Child Maltreatment 2022 h U.S. Department of Health & Human Services Administration for Children and Families Administration on Children, Youth and Families Children’s Bureau YEAROFREPORTING25t YEAROFREPORTING33r d This report was prepared by the Children’s Bureau (Administration on Children, Youth and Families, Administration for Children and Families) of the U.S. Department of Health and Human Services. Public Domain Notice Material contained in this publication is in the public domain and may be reproduced, fully or partially, without permission of the federal government. Electronic Access This report is available on the Children’s Bureau website at https://www.acf.hhs.gov/cb/data-research/child-maltreatment. Questions and More Information If you have questions or require additional information about this report, please contact the Child Welfare Information Gateway at info@childwelfare.gov or 1–800–394–3366. If you have questions about a specific state’s data or policies, contact information is provided for each state in Appendix D, State Commentary. Data Sets Restricted use files of the NCANDS submissions are archived at the National Data Archive on Child Abuse and Neglect (NDACAN) at Cornell University. Researchers who are interested in these files for statistical analyses may contact NDACAN by phone at 607–255–7799, by email at ndacan@cornell.edu or on the Internet at https://www.ndacan.acf.hhs.gov/ . NDACAN serves as the repository for the NCANDS data sets, but is not the author of the Child Maltreatment report. Recommended Citation U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. (2024). Child Maltreatment 2022. 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 2022 Child Maltreatment 2022 DEPARTMENT OF HEALTH & HUMAN SERVICES Letter from the Associate Commissioner: Child Maltreatment 2022 (the report) is the latest edition of the annual Child Maltreatment report series. The report is used by researchers, practitioners, and advocates throughout the world as a source for national child welfare data . The report is available from our website at https://www .acf.hhs.gov/cb/data-research/child-maltreatment. Jurisdictions 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. Since 1991, child welfare agencies in the 50 states, the Commonwealth of Puerto Rico, and the District of Columbia have collected and submitted data for NCANDS. For federal fiscal year (FFY) 2022, 52 states submitted both a Child File and an Agency File. Key findings in this report include: ■ Nationally during FFY 2022, 3,096,101 children received either an investigation response oralternative response at a rate of 42.4 children per 1,000 in the population. ■ For FFY 2022, 52 states reported 558,899 victims of child abuse and neglect. This is a nationalrate of 7.7 victims per 1,000 children in the population. ■ FFY 2022 data show 74.3 percent of victims experience neglect, 17.0 percent are physicallyabused, 10.6 percent are sexually abused, and 6.8 percent are psychologically maltreated. ■ A nationally estimated 1,990 children died from abuse and neglect at a rate of 2.73 per 100,000children in the population. 1 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 as we continue to do everything we can to promote the safety and well-being of our nation’s children. Data is critically important to improving child welfare outcomes. But data can only take us so far. Good data does more than just provide us with information. These key findings should lead to further exploration and questions. For example, what story is the data starting to tell? What information is missing? How is the data collected, and who made decisions about which data is important to collect? Is there a diverse group of people determining which data is important to collect? Is any group that is not represented in the data collection? How can we drive innovation and better outcomes for children and families using these data? Throughout all of our work, the Children’s Bureau continues to focus on promoting equity and reducing disproportionality in child welfare systems. Chapter seven of the Child Maltreatment 2022 report is entitled “Special Focus.” The analyses in this chapter review the different dimensions of maltreatment data so that jurisdictions can have more information to examine and prevent disproportionate outcomes, particularly for Black, Brown, and Native American children. This data also can be used to inform specific programs or policies to 1 The national estimate of child fatalities is calculated by multiplying the national fatality rate by the child population of all 52 states and dividing by 100,000. The estimate is rounded to the nearest 10. For 2022, 51 states reported fatality data. Letter ii ii iii Child Maltreatment 2022 support victims of child maltreatment and to work with families to prevent maltreatment. We hope jurisdictions will use the data and analyses in the Child Maltreatment 2022 report and other sources of information to work to reduce disproportionate outcomes for populations of children and their families. Preventing maltreatment should always be the top priority. Children’s Bureau has worked arduously to support jurisdictions to submit title IV-E prevention plans that include exciting evidence-based programs. Additionally, we have promulgated a regulation that will allow - separate licensing standards for relative caregivers in support of caregivers who care for children who cannot live with their parents safely. Similarly, we have published a Notice of Proposed Rulemaking that will allow agencies to claim federal financial participation for the cost of providing an attorney to categories of individuals who are involved with child welfare cases. - The Child Maltreatment 2022 report provides important, detailed insight into what is hap pening for children who are the subject of a CPS investigation or CPS alternative response. However, the report is only the beginning of the inquiry: use it to ask yourself and your colleagues more questions and to challenge existing assumptions. For example, think about ways to support families who have economic needs in order to prevent child maltreatment or child welfare involvement. What additional questions does the disproportionality data raise for you? My hope and expectation is that this report will encourage jurisdictions to ask as many questions as it answers so that we can continue to work together to improve the lives and outcomes for children, young people, and families. Thank you, as always, for using your time, talent, and creativity in support of the families that we serve. - In Unity, /s/ Aysha E. Schomburg, Associate Commissioner, Children’s Bureau Letter Child Maltreatment 2022Acknowledgements iv Acknowledgements The Children’s Bureau in the Administration on Children, Youth and Families (ACYF), the Administration for Children and Familes (ACF), within the U.S. Department of Health and Human Services (HHS), strives to ensure the wellbeing of our Nation’s children through many programs and activities. One such activity is the National Child Abuse and Neglect Data System (NCANDS) of the Children’s Bureau. National and state statistics about child maltreatment are derived from the data collected by child protective services agencies and reported to NCANDS. The data is analyzed, disseminated, and released in an annual report. Child Maltreatment 2022 marks the 33rd 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 2022 national statistics are based upon receiving case-level and aggregate data from 50 states, the Commonwealth of Puerto Rico, and the District of Columbia. CB/ACYF/ACF/HHS wishes to thank the many people who made this publication possible. The Children’s Bureau has been fortunate to collaborate with informed and committed state personnel who work hard to provide comprehensive data, which reflects the work of their agencies. CB/ACYF/ACF/HHS gratefully acknowledges the priorities that were set by state and local agencies to submit data to the Children’s Bureau, and thanks the caseworkers and supervisors who contribute to and use their state’s information system. The time and effort dedicated by these and other individuals are the foundation of this successful federal-state partnership. 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Child Maltreatment 2022 Summary Overview All 50 states, the District of Columbia, and the U.S. Territories have child abuse and neglect reporting laws that mandate certain professionals and institutions refer suspected maltreatment to a child protective services (CPS) agency. Each state has its own definitions of child abuse and neglect that are based on standards set by federal law. Federal legislation provides a foundation for states by identifying a set of acts or behaviors that define child abuse and neglect. The Child Abuse Prevention and Treatment Act (CAPTA), (P .L. 100–294), as amended by the CAPTA Reauthorization Act of 2010 (P.L. 111–320), retained the existing definition of child abuse and neglect as, at a minimum: - Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation [ ]; or an act or failure to act, which presents an imminent risk of serious harm. The Justice for Victims of Trafficking Act (P.L. 114–22) added the requirement to include sex trafficking victims in the definition of child abuse and neglect. The following pages provide a summary of key information from this report. The information is provided in a question-and-answer format as the Children’s Bureau is anticipating the most common questions for each chapter of the report. Please refer to the individual chapters for detailed information about each topic and the relevant data. Definitions of terms also are provided in Appendix B, Glossary. - What is the National Child Abuse and Neglect Data System (NCANDS)? NCANDS is a federally sponsored effort that collects and analyzes annual data on child abuse and neglect. The 1988 CAPTA amendments directed the U.S. Departmentof Health and Human Services to establish a national data collection and analysis program. The data is collected and analyzed by the Children’s Bureau in the Administration on Children, Youth and Families (ACYF), the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS). The data is submitted voluntarily by the 50 states, the District of Columbia, and the Commonwealth of Puerto Rico. The first report from NCANDS was based on data for1990. This report for federal fiscal year (FFY) 2022 is the 33rd issuance of this annual publication. - How is the data used? NCANDS data is used for the Child Maltreatment report series. In addition, the datais a critical source of information for many publications, reports, and activities of thefederal government and other groups. For example, NCANDS data is used in theannual publication, Child Welfare Outcomes: Report to Congress . More information about these reports and programs are available on the Children’s Bureau website at https://www.acf.hhs.gov/cb . What data is collected? Once an allegation (called a referral) of abuse or neglect is received by a CPS agency, it is either screened-in for a response by CPS or it is screened-out. A screened-in referral is called a report. CPS agencies respond to all reports. In most states, the majority of reports receive investigations, which determine if a child was maltreated or is at-risk of maltreatment, and establish whether an intervention is needed. Some reports receive alternative responses, which focus primarily upon the needs of the family and do not determine if a child was maltreated or is at-risk of maltreatment. NCANDS collects case-level data on all children who received a CPS agency response in the form of an investigation response or an alternative response. Case-level data (meaning individual child record data) includes information about the characteristics of screened-in referrals (reports) of abuse and neglect that are made to CPS agencies, the children involved, the types of maltreatment, the dispositions of the CPS responses, the risk factors of the child and their caregivers, the services that are provided, and the perpetrators. NCANDS collects agency-level aggregate statistics in a separate data submission called the Agency File. Where is the data available? The Child Maltreatment reports from this edition back to 1995 are available on the Children’s Bureau website at https://www.acf.hhs.gov/cb/data-research/child-maltreatment . If you have questions or require additional information about this report, please contact the Child Welfare Information Gateway at info@childwelfare.gov or 1–800–394–3366. Restricted use files of NCANDS submissions are archived at the National Data Archive on Child Abuse and Neglect (NDACAN) at Cornell University https://www.ndacan.acf.hhs.gov/ . Researchers who are interested in using these files for statistical analyses may contact NDACAN by phone at 607–255–7799 or by email atndacan@cornell.edu . See chapter 1 for more information about NCANDS and the data collection. How many allegations of maltreatment are reported and screened-in for an investigation response or alternative response? For 2022, CPS agencies received a national estimate of 4,276,000 total referrals. The total referrals alleging maltreatment includes approximately 7,530,000 children. The national rate of screened-in referrals (reports) is 29.0 per 1,000 children in the national population. Among the 47 states that report both screened-in and screened-out referrals, 49.5 percent of referrals are screened-in and 50.5 percent are screened-out. - Child Maltreatment 2022 Summary x Summary xi Child Maltreatment 2022 Who reports child maltreatment? For 2022, professionals submitted 70.0 percent of reports alleging child abuse and neglect. The term professional means that the person has contact with the alleged child maltreatment victim as part of his or her job. This term includes teachers, police officers, lawyers, and social services staff. The highest percentages of reports are from legal and law enforcement personnel (21.2%), education personnel (20.7%), and medical personnel (11.2%). Nonprofessionals, including friends, neighbors, and relatives, submitted fewer than one-fifth of reports (15.2%). Unclassified sources submitted the remaining reports (14.8%). Unclassified includes anonymous, “other,” and unknown report sources. States use the code “other” for any report source that does not have an NCANDS designated code. See Appendix D, State Commentary, for additional information provided by the states as to what is included in “other.” See chapter 2 for more information about referrals and reports. Who are the child victims? For FFY 2022, there are 558,899 victims of child abuse and neglect nationally. The victim rate is 7.7 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 22.2 per 1,000 children of the same age in the national population. ■ The victimization rate for girls is 8.2 per 1,000 girls in the population, which is higher than boys at 7.1 per 1,000 boys in the population. ■ American-Indian or Alaska Native children have the highest rate of victimizationat 14.3 per 1,000 children in the population of the same race or ethnicity; andBlack or African-American children have the second highest rate at 12.1 per1,000 children of the same race or ethnicity. What are 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. - In the analysis included in chapter 3, a victim who has more than one type ofmaltreatment is counted once per type. This answers the question of how manydifferent types of maltreatment do victims have, rather than how many occurrencesof each type. For FFY 2022, 74.3 percent of victims are neglected, 17.0 percent arephysically abused, 10.6 percent are sexually abused, and 6.8 are psychologicallymaltreated. 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. FFY 2022 data shows 45,756 infants in 50 states being referred to CPS agencies as infants with prenatal substance exposure. The majority (79.2%) of IPSE were screened-in to CPS to receive either an investigation or alternative response. For FFY 2022, 33 states reported 23,781 screened-in IPSE (69.5%) have a plan of safe care and 32 states reported 22,883 screened-in IPSE (68.4%) have a referral to appropriate services. What risk factors do caregivers have? Risk factors are characteristics of a child or caregiver that may increase the 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. Refer to chapter 3 or Appendix B, Glossary for definitions of caregiver risk factors included in this report. - In 39 reporting states, 95,794 victims (23.8%) have the drug abuse caregiver risk factor and in 35 reporting states, 99,255 victims (26.5%) have the domestic violence caregiver risk factor. See chapter 3 for more information about maltreatment victims. How many children died from abuse or neglect? Child fatalities are the most tragic consequence of maltreatment. For FFY 2022, a national estimate of 1,990 children died from abuse and neglect at a rate of 2.73 per 100,000 children in the population. See chapter 4 for more information about child fatalities. The child fatality demographics show: ■ The youngest children are the most vulnerable to maltreatment, with childrenyounger than 1 representing 44.7 percent of child fatalities; a fatality rate of 24.37per 100,000 children in that age range. ■ Boys have a higher child fatality rate at 3.26 per 100,000 boys in the populationwhen compared with girls at 2.25 per 100,000 girls in the population. ■ The rate of Black or African-American child fatalities (6.37 per 100,000 African-American children) is 3.3 times greater than the rate of White children (1.99 per100,000 White children) and 3.8 times greater than the rate of Hispanic children(1.68 per 100,000 Hispanic children). Who abuses and neglects children? A perpetrator is the person who is responsible for the abuse or neglect of a child. Fifty-two states reported 434,090 perpetrators. See chapter 5 for more information about perpetrators of maltreatment. The analyses of case-level data show: ■ The majority (68.8%) of perpetrators are between the ages of 25 and 44 years old. ■ More than one-half of perpetrators are female, 47.7 percent of perpetrators aremale, and 1.1 percent have an unknown sex. ■ The three largest percentages of perpetrators are White (47.4%), Black or African-American (21.0%), and Hispanic (20.3%). ■ The majority (76.0%) of perpetrators are a parent to their victim. Child Maltreatment 2022 Summary xii Who received services? CPS agencies provide services to children and their families, both in their homes and in foster care. Reasons for providing services may include (1) preventing future instances of child maltreatment and (2) remedying conditions that brought the children and their family to the attention of the agency. See chapter 6 for more information about children and their families who received services. During 2022: - - ■ Forty-five states reported approximately 1.9 million (1,922,792) children receivedprevention services. ■ Fifty-one states reported 897,486 children (both victims and nonvictims) receivedpostresponse services from a CPS agency. ■ More than one-half (55.0%) of victims and one-fifth (20.3%) of nonvictims receivedpostresponse services. What is the Special Focus chapter? The purpose of chapter 7 is to highlight analyses of specific subsets of children or data analyses focusing on a specific topic. The analyses in this chapter review the different dimensions of maltreatment type data to determine if there are any patterns or disproportionality within the data that will assist with targeting specific programs or policies to aid the victims and their families. Key highlights include: ■ The FFY 2022 data shows 88.6 percent of victims have one type of substantiatedmaltreatment, although, they could be reported and determined to be a victim ofone type of maltreatment multiple times. ■ For all report sources, neglect is the most common maltreatment type.Percentages range from 51.0 percent from mental health personnel to 71.7 fromunclassified. ■ Within each race or ethnicity, most victims have the neglect maltreatment type.Also, most races or ethnicities have physical abuse as the second highest per - centage of maltreatment. ■ Analyzing the most common maltreatment type by age and sex shows that whilenationally the victims of neglect are split relatively evenly between the sexes,analyzing by single year age shows some differences. From birth until age 10,boys are more represented among neglect victim; beginning at age 11, girls aremore often determined to be neglect victims. ■ Slightly more victims are maltreated by female perpetrators, at 51.9 percent, thanmale perpetrators, at 47.3 percent. Child Maltreatment 2022 Summary xiii Child Maltreatment 2022 National Summary A summary of national rates per 1,000 children is provided below (S–1) and a one– page chart of key statistics from the annual report is on the following page (S–2). Exhibit S–1 Summary Child Maltreatment Rates per 1,000 Children, 2018–2022 Based on data from 52 states for FFY 2018-2020 and 2022, and 51 states for FFY 2021. Summary xiv Exhibit S–2 Statistics at a Glance, 2022 Referrals Reports Children Services 2,119,70 6 REPOR TS received a disposition (finding) Submitted by 70.0% professionals 15.2% nonprofessionals 14.8% unclassified 558,899 VICTIMS Includes 1 ,990\* F atalities 2,537,202\* NONVICTIMS3,4 49.5% REFERRALS SCREENED-IN2 (become reports) 50.5% REFERRALS SCREENED-OUT2 299,876 VICTIMS5 received postresponse services 104,747 VICTIMS6 received foster care services 597,610 NONVICTIMS4,5 received postresponse services 40,702 NONVICTIMS4,6 received foster care services 4,276,000\* REFERRALS alleging maltreatment to CPS involving 7,530,000\* children1 3,096,101 CHILDR EN received Either a n investigation o r alternative r espon se \* Indicates a nationally estimated number. Please refer to the relevant chapter notes for information about thresholds, exclusions, and how the estimates are calculated. 1 The average number of children included in a referral was (1.8 rounded). 2 Among the states that reported both screened-in and screened-out referrals. 3 The number of unique nonvictims is 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. Only the children who are removed from their home on or after the report date and up to 90 days after the disposition date are counted. Child Maltreatment 2022 Summary xv chApter 1: Introduction 1 Child Maltreatment 2022 Introduction CHAPTER 1 Child abuse and neglect is one of the nation’s most serious concerns. This important issue is addressed in many ways by the Children’s Bureau in the Administration on Children, Youth and Families (ACYF), the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS). The Children’s Bureau strives to ensure the safety, permanency, and well-being of all children by working with state, tribal, and local agencies to develop programs to prevent child abuse and neglect in a variety of projects, including: ■ Providing guidance on federal law, policy, and program regulations. ■ Funding essential services, helping states and tribes operate every aspect of their childwelfare systems. ■ Supporting innovation through competitive, peer-reviewed grants for research and pro- gram development. ■ Offering training and technical assistance to improve child welfare service delivery. ■ Monitoring child welfare services to help states and tribes achieve positive outcomes forchildren and families. ■ Sharing research to help child welfare professionals improve their services. Child Maltreatment 2022 presents national data about child abuse and neglect known to child protective services (CPS) agencies in the United States during federal fiscal year (FFY) 2022. The data is collected and analyzed through the National Child Abuse and Neglect Data System (NCANDS), which is an initiative of the Children’s Bureau. Approximately 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 33rd edition. During 1996, CAPTA was amended to require all states that receive funds from the Basic State Grant program to work with the Secretary of HHS to provide specific data, to the maximum extent practicable, about children who had been maltreated. Subsequent CAPTA amendments added -Child Maltreatment 2022chApter 1: Introduction 2 data elements and readers are encouraged to review Appendix A, CAPTA Data Items, most of which are reported by states to NCANDS. A successful federal-state partnership is the core component of NCANDS. Each state 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, and phone conferences are used regularly to facilitate information sharing and provision of technical assistance. - NCANDS has the objective to collect nationally standardized case-level and aggregate data and to make the data useful for policy decision makers, child welfare researchers, and practitioners. The NCANDS Technical Team developed a general data standardization (mapping) procedure whereby all states systematically define the rules for extracting the data from the states’ child welfare information system into the standard NCANDS data format. Team members provide one-on-one technical assistance to states to assist with data mapping, construction, extraction, and data submission and validation. - Annual Data Collection Process The NCANDS reporting year is based on the FFY calendar, which for Child Maltreatment 2022 is October 1, 2021, through September 30, 2022. States submit case-level data by con structing an electronic file of child-specific records for each report of alleged child abuse and neglect that received a CPS response. Each state’s file only includes completed reports with a disposition (or finding) as an outcome of the CPS response during the reporting year. The data submission containing the case-level data is called the Child File. - The Child File is supplemented by agency-level aggregate statistics in a separate data submission called the Agency File. The Agency File contains data that are not reportable at the child-specific level and are often gathered from agencies external to CPS (e.g., vital statistics departments, child death review teams, law enforcement agencies, etc.). States are asked to submit both the Child File and the Agency File each year. For more information about the Child File and Agency File please go to the Children’s Bureau website at - https://www.acf.hhs.gov/cb/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 2022, 52 states submitted both a Child File and an Agency File. The most recent data submissions or resubmissions from states are included in trend tables and this may account for some differences in the counts from previous reports. Child Maltreatment 2022chApter 1: Introduction 3 2020 Census With each Child Maltreatment report, the most recent population data from the U.S. Census Bureau are used. Child Maltreatment 2022 is the second edition to use population estimates from the 2020 Census. The population estimates for 2020–2022 are the most recently updated estimates based on the 2020 census. 2 Information about the population estimates may be found at https://www.census.gov/ . According to the U.S. Census Bureau, the 2022 child population is for more than 72 million children. See table C–2 . NCANDS as a Resource The NCANDS data is a critical source of information for many publications, reports, and activities of the federal government, child welfare personnel, researchers, and others. Some examples of programs and reports that use NCANDS data are discussed below. More information about these reports and programs are available on the Children’s Bureau website at - https://www.acf.hhs.gov/cb . ■ Child Welfare Outcomes: Report to Congress: This annual report presents information on state and national performance in seven outcome categories. Data for theChild Welfare Outcomes measures and the majority of the context data in this reportcome from NCANDS and the Adoption and Foster Care Analysis and ReportingSystem (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 periodicreviews of state child welfare systems to ensure conformity with federal requirements,determine what is happening with children and families who are engaged in child welfareservices, and assist states with helping children and families achieve positive outcomes. States develop Program Improvement Plans to address areas revealed by the CFSR as in need of improvement. For CFSR Round 4, NCANDS data is the basis for two of the CFSR national data indicators, Recurrence of Maltreatment and Maltreatment in Foster Care. NCANDS data is also used for data quality checks and context data. The NCANDS data is also used for several performance measures published annually as part of the ACF Annual Budget Request to Congress, which highlights certain key performance measures. Specific measures on which ACF reports using NCANDS data include: ■ Decrease the rate of first-time victims per 1,000 children in the population. ■ Decrease the percentage of children with substantiated or indicated reports of maltreatment 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. 2 U.S. Census Bureau, Population division. (2023). Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2022; (SC-EST2022- ALLDATA6) [data file]. Retrieved June 2023 from https://www.census.gov/newsroom/press-kits/2023/population-estimates-characteristics.html and Annual Estimates of the Resident Population by Single Year of Age and Sex for the Puerto Rico Commonwealth: April 1, 2020 to July 1, 2022 (PRC-EST2022-SYASEX) [data file]. Retrieved June 2023 from https://www.census.gov/data/tables/time-series/demo/popest/2020s-detail-puerto-rico.html Child Maltreatment 2022chApter 1: Introduction 4 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. Please note that NDACAN is not the author of the Child Maltreatment report series. More information is available at - https://www.ndacan.acf.hhs.gov/index.cfm . In addition, NCANDS data is provided to other agencies as part of federal initiatives, 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 on 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 2022 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 to NCANDS. ■ Appendix D, State Commentary —information about state policies, procedures, and legislation that may affect data. Child Maltreatment 2022chApter 1: Introduction 5 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 numbers and email addresses for each NCANDS state contact person. Readers who would like additional information about specific policies or practices should contact the respective states. 6 Child Maltreatment 2022 Reports CHAPTER 2 This chapter presents statistics about referrals alleging child abuse and neglect and how child protective services (CPS) agencies respond to those allegations. Most agencies use a two-step process to respond to allegations of child maltreatment: (1) screening and (2) investigation and alternative response. A CPS agency receives an initial notification, called a referral, alleging child maltreatment. A referral may involve more than one child. Agency hotline or intake units conduct the screening response to determine whether a referral is appropriate for further action. Screening A referral may be either screened-in or screened-out. Referrals that meet CPS agency 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.3 During FFY 2022, CPS agencies in the 52 reporting states screened-in 2,119,706 referrals which is a 12.0 percent decrease from the 2,409,970 referrals reported by 52 states for FFY 2018. See exhibit 2–A and related notes. Exhibit 2–A Screened-in Referral Rates, 2018–2022 Year 2018 2019 2020 2021 2022 Reporting States 52 52 52 51 52 Child Population of Reporting States 73,977,376 73,661,476 73,982,567 71,764,371 72,969,166 Screened-in Referrals (Reports) from Reporting States 2,409,970 2,383,411 2,123,934 2,008,904 2,119,706 Rate per 1,000 Children 32.6 32.4 28.7 28.0 29.0 Child Population of 52 States 73,977,376 73,661,476 73,982,567 73,356,806 72,969,166 National Estimate/ Actual Screened-in Referrals 2,409,970 2,383,411 2,123,934 2,053,000 2,119,706 Screened-in referral data is from the Child File. The screened-in referral rate is calculated for each year by dividing the number of screened-in referrals from reporting states by the child population in reporting states, multiplying the result by 1,000, and displayed as rounded to the tenth. If fewer than 52 states report screened-in referrals (2021 only) then the national estimate/rounded number of screened-in referrals is a calculation from the rate (displayed as rounded) 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 the actual number of referrals reported by states is displayed. chApter 2: Reports 3 Victims of sex trafficking may be included in an NCANDS submission for any victim who is younger than 24 years. See chapter 3 for more information about victims of sex trafficking. Child Maltreatment 2022 Screened-in referrals are called reports and may include more than one child. Every state completes investigation responses for some reports. An investigation response includes assessing the maltreatment allegation according to state law and policy. The main purpose of the investigation is: (1) to determine whether the child was maltreated or is at risk of maltreatment and (2) to determine if services are needed and which services to provide. - In some states, certain reports (screened-in referrals) may receive an alternative response. This response is usually for instances where the child is at a low or moderate risk of maltreatment. While states vary in how they design and apply their alternative response programs, the point is to focus on the family’s service needs to address issues which may cause future maltreatment. See chapter 3 for more information about alternative response programs. - 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 2022, a national estimate of 2,156,000 referrals were screened-out. This is an 11.6 percent increase from the 1,932,000 estimated screened-out referrals for 2018. See exhibit 2–B and related notes. For 2022, 47 states reported both screened-in and screened-out referral data and screened-in 49.5 percent and screened-out 50.5 percent of referrals. For those 47 states, the percentages of screened-in referrals ranged from 16.9 to 98.7 and the percentages of screened-out referrals ranged from 1.3 to 83.1. See table 2–1 and related notes. Exhibit 2–B Screened-out Referral Rates, 2018–2022 Year 2018 2019 2020 2021 2022 Reporting States 46 45 47 46 47 Child Population of Reporting States 59,955,457 59,518,850 62,099,246 60,080,898 61,458,398 Screened-out Referrals 1,565,553 1,625,691 1,564,101 1,602,496 1,816,161 Rate per 1,000 Children 26.1 27.3 25.2 26.7 29.6 Child Population of 52 States 73,977,376 73,661,476 73,982,567 73,356,806 72,969,166 National Estimate of Screened-out Referrals 1,932,000 2,012,000 1,863,000 1,957,000 2,156,000 Screened-out referral data is from the Agency File. The screened-out referral rate is calculated for each year by dividing the number of screened-out referrals from reporting states by the child population in reporting states, multiplying the result by 1,000, and displayed as rounded to the tenth. The national estimate of screened-out referrals is based upon the rate (rounded) of referrals multiplied by the national population of all 52 states. The result is divided by 1,000 and rounded to the nearest 1,000. For 2022, CPS agencies received a national estimate of 4,276,000 total referrals. This is a 1.5 percent decrease from the 4,342,000 estimated total referrals received for 2018. The 2022 estimated total referrals alleging maltreatment includes approximately 7,530,000 children. 4,5 See exhibit 2–C and related notes. 4 Dividing the number of children with dispositions (3,732,871, from table 3–2) by the number of screened-in referrals (2,119,706, from table 2–1) results in the average number of children included in a screened-in referral (1.8, displayed as rounded). 5 The average number of children included in a screened-in referral (1.8) multiplied by the national estimate of total referrals (4,276,000, from exhibit 2–C) results in an estimated 7,530,000 (rounded) children included in total referrals. c hApter 2: Reports 7 Child Maltreatment 2022 Exhibit 2–C Total Referrals Rate, 2018–2022 Year 2018 2019 2020 2021 2022 National Estimate/ Actual Screened-in Referrals 2,409,970 2,383,411 2,123,934 2,053,000 2,119,706 National Estimate of Screened-out Referrals 1,932,000 2,012,0001,863,000 1,957,0002,156,000National Estimate of Total Referrals 4,342,000 4,395,000 3,987,000 4,010,000 4,276,000 Child Population of all 52 States 73,977,376 73,661,476 73,982,567 73,356,806 72,969,166 Total Referrals Rate per 1,000 Children 58.7 59.7 53.9 54.7 58.6 Screened-in referral data is from the Child File and screened-out referral data is from the Agency File. The national estimate of total referrals is the sum of the actual reported or estimated number of screened-in referrals (from exhibit 2–A) and 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, multiplying the result by 1,000, and displayed as rounded to the tenth. As shown in exhibits 2–C and 2–D, the estimated number of total referrals received by CPS agencies increased from FFY 2018 through 2019, decreased during FFY 2020 and began increasing for FFYs 2021 and 2022. Also of interest is the narrowing gap between screened-in and screened-out referrals during the previous few years. One state began reporting screened-out referrals and according to states’ comments in Appendix D, State Commentary, several states changed to centralized or implemented structured intakes that led to a decrease in the percentage of referrals screened-in for a CPS response when compared to FFY 2018. Exhibit 2–D Number of Referrals 2018–2022 The gap between the number of screened-in and screened-out referrals narrowed during the previous 5 years Based on screened -in referral data for 52 states for FFYs 2018-2020 and 2022, and 51 states for 2021. Based on screened-out referral data for 46 states for FFYs 2018, 2019, and 2021, and 47 states for 2020 and 2022. See exhibit 2-C . chApter 2: Reports 8 Report Sources The report source is the role of the person who notified a CPS agency of the alleged child abuse or neglect in a referral. Only those sources in reports (screened-in referrals) that receive an investigation response or alternative response are submitted to NCANDS. To aid with comparisons, report sources are grouped into three categories: ■ Professional: includes persons who encounter the child as part of their occupation, such as child daycare providers, educators, legal and law enforcement personnel, and medical personnel. State laws require most professionals to notify CPS agencies of suspected maltreatment (these are known as mandated reporters). ■ Nonprofessional: includes persons who do not have a relationship with the child based on their occupation, such as friends, relatives, and neighbors. State laws vary as to the requirements of nonprofessionals to report suspected abuse and neglect. ■ Unclassified: includes persons who preferred to be anonymous, “other,” and unknown report sources. States use the code of “other” for any report source that does not have an NCANDS designated code. According to comments provided by the states, the “other” report source category might include such sources as religious leader, Temporary Assistance for Needy Families staff, landlord, tribal official or member, camp counselor, and private agency staff. Readers are encouraged to review Appendix D, State Commentary for additional information as to what states include in the category of “other” report source. - FFY 2022 data shows professionals submit 70.0 percent of reports. The highest percentages of reports are from legal and law enforcement personnel (21.2%), education personnel (20.7%), and medical personnel (11.2%). Nonprofessionals made 15.2 percent of reports with the largest category of nonprofessional reporters being parents (5.8%), other relatives (5.5%), and friends and neighbors (3.5%). Unclassified sources submit the remaining 14.8 percent. See exhibit 2–E and Exhibit 2–E Report Sources, 2022 Professionals submitted the majority of screened-in referrals (reports) that received an investigation or alternative response Data is from the Child File. Based on data from 48 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. 9 Child Maltreatment 2022 chApter 2: Reports chApter 2: Reports 10 Child Maltreatment 2022 related notes. The country has moved into a post-pandemic period, with most children going back to in-person learning. As expected with this shift, the number and percentage of reports made by educational personnel increased in FFY 2022 to approximately pre-pandemic levels. For example, in FFY 2019, educational personnel made 21.0 percent of all reports for that year. The number and percentage of reports submitted by education personnel dropped its lowest point, of 15.4 percent, during FFY 2022. 6 For FFY 2022 education personnel made 20.7 percent of total reports. 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 41 states, the FFY 2022 mean response time of state averages is 93 hours or 3.9 days; the median response time of state averages is 56 hours or 2.3 days. See table 2–2 and related notes. Sixteen states reported a decrease and 25 states reported an increase in average response times for FFY 2022 when compared with FFY 2021. One state began reporting during FFY 2022. States that provided comments about the increase in response times cited staff turnover or increased focus on training. 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. For FFY 2022, 45 states reported a total workforce of 30,750 and 41 states reported 5,036 specialized intake and screening workers. This is an increase from FFY 2021 when 43 states reported 29,925 total workers and 40 states reported 4,750 intake and screening workers. The number of investigation and alternative response workers—20,052—is computed by subtracting the reported number of intake and screening workers from the total workforce number in the 41 reporting states. - 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 completed an average of 69 CPS responses per worker for FFY 2022. See table 2–4 and related notes. This is an increase from the average of 64 responses per worker for FFY 2021. 6 Child Maltreatment 2019 and Child Maltreatment 2021. Child Maltreatment 2022 Exhibit and Table Notes The following pages contain the data tables referenced in chapter 2. Specific information about state submissions can be found in Appendix D, State Commentary. Additional information regarding the exhibits and tables is provided below. - General During data analyses, thresholds are set to ensure data quality is balanced with the need to report data from as many states as possible. States may be excluded from an analysis for data quality issues. Exclusion rules are in the table notes below. Not every table has exclusion rules. ■ Rates are per 1,000 children in the population. Rates are calculated by dividing the relevantreported count (screened-in referrals, total referrals, etc.) by the relevant child population count and multiplying by 1,000. ■ NCANDS uses the child population estimates that are released annually by the U.S. CensusBureau. These population estimates are provided in Appendix C, State Characteristics. ■ National totals and calculations appear in a single row labeled National instead of separaterows labeled total, rate, or percent. ■ The row labeled Reporting States displays the count of states that provided data for thatanalysis. ■ Dashes are inserted into cells without any data. Table 2–1 Screened-in and Screened-out Referrals, 2022 ■ Screened-out referral data is from the Agency File and screened-in referral data is from theChild 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, 2018–2022 ■ Data is from the Agency File. ■ The national mean of states’ reported average response time is calculated by summing theaverage response times from the states and dividing the total by the number of states reporting. The result is rounded to the nearest whole number.- ■ The national median is determined by sorting the states’ averages and finding the midpoint. Table 2–3 Child Protective Services Workforce, 2022 ■ Data is from the Agency File. ■ Some states provide the total number of CPS workers, but not the specifics on worker functions as classified by NCANDS.- ■ States are excluded if the worker data is not full-time equivalents. Table 2–4 Child Protective Services Caseload, 2022 ■ Data is from the Child File and the Agency File. ■ The number of completed reports per investigation and alternative response worker for eachstate was based on the number of completed reports, divided by the number of investigationand alternative response workers, and rounded to the nearest whole number. chApter 2: Reports 11 Child Maltreatment 2022 ■ The national number of reports per worker is based on the total of completed reports for the reporting states, divided by the total number of investigation and alternative responseworkers, and rounded to the nearest whole number. ■ States are excluded if the worker data is not full-time equivalents. ■ States are excluded if they do not report intake and screening workers separately from allworkers. chApter 2: Reports 12 Child Maltreatment 2022 Table 2–1 Screened-in and Screened-out Referrals, 2022 State Screened-in Referrals (Reports) Screened-out Referrals Total Referrals Screened-in Referrals (Reports) Percent Screened-out Referrals Percent Total Referrals Rate per 1,000 Children Alabama 26,837 348 27,185 98.7 1.3 24.5 Alaska 6,627 12,674 19,301 34.3 65.7 109.3 Arizona 44,806 39,924 84,730 52.9 47.1 53.3 Arkansas 31,923 25,416 57,339 55.7 44.3 82.3 California 192,197 189,948 382,145 50.3 49.7 44.9 Colorado 31,792 77,321 109,113 29.1 70.9 89.8 Connecticut 12,709 35,971 48,680 26.1 73.9 66.6 Delaware 5,697 15,617 21,314 26.7 73.3 102.4 District of Columbia 4,039 11,029 15,068 26.8 73.2 121.1 Florida 138,711 103,799 242,510 57.2 42.8 56.4 Georgia 52,994 70,465 123,459 42.9 57.1 49.2 Hawaii 2,897 3,365 6,262 46.3 53.7 21.1 Idaho 7,465 13,741 21,206 35.2 64.8 45.8 Illinois 94,433 - 94,433 100.0 - - Indiana 102,320 68,765 171,085 59.8 40.2 109.0 Iowa 34,900 18,372 53,272 65.5 34.5 73.5 Kansas 23,095 22,394 45,489 50.8 49.2 65.8 Kentucky 37,894 56,974 94,868 39.9 60.1 94.4 Louisiana 17,742 31,197 48,939 36.3 63.7 46.1 Maine 9,289 17,465 26,754 34.7 65.3 107.9 Maryland 19,629 41,512 61,141 32.1 67.9 45.4 Massachusetts 39,075 42,206 81,281 48.1 51.9 60.8 Michigan 68,359 105,910 174,269 39.2 60.8 82.6 Minnesota 25,662 55,983 81,645 31.4 68.6 63.1 Mississippi 28,282 8,183 36,465 77.6 22.4 53.8 Missouri 54,386 27,791 82,177 66.2 33.8 60.2 Montana 7,301 4,296 11,597 63.0 37.0 49.6 Nebraska 13,845 23,348 37,193 37.2 62.8 78.0 Nevada 16,117 25,804 41,921 38.4 61.6 60.8 New Hampshire 10,183 8,089 18,272 55.7 44.3 72.2 New Jersey 57,068 - 57,068 100.0 - - New Mexico 20,743 17,992 38,735 53.6 46.4 84.3 New York 148,956 - 148,956 100.0 - - North Carolina 62,304 45,232 107,536 57.9 42.1 46.9 North Dakota 2,808 - 2,808 100.0 - - Ohio 79,081 116,517 195,598 40.4 59.6 76.3 Oklahoma 33,529 47,899 81,428 41.2 58.8 85.4 Oregon 36,174 37,104 73,278 49.4 50.6 87.5 Pennsylvania 39,775 - 39,775 100.0 - - Puerto Rico 7,701 6,272 13,973 55.1 44.9 27.0 Rhode Island 4,597 8,529 13,126 35.0 65.0 64.4 South Carolina 36,620 30,717 67,337 54.4 45.6 60.2 South Dakota 2,496 12,317 14,813 16.9 83.1 67.6 Tennessee 71,046 71,500 142,546 49.8 50.2 92.7 Texas 207,429 38,001 245,430 84.5 15.5 32.9 Utah 21,590 22,689 44,279 48.8 51.2 47.5 Vermont 3,457 14,981 18,438 18.7 81.3 160.7 Virginia 33,801 49,869 83,670 40.4 59.6 44.8 Washington 41,645 67,974 109,619 38.0 62.0 66.6 West Virginia 22,354 13,296 35,650 62.7 37.3 101.3 Wisconsin 23,009 52,396 75,405 30.5 69.5 60.5 Wyoming 2,317 4,969 7,286 31.8 68.2 56.0 N ational 2,119,706 1,816,161 3,935,867 - - - Reporting States 52 47 52 - - - National for states reporting both screened-in and screened-out referrals 1,776,666 1,816,161 3,592,827 49.5 50.5 N/A chApter 2: Reports 13 Child Maltreatment 2022 Table 2–2 Average Response Time in Hours, 2018–2022 State 2018 2019 2020 2021 2022 Alabama 53 51 48 51 60 Alaska 423 602 576 219 223 Arizona 31 32 31 - 35 Arkansas 98 104 98 104 114 California 148 148 141 - - Colorado 114 116 116 114 117 Connecticut 46 42 31 32 30 Delaware 354 409 296 174 380 District of Columbia 29 23 15 15 16 Florida 11 9 9 10 11 Georgia - - - - - Hawaii 338 315 269 322 304 Idaho 60 64 62 69 107 Illinois - - - - - Indiana 64 63 63 60 53 Iowa 52 63 55 56 53 Kansas 123 101 125 88 81 Kentucky 96 121 200 172 221 Louisiana - - - 119 208 Maine 87 94 61 58 - Maryland - - - - - Massachusetts - - - - - Michigan 34 43 42 41 39 Minnesota 79 72 84 89 41 Mississippi 31 34 30 33 37 Missouri 48 61 - 44 49 Montana - - - - - Nebraska 136 123 121 124 150 Nevada 68 69 64 68 56 New Hampshire 129 113 92 74 64 New Jersey 18 19 18 21 22 New Mexico 63 89 73 55 50 New York 12 12 10 11 14 North Carolina - - - - - North Dakota - - - - - Ohio 23 24 24 24 24 Oklahoma 50 47 50 53 55 Oregon 150 165 157 166 168 Pennsylvania - - - - - Puerto Rico - - 141 152 157 Rhode Island 32 20 19 17 19 South Carolina 38 42 33 37 39 South Dakota 51 34 33 41 42 Tennessee - - - - 167 Texas 50 50 50 56 64 Utah 81 76 81 93 93 Vermont 94 92 107 129 126 Virginia - - - - - Washington 38 37 35 34 32 West Virginia 238 339 309 174 147 Wisconsin 119 113 111 109 112 Wyoming 18 23 15 11 13 National Average 93 101 97 83 93 National Median 62 64 62 59 56 Reporting States 40 40 40 40 41 chApter 2: Reports 14 Child Maltreatment 2022 Table 2–3 Child Protective Services Workforce, 2022 State Intake and Screening Workers Investigation and Alternative Response Workers Intake, Screening, Investigation, and Alternative Response Workers Alabama Alaska Arizona Arkansas California Colorado Connecticut Delaware District of Columbia Florida Georgia Hawaii Idaho Illinois Indiana Iowa Kansas Kentucky Louisiana Maine Maryland Massachusetts Michigan Minnesota Mississippi Missouri Montana Nebraska Nevada New Hampshire New Jersey New Mexico New York North Carolina North Dakota Ohio Oklahoma Oregon Pennsylvania Puerto Rico Rhode Island South Carolina South Dakota Tennessee Texas Utah Vermont Virginia Washington West Virginia Wisconsin Wyoming National Reporting States 87 16 98 45 -- 50 32 37 - - 12 16 196 122 39 83 87 45 35 - 138 161 483 22 31 23 48 58 23 113 57 - 172 - - 80 166 - 34 19 - 16 102 519 29 29 104 110 42 1,457 - 5,036 41 451 238 377 467 -- 409 130 130 - - 52 174 995 711 233 251 853 181 157 - 326 1,407 517 442 467 191 179 175 113 1,184 178 - 811 - - 565 446 - 190 81 - 44 956 4,028 124 53 656 530 323 257 - 20,052 41 538 254 475 512 2,200 - 459 162 167 - - 64 190 1,191 833 272 334 940 226 192 616 464 1,568 1,000 464 498 214 227 233 136 1,297 235 - 983 - - 645 612 2,686 224 100 - 60 1,058 4,547 153 82 760 640 365 1,714 160 30,750 45 chApter 2: Reports 15 Child Maltreatment 2022 Table 2–4 Child Protective Services Caseload, 2022 State Investigation and Alternative Response Workers Completed Reports (Reports with a Disposition) Completed Reports per Investigation and Alternative Response Worker Alabama 451 26,837 60 Alaska 238 6,627 28 Arizona 377 44,806 119 Arkansas 467 31,923 68 California - - - Colorado - - - Connecticut 409 12,709 31 Delaware 130 5,697 44 District of Columbia 130 4,039 31 Florida - - - Georgia - - - Hawaii 52 2,897 56 Idaho 174 7,465 43 Illinois 995 94,433 95 Indiana 711 102,320 144 Iowa 233 34,900 150 Kansas 251 23,095 92 Kentucky 853 37,894 44 Louisiana 181 17,742 98 Maine 157 9,289 59 Maryland - - - Massachusetts 326 39,075 120 Michigan 1,407 68,359 49 Minnesota 517 25,662 50 Mississippi 442 28,282 64 Missouri 467 54,386 116 Montana 191 7,301 38 Nebraska 179 13,845 77 Nevada 175 16,117 92 New Hampshire 113 10,183 90 New Jersey 1,184 57,068 48 New Mexico 178 20,743 117 New York - - - North Carolina 811 62,304 77 North Dakota - - - Ohio - - - Oklahoma 565 33,529 59 Oregon 446 36,174 81 Pennsylvania - - - Puerto Rico 190 7,701 41 Rhode Island 81 4,597 57 South Carolina - - - South Dakota 44 2,496 57 Tennessee 956 71,046 74 Texas 4,028 207,429 51 Utah 124 21,590 174 Vermont 53 3,457 65 Virginia 656 33,801 52 Washington 530 41,645 79 West V irginia 323 22,354 69 Wisconsin 257 23,009 90 Wyoming - - - National 20,052 1,374,826 69 Reporting States 41 41 41 chApter 2: Reports 16 chApter 3: Children 17 Child Maltreatment 2022 Children CHAPTER 3 This chapter discusses the children who are the subjects of reports (screened-in referrals) and the characteristics of those who are determined to be victims of abuse and neglect. The Child Abuse Prevention and Treatment Act (CAPTA), (P.L. 100–294) defines child abuse and neglect as, at a minimum: Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation [ ]; or an act or failure to act, which presents an imminent risk of serious harm. The Justice for Victims of Trafficking Act (P.L. 114–22) added 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. In most states, the majority of reports receive an investigation. An investigation response results in a determination (also known as a disposition) about the alleged child maltreatment. The two most prevalent NCANDS dispositions are: ■ Substantiated: An investigation disposition that concludes the allegation of maltreatment or risk of maltreatment is supported or founded by state law or policy. NCANDS includes this disposition in the count of victims. ■ Unsubstantiated: An investigation disposition that concludes there is not sufficient evidence under state law to conclude or suspect that the child was maltreated or is at risk of being maltreated. Less commonly used NCANDS dispositions for investigation responses include: ■ Indicated: A disposition that concludes maltreatment could not be substantiated under state law or policy, but there is a reason to suspect that at least one child may have been maltreated or is at risk of maltreatment. This disposition is applicable only to states that distinguish between substantiated and indicated dispositions. NCANDS includes this disposition in the count of victims. ■ Intentionally false: A disposition that concludes the person who made the allegation of maltreatment knew that the allegation was not true. Child Maltreatment 2022 ■ Closed with no finding: A disposition that does not conclude with a specific finding because the CPS response could not be completed. This disposition is often assigned whenCPS is unable to locate the alleged victim. ■ No alleged maltreatment: A disposition for a child who receives a CPS response, butis not the subject of an allegation or any finding of maltreatment. Some states have lawsrequiring all children in a household receive a CPS response if any child in the householdis the subject of a CPS response. ■ Other: States may use the category of “other” if none of the above is applicable. Statestatutes 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 18 Child Maltreatment 2022 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 2022, 3,096,101 children received either an investigation or alternative response at a rate of 42.4 children per 1,000 in the population. This is a 12.7 percent decrease in the number of children from FFY 2018 when 3,546,154 children received an investigation or alternative response at a rate of 47.9 per 1,000 children. 7 See exhibit 3–A and related notes. Exhibit 3–A Child Disposition Rates, 2018–2022 Year 2018 2019 2020 2021 2022 Reporting States 52 52 52 51 52 Child Population of Reporting States 73,977,376 73,661,476 73,982,567 71,764,371 72,969,166 Children Who Received an Investigation or Alternative Response from Reporting States 3,546,154 3,500,991 3,151,631 2,969,487 3,096,101 National Disposition Rate per 1,000 Children 47.9 47.5 42.6 41.4 42.4 Child Population of all 52 States 73,977,376 73,661,476 73,982,567 73,356,806 72,969,166 National Estimate/ Actual Number of Children Who Received an Investigation or Alternative Response 3,546,154 3,500,991 3,151,631 3,035,000 3,096,101 The number of children is a unique count. The national disposition rate is computed by dividing the number of reported children who received an investigation or alternative response by the child population of reporting states and multiplying by 1,000 and displayed as rounded to the tenth. 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 (displayed as rounded) 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 actual children who received an investigation or alternative response reported by states is displayed. At the state level, the percent change from FFY 2018 to FFY 2022 ranged from a 43.2 percent decrease to a 45.1 percent increase. State explanations for changes in the number of children who received a CPS response across the 5 years include changes to screening and assessment policies, and 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. - See table 3–1 , and related notes. Children Who Received an Investigation or Alternative Response by Disposition (duplicate count of children) For FFY 2022, 3,732,871 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. There are 16.1 percent of children who are classified 7 The national percent change was calculated using the national actual number of children who received a CPS response for FFYs 2018 and 202 2. chApter 3: Children 19 Child Maltreatment 2022 as victims with dispositions of substantiated (14.8%) and indicated (1.3%).8 The remaining children are not determined to be victims or received an alternative response. See table 3–2 , exhibit 3–B , and related notes. More than 16 percent of children received a disposition of substantiated or indicated and are counted as maltreatment victims Based on data from 52 states. See table 3–2 . 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 2022, 52 states reported 558,899 victims of child abuse and neglect. This equates to a national rate of 7.7 victims per 1,000 children in the population. This is a 20.0 percent decrease from the FFY 2018 actual number of victims 698,189 reported by 52 states. The largest number of victims was for FFY 2018, the number of victims has been decreasing since that year. ( 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 substantiate an abuse allegation, all or some of which may account for variations in victimization rates. As discussed above, children with alternative response dispositions are not considered maltreatment victims and do not have perpetrators. Children with indicated dispositions are considered maltreatment victims. Readers are encouraged to read Appendix C, State Characteristics and Appendix D, State Commentary, for more information. Information about a change may be in an earlier edition of Child Maltreatment. 8 Beginning with FFY 2020, North Carolina recoded the disposition of children who would have previously received an alternative response victim disposition to an indicated disposition. As discussed above, children with alternative response dispositions are not considered maltreatment victims and do not have perpetrators. Children with indicated dispositions are considered maltreatment victims. Exhibit 3–B Children Who Received an Investigation or Alternative Response by Disposition, 2022 chApter 3: Children 20 Exhibit 3–C Child Victimization Rates, 2018–2022 Year 2018 2019 2020 2021 2022 Reporting States 52 52 52 51 52 Child Population of Reporting States 73,977,376 73,661,476 73,982,567 71,764,371 72,969,166 Victims from Reporting States 698,189 677,099 619,480 588,630 558,899 National Victimization Rate per 1,000 Children 9.4 9.2 8.4 8.2 7.7 Child Population of all 52 States 73,977,376 73,661,476 73,982,567 73,356,806 72,969,166 National Estimate/ Actual Number of Victims 698,189 677,099 619,480 602,000 558,899 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, multiplying by 1,000, and displayed as rounded to the tenth. 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 (displayed as rounded) 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 actual victims reported by states is displayed. At the state level, the percent change of victims of abuse and neglect ranges from a 48.0 percent decrease to a 14.5 percent increase from FFY 2018 to 2022. The FFY 2022 state victimization rates range from a low of 1.6 to a high of 16.5 per 1,000 children. See table 3–3 and related notes. Comments about changes to legislation, child welfare policy, and practice that may contribute to an increase or decrease in the number of victims are provided by states in Appendix D, State Commentary. Reasons for differences across the 5 years as provided by states include: one state changed its dispositions from alternative response victims to indicated, several states resolved investigation or assessment backlogs, several states instituted new screening and intake tools, two states completed and one state began their alternative response implementation, 9 and a number of states cited the multiyear effects of the COVID-19 pandemic. Information about a change may be in an earlier edition of Child Maltreatment . Based on data from 52 states, the FFY 2022 rate of first-time victims is 5.4 per 1,000 chil dren in the population. Seventy percent of all victims are first-time victims. 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 (27.3%) of victims are in the age range of birth through 2 years old. Infant victims younger than 1 year are 14.7 percent of all victims. The victimization rate is highest for infant victims younger than 1 year at 22.2 per 1,000 children in the population of the same age, which is 2.2 times the rate of victims who are 1 year at 9.9 per 1,000 children. Victims who are 2 or 3 years old have victimization rates of 9.3 and 8.8 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. The percentages of child victims by sex are 52.5 percent for girls and 47.2 percent for boys. The sex is unknown for 0.3 percent of victims. The FFY 2022 victimization rate for girls is 8.2 per 1,000 girls in the population, which is higher than the rate for boys at 7.1 per 1,000 boys in the population. See table 3–6 and related notes. 9 Nebraska, Texas, and New Mexico. Child Maltreatment 2022 chApter 3: Children 21 Exhibit 3–D Victims by Age, 2022 The youngest children are the most vulnerable to maltreatment Based on data from 52 states. See table 3–5 . Most victims are one of three races or ethnicities—White 41.6 percent, Hispanic 23.7 percent, and Black or African-American 21.7 percent. The racial distributions for all children in the population are 48.8 percent White, 26.0 percent Hispanic, and 13.9 percent Black or African-American. See table C–3 and related notes. For FFY 2022, American Indian or Alaska Native children have the highest rate of victimization at 14.3 per 1,000 children in the population of the same race or ethnicity and Black or African-American children have the second highest rate at 12.1 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 by adding a requirement to report the number of sex trafficking victims. States are instructed to include sex trafficking by caregivers and noncaregivers and began reporting this data with their FFY 2018 data submissions to NCANDS. 10 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. 10 The Children’s Bureau Information Memoranda ACYF-CB-IM-15-05 dated July 16, 2015, https://www.acf.hhs.gov/cb/policy-guidance/im-15-05 Child Maltreatment 2022 chApter 3: Children 22 Child Maltreatment 2022chApter 3: Children 23 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 neglectand once in physical abuse. ■ A victim with two separate reports in the same FFY, one with neglect and a second reportwith physical abuse, is counted once in neglect and once in physical abuse. The FFY 2022 data shows three-quarters (74.3%) of victims experience neglect, 17.0 percent are physically abused, 10.6 percent are sexually abused, and 0.2 percent are sex trafficked. In addition, 3.4 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. States with larger than average numbers or percentages of victims with the NCANDS “other” maltreatment type may map state categories of threatened harm, threatened abuse, and threat of family violence to the NCANDS “other” category. 11 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. See chapter 7 for special focus analyses on maltreatment types. Perpetrator Relationship (unique count of child victims and duplicate count of relationships) In this section, data is analyzed by relationship of victims to their perpetrators. A victim may be maltreated multiple times by the same perpetrator or by different combinations of perpetrators (e.g., mother alone, mother and nonparent(s), two parents, etc.). 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 2022 data shows 89.0 percent of victims are maltreated by one or both parents. The parent(s) could have acted together, acted alone, or acted with up to two other people to maltreat the child. The parent categories with the largest percentages are victims maltreated by a mother acting alone (37.4%), victims maltreated by a father acting alone (24.5%), and victims maltreated by both parents (19.2%). See table 3–9 and related notes. Perpetrators who are not the victim’s parent maltreated 15.8 percent of victims. The largest categories in the nonparent group are relative(s) (5.8%), unmarried partner(s) of parent (3.7%), and “other(s)” (3.4%). 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. See appendix D for more information on what states include as “other” perpetrator relationship. 11 Florida, Hawaii, and Oregon. Child Maltreatment 2022chApter 3: Children 24 Risk Factors Risk factors are characteristics of a child or caregiver that may increase the likelihood of child maltreatment. NCANDS collects data for 9 child risk factors and 12 caregiver risk factors. Risk factors can be difficult to accurately assess and measure, and therefore may go undetected among many children and caregivers. Some states may not have the resources to gather information from other sources or agencies or 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 2022, data is analyzed for caregiver risk factors with the following NCANDS definitions. Please see Appendix B, Glossary for these and additional NCANDS definitions: - - ■ Alcohol abuse (caregiver): The compulsive use of alcohol that is not of a temporary nature. ■ Domestic violence (caregiver): Any abusive, violent, coercive, forceful, or threatening act or word inflicted by one member of a family or household on another. In NCANDS, thecaregiver 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. ■ Inadequate housing: A risk factor related to substandard, overcrowded, or unsafe housing conditions, including homelessness. As not every state is able to report on every caregiver risk factor, the national percentages are calculated only on the number of victims in states reporting each individual risk factor. Several caregiver risk factors are not included in the FFY 2022 analysis that were included in previous analyses due to data quality concerns. The largest percentages of victims with caregiver risk factors are those reported with domestic violence and drug abuse. In 39 reporting states, 95,794 victims (23.8%) have the drug abuse caregiver risk factor and in 35 reporting states, 99,255 victims (26.5%) have the domestic violence caregiver factor. See table 3–10 and related notes. Reporting Infants with Prenatal Substance Exposure Data to NCANDS12 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: - ■ Infant: the child must be in the age range of birth to 1 year old. ■ Referred to CPS by health care provider: the child must have the medical personnel reportsource. ■ Born with and identified as being affected by substance abuse or withdrawal symptoms:the child must have the alcohol abuse, drug abuse, or both alcohol and drug abuse child riskfactors. 12 The Comprehensive Addiction and Recovery Act (CARA) of 2016 amended CAPTA by adding a requirement to report the number of infants with prenatal substance exposure (IPSE), the number of IPSE with a plan of safe care, and the number of IPSE with a referral to appropriate services. States began reporting the new fields with their FFY 2018 NCANDS submissions. Children’s Bureau Program Instruction ACYF-CB-PI-17-02 dated January 17, 2018, https://www.acf.hhs.gov/cb/policy-guidance/pi-17-02 . Child Maltreatment 2022chApter 3: Children 25 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 13: ■ Alcohol abuse (child risk factor): The compulsive use of alcohol that is not of a temporary nature, includes Fetal Alcohol Syndrome, Fetal Alcohol Spectrum Disorder, and exposure to alcohol during pregnancy. ■ Drug abuse (child risk factor): The compulsive use of drugs that is not of a temporary nature, includes infants exposed to drugs during pregnancy. ■ Screened-in IPSE: Indicates the child is included in the state’s Child File. NCANDS uses the existing fields of age, report source, and alcohol abuse and drug abuse child risk factors to determine the count. These are children who were screened-in and were the subjects of either an investigation or alternative response. ■ Screened-out IPSE: Indicates the child is included in the state’s Agency File. These are children who were screened-out either because they did not meet the child welfare agency’s criteria for a CPS response or because, in some states, there are special programs outside of CPS for handling substance abuse. ■ Total IPSE: The sum of screened-in IPSE and screened-out IPSE. Number of Infants with Prenatal Substance Exposure (unique count of child victims) FFY 2022 data shows 45,756 infants in 50 states being referred to CPS agencies as infants with prenatal substance exposure. See table 3–11 and related notes. While the number of states reporting IPSE for FFY 2022 is an increase from the 49 states that reported for FFY 2021, the number of IPSE children decreased from 49,194 in FFY 2021 to 45,756 in FFY 2022. The difference is mostly due to fewer IPSE children being screened-in to CPS for an investigation or alternative response. For FFY 2022, the majority (36,247 or 79.2%) of IPSE are screened-in to CPS to receive either an investigation or alternative response. This is a decrease from FFY 2021 when 47 states screened-in 40,799 IPSE. State explanations for the decrease in screened-in IPSE mostly refer to better reporting. Of the screened-in IPSE, 82.4 percent have the drug abuse child risk factor, 0.5 percent have the alcohol abuse child risk factor and 17.0 percent have the alcohol and drug abuse child risk factor. 14 For FFY 2022, thirty-six states reported one-fifth (20.8%) of IPSE were screened-out. Some states have policies and legislation prohibiting certain referrals from being screened-out and some states have special programs or agencies specifically for certain referrals. For example, a state may routinely screen-out IPSE referrals to a special agency or program unless there are additional maltreatment allegations that require an investigation. See Appendix D, State Commentary, for more information about states’ screening policies and additional information about states’ capabilities to collect and report data on these IPSE children. 13 CAPTA uses terms infants affected by substance abuse, prenatal drug exposure, infants affected by withdrawal symptoms, and Fetal Alcohol Spectrum Disorder. In NCANDS, the term infants with prenatal substance exposure includes all of the terms used by CAPTA. 14 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. Child Maltreatment 2022 Screened-in Infants with Prenatal Substance Exposure Who Have a Plan of Safe Care (unique count of children) CAPTA Section 106(d) Annual State Data Reports 18 (B) asks for the number of screened- in IPSE who also have a plan of safe care as developed under subsection (b)(2)(B)(iii). For FFY 2022, 33 states reported 23,781 screened-in IPSE (69.5%) have a plan of safe care. See table 3–12 and related notes. This is an improvement in the number of states reporting, but a decrease in the number of screened-in IPSE with a plan of safe care, which was 26,904 from 31 states in FFY 2021. Screened-in Infants with Prenatal Substance Exposure Who Have a Referral to Appropriate Services (unique count of children) CAPTA Section 106(d) Annual State Data Reports 18 (C) asks for the number of screened-in IPSE who also had a referral to services as described under subsection (b)(2)(B)(iii). Thirty-two states reported 22,883 screened-in IPSE (68.4%) have a referral to appropriate services. See table 3–13 and related notes. What is considered an appropriate service is up to each state’s determination and may depend on the needs of the specific case. According to comments provided by the states, some examples of services that these children and families were referred to include mental and behavioral health, foster care, substance abuse assessment and treatment, and other programs that facilitate early identification of at-risk children and caregivers and links them with early intervention services, public health services, and community-based resources. - Exhibit and Table Notes The following pages contain the data tables referenced in chapter 3. Specific information about state submissions can be found in Appendix D, State Commentary. Additional information regarding the exhibits and tables is provided below. - General During data analyses, thresholds are set to ensure data quality is balanced with the need to report data from as many states as possible. States may be excluded from an analysis for data quality issues. Exclusion rules are listed in the individual table notes below. Not every table has an exclusion rule or notes. ■ 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 relevantreported count (child, victim, first-time victim, etc.) by the child population count (children,by age, etc.) and multiplying by 1,000. ■ Unless otherwise noted, the number of children and victims are unique counts. ■ The count of victims includes children with dispositions of substantiated or indicated. ■ Children with dispositions of alternative response victims are not included in the victimcount. ■ NCANDS uses the child population estimates that are released annually by the U.S. CensusBureau. These population estimates are provided in Appendix C, State Characteristics. ■ The row labeled Reporting States displays the count of states that provided data for thatanalysis. ■ National totals and calculations appear in a single row labeled National instead of separaterows labeled total, rate, or percent. ■ Dashes are inserted into cells without any data. chApter 3: Children 26 Child Maltreatment 2022 Table 3–1 Children Who Received an Investigation or Alternative Response, 2018–2022 ■ The percent change was calculated by subtracting 2018 data from 2022 data, dividing theresult by 2018 data, and multiplying by 100. Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2022 ■ The number of children is a duplicate count. ■ Many states conduct investigations for all children in a family when any child is the subjectof an allegation. In these states, a disposition of “no alleged maltreatment” is assigned tosiblings who are not the subjects of an allegation and are not found to be victims. Thesechildren may receive an alternative response or an investigation. Table 3–3 Child Victims, 2018–2022 ■ The percent change is calculated by subtracting 2018 data from 2022 data, dividing the resultby 2018 data, and multiplying by 100. Table 3–4 First-time Victims, 2022 ■ States are instructed to check whether there was a disposition date of substantiated orindicated associated with the same child prior to the disposition date of the current victim report. States may have different abilities and criteria for how far back they check for first-time victims. Table 3–5 Victims by Age, 2022 ■ There are no population data for unknown age and, therefore, no rates. Table 3–6 Victims by Sex, 2022 ■ There are no population data for children with unknown sex and, therefore, no rates. Table 3–7 Victims by Race or Ethnicity, 2022 ■ Counts associated with each racial group are exclusive and do not include Hispanic ethnicity. ■ Only those states that have both race and ethnicity population data are included in thisanalysis. ■ States are excluded from this analysis if more than 30.0 percent of victims are reported withan unknown or missing race or ethnicity. Table 3–8 Maltreatment Types of Victims (Duplicate Categories), 2022 ■ The number of victims is a unique count and the number of maltreatment types is aduplicate count. ■ This analysis counts victims with one or more maltreatment types but counts them onlyonce regardless of the number of times the child is reported as a victim of the maltreatment type. - ■ A child may be a victim of more than one type of maltreatment and therefore the maltreatment type is a duplicate count. - chApter 3: Children 27 Child Maltreatment 2022 Table 3–9 Victims by Relationship to Their Perpetrators, 2022 ■ 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. ■ In NCANDS, a child victim may have up to three perpetrators. A few states’ systems donot have the capability of collecting and reporting data for all three perpetrator fields. More information may be found in Appendix D. ■ States are excluded from this analysis if more than 25.0 percent of perpetrators are reportedwith an unknown or missing relationship. ■ States are excluded from this analysis if fewer than 85 percent of victims have one or moreperpetrators. ■ The relationship categories listed under nonparent perpetrator include any perpetratorrelationship that was not identified as an adoptive parent, a biological parent, or a stepparent. ■ The two parents of known sex category can include mother and father, two mothers, and twofathers. ■ The two parents of known sex with nonparent category can include mother, father, andnonparent; two mothers and nonparent; and two fathers and nonparent. ■ One or more parents of unknown sex can include up to three parents in any combinationof known and unknown sex. The parent(s) could have acted alone, together, or with 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 thatcategory. For example, two child daycare providers are counted as child daycare providers. ■ Multiple nonparental perpetrators that are in different categories are counted in more thanone nonparental perpetrator. ■ Some states are not able to collect and report on group home and residential facility staffperpetrators due to system limitations or jurisdictional issues Table 3–10 Victims with Caregiver Risk Factors, 2022 ■ As states have varying abilities to report on caregiver risk factors, the national percentagesare calculated only on those states able to report the specific risk factor as shown in the column labelled Victims in Reporting States. ■ A victim is counted only once if there is more than one report in which the victim is reportedwith the caregiver risk factor. ■ The counts on this table are exclusive and follow a hierarchy rule. If a victim is reported bothwith and without the caregiver risk factor, the victim is counted once with the caregiver risk factor. ■ The category Any Caregiver Disability is the combination of six disability types. Statesare 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 witheach specific caregiver risk factor. ■ States are included in this analysis if they are not able to differentiate between alcohol abuseand drug abuse caregiver risk factors and reported both risk factors for the same children in both caregiver risk factor categories. chApter 3: Children 28 Child Maltreatment 2022 Table 3–11 In fants with Prenatal Substance Exposure by Submission Type, 2022 ■ Data is from the Child File and Agency File. ■ States may be excluded from the count of screened-in referrals for incomplete reporting Table 3–12 Screened-in Infants with Prenatal Substance Exposure Who Have a Plan of Safe Care, 2022 ■ 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 3–13 Screened-in Infants with Prenatal Substance Exposure Who Have a Referral to Appropriate Services, 2022 ■ 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. chApter 3: Children 29 Child Maltreatment 2022 Table 3–1 Children Who Received an Investigation or Alternative Response, 2018–2022 (continues next page) State 2018 2019 2020 2021 2022 Percent Change from 2018 to 2022 Alabama 38,634 39,335 36,931 36,139 36,538 -5.4 Alaska 12,749 14,429 15,460 10,816 9,799 -23.1 Arizona 87,862 82,336 77,146 - 54,687 -37.8 Arkansas 58,823 57,339 54,775 52,887 55,674 -5.4 California 360,040 343,536 306,919 271,487 292,782 -18.7 Colorado 44,698 45,849 43,483 43,197 41,159 -7.9 Connecticut 19,693 18,669 14,135 13,416 15,561 -21.0 Delaware 12,180 12,373 10,672 10,006 12,014 -1.4 District of Columbia 14,334 12,315 8,651 7,824 8,211 -42.7 Florida 292,518 285,141 251,149 256,060 251,757 -13.9 Georgia 164,147 157,705 121,595 106,948 104,979 -36.0 Hawaii 3,817 4,378 4,938 4,845 5,193 36.0 Idaho 12,825 13,385 12,769 12,850 10,666 -16.8 Illinois 146,141 151,490 140,762 142,309 158,622 8.5 Indiana 161,340 147,872 139,343 135,799 123,644 -23.4 Iowa 38,631 38,253 35,469 38,953 38,790 0.4 Kansas 27,816 32,877 29,552 26,134 24,366 -12.4 Kentucky 83,902 77,512 67,066 55,547 52,816 -37.1 Louisiana 26,064 27,366 23,553 20,623 23,633 -9.3 Maine 11,031 16,288 18,871 17,524 16,008 45.1 Maryland 32,244 32,196 29,852 21,367 23,038 -28.6 Massachusetts 76,244 72,962 62,829 65,918 65,920 -13.5 Michigan 158,673 161,058 129,271 127,759 138,996 -12.4 Minnesota 39,581 38,690 36,274 32,919 32,958 -16.7 Mississippi 40,682 38,838 33,450 34,732 36,698 -9.8 Missouri 81,059 67,322 62,059 59,129 60,422 -25.5 Montana 15,300 15,400 15,528 13,484 11,158 -27.1 Nebraska 24,476 25,312 25,964 29,093 27,634 12.9 Nevada 30,220 29,439 27,980 29,351 29,963 -0.9 New Hampshire 13,888 12,798 13,336 11,816 12,742 -8.3 New Jersey 77,661 78,741 70,179 66,321 74,766 -3.7 New Mexico 25,774 26,040 25,980 23,281 24,529 -4.8 New York 218,684 216,016 194,127 189,559 192,737 -11.9 North Carolina 124,647 124,639 1 15,472 109,236 113,162 -9.2 North Dakota 7,295 6,597 5,570 4,598 4,764 -34.7 Ohio 110,550 113,071 104,750 106,012 102,858 -7.0 Oklahoma 58,958 57,504 58,379 55,518 51,985 -11.8 Oregon 50,319 55,063 48,161 43,312 47,610 -5.4 Pennsylvania 42,295 41,062 35,447 34,167 39,414 -6.8 Puerto Rico 15,053 15,044 12,510 13,646 12,956 -13.9 Rhode Island 10,841 9,334 8,062 6,967 6,160 -43.2 South Carolina 82,617 84,872 63,067 63,843 65,470 -20.8 South Dakota 3,761 4,039 4,032 3,800 3,987 6.0 Tennessee 87,384 94,946 86,109 85,534 88,309 1.1 Texas 281,562 278,004 263,493 278,119 289,231 2.7 Utah 26,076 26,926 25,860 25,642 26,819 2.8 Vermont 4,485 4,429 3,178 2,902 3,790 -15.5 Virginia 49,156 49,338 44,902 44,037 44,896 -8.7 Washington 46,131 49,174 47,375 43,474 45,834 -0.6 West V irginia 52,276 53,491 49,128 46,595 46,198 -11.6 Wisconsin 36,103 35,105 32,062 30,191 30,556 -15.4 Wyoming 4,914 5,093 4,006 3,801 3,642 -25.9 National 3,546,154 3,500,991 3,151,631 2,969,487 3,096,101 N/A Reporting States 52 52 52 51 52 - chApter 3: Children 30 Child Maltreatment 2022 Table 3–1 Children Who Received an Investigation or Alternative Response, 2018–2022 State 2018 Rate per 1,000 Children 2019 Rate per 1,000 Children 2020 Rate per 1,000 Children 2021 Rate per 1,000 Children 2022 Rate per 1,000 Children Alabama 35.4 36.1 33.2 32.6 32.9 Alaska 69.6 80.0 86.3 60.9 55.5 Arizona 53.6 50.2 48.4 - 34.4 Arkansas 83.6 81.8 78.6 76.0 79.9 California 40.1 38.7 34.8 31.4 34.4 Colorado 35.4 36.5 34.9 35.1 33.9 Connecticut 26.8 25.7 19.0 18.2 21.3 Delaware 59.7 60.6 51.6 48.4 57.7 District of Columbia 113.1 96.2 69.1 63.1 66.0 Florida 69.2 67.3 59.4 60.5 58.6 Georgia 65.4 62.9 48.3 42.7 41.8 Hawaii 12.6 14.6 16.1 16.1 17.5 Idaho 28.8 29.9 28.2 27.9 23.0 Illinois 51.1 53.8 49.7 51.3 58.3 Indiana 102.6 94.2 88.2 86.3 78.8 Iowa 52.9 52.5 48.4 53.5 53.5 Kansas 39.4 46.9 42.0 37.6 35.3 Kentucky 83.2 77.2 66.3 55.1 52.6 Louisiana 23.7 25.1 21.7 19.2 22.3 Maine 44.0 65.3 75.2 70.3 64.6 Maryland 24.0 24.1 21.8 15.8 17.1 Massachusetts 55.8 53.9 45.8 48.8 49.3 Michigan 73.3 75.1 60.0 60.0 65.9 Minnesota 30.4 29.7 27.6 25.3 25.5 Mississippi 57.5 55.5 48.4 50.8 54.1 Missouri 58.8 49.0 45.1 43.2 44.3 Montana 66.8 67.3 67.1 58.0 47.7 Nebraska 51.4 53.2 53.9 60.7 58.0 Nevada 43.9 42.4 40.4 42.5 43.4 New Hampshire 53.8 50.0 52.0 46.4 50.4 New Jersey 39.7 40.5 34.6 33.1 37.5 New Mexico 53.4 54.6 54.5 49.8 53.4 New York 53.7 53.6 46.6 46.6 48.3 North Carolina 54.1 54.1 50.6 47.9 49.3 North Dakota 40.9 36.5 30.2 25.1 26.1 Ohio 42.6 43.8 40.3 41.1 40.1 Oklahoma 61.7 60.3 61.5 58.4 54.5 Oregon 57.9 63.7 55.9 50.9 56.9 Pennsylvania 15.9 15.6 13.3 12.9 15.0 Puerto Rico 25.4 26.3 22.1 25.0 25.0 Rhode Island 52.6 45.8 38.5 33.7 30.2 South Carolina 74.5 76.2 57.3 57.8 58.6 South Dakota 17.4 18.5 18.6 17.5 18.2 Tennessee 57.9 62.8 56.4 56.0 57.4 Texas 38.1 37.5 35.6 37.6 38.8 Utah 28.0 29.0 27.6 27.4 28.8 Vermont 38.8 38.7 27.1 25.0 33.0 Virginia 26.3 26.4 23.8 23.5 24.0 Washington 27.8 29.6 28.3 26.2 27.8 West Virginia 143.2 148.4 137.1 131.3 131.3 Wisconsin 28.3 27.7 25.2 24.0 24.5 Wyoming 36.5 38.1 30.2 28.9 28.0 Nat ional 47.9 47.5 42.6 41.4 42.4 Reporting States - - - - - chApter 3: Children 31 Child Maltreatment 2022 Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2022 (continues next page) State Substantiated Indicated Alternative Response Unsubstantiated Intentionally False Alabama 11,941 - - 26,247 - Alaska 2,794 - - 8,556 - Arizona 5,058 8,482 - 49,607 - Arkansas 9,363 - 6,873 27,212 - California 53,973 - - 245,328 - Colorado 10,572 - 16,053 22,410 - Connecticut 5,394 - - 12,578 - Delaware 1,104 - 2,939 5,715 - District of Columbia 1,689 - - 4,547 - Florida 25,697 - - 194,956 - Georgia 10,820 - 37,000 31,402 - Hawaii 1,342 - - 4,482 - Idaho 2,065 - - 10,069 779 Illinois 37,077 - - 115,447 434 Indiana 20,184 - - 145,902 - Iowa 13,150 - 11,402 31,642 - Kansas 1,974 - - 29,044 - Kentucky 13,492 - - 44,786 - Louisiana 7,861 - - 16,783 - Maine 2,575 1,519 - 10,255 - Maryland 4,389 2,691 12,550 6,017 - Massachusetts 24,582 - - 24,517 - Michigan 14,195 10,721 - 80,570 3 Minnesota 5,521 - 22,741 8,256 - Mississippi 9,797 - - 33,808 - Missouri 4,004 - 48,411 20,112 - Montana 2,895 18 - 10,136 - Nebraska 2,126 - 7,556 14,032 - Nevada 6,273 - 722 19,248 - New Hampshire 1,053 - - 13,636 - New Jersey 3,217 - - 86,159 - New Mexico 6,616 - - 25,739 - New York 57,297 - 17,172 167,144 - North Carolina 7,730 17,073 86,414 18,368 - North Dakota 1,154 - - 3,876 - Ohio 17,037 7,640 50,675 42,691 - Oklahoma 14,240 - 911 37,848 - Oregon 11,397 - - 40,629 - Pennsylvania 5,201 - - 34,574 - Puerto Rico 4,957 170 - 6,141 87 Rhode Island 2,601 - - 4,325 - South Carolina 15,680 - - 42,928 - South Dakota 1,546 - - 2,742 - Tennessee 6,351 673 68,276 20,332 - Texas 55,942 - 50,458 191,942 - Utah 9,253 - - 20,176 21 Vermont 761 - 1,619 2,172 22 Virginia 4,694 - 36,307 8,601 - Washington 3,995 - 34,284 20,274 55 West Virginia 5,740 - - 30,506 - Wisconsin 4,259 - 4,307 27,583 - Wyoming 851 - 3,094 369 - National 553,479 48,987 519,764 2,102,419 1,401 Reporting States 14.8 1.3 13.9 56.3 0.0 National States 52 9 21 52 7 chApter 3: Children 32 Child Maltreatment 2022 chApter 3: Children 33 Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2022 State Closed with No Finding No Alleged Maltreatment Other Unknown Total Children Alabama 1,297 - - 85 39,570 Alaska 988 - - - 12,338 Arizona 2,024 - - - 65,171 Arkansas 1,362 20,293 - - 65,103 California - 50,393 - - 349,694 Colorado - - - 361 49,396 Connecticut - - - - 17,972 Delaware 2,358 1,502 - - 13,618 District of Columbia 190 3,261 - 4 9,691 Florida - 80,920 - 844 302,417 Georgia - 44,860 - - 124,082 Hawaii - - - 39 5,863 Idaho - - - - 12,913 Illinois - 55,814 - - 208,772 Indiana - - - - 166,086 Iowa - - - 11 56,205 Kansas 378 - - - 31,396 Kentucky 1,495 - 3,161 - 62,934 Louisiana 1,309 - - - 25,953 Maine - 6,261 - - 20,610 Maryland - - - - 25,647 Massachusetts - 19,442 10,662 - 79,203 Michigan 693 68,885 - - 175,067 Minnesota 1,590 - - - 38,108 Mississippi 1,530 - - - 45,135 Missouri 1,351 - 355 59 74,292 Montana 459 - 108 - 13,616 Nebraska 400 10,796 - - 34,910 Nevada 700 9,425 - - 36,368 New Hampshire 811 - - 1 15,501 New Jersey - - - - 89,376 New Mexico - - - - 32,355 New York - 2,305 - - 243,918 North Carolina - 1,445 136 - 131,166 North Dakota 159 - - - 5,189 Ohio 5,530 - - - 123,573 Oklahoma 5,677 - - - 58,676 Oregon - - 5,946 1 57,973 Pennsylvania - - - - 39,775 Puerto Rico 927 2,121 - - 14,403 Rhode Island 85 - - - 7,011 South Carolina - 24,305 - - 82,913 South Dakota 191 - - - 4,479 Tennessee 7,303 - 1 78 103,014 Texas 2,813 - 19,282 3,245 323,682 Utah 2,026 - - - 31,476 Vermont - - - - 4,574 Virginia 50 488 - 5 50,145 Washington 2,332 - - - 60,940 West Virginia 3,558 10,324 - 11 50,139 Wisconsin - - - - 36,149 Wyoming - - - - 4,314 National 49,586 412,840 39,651 4,744 3,732,871 National Percent 1.3 11.1 1.1 0.1 100.0 Reporting States 29 18 8 13 52Child Maltreatment 2022 chApter 3: Children 34 Table 3–3 Child Victims, 2018–2022 (continues next page) Percent Change from 2018 to 2022 State 2018 2019 2020 2021 2022 Alabama 12,158 11,677 11,663 11,840 11,618 -4.4 Alaska 2,615 3,059 3,212 2,733 2,581 -1.3 Arizona 15,504 12,847 9,954 - 12,324 -20.5 Arkansas 8,538 8,422 9,241 9,616 8,927 4.6 California 63,795 64,132 60,317 55,503 50,869 -20.3 Colorado 11,879 12,246 11,615 11,147 9,777 -17.7 Connecticut 7,652 8,042 6,346 5,570 5,032 -34.2 Delaware 1,251 1,248 1,200 1,131 1,077 -13.9 District of Columbia 1,699 1,857 1,568 1,647 1,574 -7.4 Florida 36,795 32,915 28,268 27,394 24,505 -33.4 Georgia 11,064 10,102 8,690 9,643 10,524 -4.9 Hawaii 1,265 1,342 1,294 1,322 1,228 -2.9 Idaho 1,919 1,869 1,958 2,268 2,005 4.5 Illinois 31,515 33,331 35,437 35,841 32,433 2.9 Indiana 25,731 23,029 22,648 21,556 19,185 -25.4 Iowa 11,764 11,648 10,600 11,271 11,150 -5.2 Kansas 3,188 2,945 2,386 2,140 1,861 -41.6 Kentucky 23,752 20,130 16,748 14,963 12,340 -48.0 Louisiana 9,380 8,441 6,859 6,422 7,572 -19.3 Maine 3,481 4,413 4,726 4,228 3,792 8.9 Maryland 7,743 7,661 7,242 6,303 6,564 -15.2 Massachusetts 25,812 25,029 22,538 22,654 22,075 -14.5 Michigan 37,703 33,043 26,932 24,515 23,500 -37.7 Minnesota 7,785 6,780 6,647 5,544 5,299 -31.9 Mississippi 10,002 9,377 8,136 8,526 9,028 -9.7 Missouri 5,662 4,762 4,449 4,262 3,932 -30.6 Montana 3,763 3,736 3,777 3,077 2,714 -27.9 Nebraska 2,596 2,822 2,376 2,471 2,026 -22.0 Nevada 5,109 4,990 5,016 5,547 5,851 14.5 New Hampshire 1,331 1,217 1,182 985 1,034 -22.3 New Jersey 6,008 5,132 3,655 3,188 3,146 -47.6 New Mexico 8,024 8,025 7,050 5,964 5,817 -27.5 New York 68,785 67,269 59,126 56,760 50,056 -27.2 North Carolina 27,280 26,449 23,480 21,643 23,134 -15.2 North Dakota 2,097 1,797 1,614 1,349 1,132 -46.0 Ohio 25,158 25,470 23,691 24,267 22,439 -10.8 Oklahoma 15,355 15,148 14,685 13,719 13,546 -11.8 Oregon 12,581 13,543 11,487 10,573 10,507 -16.5 Pennsylvania 4,695 4,817 4,582 4,683 5,005 6.6 Puerto Rico 4,381 4,738 3,572 4,753 4,320 -1.4 Rhode Island 3,644 3,183 2,743 2,588 2,444 -32.9 South Carolina 19,130 18,717 14,263 15,308 14,572 -23.8 South Dakota 1,426 1,537 1,570 1,459 1,451 1.8 Tennessee 9,186 9,859 8,687 7,739 6,924 -24.6 Texas 63,271 64,093 65,116 65,253 54,207 -14.3 Utah 10,122 10,579 9,694 9,233 8,765 -13.4 Vermont 958 851 530 392 672 -29.9 Virginia 6,132 6,159 5,658 4,944 4,563 -25.6 Washington 4,498 4,222 3,967 3,487 3,389 -24.7 W est Virginia 6,946 6,727 6,116 6,094 5,510 -20.7 Wisconsin 5,017 4,576 4,177 4,229 4,082 -18.6 Wyoming 1,044 1,096 992 886 821 -21.4 National 698,189 677,099 619,480 588,630 558,899 N/A Reporting States 52 52 52 51 52 - chApter 3: Children 35 Child Maltreatment 2022 Table 3–3 Child Victims, 2018–2022 2018 Rate per 1,000 Children2019 Rate per 1,000 Children2020 Rate per 1,000 Children2021 Rate per 1,000 Children2022 Rate per 1,000 Children State Alabama 11.1 10.7 10.5 10.7 10.5 Alaska 14.3 17.0 17.9 15.4 14.6 Arizona 9.5 7.8 6.2 - 7.8 Arkansas 12.1 12.0 13.3 13.8 12.8 California 7.1 7.2 6.8 6.4 6.0 Colorado 9.4 9.7 9.3 9.0 8.0 Connecticut 10.4 11.1 8.5 7.6 6.9 Delaware 6.1 6.1 5.8 5.5 5.2 District of Columbia 13.4 14.5 12.5 13.3 12.6 Florida 8.7 7.8 6.7 6.5 5.7 Georgia 4.4 4.0 3.5 3.8 4.2 Hawaii 4.2 4.5 4.2 4.4 4.1 Idaho 4.3 4.2 4.3 4.9 4.3 Illinois 11.0 11.8 12.5 12.9 11.9 Indiana 16.4 14.7 14.3 13.7 12.2 Iowa 16.1 16.0 14.5 15.5 15.4 Kansas 4.5 4.2 3.4 3.1 2.7 Kentucky 23.6 20.0 16.6 14.9 12.3 Louisiana 8.5 7.7 6.3 6.0 7.1 Maine 13.9 17.7 18.8 17.0 15.3 Maryland 5.8 5.7 5.3 4.7 4.9 Massachusetts 18.9 18.5 16.4 16.8 16.5 Michigan 17.4 15.4 12.5 11.5 11.1 Minnesota 6.0 5.2 5.1 4.3 4.1 Mississippi 14.1 13.4 11.8 12.5 13.3 Missouri 4.1 3.5 3.2 3.1 2.9 Montana 16.4 16.3 16.3 13.2 11.6 Nebraska 5.4 5.9 4.9 5.2 4.3 Nevada 7.4 7.2 7.2 8.0 8.5 New Hampshire 5.2 4.8 4.6 3.9 4.1 New Jersey 3.1 2.6 1.8 1.6 1.6 New Mexico 16.6 16.8 14.8 12.8 12.7 New York 16.9 16.7 14.2 13.9 12.5 North Carolina 11.8 11.5 10.3 9.5 10.1 North Dakota 1 1.7 10.0 8.8 7.4 6.2 Ohio 9.7 9.9 9.1 9.4 8.8 Oklahoma 16.1 15.9 15.5 14.4 14.2 Oregon 14.5 15.7 13.3 12.4 12.6 Pennsylvania 1.8 1.8 1.7 1.8 1.9 Puerto Rico 7.4 8.3 6.3 8.7 8.3 Rhode Island 17.7 15.6 13.1 12.5 12.0 South Carolina 17.3 16.8 13.0 13.8 13.0 South Dakota 6.6 7.1 7.2 6.7 6.6 Tennessee 6.1 6.5 5.7 5.1 4.5 Texas 8.6 8.7 8.8 8.8 7.3 Utah 10.9 11.4 10.3 9.9 9.4 Vermont 8.3 7.4 4.5 3.4 5.9 Virginia 3.3 3.3 3.0 2.6 2.4 Washington 2.7 2.5 2.4 2.1 2.1 West Virginia 19.0 18.7 17.1 17.2 15.7 Wisconsin 3.9 3.6 3.3 3.4 3.3 Wyoming 7.8 8.2 7.5 6.7 6.3 N ational 9.4 9.2 8.4 8.2 7.7 Reporting States - - - - - chApter 3: Children 36 Child Maltreatment 2022 Table 3–4 First-time Victims, 2022 State First-time Victims First-time Victims Rate per 1,000 Children Alabama 9,423 8.5 Alaska 1,676 9.5 Arizona 7,060 4.4 Arkansas 7,462 10.7 California 40,083 4.7 Colorado 6,683 5.5 Connecticut 3,553 4.9 Delaware 895 4.3 District of Columbia 1,088 8.7 Florida 11,046 2.6 Georgia 8,747 3.5 Hawaii 945 3.2 Idaho 1,695 3.7 Illinois 20,623 7.6 Indiana 13,632 8.7 Iowa 7,704 10.6 Kansas 1,669 2.4 Kentucky 7,903 7.9 Louisiana 6,063 5.7 Maine 2,044 8.2 Maryland 4,402 3.3 Massachusetts 12,206 9.1 Michigan 14,840 7.0 Minnesota 5,008 3.9 Mississippi 7,921 11.7 Missouri 3,420 2.5 Montana 2,173 9.3 Nebraska 1,557 3.3 Nevada 3,852 5.6 New Hampshire 847 3.3 New Jersey 2,574 1.3 New Mexico 3,955 8.6 New York 28,845 7.2 North Carolina 15,590 6.8 North Dakota 814 4.5 Ohio 16,217 6.3 Oklahoma 10,525 11.0 Oregon 6,730 8.0 Pennsylvania 4,724 1.8 Puerto Rico 3,941 7.6 Rhode Island 1,647 8.1 South Carolina 10,293 9.2 South Dakota 1,101 5.0 Tennessee 3,523 2.3 Texas 43,563 5.8 Utah 6,001 6.4 Vermont 561 4.9 Virginia 4,285 2.3 Washington 1,552 0.9 West Virginia 4,480 12.7 Wisconsin 3,415 2.7 Wyoming 629 4.8 National 391,185 5.4 Reporting States 52 - chApter 3: Children 37 Child Maltreatment 2022 Table 3–5 Victims by Age, 2022 (continues next page) State <1 1 2 3 4 5 6 7 8 9 Alabama 2,009 731 669 689 604 600 593 534 500 475 Alaska 358 168 162 158 164 147 138 146 144 133 Arizona 2,995 749 742 703 621 623 572 539 496 479 Arkansas 1,985 474 477 461 481 395 490 381 365 349 California 8,425 3,156 2,908 2,775 2,649 2,723 2,737 2,575 2,511 2,405 Colorado 1,261 670 555 532 502 523 542 545 529 491 Connecticut 625 327 314 262 287 261 284 233 245 243 Delaware 119 61 57 60 58 64 62 62 63 47 District of Columbia 200 101 103 91 91 78 105 102 93 79 Florida 3,813 1,765 1,753 1,657 1,524 1,421 1,337 1,288 1,128 1,014 Georgia 1,711 572 552 568 568 593 618 627 540 516 Hawaii 170 73 48 79 65 62 65 56 64 59 Idaho 473 98 103 99 101 82 98 105 81 87 Illinois 3,992 2,463 2,212 2,273 2,146 2,010 1,953 1,836 1,693 1,671 Indiana 4,595 1,125 1,032 986 957 955 940 901 845 821 Iowa 1,777 744 773 687 680 640 639 554 590 516 Kansas 146 120 105 103 100 115 94 95 116 92 Kentucky 1,766 826 798 793 712 676 730 675 587 586 Louisiana 2,590 395 420 371 352 316 310 339 271 284 Maine 439 222 231 237 203 231 228 219 243 209 Maryland 476 336 336 355 343 316 366 325 277 324 Massachusetts 2,336 1,292 1,243 1,202 1,143 1,138 1,272 1,256 1,104 1,140 Michigan 2,703 1,641 1,599 1,448 1,383 1,445 1,345 1,261 1,255 1,110 Minnesota 744 329 327 304 328 342 283 243 274 260 Mississippi 1,172 469 476 416 448 459 497 462 451 432 Missouri 288 228 217 212 201 205 155 165 183 176 Montana 342 173 185 157 178 180 161 152 137 129 Nebraska 253 126 130 116 124 133 107 124 83 82 Nevada 903 422 392 388 349 344 353 302 328 275 New Hampshire 138 77 75 65 55 53 52 56 44 41 New Jersey 394 177 180 162 166 162 174 154 147 153 New Mexico 643 292 324 268 287 345 369 385 362 342 New York 4,642 2,967 2,955 2,839 2,628 2,833 2,904 2,822 2,822 2,663 North Carolina 2,939 1,506 1,429 1,386 1,277 1,316 1,295 1,252 1,199 1,142 North Dakota 223 76 75 79 69 67 71 65 58 41 Ohio 3,320 1,300 1,247 1,234 1,193 1,113 1,201 1,155 1,061 1,123 Oklahoma 2,063 959 957 862 816 803 791 700 714 644 Oregon 1,152 591 628 652 622 622 595 552 539 509 Pennsylvania 427 260 218 241 206 215 188 197 194 209 Puerto Rico 274 207 210 223 238 245 283 242 251 275 Rhode Island 327 180 166 154 125 131 157 115 133 113 South Carolina 2,107 965 961 857 798 793 815 770 703 731 South Dakota 278 117 110 97 98 86 85 67 65 54 Tennessee 1,568 362 285 299 278 274 291 276 265 257 Texas 10,075 4,330 3,991 3,928 3,554 3,446 2,763 2,579 2,327 2,159 Utah 719 424 440 426 428 435 425 456 463 419 Vermont 46 42 36 30 32 31 33 28 39 28 Virginia 565 312 299 288 255 252 223 227 199 203 Washington 353 252 244 246 198 202 199 182 144 163 West Virginia 847 311 293 301 306 289 315 301 293 272 Wisconsin 453 264 251 234 257 249 243 222 203 184 Wyoming 110 48 58 57 51 47 41 35 56 46 National 82,329 35,875 34,351 33,110 31,299 31,086 30,587 28,940 27,477 26,255 Reporting States 52 52 52 52 52 52 52 52 52 52Child Maltreatment 2022 chApter 3: Children 38 Table 3–5 Victims by Age, 2022 (continues next page) Unborn, Unknown, and 18–21 State 10 11 12 13 14 15 16 17 Total Victims Alabama 473 488 552 592 632 627 433 315 102 11,618 Alaska 118 129 117 123 116 114 76 55 15 2,581 Arizona 463 466 438 518 479 554 511 364 12 12,324 Arkansas 352 311 387 448 494 398 381 245 53 8,927 California 2,272 2,388 2,449 2,416 2,363 2,358 2,123 1,600 36 50,869 Colorado 508 496 524 567 486 447 341 237 21 9,777 Connecticut 226 237 278 265 277 239 228 165 36 5,032 Delaware 51 61 54 57 55 49 50 44 3 1,077 District of Columbia 78 82 68 79 71 71 44 36 2 1,574 Florida 1,037 1,056 1,087 1,055 1,077 988 849 586 70 24,505 Georgia 504 442 531 547 530 522 377 197 9 10,524 Hawaii 56 66 63 66 67 59 51 50 9 1,228 Idaho 71 100 92 90 99 86 87 50 3 2,005 Illinois 1,524 1,418 1,479 1,418 1,303 1,241 1,026 707 68 32,433 Indiana 816 770 848 852 880 795 632 413 22 19,185 Iowa 542 464 490 504 474 451 355 253 17 11,150 Kansas 96 108 110 110 106 104 79 61 1 1,861 Kentucky 608 526 589 593 568 530 457 295 25 12,340 Louisiana 292 262 250 297 262 243 197 110 11 7,572 Maine 217 220 182 168 188 147 121 81 6 3,792 Maryland 336 350 431 488 421 411 380 281 12 6,564 Massachusetts 1,073 1,126 1,215 1,294 1,273 1,208 1,024 713 23 22,075 Michigan 1,069 1,055 1,149 1,218 1,154 1,125 910 619 11 23,500 Minnesota 271 257 255 250 270 242 175 128 17 5,299 Mississippi 438 455 489 512 570 572 427 272 11 9,028 Missouri 194 182 217 287 316 301 245 158 2 3,932 Montana 139 128 125 126 121 117 93 64 7 2,714 Nebraska 115 87 101 98 85 94 72 68 28 2,026 Nevada 274 230 241 254 259 230 166 134 7 5,851 New Hampshire 44 60 48 57 57 48 42 20 2 1,034 New Jersey 172 158 168 192 170 160 127 121 9 3,146 New Mexico 331 347 300 305 275 245 216 126 55 5,817 New York 2,626 2,629 2,764 2,796 2,754 2,700 2,195 1,410 107 50,056 North Carolina 1,129 1,118 1,164 1,228 1,177 1,039 894 527 117 23,134 North Dakota 43 42 48 41 50 27 27 15 15 1,132 Ohio 1,058 1,070 1,209 1,241 1,251 1,042 917 621 83 22,439 Oklahoma 613 572 613 592 588 508 414 267 70 13,546 Oregon 481 474 499 588 559 550 474 371 49 10,507 Pennsylvania 211 281 307 379 441 384 322 260 65 5,005 Puerto Rico 261 243 266 246 238 245 240 112 21 4,320 Rhode Island 112 130 110 117 98 106 89 61 20 2,444 South Carolina 690 694 678 707 725 694 551 283 50 14,572 South Dakota 61 69 49 45 54 49 36 25 6 1,451 Tennessee 303 342 427 376 355 360 329 221 56 6,924 Texas 2,099 2,063 2,163 2,183 2,049 1,789 1,541 900 268 54,207 Utah 405 448 452 564 588 575 579 507 12 8,765 Vermont 36 44 35 49 57 41 37 27 1 672 Virginia 187 207 215 239 255 211 180 133 113 4,563 Washington 143 174 195 187 155 146 112 92 2 3,389 West Virginia 279 301 261 272 243 249 238 123 16 5,510 Wisconsin 203 212 209 237 208 181 159 104 9 4,082 Wyoming 48 35 40 32 33 29 22 29 4 821 National 25,748 25,673 27,031 27,965 27,376 25,701 21,651 14,656 1,789 558,899 Reporting States 52 52 52 52 52 52 52 52 52 52Child Maltreatment 2022 chApter 3: Children 39 Table 3–5 Victims by Age, 2022 (continues next page) <1 Rate per 1,000 children 1 Rate per 1,000 child ren 2 Rate per 1,00 0 child ren 3 Rate per 1,00 0 child ren 4 Rate per 1,00 0 child ren 5 Rate per 1,00 0 child ren 6 Rate per 1,00 0 child ren 7 Rate per 1,00 0 child ren 8 Rate per 1,00 0 child ren State Alabama 34.7 12.8 11.7 11.9 10.1 9.9 9.6 8.6 8.2 Alaska 37.7 18.1 17.3 17.2 17.2 14.8 13.7 14.5 14.1 Arizona 38.1 9.9 9.5 8.8 7.6 7.4 6.6 6.0 5.6 Arkansas 55.2 13.4 13.4 12.7 12.9 10.5 12.7 9.8 9.5 California 19.8 7.8 6.9 6.4 6.0 5.9 5.8 5.4 5.3 Colorado 20.1 10.9 9.1 8.7 8.0 8.1 8.1 8.1 7.9 Connecticut 17.4 9.4 8.6 7.1 7.6 6.8 7.3 5.9 6.2 Delaware 11.0 5.9 5.3 5.6 5.3 5.7 5.4 5.4 5.5 District of Columbia 24.2 12.4 13.7 12.2 11.8 10.1 13.9 13.6 13.1 Florida 17.3 8.3 8.0 7.4 6.6 6.1 5.6 5.4 4.7 Georgia 13.7 4.7 4.4 4.5 4.3 4.4 4.5 4.5 3.9 Hawaii 10.8 4.8 3.0 4.9 3.9 3.7 3.8 3.2 3.7 Idaho 21.1 4.4 4.6 4.4 4.3 3.3 3.8 4.0 3.1 Illinois 30.5 18.9 16.2 16.3 15.0 13.7 13.0 12.1 11.3 Indiana 57.6 14.4 12.7 12.0 11.4 11.3 10.8 10.3 9.7 Iowa 48.3 20.6 20.7 18.4 17.6 16.3 15.9 13.7 14.6 Kansas 4.2 3.5 3.0 2.9 2.8 3.1 2.5 2.5 3.0 Kentucky 33.9 16.1 15.3 15.0 13.2 12.4 13.1 12.1 10.5 Louisiana 45.7 7.1 7.7 6.7 6.2 5.4 5.2 5.7 4.6 Maine 36.6 19.1 18.3 18.6 15.9 17.7 16.9 16.1 17.8 Maryland 6.9 5.0 4.8 5.0 4.7 4.3 4.9 4.3 3.7 Massachusetts 33.1 19.4 18.3 17.6 16.3 16.0 17.6 17.2 15.1 Michigan 25.8 15.9 14.8 13.3 12.4 12.7 11.6 10.7 10.7 Minnesota 11.5 5.2 4.9 4.5 4.8 4.8 3.9 3.3 3.8 Mississippi 33.7 13.6 13.8 11.9 12.6 12.9 13.7 12.6 12.3 Missouri 4.2 3.3 3.1 3.0 2.8 2.8 2.1 2.2 2.4 Montana 30.5 15.7 16.0 13.4 14.7 14.2 12.1 11.3 10.3 Nebraska 10.4 5.2 5.3 4.6 4.8 5.1 4.0 4.6 3.1 Nevada 26.9 12.5 11.2 10.8 9.6 9.3 9.2 7.8 8.5 New Hampshire 10.9 6.3 6.0 5.1 4.3 4.0 3.9 4.1 3.2 New Jersey 3.8 1.8 1.7 1.5 1.6 1.5 1.6 1.4 1.3 New Mexico 30.9 13.8 14.8 11.8 12.3 14.4 14.8 15.1 14.1 New York 21.6 14.7 14.0 13.3 12.1 12.9 13.1 12.7 12.8 North Carolina 24.2 12.8 12.1 11.7 10.6 10.7 10.4 9.9 9.6 North Dakota 22.1 7.7 7.6 8.0 6.8 6.4 6.6 6.1 5.6 Ohio 25.8 10.1 9.4 9.2 8.7 8.0 8.5 8.1 7.4 Oklahoma 43.2 20.2 19.7 17.5 16.2 15.5 14.8 13.0 13.2 Oregon 28.1 15.0 15.3 15.7 14.5 14.0 12.8 11.7 11.4 Pennsylvania 3.2 2.0 1.6 1.8 1.5 1.5 1.3 1.4 1.3 Puerto Rico 14.2 11.3 10.7 10.6 11.2 10.6 11.1 8.8 8.6 Rhode Island 31.0 18.1 15.7 14.3 11.4 11.8 13.8 10.2 11.9 South Carolina 37.1 17.1 16.9 15.0 13.6 13.4 13.4 12.5 11.4 South Dakota 24.3 10.5 9.4 8.2 8.2 7.1 6.9 5.5 5.3 Tennessee 19.2 4.5 3.5 3.7 3.4 3.3 3.4 3.2 3.1 T exas 26.6 11.7 10.6 10.2 9.0 8.5 6.6 6.1 5.5 Utah 15.4 9.4 9.4 9.1 9.0 8.8 8.3 8.8 8.9 Vermont 8.6 8.1 6.5 5.3 5.5 5.1 5.3 4.4 6.0 Virginia 5.8 3.3 3.1 2.9 2.5 2.5 2.1 2.2 1.9 Washington 4.2 3.0 2.8 2.9 2.3 2.2 2.1 2.0 1.6 West Virginia 48.7 17.9 16.7 17.1 16.9 15.8 16.6 15.5 14.8 Wisconsin 7.4 4.4 4.0 3.7 4.0 3.8 3.6 3.2 3.0 Wyoming 17.9 7.9 9.3 9.0 7.8 6.8 5.7 4.8 7.7 National 22.2 9.9 9.3 8.8 8.1 7.9 7.6 7.1 6.8 Reporting S tates - - - - - - - - -Child Maltreatment 2022 chApter 3: Children 40 Table 3–5 Victims by Age, 2022 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 7.8 7.8 7.9 8.7 9.1 9.3 9.3 6.6 4.9 Alaska 13.0 11.7 12.7 11.7 12.3 11.6 11.6 8.0 5.8 Arizona 5.4 5.2 5.2 4.8 5.5 4.8 5.6 5.3 3.8 Arkansas 9.1 9.2 8.0 9.8 11.0 11.6 9.4 9.2 6.0 California 5.0 4.8 4.9 5.0 4.8 4.5 4.5 4.1 3.1 Colorado 7.4 7.6 7.2 7.4 7.9 6.5 6.0 4.6 3.2 Connecticut 6.1 5.6 5.7 6.6 6.1 6.0 5.1 4.9 3.5 Delaware 4.1 4.4 5.2 4.5 4.7 4.4 3.9 4.0 3.6 District of Columbia 11.0 11.1 12.2 11.0 13.2 12.1 12.4 8.1 6.8 Florida 4.3 4.4 4.4 4.5 4.2 4.1 3.8 3.3 2.3 Georgia 3.7 3.6 3.1 3.7 3.7 3.4 3.3 2.5 1.3 Hawaii 3.4 3.2 3.9 3.8 4.1 4.0 3.7 3.2 3.2 Idaho 3.4 2.7 3.8 3.4 3.2 3.4 3.0 3.1 1.8 Illinois 11.2 10.1 9.2 9.4 8.8 7.8 7.4 6.2 4.2 Indiana 9.4 9.4 8.8 9.5 9.3 9.3 8.4 6.8 4.4 Iowa 12.9 13.7 11.7 11.8 11.8 10.7 10.2 8.2 5.9 Kansas 2.4 2.5 2.8 2.7 2.7 2.5 2.5 1.9 1.5 Kentucky 10.5 11.0 9.5 10.4 10.2 9.4 8.8 7.7 5.0 Louisiana 4.9 5.0 4.5 4.2 4.8 4.1 3.8 3.2 1.8 Maine 15.3 15.9 16.0 12.6 11.4 12.2 9.4 7.8 5.2 Maryland 4.4 4.5 4.6 5.6 6.2 5.2 5.1 4.8 3.6 Massachusetts 15.5 14.5 15.0 15.9 16.6 15.7 14.8 12.5 8.6 Michigan 9.5 9.2 9.0 9.5 9.9 9.0 8.7 7.1 4.8 Minnesota 3.6 3.8 3.6 3.4 3.3 3.5 3.1 2.3 1.7 Mississippi 11.9 11.8 12.2 12.7 12.6 13.3 13.2 10.3 6.7 Missouri 2.3 2.6 2.4 2.8 3.6 3.8 3.6 3.0 2.0 Montana 9.8 10.4 9.7 9.3 9.1 8.4 8.2 6.6 4.7 Nebraska 3.1 4.4 3.3 3.7 3.5 3.0 3.3 2.6 2.5 Nevada 7.2 7.1 5.8 6.1 6.2 6.1 5.4 4.0 3.3 New Hampshire 2.9 3.1 4.2 3.3 3.8 3.6 3.0 2.6 1.2 New Jersey 1.4 1.6 1.4 1.5 1.7 1.4 1.3 1.1 1.0 New Mexico 13.2 12.7 13.1 10.9 10.8 9.4 8.4 7.6 4.4 New York 12.0 11.8 11.7 12.3 12.4 11.9 11.6 9.5 6.1 North Carolina 9.1 9.0 8.8 8.9 9.1 8.4 7.4 6.5 3.9 North Dakota 4.0 4.2 4.2 4.8 4.1 4.9 2.7 2.7 1.6 Ohio 7.9 7.5 7.6 8.3 8.3 8.1 6.7 6.0 4.1 Oklahoma 11.9 11.4 10.6 1 1.2 10.6 10.2 8.9 7.5 4.9 Oregon 10.8 10.2 9.9 10.2 11.7 10.7 10.6 9.4 7.4 Pennsylvania 1.4 1.4 1.9 2.0 2.5 2.8 2.4 2.0 1.7 Puerto Rico 9.0 8.2 7.4 7.7 7.0 6.7 6.7 6.3 2.9 Rhode Island 10.2 10.1 11.6 9.7 10.0 8.0 8.6 7.1 4.8 South Carolina 11.9 11.2 11.1 10.5 10.5 10.4 10.0 8.2 4.3 South Dakota 4.4 5.0 5.7 3.9 3.6 4.2 3.8 2.9 2.1 Tennessee 3.1 3.6 4.1 4.9 4.2 3.8 3.9 3.6 2.5 Texas 5.2 5.1 4.9 5.0 5.0 4.5 4.0 3.5 2.1 Utah 8.0 7.8 8.5 8.3 10.1 10.2 10.0 10.3 9.2 Vermont 4.4 5.5 6.7 5.2 7.2 7.9 5.6 5.1 3.7 Virginia 2.0 1.8 2.0 2.0 2.2 2.3 1.9 1.6 1.2 W ashington 1.8 1.6 1.9 2.1 2.0 1.6 1.5 1.2 1.0 West Virginia 13.6 14.0 15.1 12.8 13.0 11.2 11.4 11.1 5.8 Wisconsin 2.7 2.9 3.0 2.9 3.2 2.7 2.3 2.1 1.4 Wyoming 6.3 6.6 4.7 5.2 4.0 4.0 3.5 2.7 3.7 National 6.5 6.3 6.3 6.5 6.5 6.2 5.8 5.0 3.4 Reporting S tates - - - - - - - - - Child Maltreatment 2022 chApter 3: Children 41 Table 3–6 Victims by Sex, 2022 Boy Rate per 1,000 Children Girl Rate per 1,000 Children State Boy Girl Unknown Total Victims Alabama 5,273 6,332 13 11,618 9.3 11.6 Alaska 1,236 1,332 13 2,581 13.7 15.5 Arizona 5,991 6,107 226 12,324 7.4 7.9 Arkansas 3,969 4,954 4 8,927 11.1 14.6 California 24,123 26,689 57 50,869 5.5 6.4 Colorado 4,599 5,178 - 9,777 7.4 8.7 Connecticut 2,387 2,606 39 5,032 6.4 7.3 Delaware 490 587 - 1,077 4.6 5.7 District of Columbia 783 789 2 1,574 12.4 12.9 Florida 11,587 12,745 173 24,505 5.3 6.1 Georgia 5,031 5,484 9 10,524 3.9 4.5 Hawaii 555 662 11 1,228 3.6 4.6 Idaho 923 1,082 - 2,005 3.9 4.8 Illinois 16,041 16,273 119 32,433 11.5 12.2 Indiana 9,102 10,072 11 19,185 11.3 13.2 Iowa 5,435 5,704 11 11,150 14.7 16.1 Kansas 812 1,049 - 1,861 2.3 3.1 Kentucky 6,012 6,257 71 12,340 11.7 12.8 Louisiana 3,733 3,812 27 7,572 6.9 7.3 Maine 1,829 1,956 7 3,792 14.4 16.2 Maryland 2,726 3,809 29 6,564 4.0 5.8 Massachusetts 10,579 11,104 392 22,075 15.5 17.0 Michigan 11,534 11,947 19 23,500 10.7 11.6 Minnesota 2,474 2,825 - 5,299 3.7 4.5 Mississippi 4,048 4,959 21 9,028 11.7 14.9 Missouri 1,579 2,352 1 3,932 2.3 3.5 Montana 1,351 1,360 3 2,714 11.2 12.0 Nebraska 937 1,089 - 2,026 3.8 4.7 Nevada 2,831 3,020 - 5,851 8.0 9.0 New Hampshire 509 525 - 1,034 3.9 4.3 New Jersey 1,334 1,807 5 3,146 1.3 1.9 New Mexico 2,772 3,007 38 5,817 11.8 13.4 New Y ork 24,490 25,544 22 50,056 12.0 13.1 North Carolina 11,160 11,959 15 23,134 9.5 10.6 North Dakota 551 579 2 1,132 5.9 6.5 Ohio 10,130 12,256 53 22,439 7.7 9.8 Oklahoma 6,581 6,951 14 13,546 13.5 14.9 Oregon 4,813 5,669 25 10,507 11.2 13.9 Pennsylvania 1,829 3,176 - 5,005 1.4 2.5 Puerto Rico 2,080 2,239 1 4,320 7.9 8.8 Rhode Island 1,206 1,228 10 2,444 11.6 12.3 South Carolina 7,176 7,338 58 14,572 12.6 13.4 South Dakota 670 780 1 1,451 6.0 7.3 Tennessee 2,657 4,230 37 6,924 3.4 5.6 Texas 24,966 28,939 302 54,207 6.6 7.9 Utah 3,887 4,842 36 8,765 8.1 10.7 Vermont 273 399 - 672 4.6 7.2 Virginia 2,177 2,385 1 4,563 2.3 2.6 Washington 1,531 1,850 8 3,389 1.8 2.3 West V irginia 2,660 2,822 28 5,510 14.7 16.5 Wisconsin 1,768 2,286 28 4,082 2.8 3.8 Wyoming 409 412 - 821 6.1 6.5 National 263,599 293,358 1,942 558,899 7.1 8.2 Reporting States 52 52 41 52 - -Child Maltreatment 2022 chApter 3: Children 42 Table 3–7 Victims by Race or Ethnicity, 2022 (continues next page) State Americ an Indian or Alaska Native Asian Black or African- American HispanicNative Hawaiian or Other Pacific Islander Two or More Races White Unknown Number Total Victims Alabama 6 27 3,479 611 9 323 7,038 125 11,618 Alaska 1,354 16 39 81 66 370 509 146 2,581 Arizona 521 31 1,064 3,580 25 463 3,033 3,607 12,324 Arkansas 8 17 1,698 744 41 784 5,506 129 8,927 California 462 1,257 6,633 29,198 122 1,135 9,584 2,478 50,869 Colorado 112 86 1,118 4,099 29 449 3,592 292 9,777 Connecticut 8 42 1,045 1,817 3 324 1,652 141 5,032 Delaware 0 3 507 178 0 28 361 - 1,077 District of Columbia 0 1 1,080 136 1 11 10 335 1,574 Florida 11 91 7,112 4,272 15 1,321 10,415 1,268 24,505 Georgia 5 23 4,302 862 5 549 4,565 213 10,524 Hawaii 1 88 19 32 336 494 195 63 1,228 Idaho 23 2 9 255 5 65 1,085 561 2,005 Illinois 10 374 10,362 6,366 10 1,030 14,034 247 32,433 Indiana 4 95 3,374 1,813 11 1,545 12,284 59 19,185 Iowa 151 72 1,682 1,235 63 357 7,537 53 11,150 Kansas 6 10 204 299 2 150 1,154 36 1,861 Kentucky 8 24 1,195 603 9 629 9,338 534 12,340 Louisiana 17 18 3,626 180 7 262 3,169 293 7,572 Maine 31 8 87 142 6 174 2,650 694 3,792 Maryland 1 72 2,279 703 4 250 1,607 1,648 6,564 Massachusetts 43 318 2,804 7,105 17 1,328 8,108 2,352 22,075 Michigan 88 93 7,287 1,910 10 2,369 11,705 38 23,500 Minnesota 469 169 695 816 4 1,065 1,889 192 5,299 Mississippi 15 9 3,653 279 5 258 4,499 310 9,028 Missouri 7 9 435 325 5 73 2,745 333 3,932 Montana 418 2 31 136 0 193 1,908 26 2,714 Nebraska 133 20 263 366 5 171 941 127 2,026 Nevada 25 45 1,596 1,774 68 471 1,471 401 5,851 New Hampshire 2 10 28 79 1 41 787 86 1,034 New Jersey 1 35 873 1,103 2 80 987 65 3,146 New Mexico 547 6 145 3,316 1 102 999 701 5,817 New York 172 1,300 13,612 15,319 24 2,448 16,829 352 50,056 North Carolina 601 93 7,789 2,853 48 1,331 9,761 658 23,134 North Dakota 268 3 92 64 4 91 527 83 1,132 Ohio 13 44 5,669 1,433 19 2,435 12,467 359 22,439 Oklahoma 980 44 1,388 2,392 42 3,429 5,227 44 13,546 Oregon 247 56 340 1,335 55 417 5,616 2,441 10,507 Pennsylvania 4 38 1,020 783 2 303 2,639 216 5,005 Puerto Rico - - - - - - - - - Rhode Island 5 20 294 759 1 209 1,106 50 2,444 South Carolina 27 16 5,688 1,000 13 468 6,197 1,163 14,572 South Dakota 640 5 36 95 3 184 449 39 1,451 Tennessee - - - - - - - - - Texas 81 363 11,468 25,441 82 2,041 13,837 894 54,207 Utah 156 72 312 2,201 202 232 5,494 96 8,765 Vermont 1 4 15 5 0 10 594 43 672 Virginia 2 29 1,118 561 6 285 2,353 209 4,563 Washington 130 43 209 702 66 500 1,562 177 3,389 West V irginia 1 3 138 74 0 380 4,862 52 5,510 Wisconsin 191 74 907 500 4 204 2,122 80 4,082 Wyoming 37 3 31 116 1 6 594 33 821 National 8,043 5, 283 118,850 130,048 1,459 31,837 227,5 93 24,542 547,655 Reporting States 50 50 50 50 50 50 50 49 50Child Maltreatment 2022 chApter 3: Children 43 Table 3–7 Victims by Race or Ethnicity, 2022 StateAmerica n Indian or Alaska Native Rate per 1,000 ChildrenAsian Rate per 1,000 ChildrenBlack or African- American Rate per 1,000 ChildrenHispanic Rate per 1,000 ChildrenNative Hawaiian or Other Pacific Islander Rate per 1,000 ChildrenTwo or More Races Rate per 1,000 ChildrenWhite Rate per 1,000 Children Alabama 1.5 1.6 10.8 6.3 14.3 7.7 11.2 Alaska 42.0 1.6 7.6 4.3 15.5 15.2 6.2 Arizona 7.3 0.6 12.4 5.0 8.2 6.6 5.1 Arkansas 1.6 1.3 13.8 8.0 8.2 26.7 12.8 California 15.2 1.1 15.6 6.6 4.0 2.5 4.7 Colorado 17.2 2.0 20.3 10.3 12.2 7.6 5.5 Connecticut 3.9 1.1 12.0 9.1 8.4 10.8 4.4 Delaware 0.0 0.3 9.3 4.8 0.0 2.3 3.8 District of Columbia 0.0 0.3 16.8 6.2 19.6 1.9 0.3 Florida 1.3 0.7 8.4 3.1 4.9 7.6 5.9 Georgia 1.1 0.2 5.0 2.2 2.1 5.2 4.4 Hawaii 2.4 1.4 3.8 0.5 10.1 5.2 4.8 Idaho 5.4 0.3 2.2 2.8 5.8 3.7 3.2 Illinois 2.7 2.4 24.7 9.4 12.8 10.0 10.3 Indiana 1.6 2.1 18.3 9.5 14.2 21.8 11.4 Iowa 61.0 3.6 39.2 15.3 26.6 11.5 13.8 Kansas 1.4 0.5 4.8 2.2 2.0 3.9 2.6 Kentucky 6.3 1.2 12.7 8.4 8.4 13.5 12.1 Louisiana 2.8 1.0 9.5 2.0 19.4 7.2 6.0 Maine 16.6 2.3 10.1 16.7 58.8 17.4 12.3 Maryland 0.4 0.8 5.5 2.9 7.4 3.4 3.0 Massachusetts 18.0 3.0 22.5 26.1 22.7 22.7 10.5 Michigan 7.7 1.2 21.2 10.2 15.5 21.8 8.5 Minnesota 26.5 2.0 4.8 6.7 3.5 15.3 2.2 Mississippi 3.8 1.3 13.1 7.6 22.4 13.3 13.6 Missouri 1.5 0.3 2.4 3.2 1.6 1.1 2.8 Montana 19.9 1.0 21.6 8.0 0.0 16.9 10.6 Nebraska 27.3 1.4 9.0 4.0 13.2 8.3 3.0 Nevada 5.1 1.0 20.3 6.2 12.3 9.2 6.8 New Hampshire 5.0 1.1 5.2 4.0 10.9 4.6 3.8 New Jersey 0.3 0.2 3.2 1.9 2.1 1.2 1.1 New Mexico 12.2 1.0 16.8 11.7 4.5 7.9 9.6 New York 14.0 3.6 23.1 15.2 11.6 15.5 9.0 North Carolina 24.6 1.1 15.2 7.0 25.2 12.1 8.5 North Dakota 21.1 0.9 10.5 4.6 16.4 10.4 3.9 Ohio 3.6 0.6 14.3 7.9 12.7 17.9 7.0 Oklahoma 11.0 2.0 18.5 13.1 14.5 34.4 10.9 Oregon 29.4 1.5 17.0 6.8 12.4 7.4 11.0 Pennsylvania 1.2 0.3 3.0 2.1 2.0 2.6 1.6 Puerto Rico - - - - - - - Rhode Island 5.3 2.6 19.4 12.8 6.4 20.8 10.0 South Carolina 8.5 0.7 17.8 8.3 15.6 9.3 10.3 South Dakota 25.5 1.3 4.8 5.2 11.0 16.8 2.9 Tennessee - - - - - - - Texas 4.6 1.0 12.2 7.0 11.7 9.3 6.1 Utah 21.0 3.9 26.9 12.2 18.0 6.2 8.3 Vermont 3.6 1.5 6.8 1.4 0.0 2.1 5.9 V irginia 0.5 0.2 3.0 2.0 4.9 2.5 2.5 Washington 6.6 0.3 2.8 1.8 4.4 3.4 1.8 West Virginia 2.1 1.1 10.6 6.7 0.0 23.0 15.8 Wisconsin 15.0 1.5 8.2 3.1 6.6 3.7 2.5 Wyoming 10.9 3.0 24.8 5.5 12.0 1.3 6.0 National 14.3 1. 3 12.1 7.0 9.3 9.4 6.6 Reporting States - - - - - - -Child Maltreatment 2022 chApter 3: Children 44 Table 3–8 Maltreatment Types of Victims (Duplicate Categories), 2022 (continues next page) State VictimsMe dical Neglect Neglect Other Physical Abuse Psychological Maltreatment Sexual Abuse Sex Trafficking Unknown Total Maltreatment Types Alabama 11,618 75 4,823 - 6,221 14 2,028 5 - 13,166 Alaska 2,581 79 1,899 - 610 891 252 3 - 3,734 Arizona 12,324 14 11,001 - 1,298 862 581 - - 13,756 Arkansas 8,927 - 6,089 262 1,592 185 1,860 12 - 10,000 California 50,869 64 45,022 249 3,496 3,963 3,451 74 - 56,319 Colorado 9,777 141 8,007 - 953 211 1,064 - 37 10,413 Connecticut 5,032 130 4,330 - 310 1,355 426 1 - 6,552 Delaware 1,077 15 327 161 237 301 195 - - 1,236 District of Columbia 1,574 - 1,416 - 214 - 38 15 - 1,683 Florida 24,505 888 14,463 9,350 2,201 313 2,390 - - 29,605 Georgia 10,524 293 7,137 - 1,484 2,052 652 43 - 11,661 Hawaii 1,228 17 229 1,108 101 12 83 9 - 1,559 Idaho 2,005 10 1,536 13 368 - 187 1 - 2,115 Illinois 32,433 656 25,470 27 5,273 81 3,823 - - 35,330 Indiana 19,185 - 16,517 - 1,324 - 2,284 49 - 20,174 Iowa 11,150 101 9,730 - 1,172 115 648 18 - 11,784 Kansas 1,861 42 880 - 408 287 402 6 - 2,025 Kentucky 12,340 269 11,002 - 1,146 89 756 - - 13,262 Louisiana 7,572 - 6,757 15 768 19 406 6 - 7,971 Maine 3,792 - 2,452 - 930 1,252 239 - - 4,873 Maryland 6,564 - 3,765 - 1,346 12 1,974 - - 7,097 Massachusetts 22,075 - 20,608 4 1,796 - 794 310 - 23,512 Michigan 23,500 570 19,936 - 3,794 156 1,282 17 - 25,755 Minnesota 5,299 - 3,621 - 708 125 1,408 10 - 5,872 Mississippi 9,028 464 6,275 31 1,441 1,644 1,296 25 - 11,176 Missouri 3,932 118 2,090 1 1,236 500 1,246 14 - 5,205 Montana 2,714 14 2,613 1 166 12 107 2 - 2,915 Nebraska 2,026 1 1,706 - 253 15 171 20 - 2,166 Nevada 5,851 84 4,985 - 943 6 458 - - 6,476 New Hampshire 1,034 39 911 - 102 64 68 4 - 1,188 New Jersey 3,146 60 2,114 - 449 18 652 3 - 3,296 New Mexico 5,817 205 4,801 - 738 1,403 207 - - 7,354 New York 50,056 2,677 48,806 1,329 4,715 433 2,161 13 - 60,134 North Carolina 23,134 712 15,349 205 2,436 3,741 1,971 3 314 24,731 North Dakota 1,132 10 995 - 97 78 26 - - 1,206 Ohio 22,439 373 10,101 - 10,467 1,439 4,111 7 - 26,498 Oklahoma 13,546 271 9,950 - 1,774 4,609 704 8 - 17,316 Oregon 10,507 - 4,350 5,953 1,228 181 1,196 - - 12,908 Pennsylvania 5,005 168 560 5 2,323 45 2,145 44 - 5,290 Puerto Rico 4,320 573 2,897 24 861 2,248 218 2 - 6,823 Rhode Island 2,444 28 1,423 64 341 902 111 - - 2,869 South Carolina 14,572 257 8,287 - 6,926 777 777 123 - 17,147 South Dakota 1,451 - 1,304 - 154 28 80 - - 1,566 Tennessee 6,924 87 1,688 - 3,587 170 2,449 141 - 8,122 Texas 54,207 861 43,788 2 6,403 309 7,150 26 - 58,539 Utah 8,765 36 2,170 102 3,498 3,233 1,684 18 - 10,741 Vermont 672 24 22 - 394 2 263 2 - 707 Virginia 4,563 84 3,016 3 1,148 75 703 2 - 5,031 Washington 3,389 - 2,514 - 767 - 477 20 - 3,778 West Virginia 5,510 301 2,459 - 4,197 3,508 273 - - 10,738 Wisconsin 4,082 49 2,593 7 617 17 1,053 28 - 4,364 Wyoming 821 3 661 9 15 278 64 - - 1,030 National 55 8,899 10,863 415,445 18,925 95,026 38,030 59,044 1,084 351 638,768 Reporting States 52 41 52 23 52 47 52 36 2 52 chApter 3: Children 45 Child Maltreatment 2022 Table 3–8 Maltreatment Types of Victims (Duplicate Categories), 2022 StateMedical Neglect PercentNeglect Percent Other PercentPhysical Abuse PercentPsychological Maltreatment PercentSexual Abuse PercentSex Trafficking PercentUnknown PercentTotal Maltreatment Types Percent Alabama 0.6 41.5 - 53.5 0.1 17.5 0.0 - 113.3 Alaska 3.1 73.6 - 23.6 34.5 9.8 0.1 - 144.7 Arizona 0.1 89.3 - 10.5 7.0 4.7 - - 111.6 Arkansas - 68.2 2.9 17.8 2.1 20.8 0.1 - 112.0 California 0.1 88.5 0.5 6.9 7.8 6.8 0.1 - 110.7 Colorado 1.4 81.9 - 9.7 2.2 10.9 - 0.4 106.5 Connecticut 2.6 86.0 - 6.2 26.9 8.5 0.0 - 130.2 Delaware 1.4 30.4 14.9 22.0 27.9 18.1 - - 114.8 District of Columbia - 90.0 - 13.6 - 2.4 1.0 - 106.9 Florida 3.6 59.0 38.2 9.0 1.3 9.8 - - 120.8 Georgia 2.8 67.8 - 14.1 19.5 6.2 0.4 - 110.8 Hawaii 1.4 18.6 90.2 8.2 1.0 6.8 0.7 - 127.0 Idaho 0.5 76.6 0.6 18.4 - 9.3 0.0 - 105.5 Illinois 2.0 78.5 0.1 16.3 0.2 11.8 - - 108.9 Indiana - 86.1 - 6.9 - 11.9 0.3 - 105.2 Iowa 0.9 87.3 - 10.5 1.0 5.8 0.2 - 105.7 Kansas 2.3 47.3 - 21.9 15.4 21.6 0.3 - 108.8 Kentucky 2.2 89.2 - 9.3 0.7 6.1 - - 107.5 Louisiana - 89.2 0.2 10.1 0.3 5.4 0.1 - 105.3 Maine - 64.7 - 24.5 33.0 6.3 - - 128.5 Maryland - 57.4 - 20.5 0.2 30.1 - - 108.1 Massachusetts - 93.4 0.0 8.1 - 3.6 1.4 - 106.5 Michigan 2.4 84.8 - 16.1 0.7 5.5 0.1 - 109.6 Minnesota - 68.3 - 13.4 2.4 26.6 0.2 - 110.8 Mississippi 5.1 69.5 0.3 16.0 18.2 14.4 0.3 - 123.8 Missouri 3.0 53.2 0.0 31.4 12.7 31.7 0.4 - 132.4 Montana 0.5 96.3 0.0 6.1 0.4 3.9 0.1 - 107.4 Nebraska 0.0 84.2 - 12.5 0.7 8.4 1.0 - 106.9 Nevada 1.4 85.2 - 16.1 0.1 7.8 - - 110.7 New Hampshire 3.8 88.1 - 9.9 6.2 6.6 0.4 - 114.9 New Jersey 1.9 67.2 - 14.3 0.6 20.7 0.1 - 104.8 New Mexico 3.5 82.5 - 12.7 24.1 3.6 - - 126.4 New York 5.3 97.5 2.7 9.4 0.9 4.3 0.0 - 120.1 North Carolina 3.1 66.3 0.9 10.5 16.2 8.5 0.0 1.4 106.9 North Dakota 0.9 87.9 - 8.6 6.9 2.3 - - 106.5 Ohio 1.7 45.0 - 46.6 6.4 18.3 0.0 - 118.1 Oklahoma 2.0 73.5 - 13.1 34.0 5.2 0.1 - 127.8 Oregon - 41.4 56.7 11.7 1.7 1 1.4 - - 122.9 Pennsylvania 3.4 11.2 0.1 46.4 0.9 42.9 0.9 - 105.7 Puerto Rico 13.3 67.1 0.6 19.9 52.0 5.0 0.0 - 157.9 Rhode Island 1.1 58.2 2.6 14.0 36.9 4.5 - - 117.4 South Carolina 1.8 56.9 - 47.5 5.3 5.3 0.8 - 117.7 South Dakota - 89.9 - 10.6 1.9 5.5 - - 107.9 Tennessee 1.3 24.4 - 51.8 2.5 35.4 2.0 - 117.3 Texas 1.6 80.8 0.0 11.8 0.6 13.2 0.0 - 108.0 Utah 0.4 24.8 1.2 39.9 36.9 19.2 0.2 - 122.5 Vermont 3.6 3.3 - 58.6 0.3 39.1 0.3 - 105.2 Virginia 1.8 66.1 0.1 25.2 1.6 15.4 0.0 - 1 10.3 Washington - 74.2 - 22.6 - 14.1 0.6 - 111.5 West Virginia 5.5 44.6 - 76.2 63.7 5.0 - - 194.9 Wisconsin 1.2 63.5 0.2 15.1 0.4 25.8 0.7 - 106.9 Wyoming 0.4 80.5 1.1 1.8 33.9 7.8 - - 125.5 National 1.9 74.3 3 .4 17.0 6.8 10.6 0.2 0.1 114.3 R eporting States - - - - - - - - - chApter 3: Children 46 Child Maltreatment 2022 Table 3–9 Victims by Relationship to Their Perpetrators, 2022 Perpetrator Vi ctimsReported RelationshipsReported Relationships Percent PARENT - - - Father Only - 125,489 24.5 Father and Nonparent - 5,397 1.1 Mother Only - 191,450 37.4 Mother and Nonparent - 29,204 5.7 Two Parents of known sex - 98,538 19.2 Three Parents of known sex - 619 0.1 Two Parents of known sex and Nonparent - 4,019 0.8 One or more Parents of Unknown Sex - 1,162 0.2 Total Parents - 455,878 89.0 NONPARENT - - - Child Daycare Provider(s) - 2,091 0.4 Foster Parent(s) - 1,754 0.3 Friend(s) and Neighbor(s) - 3,958 0.8 Group Home and Residential Facility Staff - 924 0.2 Legal Guardian(s) - 1,731 0.3 Other Professional(s) - 1,277 0.2 Relative(s) - 29,919 5.8 Unmarried Partner(s) of Parent - 19,196 3.7 Other(s) - 17,489 3.4 More Than One Nonparental Perpetrator - 2,318 0.5 Total Nonparents - 80,657 15.8 TOTAL UNKNOWN - 15,633 3.1 National 512,077 552,168 107.8 Based on data from 48 states. chApter 3: Children 47 Child Maltreatment 2022 Table 3–10 Victims with Caregiver Risk Factors, 2022 (continues next page) StateVictims in Report ing States Alcohol Abuse Alcohol Abuse PercentVictims in Reporting StatesDomestic Violence Domestic Violence Percent Alabama 11,618 720 6.2 - - - Alaska 2,581 1,398 54.2 2,581 1,192 46.2 Arizona - - - - - - Arkansas - - - 8,927 800 9.0 California - - - - - - Colorado - - - - - - Connecticut - - - - - - Delaware 1,077 176 16.3 1,077 428 39.7 District of Columbia 1,574 485 30.8 1,574 349 22.2 Florida - - - 24,505 9,072 37.0 Georgia - - - 10,524 333 3.2 Hawaii 1,228 230 18.7 1,228 431 35.1 Idaho 2,005 256 12.8 - - - Illinois - - - - - - Indiana 19,185 731 3.8 19,185 2,180 11.4 Iowa - - - - - - Kansas - - - - - - Kentucky 12,340 1,761 14.3 12,340 6,184 50.1 Louisiana - - - - - - Maine 3,792 579 15.3 3,792 817 21.5 Maryland 6,564 174 2.7 6,564 294 4.5 Massachusetts 22,075 10,286 46.6 22,075 10,097 45.7 Michigan - - - 23,500 1,686 7.2 Minnesota 5,299 529 10.0 5,299 1,362 25.7 Mississippi 9,028 509 5.6 9,028 963 10.7 Missouri 3,932 318 8.1 3,932 267 6.8 Montana 2,714 163 6.0 2,714 120 4.4 Nebraska 2,026 336 16.6 2,026 86 4.2 Nevada 5,851 1,757 30.0 5,851 1,104 18.9 New Hampshire 1,034 106 10.3 1,034 464 44.9 New Jersey 3,146 373 11.9 3,146 724 23.0 New Mexico 5,817 1,117 19.2 - - - New York 50,056 8,758 17.5 50,056 13,639 27.2 North Carolina 23,134 1,435 6.2 23,134 3,867 16.7 North Dakota - - - - - - Ohio - - - 22,439 5,883 26.2 Oklahoma 13,546 2,535 18.7 13,546 5,241 38.7 Oregon 10,507 4,846 46.1 10,507 4,278 40.7 Pennsylvania - - - - - - Puerto Rico 4,320 610 14.1 4,320 1,309 30.3 Rhode Island 2,444 245 10.0 2,444 1,180 48.3 South Carolina - - - - - - South Dakota 1,451 536 36.9 1,451 385 26.5 Tennessee - - - - - - Texas 54,207 2,524 4.7 54,207 19,658 36.3 Utah 8,765 1,081 12.3 8,765 2,636 30.1 Vermont - - - - - - Virginia - - - 4,563 880 19.3 Washington 3,389 899 26.5 3,389 672 19.8 West Virginia 5,510 502 9.1 - - - Wisconsin 4,082 108 2.6 4,082 485 11.9 W yoming 821 171 20.8 821 189 23.0 National 305,118 46,254 15.2 374,626 99,255 26.5 Reporting States 33 33 - 35 35 - chApter 3: Children 48 Child Maltreatment 2022 Table 3–10 Victims with Caregiver Risk Factors, 2022 StateVictims in Reporting States Drug Abuse Drug Abuse PercentVictims in Reporting States Inadequate Housing Inadequate Housing Percent Alabama 11,618 5,940 51.1 11,618 630 5.4 Alaska 2,581 819 31.7 2,581 210 8.1 Arizona - - - - - - Arkansas 8,927 218 2.4 8,927 430 4.8 California - - - - - - Colorado - - - - - - Connecticut - - - 5,032 131 2.6 Delaware 1,077 345 32.0 1,077 211 19.6 District of Columbia 1,574 485 30.8 1,574 141 9.0 Florida 24,505 570 2.3 24,505 1,860 7.6 Georgia 10,524 623 5.9 - - - Hawaii 1,228 524 42.7 1,228 93 7.6 Idaho 2,005 812 40.5 2,005 329 16.4 Illinois - - - - - - Indiana 19,185 3,442 17.9 19,185 1,405 7.3 Iowa - - - 11,150 353 3.2 Kansas - - - - - - Kentucky 12,340 6,117 49.6 12,340 2,727 22.1 Louisiana - - - - - - Maine 3,792 794 20.9 3,792 195 5.1 Maryland 6,564 467 7.1 - - - Massachusetts 22,075 10,286 46.6 22,075 1,066 4.8 Michigan 23,500 600 2.6 - - - Minnesota 5,299 951 17.9 5,299 551 10.4 Mississippi 9,028 3,134 34.7 9,028 1,523 16.9 Missouri 3,932 916 23.3 3,932 728 18.5 Montana 2,714 432 15.9 - - - Nebraska 2,026 573 28.3 - - - Nevada 5,851 1,766 30.2 5,851 462 7.9 New Hampshire 1,034 330 31.9 1,034 85 8.2 New Jersey 3,146 656 20.9 3,146 221 7.0 New Mexico 5,817 1,490 25.6 5,817 150 2.6 New York 50,056 8,800 17.6 - - - North Carolina 23,134 4,518 19.5 23,134 1,220 5.3 North Dakota - - - - - - Ohio 22,439 11,386 50.7 22,439 2,998 13.4 Oklahoma 13,546 5,107 37.7 13,546 652 4.8 Oregon 10,507 4,874 46.4 10,507 777 7.4 Pennsylvania - - - - - - Puerto Rico 4,320 645 14.9 4,320 370 8.6 Rhode Island 2,444 299 12.2 2,444 74 3.0 South Carolina - - - 14,572 2,215 15.2 South Dakota 1,451 676 46.6 1,451 313 21.6 Tennessee 6,924 837 12.1 6,924 187 2.7 Texas 54,207 9,500 17.5 54,207 2,248 4.1 Utah 8,765 2,027 23.1 8,765 566 6.5 Vermont - - - - - - Virginia - - - - - - Washington 3,389 1,565 46.2 3,389 578 17.1 West Virginia 5,510 2,664 48.3 - - - Wisconsin 4,082 226 5.5 4,082 216 5.3 Wyoming 821 380 46.3 821 146 17.8 National 401,937 95,794 23.8 331,797 26,061 7.9 Reporting States 39 39 - 35 35 - chApter 3: Children 49 Child Maltreatment 2022 Table 3–11 Infants with Prenatal Substance Exposure by Submission Type, 2022 StateScreened-in IPSE with Alcohol Abuse Child Risk FactorScreened-in IPSE with Drug Abuse Child Risk FactorScreened-in IPSE with Alcohol Abuse and Drug Abuse Child Risk FactorTotal Screened-in IPSE Screened-out IPSE Total IPSE Alabama 2 542 - 544 1 545 Alaska - - 82 82 104 186 Arizona - - - - 169 169 Arkansas 20 1,622 2 1,644 3 1,647 California - 36 2,934 2,970 579 3,549 Colorado - 23 - 23 826 849 Connecticut - - - - 92 92 Delaware - 332 1 333 19 352 District of Columbia - 109 - 109 - 109 Florida - - - - 40 40 Georgia 46 2,370 82 2,498 1,138 3,636 Hawaii - 20 8 28 - 28 Idaho 6 169 - 175 2 177 Illinois - - 680 680 - 680 Indiana 2 570 3 575 59 634 Iowa - 30 - 30 7 37 Kansas - - 29 29 18 47 Kentucky 8 757 5 770 381 1,151 Louisiana 12 2,092 - 2,104 40 2,144 Maine - - - - 327 327 Maryland - 11 - 11 0 11 Massachusetts - 36 1,345 1,381 177 1,558 Michigan 3 6,633 19 6,655 1,598 8,253 Minnesota 5 1,497 7 1,509 250 1,759 Mississippi 1 67 - 68 213 281 Missouri - 19 - 19 273 292 Montana 1 19 1 21 - 21 Nebraska 2 155 2 159 19 178 Nevada - 2 745 747 - 747 New Hampshire - 86 - 86 - 86 New Jersey 3 394 6 403 - 403 New Mexico 1 131 3 135 274 409 New York 1 561 5 567 - 567 North Carolina 3 1,210 - 1,213 693 1,906 North Dakota - - - - - - Ohio 6 5,309 44 5,359 1,683 7,042 Oklahoma 17 2,248 66 2,331 25 2,356 Oregon - 23 - 23 - 23 Pennsylvania - - - - - - Puerto Rico - 9 1 10 - 10 Rhode Island - - 70 70 4 74 South Carolina - 533 1 534 109 643 South Dakota - 36 1 37 47 84 Tennessee - 134 - 134 - 134 Texas 59 1,131 - 1,190 4 1,194 Utah - 179 - 179 - 179 Vermont - - - - 102 102 Virginia - - 18 18 90 108 Washington - 253 - 253 40 293 West Virginia - 528 3 531 - 531 Wisconsin - - - - 56 56 Wyoming - 8 2 10 47 57 National 198 29,884 6,165 36,247 9,509 45,756 National Percent N/A N/A N/A 79.2 20.8 100.0 Percent of Screened-in IPSE 0.5 82.4 17.0 100.0 N/A N/A Reporting States 19 39 28 44 36 50 chApter 3: Children 50 Child Maltreatment 2022 Table 3–12 Screened-in Infants with Prenatal Substance Exposure Who Have a Plan of Safe Care, 2022 State Screened-in IPSEScreened-in IPSE Who Have a Plan of Safe CareScreened-in IPSE Who Have a Plan of Safe Care Percent Alabama 544 231 42.5 Alaska - - - Arizona - - - Arkansas 1,644 1,419 86.3 California 2,970 1,313 44.2 Colorado 23 2 8.7 Connecticut - - - Delaware 333 322 96.7 District of Columbia 109 95 87.2 Florida - - - Georgia 2,498 1,775 71.1 Hawaii - - - Idaho 175 142 81.1 Illinois - - - Indiana 575 309 53.7 Iowa 30 30 100.0 Kansas 29 1 3.4 Kentucky 770 142 18.4 Louisiana 2,104 1,240 58.9 Maine - - - Maryland - - - Massachusetts 1,381 869 62.9 Michigan 6,655 6,445 96.8 Minnesota 1,509 1,299 86.1 Mississippi - - - Missouri - - - Montana - - - Nebraska 159 30 18.9 Nevada 747 48 6.4 New Hampshire 86 55 64.0 New Jersey 403 121 30.0 New Mexico 135 45 33.3 New York 567 480 84.7 North Carolina 1,213 1,131 93.2 North Dakota - - - Ohio 5,359 4,701 87.7 Oklahoma 2,331 48 2.1 Oregon 23 3 13.0 Pennsylvania - - - Puerto Rico 10 10 100.0 Rhode Island - - - South Carolina - - - South Dakota 37 12 32.4 Tennessee 134 132 98.5 Texas 1,190 1,190 100.0 Utah 179 36 20.1 Vermont - - - Virginia 18 13 72.2 Washington 253 92 36.4 West Virginia - - - Wisconsin - - - Wyoming - - - National 34,193 23,781 69.5 Reporting States 33 33 - chApter 3: Children 51 Child Maltreatment 2022 Table 3–13 Screened-in Infants with Prenatal Substance Exposure Who Have a Referral to Appropriate Services, 2022 State Screened-in IPSEScreened-in IPSE Who Have a Referral to Appropriate ServicesScreened-in IPSE Who Have a Referral to Appropriate Services Percent Alabama 544 248 45.6 Alaska - - - Arizona - - - Arkansas 1,644 1,418 86.3 California 2,970 1,020 34.3 Colorado 23 3 13.0 Connecticut - - - Delaware 333 136 40.8 District of Columbia 109 93 85.3 Florida - - - Georgia 2,498 1,775 71.1 Hawaii - - - Idaho 175 149 85.1 Illinois - - - Indiana 575 159 27.7 Iowa 30 28 93.3 Kansas 29 1 3.4 Kentucky 770 178 23.1 Louisiana 2,104 1,428 67.9 Maine - - - Maryland - - - Massachusetts 1,381 1,333 96.5 Michigan 6,655 5,815 87.4 Minnesota 1,509 390 25.8 Mississippi - - - Missouri - - - Montana - - - Nebraska 159 111 69.8 Nevada - - - New Hampshire 86 52 60.5 New Jersey 403 121 30.0 New Mexico 135 44 32.6 New York 567 436 76.9 North Carolina 1,213 1,127 92.9 North Dakota - - - Ohio 5,359 4,217 78.7 Oklahoma 2,331 1,188 51.0 Oregon 23 4 17.4 Pennsylvania - - - Puerto Rico 10 7 70.0 Rhode Island - - - South Carolina - - - South Dakota 37 5 13.5 Tennessee 134 132 98.5 Texas 1,190 1,123 94.4 Utah 179 36 20.1 Vermont - - - Virginia 18 14 77.8 Washington 253 92 36.4 West Virginia - - - Wisconsin - - - Wyoming - - - National 33,446 22,883 68.4 Reporting States 32 32 - chApter 4: Fatalities 52 Child Maltreatment 2022 Fatalities The effects of child abuse and neglect are serious, and a child fatality is the most tragic consequence. The National Child Abuse and Neglect Data System (NCANDS) collects case-level data in the Child File on child deaths from maltreatment. Additional counts of child fatalities, for which case-level data is not known, are reported in the Agency File. Some child maltreatment deaths may not come to the attention of child protective services (CPS) agencies. Reasons for this include if there were no surviving siblings in the family, or if the child had not (prior to his or her death) received child welfare services. To improve the counts of child fatalities in NCANDS, states consult data sources outside of CPS for deaths attributed to child maltreatment. The Child and Family Services Improvement and Innovation Act (P.L. 112–34) lists the following additional data sources, which states must include a description of in their state plan or explain why they are not used to report child deaths due to maltreatment: state vital statistics departments, child death review teams, law enforcement agencies, and offices of medical examiners or coroners. In addition to the sources mentioned in the law, some states also collect child fatality data from hospitals, health departments, juvenile justice departments, and prosecutor and attorney general offices. States that can provide these additional data do so as aggregate data in the Agency File. After the passage of the Child and Family Services Improvement and Innovation Act, several states mentioned that they implemented new child death reviews or expanded the scope of existing reviews. Some states began investigating all unexplained infant deaths regardless of whether there was an allegation of maltreatment. The child fatality count in this report reflects the federal fiscal year (FFY) in which the deaths are determined as due to maltreatment. The year in which a determination is made may be different from the year in which the child died. CPS agencies may need more time to determine a child died due to maltreatment. The time needed to conclude if a child was a victim of maltreatment often does not coincide with the timeframe for concluding that the death was a result of maltreatment, due to multiple-agency involvement and multiple levels of review for child deaths. The “date of death” field in the NCANDS Child File indicates the day, month, and year in which the child died. Number of Child Fatalities For FFY 2022, a national estimate of 1,990 children died from abuse and neglect at a rate of 2.73 per 100,000 children in the population. The 2022 national estimate is a 12.7 percent increase from the 2018 actual number of child fatalities of 1,765. 15 See exhibit 4–A and CHAPTER 4 15 The percent change is calculated using the actual reported number for FFY 2018 and FFY 2022. chApter 4: Fatalities 53 Child Maltreatment 2022 related notes on how the national estimate is calculated. Due to the relatively low frequency of child fatalities, the national rate and national estimate are sensitive to which states report data and changes in the child population estimates produced by the U.S. Census Bureau. Detailed explanations for data fluctuations may be found in Appendix D, State Commentary. An explanation for a change may be in an earlier edition of the Child Maltreatment report. Previous editions of the report are located on the Children’s Bureau website at https://www.acf.hhs.gov/cb/data-research/child-maltreatment. At the state level for FFY 2022, 51 states reported 1,955 fatalities. Of those states, 46 reported case-level data on 1,609 fatalities and 37 reported aggregate data on 346 fatalities. Fatality rates by state range from 0.00 to 10.62 per 100,000 children in the population. See table 4–1 and related notes. All states are required to confirm fatality counts during data submission and validation. The total child fatalities reported by states in the Child File and Agency File fluctuated during the past 5 years, which is partly due to the number of states reporting. See table 4–2 and related notes. The number of reported fatalities increased from 1,852 for FFY 2021 to 1,955 for FFY 2022. While not every state had an explanation for the increases, one state noted improved reporting and resubmitted multiple prior years to include additional fatalities, one state cited increased violence, and one cited increased fentanyl and opioid related deaths. 16 The state with the largest decrease confirmed a decrease in deaths due to unsafe sleep condi - tions, drownings, vehicle-related deaths, and physical abuse. This state also cited a change in the neglect definition. 17 Readers are encouraged to review the fatality comments provided by states in Appendix D. Child Fatality Demographics Younger children are the most vulnerable to death as the result of child abuse and neglect. See table 4–3 , exhibit 4–B , and related notes. FFY 2022 data shows that 66.1 percent of child fatalities are younger than 3 years. Close to one-half (44.7%) of child fatalities are younger than 1 year, a fatality rate of 24.37 per 100,000 children in that age range. This is 3.4 (rounded) times the fatality rate for 1-year-old children (7.14 per 100,000 children in the population of the same age). The child fatality rates mostly decrease with age. Exhibit 4–A Child Fatality Rates per 100,000 Children, 2018–2022 Year Reporting StatesChild Population of Reporting States Child Fatalities from Reporting StatesNational Fatality Rate Per 100,000 Children Child Population of all 52 StatesNational Estimate/ Actual Number of Child Fatalities 2018 52 73,977,376 1,765 2.39 73,977,376 1,765 2019 52 73,661,476 1,825 2.48 73,661,476 1,825 2020 51 72,609,649 1,818 2.50 73,982,567 1,850 2021 50 70,413,403 1,852 2.63 73,356,806 1,930 2022 51 71,631,732 1,955 2.73 72,969,166 1,990 Data is from the Child File and Agency File. National fatality rates per 100,000 children are calculated for each year by dividing the number of child fatalities by the population of reporting states, multiplying the result by 100,000, and displayed as rounded to the hundredth. If fewer than 52 states reported data, the national estimate of child fatalities is calculated by multiplying the national fatality rate (displayed as rounded) by the child population of all 52 states and dividing by 100,000. The estimate is rounded to the nearest 10. If 52 states reported data, the actual number of child fatalities reported by states is displayed. 16 North Carolina, Ohio, and Washington. 17 Texas chApter 4: Fatalities 54 Child Maltreatment 2022 Boys have a higher child fatality rate than girls at 3.26 per 100,000 boys in the population, compared with 2.25 per 100,000 girls in the population. Boys are 60.3 percent of child fatali - ties and girls are 39.7 percent. There are not any child fatalities with an unknown sex for FFY 2022. See exhibit 4–C and related notes. More than 85.0 percent (85.6%) of child fatalities are one of three races: White (36.7%), Black or African-American (34.9%), or Hispanic (13.9%). Using the number of victims and the population data to create rates highlights some racial disparity. The rate of Black or African-American child fatalities (6.37 per 100,000 Black or African-American children) is 3.2 (rounded) times greater than the rate of White child fatalities (1.99 per 100,000 White children) and 3.8 (rounded) times greater than the rate of Hispanic child fatalities (1.68 per 100,000 Hispanic children). Children of two or more races had the second highest rate at 4.03 and American Indian or Alaska Native children had a rate of 3.37 per 100,000 children. See exhibit 4–D and related notes.Exhibit 4–C Child Fatalities by Sex, 2022 Sex Child Population Child Fatalities Child Fatalities PercentChild Fatalities Rate per 100,000 Children Boys 29,761,383 971 60.3 3.26 Girls 28,409,359 638 39.7 2.25 Unknown - - - - National 58,170,742 1,609 100.0 N/A Based on data from 46 states. Data is from the Child File. No fatalities are reported with an unknown sex. Dashes are inserted into cells without any data included in this analysis. Exhibit 4–B Child Fatalities by Age, 2022 Children <1 year old died from abuse and neglect at more than three times the rate of children who were 1 year old. Based on data from 46 states. See table 4–3 . chApter 4: Fatalities 55 Child Maltreatment 2022Exhibit 4–E Maltreatment Types of Child Fatalities, 2022 Maltreatment Type Child Fatalities Maltreatment TypesMaltreatment Types Percent Medical Neglect - 133 8.3 Neglect - 1,229 76.4 Other - 8 0.5 Physical Abuse - 677 42.1 Psychological Maltreatment - 39 2.4 Sexual Abuse - 9 0.6 Sex Trafficking - - - Unknown - - - National 1,609 2,095 N/A Based on data from 46 states. Data is from the Child File. A child may have suffered from more than one type of maltreatment and therefore, the total number of reported maltreatments exceeds the number of fatalities, and the total percentage of reported maltreatments exceeds 100.0 percent. The percentages are calculated against the number of child fatalities in the reporting states. Dashes are inserted into cells without any data included in this analysis. As discussed in chapter 3, the Child Maltreatment report includes only those maltreatment types that have a disposition of substantiated or indicated. It is important to note that while these maltreatment types likely contributed to the cause of death, NCANDS does not have a field for collecting the official cause of death. Of the children who died, 76.4 percent suffered neglect and 42.1 percent suffered physical abuse either exclu- sively or in combination with another maltreatment type. See exhibit 4–E and related notes. Risk Factors Risk factors are characteristics of a child or caregiver that may increase the likelihood of child maltreatment. Risk factors can be difficult to accurately assess and measure, and 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-eight states report that 40 (5.1%) child fatalities had a caregiver with a risk factor of alcohol abuse. Thirty-four states report that 253 (20.8%) child fatalities 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, 2022 Race and Ethnicity Child Population Child Fatalities Child Fatalities PercentChild Fatalities Rate per 100,000 Children American Indian or Alaska Native 445,159 15 1.0 3.37 Asian 2,505,982 7 0.4 0.28 Black or African-American 8,624,432 549 34.9 6.37 Hispanic 12,947,772 218 13.9 1.68 Native Hawaiian or Other Pacific Islander 99,878 3 0.2 3.00 Unknown - 100 6.4 N/A White 28,958,953 577 36.7 1.99 Two or More Races 2,532,090 102 6.5 4.03 National 56,114,266 1,571 100.0 N/A Based on data from 44 states. Data is from the Child File. Counts associated with specific racial groups (e.g., White) are exclusive and do not include Hispanic. States with 30.0 percent or more of victim race or ethnicity reported as unknown or missing are excluded from this analysis. This analysis includes only those states that have both race and ethnicity population data. Dashes are inserted into cells without any data included in this analysis. Maltreatment Types chApter 4: Fatalities 56 Child Maltreatment 2022Perpetrator Relationship The FFY 2022 data shows that most perpetrators are caregivers of their victims. More than 80 percent (81.8%) of child fatalities involved one or more parents acting alone, together, or with other individuals. More than 10 percent (13.2%) of fatalities did not have a known parental relationship to their perpetrator. Similarly to all victims, the largest categories in the nonparent group are relative(s) (4.7%) and “other(s)” (3.4%). The NCANDS category of “other(s)” perpetra - tor relationship includes any relationship that does not map to one of the NCANDS relationship categories. According to states’ commentary, “other” includes nonrelated adult, nonrelated child, foster sibling, babysitter, household staff, clergy, and school personnel. Please see Appendix D for additional information on what states include in this category. Based on data from 43 states, child fatalities with unknown perpetrator relationship data accounted for 4.9 percent. See table 4–4 and related notes. Prior CPS Contact Some children who die from abuse and neglect are already known to CPS agencies. Not all states that report child fatalities are able to report family preservation or reunification services. The national percentages are sensitive to which states report data. In the states reporting both child fatalities and family preservation services, 97 (9.5%) of the 1,020 Child File fatalities and 52 (15.4%) of the 338 Agency File fatalities had family preservation services. In the states reporting both fatalities and family reunification services, 52 (4.1%) of the 1,256 Child File fatalities and 15 (4.4%) of the 342 Agency File fatalities were removed from home and subsequently reunited with their families prior to their death. See tables 4–5 , 4–6 , and related notes. Exhibit and Table Notes The following pages contain the data tables referenced in chapter 4. Specific information about state submissions can be found in Appendix D, State Commentary. Additional infor-mation regarding the exhibits and tables is provided below. General During data analyses, thresholds are set to ensure data quality is balanced with the need 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. Not every table has an exclusion rule or notes. ■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.Exhibit 4–F Child Fatalities with Selected Caregiver Risk Factors, 2022 Caregiver Risk Factor Reporting StatesChild Fatalities from Reporting StatesChild Fatalities with a Caregiver Risk Factor Child Fatalities with a Caregiver Risk Factor Percent Alcohol Abuse 28 781 40 5.1 Drug Abuse 34 1,217 253 20.8 Data is from the Child File. For each caregiver risk factor, the analysis includes only those states that report at least 2.0 percent of child victims’ caregiver with the risk factor. If a child is reported both with and without the caregiver risk factor, the child is counted once with the caregiver risk factor. chApter 4: Fatalities 57 Child Maltreatment 2022 ■Rates are calculated by dividing the relevant reported count (fatalities, by age, by race, etc.) by the relevant child population count (by age, by race, etc.) and multiplying by 100,000. ■NCANDS uses the child population estimates that are released annually by the U.S. Census Bureau. These estimates are in Appendix C, State Characteristics. ■The row labeled Reporting States displays the count of states that provide data for that analysis. States that do not have a child maltreatment related death and report a zero are included in the count of reporting states 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, 2022 ■Data is 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, 2018–2022 ■Data is from the Child File and Agency File. Table 4–3 Child Fatalities by Age, 2022 ■There is no population data for unknown age and therefore, no rates. Table 4–4 Child Fatalities by Relationship to Their Perpetrators, 2022 ■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 relationship that was not identified as a parent. ■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. chApter 4: Fatalities 58 Child Maltreatment 2022■Some states were not able to collect and report on group home and residential facility staff perpetrators due to system limitations or jurisdictional issues. See also table 5–5 . Table 4–5 Child Fatalities Who Received Family Preservation Services within the Previous 5 Years, 2022 ■Data is from the Child File and Agency File. Table 4–6 Child Fatalities Who Were Reunited with Their Families within the Previous 5 Years, 2022 ■Data is from the Child File and Agency File. chApter 4: Fatalities 59 Child Maltreatment 2022 Table 4–1 Child Fatalities by Submission Type, 2022 StateChild Fatalities Reported in the Child FileChild Fatalities Reported in the Agency File Total Child FatalitiesChild Fatality Rates per 100,000 Children Alabama 38 0 38 3.42 Alaska - 8 8 4.53 Arizona 14 - 14 0.88 Arkansas 39 - 39 5.59 California - 164 164 1.93 Colorado 40 0 40 3.29 Connecticut 15 0 15 2.05 Delaware 6 0 6 2.88 District of Columbia 3 0 3 2.41 Florida 86 - 86 2.00 Georgia 109 5 114 4.54 Hawaii 5 0 5 1.68 Idaho 7 1 8 1.73 Illinois 110 0 110 4.04 Indiana 62 - 62 3.95 Iowa 18 - 18 2.48 Kansas 8 0 8 1.16 Kentucky 12 0 12 1.19 Louisiana 28 1 29 2.73 Maine 3 - 3 1.21 Maryland 68 0 68 5.05 Massachusetts - - - - Michigan 57 4 61 2.89 Minnesota 25 0 25 1.93 Mississippi 69 3 72 10.62 Missouri 56 1 57 4.18 Montana 1 0 1 0.43 Nebraska 3 0 3 0.63 Nevada 14 1 15 2.17 New Hampshire 0 2 2 0.79 New Jersey 19 0 19 0.95 New Mexico 16 3 19 4.13 New York 105 - 105 2.63 North Carolina - 93 93 4.05 North Dakota 6 0 6 3.28 Ohio 111 4 115 4.49 Oklahoma 29 0 29 3.04 Oregon - 19 19 2.27 Pennsylvania 80 - 80 3.05 Puerto Rico 4 0 4 0.77 Rhode Island 2 - 2 0.98 South Carolina 34 4 38 3.40 South Dakota 13 - 13 5.93 Tennessee 34 0 34 2.21 Texas 175 1 176 2.36 Utah 15 - 15 1.61 Vermont 0 - 0 0.00 Virginia 39 - 39 2.09 Washington - 31 31 1.88 W est Virginia 8 0 8 2.27 Wisconsin 21 - 21 1.69 Wyoming 2 1 3 2.31 National 1,609 346 1,955 2.73 Reporting States 46 37 51 - chApter 4: Fatalities 60 Child Maltreatment 2022 Table 4–2 Child Fatalities, 2018–2022 State 2018 2019 2020 2021 2022 Alabama 43 34 47 36 38 Alaska 2 1 2 6 8 Arizona 48 33 18 - 14 Arkansas 44 35 30 36 39 California 145 153 150 159 164 Colorado 40 25 24 31 40 Connecticut 8 4 9 14 15 Delaware 4 13 5 7 6 District of Columbia 5 3 4 2 3 Florida 111 114 101 84 86 Georgia 86 68 85 92 114 Hawaii 1 4 0 2 5 Idaho 3 3 10 3 8 Illinois 70 106 102 89 110 Indiana 80 116 56 57 62 Iowa 16 25 9 12 18 Kansas 9 16 10 10 8 Kentucky 6 12 9 11 12 Louisiana 25 24 18 23 29 Maine 3 3 1 8 3 Maryland 40 55 50 84 68 Massachusetts 14 13 - - - Michigan 49 63 43 35 61 Minnesota 30 17 21 22 25 Mississippi 30 35 38 49 72 Missouri 36 46 44 75 57 Montana 2 2 5 2 1 Nebraska 0 5 2 1 3 Nevada 19 20 14 27 15 New Hampshire 0 2 2 3 2 New Jersey 18 19 17 10 19 New Mexico 12 11 13 10 19 New York 118 69 105 126 105 North Carolina 14 5 99 121 93 North Dakota 8 6 5 4 6 Ohio 106 79 94 98 115 Oklahoma 47 23 42 15 29 Oregon 26 23 17 18 19 Pennsylvania 45 54 67 65 80 Puerto Rico 3 5 5 7 4 Rhode Island 1 3 2 2 2 South Carolina 39 60 36 41 38 South Dakota 3 9 12 9 13 Tennessee 47 43 34 32 34 Texas 200 229 255 206 176 Utah 10 11 6 4 15 Vermont 1 1 0 1 0 Virginia 37 49 39 51 39 Washington 28 25 14 19 31 West Virginia 8 17 12 9 8 Wisconsin 24 34 32 22 21 Wyoming 1 0 3 2 3 National 1,765 1,825 1,818 1,852 1,955 Reporting States 52 52 51 50 51 chApter 4: Fatalities 61 Child Maltreatment 2022 Table 4–4 Child Fatalities by Relationship to Their Perpetrators, 2022Table 4–3 Child Fatalities by Age, 2022 Age Child Population Child Fatalities Child Fatalities PercentChild Fatalities Rate per 100,000 Children <1 2,950,151 719 44.7 24.37 1 2,884,134 206 12.8 7.14 2 2,968,151 138 8.6 4.65 3 3,010,181 98 6.1 3.26 4 3,078,737 89 5.5 2.89 5 3,133,549 51 3.2 1.63 6 3,218,278 34 2.1 1.06 7 3,244,883 23 1.4 0.71 8 3,235,278 30 1.9 0.93 9 3,223,002 20 1.2 0.62 10 3,229,046 30 1.9 0.93 11 3,262,705 19 1.2 0.58 12 3,334,666 33 2.1 0.99 13 3,407,838 29 1.8 0.85 14 3,535,093 30 1.9 0.85 15 3,531,250 18 1.1 0.51 16 3,476,081 15 0.9 0.43 17 3,447,719 23 1.4 0.67 Unborn, Unknown, and 18–21 - 4 0.2 N/A National 58,170,742 1,609 100.0 N/A Based on data from 46 states. PerpetratorChild Fatalities by Reported Relationships Reported Relationships Percent PARENT - - Father Only 226 14.5 Father and Nonparent 21 1.3 Mother Only 473 30.2 Mother and Nonparent 161 10.3 Two Parents of Known Sex 363 23.2 Three Parents of Known Sex 2 0.1 Two Parents of Known Sex and Nonparent 26 1.7 One or More Parents of Unknown Sex 8 0.5 Total Parents 1,280 81.8 NONPARENT - - Child Daycare Provider(s) 21 1.3 Foster Parent(s) 6 0.4 Friend(s) or Neighbor(s) 4 0.3 Group Home and Residential Facility Staff 4 0.3 Legal Guardian(s) 7 0.4 Other Professional(s) 2 0.1 Relative(s) 73 4.7 Unmarried Partner(s) of Parent 17 1.1 Other(s) 53 3.4 More Than One Nonparental Perpetrator 20 1.3 Total Nonparents 207 13.2 UNKNOWN 77 4.9 National 1,564 100.0 Based on data from 43 states. chApter 4: Fatalities 62 Child Maltreatment 2022 Table 4–5 Child Fatalities Who Received Family Preservation Services within the Previous 5 Years, 2022 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 38 5 0 0 Alaska - - 8 2 Arizona - - - - Arkansas 39 6 - - California - - 164 23 Colorado - - - - Connecticut 15 0 0 0 Delaware - - - - District of Columbia 3 0 0 0 Florida 86 8 - - Georgia 109 10 5 2 Hawaii - - - - Idaho 7 0 1 1 Illinois 110 9 0 0 Indiana - - - - Iowa - - - - Kansas 8 2 0 0 Kentucky 12 2 0 0 Louisiana 28 4 1 0 Maine - - - - Maryland - - - - Massachusetts - - - - Michigan - - - - Minnesota 25 9 0 0 Mississippi 69 2 3 0 Missouri 56 4 1 0 Montana - - - - Nebraska 3 0 0 0 Nevada 14 1 1 0 New Hampshire 0 0 2 0 New Jersey 19 1 0 0 New Mexico 16 0 3 0 New York - - - - North Carolina - - 93 10 North Dakota 6 2 0 0 Ohio 111 0 4 0 Oklahoma 29 1 0 0 Oregon - - 19 9 Pennsylvania - - - - Puerto Rico 4 0 0 0 Rhode Island 2 2 - - South Carolina - - - - South Dakota - - - - Tennessee 34 7 0 0 Texas 175 21 1 0 Utah - - - - Vermont 0 0 - - Virginia - - - - Washington - - 31 5 West Virginia - - - - Wisconsin - - - - Wyoming 2 1 1 0 National 1,020 97 338 52 National Percent - 9.5 - 15.4 Reporting States 28 28 29 29 chApter 4: Fatalities 63 Child Maltreatment 2022 Table 4–6 Child Fatalities Who Were Reunited with Their Families within the Previous 5 Years, 2022 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 38 0 0 0 Alaska - - 8 2 Arizona - - - - Arkansas 39 0 - - California - - 164 10 Colorado 40 3 - - Connecticut 15 0 0 0 Delaware 6 1 0 0 District of Columbia 3 0 0 0 Florida 86 3 - - Georgia 109 4 5 0 Hawaii 5 0 0 0 Idaho 7 0 1 0 Illinois 110 4 0 0 Indiana 62 7 - - Iowa - - - - Kansas 8 1 0 0 Kentucky 12 1 0 0 Louisiana 28 0 1 0 Maine - - - - Maryland 68 9 - - Massachusetts - - - - Michigan - - - - Minnesota 25 1 0 0 Mississippi 69 0 3 0 Missouri 56 1 1 0 Montana - - - - Nebraska 3 0 0 0 Nevada 14 1 1 0 New Hampshire 0 0 2 0 New Jersey 19 0 0 0 New Mexico 16 0 3 0 New York - - - - North Carolina - - 93 1 North Dakota 6 0 0 0 Ohio 111 4 4 0 Oklahoma 29 1 0 0 Oregon - - 19 0 Pennsylvania - - - - Puerto Rico 4 0 0 0 Rhode Island 2 0 - - South Carolina 34 0 4 0 South Dakota - - - - Tennessee 34 2 0 0 Texas 175 8 1 0 Utah - - - - Vermont 0 0 - - Virginia - - - - Washington - - 31 2 West Virginia - - - - Wisconsin 21 0 - - Wyoming 2 1 1 0 National 1,256 52 342 15 National Percent - 4.1 - 4.4 Reporting States 35 35 32 32chApter 5: Perpetrators 64 Child Maltreatment 2022 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. One state recoded the disposition of children who would have previously received an alternative response victim disposition to an indicated disposition and submitted or resubmitted files for FFYs 2018–2022. Children with alternative response dispositions are not considered maltreat - ment victims and do not have perpetrators. Children with indicated dispositions are considered maltreatment victims. The state was not able to include perpetrators for indicated dispositions in its FFY 2018–2022 data submissions and is excluded from the majority of this chapter. 18 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 2022, 52 states reported a unique count of 434,090 perpetrators. This is a 20.6 percent decrease from FFY 2018 when 52 states reported 546,836 unique perpetrators. See table 5–1 and related notes. Perpetrator Demographics (unique count of perpetrators) The majority (68.8%) of perpetrators are in the age range of 25–44 years old. Perpetrators in the age group 25–34 are 39.9 percent of all perpetrators. Perpetrators younger than 18 years old accounted for 1.9 percent of all perpetrators. Some states have laws that limit the youngest age that a person can be considered a perpetrator. (See Appendix D, State Commentary.) The perpetrator age group of 25–34 have the highest rate at 3.9 per 1,000 adults in the population of the same age. Older adults in the age group of 35–44 have the second highest rate at 2.9, while young adults in the age group of 18–24 have a rate of 1.9 per 1,000 adults in the population of the same age. 19 See table 5–2 , exhibit 5–A , and related notes. Based on data from 50 reporting states, slightly more than one-half (51.1%) of perpetrators are female and 47.7 percent of perpetrators are male; 1.1 percent of perpetrators are of unknown sex. See table 5–3 and related notes. The three largest percentages of perpetrators are White (47.4%), Black or African-American (21.0%), and Hispanic (20.3%). Race or ethnicity is CHAPTER 5 18 North Carolina 19 Rates are not calculated for perpetrators younger than 18 years due to the variations in state policy as to how young a perpetrator can be.Child Maltreatment 2022 chApter 5: Perpetrators 65 unknown or not reported for 6.1 percent of perpetrators. See table 5–4 , exhibit 5–B , and related notes. Perpetrator Relationship (unique count of perpetrators and unique count of relationships) In this analysis, single relationships are counted only once per category. Perpetrators with two or more rela - tionships 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 onevictim and in two or more reports (one victim is reported at least twice). ■The perpetrator is a parentto two victims and in one report. In the following scenarios, the perpetrator is counted once in the multiple relationships category: ■The perpetrator is aparent to one victim and is an unmarried partner of parent to a second victim in the same report. ■The perpetrator is a parentto one victim in one report and an unmarried partner of parent to a second victim in a second report. The majority (76.0%) of perpetrators are a parent of their victim, 7.0 percent of perpetrators are a relative other than a parent, 4.2 percent are an unmarried partner of the parent, and 4.1 percent have multiple relationships to their victims. Nearly 4.0 percent (3.9%) 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 5–B Perpetrators by Race or Ethnicity, 2022 The largest percentages of perpetrators are White, Black or African-American, and Hispanic Based on data from 48 states. See table 5–4 .Exhibit 5–A Perpetrators by Age, 2022 Perpetrators ages 25 through 44 have the highest rates per 1,000 Based on data from 50 states. See table 5–2 . chApter 5: Perpetrators 66 Child Maltreatment 2022 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 informa-tion regarding the exhibits and tables is provided below. General During data analyses, thresholds are set to ensure data quality is balanced with the need to report data from as many states as possible. States may be excluded from an analysis for data quality issues. Exclusion rules are listed in the table notes below. Not every table has an exclusion rule or notes. ■The data for all tables are from the Child File. ■Rates are per 1,000 adults in the population. ■Rates are calculated by dividing the perpetrator count by the adult population count 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. ■Unless otherwise noted, all tables use a unique count of perpetrators. ■Dashes are inserted into cells without any data. Table 5–2 Perpetrators by Age, 2022 ■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. ■Rates are not calculated for perpetrators younger than 18 years. ■If a perpetrator appears in two or more reports, the age at the time of the earliest report is used. ■States are excluded from this analysis if fewer than 85.0 percent of victims are associated with one or more perpetrators. ■States are excluded from this analysis if there are known data quality issues with reporting age. Table 5–3 Perpetrators by Sex, 2022 ■The category of unknown sex includes not reported. ■States are excluded from this analysis if fewer than 85.0 percent of victims are associated with one or more perpetrators. ■States are excluded if more than 15.0 percent of perpetrators are reported with an unknown or missing sex. Table 5–4 Perpetrators by Race or Ethnicity, 2022 ■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.Child Maltreatment 2022 chApter 5: Perpetrators 67 ■Only those states that reported both race and ethnicity separately are included in this analysis. ■States are excluded from this analysis if fewer than 85.0 percent of victims are associated with one or more perpetrators. Table 5–5 Perpetrators by Relationship to Their Victims, 2022 ■Some states are not able to collect and report on group home and residential facility staff perpetrators due to system limitations or jurisdictional issues. More information may be found in appendix D. ■States are excluded from this analysis if more than 25.0 percent of perpetrators are reported with an unknown or missing relationship. ■States are excluded from this analysis if fewer than 85.0 percent of victims are associated with one or more perpetrators. Child Maltreatment 2022 chApter 5: Perpetrators 68 Table 5–1 Perpetrators, 2018–2022 State 2018 2019 2020 2021 2022 Alabama 8,791 8,376 8,432 8,387 8,162 Alaska 2,032 2,294 2,425 2,023 1,964 Arizona 15,395 12,909 9,684 - 12,151 Arkansas 7,424 7,118 7,809 8,138 7,635 California 58,362 55,845 53,124 49,073 45,289 Colorado 10,253 10,478 9,820 9,416 8,080 Connecticut 6,292 6,497 5,171 4,541 4,090 Delaware 976 977 919 896 829 District of Columbia 1,136 1,257 1,054 1,059 1,016 Florida 27,844 24,927 21,599 20,933 18,647 Georgia 8,612 8,107 6,730 7,344 7,897 Hawaii 1,098 1,158 1,150 1,220 1,144 Idaho 1,774 1,774 1,764 2,016 1,702 Illinois 22,275 23,858 25,303 25,475 23,359 Indiana 20,159 18,477 18,036 17,185 15,302 Iowa 8,529 8,327 7,625 8,158 8,003 Kansas 2,594 2,473 1,998 1,786 1,551 Kentucky 17,400 14,731 12,443 11,303 9,399 Louisiana 7,983 7,574 6,091 5,659 6,565 Maine 3,021 3,874 4,030 3,693 3,258 Maryland 6,507 6,559 6,424 5,715 5,967 Massachusetts 20,750 20,075 17,947 18,261 17,811 Michigan 30,705 26,210 21,484 19,348 18,417 Minnesota 5,617 4,951 4,709 4,000 3,768 Mississippi 8,252 7,793 6,812 7,107 7,611 Missouri 5,108 4,252 4,015 3,945 3,625 Montana 2,704 2,686 2,630 2,142 1,870 Nebraska 1,859 2,022 1,648 1,684 1,338 Nevada 4,120 4,000 4,094 4,465 4,643 New Hampshire 1,154 1,112 1,008 875 913 New Jersey 4,589 4,026 2,826 2,517 2,434 New Mexico 6,832 6,702 5,852 4,848 4,668 New York 54,550 52,669 45,922 43,478 38,597 North Carolina 3,995 3,718 3,891 3,635 3,752 North Dakota 1,558 1,344 1,200 1,037 852 Ohio 20,567 21,190 19,599 19,772 18,424 Oklahoma 12,929 12,901 12,487 11,595 11,332 Oregon 9,486 10,056 8,541 7,964 7,969 Pennsylvania 4,865 4,941 4,615 4,765 5,040 Puerto Rico 3,347 3,666 2,734 3,786 3,472 Rhode Island 2,846 2,508 2,141 2,023 1,948 South Carolina 14,350 13,630 10,727 11,503 10,930 South Dakota 933 1,099 1,097 992 1,028 Tennessee 9,116 9,428 8,493 7,608 6,828 Texas 49,563 49,969 50,567 50,820 42,240 Utah 7,784 7,851 7,197 6,676 6,387 Vermont 782 709 419 308 556 Virginia 5,074 5,005 4,728 4,180 3,882 Washington 3,881 3,693 3,315 3,036 2,986 West Virginia 6,252 5,959 5,359 5,475 4,821 Wisconsin 4,031 3,668 3,345 3,431 3,325 Wyoming 780 849 729 652 613 National 546,836 526,272 481,762 455,948 434,090 Reporting States 52 52 52 51 52 Child Maltreatment 2022 chApter 5: Perpetrators 69 Table 5–2 Perpetrators by Age, 2022 (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 - 269 1,467 3,196 1,861 535 234 79 18 503 8,162 Alaska - 5 232 784 587 196 91 26 3 40 1,964 Arizona - 60 1,756 5,119 3,465 966 310 99 24 352 12,151 Arkansas 116 368 1,545 2,839 1,632 468 236 73 24 334 7,635 California 43 445 5,229 18,421 13,887 4,445 1,518 461 166 674 45,289 Colorado 23 200 1,017 3,248 2,424 712 221 69 56 110 8,080 Connecticut 2 10 437 1,561 1,338 458 158 41 13 72 4,090 Delaware 2 22 87 343 245 66 36 24 4 - 829 District of Columbia - 4 117 476 284 72 23 6 0 34 1,016 Florida - 57 1,980 7,587 5,869 1,716 645 250 79 464 18,647 Georgia 1 72 976 3,434 2,352 677 267 95 19 4 7,897 Hawaii - 3 99 389 398 153 55 18 5 24 1,144 Idaho - 14 294 683 497 151 50 11 2 - 1,702 Illinois 24 410 3,424 9,924 6,422 1,945 666 207 45 292 23,359 Indiana 12 379 3,026 6,507 3,651 1,061 379 116 40 131 15,302 Iowa - 138 1,237 3,285 2,389 620 233 74 18 9 8,003 Kansas 4 105 197 547 461 134 58 18 8 19 1,551 Kentucky 1 51 1,240 3,903 2,750 876 390 134 53 1 9,399 Louisiana 2 52 1,217 2,903 1,744 400 174 54 14 5 6,565 Maine - 5 315 1,311 1,165 304 106 27 5 20 3,258 Maryland - - - - - - - - - - - Massachusetts - 64 1,638 6,443 6,025 2,208 687 202 48 496 17,811 Michigan 2 54 2,256 8,005 5,727 1,659 532 129 35 18 18,417 Minnesota 18 149 452 1,433 1,226 324 121 38 7 - 3,768 Mississippi 68 274 1,099 2,800 2,195 670 316 136 28 25 7,611 Missouri - 31 470 1,285 1,032 375 186 67 20 159 3,625 Montana - 8 217 743 635 175 53 18 2 19 1,870 Nebraska - 28 196 541 397 129 35 9 2 1 1,338 Nevada - 17 557 2,082 1,418 390 138 31 10 - 4,643 New Hampshire - 9 84 360 318 84 38 9 2 9 913 New Jersey - 3 180 903 867 271 122 36 13 39 2,434 New Mexico 2 18 433 1,820 1,391 379 126 45 9 445 4,668 New York 4 108 3,952 14,605 12,847 4,874 1,673 440 86 8 38,597 North Carolina - - - - - - - - - - - North Dakota - 3 108 382 255 47 10 4 0 43 852 Ohio 46 853 2,713 6,762 4,580 1,444 600 212 48 1,166 18,424 Oklahoma 1 58 1,652 4,656 3,255 992 374 114 26 204 11,332 Oregon 1 176 939 3,049 2,465 739 245 83 41 231 7,969 Pennsylvania - 197 760 1,660 1,340 555 261 121 27 119 5,040 Puerto Rico 4 23 462 1,372 1,032 350 156 49 18 6 3,472 Rhode Island - 30 264 840 566 173 46 12 2 15 1,948 South Carolina 19 39 1,249 4,528 3,462 1,057 359 147 34 36 10,930 South Dakota - 10 142 465 292 74 28 2 2 13 1,028 Tennessee 12 384 997 2,254 1,303 488 253 88 34 1,015 6,828 Texas 168 1,714 8,312 17,848 9,824 2,688 1,135 406 112 33 42,240 Utah 18 565 819 2,078 2,007 624 193 61 19 3 6,387 Vermont - 39 82 167 154 45 28 10 1 30 556 Virginia - 36 455 1,485 1,081 370 156 70 24 205 3,882 Washington - 2 294 1,182 1,051 311 89 21 8 28 2,986 West V irginia 4 14 501 1,863 1,353 415 175 77 9 410 4,821 Wisconsin 3 24 405 1,137 808 241 94 24 9 580 3,325 Wyoming 1 7 64 263 206 42 11 6 1 12 613 National 601 7,606 57,644 169,471 122,533 38,148 14,090 4,549 1,273 8,456 424,371 Reporting States 27 50 50 50 50 50 50 50 50 46 50 Child Maltreatment 2022 chApter 5: Perpetrators 70 Table 5–2 Perpetrators by Age, 2022 State 18–24 Rate per 1,000 Adults 25–34 Rate per 1,000 Adults 35–44 Rate per 1,000 Adults 45–54 Rate per 1,000 Adults 55–64 Rate per 1,000 Adults 65–74 Rate per 1,000 Adults 75 and Older Rate per 1,000 Adults Alabama 3.0 4.9 3.0 0.9 0.4 0.1 0.0 Alaska 3.4 6.9 5.7 2.4 1.0 0.4 0.1 Arizona 2.4 5.0 3.7 1.1 0.4 0.1 0.0 Arkansas 5.3 7.1 4.3 1.3 0.6 0.2 0.1 California 1.4 3.2 2.6 0.9 0.3 0.1 0.1 Colorado 1.8 3.5 2.9 1.0 0.3 0.1 0.2 Connecticut 1.2 3.4 2.9 1.0 0.3 0.1 0.0 Delaware 1.0 2.7 2.0 0.6 0.3 0.2 0.0 District of Columbia 1.7 3.3 2.6 1.0 0.4 0.1 0.0 Florida 1.1 2.7 2.1 0.6 0.2 0.1 0.0 Georgia 0.9 2.3 1.6 0.5 0.2 0.1 0.0 Hawaii 0.8 2.0 2.1 0.9 0.3 0.1 0.0 Idaho 1.5 2.7 2.0 0.7 0.2 0.1 0.0 Illinois 2.9 5.8 3.9 1.2 0.4 0.2 0.0 Indiana 4.5 7.3 4.2 1.3 0.4 0.2 0.1 Iowa 3.8 8.2 5.9 1.7 0.6 0.2 0.1 Kansas 0.6 1.5 1.2 0.4 0.2 0.1 0.0 Kentucky 3.0 6.6 4.9 1.6 0.7 0.3 0.2 Louisiana 2.8 4.8 2.9 0.8 0.3 0.1 0.0 Maine 2.9 7.8 6.9 1.8 0.5 0.1 0.0 Maryland - - - - - - - Massachusetts 2.3 6.6 6.7 2.6 0.7 0.3 0.1 Michigan 2.4 6.1 4.7 1.4 0.4 0.1 0.0 Minnesota 0.9 1.9 1.6 0.5 0.2 0.1 0.0 Mississippi 3.8 7.4 6.0 1.9 0.9 0.4 0.1 Missouri 0.8 1.6 1.3 0.5 0.2 0.1 0.0 Montana 2.1 5.1 4.4 1.4 0.4 0.1 0.0 Nebraska 1.0 2.1 1.5 0.6 0.1 0.0 0.0 Nevada 2.1 4.5 3.2 1.0 0.4 0.1 0.0 New Hampshire 0.7 2.0 1.8 0.5 0.2 0.1 0.0 New Jersey 0.2 0.8 0.7 0.2 0.1 0.0 0.0 New Mexico 2.1 6.5 5.2 1.6 0.5 0.2 0.1 New York 2.2 5.3 5.1 2.0 0.6 0.2 0.1 North Carolina - - - - - - - North Dakota 1.2 3.5 2.5 0.6 0.1 0.1 0.0 Ohio 2.5 4.4 3.1 1.0 0.4 0.2 0.1 Oklahoma 4.1 8.6 6.2 2.2 0.8 0.3 0.1 Oregon 2.5 5.1 4.2 1.4 0.5 0.2 0.1 Pennsylvania 0.6 1.0 0.8 0.4 0.1 0.1 0.0 Puerto Rico 1.6 3.2 2.7 0.9 0.4 0.1 0.0 Rhode Island 2.4 5.5 4.1 1.3 0.3 0.1 0.0 South Carolina 2.5 6.7 5.3 1.7 0.5 0.2 0.1 South Dakota 1.6 4.1 2.6 0.8 0.2 0.0 0.0 T ennessee 1.5 2.3 1.5 0.6 0.3 0.1 0.1 Texas 2.7 4.1 2.3 0.7 0.3 0.2 0.1 Utah 2.0 4.2 4.3 1.7 0.6 0.2 0.1 Vermont 1.2 2.2 1.9 0.6 0.3 0.1 0.0 Virginia 0.6 1.3 0.9 0.3 0.1 0.1 0.0 Washington 0.4 1.0 0.9 0.3 0.1 0.0 0.0 West Virginia 3.1 8.7 6.4 1.9 0.7 0.3 0.1 Wisconsin 0.7 1.6 1.1 0.3 0.1 0.0 0.0 Wyoming 1.2 3.6 2.7 0.6 0.2 0.1 0.0 National 1.9 3.9 2.9 1.0 0.3 0.1 0.1 Reporting States - - - - - - - chApter 5: Perpetrators 71 Child Maltreatment 2022 Table 5–3 Perpetrators by Sex, 2022 State Men Women Unknown Total Perpetrators Men Percent Women Percent Unknown Percent Alabama 3,499 4,639 24 8,162 42.9 56.8 0.3 Alaska 893 1,048 23 1,964 45.5 53.4 1.2 Arizona - - - - - - - Arkansas 3,418 4,058 159 7,635 44.8 53.1 2.1 California 20,619 24,307 363 45,289 45.5 53.7 0.8 Colorado 4,340 3,697 43 8,080 53.7 45.8 0.5 Connecticut 2,054 1,997 39 4,090 50.2 48.8 1.0 Delaware 518 311 - 829 62.5 37.5 - District of Columbia 326 674 16 1,016 32.1 66.3 1.6 Florida 8,866 9,445 336 18,647 47.5 50.7 1.8 Georgia 2,795 5,085 17 7,897 35.4 64.4 0.2 Hawaii 520 609 15 1,144 45.5 53.2 1.3 Idaho 704 997 1 1,702 41.4 58.6 0.1 Illinois 10,998 12,177 184 23,359 47.1 52.1 0.8 Indiana 6,583 8,679 40 15,302 43.0 56.7 0.3 Iowa 3,725 4,262 16 8,003 46.5 53.3 0.2 Kansas 883 660 8 1,551 56.9 42.6 0.5 Kentucky 4,396 4,970 33 9,399 46.8 52.9 0.4 Louisiana 2,051 4,484 30 6,565 31.2 68.3 0.5 Maine 1,654 1,602 2 3,258 50.8 49.2 0.1 Maryland 3,227 2,514 226 5,967 54.1 42.1 3.8 Massachusetts 8,023 9,051 737 17,811 45.0 50.8 4.1 Michigan 9,150 9,234 33 18,417 49.7 50.1 0.2 Minnesota 2,037 1,731 - 3,768 54.1 45.9 - Mississippi 3,225 4,307 79 7,611 42.4 56.6 1.0 Missouri 2,163 1,329 133 3,625 59.7 36.7 3.7 Montana 860 980 30 1,870 46.0 52.4 1.6 Nebraska 696 642 - 1,338 52.0 48.0 - Nevada 2,203 2,439 1 4,643 47.4 52.5 0.0 New Hampshire 449 458 6 913 49.2 50.2 0.7 New Jersey 1,221 1,209 4 2,434 50.2 49.7 0.2 New Mexico 1,984 2,573 111 4,668 42.5 55.1 2.4 New York 19,115 19,478 4 38,597 49.5 50.5 0.0 North Carolina - - - - - - - North Dakota 272 557 23 852 31.9 65.4 2.7 Ohio 9,048 8,993 383 18,424 49.1 48.8 2.1 Oklahoma 5,618 5,669 45 11,332 49.6 50.0 0.4 Oregon 4,667 3,164 138 7,969 58.6 39.7 1.7 Pennsylvania 3,354 1,605 81 5,040 66.5 31.8 1.6 Puerto Rico 1,336 2,136 - 3,472 38.5 61.5 - Rhode Island 998 945 5 1,948 51.2 48.5 0.3 South Carolina 4,300 6,624 6 10,930 39.3 60.6 0.1 South Dakota 373 646 9 1,028 36.3 62.8 0.9 Tennessee 3,524 2,844 460 6,828 51.6 41.7 6.7 Texas 21,545 20,440 255 42,240 51.0 48.4 0.6 Utah 3,752 2,597 38 6,387 58.7 40.7 0.6 Vermont 383 173 - 556 68.9 31.1 - Virginia 1,836 1,970 76 3,882 47.3 50.7 2.0 Washington 1,504 1,473 9 2,986 50.4 49.3 0.3 West Virginia 2,057 2,761 3 4,821 42.7 57.3 0.1 Wisconsin 1,586 1,289 450 3,325 47.7 38.8 13.5 Wyoming 269 344 - 613 43.9 56.1 - National 199,617 213,876 4,694 418,187 47.7 51.1 1.1 Reporting States 50 50 44 50 - - - chApter 5: Perpetrators 72 Child Maltreatment 2022 Table 5–4 Perpetrators by Race or Ethnicity, 2022 (continues next page) State American Indian or Alaska Native Asian Black or African- American HispanicTwo or More Races Native Hawaiian or Other Pacific Islander White UnknownTotal Perpetrators Alabama 6 16 2,248 307 48 6 5,303 228 8,162 Alaska 1,025 14 60 6 88 42 526 203 1,964 Arizona 568 48 1,195 39 297 34 6,639 3,331 12,151 Arkansas 7 17 1,522 516 391 38 4,856 288 7,635 California 447 1,302 6,215 21,564 0 146 11,653 3,962 45,289 Colorado - - - - - - - - - Connecticut 5 34 978 1,234 71 3 1,604 161 4,090 Delaware 0 3 375 127 2 0 322 - 829 District of Columbia 0 1 728 90 2 0 11 184 1,016 Florida 24 100 5,216 2,738 205 17 9,108 1,239 18,647 Georgia 7 24 3,112 516 74 6 3,849 309 7,897 Hawaii 6 122 22 49 294 310 252 89 1,144 Idaho 35 3 19 175 21 2 1,061 386 1,702 Illinois 11 269 7,164 3,812 215 7 11,447 434 23,359 Indiana 6 64 2,882 1,018 352 17 10,793 170 15,302 Iowa 112 54 1,132 632 87 42 5,855 89 8,003 Kansas 14 13 186 189 28 3 1,013 105 1,551 Kentucky 5 19 881 268 242 5 7,795 184 9,399 Louisiana 20 12 2,984 162 29 3 3,053 302 6,565 Maine 41 12 85 84 76 5 2,484 471 3,258 Maryland - - - - - - - - - Massachusetts 26 298 2,450 4,760 396 19 7,613 2,249 17,811 Michigan 92 83 5,735 1,184 893 9 10,350 71 18,417 Minnesota 289 112 591 456 398 3 1,824 95 3,768 Mississippi 16 11 2,722 159 31 3 3,813 856 7,611 Missouri 11 7 442 230 12 7 2,605 311 3,625 Montana 311 2 17 66 42 3 1,042 387 1,870 Nebraska 81 11 175 200 50 1 689 131 1,338 Nevada 23 75 1,275 1,152 103 65 1,576 374 4,643 New Hampshire 2 5 17 39 14 1 743 92 913 New Jersey 6 30 654 731 18 2 899 94 2,434 New Mexico 434 10 125 2,382 54 3 1,020 640 4,668 New York 153 1,128 11,127 10,176 677 21 14,935 380 38,597 North Carolina - - - - - - - - - North Dakota 189 2 61 29 21 4 459 87 852 Ohio 15 50 4,638 759 539 14 11,174 1,235 18,424 Oklahoma 590 43 1,206 1,623 2,486 26 5,237 121 11,332 Oregon 172 52 331 852 145 35 4,826 1,556 7,969 Pennsylvania 7 42 1,102 655 65 1 2,747 421 5,040 Puerto Rico 5 0 33 3,173 3 0 88 170 3,472 Rhode Island 14 25 299 512 52 1 983 62 1,948 South Carolina 17 20 4,105 580 97 8 5,302 801 10,930 South Dakota 440 1 25 65 90 2 372 33 1,028 Tennessee - - - - - - - - - Texas 80 321 9,571 17,326 398 64 13,042 1,438 42,240 Utah 135 55 217 1,359 81 137 4,346 57 6,387 Vermont 0 6 23 6 0 0 465 56 556 Virginia 2 25 893 443 30 7 2,148 334 3,882 Washington 126 44 223 497 154 65 1,628 249 2,986 West Virginia 0 2 174 37 97 2 4,457 52 4,821 Wisconsin 127 44 578 273 51 1 1,673 578 3,325 Wyoming 21 2 13 64 0 2 484 27 613 National 5,723 4,633 85,826 83,314 9,519 1,192 194,164 25,092 409,463 Reporting States 48 48 48 48 48 48 48 47 48Child Maltreatment 2022 chApter 5: Perpetrators 73 Table 5–4 Perpetrators by Race or Ethnicity, 2022 State American Indian or Alaska Native Percent Asian PercentBlack or African- American PercentHispanic Percent Two or More Races PercentNative Hawaiian or Other Pacific Islander Percent White PercentUnknown Percent Alabama 0.1 0.2 27.5 3.8 0.6 0.1 65.0 2.8 Alaska 52.2 0.7 3.1 0.3 4.5 2.1 26.8 10.3 Arizona 4.7 0.4 9.8 0.3 2.4 0.3 54.6 27.4 Arkansas 0.1 0.2 19.9 6.8 5.1 0.5 63.6 3.8 California 1.0 2.9 13.7 47.6 0.0 0.3 25.7 8.7 Colorado - - - - - - - - Connecticut 0.1 0.8 23.9 30.2 1.7 0.1 39.2 3.9 Delaware 0.0 0.4 45.2 15.3 0.2 0.0 38.8 - District of Columbia 0.0 0.1 71.7 8.9 0.2 0.0 1.1 18.1 Florida 0.1 0.5 28.0 14.7 1.1 0.1 48.8 6.6 Georgia 0.1 0.3 39.4 6.5 0.9 0.1 48.7 3.9 Hawaii 0.5 10.7 1.9 4.3 25.7 27.1 22.0 7.8 Idaho 2.1 0.2 1.1 10.3 1.2 0.1 62.3 22.7 Illinois 0.0 1.2 30.7 16.3 0.9 0.0 49.0 1.9 Indiana 0.0 0.4 18.8 6.7 2.3 0.1 70.5 1.1 Iowa 1.4 0.7 14.1 7.9 1.1 0.5 73.2 1.1 Kansas 0.9 0.8 12.0 12.2 1.8 0.2 65.3 6.8 Kentucky 0.1 0.2 9.4 2.9 2.6 0.1 82.9 2.0 Louisiana 0.3 0.2 45.5 2.5 0.4 0.0 46.5 4.6 Maine 1.3 0.4 2.6 2.6 2.3 0.2 76.2 14.5 Maryland - - - - - - - - Massachusetts 0.1 1.7 13.8 26.7 2.2 0.1 42.7 12.6 Michigan 0.5 0.5 31.1 6.4 4.8 0.0 56.2 0.4 Minnesota 7.7 3.0 15.7 12.1 10.6 0.1 48.4 2.5 Mississippi 0.2 0.1 35.8 2.1 0.4 0.0 50.1 11.2 Missouri 0.3 0.2 12.2 6.3 0.3 0.2 71.9 8.6 Montana 16.6 0.1 0.9 3.5 2.2 0.2 55.7 20.7 Nebraska 6.1 0.8 13.1 14.9 3.7 0.1 51.5 9.8 Nevada 0.5 1.6 27.5 24.8 2.2 1.4 33.9 8.1 New Hampshire 0.2 0.5 1.9 4.3 1.5 0.1 81.4 10.1 New Jersey 0.2 1.2 26.9 30.0 0.7 0.1 36.9 3.9 New Mexico 9.3 0.2 2.7 51.0 1.2 0.1 21.9 13.7 New York 0.4 2.9 28.8 26.4 1.8 0.1 38.7 1.0 North Carolina - - - - - - - - North Dakota 22.2 0.2 7.2 3.4 2.5 0.5 53.9 10.2 Ohio 0.1 0.3 25.2 4.1 2.9 0.1 60.6 6.7 Oklahoma 5.2 0.4 10.6 14.3 21.9 0.2 46.2 1.1 Oregon 2.2 0.7 4.2 10.7 1.8 0.4 60.6 19.5 Pennsylvania 0.1 0.8 21.9 13.0 1.3 0.0 54.5 8.4 Puerto Rico 0.1 0.0 1.0 91.4 0.1 0.0 2.5 4.9 Rhode Island 0.7 1.3 15.3 26.3 2.7 0.1 50.5 3.2 South Carolina 0.2 0.2 37.6 5.3 0.9 0.1 48.5 7.3 South Dakota 42.8 0.1 2.4 6.3 8.8 0.2 36.2 3.2 Tennessee - - - - - - - - Texas 0.2 0.8 22.7 41.0 0.9 0.2 30.9 3.4 Utah 2.1 0.9 3.4 21.3 1.3 2.1 68.0 0.9 Vermont 0.0 1.1 4.1 1.1 0.0 0.0 83.6 10.1 Virginia 0.1 0.6 23.0 11.4 0.8 0.2 55.3 8.6 Washington 4.2 1.5 7.5 16.6 5.2 2.2 54.5 8.3 West Virginia 0.0 0.0 3.6 0.8 2.0 0.0 92.4 1.1 Wisconsin 3.8 1.3 17.4 8.2 1.5 0.0 50.3 17.4 Wyoming 3.4 0.3 2.1 10.4 0.0 0.3 79.0 4.4 National 1.4 1.1 21.0 20.3 2.3 0.3 47.4 6.1 Reporting States - - - - - - - -Child Maltreatment 2022 chApter 5: Perpetrators 74 Table 5–5 Perpetrators by Relationship to Their Victims, 2022 (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 5,769 19 14 138 21 37 396 Alaska 1,639 - 31 - - 9 70 Arizona - - - - - - - Arkansas 5,111 44 12 122 3 13 273 California 38,818 - 169 - 9 - 1,410 Colorado 5,754 14 6 1 2 3 510 Connecticut 3,099 20 15 25 27 81 213 Delaware 556 - - - - 4 35 District of Columbia 958 - 2 - - 4 17 Florida 13,239 26 3 - - 21 1,238 Georgia 6,437 26 28 13 11 50 147 Hawaii 987 - 5 - - 21 46 Idaho 1,548 2 3 13 - 12 15 Illinois 18,920 168 120 - 16 - 1,056 Indiana 11,855 41 25 343 1 47 775 Iowa 6,303 66 10 - 16 67 292 Kansas 1,049 - 6 8 5 - 23 Kentucky 7,050 5 4 194 - 210 633 Louisiana - - - - - - - Maine - - - - - - - Maryland 3,065 - 24 - 36 23 214 Massachusetts 14,225 86 47 - 68 104 924 Michigan 13,747 - 73 902 32 75 1,545 Minnesota 2,738 33 45 14 3 38 227 Mississippi 5,336 25 76 164 16 8 241 Missouri 1,990 24 12 109 45 - 168 Montana 1,665 8 12 - 2 7 14 Nebraska 1,038 10 12 - 3 2 88 Nevada 3,869 - 5 121 15 1 218 New Hampshire 772 - - - - 9 41 New Jersey 1,845 16 5 41 2 - 87 New Mexico 4,003 - 3 1 - 53 135 New York 32,314 228 162 - 79 135 378 North Carolina - - - - - - - North Dakota 701 - 1 19 - - 41 Ohio 11,511 28 67 162 34 - 1,082 Oklahoma 9,110 60 57 - 16 116 612 Oregon 5,300 5 - - - 32 629 Pennsylvania 2,783 19 12 113 15 8 95 Puerto Rico 2,679 - 10 - 25 5 278 Rhode Island 1,539 23 17 - 36 11 128 South Carolina 9,305 1 19 - 15 91 474 South Dakota 846 13 2 - - 3 57 Tennessee 3,710 7 18 410 11 50 88 Texas 31,538 290 60 211 83 - 610 Utah 4,121 12 6 249 23 21 356 Vermont 309 4 4 65 - - 11 Virginia 2,781 64 13 - 11 27 145 Washington 2,537 20 10 1 - - 78 West Virginia 3,540 2 10 - 4 57 374 Wisconsin 1,971 19 11 30 5 6 128 Wyoming 531 2 1 - 2 4 14 National Total 310,511 1,430 1,247 3,469 692 1,465 16,629 National Percent 76.0 0.4 0.3 0.8 0.2 0.4 4.1 Reporting States 48 35 45 25 34 38 48Child Maltreatment 2022 chApter 5: Perpetrators 75 Table 5–5 Perpetrators by Relationship to Their Victims, 2022 State Other Other Professional RelativeUnmarried Partner of Parent U n k n o w n Total Perpetrators Alabama 604 16 712 288 148 8,162 Alaska 39 - 96 63 17 1,964 Arizona - - - - - - Arkansas 694 34 824 273 232 7,635 California 2 - 2,078 2,803 - 45,289 Colorado 328 1 717 4 740 8,080 Connecticut 217 46 146 201 - 4,090 Delaware 67 - 116 51 - 829 District of Columbia 12 - 23 - - 1,016 Florida 660 141 837 895 1,587 18,647 Georgia 515 22 471 177 - 7,897 Hawaii 47 - 33 - 5 1,144 Idaho 1 - 50 49 9 1,702 Illinois 459 64 1,379 917 260 23,359 Indiana 831 16 821 - 547 15,302 Iowa 272 - 445 525 7 8,003 Kansas 214 - 222 - 24 1,551 Kentucky 76 - 597 528 102 9,399 Louisiana - - - - - - Maine - - - - - - Maryland 631 - 628 - 1,346 5,967 Massachusetts 457 62 653 771 414 17,811 Michigan 215 2 930 893 3 18,417 Minnesota 85 1 334 234 16 3,768 Mississippi 208 21 874 307 335 7,611 Missouri 457 21 354 286 159 3,625 Montana 21 - 64 77 - 1,870 Nebraska 60 - 55 51 19 1,338 Nevada 1 - 155 249 9 4,643 New Hampshire - - 30 16 45 913 New Jersey 54 44 175 142 23 2,434 New Mexico 41 - 183 197 52 4,668 New York 551 - 2,393 2,324 33 38,597 North Carolina - - - - - - North Dakota - - 20 - 70 852 Ohio 2,291 96 2,142 - 1,011 18,424 Oklahoma 724 6 505 44 82 11,332 Oregon - - 357 136 1,510 7,969 Pennsylvania 529 100 910 379 77 5,040 Puerto Rico 15 10 100 1 349 3,472 Rhode Island 78 - 34 81 1 1,948 South Carolina 337 - 382 305 1 10,930 South Dakota 17 - 28 44 18 1,028 Tennessee 1,459 5 1,001 66 3 6,828 Texas 1,076 194 5,017 3,040 121 42,240 Utah 548 11 720 257 63 6,387 Vermont 64 1 50 33 15 556 Virginia 232 56 324 117 112 3,882 Washington 37 - 96 206 1 2,986 W est Virginia 313 4 296 22 199 4,821 Wisconsin 263 11 311 273 297 3,325 Wyoming 27 1 30 1 - 613 National Total 15,829 986 28,718 17,326 10,062 408,364 National Percent 3.9 0.2 7.0 4.2 2.5 100.0 Reporting States 45 26 48 41 41 48 chApter 6: Services 76 Child Maltreatment 2022 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 or crosswalk to the NCANDS services categories. In this chapter, services are examined from two perspectives: (1) Prevention services –consists of aggregated data from states about the use of various funding streams for prevention services, which are provided to parents whose children are at risk of abuse and neglect. These services are designed to improve child-rearing competencies of the parents and other caregivers via education on the developmental stages of childhood and the provision of other types of assistance. (2) Postresponse services –consists of case-level data about children who receive services as a result of an investigation response or alternative response. Postresponse services address the safety of the child and usually are based on an assessment of the family’s situation, including service needs and family strengths. Prevention Services (duplicate count of children) States and local agencies determine who will receive prevention services, which services will be offered, and how the services will be provided. Prevention services may be funded by the state or the following federal programs: ■Section 106 of Title I of the Child Abuse Prevention and Treatment Act (CAPTA), asamended [P.L. 100–294] (State Grant): Under this program, states perform a range of prevention activities, including addressing the needs of infants born with prenatal drug exposure, referring children not at risk of imminent harm to community services, implementing criminal record checks for prospective foster and adoptive parents and other adults in their homes, training child protective services workers, protecting the legal rights of families and alleged perpetrators, and supporting citizen review panels. CAPTA requires states to convene multidisciplinary teams to review the circumstances of child fatalities in the state and make recommendations. ■Title II of CAPTA, as amended [P.L. 100–294]: The Community-Based Child AbusePrevention Grants (CBCAP) provides funding to a lead state agency (designated by the governor) to support community-based efforts to develop, operate, expand, enhance, and CHAPTER 6Child Maltreatment 2022 chApter 6: Services 77 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 IV–E of the Social Security Act as amended [P.L.115–123] Family First Prevention Services Act (FFPSA): This act authorized new optional title IV–E funding for time-lim-ited prevention services for mental health, substance abuse, and in-home parent skill-based programs for children or youth who are candidates for foster care, pregnant or parenting youth in foster care, and the parents or kin caregivers of those children and youth. States do not report these services to NCANDS. ■Title XX of the Social Security Act, [P.L. 93–647], Social Services Block Grant (SSBG): This grant is a flexible funding source that allows states and territories to tailor social ser - vice programming to their population’s needs. Through the SSBG, states provide 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. States are asked to provide unique and mutually exclusive counts (e.g., if reporting a child in the child count, the child is not also included in the family count) within each source. However, because a child or family may receive multiple services, there may be duplication across funding sources. Based on data from 45 states, the FFY 2022 estimated total child recipients of prevention services is 1,922,792. See table 6–1 and related notes. This is an increase from the FFY 2021 estimated total child recipients of 1,761,128, based on data from 45 states. For 2022, the average number of own children under 18 in families is 1.94. 20 20 Source: U.S. Census Bureau, Current Population Survey. (2022). Annual Social and Economic Supplement AVG3. Average Number of People per Family Household with Own Children Under 18, by Race and Hispanic Origin, Marital Status, Age, and Education of Householder: 2022 [data file]. Retrieved March 2023 from https://www.census.gov/data/tables/2022/demo/families/cps-2022.htmlChild Maltreatment 2022 chApter 6: Services 78 The funding source with the largest number of estimated total child recipients is Community- Based Child Abuse Prevention Grants (CBCAP) with 38 states reporting 561,247 estimated recipients. The Promoting Safe and Stable Families (PSSF) source has 36 states reporting an estimated total child recipients of 483,862. 21 Due to the nature of these funds and the ways states use them, the number of recipients fluctuates from one year to the next. Information about state increases and decreases in recipients and funding may be found in Appendix D, State Commentary. States continue to work on improving the ability to measure prevention services. Some of the difficulties with collecting and reporting these elements are listed below: ■CPS agencies may contract out some or all prevention services to local community-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. 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. 22 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 disposition date or (2) began more than 90 days after the disposition date. During FFY 2022, 897,486 children received postresponse services from a CPS agency. Fifty- one states reported 55.0 percent of duplicate victims received postresponse services and 20.3 percent of duplicate nonvictims received postresponse services. See table 6–2 and related notes. This is a decrease from FFY 2021 when 50 states reported 1,051,818 children who received postresponse services. Comments provided by states attribute changes in FFY 2022 data when compared with 2021 are due to improved reporting. One state was previously reporting services that did not continue past the disposition date. 23 Children who received postresponse services are counted per response by CPS and may be counted more than once. States provide data on the start of postresponse services. 21 P.L. 116–94 Family First Transition Act of 2020 renamed this program to Marylee Allen Promoting Safe and Stable Families. 22 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 23 CaliforniaChild Maltreatment 2022 chApter 6: Services 79 Table 6–3 calculates the national average by dividing the total number of days to services by the number of children who received services on or after the report date (mean). Based on data from 45 states, the average number of days from receipt of a report to initiation of services for FFY 2022 is 40 days and a midpoint (median) of 22 days. See table 6–3 and related notes. This is a increase from FFY 2021 when 44 states reported an average of 29 days and a median of 18 days. Several states provided comments about the increase in days to services receipt and attributed the increase to: only counting the children with services during the reporting period, improved data entry, a new Comprehensive Child Welfare System (CCWIS), new service interface, and the addition of three services to the service array. Table 6–4 displays the number of children who received foster care services and are removed from home. Only the children who are removed from their home on or after the report date are counted. This is because some children were already in foster care when the allegation of maltreatment was made, and readers and researchers want to know the number of children who were removed as a result of the investigation or alternative response. Readers interested in more complete adoption and foster care statistics should refer to the Adoption and Foster Care Analysis and Reporting System (AFCARS) data at https://www.acf.hhs.gov/cb/data-research/adoption-fostercare . AFCARS collects case-level information on all children in foster care and those who are adopted with title IV–E agency involvement. Based on FFY 2022 data from 49 states, 104,747 victims (19.6%) and 40,702 nonvictims (1.4%) were removed from their homes. For FFY 2021, 48 states reported 113,324 victims (20.2%) and 43,252 nonvictims (1.6%) 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-five states reported 51,193 victims (19.0%) have court-appointed representatives. See table 6–5 and related notes. This is a decrease from FFY 2021 when 25 states reported 52,222 victims (19.7%) had court-appointed representatives. The representatives act on behalf of a child in court proceedings and make recommendations to the court in the best interests of the child. According to states, Guardians ad Litem, children’s attorneys, and Court Appointed Special Advocates (CASAs) are included in these counts to NCANDS. These numbers are likely to be an undercount given the statutory requirement in CAPTA that says, “in every case involving a victim of child abuse or neglect which results in a judicial proceeding, a guardian ad litem who has received training appropriate to the role, including training in early childhood, child and adolescent development, and who may be an attorney Child Maltreatment 2022 chApter 6: Services 80 or a court-appointed special advocate who has received training appropriate to that role (or both), shall be appointed to represent the child in such proceedings…” States provide the following possible reasons for not reporting data: ■The data is provided by contracted vendors and is not available at the child level. ■The lack of a centralized database. ■The court system is not able to interface with the child welfare system. ■The court system does not record information at the child level. The NCANDS Technical Team is continuing to work with states on improving reporting in this area. History of Receiving Services (unique count of victims) Two data elements in the Agency File collect information on histories of victims with prior CPS involvement. For FFY 2022, 28 states reported 49,703 victims (15.2%) received fam - ily preservation services within the previous 5 years. This is an increase from FFY 2021 when 29 states reported 45,440 victims (14.0%) received family preservation services. See table 6–6 and related notes. Several states subcontract family preservation services to outside vendors and are not able to report this data to NCANDS. FFY 2022 data from 37 states show 18,327 victims (4.8%) were reunited with their families within the previous 5 years. This is similar to FFY 2021 when 38 states reported 19,588 victims (4.8%) were reunited. See table 6–7 and related notes. Part C of the Individuals with Disabilities Education Act (IDEA) (unique count of victims) Federal guidance asks for states to report the number of victims who are younger than 3 years who are eligible for and referred to agencies providing early intervention services under Part C of the Individuals with Disabilities Education Act. However, some states have policies in place to allow older children to be considered eligible for referral and receipt of these services and these states may report victims who are older than 3 years. NCANDS uses the following definitions: ■Number of Children Eligible for Referral to Agencies Providing Early 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-eight states reported 88,725 victims who are eligible for referral to agencies providing early intervention services and 32 states reported 37,588 victims who are referred. Of the states that are able to report both the victims who are eligible and referred (31 states), 57.9 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.Child Maltreatment 2022chApter 6: Services 81 General During data analyses, thresholds are set to ensure data quality is balanced with the need to report data from as many states as possible. States may be excluded from an analysis for data quality issues. Exclusion rules are listed in the table notes below. Not every table has exclu-sion rules or notes. ■The data for all tables 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 for this analysis. Table 6–1 Children Who Received Prevention Services by Funding Source, 2022 ■Data is from the Agency File. ■The number of total recipients is a duplicate count. ■Children may be counted more than once, under a single funding source and across fund - ing sources. ■Children who received prevention services may have received them via CPS or otheragencies. ■Funds used for public service announcements or campaigns are not included in NCANDSreporting. ■Some programs maintain their data as counts of families rather than counts of children. If afamily count was provided, the number of families was multiplied by the average number ofchildren per family (1.94) and used as the estimate of the number of children who receivedservices or added to any counts of children that were also provided. The estimated total childrecipient count by funding source is a sum of the reported child count and the calculatedchild count. Table 6–2 Children Who Received Postresponse Services, 2022 ■The numbers of victims and nonvictims are duplicate counts. ■A child is counted each time that a CPS response is completed and services are provided. ■This analysis includes only those services that continue past or are initiated after thecompletion of the CPS response. ■States are excluded from this analysis if they report fewer than 1.0 percent of victims orfewer than 1.0 percent of nonvictims with postresponse services. ■A couple of states reported that 100.0 percent of its victims, nonvictims, or both receivedservices. These states may be reporting case management services and information andreferral services for all children who received a CPS response. Table 6–3 Average and Median Number of Days to Initiation of Services, 2022 ■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 reportdate. The subset is created by excluding any report with a service date prior to the report date. ■The average is displayed at the state and national level. The state average is rounded toa whole day. The national average is calculated by dividing the total number of days to chApter 6: Services 82 Child Maltreatment 2022services 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, 2022 ■The numbers of victims and nonvictims are a duplicate count. ■A child is counted each time that a CPS response is completed and services are provided. ■Only the children who are removed from their home on or after the report and up to 90 days after the disposition date are counted. ■States are excluded from this analysis if fewer than 1.0 percent of victims received foster care services. ■States were excluded from this analysis if more than 25.0 percent of victims with foster care services or more than 70.0 percent of nonvictims with foster care services did not have a removal date. Table 6–5 Victims with Court-Appointed Representatives, 2022 ■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, 2022 ■Data is from the Child File and Agency File. ■The number of victims is a unique count. Table 6–7 Victims Who Were Reunited with Their Families within the Previous 5 Years, 2022 ■Data is from the Child File and the Agency File. ■The number of victims is a unique count. Table 6–8 IDEA: Victims Who Were Eligible and Victims Who Were Referred to Part C Agencies, 2022 ■Data is from the Agency File. ■The number of victims is a unique count. chApter 6: Services 83 Child Maltreatment 2022 Table 6–1 Children Who Received Prevention Services by Funding Source, 2022 (continues next page) State Child Abuse and Neglect State Grant (State Grant) Children State Grant Calculated Child Count State Grant Estimated Total Child Recipients Community-Based Child Abuse Prevention Grants (CBCAP) ChildrenCBCAP Calculated Child CountCBCAP Estimated Total Child Recipients Alabama - 1,197 1,197 1,634 - 1,634 Alaska - - - 354 - 354 Arizona - - - - 5,449 5,449 Arkansas 19 175 194 - 1,752 1,752 California - 1,383 1,383 1,933 4,988 6,921 Colorado - - - - - - Connecticut 37,202 - 37,202 - 378 378 Delaware - - - - - - District of Columbia 54 - 54 - - - Florida - - - - - - Georgia 13,176 44,240 57,416 6,963 21,759 28,722 Hawaii - - - - 1,502 1,502 Idaho - - - 5,143 8,239 13,382 Illinois 2,632 4,437 7,069 5,252 7,964 13,216 Indiana 23,588 - 23,588 3,642 - 3,642 Iowa - 142 142 - 1,410 1,410 Kansas - - - - - - Kentucky - - - 1,160 - 1,160 Louisiana - - - 18,636 30,285 48,921 Maine - - - - - - Maryland - - - - - - Massachusetts - - - - - - Michigan 2,225 5,958 8,183 177,575 32,012 209,587 Minnesota 3,812 - 3,812 8,278 - 8,278 Mississippi - - - 3,147 8,270 11,417 Missouri - - - 648 - 648 Montana - - - 959 1,020 1,979 Nebraska - - - 3,143 - 3,143 Nevada 42 - 42 1,785 - 1,785 New Hampshire - - - 2,730 - 2,730 New Jersey - 1,868 1,868 62,679 47,827 110,506 New Mexico - - - 131 - 131 New York - - - 2,278 4,456 6,734 North Carolina - - - 229 275 504 North Dakota - - - 217 2,089 2,306 Ohio - - - 1,284 1,385 2,669 Oklahoma - - - - 871 871 Oregon - - - - - - Pennsylvania - - - 4,078 - 4,078 Puerto Rico 5,224 44,216 49,440 994 4,928 5,922 Rhode Island - - - - - - South Carolina - - - - - - South Dakota - - - 1,165 918 2,083 Tennessee - - - - - - Texas - - - 887 1,989 2,876 Utah - - - 11,558 - 11,558 Vermont - - - - - - Virginia 54,900 - 54,900 1,179 5,461 6,640 Washington 4,354 - 4,354 - 2,031 2,031 West Virginia 7,558 11,112 18,670 22,830 - 22,830 Wisconsin - - - - - - Wyoming - - - 3,500 7,997 11,497 National 154,786 114,728 269,514 355,991 205,256 561,247 Reporting States 13 10 17 31 25 38Child Maltreatment 2022 chApter 6: Services 8 4 Table 6–1 Children Who Received Prevention Services by Funding Source, 2022 (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 - 35,479 35,479 13,768 - 13,768 Alaska 243 163 406 125 4,210 4,335 Arizona - 7,463 7,463 - - - Arkansas 20 522 542 - 60,159 60,159 California 6,237 43,239 49,476 - - - Colorado - - - - - - Connecticut 48,383 - 48,383 - - - Delaware 1,843 - 1,843 - 811 811 District of Columbia 149 - 149 - - - Florida 32,453 - 32,453 - - - Georgia 15,358 - 15,358 - - - Hawaii - - - - - - Idaho 809 - 809 109 - 109 Illinois - - - 4,894 7,979 12,873 Indiana 1,775 - 1,775 15 - 15 Iowa - 1,042 1,042 - - - Kansas 1,757 - 1,757 - - - Kentucky 618 - 618 - - - Louisiana 2,704 3,325 6,029 6,049 - 6,049 Maine - - - - - - Maryland - - - 13,433 - 13,433 Massachusetts - - - - - - Michigan 11,756 9,423 21,179 - - - Minnesota 1,907 - 1,907 10,937 - 10,937 Mississippi 537 - 537 - - - Missouri - - - - - - Montana 2,310 3,603 5,913 - - - Nebraska - 14,125 14,125 - - - Nevada 7,174 - 7,174 24,109 - 24,109 New Hampshire 120 - 120 413 - 413 New Jersey - - - - - - New Mexico 2,138 - 2,138 - - - New York - - - - - - North Carolina 2,015 3,116 5,131 1,040 2,018 3,058 North Dakota - 3,944 3,944 - - - Ohio - - - 35,097 - 35,097 Oklahoma 140 386 526 - - - Oregon - 1,808 1,808 - 3,449 3,449 Pennsylvania 3,919 - 3,919 147,277 - 147,277 Puerto Rico 1,398 3,251 4,649 1,098 3,641 4,739 Rhode Island - 2,797 2,797 - - - South Carolina - - - - - - South Dakota - - - - - - Tennessee - - - - - - Texas 18,403 31,422 49,825 - - - Utah - - - - - - Vermont - - - - - - Virginia 18,016 31,445 49,461 - - - Washington 5,244 19,759 25,003 - - - West Virginia 27,846 48,651 76,497 31,537 19,790 51,327 Wisconsin - - - - - - Wyoming 1,900 1,727 3,627 4,314 - 4,314 National 217,172 266,690 483,862 294,215 102,058 396,273 Reporting States 29 21 36 16 8 19Child Maltreatment 2022 chApter 6: Services 85 Table 6–1 Children Who Received Prevention Services by Funding Source, 2022 State Other Funding (Other) Children Other Calculated Child Count Other Estimated Total Child Recipients Estimated Total Child Recipients Alabama - - - 52,078 Alaska 137 83 220 5,315 Arizona - 6,866 6,866 19,778 Arkansas - - - 62,647 California 781 8,947 9,728 67,508 Colorado - - - - Connecticut 2,378 58 2,436 88,400 Delaware 2,896 3,021 5,917 8,571 District of Columbia 1,139 - 1,139 1,342 Florida - - - 32,453 Georgia - - - 101,496 Hawaii - - - 1,502 Idaho 141 - 141 14,441 Illinois - - - 33,158 Indiana 8,914 - 8,914 37,934 Iowa - - - 2,594 Kansas 14 - 14 1,771 Kentucky 230 - 230 2,008 Louisiana 2,205 5,601 7,806 68,805 Maine - - - - Maryland - - - 13,433 Massachusetts - - - - Michigan - - - 238,948 Minnesota - - - 24,934 Mississippi 1,197 - 1,197 13,151 Missouri 1,147 - 1,147 1,795 Montana - - - 7,892 Nebraska - - - 17,268 Nevada 15,524 - 15,524 48,634 New Hampshire 1,247 - 1,247 4,510 New Jersey - 5,775 5,775 118,149 New Mexico 2,450 2,937 5,387 7,656 New York 73,940 - 73,940 80,674 North Carolina 3,255 5,948 9,203 17,896 North Dakota - - - 6,250 Ohio - - - 37,766 Oklahoma 3,987 8,804 12,791 14,188 Oregon - 332 332 5,589 Pennsylvania 5,862 - 5,862 161,136 Puerto Rico 789 3,851 4,640 69,391 Rhode Island - - - 2,797 South Carolina - - - - South Dakota - - - 2,083 Tennessee - - - - Texas - - - 52,701 Utah 7,708 - 7,708 19,266 Vermont - - - - Virginia 4,977 8,191 13,168 124,169 Washington - - - 31,388 West Virginia 10,565 - 10,565 179,890 Wisconsin - - - - Wyoming - - - 19,437 National 151,483 60,414 211,897 1,922,792 Reporting States 23 13 26 45Child Maltreatment 2022 chApter 6: Services 86Table 6–2 Children Who Received Postresponse Services, 2022 State Victims Victims Who Received Postresponse ServicesVictims Who Received Postresponse Services Percent Nonvictims Nonvictims Who Received Postresponse ServicesNonvictims Who Received Postresponse Services Percent Alabama 11,941 6,818 57.1 27,629 4,541 16.4 Alaska 2,794 1,494 53.5 9,544 464 4.9 Arizona 13,540 4,620 34.1 51,631 1,015 2.0 Arkansas 9,363 7,781 83.1 55,740 8,084 14.5 California 53,973 34,789 64.5 295,721 61,414 20.8 Colorado 10,572 1,919 18.2 38,824 675 1.7 Connecticut 5,394 5,255 97.4 12,578 11,744 93.4 Delaware 1,104 440 39.9 12,514 1,589 12.7 District of Columbia 1,689 215 12.7 8,002 184 2.3 Florida 25,697 9,405 36.6 276,720 9,003 3.3 Georgia 10,820 8,263 76.4 113,262 66,232 58.5 Hawaii 1,342 784 58.4 4,521 581 12.9 Idaho 2,065 1,231 59.6 10,848 1,017 9.4 Illinois 37,077 17,096 46.1 171,695 27,633 16.1 Indiana 20,184 11,100 55.0 145,902 9,640 6.6 Iowa 13,150 13,150 100.0 43,055 43,055 100.0 Kansas 1,974 1,060 53.7 29,422 7,112 24.2 Kentucky 13,492 9,415 69.8 49,442 3,155 6.4 Louisiana 7,861 4,046 51.5 18,092 1,136 6.3 Maine 4,094 898 21.9 16,516 215 1.3 Maryland 7,080 1,344 19.0 18,567 1,126 6.1 Massachusetts 24,582 22,347 90.9 54,621 32,602 59.7 Michigan 24,916 9,659 38.8 150,151 17,941 11.9 Minnesota 5,521 3,333 60.4 32,587 8,161 25.0 Mississippi 9,797 4,489 45.8 35,338 2,634 7.5 Missouri 4,004 2,352 58.7 70,288 14,617 20.8 Montana 2,913 1,327 45.6 10,703 774 7.2 Nebraska 2,126 1,588 74.7 32,784 12,710 38.8 Nevada 6,273 3,047 48.6 30,095 5,309 17.6 New Hampshire 1,053 618 58.7 14,448 2,028 14.0 New Jersey 3,217 1,655 51.4 86,159 14,088 16.4 New Mexico 6,616 1,650 24.9 25,739 1,723 6.7 New York - - - - - - North Carolina 24,803 16,665 67.2 106,363 21,133 19.9 North Dakota 1,154 705 61.1 4,035 482 11.9 Ohio 24,677 15,071 61.1 98,896 26,953 27.3 Oklahoma 14,240 12,280 86.2 44,436 30,944 69.6 Oregon 11,397 3,447 30.2 46,576 2,949 6.3 Pennsylvania 5,201 1,119 21.5 34,574 2,086 6.0 Puerto Rico 5,127 4,310 84.1 9,276 2,976 32.1 Rhode Island 2,601 1,023 39.3 4,410 539 12.2 South Carolina 15,680 5,210 33.2 67,233 8,293 12.3 South Dakota 1,546 718 46.4 2,933 222 7.6 Tennessee 7,024 7,024 100.0 95,990 89,337 93.1 Texas 55,942 19,595 35.0 267,740 8,124 3.0 Utah 9,253 7,907 85.5 22,223 14,371 64.7 Vermont 761 258 33.9 3,813 509 13.3 Virginia 4,694 1,270 27.1 45,451 2,222 4.9 Washington 3,995 2,109 52.8 56,945 3,800 6.7 West Virginia 5,740 5,555 96.8 44,399 5,461 12.3 Wisconsin 4,259 1,721 40.4 31,890 2,213 6.9 Wyoming 851 701 82.4 3,463 2,794 80.7 National 545,169 299,876 55.0 2,943,784 597,610 20.3 Reporting States 51 51 - 51 51 -Child Maltreatment 2022 chApter 6: Services 87 Table 6–3 Average and Median Number of Days to Initiation of Services, 2022 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 11,359 11,323 41 35 Alaska 1,958 1,958 46 34 Arizona 5,635 4,720 39 15 Arkansas 15,865 15,166 39 40 California 96,203 90,241 58 43 Colorado 2,594 2,356 22 14 Connecticut - - - - Delaware 2,029 2,029 79 65 District of Columbia 399 391 49 35 Florida 18,408 12,497 31 14 Georgia 74,495 73,228 13 6 Hawaii 1,365 1,052 21 2 Idaho 2,248 2,246 27 20 Illinois 44,729 21,070 48 33 Indiana 20,740 20,691 31 19 Iowa 56,205 56,205 25 28 Kansas 8,172 5,172 51 32 Kentucky 12,570 10,838 78 65 Louisiana 5,182 4,885 44 27 Maine 1,113 916 29 10 Maryland - - - - Massachusetts 54,949 37,230 14 14 Michigan 27,600 14,722 44 36 Minnesota 11,494 11,494 63 45 Mississippi 7,123 7,069 28 28 Missouri 16,969 14,877 55 37 Montana 2,101 1,663 48 30 Nebraska 14,298 6,279 56 36 Nevada 8,356 8,035 66 56 New Hampshire 2,646 2,221 60 47 New Jersey 15,743 10,508 50 43 New Mexico 3,373 2,673 31 15 New York - - - - North Carolina - - - - North Dakota 1,187 1,177 57 47 Ohio 42,024 33,420 42 34 Oklahoma 43,224 43,136 50 49 Oregon 6,396 4,997 56 27 Pennsylvania 3,205 2,377 29 29 Puerto Rico 7,286 5,859 84 28 Rhode Island 1,562 1,057 35 21 South Carolina 13,503 7,916 39 42 South Dakota - - - - Tennessee - - - - Texas 27,719 27,208 44 26 Utah - - - - Vermont 767 479 44 17 Virginia 3,492 2,000 38 23 Washington 5,909 4,636 35 21 West V irginia 11,016 6,475 37 22 Wisconsin 3,934 3,934 51 56 Wyoming 3,495 3,467 13 6 National 720,640 601,893 40 22 Reporting States 45 45 45 45Child Maltreatment 2022 chApter 6: Services 88 Table 6–4 Children Who Received Foster Care Postresponse Services and Who had a Removal Date On or After the Report Date, 2022 State Victims Victims Who Received Foster Care Postresponse Services Victims Who Received Foster Care Postresponse Services Percent Nonvictims Nonvictims Who Received Foster Care Postresponse ServicesNonvictims Who Received Foster Care Postresponse Services Percent Alabama 11,941 2,002 16.8 27,629 661 2.4 Alaska 2,794 651 23.3 9,544 288 3.0 Arizona 13,540 2,363 17.5 51,631 191 0.4 Arkansas 9,363 1,478 15.8 55,740 885 1.6 California 53,973 18,144 33.6 295,721 5,426 1.8 Colorado 10,572 1,201 11.4 38,824 188 0.5 Connecticut 5,394 791 14.7 12,578 215 1.7 Delaware 1,104 188 17.0 12,514 62 0.5 District of Columbia 1,689 167 9.9 8,002 45 0.6 Florida 25,697 8,658 33.7 276,720 2,431 0.9 Georgia 10,820 2,468 22.8 113,262 1,503 1.3 Hawaii 1,342 563 42.0 4,521 79 1.7 Idaho 2,065 718 34.8 10,848 161 1.5 Illinois 37,077 5,653 15.2 171,695 1,972 1.1 Indiana 20,184 5,358 26.5 145,902 1,765 1.2 Iowa 13,150 1,551 11.8 43,055 71 0.2 Kansas 1,974 155 7.9 29,422 615 2.1 Kentucky 13,492 698 5.2 49,442 126 0.3 Louisiana 7,861 2,225 28.3 18,092 300 1.7 Maine 4,094 832 20.3 16,516 78 0.5 Maryland 7,080 624 8.8 18,567 130 0.7 Massachusetts 24,582 3,180 12.9 54,621 837 1.5 Michigan 24,916 2,760 11.1 150,151 956 0.6 Minnesota 5,521 1,526 27.6 32,587 1,666 5.1 Mississippi 9,797 1,235 12.6 35,338 309 0.9 Missouri 4,004 1,400 35.0 70,288 3,100 4.4 Montana 2,913 1,093 37.5 10,703 295 2.8 Nebraska 2,126 744 35.0 32,784 925 2.8 Nevada 6,273 2,101 33.5 30,095 634 2.1 New Hampshire 1,053 392 37.2 14,448 251 1.7 New Jersey 3,217 553 17.2 86,159 1,068 1.2 New Mexico 6,616 773 11.7 25,739 396 1.5 New York - - - - - - North Carolina 24,803 3,109 12.5 106,363 388 0.4 North Dakota 1,154 319 27.6 4,035 105 2.6 Ohio 24,677 5,216 21.1 98,896 2,463 2.5 Oklahoma 14,240 2,919 20.5 44,436 41 0.1 Oregon 11,397 2,219 19.5 46,576 673 1.4 Pennsylvania - - - - - - Puerto Rico 5,127 421 8.2 9,276 28 0.3 Rhode Island 2,601 502 19.3 4,410 79 1.8 South Carolina 15,680 2,106 13.4 67,233 681 1.0 South Dakota 1,546 677 43.8 2,933 176 6.0 Tennessee 7,024 1,429 20.3 95,990 3,721 3.9 Texas 55,942 7,351 13.1 267,740 744 0.3 Utah 9,253 921 10.0 22,223 30 0.1 Vermont 761 148 19.4 3,813 158 4.1 Virginia - - - - - - Washington 3,995 1,409 35.3 56,945 1,322 2.3 West Virginia 5,740 1,871 32.6 44,399 617 1.4 Wisconsin 4,259 1,488 34.9 31,890 1,802 5.7 Wyoming 851 397 46.7 3,463 45 1.3 National 535,274 104,747 19.6 2,863,759 40,702 1.4 Reporting States 49 49 49 49 49 49 chApter 6: Services 89 Child Maltreatment 2022 Table 6–5 Victims with Court-Appointed Representatives, 2022 State Victims Victims with Court-Appointed RepresentativesVictims with Court-Appointed Representatives Percent Alabama 11,941 806 6.7 Alaska 2,794 641 22.9 Arizona 13,540 1,327 9.8 Arkansas - - - California 53,973 14,909 27.6 Colorado - - - Connecticut - - - Delaware 1,104 206 18.7 District of Columbia - - - Florida - - - Georgia 10,820 2,237 20.7 Hawaii 1,342 703 52.4 Idaho - - - Illinois - - - Indiana 20,184 4,087 20.2 Iowa 13,150 1,834 13.9 Kansas - - - Kentucky 13,492 3,283 24.3 Louisiana - - - Maine - - - Maryland - - - Massachusetts 24,582 4,290 17.5 Michigan - - - Minnesota 5,521 1,134 20.5 Mississippi 9,797 850 8.7 Missouri - - - Montana 2,913 527 18.1 Nebraska 2,126 824 38.8 Nevada 6,273 528 8.4 New Hampshire 1,053 526 50.0 New Jersey - - - New Mexico 6,616 726 11.0 New York - - - North Carolina - - - North Dakota - - - Ohio 24,677 4,846 19.6 Oklahoma 14,240 1,028 7.2 Oregon 11,397 2,584 22.7 Pennsylvania - - - Puerto Rico - - - Rhode Island 2,601 537 20.6 South Carolina - - - South Dakota - - - Tennessee - - - Texas - - - Utah 9,253 1,471 15.9 Vermont 761 208 27.3 Virginia 4,694 1,081 23.0 Washington - - - West Virginia - - - Wisconsin - - - W yoming - - - National 268,844 51,193 19.0 Reporting States 25 25 - chApter 6: Services 90 Child Maltreatment 2022 Table 6–6 Victims Who Received Family Preservation Services within the Previous 5 Years, 2022 State Victims Victims Who Received Family Preservation Services within the Previous 5 Years Victims Who Received Family Preservation Services within the Previous 5 Years Percent Alabama 11,618 1,067 9.2 Alaska - - - Arizona - - - Arkansas 8,927 1,658 18.6 California 50,869 7,232 14.2 Colorado - - - Connecticut - - - Delaware - - - District of Columbia 1,574 230 14.6 Florida 24,505 4,022 16.4 Georgia 10,524 1,596 15.2 Hawaii - - - Idaho 2,005 1,008 50.3 Illinois 32,433 7,503 23.1 Indiana - - - Iowa - - - Kansas 1,861 435 23.4 Kentucky 12,340 1,217 9.9 Louisiana 7,572 1,433 18.9 Maine - - - Maryland - - - Massachusetts 22,075 7,682 34.8 Michigan - - - Minnesota 5,299 1,812 34.2 Mississippi 9,028 55 0.6 Missouri 3,932 405 10.3 Montana - - - Nebraska 2,026 291 14.4 Nevada 5,851 425 7.3 New Hampshire 1,034 124 12.0 New Jersey 3,146 228 7.2 New Mexico 5,817 409 7.0 New York - - - North Carolina - - - North Dakota - - - Ohio - - - Oklahoma 13,546 488 3.6 Oregon 10,507 671 6.4 Pennsylvania - - - Puerto Rico 4,320 895 20.7 Rhode Island 2,444 669 27.4 South Carolina - - - South Dakota - - - Tennessee 6,924 1,304 18.8 Texas 54,207 6,572 12.1 Utah 8,765 20 0.2 Vermont - - - Virginia - - - Washington 3,389 252 7.4 West Virginia - - - Wisconsin - - - Wyoming - - - National 326,538 49,703 15.2 Reporting States 28 28 - chApter 6: Services 91 Child Maltreatment 2022 Table 6–7 Victims Who Were Reunited with Their Families within the Previous 5 Years, 2022 State Victims Victims Who Were Reunited with Their Families within the Previous 5 Years Victims Who Were Reunited with Their Families within the Previous 5 Years Percent Alabama 11,618 253 2.2 Alaska 2,581 255 9.9 Arizona - - - Arkansas 8,927 173 1.9 California - - - Colorado 9,777 389 4.0 Connecticut 5,032 185 3.7 Delaware 1,077 11 1.0 District of Columbia - - - Florida 24,505 1,930 7.9 Georgia 10,524 437 4.2 Hawaii 1,228 85 6.9 Idaho 2,005 130 6.5 Illinois 32,433 1,706 5.3 Indiana 19,185 1,397 7.3 Iowa - - - Kansas 1,861 269 14.5 Kentucky 12,340 1,153 9.3 Louisiana 7,572 319 4.2 Maine - - - Maryland 6,564 227 3.5 Massachusetts 22,075 1,701 7.7 Michigan - - - Minnesota 5,299 415 7.8 Mississippi 9,028 25 0.3 Missouri 3,932 171 4.3 Montana - - - Nebraska 2,026 173 8.5 Nevada 5,851 497 8.5 New Hampshire 1,034 69 6.7 New Jersey 3,146 162 5.1 New Mexico 5,817 331 5.7 New York - - - North Carolina 23,134 442 1.9 North Dakota - - - Ohio 22,439 1,188 5.3 Oklahoma 13,546 597 4.4 Oregon 10,507 998 9.5 Pennsylvania - - - Puerto Rico 4,320 21 0.5 Rhode Island 2,444 165 6.8 South Carolina 14,572 194 1.3 South Dakota - - - Tennessee 6,924 254 3.7 Texas 54,207 1,043 1.9 Utah 8,765 285 3.3 Vermont - - - Virginia - - - Washington 3,389 367 10.8 West Virginia - - - Wisconsin 4,082 310 7.6 W yoming - - - National 383,766 18,327 4.8 Reporting States 37 37 - chApter 6: Services 92 Child Maltreatment 2022 Table 6–8 IDEA: Victims Who Were Eligible and Victims Who Were Referred to Part C Agencies, 2022 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 3,383 515 15.2 Alaska 671 671 100.0 Arizona 775 64 8.3 Arkansas 2,725 - - California 14,485 1,654 11.4 Colorado 2,378 1,661 69.8 Connecticut 1,266 625 49.4 Delaware - - - District of Columbia 404 5 1.2 Florida - - - Georgia 7,211 6,789 94.1 Hawaii - - - Idaho 672 542 80.7 Illinois - - - Indiana - - - Iowa 3,422 3,422 100.0 Kansas 183 140 76.5 Kentucky 3,409 - - Louisiana 3,378 3,111 92.1 Maine 892 892 100.0 Maryland - - - Massachusetts 4,871 - - Michigan - - - Minnesota 1,631 1,575 96.6 Mississippi 566 319 56.4 Missouri 732 148 20.2 Montana - - - Nebraska 509 509 100.0 Nevada 651 621 95.4 New Hampshire 290 - - New Jersey 672 566 84.2 New Mexico 1,256 884 70.4 New York 10,583 - - North Carolina - 805 - North Dakota 374 360 96.3 Ohio 4,222 4,222 100.0 Oklahoma 3,897 789 20.2 Oregon 2,370 - - Pennsylvania - - - Puerto Rico 617 101 16.4 Rhode Island 624 616 98.7 South Carolina 4,034 2,804 69.5 South Dakota 505 410 81.2 Tennessee - - - Texas - - - Utah 1,562 1,562 100.0 Vermont - - - Virginia - - - Washington 849 200 23.6 West Virginia 1,500 789 52.6 Wisconsin 939 - - Wyoming 217 217 100.0 National 88,725 37,588 42.4 Reporting States 38 32 31 National for States Reporting Both Victims Eligible and Referred 63,538 36,783 57.9 Reporting States for States Reporting Both Victims Eligible and Referred 31 31 -Child Maltreatment 2022 chApter 7: Special Focus 93 T he purpose of this chapter is to highlight analyses of specific subsets of children or data analyses focusing on a specific topic. The analyses in this chapter include both new analyses not presented in the previous chapters as well as existing analyses. The information is presented together in this chapter to allow readers to see the complete analytical picture of the topic. Introduction 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. The purpose of the National Child Abuse and Neglect Data System (NCANDS) project is to collect nationally standardized aggregate and case-level child maltreatment data. This means that states must crosswalk or map their state categories to the broader NCANDS categories and states may have multiple state categories that map to a single NCANDS category. Although states are routinely asked to provide updated mapping as their policies and procedures change, because NCANDS is a voluntary system and there is not a requirement to update mapping forms. The analyses in this chapter review the different dimensions of maltreatment type data to deter - mine if there are any patterns within the data that may assist with targeting specific programs or policies to aid the victims and their families. To fully consider the different dimensions, some analyses use a duplicate count of victims, maltreatment types, or perpetrators which is defined as: ■Duplicate count: Counting each occurrence. For example, a duplicate count of maltreat- ment types may count every substantiated maltreatment type every time it is reported. NCANDS uses the following maltreatment type definitions (see Appendix B, Glossary for these and additional definitions): ■Medical neglect: A type of maltreatment caused by a failure of the caregiver to provide appropriate health care of the child although financially able to do so or offered financial or other resources to do so. ■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. ■Physical abuse: Type of maltreatment that refers to physical acts that caused or could have caused physical injury to a child. ■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 excessive demands on a child’s performance.CHAPTER 7Special Focus Child Maltreatment 2022 chApter 7: Special Focus 94 ■Sexual abuse: A type of maltreatment that refers to the involvement of the child in sexual activity to provide sexual gratification or financial benefit to the perpetrator, including contacts for sexual purposes, molestation, statutory rape, prostitution, pornography, exposure, incest, or other sexually exploitative activities. ■Sex trafficking: A type of maltreatment that refers to the recruitment, harboring, 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. ■Other: The state coding for this maltreatment type is not one of the codes in the NCANDS record layout. According to some states’ policies and legislation, state categories of “other” include threatened harm, threatened abuse, and threat of family violence. Maltreatment Type Substantiations (unique count of victims) Unfortunately, a child may be a victim of abuse and neglect more than once within a federal fiscal year (FFY). Depending on state policy and procedure: ■Some states may open a new report and conduct a new investigation or assessment of the same incident if an allegation is received from more than one report source. ■Some states may consolidate multiple allegations of the same incident into a single investi-gation or assessment. This analysis counts how many substantiations of each selected maltreatment type the victim experienced within FFY 2022. A child is counted each time the child is determined to be a victim of the selected maltreatment type either alone or in a combination with additional maltreatment type(s). Nationally, most victims are reported with a specific maltreatment type once within FFY 2022. Victims of neglect have the most multiple substantiations with 93.2 percent of neglect victims having a single neglect substantiation, 6.0 percent having two substantiations and fewer than 1.0 percent of victims having three substantiations. Victims of sexual abuse have the fewest number of multiple substantiations with 97.9 percent having one sexual abuse substantiation and 2.0 percent having two substations . See table 7–1 and related notes. Maltreatment Type Combinations of Victims (duplicate count of victims) Polyvictimization in child welfare refers to victims who have two or more types of maltreat - ment. A child may be reported to NCANDS with up to four maltreatment types in each record and a victim may have one or up to all four of those maltreatment types substantiated. The purpose of this analysis is to display the most prevalent substantiated maltreatment type combi - nations. Combinations are at the record level to show the result of the investigation for example: ■If a victim has two substantiated reports, one of neglect and one of physical abuse, the victim is counted once in neglect only and once in physical abuse only. ■If a victim has one report with both substantiated neglect and substantiated physical abuse, the victim is counted once in the neglect and physical abuse combination. ■If a victim has two substantiated reports of neglect, the victim is counted twice in neglect only. The FFY 2022 data shows 88.6 percent of victims experience one type of substantiated mal - treatment, although as discussed above, they could have any one type of substantiated mal - treatment multiple times. More than three-fifths of all victims are neglected only. Reviewing state mapping for neglect reveals that the most common state categories that are mapped to Child Maltreatment 2022chApter 7: Special Focus 95the NCANDS category of neglect include a state neglect category, abandonment, inadequate supervision, and infants with prenatal substance exposure. Approximately 10 percent of victims are physically abused only and 8.1 percent are sexually abused only. The most common maltreatment type combination is neglect and physical abuse (4.2%). Neglect and psychological maltreatment (1.7%) and neglect and sexual abuse (1.3%) are the other common combinations. Fewer than 1.0 percent of all victims experience three types of substantiated maltreatment. 24 See table 7–2 , exhibit 7–A , and related notes. Maltreatment Types and Report Sources of Victims (duplicate count of victims and duplicate count of 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. See Chapter 2, Reports, and Appendix B, Glossary, for more information and definitions of report sources. This table analyzes the substantiated maltreatment types of victims reported by report source. This is different from Exhibit 2–E, Report Sources, in chapter 2 because: ■Exhibit 2–E counts screened-in referrals (reports) while table 7–3 counts all substantiatedmaltreatment types in a report. ■Exhibit 2–E analyzes all report sources regardless of whether the report is substantiated,unsubstantiated, etc., while table 7–3 only analyzes the report sources of victims. For all report sources, neglect is the most common maltreatment type. Percentages range from 51.0 percent from mental health personnel to 71.7 from unclassified. For most report sources, physical abuse is the second highest reported maltreatment type with percentages ranging from 11.3 percent from unclassified to 30.4 percent for child daycare providers. There are two exceptions; foster care providers and mental health personnel sources both report sexual abuse as their second highest percentage at 18.0 and 23.7 percent, respectively. This table also highlights the report sources that have more substantiations. As shown in exhibit 2–E, the two report sources with the highest and nearly identical percentages of referrals alleg - ing maltreatment are education personnel (20.7%) and legal and law enforcement personnel (21.2%.). Looking at the counts in table 7–3, legal and law enforcement personnel report more than 2.5 times the number of substantiated maltreatment types than any other report source. See table 7–3 and related notes.Exhibit 7–A Children by Number of Maltreatment Type Combinations, 2022 Fewer than 12 percent of victims have multiple substantiated maltreatment types in the same record Based on data from 52 states. See table 7–2 . 24 The maltreatment type category called remaining combinations has fewer than 300 victims for each combination.Child Maltreatment 2022chApter 7: Special Focus 96Maltreatment Types by Race and Ethnicity (duplicate victims and duplicate maltreatment types) Analyzing the maltreatment types of victims within race and ethnicity shows some differences in the types of substantiated maltreatment. Within each race or ethnicity, most are victims of neglect. Also, most races or ethnicities have physical abuse as the second highest percentage of maltreatment. Black or African-American victims have the highest percentage of physical abuse at 17.1 percent. The exceptions are American Indian or Alaska Native victims, which have a high percentage (13.2%) of psychological maltreatment. Native Hawaiian or Other Pacific Islander victims have some of the largest percentage (19.6%) of the “other” maltreatment type. 25 Hispanic victims have similar percentages for sexual abuse 10.5 percent and physical abuse 10.2 percent. See table 7–4 , exhibit 7–B , and related notes. Victims of Selected Maltreatment Types by Sex and Age (unique count of victims and duplicate count of maltreatment types) In this section the three most common maltreatment types–neglect, physical abuse, and sexual abuse–are analyzed separately by the sex and single year age of victims. For these analyses the victim could have the maltreatment type alone or in combination with additional types of maltreatment. 25 There is variation in the use of the “other” maltreatment type among states. For example, Hawaii accounts for 87.8 percent of the Native Hawaiian or Other Pacific Islander victims with the “other” maltreatment type. According to Hawaiian statutes, the state maltreatment types of threatened harm, threatened abuse, and threat of family violence are mapped to the NCANDS category of “other” maltreatment type. Exhibit 7–B Selected Maltreatment Types of Victims by Known Race or Ethnicity, 2022 Physical abuse is the second largest category for each race or ethnicity except Hispanic and American Indian or Alaska Native Based on data from 50 states. See table 7–4 .Child Maltreatment 2022chApter 7: Special Focus 97Victims of Neglect Nationally, the victims of neglect are split relatively evenly between the sexes with 49.6 percent girls and 50.0 percent boys. Looking at the single year age reveals some differ - ences between the sexes. There is a larger percentage of boys for all ages younger than 11 years ranging from <1 at 51.6 percent to 10 at 50.6 percent. Beginning at age 11, more girls experience neglect ranging from 50.7 percent at age 11 years to 56.9 percent at age 17. See table 7–5 , exhibit 7–C , and related notes. Victims of Physical AbuseNationally, there are slightly more boy victims of physical abuse at 51.5 percent than girl vic - tims at 48.3 percent. Analyzing by single year age shows there is a larger percentage of boys for all ages younger than 11 ranging from <1 at 53.5 percent to 53.2 percent at age 11. Beginning at age 12, more girls are physically abused, ranging from 51.4 percent at age 12 to 60.2 percent at age 17. See table 7–6 , exhibit 7–D , and related notes. Exhibit 7–C Victims of Neglect by Sex and Age, 2022 There are slightly more boys until age 11 when the percentage of girls becomes the majority Based on data from 52 states. See table 7–5 . Child Maltreatment 2022chApter 7: Special Focus 98Victims of Psychological Maltreatment Nationally, there are slightly more girl (52.7%) victims of psychological maltreatment than boy (47.0%) victims. Analyzing by single-year age shows the percentage by sex fluctuates until age 10, when victims are predominately girls and steadily increase to 63.7 percent by age 17. See table 7–7 , exhibit 7–E , and related notes. Exhibit 7–E Victims of Psychological Maltreatment by Sex and Age, 2022 Analyzing by single-year age shows the percentage by sex fluctuates until ages 10 through 17, when victims are predominately girls Based on data from 47 states. See table 7–7 . Exhibit 7–D Victims of Physical Abuse by Sex and Age, 2022 There are slightly more boys until age 12 when the percentage of girls becomes the majority Based on data from 52 states. See table 7–6 .Child Maltreatment 2022chApter 7: Special Focus 99Victims of Sexual Abuse Nationally, most sexual abuse victims are girls, with boys comprising 16.3 percent. There is a larger percentage of girl sexual abuse victims for all single year ages with the percentage of girl victims steadily increasing each year. The percentages range from 55.3 percent for victims <1 to 87.4 percent for age 17. See table 7–8 , exhibit 7–F , and related notes. Maltreatment Types of Victims by Perpetrator Sex (duplicate maltreatment types and duplicate perpetrators) Each child in a report can have up to four different maltreatment types and up to three different perpetrators. For this analysis, a victim is counted for each substantiated maltreatment and each perpetrator. For example, if a victim has substantiated neglect by a female and male perpetrator, the victim will be counted in the victim of neglect type once for the female perpetrator and once for the male perpetrator. If a victim of neglect has two female perpetrators, the victim will be counted twice in the female column on the neglect row in the table. 26 Percentages are calculated against the total number of duplicate perpetrators for each maltreatment type. Slightly more victims are maltreated by (51.9%) by female perpetrators than male perpetra - tors (47.3%) nationally, but analyzing the maltreatment types by perpetrator sex reveals some differences. Most victims with substantiated medical neglect have a female perpetrator at 70.5 percent, compared to 29.1 percent by a male perpetrator. More victims of neglect have female perpetrators (58.5%) than male perpetrators (41.1%). Perpetrator sex is evenly split in victims who are physically abused with 48.9 percent female and 49.5 percent male. Sexual abuse is mostly perpetrated by males (88.7%) with less than 10 percent (8.4%) by female perpetrators. More victims of the “other” maltreatment type have male perpetrators (64.9%) than female perpetrators (34.4%). See table 7–9 and related notes. 26 Also known as a report, child, maltreatment type, perpetrator count. If a victim has more than one perpetrator, the perpetrator may or may not be substantiated for all maltreatment types experienced by the victim.Exhibit 7–F Victims of Sex Abuse by Sex and Age, 2022 Girls are the overwhelming majority of sex abuse victims for all ages Based on data from 52 states. See table 7–8 .Child Maltreatment 2022 chApter 7: Special Focus 1 00Conclusion As shown in this chapter, conducting multidimensional analyses should continue to not only deepen the child welfare field’s understanding of the problem, but also to promote discussion and inform policy and program decision makers about how to best support child welfare involved families. 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 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 an exclusion rule or notes. ■The data for all tables is from the Child File. ■The number of victims is a duplicate count. ■A child may have been the victim of more than one type of maltreatment, therefore, themaltreatment type count is a duplicate count. ■Only substantiated maltreatment types are included in this report and in this chapter eachmaltreatment type is counted for each substantiation. ■The count of victims includes children with dispositions of substantiated or indicated. ■The row labeled Reporting States displays the count of states that provided data for thatanalysis. ■Not every state reports all maltreatment types. ■National totals and calculations appear in a single row labeled National instead of separaterows labeled total, rate, or percent. ■Dashes are inserted into cells without any data. Table 7–1 Victims by Number of Selected Maltreatment Type Substantiations, 2022 ■A child is counted in this analysis if the child is determined to be a victim of the selectedmaltreatment type either alone or in a combination with additional maltreatment type(s). Table 7–2 Maltreatment Type Combinations, 2022 ■A child may be reported with up to four maltreatment types in each record. ■The maltreatment type category called remaining combinations has fewer than 300victims for each combination. ■Combinations are at the record level to show the result of the investigation. Table 7–3 Maltreatment Types of Victims by Report Source, 2022 ■This analysis uses a duplicate count of report sources and substantiated maltreatments. ■States with less than 85.0 percent of known report sources are excluded. ■States with more than 20.0 percent of known report sources reported as “other” areexcluded.Child Maltreatment 2022 chApter 7: Special Focus 101 ■One state is excluded at the state’s request for reporting errors. ■If a child is reported twice with the same report source and substantiated maltreatments, the child is counted both times. ■Nonprofessional report sources are grouped into one category labeled nonprofessional andunclassified report sources are grouped into one category labeled unclassified. Table 7–4 Maltreatment Types of Victims by Known Race or Ethnicity, 2022 ■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 were excluded from this analysis if more than 30.0 percent of victims were reportedwithout a race or ethnicity. Table 7–5 Victims of Neglect by Sex and Age, 2022 ■Unknown gender includes not collected/not applicable, and unknown or missing. ■Age is age at report. This means if a child has two substantiated reports, with a birthday inbetween the two reports, both ages will be counted. ■A child is counted in this analysis if the child is determined to be a victim of neglect eitheralone or in combination with additional maltreatment types. Table 7–6 Victims of Physical Abuse by Sex and Age, 2022 ■Unknown gender includes not collected/not applicable, and unknown or missing. ■Age is age at report. This means if a child has two substantiated reports, with a birthday inbetween the two reports, both ages will be counted. ■A child is counted in this analysis if the child is determined to be a victim of physicalabuse either alone or in combination with additional maltreatment types. Table 7–7 Victims of Psychological Maltreatment by Sex and Age, 2022 ■Unknown gender includes not collected/not applicable, and unknown or missing. ■Age is age at report. This means if a child has two substantiated reports, with a birthday inbetween the two reports, both ages will be counted. ■A child is counted in this analysis if the child is determined to be a victim of psychologicalmaltreatment either alone or in combination with additional maltreatment types. Table 7–8 Victims of Sexual Abuse by Sex and Age, 2022 ■Unknown gender includes not collected/not applicable, and unknown or missing. ■Age is age at report. This means if a child has two substantiated reports, with a birthday inbetween the two reports, both ages will be counted. ■A child is counted in this analysis if the child is determined to be a victim of sexual abuseeither alone or in combination with additional maltreatment types. Table 7–9 Maltreatment Types of Victims by Perpetrator Sex, 2022 ■Unknown gender includes not collected/not applicable, and unknown or missing. ■For this analysis a victim is counted for each substantiated maltreatment and eachperpetrator.Child Maltreatment 2022 chApter 7: Special Focus 1 02 Table 7–1 Victims by Number of Selected Maltreatment Type Substantiations, 2022 Maltreatment TypeReporting States 1 Substantiation 2 Substantiations 3 Substantiations 4 or More Substantiations Total Victims 1 Substantiation Percent2 Substantiations Percent3 Substantiations Percent4 or More Substantiations Percent Neglect 52 387,198 25,067 2,674 506 415,445 93.2 6.0 0.6 0.1 Physical Abuse 52 92,400 2,475 131 20 95,026 97.2 2.6 0.1 0.0 Psychological Maltreatment47 36,869 1,057 86 18 38,030 96.9 2.8 0.2 0.0 Sexual Abuse 52 57,792 1,186 57 9 59,044 97.9 2.0 0.1 0.0 Table 7–2 Maltreatment Type Combinations, 2022 Maltreatment Type Combinations Maltreatment Type Maltreatment Type Percent ONE TYPE - - Medical Neglect only 4,373 0.7 Neglect only 387,580 64.3 Other only 12,984 2.2 Physical Abuse only 59,829 9.9 Psychological Maltreatment only 18,883 3.1 Sexual Abuse only 49,086 8.1 Sex Trafficking only 755 0.1 Unknown only 343 0.1 Total One Type 533,833 88.6 TWO TYPES - - Neglect and Medical Neglect 5,160 0.9 Neglect and Other 5,286 0.9 Neglect and Physical Abuse 25,597 4.2 Neglect and Psychological Maltreatment 10,408 1.7 Neglect and Sexual Abuse 7,534 1.3 Physical Abuse and Other 512 0.1 Physical Abuse and Psychological Maltreatment 5,328 0.9 Physical Abuse and Sexual Abuse 1,254 0.2 Sexual Abuse and Psychological Maltreatment 468 0.1 Remaining combinations two types 1,006 0.2 Total Two Types 62,553 10.4 THREE TYPES - - Neglect, Physical Abuse, and Psychological Maltreatment 2,792 0.5 Physical, Neglect, and Medical Neglect 647 0.1 Neglect, Physical Abuse, and Sexual Abuse 595 0.1 Neglect, Sexual, and Psychological Maltreatment 347 0.1 Remaining combinations three types 1,211 0.2 Total Three Types 5,592 0.9 FOUR TYPES 488 0.1 National 602,466 100.0 Based on data from 52 states. Child Maltreatment 2022 chApter 7: Special Focus 1 03 Table 7–3 Maltreatment Types of Victims by Report Source, 2022 (continues below) Maltreatment TypesChild Daycare ProvidersEducation PersonnelFoster Care ProvidersLegal and Law Enforcement Personnel Medical PersonnelMental Health PersonnelSocial Services PersonnelNon- professional Unclassified Total Medical Neglect 31 1,948 41 1,101 3,439 383 2,053 1,292 969 11,257 Neglect 1,314 42,306 1,296 162,452 55,380 10,993 50,499 46,465 44,649 415,354 Other 53 598 14 7,849 1,243 208 1,463 1,240 815 13,483 Physical Abuse 710 14,541 405 30,265 16,293 2,994 10,541 9,868 7,005 92,622 Psychological Maltreatment 88 4,415 111 16,278 2,228 1,810 4,103 4,931 4,172 38,136 Sexual Abuse 139 8,253 416 19,397 4,886 5,101 6,921 6,190 4,527 55,830 Sex Trafficking 2 105 21 426 90 57 271 58 101 1,131 Unknown 1 23 1 69 84 - 58 94 23 353 National 2,338 72,189 2,305 237,837 83,643 21,546 75,909 70,138 62,261 628,166 Based on data from 48 states. Table 7–3 Maltreatment Types of Victims by Report Source, 2022 Maltreatment TypesChild Daycare Providers PercentEducation Personnel PercentFoster Care Providers PercentLegal and Law Enforcement Personnel PercentMedical Personnel PercentMental Health Personnel PercentSocial Services Personnel PercentNon- professional PercentUnclassified Percent Total Percent Medical Neglect 1.3 2.7 1.8 0.5 4.1 1.8 2.7 1.8 1.6 1.8 Neglect 56.2 58.6 56.2 68.3 66.2 51.0 66.5 66.2 71.7 66.1 Other 2.3 0.8 0.6 3.3 1.5 1.0 1.9 1.8 1.3 2.1 Physical Abuse 30.4 20.1 17.6 12.7 19.5 13.9 13.9 14.1 11.3 14.7 Psychological Maltreatment 3.8 6.1 4.8 6.8 2.7 8.4 5.4 7.0 6.7 6.1 Sexual Abuse 5.9 11.4 18.0 8.2 5.8 23.7 9.1 8.8 7.3 8.9 Sex Trafficking 0.1 0.1 0.9 0.2 0.1 0.3 0.4 0.1 0.2 0.2 Unknown 0.0 0.0 0.0 - 0.1 0.0 0.1 0.1 0.0 0.1 National 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 Based on data from 48 states.Child Maltreatment 2022 Chapter 7: Special Focus 1 04 Table 7–4 Maltreatment Types of Victims by Known Race or Ethnicity, 2022 (continues below) Race or Ethnicity Medical Neglect Neglect Other Physical AbusePsychological Maltreatment Sexual Abuse Sex Trafficking UnknownTotal Maltreatment Types American Indian or Alaska Native 110 7,148 145 908 1,326 427 7 3 10,074 Asian 103 4,310 157 783 265 634 10 1 6,263 Black or African-American 3,052 94,542 4,160 24,088 5,912 8,606 239 131 140,730 Hispanic 2,097 109,542 3,160 15,764 7,912 16,212 207 45 154,939 Two or More Races 625 26,444 1,455 5,867 2,934 2,382 56 12 39,775 Native Hawaiian or Other Pacific Islander 20 820 370 288 213 171 1 - 1,883 White 4,408 181,934 8,139 41,941 16,599 26,492 416 150 280,079 National 10,415 424,740 17,586 89,639 35,161 54,924 936 342 633,743 Based on data from 50 states. Table 7–5 Victims of Neglect by Sex and Age, 2022 Age Boys Girls UnknownTotal Duplicate VictimsBoys Percent Age Girls Percent Age Unknown Percent Age <1 36,939 34,374 309 71,622 51.6 48.0 0.4 1 17,158 15,697 127 32,982 52.0 47.6 0.4 2 16,555 14,869 141 31,565 52.4 47.1 0.4 3 15,480 14,009 110 29,599 52.3 47.3 0.4 4 14,169 12,863 79 27,111 52.3 47.4 0.3 5 13,591 12,551 91 26,233 51.8 47.8 0.3 6 13,417 12,007 68 25,492 52.6 47.1 0.3 7 12,349 11,457 88 23,894 51.7 47.9 0.4 8 11,326 10,879 51 22,256 50.9 48.9 0.2 9 10,603 10,251 53 20,907 50.7 49.0 0.3 10 10,010 9,736 50 19,796 50.6 49.2 0.3 11 9,222 9,523 48 18,793 49.1 50.7 0.3 12 9,166 9,933 40 19,139 47.9 51.9 0.2 13 8,412 10,365 44 18,821 44.7 55.1 0.2 14 7,803 10,262 34 18,099 43.1 56.7 0.2 15 7,157 9,494 27 16,678 42.9 56.9 0.2 16 6,050 8,036 30 14,1 16 42.9 56.9 0.2 17 3,919 5,215 37 9,171 42.7 56.9 0.4 18 and older, unborn, unknown 606 535 69 1,210 50.1 44.2 5.7 National 223,932 222,056 1,496 447,484 50.0 49.6 0.3 Based on data from 52 states. Table 7–4 Maltreatment Types of Victims by Known Race or Ethnicity, 2022 Race or EthnicityMedical Neglect Percent Neglect Percent Other PercentPhysical Abuse PercentPsychological Maltreatment PercentSexual Abuse PercentSex Trafficking PercentUnknown PercentTotal Maltreatment Types American Indian or Alaska Native 1.1 71.0 1.4 9.0 13.2 4.2 0.1 0.0 100.0 Asian 1.6 68.8 2.5 12.5 4.2 10.1 0.2 0.0 100.0 Black or African-American 2.2 67.2 3.0 17.1 4.2 6.1 0.2 0.1 100.0 Hispanic 1.4 70.7 2.0 10.2 5.1 10.5 0.1 0.0 100.0 Two or More Races 1.6 66.5 3.7 14.8 7.4 6.0 0.1 0.0 100.0 Native Hawaiian or Other Pacific Islander 1.1 43.5 19.6 15.3 11.3 9.1 0.1 0.0 100.0 White 1.6 65.0 2.9 15.0 5.9 9.5 0.1 0.1 100.0 National 1.6 67.0 2.8 14.1 5.5 8.7 0.1 0.1 100.0 Based on data from 50 states.Child Maltreatment 2022chApter 7: Special Focus 105 Table 7–6 Victims of Physical Abuse by Sex and Age, 2022 Age Boys Girls UnknownTotal Duplicate VictimsBoys Percent AgeGirls Percent AgeUnknown Percent Age <1 8,205 7,095 34 15,334 53.5 46.3 0.2 1 2,810 2,338 15 5,163 54.4 45.3 0.3 2 2,615 2,128 26 4,769 54.8 44.6 0.5 3 2,629 2,171 14 4,814 54.6 45.1 0.3 4 2,727 2,028 6 4,761 57.3 42.6 0.1 5 2,918 2,221 5 5,144 56.7 43.2 0.1 6 3,051 2,145 14 5,210 58.6 41.2 0.3 7 2,829 2,095 11 4,935 57.3 42.5 0.2 8 2,663 2,044 15 4,722 56.4 43.3 0.3 9 2,551 2,051 16 4,618 55.2 44.4 0.3 10 2,455 1,953 5 4,413 55.6 44.3 0.1 11 2,405 2,110 5 4,520 53.2 46.7 0.1 12 2,389 2,535 12 4,936 48.4 51.4 0.2 13 2,447 3,017 5 5,469 44.7 55.2 0.1 14 2,238 3,292 15 5,545 40.4 59.4 0.3 15 2,128 3,212 7 5,347 39.8 60.1 0.1 16 1,872 2,691 12 4,575 40.9 58.8 0.3 17 1,282 1,951 9 3,242 39.5 60.2 0.3 18 and older, unborn, unknown age 159 126 23 308 51.6 40.9 7.5 National 50,373 47,203 249 97,825 51.5 48.3 0.3 Based on data from 52 states. Table 7–7 Victims of Psychological Maltreatment by Sex and Age, 2022 Age Boys Girls UnknownTotal Duplicate VictimsBoys Percent AgeGirls Percent AgeUnknown Percent Age <1 1,452 1,456 - 2,917 49.8 49.9 - 1 1,218 1,158 7 2,383 51.1 48.6 0.3 2 1,162 1,129 - 2,300 50.5 49.1 - 3 1,083 1,134 4 2,221 48.8 51.1 0.2 4 1,164 1,114 3 2,281 51.0 48.8 0.1 5 1,147 1,149 3 2,299 49.9 50.0 0.1 6 1,226 1,097 6 2,329 52.6 47.1 0.3 7 1,179 1,165 7 2,351 50.1 49.6 0.3 8 1,169 1,139 3 2,311 50.6 49.3 0.1 9 1,091 1,120 3 2,214 49.3 50.6 0.1 10 1,027 1,129 3 2,159 47.6 52.3 0.1 11 1,078 1,155 4 2,237 48.2 51.6 0.2 12 957 1,221 6 2,184 43.8 55.9 0.3 13 890 1,304 2 2,196 40.5 59.4 0.1 14 855 1,264 6 2,125 40.2 59.5 0.3 15 727 1,172 7 1,906 38.1 61.5 0.4 16 652 1,108 7 1,767 36.9 62.7 0.4 17 379 669 2 1,050 36.1 63.7 0.2 18 and older, unborn, and unknown 43 46 4 93 46.2 49.5 4.3 National 18,499 20,729 95 39,323 47.0 52.7 0.2Child Maltreatment 2022Chapter 7: Special Focus 106 Table 7–9 Maltreatment Types of Victims by Perpetrator Sex, 2022 Maltreatment Type Female Male Unknown TotalFemale Percent Total PercentUnclassified PercentTotal Report Sources Percent Medical Neglect 9,575 3,960 54 13,589 70.5 29.1 0.4 100.0 Neglect 317,821 223,285 2,149 543,255 58.5 41.1 0.4 100.0 Other 7,732 14,572 143 22,447 34.4 64.9 0.6 100.0 Physical Abuse 52,842 53,537 1,715 108,094 48.9 49.5 1.6 100.0 Psychological or Emotional Maltreatment 17,354 24,969 111 42,434 40.9 58.8 0.3 100.0 Sexual Abuse 5,095 53,513 1,738 60,346 8.4 88.7 2.9 100.0 Sex Trafficking 144 541 351 1,036 13.9 52.2 33.9 100.0 Unknown 24 24 1 49 49.0 49.0 2.0 100.0 National 410,587 374,401 6,262 791,250 51.9 47.3 0.8 100.0 Based on data from 50 states. Table 7–8 Victims of Sexual Abuse by Sex and Age, 2022 Age Boys Girls UnknownTotal Duplicate Victims Girls Percent Age Boys Percent AgeU nknown Percent Age <1 135 167 - 302 55.3 44.7 - 1 143 182 3 328 55.5 43.6 0.9 2 197 297 - 494 60.1 39.9 - 3 324 737 5 1,066 69.1 30.4 0.5 4 470 1,213 5 1,688 71.9 27.8 0.3 5 578 1,422 3 2,003 71.0 28.9 0.1 6 686 1,591 7 2,284 69.7 30.0 0.3 7 700 1,711 4 2,415 70.8 29.0 0.2 8 720 1,911 17 2,648 72.2 27.2 0.6 9 650 2,397 8 3,055 78.5 21.3 0.3 10 641 3,070 13 3,724 82.4 17.2 0.3 11 658 4,078 19 4,755 85.8 13.8 0.4 12 687 5,114 19 5,820 87.9 11.8 0.3 13 701 6,089 22 6,812 89.4 10.3 0.3 14 713 6,160 19 6,892 89.4 10.3 0.3 15 710 5,997 20 6,727 89.1 10.6 0.3 16 607 4,698 15 5,320 88.3 1 1.4 0.3 17 466 3,286 8 3,760 87.4 12.4 0.2 18 and older, unborn, unknown age 59 214 5 278 77.0 21.2 1.8 National 9,845 50,334 192 60,371 83.4 16.3 0.3 Based on data from 52 states. Appendixes 107 Child Maltreatment 2022 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)T he number of children who were reported to the state during the year as victims of child abuse or neglect. 2)O f the number of children described in paragraph (1), the number with respect to whom such reports were— a)Substantiated; b)Unsubstantiated; or c)Determined to be false. 3) 3) Of the number of children described in paragraph (2)— a)the number that did not receive services during the year under the stateprogram funded under this section or an equivalent state program; b)the number that received services during the year under the state programfunded under this section or an equivalent state program; and c)the number that were removed from their families during the year by disposi - tion of the case. 4) T he number of families that received preventive services, including use of dif - ferential response, from the state during the year. 5)T he number of deaths in the state during the year resulting from child abuse or neglect. 6)O f 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) T he agency response time with respect to each such report with respect to initial investigation of reports of child abuse or neglect. 9)T he response time with respect to the provision of services to families and children where an allegation of child abuse or neglect has been made.APPENDIX A Appendix A: CAPTA Data Items 1 08 Child Maltreatment 202210)F or 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, includingfor entry and advancement in the profession, including advancement tosupervisory 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 casesper child protective service worker and supervisor. 11) T he number of children reunited with their families or receiving family preserva - tion services that, within five years, result in subsequent substantiated reports ofchild abuse or neglect, including the death of the child. 12) T he 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 ofcourt contacts between such individuals and children. 13) T he annual report containing the summary of activities of the citizen review panels of the state required by subsection (c)(6). 14)T he 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)T he number of children referred to a child protective services system under subsection (b)(2)(B)(ii). 16)T he number of children determined to be eligible for referral, and the number of children referred, under subsection (b)(2)(B)(xxi), to agencies providing earlyintervention services under part C of the Individuals with Disabilities EducationAct (20 U.S.C. 1431 et seq.). 17) T he number of children determined to be victims described in subsection (b) (2) (B)(xxiv). 18)T he 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 forthe affected family or caregiver, under subsection (b)(2)(B) (iii). Appendix A: CAPTA Data Items 1 09 Child Maltreatment 2022Glossary 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 Appendix B: Glossary 110 Child Maltreatment 2022Definitions 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. Appendix B: Glossary 111 Child Maltreatment 2022AMERICAN INDIAN or ALASKA NATIVE: A person having origins in any of the original peoples of North and South America (including Central America), and who main - tains tribal affiliation or community attachment. Race may be self-identified or identified by a caregiver. ANONYMOUS REPORT SOURCE: An individual who notifies a CPS agency of sus - pected child maltreatment without identifying himself or herself. ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. Race may be self-identified or identified by a caregiver. ASSESSMENT: A process by which the CPS agency determines whether the child or other persons involved in the report of alleged maltreatment is in need of services. When used as an alternative to an investigation, it is a process designed to gain a greater understanding about family strengths, needs, and resources. BEHAVIOR PROBLEM, CHILD: A child’s behavior in the school or community that adversely affects socialization, learning, growth, and moral development. This risk factor may include adjudicated or nonadjudicated behavior problems such as running away from home or a placement. BIOLOGICAL PARENT: The birth mother or father of the child. BLACK or AFRICAN-AMERICAN: A person having origins in any of the Black racial groups of Africa. Race may be self-identified or identified by a caregiver. BOY: A male child younger than 18 years. CAREGIVER: A person responsible for the care and supervision of a child. CAREGIVER RISK FACTOR: A caregiver’s characteristic, disability, problem, or environ - ment, which could tend to decrease the ability to provide adequate care for a child. CASE-LEVEL DATA: States submit case-level data by constructing an electronic file of child-specific records for each report of alleged child abuse and neglect that received a CPS response. Only completed reports that resulted in a disposition (or finding) as an outcome of the CPS response during the reporting year, are submitted in each state’s data file. The data submission containing these case-level data is called the Child File. CASELOAD: The number of CPS responses (cases) handled by workers. CASE MANAGEMENT SERVICES: Activities for the arrangement, coordination, and monitoring of services to meet the needs of children and their families. CHILD: A person who has not attained the lesser of (a) the age of 18 or (b) the age specified by the child protection law of the state in which the child resides. For sex trafficking victims only, a state may define a child as a person who has not attained the age of 24. Appendix B: Glossary 11 2 Child Maltreatment 2022CHILD ABUSE AND NEGLECT STATE GRANT: Funding to the states for programs serving abused and neglected children, awarded under the Child Abuse Prevention and Treatment Act (CAPTA). May be used to assist states with intake and assessment, screening and investigation of child abuse and neglect reports, improving risk and safety assessment protocols, training child protective service workers and mandated reporters, and improving services to disabled infants with life-threatening conditions. CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) (42 U.S.C. 5101 et seq): The key federal legislation addressing child abuse and neglect, which was origi - nally enacted on January 31, 1974 (P.L. 93–247). CAPTA has been reauthorized and amended several times, most recently on December 20, 2010, by the CAPTA Reauthorization Act of 2010 (P.L. 111–320). CAPTA provides federal funding to states in support of prevention, assessment, investigation, prosecution, and treatment activities for child abuse and neglect. It also provides grants to public agencies and nonprofit organizations, including Tribes, for demonstration programs and projects; and the federal support for research, evaluation, technical assistance, and data collection activities. CHILD AND FAMILY SERVICES REVIEWS (CFSR): The 1994 Amendments to the Social Security Act (SSA) authorized the U.S. Department of Health and Human Services (HHS) to review state child and family service programs to ensure conformity with the requirements in titles IV–B and IV–E of the SSA. Under a final rule, which became effective March 25, 2000, states are assessed for substantial conformity with certain federal require - ments for child protective, foster care, adoption, family preservation and family support, and independent living services. CHILD DAYCARE PROVIDER: A person with a temporary caregiver responsibility, but who is not related to the child, such as a daycare center staff member, family provider, or babysitter. Does not include persons with legal custody or guardianship of the child. CHILD DISPOSITION: A determination made by a social service agency that evidence is or is not sufficient under state law to conclude that maltreatment occurred. A disposition is applied to each child within a report. CHILD DEATH REVIEW TEAM: A state or local team of professionals who review all or a sample of cases of children who are alleged to have died due to maltreatment or other causes. CHILD FILE: A data file submitted by a state to NCANDS. The file contains child-specific records for each report of alleged child abuse and neglect that received a CPS response. Only completed reports that resulted in a disposition (or finding) as an outcome of the CPS response during the reporting year, are submitted in each state’s data file. CHILD IDENTIFIER (Child ID): A unique identification assigned to each child. This identification is not the state’s child identification but is an encrypted identification assigned by the state for the purposes of the NCANDS data collection. CHILD MALTREATMENT: The Child Abuse Prevention and Treatment Act (CAPTA) defini - tion of child abuse and neglect is, at a minimum: Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act, which presents an imminent risk of serious harm. Appendix B: Glossary 11 3 Child Maltreatment 2022CHILD PROTECTIVE SERVICES (CPS) AGENCY: An official state agency having the responsibility to receive and respond to allegations of suspected child abuse and neglect, determine the validity of the allegations, and provide services to protect and serve children and their families. CHILD PROTECTIVE SERVICES (CPS) RESPONSE: CPS agencies conduct a response for all reports of child maltreatment. The response may be an investigation, which determines whether a child was maltreated or is at-risk of maltreatment and establishes if an intervention is needed. The majority of reports receive investigations. A small, but growing, number of reports receive an alternative response, which focuses primarily upon the needs of the family and usually does not include a determination regarding the alleged maltreatment(s). CHILD PROTECTIVE SERVICES (CPS) SUPERVISOR: The manager of the case - worker assigned to a report of child maltreatment at the time of the report disposition. CHILD PROTECTIVE SERVICES (CPS) WORKER: The person assigned to a report of child maltreatment at the time of the report disposition. CHILD RECORD: A case-level record in the Child File containing the data associated with one child.CHILD RISK FACTOR: A child’s characteristic, disability, problem, or environment that may affect the child’s safety. CHILD VICTIM: A child for whom the state determined at least one maltreatment was substantiated or indicated. This includes a child who died of child abuse and neglect. This is a change from prior years when children with dispositions of alternative response victim were included as victims. It is important to note that a child may be a victim in one report and a nonvictim in another report. CHILDREN’S BUREAU: The Children’s Bureau partners with federal, state, tribal, and local agencies to improve the overall health and well-being of our nation’s children and families. It is the federal agency responsible for the collection and analysis of NCANDS data. CLOSED WITH NO FINDING: A disposition that does not conclude with a specific finding because the CPS response could not be completed. COMMUNITY-BASED CHILD ABUSE PREVENTION PROGRAM (CBCAP): This program provides funding to states to develop, operate, expand, and enhance commu- nity-based, prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect. The program was reauthorized, amended, and renamed as part of the CAPTA amendments in 2010. To receive these funds, the Governor must designate a lead agency to receive the funds and implement the program. COMPREHENSIVE ADDICTION AND RECOVERY ACT (CARA): Amended the Child Abuse Prevention and Treatment Act in sections 106(b)(2)(B)(ii) and (iii) and by adding new state reporting requirements to Section 106(d). Appendix B: Glossary 11 4 Child Maltreatment 2022COUNSELING SERVICES: Activities that apply therapeutic processes to individual, family, situational, or occupational problems to resolve the problem or improve individual or family functioning or circumstances. COUNTY OF REPORT: The jurisdiction to which the report of alleged child maltreatment was assigned for a CPS response. COUNTY OF RESIDENCE: The jurisdiction in which the child was residing at the time of the report of maltreatment. COURT-APPOINTED REPRESENTATIVE: A person appointed by the court to represent a child in an abuse and neglect proceeding and is often referred to as a guardian ad litem (GAL). The representative makes recommendations to the court concerning the best interests of the child. COURT-APPOINTED SPECIAL ADVOCATE (CASA): Adult volunteers trained to advocate for abused and neglected children who are involved in the juvenile court. COURT ACTION: Legal action initiated by a representative of the CPS agency on behalf of the child. This includes authorization to place the child in foster care, filing for temporary custody, dependency, or termination of parental rights. It does not include criminal proceed - ings against a perpetrator. DAYCARE SERVICES: Activities provided to a child or children in a setting that meets applicable standards of state and local law, in a center or home, for a portion of a 24-hour day. DISABILITY: A child is considered to have a disability if one of more of the following risk factors has been identified or clinically diagnosed: child has a/an intellectual disability, emotional disturbance, visual or hearing impairment, learning disability, physical disability, behavior problem, or some other medical condition. In general, children with such conditions are undercounted as not every child receives a clinical diagnostic assessment. DISPOSITION: A determination made by a CPS agency that evidence is or is not sufficient under state law to conclude that maltreatment occurred. A disposition is applied to each alleged maltreatment in a report and to the report itself. DOMESTIC VIOLENCE: Any abusive, violent, coercive, forceful, or threatening act or word inflicted by one member of a family or household on another. This risk factor can be applied to a caregiver. In NCANDS, the caregiver may be the perpetrator or the victim of the domestic violence. DRUG ABUSE: The compulsive use of drugs that is not of a temporary nature. This risk factor can be applied to a caregiver or a child. If applied to a child, it can include infants exposed to drugs during pregnancy. DUPLICATE COUNT OF CHILDREN: Counting a child each time he or she was the subject of a report. This count also is called a report-child pair. Appendix B: Glossary 115 Child Maltreatment 2022DUPLICATED COUNT OF PERPETRATORS: Counting a perpetrator each time the perpetrator is associated with maltreating a child. This also is known as a report-child-perpe - trator triad. For example, a perpetrator would be counted twice in the following situations: (1) one child in two separate reports, (2) two children in a single report, and (3) two children in two separate reports. EDUCATION AND TRAINING SERVICES: Services provided to improve knowledge or capacity of a given skill set, in a particular subject matter, or in personal or human develop - ment. Services may include instruction or training in, but are not limited to, such issues as consumer education, health education, community protection and safety education, literacy education, English as a second language, and General Educational Development (G.E.D.). Component services or activities may include screening, assessment, and testing; individual or group instruction; tutoring; provision of books, supplies and instructional material; counseling; transportation; and referral to community resources. EDUCATION PERSONNEL: Employees of a public or private educational institution or program; includes teachers, teacher assistants, administrators, and others directly associated with the delivery of educational services. EMOTIONAL DISTURBANCE: A clinically diagnosed condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree: an inability to build or maintain satisfactory interpersonal relationships; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal problems. The diagnosis is based on the Diagnostic and Statistical Manual of Mental Disorders. This risk factor includes schizophrenia and autism and can be applied to a child or a caregiver. EMPLOYMENT SERVICES: Activities provided to assist individuals in securing employ - ment or the acquiring of skills that promote opportunities for employment. FAMILY: A group of two or more persons related by birth, marriage, adoption, or emotional ties. FAMILY PRESERVATION SERVICES: Services for children and families designed to help families at risk or in crisis. This includes service programs designed to help children return to families, be placed for adoption, or be placed in some other planned, permanent living arrangement. Services also include preplacement preventive services programs, such as intensive family preservation programs, designed to help children at risk of foster care placement remain safely with their families; service programs designed to provide followup care to families to whom a child has been returned after a foster care placement; respite care of children to provide temporary relief for caregivers; services designed to improve parenting skills; and infant safe haven programs. FAMILY REUNIFICATION SERVICES: Services and activities that are provided to a child that is removed from the child’s home and placed in a foster family home or a child care institution or a child who has been returned home and to the parents or primary caregiver of such a child, in order to facilitate the reunification of the child safely and appropriately within a timely fashion and to ensure the strength and stability of the reunification. In the case of a child who has been returned home, the services and activities shall only be provided during the 15-month period that begins on the date that the child returns home. These services Appendix B: Glossary 116 Child Maltreatment 2022include: 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. FAMI LY 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: D eath 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): T he 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 INFORM ATION PROCESSING S TANDARDS (FIPS): The federally defined set of county codes for all states. FINDING: S ee DISPOSITION. FETAL A LCOHOL S PECTRUM D ISORDERS: Scientists define a broad rang e 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/publications/brochures-and-fact-sheets/ understanding-fetal-alcohol-spectrum-disorders FINANCIAL PROBLEM: A risk factor related to the family’ s inability to provide sufficient financial resources to meet minimum needs. FOSTER CARE: Twenty-four-hour substitute care for children placed away from their parents or guardians and for whom the state agency has placement and care responsibility . This includes family foster homes, group homes, emergency shelters, residential facilities, childcare institutions, etc. The NCANDS category applies regardless of whether the facil -ity is licensed and whether payments are made by the state or local agency for the care of the child, or whether there is federal matching of any payments made. Foster care may be provided by those related or not related to the child. All children in care for more than 24 hours are counted. Appendix B: Glossary 117 Child Maltreatment 2022FOSTER PARENT: Individual who provides a home for orphaned, abused, neglected, delinquent, or disabled children under the placement, care, or supervision of the state. The person may be a relative or nonrelative and need not be licensed by the state agency to be considered a foster parent. FRIEND: A nonrelative acquainted with the child, the parent, or caregiver. FULL-TIME EQUIVALENT (FTE): A computed statistic representing the number of full- time employees if the number of hours worked by part-time employees had been worked by full-time employees. GIRL: A female child younger than 18 years. GROUP HOME OR RESIDENTIAL CARE: A nonfamilial 24-hour care facility that may be supervised by the state agency or governed privately. GROUP HOME STAFF: Employee of a nonfamilial 24-hour care facility. GUARDIAN AD LITEM (GAL): See COURT-APPOINTED REPRESENTATIVE. HEALTH-RELATED AND HOME HEALTH SERVICES: Activities provided to attain and maintain a favorable condition of health. HISPANIC ETHNICITY: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. See RACE. HOME-BASED SERVICES: In-home activities provided to individuals or families to assist with household or personal care that improve or maintain family well-being. Includes homemaker, chore, home maintenance, and household management services. HOUSING SERVICES: Activities designed to assist individuals or families to locate, obtain, or retain suitable housing. INADEQUATE HOUSING: A risk factor related to substandard, overcrowded, or unsafe housing conditions, including homelessness. INCIDENT DATE: The month, day, and year of the most recent, known incident of alleged child maltreatment. INDEPENDENT AND TRANSITIONAL LIVING SERVICES: Activities designed to help older youth in foster care or homeless youth make the transition to independent living. INDIVIDUALS WITH DISABILITIES EDUCATION IMPROVEMENT ACT: A law ensuring services to children with disabilities throughout the nation. INFORMATION AND REFERRAL SERVICES: Resources or activities that provide facts about services that are available from public and private providers. The facts are provided after an assessment (not a clinical diagnosis or evaluation) of client needs. Appendix B: Glossary 11 8 Child Maltreatment 2022INDICATED OR REASON TO SUSPECT: A disposition that concludes that maltreatment could not be substantiated under state law or policy, but there was a reason to suspect that a child may have been maltreated or was at-risk of maltreatment. This is applicable only to states that distinguish between substantiated and indicated dispositions. INFANTS WITH PRENATAL SUBSTANCE EXPOSURE (IPSE): Infants born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including a requirement that health care providers involved in the delivery or care of such infants notify the child protec-tive services system of the occurrence of such condition of such infants. IN-HOME SERVICES: Any service provided to the family while the child’s residence is in the home. Services may be provided directly in the child’s home or a professional setting. INTAKE: The activities associated with the receipt of a referral and the decision of whether to accept it for a CPS response. INTELLECTUAL DISABILITY: A clinically diagnosed condition of reduced general cognitive and motor functioning existing concurrently with deficits in adaptive behavior that adversely affect socialization and learning. This risk factor can be applied to a caregiver or a child. INTENTIONALLY FALSE: A disposition that indicates a conclusion that the person who made the allegation of maltreatment knew that the allegation was not true. INVESTIGATION: A type of CPS response that involves the gathering of objective informa - tion to determine whether a child was maltreated or is at-risk of maltreatment and establishes if an intervention is needed. Generally, includes face-to-face contact with the alleged victim and results in a disposition as to whether the alleged maltreatment occurred. INVESTIGATION START DATE: The date when CPS initially had face-to-face contact with the alleged victim. If this face-to-face contact is not possible, the date would be when CPS initially contacted any party who could provide information essential to the investiga-tion or assessment. INVESTIGATION WORKER: A CPS agency person who performs either an investigation response or alternative response to determine whether the alleged victim(s) in the screened-in referral (report) was maltreated or is at-risk of maltreatment. JUSTICE FOR VICTIMS OF TRAFFICKING ACT: Amended the Child Abuse Prevention and Treatment Act under title VIII—Better Response for Victims of Child Sex Trafficking by adding state reporting requirements to Section 106(d). JUVENILE COURT PETITION: A legal document requesting that the court take action regarding the child’s status as a result of the CPS response; usually a petition requesting the child be declared a dependent and placed in an out-of-home setting. Appendix B: Glossary 11 9 Child Maltreatment 2022LEARNING DISABILITY: A clinically diagnosed disorder in basic psychological processes involved with understanding or using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or use mathematical calcula - tions. The term includes conditions such as perceptual disability, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. This risk factor term can be applied to a caregiver or a child. LEGAL GUARDIAN: Adult person who has been given legal custody and guardianship of a minor.LEGAL AND LAW ENFORCEMENT PERSONNEL: People employed by a local, state, tribal, or federal justice agency. This includes police, courts, district attorney’s office, attor - neys, probation or other community corrections agency, and correctional facilities. LEGAL SERVICES: Activities provided by a lawyer, or other person(s) under the supervi - sion of a lawyer, to assist individuals in seeking or obtaining legal help in civil matters such as housing, divorce, child support, guardianship, paternity, and legal separation. LEVEL OF EVIDENCE: The type of proof required by state statute to make a specific finding or disposition regarding an allegation of child abuse and neglect. LIVING ARRANGEMENT: The environment in which a child was residing at the time of the alleged incident of maltreatment. MALTREATMENT TYPE: A particular form of child maltreatment that received a CPS response. Types include medical neglect, neglect or deprivation of necessities, physical abuse, psychological or emotional maltreatment, sexual abuse, sex trafficking, and other forms included in state law. NCANDS conducts analyses on maltreatments that received a disposi - tion of substantiated or indicated. States should not use “8-other” maltreatment type as a flag for maltreatment death. MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM: The Patient Protection and Affordable Care Act of 2010 (P.L. 111–148) authorized the cre-ation of the Maternal, Infant, and Early Childhood Home Visiting program (MIECHV). The program facilitates collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs. MEDICAL NEGLECT: A type of maltreatment caused by failure of the caregiver to provide for the appropriate health care of the child although financially able to do so, or offered financial or other resources to do so. MEDICAL PERSONNEL: People employed by a medical facility or practice. This includes physicians, physician assistants, nurses, emergency medical technicians, dentists, chiroprac - tors, coroners, and dental assistants and technicians. MENTAL HEALTH PERSONNEL: People employed by a mental health facility or prac- tice, including psychologists, psychiatrists, clinicians, and therapists. Appendix B: Glossary 12 0 Child Maltreatment 2022MENTAL HEALTH SERVICES: Activities that aim to overcome issues involving emo - tional disturbance or maladaptive behavior adversely affecting socialization, learning, or development. Usually provided by public or private mental health agencies and includes both residential and nonresidential activities. MILITARY FAMILY MEMBER: A legal dependent of a person on active duty in the Armed Services of the United States such as the Army, Navy, Air Force, Marine Corps, or Coast Guard. MILITARY MEMBER: A person on active duty in the Armed Services of the United States such as the Army, Navy, Air Force, Marine Corps, or Coast Guard. NATIONAL CHILD ABUSE AND NEGLECT DATA SYSTEM (NCANDS): A national data collection system of child abuse and neglect data from CPS agencies. Contains case-level and aggregate data. NATIONAL YOUTH IN TRANSITION DATABASE (NYTD): Public Law 106–169 estab - lished the John H. Chafee Foster Care Independence Program (CFCIP), which provides states with flexible funding to assist youth with transitioning from foster care to self-sufficiency. The law required a data collection system to track the independent living services states provide to youth and outcome measures to assess states’ performance in operating their inde - pendent living programs. The National Youth in Transition Database (NYTD) requires states engage in two data collection activities: (1) to collect information on each youth who receives independent living services paid for or provided by the state agency that administers the CFCIP; and (2) to collect demographic and outcome information on certain youth in foster care whom the state will follow over time to collect additional outcome information. States begin collecting data for NYTD on October 1, 2010 and report data to ACF semiannually. NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. NEGLECT OR DEPRIVATION OF NECESSITIES: A type of maltreatment that refers to the failure by the caregiver to provide needed, age-appropriate care although financially able to do so or offered financial or other means to do so. NEIGHBOR: A person living in close geographical proximity to the child or family. NO ALLEGED MALTREATMENT: A child who received a CPS response, but was not the subject of an allegation or any finding of maltreatment. Some states have laws requiring all children in a household receive a CPS response, if any child in the household is the subject of a CPS response. NONCAREGIVER: A person who is not responsible for the care and supervision of the child, including school personnel, friends, and neighbors. NONPARENT: A person in a caregiver role other than an adoptive parent, biological parent, or stepparent. Appendix B: Glossary 1 21 Child Maltreatment 2022NONVICTIM: A child with a maltreatment disposition of alternative response nonvictim, alternative response victim, unsubstantiated, closed with no finding, no alleged maltreatment, other, and unknown. NONPROFESSIONAL REPORT SOURCE: Persons who did not have a relationship with the child based on their occupation, such as friends, relatives, and neighbors. State laws vary as to whether nonprofessionals are required to report suspected abuse and neglect. OFFICE OF MANAGEMENT AND BUDGET (OMB): The office assists the President of the United States with overseeing the preparation of the federal budget and supervising its administration in Executive Branch agencies. It evaluates the effectiveness of agency programs, policies, and procedures, assesses competing funding demands among agencies, and sets funding priorities. OTHER: The state coding for this field is not one of the codes in the NCANDS record layout. OTHER RELATIVE: A nonparental family member. OTHER MEDICAL CONDITION: A type of disability other than one of those defined in NCANDS (i.e. behavior problem, emotional disturbance, learning disability, intellectual disability, physically disabled, and visually or hearing impaired). The not otherwise classi - fied disability must affect functioning or development or require special medical care (e.g. chronic illnesses). This risk factor may be applied to a caregiver or a child. OTHER PROFESSIONAL: A perpetrator relationship where the relationship with the child is part of the perpetrator’s occupation and is not one of the existing codes in the NCANDS record layout. Examples include clergy member, court staff, counselor, camp employee, doctor, EMS/EMG, teacher, sports coach, service provider, other school personnel, etc. OUT-OF-COURT CONTACT: A meeting, which is not part of the actual judicial hearing, between the court-appointed representative and the child victim. Such contacts enable the court-appointed representative to obtain a first-hand understanding of the situation and needs of the child victim and to make recommendations to the court concerning the best interests of the child. PARENT: The birth mother or father, adoptive mother or father, or stepmother or stepfather of a child. PART C: A section in the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) for infants and toddlers younger than 3 years with disabilities. PERPETRATOR: The person who has been determined to have caused or knowingly allowed the maltreatment of a child. PERPETRATOR AGE: Age of an individual determined to have caused or knowingly allowed the maltreatment of a child. Age is calculated in years at the time of the report of child maltreatment. Appendix B: Glossary 12 2 Child Maltreatment 2022PERPETRATOR AS CAREGIVER: Circumstances whereby the person who caused or knowingly allowed child maltreatment to occur was also responsible for care and supervision of the victim when the maltreatment occurred. PERPETRATOR IDENTIFIER (Perpetrator ID ): A unique, encrypted identification assigned to each perpetrator by the state for the purposes of the NCANDS data collection.PERPETRATOR RELATIONSHIP: Primary role of the perpetrator to a child victim. PETITION DATE: The month, day, and year that a juvenile court petition was filed. PLAN OF SAFE CARE: A plan developed as described in CAPTA sections 106(b)(2)(B)(iii) for infants born and identified as being affected by substance abuse or withdrawal symptoms, or Fetal Alcohol Spectrum Disorder. The state plan section at 106(b)(2)(B)(iii) requires that a plan of safe care addresses the health and substance use disorder treatment needs of the infant and affected family or caregiver. The plan of safe care may be created at any point during an investigation or assessment. This is not considered an NCANDS service field. PHYSICAL ABUSE: Type of maltreatment that refers to physical acts that caused or could have caused physical injury to a child. PHYSICAL DISABILITY: A clinically diagnosed physical condition that adversely affects day-to-day motor functioning, such as cerebral palsy, spina bifida, multiple sclerosis, orthopedic impairments, and other physical disabilities. This risk factor can be applied to a caregiver or a child. POSTRESPONSE SERVICES (also known as Postinvestigation Services): Activities provided or arranged by the child protective services agency, social services agency, or the child welfare agency for the child or family as a result of needs discovered during an investigation. Includes such services as family preservation, family support, and foster care. Postresponse services are delivered within the first 90 days after the disposition of the report. PREVENTION SERVICES: Activities aimed at preventing child abuse and neglect. Such activities may be directed at specific populations identified as being at increased risk of becoming abusive and maybe designed to increase the strength and stability of families, to increase parents’ confidence and competence in their parenting abilities, and to afford children a stable and supportive environment. They include child abuse and neglect preven - tive services provided through federal, state, and local funds. These prevention activities do not include public awareness campaigns. PRIOR CHILD VICTIM: A child victim with previous substantiated or indicated reports of maltreatment. PRIOR PERPETRATOR: A perpetrator with a previous determination in the state’s information system that he or she had caused or knowingly allowed child maltreatment to occur. “Previous” is defined as a determination that took place prior to the disposition date of the report being included in the dataset. Appendix B: Glossary 123 Child Maltreatment 2022PROFESSIONAL REPORT SOURCE: Persons who encountered the child as part of their occupation, such as child daycare providers, educators, legal law enforcement personnel, and medical personnel. State laws require most professionals to notify CPS agencies of suspected maltreatment. PROMOTING SAFE AND STABLE FAMILIES: Program that provides grants to the states under Section 430, title IV–B, subpart 2 of the Social Security Act, as amended, to develop and expand four types of services—community-based family support services; innovative child welfare services, including family preservation services; time-limited reunification services; and adoption promotion and support services. PSYCHOLOGICAL OR EMOTIONAL MALTREATMENT: Acts or omissions—other than physical abuse or sexual abuse—that caused or could have caused—conduct, cognitive, affective, or other behavioral or mental disorders. Frequently occurs as verbal abuse or exces - sive demands on a child’s performance. PUBLIC ASSISTANCE: A risk factor related the family’s participation in social services programs, including Temporary Assistance for Needy Families; General Assistance; Medicaid; Social Security Income; Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); etc. RACE: The primary taxonomic category of which the individual identifies himself or herself as a member, or of which the parent identifies the child as a member. See AMERICAN INDIAN OR ALASKA NATIVE, ASIAN, BLACK OR AFRICAN-AMERICAN, NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER, WHITE, and UNKNOWN. Also, see HISPANIC. RECEIPT OF REPORT: The log-in of a referral to the agency alleging child maltreatment. REFERRAL: Notification to the CPS agency of suspected child maltreatment. This can include more than one child. REFERRAL TO APPROPRIATE SERVICES: As described in CAPTA sections 106(b)(2) (B)(iii), this field indicates whether the infant with prenatal substance exposure has a referral to appropriate services, including services for the affected family or caregiver. According to Administration for Children and Families, the definition of “appropriate services” is deter - mined by each state. This is not considered an NCANDS service field. RELATIVE: A person connected to the child by adoption, blood, or marriage. REMOVAL DATE: The month, day, and year that the child was removed from his or her normal place of residence to a substitute care setting by a CPS agency during or as a result of the CPS response. If a child has been removed more than once, the removal date is the first removal resulting from the CPS response. REMOVED FROM HOME: The removal of the child from his or her normal place of residence to a foster care setting. Appendix B: Glossary 124 Child Maltreatment 2022REPORT: A screened-in referral alleging child maltreatment. A report receives a CPS response in the form of an investigation response or an alternative response. REPORT-CHILD PAIR: Refers to the concatenation of the Report ID and the Child ID, which together form a new unique ID that represents a single unique record in the Child File. REPORT DATE: The day, month, and year that the responsible agency was notified of the suspected child maltreatment. REPORT DISPOSITION: The point in time at the end of the investigation or assessment when a CPS worker makes a final determination (disposition) about whether the alleged maltreatment occurred. REPORT DISPOSITION DATE: The day, month, and year that the report disposition was made. REPORT IDENTIFIER (Report ID): A unique identification assigned to each report of child maltreatment for the purposes of the NCANDS data collection. REPORT SOURCE: The category or role of the person who notifies a CPS agency of alleged child maltreatment. REPORTING PERIOD: The 12-month period for which data is 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 refer - ral may include more than one child. Appendix B: Glossary 12 5 Child Maltreatment 2022SERVICE DATE: The date activities began as a result of needs discovered during the CPS response. SERVICES: See POSTRESPONSE SERVICES and PREVENTION SERVICES. SEXUAL ABUSE: A type of maltreatment that refers to the involvement of the child in sexual activity to provide sexual gratification or financial benefit to the perpetrator, including contacts for sexual purposes, molestation, statutory rape, prostitution, pornography, expo - sure, incest, or other sexually exploitative activities. SEX TRAFFICKING: A type of maltreatment that refers to the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. States have the option to report to NCANDS any sex trafficking victim who is younger than 24 years. SOCIAL SERVICES BLOCK GRANT (SSBG): Funds provided by title XX of the Social Security Act that are used for services to the states that may include child protection, child and foster care services, and daycare. SOCIAL SERVICES PERSONNEL: Employees of a public or private social services or social welfare agency, or other social worker or counselor who provides similar services. STATE: In NCANDS, the primary unit from which child maltreatment data is 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. Appendix B: Glossary 12 6 Child Maltreatment 2022UNIQUE COUNT OF PERPETRATORS: Counting a perpetrator once, regardless of the number of children the perpetrator is associated with maltreating or the number of records associated with a perpetrator. UNKNOWN: The state may collect data on this variable, but the data for this particular report or child were not captured or are missing. UNMARRIED PARTNER OF PARENT: Someone who has an intimate relationship with the parent and lives in the household with the parent of the maltreated child. UNSUBSTANTIATED: An investigation disposition that determines that there was not sufficient evidence under state law to conclude or suspect that the child was maltreated or was at -risk of being maltreated. VISUAL OR HEARING IMPAIRMENT: A clinically diagnosed condition related to a visual impairment or permanent or fluctuating hearing or speech impairment that may affect functioning or development. This term can be applied to a caregiver or a child. VICTIM: A child for whom the state determined at least one maltreatment was substantiated or indicated; and a disposition of substantiated or indicated was assigned for a child in a specific report. This includes a child who died and the death was confirmed to be the result of child abuse and neglect. A child may be a victim in one report and a nonvictim in another report. WHITE: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. Race may be self-identified or identified by a caregiver.WORKER IDENTIFIER (WORKER ID): A unique identification of the worker who is assigned to the child at the time of the report disposition. WORKFORCE: Total number of workers in a CPS agency. Appendix B: Glossary 12 7 Child Maltreatment 2022State 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 2022, 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 2022 dataset is available to researchers from the National Data Archive on Child Abuse and neglect (NDACAN). APPENDIX C Appendix C: State Characteristics 128 Child Maltreatment 2022Child Population Data The child population data for years 2018–2022 is displayed by state in table C–2 . The 2022 child population data for the demographics of age, sex, and race and ethnicity is displayed by state in table C–3 . The adult population is displayed in table C–4 . Appendix C: State Characteristics 129 Child Maltreatment 2022Table C–1 State Administrative Structure, Level of Evidence, and Data Files Submitted, 2022 State HybridState AdministeredState Supervised, County Administered Credible PreponderanceProbable Cause ReasonableAgency File and Child File Alabama - 1 - - 1 - - 1 Alaska - 1 - - 1 - - 1 Arizona - 1 - - - 1 - 1 Arkansas - 1 - - 1 - - 1 California - - 1 - 1 - - 1 Colorado - - 1 - 1 - - 1 Connecticut - 1 - - - - 1 1 Delaware - 1 - - 1 - - 1 District of Columbia - 1 - 1 - - - 1 Florida - 1 - - 1 - - 1 Georgia - 1 - - 1 - - 1 Hawaii - 1 - - - - 1 1 Idaho - 1 - - 1 - - 1 Illinois - 1 - 1 - - - 1 Indiana - 1 - - 1 - - 1 Iowa - 1 - - 1 - - 1 Kansas - 1 - - 1 - - 1 Kentucky - 1 - - 1 - - 1 Louisiana - 1 - - - - 1 1 Maine - 1 - - 1 - - 1 Maryland - 1 - - 1 - - 1 Massachusetts - 1 - - - - 1 1 Michigan - 1 - - 1 - - 1 Minnesota - - 1 - 1 - - 1 Mississippi - 1 - 1 - - - 1 Missouri - 1 - - 1 - - 1 Montana - 1 - - 1 - - 1 Nebraska - 1 - - 1 - - 1 Nevada 1 - - - 1 - - 1 New Hampshire - 1 - - 1 - - 1 New Jersey - 1 - - 1 - - 1 New Mexico - 1 - 1 - - - 1 New York - - 1 - 1 - - 1 North Carolina - - 1 - 1 - - 1 North Dakota - - 1 - 1 - - 1 Ohio - - 1 1 - - - 1 Oklahoma - 1 - 1 - - - 1 Oregon - 1 - - - - 1 1 Pennsylvania - - 1 - 1 - - 1 Puerto Rico - 1 - - 1 - - 1 Rhode Island - 1 - - 1 - - 1 South Carolina - 1 - - 1 - - 1 South Dakota - 1 - - 1 - - 1 Tennessee - 1 - - 1 - - 1 Texas - 1 - - 1 - - 1 Utah - 1 - - - - 1 1 Vermont - 1 - - - - 1 1 Virginia - - 1 - 1 - - 1 Washington - 1 - - 1 - - 1 West Virginia - 1 - - 1 - - 1 Wisconsin 1 - - - 1 - - 1 Wyoming - - 1 - 1 - - 1 States Reporting 2 40 10 6 38 1 7 52 Note: Level of evidence is listed in alphabetical order. Appendix C: State Characteristics 130 Child Maltreatment 2022Table C–2 Child Population, 2018–2022 State 2018 2019 2020 2021 2022 Alabama 1,092,599 1,088,727 1,111,214 1,110,087 1,111,562 Alaska 183,189 180,442 179,073 177,739 176,523 Arizona 1,638,657 1,641,727 1,595,098 1,592,435 1,589,010 Arkansas 703,626 701,317 696,663 695,680 697,119 California 8,974,477 8,881,104 8,818,239 8,652,868 8,506,027 Colorado 1,264,226 1,256,673 1,246,974 1,232,116 1,215,575 Connecticut 736,061 727,280 743,209 735,582 731,030 Delaware 204,154 204,263 206,791 206,703 208,127 District of Columbia 126,703 127,952 125,248 123,996 124,475 Florida 4,226,134 4,233,967 4,229,720 4,234,511 4,296,354 Georgia 2,509,456 2,505,399 2,515,174 2,505,369 2,510,123 Hawaii 303,049 299,419 306,640 301,536 297,326 Idaho 445,134 448,116 453,179 460,778 463,404 Illinois 2,857,349 2,817,312 2,831,998 2,775,737 2,720,131 Indiana 1,572,404 1,569,375 1,580,111 1,573,388 1,569,923 Iowa 729,802 728,005 732,396 727,981 724,489 Kansas 706,593 701,453 702,969 695,904 690,832 Kentucky 1,008,017 1,004,268 1,011,281 1,007,420 1,004,575 Louisiana 1,098,318 1,089,906 1,086,208 1,074,840 1,061,693 Maine 250,465 249,610 251,067 249,306 247,898 Maryland 1,341,430 1,338,232 1,366,422 1,354,373 1,346,589 Massachusetts 1,365,956 1,353,615 1,372,918 1,350,968 1,337,434 Michigan 2,163,590 2,144,307 2,154,460 2,130,448 2,109,695 Minnesota 1,303,090 1,303,212 1,314,083 1,302,973 1,294,162 Mississippi 707,663 699,984 690,717 684,333 678,061 Missouri 1,379,108 1,374,703 1,375,337 1,369,735 1,364,908 Montana 229,210 228,888 231,291 232,568 233,753 Nebraska 476,581 476,033 482,095 478,986 476,677 Nevada 688,989 694,730 693,062 690,856 689,778 New Hampshire 258,045 255,785 256,250 254,597 252,924 New Jersey 1,954,045 1,943,575 2,026,114 2,006,286 1,994,109 New Mexico 482,442 477,209 476,375 467,455 459,513 New York 4,074,414 4,031,894 4,168,699 4,069,680 3,989,288 North Carolina 2,304,529 2,304,554 2,281,275 2,281,611 2,294,879 North Dakota 178,524 180,584 184,438 183,162 182,775 Ohio 2,595,584 2,581,403 2,599,462 2,580,179 2,562,550 Oklahoma 955,996 953,923 949,504 950,246 953,146 Oregon 868,879 864,815 862,084 851,011 836,988 Pennsylvania 2,653,058 2,635,819 2,672,072 2,648,608 2,624,465 Puerto Rico 591,875 572,801 566,375 544,770 518,339 Rhode Island 206,059 203,923 209,450 206,453 203,912 South Carolina 1,108,588 1,113,673 1,101,228 1,105,504 1,117,872 South Dakota 216,722 217,817 216,814 217,484 219,165 Tennessee 1,510,375 1,510,976 1,525,952 1,528,425 1,538,137 Texas 7,382,686 7,406,777 7,404,862 7,401,483 7,456,338 Utah 930,162 929,940 938,051 936,962 931,608 Vermont 115,630 114,325 117,118 115,868 114,757 Virginia 1,870,042 1,868,689 1,883,392 1,871,848 1,866,910 Washington 1,657,823 1,661,024 1,675,164 1,660,819 1,646,573 West Virginia 365,119 360,439 358,327 354,931 351,922 Wisconsin 1,276,066 1,267,935 1,273,285 1,258,867 1,245,629 Wyoming 134,683 133,577 132,639 131,341 130,114 National 73,977,376 73,661,476 73,982,567 73,356,806 72,969,166 States Reporting 52 52 52 52 52 Note: Arizona did not submit FFY 2021 NCANDS data; however, the state’ s population data is presented in this appendix. Appendix C: State Characteristics 131 Child Maltreatment 2022Table C–3 Child Population Demographics, 2022 (continues next page) State <1 1 2 3 4 5 6 7 8 Alabama 57,882 57,185 57,342 58,047 59,843 60,337 61,461 61,795 61,106 Alaska 9,490 9,266 9,338 9,203 9,508 9,951 10,085 10,090 10,186 Arizona 78,579 75,953 78,226 80,157 82,091 84,356 87,197 89,225 89,233 Arkansas 35,980 35,287 35,602 36,347 37,173 37,782 38,704 38,801 38,417 California 425,149 407,106 423,040 430,701 441,768 458,025 469,417 476,874 476,454 Colorado 62,867 61,287 61,203 61,031 62,632 64,383 66,584 67,216 67,207 Connecticut 35,870 34,725 36,348 36,903 37,761 38,212 39,099 39,572 39,630 Delaware 10,785 10,421 10,725 10,794 11,041 11,165 11,454 11,524 11,464 District of Columbia 8,261 8,124 7,494 7,486 7,734 7,692 7,573 7,526 7,117 Florida 220,782 213,207 219,121 224,408 229,286 232,262 238,298 239,209 238,908 Georgia 124,954 122,903 125,429 127,431 130,828 133,350 136,735 138,395 137,873 Hawaii 15,804 15,287 15,743 16,255 16,511 16,980 17,313 17,295 17,450 Idaho 22,368 22,135 22,592 22,726 23,462 24,512 25,669 26,072 25,808 Illinois 131,093 130,551 136,510 139,036 143,151 146,312 150,336 151,512 149,730 Indiana 79,786 77,980 81,262 81,942 83,976 84,475 86,914 87,677 87,268 Iowa 36,786 36,147 37,262 37,402 38,603 39,256 40,172 40,525 40,398 Kansas 34,772 34,179 35,015 35,368 36,108 37,020 38,127 38,410 38,574 Kentucky 52,123 51,365 52,204 52,954 54,067 54,574 55,553 55,855 55,996 Louisiana 56,702 55,854 54,832 55,523 57,109 58,172 59,890 59,795 59,402 Maine 12,002 11,642 12,599 12,727 12,774 13,052 13,512 13,633 13,686 Maryland 69,158 67,332 70,272 70,858 72,224 73,063 74,661 74,849 74,531 Massachusetts 70,623 66,626 68,018 68,261 70,068 71,067 72,213 73,018 73,217 Michigan 104,605 102,891 108,177 109,024 111,728 113,892 116,449 117,437 117,389 Minnesota 64,755 63,318 66,458 67,078 68,517 70,536 72,313 72,952 72,837 Mississippi 34,735 34,572 34,545 35,011 35,655 35,589 36,300 36,573 36,526 Missouri 69,009 68,695 71,059 71,786 73,056 73,805 75,185 75,841 75,739 Montana 11,201 11,036 11,589 11,745 12,075 12,646 13,274 13,417 13,270 Nebraska 24,347 24,145 24,720 25,044 25,581 26,163 26,904 26,959 26,905 Nevada 33,611 33,672 34,944 35,787 36,230 37,107 38,574 38,774 38,435 New Hampshire 12,713 12,272 12,550 12,657 12,752 13,152 13,466 13,683 13,762 New Jersey 102,910 98,851 103,206 104,719 106,769 107,742 109,428 109,728 109,400 New Mexico 20,830 21,207 21,855 22,739 23,397 23,886 24,865 25,532 25,618 New York 214,746 201,750 211,104 214,218 217,399 218,902 221,434 222,892 220,938 North Carolina 121,554 117,878 117,750 118,542 120,766 122,446 124,831 126,027 125,460 North Dakota 10,093 9,824 9,920 9,932 10,160 10,485 10,766 10,655 10,440 Ohio 128,822 128,268 132,681 134,077 137,573 138,892 141,863 142,996 142,906 Oklahoma 47,793 47,556 48,509 49,315 50,498 51,749 53,470 53,687 53,958 Oregon 41,052 39,419 41,123 41,539 42,941 44,373 46,319 47,071 47,306 Pennsylvania 131,552 130,017 134,616 135,996 139,024 140,977 144,122 145,746 145,973 Puerto Rico 19,337 18,240 19,695 21,055 21,232 23,046 25,496 27,427 29,138 Rhode Island 10,532 9,969 10,545 10,736 10,918 11,070 11,359 11,287 11,169 South Carolina 56,849 56,543 56,731 57,129 58,631 59,217 60,948 61,819 61,686 South Dakota 11,445 11,184 11,663 11,793 12,008 12,168 12,375 12,269 12,335 Tennessee 81,460 79,643 80,447 81,111 82,760 82,754 84,802 85,017 84,524 Texas 378,682 370,760 376,841 383,360 392,996 404,723 419,724 423,784 421,340 Utah 46,679 45,123 46,928 46,864 47,480 49,183 51,203 51,874 51,994 Vermont 5,364 5,201 5,537 5,672 5,820 6,053 6,276 6,383 6,462 Virginia 96,728 94,430 96,943 98,575 100,817 101,327 104,140 104,002 103,241 Washington 84,431 82,628 85,637 85,464 87,669 90,933 93,251 93,193 92,578 West Virginia 17,376 17,331 17,590 17,616 18,084 18,308 18,959 19,471 19,816 Wisconsin 61,278 59,985 63,254 63,448 64,657 66,356 68,106 68,554 68,429 Wyoming 6,145 6,087 6,263 6,299 6,546 6,866 7,225 7,238 7,250 National 3,702,450 3,607,057 3,713,057 3,763,891 3,851,457 3,930,344 4,034,394 4,071,156 4,060,479 Reporting States 52 52 52 52 52 52 52 52 52 Appendix C: State Characteristics 132 Child Maltreatment 2022Table C–3 Child Population Demographics, 2022 (continues next page) State 9 10 11 12 13 14 15 16 17 Alabama 60,574 60,929 61,557 63,172 65,086 67,703 67,299 65,600 64,644 Alaska 10,192 10,068 10,137 10,016 10,039 10,027 9,844 9,549 9,534 Arizona 88,585 88,533 89,383 91,496 94,654 98,846 99,118 97,254 96,124 Arkansas 38,220 38,462 38,755 39,660 40,711 42,455 42,426 41,519 40,818 California 477,398 478,124 485,870 491,255 499,146 521,730 521,347 513,196 509,427 Colorado 66,703 67,209 68,629 70,774 71,921 74,487 74,510 73,653 73,279 Connecticut 39,824 40,256 41,334 42,279 43,709 45,883 46,483 46,292 46,850 Delaware 11,453 11,718 11,806 11,957 12,171 12,597 12,496 12,420 12,136 District of Columbia 7,151 7,014 6,717 6,197 5,994 5,889 5,740 5,461 5,305 Florida 237,283 238,004 240,410 244,105 249,272 260,073 260,758 257,383 253,585 Georgia 137,836 139,682 141,864 145,037 149,485 156,503 156,520 153,616 151,682 Hawaii 17,544 17,364 17,107 16,521 16,196 16,587 16,095 15,695 15,579 Idaho 25,931 25,873 26,301 27,435 28,027 29,107 28,987 28,336 28,063 Illinois 149,210 150,798 153,377 157,591 161,052 167,802 168,248 166,608 167,214 Indiana 87,074 87,164 87,304 89,399 91,589 94,992 94,943 93,335 92,843 Iowa 39,970 39,584 39,665 41,414 42,822 44,266 44,186 43,423 42,608 Kansas 38,733 38,804 39,256 40,292 40,841 41,994 41,855 41,007 40,477 Kentucky 55,687 55,429 55,412 56,597 58,224 60,423 60,381 59,123 58,608 Louisiana 58,259 57,960 58,168 59,459 61,342 63,802 63,537 61,519 60,368 Maine 13,682 13,612 13,737 14,390 14,792 15,377 15,588 15,477 15,616 Maryland 74,313 74,682 76,009 77,063 78,203 81,266 80,706 79,062 78,337 Massachusetts 73,423 74,086 74,962 76,486 77,791 80,937 81,849 81,732 83,057 Michigan 116,571 116,665 117,820 121,011 123,279 127,960 128,719 127,945 128,133 Minnesota 72,351 72,228 72,286 74,047 75,727 78,167 77,951 76,613 76,028 Mississippi 36,362 36,976 37,378 38,637 40,639 42,986 43,408 41,631 40,538 Missouri 75,187 75,296 76,118 77,639 79,728 82,679 82,489 81,398 80,199 Montana 13,194 13,302 13,234 13,474 13,891 14,380 14,294 14,058 13,673 Nebraska 26,551 26,269 26,438 27,107 27,776 28,429 28,205 27,660 27,474 Nevada 38,348 38,489 39,364 39,749 40,706 42,509 42,337 41,087 40,055 New Hampshire 13,995 13,987 14,400 14,624 15,006 15,760 15,943 16,079 16,123 New Jersey 109,451 110,412 112,316 114,071 115,895 120,254 120,648 119,172 119,137 New Mexico 25,910 26,069 26,588 27,464 28,169 29,210 29,122 28,601 28,451 New York 221,418 222,169 224,197 224,586 225,178 232,368 232,158 231,121 232,710 North Carolina 125,019 125,824 127,187 131,294 135,405 140,606 140,274 137,880 136,136 North Dakota 10,312 10,221 9,905 10,008 10,058 10,304 10,151 9,917 9,624 Ohio 142,627 141,702 141,689 145,132 149,198 154,506 154,665 152,944 152,009 Oklahoma 53,964 53,778 53,713 54,700 55,720 57,494 56,988 55,509 54,745 Oregon 46,972 47,349 47,851 49,047 50,088 52,173 51,667 50,671 50,027 Pennsylvania 145,651 146,052 147,307 150,293 153,629 159,245 159,090 157,601 157,574 Puerto Rico 30,590 31,905 32,804 34,407 35,236 35,733 36,840 37,871 38,287 Rhode Island 11,114 11,136 11,219 11,393 11,662 12,261 12,342 12,528 12,672 South Carolina 61,235 61,765 62,509 64,834 67,201 69,378 69,210 66,958 65,229 South Dakota 12,233 12,161 12,175 12,443 12,606 12,923 12,804 12,420 12,160 Tennessee 84,219 84,452 84,297 86,520 89,410 93,357 92,843 90,995 89,526 Texas 416,286 413,163 419,340 429,979 437,182 450,643 446,877 437,879 432,779 Utah 52,131 51,715 52,683 54,610 55,896 57,839 57,658 56,386 55,362 Vermont 6,405 6,509 6,599 6,668 6,829 7,197 7,269 7,232 7,281 Virginia 103,094 103,479 104,447 105,515 107,629 112,066 111,837 109,834 108,806 Washington 92,513 91,955 92,656 94,454 95,813 98,200 97,175 94,570 93,453 West Virginia 19,985 19,894 19,936 20,410 20,948 21,772 21,762 21,398 21,266 Wisconsin 68,471 68,934 69,750 72,743 74,505 77,357 77,513 76,411 75,878 Wyoming 7,315 7,241 7,402 7,764 8,044 8,264 8,251 8,050 7,864 National 4,048,519 4,056,452 4,101,368 4,187,218 4,276,120 4,438,766 4,433,406 4,363,679 4,329,353 Reporting States 52 52 52 52 52 52 52 52 52 Appendix C: State Characteristics 133 Child Maltreatment 2022Table C–3 Child Population Demographics, 2022 State Boy GirlAmerican Indian or Alaska Native AsianBlack or African- American HispanicNative Hawaiian or Other Pacific IslanderTwo or More Races White Alabama 567,219 544,343 3,918 16,398 321,268 97,028 630 41,970 630,350 Alaska 90,546 85,977 32,210 9,910 5,104 18,794 4,261 24,376 81,868 Arizona 811,998 777,012 71,099 48,994 85,467 713,117 3,043 70,441 596,849 Arkansas 357,251 339,868 4,896 12,882 123,423 92,500 4,981 29,314 429,123 California 4,356,524 4,149,503 30,371 1,100,745 424,411 4,412,585 30,139 460,558 2,047,218 Colorado 622,562 593,013 6,518 43,292 55,001 398,760 2,380 59,041 650,583 Connecticut 372,647 358,383 2,045 39,610 86,746 200,353 358 30,086 371,832 Delaware 105,894 102,233 464 9,296 54,234 36,873 89 12,321 94,850 District of Columbia 63,302 61,173 172 3,121 64,167 22,028 51 5,657 29,279 Florida 2,196,698 2,099,656 8,737 122,697 843,533 1,374,388 3,090 173,375 1,770,534 Georgia 1,279,930 1,230,193 4,439 112,285 853,849 384,238 2,331 105,430 1,047,551 Hawaii 153,246 144,080 412 64,516 5,044 58,381 33,374 95,091 40,508 Idaho 237,673 225,731 4,295 5,926 4,185 90,808 855 17,497 339,838 Illinois 1,390,234 1,329,897 3,766 155,327 419,638 676,284 784 102,630 1,361,702 Indiana 804,957 764,966 2,473 45,959 184,225 190,519 775 70,981 1,074,991 Iowa 370,986 353,503 2,475 19,986 42,906 80,905 2,366 31,081 544,770 Kansas 354,059 336,773 4,339 20,068 42,750 134,466 1,005 38,430 449,774 Kentucky 515,304 489,271 1,272 19,556 94,426 71,573 1,073 46,514 770,161 Louisiana 541,968 519,725 6,033 17,968 383,080 87,937 361 36,138 530,176 Maine 127,239 120,659 1,870 3,436 8,612 8,511 102 10,025 215,342 Maryland 687,670 658,919 2,616 88,368 412,016 238,427 542 74,533 530,087 Massachusetts 684,334 653,100 2,391 106,561 124,718 272,695 748 58,375 771,946 Michigan 1,081,733 1,027,962 11,407 75,022 344,539 188,107 644 108,534 1,381,442 Minnesota 662,115 632,047 17,683 85,772 143,885 122,338 1,134 69,459 853,891 Mississippi 345,018 333,043 3,908 7,026 279,192 36,926 223 19,447 331,339 Missouri 700,792 664,116 4,658 28,984 183,200 103,102 3,085 69,497 972,382 Montana 120,246 113,507 20,953 2,101 1,433 17,102 217 11,418 180,529 Nebraska 244,639 232,038 4,867 13,890 29,320 92,090 380 20,552 315,578 Nevada 353,110 336,668 4,933 44,203 78,500 287,709 5,520 51,337 217,576 New Hampshire 129,653 123,271 403 9,187 5,432 19,772 92 8,928 209,110 New Jersey 1,020,890 973,219 3,488 206,299 269,176 573,386 958 67,185 873,617 New Mexico 234,522 224,991 44,880 6,004 8,626 283,225 221 12,853 103,704 New York 2,043,317 1,945,971 12,290 358,010 588,446 1,006,380 2,070 157,452 1,864,640 North Carolina 1,171,950 1,122,929 24,440 88,422 513,645 406,491 1,901 110,338 1,149,642 North Dakota 93,400 89,375 12,676 3,282 8,746 14,018 244 8,723 135,086 Ohio 1,311,874 1,250,676 3,573 73,795 397,722 180,980 1,500 135,700 1,769,280 Oklahoma 488,022 465,124 89,212 22,283 74,831 182,695 2,895 99,663 481,567 Oregon 429,127 407,861 8,409 37,753 19,998 197,706 4,427 56,299 512,396 Pennsylvania 1,344,485 1,279,980 3,432 1 13,829 336,838 369,512 999 116,200 1,683,655 Puerto Rico 263,450 254,889 - - - - - - - Rhode Island 104,270 99,642 944 7,615 15,129 59,362 156 10,069 110,637 South Carolina 569,719 548,153 3,178 21,481 319,111 120,782 832 50,191 602,297 South Dakota 112,186 106,979 25,086 3,964 7,518 18,258 273 10,964 153,102 Tennessee 786,278 751,859 2,983 31,117 285,394 170,507 1,053 65,951 981,132 Texas 3,809,464 3,646,874 17,647 368,667 937,582 3,650,284 7,016 219,065 2,256,077 Utah 479,569 452,039 7,431 18,688 11,588 180,038 1 1,228 37,165 665,470 Vermont 59,258 55,499 275 2,689 2,197 3,700 32 4,748 101,116 Virginia 956,943 909,967 3,789 129,028 371,635 286,896 1,213 116,093 958,256 Washington 843,855 802,718 19,756 145,920 73,460 381,199 15,122 145,899 865,217 West Virginia 180,517 171,405 478 2,770 13,067 11,025 71 16,508 308,003 Wisconsin 638,348 607,281 12,739 50,719 110,901 161,749 602 55,118 853,801 Wyoming 66,728 63,386 3,390 989 1,248 21,240 83 4,666 98,498 National 37,337,719 35,631,447 565,719 4,026,410 10,071,162 18,807,749 157,529 3,453,886 35,368,372 Reporting States 52 52 51 51 51 51 51 51 51 Appendix C: State Characteristics 134 Child Maltreatment 2022Table C–4 Adult Population by Age Group, 2022 State 18–24 25–34 35–44 45–54 55–64 65–75 75 and Older Alabama 492,021 657,905 621,848 617,797 658,430 540,882 373,851 Alaska 68,417 113,239 103,579 82,973 87,241 67,276 34,335 Arizona 719,560 1,018,332 926,056 851,890 871,963 780,707 601,679 Arkansas 290,231 397,098 381,818 358,703 378,312 314,714 227,642 California 3,671,979 5,747,351 5,390,648 4,870,281 4,687,309 3,560,888 2,594,859 Colorado 554,057 915,481 847,768 709,151 683,856 560,039 353,999 Connecticut 351,037 453,483 459,894 451,707 515,736 379,930 283,388 Delaware 87,585 128,230 123,537 115,577 143,496 127,275 84,569 District of Columbia 68,000 145,567 110,949 71,480 64,072 49,975 37,285 Florida 1,848,181 2,805,343 2,785,238 2,725,291 2,990,220 2,602,139 2,192,057 Georgia 1,066,375 1,511,231 1,445,295 1,397,510 1,337,315 994,257 650,770 Hawaii 120,702 190,533 191,386 168,913 176,971 162,235 132,130 Idaho 195,931 251,203 252,364 219,580 226,099 199,485 130,967 Illinois 1,169,741 1,696,752 1,667,941 1,557,864 1,606,306 1,261,263 902,034 Indiana 677,421 897,480 860,267 815,676 856,592 687,211 468,467 Iowa 328,493 398,236 402,238 359,453 401,578 337,487 248,543 Kansas 307,521 376,350 376,397 327,300 354,733 295,510 208,507 Kentucky 417,856 592,553 561,994 554,804 587,521 476,723 316,284 Louisiana 430,681 609,176 604,031 526,426 578,173 470,868 309,193 Maine 110,462 168,183 168,691 168,198 209,684 185,170 127,054 Maryland 534,403 809,165 833,654 771,708 824,932 608,281 435,928 Massachusetts 697,284 973,637 905,724 856,003 951,354 731,544 528,994 Michigan 954,220 1,318,494 1,210,540 1,202,633 1,358,196 1,123,281 757,054 Minnesota 514,740 740,688 771,968 659,534 738,560 584,717 412,815 Mississippi 291,755 376,071 363,978 351,380 371,272 302,852 204,688 Missouri 579,119 811,793 789,531 716,515 801,736 651,257 463,098 Montana 105,048 146,861 144,219 123,294 144,566 136,767 88,359 Nebraska 197,324 251,846 256,829 218,041 234,150 195,520 137,536 Nevada 264,715 459,107 438,086 397,653 391,429 322,106 214,898 New Hampshire 120,734 179,394 171,925 172,601 216,147 169,274 112,232 New Jersey 794,866 1,188,554 1,220,287 1,195,135 1,256,981 922,378 689,389 New Mexico 206,755 278,336 269,909 234,581 260,847 238,437 164,966 New York 1,803,036 2,767,531 2,533,370 2,400,391 2,619,959 2,028,832 1,534,744 North Carolina 1,038,619 1,437,479 1,351,351 1,346,958 1,367,808 1,106,578 755,301 North Dakota 89,432 109,433 100,523 78,235 88,935 74,880 55,048 Ohio 1,068,727 1,550,443 1,463,046 1,402,830 1,546,264 1,281,505 880,693 Oklahoma 406,600 541,538 524,996 457,226 475,399 388,508 272,387 Oregon 370,811 592,618 591,471 519,401 513,170 485,969 329,709 Pennsylvania 1,200,378 1,682,014 1,619,711 1,537,517 1,765,997 1,469,045 1,072,881 Puerto Rico 288,570 432,303 377,915 409,529 438,284 383,985 372,864 Rhode Island 111,927 151,442 137,963 130,073 152,007 119,463 86,947 South Carolina 494,280 680,762 651,751 633,857 696,103 604,646 403,363 South Dakota 87,029 114,295 114,374 96,313 114,831 99,880 63,937 Tennessee 644,140 976,563 892,438 872,524 906,548 729,524 491,465 Texas 3,026,333 4,337,408 4,203,606 3,676,667 3,302,167 2,438,490 1,588,563 Utah 403,891 498,913 463,662 369,405 308,121 245,876 159,324 Vermont 65,681 77,521 79,179 76,758 93,717 83,482 55,969 Virginia 823,295 1,174,486 1,167,939 1,075,904 1,110,097 858,089 606,899 Washington 677,198 1,181,605 1,109,502 930,283 932,065 784,582 523,978 West Virginia 159,635 212,994 210,862 222,858 240,786 222,956 153,143 Wisconsin 565,598 733,535 743,390 689,605 812,663 658,626 443,493 Wyoming 54,307 73,048 77,642 65,188 73,023 67,060 40,999 National 31,616,701 45,933,603 44,073,280 40,841,174 42,523,721 34,172,424 24,379,277 Reporting States 52 52 52 52 52 52 52 Appendix C: State Characteristics 135 Child Maltreatment 2022Alabama Contact Holly Christian Phone 334–353–4898 Title Deputy Director, Children and Family Services DivisionEmail holly.christian@dhr.alabama.gov Address Alabama Department of Human Resources 50 Ripley StreetMontgomery, AL 36130–4000 General Federal fiscal year (FFY) 2022 is the fourteenth NCANDS submission from our Comprehensive Child Welfare Information System (CCWIS). There were no changes in poli - cies, programs or procedures that affected the 2022 submission of NCANDS data. Variances in data compared to previous years may occur as we have continued work to strengthen our data collection processes in the system. Enhancements are completed each year to continue efforts to improve reporting of services to children and families, perpetrator data and map - ping 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 2022, 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 2022 submission does not include prevention assessment data in the Child File. Reports The state did not change its screening protocol due to the pandemic that began in 2020. The state has maintained the same policy and requirements for in person investigations. No poli - cies or procedures were changed related to the screening or completion of reports. A policy change was implemented in FFY 2017 that decreased the timeframe permitted to complete CA/N investigations from 90 days to 60 days. The state did not modify the 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. Appendix d: State Commentary 13 6 Child Maltreatment 2022timeframe requirements for investigation completions due to the pandemic for FFY 2021. Response time, as reported in the Agency File, is taken from the calculated average response time reported in the Child File. During FFY 2019, the mapping for caregiver and child risk factors was modified to improve NCANDS reporting accuracy and completeness. During FFY 2020, mapping updates were focused around improving reporting for services for clients. Additionally, updates were created for the service date code to successfully report service dates within the timeframe specified by NCANDS. During FFY 2021, coding and mapping updates were completed for child and caregiver risk factors. And more work that was initiated in FFY 2020 was completed around capturing appropriate service referrals. Also, coding was updated to improve reporting around perpe - trator prior abuse. During FFY 2022, coding and mapping updates were completed for reporting deaths due to maltreatment. Also, coding was updated to improve reporting around child risk factors. Children During FFY 2019 additional fields were added to the state system and NCANDS data extraction codes were modified to further improve accuracy and completeness of CARA-related data. Fields to document CARA-related services are available on the system. Workers are required to document plans of safe care in the system. Reports are generated to monitor completion of these requirements. During FFY 2021, the state did not modify its policies related to conducting investigations and assessments. The state has continued to conduct face-to-face assessments and investiga - tions. The policy requirements regarding timeframes to complete investigations did not change during FFY 2021. Alcohol abuse and drug abuse can both be documented independently as a child risk factor and as a caregiver risk factor in the CCWIS system. Fatalities Child maltreatment fatalities reported to NCANDS are those children for which the Department has investigated the child death. The circumstances of the child fatality are entered into our CCWIS system as a CA/N report. Coroners, LEA and Medical Examiners are legislatively mandated reporters. For FFY 2022 all state child fatalities are reported in the Child File. Alabama’s Child Death Review Team continued to meet during the pandemic. The meetings had been conducted virtually prior to the pandemic, so no interruption due to social distancing requirements occurred. The FFY 2022 number of child fatalities was 38, an increase of 3 from FFY 2021. The majority of child fatality investigations which are indicated are suspended for due process Alabama (continued) Appendix d: State Commentary 13 7 Child Maltreatment 2022or criminal prosecution. This extends the length of the investigation, which can take several months or years to complete. For the 38 fatalities reported in FFY 2022, the actual dates of death occurred in a five-year range, from FFY 2017–2021. Perpetrators Alabama state statutes do not allow a person under the age of 14 years to be identified as a perpetrator. These reports are addressed in an alternate response. On-going services are provided as needed to the child victim and the child identified as the person allegedly responsible. Alabama reports both caregiver and non-caregiver perpetrators of sex trafficking to NCANDS. Services For foster care services, Alabama CCWIS does not require the documentation of the petition or identity of the court-appointed representative. Petitions are prepared and filed according to the procedure of each court district. All children entering foster care are appointed by the court a guardian ad litem, who represents their interests in all court proceedings. The state’s CCWIS does not require the tracking of out of court contacts between the court-appointed representative and the child victims. Improvement in data quality will require staff training in this area. The NCANDS category of the number of children eligible for referral to agencies providing early intervention services under Part C of the IDEA is the number of children who had indicated dispositions during FFY 2022 and were younger than 3 years. The NCANDS category of the number of children referred to agencies providing early intervention services under Part C of the IDEA is the number of referrals the agency providing services reported receiving during FFY 2022. Many services are provided through contract providers and may not be documented through our CCWIS system. However, enhancements were made to the system in FFYs 2019–2021 to better capture services provided, including those that may not use the system to initiate payments.Alabama (continued) Appendix d: State Commentary 13 8 Child Maltreatment 2022Alaska Contact Susan Cable Phone 907–465–2203 Title Research Analyst II, Office of Children’s Services Email susan.cable@alaska.gov Address Department of Health and Social Services P.O. Box 112631 Juneau, AK 99811- 2631 General The State of Alaska utilizes a single child welfare information system, the Online Resource for the Children of Alaska (ORCA), which was previously designated as a Statewide Automated Child Welfare Information System (SACWIS). In 2018, Alaska declared ORCA as a transitional Comprehensive Child Welfare Information System (CCWIS) under CCWIS regulations. All NCANDS data is entered into and then transmitted from, ORCA. The Child Protection Practice Model of Alaska focuses on those families where a formal intervention by the state is necessary. This model emphasizes a strengths-based, family-centered approach through the standardization of information gathering, enhanced assess - ment and critical thinking skills by the Child Protection (CP) staff. Decisions regarding needed interventions with families are based on thorough processes for initial and ongoing assessment of safety, risk, and protective factors. The CP program serves families who are identified as having children who are “unsafe” or at “high risk” for future maltreatment. The state of Alaska does not utilize differential response, however, we work closely with our tribal partners on every protective service report received that includes an Alaska Native or American Indian Child. Reports The State of Alaska NCANDS submission includes all children reported to be victims of physical injury, sexual abuse, sexual exploitation, neglect, or mental injury including those that can later be determined to be screened out for assessment. The reporter may identify him or herself or be anonymous and reports are accepted by phone, letter, fax, e-mail, or in person. A Protective Services Report (PSR) may be screened in when the information received indicates a child may be unsafe or is at high risk of harm by a primary caregiver, parent, custodian, or guardian. There are three levels of screen in; 1)Priority 1 must be responded to as soon as possible but no later than 24 hours of the time the report is received by OCS. 2)Priority 2 must be responded to no later than 72 hours of the time the report is receivedby the OCS. 3)Priority 3 must be responded to within seven days of the time the report is received bythe OCS. NCANDS data from the past five years shows a continual decrease in reports screened in. Although Alaska continues to research the reason behind this trend, two factors which contribute to the decline is the reduction in children enrolled in public school and a policy change in the screening of Priority 3 level reports, more clearly defining high risk screening, so some reports which would previously have been screened in for 7-day response are now being screened out. Appendix d: State Commentary 139 Child Maltreatment 2022Although it did not affect the number of reports received, it is noted that an unprecedented worker turnover rate of 60 percent for front-line, case-carrying staff, was seen in FFY 2022. In Alaska, workforce data is calculated using full-time equivalents (FTE). Children Alaska completes a safety assessment on all child victims, their siblings, and any other chil - dren in the home, regardless of if they were noted as victim or not. In FFY 2022, there was a decrease in the number of children reported as possible abuse or neglect victims as compared to the previous year. Similarly, the number of substantiated victims decreased as well. In alignment with federal guidance, in 2020, specific data indicators on sex trafficking were added to both the initial Protective Service Report and the Initial Assessment. Reports are made to law enforcement if any sex trafficking is suspected and all youth who go on runaway status are then assessed for potential trafficking once found. Furthermore, the State of Alaska has a process for reporting to the National Center for Missing and Exploited Children (NCMEC) and the National Crime Information Center (NCIC). Fatalities In the State of Alaska, the authority for child fatality determinations resides with the Medical Examiner’s Office, not the child welfare agency. The Medical Examiner’s Office assists the state’s Child Fatality Review Team in determining if a child’s death was due to maltreatment. A child fatality is reported only if the Medical Examiner’s Office concludes that the fatal - ity was due to maltreatment. For NCANDS reporting, fatality counts are obtained from a member of the Child Fatality Review Team and reported in the NCANDS Agency File. Perpetrators Alaska does not have a limitation on how young a perpetrator can be; however, the state is currently looking into ways to better document child-on-child abuse. The NCANDS category “other” perpetrator relationship includes perpetrators who are not primary or secondary caregivers to the child (i.e., non-caregivers) such as a stranger or adult who does not live in the home and does not normally have access to the child. Services The State of Alaska does not document services provided to families in the CCWIS, however, we partner with our tribal entities to provide preventative and ongoing services to the families we serve. In 2017, the State of Alaska and eighteen Tribal Co-signers, representing a total of sixteen tribes, signed the Tribal Welfare Compact. Services provided via the Compact include Initial Diligent Relative Searches, Ongoing placement searches, Licensing Assistance, Safety Evaluation of an Unlicensed Relative Home, Family Contact, Primary and Secondary Prevention. A pilot program for Plans of Safe Care with the Department of Public Health is currently underway. Once an evaluation of effectiveness of the program has been completed, the Office of Children’s Service will work to implement a mechanism to track Plans of Safe Care within the CCWIS.Alaska (continued) Appendix d: State Commentary 140 Child Maltreatment 2022Arizona Contact Andrew Egge Phone 602-255-2744 Title Information Technology Manager, Reports and StatisticsEmail andrew.egge@azdcs.gov Address Arizona Department of Child Safety AZ Department of Child SafetyP.O. Box 6030Site Code C010-14Phoenix, AZ 85003–6030 General The file for 2021 reporting period had both code and replicated data issues, several of which have been resolved in the 2022 file. The change from 2021 file is due primarily to improve - ments to the 2022 file. Specific improvements include: 1. modified code logic to include all children in Intakes within an investigation closed in the reporting period (given the depen - dency that an investigation may not be closed until all findings are entered, and which yields the earliest date all findings are entered); 2. included children with missing birthdates, and; 3. resolved missing Intake ID, Assessment ID, and Removal Details replicated data issues. Reports The Hotline continued to answer calls as normal, with no changes to hours or staffing levels. The department’s call center and child safety specialists are all full- time employees. These services are not contracted out. DCS has a set of criteria to determine if a communication (intake) qualifies as a report of abuse or neglect according to the definitions in Arizona statute. If an intake meets the criteria to be a report of abuse or neglect, the staff determines if the report is in the Jurisdiction of DCS. If not, the information is sent to the correct Jurisdiction, such as an American Indian tribe. If the report falls under DCS jurisdiction, it is finalized and sent to the Field to begin the assessment (investigation). Children DCS received over 8,000 more reports in 2022 when compared to 2021. On the over 8,000 reports there was an increase of approximately 9,000 more children. This trend aligns with the re-opening of schools and other mandatory reporting sources impacted by COVID. The 2022 counts also align with 2019 (pre-Covid) counts. All children in the home are assessed if the intake meets the criteria for a report, includ - ing children who are not the subject of the current allegations. We are able to distinguish between alcohol and drug risk factors. The Guardian system has made IPSE (also referred to as substance exposed newborns) an allegation type. We did not report Safe Care Plan information this reporting period. Our business team will review this element to determine if a change is needed for the next report - ing period. Perpetrators DCS maps 2 values to this element for reporting “Other”. “NON-RELATIVE” (available in the CHILDS System) and “Other Adult” (available in the Guardian System). When this is the relationship indicated, we map the value to “other”. DCS does not report non-caregiver perpetrators to NCANDS. Appendix d: State Commentary 141 Child Maltreatment 2022Services In July 2021 DCS offered a new service array. Parent Aide and Family Preservation Services were no longer offered as part of contracted services after July 2021. DCS now provides Family Connections, and Nurturing Parenting Program which are available to all families whether the children are In-Home or Out of Home care. In SFY 2022, MIECHV was reduced from $3.8M to $2.4M. DCS has both outsourced services and services provided by the Department as well as services provided by other child serving state agencies. As of April 2021, DCS integrated health care for youth in Out Of Home care providing physical, dental and behavioral health services through Arizona’s Medicaid health plan specifically for youth in foster care. Arizona (continued) Appendix d: State Commentary 142 Child Maltreatment 2022Arkansas Contact Nellena Garrison Phone 501–320–6503 Title DCFS Information Systems Manager Department of Human ServicesEmail nellena.garrison@dhs.arkansas.gov Address Office of Information Technology108 E. 7th Street, Donaghey Plaza North, 3rd FloorLittle Rock, AR 72201 General The following options are available when accepting a referral: ■Refer to DCFS for Fetal Alcohol Spectrum Disorder Assessment (R/A-FASD): The following change was made to Arkansas legislation effective July 2011—Act 1143 requires health care providers involved in the delivery or care of infants to report infants born and affected by Fetal Alcohol Spectrum Disorder. The Department of Human Services shall accept referrals, calls, and other communication from health care providers involved in the delivery or care of infants born and affected with FASD. The Department of Human Services shall develop a plan of safe care of infants born with FASD. The Arkansas State Police Hotline staff used the Request for DCFS assessment for FASD. These were auto - matically assigned to the DCFS Central Office FASD Project Unit to complete the assess - ment and closure. The R/A-FASD Assessment was updated and integrated with a new Refer to DCFS for N. I. Substance Exposure (R/A-SE) Assessment type during FFY 2020. ■Refer to DCFS for N. I. Substance Exposure Assessment (R/A-SE): Arkansas legisla - tion effective July 2019—Act 598 requires healthcare providers involved in delivery or care of infants reporting an infant born and affected by Fetal Alcohol Spectrum Disorder (FASD) (the previous requirement), and adds infants born and affected by maternal substance abuse resulting in prenatal drug exposure to an illegal or a legal substance, or withdrawal symptoms resulting from prenatal drug exposure to an illegal or a legal substance to that list. Refer to DCFS Newborn Infant Substance Exposure Assessments do not have allegations of maltreatment at the time of the Referral. ■Referrals regarding substance exposed infants would be screened out for the follow-ing circumstances: • If reported by persons other than medical personnel, • If the referral is a duplicate and an investigation already is opened, • If the mother tests positive during her pregnancy but not at birth, or • If the Health Care Provider can confirm the mother’s prescription for the drug causing the positive screening. For FFY 2021 the Request for Assessment Refer to DCFS for N.I. Substance Exposure (R/A-SE) was included in the data. The R/A-SE Assessment Type was added to the NCANDS logic as an Alternative Response Referral for FFY 2021. The R/A-SE Assessments are mapped to the NCANDS category of alternative response nonvictim. Clients under 1 year old who meet the other defined criteria are counted for any RA-SE Assessment Type: • FASD • Substance Use Resulting in Prenatal Exposure • Withdrawal Symptoms Resulting From Prenatal Exposure ■Refer to CACD for Death Assessment (R/A-DA): Arkansas FFY 2015 legislation man - dated per Act 1211, the Department of Human Services and Arkansas State Police Crimes Against Children Division (CACD) will conduct an investigation or death assessment upon receiving initial notification of suspected child maltreatment or notification of a child Appendix d: State Commentary 143 Child Maltreatment 2022death. This was effective in Children’s Reporting Information System (CHRIS) August 2, 2015. The Child Abuse Hotline will accept a report for a child death if a child has died suddenly and unexpectedly not caused by a known disease or illness for which the child was under a physician’s care at the time of death, including without limitation child deaths as a result of the following: • Sudden infant death syndrome; • Sudden unexplained infant death; • An accident; • A suicide; • A homicide; or • Other undetermined circumstance All sudden and unexpected child deaths will be reported to the Child Abuse Hotline. Death Assessment (DA) reports are accepted by the Hotline and do not have allegations of maltreatment at the time of the Referral. The data for R/A-DA reports are not submitted to NCANDS. If the incident does rise to the level of a child maltreatment investigation, then the Referral will be elevated to be investigated. Child Death Investigation reports are accepted by the Hotline and will have maltreatment allegations at the time of the referral. ■Accept for Investigation: 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 or physical abuse that occurred at least one year from the Referral Date to be diverted from the investigative pathway and serviced through the DR track. DR is designed to engage low- to moderate-risk families in the services needed to keep children from becoming involved with the child welfare system. Counties have a differential response team to assess for safety, 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. Differential Response Referrals are mapped to Mapped to the NCANDS category of alternative response nonvictim. ReportsOn September 6, 2022, the Arkansas Mandated Reporter Portal (MRP) went live. This is a new public-facing website that mandated reporters can create an account and submit a child maltreatment report using a new secure online portal. The new website is designed to be user-friendly and easy to learn. If there are any questions, the portal includes a step-by-step video to walk the user through the process of submitting online. This new portal has been created in addition to the hotline for reporting suspected child abuse and neglect. The Arkansas (continued) Appendix d: State Commentary 144 Child Maltreatment 2022Arkansas Child Abuse Hotline remains accessible. Once a referral is submitted through the MRP, the information transfers directly into the current case management system CHRIS for the ASP Hotline staff to complete the Referral determination. For the period September 6, 2022 through September 30, 2022 (end of FFY 2022), there were 2,244 Referrals submitted through the MRP. Children All children in the home are assessed during the investigation process. 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. Perpetrators An alleged offender must be fourteen years of age or older. For sexual abuse allegations by an alleged offender under fourteen years old, a role in referral is selected of “Alleged Juvenile Offender-Under Age Fourteen” and Findings of “Exempted (Underage Juvenile Offender at Time of Incident)” for the applicable sexual abuse allegations that were found to have a preponderance of evidence to support a True Finding. The following values are mapped to NCANDS code ‘other’ perpetrator relationship: Client, Life Connection, Live-In, No Relation, Peer, Significant Other, and Student. Arkansas accepts reports of Sex Trafficking by adult non-caregiver offenders 18 years of age or older. This data is reported to NCANDS in the Child File. Services Arkansas continued to use the additional funding provided through the Relief Bill promoting Safe and Stable Families. The Intensive In-Home Services funding source will no longer be utilized for Safe and Stable Families for FFY 2023. The state outsources some contracted services such as Parenting Training and Substance Abuse Treatment. Arkansas (continued) Appendix d: State Commentary 145 Child Maltreatment 2022California Contact Christina Hoerl Phone 916–651–0229 Title Section Chief, Data Analytics Bureau Email christina.hoerl@dss.ca.gov Address California Department of Social Services 744 P Street, MS 8–05–656Sacramento, CA 95814 General California made a number of coding changes for the Child File to account for updates to our statewide child welfare information system and to ensure alignment with the NCANDS mapping instructions. Data reported in the services section of the Child File has changed the most from last year as a result. More specifically, we: ■Adjusted our coding to only count services if they continued past the client disposition. This resulted in a lower number of children being reported with services compared to Federal Fiscal Year (FFY) 2021. This also resulted in a decrease in the percent of children reported with Case Management services and an increase in the percent of children reported with this service as unknown or missing. ■Updated our coding to account for updates to our statewide system that capture Family Preservation Services, as well as include children already in a case with a service compo - nent of Family Maintenance, resulting in an increase in the percent of children reported with those services and a decrease in the percent of children reported with this service as unknown or missing. ■Updated our coding to account for updates to our statewide system that capture Family Planning Services, resulting in this item being changed from Not collected/Not applicable to reportable and a large increase in the percent of children with this service as unknown or missing. ■Updated our coding to account for updates to our statewide system that capture Health-Related and Home Health Services, resulting in an increase in the percent of children reported with this service and a decrease in the percent of children with this service as unknown or missing. ■Re-coded services in our system that used to map to Employment Services and to Home-Based Services to other NCANDS categories, resulting in no services being mapped to Employment Services or Home-Based Services (now reported as Not collected/Not appli - cable) and a decrease in the percent of children with those services as unknown or missing. ■We also developed methodologies and began reporting on Agency File items #3.1, 4.3, and 5.2. 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 Appendix d: State Commentary 146 Child Maltreatment 2022at the hotline, and it is investigated, and a child welfare services case is opened. Once an assessment is completed, these families may still be referred to an outside agency for some services, depending on their needs. Reports As a result of COVID-19 restrictions easing and children returning to in-person learning, the number of calls to the child welfare hotline have increased, but not yet returned to pre-pandemic levels. There was an increase of about 7 percent. For FFY 2022 compared to 2021, The greatest gain was seen in reports made by education personnel. 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 be counted in the 10-day response measure, the actual visit (or attempted visit) must have occurred within 10-days of the report receipt date. For the quarter ending September 2022, the immediate response compliance rate was 94.7 percent, and the 10-day response compli - ance rate was 86.1 percent. Children The California Department of Social Services (CDSS) has policies to investigate/assess all children in a household if any child in the household has a maltreatment allegation. First, the investigating social worker performing the initial investigation must determine the potential risks to the child, or any child in the family or household, and have in-person contact with all the children alleged to be abused, neglected, or exploited. If the social worker finds that the referral is not unfounded, they must conduct an in-person investigation with all children present at the time of the initial in-person investigation. It is then at the discretion of the county to decide whether to conduct an in-person investigation with any additional children who were not present at the initial in-person investigation. In our statewide child welfare information system, we have an allegation type of “At Risk, Sibling Abused.” This allegation type is reported to NCANDS as “No alleged maltreatment.” System changes to capture the Comprehensive Addiction and Recovery Act of 2016 (CARA) related fields (substance exposed infants, creation of plans of safe care, and referral to appropri - ate services) were completed in July 2020 and data entry guidance was released to counties in November 2020. Our analyses have found that there are a high number of plans of safe care and referrals to services entered into our system which originate from reports not provided by medical professionals, and many of these are notated as “other” reporters. While we do not expect that 100 percent of our plans of safe care and referrals to services will originate from reports made by medical professionals, it is likely at least some of the reports made by “other” sources could be more accurately entered as medical professionals. We will continue to work with counties to accurately enter report sources. While the system changes to capture CARA related data improved NCANDS reporting of alco - hol and drug abuse child risk factors for infants, there are instances where we cannot separate California (continued) Appendix d: State Commentary 147 Child Maltreatment 2022alcohol abuse from drug abuse. When our data indicates that an infant has a substance expo - sure type of “Substance Abuse,” “Withdrawal Symptoms,” or “Other,” the child is reported as having both alcohol abuse and drug abuse, as instructed in the Child File Codebook. We hope to address this limitation and other opportunities for data improvement in the coming years. While California’s system has existing fields to capture caregiver drug and alcohol abuse, as well as drug and alcohol abuse for children who are not infants, these fields are seldom used, resulting in very low counts of caregiver risk factors especially. California will be implement - ing a system change in March of 2023 to collect drug and alcohol abuse data for all clients and caregivers in all investigated referrals to improve reporting to NCANDS. These fields will need to be completed for every client in a referral before the referral can be closed. While it’s expected that the addition of these fields, and the requirement that they be completed before closing a referral, will improve the completeness of data on client risk factors, it is likely a number of responses will be reported as “Unable to Determine,” which is being added to allow users flexibility when they do not know for certain whether a risk factor is present or not. CDSS has a policy to track commercially sexually exploited (CSE) youth referrals with an allegation of “Exploitation.” 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 CDSS from County Child Welfare Services (CWS) agencies when it has been deter - mined that a child has died as the result of abuse and neglect, as required by SB 39, Chapter 468, Statutes of 2007. The abuse and neglect determinations reported by CWS agencies are made by local coroner/medical examiner offices, law enforcement agencies, and/ or county CWS/probation agencies. As such, the data collected and reported via SB 39 and used for NCANDS reporting purposes reflects child death information derived from multiple sources. It does not, however, represent information directly received from either the state’s vital statistics agency or local child death review teams. The data is used to meet the reporting mandates of the federal Child Abuse Prevention and Treatment Act (CAPTA) and for the Title IV-B, Annual Progress and Services Report (APSR). Calendar Year (CY) 2021 is the most recent validated annual data and is therefore reported for FFY 2022. 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 2021 as of December 2022 and may change if additional fatalities that occurred in CY 2021 are later determined to be the result of abuse and/or neglect. For fatalities that occurred while the child was in foster care, the perpetrator infor - mation is unavailable until full case reviews of CY 2022 critical incidents are concluded. Any changes to this number will be reflected in NCANDS trends analyses, through resubmissions, as well as subsequent year’s APSR reports.California (continued) Appendix d: State Commentary 148 Child Maltreatment 2022With the enactment of SB 39, the CDSS determined that the data provided through the SB 39 reporting process would provide not only more current information regarding child maltreat - ment deaths in California than the reconciliation audit conducted by CDPH, but would also provide data from multiple agency sources providing more reliable data for NCANDS. As a result, beginning with the FFY 2010 NCANDS data submission in CY 2011, the CDSS changed the data source to the SB 39 data. It is important to note that while SB 39 data were used in the FFY 2022 NCANDS submission, the data were derived from CY 2021. Additionally, beginning in CY 2012 CDSS began to receive reports of fatalities determined to be the result of abuse and neglect and caused by an unknown third party where a parent or caretaker did not contribute to the child’s death. NCANDS submissions of FFY 2013 (CY 2012) forward includes such fatalities. Perpetrators California does not have a limit on how young a perpetrator can be. The following is an excerpt from guidance released by the California Department of Social Services in All County Letter 17-85: Circumstances may arise where the abuse or neglect occurs within the home, but the perpe - trator is a non-parent under the age of 18. The county hotline screener must still assess any referral indicating a possible failure or inability to protect involving the parent that places the child at risk. The county, in consultation with county counsel and at its discretion, may choose to investigate and substantiate an allegation involving a minor perpetrator. When doing so, best practice indicates that the county considers several factors including, but not limited to, the following: ■The relationship between the perpetrator and the victim. ■The ages and developmental levels of the perpetrator and victim. ■Whether the action constitutes developmentally normal behavior (i.e., sexual exploration between two pre-school aged children, or physical aggression between siblings, if the behavior was not extreme and the parents responded appropriately). ■If the perpetrator has the developmental ability and capacity to understand the gravity of his or her actions or acted with willful disregard to the danger, pain or fear of the other child. ■The severity and frequency of the alleged abuse. ■If the action negatively affects the long-term safety and well-being of either child. Relationship types of “Indian Custodian” (where the child is an Indian Child), “Live In,” and “No Relation” are included in “other” perpetrator relationship. Services Prevention services in California are implemented through a state-supervised, county administered system. This system has the advantage of allowing the 58 counties in California flexibility to address child abuse prevention efforts through a community based local lens. This approach, however, results in 58 sets of challenges in program implementation, evalu - ation, data collection, and reporting. Federal funding is allocated to each county to support a variety of prevention services. Federal funding streams targeted for prevention services include Community-Based Child Abuse Prevention (CBCAP), Promoting Safe and Stable Families (PSSF), Child Abuse Prevention and Treatment Act (CAPTA), and Child Abuse California (continued) Appendix d: State Commentary 149 Child Maltreatment 2022Prevention, 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 2021–22 is representative of FFY 2022. On January 25, 2021, the Regional Stay at Home Order was lifted by the California Department of Public Health for all regions within California. These organizations have been able to resume in-person service delivery or provide a hybrid option which includes virtual or in-person services. As providers and families adjusted to a virtual platform for service delivery, there was a recognition that virtual services offered a level of convenience which encouraged participation by families that traditionally were unable to engage in services. Although the virtual platform allows for flexibility, one of the on-going challenges providers continue to face is staff shortages and high turnover rates. On January 8, 2021, Governor Gavin Newsom announced a state budget proposal that included critical supports for Family Resource Centers (FRCs) to respond to the COVID-19 pandemic. Specifically, the measure proposed $7 million in General Funds in SFY 2020-21 and $6 million in General Fund for SFY 2021–22 for COVID-19 related supports for child welfare services. Throughout SFY 2021–22, 95 lead agencies, and a total of 375 FRCs, received supports from the relief funds. FRCs reported most funds went towards concrete supports for families. Many of the funds went towards staffing for FRCs to provide continued direct services for families. FRCs continue to report an increased need in concrete supports, hiring staff to meet service and business needs, and staff training. Governor Newsom provided General Funds for the creation of a parent, caregiver, and youth remote helpline to support families with stressors arising from the pandemic. The OCAP contracted with Parents Anonymous to provide remote support to families through text support, live chats, resource coordination, and virtual support groups across the state of California. In SFY 2021–22, Parents Anonymous continued to provide such services, responding to 17,019 calls. Parents Anonymous has consistently seen a rise in the need of connections to concrete supports and additional assistance for families and individuals in remote locations. In 2021, the American Rescue Plan Act (ARPA) under CBCAP provided $29,667,177 in fund - ing, of which $25,000,000 was provided to counties to provide direct services to families. CBCAP ARPA funding was released in the form of grants through the OCAP in the amount of $4,667,177. The ARPA under CAPTA provided $12,063,503 in funding that was provided in the form of grants through the OCAP. Request for Applications (RFAs) were developed in SFY 2021-22 for 3 grant series: Father Engagement, Strong Communities, and Planting Prosperity. The Father Engagement grant will provide father-specific case management and evidence-informed/-based services through eight grants. The Strong Communities grant will award eight grantees to expand FRCs. Lastly, the Planting Prosperity grant will provide funds to 10 agencies to develop innovative primary and secondary prevention services throughout California. Each year the CDSS also allocates prevention funding directly to counties for disbursement. This information is gathered in a data collection system funded by the OCAP.California (continued) Appendix d: State Commentary 150 Child Maltreatment 2022In 2022, the OCAP transitioned from utilizing Efforts to Outcomes (ETO) software system for data collection and reporting to Apricot Social Solutions. Over the past four years, the OCAP requested counties select one unit of measure (children, parents/caregivers, or fami - lies) for service counts instead of multiple units of measure for one service activity to reduce duplicative service counts. This request has led to some improvements in the way informa - tion is captured, however, in some instances counties are changing the unit of measure collected from year to year so it is difficult to compare service counts. Discrepancies between service counts from year to year may be attributed to changes in vendor contracts, evaluation methodologies, and/or the transition from in-person services to a virtual platform. To the best of OCAP’s knowledge, the data collected for children, parents, and families is mutually exclusive. For SFY 2021–2022, the OCAP included a question about completion rates. This informa - tion provides insight as to the relative success of a program or intervention’s engagement strategy. The OCAP recognizes that completion rates alone are not indicative of improved long-term outcomes, however, this information provides a baseline understanding of the level of engagement and participation in the program or intervention which is one step towards a successful outcome. For SFY 2021–22, counties reported 5,101 parents/caregivers served by CAPIT funding, 5,707 parents/caregivers served by CBCAP funds, and 18,082 parents/caregivers served by PSSF funding. The data indicates that counties served more children using PSSF funding in SFY 2021-22, than in previous fiscal years. There are several potential factors that may have contributed to the increase in the number of children served in SFY 2021-22, these include: ■Improved data collection methodology. ■In-person services and activities have resumed since COVID-19 restrictions have been lifted. ■Flexibility of the virtual platform which eliminates the barriers associated with transporta - tion and childcare. ■Changes to the unit measured (counties may have selected to measure parent service counts in the previous reporting period, and in SFY 2021–22 chose to collect data based on the child for the same intervention). ■Increases in the number of contracted staff in some counties. ■Increased technical assistance support early in the reporting period by OCAP Consultants. There are several factors that may be associated with a decrease in the number of children served using CAPIT and CBCAP funding and these include: ■Counties corrected inaccuracies in reporting from the prior fiscal year ■Lower rates of referrals to children and family support services ■Changes in way service counts were measured (children, parents/caregivers, families) ■Changes to service provider contracts (termination of contracts) or new programs started during the middle of the fiscal year therefore not capturing total numbers served for the entirety of the fiscal year ■Significant number of resignations across agencies and it has been difficult hiring qualified staff which has led to the inability of providers to serve as many or more children, parents, and families ■Other challenges, such as concerns with resurgence in COVID-19 casesCalifornia (continued) Appendix d: State Commentary 151 Child Maltreatment 2022In SFY 2021–22, twelve counties reported a decrease in the number of children served with CAPIT dollars compared to SFY 2020–21. The Celebrating Families! (CF!) grant funded with $51,769 in CAPTA funds allowed Prevention Partnership International (PPI) to provide train-the-trainer training and technical assistance to agencies who will be administered the Celebrating Families! program. The trained agencies planned to each reach at least 10-15 families in their respective sites in the third year of the grant. The families served are at risk for experiencing child abuse/neglect, or family violence due to substance use disorders and other adverse childhood experiences. A Year Two evaluation was completed for CF! and it was reported that though training and technical assistance to agencies was not largely affected by COVID-19, having the CF! pro - gram implemented virtually and in-person depending on the changing restrictions affected the number of families served. Staffing shortages and turnovers also affected program implementation. The OCAP continued the Economic Empowerment with three organizations and awarded 10 new organizations committed to support the financial empowerment of parents and alleviate the stress of poverty in their communities. This program involves providing supports to parents using the “Your Money, Your Goals” financial empowerment toolkit developed by the Consumer Financial Protection Bureau. A total of $440,410 in CAPTA funds and $376,770 in CBCAP funds was allocated to support the program in SFY 2021-22. In SFY 2021-22, agencies began transitioning back to an in-person service delivery model while still provid - ing services virtually, as needed. Special populations that have been served and prioritized through outreach include: ■Unhoused or at-risk of homelessness ■English as a second language caregivers (Main languages include Spanish, Chinese, Farsi, Russian, etc.) ■Previously incarcerated caregivers ■Migrant farmworkers and dayworkers ■Parents with children ages 0–5 The Road to Resilience grant funding is supported with $7,011,462.30 in Child Abuse Prevention and Treatment Act (CAPTA) funds. The 12 grantees are composed of collabora - tive partnerships between community-based and county government agencies. The objective of the program is to serve pregnant women with known histories of substance use, pregnant women with current substance use, and mothers of substance-exposed infants, linking them to services and supports. In SFY 2021-22 Road to Resilience grantees had a total of 778 mothers served.California (continued) Appendix d: State Commentary 152 Child Maltreatment 2022Colorado Contact Detre Godinez Phone 303–866–5359 Title Federal Analyst and Liaison Email detre.godinez@state.co.us Address Colorado Department of Human Services, Office of Children, Youth and Families1575 Sherman StreetDenver, CO 80203 General Colorado implemented the new Adoption and Foster Care Analysis and Reporting System (AFCARS) requirements in the fall of 2022. Implementation of Family First Prevention Services Act is also underway with adaptation to these new processes. Improvement to NCANDS data mappings of service and risk factor data were put on hold as improvements were focused on these changes. NCANDS data will better reflect services in Colorado as CCWIS is modernized and mapping of services and risk factors are improved. Colorado counties have the option to use Differential Response, which has 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 utilizing Differential Response only use High Risk Assessments. Safety and risk assess - ments are completed for all screened-in referrals. Both tracks are reported to NCANDS. Reports 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 resumed with additional measures to standard procedure for safety. Colorado has a hotline system (1-844-CO-4-KIDS) that remained operational during the pandemic. Difficulties in hiring new staff continues to be an issue in Colorado. Children Colorado county agencies conduct face-to-face investigations and assessments as required to accurately determine safety and risk of children. County workers continue to minimize possible risks or exposure to COVID by taking additional precautions and maintaining public health recommendations for protocols including washing hands, self-monitoring health, and minimiz - ing social interactions and wearing a mask as needed. Improvements to NCANDS data mappings of child and caregiver risk factor data were put on hold due to data system modernization and AFCARS changes. Colorado’s child welfare system does not allow for assessment of prenatal exposure and only for assessment at the time of birth. Fatalities Colorado’s Child Fatality Review Team (CFRT) were able to perform reviews. 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. Child Maltreatment 2022 Appendix d: State Commentary 153The “other” perpetrator relationships include live-in partners, no relation, significant other, significant other, foster son, foster daughter, teacher, school counselor, spouse (ex), restitu-tion recipient, child under guardianship, significant other (ex), neighbor, self, and host home provider. Services In 2021, the Division of Child Welfare began implementing the Family First Prevention Services Act, which is shifting services toward prevention and creating new avenues for services. Colorado aims to better reflect services in Colorado through CCWIS modernization and mapping refinements of services and risk factors. Colorado does not outsource any direct child welfare protection services. Some services that help to support families may be community-based.Colorado (continued) Child Maltreatment 2022 Appendix d: State Commentary 154Connecticut Contact Fred North Phone 860–817–7462 Title Program Director Strategic Planning, Data Reporting and Evaluation Email fred.north@ct.gov Address Department of Children & Families 505 Hudson Street Hartford, CT 06106 General The State of Connecticut (CT) Department of Children and Families (DCF) continues to operate a Differential Response System (DRS). DRS is comprised of two tracks: Child Protective Services (CPS) Investigations for moderate to high-risk cases, and Family Assessment Responses (FAR) for low to moderate risk cases (exceptions apply). Currently, CT does not report data concerning reports handled through a FAR response to NCANDS. This means that the total number of abuse/neglect reports observed in the NCANDS data is far lower than the total that we actually receive, accept and respond to each year. We have also been increasingly utilizing the FAR response, to the point where during FFY 2022 we used FAR to respond to about 60 percent of all accepted reports, although only 55.5 percent remained solely a FAR response and did not change tracks to Investigation. DCF policy did not change with regards to commencement within the designated response time determined at time of acceptance, or for completion of DRS response within 33 business days. Inconsistencies with that expectation were documented accordingly. Reports During the reporting period 88 Social Worker Trainees began their pre-service training. DCF’s Academy for Workforce Development certified 114 new child protective services hires as completing their pre-service training during FFY 2022. The CT DCF Careline is the agency’s 24/7 centralized point of contact for reporting concerns of child abuse and neglect. The Careline has maintained continuous operations 24/7/365 throughout the course of the year. During FFY 2022, Careline continued utilizing a modern cloud-based call center system (Five9) that allows for social worker screeners to work remotely up to 80 percent of their schedules, consistent with the statewide labor agreement regarding telework. This system helps to ensure the health and safety of staff, while maintaining continuous opera - tions, as pandemic conditions continue. Careline social work screening staff are comprised of 50 full-time staff, and 13 part-time staff (at either 34, 32 or 20 hours per week). Appropriately, screening calls is a top priority of the DCF Careline and was an area of quality focus during FFY 2022. Through partnering with the DCF Bureau of Strategic Planning, an in-depth qualitative review of non-accepted reports was completed. During the review period more than 4,000 non-accepted reports were reviewed, with only 60 (1.3 percent) returned to Careline management for further review. Careline used this information to improve performance and provide guidance regarding effective documentation of rationale for not accepting a report. This review will continue semi-annually to maintain the high standards established. Another noteworthy Careline accomplishment in FFY 2022 was the completion of a Careline Continuous Quality Improvement (CQI) Plan and the development of CQI Teams. The CQI Plan contains key performance indicators that span all Careline functions, and there are CQI Teams with areas of focus that include screening/response, training/development and special investigations. Child Maltreatment 2022 Appendix d: State Commentary 155CT DCF has also continued to modernize our systems through ongoing enhancements to our automated reporting portals. Enhancements were made to both the Child Protective Services (CPS) Background Check and CAPTA Notification portals this year. The CAPTA Notification portal allows birthing hospitals the ability to file online reports of abuse or neglect to DCF OR to create a CAPTA Notification for those newborns identified as sub - stance exposed and consistent with the criteria associated with a notification. The Careline also implemented a new public facing mandated reporter portal in June 2022. This portal allows all mandated reporters the ability to file non-emergent reports of abuse/neglect online, and a training video explaining its use was posted online to help reporters understand the system. DCF received 7,335 reports through the portal during FFY 2022, receiving an average of 611 per month, ranging from a high of 812 in March to a low of 375 in August. There was an 11 percent increase in overall CPS reports received during FFY 2022 compared to FFY 2021. Every month saw increases when compared to the same month the previous year, though months that see typical seasonal spikes saw the most increase as well. The volume of reports received in March, June and December 2022 exceeded that of the pre-pandemic, and formerly highest volume observed yet, months in 2019. Report volume in September and November also came close to meeting the same volume for those months in 2019. The types of reporters making calls to the Careline have continued to evolve beyond pre-pandemic proportions during FFY 2022, particularly with respect to those calling from schools. In fact, the proportion of calls received from schools continued to rise during FFY 2022. All other groups showed a commensurate decrease in proportion from FFY 2021 to FFY 2022 during almost all months. Children During FFY 2022, there was a 16 percent increase in the number of unique children who were alleged victims, compared to FFY 2021. This correlates with the almost 20 percent increase in the number of reports accepted for Investigation observed during this year as reporting contin - ues to rebound from the pandemic. CT continued to conduct differential responses throughout the course of this year and had returned to almost entirely in-person responses, with virtual visitation only utilized when indicated. Policies and procedures concerning the conducting of all differential responses did not change during the course of the year. DCF continues to operate a CAPTA portal, which is a web-based portal for notifications of such children by birthing hospitals, which includes the ability to make online reports of abuse/neglect when indicated. DCF received 1,880 notifications through the CAPTA portal during FFY 2022, of which 42.3 percent resulted in an actual abuse/neglect report. Further, 71 percent indicated that a Plan of Safe Care had been developed for the child, and 71 percent referred to appropriate services, as of the time of the notification. Data collected by the portal is de-identified but does include required elements regarding development of a Plan of Safe Care and Referral to Appropriate Services. These fields have not been incorporated into our legacy SACWIS system, as they are planned to be developed in our upcoming CCWIS system within the next one to two years.Connecticut (continued) Child Maltreatment 2022 Appendix d: State Commentary 156DCF continues to strengthen its response to child victims of human trafficking as we learn more in CT and across the country. During FFY 2022, DCF saw its largest increase in new referrals, validating the increased activity by traffickers and demonstrating that the training continues to improve the state’s identification of child victims. The number of new referrals last year increased. Each of the six DCF Regions has a Human Antitrafficking Response Team (HART) team consisting of a HART Lead and Liaison(s) that partner with law enforcement, service providers and the identified Multidisciplinary Team(s) (MDT). These partnerships ensure a collaborative response and coordinate services for child victims and their families. Cases that do not meet the statutory definition of abuse and neglect are coordinated by the Department’s HART Director in partnership with the relevant MDT(s). The Department’s Human Trafficking Policy and Practice Guide allows for all cases of suspected child trafficking be sent directly to the MDT Coordinators. Fatalities CT DCF continues to have appointed representatives that are members of, and regularly attend, the CT Statewide Child Fatality Review Panel meetings. Other members include representa - tives from the Office of the Chief State’s Attorney, Chief Medical Examiner, Child Advocate, and more. 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 (see CT CGS 17a-101g). Most of Connecticut’s child trafficking cases are the result of non-caregiver perpetrators, therefore, are not accepted by DCF Careline. The new DCF Human Trafficking Policy and Practice Guide that went into effect in August 2021 created a new pathway for non-accept cases. All calls of suspected child trafficking that are called into the DCF Careline are reviewed by the HART director and are automatically sent to the state’s seventeen Multidisciplinary Teams (MDTs) and Human Trafficking Task Force. This process ensures that every case of suspected child trafficking receives the same access to support, resources, and legal response despite the limits of state statute. The MDTs have access to the states specialized providers for this population as well as a wealth of other supports and ser - vices that can be beneficial to the child victims and their families. All child trafficking cases are documented in the Provider Information Exchange (PIE) data base. PIE data is used for federal reporting, grant writing, service development, and statewide awareness. The perpetrator relationship field is used to capture the relationship between specific alleged perpetrators and alleged victims. Types of relationships not specified in already defined values are to be captured using the “Other” perpetrator relationship. Examples of such relationships often include parents of other children in the family that are not step/adoptive parents to the alleged victim, parents or relatives of a friend of the alleged victim, and school/educational setting staff (i.e. janitors).Connecticut (continued) Child Maltreatment 2022 Appendix d: State Commentary 157Services CT DCF directly provides all Differential Response Services, as well as ongoing Child Protective and Foster Care/Adoption services. DCF also funds a wide array of contracted services to meet the ongoing needs of children, youth and families, and are aimed at both prevention of abuse/neglect, and treatment of behavioral health, parenting skills, independent living skills and many more. With very few exceptions, DCF modified our service system at the onset of COVID to minimize non-emergency, in-home or in-person services. Our entire service array transitioned very quickly to tele-health solutions and maintained a virtual presence in home and with clients through COVID. With a brief exception during January and early February 2022, the system has continued to utilize in-person services. Our current status is that we are fully open to in-person services at this point while utilizing virtual services when deemed appropriate. The State of Connecticut has continued to plan for implementation of our Family First Prevention Plan, developed in partnership with over 400 individuals from state agencies, community-based providers, advocates, youth and families with lived experiences. What makes this prevention plan unique is that CT has taken a bold approach to expand access to prevention services to children and their caregivers “upstream” who present with particular needs or characteristics that ultimately may result in DCF involvement, as identified through a community pathway. Family First is being utilized as a tool, as part of Connecticut’s overall prevention strategy, to assist in building upon an existing infrastructure and its already diverse array of services and evidence-based programs (EBPs), with the goal to prevent maltreatment and children entering foster care. DCF has already been funding two of the services on the approved plan (Multi-Systemic Therapy and Functional Family Therapy), and our partner agency the Office of Early Childhood (OEC) has been funding three others (Healthy Families America, Nurse Family Partnership and Parents as Teachers). Connecticut’s vision is to expand upon its collaborative child well-being system through enhanced focus on prevention and early intervention. We have continued ongoing preparation for full implementation throughout FFY 2022. Connecticut (continued) Child Maltreatment 2022 Appendix d: State Commentary 158Delaware Contact Christine Weaver Phone 302–892–6489 Title Data and Quality Assurance Manager Division of Family Services Email christine.weaver@delaware.gov Address Delaware Department of Services for Children, Youth and their Families 1825 Faulkland RoadWilmington, DE 19805 General Delaware’s Division of Family Services (DFS) has received an increase in reports of child abuse, neglect and dependency. In FFY 2022, Delaware received an increase in reports. Delaware continues to use Structured Decision Making® (SDM) at the report line, in Investigation, and in Family Assessment Intervention Response (FAIR). By the use of this evidence- and research-based tool, Delaware is better able to distinguish between cases that require a full investigation and those that require an assessment or referrals for services unrelated to child abuse and neglect, to consistently determine safety threats, and to make decisions using the same set of standards. Delaware has continued our internal FAIR pro - gramming and maintained our external FAIR contracts. For the current NCANDS reporting period, Delaware has added internal FAIR data in the Child File. In the near future, we hope to be able to include external FAIR data as we are building a provider portal to allow our contracted FAIR services to enter information into our data system. This portal has been built but is in the testing phase at this time. Delaware has updated juvenile trafficking defini - tions to assist our intake staff on screening reports and has introduced a Commercial Sexual Exploitation Identification Tool (CSE-IT). 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. Delaware also now has added a FOCUS mobile app that allows workers to have access to our data system and enter specific events more readily from the field. As we continue to improve FOCUS, we have tasked ourselves with improving data quality including information used for the NCANDS report. NCANDS validations are used as a data quality tool to determine areas of need and improvement. We have added validations to our system to improve data quality and more accurate reporting. We are in the process of building additional validations to ensure updated demographics are completed on all investigation case participants. We have improved our ability to validate case participants more accurately. Delaware has an estab - lished Continuous Quality Improvement Data Quality Committee that continues to focus on data quality improvement efforts. Reports In FFY 2022, Delaware received 23,537 family and 595 institutional abuse (IA) reports. Of the reports received, 35 percent, were screened in for an assessment or investigation, a 2 per - cent decrease as compared to the 37 percent in FFY 2021. Of reports screened in, 53 percent were diverted through various differential response programs, as compared to 37 percent in FFY 2021, a 16 percent increase. During the COVID-19 pandemic, the Delaware hotline remained at full capacity, and we did not alter our screening practice or policy. Delaware did obtain Dialpad, a cloud-based communication platform to be used for intakes. This allows hotline staff to have remote capability and ensure that all calls will be answered by a live hotline worker, eliminating Delaware’s need for an answering service. Child Maltreatment 2022 Appendix d: State Commentary 159While 53 percent screened in reports were diverted through various differential response programs, more than three thousand were screened in for a new investigation and more than six hundred were linked to an already active investigation. In FFY 2022, Delaware has overall completed less investigations than FFY 2021. This decrease in investigation comple - tion numbers is contributed to the increase in referrals to contracted FAIR, and expansion to our internal FAIR program. Because of the increase of cases diverted through differential response, there is also an increase in unsubstantiated cases, victims, and perpetrators. Previously some of these cases may have received a lower-level substantiation. Since 2012, the State’s intake unit has used 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 2022, accepted referrals for family abuse cases were identified as 68 percent routine/Priority 3, 18 percent Priority 2, and 14 percent urgent/Priority 1 in response. The calculation of our average response time for FFY 2022 was an increase of 15 percent from FFY 2021, but still improved from FFY 2020. Delaware has made great efforts to improve our timeliness response to investigations. We are using data informed practice and have established initial interview due date reports and initial interview completion rate reports that are shared with all staff. Despite our efforts to improve timeliness of response, our vacancy rate is the highest it has been which has led to increase caseloads and an increase in response time, particularly on our priority 3 reports. Children The State uses 50 statutory types of child abuse, neglect and dependency to substantiate an investigation. The State code defines the following terms: “Abuse” is any physical injury to a child by those responsible for the care, custody and control of the child, through unjustified force as defined in the Delaware Code Title 11 §468, including emotional abuse, torture, sexual abuse, exploitation, and maltreatment or mistreatment. “Neglect” is defined as the failure to provide, by those responsible for the care, custody, and control of the child, the proper or necessary: education as required by law; nutrition; supervision; or medical, surgi - cal, or any other care necessary for the child’s safety and general well-being. “Dependent Child” is defined as a child under the age of 18 who does not have parental care because of the death, hospitalization, incarceration, residential treatment of the parent or because of the parent’s inability to care for the child through no fault of the parent. It is Delaware’s policy to assess all children that are part of the household where the alleged maltreatment occurred. In FFY 2022, substantiated victims of child maltreatment is 7 percent of the children in the Child File. In FFY 21, 9 percent of the children in the Child File were substantiated victims of child maltreatment. Delaware is able to capture specific information related to caregiver and child risk factors. Delaware implemented sex trafficking as an allegation type in January 2020. Reports regarding noncaregiver perpetrators of sex trafficking are accepted and included in NCANDS report. Delaware has been reporting infants with prenatal substance exposure for a number of years. Delaware (continued) Child Maltreatment 2022 Appendix d: State Commentary 160Fatalities House Bill 181 requires the agency to investigate all child deaths of children aged 3 and under that are sudden, unexplained, or unexpected. Delaware also has a Maternal and Child Death Review Commission that reviews every child death in the state. There is also a Child Abuse and Neglect (CAN) panel that conducts retrospective reviews on all child death and child near death cases where abuse or neglect is suspected. The state does not report any child fatalities in the Agency File that are not reported in the Child File. For FFY 2022, the state reported 6 fatalities. Perpetrators Delaware maintains a confidential Child Protection Registry for individuals who have been substantiated for incidents of abuse and neglect since August 1, 1994. The primary purpose of the Child Protection Registry is to protect children and to ensure the safety of children in childcare, health care, and public educational facilities. The Child Protection Registry in Delaware does not include the names of individuals, who were substantiated for dependency; parent and child conflict, adolescent problems, or cases opened for risk of child abuse and neglect. An adult Delaware intends to substantiate will receive a written notice of intent to substantiate at the conclusion of the investigation. The notification includes a hearing request form that must be returned within thirty days of the postmarked date of the notification. The hearing request form enables the individual to receive a substantiation hearing in Family Court. When the hearing request form is not returned within the specified timeframe, the individual will automatically be entered on the Child Protection Registry. A minor will receive a substantiation hearing without submitting a hearing request form. This registry is not available through the internet and is not the same as the Sex Offender Registry main - tained by the Delaware State Police State Bureau of Identification. For FFY 2022, parent as a perpetrator ranks the highest in the perpetrator relationship to the child. The Other relationship would include individuals such as a babysitter or nonrelated household member. Services During FFY 2021, Delaware’s Children’s Department saw an increase in the number of children and families served in agency file elements 1.1.C-C and 1.1 E-F. This was due to the reopening of many programs following the slowdown of the COVID pandemic. One of our programs is Team Decision Making, which engages the family, informal sup - ports 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 pres - ervation and reunification services including family interventionists and kinship navigators. Delaware has expanded our contracts with post adoptive services. Delaware has collaborated with numerous community partners to provide better services and plans of safe care for infants with prenatal substance exposure. We have partnerships with domestic violence and substance abuse agencies that provide intervention services in conjunction with agency case management. Delaware plans to continue to build on our service array for prevention services in the upcoming years.Delaware (continued) Child Maltreatment 2022 Appendix d: State Commentary 161Delaware has added additional fields to capture information on services provided in our FOCUS system. These service fields were newly built into our data system as of February 2018. They were intended to be mandatory fields, however there was a defect allowing work - ers to complete the event without adding any services. A validation was added and improve - ments on data entry have been seen. Although improvements have been made, there remains a data entry and completion delay that is being addressed by operations. Delaware Division of Family Services provides case management and some foster care ser - vices. Delaware outsources with community agencies to support additional foster care homes and group care, FAIR intervention, post-adopt support, and a number of other services. Delaware (continued) Child Maltreatment 2022 Appendix d: State Commentary 162District of Columbia Contact Lori Peterson Phone 202–434–0055 Title IT Manager (User Support) Child Information System AdministrationEmail lori.peterson@dc.gov Address Child and Family Services Agency200 I St, SEWashington, DC 20003 General There have been no policy/practice changes that affect our FFY 2022 data. During FFY 2022, the Child and Family Services Agency (CFSA) has begun a new information technol - ogy development process to replace its current SACWIS (known as “FACES”) with the new CCWIS (known as Stronger Together Against Abuse and Neglect in DC (STAAND)). It is anticipated that it will be complete in FFY 2024. Reports The data shows a slight increase in referrals. There has been an increase in vacancies in CPS that have impacted our caseloads. The social work vacancies we are experiencing are nationwide issue and our Human Resource department has hired a recruitment specialist to help recruit to fill these vacancies. Children The District’s CFSA does not accept calls on alleged victims of sex trafficking aged above 18 years old. These occurrences are solely handled by the Metropolitan Police Department. Fatalities CFSA participates on the District-wide Child Fatality Review committee and uses informa-tion from the Metropolitan Police Department and the District Office of the Chief Medical Examiner (CME) when reporting child maltreatment fatalities to NCANDS. The District reports fatalities in the Child File when neglect and abuse was a contributing factor that led to the death of the child. The District defines Suspicious Child Death as a report of child death is either unexplained, or concern exists that abuse or neglect by caregiver contrib - uted to or caused the child’s death. Child Maltreatment 2022 Appendix d: State Commentary 163Florida Contact Hans Soder Phone 850–717–4686 Title Director of Data & Information Services Office of Child & Family Well-BeingEmail hans.soder@myflfamilies.com Address Florida Department of Children and Families2415 N Monroe St, Ste. 400Tallahassee, FL 32303 General In seven Florida Counties (Walton, Seminole, Broward, Manatee, Pinellas, Pasco, Hillsborough), Child Protective Investigations are handled by the County Sheriff’s Offices through grant agreements. There have been no recent changes to our policies affecting NCANDS data for FFY 2022 (maltreatments and determination of findings). Florida uses one pathway for intakes screened in for investigation. All screened-in intakes alleging abuse, abandonment, and/or neglect are responded to through an investigative response by a Child Protective Investigator. A separate type of referral (Special Conditions Referral) is generated when certain conditions are reported to the Hotline and do not meet the criteria for an investigation (do not contain allegations of child abuse, abandonment, or neglect), but warrant a response by the department, investigating sheriff’s office or community-based-care child welfare professional. These special conditions referrals include caregiver unavailable, child on child sexual abuse, parent needs assistance, and foster care referral. Reports The criteria to accept a report are that an alleged victim: ■Is younger than 18 years. ■Is a resident of Florida or 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 non-caregiver. The response commences when the assigned child protective investigator attempts the initial face-to-face contact with the alleged victim. The system calculates the number of minutes from the received date and time of the report to the commencement date and time. The min-utes for all cases are averaged and converted to hours. An initial onsite response is conducted immediately in situations in which any one of the following allegations are is made: (1) a child’s immediate safety or well-being is endangered; (2) the family may flee or the child will be unavailable within 24 hours; (3) institutional abuse or neglect is alleged; (4) an employee of the department has allegedly committed an act of child abuse or neglect directly related to the job duties of the employee; (5) a special condition referral (e.g., no maltreatment is alleged but the child’s circumstances require an immediate response such as emergency hospitaliza-tion of a parent, etc.); for services; or (6) the facts of the report otherwise so warrant. All other initial responses must be conducted with an attempted onsite visit with the child victim within 24 hours. Child Maltreatment 2022 Appendix d: State Commentary 164Several maltreatments map to “8 - Other” in Florida, including Threatened Harm, Intimate Partner Violence Threatens Child, Household Threatens Child, and Family Violence Threatens Child, this will inevitably increase the number of reported in the NCANDS category of Other maltreatment values. Children The NCANDS Child File includes both children alleged to be victims and other children in the household. The Adoption and Foster Care Analysis and Reporting System (AFCARS) identification number field is populated with the number that would be created for the child regardless of whether that child has actually been removed and/or reported to AFCARS. Although the Florida Hotline uses the maltreatment “Threatened Harm” only for narrowly defined situations, investigators may add this maltreatment to any investigation when they are unable to document existing harm specific to any maltreatment type, but the information gathered, and documentation reviewed, yields a preponderance of evidence that the plausible threat of harm to the child is real and significant. Threatened Harm is defined as behavior which is not accidental, and which is likely to result in harm to the child, which leads a pru-dent person to have reasonable cause to suspect abuse or neglect has occurred or may occur in the immediate future if no intervention is provided. However, Florida does not typically add Threatened Harm if actual harm has already occurred due to abuse (willful action) or neglect (omission which is a serious disregard of parental responsibilities). Most data captured for child and caregiver risk factors will only be available if there is an ongoing services case already open at the time the report is received or opened due to the report. A reduction in the child intake screen in rate within in the Florida Abuse Hotline resulted in a decline in the total number of intakes accepted for investigation compared to the previous year. This reduction has impacted the unique child counts, duplicate victim counts, and unique perpetrator counts. Fatalities Fatality counts include any report closed during the year, even those victims whose dates of death may have been in a prior year. Only verified abuse or neglect deaths are counted. The finding was verified when a preponderance of the credible evidence resulted in a determina - tion that death was the result of abuse or neglect. All suspected child maltreatment fatalities must be reported for investigation and are included in the Child File. Beginning with the 2021 submission, the maltreatment of “Other” was removed from fatality records leaving only the other maltreatment(s) in the investigation. Perpetrators By Florida statute, perpetrators are only identified as responsible for maltreatment in cases with verified findings. Licensed foster parents and non-finalized adoptive parents are mapped to 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 (continued) Child Maltreatment 2022 Appendix d: State Commentary 165Florida reviews all children verified as abused with a perpetrator relationship of relative foster parent, nonrelative foster parent, or group home or residential facility staff during the investigation against actual placement data to validate the child was in one of these place - ments when the report was received. If it is determined that the child was not in one of these placements on the report received date, then the perpetrator relationship is mapped to the NCANDS category of “other.” Services Due to the IV-E waiver and a cost pool structure that is based on common activities per - formed that are funded from various federal and state awards, Florida uses client eligibility statistics to allocate costs among federal and state funding sources. As such, Florida does not link individuals receiving specific services to specific funding sources (such as prevention).Florida (continued) Child Maltreatment 2022 Appendix d: State Commentary 166Georgia Contact Michael Fost Phone 404-463-0845 Title Operations Analyst Division of Family and Children ServicesEmail michael.fost@dhs.ga.gov Address Georgia Department of Human Services47 Trinity Avenue SWAtlanta, GA 30334 General Screened-in maltreatment referrals that are not considered “Special” call types, are directed to an Initial Safety Assessment, where case managers conduct a preliminary assessment to determine if there is present or impending danger safety threats. The system determines the track assignments based on safety threats recorded by the Case Manager. The track assign - ment can be Investigation or Family Support Services (alternative response), depending on safety threats recorded. Special Investigation (Maltreatment in Care and Child Death, Near Fatality and Serious Injury) cases are immediately assigned to the Investigation stage. Special Circumstances — No Maltreatment Alleged Intakes are also assigned to the Investigation track, but with a five-day response time instead of immediate or one-day. Cases with allegations that are considered dangerous (sexual abuse, physical abuse, maltreatment in care) are directed immediately to the investigation pathway. Cases with other allegations undergo an “Initial Safety Assessment” (ISA). A case worker interviews in person the alleged victim(s) and the alleged perpetrator(s) at the home. Risk is assessed, and the case is then directed either to an investigation or, if risk appears low, to the Family Support pathway. Investigations conclude with a disposition of either substantiated or unsubstantiated, indicating whether a preponder - ance of evidence supports the allegation(s) or not. Family Support Services cases can be track assigned to Investigation if safety threats are observed or closed if no threats exist. Both investigations and Family Support are included in the NCANDS Child File. A decision to remove children into state custody does not depend on the investigation dis - position, but on present or impending danger safety threats that indicate the child is unsafe. Case Managers are required to explore Kinship Arrangements when an Out of Home Safety Plan is necessary. Reports Georgia made changes to intake interviews over the past two years. More information is gathered through a structured interview process. There were about 10,000 more referrals of maltreatment in 2022 compared to 2021 and a greater proportion have been screened out. 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. Child Maltreatment 2022 Appendix d: State Commentary 167Children The number of unique child victims increased 9.1 percent from 2021 to 2022. 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. Approximately 20 more children died due to maltreatment in the 2022 report than in the 2021 report. Perpetrators Prior to July 1, 2016, a ruling of the Georgia Supreme Court prohibited the Division of Family and Children Services from reporting perpetrator data. Changes in state law allowed the formation of a Child Abuse Registry in July 2016, and Georgia began to report perpetra - tor 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 Registry. Perpetrator data is still collected in the SACWIS system, and Georgia continues to report perpetrator data in NCANDS. The effect, if any, on substantiation rates is not obvious. 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 2022 Appendix d: State Commentary 168Hawaii Contact Rosaline Tupou Phone 808–586–5711 Title Administrator Hawaii Child Welfare Program DevelopmentEmail rtupou@dhs.hawaii.gov Address Princess Victoria Kamamalu Bldg 1010 Richards Street, Suite 216Honolulu, HI 96813 The state did not submit commentary for the Child Maltreatment 2022 report. Child Maltreatment 2022 Appendix d: State Commentary 169Idaho Contact Robbin Thomas Phone 208–334–5700 Title Research Analyst, Principal Family and Community ServicesEmail robbin.thomas@dhw.idaho.gov Address Idaho Department of Health and Welfare450 West State Street, 5th Floor Boise, ID 83703 General Idaho does not have an alternative response to screened-in referrals. Reports The number of accepted reports of maltreatment declined in the past year. However, there has not been any practice or policy changes that would account for this change. Idaho has staffing challenges and the intake unit is doing their best to ensure that if the priority guide - lines do not clearly apply to the given circumstances, they are screening out where in the past they may have screened something in. Idaho has a centralized intake unit which includes a 24-hour telephone line for child welfare referrals. The intake unit maintains a specially trained staff to answer, document, and pri - oritize calls, and documentation systems that enable a quicker response and effective quality assurance. Allegations are screened out andnot assessed when: ■The alleged perpetrator is not a parent or caregiver for a child, the alleged perpetrator no longer has access to the child, the child’s parent or caregiver is able to be protective of the child to prevent the child from further maltreatment, and all allegations that a criminal act may have taken place have been forwarded to law enforcement. ■The alleged victim is under 18 years of age and is married. ■The alleged victim is unborn. ■The alleged victim is 18 years of age or older at the time of the report, even if the alleged abuse occurred when the individual was under 18 years of age. If the individual is over 18 years of age, but is vulnerable (physically or mentally disabled), all pertinent information should be forwarded to Adult Protective Services and law enforcement. ■There is no current evidence of physical abuse or neglect and/or the alleged abuse, neglect, or abandonment occurred in the past and there is no evidence to support the allegations. ■Although Child and Family Services (CFS) recognizes the emotional impact of domestic violence on children, due to capacity of intake, we only can respond to referrals of 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 Maltreatment 2022 Appendix d: State Commentary 170 ■Child custody issues exist, but don’t allege abuse or neglect or don’t meet agency defini - tions of abuse or neglect. ■More than one referral describes the identical issues or concerns as described in a previous referral. Multiple duplicate referrals made by the same referent should be staffed with the local county multi-disciplinary team for recommendations in planning a response. More information regarding intake, screening, and priority guideline standards can be found on the Idaho Health and Welfare website. 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 reports substantiated, unsubstantiated: insufficient evidence, and unsubstantiated: erroneous report dispositions. ChildrenIdaho has incorporated modifications related to policies or procedures in conducting investi - gations during the past year. These changes enable staff to expedite the formal safety assess - ment process in cases in which the allegations are determined erroneous. Idaho struggled with staffing levels this year which impacted staff’s ability to conduct timely investigations. Idaho’s current practice standard for Expedited Safety Assessment, Comprehensive Safety, Ongoing, and Re-Assessment requires the social worker to interview all children of con - cern, all child participants on a report, and any child who falls under the Temporary Child Resident Standard. The practice standard defines child(ren) participants on a presenting issue as, “all other children who are not identified as victim(s) of abuse or abandonment which reside in or visit the home.” Idaho collected data on sex trafficking victims on all children assessed for neglect, abuse, or abandonment. In addition, Idaho assesses children in foster care for human trafficking during child contact visits and when a youth returns from runaway status. Idaho implemented data collection for prenatal substance exposure in April 2019. When our centralized intake unit receives a report regarding concerns of a substance affected infant information is collected regarding the plan of care and services provided. There were no changes in policies or procedures regarding sex trafficking or referral of infants with prenatal substance exposure during the pandemic. All children ages birth to three years old who are involved in cases substantiated for abuse, neglect and/or abandonment are referred to early intervention services through the Idaho Infant and Toddler Program. More information regarding Idaho’s standards specific to safety assessment, mandatory referrals for children birth to three, and human trafficking standards can be found on the Idaho Health and Welfare website. Fatalities There were no changes in policies or procedures regarding child death reviews during the pandemic. Idaho has a state child fatality review team who was able to make a slight sched - ule adjustment and continue to meet to ensure reviews were completed as planned during Idaho (continued) Child Maltreatment 2022 Appendix d: State Commentary 171the 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 SACWIS and provides the number of fatalities for all children for whom the cause of death is homicide. When a report is made to the Centralized Intake Unit, the Priority Response Guidelines establish requirements for evaluating safety issues within Child and Family Services (CFS) mandates and are 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 or perpetrator. However, for the purpose of Idaho’s Child Protection Central Registry levels of risk, for an individual to be to be placed on the Central Registry at the highest level for sexual abuse they must meet the definition of sexual abuse as defined in Idaho Statute. Idaho Statute 18-1506 includes in the definition of sexual abuse of a child under the age of sixteen year that it is a felony for any person eighteen (18) year of age or older. Idaho’s practice is to substantiate suspects who are over the age of eighteen (18) or are the parent of the victim. Idaho does report noncaregiver preparators of substantiated cases related to sex trafficking. Idaho’s other perpetrator relationship is for other relative. We have defined categories for stepparents, grandparents, and great grandparents therefore other relative is typically used for aunt, uncle, or cousin or other relative relationships. Services 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. Federal initiatives through CAA and ARPA provide additional funding to support youth who may have aged of foster care to remain in foster care and/or receive additional services to help them successful transition to adulthood. Idaho utilized contractors service providers and community service providers and/or agencies to provide services to families and children.Idaho (continued) Child Maltreatment 2022 Appendix d: State Commentary 172Illinois Contact Jennifer Eblen-Manning Phone 708–338–6618 Title Deputy Director Quality AssuranceEmail jennifer.eblen-manning@illinois.gov Address Department of Children and Family Services1701 S. First Ave, 10th Floor Rm 1060Maywood, IL 60153 General Currently Illinois does not have a Differential Response pathway. The Illinois NCANDS Child File contains reports of child abuse/neglect that resulted from a hotline call meeting the standards of abuse/neglect as defined in department procedure 300.30(a)(1) Criteria for a Report of Abuse or Neglect. Illinois DCFS launched a Streamlined Online System for Reporting of Non-Emergency Child Abuse and Neglect in October 2020. This system makes it easier for everyone to file a report of suspected abuse or neglect. Reports 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 contained in Procedures 300, Appendix B; and ■The person committing the action or failure to act must be an eligible perpetrator: • For a report of suspected abuse, the alleged perpetrator must be the child’s parent, immediate family member, any individual who resides in the same home as the child, any person who is responsible for the child’s welfare at the time of the incident, a paramour of the child’s parent, or any person who came to know the child through an official capacity or is in a position of trust. • For a report of suspected neglect, the alleged perpetrator must be the child’s parent or any other person who was responsible for care of the child at the time of the alleged neglect. The Illinois DCFS procedures allow taking multiple reports on the same child abuse and neglect incident when there are multiple perpetrators that either do not reside in the same residence or reside in the same residence as a child victim but are part of separate and inde-pendent families. In these situations, there are separate reports taken for each perpetrator. The number of reports for FFY 2022 show an increase compared to FFY 2021, which appears to be related to the school districts returning to in class learning during the reporting period. With the resumption of in class learning, Illinois data reflects the number of reports made by education personnel increased which accounts for 85 percent of increase in the unique reports. Since the start of the pandemic, the Child Abuse/Neglect Hotline has never shutdown, staff transitioned 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 Child Maltreatment 2022 Appendix d: State Commentary 173questions were added, consistent with CDC and IDPH (Illinois Department of Public Health) guidance for worker safety in responding to reports of abuse/neglect. Illinois reports “nonmandated reporters” to the NCANDS report source category of “other”. The state does not collect any subtype information. The state’s online system is a self-reported report source. Children Illinois uses the allegation of Substance Misuse to report on infants with prenatal substance exposure among other types of substance misuse for children and youth. Illinois has an allegation of Human Trafficking, which, according to the federal law, is defined as twofold: “sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or the recruitment, harboring, transportation, provision, obtaining, patronizing or soliciting of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery.” [22 U.S.C. §7102(8)] For the purpose of a child abuse/neglect investigation, force, fraud, or coercion need not be present. Incidents of Maltreatment: ■Labor exploitation (ABUSE). ■Commercial sexual exploitation (i.e., prostitution, the production of pornography or sexu-ally explicit performance) (ABUSE). ■Blatant disregard of a caregiver’s responsibilities that resulted in a child being trafficked (NEGLECT). Since Illinois’s definition of sex trafficking is a part of a broader definition of Human Trafficking that also includes labor exploitation and blatant disregard of a caregiver’s respon - sibilities, it is mapped to the NCANDS maltreatment type 8 — Other. Illinois procedure related to Human Trafficking was updated on 9/16/2022 to collect data specific to Human Labor Trafficking Abuse allegation, Human Sex Trafficking Abuse allegation, Blatant disregard of a caregiver’s responsibilities that result in Human Labor Trafficking Neglect allegation, and Blatant disregard of a caregiver’s responsibilities that result in Human Sex Trafficking Neglect allegation. Illinois is working to ensure it can collect and produce data on these new elements out of SACWIS. Currently, Illinois reports child risk factors for youth with prior or current foster care involvement only. Fatalities Illinois DCFS procedures allow for multiple reports on the same child abuse and neglect incident (fatal incidents included) to be taken when there are multiple perpetrators that either do not reside in the same residence or reside in the same residence as the child victim, but are of separate and independent families. In these situations, there are separate reports taken for each perpetrator. This policy has the potential to report the same child fatality in multiple Illinois (continued) Child Maltreatment 2022 Appendix d: State Commentary 174reporting cycles if the disposition (final finding) dates occur in different reporting cycles. No other data system or agencies are used to compile and report child fatalities due to suspected abuse or neglect. In Illinois, mandated reporters are required to report suspected child abuse or neglect imme - diately (fatal incidents included) when they have “reasonable cause to believe” that a child known to them in their professional or official capacity may be an abused or neglected child”. (325 ILCS 5/4) Reports are made by calling the DCFS Child Abuse Hotline. Mandated reporters include, but are not limited to, medical personnel, law enforcement personnel, coroners, medical examiners, and funeral home directors. Perpetrators The state makes a dispositional allegation-based determination for perpetrators for alleged victim. The Illinois Abused and Neglected Child Reporting Act (ANCRA) [325 ILCS 5/5] and Rule 300, Reports of Child Abuse and Neglect , does not set a minimum age for a perpetra - tor, except for Allegation #10 – Substantial Risk pf Physical Injury (minimum age of 16), therefore any case involving a young perpetrator must be assessed on an individual basis according to the dynamics of the case. The state is currently unable to report caregiver risk factors.Services Illinois case-management services include intact family and foster care services. The state contracts 70 percent–80 percent of its casework to community-based provider agencies. The Intact Family Services program is designed to work with families voluntarily who have come to the attention of the Department of Children and Family Services: 1) as a result of an indicated finding from a child abuse/neglect investigation, 2) as a result of an unfounded investigation if approved by the Office of Intact Family Services, or 3) involuntarily when ordered by the court to provide services as defined in Procedures 302.388. There are 5 target populations served by Family First Prevention Services and intact family services is the largest group.Illinois (continued) Child Maltreatment 2022 Appendix d: State Commentary 175Indiana Contact Kara Riley Phone 765–431–0851 Title Data Analyst–Federal Reporting Project Manager Email kara.riley@dcs.in.gov Address Indiana Department of Child Services Office of Data Management302 W. Washington St, Room E306–MS47Indianapolis, IN 46204–2739 General Indiana has engaged in continuous improvement efforts to refine the data collection and mapping process through system modifications and overall enhancement. The Management Gateway for Indiana’s Kids (MaGIK) is an ever-evolving, umbrella system which has further incorporated services, billing, case management, and the overall data management, organiza-tion, and extraction components. Reports The Indiana Department of Child Services (DCS) does not assign for assessment a referral of alleged child abuse or neglect that does not: ■Meet the statutory definition of child abuse and neglect; and/or ■Contain sufficient information to either identify or locate the child and/or family and initiate an assessment (Indiana Policy Manual 3.6). As of January 1, 2018, the Hotline ceased automatically recommending assessment of all reports with alleged victims under the age of three years old. As of July 1, 2019, a change in legislation increased the 1-hour response time to 2-hours.Effective June 1, 2021, DCS Hotline modified its standardized worker safety questions. DCS also partnered with the Capacity Building Center for States as well as ran internal events targeted at reducing our screen-in rate. DCS made decision modifications on types of reports to screen out that include, but are not limited to: ■“Sexting” concerns among adolescents, effective October 1, 2020. ■Pre-adolescent children exhibiting potentially sexually maladaptive behaviors, effective January 1, 2021. ■Marijuana use only reports with children 3 and older, effective April 1, 2021. ■Educational neglect, effective August 16, 2021. Effective June 1, 2021, every screen-out report (including child fatalities and near fatalities) will be reviewed by one hotline supervisor, then sent to the local DCS offices, where one member of management will be designated to make the final determination within 24 hours. DCS Hotline also ceased doing the additional screen out review for children under 3. Effective February 28, 2022, a practice change was implemented where DCS Hotline would no longer document certain reports that provide no value. Examples include wrong numbers, immediate disconnects, internal DCS conversations, or simply transferring a call to another worker within the Hotline. Child Maltreatment 2022 Appendix d: State Commentary 176Children Indiana continues to work with its field staff responsible for entering reports and completing assessments and emphasizing the importance of entering all applicable data, including child risk factors. Indiana completes daily Assessment Staffings between field workers and super - visors, which emphasizes ensuring the safety of children as quickly as possible. In FFY 2021, Indiana streamlined their assessment completion processes for SafeACT assessments (where all children in the assessment are deemed clearly safe) and Professional Service Requests. Streamlining these processes should allow workers to initiate and complete all assessments more timely. Fatalities All data regarding child fatalities are submitted exclusively in the Child File. Fatality counts for the FFY are based on the date of an approved, substantiated, fatality assessment. DCS completes a review of all child fatalities that fit the following circumstances: ■Children under the age of 3: the child’s death is sudden, unexpected or unexplained, or there are allegations of abuse or neglect; ■Children age 3 or older: the child’s death involves allegations of abuse or neglect. Reports for fatalities can be made from multiple sources, including DCS, law enforcement, fire investigator, emergency medical personnel, coroners, the health department, or hospitals. Reports can be made from these sources related to drownings, poisonings/overdoses, asphyx - iation, 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. In FFY 2021, a CBCAP COVID grant was added as a separate federal funding source, which allowed Indiana to serve more children. On June 1, 2020, Indiana Family Preservation Service was launched. This service is required to be referred on all new in-home child/chil - dren in need of services (CHINS) and informal adjustments (IA). This service is a per diem that encompasses all services that the family needs to remain safely in the home with their caregivers.Indiana (continued) Child Maltreatment 2022 Appendix d: State Commentary 177Iowa Contact Lynda Miller Phone 515-377-0390 T itle Management Analyst 3 Bureau of Quality Assurance & Improvement Email lmiller3@dhs.state.ia.us Address Iowa Department of Health and Human Services PO Box 4826, Des Moines, IA 50305 General Iowa has two types of responses to screened-in referrals/reports of suspected abuse. Our traditional pathway is called a child abuse assessment and the alternative response pathway is called a family assessment. The child abuse assessment pathway requires a determination of abuse and a determination of whether criteria for placement on the Registry are met. The family assessment pathway identifies family strengths and needs, connects the family to the appropriate services needed, and does not include a determination of abuse or a determina-tion of whether criteria for placement on the Registry are met. Data from both pathways are reported to NCANDS. A significant number of Iowa laws impacted state policies and procedures that in turn may have affected FFY 2022 data to NCANDS, including the following which were effective July 1, 2022: ■Safe haven laws were extended from a newborn infant who is or appears to be thirtydays of age or younger to a newborn infant who is or appears to be ninety days of age oryounger. ■Massage therapists were added to the list of mandatory reporters of both child and depen - dent adult abuse. ■A requirement that an allegation of Denial of Critical Care or an allegation of DangerousSubstance to be reported within five years to qualify as child abuse. ■The removal of a requirement for a written report of suspected abuse to be submittedwithin 48 hours of the oral report and maintains that only an oral report is required. ■Amendments to CINA proceeding, including: • A requirement that the GAL must be an attorney and not a CASA, • An addition of “objective criteria” to be used in GAL recommendations, • A presumption it is in the best interest of children 10 years and older to attend court, • Allows for removal of “domestic abusers” from the residence pursuant to a court order, • An underscoring of the harm caused by removal of a child and that it must be weighedagainst the potential harm in allowing a child to remain with the child’s family, • A prioritization of relatives and fictive kin as preferred placements, • Providing notice to adult relatives, even if the custody is not transferred to the IowaDepartment of Health and Human Services (HHS), • Permission for HHS to share information necessary to explore potential relativeplacement, • A focus on family interaction even when parents fail to comply with court require - ments, so long as it’s not detrimental to the child, and • Reasonable efforts to place siblings together. Child Maltreatment 2022 Appendix d: State Commentary 17 8Reports The number of suspected reports of abuse decreased slightly in FFY 2022. This decrease was small and not a difference of 10 percent or more. The law change which requires an allega - tion of Denial of Critical Care or an allegation of Dangerous Substance to be reported within five years to qualify as child abuse took effect on July 1, 2022, and may have been a factor in this slight decrease. However, the law change was implemented toward the end of FFY 2022 and it would have only impacted the last three months of data. Additionally, new staff were hired and trained with an expansion in the hours of operation for Iowa’s Centralized Service Intake Unit (CSIU)/abuse hotline. CSIU transitioned to a 24-hour unit in January 2021, so by the start of FFY 2022, there were an addition of 21 staff who had been in their positions for less than 10 months. This increase in new intake staff is not believed to have impacted the number of screened in referrals. Children The number of victims of abuse decreased slightly in FFY 2022. This decrease was small. While it’s unknown what contributed to the slight decrease, barriers to collecting and reporting data for infants with prenatal substance exposure remains a topic of discussion. A lack of com - mon understanding and application of what constitutes “infant affected” has led to confusion around what medical providers feel they should be reporting and how child welfare staff should be responding. Policies and procedures have not changed regarding the referral of infants with prenatal substance exposure, but conversations with medical provider partners have increased and trainings with child welfare staff have increased in attempt to assure these infants are being identified and Safe Plans of Care are created for them and their caregivers. Fatalities While Iowa’s Child Death Review Team does review all fatalities of children that were sudden, unexpected, or nonnatural deaths, Iowa Agency File fatalities are collected from data maintained internally by the Iowa Department of Health and Human Services (HHS). Infant/child deaths are only assessed by HHS when there is an allegation of abuse. The number of child maltreatment fatalities increased significantly in FFY 2022. While the total number was not more than 10, this difference was more than a 50 percent increase, jumping from twelve child maltreatment fatalities in FFY 2021 to nineteen in FFY 2022. Fatalities related to unsafe sleep made up the majority of this increase. With the awareness of safe sleep recommendations on the rise and the number of those cases which include sub - stance use by the parent/caretaker, it is no surprise that we are seeing an increase in fatalities resulting from unsafe sleep. Looking at this data in total, nineteen child fatalities were the result of abuse or abuse as a contributing factor. A state review of the maltreatment death data indicated unsafe sleep made up over one-third (seven) of all child maltreatment deaths, involving infants between 10 days and 6 months of age. In five of these instances, a parent or older sibling was co-sleeping with the infant on an adult bed or couch/recliner. The other two instances involved unregu-lated in-home childcare providers, one who placed an infant on an adult bed to sleep and another who placed an infant on their stomach in a pack and play to sleep.Iowa (continued) Child Maltreatment 2022 Appendix d: State Commentary 179Physical Abuse attributed to nearly one-quarter (four) of all child maltreatment deaths. Strikingly, all four of these physical abuse incidents were caused by a parent (one, which also included a paramour of the child’s mother). The physical abuse incidents involved children between 19 days and 2 years of age. Drownings accounted for three of all child maltreatment deaths, involving children between 9 months and 2 years of age, with one occurring in a residential pool and the other two in a bathtub. The persons responsible in all three of the drowning incidents were parents. The five remaining child maltreatments deaths were single cases of inadequate medical care, motor vehicle accident, suicide, accidental gunshot, and asphyxiation. These incidents involved five children between 1 year and 13 years of age. In these incidents, three of the persons responsible were parents, one was a foster parent, and one was an unregulated in-home childcare provider. When considering whether any child maltreatment deaths included a history of HHS assessment or services, it was determined that eight of the nineteen child maltreatment deaths had both assessment and service history, six of the nineteen had assess-ment history only (no service history), and five of the nineteen had no assessment or service history. Perpetrators Perpetrators in Iowa include individuals of any age who have caregiver responsibilities at the time of the alleged abuse, or a person 14 years of age or older who sexually abuses a child they reside with, or a person who engages in or allows child sex trafficking. This definition, in accordance with federal regulation, defines any perpetrator of child sex trafficking as a perpetrator of child abuse and therefore, includes data in NCANDS reporting for persons who may otherwise be considered noncaregivers. In FFY 2022, the incidents of abuse perpetrated by a childcare provider increased by more than 200 percent. The logic for perpetrator information did not change and there is no clear explanation for this dramatic increase. Factors may include an increase in children’s mental health issues that result in increased behaviors, under trained staff, increased substantia-tions of abuse due to non-compliance with regulatory rules, and seeing a rise in numbers of children returning to childcare since the height of the COVID-19 pandemic. Services Iowa has both preventative and post-response services. Preventative services, referred to as Non-Agency Voluntary Services, are available on a voluntary basis to families following an assessment where abuse is not substantiated or abuse is confirmed (substantiated, but not placed on the central abuse registry) and there is low or moderate risk. These services are provided through contracts with external partners to strive to keep children safe from abuse, keep families intact, prevent the need for future involvement from the child welfare system, and to build ongoing connection to community-based resources. Postresponse services, referred to as Family Centered Services, are required for families where abuse is confirmed (substantiated, but not placed on the central abuse registry) and there is high risk or for families where abuse is founded (substantiated, and placed on the central abuse registry) and the risk is low, moderate, or high. These services are provided Iowa (continued) Child Maltreatment 2022 Appendix d: State Commentary 180through contracts with external partners and managed by the Iowa’s child welfare agency to offer a flexible array of culturally sensitive interventions and supports (including Family Preservation Services, Solution Based Casework, and SafeCare), to achieve safety and permanency for children and their families. Iowa (continued) Child Maltreatment 2022 Appendix d: State Commentary 181Kansas Contact Ashley Johnson Phone 785–380–6445 Title Deputy Director of Performance Improvement Email ashleyr.johnson@ks.gov Address Prevention & Protection Services Department for Children & Families555 S Kansas AvenueTopeka, KS 66603 General In the event there is no concern of maltreatment, but an assessment and referral from DCF may be necessary, Kansas does have a non-abuse/non-neglect category of case assignment called Family in Need of Assessment (FINA). FINA cases are not counted as screened-out reports. They are screened in, but as FINA as opposed to Abuse/Neglect (maltreatment). Reports Reasons for screening out allegations of child abuse and neglect include: ■Initial assessment of reported information does not meet the statutory definition: Report does not contain information that indicates abuse and neglect allegations according to Kansas law or agency policy. ■Report fails to provide the information necessary to locate child: Report doesn’t provide an address, adequate identifying information to search for a family, a school where a child might be attending, or any other available means to locate a child. ■The Department of Children and Families (DCF) does not have authority to proceed or has a conflict of interest if: Incidents occur on a Native American reservation or military installation; alleged perpetrator is a DCF employee; alleged incident took place in an institution operated by DCF or Kansas Department of Corrections – Juvenile Services (KDOC-JS); or alleged victim is age 18 or older. ■Incident has been or is being assessed by DCF or law enforcement: Previous report with the same allegations, same victims, and same perpetrators has been assessed or is cur - rently being assessed by DCF or law enforcement. ChildrenThe decrease in the number of child victims compared to last year may be partially attrib-uted to updating the Kansas Protection Reporting Center (KPRC) processes including Structured Decision Making (SDM) definitions as well as education and training to KPRC staff. KPRC staff have received updated training on how SDM is applied, Risk Intelligence, and Questions that Make a Difference. KPRC leadership and staff have received additional coaching throughout the year on SDM and how to utilize the updated SDM definitions. Kansas has also implemented the Kansas Practice Model statewide and focused on the issue of poverty vs. neglect (for example, a child who may have been an alleged victim of Physical Neglect may instead be an identified child on a Family in Need of Assessment case and receive an assessment and referral for services if warranted). Kansas is also working diligently to provide education and resources to communities includ - ing educators and other mandated reporters on ways to best support children and families when DCF interventions may not be necessary, which includes connecting families to community-based services. In the event there is no concern of maltreatment, but an assess - ment and referral from DCF may be necessary, Kansas does have a non-abuse/non-neglect category of case assignment called Family in Need of Assessment (FINA). FINA cases are Child Maltreatment 2022 Appendix d: State Commentary 182not counted as screened out reports. They are screened in, but as FINA as opposed to Abuse/ Neglect (maltreatment). Case assignments have decreased as a whole, which is also likely why we are seeing a decrease in the total number of unique child victims. Fatalities Kansas uses data from the Family and Child Tracking System (FACTS) to report fatalities to NCANDS. Maltreatment findings recorded in FACTS on child fatalities are made from joint investigations with law enforcement. The investigation from law enforcement and any report from medical examiner’s office would be used to determine if the child’s fatality was caused by maltreatment. The Kansas Child Death Review Board reviews all child deaths in the state of Kansas. Child fatalities reported to NCANDS are child deaths because 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. Perpetrators Kansas does report noncaregiver perpetrators of sex trafficking. Kansas has a minimum age of 10 years for a child to be considered an alleged perpetrator of maltreatment. The NCANDS category of “other” perpetrator relationship includes the state category of not related. Services Kansas does not capture information on court-appointed representatives. However, Kansas statute (K.S.A. 38-2205) requires the child to have a court-appointed attorney (GAL). Kansas has placed an emphasis on child and family well-being and prevention services in recent years. This has included implementation of the Kansas Practice Model, Family First Prevention Services, Family Resource Centers, a mobile crisis service for children and youth experiencing a mental health crisis, and advisory councils that partner with the voices of those directly impacted by services. Kansas DCF provides many of these prevention services as well as foster care case management through contracts or grants awarded to other organi - zations who provide direct services to children and families.Kansas (continued) Child Maltreatment 2022 Appendix d: State Commentary 183Kentucky Contact Melanie Day Phone 502-564-7635 Title Quality Assurance Branch Manager Protection and PermanencyEmail melanie.day@ky.gov Address Department of Community Based Services275 East Main Street 3E-A Frankfort KY 40621 General Kentucky does not currently have a true alternative or differential response. assessment worker (investigation worker) makes an (investigation response (IR) or family in need of services response determination at the completion of the assessment (investigation). Kentucky has the following dispositional findings for investigations/assessments: fatality/ near fatality substantiated, found/substantiated, substantiated, unsubstantiated, and services needed. For the purposes of NCANDS reporting, services needed is mapped to the NCANDS disposition of “other.” Kentucky currently does not map a dispositional finding to alternative response. Kentucky has begun the tasks associated with implementation of a true alternative response system. With full implementation of an alternative response statewide, the depart - ment anticipates a decrease in the number of past due investigations/assessments. Alternative response is anticipated to be implemented by 2024. 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. Reports Each of the nine service regions in Kentucky houses a central intake (CI) team which oper - ates the statewide abuse and neglect reporting system. Due to the high volume of reports and population size, Jefferson County has two CI teams. All ten CI teams are housed under one statewide branch focused on serving their respective service region. The CI phone system allows teams to “share” call volume by serving consumers across regional boundaries. The statewide hotline number first directs calls based on area codes to the corresponding service region. If all lines for that service region are busy, the call then bounces over to the next available CI team member statewide. This has improved customer experience via shorter wait times, increased service efficiency, and expanded coverage to meet business needs. The statewide call platform was implemented in July 2019 with all teams online by March 2020. A partnership with Seven Counties Services, Kentucky’s after-hours hotline operator, began in 2022 and was implemented January 2023. This expanded the number of employees and ensured more calls were answered in a timely manner. The PureCloud phone system used by DCBS’s CI staff became available for Seven Counties Services hotline employees as of February 2023. All staff using the same platform allows DCBS staff to easily reference and pull detailed data on the number of calls, wait times, staff averages, and performance. The PureCloud system also allows Kentucky to track metrics such as call volume, wait times, call times, call recording for coaching and mentoring opportunities, etc. Additional stored information may be revisited for fidelity matters or staff training. Child Maltreatment 2022 Appendix d: State Commentary 184To slow down the intake process and gather the information needed to make better decisions for assessing reports for acceptance, the Department took steps to enhance the skills of intake staff through the implementation of the Structured Decision Making® (SDM®) Intake Assessment Tool. The intake assessment is consensus-based, meaning it is designed to operationalize Kentucky’s standards of practice (SOP) and statute in a decision support tool. Through training and practice guidance, intake staff will be able to slow down the intake process to thoroughly review each intake to ensure each adequately meets acceptance criteria and have the supportive guidance to go through each section of intake criteria with specific definitions while evaluating the report. This will assist in decreasing the number of false positive acceptances (referrals that are incorrectly accepted for investigation), consequently reducing staff burden. The SDM® Intake Assessment Tool was released for staff use on April 2, 2022. The DCBS Training Branch received a training of trainer’s session in February 2022. This allowed DCBS Training Branch staff time to create and implement trainings for frontline staff of the intake assessment. The SDM® vendor, Evident Change, trained central intake staff on the SDM® Intake Assessment Tool March 8-18, 2022. The DCBS Training Branch provided 29 training sessions around the SDM® Intake Assessment Tool throughout the month of April to all Kentucky frontline staff and supervisors to ensure all staff understand the intake assessment and updated policies. Efforts to address staff turnover and decrease caseloads to stabilize the workforce have continued. Regional retention committees are operational in all regions. Alternative work schedules have been operationalized in several pilot areas throughout the state and discus - sions are occurring regarding expansion. Current plans are underway to allow for more staff the option to telecommute or work a hybrid schedule that would allow partial telecommuting and partial time in the office. Along with pay raises in December 2021, May 2022, and July 2022, several long overdue pay grade changes were enacted as part of a larger plan to address the Department’s pay equity issues. This issue will not be solved short term but rather over the process of several years. Kentucky is only in the initial stages of addressing its pay equity issues that it has attributed to its staff turnover. The Child Protection Branch completed revisions of Standards of Practice (SOP) Online Manual Chapter 2- Child Protective Services (CPS) Intake and Investigation to align with changes resulting from the new intake tool release and to better align with current regula - tions. CPS workforce data for Kentucky only includes full-time equivalents (FTEs). 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 identi - fied by the reporting source. For example, two reports both alleging sexual abuse may cur - rently 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 Kentucky (continued) Child Maltreatment 2022 Appendix d: State Commentary 185responsibility of determining response times during normal business hours was transferred from field staff supervisors to centralized intake supervisors. Children An overall decrease for child victims was observed between FFY 2021 and FFY 2022. Kentucky has worked diligently over the past several years to implement a safety model which includes the implementation of SDM® Intake Assessment Tool and a thorough review and modification of the state’s acceptance criteria to ensure a focus upon children and fami - lies with true safety threats versus risk factors. This shift in the approach to the work may have contributed to the decrease in child victims this year. Kentucky’s SOP 2.11-Investigation Protocol indicates unannounced face-to-face interviews should be completed with all house - hold members including all other children in the home. In 2022, Kentucky revised program areas specifically related to human trafficking allega - tions to ensure non-caretaker reports were accepted appropriately. This change was made to fulfill federal reporting requirements to differentiate between sex trafficking and labor trafficking, and to ensure proper identification of caretaker vs. non-caretaker perpetrators. The revised program/subprograms are now Human Trafficking-Sexual-Caretaker, Human Trafficking-Labor-Caretaker, Human Trafficking-Sexual-Non-caretaker, and Human Trafficking-Labor-Non-caretaker. Findings of Human Trafficking Confirmed or Human Trafficking Not Confirmed are associ - ated with non-caretaker reports of human trafficking. Non-caretaker reports of human trafficking cannot receive a substantiated finding, therefore, alleged perpetrators will not receive a Notification of Findings Letter. Non-caretaker perpetrators do not have due process to file an appeal as outlined in 922 KAR 1:300 Child protective services. The Department updated its CCWIS screens in 2022 to indicate whether an individual is a victim of human trafficking, as well as to distinguish between labor and sex trafficking. The Department publishes an annual human trafficking report to the LRC, which includes data on demographics, trends, and case findings regarding human trafficking reports. Across the state, community partners utilize the report to guide practice for service delivery to victims of human trafficking. The report is posted online annually and can be found on the division’s public facing website. Kentucky began capturing safe care plan data and referral to appropriate services in FFY 2019. FFY 2022 is Kentucky’s third full year of reporting for infants with prenatal substance exposure. Kentucky’s Plan Of Safe Care SOP can be found at SOP 1.15-Working with Families Affected by Substance Misuse. Fatalities Kentucky has a Systems Safety Review (SSR) team which reviews all cases involving a child fatality in an active CPS case and/or accepted as an investigation with the fatality/near fatality designation. An initial review is completed by a system safety analyst and is then presented to the multi-disciplinary team (MDT) for consideration of a comprehensive analysis. The state investigates only child fatalities that are a result of maltreatment.Kentucky (continued) Child Maltreatment 2022 Appendix d: State Commentary 186The state uses CCWIS to capture information on child fatalities related to maltreatment. For every fatality investigated as a possible death caused by maltreatment, the investiga - tor obtains a copy of the official death certificate and autopsy conducted by the medical examiner from the Department of Public Health (DPH). The investigator incorporates this information into decision making around the investigative findings, as well as case disposi - tion. A discussion of the contents of these documents is included in the assessment entered into CCWIS. These documents, as well as any additional documents such as those produced by law enforcement, are maintained in the case file. Perpetrators The number of perpetrators in Kentucky decreased by 16.9 percent in FFY 2022. Kentucky has worked diligently over the past several years to implement a safety model which includes the implementation of SDM® Intake Assessment Tool and a thorough review and modifica - tion of the state’s acceptance criteria to ensure a focus upon children and families with true safety threats versus risk factors. This shift in the approach to the work may have contributed to the decrease in perpetrators this year. Kentucky’s SOP 2.3-Acceptance Criteria states: A report that meets child abuse, neglect, or dependency criteria which involves an alleged perpetrator between the age of twelve (12) and seventeen (17) years old who is in a caretaking role will be accepted. If substantiated, the child aged twelve (12) to seventeen (17) will be identified as the perpetrator. Kentucky reports Perp REL as 88-other for non-caregivers. DCBS will only accept reports involving a non-caretaker as a perpetrator if the report involves allegations of human traf - ficking and/or female genital mutilation. SOP 2.3-Acceptance Criteria also states: Child sex trafficking when a non-caretaker is the alleged perpetrator involves any sex act involving a minor in exchange for anything of value. This includes but is not limited to cash, drugs, jewelry, clothing, food, shelter, protection, or transportation. This could also include the offer or intent to exchange something of value for sexual favors. Services Kentucky had the opportunity to expand Family Preservation Program (FPP) services further to serve more families and train further in Family First Prevention Services Act (FFPSA) evidence-based practices (EBPs), through use of state general funds in calendar year (CY) 2022. FPP expanded in calendar year 2022 to serve additional families through an open solicitation, allowing for providers to submit proposals including budgetary needs to address barriers to staffing capacity. Additionally, the agency’s budget biennium request included an ask for an additional $11,491,000 in funding for state fiscal year (SFY) 2023, and an addi - tional $16,323,000 in funding for SFY 2024. As a result of advocacy efforts for greater focus on prevention, DCBS received an additional $20 million appropriation of state general funds to be utilized for prevention services in SFY 2022, allowing expansion of the Kentucky Strengthening Ties and Empowering Parents (KSTEP) program. Parent engagement meetings (PEMs) were implemented in 11 rural areas in calendar year 2022 thanks to additional prevention state general funds and Community-Based Child Abuse Kentucky (continued) Child Maltreatment 2022 Appendix d: State Commentary 187Prevention (CBCAP) funding through the American Rescue Plan Act (ARPA). Discussions among DCBS leadership continue regarding the prioritization of funding for all prevention services, including PEMs. Kentucky received a grant award in the amount of $7.9M to support FFPSA implementation. The department originally intended to use these funds for FPP expansion. The Consolidated Appropriations Act granted 100 percent federal reimbursement to states for FFPSA EBPs through 9/30/2021. Twenty million dollars ($20M) was also appropriated from state general funds to the department for FFPSA through SFY 2022. Therefore, grant funds were no longer needed. A portion of these funds was used to support Qualified Residential Treatment Program (QRTP) implementation in the form of stipends to QRTP providers struggling financially due to pandemic related challenges, including staffing. The remaining balance of $5,768,487 in Family First Transition Act (FFTA) funds must be used by 9/30/2025. This is 100 percent federally funded and cannot be used for services for which a title IV-E claim will also be submitted. Activities for title IV-E EBP identification were successful but require ongoing assessment of the needs of Kentucky families and plan amendment to make changes as needed. A Title IV-E State Prevention Plan amendment was approved in CY 2021, to include expanded use of motivational interviewing (MI) and High-Fidelity Wraparound. Another amendment was submitted to the Children’s Bureau in March 2022 to add Intercept as an EBP, with approval pending. The Department is using supplemental funding to provide additional services and supports to families across the state. Supplemental CBCAP funding has been used to expand services under Community Collaboration for Children (CCC), which is available in all parts of the state but especially critical in rural areas where other services may be sparse. The goal is to decrease CCC in-home services waitlists, provide concrete supports for families, expand PEMs, and enhance primary prevention efforts through the local regional networks. Kentucky is one of the jurisdictions selected for the Thriving Families, Safer Children initiative. These supplemental CBCAP funds will support this initiative. CBCAP aligns with Thriving Families, Safer Children for primary and secondary prevention. The goal in Kentucky will be to increase the availability of supports, services, and resources within local communities to assist families in becoming successful in raising safe and healthy children, while enhancing the well-being of families. The funds must be obligated by September 30, 2025 and liquidated by December 30, 2025. Kentucky invested $9.5 million in tertiary prevention services from SFY 2019 to present, along with leveraging partnerships with other agencies to serve target populations. Sobriety Treatment and Recovery Teams (START) and KSTEP both expanded through partnership with the Kentucky Opioid Response Effort (KORE) through funding from the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) Substance Abuse and Mental Health Services Administration (SAMHSA) grant to serve geographic areas of need and additional families. Both programs were sustained beyond the title IV-E waiver demonstration project to assist Kentucky families affected by substance use disorder; cases often resulting in removal absent these services. KSTEP expanded from four counties Kentucky (continued) Child Maltreatment 2022 Appendix d: State Commentary 188to eight counties, from eight to 15, and an entire service region, since SFY 2019, with plans to expand to two additional service regions. Kentucky also expanded in CY 2021 to include an additional prevention pilot to deliver Multisystemic Therapy (MST) in two service regions, with plans for two additional providers in two additional service areas. Many of Kentucky’s prevention services are provided by contracted service providers. As identified in the five-year FFPSA Prevention Plan, children meeting Kentucky’s foster care candidacy definition total over 27,000, with Kentucky having the capacity to meet 1/5 of the need with contracted prevention services. Kentucky continues to pursue diligent efforts to expand child welfare contracted prevention services, including stakeholder partnership and advocacy for additional funding from the legislature. Kentucky (continued) Child Maltreatment 2022 Appendix d: State Commentary 189Louisiana Contact Steven Lane Phone 318–676–7800 Title Business Analytics Specialist Email steven.lane.dcfs@la.gov Address Department of Children and Family Services 1525 Fairfield Avenue, Room 874Shreveport, LA 71101–4388 General The Louisiana Department of Children and Family Services (DCFS) continues to review and revise the 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 extrac - tion process to improve overall data quality. Louisiana employs only one type of screened-in response, Child Protection Assessment and Services (CPS). The CPS program uses the same safety and risk assessment instruments and documentation protocols for all screened-in reports. In August of 2018, the Department implemented a new case management system to capture data related to intake reports and investigations. As with all system implementation, a num - ber of issues were identified. For example, the Department continues to find issues related to the report date and time as well as the date and time initiation of the investigation. This was noted because of military time discrepancies discovered during the error clean-up process. Most of these discrepancies were able to be handled for the FFY 2022 submission; however this remains an area requiring review each submission. The Department is currently in the planning phase of implementing a new CCWIS 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 legal criteria for intervention. Referrals are screened in if they meet three primary criteria for case acceptance: ■A child victim younger than 18 years ■An allegation of child abuse or neglect as defined by the Louisiana Children’s Code ■The alleged perpetrator meets the legal definition of a caretaker of the alleged victim The primary reason for screened-out referrals is that either the allegation or the alleged perpetrator does not meet the legal criteria. Newborns affected by the mother’s use of a controlled dangerous substance taken in a lawfully prescribed manner are also screened out, and reported in the Agency File. Some intake reports are neither screened-out nor accepted. These additional information reports are often related to active investigations, in-home services cases, or out-of-home services cases. Generally, if a second report is received and is still under investigation, the second report is classified as an additional information report. Child Maltreatment 2022 Appendix d: State Commentary 190The Department uses a 4-pronged Response Priority system; the four separate priorities are Priority 1 (contact within 24 hours), Priority 2 (contact within 48 hours), Priority 3 (contact within calendar 3 days), and Priority 4 (contact within 5 calendar days). Louisiana no longer employs the Alternative Response model. The NCANDS disposition of substantiated investigation case is coded in the state as having a disposition of valid. When determining a final finding of valid child abuse or neglect, the 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 exposed to chronic or severe use of alcohol; or, the unlawful use of any controlled dangerous substance or in a manner not lawfully prescribed; and, ■The direct or indirect cause of the alleged or other injury, harm or extreme threat of harm is a parent; a caretaker as defined in the Louisiana Children’s Code; a person who maintains an interpersonal dating or engagement relationship with the parent/caretaker/legal custodian; or a person living in the same residence with the parent/caretaker/legal custodian as a spouse, whether married or not. The NCANDS disposition of unsubstantiated investigation case is coded in the state as having a disposition of invalid. This disposition is defined as a case with no injury or harm, no extreme risk of harm, insufficient evidence to meet validity standard, or a non-caretaker perpetrator. If there is insufficient evidence to meet the agencies standard of abuse or neglect by a parent, caretaker, adult household occupant, or person who is dating or engaged to a parent or caregiver, the allegation shall be found invalid. If there is evidence that any person other than the parent, caretaker, or adult household occupant has injured a child with no culpability by a parent, caregiver, adult household occupant, or a person dating/ engaged to one of the aforementioned, the case will be determined invalid. It is expected that the worker and supervisor will determine a finding of invalid or valid whenever possible. For cases in which the investigation findings do not meet the standard for invalid or valid, additional contacts or investigative activities should be conducted to deter - mine a finding. When a finding cannot be determined following such efforts, an inconclusive finding is considered. It is appropriate when there is some evidence to support a finding that abuse or neglect occurred but there is not enough credible evidence to meet the standard for a valid finding. The inconclusive finding is only appropriate for cases in which there are particular facts or dynamics that give the worker or supervisor a reason to suspect child abuse or neglect occurred. In addition to the findings noted above, Louisiana also employs the use of an Unable to Locate finding and a Client Non-Cooperation finding. The Unable to Locate finding is used when the Department has made extensive efforts to locate the alleged victim and their family. For example, attempted in-person contact at the address supplied by the reporter and other Louisiana (continued) Child Maltreatment 2022 Appendix d: State Commentary 191addresses found via a global record search (SNAP, FITAP, Medicaid, etc.) and Consolidated Lead Evaluation and Reporting search (CLEAR); attempted contact via phone; or a neighbor or relative is unable to provide information on the client’s whereabouts. If the Department is unable to locate the family after these efforts, this finding may be used. A finding of Client Non-Cooperation shall be used only in instances in which the Department is completely thwarted in attempts to complete the investigation by the parents’ refusal to participate in the investigation. Several conditions need to be met to use this find - ing: (1) the worker has made reasonable effort to interview the client; (2) Law enforcement has not been able to assist or refused to assist with efforts to interview the client; and, (3) the district attorney has chosen not to pursue further action; or, (4) the court has refused to order the client to cooperate. Children During 2022 there were no changes to Child Protective Services policies related to conduct - ing investigations due to the continued pandemic. However, there might have been some instances where response time was affected due to COVID-19 exposure of families and face-to-face contact needing to be delayed. The Department implemented a new case management system in 2018. During that time, the ability to identify victims of juvenile sex trafficking was made possible through the implementation of a new category of child abuse and neglect. Louisiana reports information on victims with parent/caretaker perpetrators; those victims are substantiated for the respec - tive Human Trafficking allegation when the parent or caretaker is found to be culpable in the alleged sexual trafficking incident. Increased focus has gone to drug and alcohol affected newborns. Identification of drug and alcohol use 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. Centralized Intake Staff have been given additional training in this area to correctly identify the reporter type as medical personnel, rather than social services. A number of Plan of Safe Care and Referral cases have been dropped as a result of this issue. Further, staff will be given additional guidance regarding when to identify a plan of safe care as being in place. The agency has provided more guidance on public awareness on Human Trafficking due to Act 622 that was passed during the 2022 Regular Legislative Session which could result in more Human Trafficking reports. The law will go into effect January 1, 2023, and requires that mandatory reporters shall report all alleged child sex trafficking to DCFS regardless of whether there is alleged parental or caretaker culpability. Fatalities Louisiana saw a 26 percent increase in the number of fatalities from FFY 2021 to FFY 2022. Louisiana reported 29 fatalities during FFY 2022. Policies around child fatality reviews were not changed in 2022 and the Child Death Review Panel meetings were able to continue to conduct operations during the pandemic.Louisiana (continued) Child Maltreatment 2022 Appendix d: State Commentary 192The State Child Death Review panel consists of the state health officer or his designee, the secretary of the Louisiana Department of Health or his designee, the secretary of the Department of Children and Family Services or his designee, the superintendent of the office of state police or his designee, the state registrar of vital records in the office of public health or his designee, the attorney general or his designee, a member of the Senate appointed by the president of the Senate, a member of the House of Representatives appointed by the speaker of the House of Representatives, the commissioner of insurance or his designee, the executive director of the Highway Safety Commission of the Department of Public Safety and Corrections or his designee, the state fire marshal or his designee, the Assistant Secretary of the Office of Behavioral Health of the Louisiana Department of Health or his designee, a representative of the Louisiana Partnership for Children and Families, a district attorney appointed by the Louisiana District Attorneys Association, a sheriff appointed by the Louisiana Sheriff’s Association, a police chief appointed by the Louisiana Association of Chiefs of Police, a forensic pathologist certified by the American Board of Pathology and licensed to practice medicine in the state appointed by the chairman of the Louisiana State Child Death Review Panel subject to Senate confirmation, a pathologist experienced in pedi - atrics appointed by the Louisiana Pathology Society, a coroner appointed by the president of the Louisiana Coroner’s Association, the state superintendent of education or his designee, the director of the bureau of emergency medical services of the Louisiana Department of Health or his designee, and six persons appointed by the governor, subject to Senate confir - mation, for a term of three years as follows: ■A health professional with expertise in Sudden Infant Death Syndrome appointed from a list of three names submitted by the Louisiana State Medical Society. ■A pediatrician with experience in diagnosing and treating child abuse and neglect appointed from a list of three names submitted by the state chapter of the American Academy of Pediatrics. ■Four citizens from the state at large who represent different geographic areas of the state. PerpetratorsThe current method of extracting NCANDS data captures perpetrator involvement in family investigation cases, but does not capture perpetrator relationship to child victims. Therefore, perpetrator relationship is reported as unknown for the majority of cases. Services The Child Welfare agency provides post-investigation services such as foster care, adoption, in-home family services, and protective daycare. Many services are provided through con-tracted providers and are not reportable in the Child File. To the extent possible, the number of families and children receiving services through Title IV–B funded activities are reported in the Agency File.Louisiana (continued) Child Maltreatment 2022 Appendix d: State Commentary 193Maine Contact Leigh-Anne Bordas Phone 207– 624–7911 Title Information Services Manager Email leigh-anne.bordas@maine.gov Address Office of Child and Family Services Maine Department of Health and Human Services2 Anthony Avenue, 11 State House StationAugusta, ME 04333–0011 General Maine continues to utilize the Structured Decision Making (SDM) Intake Screening and Response Priority Tool. It ensures that all reports received are investigated for meeting the statutory threshold for an in-person Office of Child and Family Services (OCFS) response. It identifies how quickly to respond, and the path of response. Reports All reports, including reports that are not appropriate, and are referred to as screened out, are documented in the Comprehensive Child Welfare Information System (CCWIS). The screening decision is performed at the Intake Unit using the SDM Tool. Reports that do not meet the statutory definition of child abuse and/or neglect and which the criteria for appropri - ateness of child abuse /neglect report for response is not met, are preliminarily screened out. The Maine statutory definition of child abuse and/or neglect is a threat to a child’s health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these or failure to ensure compliance with school attendance requirements under Title 20–A, section 3272, subsection 2, paragraph B or section 5051–A, subsection 1, paragraph C, by a person responsible for the child. Maine’s report investigation start date is defined as the date and time (in hours and minutes) of the first face-to-face contact with an alleged victim. The SDM tool provides the appro - priate response time required by child protective services, either 24 or 72 hours from the approval of a report as appropriate for child protective services. Children The 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 Maine, the NCANDS Child File category of victims includes children with the state dispositions of both indicated and substantiated. The term indicated is used when the maltreatment found is low to moderate severity. The term substantiated is used when the maltreatment found is high severity. Fatalities In FFY 2019 Maine began the collection and ability to track child deaths at time of report, during investigation or while in care. This information is now available in the NCANDS Child File for deaths that occurred after June 2019. Various state offices, along with the multi-disciplinary child death and serious injury review board continue to share and compile child fatality data. Child Maltreatment 2022 Appendix d: State Commentary 194Perpetrators Relationships of perpetrators to victims are designated in the CCWIS system. Perpetrators receive notice of their rights to appeal any maltreatment finding. Low- to moderate-severity findings (indicated) that are appealed result in only a desk review. High-severity findings (substantiated) that are appealed can result in an administrative hearing with due process. Services Only services through a Child Welfare approved service authorization are included in the NCANDS Child File. Maine continues to work with our contracted agencies for the future reporting of child/family prevention services in an NCANDS Child File. Maine (continued) Child Maltreatment 2022 Appendix d: State Commentary 195Maryland Contact Hilary Laskey Phone 410–767–7788 Title Deputy Executive Director of Operations Email hilary.laskey@maryland.gov Address Division Department of Human Services Social Services Administration311 West Saratoga StreetBaltimore, MD 21201 General Maryland’s Department of Human Services Social Services Administration fully transitioned from SACWIS to CCWIS in FFY 2020. This has allowed for changes in data collection and mapping which have improved the state’s NCANDS submission. In preparing for other federal reporting changes, modifications have been made in required data fields that have and will continue to improve future NCANDS submissions. Additionally, Maryland has been working closely with local jurisdictions to ensure that initial face-to-face contacts are documented timely as this was also part of Maryland’s program improvement plan which has also improved the current NCANDS submission process. In an effort to ensure better NCANDS outcomes, Maryland has an extensive CFSR local review process, in which Maryland partners with the University of Maryland School of Social Work, to conduct case reviews and local site reviews including interviews with fami - lies and local partners. The state coordinates this effort in partnership with the Children’s Bureau and as necessary develops program improvement plans with local jurisdictions that helps align all the jurisdictions with critical federal and state expectations for child safety, permanence, and well-being. Maryland’s current CPS response follows the same rules for Alternative or Investigative Response: ■Alleged perpetrators and alleged victims are noted in the record; ■Alleged child victims must be seen within 24 hours when abuse is alleged, and within 5 days when neglect is alleged; ■Child safety and risk of maltreatment must be assessed; ■The CPS response must be completed within 60 days; and ■Additional services may be offered including in-home or out-of-home services. Alternative Response targets low risk reports of child neglect and abuse, and although the alleged victims and alleged perpetrators are noted in the record, the case does not establish findings concerning maltreatment, nor are the children receiving Alternative Response coded as victims. Instead, alternative response allows local departments of social services to help Maryland families to access services, supports and other assistance that will address their concerns. Families screened in for CPS who are eligible but refuse to participate in Alternative Response are reassigned to Investigative Response. Investigative Response targets moderate to high-risk reports of child neglect and abuse which results in a finding concerning maltreatment. This is Maryland’s traditional CPS investiga - tion. Maryland has improved NCANDS data mapping for its CPS functionality in CJAMS. Child Maltreatment 2022 Appendix d: State Commentary 196Reports Maryland’s number of referrals increased in FFY 2022 from FFY 2021 which is thought to be due to resumption of in person education. Children with increased access to education personnel in confidential settings allowed for children to disclose alleged abuse or neglect, which led to an increase in the reports. There were also resumption of in person mental health and physical health appointments which allowed for increase in reports from those mandated reporters. Due to the enactment of a legislative bill , Maryland implemented a centralized reporting hotline for Child Protective Services in 2021. This centralized hotline has provided a single number for Marylanders to report suspected abuse or neglect with the ability to then route the calls to the appropriate local jurisdiction based on the location of the allegation. The local jurisdiction’s previous child protection numbers remained in service, allowing those to continue to be used by those who were already familiar with them, thus providing options for reporting suspected child abuse or neglect. Children Maryland regulations require that all children in a household are interviewed/assessed during an investigation or alternative response. The time frame for these interviews/assessments of children not initially identified as victims vary depending on the type of response. Maryland does have a check box in place in the SDM tool to count sex trafficking: when a caseworker chooses sexual abuse, the case worker is able to choose “yes” or “no” as to whether it was sex trafficking. Prior mapping from Maryland’s SACWIS had not been able to separate out the sex trafficked maltreatment. Maryland will make changes with regards to mapping so that identification of these children can be reported in future submissions. Several years ago, Maryland made the decision to not investigate infants where prenatal substance abuse exposure was the only concern. These children receive a risk of harm assessment and are reported as part of the agency file. Only in situations where additional factors that meet abuse or neglect criteria will infants with perinatal substance abuse be reported in the child level file. This makes it appear as if Maryland does not have many infants with perinatal substance abuse. The plan of safe care for these infants continues to undergo development in the state’s CCWIS and it is hoped that this will be able to be reported in subsequent years. Fatalities Maryland requires that child fatalities where child maltreatment is a factor are reported by the local departments of social services. In addition, the state and local departments also get information about these fatalities from local agency fatality review teams, the Maryland Department of Health’s Child Fatality Review team, and the office of the Chief Medical Examiner. Any suspicious death is investigated while any sleep related death is assessed or investigated if suspicious. Maryland is continuing to work on a centralized review for fatali - ties where maltreatment was a factor.Maryland (continued) Child Maltreatment 2022 Appendix d: State Commentary 197Over the past year, there has been a focus on ensuring that documentation of child death is recorded in the CCWIS which has improved the state’s ability to report these deaths in the child level file instead of having to report them in the agency file. This has improved NCANDS reporting for FFY 2022. Perpetrators Maryland currently does not have a minimum age for a perpetrator, however the age differ - ence and difference in ability would be taken into consideration and often in the finding, the perpetrator would be unnamed and indicated more often than naming the youth offender. On the other hand, when a perpetrator’s age is unknown, Maryland has used a default date of birth, which is not always updated by the end of the investigation. This has led to the appear - ance that Maryland has a large number of perpetrators who are over the age of 75. Maryland will be working to ensure that a better approximation of a perpetrator’s age is documented prior to the finalization of investigations for next year’s data submission. Services When CPS reports are screened out, they are evaluated to determine if the concerns raised in the report meet criteria for a risk of harm assessment. These criteria include: ■substance exposed newborns, ■domestic violence (when a child has not been injured), ■substantial risk of sexual abuse by a registered sex offender, ■caregiver impairment, ■previous death or serious injury of a child due to child abuse or neglect, ■previous report to CPS and there is currently a child age 5 or under in the home, ■suspicion of sex trafficking, and ■adult survivor of maltreatment (where maltreator has children in care and supervision). These assessments are able to be changed to a CPS case if the assessment indicates that the information meets CPS criteria. Risk of Harm cases can also be referred to on-going services to provide support to prevent potential maltreatment in the future. As our population of children in foster care has been decreasing in the past several years, Maryland continues to utilized family team decision meetings as well as increase the use of evidence-based practices (EBP), such as Functional Family Therapy (FFT), Parent Child Interactive Therapy (PCIT), Multisystemic Therapy (MST), and Healthy Families America (HFA), which were identified in Maryland’s Family First Prevention Services Act (FFPSA) Prevention Plan to address a holistic approach to family needs. These EBPs were rolled out throughout the state in stages, utilizing those that were already in place following the Title IV-E Waiver and then implementing services in other jurisdictions across the state. Maryland (continued) Child Maltreatment 2022 Appendix d: State Commentary 198Massachusetts Contact Nicholas Campolettano Phone 508–929–2013 Title Management Analyst Office of Management, Planning, and Analysis Email nicholas.campolettano@mass.gov Address Massachusetts Department of Children and Families600 Washington StreetBoston, MA 02211 Reports The Department’s Protective Intake Policy requires non-emergency reports of abuse and neglect to be reviewed and screened in or out in one business day. Emergency reports require an immediate screening decision and an investigatory response within 2 to 4 hours. Massachusetts uses a single child protection response, with all screened in reports of suspected child abuse and neglect (51A reports) assigned to investigation-trained response workers. This places the decision making regarding the appropriate level of departmental intervention after the response—the point at which the Department has interviewed the child and caregiver involved, contacted collaterals, and substantially investigated the report of abuse or neglect. Emergency responses must be completed in 5 working days; non-emergency responses must be completed in 15 workings days. To complete an investigation, the policy mandates the use of the Department’s Risk Assessment Tool to assess potential future safety risks to the child. In October 2019, the Department updated its Risk Assessment Tool to incorporate the latest validated research to assess child safety risk more effectively and reliably. The number of screening and initial assessment/investigation workers listed is the estimated full-time equivalents (FTE) based on the number of screenings and initial assessments/inves - tigations completed during the federal fiscal year (FFY), divided by the monthly workload standard for the activity, divided by 12. The workload standards are 55 screenings per month and 10 investigations per month. The number includes both state staff and staff working for the Judge Baker Children’s Center, Massachusetts’ Child-At-Risk Hotline contractor. The hotline handles child protective service functions whenever state offices are closed. The number of workers completing assessments was not reported because assessments are case-management activities rather than screening, intake, and investigation activities. In FFY 2022, social workers also performed screening and investigation functions in addition to ongoing casework. Children In Massachusetts, intake screening and response decisions require the lowest legal threshold, or level of proof, of “reasonable cause”, as required by Massachusetts state law. This allows for the capture of a broader view of children potentially in need of protective services. Response outcomes are mapped to NCANDS outcomes as follows: ■Supported is mapped to Substantiated ■Substantiated Concern is mapped to Other ■Unsupported is mapped to Unsubstantiated at the report level and to Unsubstantiated at the allegation level if the report decision is either Supported or Unsupported. If the report decision is Substantiated Concern, an allegation decision of Unsupported is mapped to Other. Child Maltreatment 2022 Appendix d: State Commentary 199The NCANDS category of neglect includes medical neglect; Massachusetts does not have a separate allegation type for medical neglect. Living arrangement data are not collected dur - ing investigations with enough specificity to report, except for children who are in placement. Data on child health and behavior are collected, but these data need not be entered during an investigation. Data on caregiver health and behavior conditions are not usually collected dur - ing an investigation. For both the alcohol and drug abuse elements, the indicator is marked as a “yes” for any information found in the health and behavior sections of the case record and for any infant with a reported allegation of Substance Exposed Newborn or Substance Exposed Newborn-Neonatal Abstinence Syndrome. Since 2014, Massachusetts has engaged in a comprehensive approach to address Human Trafficking and Sexual Exploitation of children and youth that has included: ■Updating multiple policies to integrate understanding, identifying and responding to child trafficking. • Accepting reports of allegations against non-caretaker alleged perpetrators. • Since the implementation of the new protective intake policy in 2016, the identified perpetrators have mostly been non-relatives—the relationships are identified in the Department’s system as “unknown” or “other person.” ■Training of child welfare staff and community partners. ■Maintaining an internal intranet page (available to all child welfare staff) that provides tip and fact sheets related to Human Trafficking and Sexual Exploitation of children. ■Implementing a Multi-Disciplinary Team model that primarily consists of Child Advocacy Centers, the Department, and law enforcement representatives, and includes numerous community partners. • Child Advocacy Centers cover the entire state and there is a Human Trafficking Coordinator within each Center. Changes to iFamilyNet, Massachusetts’ electronic case record system were implemented in FFY 2020 to allow for the documentation of the presence of Plans of Safe Care and Referrals to Appropriate Services (for families of Substance Exposed Infants) during the report or investigation. Additionally, this information can also be captured and detailed during the Family Assessment and Action Plan that occurs on cases open for services. Fatalities Massachusetts reports child fatalities attributed to maltreatment only after information is received from the state’s Registry of Vital Records and Statistics (RVRS). RVRS records for cases where child maltreatment is a suspected factor are not available until the medical examiner’s office determines that child abuse or neglect was a contributing factor in a child’s death or certifies that it is unable to determine the manner of death. Information used to determine if the fatality was due to abuse or neglect may also include data compiled by the Department’s’ Case Investigation Unit, reports of alleged child abuse and neglect filed by the state and regional child fatality review teams convened pursuant to Massachusetts law, and law enforcement. As these data are not available until after the NCANDS Child File must be transmitted, the state reports a count of child fatalities due to maltreatment in the NCANDS Agency File. Massachusetts (continued) Child Maltreatment 2022 Appendix d: State Commentary 200Massachusetts only reports fatalities due to abuse or neglect if an allegation related to the child’s death is supported. Services Data are collected only for those services provided by the Department. The Department may be granted custody of a child who is never removed from home and placed in substitute care. In most cases when the Department is granted custody of a child, the child has an appointed representative. Representative data are not always recorded in iFamilyNet.Massachusetts (continued) Child Maltreatment 2022 Appendix d: State Commentary 201Michigan Contact Theresa Keyes Phone 517–574–2257 Title State Administrative Manager Email keyest@michigan.gov Address Division of Continuous Quality Improvement Michigan Department of Health and Human ServicesChildren’s Services Agency235 South Grand Ave Suite 505Lansing, MI 48933 Contact Cynthia Eberhard Phone 517–896–6213 Title Child Welfare Data Manager Email eberhardc@michigan.gov Address Michigan Department of Health and Human ServicesMichigan Statewide Automated Child Welfare Information System222 North Washington Square, 1st FloorLansing, MI 48933 General The Michigan Department of Health and Human Services (MDHHS) does not have a dif - ferential response or alternate response program. MDHHS is responsible for the investigation of complaints of child abuse and neglect allegedly committed by a person responsible for the child’s health and welfare. Michigan has begun to implement the commitments outlined in the Families First Prevention Services Act instituting in three pilot communities a transfer of abuse or neglect complaints to the United Way 211 when the complaints do not rise to the level for concern of child abuse or neglect per state law, but indicate that the family may need prevention services. Reports Michigan has implemented a Structured Decision-Making protocol at the statewide Centralized Intake Division, the twenty-four-hour hotline responsible for taking all child and adult abuse or neglect concerns. The decision tool routes families to prevention services to keep children and youth safe in their own communities by establishing a system rooted in family well-being, prevention, and equity. This initiative, MiFamily, Stronger Together, will require a significant culture shift, moving away from a reactive child protection system and toward a prevention-oriented, fam - ily well-being system. Michigan has observed a slight increase, 12 percent, of referrals being screened out since implementing a prevention-oriented system of care within Centralized Intake. Children Michigan has been able to report victims of sex trafficking since fiscal year 2018, defined as an individual subject to the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purposes of a commercial sex act or who is a victim of a severe form of trafficking in persons in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induces to perform the act is under 18 years old. In addition, Michigan defines labor trafficking as the recruitment, harboring, transporta - tion, provision, or obtaining of a person for labor or services, using force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery. Child Maltreatment 2022 Appendix d: State Commentary 202Michigan has reported data for infants with prenatal substance exposure since fiscal year 2018. The state policy indicates that Child Protective Services 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. Michigan continues to collaborate with the medical community, staff and Governor’s appointed task force to review and update policy, process, and reporting requirements to ensure families impacted are offered a Plan of Safe Care through either a public health or child welfare contact. Fatalities Michigan has observed an increase in the total number of child fatalities in fiscal year 2022 at 61 compared to 35 in fiscal year 2021 and 43 in fiscal year 2020. Some observations include: ■11 youth died in federal fiscal year 2021 while the investigation disposition took place in federal fiscal year 2022 and therefore was included in FY 2022 report. • 7 of the 11 fatalities occurred near the end of the reporting period. ■3 sets of siblings totaling 7 youth are included in the total count of child fatalities. ■Concurrent criminal investigations impact final determination on causality of a child fatality. Michigan reports child fatalities within the Child File where there is a finding of preponder - ance outlined by category dispositions or findings noted as a Category 1, 2, or 3. In 2022, a total of 57 children were reported within the Child File. Michigan does not confirm persons not responsible as defined by statute or deceased persons as perpetrators. Four child fatalities met these criteria and have been reported within the Agency File. Michigan participates in the Safe Systems Review program, an interagency collaborative with multiple jurisdictions aimed at systemic improvements within child welfare systems. Perpetrators Perpetrators are defined as persons responsible for a child’s health or welfare who have abused or neglected a child. Michigan does not report non-caregiver perpetrators of sex trafficking referring these adults to law enforcement. This population does not meet criteria of “nonparent adult” or “person responsible” as defined in Michigan’s Child Protection Law. The exception to this is when law enforcement is the reporting source, and they are reporting child trafficking concerns. In these instances, Centralized Intake is required to assign the referral for investigation and the field determines if the person is responsible and can be substantiated. Services Michigan continues to provide prevention and preservation services through statewide programing by Families First of Michigan, Family Reunification Program, and Families Together Building Solutions-Pathways of Hope as well as local programming. Michigan has begun to implement the Family First Prevention Services Act (FFPSA) plan outlining ten Evidenced Based Practices to implement over time. Home Visiting and Motivational Interviewing are the first two practices implemented. The MiSACWIS Michigan (continued) Child Maltreatment 2022 Appendix d: State Commentary 203application has been updated allowing prevention services data to be collected and tracked. Michigan has a longstanding relationship with private agency providers to deliver all FFPSA services. Michigan refers children birth through age three to programs under the Individuals with Disabilities Education Act (IDEA). IDEA is managed within the Michigan Department of Education and data is not available to report within the agency file.Michigan (continued) Child Maltreatment 2022 Appendix d: State Commentary 204Minnesota Contact Yer Chang Phone 651–431–3292 Title Supervisor of Research, Evaluation and Change Management Units Child Safety and Permanency DivisionEmail yer.chang@state.mn.us Address Minnesota Department of Human Services 444 Lafayette RoadSaint Paul, MN 55155 General Minnesota has three response paths to reports of alleged child maltreatment, currently referred to as family assessment response, family investigative response, and facility investigative response. Reports alleging substantial child endangerment or sexual abuse, as defined by Minnesota statute, require an investigative response. Child protection workers must document the reason(s) for providing an investigative response which may include: statutorily required due to allegations of substantial child endangerment or sexual abuse, or discretionary use for reasons such as the frequency, similarity, or recentness of reports about the same family. Family assessment response deals with the family system in a strengths-based approach and does not substantiate or make determinations of whether maltreatment occurred; however, a determination is made as to whether child protective services (CPS) are needed to reduce the risk of any future maltreatment of the children. Acceptance into either response path, family assessment or investigative, means that a report has been screened in as meeting Minnesota’s statutory definition of alleged child maltreatment, so allegations accepted for either response are reported through NCANDS. Reports Data on CPS staff represent the full-time equivalent (FTE) of staff as reported by local agencies (counties, combined agencies, and two tribal agencies). In Minnesota, child protec - tion staff are employees of the local agencies rather than the state. Overall, local agencies reported a slight decrease in the number of child protection staff compared to last year, while the number of supervisory staff remained the same. 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. Reports of child maltreatment are made directly to local child welfare agencies (counties and two tribal agencies). All three responses (family and facility investigations, and fam - ily 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. The COVID-19 pandemic continued to have an impact on the number of alleged CA/N reports during FFY 2022. Overall, the number of reports continued to decline slightly 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 Child Maltreatment 2022 Appendix d: State Commentary 205Executive Orders from the Governor during the State’s peacetime emergency required individuals, organizations, and businesses to intermittently “stay at home,” shutdown, and/or engage in virtual services and education. While the State’s peacetime emergency ended on July 1, 2021, 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 result - ing in a reduction in reports of alleged CA/N. The vast majority of referrals are screened out because the stated concerns do not meet established criteria in Minnesota’s Child Maltreatment Intake, Screening, and Response Path Guidelines or the definitions of child abuse or neglect under Minnesota law. Other reasons to screen out a referral include: children not in the county’s jurisdiction, allegations have already been assessed or investigated, not enough identifying information was provided, or the incident did not occur within the family unit or a licensed facility. There is little variation in the proportion of screened out referrals for each of the reasons across years. In addition, Minnesota Screening and Response Path Guidelines and statute apply screen-in requirements to children who have been born. Screened in reports alleging substantial child endangerment or sexual abuse must be responded to within 24 hours. Other reports must be responded to within 5 days or 120 hours under Minnesota statutes. Reports with either a determination of maltreatment (substantiation) or a determination of need for child protective services are retained for 10 years. Reports with neither determination (including all family assessment response reports) are kept for 5 years. Screened out child maltreatment reports are also kept for 5 years. Timelines for record retention and destruction are set in Minnesota statutes. The NCANDS category of “other” report sources include the state categories of clergy, Department of Human Services (DHS) birth match, other mandated, and other non-mandated. Children During FFY 2022 the number of victims decreased by 4.4 percent. The number of victims is based on determined/substantiated child victims in investigation cases. In FFY 2022, the state continued to be affected by the COVID-19 related public health guidelines and Governor Executive Orders requiring activities to slow the spread of coronavirus, modifica-tions 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; these flexibilities ended on June 30, 2021. Beginning July 1, 2021, exceptions allowing delayed contact for reports of sexual abuse or substantial child endangerment were codified. The new exceptions allow child welfare agencies to have face to face contact with the child within five calendar days (versus 24 hours) when the child resides in a location that is confirmed to restrict access with the alleged offender, or the child welfare agency is pursuing a court order for the caregiver to produce the child for questioning. The department encouraged face-to-face contacts and indicated that alternative methods should be used sparingly throughout the state’s peacetime emergency. When alternative methods were used, video were preferred. Overall, the median time to initial contact throughout the state was longer compared to last year.Minnesota (continued) Child Maltreatment 2022 Appendix d: State Commentary 206To ensure the safety of all children who have or had contact with an alleged offender, Minnesota statute requires other children who currently reside with, or who have resided with, an alleged offender to be interviewed in the early stages of an assessment or investiga - tion. These children are subject to the same protections and provisions as the alleged victim. The State currently collects and reports data related to infants with prenatal substance exposure. While there were no policy changes during FFY 2022, 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. Fatalities In FFY 2022, the number of maltreatment-related fatalities as compared to 2021 increased from 22 to 25. 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. The primary source of information on child deaths resulting from child maltreatment is local agency child protective services staff; however, some reports originate with law enforce - ment or coroners/medical examiners. Local agencies also submit results of any local child mortality review to the department’s critical incident review team. The department’s critical incident review team also regularly reviews death certificates filed with the Minnesota Department of Health (MDH) and directs local agencies to enter child deaths resulting from child maltreatment, but not previously recorded by child protective services, into Minnesota’s Comprehensive Child Welfare Information System, to ensure that complete data are available. Occasionally, a child who is a resident of Minnesota becomes the subject of an alleged CA/N related fatality in another jurisdiction. When the department’s critical incident review team becomes aware of such an incident, documentation, including police reports, are requested from law enforcement in the other state. The local agency within Minnesota is asked to record the data in Minnesota’s Comprehensive Child Welfare Information System. Minnesota has a critical incident review team that conducts reviews of maltreatment related child fatalities. The review process, based in human factors and safety science, is a robust, thorough and time intensive endeavor that includes a review of the child and family’s history of involvement with the child welfare system. This process results in the identification of systemic barriers and influences that impact work occurring in Minnesota’s child welfare system; this information is used to inform the state’s broader continuous quality improve - ment efforts. In addition to the critical incident review team, Minnesota has a State Child Mortality Review Panel. The multidisciplinary team including representatives from state, local, and private agencies; disciplines represented include social work, law enforcement, medical, legal, and educators. Other than conducting reviews and meetings virtually, all other policies and procedures for reviewing child fatalities in Minnesota remained the same throughout the pandemic.Minnesota (continued) Child Maltreatment 2022 Appendix d: State Commentary 207Perpetrators 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 mal - treatment, but the reported allegation was screened out and did not receive a child protective response. Community agency referrals and self-referrals are also eligible for the Parent Support Outreach Program. This program is completely voluntary. Services offered by local agencies vary greatly in availability between rural and metropolitan areas of the state. Although all agencies use a statewide service listing, resource development without a large customer base can be difficult. Cost effectiveness is an issue for providers who must serve large geographic areas that are sparsely populated. 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.Minnesota (continued) Child Maltreatment 2022 Appendix d: State Commentary 208Mississippi Contact Tameika Givens Phone 601–576–1614 Title Office of Federal Reporting Email tameika.givens@mdcps.ms.gov Address Department of Child Protection Services P. O. Box 346Jackson, MS 39205 General Mississippi does not have two types of responses to screened-in referrals (reports). Reports There was an increase of reports for FFY 2022 compared to FFY 2021. MDCPS is constantly hiring and training new staff and rehires to the agency. The hotline Mississippi Centralized Intake and Assessment began in July 2022, utilizing all contracted staff for intake positions, utilizing full-time MDCPS employees for most of the intake work - load, and utilizing contracted part-time staff for intake positions on weekends and holidays. During the second half of FFY 2022, significant changes were made regarding using data to determine staffing amounts for the hotline. The shifts were streamlined into three distinct shifts for each day, making the data used to determine staffing amounts needed for each shift clearer and more relevant to inform staffing needs. MDCPS does not employ part time case - workers or investigators. Full-time equivalents were used as the number of staff responsible for intake and screening, due to there being a mixture of full-time employees and part-time contracted staff. A transition is being made for more of the screening to be done at the intake level, which is a move away from the current two-part screening system in which initial screening is conducted at intake and a final screening is done at the county assignment level. There are plans to implement a structured decision-making tool in the future. For FFY 2022, there was an increase in the amount of screening assessment conducted at the intake level, especially pertaining to whether information on children in open cases constituted a situation of abuse or neglect by the caregiver, or whether the information pertained to the ongoing casework management of assessing, monitoring, and managing safety, risks, and well-being. Children There was an increase of victims for FFY 2022 compared to FFY 2021, but the increase was less than 10 percent. While no policy changes were made, guidance was issued for contact precautions. No policy around response times changed and MDCPS did not observe any unusual variances in timely initiation or completion of investigations during the pandemic period and FFY 2022. MDCPS has reported the human trafficking maltreatment type since FFY 2019. For FFY 2022, there were 273 sex trafficking reports in Mississippi. MDCPS continues to collaborate with the National Human Trafficking Assessment Team (Hotline and advocates), Local Law Enforcement, and the Mississippi Attorneys General Office. Ongoing efforts will continue to address human trafficking and additional resources to serve victims. Child Maltreatment 2022 Appendix d: State Commentary 209The Comprehensive Addiction and Recovery Act continues to assist mothers and infants affected by substance use exposure. For FFY 2022, MDCPS continued the Memorandum of Understanding (MOU’s) with the Mississippi Department of Mental Health, Mississippi Department of Health, and Healthy Families of Mississippi. These programs combined offers case/care management services for mothers and infants, parenting education, home visiting, and substance use treatment (inpatient and outpatient). Additionally, the Healthy Moms, Healthy Babies program provides support in all 82 counties such as: community support, Medicaid, SNAP, WIC, Health education for depression, anxiety, and healthy infant development. The state does not report referrals of infants with prenatal substance exposure in the NCANDS Child File. For FFY 2022, there were 68 children identified as IPSE. The CARA referrals are tracked through a software called Smartsheet. The providers, Mississippi Department of Health, Mississippi Department of Mental Health, and Healthy Families are sent referrals through DocuSign and comments are made through Smartsheet. Mississippi Department of Child Protection Services tracks information such as: successful/unsuccessful attempts of contacting the mother and/or medical provider, and if the mother accept/deny services. There are no alcohol abuse child risk factor or drug abuse child risk factor reporting limitations. There are no alcohol abuse caregiver risk factor or drug abuse caregiver risk factor reporting limitations. There are no barriers on how Mississippi collects and report data to NCANDS for infants with prenatal substance exposure. Fatalities There was an increase in fatalities for FFY 2022 compared to FFY 2021.The agency devel - oped a Special Investigations Unit that is responsible for investigating all reports of child fatalities that meet criteria for agency investigations. Previously, the investigations were conducted by regular workers in the field. The development of the SIU has standardized screening and decision-making processes in fatality investigations. In addition, the investiga - tors that make up the unit are required to have an advanced level of licensure and experience. Having the dedicated, specialized investigators has contributed to the increase of fatalities reported with substantiated findings of abuse and neglect. Mississippi previously counted only those fatalities where the medical examiner or coroner ruled the manner of death was a homicide. In 2007, Mississippi also began counting those child fatalities determined to be the result of abuse or neglect that has been substantiated by MDCPS. Other sources that compile and report fatalities due to abuse and neglect are Serious Incident Reports (SIRs) and Child Death Review Panel (CDRP) facilitated by the Mississippi Department of Health. Child Death Review meetings are attended by MDCPS staff and executive leadership responsible. All fatalities reported to the agency are investigated regardless of the manner of death. However, all reports accepted for an investigation must have an allegation. Mississippi (continued) Child Maltreatment 2022 Appendix d: State Commentary 210Perpetrators MDCPS does report non-caregiver perpetrators of sex trafficking to NCANDS. “Other” perpetrator relationship would be selected when the alleged perpetrator’s relationship to the victim is known, but it does not fit into the other categories listed. Human Trafficking laws in Mississippi stipulate that child abuse has occurred when a child is trafficked by any person, whether or not that person is the child’s caregiver. Therefore, the nonrelative perpetrators of Human Trafficking would be included in reporting. Services There were no changes to preventive services funding. Some prevention services are con - tracted to two providers. These services continue to be outsourced to two Providers. In previ - ous years, children who received preventive services covered under the Promoting Safe and Stable Families grant (PSSF) during the year were utilized by the Families First Resources Centers with some of these funds. The PSSF grant funds a portion of the in-CIRCLE Family Support Services Program, formally known as CFFSP, or Family Preservation/Family Reunification/Family Support Services. Beginning on October 1, 2017, the CFSSP transi - tioned 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, reuni- fication, and support services program for families with children who are at risk of out-of-home placement. It is designed and implemented to help break the cycle of family dysfunction by strengthening families, keeping children safe, and reducing foster care and other forms of out-of-home placements. Services are also offered to families with pregnant mothers who were at high risk of the child being removed due to substance use issues once the child is born. • The primary goal of the program is to remove the risk of harm to the child rather than removing the child by (1) reducing unnecessary out-of-home placements, (2) preventing and/or reducing child abuse and neglect, (3) improving family and informal concrete supports, (6) addressing mental health and substance use issues, (7) reducing child behavior problems, and (8) safely reunifying families. For FFY 2022, the Dorcas In-Home Family Support Program is also another program that provided family-driven, youth-guided interventions to improve the stability of enrolled fami - lies 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. 139 children/ families were served through The Dorcas In-Home Family Support Program. The Dorcas Program is funded privately through Baptist Children’s Village as a support to our Preventive programs. It is a no cost to our families as it is provided pro bono. in-CIRCLE Services through Youth Villages and it is funded through PSSF. Canopy is funded through General Funds. In Home Services served 445 children/families during FFY 2022 under the PSSF grant. In addition, 1285 children/families were served through the General Funds, and 139 families/children were served through the No Cost funds.Mississippi (continued) Child Maltreatment 2022 Appendix d: State Commentary 211Services to child victims outside of a service case are provided through the Family Reunification and Preservation Program within the In-Home Services Unit of the Agency. Through Promoting Safe and Stable Families, General State Funds, and No Cost Services.The total number of children/families served under these preventive services were 802 families and 1869 children. Subgrantees have continued services for this contract year to provide step-down and soft support; whereby, it promotes less probability of reentry into the program. The goal is to reduce the likelihood of removal or other disruption of their living arrange - ment. The funding stream for the Prevention subgrantees are funded through Community Based Child Abuse Prevention Grants, (CBCAP). For, the Prevention subgrantees, the reported numbers for October 1, 2021 — September 30, 2022 were 3, 147 families served and 4, 362 children served. COVID- 19 continues to be a barrier for many families. However, grantees resumed face-to-face services. Grantees continued virtual services such as parent - ing classes/education and the ACT Raising Safe Kids Curriculum. Additionally, Support and Concrete Groups, Counseling Referrals, Safe Sleep Education, Food Box Give Always, and various community-based workshops were offered. The Resource Center was also utilized in addition to case management 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. Mississippi (continued) Child Maltreatment 2022 Appendix d: State Commentary 212Missouri Contact Mary Faucett, Jennifer Gunnels Phone 573–368–2400 Title Senior Social Services Specialist Email mary.f.faucett@dss.mo.gov jennifer.gunnels@dss.mo.gov Address Children’s Division (Dept. of Social Services)Jefferson State Office Building205 Jefferson StreetJefferson City, MO 65101 General The Children’s Division, under the Department of Social Services umbrella, is designated to direct and supervise the administration of child welfare services. The Children’s Division works in partnership with families, communities, the courts and other governmental entities toward ensuring the safety, permanency, and well-being of Missouri children. The division works with all parties to safely maintain children in their homes whenever possible and to secure safe, permanent living arrangements when out-of-home placement is necessary. The Children’s Division administers the Child Abuse/Neglect Hotline, Intensive In-Home Services, Family Centered Services, Adoption Services, Independent Living, Foster Care, Residential Licensing and preventive services including early childhood and early interven - tion strategies. The division is responsible for the assessment and investigation of all reports to the Child Abuse/Neglect Hotline. These services are administered statewide within a centralized organizational framework. Children’s Division Responsibilities include: ■Oversees a 24 hour child abuse and neglect hotline ■Investigates child maltreatment reports ■Provides foster care services for maltreated children ■Provides preventive services to at-risk families ■Provides intensive family supports for at-risk families ■Assists with children finding permanency with adoption and guardianship services Children’s Division Geographical Structure Missouri has 114 counties and the City of St. Louis, which are grouped together using pre-established judicial circuit boundaries. Each circuit has oversight by a Circuit Manager. The state is divided into six regions, with each governed by a Regional Director. The St. Louis Region includes the county and the city of St. Louis. Missouri’s six regions are: St. Louis, Kansas City, Southeast Region, Southwest Region, Northeast and Northwest Region. Missouri operates under a differential response program, where each referral of child abuse and neglect is screened by the centralized hotline system and assigned to either investigation or family assessment. Both types are reported to NCANDS. Investigations are conducted when the acts of the alleged perpetrator, if confirmed, are crimi - nal violations; or where the action or inaction of the alleged perpetrator may not be criminal, but if continued, would lead to the removal of the child or the alleged perpetrator from the home. Investigations include but are not limited to child fatalities, serious physical, medical, or emotional abuse, and serious neglect where criminal investigations are warranted, and sexual abuse. Law enforcement is notified of reports classified as investigations to allow for co-investigation. Family assessment responses (alternative responses) are screened-in reports of suspected maltreatment. Family assessment reports include mild, moderate, or first-time noncriminal Child Maltreatment 2022 Appendix d: State Commentary 213reports of physical abuse or neglect, mild or moderate reports of emotional maltreatment, and educational neglect reports. These include reports where a law enforcement co-investigation does not appear necessary to ensure the safety of the child. When a report is classified as a family assessment, it is assigned to staff who conducts a thorough family assessment. The main purpose of a family assessment is to determine the child’s safety and the family’s needs for services. Taking a non-punitive assessment approach has created an environment in which the family and the children’s service worker are able to develop a rapport and build on existing family strengths to create a mutually agreed-upon plan. Law enforcement is gener - ally not involved in family assessments unless a specific need exists. Reports The response time indicated is based on the time from the login of the call to the time of the first actual face-to-face contact with the victim for all report and response types, recorded in hours. State policy enables, in addition to CPS staff, multidisciplinary team members to make the initial face-to-face contact for safety assurance. The multidisciplinary teams include law enforcement, local public school liaisons, juvenile officers, juvenile court offi - cials, or other service agencies. Child protective services (CPS) staff will contact the multi - disciplinary person to help with assuring safety. Once safety is assured, the multidisciplinary person will contact the assigned worker. The worker is then required to follow-up with the family and sees all household children within 72 hours. Data provided for 2021 does not include initial contact with multidisciplinary team members. Missouri uses structured decision-making protocols to classify hotline calls and to determine whether a call should be screened out or assigned. If a call is screened out, all concerns are documented by the division and the caller is provided with referral contact information when available. During Covid, Missouri had an increase in referrals that were called in for educational neglect that were linked to distance learning issues and did not meet the guidelines for educational neglect. Due to the volume of calls, these reports were accepted as preventative service referrals. As of May 2021, Missouri no longer accepted these referrals if they did not meet the guidelines for educational neglect. This led to a decrease in the overall number of referrals in FFY 2022 compared with FFY 2021. Children The state counts a child as a victim of abuse or neglect based on a preponderance of evidence standard or court-adjudicated determination. Children who received an alternative response are not considered to be victims of abuse or neglect as defined by state statute. Therefore, the rate of prior victimization, for example, is not comparable to states that define victimization in a different manner, and may result in a lower rate of victimization than such states. For example, the state measures its rate of prior victimization by calculating the total number of 2021 substantiated records, and dividing it by the total number of prior substantiated records, not including unsubstantiated or alternate response records. Missouri implemented multiple protocols to meet our investigation and assessment guide - lines 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 Missouri (continued) Child Maltreatment 2022 Appendix d: State Commentary 214many situations, we did continue to investigate reports in-person. Safety of children contin - ued to be a primary concern and when a child needed to be removed from the home, practice was not impacted. Changes were made to our states’ calculation for our time from the start of an investigation to final determination for the Agency File by mirroring the same logic used in the Child File. Missouri tracks cases with sex trafficking victims as a result of the 2017 Preventing Sex Trafficking and Strengthening Families Act. With the 2019 expansion of the definition of care, custody, and control in Missouri Children’s Division policy to include those who take control of a child by deception, force, or coercion, we have been able to identify any perpetrator of sex trafficking as a caregiver and include them in NCANDS data. Missouri’s concern with barriers is the current lack of an evidence-based model specific to assessing, identifying, and responding to trafficking as it relates to working with children through the child welfare system. CD has worked with other states to develop a comprehensive assess - ment tool for child victims of both labor and sex trafficking. This new tool was incorporated into CD policy and supported by Advanced Human Trafficking training. Missouri collects data on Plans of Safe Care in the instance of a Newborn Crisis Assessment Referral. During FFY 2022, there were 273 children who had a Plan of Safe Care developed. During a prior review of reports, it was that noticed that staff were not checking the box as they should. Our agency has been telling staff during their training to check the box in our system if a plan of safe care is put in place. This is being addressed again on our agency’s monthly CA/N call. 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. Through Missouri statute, legislation created the Missouri State Technical Assistance Team (STAT) to review and assist law enforcement and the Children’s Division in instances of severe abuse of children. While there is not currently an interface between the state’s electronic case management system and the Bureau of Vital Records statistical database, STAT has collaborative pro - cesses with the Bureau of Vital Records to routinely compare fatality information. STAT also has the capacity to make additional reports of deaths to the hotline to ensure all deaths are captured in Missouri’s electronic case management system (FACES). The standard of proof for determining if child abuse and neglect was a contributing factor in the child’s death is based on the preponderance of evidence. Because Missouri’s hotline (CPS) agency is the central recipient for fatality reporting and because of the state statute requiring coroners and medical examiners to report all fatalities, Missouri could appear to have a higher number of fatalities when compared to other states Missouri (continued) Child Maltreatment 2022 Appendix d: State Commentary 215where the CPS agency is not the central recipient of fatality data. Other states may have to obtain fatality information from other agencies and, thus, have more difficulty with fully reporting fatalities. In FFY 2020, Missouri adjusted coding on our mapping document to more accurately provide child fatality information in the Child File rather than the Agency File, based on a mapping issue found in FFY 2019 data. Perpetrators The state retains individual findings for perpetrators associated with individual children. For NCANDS, the value of the report disposition is equal to the most severe determination of any perpetrator associated with the report. In the 2019 Missouri legislative session, a statutory addition to the definition of those 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 or off school grounds. The last bullet was added to the definition to provide the Children’s Division an enhanced ability to investigate child abuse/neglect when the alleged perpetrator has a relationship with the victim child through school. Missouri made a policy change to the category of “other” that changed the wording “par - amour” to “partner” which added additional coding that fell to the “other” category. In FFY 2020, Missouri updated coding on our mapping document to capture “partner” which resulted in an elevated percent changed from the “other” category. The “other” category also includes reports where the perpetrator is coded as “self” for the victim. These are instances usually involving older victim children that are also perpetrators themselves, to younger children on the same report, which puts them in the “other” category. Services Children younger than 3 years are required to be referred to the First Steps program if the child has been determined abused or neglected by a preponderance of evidence in a child abuse and neglect investigation. Referrals are made electronically on the First Steps website or by submit - ting a paper referral via mail, fax, or email. First Steps reviews the paper or electronic referral and notifies the primary contact to initiate the intake and evaluation process.Missouri (continued) Child Maltreatment 2022 Appendix d: State Commentary 216Montana Contact Effie Benoit Phone 406–841–2457 Title Fiscal Bureau Chief Email effie.benoit@mt.gov Address State of Montana; Child & Family Services P.O. Box 8005 Helena, MT 59604–8005 The state did not submit commentary for the Child Maltreatment 2022 report. Child Maltreatment 2022 Appendix d: State Commentary 217Nebraska Contact Jake Malone Phone 402– 471–9112 Title IT Business Systems Analyst Supervisor Email jake.malone@nebraska.gov Address Nebraska Department of Health and Human Services Nebraska State Office Building, 3rd Floor301 Centennial Mall SouthLincoln, NE 68509 General Nebraska continued to utilize the Structured Decision Making (SDM®) model, a set of research-based decision-support assessments, to assess reports of child safety and risk. The utilization of SDM® provides consistency in the decision-making of protective services staff from the point of accepting reports of abuse and neglect through the assessment of child safety and risk levels. Nebraska has a two-tiered system of responding to accepted reports of abuse and neglect. Reports are assigned to a Traditional assessment or an Alternative Response. Alternative Response (AR) is an approach to keep children safe in a family-friendly way by doing things such as making appointments to see the family, asking the parents or caregivers for permission to talk to their children and other collaterals, not entering abuse or neglect findings, and offer - ing concrete supports, among other things. AR started as a pilot in five counties in 2014 and has since expanded statewide as of October 1, 2018. Data for traditional and AR cases are reported to NCANDS. Successful child welfare practice is predicated on engaging the families with whom we come into contact. To enhance our engagement skills, the Division of Children and Family Services introduced Safety Organized Practice (SOP) to our staff beginning in April 2019. SOP is an approach to child welfare casework designed to help all key stakeholders—the family and professionals—involved with a child keep a clear focus on assessing and enhancing safety at all points in the case process. By employing solution-focused interviewing, proven strategies for meaningful child and youth participation, and a common language for concepts like “safety,” “danger,” and risk,” SOP compliments SDM® to create a rigorous child welfare practice model that is neither too naïve nor negative in its view of families. The tools utilized in SOP are proven to enhance the development of good working relationships and create detailed practi - cal, achievable safety plans. In the last four years, CFS has completed the roll-out of all 12 modules of SOP training statewide and is developing ongoing refresher training for staff across Nebraska. Reports All reports of child abuse and neglect are received at the toll-free, 24/7, centralized Nebraska Child and Adult Abuse and Neglect Intake Hotline (Hotline). The Hotline workers and supervisors utilize SDM® to determine whether a report meets criteria for intervention and the subsequent response time for accepted reports. Accepted reports are assigned to a worker to conduct an initial assessment, which includes an SDM® Safety Assessment and SDM® Safety Plan (if applicable) and an SDM® Risk or Prevention Assessment. Each SDM® Assessment provides decision-making support to the worker to determine whether a case should remain open for ongoing services. Child Maltreatment 2022 Appendix d: State Commentary 218Nebraska experienced a decrease in screened-in reports to the Hotline in FFY 2022. Despite this decrease, Nebraska experienced an approximately 25 percent increase in screened-out reports during FFY 2022 compared to FFY 2021 after several years of decreases during the pandemic. The number of screened-out reports dropped significantly during the pandemic and has not reached the pre-pandemic levels. To ensure the safety of Nebraska’s most vulner - able population, in June 2019, a policy was enacted whereby all reports made by medical professionals that involve an identified child or child victim age five and under are accepted for assessment. That same month, Central Office program policy staff began performing second-level reviews of all reports screened out at the Hotline. As of November 2021, these reviews are conducted by Hotline supervisors. These reviews ensure the correct screening decisions concerning reports not accepted for assessment are made. Since the onset of the pandemic and throughout the ensuing three years, child abuse and neglect referrals have been affected within Nebraska. Overall, the Hotline experienced decreased call volume. Specifically, there were fewer calls from educational professionals due to school closings. However, there has been increased reporting from local law enforcement agencies. Notably, referrals to the Hotline during this time have involved families experienc - ing high-stress levels and involving more serious physical abuse of young children. Nebraska has seen increased severity of verbal and physical family violence involving both weapons and serious threats of harm. There has also been an increase in the number and complexity of sex trafficking reports and exposure to sexualized content due to children having more access to the internet. The Nebraska Department of Health and Human Services (DHHS) did not change any Hotline policies or procedures related to screening due to the pandemic. Nebraska also did not experience staff reduction due to the pandemic. Specifically, the Hotline did not have any reductions due to the pandemic. However, with natural attrition, positions were utilized to help other areas of child welfare to ensure coverage to meet child and family contact dead - lines and complete safety assessments promptly and accurately. Children In FFY 2022, Nebraska saw a decrease in unique child victims. The continued expansion of the use of Alternative Response, partly accounts for this decrease. Also, the policy enacted whereby all reports made by medical professionals that involve an identified child or child victim age five and under are accepted for assessment affected this as many of those reports are also screened as Alternative Response. Further, all Agency Substantiated findings are reviewed and entered by supervisors who have administrative oversight of this process. The supervisor considering a finding of Agency Substantiated and the entry of the alleged perpe - trator’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 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.Nebraska (continued) Child Maltreatment 2022 Appendix d: State Commentary 219CFS experienced an increase in the average response time. During FFY 2022, Nebraska ended privatization in the Eastern Service area of the state, which is the largest population area. This change affected staffing and the ability to respond timely to reports and complete assessments. Nebraska also changed policy during FFY 2022 to remove the lowest response priority time - frames. Previously, Nebraska had three priority response timeframes, 24 hours, five days, and ten days. Now Nebraska prioritizes reports as needing a 24-hour or five-day response. For FFY 2022, Nebraska reported the sex trafficking maltreatment type for the entire year. As of August 2019, Nebraska accepts all reports of trafficking without regard to the subject (the alleged perpetrator) of the report for assessment of child safety. Findings allow for differentiation between labor and sex trafficking. However, the finding is not an accurate indication of who is a trafficking victim since often the identity of the subject is not known, and CFS cannot substanti - ate an unknown perpetrator or list them on the Central Registry. Most victims of sex trafficking engage in “survival sex,” and thus far, there is no mechanism for tracking these cases. Beginning on April 1. 2021, CFS entered into a contract with HTI Labs to include the Providing Avenues for Victim Empowerment (PAVE) tool in the intake and assessment processes. PAVE is a screening, assessment, and referral process that connects trafficking victims to services. PAVE provides a “no wrong door” entry to Children and Family Services for victims of labor and sex trafficking. Any provider participating in PAVE completes the PAVE screening and forwards it to the Abuse and Neglect Hotline. The Hotline receives the report and refers it to field staff for investigation and assessment. The level of trafficking risk is assessed, and appropriate next steps and services that law enforcement and CFS Specialists can implement for victims are recommended. This will result in increased reporting, ensur - ing that those at risk of being trafficked, have been trafficked, or are survivors of trafficking are connected with the appropriate services. All reports from medical professionals involving children 0-5 years of age are 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 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 implementing CARA and the difference between reporting and sending a notice, some infants are missed due to notifi - cations not being sent to DHHS. In November 2020, an updated letter explaining the two pro - cesses 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 unable to join live. Nebraska continues to work with external partners, including hospitals, to ensure they pro - vide CFS staff with the necessary information to complete Plans of Safe Care. Nebraska was 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 use have a Plan of Safe Care documented.Nebraska (continued) Child Maltreatment 2022 Appendix d: State Commentary 220Nebraska continues to increase identification and reporting on infants with prenatal substance exposure, and CFS continues to discuss improvement strategies with the admin - istration. Currently, only data based on children’s characteristics are included, but CFS 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. Recently, data was made available to all service areas to monitor the completion of Plans of Safe Care. Fatalities Nebraska reports child fatalities in both the Child File and the Agency File. Nebraska reported three child fatalities resulting from maltreatment in FFY 2022. All child fatalities are under investigation as of the date of this writing. Nebraska continues to work with the state’s Child and Maternal Death Review Team (CMDRT) to identify child fatalities resulting from maltreatment but not included in the child welfare system. When a child fatality is not included in the Child File, the state determines if the child fatality should be included in the Agency File. The official report from CMDRT with final results is usually made available two to three years after submitting the NCANDS Child and Agency files. Nebraska will resubmit the Agency File for previous years when there is a difference in the count than was initially reported due to the CMDRT final report. No policies were changed concerning child fatality reviews. Perpetrators Nebraska collects information on the perpetrators and enters the data into the child welfare information system. Information includes perpetrator demographics and the relationship of the perpetrator to the child. Nebraska state statute prohibits a perpetrator under 12 years of age from being listed as a substantiated perpetrator. The maltreatment will be listed, but there is no finding entered indicating if the maltreatment was substantiated or unfounded. In FFY 2022, Nebraska saw a decrease in unique perpetrators compared to FFY 2021. This decrease correlated with the decline in victims and is likely due to a combination of factors: more reports are going to Alternative Response than previously; supervisors are reviewing all recommended findings; and the COVID-19 pandemic has affected the number of reports received at the Hotline and assessments performed. Nebraska reports noncaregiver perpetrators of sex trafficking to NCANDS. Nebraska Revised Statutes 28-710 and 28-713 require DHHS to conduct in-person investigations of trafficking regardless of the alleged perpetrator’s relationship to the alleged victim. This legislation was effective in August 2019. Nebraska reports “Other” relationships for perpetra-tors of sex trafficking, including non-relatives and other people who are not professional caregivers. Services Nebraska refers children younger than three years old to the Early Development Network (EDN) in a substantiated case or a case referred by the county attorney for prosecution. Nebraska has automated its referral system to its Early Childhood Development Network and automatically notify the network of these children.Nebraska (continued) Child Maltreatment 2022 Appendix d: State Commentary 221Nebraska believes most of the services provided to families can be accomplished during the assessment phase, between the report date and the final disposition. When a case disposi - tion is delayed due to awaiting a court disposition, services are provided to the family. Case management, supervised visitation, family support services, and addiction services are only a few of the services frequently utilized by families during the pendency of their court cases. Some or all of the services may often be concluded before the disposition. In many cases, these are the only services required to keep the child or victim safe. Services provided before disposition are not included in the NCANDS Child File; only those services that extend beyond the disposition are included. Nebraska DHHS Division of Children and Family Services provides child welfare services to the citizens of Nebraska. The statewide Hotline is centralized in Omaha but serves the entire state. Initial Assessment (investigation) is conducted by State of Nebraska Child and Family Services Specialists (CFS Specialists). Before FFY 2022, CFS Specialists conducted case management in all but one service area. In the Eastern Service Area, the privatization of case management ended during FFY 2022. Nebraska (continued) Child Maltreatment 2022 Appendix d: State Commentary 222Nevada Contact Alexia Benshoof Phone 775–687–9013 Title Management Analyst IV Email abenshoof@dcfs.nv.gov Address NV Department of Health and Human Services 4126 Technology Way, 3rd FloorCarson City, NV 89706 General Nevada child welfare agencies use a single statewide child welfare information system known as Unified Nevada Information Technology for Youth (UNITY). UNITY is governed by federal Comprehensive Child Welfare Information System (CCWIS) regulations. Child welfare agencies in Nevada follow 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 and management services, assessment of motiva - tional 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. Nevada has an alternative response program, called Differential Response (DR). Families referred to the program are the subject of reports of child abuse and/or neglect which were determined by the agency as likely to benefit from voluntary early intervention through assess - ment of their unique strengths, risks, and individual needs, rather than the more intrusive approach of investigation. Each child welfare agency provides DR services differently through their agency Reports In FFY 2022, there was an increase 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 due to challenges of the COVID-19 pandemic. One adjustment made was that some response times to make face-to-face contact with children were modified. Report response times are one of the following: ■Priority 1: respond within 6 hours when the identified danger is urgent or of emergency status, there is present danger, and safety factors are identified; this response type requires a face-to-face contact by CPS (due to COVID, this was changed from 3 hours to 6 hours for all jurisdictions; Rural Region child welfare was previously using 6 hours as response time so it did not change for them). Child Maltreatment 2022 Appendix d: State Commentary 223 ■Priority 2: respond within 24 hours with any maltreatment of impending danger and safety factors identified including child fatality; this response type requires a face-to-face contact by CPS or may involve collateral contact by telephone or case review (this response time did not change due to COVID; it is the still the same as it was prior to the pandemic). ■Priority 3 : respond within 7 business days when maltreatment is indicated, but no safety factors are identified; this response type requires a face-to-face contact by CPS or may involve collateral contact by telephone or case review. In situations where the initial contact is by telephone, the agency must make a face-to-face contact with the alleged child victim within 24 hours following the telephone contact (this response time changed due to COVID; previously contact had to be made within 72 hours). The DR program has a required report response time of Priority 3: respond within 7 business days (this was not affected by the pandemic). During FFY 2022, policies governing response times and pandemic modifications for CPS were still in place, although program oversight staff indicated workers are returning to pre-pandemic practices for investigations and assessments as much as possible. Over the last year, Nevada continued various Continuous Quality Improvement (CQI) initia - tives related to Nevada’s last federal Child and Family Services Review (CFSR) and subsequent Program Improvement Plan (PIP). One ongoing CQI initiative is related to improving the timeliness of initial contact with all children on screened-in reports. As part of the PIP, over the last few years, child welfare staff improved processes to reach out to families and make child contact promptly and improved processes for timely documentation of contact in the child welfare information system. A monitoring and oversight report was developed as a tool for field supervisors as well as CQI and QA units to track adherence to processes and policies in this area, and training and technical assistance have been provided regularly to improve documen-tation of initial child contact, which has improved the overall average response times for reports included in our NCANDS data. Nevada’s CPS reports received are back up to pre-pandemic levels. Additionally, the statewide CPS Hotline for child maltreatment referrals did not go through any changes to the hours of operation or staffing levels during FFY 2022. The Rural Region opened a new centralized intake unit during FFY 2021 and were still only 60% staffed through FFY 2022, but plan to become fully staffed in January 2023. Children In FFY 2022, there was an increase in the number of children reported as possible victims as compared to the previous year. Further, the number of confirmed unique victims increased compared to the previous year. Nevada child welfare policy requires that all children in a household are assessed for safety and well-being if any child in the household has a maltreat - ment allegation. Regarding alcohol and drug abuse risk factors for both children and caregivers, some reporting limitations exist in our data. For example, there are several places in the statewide child welfare information system where data related to NCANDS alcohol or drug abuse risk factors for children or caregivers can be captured. Depending on how and where data is entered, the value for both the alcohol abuse and drug abuse risk factors for a child or caregiver may be reported Nevada (continued) Child Maltreatment 2022 Appendix d: State Commentary 224as ‘1-yes’ or only one risk factor may be set to ‘1-yes.’ There is overlap where the risk factor for both alcohol and drug abuse can be set to ‘1-yes’ when there is documented substance abuse, but it is not clear whether it due to alcohol or drugs. Over the last year, the child welfare information system was updated to be able to collect whether a substance-exposed infant has a plan of safe care. The changes to the information system were deployed in late May 2022, which allowed certain CARA-related data collection to start at the end of May 2022. For many substance-exposed infants in our NCANDS Child File, both child risk factors related to alcohol and drug abuse are set to ‘1-yes’ based on the way substance-exposed infants are often documented in Nevada’s child welfare information system. In the past year, functionality was added to the state’s child welfare information system for collecting and documenting Commercial Sexual Exploitation of Children (CSEC). However, this documentation does not always involve a screened-in CPS report with allegations of maltreatment, as perpetrators may often be noncaregivers or may be unknown. When CSEC is identified for a child and no maltreatment is alleged against the child’s known caregiver, then Nevada’s coordinated model response protocol may be initiated. Staff will input CSEC information into the child welfare information system, but not necessarily as a report requiring a traditional CPS Investigation; in those instances, because there is no maltreatment allegation or investigation initiated, these youth and the CSEC data cannot be reported in the NCANDS Child File. Regarding instances where CSEC-related maltreatment is alleged against the child’s caregiver, then a report and investigation will be initiated. Fatalities Fatalities identified in the 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 since the last reporting period. Nevada uses a variety of sources when compiling reports and data about child fatalities result - ing from maltreatment. Any instance of a child suffering a fatality or near fatality, who previ - ously 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. The purpose of the Nevada CDR process is public awareness and prevention, enabling many agencies and jurisdictions to work together to gain a better understanding of child deaths. The regional and statewide CDR teams did not undergo any policy changes to the child fatality review process due to the pandemic. Perpetrators Nevada does not report caregiver perpetrators of sex trafficking to NCANDS. Nevada (continued) Child Maltreatment 2022 Appendix d: State Commentary 225Services In FFY 2022, Nevada has returned to pre-pandemic working practices whenever possible. Program staff indicate there are, however, some circumstances that continue to require some appointments to be delivered via telehealth methods. Many of the services provided to children and families served by CPS agencies are handled through outside providers. Information on services received by families is reported through various programs. Each child welfare jurisdiction manages its service array differently. Services provided in conjunction with the new safety model are documented in the UNITY system, but these data are not always readily reportable as they may documented as text in lengthy case notes instead of in easily query-able data fields. The state is continuing to investi - gate how to improve reporting of services-related data. 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 2022 Appendix d: State Commentary 226New Hampshire Contact Daniel Paton Phone 603–271–4714 Title Data Analyst Email daniel.n.paton@dhhs.nh.gov Address Division for Children, Youth and Families Department of Health and Human Services97 Pleasant StreetConcord, NH 03301 General New Hampshire was able to update the NCANDS extract code this year to provide more accuracy in the following areas: ■“Added Allegations,” additional information that came in as subsequent referrals during an investigation and were rolled up into the original referral. This accounted for over 500 additional records and nearly 2,600 additional maltreatment allegations and dispositions. ■New services in our service array for home-based therapeutic services. ■A new voluntary Case Management service provided following unfounded investigations. ■Some CARA fields are being reported for the first time. 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 There was no significant change in the number of reports received during the year, nor the number of screen-outs. Staffing rates for both intake and investigations also remained the same, although the State experienced about a 20 percent turnover in staffing for CPS functions. The State contracts with a vendor to receive and document reports after hours and on weekends and holidays. The screening process in New Hampshire relies on a structured decisionmaking tool to deter - mine whether a report rises to a level of risk requiring an investigation. Screened-out reports are retained in the system to provide context for future reports. Response time for screened-in reports decreased for a fourth year in a row as the agency continues to focus on improving practice and compliance with recommended timeframes. This improvement is supported by daily conferences between workers and supervisors to determine the workers’ priorities for the day, including meeting required response times for assessments. Children There was no significant change in the number of children or victims this year. For sex trafficking reports, New Hampshire began screening in all reports of sex trafficking, regard - less of the relationship to the perpetrator(s), in September 2021. Prior to that date, only the reports where the perpetrator was a member of the household were screened in. As a result of this policy, and a concerted educational campaign to ensure that all suspected sex trafficking cases are reported to DCYF, regardless of who the perpetrator may be, and to ensure that police departments understand the definitions of sex trafficking that are reportable offenses, the number of sex trafficking reports and potential victims rose by approximately 140 percent. Child Maltreatment 2022 Appendix d: State Commentary 227This is the first year that Plans of Safe Care and Referrals to Appropriate Services for CARA are included in the NCANDS Child File. However, because the fields that collect this infor - mation in the system are not mandatory we did not meet the recommended goal of 95 percent reporting. We expect these numbers to improve in the future, particularly after the state implements a new CCWIS, currently in design. Fatalities New Hampshire documents fatalities that are suspected of being the result of abuse or neglect in the state SACWIS. Therefore, all immediately known fatalities are reported in the Child File. However, in a situation where a child is first reported missing, but then found deceased months or years later, the fatality may not have been documented in the SACWIS and will be included in the Agency File. The state’s Child Fatality Review Committee (CFRC) reviews child deaths from many differ - ent causes, including abuse/neglect. However, the committee is not a source of reporting to intake or for the NCANDS submission. In addition to the CFRC, 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. Perpetrators With the exception of sex trafficking, 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. For sex trafficking, New Hampshire began screening in all reports of sex trafficking, regardless of the relationship to the perpetrator(s), in September 2021. Prior to that date, only the reports where the perpetrator was a member of the household were screened in. 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.New Hampshire (continued) Child Maltreatment 2022 Appendix d: State Commentary 228Services In February 2021, DCYF began providing case management services, through an indepen - dent service provider, for some families following an assessment in which concerns did not warrant a finding of abuse or neglect, but where the family was found to be at higher risk. This is the first year that we have reported on this service. “Other” services in Element 85 includes “ISO In-Home,” an Individual Service Option that provides comprehensive services for children/youth with significant challenges, which may be medical, physical, behavioral, or psychological. The service therefore fits into several different service categories, but not precisely into any one category. New Hampshire is only able to report services that were paid for or authorized directly by the child protection agency. 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 ■Substance Abuse Services New Hampshire does not provide or collect data on the following services, as defined by NCANDS: ■Employment Services ■Family Planning Services ■Home Based Services ■Information and Referral Services ■Housing Services ■Legal ServicesNew Hampshire (continued) Child Maltreatment 2022 Appendix d: State Commentary 229New 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 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. New Jersey’s 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 use a differential response protocol; all allegations of child abuse and neglect meeting statutory criteria for investigation are screened-in for response. In New Jersey, the category of neglect includes allegations of medical neglect. NJ SPIRIT allows the linking of multiple CPS reports to a single investigation. The state system also allows for documenting the date and time of the initial face-to-face contact that began the investigation. Reports In FFY 2022, the number of unique reports increased compared to FFY 2021, however, this number is consistent with reports received prior to COVID-19. Phone calls to our State Central Registry (SCR) decreased with the onset of COVID-19. We attribute the number of reports increasing in FFY 2022 to the leveling of our call volume. Our screening process for reports only takes place at our SCR. As a result of COVID-19, there was a change in staffing protocols in which resulted in a decrease in the number of SCR staff. A new 40-hour work week is being implemented to assist with call volume and these positions are expected to be filled by the end of FFY 2023. For a CPS report to be accepted, four criteria must be met: ■The alleged child victim is a born child, under 18 years of age. ■The alleged perpetrator(s) is the child’s parent, guardian, or other person in a caregiving role, who has custody or control of the child. ■The child victim(s) was harmed or placed at substantial risk of harm; meeting criteria specified in the allegation based system. ■There is a specific incident or set of circumstances that suggest the harm or substantial risk of harm was caused by the child’s parent, guardian or other person having custody or control of the child. ChildrenNew Jersey investigates allegations of commercial sexual exploitation for alleged victims under the age of 18; in addition, New Jersey only investigates child abuse and neglect allega - tions of sex trafficking when the alleged perpetrator is in a caregiving role. For FFY 2022, there were additional children subject to human trafficking by a non-caregiver who received services from DCF; however, they are not included in the CPS report count. Child Maltreatment 2022 Appendix d: State Commentary 230Children with allegations of maltreatment are designated as alleged victims in the CPS report and are included in the NCANDS Child File. NJ SPIRIT allows for reporting more than one race for a child. Race, Hispanic/Latino origin, and ethnicity are each collected in separate fields. Despite the number of CPS referrals increasing from FFY 2021 to FFY 2022, the number of child victims continues to decrease. The rate in which NJ substantiated reports also decreased from FFY 2021 to FFY 2022. 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. For FFY 2022, New Jersey identified more than two thousand substance exposed newborns of which, 1,909 (94 percent) had a plan of safe care and 1,909 (94 percent) were referred to appropriate services. We anticipate reporting the number of plans of safe care created and the number referred to appropriate services in the FFY 2023 NCANDS Child File. Fatalities In FFY 2022, the number of child fatalities increased compared to FFY 2021, however, New Jersey has maintained a stable annual child fatality rate for the last ten years. Fluctuations in the number of fatalities from year to year are likely due to random case-level variation and are monitored closely. Child fatalities are reported to New Jersey DCF by many different sources including law enforcement agencies, medical personnel, family members, schools, offices of medical examiners and, occasionally child death review teams. The CP&P assistant commissioner ultimately determines if the child fatality was the result of child maltreatment. The office of quality manages a critical incident review process that uses safety science approaches, including human factors debriefing. The state NCANDS liaison consults with the office of quality and CP&P to ensure that all child maltreatment fatalities are reported in the state NCANDS files. NJ SPIRIT is the primary source of reporting child fatalities in the NCANDS Child file. Specifically, child maltreatment deaths are reported in the NCANDS Child File in the field maltreatment death. The data is collected and recorded by investigators and the person man - agement screens are updated in NJ SPIRIT. Other child maltreatment fatalities not reported in the Child File due to data anomalies, but which are designated child maltreatment fatalities by the Office of Quality under the Child Abuse Prevention and Treatment Act (CAPTA), are reported in the NCANDS Agency File under child maltreatment fatalities not reported in the Child File. New Jersey only investigates child deaths if there is a reported allegation of abuse or neglect. Perpetrators In New Jersey, perpetrators are defined as persons responsible for a child’s welfare who have engaged in the abuse or neglect of that child. Minors shall be considered caregivers to their own children and may be considered caregivers to other children if caring for that child at the time of an alleged act of abuse or neglect and of sufficient age and maturity to reasonably be expected to provide such care. New Jersey does accept perpetrator relationship types that are categorized as “other”, including but not limited to: child in foster/adoptive home, child in other licensed care, and other. For sex trafficking, New Jersey only investigates child abuse and neglect allegations in which the alleged perpetrator is in a caregiving role.New Jersey (continued) Child Maltreatment 2022 Appendix d: State Commentary 231Services New jersey aims to preserve children in their own home for support services. For more than 10 years, New Jersey continues to observe a decline in the volume of children separated from their family as a child welfare intervention. Data regarding services to children with behavioral health and substance use disorder diagnoses, as well as the volume of children separated from their family as a child welfare intervention is available on the NJ child welfare data hub at ( www.njchilddata.rutgers.edu ). New jersey contracts for all direct services except for case management services. NJ SPIRIT reports those services specifically designated as family preservation services, family support services, and foster care services as postinvestigation services in the Child File.New Jersey (continued) Child Maltreatment 2022 Appendix d: State Commentary 232New 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 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 2022 NCANDS submission. Currently, New Mexico does not have more than one type of response for screened-in reports. All screened-in reports are investigated. Screened-out reports are cross-reported to local law enforcement. A differential response pilot program was implemented in a limited scope during FFY 2020 (to support families with allegations of educational neglect during widespread remote schooling). Referral criteria expanded, and the program is now operating as envisioned to support families with a wider variety of risk factors and needs. The program is still only operational in four counties but will be rolled out to more counties in FFY 2023 and FFY 2024. Reports The number of screened-in referrals in FFY 2022 increased from New Mexico’s FFY 2021 NCANDS submission. This slight increase may be attributed to FFY 2022 being the year that children were back to in-person learning and school personnel comprise a significant propor - tion of our reporting sources. The agency has not made any significant changes to its call center processes and procedures, other than normal staff turnover and training, as well as concerted efforts to reduce call center wait times. The New Mexico definition for the investigation start date (“initiation”) is defined as the caseworker making face-to-face contact with each alleged victim identified in the report, rather than the individual child referenced in the NCANDS Child File. New Mexico also measures initiation time frames from the point at which the report is accepted by Statewide Central Intake, rather than the point at which the report is received or assigned to a worker in the county where the family resides. New Mexico has modified the state’s data collection system to capture incident information. New Mexico updated the data collection to coincide with the 2022 reporting period. The 2022 submission should have an accurate incident date for the entire reporting year. Children The total number of unique children for FFY 2022 increased and the number of unique child victims in FFY 2022 decreased from New Mexico’s FFY 2021 NCANDS submission.New Mexico investigation procedures do include face-to-face assessment of all children living in the household, regardless of whether they are identified as an alleged victim in the initial report. Child Maltreatment 2022 Appendix d: State Commentary 233The state does not have the capacity to report sex trafficking as an allegation type currently. As New Mexico transitions to a CCWIS, this change will be fully implemented, and report - ing will likely begin once resources to map the changes become available. New Mexico’s Department of Health receives the plans of care through the portal, although there remain some training issues statewide with birthing hospitals on consistent use of the portal. Fatalities New Mexico reported an increase by approximately 77 percent in FFY 2022 as compared to FFY 2021. Percent differences in fatalities from year to year are highly susceptible to broad fluctuation due to the overall low numbers of applicable fatalities occurring in the population. New Mexico’s overall child population is small compared to many other states. The total number of fatalities from year to year is proportionately small, so even incrementally small increases in the number of fatalities from one year to the next impacts the data but do not necessarily indicate systemic changes in agency practice. Because these records are included in the submission that corresponds with the investigation closure date, the length of time that some of these cases must remain open to allow for thorough investigation can also create year-over-year variation. New Mexico identifies applicable child fatalities for inclusion in the NCANDS Agency File by comparing homicides in the child file with homicides identified by the state Office of the Medical Investigator (OMI). Any child victims who do not already appear in the agency’s NCANDS Child File are reviewed to determine the identity and relationship of the perpetra - tor. 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 NCANDS 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, supervi - sion, and safety of a child. However, the agency does not report information on residential staff perpetrators, as CPS does not have jurisdiction under state law to investigate allegations of abuse and neglect in facilities. If such allegations are reported to Statewide Central Intake, the following procedures are followed: ■The report is screened out to CPS but cross-reported to the law enforcement agency that has jurisdiction over the facility/incident. ■The report is cross reported to the Licensing and Certification Authority, which as adminis - trative oversight of residential facilities. ■Upon request from law enforcement, CPS investigation staff may act in consultation in conducting investigations of child abuse and neglect in schools and facilities and may assist in the interview process.New Mexico (continued) Child Maltreatment 2022 Appendix d: State Commentary 234Services 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 2022 Appendix d: State Commentary 235New 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 Prior to January 1, 2022, the level of evidence required in NY to substantiate an allegation of child abuse or maltreatment was “some credible evidence.” Beginning on January 1, 2022, the level of evidence required was raised to “a fair preponderance of the evidence” standard. New York State Office of Children and Family Services (OCFS) regulations (18 New York Code Rules and Regulations-NYCRR, section 434.10) define these terms as follows: ■“Some credible evidence” is evidence that is worthy and capable of being believed. ■“A fair preponderance of the evidence” is evidence that outweighs other evidence that is offered to oppose it. A core component of the legislative intent behind raising the evidentiary standard was to address disparities. Overrepresentation of low-income individuals and those of color in the child welfare system is well documented. The enacted statutory changes will work to rectify potential employment consequences for allegations of child maltreatment that are not sup - ported by a fair preponderance of the evidence. The new law does not change the criteria to be utilized when determining whether to register a report of suspected child abuse or maltreatment. Reports On March 31, 2021, the Marihuana Regulation and Taxation Act (MRTA) was signed into law legalizing adult-use cannabis (commonly referred to as recreational marihuana). In response to this change, OCFS notified local districts in April 2022 that the Statewide Central Register of Child Abuse and Maltreatment (SCR) will “not register a report of suspected child abuse or maltreatment when the only reported concern is that a birthing parent and/or an infant tested positive for the presence of cannabis. Additionally, the SCR continues to not register a report when the only reportable concern is that a parent uses cannabis products.” The NY SCR operates 24/7. It is staffed by trained Child Protective Specialists who conduct a focused interview with the caller and use the information to determine if a report of suspected abuse or maltreatment can be registered, or if other action is necessary and appro - priate, such as a Law Enforcement Referral (LER). New York does not collect information about calls not registered as reports. In FFY 2022 the number of full-time SCR screening staff decreased 15 percent. NY is facing a work force challenge and is working to recruit additional staff. While NY maintains a statewide hotline for CPS referrals, response to accepted referrals is handled at the county level. New York State law requires that each local department of social services (LDSS) establish a Child Protective Services unit (CPS) within the LDSS to investigate suspected child abuse and maltreatment, provide protection from further abuse or maltreatment and Child Maltreatment 2022 Appendix d: State Commentary 236offer rehabilitative services for the child or children and parents or caregivers involved. Investigations must start within 24 hours of receipt of the report and caseworkers are required to conduct a safety assessment within 7 days of an accepted referral to determine whether the child named in the report or any other children in the household are in immedi - ate danger of serious harm. To allow for a more flexible response to families reported to the SCR, New York State enacted a law in 2007 authorizing a dual track child protective system [SSL §427-a]. The law prescribes the broad parameters of Family Assessment Response (FAR) and allows LDSSs that are authorized to establish a FAR program considerable flexibility to develop approaches that best match local resources, staffing capacity, and needs of families. The law excludes reports containing allegations of sexual abuse, physical abuse, severe or repeated abuse, abandonment, and failure to thrive from consideration for FAR [SSL §427-a(3)(a)-(i)]. It also requires an initial assessment of child safety, and if a child is deemed unsafe, the report may not be handled using FAR [SSL §427-a(4)(c)]. LDSSs can opt to impose more restrictive eligibility criteria for assignment to FAR than those required by the statute [SSL §427-a(3), 18 NYCRR 432.13(b)(4)(ii)]. Accepted referrals handled on the CPS track receive a CPS investigation and are determined to be indicated or unfounded. Data from both traditional Child Protective Services path and FAR path are reported in NCANDS. Prior to FFY 2021, approximately 10 percent of NY reports submitted to NCANDS were mapped to the “other” report source category. To address this concern, NY revised its report source mapping rules beginning with the FFY 2021 submission. Under these new rules several report sources previously attributed to “other” were reassigned to existing NCANDs categories. For example, reporters from shelters, community agencies or service providers were reassigned to the “Social Service Personnel” category. Additional changes included moving “Substance Abuse Counselors” to the “Mental Health Personnel” category; “Parent Substitute” and “Guardian” to the “Parent” category; and “Godparent”, “Non-relative”, “Concerned Citizens”, and “Unrelated Household Members” to the “Friends and Neighbors” category. These changes significantly reduced the percentage of reports attribute to the “Other” reporter source. Children NY has an allegation type of “Parent Drug/Alcohol Use.” During the investigation, CPS case - workers can document the drug or alcohol use of the caregivers, giving the state the capability to separate caregivers’ use of drugs from use of alcohol. This allegation does not directly cor - respond to any of the predefined NCANDS maltreatment type categories. Beginning with the FFY 2021 file, NY changed its mapping rules to move this allegation from “Other” to “Neglect or Deprivation of Necessities.” Not all children reported in the Child File have AFCARS IDs because the State uses different child identifiers for child protective service cases and child welfare cases. If a child’s system involvement is limited to CPS investigation, the child will not be assigned a child welfare New York (continued) Child Maltreatment 2022 Appendix d: State Commentary 237identifier (i.e., AFCARS ID). Additionally, the Justice Center for the Protection of People with Special Needs which investigates reports of institutional abuse uses a different child identifier. Ideally a child should have a single child protective services case id that spans across all CPS reports. However, in some instances a child is assigned a new child protective services case id when a new report is received, resulting in some children having more than one child protective services case id. New York State is exploring ways to detect and reduce the circumstances that lead to multiple child protective case ids per child. Information on “child alcohol and drug abuse” risk factors was reported for the first time in FFY 2020. In NYS accepted allegations include “child drug or alcohol abuse” and “parent drug or alcohol abuse.” If a child is over the age of one and named as an alleged victim of an allega - tion 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. For every child younger than one year old named as an alleged victim of parent drug or alco - hol abuse, where one or more additional risk factors are checked (positive tox, withdrawal, Fetal Alcohol Spectrum), NY requires that information on plans of safe care and service referral be completed, regardless of reporter type. This differs from NCANDS rules, which state that information on plans of safe care and referral only be provided when the reporter was classified as “medical personnel.” In NY, many reporters identify by professional qualifi - cation (e.g., social worker) rather than setting (e.g., medical personnel). As a result, while NY 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 medical personnel, under reporting the number of children in each category. Information on plans of safe care and service referral is reported for the entire FFY 2022. In FFY 2022, NY reported an 11 percent decrease in the unique child victims. This change is likely driven by the change in evidentiary standards described above. Fatalities 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. NY also has a state Child Fatality Review Team that fulfils oversight and reporting roles. State practice allows for multiple reports of child fatalities for the same child and deaths that occurred in previous years to be reported to the State Central Register (SCR). These fatalities are then investigated, and dispositions made. This practice allows for reporting of fatalities reported in previous NCANDS files to be reported again. After further review of reporting instruction and clarification with NCANDS technical assistance, NY revised how it reports fatalities within NCANDS starting in FFY 2020. NY now includes all fatalities regardless New York (continued) Child Maltreatment 2022 Appendix d: State Commentary 238the date of death to NCANDS fatality reporting, as long as the fatality report investigation ended during the reporting period and the fatality had not been reported in a prior NCANDS submission. Perpetrators In NY, any of the following persons who are allegedly responsible for causing injury, abuse or maltreatment to, or allowing injury, abuse or maltreatment to be inflicted on, a child named in a report to the SCR may be a subject of a report: ■A child’s parent or guardian; or other persons legally responsible ■A director, operator, employee or volunteer of a home operated or supervised by an autho-rized agency, OCFS, a family day-care home, a day-care center, a group family day-care home, or a school-age child care program; who allegedly is responsible for causing injury, abuse, or maltreatment to a child who is reports to the Statewide Central Register of child abuse or maltreatment, or who allegedly allows such injury, abuse or maltreatment to be inflicted on such child. There is no age limitation for parents. Noncaregivers are not considered legally responsible individuals, and thus do not meet the criteria as a subject in a registered report. Prior to FFY 2022, perpetrator relationship was missing or unknown in approximately 6 percent of cases submitted to NCANDS. For the FFY 2022 submission, NYS revised the programming used to determine perpetrator relationship. As result of this change, there is a noticeable increase in the “unmarried partner of parent” relationship category. In FFY 2022, NY reported an 11 percent decrease in the unique perpetrators. This change is likely driven by the change in evidentiary standards described above. Services The State is not currently able to report the NCANDS services fields. Title XX funds are not used for providing child preventive services in this state. Local departments of social services provide all services, and many of those services are contracted services with various preventive agency providers. NY does provide funding for primary prevention programs such as the Healthy Families New York home visiting program.New York (continued) Child Maltreatment 2022 Appendix d: State Commentary 239North 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 did not submit commentary for the Child Maltreatment 2022 report. Child Maltreatment 2022 Appendix d: State Commentary 240North Dakota Contact Jenn Grabar Phone 701–328–1863 Title Child Maltreatment and Fatality Manager Children and Family ServicesEmail jjgrabar@nd.gov Address North Dakota Department of Health and Human Services600 E Boulevard Avenue, Dept 325Bismarck, ND 58505 General North Dakota implemented a central “hotline,” the Child Abuse and Neglect Reporting Line, for the receipt of reports of suspected child abuse and neglect in January 2021. Since the inception of this centralized process, the number of reports received has continued to increase, resulting in an increase in completed assessments. On August 1, 2021, there was a change to state law and policy that provides for a definition of impending danger. North Dakota Century Code Chapter 50-25.1-02(15) defines “impending danger” as a foreseeable state of danger in which a behavior, attitude, motive, emotion, or situation can be reason - ably anticipated to have severe effects on a child according to criteria developed by the Department. Two determinations are made upon the conclusion of a child protection assess - ment, one that determines if a child meets the definition of an abused or neglected child and another that determines if impending danger threats are present. The presence of impending danger threats mandate child welfare involvement through case management (protective services), either in-home or out-of-home. The provision of protective services is now no longer directed by substantiated maltreatment, but rather the presence of impending danger threats to a child’s safety. Substantiated child victims remain those with identified maltreatment. Once case management (protective services) begins, the caseworker must continually assess the parents/caregivers, children, and alternate caregivers (when appli - cable to the case) on an ongoing basis to ensure all needs are addressed through appropriate services and progress towards goal achievement is being made. The state’s decrease in child victims and perpetrators is likely due to the above-mentioned changes to statute and policy. It is noted that although there was a decrease in identified victims, there was an increase in those receiving prevention services. In addition, the state’s child abuse and neglect law changed on August 1, 2021, to allow for a child protection services decision of “Unable to Determine.” State statue defines the child protection services decision of “unable to determine” as insufficient evidence is available to enable a determination whether a child meets the definition of an abused or neglected child. These assessments are coded as closed, no finding. The previous reporting period did not include a full year of utilization of this type of report disposition, resulting in the marked increase of this type of determination this year, as well as likely impacted decrease in other types of assessment determinations. State law defines three types of assessments that may be carried out in response to a report of suspected child abuse and neglect: ■Alternative Response Assessment–means a child protection response involving substance exposed newborns which is designed to provide referral services to and monitor support services for a person responsible for the child’s welfare and the substance exposed new - born; and to develop a plan of safe care for the substance exposed newborn. Child Maltreatment 2022 Appendix d: State Commentary 241 ■Child Protection Assessment–means a factfinding process designed to provide informa - tion that enables a determination of whether a child meets the definition of an abused or neglected child, including instances that may not identify a specific person responsible for the child’s welfare which is responsible for the abuse or neglect. ■Family Services Assessment–means a child protection services response to reports of suspected child abuse or neglect in which the child is determined to be at low risk and safety concerns for the child are not evident according to guidelines developed by the department. The alternative response assessments are exclusive to substance exposed newborns. The assessments are considered voluntary; however, prenatal substance exposure is a form of neglect as identified in state law. Caregivers who decline to participate in an alternative response assessment receive a child protection services assessment response. Other primary reasons for an alternative response assessment to revert to a child protection services assess-ment include a violation of the plan of safe care that places the infant in danger and the receipt of new reports that allege a different maltreatment or victims. The family services assessment was implemented statewide in March 2022 after being pilot tested in four Human Service Zones. The primary suspected maltreatment receiving a family services assessment is educational neglect. Data elements for the Alternative Response Assessment and Family Services Assessment response have been added to the child welfare data management system, however, they have not yet been mapped to the NCANDS Child File. The total number of completed Alternative Response Assessments in FFY 2022 is 122. The total number of completed Family Services Assessments in FFY 2022 is 85. North Dakota Century Code requires that all reports of suspected child abuse and neglect be reported to the Department of Health and Human Services through its authorized agent and requires that any report must be accepted: “The department or authorized agent, in accordance with rules adopted by the department, immediately shall initiate a child protec - tion assessment, alternative response assessment, or family services assessment or cause an assessment, of any report of child abuse and neglect, including, when appropriate, the child protection assessment, alternative response assessment, or family services assessment of the home or the residence of the child, any school or child care facility attended by the child, and the circumstances surrounding the report of abuse or neglect.” The statute for child abuse and neglect (North Dakota Century Code Chapter 50-25.1) was changed on August 1, 2021, to allow child protection services assessment decisions as follows: ■Confirmed–means that upon completion of a child protection assessment, the department determines, based upon a preponderance of the evidence, that a child meets the definition of an abused or neglected child, and the department confirms the identity of a specific person responsible for the child’s welfare which is responsible for the abuse or neglect. ■Confirmed With Unknown Subject–means that upon completion of a child protection assessment, the department determines, based upon a preponderance of the evidence, that a child meets the definition of an abused or neglected child, but the evidence does not confirm the identity of a specific person responsible for the child’s welfare which is responsible for the abuse or neglect.North Dakota (continued) Child Maltreatment 2022 Appendix d: State Commentary 242 ■Unable to Determine–means insufficient evidence is available to enable a determination whether a child meets the definition of an abused or neglected child. These assessments are coded as closed with no finding. ■Unconfirmed–means that upon completion of a child protection assessment, the depart - ment has determined, based upon a preponderance of the evidence, that a child does not meet the definition of an abused or neglected child. ReportsNorth Dakota encompasses four American Indian Reservations. These reservations are sov - ereign nations, each of whom maintains the reservation’s own child welfare system. Because of this, North Dakota’s NCANDS data does not include child abuse and neglect data, or data on child deaths from abuse or neglect or near deaths from abuse or neglect which occurred in a tribal jurisdiction. North Dakota statute does not allow referrals (reports) to be screened out. All referrals must be accepted and assessed to some degree. North Dakota has an administrative assessment process to correctly triage reports received. Data regarding the number of children included in reports that are administratively assessed is not collected. An administrative assessment is defined as the process for documenting the disposition of Child Protection Services Intakes that fall outside the criteria for a report of suspected child abuse or neglect. Under this defini - tion, reports can be administratively assessed when the concerns in the report clearly fall outside of the state child protection law. Such circumstances include: ■The report does not contain a credible or causal reason for suspecting the child has been abused or neglected ■The report does not contain sufficient information to identify or locate the child or family (after performing due diligence) ■There is reason to believe the reporter is willfully making a false report (these reports are referred to the county prosecutor) ■The concern in the report has been addressed in a prior assessment ■The concerns are being addressed through county case management or a Department of Health and Human Services therapist ■Reports of pregnant women using controlled substances or abusing alcohol (when there are no other children reported as abused or neglected) are also included in the category of administrative assessments, as state law doesn’t allow for a decision of “confirmed” (substantiation) in the absence of a live birth. Assessments that are in progress when information found during the assessment indicates the reported concerns fall outside the definitions in the child abuse and neglect law are then terminated in progress. Reports may also be referred to another jurisdiction when the children of the report are not physically present in the Human Service Zone (these reports are referred to another jurisdiction (tribal, or state), where the children are present or believed to be present). Reports involving a Native American child living on an Indian Reservation are referred to tribal child welfare systems or to the Bureau of Indian Affairs child welfare office. Reports concerning sexual abuse or physical abuse by someone who is not a person responsible for the child’s welfare (non-caregiver) are referred to law enforcement. The total number of administrative assessments or referrals in FFY 2022 is 11,484. This total breaks down to North Dakota (continued) Child Maltreatment 2022 Appendix d: State Commentary 2435,700 administrative assessments; 2,435 administrative referrals; 3,61 terminated in progress (14 were alternative response assessments terminated in progress); and 188 pregnant woman assessments. There were 2,912 completed full assessments. Data mapping and calculating the response time, both in the Agency File and in the Child File, has proven to be quite challenging as there had been a significant divergence between the state’s administrative rule and policies and the definitions required for NCANDS report - ing. State administrative rule was amended on April 1, 2022, to allow initiation of an assess - ment to be done by contact with the subject of the report, by contact with the alleged abused or neglected child or by contact with a law enforcement officer with jurisdiction in the loca-tion where the child may be found or where the alleged abuse or neglect occurred. Previous to this change, contact with the alleged abused or neglected child was not included in the administrative code. Therefore, many assessments initiated under the previous state’s admin - istrative rule do not meet the initiation definition in the Child File or Agency File. Child Protection Services Policy for initiation changed with the adoption of the Safety Framework Practice Model in December 2020, which states that initiation of child protection assessments is face to face contact with all reported child victims, the initial face to face contact with a victim must be completed by child welfare, is no longer allowed to be conducted prior to the report date and the timeline for contact with victims does not exceed three days. When response time is calculated according to state policy and administrative rule during FFY 2022, the response time is 265 hours. Workforce challenges are present statewide with the primary impact being higher caseloads than desired and increased response time to reports not identifying present danger. Several agencies have numerous vacancies, result - ing in extremely high caseloads and decreased capacity. Vacancies are being filled with a younger, less experienced workforce, increasing the need for training and supervision. North Dakota is a county administered system, the state can only determine the numbers of Full- Time Equivalents (FTEs) employed by a county for certain job titles, such as Social Worker or Family Service Specialist. These FTEs may be employed in various county programs for varying portions of their FTE. For Example: A county employee may be a full FTE, but ¼ time will be CPS functions, ¼ time maybe foster care, ¼ time may be in adult services, and ¼ time may be in-in home case management. The state has no independent way to determine what portions of the FTE are dedicated to CPS functions. North Dakota implemented a centralized intake “hotline” (ND Central Child Abuse and Neglect Reporting Line) for reporting suspected child abuse and neglect in January 2021. The workforce for this unit is comprised of 15 county FTE’s. In an attempt to glean the required information for NCANDS reporting, the state has completed a survey of the 19 Human Service Zones (formerly county social service agencies) in which the Human Service Zones are asked to report the number of FTEs in their agency dedicated to CPS functions. An electronic survey was prepared in two sections, using Survey Monkey as the vehicle for collecting the data. This survey was transmitted via email to directors of all Human Service Zones in the state. The survey was administered in May 2022 and represents the workforce for FFY 2021. Directors reported a total of 130 employees, including supervisors, responsible for intake and assessment. Of these 130 FTEs, 15 were responsible for CPS intake functions, 100 were responsible for CPS assessment functions, and 18 were responsible for supervision functions. The second portion of North Dakota (continued) Child Maltreatment 2022 Appendix d: State Commentary 244the survey was forwarded to the workers and supervisors by the director with a request for each worker listed by the director to complete the education/training and demographic portion of the survey. The worker demographic and training portion of the survey was completed by 80 of the workers/supervisors, for a response rate of 62 percent. The results of the worker demographic portion of the report are included in the state’s CAPTA report. Children As mentioned, there was a decrease 16 percent in child victims this reporting period and this is likely the result of the previously mentioned change in state statute and policy, adding the presence of impending danger as the determining factor in accessing postassessment protective services, rather than substantiated maltreatment. When children do not meet the definition of an abused or neglected child, yet there is identified impending danger, protective services to address child’s safety is now mandated, even without the maltreatment substantia-tion. This has also resulted in an increase in children receiving preventative services. 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. There were zero children identified with a confirmed maltreatment of sex trafficking in FFY 2022 and 7 children with an identified child risk factor for sex trafficking. An identified child risk factor indicates that trafficking may have occurred by someone who is not a “person responsible for a child’s welfare” under state law. Child victim counts with a caregiver risk factor for alcohol abuse is 187, methamphetamine use is 329, opioid use is 93, other drug use by caregiver is 373. Child victim risk factor counts for prenatal exposure to alcohol is 18, prenatal exposure to methamphetamine is 105, prenatal exposure to opioids is 27 and prenatal exposure to other drugs is 158. In addition, the child victim risk factors for environmental exposure to methamphetamine is 320 and environmen - tal exposure to all other drugs is 439. The lead agency completed the process of analysis and design to incorporate data system changes for the data reporting elements for prenatally substance exposed infants, however appropriate mapping for NCANDS continues to be delayed for technical and resource reasons, including priority for the development of a new child welfare data management system. Program data reports as well as data management system development pull from the same pool of data resources available to Health and Human Services and this is beyond the control of the program. According to state law a “Substance Exposed Newborn” is defined as an infant younger than twenty-eight days of age 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, mirroring the federal CARA legislation amending CAPTA. Notification of substance exposed newborns by health care providers are reported as child maltreatment. State statute defines a “neglected child” as “subject to prenatal exposure to chronic or severe use of alcohol or any controlled substance North Dakota (continued) Child Maltreatment 2022 Appendix d: State Commentary 245as defined in section 19-03.1-01 in a manner not lawfully prescribed by a practitioner.” There were 166 substance exposed newborns identified during FFY 2022. Of the 166 identified substance exposed newborns, 152 of them had a Plan of Safe Care developed (92 percent); all 166 of these substance exposed newborns and their affected caregivers received some degree of appropriate services. The most frequently identified reasons for lack of a Plan of Safe Care included: toxicology testing confirmed the infant was not drug exposed and lack of coopera-tion from the caregiver. There were 26 additional identified substance exposed infants (under one year of age), those over the age of 28 days when the report/notification is received, in FFY 2022. Of these 26 identified substance exposed infants, 25 of them had a Plan of Safe Care developed (96 percent). Fatalities All fatalities were reported in the Child File. The North Dakota Department of Health and Human Services, Children and Family Services is the agency responsible for coordination of the statewide Child Fatality Review Panel as well as serving as the state’s child welfare agency. The Child Maltreatment and Fatality Administrator / Prevention and Protection serves as the Presiding Officer of the Child Fatality Review Panel. This dual role provides for close coordination between these two processes and aides in the identification of child fatalities due to child abuse and neglect as a sub-category of child fatalities from all causes. The North Dakota Child Fatality Review Panel coordinates with the North Dakota Department of Health and Human Services Vital Records to receive death certificates for all children, ages 0–17 years, who receive a death certificate issued in the state. These death certificates are screened against the child welfare database and any child who has current or prior CPS involvement as well as any child who it can be determined is in the custody of county Human Service Zones or the Division of Juvenile Services at the time of the death is selected for in-depth review by the Child Fatality Review Panel, along with any child whose Manner of Death as listed on the Death Certificate is “Accident”, “Homicide”, “Suicide” or “Undetermined”. Any child for whom the Manner of Death is listed on the Death Certificate as “Natural”, but whose death is identified as sudden, unexpected, or unexplained is also selected for in-depth review. As part of these in-depth reviews, records are requested from any agency identified in the record as having involvement with the child in the recent period prior to death, including law enforcement, medical facilities, Child Protection Services, the County Coroner, and the State Medical Examiner’s Office for each death. Under North Dakota law, any hospital, physician, medical professional, medical facility, mental health pro - fessional, mental health facility, school counselor, or division of juvenile services employee shall disclose all records of that entity with respect to any child who has or is eligible to receive a certificate of live birth and wo has died. Additionally, the State Medical Examiner’s Office forensic pathologists participate in conducting the reviews. Data from each review is collected and maintained in a separate database. It is this database that is correlated with data extracted from the child welfare database for NCANDS reporting. Even though the NCANDS data does not contain child welfare data concerning children in tribal jurisdiction, the state is confident that all deaths in the state from all causes are identified, reviewed, and reported. Another safeguard in data reporting is that the child welfare agency is also the entity that convenes the Child Fatality Review Panel, reviews the records for each death, compiles that data following the reviews and publishes the annual Child Fatality Review Panel Data report as well as being responsible for NCANDS reporting.North Dakota (continued) Child Maltreatment 2022 Appendix d: State Commentary 246Perpetrators State law limits CPS actions to reports involving “a person responsible for a child’s welfare”, defined as “an individual who has responsibility for the care or supervision of a child and who is the child’s parent, an adult family member of the child, any member of the child’s household, the child’s guardian, or the child’s foster parent; or an employee of, or any person providing care for the child in, a child care setting. (N.D.C.C. 50-25.1-02(1)). Reports which do not meet statutory definitions mandated to CPS, but which may be a potential viola - tion of criminal law are to be “disposed” through referral to law enforcement (N.D.C.C. 50-25.1-05.3). For the purposes of institutional child abuse and neglect, “a person responsible for the child’s welfare” means an institution that has responsibility for the care or supervision of a child. Under state statute, “Institutional child abuse or neglect” means situations of known or suspected child abuse or neglect when the institution responsible for the child’s welfare is a public or private school, a residential facility or setting either licensed, certified, or approved by the department, or a residential facility or setting that receives funding from the department. The following are excluded: correctional, medical, home and community based residential rehabilitation and educational boarding care settings. An individual working as facility staff is not held culpable within Institutional Child Protection Services, rather, the facility itself is considered to be the “subject’ (perpetrator) of the report. Assessments of institutional child abuse or neglect are assessed at the state level (DHHS) rather than at the county (Human Service Zone) level as are CPS reports that are non-institutional. All reports of institutional child abuse and neglect are reviewed by a multi-disciplinary State Child Protection Team on at least a quarterly basis. Determinations of institutional child abuse and neglect are made by team consensus. A determination of “indicated” means that a child was abused or neglected by the facility. A decision of “not indicated” means that a child was not abused or neglected by the facility. State law was changed on August 1, 2021, moving individual perpetrators from public and private schools out of child protection services and added them to institutional child protection services; thus, teachers and other education professionals are no longer perpetrators rather the school is seen as the subject. There were 155 reports of Institutional Child Abuse or Neglect in FFY 2022, making up 48 completed full assessments. Of these 48 assessments, 42 had a finding of “not indicated” and 6 had a finding of “indicated”. There were 68 assessments Terminated in Progress, and 36 reports were administratively assessed/administratively referred (see above under ‘reports’ for definitions of administrative assessments and referrals). Three (3) reports remained open at the time of this report. North Dakota reports unknown perpetrators as Unknown within the state’s child welfare data management system (FRAME). Perpetrator IDs for unknown perpetrators are unique to each assessment. State law allows for a child protection services assessment determination of “confirmed with an unknown subject” which means that upon completion of a child protec - tion assessment, the department determines, based upon a preponderance of the evidence, that a child meets the definition of an abused or neglected child, but the evidence does not confirm the identity of a specific person responsible for the child’s welfare which is respon - sible for the abuse or neglect.North Dakota (continued) Child Maltreatment 2022 Appendix d: State Commentary 247Data fields have been added to the child welfare data management system to capture sex traf - ficking by a noncaregiver. This data has not yet been mapped for NCANDS reporting. There were 14 reported perpetrators of sex trafficking that were identified as noncaregivers. Services The methods for Agency File Data components 5.1 and 5.2 include only children less than 3 years of age. The number of children eligible for referral for IDEA is 111. The number of children actually referred is 102. Of the 9 children eligible and not referred, five (5) children moved out of state, two (2) children had been previously referred and were receiving IDEA services. The reason for non-referral for the remaining two children was not available. The state has limitations when reporting reunification services. Case management services provided by county agencies (Human Service Zones) are dependent upon correct data entry connecting the service with the CPS assessment. Additionally, services provided through referral to service providers outside the county agency may only be documented in narrative form, which prohibits data extraction. On Aug. 17, 2020, North Dakota became the seventh state in the country to receive approval of its Family First Prevention Services Act Title IV-E Prevention Services Plan ND from the federal Children’s Bureau. The plan provides the state access to federal Title IV-E funding for approved evidence-based prevention services proven to strengthen and stabilize children and families so children can stay in their family home safely. Services include both mental/behavioral health and substance abuse treatment and recovery support services as well as in-home parent skill-based programs. The state’s eligibility application and portal went live February 2021 with prevention services starting March 1, 2021. There are nine approved prevention services eligible for Tile IV-E reimbursement, they are: ■Healthy Families ■Parents as Teachers ■Nurse-Family Partnership ■Homebuilders ■Brief Strategic Family Therapy ■Parent-Child Interaction Therapy ■Multisystemic Therapy ■Functional Family Therapy ■The Family Check-Up Community agencies and private service providers can apply to become an approved Title IV-E prevention services provider by completing an application. Title IV-E providers must identify the approved Title IV-E prevention service(s) they want to provide, submit verifica - tion they have the required qualifications, training, certification and/or accreditation to provide the service, outline their fidelity review process, and agree to the responsibilities and requirements set forth by ND Children and Family Services Division (CFS) and the Family First Prevention Services Act.North Dakota (continued) Child Maltreatment 2022 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 disposi - tion of “AR.” Those who are “alleged child victims” of reports assigned to the TR pathway receive a disposition: ■Unsubstantiated—the assessment/ investigation determined no occurrence of child abuse or neglect. ■Substantiated—there is an admission of child abuse or neglect by the person(s) respon - sible; an adjudication of child abuse or neglect; or other forms of confirmation deemed valid by the Public Children Services Agency (PCSA). ■Indicated—there is circumstantial or other isolated indicators of child abuse or neglect lacking confirmation; or a determination by the caseworker that the child may have been abused or neglected based upon completion of an assessment/investigation. ReportsThe number of screened out referrals between FFY 2021 and FFY 2022 showed an increase. Ohio is a state supervised, county administered, child protection services program and does not operate a state referral hotline. Ohio continues to operate a centralized state referral hotline which provides the referent with the local county PCSA referral contact information. The intake of referrals is required to be received by each county PCSA. The requirements established for recording referral information received, completing a screening decision of the referral, conducting assessment/investigations of alleged abuse or neglect are main - tained per Ohio Administrative Code rules. During the review period, provisions to rules governing face to face monthly contacts and parental visits for cases receiving ongoing case planning services were relaxed based on federal guidance during the pandemic. When State Emergency Orders were lifted many counties reported a workforce crisis. Ohio PCSAs continue to have a high number of vacancies and staff turn-over. The Ohio Department of Job and Family Services (ODJFS) have increased efforts in addressing the retainment and recruitment of child protective services caseworkers. The revised Ohio Child Protective Services Screening Guidelines were released on September 7, 2022. This guide was revised and reformatted to provide child welfare profes - sionals enhanced guidance of screening examples along with a streamlined flow within the document, supporting the decision-making process. References to Ohio Administrative Code (OAC) and Ohio Revised Code (ORC) were made in the beginning of each section/sub-section of the categories to assist with decision making. Considerations for each category have been provided to promote critical thinking during the intake and screening processes. The revised guidelines influence statewide consistency and serve as a training resource. Child Maltreatment 2022 Appendix d: State Commentary 249Children Requirements to record the race/ethnicity of children in Statewide Automated Child Welfare Information System (SACWIS) were effectuated in FFY 2015 and remain in place today. Child victims as reported by Ohio are children who have received a disposition of substanti - ated or indicated in the traditional response pathway. Information is also captured at disposition. There are two identified description of harm values addressing human trafficking; 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, the date the incident was reported to law enforcement is required. Ohio continues to improve in the reporting of human trafficking. When a referral is received by the PCSA, and human trafficking is suspected by the reporter, a “human trafficking” checkbox is selected in Ohio SACWIS. Ohio PCSAs also have the ability to identify a case involving human trafficking at any point during the assessment/investigation. Often referral information received regarding a concern of child maltreatment may not be known, or identified as, human trafficking by the reporter. Initial concerns reported may be regarding the child’s condition of being neglected or physically abused. During the assessment/investigation processes additional information may be gathered regarding human trafficking. If this occurs, the PCSA is required to contact law enforcement. Information is also captured at disposition. There are two identified description of harm values addressing human trafficking; 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, the date the incident was reported to law enforcement is required. Ohio’s screening guidelines were revised to include ORC definitions of trafficking and the criminal offenses associated to assist in screening decisions related to trafficking. Universal human trafficking assessments for all children screened into a PCSA child abuse or neglect report will assist in the identification of human trafficking and service provision. Human trafficking assessments and resource links are to be added to assessment and planning tool field guides. The field guides include examples of trafficking in addition to guided questions for the caseworker. Adoption and Foster Care Analysis and Reporting System (AFCARS) – elements have been added to Ohio SACWIS and reporting systems to capture sex trafficking for children in substitute care: ■106 Prior Victim of Sex Trafficking ■107 Prior Report to Law Enforcement ■108 Prior Date of Sex Trafficking Report to Law Enforcement ■109 Victim of Sex Trafficking While in Foster Care ■110 Report to Law Enforcement for Current Victimization ■111 Date of Sex Trafficking Report to Law Enforcement Ohio’s Comprehensive Addiction Recovery Act (CARA) data collection has improved over the past few years. Infants with prenatal substance exposure are tracked when child abuse or neglect is reported and at the completion of the assessment/investigation in the Family Assessment. In FFY 2022, Ohio worked toward streamlining CARA related reporting with community partners, software developers, and other states. A mandated reporter portal is under development. A pilot will begin Spring 2023 with a major metro county PCSA.Ohio (continued) Child Maltreatment 2022 Appendix d: State Commentary 250Since the passage of CARA legislation in 2016, ODJFS has teamed with numerous projects, initiatives, and workgroups to train and educate the entities who are responsible in serving infants who are substance exposed and their families. In May of 2020, the Practice and Policy Academy launched its work on creating a collaborative systemic approach to imple - mentation of CARA and Plans of Safe Care (PoSC). The Practice and Policy Academy is led by Ohio Department of Mental Health and Addiction Services and the Ohio Department of Job and Family Services, with Children and Family Futures previously providing oversight. The Practice and Policy Academy is comprised of participants from state agencies, state associations, PCSAs, and other community partners that work with families experiencing substance use during pregnancy. In November of 2020, ODJFS, in coordination with Ohio Department of Mental Health and Addiction Services and the Ohio Family and Children First Council, sent out a Communities of Support grant application which supports existing and new local community planning and coordinated service delivery efforts with CAPTA funding. OFC is creating a standalone CARA Dashboard for PCSA and community use and is explor - ing new CARA and plan of safe care funding opportunities for PCSAs for State Fiscal Year 2024. Fatalities Ohio continued to improve in the collection of data surrounding child fatalities and fewer errors were made this year. It was determined the mandated reporters statutorily required to participate on child fatality review boards refer cases of suspected abuse and neglect to the local PCSA if the PCSA had not received a referral prior to the review. Thus, closing a potential gap in Ohio’s reporting system. FFY 2022 fatality counts had an increase of 15% from FFY 2021. Unfortunately, the overall death rate in Ohio due to violence has been on the rise over the past few years. Child maltreatment deaths reported in Ohio’s NCANDS submission are compiled from the data maintained in the SACWIS. The SACWIS data contains information on those children whose deaths were reported to a PCSA, or children involved in a CPS report who died during the assessment or investigation period. As a county administered CPS system, Ohio PCSAs have discretion of which referrals are accepted for assessment or investigation. In some cases, the PCSA will not investigate a child fatality report unless it is deemed there was suspected abuse or neglect or other children in the home who may be at risk of harm or require services. Referrals of child deaths due to suspected maltreatment not accepted by the PCSA are investigated by law enforcement. No policy changes were made regarding child fatality reviews for this reporting period.The ODJFS internal fatality review team was able to continue meeting virtually. ODJFS is researching ways to improve our internal fatality review team.Ohio (continued) Child Maltreatment 2022 Appendix d: State Commentary 251Perpetrators The NCANDS category of “other” perpetrator relationship includes nonrelated (NR) child and NR adult. These are catch-all categories that can be used for an individual who is not a family member. Guidance continues to be provided to agencies to select the most appropriate relationship code (e.g., neighbor) instead of using the nonrelated categories. Ohio does report noncaregiver perpetrators of sex trafficking to NCANDS in the “other” category as described above. These cases are also tracked at disposition and the date they were referred to law enforcement entered. Services Ohio is continually working to improve the recording of services data in the SACWIS. Federal grant funds are used for state level program development and support to county agencies providing direct services to children and families. Ohio successfully implemented phase one of the Family First Prevention Services Act (FFPSA) on October 1, 2021. Ohio secured funding for a pilot of the program which ran April 1, 2021, through October 1, 2021, funded by the Family First Transition Act which was also part of a bipartisan federal budget bill. Ohio secured a vendor, the Center of Excellence to ensure statewide capacity building of evidence-based practice models for multi-system therapy and family functional therapy and to monitor for fidelity to their model. Ohio’s state plan was approved for the use of the evidence-based practices known as OhioSTART for families struggling with substance abuse; Healthy Families America and Parents as Teachers to help those families in need of in-home parenting-based services. Ohio is moving forward with amending its State Plan and implementing phase two which will include the evidence-based programs Triple P Parenting and Motivational Interviewing. Ohio (continued) Child Maltreatment 2022 Appendix d: State Commentary 252Oklahoma Contact Elizabeth Roberts Phone 405–850–6994 Title Programs Manager II, Child Welfare Services Email e.roberts@okdhs.org Address Oklahoma Department of Human Services P.O. Box 25352Oklahoma City, OK 73125 General Throughout FFY 2022 OKDHS continued to transform through an intense focus on transpar - ency and innovation and our commitment to improve the trajectory of Oklahoma families. OKDHS continues to modernize our real estate footprint to position OKDHS to be even more fiscally efficient while adding what we call “access points” for our customers by embedding our workforce with community partners in locations convenient for people who need our services. Oversized buildings are being traded for intentionally designed spaces to better serve customers and our workforce. Using our True North Executive Strategies, we are building pathways to support, empower and celebrate our staff so they can be more creative and innovative in their work to serve vulnerable children and families. OKDHS continues to support a family-strengthening system to help ensure safe homes for all children including safety, well-being and connections to family, community and cultures; and we tirelessly pursue every child’s right to connect to a stable and loving family and the support they need to grow and develop into healthy adults. In FFY 2022, CWS began the implementation of the Oklahoma Title IV-E Prevention Program Plan, an optional prevention program authorized through the Family First Prevention and Services Act, securing ongoing funding for prevention programs and services to prevent the need for foster care placement, and elevating quality improvement and evalu-ation of prevention programs. OKDHS is focusing on in-home parent skill-based programs, SafeCare® and Intercept®, that have been well established within the infrastructure of the child welfare system and contracted with community-based providers with an established history of serving families involved with the CW system who have experienced child maltreatment. These contracted community-based services support the promotion of health, safety and wellness of Oklahoma’s children and families preventatively, as well as to help reunite families whose children are in out-of-home care. During the reporting period October 1, 2021 through September 30, 2022 statewide 1,857 families received SafeCare® and 347 families received Intercept®. OKDHS aims to not bring more families into the CW system, but rather improve prevention practices and enhance and expand the services and supports that allow for more families to be served in Family-Centered Services (FCS) and not within foster care. FCS focuses on prevention and protection to prevent maltreatment so a child can remain with their family and in their community. CWS continues to utilize multiple strategies toward improving safety decision-making and increasing positive outcomes for children and families while also building capacity to accurately identify safety threats, provide appropriate services to eliminate safety threats, and improve parental protective capacities. Oklahoma has 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 through the goals, objectives, and strategies outlined in the 2020–2024 Child and Family Services Plan (CFSP). Child Maltreatment 2022 Appendix d: State Commentary 253It is critical to note that both the delivery of in-home services and data collection have continued to be affected by the ongoing COVID-19 pandemic. During this reporting period, OKDHS and the contracted service providers have experienced workforce shortages that have resulted in less capacity to provide prevention services for families. CWS Programs, along with support through the existing CWS CQI/QA, continues to collaborate with regional leadership and contracted services providers to support them towards improved outcomes of child safety, permanency and well-being, parent/kin caregiver well-being, prevention of future child maltreatment, and entry into foster care. Four bills related to Child Welfare Services were passed during the 2022 legislative session. Of note, HB 2992 adjusts various references to the testimony of child witnesses in certain court cases, removes references to specific ages, provides general definitions of children in law, and permits guardians ad litem to be present during proceedings. Reports The Oklahoma Department of Human Services has a statewide, centralized hotline to receive child abuse and neglect reports. An allegation of child abuse or neglect reported in any man - ner to a DHS county office is immediately referred to the Hotline. Each report received at the Hotline is screened to determine whether the allegations meet the definition of child abuse or neglect and are within the scope of child protective services (CPS) assessment or investigation. DHS responds to an accepted report of child abuse or neglect by initiating an assessment of the family or an investigation of the report in accor - dance with priority guidelines. The primary purpose of the assessment or investigation is the protection of the child. For assessments or investigations, DHS gives special consideration to the risks of any minor child, including a child with a disability, who is vulnerable due to his or her inability to communicate effectively about abuse, neglect, or any safety threat. A Priority I report indicates the child is in present danger and at risk of serious harm or injury. Allegations of abuse and neglect may be severe and conditions extreme. The situation is responded to immediately, the same day the report is received. Priority II is assigned to all other reports. The response time is established based on the vulnerability and risk of harm to the child. Priority II assessments or investigations are initiated within two – to 10-calendar days from the date the report is accepted for assessment or investigation. An assessment is conducted when a report meets the abuse or neglect guidelines but does not constitute a serious and immediate safety threat to a child. An assessment is a comprehensive review of child safety and evaluation of family functioning and protective capacities conducted in response to a child abuse or neglect report that does not allege a serious and immediate safety threat to a child. The assessment uses the same comprehensive review to address allegations, identify behaviors and conditions in the home that lead to risk factors; and evaluate the protective capacities of the person responsible for the child’s health, safety, or welfare to address the safety needs of each child in the family. Assessments do not have findings. When a child is determined unsafe in the initial stages of the assessment and the family’s circumstances or the person respon - sible 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.Oklahoma (continued) Appendix d: State Commentary 254 Child Maltreatment 2022An investigation is conducted when: ■a report meets the abuse or neglect guidelines and constitutes a serious and immediate threat to the safety of a child ■there have been three or more reports accepted for assessment or investigation regarding the family ■the family has been the subject of a deprived petition; or ■the child was diagnosed with fetal alcohol syndrome or DHS determines the child meets the definition of drug-endangered child. Reports that are appropriate for screening out and are not accepted for assessment or investi - gation are reports: ■that clearly fall outside the definitions of abuse and neglect per OAC 340:75-3-120, includ - ing minor injury to a child 10 years of age and older who has no significant child abuse and neglect history or history of neglect that would be harmful to a young or disabled child, but poses less of a threat to a child 10 years of age and older; ■concerning a victim 18 years of age or older, unless the victim is in voluntary placement with DHS; ■where there is insufficient information to locate the family and child; ■where there is an indication that the family needs assistance from a social service agency but there is no indication of child abuse or neglect; ■that indicate a child 6 years of age or older is spanked on the buttocks by a foster or trial adoptive parent with no unreasonable force used or injuries observed; ■that indicate the alleged perpetrator of child abuse or neglect is not a PRFC, there is no indication the PRFC failed to protect the child, and the report is referred to local law enforcement; and ■the family resides on tribal land includes tribal members or the family is a tribal foster home with placement of only tribal custody children and the tribe accepted jurisdiction of the investigation. ■Allegations concerning the same incident received from the same or a different reporter are considered duplicate reports and may be screened out and associated with the original assigned assessment or investigation. Allegations concerning the same child and family received within 45 calendar days of a previously accepted and assigned report are considered subsequent reports and may be screened out and the allegations addressed in the on-going report, unless the subsequent report contains allegations of a child death, child near death, child trafficking, or sexual abuse to a child by a PRFC or other adult who has close contact or access to the child. These are not screened out as subsequent and the allegations are investigated in a new report. Children Oklahoma defines a child as any unmarried person younger than 18 years of age, including an infant born alive. A drug endangered child is defined as a child who is at risk of suffer - ing 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).Oklahoma (continued) Appendix d: State Commentary 255 Child Maltreatment 2022 ■(This term includes circumstances wherein the PRFC’s substance use or abuse interferes with his or her ability to parent and provide a safe and nurturing environment for the child. ■Every physician, surgeon, or other health care professional including doctors of medicine, licensed osteopathic physicians, residents and interns, any other health care professional, or midwife involved in the pre-natal care of expectant mothers or the delivery or care of infants who test positive for alcohol or a controlled dangerous substance, must promptly report the matter to the DHS. This includes infants who are diagnosed with neonatal abstinence syndrome or fetal alcohol spectrum disorder. ■Whenever DHS determines that a child meets the definition of a “drug-endangered child” or was diagnosed with neonatal abstinence syndrome or fetal alcohol spectrum disorder, and the referral is assigned, DHS conducts an investigation of the allegations and does not limit the evaluation of the circumstances to an assessment. ■Whenever DHS determines an infant is diagnosed with neonatal abstinence syndrome or fetal alcohol spectrum disorder, DHS develops a plan of safe care that addresses the infant and affected family member or caregiver and, at a minimum, their health and substance use or abuse treatment needs. Oklahoma defines a “plan of safe care” as a plan developed for an infant with neonatal absti - nence syndrome or a fetal alcohol spectrum disorder, upon release from healthcare provider care that addresses the infant’s and mother’s or caregiver’s health and substance use or abuse treatment needs. Oklahoma defines a “substance exposed infant” as a newborn who tests positive for alcohol or a controlled dangerous substance with the exception of substances administered under the care of a physician. Oklahoma defines “substance affected infant” as one who was born experiencing withdrawal symptoms as a result of prenatal drug exposure or fetal alcohol spectrum disorder as determined by the direct health care provider. Fatalities Oklahoma investigates all reports of child death and near death that are alleged to be the result of abuse or neglect. When DHS has reasonable cause to suspect that a child death or near-death is the result of abuse or neglect, DHS notifies the Governor, the President Pro Tempore of the Senate, and the Speaker of the House of Representatives of the initial inves - tigative findings of the child protective services review. Notice is communicated securely no later than 24 hours after the reasonable determination of suspicion. A final determination of death or near death due to abuse or neglect is made after a report is received from the office of the medical examiner which may extend beyond a 12-month period. Fatalities are not reported to NCANDS until both the investigation and Child Protective Services program review, which is inclusive of the final determination, are completed. The Child Protective Services Programs Unit program review includes: ■a review of the case record which is inclusive of the Report to District Attorney; law enforcement reports; medical examiner’s Report of Autopsy; medical records pertain - ing to the death or near-death and previous records when applicable; all pertinent case information.Oklahoma (continued) Appendix d: State Commentary 256 Child Maltreatment 2022 ■an assessment of compliance of findings with CPS standards. ■requests for additional information when determined necessary. The Oklahoma Child Death Review Board conducts a review of every child death and near death in Oklahoma. The Bureau of Vital Statistics forwards all death certificates of persons under 18 years of age to the Office of the Chief Medical Examiner monthly, received during the preceding month. The Office of the Chief Medical Examiner conducts an initial review of death certificates in accordance to the criteria established by the Child Death Review Board and refers to the Board cases that meet the criteria. The Child Death Review Board is composed of 27 members or designees. Fourteen mem - bers 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. Perpetrators Oklahoma defines a person responsible for the child’s health, safety, or welfare (PRFC) as: ■the child’s parent, legal guardian, custodian, or foster parent; ■a person 18 years of age or older with whom the child’s parent cohabitates or any other adult residing in the home of the child; ■an agent or employee of a public or private residential home, institution, facility, or day treatment program; ■an owner, operator, or employee of a childcare facility whether the home is licensed or unlicensed; or ■a foster parent maintaining a therapeutic, emergency, specialized-community, tribal, kin - ship, or foster family home responsible for providing care, supervision, guidance, rearing, and other foster care services to a child. A referral to law enforcement is immediately made either verbally or in writing for the pur - pose of conducting a possible criminal investigation when, upon receipt of a report alleging abuse, neglect, or during the assessment or investigation, DHS determines: ■the alleged perpetrator is someone other than a PRFC (third-party perpetrator) ■abuse or neglect of the child does not appear attributable to failure on the part of a PRFC to provide protection for the child. After making the referral to the appropriate law enforcement jurisdiction, DHS is not respon - sible for further investigation unless: ■DHS has reason to believe, or law enforcement has determined that the alleged perpetrator is a parent of another child, not the subject of the criminal investigation, or is a PRFC of another child;Oklahoma (continued) Appendix d: State Commentary 257 Child Maltreatment 2022 ■The appropriate law enforcement jurisdiction requests DHS participate in the investiga- tion. When funds and personnel are available, as determined by the DHS Director or designee, DHS may assist law enforcement in interviewing children alleged to be victims of physical or sexual abuse. A prior perpetrator is defined as a perpetrator of a substantiated maltreatment within the reporting year who has also been a perpetrator in a substantiated maltreatment anytime back to 1995, the year of implementation of the State Automated Child Welfare Information System. Oklahoma reports all unknown perpetrators. “Other” perpetrator relationship includes those with no relation to the alleged victim and roommate. Services Through the CPS safety evaluation and investigation process a finding as to the allegation of child abuse and neglect is made, along with a determination of the safety of the child in the home, the protective capacities of the person responsible for the child, and appropriate ongoing service needs for the family. CPS, through the safety evaluation and investigation process, determines the need for child abuse and neglect prevention and intervention-related services and what CW intervention would be the least-restrictive, least-intrusive that ensures the child is safe. Ongoing service options include a determination that no services are needed, a referral for community-based services, opening a FCS case, or foster care. In addition to ISS, SafeCare®, and Intercept®, OKDHS contracts with twelve service providers for families and children involved in the CW system through CPS or ongoing prevention and intervention-related services through FCS and Permanency Planning for parents’ assistance and sexual abuse treatment services. During the reporting period October 1, 2021, through September 30, 2022, statewide 1268 families received parents assistance services and 486 families received sexual abuse treatment services.Oklahoma (continued) Child Maltreatment 2022 Appendix d: State Commentary 258Oregon Contact Tammy Freeman Phone 503–884–1049 Title Business Analyst Email tammy.freeman@state.or.us Address Dept of Human Services Child Welfare 500 Summer St.Salem, OR 97304 The state did not submit commentary for the Child Maltreatment 2022 report. Child Maltreatment 2022 Appendix d: State Commentary 259Pennsylvania Contact Elysa Springer Phone 717–409–3933 Title Director of Systems and Data Management Email elyspringe@pa.gov Address Bureau of Policy, Programs and Operations, Division of Systems and Data ManagementOffice of Children, Youth and Families2525 North 7th StreetHarrisburg Uptown BuildingHarrisburg, PA 17110 General In Pennsylvania, only General Protective Services (GPS) referrals may be screened out. GPS data is not currently included in Pennsylvania’s NCANDS submission. Reports of suspected child abuse are not able to be screened out. Reports Pennsylvania saw that the total reports of child abuse are increasing to a rate that is more consistent with totals prior to the pandemic. This was expected, following the decrease in the total reports during the height of the pandemic, which we attributed to limited/reduced contact between children and mandated reporters of suspected child abuse. Children Again, it can be said that we are observing a re-stabilization of our total numbers of sus - pected abuse reports following the COVID-19 pandemic. Fatalities Our Child Welfare Information System (CWIS) only contains the child abuse investigation outcome for the referral involving the fatality. The fatality records in the NCANDS populations all rise to the level of suspected child abuse under the Child Protective Services Law (CPSL). A death which does not rise to the level of a suspected child abuse referral may be captured in the system under a different referral type if it does not rise to the level of suspected child abuse, but it is not tracked as a fatality by our system. Perpetrators A perpetrator is defined as a person who has committed child abuse as defined in this sec - tion. The following shall apply:(1) The term includes only the following: (i) A parent of the child. (ii) A spouse or former spouse of the child’s parent. (iii) A paramour or former paramour of the child’s parent. (iv) A person 14 years of age or older and responsible for the child’s welfare or having direct contact with children as an employee of child-care services, a school or through a program, activity or service. (v) An individual 14 years of age or older who resides in the same home as the child. (vi) 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. (vii) An individual 18 years of age or older who engages a child in severe forms of traf - ficking in persons or sex trafficking, as those terms are defined under section 103 of the Trafficking Victims Protection Act of 2000 (114 Stat. 1466, 22 U.S.C. § 7102). Child Maltreatment 2022 Appendix d: State Commentary 260(2) Only the following may be considered a perpetrator for failing to act, as provided in this section: (i) A parent of the child. (ii) A spouse or former spouse of the child’s parent. (iii) A paramour or former paramour of the child’s parent. (iv) A person 18 years of age or older and responsible for the child’s welfare. (v) A person 18 years of age or older who resides in the same home as the child. Pennsylvania’s records would include any incidents of sex trafficking which have a perpetra-tor who meets the legal definition of a perpetrator of child abuse. Services Pennsylvania plans to opt into the Family First Prevention Services Act Title IV-E Prevention Program and is revising the state five-year prevention plan for final submission to the Administration for Children and Families. Once this plan is approved, Pennsylvania will begin claiming reimbursement for eligible prevention services. Pennsylvania continues to incentivize use of evidence-based services to support prevention through the existing special grants initiative. This initiative provides a higher state funding match for county use of evidence-based programs, truancy prevention programs, housing support and other promis - ing practices when compared for the state funding match made available for other service categories. However, these plans do not impact NCANDS submission data, as preventa-tive service data is maintained at the county level, and therefore not included in the state NCANDS submission. Pennsylvania is state supervised, and county administered for child welfare. As such, services are provided by the counties and not by the state. Pennsylvania’s Child Protective Services Law allows for counties to outsource nearly all services except for child abuse investigation and general protective services assessments. There are many counties within Pennsylvania who select to outsource services and the counties hold the contracts for these services, not the state. Again, NCANDS data is not impacted by this information, due to the fact that this data is currently maintained within the county systems and not the state Child Welfare Information System, and therefore is not currently part of Pennsylvania’s NCANDS data submission.Pennsylvania (continued) Child Maltreatment 2022 Appendix d: State Commentary 261Puerto Rico Contact Lisa M. Agosto Carrasquillo/Glenda Gerena Ríos Phone Title Director of Central Registry/ Administrator ADFAN Email lmagosto@familia.pr.gov glenda.gerena@familia.pr.gov Address Division Administrator for Families and Children (ADFAN)Family Department185 Roosevelt Avenue, San Juan PR 00910 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 ser - vices. As an umbrella agency, 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, Spanishacronym) ■Child Support Administration (ASUME, Spanish acronym), enacted by PL 86, August 17,1994 ■Administration for Integral Development of Childhood (ACUDEN, Spanish acronym)PL-179 August 1, 2003 The Administrations are agencies dedicated to executing the public policy established by the Secretary, in the different priority areas of services to children and their families including the elderly population in Puerto Rico. It establishes the standards, norms, and procedures to man - age the programs and provide the operation and supervision of the Integrated Services Centers (ISC) at the local levels. The regional levels (10 regional offices) supervise the local offices. They are also responsible for implementing and developing those functions delegated by the Secretary through the redefinition and reorganization of the variety of services for the family including traditional services and the creation of new methods and strategies for respond - ing to the needs of families. Work plans are prepared in agreement with the directives and require final approval of the Secretary. Administration for Children and Families (ADFAN): The functions and responsibilities of ADFAN are executed through the following program - matic and administrative components: ■Administrator’s Office ■Assistant Administration for Adults and Community Services ■Assistant Administration for Prevention and Community Services ■Assistant Administration for Child Protective Services, ■Family Preservation and Support Services ■Assistant Administration for Foster Care and Adoption Assistant Administration for Child Protective ServicesThe Assistant Administration for Child Protective Services is responsible for the investiga-tion of intra-familial and institutional CA/N referrals. As one of its primary components, the State Center for the Protection of Children is responsible for the operation of the Child Abuse and Neglect Hotline and the Orientation and Family Support Hotline. Both lines are Child Maltreatment 2022 Appendix d: State Commentary 262787–625–4900 X 1734/1800responsible for providing an expedited system of communication to receive family and/or institutional referrals and to provide orientation and crisis intervention in different areas of family life. It also operates the Central Registry, which maintains updated statistical and programmatic information about the movement of CAN referrals and cases receiving ser - vices by ADFAN. General In Puerto Rico it has not been established changes in policy processes related to child abuse investigations. Puerto Rico does not have an alternative response in child abuse investigations. Reports This year did not reflect a significant change compared to the previous year. The percentage difference was 3 percent less this year in reports. The call screening process has not changed. The protocol establishes the entire procedure involved in handling calls received on the hotline and the questions to better screen the decision-making process when accepting referrals for social investigation. Stage One: Receipt of Referral The process involving the collection of information at the Abuse, Institutional Abuse, Neglect and Neglect Hotline or local office, screening of the referral, assignment of response priority and transfer to the appropriate work unit shall not exceed a time frame of two (2) hours from the receipt of the call. This procedure shall be applicable to any situation in which abuse is alleged in a family home, foster home or family resource home. The hotline management in coordination with the agency establishes plans to offer training to new staff. The number of employees is calculated using the equivalent of full time This calculation is used in the direct line and with all staff dedicated to referral research in the agency. Children The number of child victims decreased this year compared to the previous year. The MANUAL OF RULES, PROCEDURES AND RULES OF EXECUTION OF THE SECURITY MODEL IN THE INVESTIGATION OF REFERRALS reviewed in April 2013, establishes the fundamental objectives of the child maltreatment referral investigation process: ■To assess the safety of the child. ■To take immediate protective actions as necessary. ■Determine the disposition of the referral. This process involves the evaluation of all children in a referred family. The interview proto - col establishes the parties to be interviewed and the children to be evaluated, considering the essential objectives of the investigation.Puerto Rico (continued) Child Maltreatment 2022 Appendix d: State Commentary 263The data related to any alcohol abuse child risk factor or drug abuse child risk factor can be collected through data entry in investigation of referrals and case management. The alcohol abuse and drugs abuse area are collected separate. Our information system has the option to collect data in both areas, sex trafficking and prenatal child victims of substance abuse. We have been able to identify them in recent years as they are correctly documented in our system, perhaps the limitation is in the data entry by the workers. For this reason, we are directed to emphasize the importance of this information and what it implies for the child victim. Fatalities Puerto Rico works in collaboration with other agencies such as; police and justice department, forensic sciences for the collection of information on child deaths. Generally, it is the external agencies that validate child abuse deaths and collaborate with our agency in this area. In PR, generally, deaths of minors are reported through the direct line even when there is no suspected allegation of abuse or neglect. In these cases, a social emergency is activated for due intervention and if an allegation of abuse or neglect is identified, a referral is generated. Perpetrators In PR there is no policy as to how young a perpetrator can be. We included the perpetrators who are other caregivers; staff of institution for children, school, foster care, childcare and others institution responsibility for the care, education, supervision, and treatment of physical and emotional needs, as defined by our protection law. Our system has the capacity to collect data related to sex trafficking, these data are cata- logued in the typologies, however, our protection law only catalogues situations of sex traf - ficking when the perpetrator is a parent or caregiver, but not a third party or non-caregiver. Services Prevention ServicesGender violence prevention services were offered to women and men (of any age) and their children, through private non-profit organizations and municipalities committed to eradicat - ing this problem. These services under the Family Violence Prevention and Services Act, which is legislation that promotes the development of innovative projects aimed at achieving a better quality of life for victims of gender violence and their children, to prevent family violence and provide alternative services such as shelters and support for victims and their dependents, reduce the incidence of deaths from gender violence, and raise community awareness of the problem of family violence. The Family and Children’s Administration, through the Auxiliary Administration for Community Prevention, entered into collaborative agreements with governmental and non-governmental entities, especially with agencies interested in providing support services to survivors of domestic violence and their children.Puerto Rico (continued) Child Maltreatment 2022 Appendix d: State Commentary 264At least 95 percent of the funds are granted to nonprofit institutions, municipalities and government agencies that offer services. Additional services with FVPSA funds: ■Parent cafés: Strategies such as “parent cafés”, which are held weekly on Facebook, allow us to reach more people. Community cafés are another activity made possible by these funds, addressing prevention issues and strengthening the leadership of the participants. ■Individual and/or group support services for women victims or survivors of domestic violence. FVPSA grants enabled us to provide individual and/or group support services to women victims or survivors of domestic violence. ■Psychotherapy support program: This service is designed for victims and their children, and individual and group psychotherapy for perpetrators. Both programs are operated by a clinical psychologist with experience in domestic violence issues. Supplementary funds FVPSA- ARP (COVID 19) ■The FVPSA Covid-19 grant has allowed for individual counseling in atypical cases, such as male victims or female victims, with an expert in forensic social work, sexual abuse assessment and staff trained to provide these services. ■The FVPSA Covid-19 grants allowed for virtual conferences on topics related to violence prevention in times of pandemic, impacting the community at large throughout the island. ■The provision of uninterrupted services to sheltered women and their children in a safe environment has been completed. Purchase the necessary equipment and materials for risk mitigation in the face of Covid-19. Provide prevention services to the community from an equity perspective with trained staff and offer nursing services to all refugees, thus giving continuity to the coordination of medical services. ■Provide training for victims and survivors of domestic violence on self-esteem, skills development and creativity so that they can become economically independent and earn income to support their families. ■Virtual services such as educational videoconferences for the community on topics related to covid-19 and how it affects families suffering from domestic violence and child abuse, how to prevent it, vaccination and other topics through Facebook Live. Expressive art workshops were offered at Zoom. Not all services, only 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. Child removals were not affected. The agency took the necessary precautions. In the case of removals as a result of a report investigation, the Investigations Units oversaw following the procedure, including the location of the children. In the case of removals in active agency cases, each Region had a plan for dealing with these situations through the associate director. Violencia Familiar (2002PRFVC3) was helpful during the pandemic. The Administration for Families and Children, Department of Families, delegated funds to all its community-based organizations for the provision of integrated services to vulnerable sectors of the country. The primary population served was battered women with their chil - dren who are victims of child abuse. The American Rescue Plan was another fund received and used to expand and extend support services to underserved communities.Puerto Rico (continued) Child Maltreatment 2022 Appendix d: State Commentary 265Some support services are contracted, for example, for coaching and training, technical assistance, investigation of referrals in arrears, case management in areas with larger num - bers of families and as complementary support and legal assistance, among others.Puerto Rico (continued) Child Maltreatment 2022 Appendix d: State Commentary 266Rhode Island Contact Leon Saunders Phone 401–528–3850 Title Agency IT Manager Information TechnologyEmail leon.saunders@doit.ri.gov Address RI Department of Children, Youth and Families101 Friendship St.Providence, RI 02903 General In November of 2019, DCYF implemented the SAFE Practice Model across all divisions. In CPS, the model determines child safety through an assessment of family functioning and caregiver capacities. The practice shifts from making safety determinations based primarily on the absence or presence of an incident of maltreatment to an assessment of the needs and strengths of each family member. Investigations are documented using a Family Functioning Assessment which addresses specific areas of functioning for all children and their caregiv - ers. This assessment identifies safety threats and protective capacity, creates the basis for safety plans when appropriate, and identifies behavioral changes required to mitigate those safety threats. For families transferred to on-going Family Service Units, those behavioral changes formulate the foundation for service plans. Safety is re-assessed throughout the life of a case through the On-going Family Functioning Assessment which re-assesses the areas safety addressed by CPS in the Family Functioning Assessment. The model shifts the practice in our Family Service Units from making decisions about safety and permanency based on compliance with services to the identification of positive behavioral changes and a network of informal supports for the family. Rhode Island does not have two types of response to screened-in referrals. All reports meeting criteria for a CPS investigation are screened in for investigation. The criteria for an investigation are: Investigation Criteria 1- Child Abuse/Neglect (CA/N) Report – RIGL 40-11-3 requires the Department to immediately investigate reports of child abuse and neglect. The circumstances reported, if true, must constitute child abuse/neglect as defined by RIGL 40-11-2. Investigation Criteria 2: Non-Relative Caregiver – RIGL 42-72.1-4 requires that no parent assigns or otherwise transfers to another, not related to him or her by blood or marriage, his or her rights or duties with respect to the permanent care and custody of his or her child under eighteen years of age unless duly authorized by an order or decree of the court. Investigation Criteria 3: Sexual Abuse of a Child by Another Child – RIGL 40-11-3 requires the Department to immediately investigate sexual abuse of a child by another child. Investigation Criteria 4: Duty to Warn – RIGL 42-72-8 allows the Department to release information if it is determined that there is a risk of physical injury by a person to himself/herself or others and that disclosure of the records is necessary to reduce that risk. If the Hotline receives a report that a perpetrator of sexual abuse or serious physical abuse has access to another child in a family dwelling, that report is classified as an investigation and assigned for investigation. Child Maltreatment 2022 Appendix d: State Commentary 267Investigation Criteria 5: Alert to Area Hospitals, Safety of Unborn Child – RIGL 42-72-8 allows the Department to release information if it is determined that there is a risk of physical injury by a person to himself/herself or others and that disclosure of the records is necessary to reduce that risk. The Department issues an alert to area hospitals when a parent has a history of substantiated child abuse/neglect or a child abuse/neglect conviction and there is concern about the safety of a child. Investigation Criteria 6: Serious, Critical Injury, Child Near Fatality or Child Fatality- Serious, critical injury of a child, near child fatality or Child Fatality. Under RIGL 40-11-3.1 the Department is required to investigate all instances of child fatalities or near fatalities in which child abuse or neglect is suspected to be a contributing factor regardless of whether the family is currently active or has ever received services from the Department. Under RIGL 40-11-3.1 the Department is required to investigate all instances of child fatali - ties or near fatalities in which child abuse or neglect is suspected to be a contributing factor regardless of whether the family is currently active or has ever received services from the Department. § 40-11-3.3. Duty to report — Sexual abuse of a child in an educational program. (a) Any person who has reasonable cause to know or suspect that any child has been the victim of sexual abuse by an employee, agent, contractor, or volunteer of an educational program as defined in § 40-11-2 shall, within twenty-four (24) hours, transfer that informa - tion to the department of children, youth and families, or its agent; provided, however, that if the person mandated to report is an employee, agent, contractor, or volunteer of an educational program as defined in § 40-11-2, they shall immediately notify the principal, headmaster, executive director, or other person in charge of the educational program, or his or her designated agent. The principal, headmaster, executive director, or other person in charge of the educational program, or his or her designated agent, shall be responsible for all subsequent notification to the department of children, youth and families, or its agent in the manner required by this section. In the case of a public educational program, the principal, headmaster, executive director, or other person in charge of the educational program, or his or her designated agent, shall also notify the superintendent of the public educational pro - gram. Any transferred information shall include the name, title, and contact information for every employee, agent, contractor, or volunteer of the educational program who is believed to have direct knowledge of the allegation. Nothing in this section is intended to require more than one report from any educational program for a specific incident. (b) To provide guidance and consistency in reporting, the commissioner of elementary and secondary education shall promulgate policies and procedures for the creation and handling of reports made by the principal, headmaster, executive director, or other person in charge of the educational program, or his or her designated agent to carry out the intent of this section. (c) The department of children, youth and families, or its agent shall immediately forward the report to state police and local law enforcement and shall initiate an investigation of the allegations of sexual abuse if it determines that the report meets the criteria for a child pro - tective services investigation. As a result of those reports and referrals, the department shall refer those children to appropriate services and support systems to provide for their health Rhode Island (continued) Child Maltreatment 2022 Appendix d: State Commentary 268and welfare. In the event the department substantiates the allegations of sexual abuse against an employee, agent, contractor, or volunteer of an educational program, the department shall immediately notify the state police; the local law enforcement agency; the department of education; the educational program; the person who is the subject of the investigation; and the parent, or parents, of the child who is alleged to be the victim of the sexual abuse of the department’s findings. Sexually exploits the child in that the person allows, permits, or encourages the child to engage in prostitution as defined by the provisions in § 11-34.1-1 et seq., entitled “Commercial Sexual Activity”. “Commercial Sexual Exploitation of Children (CSEC)” refers to a range of crimes and activities involving the sexual abuse or exploitation of a child for the financial benefit of any person or in exchange for anything of value (including monetary and non-monetary benefits) given or received by any person. Reports The Structured Decision Making tool was implemented in 2019 and staff were re-trained on the SDM Hot Line Screening Tool in 2022. The Tool guide and automated tool were edited to include clear language to describe maltreatment types as defined in RI General Law. Under RI General Laws, anyone who has a reasonable suspicion that a child has been maltreated has 24 hours to make a report to the DCYF CPS Hot Line. The Hot Line is in operation seven days per week, 24 hours per day and is staffed by Child Protective Investigators. All calls are recorded, and reporters may remain anonymous. The investigator takes the information from the reporter and uses the Structured Decision-Making screening tool. Based on the tool, reports are screened out or assigned for investigation within the designated response priority times. Children Any child who is a household member or was a member of the household at the time of the alleged maltreatment must be interviewed by a Child Protective Investigator to assess child safety. The risk factors involving the use of illicit substances as well as misuse of prescribed and legal substances are not separated. The screening tool and process does not differenti - ate between substances, therefore specific risk factors are not associated with different substances. Plans of safe care are monitored by the state health department. DCYF is only able to report this data via comments. The RIDOH reports that for FFY 2022, 425 substance exposed newborns were identified in KIDSNET. The RIDOH reports receiving 126 plans of safe care for substance exposure. Perpetrators “Other perpetrator” would include any adult who does not have a relationship to the child listed under the definition of “caretaker.” This would include noncaregiver perpetrators of sex trafficking.Rhode Island (continued) Child Maltreatment 2022 Appendix d: State Commentary 269Services Case management is the responsibility of the DCYF caseworker. Most residential and community-based services are outsourced.Rhode Island (continued) Child Maltreatment 2022 Appendix d: State Commentary 270South Carolina Contact Lynn Horne Phone 803–394–9737 Title CAPSS Business Analyst Email lynn.horne@dss.sc.gov Address Division of Technology Services Department of Social Services1628 Browning Road, Suite 100Columbia, SC 29210 General South Carolina only has one response to screened in reports which is to “Refer for Investigation.” Reports South Carolina implemented a 24/7/365 intake hotline model in November 2021, so FFY 2022 was the first full year of having a 24/7/365 centralized intake operation. Prior to this time, each individual county was responsible for receiving on-call referrals outside of the hours M-F 8:30a-5:00p. The CPS workforce data are calculated using full-time equivalents (FTEs). Intake case managers collect information, complete the SDM tool, and make a recommendation. The intake supervisor reviews the information and makes a final decision about the disposition of the intake referral. Children The state has a policy to investigate/assess all children in a household if any child in the household has a maltreatment allegation. Fatalities South Carolina Department of Social Services (SCDSS) has a Systems Transformation Unit that tracks child fatalities internally and keeps data on child fatalities without SCDSS involvement. Law enforcement, the coroner, the medical examiner, and the Department of Health and Environmental Control (Bureau of Vital Statistics Division) report all child deaths that were not the result of natural causes, to the State Law Enforcement Division (SLED) for an inves - tigation. SLED investigates all preventable child deaths and then refers their findings to DSS, where this unit reviews the agency’s response to these child fatalities. The State Child Fatality Advisory Committee (SCFAC) also reviews a portion of cases referred from SLED. As such, SCDSS’s comprehensive systems-level review, including SCDSS’s records, records collected by SLED, and when available, records collected by the SCFAC, form the Systems Transformation’s determination that the child fatality was caused by maltreatment by a person responsible for the child’s welfare or maltreatment by a person responsible for the child’s welfare contributed to the child fatality for the purposes of reporting Agency File data. This list is compared to the agency’s SACWIS system and children whose deaths have been reported in the Child File (indicated by SCDSS for death by maltreatment) are removed. Child Maltreatment 2022 Appendix d: State Commentary 271Fatalities reported on the Agency File include but are not limited to fatalities not investigated by SCDSS due to the perpetrating person responsible for the child’s welfare also being deceased and indicated incidents of maltreatment causing a near- and eventual-fatality, but due to time limits (60 days) on CPS investigations imposed by state statute and the fatality itself occurring outside this timeframe, the case is not indicated for death by maltreatment in SCDSS’s CCWIS system. Perpetrators Anyone in a “loco parentis” role can have a maltreatment finding and be labeled as a perpe - trator. South Carolina includes noncaregivers as sex trafficking perpetrators. However, due to the complexity of criminal cases related to human trafficking, nonparent or caregiver perpe - trators of human trafficking are named as “Unknown” in our CCWIS system. This is because if the perpetrator is engaged in a family court case because of the SCDSS involvement and enters into an Alford Plea, the same plea can be applicable in a criminal trial and can impede criminal charges and court procedures.South Carolina (continued) Child Maltreatment 2022 Appendix d: State Commentary 272South Dakota Contact JoLynn Bostrom Phone 605–347–2588 ext. 203 Title Program Specialist Division of Child Protection ServicesEmail jolynn.bostrom@state.sd.us Address Department of Social 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 Child Protection Services continued to serve families throughout the pandemic. Child Protection 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 Child Protection 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. Reports CPS child abuse and neglect screening and response processes are based on allegations that indicate the presence of danger threats, which includes the concern for child maltreatment. CPS makes screening decisions using the Screening Guideline and Response Assessment. Assignment is based on child safety and vulnerability. The response decision is related to whether the information reported indicates present danger, impending danger, or any other danger threat. A report is screened out if it does not meet the criteria in the Screening Guideline and Response Assessment as described above. The reporter types listed as “other” in the NCANDS Child File include clergy, community person, coroner, domestic violence shelter employee or volunteer, funeral director, other state agency, public official and tribal official. 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. Children The data reported in the child file includes children who were victims of substantiated reports of child abuse and neglect where the perpetrator is the parent, guardian or custodian. Fatalities Children who died due to substantiated child abuse and neglect by their parent, guardian or custodian are reported as child fatalities. The number reported each year are those victims Child Maltreatment 2022 Appendix d: State Commentary 273involved in a report disposed during the report period, even if their date of death may have actually been in the previous year. The State of South Dakota reports child fatalities in the NCANDS Child File. South Dakota Codified Law 26-8A-3 mandates which entities are required to report child abuse and neglect. “26-8A-3. Persons required to report child abuse or neglected child--Intentional failure as misdemeanor. Any physician, dentist, doctor of osteopathy, chiropractor, optometrist, emer-gency medical technician, paramedic, mental health professional or counselor, podiatrist, psychologist, religious healing practitioner, social worker, hospital intern or resident, parole or court services officer, law enforcement officer, teacher, school counselor, school official, nurse, licensed or registered child welfare provider, employee or volunteer of a domestic abuse shelter, employee or volunteer of a child advocacy organization or child welfare service provider, chemical dependency counselor, coroner, or any safety-sensitive position as defined in § 3-6C-1, who has reasonable cause to suspect that a child under the age of eighteen has been abused or neglected as defined in § 26-8A-2 shall report that information in accordance with §§ 26-8A-6, 26-8A-7, and 26-8A-8. Any person who intentionally fails to make the required report is guilty of a Class 1 misdemeanor. Any person who knows or has reason to suspect that a child has been abused or neglected as defined in § 26-8A-2 may report that information as provided in § 26-8A-8.” South Dakota Codified Law 26-8A-4 mandates that anyone who has reasonable cause to suspect that a child has died as a result of child abuse or neglect must report. The reporting process required by SDCL 26-8A-4 stipulates that the report must be made to the medical examiner or coroner and in turn the medical examiner or coroner must report to the South Dakota Department of Social Services. “26-8A-4. Additional persons to report death resulting from abuse or neglect--Intentional failure as misdemeanor. In addition to the report required under § 26-8A-3, any person who has reasonable cause to suspect that a child has died as a result of child abuse or neglect as defined in § 26-8A-2 shall report that information to the medical examiner or coroner. Upon receipt of the report, the medical examiner or coroner shall cause an investigation to be made and submit written findings to the state’s attorney and the Department of Social Services. Any person required to report under this section who knowingly and intentionally fails to make a report is guilty of a Class 1 misdemeanor.” When CPS receives reports of child maltreatment deaths as required under SDCL 26-8A-4 from any source, CPS documents the report in FACIS (SACWIS). Reports that meet the NCANDS data definition are reported to NCANDS. The Justice for Children’s Committee (Children’s Justice Act Task Force) is also updated annually on the handling of suspected child abuse and neglect related fatalities. South Dakota (continued) Child Maltreatment 2022 Appendix d: State Commentary 274Perpetrators Perpetrators are defined as individuals who abused or neglected a child and are the child’s parent, guardian or custodian. The state information system designates one perpetrator per child per allegation. Services The Agency File data includes services provided to children and families where funds were used for primary prevention from the Community Based Family Resource and Support Grant. This primarily involves individuals who received benefit from parenting education classes or parent aide services. The State of South Dakota, Division of Child Protection Services with the consent of the parent, refers every child under the age of 3 involved in a substantiated case of child abuse or neglect to the Department of Education’s Birth to Three Connections program. This program is responsible for the IDEA services. The parent or guardian is advised by the Division of Child Protection Services that with their permission, a referral to Birth to Three Connections will be made for a developmental screening of their child. The parent or guardian needs to sign a DSS Information Authorization Form before the referral is made. The parent or guard - ian 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 2022 Appendix d: State Commentary 275Tennessee 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 ParkwayNashville, TN 37243 General Tennessee has multiple pathways when screening referrals through CPS. The Multiple Response System includes Investigations, Assessments (services approach) and Resource Linkage. Investigations result in an administrative finding of substantiated/unsubstantiated for allegations of abuse or neglect. Assessments result in a services finding on whether services where not needed, recommended, required or court ordered to address the concerns raised to the Department. Resource Linkage involves situations that do not rise to the level of state definitions of abuse or neglect but where community or material services would prevent the need for child welfare involvement. All of these tracks are embedded in the SACWIS/CCWIS system and available to report to NCANDS.. Reports The state made the following recent hires: ■FFY 2021: Hotline Case Managers: 57, Hotline Supervisors: 21, Hotline Core Leadership: 5, Readers: 19 ■FFY 2022: Director: 1, Team Coordinators: 4, Team Leaders (all CAH): 9, Supervisory Case Manager 3 and Trainers for CAH: 13, Reader Program Non-Supervisory Case Manager 3 19, Case Managers (all CAH): 56 The screening process has not changed in Tennessee from the prior reporting year. Any change in data would be a direct result in the continued reopening of Tennessee from the recent pandemic. Children Tennessee includes non-familial traffickers as caregivers. Fatalities All child fatalities information recorded comes from data received and entered into the system and are reported in the Child File. Not all infant/child deaths are investigated. DCS must have jurisdiction due to a report/concern of child maltreatment or if the incident is unexplained at the time of report, then we will accept the death for investigation. Through that process, a determination is made whether the death was due to child maltreatment. Perpetrators The SACWIS defines almost 70 different ACV to perpetrator roles, where the most selected role is “Alleged Perpetrator” which is mapped to the NCANDS value= 88 (other). The number reported in this category has been reduced by more than 15 percent from FFY 2020. Services The state outsources some services. Child Maltreatment 2022 Appendix d: State Commentary 276Texas Contact Kevin Chmiel Phone 512–289–4680 Title Data Manager V Information and TechnologyEmail kevin.chmiel@dfps.texas.gov Address Department of Family and Protective Services4900 N Lamar BlvdAustin, TX 78751 General Alternative Response (AR) is an approach that responds differently than traditional investiga - tions to reports of abuse/neglect. It allows for a more flexible, family engaging approach while still focusing on the safety of the children as much as in a traditional investigation. Alternative Response allows screened-in reports of low to moderate risk to be diverted from a traditional investigation and serviced through an alternative family centered assessment track. There will be no change in the number or type of clients served but alternative response clients will be served in a different manner. Generally, the Alternative Response track will serve accepted child abuse and neglect cases that do not allege serious harm. AR cases will differ from tradi - tional investigations cases in that there will be no substantiation of allegations, dispositions will not be used, names of perpetrators will not be entered into the Central Registry (a repository for confirmed reports of child abuse and neglect), and there will be a heightened focus on guiding the family to plan for safety in a way that works for them and therefore sustains the safety. Beginning in November 2014, Alternative Response was initially implemented in Regions 1, 3, and 11 to begin practicing AR and to develop experience and expertise. Implementation was staggered to allow for planning and training. Regions 7 and 9 were implemented in 2015. Regions 4, 5 and 10 were implemented in 2017. In 2018, Regions 2, 6b and 8 implemented Alternative Response. Region 6A was implemented in 2021. At this time Alternative Response has been fully implemented statewide. Reports All reports of maltreatment within DFPS’ jurisdiction are investigated, excluding those which during the screening process are determined not to warrant an investigation based on reliable collateral information. The state considers the start of the investigation to be the point at which the case is assigned to an investigative caseworker. In some instances, the caseworker will get a report about a new incident of abuse or neglect involving a family who is already being investigated or receiving services in an open DFPS case. There are also instances in which caseworkers begin their investigation when families and children are brought to or walk-into an office or 24-hour shelter. In both situations, the caseworker would then report the maltreatment incident after the first face-to-face contact initializing the investigation has been made. The report date is the date the person calls into SWI. In the narrative they can specify when the alleged abuse or neglect occur. The date the investigation starts can be 24-72 hours as set by the priority time frames. The state’s CPI schema regarding disposition hierarchy differs from NCANDS hierarchy. The state has “other” and closed-no finding codes as superseding unsubstantiated at the report level. Texas works on the principle that the two ends of the disposition spectrum are founded and unfounded with all else in the middle. NCANDS takes a slightly different view Child Maltreatment 2022 Appendix d: State Commentary 277that the two sure points are founded and unfounded and everything else is less than either of these two points. The state’s hierarchy for overall disposition is, from highest to lowest, RTB-Reason to Believe, UTD-Unable to Determine, R/O-Ruled Out and UTC-Unable to Complete. Mapping for NCANDS reporting is; RTB=01, UTD=88, UTC=07, and R/O=05. An inconsistency in the hierarchies for the state and for NCANDS occurs in investigations where an alleged victim has multiple maltreatment allegations and one has a disposition of UTD while the other has a maltreatment disposition of R/O. According to the state’s hierar - chy, the overall disposition for these investigations is UTD. Mapping the report disposition to unsubstantiated as indicated in the NCANDS’s Report Disposition Hierarchy report would be inconsistent with state policy. There is no CPI program requirement or state requirement to capture incident date so there is no data field in the SACWIS system for this information. Historical problem: the date when an abuse/neglect incident happened does not conform to only one date when abuse/neglect is ongoing. Therefore, identifying one date would be inaccurate. Children The State does not make a distinction between substantiated and indicated victims. A child has the role of “designated victim” when he or she is named as a victim in an allega - tion that has a disposition of “reason to believe”.A child (age 10 or older) has the role of “designated perpetrator” when he or she is named as a perpetrator in an allegation that has a disposition of “reason to believe.” A child (age 10 or older) has the role of “designated both” (i.e., designated victim and des - ignated perpetrator in the same case) when he or she is named as a victim in an allegation that has a disposition of “reason to believe” and as a perpetrator in an allegation that has a disposition of “reason to believe.” A person (child or adult) has the role of “unknown (unable to determine)” when he or she is named in an allegation that has a disposition of “unable to determine” but is not named in another allegation that has a disposition of “reason to believe”. A person (child or adult) has the role of “unknown (unable to complete)” when he or she is named in an allegation that has a disposition of “unable to complete” but is not named in another allegation that has a disposition of “reason to believe” or “unable to determine”. A person (child or adult) has the role of “not involved” when: all the allegations in which the person is named have a disposition of “ruled out”, the overall disposition for the investigation is “administrative closure”, or the person was not named in an allegation as a perpetrator or victim. The State can provide data for living arrangement at the time of the alleged incident of maltreatment only for children investigated while in a substitute care living situation. All others are reported as unknown.Texas (continued) Child Maltreatment 2022 Appendix d: State Commentary 278Since FFY 2017, Texas implemented the breakout of Sex Trafficking from the Sexual Abuse maltreatment type and Labor Trafficking from other maltreatment types Specifically for human trafficking, DFPS investigates if a person traditionally responsible for the children’s care, custody, and welfare does either of the following: ■Knowingly causes, permits, encourages, engages in, or allows a child to be trafficked, or ■Fails to make a reasonable effort to prevent a child from being trafficked Fatalities Child fatalities decreased during FFY 2022 by fifteen percent. The source of information used for reporting child maltreatment fatalities is the reason for death field contained in the DFPS IMPACT system plus a child fatality investigation with a reason to believe – fatal finding for an allegation. DFPS uses information from the State’s vital statistics department, child death review teams, law enforcement agencies and medical examiners’ offices when reporting child maltreatment fatality data to NCANDS. DFPS is the agency required by law to investigate and report on child maltreatment fatalities in Texas when the perpetrator is a person responsible for the care of the child. Information from the other agencies/entities listed above is often used to make reports to DFPS that initiate an investigation into suspected abuse or neglect that may have led to a child fatality. Also, DFPS uses information gathered by law enforcement and medical examiners’ offices to reach dispositions in the child fatalities investigated by DFPS. Other agencies, however, have different criteria for assessing and evaluating causes of death that may not be consistent with the child abuse/neglect definitions in the Texas Family Code and/or may not be interpreted or applied in the same manner as within DFPS. There were no changes to child fatality reviews during FFY 2022. It is important to note that starting September 1, 2021, Texas Family Code, Section 261.001 provided an updated definition for neglect that requires both the presence of blatant disregard as well as either a resulting harm or an immediate danger: “an act or failure to act by a person responsible for a child’s care, custody, or welfare evidencing the person’s blatant disregard for the consequences of the act or failure to act that results in harm to the child or that creates an immediate danger to the child’s physical health or safety…” Child fatalities decreased in FFY 2022. This includes significant decreases in unsafe sleep, drownings, and vehicle-related fatalities. Perpetrators Relationships reported for individuals are based on the person’s relationship to the oldest alleged victim in the investigation. The State is unable to report the perpetrator’s relationship to each individual alleged victim, but rather reports data as the perpetrator relates to the oldest alleged victim. Currently the State’s relationship code for foster parents does not distinguish between relative/non relative. The state only reports on human trafficking perpetrators who meet the Texas Family Code § 261.001(5)(A)-(D) definition of a person responsible for a child’s care, custody, and welfare.Texas (continued) Child Maltreatment 2022 Appendix d: State Commentary 279Services In FFY 20 DFPS made changes to the policy handbook to align with Federal Plans of Safe Care guidance. Staff work with the hospitals to ensure that a Plan of Safe Care has been initiated for families in cases involving prenatal substance exposure. Child Protective Investigation (CPI) and Child Protective Services (CPS) staff work to ensure that any plans developed for a family are individualized to address the family’s particular strengths and needs and to ensure that any appropriate referrals are made. DFPS continues to work with both the local and state level with appropriate community stakeholders and partner agencies to develop consistent guidance around Plans of Safe Care. Texas (continued) Child Maltreatment 2022 Appendix d: State Commentary 280Utah Contact Jennifer Larson Phone 801–538–4100 Title Electronic Business Project Manager/CCWIS Director Email jblarson@utah.gov Address Division of Child and Family Services 195 N 1950 WSalt Lake City, UT 84116 General Utah continues to invest in its child welfare programs, both through improved training for caseworkers and updating the technology that enables those workers. Utah continues to navigate COVID and the impact on children, families, mandatory reports, and the workforce. Utah has seen the high caseworker turnover and addressing the impact in training and mentoring. Overall workforce support is Utah’s top priority. Utah does not have an alternative response/differential response. All reports are either screened out or screened in as a referral for a CPS Assessment. 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. Child Maltreatment 2022 Appendix d: State Commentary 281Children Utah’s predominant allegation continues to be neglect. When combined with a family’s risk factors, neglect is often the result of substance misuse. Utah continues to investigate out-of-home perpetrators which results in higher than the national average of sexual abuse cases. Utah has a process which defers pregnant women who are identified as substance using to the Office of Substance Abuse and Mental Health for treatment and services as a preventative measure to DCFS involvement. Fatalities Concerns related to child maltreatment, 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 2022. Perpetrators The only restriction Utah places upon identifying perpetrators is that CPS will not open a case for sexual abuse where the perpetrator is under the age of 12, except in extreme circumstances. This change was a result from HB262 during the 2020 session of the Utah legislature. Utah does report noncaregiver perpetrators of sex trafficking. Services There has been no changes to Utah’s prevention funding. Utah continues to explore other pre - vention services as related to Family First Prevention Services Act (FFPSA). Utah does not outsource case management responsibilities, but does outsource services where appropriate.Utah (continued) Child Maltreatment 2022 Appendix d: State Commentary 282Vermont Contact Melissa Burt Phone 802–241–0879 Title Quality Assurance Coordinator Vermont Family Services DivisionEmail melissa.burt@vermont.gov Address Vermont Department for Children and Families280 State Dr HC1 North Bldg BWaterbury, VT 05671 General Over the past 10 years, about 35 percent of cases are assigned to the assessment track. In the assessment track, the disposition options are services needed and no services needed. Cases assigned to the assessment track may be switched to the investigation track, but not vice versa. Data from both tracks are reported to NCANDS. Vermont’s Family Services Division (FSD) is responsible for responding to allegations of child abuse and neglect by parents or “persons responsible for the child’s welfare”, and sexual abuse by any person (including out-of-home perpetrators). In addition to conducting our statutory child abuse investigations and assessments, we also have an option to conduct family assessments under the authority of 33 V.S.A.§ 5106. These family assessments do not meet statutory requirements for abuse and neglect but provide an option to engage with families where there are concerns. The focus of the assessment is on whether a child may be in need of care or supervision and are referred to as CHINS assessments. Because these family assessments are not part of our abuse and neglect statute, they are not reflected in this dataset. However, it is important to acknowledge that on an annual basis we conduct approximately 1,000 family assessments. Reports Vermont operates a statewide child protection hotline, available 24/7. All intakes are handled by family services workers and screening decisions are handled by hotline supervisors. These same supervisors make the initial track assignment decision. Vermont’s CPS workforce data is calculated using full-time equivalents and has experienced some fluctuation in capacity since the COVID-19 pandemic. Some of the changes seen can be attributed to the reduction in the workforce itself, seen nationwide, as well as a reduction in the number of accepted child safety interventions since the pandemic. Vermont is beginning to see an increase in the number of reports made to the child protection hotline, approaching pre-pandemic volumes, and feels that this may be attributed to society’s acceptance of the virus, and continued efforts to gain normalcy in a post-pandemic environment. Additionally, it should be noted that some of the increase seen in Vermont’s FFY 2022 reporting period is a result of the IT Developer adjusting the coding to include 11 additional types of sexual abuse tracked within the database, including incest, rape, sodomy, lewd and lascivious, aiding child pornography, viewing child pornography, voyeurism, luring, obscenity and sexual assault. All calls to the child abuse hotline are counted as referrals, resulting in a very high rate of referrals per 1,000 children, and making it appear that Vermont has a very low screen-in rate. Although Vermont has not conducted a thorough analysis, some of the contributing factors leading to our increasing number of referrals include, but are not limited to, reports where child abuse/neglect are not present and issues include truancy, delinquent behavior, mental health crises, out-of-home sexual abuse reports including teen sexting with or without consent, teen sexual harassment, as well as family configuration and our practice of entering reports under the primary caretaker when there are multiple children involved. This often Child Maltreatment 2022 Appendix d: State Commentary 283results 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. Vermont continues to utilize the SDM Safety Assessment and Risk Assessment tools in our child safety interventions. In 2022, we added language into the Safety Assessment to better capture human trafficking as a danger item and we shifted our practice to truly give families a choice in whether they engage in prevention-based services with the Division. Children The Family Services Division is responsible for investigating allegations of child abuse or neglect by caregivers and sexual abuse by any person. The Division investigates risk of physical harm and risk of sexual abuse. Statute allows the Division to identify other children living in the same home as the identified child victim, and states that the investigator shall consider the physical and emotional condition of those children and may interview them, unless the child is the person who is alleged to be responsible for such abuse or neglect. Unless unreasonable within the context of the child safety intervention, division policy requires staff to evaluate the safety of any other children living in the same home. The evalu-ation should include an interview or observation of the other child(ren) and occurs with the permission of the child’s parent, guardian or custodian. Vermont faces a few challenges regarding collecting and reporting data to NCANDS for some data elements, including child and caregiver risk factors, and infants with prenatal substance exposure. We will continue to have limitations until the state can successfully implement a new CCWIS system. Until that time we continue to make system enhancements to our legacy system when IT resources are available. This work needs to be prioritized against other department wide initiates, resulting in a substantial lag time for the work to be complete. As an example of a system limitation regarding prenatal substance exposure, when child protection services (CPS) or Family Services (FSD) are not involved, meaning the child does not meet the criteria for making a report to the child abuse and neglect hotline, we are currently relying on hospital staff to remember to fax a notification to us at FSD. This information is then tracked in an Excel spreadsheet. Vermont has considered making enhancements to the state’s database where our centralized intake data lives to better track this data; however, the state continues to lack IT resources to move this work forward. Another option that has been considered for this tracking is an external web-based portal that could be utilized by all hospitals in the state and reported to FSD. Vermont participated in the 2023 Policy Academy: Advancing Collaborative Practice and Policy: Promoting Healthy Development and Family Recovery for Infants, Children, Parents, and Caregivers Affected by Prenatal Substance Exposure, and we have since applied for and been accepted to receive In Depth Technical Assistance (IDTA) from Children and Family Futures, which is now underway. Through this collaborative process, we will continue to revisit our approach to supporting families affected by substance use disorders and substance-exposed newborns. Related to data collection, one of our goals within this work is to improve data collection as a strategy to apply quality improvement methods in clinical and community care towards the goal of increased care coordination a systems integration, including:1. Understand number of infants born affected by substance use who needed a POSC 2. Explore development of portal to collect notification data 3. Expand use of CAPTA flow sheet in electronic health records (EHRs) across the stateVermont (continued) Child Maltreatment 2022 Appendix d: State Commentary 2844. Subgroup (PLSB Workgroup) continue to meet to address data concerns 5. Determine where redcap database/portal data will live 6. Implement data collection measures as possible within CHARM teams When CPS/FSD are involved due to safety issues, our current antiquated data system has many limitations and we currently are not able to capture all cases that would fall into this category, therefore we are under-reporting. Vermont did not change any polices or proce - dures regarding reporting or tracking of infants with prenatal substance exposure during the pandemic. One system enhancement that Vermont was able to successfully implement was having sex trafficking report as its own maltreatment type. Vermont has been collecting this data for years, however, with reduced IT resources and the need for the work to be prioritized, FFY 2022 submission is the first reporting period that includes the updated mapping. Sex traffick - ing as a maltreatment type is captured as such for the entire FFY. Fatalities DCF FSD is part of Vermont’s Child Fatality Review Team (CFRT), which is housed under the Vermont Department of Health (VDH). This team reviews all unnatural child fatalities and provides annual data to the legislature, striving to make recommendations related to themes which arise. DCF FSD is a member of the National Partnership for Child Safety, which is now a 26-juris - diction collaborative with support from Casey Family Programs. As part of our collaboration with NPCS, Vermont is in the process of developing the Safe System Learning Review (SSLR); a child death review process which utilizes the Safe Systems Improvement Tool (SSIT) and seeks to create a psychologically safe process for staff as well as one that pro - motes system wide improvement over individually based fault finding. Perpetrators Division policy defines a perpetrator as an individual of any age who is determined to have committed child abuse or neglect. Perpetrators of sexual abuse include non-caregiver perpetrators of any age. Perpetrators of all other types of abuse must be a person responsible for the child’s welfare (includes the child’s parent; guardian; foster parent; any other adult residing in the child’s home who serves in a parental role; an employee of a public or private residential home, institution or agency; or other person responsible for the child’s welfare while in a residential, educational, or child care setting, including any staff person (33 V.S.A. § 4912(10)). Young people may be identified as a perpetrator of sexual abuse on another youth as young as age 6 (referred to as alleged actor youth); however, according to our differential response track assignment, those allegations would be assigned as an assessment up until age 14, at which point the case would be assigned as an investigation. Perpetrators that fall into the “other” relationship category for the purposes of NCANDS reporting include stepparent, foster sibling, and grandparent. In addition, any perpetrator that is captured using the stand-alone code of OO (other relationship) within the database will fall into this category. Vermont does report non-caregiver perpetrators of sex trafficking to NCANDS.Vermont (continued) Child Maltreatment 2022 Appendix d: State Commentary 285Services Within the last year, as mentioned earlier, Vermont undertook practice changes related to our use of the SDM Risk Assessment and determination of service need to truly give families a choice in whether they engage in prevention-based services with the division. Following an investigation or assessment, a validated risk assessment tool is applied. If the family is classified as at high- or very-high-risk for future child maltreatment, the family is offered in-home services, and may be referred to other community services designed to address risk factors and build protective capacities. State statute dictates that families have the option of declining services offered as a result of the division’s assessment. Prior to case closure, staff should be assisting the family in making referrals and connections to community providers, and having a conversation with the family about why they are declining services and how they plan to partner with family, friends, and/or services providers in their local community to mitigate the risks. We’ve referred to these conversations or meetings as “Safe Closure Meetings”, where we support families in developing their own plan. Vermont chose two evidence-based practices to implement in year 1 of our 5-Year Prevention Plan. We decided to start with a small number of EBPs in the first year to support a success - ful implementation and reliable CQI processes. Each of these practices have at least a small foothold in Vermont. Because these practices are already known and have been adopted as beneficial interventions by our greater system, there was a lot of support from our stakehold - ers for these practices. Additionally, these practices have high efficacy ratings, which also enhanced support for them. Vermont’s two selected EBPs are Motivational Interviewing (MI) and Child Parent Interactive Therapy (PCIT). Specific to MI, contracts have been amended for Intensive Family Based Services (IFBS) and Balanced and Restorative Justice (BARJ). We are partnering closely with the Department of Mental Health (DMH) regarding PCIT.We are planning to begin by providing preventive services to candidates involved with the division through open Family Support Cases and Conditional Custody Orders (CCOs). Over time, our vision is to collaborate with and support our key community stakeholders so that in the future, the funding would follow the child/youth/family regardless of the division’s involvement or case status. This will mean that their needs can be met without ever having to enter the child welfare system. We also recognize the need to expand our array of prevention-based services over time.Vermont (continued) Child Maltreatment 2022 Appendix d: State Commentary 286Virginia Contact Shannon Hartung Phone 804–629–7125 Title Protection Program Manager Division of Family ServicesEmail shannon.hartung1@dss.virginia.gov Address Virginia Department of Social Services801 East Main Street, 11th FloorRichmond, VA 23219 General There were not any substantial changes to the Code of Virginia in 2022. 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. The Virginia Administrative Code 22VAC40-705-10 defines Family assessment as the collec - tion 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 arrangements may be made in consultation with the caretaker of the child. The Virginia Administrative Code 22VAC40-705-10 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 indicated 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. ReportsCPS referrals increased from FFY 2021 to FFY 2022. However, the rate of referrals being accepted decreased over this same period. Additionally, the rate of Family Assessments being completed over investigations remained consistent with FFY 2021. The increase in referrals is likely due to the end of COVID-19 restrictions and a statewide return to in-person learning for students in public school settings. As a state supervised locally administered system, referral validity is determined by the local department of jurisdiction. Local departments assess the validity criteria of age, caretaker, and jurisdiction and are required to use the Structured Decision Making (SDM) Intake Tool to determine if the allegations meet a definition of abuse or neglect. The SDM Intake Tool is also Child Maltreatment 2022 Appendix d: State Commentary 287used to determine the referral track (family assessment or investigation) and response priority (R1, R2, or R3). The SDM Intake Tool used by Virginia was revised in August 2020. Children Child victims increased slightly from FFY 2021 to FFY 2022. Virginia does not include all children in the household as victims. To be identified as a victim, the child must be directly associated with a maltreatment allegation. Virginia captures alcohol and drug child risk factors; however, when both risk factors are indicated the system only reports one risk factor. There have been no changes in the methodolo - gies of our reporting from FFY 2021 to FFY 2022 for sex trafficking victims and infants with prenatal substance exposure. Fatalities Virginia investigated less child fatalities in FFY 2022. The number of unique child fatalities decreased from FFY 2021 to FFY 2022, likely due to the high number of child fatalities involv - ing unsafe sleep environments that are often unsubstantiated. Virginia does not collect child fatality data from external agencies. Virginia only investigates infant and child deaths when there is a child maltreatment allegation. Virginia did not make any policy related changes to the child fatality review process; however, we significantly revised our guidance around the investigation of child deaths. Virginia con-tinues to prepare an annual report on child deaths investigated for abuse or neglect across the Commonwealth. Perpetrators The number of perpetrators decreased. In Virginia, any individual who is in a caretaking role of a child can be identified as a perpetrator of abuse or neglect, this includes individuals under the age of eighteen. Consideration is given to the amount of authority delegated to the individual for the care, control, and discipline of the child. Virginia reports non caretaker perpetrators of sex trafficking to NCANDS. Section 63.2-1509 of the Code of Virginia says: B. 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. ServicesVirginia implemented Family First on July 1, 2021. This implementation included the alignment of Prevention, CPS Ongoing, and Family First to create In-Home Services, and the utilization of IV-E Prevention Services funding for evidence-based programs (EBPs). Virginia began with three EBPs – Multisystemic Therapy (MST), Functional Family Therapy (FFT), and Parent-Child Interaction Therapy (PCIT). LDSS began utilizing IV-E Prevention Services funding in the first few months of implementation. As so December 1, 2021, all three of these EBPs were Virginia (continued) Child Maltreatment 2022 Appendix d: State Commentary 288also Medicaid eligible, resulting in a decrease in IV-E spending. The Center for Evidence- based Partnerships in Virginia (CEP-Va) completed and submitted a Needs Assessment and Gaps Analysis (NAGA) report to VDSS in October 2021, which included the recommendation for the addition of EBPs in Virginia’s Prevention Plan. Virginia is in the process of getting approval for five additional EBPs – Brief Strategic Family Therapy (BSFT), Family Check-Up, Homebuilders (HB), Motivational Interviewing (MI), and High Fidelity Wraparound (HFW). None of these EBPs are currently covered under Virginia Medicaid, so the expectation is that IV-E utilization will increase during FFY 2024. Virginia has utilized Transition Act funds to expand the availability of EBPs across the state. Despite the availability of funds, due to the mental healthcare workforce staffing crisis the ability of providers to bring new EBPs (or sustain current EBPs) has been a major challenge to expansion efforts. CEP-Va began a second round of NAGA in the spring of 2022 which takes this into consideration. Their report and recommendations will be submitted to VDSS in early 2023. The 2022 Special Session of the Virginia General Assembly authorized a change in funding source for the Relative Maintenance Support Payments for eligible relatives and fictive kin from Temporary Assistance for Needy Families (TANF) federal block funds to 100 percent state general funds. The Relative Maintenance Support Payment aligns with the Virginia Department of Social Services (VDSS) Kin-First culture and is a state supported approach to providing needed financial assistance and promotes concerted efforts that honors and maintains family connections. This appropriation of general funds presented VDSS with the opportunity to provide support payments for children who do not meet the TANF child-only require - ments and are being cared for by fictive kin to avoid placement into foster care. This support payment was incorporated into the Virginia Case Management System (VaCMS) to manage and disperse payments with payments to eligible relative and fictive kin caregivers begin - ning December 19, 2022. In SFY 2022, 652 families received Relative Maintenance Support Payments. Virginia continues to value and support usage of PSSF funds for preventive services. There has been a targeted focus on the technical assistance provided to local agencies to increase the use of PSSF funds to ensure children and families receive appropriate and necessary wrap-around services and/ or that PSSF funds be used to complement other funding streams to ensure there are no gaps in services when working with families. Another targeted focus has been to increase the use of PSSF funds to provide supportive services to relatives and fictive kin caring for children as a result of CPS involvement to reduce the risk of entry or re-entry into foster care. For SFY 2022, in comparison to SFY2021, there was a 38 percent increase in the use of Family Support funds, a 55 percent increase in the use of Family Preservation funds, 49 percent increase in the use of Family Reunification funds and a 282 percent increase in the use of Monthly Caseworker Visits funds. In the same year, 898 relatives received supportive services through PSSF funds. The primary services being housing/ material assistance, case manage - ment, information and referrals, parent-family resource center, assessments, transportation, parenting education and counseling services.Virginia (continued) Child Maltreatment 2022 Appendix d: State Commentary 289Virginia accessed and used PSSF COVID funds. All COVID funds were exhausted and used to provide supportive services to 1,676 families, 2,636 children and 209 relatives. The primary services being housing/ material assistance, transportation, parent education, assessments, educational supports, home based services, and childcare. Virginia (continued) Child Maltreatment 2022 Appendix d: State Commentary 290Washington Contact Lisa Barber Phone 360–407–1461 Title Report Design/Development Office of Innovation, Alignment, and AccountabilityEmail lisa.barber@dcyf.wa.gov Address WA State Department of Children, Youth, and Families1500 Jefferson StreetOlympia, WA 98504 General A Structured Decision Making (SDM) intake screening tool supports a two pathway response for CPS response when there were allegations of child abuse and neglect (CA/N) and clear definitions for CPS risk-only intakes. CPS risk-only intakes involve a child whose circumstances places him or her at imminent risk of serious harm without any specific allegations of abuse or neglect. When CPS risk-only intakes are screened in, 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 mal - treatment. However, because CPS Risk-Only intakes receive a full investigation it has been requested that they be included to provide an accurate reflection of the number of CPS cases being investigated and assessed. 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. Washington’s Children’s Administration (CA) uses 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 were and still are considered low risk, not requiring an immediate response. The SDM provides consistency in screening, and it guides intakes with neglect allegations considered low risk to the FAR pathway. Intakes involving cases that have had three or more screened in CPS intakes within the last 12 months or allegations of moderate to severe physical abuse and all sexual abuse allegations are screened to the investigation pathway. Intakes with any allegations of physical abuse for children under age 4, with a dependency within the last 12 months or an active dependency are screened to investigation. This two pathway response has been phased-in across the state as of June 2017. Reports To be screened-in for CPS intervention, intakes must meet sufficiency. Washington’s suf - ficiency screening consists of three criteria: ■Allegations must meet the Washington Administrative Code (WAC) for child abuse and neglect. ■The alleged victim of child abuse and neglect must be younger than 18 years. ■The alleged subject of child abuse or neglect has a role of parent, acting in loco parentis, or unknown. Intakes that do not meet all three of the above criteria do not screen in for a CPS response, unless there is imminent risk of harm (CPS risk-only) to the child. Intakes that allege a crime has been committed but do not meet Washington’s screening criteria are referred to the law Child Maltreatment 2022 Appendix d: State Commentary 291enforcement jurisdiction where the alleged crime occurred. CPS Risk Only intakes receive an Investigation with a 24 or 72-hour response, when protective factors are in place mitigating the imminent risk of harm to the child for the 72 hours following the intake (e.g. hospitalization). Intakes screened to the FAR pathway do not receive a CPS finding. Additionally, FAR intakes are mapped as alternative response non-victim in NCANDS and don’t receive findings on alle - gations. 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 imple - menting 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 Licensing Division (LD), formally known as the Department of Licensed Resources (DLR), complete DLR-CPS risk-only intakes alleging, abuse or neglect of 18–21 year olds in facilities licensed or certified to care for children require a complete investigation. If, during the course of the investigation, it is determined that a child younger than 18 was also alleg - edly abused by the same perpetrator, the investigation would then meet the criteria for a CPS investigation rather than a CPS risk-only investigation. A victim and findings will be recorded, and the record will be included in the NCANDS Child File. For intakes containing child abuse and neglect allegations, response times of 24 hours or 72 hours are determined based on the sufficiency screen and the SDM intake screening tool. Children An alleged victim is reported as substantiated if any of the alleged child abuse or neglect was founded. The alleged victim is reported as unsubstantiated if all alleged child abuse or neglect identified was unfounded. The NCANDS category of “other” disposition previously included the number of children in inconclusive investigations. Legislative changes resulted in inconclu-sive no longer being a findings category. The NCANDS category of neglect includes medical neglect. Fatalities The state includes child fatalities that were determined to be the result of abuse or neglect by a medical examiner or coroner or if there was a CPS finding of abuse or neglect. The state previously counted only those child fatalities where the medical examiner or coroner ruled Washington (continued) Child Maltreatment 2022 Appendix d: State Commentary 292the manner of death was a homicide. Washington only reports fatalities in the Agency File. Information about fatalities is also requested from the County Coroner’s/Medical Examiner’s Offices, Law Enforcement departments, and the Washington State Department of Health, which maintains vital statistics data, including child deaths. Children’s Administration (CA), now Dept of Children, Youth and Families (DCYF), 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 cancelled 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 and reported in the Agency File. Washington has seen a significant increase in the numbers of fentanyl and opioid related fatalities. In the FFY21 data, fentanyl and opioid overdose/ingestion deaths accounted for .08% of the child fatalities that year. In FFY 2022, fentanyl and opioid overdose/ingestion deaths accounted for 23 percent of the child fatalities. In 2021, 28 percent of the fatality and near fatalities that qualified for a review were the result of fentanyl and opioid overdose/inges - tion. In 2022, 44 percent of the fatality and near fatalities that qualified for a review were the result of fentanyl and opioid overdose/ingestion. These are significant increases from previous years. Note: per state law, DCYF is required to conduct child fatality and near fatality reviews when the child’s death or near fatal injury is the result of abuse or neglect and the department provided services to the child within 12 months of the fatal or near fatal injury. In FFY 2022, DCYF had no prior contact, or no recent contact, with the families in 55 percent of the child fatalities. This is also reflected in the cases that qualify for fatality and near fatality reviews. Perpetrators The perpetrator relationship value of residential facility provider/staff is currently mapped to the NCANDS category of “other” perpetrator relationship. The NCANDS category of “other” perpetrator relationship includes the state categories of other and babysitter. The parental type relationship is a combined parent birth/adoptive value. Because the NCANDS field separates biological and adoptive parent and Washington’s system does not distinguish between the two, parent birth/adoptive is mapped to the NCANDS category of unknown parent relationship. Washington does not report noncaregiver perpetrators of sex trafficking. These are screened out as a third party report to law enforcement. Services Families receive preventive and remedial services from the following sources: community-based services such as public health nurses, infant mental health, early intervention, Head Start and other early learning programs, the Parent-Child Assistance Program, and referrals for mental health, domestic violence, and/or substance use disorder treatment. Contracted services, Washington (continued) Child Maltreatment 2022 Appendix d: State Commentary 293including 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). Service provision has been negatively impacted by the pandemic with many service providers under-staffed and/or unable to see families in-person. Some service providers have successfully transitioned to virtual delivery of services.Washington (continued) Child Maltreatment 2022 Appendix d: State Commentary 294West Virginia Contact Stephanie Lindley Phone 304–558–5864 Title Program Manager Email stephanie.l.lindley@wv.gov Address Office of Management Information Systems WV Department of Health and Human ResourcesOne Davis Square, Suite 200Charleston, WV 25301 General West Virginia currently has only one response, accepted for assessment. Report The number of referrals in FFY 2022 was very similar to FFY 2021. The Hotline continued to operate 24/7. Staffing level was impacted by resignations and vacancies. Due to continu-ous staff turnover, WV is always hiring and training new staff. The CPS workforce data is calculated using full-time equivalents (FTEs). During screening, a supervisor will review all the information in the report to determine whether there is reasonable cause to suspect a child is abused or neglected. The supervisor will use the legal and operational definitions to make the decision. CPS must accept for assessment any report which suggests that an individual between birth and eighteen years of age may have been subject to treatment which meets the definition of abuse or neglect in WV Code and CPS Policy. Once accepted, the intake is transferred to the district for assignment to a CPS worker. Intakes that do not meet the legal definition of abuse or neglect are screened out. The intake is peer reviewed the following day by a Centralized Intake (CI) CPS supervisor to ensure the accuracy of the original screening decision. Children West Virginia investigates/assesses all children in a household if any child in the household has a maltreatment allegation. West Virginia began reporting sex trafficking data in FFY 2018. Fatalities Fatality information is collected by the Title IVE agency within the Office of the Chief Medical Examiner. If there is no allegation that the child’s death or near death was due to maltreatment or concerns of existing safety threats, CI screens those out. Perpetrators A maltreater must be 18 years old or a parenting youth under the age of 18. The NCANDS category of “other” perpetrator relationship includes the state categories of non-guardian, household members and out of household perpetrators regarding trafficking. Noncaregiver perpetrators of sex trafficking are reported to NCANDS. Services All services in West Virginia are outsourced. Child Maltreatment 2022 Appendix d: State Commentary 295Wisconsin 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 the Alternative Response (AR) approach. The maltreatment disposition for AR assessments identifies whether services are needed and will appear in NCANDS as alternative response nonvictim dispositions. Reports The state data are child-based, with each report associated with a single child. The report date is the date when the agency was notified of the alleged maltreatment, and the investigation start date is the date when the agency made initial contact with the child or other family member. In Wisconsin’s child protective services (CPS) system, multiple maltreatment reports for a single child may be assessed during a single investigation. There are a variety of reasons why a report might be screened out. In most cases screened-out reports are those reports where the information provided does not constitute maltreatment of a child or risk of maltreatment of a child. Additionally, when multiple reports are made about the same maltreatment, the subsequent reports may be screened out. In Wisconsin, CPS agencies are currently not required to investigate instances of abuse by noncaregivers, so those reports may be screened out. In rare instances, cases may be screened out because there is insufficient identifiable information available. Finally, cases may be screened out because jurisdiction more properly rests with another state. There is no significant difference in the number of referrals or screened-in referrals (reports) between FFY 2022 and FFY 2021. Children A child is considered to be a victim when an allegation is substantiated. The NCANDS unsub - stantiated maltreatment disposition includes instances where the allegation was unsubstantiated for that child, or when critical sources of information cannot be found or accessed to determine whether maltreatment as alleged occurred. No changes were made to the policies regarding conducting investigations and assessments as a result of the pandemic. Our state continued to conduct investigations and assessments through face-to-face contact, as well as a combination of phone and video calls. All initial contact for investigations and any contact necessary for ensuring children’s safety was expected to be face-to-face. Workers continued to gather information per requirements laid out in the state’s Initial Assessment Standards, Ongoing Services Standards, and Safety Intervention Standards. DCF issued practice guidance for engaging families through virtual means, such as video calls, for the purposes of information gathering and assessing during the pandemic. Child Maltreatment 2022 Appendix d: State Commentary 296Fatalities The number of fatalities includes only those children who were reported as subjects of abuse or neglect and the maltreatment allegation was substantiated. Only the Wisconsin Department of Children and Families is involved in compiling information on child maltreatment fatalities, and all fatalities are reported in the Child File. Perpetrators Details of the perpetrators is included for allegations in which the child was substantiated. The NCANDS category “other” perpetrator relationship includes perpetrators who are not primary or secondary caregivers to the child (such as non-caregivers) for example, another child or peer of the child victim or a stranger. As mentioned previously, there are no substantiations in AR cases, so the alleged perpetrators in AR cases will not be recorded as substantiated per - petrators. Services, if needed, are established based on the assessment determination, not the determination of a specific perpetrator. Services Wisconsin is currently not able to report prevention services. The state continues to support data quality related to service documentation and ultimately to modify the NCANDS file to incorporate services reporting for future data submissions. Wisconsin (continued) Child Maltreatment 2022 Appendix d: State Commentary 297Wyoming Contact Debra Hibbard Phone 307–777–5479 Title Deputy Administrator Services DivisionEmail debra.hibbard@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 an increase in the number of referrals for abuse/neglect due to children return - ing back to school after the COVID pandemic lessened in severity and youth were no longer being confined in their homes due to COVID restrictions and the children were seen on a more frequent basis for observation. Children Wyoming did not change policy related to investigations and assessments. Procedures for the investigation and assessment process continued to be conducted with caution. However, workers were able to enter homes on a more frequent basis to conduct investigations and assessments. In FFY 2022 the state implemented a tracking mechanism in SACWIS that will allow for reporting on IPSE. This was implemented in December 2022 and guidance was provided for all staff. In FFY 2023 we have data available. For prior years we have manually collected this data through review of all intakes for calendar years 2021 and 2022. In 2022, 132 children were included in reports to the Department as it pertained to prenatal substance exposure. Fatalities Wyoming did not change any policies related to child fatality reviews. Wyoming has a major injury and fatality review team that is comprised of the Department of Family Services, the Wyoming Citizen Review Panel, the Wyoming Children’s Trust Fund, the Wyoming Department of Health, the Wyoming Department of Corrections, the Wyoming Division of Victim Services, the Wyoming Department of Education as well as members represent - ing the disciplines of judges, mental health, local medical professionals and local law enforcement. Child Maltreatment 2022 Appendix d: State Commentary 298Perpetrators Wyoming utilizes a SACWIS that is incident based and does not have the ability to cat - egorize incidents to see trends. Over the course of the last three years the department has developed and implemented a special investigation unit that has one focus of facility related maltreatment, which has included updated procedures and two dedicated investigators. Services Wyoming had a slight reduction in Services Responses as the Department was able to offer other services to children and families through other federal COVID Funds to better meet their needs. Wyoming (continued) Child Maltreatment 2022 Appendix d: State Commentary 299