rather than counts of children. If a family count was provided, the number of families was multiplied by the average number of children per family (1.93) and used as the estimate of the number of children who received services or added to any counts of children that were also provided. ■The estimated total child recipient count by funding source is a sum of the reported child count and the calculated child count. Table 6–2 Children Who Received Postresponse Services, 2020 ■The numbers of victims and nonvictims are duplicate counts. ■A child is counted each time that a CPS response is completed and services are provided. ■This analysis includes only those services that continue past or are initiated after the completion of the CPS response. ■States are excluded from this analysis if they report fewer than 1.0 percent of victims or fewer than 1.0 percent of nonvictims with postresponse services. ■A few states reported that 100.0 percent of its victims, nonvictims, or both received services. These states may be reporting case management services and information and referral services for all children who received a CPS response. Table 6–3 Average and Median Number of Days to Initiation of Services, 2020 ■The number of children is a duplicate count. ■This analysis uses subset of children whose service date is the same day or later than the report date. The subset is created by excluding any report with a service date prior to the report date. ■The state average is rounded to a whole day. ■The national average is calculated by dividing the total number of days to services by the number of children who received services on or after the report date. The total number of days to the initiation of services is not shown. ■The median is displayed for both the national and the state level. The median is determined by finding the midpoint of the number of days to services for children who received ser - vices on or after the report date. ■States are excluded from this analysis if they report fewer than 1.0 percent of victims or fewer than 1.0 percent of nonvictims with postresponse services. ■States are excluded from this analysis if fewer than 80.0 percent of records with a service have a service date. ■States are excluded from this analysis if fewer than 40.0 percent of records with a service have a service date after the report date. ■States are excluded from this analysis if more than 40.0 percent of records have the same report date and service date. Table 6–4 Children Who Received Foster Care Postresponse Services and Who Had a Removal Date on or After the Report Date, 2020 ■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. chAPter 6: Services 83 Child Maltreatment 2020 ■States are excluded from this analysis if fewer than 1.0 percent of victims received foster care services. ■States were excluded from this analysis if more than 25.0 percent of victims with foster care services or more than 40.0 percent of nonvictims with foster care services did not have a removal date. Table 6–5 Victims with Court-Appointed Representatives, 2020 ■The number of victims is a duplicate count. ■The NCANDS category of court-appointed representatives includes attorneys and court-appointed special advocates who represent the interests of the child in a maltreatment hearing. ■States are excluded from this analysis if fewer than 5.0 percent of victims have a court-appointed representative. Table 6–6 Victims Who Received Family Preservation Services Within the Previous 5 Years, 2020 ■Data are from the Child File and Agency File. ■The number of victims is a unique count. Table 6–7 Victims Who Were Reunited with Their Families Within the Previous 5 Years, 2020 ■Data are from the Child File and the Agency File. ■The number of victims is a unique count. Table 6–8 IDEA: Victims Who Were Eligible and Victims Who Were Referred to Part C Agencies, 2020 ■Data are from the Agency File. chAPter 6: Services 84 Child Maltreatment 2020 Table 6–1 Children Who Received Prevention Services by Funding Source, 2020 (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 - 774 774 13,430 - 13,430 Alaska - - - 723 - 723 Arizona 368 537 905 - 16,654 16,654 Arkansas 11 129 140 - 2,154 2,154 California - 11,366 11,366 4,462 7,502 11,964 Colorado - - - - - - Connecticut 17,600 - 17,600 - 290 290 Delaware - - - - - - District of Columbia 113 - 113 - - - Florida - - - - - - Georgia - - - 1,597 9,667 11,264 Hawaii - - - 920 - 920 Idaho 4,459 - 4,459 662 3,005 3,667 Illinois 940 679 1,619 9,396 14,741 24,137 Indiana 26,295 - 26,295 2,519 - 2,519 Iowa - 19 19 - 573 573 Kansas - - - - - - Kentucky - - - 1,266 - 1,266 Louisiana - - - 13,649 8,583 22,232 Maine - - - - - - Maryland - - - - - - Massachusetts - - - - - - Michigan - - - 101,857 121,316 223,173 Minnesota 4,157 - 4,157 7,022 - 7,022 Mississippi - - - 2,581 9,926 12,507 Missouri - - - 672 - 672 Montana - - - 725 1,222 1,947 Nebraska - - - 2,332 - 2,332 Nevada - - - 405 - 405 New Hampshire - - - 5,332 - 5,332 New Jersey - 2,416 2,416 47,560 23,233 70,793 New Mexico - - - 85 - 85 New York - - - 931 2,467 3,398 North Carolina - - - 281 554 835 North Dakota - - - 194 1,683 1,877 Ohio - - - 843 199 1,042 Oklahoma - - - - 440 440 Oregon - - - - - - Pennsylvania - - - 4,378 - 4,378 Puerto Rico 11,855 46,069 57,924 501 3,316 3,817 Rhode Island - - - - - - South Carolina - - - - - - South Dakota - - - 834 596 1,430 Tennessee - - - - - - Texas - - - 838 1,687 2,525 Utah - - - 14,580 - 14,580 Vermont - - - - - - Virginia 30,460 - 30,460 1,217 2,096 3,313 Washington 3,981 - 3,981 - 2,692 2,692 West Virginia 33,167 13,732 46,899 26,115 - 26,115 Wisconsin - - - - - - Wyoming - - - 240 463 703 National 133,406 75,722 209,128 268,147 235,059 503,206 Reporting States 12 9 16 32 24 38 chAPter 6: Services 85 Child Maltreatment 2020 Table 6–1 Children Who Received Prevention Services by Funding Source, 2020 (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 - 58,458 58,458 14,301 - 14,301 Alaska 147 - 147 419 - 419 Arizona - 6,450 6,450 - - - Arkansas - 483 483 116 49,983 50,099 California 5,103 73,271 78,374 - - - Colorado - 3,449 3,449 - - - Connecticut 19,242 73,238 92,480 - - - Delaware 2,423 - 2,423 - 903 903 District of Columbia 179 - 179 - - - Florida 24,360 - 24,360 - - - Georgia 17,604 - 17,604 - - - Hawaii - - - - - - Idaho 744 - 744 1,745 - 1,745 Illinois - - - 3,807 7,940 11,747 Indiana 1,607 - 1,607 1,052 - 1,052 Iowa - 2,694 2,694 - - - Kansas 2,846 - 2,846 - - - Kentucky 1,052 - 1,052 - - - Louisiana 2,098 2,117 4,215 6,881 - 6,881 Maine - - - - - - Maryland - - - 12,750 - 12,750 Massachusetts - - - - - - Michigan 14,324 9,474 23,798 - - - Minnesota 1,438 - 1,438 11,468 - 11,468 Mississippi 448 - 448 - - - Missouri - - - - - - Montana 2,497 3,281 5,778 - - - Nebraska - 11,130 11,130 - - - Nevada 4,373 - 4,373 21,196 - 21,196 New Hampshire 584 - 584 1,752 - 1,752 New Jersey - - - - - - New Mexico 969 - 969 - - - New York - - - - - - North Carolina 3,199 5,848 9,047 - - - North Dakota - 3,713 3,713 - - - Ohio - - - 39,883 - 39,883 Oklahoma 48 400 448 - - - Oregon - 2,322 2,322 - 4,016 4,016 Pennsylvania 3,832 - 3,832 81,117 - 81,117 Puerto Rico 975 1,959 2,934 1,115 3,655 4,770 Rhode Island - 3,192 3,192 - - - South Carolina - - - - - - South Dakota - - - - - - Tennessee - - - - - - Texas 18,572 32,858 51,430 - - - Utah - - - - - - Vermont - - - - - - Virginia 19,368 54,050 73,418 - - - Washington 6,003 24,920 30,923 - - - West Virginia 29,654 41,128 70,782 35,671 20,863 56,534 Wisconsin - - - - - - Wyoming 1,965 2,995 4,960 5,103 - 5,103 National 185,654 417,430 603,084 238,376 87,361 325,737 Reporting States 28 22 37 16 6 18 chAPter 6: Services 86 Child Maltreatment 2020 Table 6–1 Children Who Received Prevention Services by Funding Source, 2020 State Other Funding (Other) Children Other Calculated Child Count Other Estimated Total Child Recipients Estimated Total Child Recipients Alabama - - - 86,963 Alaska 363 - 363 1,652 Arizona - 8,370 8,370 32,379 Arkansas - - - 52,876 California 3,874 6,591 10,465 112,168 Colorado - - - 3,449 Connecticut - 5,583 5,583 115,953 Delaware 1,014 2,611 3,625 6,952 District of Columbia 1,125 - 1,125 1,417 Florida - - - 24,360 Georgia 42,627 37,457 80,084 108,953 Hawaii - - - 920 Idaho 57 - 57 10,672 Illinois - - - 37,504 Indiana 10,539 - 10,539 42,012 Iowa - - - 3,287 Kansas 121 - 121 2,967 Kentucky 2,712 - 2,712 5,030 Louisiana 2,443 6,568 9,011 42,339 Maine - - - - Maryland - - - 12,750 Massachusetts - - - - Michigan - - - 246,971 Minnesota - - - 24,085 Mississippi 1,114 - 1,114 14,069 Missouri 2,124 - 2,124 2,796 Montana - - - 7,725 Nebraska - - - 13,462 Nevada 16,865 - 16,865 42,839 New Hampshire - - - 7,668 New Jersey - 5,331 5,331 78,540 New Mexico - 706 706 1,760 New York 84,174 - 84,174 87,572 North Carolina 3,401 6,684 10,085 19,966 North Dakota - - - 5,590 Ohio - - - 40,925 Oklahoma 6,179 9,544 15,723 16,610 Oregon - 367 367 6,705 Pennsylvania 6,764 - 6,764 96,091 Puerto Rico 402 1,621 2,023 71,468 Rhode Island - - - 3,192 South Carolina - - - - South Dakota - - - 1,430 Tennessee - - - - Texas - - - 53,955 Utah 18,860 - 18,860 33,440 Vermont - - - - Virginia 5,143 9,575 14,718 121,908 Washington - - - 37,597 West Virginia 11,305 - 11,305 211,636 Wisconsin - - - - Wyoming - - - 10,767 National 221,206 101,008 322,214 1,963,369 Reporting States 21 13 26 46 chAPter 6: Services 87 Child Maltreatment 2020Table 6–2 Children Who Received Postresponse Services, 2020 State Victims Victims Who Received Postresponse ServicesVictims Who Received Postresponse Services Percentage Nonvictims Nonvictims Who Received Postresponse ServicesNonvictims Who Received Postresponse Services Percentage Alabama 12,029 6,761 56.2 28,499 4,697 16.5 Alaska 3,684 1,940 52.7 17,717 914 5.2 Arizona 10,510 10,219 97.2 83,205 46,141 55.5 Arkansas 9,734 8,303 85.3 55,221 8,879 16.1 California 64,001 54,055 84.5 304,119 202,104 66.5 Colorado 12,513 2,240 17.9 40,020 876 2.2 Connecticut 6,759 6,506 96.3 9,342 8,459 90.5 Delaware 1,227 258 21.0 10,577 919 8.7 District of Columbia 1,699 247 14.5 8,564 269 3.1 Florida 29,599 10,962 37.0 274,688 8,979 3.3 Georgia 8,884 6,431 72.4 137,743 78,734 57.2 Hawaii 1,371 898 65.5 4,036 647 16.0 Idaho 2,000 1,187 59.4 13,980 843 6.0 Illinois 40,282 19,634 48.7 140,668 24,161 17.2 Indiana 24,219 13,695 56.5 166,585 13,043 7.8 Iowa 12,705 12,705 100.0 37,476 37,476 100.0 Kansas 2,519 1,240 49.2 36,742 8,302 22.6 Kentucky 18,260 12,694 69.5 62,750 4,320 6.9 Louisiana 7,100 3,835 54.0 18,639 1,179 6.3 Maine 5,220 1,568 30.0 20,089 375 1.9 Maryland 7,779 1,306 16.8 25,052 1,320 5.3 Massachusetts 24,958 22,853 91.6 49,922 31,077 62.3 Michigan 28,654 7,169 25.0 132,546 10,689 8.1 Minnesota 6,934 4,366 63.0 35,489 9,473 26.7 Mississippi 8,784 4,239 48.3 32,134 2,597 8.1 Missouri 4,558 2,703 59.3 71,777 20,283 28.3 Montana 4,122 2,019 49.0 15,764 1,276 8.1 Nebraska 2,472 1,889 76.4 29,729 13,227 44.5 Nevada 5,231 3,148 60.2 27,634 5,206 18.8 New Hampshire 1,214 632 52.1 14,952 1,005 6.7 New Jersey 3,821 2,208 57.8 79,988 15,776 19.7 New Mexico 8,242 2,476 30.0 26,249 2,196 8.4 New York - - - - - - North Carolina 24,121 13,264 55.0 100,689 18,628 18.5 North Dakota 1,657 1,168 70.5 4,484 311 6.9 Ohio 26,126 16,575 63.4 100,122 29,492 29.5 Oklahoma 15,439 13,475 87.3 51,741 36,175 69.9 Oregon 12,384 3,851 31.1 45,876 2,574 5.6 Pennsylvania 4,770 1,234 25.9 31,095 2,230 7.2 Puerto Rico 3,828 3,343 87.3 9,344 3,260 34.9 Rhode Island 2,905 1,338 46.1 6,405 870 13.6 South Carolina 15,109 5,008 33.1 62,785 7,490 11.9 South Dakota 1,656 851 51.4 2,914 286 9.8 Tennessee 8,911 8,911 100.0 92,737 86,960 93.8 Texas 67,462 35,403 52.5 226,992 16,082 7.1 Utah 10,234 9,190 89.8 19,861 14,698 74.0 Vermont 562 166 29.5 3,060 416 13.6 Virginia 5,836 1,647 28.2 44,759 2,025 4.5 Washington 4,583 2,382 52.0 56,316 3,725 6.6 West Virginia 6,411 6,170 96.2 47,387 6,104 12.9 Wisconsin 4,372 1,858 42.5 34,040 2,561 7.5 Wyoming 1,050 837 79.7 3,631 2,908 80.1 National 598,500 357,057 59.7 2,956,134 802,237 27.1 Reporting States 51 51 - 51 51 - chAPter 6: Services 88 Child Maltreatment 2020 Table 6–3 Average and Median Number of Days to Initiation of Services, 2020 State Children Who Received ServicesChildren Who Received Services on or After the Report DateAverage Number of Days to Initiation of Services Median Number of Days to Initiation of Services Alabama 11,458 11,412 32 24 Alaska 2,854 2,854 78 40 Arizona 56,360 55,456 48 43 Arkansas 17,182 16,338 35 37 California 256,159 243,294 16 7 Colorado 3,116 3,007 23 15 Connecticut - - - - Delaware 1,177 1,177 87 60 District of Columbia 516 504 40 30 Florida 19,941 14,257 28 10 Georgia 85,165 83,357 15 6 Hawaii 1,545 1,279 22 2 Idaho 2,030 1,992 31 22 Illinois 43,795 23,375 39 30 Indiana 26,738 26,662 36 22 Iowa 50,181 50,181 24 27 Kansas 9,542 4,955 60 35 Kentucky 17,014 14,746 80 67 Louisiana 5,014 4,613 40 24 Maine 1,943 1,943 41 30 Maryland - - - - Massachusetts 53,930 36,405 14 18 Michigan 17,858 9,065 41 33 Minnesota 13,839 13,839 61 44 Mississippi 6,836 6,790 27 27 Missouri 22,986 20,577 57 42 Montana 3,295 2,636 46 25 Nebraska 15,116 6,728 56 31 Nevada 8,354 8,207 65 56 New Hampshire 1,637 1,326 68 43 New Jersey 17,984 11,404 49 40 New Mexico 4,672 3,836 36 11 New York - - - - North Carolina - - - - North Dakota 1,479 1,454 49 41 Ohio 46,067 38,079 39 30 Oklahoma 49,650 49,544 51 50 Oregon 6,425 5,897 50 21 Pennsylvania 3,464 2,591 29 28 Puerto Rico 6,603 5,389 88 29 Rhode Island 2,208 1,361 31 15 South Carolina 12,498 7,067 36 40 South Dakota - - - - Tennessee - - - - Texas 51,485 50,645 59 50 Utah - - - - Vermont 582 340 38 20 Virginia 3,672 2,254 41 21 Washington 6,107 4,715 33 16 West Virginia 12,274 7,292 41 21 Wisconsin 4,419 4,419 57 56 Wyoming 3,745 3,710 12 6 National 988,915 866,972 33 20 Reporting States 45 45 - - chAPter 6: Services 89 Child Maltreatment 2020 Table 6–4 Children Who Received Foster Care Postresponse Services and Who had a Removal Date On or After the Report Date, 2020 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 12,029 2,066 17.2 28,499 877 3.1 Alaska 3,684 737 20.0 17,717 504 2.8 Arizona 10,510 4,549 43.3 83,205 1,593 1.9 Arkansas 9,734 1,998 20.5 55,221 1,081 2.0 California 64,001 21,498 33.6 304,119 6,009 2.0 Colorado 12,513 1,391 11.1 40,020 295 0.7 Connecticut 6,759 1,044 15.4 9,342 253 2.7 Delaware 1,227 125 10.2 10,577 44 0.4 District of Columbia 1,699 192 11.3 8,564 31 0.4 Florida 29,599 10,318 34.9 274,688 3,085 1.1 Georgia 8,884 1,892 21.3 137,743 1,836 1.3 Hawaii 1,371 651 47.5 4,036 66 1.6 Idaho 2,000 468 23.4 13,980 103 0.7 Illinois 40,282 7,395 18.4 140,668 2,447 1.7 Indiana 24,219 7,721 31.9 166,585 2,913 1.7 Iowa 12,705 1,688 13.3 37,476 86 0.2 Kansas 2,519 203 8.1 36,742 831 2.3 Kentucky 18,260 806 4.4 62,750 72 0.1 Louisiana 7,100 1,903 26.8 18,639 261 1.4 Maine 5,220 1,159 22.2 20,089 336 1.7 Maryland 7,779 604 7.8 25,052 186 0.7 Massachusetts 24,958 3,805 15.2 49,922 872 1.7 Michigan 28,654 3,565 12.4 132,546 991 0.7 Minnesota 6,934 1,953 28.2 35,489 1,943 5.5 Mississippi 8,784 1,038 11.8 32,134 292 0.9 Missouri 4,558 1,476 32.4 71,777 3,664 5.1 Montana 4,122 1,706 41.4 15,764 498 3.2 Nebraska 2,472 942 38.1 29,729 916 3.1 Nevada 5,231 2,162 41.3 27,634 617 2.2 New Hampshire 1,214 445 36.7 14,952 291 1.9 New Jersey 3,821 769 20.1 79,988 1,114 1.4 New Mexico 8,242 1,074 13.0 26,249 417 1.6 New York - - - - - - North Carolina - - - - - - North Dakota 1,657 391 23.6 4,484 40 0.9 Ohio 26,126 5,786 22.1 100,122 2,831 2.8 Oklahoma 15,439 3,340 21.6 51,741 65 0.1 Oregon 12,384 2,709 21.9 45,876 714 1.6 Pennsylvania - - - - - - Puerto Rico 3,828 272 7.1 9,344 18 0.2 Rhode Island 2,905 579 19.9 6,405 108 1.7 South Carolina 15,109 2,270 15.0 62,785 556 0.9 South Dakota 1,656 797 48.1 2,914 215 7.4 Tennessee 8,911 1,820 20.4 92,737 3,196 3.4 Texas 67,462 11,085 16.4 226,992 1,276 0.6 Utah 10,234 1,023 10.0 19,861 25 0.1 Vermont 562 78 13.9 3,060 121 4.0 Virginia 5,836 1,331 22.8 44,759 830 1.9 Washington 4,583 1,588 34.6 56,316 1,418 2.5 West Virginia 6,411 1,904 29.7 47,387 644 1.4 Wisconsin 4,372 1,617 37.0 34,040 2,105 6.2 Wyoming 1,050 427 40.7 3,631 33 0.9 National 569,609 124,360 21.8 2,824,350 48,719 1.7 Reporting States 49 49 - 49 49 - chAPter 6: Services 90 Child Maltreatment 2020 Table 6–5 Victims With Court-Appointed Representatives, 2020 State Victims Victims With Court-Appointed RepresentativesVictims With Court-Appointed Representatives Percent Alabama 12,029 927 7.7 Alaska 3,684 730 19.8 Arizona 10,510 3,903 37.1 Arkansas - - - California 64,001 15,740 24.6 Colorado - - - Connecticut - - - Delaware 1,227 131 10.7 District of Columbia - - - Florida - - - Georgia 8,884 1,528 17.2 Hawaii 1,371 828 60.4 Idaho - - - Illinois - - - Indiana 24,219 5,886 24.3 Iowa 12,705 1,937 15.2 Kansas - - - Kentucky 18,260 3,129 17.1 Louisiana - - - Maine 5,220 850 16.3 Maryland - - - Massachusetts 24,958 5,152 20.6 Michigan - - - Minnesota 6,934 1,573 22.7 Mississippi 8,784 802 9.1 Missouri - - - Montana 4,122 746 18.1 Nebraska 2,472 1,072 43.4 Nevada 5,231 638 12.2 New Hampshire 1,214 541 44.6 New Jersey - - - New Mexico 8,242 1,162 14.1 New York - - - North Carolina - - - North Dakota 1,657 107 6.5 Ohio 26,126 4,891 18.7 Oklahoma 15,439 1,484 9.6 Oregon - - - Pennsylvania - - - Puerto Rico - - - Rhode Island 2,905 606 20.9 South Carolina - - - South Dakota - - - Tennessee - - - Texas - - - Utah 10,234 1,589 15.5 Vermont 562 120 21.4 Virginia 5,836 1,453 24.9 Washington - - - West Virginia - - - Wisconsin - - - Wyoming - - - National 286,826 57,525 20.1 Reporting States 26 26 - chAPter 6: Services 91 Child Maltreatment 2020 Table 6–6 Victims Who Received Family Preservation Services Within the Previous 5 Years, 2020 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 11,663 401 3.4 Alaska - - - Arizona - - - Arkansas 9,241 1,722 18.6 California - - - Colorado - - - Connecticut - - - Delaware - - - District of Columbia 1,568 323 20.6 Florida 28,268 4,546 16.1 Georgia 8,690 1,139 13.1 Hawaii - - - Idaho 1,958 402 20.5 Illinois 35,437 6,645 18.8 Indiana - - - Iowa - - - Kansas 2,386 665 27.9 Kentucky 16,748 1,231 7.4 Louisiana 6,859 1,524 22.2 Maine 4,726 1,110 23.5 Maryland - - - Massachusetts 22,538 7,554 33.5 Michigan - - - Minnesota 6,647 2,400 36.1 Mississippi 8,136 16 0.2 Missouri 4,449 491 11.0 Montana - - - Nebraska 2,376 311 13.1 Nevada 5,016 508 10.1 New Hampshire 1,182 98 8.3 New Jersey 3,655 329 9.0 New Mexico 7,050 480 6.8 New York - - - North Carolina 22,399 7 0.0 North Dakota - - - Ohio - - - Oklahoma 14,685 617 4.2 Oregon 11,487 951 8.3 Pennsylvania - - - Puerto Rico 3,572 335 9.4 Rhode Island 2,743 681 24.8 South Carolina - - - South Dakota - - - Tennessee 8,687 1,628 18.7 Texas 65,116 9,658 14.8 Utah 9,694 42 0.4 Vermont 530 103 19.4 Virginia - - - Washington 3,967 288 7.3 West Virginia - - - Wisconsin - - - Wyoming - - - National 331,473 46,205 13.9 Reporting States 30 30 - chAPter 6: Services 92 Child Maltreatment 2020 Table 6–7 Victims Who Were Reunited With Their Families Within the Previous 5 Years, 2020 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 11,663 336 2.9 Alaska 3,212 249 7.8 Arizona - - - Arkansas 9,241 207 2.2 California - - - Colorado 11,615 489 4.2 Connecticut 6,346 180 2.8 Delaware 1,200 56 4.7 District of Columbia 1,568 21 1.3 Florida 28,268 2,265 8.0 Georgia 8,690 416 4.8 Hawaii 1,294 69 5.3 Idaho 1,958 68 3.5 Illinois 35,437 1,390 3.9 Indiana 22,648 1,747 7.7 Iowa - - - Kansas 2,386 325 13.6 Kentucky 16,748 988 5.9 Louisiana 6,859 432 6.3 Maine 4,726 463 9.8 Maryland - - - Massachusetts 22,538 1,916 8.5 Michigan - - - Minnesota 6,647 536 8.1 Mississippi 8,136 25 0.3 Missouri 4,449 175 3.9 Montana - - - Nebraska 2,376 244 10.3 Nevada 5,016 495 9.9 New Hampshire 1,182 86 7.3 New Jersey 3,655 251 6.9 New Mexico 7,050 450 6.4 New York - - - North Carolina 22,399 371 1.7 North Dakota - - - Ohio 23,691 1,206 5.1 Oklahoma 14,685 669 4.6 Oregon 11,487 1,149 10.0 Pennsylvania - - - Puerto Rico 3,572 10 0.3 Rhode Island 2,743 244 8.9 South Carolina 14,263 206 1.4 South Dakota - - - Tennessee 8,687 341 3.9 Texas 65,116 1,502 2.3 Utah 9,694 247 2.5 Vermont 530 43 8.1 Virginia - - - Washington 3,967 430 10.8 West Virginia - - - Wisconsin 4,177 357 8.5 Wyoming - - - National 419,919 20,654 4.9 Reporting States 39 39 - chAPter 6: Services 93 Child Maltreatment 2020 Table 6–8 IDEA: Victims Who Were Eligible and Victims Who Were Referred to Part C Agencies, 2020 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 3,302 745 22.6 Alaska 835 835 100.0 Arizona - - - Arkansas 3,091 - - California 17,457 - - Colorado 3,106 - - Connecticut 1,732 1,665 96.1 Delaware - - - District of Columbia 377 3 0.8 Florida - - - Georgia 2,663 - - Hawaii - - - Idaho 690 315 45.7 Illinois - - - Indiana - - - Iowa 3,503 3,503 100.0 Kansas 262 225 85.9 Kentucky 4,801 - - Louisiana 3,519 2,719 77.3 Maine 1,110 1,110 100.0 Maryland - - - Massachusetts 5,482 - - Michigan - - - Minnesota 1,785 1,785 100.0 Mississippi 519 200 38.5 Missouri 570 255 44.7 Montana - - - Nebraska 621 621 100.0 Nevada - - - New Hampshire 296 - - New Jersey 818 669 81.8 New Mexico 1,833 1,540 84.0 New York 13,016 - - North Carolina - 884 - North Dakota 396 381 96.2 Ohio 5,677 5,677 100.0 Oklahoma 4,469 823 18.4 Oregon 2,713 - - Pennsylvania - - - Puerto Rico 615 4 0.7 Rhode Island 770 761 98.8 South Carolina - - - South Dakota 401 401 100.0 Tennessee - - - Texas - - - Utah 1,947 1,947 100.0 Vermont - - - Virginia - - - Washington 983 168 17.1 West Virginia 2,315 826 35.7 Wisconsin 1,063 189 17.8 Wyoming 272 272 100.0 National 93,009 28,523 - Reporting States 35 27 - National for States Reporting Both Victims Eligible and Referred40,384 27,639 68.4 Reporting States for States Reporting Both Victims Eligible and Referred27 27 -Child Maltreatment 2020 chAPter 7: Special Focus 94 The purpose of this chapter is to highlight analyses of specific subsets of children or data analyses focusing on a specific topic. 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. In this edition, this chapter focuses on quarterly analyses of child welfare data during the COVID-19 pandemic by comparing FFY 2020 quarterly data (October 2019 through September 2020) with the same quarters from FFY 2019 (October 2018 through September 2019). 28,29 Data are presented at the state and national level. To ensure the analyses are comparable to others presented in this report, the data are assigned to each quarter based on disposition date (the date a determination is made by the child protective services agency about whether the maltreatment occurred). 30 States were asked to provide comments about how their child welfare agencies continued operations during the year, especially during the “lockdown” period from March through June 2020. All states declared a state of emergency during March and nearly all initiated some form of stay-at-home order during late March/early April 2020. 31 For many of those states, the child welfare agencies transitioned some or all operations to virtual. Readers are encouraged to review Appendix D, State Commentary. Executive Summary In the sections below, quarterly data for FFY 2020 were compared with the corresponding quarters during FFY 2019 to see how COVID-19 pandemic affected child maltreatment data. When the national annual data are broken down into quarterly analyses the timing of decreases are shown to begin with the lockdown period of March through June 2020. The quarterly analyses also show differences in established seasonal patterns, such as in the number of reports submitted by education personnel. Annually, education personnel account for the largest numbers of screened-in referrals during the school year (September–June). However, when schools transitioned to virtual learning, the number of referrals by education personnel declined sharply. Victims in the age range of 6–12 have the largest percent decrease and are the most likely to be affected by school closures/moving to virtual learning and not be referred to CPS by education personnel report sources. COVID-19 presented unique challenges CHAPTER 7 28 The quarters are as follows: first quarter is October through December, second quarter is January through March, third quarter is April through June, and fourth quarter is July through September. 29 The services data are not presented by quarters because services could have begun before the report date or 90 days after the disposition date. See Chapter 6 for more information on how services data are collected. 30 Each state’s submitted Child File only includes completed reports with a disposition (or finding) as an outcome of the CPS response during the reporting year. (See chapter 1.) 31 https://en.wikipedia.org/wiki/U.S.\_state\_and\_local\_government\_responses\_to\_the\_COVID-19\_pandemicSpecial Focus Child Maltreatment 2020chAPter 7: Special Focus 95 for service provision. Some services were provided virtually, while other services continued in-person. While the number of children who received services decreased for the year, the percentages of service recipients remained comparable to prior years. Screened-in Referrals During FFY 2020, the CPS agencies in 52 reporting states screened in 2.1 million (2,120, 316) referrals at a rate of 28.9 per 1,000 children in the population. FFY 2020 shows a total decrease of 10.5 percent in the number of total screened-in referrals compared with FFY 2019. (See chapter 2 for definitions and information about screening processes .) While there is an overall decrease, analyzing the data by quarters shows both increases and decreases, depending upon the quarter. For many states, the end of March or early April is whe n the “lockdown” period began. According to state comments, during this period, calls to the Hotline alleging maltreatment greatly reduced as schools, parks, restaurants, supermarkets, and other public places limited the number of people allowed to enter, moved to virtual interac - tio ns only, or closed completel y. These restrictions limited the ability of people to witness and call-in maltreatment allegations. Nearly all states provide comments that their Hotlines remained open during the pandemic, with some states transitioning call center operations to enab le staff to answer calls from their homes. For both fiscal years, the first two quarters (October through December and January through Mar ch) result in nearly identical totals 1, 188,2 18 for FFY 2019 and 1, 189,264 for FFY 2020, a difference of 1,046. (See table 7–1 and related notes.) For the period of April through June, the data for FFY 2020 look very different than the data for FFY 2019. For FFY 2019, this period is when the largest number of referrals are screened in for a CPS response, however for FFY 2020 there is a large decrease of 22.8 percent in the number of referrals screened in compared with the same period in FFY 2019. (See exhibit 7–A and related notes.) Many states commented that (appendix D) they implemented new screening questions to determine whether an in-person response or a virtual response was needed during lockdown to ensure the safety of CPS workers Exhibit 7–A Screened-in Referrals by Quarters, 2019–2020 The number of screened-in referrals decreased during the third quarter of FFY 2020 Based on data from 52 states. See table 7–1 .Child Maltreatment 2020 chAPter 7: Special Focus 96and the alleged victims and their families. Some states commented that they changed screening policies to enable virtual responses and most states say that either screening policies did not change or any changes were temporary. For example, as one state said in commentary (appen - dix D), “To minimize person-to-person interaction and spread of Covid-19, staff were asked to temporarily suspend normal face-to-face contacts and home visits, unless there was concern regarding an immediate safety threat. However, frequent contact with families and children via telephone, Skype, or similar platforms was required to ensure all necessary supports and services continued to be provided.” One state, “…made changes to screen out priority 3 (lowest priority) reports on March 23, 2020. However, priority 3 reports regarding high-risk infants, reports of maltreatment in foster care, and reports of sex abuse or serious physical abuse cases were screened in.” The FFY 2020 decrease in screened-in referrals continues for the last quarter of FFY 2020. As the pandemic continued into FFY 2021, the next data submission is needed to determine whether referrals increased as restrictions lifted. While most states reported a decrease in the number of total referrals received, two states began reporting screened-out referrals with their 2020 data. Additionally, a few states screened in more referrals for 2020 than 2019. Not every state provided comments about the increase, but explana - tions include a reduction in backlog, a new policy to screen in all referrals by medical profession - als for children younger than six years, and a new pilot alternative response program began. 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. See chapter 2 for definitions and information about report sources. As there are fewer reports (screened-in referrals) for FFY 2020, the number of report sources also is lower. FFY 2020 shows an overall decrease of 11.0 percent in the number of total report sources when compared with FFY 2019. The largest changes are in the professional report sources, which decreased 13.2 percent from FFY 2019. As most schools experienced lockdown and moved to virtual learning, the education personnel report source category shows the largest decrease of 27.0 percent for all of FFY 2020 when compared with FFY 2019. (See table 7–2 and related notes) Analyzing the data by quarters shows, that for both fiscal years, the first two quarters (October through March) result in nearly identical totals, with a difference of just 1,050. As seen during FFY 2019 (and during prior years), the quarter with the months of July through September has the lowest number of report sources. 32 This seasonal pattern is mostly due to schools being closed for the summer as education personnel historically submit the largest number of reports each year. This is also true for FFY 2020, only significantly decreased due to the pandemic. The largest decrease for education personnel of 73.5 percent occurred during July through September 2020, the second largest decrease of 58.4 percent occurred for 32 Report source data tends to be very stable. See prior editions of Child Maltreatment on the Children’s Bureau website at https://www.acf.hhs.gov/cb/data-research/child-maltreatment . Child Maltreatment 2020 chAPter 7: Special Focus 97this report source during the lockdown period of April through June 2020. (See exhibit 7–B and related notes) The category of child daycare provider had the second largest overall decrease of 22.3 percent for FFY 2020 when compared with FFY 2019. With the largest decreases for this report source occurring during the lockdown period of April through June 2020 (45.1%) and July through September 2020 (39.9%). The category least affected by the pandemic is legal and law enforcement personnel, which had an overall decrease of 2.6 percent for FFY 2020 when compared with FFY 2019. Reviewing the prepandemic patterns of FFY 2019 shows that when schools are closed for the summer, the number of legal and law enforcement reports increase. During April through June of FFY 2019, legal and law enforcement personnel submitted 106,893 reports which increased to 114,132 reports during July through September. This pattern also occurred during the pandemic as dur - ing April through June FFY 2020 legal and law enforcement submitted 102,575 reports, which increased to 106,736 reports during July through September Children Who Received an Investigation Response or Alternative Response (unique count of children) For FFY 2020, about 3,145,000 children (national rounded number) received either an investiga - tion or alternative response at a rate of 42.9 children per 1,000 in the population. The CPS data for FFY 2020 shows a national decrease in children who were the subjects of a CPS response when compared with 2019. This analysis counts a child once regardless of the number of times Exhibit 7–B Selected Report Sources by Quarters, 2019-2020 Education personnel had the largest decrease for the report sources Based on data from 48 states. See table 7–2 .Child Maltreatment 2020 chAPter 7: Special Focus 98the child received an investigation or alternative response. See chapter 3 for definitions and informa - tion about investigations and alternative responses. Overall, for FFY 2020, the number of children who received an investigation or alternative response decreased 9.5 percent from FFY 2019. As shown in table 7–3, the largest decreases occurred during April through September 2020. (See table 7–3 , exhibit 7–C , and related notes.) States’ explanations for the decrease in the number of children who received a CPS response centered on the reduction of reports (screened-in referrals) due to the COVID-19 pandemic. According to state comments, approximately one-half of the states used a combination of in-person and virtual methods to conduct investigations or assessments. The determination of which method depended upon answers to screening questions about COVID-19 and the mal - treatment risk of the alleged victims. Many states continued in-person operations and provided workers with personal protective equipment for the safety of the workers and the families. For example, one state said, “child welfare hotline and emergency response investigations are essential government functions and should be prioritized to protect the safety and well-being of children and families. County child welfare emergency response workers were established as first responders when assessing for the safety and well-being of children reported as being abused or neglected.” Some of the same states with increases in reports (screened-in referrals) during FFY 2020 also had increases in the number of children who received a CPS response. Two additional expla - nations were provided by states: an increase in staff and dedicated case management hours enabled a larger number of assessments to be completed; and data cleanup. Child Victims (unique count of victims) For FFY 2020, there are nationally 618,000 (rounded) victims of child abuse and neglect. This equates to a national rate of 8.4 victims per 1,000 children in the population. States have different policies about what is considered child maltreatment and different levels of evidence required to substantiate an abuse allegation; all or some of which may account for variations in victimization. See chapter 3 for definitions and information about victims of abuse and neglect. Exhibit 7–C Number of Children Who Received an Investigation Response or Alternative Response by Quarters, 2019–2020 The largest decreases of children who received a CPS response occurred during April through September 2020 Based on data from 52 states. See table 7–3 .Child Maltreatment 2020 chAPter 7: Special Focus 99For FFY 2020 there is a 5.8 percent decrease in the number of victims when compared with FFY 2019. The decrease occurred during the second half of the fiscal year. 33 (See table 7–4 and related notes.) Throughout FFY 2019 the number of children determined to be victims of maltreatment is stable for each quarter. During FFY 2020, the number decreases significantly at the start of the lockdown period in April and continues through September. (See exhibit 7–D , and related notes.) Child Victim Demographics (unique count of victims) As mentioned above, the numbers of victims decreased during FFY 2020 when compared with FFY 2019. Grouping the victims by approximate education categories (preschool/kindergarten, elementary, and high school) shows that victims in the age range of 6–12 have the largest percent decrease at 8.2 percent. This group is the most likely to be affected by school closures and moving to virtual learning and not be referred to CPS by education personnel report sources. Next are the victims in the 1–5 age range with a 5.0 percent decrease. It is interesting to note that children younger than 1 year, who are most vulnerable to and have the highest rate of maltreatment had one of the smallest decreases at 3.9 percent. See table 7–5 , exhibit 7–E , and related notes.) The racial distributions show that for nearly all race categories, there is a decrease during the last 6 months of FFY 2020. However, victims of American Indian or Alaska Native descent had an increase of 1.4 percent for the fiscal year. 34 (See table 7–6 and related notes.)Exhibit 7–D, Number of Victims by Quarters, 2019–2020 While the victims count is stable for FFY 2019 and into the first two quarters of FFY 2020, there is a large decrease during the last half of FFY 2020 Based on data from 52 states. See table 7–4 . 33 North Carolina recoded child dispositions of alternative response victim to indicated, which greatly increased the state’s count of unique victims. Without North Carolina included in the percent change calculation, the decrease from FFY 2019 would have been 8.4 percent. 34 This increase may be due in part to improved reporting as one state provided in commentary, “…[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.” The state also took advantage of the reduced workload to clear a backlog of cases and included a larger number of closed reports in its FFY 2020 submission.Child Maltreatment 2020 chAPter 7: Special Focus 100Children Who Received Postresponse Services (duplicate count of children) For FFY 2020, 51 state reported 1.1 million (1,159,294) children received postresponse services from a CPS agency. Fifty-one states reported 59.7 percent of duplicate victims received postre - sponse services and 51 states reported 27.1 percent of duplicate nonvictims received postre - sponse services. NCANDS and the Child Maltreatment report focus on only those postresponse services that were initiated or continued as a result of the investigation response or alternative response. See chapter 6 for definitions and information about services. Services data are presented as totals for 3 years in table 7–7. The number of states reporting services remained stable, with one state reporting services for the first time in FFY 2020. The percentage of victims who received services remained within 1 percentage point across the 3 years, even though the number of victims decreased. The largest percentage is 60.8 during FFY 2019 and the lowest is 59.7 during FFY 2020. The percentage of nonvictims who received services also remained consistent with a high in FFY 2018 of 29.1 and a low of 27.1 percent in FFY 2020. (See table 7–7 and related notes.) States’ comments in appendix D show how states made efforts to continue services during the COVID-19 pandemic. Some services were able to be conducted virtually, while other services continued in-person when safe to do so. For example, one state said, “During the pandemic, providers have independently made decisions about service provision and deliver a blend of in-person and virtual services.” Another state explained that the decision to provide virtual or in-person services depended upon the household’s willingness to get tested for COVID-19 and the test results, “All contracted services shall be conducted virtually if anyone in the household involved with the service has reported symptoms of Covid-19, tested positive for Covid-19, or pending a test for Covid-19. If a client is reporting symptoms of Covid-19 they should be instructed to seek a Covid-19 test. If the test results are negative, services should return to Based on data from 52 states. See table 7–5 .Exhibit 7–E Age Groups of Victims by Quarters, 2019–2020 Victims in the age range of 6–12 have the largest decrease Child Maltreatment 2020chAPter 7: Special Focus 101in-person. If a client tests positive or refuses testing, services shall return to in-person after the CDC recommended isolation period (at least 10 days have passed since symptoms first appeared and at least 24 hours have passed without the use of fever-reducing medications and improvement in symptoms).” However, there were some barriers to virtual service provision, as one state noted, “Many service providers limited or canceled in-home service provision and transitioned to telemedi - cine. The state experienced delays in service provision by third party vendors as they adapted to the pandemic. Child removals were not affected by the pandemic.” Another state said, virtual service delivery increased participation, but noted that was only true in areas where access to virtual platforms was not an issue, “The pandemic has created unforeseen and unique challenges for counties, which has had a direct impact on service delivery. Several counties reported increased participation rates in services since transportation is no longer a barrier, however other counties reported families do not have access to the needed technology to participate in services via a virtual environment.” In summary, child welfare agencies made significant efforts to continue operations and ensure the safety of CPS workers and the children and families in their care. While CPS agencies did not see an increase in abuse or neglect referrals even after many lockdown restrictions were lifted during July–September 2020, many states did not fully open up and many schools did not go back to in-person learning until 2021. It may not be until FFY 2021 data are analyzed that the full impact of the pandemic on child maltreatment is known. 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 thatanalysis. ■Data are from the Child File. ■The percent change was calculated by subtracting 2019 data from 2020 data, dividing theresult by 2019 data, and multiplying by 100. States must have data included from bothyears to be included in the percent change calculation. ■Dashes are inserted into cells without any data. Table 7–1 Screened-in Referrals by Quarters, 2019–2020 ■Data are from the Child File. Table 7–2 Report Sources by Quarters, 2019–2020 ■Data are from the Child File. ■States are excluded from this analysis if more than 15.0 percent had an unknown reportsource ■States are excluded from this analysis if more than 20.0 percent of known sources arereported as Other. ■A state must pass data quality tests for both years to be included in this analysis.Child Maltreatment 2020chAPter 7: Special Focus 102Table 7–3 Children Who Received an Investigation Response or Alternative Response by Quarters, 2019–2020 ■The number of children is a unique count. Table 7–4 Child Victims by Quarters, 2019–2020 ■The number of victims is a unique count. Table 7–5 Single Year Age of Victims by Quarters, 2019–2020 ■The number of victims is a unique count. ■Based on data from 52 states. Table 7–6 Victims by Race and Ethnicity by Quarters, 2019–2020 ■The number of victims is a unique count. ■Based on data from 50 states. ■Counts associated with each racial group are exclusive and do not include Hispanic ethnicity. ■Only those states that have both race and ethnicity population data are included in thisanalysis. ■States are excluded from this analysis if more than 30.0 percent of victims are reportedwith an unknown or missing race or ethnicity. Table 7–7 Children Who Received Postresponse Services, 2018–2020 ■The numbers of victims and nonvictims are duplicate counts. ■A child is counted each time that a CPS response was completed and services wereprovided. ■This analysis includes only those services that continued past or were initiated within 90days after the completion of the CPS response. ■States are excluded from this analysis if they report fewer than 1.0% of victims or fewerthan 1.0% of nonvictims with postresponse services.Child Maltreatment 2020 chAPter 7: Special Focus 103 Table 7–1 Screened-in Referrals by Quarters, 2019-2020 (continues next page) State Oct-Dec 2018 Jan-Mar 2019 April-June 2019 July-Sept 2019FFY 2019 Total Screened-in Referrals Alabama 7,622 6,711 7,922 6,401 28,656 Alaska 2,208 2,717 2,980 2,808 10,713 Arizona 11,484 11,174 11,631 11,013 45,302 Arkansas 9,176 8,640 9,268 6,671 33,755 California 57,370 55,560 59,545 52,169 224,644 Colorado 9,271 9,069 9,804 7,935 36,079 Connecticut 3,862 3,753 3,933 3,097 14,645 Delaware 1,503 1,713 1,424 1,362 6,002 District of Columbia 1,756 1,769 1,785 1,094 6,404 Florida 43,351 40,966 43,427 35,750 163,494 Georgia 22,054 22,004 22,131 19,120 85,309 Hawaii 636 611 589 541 2,377 Idaho 2,623 2,394 3,250 2,850 11,117 Illinois 21,761 21,088 22,014 21,842 86,705 Indiana 32,168 28,328 32,348 27,364 120,208 Iowa 8,246 8,075 9,205 7,793 33,319 Kansas 7,211 8,210 8,611 7,863 31,895 Kentucky 12,863 13,240 12,927 11,749 50,779 Louisiana 4,945 5,024 6,091 4,537 20,597 Maine 2,456 3,163 2,753 2,502 10,874 Maryland 4,910 5,511 6,380 5,085 21,886 Massachusetts 11,577 11,097 11,762 9,487 43,923 Michigan 24,171 22,366 26,144 23,054 95,735 Minnesota 7,450 7,986 8,838 6,785 31,059 Mississippi 7,679 6,832 7,134 6,461 28,106 Missouri 17,022 14,918 16,663 12,953 61,556 Montana 2,402 2,376 2,880 2,541 10,199 Nebraska 3,175 3,024 3,214 3,229 12,642 Nevada 4,032 3,777 4,103 3,745 15,657 New Hampshire 2,275 2,673 2,748 2,592 10,288 New Jersey 14,635 15,700 16,195 14,404 60,934 New Mexico 5,847 4,431 5,833 5,622 21,733 New York 37,931 42,350 43,503 40,133 163,917 North Carolina 15,666 14,842 13,225 11,389 55,122 North Dakota 1,005 1,026 1,038 916 3,985 Ohio 22,363 22,327 24,033 20,281 89,004 Oklahoma 10,061 8,360 9,320 9,017 36,758 Oregon 10,496 10,592 7,644 11,046 39,778 Pennsylvania 10,833 10,246 12,024 8,848 41,951 Puerto Rico 1,548 1,620 2,469 2,728 8,365 Rhode Island 1,806 1,823 1,951 1,714 7,294 South Carolina 12,266 11,967 12,625 10,247 47,105 South Dakota 603 622 653 501 2,379 Tennessee 18,977 18,950 19,518 18,717 76,162 Texas 49,731 50,745 53,143 44,487 198,106 Utah 5,275 5,240 5,539 4,855 20,909 Vermont 932 1,361 793 929 4,015 Virginia 7,566 8,508 10,574 10,132 36,780 Washington 9,369 10,626 11,675 12,204 43,874 West Virginia 6,294 6,790 6,484 7,351 26,919 Wisconsin 6,812 6,515 6,814 6,656 26,797 Wyoming 786 747 781 629 2,943 National 598,061 590,157 627,338 553,199 2,368,755 Reporting States 52 52 52 52 52Child Maltreatment 2020 chAPter 7: Special Focus 104 Table 7–1 Screened-in Referrals by Quarters, 2019-2020 (continues next page) State Oct-Dec 2019 Jan-Mar 2020 April-June 2020 July-Sept 2020FFY 2020 Total Screened-in Referrals Alabama 7,552 7,092 6,046 5,977 26,667 Alaska 2,400 2,662 4,728 1,643 11,433 Arizona 11,393 11,685 10,172 8,736 41,986 Arkansas 9,327 9,041 6,510 6,551 31,429 California 54,503 56,386 46,904 41,956 199,749 Colorado 9,309 9,170 7,729 7,245 33,453 Connecticut 3,465 3,540 2,194 1,831 11,030 Delaware 1,366 1,338 1,170 971 4,845 District of Columbia 1,317 1,309 862 795 4,283 Florida 39,055 38,352 31,926 31,306 140,639 Georgia 20,796 18,494 10,849 12,536 62,675 Hawaii 709 640 721 646 2,716 Idaho 2,779 2,582 1,938 2,155 9,454 Illinois 22,263 21,671 19,518 16,492 79,944 Indiana 31,967 32,505 22,030 25,366 111,868 Iowa 8,122 8,478 6,465 7,619 30,684 Kansas 8,081 9,756 5,996 4,510 28,343 Kentucky 11,823 13,788 11,527 9,132 46,270 Louisiana 4,735 4,766 4,602 3,129 17,232 Maine 3,502 2,723 2,548 2,519 11,292 Maryland 5,817 5,925 4,421 3,834 19,997 Massachusetts 10,967 11,102 6,903 8,533 37,505 Michigan 25,003 18,755 12,697 16,498 72,953 Minnesota 7,365 8,362 6,860 5,742 28,329 Mississippi 7,319 6,805 4,690 5,591 24,405 Missouri 15,822 14,662 13,537 11,282 55,303 Montana 2,444 2,947 2,519 2,210 10,120 Nebraska 3,382 3,704 2,860 3,248 13,194 Nevada 4,057 4,008 3,627 3,047 14,739 New Hampshire 2,603 3,568 2,623 2,022 10,816 New Jersey 15,295 16,705 11,274 9,579 52,853 New Mexico 5,370 5,663 6,796 4,299 22,128 New York 37,564 43,646 36,002 27,917 145,129 North Carolina 16,909 17,833 13,367 12,159 60,268 North Dakota 829 934 733 735 3,231 Ohio 22,365 23,249 17,469 18,100 81,183 Oklahoma 10,608 10,232 8,208 8,350 37,398 Oregon 8,139 9,211 10,912 7,199 35,461 Pennsylvania 10,730 11,036 6,751 7,348 35,865 Puerto Rico 1,574 1,421 1,510 2,494 6,999 Rhode Island 1,722 1,722 1,265 1,257 5,966 South Carolina 11,152 9,519 6,771 6,636 34,078 South Dakota 579 624 775 471 2,449 Tennessee 14,600 20,893 17,447 15,873 68,813 Texas 49,543 53,953 43,450 39,714 186,660 Utah 5,493 5,814 4,205 4,485 19,997 Vermont 883 969 452 426 2,730 Virginia 7,652 9,160 8,791 7,613 33,216 Washington 9,959 13,210 10,524 8,102 41,795 West Virginia 6,024 6,801 6,018 5,261 24,104 Wisconsin 6,167 7,044 5,752 5,196 24,159 Wyoming 711 698 508 564 2,481 National 583,111 606,153 484,152 446,900 2,120,316 Reporting States 52 52 52 52 52Child Maltreatment 2020 chAPter 7: Special Focus 105 Table 7–1 Screened-in Referrals by Quarters, 2019-2020 StatePercent Change Oct-Dec 2018 to Oct-Dec 2019Percent Change Jan-Mar 2019 to Jan-Mar 2020Percent Change April-June 2019 to April-June 2020Percent Change July-Sept 2019 to July-Sept 2020Percent Change FFY 2019 to FFY 2020 Alabama -0.9 5.7 -23.7 -6.6 -6.9 Alaska 8.7 -2.0 58.7 -41.5 6.7 Arizona -0.8 4.6 -12.5 -20.7 -7.3 Arkansas 1.6 4.6 -29.8 -1.8 -6.9 California -5.0 1.5 -21.2 -19.6 -11.1 Colorado 0.4 1.1 -21.2 -8.7 -7.3 Connecticut -10.3 -5.7 -44.2 -40.9 -24.7 Delaware -9.1 -21.9 -17.8 -28.7 -19.3 District of Columbia -25.0 -26.0 -51.7 -27.3 -33.1 Florida -9.9 -6.4 -26.5 -12.4 -14.0 Georgia -5.7 -16.0 -51.0 -34.4 -26.5 Hawaii 11.5 4.7 22.4 19.4 14.3 Idaho 5.9 7.9 -40.4 -24.4 -15.0 Illinois 2.3 2.8 -11.3 -24.5 -7.8 Indiana -0.6 14.7 -31.9 -7.3 -6.9 Iowa -1.5 5.0 -29.8 -2.2 -7.9 Kansas 12.1 18.8 -30.4 -42.6 -11.1 Kentucky -8.1 4.1 -10.8 -22.3 -8.9 Louisiana -4.2 -5.1 -24.4 -31.0 -16.3 Maine 42.6 -13.9 -7.4 0.7 3.8 Maryland 18.5 7.5 -30.7 -24.6 -8.6 Massachusetts -5.3 0.0 -41.3 -10.1 -14.6 Michigan 3.4 -16.1 -51.4 -28.4 -23.8 Minnesota -1.1 4.7 -22.4 -15.4 -8.8 Mississippi -4.7 -0.4 -34.3 -13.5 -13.2 Missouri -7.0 -1.7 -18.8 -12.9 -10.2 Montana 1.7 24.0 -12.5 -13.0 -0.8 Nebraska 6.5 22.5 -11.0 0.6 4.4 Nevada 0.6 6.1 -11.6 -18.6 -5.9 New Hampshire 14.4 33.5 -4.5 -22.0 5.1 New Jersey 4.5 6.4 -30.4 -33.5 -13.3 New Mexico -8.2 27.8 16.5 -23.5 1.8 New York -1.0 3.1 -17.2 -30.4 -11.5 North Carolina 7.9 20.2 1.1 6.8 9.3 North Dakota -17.5 -9.0 -29.4 -19.8 -18.9 Ohio 0.0 4.1 -27.3 -10.8 -8.8 Oklahoma 5.4 22.4 -11.9 -7.4 1.7 Oregon -22.5 -13.0 42.8 -34.8 -10.9 Pennsylvania -1.0 7.7 -43.9 -17.0 -14.5 Puerto Rico 1.7 -12.3 -38.8 -8.6 -16.3 Rhode Island -4.7 -5.5 -35.2 -26.7 -18.2 South Carolina -9.1 -20.5 -46.4 -35.2 -27.7 South Dakota -4.0 0.3 18.7 -6.0 2.9 Tennessee -23.1 10.3 -10.6 -15.2 -9.6 Texas -0.4 6.3 -18.2 -10.7 -5.8 Utah 4.1 11.0 -24.1 -7.6 -4.4 Vermont -5.3 -28.8 -43.0 -54.1 -32.0 Virginia 1.1 7.7 -16.9 -24.9 -9.7 Washington 6.3 24.3 -9.9 -33.6 -4.7 West Virginia -4.3 0.2 -7.2 -28.4 -10.5 Wisconsin -9.5 8.1 -15.6 -21.9 -9.8 Wyoming -9.5 -6.6 -35.0 -10.3 -15.7 National -2.5 2.7 -22.8 -19.2 -10.5 Reporting States - - - - -Child Maltreatment 2020 chAPter 7: Special Focus 106 Table 7–2 Report Sources by Quarters, 2019-2020 (continues below) Report SourcesOct-Dec 2018Jan-Mar 2019April-June 2019July-Sept 2019FFY 2019 Total Report SourcesOct-Dec 2019Jan-Mar 2020April-June 2020July-Sept 2020FFY 2020 Total Report Sources PROFESSIONAL - - - - - - - - - - Child Daycare Providers 3,380 3,245 3,922 3,979 14,526 3,391 3343 2,155 2,393 11,282 Education Personnel 128,730 134,405 145,881 57,125 466,141 126,522 138,106 60,654 15,139 340,421 Foster Care Providers 2,252 2,223 2,325 2,583 9,383 2,257 2,441 2,049 1,930 8,677 Legal and Law Enforcement Personnel 102,788 99,396 106,893 114,132 423,209 100,845 102,120 102,575 106,736 412,276 Medical Personnel 60,636 61,656 62,693 62,822 247,807 58,915 61,475 53,224 53,772 227,386 Mental Health Personnel 32,844 33,384 36,433 31,409 134,070 33,046 35,632 28,048 24,321 121,047 Social Services Personnel 54,130 54,172 58,110 56,365 222,777 52,520 55,483 45,683 43,392 197,078 Total Professionals 384,760 388,481 416,257 328,415 1,517,913 377,496 398,600 294,388 247,683 1,318,167 NONPROFESSIONAL - - - - - - - - - - Alleged Perpetrators 161 108 148 159 576 146 142 113 145 546 Alleged Victims 2,138 2,181 2,212 2,124 8,655 2,071 2,176 1,896 2,012 8,155 Friends and Neighbors 19,898 17,042 19,090 22,556 78,586 18,841 16,854 18,354 20,886 74,935 Other Relatives 32,838 30,548 31,463 35,935 130,784 30,525 29,996 28,868 32,233 121,622 Parents 32,342 31,362 32,607 35,525 131,836 30,755 31,482 29,701 33,524 125,462 Total Nonprofessionals 87,377 81,241 85,520 96,299 350,437 82,338 80,650 78,932 88,800 330,720 UNCLASSIFIED - - - - - - - - - - Anonymous Sources 36,576 33,968 37,575 38,989 147,108 35,574 35,918 31,667 33,881 137,040 Other 41,224 39,166 42,291 44,719 167,400 39,919 40,540 36,043 37,787 154,289 Unknown 8,806 8,281 9,241 9,464 35,792 8,797 8,998 7,957 7,938 33,690 Total Unclassified 86,606 81,415 89,107 93,172 350,300 84,290 85,456 75,667 79,606 325,019 National 558,743 551,137 590,884 517,886 2,218,650 544,124 564,706 448,987 416,089 1,973,906 Reporting States 48 48 48 48 48 48 48 48 48 48 Table 7–2 Report Sources by Quarters, 2019-2020 Report SourcesPercent Change Oct-Dec 2018 to Oct-Dec 2019Percent Change Jan-Mar 2019 to Jan-Mar 2020Percent Change April-June 2019 to April-June 2020Percent Change July-Sept 2019 to July-Sept 2020Percent Change FFY 2019 to FFY 2020 PROFESSIONAL - - - - - Child Daycare Providers 0.3 3.0 -45.1 -39.9 -22.3 Education Personnel -1.7 2.8 -58.4 -73.5 -27.0 Foster Care Providers 0.2 9.8 -11.9 -25.3 -7.5 Legal and Law Enforcement Personnel -1.9 2.7 -4.0 -6.5 -2.6 Medical Personnel -2.8 -0.3 -15.1 -14.4 -8.2 Mental Health Personnel 0.6 6.7 -23.0 -22.6 -9.7 Social Services Personnel -3.0 2.4 -21.4 -23.0 -11.5 Total Professionals -1.9 2.6 -29.3 -24.6 -13.2 NONPROFESSIONAL - - - - - Alleged Perpetrators -9.3 31.5 -23.6 -8.8 -5.2 Alleged Victims -3.1 -0.2 -14.3 -5.3 -5.8 Friends and Neighbors -5.3 -1.1 -3.9 -7.4 -4.6 Other Relatives -7.0 -1.8 -8.2 -10.3 -7.0 Parents -4.9 0.4 -8.9 -5.6 -4.8 Total Nonprofessionals -5.8 -0.7 -7.7 -7.8 -5.6 UNCLASSIFIED - - - - - Anonymous Sources -2.7 5.7 -15.7 -13.1 -6.8 Other -3.2 3.5 -14.8 -15.5 -7.8 Unknown -0.1 8.7 -13.9 -16.1 -5.9 Total Unclassified -2.7 5.0 -15.1 -14.6 -7.2 National -2.6 2.5 -24.0 -19.7 -11.0 Reporting States - - - - -Child Maltreatment 2020 chAPter 7: Special Focus 107 Table 7–3 Children Who Received an Investigation or Alternative Response by Quarters, 2019–2020 (continues next page) State Oct-Dec 2018 Jan-Mar 2019 April-June 2019 July-Sept 2019 FFY 2019 Total Children Alabama 11,285 9,306 10,491 8,253 39,335 Alaska 3,494 3,891 3,736 3,308 14,429 Arizona 23,261 21,065 20,410 17,600 82,336 Arkansas 17,019 14,708 15,012 10,600 57,339 California 99,842 87,400 86,160 70,134 343,536 Colorado 13,366 11,755 11,647 9,081 45,849 Connecticut 5,329 4,837 4,738 3,765 18,669 Delaware 3,282 3,655 2,849 2,587 12,373 District of Columbia 4,060 3,432 3,122 1,701 12,315 Florida 88,757 72,847 70,935 52,602 285,141 Georgia 47,834 41,593 37,469 30,809 157,705 Hawaii 1,231 1,179 1,044 924 4,378 Idaho 3,797 3,036 3,657 2,895 13,385 Illinois 44,243 37,592 36,134 33,521 151,490 Indiana 48,362 35,134 35,644 28,732 147,872 Iowa 11,291 9,415 9,841 7,706 38,253 Kansas 8,800 8,611 8,253 7,213 32,877 Kentucky 22,848 20,897 18,563 15,204 77,512 Louisiana 7,137 6,716 7,704 5,809 27,366 Maine 3,821 4,312 4,476 3,679 16,288 Maryland 7,673 8,161 9,270 7,092 32,196 Massachusetts 22,161 19,084 18,526 13,191 72,962 Michigan 49,066 38,496 40,398 33,098 161,058 Minnesota 10,336 10,076 10,330 7,948 38,690 Mississippi 12,155 9,350 9,209 8,124 38,838 Missouri 21,280 16,403 16,830 12,809 67,322 Montana 4,388 3,742 4,103 3,167 15,400 Nebraska 7,235 6,146 6,235 5,696 25,312 Nevada 8,384 7,326 7,489 6,240 29,439 New Hampshire 3,314 3,501 3,283 2,700 12,798 New Jersey 21,505 20,550 19,856 16,830 78,741 New Mexico 7,983 5,424 6,550 6,083 26,040 New York 60,045 57,989 52,740 45,242 216,016 North Carolina 30,944 27,828 23,074 18,240 100,086 North Dakota 1,788 1,785 1,633 1,391 6,597 Ohio 32,162 28,646 28,623 23,640 113,071 Oklahoma 17,518 13,151 13,847 12,988 57,504 Oregon 16,732 15,718 9,806 12,807 55,063 Pennsylvania 10,737 9,984 11,748 8,593 41,062 Puerto Rico 2,707 2,881 4,429 5,027 15,044 Rhode Island 2,644 2,398 2,356 1,936 9,334 South Carolina 26,632 21,815 20,949 15,476 84,872 South Dakota 1,077 1,101 1,097 764 4,039 Tennessee 26,969 24,163 22,998 20,816 94,946 Texas 75,447 72,591 70,981 58,985 278,004 Utah 7,528 6,863 6,711 5,824 26,926 Vermont 1,121 1,572 839 897 4,429 Virginia 11,132 11,632 13,589 12,985 49,338 Washington 11,914 12,205 12,463 12,592 49,174 West Virginia 12,949 13,649 12,621 14,272 53,491 Wisconsin 10,116 8,587 8,409 7,993 35,105 Wyoming 1,573 1,295 1,273 952 5,093 National 1,006,274 885,493 864,150 720,521 3,476,438 Reporting States 52 52 52 52 52Child Maltreatment 2020 chAPter 7: Special Focus 108 Table 7–3 Children Who Received an Investigation or Alternative Response by Quarters, 2019–2020 (continues next page) State Oct-Dec 2019 Jan-Mar 2020 April-June 2020 July-Sept 2020 FFY 2020 Total Children Alabama 11,272 9,794 8,102 7,763 36,931 Alaska 3,931 3,705 6,139 1,685 15,460 Arizona 23,339 22,168 17,623 14,016 77,146 Arkansas 18,116 15,541 10,821 10,297 54,775 California 95,041 88,816 67,231 55,831 306,919 Colorado 13,457 11,889 9,571 8,566 43,483 Connecticut 4,753 4,422 2,683 2,277 14,135 Delaware 3,257 3,029 2,474 1,912 10,672 District of Columbia 3,045 2,781 1,566 1,259 8,651 Florida 81,057 69,851 53,166 47,075 251,149 Georgia 45,349 35,591 19,368 21,287 121,595 Hawaii 1,381 1,252 1,281 1,024 4,938 Idaho 4,213 3,390 2,503 2,663 12,769 Illinois 45,575 38,674 31,640 24,873 140,762 Indiana 47,483 39,573 25,002 27,285 139,343 Iowa 11,064 9,955 6,949 7,501 35,469 Kansas 9,676 9,904 5,688 4,284 29,552 Kentucky 19,631 20,151 15,755 11,529 67,066 Louisiana 6,898 6,424 6,002 4,229 23,553 Maine 7,301 4,579 3,630 3,361 18,871 Maryland 9,907 9,195 6,128 4,622 29,852 Massachusetts 21,278 18,956 10,414 12,181 62,829 Michigan 50,516 32,846 20,505 25,404 129,271 Minnesota 10,547 10,705 8,288 6,734 36,274 Mississippi 11,241 9,122 6,130 6,957 33,450 Missouri 20,013 16,370 14,217 11,459 62,059 Montana 4,543 4,835 3,382 2,768 15,528 Nebraska 7,947 7,475 5,084 5,458 25,964 Nevada 8,622 7,814 6,603 4,941 27,980 New Hampshire 3,702 4,667 2,921 2,046 13,336 New Jersey 22,468 22,181 14,179 11,351 70,179 New Mexico 7,053 6,635 7,629 4,663 25,980 New York 58,935 59,103 44,032 32,057 194,127 North Carolina 33,881 33,326 22,630 18,648 108,485 North Dakota 1,562 1,649 1,226 1,133 5,570 Ohio 31,916 30,004 21,399 21,431 104,750 Oklahoma 18,404 16,230 11,943 11,802 58,379 Oregon 12,752 13,145 13,932 8,332 48,161 Pennsylvania 10,689 10,911 6,631 7,216 35,447 Puerto Rico 2,755 2,555 2,733 4,467 12,510 Rhode Island 2,606 2,365 1,611 1,480 8,062 South Carolina 23,791 17,505 11,487 10,284 63,067 South Dakota 987 1,057 1,232 756 4,032 Tennessee 20,532 26,830 20,902 17,845 86,109 Texas 74,136 76,357 59,898 53,102 263,493 Utah 7,923 7,566 5,163 5,208 25,860 Vermont 1,048 1,159 504 467 3,178 Virginia 11,220 12,255 11,539 9,888 44,902 Washington 12,470 15,111 11,340 8,454 47,375 West Virginia 12,847 14,041 11,961 10,279 49,128 Wisconsin 9,146 9,311 7,219 6,386 32,062 Wyoming 1,396 1,075 748 787 4,006 National 982,672 903,845 670,804 587,323 3,144,644 Reporting States 52 52 52 52 52Child Maltreatment 2020 chAPter 7: Special Focus 109 Table 7–3 Children Who Received an Investigation or Alternative Response by Quarters, 2019–2020 StatePercent Change Oct-Dec 2018 to Oct-Dec 2019Percent Change Jan-Mar 2019 to Jan-Mar 2020Percent Change April-June 2019 to April-June 2020Percent Change July-Sept 2019 to July-Sept 2020Percent Change FFY 2019 to FFY 2020 Alabama -0.1 5.2 -22.8 -5.9 -6.1 Alaska 12.5 -4.8 64.3 -49.1 7.1 Arizona 0.3 5.2 -13.7 -20.4 -6.3 Arkansas 6.4 5.7 -27.9 -2.9 -4.5 California -4.8 1.6 -22.0 -20.4 -10.7 Colorado 0.7 1.1 -17.8 -5.7 -5.2 Connecticut -10.8 -8.6 -43.4 -39.5 -24.3 Delaware -0.8 -17.1 -13.2 -26.1 -13.7 District of Columbia -25.0 -19.0 -49.8 -26.0 -29.8 Florida -8.7 -4.1 -25.0 -10.5 -11.9 Georgia -5.2 -14.4 -48.3 -30.9 -22.9 Hawaii 12.2 6.2 22.7 10.8 12.8 Idaho 11.0 11.7 -31.6 -8.0 -4.6 Illinois 3.0 2.9 -12.4 -25.8 -7.1 Indiana -1.8 12.6 -29.9 -5.0 -5.8 Iowa -2.0 5.7 -29.4 -2.7 -7.3 Kansas 10.0 15.0 -31.1 -40.6 -10.1 Kentucky -14.1 -3.6 -15.1 -24.2 -13.5 Louisiana -3.3 -4.3 -22.1 -27.2 -13.9 Maine 91.1 6.2 -18.9 -8.6 15.9 Maryland 29.1 12.7 -33.9 -34.8 -7.3 Massachusetts -4.0 -0.7 -43.8 -7.7 -13.9 Michigan 3.0 -14.7 -49.2 -23.2 -19.7 Minnesota 2.0 6.2 -19.8 -15.3 -6.2 Mississippi -7.5 -2.4 -33.4 -14.4 -13.9 Missouri -6.0 -0.2 -15.5 -10.5 -7.8 Montana 3.5 29.2 -17.6 -12.6 0.8 Nebraska 9.8 21.6 -18.5 -4.2 2.6 Nevada 2.8 6.7 -11.8 -20.8 -5.0 New Hampshire 11.7 33.3 -11.0 -24.2 4.2 New Jersey 4.5 7.9 -28.6 -32.6 -10.9 New Mexico -11.6 22.3 16.5 -23.3 -0.2 New York -1.8 1.9 -16.5 -29.1 -10.1 North Carolina 9.5 19.8 -1.9 2.2 8.4 North Dakota -12.6 -7.6 -24.9 -18.5 -15.6 Ohio -0.8 4.7 -25.2 -9.3 -7.4 Oklahoma 5.1 23.4 -13.8 -9.1 1.5 Oregon -23.8 -16.4 42.1 -34.9 -12.5 Pennsylvania -0.4 9.3 -43.6 -16.0 -13.7 Puerto Rico 1.8 -11.3 -38.3 -11.1 -16.8 Rhode Island -1.4 -1.4 -31.6 -23.6 -13.6 South Carolina -10.7 -19.8 -45.2 -33.5 -25.7 South Dakota -8.4 -4.0 12.3 -1.0 -0.2 Tennessee -23.9 11.0 -9.1 -14.3 -9.3 Texas -1.7 5.2 -15.6 -10.0 -5.2 Utah 5.2 10.2 -23.1 -10.6 -4.0 Vermont -6.5 -26.3 -39.9 -47.9 -28.2 Virginia 0.8 5.4 -15.1 -23.9 -9.0 Washington 4.7 23.8 -9.0 -32.9 -3.7 West Virginia -0.8 2.9 -5.2 -28.0 -8.2 Wisconsin -9.6 8.4 -14.2 -20.1 -8.7 Wyoming -11.3 -17.0 -41.2 -17.3 -21.3 National -2.3 2.1 -22.4 -18.5 -9.5 Reporting States - - - - -Child Maltreatment 2020 chAPter 7: Special Focus 110 Table 7–4 Child Victims by Quarters, 2019–2020 (continues next page) State Oct-Dec 2018 Jan-Mar 2019 April-June 2019 July-Sept 2019 FFY 2019 Total Victims Alabama 2,924 2,739 3,129 2,885 11,677 Alaska 710 693 867 789 3,059 Arizona 3,007 3,188 3,110 3,542 12,847 Arkansas 2,164 2,070 2,232 1,956 8,422 California 16,086 15,635 15,890 16,521 64,132 Colorado 3,079 3,147 3,132 2,888 12,246 Connecticut 2,035 2,007 2,086 1,914 8,042 Delaware 294 324 306 324 1,248 District of Columbia 490 432 567 368 1,857 Florida 8,745 8,303 8,185 7,682 32,915 Georgia 2,655 2,504 2,587 2,356 10,102 Hawaii 357 354 311 320 1,342 Idaho 489 439 524 417 1,869 Illinois 8,231 7,543 8,407 9,150 33,331 Indiana 6,088 5,510 5,893 5,538 23,029 Iowa 2,872 2,814 3,119 2,843 11,648 Kansas 692 762 770 721 2,945 Kentucky 5,595 5,126 4,807 4,602 20,130 Louisiana 2,308 1,991 2,347 1,795 8,441 Maine 1,061 1,238 1,104 1,010 4,413 Maryland 1,755 1,925 2,026 1,955 7,661 Massachusetts 6,884 6,290 6,259 5,596 25,029 Michigan 8,722 7,734 8,266 8,321 33,043 Minnesota 1,701 1,692 1,645 1,742 6,780 Mississippi 2,562 2,192 2,211 2,412 9,377 Missouri 1,251 1,126 1,232 1,153 4,762 Montana 938 916 991 891 3,736 Nebraska 947 807 532 536 2,822 Nevada 1,310 1,139 1,244 1,297 4,990 New Hampshire 300 303 339 275 1,217 New Jersey 1,267 1,320 1,339 1,206 5,132 New Mexico 2,287 1,713 2,037 1,988 8,025 New York 17,378 17,553 17,196 15,142 67,269 North Carolina 1,574 1,445 1,317 1,265 5,601 North Dakota 459 485 431 422 1,797 Ohio 6,349 6,327 6,691 6,103 25,470 Oklahoma 4,011 3,653 3,718 3,766 15,148 Oregon 3,712 3,731 2,685 3,415 13,543 Pennsylvania 1,176 1,123 1,331 1,187 4,817 Puerto Rico 1,026 1,028 1,353 1,331 4,738 Rhode Island 772 817 801 793 3,183 South Carolina 4,971 4,474 5,022 4,250 18,717 South Dakota 352 406 454 325 1,537 Tennessee 2,361 2,383 2,491 2,624 9,859 Texas 15,620 16,348 16,211 15,914 64,093 Utah 2,662 2,669 2,727 2,521 10,579 Vermont 250 260 165 176 851 Virginia 1,302 1,481 1,716 1,660 6,159 Washington 1,073 1,003 1,064 1,082 4,222 West Virginia 1,560 1,767 1,654 1,746 6,727 Wisconsin 1,188 1,052 1,181 1,155 4,576 Wyoming 259 258 318 261 1,096 National 167,861 162,239 166,020 160,131 656,251 Reporting States 52 52 52 52 52Child Maltreatment 2020 chAPter 7: Special Focus 111 Table 7–4 Child Victims by Quarters, 2019–2020 (continues next page) State Oct-Dec 2019 Jan-Mar 2020 April-June 2020 July-Sept 2020FFY 2020 Total Victims Alabama 2,852 3,059 2,801 2,951 11,663 Alaska 747 798 1,084 583 3,212 Arizona 3,000 2,912 1,895 2,147 9,954 Arkansas 2,343 2,403 2,150 2,345 9,241 California 16,070 15,865 14,078 14,304 60,317 Colorado 3,087 3,036 2,834 2,658 11,615 Connecticut 1,844 1,932 1,311 1,259 6,346 Delaware 325 277 327 271 1,200 District of Columbia 504 458 304 302 1,568 Florida 7,206 7,235 7,040 6,787 28,268 Georgia 2,248 2,279 1,867 2,296 8,690 Hawaii 406 320 321 247 1,294 Idaho 468 518 466 506 1,958 Illinois 9,518 9,376 8,525 8,018 35,437 Indiana 5,722 6,450 5,025 5,451 22,648 Iowa 2,756 2,977 2,355 2,512 10,600 Kansas 641 701 525 519 2,386 Kentucky 4,427 4,765 4,108 3,448 16,748 Louisiana 1,927 1,731 1,722 1,479 6,859 Maine 1,498 1,165 1,008 1,055 4,726 Maryland 1,874 1,917 1,766 1,685 7,242 Massachusetts 6,699 6,544 4,258 5,037 22,538 Michigan 8,783 6,902 4,847 6,400 26,932 Minnesota 1,824 1,839 1,615 1,369 6,647 Mississippi 2,373 2,187 1,587 1,989 8,136 Missouri 1,130 1,090 1,203 1,026 4,449 Montana 931 1,137 862 847 3,777 Nebraska 571 512 755 538 2,376 Nevada 1,269 1,255 1,303 1,189 5,016 New Hampshire 261 315 356 250 1,182 New Jersey 1,119 1,015 878 643 3,655 New Mexico 1,635 1,811 2,143 1,461 7,050 New York 16,484 17,747 13,678 11,217 59,126 North Carolina 6,114 6,620 5,082 4,583 22,399 North Dakota 406 506 354 348 1,614 Ohio 6,305 6,541 5,248 5,597 23,691 Oklahoma 4,154 4,014 3,230 3,287 14,685 Oregon 2,822 2,840 3,281 2,544 11,487 Pennsylvania 1,103 1,248 1,023 1,208 4,582 Puerto Rico 965 932 702 973 3,572 Rhode Island 796 711 635 601 2,743 South Carolina 4,328 3,923 2,988 3,024 14,263 South Dakota 376 422 464 308 1,570 Tennessee 1,679 2,524 2,217 2,267 8,687 Texas 15,421 16,563 17,068 16,064 65,116 Utah 2,628 2,700 2,301 2,065 9,694 Vermont 197 194 74 65 530 Virginia 1,303 1,386 1,603 1,366 5,658 Washington 1,071 1,118 939 839 3,967 West Virginia 1,525 1,705 1,503 1,383 6,116 Wisconsin 1,032 1,115 1,002 1,028 4,177 Wyoming 280 279 242 191 992 National 165,047 167,869 144,953 140,530 618,399 Reporting States 52 52 52 52 52Child Maltreatment 2020 chAPter 7: Special Focus 112 Table 7–4 Child Victims by Quarters, 2019–2020 StatePercent Change Oct-Dec 2018 to Oct-Dec 2019Percent Change Jan-Mar 2019 to Jan-Mar 2020Percent Change April-June 2019 to April-June 2020Percent Change July-Sept 2019 to July-Sept 2020Percent Change FFY 2019 to FFY 2020 Alabama -2.5 11.7 -10.5 2.3 -0.1 Alaska 5.2 15.2 25.0 -26.1 5.0 Arizona -0.2 -8.7 -39.1 -39.4 -22.5 Arkansas 8.3 16.1 -3.7 19.9 9.7 California -0.1 1.5 -11.4 -13.4 -5.9 Colorado 0.3 -3.5 -9.5 -8.0 -5.2 Connecticut -9.4 -3.7 -37.2 -34.2 -21.1 Delaware 10.5 -14.5 6.9 -16.4 -3.8 District of Columbia 2.9 6.0 -46.4 -17.9 -15.6 Florida -17.6 -12.9 -14.0 -11.7 -14.1 Georgia -15.3 -9.0 -27.8 -2.5 -14.0 Hawaii 13.7 -9.6 3.2 -22.8 -3.6 Idaho -4.3 18.0 -11.1 21.3 4.8 Illinois 15.6 24.3 1.4 -12.4 6.3 Indiana -6.0 17.1 -14.7 -1.6 -1.7 Iowa -4.0 5.8 -24.5 -11.6 -9.0 Kansas -7.4 -8.0 -31.8 -28.0 -19.0 Kentucky -20.9 -7.0 -14.5 -25.1 -16.8 Louisiana -16.5 -13.1 -26.6 -17.6 -18.7 Maine 41.2 -5.9 -8.7 4.5 7.1 Maryland 6.8 -0.4 -12.8 -13.8 -5.5 Massachusetts -2.7 4.0 -32.0 -10.0 -10.0 Michigan 0.7 -10.8 -41.4 -23.1 -18.5 Minnesota 7.2 8.7 -1.8 -21.4 -2.0 Mississippi -7.4 -0.2 -28.2 -17.5 -13.2 Missouri -9.7 -3.2 -2.4 -11.0 -6.6 Montana -0.7 24.1 -13.0 -4.9 1.1 Nebraska -39.7 -36.6 41.9 0.4 -15.8 Nevada -3.1 10.2 4.7 -8.3 0.5 New Hampshire -13.0 4.0 5.0 -9.1 -2.9 New Jersey -11.7 -23.1 -34.4 -46.7 -28.8 New Mexico -28.5 5.7 5.2 -26.5 -12.1 New York -5.1 1.1 -20.5 -25.9 -12.1 North Carolina 288.4 358.1 285.9 262.3 299.9 North Dakota -11.5 4.3 -17.9 -17.5 -10.2 Ohio -0.7 3.4 -21.6 -8.3 -7.0 Oklahoma 3.6 9.9 -13.1 -12.7 -3.1 Oregon -24.0 -23.9 22.2 -25.5 -15.2 Pennsylvania -6.2 11.1 -23.1 1.8 -4.9 Puerto Rico -5.9 -9.3 -48.1 -26.9 -24.6 Rhode Island 3.1 -13.0 -20.7 -24.2 -13.8 South Carolina -12.9 -12.3 -40.5 -28.8 -23.8 South Dakota 6.8 3.9 2.2 -5.2 2.1 Tennessee -28.9 5.9 -11.0 -13.6 -11.9 Texas -1.3 1.3 5.3 0.9 1.6 Utah -1.3 1.2 -15.6 -18.1 -8.4 Vermont -21.2 -25.4 -55.2 -63.1 -37.7 Virginia 0.1 -6.4 -6.6 -17.7 -8.1 Washington -0.2 11.5 -11.7 -22.5 -6.0 West Virginia -2.2 -3.5 -9.1 -20.8 -9.1 Wisconsin -13.1 6.0 -15.2 -11.0 -8.7 Wyoming 8.1 8.1 -23.9 -26.8 -9.5 National -1.7 3.5 -12.7 -12.2 -5.8 Reporting States - - - - -Child Maltreatment 2020 chAPter 7: Special Focus 113 Table 7–5 Single Year Age of Victims by Quarters, 2019-2020 (continues below) Age Oct-Dec 2018 Jan-Mar 2019 April-June 2019 July-Sept 2019FFY 2019 Total Victims <1 24,721 24,493 23,830 24,839 97,883 1 11,298 10,821 10,938 11,359 44,416 2 10,861 9,941 10,564 10,712 42,078 3 10,242 9,491 10,184 10,391 40,308 4 9,696 9,425 9,579 10,013 38,713 5 9,767 9,267 9,324 9,497 37,855 6 9,279 9,097 9,232 8,697 36,305 7 8,994 8,469 8,959 8,152 34,574 8 8,563 8,327 8,554 7,568 33,012 9 8,608 8,114 8,481 7,693 32,896 10 8,291 7,981 8,260 7,662 32,194 11 7,915 7,720 8,044 7,332 31,011 12 7,690 7,638 8,001 7,214 30,543 13 7,350 7,299 7,439 6,741 28,829 14 6,990 7,026 7,229 6,563 27,808 15 6,864 6,839 6,970 6,148 26,821 16 5,980 5,791 5,880 5,228 22,879 17 4,050 3,902 3,888 3,697 15,537 Unborn, Unknown, and 18–21 702 598 664 625 2,589 National 167,861 162,239 166,020 160,131 656,251 Table 7–5 Single Year Age of Victims by Quarters, 2019-2020 (continues on next page) Age Oct-Dec 2019 Jan-Mar 2020 April-June 2020 July-Sept 2020FFY 2020 Total Victims <1 23,606 24,494 22,811 23,156 94,067 1 11,185 11,035 10,398 9,915 42,533 2 10,497 10,365 9,692 9,579 40,133 3 10,122 9,788 9,133 9,086 38,129 4 9,605 9,698 8,659 8,503 36,465 5 9,577 9,539 8,527 8,303 35,946 6 9,138 9,451 7,780 7,523 33,892 7 8,822 8,912 7,388 6,969 32,091 8 8,428 8,331 6,960 6,544 30,263 9 8,140 8,267 6,622 6,318 29,347 10 7,998 8,311 6,571 6,183 29,063 11 8,005 7,878 6,408 6,069 28,360 12 7,768 8,041 6,525 6,387 28,721 13 7,558 8,011 6,516 6,181 28,266 14 7,188 7,667 6,013 5,832 26,700 15 6,836 7,235 5,871 5,461 25,403 16 5,946 6,102 4,999 4,768 21,815 17 4,066 4,147 3,581 3,277 15,071 Unborn, Unknown, and 18–21 562 597 499 476 2,134 National 165,047 167,869 144,953 140,530 618,399Child Maltreatment 2020 chAPter 7: Special Focus 114 Table 7–5 Single Year Age of Victims by Quarters, 2019-2020 AgePercent Change Oct-Dec 2018 to Oct-Dec 2019Percent Change Jan-Mar 2019 to Jan-Mar 2020Percent Change April-June 2019 to April-June 2020Percent Change July-Sept 2019 to July-Sept 2020Percent Change FFY 2019 to FFY 2020 <1 -4.5 0.0 -4.3 -6.8 -3.9 1 -1.0 2.0 -4.9 -12.7 -4.2 2 -3.4 4.3 -8.3 -10.6 -4.6 3 -1.2 3.1 -10.3 -12.6 -5.4 4 -0.9 2.9 -9.6 -15.1 -5.8 5 -1.9 2.9 -8.5 -12.6 -5.0 6 -1.5 3.9 -15.7 -13.5 -6.6 7 -1.9 5.2 -17.5 -14.5 -7.2 8 -1.6 0.0 -18.6 -13.5 -8.3 9 -5.4 1.9 -21.9 -17.9 -10.8 10 -3.5 4.1 -20.4 -19.3 -9.7 11 1.1 2.0 -20.3 -17.2 -8.5 12 1.0 5.3 -18.4 -11.5 -6.0 13 2.8 9.8 -12.4 -8.3 -2.0 14 2.8 9.1 -16.8 -11.1 -4.0 15 -0.4 5.8 -15.8 -11.2 -5.3 16 -0.6 5.4 -15.0 -8.8 -4.7 17 0.4 6.3 -7.9 -11.4 -3.0 Unborn, Unknown, and 18–21 -19.9 -0.2 -24.8 -23.8 -17.6 National -1.7 3.5 -12.7 -12.2 -5.8 Based on data from 52 states. Child Maltreatment 2020 chAPter 7: Special Focus 115 Table 7–6 Victims by Race and Ethnicity by Quarters, 2019-2020 (continues below) Race or EthnicityOct-Dec 2018Jan-Mar 2019April-June 2019July-Sept 2019FFY 2019 Total VictimsOct-Dec 2019Jan-Mar 2020April-June 2020July-Sept 2020FFY 2020 Total Victims SINGLE RACE - - - - - - - - - - African-American 33,827 32,673 34,844 32,479 133,823 34,916 35,070 29,563 28,512 128,061 American Indian or Alaska Native 2,350 2,141 2,227 2,345 9,063 2,387 2,491 2,440 1,869 9,187 Asian 1,454 1,621 1,678 1,549 6,302 1,615 1,695 1,449 1,303 6,062 Hispanic 38,129 38,096 38,276 36,722 151,223 37,895 38,960 34,283 32,169 143,307 Pacific Islander 390 385 375 401 1,551 385 365 333 313 1,396 Unknown 6,563 6,285 6,112 6,713 25,673 5,370 5,806 5,598 6,150 22,924 White 72,870 69,052 69,824 67,454 279,200 70,462 70,849 60,406 59,382 261,099 MULTIPLE RACE - - - - - - - - - - Two or More Races 8,891 8,575 8,840 8,513 34,819 9,373 9,177 7,962 7,592 34,104 National 164,474 158,828 162,176 156,176 641,654 162,403 164,413 142,034 137,290 606,140 Based on data from 50 states Table 7–6 Victims by Race and Ethnicity by Quarters, 2019-2020 Race or EthnicityPercent Change Oct-Dec 2018 to Oct-Dec 2019Percent Change Jan-Mar 2019 to Jan-Mar 2020Percent Change April-June 2019 to April-June 2020Percent Change July-Sept 2019 to July-Sept 2020Percent Change FFY 2019 to FFY 2020 SINGLE RACE - - - - - African-American 3.2 7.3 -15.2 -12.2 -4.3 American Indian or Alaska Native 1.6 16.3 9.6 -20.3 1.4 Asian 11.1 4.6 -13.6 -15.9 -3.8 Hispanic -0.6 2.3 -10.4 -12.4 -5.2 Pacific Islander -1.3 -5.2 -11.2 -21.9 -10.0 Unknown -18.2 -7.6 -8.4 -8.4 -10.7 White -3.3 2.6 -13.5 -12.0 -6.5 MULTIPLE RACE - - - - - Two or More Races 5.4 7.0 -9.9 -10.8 -2.1 National -1.3 3.5 -12.4 -12.1 -5.5 Table 7–7 Children who Received Postresponse Services 2018–2020 (by year) YearReporting States Victims Victims Who Received Postresponse ServicesVictims Who Received Postresponse Services Percent Nonvictims Nonvictims Who Received Postresponse ServicesNonvictims Who Received Postresponse Services Percent 2018 50 645,338 391,800 60.7 3,282,349 954,807 29.1 2019 50 625,971 380,496 60.8 3,242,884 899,504 27.7 2020 51 598,500 357,057 59.7 2,956,134 802,237 27.1Appendixes Child Maltreatment 2020 116 Appendixes1 The items listed under number (10), (13), and (14) are not collected by NCANDS. Items (17) and (18) were enacted with the Justice for Victims of Trafficking Act of 2015 (P.L. 114–22) and The Comprehensive Addiction and Recovery Act (CARA) of 2016 (P.L. 114–198). States began reporting these items with FFY 2018 data.CAPTA Data Items The Child Abuse Prevention and Treatment Act (CAPTA), as amended by P.L. 111–320, the CAPTA Reauthorization Act of 2010, affirms, “Each State to which a grant is made under this section shall annually work with the Secretary to provide, to the maximum extent practicable, a report that includes the following:” 1 1)The number of children who were reported to the state during the year as victimsof child abuse or neglect. 2)Of the number of children described in paragraph (1), the number with respect towhom 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 initialinvestigation of reports of child abuse or neglect.APPENDIX A Child Maltreatment 2020 Appendix A: CAPTA Data Items 1179) The response time with respect to the provision of services to families and children 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 2020 Appendix A: CAPTA Data Items 118Glossary 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 2020 Appendix B: Glossary 119Definitions 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 2020 Appendix B: Glossary 120AMERICAN INDIAN or ALASKA NATIVE: A person having origins in any of the original peoples of North and South America (including Central America), and who main - tains tribal affiliation or community attachment. Race may be self-identified or identified by a caregiver. ANONYMOUS REPORT SOURCE: An individual who notifies a CPS agency of sus - pected child maltreatment without identifying himself or herself. ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. Race may be self-identified or identified by a caregiver. ASSESSMENT: A process by which the CPS agency determines whether the child or other persons involved in the report of alleged maltreatment is in need of services. When used as an alternative to an investigation, it is a process designed to gain a greater understanding about family strengths, needs, and resources. BEHAVIOR PROBLEM, CHILD: A child’s behavior in the school or community that adversely affects socialization, learning, growth, and moral development. This risk factor may include adjudicated or nonadjudicated behavior problems such as running away from home or a placement. BIOLOGICAL PARENT: The birth mother or father of the child. BLACK or AFRICAN-AMERICAN: A person having origins in any of the Black racial groups of Africa. Race may be self-identified or identified by a caregiver. BOY: A male child younger than 18 years. CAREGIVER: A person responsible for the care and supervision of a child. CAREGIVER RISK FACTOR: A caregiver’s characteristic, disability, problem, or environ - ment, which could tend to decrease the ability to provide adequate care for a child. CASE-LEVEL DATA: States submit case-level data by constructing an electronic file of child-specific records for each report of alleged child abuse and neglect that received a CPS response. Only completed reports that resulted in a disposition (or finding) as an outcome of the CPS response during the reporting year, are submitted in each state’s data file. The data submission containing these case-level data is called the Child File. CASELOAD: The number of CPS responses (cases) handled by workers. CASE MANAGEMENT SERVICES: Activities for the arrangement, coordination, and monitoring of services to meet the needs of children and their families. CHILD: A person who has not attained the lesser of (a) the age of 18 or (b) the age specified by the child protection law of the state in which the child resides. For sex trafficking victims only, a state may define a child as a person who has not attained the age of 24. Child Maltreatment 2020 Appendix B: Glossary 121CHILD 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 2020 Appendix B: Glossary 122CHILD 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 2020 Appendix B: Glossary 123COUNSELING 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 2020 Appendix B: Glossary 124DUPLICATED COUNT OF PERPETRATORS: Counting a perpetrator each time the perpetrator is associated with maltreating a child. This also is known as a report-child-perpe - trator triad. For example, a perpetrator would be counted twice in the following situations: (1) one child in two separate reports, (2) two children in a single report, and (3) two children in two separate reports. EDUCATION AND TRAINING SERVICES: Services provided to improve knowledge or capacity of a given skill set, in a particular subject matter, or in personal or human develop - ment. Services may include instruction or training in, but are not limited to, such issues as consumer education, health education, community protection and safety education, literacy education, English as a second language, and General Educational Development (G.E.D.). Component services or activities may include screening, assessment, and testing; individual or group instruction; tutoring; provision of books, supplies and instructional material; counseling; transportation; and referral to community resources. EDUCATION PERSONNEL: Employees of a public or private educational institution or program; includes teachers, teacher assistants, administrators, and others directly associated with the delivery of educational services. EMOTIONAL DISTURBANCE: A clinically diagnosed condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree: an inability to build or maintain satisfactory interpersonal relationships; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal problems. The diagnosis is based on the Diagnostic and Statistical Manual of Mental Disorders. This risk factor includes schizophrenia and autism and can be applied to a child or a caregiver. EMPLOYMENT SERVICES: Activities provided to assist individuals in securing employ - ment or the acquiring of skills that promote opportunities for employment. FAMILY: A group of two or more persons related by birth, marriage, adoption, or emotional ties. FAMILY PRESERVATION SERVICES: Services for children and families designed to help families at risk or in crisis. This includes service programs designed to help children return to families, be placed for adoption, or be placed in some other planned, permanent living arrangement. Services also include preplacement preventive services programs, such as intensive family preservation programs, designed to help children at risk of foster care placement remain safely with their families; service programs designed to provide followup care to families to whom a child has been returned after a foster care placement; respite care of children to provide temporary relief for caregivers; services designed to improve parenting skills; and infant safe haven programs. FAMILY REUNIFICATION SERVICES: Services and activities that are provided to a child that is removed from the child’s home and placed in a foster family home or a child care institution or a child who has been returned home and to the parents or primary caregiver of such a child, in order to facilitate the reunification of the child safely and appropriately within a timely fashion and to ensure the strength and stability of the reunification. In the case of a child who has been returned home, the services and activities shall only be provided during the 15-month period that begins on the date that the child returns home. These services Child Maltreatment 2020 Appendix B: Glossary 125include: individual, group, and family counseling; inpatient, residential, or outpatient substance abuse treatment services; mental health services; assistance to address domestic violence, services designed to provide temporary child care and therapeutic services for families, including crisis nurseries; peer-to-peer mentoring and support groups for parents and primary caregivers; services and activities designed to facilitate access to and visitation of children by parents and siblings; and transportation to or from any of these services and activities. FAMILY SUPPORT SERVICES: Community-based services designed to carry out purposes including: promoting the safety and well-being of children and families; increasing the strength and stability of families; supporting and retaining foster families; to increase parents’ confidence and competence in their parenting abilities; to afford children a safe, stable, and supportive family environment; to strengthen parental relationships and promote healthy marriages; and to enhance child development. FATALITY: Death of a child as a result of abuse and neglect, because either an injury result - ing from the abuse and neglect was the cause of death, or abuse and neglect were contribut - ing factors to the cause of death. FEDERAL FISCAL YEAR (FFY): The 12-month period from October 1 through September 30 used by the federal government. The fiscal year is designated by the calendar year in which it ends. FEDERAL INFORMATION PROCESSING STANDARDS (FIPS): The federally defined set of county codes for all states. FINDING: See DISPOSITION. FETAL ALCOHOL SPECTRUM DISORDERS: Scientists define a broad range of effects and symptoms caused by prenatal alcohol exposure under the umbrella term Fetal Alcohol Spectrum Disorders (FASD). The medical disorders collectively labeled FASD include the Institute of Medicine of the National Academies (IOM) diagnostic categories of Fetal Alcohol Syndrome, Partial Fetal Alcohol Syndrome, Alcohol-Related Neurodevelopmental Disorder, and Alcohol-Related Birth Defects. The Diagnostic and Statistical Manual of Mental Disorders (DSM–5) also includes Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure. https: //www.niaaa.nih.gov/alcohol-health/fetal-alcohol-exposure FINANCIAL PROBLEM: A risk factor related to the family’s inability to provide sufficient financial resources to meet minimum needs. FOSTER CARE: Twenty-four-hour substitute care for children placed away from their parents or guardians and for whom the state agency has placement and care responsibility. This includes family foster homes, group homes, emergency shelters, residential facilities, childcare institutions, etc. The NCANDS category applies regardless of whether the facil - ity is licensed and whether payments are made by the state or local agency for the care of the child, or whether there is federal matching of any payments made. Foster care may be provided by those related or not related to the child. All children in care for more than 24 hours are counted. Child Maltreatment 2020 Appendix B: Glossary 126FOSTER PARENT: Individual who provides a home for orphaned, abused, neglected, delinquent, or disabled children under the placement, care, or supervision of the state. The person may be a relative or nonrelative and need not be licensed by the state agency to be considered a foster parent. FRIEND: A nonrelative acquainted with the child, the parent, or caregiver. FULL-TIME EQUIVALENT (FTE): A computed statistic representing the number of full- time employees if the number of hours worked by part-time employees had been worked by full-time employees. GIRL: A female child younger than 18 years. GROUP HOME OR RESIDENTIAL CARE: A nonfamilial 24-hour care facility that may be supervised by the state agency or governed privately. GROUP HOME STAFF: Employee of a nonfamilial 24-hour care facility. GUARDIAN AD LITEM (GAL): See COURT-APPOINTED REPRESENTATIVE. HEALTH-RELATED AND HOME HEALTH SERVICES: Activities provided to attain and maintain a favorable condition of health. HISPANIC ETHNICITY: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. See RACE. HOME-BASED SERVICES: In-home activities provided to individuals or families to assist with household or personal care that improve or maintain family well-being. Includes homemaker, chore, home maintenance, and household management services. HOUSING SERVICES: Activities designed to assist individuals or families to locate, obtain, or retain suitable housing. INADEQUATE HOUSING: A risk factor related to substandard, overcrowded, or unsafe housing conditions, including homelessness. INCIDENT DATE: The month, day, and year of the most recent, known incident of alleged child maltreatment. INDEPENDENT AND TRANSITIONAL LIVING SERVICES: Activities designed to help older youth in foster care or homeless youth make the transition to independent living. INDIVIDUALS WITH DISABILITIES EDUCATION IMPROVEMENT ACT: A law ensuring services to children with disabilities throughout the nation. INFORMATION AND REFERRAL SERVICES: Resources or activities that provide facts about services that are available from public and private providers. The facts are provided after an assessment (not a clinical diagnosis or evaluation) of client needs. Child Maltreatment 2020 Appendix B: Glossary 127INDICATED OR REASON TO SUSPECT: A disposition that concludes that maltreatment could not be substantiated under state law or policy, but there was a reason to suspect that a child may have been maltreated or was at-risk of maltreatment. This is applicable only to states that distinguish between substantiated and indicated dispositions. INFANTS WITH PRENATAL SUBSTANCE EXPOSURE (IPSE): Infants born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including a requirement that health care providers involved in the delivery or care of such infants notify the child protec-tive services system of the occurrence of such condition of such infants. IN-HOME SERVICES: Any service provided to the family while the child’s residence is in the home. Services may be provided directly in the child’s home or a professional setting. INTAKE: The activities associated with the receipt of a referral and the decision of whether to accept it for a CPS response. INTELLECTUAL DISABILITY: A clinically diagnosed condition of reduced general cognitive and motor functioning existing concurrently with deficits in adaptive behavior that adversely affect socialization and learning. This risk factor can be applied to a caregiver or a child. INTENTIONALLY FALSE: A disposition that indicates a conclusion that the person who made the allegation of maltreatment knew that the allegation was not true. INVESTIGATION: A type of CPS response that involves the gathering of objective informa - tion to determine whether a child was maltreated or is at-risk of maltreatment and establishes if an intervention is needed. Generally, includes face-to-face contact with the alleged victim and results in a disposition as to whether the alleged maltreatment occurred. INVESTIGATION START DATE: The date when CPS initially had face-to-face contact with the alleged victim. If this face-to-face contact is not possible, the date would be when CPS initially contacted any party who could provide information essential to the investiga-tion or assessment. INVESTIGATION WORKER: A CPS agency person who performs either an investigation response or alternative response to determine whether the alleged victim(s) in the screened-in referral (report) was maltreated or is at-risk of maltreatment. JUSTICE FOR VICTIMS OF TRAFFICKING ACT: Amended the Child Abuse Prevention and Treatment Act under title VIII—Better Response for Victims of Child Sex Trafficking by adding state reporting requirements to Section 106(d). JUVENILE COURT PETITION: A legal document requesting that the court take action regarding the child’s status as a result of the CPS response; usually a petition requesting the child be declared a dependent and placed in an out-of-home setting. Child Maltreatment 2020 Appendix B: Glossary 128LEARNING DISABILITY: A clinically diagnosed disorder in basic psychological processes involved with understanding or using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or use mathematical calcula - tions. The term includes conditions such as perceptual disability, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. This risk factor term can be applied to a caregiver or a child. LEGAL GUARDIAN: Adult person who has been given legal custody and guardianship of a minor.LEGAL AND LAW ENFORCEMENT PERSONNEL: People employed by a local, state, tribal, or federal justice agency. This includes police, courts, district attorney’s office, attor - neys, probation or other community corrections agency, and correctional facilities. LEGAL SERVICES: Activities provided by a lawyer, or other person(s) under the supervi - sion of a lawyer, to assist individuals in seeking or obtaining legal help in civil matters such as housing, divorce, child support, guardianship, paternity, and legal separation. LEVEL OF EVIDENCE: The type of proof required by state statute to make a specific finding or disposition regarding an allegation of child abuse and neglect. LIVING ARRANGEMENT: The environment in which a child was residing at the time of the alleged incident of maltreatment. MALTREATMENT TYPE: A particular form of child maltreatment that received a CPS response. Types include medical neglect, neglect or deprivation of necessities, physical abuse, psychological or emotional maltreatment, sexual abuse, sex trafficking, and other forms included in state law. NCANDS conducts analyses on maltreatments that received a disposi - tion of substantiated or indicated. States should not use “8-other” maltreatment type as a flag for maltreatment death. MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM: The Patient Protection and Affordable Care Act of 2010 (P.L. 111–148) authorized the cre-ation of the Maternal, Infant, and Early Childhood Home Visiting program (MIECHV). The program facilitates collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs. MEDICAL NEGLECT: A type of maltreatment caused by failure of the caregiver to provide for the appropriate health care of the child although financially able to do so, or offered financial or other resources to do so. MEDICAL PERSONNEL: People employed by a medical facility or practice. This includes physicians, physician assistants, nurses, emergency medical technicians, dentists, chiroprac - tors, coroners, and dental assistants and technicians. MENTAL HEALTH PERSONNEL: People employed by a mental health facility or prac- tice, including psychologists, psychiatrists, clinicians, and therapists. Child Maltreatment 2020 Appendix B: Glossary 129MENTAL 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. NEIGHBOR: A person living in close geographical proximity to the child or family. NO ALLEGED MALTREATMENT: A child who received a CPS response, but was not the subject of an allegation or any finding of maltreatment. Some states have laws requiring all children in a household receive a CPS response, if any child in the household is the subject of a CPS response. NONCAREGIVER: A person who is not responsible for the care and supervision of the child, including school personnel, friends, and neighbors. NONPARENT: A person in a caregiver role other than an adoptive parent, biological parent, or stepparent.NONVICTIM: A child with a maltreatment disposition of alternative response nonvictim, alternative response victim, unsubstantiated, closed with no finding, no alleged maltreatment, other, and unknown. Child Maltreatment 2020 Appendix B: Glossary 130NONPROFESSIONAL REPORT SOURCE: Persons who did not have a relationship with the child based on their occupation, such as friends, relatives, and neighbors. State laws vary as to whether nonprofessionals are required to report suspected abuse and neglect. OFFICE OF MANAGEMENT AND BUDGET (OMB): The office assists the President of the United States with overseeing the preparation of the federal budget and supervising its administration in Executive Branch agencies. It evaluates the effectiveness of agency programs, policies, and procedures, assesses competing funding demands among agencies, and sets funding priorities. OTHER: The state coding for this field is not one of the codes in the NCANDS record layout. OTHER RELATIVE: A nonparental family member. OTHER MEDICAL CONDITION: A type of disability other than one of those defined in NCANDS (i.e. behavior problem, emotional disturbance, learning disability, intellectual disability, physically disabled, and visually or hearing impaired). The not otherwise classi - fied disability must affect functioning or development or require special medical care (e.g. chronic illnesses). This risk factor may be applied to a caregiver or a child. OTHER PROFESSIONAL: A perpetrator relationship where the relationship with the child is part of the perpetrator’s occupation and is not one of the existing codes in the NCANDS record layout. Examples include clergy member, court staff, counselor, camp employee, doctor, EMS/EMG, teacher, sports coach, service provider, other school personnel, etc. OUT-OF-COURT CONTACT: A meeting, which is not part of the actual judicial hearing, between the court-appointed representative and the child victim. Such contacts enable the court-appointed representative to obtain a first-hand understanding of the situation and needs of the child victim and to make recommendations to the court concerning the best interests of the child. PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. PARENT: The birth mother or father, adoptive mother or father, or stepmother or stepfather of a child. PART C: A section in the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) for infants and toddlers younger than 3 years with disabilities. PERPETRATOR: The person who has been determined to have caused or knowingly allowed the maltreatment of a child. PERPETRATOR AGE: Age of an individual determined to have caused or knowingly allowed the maltreatment of a child. Age is calculated in years at the time of the report of child maltreatment. Child Maltreatment 2020 Appendix B: Glossary 131PERPETRATOR AS CAREGIVER: Circumstances whereby the person who caused or knowingly allowed child maltreatment to occur was also responsible for care and supervision of the victim when the maltreatment occurred. PERPETRATOR IDENTIFIER (Perpetrator ID ): A unique, encrypted identification assigned to each perpetrator by the state for the purposes of the NCANDS data collection.PERPETRATOR RELATIONSHIP: Primary role of the perpetrator to a child victim. PETITION DATE: The month, day, and year that a juvenile court petition was filed. PLAN OF SAFE CARE: A plan developed as described in CAPTA sections 106(b)(2)(B)(iii) for infants born and identified as being affected by substance abuse or withdrawal symptoms, or Fetal Alcohol Spectrum Disorder. The state plan section at 106(b)(2)(B)(iii) requires that a plan of safe care addresses the health and substance use disorder treatment needs of the infant and affected family or caregiver. The plan of safe care may be created at any point during an investigation or assessment. This is not considered an NCANDS service field. PHYSICAL ABUSE: Type of maltreatment that refers to physical acts that caused or could have caused physical injury to a child. PHYSICAL DISABILITY: A clinically diagnosed physical condition that adversely affects day-to-day motor functioning, such as cerebral palsy, spina bifida, multiple sclerosis, orthopedic impairments, and other physical disabilities. This risk factor can be applied to a caregiver or a child. POSTRESPONSE SERVICES (also known as Postinvestigation Services): Activities provided or arranged by the child protective services agency, social services agency, or the child welfare agency for the child or family as a result of needs discovered during an investigation. Includes such services as family preservation, family support, and foster care. Postresponse services are delivered within the first 90 days after the disposition of the report. PREVENTION SERVICES: Activities aimed at preventing child abuse and neglect. Such activities may be directed at specific populations identified as being at increased risk of becoming abusive and maybe designed to increase the strength and stability of families, to increase parents’ confidence and competence in their parenting abilities, and to afford children a stable and supportive environment. They include child abuse and neglect preven - tive services provided through federal, state, and local funds. These prevention activities do not include public awareness campaigns. PRIOR CHILD VICTIM: A child victim with previous substantiated or indicated reports of maltreatment. PRIOR PERPETRATOR: A perpetrator with a previous determination in the state’s information system that he or she had caused or knowingly allowed child maltreatment to occur. “Previous” is defined as a determination that took place prior to the disposition date of the report being included in the dataset. Child Maltreatment 2020 Appendix B: Glossary 132PROFESSIONAL REPORT SOURCE: Persons who encountered the child as part of their occupation, such as child daycare providers, educators, legal law enforcement personnel, and medical personnel. State laws require most professionals to notify CPS agencies of suspected maltreatment. PROMOTING SAFE AND STABLE FAMILIES: Program that provides grants to the states under Section 430, title IV–B, subpart 2 of the Social Security Act, as amended, to develop and expand four types of services—community-based family support services; innovative child welfare services, including family preservation services; time-limited reunification services; and adoption promotion and support services. PSYCHOLOGICAL OR EMOTIONAL MALTREATMENT: Acts or omissions—other than physical abuse or sexual abuse—that caused or could have caused—conduct, cognitive, affective, or other behavioral or mental disorders. Frequently occurs as verbal abuse or exces - sive demands on a child’s performance. PUBLIC ASSISTANCE: A risk factor related the family’s participation in social services programs, including Temporary Assistance for Needy Families; General Assistance; Medicaid; Social Security Income; Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); etc. RACE: The primary taxonomic category of which the individual identifies himself or herself as a member, or of which the parent identifies the child as a member. See AMERICAN INDIAN OR ALASKA NATIVE, ASIAN, BLACK OR AFRICAN-AMERICAN, PACIFIC ISLANDER, WHITE, and UNKNOWN. Also, see HISPANIC. RECEIPT OF REPORT: The log-in of a referral to the agency alleging child maltreatment. REFERRAL: Notification to the CPS agency of suspected child maltreatment. This can include more than one child. REFERRAL TO APPROPRIATE SERVICES: As described in CAPTA sections 106(b)(2) (B)(iii), this field indicates whether the infant with prenatal substance exposure has a referral to appropriate services, including services for the affected family or caregiver. According to Administration for Children and Families, the definition of “appropriate services” is deter - mined by each state. This is not considered an NCANDS service field. RELATIVE: A person connected to the child by adoption, blood, or marriage. REMOVAL DATE: The month, day, and year that the child was removed from his or her normal place of residence to a substitute care setting by a CPS agency during or as a result of the CPS response. If a child has been removed more than once, the removal date is the first removal resulting from the CPS response. REMOVED FROM HOME: The removal of the child from his or her normal place of residence to a foster care setting. 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. Child Maltreatment 2020 Appendix B: Glossary 133REPORT-CHILD PAIR: Refers to the concatenation of the Report ID and the Child ID, which together form a new unique ID that represents a single unique record in the Child File. REPORT DATE: The day, month, and year that the responsible agency was notified of the suspected child maltreatment. REPORT DISPOSITION: The point in time at the end of the investigation or assessment when a CPS worker makes a final determination (disposition) about whether the alleged maltreatment occurred. REPORT DISPOSITION DATE: The day, month, and year that the report disposition was made. REPORT IDENTIFIER (Report ID): A unique identification assigned to each report of child maltreatment for the purposes of the NCANDS data collection. REPORT SOURCE: The category or role of the person who notifies a CPS agency of alleged child maltreatment. REPORTING PERIOD: The 12-month period for which data are submitted to the NCANDS. RESIDENTIAL FACILITY STAFF: Employees of a public or private group residential facility, including emergency shelters, group homes, and institutions. RESPONSE TIME FROM REFERRAL TO INVESTIGATION OR ALTERNATIVE RESPONSE: The response time is defined as the time between the receipt of a call to the state or local agency alleging maltreatment and face-to-face contact with the alleged victim, wherever this is appropriate, or with another person who can provide information on the allegation(s). RESPONSE TIME FROM REFERRAL TO THE PROVISION OF SERVICES: The time from the receipt of a referral to the state or local agency alleging child maltreatment to the provision of post response services, often requiring the opening of a case for ongoing services. SCREENED-IN REFERRAL: An allegation of child maltreatment that met the state’s standards for acceptance and became a report. SCREENED-OUT REFERRAL: An allegation of child maltreatment that did not meet the state’s standards for acceptance.SCREENING: Agency hotline or intake units conduct the screening process to determine whether a referral is appropriate for further action. Referrals that do not meet agency criteria are screened out or diverted from CPS to other community agencies. In most states, a referral may include more than one child. SERVICE DATE: The date activities began as a result of needs discovered during the CPS response. Child Maltreatment 2020 Appendix B: Glossary 134SERVICES: 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. SUBSTANTIATED: An investigation disposition that concludes that the allegation of maltreatment or risk of maltreatment was supported or founded by state law or policy.SUMMARY DATA COMPONENT (SDC): The aggregate data collection form submitted by states that do not submit the Child File. This form was discontinued for the FFY 2012 data collection. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF): A block grant that is administered by state, territorial, and tribal agencies. Citizens can apply for TANF at the respective agency administering the program in their community. UNIQUE COUNT OF CHILDREN: Counting a child once, regardless of the number of reports concerning that child, who received a CPS response in the FFY. UNIQUE COUNT OF PERPETRATORS: Counting a perpetrator once, regardless of the number of children the perpetrator is associated with maltreating or the number of records associated with a perpetrator. Child Maltreatment 2020 Appendix B: Glossary 135UNKNOWN: The state may collect data on this variable, but the data for this particular report or child were not captured or are missing. UNMARRIED PARTNER OF PARENT: Someone who has an intimate relationship with the parent and lives in the household with the parent of the maltreated child. UNSUBSTANTIATED: An investigation disposition that determines that there was not sufficient evidence under state law to conclude or suspect that the child was maltreated or was at -risk of being maltreated. VISUAL OR HEARING IMPAIRMENT: A clinically diagnosed condition related to a visual impairment or permanent or fluctuating hearing or speech impairment that may affect functioning or development. This term can be applied to a caregiver or a child. VICTIM: A child for whom the state determined at least one maltreatment was substantiated or indicated; and a disposition of substantiated or indicated was assigned for a child in a specific report. This includes a child who died and the death was confirmed to be the result of child abuse and neglect. A child may be a victim in one report and a nonvictim in another report. WHITE: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. Race may be self-identified or identified by a caregiver.WORKER IDENTIFIER (WORKER ID): A unique identification of the worker who is assigned to the child at the time of the report disposition. WORKFORCE: Total number of workers in a CPS agency. Appendix B: Glossary 136 Child Maltreatment 2020State 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 2020, 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 2020 dataset is available to researchers from the National Data Archive on Child Abuse and neglect (NDACAN).APPENDIX C Child Maltreatment 2020 Appendix C: State Characteristics 137Child Population Data The child population data for years 2016–2020 are displayed by state in table C–2. The 2020 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 2020 Appendix C: State Characteristics 138Table C–1 State Administrative Structure, Level of Evidence, and Data Files Submitted, 2020 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 2020 Appendix C: State Characteristics 139Table C–2 Child Population, 2016–2020 State 2016 2017 2018 2019 2020 Alabama 1,100,461 1,096,577 1,092,599 1,088,727 1,087,283 Alaska 187,143 185,729 183,189 180,442 178,731 Arizona 1,636,369 1,638,725 1,638,657 1,641,727 1,646,423 Arkansas 706,454 705,952 703,626 701,317 699,714 California 9,088,543 9,050,090 8,974,477 8,881,104 8,791,234 Colorado 1,264,104 1,264,219 1,264,226 1,256,673 1,250,035 Connecticut 752,301 743,729 736,061 727,280 718,952 Delaware 204,043 204,165 204,154 204,263 204,656 District of Columbia 121,581 124,821 126,703 127,952 129,588 Florida 4,163,633 4,204,867 4,226,134 4,233,967 4,250,732 Georgia 2,511,033 2,513,811 2,509,456 2,505,399 2,499,950 Hawaii 307,595 305,360 303,049 299,419 295,818 Idaho 438,146 443,043 445,134 448,116 451,043 Illinois 2,931,409 2,897,055 2,857,349 2,817,312 2,777,968 Indiana 1,576,812 1,573,905 1,572,404 1,569,375 1,566,439 Iowa 731,225 731,975 729,802 728,005 725,559 Kansas 717,590 712,412 706,593 701,453 696,746 Kentucky 1,012,615 1,010,963 1,008,017 1,004,268 1,001,917 Louisiana 1,115,210 1,107,942 1,098,318 1,089,906 1,081,280 Maine 254,708 252,859 250,465 249,610 248,168 Maryland 1,346,649 1,345,241 1,341,430 1,338,232 1,333,919 Massachusetts 1,378,881 1,374,363 1,365,956 1,353,615 1,341,523 Michigan 2,194,924 2,181,394 2,163,590 2,144,307 2,126,813 Minnesota 1,292,860 1,300,061 1,303,090 1,303,212 1,301,219 Mississippi 721,603 714,850 707,663 699,984 693,133 Missouri 1,387,025 1,383,946 1,379,108 1,374,703 1,371,429 Montana 228,094 229,481 229,210 228,888 229,683 Nebraska 474,006 476,177 476,581 476,033 475,015 Nevada 675,888 682,282 688,989 694,730 697,580 New Hampshire 262,699 260,503 258,045 255,785 253,134 New Jersey 1,972,369 1,964,487 1,954,045 1,943,575 1,934,535 New Mexico 495,036 489,049 482,442 477,209 472,491 New York 4,151,570 4,114,612 4,074,414 4,031,894 3,988,354 North Carolina 2,295,962 2,302,931 2,304,529 2,304,554 2,306,400 North Dakota 175,687 176,649 178,524 180,584 181,629 Ohio 2,619,236 2,609,137 2,595,584 2,581,403 2,568,641 Oklahoma 962,956 959,142 955,996 953,923 953,520 Oregon 870,991 872,913 868,879 864,815 860,778 Pennsylvania 2,676,272 2,665,549 2,653,058 2,635,819 2,620,757 Puerto Rico 693,557 651,536 591,875 572,801 546,081 Rhode Island 209,181 206,942 206,059 203,923 201,849 South Carolina 1,098,914 1,104,965 1,108,588 1,113,673 1,117,925 South Dakota 213,789 216,108 216,722 217,817 218,479 Tennessee 1,504,184 1,507,817 1,510,375 1,510,976 1,513,401 Texas 7,320,809 7,365,787 7,382,686 7,406,777 7,435,132 Utah 921,281 928,062 930,162 929,940 929,276 Vermont 118,268 117,146 115,630 114,325 113,166 Virginia 1,871,874 1,872,961 1,870,042 1,868,689 1,866,420 Washington 1,634,890 1,651,656 1,657,823 1,661,024 1,665,794 West Virginia 374,445 369,641 365,119 360,439 356,267 Wisconsin 1,288,900 1,283,936 1,276,066 1,267,935 1,258,524 Wyoming 139,075 136,349 134,683 133,577 133,091 National 74,392,850 74,283,872 73,977,376 73,661,476 73,368,194 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 population data were not included in any rate calculations in this report. Child Maltreatment 2020 Appendix C: State Characteristics 140Table C–3 Child Population Demographics, 2020 (continues) State <1 1 2 3 4 5 6 7 8 Alabama 56,246 57,335 59,016 59,095 60,228 60,443 59,889 58,873 59,897 Alaska 9,706 9,569 9,888 10,073 10,513 10,276 10,340 10,291 10,319 Arizona 81,409 82,994 83,974 87,128 89,250 91,874 92,011 91,532 91,271 Arkansas 36,035 36,415 37,461 37,599 38,782 38,964 38,495 38,071 38,904 California 446,864 448,867 456,877 475,511 482,261 492,689 490,685 491,909 491,004 Colorado 63,076 63,065 64,256 66,263 67,923 68,705 68,648 68,123 68,929 Connecticut 34,232 35,093 36,191 36,670 37,405 38,138 38,185 38,417 38,917 Delaware 10,497 10,660 10,884 11,050 11,370 11,209 11,264 11,130 11,558 District of Columbia 9,225 8,915 8,774 8,744 8,642 8,557 7,754 7,935 7,759 Florida 219,558 222,824 227,089 229,426 236,108 235,430 236,416 233,496 236,021 Georgia 124,993 126,259 129,471 131,903 134,918 136,974 136,097 135,611 138,755 Hawaii 16,244 16,428 16,833 16,940 17,595 17,231 17,609 17,799 17,402 Idaho 21,547 21,833 22,423 23,572 24,473 25,147 24,617 25,074 24,791 Illinois 140,052 141,151 145,841 147,981 152,494 153,713 151,009 150,882 152,360 Indiana 80,450 81,406 83,871 83,653 86,038 87,132 86,507 86,973 86,739 Iowa 36,974 37,429 38,742 39,237 40,200 40,629 40,484 40,202 39,760 Kansas 35,281 35,714 36,605 37,115 38,389 38,389 38,723 38,948 38,889 Kentucky 52,511 53,278 54,498 54,315 55,486 55,723 55,754 55,890 55,204 Louisiana 57,134 57,617 59,339 60,005 61,810 61,418 61,377 59,851 59,405 Maine 12,272 12,654 12,442 12,799 13,213 13,365 13,443 13,502 13,463 Maryland 69,583 70,793 72,161 72,387 73,955 74,494 73,615 73,484 74,391 Massachusetts 68,824 68,988 70,603 71,292 72,108 72,767 72,907 73,371 73,737 Michigan 107,849 109,274 111,852 113,894 116,270 116,952 117,428 116,360 116,819 Minnesota 66,390 67,399 68,724 70,933 72,545 72,967 73,296 72,647 72,374 Mississippi 35,419 35,906 36,634 36,545 37,159 37,356 37,307 37,051 37,935 Missouri 71,649 72,748 73,546 74,251 75,384 75,906 76,052 75,331 75,588 Montana 11,365 11,437 11,877 12,395 12,840 13,102 12,999 12,907 12,919 Nebraska 24,961 25,210 25,571 26,367 26,608 27,179 26,912 26,525 26,210 Nevada 35,704 36,263 36,349 37,695 38,645 39,239 38,497 39,062 38,415 New Hampshire 12,058 12,355 12,460 12,919 13,297 13,440 13,386 13,877 13,590 New Jersey 99,506 101,402 103,369 103,898 105,776 105,550 105,514 105,761 106,626 New Mexico 22,576 23,163 23,654 24,149 25,183 25,706 26,004 26,251 26,345 New York 220,972 219,860 222,502 221,495 223,496 224,628 220,923 222,218 221,893 North Carolina 118,309 119,400 121,529 122,290 125,293 125,924 126,325 125,633 126,789 North Dakota 10,459 10,335 10,468 10,879 10,938 10,909 10,616 10,375 10,212 Ohio 132,316 134,073 137,886 138,340 141,743 142,580 142,793 142,802 141,452 Oklahoma 48,675 49,468 50,324 51,454 53,595 53,489 53,871 54,160 53,610 Oregon 42,018 42,415 43,764 45,572 47,277 47,981 48,419 48,105 48,277 Pennsylvania 133,055 135,082 138,541 139,644 142,782 144,198 145,116 144,868 145,196 Puerto Rico 19,616 21,057 20,224 22,498 25,095 26,801 28,596 29,866 31,465 Rhode Island 10,402 10,406 10,989 10,728 11,237 11,118 10,970 10,867 11,068 South Carolina 56,371 57,252 58,198 58,925 60,550 61,887 61,265 61,339 62,014 South Dakota 11,810 11,801 12,226 12,288 12,339 12,441 12,410 12,280 12,142 Tennessee 79,891 80,465 82,091 81,423 83,528 83,988 83,029 83,008 83,467 Texas 377,019 381,914 390,612 401,856 417,506 422,311 420,213 414,752 411,117 Utah 47,431 47,291 47,145 49,102 50,764 51,358 51,481 52,275 50,842 Vermont 5,330 5,567 5,473 5,879 6,009 6,070 6,303 6,153 6,333 Virginia 97,752 98,819 101,420 101,096 104,378 103,992 103,116 102,928 103,798 Washington 86,481 87,022 88,821 92,475 95,164 95,083 94,292 94,433 93,653 West Virginia 17,447 17,849 18,301 18,641 18,914 19,655 19,989 20,250 20,055 Wisconsin 62,759 64,072 64,696 66,716 68,036 68,698 68,465 68,768 69,161 Wyoming 6,323 6,349 6,764 6,919 7,430 7,362 7,349 7,403 7,410 National 3,754,626 3,794,941 3,873,249 3,944,024 4,042,942 4,081,137 4,068,765 4,059,619 4,066,250 Reporting States 52 52 52 52 52 52 52 52 52 Child Maltreatment 2020 Appendix C: State Characteristics 141Table C–3 Child Population Demographics, 2020 (continues) State 9 10 11 12 13 14 15 16 17 Alabama 60,302 60,487 61,212 63,321 63,066 62,124 61,971 61,891 61,887 Alaska 10,417 10,022 9,937 9,888 9,792 9,391 9,611 9,337 9,361 Arizona 92,156 92,042 93,653 97,673 98,131 96,717 96,003 95,708 92,897 Arkansas 38,778 39,083 39,211 40,667 41,236 40,261 40,162 39,855 39,735 California 502,313 490,724 489,939 508,770 510,234 505,637 503,911 502,165 500,874 Colorado 70,446 71,300 71,091 72,601 73,406 73,027 73,073 73,346 72,757 Connecticut 40,074 40,170 40,803 42,372 43,151 43,836 44,619 45,156 45,523 Delaware 11,638 11,479 11,466 11,748 11,688 11,738 11,727 11,743 11,807 District of Columbia 7,358 6,673 6,235 6,092 5,924 5,483 5,232 5,136 5,150 Florida 237,681 235,723 236,043 245,572 247,552 246,634 244,424 243,476 237,259 Georgia 139,860 140,587 141,667 147,793 148,690 148,147 146,400 146,654 145,171 Hawaii 17,514 16,149 15,624 16,022 15,532 15,247 15,179 15,363 15,107 Idaho 25,426 25,898 26,008 26,943 27,239 26,684 26,825 26,633 25,910 Illinois 154,539 155,742 155,397 160,493 162,099 162,047 162,728 165,200 164,240 Indiana 86,757 87,426 87,444 90,251 90,660 90,167 89,884 90,822 90,259 Iowa 39,343 40,778 41,107 42,217 42,507 41,975 41,435 41,307 41,233 Kansas 39,360 39,869 39,431 40,324 40,358 40,024 39,609 39,775 39,943 Kentucky 55,133 55,040 55,813 57,122 57,875 56,971 57,114 57,130 57,060 Louisiana 59,667 59,524 60,158 62,148 62,381 60,610 60,116 59,449 59,271 Maine 13,460 14,036 13,973 14,480 14,680 14,791 14,998 15,234 15,363 Maryland 75,388 75,046 73,913 76,678 76,509 75,558 75,349 75,481 75,134 Massachusetts 75,071 74,127 73,990 76,393 77,152 77,719 78,910 81,104 82,460 Michigan 117,450 118,544 118,054 121,373 123,313 123,556 124,544 126,797 126,484 Minnesota 72,151 73,137 72,685 74,663 74,984 74,195 74,089 74,730 73,310 Mississippi 37,996 38,414 39,947 41,555 42,724 41,003 40,308 40,186 39,688 Missouri 76,259 76,153 76,488 79,061 79,184 79,115 78,380 78,450 77,884 Montana 12,904 12,909 13,029 13,461 13,469 13,170 12,938 13,141 12,821 Nebraska 26,238 26,506 26,701 27,015 26,756 26,662 26,735 26,503 26,356 Nevada 39,896 39,389 39,250 41,123 40,896 40,151 39,484 38,888 38,634 New Hampshire 14,298 14,151 14,303 14,712 15,185 15,332 15,634 15,937 16,200 New Jersey 108,873 107,836 107,257 110,643 111,505 111,619 112,180 113,691 113,529 New Mexico 27,042 27,205 27,492 28,157 28,260 27,841 27,910 27,613 27,940 New York 224,751 218,789 213,255 218,832 219,897 219,476 222,377 225,780 227,210 North Carolina 127,442 129,787 131,045 135,219 135,942 134,763 133,824 133,614 133,272 North Dakota 9,894 9,956 9,892 9,869 9,830 9,609 9,415 9,119 8,854 Ohio 141,114 142,080 142,951 146,324 148,209 148,178 147,452 149,312 149,036 Oklahoma 54,044 53,626 53,771 54,709 55,076 53,702 53,498 53,392 53,056 Oregon 49,089 49,361 49,046 50,749 50,614 49,879 49,204 49,652 49,356 Pennsylvania 146,089 146,279 146,324 150,514 151,153 151,075 152,121 154,133 154,587 Puerto Rico 31,749 34,002 34,580 34,830 36,180 37,209 37,753 37,127 37,433 Rhode Island 10,998 11,054 10,902 11,436 11,545 11,846 11,910 12,086 12,287 South Carolina 62,316 63,610 64,936 66,327 67,139 65,306 64,012 63,615 62,863 South Dakota 12,114 12,200 12,131 12,462 12,413 12,079 11,986 11,960 11,397 Tennessee 82,704 83,631 84,562 88,246 87,880 87,075 86,228 86,322 85,863 Texas 418,281 420,350 419,359 429,076 427,493 423,441 422,370 420,078 417,384 Utah 52,291 53,277 53,233 54,449 54,716 53,950 53,533 53,347 52,791 Vermont 6,318 6,352 6,336 6,614 6,809 6,777 6,747 6,982 7,114 Virginia 104,305 103,646 102,792 106,926 107,202 106,518 105,801 106,420 105,511 Washington 94,288 94,295 93,727 95,488 94,562 92,616 91,617 91,185 90,592 West Virginia 19,967 19,969 20,137 20,846 20,835 20,675 20,721 20,953 21,063 Wisconsin 69,412 71,927 71,468 73,549 74,360 74,101 73,817 74,548 73,971 Wyoming 7,463 7,815 7,806 8,011 8,108 7,860 7,805 7,475 7,439 National 4,110,417 4,108,175 4,107,574 4,235,807 4,256,101 4,223,567 4,213,673 4,225,001 4,202,326 Reporting States 52 52 52 52 52 52 52 52 52 Child Maltreatment 2020 Appendix C: State Characteristics 142Table C–3 Child Population Demographics, 2020 State Boy GirlAfrican- American American Indian or Alaska Native Asian Hispanic Multiple RacePacific Islander White Alabama 553,916 533,367 314,403 4,237 16,286 89,255 38,674 650 623,778 Alaska 91,812 86,919 5,090 33,029 10,011 17,909 23,683 4,087 84,922 Arizona 839,825 806,598 83,837 77,071 50,329 737,671 69,297 2,967 625,251 Arkansas 358,293 341,421 124,271 4,927 12,180 89,607 28,317 4,360 436,052 California 4,493,170 4,298,064 439,276 31,885 1,108,444 4,532,687 465,880 31,898 2,181,164 Colorado 638,678 611,357 54,196 6,893 40,659 396,541 58,418 2,289 691,039 Connecticut 366,454 352,498 83,349 2,067 38,967 186,043 29,273 354 378,899 Delaware 103,878 100,778 52,127 485 8,686 34,843 12,026 79 96,410 District of Columbia 65,656 63,932 67,191 179 3,468 22,253 5,618 50 30,829 Florida 2,168,925 2,081,807 848,881 8,638 117,889 1,333,614 165,203 2,923 1,773,584 Georgia 1,271,585 1,228,365 842,565 4,521 106,876 373,872 100,330 2,357 1,069,429 Hawaii 152,252 143,566 5,099 388 64,893 57,763 93,250 35,030 39,395 Idaho 230,889 220,154 3,829 4,489 5,511 84,548 15,961 824 335,881 Illinois 1,418,082 1,359,886 425,280 3,876 154,351 684,219 101,409 794 1,408,039 Indiana 801,671 764,768 178,417 2,593 42,554 182,605 68,436 732 1,091,102 Iowa 371,069 354,490 40,488 2,471 20,225 78,169 30,196 1,638 552,372 Kansas 356,675 340,071 42,781 4,609 20,461 131,945 38,162 849 457,939 Kentucky 513,388 488,529 92,390 1,257 18,891 67,215 44,635 932 776,597 Louisiana 550,931 530,349 393,116 6,516 18,245 82,096 35,043 392 545,872 Maine 127,364 120,804 7,471 1,913 3,612 7,793 9,552 118 217,709 Maryland 680,122 653,797 408,142 2,743 86,227 221,312 73,258 591 541,646 Massachusetts 685,573 655,950 119,397 2,497 102,994 260,206 56,860 721 798,848 Michigan 1,088,228 1,038,585 340,920 11,926 73,880 185,576 107,675 627 1,406,209 Minnesota 664,502 636,717 135,799 17,987 83,709 119,089 68,912 1,046 874,677 Mississippi 352,913 340,220 288,165 3,954 6,963 35,455 18,475 225 339,896 Missouri 701,944 669,485 184,254 4,902 29,162 98,059 66,092 2,679 986,281 Montana 117,980 111,703 1,454 21,628 1,929 15,546 10,932 150 178,044 Nebraska 243,564 231,451 28,754 5,050 13,523 87,956 19,829 329 319,574 Nevada 356,305 341,275 74,286 5,204 41,284 286,710 50,537 5,458 234,101 New Hampshire 129,417 123,717 5,028 420 8,922 17,930 8,949 79 211,806 New Jersey 987,776 946,759 258,605 3,515 197,431 535,663 64,147 887 874,287 New Mexico 240,322 232,169 8,633 46,049 5,926 290,824 12,683 256 108,120 New York 2,039,085 1,949,269 588,530 12,606 345,542 988,845 153,733 2,097 1,897,001 North Carolina 1,175,707 1,130,693 517,090 26,108 82,720 394,916 105,556 1,888 1,178,122 North Dakota 92,860 88,769 7,907 13,797 3,012 12,863 7,995 161 135,894 Ohio 1,312,079 1,256,562 389,951 3,731 70,040 172,728 131,331 1,450 1,799,410 Oklahoma 487,463 466,057 72,660 95,063 20,908 174,207 96,470 2,467 491,745 Oregon 441,004 419,774 19,970 9,166 36,574 194,742 55,872 4,406 540,048 Pennsylvania 1,341,143 1,279,614 337,881 3,588 108,549 348,648 111,633 984 1,709,474 Puerto Rico 277,607 268,474 - - - - - - - Rhode Island 103,211 98,638 14,791 1,022 7,655 55,228 9,921 158 113,074 South Carolina 568,722 549,203 326,191 3,362 20,658 113,265 47,712 736 606,001 South Dakota 111,941 106,538 6,781 27,077 3,521 16,694 10,318 167 153,921 Tennessee 772,175 741,226 285,280 3,063 29,939 157,097 62,251 953 974,818 Texas 3,789,709 3,645,423 901,621 17,805 353,011 3,654,682 206,695 6,750 2,294,568 Utah 476,747 452,529 11,271 7,910 17,198 168,646 34,552 10,872 678,827 Vermont 58,424 54,742 2,029 268 2,682 3,383 4,481 36 100,287 Virginia 954,011 912,409 370,784 3,890 128,133 272,044 113,104 1,272 977,193 Washington 851,829 813,965 71,872 21,015 139,904 368,696 144,062 14,071 906,174 West Virginia 182,791 173,476 12,831 472 2,652 10,105 15,423 90 314,694 Wisconsin 643,875 614,649 111,060 13,104 49,915 159,443 54,105 602 870,295 Wyoming 68,468 64,623 1,210 3,704 1,056 20,629 4,576 87 101,829 National 37,472,010 35,896,184 10,007,204 594,670 3,938,157 18,631,835 3,361,502 155,618 36,133,127 Reporting States 52 52 51 51 51 51 51 51 51 Child Maltreatment 2020 Appendix C: State Characteristics 143Table C–4 Adult Population by Age Group, 2020 State 18–24 25–34 35–44 45–54 55–64 65–75 75 and Older Alabama 447,642 650,546 596,362 608,174 657,281 517,717 356,527 Alaska 67,090 116,308 98,141 83,476 91,536 64,158 31,718 Arizona 701,664 1,030,830 913,916 859,684 894,909 786,905 587,070 Arkansas 278,632 398,873 372,730 358,067 386,200 310,489 225,817 California 3,604,503 6,017,057 5,305,749 4,910,948 4,762,421 3,469,545 2,506,621 Colorado 527,479 924,010 816,118 704,945 708,745 543,363 333,024 Connecticut 337,820 448,627 431,882 460,934 512,795 363,764 282,232 Delaware 82,743 129,652 115,843 116,561 139,760 118,462 79,132 District of Columbia 71,823 164,724 112,997 74,052 69,799 51,557 38,276 Florida 1,741,633 2,818,471 2,649,160 2,692,803 2,942,419 2,539,576 2,098,518 Georgia 1,019,885 1,506,359 1,394,847 1,391,098 1,323,211 959,264 615,403 Hawaii 116,282 196,359 181,879 164,713 176,875 154,706 120,374 Idaho 167,745 241,578 234,230 205,499 220,824 185,942 120,052 Illinois 1,138,428 1,741,284 1,636,418 1,565,738 1,638,460 1,211,741 877,493 Indiana 656,048 897,324 835,433 813,342 871,082 658,882 456,403 Iowa 313,856 398,796 390,589 357,591 411,034 323,349 242,787 Kansas 291,742 381,528 365,011 323,727 366,735 282,458 205,858 Kentucky 412,057 591,103 550,941 554,414 595,984 462,362 308,473 Louisiana 416,408 649,003 597,727 537,203 599,947 458,282 305,468 Maine 105,896 164,443 156,841 170,543 210,474 175,368 118,408 Maryland 520,383 826,201 792,009 776,744 819,194 578,509 408,843 Massachusetts 683,872 996,637 859,166 870,591 943,383 693,841 504,561 Michigan 927,865 1,317,802 1,171,196 1,224,340 1,386,098 1,074,762 737,679 Minnesota 493,837 760,397 739,952 660,824 752,272 552,208 396,633 Mississippi 279,517 389,647 365,340 356,162 383,032 298,209 201,746 Missouri 558,006 824,107 762,624 719,740 825,928 630,388 459,326 Montana 97,989 140,617 133,684 117,092 148,120 129,574 83,818 Nebraska 188,631 254,707 246,298 213,797 239,667 185,015 134,422 Nevada 252,880 462,110 420,922 396,219 389,232 316,112 203,204 New Hampshire 122,283 175,498 159,402 177,656 215,173 158,927 104,202 New Jersey 744,834 1,154,546 1,141,377 1,174,392 1,222,659 859,409 650,619 New Mexico 196,150 285,029 259,877 232,949 269,912 231,746 158,165 New York 1,721,885 2,837,548 2,431,213 2,403,511 2,584,696 1,912,722 1,456,847 North Carolina 995,479 1,436,825 1,316,575 1,356,917 1,374,085 1,084,482 730,060 North Dakota 83,129 113,311 94,889 77,161 92,049 69,658 53,483 Ohio 1,047,534 1,561,808 1,410,659 1,419,979 1,586,958 1,233,236 864,402 Oklahoma 381,974 545,036 505,948 451,176 489,970 380,547 272,612 Oregon 360,193 608,219 578,539 512,027 532,224 478,552 310,975 Pennsylvania 1,122,290 1,707,051 1,534,009 1,561,391 1,790,069 1,401,258 1,046,429 Puerto Rico 294,224 408,313 378,462 407,372 428,074 369,181 327,636 Rhode Island 107,448 148,713 126,738 130,731 149,169 110,332 82,145 South Carolina 468,752 689,645 630,338 638,142 696,863 593,048 383,327 South Dakota 83,043 115,109 108,308 93,700 116,901 94,041 63,136 Tennessee 611,610 961,939 854,962 863,787 900,592 704,870 475,673 Texas 2,838,556 4,318,570 4,019,259 3,576,835 3,298,724 2,339,912 1,533,771 Utah 367,348 479,576 450,609 337,383 304,094 230,052 151,541 Vermont 64,544 75,290 72,258 75,804 93,691 77,613 50,981 Virginia 799,386 1,195,477 1,127,091 1,084,314 1,116,831 827,566 573,478 Washington 657,907 1,189,552 1,057,100 921,244 954,141 758,505 489,369 West Virginia 153,233 214,721 211,489 225,216 250,292 222,176 151,393 Wisconsin 544,485 740,977 722,021 698,860 819,853 620,424 427,511 Wyoming 52,578 76,106 75,526 63,937 77,314 63,814 39,962 National 30,321,221 46,477,959 42,514,654 40,773,505 42,831,751 32,918,579 23,437,603 Reporting States 52 52 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 population data were not included in any rate calculations in this report. Child Maltreatment 2020 Appendix C: State Characteristics 144Alabama 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 StreetMontgomery, AL 36130–4000 General Variances in data compared to previous years may occur as we have continued work to strengthen our data collection processes in the system. Enhancements are completed each year to continue efforts to improve reporting of services to children and families, perpetrator data and mapping of NCANDS elements. Alabama has two types of screened-in responses: child abuse and neglect investigations (CA/ Ns) and prevention assessments (alternative response). For FFY 2020, 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 2020 submission does not include prevention assessment data in the Child File. Reports For FFY 2020, the number of screened in reports decreased over the prior reporting year and the number of completed or disposed reports also decreased over 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. Alabama determines staff needs based on a 6- or 12-month average of different case types. Intake is one worker per county and more than one for larger counties, based on population. CA/N reports are counted at a 1:8 ratio for sexual abuse, 1:10 for children who enter foster 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 2020 Appendix d: State Commentary 145care 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 2020 from the previous year. Children 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 referrals to appropriate 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. During FFY 2019, the mapping for caregiver and child risk factors was modified to improve NCANDS reporting accuracy and completeness. The state reports all sex trafficking incidents through NCANDS including those with a nonrelative perpetrator. Fatalities For FFY 2020 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 2020 number of child fatalities was 47, an increase of 13 from FFY 2019. The majority of child fatality inves - tigations 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 47 fatalities reported in FFY 2020, the actual dates of death occurred in a seven-year range, from FFY 2013–FFY 2020. Perpetrators Alabama state statutes do not allow a person under the age of 14 years to be identified as a perpetrator. These reports are addressed in an alternate response. Ongoing services are provided as needed to the child victim and the child identified as the person allegedly respon - sible. During FFY 2019 NCANDS extraction code was modified to correctly blank perpetra - tor age when the DOB is unknown. Services 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 accord - ing 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. 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 provid - ing services reported receiving during FFY 2020. 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 and again in FFY 2020 to better capture services provided, including those that may not use the system to initiate payments. During Alabama (continued) Child Maltreatment 2020 Appendix d: State Commentary 146FFY 2020, mapping updates were focused around improving reporting for services for clients. Additionally, updates were created for the service date code to successfully report service dates within the timeframe specified by NCANDS. Alabama (continued) Child Maltreatment 2020 Appendix d: State Commentary 147Alaska Contact Susan Cable Phone 907–465–2203 Title Research Analyst III, Office of Children’s Services Email susan.cable@alaska.gov Address Alaska Department of Health and Social Services P.O. Box 110630Juneau, AK 99811–0630 General Alaska made several system changes to support accurate data in the NCANDS report prior to FFY 2020: ■Reviewed accuracy of data produced via a sex trafficking/exploitation indicator. ■Isolated sex trafficking/exploitation data element to just sex trafficking and implemented a data fix for inaccurate records. ■Added reference data for changed city names or for zip codes missing from our database’s address table. ■Removed the user’s ability to document duplicate allegations of maltreatment. ■Reduced the number of steps/tasks required to enter legal status and centralized the entry of legal status updates. Reports During FFY 2020 Alaska focused on a concentrated effort to complete the growing number of backlogged assessments (investigations) which successfully reduced the number of open investigations to the lowest level Alaska has seen in years. This resulted in the over reporting of assessments for 2020 in relation to when the reports were received and when the assess - ment field work was completed. During the COVID-19 pandemic Alaska saw lower numbers of reports, which we feel may be related to school being virtual, causing children to have less contact with mandatory reporters. Alaska made changes to screen out priority 3 (lowest priority) reports on March 23, 2020. However, priority 3 reports regarding high-risk infants, reports of maltreatment in foster care, and reports of sex abuse or serious physical abuse cases were screened in. Those cases screened out were tracked and with follow-up for the family to make referrals as appropriate. The state added a new protective service report screen out reason Screen Out - Emergency Management Decision to manage workload due to the COVID-19 virus. Remote travel for investigations, which is frequently appropriate in Alaska, was affected by COVID-19 pandemic-related travel risks and by travel restrictions established by some villages. Changes were made to accommodate rural areas where travel into the community had been shut down. Coordination was done with Tribal entities to find ways for OCS to safely enter the communities, or to establish ways to assure child safety while travel restric - tions were in place. Some of the modifications allowed for the Tribe or law enforcement to video conference with OCS staff member during initial face to face contact with the alleged victims or household members. Personal protective equipment was also mandatory for staff and workers conducting investigations and assessments. Staff availability was impacted by pandemic-related illness. Children For FFY 2018 NCANDS reporting methodology was amended to include reporting for sex trafficking, and logic was improved for reporting of medical neglect. For FFY 2020 a system Child Maltreatment 2020 Appendix d: State Commentary 148change was made to require users to specify which alleged victims were sex trafficked. However, both methodologies rely upon data from the Maltreatment Assessment Protocol, which is only used for screened-in Protective Service Reports. Alaska was unable to imple - ment a reporting mechanism in the SACWIS system for Plans of Safe Care or Referral to CARA-Related Services for FFY 2020. 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 caregiver 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 for tracking family characteristics in investigations. For FFY 2017 data, syntax was revised to harvest the benefits of these SACWIS upgrades. For FFY 2020, Alaska added fam - ily characteristic ‘’financial stress” and multiple sub-selections, of unemployment, employed poverty level, other financial stress. Financial stress is mapped to the NCANDS risk factor category of financial problem. 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 In Alaska, noncaregiver perpetrators of sex trafficking may be reported to NCANDS.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. Agency file data on the numbers of children by funding source is reported for state fiscal year (July 1–June 30). The NCANDS funding source Other includes state general funds and matching funds from contracting agencies.Alaska (continued) Child Maltreatment 2020 Appendix d: State Commentary 149Arizona Contact Andy Egge Phone 602–255–2744 Title Information Technology Manager Reports and StatisticsEmail andrew.egge@azdcs.gov Address Arizona Department of Child SafetyP.O. Box 6030, Site Code C010–14Phoenix, AZ 85003–6030 General For NCANDS reporting purposes, Arizona does not have a differential response program. There have been no significant changes to policies or procedures during the current submis - sion year. Reports There was a decrease in the number referrals when comparing 2019 with 2020. The Hotline continued to answer calls as normal, with no changes to hours or staffing levels. There were no reductions in force or other reductions due to the pandemic, other than staff on leave due to quarantine or illness and/or who left employment with the agency voluntarily. Children During the pandemic, no policies were changed that related to conducting investigations and assessments. Face-to-face investigations and assessments continued to occur. Arizona’s time from the start of the investigation to the final determination (disposition) was not affected by the pandemic, but staff were required to take precautions when responding to calls that included ensuring PPE was available and worn. Arizona will be able to provide sex traffick - ing data beginning in February 2021. Fatalities There were no policy changes with respect to child fatality reviews. Child Fatality review meetings were switched to virtual, as were the internal multidisciplinary meetings. Perpetrators Arizona was not able to report sex trafficking for this submission, but will be able to provide partial year data for the 2021 submission. Arizona currently cannot take reports on noncaregivers. Services The standard for removing a child from their parent or legal guardian’s care did not change during the pandemic. However, regular procedures on the use of PPE when engaging clients was issued frequently throughout 2020. The following guidance was issued: ■General Guidelines— All contracted services shall be conducted virtually if anyone in the household involved with the service has reported symptoms of COVID-19, tested positive for COVID-19, or pending a test for COVID-19. If a client is reporting symptoms of COVID-19 they should be instructed to seek a COVID-19 test. If the test results are negative, services should return to in-person. If a client tests positive or refuses testing, services shall return to in-person after the CDC recommended isolation period (at least 10 days have passed since symptoms first appeared and at least 24 hours have passed without the use of fever-reducing medications and improvement in symptoms). All other Child Maltreatment 2020 Appendix d: State Commentary 150exceptions for virtual services must have written approval from DCS Program Manager & Program Administrator. ■Foster & Adoption Supports— All licensing activities & monitoring of home visits shall be done in-person as outlined in the contract scope of work if child(ren) are placed in the home. Monitoring visits may be conducted virtually if there are no children placed in the home through March 2021. Support Groups may continue to be done virtually through March 2021. Foster Parent College can be held virtually through March 2021. DCS will continue to do routine in-person visits. ■Parent Aide/Supervised Visitation (Parenting Time)— Should continue to be conducted in-person following the DCS In-Person Visit Guidelines. Visitation may be moved to virtual visits if a placement or caregiver has determined the need to quarantine per CDC guidelines due to COVID-19 direct exposure and/or confirmed positive. In these cases, document in case notes and notify the DCS Specialist. Parent Aide Skill Building ses - sions may be conducted virtually after at least two in-person sessions in order to establish rapport and engagement with the family. Intake meetings are required to be conducted in-person. If parents are not fully engaged in skill sessions services should be provided in person. ■In-Home Preservation & Reunification— In-home visits shall continue to be done in-person based on the frequency outlined in the contract statement of work. Allowable service delivery modifications due to COVID-19 are below: • For Moderate Preservation cases–1 in-person contact per week is required, remaining contacts can be conducted virtually. • For Intensive Preservation cases–1 in-person contact per week is required. Families with an existing safety threat are required to have 2 in-person contacts per week, remaining contacts can be conducted virtually. • For Reunification cases–1 in-person contact per week is required. Families with an existing safety threat are required to have 2 in-person contacts per week, remaining contacts can be conducted virtually. • If a family has tested positive for COVID-19 or symptomatic or is self-quarantined pending results of a Covid test, we are not requiring provider staff to enter the home in these cases. Providers are to go to the home and put eyes on child. We are asking providers to see the children either through the window, at distance, or some creative way to check on the family. ■In-Home SENSE (Nurse Home Visits)— Home visits made by the SENSE trained nurses shall be done in-person to conduct assessment of children(s) general health and devel - opmental screenings. Administrative activities may be completed virtually or remotely after the physical assessment has been completed. If a family member in the home has tested positive for COVID-19, is symptomatic or is self-quarantined pending results of a COVID-19 test, nurse home visits may be rescheduled until participants are symptom free for at least 10 days since symptoms first appeared and at least 24 hours have passed since resolution of fever (including fever, chills, rigors, and body/muscle aches) without the use of fever-reducing medications and improvement in symptoms. Nurse home visits should not be postponed longer than 3 weeks. Arizona (continued) Child Maltreatment 2020 Appendix d: State Commentary 151Arkansas Contact Nellena Garrison Phone 501–320–6503 Title DCFS Information Systems Manager Office of Information TechnologyEmail nellena.garrison@dhs.arkansas.gov Address Arkansas Department of Human Services108 E. 7th Street, Donaghey Plaza North, 3rd FloorLittle Rock, AR 72201 General The Governor of Arkansas issued Executive Order 20-03 on March 11, 2020, to declare a public health emergency and ordered the Department of Health to take action to prevent the spread of COVID-19. This order put in place the necessary protocols in the event the virus became widespread and further actions needed to be implemented. The Arkansas Department of Human Services implemented Triage Recommendations on March 17, 2020, for safely conducting investigations and assessments during the Phase I COVID-19 mandates. If all services could not be provided on an individual caseload, recommendations provided guidance on how to prioritize cases based on safety. The Governor of Arkansas did not issue Executive Orders for a statewide lockdown during FFY 2020. Reports The following options are available when accepting a referral: ■Refer to DCFS for Fetal Alcohol Spectrum Disorder (R/A-FASD): Act 1143 requires health care providers involved in the delivery or care of infants to report infants born and affected by Fetal Alcohol Spectrum Disorder. The Department of Human Services shall accept referrals, calls, and other communication from health care providers involved in the delivery or care of infants born and affected with FASD. The Department of Human Services shall develop a plan of safe care of infants born with FASD. The Arkansas State Police hotline staff will use the regular request for DCFS assessment for FASD. These will automatically be assigned to the DCFS Central Office FASD Project Unit to complete the assessment and closure. There were two R/A-FASD reports received in FFY 2020. The R/A-FASD Assessment was updated and integrated with a new R/A-SE Assessment type during FFY 2020. ■Refer to DCFS for Newborn Infant Substance Exposure (R/A-SE) (effective July 2019): Act 598 requires healthcare providers involved in delivery or care of infants report - ing 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. Newborn Infant Substance Exposure Assessments do not have allegations of maltreat - ment at the time of the Referral. There were seven R/A-SE reports received in FFY 2020. Referrals regarding substance exposed infants would be screened out for the following circumstances: • If reported by persons other than medical personnel, • If the referral is a duplicate and an investigation already is opened, • If the mother tests positive during her pregnancy but not at birth, or • If the Health Care Provider can confirm the mother’s prescription for the drug causing the positive screening. ■Refer to CACD for Death Assessment (R/A-DA) (effective FFY 2015): Act 1211, the Department of Human Services and Arkansas State Police Crimes Against Children Child Maltreatment 2020 Appendix d: State Commentary 152Division (CACD) will conduct an investigation or death assessment upon receiving initial notification of suspected child maltreatment or notification of a child death. The Child Abuse Hotline will accept a report for a child death if a child has died suddenly and unexpectedly not caused by a known disease or illness for which the child was under a physician’s care at the time of death, including without limitation child deaths as a result of the following: • Sudden infant death syndrome • Sudden unexplained infant death • An accident • A suicide • A homicide • Other undetermined circumstance ■All sudden and unexpected child deaths will be reported to the Child Abuse Hotline. Death Assessment (DA) reports are accepted by the Hotline and do not have allegations of maltreatment at the time of the Referral. The data for R/A-DA reports are not submitted to NCANDS. If the incident does rise to the level of a child maltreatment investigation, then the Referral will be elevated to be investigated. Child Death Investigation reports are accepted by the Hotline and will have maltreatment allegations at the time of the referral. ■Accept for Investigation: 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. FFY 2013 was the first year the state submitted differential response data to NCANDS. The total number of Education Personnel Reporters decreased in FFY 2020 from the FFY 2019 total. The decrease may be attributed to the closure of schools and transition to remote learning due to COVID-19 restrictions during FFY 2020. The number of ‘2-Neglect or Deprivation of Necessities’ allegations increased during FFY 2020. The increase may be attributed to the increased poverty of families due to job loss, lack of childcare, and other financial constraints due to the impact of COVID-19. The number of ‘3-Medical Neglect’ allegations decreased for FFY.Arkansas (continued) Child Maltreatment 2020 Appendix d: State Commentary 153The Child Abuse Hotline continued operation with no changes to the hours of operation or staffing levels. There were no screening changes due to the pandemic. The state did not experience a significant staff reduction due to the pandemic. Children The state implemented Triage Recommendations on March 17, 2020 for safely conducting investigations and assessments during the Phase 1 COVID-19 mandates. The recommenda - tions included answering COVID-19 screening questions prior to conducting home visits with families to assess whether the face-to-face interviews would continue based on the responses to those questions. The state continued to conduct face-to-face investigations and assessments when safety was validated. If face-to-face contact was not possible, investigation interviews and assessments were conducted virtually through Face Time or other applications or conducted via tele - phone. The state did not experience a notable change in the investigation disposition time due to the pandemic. The state did not implement any changes regarding the referral of infants with prenatal substance exposure during the pandemic. Fatalities The Arkansas Division of Children and Family Services receives notice of child fatalities through the Arkansas Child Abuse hotline. The reports include referrals from mandated reporters such as, physicians, medical examiners, law enforcement officers, therapists, and teachers, etc. A report alleging a child fatality can also be accepted from a non-mandated reporter. Non-mandated reporters include neighbors, family members, friends, or members of the community. The guidelines for reporting are mandated and non-mandated persons are asked to contact the child abuse hotline if they have reasonable cause to believe that a child has died as a result of child maltreatment. All sudden and unexpected child deaths will be reported to the Child Abuse Hotline. Death Assessment (R/A-DA) reports are accepted by the Hotline and do not have allegations of maltreatment at the time of the referral. The data for R/A-DA reports are not submitted to NCANDS. If the incident does rise to the level of a child maltreatment investigation, then the referral will be elevated to be investigated. Child Death Investigation reports are accepted by the Hotline and will have maltreatment allegations at the time of the referral. All Child Death Investigation reports are included in the Child File data submission. The state implemented changes to the Fatality Review meeting process due to the pandemic. The External Fatality Reviews were changed from in-person to video meetings. Internal Fatality Reviews conducted via telephone were changed to video meetings. There were no disruptions to the Child Death Review Committee operations during the pandemic. Perpetrators 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 NCANDS category of Other perpetrator relationship includes the state codes of brother (foster), client, live-in, no relation, peer, significant other, sister (foster), and student.Arkansas (continued) Child Maltreatment 2020 Appendix d: State Commentary 154Services In-home services continued to be provided during the pandemic. When appropriate, service provision was conducted electronically rather than in-person. The child removal process was not impacted due to the pandemic. Arkansas was approved for Prevention Plan with additional IV-E funding provided. Additional funding was provided through the Relief Bill promoting Safe and Stable Families. The state outsources some contracted services such as parenting training and substance abuse treatment. Arkansas (continued) Child Maltreatment 2020 Appendix d: State Commentary 155California Contact Ertug Misirli Phone 916–651–0229 Title Section Chief, Data Analytics Bureau Email ertug.misirli@dss.ca.gov Address California Department of Social Services 744 P Street, MS 9–13–654Sacramento, 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 child welfare system do not meet statutory definitions of abuse and neglect, and the referral is evaluated out by child welfare with no investigation. But based on the information given at the hotline, the family may be referred by child welfare to community services. ■Path 2 child welfare services with community response—family problems meet statutory definitions of abuse and neglect but the child is safe and the family has strengths that can meet challenges. The referral of suspected abuse and neglect is accepted for investigation by the child welfare agency, and a community partner goes with the investigator to help engage the family in services. A case may or may not be opened by child welfare, depending on the results of the investigation. ■Path 3 child welfare services response—the child is not safe and at moderate to high risk for continuing abuse or neglect. This referral appears to have some rather serious allegations at the hotline, and it is investigated and a child welfare services case is opened. Once an assessment is completed, these families may still be referred to an outside agency for some services, depending on their needs. On March 19, 2020, California’s Governor issued a stay-at-home order to protect the health and well-being of all Californians and to establish consistency across the state in order to slow the spread of COVID-19. California determined that child welfare hotline and emergency response investigations are essential government functions and should be prioritized to protect the safety and well-being of children and families. County child welfare emergency response workers were established as first responders when assessing for the safety and well-being of children reported as being abused or neglected. Counties were informed that in-person investigations of the abuse or neglect of children must continue to occur. Reports As a result of stay-at-home orders and school closures, due to COVID-19, the number of calls to the child welfare hotline has significantly decreased, resulting in a lower than usual number of referrals reported for NCANDS in Federal Fiscal Year (FFY) 2020. There were almost 25,000 fewer unique reports received in FFY 2020 compared to 2019. Although there were less referrals from all report sources, California saw the largest drop from education personnel. In FFY 2020, there were about 13,000 fewer unique reports from education personnel overall. The report count includes both the number of child abuse and neglect reports that require, and then receive, an in-person investigation within the time frame specified by the report response type. Reports are classified as either immediate response or 10-day response. For a report that was coded as requiring an immediate response 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 Child Maltreatment 2020 Appendix d: State Commentary 156be 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 2020, the immediate response compliance rate was 97.0 percent and the 10-day response compli - ance rate was 91.5 percent. COVID-19 did not have an impact on response compliance rates. Children CARA-related fields plan of safe care and referral to appropriate services reflect an ongoing process to improve the accuracy of data collection. A system change was completed in July 2020 to record a plan of safe care and referrals to appropriate services in our system, and we continue working with counties to improve reporting and reviewing our own analysis to ensure accuracy of data about CARA referrals. We plan to have a complete year of data to report for FFY 2021. Beginning June 2015, the CDSS implemented a policy to track commercially sexually exploited (CSE) youth referrals with an allegation of “exploitation.” Following a policy California implemented in May 2016, CSE allegations are entered in one of two ways: first, by choosing “exploitation” and, to differentiate this from other exploitation referrals, with the sub-category of “commercial sexual exploitation” second, by choosing general neglect with a sub-category of “fail/unable to protect from CSE.” There is a limitation with these data, however. Only when the allegation is substantiated can the sub-categories be entered. Thus, inconclusive CSE allegations are not reported as CSE. Fatalities Fatality data submitted to NCANDS is derived from notifications (SOC 826 forms) submitted to the California Department of Social Services (CDSS) from County Child Welfare Services (CWS) agencies when it has been determined that a child has died as the result of abuse and neglect. The abuse and neglect determinations reported by CWS agencies can be and are made by local coroner/medical examiner offices, law enforcement agencies, and/ or county CWS/probation agencies. As such, the data collected and reported via SB 39 and used for NCANDS reporting purposes does reflect child death information derived from multiple sources. It does not, however, represent information directly received from either the state’s vital statistics agency or local child death review teams. Calendar Year (CY) 2019 is the most recent validated annual data and is therefore reported for FFY 2020. 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 2019 as of December 2020 and may change if additional fatalities that occurred in CY 2019 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. 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 As part of the techni - cal assistance provided to counties regarding SB 39, the CDSS has also recently begun col - lecting information regarding county child welfare agencies’ roles on local child death review teams and how their participation may lead to further identification and reporting of deaths that are a result of abuse or neglect. Additionally, the CDSS is partnering with the CDPH and the California Department of Justice to reestablish lapsed data sharing agreements, for purposes of the reconciliation audit of child death cases in California. We are hopeful that once the California (continued) Child Maltreatment 2020 Appendix d: State Commentary 157reconciliation 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. Services Prevention services in California are implemented through a state-supervised, county administered system. This system has the advantage of allowing the 58 counties in California flexibility to address child abuse prevention efforts through a local lens. This approach, however, results in 58 sets of challenges in program implementation, evaluation, data collection, and reporting. Federal funding is allocated to each county to support a variety of prevention services. Federal funding streams targeted for prevention services include: Community-Based Child Abuse Prevention (CBCAP), Promoting Safe and Stable Families (PSSF), Child Abuse Prevention and Treatment Act (CAPTA), and Child Abuse Prevention, Intervention and Treatment (CAPIT). The Office of Child Abuse Prevention (OCAP) is responsible for monitoring federal expenditures as well as ensuring counties are evaluating the quality of programs consistently. Since the State Fiscal Year (SFY) and the FFY are not aligned, information for SFY 2019–2020 is representative of FFY 2020. OCAP’s stakeholders, who have been most impacted by the pandemic, include grantees, contractors, counties, and other community-based prevention organizations which have traditionally focused on in-person service delivery. While many prevention providers have been able to adapt and pivot to provide virtual services when in-person service delivery was not possible, some have struggled with the transition. To further impact service delivery, child abuse hotline reports have significantly decreased due to distance learning and tele - health, reducing the opportunity to identify suspected child abuse and neglect by mandated reporters. The OCAP has received reports that most community-based organizations are experiencing increased demand for concrete supports including diapers, formula, clean - ing products, and other necessities. Governor Newsom provided $3M to Family Resource Centers (FRCs) to meet these concrete needs and support FRCs to remain operational. Also, caregiver and youth warmline supports provided by Parents Anonymous and 2-1-1 were funded with state dollars, as we recognized the increased stressors experienced by families. While the pandemic has resulted in challenges to meet needs and reduce stressors, it has also contributed to increased collaboration as we work together to address the multi-faceted issues of service delivery and outreach. OCAP uses the Efforts to Outcomes (ETO) software as the primary data collection and reporting tool. This is the third year the OCAP has directed counties in ETO to choose one unit of measure (children, parents/caregivers, or families) for service counts instead of mul - tiple 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 across all 58 counties. This reporting change has improved the way counties capture the number of primary recipient(s) for the OCAP funded programs and services. However, some counties continue to report service counts on a different unit of measure each fiscal year for the same service activity. For example, in a previous fiscal year, a county may report that 100 families received parent education services and in the follow - ing year the unit of measure reported has changed, and the county reports that 200 parents/caregivers received parent education services. Since the unit of measure for service counts do California (continued) Child Maltreatment 2020 Appendix d: State Commentary 158not align in these reporting circumstances, it is challenging to determine if there has been an overall change in the number served for that service activity. There are a variety of possible reasons for this discrepancy and the changes to the unit of measure for service counts. Possible reasons are new vendor contracts, the transition from in-person services to a virtual platform due to the pandemic, and improved tracking method - ologies for the primary recipient(s) served. The OCAP has been working diligently to ensure counties are tracking service counts for the correct recipient(s) and this information is being updated in ETO. The pandemic has created unforeseen and unique challenges for counties, which has had a direct impact on service delivery. Several counties reported increased par - ticipation rates in services since transportation is no longer a barrier, however other counties reported families do not have access to the needed technology to participate in services via a virtual environment. For SFY 2019–2020, counties reported 15,313 CAPIT parents/caregivers served, 318,097 CBCAP parents/caregivers served and 20,300 PSSF parents/caregivers served. In this reporting period, 13 counties reported a decrease in the total number of children served with CAPIT and PSSF funding, and seven counties reported an increase in the total number of children served with CBCAP funding. There was a decrease in the total number of children served by CAPIT and PSSF due to several factors including: ■Counties corrected inaccuracies in reporting from the prior fiscal year ■Alternative programs offered causing less participation in services ■Unforeseen COVID-19 challengesCalifornia (continued) Child Maltreatment 2020 Appendix d: State Commentary 159Colorado Contact Detre Godinez Phone 303–866–4322 Title Federal Data and Reporting Analyst Division of Child WelfareEmail detre.godinez@state.co.us Address Colorado Department of Human Services1575 Sherman StreetDenver, CO 80203 General There were no substantial legislative changes that impacted the way that Colorado reported CAPTA information. Counties using Differential Response have a dual track system for screened-in referrals. The referral options are traditional High Risk Assessments or a Family Assessment Response for low- and moderate-risk referrals. Counties who are not yet utiliz - ing Differential Response only use High Risk Assessments. Safety and risk assessments are completed for all screened-in referrals. Both of these tracks are reported to NCANDS. Reports Reports in FFY 2020 decreased starting in March 2020 due to the impact of COVID-19. There were no changes to policy or interpretation of statute around screening referrals due to the pandemic. Face-to-face initial contacts and ongoing monthly contacts with children decreased during COVID-19 due to fears around child, family, and caseworker safety. Colorado has a hotline system (1-844-CO-4-KIDS) that remained operational during the pan - demic and resulting lockdown. Calls were still routed to either the appropriate county agency or to the central hotline call center. Call takers were able to work from home, and service was not interrupted. As of March 12, 2020, Hotline workers at the central hotline call center have been asking questions of reporters about COVID-19 exposure through information-gathering processes for both child welfare and adult protection referrals. While Colorado and Colorado counties did not experience staff reduction due to layoffs, there were many difficulties in hiring new staff during the pandemic. This was reported by multiple county agencies and continues to be an issue. Children Colorado county agencies did conduct face-to-face investigations and assessments as it was required to accurately determine safety and risk of children. Virtual visitations were not approved for initial contacts during the assessment, but were approved for ongoing monthly contacts with children and subsequent visits. County workers were directed to minimize possible risks or exposure to Covid by taking additional precautions including wearing a mask and asking families to do so as well, maintaining public health recommendations for protocols including washing hands, self-monitoring health, and minimizing social interactions. Rule and statute was not changed around the span of time between the state of the investigation and the disposition/closure. Colorado’s child welfare system does not allow for assessment of prenatal exposure and only for assessment at the time of birth. The pandemic did not change any policies or procedures around reporting substance-exposed newborns. Colorado implemented the substance-exposed newborn questions at the end of the FFY 2019 reporting period, and has started reported on Child Maltreatment 2020 Appendix d: State Commentary 160infants being born substance-exposed, families receiving appropriate services and plans of safe care, and the specific substances identified in the report. Fatalities Colorado did not change any policies around child fatality reviews during FFY 2020. Colorado’s Child Fatality Review Team (CFRT) were still able to virtually meet and perform reviews during the COVID-19 pandemic and the lockdown. Child victims who died as a result of maltreatment are entered in Trails and are collected within the Child File. Statute requires that county departments provide notification to the CDHS of any suspicious incident of egregious abuse or neglect, near fatality, or fatality of a child due to abuse or neglect within 24 hours of becoming aware of the incident. County departments have worked diligently to comply with this requirement. Fatalities are reported from the Child Fatality Review Team (CFRT). The CFRT is housed in Colorado Department of Human Services’ Administrative Review Division (ARD). Together, ARD and county human services agencies work closely to ensure these egregious incidents of abuse or neglect, near fatalities, or fatalities are documented correctly and timely into the SACWIS. Perpetrators Colorado does not make findings on third party perpetrators of sex trafficking; instead the caretakers are evaluated to see if their behaviors are providing access to the third party perpetrators. The NCANDS category of “other” perpetrator relationships includes the state categories of no relation, significant other, foster son, foster daughter, teacher, school counselor, spouse (ex), restitution recipient, child under guardianship, significant other (ex), neighbor, self, and host home provider. Services Counties in Colorado reported that in-home services were impacted by the change of services being performed virtually versus in-person. This resulted in changes in how counties would pay for in-home services; for example, home-based services dropped in FFY 2020 from FFY 2019. Colorado does not outsource any direct child welfare protection services. Some services that help to support families may be community-based. Child removals continue to occur in Colorado during the pandemic when indicated by the safety assessment. The number of children entering out-of-home care decreased from FFY 2019 to FFY 2020, including transfer from in-home to out-of-home and direct out-of-home entry. Preventative services were impacted at the beginning of the pandemic by the expansion of benefits, daycare, and the Colorado Child Care Assistance Program. Federal initiatives that were implemented that were helpful with service provision during the pandemic included the ability to have young people come back to care, the drawdown of Federal funding for kinship navigation programs in the prevention plans, and additional monies to the Court Improvement Program. Colorado (continued) Child Maltreatment 2020 Appendix d: State Commentary 161DCW released an information memorandum (IM-CW-2020-0044) informing and providing guidance to counties on local spending of new and temporary federal funding made available to the state through the CARES Act. Colorado was awarded $714,583 and the entirety of the award was distributed for the front-line work in the counties. As these funds may be incurred by counties up until and no later than September 30, 2021, additional information will be provided in the 2023 APSR.Colorado (continued) Child Maltreatment 2020 Appendix d: State Commentary 162Connecticut Contact Fred North Phone 860–817–7462 Title Program Supervisor Strategic Planning, Performance Management and Evaluation Email fred.north@ct.gov Address Department of Children & Families 505 Hudson Street Hartford, CT 06106 General The Department of Children and Families (DCF) continues to operate a Differential Response System. The Differential Response System is comprised of two tracks: Child Protective Services Investigations for moderate- to high-risk cases, and Family Assessment Responses (FAR) for low- to moderate-risk cases. Currently, Connecticut (CT) does not report data concerning reports handled through a FAR response to NCANDS. DCF policy did not change with regards to commencement within the designated response time determined at time of acceptance, or for completion of DRS response within 45 days. Inconsistencies with that expectation were documented accordingly. According to our data over the course of FFY 2020, investigation (97.2 percent) and FAR (99.1 percent) responses have continued to meet the outcome measure expectation (>=90 percent). Rates for comple-tion also improved from 89 percent during FFY 2019, to 91.4 percent in FFY 2020, that also continued to meet our outcome standard (>=85 percent). This is likely a result of reduced caseloads for our DRS workers due to the significantly lower call volume, while response staffing levels remained constant throughout the year. Reports During the reporting period DCF refilled 75 child protective service positions: 11 Social Work Supervisors, 40 Social Workers, and 24 Social Worker Trainees. DCF also established one new Social Work Supervisor (Durational) position. DCF’s Academy for Workforce Development certified 80 new child protective services hires as completing their pre-service training during the FFY 2020 (some began training prior to the year, so are not reflected in the hiring figures above). The CT DCF Careline has maintained continuous operations 24/7/365 throughout the course of the year. Significant reductions in call volume allowed for reduction in screeners by 50 percent starting in April 2020, increasing back to 75 percent by September 2020. Staffing has returned to 100 percent as of December 2020. During FFY 2020, Careline also prepared to implement a modern cloud-based call center system (Five9) that allows for screeners to work remotely and will help ensure their health and safety, while maintaining continuous operations, as pandemic conditions continue. Five9 has now been fully implemented. Careline screening staff are comprised of 49 full-time staff, and 13 part-time staff (at either 34 or 20 hours per week). There was a significant drop in total call volume since the COVID-19 response began in March 2020. This includes a major decline in the number and proportion of calls made by mandated reporters, especially school personnel. There was no change in the screening criteria. However, additional quality assurance measures were put in place to enhance our practice. Careline Social Work Supervisors were charged with reviewing and approving all referrals, prior to COVID-19 they were just reviewing not accepted referrals. The Careline also instituted a randomized daily review of non-accepted referrals generated from school personnel as they moved to a virtual environment. Careline Program Supervisors reviewed Child Maltreatment 2020 Appendix d: State Commentary 1635 of these referrals daily (15 total) to provide further scrutiny to these referrals, as we were seeing a significant decrease in the quantity and quality of information provided in these referrals. In addition to the decline in the volume of reports, the types of mandated reporters that pro - vided them changed in significant ways as well. The single largest group of reporters (man - dated or otherwise) has historically been school staff. During months in which most schools are in session, this group accounts for approximately 40 percent of all reports received. This proportion began to drop precipitously in March 2020, dropping to about 16 percent in April and May, remaining lower than usual over the summer months, and increasing to only 27 percent in September. The rate of accepting reports for a differential response has been declining over the past couple years as call volume increased, and improved quality assurance efforts at the Careline have yielded positive results. This continued during FFY 2020, with monthly acceptance rates mostly only a few percentage points below the previous year. Acceptance rates dipped further between April and June but returned to more typical rates by July. Children During FFY 2020, there was a decrease in the number of unique children who were alleged victims, compared to FFY 2019. This correlates with the significant decrease in the number of reports accepted for investigation observed during this year as a result of the COVID-19 pan - demic. CT continued to conduct differential responses throughout the course of the pandemic response, including both in-person and virtual visitation when indicated. Beginning in April 2020, all incoming accepted reports were triaged by an Intake Program Supervisor and Office Director to determine, based on case circumstances, whether in-person or virtual visits would be utilized for the response. The goal was to safely limit the number of in-person responses made by DCF staff to protect the health of both staff and families and help minimize the spread of COVID-19. Virtual visits were utilized in over 60 percent of responses between April and July, peaking in May at 74 percent. This method was revised in September to require Intake Program Supervisor and Social Work Supervisor review. This was done to continue timely triage of all reports as call volume increased towards more normal rates. Social workers were provided with, and required to wear, personal protective equipment (PPE) including surgical masks and face shields, during in-person visits while also making sure to employ social distancing during these visits to maintain the health and safety of our workforce and the children and families we serve. Policies and procedures concerning the conduct of all differential responses did not otherwise change during the course of the pandemic. DCF received 3,759 notifications through its CAPTA portal during FFY 2020, of which 48 percent resulted in an actual abuse/neglect report. Further, 68 percent indicated that a Plan of Safe Care had been developed for the child, and 69 percent referred to appropriate services, as of the time of the notification. These fields have not been incorporated into our legacy SACWIS system, as they are planned to be developed in our upcoming CCWIS system within the next two years. Connecticut (continued) Child Maltreatment 2020 Appendix d: State Commentary 164DCF continues to strengthen its response to child victims of human trafficking. During the last quarter of FFY 2020 the Department updated its human trafficking policy to ensure all possible cases of child trafficking called into the Careline receive a coordinated response ensuring the child and family receive necessary supports and services. During FFY 2020, the Department worked with 115 new referrals of children at high risk of, suspected, or confirmed victims of child trafficking. Consistent with prior year’s most child victims are living at home at the time of their victimization. Each of the six DCF Regions has a Human Antitrafficking Response Team (HART) team consisting of a HART Lead and Liaison(s) that partner with law enforce - ment, service providers and the identified Multidisciplinary Team(s) (MDT). These partner - ships ensure a collaborative response and coordinated services for child victims and their families. Cases that do not meet the statutory definition of abuse and neglect are coordinated by the Department’s HART director in partnership with the relevant MDT(s). During FFY 2020, 74 cases were reviewed by the appropriate MDT(s). Fatalities DCF has appointed representatives that are members of, and regularly attend, the CT Statewide Child Fatality Review Panel meetings. Other members include representatives from the Office of the Chief State’s Attorney, Chief Medical Examiner, Child Advocate, and more. The Child Fatality Review Panel has remained operational during the pandemic, and no changes were made to policy regarding its operation. We have maintained our monthly meeting, review data, those specific circumstances related to fatalities and systematic issues. From these meetings, recommendations are generated for communications, dissemination of information and other actions as a result. The receipt of child fatality data by the panel has also continued from the Office of the Chief State’s Attorney, Chief Medical Examiner, Child Advocate, CT Department of Public Health and other law enforcement or medical entities without interruption. Perpetrators CT statute defines abuse and neglect as having been committed by a parent/guardian or entrusted caretaker. Most situations concerning sex trafficking involves perpetrators that do not fit this definition, and so such reports had often not been accepted for a differential response. Systemic barriers to collecting and reporting sex trafficking data, included CT’s inability to accept reports of suspected child trafficking when the perpetrator is identified as a noncaregiver. This was due to limitations of CT statute and regulation, as well as techni - cal data collection infrastructure. The finalization of new policy in September 2020 has resolved this challenge so that future data collection should be more robust and inclusive. Non-accepted reports are handled through our nationally recognized HART system, which includes partnerships with community provider Love146 and local, state, and federal law enforcement entities. The NCANDS category of Other perpetrator relationship includes the state codes of parents of other children in the family that are not step/adoptive parents to the alleged victim, parents or relatives of a friend of the alleged victim, school/educational setting staff (i.e. janitors), and occasional coding errors (“other” used when another actual code should have been used). Services With very few exceptions, DCF modified our service system at the onset of COVID-19 to prohibit nonemergency, in-home or in-person services. Our entire service array transitioned Connecticut (continued) Child Maltreatment 2020 Appendix d: State Commentary 165very quickly to telehealth solutions and maintained a virtual presence in home and with clients through COVID-19. We did reopen to in-person services for a time, but continue to use telehealth contact to greater/lesser degrees depending on the status of COVID-19 rates in the state and/or local areas. We did not suspend any contracted service; all were operational throughout COVID-19, although they operated on a modified operational plan (virtual, telehealth, telephonic service provision only). We did not close our any of our services to new referrals, so as needs arose, referrals continued to be made to each of our programs. At the onset of the pandemic, the agency also stood up a COVID-19 tab on the agency website to identify resources available to families across CT and partnered with the provider commu-nity to establish a Warmline to contact with questions. The top resource searches on the web site were related to: food insecurity, child care availability and housing resources. This year DCF, in partnership with Beacon Health Options, established the Integrated Family Care and Support (IFCS) program. This program will empower and strengthen families, as well as remove the stigma of DCF involvement for families that previously had to receive our direct services to access needed services that would address their needs. The development of the program was a result of a review of data showing a high rate of unsubstantiated case transfers to ongoing protective services provided directly by DCF. The program was developed in the belief that families would be better served in their own community without DCF involvement and aligns well with the Families First Prevention Services legislation and our Prevention mandate.- Child placements have been significantly impacted by COVID-19 throughout the course of the year. Entries into care decreased for much of the year, but so have exits from care, resulting in actually very little change to the overall number of children in placement at any given point in time. CT courts were only hearing Priority 1 business for a time (i.e. for Motions for Orders of Temporary Custody) and slowly reopened to hear nonemergent and more routine matters. Additionally, the Commissioner was granted emergency authorization to extend a moratorium of exiting older youth from care, while the eligibility criteria for young adults to re-enter care was relaxed to encourage young adults to return to care if they were experiencing housing instability. We had a higher number of children in “trial home visit” placement as a result of the agency moving forward with reunification while waiting for the court for legal discharge from care.- - Connecticut (continued) Child Maltreatment 2020 Appendix d: State Commentary 166Delaware Contact Christine Weaver Phone 302–892–6489 Title Data and Quality Assurance Manager Division of Family Services Email christine.weaver@delaware.gov Address Delaware Department of Services for Children, Youth and their Families 1825 Faulkland RoadWilmington, DE 19805 General Delaware’s Division of Family Services (DFS) has received historical numbers of reports of child abuse, neglect and dependency. In FFY 2020, Delaware received a decrease in reports. Delaware continues to use Structured Decision Making® (SDM) at the report line, in investigations, 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. Delaware has continued to expand our FAIR programming. Initially, we had a contract to serve teens where there are identified risks of neglect, such as parent/child conflict. We have been able to expand that contract to serve all families for allegations of neglect and other risk factors, including domestic violence and prenatal substance exposure. For the current NCANDS reporting period, Delaware did not provide FAIR data in the Child File because the program had not been fully implemented across the state. In the near future, we hope to be able to include our internal FAIR data. We are also building a provider portal to allow our contracted FAIR services to enter information into our data system so this data could be included in future NCANDS reports. 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 continue to improve FOCUS, we have tasked ourselves with improving data quality including information used for NCANDS. NCANDS validations are used as a data quality tool to determine areas of need and improvement. We are in the process of building in several validations to ensure updated demographics and child risk factors are completed on all investigation case participants. We added specific elements to capture postresponse service details and now added a validation to ensure completion. Delaware has established a Continuous Quality Improvement Data Quality Committee to focus on data quality improvement efforts.- Report s In FFY 2020, Delaware received 21,138 hotline reports, 20,599 family and 539 institutional abuse (IA) reports. Of the reports received, 13,809 (13, 395 family and 414 IA) or 65 percent did not meet criteria for an investigation or assessment and were screened out. This is a 3 percent increase in comparison to the number of screened-out reports from FFY 2019. During the COVID-19 pandemic, Delaware hotline remained at full capacity and we did not alter our screening practice or policy. During the pandemic, Delaware has seen a reduction of calls to our hotline. One of the biggest contributors to this reduction was the lack of contact that school-aged youth were having with school staff and health care professionals. School staff and health professionals are top report sources to the hotline. Child Maltreatment 2020 Appendix d: State Commentary 167Delaware has overall completed less investigations in FFY 2020 than FFY 2019. This decrease in investigation completion numbers is contributed to the decrease in reports due to COVID-19 pandemic, increase in screened out reports, and increase in referrals to contracted FAIR. Because of the increase of cases diverted through differential response, there is also an increase in unsubstantiated cases. Previously some of these cases may have received a lower-level substantiation. This also attributes to the decrease in cases with closed no finding. 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 2020, accepted referrals for family abuse cases were identified as 60 percent routine/Priority 3, 17 percent Priority 2, and 23 percent urgent/Priority1 in response. The calculation of our average response time for FFY 2020 was a decrease of approximately 28 percent from FFY 2019. Delaware has made great efforts to improve our timeliness response to investigations. We are using data informed practice and have established initial interview due date reports and initial interview completion rate reports that are shared with all staff. The agency 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. We are piloting units that only respond to Priority 3 reports. In light of the continued high number of referrals coming in, Delaware has continued to increase the number of staff responsible for hotline and investigation functions by adding an additional 57 positions to support these areas over the past few years. Children The state uses 50 statutory types of child abuse, neglect, and dependency to substantiate an investigation. The state code defines the following terms: ■Abuse is any physical injury to a child by those responsible for the care, custody and control of the child, through unjustified force as defined in the Delaware Code Title 11 §468, including emotional abuse, torture, sexual abuse, exploitation, and maltreatment or mistreatment. ■Neglect is defined as the failure to provide, by those responsible for the care, custody, and control of the child, the proper or necessary: education as required by law; nutrition; supervision; or medical, surgical, or any other care necessary for the child’s safety and general well-being. ■Dependent Child is defined as a child under the age of 18 who does not have parental care because of the death, hospitalization, incarceration, residential treatment of the parent or because of the parent’s inability to care for the child through no fault of the parent. It is Delaware’s policy to assess all children that are part of the household where the alleged maltreatment occurred. During the pandemic, DFS has made face-to-face as well as virtual contacts with families. Once the investigation is initiated, a review is conducted to determine if a virtual contact was sufficient to ensure the safety of the children on the initial response. Virtual contacts, if appropriate, are permitted throughout the investigation; however, at least one face-to-face contact with the family and home visit has to be conducted before investigation closure. Delaware (continued) Child Maltreatment 2020 Appendix d: State Commentary 168In FFY 2020, about 10 percent of the children in the Child File were substantiated victims of child maltreatment. In FFY 2019, 10 percent of the children in the Child File were substantiated victims of child maltreatment. In looking at specific number of victims, there was a slight decrease. Delaware is now able to capture more specific information related to caregiver and child risk factors. Due to a system issue, staff were not always competing child risk factors for all children on a case. It was only mandatory for victims. A validation is currently being developed to ensure risk factors are completed for all children on the investigation case. After this is implemented in our system, Delaware will have more accurate data. Delaware implemented sex trafficking as allegation type in January 2020. Reports regarding noncaregiver perpetrators of sex trafficking are accepted and included in NCANDS report.- Fatalit ies 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. These reviews continued during the pandemic. The State does not report any child fatalities in the Agency File that are not reported in the Child File. For FFY 2020, there were two fatalities due to co-sleeping and three due to neglect. - Perpe trators 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 registry is to protect children and to ensure the safety of children in childcare, health care, and public educational facilities. For FFY 2020, parent as a perpetrator ranks the highest in the perpetrator relationship to child representing approximately 70 percent of our records. This is a decrease from FFY 2019. The second highest category for perpetrator relationship is other relative nonfoster parent, followed by Other. Other would include individuals such as a babysitter or nonrelated household member. Services During FFY 2019, Delaware’s Children’s Department saw a decrease in the number of children and families served in Promoting Safe and Stable Families Program. This was contributed to a decrease in the number of referrals made by Department staff. There was a significant decline for those children and families served in the Other funding source. This decline was attributed to COVID-19 pandemic in that certain aspects of services were no longer available, decline in referrals, increase in FAIR, and decrease in cases going to ongoing treatment services. - One of ou r 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 - -Delaware (continued) Child Maltreatment 2020 Appendix d: State Commentary 169and 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 was a defect allowing workers to complete the event without adding any services. This validation was added during this reporting period. There is also a data entry and completion delay that is being addressed by operations. Delaware (continued) Child Maltreatment 2020 Appendix d: State Commentary 170District of Columbia Contact Lori Peterson Phone 202–434–0055 Title IT Program Manager (Data Management) Child Information System AdministrationEmail lori.peterson@dc.gov Address District of Columbia Child and Family Services Agency200 I St, SEWashington, DC 20003 Reports As result of the COVID-19 pandemic, the District tracks all COVID-19 related reports through its Information and Referral process. Children The District’s Child and Family Services Agency (CFSA) does not accept calls on alleged victims of sex trafficking aged above 21 years old. These occurrences are solely handled by the Metropolitan Police Department. Fatalities CFSA participates on the District-wide Child Fatality Review committee and uses information from the Metropolitan Police Department and the District Office of the Chief Medical Examiner (CME) when reporting child maltreatment fatalities to NCANDS. The District reports fatalities in the Child File when neglect and abuse was a contributing factor that led to the death of the child. The District defines “Suspicious Child Death as a report of child death is either unexplained, or concern exists that abuse or neglect by caregiver contributed to or caused the child’s death.”- Child Maltreatment 2020 Appendix d: State Commentary 171Florida Contact James Weaver Phone 850–717–4686 Title Director of Protective and Supportive Services Office of Child WelfareEmail james.weaver@myflfamilies.com Address Florida Department of Children and Families 1317 Winewood Boulevard Tallahassee, FL 32399–0700 General Florida did not change any policies related to conducting investigations and assessments due to the pandemic. Investigators were still required to make in-person investigations and assessments. Reports There were no changes to hotline hours due to the pandemic, the abuse hotline remained a 24/7 hotline that was always manned. However, Florida went to remote learning in schools and shut down restaurants and other indoor-activity businesses. As a result of this action, the calls to the hotline dropped dramatically resulting in a reduction in intakes, a reduction in investigations, victims, and perpetrators While the numbers in those areas have begun to normalize over the past few months, that reduction in the spring impacted our yearly totals. The criteria to accept a report are that an alleged victim: ■Is younger than 18 years. ■Is a resident of Florida or can be located in the state at the time of the report. ■Has not been emancipated by marriage or other order of a competent court. ■Is a victim of known or suspected maltreatment by a parent, legal custodian, caregiver, or other person responsible for the child’s welfare (including a babysitter or teacher). ■Is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care. ■Is suspected to be a victim of human trafficking by either a caregiver or noncaregiver. The response commences when the assigned child protective investigator attempts the initial face-to-face contact with the alleged victim. The system calculates the number of minutes from the received date and time of the report to the commencement date and time. The minutes for all cases are averaged and converted to hours. An initial onsite response is conducted immediately in situations in which any one of the following allegations are 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 hospitalization of a parent, etc.); for services; or (6) the facts of the report otherwise so warrant. All other initial responses must be conducted with an attempted onsite visit with the child victim within 24 hours.- - Children F lorida’s NCANDS extract has not been updated to report infants with prenatal substance exposure, however based on our internal review, only 1 child in the file met the criteria of being less than 1 year, being reported by medical personnel, and being positive for either drugs or alcohol risk factors. A total of 440 children who met the criteria were screened out, Child Maltreatment 2020 Appendix d: State Commentary 172but either prior to that screen out, or subsequent to it, 432 of those screen-outs were part of another intake that was screened in. So only 8 were screened out and not previously or subsequently screened in. 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) identification number field is populated with the number that would be created for the child regardless of whether that child has actually been removed and/or reported to AFCARS. Florida added the option for a virtual visit to be used in lieu of an in-person face-to-face visit for children already in care who are required to be seen each month.- - Although the Florida Hotline uses the maltreatment type “threatened harm” only for narrowly defined situations, investigators may add this maltreatment to any investigation when they are unable to document existing harm specific to any maltreatment type, but the information gathered and documentation reviewed yields a preponderance of evidence that the plausible threat of harm to the child is real and significant. Threatened harm is defined as behavior which is not accidental and which is likely to result in harm to the child, which leads a prudent person to have reasonable cause to suspect abuse or neglect has occurred or may occur in the immediate future if no intervention is provided. However, Florida does not typically add threatened harm if actual harm has already occurred due to abuse (willful action) or neglect (omission which is a serious disregard of parental responsibilities). The NCANDS category of Other maltreatment type includes the state category of threatened harm, intimate partner violence threatens child, household threatens child, and family violence threatens child. 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 Florida did not change any policies related to child fatality reviews. The Child Death Review team continued to conduct operations during the pandemic, although some file reviews were done via virtual meetings. Fatality counts include any report closed during the year, even those victims whose dates of death may have been in a prior year. Only verified abuse or neglect deaths are counted. The finding was verified when a preponderance of the credible evidence resulted in a determination that death was the result of abuse or neglect. All suspected child maltreatment fatalities must be reported for investigation and are included in the Child File.- Perpetrators By Florida statute, perpetrators are only identified as responsible for maltreatment in cases with verified findings. Licensed foster parents and nonfinalized adoptive parents are mapped to nonrelative foster parents, although some may be related to the child. Approved relative caregivers (license not issued) are mapped to the NCANDS category of relative foster parent. Florida reviews all children verified as abused with a perpetrator relationship of relative foster parent, nonrelative foster parent, or group home or residential facility staff during the investigation against actual placement data to validate the child was in one of these placements when the report was received. If it is determined that the child was not in one of these -Florida (continued) Child Maltreatment 2020 Appendix d: State Commentary 173placements on the report received date, then the perpetrator relationship is mapped to the NCANDS category of “other.” Services Removals went down during lockdown, as did calls to the hotline and investigations. But if a child was brought into care, the services they received were unchanged. We did utilize the federally-approved option of virtual visits for caseworker visits for those children already in care. Due to the IV-E waiver and a cost pool structure that is based on common activities per - formed that are funded from various federal and state awards, Florida uses client eligibility statistics to allocate costs among federal and state funding sources. As such, Florida does not link individuals receiving specific services to specific funding sources (such as prevention).Florida (continued) Child Maltreatment 2020 Appendix d: State Commentary 174Georgia Contact Michael Fost Phone 404–463–0845 Title Operations Analyst Division of Family and Children ServicesEmail michael.fost@dhs.ga.us Address Georgia Department of Human Services2 Peachtree StreetAtlanta, GA 30303 General Screened-in referrals in Georgia are directed to either an investigation or alternative response. Alternative response is called Family Support. Cases with allegations that are considered dangerous (sexual abuse, physical abuse, maltreatment in care) are directed immediately to the investigation pathway. Cases with other allegations undergo an “Initial Safety Assessment” (ISA). A case worker interviews in person the alleged victim(s) and the alleged perpetrator(s) at the home. Risk is assessed, and the case is then directed either to an investigation or, if risk appears low, to the Family Support pathway. Investigations 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 safety in the home. Both investigations and Family Support are included in the NCANDS Child File. Note that in March 2020, the in-person requirement for ISA meetings was relaxed to include virtual/video visits.- Report s 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. In 2020, due to the Covid19 pandemic, reports of child abuse and neglect declined significantly. Children For safety, many in-home and face-to-face visits between case workers and families were made by video call instead. Fatalities Georgia receives information from partners in the medical field, law enforcement, Office of the Child Advocate, other agencies, and the general public to identify and evaluate child fatalities. Perpetrators Prior to July 2016, a ruling of the Georgia Supreme Court prohibited the Division of Family and Children Services from reporting perpetrator data. Changes in state law allowed the formation of a Child Abuse Registry in July 2016 and Georgia began to report perpetrator data. The change was accompanied by a decrease in substantiated investigations, perhaps because of different evidence requirements. In 2020, the state discontinued the Child Abuse Child Maltreatment 2020 Appendix d: State Commentary 175Registry. Perpetrator data is still collected in the SACWIS system, and Georgia continues to report perpetrator data in NCANDS. The effect, if any, on substantiation rates is not obvious. Services The agency does not provide educational and training, family planning, daycare, information and referral, or pregnancy planning services for clients. These services would be provided by referrals to other agencies or community resources. Our SACWIS system would only track those services paid for by agency funds. However, most services are provided through referrals to other agencies or community resources.Georgia (continued) Child Maltreatment 2020 Appendix d: State Commentary 176Hawaii Contact Kisha Raby Phone 808–586–5711 Title Program Development Administrator Child Welfare Services BranchEmail kraby@dhs.hawaii.gov Address Hawaii Department of Human ServicesPrincess Victoria Kamamalu Building1010 Richards Street, Suite 216Honolulu, HI 96813 General During the pandemic, Hawaii encouraged staff to work remotely and only make face-to-face contact with families when it was determined to be relatively safe. Screening questions regarding potential Covid-symptoms, exposure, and recent travel were asked prior to face-to-face contact. Many monthly contacts between child welfare caseworkers and children and parents were completed virtually. Using federal CARES Act funds, the State provided cell phones or tablets to caregivers, as needed, to ensure virtual contact with both child welfare staff and their family members, as well as to help with engagement in virtual services. Initial investigations/assessments were largely still completed live, taking reasonable precautions. For example, if there were alleged safety issues about a family, triggering an investigation, but the issues did not concern the state of the family home, the child welfare assessment worker met with the family outside. Reports to Child Welfare Services (CWS) of potential abuse or neglect are handled in one of three ways through our Differential Response System: ■Reports assessed as low risk and with no identified safety issues are referred to Family Strengthening Services (FSS). ■Reports assessed as moderate risk with no identified safety issues are referred to Voluntary Case Management (VCM). ■Reports assessed as severe/high risk and/or with identified safety issues are assigned to a CWS unit for investigation. There are no identified alleged victims of maltreatment in reports assigned to Family Strengthening Services (FSS) and Voluntary Case Management (VCM). While VCM cases are documented in the Child Welfare database they are non-protective services cases. All intakes that are referred to FSS, VCM, or CWS are documented in the CWS database. FSS cases are not documented in the state CWS database. During FSS and VCM service provision and assessments, if maltreatment or a safety concern is indicated, the case will be returned to CWS for investigation. Reports Hawaii’s Child Abuse and Neglect Hotline remained fully staffed and functional throughout the pandemic. Because schools were closed and then reopened primarily with virtual education, calls to the hotline dropped in April and May 2020, but began to rise again in June 2020 and call volume was largely back to pre-pandemic levels in August and September 2020. Overall, Hawaii has not seen a significant decrease in reports to the hotline during the pandemic. Policies and procedures regarding screening hotline calls for response did not change during the pandemic. The only policy and procedural changes that may have directly affected NCANDS data are discussed in the GENERAL section above. There were a few staffing challenges during the pandemic. Due to viral exposure, some staff needed to quarantine (and therefore not Child Maltreatment 2020 Appendix d: State Commentary 177work at all for periods of time), and inter-island travel was severely restricted. Fortunately, there were no significant reductions in workforce during this period. Children The NCANDS category of “other” maltreatment type category includes the state categories of “threatened abuse” and “threatened neglect”. Threatened Harm does not meet the level of evidence for psychological abuse or physical abuse. This is the definition from Hawaii Revised Statutes §587A-4: “Threatened Harm means any reasonably foreseeable substantial risk of harm to a child.” 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.- Fatalities Hawaii reports 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. The occurrence and content of these reviews was not impacted by the pandemic. Perpetrators The State CWS data system designates up to two perpetrators per child. The perpetrator maltreatment fields are currently blank. The information was in narrative form, not coded for data collection. Hawaii does not report noncaregiver perpetrators of sex trafficking to NCANDS currently. Services During the pandemic, many services that are normally provided face-to-face were provided virtually. For some services, like psychological evaluations, there was a pause in service provision, while the State and the contracted provider worked to design and implement virtual versions of their services. Most in-home services, which were largely provided virtually at the beginning of the pandemic, later shifted to an in-person version with social distancing, masking, and hand washing precautions in place, as well as pre-screening questions prior to face-to-face contact to ensure safety. As mentioned above, federal CARES Act funds were used to provide families with cell phones and tablets, as needed, to facilitate virtual service provision.- 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.Hawaii (continued) Child Maltreatment 2020 Appendix d: State Commentary 178Idaho Contact Derek Bernier Phone 208–334–5700 Title Research Analyst, Supervisor Family and Community ServicesEmail derek.bernier@dhw.idaho.gov Address 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. During the COVID-19 Idaho had no changes related to information collection or our process regarding our reports however Idaho did see a significant decline for several months in the number of reports of maltreatment as a result of the pandemic. Our centralized unit continued to operate throughout the pandemic and had no change in hours and was able to continue to ensure appropriate staffing levels.- Repor ts Idaho has a centralized intake unit which includes a 24-hour telephone line for child welfare referrals. The intake unit maintains specially trained staff to answer, document, and prioritize calls, and documentation systems that enable a quick response and effective quality assurance. Allegations are screened out and not assessed when: - ■The alleged perpetrator is not a parent or caregiver for a child, the alleged perpetrator no longer has access to the child, the child’s parent or caregiver is able to be protective of the child to prevent the child from further maltreatment, and all allegations that a criminal act may have taken place have been forwarded to law enforcement. ■The alleged victim is under 18 years of age and is married. ■The alleged victim is unborn. ■The alleged victim is 18 years of age or older at the time of the report, even if the alleged abuse occurred when the individual was under 18 years of age. If the individual is over 18 years of age, but is vulnerable (physically or mentally disabled), all pertinent information should be forwarded to Adult Protective Services and law enforcement. ■There is no current evidence of physical abuse or neglect and/or the alleged abuse, neglect, or abandonment occurred in the past and there is no evidence to support the allegations. ■Although Child and Family Safety (CFS) recognizes the emotional impact of domestic violence on children, due to capacity of intake, we only can respond to referrals of domestic violence that involve a child’s safety. Please see the priority response guidelines for more information regarding child safety in domestic violence situations. Referrals alleging that a child is witnessing their parent/caregiver being hurt will be forwarded to law enforcement for their consideration. Additionally, referents will be given referrals to community resources. ■Allegations are that the child’s parents or caregiver use drugs, but there is no reported connection between drug usage and specific maltreatment of the child. All allegations that a criminal act may have taken place must be forwarded to law enforcement. Parental lifestyle concerns exist, but don’t result in specific maltreatment of the child. ■Allegations are that children are neglected as the result of poverty. These referrals should be assessed as potential service need cases. ■Allegations are that children have untreated head lice without other medical concerns. ■Child custody issues exist, but don’t allege abuse or neglect or don’t meet agency defini - tions of abuse or neglect. Child Maltreatment 2020 Appendix d: State Commentary 179 ■More than one referral describes the identical issues or concerns as described in a previous referral. Multiple duplicate referrals made by the same referent should be staffed with the local county multi-disciplinary team for recommendations in planning a response. The investigation start date is defined as the date and time the child is seen by a Child Protective Services (CPS) social worker. The date and time are compared against the report date and time when CPS was notified about the alleged abuse. Idaho only reports substantiated, unsubstantiated: insufficient evidence, and unsubstantiated: erroneous report dispositions. Most regions are not large enough to dedicate staff separately into screening, intake, and assessment workers.- - ChildrenDuring COVID-19 Idaho had no changes related to policies or procedures in conducting investigations. Idaho continued to conduct face-to-face investigations and throughout the pandemic. While staffing levels were a challenge at times, Idaho was able to continue to ensure appropriate staffing levels to conduct investigations. 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 Comprehensive Child Welfare Information System (CCWIS) cannot provide living arrangement information to the degree of detail requested. The state’s CCWIS counts children by region rather than by county. There are seven regions in Idaho. For caregiver risk factors, Idaho’s safety assessment model was implemented in early federal fiscal year (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. - Idaho collected data on sex trafficking victims on all children assessed for neglect, abuse, or abandonment. In addition, Idaho assesses children in foster care during for human trafficking during child contact visits and when a youth returns from runaway status. 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.- Idaho implemented data collection for prenatal substance exposure in April 2019. When our centralized intake unit receives a report regarding concerns of a substance affected infant information is collected regarding the plan of care and services provided. There were no changes in policies or procedures regarding sex trafficking or referral of infants with prenatal substance exposure during the pandemic.Idaho (continued) Child Maltreatment 2020 Appendix d: State Commentary 180Fatalities There were no changes in policies or procedures regarding child death reviews during the pandemic. Idaho has a state child fatality review team who was able to make a slight schedule adjustment and continue to meet to ensure reviews were completed as planned during the pandemic. Idaho compares fatality data from the Division of Family and Community Services with the Division of Vital Statistics for all children younger than 18. The Division of Vital Statistics confirms all fatalities reported by child welfare via the state’s CCWIS and provides the number of fatalities for all children for whom the cause of death is homicide. - When a re port 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. 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 includes in the definition of sexual abuse of a child under the age of sixteen 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. Services During the pandemic Idaho did see an impact to availability or modality of service delivery, some services were available through telehealth while others were temporarily suspended. Idaho was able to utilize funding incentives to help support ongoing availability of services and/or access to services to meet the needs of children and families during the pandemic. Currently, Idaho is unable to report public assistance data due to constraints between Idaho’s Welfare Information System and CCWIS. Idaho has had no changes in preventive funding. Idaho (continued) Child Maltreatment 2020 Appendix d: State Commentary 181Illinois Contact Cynthia Richter-Jackson Phone 217–558–5678 Title Deputy Director, Quality Enhancement Email cynthia.richter-jackson@illinois.gov Address Illinois Department of Children and Family Services 4 West Old State Capital Plaza Springfield, IL 62701 General Currently Illinois does not have a Differential Response pathway. Reports 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. The following criteria must be met for a report of abuse or neglect to be taken: ■The alleged child victim must be under 18 years of age or be between the ages of 18–22 while living in a DCFS licensed facility; ■There must be an incident of harm or a set of circumstances that would lead a reasonable person to suspect that a child was abused or neglected as interpreted in the allegation definitions and ■The person committing the action or failure to act must be an eligible perpetrator: • For a report of suspected abuse, the alleged perpetrator must be the child’s parent, immediate family member, any individual who resides in the same home as the child, any person who is responsible for the child’s welfare at the time of the incident, a paramour of the child’s parent, or any person who came to know the child through an official capacity or is in a position of trust. • For a report of suspected neglect, the alleged perpetrator must be the child’s parent or any other person who was responsible for care of the child at the time of the alleged neglect. The number of reports for FFY 2020 show a decrease of 9 percent when compared to FFY 2019. The biggest factor for this decrease can be attributed to the lockdown caused by the COVID-19 pandemic. The three months with the largest decrease in reports (comparing the same months in 2019 and 2020) were the three months at the beginning of the lockdown (March, April, and May). The Child Abuse/Neglect Hotline never shutdown during the pandemic even as staff transi tioned to working from home after the Governor issued the stay home order. There were no changes to criteria for screening calls of abuse/neglect. COVID-19 screening questions were added consistent with CDC and IDPH (Illinois Department of Public Health) guidance for worker safety in responding to reports of abuse/neglect. The pandemic likely contributed to a reduction in Illinois child protection staff during FFY 2020. Illinois does not outsource child protection services. - Illin ois does not report on time to investigation in hours. The definition for reporting on CPS 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 allegations(s). Illinois policies require at least a good-faith attempt to contact the alleged child victim and the actual contact and the attempted contact are counted as successful initiation of the investigation. Child Maltreatment 2020 Appendix d: State Commentary 182Children During the pandemic, child protection staff responding to initiate investigations were provided with PPE and instructions for safe use of PPE. They were also instructed to ask screening questions consistent with CDC and IDPH guidance. Child protection staff continued to make in person contacts to conduct investigations unless the COVID-19 screening questions suggested a risk of exposure. In those situations, guidance to workers included instructions to maintain 6 feet of social distance, meet outdoors if able to maintain reasonable privacy and social distancing, ask parent to use video call to walk the worker through the home to assess the condition of the home, and if unable to maintain 6 feet of social distance due to exigent circumstances, to correctly use available protective equipment and follow CDC/OSHA guidelines. - - Illin ois has an allegation of human trafficking which is defined 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. ■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). For the purpose of a child abuse/neglect investigation, force, fraud, or coercion need not be present. Because Illinois’s definition of sex trafficking is a part of a broader definition of human trafficking that also includes labor exploitation and blatant disregard of a caregiver’s responsibilities, it is mapped to the NCANDS maltreatment type of Other.- Fatalit ies No policy changes related to child fatality reviews were implemented due to the pandemic. During the initial stages of the lockdown, team meetings were rescheduled and then conducted using video conferencing.- Perpe trators The Illinois Abused and Neglected Child Reporting Act and Rule 300, Reports of Child Abuse and Neglect , does not set a minimum age for a perpetrator, except for Allegation #10—Substantial Risk pf Physical Injury (minimum age of 16), therefore any case involving a young perpetrator must be assessed on an individual basis according to the dynamics of the case. The NCANDS category of Other relationship includes the state categories of church staff, nonstaff person, or other. Illinois (continued) Child Maltreatment 2020 Appendix d: State Commentary 183Indiana 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 Street, Room E306-MS47 Indianapolis, IN 46204–2739 General Indiana has engaged in continuous improvement efforts to refine the data collection and mapping process through system modifications and overall enhancements, including a new intake system that launched in February 2016. MaGIK is an ever-evolving, umbrella system which has further incorporated services, billing, case management, and the overall data management, organization, and extraction components. - - Report s The Indiana Department of Child Services (DCS) does not assign for assessment a referral of alleged child abuse or neglect that does not meet the statutory definition of child abuse and neglect; and/or contain sufficient information to either identify or locate the child and/or family and initiate an assessment (Indiana Policy Manual 3.6). As of January 2018, the Hotline ceased automatically recommending assessment of all reports with alleged victims under the age of three years old. As of July 2019, a change in legislation increased the 1-hour response time to 2-hours. The following four types of referrals do not receive an assessment: - ■Screen out: These referrals meet one or both conditions listed above. No further action is taken within or outside of the department due to insufficient information by the report source or the information given to the hotline does not meet requirements for diversion to voluntary services or information and referral. ■Refer to Licensing: These referrals meet the first condition above and meet requirements for a response from the departments licensing unit. (E.g., reporter has concerns about a foster home that do not meet statutory definition of child abuse and neglect, but complaint does cause licensing concern/s such as too many children living in a foster home). ■Service Request: These referrals meet the first condition above and meet action 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 report source is given information by hotline staff and verbally referred to outside agencies as appropriate. (E.g. Reporter is concerned about developmental issues with their child. The hotline would give the report source information about and contact information for Indiana’s early intervention program). Indiana has also instituted daily Safety Staffings between field workers and supervisors, which emphasizes ensuring the safety of children as quickly as possible. Children As of January 1, 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 Child Maltreatment 2020 Appendix d: State Commentary 184alleged 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 sub - stantiation increased. Indiana continues to work with its field staff responsible for entering reports and completing assessments and emphasizing the importance of entering all appli - cable data, including child risk factors. Fatalities Fatality counts for the FFY are based on the date of an approved, substantiated, fatality assessment. All data regarding child fatalities are submitted exclusively in the Child File. The state has confirmed 56 distinct children found in fatality assessments that were approved in FFY 2020. This count is a decrease from the previous year due to staffing increases in FFY 2019 to complete and approve assessments in FFY 2019. DCS completes a review of all child fatalities that fit the following circumstances: children under the age of 1: the child’s death is sudden, unexpected or unexplained, or there are allegations of abuse or neglect; children age 1 or older: the child’s death involves allegations of abuse or neglect. Reports for fatalities can made from multiple sources, including DCS, law enforcement, fire investigator, emergency medical personnel, coroners, the health department, or hospitals. Reports can be made from these sources related to drownings, poisonings/overdoses, asphyxiation, etc., which may include accidents. It is the intention for these reporting standards not only to be used to determine if abuse or neglect was involved but also as an evaluation tool to inform practice. 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 increased expenditures for Community Partners in FFY 2020 compared to FFY 2019. Overall, Indiana expended similar federal funds this year and slightly less state funds. Title IVB—Promoting Safe and Stable Families decreased, which caused Indiana to serve fewer children. On June 1, 2020, Indiana Family Preservation Service was launched. This service is required to be referred on all new in-home CHINS and IA ’s after this date. This service is a per diem that encompasses all services that the family needs to remain safely in the home with their caregivers.Indiana (continued) Child Maltreatment 2020 Appendix d: State Commentary 185Iowa Contact Lynda Miller Phone 515–242–5103 Title Management Analyst 3 Field Operations Quality Assurance and ImprovementEmail lmiller3@dhs.state.ia.us Address Iowa Department of Human Services 1305 E. Walnut Street Des Moines, IA 50319 General Iowa has two types of responses to screened-in referrals. Our traditional pathway is called a child abuse assessment and the alternative response is called a family assessment. Data from both pathways are reported to NCANDS. Reports The number of abuse and neglect reports decreased slightly in FFY 2020. A factor in this decrease is contributed to the global pandemic. Once schools closed in March 2020, Iowa saw a decline in the total number of suspected abuse reported, much like we see in normal summer months when school is out. Iowa data supports this decline was a result of fewer reports being made by school personnel. During this pandemic, Iowa’s child abuse hotline continued to operate with the same hours of operation and staffing levels. The only change was that hotline staff were set up to work from home. Policies and procedures related to screening remained unchanged. Children Iowa made many changes to procedures related to conducting assessments due to the pandemic. Iowa continued to conduct face-to-face assessments with precautions taken to protect the health of both the family and the worker. Screening questions were implemented, personal protective equipment was utilized, and strict protocols were followed to make decisions on a case-by-case basis. Iowa’s time to conduct an assessment was not changed by the pandemic. The same timeframes to address safety for children and complete the written assessment remained the same. Barriers to collecting and reporting data to NCANDS for infants with prenatal substance exposure include a common understanding and application to what constitutes an “infant affected.” No policies or procedures changed regarding the referral of infants with prenatal substance exposure during the pandemic. The NCANDS category of “other” maltreatment types was corrected to calculate dangerous substance as neglect or deprivation of necessitates. Iowa continues to see a significant amount of substance abuse impact. The state’s sex trafficking maltreatment type was edited to comply with the new federal category with the same name.- Fatalit ies Nine child fatalities were the result of abuse or abuse as a contributing factor in FFY 2020. A state review of the maltreatment cases indicated unsafe sleep (namely cosleeping in an adult bed), which involved parental drug abuse, were the main contributors, making up just over half (five) of all child maltreatment deaths. Physical abuse by unregistered childcare providers caused two maltreatment deaths and inadequate medical care and neglectful motor Child Maltreatment 2020 Appendix d: State Commentary 186vehicle accident accounted for the remaining two deaths. Iowa is in the midst of reviewing policies and procedures regarding safe sleep as well as allegations of medical neglect. Perpetrators Perpetrators in Iowa include individuals who have caregiver responsibilities at the time of the alleged abuse, or a person 14 years of age or older who sexually abuses a child they reside with, or a person who engages in or allows child sex trafficking. This definition, in accordance with federal regulation, defines any perpetrator of child sex trafficking as a perpetrator of child abuse and this data is reflected in NCANDS reporting.- Services Iowa has both preventive and postresponse services. Preventive services (Non-Agency Voluntary Services) are available on a voluntary basis to families following an assessment where abuse is not substantiated or abuse is confirmed (substantiated, 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 Centered Services) 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 (including Family Preservation Services, Solution Based Casework, and SafeCare), to achieve safety and permanency for children and their families. Iowa (continued) Child Maltreatment 2020 Appendix d: State Commentary 187Kansas Contact Jill Loebel Phone 785–368–8172 Title Prevention and Protection Services Email jill.loebel@ks.gov Address Kansas Department for Children and Families 555 S. Kansas AvenueTopeka, 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, as of July 2016, another finding category of affirmed was added. Affirmed is defined as a reasonable person weighing the facts and circumstances would conclude it is more than likely than not (preponderance of the evidence) the alleged perpetrator’s actions or inactions meet the abuse/neglect definition per Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.). - Report s Reasons for screening out allegations of child abuse and neglect include: ■Initial assessment of reported information does not meet the statutory definition: Report does not contain information that indicates abuse and neglect allegations according to Kansas law or agency policy. ■Report fails to provide the information necessary to locate child: Report does not provide an address, adequate identifying information to search for a family, a school where a child might be attending, or any other available means to locate a child. ■The Department of Children and Families (DCF) does not have authority to proceed or has a conflict of interest if: Incidents occur on a Native American reservation or military installation; alleged perpetrator is a DCF employee; alleged incident took place in an institution operated by DCF or Kansas Department of Corrections—Juvenile Services; or alleged victim is age 18 or older. ■Incident has been or is being assessed by DCF or law enforcement: Previous report with the same allegations, same victims, and same perpetrators has been assessed or is currently being assessed by DCF or law enforcement.- Kansa s experienced a decrease in the number of reports received, likely a result of COVID-19 and children not being in the school setting. Educational professionals make up approximately 35 percent of the child abuse and neglect reports to the KPRC. While the rate in which KPRC screens cases in has remained stable, the decrease in reports has led to a decrease in the number of reports screened in, thus fewer victims. The NCANDS category of “other” report source includes the state categories of self, private agencies, religious leaders, guardian, Job Corp, landlord, Indian tribe or court, other person, out-of-state agency, citizen review board member, collateral witness, public official, volunteer, etc. - Fatalit ies 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 2020 Appendix d: State Commentary 188by 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 requires the child to have a court-appointed attorney (GAL). Kansas (continued) Child Maltreatment 2020 Appendix d: State Commentary 189Kentucky Contact Angela B. Cornett Phone 502–564–7635 x3020 Title Quality Assurance Branch Manager Division of Protection and Permanency Email angie.cornett@ky.gov Address Kentucky Department for Community Based Services 275 East Main Street, 3E–A Frankfort, KY 40621 General Due to the COVID-19 pandemic, there were multiple executive orders issued by the Governor of Kentucky. Additionally, Kentucky implemented multiple temporary practice modifications, as described in detail in the sections below.- Kentu cky does not have a true alternative or differential response. The assessment worker makes the investigation response (IR) and the alternative response (AR) determination at the completion of the assessment. In other words, IR/AR is now a finding, rather than an assessment path. Kentucky’s name for the IR is investigation and for AR is family in need of services. Kentucky’s business practice does allow multiple maltreatment levels to be present in a single report. For example, one report could have a disposition/finding of unsubstantiated and services needed if it was determined that maltreatment did not occur, but the family needed services from the agency- In FFY 20 16, Kentucky removed the dispositional finding of services not needed from the standards of practice (SOP) and from SACWIS/CCWIS. Mapping was reviewed and updated as appropriate. Kentucky currently has the following dispositional findings for investigations/assessments: fatality/near fatality substantiated, found/substantiated, substantiated, unsubstantiated, and services needed. For the purposes of NCANDS reporting, services needed is mapped to the NCANDS disposition of “other.” Kentucky no longer maps a dispositional finding to alternative response.- Report s Due to the COVID-19 pandemic and subsequent executive orders issued by the Governor, Kentucky’s referrals of alleged maltreatment decreased in the early months of the pandemic. While most staff began telecommuting, intake staffing levels and hours of operation remained the same. Kentucky’s statewide hotline continued to operate throughout the lockdown and the pandemic. Staff’s access to laptops allowed for telecommuting without any interruptions to normal intake service hours. Some staffing issues were experienced in the rural parts of Kentucky due to staff without reliable internet connections, however, these issues were quickly resolved, and everyone was successfully back online within a short time. As a result of the COVID-19 pandemic, slight changes were made to intake procedures. Intake staff began implementing a COVID-19 screener during the intake to facilitate the decision-making and precautionary measures of investigative staff and their supervisors. The COVID-19 screener required additional information to be obtained about each referral, including the family’s access to virtual platforms, internet service, and phone numbers. Temporary procedural changes were implemented; however, no formal changes were made to Kentucky’s policy. Historically, intake teams working in offices received a high number of faxed or written referrals (e.g., documents from the courts). Due to intake staff telecommuting, community partners were encouraged to utilize the statewide hotline or online referral - Child Maltreatment 2020 Appendix d: State Commentary 190portal. Kentucky’s intake staffing rates have improved during the pandemic with regard to retention. This can be attributed to the flexibility and preference of staff for telecommuting. This has led to an increase in work/life balance and reduction of leave time usage. Kentucky has continued to hire additional staff due to normal turnover. 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 threats and risk factors identified by the reporting source. For example, two reports both alleging sexual abuse may currently have different response times based upon the perpetrator’s current location and access to the victim. Prior to this change, each maltreatment type had a single response time, e.g., all reports alleging sexual abuse had a response time of one hour. The response times were overall increased with this change, as reports identified as low or no risk were previously assigned a response time of 48 hours, but now may have up to 72 hours, which likely is the cause of the continued increase to average response time in this submission. In addition, the responsibility of determining response times during normal business hours was transferred from field staff supervisors to centralized intake supervisors. - - Incid ent date is not a required field in Kentucky’s SACWIS/CCWIS. However, Kentucky has implemented a new field in the assessment related to incident date in an attempt to better track incidents of maltreatment in foster care. During the assessment, for children in out-of-home care (OOHC), staff can now indicate whether the alleged maltreatment occurred prior to the child’s entry into OOHC, or if the incident occurred after the child entered OOHC. This will improve Kentucky’s monitoring of true incidents of maltreatment in foster care, even without an exact incident date. Children As a result of the COVID-19 pandemic, the state temporarily modified procedures to ensure the safety of families and staff as outlined below: ■Effective 3/18/2020 - 5/27/2020: To minimize person-to-person interaction and spread of COVID-19, staff were asked to temporarily suspend normal face-to-face contacts and home visits, unless there was concern regarding an immediate safety threat. However, frequent contact with families and children via telephone, Skype, or similar platforms was required to ensure all necessary supports and services continued to be provided. ■Effective 5/27/2020- 11/23/2020: CPS investigative staff were directed to initiate all investigations assigned a four-hour timeframe and a 24-hour timeframe following normal procedures. Reports that fell into this category were directed to be initiated through unannounced, face-to-face contact. If there were no immediate safety threats identified that would necessitate a child’s removal from the home, follow-up interactions were completed through FaceTime, Duo, or Skype, if available. If the family did not have access to these resources, phone contact was utilized for any follow-up contacts. Initiation of an investigation necessitating a 48-hour, or 72-hour timeframe was conducted through other means rather than face-to-face contact. However, if safety threats were identified during the investigation, face-to-face contact was permitted following supervisory consultation. ■Effective 11/23/2020: CPS staff were directed to return to guidelines issued March 24, 2020 regarding face-to-face initiation of CPS investigations. Staff were directed to initiate all investigations assigned a four-hour timeframe following normal procedures. Reports Kentucky (continued) Child Maltreatment 2020 Appendix d: State Commentary 191that fell into this category were directed to be initiated through unannounced, face-to-face contact. At a minimum, all children in the home were to be observed in person for a high-risk report. In consultation with the supervisor, staff determined whether the allegations and risk factors presented in an investigation necessitating a 24-hour timeframe should be conducted face-to-face or through other means. Face-to-face initiation was required when an immediate safety threat was identified. Initiation of reports assigned a 48-hour or 72-hour timeframe were to be conducted utilizing videoconferencing platforms or other means. Regardless of the assigned initiation timeframe, face-to-face contact is required when an immediate safety threat is identified during an investigation or assessment. Kentucky’s data does not show a significant shift in the length of time from initiation to the completion of assessment during the COVID-19 pandemic. Kentucky currently does not track sex trafficking data as a maltreatment type. This element is collected as a factor within the case. To track sex trafficking as a maltreatment type, Kentucky would be required to propose amendment to state administrative regulation. Kentucky is currently discussing this and may make changes in the future. Kentucky began capturing safe care plan data and referral to appropriate services in FFY 2019 and did not provide a full year of reporting in FFY 2019. FFY 2020 is Kentucky’s first full year of reporting for infants with prenatal substance exposure. There were no policy or procedural changes during the COVID-19 pandemic for the referrals of infants with prenatal substance abuse exposure. Fatalities No policies related to child fatality reviews were changed during the COVID-19 pandemic. Case reviews and meetings continued virtually. The number unique child fatalities has been confirmed. There was a decrease of five fatalities from the prior FFY. Kentucky has a Systems Safety Review (SSR) team that continued operations during the COVID-19 pandemic. All meetings were transitioned to virtual meeting platforms. All cases where a child fatality occurred in an active CPS case and/or accepted as an investigation with the fatality/near fatality designation continued to have an initial review by the system safety analysts and were presented to the multi-disciplinary team (MDT) for consideration of a comprehensive analysis.- Kentuck y collects death certificates from the Department of Public Health (DPH) to confirm whether deaths were related to child maltreatment. The state investigates child fatalities that are a result of maltreatment only. The external panel that conducts child death and near-death reviews continued to meet virtually. There were minor delays related to the COVID-19 pandemic, however, operations and case reviews continued. Perpetrators An overall decrease in the total number of perpetrators from was observed. There was an increase in the number of unknown or missing perpetrator types from 265 to 403. In all categories, there was less than a 2 percent change, with most categories seeing a change below 1 percent. Even though Kentucky reports the NCANDS perpetrator relationship for Kentucky (continued) Child Maltreatment 2020 Appendix d: State Commentary 192noncaregivers (as “other”), Kentucky does not report sex trafficking as a maltreatment type for NCANDS. 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 to report perpetrators more accurately as a prior abuser. The state has seen a decrease in the number of unique perpetrators from the previous submission. There are no concerns with data validity.- Services There was a decrease in prevention referrals during the COVID-19 pandemic. To ensure the safety of families and staff, providers were not required to conduct in-person visits and were asked to transition to HIPAA compliant virtual platforms at their discretion. Providers were directed to utilize recommended safety precautions as directed by CDC guidelines and Children’s Bureau guidance. Providers were advised to consider altering face-to-face visits to enhance the assessment or assurance of safety by completing drive-by or outside visits. There does not appear to be a significant impact of COVID-19 on child removals as the number of unique reports decreased by 9 percent from FFY 2019 to FFY 2020. Additionally, because of the initial court closures due to the COVID-19 pandemic, there was a reduction in family reunifications until the transition to virtual platforms for court hearings was implemented.- The state invested an additional $10 million in tertiary prevention services in FFY 2020. Kentucky also began claiming title IV-E funding for prevention services in FFY 2020. Additionally, Kentucky received funding to support prevention programs targeting families with substance misuse as a primary risk factor, through a SAMSHA grant. Many of Kentucky’s prevention services are provided by contracted service providers.-Kentucky (continued) Child Maltreatment 2020 Appendix d: State Commentary 193Louisiana Contact Kristen Brown Phone 225–678–7779 Title Child Welfare Consultant Email kristen.brown.dcfs2@la.gov Address Louisiana Department of Children and Family Services P.O. Box 3318Baton Rouge, LA 70821 General As a result of the COVID-19 pandemic, Louisiana saw significant decreases in many areas. Schools are a primary source of reports of abuse and neglect; when the pandemic caused schools in Louisiana (and across the country) to shut down, a significant decrease in intake reports was observed. With fewer reports being received, fewer reports were accepted for investigation, causing there to be fewer alleged victims, perpetrators, non-victims, valid findings, etc. The Department of Children and Family Services continued to take reports 24 hours a day, 7 days a week, throughout the pandemic. Centralized intake staff work primarily from their homes and other field staff, who complete the investigations and work with children and families, also moved to a work-from-home model to continue to ensure the safety of children in Louisiana. Additionally, two Practice Support Teams were developed to address case specific questions as they arose. 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. Louisiana no longer employs the Alternative Response model. In August of 2018, the Department implemented a new case management system to capture data related to intake reports and investigations. As with all system implementation, a number of issues were identified. For example, the Department continues to find issues related to the report date and time as well as the date and time initiation of the investigation. This was noted because of military time discrepancies discovered during the error clean-up process. Most of these discrepancies were able to be handled for the FFY 2020 submission; however this remains an area requiring review each submission. The Department is currently designing a new CCWIS system. It is the intention of the new Unify system to capture all NCANDS requirements in an effective and efficient manner. Reports In Louisiana, referrals of child abuse and neglect are received through a centralized intake center that operates on a 24-hour basis. The centralized intake worker and supervisor review the information using a structured, safety model tool to determine whether the case meets the Child Maltreatment 2020 Appendix d: State Commentary 194legal 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 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.- The Department uses a 4-pronged Response Priority system; the four separate priorities are Priority 1 (contact within 24 hours), Priority 2 (contact within 48 hours), Priority 3 (contact within calendar 3 days), and Priority 4 (contact within 5 calendar days). 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 Louisiana (continued) Child Maltreatment 2020 Appendix d: State Commentary 195culpability by a parent, caregiver, adult household occupant, or a person dating/ engaged to one of the aforementioned, the case will be determined invalid. It is expected that the worker and supervisor will determine a finding of invalid or valid whenever possible. For cases in which the investigation findings do not meet the standard for invalid or valid, additional contacts or investigative activities should be conducted to determine a finding. When a finding cannot be determined following such efforts, an inconclusive finding is considered. It is appropriate when there is some evidence to support a finding that abuse or neglect occurred but there is not enough credible evidence to meet the standard for a valid finding. The inconclusive finding is only appropriate for cases in which there are particular facts or dynamics that give the worker or supervisor a reason to suspect child abuse or neglect occurred. - Louisian a also employs the use of an Unable to Locate finding and a Client Non-Cooperation finding. The Unable to Locate finding is used when the Department has made extensive efforts to locate the alleged victim and their family. A finding of Client Non-Cooperation shall be used only in instances in which the Department is completely thwarted in attempts to complete the investigation by the parents’ refusal to participate in the investigation. Several conditions need to be met to use this finding: (1) the worker has made reasonable effort to interview the client; (2) Law enforcement has not been able to assist or refused to assist with efforts to interview the client; and, (3) the district attorney has chosen not to pursue further action; or, (4) the court has refused to order the client to cooperate. These findings, Inconclusive, Unable to Locate, and Client Non-Cooperation, per NCANDS mapping, map to Closed—No Finding.- Children Safety of staff and Louisiana families was and is of the utmost concern. For investigations, policy shifted that upon arrival to a home, the assigned worker should complete screening questions for all household members prior to entering the home. If the screening tool suggested possible COVID-19 exposure, the COVID-19 Practice Support Team would be consulted to determine the best way to move forward with the investigation. Safety and risk of the child victim(s) as well as the worker were taken into consideration to determine the next steps. No policy changes were made, with regard to response priorities; the four current response levels remained the same throughout the pandemic.- The Depart ment implemented a new case management system in 2018. During that time, the ability to identify victims of juvenile sex trafficking was made possible through the implementation of a new category of child abuse and neglect. Louisiana reports information on victims with parent/caregiver perpetrators; those victims are substantiated only when the parent or caregiver is found to be culpable in the alleged sexual trafficking incident. Additionally, increased focus has gone to drug and alcohol affected newborns. Identification of drug and alcohol abuse by the parents has been identified as a risk factor. However, reporting in this area has been difficult due to some issues leading back to one distinct problem: Identification of the reporter as medical personnel. Very often, the hospital social worker calls as opposed to a doctor or nurse. Staff require additional training in this area to correctly identify the reporter type as medical personnel, rather than social services. A number of plan -Louisiana (continued) Child Maltreatment 2020 Appendix d: State Commentary 196of safe care and referral cases have been dropped as a result of this issue. Further, staff also need additional guidance regarding when to identify a plan of safe care 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. Fatalities Louisiana saw a decrease in the number of fatalities from FFY 2019 to FFY 2020. Louisiana reported 19 fatalities during FFY 2020. The Department employed the Eckerd Rapid Safety Feedback model during FFY 2017 and continuing through FFY 2019. The purpose of this model was to better identify children at higher risk of having a poor outcome. The Eckerd Rapid Safety Feedback model was discontinued at the beginning of FFY 2020. Instead, the Department began identifying high-risk cases and alleged victims using a number of different variables including age of the alleged victim, type of alleged abuse, previous history with the Department, etc.- Perpe trators 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 in-home family services, foster care, adoption, and protective daycare. Many services are provided through contracted providers and are not reportable in the Child File. To the extent possible, the number of families and children receiving services through title IV-B funded activities are reported in the Agency File. The COVID-19 Pandemic caused a shift from face-to-face focused services to virtual ser vices. Early on, the Department put into place case contact regulations that gave staff specific directions for what type of contact was required. For example, if no safety plan was in place for an in-home services case, staff could leverage FaceTime and Skype to complete visits. Screening questions were put in place for any family who staff needed to see in-person. A COVID-19 Practice Support Team was available to help offer guidance to staff in situations that may be considered questionable. For children in foster care/adoptions, different guidelines were set forth for staff, making virtual face-to-face contact requirements weekly rather than monthly; and Skype/FaceTime was to be used for parent visits as well, unless the case met certain criteria. The Department has made every effort to continue to provide services which would move cases along and not be held up due to the pandemic.- -Louisiana (continued) Child Maltreatment 2020 Appendix d: State Commentary 197Maine Contact Mandy Milligan Phone 207–592–4785 Title Data and Analytics Manager Office of Child and Family ServicesEmail mandy.milligan@maine.gov Address Maine Department of Health and Human Services2 Anthony Avenue, 11 State House StationAugusta, ME 04333–0011 General Maine continues to utilize the Structured Decision Making (SDM) Intake Screening and Response Priority Tool. It ensures that all reports received are 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. Reports The number of alleged abuse and neglect reports received by Maine’s Intake Unit increased in FFY 2020 from FFY 2019. All reports, including reports 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. Reports that do not meet the statutory definition of child abuse and/or neglect and the criteria for appropriateness of child abuse /neglect report for response is not met, are preliminarily screened out. The Maine statutory definition of child abuse and/or neglect is a threat to a child’s health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these or failure to ensure compliance with school attendance requirements under Title 20–A, section 3272, subsection 2, paragraph B or section 5051–A, subsection 1, paragraph C, by a person responsible for the child. Maine’s report investigation start date is defined as the date and time (in hours and minutes) of the first face-to-face contact with an alleged victim. The SDM tool provides the appropriate response time required by child protective services, either 24 or 72 hours from the approval of a report as appropriate for child protective services.- Childr en The total number of victims associated with completed assessments in FFY 2020 increased from FFY 2019 due to the overall increase in reports and assessments assigned. The state documents all household members and other individuals involved in a report. Some children in the household do not have specific allegations associated with them, and so are not designated as alleged victims. These children are now included in the NCANDS Child File for Maine.- For the N CANDS Child File category of victims in a substantiated report, Maine combines children with the state dispositions of indicated and substantiated. The term indicated is used when the maltreatment found is low to moderate severity. The term substantiated is used when the maltreatment found is high severity. Fatalities In FFY 2019 Maine began the collection and ability to track child deaths at time of report, during assessment or while in care. This information is now available in the Child File for Child Maltreatment 2020 Appendix d: State Commentary 198deaths that occurred after June 2019. Various state offices, along with the multidisciplinary child death and serious injury review board continue to share and compile child fatality data. Perpetrators Relationships of perpetrators to victims are designated in the SACWIS. Perpetrators receive notice of their rights to appeal any maltreatment finding. Low to moderate severity findings (indicated) that are appealed result in only a desk review. High severity findings (substantiated) that are appealed can result in an administrative hearing with due process.- Services Only services through a Child Welfare approved service authorization are included in the NCANDS Child File. Maine continues to work with our contracted agencies for the future reporting of child/family prevention services in an NCANDS Child File. Maine (continued) Child Maltreatment 2020 Appendix d: State Commentary 199Maryland Contact Hilary Laskey Phone 410-245-9043 Title Manager Email hilary.laskey@maryland.gov Address Maryland DHR–Social Services Administration 311 W. Saratoga StreetBaltimore, MD 21201 The state was not able to submit commentary in time for the Child Maltreatment 2020 report. Child Maltreatment 2020 Appendix d: State Commentary 200Massachusetts Contact Nicholas Campolettano Phone 508–929–2013 Title Management Analyst Office of Management, Planning, and Analysis Email nicholas.campolettano@mass.gov Address Massachusetts Department of Children and Families600 Washington StreetBoston, MA 02211 General The onset of the pandemic upended the operations of the Massachusetts Department of Children and Families (DCF) beginning in mid-March 2020 through the end of the FFY. A gubernatorial Executive Order issued March 10, 2020, continued operation of essential services, closed certain workplaces and limited gatherings. This Order was extended until May 18, 2020, when Massachusetts released multi-phased reopening protocols, which remained in effect until the end of the FFY.- On Marc h 13, 2020, all state officers were ordered closed to the public and to staff, with the exception of employees needed to maintain essential operations. The vast majority of agency staff, including frontline social workers, shifted to teleworking as the agency immediately began work to rapidly change operations to find a balance between critical child protection responsibilities and mitigating the spread of the virus by scaling back the face-to-face contact that is a foundation of social work. The Department’s after-hours Child-at-Risk hotline has remained fully operational during nights, weekends, and holidays when state offices are closed, and social workers continued to respond 24/7 to in-person to emergencies and when serious child safety concerns arose. Because the majority of frontline staff were already equipped with Department-issued mobile devices, the transition to telework was less strenuous. The Department distributed laptops to enable all screeners, including those on the after-hours hotline, to take phone calls remotely.- Report s The Department’s Protective Intake Policy requires non-emergency reports of abuse and neglect to be reviewed and screened in or out in one business day. Emergency reports require an immediate screening decision and an investigatory response within 2 hours. While agency policies remained intact during the pandemic, the Department began developing supplementary COVID-19 guidance in March to maintain quality case practice. The interim guidance address prioritization of child safety and the shift to virtual family visits.- Massa chusetts uses a single child protection response, with all screened in reports assigned to investigation-trained response workers. This places the 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, contacted collaterals, and substantially investigated the report of abuse or neglect. Emergency responses must be completed in 5 working days; non-emergency responses must be completed in 15 workings days. To complete an investigation, the policy mandates the use of the Department’s Risk Assessment Tool to assess potential future safety risks to the child. In October 2019, the Department updated its Risk Assessment Tool to incorporate the latest validated research to assess child safety risk more effectively and reliably. Child Maltreatment 2020 Appendix d: State Commentary 201Massachusetts saw the steepest declines in abuse and neglect reports to the agency, known as 51A reports, during March and April when schools shifted to full-time remote learning and the state was under a stay-at-home order. Weekly and monthly tracking of 51A reports showed, over time, the greatest deficit in reporting was among school personnel. With the arrival of warmer weather and declining infection rates and deaths, Massachusetts’ eased its stay-at-home order. As children became more visible in the community over the summer, mandated reporter filings increased, although the total volume of reports has remained consistently below pre-pandemic levels. - The num ber 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, divided by the monthly workload standard for the activity, divided by 12. The workload standards are 55 screenings per month and 10 investigations per month. The number includes both state staff and staff working for the Judge Baker Children’s Center, Massachusetts’ contractor for the after-hours Child-At-Risk hotline The number of workers completing assessments was not reported because assessments are case-management activities rather than screening, intake, and investigation activities. ChildrenThroughout the pandemic, DCF has continued to conduct face-to-face investigations, the after-hours Child-At-Risk hotline has remained fully operational, and the Department has responded in-person to emergencies and when a child’s safety is at serious risk. For non-emergency responses, a combination of in-person and virtual non-emergency responses was used in the earliest stages of the pandemic, when COVID-19 infection rates were high, less was known about the virus, and Personal Protective Equipment (PPE) supplies were limited. As PPE became more readily available the Department acquired and maintained a plentiful inventory of masks, gowns, cleaning supplies, face shields, gloves, and goggles, enabling more face-to-face contact. As Massachusetts commenced reopening, guidance regarding in-person case contact for response and with intact families, was issued in August. At this time, the Department began transitioning non-emergency responses to mostly in-person contact, with children being seen in-person within 3 working days as stipulated in the Protective Intake Policy. For routine visits with intact families, the guidance required alternating in-person and virtual visits every other month but adjusting this practice based on a child’s risk level and in communities when average daily infection rates became extraordinarily high. All pandemic-related DCF guidance is written and updated in accordance with the recommendations from the Massachusetts Department of Public Health (DPH) and the national Centers for Disease Control (CDC). While 51A reporting decreased during the pandemic, 51As were screened-in and supported/substantiated at slightly higher rates than before COVID-19. - In Mass achusetts, intake screening and response decisions require the lowest legal threshold, or level of proof, of “reasonable cause”, as required by state law. This allows for the capture of a broader view of children potentially in need of protective services. Response outcomes are mapped to NCANDS outcomes as follows: ■Supported is mapped to substantiatedMassachusetts (continued) Child Maltreatment 2020 Appendix d: State Commentary 202 ■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 deci - sion is substantiated concern, an allegation decision of unsupported is mapped to other. 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. - - Per the C hild Abuse Prevention and Treatment Act (CAPTA), the Department changed its regulations and policies to accept reports of allegations against noncaretakers (i.e. any person suspected of being involved with the trafficking of a child). The Commonwealth’s approach provides access to supportive services through the child welfare agency, while law enforcement seeks to hold traffickers accountable. Most of the identified perpetrators are nonrelatives—the relationships are identified in the DCF system as “unknown” or “other person.”- - Durin g FFY 2020 electronic case record system changes were implemented to allow for the documentation of the presence of plans of safe care and referrals to appropriate services (for families of substance exposed infants) during the report or investigation. Additionally, this information can also be captured and detailed during the family assessment and action plan that occurs on cases open for services. Fatalities Massachusetts DCF reports child fatalities attributed to maltreatment only after information is received from the state’s Registry of Vital Records and Statistics (RVRS). RVRS records for cases where child maltreatment is a suspected factor are not available until the medical examiner’s office determines that child abuse or neglect was a contributing factor in a child’s death or certifies that it is unable to determine the manner of death. Information used to determine if the fatality was due to abuse or neglect 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. During the pandemic, DCF continued to review child fatalities in accordance with agency policy and protocols.- 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 Massachusetts (continued) Child Maltreatment 2020 Appendix d: State Commentary 203data are not always recorded in FamilyNet. Prior to the pandemic, there was a declining number of children requiring foster care placement services and this remains unchanged. In alignment with the decline in abuse and neglect reports to the agency, home removals are also down compared to prior years. Massachusetts continues to work collaboratively with contracted providers who provide in-home services, such as therapy and parent skills coaching, to intact families. Early in the pandemic, the Department issued guidance specifically for these providers to encourage consistency and continuity of services to the greatest extent possible. During the pandemic, providers have independently made decisions about service provision and deliver a blend of in-person and virtual services.Massachusetts (continued) Child Maltreatment 2020 Appendix d: State Commentary 204Michigan Contact Theresa Keyes Phone 517–574–2257 Title Division of Continuous Quality Improvement Manager Email keyest@michigan.gov Address Michigan Department of Health and Human Services Children’s Services Agency 235 South Grand Avenue, Suite 505 Lansing, MI 48933 Contact Cynthia Eberhard Phone 517–896–6213 Title Child Welfare Data Manager, Michigan Statewide Automated Child Welfare Information System Email eberhardc@michigan.gov Address Michigan Department of Health and Human Services One Michigan Avenue Building120 North Washington Square, 8th Floor Lansing, MI 48933 General The Michigan Department of Health and Human Services (MDHHS) does not have a differential response or alternate response program. MDHHS is responsible for the investigation of complaints of child abuse allegedly committed by a person responsible for the child’s health and welfare. - Michi gan utilized funds under the Coronavirus Aid, Relief and Economic Security Act to target service delivery to higher risk populations including those with recent interaction with the Children’s Protective Services program. Reports Michigan experienced a sharp decline in the number of abuse or neglect reports to the statewide 24-hour hotline due to the COVID-19 pandemic and the state executive Stay at Home orders issued during the period of March 2020 through May 2020. The state’s education system moved to fully virtual school from March 12, 2020 until the end of the school year in June 2020 reducing referrals from education and childcare professionals. The state’s child welfare 24-hour hotline staff remained fully operational without a gap in coverage or responsiveness to the public. Michigan made no changes to the state’s CPS policy complaint assignment criteria which would result in this complaint assignment decline.- Childr en Michigan’s Statewide Automated Child Welfare Information System (MiSACWIS) allows for reporting on individual children. Michigan did not change any policies related to conducting investigations and assessments in response to the COVID-19 pandemic, however operational changes were made in some investigation requirements to increase worker, child, and family safety. There was no impact on the investigation timelines from initiation to determination of the allegations; the state saw an improvement of one hour from the previous fiscal year. The entire child welfare staff statewide transitioned immediately to mobile work using vir tual technology. Specialized teams were developed for in-person contacts required to complete all investigations and initial safety assessments, limiting broad statewide staff exposure to COVID-19 from March 2020 through June 2020. Remaining portions of the investigative process were completed using virtual and phone contacts. All in-person caseworker activities resumed statewide with gradual implementation by June 13, 2020 and with full resumption - - Child Maltreatment 2020 Appendix d: State Commentary 205in July 2020 with the provision of mitigation strategies for staff and the public in effort to minimize the spread of COVID-19. Michigan continues to improve data collection in the area for infants with prenatal substance exposure through collaboration with our medical community and continuous training. Michigan policy indicates that CPS will investigate complaints alleging that an infant was born exposed to substances not attributed to medical treatment and subsequent requirements for confirming abuse/neglect must find that a parent’s substance use/abuse impacts child safety/well-being. The department has established policy, process, and reporting requirements to ensure these families are offered a plan of safe care through either a public health or child welfare contact.- Fatalit ies Michigan reports all child abuse or neglect fatality data within the Child File. Michigan receives reports on child fatalities from several sources including law enforcement agencies, medical examiners/coroners, vital records, and child death review teams. The determination of whether maltreatment occurred is dependent upon completion of a CPS investigation that confirmed abuse or neglect. Fatality reports are not included in the NCANDS submission unless a link between the child fatality and maltreatment is established. Michigan’s Child Death Review team continued operations despite COVID-19. The state utilizes data on child fatalities to provide recommendations, raise awareness, and encourage initiatives to decrease such tragedies. Perpetrators Perpetrators are defined as persons responsible for a child’s health or welfare who have abused or neglected a child. Michigan has made improvements in reporting perpetrators based on relationships a perpetrator may have with a parent such as a Living Together Partner. Michigan does not report noncaregiver perpetrators of sex trafficking to NCANDS. The state refers these adults to law enforcement. This population does not meet criteria of “nonparent adult” or “person responsible” as defined in Michigan’s Child Protection Law. 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. In response to the COVID-19 Pandemic, Michigan expanded the eligibility criteria to at risk families to receive Families First programing. Overall, in-home service programing did see a decrease in service provision as result of the statewide Safer at Home executive orders. - Michi gan 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 refers children birth through age three to programs under the Individuals with Disabilities Education Act. IDEA is managed within the Michigan Department of Education and data is not available to report in the NCANDS’s Agency File.Michigan (continued) Child Maltreatment 2020 Appendix d: State Commentary 206Minnesota Contact Gregory Rafn Phone 651–431–3774 Title Research and Evaluation Supervisor Program Child Safety and Permanency DivisionEmail gregory.rafn@state.mn.us Address Minnesota Department of Human Services 444 Lafayette Road N. St Paul, MN 55155 General Minnesota has three response paths to reports of alleged child maltreatment, currently referred to as family assessment response, family investigative response, and facility investigative response. Reports alleging substantial child endangerment or sexual abuse, as defined by Minnesota statute, require an investigative response. Child protection workers must document the reason(s) for providing an investigative response which may include: statutorily required due to allegations of substantial child endangerment or sexual abuse, or discretionary use for reasons such as the frequency, similarity, or recentness of reports about the same family. Family assessment response deals with the family system in a strengths-based approach and does not substantiate or make determinations of whether maltreatment occurred; however, a determination is made as to whether child protective services (CPS) are needed to reduce the risk of any future maltreatment of the children. Acceptance into either response path, family assessment or investigative, means that a report has been screened in as meeting Minnesota’s statutory definition of alleged child maltreatment, so allegations accepted for either response are reported through NCANDS.- Report s 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. The COVID-19 pandemic had an impact on the number of alleged CA/N reports during FFY 2020. Overall, the number of reports declined from the previous year, however, there were regional and county variances; likely correlated to patterns of virtual/distance school programming. While no changes were made to the statutory requirements for reporting and screening for maltreatment, multiple successive Executive Orders from the Governor required individuals, organizations, and businesses to intermittently “stay at home,” shutdown, and/or engage in virtual services and education. It is likely that the physical absence of children and youth from schools, doctor’s offices, places of worship and other places minimized exposure to mandated reporters resulting in a reduction in reports of alleged CA/N.- Overa ll, local agencies reported an increase in the number of child protection staff, compared to last year. It is difficult to generalize the impact COVID-19 had on the child protection workforce in Minnesota due to regional and county COVID-19 experiential impact and variation. Many counties, however, reported numerous challenges responding to changing staffing levels due to COVID-19 related leaves, and the workforce balancing caring for children at home due to multiple restrictions/activities intended to slow the spread of Coronavirus. While the department has developed a new Minnesota Child Welfare Training Academy through a joint venture with the University of Minnesota, substantial delays in roll out of the academy as a result of the pandemic, and the associated efforts to address it, have impeded initiatives related to the development, stability, and wellbeing of the workforce. - Child Maltreatment 2020 Appendix d: State Commentary 207All three responses (family and facility investigations, and family assessment) apply to screened-in reports of alleged child maltreatment in Minnesota. There was not a significant difference in the proportion of reports screened to each type of response. A separate program, Parent Support Outreach Program (PSOP), offers early intervention supports and services to families when reports alleging child maltreatment are screened out or a family is voluntarily referred into the program. 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.- Approx imately 75 percent of screened out referrals are because the stated concerns do not meet established criteria in Minnesota’s Child Maltreatment Intake, Screening, and Response Path Guidelines or the definitions of child abuse or neglect under Minnesota law. Other reasons to screen out a referral include: children not in the county’s jurisdiction, allegations have already been assessed or investigated, not enough identifying information was provided, or the incident did not occur within the family unit or a licensed facility. There is little variation in the proportion of screened out referrals for each of the reasons across years. In addition, Minnesota Guidelines and Statute apply screen-in requirements to children who have been born. Screened-in reports alleging substantial child endangerment or sexual abuse must be responded to within 24 hours. Other reports must be responded to within 5 days or 120 hours under Minnesota statutes. - Repor ts with either a determination of maltreatment (substantiation) or a determination of need for child protective services are retained for 10 years. Reports with neither determination (including all family assessment response reports) are kept for 5 years. Screened-out child maltreatment reports are also kept for 5 years. Timelines for record retention and destruction are set in Minnesota statutes.- The NCA NDS category of “other” report sources include the state categories of clergy, Department of Human Services (DHS) birth match, other mandated, and other nonmandated Children During FFY 2020 the number of victims decreased. The number of victims is based on determined/substantiated child victims in investigation cases. Due to COVID-19 related public health guidelines and Governor Executive Orders requiring activities to slow the spread of coronavirus, modifications were made to the timelines and face-to-face requirements for certain child protection responses. For reports of substantial child endangerment or sexual abuse, law enforcement or hospital staff were permitted to serve as the initial face-to-face contact with alleged child victims. It was permissible for child welfare workers to ease timelines in situations where the offender was not a primary caregiver and did not have access to the child victim. Alternative methods of contact were allowed, including video conferencing, for less serious conditions as determined by the local screening agency. - The depa rtment encouraged face-to-face contacts and indicated that alternative methods should be used sparingly. When alternative methods were used, video was preferred. Overall, the median time to initial contact throughout the State was longer compared to last year, however, this was more evident for reports requiring a five-day response opposed to a 24-hour response. To ensure the safety of all children who have or had contact with an Minnesota (continued) Child Maltreatment 2020 Appendix d: State Commentary 208alleged offender, Minnesota statute requires other children who currently reside with, or who have resided with, an alleged offender to be interviewed in the early stages of an assessment or investigation. These children are subject to the same protections and provisions as the alleged victim. The State currently collects and reports data related to infants with prenatal substance expo sure. While there were no policy changes during the FFY 2020, the State has taken efforts to improve its response through partnerships and communications. The State has also created a dashboard to monitor data more timely to support strategies for improvement.- Fatalit ies Minnesota’s Child Mortality Review Panel is a Collaborative Safety focused multidisciplinary team including representatives from state, local, and private agencies. Disciplines represented include social work, law enforcement, medical, legal, and university-level educators. Minnesota’s review process is a robust, thorough and time intensive endeavor that includes a review of the child and the family’s history of involvement with the child welfare system. The review is designed to analyze our system to identify opportunities for improvement as well as barriers to providing the best services to children and families of Minnesota. It uses state of the art safety science which engages staff and community partners in the review process, while simultaneously responding to any immediate safety concerns that may arise. - - The pri mary source of information on child deaths resulting from child maltreatment is the local CPS staff; however, some reports originate with law enforcement or coroners/medical examiners. Local agencies also submit results of any local child mortality review to the department’s critical incident review team. The department’s critical incident review team also regularly reviews death certificates filed with the Minnesota Department of Health (MDH) to ensure that all child deaths are reviewed. The department’s critical incident 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 Comprehensive Child Welfare Information System, to ensure that complete data are available. Occasionally, a child who is a resident of Minnesota becomes the subject of an alleged CA/N related near fatality or fatality in another jurisdiction. When the department’s critical incident review team becomes aware of such an incident, documentation, including police reports, are requested from law enforcement in the other state. The local agency within Minnesota is asked to record the data in Minnesota’s Comprehensive Child Welfare Information System. In FFY 2020, the number of maltreatment-related fatalities as compared to 2019, increased from 17 to 21. Given the rarity and complexity of these cases, it would be misleading to speculate on the reasons for this increase. Each fatality is a tragedy, and it is imperative that when such an 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 Minnesota (continued) Child Maltreatment 2020 Appendix d: State Commentary 209in Minnesota’s child welfare system which are used to inform the state’s broader continuous quality improvement efforts. Other than holding the reviews and meetings virtually, all other policies and procedures for reviewing child fatalities in Minnesota remained the same during the pandemic. Perpetrators The NCANDS category of “other” perpetrator relationships includes other nonrelative. In Minnesota, maltreatment determinations can be made against children age 10 and older, as long as there is a preponderance of evidence. Noncaregiver perpetrators of sex trafficking are included. Services Primary prevention services are often provided without reference to individually identified recipients or their precise ages, so reporting by age is not possible. Clients of an unknown age are not included as specifically children or adults. Data reported in preventive services funded by Community-Based Child Abuse Prevention (CBCAP) and Promoting Safe and Stable Families (Title IV-B) represents the unduplicated number of children who received Parent Support Outreach Program supports and services. Services in this program are provided to children and families who were reported as having 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.- Servi ces 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. As a result of the pandemic, the department temporarily lifted age restrictions and decreased the number of risk factors that were needed to be eligible for the Parent Support and Outreach Program. In addition, the department increased the amount of funding provided to local agencies, encouraging a higher amount per family when indicated, and expanded the eligible supports and services to meet the evolving needs of families during the pandemic, including technology to participate virtually in services and educational activities. The number of children entering out-of-home care declined from 2019 to 2020. The sharpest decline occurred shortly after Minnesota’s first COVID-19 related Executive Orders targeted toward slowing of the spread of Coronavirus lockdown in March 2020, and remained at a lower level for the remainder of the year. Children in placement have had less contact with parents and siblings due to visitation restrictions as well as less face-to-face contact with workers in person. Alternate methods of face-to-face contact, including video, have been used. Minnesota (continued) Child Maltreatment 2020 Appendix d: State Commentary 210Mississippi Contact Jaworski T. Davenport Phone 601–359–4797 Title Deputy Commissioner of Child Safety Email jaworski.davenport@mdcps.ms.gov Address Mississippi Department of Child Protection Services P. O. Box 346Jackson, MS 39205 General All MDCPS staff began teleworking in March 2020 and have continued some hybrid of telework and in-office work throughout the pandemic to limit exposure to, and spread of, COVID-19. All caseworker and caseworker supervisory staff, including the staff tasked with investigating allegations of abuse and neglect, have been deemed essential employees throughout the pandemic to allow continued travel and access to all necessary resources to complete investigations and other casework duties.- Guidanc e was issued early in the pandemic to ensure safety precautions were utilized by caseworker staff when making face-to-face contact to mitigate the risk of exposure while continuing to make face-to-face contacts. And policy has required continued face-to-face contact throughout the pandemic except where particularized concerns for exposure were present: i.e. a household member with a positive test or known exposure to someone with a positive test. The following guidance applies to all in-home visits for any purpose. When preparing for an in-home visit, staff must make a phone call to the home and speak with a member of the household prior to making the planned visit. During that phone call, ask the household member whether they or any other member of the household have:- 1) Travel ed outside the United States or used mass transit within the United States within the last 14 days; 2) Had contact with anyone with known COVID-19, or with anyone undergoing medical evaluation to determine whether they have COVID-19, within the last 14 days; and 3) Has any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath). If the household member responds “No” to all three questions, proceed with the visit as normal. If the household member responds “Yes” to any of the three questions, immediately staff the case with a supervisor to assess whether there are any urgent risks or needs requiring immediate attention. If there are urgent needs, assess whether those needs can be safely met remotely. If the urgent needs can be met remotely, forego an in-person visit and meet the needs remotely, instruct the household member to stay home and contact the Mississippi State Department of Health to report their potential exposure to COVID-19, and contact the Mississippi State Department of Health directly to report the potential case of COVID-19.- If the clie nt must be seen in person to meet urgent needs, instruct the affected household member to remain at home and contact their medical professional immediately, to use a mask if available, to place themselves in a separate room with the door closed if possible, and to be assessed by a medical professional before the visit occurs if time permits. When making the visit in the home with an affected household member, avoid all contact with the affected household member if possible and limit time in the home to that necessary to meet the urgent needs. If there are not urgent needs, instruct the household member to stay home and contact Child Maltreatment 2020 Appendix d: State Commentary 211the Mississippi State Department of Health to report their potential exposure to COVID-19, and contact the Mississippi State Department of Health to directly report the potential case of COVID-19. Reports No changes to the referral process were implemented. There was a noted decline in the number of referrals received during the initial pandemic months as compared to prior report - ing months and timeframes. The Department hypothesizes that this decline was attributable to lockdowns in the state decreasing potential reporters’ access to children. The hotline maintained 24/7 operations. No overall agency staffing reductions were experienced. There may have been intermittent staff outages related to personal exposure or positive tests. Children Child abuse and neglect investigations must proceed even as we move through the spread of COVID-19. When making initial contact with any individual during an investigation, ask the three screening questions above. If the individual answers “ Yes” to any of the three que stions, instruct the individual to stay home and contact the Mississippi State Department of Health to report their potential exposure to COVID-19, and contact the Mississippi State Department of Health directly to report the potential case of COVID-19. Further, limit con - tact with potentially affected individuals to the minimum amount necessary to complete the investigation. No changes were made to calculations of initiation and completion timeframes. Fatalities As of March 2020, Child Death Review (CDR) meetings were virtually attended by Tonya Rog illio (Deputy Commissioner of Child Welfare), Tara LeBlanc (Interim Director-Field Op erations-South), and previously Bonlitha Windham (Office Director of Therapeutic & Prevention Services). No changes were made to the CDR policies and operations continued throughout the pandemic. Perpetrators Noncaregiver perpetrators of sex trafficking are reported to NCANDS. The NCANDS category of “Other” perpetrator relationship is coded when the alleged perpetrator’s relationship to the victim is known but it doesn’t fit into the other categories listed.- Services When a service case is opened and maintained by MDCPS staff, it is referred to as an In-Home service case. These cases are opened to either maintain successful reunifications after a foster care episode or prevent the need for initial removals from home into foster care. 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 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 -Mississippi (continued) Child Maltreatment 2020 Appendix d: State Commentary 212with pregnant mothers who were at high risk of the child being removed due to substance use issues once the child is born. The primary goal of the program is to remove the risk of harm to the child rather than removing the child by: 1) reducing unnecessary out-of-home placements 2) preventing and/or reducing child abuse and neglect 3) improving family functioning 4) enhancing parenting skills 5) increasing access to social and formal and informal concrete supports 6) addressing mental health and substance use issues 7) reducing child behavior problems 8) safely reunifying families. For in-CIRCLE Services which are provided through Youth Villages and Canopy, these two Providers offered TeleHealth as an alternative service contact during the COVID-19 shutdown period. - 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 subgrantees. For FFY 2020, the Dorcas In-Home Family Support Program is another program that pro vides family-driven, youth-guided interventions to improve the stability of enrolled families and their ability to provide adequate care for the children for whom they are responsible. These interventions increased families’ access to and utilization of community resources and assistance. The goal is to reduce the likelihood of removal or other disruption of their living arrangement.- For Preve ntion subgrantee’s, the reported numbers for FFY 2020 were 6,427 families served and children-2,581 served. Due to COVID-19, one of our subgrantee’s conducted Live Parenting Sessions. There were 3,509 views of their virtual program.Mississippi (continued) Child Maltreatment 2020 Appendix d: State Commentary 213Missouri Contact Stacy Johns Phone 573–368–3440 Title Program Specialist Email stacy.a.johns@dss.mo.gov Address Missouri Department of Social Services Children’s Division 1111 Kingshighway, Suite ARolla, MO 65401–2922 General Missouri operates under a differential response program where each referral of child abuse and neglect is screened by the centralized hotline system and assigned to either investigation or family assessment. Both types are reported to NCANDS. Investigations are conducted when the acts of the alleged perpetrator, if confirmed, are 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.- Famil y assessment responses (alternative responses) are screened-in reports of suspected maltreatment. Family assessment reports include mild, moderate, or first-time noncriminal reports of physical abuse or neglect, mild or moderate reports of emotional maltreatment, and educational neglect reports. These include reports where a law enforcement co-investigation does not appear necessary to ensure the safety of the child. When a report is classified as a family assessment, it is assigned to staff who conducts a thorough family assessment. The main purpose of a family assessment is to determine the child’s safety and the family’s needs for services. Taking a non-punitive assessment approach has created an environment in which the family and the children’s service worker are able to develop a rapport and build on existing family strengths to create a mutually agreed-upon plan. Law enforcement is generally not involved in family assessments unless a specific need exists.- Report s 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. The response time indicated is based on the time from the login of the call to the time of the first actual face-to-face contact with the victim for all report and response types, recorded in hours. State policy enables, in addition to CPS staff, multidisciplinary team members to make the initial face-to-face contact for safety assurance. The multidisciplinary teams include law enforcement, local public school liaisons, juvenile officers, juvenile court officials, or other service agencies. Child protective services (CPS) staff will contact the multidisciplinary person to help with assuring safety. Once safety is assured, the multidisciplinary person will contact the assigned worker. The worker is then required to follow-up with the family and sees all household children within 72 hours. Data provided for 2020 does not include initial contact with multidisciplinary team members. - - Child Maltreatment 2020 Appendix d: State Commentary 214The FFY 2020 submission shows a decrease in the number of records from the previous year and a decrease in the number of unique records. The number of reports to the call center significantly decreased in the beginning months of the pandemic. Missouri was proactive in analyzing data on both calls and reporters. We tracked data on changes in call volume both weekly and monthly. As soon as our call volume decreased, we were communicating with the public and community partners regarding the lack of calls and concerns this brought for child safety. The Department of Social Services urged every Missourian to be especially attentive to the safety and wellbeing of children and strongly encouraged anyone who suspects child abuse or neglect to call the toll-free hotline. Our agency created a video regarding the importance of making hotline calls and the ease with which mandated reporters could report online. We publicized call volume decreases, shared data with MO Law Enforcement agencies and placed our video on social media sites which gradually let to increased call volumes. - - Our Chi ld Abuse Neglect Call Center continued to run a 24/7 hotline with no staffing decreases. A change was made to the criteria that allowed more calls that were screened out, to be accepted as a referral in order to reach more children and ensure needs were being met during the pandemic. While the pandemic contributed to significant decreases in the number of records from 2019 to 2020, we experienced an increase in the number of referrals screened-out from 2019 to 2020. Changes were made to our state’s calculation for our time from the start of an investigation for the Agency File by mirroring the same logic used in the Child File. Missouri reported a significant increase in response time with two contributing factors: 1) COVID-19 increased the number of multidisciplinary team members making initial face-to-face contacts that impacted CD calculated response times. 2) Our state also took full advantage of lower call volumes during the beginning of COVID-19 and many old records were cleaned up with data entry to showed initial face-to-face times which resulted in first response times that had the appearance of being many months to more than a year from the report date although prior contacts were often made. This heavily impacted Missouri data on the increase in response time hours. As our agency staffing was impacted by COVID-19, we tracked staffing needs and redistributed reports and staff in order to meet the call volume needs across the state. As policies and procedures were adjusted, our state developed a resource page for team members to locate all actions in one location on our Intranet. Once policies for virtual visits, curbside visits or safe in-person visits were developed, we added an indicator in FACES in order to track any visit that was held outside of normal protocols. Our multidisciplinary team (MDT) partners greatly assisted in making child contacts to ensure safety, which did show in our NCANDS data as decrease in our timely initial contact although it was actually an increase when MDT was calculated.- Childr en Missouri implemented multiple protocols to meet our investigation and assessment guidelines on ensuring safety and child contact. Temporary policies addressed both child and worker safety, proper use and availability of PPE, virtual, curbside and in-person visits. In many situations we did continue to investigate reports in-person. Safety of children -Missouri (continued) Child Maltreatment 2020 Appendix d: State Commentary 215continued to be a primary concern and child removals were not impacted. Per the Supreme Court of Missouri’s order issued on March 22, 2020, all in person hearings were suspended with the exceptions to include proceedings pursuant to Chapters 210 and 211 pertaining to juvenile delinquency, abuse, and neglect, termination of parental rights to ensure the safety of children remained a priority. 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, 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 2020 substantiated records, and dividing it by the total number of prior substantiated records, not including unsubstantiated or alternate response records.- The sta te does not retain the maltreatment type for reports as they are classified as alternative response nonvictims. Missouri tracks cases with sex trafficking victims as a result of the 2017 Preventing Sex Trafficking and Strengthening Families Act. With the 2019 expansion of the definition of care, custody and control in Missouri Children’s Division policy to include those who take control of a child by deception, force or coercion, we have been able to identify any perpetrator of sex trafficking as a caregiver and include them in NCANDS data. Missouri’s concern with barriers is the current lack of an evidence-based models specific to assessing, identifying, and responding to trafficking as it relates to working with children through the child welfare system. However, CD has worked with other states to develop a comprehensive assessment tool for child victims of both labor and sex trafficking. This new tool will be incorporated into CD policy and supported by Advanced Human Trafficking training in the near future. Missouri collects data on plans of safe care in the instance of a Newborn Crisis Assessment Referral. During FFY 2020 there were 3,491 children younger than 1 year who were screened out of the NCANDS Child File and alerted to Missouri Children’s Division as Newborn Crisis Assessment Referrals. Of those children referred, 1,050 had a plan of safe care. There were an additional 14 children in the Child File that met the criteria, but were not reported as having a plan of safe care because plans are only required on Newborn Crisis Assessments in Missouri. Newborn Crisis Assessments in Missouri are not considered reports of abuse or neglect and there are no plans in Missouri, to change the way Newborn Crisis Referrals are categorized. They will continue to be considered referrals and not reports of abuse/neglect. Fatalities Missouri statute requires medical examiners or coroners to report all child deaths to the Children’s Division Central Hotline Unit. Deaths due to alleged abuse or those which are suspicious in nature are accepted for investigation, and deaths which are nonsuspicious, accidental, natural, or congenital are screened out as referrals. Missouri does determine substantiated findings when a death is due to neglect as defined in statute unlike many other states. Therefore, Missouri is able to thoroughly track and report fatalities as compared to states without similar statutes. Through Missouri statute, legislation created the Missouri Missouri (continued) Child Maltreatment 2020 Appendix d: State Commentary 216State 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.- In FFY 20 20, Missouri adjusted coding on our mapping document in order to more accu rately provide child fatality information in the NCANDS Child File, based on a mapping issue found in FFY 2019 data. Staff were trained to make the preponderance of evidence findings on the actual allegation (physical abuse, neglect, lack of supervision) rather than the fatality itself. This was a successful change in gathering accurate data.- Perpe trators The state retains individual findings for perpetrators associated with individual children. For NCANDS, the value of the report disposition is equal to the most severe determination of any perpetrator associated with the report. In the 2019 Missouri legislative session, a statutory addition to the definition of those 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. The FFY 2019 Missouri submission indicated a higher number of perpetrators in the cat egory of “other” due to a policy that changed the wording “paramour” to “partner” which added additional coding that fell to the “other” category. For FFY 2020 Missouri updated coding on our mapping document to capture “partner” which resulted in an elevated percent change from the “other” category. The “other” category also includes reports where the perpetrator is coded as “self” for the victim. These are instances usually involving older victim children that are also perpetrators themselves, to younger children on the same report which puts them in the “other” category.-Missouri (continued) Child Maltreatment 2020 Appendix d: State Commentary 217Services Children younger than 3 years are required to be referred to the First Steps program if the child has been determined abused or neglected by a preponderance of evidence in a child abuse and neglect investigation. Referrals are made electronically on the First Steps website or by submitting a paper referral via mail, fax, or email. First Steps reviews the paper or electronic referral and notifies the primary contact to initiate the intake and evaluation process.- Postin vestigation 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 2020. The Children’s Trust Fund provided supplemental data regarding preventive services.- In Marc h 2020, CD and contracted in-home service providers were given guidance on how to utilize virtual visitation for in-home services provisions for families. The guidance included when to use daily virtual visits, weekly virtual visits, and curb side checks. In situations where families did not have access to participate in a virtual visit, in-home providers were instructed to consult with their supervisor to determine the feasibility of completing a curbside check of the child to assure safety. For all open in-home services cases supervisors were to assess cases with case managers and have the flexibility to require more frequent virtual visitation depending on risk and needs of the family. All alternative methods of visitation was to be thoroughly documented and identified with the FACES system by checking the COVID-19 protocol box.- In May 20 20, CD and contracted in-home service providers were given additional guidance for providing face-to-face contact for in-home services provisions for families. The guidance allowed for in-home services to be in-person with a family after consideration of health and safety factors and proper screening of the family to minimize the spread of COVID-19. It required the screenings to be completed at each visit. In situations where in-person contact was not feasible, in-home service providers continued to provide increased virtual visitation with families. All deviations or alternative methods to assure child safety was to be through and identified within the FACES system by checking the COVID-19 protocol box. Additional resources for Older Youth (OY), through federal legislation, were instrumental in providing financial assistance to OY impacted by the pandemic. Missouri also increased the expectation that all OY have weekly contact from our agency to ensure all needs were being met during the pandemic and especially during lock-down.Missouri (continued) Child Maltreatment 2020 Appendix d: State Commentary 218Montana 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 Child and Family Services Division301 S. Park P.O. Box 8005 General 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 2019. Reports Montana Child and Family Services has a Centralized Intake Bureau or call center that screen each referral of child abuse or neglect to determine if it requires investigation, assistance, or referral to another entity. Referrals requiring immediate assessment or investigation are immediately called out to the field office. By policy, these Priority 1 reports receive an assessment or investigation within 24 hours. All other child protective services reports that require an assessment or investigation are sent to the field within 24 hours. In general, this has resulted in improved response times. Montana experienced a slight decrease in the number of calls at the beginning of the pandemic, however this decrease did not last very long. Montana did not change screening protocols.- Childr en Montana continues to conduct all investigations per policy and did not make any modifications to timeframes. Montana has not experienced any delays in investigation decisions/outcomes.- Fatalit ies 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. Montana had a FICMR (fetal, infant, child mortality review) meeting scheduled for May 2020 and chose to postpone it until early fall when a virtual meeting was conducted. - Perpe trators Unknown perpetrators are given a common identifier within the state’s data system. Services Montana CPS workers and providers conducted virtual delivery of prevention and in-home services for the first 8 weeks of the pandemic and then returned to providing these services in person. Data for prevention services are collected by State Fiscal Year (SFY). There have been no significant changes in our removal and reunification rates attributed to the pandemic. Child Maltreatment 2020 Appendix d: State Commentary 219Nebraska Contact Greg Brockmeier Phone 402–471–6615 Title IT Business Systems Analyst Supervisor Email greg.brockmeier@nebraska.gov Address Nebraska Department of Health and Human Services 1033 O Street, Suite 400Lincoln, NE 68508 General During FFY 2020, Nebraska continued to utilize the Structured Decision Making (SDM®) model, a set of research-based decision-support assessments, to assess reports of child safety and risk. 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 has a two-tiered system of responding to accepted reports of abuse and neglect. Reports are assigned to a traditional assessment or an Alternative Response. Alternative Response is an approach to keep children safe in a family-friendly way by doing things such as making appointments to see the family, asking the parents or caregivers for permission to talk to their children and other collaterals, not entering abuse or neglect findings, and offering concrete supports, among other things. Alternative Response started as a pilot in five counties in 2014 and has since expanded statewide as of October 1, 2018. Data for traditional and alternative response cases are reported to NCANDS.- To enhance our engagement skills, the Division of Children and Family Services introduced Safety Organized Practice (SOP) to our staff beginning in April 2019. SOP is an approach to child welfare casework designed to help all key stakeholders—the family and professionals—involved with a child keep a clear focus on assessing and enhancing safety at all points in the case process. By employing solution-focused interviewing, proven strategies for meaningful child and youth participation, and a common language for concepts like “safety,” “danger,” and risk,” SOP compliments SDM to create a rigorous child welfare practice model that is neither too naïve nor negative in its view of families. The tools utilized in SOP are proven to enhance the development of good working relationships and the creation of detailed practical and achievable safety plans. In the last two years, DCFS has substantially completed the roll-out of all 12 modules of SOP training statewide, continued the training process with the case management contractor for the Eastern Service Area, and is developing ongoing refresher training for all state staff.- - ReportsAll reports of child abuse and neglect are received at the toll-free, 24/7, centralized Abuse and Neglect Hotline. The Hotline workers and supervisors utilize SDM to determine whether a report meets criteria for intervention as well as 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 to determine whether a case should remain open for ongoing services. Nebraska experienced an increase in unique screened-in reports to the Hotline in FFY 2020. Despite this increase, Nebraska experienced a decrease in screened-out reports and an increase in children who were screened out during FFY 2020. In June 2019, a policy was Child Maltreatment 2020 Appendix d: State Commentary 220enacted whereby all reports made by medical professionals which involve an identified child or child victim age five and younger are accepted for assessment. That same month, Central Office program policy staff also began performing second-level reviews of all reports that are screened out at the Hotline. The purpose of these reviews is to ensure that the correct screening decisions are made with regard to reports that are not accepted for assessment. These changes in policy and practice may account for the increase in screened-in reports and decrease in screened-out reports. From the onset and during the pandemic, referrals of child abuse and neglect have been affected within Nebraska. Overall, the Nebraska Child and Adult Abuse and Neglect Intake Hotline (Hotline) experienced decreased call volume. Specifically, there have been fewer calls from educational professionals due to school closings. However, there has been increased reporting from local law enforcement agencies. Notably, referrals to the Hotline during this time have involved families experiencing high levels of stress and involving more serious physical abuse to young children. Nebraska’s Hotline has continued to be in full operation 24 hours a day, seven days a week. Hotline staffing levels have not changed, but due to lower call volume, Hotline staff have assisted with other state programs and projects to connect families in need with Economic Assistance during the pandemic. Nebraska DHHS did not change any Hotline policies or procedures related to screening due to the pandemic. Nebraska also did not experience staff reduction due to the pandemic. Specifically, the Hotline did not have any reductions due to the pandemic. However, with natural attrition, positions were utilized to help other areas of child welfare to ensure coverage to meet child and family contact deadlines and to complete safety assessments timely and accurately. All reports made by a medical professional involving a child 0-5 years of age is accepted at the Hotline. Through the Comprehensive Addiction and Recovery Act (CARA), Nebraska has set up a notification process for birthing hospitals. If the hospital does not feel that there are concerns of abuse or neglect, but an infant was born affected by substance use, a notification is made to DHHS. While we continue to work with our hospitals on the implementation of CARA and the difference between reporting and sending a notification, some infants are missed due to notification not being sent to DHHS. In November 2020 an updated letter explaining the two processes was sent out to all Nebraska hospitals. The Nebraska Perinatal Quality Improvement Collaborative held a video conference in January 2021 for all hospitals to receive additional training and guidance on Nebraska’s CARA Implementation. This video conference was recorded for those that were not able to join live. Children In FFY 2020, Nebraska saw a decrease in unique child victims. The expansion of alternative response partly accounts for this decrease, along with the effect the COVID-19 pandemic has had on the volume of calls to the Hotline originating from schools. Further, DCFS policy has been clarified and augmented with regard to Agency Substantiated findings and Central Registry entries. All agency substantiated findings are now reviewed and entered by supervisors who have administrative oversight of this process. The supervisor considering a finding of Agency Substantiated and the entry of the alleged perpetrator’s name on the Central Registry must find sufficient evidence to support that the subject of the report, the alleged perpetrator, committed child abuse or neglect as outlined in state statute and determine that the evidence meets statutory requirements.-Nebraska (continued) Child Maltreatment 2020 Appendix d: State Commentary 221Nebraska did not change any policies related to investigating allegations of child abuse and neglect or conducting assessments with families during the COVID-19 pandemic, except that the time frame identified for CFS Specialists to complete assessments was extended from 30 to 45 days and an Administrative Exception could be granted for an additional 15 days. DHHS issued guidance to CFS teammates on practicing safe hygiene and social distancing to continue to protect our workforce and providers while keeping children, families, and vulnerable adults safe. Parenting time/visitation between parents and children and some monthly contacts with ongoing clients was restricted to virtual platforms for several months during the pandemic. In November 2020 “Guidance on Child, Family and Facility Contact during the COVID-19 Public Health Emergency” was updated as follows:- “At this t ime, DHHS has determined face-to-face visits can occur; however, there may be situations when a virtual visit is required based on the family circumstances, their risk level related to COVID-19, exposure to COVID-19 and current Directed Health Measure (DHM). Some counties in Nebraska may be under DHMs, visit covid.ne.gov to find the DHM that corresponds with the county the visit will take place in.” - Nebra ska has seen increased severity of verbal and physical family violence involving both weapons and serious threats of harm. There has also been an increase in number and complexity of sex trafficking reports, as well as exposure to sexualized content due to children having more access to the Internet. There were some temporary changes put into place for drug testing parents who are required to test per court order. Drug-testing was conducted using sweat patches instead of urinalysis drug screening and alcohol testing was performed using ankle monitors. As of June 26, 2020, DCFS resumed referrals for urine and oral swab drug testing. Providers were instructed to continue to minimize in-person contact between staff and individuals being tested. - Nebra ska DCFS did conduct in-person investigations and assessments throughout the months affected by COVID-19. Staff were provided with personal protective equipment (PPE), including masks, face shields, gloves, hand sanitizer and cleaning products. CFS Specialists were instructed to call the family from outside of the home and ask if anyone inside is positive for COVID-19. If a family member has Covid, the worker does a quick walk-through of the home and conducts the assessment from outside, if at all possible. Nebraska DCFS did not conduct virtual CPS investigations. DCFS experienced a decrease in the average number of days to complete an investigation. The average number of days for an Initial Assessment (IA) to be completed and closed from March 2019 to February 2020 was 32.4 days. The average number of days for IA to be closed from March 2020 to January 2021 was 29.2. Nebraska started reporting sex trafficking data to NCANDS in 2018. As of August 2019, Nebraska accepts all reports of trafficking without regard to the subject of the report for assessment of child safety. Findings allow for differentiation between labor and sex trafficking. However, the finding is not an accurate indication of who is a trafficking victim as often the identity of the subject (or perpetrator) is not known and DCFS cannot substantiate an unknown perpetrator or list them on the Central Registry. Most victims of sex trafficking engage in “survival sex” and thus far there is not an exact mechanism for tracking these cases.-Nebraska (continued) Child Maltreatment 2020 Appendix d: State Commentary 222Nebraska continues to increase our ability to identify and report on infants with prenatal sub stance exposure and DCFS continues to discuss improvement strategies with administration. Currently only data based on children’s characteristics is included, but DCFS is working on incorporating caregiver characteristics related to substance use. In the past year, a Standard Work Instruction was updated for all staff on what to do when an infant affected by prenatal substance use is identified. Nebraska continues to work with external partners, including hospitals, to ensure that they are providing DCFS staff with the necessary information to complete plans of safe care. Nebraska was recently chosen to receive In-Depth Technical Assistance, a two-year project through the National Center for Substance Abuse and Child Welfare and Children and Family Futures. While the main focus is on developing plans of safe care prenatally, the data and work with external stakeholders will allow Nebraska to grow and improve practice, ensuring all infants born affected by substance abuse/misuse have a plan of safe care documented.- Fatalit ies Nebraska reported two child fatalities resulting from child maltreatment in FFY 2020. 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 CMDRT 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. No policies were changed with regard to child fatality reviews. The state CMDRT meets quarterly. In the past, the meetings were held in person, alternating between Omaha and Lincoln. Due to a number of unforeseen circumstances, the meeting scheduled for March 2020 was cancelled. Meetings were held virtually in June, September, and December of 2020.- Perpe trators Nebraska collects information on the perpetrators and enters the data into the child welfare information system. Information includes the relationship of the perpetrator to the child and demographics. Nebraska has a state statute that prohibits a perpetrator under 12 years of age from being listed as a substantiated perpetrator. The maltreatment will be listed, but there is no finding entered indicating if the maltreatment was substantiated or unfounded. In FFY 2020, Nebraska saw a decrease in unique perpetrators. The decrease is likely due to a combination of factors: more reports are going to alternative response than had been preciously; supervisors are reviewing all recommended findings; and the COVID-19 pandemic has affected the number of reports received at the Hotline and assessments performed. - Nebra ska reports noncaregiver perpetrators of sex trafficking to NCANDS. Nebraska revised statutes to require DHHS to conduct in-person investigations of trafficking regardless of the alleged perpetrator’s relationship to the allege victim. This legislation was effective in August 2019. Nebraska reports “Other” relationships for perpetrators of sex trafficking which includes nonrelatives and other people who are not professional caregivers.Nebraska (continued) Child Maltreatment 2020 Appendix d: State Commentary 223Services 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 to automatically notify the network of children younger than three who are victims of maltreatment. Nebraska believes that most of the services provided to families can be accomplished during the assessment phase, between the report date and the final disposition. When a case is in “Court Pending” status, that is, prior to the parents or caregivers entering pleas or the court rendering a decision on the facts, services are nearly always provided to the family. Case management, supervised visitation and family support services, and addiction services are only a few of the services frequently utilized by families during the pendency of their court cases. However, often, some or all of the services may be concluded prior to the 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. There was a decline in the number of children served in noncourt cases during the pandemic. From March through December 2019 there was a monthly average of 1,308 children involved in non-court cases; for the same period in 2020, the monthly average was 1,235 children. There were adjustments to in-home services and those that were able to provide services virtually during the lockdown did so pursuant to the “Guidance on Child, Family and Facility Contact during the COVID-19 Public Health Emergency.”- ■Referrals for most services declined during this time; however, CFS worked to insure that the most necessary services were not interrupted. ■Some service contracts, were amended to add service codes and language to allow virtual visits when in-person contact was not recommended. ■There were benefits to services being virtual, especially in more rural and remote areas of western Nebraska. Some families were able to receive services that were previously limited due to lack of providers in their area. Travel time was also eliminated. ■Most therapy and clinical supports have been continued through the pandemic and provided via telehealth. - ■The Medicaid managed care organizations (MCO) report that their providers experience fewer cancellations and “no shows.” They have also found that the virtual option supports customers’ schedules and eliminates travel issues. ■Family Centered Treatment (FTC) is generally an all in-person service. However, the FCT Foundation (the national office that licenses FCT providers) worked closely with providers to help them transition to virtual platforms. The FCT Foundation provided training and guidance documents for the providers to ensure quality services and child safety were maintained in the virtual setting. ■Most families transitioned well to virtual; few, if any, families stopped FCT due to the pandemic. Nebraska (continued) Child Maltreatment 2020 Appendix d: State Commentary 224The number of children taken into state custody decreased from 2,303 in calendar year 2019 to 2,084 for 2020. With the exception of July, the numbers were fewer than they had been in 2019 for each of the Covid-affected months (March–December 2020). There also were fewer removals in January 2021 than in 2020 and 2019. It is not possible to ascertain with certainty if the decrease in children removed from their homes is due entirely to the effects of the pandemic on child welfare. CFS is engaged in ongoing efforts to serve more children in their homes with robust safety planning. Overall, the number of children in foster care in Nebraska has increased. This may be due, in part, to court hearings being continued due to the COVID-19 pandemic. During the “lockdown” phase of Covid, monthly contact and parenting (visitation) time was conducted over Zoom or other virtual platforms. Some parents were unwilling to participate in video visits with CFS, but they did want to see their children for visitation. Workers would visit with parents on the Zoom call before the visits began so that the parents met with their workers and workers could check-in with parents and offer assistance on case plan progress Public Coronavirus Aid, Relief and Economic Security Act (CARES) funds were utilized for additional preventive services that families needed during the pandemic. Flexibilities granted by the Administration for Children and Families (ACF) allowed DCFS to better support families, meet immediate needs and adjust how services are provided. Specifically, federal funds have been used to meet concrete needs such as food and housing; virtual home visiting; and telehealth. Family Centered Treatment is a federally reimbursable service. Typically, states are reimbursed at the rate of 50 percent. However, due to the pandemic, our federal partners released guidance and raised the reimbursement to states. Nebraska was able to receive 100 percent reimbursement for FCT. - Nebra ska DHHS Division of Children and Family Services provides child welfare services to the citizens of Nebraska. The statewide Child and Adult Abuse and Neglect Hotline is centralized in Omaha, but serves the entire state. Initial Assessment (investigation) is conducted by State of Nebraska Child and Family Services Specialists (CFS Specialists) and case management is likewise provided by CFS Specialists in four of the five service areas. In the Eastern Service Area, case management is privatized. St. Francis Ministries is the contractor performing case management duties in the ESA.- Nebraska (continued) Child Maltreatment 2020 Appendix d: State Commentary 225Nevada 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 Services4126 Technology Way, 2nd FloorCarson City, NV 89706 General Nevada child welfare agencies use a single statewide child welfare information system known as UNITY—Unified Nevada Information Technology for Youth. UNITY was previously federally designated as a SACWIS, a Statewide Automated Child Welfare Information System, but is now governed by federal Comprehensive Child Welfare Information System (CCWIS) regulations. - Child P rotective Services (CPS) provided by child welfare agencies in Nevada follow the Nevada child welfare safety model known as the Safety Assessment and Family Evaluation (SAFE) model. The SAFE model supports the transfer of learning and ongoing assessment of safety throughout the life of the case. The model emphasizes the differences between identification of present and impending danger, assessment of how deficient caregiver protective capacities contribute to the existence of safety threats and safety planning/management services, assessment of motivational readiness, and utilization of the Stages of Change theory as a way of understanding and intervening with families. All child welfare agencies in Nevada have implemented this model, which has changed the state’s way of assessing child abuse and neglect and has enhanced the state’s ability to identify appropriate services to reduce safety issues in the children’s home of origin. Additionally, this model has unified the state’s CPS processes and standards regarding investigation of maltreatment.- - Nevad a 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. Nevada has recently modified the DR program to better meet the needs of the child welfare agencies and the communities in which the agencies operate. - Each ch ild welfare agency now provides DR services differently through their agency. CCDFS modified its DR program to a Community Collaborative Program designed to serve as a neighborhood-based family support system. The agency conducts an initial assessment of a report that has been received through its intake hotline. Based on the assessment, the agency will either continue to work with the family or request the Community Collaborative to continue to work with the family based on the families’ needs. WCHSA established an agency-based DR program. The agency serves screened-in maltreatment reports and utilizes internal staff to conduct the assessment and provide services to the family. DCFS Rural Region transitioned DR from a program that responds to screened-in CPS reports to a program that serves families in the context of a more traditional prevention model. DR will serve families brought to the agency’s attention through CPS intake that do not meet criteria for a screened-in maltreatment report but do meet agency criteria that indicate the family is at risk for future involvement with the CPS system and is in need of services to reduce the likelihood of future involvement with the public child welfare system. Additionally, DCFS Child Maltreatment 2020 Appendix d: State Commentary 226Rural Region also envisions future development of a referral process for families to receive voluntary services following CPS case closure. Reports In Federal Fiscal Year (FFY) 2020, there was a decrease in reports of abuse or neglect completed or dispositioned in the year as compared to the previous year. Nevada has established intake processes, governed by the SAFE model, to determine if CPS referrals constitute reports of abuse or neglect. Referrals that contain insufficient information about the family or maltreatment of the child and no allegations of child abuse/ are screened out. Referrals that do meet criteria are screened in. Based on various factors associated with the report, CPS supervisors decide what type of response the report merits, assign the report to either Investigation or Differential Response, and assign a response time according to policy. The statewide Intake policy was updated in April 2020 and changed the response times from what they were previously. Report response times may be one of the following: Priority 1: respond within 6 hours when the identified danger is urgent or of emergency status, there is present danger, and safety factors are identified; this response type requires a face-to-face contact by CPS. 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 according to agency practice previously described. The DR program has a required response time of Priority 3: respond within 72 hours (three business days). This variance in response time affects Nevada’s average report response time in NCANDS reporting Children In FFY 2020, there was a decrease in the number of children reported as possible abuse or neglect victims as compared to the previous year. Further, the number of substantiated victims only decreased slightly compared to the previous year. Nevada is not able to collect and report sex trafficking and substance exposed infant data, although policy, procedural, and technical planning is underway to address these items. 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. The total number of NCANDS reported fatalities has decreased for FFY 2020 compared with FFY 2019. 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 Nevada (continued) Child Maltreatment 2020 Appendix d: State Commentary 227previously 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.- - Perpe trators All perpetrator data are reported in accordance with instructions outlined in the NCANDS Child File mapping forms. 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 follows its statewide policy (#0502 CAPTA-IDEA Part C), which states: “Child welfare agencies will refer children under the age of three (3) who are involved in a substantiated case of child abuse or neglect, or who have a positive drug screen at birth, to Early Intervention Services within two (2) working days of identifying the child(ren) pursuant to CAPTA Section 106 (b)(2)(A)(xxi) and IDEA Part C of 2004.” The policy further defines “involved” to include children that are identified as: having been abused or neglected; having a positive drug screen at birth; or found in need of services.- Nevada (continued) Child Maltreatment 2020 Appendix d: State Commentary 228New Hampshire Contact Lorraine Ellis Phone 603–271–0837 Title Business Systems Analyst Division for Children, Youth and Families Email lorraine.ellis@dhhs.nh.gov Address New Hampshire Department of Human Services129 Pleasant StreetConcord, NH 03301 General New Hampshire’s child protection system does not include Differential Response. The state 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, as determined by a Structured Decision Making (SDM) tool. Reports In response to the COVID-19 pandemic, New Hampshire’s governor issued a stay-at-home order in mid-March 2020. Our Intake unit and after-hours referral contractor were able to transition very quickly remote work, so Intake continued to be available 24/7. There were no staffing changes as a result of the pandemic or stay-at-home order. With schools closed, referrals decreased significantly for several months, but began to come back toward normal during the summer of 2020. However, it was not until December 2020 that the number of screen-ins matched previous years for the same month. By the end of FFY 2020, the state was beginning to observe an increase of in the number of referrals for educational neglect in the wake of the pandemic. This has continued into FFY 2021. To screen in those referrals, intake staff first inquire about the efforts that the school has made to engage the family, provide remote learning support, etc. If efforts were made, but the student is still not attending school adequately, the report will be screened in. As a new practice this year, if any call was screened out, intake staff recommend the caller try to connect the family with their local Family Resource Center for support. Children From mid-March to mid-July 2020, New Hampshire conducted face-to-face interviews for assessments only for those referrals deemed to be high risk. Other interviews were conducted via Zoom conferencing. After appropriate safety protocols were established, face-to-face interviews resumed for all risk levels. Both response time and time to disposition decreased during FFY 2020, due to several factors: ■The decrease in referrals due to the pandemic allowed staff to start and complete assess - ments more quickly. ■New Hampshire implemented a statewide model of daily case management/supervision meetings that focus on each worker’s priorities for the day, and guarantees 2 hours of “protected time” every day, in which workers can focus on completing those priorities without interruption. ■The state has been able to continue increasing the child protection work force through steady hiring and training. As a result of these factors, New Hampshire experienced an increase in assessments closed during FFY 2020, and reported in the NCANDS Child File. Child Maltreatment 2020 Appendix d: State Commentary 229By 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. New Hampshire is now able to collect data regarding plans of safe care and service referrals for substance-exposed infants. However, due to the pandemic, we have not had developer resources to modify the NCANDS extract to report that data. There have been no policy or procedure changes regarding the referral of infants with prenatal substance exposure. Fatalities 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. In addition, the NH Division for Children Youth and Families conducts fatality reviews internally, employing a safety science model that focuses on systems and how those systems impacted decision making. The assigned worker and supervisor for the case affected by a fatality attends these reviews. The NH Office of Child Advocate also conducts their own fatality reviews, using a systems learning model. The assigned worker and supervisor do not attend those reviews, but a team from the child protection agency does participate. Each of these review boards did not meet for a short period of time after the stay-at-home order was issued. However, they all transitioned to virtual meetings and resumed their work. Perpetrators New Hampshire screens in only those reports where the alleged perpetrator is a member of the child’s household, having access to the child. The perpetrator may or may not be a caregiver, but is always a member of the household. This is true for all maltreatment types, including sex trafficking. 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 physically abused by another child in the home. By policy, no child under the age of 13 may be named as a perpetrator of sexual abuse. There are no other policies governing the age at which a minor may be named as a perpetrator. All perpetrator relationships are mapped to one of the NCANDS values, and we do not use “other” for any perpetrator relationships. Services New Hampshire did not experience any significant interruption in services or child removals due to the pandemic. foster care providers, as well as residential providers initially began having parent-child visits via Zoom, but as safety protocols were established, moved to in-person. Other providers, including mental health and in-home supports initially used virtual visits, but have also moved back to in-home and in-person contact as safety allows. New Hampshire (continued) Child Maltreatment 2020 Appendix d: State Commentary 230Our congregate care providers have had periods of time when they could not accept new placements due positive Covid tests in the facility, and the need to quarantine. Providers often request a child to be tested before being accepted. The State has coordinated all test - ing through one staff person, to streamline that effort. To further minimize impact on child services, the state has met regularly with the Department of Education to support remote learning for students, and with residential providers to work through pandemic-related issues. The NCANDS category of “Other” services includes the state category of “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 insurance are not reported for counseling services, health-related and home health services, and substance abuse services. New Hampshire does not provide or collect data on the following services, as defined by NCANDS:- - ■Case management services ■Employment services ■Family planning services ■Home based services ■Information and referral services ■Housing services ■Legal services ■Respite care servicesNew Hampshire (continued) Child Maltreatment 2020 Appendix d: State Commentary 231New 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 New Jersey’s system, called NJ SPIRIT. The state is continuously making enhancements toward improving the quality of NCANDS data. New Jersey has declared that NJ SPIRIT will be its Comprehensive Child Welfare Information System (CCWIS) and plans to achieve compliance. Reports The state Department of Children and Families’ (DCF) Division of Child Protection and Permanency (CP&P) investigates all reports of child abuse and neglect. New Jersey does not utilize a differential response protocol; all allegations of child abuse/neglect meeting statutory criteria for investigation are screened-in for a response. The state system allows for linking multiple CPS reports to a single investigation. The state system also allows for documenting the time and date the initial face-to-face contact was made to begin the investigation. Structured Decision-Making assessment tools, including Safety and Risk Assessments, are incorporated within the Investigation screens in SACWIS. These tools are required to be completed in the system prior to documenting and approving the investigation disposition. - - For FFY 2020, the state data shows a decrease in both the number of unique reports and the number of substantiated victims when compared to FFY 2019. This decrease in the substantiation rate is consistent with the trend of decreased substantiated victimization, observed across the past several years. In addition, New Jersey’s child welfare system—as well as others across the country—was significantly impacted by the COVID-19 pandemic, resulting in:- ■A reduction in number of referrals received. In March 2020, New Jersey began to see a decrease in call volume and by April, call volume had decreased by approximately 50 percent. In May 2020, volume started to increase again and as of September 2020, call volume was 25 percent less than the volume observed in September 2019. ■From mid-March 2020 thru early July 2020, staffing patterns for the State Central Registry and the Child Abuse Hotline were reduced onsite. After July 2020, staffing patterns returned to full capacity. ■Protocols related to assignment of response times were modified in March 2020 to maxi - mize the Department’s limited supply of PPE. A tier of priorities was temporarily estab - lished, to govern the sequence in which reports should be addressed. Priority 1 intakes addressed immediate concerns for children who sustained serious injuries and their safety was at immediate risk. These also contained allegations around fatalities as well as sexual abuse. Priority 2 intakes addressed immediate concerns, but where the alleged perpetra - tor did not have access to the child. Priority 3 intakes addressed concerns that involved a 24-hour response and addressed neglect around basic needs. Screening protocols were not modified. All reports of abuse and neglect continued to be screened in based on New Jersey’s statutory requirements. Child Maltreatment 2020 Appendix d: State Commentary 232 ■As a result of an agreement between the Communication Workers of America and the State of New Jersey, union members were furloughed for a period of days between June and July 2020. DCF did not enact layoffs and it continues to maintain staffing levels com - mensurate with model caseload standards. ChildrenChildren with allegations of maltreatment are designated as alleged victims 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. New Jersey investigates allegations of sexual exploitation for alleged victims under the age of 18; in addition, New Jersey only investigates child abuse and neglect allegations of sex trafficking in which the alleged perpetrator is in a caretaking role. For FFY 2020, there were 37 reports of sexual exploitation investigated. It should be noted this number does not represent the children that 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 , in response to the Comprehensive Addiction and Recovery Act of 2016 (CARA), New Jersey amended its regulations and further modified the allegation-based system to capture allegations of substance affected newborns. In 2018, a pilot program was developed to assess and engage the families identified as meeting the requirements, and plans of safe care training and implementation began to rollout statewide. For FFY 2020, New Jersey identified 2,005 substance exposed newborns; 1,788 (89 percent) had a Plan of Safe Care and 1,511 (75 percent) were referred to appropriate services. New Jersey successfully updated SACWIS in November 2020 and will be able to partially report the number of plans of safe care created, and the number referred to appropriate services in the FFY 2021 Child File. - As a resu lt of the COVID-19 pandemic: ■New Jersey modified procedures related to conducting investigations. DCP&P Covid Response Teams were created to complete investigations, home visits and other critical field responses. Field responses were triaged and responses to both Priority 1 and 2 intakes were to be responded to in-person. ■Investigation start date and times were not modified. New Jersey continued to complete investigations face-to-face based on priority levels. In some situations, allowances were made for responses to occur via remote technology when the perpetrator did not have immediate access to the child. On these occasions, staff conducted virtual investigations through video conferencing. New Jersey did not amend any policy or procedure regarding the referral of substance exposed infants as a result of the COVID-19 pandemic. These referrals followed the screening protocols that were modified in March 2020 and were placed within one of the three priority levels and responded to accordingly. ■Based on our review of the data, the time elapsed between the start of the investigation to determination does not appear to have been impacted by COVID-19.New Jersey (continued) Child Maltreatment 2020 Appendix d: State Commentary 233Fatalities Child fatalities are reported to the New Jersey Department of Children and Families 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 happened as a result of child maltreatment. The Office of Quality manages a critical incident review process that utilizes safety science approaches, including human factors debriefing. The state NCANDS liaison consults with the DCF Office of Quality 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 is the primary source of reporting child fatalities in the NCANDS Child File. The data is collected and recorded by Investigators and the person management screens are updated in the SACWIS. Other child maltreatment fatalities not reported in the Child File due to data anomalies, but which are designated child maltreatment fatalities by the DCF Office of Quality under the Child Abuse Prevention and Treatment Act (CAPTA), are reported in the NCANDS Agency File. New Jersey has maintained a stable annual child fatality rate for the last nine years. Fluctuations in the number of fatalities from year-to-year are likely due to random case-level variation and are monitored closely. New Jersey did not change any policies related to the child fatality reviews as a result of the COVID-19 pandemic. The reviews are still occurring, but have transitioned to a virtual convening. Perpetrators In New Jersey, perpetrators are defined as persons responsible for a child’s welfare who have engaged in the abuse or neglect of that child. For sex trafficking, New Jersey only investigates child abuse and neglect allegations in which the alleged perpetrator is in a caretaking role, including categories such as bus driver/aide, child in foster/adoptive home, child in other licensed care, non-childcare staff, and Other.- Services New Jersey contracts for all direct services, with the exception of case management services, which are provided by the DCP&P workers. 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 Child Abuse and Neglect State Grant is one funding source for the Child Protection and Substance Abuse Initiative (CPSAI). We can say that with state Grant funding, CPSAI served 1,252 individuals. The Social Service Block Grant served 182,835 children with case management services. This number is unduplicated not reported to NCANDS but 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 (CBCAP) funded seven of New Jersey’s 57 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 and Early Childhood Improving Outcomes Programs. New Jersey (continued) Child Maltreatment 2020 Appendix d: State Commentary 234The state can also report the number of children eligible for a referral to Early Intervention Services and the number of children referred in FFY 2020. Compliance with this federal requirement is closely monitored by CP&P and New Jersey’s referral rate for FFY 2020 is more than 80 percent. Data regarding services to children with behavioral health and substance use disorder diagnoses, and children with intellectual and developmental disabilities through the New Jersey Children’s System of Care is available on the DCF website and the NJ Child Welfare Data Hub ( www.njchilddata.rutgers.edu ). As a result of the COVID-19 pandemic, service provision was modified: ■On March 24, 2020, DCF released guidance relaxing usual operating requirements to permit flexibility that preserves quality of service for clients while promoting the ability of clients and service providers to adhere to necessary social distancing practices. Most DCF-contracted in-home and community-based services transitioned from in-person to remote service delivery. Licensed clinicians and providers of physical and behavioral health care were expected to adhere to applicable laws and regulations in provision of telehealth services. ■In the summer of 2020, New Jersey lifted its stay-at-home order and relaxed restrictions put into place statewide to mitigate the spread of COVID-19. In accordance with this reopening, CP&P resumed typical operations including in-person fieldwork in July 2020. At the same time, select DCF-contracted providers were required to resume in-person delivery of services, when safe and possible, using a hybrid of in-person and remote services. DCF released specific guidance to contracted parent-child visitation providers requiring transition of visits from remote to in-person while ensuring visit safety and the health and well-being of visit participants. ■In December 2020, updated guidance was released for contracted in-home and commu-nity-based programs related to the continuity of services during the COVID-19 pandemic. Select providers of services to families at risk of disruption, and separated families and parent-child visitation providers were required to maintain in-person delivery of service. Providers of other DCF in-home and community-based services were expected to make every effort to maintain in-person service delivery, incorporating face-to-face work but also allowing continued use of remote service delivery. DCF surveyed providers at several points throughout 2020, and the majority of providers reported being able to maintain services to families by using technology creatively, offering flexible hours and adjusting service delivery to meet family’s needs. ■DCF held a statewide webinar for providers, in conjunction with the NJ Office of Emergency Management, to instruct providers as to how to submit claims to FEMA for reimbursement of emergency expenditures. DCF also issued nearly $8.2 million in small business grants to providers of Mobile Response and Stabilization Services, and over $9 million to congregate care providers to support continuity of operations during the pandemic. ■As in each of the previous years, New Jersey observed a decline in the volume of children separated from families as a child welfare intervention. DCF is examining the extent to which the decline observed in 2020 was related to the COVID-19 pandemic.New Jersey (continued) Child Maltreatment 2020 Appendix d: State Commentary 235New Mexico Contact Doreen Chavez Phone 505–412–9868 Title SACWIS/AFCARS/NCANDS/FACTS Program Manager Office of Performance and AccountabilityEmail doreen.chavez@state.nm.us Address New Mexico Children, Youth & Families Department 1120 Paseo de PeraltaSanta Fe, NM 87501 General There have been no recent changes in the state ’s policies, programs, or procedures that would affect New Mexico ’s FFY 2020 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. A differential response pilot program has been implemented with a limited and target scope for reports of educational neglect that are likely related to COVID-19 and distance learning challenges . We will have more data on this program for FFY 202 1’s submission. Reports The number of screened-in referrals in FFY 2020 increased from New Mexico ’s FFY 2019 NCANDS submission. This slight increase may be attributed to the COVID-19 pandemic and due to the stay-at-home order and educational settings being closed. 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 is defined as the caseworker making face-to-face contact with each alleged victim identified in the report, rather than the individual child referenced in the Child File. New Mexico also measures initiation time frames from the point at which the report is accepted by Statewide Central Intake, rather than the point at which the report is received, or assigned to a worker in the county where the family resides. New Mexico does not currently report an incident date. New Mexico will be modifying the state ’s data collection system to capture incident information by next reporting period. Children The total numbers of both unique children and unique child victims in FFY 2020 decreased from New Mexico’s FFY 2019 NCANDS submission. This decrease may be attributed to the COVID-19 pandemic due to the stay-at-home order and educational settings being closed. New Mexico investiga -tion 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. 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. Child Maltreatment 2020 Appendix d: State Commentary 236For FFY 2020 we received four plans of safe care through the portal (907 total) as we piloted the plans of safe care with hospitals who were trained to begin collecting this data in an external system in FFY 2020. Full integration with the state SACWIS is in process, but has not been completed. Due to the timing of the online portal development for plans of safe care, the state is unable to fully report relevant data elements in the FFY 2020 NCANDS submission. As the portal is managed by an external contractor, hospitals have to sign a Business Associate Agreement to enter plans into the portal. As a result, it has taken an extensive amount of time to get them enrolled. The state hopes to report these data in the FFY 2021 submission. Fatalities New Mexico reported the same number of fatalities in FFY 2020 as in FFY 2019. 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 investiga tion 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 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 alleg ations of abuse and neglect in facilities. If such allegations are reported to Statewide Central Intake, the following procedures are followed: ■The report is screened out to CPS but cross-reported to the law enforcement agency that has jurisdiction over the facility/incident. ■The report is cross-reported to the Licensing and Certification Authority, which as adminis- trative over sight of residential facilities. ■Upon request from law enfor cement, CPS investigation staff may act in consultatio n in conducting investigations of child abuse and neglect in schools and facilities, and may assist in the interv iew process.New Mexico (continued) Child Maltreatment 2020 Appendix d: State Commentary 237Services Postinvestigation services are reported for any child or family involved in a child welfare agency report that has an identified service documented in the SACWIS as: 1) a service delivered, 2) a payment for service delivered, or 3) a component of a service plan. Services must fall within the NCANDS date parameters to be reported. The state is not able to report on the following services data fields regarding information and referral services: ■Special services-juvenile delinquency ■Employment services ■Family planning ■Housing services ■Independent and transitional living services ■Legal services ■Pregnancy/parenting services for young parents ■Respite care Every substantiated investigation involving a child younger than 3 years old, per state policy, is referred to the Family Infant Toddler (FIT) Program for a diagnostic assessment. The referral occurs within 2 days of the substantiation. The date of this referral is documented in the state SACWIS prior to approval of the investigation results. The worker also notifies the family of the referral and provides them with a copy of the FIT fact sheet. New Mexico no longer offers Family Preservation services per the Family Preservation Model. New Mexico offers In-Home Services, which is a clinical intervention aimed at reducing safety threats and enhancing parental protective capacities. In-Home Services is a 4- to 6-month intervention, specifically geared toward families who are at risk of child removal. New Mexico’s In-Home Services clinicians are all licensed social workers or licensed clinical counselors.New Mexico (continued) Child Maltreatment 2020 Appendix d: State Commentary 238New York Contact Hui-Shien Tsao, Ph.D. Phone 518–474–6791 Title Research Scientist Bureau of Research, Evaluation and Performance Analytics Strategic Planning and Policy DevelopmentEmail hui-shien.tsao@ocfs.ny.gov Address New York State Office of Children and Family Services52 Washington St, Room 323 NorthRensselaer, NY 12144 General The State currently has 15 local districts of social services using the alternative response, known as Family Assessment Response (FAR). Data from both traditional Child Protective Services path and FAR path are reported in NCANDS. Reports New York State does not collect information about calls not registered as reports. The state has seen a reduction of calls and registered reports. Additional COVID-19 questions related to educational neglect were added, but these questions did not change the components necessary for registering reports. The New York State Statewide Central Register (SCR) continued to operate during the pandemic, including during the period of lockdown. Investigations must start within 24 hours of receipt of the report. Neither investigations nor assessments were impacted by the pandemic. Local districts did experience staff reductions due to the pandemic when staff became ill.- Childr en New York’s data shows a high percentage of children reported for “other” maltreatment type. New York has a “parent drug/alcohol use” allegation that does not map to any of the predefined NCANDS maltreatment types and is therefore coded as “other.” State statute and policy allow acceptance and investigation/assessment of child protective reports concerning certain youth over the age of 21. Not all children reported in the Child File have AFCARS IDs because the State uses differ ent child identifiers (ID) for child protective service cases and child welfare cases. If a child’s system involvement is limited to CPS investigation, the child will not be assigned a child welfare ID (i.e., AFCARS ID). Additionally, the Justice Center for the Protection of People with Special Needs which investigates reports of institutional abuse uses a different child ID. Ideally a child should have a single CPS case ID that spans across all CPS reports. However, in some instances a child is assigned a new CPS case ID when a new report is received, resulting in some children having more than one ID. New York is exploring ways to detect and reduce the circumstances that lead to multiple CPS IDs per child. - In NCAN DS FFY 2020 reporting, NY is providing information on “child alcohol and drug abuse” risk factors for the first time. In NYS accepted allegations include “child drug or alcohol abuse” and “parent drug or alcohol abuse”. If a child is older than 1 year and named as an alleged victim of an allegation of child drug or alcohol abuse, the child is identified in the NCANDS file as having a drug or alcohol risk. If a child is under the age of one and named as an alleged victim of parent drug or alcohol abuse and one or more additional risk factors are checked (positive tox, withdrawal, Fetal Alcohol Spectrum) the child is identified in NCANDS as having a drug or alcohol risk. Child Maltreatment 2020 Appendix d: State Commentary 239Information on plans of safe care and service referral are being reported for the first time in FFY 2020. For every child under age one named as an alleged victim of parent drug or alcohol abuse, where one or more additional risk factors are checked (positive tox, withdrawal, Fetal Alcohol Spectrum), NYS requires that information on plans of safe care and service referral be completed-- regardless of reporter type. In NYS, many reporters identify by professional qualification (e.g., social worker) rather than setting (e.g., medical personnel). As a result, while NYS maintains information on the plan of safe care and referral for all children identified in the NCANDS file as substance exposed, the plan of safe care and referral numbers reported in the NCANDS file are limited to those cases in which the report source identified as a medical personnel, thereby under reporting the number of children in each category. Reporting of sex trafficking was provided for the entire FFY 2020. No policies or procedures changed regarding the referral of infants with prenatal substance exposure during the pandemic. Data indicates the percentage of timely determinations increased during this time.- - - Fatalit ies By State statute, all child fatalities due to suspected abuse and neglect must be reported by mandated reporters, including, but not limited to, law enforcement, medical examiners, coroners, medical professionals, and hospital staff, to the Statewide Central Register of Child Abuse and Maltreatment. No other sources or agencies are used to compile and report child fatalities due to suspected child abuse or maltreatment. State practice allows for multiple reports of child fatalities for the same child and deaths that occurred in previous years to be reported to SCR. These fatalities are then investigated and dispositions made. This practice allows for reporting of fatalities reported in previous NCANDS files to be reported again. After further review of reporting instruction and clarification with NCANDS technical assistance, New York revised how it reports fatalities within NCANDS for FFY 2020. For FFY 2020, NCANDS fatality reporting included all fatalities regardless the date of death, as long as the fatality report investigation ended during FFY 2020 and the fatality had not been reported in a prior NCANDS submission. As a result, the number of fatalities reported in the NCANDS submissions increased from 69 in FFY 2019 to 105 in FFY 2020. No changes were made to polices related to child fatality reviews during the pandemic. New York currently has a state Child Fatality review team, and they were able to conduct operations during the pandemic, with no impact to the state’s oversight and reporting roles.- In New Yo rk a very low percent of perpetrators is mapped to “other” perpetrator relationship. The subject of the report (perpetrators) 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. Noncaregivers are not included as perpetrators of sex trafficking. New York (continued) Child Maltreatment 2020 Appendix d: State Commentary 240Services The State is not able to report the NCANDS services fields currently. Title XX funds are not used for providing child preventive services in this State. In home services continued during the pandemic, with most casework contact being completed through virtual visits unless child safety was an issue. Data indicates that few children were removed during the pandemic. There has been a delay in reimbursement for some preventive services due to the COVID-19 pandemic. The federal Cares Act has provided additional funding which has been beneficial to many local programs, especially in securing PPE. Local departments of social services provide all services, and many of those services are contracted services with various preventive agency providers. NYS does provide some funding for primary prevention programs.New York (continued) Child Maltreatment 2020 Appendix d: State Commentary 241North Carolina Contact Joy Smith Phone 919-527-6433 Title Data Analyst Email joy.h.smith@dhhs.nc.gov Address NC Division of Social Services–Performance Mgmt Section 820 S. Boylan Avenue, 2415 Mail Service CenterRaleigh, NC 27699-2401 The state was not able to submit commentary in time for the Child Maltreatment 2020 report. Child Maltreatment 2020 Appendix d: State Commentary 242North Dakota Contact Jennifer Grabar Phone 701–328–1863 Title Assistant Child Protection Services Administrator Children and Family ServicesEmail jjgrabar@nd.gov Address North Dakota Department of Human Services 600 East Boulevard AvenueBismarck, ND 58505 General On March 15, 2020 schools closed in North Dakota in response to the COVID-19 virus. In April 2020, North Dakota received 40 percent less reports than it had in April 2019. Teachers and education personnel accounted for nearly 25 percent of reports received in FFY 2019. Child abuse and neglect likely did not decrease rather their contacts with mandated reporters was limited thus reports reduced. It was not only teachers that were not seeing children, but it was physicians, dentists, childcare providers, and therapists. Social distancing became important to protect health, however it brought an increase for risks associated to isolation, increasing parental stress, impacting mental wellbeing and overall parenting. Child welfare has not only experienced a reduction in reports, assessments, victims, and perpetrators in addition the field had new challenges surrounding protective personal equipment, COVID-19 screening, limited access to children and families due to quarantines, family apprehension to allow and opposition to contact with those outside their family unit. This challenge resulted in delays in timely assessment initiation. Statewide implementation of Child Protection Services Redesign utilizing the Theory of Constraints occurred in conjunction with the statewide rollout of the new Safety Framework Practice Model. The CPS Redesign had three primary goals, 1) reduce the time it takes to complete a CPS assessment, 2) conduct a face-to-face contact with the identified victim no later than 3 days from the report received date and 3) quality and thorough assessments completed consistently. Strategies of the CPS Redesign include robust, full kit intakes completed by a specialized statewide team, comprehensive safety assessments with a consistent understanding of safe vs unsafe children that lead to uniform decisions across the state, quality supervision and continual examination of work in process to identify constraints and allow protected time for workers, quality safety determinations that lead to sustainable safety plans, and case plans that focus on enhancing protective capacities and reducing safety threats. The Safety Framework Practice Model was implemented statewide in December 2020. ND implemented the Central Intake Hotline for the reporting of suspected child abuse and neglect in January 2021. The redesigned CPS process of a shorted assessment timeline may impact NCANDS data during this reporting period, although a greater impact of these practice changes is expected for FFY 2021.- North D akota implemented a CPS alternative response option exclusive to substance exposed newborns (defined in state law as infants age 28 days or less) in November 2017 in response to the Comprehensive Addiction and Recovery Act amendments to CAPTA. This alternative response option includes development and monitoring of a plan of safe care for each substance exposed newborn and each caregiver for the newborn, needs assessment and the absence of a “finding” of child abuse or neglect. The alternative response is voluntary and prenatal substance exposure remains in state law as a form of neglect. Caregivers who decline participation in alternative response receive a standard CPS assessment response. Child Maltreatment 2020 Appendix d: State Commentary 243Data elements for alternative response have been included in the state’s data system but are not yet mapped to NCANDS Child File reporting. There were 271 completed assessments regarding reports of prenatally substance exposed newborns; 58 of the 271 were alternative response assessments. Although many other assessments began as alternative response, they were reverted during the assessment process for various reasons, these were then completed as full standard assessments with an assessment determination. the primary reasons for an assessment revert was parental refusal to cooperate with the plan of safe care and violation of the plan of safe care. Reports North Dakota encompasses four American Indian Reservations. These reservations are sovereign nations, each of whom maintains the reservation’s own child welfare system. Because of this, North Dakota’s NCANDS data does not include child abuse and neglect data, or data on child deaths from abuse or neglect or near deaths from abuse or neglect which occurred in a tribal jurisdiction.- North D akota does not report the number of screened-out reports. Under North Dakota law, all reports 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 reports 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, reports can be administratively assessed when the concerns in the report clearly fall outside of the state child protection law. Such circumstances include:- - ■The report does not contain a credible reason for suspecting the child has been abused or neglected. ■The report does not contain sufficient information to identify or locate the child. ■There is reason to believe the reporter is willfully making a false report (these reports are referred to the county prosecutor). ■The concern in the report has been addressed in a prior assessment. ■The concerns are being addressed through county case management or a Department of Human Services therapist. ■Reports of pregnant women using controlled substances or abusing alcohol (when there are no other children reported as abused or neglected) are also included in the category of administrative assessments, as state law doesn’t allow for a decision of “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. Reports may also be referred to another jurisdiction when the children of the report are not physically present in the county receiving the report (these reports are referred to another jurisdiction (county, tribal, or state), where the children are present or believed to be present). Reports involving a Native American child living on an Indian Reservation are referred to tribal child welfare systems or to the Bureau of Indian Affairs child welfare office. Reports concerning sexual abuse or physical abuse by someone who is not a person responsible for the child’s welfare (noncaregiver) are referred to law enforcement. The number of administrative assessments or referrals -North Dakota (continued) Child Maltreatment 2020 Appendix d: State Commentary 244in FFY 2020 is 9,384. This total breaks down to 4,490 administrative assessments; 1,868 administrative referrals; 2,909 terminated in progress; and 117 pregnant woman assessments. There were 3,135 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. Another complicating factor is that system codes for contacts with children are often indicated as worker/child or worker/family, which may or may not indicate contact with a victim. This is due to multiple programs using case activity codes, but does not allow specific NCANDS mapping for victim contacts. Additionally, the initial face-to-face contact with a victim for purposes of a safety assessment has been 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. Given this policy, face-to-face contact by a partner may occur before 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 specified 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. The described policies above did change with the adoption of the Safety Framework Practice Model, effective December 2020, which states the initial face-to-face contact with a victim must be completed by child welfare, is no longer allowed to be conducted prior to the report date and the timeline for contact with victims does not exceed 3 days. When response time is calculated according to state policy and administrative rule during FFY 2020, the response time is 246.5 hours.- Because N orth 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 North Dakota (continued) Child Maltreatment 2020 Appendix d: State Commentary 245to determine what portions of the FTE are dedicated to CPS functions. Additionally, intake and report analysis functions are the responsibility of each county office. There are currently 12 county FTEs and 2 state FTEs conducting central intake duties. In an attempt to glean the required information for NCANDS reporting, the state has completed a survey of the 19 Human Service Zones (formerly county social service agencies) in which the Human Service Zones are asked to report the number of FTEs in their agency dedicated to CPS functions. Directors reported a total of 162 employees, including supervisors, responsible for intake and assessment. These were then reported as a corresponding portion of an FTE, resulting in a total of 116.4 FTEs. Of these approximately 116.4 FTEs, 20.8 were responsible for CPS intake functions, 79.6 were responsible for CPS assessment functions, and 16 were responsible for supervision functions. The second portion of the survey was forwarded to the workers. The results of the worker demographic portion of the report are included in the state’s CAPTA report. 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. 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. The state hopes to have the mapping completed in FFY 2021. There were 4 children with an identified maltreatment type of sex trafficking in FFY 2020 and 19 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.- Accor ding to state law a substance exposed newborn means an infant younger than 28 days old 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. The state law requires referral services and monitoring of support services for caregivers as well as a plan of safe care for the newborn. In June 2018, fields were added to the child welfare data management system to enable the entry for plans of safe care as well referrals to CARA related services for the substance exposed newborn and the affected caregiver(s). Plans of safe care were developed to have both required and optional elements. Required elements include providing information regarding safe sleep and Period of Purple Crying as well as assuring adequate medical care, and safe housing. This data has not yet been mapped for NCANDS reporting. The state hopes to have the mapping completed in FFY 2021. There were 274 substance exposed newborns identified during this reporting period. Of the 274 identified substance exposed newborns, 232 of them had a plan of safe care; all 274 of these substance exposed newborns and their affected caregivers received some degree of appropriate services.- Fatalit ies All fatalities were reported in the Child File. The North Dakota Department of Human Services, Children and Family Services Division is the agency responsible for coordination of the statewide Child Fatality Review Panel as well as serving as the state’s child welfare North Dakota (continued) Child Maltreatment 2020 Appendix d: State Commentary 246agency. The Assistant 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 Human Service Zones, or the Division of Juvenile Services at the time of the death is selected for in-depth review by the Child Fatality Review Panel, along with any child whose manner of death as listed on the death certificate as accident, homicide, suicide or undetermined. Any child for whom the manner of death is listed on the death certificate as natural, but whose death is identified as sudden, unexpected, or unexplained is also selected for in-depth review. As part of these in-depth reviews, records are requested from any agency identified in the record as having involvement with the child in the recent period prior to death, including law enforcement, medical facilities, CPS, the County Coroner and the State Medical Examiner’s Office for each death. Under North Dakota law, any hospital, physician, medical professional, medical facility, mental health professional, mental health facility, school counselor, or division of juvenile services employee shall disclose all records of that entity with respect to any child who has or is eligible to receive a certificate of live birth and wo has died. Additionally, the State Medical Examiner’s Office forensic pathologists participate in conducting the reviews. Data from each review is collected and maintained in a separate database. It is this database that is correlated with data extracted from the child welfare database for NCANDS reporting. Even though the NCANDS data does not contain child welfare data concerning children in tribal jurisdiction, the state is confident that all deaths in the state from all causes are identified, reviewed, and reported. Perpetrators North Dakota reports unknown perpetrators as Unknown within the state’s child welfare data management system (FRAME). Perpetrator IDs for unknown perpetrators are unique to each assessment. Institutional Child Protection Services are addressed in a separate section of the state statute and 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 multidisciplinary 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 North Dakota (continued) Child Maltreatment 2020 Appendix d: State Commentary 247or neglected by the facility. There were 105 reports of institutional child abuse or neglect in FFY 2020, making up 31 completed full assessments. Of these 31 assessments, 21 had a finding of not indicated and 10 had a finding of indicated. There were 54 assessments Terminated in Progress and 20 reports were administratively assessed/administratively referred. No reports remained open at the time of this report. - Services The methods for Agency File components 5.1 and 5.2 include only children less than 3 years of age. The number of children eligible for referral for IDEA is 396. The number of children actually referred is 381. Of the 15 children eligible and not referred, four children moved out of state or whereabouts were unknown, three children were deceased, two children had been previously referred and were receiving IDEA services, and one child turned three before a referral could be made. The reason for non-referral for the remaining children was not available. The state has limitations when reporting reunification services. Case management services provided by county agencies are dependent upon correct data entry connecting the service with the CPS assessment. Additionally, services provided through referral to service providers outside the county agency may only be documented in narrative form, which prohibits data extraction.- . North Dakota (continued) Child Maltreatment 2020 Appendix d: State Commentary 248Ohio Contact Denielle Ell-Rittinger Phone 614–752–1143 Title Program Administrator Office of Families and ChildrenEmail denielle.ell-rittinger@jfs.ohio.gov Address Ohio Department of Job and Family ServicesPO Box 183204Columbus, 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 disposition of AR. Children who are identified as alleged child victims of reports assigned to the TR pathway receive a disposition: - ■Unsubstantiated–The assessment/ investigation determined no occurrence of child abuse or neglect. ■Substantiated–There is an admission of child abuse or neglect by the person(s) responsible; an adjudication of child abuse or neglect; or other forms of confirmation deemed valid by the public children services agency (PCSA). ■Indicated–There is circumstantial or other isolated indicators of child abuse or neglect lacking confirmation; or a determination by the caseworker that the child may have been abused or neglected based upon completion of an assessment/investigation. In FFY 2020, Ohio improved in the data collection of data fields regarding the Comprehensive Addiction Recovery Act (CARA) in Ohio’s referral information. Ohio continues to improve in the collection of data surrounding child fatalities and near fatalities.- Report s The number of screened out-referrals received during FFY 2020 decreased from FFY 2019 by nearly 10 percent. However, the percentage of screened–out referrals remained consistent. Likewise, the percentage of referrals screened in during FFY 2020 remained consistent with the number of screened in referrals in FFY 2019. Ohio received fewer referrals in the early months of the COVID-19 pandemic. The drastic decrease of referrals to Ohio’s PCSAs) from March thru May 2020 is attributed to the closing of schools, sporting events, and the activation of shelter in place orders, which went into effect in Ohio in the Spring of 2020. By Summer, the rate of referrals in Ohio had improved. Ohio continued to operate a centralized state referral hotline which provides the referent with the local county PCSA referral contact and information. Ohio operationalizes a state supervised, county administered, child protection services program; the intake of referrals is required to be received by each PCSA. Each PCSA continued to implement county-based processes to receive referrals and respond to allegations of abuse and neglect. Although several PCSAs implemented remote working conditions to limit exposure in the office and supplied personal protective equipment (PPE) to essential workers with help from state resources and distribution efforts. The Office of Families and Children issued a COVID-19 Q&A resource for the counties to access. The hours of operation were not changed. Staffing levels across Ohio’s PCSAs during this time were impacted. Several identified a decrease in staffing levels during the summer and hiring processes complicated as a result of the pandemic.- Child Maltreatment 2020 Appendix d: State Commentary 249Children Child victims as reported by Ohio are children who have received a disposition of substantiated or indicated in the traditional response pathway. - The req uirements established for conducting assessment/investigations of alleged abuse or neglect were maintained per Ohio Administrative Code rules. Initial contacts, required assessments of safety, required assessments of risk and interviews requiring contact with families and children were not altered. Provisions for rules governing face to face monthly contacts and parental visits for cases receiving ongoing case planning services were relaxed based on federal guidance. Ohio’s reported time for FFY 2020 from investigation to disposition remained unaffected. - Ohio co ntinues to improve in the reporting of sex trafficking. There are two identified description of harm values; one for a child trafficked in forced labor, and the other for a child trafficked in sex. When either is selected by the end-user, he/she is required to enter a date the incident was reported to law enforcement. This information is captured at disposition and the details are entered in the narrative. Ohio’s CARA data collection has improved substantially in the past few years. Infants with prenatal substance exposure are tracked via the intake processes and flagged in SACWIS. Each year, Ohio has been inching closer to the NCANDS benchmark. Future enhancements Ohio has planned for CARA include an automated plan of safe care document to be made shareable from with partner agencies, a master release of information which could be generated from SACWIS and sent to the hospitals, additional functionality to address whether or not a Help Me Grow Referral was made, and a more detailed selection of services category.- Fatalit ies Child maltreatment deaths reported in Ohio’s NCANDS submission are compiled from the data maintained in SACWIS. The SACWIS data contains information on those children whose deaths were reported to a PCSA or children involved in a child protective services (CPS) report who died during the assessment or investigation period. As a county administered, state supervised, CPS system, Ohio PCSAs maintain discretion of the screening decision of referrals of maltreatment received. In some cases, a PCSA will screen out 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. No policy changes were made regarding child fatality reviews. The ODJFS internal fatality review team was able to continue meeting virtually.- Perpe trators The NCANDS category of “other” perpetrator relationship includes the state categories of 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.Ohio (continued) Child Maltreatment 2020 Appendix d: State Commentary 250Ohio does report noncaregiver perpetrators of sex trafficking to NCANDS in the “other” category as described above. These cases are also tracked at disposition and the date they were referred to law enforcement entered. Services Ohio is continually working to improve the recording of services data in the SACWIS. Federal grant funds are used for state level program development and support to county agencies providing direct services to children and families. Ohio has been actively working on plans to implement the Family First Prevention Services Act beginning October 2021. Ohio secured funding for a pilot of the program to begin April 2021.Ohio (continued) Child Maltreatment 2020 Appendix d: State Commentary 251Oklahoma Contact Elizabeth Roberts Phone 405–850–6994 Title Programs Manager II, Child Welfare Services Email e.roberts@okdhs.org Address Oklahoma Department of Human Services P.O. Box 25352Oklahoma City, OK 73125 General On March 15th, Governor Stitt declared a state of emergency due to the first evidence of community spread of COVID-19 in Oklahoma. Most state employees were ordered to work from home. Following the state of emergency, guidance was issued from the Chief Justice to Courts limiting face-to-face contact through delaying all hearings except those constitutionally required for 30 days. This order was updated by the Chief Justice in April with a recommendation to utilize virtual court platforms and delay jury trials until July. Schools did not return from spring break in March and children were home schooled the remainder of the year. Child Welfare Services responded to COVID-19 through rapid, intentional development of strategies designed to support providers and equip staff to work safely. Guidance released included initial operating procedures, guidance to resource parents, contractors, and congregate care providers. All guidance and operating procedures were updated and modified as needed as health and safety continued to be assessed.- - Face- to-face visits were retained for “emergent” case needs, identified as: (1) initiation of investigations, including interviewing the child(ren) and alleged perpetrator, (2) visits with families who are in the first 30 days of a Family-Centered Services (FCS) case with an in-home safety plan, and (3) visits with families who are in the first 30 days of Trial Reunification, and these face-to-face interactions occurred through a “response team” of staff who were equipped with personal protective equipment (PPE) and safety guidance. Staff working virtually increased the frequency of virtual visits to weekly to support parents, foster parents, and children during the rapidly changing events of the early pandemic, while reserving the ability to convert any concerns identified in a virtual visit to trigger a face-to-face visit. In May 2020, restrictions on in-person visits between parents and children were eased, and by June 2020 Child Welfare (CW) resumed most face-to-face activities conducted by CW specialists. This was response to the safety and emotional needs of children as well as improvements in the public health tools needed to manage the virus and the availability of PPE. Armed with better public health information, CWS began crafting a more narrowly targeted approach to operating a child welfare system during the pandemic. This approach included modifying in-person activities with high-risk populations, such as congregate facilities or families who identified as high-risk. It also included regular review of public health data and consultation with health department officials to target communities where COVID-19 outbreaks were occurring through community spread. While both the experience of and public guidance around the COVID-19 pandemic will continue to evolve, CWS intends to maintain a more surgical approach to its own system, maintaining high quality child welfare practice while balancing safety and support of its workforce and the communities and families served by CWS. - - July 20 20 saw record increases in COVID-19 cases across many parts of and this continued well into the fall and winter. Statewide emergency orders to isolate ended and did not return Child Maltreatment 2020 Appendix d: State Commentary 252to Oklahoma in the same sweeping format as had occurred in the spring. Despite all that is still being learned, CWS identifies itself as a first responder to child safety and family well-being and remains committed to in-person parent-child and caseworker visits as much as possible under appropriate health safety protocols. CWS will continue to use virtual encounters as a way to augment engagement, and while many activities can occur virtually, CWS has and must continue to support staff, parents and resource parents in accessing the technology and platforms needed to participate fully, and must also recognize that, at times, in-person team meetings with families are more appropriate and may positively influence decision-making and engagement of families. There is also an ongoing heightened need for the state and communities to provide tangible support for such things as childcare and other safety net resources, and to ensure that families and children can adequately connect with service providers. Oklahoma has continued with the commitment and emphasis on trauma-informed care as a priority. The implementation of the Child Behavioral Health Screener (CBHS) with child welfare staff was statewide and expanded across programs. This expansion has allowed for all children, no matter their custody status or placement, to be screened and improve access to services. The established trauma-informed framework has enhanced systemwide capacity to go from trauma-informed to trauma-responsive in addressing the multiple domains associated with well-being. In the fall of 2019, Oklahoma began to further enhance the trauma-informed care framework by incorporating the science of hope toward becoming the first hope-centered and trauma-informed state. Hope therapy provides an evidence-based approach and common language to be utilized to reduce the harmful impact of adverse childhood experiences by increasing one’s protective factors. - - Both th e delivery of ISS and continued data collection have been affected by COVID-19. By the middle of March 2020, Oklahoma state agencies, schools, and private agencies altered their policies and practice due to the COVID-19 pandemic. Special arrangements were made for families without the ability to connect virtually due to not having an appropriate device, internet connection, or both. Grants and other funding revenues were used to obtain loaner devices, and arrangements for internet connectivity also were coordinated. This service delivery method continued until approximately June 2020 at which time limited face-to-face service provision resumed. These in-person visits were initially limited in time and involved social distancing and required all parties to wear masks. Agencies are slowly increasing the length and frequency of in home and yard visits, based on current risks in the community and the specific circumstances of the families. Reports The Oklahoma Department of Human Services has a statewide, centralized hotline to receive child abuse and neglect reports. An allegation of child abuse or neglect reported in any manner to a DHS county office is immediately referred to the Hotline. Each report received at the Hotline is screened to determine whether the allegations meet the definition of child abuse or neglect and are within the scope of child protective services (CPS).- DHS res ponds 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 Oklahoma (continued) Child Maltreatment 2020 Appendix d: State Commentary 253assessments or investigations, DHS gives special consideration to the risks of any minor child, including a child with a disability, who is vulnerable due to his or her inability to communicate effectively about abuse, neglect, or any safety threat. A Priority I report indicates the child is in present danger and at risk of serious harm or injury. Allegations of abuse and neglect may be severe and conditions extreme. The situation is responded to immediately, the same day the report is received. Priority II is assigned to all other reports. The response time is established based on the vulnerability and risk of harm to the child. Priority II assessments or investigations are initiated within two to 10 calendar days from the date the report is accepted for assessment or investigation. An assessment is conducted when a report meets the abuse or neglect guidelines but does not constitute a serious and immediate safety threat to a child. 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 b. there have been three or more reports accepted for assessment or investigation regard - ing the family c. the family has been the subject of a deprived petition d. the child was diagnosed with fetal alcohol syndrome or DHS determines the child meets the definition of “drug-endangered child.” Reports that are appropriate for screening out and are not accepted for assessment or investi - gation are reports: a. that clearly fall outside the definitions of abuse and neglect, including minor injury to a child 10 years of age and older who has no significant child abuse and neglect history or history of neglect that would be harmful to a young or disabled child, but poses less of a threat to a child 10 years of age and older; b. concerning a victim 18 years of age or older, unless the victim is in voluntary placement with DHS; c. where there is insufficient information to locate the family and child; d. where there is an indication that the family needs assistance from a social service agency but there is no indication of child abuse or neglect; e. that indicate a child 6 years of age or older is spanked on the buttocks by a foster or trial adoptive parent with no unreasonable force used or injuries observed; and f. that indicate the alleged perpetrator of child abuse or neglect is not a PRFC, there is no indication the PRFC failed to protect the child, and the report is referred to local law enforcement.Oklahoma (continued) Child Maltreatment 2020 Appendix d: State Commentary 254Allegations concerning the same incident received from the same or a different reporter are considered duplicate reports and may be screened out and associated with the original assigned assessment or investigation. Allegations concerning the same child and family received within 45 calendar days of a previously accepted and assigned report are considered subsequent reports and may be screened out and the allegations addressed in the on-going report. The hotline continued to operate during the pandemic. There were no changes to policies or procedures related to screening calls. Required same day responses remained an expectation for Priority 1 investigations. ChildrenOklahoma 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 te rm includes circumstances wherein the PRFC’s substance use or abuse interferes with his or her ability to parent and provide a safe and nurturing environment for the child. B. Every physician, surgeon, or other health care professional including doctors of medi - cine, licensed osteopathic physicians, residents and interns, any other health care profes - sional, or midwife involved in the pre-natal care of expectant mothers or the delivery or care of infants who test positive for alcohol or a controlled dangerous substance, must promptly report the matter to the DHS. This includes infants who are diagnosed with neonatal abstinence syndrome or fetal alcohol spectrum disorder. C. Whenever DHS determines that a child meets the definition of a “drug-endangered child” or was diagnosed with neonatal abstinence syndrome or fetal alcohol spectrum disorder, and the referral is assigned, DHS conducts an investigation of the allegations and does not limit the evaluation of the circumstances to an assessment. 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. Oklahoma defines a substance exposed infant as a newborn who tests positive for alcohol or a controlled dangerous substance with the exception of substances administered under the care of a physician. Oklahoma defines substance affected infant as one who was born experiencing withdrawal symptoms as a result of prenatal drug exposure or fetal alcohol spectrum disorder as determined by the direct health care provider. Oklahoma defines a plan of safe care as a plan developed for an infant with neonatal abstinence syndrome or a fetal alcohol spectrum disorder, upon release from healthcare provider care that addresses the infant’s and mother’s or caregiver’s health and substance use or abuse treatment needs. The number of investigations in which a newborn was documented as testing positive at birth for a substance was 617 in state fiscal year (SFY) 2019, an increase from 485 in SFY 2018.-Oklahoma (continued) Child Maltreatment 2020 Appendix d: State Commentary 255Effective November 2019, every child taken into custody by DHS shall be given a standard ized 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.- Protoc ol for investigations were not altered during the pandemic. In-home interviews contin ued to be deemed critical and necessary for investigations and for assessing neglect and child safety. Guidance was given to permit the following telephone interviews:- ■noncustodial parents as long as the parent is not an alleged perpetrator ■collateral interviews Staff were advised to contact supervisors/reviewing supervisors for guidance if a Child Protective Services customer was isolated or quarantined, or had symptoms of COVID-19. Most hospitals requested that face-to-face contact not occur within the neonatal intensive care unit. Staff were provided a specific protocol to follow for investigations involving an infant in NICU. OKDHS established a Child Welfare Field Response Team in an effort to reduce the risk of exposure to both families and staff and maintain an in-person response to high-risk family situations. This team consisted of child welfare specialists who would respond to in-person family visit needs and address concerns about child safety. Among the response team roles for investigations were: ■initiating the investigation ■interviewing all children in person ■interviewing the alleged perpetrator in person ■viewing the home environment Staff volunteered to serve in the Child Welfare Response Team and were trained and outfitted with personal protective equipment. Month 1 of the response team was April 13, 2020 through May 13, 2020. Month 2 was May 14, 2020 through June 14, 2020.- Fatalit ies Oklahoma investigates all reports of child death and near death that are alleged to be the result of abuse or neglect. When DHS has reasonable cause to suspect that a child death or near-death is the result of abuse or neglect, DHS notifies the Governor, the President Pro Tempore of the Senate, and the Speaker of the House of Representatives of the initial investigative findings of the child protective services review. Notice is communicated securely no later than 24 hours after the reasonable determination of suspicion.- A final det ermination 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 Programs Unit review, which is inclusive of the final determination, are completed. The Child Protective Services Programs Unit review includes: a. a review of the case record which is inclusive of the Report to District Attorney; law enforcement reports; medical examiner’s Report of Autopsy; medical records pertaining Oklahoma (continued) Child Maltreatment 2020 Appendix d: State Commentary 256to the death or near-death and previous records when applicable; all pertinent case information b. an assessment of compliance of findings with CPS standards 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. 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 Bureau of Investigation, and the Chair of the Child Protection Committee of the Children’s Hospital of Oklahoma. Thirteen of the members are appointed and include law enforcement, attorneys, social workers, physicians, advocacy, a psychologist, and emergency medical personnel. State Office Child Protective Services staff work closely with the Child Death Review Board and participate as a member of this board. The state reported 42 fatalities in the FFY 2020 Child File. Child Protective Services Program staff attribute the increase to having fallen behind in final determination reviews and subsequently catching back up. Perpetrators Oklahoma defines a person responsible for the child’s health, safety, or welfare (PRFC) as: a. the child’s parent, legal guardian, custodian, or foster parent; b. a person 18 years of age or older with whom the child’s parent cohabitates or any other adult residing in the home of the child; c. an agent or employee of a public or private residential home, institution, facility, or day treatment program; d. an owner, operator, or employee of a child care facility whether the home is licensed or unlicensed; or e. a foster parent maintaining a therapeutic, emergency, specialized-community, tribal, kinship, or foster family home responsible for providing care, supervision, guidance, rearing, and other foster care services to a child. A referral to law enforcement is immediately made the purpose of conducting a possible criminal investigation when, upon receipt of a report alleging abuse, neglect, or during the assessment or investigation, DHS determines: a. the alleged perpetrator is someone other than a PRFC (third-party perpetrator) b. abuse or neglect of the child does not appear attributable to failure on the part of a PRFC to provide protection for the child After making the referral to the appropriate law enforcement jurisdiction, DHS is not responsible for further investigation unless:- a. DHS ha s reason to believe, or law enforcement has determined that the alleged perpe - trator is a parent of another child, not the subject of the criminal investigation, or is a PRFC of another child;Oklahoma (continued) Child Maltreatment 2020 Appendix d: State Commentary 257b. 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, when the SACWIS was implemented. Oklahoma reports all unknown perpetrators. Noncaregiver perpetrators of sex trafficking are not included. By statute, DHS makes a referral to the appropriate law enforcement jurisdiction 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.- Services P ostinvestigation services are those that are provided during the investigation and continue after the investigation, or services that begin within 90 days of closure of the investigation. In cases where the family would benefit from services and the child can be maintained safely in the home, DHS can refer to community services or refer the case to Comprehensive Home-Based Services through a DHS contracted provider. If referred to community services, the DHS investigation can be closed and DHS will determine within 60 days whether the family has accessed the recommended services and if the child remains safe. If the family is referred to Comprehensive Home-Based Services, DHS will open a Family Centered Services case and follow the family for up to six months. Due to the COVID-19 pandemic, worker visitation with children was changed from face- to-face interaction to live video (or telephone when live video was not possible). This changed occurred on March 20, 2020 and was statewide. Due to the high risk of FCS cases and children in trial reunification in-home visits continued to be critical and necessary but frequency was reduced with live video/telephone contact being used for the remainder of the visits. During this period, Child Behavioral Health Screeners (CBHS) continued to be completed via live video in accordance with standard worker visit practice. In-person visitation resumed for all programs statewide beginning June 2020. Some areas of the state did have different protocols for visitation and may have continued virtually, depending on if that area was a current hot spot with a surge in Covid numbers. Telehealth continues to be used as a supplement to face-to-face services due to continued limitations to ensure safety. The provider agencies reported that most of the collateral services that also serve the families similarly halted in-person sessions and went virtual in March 2020. A complete accounting of all of the changes to collateral services is not possible, but it is clear that families had less access to these resources during this time period and the mode of service delivery changed in ways with unknown implications to effectiveness.- Oklah oma continued to strengthen programs and services to achieve measurable outcomes that are focused on prevention and protection to prevent maltreatment and unnecessary removal of children from their families and placed into foster care. DHS has serviced children in the home utilizing the evidence-based SafeCare model through the Comprehensive -Oklahoma (continued) Child Maltreatment 2020 Appendix d: State Commentary 258Home Based Services (CHBS) program; however it is designed for families where children are at moderate risk of removal. To increase the safety and well-being of children in their own homes, who would otherwise be placed in foster care, DHS participated in the Title IV-E Waiver Demonstration Project from 2014 to September 2019. The project targeted those families where the removal risk is higher and therefore not appropriate for CHBS. The Intensive Safety Services (ISS) was designed and implemented for the Title IV-E Waiver Demonstration project and was developed to complement the existing infrastructure of evidence-based home-based services throughout the state. ISS is an intensive family preservation program that provides services in the home three to five times a week, eight to 10 hours per week for duration of four to six weeks for families with children ages 0-12. - The imp lementation of ISS began in July 2015 and at the completion of the waiver dem onstration project ISS continues to be operational in all Child Welfare Services Regions, with continued evaluation in Regions 3 and 5 in preparation for the Family First Prevention Services Act, Title IV-E Prevention Program. The post-waiver evaluation began October 2019 and the favorable results continue with fewer children entering out-of-home care; greater reduction in safety threats; greater increase in protective capacities; reduced rates of depressive symptoms over time; and improved parenting skills. From October 2019 through September 2020, 175 families received ISS service with 118 of those cases closed due to successful completion of the ISS requirements at the end of the reporting period. There were 318 children served in the 175 cases and 304 children (95 percent) were able to safely remain in their homes while their parents completed service plans and did not come into the custody of DHS.-Oklahoma (continued) Child Maltreatment 2020 Appendix d: State Commentary 259Oregon Contact Tammy Freeman Phone 503–884–1049 Title Operation & Policy Analyst 3 OCWP OR-KidsEmail tammy.freeman@state.or.us Address Oregon Department of Human Services500 Summer Street, NE E72Salem, OR 97301 General OR-Kids, which is the name for Oregon’s CCWIS (Comprehensive Child Welfare Information Systems) was implemented as a SACWIS and is currently transitioning to a CCWIS and is under CCWIS regulations. In mid-March, COVID-19 and the Governor’s Stay at Home Order shifted Oregon Child Abuse Hotline’s (ORCAH) essential operation of 200 staff to teleworking. With the help of many internal and external partners, we were able to continue responding to reports of child abuse with the use of technology and system alignment within our continuity of operations plan. By the end of the first quarter, 95 percent of the Oregon Child Abuse Hotline staff had successfully transitioned to teleworking during the pandemic. Oregon will continue to work on improving the extraction procedures, as needed, in order to accurately report all NCANDS data. Reports The FFY 2020 number of referrals decreased 10 percent or more from FFY 2019 due, at least in part, to the stay-at-home order the Governor issued mid-March, which severely curtailed contact between children and mandatory reporters. After the stay-at-home order was lifted, the number of reports began to increase, but remained lower than the previous year. ChildrenAdditional programming is in place to capture data around infants with prenatal substance exposure including a safe plan of care and referral for appropriate services, but was not implemented in our SACWIS system in time to capture any data for the FFY 2020 submission. Fatalities There is no systemic cause for the decrease in the number of fatalities between FFY 2019 and FFY 2020. The State reports fatalities in the NCANDS 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 2020 represent deaths due to child abuse for cases where the findings were final and are correct as of January 29, 2021. Services The State’s CCWIS system does not collect data on preventive services; therefore, it does not currently have NCANDS child-level reporting on these services. Child Maltreatment 2020 Appendix d: State Commentary 260Pennsylvania Contact Elysa Springer Phone 717–409–3933 Title Systems and Data Management Director Office of Children, Youth and Families Email elyspringe@pa.gov Address Pennsylvania Department of Human Services1006 Hemlock Drive, Willow Oak Building #43Harrisburg, PA 17110 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. 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 defines child abuse as intentionally, knowingly or recklessly doing any of the following: - 1) Caus ing bodily injury to a child through any recent act or failure to act. 2) Fabricating, feigning, or intentionally exaggerating or inducing a medical symptom or disease which results in a potentially harmful medical evaluation or treatment to the child through any recent act. 3) Causing or substantially contributing to serious mental injury to a child through any act or failure to act or a series of such acts or failures to act. 4) 4Causing sexual abuse or exploitation of a child through any act or failure to act. 5) Creating a reasonable likelihood of bodily injury to a child through any recent act or failure to act. 6) Creating a likelihood of sexual abuse or exploitation of a child through any recent act or failure to act. 7) Causing serious physical neglect of a child. 8) Engaging in any of the following recent acts: i. Kicking, biting, throwing, burning, stabbing, or cutting a child in a manner that endangers the child. ii. Unreasonably restraining or confining a child, based on consideration of the method, location, or the duration of the restraint or confinement. iii. Forcefully shaking a child under one year of age. iv. Forcefully slapping or otherwise striking a child under one year of age. v. Interfering with the breathing of a child. vi. Causing a child to be present at a location while a violation of 18 Pa.C.S. §7508.2 (relating to operation of methamphetamine laboratory) is occurring, provided that the violation is being investigated by law enforcement. vii. Leaving a child unsupervised with an individual, other than the child’s parent, who the actor knows or reasonably should have known: A. Is required to register as a Tier II or Tier III sexual offender under 42 Pa.C.S. Ch. 97 Subch. H (relating to registration of sexual offenders), where the victim of the sexual offense was under 18 years of age when the crime was committed. Child Maltreatment 2020 Appendix d: State Commentary 261B. 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). 4) Causing the death of the child through any act or failure to act. 5) Engaging a child in a severe form of trafficking in persons or sex trafficking, as those terms are defined under Section 103 of the Trafficking Victims Protection Act of 2000. ReportsIn Federal Fiscal Year (FFY) 2020, the number of reports of suspected child abuse decreased 14 percent from FFY 2019. Since the COVID-19 pandemic began, reports of suspected abuse and neglect have declined overall. There was a significant drop-off in the number of reports received in the spring of 2020 when compared to historical trends. We believe this to be attributed to reduced contact between children and mandated reporters such as teachers, social workers, childcare providers, and health professionals who play such a critical role in child protection. However, as counties and schools began to reopen, our reporting volume did eventually increase again. The state child abuse hotline, ChildLine, continued to operate without interruption throughout the duration of this time by having hotline staff telework from their homes. Additionally, both the Department and the County Children and Youth Agencies engaged in efforts to do outreach to communities through media campaigns to highlight the ChildLine hotline number, and to encourage continued reporting of concerns for children during the pandemic. Children In FFY 2020 the number of duplicate victims decreased by from FFY 2019. This was likely the result of the decrease in the number of overall CPS reports which was experienced during the COVID-19 shutdowns. In October of 2020, Pennsylvania added fields to capture notifications of Substance Affected Infants made to the Department. However, there are still several barriers which exist which prevent Pennsylvania from being able to provide this data. ■There is no means of de-duplicating these children to ensure they are not counted more than once. This is largely related to the issue with person records in the CWIS System. Currently, persons often have more than one master person record due to system con-straints. There are plans to remedy this in the future, with the creation of a statewide case management system. ■Because the Substance Affected Infant notifications are not captured as part of CPS refer - rals (they are captured as either General Protective Services or Information Only Type referrals, depending on whether or not child welfare concerns exist), and Pennsylvania currently does not report NCANDS data for non-CPS referrals due to the aforementioned person record issues. FatalitiesPennsylvania law requires that every child fatality and near fatality resulting from substantiated abuse, or for cases in which no status determination has been made within 30 days, be reviewed at the county level. A state level review is conducted on all fatalities and near fatalities where abuse is suspected regardless of status determination. The information and data collected -Pennsylvania (continued) Child Maltreatment 2020 Appendix d: State Commentary 262from 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 can be used in the future to prevent similar occurrences. Pennsylvania does not use data from sources and agencies other than child protective services to compile and report child fatalities. Pennsylvania did not change any policies related to child fatality reviews as a result of the COVID-19 pandemic. The child fatality reviews were conducted as statutorily required. 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. 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.Pennsylvania (continued) Appendix d: State Commentary 263 Child Maltreatment 2020Puerto Rico Contact Lisa M. Agosto Carrasquillo Phone 787–625–4900 Title Director Central Registry, Puerto Rico Administration for Families and Children (ADFAN) Email lmagosto@familia.pr.gov Address Family Department185 Roosevelt Avenue, P.O. Box 194090 San Juan, PR 00919–4090 General 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. Four Administrations operate with fiscal and administrative autonomy. 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), ■Administration for Integral Development of Childhood (ACUDEN, Spanish acronym) The Administrations are agencies dedicated to execute the public policy established by the Secretary, in the different priority areas of services to children and their families including the elderly population in Puerto Rico. It establishes the standards, norms and procedures to manage the programs and provide the operation and supervision of the Integrated Services Centers (ISC) at the local levels. The regional levels (10 regional offices) supervise the local offices. They are also responsible for implementing and developing those functions delegated by the Secretary through the redefinition and reorganization of the variety of services for the family including traditional services and the creation of new methods and strategies for responding to the needs of families. Work plans are prepared in agreement with the directives and require final approval of the Secretary.- The fun ctions and responsibilities of Administration for Children and Families (ADFAN) are executed through the following programmatic and administrative components: ■Administrator’s Office ■Assistant Administration for Adults and Community Services ■Assistant Administration for Prevention and Community Services ■Assistant Administration for Child Protective Services, ■Family Preservation and Support Services ■Assistant Administration for Foster Care and Adoption The Assistant Administration for Child Protective Services is responsible for the investigation of intra-familial and institutional CA/N referrals. As one of its primary components, the State Center for the Protection of Children is responsible for the operation of the Child Abuse and Neglect Hotline and the Orientation and Family Support Hotline. Both lines are responsible for providing an expedited system of communication to receive family and/or institutional referrals and to provide orientation and crisis intervention in different areas of family life. It also operates the Central Registry, which maintains updated statistical - Appendix d: State Commentary 264 Child Maltreatment 2020and programmatic information about the movement of CAN referrals and cases receiving services by ADFAN. Puerto Rico has not established changes in policy processes related to child abuse investiga tions. We continue using the procedure established in the April 2013 manual. The manual standardizes the processes to be able to evaluate safety areas and make decisions to protect child if necessary.- Report s In March 2020, the COVID-19 pandemic situation represented a challenge that was addressed through government decisions that certainly impacted protection services. In an effort to prevent the spread and contagion, the Government of Puerto Rico took the necessary measures to ensure the well-being of all citizens. This included executive orders that established the total closure of businesses, schools, non-essential government services, care centers, private services, 24-hour curfews for the first few months, among other areas that suffered total or partial closures. - This sit uation and the measures taken led to changes in the way protective services were handled and also an impact on the reduction of reports that we attribute to the lack of exposure of children to services for the lock down, report sources were not operating. The decrease in reports in 2020 was 30 percent. The Hotline is classified as an essential service, so the private company that operates this contracted service made a work plan to ensure that all calls are answered, in addition to keeping a record of reports related to the emergency we are facing. This Hotline was kept operating 24 hours a day, seven days a week, via telephone. Children The Special Investigations Units who handle referrals for the investigation of child abuse received through the Hotline continued to operate 24 hours, 7 days a week. However, the situation brought temporary changes in the handling of the reports received, the Administration for Families and Children, decided through an official communication and based on the executive orders in force, the following: ■The reports received that would be attended to would be only those where elements of present danger or imminent danger were identified as catalogued by the line and the evalu-ation of the supervisor of the Special Investigations Unit. ■The early morning shifts from 12:00 midnight to 8:00 a.m. would be staffed by personnel who would be available On Call. ■A special shift was added to work emergencies received in the early morning, from 6:00 a.m. to 2:00 p.m. ■The offices were not allowed to be open to the public. ■No more than two workers were allowed to be present in the offices, the rest were kept on call. Contact with families in pandemic investigations was limited exclusively to cases of extreme emergencies that posed a danger to the physical and emotional safety of the children concerned. There were no changes, the investigations were not attended with virtual tools but -Puerto Rico (continued) Appendix d: State Commentary 265 Child Maltreatment 2020with visits to the families. Response time was seriously affected, especially in situations that did not represent a risk or danger to the safety of children. These reports have had to wait longer for their intervention. During the pandemic, no changes in procedures or policies were established in the management of infants with prenatal substance exposure situations. Fatalities During the national emergency due to the COVID-19 pandemic, an emergency shutdown was established in Puerto Rico in March 2020. Death Review Panel meetings were not held due to the situation. We are in the process of resuming them through the virtual tools. Puerto Rico did not change any policies related to child fatalities reviews. Perpetrators The PR system has the capacity to collect data related to sexual trafficking, these data are cataloged in the typologies, however, our file reflects a minimum amount of research in this area. This can be attributed to the fact that in our protection law, sex trafficking situations are cataloged when the perpetrator is a father, mother or responsible person, but they are not third person. The NCANDS category of Other perpetrator relationship includes the state categories of other caregivers; staff of institution for children, school, foster care, child care and others institution responsibility for the care, education, supervision and treatment of physical and emotional needs, as defined by our protection law. Services As a result of the emergency caused by the COVID-19 pandemic, services were impacted as case management priorities were established and services in the community to which families had access were closed. Even so, services that were a pressing need for families were worked on. Direct work with families and visits were changed to include remote work and case management with virtual tools. In the area of family preservation case management, a plan for remote work was established with the following considerations: ■Constant review of the mechanized system to evaluate active case reports received. ■Coordination of intervention in reports when required. reports of present danger or imminent danger that risk the safety of the children will be handled. Reports of allegations of maltreatment must be read and analyzed to determine if intervention is warranted. ■Coordination of outings for intervention with families duly discussed and planned. ■Ongoing review of new cases received from the Investigations Unit for required services and necessary actions to be taken. ■Review of cases and reports requiring forensic and psychotherapy evaluations in sexual abuse situations and coordinate follow-up with service providers. ■Discussion with supervisors, at the regional or central level, as necessary to assess the stage of cases and establish priorities ■Identification of cases that meet closure criteria. ■Identification of cases requiring immediate intervention and coordination with the supervisor. ■Coordination of virtual or telephone communications with participants to obtain informa-tion on their current situation. ■Updating of service plans in the casesPuerto Rico (continued) Appendix d: State Commentary 266 Child Maltreatment 2020Working guidelines were established to avoid contact unless necessary and the use of the Microsoft Teams platform as the first alternative for official communications between staff and participants. Removals were not affected as follow-up on removals was assigned to the special investiga tions units as they were responsible for investigating, petitioning, locating the children and drafting a Protection Act petition when a removal of a child was required. Once this was completed, the Region would communicate through its Associate Director for coordination with the local office receiving the case and the required follow-up.- Puert o Rico received two CARES funds: ■Family Violence–The Administration of Families and Children, Family Department, delegates funds to 22 community organizations to provide integrated services to vulner - able sectors of the country. The main population receiving services are battered women with their children who are victims of child abuse. Services and assistance also will be provided to victims of domestic violence, their children in shelters and outpatient services, 70 percent of the fund assigned to each entity will be used for shelters, 25 percent for support services and 5 percent for administrative expenses. ■Child Welfare–The Administration of Families and Children will use the funds for purchase cell phones, internet services and others technological tools for social workers, who are teleworking to participate in virtual visits, court hearing or access other needed services. In general, the funds were designated to protection, welfare, and safety of children in the custody of the state. Some support services are contracted, for example, for coaching and training, technical assistance, investigation of referrals in arrears, case management in areas with larger numbers of families and as complementary support and legal assistance, among others.- The ave rage number of out-of-court contacts between the court-appointed representa tives and the child victims includes only children in foster care as these are the cases that require court monitoring and the children that have a legal representative according to state procedures.-Puerto Rico (continued) Child Maltreatment 2020 Appendix d: State Commentary 267Rhode 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 Families101 Friendship StreetProvidence, RI 02903 General In addition to an investigation response, a screened in report may result in: ■Task to CPI- does not result in a Family Functioning Assessment ■Prevention Response- goes to Screening and Response Unit and may result in the comple - tion of a Family Functioning Assessment (participation is voluntary) ReportsRhode Island experienced a significant decrease in the number of referrals (reports) received by the child abuse hotline due to the COVID-19 pandemic. The state continued to operate the child abuse hotline throughout the pandemic with no change in hours or staffing. Our operations have remained uninterrupted 24/7. In January 2021, in an effort to reduce the spread of infection and support continued operations, functionality was successfully implemented to enable the RI Child Abuse Hotline to be answered remotely by our staff. The hours, process and staffing used to screen reports to our Hot Line remained unchanged. The Hot Line staff are required to ask a series of COVID-19 Screening questions when answering calls. While the agency experienced temporary staffing issues due to staff needing to quarantine, overall, there was no reduction in the number of staff.- Childr en The Department developed an Emergency Regulation which enables us to extend the response times for Priority 2 and Priority 3 investigations this emergency regulation has not been utilized but remains in effect.: ■Priority 2 Response–The CPS report must be processed for case assignment within two (2) hours after the call is completed. The CPI must respond to the report within twelve (12) hours of the report being received to CPS. For the duration of the COVID-19 pandemic, initial contact by the CPI may be by telephone within the time frame referenced above if it is determined that the child is not at substantial risk of harm, and the perpetrator does not have access to the victim. The CPI must make face-to-face contact with the subjects of the report within 24 hours of receipt of the report. ■Priority 3 Response–The CPS report must be processed for case assignment within four (4) hours after the call is completed. The CPI must respond to the report within forty-eight (48) hours of the report being received to CPS. For the duration of the COVID-19 pandemic, initial contact by the CPI may be by telephone within the time frame referenced above if it is determined that the child is not at substantial risk of harm, and the perpetra - tor does not have access to the victim. The CPI must make face-to-face contact with the subjects of the report within 72 hours of receipt of the report. CPIs are required to ask the COVID-19 Screening Questions prior to entering a home or making face-to-face contact. Staff are provided PPE for themselves and families. The state did allow some investigation contacts to be conducted virtually but contact with the victim continued to be in person. Child Maltreatment 2020 Appendix d: State Commentary 268Data for children with a plan of safe care is collected at the Dept. of Health and can only be reported in the state comments. Data for the number of children with a plan of safe care is maintained at the RI Department of Health. DCYF cannot report this data in the child file. The RI Dept. of Health reports 140 children received a plan of safe care and 133 children received services. No policies or procedures changed regarding the referral of infants with prenatal substance exposure change during the pandemic. Fatalities No policies changed related to child fatality reviews and reviews remained uninterrupted and are conducted virtually. Perpetrators The state reports noncaregiver perpetrators of sex trafficking to NCANDS. The NCANDS category of other perpetrator relationship includes any individual known or suspected to be the perpetrator of sex trafficking of a child under 18 or youth in the care of DCYF (up to age 21) Services How have in-home services been affected? As Rhode Island entered different phases of the pandemic response, updated guidance was provided to our contracted providers of group care and home-based services regarding how to minimize health risks to self, other residents, and staff. During periods of high Covid positivity rates, DCYF sought to maintain continuity of care to the extent possible with all essential contact occurring face-to-face with appropriate precautions and all non-essential face-to-face contacts with clients being held virtually. - Durin g the pandemic, many of the states childcare centers were temporarily closed. This resulted in a drop in the number of children receiving day care services. Rhode Island did experience a decrease in child removals. This may have been the result of fewer CPS reports received or may be the result of the new SAFE practice model implemented (the Family Functioning Assessment). Rhode Island received CARES Supplemental funding in April in amount of $127,345 which was distributed evenly to our 5 vendors who operate our statewide prevention programming (the Family Care Community Partnerships) to address immediate needs of families struggling due to COVID-19. Child welfare case management is provided by DCYF staff while in-home clinical and family stabilization services are all contracted.-Rhode Island (continued) Child Maltreatment 2020 Appendix d: State Commentary 269South Carolina Contact Lynn Horne Phone 803–724–5933 Title Business Analyst Email lynn.horne@dss.sc.gov Address SC Department of Social Services 1628 Browning RoadColumbia, SC 29210–6924 The state was not able to submit commentary in time for the Child Maltreatment 2020 report. Child Maltreatment 2020 Appendix d: State Commentary 270South Dakota Contact JoLynn Bostrom Phone 605–347–2588 ext. 203 Title Program Specialist Division of Child Protection ServicesEmail jolynn.bostrom@state.sd.us Address South Dakota Department of Social Services2200 W Main StreetSturgis, SD 57785 General Child Protection Services (CPS) does not utilize the Differential Response Model. CPS either screens in reports, which are assigned as Initial Family Assessments, or the reports are screened out. However, the Initial Family Assessment allows CPS to open a case for services based on danger threats without substantiation of an incident of abuse or neglect. South Dakota does refer reports to other agencies if the report does not meet the requirements for assignment, and it appears the family could benefit from the assistance of another agency. South Dakota did not change any policies related to conducting investigations and assess ments due to the COVID-19 pandemic. The state was not on lockdown and CPS continued to serve families throughout the pandemic. CPS staff were considered and deemed as essential staff and were provided with necessary masks and coverings to ensure their safety and the safety of the families requiring intervention. The intake hotline continued to operate with staff working in the office during the pandemic. Visits that were previously conducted face-to-face were allowed to temporarily be conducted virtually; however, this was dependent on case specific information. - Report s CPS child abuse and neglect screening and response processes are based on allegations that indicate the presence of danger threats, which includes the concern for child maltreatment. CPS makes screening decisions using the Screening Guideline and Response Assessment. Assignment is based on child safety and vulnerability. The response decision is related to whether the information reported indicates present danger, impending danger, or any other danger threat. A report is screened out if it does not meet the criteria in the Screening Guideline and Response Assessment as described above. The NCANDS category of “other” report source includes the state categories of clergy, com munity person, coroner, domestic violence shelter employee or volunteer, funeral director, other state agency, public official and tribal official.- Childr en The data reported in the NCANDS Child File includes children who were victims of substantiated reports of child abuse and neglect where the perpetrator is the parent, guardian, or custodian. Reports of abuse and neglect are categorized into five types- neglect, physical abuse, sexual abuse, sex trafficking, and/or emotional maltreatment. Medical neglect is included in the neglect category.- Fatalit ies 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 Child Maltreatment 2020 Appendix d: State Commentary 271actually been in the previous year. The State of South Dakota reports child fatalities in the Child File. South Dakota law mandates which entities are required to report child abuse and neglect: Any physician, dentist, doctor of osteopathy, chiropractor, optometrist, emergency medical technician, paramedic, mental health professional or counselor, podiatrist, psychologist, religious healing practitioner, social worker, hospital intern or resident, parole or court services officer, law enforcement officer, teacher, school counselor, school official, nurse, licensed or registered child welfare provider, employee or volunteer of a domestic abuse shelter, employee or volunteer of a child advocacy organization or child welfare service provider, chemical dependency counselor, coroner, or any safety-sensitive position as defined in § 3-6C-1, who has reasonable cause to suspect that a child under the age of eighteen has been abused or neglected shall report that information. Any person who intentionally fails to make the required report is guilty of a Class 1 misdemeanor. Any person who knows or has reason to suspect that a child has been abused or neglected may report that information.- South D akota law mandates that anyone who has reasonable cause to suspect that a child has died as a result of child abuse or neglect must report. The reporting process stipulates that the report must be made to the medical examiner or coroner and in turn the medical examiner or coroner must report to the South Dakota Department of Social Services: Any person who has reasonable cause to suspect that a child has died as a result of child abuse or neglect shall report that information to the medical examiner or coroner. Upon receipt of the report, the medical examiner or coroner shall cause an investigation to be made and submit written findings to the state’s attorney and the Department of Social Services. Any person required to report under this section who knowingly and intentionally fails to make a report is guilty of a Class 1 misdemeanor.- When CP S receives reports of child maltreatment deaths from any source, CPS documents the report in FACIS (SACWIS). Reports that meet the NCANDS data definition are reported to NCANDS. The Justice for Children’s Committee (Children’s Justice Act Task Force) is also updated annually on the handling of suspected child abuse and neglect related fatalities. Perpetrators Perpetrators are defined as individuals who abused or neglected a child and are the child’s parent, guardian, or custodian. The state information system designates one perpetrator per child per allegation. Services The Agency File data includes services provided to children and families where funds were used for primary prevention from the Community Based Family Resource and Support Grant. This primarily involves individuals who received benefit from parenting education classes or parent aide services. The State of South Dakota, Division of Child Protection Services with the consent of the parent, refers every child under the age of 3 involved in a substantiated case of child abuse or neglect to the Department of Education’s Birth to Three Connections program. This program South Dakota (continued) Child Maltreatment 2020 Appendix d: State Commentary 272is responsible for the IDEA services. The parent or guardian is advised by the Division of Child Protection Services that with their permission, a referral to Birth to Three Connections will be made for a developmental screening of their child. The parent or guardian needs to sign a DSS Information Authorization Form before the referral is made. The parent or guardian is also given a Birth to Three Connections brochure and provided the name of the service coordinator that will be contacting them to schedule the screening. The Birth to Three Connections intake form is then completed and faxed with the Information Authorization to the Birth to Three Connections coordinators to determine eligibility and write an Individual Family Service Plan for eligible children within 45 days of the receipt of the referral. Not all children referred by the Division of Child Protection Services to the Birth to Three program are eligible for services.- South Dakota (continued) Child Maltreatment 2020 Appendix d: State Commentary 273Tennessee Contact Neal Thompson Phone 615–253–1017 Title Business Intelligence Specialist-Intermediate Strategic Technology SolutionsFinance and AdministrationEmail neal.thompson@tn.gov Address Davy Crockett Tower, 2nd floor500 James Robertson Parkway Nashville, TN 37208 General Tennessee has 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 an identified need such as lack of housing, food or need for behavioral/mental health service referral ReportsThe number of referrals dropped during the pandemic. It was most noticeable during months where schools would have been in session and even when they returned remotely, there was not as high a rate of reports to the hotline as the prior year. The hotline remained operational during the pandemic. The only time the hotline was not operational was during the Christmas day bombing in Nashville. No changes for COVID-19 were made to screening policies or procedures. Child Welfare agencies did experience staff reduction due to the pandemic.- Childr en The state continued to conduct face-to-face investigations and assessments during the pandemic. After the initial contact, if no safety or risk issues were determined, follow up contact could be done via FaceTime or other video-conferencing applications. inclusion of verification by a medical provider was added to internal policies to collect and reporting data to NCANDS for infants with prenatal substance exposure. Fatalities The state did not change any child fatality policies due to COVID-19 and reviews continued to be conducted even during lockdown. Perpetrators Tennessee reports non-familial traffickers as caregivers to match the definition provider in state law. Services Many service providers limited or canceled in-home service provision and transitioned to telemedicine. The state experienced delays in service provision by third party vendors as they adapted to the pandemic. Child removals were not affected by the pandemic. Child Maltreatment 2020 Appendix d: State Commentary 274Texas Contact Mark Prindle Phone 512–658–7005 Title System Analyst Information and TechnologyEmail mark.prindle@dfps.texas.gov Address Texas Department of Family and Protective Services2323 Ridgepoint DriveAustin, TX 78754 General While Texas established precautions for the safety of children, families, providers, and staff, essential work continued throughout the pandemic. Many courts adjusted to virtual hearings, providers added virtual platforms for appropriate services and visits, but in-person investigations and visitations continued unless unsafe. Texas prioritized parent and sibling visitations whenever possible. Texas worked to provide staff with appropriate personal protective equipment to allow them to continue to visit the children on their caseloads while maintaining their own safety and the safety of the children, families, and providers they contacted. And Texas continued to stress the importance of timely medical and dental appointments, including vaccinations.- - Alter native 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. 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, or 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.- - Begin ning 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 was fully implemented in Region 6A in March 2021. 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 Texas saw some variation in the number of abuse/neglect intakes received, which affected the number of investigations conducted and subsequent removals. However, Texas continues to examine its data for any direct impacts of the virus. The statewide intake system had virtual protocols and never ceased operation. DFPS can say that intakes decreased as schools moved to virtual participation and as families were encouraged to isolate for safety. Texas Child Maltreatment 2020 Appendix d: State Commentary 275sees the largest number of intakes from school, medical, and law enforcement personnel, and as these personnel interacted with children less, intakes decreased. Intakes in March-May 2020 more closely mirrored intakes traditionally seen in the summer months, when kids are out of school. DFPS does believe that intakes have begun to normalize in recent months. No changes to the workforce as a result of the pandemic were experienced, though there were a number of staff and providers impacted. Children Texas did develop protocols for virtual contacts and utilized the protocol for all stages of service when face-to-face contacts were determined to be unsafe. Texas utilized the flexibility to have virtual contacts, as provided by the Children’s Bureau. Texas developed a COVID-19 page on its public website, as well as a protocol page for internal staff, to ensure ever-changing protocols were appropriately publicized.- DFPS wo rks with medical professionals when there is a substance exposed infant to ensure that any needed medical assessments or evaluations are coordinated and followed up on. DFPS staff will also work to ensure that any additional follow-up occur with programs such as Early Childhood Intervention when there is a concern about the developmental needs of the child. For the mothers in these cases the case worker works with local community partners (most often Outreach, Screening, Assessment, and Referral or the Local Mental Health Authority) to set up drug and alcohol assessments to determine the most appropriate intervention for the mother. Because of impact that prenatal substance exposure may have on each child is unique based on a multitude of factors (including but not limited to the frequency of substance exposure, the drug exposure type, the prenatal care and medical support received, the familial supports available post birth, and the family’s willingness to engage in services aimed at addressing the substance use) the intervention for each mother and child will look different. Despite these minor differences the overall goal of helping the family ensure the safety and wellbeing of the child and address any substance use disorder that the family may have is the constant in these cases.- - Fatalit ies The source of information used for reporting child maltreatment fatalities is based on an allegation that has a disposition of “reason to believe” with a severity of “fatal” and the child has a date of death in the DFPS IMPACT system. DFPS uses information from the State’s vital statistics department, child death review teams, law enforcement agencies and medical examiners’ offices when reporting child maltreatment fatality data to NCANDS. DFPS is the agency required by law to investigate and report on child maltreatment fatalities in Texas when the perpetrator is a person responsible for the care of the child. Information from the other agencies/entities listed above is often used to make reports to DFPS that initiate an investigation into suspected abuse or neglect that may have led to a child fatality. Also, DFPS uses information gathered by law enforcement and medical examiners’ offices to reach dispositions in the child fatalities investigated by DFPS. Other agencies, however, have different criteria for assessing and evaluating causes of death that may not be consistent with the child abuse/neglect definitions in the Texas Family Code and/or may not be interpreted or applied in the same manner as within DFPS. Texas (continued) Child Maltreatment 2020 Appendix d: State Commentary 276There was an increase in child fatalities during 2020 with the vast majority of the increase due to concerns surrounding neglectful supervision. In FFY 2020, 28 children died in vehicle related incidents, including eight children left in hot cars—the highest number in more than the decade. There were also increases in youth who died by suicide and ongoing concerns of unsafe sleep practices combined with substance abuse. Perpetrators Relationships reported for individuals are based on the person’s relationship to the oldest alleged victim in the investigation. Texas 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/nonrelative. The state does not currently report noncaregiver perpetrators of sex trafficking. The number of records with group home/residential facility staff perpetrator relationship type doubled from 2019 to 2020. The Residential Child Care Investigations (RCCI) launched a project in late 2019 to close a large number of outstanding investigations. This project resulted in a significant number of investigations being closed in 2020, which may be a reason for the difference observed between 2019 and 2020. Services Texas serves children and families at imminent risk of entering the foster care system through family preservation services in the Family-Based Safety Services (FBSS) stage of service. In addition to some purchased client services that provide limited counseling, drug testing and more, many of the services that families are referred to are provided by community organizations and nonprofits at little to no cost to the state or the family (sometimes cost is assessed on the family’s ability to pay). While funding from the state has not changed during the pandemic (primarily due to Texas’ biennial legislative and appropriations cycle), access has most certainly been modified. Services that may have previously been provided in person have shifted to virtual platforms to help observe social distancing and prevent the further spread of the virus. Texas observed some positive developments due to the addition of virtual options for families. Texas has observed additional parent involvement in services because barriers like transportation and childcare have been eliminated by allowing virtual involvement.- - DFPS has received some additional federal funding that has aided in its mission to protect children and families. Specifically, the increased FMAP during the disaster declarations has helped Texas continue to provide necessary services. Texas also utilized some CARES act money to provide limited grants to childcare providers to assist in additional costs due to COVID-19 response. Texas does have a community-based system under which the state contracts with a vendor to provide certain services to children and families. Texas maintains all responsibility for investigations of abuse/neglect, but has contracted for placement and case management services in certain areas of the state. Texas law directs a statewide rollout of outsourced services, but an estimated 21 percent of children in Texas foster care are currently served through these contracts. DFPS worked closely with all residential providers, including these outsourced Texas (continued) Child Maltreatment 2020 Appendix d: State Commentary 277contractors, during the pandemic to ensure appropriate procedures for safety, including quarantining children who were COVID-19 positive. Texas also required all providers to report positive children or staff who may have exposed children to the virus. Texas (continued) Child Maltreatment 2020 Appendix d: State Commentary 278Utah Contact Kai Gentille Phone 801–538–4100 Title Senior Data Analyst Division of Child and Family ServicesEmail kgentille@utah.gov Address Utah Department of Human Services195 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 2020. Adaptations made concerning COVID-19 resulted in minimal disruption. Reports The investigation start date is defined as the date a child is first seen by CPS. The data is captured in date, hours, and minutes. A referral is screened out in situations including, but not limited to: ■The minimum required information for accepting a referral is not available. ■As a result of research, the information is found not credible or reliable. ■The specific incidence or allegation has been previously investigated and no new informa - tion is gathered. ■If all the information provided by the referent were found to be true and the case finding would still be unsupported. ■The specific allegation is under investigation and no new information is gathered. The state uses the following findings: ■Supported–a finding, based on the information available to the worker at the end of the investigation, that there is a reasonable basis to conclude that abuse, neglect, or depen - dency occurred, and that the identified perpetrator is responsible. ■Unsupported–a finding based on the information available to the worker at the end of the investigation that there was insufficient information to conclude that abuse, neglect, or dependency occurred. A finding of unsupported means that the worker was unable to make a positive determination that the allegation was actually without merit. ■Without merit–an affirmative finding at the completion of the investigation that the alleged abuse, neglect, or dependency did not occur, or that the alleged perpetrator was not responsible. ■Unable to locate–a category indicating that even though the child and family services child protective services worker has followed the steps outlined in child and family services 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, non-supported, or without merit. COVID-19 had virtually no impact on our reporting process. There was no change to the screening process and our hotline kept the same hours. The state did experience a below average number of reports, especially during the early months of the pandemic, which may affect data comparisons to prior years. Child Maltreatment 2020 Appendix d: State Commentary 279Children 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 caregiver on the case. Factors related to the family’s housing, poverty or home environment in a more general sense are reported as they were for FFY 2017. COVID-19 resulted in the adoption of virtual interviews/visits in cases where exposure was a reasonable risk. Virtual interactions were conducted using Google Meet with video functionality being used. If there were no concerns then visits occurred as normal. COVID-19 had no impact on our reporting, policies or procedures regarding the referral of infants with prenatal substance exposure. With regards to plan of safe care on fetal exposure cases:- ■Our current criteria for this field is a supported allegation of fetal exposure, accompanied by a safety rating on the case citing drug abuse and subsequent in-home or out-of-home care involving the child (as these are required to have applicable plans). ■This criteria may exclude some children who meet the standard, but can currently only be confirmed by qualitative review of the case. If the state implements more a more direct data-accessible measure in the future we will implement it into our NCANDS reporting. 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. No changes to the fatality review process were made in FFY 2020. Meetings of the review board were able to be conducted during the pandemic. 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. Utah does report non-caregiver perpetrators of sex trafficking should such a case arise.- 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). COVID-19 had several impacts on ongoing services. Like with CPS interviews, cases with a risk of exposure were able to be conducted virtually. The largest impact was from the delay in the court system, which affected the time to closure of several cases in April. Services are outsourced where appropriate.Utah (continued) Child Maltreatment 2020 Appendix d: State Commentary 280Vermont Contact Melissa Burt Phone 802–760–7802 Title Quality Assurance Coordinator Vermont Family Services DivisionEmail melissa.burt@vermont.gov Address Vermont Department for Children and Families 280 State Drive, HC1 North Waterbury, VT 05671 General Vermont has 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 data. However, it is important to acknowledge that on an annual basis we conduct approximately 1,000 family assessments. Due to the COVID-19 pandemic, Vermont made some changes to procedures in order to adhere to the most up-to-date guidance around health and safety for the children and families that we work with.- Report s 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. As a result of the COVID-19 pandemic, Vermont saw a great reduction in the number of calls made to our centralized intake hotline during the statewide lockdown, which resulted in a reduction in the number of reports screened in for an intervention. However, our centralized intake staff continued to operate business as usual by means of remote working. There were no changes made to the hours of operation or staffing levels during this time. Vermont made temporary changes to their screening practices beginning in early March 2020. Changes included assigning all accepted reports as assessments except for substantial child endangerment and reports involving allegations of immediate risk to a child 3 years Child Maltreatment 2020 Appendix d: State Commentary 281and younger. The commencement options were broadened for assessments to include video conferencing as a preferred option, therefore avoiding in-person contact whenever possible. By June 2020, screening criteria was updated to require an in-person response for all child safety interventions regarding children aged 6 and under. Practices returned to normal and followed existing policy for children of all ages by July and remained in place throughout the remainder of the FFY 2020 reporting period. - At the on set of COVID-19, and during the statewide lockdown, all district staff performing child safety interventions shifted to telework to perform their job duties. When in-person contact was necessary, staff were directed to ask the Vermont Department of Health screening questions. There was no forced reduction in the number of staff to carry out the interventions, but consideration for the increase in response time should be made when there was less staff available to commence due to positive tests or exposure to the virus.- - Childr en 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. As mentioned in the reports section, Vermont did in fact shift the screening practices to adhere to the health and safety guidance provided by administration regarding COVID-19. All reports were accepted as assessments when possible, except when substantial child endangerments for a child younger than 3 years of age was present. This approach continued to be phased out based on COVID-19 health and safety allowance, with the department reassessing each month. During lockdown, virtual investigations and assessments were utilized when in-person contact was not advised or possible due to COVID-19 symptoms being reported as present. - Vermo nt saw an improvement between the length of time from the start of an investigation to the point of reaching a final disposition at the onset of the pandemic through June. This is likely attributed to the reduction in the number of calls and screened in reports, while maintaining the same level of staff, along with the flexibility that remote work created. The numbers start to move back to what we would typically see for the months of July through September. Although Vermont has been collecting sex trafficking data within our database, we have not yet successfully coded our NCANDS script to include it as its own maltreatment type. We will continue to work with our IT department to adjust our coding so that this data be included as it should in next year’s submission. Vermont faces a few challenges regarding collecting and reporting data to NCANDS for infants with prenatal substance exposure. For example, when child protection services (CPS) or Family Services (FSD) are not involved, we are currently relying on hospital staff to remember to fax a notification to us at FSD. This information is then tracked in an Excel spreadsheet. Vermont is however in the process of rolling out a new database that will make collecting this information easier and less cumbersome to hospital staff. When CPS/FSD are involved due to safety issues, our current antiquated data system has many limitations and Vermont (continued) Child Maltreatment 2020 Appendix d: State Commentary 282we currently are not able to capture all cases that would fall into this category, therefore we are under-reporting. Vermont did not change any polices or procedures regarding reporting or tracking of infants with prenatal substance exposure during the pandemic. Fatalities DCF FSD is part of Vermont’s Child Fatality Review Team, which is housed under the Dept. of Health. This team reviews all unnatural child fatalities and provides annual data to the legislature, striving to make recommendations related to themes which arise. Due to the impact of COVID-19 and the related responsibilities for the Dept. of Health, this team was only able to meet periodically in 2020. Most of the agendas were aimed at keeping members and their respective agencies informed of any ongoing activities or changes. - DCF FSD is a m ember of the National Partnership for Child Safety, which is now a 21-juris diction collaborative with support from Casey Family Programs. As part of our collaboration with NPCS, Vermont has developed the Safe System Learning Review; a child death review process which utilizes the Safe Systems Improvement Tool and seeks to create a psychologically safe process for staff as well as one that promotes system wide improvement over individually based fault finding. - - Perpe trators For sexual abuse, perpetrators include noncaregiver perpetrators of any age. The NCANDS category of “other” perpetrator relationship includes the state categories of stepparent, foster sibling, and grandparent. In addition, any perpetrator that is captured using the stand-alone code of other relationship within the database will fall into this category. Services Following an investigation or assessment, a validated risk assessment tool is applied. If the family is classified as at high- or very-high-risk for future child maltreatment, the family is offered in-home services, and may be referred to other community services designed to address risk factors and build protective capacities. During the pandemic, Vermont did implement temporary measures in accordance with staff and public safety. The state modified social worker contact with children and families guidance to allow for video conferencing visits. The state also issued guidance to our contracted in-home services providers to ensure that safety protocols and expectations were clear.-Vermont (continued) Child Maltreatment 2020 Appendix d: State Commentary 283Virginia Contact Shannon Hartung Phone 804–726–7554 Title Program Manager Child Protective Services Division of Family ServicesEmail shannon.hartung1@dss.virginia.gov Address Virginia Department of Social Services801 East Main Street, 11th FloorRichmond, VA 23219 General The Governor declared a state of emergency on March 12, 2020, declared family services specialist as essential personnel on March 25, 2020, and issued a Stay-at-Home order on March 30, 2020 in response to the COVID-19 pandemic. VDSS and local departments moved quickly to ensure the continuation of protective services. During the initial COVID-19 crisis phase, VDSS felt it was critical to effectively prioritize and streamline efforts and energy to address emergency tasks. VDSS worked to alleviate the burden falling on LDSS that provide critical services in our communities. VDSS prioritized efforts to provide critical guidance, resources and supports to the field through collaborative efforts and partnerships to address the unique risks and challenges of the pandemic. VDSS produced job aids for conducting home visits during a pandemic; procured and provided a HIPAA compliant virtual visit platform and created resources to guide the field on virtual visits. VDSS created resources on supporting children, families and workers in navigating crisis and worked with partners to ensure prevention messaging was disseminated and made available to community members and professionals.- - VDSS provided resources to the local departments including ongoing FAQ, tools and tip sheets, broadcast communications, self-care resources, and technological resources. VDSS compiled a resource list for parents and caregivers to collectively ensure well-being and safety for all children and families. While acknowledging this unprecedented time and acknowledging the impact of stress, anxiety, and isolation, the list provided vetted resources in the following areas: economic relief, financial and housing assistance, physical distancing practices, educational and learning from home support, and self-care. VDSS also created a campaign to address the concerns of family violence during the period of social isolation. Public service announcements included a series social media posts and the creation of flyers that were provided to community partners and LDSS to share across Virginia to assist families with needed resources. The social media post and flyers provided the hotline numbers for Child Protective Services, Adult Protective Services and Family Violence and Sexual Assault. VDSS strengthened existing partnerships in targeted and intentional ways during this pandemic, including leveraging relationships and collaborative opportunities with multiple other state agencies, advocate partner organizations, LDSS stakeholders, and nonprofit providers and partners. In this way, our resources, guidance and tools for the field were able to be directly responsive to the rapidly changing needs of our workforce and communities during the crisis. There were two substantial changes to the Code of Virginia in 2020. First, the Code of Virginia was amended to change the retention for unfounded investigations from 1 to 3 years. Second, of the Code of Virginia was amended to change the completion timeframe for family assessments from forty-five to sixty days. Section 63.2-1504 of the Code of Virginia provides Virginia with a differential response system. The differential response system allows local departments to respond to valid reports or complaints of child abuse or neglect by conducting either an investigation or a family assessment. Virginia reports data from both pathways to NCANDS.- Child Maltreatment 2020 Appendix d: State Commentary 284The Virginia Administrative Code defines Family assessment as the collection of information necessary to determine: 1) The immediate safety needs of the child; 2) The protective and rehabilitative services needs of the child and family that will deter abuse or neglect; 3) Risk of future harm to the child; and 4) Alternative plans for the child’s safety if protective and rehabilitative services are indicated and the family is unable or unwilling to participate in services. These arrange - ments may be made in consultation with the caretaker of the child. The Virginia Administrative Code defines “Investigation” as the collection of information to determine: 1) The immediate safety needs of the child; 2) The protective and rehabilitative services needs of the child and family that will deter abuse or neglect; 3) Risk of future harm to the child; 4) 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; 5) Whether or not abuse or neglect has occurred; 6) If abuse or neglect has occurred, who abused or neglected the child; and 7) A finding of either founded or unfounded based on the facts collected during the investigation ReportsVirginia’s State Hotline continued operations as normal. COVID-19 related screening questions were added to the intake narrative script and recorded for all referrals. Virginia did not make any changes to screening procedures for child protective services. Virginia did not experience notable staff reductions due to the pandemic. Most of the local departments have closed offices to the public and maintain contact virtually and by phone. Several of the smaller local departments had to close due to staff that tested positive for the virus. When the department closed, case work was covered by other local departments nearby.- After a 4 0 percent drop in total referrals received in April and May of 2020, compared to the same months in 2019, the gap in referral volumes grew smaller during summer months but started to widen again (around 10 percent to 15 percent fewer referrals in summer, 21 percent fewer referrals received in September, compared to the same months the previous year). Comparing allegation proportions among validated referrals since March 2020 to June 2019: ■Medical neglect allegations decreased in prevalence. ■Mental abuse/neglect and sexual abuse increased in prevalence. ■The prevalence of physical neglect remained relatively constant during these periods. Children After receiving guidance from the Administration for Children and Families, Virginia contracted with Doxy.me. VDSS invested funds to provide this solution free to local departments and all family services specialists who have been issued an Apple iPad. Doxy.me is the only VDSS approved software for virtual face-to-face visits as it is HIPAA and HITECH -Virginia (continued) Child Maltreatment 2020 Appendix d: State Commentary 285compliant to enable the agency to comply with state and federal privacy and security laws and standards. Instructions were provided to family services specialists on how to set up an account and how to document visitation conducted using Doxy.me in the case management system. Approximately 66 percent of family services specialists who responded to a survey indicated less than 80 percent of their contacts with clients were virtually. Fatalities Virginia did not make any policy related to child fatality reviews; however, regional meetings were suspended for several months at the onset of the lockdown and resumed virtually in September of 2020. Perpetrators Virginia reports noncaregiver perpetrators of sex trafficking to NCANDS as the Code of Virginia says: A valid report or complaint regarding a child who has been identified as a victim of sex trafficking or severe forms of trafficking as defined in the federal Trafficking Victims Protection Act of 2000 (22 U.S.C § 7102 et seq.) and in the federal Justice for Victims of Trafficking Act of 2015 (P.L. 114-22) may be established if the alleged abuser is the alleged victim child’s parent, other caretaker, or any other person suspected to have caused such abuse or neglect. ServicesAs compared to FFY 2019, the Virginia observed a notable decrease in the reported number of children who received services in FFY 2020, aimed at preventing child abuse and neglect through Promoting Safe and Stable Families funding. Trending back to June 2019, local department of social services (LDSS) sub-grantee reporting reflected a gradual increase in the number of family units being served in the Family Support category. This is in contrast to previous reporting periods which reflected a greater number of children directly served in the Family Preservation category. As observed in LDSS plan submissions and utilization reviews, service array identification has been considerably targeted in connecting families with available community resources and supportive networks to assist parents and caregivers in the following areas: individual and parent/child counseling, parenting education and skills training, health related education and awareness, and substance abuse services. Additionally, LDSS have acknowledged a significant need to support family units in the service array areas of daycare assistance, housing or other material assistance, financial management services, and transportation. Specifically in response to the COVID-19 pandemic, there has been an overall decrease in the number of children and families served throughout the child welfare continuum, particularly in the months of March–September 2020; however, those numbers are beginning to rise, and we anticipate the need for PSSF funding will continue to be increased.Virginia (continued) Child Maltreatment 2020 Appendix d: State Commentary 286Washington Contact Lisa Barber Phone 360–902–8031 Title Report Design/Development Office of Innovation, Alignment, and AccountabilityEmail lisa.barber@dcyf.wa.gov Address Washington State Department of Children, Youth, and Families 1500 Jefferson StreetOlympia, WA 98504 General CPS risk-only intakes involve a child whose circumstances places him or her at imminent risk of serious harm without any specific allegations of abuse or neglect. When CPS risk-only intakes are screened in, the children must be seen by a CPS investigator within 24 hours and a complete investigation is required. If child abuse or neglect is found during the response to a CPS risk-only intake, a new CPS intake is created regarding the allegation, the case worker records the findings and the record is included in the NCANDS Child File. CPS risk-only intakes were not historically submitted to NCANDS because of no substantiation of maltreatment. But because CPS Risk-Only intakes do receive a full investigation it has been requested that they be included to provide an accurate reflection of the number of CPS cases being investigated and assessed. CPS Risk-Only intakes are now included as of the FFY 2019 report. Historical counts of CPS Risk-Only intakes were provided in each year’s commentary- Durin g 2012, Washington’s Children’s Administration (CA) actively prepared for the start of a new CPS differential response pathway called family assessment response (FAR) as the demonstration project for Washington’s IVE Waiver. This preparation included eliminating the alternative response (10-day response intakes) and developing a two-pathway response for CPS intakes: investigation which requires a 24- or 72-hour response time, and FAR, requiring a 72-hour response. Intakes screened to FAR predominately contain allegations for physical abuse and neglect that are considered low risk, not requiring an immediate response. The SDM provides consistency in screening, and it guides intakes with neglect allegations considered low risk to the FAR pathway. Intakes involving cases that have had three or more screened in CPS intakes within the last 12 months or allegations of moderate to severe physical abuse and all sexual abuse allegations are screened to the investigation pathway. Intakes with any allegations of physical abuse for children under age 4, with a dependency within the last 12 months or an active dependency are screened to investigation. This two-pathway response began in January 2014 in three offices and has been phased-in across the state as of June 2017. Up until FFYs 2013–2014, alternative response (10-day response) was assigned to intakes containing low-risk allegations. Services were offered to families with children through community-based contracted providers.- Report s To be screened-in for CPS intervention, intakes must meet sufficiency. Washington’s sufficiency screening consists of three criteria:- ■Allegations must meet the Washington Administrative Code (WAC) for child abuse and neglect. ■The alleged victim of child abuse and neglect must be younger than 18 years. ■The alleged subject of child abuse or neglect has a role of parent, acting in loco parentis, or unknown. Child Maltreatment 2020 Appendix d: State Commentary 287Intakes that do not meet one of the above criteria do not screen in for a CPS response, unless there is imminent risk of harm (CPS risk-only) to the child. Intakes that allege a crime has been committed but do not meet Washington’s screening criteria are referred to the law enforcement jurisdiction where the alleged crime occurred. CPS Risk Only intakes receive an Investigation with a 24 or 72-hour response. Intakes screened to the FAR pathway do not receive a CPS finding. Additionally, FAR intakes are mapped as alternative response non-victim in NCANDS and don’t receive findings on allegations, so the maltreatment types are currently mapped to the NCANDS category of “other” maltreatment types. In FFY 2015, there was a significant increase in intakes screened to the FAR pathway from FFY 2014, thus eliminating a large pool of victims receiving a finding. The increase in the number of intakes screened to the FAR pathway in FFY 2015 is a result of the staggered implementation of the FAR pathway across the state. In FFY 2016 there was a similar increase in intakes screened to the FAR pathway from FFY 2015 as a result of additional offices implementing FAR and due to additional training and consultation on the SDM intake screening tool and FAR pathway. Prior to full implementation of FAR, for offices that had not launched FAR, intakes screened to FAR through the use of the SDM were diverted back to an investigation pathway, allowed under the Washington state statute. Since the full implementation of FAR statewide, the number of intakes screened to the FAR pathway have continued to increase, which resulted in a reduction of cases that involved a victim and subject.- - During FFYs 2014–2016 there was a significant increase noted for 24-hour emergent intakes, both with allegations of CA/N and CPS risk only. Also during FFYs 2014–2015, there was an enhanced focus on child safety related to children age 0–3. A new intake policy was implemented requiring that screened-in physical abuse intakes regarding children 0–3 would be investigated, and children would be seen within 24 hours. In FFY 2017 there was again an increase in CPS Risk Only and 24-hour emergent intakes. The Department of Licensed Resources (DLR), CPS, and DLR-CPS risk-only intakes 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.- During the pandemic, DCYF saw a significant decline in the number of reported calls into the agency’s intake line, most especially early in the public health emergency when schools closed. On average, the intake line sees a decline in calls around the summer months when school is out of session and children are on break, and an even greater decline during the December holiday break. The initial drop in maltreatment intakes weekly called into the state hotline following the governor’s initial Stay Home/Stay Healthy order was similar to the dip seen in December holiday break of most years. Intake numbers recovered a bit during the summer months.Washington (continued) Child Maltreatment 2020 Appendix d: State Commentary 288Children An alleged victim is reported as substantiated if any of the alleged child abuse or neglect was founded. The alleged victim is reported as unsubstantiated if all alleged child abuse or neglect identified was unfounded. The NCANDS category of “other” disposition previously included the number of children in inconclusive investigations. Legislative changes resulted in inconclusive no longer being a findings category. The NCANDS category of neglect includes medical neglect.- An analysis of common risk factors found for Washington State families involved in CPS since 2009 have shown an increase in negative outcomes over time. The risk factors are parent criminality, parent mental illness, parent substance abuse, family economic stress, domestic violence and family homelessness. In addition to the increase in negative outcomes, the families have more risk factors per individual family than in previous years. Negative outcomes are recurrence, 90-day placement rate, founded rate and families with a new founded or child(ren) placed within 365 days of investigation completion. This may assist in explaining the increased number of CPS intakes overall and a substantial increase in the number of 24-hour response times for CPS investigations.- During the pandemic, the state investigations of CPS intakes continued to be done in person, not virtually. Additionally, the timeframes were not altered due to COVID. Unless a person was ill in the house, workers still interacted with the family in person. 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. Washington only reports fatalities in the Agency File. Children’s Administration (CA) began maintaining a separate database of child fatality data (AIRS) in 2002. At that time the CAMIS system used before the SACWIS system was implemented. CAMIS did not support a database of child fatality and other critical incident information. In February 2009, CA released a new SACWIS system (FamLink). The objective was to have all child fatality and other critical incident information stored in FamLink and the reporting of all critical incidents would be done through FamLink. However, this plan was shelved due to budgetary considerations. FamLink does identify child fatalities and other critical incidents, but it does not include the level of detail necessary to determine whether the fatality was the result of abuse and neglect. This information continues to be maintained in the AIRS database. Perpetrators The perpetrator relationship value of residential facility provider/staff is currently mapped to the NCANDS category of “other” perpetrator relationship. The NCANDS category of “other” perpetrator relationship includes the state categories of other and babysitter. The parental type relationship is a combined parent birth/adoptive value. Because the NCANDS field separates biological and adoptive parent and Washington’s system does not distinguish between the two, parent birth/adoptive is mapped to the NCANDS category of Washington (continued) Child Maltreatment 2020 Appendix d: State Commentary 289unknown parent relationship. Washington does not report noncaregiver perpetrators of sex trafficking. These are screened out as a 3rd party report to law enforcement. Services Families receive preventive and remedial services from the following sources: community-based services such as Public Health Nurses, Infant Mental Health, Head Start and the Parent-Child Assistance Program, contracted services, including several evidence-based practices such as Homebuilders, Incredible Years, Safe Care, Triple P, Parent-Child Interaction Therapy, and Promoting First Relationships. Families can also receive CPS childcare, family reconciliation services, family preservation, and intensive family preservation services. The number of recipients of the community-based family resource and support grant is obtained from community-based child abuse prevention (CBCAP).-Washington (continued) Child Maltreatment 2020 Appendix d: State Commentary 290West Virginia Contact Stephanie Lindley Phone 304–558–5864 Title Functional Manager Email stephanie.l.lindley@wv.gov Address WV Department of Health and Human Services 1 Davis Square, Suite 200Charleston, WV 25301 The state was not able to submit commentary in time for the Child Maltreatment 2020 report. Child Maltreatment 2020 Appendix d: State Commentary 291Wisconsin 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 West Washington AvenueMadison, WI 53703 General There were no significant state policy changes that affect the data submission. Certain counties in Wisconsin have implemented Alternative Response (AR). Maltreatment disposition for AR assessments result in identifying whether services are needed and will appear in NCANDS as alternative response nonvictim dispositions. - Report s The state data are child-based where each report is associated with a single child. The report date refers to the date when the agency was notified of the alleged maltreatment and the investigation start date refers to the date when the agency made initial contact with the child or other family member. In Wisconsin’s child protective services (CPS) system, several maltreatment reports for a single child may be assessed in a single investigation. The first months (March, April, May) of the pandemic saw a sharp drop off in CPS reports as compared to 2019. The number of CPS reports trended upward over the summer, but remained low through the course of the fall and winter as compared to the previous year. A large reason for the drop in reports was due to the 60 percent decrease in reporting from educational personnel over the year. There were no changes made to Access functions during the pandemic. People were able to report suspected maltreatment at any time. No changes to policy or procedures were made related to screening due to the pandemic. Workers still conducted investigations and made face-to-face contact as necessary. Children When a child has been determined to be a victim of abuse or neglect a substantiation finding is made. The NCANDS unsubstantiated maltreatment disposition includes instances where the allegation of maltreatment was unsubstantiated for that child, as well as instances where a maltreatment determination cannot be made because critical sources of information cannot be found or accessed. No changes to policies were made related to conducting investigations and assessments due to the pandemic. Our state continued to conduct investigations and assessments through face-to-face contact as well as through a combination of phone and video calls. All initial contact for investigations, as well as any contact necessary to ensure children’s safety was expected to be face-to-face. Workers continued to gather information per requirements laid out in the state’s Initial Assessment Standards, Ongoing Services Standards, and Safety Intervention Standards. DCF issued practice guidance for engaging families through virtual contact for the purposes of information gathering and assessing during the pandemic. Child Maltreatment 2020 Appendix d: State Commentary 292Fatalities 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 and reporting child maltreatment fatality information; all fatalities are reported in the Child File. Perpetrators Perpetrator and perpetrator detail is included for allegations of maltreatment that were substantiated. The NCANDS category “other” perpetrator relationship includes perpetrators who are not primary or secondary caregivers to the child (i.e. non-caregivers) such as another child or peer to the child victim, or a stranger. As described above, there are no substantiation findings in AR cases, so the alleged perpetrators in AR cases will not show up as substantiated perpetrators.- Services Wisconsin is currently not able to report prevention services. The state continues to support data quality related to service documentation and ultimately to modify the NCANDS file to incorporate services reporting for future data submissions. Wisconsin (continued) Child Maltreatment 2020 Appendix d: State Commentary 293Wyoming Contact Brian DeTavernier Phone 307–777–6348 Title Social Service Analyst Social Services DivisionEmail brian.detavernier1@wyo.gov Address Wyoming Department of Family Services2300 Capitol AvenueCheyenne, WY 82002 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 on unsubstantiated are identified and reported to NCANDS through the Investigation Track. The Assessment Track gets assigned if the referral alleges abuse and /or neglect but does not meet the criteria for the Investigation Track. The Prevention Track is assigned when there is no allegation of abuse and/or neglect, but there are identified risk factors that indicate the need for services to prevent abuse and/or neglect. Non-victims are identified and reported to NCANDS through the assessment and Prevention Tracks. No changes were made to policy or programs during the COVID pandemic. Procedures for field staff were adjusted to allow for discretion when conducting visits with children, foster families, and biological families through mechanisms other than in person visits. These decisions are being made on a case-by-case basis, and in consultation with supervisors and managers based on assessed safety risk and need. Reports Wyoming saw a decrease in the number of referrals for abuse/neglect due to children being confined in their homes due to COVID restrictions and the children not being seen for observation. Contact made with a child due to a referral was made with social distancing in place. Workers did not enter a home but rather met with families outside of their homes while taking every precaution necessary to limit the possibility of exposure to the family members involved. Children Wyoming did not change policy related to investigations and assessments. However, the procedure in the investigation and assessment process was modified so that face to face contact made with families was conducted with social distancing. Workers were provided with the necessary PPE to safely conduct these visits. Workers did not enter a home but rather met with families outside of their homes to conduct the investigations and assessments while taking every precaution necessary to limit the possibility of exposure to the family members involved. Wyoming is unable to determine time spent on an investigation to the final determination or to determine prenatal substance exposure as the SACWIS does not collect specific information regarding incidents.- Fataliti es Wyoming did not change any policies related to child fatality reviews. The Child Death Review team met virtually to conduct their investigations during the COVID pandemic. Child Maltreatment 2020 Appendix d: State Commentary 294Perpetrators Wyoming utilizes a SACWIS that is incident based and does not have the ability to categorize incidents to see trends.- Services Wyoming had a reduction in Services Responses due to the reduction in referrals during the COVID pandemic. Contact made with families took place with social distancing guidelines in place. Workers were provided with the necessary PPE to safely conduct investigations and assessments. Workers do not enter a home but rather meet with all members of families outside of their homes to conduct the investigations and assessments. Services provided to families have been impacted due to COVID as many of the facilities were closed to in-person visits and did not implement virtual appointments until latter in the year. Virtual services were also impacted due to the lack of technology with some families. Child Maltreatment 2020 Appendix d: State Commentary 295