Child Maltreatment 2021

32nd YEAR OF REPORTING

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

ACF

Children's Bureau

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

Electronic Access

This report is available on the Children's Bureau website at https://www.acf.hhs.gov/cb/data-research/child-maltreatment.

Questions and More Information

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

Data Sets

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

Recommended Citation

U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2023). *Child Maltreatment 2021.* 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

Letter from the Associate Commissioner:

Child Maltreatment 2021 is the latest edition of the annual Child Maltreatment report series. States provide the data for this report via the National Child Abuse and Neglect Data System (NCANDS). NCANDS was established as a voluntary, national data collection and analysis program to make available state child abuse and neglect information. Data have been collected every year since 1991 and are collected from child welfare agencies in the 50 states, the Commonwealth of Puerto Rico, and the District of Columbia. For FFY 2021, 51 states submitted both a Child File and an Agency File. One state was not able to report FFY 2021 data in time for this report.[1] Key findings in this report include:

- During Federal fiscal year (FFY) 2021, a nationally estimated 3,016,000 children received either an investigation response or alternative response at a rate of 40.7 children per 1,000 in the population.
- For FFY 2021, 51 states reported 588,229 victims of child abuse and neglect. This equates to a national rate of 8.1 victims per 1,000 children in the population. Estimating for missing data, there are 600,000 victims of maltreatment for FFY 2021.
- FFY 2021 data show three-quarters (76.0%) of victims are neglected, 16.0 percent are physically abused, 10.1 percent are sexually abused, and 0.2 percent are sex trafficked.
- A nationally estimated 1,820 children died from abuse and neglect at a rate of 2.46 per 100,000 children in the population.[2]

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

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

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 was the data collected, and who made decisions about which data is important to collect? Is there any group that is not represented in the data collection? How can we drive innovation and better outcomes for children and families using this data?

To honor the children and families at the forefront of this data, it is my hope that you will use this report to inquire about how to improve outcomes in our states, tribes, and territories. Let's commit to embarking on this journey together to see where the questions and answers may lead.

In Unity,
/s/
Aysha E. Schomburg, Associate Commissioner, Children's Bureau

[1] *Arizona*
[2] *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 2021, 50 states reported fatality data.*

Acknowledgements

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

National and state statistics about child maltreatment are derived from the data collected by child protective services agencies and reported to NCANDS. The data are analyzed, disseminated, and released in an annual report. *Child Maltreatment 2021* marks the 32nd 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 2021 national statistics were based upon receiving case-level and aggregate data from 49 states, the Commonwealth of Puerto Rico, and the District of Columbia.

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

ACYF gratefully acknowledges the priorities that were set by state and local agencies to submit these data to the Children's Bureau, and thanks the caseworkers and supervisors who contribute to and use their state's information system. The time and effort dedicated by these and other individuals are the foundation of this successful federal-state partnership. The Children's Bureau greatly appreciates the dedication of child welfare agencies to ensure worker's safety while continuing to serve children and families during a global pandemic.

.

Child Abuse and Neglect Data During the Pandemic

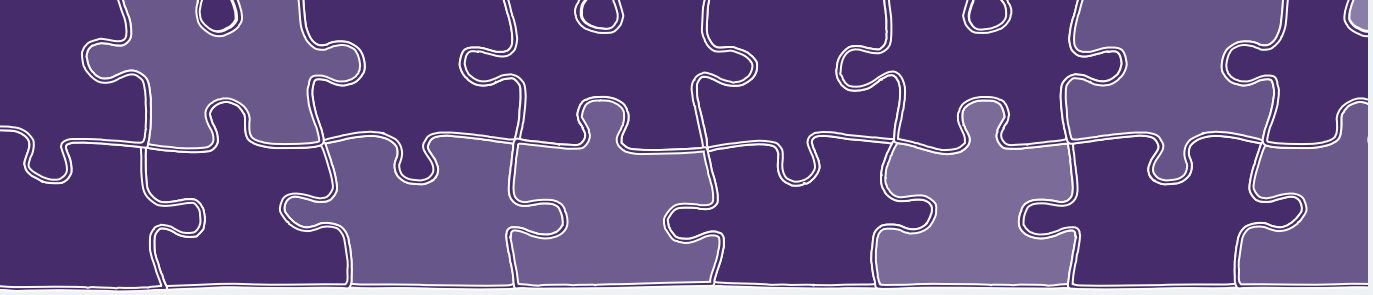
The child maltreatment data collected from states and analyzed for this year's report continue to show decreases that can partly be attributed to the continuing pandemic caused by COVID-19.[3] Additionally, states were encouraged to provide comments about how their child welfare agencies conducted operations during the year and how they dealt with the ongoing pandemic. Most states resumed in-person child protective services responses and agencies said that they provided workers with personal protective equipment and conducted prescreening for symptoms of COVID-19. Many states voluntarily provided comments, which are included in Appendix D, State Commentary.

[3] *Severe acute respiratory syndrome coronavirus 2 virus.*

Contents

Exhibits

Tables



Summary

Overview

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

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

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

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

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

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

The data are submitted voluntarily by the 50 states, the District of Columbia, and the Commonwealth of Puerto Rico. The first report from NCANDS was based on data for 1990. This report for federal fiscal year (FFY) 2021 data is the 32nd issuance of this annual publication. (See chapter 1.)

How are the data used?

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

What data are collected?

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

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

Where are the data available?

The Child Maltreatment reports 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 data are archived at the National Data Archive on Child Abuse and Neglect (NDACAN) at Cornell University https://www.ndacan.acf.hhs.gov/. Researchers who are interested in using these data for statistical analyses may contact NDACAN by phone at 607–255–7799 or by email at ndacan@cornell.edu. (See chapter 1.)

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

For 2021, CPS agencies received a national estimate of 3,987,000 total referrals. The total referrals alleging maltreatment includes approximately 7,176,600 children. The national rate of screened-in referrals (reports) is 27.6 per 1,000 children in the national population. Among the 46 states that report both screened-in and screened-out referrals, 51.5 percent of referrals are screened in and 48.5 percent are screened out. (See chapter 2.)

Who reported child maltreatment?

For 2021, professionals submitted 67.0 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 (21.8%), education personnel (15.4%), and medical personnel (12.2%).

Nonprofessionals, including friends, neighbors, and relatives, submitted fewer than one-fifth of reports (17.1%). Unclassified sources submitted the remaining reports (16.0%). Unclassified includes anonymous, "other," and unknown report sources. States use the code "other" for any report source that does not have an NCANDS designated code. See Appendix D, State Commentary, for additional information provided by the states as to what is included in "other." (See chapter 2.)

Who were the child victims?

For FFY 2021, a nationally estimated 600,000 victims of child abuse and neglect. The victim rate is 8.1 victims per 1,000 children in the population. Victim demographics include: Children younger than 1 year old have the highest rate of victimization at 25.3 per 1,000 children of the same age in the national population. (See chapter 3.)

The victimization rate for girls is 8.7 per 1,000 girls in the population, which is higher than boys at 7.5 per 1,000 boys in the population. American-Indian or Alaska Native children have the highest rate of victimization at 15.2 per 1,000 children in the population of the same race or ethnicity; and African-American children have the second highest rate at 13.1 per 1,000 children of the same race or ethnicity.

What were the most common types of maltreatment?

NCANDS collects all maltreatment type allegations, however only those maltreatments with a disposition of substantiated or indicated are included in the Child Maltreatment report. A child may be determined to be a victim multiple times within the same FFY and up to four different maltreatment types in each victim report.

Focus on Maltreatment Categories: 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 FFY 2021, 76.0 percent of victims are neglected, 16.0 percent are physically abused, 10.1 percent are sexually abused, and 0.2 percent are sex trafficked. (See chapter 3.)

How many infants with prenatal substance exposure are there?

The Comprehensive Addiction and Recovery Act (CARA) of 2016 includes an amendment to CAPTA to collect and report the number of infants with prenatal substance exposure (IPSE), IPSE with a plan of safe care, and IPSE with a referral to appropriate services.

FFY 2021 data show 49,194 infants in 49 states being referred to CPS agencies as infants with prenatal substance exposure. The majority (82.9%) of IPSE were screened-in to CPS to receive either an investigation or alternative response. For FFY 2021, 31 states reported 26,904 screened-in IPSE (70.4 percent) have a plan of safe care and 30 states reported 25,607 screened-in IPSE (67.0%) have a referral to appropriate services. (See chapter 3.)

What risk factors do caregivers have?

Risk factors are characteristics of a child or caregiver that may increase the likelihood of child maltreatment. Caregivers with these risk factors who are included in each analysis may or may not be the perpetrators responsible for the maltreatment.

The largest percentages of victims with caregiver risk factors are those reported with domestic violence and drug abuse. In 41 reporting states, 116,006 victims (26.1%) have the drug abuse caregiver risk factor and in 36 reporting states, 410,268 victims (28.2%) have the domestic violence caregiver risk factor.

How many children died from abuse or neglect?

Child fatalities are the most tragic consequence of maltreatment. For FFY 2021, a national estimate of 1,820 children died from abuse and neglect at a rate of 2.46 per 100,000 children in the population. (See chapter 4.) The child fatality demographics show:

- The youngest children are the most vulnerable to maltreatment, with children younger than 1 representing 45.6 percent of child fatalities; a fatality rate of 24.39 per 100,000 children in that age range.
- Boys have a higher child fatality rate at 3.01 per 100,000 boys in the population when compared with girls at 2.15 per 100,000 girls in the population.
- The rate of African-American child fatalities (5.60 per 100,000 African-American children) is 2.9 times greater than the rate of White children (1.94 per 100,000 White children) and 3.9 times greater than the rate of Hispanic children (1.44 per 100,000 Hispanic children).

Who abused and neglected children?

A perpetrator is the person who is responsible for the abuse or neglect of a child. Fifty states reported 452,313 perpetrators. (See chapter 5.) The analyses of case-level data show:

- More than four-fifths (83.2%) of perpetrators are between the ages of 18 and 44 years old.
- More than one-half (51.7%) of perpetrators are female and 47.2 percent of perpetrators are male.
- The three largest percentages of perpetrators are White (48.0%), African-American (21.0%), and Hispanic (20.9%).
- The majority (76.8%) of perpetrators are a parent to their victim.

Who received services?

CPS agencies provide services to children and their families, both in their homes and in foster care. Reasons for providing services may include (1) preventing future instances of child maltreatment and (2) remedying conditions that brought the children and their family to the attention of the agency. (See chapter 6.) During 2021:

- Forty-five states reported approximately 1.8 million (1,761,128) children received prevention services.
- Approximately 1.1 million (1,051,818) children received postresponse services from a CPS agency.
- Approximately two-thirds (58.0%) of victims and one third (26.1%) of nonvictims received post-response services.

What is the Special Focus chapter?

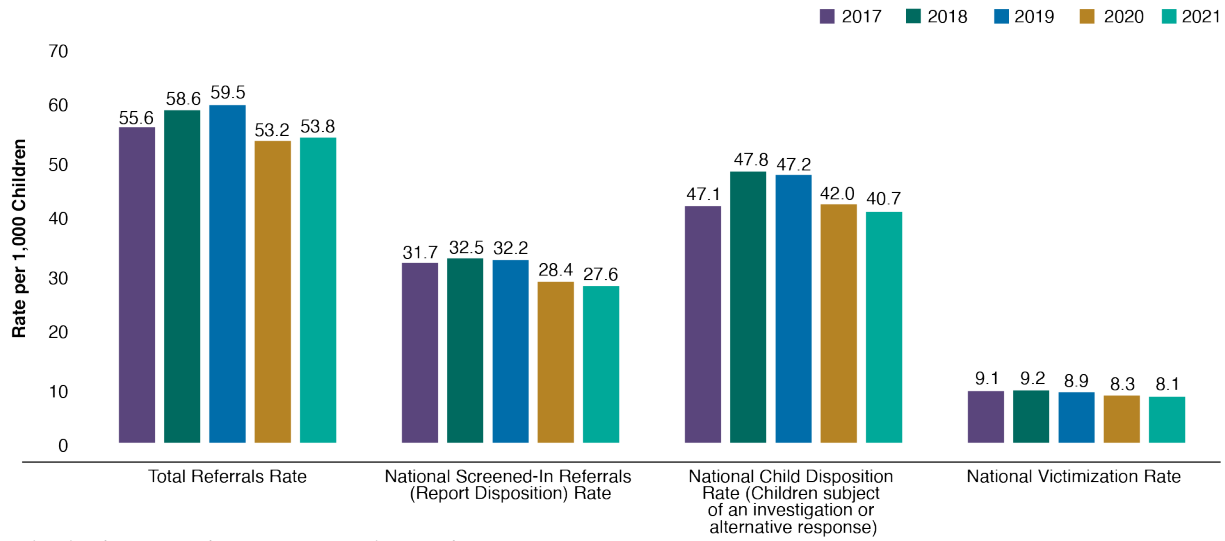
The purpose of this chapter is to highlight analyses of specific subsets of children. These analyses may otherwise have been spread throughout the report in different chapters, which can make it more difficult for readers to see the whole analytical picture. In this edition, this chapter focuses on race or ethnicity differences within child maltreatment. Key highlights include:

- The screened-in referral rate of African-American children is nearly twice the rate of Hispanic and White children.
- Nationally victimization rates decreased across recent years, but analyzing by race or ethnicity show some fluctuations.
- Legal and law enforcement personnel submitted the largest percentage of victim reports for every race or ethnicity.
- African-American and American Indian or Alaska Native victims have the highest victimization rates across all age groups.

National Summary

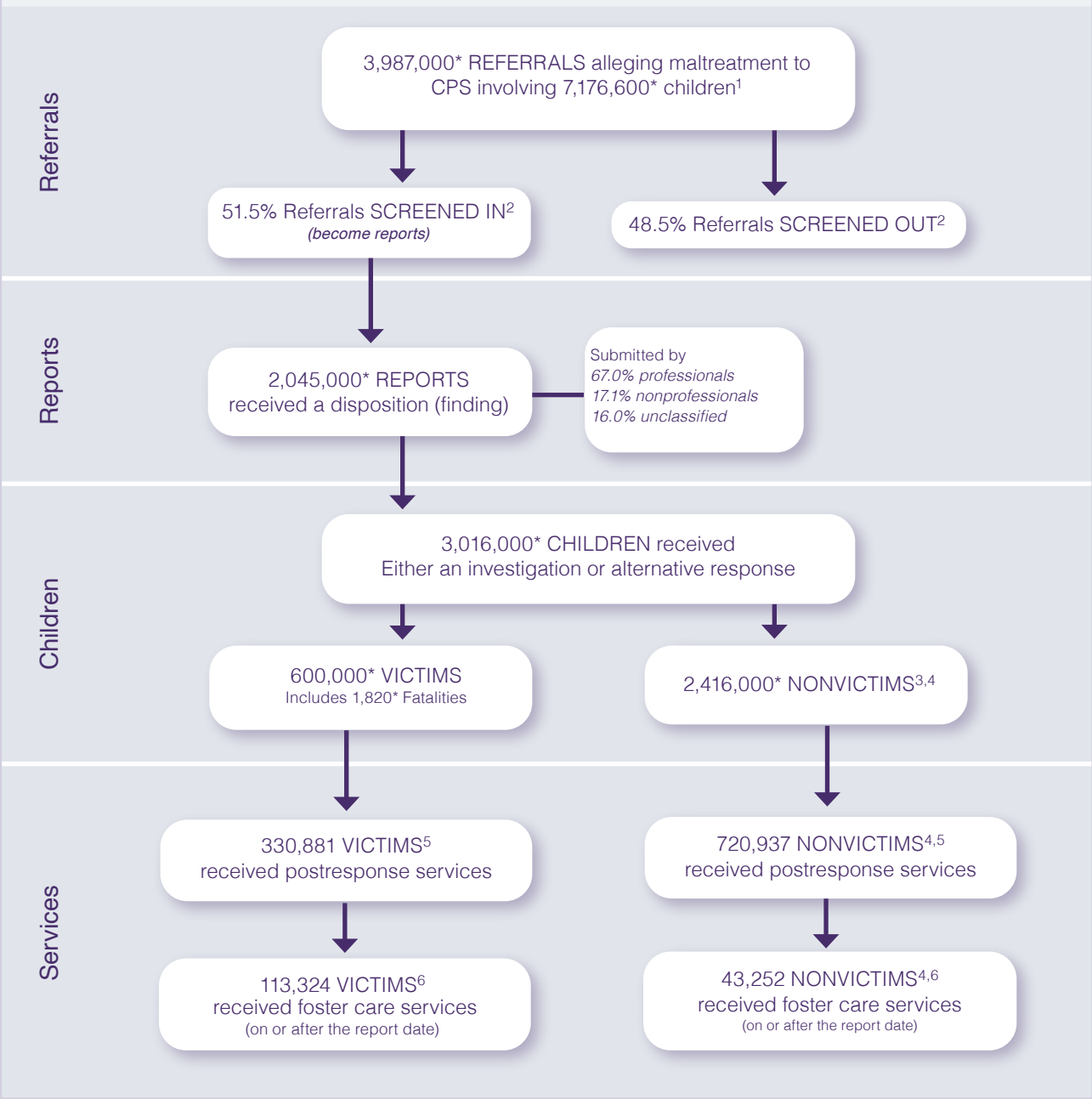
A summary of national rates per 1,000 children is provided below (S–1) and a one–page chart of key statistics from the annual report is on the following page (S–2).

Exhibit S–1 Summary Child Maltreatment Rates per 1,000 Children, 2017–2021



Based on data from 52 states for FFY 2017–2020 and 51 states for FFY 2021.

Exhibit S–2 Statistics at a Glance, 2021



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

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

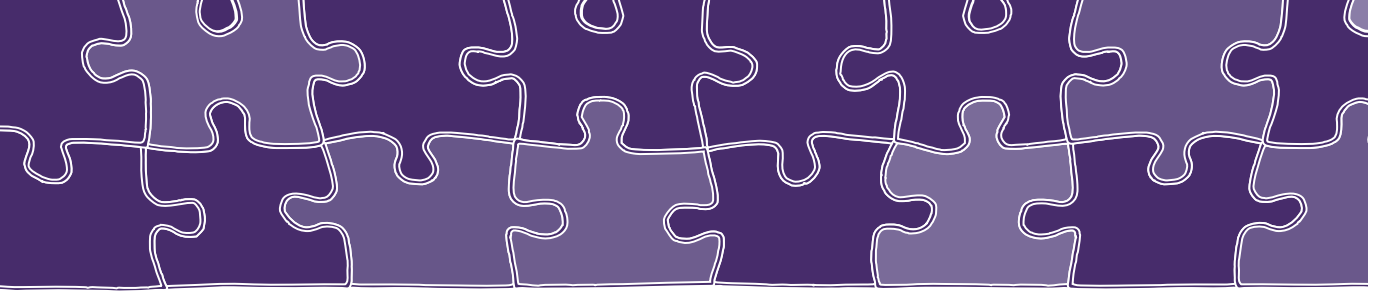
[2] *Among the states that reported both screened-in and screened-out referrals.*

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

[4] *Includes children who received an alternative response.*

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

[6] *Based on data from 48 states. These are duplicate counts.*



Introduction

CHAPTER 1

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

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

Child Maltreatment 2021 presents national data about child abuse and neglect known to child protective services (CPS) agencies in the United States during federal fiscal year (FFY) 2021. The data are collected and analyzed through the National Child Abuse and Neglect Data System (NCANDS), which is an initiative of the Children's Bureau.

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 32nd edition. During 1996, CAPTA was amended to require all states that receive funds from the Basic State Grant program to work with the Secretary of HHS to provide specific data, to the maximum extent practicable, about children who had been maltreated. Subsequent CAPTA amendments added

data elements and readers are encouraged to review Appendix A, CAPTA Data Items, most of which are reported by states to NCANDS.

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

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

Annual Data Collection Process

The NCANDS reporting year is based on the FFY calendar, which for *Child Maltreatment 2021* is October 1, 2020, through September 30, 2021. States submit case-level data by constructing an electronic file of child-specific records for each report of alleged child abuse and neglect that received a CPS response. Each state's file only includes completed reports with a disposition (or finding) as an outcome of the CPS response during the reporting year. The data submission containing these case-level data is called the Child File.

The Child File is supplemented by agency-level aggregate statistics in a separate data submission called the Agency File. The Agency File contains data that are not reportable at the child-specific level and are often gathered from agencies external to CPS (e.g., vital statistics departments, child death review teams, law enforcement agencies, etc.). States are asked to submit both the Child File and the Agency File each year. For more information about the Child File and Agency File please go to the Children's Bureau website at https://www.acf.hhs.gov/cb/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 2021, 51 states submitted both a Child File and an Agency File. One state was not able to report FFY 2021 data in time for this report.[4] 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.

[4] *Arizona.*

2020 Census

With each Child Maltreatment report, the most recent population data from the U.S. Census Bureau are used. *Child Maltreatment 2021* is the first edition to use population estimates from the 2020 Census. Both 2020 and 2021 population data are from the new census and differences in rates from the prior year may be due in part to the new estimates.[5] Information about the population estimates may be found at https://www.census.gov/. According to the U.S. Census Bureau, the 2021 child population accounts for more than 74 million children. (See table C–2.)

NCANDS as a Resource

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

- *Child Welfare Outcomes: Report to Congress:* This annual report presents information on state and national performance in seven outcome categories. Data for the Child Welfare Outcomes measures and the majority of the context data in this report come from NCANDS and the Adoption and Foster Care Analysis and Reporting System (AFCARS). The reports are available on the Children's Bureau's website at https://www.acf.hhs.gov/cb/data-research/child-welfare-outcomes.
- Child and Family Services Reviews (CFSRs): The Children's Bureau conducts periodic reviews of state child welfare systems to ensure conformity with federal requirements, determine what is happening with children and families who are engaged in child welfare services, and assist states with helping children and families achieve positive outcomes. States develop Program Improvement Plans to address areas revealed by the CFSR as in need of improvement. For CFSR Round 3, NCANDS data are the basis for two of the CFSR national data indicators, Recurrence of Maltreatment and Maltreatment in Foster Care. NCANDS data also are used for data quality checks and context data.

The NCANDS data also are used for several performance measures published annually as part of the ACF Annual Budget Request to Congress, which highlights certain key performance measures. Specific measures on which ACF reports using NCANDS data include:

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

[5] *U.S. Census Bureau, Population division. (2022). 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, 2021; (SC-EST2021-ALLDATA6) [data file]. Retrieved from https://www.census.gov/data/tables/time-series/demo/popest/2020s-state-detail.html. Annual Estimates of the Resident Population by Single Year of Age and Sex for the Puerto Rico Commonwealth: April 1, 2020 to July 1, 2021; (PRC-EST2021-SYASEX) [data file]. Retrieved from https://www.census.gov/data/tables/time-series/demo/popest/2020s-detail-puerto-rico.html.*

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 serves as the repository for the data sets, but is not the author of the Child Maltreatment report series. More information is available at https://www.ndacan.acf.hhs.gov/index.cfm.

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

Structure of the Report

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

By making changes designed to improve the functionality and practicality of the report each year, the Children's Bureau endeavors to increase readers' comprehension and knowledge about child maltreatment. Feedback regarding changes, suggestions for potential future changes, or other comments related to the Child Maltreatment report are encouraged. Please provide feedback to the Children's Bureau's Child Welfare Information Gateway at info@childwelfare.gov. The *Child Maltreatment 2021* 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.

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

Reports

CHAPTER 2

This chapter presents statistics about referrals alleging child abuse and neglect and how child protective services (CPS) agencies respond to those allegations. Most agencies use a two-step process to respond to allegations of child maltreatment: (1) screening and (2) investigation and alternative response. A CPS agency receives an initial notification, called a referral, alleging child maltreatment. A referral may involve more than one child. Agency hotline or intake units conduct the screening response to determine whether a referral is appropriate for further action. The child protective services (CPS) data for federal fiscal year (FFY) 2021 shows a national decrease in the number of referrals when compared with 2020. One state was not able to report FFY 2021 data in time for this report.

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.[6]

During FFY 2021, CPS agencies across the nation screened in 2,002,027 referrals in the 51 reporting states. Estimating for missing data brings the total to 2,045,000 referrals, which is a 13.2 percent decrease from the 2,356,356 referrals reported by 52 states for FFY 2017. (See exhibit 2–A and related notes.)

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.

[6] *Victims of sex trafficking may be included in an NCANDS submission for any victim who is younger than 24 years. See chapter 3 for more information about victims of sex trafficking.*

Exhibit 2–A Screened-in Referral Rates, 2017–2021

Year	Reporting States	Child Population of Reporting States	Screened-in Referrals (Reports) from Reporting States)	Rate per 1,000 Children	Child Population of 52 States	National Estimate/ Rounded Number of Screened-in Referrals
2017	52	74,283,872	2,356,356	31.7	74,283,872	2,356,356
2018	52	73,977,376	2,402,884	32.5	73,977,376	2,402,884
2019	52	73,661,476	2,368,755	32.2	73,661,476	2,368,755
2020	52	74,789,247	2,120,316	28.4	74,789,247	2,120,316
2021	51	72,498,235	2,002,027	27.6	74,112,223	2,045,000

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

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.)

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 2021, a national estimate of 1,942,000 referrals were screened out. This is a 9.4 percent increase from the 1,775,000 estimated screened-out referrals for 2017. (See exhibit 2–B and related notes.)

Exhibit 2–B Screened-out Referral Rates, 2017–2021

Year	Reporting States	Child Population of Reporting States	Screened-out Referrals	Rate per 1,000 Children	Child Population of 52 States	National Estimate of Screened-out Referrals
2017	45	59,511,053	1,421,252	23.9	74,283,872	1,775,000
2018	46	59,955,457	1,565,553	26.1	73,977,376	1,931,000
2019	45	59,518,850	1,625,691	27.3	73,661,476	2,011,000
2020	47	62,781,988	1,563,665	24.9	74,789,247	1,862,000
2021	46	60,698,850	1,593,309	26.2	74,112,223	1,942,000

Screened-out referral data are from the Agency File. The screened-out referral rate is calculated for each year by dividing the number of screened-out referrals from reporting states by the child population in reporting states multiplying the result by 1,000, and 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 2021, 46 states reported both screened-in and screened-out referral data and screened in 51.5 percent and screened out 48.5 percent of referrals. For those 46 states, the percentages of screened-in referrals ranged from 15.3 to 98.5 and the percentages of screened-out referrals ranged from 1.5 to 84.7. (See table 2–1 and related notes.)

For 2021, CPS agencies received a national estimate of 3,987,000 total referrals. This is a 3.5 percent decrease from the 4,131,000 estimated total referrals received for 2017. The 2021 estimated total referrals alleging maltreatment includes approximately 7,176,600 children.[7,8] (See exhibit 2–C and related notes).

Exhibit 2–C Total Referrals Rate, 2017–2021

Year	National Estimate/ Screened-in Referrals from Reporting States	National Estimate of Screened-out Referrals	National Estimate of Total Referrals	Child Population of all 52 States	Total Referrals Rate per 1,000 Children
2017	2,356,356	1,775,000	4,131,000	74,283,872	55.6
2018	2,402,884	1,931,000	4,334,000	73,977,376	58.6
2019	2,368,755	2,011,000	4,380,000	73,661,476	59.5
2020	2,120,316	1,862,000	3,982,000	74,789,247	53.2
2021	2,045,000	1,942,000	3,987,000	74,112,223	53.8

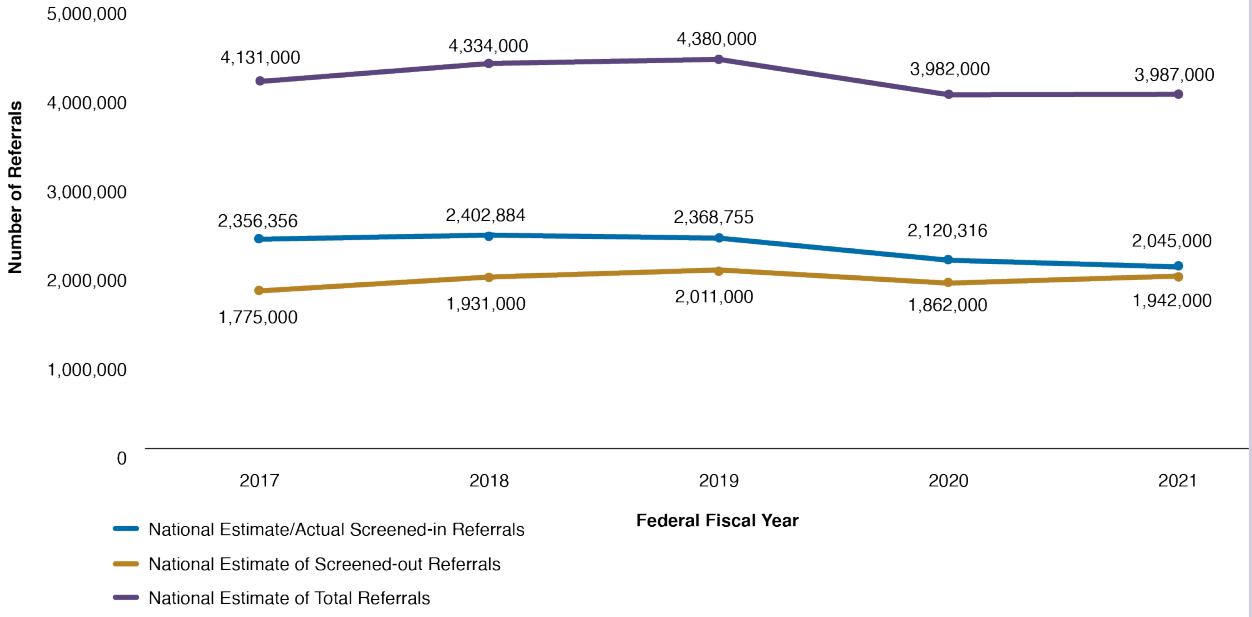
Screened-in referral data are from the Child File and screened-out referral data are from the Agency File.

The national estimate of total referrals is the sum of the actual reported or estimated number of screened-in referrals (from table 2–1) plus the number of estimated screened-out referrals (from exhibit 2–B). The sum is rounded to the nearest 1,000. The national total referral rate is calculated for each year by dividing the national estimate of total referrals by the child population of 52 states multiplying the result by 1,000, and 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 2017 through 2019. During FFY 2020, nearly all 52 states had a decrease in estimated total referrals from the prior year (FFY 2019), while during FFY 2021, only 25 states reported a decrease in estimated total referrals when compared with FFY 2020. This led to a slight national increase for FFY 2021 when compared with FFY 2020.

Exhibit 2–D Number of Referrals 2017–2021

The number of total referrals increased slightly for 2021



Based on data from 52 states for FFY 2017–2020 and 51 states for FFY 2021. See exhibits 2–A, 2–B, and 2–C.

[7] *Dividing the number of children with dispositions (3,575,974) from table 3–2) by the number of screened-in referrals (2,002,027 from table 2–1) results in the average number of children included in a screened-in referral (1.8, rounded).*

[8] *The average number of children included in a screened-in referral (1.8) multiplied by the national estimate of total referrals (3,987,000 from exhibit 2–C) results in an estimated 7,176,600 children included in total referrals. The estimate is rounded.*

Report Sources

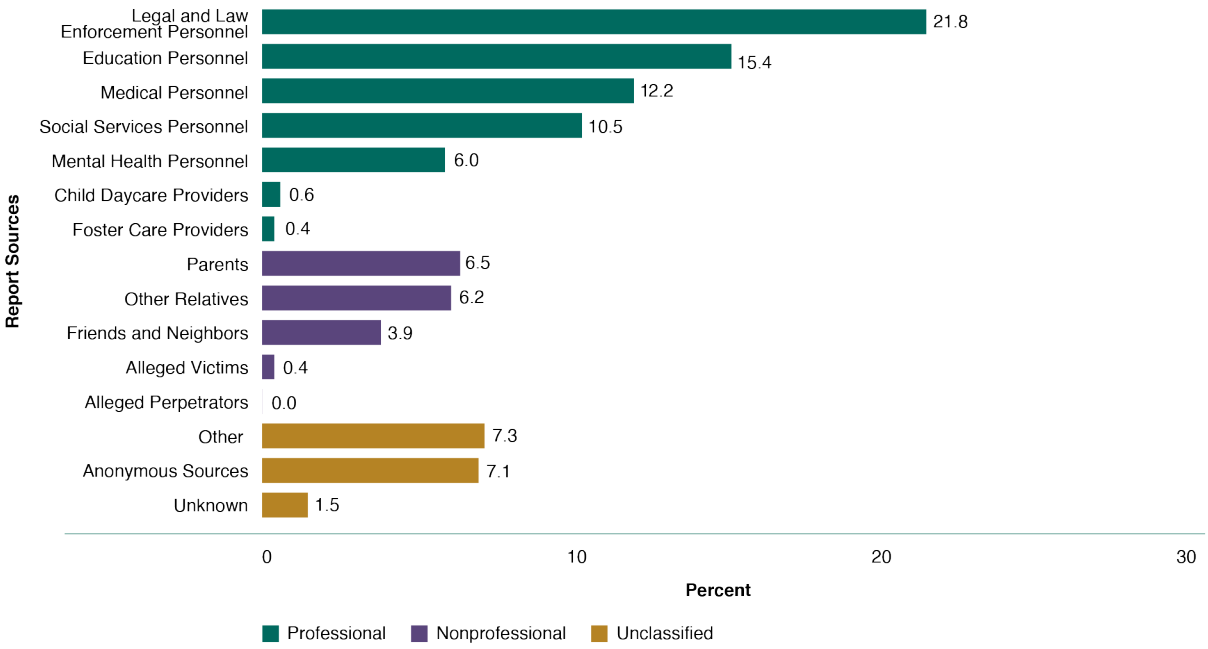
The report source is the role of the person who notified a CPS agency of the alleged child abuse or neglect in a referral. Only those sources in reports (screened-in referrals) that receive an investigation response or alternative response are submitted to NCANDS. To aid with comparisons, report sources 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 2021 data show professionals submit 67.0 percent of reports. The highest percentages of reports are from legal and law enforcement personnel (21.8%), education personnel (15.4%), and medical personnel (12.2%). Nonprofessionals submit 17.1 percent of reports with the largest category of nonprofessional reporters being parents (6.5%), other relatives (6.2%), and friends and neighbors (3.9%). Unclassified sources submit the remaining 16.0 percent.[9] (See exhibit 2–E and

Exhibit 2–E Report Sources, 2021

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



Data are from the Child File. Based on data from 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. Does not equal 100.0 percent due to rounding. Supporting data not shown.

[9] *Does not equal 100 percent due to rounding.*

related notes.) As expected with some states continuing with virtual learning into FFY 2021, the number and percentage of education personnel report sources continue to be lower than before the COVID-19 pandemic.

CPS Response Time

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

Based on data from 40 states, the FFY 2021 mean response time of state averages is 83 hours or 3.5 days; the median response time of state averages is 59 hours or 2.5 days. (See table 2–2 and related notes.) Seventeen states reported a decrease and 23 states reported an increase in average response times for FFY 2021 when compared with FFY 2020. 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 2021, 43 states reported a total workforce of 29,925 and 40 states reported 4,750 specialized intake and screening workers. This is a decrease from FFY 2020 when 44 states reported 31,215 total workers and 41 states reported 4,798 intake and screening workers. The number of investigation and alternative response workers—20,024—is computed by subtracting the reported number of intake and screening workers from the total workforce number in the 40 reporting states. (See table 2–3 and related notes.)

Using the data from the same 40 states that report on workers with specialized functions, investigation and alternative response workers completed an average of 64 CPS responses per worker for FFY 2021. (See table 2–4 and related notes.) This is a decrease from the average of 67 responses per worker for FFY 2020.

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

Table 2–1 Screened-in and Screened-out Referrals, 2021

- Screened-out referral data are from the Agency File and screened-in referral data are from the Child File.
- This table includes screened-in referral data from all states and screened-out referral data from 46 reporting states.
- The state total referral rate is based on the number of total referrals divided by the child population (see table C–2) of states reporting both screened-in and screened-out referrals and multiplying the result by 1,000.

Table 2–2 Average Response Time in Hours, 2017–2021

- Data are from the Agency File.
- The national mean of states' reported average response time is calculated by summing the
- average response times from the states and dividing the total by the number of states reporting. The result is rounded to the nearest whole number.
- The national median is determined by sorting the states' averages and finding the midpoint.

Table 2–3 Child Protective Services Workforce, 2021

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

Table 2–4 Child Protective Services Caseload, 2020

- Data are from the Child File and the Agency File.
- The number of completed reports per investigation and alternative response worker for each state was based on the number of completed reports, divided by the number of investigation and alternative response workers, and rounded to the nearest whole number.

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

Table 2–1 Screened-in and Screened-out Referrals, 2021

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	26,116	407	26,523	98.5	1.5	23.6
Alaska	7,167	11,001	18,168	39.4	60.6	101.3
Arizona	-	-	-	-	-	-
Arkansas	30,592	24,518	55,110	55.5	44.5	78.3
California	178,996	159,190	338,186	52.9	47.1	38.6
Colorado	33,362	66,451	99,813	33.4	66.6	80.3
Connecticut	10,626	31,261	41,887	25.4	74.6	57.4
Delaware	4,729	13,965	18,694	25.3	74.7	89.7
District of Columbia	3,897	11,612	15,509	25.1	74.9	123.2
Florida	143,105	98,312	241,417	59.3	40.7	56.3
Georgia	54,463	59,797	114,260	47.7	52.3	45.3
Hawaii	2,829	2,602	5,431	52.1	47.9	17.8
Idaho	9,121	12,387	21,508	42.4	57.6	45.9
Illinois	83,116	-	83,116	100.0	-	-
Indiana	111,495	63,348	174,843	63.8	36.2	110.2
Iowa	34,938	17,116	52,054	67.1	32.9	70.7
Kansas	24,604	20,360	44,964	54.7	45.3	64.0
Kentucky	38,253	45,856	84,109	45.5	54.5	82.8
Louisiana	15,188	30,871	46,059	33.0	67.0	42.5
Maine	10,488	14,276	24,764	42.4	57.6	98.3
Maryland	17,289	33,759	51,048	33.9	66.1	37.4
Massachusetts	39,811	34,544	74,355	53.5	46.5	54.6
Michigan	65,277	94,564	159,841	40.8	59.2	74.2
Minnesota	25,724	53,161	78,885	32.6	67.4	59.9
Mississippi	26,155	8,250	34,405	76.0	24.0	49.7
Missouri	52,157	33,673	85,830	60.8	39.2	62.0
Montana	8,691	4,489	13,180	65.9	34.1	56.1
Nebraska	15,035	18,602	33,637	44.7	55.3	69.7
Nevada	15,941	23,663	39,604	40.3	59.7	56.7
New Hampshire	9,595	7,821	17,416	55.1	44.9	67.9
New Jersey	48,781	-	48,781	100.0	-	-
New Mexico	18,846	20,211	39,057	48.3	51.7	82.5
New York	141,745	-	141,745	100.0	-	-
North Carolina	53,441	42,214	95,655	55.9	44.1	41.6
North Dakota	2,715	-	2,715	100.0	-	-
Ohio	81,355	105,779	187,134	43.5	56.5	71.8
Oklahoma	36,005	42,178	78,183	46.1	53.9	81.3
Oregon	32,061	35,330	67,391	47.6	52.4	78.2
Pennsylvania	34,607	-	34,607	100.0	0.0	-
Puerto Rico	7,948	6,952	14,900	53.3	46.7	27.3
Rhode Island	5,314	8,662	13,976	38.0	62.0	66.9
South Carolina	35,107	29,144	64,251	54.6	45.4	57.5
South Dakota	2,280	12,658	14,938	15.3	84.7	67.8
Tennessee	68,212	63,789	132,001	51.7	48.3	85.7
Texas	194,256	33,884	228,140	85.1	14.9	30.5
Utah	19,721	21,124	40,845	48.3	51.7	43.1
Vermont	2,490	13,539	16,029	15.5	84.5	137.0
Virginia	32,013	34,620	66,633	48.0	52.0	35.4
Washington	38,405	60,529	98,934	38.8	61.2	59.0
West Virginia	23,066	13,419	36,485	63.2	36.8	101.6
Wisconsin	22,427	48,769	71,196	31.5	68.5	55.9
Wyoming	2,472	4,652	7,124	34.7	65.3	53.8
National	**2,002,027**	**1,593,309**	**3,595,336**	**-**	**-**	**-**
Reporting States	**51**	**46**	**51**	**-**	**-**	**-**
National for states reporting both screened-in and screened-out referrals	**1,691,063**	**1,593,309**	**3,284,372**	**51.5**	**48.5**	**N/A**
Reporting states for reporting both screened-in and screened-out referrals	**46**	**46**	**46**	**-**	**-**	**-**

Table 2–2 Average Response Time in Hours, 2017–2021

State	2017	2018	2019	2020	2021
Alabama	58	53	51	48	51
Alaska	-	423	602	576	219
Arizona	32	31	32	31	-
Arkansas	134	98	104	98	104
California	137	148	148	141	-
Colorado	-	114	116	116	114
Connecticut	62	46	42	31	32
Delaware	291	354	409	296	174
District of Columbia	26	29	23	15	15
Florida	10	11	9	9	10
Georgia	-	-	-	-	-
Hawaii	179	338	315	269	322
Idaho	64	60	64	62	69
Illinois	-	-	-	-	-
Indiana	74	64	63	63	60
Iowa	49	52	63	55	56
Kansas	94	123	101	125	88
Kentucky	78	96	121	200	172
Louisiana	99	-	-	-	119
Maine	72	87	94	61	58
Maryland	-	-	-	-	-
Massachusetts	-	-	-	-	-
Michigan	33	34	43	42	41
Minnesota	104	79	72	84	89
Mississippi	50	31	34	30	33
Missouri	65	48	61	-	44
Montana	-	-	-	-	-
Nebraska	145	136	123	121	124
Nevada	18	68	69	64	68
New Hampshire	116	129	113	92	74
New Jersey	18	18	19	18	21
New Mexico	67	63	89	73	55
New York	12	12	12	10	11
North Carolina	-	-	-	-	-
North Dakota	-	-	-	-	-
Ohio	26	23	24	24	24
Oklahoma	50	50	47	50	53
Oregon	137	150	165	157	166
Pennsylvania	-	-	-	-	-
Puerto Rico	-	-	-	141	152
Rhode Island	28	32	20	19	17
South Carolina	26	38	42	33	37
South Dakota	75	51	34	33	41
Tennessee	-	-	-	-	-
Texas	55	50	50	50	56
Utah	88	81	76	81	93
Vermont	102	94	92	107	129
Virginia	-	-	-	-	-
Washington	39	38	37	35	34
West Virginia	211	238	339	309	174
Wisconsin	117	119	113	111	109
Wyoming	14	18	23	15	11
National Average	**78**	**93**	**101**	**97**	**83**
National Median	**65**	**62**	**64**	**62**	**59**
Reporting States	**39**	**40**	**40**	**40**	**40**

Table 2–3 Child Protective Services Workforce, 2021

State	Intake and Screening Workers	Investigation and Alternative Response Workers	Intake, Screening, Investigation, and Alternative Response Workers
Alabama	87	466	553
Alaska	21	243	264
Arizona	-	-	-
Arkansas	45	424	469
California	-	-	2,043
Colorado	-	-	-
Connecticut	58	380	438
Delaware	30	164	194
District of Columbia	48	131	179
Florida	-	-	-
Georgia	-	-	-
Hawaii	11	37	48
Idaho	14	147	161
Illinois	183	938	1,121
Indiana	117	774	891
Iowa	38	272	310
Kansas	80	269	349
Kentucky	81	841	922
Louisiana	47	174	221
Maine	35	157	192
Maryland	-	-	-
Massachusetts	128	333	461
Michigan	146	1,504	1,650
Minnesota	486	520	1,006
Mississippi	22	428	450
Missouri	51	452	503
Montana	23	191	214
Nebraska	42	183	225
Nevada	56	167	223
New Hampshire	23	114	137
New Jersey	75	1,268	1,343
New Mexico	54	169	223
New York	-	-	-
North Carolina	154	898	1,052
North Dakota	-	-	-
Ohio	-	-	-
Oklahoma	79	634	713
Oregon	142	380	522
Pennsylvania	-	-	2,948
Puerto Rico	34	229	263
Rhode Island	13	64	77
South Carolina	-	-	-
South Dakota	16	46	62
Tennessee	102	959	1,061
Texas	500	4,099	4,599
Utah	34	121	155
Vermont	29	57	86
Virginia	99	619	718
Washington	112	557	669
West Virginia	40	331	371
Wisconsin	1,395	284	1,679
Wyoming	-	-	160
National	**4,750**	**20,024**	**29,925**
Reporting States	**40**	**40**	**43**

Table 2–4 Child Protective Services Caseload, 2021

State	Investigation and Alternative Response Workers	Completed Reports (Reports with a disposition)	Completed Reports per Investigation and Alternative Response Worker
Alabama	466	26,116	56
Alaska	243	7,167	29
Arizona	-	-	-
Arkansas	424	30,592	72
California	-	-	-
Colorado	-	-	-
Connecticut	380	10,626	28
Delaware	164	4,729	29
District of Columbia	131	3,897	30
Florida	-	-	-
Georgia	-	-	-
Hawaii	37	2,829	76
Idaho	147	9,121	62
Illinois	938	83,116	89
Indiana	774	111,495	144
Iowa	272	34,938	128
Kansas	269	24,604	91
Kentucky	841	38,253	45
Louisiana	174	15,188	87
Maine	157	10,488	67
Maryland	-	-	-
Massachusetts	333	39,811	120
Michigan	1,504	65,277	43
Minnesota	520	25,724	49
Mississippi	428	26,155	61
Missouri	452	52,157	115
Montana	191	8,691	46
Nebraska	183	15,035	82
Nevada	167	15,941	95
New Hampshire	114	9,595	84
New Jersey	1,268	48,781	38
New Mexico	169	18,846	112
New York	-	-	-
North Carolina	898	53,441	60
North Dakota	-	-	-
Ohio	-	-	-
Oklahoma	634	36,005	57
Oregon	380	32,061	84
Pennsylvania	-	-	-
Puerto Rico	229	7,948	35
Rhode Island	64	5,314	83
South Carolina	-	-	-
South Dakota	46	2,280	50
Tennessee	959	68,212	71
Texas	4,099	194,256	47
Utah	121	19,721	163
Vermont	57	2,490	44
Virginia	619	32,013	52
Washington	557	38,405	69
West Virginia	331	23,066	70
Wisconsin	284	22,427	79
Wyoming	-	-	-
National	**20,024**	**1,276,811**	**64**
Reporting States	**40**	**40**	**40**

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 protective services (CPS) data for federal fiscal year (FFY) 2021 shows a national decrease in children who were the subjects of a CPS response and those who were determined to be maltreatment victims when compared with FFY 2020. One state was not able to report FFY 2021 data in time for this report.[10] The Child Abuse Prevention and Treatment Act (CAPTA), (P.L. 100–294) defines child abuse and neglect as, at a minimum:

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

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

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

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

Less commonly used NCANDS dispositions for investigation responses include:

- Indicated: A disposition that concludes maltreatment could not be substantiated under state law or policy, but there is a reason to suspect that at least one child may have been maltreated or is at risk of maltreatment. This disposition is applicable only to states that

[10] *Arizona.*

distinguish between substantiated and indicated dispositions. NCANDS includes this disposition in the count of victims.

- Intentionally false: A disposition that concludes the person who made the allegation of maltreatment knew that the allegation was not true.
- Closed with no finding: A disposition that does not conclude with a specific finding because the CPS response could not be completed. This disposition is often assigned when CPS is unable to locate the alleged victim.
- No alleged maltreatment: A disposition for a child who receives a CPS response, but is not the subject of an allegation or any finding of maltreatment. Some states have laws requiring all children in a household receive a CPS response if any child in the household is the subject of a CPS response.
- Other: States may use the category of "other" if none of the above is applicable. State statutes also establish the level of evidence needed to determine a disposition of substantiated or indicated. (See Appendix C, State Characteristics for each state's level of evidence.) These statutes influence how CPS agencies respond to the safety needs of the children who are the subjects of child maltreatment reports.

Alternative Response

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

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

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

Unique and Duplicate Counts

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

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

Children Who Received an Investigation or Alternative Response

(unique count of children)

For FFY 2021, a nationally estimated 3,016,000 children received either an investigation or alternative response at a rate of 40.7 children per 1,000 in the population. This is a 13.8 percent decrease in the number of children from FFY 2017 when 3,498,511 children received an investigation or alternative response at a rate of 47.1 per 1,000 children.[11] (See exhibit 3–A and related notes.)

Exhibit 3–A Child Disposition Rates, 2017–2021

Year	Reporting States	Child Population of Reporting States	Children Who Received an Investigation or Alternative Response from Reporting States	National Disposition Rate per 1,000 Children	Child Population of all 52 States	National Estimate/ Rounded Number of Children Who Received an Investigation or Alternative Response
2017	52	74,283,872	3,498,511	47.1	74,283,872	3,498,511
2018	52	73,977,376	3,533,768	47.8	73,977,376	3,533,768
2019	52	73,661,476	3,476,438	47.2	73,661,476	3,476,438
2020	52	74,789,247	3,144,644	42.0	74,789,247	3,144,644
2021	51	72,498,235	2,953,446	40.7	74,112,223	3,016,000

The number of children is a unique count. The national disposition rate is computed by dividing the number of reported children who received an investigation or alternative response by the child population of reporting states multiplying by 1,000, and 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 (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 2017 to FFY 2021 ranged from a 45.1 percent decrease to a 56.1 percent increase. State explanations for changes in the number of children who received a CPS response across the 5 years include backlog reduction (which may involve an increase in one year followed by a decrease in the next year) changes to screening and assessment policies, 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.)

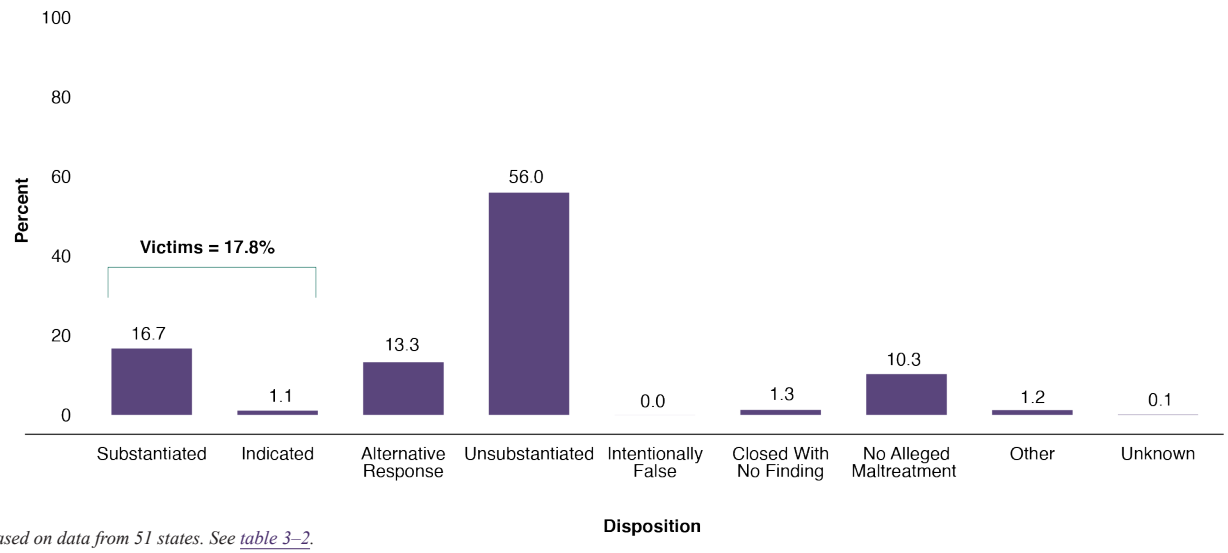
[11] *The national percent change was calculated using the national actual number of children who received a CPS response for 2017 and the national estimated number of children who received a CPS response for 2021.*

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

For FFY 2021, 3,575,974 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 17.8 percent of children who are classified as victims with dispositions of substantiated (16.7%) and indicated (1.1%).[12] The remaining children are not determined to be victims or received an alternative response. (See table 3–2, exhibit 3–B, and related notes.)

Exhibit 3–B Children Who Received an Investigation or Alternative Response by Disposition, 2021

Nearly 18 percent of children received a disposition of substantiated or indicated and are counted as maltreatment victims



Based on data from 51 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 2021, 51 states reported 588,229 victims of child abuse and neglect. This equates to a national rate of 8.1 victims per 1,000 children in the population. Estimating for missing data, there are 600,000 victims of maltreatment for FFY 2021 which is a 10.9 percent decrease from the FFY 2017 actual number of victims 673,630 reported by 52 states. The largest number of victims was for FFY 2018, when 52 states reported 677,411 actual victims, 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.

[12] *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.*

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.

Exhibit 3–C Child Victimization Rates, 2017–2021

Year	Reporting States	Child Population of Reporting States	Victims from Reporting States	National Victimization Rate per 1,000 Children	Child Population of all 52 States	National Estimate/ Actual Number of Victims
2017	52	74,283,872	673,630	9.1	74,283,872	673,630
2018	52	73,977,376	677,411	9.2	73,977,376	677,411
2019	52	73,661,476	656,251	8.9	73,661,476	656,251
2020	52	74,789,247	618,399	8.3	74,789,247	618,399
2021	51	72,498,235	588,229	8.1	74,112,223	600,000

The number of victims is a unique count. The national victimization rate is calculated by dividing the number of victims from reporting states by the child population of reporting states multiplying by 1,000, and 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 (rounded) by the child population of all 52 states and dividing by 1,000. The result is rounded to the nearest 1,000. The percent change is calculated using the rounded estimated number (if applicable). 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 range from a 55.4 percent decrease to a 187.4 percent increase from FFY 2017 to 2021. The FFY 2021 state victimization rates range from a low of 1.6 to a high of 17.0 per 1,000 children. (See table 3–3 and related notes.) 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 provided by states across the 5 years include: one state changed its dispositions from alternative response victims to indicated, several states resolved investigation or assessment backlogs, and the COVID-19 pandemic. Information about a change may be in an earlier edition of Child Maltreatment.

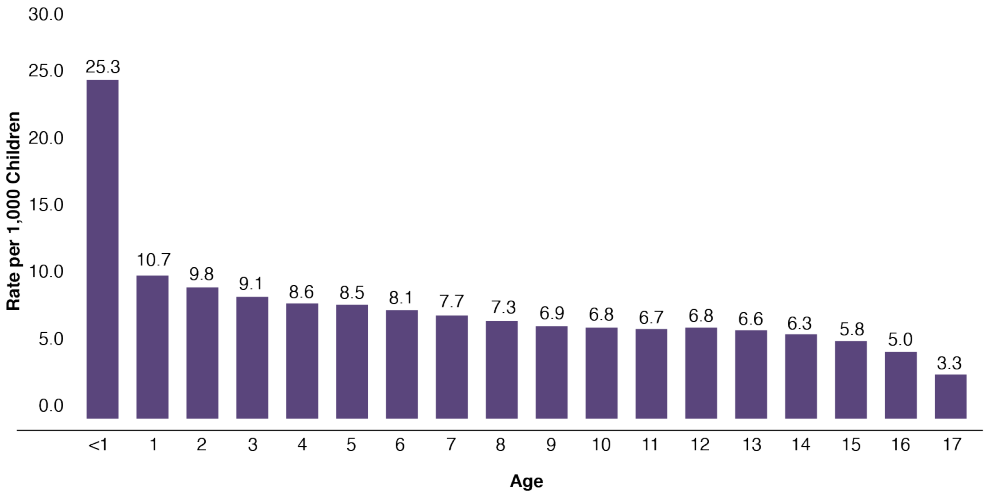
Based on data from 51 states, the FFY 2021 rate of first-time victims is 5.7 per 1,000 children in the population. This equates to 70.1 percent of all victims are first-time victims in the same 51 states. States use the disposition date of prior substantiated or indicated maltreatments to determine whether the victim is a first-time victim. (See table 3–4 and related notes.)

Child Victim Demographics (unique count of child victims)

The youngest children are the most vulnerable to maltreatment. More than one-quarter (27.8%) of victims are in the age range of birth through 2 years old. Victims younger than 1 year are 15.1 percent of all victims. The victimization rate is highest for children younger than 1 year at 25.3 per 1,000 children in the population of the same age. This is more than double the rate of victims who are 1 year old (10.7 per 1,000 children). Victims who are 2 or 3 years old have victimization rates of 9.8 and 9.1 victims per 1,000 children of those respective ages in the population. Readers may notice some states have lower rates across age groups than other states. The states with lower rates may assign low-risk cases to alternative response or have other state policies or programs in place for maltreatment allegations. In general, the rate of victimization decreases with the child's age. (See table 3–5, exhibit 3–D, and related notes.)

Exhibit 3–D Victims by Age, 2021

The youngest children are the most vulnerable to maltreatment



Based on data from 51 states. See table 3–5.

The percentages of child victims by sex are 52.2 percent for girls and 47.5 percent for boys. The sex is unknown for 0.3 percent of victims. The FFY 2021 victimization rate for girls is 8.7 per 1,000 girls in the population, which is higher than boys at 7.5 per 1,000 boys in the population. (See table 3–6 and related notes.)

Most victims are one of three races or ethnicities—White 42.8 percent, Hispanic 24.0 percent, or African-American 21.5 percent. The racial distributions for all children in the population are 49.4 percent White, 25.7 percent Hispanic, and 13.8 percent African-American. (See exhibit C–3 and related notes.) For FFY 2021, American-Indian or Alaska Native children have the highest rate of victimization at 15.2 per 1,000 children in the population of the same race or ethnicity and African-American children have the second highest rate at 13.1 per 1,000 children in the population of the same race or ethnicity. (See table 3–7 and related notes.) See chapter 7, Special Focus for additional analyses on race and ethnicity.

Maltreatment Types

NCANDS collects all maltreatment type allegations, however only those maltreatments with a disposition of substantiated or indicated are included in the Child Maltreatment report. The Justice for Victims of Trafficking Act of 2015 includes an amendment to CAPTA under title VIII—Better Response for Victims of Child Sex Trafficking by adding a requirement to report the number of sex trafficking victims. States are instructed to include sex trafficking by caregivers and noncaregivers and began reporting these data with their FFY 2018 data submissions to NCANDS.[13]

[13] *The Children's Bureau Information Memoranda ACYF-CB-IM-15-05 dated July 16, 2015, informed states that these data will be reported, to the extent practicable, to NCANDS. https://www.acf.hhs.gov/cb/policy-guidance/im-15-05*

Focus on Maltreatment Categories

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

A child may be determined to be a victim multiple times within the same FFY and up to four different maltreatment types in each victim report. A child also may be determined to be a victim of the same maltreatment type multiple times in the same FFY, just not in the same report. For example, a child may be the victim of neglect twice in the same year, but the neglect maltreatment type cannot be present twice in the same victim report.

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

- A victim with three reports of neglect is counted once in neglect.
- A victim with one report with both neglect and physical abuse is counted once in neglect and once in physical abuse.
- A victim with two separate reports in the same FFY, one with neglect and a second report with physical abuse, is counted once in neglect and once in physical abuse.

The FFY 2021 data show three-quarters (76.0%) of victims are neglected, 16.0 percent are physically abused, 10.1 percent are sexually abused, and 0.2 percent are sex trafficked. In addition, 3.6 percent of victims are reported with the "other" type of maltreatment. States may code any maltreatment as "other" if it does not fit in one of the NCANDS categories. According to states, the "other" maltreatment type includes threatened abuse or neglect, drug/alcohol addiction, and lack of supervision. (See table 3–8 and related notes.) A few states have policies about conducting investigations into specific maltreatment types. Readers are encouraged to review states' comments (appendix D) about what is included in the "other" maltreatment type category and for additional information on state policies related to maltreatment types.

Victims of Sex Trafficking by Sex and Age (unique count of child victims)

Analyzing victims of sex trafficking by demographics shows different patterns of abuse than for victims of all maltreatment types analyzed together. As shown in table 3–6 Victims by Sex, 2021, the percentages of all victims are close to evenly split by sex. But when analyzing sex trafficking data by sex, the majority of victims (87.3%) are female and 11.5 percent are male. (See table 3–9 and related notes.) Different patterns also are seen by age, with older rather than younger children being the most vulnerable to sex trafficking maltreatment. For example, For FFY 2021, 72.1 percent of victims of sex trafficking are in the age range of 14–17 and 22.7 percent are in the age range of 9–13. Among all victims of sex trafficking, 64.6 percent are females in the age range of 14–17.

Perpetrator Relationship

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

In this section, data are analyzed by relationship of victims to their perpetrators. A victim may be maltreated multiple times by the same perpetrator or by different combinations of perpetrators (e.g., mother alone, mother and nonparent(s), two parents, 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 2021 data show 90.6 percent of victims are maltreated by one or both parents. The parent(s) could have acted together, acted alone, or acted with up to two other people to maltreat the child. The parent categories with the largest percentages are victims maltreated by a mother acting alone (38.0%), victims maltreated by a father acting alone (23.9%), and victims maltreated by both parents (20.0%). (See table 3–10 and related notes.)

Perpetrators who are not the victim's parent maltreated 14.5% of victims. The largest categories in the nonparent group are relative(s) (5.6%), unmarried partner(s) of parent (3.3%), and "other(s)" (3.1%). 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.

Risk Factors

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

Caregivers with these risk factors who are included in each analysis may or may not be the perpetrators responsible for the maltreatment. For FFY 2021, data are analyzed for caregiver risk factors with the following NCANDS definitions:

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

Please see Appendix B, Glossary for these and additional NCANDS definitions.

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. A victim is counted once for each reported caregiver disability type. The largest percentages of victims with caregiver risk factors are those reported with domestic violence and drug abuse. In 41 reporting states, 116,006 victims (26.1%) have the drug abuse caregiver risk factor and in 36 reporting states, 115,630 victims (28.2%) have the domestic violence caregiver factor. (See table 3–11 and related notes.)

Infants With Prenatal Substance Exposure

The Comprehensive Addiction and Recovery Act (CARA) of 2016 amended CAPTA by adding a requirement to report the number of infants with prenatal substance exposure (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.[14]

Reporting Infants With Prenatal Substance Exposure Data to NCANDS[15]

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 report source.
- Born with and identified as being affected by substance abuse or withdrawal symptoms: the child must have the alcohol abuse, drug abuse, or both alcohol and drug abuse child risk factors.

The legislation does not require the infants to be considered victims of maltreatment solely based on the substance exposure; and drug abuse includes both legal and illegal drugs. NCANDS uses the following definitions when discussing IPSE:

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

[14] *The Children's Bureau Program Instruction ACYF-CB-PI-17-02 dated January 17, 2017, informed states that these data will be reported, to the extent practicable, to NCANDS https://www.acf.hhs.gov/cb/policy-guidance/pi-17-02.*

[15] *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.*

Number of Infants With Prenatal Substance Exposure
(unique count of child victims)

FFY 2021 data show 49,194 infants in 49 states being referred to CPS agencies as infants with prenatal substance exposure. (See table 3–12 and related notes.) The majority (82.9%) of IPSE were screened-in to CPS to receive either an investigation or alternative response. Of the screened-in IPSE, 84.0 percent have the drug abuse child risk factor, 0.6 percent have the alcohol abuse child risk factor and 15.5 percent have the alcohol and drug abuse child risk factor.[16] For FFY 2021, thirty-four states reported nearly one-fifth (17.1%) of IPSE were screened out.

States continue to improve their data collection and reporting for IPSE. For example, one state made a procedural change to capture substance exposure data for all infants at intake. Some states have policies and legislation prohibiting all or certain referrals from being screened out. See Appendix D, State Commentary for more information about states' screening policies and additional information about states' capabilities to collect and report data on these IPSE children.

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

CAPTA Section 106(d) Annual State Data Reports 18 (B) asks for the number of screened-in IPSE who also have a plan of safe care as developed under subsection (b)(2)(B)(iii). For FFY 2021, 31 states reported 26,904 screened-in IPSE (70.4%) have a plan of safe care. (See table 3–13 and related notes.) This is an improvement in number of states reporting from FFY 2020, when 27 states reported 21,964 screened-in IPSE (71.4%) had a plan of safe care.

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

CAPTA Section 106(d) Annual State Data Reports 18 (C) asks for the number of screened-in IPSE who also had a referral to services as described under subsection (b)(2)(B)(iii). Thirty states reported 25,607 screened-in IPSE (67.0%) have a referral to appropriate services. (See table 3–14 and related notes.) This is an improvement in reporting from FFY 2020 when 28 states reported 20,648 screened-in IPSE (65.0%) had a referral to appropriate care.

What is considered an appropriate service is up to each state's determination and may depend on the needs of the specific case. According to comments provided by the states, some 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.

[16] *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.*

Exhibit and Table Notes

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

General

During data analyses, thresholds are set to ensure data quality is balanced with the need to report data from as many states as possible. States may be excluded from an analysis for data quality issues. Exclusion rules are listed in the individual table notes below. Not every table has exclusion rules.

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

Table 3–1 Children Who Received an Investigation or Alternative Response, 2017–2021

- The percent change was calculated by subtracting 2017 data from 2021 data, dividing the result by 2017 data, and multiplying by 100. A state must report data in both years to be included in the percent change calculation.

Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2021

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

Table 3–3 Child Victims, 2017–2021

- The percent change is calculated by subtracting 2017 data from 2021 data, dividing the result by 2017 data, and multiplying by 100. A state must have data in both years.

Table 3–4 First-time Victims, 2021

- States are instructed to check whether there was a disposition date of substantiated or indicated associated with the same child prior to the disposition date of the current victim report. States may have different abilities and criteria for how far back they check for first-time victims.

Table 3–5 Victims by Age, 2021

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

Table 3–6 Victims by Sex, 2021

- There are no population data for children with unknown sex and, therefore, no rates.

Table 3–7 Victims by Race or Ethnicity, 2021

- Counts associated with each racial group are exclusive and do not include Hispanic ethnicity.
- Only those states that have both race and ethnicity population data are included in this analysis.
- States are excluded from this analysis if more than 30.0 percent of victims are reported with an unknown or missing race or ethnicity.

Table 3–8 Maltreatment Types of Victims (Categories), 2021

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

Table 3–9 Victims of Sex Trafficking by Sex and Age, 2021

- There were not any sex trafficking victims reported with an unknown age.

Table 3–10 Victims by Relationship to Their Perpetrators, 2021

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

- Multiple nonparental perpetrators that are in the same category are counted within that category. For example, two child daycare providers are counted as child daycare providers.
- Multiple nonparental perpetrators that are in different categories are counted in more than one nonparental perpetrator.
- The unknown relationship category includes victims with an unknown perpetrator.
- Some states are not able to collect and report on group home and residential facility staff perpetrators due to system limitations or jurisdictional issues.

Table 3–11 Victims With Caregiver Risk Factors, 2021

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

Table 3–12 Infants With Prenatal Substance Exposure by Submission Type, 2021

- Data are from the Child File and Agency File.

Table 3–13 Screened-in Infants With Prenatal Substance Exposure Who Have a Plan of Safe Care, 2021

- 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 3–14 Screened-in Infants With Prenatal Substance Exposure Who Have a Referral to Appropriate Services, 2021

- This analysis uses a hierarchy, if a screened-in IPSE is reported with and without the referral to appropriate services, the infant is counted once with the referral to appropriate services.

Table 3–1 Children Who Received an Investigation or Alternative Response, 2017–2021 *(continues next page)*

State	2017	2018	2019	2020	2021	Percent Change from 2017 to 2021
Alabama	38,871	38,634	39,335	36,931	36,139	-7.0
Alaska	13,184	12,749	14,429	15,460	10,816	-18.0
Arizona	83,693	87,862	82,336	77,146	-	-
Arkansas	60,736	58,823	57,339	54,775	52,887	-12.9
California	365,921	360,040	343,536	306,919	271,487	-25.8
Colorado	43,558	44,698	45,849	43,483	43,197	-0.8
Connecticut	24,432	19,693	18,669	14,135	13,416	-45.1
Delaware	13,281	12,180	12,373	10,672	10,006	-24.7
District of Columbia	14,210	14,334	12,315	8,651	7,824	-44.9
Florida	296,250	292,518	285,141	251,149	256,060	-13.6
Georgia	164,405	164,147	157,705	121,595	106,948	-34.9
Hawaii	3,484	3,817	4,378	4,938	4,845	39.1
Idaho	11,712	12,825	13,385	12,769	12,850	9.7
Illinois	134,004	146,141	151,490	140,762	142,309	6.2
Indiana	163,110	161,340	147,872	139,343	135,799	-16.7
Iowa	35,194	38,631	38,253	35,469	38,953	10.7
Kansas	27,138	27,816	32,877	29,552	26,134	-3.7
Kentucky	80,405	83,902	77,512	67,066	55,547	-30.9
Louisiana	27,941	26,064	27,366	23,553	20,623	-26.2
Maine	11,226	11,031	16,288	18,871	17,524	56.1
Maryland	32,433	32,244	32,196	29,852	21,367	-34.1
Massachusetts	74,440	76,244	72,962	62,829	65,918	-11.4
Michigan	150,927	158,673	161,058	129,271	127,759	-15.4
Minnesota	40,697	39,581	38,690	36,274	32,919	-19.1
Mississippi	39,334	40,682	38,838	33,450	34,732	-11.7
Missouri	70,419	81,059	67,322	62,059	59,129	-16.0
Montana	14,237	15,300	15,400	15,528	13,484	-5.3
Nebraska	25,192	24,476	25,312	25,964	29,093	15.5
Nevada	28,126	30,220	29,439	27,980	29,351	4.4
New Hampshire	12,636	13,888	12,798	13,336	11,816	-6.5
New Jersey	74,393	77,661	78,741	70,179	66,321	-10.9
New Mexico	26,597	25,774	26,040	25,980	23,281	-12.5
New York	218,147	218,684	216,016	194,127	189,559	-13.1
North Carolina	120,734	112,261	100,086	108,485	93,195	-22.8
North Dakota	6,728	7,295	6,597	5,570	4,598	-31.7
Ohio	107,992	110,550	113,071	104,750	106,012	-1.8
Oklahoma	54,726	58,958	57,504	58,379	55,518	1.4
Oregon	44,058	50,319	55,063	48,161	43,312	-1.7
Pennsylvania	42,890	42,295	41,062	35,447	34,167	-20.3
Puerto Rico	18,395	15,053	15,044	12,510	13,646	-25.8
Rhode Island	7,493	10,841	9,334	8,062	6,967	-7.0
South Carolina	68,718	82,617	84,872	63,067	63,843	-7.1
South Dakota	4,201	3,761	4,039	4,032	3,800	-9.5
Tennessee	91,992	87,384	94,946	86,109	85,534	-7.0
Texas	283,764	281,562	278,004	263,493	278,119	-2.0
Utah	25,773	26,076	26,926	25,860	25,642	-0.5
Vermont	4,710	4,485	4,429	3,178	2,902	-38.4
Virginia	61,754	49,156	49,338	44,902	44,037	-28.7
Washington	41,299	46,131	49,174	47,375	43,474	5.3
West Virginia	52,390	52,276	53,491	49,128	46,595	-11.1
Wisconsin	35,290	36,103	35,105	32,062	30,191	-14.4
Wyoming	5,271	4,914	5,093	4,006	3,801	-27.9
National	**3,498,511**	**3,533,768**	**3,476,438**	**3,144,644**	**2,953,446**	**N/A**
Reporting States	**52**	**52**	**52**	**52**	**51**	-

Table 3–1 Children Who Received an Investigation or Alternative Response, 2017–2021

State	2017 Rate per 1,000 Children	2018 Rate per 1,000 Children	2019 Rate per 1,000 Children	2020 Rate per 1,000 Children	2021 Rate per 1,000 Children
Alabama	35.4	35.4	36.1	32.8	32.2
Alaska	71.0	69.6	80.0	85.4	60.3
Arizona	51.1	53.6	50.2	47.7	-
Arkansas	86.0	83.6	81.8	77.7	75.2
California	40.4	40.1	38.7	34.3	30.9
Colorado	34.5	35.4	36.5	34.5	34.7
Connecticut	32.9	26.8	25.7	19.1	18.4
Delaware	65.1	59.7	60.6	51.2	48.0
District of Columbia	113.8	113.1	96.2	68.2	62.2
Florida	70.5	69.2	67.3	58.6	59.7
Georgia	65.4	65.4	62.9	48.0	42.4
Hawaii	11.4	12.6	14.6	16.0	15.9
Idaho	26.4	28.8	29.9	27.6	27.4
Illinois	46.3	51.1	53.8	49.2	50.8
Indiana	103.6	102.6	94.2	87.4	85.6
Iowa	48.1	52.9	52.5	47.8	52.9
Kansas	38.1	39.4	46.9	41.5	37.2
Kentucky	79.5	83.2	77.2	65.7	54.7
Louisiana	25.2	23.7	25.1	21.5	19.0
Maine	44.4	44.0	65.3	74.3	69.6
Maryland	24.1	24.0	24.1	21.7	15.7
Massachusetts	54.2	55.8	53.9	45.3	48.4
Michigan	69.2	73.3	75.1	59.3	59.3
Minnesota	31.3	30.4	29.7	27.3	25.0
Mississippi	55.0	57.5	55.5	47.8	50.1
Missouri	50.9	58.8	49.0	44.6	42.7
Montana	62.0	66.8	67.3	66.3	57.4
Nebraska	52.9	51.4	53.2	53.3	60.2
Nevada	41.2	43.9	42.4	39.9	42.0
New Hampshire	48.5	53.8	50.0	51.5	46.1
New Jersey	37.9	39.7	40.5	34.3	32.8
New Mexico	54.4	53.4	54.6	53.9	49.2
New York	53.0	53.7	53.6	46.1	46.1
North Carolina	52.4	48.7	43.4	47.1	40.5
North Dakota	38.1	40.9	36.5	29.7	24.8
Ohio	41.4	42.6	43.8	39.9	40.7
Oklahoma	57.1	61.7	60.3	60.7	57.7
Oregon	50.5	57.9	63.7	55.2	50.3
Pennsylvania	16.1	15.9	15.6	13.1	12.8
Puerto Rico	28.2	25.4	26.3	22.0	25.0
Rhode Island	36.2	52.6	45.8	38.0	33.4
South Carolina	62.2	74.5	76.2	56.6	57.2
South Dakota	19.4	17.4	18.5	18.3	17.2
Tennessee	61.0	57.9	62.8	55.9	55.5
Texas	38.5	38.1	37.5	35.2	37.2
Utah	27.8	28.0	29.0	27.2	27.1
Vermont	40.2	38.8	38.7	26.9	24.8
Virginia	33.0	26.3	26.4	23.6	23.4
Washington	25.0	27.8	29.6	28.0	25.9
West Virginia	141.7	143.2	148.4	135.4	129.8
Wisconsin	27.5	28.3	27.7	24.9	23.7
Wyoming	38.7	36.5	38.1	30.0	28.7
National	**47.1**	**47.8**	**47.2**	**42.0**	**40.7**
Reporting States	-	-	-	-	-

Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2021 *(continues next page)*

State	Substantiated	Indicated	Alternative Response	Unsubstantiated	Intentionally False
Alabama	12,205	-	-	25,900	-
Alaska	3,036	-	-	9,652	-
Arizona	-	-	-	-	-
Arkansas	10,113	-	5,963	26,147	-
California	58,816	-	-	227,125	-
Colorado	12,111	-	14,448	25,055	-
Connecticut	5,954	-	-	9,613	-
Delaware	1,140	-	1,255	5,994	-
District of Columbia	1,801	-	-	4,666	-
Florida	28,707	-	-	202,760	-
Georgia	9,843	-	38,806	34,423	-
Hawaii	1,427	-	-	4,078	-
Idaho	2,349	-	-	12,872	854
Illinois	40,824	-	-	98,721	366
Indiana	23,034	-	-	163,137	-
Iowa	13,665	-	12,084	31,582	-
Kansas	2,266	-	-	31,270	-
Kentucky	16,236	-	-	44,385	-
Louisiana	6,633	-	-	14,661	-
Maine	4,708	-	-	12,037	-
Maryland	4,230	2,506	11,487	5,292	-
Massachusetts	25,273	-	-	23,747	-
Michigan	14,579	11,291	-	77,443	8
Minnesota	5,850	-	22,634	8,507	-
Mississippi	9,185	-	-	31,956	-
Missouri	4,361	-	45,677	20,711	-
Montana	3,267	33	-	12,848	-
Nebraska	2,601	-	4,304	18,627	-
Nevada	5,908	-	734	19,787	-
New Hampshire	990	-	-	12,140	-
New Jersey	3,283	-	-	75,387	-
New Mexico	6,845	-	-	23,470	-
New York	65,340	-	13,835	156,958	-
North Carolina	6,634	17,380	70,569	15,366	-
North Dakota	1,382	-	-	3,609	-
Ohio	18,832	7,910	52,654	43,208	-
Oklahoma	14,438	-	1,137	41,846	-
Oregon	11,501	-	-	35,697	-
Pennsylvania	4,891	-	-	29,716	-
Puerto Rico	5,357	151	-	6,418	103
Rhode Island	2,758	-	-	5,222	-
South Carolina	16,487	-	-	41,682	-
South Dakota	1,549	-	-	2,513	-
Tennessee	7,178	710	60,595	25,633	-
Texas	67,235	-	42,491	174,578	-
Utah	9,796	-	-	18,662	42
Vermont	436	-	1,756	1,176	4
Virginia	5,103	-	35,726	8,070	-
Washington	4,030	-	32,007	19,221	34
West Virginia	6,305	-	-	31,708	-
Wisconsin	4,441	-	5,517	25,945	-
Wyoming	910	-	3,251	343	-
National	**595,843**	**39,981**	**476,930**	**2,001,564**	**1,411**
Reporting States	**16.7**	**1.1**	**13.3**	**56.0**	**0.0**
National States	**51**	**7**	**21**	**51**	**7**

Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2021

State	Closed With No Finding	No Alleged Maltreatment	Other	Unknown	Total Children
Alabama	1,271	-	-	111	39,487
Alaska	933	-	2	-	13,623
Arizona	-	-	-	-	-
Arkansas	1,348	19,010	-	-	62,581
California	-	39,730	-	1	325,672
Colorado	-	-	-	393	52,007
Connecticut	-	-	-	-	15,567
Delaware	1,384	1,435	-	-	11,208
District of Columbia	184	2,753	-	-	9,404
Florida	-	78,890	-	1,083	311,440
Georgia	-	44,348	-	-	127,420
Hawaii	-	-	-	15	5,520
Idaho	-	-	-	-	16,075
Illinois	-	45,819	-	-	185,730
Indiana	-	-	-	-	186,171
Iowa	-	-	-	9	57,340
Kansas	644	-	-	-	34,180
Kentucky	1,467	-	3,665	2	65,755
Louisiana	1,084	-	-	-	22,378
Maine	-	6,700	-	-	23,445
Maryland	-	-	-	-	23,515
Massachusetts	-	18,462	12,440	-	79,922
Michigan	745	54,226	-	-	158,292
Minnesota	1,646	-	-	-	38,637
Mississippi	1,606	-	-	-	42,747
Missouri	1,498	-	338	65	72,650
Montana	622	18	175	1	16,964
Nebraska	567	11,620	-	-	37,719
Nevada	19	8,671	-	-	35,119
New Hampshire	1,122	-	-	-	14,252
New Jersey	-	-	-	-	78,670
New Mexico	-	-	-	-	30,315
New York	-	2,065	-	-	238,198
North Carolina	321	-	-	1	110,271
North Dakota	42	-	-	-	5,033
Ohio	5,290	-	-	-	127,894
Oklahoma	5,796	-	-	-	63,217
Oregon	-	-	5,362	-	52,560
Pennsylvania	-	-	-	-	34,607
Puerto Rico	978	1,958	-	-	14,965
Rhode Island	100	-	-	-	8,080
South Carolina	-	21,864	-	-	80,033
South Dakota	245	-	-	-	4,307
Tennessee	6,281	-	-	19	100,416
Texas	2,890	-	20,723	3,110	311,027
Utah	1,616	-	-	-	30,116
Vermont	-	-	-	-	3,372
Virginia	38	459	-	5	49,401
Washington	1,847	-	-	-	57,139
West Virginia	3,887	9,206	-	20	51,126
Wisconsin	-	-	-	-	35,903
Wyoming	-	-	-	-	4,504
National	**45,471**	**367,234**	**42,705**	**4,835**	**3,575,974**
National Percent	**1.3**	**10.3**	**1.2**	**0.1**	**100.0**
Reporting States	**29**	**18**	**7**	**14**	**51**

Table 3–3 Child Victims, 2017–2021 *(continues next page)*

State	2017	2018	2019	2020	2021	Percent Change from 2017 to 2021
Alabama	10,847	12,158	11,677	11,663	11,840	9.2
Alaska	2,783	2,615	3,059	3,212	2,733	-1.8
Arizona	9,909	15,504	12,847	9,954	-	-
Arkansas	9,334	8,538	8,422	9,241	9,616	3.0
California	65,342	63,795	64,132	60,317	55,503	-15.1
Colorado	11,578	11,879	12,246	11,615	11,147	-3.7
Connecticut	8,442	7,652	8,042	6,346	5,570	-34.0
Delaware	1,542	1,251	1,248	1,200	1,131	-26.7
District of Columbia	1,639	1,699	1,857	1,568	1,647	0.5
Florida	40,103	36,795	32,915	28,268	27,394	-31.7
Georgia	10,319	11,064	10,102	8,690	9,643	-6.6
Hawaii	1,280	1,265	1,342	1,294	1,322	3.3
Idaho	1,832	1,919	1,869	1,958	2,268	23.8
Illinois	28,751	31,515	33,331	35,437	35,841	24.7
Indiana	29,198	25,731	23,029	22,648	21,556	-26.2
Iowa	10,643	11,764	11,648	10,600	11,271	5.9
Kansas	4,153	3,188	2,945	2,386	2,140	-48.5
Kentucky	22,410	23,752	20,130	16,748	14,963	-33.2
Louisiana	10,356	9,380	8,441	6,859	6,422	-38.0
Maine	3,475	3,481	4,413	4,726	4,228	21.7
Maryland	7,578	7,743	7,661	7,242	6,303	-16.8
Massachusetts	24,955	25,812	25,029	22,538	22,654	-9.2
Michigan	38,062	37,703	33,043	26,932	24,515	-35.6
Minnesota	8,709	7,785	6,780	6,647	5,544	-36.3
Mississippi	10,429	10,002	9,377	8,136	8,526	-18.2
Missouri	4,585	5,662	4,762	4,449	4,262	-7.0
Montana	3,534	3,763	3,736	3,777	3,077	-12.9
Nebraska	3,246	2,596	2,822	2,376	2,471	-23.9
Nevada	4,859	5,109	4,990	5,016	5,547	14.2
New Hampshire	1,151	1,331	1,217	1,182	985	-14.4
New Jersey	6,614	6,008	5,132	3,655	3,188	-51.8
New Mexico	8,577	8,024	8,025	7,050	5,964	-30.5
New York	71,226	68,785	67,269	59,126	56,760	-20.3
North Carolina	7,392	6,502	5,601	22,399	21,242	187.4
North Dakota	1,981	2,097	1,797	1,614	1,349	-31.9
Ohio	24,897	25,158	25,470	23,691	24,267	-2.5
Oklahoma	14,457	15,355	15,148	14,685	13,719	-5.1
Oregon	11,013	12,581	13,543	11,487	10,573	-4.0
Pennsylvania	4,625	4,695	4,817	4,582	4,683	1.3
Puerto Rico	5,729	4,381	4,738	3,572	4,753	-17.0
Rhode Island	3,095	3,644	3,183	2,743	2,588	-16.4
South Carolina	17,071	19,130	18,717	14,263	15,308	-10.3
South Dakota	1,339	1,426	1,537	1,570	1,459	9.0
Tennessee	9,354	9,186	9,859	8,687	7,739	-17.3
Texas	61,506	63,271	64,093	65,116	65,253	6.1
Utah	9,947	10,122	10,579	9,694	9,233	-7.2
Vermont	878	958	851	530	392	-55.4
Virginia	6,277	6,132	6,159	5,658	4,944	-21.2
Washington	4,386	4,498	4,222	3,967	3,487	-20.5
West Virginia	6,370	6,946	6,727	6,116	6,094	-4.3
Wisconsin	4,902	5,017	4,576	4,177	4,229	-13.7
Wyoming	950	1,044	1,096	992	886	-6.7
National	**673,630**	**677,411**	**656,251**	**618,399**	**588,229**	**N/A**
Reporting States	**52**	**52**	**52**	**52**	**51**	-

Table 3–3 Child Victims, 2017–2021

State	2017 Rate per 1,000 Children	2018 Rate per 1,000 Children	2019 Rate per 1,000 Children	2020 Rate per 1,000 Children	2021 Rate per 1,000 Children
Alabama	9.9	11.1	10.7	10.4	10.6
Alaska	15.0	14.3	17.0	17.7	15.2
Arizona	6.0	9.5	7.8	6.2	-
Arkansas	13.2	12.1	12.0	13.1	13.7
California	7.2	7.1	7.2	6.7	6.3
Colorado	9.2	9.4	9.7	9.2	9.0
Connecticut	11.4	10.4	11.1	8.6	7.6
Delaware	7.6	6.1	6.1	5.8	5.4
District of Columbia	13.1	13.4	14.5	12.4	13.1
Florida	9.5	8.7	7.8	6.6	6.4
Georgia	4.1	4.4	4.0	3.4	3.8
Hawaii	4.2	4.2	4.5	4.2	4.3
Idaho	4.1	4.3	4.2	4.2	4.8
Illinois	9.9	11.0	11.8	12.4	12.8
Indiana	18.6	16.4	14.7	14.2	13.6
Iowa	14.5	16.1	16.0	14.3	15.3
Kansas	5.8	4.5	4.2	3.4	3.0
Kentucky	22.2	23.6	20.0	16.4	14.7
Louisiana	9.3	8.5	7.7	6.3	5.9
Maine	13.7	13.9	17.7	18.6	16.8
Maryland	5.6	5.8	5.7	5.3	4.6
Massachusetts	18.2	18.9	18.5	16.3	16.6
Michigan	17.4	17.4	15.4	12.4	11.4
Minnesota	6.7	6.0	5.2	5.0	4.2
Mississippi	14.6	14.1	13.4	11.6	12.3
Missouri	3.3	4.1	3.5	3.2	3.1
Montana	15.4	16.4	16.3	16.1	13.1
Nebraska	6.8	5.4	5.9	4.9	5.1
Nevada	7.1	7.4	7.2	7.2	7.9
New Hampshire	4.4	5.2	4.8	4.6	3.8
New Jersey	3.4	3.1	2.6	1.8	1.6
New Mexico	17.5	16.6	16.8	14.6	12.6
New York	17.3	16.9	16.7	14.0	13.8
North Carolina	3.2	2.8	2.4	9.7	9.2
North Dakota	11.2	11.7	10.0	8.6	7.3
Ohio	9.5	9.7	9.9	9.0	9.3
Oklahoma	15.1	16.1	15.9	15.3	14.3
Oregon	12.6	14.5	15.7	13.2	12.3
Pennsylvania	1.7	1.8	1.8	1.7	1.8
Puerto Rico	8.8	7.4	8.3	6.3	8.7
Rhode Island	15.0	17.7	15.6	12.9	12.4
South Carolina	15.4	17.3	16.8	12.8	13.7
South Dakota	6.2	6.6	7.1	7.1	6.6
Tennessee	6.2	6.1	6.5	5.6	5.0
Texas	8.4	8.6	8.7	8.7	8.7
Utah	10.7	10.9	11.4	10.2	9.7
Vermont	7.5	8.3	7.4	4.5	3.4
Virginia	3.4	3.3	3.3	3.0	2.6
Washington	2.7	2.7	2.5	2.3	2.1
West Virginia	17.2	19.0	18.7	16.9	17.0
Wisconsin	3.8	3.9	3.6	3.2	3.3
Wyoming	7.0	7.8	8.2	7.4	6.7
National	**9.1**	**9.2**	**8.9**	**8.3**	**8.1**
Reporting States	**-**	**-**	**-**	**-**	**-**

Table 3–4 First-time Victims, 2021

State	First-time Victims	First-time Victims Rate per 1,000 Children
Alabama	9,609	8.6
Alaska	1,737	9.7
Arizona	-	-
Arkansas	7,940	11.3
California	43,556	5.0
Colorado	7,699	6.2
Connecticut	3,919	5.4
Delaware	952	4.6
District of Columbia	1,092	8.7
Florida	12,235	2.9
Georgia	8,138	3.2
Hawaii	1,052	3.5
Idaho	1,884	4.0
Illinois	23,058	8.2
Indiana	15,471	9.7
Iowa	7,696	10.5
Kansas	1,904	2.7
Kentucky	9,681	9.5
Louisiana	5,168	4.8
Maine	2,664	10.6
Maryland	4,203	3.1
Massachusetts	12,229	9.0
Michigan	15,378	7.1
Minnesota	5,098	3.9
Mississippi	7,526	10.9
Missouri	3,741	2.7
Montana	2,465	10.5
Nebraska	1,896	3.9
Nevada	3,736	5.3
New Hampshire	818	3.2
New Jersey	2,577	1.3
New Mexico	4,071	8.6
New York	32,248	7.8
North Carolina	13,434	5.8
North Dakota	958	5.2
Ohio	17,708	6.8
Oklahoma	10,755	11.2
Oregon	6,809	7.9
Pennsylvania	4,439	1.7
Puerto Rico	4,355	8.0
Rhode Island	1,739	8.3
South Carolina	10,836	9.7
South Dakota	1,088	4.9
Tennessee	3,962	2.6
Texas	52,345	7.0
Utah	6,339	6.7
Vermont	331	2.8
Virginia	4,707	2.5
Washington	1,627	1.0
West Virginia	4,962	13.8
Wisconsin	3,566	2.8
Wyoming	674	5.1
National	**412,075**	**5.7**
Reporting States	**51**	**-**

Table 3–5 Victims by Age, 2021 *(continues next page)*

State	<1	1	2	3	4	5	6	7	8	9
Alabama	2,134	811	668	673	610	641	584	560	556	490
Alaska	354	165	162	162	182	157	145	149	145	141
Arizona	-	-	-	-	-	-	-	-	-	-
Arkansas	2,163	491	511	524	526	496	483	440	399	353
California	9,112	3,501	3,356	3,243	3,074	3,098	2,928	2,906	2,681	2,490
Colorado	1,594	681	658	634	659	637	641	605	600	583
Connecticut	918	315	277	285	267	290	302	295	266	264
Delaware	108	85	55	56	78	67	65	64	54	51
District of Columbia	196	107	96	91	81	127	116	107	103	107
Florida	4,301	2,038	1,960	1,743	1,609	1,637	1,533	1,436	1,350	1,180
Georgia	1,744	609	568	537	505	526	546	467	503	411
Hawaii	235	73	66	74	75	71	71	74	63	61
Idaho	571	118	106	112	106	104	100	100	104	90
Illinois	4,601	2,640	2,563	2,456	2,319	2,155	2,149	1,936	1,868	1,808
Indiana	5,065	1,290	1,169	1,128	1,039	1,065	1,115	1,036	965	939
Iowa	1,777	753	707	709	701	695	658	604	562	549
Kansas	203	123	122	134	128	120	121	122	85	99
Kentucky	2,298	1,059	1,024	940	902	834	832	778	732	710
Louisiana	2,476	336	328	292	301	276	257	270	209	210
Maine	485	240	245	247	239	280	259	257	248	215
Maryland	511	333	346	286	324	329	335	328	302	302
Massachusetts	2,499	1,349	1,215	1,217	1,094	1,251	1,253	1,223	1,202	1,222
Michigan	2,974	1,789	1,635	1,623	1,542	1,439	1,434	1,279	1,292	1,216
Minnesota	849	369	330	332	343	272	316	250	258	264
Mississippi	1,260	493	433	448	378	435	468	398	428	386
Missouri	358	258	213	236	254	238	173	190	205	194
Montana	363	220	206	217	203	214	167	169	175	150
Nebraska	322	188	165	145	141	146	149	122	116	111
Nevada	912	452	408	376	363	329	340	300	280	258
New Hampshire	151	74	62	51	53	56	48	48	53	36
New Jersey	468	183	175	165	160	156	168	163	162	161
New Mexico	655	335	346	316	321	383	391	395	367	348
New York	5,276	3,300	3,110	2,838	2,929	3,165	3,579	3,379	3,255	3,129
North Carolina	2,911	1,440	1,340	1,299	1,184	1,195	1,123	1,101	1,104	1,078
North Dakota	212	96	82	95	87	79	80	80	78	47
Ohio	3,901	1,547	1,325	1,326	1,314	1,319	1,290	1,280	1,190	1,123
Oklahoma	2,347	940	950	847	857	811	756	682	739	594
Oregon	1,150	612	652	611	666	685	602	572	594	536
Pennsylvania	383	237	227	217	191	212	176	175	173	209
Puerto Rico	311	230	239	257	263	287	308	304	292	306
Rhode Island	401	192	170	149	156	167	146	119	150	120
South Carolina	2,257	1,046	899	857	819	858	892	849	816	787
South Dakota	220	99	107	107	119	81	82	81	77	76
Tennessee	1,917	499	356	277	329	331	318	293	286	276
Texas	12,141	5,427	4,862	4,613	4,321	4,307	3,358	3,182	2,780	2,583
Utah	844	455	482	471	493	491	547	463	488	476
Vermont	26	36	22	25	23	36	11	22	13	20
Virginia	667	322	334	337	285	280	265	237	235	225
Washington	343	278	241	245	212	202	198	196	158	162
West Virginia	1,036	368	342	333	333	348	333	360	309	313
Wisconsin	463	271	303	265	261	261	223	235	219	202
Wyoming	108	55	66	52	49	64	49	48	39	42
National	**88,571**	**38,928**	**36,284**	**34,673**	**33,468**	**33,703**	**32,483**	**30,729**	**29,328**	**27,703**
Reporting States	**51**	**51**	**51**	**51**	**51**	**51**	**51**	**51**	**51**	**51**

Table 3–5 Victims by Age, 2021 *(continues next page)*

State	10	11	12	13	14	15	16	17	Unborn, Unknown, and 18–21	Total Victims
Alabama	469	507	545	597	580	618	424	271	102	11,840
Alaska	141	153	141	135	121	114	79	72	15	2,733
Arizona	-	-	-	-	-	-	-	-	-	-
Arkansas	354	353	377	421	550	476	377	262	60	9,616
California	2,575	2,551	2,671	2,677	2,501	2,280	2,165	1,649	45	55,503
Colorado	571	595	564	541	532	420	366	239	27	11,147
Connecticut	280	309	320	286	285	224	225	139	23	5,570
Delaware	69	61	60	57	57	53	48	41	2	1,131
District of Columbia	90	79	77	76	62	48	48	33	3	1,647
Florida	1,204	1,123	1,239	1,251	1,158	1,038	897	612	85	27,394
Georgia	451	459	473	487	449	440	299	162	7	9,643
Hawaii	68	60	58	59	68	51	54	38	3	1,322
Idaho	83	94	103	113	118	90	90	62	4	2,268
Illinois	1,672	1,626	1,623	1,604	1,455	1,349	1,149	816	52	35,841
Indiana	973	940	896	1,002	948	892	654	417	23	21,556
Iowa	500	473	547	527	469	421	343	259	17	11,271
Kansas	112	115	122	133	120	137	82	58	4	2,140
Kentucky	656	714	713	646	668	589	490	346	32	14,963
Louisiana	196	212	219	226	199	177	138	82	18	6,422
Maine	242	230	233	235	209	141	147	70	6	4,228
Maryland	329	326	387	439	409	417	314	250	36	6,303
Massachusetts	1,188	1,205	1,225	1,265	1,239	1,198	1,012	775	22	22,654
Michigan	1,116	1,123	1,205	1,143	1,160	1,062	935	524	24	24,515
Minnesota	276	292	296	286	245	232	180	139	15	5,544
Mississippi	399	411	474	509	512	475	345	254	20	8,526
Missouri	227	237	253	290	314	257	231	134	-	4,262
Montana	176	158	140	136	119	99	78	49	38	3,077
Nebraska	118	128	117	106	99	111	92	65	30	2,471
Nevada	215	228	218	201	203	170	157	135	2	5,547
New Hampshire	47	50	49	61	44	57	31	10	4	985
New Jersey	170	149	169	201	144	164	121	102	7	3,188
New Mexico	313	332	327	285	251	245	171	130	53	5,964
New York	3,192	3,190	3,203	3,235	3,105	2,900	2,400	1,471	104	56,760
North Carolina	991	1,080	1,090	1,079	1,035	888	715	483	106	21,242
North Dakota	60	46	50	76	62	47	34	17	21	1,349
Ohio	1,059	1,126	1,209	1,287	1,234	1,114	908	642	73	24,267
Oklahoma	613	596	623	588	583	501	370	266	56	13,719
Oregon	504	526	538	567	490	462	411	330	65	10,573
Pennsylvania	199	274	318	365	387	354	300	220	66	4,683
Puerto Rico	292	281	268	261	247	254	225	114	14	4,753
Rhode Island	130	105	123	112	104	94	90	47	13	2,588
South Carolina	718	686	744	724	763	652	558	317	66	15,308
South Dakota	71	52	58	58	50	47	41	26	7	1,459
Tennessee	297	329	443	453	389	345	285	253	63	7,739
Texas	2,487	2,551	2,547	2,569	2,378	2,002	1,810	1,044	291	65,253
Utah	487	469	557	572	570	513	461	380	14	9,233
Vermont	21	26	18	26	20	23	16	7	1	392
Virginia	199	218	263	219	220	221	197	145	75	4,944
Washington	171	164	186	188	167	157	127	91	1	3,487
West Virginia	301	318	306	283	274	200	184	128	25	6,094
Wisconsin	202	203	220	216	213	193	157	111	11	4,229
Wyoming	43	32	53	48	55	28	30	22	3	886
National	**27,317**	**27,565**	**28,658**	**28,921**	**27,634**	**25,040**	**21,061**	**14,309**	**1,854**	**588,229**
Reporting States	**51**	**51**	**51**	**51**	**51**	**51**	**51**	**51**	**50**	**51**

Table 3–5 Victims by Age, 2021 *(continues next page)*

State	<1 Rate per 1,000 children	1 Rate per 1,000 children	2 Rate per 1,000 children	3 Rate per 1,000 children	4 Rate per 1,000 children	5 Rate per 1,000 children	6 Rate per 1,000 children	7 Rate per 1,000 children	8 Rate per 1,000 children
Alabama	38.2	14.3	11.4	11.2	10.1	10.4	9.4	9.1	9.1
Alaska	38.3	17.2	17.2	16.6	17.9	15.2	14.1	14.5	14.2
Arizona	-	-	-	-	-	-	-	-	-
Arkansas	62.3	13.8	14.1	14.1	13.9	12.8	12.4	11.4	10.4
California	21.5	8.1	7.6	7.2	6.6	6.5	6.0	6.0	5.5
Colorado	26.4	11.1	10.6	10.0	10.1	9.4	9.4	8.9	8.9
Connecticut	28.2	8.9	7.7	7.7	7.1	7.5	7.8	7.6	6.8
Delaware	10.5	8.1	5.1	5.1	7.0	5.9	5.7	5.6	4.7
District of Columbia	22.3	13.5	12.2	11.3	10.0	15.9	14.8	14.5	13.9
Florida	20.5	9.4	8.8	7.7	7.0	6.9	6.5	6.1	5.7
Georgia	14.5	4.9	4.5	4.1	3.8	3.9	4.0	3.4	3.7
Hawaii	14.9	4.5	4.0	4.4	4.3	4.0	4.0	4.1	3.5
Idaho	26.9	5.2	4.7	4.8	4.3	4.1	3.8	3.9	4.0
Illinois	34.8	19.0	18.1	16.9	15.6	14.1	13.9	12.7	12.3
Indiana	65.8	16.0	14.3	13.4	12.3	12.2	12.7	11.8	11.0
Iowa	49.9	20.2	18.8	18.3	17.7	17.1	16.1	14.8	13.9
Kansas	6.1	3.5	3.4	3.7	3.4	3.1	3.1	3.1	2.2
Kentucky	45.6	20.3	19.2	17.3	16.4	15.0	14.8	13.8	13.1
Louisiana	44.7	6.1	5.8	5.0	5.1	4.5	4.2	4.5	3.5
Maine	43.1	19.2	19.3	19.3	18.3	20.7	19.0	18.8	18.1
Maryland	7.7	4.7	4.8	3.9	4.4	4.4	4.4	4.4	4.0
Massachusetts	37.7	19.6	17.6	17.2	15.2	17.1	17.0	16.5	16.2
Michigan	29.1	16.5	14.9	14.4	13.4	12.2	12.1	10.8	11.0
Minnesota	13.5	5.5	4.9	4.8	4.8	3.7	4.3	3.4	3.5
Mississippi	36.5	14.3	12.2	12.4	10.4	11.8	12.6	10.7	11.6
Missouri	5.2	3.6	2.9	3.2	3.4	3.1	2.3	2.5	2.7
Montana	34.4	19.2	17.7	18.0	16.2	16.2	12.6	12.7	13.3
Nebraska	13.7	7.6	6.5	5.6	5.3	5.4	5.4	4.5	4.3
Nevada	27.2	13.0	11.4	10.3	9.7	8.5	8.7	7.8	7.2
New Hampshire	13.2	6.0	4.9	4.0	4.0	4.1	3.5	3.5	3.8
New Jersey	4.9	1.8	1.7	1.5	1.5	1.4	1.5	1.5	1.5
New Mexico	30.0	15.0	15.0	13.4	13.3	15.2	15.2	15.2	14.0
New York	25.0	15.2	14.1	12.7	13.0	13.9	15.6	14.9	14.3
North Carolina	25.7	12.4	11.4	10.8	9.7	9.6	8.9	8.8	8.8
North Dakota	21.8	9.4	8.0	9.1	8.1	7.2	7.3	7.5	7.5
Ohio	30.6	11.6	9.8	9.6	9.4	9.2	8.9	8.9	8.3
Oklahoma	50.3	19.5	19.3	16.8	16.6	15.1	14.1	12.6	13.7
Oregon	28.9	14.6	15.4	14.0	14.7	14.5	12.6	11.9	12.4
Pennsylvania	3.0	1.8	1.7	1.5	1.3	1.5	1.2	1.2	1.2
Puerto Rico	16.9	11.5	11.2	11.9	11.2	11.1	11.1	10.3	9.4
Rhode Island	41.5	18.1	15.7	13.4	13.8	14.4	12.7	10.4	13.3
South Carolina	41.6	18.8	15.9	14.8	14.0	14.2	14.6	13.9	13.4
South Dakota	20.2	8.5	9.1	8.8	9.7	6.5	6.6	6.5	6.3
Tennessee	25.0	6.3	4.4	3.4	4.0	3.9	3.7	3.5	3.4
Texas	33.7	14.6	12.8	11.8	10.7	10.3	7.9	7.6	6.7
Utah	18.8	9.6	10.2	9.8	9.9	9.5	10.5	8.8	9.3
Vermont	5.1	6.4	3.9	4.3	3.8	5.7	1.7	3.4	2.0
Virginia	7.2	3.3	3.4	3.3	2.8	2.7	2.5	2.3	2.3
Washington	4.2	3.2	2.8	2.8	2.3	2.1	2.1	2.1	1.7
West Virginia	60.6	20.8	19.2	18.2	17.9	18.2	16.9	18.0	15.3
Wisconsin	7.7	4.3	4.7	4.1	3.9	3.8	3.2	3.4	3.2
Wyoming	17.5	8.7	10.4	7.9	7.1	8.8	6.7	6.6	5.3
National	**25.3**	**10.7**	**9.8**	**9.1**	**8.6**	**8.5**	**8.1**	**7.7**	**7.3**
Reporting States	-	-	-	-	-	-	-	-	-

Table 3–5 Victims by Age, 2021

State	9 Rate per 1,000 Children	10 Rate per 1,000 Children	11 Rate per 1,000 Children	12 Rate per 1,000 Children	13 Rate per 1,000 Children	14 Rate per 1,000 Children	15 Rate per 1,000 Children	16 Rate per 1,000 Children	17 Rate per 1,000 Children
Alabama	8.0	7.6	8.0	8.3	8.8	8.6	9.4	6.5	4.2
Alaska	13.8	13.7	15.0	13.8	13.2	12.0	11.7	8.2	7.6
Arizona	-	-	-	-	-	-	-	-	-
Arkansas	9.1	9.1	8.9	9.2	9.9	12.9	11.4	9.2	6.4
California	5.1	5.2	5.1	5.2	5.0	4.7	4.4	4.2	3.2
Colorado	8.5	8.2	8.3	7.7	7.1	7.0	5.6	4.9	3.2
Connecticut	6.7	6.9	7.4	7.4	6.3	6.2	4.9	4.9	2.9
Delaware	4.4	5.9	5.1	4.9	4.6	4.6	4.3	3.9	3.3
District of Columbia	14.8	12.9	12.3	12.5	12.5	10.6	8.8	9.3	6.4
Florida	5.0	5.1	4.6	5.0	4.8	4.5	4.1	3.6	2.4
Georgia	3.0	3.2	3.2	3.2	3.1	2.9	2.9	2.0	1.1
Hawaii	3.4	3.9	3.5	3.5	3.5	4.1	3.2	3.4	2.4
Idaho	3.5	3.1	3.4	3.7	3.9	4.0	3.1	3.2	2.2
Illinois	11.8	10.7	10.1	9.9	9.4	8.5	8.0	6.8	4.8
Indiana	10.7	11.1	10.5	9.7	10.5	9.9	9.5	7.0	4.4
Iowa	13.7	12.5	11.3	12.7	11.8	10.5	9.6	8.0	6.0
Kansas	2.5	2.8	2.8	2.9	3.1	2.8	3.3	2.0	1.4
Kentucky	12.7	11.8	12.6	12.2	10.6	11.0	9.9	8.3	5.8
Louisiana	3.6	3.3	3.5	3.5	3.5	3.1	2.8	2.3	1.3
Maine	15.7	17.5	15.9	15.7	15.2	13.4	9.1	9.3	4.4
Maryland	4.0	4.3	4.2	4.9	5.4	5.0	5.3	4.0	3.2
Massachusetts	16.3	15.7	15.6	15.6	15.5	15.1	14.6	12.3	9.1
Michigan	10.3	9.4	9.2	9.7	8.8	8.9	8.2	7.2	4.0
Minnesota	3.6	3.8	3.9	3.9	3.6	3.1	3.0	2.4	1.8
Mississippi	10.3	10.5	10.5	11.5	11.7	11.6	11.2	8.4	6.2
Missouri	2.6	3.0	3.0	3.2	3.5	3.8	3.1	2.9	1.7
Montana	11.4	13.4	11.7	10.1	9.4	8.3	7.1	5.7	3.6
Nebraska	4.2	4.4	4.7	4.2	3.7	3.5	4.0	3.3	2.4
Nevada	6.7	5.4	5.7	5.3	4.7	4.8	4.1	3.9	3.4
New Hampshire	2.6	3.3	3.4	3.2	3.9	2.7	3.5	1.9	0.6
New Jersey	1.4	1.5	1.3	1.4	1.7	1.2	1.4	1.0	0.8
New Mexico	13.1	11.6	11.9	11.4	9.6	8.5	8.5	6.0	4.5
New York	13.7	13.9	13.9	13.9	13.6	13.1	12.3	10.2	6.1
North Carolina	8.6	7.8	8.2	8.0	7.7	7.4	6.4	5.3	3.6
North Dakota	4.6	5.9	4.5	4.8	7.2	6.0	4.7	3.5	1.8
Ohio	7.9	7.4	7.7	8.0	8.3	7.9	7.2	5.9	4.1
Oklahoma	11.0	11.3	10.8	11.1	10.2	10.2	9.0	6.7	4.8
Oregon	11.1	10.3	10.5	10.5	10.7	9.3	9.0	8.1	6.5
Pennsylvania	1.4	1.3	1.8	2.0	2.3	2.4	2.2	1.9	1.4
Puerto Rico	9.4	8.8	8.0	7.5	7.2	6.6	6.6	5.8	2.9
Rhode Island	10.6	11.4	9.0	10.4	9.0	8.3	7.5	7.1	3.6
South Carolina	12.8	11.6	10.6	11.1	10.4	11.0	9.7	8.6	4.9
South Dakota	6.2	5.8	4.2	4.6	4.5	3.9	3.8	3.3	2.1
Tennessee	3.3	3.5	3.8	5.0	4.9	4.2	3.8	3.2	2.8
Texas	6.3	5.9	5.9	5.8	5.7	5.3	4.6	4.2	2.4
Utah	9.1	9.2	8.5	9.9	9.8	9.8	9.0	8.3	6.8
Vermont	3.1	3.2	3.9	2.6	3.6	2.7	3.2	2.2	0.9
Virginia	2.2	1.9	2.1	2.4	1.9	2.0	2.0	1.8	1.3
Washington	1.7	1.8	1.7	1.9	1.9	1.7	1.6	1.4	1.0
West Virginia	15.5	15.0	15.5	14.5	12.9	12.5	9.3	8.6	5.9
Wisconsin	2.9	2.9	2.8	2.9	2.8	2.7	2.5	2.1	1.4
Wyoming	5.7	5.8	4.1	6.6	5.8	6.6	3.5	3.8	2.9
National	**6.9**	**6.8**	**6.7**	**6.8**	**6.6**	**6.3**	**5.8**	**5.0**	**3.3**
Reporting States	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

Table 3–6 Victims by Sex, 2021

State	Boy	Girl	Unknown	Total Victims	Boy Rate per 1,000 Children	Girl Rate per 1,000 Children
Alabama	5,202	6,623	15	11,840	9.1	12.1
Alaska	1,299	1,429	5	2,733	14.1	16.4
Arizona	-	-	-	-	-	-
Arkansas	4,395	5,219	2	9,616	12.2	15.2
California	26,489	28,929	85	55,503	5.9	6.8
Colorado	5,258	5,889	-	11,147	8.3	9.7
Connecticut	2,678	2,850	42	5,570	7.2	8.0
Delaware	513	618	-	1,131	4.8	6.0
District of Columbia	817	827	3	1,647	12.8	13.3
Florida	13,006	14,230	158	27,394	5.9	6.8
Georgia	4,677	4,956	10	9,643	3.6	4.0
Hawaii	602	699	21	1,322	3.8	4.7
Idaho	1,095	1,173	-	2,268	4.6	5.1
Illinois	17,583	18,138	120	35,841	12.3	13.2
Indiana	10,156	11,389	11	21,556	12.5	14.7
Iowa	5,586	5,672	13	11,271	14.8	15.8
Kansas	912	1,228	-	2,140	2.5	3.6
Kentucky	7,326	7,569	68	14,963	14.1	15.3
Louisiana	3,150	3,255	17	6,422	5.7	6.1
Maine	2,059	2,168	1	4,228	15.9	17.7
Maryland	2,630	3,645	28	6,303	3.8	5.5
Massachusetts	10,997	11,254	403	22,654	15.8	16.9
Michigan	12,103	12,389	23	24,515	11.0	11.8
Minnesota	2,560	2,984	-	5,544	3.8	4.6
Mississippi	3,840	4,671	15	8,526	10.9	13.8
Missouri	1,795	2,467	-	4,262	2.5	3.7
Montana	1,538	1,537	2	3,077	12.7	13.5
Nebraska	1,182	1,288	1	2,471	4.8	5.5
Nevada	2,749	2,798	-	5,547	7.7	8.2
New Hampshire	454	531	-	985	3.5	4.2
New Jersey	1,455	1,729	4	3,188	1.4	1.7
New Mexico	2,941	3,003	20	5,964	12.2	12.9
New York	27,845	28,901	14	56,760	13.2	14.4
North Carolina	10,475	10,746	21	21,242	8.9	9.5
North Dakota	659	689	1	1,349	6.9	7.6
Ohio	11,083	13,125	59	24,267	8.3	10.3
Oklahoma	6,568	7,150	1	13,719	13.3	15.2
Oregon	5,012	5,537	24	10,573	11.3	13.2
Pennsylvania	1,696	2,987	-	4,683	1.2	2.3
Puerto Rico	2,351	2,402	-	4,753	8.5	9.0
Rhode Island	1,290	1,294	4	2,588	12.1	12.7
South Carolina	7,543	7,690	75	15,308	13.2	14.0
South Dakota	726	729	4	1,459	6.4	6.8
Tennessee	3,127	4,585	27	7,739	4.0	6.1
Texas	30,367	34,564	322	65,253	8.0	9.4
Utah	4,294	4,902	37	9,233	8.8	10.6
Vermont	163	229	-	392	2.7	4.1
Virginia	2,307	2,636	1	4,944	2.4	2.9
Washington	1,625	1,857	5	3,487	1.9	2.3
West Virginia	3,029	3,044	21	6,094	16.4	17.4
Wisconsin	1,845	2,348	36	4,229	2.8	3.8
Wyoming	449	437	-	886	6.6	6.8
National	**279,501**	**307,009**	**1,719**	**588,229**	**7.5**	**8.7**
Reporting States	**51**	**51**	**39**	**51**	**-**	**-**

Table 3–7 Victims by Race or Ethnicity, 2021 *(continues next page)*

State	African-American	American Indian or Alaska Native	Asian	Hispanic	Multiple Race	Native Hawaiian or Other Pacific Islander	White	Unknown	Total Victims
Alabama	3,501	21	18	581	387	4	7,159	169	11,840
Alaska	45	1,412	10	85	413	48	571	149	2,733
Arizona	-	-	-	-	-	-	-	-	-
Arkansas	1,870	7	20	719	824	50	6,002	124	9,616
California	7,225	422	1,377	31,643	1,295	175	10,489	2,877	55,503
Colorado	1,255	87	89	4,587	483	39	4,343	264	11,147
Connecticut	1,142	5	31	2,010	277	1	1,933	171	5,570
Delaware	514	2	10	167	25	-	413	-	1,131
District of Columbia	1,097	2	-	162	15	-	9	362	1,647
Florida	7,975	33	93	4,982	1,481	14	11,611	1,205	27,394
Georgia	3,619	7	21	823	530	3	4,503	137	9,643
Hawaii	19	8	85	42	525	329	217	97	1,322
Idaho	17	38	7	239	48	4	1,244	671	2,268
Illinois	11,747	31	377	6,990	1,046	14	15,395	241	35,841
Indiana	3,806	15	78	1,972	1,814	12	13,788	71	21,556
Iowa	1,650	161	49	1,162	339	25	7,825	60	11,271
Kansas	234	3	19	373	140	1	1,345	25	2,140
Kentucky	1,394	5	30	625	786	11	11,527	585	14,963
Louisiana	3,015	4	10	131	217	4	2,842	199	6,422
Maine	64	22	5	127	208	2	2,705	1,095	4,228
Maryland	-	-	-	-	-	-	-	-	-
Massachusetts	2,819	30	339	7,452	1,280	14	8,441	2,279	22,654
Michigan	7,219	100	95	1,950	2,310	3	12,807	31	24,515
Minnesota	745	533	158	773	1,099	1	2,043	192	5,544
Mississippi	3,434	10	11	279	197	3	4,297	295	8,526
Missouri	647	16	15	377	76	6	2,751	374	4,262
Montana	30	479	1	184	201	2	2,173	7	3,077
Nebraska	338	153	26	529	195	1	1,053	176	2,471
Nevada	1,550	20	34	1,549	372	52	1,678	292	5,547
New Hampshire	24	1	3	105	37	1	765	49	985
New Jersey	945	2	30	1,069	98	3	959	82	3,188
New Mexico	130	551	14	3,403	110	3	1,124	629	5,964
New York	15,487	205	1,419	16,762	2,737	49	19,747	354	56,760
North Carolina	6,895	593	71	2,465	1,249	19	9,546	404	21,242
North Dakota	127	282	7	63	107	4	628	131	1,349
Ohio	6,090	15	56	1,511	2,703	9	13,309	574	24,267
Oklahoma	1,327	1,069	45	2,498	3,488	26	5,265	1	13,719
Oregon	397	280	59	1,322	408	66	6,010	2,031	10,573
Pennsylvania	938	9	29	760	256	4	2,519	168	4,683
Puerto Rico	-	-	-	-	-	-	-	-	-
Rhode Island	299	8	24	701	254	2	1,197	103	2,588
South Carolina	5,867	26	23	879	537	21	6,822	1,133	15,308
South Dakota	34	600	12	86	202	2	479	44	1,459
Tennessee	-	-	-	-	-	-	-	-	-
Texas	13,978	48	397	29,990	2,703	73	17,056	1,008	65,253
Utah	309	170	70	2,357	296	157	5,746	128	9,233
Vermont	10	-	8	8	1	-	346	19	392
Virginia	1,186	10	38	581	342	5	2,595	187	4,944
Washington	229	96	54	712	506	39	1,706	145	3,487
West Virginia	221	-	1	52	419	-	5,369	32	6,094
Wisconsin	707	206	47	519	186	2	2,458	104	4,229
Wyoming	21	32	1	112	22	-	667	31	886
National	**122,192**	**7,829**	**5,416**	**136,468**	**33,244**	**1,303**	**243,477**	**19,505**	**569,434**
Reporting States	**48**	**46**	**47**	**48**	**48**	**43**	**48**	**47**	**48**

Table 3–7 Victims by Race or Ethnicity, 2021

State	African-American Rate per 1,000 Children	American Indian or Alaska Native Rate per 1,000 Children	Asian Rate per 1,000 Children	Hispanic Rate per 1,000 Children	Multiple Race Rate per 1,000 Children	Native Hawaiian or Other Pacific Islander Rate per 1,000 Children	White Rate per 1,000 Children
Alabama	10.8	5.0	1.1	6.1	9.5	6.4	11.2
Alaska	8.8	42.3	1.0	4.6	17.4	11.6	6.7
Arizona	-	-	-	-	-	-	-
Arkansas	15.0	1.4	1.6	7.9	28.3	11.3	13.8
California	16.5	13.2	1.2	7.0	2.8	5.5	4.9
Colorado	23.1	12.7	2.2	11.5	8.2	16.1	6.4
Connecticut	13.4	2.4	0.8	10.4	9.2	3.0	5.1
Delaware	9.6	4.2	1.1	4.6	2.1	-	4.3
District of Columbia	16.8	11.1	-	7.5	2.7	-	0.3
Florida	9.4	3.8	0.8	3.7	8.7	4.7	6.5
Georgia	4.2	1.5	0.2	2.1	5.1	1.3	4.2
Hawaii	3.7	18.9	1.3	0.7	5.4	9.3	5.3
Idaho	4.2	8.3	1.2	2.7	2.8	4.6	3.6
Illinois	27.4	7.9	2.4	10.1	10.0	17.2	10.9
Indiana	20.8	5.7	1.8	10.5	25.7	15.9	12.6
Iowa	39.5	63.7	2.4	14.4	11.0	13.2	14.0
Kansas	5.4	0.7	0.9	2.8	3.6	1.1	2.9
Kentucky	14.8	3.9	1.6	8.9	17.1	11.5	14.7
Louisiana	7.7	0.6	0.6	1.5	6.0	10.3	5.2
Maine	8.4	11.3	1.4	15.4	20.9	15.6	12.3
Maryland	-	-	-	-	-	-	-
Massachusetts	23.1	11.8	3.2	27.7	21.8	19.0	10.5
Michigan	20.8	8.4	1.3	10.3	21.0	4.7	9.0
Minnesota	5.3	29.0	1.9	6.3	15.7	0.9	2.3
Mississippi	12.0	2.6	1.6	7.7	10.4	13.8	12.7
Missouri	3.5	3.2	0.5	3.7	1.1	2.2	2.8
Montana	20.2	21.8	0.5	11.3	17.9	11.5	11.9
Nebraska	11.6	29.8	1.9	5.8	9.6	2.9	3.3
Nevada	20.4	3.8	0.8	5.4	7.2	9.4	7.3
New Hampshire	4.7	2.4	0.3	5.6	4.1	11.8	3.6
New Jersey	3.5	0.5	0.1	1.9	1.4	3.3	1.1
New Mexico	14.9	11.9	2.4	11.6	8.7	11.5	10.5
New York	25.7	15.8	4.0	16.4	16.9	22.5	10.1
North Carolina	13.4	23.0	0.9	6.2	11.6	9.9	8.2
North Dakota	15.5	20.0	2.4	4.7	13.0	22.6	4.5
Ohio	15.3	4.0	0.8	8.4	20.0	5.9	7.3
Oklahoma	18.0	11.2	2.1	14.0	35.6	10.1	10.7
Oregon	19.8	30.6	1.6	6.7	7.2	15.0	11.2
Pennsylvania	2.7	2.5	0.3	2.1	2.2	4.1	1.5
Puerto Rico	-	-	-	-	-	-	-
Rhode Island	19.5	7.7	3.1	11.9	24.9	12.0	10.4
South Carolina	18.1	7.7	1.1	7.5	11.0	28.2	11.3
South Dakota	4.8	22.0	3.4	5.0	19.4	9.9	3.1
Tennessee	-	-	-	-	-	-	-
Texas	15.3	2.7	1.1	8.2	12.7	10.7	7.5
Utah	26.9	21.1	4.0	13.5	8.2	14.0	8.4
Vermont	4.8	-	3.0	2.2	0.2	-	3.3
Virginia	3.2	2.5	0.3	2.1	2.9	4.0	2.7
Washington	3.1	4.6	0.4	1.9	3.4	2.7	1.9
West Virginia	16.8	-	0.4	4.9	26.2	-	17.0
Wisconsin	6.2	15.7	0.9	3.2	3.4	3.2	2.8
Wyoming	16.6	8.8	1.0	5.4	4.8	-	6.6
National	**13.1**	**15.2**	**1.4**	**7.7**	**10.3**	**8.5**	**7.1**
Reporting States	**-**	**-**	**-**	**-**	**-**	**-**	**-**

Table 3–8 Maltreatment Types of Victims (Categories), 2021 *(continues next page)*

State	Victims	Medical Neglect	Neglect	Other	Physical Abuse	Psychological Maltreatment	Sexual Abuse	Sex Trafficking	Unknown	Total Maltreatment Types
Alabama	11,840	79	5,061	-	6,125	19	2,144	7	-	13,435
Alaska	2,733	101	2,028	-	570	901	228	2	-	3,830
Arizona	-	-	-	-	-	-	-	-	-	-
Arkansas	9,616	-	6,865	214	1,751	146	1,781	14	-	10,771
California	55,503	56	49,050	297	3,602	4,503	3,827	61	-	61,396
Colorado	11,147	179	9,176	-	1,097	224	1,178	-	30	11,884
Connecticut	5,570	153	4,853	-	261	1,497	391	3	-	7,158
Delaware	1,131	8	280	129	215	376	218	-	-	1,226
District of Columbia	1,647	-	1,518	-	205	-	35	12	-	1,770
Florida	27,394	966	16,266	10,933	2,231	348	2,563	-	-	33,307
Georgia	9,643	191	6,311	-	1,110	2,299	720	62	-	10,693
Hawaii	1,322	11	249	1,187	74	4	73	22	-	1,620
Idaho	2,268	6	1,714	6	435	-	230	6	-	2,397
Illinois	35,841	649	28,445	45	5,667	81	4,280	-	-	39,167
Indiana	21,556	-	18,621	-	1,373	-	2,560	30	-	22,584
Iowa	11,271	98	9,824	-	1,206	107	673	20	-	11,928
Kansas	2,140	43	951	-	528	307	488	9	-	2,326
Kentucky	14,963	255	13,791	-	1,081	60	831	-	-	16,018
Louisiana	6,422	-	5,747	4	630	6	331	4	-	6,722
Maine	4,228	-	2,536	-	1,026	1,619	303	1	-	5,485
Maryland	6,303	-	3,574	-	1,193	4	2,066	-	-	6,837
Massachusetts	22,654	-	21,383	5	1,614	-	793	357	-	24,152
Michigan	24,515	515	21,081	-	3,669	187	1,371	16	-	26,839
Minnesota	5,544	-	3,866	-	616	118	1,444	12	-	6,056
Mississippi	8,526	372	6,043	23	1,249	1,410	1,222	10	-	10,329
Missouri	4,262	112	2,275	-	1,298	582	1,342	7	-	5,616
Montana	3,077	12	2,981	3	154	34	90	-	-	3,274
Nebraska	2,471	1	2,034	-	355	25	224	12	-	2,651
Nevada	5,547	59	4,698	-	961	11	397	-	-	6,126
New Hampshire	985	32	840	-	102	40	80	-	-	1,094
New Jersey	3,188	65	2,297	-	368	27	608	2	-	3,367
New Mexico	5,964	197	4,889	-	716	1,773	218	-	-	7,793
New York	56,760	2,902	55,514	1,794	4,208	474	2,167	20	-	67,079
North Carolina	21,242	817	18,427	95	1,040	735	1,084	1	211	22,410
North Dakota	1,349	22	1,063	-	106	289	63	-	-	1,543
Ohio	24,267	418	11,220	-	11,167	1,632	4,357	16	-	28,810
Oklahoma	13,719	312	10,068	-	1,762	4,427	751	11	-	17,331
Oregon	10,573	-	4,582	6,158	1,209	183	956	-	-	13,088
Pennsylvania	4,683	148	499	13	2,093	55	2,103	47	-	4,958
Puerto Rico	4,753	556	3,178	46	848	2,442	175	2	-	7,247
Rhode Island	2,588	38	1,564	32	311	939	130	-	-	3,014
South Carolina	15,308	356	9,179	-	6,709	848	793	81	-	17,966
South Dakota	1,459	-	1,314	-	139	57	81	1	-	1,592
Tennessee	7,739	110	1,761	-	4,446	297	2,380	111	3	9,108
Texas	65,253	956	54,585	1	7,077	331	7,566	34	-	70,550
Utah	9,233	48	2,418	96	3,791	3,561	1,331	10	-	11,255
Vermont	392	11	4	-	292	2	105	-	-	414
Virginia	4,944	114	3,368	5	1,239	66	747	5	-	5,544
Washington	3,487	-	2,657	-	684	-	516	25	-	3,882
West Virginia	6,094	281	2,672	-	4,732	3,959	245	-	-	11,889
Wisconsin	4,229	51	2,818	-	554	44	1,022	53	-	4,542
Wyoming	886	3	700	6	18	312	47	-	-	1,086
National	**588,229**	**11,303**	**446,838**	**21,092**	**93,907**	**37,361**	**59,328**	**1,086**	**244**	**671,159**
Reporting States	**51**	**40**	**51**	**21**	**51**	**46**	**51**	**35**	**3**	**51**

Table 3–8 Maltreatment Types of Victims (Categories), 2021

State	Medical Neglect Percent	Neglect Percent	Other Percent	Physical Abuse Percent	Psychological Maltreatment Percent	Sexual Abuse Percent	Sex Trafficking Percent	Unknown Percent	Total Maltreatment Types Percent
Alabama	0.7	42.7	-	51.7	0.2	18.1	0.1	-	113.5
Alaska	3.7	74.2	-	20.9	33.0	8.3	0.1	-	140.1
Arizona	-	-	-	-	-	-	-	-	-
Arkansas	0.0	71.4	2.2	18.2	1.5	18.5	0.1	-	112.0
California	0.1	88.4	0.5	6.5	8.1	6.9	0.1	-	110.6
Colorado	1.6	82.3	-	9.8	2.0	10.6	-	0.3	106.6
Connecticut	2.7	87.1	-	4.7	26.9	7.0	0.1	-	128.5
Delaware	0.7	24.8	11.4	19.0	33.2	19.3	0.0	-	108.4
District of Columbia	-	92.2	-	12.4	0.0	2.1	0.7	-	107.5
Florida	3.5	59.4	39.9	8.1	1.3	9.4	-	-	121.6
Georgia	2.0	65.4	0.0	11.5	23.8	7.5	0.6	-	110.9
Hawaii	0.8	18.8	89.8	5.6	0.3	5.5	1.7	-	122.5
Idaho	0.3	75.6	0.3	19.2	-	10.1	0.3	-	105.7
Illinois	1.8	79.4	0.1	15.8	0.2	11.9	-	-	109.3
Indiana	-	86.4	-	6.4	-	11.9	0.1	-	104.8
Iowa	0.9	87.2	-	10.7	0.9	6.0	0.2	-	105.8
Kansas	2.0	44.4	-	24.7	14.3	22.8	0.4	-	108.7
Kentucky	1.7	92.2	-	7.2	0.4	5.6	-	-	107.1
Louisiana	-	89.5	0.1	9.8	0.1	5.2	0.1	-	104.7
Maine	-	60.0	-	24.3	38.3	7.2	0.0	-	129.7
Maryland	-	56.7	-	18.9	0.1	32.8	-	-	108.5
Massachusetts	-	94.4	0.0	7.1	-	3.5	1.6	-	106.6
Michigan	2.1	86.0	-	15.0	0.8	5.6	0.1	-	109.5
Minnesota	-	69.7	-	11.1	2.1	26.0	0.2	-	109.2
Mississippi	4.4	70.9	0.3	14.6	16.5	14.3	0.1	-	121.1
Missouri	2.6	53.4	-	30.5	13.7	31.5	0.2	-	131.8
Montana	0.4	96.9	0.1	5.0	1.1	2.9	-	-	106.4
Nebraska	0.0	82.3	-	14.4	1.0	9.1	0.5	-	107.3
Nevada	1.1	84.7	-	17.3	0.2	7.2	-	-	110.4
New Hampshire	3.2	85.3	-	10.4	4.1	8.1	-	-	111.1
New Jersey	2.0	72.1	-	11.5	0.8	19.1	0.1	-	105.6
New Mexico	3.3	82.0	-	12.0	29.7	3.7	-	-	130.7
New York	5.1	97.8	3.2	7.4	0.8	3.8	0.0	-	118.2
North Carolina	3.8	86.7	0.4	4.9	3.5	5.1	0.0	1.0	105.5
North Dakota	1.6	78.8	-	7.9	21.4	4.7	-	-	114.4
Ohio	1.7	46.2	-	46.0	6.7	18.0	0.1	-	118.7
Oklahoma	2.3	73.4	-	12.8	32.3	5.5	0.1	-	126.3
Oregon	-	43.3	58.2	11.4	1.7	9.0	-	-	123.8
Pennsylvania	3.2	10.7	0.3	44.7	1.2	44.9	1.0	-	105.9
Puerto Rico	11.7	66.9	1.0	17.8	51.4	3.7	0.0	-	152.5
Rhode Island	1.5	60.4	1.2	12.0	36.3	5.0	-	-	116.5
South Carolina	2.3	60.0	-	43.8	5.5	5.2	0.5	-	117.4
South Dakota	-	90.1	-	9.5	3.9	5.6	0.1	-	109.1
Tennessee	1.4	22.8	-	57.4	3.8	30.8	1.4	0.0	117.7
Texas	1.5	83.7	0.0	10.8	0.5	11.6	0.1	-	108.1
Utah	0.5	26.2	1.0	41.1	38.6	14.4	0.1	-	121.9
Vermont	2.8	1.0	-	74.5	0.5	26.8	-	-	105.6
Virginia	2.3	68.1	0.1	25.1	1.3	15.1	0.1	-	112.1
Washington	-	76.2	-	19.6	-	14.8	0.7	-	111.3
West Virginia	4.6	43.8	-	77.7	65.0	4.0	-	-	195.1
Wisconsin	1.2	66.6	-	13.1	1.0	24.2	1.3	-	107.4
Wyoming	0.3	79.0	0.7	2.0	35.2	5.3	-	-	122.6
National	**1.9**	**76.0**	**3.6**	**16.0**	**6.4**	**10.1**	**0.2**	**0.0**	**114.1**
Reporting States	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

Table 3–9 Victims of Sex Trafficking by Sex and Age, 2021

Age	Male	Female	Unknown	Total	Total Percent
<1	5	1	-	6	0.6
1	1	-	-	1	0.1
2	1	1	-	2	0.2
3	3	-	-	3	0.3
4	-	8	-	8	0.7
5	5	2	-	7	0.6
6	2	4	-	6	0.6
7	2	3	-	5	0.5
8	3	10	1	14	1.3
9	1	15	1	17	1.6
10	3	18	1	22	2.0
11	6	37	-	43	4.0
12	11	52	1	64	5.9
13	9	91	1	101	9.3
14	16	140	2	158	14.5
15	21	192	1	214	19.7
16	20	188	2	210	19.3
17	16	182	3	201	18.5
18	-	2	-	2	0.2
19-23	-	2	-	2	0.2
Unknown age	-	-	-	-	-
National	**125**	**948**	**13**	**1,086**	**-**
National Percent	**11.5**	**87.3**	**1.2**	**-**	**100.0**

Based on data from 35 states.

Table 3–10 Victims by Relationship to Their Perpetrators, 2021

Perpetrator	Victims	Reported Relationships	Reported Relationships Percent
PARENT	**-**	**-**	**-**
Father Only	-	132,363	23.9
Father and Nonparent	-	6,495	1.2
Mother Only	-	210,746	38.0
Mother and Nonparent	-	34,670	6.3
Two Parents of known sex	-	111,100	20.0
Three Parents of known sex	-	764	0.1
Two Parents of known sex and Nonparent	-	4,650	0.8
One or more Parents of Unknown Sex	-	1,221	0.2
Total Parents	**-**	**502,009**	**90.6**
NONPARENT	-	-	-
Child Daycare Provider(s)	-	1,602	0.3
Foster Parent(s)	-	1,854	0.3
Friend(s) and Neighbor(s)	-	4,012	0.7
Group Home and Residential Facility Staff	-	1,087	0.2
Legal Guardian(s)	-	1,715	0.3
Other Professional(s)	-	745	0.1
Relative(s)	-	31,041	5.6
Unmarried Partner(s) of Parent	-	18,349	3.3
Other(s)	-	17,391	3.1
More Than One Nonparental Perpetrator	-	2,370	0.4
Total Nonparents	**-**	**80,166**	**14.5**
TOTAL UNKNOWN	**-**	**16,266**	**2.9**
National	**554,262**	**598,441**	**108.0**

Based on data from 48 states.

Table 3–11 Victims With Caregiver Risk Factors, 2021 *(continues next page)*

State	Victims	Alcohol Abuse	Domestic Violence	Drug Abuse	Financial Problem	Inadequate Housing	Public Assistance	Any Caregiver Disability
Alabama	11,840	690	-	6,395	-	780	-	790
Alaska	2,733	1,290	1,227	769	183	108	61	343
Arizona	-	-	-	-	-	-	-	-
Arkansas	9,616	-	997	277	1,070	466	199	376
California	55,503	-	-	-	-	-	12,209	-
Colorado	-	-	-	-	-	-	-	-
Connecticut	5,570	237	1,525	256	251	202	127	123
Delaware	1,131	151	463	359	362	192	835	397
District of Columbia	1,647	567	402	567	-	159	-	781
Florida	27,394	-	10,924	621	8,678	1,924	3,193	-
Georgia	9,643	-	388	641	-	-	1,263	725
Hawaii	1,322	189	424	578	-	106	-	-
Idaho	2,268	324	-	859	-	469	-	853
Illinois	35,841	-	-	-	-	-	-	-
Indiana	21,556	920	2,374	4,220	3,191	1,634	4,855	1,742
Iowa	11,271	-	-	-	519	359	921	-
Kansas	-	-	-	-	-	-	-	-
Kentucky	14,963	2,182	7,761	8,134	-	2,911	-	4,160
Louisiana	-	-	-	-	-	-	-	-
Maine	4,228	737	1,059	1,038	-	190	3,053	106
Maryland	6,303	230	395	612	-	137	-	-
Massachusetts	22,654	11,095	9,980	11,095	-	1,097	-	-
Michigan	24,515	2,776	6,291	4,782	-	840	17,351	1,328
Minnesota	5,544	698	1,530	1,304	533	585	427	965
Mississippi	8,526	544	1,032	3,185	745	1,417	2,456	-
Missouri	4,262	339	311	968	630	834	594	635
Montana	3,077	160	91	589	-	-	1,130	-
Nebraska	2,471	401	108	821	60	-	2,066	886
Nevada	5,547	1,826	1,171	1,870	745	420	-	-
New Hampshire	985	89	426	350	-	62	876	331
New Jersey	3,188	421	804	820	434	228	-	97
New Mexico	5,964	1,227	-	1,541	312	182	147	-
New York	56,760	10,287	15,036	11,666	-	-	-	-
North Carolina	21,242	1,483	3,637	4,795	1,114	1,248	1,848	2,120
North Dakota	1,349	-	-	-	-	-	727	-
Ohio	24,267	-	6,330	12,821	2,775	3,222	-	7,598
Oklahoma	13,719	2,362	5,096	5,608	586	-	5,604	417
Oregon	10,573	4,918	4,390	4,956	1,513	750	-	-
Pennsylvania	4,683	-	-	105	-	-	-	-
Puerto Rico	4,753	666	1,560	717	2,309	369	243	1,968
Rhode Island	2,588	331	1,206	386	262	73	1,129	-
South Carolina	15,308	-	-	-	2,048	2,032	4,893	785
South Dakota	1,459	564	484	725	501	335	607	139
Tennessee	7,739	-	-	1,122	-	248	-	-
Texas	65,253	3,443	23,021	12,925	3,005	2,741	10,840	5,531
Utah	9,233	966	2,892	2,041	1,006	575	1,815	2,411
Vermont	-	-	-	-	-	-	-	-
Virginia	4,944	-	965	-	-	-	-	-
Washington	3,487	998	649	1,567	546	516	-	-
West Virginia	6,094	512	-	3,272	-	-	-	-
Wisconsin	4,229	106	473	256	169	265	246	384
Wyoming	886	217	208	393	195	118	84	125
National Count of Victims with the Caregiver Risk Factor	**-**	**53,946**	**115,630**	**116,006**	**33,742**	**27,794**	**79,799**	**36,116**
National Count of Victims in Reporting States	**568,128**	**360,570**	**410,268**	**443,912**	**291,770**	**374,044**	**344,008**	**286,509**
Reporting States	**47**	**35**	**36**	**41**	**27**	**36**	**29**	**27**

Table 3–11 Victims With Caregiver Risk Factors, 2021

State	Alcohol Abuse Percent	Domestic Violence Percent	Drug Abuse Percent	Financial Problem Percent	Inadequate Housing Percent	Public Assistance Percent	Any Caregiver Disability Percent
Alabama	5.8	-	54.0	-	6.6	-	6.7
Alaska	47.2	44.9	28.1	6.7	4.0	2.2	12.6
Arizona	-	-	-	-	-	-	-
Arkansas	-	10.4	2.9	11.1	4.8	2.1	3.9
California	-	-	-	-	-	22.0	-
Colorado	-	-	-	-	-	-	-
Connecticut	4.3	27.4	4.6	4.5	3.6	2.3	2.2
Delaware	13.4	40.9	31.7	32.0	17.0	73.8	35.1
District of Columbia	34.4	24.4	34.4	-	9.7	-	47.4
Florida	-	39.9	2.3	31.7	7.0	11.7	-
Georgia	-	4.0	6.6	-	-	13.1	7.5
Hawaii	14.3	32.1	43.7	-	8.0	-	-
Idaho	14.3	-	37.9	-	20.7	-	37.6
Illinois	-	-	-	-	-	-	-
Indiana	4.3	11.0	19.6	14.8	7.6	22.5	8.1
Iowa	-	-	-	4.6	3.2	8.2	-
Kansas	-	-	-	-	-	-	-
Kentucky	14.6	51.9	54.4	-	19.5	-	27.8
Louisiana	-	-	-	-	-	-	-
Maine	17.4	25.0	24.6	-	4.5	72.2	2.5
Maryland	3.6	6.3	9.7	-	2.2	-	-
Massachusetts	49.0	44.1	49.0	-	4.8	-	-
Michigan	11.3	25.7	19.5	-	3.4	70.8	5.4
Minnesota	12.6	27.6	23.5	9.6	10.6	7.7	17.4
Mississippi	6.4	12.1	37.4	8.7	16.6	28.8	-
Missouri	8.0	7.3	22.7	14.8	19.6	13.9	14.9
Montana	5.2	3.0	19.1	-	-	36.7	-
Nebraska	16.2	4.4	33.2	2.4	-	83.6	35.9
Nevada	32.9	21.1	33.7	13.4	7.6	-	-
New Hampshire	9.0	43.2	35.5	-	6.3	88.9	33.6
New Jersey	13.2	25.2	25.7	13.6	7.2	-	3.0
New Mexico	20.6	-	25.8	5.2	3.1	2.5	-
New York	18.1	26.5	20.6	-	-	-	-
North Carolina	7.0	17.1	22.6	5.2	5.9	8.7	10.0
North Dakota	-	-	-	-	-	53.9	-
Ohio	-	26.1	52.8	11.4	13.3	-	31.3
Oklahoma	17.2	37.1	40.9	4.3	-	40.8	3.0
Oregon	46.5	41.5	46.9	14.3	7.1	-	-
Pennsylvania	-	-	2.2	-	-	-	-
Puerto Rico	14.0	32.8	15.1	48.6	7.8	5.1	41.4
Rhode Island	12.8	46.6	14.9	10.1	2.8	43.6	-
South Carolina	-	-	-	13.4	13.3	32.0	5.1
South Dakota	38.7	33.2	49.7	34.3	23.0	41.6	9.5
Tennessee	-	-	14.5	-	3.2	-	-
Texas	5.3	35.3	19.8	4.6	4.2	16.6	8.5
Utah	10.5	31.3	22.1	10.9	6.2	19.7	26.1
Vermont	-	-	-	-	-	-	-
Virginia	-	19.5	-	-	-	-	-
Washington	28.6	18.6	44.9	15.7	14.8	-	-
West Virginia	8.4	-	53.7	-	-	-	-
Wisconsin	2.5	11.2	6.1	4.0	6.3	5.8	9.1
Wyoming	24.5	23.5	44.4	22.0	13.3	9.5	14.1
National Count of Victims with the Caregiver Risk Factor	**15.0**	**28.2**	**26.1**	**11.6**	**7.4**	**23.2**	**12.6**
National Count of Victims in Reporting States	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Reporting States	**-**	**-**	**-**	**-**	**-**	**-**	**-**

Table 3–12 Infants With Prenatal Substance Exposure by Submission Type, 2021

State	Screened-in IPSE With Alcohol Abuse Child Risk Factor	Screened-in IPSE With Drug Abuse Child Risk Factor	Screened-in IPSE With Alcohol Abuse and Drug Abuse Child Risk Factor	Total Screened-in IPSE	Screened-out IPSE	Total IPSE
Alabama	4	633	-	637	6	643
Alaska	-	-	54	54	162	216
Arizona	-	-	-	-	-	-
Arkansas	4	1,554	-	1,558	33	1,591
California	-	21	3,181	3,202	656	3,858
Colorado	1	35	1	37	567	604
Connecticut	-	3	1	4	57	61
Delaware	-	411	5	416	15	431
District of Columbia	-	162	-	162	2	164
Florida	-	1	-	1	16	17
Georgia	43	3,819	80	3,942	159	4,101
Hawaii	-	29	5	34	-	34
Idaho	-	2	-	2	11	13
Illinois	-	1	-	1	-	1
Indiana	7	631	3	641	67	708
Iowa	-	54	-	54	17	71
Kansas	-	-	52	52	42	94
Kentucky	14	964	8	986	443	1,429
Louisiana	3	2,129	-	2,132	70	2,202
Maine	-	121	6	127	-	127
Maryland	-	9	-	9	-	9
Massachusetts	-	81	1,762	1,843	219	2,062
Michigan	2	6,726	22	6,750	1,517	8,267
Minnesota	10	1,744	5	1,759	229	1,988
Mississippi	1	51	-	52	266	318
Missouri	1	20	-	21	681	702
Montana	-	17	7	24	-	24
Nebraska	-	210	2	212	20	232
Nevada	-	76	835	911	-	911
New Hampshire	-	81	-	81	-	81
New Jersey	5	441	6	452	-	452
New Mexico	1	142	3	146	140	286
New York	3	825	8	836	-	836
North Carolina	-	1,125	-	1,125	1,005	2,130
North Dakota	-	-	-	-	-	-
Ohio	11	6,233	53	6,297	1,497	7,794
Oklahoma	29	2,405	92	2,526	29	2,555
Oregon	-	20	-	20	-	20
Pennsylvania	-	-	-	-	-	-
Puerto Rico	-	11	2	13	-	13
Rhode Island	-	-	85	85	3	88
South Carolina	-	500	1	501	-	501
South Dakota	1	34	1	36	51	87
Tennessee	-	308	-	308	-	308
Texas	84	1,437	-	1,521	2	1,523
Utah	3	262	-	265	21	286
Vermont	-	-	-	-	194	194
Virginia	-	-	22	22	80	102
Washington	-	285	-	285	62	347
West Virginia	2	643	3	648	-	648
Wisconsin	-	-	-	-	56	56
Wyoming	-	8	1	9	-	9
National	**229**	**34,264**	**6,306**	**40,799**	**8,395**	**49,194**
National Percent	**N/A**	**N/A**	**N/A**	**82.9**	**17.1**	**100.0**
Percent of Screened-in IPSE	**0.6**	**84.0**	**15.5**	**100.0**	**N/A**	**N/A**
Reporting States	**20**	**43**	**29**	**47**	**34**	**49**

Table 3–13 Screened-in Infants With Prenatal Substance Exposure Who Have a Plan of Safe Care, 2021

State	Screened-in IPSE	Screened-in IPSE Who Have a Plan of Safe Care	Screened-in IPSE Who Have a Plan of Safe Care Percent
Alabama	637	327	51.3
Alaska	-	-	-
Arizona	-	-	-
Arkansas	1,558	1,383	88.8
California	3,202	1,412	44.1
Colorado	37	8	21.6
Connecticut	-	-	-
Delaware	416	404	97.1
District of Columbia	162	142	87.7
Florida	1	1	100.0
Georgia	3,942	2,725	69.1
Hawaii	-	-	-
Idaho	2	1	50.0
Illinois	-	-	-
Indiana	641	284	44.3
Iowa	54	54	100.0
Kansas	52	4	7.7
Kentucky	986	188	19.1
Louisiana	2,132	1,101	51.6
Maine	-	-	-
Maryland	-	-	-
Massachusetts	1,843	1,157	62.8
Michigan	6,750	6,549	97.0
Minnesota	1,759	1,509	85.8
Mississippi	-	-	-
Missouri	-	-	-
Montana	-	-	-
Nebraska	212	49	23.1
Nevada	-	-	-
New Hampshire	-	-	-
New Jersey	452	70	15.5
New Mexico	146	16	11.0
New York	836	690	82.5
North Carolina	1,125	1,050	93.3
North Dakota	-	-	-
Ohio	6,297	5,542	88.0
Oklahoma	2,526	187	7.4
Oregon	-	-	-
Pennsylvania	-	-	-
Puerto Rico	13	13	100.0
Rhode Island	-	-	-
South Carolina	-	-	-
South Dakota	36	5	13.9
Tennessee	308	304	98.7
Texas	1,521	1,521	100.0
Utah	265	94	35.5
Vermont	-	-	-
Virginia	22	16	72.7
Washington	285	98	34.4
West Virginia	-	-	-
Wisconsin	-	-	-
Wyoming	-	-	-
National	**38,218**	**26,904**	**70.4**
Reporting States	**31**	**31**	**-**

Table 3–14 Screened-in Infants With Prenatal Substance Exposure Who Have a Referral to Appropriate Services, 2021

State	Screened-in IPSE	Screened-in IPSE Who Have a Referral to Appropriate Services	Screened-in IPSE Who Have a Referral to Appropriate Services Percent
Alabama	637	294	46.2
Alaska	-	-	-
Arizona	-	-	-
Arkansas	1,558	1,380	88.6
California	3,202	1,122	35.0
Colorado	37	3	8.1
Connecticut	-	-	-
Delaware	416	172	41.3
District of Columbia	162	135	83.3
Florida	-	-	-
Georgia	3,942	2,725	69.1
Hawaii	-	-	-
Idaho	2	2	100.0
Illinois	-	-	-
Indiana	641	112	17.5
Iowa	54	53	98.1
Kansas	52	1	1.9
Kentucky	986	227	23.0
Louisiana	2,132	1,310	61.4
Maine	-	-	-
Maryland	-	-	-
Massachusetts	1,843	1,764	95.7
Michigan	6,750	5,601	83.0
Minnesota	1,759	395	22.5
Mississippi	-	-	-
Missouri	-	-	-
Montana	-	-	-
Nebraska	212	141	66.5
Nevada	-	-	-
New Hampshire	-	-	-
New Jersey	452	70	15.5
New Mexico	146	15	10.3
New York	836	641	76.7
North Carolina	1,125	1,050	93.3
North Dakota	-	-	-
Ohio	6,297	4,919	78.1
Oklahoma	2,526	1,492	59.1
Oregon	-	-	-
Pennsylvania	-	-	-
Puerto Rico	13	13	100.0
Rhode Island	-	-	-
South Carolina	-	-	-
South Dakota	36	4	11.1
Tennessee	308	304	98.7
Texas	1,521	1,452	95.5
Utah	265	94	35.5
Vermont	-	-	-
Virginia	22	18	81.8
Washington	285	98	34.4
West Virginia	-	-	-
Wisconsin	-	-	-
Wyoming	-	-	-
National	**38,217**	**25,607**	**67.0**
Reporting States	**30**	**30**	**-**

Fatalities

CHAPTER 4

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

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

The child fatality count in this report reflects the federal fiscal year (FFY) in which the deaths are determined as due to maltreatment. The year in which a determination is made may be different from the year in which the child died. CPS agencies may need more time to determine a child died due to maltreatment. The time needed to conclude if a child was a victim of maltreatment often does not coincide with the timeframe for concluding that the death was a result of maltreatment due to multiple agency involvement and multiple levels of review for child deaths. The "date of death" field in the NCANDS Child File indicates the day, month, and year in which the child died.

Number of Child Fatalities

For FFY 2021, a national estimate of 1,820 children died from abuse and neglect at a rate of 2.46 per 100,000 children in the population. The 2021 national estimate is a 7.7 percent increase from the 2017 national estimate of 1,690.[17] (See exhibit 4–A and 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

[17] *The percent change is calculated using the national estimates for FFY 2017 and FFY 2021.*

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.

Exhibit 4–A Child Fatality Rates per 100,000 Children, 2017–2021

Year	Reporting States	Child Population of Reporting States	Child Fatalities from Reporting States	National Fatality Rate Per 100,000 Children	Child Population of all 52 States	National Estimate/ Rounded Number of Child Fatalities
2017	51	74,031,013	1,691	2.28	74,283,872	1,690
2018	52	73,977,376	1,765	2.39	73,977,376	1,765
2019	52	73,661,476	1,825	2.48	73,661,476	1,825
2020	51	73,403,361	1,742	2.37	74,789,247	1,770
2021	50	71,136,102	1,753	2.46	74,112,223	1,820

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

If fewer than 52 states reported data, the national estimate of child fatalities is calculated by multiplying the national fatality rate (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.

At the state level for FFY 2021, 50 states reported 1,753 fatalities. Of those states, 44 reported case-level data on 1,478 fatalities and 35 reported aggregate data on 275 fatalities. Fatality rates by state range from 0.21 to 7.07 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 1,742 for FFY 2020 to 1,753 for FFY 2021. Twenty-one states reported fewer child fatalities due to maltreatment in 2021 than in 2020. Twenty-seven states reported more child fatalities due to maltreatment in 2021 than in 2020. Seven states had increases of 10 or more child deaths in FFY 2021 when compared with FFY 2020. While not every state had an explanation for the increases, two states noted improved reporting.[18] The state with the largest decrease confirmed a decrease in deaths due to unsafe sleep conditions, drownings, vehicle-related deaths, and physical abuse. The state cited prevention messaging and diligent efforts in the community for the reductions.[19] Readers are encouraged to review the fatality comments provided by states in Appendix D.

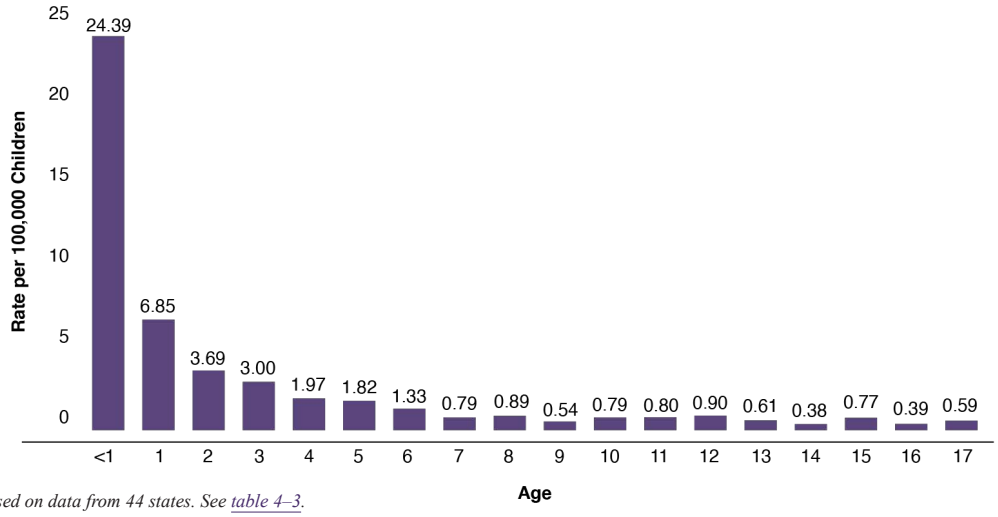
Child Fatality Demographics

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 2021 data show that 66.2 percent of child fatalities are younger than 3 years. Close to one-half (45.6%) of child fatalities are younger than 1 year, a fatality rate of 24.39 per 100,000 children in that age range. This is 3.6 (rounded) times the fatality rate for 1-year-old children (6.85 per 100,000 children in the population of the same age). The child fatality rates mostly decrease with age. Boys have a higher child fatality rate than girls at 3.01 per 100,000 boys in the population, compared with 2.15 per 100,000 girls in the population. (See exhibit 4–C and related notes.)

[18] *New York and Maryland, see Appendix D, State Commentary.*
[19] *Texas*

Exhibit 4–B Child Fatalities by Age, 2021

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 44 states. See table 4–3.

Exhibit 4–C Child Fatalities by Sex, 2021

Sex	Child Population	Child Fatalities	Child Fatalities Percent	Child Fatalities Rate per 100,000 Children
Boys	29,202,837	878	59.4	3.01
Girls	27,890,393	599	40.5	2.15
Unknown	-	1	0.1	-
National	**57,093,230**	**1,478**	**100.0**	**N/A**

Based on data from 44 states. Data are from the Child File. There are no population data for unknown sex and therefore no rates. Dashes are inserted into cells without any data included in this analysis.

Nearly ninety percent (86.5%) of child fatalities are one of three races: White (40.3%), African-American (33.5%), or Hispanic (12.7%). Using the number of victims and the population data to create rates highlights some racial disparity. The rate of African-American child fatalities (5.60 per 100,000 African-American children) is 2.9 (rounded) times greater than the rate of White child fatalities (1.94 per 100,000 White children) and 3.9 (rounded) times greater than the rate of Hispanic child fatalities (1.44 per 100,000 Hispanic children). Children of two or more races had the second highest rate at 4.40 and American Indian or Alaska Native children had a rate of 2.57 per 100,000 children. (See exhibit 4–D and related notes.)

Exhibit 4–D Child Fatalities by Race or Ethnicity, 2021

Race and Ethnicity	Child Population	Child Fatalities	Child Fatalities Percent	Child Fatalities Rate per 100,000 Children
SINGLE RACE	-	-	-	-
African-American	8,159,422	457	33.5	5.60
American Indian or Alaska Native	389,320	10	0.7	2.57
Asian	2,332,052	18	1.3	0.77
Hispanic	11,983,548	173	12.7	1.44
Native Hawaiian or Other Pacific Islander	96,060	2	0.1	2.08
Unknown	-	51	3.7	N/A
White	28,319,684	550	40.3	1.94
MULTIPLE RACE	-	-	-	-
Two or More Races	2,363,376	104	7.6	4.40
National	**53,643,462**	**1,365**	**100.0**	**N/A**

Based on data from 41 states. Data are from the Child File. The multiple race category is defined as any combination of two or more race categories. Counts associated with specific racial groups (e.g., White) are exclusive and do not include Hispanic.

States with 30.0 percent or more of victim race or ethnicity reported as unknown or missing are excluded from this analysis. This analysis includes only those states that have both race and ethnicity population data. Dashes are inserted into cells without any data included in this analysis.

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, 77.7 percent suffered neglect and 42.8 percent suffered physical abuse either exclusively or in combination with another maltreatment type. (See exhibit 4–E and related notes.)

Exhibit 4–E Maltreatment Types of Child Fatalities, 2021

Maltreatment Type	Child Fatalities	Maltreatment Types	Maltreatment Types Percent
Medical Neglect	-	120	8.1
Neglect	-	1,149	77.7
Other	-	4	0.3
Physical Abuse	-	633	42.8
Psychological Maltreatment	-	35	2.4
Sexual Abuse	-	12	0.8
Sex Trafficking	-	-	-
Unknown	-	1	0.1
National	**1,478**	**1,954**	**N/A**

Based on data from 44 states. Data are from the Child File. A child may have suffered from more than one type of maltreatment and therefore, the total number of reported maltreatments exceeds the number of fatalities, and the total percentage of reported maltreatments exceeds 100.0 percent. The percentages are calculated against the number of child fatalities in the reporting states. Dashes are inserted into cells without any data included in this analysis.

Risk Factors

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

Twenty-nine states report that 63 (7.6%) of child fatalities in reporting states had a caregiver with a risk factor of alcohol abuse and 35 states report that 276 (22.4%) of child fatalities in reporting states had a caregiver with a risk factor of drug abuse. (See exhibit 4–F and related notes.)

Exhibit 4–F Child Fatalities With Selected Caregiver Risk Factors, 2021

Caregiver Risk Factor	Reporting States	Child Fatalities from Reporting States	Child Fatalities With a Caregiver Risk Factor	Child Fatalities With a Caregiver Risk Factor Percent
Alcohol Abuse	29	829	63	7.6
Drug Abuse	35	1,230	276	22.4

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

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

Perpetrator Relationship

The The FFY 2021 data show that most perpetrators are caregivers of their victims. More than 80 percent (80.3%) of child fatalities involved parents acting alone, together, or with other individuals. More than 15 percent (16.2%) 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) (4.5%) and "other(s)" (3.8%). The NCANDS category of "other(s)" perpetrator relationship includes any relationship that does not map to one of the NCANDS relationship categories.

According to states' commentary, this category includes nonrelated adult, nonrelated child, foster sibling, babysitter, household staff, clergy, and school personnel. Child fatalities with unknown perpetrator relationship data accounted for 3.5 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 28 states that reported fatalities and family preservation services, 88 of the 850 Child File fatalities and 16 of the 118 Agency File fatalities had family preservation services. In the 36 states that reported fatalities and family reunification services, 30 of the 1,169 Child File fatalities and 7 of the 264 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 information regarding the exhibits and tables is provided below.

General

During data analyses, thresholds are set to ensure data quality is balanced with the need to report data from as many states as possible. States may be excluded from an analysis for data quality issues. Exclusion rules are listed with the relevant table notes below. Not every table has exclusion rules.

- The data for all tables are from the Child File unless otherwise noted.
- All analyses use a unique count of fatalities (child fatality is counted once).

- Rates are per 100,000 children in the population.
- Rates are calculated by dividing the relevant reported count (fatalities, by age, by race, etc.) by the relevant child population count (by age, by race, etc.) and multiplying by 100,000.
- NCANDS uses the child population estimates that are released annually by the U.S. Census Bureau. These estimates are in Appendix C, State Characteristics.
- The row labeled Reporting States displays the count of states that provide data for that analysis. States that do not have a child maltreatment related death and report a zero are included in the count of reporting states 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, 2021

- Data are from the Child File and Agency File.
- The rates were computed by dividing the number of total child fatalities by the child population of reporting states and multiplying by 100,000.

Table 4–2 Child Fatalities, 2017–2021

- Data are from the Child File and Agency File.

Table 4–3 Child Fatalities by Age, 2021

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

Table 4–4 Child Fatalities by Relationship to Their Perpetrators, 2021

- 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 associated 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 an adoptive parent, a biological parent, or a stepparent.
- The two parents of known sex category includes mother and father, two mothers, and two fathers.
- The two parents of known sex with nonparent category includes mother, father, and nonparent; two mothers and nonparent; and two fathers and nonparent.
- One or more parents of unknown sex includes up to three parents in any combination of known and unknown sex. The parent(s) could have acted alone, together, or with a nonparent.
- Nonparent perpetrators counted in combination with parents (e.g., mother and nonparent(s)) are not also counted in the individual categories listed under nonparent.
- Multiple nonparental perpetrators that are in the same category are counted within that category. For example, two child daycare providers are counted as child daycare providers.

- Multiple nonparental perpetrators that are in different categories are counted in more than one nonparental perpetrator.
- The unknown relationship category includes victims with an unknown perpetrator.
- Some states were not able to collect and report on group home and residential facility staff perpetrators due to system limitations or jurisdictional issues.

Table 4–5 Child Fatalities Who Received Family Preservation Services Within the Previous 5 Years, 2021

- Data are from the Child File and Agency File.
- The Child File and Agency File data are presented separately.

Table 4–6 Child Fatalities Who Were Reunited With Their Families Within the Previous 5 Years, 2021

- Data are from the Child File and Agency File.

Table 4–1 Child Fatalities by Submission Type, 2021

State	Child Fatalities Reported in the Child File	Child Fatalities Reported in the Agency File	Total Child Fatalities	Child Fatality Rates per 100,000 Children
Alabama	36	0	36	3.21
Alaska	-	6	6	3.35
Arizona	-	-	-	-
Arkansas	36	-	36	5.12
California	-	135	135	1.54
Colorado	31	0	31	2.49
Connecticut	12	2	14	1.92
Delaware	7	0	7	3.36
District of Columbia	2	0	2	1.59
Florida	84	-	84	1.96
Georgia	88	4	92	3.64
Hawaii	2	0	2	0.66
Idaho	2	1	3	0.64
Illinois	86	3	89	3.17
Indiana	57	-	57	3.59
Iowa	12	-	12	1.63
Kansas	10	0	10	1.42
Kentucky	6	5	11	1.08
Louisiana	23	-	23	2.12
Maine	-	8	8	3.18
Maryland	74	10	84	6.16
Massachusetts	-	-	-	-
Michigan	35	-	35	1.63
Minnesota	22	0	22	1.67
Mississippi	48	1	49	7.07
Missouri	75	0	75	5.42
Montana	2	0	2	0.85
Nebraska	1	0	1	0.21
Nevada	25	3	28	4.01
New Hampshire	3	0	3	1.17
New Jersey	9	1	10	0.49
New Mexico	9	1	10	2.11
New York	126	-	126	3.06
North Carolina	-	45	45	1.96
North Dakota	4	0	4	2.15
Ohio	96	2	98	3.76
Oklahoma	15	0	15	1.56
Oregon	-	18	18	2.09
Pennsylvania	65	-	65	2.43
Puerto Rico	7	-	7	1.28
Rhode Island	2	-	2	0.96
South Carolina	30	11	41	3.67
South Dakota	9	-	9	4.08
Tennessee	32	0	32	2.08
Texas	206	0	206	2.76
Utah	4	-	4	0.42
Vermont	1	-	1	0.85
Virginia	51	-	51	2.71
Washington	-	19	19	1.13
West Virginia	9	0	9	2.51
Wisconsin	22	-	22	1.73
Wyoming	2	0	2	1.51
National	**1,478**	**275**	**1,753**	**2.46**
Reporting States	**44**	**35**	**50**	**-**

Table 4–2 Child Fatalities, 2017–2021

State	2017	2018	2019	2020	2021
Alabama	28	43	34	47	36
Alaska	2	2	1	2	6
Arizona	35	48	33	18	-
Arkansas	37	44	35	30	36
California	147	145	153	150	135
Colorado	35	40	25	24	31
Connecticut	11	8	4	9	14
Delaware	4	4	13	5	7
District of Columbia	4	5	3	4	2
Florida	101	111	114	101	84
Georgia	94	86	68	85	92
Hawaii	4	1	4	0	2
Idaho	10	3	3	10	3
Illinois	74	70	106	102	89
Indiana	78	80	116	56	57
Iowa	19	16	25	9	12
Kansas	14	9	16	10	10
Kentucky	10	6	12	9	11
Louisiana	25	25	24	18	23
Maine		3	3	1	8
Maryland	41	40	55	50	84
Massachusetts	14	14	13	-	-
Michigan	51	49	63	43	35
Minnesota	24	30	17	21	22
Mississippi	40	30	35	38	49
Missouri	33	36	46	44	75
Montana	4	2	2	5	2
Nebraska	1	0	5	2	1
Nevada	21	19	20	14	28
New Hampshire	2	0	2	2	3
New Jersey	13	18	19	17	10
New Mexico	16	12	11	13	10
New York	127	118	69	105	126
North Carolina	18	14	5	23	45
North Dakota	1	8	6	5	4
Ohio	73	106	79	94	98
Oklahoma	21	47	23	42	15
Oregon	30	26	23	17	18
Pennsylvania	42	45	54	67	65
Puerto Rico	6	3	5	5	7
Rhode Island	5	1	3	2	2
South Carolina	28	39	60	36	41
South Dakota	5	3	9	12	9
Tennessee	33	47	43	34	32
Texas	186	200	229	255	206
Utah	13	10	11	6	4
Vermont	0	1	1	0	1
Virginia	41	37	49	39	51
Washington	18	28	25	14	19
West Virginia	17	8	17	12	9
Wisconsin	31	24	34	32	22
Wyoming	4	1	0	3	2
National	**1,691**	**1,765**	**1,825**	**1,742**	**1,753**
Reporting States	**51**	**52**	**52**	**51**	**50**

Table 4–3 Child Fatalities by Age, 2021

Age	Child Population	Child Fatalities	Child Fatalities Percent	Child Fatalities Rate per 100,000 Children
<1	2,763,058	674	45.6	24.39
1	2,877,258	197	13.3	6.85
2	2,929,614	108	7.3	3.69
3	2,997,523	90	6.1	3.00
4	3,052,129	60	4.1	1.97
5	3,134,801	57	3.9	1.82
6	3,160,716	42	2.8	1.33
7	3,151,716	25	1.7	0.79
8	3,139,884	28	1.9	0.89
9	3,146,823	17	1.2	0.54
10	3,180,186	25	1.7	0.79
11	3,251,132	26	1.8	0.80
12	3,322,364	30	2.0	0.90
13	3,445,237	21	1.4	0.61
14	3,439,822	13	0.9	0.38
15	3,382,720	26	1.8	0.77
16	3,349,548	13	0.9	0.39
17	3,368,699	20	1.4	0.59
Unborn, Unknown, and 18–21	N/A	6	0.4	N/A
National	**57,093,230**	**1,478**	**100.0**	**N/A**

Based on data from 44 states.

Table 4–4 Child Fatalities by Relationship to Their Perpetrators, 2021

Perpetrator	Child Fatalities	Relationships	Relationships Percent
PARENT	-	-	-
Father Only	-	186	13.5
Father and Nonparent	-	26	1.9
Mother Only	-	408	29.5
Mother and Nonparent	-	152	11.0
Two Parents of Known Sex	-	311	22.5
Three Parents of Known Sex	-	-	-
Two Parents of Known Sex and Nonparent	-	25	1.8
One or More Parents of Unknown Sex	-	1	0.1
Total Parents	**-**	**1,109**	**80.3**
NONPARENT	-	-	-
Child Daycare Provider(s)	-	21	1.5
Foster Parent(s)	-	8	0.6
Friend(s) or Neighbor(s)	-	9	0.7
Group Home and Residential Facility Staff	-	3	0.2
Legal Guardian(s)	-	3	0.2
Other Professional(s)	-	2	0.1
Relative(s)	-	62	4.5
Unmarried Partner(s) of Parent	-	41	3.0
Other(s)	-	53	3.8
More Than One Nonparental Perpetrator	-	22	1.6
Total Nonparents	-	**224**	**16.2**
TOTAL UNKNOWN	**-**	**48**	**3.5**
National	**1,381**	**1,381**	**100.0**

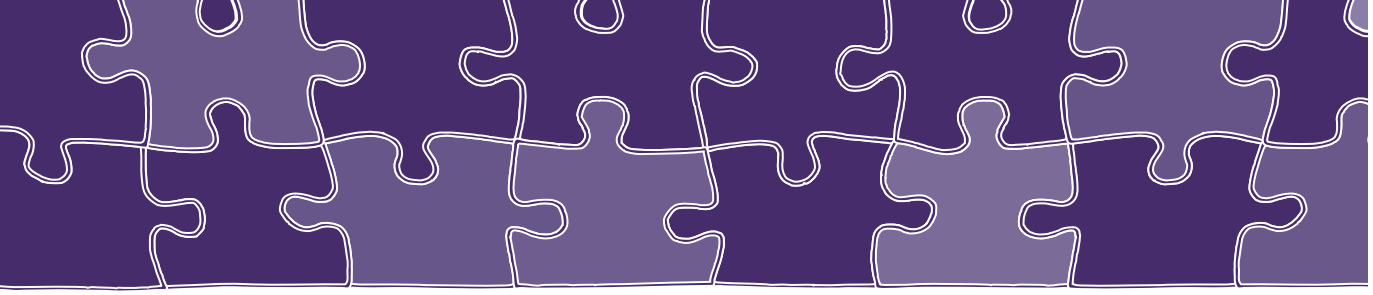
Based on data from 42 states.

Table 4–5 Child Fatalities Who Received Family Preservation Services Within the Previous 5 Years, 2021

State	Child File Fatalities	Child File Fatalities Whose Families Received Preservation Services in the Previous 5 Years	Agency File Fatalities	Agency File Fatalities Whose Families Received Preservation Services in the Previous 5 Years
Alabama	36	5	0	0
Alaska	-	-	6	0
Arizona	-	-	-	-
Arkansas	36	2	-	-
California	-	-	-	-
Colorado	-	-	-	-
Connecticut	12	0	2	0
Delaware	-	-	0	0
District of Columbia	2	0	0	0
Florida	84	6	-	-
Georgia	88	10	4	0
Hawaii	-	-	-	-
Idaho	2	0	-	-
Illinois	86	8	3	1
Indiana	-	-	-	-
Iowa	-	-	-	-
Kansas	10	1	0	0
Kentucky	6	2	5	1
Louisiana	23	5	-	-
Maine	-	-	8	6
Maryland	-	-	-	-
Massachusetts	-	-	-	-
Michigan	-	-	-	-
Minnesota	22	6	0	0
Mississippi	48	2	1	0
Missouri	75	6	0	0
Montana	-	-	-	-
Nebraska	1	0	0	0
Nevada	25	0	3	1
New Hampshire	3	0	0	0
New Jersey	9	1	1	0
New Mexico	9	0	1	0
New York	-	-	-	-
North Carolina	-	-	45	0
North Dakota	4	0	0	0
Ohio	-	-	2	0
Oklahoma	15	0	0	0
Oregon	-	-	18	6
Pennsylvania	-	-	-	-
Puerto Rico	7	1	-	-
Rhode Island	2	0	-	-
South Carolina	-	-	-	-
South Dakota	-	-	-	-
Tennessee	32	5	0	0
Texas	206	26	0	0
Utah	4	0	-	-
Vermont	1	1	-	-
Virginia	-	-	-	-
Washington	-	-	19	1
West Virginia	-	-	-	-
Wisconsin	-	-	-	-
Wyoming	2	1	0	0
National	**850**	**88**	**118**	**16**
National Percent	**-**	**10.4**	**-**	**13.6**
Reporting States	**28**	**28**	**27**	**27**

Table 4–6 Child Fatalities Who Were Reunited With Their Families Within the Previous 5 Years, 2021

State	Child File Fatalities	Child File Fatalities Who Were Reunited With Their Families in the Previous 5 Years	Agency File Fatalities	Agency File Fatalities Who Were Reunited With Their Families in the Previous 5 Years
Alabama	36	2	0	0
Alaska	-	-	6	0
Arizona	-	-	-	-
Arkansas	36	0	-	-
California	-	-	135	5
Colorado	31	0	-	-
Connecticut	12	1	2	0
Delaware	7	0	0	0
District of Columbia	2	0	0	0
Florida	84	1	-	-
Georgia	88	0	4	0
Hawaii	2	0	-	-
Idaho	2	0	-	-
Illinois	86	5	3	0
Indiana	57	3	-	-
Iowa	-	-	-	-
Kansas	10	0	0	0
Kentucky	6	0	5	0
Louisiana	23	3	-	-
Maine	-	-	8	1
Maryland	74	1	-	-
Massachusetts	-	-	-	-
Michigan	-	-	-	-
Minnesota	22	1	0	0
Mississippi	48	0	1	0
Missouri	75	1	0	0
Montana	-	-	-	-
Nebraska	1	0	0	0
Nevada	25	0	3	0
New Hampshire	3	0	0	0
New Jersey	9	1	1	0
New Mexico	9	0	1	0
New York	-	-	-	-
North Carolina	-	-	45	0
North Dakota	4	0	0	0
Ohio	96	1	2	0
Oklahoma	15	0	0	0
Oregon	-	-	18	1
Pennsylvania	-	-	-	-
Puerto Rico	7	0	-	-
Rhode Island	2	0	-	-
South Carolina	30	1	11	0
South Dakota	-	-	-	-
Tennessee	32	2	0	0
Texas	206	4	0	0
Utah	4	0	-	-
Vermont	1	0	-	-
Virginia	-	-	-	-
Washington	-	-	19	0
West Virginia	-	-	-	-
Wisconsin	22	1	-	-
Wyoming	2	2	0	0
National	**1,169**	**30**	**264**	**7**
National Percent	**-**	**2.6**	**-**	**2.7**
Reporting States	**36**	**36**	**29**	**29**



Perpetrators

CHAPTER 5

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

Beginning with FFY 2020, one state recoded the disposition of children who would have previously received an alternative response victim disposition to an indicated disposition. Children with alternative response dispositions are not considered maltreatment victims and do not have perpetrators. Children with indicated dispositions are considered maltreatment victims. The state was not able to include perpetrators for indicated dispositions in its FFY 2020 and 2021 data submissions and is excluded from this chapter.[20] One state (different from the state that recoded) was not able to submit data in time for this report.

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 2021, 50 states reported a unique count of 452,313 perpetrators. This is a decrease from FFY 2017 when 52 states reported 537,316 unique perpetrators. Using the count of perpetrators from the same 50 states that reported for both 2017 and 2021 shows a decrease of 13.6 percent. (See table 5–1 and related notes.)

Perpetrator Demographics (unique count of perpetrators)

More than four-fifths (83.2%) of perpetrators are in the age range of 18–44 years old. Perpetrators in the age group 25–34 are 40.9 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 4.3 per 1,000 adults in the population of the same age. Older adults in the age group of 35–44 have the second highest rate at 3.1, while young adults in the age group of 18–24 have a rate of 2.3 per 1,000 adults in the population of the same age.[21] (See table 5–2, exhibit 5–A, and related notes.)

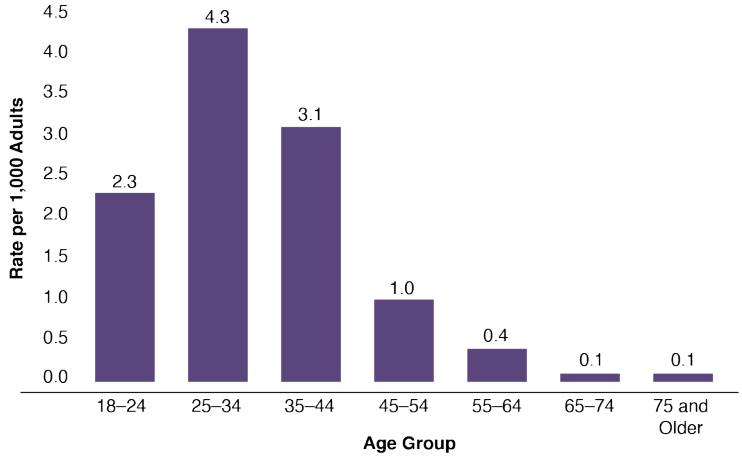
[20] *North Carolina*

[21] *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.*

More than one-half (51.7%) of perpetrators are female and 47.2 percent of perpetrators are male; 1.0 percent of perpetrators are of unknown sex. (See table 5–3 and related notes.) The three largest percentages of perpetrators are White (48.0%), African-American (21.0%), and Hispanic (20.9%). Race or ethnicity is unknown or not reported for 5.2 percent of perpetrators. (See table 5–4, exhibit 5–B, and related notes.)

Exhibit 5–A Perpetrators by Age, 2021

The perpetrator age group of 25–34 have the highest rate at 4.3 per 1,000 adults in the population of the same age



Based on data from 49 states. See table 5–2.

Perpetrator Relationship

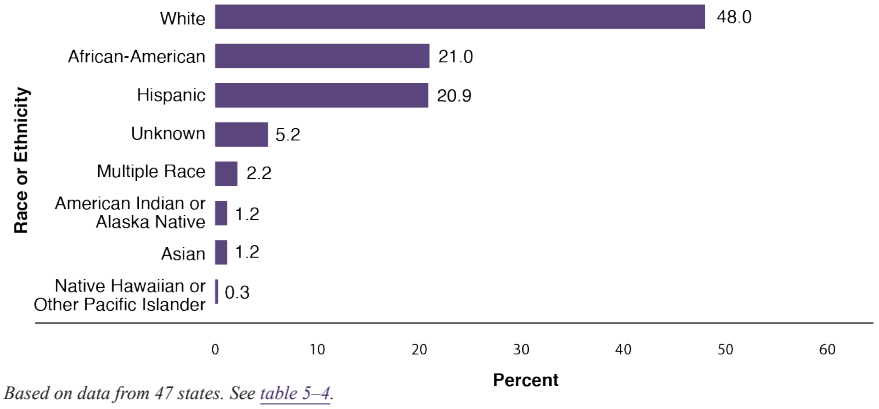
(unique count of perpetrators and unique count of relationships)

In this analysis, single relationships are counted only once per category. Perpetrators with two or more relationships are counted in the multiple relationships category. In the scenarios below, the perpetrator is counted once in the parent category:

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

Exhibit 5–B Perpetrators by Race or Ethnicity, 2021

The largest percentages of perpetrators are White, African-American, and Hispanic



Based on data from 47 states. See table 5–4.

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

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

The majority (76.8%) of perpetrators are a parent of their victim, 6.8 percent of perpetrators are a relative other than a parent, and 4.2 percent had multiple relationships to their victims. Approximately 4.0 percent (3.7%) of perpetrators have an "other" relationship to their victims. (See table 5–5 and related notes.) According to Appendix D, State Commentary, the NCANDS category of "other" perpetrator relationship includes foster sibling, nonrelative, babysitter, etc.

Exhibit and Table Notes

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

General

During data analyses, thresholds are set to ensure data quality is balanced with the need to report data from as many states as possible. States may be excluded from an analysis for data quality issues. Exclusion rules are listed in the table notes below. 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 or child population count and multiplying by 1,000.
- NCANDS uses the population estimates that are released annually by the U.S. Census Bureau. These estimates are available in Appendix C, State Characteristics.
- National totals and calculations appear in a single row labeled National instead of separate rows labeled total, rate, or percent.
- The row labeled Reporting States displays the count of states that provided data for that analysis.
- Unless otherwise noted, all tables use a unique count of perpetrators.
- Dashes are inserted into cells without any data.
- States are excluded from this analysis if fewer than 85.0 percent of duplicate victims are associated with a perpetrator(s).

Table 5–2 Perpetrators by Age, 2021

- 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 reports, the age at the time of the earliest report is used.

Table 5–3 Perpetrators by Sex, 2021

- The category of unknown sex includes not reported.

Table 5–4 Perpetrators by Race and Ethnicity, 2021

- The NCANDS category of multiple race is defined as any combination of two or more race categories.
- Counts associated with each racial group are exclusive and do not include Hispanic ethnicity.
- Perpetrators reported with Hispanic ethnicity are counted as Hispanic, regardless of any reported race.
- States are excluded from this analysis if more than 30.0 percent of perpetrators have an unknown or missing race or ethnicity.
- Only those states that reported both race and ethnicity separately are included in this analysis.

Table 5–5 Perpetrators by Relationship to Their Victims, 2021

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

Table 5–1 Perpetrators, 2017–2021

State	2017	2018	2019	2020	2021
Alabama	7,817	8,791	8,376	8,432	8,387
Alaska	2,177	2,032	2,294	2,425	2,023
Arizona	10,180	15,395	12,909	9,684	-
Arkansas	8,049	7,424	7,118	7,809	8,138
California	52,707	58,362	55,845	53,124	49,073
Colorado	10,078	10,253	10,478	9,820	9,416
Connecticut	6,938	6,292	6,497	5,171	4,541
Delaware	1,236	976	977	919	896
District of Columbia	1,112	1,136	1,257	1,054	1,059
Florida	30,364	27,844	24,927	21,599	20,933
Georgia	7,647	8,612	8,107	6,730	7,344
Hawaii	1,086	1,098	1,158	1,150	1,220
Idaho	1,697	1,774	1,774	1,764	2,016
Illinois	20,652	22,275	23,858	25,303	25,475
Indiana	22,534	20,159	18,477	18,036	17,185
Iowa	7,867	8,529	8,327	7,625	8,158
Kansas	3,525	2,594	2,473	1,998	1,786
Kentucky	16,614	17,400	14,731	12,443	11,303
Louisiana	9,172	7,983	7,574	6,091	5,659
Maine	3,042	3,021	3,874	4,030	3,693
Maryland	6,296	6,507	6,559	6,424	5,715
Massachusetts	20,385	20,750	20,075	17,947	18,261
Michigan	31,306	30,705	26,210	21,484	19,348
Minnesota	6,469	5,617	4,951	4,709	4,000
Mississippi	8,688	8,252	7,793	6,812	7,107
Missouri	4,013	5,108	4,252	4,015	3,945
Montana	2,615	2,704	2,686	2,630	2,142
Nebraska	2,240	1,859	2,022	1,648	1,684
Nevada	3,936	4,120	4,000	4,094	4,465
New Hampshire	1,074	1,154	1,112	1,008	875
New Jersey	5,097	4,589	4,026	2,826	2,517
New Mexico	7,260	6,832	6,702	5,852	4,848
New York	56,260	54,550	52,669	45,922	43,478
North Carolina	3,832	3,409	2,770	5,414	-
North Dakota	1,450	1,558	1,344	1,200	1,037
Ohio	20,290	20,567	21,190	19,599	19,772
Oklahoma	12,548	12,929	12,901	12,487	11,595
Oregon	8,458	9,486	10,056	8,541	7,964
Pennsylvania	5,062	4,865	4,941	4,615	4,765
Puerto Rico	4,415	3,347	3,666	2,734	3,786
Rhode Island	2,467	2,846	2,508	2,141	2,023
South Carolina	12,599	14,350	13,630	10,727	11,503
South Dakota	941	933	1,099	1,097	992
Tennessee	9,231	9,116	9,428	8,493	7,608
Texas	48,380	49,563	49,969	50,567	50,820
Utah	7,543	7,784	7,851	7,197	6,676
Vermont	724	782	709	419	308
Virginia	5,092	5,074	5,005	4,728	4,180
Washington	3,805	3,881	3,693	3,315	3,036
West Virginia	5,692	6,252	5,959	5,359	5,475
Wisconsin	3,933	4,031	3,668	3,345	3,431
Wyoming	721	780	849	729	652
National	**537,316**	**546,250**	**525,324**	**483,285**	**452,313**
Reporting States	**52**	**52**	**52**	**52**	**50**

Table 5–2 Perpetrators by Age, 2021 *(continues next page)*

State	6–11	12–17	18–24	25–34	35–44	45–54	55–64	65–74	75 and Older	Unknown	Total Unique Perpetrators
Alabama	1	273	1,582	3,356	1,868	527	224	87	18	451	8,387
Alaska	-	5	202	837	633	185	84	28	5	44	2,023
Arizona	-	-	-	-	-	-	-	-	-	-	-
Arkansas	97	321	1,634	3,094	1,759	526	271	86	13	337	8,138
California	39	466	6,056	20,566	14,541	4,697	1,487	525	140	556	49,073
Colorado	26	253	1,297	3,923	2,630	770	244	77	77	119	9,416
Connecticut	3	22	535	1,831	1,409	458	148	42	13	80	4,541
Delaware	4	32	120	347	254	86	34	14	5	-	896
District of Columbia	-	2	120	511	278	76	40	6	-	26	1,059
Florida	-	48	2,348	8,634	6,455	1,831	803	235	93	486	20,933
Georgia	-	85	1,081	3,275	2,058	533	216	78	14	4	7,344
Hawaii	-	7	111	453	396	129	56	15	4	49	1,220
Idaho	1	10	367	810	590	163	58	13	4	-	2,016
Illinois	26	434	3,943	10,874	6,790	2,129	699	243	43	294	25,475
Indiana	13	466	3,350	7,349	4,152	1,117	418	132	31	157	17,185
Iowa	1	143	1,233	3,442	2,394	611	234	70	16	14	8,158
Kansas	8	98	246	647	496	145	80	33	3	30	1,786
Kentucky	1	45	1,625	4,823	3,251	979	414	118	47	-	11,303
Louisiana	2	41	1,097	2,644	1,394	309	117	38	14	3	5,659
Maine	-	5	349	1,558	1,256	350	123	42	-	10	3,693
Maryland	-	-	-	-	-	-	-	-	-	-	-
Massachusetts	1	83	1,823	6,831	5,920	2,191	703	187	41	481	18,261
Michigan	-	57	2,465	8,609	5,757	1,717	541	154	30	18	19,348
Minnesota	14	135	529	1,673	1,189	305	112	39	4	-	4,000
Mississippi	51	290	1,030	2,742	1,971	587	267	122	28	19	7,107
Missouri	-	32	606	1,461	1,066	337	171	69	14	189	3,945
Montana	1	8	297	901	671	177	55	12	1	19	2,142
Nebraska	-	36	231	715	504	145	40	11	2	-	1,684
Nevada	-	16	599	2,074	1,220	389	128	31	8	-	4,465
New Hampshire	1	17	80	367	284	92	21	7	3	3	875
New Jersey	1	9	202	1,011	849	257	91	37	17	43	2,517
New Mexico	-	15	517	2,029	1,368	346	117	34	7	415	4,848
New York	4	133	4,497	16,465	14,546	5,373	1,852	475	126	7	43,478
North Carolina	-	-	-	-	-	-	-	-	-	-	-
North Dakota	-	4	154	477	283	64	23	7	-	25	1,037
Ohio	76	929	3,120	7,484	4,704	1,359	577	206	59	1,258	19,772
Oklahoma	-	58	1,817	4,879	3,160	916	394	110	23	238	11,595
Oregon	6	117	952	3,137	2,466	747	280	82	37	140	7,964
Pennsylvania	-	198	700	1,666	1,258	453	262	85	32	111	4,765
Puerto Rico	1	17	550	1,533	1,133	368	119	48	13	4	3,786
Rhode Island	2	32	280	864	594	186	40	7	2	16	2,023
South Carolina	28	51	1,329	4,937	3,531	1,045	376	136	37	33	11,503
South Dakota	-	6	134	444	299	71	14	6	-	18	992
Tennessee	18	331	1,220	2,787	1,376	458	265	83	16	1,054	7,608
Texas	194	1,907	10,457	21,740	11,204	3,279	1,427	434	136	42	50,820
Utah	25	423	863	2,329	2,074	636	241	67	15	3	6,676
Vermont	-	3	37	137	94	20	7	4	1	5	308
Virginia	-	38	513	1,612	1,108	407	174	59	20	249	4,180
Washington	-	6	254	1,252	1,048	294	116	29	8	29	3,036
West Virginia	2	9	623	2,179	1,545	482	151	57	12	415	5,475
Wisconsin	4	32	403	1,240	883	181	86	24	7	571	3,431
Wyoming	-	5	78	251	220	55	16	9	-	18	652
National	**651**	**7,753**	**63,656**	**182,800**	**124,929**	**38,558**	**14,416**	**4,513**	**1,239**	**8,083**	**446,598**
Reporting States	**30**	**49**	**49**	**49**	**49**	**49**	**49**	**49**	**44**	**43**	**49**

Table 5–2 Perpetrators by Age, 2021

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	3.5	5.1	3.0	0.8	0.3	0.2	0.1
Alaska	3.0	7.4	6.2	2.2	0.9	0.4	0.2
Arizona	-	-	-	-	-	-	-
Arkansas	5.9	7.9	4.6	1.5	0.7	0.3	0.1
California	1.7	3.5	2.7	1.0	0.3	0.1	0.1
Colorado	2.5	4.3	3.1	1.1	0.3	0.1	0.2
Connecticut	1.6	4.0	3.1	1.0	0.3	0.1	0.0
Delaware	1.4	2.7	2.1	0.7	0.2	0.1	0.1
District of Columbia	1.8	3.5	2.5	1.1	0.6	0.1	-
Florida	1.4	3.1	2.4	0.7	0.3	0.1	0.0
Georgia	1.1	2.2	1.4	0.4	0.2	0.1	0.0
Hawaii	0.9	2.3	2.1	0.8	0.3	0.1	0.0
Idaho	2.1	3.3	2.4	0.8	0.3	0.1	0.0
Illinois	3.5	6.3	4.0	1.3	0.4	0.2	0.1
Indiana	5.1	8.2	4.8	1.4	0.5	0.2	0.1
Iowa	3.9	8.7	5.9	1.7	0.6	0.2	0.1
Kansas	0.8	1.7	1.3	0.4	0.2	0.1	0.0
Kentucky	3.9	8.2	5.8	1.8	0.7	0.2	0.2
Louisiana	2.7	4.2	2.3	0.6	0.2	0.1	0.0
Maine	3.3	9.4	7.6	2.0	0.6	0.2	-
Maryland	-	-	-	-	-	-	-
Massachusetts	2.7	6.9	6.6	2.5	0.7	0.3	0.1
Michigan	2.7	6.5	4.8	1.4	0.4	0.1	0.0
Minnesota	1.1	2.2	1.5	0.5	0.1	0.1	0.0
Mississippi	3.7	7.2	5.4	1.7	0.7	0.4	0.1
Missouri	1.1	1.8	1.4	0.5	0.2	0.1	0.0
Montana	3.0	6.3	4.8	1.5	0.4	0.1	0.0
Nebraska	1.2	2.8	2.0	0.7	0.2	0.1	0.0
Nevada	2.4	4.6	2.8	1.0	0.3	0.1	0.0
New Hampshire	0.7	2.1	1.7	0.5	0.1	0.0	0.0
New Jersey	0.3	0.9	0.7	0.2	0.1	0.0	0.0
New Mexico	2.6	7.2	5.1	1.5	0.4	0.1	0.0
New York	2.6	5.9	5.7	2.2	0.7	0.2	0.1
North Carolina	-	-	-	-	-	-	-
North Dakota	1.8	4.3	2.8	0.8	0.2	0.1	-
Ohio	3.0	4.8	3.2	1.0	0.4	0.2	0.1
Oklahoma	4.7	9.1	6.1	2.0	0.8	0.3	0.1
Oregon	2.7	5.2	4.2	1.4	0.5	0.2	0.1
Pennsylvania	0.6	1.0	0.8	0.3	0.1	0.1	0.0
Puerto Rico	1.8	3.6	2.9	0.9	0.3	0.1	0.0
Rhode Island	2.5	5.7	4.4	1.4	0.3	0.1	0.0
South Carolina	2.9	7.3	5.5	1.7	0.5	0.2	0.1
South Dakota	1.6	3.9	2.7	0.8	0.1	0.1	-
Tennessee	2.0	2.9	1.6	0.5	0.3	0.1	0.0
Texas	3.7	5.1	2.7	0.9	0.4	0.2	0.1
Utah	2.3	4.8	4.5	1.8	0.8	0.3	0.1
Vermont	0.6	1.8	1.2	0.3	0.1	0.0	0.0
Virginia	0.6	1.4	1.0	0.4	0.2	0.1	0.0
Washington	0.4	1.1	1.0	0.3	0.1	0.0	0.0
West Virginia	4.1	10.2	7.2	2.1	0.6	0.3	0.1
Wisconsin	0.7	1.7	1.2	0.3	0.1	0.0	0.0
Wyoming	1.5	3.4	2.9	0.9	0.2	0.1	-
National	**2.3**	**4.3**	**3.1**	**1.0**	**0.4**	**0.1**	**0.1**
Reporting States	**-**	**-**	**-**	**-**	**-**	**-**	**-**

Table 5–3 Perpetrators by Sex, 2021

State	Men	Women	Unknown	Total Perpetrators	Men Percent	Women Percent	Unknown Percent
Alabama	3,675	4,687	25	8,387	43.8	55.9	0.3
Alaska	913	1,078	32	2,023	45.1	53.3	1.6
Arizona	-	-	-	-	-	-	-
Arkansas	3,511	4,482	145	8,138	43.1	55.1	1.8
California	22,787	25,991	295	49,073	46.4	53.0	0.6
Colorado	4,858	4,485	73	9,416	51.6	47.6	0.8
Connecticut	2,125	2,380	36	4,541	46.8	52.4	0.8
Delaware	566	330	-	896	63.2	36.8	-
District of Columbia	368	676	15	1,059	34.7	63.8	1.4
Florida	10,062	10,495	376	20,933	48.1	50.1	1.8
Georgia	2,862	4,473	9	7,344	39.0	60.9	0.1
Hawaii	542	648	30	1,220	44.4	53.1	2.5
Idaho	807	1,209	-	2,016	40.0	60.0	-
Illinois	11,953	13,361	161	25,475	46.9	52.4	0.6
Indiana	7,320	9,829	36	17,185	42.6	57.2	0.2
Iowa	3,808	4,333	17	8,158	46.7	53.1	0.2
Kansas	1,035	737	14	1,786	58.0	41.3	0.8
Kentucky	5,264	6,016	23	11,303	46.6	53.2	0.2
Louisiana	1,673	3,973	13	5,659	29.6	70.2	0.2
Maine	1,911	1,779	3	3,693	51.7	48.2	0.1
Maryland	3,162	2,334	219	5,715	55.3	40.8	3.8
Massachusetts	7,905	9,584	772	18,261	43.3	52.5	4.2
Michigan	9,554	9,764	30	19,348	49.4	50.5	0.2
Minnesota	2,110	1,890	-	4,000	52.8	47.3	-
Mississippi	2,996	4,057	54	7,107	42.2	57.1	0.8
Missouri	2,379	1,413	153	3,945	60.3	35.8	3.9
Montana	930	1,178	34	2,142	43.4	55.0	1.6
Nebraska	858	826	-	1,684	51.0	49.0	-
Nevada	2,090	2,373	2	4,465	46.8	53.1	0.0
New Hampshire	444	429	2	875	50.7	49.0	0.2
New Jersey	1,268	1,244	5	2,517	50.4	49.4	0.2
New Mexico	2,122	2,628	98	4,848	43.8	54.2	2.0
New York	20,965	22,512	1	43,478	48.2	51.8	0.0
North Carolina	-	-	-	-	-	-	-
North Dakota	379	651	7	1,037	36.5	62.8	0.7
Ohio	9,428	9,954	390	19,772	47.7	50.3	2.0
Oklahoma	5,671	5,860	64	11,595	48.9	50.5	0.6
Oregon	4,632	3,251	81	7,964	58.2	40.8	1.0
Pennsylvania	3,198	1,502	65	4,765	67.1	31.5	1.4
Puerto Rico	1,468	2,318	-	3,786	38.8	61.2	-
Rhode Island	1,029	989	5	2,023	50.9	48.9	0.2
South Carolina	4,413	7,086	4	11,503	38.4	61.6	0.0
South Dakota	360	629	3	992	36.3	63.4	0.3
Tennessee	3,747	3,375	486	7,608	49.3	44.4	6.4
Texas	24,918	25,614	288	50,820	49.0	50.4	0.6
Utah	3,683	2,907	86	6,676	55.2	43.5	1.3
Vermont	208	100	-	308	67.5	32.5	-
Virginia	1,984	2,091	105	4,180	47.5	50.0	2.5
Washington	1,484	1,533	19	3,036	48.9	50.5	0.6
West Virginia	2,287	3,187	1	5,475	41.8	58.2	0.0
Wisconsin	1,669	1,317	445	3,431	48.6	38.4	13.0
Wyoming	291	360	1	652	44.6	55.2	0.2
National	**213,672**	**233,918**	**4,723**	**452,313**	**47.2**	**51.7**	**1.0**
Reporting States	**50**	**50**	**44**	**50**	**-**	**-**	**-**

Table 5–4 Perpetrators by Race and Ethnicity, 2021 *(continues next page)*

State	African-American	American Indian or Alaska Native	Asian	Hispanic	Multiple Race	Native Hawaiian or Other Pacific Islander	White	Unknown	Total Perpetrators
Alabama	2,358	12	10	279	51	1	5,428	248	8,387
Alaska	63	989	13	53	108	39	568	190	2,023
Arizona	-	-	-	-	-	-	-	-	-
Arkansas	1,586	12	21	493	386	40	5,345	255	8,138
California	6,798	424	1,497	22,958	-	191	12,750	4,455	49,073
Colorado	-	-	-	-	-	-	-	-	-
Connecticut	1,020	13	30	1,394	63	3	1,859	159	4,541
Delaware	380	-	9	120	7	-	379	1	896
District of Columbia	705	1	-	104	1	-	14	234	1,059
Florida	5,935	29	93	3,051	230	19	10,314	1,262	20,933
Georgia	2,668	5	22	491	66	7	3,842	243	7,344
Hawaii	28	6	176	48	276	291	269	126	1,220
Idaho	21	46	7	191	19	2	1,214	516	2,016
Illinois	7,931	17	290	4,150	239	8	12,446	394	25,475
Indiana	3,222	12	73	1,024	372	17	12,269	196	17,185
Iowa	1,121	113	43	598	81	31	6,077	94	8,158
Kansas	190	4	16	231	28	2	1,206	109	1,786
Kentucky	1,082	3	17	279	283	7	9,416	216	11,303
Louisiana	2,496	13	11	104	34	3	2,739	259	5,659
Maine	76	33	5	73	100	1	2,519	886	3,693
Maryland	-	-	-	-	-	-	-	-	-
Massachusetts	2,404	36	348	4,813	336	10	8,152	2,162	18,261
Michigan	5,627	80	82	1,253	924	7	11,303	72	19,348
Minnesota	692	342	86	434	420	2	1,955	69	4,000
Mississippi	2,492	6	8	155	18	1	3,673	754	7,107
Missouri	649	7	14	250	8	5	2,686	326	3,945
Montana	21	335	3	74	47	3	1,261	398	2,142
Nebraska	245	95	15	282	57	2	812	176	1,684
Nevada	1,248	31	54	1,019	91	45	1,657	320	4,465
New Hampshire	21	2	4	49	14	1	700	84	875
New Jersey	714	1	27	736	15	1	928	95	2,517
New Mexico	124	457	9	2,538	54	9	1,100	557	4,848
New York	12,317	193	1,183	10,978	766	26	17,628	387	43,478
North Carolina	-	-	-	-	-	-	-	-	-
North Dakota	102	210	6	37	17	3	561	101	1,037
Ohio	4,917	14	54	793	641	11	11,921	1,421	19,772
Oklahoma	1,250	592	28	1,711	2,468	17	5,398	131	11,595
Oregon	346	193	62	804	161	47	5,097	1,254	7,964
Pennsylvania	1,068	7	35	652	67	1	2,594	341	4,765
Puerto Rico	25	3	-	3,455	2	-	93	208	3,786
Rhode Island	310	17	22	451	55	3	1,045	120	2,023
South Carolina	4,177	16	22	511	101	9	5,949	718	11,503
South Dakota	37	351	3	54	103	1	404	39	992
Tennessee	-	-	-	-	-	-	-	-	-
Texas	11,471	88	350	20,371	476	69	16,350	1,645	50,820
Utah	215	136	68	1,425	105	117	4,548	62	6,676
Vermont	13	-	7	8	-	-	262	18	308
Virginia	970	3	32	414	31	12	2,351	367	4,180
Washington	257	96	57	447	157	47	1,770	205	3,036
West Virginia	245	-	1	33	123	-	5,035	38	5,475
Wisconsin	453	144	34	282	38	5	1,910	565	3,431
Wyoming	13	24	-	75	-	-	522	18	652
National	**90,103**	**5,211**	**4,947**	**89,745**	**9,639**	**1,116**	**206,319**	**22,494**	**429,574**
Reporting States	**47**	**44**	**44**	**47**	**44**	**41**	**47**	**47**	**47**

Table 5–4 Perpetrators by Race or Ethnicity, 2021

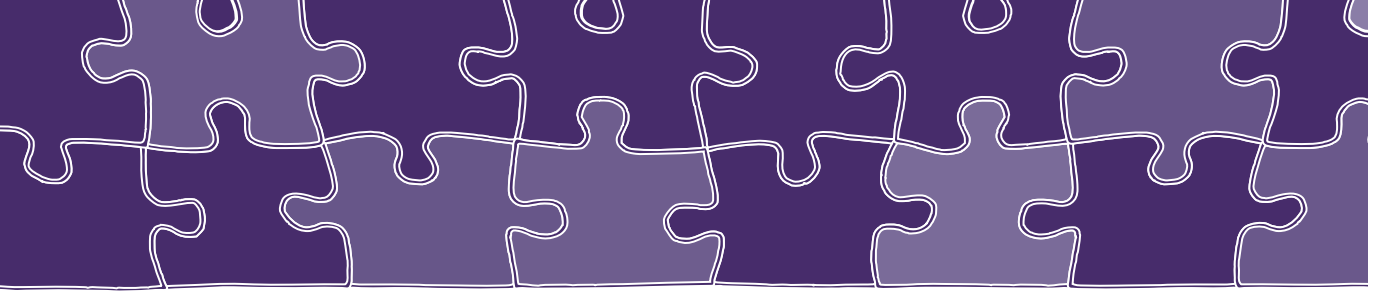
State	African-American Percent	American Indian or Alaska Native Percent	Asian Percent	Hispanic Percent	Multiple Race Percent	Native Hawaiian or Other Pacific Islander Percent	White Percent	Unknown Percent
Alabama	28.1	0.1	0.1	3.3	0.6	0.0	64.7	3.0
Alaska	3.1	48.9	0.6	2.6	5.3	1.9	28.1	9.4
Arizona	-	-	-	-	-	-	-	-
Arkansas	19.5	0.1	0.3	6.1	4.7	0.5	65.7	3.1
California	13.9	0.9	3.1	46.8	-	0.4	26.0	9.1
Colorado	-	-	-	-	-	-	-	-
Connecticut	22.5	0.3	0.7	30.7	1.4	0.1	40.9	3.5
Delaware	42.4	-	1.0	13.4	0.8	-	42.3	0.1
District of Columbia	66.6	0.1	-	9.8	0.1	-	1.3	22.1
Florida	28.4	0.1	0.4	14.6	1.1	0.1	49.3	6.0
Georgia	36.3	0.1	0.3	6.7	0.9	0.1	52.3	3.3
Hawaii	2.3	0.5	14.4	3.9	22.6	23.9	22.0	10.3
Idaho	1.0	2.3	0.3	9.5	0.9	0.1	60.2	25.6
Illinois	31.1	0.1	1.1	16.3	0.9	0.0	48.9	1.5
Indiana	18.7	0.1	0.4	6.0	2.2	0.1	71.4	1.1
Iowa	13.7	1.4	0.5	7.3	1.0	0.4	74.5	1.2
Kansas	10.6	0.2	0.9	12.9	1.6	0.1	67.5	6.1
Kentucky	9.6	0.0	0.2	2.5	2.5	0.1	83.3	1.9
Louisiana	44.1	0.2	0.2	1.8	0.6	0.1	48.4	4.6
Maine	2.1	0.9	0.1	2.0	2.7	0.0	68.2	24.0
Maryland	-	-	-	-	-	-	-	-
Massachusetts	13.2	0.2	1.9	26.4	1.8	0.1	44.6	11.8
Michigan	29.1	0.4	0.4	6.5	4.8	0.0	58.4	0.4
Minnesota	17.3	8.6	2.2	10.9	10.5	0.1	48.9	1.7
Mississippi	35.1	0.1	0.1	2.2	0.3	0.0	51.7	10.6
Missouri	16.5	0.2	0.4	6.3	0.2	0.1	68.1	8.3
Montana	1.0	15.6	0.1	3.5	2.2	0.1	58.9	18.6
Nebraska	14.5	5.6	0.9	16.7	3.4	0.1	48.2	10.5
Nevada	28.0	0.7	1.2	22.8	2.0	1.0	37.1	7.2
New Hampshire	2.4	0.2	0.5	5.6	1.6	0.1	80.0	9.6
New Jersey	28.4	0.0	1.1	29.2	0.6	0.0	36.9	3.8
New Mexico	2.6	9.4	0.2	52.4	1.1	0.2	22.7	11.5
New York	28.3	0.4	2.7	25.2	1.8	0.1	40.5	0.9
North Carolina	-	-	-	-	-	-	-	-
North Dakota	9.8	20.3	0.6	3.6	1.6	0.3	54.1	9.7
Ohio	24.9	0.1	0.3	4.0	3.2	0.1	60.3	7.2
Oklahoma	10.8	5.1	0.2	14.8	21.3	0.1	46.6	1.1
Oregon	4.3	2.4	0.8	10.1	2.0	0.6	64.0	15.7
Pennsylvania	22.4	0.1	0.7	13.7	1.4	0.0	54.4	7.2
Puerto Rico	0.7	0.1	-	91.3	0.1	0.0	2.5	5.5
Rhode Island	15.3	0.8	1.1	22.3	2.7	0.1	51.7	5.9
South Carolina	36.3	0.1	0.2	4.4	0.9	0.1	51.7	6.2
South Dakota	3.7	35.4	0.3	5.4	10.4	0.1	40.7	3.9
Tennessee	-	-	-	-	-	-	-	-
Texas	22.6	0.2	0.7	40.1	0.9	0.1	32.2	3.2
Utah	3.2	2.0	1.0	21.3	1.6	1.8	68.1	0.9
Vermont	4.2	-	2.3	2.6	-	-	85.1	5.8
Virginia	23.2	0.1	0.8	9.9	0.7	0.3	56.2	8.8
Washington	8.5	3.2	1.9	14.7	5.2	1.5	58.3	6.8
West Virginia	4.5	-	0.0	0.6	2.2	0.0	92.0	0.7
Wisconsin	13.2	4.2	1.0	8.2	1.1	0.1	55.7	16.5
Wyoming	2.0	3.7	-	11.5	-	-	80.1	2.8
National	**21.0**	**1.2**	**1.2**	**20.9**	**2.2**	**0.3**	**48.0**	**5.2**
Reporting States	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

Table 5–5 Perpetrators by Relationship to Their Victims, 2021 *(continues next page)*

State	Parent	Child Daycare Provider	Foster Parent	Friend and Neighbor	Group Home and Residential Facility Staff	Legal Guardian	Multiple Relationships
Alabama	5,858	20	15	146	7	37	421
Alaska	1,675	-	20	-	-	11	90
Arizona	-	-	-	-	-	-	-
Arkansas	5,554	25	10	142	9	28	335
California	41,979	-	143	-	9	0	1,657
Colorado	6,762	34	17	5	12	4	557
Connecticut	3,524	5	5	33	-	80	267
Delaware	602	-	1	-	-	-	36
District of Columbia	986	-	1	-	-	5	28
Florida	14,945	25	2	-	-	30	1,430
Georgia	5,919	17	33	24	12	27	149
Hawaii	1,060	-	10	-	-	14	39
Idaho	1,819	4	5	24	-	22	14
Illinois	20,547	143	120	-	19	-	1,277
Indiana	13,378	59	33	405	1	47	869
Iowa	6,428	41	10	-	25	69	304
Kansas	1,221	-	9	11	18	-	33
Kentucky	8,687	12	19	179	-	231	788
Louisiana	-	-	-	-	-	-	-
Maine	3,051	13	16	-	7	6	230
Maryland	-	-	-	-	-	-	-
Massachusetts	14,492	36	40	-	84	110	1,052
Michigan	14,322	-	39	849	20	70	1,698
Minnesota	2,912	28	36	26	10	34	263
Mississippi	5,087	14	48	127	17	12	215
Missouri	2,142	19	14	138	50	-	191
Montana	1,912	5	9	1	3	3	18
Nebraska	1,293	11	11	-	-	3	88
Nevada	3,733	-	4	104	19	1	235
New Hampshire	766	-	-	-	-	9	24
New Jersey	1,954	20	5	24	2	-	76
New Mexico	4,136	-	1	1	-	46	174
New York	36,491	161	175	-	74	161	494
North Carolina	0	-	-	-	-	-	-
North Dakota	847	-	-	42	-	-	55
Ohio	12,506	50	64	222	29	-	1,134
Oklahoma	9,347	31	76	-	19	83	632
Oregon	5,490	2	-	-	-	27	652
Pennsylvania	2,616	10	18	77	33	10	90
Puerto Rico	2,863	1	11	1	13	6	317
Rhode Island	1,661	17	10	-	17	5	116
South Carolina	9,796	2	38	-	24	98	524
South Dakota	807	2	-	-	3	2	56
Tennessee	4,413	10	33	486	25	76	100
Texas	38,083	265	164	310	212	-	798
Utah	4,646	11	11	202	24	28	331
Vermont	206	2	2	22	-	-	6
Virginia	2,941	79	8	-	6	26	175
Washington	2,558	16	14	-	-	-	83
West Virginia	4,077	2	19	-	5	60	399
Wisconsin	2,123	20	17	21	5	6	137
Wyoming	532	3	2	-	9	7	27
National Total	**338,747**	**1,215**	**1,338**	**3,622**	**822**	**1,494**	**18,684**
National Percent	**76.8**	**0.3**	**0.3**	**0.8**	**0.2**	**0.3**	**4.2**
Reporting States	**48**	**37**	**44**	**26**	**33**	**37**	**48**

Table 5–5 Perpetrators by Relationship to Their Victims, 2021

State	Other	Other Professional	Relative	Unmarried Partner of Parent	Unknown	Total Perpetrators
Alabama	608	17	724	327	207	8,387
Alaska	41	-	92	78	16	2,023
Arizona	-	-	-	-	-	-
Arkansas	691	34	822	263	225	8,138
California	1	-	2,262	3,022	-	49,073
Colorado	421	-	813	7	784	9,416
Connecticut	219	2	180	225	1	4,541
Delaware	74	-	138	45	-	896
District of Columbia	12	-	25	-	2	1,059
Florida	715	91	907	1,068	1,720	20,933
Georgia	568	8	430	157	-	7,344
Hawaii	58	-	26	-	13	1,220
Idaho	2	-	66	53	7	2,016
Illinois	495	21	1,458	1,085	310	25,475
Indiana	938	9	903	-	543	17,185
Iowa	303	-	420	550	8	8,158
Kansas	261	-	221	-	12	1,786
Kentucky	91	-	555	625	116	11,303
Louisiana	-	-	-	-	-	-
Maine	45	-	118	188	19	3,693
Maryland	-	-	-	-	-	-
Massachusetts	430	24	691	867	435	18,261
Michigan	221	4	1,075	1,041	9	19,348
Minnesota	93	2	342	245	9	4,000
Mississippi	224	9	801	269	284	7,107
Missouri	474	15	438	321	143	3,945
Montana	22	1	76	92	-	2,142
Nebraska	83	-	90	83	22	1,684
Nevada	4	-	117	238	10	4,465
New Hampshire	-	-	27	15	34	875
New Jersey	55	21	181	170	9	2,517
New Mexico	52	-	187	201	50	4,848
New York	652	-	2,676	245	2,349	43,478
North Carolina	-	-	-	-	-	-
North Dakota	-	-	28	-	65	1,037
Ohio	2,437	66	2,202	-	1,062	19,772
Oklahoma	737	4	538	36	92	11,595
Oregon	5	-	351	127	1,310	7,964
Pennsylvania	540	54	855	408	54	4,765
Puerto Rico	25	13	99	1	436	3,786
Rhode Island	63	-	31	102	1	2,023
South Carolina	306	-	388	326	1	11,503
South Dakota	18	-	41	56	7	992
Tennessee	1,422	9	962	66	6	7,608
Texas	1,361	143	5,854	3,505	125	50,820
Utah	375	6	747	243	52	6,676
Vermont	21	-	14	28	7	308
Virginia	257	36	354	154	144	4,180
Washington	38	-	119	206	2	3,036
West Virginia	405	-	282	22	204	5,475
Wisconsin	269	11	281	263	278	3,431
Wyoming	42	-	26	3	1	652
National Total	**16,174**	**600**	**30,033**	**17,026**	**11,184**	**440,939**
National Percent	**3.7**	**0.1**	**6.8**	**3.9**	**2.5**	**100.0**
Reporting States	**46**	**23**	**48**	**42**	**44**	**48**



Services

CHAPTER 6

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

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

(1) Prevention services–consists of aggregated data from states about the use of various funding streams for prevention services, which are provided to parents whose children are at-risk of abuse and neglect. These services are designed to improve child-rearing competencies of the parents and other caregivers via education on the developmental stages of childhood and the provision of other types of assistance.

(2) Postresponse services–consists of case-level data about children who receive services as a result of an investigation response or alternative response. Postresponse services address the safety of the child and usually are based on an assessment of the family's situation, including service needs and family strengths.

Prevention Services (duplicate count of children)

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

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

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

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

The estimated total child recipient count by funding source is a sum of the reported child count and the calculated child count. The calculated child count is computed by multiplying the family count by the average number of children in a family.[22] 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 2021 estimated total child recipients of prevention services is 1,761,128. (See table 6–1 and related notes.) This is a decrease from the FFY 2020 estimated total child recipients of 1,963,369 based on data from 46 states. The funding source

[22] *For 2021 the average number of own children under 18 in families is 1.93. Source: U.S. Census Bureau, Current Population Survey. (2021). Annual Social and Economic Supplement AVG3. Average Number of People per Family Household with Own Children Under 18, by Race and Hispanic Origin, Marital Status, Age, and Education of House-holder: 2021 [data file]. Retrieved January 2022 from https://www.census.gov/data/tables/2021/demo/families/cps-2021.html.*

with the largest number of estimated total child recipients is Promoting Safe and Stable Families with 36 states reporting 515,430 estimated recipients.[23] The Community-Based Child Abuse Prevention Grants has 37 states reporting an estimated total child recipients of 459,553. Twenty-four states reported recipients in the "Other" funding source. 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 data are listed below:

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

Postresponse Services (duplicate count of children)

All children and families who are involved with a child welfare agency receive services to some degree. NCANDS and the Child Maltreatment report focus on only those services that were initiated or continued as a result of the investigation response or alternative response. NCANDS collects data for 26 services categories, states have their own service categories which they crosswalk (map) to the NCANDS categories. (See chapter 1.) Not every state reports data for every service. Readers should see Appendix B, Glossary, for definitions of service categories and Appendix D, State Commentary, for state-specific information on services reporting.[24] States continue to work on improving the ability to report postresponse services data. Some states say they are only able to report on those services that the CPS agency provides and are not able to report on those services provided by an external agency or vendors.

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

During FFY 2021, 1,051,818 children received postresponse services from a CPS agency. Fifty states reported 58.0 percent of duplicate victims received postresponse services and 26.1 percent of duplicate nonvictims received postresponse services. (See table 6–2 and related notes.) This is a decrease from FFY 2020 when 51 states reported 1,159,294 children who received postresponse services. Comments provided by states attribute changes in FFY 2021 data when compared with 2020 are due to the decrease in referrals and children known to the CPS agency due to the ongoing COVID-19 pandemic. 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.

[23] *P.L. 116–94 Family First Transition Act of 2020 renamed this program to Marylee Allen Promoting Safe and Stable Families.*

[24] *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*

Table 6–3 calculates the national average by dividing the total number of days to services by the number of children who received services on or after the report date (mean). Based on data from 44 states, the average number of days from receipt of a report to initiation of services for FFY 2021 is 29 days and a midpoint (median) of 18 days. (See table 6–3 and related notes.) This is a decrease from FFY 2020, when 45 states reported an average of 33 days and a median of 20 days.

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 data from 48 states, 113,324 victims (20.2%) and 43,252 nonvictims (1.6%) are removed from their homes. For FFY 2020, 49 states reported 124,360 victims (21.8%) and 48,719 nonvictims (1.7%) 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 52,222 victims (19.7%) have court-appointed representatives. (See table 6–5 and related notes.) This is a decrease from FFY 2020 when 26 states reported 57,525 victims (20.1%) had court-appointed representatives. The representatives act on behalf of a child in court proceedings and make recommendations to the court in the best interests of the child. According to states, Guardians ad Litem, children's attorneys, and Court Appointed Special Advocates (CASAs) are included in these counts to NCANDS. These numbers are likely to be an undercount given the statutory requirement in CAPTA that says, "in every case involving a victim of child abuse or neglect which results in a judicial proceeding, a guardian ad litem who has received training appropriate to the role, including training in early childhood, child and adolescent development, and who may be an attorney or a court-appointed special advocate who has received training appropriate to that role (or both), shall be appointed to represent the child in such proceedings…" States provide the following possible reasons for not reporting these data:

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

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

History of Receiving Services (unique count of victims)

Two data elements in the Agency File collect information on histories of victims with prior CPS involvement. For FFY 2021, 29 states reported 45,440 victims (14.0%) received family preservation services within the previous 5 years. This is a decrease from FFY 2020 when 30 states reported 46,205 of victims (13.9%) received family preservation services. (See table 6–6 and related notes.) FFY 2021 data from 38 states show 19,588 victims (4.8%) were reunited with their families within the previous 5 years. This is a decrease from FFY 2020 when 39 states reported 20,654 victims (4.9%) were reunited. Several states subcontract family preservation services to outside vendors and are not able to report these data to NCANDS. (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-seven states reported 91,445 victims who are eligible for referral to agencies providing early intervention services and 28 states reported 28,209 victims who are referred. Of the states that are able to report both the victims who are eligible and referred (27 states), 65.6 percent of victims who are eligible are referred to the agencies. (See table 6–8 and related notes).

Exhibit and Table Notes

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

General

During data analyses, thresholds are set to ensure data quality is balanced with the need to report data from as many states as possible. States may be excluded from an analysis for data quality issues. Exclusion rules are listed in the table notes below. Not every table has exclusion rules.

- 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/research-data-technology/reporting-systems/ncands.
- National totals and calculations appear in a single row labeled National instead of separate rows labeled total, rate, or percent.
- Dashes are inserted into cells without any data for this analysis.

Table 6–1 Children Who Received Prevention Services by Funding Source, 2021

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

Table 6–2 Children Who Received Postresponse Services, 2021

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

Table 6–3 Average and Median Number of Days to Initiation of Services, 2021

- The number of children is a duplicate count.
- This analysis uses subset of children whose service date is the same day or later than the report date. The subset is created by excluding any report with a service date prior to the report date.
- The average is displayed at the state and national level. The state average is rounded to a whole day. The national average is calculated by dividing the total number of days to services by the number of children who received services on or after the report date. The total number of days to the initiation of services is not shown.
- The median is displayed for both the national and the state level. The median is determined by finding the midpoint of the number of days to services for children who received services on or after the report date.

- States are excluded from this analysis if they report fewer than 1.0 percent of victims or fewer than 1.0 percent of nonvictims with postresponse services.
- States are excluded from this analysis if fewer than 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, 2021

- 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 40.0 percent of nonvictims with foster care services did not have a removal date.

Table 6–5 Victims with Court-Appointed Representatives, 2021

- 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, 2021

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

Table 6–7 Victims Who Were Reunited with Their Families Within the Previous 5 Years, 2021

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

Table 6–8 IDEA: Victims Who Were Eligible and Victims Who Were Referred to Part C Agencies, 2021

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

Table 6–1 Children Who Received Prevention Services by Funding Source, 2021

(continues next page)

State	Child Abuse and Neglect State Grant (State Grant) Children	State Grant Calculated Child Count	State Grant Estimated Total Child Recipients	Community-Based Child Abuse Prevention Grants (CBCAP) Children	CBCAP Calculated Child Count	CBCAP Estimated Total Child Recipients
Alabama	-	712	712	129	-	129
Alaska	-	-	-	542	-	542
Arizona	-	-	-	-	-	-
Arkansas	3	162	165	-	1,679	1,679
California	-	975	975	2,224	17,225	19,449
Colorado	-	-	-	-	-	-
Connecticut	36,499	-	36,499	-	133	133
Delaware	-	-	-	-	-	-
District of Columbia	74	-	74	-	-	-
Florida	-	-	-	-	-	-
Georgia	5,216	3,470	8,686	3,617	29,340	32,957
Hawaii	-	-	-	-	2,617	2,617
Idaho	-	-	-	960	5,346	6,306
Illinois	1,002	1,272	2,274	2,624	3,329	5,953
Indiana	21,453	-	21,453	5,800	-	5,800
Iowa	-	178	178	-	1,121	1,121
Kansas	-	-	-	-	-	-
Kentucky	-	-	-	1,195	-	1,195
Louisiana	-	-	-	7,291	20,641	27,932
Maine	-	-	-	-	-	-
Maryland	-	-	-	-	-	-
Massachusetts	-	-	-	-	-	-
Michigan	1,416	2,721	4,137	79,771	108,449	188,220
Minnesota	4,207	-	4,207	7,085	-	7,085
Mississippi	-	-	-	2,885	7,886	10,771
Missouri	-	-	-	593	-	593
Montana	-	-	-	1,338	1,812	3,150
Nebraska	-	-	-	1,140	-	1,140
Nevada	-	-	-	351	-	351
New Hampshire	-	-	-	4,479	-	4,479
New Jersey	-	2,366	2,366	39,729	25,146	64,875
New Mexico	-	-	-	176	-	176
New York	-	-	-	1,511	3,596	5,107
North Carolina	-	-	-	279	446	725
North Dakota	-	-	-	65	2,358	2,423
Ohio	-	-	-	1,935	288	2,223
Oklahoma	-	-	-	-	384	384
Oregon	-	-	-	-	-	-
Pennsylvania	-	-	-	7,582	-	7,582
Puerto Rico	4,517	45,353	49,870	825	3,478	4,303
Rhode Island	-	-	-	-	-	-
South Carolina	-	-	-	-	-	-
South Dakota	-	-	-	1,034	712	1,746
Tennessee	-	-	-	-	-	-
Texas	-	-	-	574	1,127	1,701
Utah	-	-	-	13,304	-	13,304
Vermont	-	-	-	-	-	-
Virginia	-	-	-	824	1,938	2,762
Washington	4,206	-	4,206	-	1,430	1,430
West Virginia	6,584	10,590	17,174	19,119	-	19,119
Wisconsin	-	-	-	-	-	-
Wyoming	-	-	-	3,100	6,990	10,090
National	**85,177**	**67,799**	**152,976**	**212,081**	**247,472**	**459,553**
Reporting States	**11**	**10**	**15**	**31**	**24**	**37**

Table 6–1 Children Who Received Prevention Services by Funding Source, 2021

(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	-	72,746	72,746	13,285	-	13,285
Alaska	220	21	241	176	4,094	4,270
Arizona	-	-	-	-	-	-
Arkansas	-	544	544	-	50,203	50,203
California	3,973	37,556	41,529	-	-	-
Colorado	-	3,433	3,433	-	-	-
Connecticut	13,620	48,242	61,862	-	-	-
Delaware	1,482	-	1,482	-	1,013	1,013
District of Columbia	176	-	176	-	-	-
Florida	36,278	-	36,278	-	-	-
Georgia	17,202	-	17,202	-	-	-
Hawaii	-	-	-	-	-	-
Idaho	673	-	673	202	-	202
Illinois	-	-	-	1,865	2,509	4,374
Indiana	3,828	-	3,828	8	-	8
Iowa	-	1,301	1,301	-	-	-
Kansas	2,192	-	2,192	-	-	-
Kentucky	1,187	-	1,187	-	-	-
Louisiana	2,152	2,434	4,586	6,268	-	6,268
Maine	-	-	-	-	-	-
Maryland	-	-	-	12,322	-	12,322
Massachusetts	-	-	-	-	-	-
Michigan	12,194	9,314	21,508	-	-	-
Minnesota	1,451	-	1,451	11,160	-	11,160
Mississippi	445	-	445	-	-	-
Missouri	-	-	-	-	-	-
Montana	2,023	2,613	4,636	-	-	-
Nebraska	-	14,050	14,050	-	-	-
Nevada	6,685	-	6,685	22,122	-	22,122
New Hampshire	597	-	597	1,790	-	1,790
New Jersey	-	-	-	-	-	-
New Mexico	2,306	-	2,306	-	-	-
New York	-	-	-	-	-	-
North Carolina	3,636	4,620	8,256	-	-	-
North Dakota	-	5,688	5,688	-	-	-
Ohio	-	-	-	36,808	-	36,808
Oklahoma	141	396	537	-	-	-
Oregon	-	1,702	1,702	-	3,625	3,625
Pennsylvania	4,170	-	4,170	203,283	-	203,283
Puerto Rico	1,006	1,969	2,975	691	2,837	3,528
Rhode Island	-	3,179	3,179	-	-	-
South Carolina	-	-	-	-	-	-
South Dakota	-	-	-	-	-	-
Tennessee	-	-	-	-	-	-
Texas	16,557	28,439	44,996	-	-	-
Utah	-	-	-	-	-	-
Vermont	-	-	-	-	-	-
Virginia	20,382	31,679	52,061	-	-	-
Washington	5,176	18,439	23,615	-	-	-
West Virginia	22,789	39,966	62,755	32,844	19,302	52,146
Wisconsin	-	-	-	-	-	-
Wyoming	1,803	2,754	4,557	4,504	-	4,504
National	**184,344**	**331,086**	**515,430**	**347,328**	**83,583**	**430,911**
Reporting States	**28**	**22**	**36**	**15**	**7**	**18**

Table 6–1 Children Who Received Prevention Services by Funding Source, 2021

State	Other Funding (Other) Children	Other Calculated Child Count	Other Estimated Total Child Recipients	Estimated Total Child Recipients
Alabama	-	-	-	86,872
Alaska	118	340	458	5,510
Arizona	-	-	-	-
Arkansas	-	-	-	52,592
California	1,077	10,100	11,177	73,129
Colorado	-	-	-	3,433
Connecticut	433	5,335	5,768	104,262
Delaware	3,210	1,864	5,074	7,570
District of Columbia	1,162	-	1,162	1,412
Florida	-	-	-	36,278
Georgia	-	-	-	58,845
Hawaii	-	-	-	2,617
Idaho	356	-	356	7,537
Illinois	-	-	-	12,601
Indiana	9,310	-	9,310	40,399
Iowa	-	-	-	2,600
Kansas	69	-	69	2,261
Kentucky	2,879	-	2,879	5,261
Louisiana	2,371	6,211	8,582	47,368
Maine	-	-	-	-
Maryland	-	-	-	12,322
Massachusetts	-	-	-	-
Michigan	-	-	-	213,865
Minnesota	-	-	-	23,903
Mississippi	1,285	-	1,285	12,501
Missouri	1,646	-	1,646	2,239
Montana	-	-	-	7,786
Nebraska	-	-	-	15,190
Nevada	2,465	-	2,465	31,623
New Hampshire	-	-	-	6,866
New Jersey	-	5,450	5,450	72,691
New Mexico	4,322	-	4,322	6,804
New York	74,930	-	74,930	80,037
North Carolina	2,742	5,275	8,017	16,998
North Dakota	-	-	-	8,111
Ohio	-	-	-	39,031
Oklahoma	5,458	6,467	11,925	12,846
Oregon	-	220	220	5,547
Pennsylvania	6,457	-	6,457	221,492
Puerto Rico	784	2,270	3,054	63,729
Rhode Island	-	-	-	3,179
South Carolina	-	-	-	-
South Dakota	-	-	-	1,746
Tennessee	-	-	-	-
Texas	-	-	-	46,697
Utah	10,684	-	10,684	23,988
Vermont	-	-	-	-
Virginia	5,212	9,669	14,881	69,704
Washington	-	-	-	29,251
West Virginia	12,088	-	12,088	163,282
Wisconsin	-	-	-	-
Wyoming	-	-	-	19,152
National	**149,058**	**53,200**	**202,258**	**1,761,128**
Reporting States	**22**	**11**	**24**	**45**

Table 6–2 Children Who Received Postresponse Services, 2021

State	Victims	Victims Who Received Postresponse Services	Victims Who Received Postresponse Services Percentage	Nonvictims	Nonvictims Who Received Postresponse Services	Nonvictims Who Received Postresponse Services Percentage
Alabama	12,205	7,050	57.8	27,282	4,838	17.7
Alaska	3,036	1,636	53.9	10,587	491	4.6
Arizona	-	-	-	-	-	-
Arkansas	10,113	8,467	83.7	52,468	8,509	16.2
California	58,816	50,116	85.2	266,856	179,406	67.2
Colorado	12,111	2,153	17.8	39,896	785	2.0
Connecticut	5,954	5,733	96.3	9,613	8,747	91.0
Delaware	1,140	323	28.3	10,068	890	8.8
District of Columbia	1,801	258	14.3	7,603	177	2.3
Florida	28,707	10,489	36.5	282,733	8,960	3.2
Georgia	9,843	7,449	75.7	117,577	70,246	59.7
Hawaii	1,427	903	63.3	4,093	568	13.9
Idaho	2,349	1,410	60.0	13,726	1,216	8.9
Illinois	40,824	19,152	46.9	144,906	25,947	17.9
Indiana	23,034	13,344	57.9	163,137	12,179	7.5
Iowa	13,665	13,665	100.0	43,675	43,675	100.0
Kansas	2,266	945	41.7	31,914	5,665	17.8
Kentucky	16,236	11,736	72.3	49,519	3,724	7.5
Louisiana	6,633	3,524	53.1	15,745	1,014	6.4
Maine	4,708	1,143	24.3	18,737	313	1.7
Maryland	6,736	1,280	19.0	16,779	1,017	6.1
Massachusetts	25,273	23,364	92.4	54,649	34,534	63.2
Michigan	25,870	7,667	29.6	132,422	13,236	10.0
Minnesota	5,850	3,612	61.7	32,787	8,624	26.3
Mississippi	9,185	4,542	49.5	33,562	2,605	7.8
Missouri	4,361	2,546	58.4	68,289	15,917	23.3
Montana	3,300	1,596	48.4	13,664	1,092	8.0
Nebraska	2,601	1,936	74.4	35,118	13,973	39.8
Nevada	5,908	2,899	49.1	29,211	5,354	18.3
New Hampshire	990	506	51.1	13,262	839	6.3
New Jersey	3,283	1,898	57.8	75,387	14,163	18.8
New Mexico	6,845	1,839	26.9	23,470	1,719	7.3
New York	-	-	-	-	-	-
North Carolina	24,014	14,996	62.4	86,257	22,234	25.8
North Dakota	1,382	951	68.8	3,651	427	11.7
Ohio	26,742	17,022	63.7	101,152	28,378	28.1
Oklahoma	14,438	12,733	88.2	48,779	34,352	70.4
Oregon	11,501	3,210	27.9	41,059	1,918	4.7
Pennsylvania	4,891	1,138	23.3	29,716	1,928	6.5
Puerto Rico	5,508	4,749	86.2	9,457	3,140	33.2
Rhode Island	2,758	1,201	43.5	5,322	736	13.8
South Carolina	16,487	5,237	31.8	63,546	7,967	12.5
South Dakota	1,549	748	48.3	2,758	246	8.9
Tennessee	7,888	7,888	100.0	92,528	87,369	94.4
Texas	67,235	26,974	40.1	243,792	10,204	4.2
Utah	9,796	8,563	87.4	20,320	14,277	70.3
Vermont	436	159	36.5	2,936	478	16.3
Virginia	5,103	1,386	27.2	44,298	2,105	4.8
Washington	4,030	2,086	51.8	53,109	3,695	7.0
West Virginia	6,305	6,105	96.8	44,821	5,958	13.3
Wisconsin	4,441	1,833	41.3	31,462	2,335	7.4
Wyoming	910	721	79.2	3,594	2,767	77.0
National	**570,484**	**330,881**	**58.0**	**2,767,292**	**720,937**	**26.1**
Reporting States	**50**	**50**	**-**	**50**	**50**	**-**

Table 6–3 Average and Median Number of Days to Initiation of Services, 2021

State	Children Who Received Services	Children Who Received Services on or After the Report Date	Average Number of Days to Initiation of Services	Median Number of Days to Initiation of Services
Alabama	11,888	11,837	38	32
Alaska	2,127	2,127	43	29
Arizona	-	-	-	-
Arkansas	16,976	16,297	37	40
California	229,522	218,144	14	6
Colorado	2,938	2,853	23	14
Connecticut	-	-	-	-
Delaware	1,213	1,213	75	61
District of Columbia	435	420	40	25
Florida	19,449	13,647	29	12
Georgia	77,695	76,221	12	6
Hawaii	1,471	1,179	25	2
Idaho	2,626	2,622	22	17
Illinois	45,099	22,042	45	34
Indiana	25,523	25,469	30	18
Iowa	57,340	57,340	24	28
Kansas	6,610	3,624	54	34
Kentucky	15,460	13,345	76	66
Louisiana	4,538	4,233	36	23
Maine	1,456	1,456	43	35
Maryland	-	-	-	-
Massachusetts	57,898	39,230	14	18
Michigan	20,903	10,874	44	36
Minnesota	12,236	12,236	60	44
Mississippi	7,147	7,089	27	28
Missouri	18,463	16,067	48	35
Montana	2,688	2,097	46	27
Nebraska	15,909	7,207	57	32
Nevada	8,253	7,950	66	56
New Hampshire	1,345	1,084	55	37
New Jersey	16,061	10,642	45	34
New Mexico	3,558	2,801	34	16
New York	-	-	-	-
North Carolina	-	-	-	-
North Dakota	1,378	1,361	54	44
Ohio	45,400	37,061	42	34
Oklahoma	47,085	47,008	51	49
Oregon	5,128	4,581	47	21
Pennsylvania	3,066	2,267	29	29
Puerto Rico	7,889	6,672	81	26
Rhode Island	1,937	1,268	31	20
South Carolina	13,204	7,304	39	42
South Dakota	-	-	-	-
Tennessee	-	-	-	-
Texas	37,178	36,494	43	29
Utah	-	-	-	-
Vermont	637	386	46	27
Virginia	3,491	2,047	40	22
Washington	5,781	4,430	29	18
West Virginia	12,063	7,166	33	21
Wisconsin	4,168	4,168	52	56
Wyoming	3,488	3,456	13	6
National	**878,720**	**757,015**	**29**	**18**
Reporting States	**44**	**44**	**-**	**-**

Table 6–4 Children Who Received Foster Care Postresponse Services and Who Had a Removal Date on or After the Report Date, 2021

State	Victims	Victims Who Received Foster Care Postresponse Services	Victims Who Received Foster Care Postresponse Services Percent	Nonvictims	Nonvictims Who Received Foster Care Postresponse Services	Nonvictims Who Received Foster Care Postresponse Services Percent
Alabama	12,205	2,080	17.0	27,282	753	2.8
Alaska	3,036	781	25.7	10,587	293	2.8
Arizona	-	-	-	-	-	-
Arkansas	10,113	1,894	18.7	52,468	1,048	2.0
California	58,816	19,830	33.7	266,856	5,039	1.9
Colorado	12,111	1,449	12.0	39,896	256	0.6
Connecticut	5,954	838	14.1	9,613	257	2.7
Delaware	1,140	124	10.9	10,068	53	0.5
District of Columbia	1,801	211	11.7	7,603	44	0.6
Florida	28,707	9,784	34.1	282,733	3,042	1.1
Georgia	9,843	1,996	20.3	117,577	1,459	1.2
Hawaii	1,427	652	45.7	4,093	86	2.1
Idaho	2,349	809	34.4	13,726	207	1.5
Illinois	40,824	6,641	16.3	144,906	2,544	1.8
Indiana	23,034	6,503	28.2	163,137	2,308	1.4
Iowa	13,665	1,813	13.3	43,675	36	0.1
Kansas	2,266	192	8.5	31,914	708	2.2
Kentucky	16,236	946	5.8	49,519	100	0.2
Louisiana	6,633	1,803	27.2	15,745	226	1.4
Maine	4,708	864	18.4	18,737	271	1.4
Maryland	6,736	521	7.7	16,779	144	0.9
Massachusetts	25,273	3,786	15.0	54,649	995	1.8
Michigan	25,870	3,036	11.7	132,422	1,003	0.8
Minnesota	5,850	1,713	29.3	32,787	1,738	5.3
Mississippi	9,185	1,199	13.1	33,562	315	0.9
Missouri	4,361	1,435	32.9	68,289	3,404	5.0
Montana	3,300	1,366	41.4	13,664	428	3.1
Nebraska	2,601	970	37.3	35,118	1,129	3.2
Nevada	5,908	2,001	33.9	29,211	573	2.0
New Hampshire	990	355	35.9	13,262	203	1.5
New Jersey	3,283	614	18.7	75,387	925	1.2
New Mexico	6,845	881	12.9	23,470	411	1.8
New York	-	-	-	-	-	-
North Carolina	24,014	2,554	10.6	86,257	193	0.2
North Dakota	1,382	350	25.3	3,651	64	1.8
Ohio	26,742	5,621	21.0	101,152	2,600	2.6
Oklahoma	14,438	2,874	19.9	48,779	55	0.1
Oregon	11,501	2,321	20.2	41,059	595	1.4
Pennsylvania	-	-	-	-	-	-
Puerto Rico	5,508	422	7.7	9,457	26	0.3
Rhode Island	2,758	512	18.6	5,322	124	2.3
South Carolina	16,487	2,062	12.5	63,546	557	0.9
South Dakota	1,549	697	45.0	2,758	171	6.2
Tennessee	7,888	1,739	22.0	92,528	3,730	4.0
Texas	67,235	10,761	16.0	243,792	1,168	0.5
Utah	9,796	909	9.3	20,320	26	0.1
Vermont	436	93	21.3	2,936	127	4.3
Virginia	-	-	-	-	-	-
Washington	4,030	1,455	36.1	53,109	1,233	2.3
West Virginia	6,305	1,977	31.4	44,821	670	1.5
Wisconsin	4,441	1,522	34.3	31,462	1,890	6.0
Wyoming	910	368	40.4	3,594	25	0.7
National	**560,490**	**113,324**	**20.2**	**2,693,278**	**43,252**	**1.6**
Reporting States	**48**	**48**	**48**	**48**	**48**	**48**

Table 6–5 Victims With Court-Appointed Representatives, 2021

State	Victims	Victims With Court-Appointed Representatives	Victims With Court-Appointed Representatives Percent
Alabama	12,205	874	7.2
Alaska	3,036	779	25.7
Arizona	-	-	-
Arkansas	-	-	-
California	58,816	15,893	27.0
Colorado	-	-	-
Connecticut	-	-	-
Delaware	1,140	133	11.7
District of Columbia	-	-	-
Florida	-	-	-
Georgia	9,843	1,577	16.0
Hawaii	1,427	848	59.4
Idaho	-	-	-
Illinois	-	-	-
Indiana	23,034	5,410	23.5
Iowa	13,665	1,954	14.3
Kansas	-	-	-
Kentucky	16,236	3,464	21.3
Louisiana	-	-	-
Maine	4,708	628	13.3
Maryland	-	-	-
Massachusetts	25,273	5,264	20.8
Michigan	-	-	-
Minnesota	5,850	1,288	22.0
Mississippi	9,185	833	9.1
Missouri	-	-	-
Montana	3,300	720	21.8
Nebraska	2,601	985	37.9
Nevada	5,908	590	10.0
New Hampshire	990	459	46.4
New Jersey	-	-	-
New Mexico	6,845	882	12.9
New York	-	-	-
North Carolina	-	-	-
North Dakota	1,382	79	5.7
Ohio	26,742	5,089	19.0
Oklahoma	14,438	1,105	7.7
Oregon	-	-	-
Pennsylvania	-	-	-
Puerto Rico	-	-	-
Rhode Island	2,758	528	19.1
South Carolina	-	-	-
South Dakota	-	-	-
Tennessee	-	-	-
Texas	-	-	-
Utah	9,796	1,514	15.5
Vermont	436	141	32.3
Virginia	5,103	1,185	23.2
Washington	-	-	-
West Virginia	-	-	-
Wisconsin	-	-	-
Wyoming	-	-	-
National	**264,717**	**52,222**	**19.7**
Reporting States	**25**	**25**	**-**

Table 6–6 Victims Who Received Family Preservation Services Within the Previous 5 Years, 2021

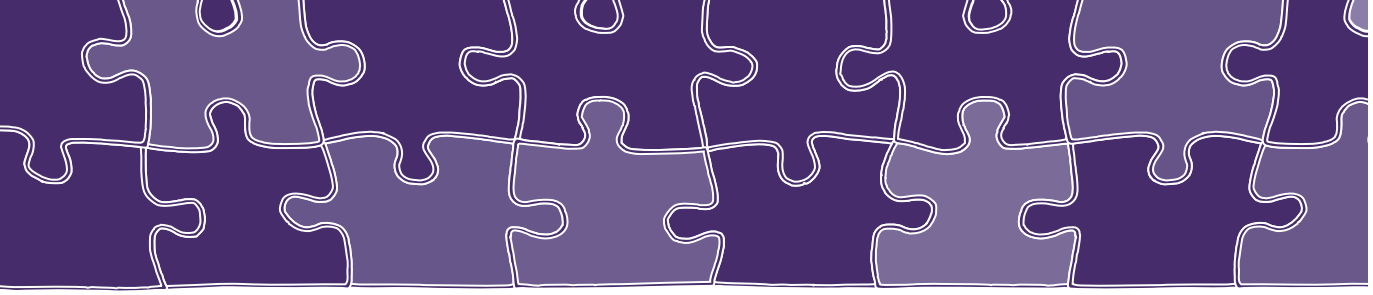
State	Victims	Victims Who Received Family Preservation Services Within the Previous 5 Years Number	Victims Who Received Family Preservation Services Within the Previous 5 Years Percent
Alabama	11,840	1,019	8.6
Alaska	-	-	-
Arizona	-	-	-
Arkansas	9,616	1,781	18.5
California	-	-	-
Colorado	-	-	-
Connecticut	-	-	-
Delaware	-	-	-
District of Columbia	1,647	276	16.8
Florida	27,394	4,617	16.9
Georgia	9,643	1,440	14.9
Hawaii	-	-	-
Idaho	2,268	1,114	49.1
Illinois	35,841	6,643	18.5
Indiana	-	-	-
Iowa	-	-	-
Kansas	2,140	509	23.8
Kentucky	14,963	1,088	7.3
Louisiana	6,422	1,246	19.4
Maine	4,228	698	16.5
Maryland	-	-	-
Massachusetts	22,654	8,220	36.3
Michigan	-	-	-
Minnesota	5,544	1,911	34.5
Mississippi	8,526	24	0.3
Missouri	4,262	462	10.8
Montana	-	-	-
Nebraska	2,471	331	13.4
Nevada	5,547	400	7.2
New Hampshire	985	48	4.9
New Jersey	3,188	265	8.3
New Mexico	5,964	411	6.9
New York	-	-	-
North Carolina	21,242	96	0.5
North Dakota	-	-	-
Ohio	-	-	-
Oklahoma	13,719	475	3.5
Oregon	10,573	594	5.6
Pennsylvania	-	-	-
Puerto Rico	4,753	818	17.2
Rhode Island	2,588	651	25.2
South Carolina	-	-	-
South Dakota	-	-	-
Tennessee	7,739	1,343	17.4
Texas	65,253	8,686	13.3
Utah	9,233	20	0.2
Vermont	-	-	-
Virginia	-	-	-
Washington	3,487	254	7.3
West Virginia	-	-	-
Wisconsin	-	-	-
Wyoming	-	-	-
National	**323,730**	**45,440**	**14.0**
Reporting States	**29**	**29**	**-**

Table 6–7 Victims Who Were Reunited With Their Families Within the Previous 5 Years, 2021

State	Victims	Victims Who Were Reunited With Their Families Within the Previous 5 Years Number	Victims Who Were Reunited With Their Families Within the Previous 5 Years Percent
Alabama	11,840	240	2.0
Alaska	2,733	254	9.3
Arizona	-	-	-
Arkansas	9,616	202	2.1
California	-	-	-
Colorado	11,147	483	4.3
Connecticut	5,570	183	3.3
Delaware	1,131	39	3.4
District of Columbia	1,647	5	0.3
Florida	27,394	2,354	8.6
Georgia	9,643	359	3.7
Hawaii	1,322	73	5.5
Idaho	2,268	146	6.4
Illinois	35,841	1,396	3.9
Indiana	21,556	1,615	7.5
Iowa	-	-	-
Kansas	2,140	314	14.7
Kentucky	14,963	846	5.7
Louisiana	6,422	276	4.3
Maine	4,228	349	8.3
Maryland	-	-	-
Massachusetts	22,654	2,079	9.2
Michigan	-	-	-
Minnesota	5,544	552	10.0
Mississippi	8,526	15	0.2
Missouri	4,262	162	3.8
Montana	-	-	-
Nebraska	2,471	226	9.1
Nevada	5,547	509	9.2
New Hampshire	985	55	5.6
New Jersey	3,188	162	5.1
New Mexico	5,964	337	5.7
New York	-	-	-
North Carolina	21,242	494	2.3
North Dakota	-	-	-
Ohio	24,267	1,276	5.3
Oklahoma	13,719	512	3.7
Oregon	10,573	974	9.2
Pennsylvania	-	-	-
Puerto Rico	4,753	16	0.3
Rhode Island	2,588	262	10.1
South Carolina	15,308	263	1.7
South Dakota	-	-	-
Tennessee	7,739	250	3.2
Texas	65,253	1,287	2.0
Utah	9,233	250	2.7
Vermont	-	-	-
Virginia	-	-	-
Washington	3,487	408	11.7
West Virginia	-	-	-
Wisconsin	4,229	365	8.6
Wyoming	-	-	-
National	**410,993**	**19,588**	**4.8**
Reporting States	**38**	**38**	**-**

Table 6–8 IDEA: Victims Who Were Eligible and Victims Who Were Referred to Part C Agencies, 2021

State	Victims Who Were Eligible for Referral to Part C Agencies	Victims Who Were Referred to Part C Agencies	Victims Who Were Referred to Part C Agencies Percent
Alabama	3,577	632	17.7
Alaska	682	682	100.0
Arizona	-	-	-
Arkansas	3,166	-	-
California	15,967	-	-
Colorado	2,826	-	-
Connecticut	1,510	820	54.3
Delaware	-	-	-
District of Columbia	399	4	1.0
Florida	-	-	-
Georgia	2,920	-	-
Hawaii	-	-	-
Idaho	795	441	55.5
Illinois	-	-	-
Indiana	-	-	-
Iowa	3,430	3,430	100.0
Kansas	228	202	88.6
Kentucky	4,411	-	-
Louisiana	3,140	2,884	91.8
Maine	970	970	100.0
Maryland	-	-	-
Massachusetts	5,063	-	-
Michigan	-	-	-
Minnesota	1,803	1,752	97.2
Mississippi	581	234	40.3
Missouri	578	205	35.5
Montana	-	-	-
Nebraska	675	675	100.0
Nevada	683	682	99.9
New Hampshire	287	-	-
New Jersey	778	633	81.4
New Mexico	1,396	1,159	83.0
New York	11,685	-	-
North Carolina	-	864	-
North Dakota	365	351	96.2
Ohio	4,867	4,867	100.0
Oklahoma	4,165	984	23.6
Oregon	2,414	-	-
Pennsylvania	-	-	-
Puerto Rico	776	1	0.1
Rhode Island	703	682	97.0
South Carolina	4,202	1,588	37.8
South Dakota	426	354	83.1
Tennessee	-	-	-
Texas	-	-	-
Utah	1,751	1,751	100.0
Vermont	-	-	-
Virginia	-	-	-
Washington	862	199	23.1
West Virginia	2,143	934	43.6
Wisconsin	992	-	-
Wyoming	229	229	100.0
National	**91,445**	**28,209**	**1,851**
Reporting States	**37**	**28**	**27**
National for States Reporting Both Victims Eligible and Referred	**41,714**	**27,345**	**65.6**
Reporting States for States Reporting Both Victims Eligible and Referred	**27**	**27**	**-**



Special Focus

CHAPTER 7

The purpose of this chapter is to highlight analyses of specific subsets of children or data analyses focusing on a specific topic. These analyses may otherwise have been spread throughout the report in different chapters, which can make it more difficult for readers to see the whole analytical picture. In this edition, this chapter focuses on racial and ethnic differences within child maltreatment data.

Introduction

Racial and ethnic disproportionality (over- or underrepresentation) are well documented in child welfare. There are a variety of complex factors that may explain changes in the disproportionality observed among different racial and ethnic groups in the child welfare system. Population size and density are examples that may influence the populations impacted and the magnitude and types of disproportionalities observed. In addition, disproportionality can also be influenced by individual, community, and systematic factors. For example Native Hawaiian or Other Pacific Islander child populations are in every reporting state, but 42.6 percent are located in two states. It can also be the result of systemic and structural racism, bias, and discrimination. It is important to disaggregate the data to determine where disproportionality exists as to gain a better understanding of the populations most affected by it and to aid with targeting specific programs to prevent future disproportionality. (See chapter 3.)

The racial distributions for children in the population (for the three largest categories) are 49.6 percent White, 25.6 percent Hispanic, and 13.7 percent African-American. However, as disproportionality exists in child welfare, most maltreatment victims are White 42.8 percent, Hispanic 24.0 percent, or African-American 21.5 percent. (See chapter 3.)

Child fatalities are included in the overall count of victims, but are also discussed separately in chapter 4. As shown in Exhibit 4–D, the rate of African-American fatalities is 5.68 per 100,000, which is 2.9 (rounded) times the fatality rate of White children (1.96 per 100,000) and 3.8 (rounded) times the fatality rate of Hispanic children (1.47 per 100,000).

The counts, rates, and percentages in this chapter are slightly different from similar tables in the rest of this report due to incomplete reporting on race and ethnicity. Additionally, the percentages and rates are calculated within each race or ethnicity, rather than calculated against the total number of children, victims, or perpetrators. Please see the notes for each table at the end of this chapter.

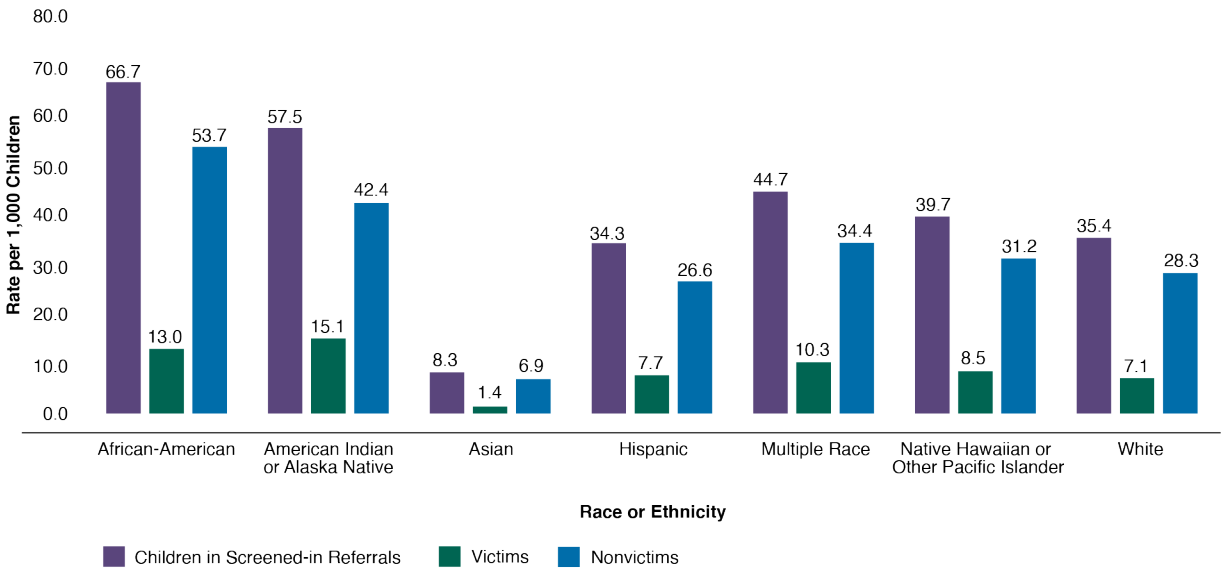
Children in Screened-in Referrals by Known Race or Ethnicity
(unique count of victims and nonvictims)

Referrals that meet CPS agency criteria are screened in (and called reports) and receive an investigation response or alternative response from the agency. Screened-in referrals are reported to NCANDS at the child-level and include racial and ethnic demographics. Screened-out referrals are reported to NCANDS at the aggregate-level and do not include demographics. See chapter 2 for definitions and information about screening processes. States have different policies about what is considered child maltreatment and different levels of evidence required to substantiate an abuse allegation; all or some of which may account for variations in victimization. See chapter 3 for definitions and information about victims of abuse and neglect.

African-American children have the highest screened-in referral rate at 66.7 per 1,000 children in the population of the same race or ethnicity. Of the African-American children who were screened in for a CPS response, 19.5 percent received a substantiated finding and were determined to be maltreatment victims at a rate of 13.0 per 1,000 African-American children in the population.[25] (See table 7–1, exhibit 7–A, and related notes.)

Exhibit 7–A Children by Known Race or Ethnicity, 2021

The screened-in referral rate of African-American children is nearly twice the rate of Hispanic and White children.



Based on data from 46 states. See table 7–1.

Hispanic children have a screened-in referral rate of 34.3 per 1,000 children. Of the Hispanic children who were screened in for a CPS response, 22.4 percent received a substantiated finding and were determined to be maltreatment victims at a rate of 7.7 per 1,000 children. White children have a screened-in referral rate of 35.4 per 1,000 children, 20.2 percent received a substantiated finding and were determined to be victims at a rate of 7.1 per 1,000 children. The screened-in referral rate of African-American children is nearly twice the rate of Hispanic and White children.

[25] *Substantiated or indicated dispositions.*

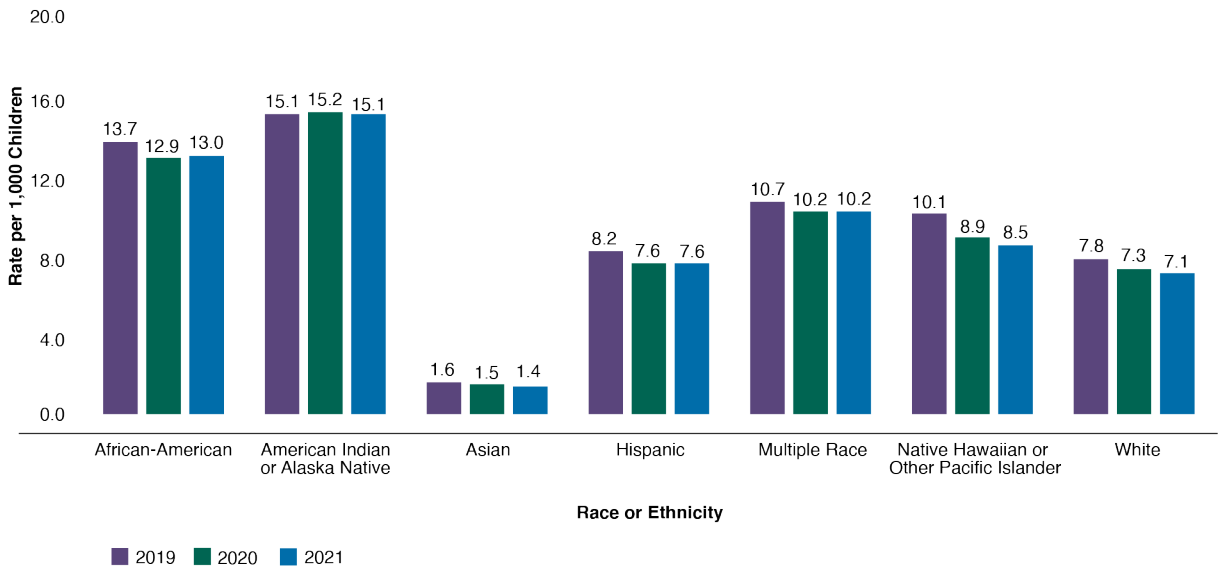
American Indian or Alaska Native children have the second highest screened-in referral rate at 57.5 per 1,000 children. Of the American Indian or Alaska Native children who were screened in, 26.3 percent received a substantiated finding and were determined to be victims at a rate of 15.1 per 1,000 children. The substantiated percent and victimization rate are higher for American Indian or Alaska Native children than any other race or ethnicity.

Victims by Known Race or Ethnicity Trend (unique count of victims)

Analyzing victim data for the most recent FFYs show that while nationally the child populations, number of victims, and victimization rates decreased each year, the individual counts and rates fluctuated within the race and ethnicity categories. In addition to the fact that for FFY 2019 and 2020 data are based on 50 states reporting while for 2021 the data are based on 48 states, these fluctuations could be reflecting changes in the population. The 2020 decennial census revealed decreases in several race or ethnicity populations and an increase in the multiracial population. The races and ethnicities also may have experienced the COVID-19 pandemic differently across individual communities and it is difficult to determine the extent of the differences while the pandemic is still occurring. (See table 7–2, exhibit 7–B, and related notes.) The African-American victimization rates for all 3 years are consistently higher than the Hispanic and White rates.

Exhibit 7–B Victims by Known Race or Ethnicity, 2019–2021

Nationally victimization rates decreased across recent years, but analyzing by race or ethnicity show some fluctuations



Based on data from 50 states for FFY 2019 and 2020 and 48 states for FFY 2021. See table 7–2.

Victims by Known Race or Ethnicity, and Selected Report Sources

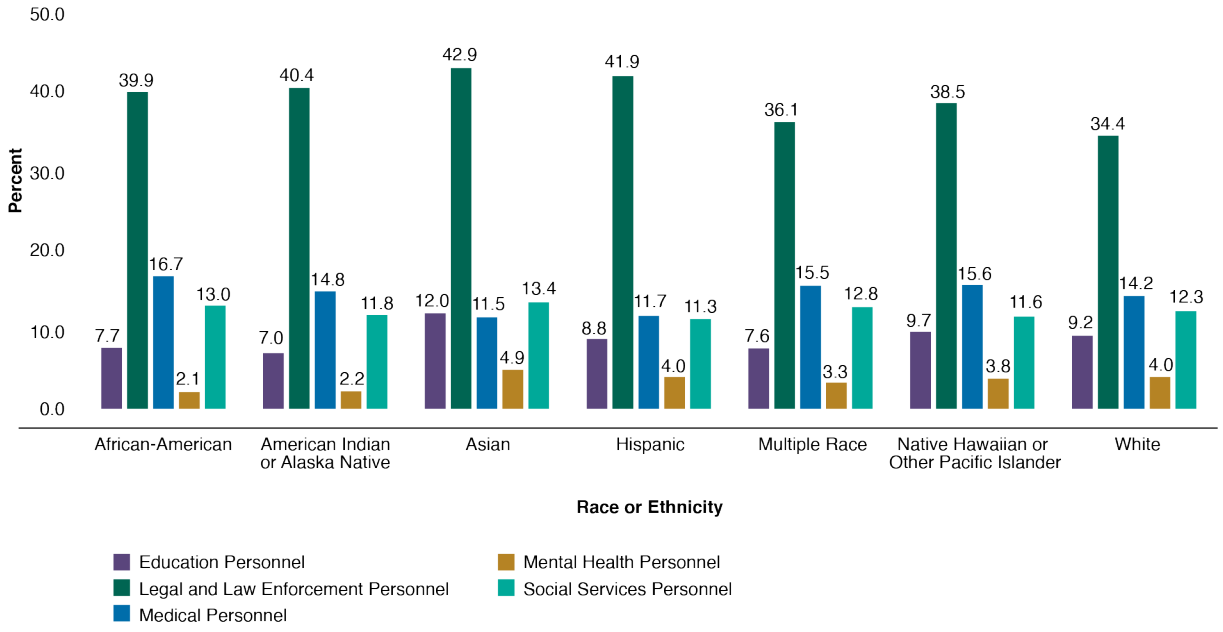
The report source is the role of the person who notified a CPS agency of the alleged child abuse or neglect in a referral. Only those sources in reports (screened-in referrals) that receive an investigation or alternative response are submitted to NCANDS. As most children are referred to CPS by professional report sources (meaning the person who referred the case to CPS came into contact with the alleged victim as part of his or her profession), the below analysis focuses on those individual professional report sources. The individual nonprofessional report sources

are grouped into one category called nonprofessional and the individual unclassified report sources are grouped into one category called unclassified.[26] See chapter 2 for definitions and more information about report sources. Below, the report source of children who were determined to be victims of maltreatment are analyzed by race and ethnicity. The percentages and rates are calculated within the race and ethnicity categories.

Professionals submitted more than three-quarters of reports in which the child (or children) in the report was determined to be a victim and has a known race or ethnicity. For victims of every race or ethnicity, legal and law enforcement personnel submitted the largest percentage of reports. (See table 7–3, exhibit 7–C, and related notes.)

Exhibit 7–C Victims by Known Race or Ethnicity and Selected Professional Report Sources, 2021

Legal and law enforcement report sources have the largest percentage regardless of race



Based on data from 46 states. See table 7–3.

Among victims of African-American, American Indian or Alaska Native, Multiple Race, and Native Hawaiian or Other Pacific Islander descent, medical personnel submitted the second highest percentage of reports. The second highest report source percentage for Asian victims is social services personnel (13.4%). Of all races or ethnicities, Asian victims have the highest percentage of education personnel report sources at 12.0 percent. African-American and American Indian or Alaska Native victims have some of the lowest percentages of report sources for mental health personnel at 2.1 and 2.2 percent, respectively.

[26] *The individual report sources grouped into the category called nonprofessional include alleged perpetrators, alleged victims, friends and neighbors, other relatives, and parents. The individual report sources grouped into the category called unclassified include anonymous, other, and unknown.*

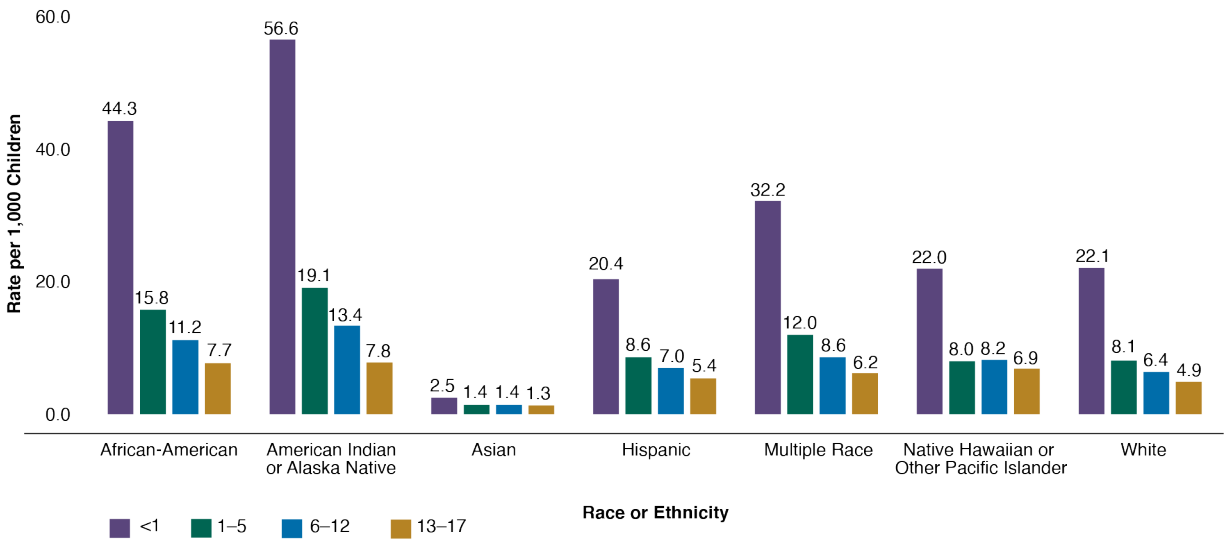
Victims by Known Race or Ethnicity and Age Group

(unique count of victims)

As discussed in chapter 3, the youngest children are the most vulnerable to maltreatment and this is true for every race or ethnicity. The rate of African-American victims younger than 1 year (44.3 per 1,000 children) is more than twice that of Hispanic victims younger than 1 year at 20.4 per 1,000 children and White victims at 22.1. (See table 7–4, exhibit 7–D, and related notes.) The rate of American Indian or Alaska Native victims younger than 1 year (56.6 per 1,000 children) is 2.8 (rounded) times higher than the rate of Hispanic victims and 2.6 times the rate of White victims of the same age. African-American and American Indian or Alaska Native victims have the highest rates for all age groups. Rates per 1,000 children generally decreased for older age groups for all races or ethnicities.

Exhibit 7–D Victims by Known Race or Ethnicity and Age Group, 2021

African-American and American Indian or Alaska Native victims have the highest rates for all age groups



Based on data from 48 states. See table 7–4.

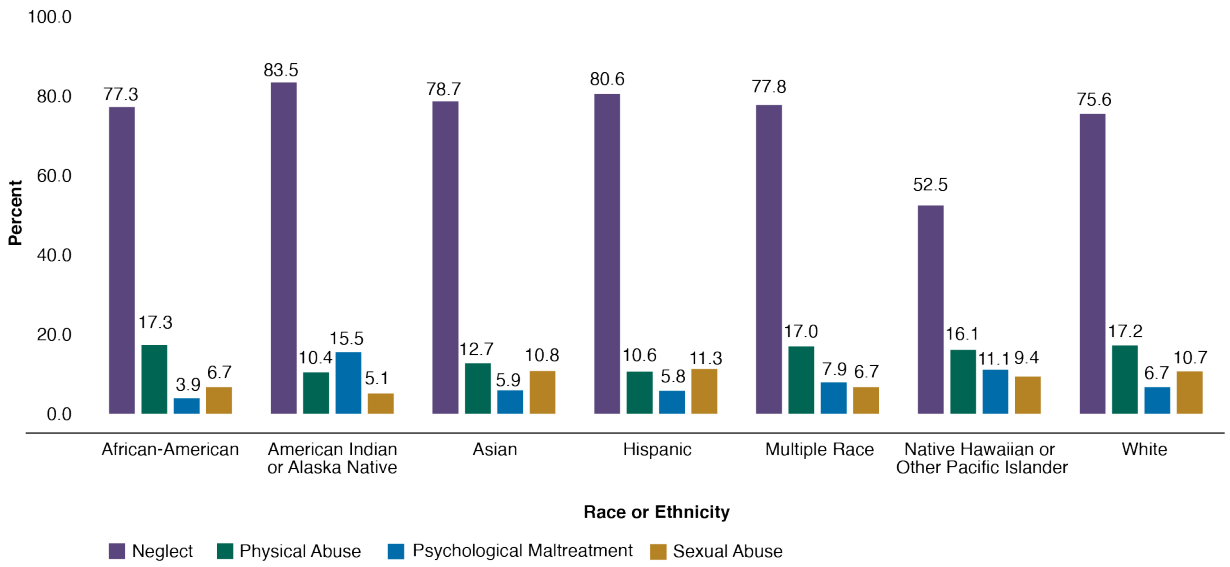
Maltreatment Types of Victims by Known Race or Ethnicity

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

States have their own maltreatment type definitions and map their state codes to the NCANDS maltreatment types. In this analysis, a victim who has more than one type of maltreatment is counted once per type. See chapter 3 for information about how maltreatment types arhe percentages are calculated within the race and ethnicity categories for the below analyses.

As noted in chapter 3, approximately three-quarters of victims are neglected (and suffered neglect either alone or in combination with additional maltreatment types), and this is true for victims regardless of race or ethnicity. (See table 7–5, exhibit 7–E, and related notes.) For victims of African-American, Asian, Multiple Race, and White descent, physical abuse is the second highest percentage of maltreatment types.

Exhibit 7–E Selected Maltreatment Types of Victims by Known Race or Ethnicity, 2021
For American Indian or Alaska Native victims, psychological maltreatment is the second largest category of maltreatment types



Based on data from 48 states. See table 7–5.

For American Indian or Alaska Native victims, psychological maltreatment is the second largest category of maltreatment types at 15.5 percent. Hispanic victims have sexual abuse as the second largest category at 11.3 percent. Asian and White victims also have large sexual abuse percentages at 10.8 and 10.7 percent, respectively. Native Hawaiian or Other Pacific Islander victims have "other" as their second largest percentage at 26.6 percent, which is more than six times the percentage of any other race.Native Hawaiian or Other Pacific Islander victims also have the lowest percentage of neglect at 52.5 percent.[27] African-American victims have the largest percentage of medical neglect at 2.6 percent.

Adult Perpetrators by Known Race or Ethnicity and Selected Relationships to Their Victims (unique count of perpetrators)

In this analysis, single relationships are counted only once per category. Perpetrators with two or more relationships are counted in the multiple relationships category. See chapter 5 for information about how relationships are counted.

The majority of perpetrators are the parent of their victims and this is true for adult perpetrators for all known races and ethnicities (81.4%). (See table 7–6 and related notes.) African-American perpetrators have the lowest percentage of parent perpetrators at 78.5 percent and the highest percentage of unmarried partner of parent percentage at 4.9 percent. Hispanic perpetrators have one of the highest percentages of other relative relationships at 6.5 percent and one of the highest unmarried partner of parents percentages at 4.8 percent. Asian perpetrators have the highest percentage of parent relationships with their victims at 88.4 percent.

For nearly all adult perpetrators of known races and ethnicities, the relationship category of other relative is the second highest percentage. Multiracial perpetrators have the multiple relationship category as the second largest percentage as 5.7 percent.

[27] *This is mostly due to one state that reports threatened harm, threatened neglect, and threatened abuse as "other."*

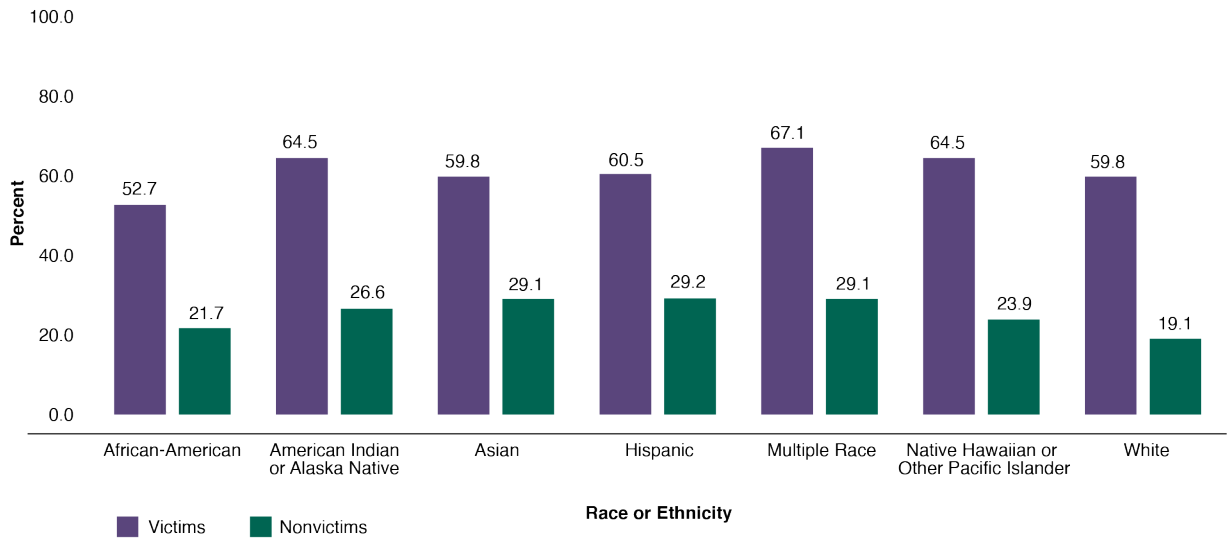
Children by Known Race or Ethnicity and Postresponse Services Receipt (unique count of children)

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. See chapter 6 for information about and definitions of services, including when postresponse services are counted.

Nationally, for all children of known race or ethnicity, 59.0 percent of victims and 22.6 percent of nonvictims received postresponse services. Just over one-half (52.7%) of African-American victims and 21.7 percent of nonvictims received services. (See exhibit 7–F, table 7–7, and related notes.) This is the lowest percentage of victims who received services of all the races or ethnicities. Nearly 60.0 percent (59.8%) of White victims and 19.1 percent of nonvictims received services. This is the lowest percentage of nonvictims who received services of all the races or ethnicities. Multiracial victims have the highest percentage of postresponse service receipt of all the races or ethnicities with 67.1 percent.

Exhibit 7–F Children by Known Race or Ethnicity and Postresponse Services Receipt, 2021

Of the African-American victims, 52.7 percent received services, which is the lowest percentage across all racial or ethnic victim categories



Based on data from 45 states. See table 7–7.

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 table notes below. Not every table has exclusion rules.

- The data for all tables are from the Child File.
- The number of children, victims, nonvictims, and perpetrators are unique counts.
- 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 an analysis.
- The percentages and rates are calculated within the race and ethnicity categories for the analyses.
- Victims, nonvictims, and perpetrators reported with Hispanic ethnicity are counted as Hispanic, regardless of any reported race.
- Counts associated with each racial group are exclusive and do not include Hispanic ethnicity.
- The NCANDS category of multiple race is defined as any combination of two or more race categories.
- Only those states that report both race and ethnicity separately are included in the analyses.
- The category of unknown race is excluded from all analyses.

Table 7–1 Children in Screened-in Referrals by Known Race or Ethnicity, 2021

- Children who are unborn, of unknown age, or age 18 and older are excluded from this table.
- States are excluded from these analyses if they report fewer than 70.0 percent of victims or 70.0 percent of nonvictims with a known race or ethnicity.

Table 7–2 Victims by Known Race or Ethnicity, 2019–2021

- Victims who are unborn, of unknown age, or age 18 and older are excluded from this table.
- States are excluded from these analyses if they report fewer than 70.0 percent of victims with a known race or ethnicity.
- The victim rate and number of states reporting is different in this table from other analyses in this chapter due to incomplete race and ethnicity reporting of nonvictims.

Table 7–3 Victims by Known Race or Ethnicity and Report Sources, 2021

- States are excluded from this analysis if fewer than 85.0 percent of reports have a known report source.
- States are excluded from this analysis if more than 20.0 percent of reports with a known report source are coded as "other."
- States are excluded from these analyses if they report fewer than 70.0 percent of victims with a known race or ethnicity.
- One state is excluded at its own request due to known coding errors.

Table 7–4 Victims by Known Race or Ethnicity and Age Group, 2021

- Children who are unborn, of unknown age, or age 18 and older are excluded from this table.
- States are excluded from these analyses if they report fewer than 70.0 percent of victims with a known race or ethnicity.

Table 7–5 Maltreatment Types of Victims by Known Race or Ethnicity, 2021

- A child may have been the victim of more than one type of maltreatment, therefore, the maltreatment type count is a duplicate count.
- A child is counted in each maltreatment type category only once, regardless of the number of times the child is reported as a victim of the maltreatment type.
- States are excluded from these analyses if they report fewer than 70.0 percent of victims with a known race or ethnicity.

Table 7–6 Adult Perpetrators by Known Race or Ethnicity and Selected Relationship to Their Victims, 2021

- 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 fewer than 85.0 percent of duplicate victims are associated with a perpetrator or perpetrators.
- States are excluded from this analysis if more than 30.0 percent of perpetrators are reported with a - race or ethnicity.
- States are excluded from this analysis if more than 20.0 percent of perpetrators are reported with an unknown perpetrator relationship.
- States are excluded from these analyses if they report fewer than 70.0 percent of victims with a known race or ethnicity.
- Perpetrators who are younger than 18 years are excluded from this analysis.

Table 7–7 Children by Known Race or Ethnicity and Postresponse Services Receipt, 2021

- For more information about which services are included in the postresponse services category, see the Child File Codebook, which includes the field definitions, reporting instructions, and code values, and is located on the Children's Bureau website at https://www.acf.hhs.gov/cb/research-data-technology/reporting-systems/ncands.
- A child is counted once regardless of how many services were provided.
- This analysis includes only those services that continued past or were initiated after the completion of the CPS response.
- States are excluded from this analysis if they report fewer than 1.0 percent of victims or fewer than 1.0 percent of nonvictims with postresponse services.
- States are excluded from these analyses if they report fewer than 70.0 percent of victims or 70.0 percent of nonvictims with a known race or ethnicity.

Table 7–1 Children in Screened-in Referrals by Known Race or Ethnicity, 2021

Race or Ethnicity	Child Population	Children in Screened-in Referrals (Reports)	Victims	Nonvictims	Substantiated Percent	Unsubstantiated Percent	Children in Screened-in Referrals (reports) Rate per 1,000 Children	Victims Rate per 1,000 Children	Nonvictims Rate per 1,000 Children
African-American	9,272,160	618,713	120,735	497,978	19.5	80.5	66.7	13.0	53.7
American Indian or Alaska Native	510,427	29,357	7,732	21,625	26.3	73.7	57.5	15.1	42.4
Asian	3,816,720	31,834	5,405	26,429	17.0	83.0	8.3	1.4	6.9
Hispanic	17,687,761	606,572	135,723	470,849	22.4	77.6	34.3	7.7	26.6
Multiple Race	3,214,756	143,623	33,099	110,524	23.0	77.0	44.7	10.3	34.4
Native Hawaiian or Other Pacific Islander	152,729	6,067	1,297	4,770	21.4	78.6	39.7	8.5	31.2
White	33,799,053	1,197,035	241,512	955,523	20.2	79.8	35.4	7.1	28.3
National	**68,453,606**	**2,633,201**	**545,503**	**2,087,698**	**20.7**	**79.3**	**38.5**	**8.0**	**30.5**

Based on data from 46 states

Table 7–2 Victims by Known Race or Ethnicity, 2019–2021

Race or Ethnicity	2019 Child Population	2020 Child Population	2021 Child Population	2019	2020	2021	2019 Rate per 1,000 Children	2020 Rate per 1,000 Children	2021 Rate per 1,000 Children
African-American	9,748,306	9,905,964	9,341,460	133,236	127,602	121,847	13.7	12.9	13.0
American Indian or Alaska Native	598,514	601,256	515,192	9,027	9,131	7,772	15.1	15.2	15.1
Asian	3,881,498	3,981,170	3,825,753	6,294	6,055	5,412	1.6	1.5	1.4
Hispanic	18,434,590	18,823,518	17,798,003	150,826	142,976	136,121	8.2	7.6	7.6
Multiple Race	3,250,155	3,349,236	3,237,231	34,735	34,004	33,162	10.7	10.2	10.2
Native Hawaiian or Other Pacific Islander	153,549	157,166	153,646	1,545	1,392	1,301	10.1	8.9	8.5
White	35,511,087	35,862,406	34,177,182	278,177	260,261	242,764	7.8	7.3	7.1
National	**71,577,699**	**72,680,716**	**69,048,467**	**613,840**	**581,421**	**548,379**	**8.6**	**8.0**	**7.9**

Based on data from 50 states for 2019 and 2020 and 48 states for 2021.

Table 7–3 Victims by Known Race or Ethnicity and Report Sources, 2021 *(continues)*

Race or Ethnicity	Child Daycare Providers	Education Personnel	Foster Care Providers	Legal and Law Enforcement Personnel	Medical Personnel	Mental Health Personnel	Social Services Personnel	Non-professionals	Unclassified	Total Report Sources
African-American	390	9,688	391	50,227	20,985	2,589	16,355	13,177	11,991	125,793
American Indian or Alaska Native	14	546	34	3,147	1,153	172	923	872	932	7,793
Asian	12	657	18	2,346	631	266	731	282	521	5,464
Hispanic	360	12,383	466	58,757	16,367	5,623	15,882	13,718	16,611	140,167
Multiple Race	150	2,609	118	12,463	5,345	1,124	4,437	4,846	3,442	34,534
Native Hawaiian or Other Pacific Islander	2	121	8	483	195	47	145	119	133	1,253
White	965	22,215	823	83,396	34,542	9,750	29,769	35,035	26,128	242,623
National	**1,893**	**48,219**	**1,858**	**210,819**	**79,218**	**19,571**	**68,242**	**68,049**	**59,758**	**557,627**

Based on data from 46 states

Table 7–3 Victims by Known Race or Ethnicity and Report Sources, 2021

Race or Ethnicity	Child Daycare Providers Percent	Education Personnel Percent	Foster Care Providers Percent	Legal and Law Enforcement Personnel Percent	Medical Personnel Percent	Mental Health Personnel Percent	Social Services Personnel Percent	Non-professionals Percent	Unclassified Percent	Total Report Sources Percent
African-American	0.3	7.7	0.3	39.9	16.7	2.1	13.0	10.5	9.5	100.0
American Indian or Alaska Native	0.2	7.0	0.4	40.4	14.8	2.2	11.8	11.2	12.0	100.0
Asian	0.2	12.0	0.3	42.9	11.5	4.9	13.4	5.2	9.5	100.0
Hispanic	0.3	8.8	0.3	41.9	11.7	4.0	11.3	9.8	11.9	100.0
Multiple Race	0.4	7.6	0.3	36.1	15.5	3.3	12.8	14.0	10.0	100.0
Native Hawaiian or Other Pacific Islander	0.2	9.7	0.6	38.5	15.6	3.8	11.6	9.5	10.6	100.0
White	0.4	9.2	0.3	34.4	14.2	4.0	12.3	14.4	10.8	100.0
National	**0.3**	**8.6**	**0.3**	**37.8**	**14.2**	**3.5**	**12.2**	**12.2**	**10.7**	**100.0**

Based on data from 46 states

Table 7–4 Victims by Known Race or Ethnicity and Age Group, 2021 *(continues below)*

Race or Ethnicity	<1 Population	1–5 Population	6–12 Population	13–17 Population	Total Child Population	<1	1–5	6–12	13–17	Total Victims
African-American	464,790	39,032	3,651,753	2,755,197	9,341,460	20,578	39,032	41,011	21,226	121,847
American Indian or Alaska Native	23,625	2,468	203,980	158,643	515,192	1,336	2,468	2,728	1,240	7,772
Asian	183,912	1,453	1,515,096	1,075,306	3,825,753	464	1,453	2,082	1,413	5,412
Hispanic	883,231	40,560	6,980,388	5,240,829	17,798,003	17,981	40,560	49,165	28,415	136,121
Multiple Race	179,037	11,119	1,290,194	837,768	3,237,231	5,773	11,119	11,050	5,220	33,162
Native Hawaiian or Other Pacific Islander	7,901	345	59,688	42,824	153,646	174	345	488	294	1,301
White	1,602,602	71,001	13,355,847	10,419,805	34,177,182	35,492	71,001	84,974	51,297	242,764
National	**3,345,098**	**18,116,051**	**27,056,946**	**20,530,372**	**69,048,467**	**81,798**	**165,978**	**191,498**	**109,105**	**548,379**

Based on data from 48 states

Table 7–4 Victims by Known Race or Ethnicity and Age Group, 2021

Race or Ethnicity	<1 Rate per 1,000 Children	1–5 Rate per 1,000 Children	6–12 Rate per 1,000 Children	13–17 Rate per 1,000 Children	Total Rate per 1,000 Children
African-American	44.3	15.8	11.2	7.7	13.0
American Indian or Alaska Native	56.6	19.1	13.4	7.8	15.1
Asian	2.5	1.4	1.4	1.3	1.4
Hispanic	20.4	8.6	7.0	5.4	7.6
Multiple Race	32.2	12.0	8.6	6.2	10.2
Native Hawaiian or Other Pacific Islander	22.0	8.0	8.2	6.9	8.5
White	22.1	8.1	6.4	4.9	7.1
National	**24.5**	**9.2**	**7.1**	**5.3**	**7.9**

Based on data from 48 states

Table 7–5 Maltreatment Types of Victims by Known Race or Ethnicity, 2021 *(continues below)*

Race or Ethnicity	Victims	Medical Neglect	Neglect	Other	Physical Abuse	Psychological Maltreatment	Sexual Abuse	Sex Trafficking	Total Maltreatment Types
African-American	121,847	3,139	94,208	4,745	21,066	4,803	8,107	215	136,283
American Indian or Alaska Native	7,772	136	6,493	186	809	1,203	398	7	9,232
Asian	5,412	93	4,259	183	685	321	582	15	6,138
Hispanic	136,121	2,139	109,772	3,640	14,493	7,828	15,395	213	153,480
Multiple Race	33,162	593	25,815	1,487	5,641	2,636	2,217	59	38,448
Native Hawaiian or Other Pacific Islander	1,301	26	683	346	209	144	122	5	1,535
White	242,764	4,320	183,643	8,599	41,680	16,347	25,923	384	280,896
National	**548,379**	**10,446**	**424,873**	**19,186**	**84,583**	**33,282**	**52,744**	**898**	**626,012**

Based on data from 48 states

Table 7–5 Maltreatment Types of Victims by Known Race or Ethnicity, 2021

Race or Ethnicity	Medical Neglect Percent	Neglect Percent	Other Percent	Physical Abuse Percent	Psychological Maltreatment Percent	Sexual Abuse Percent	Sex Trafficking Percent	Total Maltreatments Percent
African-American	2.6	77.3	3.9	17.3	3.9	6.7	0.2	111.8
American Indian or Alaska Native	1.7	83.5	2.4	10.4	15.5	5.1	0.1	118.8
Asian	1.7	78.7	3.4	12.7	5.9	10.8	0.3	113.4
Hispanic	1.6	80.6	2.7	10.6	5.8	11.3	0.2	112.8
Multiple Race	1.8	77.8	4.5	17.0	7.9	6.7	0.2	115.9
Native Hawaiian or Other Pacific Islander	2.0	52.5	26.6	16.1	11.1	9.4	0.4	118.0
White	1.8	75.6	3.5	17.2	6.7	10.7	0.2	115.7
National	**1.9**	**77.5**	**3.5**	**15.4**	**6.1**	**9.6**	**0.2**	**114.2**

Based on data from 48 states

Table 7–6 Adult Perpetrators by Known Race or Ethnicity and Selected Relationship to Their Victims, 2021 *(continues below)*

Race or Ethnicity	Parent	Multiple Relationships	Other	Other Relative	Unmarried Partner of Parent	Unknown	Selected Total Relationships
African-American	65,841	4,326	3,040	4,905	4,121	1,596	83,829
American Indian or Alaska Native	4,282	250	69	285	143	15	5,044
Asian	4,287	86	71	275	84	44	4,847
Hispanic	68,124	3,074	1,754	5,437	4,015	845	83,249
Multiple Race	7,606	523	284	388	217	91	9,109
Native Hawaiian or Other Pacific Islander	887	42	32	69	14	12	1,056
White	159,944	8,499	6,171	11,052	6,494	2,913	195,073
National	**310,971**	**16,800**	**11,421**	**22,411**	**15,088**	**5,516**	**382,207**

Based on data from 47 states

Table 7–6 Adult Perpetrators by Known Race or Ethnicity and Selected Relationship to Their Victims, 2021

Race or Ethnicity	Parent Percent	Multiple Relationships Percent	Other Percent	Other Relative Percent	Unmarried Partner of Parent Percent	Unknown Percent	Selected Total Relationships Percent
African-American	78.5	5.2	3.6	5.9	4.9	1.9	100.0
American Indian or Alaska Native	84.9	5.0	1.4	5.7	2.8	0.3	100.0
Asian	88.4	1.8	1.5	5.7	1.7	0.9	100.0
Hispanic	81.8	3.7	2.1	6.5	4.8	1.0	100.0
Multiple Race	83.5	5.7	3.1	4.3	2.4	1.0	100.0
Native Hawaiian or Other Pacific Islander	84.0	4.0	3.0	6.5	1.3	1.1	100.0
White	82.0	4.4	3.2	5.7	3.3	1.5	100.0
National	**81.4**	**4.4**	**3.0**	**5.9**	**3.9**	**1.4**	**100.0**

Based on data from 47 states

Table 7–7 Children by Known Race or Ethnicity and Postresponse Services Receipt, 2021

Race or Ethnicity	Victims	Victims Who Received Postresponse Services	Victims Who Received Postresponse Services Percent	Nonvictims	Nonvictims Who Received Postresponse Services	Nonvictims Who Received Postresponse Services Percent
African-American	105,591	55,601	52.7	467,640	101,448	21.7
American Indian or Alaska Native	7,584	4,890	64.5	21,293	5,659	26.6
Asian	3,990	2,385	59.8	23,071	6,710	29.1
Hispanic	119,305	72,234	60.5	436,297	127,404	29.2
Multiple Race	30,444	20,420	67.1	104,994	27,875	29.1
Native Hawaiian or Other Pacific Islander	1,250	806	64.5	4,743	1,133	23.9
White	222,477	133,017	59.8	908,900	173,414	19.1
National	**490,641**	**289,353**	**59.0**	**1,966,938**	**443,643**	**22.6**

Based on data from 45 states

Appendixes

CAPTA Data Items

APPENDIX A

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

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

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

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

Glossary

APPENDIX B

Acronyms

AFCARS: Adoption and Foster Care Analysis and Reporting System

AFCARS ID: Adoption and Foster Care Analysis and Reporting System identifier

CAPTA: Child Abuse Prevention and Treatment Act

CARA: Comprehensive Addiction and Recovery Act

CASA: Court Appointed Special Advocate

CBCAP: Community-Based Child Abuse Prevention

CFSR: Child and Family Services Reviews

CHILD ID: Child identifier

CPS: Child protective services

FFY: Federal fiscal year

FIPS: Federal Information Processing Standards

FTE: Full-time equivalent

GAL: Guardian ad litem

IDEA: Individuals with Disabilities Education Act

IPSE: Infants with prenatal substance exposure

NCANDS: National Child Abuse and Neglect Data System

NYTD: National Youth in Transition Database

MIECHV: Maternal, Infant, and Early Childhood Home Visiting

OMB: Office of Management and Budget

PERPETRATOR ID: Perpetrator identifier

PSSF: Promoting Safe and Stable Families

REPORT ID: Report identifier

SDC: Summary data component

SSBG: Social Services Block Grant

TANF: Temporary Assistance for Needy Families

WORKER ID: Worker identifier

Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

BOY: A male child younger than 18 years.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DISABILITY: A child is considered to have a disability if one 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.

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

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

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

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

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

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

FAMILY PRESERVATION SERVICES: 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

include: individual, group, and family counseling; inpatient, residential, or outpatient substance abuse treatment services; mental health services; assistance to address domestic violence, services designed to provide temporary child care and therapeutic services for families, including crisis nurseries; peer-to-peer mentoring and support groups for parents and primary caregivers; services and activities designed to facilitate access to and visitation of children by parents and siblings; and transportation to or from any of these services and activities.

FAMILY SUPPORT SERVICES: Community-based services designed to carry out purposes including: promoting the safety and well-being of children and families; increasing the strength and stability of families; supporting and retaining foster families; to increase parents' confidence and competence in their parenting abilities; to afford children a safe, stable, and supportive family environment; to strengthen parental relationships and promote healthy marriages; and to enhance child development.

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

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

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

FINDING: See DISPOSITION.

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

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

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

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

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

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

GIRL: A female child younger than 18 years.

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

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

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

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

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

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

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

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

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

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

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

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

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

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 protective 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 information to determine whether a child was maltreated or is at-risk of maltreatment and establishes if an intervention is needed. Generally, includes face-to-face contact with the alleged victim and results in a disposition as to whether the alleged maltreatment occurred.

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

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

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

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

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

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

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

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

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

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

MALTREATMENT TYPE: A particular form of child maltreatment that received a CPS response. Types include medical neglect, neglect or deprivation of necessities, physical abuse, psychological or emotional maltreatment, sexual abuse, sex trafficking, and other forms included in state law. NCANDS conducts analyses on maltreatments that received a disposition of substantiated or indicated. 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 creation of the Maternal, Infant, and Early Childhood Home Visiting program (MIECHV). The program facilitates collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

OTHER RELATIVE: A nonparental family member.

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

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

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

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

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

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

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

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

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

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

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

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

PLAN OF SAFE CARE: A plan developed as described in CAPTA sections 106(b)(2)(B)(iii) for infants born and identified as being affected by substance abuse or withdrawal symptoms, or Fetal Alcohol Spectrum Disorder. The state plan 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 preventive services provided through federal, state, and local funds. These prevention activities do not include public awareness campaigns.

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

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

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

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

PSYCHOLOGICAL OR EMOTIONAL MALTREATMENT: 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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SERVICES: See POSTRESPONSE SERVICES and PREVENTION SERVICES.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

State Characteristics

APPENDIX C

Administrative Structure

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

Level of Evidence

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

Data Submissions

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

The Child File is supplemented by agency-level aggregate statistics in a separate data submission called the Agency File. The Agency File contains data that are not reportable at the child-specific level and often gathered from agencies external to CPS. States are asked to submit both the Child File and the Agency File each year. For FFY 2021, 51 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 2021 dataset is available to researchers from the National Data Archive on Child Abuse and neglect (NDACAN).

Child Population Data

The child population data for years 2017–2021 are displayed by state in table C–2. The 2021 child population data for the demographics of age, sex, and race and ethnicity are displayed by state in table C–3. The adult population is displayed in table C–4.

Table C–1 State Administrative Structure, Level of Evidence, and Data Files Submitted, 2021

State	Hybrid	State Administered	State Supervised, County Administered	Credible	Preponderance	Probable Cause	Reasonable	Agency File and Child File
Alabama	-	1	-	-	1	-	-	1
Alaska	-	1	-	-	1	-	-	1
Arizona	-	1	-	-	-	1	-	-
Arkansas	-	1	-	-	1	-	-	1
California	-	-	1	-	1	-	-	1
Colorado	-	-	1	-	1	-	-	1
Connecticut	-	1	-	-	-	-	1	1
Delaware	-	1	-	-	1	-	-	1
District of Columbia	-	1	-	1	-	-	-	1
Florida	-	1	-	-	1	-	-	1
Georgia	-	1	-	-	1	-	-	1
Hawaii	-	1	-	-	-	-	1	1
Idaho	-	1	-	-	1	-	-	1
Illinois	-	1	-	1	-	-	-	1
Indiana	-	1	-	-	1	-	-	1
Iowa	-	1	-	-	1	-	-	1
Kansas	-	1	-	-	1	-	-	1
Kentucky	-	1	-	-	1	-	-	1
Louisiana	-	1	-	-	-	-	1	1
Maine	-	1	-	-	1	-	-	1
Maryland	-	1	-	-	1	-	-	1
Massachusetts	-	1	-	-	-	-	1	1
Michigan	-	1	-	-	1	-	-	1
Minnesota	-	-	1	-	1	-	-	1
Mississippi	-	1	-	1	-	-	-	1
Missouri	-	1	-	-	1	-	-	1
Montana	-	1	-	-	1	-	-	1
Nebraska	-	1	-	-	1	-	-	1
Nevada	1	-	-	-	1	-	-	1
New Hampshire	-	1	-	-	1	-	-	1
New Jersey	-	1	-	-	1	-	-	1
New Mexico	-	1	-	1	-	-	-	1
New York	-	-	1	1	-	-	-	1
North Carolina	-	-	1	-	1	-	-	1
North Dakota	-	-	1	-	1	-	-	1
Ohio	-	-	1	1	-	-	-	1
Oklahoma	-	1	-	1	-	-	-	1
Oregon	-	1	-	-	-	-	1	1
Pennsylvania	-	-	1	-	1	-	-	1
Puerto Rico	-	1	-	-	1	-	-	1
Rhode Island	-	1	-	-	1	-	-	1
South Carolina	-	1	-	-	1	-	-	1
South Dakota	-	1	-	-	1	-	-	1
Tennessee	-	1	-	-	1	-	-	1
Texas	-	1	-	-	1	-	-	1
Utah	-	1	-	-	-	-	1	1
Vermont	-	1	-	-	-	-	1	1
Virginia	-	-	1	-	1	-	-	1
Washington	-	1	-	-	1	-	-	1
West Virginia	-	1	-	-	1	-	-	1
Wisconsin	1	-	-	-	1	-	-	1
Wyoming	-	-	1	-	1	-	-	1
States Reporting	**2**	**40**	**10**	**7**	**37**	**1**	**7**	**51**

Note: Level of evidence is listed in alphabetical order.

Table C–2 Child Population, 2017–2021

State	2017	2018	2019	2020	2021
Alabama	1,096,577	1,092,599	1,088,727	1,124,750	1,122,252
Alaska	185,729	183,189	180,442	181,019	179,356
Arizona	1,638,725	1,638,657	1,641,727	1,615,693	1,613,988
Arkansas	705,952	703,626	701,317	704,793	703,389
California	9,050,090	8,974,477	8,881,104	8,936,181	8,772,631
Colorado	1,264,219	1,264,226	1,256,673	1,260,965	1,243,456
Connecticut	743,729	736,061	727,280	738,511	729,710
Delaware	204,165	204,154	204,263	208,446	208,294
District of Columbia	124,821	126,703	127,952	126,860	125,835
Florida	4,204,867	4,226,134	4,233,967	4,282,995	4,289,280
Georgia	2,513,811	2,509,456	2,505,399	2,534,740	2,524,302
Hawaii	305,360	303,049	299,419	309,553	304,399
Idaho	443,043	445,134	448,116	462,389	469,026
Illinois	2,897,055	2,857,349	2,817,312	2,859,985	2,803,224
Indiana	1,573,905	1,572,404	1,569,375	1,594,263	1,587,006
Iowa	731,975	729,802	728,005	741,640	736,376
Kansas	712,412	706,593	701,453	711,338	703,064
Kentucky	1,010,963	1,008,017	1,004,268	1,020,754	1,015,912
Louisiana	1,107,942	1,098,318	1,089,906	1,096,071	1,082,943
Maine	252,859	250,465	249,610	254,092	251,909
Maryland	1,345,241	1,341,430	1,338,232	1,376,810	1,363,304
Massachusetts	1,374,363	1,365,956	1,353,615	1,385,886	1,362,133
Michigan	2,181,394	2,163,590	2,144,307	2,178,387	2,153,379
Minnesota	1,300,061	1,303,090	1,303,212	1,329,576	1,317,567
Mississippi	714,850	707,663	699,984	699,669	692,835
Missouri	1,383,946	1,379,108	1,374,703	1,390,790	1,384,557
Montana	229,481	229,210	228,888	234,176	235,070
Nebraska	476,177	476,581	476,033	487,195	482,884
Nevada	682,282	688,989	694,730	700,974	698,748
New Hampshire	260,503	258,045	255,785	258,918	256,376
New Jersey	1,964,487	1,954,045	1,943,575	2,047,059	2,023,128
New Mexico	489,049	482,442	477,209	481,889	473,221
New York	4,114,612	4,074,414	4,031,894	4,211,897	4,113,323
North Carolina	2,302,931	2,304,529	2,304,554	2,305,587	2,301,503
North Dakota	176,649	178,524	180,584	187,338	185,701
Ohio	2,609,137	2,595,584	2,581,403	2,625,734	2,605,629
Oklahoma	959,142	955,996	953,923	961,619	961,530
Oregon	872,913	868,879	864,815	873,064	861,351
Pennsylvania	2,665,549	2,653,058	2,635,819	2,700,980	2,674,009
Puerto Rico	651,536	591,875	572,801	567,614	545,790
Rhode Island	206,942	206,059	203,923	212,350	208,827
South Carolina	1,104,965	1,108,588	1,113,673	1,114,257	1,117,092
South Dakota	216,108	216,722	217,817	220,094	220,429
Tennessee	1,507,817	1,510,375	1,510,976	1,540,917	1,540,674
Texas	7,365,787	7,382,686	7,406,777	7,486,091	7,475,433
Utah	928,062	930,162	929,940	949,355	947,243
Vermont	117,146	115,630	114,325	118,351	116,976
Virginia	1,872,961	1,870,042	1,868,689	1,898,856	1,884,826
Washington	1,651,656	1,657,823	1,661,024	1,693,011	1,676,122
West Virginia	369,641	365,119	360,439	362,716	359,031
Wisconsin	1,283,936	1,276,066	1,267,935	1,289,310	1,274,756
Wyoming	136,349	134,683	133,577	133,739	132,424
National	**74,283,872**	**73,977,376**	**73,661,476**	**74,789,247**	**74,112,223**
States Reporting	**52**	**52**	**52**	**52**	**52**

Note: Arizona did not submit FFY 2021 NCANDS data in time for Child Maltreatment 2021*; however, the state's population data are presented in this appendix.*

Table C–3 Child Population Demographics, 2021 *(continues)*

State	<1	1	2	3	4	5	6	7	8
Alabama	55,812	56,859	58,390	60,065	60,676	61,748	62,040	61,565	60,851
Alaska	9,236	9,569	9,403	9,731	10,172	10,296	10,279	10,286	10,243
Arizona	76,130	78,207	80,582	82,193	84,744	87,691	89,610	89,732	89,430
Arkansas	34,720	35,559	36,336	37,152	37,793	38,742	38,968	38,494	38,217
California	422,861	432,883	440,896	452,329	468,176	480,303	487,735	487,035	487,848
Colorado	60,341	61,611	62,056	63,635	65,517	67,490	68,188	68,104	67,791
Connecticut	32,573	35,208	36,046	36,927	37,457	38,451	38,883	38,935	39,203
Delaware	10,280	10,450	10,682	10,979	11,110	11,406	11,447	11,385	11,399
District of Columbia	8,771	7,954	7,863	8,083	8,088	7,979	7,835	7,393	7,387
Florida	209,420	216,034	221,646	226,533	230,161	236,039	237,152	236,707	234,962
Georgia	120,296	123,890	126,686	129,979	132,464	135,958	137,793	137,228	137,411
Hawaii	15,810	16,204	16,495	16,909	17,367	17,636	17,712	17,881	17,966
Idaho	21,203	22,603	22,691	23,400	24,427	25,644	26,073	25,818	25,918
Illinois	132,242	138,717	141,350	145,576	148,736	153,210	154,297	152,557	152,077
Indiana	77,027	80,626	81,983	84,075	84,598	86,948	87,760	87,588	87,414
Iowa	35,621	37,358	37,667	38,849	39,561	40,613	40,910	40,884	40,391
Kansas	33,442	35,059	35,774	36,494	37,378	38,563	38,783	38,937	39,080
Kentucky	50,391	52,199	53,196	54,404	54,931	55,781	56,200	56,249	56,042
Louisiana	55,418	55,433	56,579	58,384	59,335	61,035	61,134	60,593	59,423
Maine	11,261	12,513	12,706	12,791	13,069	13,496	13,617	13,690	13,680
Maryland	66,594	70,222	71,425	72,798	73,549	75,170	75,557	74,960	74,867
Massachusetts	66,368	68,677	69,187	70,884	71,806	73,039	73,819	74,048	74,319
Michigan	102,347	108,557	109,794	112,763	114,894	117,531	118,416	118,444	117,784
Minnesota	62,897	66,722	67,458	69,239	71,188	73,141	73,687	73,728	73,126
Mississippi	34,518	34,517	35,499	36,144	36,213	36,888	37,095	37,048	36,933
Missouri	68,379	71,474	72,279	73,625	74,288	75,745	76,268	76,339	75,645
Montana	10,555	11,472	11,668	12,027	12,529	13,196	13,297	13,293	13,203
Nebraska	23,444	24,856	25,242	25,813	26,435	27,070	27,355	27,154	26,710
Nevada	33,591	34,885	35,907	36,339	37,355	38,634	38,884	38,642	38,628
New Hampshire	11,431	12,317	12,632	12,760	13,152	13,578	13,680	13,795	14,031
New Jersey	95,197	102,667	105,331	107,438	108,562	110,107	110,455	110,285	110,523
New Mexico	21,836	22,377	22,996	23,604	24,195	25,188	25,709	25,966	26,244
New York	211,231	217,738	220,677	223,961	225,455	228,151	229,243	227,049	227,349
North Carolina	113,170	116,258	117,921	120,273	121,841	124,482	125,727	125,202	125,006
North Dakota	9,740	10,233	10,247	10,410	10,760	10,965	10,933	10,658	10,461
Ohio	127,649	132,941	134,865	138,349	139,903	143,065	144,280	144,229	143,776
Oklahoma	46,696	48,313	49,136	50,467	51,757	53,564	53,762	54,097	54,124
Oregon	39,738	41,820	42,280	43,703	45,243	47,187	47,954	48,227	47,998
Pennsylvania	127,582	134,571	136,973	140,134	142,094	145,356	147,198	147,556	147,280
Puerto Rico	18,389	20,060	21,416	21,598	23,419	25,871	27,832	29,582	31,066
Rhode Island	9,673	10,591	10,841	11,161	11,284	11,574	11,493	11,401	11,283
South Carolina	54,309	55,770	56,449	57,849	58,587	60,459	61,166	61,210	60,844
South Dakota	10,917	11,626	11,774	12,115	12,236	12,368	12,337	12,384	12,263
Tennessee	76,671	79,825	80,775	82,524	82,555	84,687	84,906	84,349	84,078
Texas	360,323	372,557	380,511	389,989	402,062	417,653	422,434	419,812	414,859
Utah	44,946	47,259	47,463	47,947	49,619	51,575	52,250	52,418	52,575
Vermont	5,073	5,622	5,679	5,808	6,067	6,290	6,369	6,506	6,425
Virginia	92,468	96,647	98,881	100,954	101,858	104,424	104,589	103,792	103,371
Washington	81,060	85,811	86,255	88,914	91,977	94,729	95,004	94,242	94,213
West Virginia	17,094	17,682	17,783	18,285	18,563	19,140	19,674	20,054	20,216
Wisconsin	59,985	63,663	64,144	65,422	67,031	68,929	69,380	69,371	69,358
Wyoming	6,156	6,330	6,329	6,556	6,920	7,239	7,292	7,276	7,330
National	**3,582,882**	**3,722,996**	**3,788,844**	**3,878,341**	**3,959,157**	**4,066,024**	**4,104,461**	**4,094,178**	**4,082,621**
Reporting States	**52**	**52**	**52**	**52**	**52**	**52**	**52**	**52**	**52**

Table C–3 Child Population Demographics, 2021 *(continues)*

State	9	10	11	12	13	14	15	16	17
Alabama	61,261	61,943	63,495	65,545	68,104	67,676	65,994	64,994	65,234
Alaska	10,181	10,308	10,184	10,239	10,265	10,084	9,724	9,637	9,519
Arizona	89,025	90,132	92,137	95,276	100,003	99,585	97,615	96,036	95,860
Arkansas	38,676	38,970	39,874	40,920	42,665	42,669	41,680	41,010	40,944
California	488,744	496,286	501,622	509,362	532,061	531,161	521,654	515,661	516,014
Colorado	68,292	69,913	72,012	73,168	75,777	75,752	74,809	74,271	74,729
Connecticut	39,681	40,773	41,846	43,300	45,306	45,902	45,867	46,232	47,120
Delaware	11,655	11,713	11,894	12,141	12,494	12,393	12,380	12,187	12,299
District of Columbia	7,215	6,976	6,440	6,149	6,084	5,830	5,461	5,141	5,186
Florida	236,409	238,392	242,401	247,902	258,686	259,341	255,563	251,387	250,545
Georgia	139,117	141,361	144,649	149,139	156,282	156,309	153,418	151,038	151,284
Hawaii	17,740	17,578	16,972	16,664	16,994	16,537	16,032	15,890	16,012
Idaho	25,976	26,428	27,410	28,196	29,266	29,219	28,601	28,096	28,057
Illinois	153,456	156,060	160,286	163,932	170,505	170,908	169,097	168,929	171,289
Indiana	87,403	87,682	89,883	92,151	95,531	95,425	93,897	93,065	93,950
Iowa	39,981	40,144	41,819	43,192	44,815	44,675	43,862	43,055	42,979
Kansas	39,232	39,661	40,736	41,390	42,505	42,389	41,519	40,864	41,258
Kentucky	55,692	55,788	56,845	58,582	60,809	60,738	59,511	59,014	59,540
Louisiana	59,141	59,277	60,564	62,474	64,901	64,605	62,519	61,168	60,960
Maine	13,669	13,810	14,455	14,850	15,440	15,557	15,491	15,761	16,053
Maryland	75,362	76,445	77,714	78,765	81,793	81,195	79,373	78,594	78,921
Massachusetts	74,898	75,788	77,131	78,664	81,722	82,162	81,987	82,546	85,088
Michigan	117,829	119,010	122,179	124,698	129,325	130,074	129,176	129,116	131,442
Minnesota	72,870	73,031	74,961	76,591	79,096	78,784	77,329	76,530	77,189
Mississippi	37,483	37,892	39,222	41,291	43,572	44,016	42,325	41,254	40,925
Missouri	75,724	76,589	78,154	80,170	83,278	83,168	81,861	80,785	80,786
Montana	13,215	13,159	13,485	13,909	14,434	14,290	13,957	13,660	13,721
Nebraska	26,511	26,610	27,383	28,072	28,716	28,365	27,824	27,703	27,621
Nevada	38,575	39,513	40,097	40,978	42,838	42,529	41,255	40,285	39,813
New Hampshire	14,018	14,423	14,773	15,093	15,806	16,043	16,117	16,198	16,529
New Jersey	111,375	113,346	115,329	117,059	121,531	121,748	120,333	120,030	121,812
New Mexico	26,470	27,069	27,867	28,583	29,603	29,458	28,784	28,630	28,642
New York	227,793	229,617	229,737	230,037	237,465	236,967	234,945	235,818	240,090
North Carolina	125,807	127,276	131,463	135,695	141,022	140,653	138,009	135,685	136,013
North Dakota	10,282	10,111	10,240	10,330	10,545	10,324	10,094	9,793	9,575
Ohio	142,968	143,072	146,357	150,576	155,570	156,106	154,218	152,779	154,926
Oklahoma	54,064	54,069	55,056	55,975	57,758	57,273	55,574	54,829	55,016
Oregon	48,248	48,917	50,148	51,142	53,096	52,685	51,431	50,530	51,004
Pennsylvania	147,414	148,833	151,958	155,457	161,039	161,035	159,178	159,098	161,253
Puerto Rico	32,403	33,332	34,966	35,825	36,364	37,488	38,520	38,955	38,704
Rhode Island	11,345	11,407	11,650	11,842	12,456	12,555	12,616	12,699	12,956
South Carolina	61,510	62,130	64,568	66,902	69,319	69,093	66,972	64,984	64,971
South Dakota	12,167	12,147	12,436	12,732	13,000	12,913	12,532	12,296	12,186
Tennessee	84,324	84,243	86,404	89,343	93,366	92,804	90,868	89,298	89,654
Texas	412,277	418,575	429,479	437,158	450,878	446,733	437,328	431,718	431,087
Utah	52,067	53,216	55,091	56,356	58,222	57,979	56,717	55,826	55,717
Vermont	6,525	6,597	6,696	6,868	7,225	7,302	7,230	7,243	7,451
Virginia	104,085	104,766	106,243	108,253	112,743	112,495	110,350	109,269	109,638
Washington	93,623	94,118	96,100	97,548	100,099	98,772	95,815	94,013	93,829
West Virginia	20,137	20,125	20,533	21,127	21,987	21,923	21,563	21,378	21,767
Wisconsin	69,786	70,726	73,605	75,442	78,277	78,501	77,358	76,543	77,235
Wyoming	7,317	7,474	7,823	8,087	8,307	8,293	8,113	7,896	7,686
National	**4,091,018**	**4,136,821**	**4,224,372**	**4,315,140**	**4,478,945**	**4,470,481**	**4,394,446**	**4,349,417**	**4,372,079**
Reporting States	**52**	**52**	**52**	**52**	**52**	**52**	**52**	**52**	**52**

Table C–3 Child Population Demographics, 2021

State	Boy	Girl	African-American	American Indian or Alaska Native	Asian	Hispanic	Multiple Race	Native Hawaiian or Other Pacific Islander	White
Alabama	572,865	549,387	324,473	4,227	16,555	95,023	40,850	627	640,497
Alaska	92,247	87,109	5,111	33,378	9,776	18,286	23,794	4,151	84,860
Arizona	824,641	789,347	84,375	74,749	49,326	726,052	68,985	2,945	607,556
Arkansas	360,696	342,693	124,459	5,017	12,604	91,565	29,101	4,426	436,217
California	4,492,470	4,280,161	437,974	31,999	1,112,804	4,543,963	470,541	31,982	2,143,368
Colorado	636,595	606,861	54,421	6,866	40,210	397,618	58,981	2,429	682,931
Connecticut	372,085	357,625	85,187	2,080	39,381	192,942	29,999	331	379,790
Delaware	105,847	102,447	53,402	478	8,938	36,082	12,134	85	97,175
District of Columbia	63,873	61,962	65,265	180	3,312	21,551	5,529	53	29,945
Florida	2,192,114	2,097,166	852,347	8,718	118,894	1,353,040	170,212	2,964	1,783,105
Georgia	1,285,905	1,238,397	853,135	4,529	107,978	383,160	103,737	2,397	1,069,366
Hawaii	156,835	147,564	5,121	424	65,875	60,085	96,497	35,446	40,951
Idaho	240,429	228,597	4,035	4,585	5,721	88,691	16,946	864	348,184
Illinois	1,433,027	1,370,197	429,013	3,924	156,263	694,169	104,149	814	1,414,892
Indiana	813,676	773,330	182,942	2,617	43,941	188,403	70,483	757	1,097,863
Iowa	377,252	359,124	41,784	2,526	20,224	80,713	30,914	1,888	558,327
Kansas	360,295	342,769	43,163	4,592	20,486	134,863	38,652	903	460,405
Kentucky	521,053	494,859	94,401	1,277	19,157	70,354	45,991	955	783,777
Louisiana	552,548	530,395	392,539	6,394	18,118	85,247	35,892	387	544,366
Maine	129,424	122,485	7,646	1,945	3,655	8,238	9,942	128	220,355
Maryland	696,343	666,961	417,109	2,733	88,159	231,679	75,198	593	547,833
Massachusetts	697,047	665,086	122,152	2,541	105,206	269,263	58,647	736	803,588
Michigan	1,103,527	1,049,852	347,374	11,973	74,328	190,002	110,256	637	1,418,809
Minnesota	673,656	643,911	140,129	18,404	84,855	122,273	70,123	1,132	880,651
Mississippi	353,211	339,624	287,067	3,919	6,996	36,393	18,963	218	339,279
Missouri	710,102	674,455	185,220	4,959	29,402	101,301	68,163	2,758	992,754
Montana	120,934	114,136	1,485	21,925	1,963	16,313	11,210	174	182,000
Nebraska	248,016	234,868	29,201	5,128	13,673	91,253	20,239	340	323,050
Nevada	357,524	341,224	76,131	5,260	41,368	288,585	51,357	5,546	230,501
New Hampshire	131,433	124,943	5,150	411	9,064	18,641	9,092	85	213,933
New Jersey	1,035,079	988,049	270,075	3,683	206,499	568,505	67,854	920	905,592
New Mexico	241,170	232,051	8,724	46,342	5,849	292,365	12,676	260	107,005
New York	2,106,032	2,007,291	602,243	12,994	359,049	1,023,163	161,680	2,178	1,952,016
North Carolina	1,174,698	1,126,805	516,244	25,818	83,363	400,505	107,670	1,927	1,165,976
North Dakota	95,117	90,584	8,202	14,070	2,948	13,375	8,228	177	138,701
Ohio	1,333,332	1,272,297	398,960	3,751	72,215	179,142	135,056	1,514	1,814,991
Oklahoma	492,312	469,218	73,696	95,167	21,393	178,764	98,001	2,578	491,931
Oregon	441,881	419,470	20,008	9,161	36,570	197,539	56,437	4,395	537,241
Pennsylvania	1,370,720	1,303,289	344,507	3,607	111,807	365,239	115,430	982	1,732,437
Puerto Rico	277,518	268,272	-	-	-	-	-	-	-
Rhode Island	106,906	101,921	15,329	1,043	7,793	58,737	10,184	167	115,574
South Carolina	569,362	547,730	323,486	3,383	20,747	116,560	48,652	744	603,520
South Dakota	113,095	107,334	7,026	27,236	3,512	17,265	10,404	203	154,783
Tennessee	787,634	753,040	288,809	3,029	30,462	164,476	64,384	990	988,524
Texas	3,816,578	3,658,855	913,954	18,043	357,273	3,677,852	212,945	6,820	2,288,546
Utah	486,617	460,626	11,503	8,052	17,468	174,756	36,253	11,250	687,961
Vermont	60,474	56,502	2,089	279	2,656	3,632	4,730	37	103,553
Virginia	965,208	919,618	374,628	3,966	129,217	280,694	116,030	1,248	979,043
Washington	858,890	817,232	72,903	21,030	142,327	376,661	146,824	14,267	902,110
West Virginia	184,553	174,478	13,159	481	2,734	10,516	15,967	73	316,101
Wisconsin	653,193	621,563	113,129	13,162	50,592	164,004	55,194	616	878,059
Wyoming	68,096	64,328	1,268	3,648	994	20,712	4,622	77	101,103
National	**37,914,135**	**36,198,088**	**10,131,753**	**595,703**	**3,993,700**	**18,920,210**	**3,445,798**	**158,174**	**36,321,095**
Reporting States	**52**	**52**	**51**	**51**	**51**	**51**	**51**	**51**	**51**

Table C–4 Adult Population by Age Group, 2021

State	18–24	25–34	35–44	45–54	55–64	65–75	75 and Older
Alabama	456,493	656,423	621,325	622,194	672,373	541,944	346,873
Alaska	66,904	113,554	101,657	83,163	90,376	66,426	31,237
Arizona	685,432	1,001,092	915,192	847,681	879,885	783,000	550,046
Arkansas	277,931	393,643	379,440	358,491	384,896	315,422	212,679
California	3,556,752	5,839,642	5,406,441	4,927,546	4,777,732	3,558,013	2,399,079
Colorado	528,036	908,724	839,814	710,167	702,219	558,844	320,809
Connecticut	340,752	452,947	451,920	460,041	520,992	378,532	270,703
Delaware	83,859	128,358	120,902	116,807	143,518	124,397	77,249
District of Columbia	65,505	145,726	110,241	70,889	66,016	50,717	35,121
Florida	1,727,807	2,766,021	2,717,353	2,702,711	2,979,570	2,591,258	2,007,128
Georgia	1,026,714	1,494,153	1,428,680	1,398,509	1,343,137	987,987	596,084
Hawaii	118,266	194,454	190,916	170,059	181,155	162,622	119,682
Idaho	173,589	248,864	249,386	215,984	228,618	197,346	118,110
Illinois	1,141,178	1,713,590	1,680,335	1,581,098	1,650,582	1,259,846	841,616
Indiana	658,899	894,017	858,210	819,339	873,826	681,528	433,160
Iowa	316,202	397,565	403,510	361,963	412,190	336,104	229,169
Kansas	293,821	377,898	376,302	327,806	366,053	294,178	195,460
Kentucky	414,654	589,177	563,149	557,634	598,608	476,140	294,120
Louisiana	413,548	626,497	609,102	534,757	595,390	471,409	290,401
Maine	107,116	166,612	165,287	170,832	213,326	183,139	114,026
Maryland	528,234	821,793	827,253	783,543	837,845	604,486	398,671
Massachusetts	686,024	984,093	897,272	875,096	965,412	726,907	487,786
Michigan	929,745	1,316,738	1,208,434	1,225,646	1,394,087	1,118,078	704,704
Minnesota	497,529	748,317	767,158	665,021	756,115	577,187	378,496
Mississippi	277,453	380,767	368,375	355,572	380,719	303,969	190,275
Missouri	557,762	812,760	784,654	721,210	823,477	649,461	434,306
Montana	99,857	143,355	140,558	120,739	148,269	135,439	80,984
Nebraska	191,716	252,879	255,699	217,963	240,661	193,977	127,913
Nevada	251,492	454,678	431,067	397,461	392,078	321,908	196,559
New Hampshire	122,956	178,308	168,050	176,822	218,959	166,691	100,830
New Jersey	773,242	1,188,797	1,216,464	1,217,176	1,282,406	920,871	645,046
New Mexico	196,953	280,986	268,354	235,423	268,994	238,520	153,426
New York	1,743,048	2,805,388	2,548,077	2,460,358	2,687,998	2,037,717	1,440,004
North Carolina	989,421	1,413,089	1,332,210	1,347,554	1,374,071	1,101,147	692,167
North Dakota	83,443	110,972	99,539	78,534	92,118	73,642	50,999
Ohio	1,051,526	1,553,518	1,456,528	1,424,138	1,589,679	1,278,292	820,707
Oklahoma	383,671	536,930	518,854	454,731	486,212	388,432	256,279
Oregon	357,957	597,852	592,877	519,333	528,406	489,637	298,742
Pennsylvania	1,134,013	1,702,080	1,606,722	1,570,922	1,811,856	1,465,176	999,278
Puerto Rico	299,222	431,650	387,197	417,099	442,137	384,159	356,330
Rhode Island	110,554	152,752	135,975	133,472	155,239	118,373	80,418
South Carolina	464,548	673,186	640,341	631,681	697,458	600,896	365,503
South Dakota	83,222	113,171	111,647	94,492	115,997	97,689	58,729
Tennessee	617,082	963,067	883,146	872,093	913,884	728,268	457,004
Texas	2,850,707	4,257,936	4,120,216	3,627,069	3,320,596	2,408,573	1,467,411
Utah	379,162	488,688	465,708	357,038	310,988	242,367	146,781
Vermont	66,194	77,659	77,582	77,722	96,179	82,540	50,718
Virginia	799,839	1,179,045	1,159,760	1,086,312	1,125,840	853,298	553,354
Washington	652,774	1,173,385	1,095,304	932,703	953,226	782,531	472,647
West Virginia	153,400	212,836	214,054	225,424	248,794	226,067	143,353
Wisconsin	549,737	737,557	745,882	701,162	829,571	649,145	408,098
Wyoming	52,181	73,566	76,932	64,355	75,468	65,986	37,891
National	**30,388,122**	**45,926,755**	**43,791,051**	**41,105,535**	**43,245,201**	**34,050,281**	**22,538,161**
Reporting States	**52**	**52**	**52**	**52**	**52**	**52**	**52**

Note: Arizona did not submit FFY 2021 NCANDS data in time for Child Maltreatment 2021*; however, the state's population data are presented in this table.*

State Commentary

APPENDIX D

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

Alabama

Contact	Holly Christian	**Phone**	334–353–4898
Title	Deputy Director, Children and Family Services Division	**Email**	holly.christian@dhr.alabama.gov
Address	Alabama Department of Human Resources 50 Ripley Street Montgomery, AL 36130–4000		

General

There were no changes in policies, programs or procedures that affected the 2021 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 mapping of NCANDS elements.

Alabama has two types of screened-in responses: child abuse and neglect investigations (CA/Ns) and prevention assessments (alternative response). For FFY 2021, 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 2021 submission does not include prevention assessment data in the Child File.

Reports

The state did not change it's screening protocol due to the pandemic that began in 2020. The state has maintained the same policy and requirements for in person investigations. No policies or procedures were changed related to the screening or completion of reports.

The state did not modify the timeframe requirements for investigation completions due to the pandemic for FFY 2021. Response time, as reported in the Agency File, is taken from the calculated average response time reported in the Child File.

The state does report all sex trafficking incidents through NCANDS, including those with a nonrelative perpetrator. The following updates were made during recent years:

- FFY 2017 screened-out reports included only reports that did not meet the definition of a CA/N report and did not include Prevention Assessments, Alabama's alternative response. Prevention Assessments are screened-in assessments.
- FFY 2018 fields were added to the state's SACWIS system to capture CARA related data. Some of these included plans of safe care data and substance exposed infant data.
- During FFY 2019, 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 in order 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 perpetrator prior abuse.

Children

During FFY 2019 additional fields were added to the SACWIS system and NCANDS data extraction codes were modified to further improve accuracy and completeness of CARA related data. Fields to document 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 it's policies related to conducting investigations and assessments. The state has continued to conduct face-to-face assessments and investigations. The policy requirements regarding timeframes to complete investigations did not change during FY 2021.

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 2021 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 2021 number of child fatalities decreased from FFY 2020. The majority of child fatality investigations which are indicated are suspended for due process or criminal prosecution. This extends the length of the investigation, which can take several months or years to complete. For the fatalities reported in FFY 2021, the actual dates of death occurred in a five-year range, from FFY 2016–FFY 2021.

Alabama *(continued)*

Perpetrators

Alabama state statutes do not allow a person under the age of 14 years to be identified as a perpetrator. These reports are addressed in an alternate response. Ongoing services are provided as needed to the child victim and the child identified as the person allegedly responsible.

During FFY 2019 NCANDS extraction code was modified to blank perpetrator age when the date of birth is unknown. The state does report noncaregiver perpetrators of sex trafficking to NCANDS.

Services

For Enhancements to our SACWIS system and mapping are planned to allow more complete reporting of services in future submissions

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 2021 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 2021.

Many services are provided through contract providers and may not be documented through our CCWIS system. However, enhancements were made to the system in FFY 2019, FFY 2020, and in FFY 2021 to better capture services provided, including those that may not use the system to initiate payments.

The state allowed some ongoing and foster care visits to be conducted virtually during the FFY 2021 period as outlined in state and federal guidelines. All investigation and assessments continued to be required to be conducted in person.

Alaska

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 110630 Juneau, AK 99811-0630		

General

Alaska made several system changes to support accurate data in the NCANDS report prior to FFY 2020:

- Reviewed accuracy of data produced via a "sex trafficking/exploitation" indicator
- Isolated "sex trafficking/exploitation" data element to just "sex trafficking" and implemented a data fix for inaccurate records
- Added reference data for changed city names or for zip codes missing from our database's address table
- Removed the user's ability to document duplicate allegations of maltreatment
- Reduced the number of steps/tasks required to enter legal status and centralized the entry of legal status updates

Alaska made several system changes to support accurate data in the NCANDS report during FFY 2020:

- Users must specify which alleged victims were sex trafficked
- Added family characteristic ''Financial Stress," mapped to the caregiver risk factor of financial problem, and multiple sub-selections, unemployment, employed poverty level, other financial stress
- Added a new protective service report screen out reason "Screen Out - Emergency Management Decision" to manage workload due to the COVID-19 virus

Reports

For FFY 2018 NCANDS reporting methodology was amended to include reporting for sex trafficking, and logic was improved for reporting of medical neglect. Beginning in May 2020, OCS is capturing sex trafficking data on all Protective Service Reports and Initial Assessments and would be able to provide this data in and for future reporting periods.

During FFY 2020 Alaska focused on a concentrated effort to complete the growing number of backlogged assessments (investigations) which successfully reduced the number of open investigations to the lowest level Alaska has seen in years. This resulted in the over reporting of assessments for 2020 in relation to when the reports were received and when the assessment field work was completed.

During the COVID-19 pandemic we saw lower numbers of reports, which we feel may be related to school being virtual, causing children to have less contact with mandatory reporters. Alaska made changes to screen out priority 3 (lowest priority) reports on March 23, 2020. However, priority 3 reports regarding high-risk infants, reports of maltreatment in foster care, and reports of sex abuse or serious physical abuse cases were screened in. Those cases screened out were tracked and with follow-up for the family to make referrals as appropriate.

Remote travel for investigations, which is frequently appropriate in Alaska, was affected by COVID-19 pandemic-related travel risks and by travel restrictions established by some villages. Changes were made to accommodate rural areas where travel into the community had been shut down. Coordination was done with Tribal entities to find ways for OCS to safely enter the communities, or to establish ways to assure child safety while travel restrictions were in place. Some of the modifications allowed for the Tribe or law enforcement to video conference with OCS staff member during initial face-to-face contact with the alleged victims or household members. Personal protective equipment was also mandatory for staff and workers conducting investigations and assessments. Staff availability was impacted by pandemic-related illness.

Children

Alaska has enhanced efforts related to the identification and documentation of children with Alaska Native race, which may decrease children with unknown race while increasing counts for identified races. Alaska was unable to implement a reporting mechanism in the SACWIS system for plans of safe care or referral to CARA-related service.

Fatalities

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

Perpetrators

In Alaska, noncaregiver perpetrators of sex trafficking may be reported to NCANDS. Alaska believes that caregiver risk factors of alcohol and drug abuse have been under-reported in the past.

Services

Many services are provided through contracting providers and may not be well-documented in Alaska's SACWIS; therefore, analysis of the services array with the State's NCANDS Child File is not advised.

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

Arizona

Contact	Katherine Guffey	**Phone**	602–255–2502
Title	Chief Quality Improvement Officer	**Email**	katherine.guffey@azdcs.gov
Address	Arizona Department of Child Safety 3003 N. Central Avenue Phoenix, AZ 85012		

The state did not submit commentary for the *Child Maltreatment 2021* report.

Arkansas

Contact	Nellena Garrison	**Phone**	501–320–6503
Title	DCFS Information Systems Manager Department of Human Services	**Email**	nellena.garrison@dhs.arkansas.gov
Address	Office of Information Technology 108 E. 7th Street, Donaghey Plaza North, 3rd Floor Little Rock, AR 72201		

General

The Governor of Arkansas issued Executive Order 20–03 on March 11, 2020 to declare a public health emergency and ordered the Department of Health to take action to prevent the spread of COVID-19. This order put in place the necessary protocols in the event the virus became widespread and further actions needed to be implemented. The Arkansas Department of Human Services implemented Triage Recommendations on March 17, 2020 for safely conducting investigations and assessments during the Phase I COVID-19 mandates. If all services could not be provided on an individual caseload, recommendations provided guidance on how to prioritize cases based on safety. The Governor of Arkansas did not issue Executive Orders for a state-wide lockdown during FFY 2020. During FFY 2021 Investigators continued to ask screening questions, and if the family tested positive for COVID-19 or was quarantined a virtual interview was conducted.

The following options are available when accepting a referral:

- **Refer to DCFS for Fetal Alcohol Spectrum Disorder (R/A-FASD):** The following change was made to Arkansas legislation effective July 2011—Act 1143 requires health care providers involved in the delivery or care of infants to report infants born and affected by Fetal Alcohol Spectrum Disorder. The Department of Human Services shall accept referrals, calls, and other communication from health care providers involved in the delivery or care of infants born and affected with FASD. The Department of Human Services shall develop a plan of safe care of infants born with FASD. The Arkansas State Police Hotline staff used the Request for DCFS assessment for FASD. These were automatically assigned to the DCFS Central Office FASD Project Unit to complete the assessment and closure. The R/A-FASD Assessment was updated and integrated with a new Refer to DCFS for N. I. Substance Exposure (R/A-SE) Assessment type during FFY2020.
- **Refer to DCFS for N. I. Substance Exposure Assessment (R/A-SE)** Arkansas legislation effective July 2019 - Act 598 requires healthcare providers involved in delivery or care of infants reporting an infant born and affected by Fetal Alcohol Spectrum Disorder (FASD) (the 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 following circumstances:
  - If reported by persons other than medical personnel,
  - If the referral is a duplicate and an investigation already is opened,
  - If the mother tests positive during her pregnancy but not at birth, or
  - If the Health Care Provider can confirm the mother's prescription for the drug causing the positive screening.

For FFY 2021 the Request for Assessment 'Refer to DCFS for N.I. Substance Exposure'(R/A-SE) was included in the data. The R/A-SE Assessment Type was added to the NCANDS logic as an Alternative Response Referral for FFY 2021. The R/A-SE Assessments are mapped to '04-Alternative response nonvictim'. Clients under 1 year old who meet the other defined criteria are counted for any RA-SE 'Assessment Type':

- FASD
- Substance Use Resulting in Prenatal Exposure
- Withdrawal Symptoms Resulting From Prenatal Exposure

- **Refer to CACD for Death Assessment (R/A-DA)** Arkansas FFY 2015 legislation mandated per Act 1211, the Department of Human Services and Arkansas State Police Crimes Against Children Division (CACD) will conduct an investigation or death assessment upon receiving initial notification of suspected child maltreatment or notification of a child death. This was effective in CHRIS August 2, 2015. The Child Abuse Hotline will accept a report for a child death if a child has died suddenly and unexpectedly not caused by a known disease or illness for which the child was under a physician's care at the time of death, including without limitation child deaths as a result of the following:
  - 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 responding 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. DR began with five pilot counties on October 1, 2012 and was implemented statewide for all 75 counties by August 12, 2013 through a periodic schedule. FFY 2013 was the first year the state submitted differential response data to NCANDS. Differential Response Referrals are mapped to Mapped to '04-Alternative response nonvictim'.

Reports

The Child Abuse Hotline continued operation with no changes to the hours of operation or staffing levels. There were no screening changes due to the pandemic.

Children

The Abuse/Neglect Type values were updated during FFY 2020 under the authority of § 12-18-105 of the Arkansas Code to carry out the Child Maltreatment Act. Inactive status was applied to the abuse/neglect type value of medical neglect which no longer appears in the data as a maltreatment type for FFY 2021. The abuse/neglect allegation entry process and abuse/neglect type values on the Investigation Abuse/Neglect Information Screen were enhanced in July 2020, to align with the PUB-357 Child Maltreatment Investigation and Determination Guide that was rewritten to assist staff with making determinations and to articulate how the determinations were made according to the Child Maltreatment Code.

The state continued to conduct face-to-face investigations and assessments unless the family was positive for COVID-19 or in quarantine. If face-to-face contact was not possible, investigation interviews and assessments were conducted virtually through Face Time or other applications or conducted via telephone. The state did not experience a notable change in the investigation disposition time due to the pandemic. This is not the first year of reporting sex trafficking data for Arkansas.

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. Nonmandated reporters include neighbors, family members, friends, or members of the community. The guidelines for reporting are mandated and nonmandated persons are asked to contact the child abuse hotline if they have reasonable cause to believe that a child has died as a result of child maltreatment. All sudden and unexpected child deaths will be reported to the Child Abuse Hotline. Death Assessment (R/A-DA) reports are accepted by the Hotline and do not have allegations of maltreatment at the time of the referral. The data for R/A-DA reports are not submitted to NCANDS. If the incident does rise to the level of a child maltreatment investigation, then the Referral will be elevated to be investigated. Child Death Investigation reports are accepted by the Hotline and will have maltreatment allegations at the time of the referral. All Child Death Investigation reports are included in the Child File data submission.

The state implemented changes to the Fatality Review meeting process due to the pandemic. The External Fatality Reviews were changed from in-person to video meetings. Internal

Arkansas *(continued)*

Fatality Reviews conducted via telephone were changed to video meetings. There were no disruptions to the Child Death Review Committee operations during the pandemic.

Perpetrators

Arkansas accepts reports of Sex Trafficking by adult non-caregiver Offenders 18 years of age or older. This data is reported to NCANDS in the Child File. The following values are validated as 'other' perpetrator relationships and are mapped to NCANDS code value 88–Other: client, life connection, live-in, no relation, peer, significant other, and student.

Services

In-home services continued to be provided during the pandemic. When appropriate, service provision was conducted electronically rather than in person. The child removal process was not impacted due to the pandemic.

Arkansas has a Prevention Plan with additional IV-E funding provided for Intensive In-Home Service Contract. Arkansas continued to use the additional funding provided through the Relief Bill promoting Safe and Stable Families. The state outsources some contracted services such as Parenting Training and Substance Abuse Treatment.

California

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 8–05–656 Sacramento, CA 95814		

General

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

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

On March 19, 2020, California's Governor issued a stay-at-home order to protect the health and well-being of all Californians and to establish consistency across the state to slow the spread of COVID-19. California determined that child welfare hotline and emergency response investigations are essential government functions and should be prioritized to protect the safety and well-being of children and families. County child welfare emergency response workers were established as first responders when assessing for the safety and well-being of children reported as being abused or neglected. Counties were informed that in-person investigations of the abuse or neglect of children must continue to occur.

Reports

As a result of the continuing COVID-19 pandemic and a full year of the pandemic compared to 2020, the number of calls to the child welfare hotline has significantly decreased, resulting in a lower than usual number of referrals reported to the NCANDS in FFY 2021. There were fewer unique reports received in FFY 2021 compared to 2020. Although there were less referrals from all report sources, California saw the largest drop again from education personnel. In FFY 2021, there were fewer unique reports from education personnel overall compared with FFY 2020.

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 2021, the immediate response compliance rate was 95.1 percent, and the 10-day response compliance rate was 89.4 percent.

Children

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 appropriate services) were completed in July 2020 and data entry guidance was released to counties in November 2020. We have reviewed preliminary data and tested our NCANDS code changes to ensure that we are reporting this new data as accurately as possible. However, 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, we believe 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.

The proportion of clients marked as "unknown" race reflects implementation of guidance to report a federally recognized race for clients being marked with the Hispanic indicator in our statewide data system. Approximately 70 percent of the clients/perpetrators whose race is unable to determine are counted among the Hispanic identifiers. Although extensive guidance has been released over the last several years that did reduce the proportion of clients/perpetrators who identified as Hispanic with no federally recognized racial category, we believe the effects of those efforts have reached their limits until our new statewide system is implemented, anticipated to be in FFY 2025. Until then, we anticipate this proportion to change little going forward, as treating Hispanic as a distinct racial category (equivalent to Black, White, or Asian) is very common in California.

Fatalities

Fatality data submitted to NCANDS is derived from notifications (SOC 826 forms) submitted to the California Department of Social Services (CDSS) from County Child Welfare Services (CWS) agencies when it has been determined that a child has died as the result of abuse and neglect, 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 does reflect child death information derived from multiple sources. It does not, however, represent information directly received from either the state's vital statistics agency or local child death review teams.

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) 2020 is the most recent validated annual data and is therefore reported for FFY 2021. 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 2020 as of December 2021 and may change if

additional fatalities that occurred in CY 2020 are later determined to be the result of abuse and/or neglect. For fatalities that occurred while the child was in foster care, the perpetrator information is unavailable until full case reviews of CY 2021 critical incidents are concluded. Any changes to this number will be reflected in NCANDS trends analyses, through resubmissions, as well as subsequent year's APSR reports.

It is important to note that while SB 39 data were used in the FFY 2021 NCANDS submission, the data were derived from CY 2020. NCANDS submissions includes 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.

Perpetrators

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, evaluation, data collection, and reporting. Federal funding is allocated to each county to support a variety of prevention services. Federal funding streams targeted for prevention services include Community-Based Child Abuse Prevention (CBCAP), Promoting Safe and Stable Families (PSSF), Child Abuse Prevention and Treatment Act (CAPTA), and Child Abuse Prevention, Intervention and Treatment (CAPIT). The Office of Child Abuse Prevention (OCAP) is responsible for monitoring federal expenditures as well as ensuring counties are evaluating the quality of programs consistently. Since the State Fiscal Year (SFY) and the FFY are not aligned, information for SFY 2020–21 is representative of FFY 2021.

The Office of Child Abuse Prevention's (OCAP's) stakeholders that continue to be the most impacted by the pandemic include grantees, contractors, counties, and other community-based prevention organizations which have traditionally focused on in-person service delivery. Last year, many prevention providers were able to pivot to provide virtual services; however, some in-person service delivery was not possible. Some reasons counties reported not being able to pivot were accessibility challenges of technology for the county and those being served, a lack of staff to support virtual services, and the fact that some services were not possible without being in person. This year some prevention providers are transitioning back to providing in-home services but continue to be impacted by unpredictable changes of the pandemic as providers are challenged by staff shortages and creating processes to safely connect with families in-home.

The OCAP has received reports that most community-based organizations are still experiencing increased demand for concrete supports for vulnerable families and children. Governor Newsom provided over $3M to Family Resource Centers (FRCs) to implement a statewide navigator program to provide education on resources, advocacy, and mentorship to parents served by regional centers. Also, caregiver and youth warmline supports provided by Parents Anonymous, Family Urgent Response System (FURS), and 2-1-1 were funded with

state dollars, as we continue to recognize the increased stressors experienced by families. In addition, the OCAP anticipates that the supplemental funding for CBCAP under the American Rescue Plan Act of 2021 will help agencies and providers with furthering their prevention activities and services for underserved communities. The OCAP will continue to provide technical assistance to counties and help counties leverage prevention funds they receive. The pandemic has created many challenges especially as guidance keeps changing. Despite the challenges, the OCAP continues to see an increase in positive solution-based collaboration with grantees, contractors' counties, and other community based-prevention organizations.

This is the OCAP's seventh year of utilizing the Efforts to Outcomes (ETO) software as the primary data collection and reporting tool. This is the third year the OCAP has directed counties in ETO to choose one unit of measure (children, parents/caregivers, or families) for service counts instead of multiple units of measure (children and parent/caregivers) for one service activity. However, some counties continue to report service counts on a different unit of measure each fiscal year (FY) for the same service activity.

For SFY 2020–21, counties reported 13,460 CAPIT parents/caregivers served, 430,433 CBCAP parents/caregivers served and 18,686 PSSF parents/caregivers served. In this reporting period, five counties reported a decrease in the total number of children served with CAPIT and four counties with PSSF funding, and five counties reported a decrease in the total number of children served with CBCAP funding. There was a decrease in the total number of children served by CAPIT, CBCAP and PSSF due to several factors including::

- Counties corrected inaccuracies in reporting from the prior FY
- Programs not reported this year, such as youth programs
- Alternative programs offered causing less participation in services
- School and childcare closures and;
- Other unforeseen COVID-19 challenges.

Colorado

Contact	Detre Godinez	**Phone**	303–866–5359
Title	Federal Analyst and Liaison Division of Child Welfare	**Email**	detre.godinez@state.co.us
Address	Colorado Department of Human Services 1575 Sherman Street Denver, CO 80203		

General

Colorado did not experience major changes in state policies or procedures during the FFY 2021. Implementation of Family First Prevention Services Act will likely impact future NCANDS data as mappings of service and risk factor data are improved. Colorado was able to reimplement SANCA (Strengthening Abuse and Neglect Courts of America Act), which will improve data exchange with Colorado Courts on all juvenile dependency and neglect cases.

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 assessments are completed for all screened-in referrals. Both of these tracks are reported to NCANDS.

Reports

Reports decreased starting in March 2020 due to the impact of COVID-19. There were no changes to policy or interpretation of statute around screening referrals due to the pandemic. Face-to-face initial contacts and ongoing monthly contacts 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 during the pandemic has been reported by multiple county agencies and continues to be an issue.

Children

Colorado county agencies conducted face-to-face investigations and assessments as required to accurately determine safety and risk of children. County workers were directed to minimize possible risks or exposure to COVID by taking additional precautions including wearing a mask and asking families to do so as well, maintaining public health recommendations for protocols including washing hands, self-monitoring health, and minimizing social interactions. Rule and statute was not changed around the span of time between the state of the investigation and the disposition/closure.

Colorado's child welfare system does not allow for assessment of prenatal exposure and only for assessment at the time of birth. The pandemic did not change any policies or procedures around reporting substance-exposed newborns.

Fatalities

Colorado did not change any policies around child fatality reviews during FFY 2021. Colorado's Child Fatality Review Team (CFRT) were able to perform reviews. The team consists of up to twenty members, appointed on or before September 30, 2011, as follows:

- Three members from the state department, appointed by the executive director;
- Two members from the department of public health and environment, appointed by the executive director of said department;

- Three members representing county departments, appointed by a statewide organization representing county commissioners;
- At least eight additional multidisciplinary members, to be appointed by the members described in paragraphs (a) to (c) of this subsection (6), including but not limited to representatives from the office of the child protection ombudsman and from the fields of child protection, physical medicine, mental health, education, law enforcement, district attorneys, child advocacy, and any others as deemed appropriate;
- For the purposes of participating in a specific case review, additional members may be appointed at the discretion of the members described in paragraphs (a) to (c) of this subsection (6) to represent agencies involved with the child or the child's family in the twelve months prior to the incident of egregious abuse or neglect against a child, a near fatality, or fatality; and
- Two members of the general assembly, one appointed by the majority leader of the senate and one appointed by the majority leader of the house of representatives; except that, if the majority leaders are from the same political party, the minority leader of the house of representatives shall appoint the second member. The members appointed pursuant to this paragraph (f) are nonvoting members and are not required to be present at any meeting of the team.

Members of the team serve three-year terms and are eligible for reappointment upon the expiration of the terms. Vacancies shall be filled in a manner and within a time frame to be determined by rules promulgated by the state department pursuant to subsection (7) of this section; except that any vacancy of a member appointed pursuant to paragraph (f) of subsection (6) of this section shall be filled by the appointing authority.

The members of the team appointed pursuant to paragraph (f) of subsection (6) of this section are entitled to receive compensation and reimbursement of expenses as provided in section 2-2-326, C.R.S.

Perpetrators

Colorado does not make findings on third party perpetrators of sex trafficking; instead, the caretakers are evaluated to see if their behaviors are providing access to the third party perpetrators.

The "other" perpetrator relationship includes live-in partners, no relation, significant other, foster son, foster daughter, teacher, school counselor, spouse (ex), restitution recipient, child under guardianship, significant other (ex), neighbor, self, and host home provider.

Services

In 2021 DCW began implementing the Family First Prevention Services Act, which is shifting services toward prevention and creating new avenues for services. NCANDS data will better reflect services in Colorado as CCWIS is modernized and mapping of services and risk factors are improved. Colorado does not outsource any direct child welfare protection services. Some services that help to support families may be community-based.

Connecticut

Contact	Fred North	**Phone**	860–817–7462
Title	Program Supervisor Strategic Planning, Data Reporting and Evaluation	**Email**	fred.north@ct.gov
Address	Department of Children & Families 505 Hudson Street Hartford, CT 06106		

General

The 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, see FAR Practice Guide for details). Currently, CT does not report data concerning reports handled through a FAR response to NCANDS. This means that the total number of abuse/neglect reports observed in the NCANDS data is far lower than the total that we actually receive, accept and respond to each year. We have also been increasingly utilizing the FAR response, to the point where during FFY 2021 we used FAR to respond to more than half (about 56 percent) of all accepted reports.

DCF policy did not change with regards to commencement within the designated response time determined at time of acceptance, or for completion of DRS response within 33 business days. Inconsistencies with that expectation were documented accordingly.

Reports

During the reporting period DCF refilled 109 child protective service positions: social work supervisors, 59 social workers, and 27 social worker trainees. DCF also established one new social work supervisor position, but no further social worker positions.

The CT DCF Careline has maintained continuous operations 24/7/365 throughout the course of the year, despite having to take pandemic precautions for staff, children and families served. During FFY 2021, Careline fully integrated 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 agency's interim telework policy. The new system helped to ensure the health and safety of staff, while maintaining continuous operations, as pandemic conditions continue.

There were changes to policy and procedures related to screening of abuse and neglect in July 2021, after CT Public Act 21-1, which legalized the recreational use of cannabis, went into effect. This necessarily changed how DCF assessed reports of neglect involving cannabis, such that the presence of cannabinoid metabolites shall not form the sole or primary basis for any action or proceeding by the agency, including the acceptance of a report of abuse/neglect. The use of marijuana by any adult/child may still pose a risk and/or impact on their social/emotional well-being, and so continues to be a part of our overall assessment. There was also increased communication with various mandated reporters regarding assessing children in a remote environment, discussions on what constitutes educational neglect versus truancy, assessing marijuana use as it relates to infants exposed in utero, parental substance use as well as the safe storage of substances in a home.

CT DCF has also continued to modernize our systems. An automated portal for child protective services (CPS) background checks was created and implemented this year. The Careline also began actively working on a public facing mandated reporter portal. This portal will allow all mandated reporters the ability to file non-emergent reports of abuse/neglect online. The anticipated release for this new reporting portal is Spring 2022.

There was an increase in overall CPS reports during FFY 2021 compared to FFY 2020, though most of the increases occurred during the latter half of the FFY. With the exception of December 2020, which was only 4 percent lower, CPS report volume between October 2020 and February 2021 was over 20 percent lower than the corresponding month during FFY 2020. March 2021 saw a 31.9 percent increase as pandemic restrictions relaxed and schools began to move back to in-person operation, followed by an almost 90 percent increase in April and 70 percent increase in May. The summer months remained higher than the previous year, though not by as much, and as children returned to school September was 18.9 percent higher in FFY 2021 than in FFY 2020. During FFY 2021, the Careline continued with additional quality reviews of reports and the development of a QI Plan which will be implemented in FFY22.

The types of reporters making calls to the Careline returned to pre-pandemic proportions early during FFY 2021, particularly with respect to those calling from schools. Calls from law enforcement remained a few points higher during most months of FFY 2021 but has declined to pre-pandemic levels during the first few months of FFY 2022. Similarly, calls from medical personnel remained higher across most of FFY 2021.

The rate of accepting reports for a differential response (whether for Investigations or Family Assessment response) had been declining across FFY 2018–FFY 2020 as call volume increased. By contrast, monthly acceptance rates during FFY 2021 were on average higher than rates observed in FFY 2020. In most months, the acceptance rates are higher than the same month in FFY 2019. We believe several factors brought about this change. The first is the impact of having our Commissioner deliver a joint webinar with our State Department of Education in October 2020 to school personnel across the state on how to support student attendance and engagement and assess children's well-being in a remote environment. We also posted a brief online resource on the same subject. Both of these resources were intended to help improve the ability of this largest group of mandated reporters in making accurate and complete reports of abuse/neglect. Careline staff have also continued to develop and implement a robust Continuous Quality Improvement (CQI) plan. CQI activities include a focused effort on improving utilization of our Structured Decision-Making (SDM) screening tools to ensure quality decisions on accepting reports, providing written practice guidance, and ongoing internal and external reviews of the work to strengthen practice.

Children

During FFY 2021, there was a decrease in the number of unique children who were alleged victims, compared to FFY 2020. This correlates with a continued decrease in the number of reports accepted for investigation observed during this year as a result of the COVID-19 pandemic and enactment of PA 21-1 legalizing recreational marijuana usage. CT continued to conduct differential responses throughout the course of the pandemic response, including both in-person and virtual visitation when indicated.

CT DCF continued our virtual/in-person triage process (see FFY 2020 Commentary for details) through May 20, 2021, at which time in-person visitation standards resumed and were maintained through the end of FFY 2021. Consistent with pre-pandemic protocols, managerial discretion was allowed to determine exceptions to the standard with a documented rationale in our SACWIS system. By July 1, we also increased our in-person capacity of staff in the office to no more than 50 percent. Social workers continued to be provided with personal protective equipment (PPE), including N95 masks and face shields to be worn during in-person contacts, as well as continuing to socially distance as they were able. Virtual visits were mostly made using Microsoft Teams, with occasional use of other platforms more familiar to specific families at their request and included video communication whenever possible. Finally, the Governor's Executive Order 13G required all state employees to be fully vaccinated against COVID-19 or submit to weekly testing effective September 26, 2021.

Policies and procedures concerning the conducting of all differential responses did not otherwise change during the course of the pandemic, including the referral of infants with prenatal substance exposure. 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 2,028 notifications through the CAPTA portal during FFY 2021, of which 49 percent resulted in an actual abuse/neglect report. Further, 65 percent indicated that a Plan of Safe Care had been developed for the child, and 65 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.

DCF continues to strengthen its response to child victims of human trafficking. In August of FFY 2020 the Department updated its Human Trafficking Policy to ensure all possible cases of child trafficking called into the Careline receive a coordinated response ensuring the child and family receive necessary supports and services. During FFY 2021, the Department saw an increase in new referrals, suggesting the policy is being implemented successfully. In addition, children being recruited and exploited via the internet has led to an increase in referrals; likely an impact due to the pandemic with children having increased access to technology and the internet. The total number of children the Department worked with doubled from last year. Consistent with prior years, most child victims are living at home at the time of their victimization. The proportion of transgender child victims increased in FFY 2021. Children of color also continue to be over-represented in the population of child victims of human trafficking in Connecticut.

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 coordinated services for child victims and their families. Cases that do not meet the statutory definition of abuse and neglect are coordinated by the Department's HART Director in partnership with the relevant MDT(s). The Department's Human Trafficking Practice Guide allows for all cases of suspected child trafficking be sent directly to the MDT Coordinators.

Connecticut *(continued)*

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 representatives from the Office of the Chief State's Attorney, Chief Medical Examiner, Child Advocate, and more. The Child Fatality Review Panel has remained operational during the pandemic, and no changes were made to policy regarding its operation. We have maintained our monthly meeting and 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.

CT DCF is also a participating jurisdiction in the National Partnership for Child Safety (NCPS). This learning collaborative includes training opportunities, peer forums and technical support from the University of Kentucky.

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 noncaregiver 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 Connecticut's 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 services 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).

Services

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 telehealth solutions and maintained a virtual presence in home and with clients through COVID. We did reopen to in-person services for a time but continue to use telehealth contact to greater/lesser degrees depending on the status of COVID rates in the state and/or local areas. Each service type was required to develop a specific Continuity of Operations Plan (COOP) to address conditions of this pandemic. This ensured better

consistency across providers for how services continued to be delivered to families. We did not suspend any contracted service; all were operational throughout COVID, although they operated on a modified operational plan (virtual/telehealth/telephonic service provision only). We did not close our any of our services to new referrals, so as needs arose, referrals continued to be made to each of our programs. Our current status is that we are partially open to in-person services at this point while utilizing virtual services when deemed appropriate. DCF continues to offer a COVID-19 page on our public website to identify relevant resources available to families across CT. We had partnered with the provider community to establish a Warmline to contact with questions that was available until 10/15/2020.

Connecticut finalized and submitted our Family First Prevention Plan, in partnership with over 400 individuals from state agencies, community-based providers, advocates, youth and families with lived experiences, on July 21, 2021. 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.

One example of implementing our broader prevention plan is the Prevention Services Pilot. This initiative is a partnership between CT DCF and the Waterbury School District launched in for the 2021/22 academic year with a goal of improving outcomes for children and families by increasing connections to services and supports in the community and avoiding involvement with the child protection system. For this pilot, three DCF investigations social workers, Family Support Liaisons (FSLs), have been assigned to two Elementary Schools and one PreK-8th grade school in the city of Waterbury. The FSLs partner with school professionals to address a variety of issues, including access to basic needs/supports like housing, attendance/chronic absenteeism concerns, behavioral/mental health needs, and other systemic challenges impacting families within the school community. The FSLs offer supports to school staff and parents/caretakers not involved with DCF, by sharing information on resources, establishing connections to local community service providers, promoting awareness of services and referrals, and offering guidance/training to school staff regarding mandated reporting requirements. Throughout COVID, DCF and the FSL team has been working collaboratively with the pilot schools as they continue to navigate some of the challenges resulting from the pandemic with staffing shortages, chronic absenteeism, and families struggling with service needs.

The Integrated Family Care and Support (IFCS) program has continued to take referrals from DCF for families following unsubstantiated abuse/neglect reports that previously would have been opened for ongoing child protective services to address risk factors. The development of the program was a result of a review of data showing a high rate of unsubstantiated case transfers to ongoing protective services provided directly by DCF. The program was developed in the belief that families would be better served in their own community without DCF involvement and aligns well with the Families First Prevention Services legislation and our prevention mandate. IFCS was designed to engage families while connecting them to concrete, traditional, and nontraditional resources and services in their community, utilizing components of a Wraparound Family Team Model approach. During their first year (ending March 2021) the program held transition meetings with 805 families, of which only 6.4

percent experienced another substantiated abuse/neglect report during services, and only 4 percent of those that engaged and discharged experienced one postdischarge.

In October 2020, the department established a contract with Taylor Consultants to develop CT's Child Safety Practice Model, with a specific emphasis on approach, interactions, and decision-making in the midst of the COVID-19 pandemic. The model is specific to CT and builds upon our existing policies and practice guides with key features intended to refine and strengthen our safety assessment and safety planning practices. Although the model builds off of our strong safety practices, including the continued use of our revised SDM Safety Assessment and Considered Removal Child and Family Team Meetings, there will be new features that will be designed to enhance skill building and development, facilitate information sharing, and promote critical thinking. Practice Profiles, a tool developed by the National Implementation Network (NIRN) identifies specific skill sets along a continuum from beginning level to advanced that will help operationalize the model and serve as a foundation for training and supervision.

During FFY 2021 DCF also engaged in the Quality Parenting Initiative (QPI). For children who cannot remain safely at home, we must ensure they reside in a family. QPI is an approach Connecticut adopted and launched on the belief that children are able to heal as they grow up to be adults, if they experience strong and positive relationships. Excellent parenting around children includes working relationships between birth parents, relative caregivers, foster families and others throughout a child's system.

The number of children entering, and in, DCF care (placement) have continued to decline during FFY 2021, while the number of children discharged from our care has continued to increase. CT courts were open to all matters throughout the year. Additionally, the Commissioner was granted emergency authorization to extend a moratorium on exiting older youth from care, and the eligibility criteria for young adults to re-enter care continued to be relaxed to encourage young adults to return to care if they were experiencing housing instability. The average number of children entering care each month declined in FFY 2021. However, the average utilization of kinship care settings for initial placement increased during FFY 2021. Initial foster care settings declined in FFY 2021, while initial congregate care settings also decreased this year. It should be noted that many initial congregate care placements are in hospital settings.

Delaware

Contact	Christine Weaver	**Phone**	302–892–6489
Title	Data and Quality Assurance Manager Division of Family Services	**Email**	christine.weaver@delaware.gov
Address	Delaware Department of Services for Children, Youth and their Families 1825 Faulkland Road Wilmington, DE 19805		

General

Delaware's Division of Family Services (DFS) has continued to receive large numbers of reports of child abuse, neglect, and dependency, despite the pandemic. In FFY 2020, Delaware received 21,138 reports of abuse, neglect, and dependency. In FFY 2021, Delaware received an increase of reports compared to FFY 2020. 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 to expand our internal FAIR programming 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.

In February 2018, our new SACWIS called FOCUS (For Our Children's Ultimate Success) went live, but remains under construction. Change requests continue to be built and testing is ongoing. Delaware also added a FOCUS mobile app that allows workers to have access to our data system and enter specific events more readily from the field. 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 have built validation to ensure that child factor information is captured on all children and to prevent duplicate case person entry. We are in the process of building additional validations to ensure updated demographics are completed on all investigation case participants. Delaware had established a Continuous Quality Improvement Data Quality Committee that continues to focus on data quality improvement efforts.

Reports

During FFY 2021, Delaware has seen a small increase of calls to our hotline. One of the biggest contributors to this increase is the return to in-person instruction of students at the beginning of the 2021–2022 school year. Of the reports received, more were screened in for an assessment or investigation in FFY 2021 than FFY 2020. Of reports screened in, more than 30 percent were diverted through various differential response programs, as compared to 20 percent in FFY 2020. During the COVID-19 pandemic, the hotline remained at full capacity and Delaware did not alter 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.

More than four thousand reports were screened in for new investigations and more than six hundred were linked to an already active investigation. Delaware has overall completed less investigations than FFY 2020. This decrease in investigation completion 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.

The state's intake unit uses an SDM 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 2021, accepted referrals for family abuse cases were identified as 62 percent Priority 3, 14 percent Priority 2, and 24 percent Priority 1. The calculation of our average response time for FFY 2021 shows a decrease of 30 percent 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. We have established priority 3 response units after determining this area was in the most need of improvement.

In light of the continued high number of referrals coming in, Delaware has continued to increase the number of staff responsible for investigation/FAIR functions by adding two additional units to include 15 positions: 10 frontline workers, 2 supervisors, and 3 family service assistants.

Children

The state uses 50 statutory types of child abuse, neglect, and dependency to substantiate an investigation. The state code defines the following terms; "Abuse" is any physical injury to a child by those responsible for the care, custody and control of the child, through unjustified force as defined in the Delaware Code Title 11 §468, including emotional abuse, torture, sexual abuse, exploitation, and maltreatment or mistreatment. "Neglect" is defined as the failure to provide, by those responsible for the care, custody, and control of the child, the proper or necessary: education as required by law; nutrition; supervision; or medical, surgical, or any other care necessary for the child's safety and general well-being. "Dependent Child" is defined as a child under the age of 18 who does not have parental care because of the death, hospitalization, incarceration, residential treatment of the parent or because of the parent's inability to care for the child through no fault of the parent. It is Delaware's policy to assess all children that are part of the household where the alleged maltreatment occurred.

During the pandemic, DFS has made face-to-face as well as virtual contacts with families. Once the investigation is initiated, a review is conducted to determine if a virtual contact was sufficient to ensure the safety of the children on the initial response. Virtual contacts, if appropriate, are permitted throughout the investigation; however, at least one face-to-face contact with the family and home visit has to be conducted before investigation closure.

In looking at specific number of victims, in FFY 2021 there were fewer victims compared to FFY 2020. Delaware is now able to capture more specific information related to caregiver

and child risk factors. Due to a system issue, staff were not always completing child risk factors for all children on a case. It was only mandatory for victims. A validation was developed to ensure risk factors are now completed for all children on the investigation case. Delaware implemented sex trafficking as an allegation type in January 2020. Reports regarding non-caregiver perpetrators of sex trafficking are accepted and included in NCANDS report.

Fatalities

House Bill 181 requires the agency to investigate all child deaths of children age 3 and younger that are sudden, unexplained, or unexpected. Delaware also has a Child Death Review Commission that reviews every child death in the state. There is also a Child Abuse and Neglect (CAN) panel that conducts retrospective reviews on all child death and child near death cases where abuse or neglect is suspected. These reviews continued during the pandemic. The state does not report any child fatalities in the Agency File that are not reported in the Child File. For FFY 2021, the state reported 7 fatalities: 2 were due to co-sleeping while under the influence, 3 were due to neglect-lack of supervision (infant drowning in a tub, toddler drug ingestion, and child left alone in hot vehicle), one was considered medical neglect (mother delivered at home and sought no medical attention), and one involved a murder where child's remains were found in 2019 but not identified until current investigation. The child was found to be victim of severe abuse and medical neglect.

Perpetrators

Delaware maintains a confidential Child Protection Registry for individuals who have been substantiated for incidents of abuse and neglect since August 1994. The primary purpose of the Child Protection Registry is to protect children and to ensure the safety of children in childcare, health care, and public educational facilities. The Child Protection Registry in Delaware does not include the names of individuals, who were substantiated for dependency; parent and child conflict, adolescent problems, or cases opened for risk of child abuse and neglect. An adult Delaware intends to substantiate will receive a written notice of intent to substantiate at the conclusion of the investigation. The notification includes a hearing request form that must be returned within thirty days of the postmarked date of the notification. The hearing request form enables the individual to receive a substantiation hearing in Family Court. When the hearing request form is not returned within the specified timeframe, the individual will automatically be entered on the Child Protection Registry. A minor will receive a substantiation hearing without submitting a hearing request form. This registry is not available through the internet and is not the same as the Sex Offender Registry maintained by the Delaware State Police State Bureau of Identification.

For FFY 2021, parent as a perpetrator ranks the highest in the perpetrator relationship, next is other relative nonfoster parent. This is followed by Other. Other includes individuals such as a babysitter or nonrelated household member.

Services

During FFY 2021, Delaware's Children's Department saw a decrease in the number of children and families served in Agency File elements 1.1.C-C. This was attributed to staff vacancies for these service providers. There was a significant increase for those served in Agency File. This was due to the reopening of many programs following the slowdown of the COVID-19 pandemic, particularly our Lifeskills program.

Delaware *(continued)*

Delaware continues it partnerships with community organizations to provide community-based preservation and reunification services including family interventionists and kinship navigators. Delaware has expanded our contracts with post adoptive services. Delaware has collaborated with numerous community partners to provide better services and plans of safe care for infants with prenatal substance exposure. We have partnerships with domestic violence and substance abuse agencies that provide intervention services in conjunction with agency case management.

During pandemic, Delaware continued to utilize virtual contacts to ensure safety with the standard expectation to returning to face-to-face contact with our in- home service families in September 2021. Providers (private foster care, family interventionists, etc.) followed suite and resumed in-person contacts/visits unless there was a known COVID concern. However, many noncontract services are continuing to provide services via virtual platforms/telehealth (therapist, medical providers). The greatest impact on providers who provide in home services and our internal staff is staffing shortages due to departure or CIVID-related time out of work for quarantine and recovery. Even prior to the pandemic, Delaware had experienced a reduction in our foster care population with fewer children being removed from their homes, but saw numbers increase upon the opening of schools. Our commitment to child safety and removal when necessary did not change.

Delaware has added additional fields to capture information on services provided in our FOCUS system. These service fields were newly built into our data system as of February 2018. They were intended to be mandatory fields, however there was a defect allowing workers to complete the event without adding any services. A validation was added and improvements on data entry have been seen. Although improvements have been made, there remains a data entry and completion delay that is being addressed by operations.

Delaware Division of Family Services provides case management and some foster care services. Delaware outsources with community agencies to support additional foster care homes and group care, FAIR intervention, post-adoption support, and a number of other services.

District of Columbia

Contact	Lori Peterson	**Phone**	202–434–0055
Title	IT Manager (User Support) Child Information System Administration	**Email**	lori.peterson@dc.gov
Address	Child and Family Services Agency 200 I St, SE Washington, DC 20003		

General

As a result of the pandemic, Child and Family Services Agency (CFSA) has remained open as an essential agency. While 75 percent of the agency's operations have been shifted to function virtually, we provided several vital services that require some staff to continue to report to work in-person or in the field. CFSA's CPS Hotline referrals and investigations processes continue to function seamlessly. During FFY 2021, CFSA has been undertaking a new information technology 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)).

Reports

The District tracks all COVID-19 related reports through its information and referral process.

Children

CFSA does not accept calls on alleged victims of sex trafficking aged above 21 years old. These occurrences are solely handled by the Metropolitan Police Department.

Fatalities

CFSA participates on the District-wide Child Fatality Review committee and uses information from the Metropolitan Police Department and the District Office of the Chief Medical Examiner (CME) when reporting child maltreatment fatalities to NCANDS.

The District reports fatalities in the Child File when neglect and abuse was a contributing factor that led to the death of the child. The District defines "suspicious child death" as a report of child death that is either unexplained, or concern exists that abuse or neglect by caregiver contributed to or caused the child's death.

Florida

Contact	James Weaver	**Phone**	850–717–4686
Title	Director of Protective and Supportive Services Office of Child Welfare	**Email**	james.weaver@myflfamilies.com
Address	Florida Department of Children and Families 2415 N Monroe St, Ste. 400 Tallahassee, FL 32303		

General

There have been no recent changes to our policies affecting NCANDS data for FFY 2021 (maltreatments and determination of findings). Although precautionary measures were put in place resulting from COVID-19, there have been no modifications to the way child protective investigations are handled.

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 noncaregiver.

The response commences when the assigned child protective investigator attempts the initial face-to-face contact with the alleged victim. The system calculates the number of minutes from the received date and time of the report to the commencement date and time. The minutes for all cases are averaged and converted to hours. An initial onsite response is conducted immediately in situations in which any one of the following allegations are is made: (1) a child's immediate safety or well-being is endangered; (2) the family may flee or the child will be unavailable within 24 hours; (3) institutional abuse or neglect is alleged; (4) an employee of the department has allegedly committed an act of child abuse or neglect directly related to the job duties of the employee; (5) a special condition referral (e.g., no maltreatment is alleged but the child's circumstances require an immediate response such as emergency hospitalization of a parent, etc.); for services; or (6) the facts of the report otherwise so warrant. All other initial responses must be conducted with an attempted onsite visit with the child victim within 24 hours.

Florida *(continued)*

Children

The Child File includes both children alleged to be victims and other children in the household.

The Adoption and Foster Care Analysis and Reporting System (AFCARS) identification number field is populated with the number that would be created for the child regardless of whether that child has actually been removed and/or reported to AFCARS.

The NCANDS category of other maltreatment includes threatened harm, intimate partner violence threatens child, household threatens child, and family violence threatens child. Although the Florida Hotline uses the maltreatment "threatened harm" only for narrowly defined situations, investigators may add this maltreatment to any investigation when they are unable to document existing harm specific to any maltreatment type, but the information gathered, and documentation reviewed, yields a preponderance of evidence that the plausible threat of harm to the child is real and significant. Threatened harm is defined as behavior which is not accidental, and which is likely to result in harm to the child, which leads a prudent person to have reasonable cause to suspect abuse or neglect has occurred or may occur in the immediate future if no intervention is provided. However, Florida does not typically add threatened harm if actual harm has already occurred due to abuse (willful action) or neglect (omission which is a serious disregard of parental responsibilities).

Most data captured for child and caregiver risk factors will only be available if there is an ongoing services case already open at the time the report is received or opened due to the report.

Fatalities

Fatality counts include any report closed during the year, even those victims whose dates of death may have been in a prior year. Only verified abuse or neglect deaths are counted. The finding was verified when a preponderance of the credible evidence resulted in a determination that death was the result of abuse or neglect. All suspected child maltreatment fatalities must be reported for investigation and are included in the Child File. Beginning with the 2021 submission, the maltreatment of "Other" was removed from fatality records leaving only the 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 nonfinalized adoptive parents are mapped to nonrelative foster parents, although some may be related to the child. Approved relative caregivers (license not issued) are mapped to the NCANDS category of relative foster parent.

Florida reviews all children verified as abused with a perpetrator relationship of relative foster parent, nonrelative foster parent, or group home or residential facility staff during the investigation against actual placement data to validate the child was in one of these placements when the report was received. If it is determined that the child was not in one of these placements on the report received date, then the perpetrator relationship is mapped to the NCANDS category of "other."

Florida *(continued)*

Services

Due to the IV-E waiver and a cost pool structure that is based on common activities performed that are funded from various federal and state awards, Florida uses client eligibility statistics to allocate costs among federal and state funding sources. As such, Florida does not link individuals receiving specific services to specific funding sources (such as prevention).

Georgia

Contact	Michael Fost	**Phone**	404–642–6759
Title	Operations Analyst Division of Family and Children Services	**Email**	michael.fost@dhs.ga.gov
Address	Georgia Department of Human Services 2 Peachtree Street Atlanta, GA 30303		

General

Screened-in referrals in Georgia are directed to either an investigation or alternative response. Alternative response is called Family Support. Cases with allegations that are considered dangerous (sexual abuse, physical abuse, maltreatment in care) are directed immediately to the investigation pathway. Cases with other allegations undergo an Initial Safety Assessment (ISA). A case worker interviews in person the alleged victim(s) and the alleged perpetrator(s) at the home. (Note that in March 2020, the in-person requirement for ISA meetings was relaxed to include virtual/video visits.) Risk is assessed, and the case is then directed either to an investigation or, if risk appears low, to the Family Support pathway. Investigations end with a determination of either substantiated or unsubstantiated, indicating whether a preponderance of evidence supports the allegation(s) or not. Family Support cases receive no such determination. A decision to remove children into state custody does not depend on the investigation disposition, but on safety in the home. Both investigations and Family Support are included in the NCANDS Child File.

Reports

The components of a CPS report are: (1) a child younger than 18 years; (2) a referral of conditions indicating child maltreatment; and (3) a known or unknown individual alleged to be a perpetrator. Referrals that do not contain all three components of a CPS report are screened out. Screen-outs may include historical incidents, custody issues, poverty issues, truancy issues, situations involving an unborn child, and/or juvenile delinquency issues. For many of these, referrals are made to other resources, such as early intervention or prevention programs.

In 2020, due to the COVID19 pandemic, reports of child abuse and neglect declined significantly. Intakes increased in 2021. Georgia re-evaluated intake criteria for acceptance, resulting in a greater proportion of screenouts compared to FFY 2020.

Children

For safety during the COVID19 pandemic, many in-home and face-to-face visits between case workers and families were made by video call.

Fatalities

Georgia receives information from partners in the medical field, law enforcement, Office of the Child Advocate, other agencies, and the general public to identify and evaluate child fatalities.

Perpetrators

Prior to July 2016, a ruling of the Georgia Supreme Court prohibited the Division of Family and Children Services from reporting perpetrator data. Changes in state law allowed the formation of a Child Abuse Registry in July 2016, and Georgia began to report perpetrator

data. The change was accompanied by a decrease in substantiated investigations, perhaps because of different evidence requirements. In 2020, the state discontinued the Child Abuse 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.

Hawaii

Contact	Rosaline Tupou	**Phone**	808–586–5711
Title	Administrator Hawaii Child Welfare Program Development	**Email**	rtupou@dhs.hawaii.gov
Address	Princess Victoria Kamamalu Bldg 1010 Richards Street, Suite 216 Honolulu, HI 96813		

The state did not submit commentary for the *Child Maltreatment 2021* report.

Idaho

Contact	Robbin Thomas	**Phone**	208–334–5700
Title	Research Analyst, Principal Family and Community Services	**Email**	robbin.thomas@dhw.idaho.gov
Address	Idaho Department of Health and Welfare 450 West State Street, 5th Floor Boise, ID 83703		

General

Idaho does not have an alternative response to screened-in referrals.

Reports

During COVID-19 Idaho had no changes related to information collection or our process regarding our reports however Idaho did see a significant decline for several months in the number of reports of maltreatment as a result of the pandemic. Our centralized intake unit continued to operate throughout the pandemic and had no change in hours and was able to continue to ensure appropriate staffing levels. Idaho has a centralized intake unit which includes a 24-hour telephone line for child welfare referrals. The intake unit maintains a specially trained staff to answer, document, and prioritize calls, and documentation systems that enable a quicker response and effective quality assurance. Allegations are screened out and not assessed when:

- The alleged perpetrator is not a parent or caregiver for a child, the alleged perpetrator no longer has access to the child, the child's parent or caregiver is able to be protective of the child to prevent the child from further maltreatment, and all allegations that a criminal act may have taken place have been forwarded to law enforcement.
- The alleged victim is under 18 years of age and is married.
- The alleged victim is unborn.
- The alleged victim is 18 years of age or older at the time of the report, even if the alleged abuse occurred when the individual was under 18 years of age. If the individual is over 18 years of age, but is vulnerable (physically or mentally disabled), all pertinent information should be forwarded to Adult Protective Services and law enforcement.
- There is no current evidence of physical abuse or neglect and/or the alleged abuse, neglect, or abandonment occurred in the past and there is no evidence to support the allegations.
- Although Child and Family Safety (CFS) recognizes the emotional impact of domestic violence on children, due to capacity of intake, we only can respond to referrals of domestic violence that involve a child's safety. Please see the priority response guidelines for more information regarding child safety in domestic violence situations. Referrals alleging that a child is witnessing their parent/caregiver being hurt will be forwarded to law enforcement for their consideration.
- Additionally, referents will be given referrals to community resources.
- Allegations are that the child's parents or caregiver use drugs, but there is no reported connection between drug usage and specific maltreatment of the child. All allegations that a criminal act may have taken place must be forwarded to law enforcement.
- Parental lifestyle concerns exist, but don't result in specific maltreatment of the child.
- Allegations are that children are neglected as the result of poverty. These referrals should be assessed as potential service need cases.
- Allegations are that children have untreated head lice without other medical concerns.
- Child custody issues exist, but don't allege abuse or neglect or don't meet agency definitions of abuse or neglect.

- More than one referral describes the identical issues or concerns as described in a previous referral. Multiple duplicate referrals made by the same referent should be staffed with the local county multi-disciplinary team for recommendations in planning a response.

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.

Children

During COVID-19 Idaho had no changes related to policies or procedures in conducting investigations. Idaho continued to conduct face to face investigations throughout the pandemic. While staffing levels were a challenge at times Idaho was able to continue to ensure appropriate staffing levels to conduct investigations.

Idaho's current practice standard for Comprehensive Safety, Ongoing, and Re-Assessment requires the social worker to interview all children of concern, all child participants on a report, and any child who falls under the Temporary Child Resident Standard. The practice standard defines child(ren) participants on a presenting issue as, "all other children who are not identified as victim(s) of abuse or abandonment which reside in or visit the home."

Idaho did provide temporary policy direction during the pandemic that allowed ongoing assessments of safety of children in their foster care placement including contact for children in care to be conducted virtually during FFY21. Direction and guidance provided allowed for use of virtual assessment to ensure health and safety of children, families, and staff when there had been an exposure or positive finding of COVID-19.

At the beginning of FFY21 we were able to maintain the timeframes expected related to the amount of time from the start of an investigation until the final determination, towards the end of the FFY the state was experiencing significant issues with retaining staff and as a result the timeframes have extended. Initially in FFY 2021 the average timeframe was 19 days and at the end of FFY 2021 the average timeframe was 26 days.

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.

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 schedule adjustment and continue to meet to ensure reviews were completed as planned during the pandemic. Idaho compares fatality data from the Division of Family and Community Services with the Division of Vital Statistics for all children younger than 18. The Division of Vital Statistics confirms all fatalities reported by child welfare via the state's 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 non-caregiver 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

During the pandemic Idaho did see an impact to availability or modality of service delivery, some services were available through telehealth while others were temporarily suspended. Idaho was able to utilize funding incentives to help support ongoing availability of services and/or access to services to meet children and family's needs during the pandemic. However, many services for in-home services have waitlist which has led to delays in timely delivery of services due to the pandemic. Currently, Idaho is unable to report public assistance data due to constraints between Idaho's Welfare Information System and CCWIS. Idaho has had no changes in preventive funding. 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.

Illinois

Contact	Cynthia Richter-Jackson	**Phone**	217–558–5678
Title	Deputy Director, Quality Enhancement	**Email**	cynthia.richter-jackson@illinois.gov
Address	Illinois Department of Children and Family Services 4 West Old State Capital Plaza Springfield, IL 62701		

General

Currently Illinois does not have a Differential Response pathway. The Illinois NCANDS Child File contains reports of child abuse/neglect that resulted from a hotline call meeting the standards of abuse/neglect as defined in department procedure 300.30(a)(1) – Criteria for a Report of Abuse or Neglect.

The 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 resident as a child victim, but are part of separate and independent families. In these situations, there are separate reports taken for each perpetrator.

Illinois DCFS launched a Streamlined Online System for Reporting of Non-Emergency Child Abuse and Neglect in October 2020. This system makes it easier for everyone to file a 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 number of reports for FFY 2021 show an increase compared to FFY 2020, which may be the result of additional avenue to report suspected incidents of child abuse and/or neglect through the launch of a new online reporting system.

Because many schools in Illinois operated remotely for the entire or part of the school year, reports received from educational personnel have dropped significantly. On the other hand, reports from the "Other" report source category increased due to the online reporting system allowing anonymous reporting source for nonmandated reporters.

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 questions were added, consistent with CDC and IDPH (Illinois Department of Public Health) guidance for worker safety in responding to reports of abuse/neglect.

Children

Child protection staff continued to conduct face-to-face investigations and assessments during the entire COVID-19 period, including all lockdown periods. The only exception has been seeing children in hospitals, where investigators conducted video conferences with assistance from medical staff. Staff responding to initiate investigations were provided with PPE and instructions for safe use of PPE. They were also instructed to ask screening questions, consistent with CDC and IDPH guidance. In those situations where exposure to COVID-19 was suspected, guidance to workers included instructions to maintain 6 feet of social distance, meet outdoors if able to maintain reasonable privacy and social distancing, ask parent to use video call to walk the worker through the home to assess the condition of the home, and if unable to maintain 6 feet of social distance due to exigent circumstances, to correctly use available protective equipment and follow CDC/OSHA guidelines. The pandemic contributed to significant vacancies, which has resulted in increased time to disposition on investigations.

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. Currently, Illinois reports child risk factors for youth with prior or current foster care involvement.

Illinois has an allegation of human trafficking which is defined as: "sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or the recruitment, harboring, transportation, provision, obtaining, patronizing or soliciting of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery." [22 U.S.C. §7102(8)] For the purpose of a child abuse/neglect investigation, force, fraud, or coercion need not be present. Incidents of maltreatment:

- Labor exploitation (ABUSE).
- Commercial sexual exploitation (i.e., prostitution, the production of pornography or sexually explicit performance) (ABUSE).
- Blatant disregard of a caregiver's responsibilities that resulted in a child being trafficked (NEGLECT).

Because Illinois's definition of sex trafficking is a part of a broader definition of human trafficking that also includes labor exploitation and blatant disregard of a caregiver's responsibilities, it is mapped to the NCANDS maltreatment type of "Other."

Fatalities

No policy changes related to child fatality reviews were implemented due to the pandemic. During the initial stages of the lockdown team meetings were rescheduled and then conducted using video conferencing. Team meetings continue to be conducted via video conferencing.

Illinois *(continued)*

Perpetrators

The Illinois Abused and Neglected Child Reporting Act (ANCRA) [325 ILCS 5/5] and Rule 300, Reports of Child Abuse and Neglect, does not set a minimum age for a perpetrator, 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.

Services

Illinois case-management services include intact family and foster care services. The state contracts 85–90 percent of its casework to private provider agencies. During the start of the pandemic, caseworker visits to foster homes transitioned to video phone calls. Caseworker visits to intact families remained in person once monthly supplemented by weekly video contacts. In May 2020, the state resumed in-person visits with guidance to screening questions and circumstances under which a video visit would be substituted for an in-person contact based on responses to screening questions and assessing other circumstances related to risk factors.

Indiana

Contact	Kara Riley	**Phone**	765–431–0851
Title	Data Analyst–Federal Reporting Project Manager	**Email**	kara.riley@dcs.in.gov
Address	Indiana Department of Child Services Office of Data Management 302 W. Washington St, Room E306-MS47 Indianapolis, IN 46204–2739		

General

The Indiana Department of Child Services is a state-run agency with a local office in each of its 92 counties. Indiana has engaged in continuous improvement efforts to refine the data collection and mapping process through the Management Gateway for Indiana's Kids (MaGIK) system modifications and overall enhancements. MaGIK is an ever-evolving, umbrella system which has further incorporated services, billing, case management, and the overall data manage-ment, organization, and extraction components.

Reports

The Indiana Department of Child Services (DCS) does not assign for assessment a referral of alleged child abuse or neglect that does not:

- Meet the statutory definition of child abuse and neglect; and/or
- Contain sufficient information to either identify or locate the child and/or family and initiate an assessment (Indiana Policy Manual 3.6).

As of January 2018, the Hotline ceased automatically recommending assessment of all reports with alleged victims under the age of three years old.

As of July 2019, a change in legislation increased the 1-hour response time to 2-hours.

As of 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 the following types of reports:

- "Sexting" concerns among adolescents, effective October 2020.
- Pre-adolescent children exhibiting potentially sexually maladaptive behaviors, effective January 2021.
- Marijuana use only reports with children 3 and older, effective April 2021.
- Educational neglect, effective August 2021.

Effective June 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 management member will be designated to make the final determination within 24 hours.

Children

Indiana continues to work with its field staff responsible for entering reports and completing assessments and emphasizing the importance of entering all applicable data, including child risk factors. Indiana completes daily assessment staffings between field workers and supervisors, 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 than before.

Fatalities

All data regarding child fatalities are submitted exclusively in the Child File. Fatality counts for the FFY are based on the date of an approved, substantiated, fatality assessment. DCS completes a review of all child fatalities that fit the following circumstances:

- children under the age of 3: the child's death is sudden, unexpected or unexplained, or there are allegations of abuse or neglect;
- children age 3 or older: the child's death involves allegations of abuse or neglect.

Reports for fatalities can be made from multiple sources, including DCS, law enforcement, fire investigator, emergency medical personnel, coroners, the health department, or hospitals. Reports can be made from these sources related to drownings, poisonings/overdoses, asphyxiation, etc., which may include accidents. It is the intention for these reporting standards not only to be used to determine if abuse or neglect was involved but also as an evaluation tool to inform practice.

Services

Improvements in data collection allowed Indiana to report prevention data by child. Therefore, to not duplicate counts, Indiana does not provide prevention data on a family level. Overall in FFY 2021, Indiana expended more federal and less state funds compared to FFY 2020. A CBCAP COVID-19 grant was added this FFY as a separate federal funding source, which allowed Indiana to serve more children. In June 2020, Indiana Family Preservation Service was launched. This service is required to be referred on all new in-home CHINS and IA's after this date. This service is a per diem that encompasses all services that the family needs to remain safely in the home with their caregivers.

Iowa

Contact	Lynda Miller	**Phone**	515–242–5103
Title	Management Analyst 3 Field Operations Quality Assurance and Improvement	**Email**	lmiller3@dhs.state.ia.us
Address	Department of Human Services 1305 E Walnut Street Des Moines, IA 50319		

Child Welfare Administrative Structure
Iowa's child welfare administrative structure is state administered.
Level of Evidence Required (to determine whether a child was a victim of maltreatment preponderance.

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 determination of whether criteria for placement on the Registry are met. Data from both pathways are reported to NCANDS.

Reports

The number of suspected reports of abuse increased in FFY 2021. By fall of 2020 most Iowa schools were back to students attending in-person full-time (with an option for virtual attendance as needed). Additionally, Iowa Legislature passed a bill that was signed into law effective February 2021 which required schools to provide an in-person learning option for students (with an option for virtual attendance as needed remaining). Following the return to in-person learning, Iowa saw (as expected) an increase in the total number of reports of suspected abuse. Policies and procedures related to screening remained unchanged.

During the ongoing pandemic, although not as a result of the pandemic, Iowa's Centralized Service Intake Unit (CSIU)/abuse hotline expanded their hours of operation and staffing levels by transitioning to a 24-hour unit in January 2021. Prior to January, CSIU was processing all reports of suspected abuse during regular business hours (Monday – Friday, 8:00 AM – 4:30 PM). After business hours, on weekends, and holidays, the reports of suspected abuse were being answered by staff at our State Training School and handled by a group of field Child Protection Workers and Supervisors who rotated on-call coverage for each of the five service areas.

With the hiring of 15 additional intake workers, 2 mentors/trainers, and 4 supervisors, CSIU was able to provide staffing 24 hours a day, 7 days a week, including holidays. Abuse hotline staff continued to work from home during this time and are expected to continue to work remotely even after COVID-19 precautions are relaxed. The ability to work from home has been working well, with continued work quality and efficiencies, and has opened the door to hiring people from across the state rather than being limited to only those who can report to a Des Moines office. Working remotely has also helped with morale and has helped to decrease unplanned leaves.

Children

Iowa made many changes to procedures related to conducting assessments due to the pandemic. Iowa continued to conduct face-to-face assessments with precautions taken to protect the health of both the family and the worker. Screening questions were asked, PPE was utilized, and strict protocols were followed to make decisions on a case-by-case basis. Iowa's time to conduct an assessment was not changed by the pandemic. The same timeframes to address safety for children and complete the written assessment remained the same. This is not the first year of reporting Iowa sex trafficking data. Iowa reported this data for the entire year.

Barriers to collecting and reporting data to NCANDS for infants with prenatal substance exposure include a common understanding and application to what constitutes an "infant affected." No policies or procedures changed regarding the referral of infants with prenatal substance exposure during the pandemic.

Fatalities

As a result of COVID-19, Iowa's State Child Death Review Team (CDRT, as coordinated by the Iowa Office of the Medical Examiners) ceased meeting from March 2020 through August 2021. CDRT resumed reviews in September 2021. Iowa Department of Human Services had revised the internal process to review child fatalities in January of 2020 and continued to meet virtually throughout FFY 202021.

Twelve child fatalities were the result of abuse or abuse as a contributing factor in FFY 2021. A state review of the maltreatment death data indicated physical abuse made up just over one-third (five) of all child maltreatment deaths. Three of these physical abuse incidents were caused by a paramour of the child's mother, while two of them were caused by parents. Unsafe sleep made up one-quarter (three) of all child maltreatment deaths. In two of these unsafe sleep incidents, the parent was co-sleeping with the child in an adult bed and in the third instance, the parent was co-sleeping with the child on a couch. Ingested drug also made up one-quarter (three) of all child maltreatment deaths. In all three instances of ingested drug, the child was exposed to drugs during the mother's pregnancy and died shortly after birth. Drowning in a bathtub accounted for the remaining (one) death.

Perpetrators

Perpetrators in Iowa include individuals who have caregiver responsibilities at the time of the alleged abuse, or a person 14 years of age or older who sexually abuses a child they reside with, or a person who engages in or allows child sex trafficking. This definition, in accordance with federal regulation, defines any perpetrator of child sex trafficking as a perpetrator of child abuse and this data is reflected in NCANDS reporting. There were no changes made relating to perpetrators of abuse.

Services

Please provide any information you think will help readers understand your state's FFY 2021 data and any changes that were made due to COVID–19. For example:

- How has service provision changed due to the continuing pandemic, especially if your state had lockdown periods:
  - How have in-home services been affected?
  - How were child removals affected?

- Have there been any changes in preventive services funding?
- Have there been any federal initiatives implemented that have been helpful with service provision during the continuing pandemic?
- Does your state outsource some or all services Iowa has both preventative and post-response services.

Preventative services (Non-Agency Voluntary Services) are available on a voluntary basis to families following an assessment where abuse is not substantiated or abuse is confirmed (substantiated, not placed on the central abuse registry), but there is low or moderate risk. These services 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. Post-response services (Family Centered Services) are required for families where abuse is founded (substantiated, placed on the central abuse registry) and confirmed with high risk. These services are provided through contracts with external partners and managed by the Iowa's child welfare agency to offer a flexible array of culturally sensitive interventions and supports (including Family Preservation Services, Solution Based Casework, and SafeCare), to achieve safety and permanency for children and their families.

Iowa made many changes to service provisions due to the ongoing pandemic (see Iowa's COVID-19 DHS Resources webpage: https://dhs.iowa.gov/COVID19). Iowa continued to meet with families face-to- with precautions taken to protect the health of both the family and the worker. Screening questions were asked, Personal Protective Equipment was utilized, and strict protocols were followed to make decisions on a case-by-case basis.

Kansas

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 & Families 555 S Kansas Avenue Topeka, KS 66603		

Reports

Reasons for screening out allegations of child abuse and neglect include:

- Initial assessment of reported information does not meet the statutory definition: Report does not contain information that indicates abuse and neglect allegations according to Kansas law or agency policy.
- Report fails to provide the information necessary to locate child: Report doesn't provide an address, adequate identifying information to search for a family, a school where a child might be attending, or any other available means to locate a child.
- The Department of Children and Families (DCF) does not have authority to proceed or has a conflict of interest if: Incidents occur on a Native American reservation or military installation; alleged perpetrator is a DCF employee; alleged incident took place in an institution operated by DCF or Kansas Department of Corrections – Juvenile Services (KDOC-JS); or alleged victim is age 18 or older.
- Incident has been or is being assessed by DCF or law enforcement: Previous report with the same allegations, same victims, and same perpetrators has been assessed or is currently being assessed by DCF or law enforcement.

Kansas experienced a decrease in the number of reports received, likely due in part to COVID-19, engaging communities to focus on prevention, and a change in screening process for educational neglect. Kansas Protection Reporting Center staff are now staffing cases to determine if Educational Neglect or Truancy may be the most appropriate assignment type based on whether the child's parent or caregiver's actions or inactions are impacting the child's education.

The NCANDS category of "other" report source includes the state categories of self, private agencies, religious leaders, guardian, Job Corp, landlord, Indian tribe or court, other person, out-of-state agency, citizen review board member, collateral witness, public official, volunteer, etc.

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 as a result of maltreatment. Reviews completed by the state child death review are completed after all the investigations, medical examiner's results, and any other information related to the death is made available. The review by this board does not take place at the time of death or during the investigation of death. The state's vital statistics reports on aggregate data are not information specific to

an individual child's death. Kansas is using all information sources currently made available when child fatalities are reviewed by the state child death review board.

Perpetrators

Kansas does report non-caregiver perpetrators of sex trafficking.

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).

Kentucky

Contact	Angela B. Cornett	**Phone**	502–564–7635 x3020
Title	Quality Assurance Branch Manager Division of Protection and Permanency	**Email**	angie.cornett@ky.gov
Address	Department for Community Based Services 275 East Main Street 3E-A Frankfort KY 40621		

General

Due to the COVID-19 pandemic, Executive Orders for a State of Emergency issued by the Governor remained in effect. Previous temporary practice modifications, as described in detail in the sections below remained in effect from the pandemic's onset.

Kentucky does not have a true alternative or differential response. In 2014, the state began utilizing a new approach to the investigation response (IR) and the alternative response (AR). Before the change in the business process, the intake worker made the decision regarding IR/AR at intake. With the new approach, the assessment worker makes the IR/AR determination at the completion of the assessment. In other words, IR/AR is now a finding, rather than an assessment path. Kentucky's name for the IR is investigation and for AR is family in need of services. Kentucky's business practice does allow multiple maltreatment levels to be present in a single report. For example, one report could have a disposition/finding of unsubstantiated and services needed if it was determined that maltreatment did not occur, but the family needed services from the agency. In FFY 2018, Kentucky altered NCANDS reporting to reflect this policy change. Subsequently, the state went from reporting children with alternative response victim and alternative response non-victims' dispositions in FFY 2017, to reporting 0 in FFY 2018.

In FFY 2016, Kentucky removed the dispositional finding of services not needed from the standards of practice (SOP) and from SACWIS/CCWIS. Mapping was reviewed and updated as appropriate. Kentucky currently has the following dispositional findings for investigations/assessments: fatality/near fatality substantiated, found/substantiated, substantiated, unsubstantiated, and services needed. For the purposes of NCANDS reporting, services needed is mapped to the NCANDS disposition of "other." Kentucky no longer maps a dispositional finding to alternative response.

Reports

Due to educational instruction being conducted at least partially virtually during the 2020-21 school year, and considering schools are traditionally the largest source of intakes, the number of reports decreased by 17.3 percent during FFY 2021.

While most staff began telecommuting, intake staffing levels and hours of operation remained the same. Kentucky's statewide hotline continued to operate throughout the lockdown and the pandemic. Staff's access to laptops allowed for telecommuting without any interruptions to normal intake service hours.

As a result of the COVID-19 pandemic, slight changes were made to intake procedures. Intake staff began implementing a COVID-19 screener during the intake to facilitate the decision-making and precautionary measures of investigative staff and their supervisors.

The COVID-19 screener required additional information to be obtained about each referral, including the family's access to virtual platforms, internet service, and phone numbers.

Temporary procedural changes were implemented; however, no formal changes were made to Kentucky's policy. Historically, intake teams working in offices received a high number of faxed or written referrals (such as EPOs/DVOs/documents from the courts). Due to intake staff telecommuting, community partners were encouraged to utilize the statewide hotline or online referral portal.

Kentucky's intake staffing rates have improved during the pandemic with regard to retention. This can be attributed to the flexibility and preference of staff for telecommuting. This has led to an increase in work/life balance and reduction of leave time usage. Kentucky has continued to hire additional staff due to normal turnover.

The state does not collect in-depth information regarding the number of children who are screened out for referrals that do not meet criteria for abuse or neglect. In January 2018, the state implemented new response times based upon the safety threats and risk factors identified by the reporting source. For example, two reports both alleging sexual abuse may currently have different response times based upon the perpetrator's current location and access to the victim. Prior to this change, each maltreatment type had a single response time, e.g., all reports alleging sexual abuse had a response time of one hour. The response times were overall increased with this change, as reports identified as low or no risk were previously assigned a response time of 48 hours, but now may have up to 72 hours, which likely is the cause of the continued increase to average response time in this submission. In addition, the responsibility of determining response times during normal business hours was transferred from field staff supervisors to centralized intake supervisors.

Incident date is not a required field in Kentucky's SACWIS/CCWIS. However, Kentucky has implemented a new field in the assessment related to incident date in an attempt to better track incidents of maltreatment in foster care. During the assessment, for children in out-of-home care (OOHC), staff can now indicate whether the alleged maltreatment occurred prior to the child's entry into OOHC, or if the incident occurred after the child entered OOHC. This will improve Kentucky's monitoring of true incidents of maltreatment in foster care, even without an exact incident date.

Children

The data for the FFY 2021 submission shows a decrease in the length of time from initiation to the completion of assessment as compared to the FFY 2020 submission. Previous temporarily modified procedures regarding initiation timeframes returned to pre-pandemic guidelines shortly after the fiscal year commenced.

Effective 11/23/2020: CPS staff were directed to return to guidelines issued March 24, 2020 regarding face-to-face initiation of CPS investigations. Staff were directed to initiate all investigations assigned a four-hour timeframe following normal procedures. Reports that fell into this category were directed to be initiated through unannounced, face-to-face contact. At a minimum, all children in the home were to be observed in person for a high-risk report. In consultation with the supervisor, staff determined whether the allegations and risk factors

presented in an investigation necessitating a 24-hour timeframe should be conducted face-to-face or through other means. Face-to-face initiation was required when an immediate safety threat was identified. Initiation of reports assigned a 48-hour or 72-hour timeframe were to be conducted utilizing videoconferencing platforms or other means. Regardless of the assigned initiation timeframe, face-to-face contact is required when an immediate safety threat is identified during an investigation or assessment.

Kentucky currently does not track sex trafficking data as a maltreatment type. This element is collected as a factor within the case. To track sex trafficking as a maltreatment type, Kentucky would be required to propose amendment to state administrative regulation. Kentucky is currently discussing this and may make changes in the future.

Kentucky began capturing safe care plan data and referral to appropriate services in FFY 2019 and did not provide a full year of reporting in FFY 2019. FFY 2021 is Kentucky's second full year of reporting for infants with prenatal substance exposure. There were no policy or procedural changes during the COVID-19 pandemic for the referrals of infants with prenatal substance abuse exposure.

Fatalities

No policies related to child fatality reviews were changed during the COVID-19 pandemic. Case reviews and meetings continued virtually. Kentucky collects death certificates from the Department of Public Health (DPH) to confirm whether deaths were related to child maltreatment. The state investigates child fatalities that are a result of maltreatment only. The external panel that conducts child death and near-death reviews continued to meet virtually. There were minor delays related to the COVID-19 pandemic, however, operations and case reviews continued.

The number unique child fatalities has been confirmed. There was no change from the prior FFY. Kentucky has a Systems Safety Review (SSR) team that continued operations during the COVID-19 pandemic. All meetings were transitioned to virtual meeting platforms. All cases where a child fatality occurred in an active CPS case and/or accepted as an investigation with the fatality/near fatality designation continued to have an initial review by the system safety analysts and were presented to the multi-disciplinary team (MDT) for consideration of a comprehensive analysis.

Perpetrators

An overall decrease in the total number of perpetrators from 24,382 to 21.939 (-2443) was observed. There was a decrease in the number of unknown or missing perpetrator types from 403 to 272. In all categories, there was less than a 2 percent change, with most categories seeing a change below 1 percent.

Even though Kentucky reports Perp REL as 88-other for noncaregivers, Kentucky does not report sex trafficking as a maltreatment type for NCANDS. The state has seen a decrease in the number of unique perpetrators from the previous submission. There are no concerns with data validity.

Kentucky *(continued)*

Services

There was a decrease in prevention referrals during the COVID-19 pandemic. In order to ensure the safety of families and staff, providers were not required to conduct in-person visits and were asked to transition to HIPAA compliant virtual platforms at their discretion, such as phone calls, Skype, Zoom, or other similar platforms. Providers were directed to utilize recommended safety precautions as directed by CDC guidelines and Children's Bureau guidance. Providers were advised to consider altering face-to-face visits to enhance the assessment or assurance of safety by completing drive-by or outside visits.

The number of unique reports decreased from FFY 2020 to FFY 2021. Alterations to school and court operating procedures affected both intake numbers and court timeframes. Numerous prevention services for secondary and tertiary services have expanded with the goal of reducing waitlists and diverting prior to child welfare involvement.

The state invested an additional $10 million in tertiary prevention services in FFY 2020. Kentucky also continued claiming title IV-E funding for prevention services in FFY 2021. Additionally, Kentucky received funding to support prevention programs targeting families with substance misuse as a primary risk factor, through a SAMSHA grant. KSTEP and START experienced expansion during FFY 2021.

Many of Kentucky's prevention services are provided by contracted service providers.

Louisiana

Contact	Steven Lane	**Phone**	318–676–7800
Title	Business Analytics Specialist	**Email**	steven.lane.dcfs@la.gov
Address	DCFS Child Welfare Data and Analytics Unit 1525 Fairfield Avenue, Room 874 Shreveport, LA 71101–4388		

General

The Louisiana Department of Children and Family Services (DCFS) continues to review and revise the extraction methodology used to extract the Child File. These changes often reflect system enhancements that have been completed since the previous submission, requiring updates to how DCFS data is mapped. Further, the Department revises the extraction process to address identified gaps in reporting as well possible corrections to errors identified during the extraction process in an attempt to improve overall data quality.

Louisiana employs only one type of screened-in response – Child Protection Assessment and Services (CPS). The CPS program uses the same safety and risk assessment instruments and documentation protocols for all screened-in reports.

In August of 2018, the Department implemented a new case management system to capture data related to intake reports and investigations. As with all system implementation, a number of issues were identified. For example, the Department continues to find issues related to the report date and time as well as the date and time initiation of the investigation. This was noted because of military time discrepancies discovered during the error clean-up process. Most of these discrepancies were able to be handled for the FFY 2021 submission; however this remains an area requiring review each submission.

The Department is currently designing a new CCWIS system. It is the intention of the new Unify system to capture all NCANDS requirements in an effective and efficient manner.

Reports

In Louisiana, referrals of child abuse and neglect are received through a centralized intake center that operates on a 24-hour basis. The centralized intake worker and supervisor review the information using a structured, safety model tool to determine whether the case meets the 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 within 30 days of receipt of an initial report that is still under investigation, the second report is classified as an additional information report. Beginning in FFY 2016, more specialized training

was provided to Centralized Intake Managers to aid in determining what cases should be accepted in accordance with the Louisiana Children's Code definition of Child Abuse and Neglect.

The Department uses a 4-pronged Response Priority system; the four separate priorities are Priority 1 (contact within 24 hours), Priority 2 (contact within 48 hours), Priority 3 (contact within calendar 3 days), and Priority 4 (contact within 5 calendar days). 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, treatment 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 determine a finding. When a finding cannot be determined following such efforts, an inconclusive finding is considered. It is appropriate when there is some evidence to support a finding that abuse or neglect occurred but there is not enough credible evidence to meet the standard for a valid finding. The inconclusive finding is only appropriate for cases in which there are particular facts or dynamics that give the worker or supervisor a reason to suspect child abuse or neglect occurred.

In addition to the findings noted above, Louisiana also employs the use of an Unable to Locate finding and a Client Non-Cooperation finding. The Unable to Locate finding is used when the Department has made extensive efforts to locate the alleged victim and their family – for example, attempted in-person contact at the address supplied by the reporter and other addresses found via a global record search (SNAP, FITAP, Medicaid, etc.) and Consolidated Lead Evaluation and Reporting search (CLEAR); attempted contact via phone; or a neighbor or relative is unable to provide information on the client's whereabouts. If the Department is unable to locate the family after these efforts, this finding may be used.

A finding of Client Non-Cooperation shall be used only in instances in which the Department is completely thwarted in attempts to complete the investigation by the parents' refusal to participate in the investigation. Several conditions need to be met to use this finding: (1) the worker has made reasonable effort to interview the client; (2) Law enforcement has not been able to assist or refused to assist with efforts to interview the client; and, (3) the district attorney has chosen not to pursue further action; or, (4) the court has refused to order the client to cooperate.

In regard to the COVID-19 pandemic, for FFY 2021 there were no changes to hours of operation for the Louisiana Department of Children and Family Services Intake Hotline. The Department of Children and Family Services continued to take reports 24 hours a day, 7 days a week, throughout the FFY. There were no policy or procedural changes regarding reports due to the continuing pandemic. The state observed a decrease in intakes received for FFY 2021 as compared to FFY 2019.

Children

During 2021 there were no changes to Child Protective Services policies related to conducting 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 respective Human Trafficking allegation when the parent or caregiver 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.

Louisiana *(continued)*

Fatalities

Louisiana saw an increase in the number of fatalities from FFY 2020 to FFY 2021. Policies around child fatality reviews were not changed in 2021 and the Child Death Review Panel meetings were able to continue to conduct operations during the pandemic.

Perpetrators

The current method of extracting NCANDS data captures perpetrator involvement in family investigation cases but does not capture perpetrator relationship to child victims. Therefore, perpetrator relationship is reported as unknown for the majority of cases.

Services

The Child Welfare agency provides post-investigation services such as foster care, adoption, in-home family services, and protective daycare. Many services are provided through contracted providers and are not reportable in the Child File. To the extent possible, the number of families and children receiving services through Title IV-B funded activities are reported in the Agency File.

Service provisions continued to be offered to families during the COVID pandemic; however, there might have been some instances where services were delayed for a short period of time due to face-to-face contact not being possible. DCFS' policies and procedures were modified due to COVID in accordance with CDC guidelines. As the rate of COVID-19 cases fluctuated, our procedures related to face-to-face contact also changed. The changes included the ability to conduct virtual contacts that considered the safety of children. State Office and Managerial consultation was available to guide staff in conducting in-person visits when encountering families who screened either at-risk or positive for COVID-19.

Maine

Contact	Mandy Milligan	**Phone**	207–592–4785
Title	Manager, Data & Reporting Unit	**Email**	mandy.milligan@maine.gov
Address	Maine Department of Health and Human Services 2 Anthony Avenue, 11 State House Station Augusta, ME 04333–0011		

General

Maine continues to utilize the Structured Decision Making (SDM) Intake Screening and Response Priority Tool. It ensures that all reports received are investigated for meeting the statutory threshold for an in-person Office of Child and Family Services (OCFS) response. It identifies how quickly to respond, and the path of response.

Reports

The number of alleged abuse and neglect reports received by Maine's Intake Unit increased in FFY 2021 from FFY 2020 although we saw a decrease in the number of reports assigned for investigation. All reports, including reports that are not appropriate, and are referred to as screened out, are documented in the State Automated Child Welfare Information System (SACWIS). The screening decision is performed at the Intake Unit using the SDM Tool. Reports that do not meet the statutory definition of child abuse and/or neglect and which the criteria for appropriateness of child abuse /neglect report for response is not met, are preliminarily screened out. The Maine statutory definition of child abuse and/or neglect is a threat to a child's health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these or failure to ensure compliance with school attendance requirements under Title 20–A, section 3272, subsection 2, paragraph B or section 5051–A, subsection 1, paragraph C, by a person responsible for the child.

Maine's report investigation start date is defined as the date and time (in hours and minutes) of the first face-to-face contact with an alleged victim. The SDM tool provides the appropriate response time required by child protective services, either 24 or 72 hours from the approval of a report as appropriate for child protective services.

Children

The total number of victims associated with completed investigations in FFY 2021 decreased from FFY 2020 due to the overall decrease in investigations assigned. The state documents all household members and other individuals involved in a report. Some children in the household do not have specific allegations associated with them, and so are not designated as alleged victims. These children are now included in the NCANDS Child File for Maine.

For the NCANDS Child File category of victims in a substantiated report, Maine combines children with the state dispositions of indicated and substantiated. The term indicated is used when the maltreatment found is low to moderate severity. The term substantiated is used when the maltreatment found is high severity.

Maine *(continued)*

Fatalities

In FFY 2019 Maine began the collection and ability to track child deaths at time of report, during investigation or while in care. This information is now available in the 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.

Perpetrators

Relationships of perpetrators to victims are designated in the SACWIS. Perpetrators receive notice of their rights to appeal any maltreatment finding. Low to moderate severity findings (indicated) that are appealed result in only a desk review. High severity findings (substantiated) that are appealed can result in an administrative hearing with due process.

Services

Only services through a Child Welfare approved service authorization are included in the NCANDS Child File. Maine continues to work with our contracted agencies for the future reporting of child/family prevention services in an NCANDS Child File.

Maryland

Contact	Hilary Laskey	**Phone**	443–890–9351
Title	Manager	**Email**	hilary.laskey@maryland.gov
Address	Maryland DHR–Social Services Administration 311 W. Saratoga Street Baltimore, MD 21201		

The state did not submit commentary for the *Child Maltreatment 2021* report.

Massachusetts

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 Families 600 Washington Street Boston, MA 02211		

General

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.

Reports

The Department's Protective Intake Policy requires nonemergency 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. While agency policies have remained intact throughout the pandemic, the Department developed supplementary guidance to maintain quality case practice. As circumstances of the pandemic changed, the guidance was updated to increase routine in-person visits and, in April 2021, the department resumed all in-person case contact.

After a significant drop in 51A reporting early in the pandemic, child contact with school, childcare, healthcare, and other mandated reporters has largely returned to normal and, as such, the volume of 51A reports is similar to before the pandemic. The exception is an uptick from public safety personnel as the Department continues to see a notable presence of mental health issues, overdoses, and domestic violence that can result in calls for assistance and the need for a child welfare response.

The number of screening and initial assessment/investigation workers listed is the estimated full-time equivalents (FTE) based on the number of screenings and initial assessments/ investigations completed during the FFY (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 during night and weekend hours when state offices are closed. The number of workers completing assessments was not reported because assessments are case-management activities rather than screening, intake, and investigation activities. In FFY 202021, social workers also performed screening, and investigation/initial assessment functions in addition to ongoing casework.

Children

Throughout the pandemic, the Department continued to conduct face-to-face investigations, the after-hours hotline remained fully operational, and the Department responded in person to emergencies and when a child's safety was at serious risk. The Department has maintained a plentiful inventory of masks, gowns, cleaning supplies, face shields, gloves, and goggles, and has continued to do so after resuming all in-person contact in April 2021.

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."

The NCANDS category of neglect includes medical neglect; Massachusetts does not have a separate allegation type for medical neglect. Living arrangement data are not collected during investigations with enough specificity to report, except for children who are in placement. Data on child health and behavior are collected, but these data need not be entered during an investigation. Data on caregiver health and behavior conditions are not usually collected. For both the alcohol and drug abuse elements, the indicator is marked as a "yes" for any information found in the health and behavior sections of the case record and for any infant with a reported allegation of Substance Exposed Newborn or Substance Exposed Newborn-Neonatal Abstinence Syndrome.

Massachusetts 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 noncaretaker alleged perpetrators.
- Since the implementation of the new protective intake policy in 2016, the identified perpetrators have mostly been nonrelatives—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.

In FFY 2020, electronic case record system changes were implemented to allow for the documentation of the presence of plans of safe care and referrals to appropriate services (for

families of substance exposed infants) during the report or investigation. Additionally, this information can also be captured and detailed during the Family Assessment and Action Plan that occurs on cases open for services.

Fatalities

Massachusetts reports child fatalities attributed to maltreatment only after information is received from the state's Registry of Vital Records and Statistics (RVRS). RVRS records for cases where child maltreatment is a suspected factor are not available until the medical examiner's office determines that child abuse or neglect was a contributing factor in a child's death or certifies that it is unable to determine the manner of death. Information used to determine if the fatality was due to abuse or neglect also includes 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 only reports fatalities due to abuse or neglect if an allegation related to the child's death is supported. During the pandemic, the Department continued to review child fatalities in accordance with agency policy and protocols.

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 FamilyNet.

Prior to the pandemic, there was a declining number of children requiring foster care placement services and this remains unchanged. In alignment with the decline in abuse and neglect reports to the agency, home removals are also down compared to years before the pandemic.

The Department's contracted, in-home services providers have delivered a blend of in-person and virtual services to children and families during the pandemic, including intensive in-home supports and individual and group interventions. The Department has worked diligently to support providers in maximizing their capacity to conduct in-person visits.

Michigan

Contact	Theresa Keyes	**Phone**	517–574–2257
Title	Division of Continuous Quality Improvement Manager	**Email**	keyest@michigan.gov
Address	Michigan Department of Health and Human Services Children's Services Agency 235 South Grand Ave Suite 505 Lansing, Michigan 48933		

Contact	Cynthia Eberhard	**Phone**	517–896–6213
Title	Child Welfare Data Manager Michigan Department of Health and Human Services	**Email**	eberhardc@michigan.gov
Address	Michigan Statewide Automated Child Welfare Information System 222 North Washington Square, 1st Floor Lansing, Michigan 48933		

General

The Michigan Department of Health and Human Services (MDHHS) does not have a differential response or alternate response program. MDHHS is responsible for the investigation of complaints of child abuse and neglect allegedly committed by a person responsible for the child's health and welfare.

Michigan continued to utilize funds under the Coronavirus Aid, Relief and Economic Security Act to target service delivery to higher risk populations including those with recent interaction with the Children's Protective Services program.

Reports

Michigan continued to experience a decline in the number of abuse and/or neglect reports to the statewide 24-hour hotline due to the ongoing COVID-19 pandemic when compared to pre-pandemic reports at the same times throughout a reporting year. The state's child welfare 24-hour hotline staff has remained fully operational without a gap in coverage or responsiveness to the public. The abandon rate of calls has continued to be tracked, improved at the on-set of the pandemic and has since held at a consistent low abandon rate.

Due to the COVID-19 pandemic and stay at home order put in place, there was an increased risk of domestic violence victims and their children being sheltered in place with the perpetrator of domestic violence. Due to this, effective April 17, 2020, the Michigan Centralized Intake Unit implemented a new procedure where additional questions will be asked of referral sources, and in some cases Centralized Intake staff will attempt contact with non-offending parent to assess safety and wellbeing of both the non-offending parent and children in their care. This new procedure required intake staff to conduct an enhanced preliminary investigation process when safety of a child or non-offending parent cannot be determined during the intake process. This procedure requires the intake worker to reach out to the non-offending parent to discuss a safety plan and need for services. If non-offending parent is unavailable and/or unable to speak due to risk, the complaint is assigned for investigation. This process remains in place.

In the fall of 2020, schools statewide had various responses for returning to the traditional classroom setting. Some schools remained virtual for all students, some schools returned to a hybrid learning schedule, some schools had in-person learning for K-5 level grades while secondary students attended hybrid learning options and some schools returned to one

hundred percent in-person learning. Statewide mandates for schools, extra-curricular activities, public entertainment venues, hospital capacity as well as public and private workplace settings varied in response to the positivity rate of COVID-19, introduction of new variants of the disease and vaccination status of communities. In the fall of 2021, most schools returned to in-person learning and there was an increase in the number of reports to the statewide Centralized Intake hotline, but those increases did not return to pre-pandemic figures.

Children

Michigan's Statewide Automated Child Welfare Information System (MiSACWIS) allows for reporting on individual children. Michigan did not change any policies related to conducting investigations and assessments in response to the COVID-19 pandemic; however, operational changes were made at the onset of the pandemic for some investigation requirements to increase worker, child, and family safety. For all fiscal year 2021, investigations and assessments have been conducted face-to-face. Michigan continues to have COVID-19 protocols to protect the workforce and families having interactions with the child welfare system.

Michigan has reduced the response time from 41.50 hours to 40.59 hours during fiscal year 2021. The state's removal of Safer at Home restrictions allowed face-to-face investigations and assessments to take place by all frontline staff verses specific staff appointed for those tasks during the height of the pandemic in the previous fiscal year.

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, transportation, provision, or obtaining of a person for labor or services, using force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Michigan 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 continues to report child abuse or neglect fatality data within the Child File. The state receives reports on child fatalities from several sources including law enforcement agencies, medical examiners/coroners, vital records, and local child death review teams. The determination of whether maltreatment occurred is dependent upon completion of a CPS investigation that confirmed abuse or neglect. Fatality reports are not included in the NCANDS submission unless a link between the child fatality and maltreatment is established.

Michigan has multiple means for reviewing cases when there is a child fatality. The Child Death Review team, Office of Family Advocate, Office of the Children's Ombudsman, and departmental case reviews have continued operations without interruption during all the COVID-19 pandemic. The state utilizes data on child fatalities to provide recommendations, raise awareness, and encourage initiatives to decrease such tragedies. To continue statewide improvement efforts, Michigan entered into an interagency agreement with other states to perform Safe Systems Reviews for child fatality cases during fiscal year 2021.During fiscal year 2021, a cold case criminal investigation from 2003 revealed that twin children died as result of abuse by their parent which was included in the total population of child fatalities.

Perpetrators

Perpetrators are defined as persons responsible for a child's health or welfare who have abused or neglected a child. Michigan has made improvements in reporting perpetrators based on the relationships a perpetrator may have with a parent, such as a living together partner.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. In response to the COVID-19 pandemic, Michigan expanded the eligibility criteria to at risk families to receive Families First and Home Visiting programming.

Michigan has submitted 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 the state will implement. The MiSACWIS application 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.

Statewide, the number of children entering foster care continues to decline. Michigan has observed a declining foster care population with less children entering care and prior to the pandemic the number of children exiting foster care exceeded the number of children entering foster care. Since the COVID-19 pandemic, the number of children entering foster care has continued to trend down. The number of children exiting from foster care has also declined but has steadily supported a reduction to the overall foster care population in the state.

Minnesota

Contact	Lori Munsterman	**Phone**	651-431–4705
Title	Manager, CQI and SSIS Business Operations Child Safety and Permanency Division	**Email**	Lori.Munsterman@state.mn.us
Address	Minnesota Department of Human Services 444 Lafayette Rd N St. Paul, MN 55155		

General

Minnesota has three response paths to reports of alleged child maltreatment, currently referred to as family assessment response, family investigative response, and facility investigative response. Reports alleging substantial child endangerment or sexual abuse, as defined by Minnesota statute, require an investigative response. Child protection workers must document the reason(s) for providing an investigative response which may include: statutorily required due to allegations of substantial child endangerment or sexual abuse, or discretionary use for reasons such as the frequency, similarity, or recentness of reports about the same family. Family assessment response deals with the family system in a strengths-based approach and does not substantiate or make determinations of whether maltreatment occurred; however, a determination is made as to whether child protective services (CPS) are needed to reduce the risk of any future maltreatment of the children.Acceptance into either response path, family assessment or investigative, means that a report has been screened in as meeting Minnesota's statutory definition of alleged child maltreatment, so allegations accepted for either response are reported through NCANDS..

Reports

All three responses (family and facility investigations, and family assessment) apply to screened-in reports of alleged child maltreatment in Minnesota. There was not a significant difference in the proportion of reports screened to each type of response. A separate program, Parent Support Outreach Program (PSOP), offers early intervention supports and services to families when reports alleging child maltreatment are screened out or a family is voluntarily referred into the program. 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 202021. Overall, the number of reports continued to decline from the previous year, however, there were regional and county variances; likely correlated to patterns of virtual/distance school programming. While no changes were made to the statutory requirements for reporting and screening for maltreatment, multiple successive Executive Orders from the Governor 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 resulting 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.

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 protection staff are employees of the local agencies rather than the state. Overall, local agencies reported an increase 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. Many counties, however, reported numerous challenges responding to changing staffing levels due to COVID-19 related leaves, and the workforce balancing caring for children at home due to multiple restrictions/activities intended to slow the spread of Coronavirus.

Children

During FFY 2021 the number of victims decreased by 1.2 percent. The number of victims is based on determined/substantiated child victims in investigation cases. Due to COVID-19 related public health guidelines and Governor Executive Orders requiring activities to slow the spread of coronavirus, modifications were made to the timelines and face-to-face requirements for certain child protection responses. For reports of substantial child endangerment or sexual abuse, law enforcement or hospital staff were permitted to serve as the initial face-to-face contact with alleged child victims; 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.

To ensure the safety of all children who have or had contact with an alleged offender, Minnesota statute requires other children who currently reside with, or who have resided with, an alleged offender to be interviewed in the early stages of an assessment or investigation. These children are subject to the same protections and provisions as the alleged victim. The State currently collects and reports data related to infants with prenatal substance exposure. While there were no policy changes during the FFY 2021, 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 in order to support strategies for improvement.

Fatalities

In FFY 2021, the number of maltreatment-related fatalities as compared to 2020 increased from 21 to 22. 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 enforcement or coroners/medical examiners. Local agencies also submit results of any local child mortality review to the department's critical incident review team. The department's critical incident review team also regularly reviews death certificates filed with the Minnesota Department of Health (MDH) and directs local agencies to enter child deaths resulting from child maltreatment, but not previously recorded by child protective services, into Minnesota's Comprehensive Child Welfare Information System, to ensure that complete data are available.

Occasionally, a child who is a resident of Minnesota becomes the subject of an alleged CA/N related fatality in another jurisdiction. When the department's critical incident review team becomes aware of such an incident, documentation, including police reports, are requested from law enforcement in the other state. The local agency within Minnesota is asked to record the data in Minnesota's Comprehensive Child Welfare Information System.

Minnesota has a critical incident review team that conducts reviews of maltreatment related child fatalities. The review process, based in human factors and safety science, is a robust, thorough and time intensive endeavor that includes a review of the child and family's history of involvement with the child welfare system. This process results in the identification of systemic barriers and influences that impact work occurring in Minnesota's child welfare system; this information is used to inform the state's broader continuous quality improvement efforts. In addition to the critical incident review team, Minnesota has a State Child Mortality Review Panel. The multidisciplinary team including representatives from state, local, and private agencies; disciplines represented include social work, law enforcement,

medical, legal, and educators. Other than conducting reviews and meetings virtually, all other policies and procedures for reviewing child fatalities in Minnesota remained the same throughout the pandemic.

Perpetrators

The NCANDS category of "other" perpetrator relationships includes other nonrelative. In Minnesota, maltreatment determinations can be made against children age 10 and older, as long as there is a preponderance of evidence.

Services

Primary prevention services are often provided without reference to individually identified recipients or their precise ages, so reporting by age is not possible. Clients of an unknown age are not included as specifically children or adults.

Data reported in preventive services funded by Community-Based Child Abuse Prevention (CBCAP) and Promoting Safe and Stable Families (Title IV-B) represents the unduplicated number of children who received Parent Support Outreach Program supports and services. Services in this program are provided to children and families who were reported as having an allegation of child maltreatment but the reported allegation was screened out and did not receive a child protective response. Community agency referrals and self-referrals are also eligible for the Parent Support Outreach Program. This program is completely voluntary.

Services offered by local agencies vary greatly in availability between rural and metropolitan areas of the state. Although all agencies use a statewide service listing, resource development without a large customer base can be difficult. Cost effectiveness is an issue for providers who must serve large geographic areas that are sparsely populated. 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 in order to meet the evolving needs of families during the pandemic, including technology to participate virtually in services and educational activities.

Mississippi

Contact	Shirley Johnson	**Phone**	601–359–4797
Title	Office of Data Reporting	**Email**	shirley.johnson@mdcps.ms.gov
Address	Mississippi Department of Child Protection Services P. O. Box 346 Jackson, MS 39205		

General

All Mississippi Department of Child Protection Services (MDCPS) staff began teleworking in March 2020 and have continued some hybrid of telework and in-office work through May 2021. On June 1, 2021, all MDCPS staff returned to in-office work.

All caseworker and caseworker supervisory staff, including the staff tasked with investigating allegations of abuse and neglect, have been deemed essential employees throughout the pandemic to allow continued travel and access to all necessary resources to complete investigations and other casework duties.

Guidance was issued early in the pandemic to ensure safety precautions were utilized by caseworker staff when making face-to-face contact to mitigate the risk of exposure while continuing to make face-to-face contacts. Policy has required continued face-to-face contact throughout the pandemic except where particularized concerns for exposure were present: i.e. a household member with a positive test or known exposure to someone with a positive test.

Mississippi does not have two types of responses to screened-in referrals (reports).

Reports

- No changes to the referral process were implemented. Mississippi has continued to offer a hotline and an electronic reporting method for reporting before and during the continuing pandemic. The volume of reports is consistently higher whenever children are attending school and lower whenever school is out for any reason, such as pandemic, holiday, bad weather, or weekend.
- The hotline and electronic reporting method have remained available to the public at the same level before and during the pandemic.
- No policies or procedures related to screening have been changed due to the continuing pandemic.

Children

There were no changes to any policies related to conducting investigations and assessments due to the continuing pandemic, but guidance was issued for contact precautions. Face-to-face investigations and assessments were conducted for the entire year (see below- Guidance for making In-Home visits and Guidance for Investigations). Virtual investigations and assessments were also conducted during periods of lockdown for the entire year. MDCPS did not observe any unusual variances in timely initiation or completion of investigations during the pandemic period and FFY2021. No policy around response times changed. MDCPS has reported sex trafficking maltreatment data since FFY2019. The complete FFY 2021 is reported. From October 1, 2020 through September 30, 2021, MDCPS has reported 289 Sex Trafficking cases: 274 Non-Substantiated and 15 Substantiated. Mississippi does not currently have barriers with collecting and reporting data to NCANDS.

Fatalities

There were no changes made to the Child Death Review policies. As of March 2020, Child Death Review meetings were virtually attended by MDCPS staff and executive leadership responsible.

Perpetrators

MDCPS does report noncaregiver 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.

Services

For in-CIRCLE Services, which are provided through Youth Villages and Canopy, these two Providers offered Tele-Health as an alternative service contact during the shutdown period with COVID-19. Both Providers have resumed face-to face contact while following the COVID-19 guidelines and protocols.

Child removals were not impacted, as in-CIRCLE does not handle removals. Child removals are not handled by in-CIRCLE Services. When the need for removals occurred, there were no changes from the pre-COVID practice. Some providers required a COVID test prior to admissions to learn how to better serve the youth. There were no changes in preventive services funding. There were federal initiatives implemented that have been helpful with service provision during the continuing pandemic. The Department was awarded and distributed Division X federal funds to assist current foster youth in meeting their basic needs including food, clothing, electronics, housing, transportation, and education. The same assistance was provided to former foster youth prior to the flexibility to assist youth, who aged out of foster care, ending on 9/30/2021. The Department has assisted approximately 2000 youth with the allotted funding and the impact has been substantial to its youth.

Some prevention services are contracted to two providers. These services continue to be outsourced to two Providers. In previous years, children who received preventive services covered under the Promoting Safe and Stable Families grant (PSSF) during the year were utilized by the Families First Resources Centers with some of these funds. The PSSF grant funds a portion of the in-CIRCLE Family Support Services Program, formally known as CFFSP, or Family Preservation/Family Reunification/Family Support Services. Beginning on October 1, 2017, the CFSSP transitioned to the ***in-CIRCLE Family Support Services Program***. Two vendors provide services for this program, however, only one provides services funded through PSSF funds, Youth Villages. Canopy Children's Solutions utilized state general funds to provide services.

- ***in-CIRCLE*** is an intensive, home and community-based family preservation, reunification, and support services program for families with children who are at risk of out-of-home placement. It is designed and implemented to help break the cycle of family dysfunction by strengthening families, keeping children safe, and reducing foster care and other forms of out-of-home placements. Services are also offered to families with pregnant mothers who were at high risk of the child being removed due to substance use issues once the child is born.
  - The primary goal of the program is to remove the risk of harm to the child rather than removing the child by (1) reducing unnecessary out-of-home placements, (2) preventing

and/or reducing child abuse and neglect, (3) improving family functioning, (4) enhancing parenting skills, (5) increasing access to social and formal and informal concrete supports, (6) addressing mental health and substance use issues, (7) reducing child behavior problems, and (8) safely reunifying families.

- Services to child victims outside of a service case are provided through the Family Reunification and Preservation Program within the In-Home Services Unit of the Agency. Through Promoting Safe and Stable Families, In-Home Services served 465 children and 190 families during FFY2021 under the PSSF grant. In addition, 552 families and 1285 children were served through State General Funds. 60 families and 147 children were served through The Dorcas In-Home Family Support Program.
- The total number of families and children served under these preventive services were 802 families and 1897 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.
- For FFY2021, the Dorcas In-Home Family Support Program is another program that provides family-driven, youth-guided interventions to improve the stability of enrolled families and their ability to provide adequate care for the children for whom they are responsible. These interventions increased families' access to and utilization of community resources and assistance.
- The goal is to reduce the likelihood of removal or other disruption of their living arrangement. For Prevention subgrantees, the reported numbers for October 1, 2020 - September 30, 2021 were 4,086 families served and 2,885 children served. Due to COVID-19, one of our subgrantee's conducted Live Parenting Education Sessions. There were 2,545 views of their virtual program. Prevention services and support are provided via parenting programs, therapy, and other support services through sub-grantees.

Subgrantees are required to submit monthly reports. 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.

Missouri

Contact	Nicole Bilbrough	**Phone**	573–368–2400
Title	Senior Social Services Specialist	**Email**	nichole.l.bilbrough@dss.mo.gov
Address	Children's Division (Dept. of Social Services) 1111 Kingshighway, Suite A Rolla, MO 65401-2922		

General

Missouri operates under a differential response program where each referral of child abuse and neglect is screened by the centralized hotline system and assigned to either investigation or family assessment. Both types are reported to NCANDS.

Investigations are conducted when the acts of the alleged perpetrator, if confirmed, are criminal violations; or where the action or inaction of the alleged perpetrator may not be criminal, but if continued, would lead to the removal of the child or the alleged perpetrator from the home. Investigations include but are not limited to child fatalities, serious physical, medical, or emotional abuse, and serious neglect where criminal investigations are warranted, and sexual abuse. Law enforcement is notified of reports classified as investigations to allow for co-investigation.

Family assessment responses (alternative responses) are screened-in reports of suspected maltreatment. Family assessment reports include mild, moderate, or first-time noncriminal reports of physical abuse or neglect, mild or moderate reports of emotional maltreatment, and educational neglect reports. These include reports where a law enforcement co-investigation does not appear necessary to ensure the safety of the child. When a report is classified as a family assessment, it is assigned to staff who conducts a thorough family assessment. The main purpose of a family assessment is to determine the child's safety and the family's needs for services. Taking a non-punitive assessment approach has created an environment in which the family and the children's service worker are able to develop a rapport and build on existing family strengths to create a mutually agreed-upon plan. Law enforcement is generally not involved in family assessments unless a specific need exists.

During the height of the pandemic, staff continued to operate and respond to reports per state statute. There were additions to protocol, such as screening questions used with families to ascertain both family and worker safety while responding to reports of child abuse/neglect. In addition, Missouri increased the intake of preventive service referrals to support families and children. While these reports are not abuse or neglect reports, they did allow staff to make contact and check on vulnerable children.

Reports

Missouri saw a decrease in the overall number of hotline reports coming in during FFY 2021 due to COVID, which was reflective of children and families remaining at home and not being seen in the community. In addition, most schools were operating with virtual learning options which further reduced children's visibility. The Department of Social Services urged every Missourian to be especially attentive to the safety and wellbeing of children during COVID-19 and strongly encouraged anyone who suspects child abuse or neglect to call the toll-free hotline. Our agency created a video regarding the importance of making hotline calls and the ease with which mandated reporters could report on-line. We publicized call

volume decreases, shared data with MO Law Enforcement agencies and placed our video on Social Media sights which gradually led to increased call volumes. Our Child Abuse Neglect Call Center continued to run a 24/7 hotline with no staffing decreases. A change was made to the criteria that allowed more calls that were screened out, to be accepted as a referral in order to reach more children and ensure needs were being met during the pandemic.

Missouri uses structured decision-making protocols to classify hotline calls and to determine whether a call should be screened out or assigned. If a call is screened out, all concerns are documented by the division and the caller is provided with referral contact information when available.

The response time indicated is based on the time from the login of the call to the time of the first actual face-to-face contact with the victim for all report and response types, recorded in hours. State policy enables, in addition to CPS staff, multidisciplinary team members to make the initial face-to-face contact for safety assurance. The multidisciplinary teams include law enforcement, local public school liaisons, juvenile officers, juvenile court officials, or other service agencies. Child protective services (CPS) staff will contact the multidisciplinary person to help with assuring safety. Once safety is assured, the multidisciplinary person will contact the assigned worker. The worker is then required to follow-up with the family and sees all household children within 72 hours. Data provided for 2021 does not include initial contact with multidisciplinary team members.

As our agency staffing was impacted by COVID 19, we tracked staffing needs and redistributed reports and staff in order to meet the call volume needs across the state. Our executive team immediately began to meet daily, eventually moving to weekly, in order to address any concern surrounding COVID-19 that impacted child welfare and meeting our policies. This included things such as procedures for staffing locally, working remotely, virtual visits, and verbally screening individuals prior to having contact, travel, PPE, etc. As policies and procedures were adjusted, our state developed a resource page for team members to locate all actions in one location on our Intranet. Once policies for virtual visits, curbside visits or safe in-person visits were developed, we added an indicator in FACES in order to track any visit that was held outside of normal protocols. Our multidisciplinary team (MDT) partners greatly assisted in making child contacts to ensure safety, which did show in our NCANDS data as decrease in our timely initial contact although it was actually an increase when MDT was calculated.In May, 2021 Missouri's temporary policy for COVID was rescinded and work returned to pre-COVID requirements.

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 2020 substantiated records, and dividing it by the total number of prior substantiated records, not including unsubstantiated or alternate response records.

Missouri implemented multiple protocols in order to meet our investigation and assessment guidelines on ensuring safety and child contact. Temporary policies addressed both child and worker safety, proper use and availability of PPE, virtual, curbside and in-person visits. In many situations we did continue to investigate reports in-person. Safety of children continued to be a primary concern and when a child needed to be removed from the home, practice was not impacted. Changes were made to our states calculation for our time from the start of an investigation to final determination for the Agency File by mirroring the same logic used in the Child File.

The state does not retain the maltreatment type for reports as they are classified as alternative response nonvictims. Missouri tracks cases with sex trafficking victims as a result of the 2017 Preventing Sex Trafficking and Strengthening Families Act. With the 2019 expansion of the definition of care, custody and control in Missouri Children's Division policy to include those who take control of a child by deception, force or coercion, we have been able to identify any perpetrator of sex trafficking as a caregiver and include them in NCANDS data. Missouri's concern with barriers is the current lack of an evidence-based model specific to assessing, identifying and responding to trafficking as it relates to working with children through the child welfare system. CD has worked with other states to develop a comprehensive assessment tool for child victims of both labor and sex trafficking. This new tool will be incorporated into CD policy and supported by Advanced Human Trafficking training in the near future.

Missouri collects data on plans of safe care in the instance of a Newborn Crisis Assessment Referral. During FFY 2021 there were 681 children who had a Plan of Safe Care developed. Newborn Crisis Assessments in Missouri are not considered reports of abuse or neglect and there are no plans in Missouri, to change the way Newborn Crisis Referrals are categorized. They will continue to be considered referrals and not reports of abuse/neglect.

Fatalities

Missouri statute requires medical examiners or coroners to report all child deaths to the Children's Division Central Hotline Unit. Deaths due to alleged abuse or those which are suspicious in nature are accepted for investigation, and deaths which are nonsuspicious, accidental, natural, or congenital are screened out as referrals. Missouri does determine substantiated findings when a death is due to neglect as defined in statute. Through Missouri statute, legislation created the Missouri State Technical Assistance Team (STAT) to review and assist law enforcement and the Children's Division in instances of severe abuse of children.

While there is not currently an interface between the state's electronic case management system and the Bureau of Vital Records statistical database, STAT has collaborative processes with the Bureau of Vital Records to routinely compare fatality information. STAT also has the capacity to make additional reports of deaths to the hotline to ensure all deaths are captured in Missouri's electronic case management system (FACES). The standard of proof for determining if child abuse and neglect was a contributing factor in the child's death is based on the preponderance of evidence.

Because Missouri's hotline (CPS) agency is the central recipient for fatality reporting and because of the state statute requiring coroners and medical examiners to report all fatalities,

Missouri could appear to have a higher number of fatalities when compared to other states where the CPS agency is not the central recipient of fatality data. Other states may have to obtain fatality information from other agencies and thus, have more difficulty with fully reporting fatalities.

In FFY 2020, Missouri adjusted coding on our mapping document in order to more accurately provide child fatality information in the Child File rather than the Agency File, based on a mapping issue found in FFY19 data. Mapping was looking for a Preponderance of Evidence (POE) finding on coding of "B1" Child Fatality-Child resides in state & "B2" Child Fatality-Child resides out of state, if they were coded as "unsubstantiated" even though conclusion findings within the investigation had coded findings for POE resulting in the fatality. The issue is staff were trained to make the POE findings on the actual allegation (physical abuse, neglect, lack of supervision) rather than the fatality itself (B1/B2). This was a successful change in gathering accurate data.

Child fatality review panels did continue to meet during the pandemic with minimal disruption as the panel could meet remotely when needed.

Perpetrators

The state retains individual findings for perpetrators associated with individual children. For NCANDS, the value of the report disposition is equal to the most severe determination of any perpetrator associated with the report.

In the 2019 Missouri legislative session, a statutory addition to the definition of those responsible for the care, custody and control of a child was enacted. Current statutory definition of care, custody and control of a child includes:

- The parents or legal guardians of a child;
- Other members of the child's household;
- Those exercising supervision over a child for any part of a twenty-four-hour day;
- Any adult person who has access to the child based on relationship to the parents of the child or members of the child's household or the family;
- Any person who takes control of the child by deception, force, or coercion; or
- School personnel, contractors, and volunteers, if the relationship with the child was established through the school or through school-related activities, even if the alleged abuse or neglect occurred outside of school hours or off school grounds.

The last bullet was added to the definition to provide the Children's Division an enhanced ability to investigate child abuse/neglect when the alleged perpetrator has a relationship with the victim child through school.

Missouri made a policy change to the category of "other" that changed the wording "paramour" to "partner" which added additional coding that fell to the "other" category. In FFY 2020 Missouri updated coding on our mapping document to capture "partner" which resulted in an elevated 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 submitting a paper referral via mail, fax, or email. First Steps reviews the paper or electronic referral and notifies the primary contact to initiate the intake and evaluation process.

In March 2020, CD and contracted in-home service providers were given guidance on how to utilize virtual visitation for in home services provisions for families. The guidance included when to use daily virtual visits, weekly virtual visits, and curb side checks. In situations where families did not have access to participate in a virtual visit, in-home providers were instructed to consult with their supervisor to determine the feasibility of completing a curbside check of the child to assure safety. For all open in-home services, cases supervisors were to assess cases with case managers and have the flexibility to require more frequent virtual visitation depending on risk and needs of the family. All alternative methods of visitation were to be thoroughly documented and identified with the FACES system by checking the COVID-19 protocol box.

In May 2020, CD and contracted in-home service providers were given additional guidance for providing face-to-face contact for in-home services provisions for families. The guidance allowed for in-home services to be in-person with a family after consideration of health and safety factors and proper screening of the family to minimize the spread of COVD-19. It required the screenings to be completed at each visit. In situations where in-person contact was not feasible, in-home service providers continued to provide increased virtual visitation with families. All deviations or alternative methods to assure child safety was to be thorough and identified within the FACES system by checking the COVID-19 protocol box.

Additional resources for Older Youth (OY), through federal legislation, were instrumental in providing financial assistance to OY impacted by the pandemic. Missouri also increased the expectation that all OY have weekly contact from our agency to ensure all needs were being met during the pandemic & especially during lock-down.

In May, 2021 Missouri's temporary policy for COVID was rescinded and work returned to pre-COVID requirements.

Montana

Contact	Janice Basso	**Phone**	406–841–2414
Title	IT and Data Systems Manager	**Email**	jbasso@mt.gov
Address	Department of Public Health and Human Services Child and Family Services Division 111 North Last Chance Gulch P.O. Box 8005		

General

Montana is state administered. Montana does not have a differential response track for investigations. A new computer system is being developed through a modular approach with the first module focused on Intake and Investigations of Child Abuse/Neglect which went live in December of 2019.

Reports

Montana Child and Family Services has a Centralized Intake Bureau or call center that screen each referral of child abuse or neglect to determine if it requires investigation, assistance, or referral to another entity. Referrals requiring immediate assessment or investigation are immediately called out to the field office. By policy, these Priority 1 reports receive an assessment or investigation within 24 hours. All other Child Protective Services Reports that require an assessment or investigation are sent to the field within 24 hours. In general, this has resulted in improved response times.

Montana experienced a slight decrease in the number of calls at the beginning of the pandemic, however this decrease did not last very long. Montana did not change their screening protocols.

Children

Montana continues to conduct all investigations per policy and did not make any modifications to timeframes. Montana has not experienced any delays in investigation decisions/outcomes.

There have been no significant changes in our removal and reunification rates attributed to the pandemic.

Fatalities

Due to the lack of legal jurisdiction, information in our system does not include child deaths that occurred in cases investigated by the Bureau of Indian Affairs, Tribal Social Services or Tribal Law Enforcement.

Perpetrators

Unknown perpetrators are given a common identifier within the state's data system.

Services

Data for prevention services are collected by State Fiscal Year (SFY).

Nebraska

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 Floor 301 Centennial Mall South Lincoln, NE 68509		

General

During FFY 2020, the state of Nebraska continued to utilize the Structured Decision Making (SDM®) model, a set of research-based decision-support assessments, to assess reports of child safety and risk. SDM® has been implemented throughout Nebraska since 2012. The utilization of SDM® provides consistency in the decision making of protective services staff from the point of accepting reports of abuse and neglect through the assessment of child safety and assessing risk levels.

Nebraska has a two-tiered system of responding to accepted reports of abuse and neglect. Reports are assigned to a traditional assessment or an Alternative Response. Alternative Response (AR) is an approach to keep children safe in a family-friendly way by doing things such as making appointments to see the family, asking the parents or caregivers for permission to talk to their children and other collaterals, not entering abuse or neglect findings, and offering concrete supports, among other things. AR started as a pilot 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. In order to enhance our engagement skills, the Division of Children and Family Services introduced Safety Organized Practice (SOP) to our staff beginning in April 2019. SOP is an approach to child welfare casework designed to help all key stakeholders—the family and professionals—involved with a child keep a clear focus on assessing and enhancing safety at all points in the case process. By employing solution-focused interviewing, proven strategies for meaningful child and youth participation, and a common language for concepts like "safety," "danger," and risk," SOP compliments SDM® to create a rigorous child welfare practice model that is neither too naïve nor negative in its view of families. The tools utilized in SOP are proven to enhance the development of good working relationships and the creation of detailed practical and achievable safety plans. In the last three 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 as well as the subsequent response time for accepted reports. Accepted reports are assigned to a worker to conduct an initial assessment, which includes an SDM® Safety Assessment and SDM® Safety Plan (if applicable), and an SDM® Risk or Prevention Assessment. Each SDM® Assessment provides decision-making support to the worker to determine whether a case should remain open for ongoing services.

Nebraska experienced a 14 percent increase in unique screened-in reports to the Hotline in FFY 202021. Despite this increase, Nebraska experienced a 10.1 percent decrease in screened out reports and a 3.83 percent increase in children that were screened out during FFY 202021. Additional Information Intakes is a new intake type introduced in July 2021. These intakes "do not meet definition" of child abuse or neglect and would be screened out, however they are about children who were already involved with CFS so it is labeled accepted for Additional Information for the family. In order to insure the safety of Nebraska's most vulnerable population, in June 2019 policy was enacted whereby all reports made by medical professionals which involve an identified child or child victim age five and under are accepted for assessment. That same month, Central Office program policy staff also began performing second-level reviews of all reports that are screened out at the Hotline. AS of November 2021, these reviews are conducted by Hotline supervisors. The purpose of these reviews is to insure that the correct screening decisions are made with regard to reports that are not accepted for assessment. These changes in policy and practice may account for the increase in screened-in reports and decrease in screened-out reports.

Since the onset of the pandemic and throughout the ensuing two years, referrals of child abuse and neglect have been affected within Nebraska. Overall, the Hotline experienced decreased call volume. Specifically, there have been fewer calls from educational professionals due to school closings. However, there has been increased reporting from local law enforcement agencies. Notably, referrals to the Hotline during this time have involved families experiencing high levels of stress and involving more serious physical abuse to young children. Nebraska has seen increased severity of verbal and physical family violence involving both weapons and serious threats of harm. There has also been an increase in number and complexity of sex trafficking reports, as well as exposure to sexualized content due to children having more access to the internet.

Throughout the COVID-19 pandemic, Nebraska's Hotline has continued to be in full operation 24 hours a day, seven days a week. Hotline staffing levels have not changed, but due to lower call volume, Hotline staff have assisted with other state programs and projects to connect families in need with Economic Assistance during the pandemic.

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 deadlines and to complete safety assessments timely and accurately.

Children

In FFY 2021, Nebraska saw a 4 percent increase in unique child victims. The expansion of AR, including terminating the use of the randomizer, accepting all intakes that are eligible for AR as AR cases partly accounts for this increase, along with the effect children returning to school during FFY 2021 as the COVID-19 restrictions were eased has had on the volume of calls to the Hotline originating from schools. Further, all Agency Substantiated findings are reviewed and entered by supervisors who have administrative oversight of this process.. The supervisor considering a finding of Agency Substantiated and the entry of the alleged

perpetrator's name on the Central Registry must find sufficient evidence to support that the subject of the report, the alleged perpetrator, committed child abuse or neglect as outlined in state statute and determine that the evidence meets statutory requirements.

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.

DHHS has issued guidance to CFS teammates on practicing safe hygiene and social distancing in order to continue to protect our workforce and providers while keeping children, families, and vulnerable adults safe. Parenting time/visitation between parents and children and some monthly contacts with ongoing clients was restricted to virtual platforms (Zoom, FaceTime) for several months during the pandemic.

On August 31, 2021 DHHS issued "Children and Family Services COVID-19 Guidance" which states:

> "At this time, the expectation Children and Family Services Specialists (CFSS) and child welfare providers to conduct face-to-face visits when safe for all initial and follow-up contacts, parent/sibling visitation, home studies, etc. There are still COVID positive cases within our communities, as such, there will be some exceptions which may occur based on the family's circumstances for contacts to be completed virtually."

There were temporary changes put into place for drug testing parents who are required to test per court order. Per the "Guiding Principles for Drug Testing" document posted to the DHHS website on 04-04-2020, drug-testing was conducted using sweat patches instead of urinalysis drug screening and alcohol testing was performed using ankle monitors. On 06-26-20 the "Guiding Principles for Drug Testing" document was updated and the Division of Children and Family Services (CFS) resumed referrals for urine and oral swab drug testing. Providers were instructed to continue to minimize in-person contact between staff and individuals being tested.

Nebraska CFS conducted in-person investigations and assessments FFY 2021. Staff is provided with personal protective equipment (PPE), including masks, face shields, gloves, hand sanitizer and cleaning products. CFS Specialists are instructed to call the family from outside of the home and ask if anyone inside is positive for COVID-19. If a family member has COVID, the worker does a quick walk-through of the home and conducts the assessment from outside, if at all possible. CFS did not conduct virtual CPS investigations. CFS experienced an increase in the average number of days to complete an investigation. The average number of days for an Initial Assessment (IA) to be completed and closed from October 1, 2020 through December 31, 2020 was 30.8 days. The average number of days for IA to be closed from January 1, 2021 through September 30, 2021 was 36.1. For FFY 2021 the average number of days to complete an IA was 36.6.

This is not Nebraska's first year of reporting sex trafficking data. Nebraska started reporting sex trafficking data to NCANDS in 2018. For FFY 2021 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 substantiate an unknown perpetrator or list them on the Central Registry. Most victims of sex trafficking engage in "survival sex" and thus far there is not an exact mechanism for tracking these cases.

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. Any provider who is 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 which will ensure that those at risk of being trafficked, have been trafficked, or are survivors of trafficking are connected with the appropriate services.

All reports made by 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 that there are concerns of abuse or neglect, but an infant was born affected by substance use, a notification is made to DHHS. While we continue to work with our hospitals on the implementation of CARA and the difference between reporting and sending a notification, some infants are missed due to notification not being sent to DHHS. In November 2020 an updated letter explaining the two processes was sent out to all Nebraska hospitals. The Nebraska Perinatal Quality Improvement Collaborative held a video conference in January 2021 for all hospitals to receive additional training and guidance on Nebraska's CARA Implementation. This video conference was recorded for those that were not able to join live.

Nebraska continues to work with external partners, including hospitals, to ensure that they are providing 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 continues to increase identification and reporting on infants with prenatal substance exposure and CFS continues to discuss improvement strategies with administration. Currently only data based on children's characteristics is 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 completion of Plans of Safe Care.

DHHS made no changes in policies or procedures during the pandemic. Staff may have had to take additional steps with regard to providers' requirements.

Fatalities

Nebraska reports child fatalities in both the Child File and the Agency File. Nebraska reported one child fatality resulting from maltreatment in FFY 2021. The remaining 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 that are the result of maltreatment, but are not included in the child welfare system. When a child fatality is not included in the Child File, the state determines if the child fatality should be included in the Agency File. The official report from CMDRT with final results are usually made available two to three years after the submission of the NCANDS Child and Agency Files. Nebraska will resubmit the Agency File for previous years when there is a difference in the count than was originally reported as a result of the CMDRT final report. No policies were changed with regard to child fatality reviews. Generally, the state CMDRT meets quarterly. In the past, the meetings were held in person, alternating between Omaha and Lincoln. Since the onset of the COVID-19 pandemic, CMDRT meetings have been held via WebEx.

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 2021, Nebraska saw an increase in unique perpetrators compared to FFY 2020. The increase is likely due to a combination of factors: more reports are going to AR than preciously; supervisors are reviewing all recommended findings; and the COVID-19 pandemic has affected the number of reports received at the Hotline as well as assessments performed.

Nebraska reports noncaregiver perpetrators of sex trafficking to NCANDS. Nebraska Revised Statute 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 perpetrators of sex trafficking which includes non-relatives and other people who are not professional caregivers.

Services

Nebraska refers children who are younger than three-years-old to the Early Development Network (EDN). All children who are in a substantiated case are referred to EDN as well as any child identified in an accepted report who has a suspected delay in their development. Nebraska has automated its referral system to its Early Childhood Development Network to automatically notify the network of children younger than three who are substantiated victims of maltreatment.

Nebraska believes that most of the services provided to families can be accomplished during the assessment phase, between the report date and the final disposition. When a case is in "Court Pending" status, that is, prior to the parents or caregivers entering pleas or the court rendering a decision on the facts, services are nearly always provided to the family. Case management, supervised visitation, family support services, and addiction services are only a few of the services frequently utilized by families during the pendency of their court cases. Often, some or all of the services may be concluded prior to the disposition. In many cases, these are the only services required to keep the child or victim safe. Services provided prior to disposition are not included in the NCANDS Child File; only those services that extend beyond the disposition are included.

There was an increase in the number of children served in non-court cases from 2020 – 2021. From March through December 2020 there was a monthly average of 1,235 children involved in non-court cases; for the same period in 2021, the monthly average was 1,840 children.

There were adjustments to in-home services and those that were able to provide services virtually during the lockdown did so pursuant to the "Guidance on Child, Family and Facility Contact during the COVID-19 Public Health Emergency."

- Referrals for most services declined during this time; however, CFS worked to insure that the most necessary services were not interrupted.
- Some service contracts, were amended to add service codes and language to allow virtual visits when in-person contact was not recommended.
- There were benefits to services being virtual, especially in more rural and remote areas of western Nebraska. Some families were able to receive services that were previously limited due to lack of providers in their area. Travel time was also eliminated.
- Most therapy and clinical supports have been continued through the pandemic and provided via telehealth.
- The Medicaid managed care organizations (MCO) report that their providers experience fewer cancellations and "no shows." They have also found that the virtual option supports customers' schedules and eliminates travel issues.
- Family Centered Treatment (FTC) is generally an all in-person service. However, the FCT Foundation (the national office that licenses FCT providers) worked closely with providers to help them transition to virtual platforms. The FCT Foundation provided training and guidance documents for the providers to ensure quality services and child safety were maintained in the virtual setting.
- Most families transitioned well to virtual; few, if any, families stopped FCT due to the pandemic.

Overall, the number of children in foster care in Nebraska has increased.

During the "lockdown" phase of COVID-19, monthly contact and parenting (visitation) time was conducted over Zoom or other virtual platforms. Some parents were unwilling to participate in video visits with CFS, but they did want to see their children for visitation. To make contact, workers visited with parents on the Zoom call before the visits began so that the parents met with their workers and workers could check-in with parents and offer assistance on case plan progress. This process is still in place in situations of need for example a family testing positive for COVID-19.

Nebraska *(continued)*

Public Coronavirus Aid, Relief and Economic Security Act (CARES) funds were utilized for additional preventive services that families needed during the pandemic. Flexibilities granted by the Administration for Children and Families (ACF) have allowed CFS to better support families, meet immediate needs and adjust how services are provided. Specifically, federal funds have been used to meet concrete needs such as food and housing; virtual home visiting; and telehealth. Family Centered Treatment is a federally reimbursable service. Typically, states are reimbursed at the rate of 50 percent. However, due to the pandemic, our federal partners released guidance and raised the reimbursement to states. Nebraska was able to receive 100 percent reimbursement for FCT.

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) and case management is likewise provided by CFS Specialists in four of the five service areas. In the Eastern Service Area, case management remained privatized throughout FFY 2021. St. Francis Ministries was the contractor performing case management duties in the ESA throughout FFY 2021.

Nevada

Contact	Alexia Benshoof	**Phone**	775–687–9013
Title	Bureau Chief	**Email**	abenshoof@dcfs.nv.gov
Address	Office of Analytics Department of Health and Human Services 4126 Technology Way, 2nd Floor Carson City, NV 89706		

General

Nevada child welfare agencies use a single statewide child welfare information system known as UNITY – Unified Nevada Information Technology for Youth. UNITY was previously federally designated as a SACWIS, a Statewide Automated Child Welfare Information System, but is now governed by federal Comprehensive Child Welfare Information System (CCWIS) regulations.

Child Protective Services (CPS) provided by child welfare agencies in Nevada follow the Nevada child welfare safety model known as the Safety Assessment and Family Evaluation (SAFE) model. The SAFE model supports the transfer of learning and ongoing assessment of safety throughout the life of the case. The model emphasizes the differences between identification of present and impending danger, assessment of how deficient caregiver protective capacities contribute to the existence of safety threats and safety planning/management services, assessment of motivational readiness, and utilization of the Stages of Change theory as a way of understanding and intervening with families. All child welfare agencies in Nevada have implemented this model, which has changed the state's way of assessing child abuse and neglect and has enhanced the state's ability to identify appropriate services to reduce safety issues in the children's home of origin. Additionally, this model has unified the state's CPS processes and standards regarding investigation of maltreatment.

In addition to CPS services, Nevada has an alternative response program, called Differential Response (DR).. Families referred to the program are the subject of reports of child abuse and/or neglect which have been determined by the agency as likely to benefit from voluntary early intervention through assessment of their unique strengths, risks, and individual needs, rather than the more intrusive approach of investigation. Nevada has modified the DR program to better meet the needs of the child welfare agencies and the communities in which the agencies operate.

Each child welfare agency now provides DR services differently through their agency. CCDFS modified its DR program to a Community Collaborative Program designed to serve as a neighborhood-based family support system. The agency conducts an initial assessment of a report that has been received through its intake hotline. Based on the assessment, the agency will either continue to work with the family or request the Community Collaborative to continue to work with the family based on the families' needs. WCHSA established an agency-based DR program. The agency serves screened-in maltreatment reports and utilizes internal staff to conduct the assessment and provide services to the family. DCFS Rural Region transitioned DR from a program that responds to screened-in CPS reports to a program that serves families in the context of a more traditional prevention model. DR will serve families brought to the agency's attention through CPS intake that do not meet criteria for a screened-in maltreatment report but do meet agency criteria that indicate the family is at risk for future involvement with the CPS system and needs services to reduce the

likelihood of future involvement with the public child welfare system. Additionally, DCFS Rural Region also envisions future development of a referral process for families to receive voluntary services following CPS case closure.

Reports

IIn Federal Fiscal Year (FFY) 2021, there was an increase of 8.2% in reports of abuse or neglect completed or dispositioned in the year as compared to the previous year (from 14,739 in 2020 to 15,940 in 2021).

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). Priority 2: respond within 24 hours with any maltreatment of impending danger and safety factors identified including child fatality; this response type requires a face-to-face contact by CPS or may involve collateral contact by telephone or case review (this response time did not change due to COVID; it is the still the same as it was prior to the pandemic). Priority 3: respond within 7 business days when maltreatment is indicated, but no safety factors are identified; this response type requires a face-to-face contact by CPS or may involve collateral contact by telephone or case review. In situations where the initial contact is by telephone, the agency must make a face-to-face contact with the alleged child victim within 24 hours following the telephone contact (this response time changed due to COVID; previously contact had to be made within 72 hours).

Nevada conducts face-to-face investigations and assessments for all screened-in reports of child abuse and neglect. During the early stages of the COVID-19 pandemic, Nevada allowed investigations and assessments to be conducted via phone or video contact if there were no safety concerns after the initial face-to-face contact with the child. This practice continued in FFY2021 as needed based on the circumstances of the family. CPS referrals that do not rise to the level of an investigation may be referred to DR according to agency practice previously described. The DR program has a required report response time of Priority 3: respond within 7 business days (this was not affected by the pandemic). This variance in report response times may affect Nevada's average report response time in NCANDS reporting.

At the onset of the pandemic, Nevada initially saw a decrease of CPS reports received throughout the entire state, due in part to a significant decrease in reports received from

educational personnel after schools were closed in March 2020 through the end of the school year as a pandemic response. However, since schools and other activities have opened back up again over FFY2021, Nevada's CPS reports received are back 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 the pandemic or in FFY2021 in particular. However, Rural Region child welfare opened a new centralized Intake unit during the year, and they are currently only 60% staffed.

Children

In FFY 2021, there was an increase in the number of children reported as possible abuse or neglect victims as compared to the previous year. Further, the number of confirmed unique victims increased compared to the previous year.

Nevada is not yet able to collect and report data associated with the NCANDS elements related to sex trafficking and substance exposed infants, although policy, procedural, and technical planning is underway to address these items.

Fatalities

Fatalities identified in the statewide child welfare information system as maltreatment deaths are reported in the Child File. Deaths not included in the Child File, for which substantiated maltreatment was a contributing factor, are included in the Agency File as an unduplicated count. Reported fatalities can include deaths that occurred in prior periods, for which the determination was completed in the next reporting period. The total number of NCANDS reported fatalities has doubled since the last reporting period.

Nevada utilizes a variety of sources when compiling reports and data about child fatalities resulting from maltreatment. Any instance of a child suffering a fatality or near fatality, who previously had contact with, or was in the custody of, a child welfare agency, is subject to an internal case review. Data are extracted from the case review reports and used for local, state, and federal reporting as well as to support prevention messaging. Additionally, Nevada has both state and local child death review (CDR) teams which review deaths of children (17 years or younger). The purpose of the Nevada CDR process is public awareness and prevention, enabling many agencies and jurisdictions to work together to gain a better understanding of child deaths. The regional and statewide CDR teams did not undergo any policy changes to the child fatality review process due to the pandemic and have been able to provide continued support throughout the pandemic.

Perpetrators

Nevada does not yet report caregiver perpetrators of sex trafficking to NCANDS.

Services

Many of the services provided to children and families served by CPS agencies are handled through outside providers. Information on services received by families is reported through various programs. Each child welfare jurisdiction manages its service array differently. Services provided in conjunction with the new safety model are documented in the UNITY system, but these data are not always readily reportable as they may documented as text in

lengthy case notes instead of in easily query-able data fields. The state is investigating steps to improve reporting of services-related data.

During FFY 2021, most services provided at the child's home have continued by using social distancing methods and other pandemic-related safety measures or by in-home providers using technology to meet remotely with families such as over a video call. For example, some mental and physical health-related appointments have been conducted via telehealth methods due to the pandemic.

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.

New Hampshire

Contact	Lorraine Ellis	**Phone**	603–271–0837
Title	Business Systems Analyst Division for Children, Youth and Families	**Email**	lorraine.ellis@dhhs.nh.gov
Address	Department of Health and Human Services 97 Pleasant Street Concord, NH 03301		

General

The ongoing pandemic's largest effect on the 2021 submission of NCANDS data has been the fact that staff who are responsible for updating the data extract were diverted to COVID-19 reporting projects. Although our system is now collecting certain data for the first time, we have not been able to update the data extract to report the new data, including:

- Plan of Safe Care (CARA)
- Referral to CARA-Related Services
- New voluntary services provided following an unfounded investigation
- New home-based therapeutic services
- Respite Care Services
- Functionality to account for new allegations that have been added to an existing referral.

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

Although there was a significant drop in the number of referrals after schools moved to remote learning in March 2020, reports slowly returned to pre-pandemic levels by December 2020, and remained so during the remainder of the FFY2021. Central Intake did note an increase in the number of educational neglect reports for children who were not adequately engaging in remote learning during FFY2020, which continued into FFY2021, until schools reopened to in-person learning.

There were no changes to hours of operation or staffing levels for the Central Intake hotline, and no changes to screening criteria due to the continuing pandemic. Central Intake did add a standard question about COVID-19 illness or exposure in the family being reported, to help ensure worker safety during meetings with the family.

Children

During this second year of pandemic, DCYF has returned to an expectation of in-person face-to-face interviews with children and their families, unless there is a diagnosis or suspicion of COVID-19 infection for any of the family members. In that case, face-to-face interviews are conducted virtually.

Response time has decreased for a third year in a row, due in large part to a clarification of policy. In the past, for example, a required response of "24 hours" may have been interpreted by workers and supervisors as "one day" or "by the end of the day tomorrow." It is now consistently defined across the state as literally 24 hours from receipt of the report. The state continues to categorize assessments into 24, 48, or 72-hour response priorities.

New Hampshire *(continued)*

Fatalities

New Hampshire documents all fatalities that are suspected of being the result of abuse or neglect in the state SACWIS. Therefore, all fatalities are reported in the Child File.

The state's Child Fatality Review Committee (CFRC) reviews child deaths from many different causes, including abuse/neglect. However, the committee is not a source of reporting to Intake or for the NCANDS file.

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.

All of these entities continued to meet regularly despite the pandemic.

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.

Services

There was a substantial impact on service provision at the onset of the pandemic. Many service providers were not able to have face to face interactions with families, which had an impact on family engagement and achievement of service provision and permanency for the family. However, the increase in technological capabilities had a positive impact through the use of telehealth for our community-based services, and the overall increase in use of platforms such as Zoom positively impacted providers' ability to engage families. During FFY2021, service providers have struck a balance between in-person and virtual visits, and

have observed that engaging face to face, at least initially, is the best way to engage a family in a service.

In February 2021, DCYF began providing case management services, through an independent service provider, for some families following an assessment in which concerns did not warrant a finding of abuse or neglect. As noted above, we are not yet able to report those services in the child file, but will note that 592 Community Based Voluntary Services cases were opened during the report year.

"Other" services in Element 85 includes "ISO In-Home," an Individual Service Option that provides comprehensive services for children/youth with significant challenges, which may be medical, physical, behavioral or psychological. The service therefore fits into several different service categories, but not precisely into any one category.

New Hampshire is only able to report services that were paid for directly by the child protection agency. Any services that were paid for by Medicaid or the family's own health insurance are not reported for:
67: Counseling Services
72: Health-Related and Home Health Services
83: Substance Abuse Services

New Hampshire does not provide or collect data on the following services, as defined by NCANDS:
70: Employment Services
71: Family Planning Services
73: Home Based Services
76: Information and Referral Services
74: Housing Services
77: Legal Services

New Jersey

Contact	Nicole Ruiz	**Phone**	609–888–7336
Title	Program Specialist Office of Research, Evaluation and Reporting	**Email**	nicole.ruiz@dcf.nj.gov
Address	New Jersey Department of Children and Families 50 East State Street Trenton, NJ 08625		

General

Since the implementation of the Statewide Automated Child Welfare Information System (SACWIS), each NCANDS Child File data element is reported from New Jersey's system, called NJ SPIRIT. The state is continuously making enhancements toward improving the quality of NCANDS data. New Jersey has declared that NJ SPIRIT will be its Comprehensive Child Welfare Information System (CCWIS) and plans to achieve compliance.

The New Jersey Department of Children and Families' (DCF) Division of Child Protection and Permanency (CP&P) investigates all reports of child abuse and neglect – Child Protective Services (CPS) Reports. New Jersey does not utilize 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.

As a result of the COVID-19 pandemic, New Jersey modified procedures related to conducting investigations. Field responses were triaged into priority levels, and responses to Priority Level 1 and 2 investigations received an in-person response. This procedure continued through December 2020, at which time all field responses were expected to be in person; however, virtual responses were possible in limited circumstances and as approved by supervisors. Investigation start date and times were not modified. New Jersey continued to complete investigations face-to-face as outlined above. Structured Decision-Making assessment tools, including Safety and Risk Assessments, are incorporated within the Investigation screens in NJ SPIRIT. These tools are required to be completed in the system prior to documenting and approving the investigation disposition.

Reports

In the last year, the state data shows a decrease in the number of unique CPS reports and the rate of substantiated child victims: 4.74 percent of reports were substantiated in FFY 2021 compared to 4.95 percent of reports in FFY 2020. This decrease in the substantiation rate is consistent with an ongoing trend observed over the past several years.

Similar to other jurisdictions across the county, New Jersey's child welfare system has been significantly impacted by the COVID-19 pandemic. At the beginning of the pandemic, in April 2020, CPS Report volume decreased nearly 60 percent compared to the prior year. This change was largely associated with school closures, where staff are typically the most likely to report child abuse and neglect to the state hotline. Since that time, New Jersey's volume has increased; however, it remains below pre-pandemic levels. In FFY 2021, CPS Report volume remained nearly 19 percent lower than FFY 2019.

New Jersey *(continued)*

Children

Children 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.

New Jersey also investigates allegations of sexual exploitation for alleged victims under the age of 18; in addition, New Jersey only investigates child abuse and neglect allegations of sex trafficking when the alleged perpetrator is in a caregiving role. There were additional children subject to human trafficking by a noncaregiver who received services from DCF; however, they are not included in the CPS report count.
In 2017, New Jersey amended its regulations and further modified the allegation-based system to capture allegations of Substance Affected Newborns. For FFY 2021, New Jersey identified 2,238 substance exposed newborns; 1,937 (87 percent) had a Plan of Safe Care and 1,688 (75 percent) were referred to appropriate services. New Jersey updated NJ SPIRIT in November 2020 and will report the number of Plans of Safe Care created and the Number Referred to Appropriate Services in the FFY 2022 NCANDS Child File.

Fatalities

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 management screens are updated in NJ SPIRIT. Other child maltreatment fatalities not reported in the Child File due to data anomalies, but which are designated child maltreatment fatalities by the Office of Quality under the Child Abuse Prevention and Treatment Act (CAPTA), are reported in the NCANDS Agency File under Child Maltreatment Fatalities Not Reported in the Child File.

New Jersey 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. In FFY 2021, New Jersey did not change any policies related to the child fatality reviews because of the COVID-19 pandemic. The child fatality reviews continue to take place, and if needed, are held virtually.

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. 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.

Services

New Jersey contracts for all direct services except for case management services, which are provided by CP&P workers. NJ SPIRIT reports those services specifically designated as Family Preservation Services, Family Support Services, and Foster Care Services as post investigation services in the Child File.

The Child Abuse and Neglect State Grant is one funding source for the Child Protection and Substance Abuse Initiative (CPSAI). We can report that with State Grant funding, CPSAI served 1,226 individuals. This number is unduplicated and includes children who may have had a CPS report during the fiscal year.

The state can also report the number of children eligible for a referral to Early Intervention Services and the number of children referred in FFY 2021. Compliance with this federal requirement is closely monitored by CP&P.

As a result of the COVID-19 pandemic, New Jersey's service provision was modified. DCF continued to allow flexible operations that preserve the quality of service for clients while promoting the ability of clients and service providers to adhere to necessary social distancing practices. DCF-contracted in-home and community-based services were expected to provide in-person services but could offer alternate virtual services for families that declined in-person delivery of service. Licensed clinicians and providers of physical and behavioral health care were expected to adhere to applicable laws and regulations in the provision of tele-health services.

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. Trends in children entering out-of-home placement can be viewed on the NJ Child Welfare Data Hub (www.njchilddata.rutgers.edu).

New Mexico

Contact	Doreen Chavez	**Phone**	505–412–9868
Title	SACWIS/AFCARS/NCANDS/FACTS Program Manager Office of Performance and Accountability	**Email**	doreen.chavez@state.nm.us
Address	Children, Youth & Families Department 1120 Paseo de Peralta Santa 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 2021 NCANDS submission.

At this time, New Mexico does not have more than one type of response for screened-in reports. All screened-in reports are investigated. Screened-out reports are cross-reported to local law enforcement. A differential response pilot program was implemented in a limited scope during FY 2020 (to support families with allegations of educational neglect during widespread remote schooling). This year, 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 FY 2022 and FY 2023.

Reports

The number of screened-in referrals in FFY 2021 decreased by 12.1 percent from New Mexico's FFY 2020 NCANDS submission. This slight decrease may be attributed to the COVID-19 pandemic, as it continued to impact the overall number of reports made to the agency and screened in for investigation. School was still conducted remotely for a portion of the reporting period, thus reducing the number of reports from school personnel. Across the state, high turnover among human services agencies, law enforcement, education, and medical providers may have led to a slight overall reduction in reports as well. At various points during the year, these sectors experienced staff shortages to varying degrees.

The agency has not made any significant changes to its call center processes and procedures, other than normal staff turnover and training, as well as concerted efforts to reduce call center wait times.

The New Mexico definition for the investigation start date ("initiation") is defined as the caseworker making face-to-face contact with each alleged victim identified in the report, rather than the individual child referenced in the Child File. New Mexico also measures initiation time frames from the point at which the report is accepted by Statewide Central Intake, rather than the point at which the report is received, or assigned to a worker in the county where the family resides.

New Mexico does not currently report an incident date. New Mexico has modified the state's data collection system to capture incident information. The mapping is still awaiting completion; however, New Mexico updated the data collection to coincide with the 2022 reporting period. Once completed and tested, the 2022 submission should have an accurate incident date for the entire reporting year.

New Mexico *(continued)*

Children

The total numbers of both unique children and unique child victims in FFY 2021 decreased by 10.4 percent and 15.4 percent, respectively, from New Mexico's FFY 2020 NCANDS submission. This decrease may be attributed to the COVID-19 pandemic, the stay-at-home order and educational settings being closed.

New Mexico investigation procedures do include face-to-face assessment of all children living in the household, regardless of whether they are identified as an alleged victim in the initial report. The state's reporting of drug and alcohol abuse as a child risk factor does have significant limitations within our current reporting system. New Mexico plans to address these limitations with the implementation of a CCWIS system and hopes that reporting will be improved for future submissions.

The state does not have the capacity to report sex trafficking as an allegation type currently. As New Mexico transitions to a CCWIS, this change will be fully implemented, and reporting will likely begin with the FFY 2021 NCANDS submission.

Plans of care are tracked by the 2 CARA Navigators, one with CYFD and the other at DOH. Each plan of care includes data collection by the submitting birthing hospital regarding whether a report was made to the Statewide Central Intake due to concerns of abuse or neglect. The CYFD CARA Navigator accesses the state's SACWIS database to add the status of the report (screened out or screened in). If it has been screened in, the information including the FACTS unique identifier, investigator's name, and previous CYFD history is noted. If a report is not found in FACTS, it is noted as screened out.

The CARA Navigators have trained hospital staff on the process for creating a plan of care versus making a report to SCI. Trainings have highlighted the communication that should occur between hospital staff and parents/caregivers, and the procedure to call in a report to SCI if they identify concerning behaviors that could lead to abuse or neglect regardless of whether a plan of care has been completed.

Fatalities

New Mexico reported a slight decrease by 10.0 percent (1 child) in FFY 2021 as in FFY 2020. Percent differences in fatalities from year to year are highly susceptible to broad fluctuation due to the overall low numbers of applicable fatalities occurring in the population. Because these records are included in the submission that corresponds with the investigation closure date, the length of time that some of these cases must remain open to allow for thorough investigation can also create year-over-year variation.

New Mexico identifies applicable child fatalities for inclusion in the Agency File by comparing homicides in the Child File with homicides identified by the state Office of the Medical Investigator (OMI). Any child victims who do not already appear in the agency's Child File are reviewed to determine the identity and relationship of the perpetrator. Only children known to have died due to maltreatment by a parent or primary caregiver, not already included in the Child File, are then included in the Agency File.

The agency does not investigate all fatalities. Only fatalities reported to the agency by law enforcement, medical personnel, or other reporting source are investigated.

Perpetrators

The state only investigates and reports maltreatment allegations in which the alleged perpetrator is a parent or other caregiver such as a relative, other household member, stepparent, guardian, foster parent, sibling, or any individual with responsibility for the care, supervision, and safety of a child. However, the agency does not report information on residential staff perpetrators, as CPS does not have jurisdiction under state law to investigate allegations of abuse and neglect in facilities. If such allegations are reported to Statewide Central Intake, the following procedures are followed:

- The report is screened out to CPS but cross-reported to the law enforcement agency that has jurisdiction over the facility/incident;
- The report is cross-reported to the Licensing and Certification Authority, which as administrative oversight of residential facilities;
- Upon request from law enforcement, CPS investigation staff may act in consultation in conducting investigations of child abuse and neglect in schools and facilities and may assist in the interview process.

Services

Post investigation services are reported for any child or family involved in a child welfare agency report that has an identified service documented in the SACWIS as: 1) a service delivered, 2) a payment for service delivered, or 3) a component of a service plan. Services must fall within the NCANDS date parameters to be reported.

The state is not able to report on the following services data fields regarding information and referral services:

- Special Services-Juvenile Delinquency
- Employment Services
- Family Planning
- Housing services
- Independent and Transitional Living Services
- Legal Services
- Pregnancy/Parenting Services for young parents
- Respite care

Every substantiated investigation involving a child younger than 3 years old, per state policy, is referred to the Family Infant Toddler (FIT) Program for a diagnostic assessment. The referral occurs within 2 days of the substantiation. The date of this referral is documented in the state SACWIS prior to approval of the investigation results. The worker also notifies the family of the referral and provides them with a copy of the FIT fact sheet.

New Mexico no longer offers Family Preservation services per the Family Preservation Model. New Mexico offers In-Home Services, which is a clinical intervention aimed at reducing safety threats and enhancing parental protective capacities. In-Home Services is a 4- to 6-month intervention, specifically geared toward families who are at risk of child removal. New Mexico's In-Home Services clinicians are all licensed social workers or licensed clinical counselors.

New 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 Development	**Email**	hui-shien.tsao@ocfs.ny.gov
Address	New York State Office of Children and Family Services 52 Washington St, Room 323 North Rensselaer, NY 12144		

General

The State currently has 15 local districts of social services using the alternative response, known as Family Assessment Response (FAR). Data from both traditional Child Protective Services path and FAR path are reported in NCANDS.

Reports

New York does not collect information about calls not registered as reports. Historically, approximately 10 percent of NYS reports were mapped to the NCANDS category of "other" report source. To address this concern, NYS revised its report source mapping rules beginning with the FFY 2021 submission. Under these new rules several report sources previously attributed to "other" were reassigned to existing NCANDS categories. for example, reporters from shelters, community agencies or service providers were reassigned to the social service personnel category. additional changes included moving substance abuse counselors to the mental health personnel category; parent substitute and guardian to the parent category; and godparent, nonrelative, concerned citizens, and unrelated household members to the friends and neighbors category. These changes significantly reduced the percentage of reports attribute to the "other" report source.

Office of Children and Family Services and New York State Education Department worked on a cross-system collaboration to develop joint guidance for school districts to address when to contact the SCR for concerns related to educational neglect. Additional COVID–19 questions related to educational neglect were added, but these questions did not change the components necessary for registering reports.

The New York State Statewide Central Register (SCR) continued to operate 24/7 during the pandemic, including the period of lockdown. Investigations must start within 24 hours of receipt of the report. Neither investigations nor assessments were impacted by the pandemic. New York State did add additional screening questions for allegations of educational neglect however they did not change the elements required to register a report.

Children

New York State has an allegation type of "parent drug/alcohol use" that does not directly correspond to any of the predefined NCANDS maltreatment type categories. Beginning with the FFY 2021 file, NYS changed its mapping rules to move this allegation from "other" to neglect.

State statute and policy allow acceptance and investigation/assessment of child protective reports concerning certain youth over the age of 21.

Not all children reported in the Child File have AFCARS IDs because the state uses different child identifiers for child protective service cases and child welfare cases. If a child's system involvement is limited to CPS investigation, the child will not be assigned a child welfare identifier (i.e., AFCARS ID). Additionally, the Justice Center for the Protection of People with Special Needs which investigates reports of institutional abuse uses a different child identifier.

Ideally a child should have a single child protective services case id that spans across all CPS reports. However, in some instances a child is assigned a new child protective services case id when a new report is received, resulting in some children having more than one child 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. Child protective investigation continued during the pandemic, with most casework contact being completed face to face, unless COVID-19 presented a health issue. Data indicates the percentage of timely determinations increased during this time.

Information on child alcohol and drug abuse risk factors was reported for the first time in FFY 2020. In NYS accepted allegations include child drug or alcohol abuse and parent drug or alcohol abuse. If a child is over the age of one and named as an alleged victim of an allegation of child drug or alcohol abuse, the child is identified in the NCANDS 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.

Reporting of sex trafficking was provided for the entire FFY 2021. Information on plans of safe care and service referral was reported for the first time in FFY 2020. For every child younger than 1 year old named as an alleged victim of parent drug or alcohol abuse, where one or more additional risk factors are checked (positive tox, withdrawal, Fetal Alcohol Spectrum), NYS requires that information on plans of safe care and service referral be completed-- regardless of reporter type. This differs from NCANDS rules, which state that information on plans of safe care and referral only be provided when the reporter was classified as medical personnel. In NYS, many reporters identify by professional qualification (e.g., social worker) rather than setting (e.g., medical personnel). As a result, while NYS maintains information on the plan of safe care and referral for all children identified in the NCANDS 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.

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. 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, New York State revised how it reports fatalities within NCANDS starting in FFY 2020. New York State now includes all fatalities regardless the date of death to NCANDS fatality reporting, as long as the fatality report investigation ended during the reporting period and the fatality had not been reported in a prior NCANDS submission.

New York State currently has a state Child Fatality review team, and they were able to conduct operations during the pandemic, with no impact to the State's oversight and reporting roles.

Perpetrators

In New York a very low percent of perpetrators is mapped to "other." The subject of the report (perpetrators) in New York State, needs to be a person legally responsible. A person legally responsible includes a parent and there is no age limitation for parents. Persons Legally Responsible would be persons 18 years of age or older found in the same home and legally responsible for the child at the relevant time and they either caused the harm (or imminent risk of harm) to the child or allowed the harm to occur.

Services

The State is not able to report the NCANDS services fields currently. Title XX funds are not used for providing child preventive services in this State.Data indicates that few children were removed during the pandemic. In home services continued during this time, with most casework contact being completed through virtual visits unless child safety was an issue.

The federal Cares Act has provided additional funding which has been beneficial to many local programs, especially in securing PPE.

Local departments of social services provide all services, and many of those services are contracted services with various preventive agency providers. New York State does provide funding for primary prevention programs such as the Healthy Families New York home visiting program.

North 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 Center Raleigh, NC 27699-2401		

The state did not submit commentary for the *Child Maltreatment 2021* report.

North Dakota

Contact	Jenn Grabar	**Phone**	701–328–1863
Title	Assistant Child Protection Services Administrator Children and Family Services	**Email**	jjgrabar@nd.gov
Address	North Dakota Department of Human Services 600 East Boulevard Avenue, Dept 325 Bismarck North Dakota 58505		

General

The COVID-19 pandemic has continued to impact children's visibility to mandated reporters and those in their community resulting in a decrease in of reports received by those mandated to report suspected child abuse and neglect, thus, a decrease in identified children, unique child victims, non-victims, and perpetrators. There was an increase in one mandated reporter source, mental health professionals; children's access to mental health services increased during FFY 2021 as many providers turned to virtual means of service delivery, in turn reaching more children. In addition, there was an increase in emergency room visits by adolescents for mental health evaluation. Social distancing and quarantines have continued to be important to protect health, however, it brought an increase for risks associated to isolation. There continues to be some limited access to children and families as well as collateral contacts due to quarantines and family apprehension and opposition to allow contact with those outside their family unit, impacting response times and assessment determinations. For example, when contacts are limited, information to support child protection service assessment determinations becomes limited, resulting in an increase in assessments terminated in progress and a decrease in full completed assessments.

In addition, the state adopted a new process for the receipt of reports of suspected child abuse and neglect; in January 2021, the state implemented a central "hotline", the Child Abuse and Neglect Reporting Line, which is available on open business days from 8am–5pm central time. Law enforcement and health care officials that need a CPS worker to respond to their location immediately still contact their local Human Service Zone directly. Those reporting children in immediate danger after business hours contact their local law enforcement agencies. The state implemented the Safety Practice Framework Model in December 2020; designated intake staff were trained to correctly triage reports that did not meet the legal requirements for a report of suspected child abuse or neglect and reports that are outside the jurisdiction of North Dakota CPS. These statewide changes in how reports are received and triaged may have also resulted in a decrease in identified children, unique child victims, non-victims, and perpetrators.

State law defines three types of assessments that may be carried out in response to a report of suspected child abuse and neglect: An "alternative response assessment" means a child protection response involving substance exposed 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 newborn; and to develop a plan of safe care for the substance exposed newborn (N.D.C.C 50-25.1-02(4)). A "child protection assessment" means a factfinding process designed to provide information that enables a determination of whether a child meets the definition of an abused or neglected child, including instances that may not identify a specific person responsible for the child's welfare which is responsible for the abuse or neglect. (N.D.C.C. 50-25.1-02(8)). A "family services assessment" means a child protection services response to reports of suspected child abuse or neglect in which the child

is determined to be at low risk and safety concerns for the child are not evident according to guidelines developed by the department and an evidence-based screening tool. (N.D.C.C. 50-25.1-02(14)).

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 assessment include a violation of the plan of safe care that places the infant in danger and the receipt of new reports that allege a different maltreatment.

The family services assessment was pilot tested in two large Human Service Zones in April 2021, two additional zones were added in September 2021 and statewide training and implementation of this child protection response is scheduled for March 2022. Data elements for the Alternative Response and Family Services Assessment response have been added to the child welfare data management system, however, they have not yet been mapped to the Child File.

North Dakota Century Code requires that all reports of suspected child abuse and neglect be reported to the Department of 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 protection 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 8/1/21 to allow child protection services assessment decisions as follows:

- "Confirmed" means that upon completion of a child protection assessment, the department determines, based upon a preponderance of the evidence, that a child meets the definition of an abused or neglected child, and the department confirms the identity of a specific person responsible for the child's welfare which is responsible for the abuse or neglect.
- "Confirmed with unknown subject" means that upon completion of a child protection assessment, the department determines, based upon a preponderance of the evidence, that a child meets the definition of an abused or neglected child, but the evidence does not confirm the identity of a specific person responsible for the child's welfare which is responsible for the abuse or neglect.
- "Unable to determine" means insufficient evidence is available to enable a determination whether a child meets the definition of an abused or neglected child. These assessments are coded as closed with no finding.
- "Unconfirmed" means that upon completion of a child protection assessment, the department has determined, based upon a preponderance of the evidence, that a child does not meet the definition of an abused or neglected child.
- The previous assessment decisions of "Services Required" and "No Services Required" were omitted on 7/31/21 with the adoption of these new assessment determinations.

Reports

North Dakota encompasses four American Indian Reservations. These reservations are sovereign nations, each of whom maintains the reservation's own child welfare system. Because of this, North Dakota's NCANDS data does not include child abuse and neglect data, or data on child deaths from abuse or neglect or near deaths from abuse or neglect which occurred in a tribal jurisdiction.

North Dakota statute does not allow referrals (reports) to be screened out. All referrals must be accepted and assessed to some degree. North Dakota has an administrative assessment process to correctly triage reports received. Data regarding the number of children included in reports that are administratively assessed is not collected. An administrative assessment is defined as the process for documenting the disposition of Child Protection Services Intakes that fall outside the criteria for a report of suspected child abuse or neglect. Under this definition, reports can be administratively assessed when the concerns in the report clearly fall outside of the state child protection law. Such circumstances include:

- The report does not contain a credible or causal reason for suspecting the child has been abused or neglected
- The report does not contain sufficient information to identify or locate the child or family (after performing due diligence)
- There is reason to believe the reporter is willfully making a false report (these reports are referred to the county prosecutor)
- The concern in the report has been addressed in a prior assessment
- The concerns are being addressed through county case management or a Department of 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 county receiving the report {these reports are referred to another jurisdiction (county, tribal, or state), where the children are present or believed to be present}. Reports involving a Native American child living on an Indian Reservation are referred to tribal child welfare systems or to the Bureau of Indian Affairs child welfare office. Reports concerning sexual abuse or physical abuse by someone who is not a person responsible for the child's welfare (noncaregiver) are referred to law enforcement.

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 is a significant divergence between the state's administrative rule and policies and the definitions required for NCANDS reporting. In the North Dakota child welfare data system, there is only a single code allowed to indicate initiation of an assessment. State administrative rule allows initiation of an assessment to be done by completing a check for records of past involvement, by contact with the subject of a report, or with a collateral contact. In contradiction to the federal definition, the administrative rule does not list contact with a victim as an initiation activity. When a subsequent

contact is made with a victim, there is not a separate code within the data system to indicate this action as initiation. Therefore, many assessments initiated under the state administrative rule do not meet the initiation definition in the Child File or Agency File. It should be noted there is a current pending amendment to North Dakota's Administrative Code so that an assessment is initiated by contact with alleged abused or neglected child, a law enforcement officer with jurisdiction in the location where the child may be found or where the alleged abuse or neglect occurred or the subject of the report (Effective April 1, 2022). Child Protection Services Policy was changed in December 2020 and states that initiation of child protection assessments is face-to-face contact with all reported child victims.
Another complicating factor is the system codes for contacts with children are often indicated as worker/child or worker/family, which may or may not indicate contact with a victim. This is due to multiple programs using case activity codes but does not allow specific NCANDS mapping for victim contacts. Additionally, the initial face-to-face contact with a victim for purposes of a safety assessment has been allowed, by state policy, (prior to December 2020) to be conducted by specific professional partners who have authority to provide immediate protection for the child (Law Enforcement, Medical Personnel, Juvenile Court staff, or Military Family Advocacy staff) in addition to a child welfare worker. Given this policy, face-to-face contact by a partner may occur before the report received date/time. For example: Law enforcement is called to a home in the evening for a welfare check and determines that the children are not in immediate danger, so does not remove, but does follow up with a written report the following day. Face-to-face contact with the victim has occurred by someone with authority to protect the child, but occurs prior to the report date/time, by someone other than the child welfare worker, but does not count under the definitions in the Child File or Agency File. State policy also specified that the response time may vary by the category of the report. Response times may vary from 24 hours before or after a report for the most serious category to three days before or after a report for moderate risk reports, to as much as 14 days before or after the report for low-risk reports. Given this possible variation, these timeframes also do not meet the NCANDS definitions. The described policies above did change with the adoption of the Safety Framework Practice Model, effective 12/14/20 which states the initial face-to-face contact with a victim must be completed by child welfare, is no longer allowed to be conducted prior to the report date and the timeline for contact with victims does not exceed three days. When response time is calculated according to state policy and administrative rule during FFY 2021, the response time is 183 hours.

North Dakota is a county administered system, the state can only determine the numbers of Full- Time Equivalents (FTEs) employed by a county for certain job titles, such as Social Worker or Family Service Specialist. These FTEs may be employed in various county programs for varying portions of their FTE. For Example: A county employee may be a full FTE, but ¼ time will be CPS functions, ¼ time may be foster care, ¼ time may be in adult services, and ¼ time may be in-in home case management. The state has no independent way to determine what portions of the FTE are dedicated to CPS functions.

North Dakota implemented a centralized intake "hotline" (ND Central Child Abuse and Neglect Reporting Line) for reporting suspected child abuse and neglect in January 2021. The workforce for this unit is comprised of 15 county FTE's. In an attempt to glean the required information for NCANDS reporting, the state has completed a survey of the

19 Human Service Zones (formerly county social service agencies) in which the Human Service Zones are asked to report the number of FTEs in their agency dedicated to CPS functions. An electronic survey was prepared in two sections, using Survey Monkey as the vehicle for collecting the data. This survey was transmitted via email to directors of all Human Service Zones in the state. The survey was administered in two parts. The first part was completed by agency directors, listing the staff and percentage of FTE for each child welfare staff person for each function requested. Information on caseload or workload requirements, including the average number, were then calculated using the data provided in the survey and the caseload numbers extracted from the statewide data system for those county agencies which responded to the survey. The survey was administered in May 2021. For the Director's portion of the survey all 19 of the 19 Human Service Zones reported. Directors reported a total of 144 employees, including supervisors, responsible for intake and assessment. These were then reported as a corresponding portion of an FTE, resulting in a total of 126.6 FTEs. Of these approximately 126.6 FTEs, 27.5 were responsible for CPS intake functions, 83.6 were responsible for CPS assessment functions, and 15.5 were responsible for supervision functions. The second portion of the 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 104 of the workers/supervisors, for a response rate of 72.2 percent. The results of the worker demographic portion of the report are included in the state's CAPTA report.

Children

There were no changes to policies related to conducting investigations and assessments due to the continued pandemic. Face-to-face contact with children continued to be required for the entire year.

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 2021 and 22 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 233, methamphetamine use is 442, opioid use is 90, other drug use by caregiver is 456. Child victim risk factor counts for prenatal exposure to alcohol is 16, prenatal exposure to methamphetamine is 116, prenatal exposure to opioids is 26 and prenatal exposure to other drugs is 144.

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 COVID-19 related data, which has been needed to track pandemic related functions. Program data reports as well as COVID-19 data draw from the same pool of data resources available to Human Services and 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 as defined in section 19-03.1-01 in a manner not lawfully prescribed by a practitioner." There were 229 substance exposed newborns identified during FFY 2021. Of the 229 identified substance exposed newborns, 213 of them had a Plan of Safe Care developed (93 percent); all 229 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. There were 13 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 2021. Of these 13 identified substance exposed infants, 12 of them had a Plan of Safe Care developed (92.3 percent).

Fatalities

All fatalities were reported in the Child File.

The North Dakota Department of Human Services, Children and Family Services Division is the agency responsible for coordination of the statewide Child Fatality Review Panel as well as serving as the state's child welfare agency. The Assistant Administrator of Child Protection Services serves as the Presiding Officer of the Child Fatality Review Panel. This dual role provides for close coordination between these two processes and aides in the identification of child fatalities due to child abuse and neglect as a sub- category of child fatalities from all causes. The North Dakota Child Fatality Review Panel coordinates with the North Dakota Department of Health Vital Records Division to receive death certificates for all children, ages 0-18 years, who receive a death certificate issued in the state. These death certificates are screened against the child welfare database and any child who has current or prior CPS involvement as well as any child who it can be determined is in the custody of the Department of Human Services, county Human Service Zones, or the Division of Juvenile Services at the time of the death is selected for in-depth review by the Child Fatality Review Panel, along with any child whose Manner of Death as listed on the Death Certificate as "Accident", "Homicide", "Suicide" or "Undetermined". Any child for whom the Manner of Death is listed on the Death Certificate as "Natural", but whose death is identified as sudden, unexpected or unexplained is also selected for in-depth review. As part of these in-depth reviews, records are requested from any agency identified in the record as having involvement with the child in the recent period prior to death, including law enforcement, medical facilities, Child Protection Services, the County Coroner and the State Medical Examiner's Office for each death. Under North Dakota law, any hospital, physician, medical professional, medical facility, mental health professional, mental health facility, school counselor, or division of juvenile services employee shall disclose all records of that entity with respect to any child who has or is eligible to receive a certificate of live birth and wo has died. Additionally, the State Medical Examiner's Office forensic 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.

The Child Fatality Review Panel/Citizen Review Committee is required by state law to meet at least semi-annually. To accomplish thorough in-depth review of cases of child deaths which are sudden, unexpected, or unexplained, the Committee increased the frequency of meetings to every other month, starting in April 2020, to review these deaths and make recommendations. In addition to the increase in meetings, the Committee adapted to virtual meetings conducted over Zoom Healthcare through the University of ND Medical School with HIPPA and PIPEDA/PHIPA compliance. The Child Fatality Review Panel membership was expanded by statue in August 2021 to also include a designated tribal representative as an ad hoc member acting for each federally recognized tribe in the state.

State statute defines a child abuse and neglect "near death' as an act that, as certified by a physician, places a child in serious or critical condition. Per state policy when the child protection services decision is "confirmed" and a child has been certified by a physician as having been in serious or critical condition, notation is made identifying the child abuse and neglect near death. All child abuse and neglect near deaths are reviewed by the Child Fatality Review Panel to inform strategies for prevention of future near deaths from child abuse and neglect. There were nine identified child abuse and neglect near deaths in FFY 2021.

Perpetrators

State law limits Child Protection Services 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 Child Protection Services, but which may be a potential violation 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 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 8/1/21 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 111 reports of Institutional Child Abuse or Neglect in FFY 2021, making up 51 completed full assessments. Of these 51 assessments, 43 had a finding of "not indicated" and 8 had a finding of "indicated". There were 47 assessments Terminated in Progress, and 13 reports were administratively assessed/administratively referred (see above under 'reports' for definitions of administrative assessments and referrals). No reports remained open at the time of this report.

Data fields have been added to the child welfare data management system to capture the maltreatment type of sex trafficking as well as sex trafficking by a noncaregiver. This data has not yet been mapped for NCANDS reporting. There were 32 reported perpetrators of sex trafficking that were identified as noncaregivers.

Services

The number of children eligible for referral for IDEA is 365. The number of children actually referred is 351. Of the 14 children eligible and not referred, six children moved out of state, three children were deceased, four children had been previously referred and were receiving IDEA service. The reason for non-referral for the remaining child 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.

Family Centered Engagement (FCE) Meetings were added to the state's milieu of Promoting Safe and Stable Families services. Family Centered Engagement Meetings are a participatory and inclusive process that brings together those with relationships to the child and service providers to improve child welfare decision making and outcomes for a child who is removed, a child at risk of removal, or a child/youth involved in both the child welfare and juvenile justice systems. FCE became available statewide in July 2020. The statewide expansion of this contracted service was made possible with the addition of virtual meetings, a provision brought about by the COVID-19 pandemic, allowing facilitators to convene FCE meetings regardless of the location.

North Dakota received additional funds per P.L. 116-136 which were appropriated to the Nurturing Parenting Program, which is a state/local collaboration through our Land Grant University with several locations around the state. This is a 16-week parenting intervention, which parents and children attend together, onsite. In August 2020, North Dakota received

approval of its Title IV-E Prevention Services Plan. The plan identified eight program models selected by the state to implement. The program models are:

- Healthy Families
- Parents as Teachers
- Nurse-Family Partnership
- Homebuilders
- Brief Strategic Family Therapy
- Parent-Child Interaction Therapy
- Multisystemic Therapy
- Functional Family Therapy

Community agencies and private service providers can apply to become an approved Title IV-E prevention services provider by completing an application. Title IV-E providers must identify the approved Title IV-E prevention service(s) they want to provide, submit verification they have the required qualifications, training, certification and/or accreditation to provide the service, outline their fidelity review process, and agree to the responsibilities and requirements set forth by ND Children and Family Services Division (CFS) and the Family First Prevention Services Act. The state's eligibility application and portal went live February 2021 with services starting March 1, 2021.

The state's statute regarding the provision of protective services provided by the department and its authorized agents was changed on 8/1/2021. Per North Dakota Century Code Chapter 50-25.1-06 the department shall provide protective services for a child meeting the definition of an abused or neglected child and who is at substantial risk for continued abuse or neglect due to a supported state of impending danger, as well as other children under the same care as may be necessary for their well-being and safety and shall provide other appropriate social services, as the circumstances warrant, to the parents, custodian, or other persons serving in loco parentis with respect to the child or the other children. "Impending danger" is defined as a foreseeable state of danger in which a behavior, attitude, motive, emotion, or situation can be reasonably anticipated to have severe effects on a child according to criteria developed by the department.

Ohio

Contact	Denielle Ell-Rittinger	**Phone**	614–752–1143
Title	Program Administrator Office of Families and Children	**Email**	denielle.ell-rittinger@jfs.ohio.gov
Address	Ohio Department of Job and Family Services PO Box 183204 Columbus, OH 43218–3204		

General

Ohio implements a Differential Response (DR) System for screened in reports of alleged child abuse and/or neglect. The DR system is comprised of a traditional response (TR) pathway and an alternative response (AR) pathway. Children who are subjects of reports assigned to the AR pathway are mapped to NCANDS as AR nonvictim and have a disposition of "AR." who are "alleged child victims" of reports assigned to the TR pathway receive a disposition:

- Unsubstantiated: the assessment/ investigation determined no occurrence of child abuse or neglect.
- Substantiated: there is an admission of child abuse or neglect by the person(s) responsible; an adjudication of child abuse or neglect; or other forms of confirmation deemed valid by the public children services agency (PCSA).
- Indicated: there is circumstantial or other isolated indicators of child abuse or neglect lacking confirmation; or a determination by the caseworker that the child may have been abused or neglected based upon completion of an assessment/investigation.

In FFY 2021 Ohio worked toward streamlining CARA related reporting with community partners, software developers, and other states. The development of a mandated reporter portal is being explored as an option to capture data.

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.

Reports

The number of screened out referrals received between FFY 2020 and FFY 2021 showed a small increase from 100,853 to 105,779 reports. However, the percentage of screened out referrals remained consistent. FFY 2020 had 180,956 total referrals; 100,853 were screened out equaling 55.7%. Similarly, FFY 2021 had 187,488 total referrals; 105,779 were screened out equaling 56.4%.

Ohio is a state supervised county administered program and does not operate a state referral hotline. Ohio continued to operate a centralized state referral hotline which provides the referent with the local county PCSA referral contact and information. Ohio operationalizes a state supervised, county administered, child protection services program; the intake of referrals is required to be received by each PCSA. Each PCSA continued to implement county-based processes to receive referrals and respond to allegations of abuse and neglect. The requirements established for conducting assessment/investigations of alleged abuse or neglect were maintained per Ohio Administrative Code rules. Initial contacts, required assessments

of safety, required assessments of risk and interviews requiring contact with families and children were not altered. Many PCSAs were able to send workers home to avoid exposures and to supply personal protective equipment (PPE) to essential workers with help from state resources and distribution efforts. Incentives were offered for staff to get vaccinated. Provisions for rules governing face to face monthly contacts and parental visits for cases receiving ongoing case planning services were relaxed based on federal guidance. When State Emergency Orders were lifted mandates returned to normal. The Office of Families and Children issued a Covid-19 Q&A along with several procedure letters for the counties to access. Hours of operation were not changed. Many counties are reporting a workforce crisis.

Children

Requirements to record the race/ethnicity of children in Statewide Automated Child Welfare Information System (SACWIS) were effectuated in FFY 2015 and remain in place today. Child victims as reported by Ohio are children who have received a disposition of substantiated or indicated in the traditional response pathway.

Ohio continued to conduct face to face assessments and investigations during the pandemic. The virtual visit exception was applied to ongoing services and some familial visitation. Ohio's time from investigation to disposition remained unaffected based on reports.

Ohio continues to improve in the reporting of sex trafficking. There are two identified description of harm values; one for a child trafficked in forced labor, and the other for a child trafficked in sex. When either is selected by the end-user they have to give a date the incident was reported to law enforcement. This information is captured at disposition and the details are entered in the narrative.

Ohio's CARA data collection has improved in the past few years. Infants with prenatal substance exposure are tracked via the intake screens and flagged. Ohio added additional functionality to address Help Me Grow Referrals and future enhancements are planned.

Fatalities

Child maltreatment deaths reported in Ohio's NCANDS submission are compiled from the data maintained in the SACWIS. The SACWIS data contains information on those children whose deaths were reported to a public children services agency (PCSA) or children involved in a child protective services (CPS) report who died during the assessment or investigation period. As a county administered CPS system, Ohio PCSAs have discretion of which referrals are accepted for assessment or investigation. In some cases, the PCSA will not investigate a child fatality report unless it is deemed there was suspected abuse or neglect or other children in the home who may be at risk of harm or require services. Referrals of child deaths due to suspected maltreatment not accepted by the PCSA are investigated by law enforcement. No policy changes were made regarding child fatality reviews. The ODJFS internal fatality review team was able to continue meeting virtually.

Perpetrators

The NCANDS category of "other" perpetrator relationship includes nonrelated (NR) child and NR adult. These are catch-all categories that can be used for any individual who is not a

family member. Guidance continues to be provided to agencies to select the most appropriate relationship code (e.g., neighbor) instead of using the nonrelated categories.

Ohio does report non-caregiver 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 was successful in implementing the Family First Prevention Services Act as of 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 will continue to add additional services to the state plan in phases as capacity and funding allows.

Oklahoma

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 25352 Oklahoma City, OK 73125		

General

The winter of 2020 held high COVID-19 infection rates and all the adversity that goes with it. To add insult to the October 2020 ice storm, a record-breaking cold front swept the plains in February 2021, again crippling Wi-Fi, travel, and the basics of daily life as many homes, schools, and offices dealt with frozen water lines, burst pipes, and flooding. OKDHS also experienced these issues which led to near-total loss to some of its office buildings. Child welfare staff banded together to serve each other, children and youth, biological families, and foster families to ensure that basic needs were met.

The days following March 2021 Spring Break saw a return to in-person full-time school for all Oklahoma children, and both children/youth and their caregivers seemed equally delighted. Despite the relief this brought to many families with school-age children, Oklahoma Human Services (OKDHS) recognized the ongoing losses in child care services across the state and opted to continue Kith Care in-home child care reimbursement, described in the previous Semi-Annual Report. OKDHS also opened broader access to subsidized child care for families in Family-Centered Services and Adoption cases, in addition to that provided to foster families, which continued into summer 2021. In December of 2020 and again in September of 2021, foster families, group homes and shelter providers were notified that a COVID-19 Support and Relief payment (per child in placement) would be sent by way of a paper check in the following month.

A second shelter continues to operate as an option for COVID-19 exposed youth to safely quarantine. Child Welfare Services (CWS) and Office of Juvenile Affairs (OJA) partners continue meeting as needed to address any ongoing concerns, new protocols, and/or needs related to the COVID-19 pandemic, which during this reporting period, included addressing issues with a new virus variant. CWS provides support to shelters, such as supporting alternatives to face-to-face contact with their CWS team and family members, and providing personal protective equipment and cleaning supplies as needed. CWS assists in obtaining COVID-19 testing for youth prior to placement in a shelter. CWS continues to support, through education and ongoing training, the benefits of the COVID-19 vaccinations. CWS policy shifted to make the vaccine a part of routine medical care, rather than extraordinary care, which removed many of the barriers to getting youth and children vaccinated who wished to do so.

The decline in referrals and removals has held workload compliance steady, but like most employers across the country, turnover has risen and those who were hired, trained, and supported virtually have fared the worst. Additionally, schools are returning to in-person learning and child maltreatment referrals will likely increase, although the impact relative to prior years remains to be seen.

Oklahoma Human Services (OKDHS) has continued the work towards a goal of redefining what it means to be a public human service organization and create a child and family

well-being network that is grounded in the science of hope. This involves drastically altering how the agency shows up within the community. OKDHS is dedicated to changing the public's perception of the organization to one that is creative, innovative, and focused on deconstructing systemic barriers which prevent us from serving where and when we are needed-before families are in crisis. Leadership is committed to finding pathways to come alongside communities to identify creative ways to serve and invest in meeting unique needs as defined by the communities themselves. This involves everything from how OKDHS designs service delivery with an intentional inclusion of client voice/human-centered design, where we are physically located in service to families, and to how we leverage opportunities to blend funding sources. Agency capacity to serve children and families is being increased through:

- strong family-centered practices that focus on understanding and treating safety needs, trauma, and strengthening parental protective capacities;
- a hope-centered, trauma-informed systems approach;
- training and structured and supportive supervision; and
- system transformation to a child and family well-being network.

Strong family-centered practices and a hope-centered, trauma-informed systems approach establish the direction, expectations, and values from which the workforce operates, thus resulting in more empowered employees. Child Welfare Services (CWS) envisions this will lead to better outcomes for children and families and a stronger and better-aligned workforce, a greater degree of internal and external collaboration, and greater service flexibility and innovation.

CWS submitted Oklahoma's Title IV-E Prevention Program Plan in May 2021 and was approved to begin implementation in October 2021. The Title IV-E Prevention Program further advances efforts toward decreasing the need for foster care as an intervention and enhance the agency's aim of becoming a hope-centered, trauma-informed organization by expanding capacity in prevention support and services for children at-risk of entering the child welfare system and by creating a child and family well-being network. Strengthening parents' capacities and preventing child maltreatment requires a system of care that demonstrates commitment to helping all parents through both collective and individual supports. In the first version of the Oklahoma Title IV-E Prevention Program Plan, OKDHS is focusing on in-home parent skill-based programs 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. 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. 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. The Oklahoma CWS Title IV-E Prevention Program and services are designed to produce change at two levels: the child and family level and the system level. The continued focus on family-centered practice improvement and a hope-centered, trauma-informed

systems approach is expected to result in both positive outcomes for children, youth and their families, and positive functioning within OKDHS.

OKDHS has serviced children in the home, since 2009, utilizing the evidence-based SafeCare model through the Comprehensive Home Based Services (CHBS) program and with the approval of the Oklahoma Title IV-E Prevention Program Plan will be able to continue to utilize the SafeCare model and claim Title IV-E funds for the services to increase capacity and access to serve children and families preventatively. The other established in-home parent skill-based prevention program approved through the Oklahoma Title IV-E Prevention Program Plan is Intercept. Both services will continue to be utilized to serve 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, 2020 through September 30, 2021 statewide 1,284 families received CHBS and 101 families received Intercept.

In addition to these two in-home parent skill-based prevention programs, OKDHS continues to contract for and sustain a third prevention service, Intensive Safety Services (ISS), which was developed to complement the existing infrastructure of evidence-based home-based services throughout the state and implemented through Oklahoma's Title IV-E Child Welfare Waiver Demonstration Project (2014-2019), but will not be seeking approval for Family First Title IV-E prevention funds at this time. The initial evaluation outcomes showed the intervention to be able to safely serve children who are at imminent risk of entering foster care by assisting with sustainable behavior changes in caregivers to eliminate or reduce the reoccurrence of child abuse or neglect and entry into foster care; however, continued evaluation is needed and ongoing to achieve an approval rating through the Title IV-E Prevention Services Clearinghouse in the future. The post-waiver evaluation began October 1, 2019 and the favorable results continue in: fewer children entering out-of-home care; greater reduction in safety threats; greater increase in protective capacities; reduced rates of depressive symptoms over time; and improved parenting skills. During the reporting period October 1, 2020 through September 30, 2021 statewide 197 families received ISS.

It is critical to note that both the delivery of in-home services and continued data collection have continued to be affected by COVID-19 and adaptations have been necessary. Although agencies were able to return to face-to-face service provision in June 2020, the use of telehealth continues to be used as a supplement to face-to-face services when needed to ensure safety. A complete accounting of all of the changes to collateral services is not possible, but it is clear that families have had less access to these resources during the previous reporting period and has continued into this reporting period and the mode of service delivery changed in ways with unknown implications to effectiveness.

Nine bills related to Child Welfare Services were passed during the 2021 legislative session. Of note, HB 2515 amended Oklahoma Statutes which relate to penalties for child abuse and neglect; modifying the scope of certain prohibited acts; deleting and re-defining terms. HB 2565 amends the Oklahoma Children's Code modifying definitions. This bill included a modification related to the definition of a deprived child stating "Evidence of material, educational or cultural disadvantage as compared to other children shall not be sufficient to prove that child is deprived; the state shall prove that the child is deprived as defined pursuant to this title."

Oklahoma *(continued)*

Reports

The Oklahoma Department of Human Services has a statewide, centralized hotline to receive child abuse and neglect reports. An allegation of child abuse or neglect reported in any manner to a DHS county office is immediately referred to the Hotline.

Each report received at the Hotline is screened to determine whether the allegations meet the definition of child abuse or neglect and are within the scope of child protective services (CPS) assessment or investigation. DHS responds to an accepted report of child abuse or neglect by initiating an assessment of the family or an investigation of the report in accordance with priority guidelines. The primary purpose of the assessment or investigation is the protection of the child. For 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 responsible for care's (PRFC) behavior poses a risk to the child, an investigation is immediately initiated by the Child Welfare specialist. The family is told an investigation rather than an assessment is necessary and the CW specialist immediately follows investigation protocol.

An investigation is conducted when:

a) a report meets the abuse or neglect guidelines and constitutes a serious and immediate threat to the safety of a child (10A O.S. § 1-2-105);
b) there have been three or more reports accepted for assessment or investigation regarding the family per (10A O.S. §1-2-102);
c) the family has been the subject of a deprived petition (10A O.S. §1-2-102); or
d) the child was diagnosed with fetal alcohol syndrome or DHS determines the child meets the definition of "drug-endangered child" (10A O.S. § 1-1-105 and OAC 340:75-3-450).

Reports that are appropriate for screening out and are not accepted for assessment or investigation are reports:

a) that clearly fall outside the definitions of abuse and neglect per OAC 340:75-3-120, including minor injury to a child 10 years of age and older who has no significant child abuse and neglect history or history of neglect that would be harmful to a young or disabled child, but poses less of a threat to a child 10 years of age and older;
b) concerning a victim 18 years of age or older, unless the victim is in voluntary placement with DHS;
c) where there is insufficient information to locate the family and child;
d) where there is an indication that the family needs assistance from a social service agency but there is no indication of child abuse or neglect;
e) that indicate a child 6 years of age or older is spanked on the buttocks by a foster or trial adoptive parent with no unreasonable force used or injuries observed per OAC 340:75-3-410;
f) that indicate the alleged perpetrator of child abuse or neglect is not a PRFC, there is no indication the PRFC failed to protect the child, and the report is referred to local law enforcement; and
g) 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 ongoing 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.

The hotline has continued to operate during the pandemic. There are no changes to policies or procedures related to screening calls. Required same day responses remain an expectation for Priority 1 investigations. Protocol for investigations remains unchanged during the pandemic. In-home interviews continue to be deemed critical and necessary for investigations and for assessing neglect and child safety.

Guidance was given to permit the following telephone interviews: non-custodial parents as long as the parent is not an alleged perpetrator and collateral interviews. Staff were advised to contact supervisors/reviewing supervisors for guidance if a Child Protective Services customer was isolated or quarantined, or had symptoms of COVID-19. Most hospitals requested that face-to-face contact not occur within the neonatal intensive care unit. Staff were provided a specific protocol to follow for investigations involving an infant in NICU.

Oklahoma *(continued)*

Children

Oklahoma defines a child as any unmarried person younger than 18 years of age, including an infant born alive.

A "drug endangered child" is defined as a child who is at risk of suffering physical, psychological, or sexual harm as a result of the use, possession, distribution, manufacture, or cultivation of controlled dangerous substances or the attempt of any of these acts by a Person Responsible For Care (PRFC).

- This term includes circumstances wherein the PRFC's substance use or abuse interferes with his or her ability to parent and provide a safe and nurturing environment for the child.
- (10A O.S. § 1-2-101) Every physician, surgeon, or other health care professional including doctors of medicine, licensed osteopathic physicians, residents and interns, any other health care professional, or midwife involved in the pre-natal care of expectant mothers or the delivery or care of infants who test positive for alcohol or a controlled dangerous substance, must promptly report the matter to the DHS. This includes infants who are diagnosed with neonatal abstinence syndrome or fetal alcohol spectrum disorder.
- Whenever DHS determines that a child meets the definition of a "drug-endangered child" or was diagnosed with neonatal abstinence syndrome or fetal alcohol spectrum disorder, and the referral is assigned, DHS conducts an investigation of the allegations and does not limit the evaluation of the circumstances to an assessment, (10A O.S. § 1-2-102).
- 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 abstinence syndrome or a fetal alcohol spectrum disorder, upon release from healthcare provider care that addresses the infant's and mother's or caregiver's health and substance use or abuse treatment needs.

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.

The number of investigations in which a newborn was documented as testing positive at birth for a substance continues to increase in SFY2021 over SFY2020.

Fatalities

OOklahoma investigates all reports of child death and near death that are alleged to be the result of abuse or neglect. When DHS has reasonable cause to suspect that a child death or near-death is the result of abuse or neglect, DHS notifies the Governor, the President Pro Tempore of the Senate, and the Speaker of the House of Representatives of the initial investigative findings of the child protective services review. Notice is communicated securely no later than 24 hours after the reasonable determination of suspicion. (10A O.S. § 1-6-105)

A final determination of death or near death due to abuse or neglect is made after a report is received from the office of the medical examiner which may extend beyond a 12-month period. Fatalities are not reported to NCANDS until both the investigation and Child Protective Services program review, which is inclusive of the final determination, are completed.

The Child Protective Services Programs Unit program review includes:

- a review of the case record which is inclusive of the Report to District Attorney; law enforcement reports; medical examiner's Report of Autopsy; medical records pertaining to the death or near-death and previous records when applicable; all pertinent case information
- an assessment of compliance of findings with CPS standards per OAC 340:75-3-120 and OAC 340:75-3-130
- requests for additional information when determined necessary.

The Oklahoma Child Death Review Board conducts a review of every child death and near death in Oklahoma. The Bureau of Vital Statistics forwards all death certificates of persons under 18 years of age to the Office of the Chief Medical Examiner monthly, received during the preceding month. The Office of the Chief Medical Examiner conducts an initial review of death certificates in accordance to the criteria established by the Child Death Review Board and refers to the Board cases that meet the criteria.

The Child Death Review Board is composed of 27 members or designees (10 O.S. 1150.3). Fourteen members are specified positions, including the Chief Medical Examiner, the Director of the Department of Human Services, the State Commissioner of Health, the State Epidemiologist of the State Department of Health, the Director of the Oklahoma State Bureau of Investigation, and the Chair of the Child Protection Committee of the Children's Hospital of Oklahoma. Thirteen of the members are appointed and include law enforcement, attorneys, social workers, physicians, advocacy, a psychologist, and emergency medical personnel. State Office Child Protective Services staff work closely with the Child Death Review Board and participate as a member of this board. The Child Death Review Board powers and duties are contained in 10 O.S. 1150.2.

The state reported 15 fatalities in the FFY 2021 Child File. Child Protective Services Program staff attribute the decrease in final determinations of fatalities to several factors, including backlog at the office of the Medical Examiner resulting in delay of ME reports, and a backlog within the CPS program due to vacancies and absorbing additional duties.

Perpetrators

Oklahoma defines a person responsible for the child's health, safety, or welfare (PRFC) as:

- the child's parent, legal guardian, custodian (10A O.S. §1-1-105), 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 (10 O.S. § 175.20);
- an owner, operator, or employee of a child care facility (10 O.S. § 402) whether the home is licensed or unlicensed; or

- a foster parent maintaining a therapeutic, emergency, specialized-community, tribal, kinship, or foster family home responsible for providing care, supervision, guidance, rearing, and other foster care services to a child.

Oklahoma began reporting perpetrator relationships of group home or residential facility staff in the FFY 202013 Child File.

(10A O.S. §1-2-102) A referral to law enforcement is immediately made either verbally or in writing for the purpose of conducting a possible criminal investigation when, upon receipt of a report alleging abuse, neglect, or during the assessment or investigation, DHS determines:

- the alleged perpetrator is someone other than a PRFC (third-party perpetrator)
- abuse or neglect of the child does not appear attributable to failure on the part of a PRFC to provide protection for the child

After making the referral to the appropriate law enforcement jurisdiction, DHS is not responsible for further investigation unless:

- DHS has reason to believe, or law enforcement has determined that the alleged perpetrator is a parent of another child, not the subject of the criminal investigation, or is a PRFC of another child;
- The appropriate law enforcement jurisdiction requests DHS participate in the investigation. When funds and personnel are available, as determined by the DHS Director or designee, DHS may assist law enforcement in interviewing children alleged to be victims of physical or sexual abuse.

A prior perpetrator is defined as a perpetrator of a substantiated maltreatment within the reporting year who has also been a perpetrator in a substantiated maltreatment anytime back to 1995, the year of implementation of the State Automated Child Welfare Information System.

Oklahoma reports all unknown perpetrators. “Other” perpetrator relationship includes those with no relation to the alleged victim and roommate.

Services

Post investigation services are services that are provided during the investigation and continue after the investigation, or services that begin within 90 days of closure of the investigation. In cases where the family would benefit from services and the child can be maintained safely in the home, DHS can refer to community services or refer the case to Comprehensive Home-Based Services through a DHS contracted provider. If referred to community services, the DHS investigation can be closed and DHS will determine within 60 days whether the family has accessed the recommended services and if the child remains safe. If the family is referred to Comprehensive Home-Based Services, DHS will open a Family Centered Services case and follow the family for up to six months.

In person visitation resumed for all programs statewide beginning June 1st, 2020. Some areas of the state did have different protocols for visitation and may have continued virtually, depending on if that area was a current hot spot with a surge in COVID numbers.

Oregon

Contact	Tammy Freeman	**Phone**	503–884–1049
Title	Operation & Policy Analyst 3 OCWP OR-Kids	**Email**	tammy.freeman@state.or.us
Address	Oregon Department of Human Services 500 Summer Street, NE E72 Salem, OR 97301		

The state did not submit commentary for the *Child Maltreatment 2021* report.

Pennsylvania

Contact	Elysa Springer	**Phone**	717–409–3933
Title	Director of Systems and Data Management	**Email**	elyspringe@pa.gov
Address	Division of Operations PA DHS, Office of Children, Youth and Families 2525 North 7th St Harrisburg Uptown Building, Harrisburg, 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 is still in the process of analyzing the impacts of COVID-19 on reports which were received within the 2021 calendar year, as we complete this analysis as part of our Annual Child Abuse Report efforts, and the Annual Child Abuse Report is by calendar year. All of our comments are based on our review of the metrics for referrals received in calendar year 2020 versus the previous calendar year.

We are aware that in calendar year 2020, there was a significant reduction in the total number of overall suspected CPS referrals received. However, the percentage of reports which were substantiated increased in 2019 to 2020. There were not any changes to our Hotline hours, the ChildLine Hotline remained operational 24 hours a day, 7 days a week, throughout the pandemic. We believe the reduction in the total reports was likely the result of decreased contact between children and mandated reporters of child abuse during the pandemic.

Children

The state is not aware of any changes related to COVID-19 that would have directly impacted NCANDS data which would need to be mentioned in this section. During the pandemic, our counties did continue to investigate reports of suspected child abuse within the same time frames as prior to the pandemic. While we did begin to collect data related to Substance Affected Infant Notifications in October of 2020, this information is captured as part of non-CPS referrals, and non-CPS referrals are currently not part of NCANDS reporting for Pennsylvania.

Fatalities

Pennsylvania is still in the process of analyzing the impacts of COVID-19 on reports which were received within the 2021 calendar year, as we complete this analysis as part of our Annual Child Abuse Report efforts, and the Annual Child Abuse Report is by calendar year. All of our comments are based on our review of the metrics for referrals received in calendar year 2020 versus the previous calendar year.

- We did observe in increase in the total number of suspected Fatalities received in 2020, as well as an increase in the number of those Fatalities which were substantiated.
- We also observed that for Fatalities received in 2020, there was an increase in substantiated Fatalities involving allegations related to 'Ingestion' and 'Lack of Supervision'.

No practice changes were made which would have impacted the Fatality data submitted by PA for NCANDS.

Pennsylvania *(continued)*

Perpetrators

The perpetrator relationship mapping will be provided when Pennsylvania is able to update our mapping documents.

Services

The state isnot aware of any changes made to the limited service related data PA currently collects as part of CPS outcomes.

Puerto Rico

Contact	Lisa M. Agosto Carrasquillo/Glenda Gerena Ríos	**Phone**	787–625–4900 X 1734/1800
Title	Director of Central Registry/Deputy Administrator ADFAN Administrator for Families and Children (ADFAN)	**Email**	lmagosto@familia.pr.gov glenda.gerena@familia.pr.gov
Address	Family Department 185 Roosevelt Avenue, San Juan PR 00910 P.O. Box 194090 San Juan, PR 00919-4090		

General

In Puerto Rico it has not been established changes in policy processes related to child abuse investigations. We continue using the procedure established in the "MANUAL OF RULES, PROCEDURES AND RULES OF EXECUTION OF THE SECURITY MODEL IN THE INVESTIGATION OF REPORTS OF MALTREATMENT TO MINORS", April 2013. The manual standardizes the processes to be able to evaluate safety areas and make decisions to protect child if necessary. Puerto Rico does not have an alternative response in child abuse investigations.

Reports

The pandemic situation resulted in an increased number of reports received when in the middle of the year 2021 the government reestablished face-to-face services. In 2020, non-essential services were severely limited so that children were not exposed to others who could alert them to situations of abuse or neglect. This year, 2021, we began to receive more referrals by having response from those services that have more contact with children and their families, for example, schools. The hotline operated 24 hours a day, seven days a week throughout the pandemic period.

Children

The Special Investigation Units handling child abuse investigation reports received through the Hotline continued to operate 24 hours a day, 7 days a week. However, the situation caused temporary changes in the handling of the reports received. During the period of this 2021 file, instructions were handled to safeguard the health and safety of families and agency employees. For part of the year, instructions were followed regarding the handling of referrals only for cases of extreme urgency. By mid-year, services began to normalize as the public health situation began to stabilize as a result of vaccination.

Contact with families in investigations during the pandemic period was limited exclusively to cases of extreme emergency involving danger to the physical and emotional safety of affected children. however, this changed in mid-2021 when, by executive order, government services were normalized, and the child protection service began to resume its normal process.

Response time was seriously affected, especially in situations that did not represent a risk or danger to children's safety. These reports have had to wait longer for intervention. however, in the middle of the period, referrals have been dealt with in accordance with the necessary response. Data on infants with prenatal exposure to substances could be collected without difficulty.

Fatalities

There were no changes in the policies related to child death reviews. During the national emergency due to the COVID-19 pandemic and the emergency closure in March 2020, the

Death Review Panel meetings were affected and are currently beginning to resume work and incorporate virtual tools if required.

Perpetrators

Our System has the capacity to collect data related to sexual trafficking, these data are cataloged in the typologies, however, our file reflects a minimum amount of research in this area. This can be attributed to the fact that in our protection law, sex trafficking situations are cataloged when the perpetrator is a father, mother, or responsible person, but they are not third person.

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.

Services

PR was under serious security measures that included total and partial closures in governmental, private, commercial, and other services. As a result, services were affected, as priorities were established in the handling of abuse reports investigations and the handling of protection cases. However, essential services continued to operate, although measures were taken to ensure the safety of families and agency employees considering the public health situation. Alternatives were managed to attend to foster care and family preservation cases with virtual tools. In the middle of the year, services gradually began to normalize in order to resume face-to-face services.

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 children 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.

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.

Rhode Island

Contact	Leon Saunders	**Phone**	401–528–3850
Title	Agency IT Manager Information Technology	**Email**	leon.saunders@doit.ri.gov
Address	RI Department of Children, Youth and Families 101 Friendship St. Providence, RI 02903		

General

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.

Reports

As a result of the COVID-19 pandemic, Rhode Island experienced a decrease in the number of child abuse calls to the hotline in 2020. We continued to experience a reduction in the number of CPS reports received in 2021 resulting in a 10-16 percent decrease in overall reports, child counts and non-victim counts.

There were no changes in the hours of operation or staffing levels on the Hotline. Due to the nature of the workspace on the Hotline, we developed the capacity for teleworking to reduce the risk of infection and ensure uninterrupted operations when the risk of transmission is elevated.

The hours, process and staffing used to screen reports to our Hot Line remained unchanged. The Hot Line staff are required to ask a series of COVID 19 Screening questions when answering calls.

Substance Exposed Newborns and Plans of Safe Care data are collected by the Rhode Island Department of Health. RI has no plans currently to collect this data our CCWIS system.

Children

For a limited period, the Department enacted emergency regulations which extended the response times for Priority 2 and Priority 3 Investigations. In situations where there was no indication of a substantial risk of harm, the regs allowed for an initial telephone contact with the alleged victim prior to the required face-to-face which was required within 72 hours of the report.

Time to final determination remained unchanged however, an emergency regulation allows for the extension of the response times to CPS reports which are screened in for investigation as Priority 2 and Priority 3. This emergency regulation is no longer in effect. Rhode Island included sex trafficking data for the entire year.

Data for children with a plan of safe care is collected at the Dept. of Health and can only be reported in the state comments. Rhode Island Department of Health reports the total number of substance exposed newborns identified in KIDSNET and documented in the SEN surveillance system is 548. The Rhode Island Department of Health reports the number of substance exposed newborns with documented new referrals for supports and services is 357.

Rhode Island *(continued)*

Fatalities

The child fatality review policies remain unchanged and continued virtually during the pandemic.

Perpetrators

The state reports noncaregiver perpetrators of sex trafficking to NCANDS. Any individual known or suspected to be the perpetrator of sex trafficking of a child under 18 or youth in the care of DCYF (up to age 21) is included in "other" perpetrator relationship.

Services

Upon the initiation of the state's "lockdown" immediately following the onset of the COVID pandemic, the state allowed most in-home, preventive services to transition to virtual visits. By mid to late summer 2020, almost all DCYF-funded home-based services resumed in-person visits. Providers have continued to do required in person visits since, but, in practice, visits above the required minimum frequency have been a mix of in-person and virtual. Removals were not affected because of the pandemic.

Most preventive services have continued to be funded through both Medicaid and state general revenue.

The extension of the Chafee dollars for older youth until 22 or September 2021. Any youth who had aged out of the system was able to return for funding to assist with daily living, and/or case management services. PPP loans and COVID Relief Fund (CRF) funding was made available to providers to reimburse for COVID-specific costs incurred. CRF, in particular, did not reimburse for losses related to lower utilization, however, and so most providers did sustain sizable operating losses.

Home-based and congregate care services are provided by private providers although case management remains the responsibility of the DCYF case worker.

South 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 Services 1628 Browning Road, Suite 100 Columbia, SC 29210		

General

South Carolina ended its Alternative Response Program, Community Based Prevention Services (CBPS), in October 2019. FFY 2021 is the first complete fiscal year without CBPS which has resulted in an increase in the number of both Screened Out and Reports Accepted for Investigation. Another factor, in the increase in both Screened Out and Reports Accepted for Investigation, is that the State opened back up from the COVID-19 Pandemic during FFY 2021, with in person attendance in school, face-to-face doctor visits, and in-person social events. South Carolina has only one type of response to screened-in referrals, "Refer for Investigation".

Reports

In South Carolina, the number of referrals increased in FFY 2021 compared to FFY 2020. In November 2020 South Carolina moved to operating our intake hotline to 24 hours a day, 7 days a week and implemented an online web referral reporting option.

Children

South Carolina has some discrepancies in our law such as not having a definition for "substance exposed infants" that creates some to collecting infants with prenatal substance exposure data. We are working with several community partners and the National Center on Substance Abuse and Child Welfare to shift practice and create some legislative changes related to Substance Exposed Infants and Plans of Safe Care

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 investigation. SLED investigates all preventable child deaths and then refers their findings to DSS, where this unit reviews the agency's response to these child fatalities. The State Child Fatality Advisory Committee (SCFAC) also reviews a portion of cases referred from SLED.

As such, SCDSS's comprehensive systems-level review, including SCDSS's records, records collected by SLED, and when available, records collected by the SCFAC, form the 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.

South Carolina *(continued)*

Fatalities reported on the Agency File include but are not limited to fatalities not investigated by SCDSS due to the perpetrating person responsible for the child's welfare also being deceased and indicated incidents of maltreatment causing a near- and eventual-fatality, but due to time limits (60 days) on CPS investigations imposed by state statute and the fatality itself occurring outside this timeframe, the case is not indicated for death by maltreatment in SCDSS's SACWIS system. During the pandemic the State Child Fatality review team continued to meet virtually to complete reviews on cases investigated by SLED. The pandemic did not affect the frequency or process for reviews.

Perpetrators

The "other" perpetrator relationship is used when the perpetrator is "unknown," including the "unknown" perpetrator for a sex trafficking maltreatment.

South Dakota

Contact	JoLynn Bostrom	**Phone**	605–347–2588 ext. 203
Title	Program Specialist Division of Child Protection Services	**Email**	jolynn.bostrom@state.sd.us
Address	Department of Social Services 2200 W Main Street Sturgis, SD 57785		

General

Child Protection Services (CPS) does not utilize the Differential Response Model. CPS either screens in reports, which are assigned as Initial Family Assessments, or the reports are screened out. However, the Initial Family Assessment allows CPS to open a case for services based on danger threats without substantiation of an incident of abuse or neglect. South Dakota does refer reports to other agencies if the report does not meet the requirements for assignment, and it appears the family could benefit from the assistance of another agency.

Reports

South Dakota did not change any policies related to conducting investigations and assessments 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.

CPS child abuse and neglect screening and response processes are based on allegations that indicate the presence of danger threats, which includes the concern for child maltreatment. CPS makes screening decisions using the Screening Guideline and Response Assessment. Assignment is based on child safety and vulnerability. The response decision is related to whether the information reported indicates present danger, impending danger, or any other danger threat. A report is screened out if it does not meet the criteria in the Screening Guideline and Response Assessment as described above.

The reporter types listed as “other” in the Child File include clergy, community person, coroner, domestic violence shelter employee or volunteer, funeral director, other state agency, public official and tribal official.

Children

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. Reports of abuse and neglect are categorized into five types- neglect, physical abuse, sexual abuse, sex trafficking, and/or emotional maltreatment. Medical neglect is included in the neglect category.

Fatalities

Children who died due to substantiated child abuse and neglect by their parent, guardian or custodian are reported as child fatalities. The number reported each year are those victims involved in a report disposed during the report period, even if their date of death may have

actually been in the previous year. The State of South Dakota reports child fatalities in the Child File.

South Dakota Codified Law 26-8A-3 mandates which entities are required to report child abuse and neglect.

"26-8A-3. Persons required to report child abuse or neglected child-Intentional failure as misdemeanor. Any physician, dentist, doctor of osteopathy, chiropractor, optometrist, emergency medical technician, paramedic, mental health professional or counselor, podiatrist, psychologist, religious healing practitioner, social worker, hospital intern or resident, parole or court services officer, law enforcement officer, teacher, school counselor, school official, nurse, licensed or registered child welfare provider, employee or volunteer of a domestic abuse shelter, employee or volunteer of a child advocacy organization or child welfare service provider, chemical dependency counselor, coroner, or any safety-sensitive position as defined in § 3-6C-1, who has reasonable cause to suspect that a child under the age of eighteen has been abused or neglected as defined in § 26-8A-2 shall report that information in accordance with §§ 26-8A-6, 26-8A-7, and 26-8A-8. Any person who intentionally fails to make the required report is guilty of a Class 1 misdemeanor. Any person who knows or has reason to suspect that a child has been abused or neglected as defined in § 26-8A-2 may report that information as provided in § 26-8A-8."

South Dakota Codified Law 26-8A-4 mandates that anyone who has reasonable cause to suspect that a child has died as a result of child abuse or neglect must report. The reporting process required by SDCL 26-8A-4 stipulates that the report must be made to the medical examiner or coroner and in turn the medical examiner or coroner must report to the South Dakota Department of Social Services.

"26-8A-4. Additional persons to report death resulting from abuse or neglect--Intentional failure as misdemeanor. In addition to the report required under § 26-8A-3, any person who has reasonable cause to suspect that a child has died as a result of child abuse or neglect as defined in § 26-8A-2 shall report that information to the medical examiner or coroner. Upon receipt of the report, the medical examiner or coroner shall cause an investigation to be made and submit written findings to the state's attorney and the Department of Social Services. Any person required to report under this section who knowingly and intentionally fails to make a report is guilty of a Class 1 misdemeanor."

When CPS receives reports of child maltreatment deaths as required under SDCL 26-8A-4 from any source, CPS documents the report in FACIS (SACWIS). Reports that meet the NCANDS data definition are reported to NCANDS.

The Justice for Children's Committee (Children's Justice Act Task Force) is also updated annually on the handling of suspected child abuse and neglect related fatalities.

Perpetrators

Perpetrators are defined as individuals who abused or neglected a child and are the child's parent, guardian or custodian. The state information system designates one perpetrator per child per allegation.

South Dakota *(continued)*

Services

The Agency File data includes services provided to children and families where funds were used for primary prevention from the Community Based Family Resource and Support Grant. This primarily involves individuals who received benefit from parenting education classes or parent aide services.

The State of South Dakota, Division of Child Protection Services with the consent of the parent, refers every child under the age of 3 involved in a substantiated case of child abuse or neglect to the Department of Education's Birth to Three Connections program. This program is responsible for the IDEA services. The parent or guardian is advised by the Division of Child Protection Services that with their permission, a referral to Birth to Three Connections will be made for a developmental screening of their child. The parent or guardian needs to sign a DSS Information Authorization Form before the referral is made. The parent or guardian is also given a Birth to Three Connections brochure and provided the name of the service coordinator that will be contacting them to schedule the screening. The Birth to Three Connections intake form is then completed and faxed with the Information Authorization to the Birth to Three Connections coordinators to determine eligibility and write an Individual Family Service Plan for eligible children within 45 days of the receipt of the referral. Not all children referred by the Division of Child Protection Services to the Birth to Three program are eligible for services.

Tennessee

Contact	Neal Thompson	**Phone**	615–253–1017
Title	Business Intelligence Specialist-Intermediate Strategic Technology Solutions Finance and Administration	**Email**	neal.thompson@tn.gov
Address	Davy Crockett Tower 2nd Floor 500 James Robertson Parkway Nashville, TN 37243		

General

Tennessee refers to the system as Multiple Response. There are three pathways:

- Investigations: All cases deemed Severe Abuse including all Child Death/Near Death Incidents, Sexual Abuse, and forms of physical abuse and neglect where a child has experienced harm or is at imminent risk of harm
- Assessments: cases of child maltreatment with a risk of harm to a child
- Resource Linkage: No direct child maltreatment but an identified need such as lack of housing, food or need for behavioral/mental health service referral

In 2021, The Office of Child Safety merged the supervision of the staff responsible for the Investigation and Assessment track cases. When doing so, they also reformatted the team structures that allowed for a division in case tasks to allow for more decisions around which track is most appropriate for the family situation to be made. This was reflected by adjustments in the SDM Screening Tool and decisions at the Child Abuse Hotline as a key pivot point until the TFACTS system could be updated. These updates are scheduled to take place throughout 2022 into 2023.

Reports

Tennessee experienced an increase in referrals from the initial pandemic as school systems began going back to in person learning and more families became more visible in the community. This resulted in uneven reporting levels across FFY 2021. The Child Abuse Hotline maintained it's normal work schedules but increased the option for staff to work from home. Conversations are continuing on the need for one centralized location over the flexibility of having satellite sites for hotline staff as well as continued work from home. There were no changes to screening due to the continuing pandemic.

Children

Tennessee shifted back to a face-to-face engagement model. Staff continued to ask questions regarding possible COVID exposure and health status of families. Throughout the reporting year, the use of virtual visits decreased and became a matter of discussion and approval with supervision. These discussions centered on whether a virtual visit would provide the necessary information and not create incomplete assessments and investigations or potentially leave a child in an unsafe situation.

Fatalities

Due to the combination of all CPS staff and the restructuring on the management level, some changes were made to the review policies. These were not substantiative changes, rather they reflected the changes in management level and role responsibilities.

Tennessee *(continued)*

Perpetrators

Tennessee reports non-familial traffickers as caregivers to match the definition provider in state Law. 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 over 15 percent from FFY 2020.

Services

Services continued to be impacted by the inability of provider staff to hire and retain staff. Child removals in themselves were not affected; the placement of children after the children came into custody has been dramatically impacted due to the pandemic. This comes again in the form of staffing at congregate care facilities resulting in physical beds being available but a lack of staff to support the youth who would fill those beds. It also affects foster homes as some have had to freeze due to their own COVID exposure or the willingness to accept a single child who has tested positive for COVID resulting in other beds being in that home becoming unavailable.

Texas

Contact	Darrin Hyatt	**Phone**	737–228–6216
Title	System Analyst Information and Technology	**Email**	darrin.hyatt@dfps.texas.gov
Address	Department of Family and Protective Services 4900 N Lamar Blvd Austin, TX 78751		

General

Alternative Response (AR) is an approach that responds differently than traditional investigations to reports of abuse/neglect. It allows for a more flexible, family engaging approach while still focusing on the safety of the children as much as in a traditional investigation. 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 traditional 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. The family engagement/solution focused practice skills that are used in AR were introduced in Region 6A in 2019 with implementation occurring in Region 6A in March of 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 first actual or attempted contact is made with a principal in the investigation. In some instances, the worker will get a report about a new incident of abuse or neglect involving a family who is already being investigated or receiving services in an open CPS case. There are also instances in which workers begin their investigation when families and children are brought to or walk-into an office or 24-hour shelter. In both situations, the worker would then report the maltreatment incident after the first face-to-face contact initializing the investigation has been made. Because the report date is recorded as the date the suspected maltreatment is reported to the agency, these situations would result in the report date being after the investigation start date.

The State's CPS schema regarding disposition hierarchy differs from NCANDS hierarchy. The State has "other" and "closed-no finding" codes as superseding "unsubstantiated" at the report level. Texas works on the principle that the two ends of the disposition spectrum are

"founded" and "unfounded" with all else in the middle. NCANDS takes a slightly different view that the two "sure" points are "founded" and "unfounded" and everything else is less than either of these two points. The State's hierarchy for overall disposition is, from highest to lowest, RTB-Reason to Believe, UTD-Unable to Determine, R/O-Ruled Out and UTC-Unable to Complete. Mapping for NCANDS reporting is; RTB=01, UTD=88, UTC=07, and R/O=05. An inconsistency in the hierarchies for the State and for NCANDS occurs in investigations where an alleged victim has multiple maltreatment allegations and one has a disposition of UTD while the other has a maltreatment disposition of R/O. According to the State's hierarchy, the overall disposition for these investigations is UTD. Mapping the report disposition to "unsubstantiated" as indicated in the NCANDS's Report Disposition Hierarchy report would be inconsistent with State policy.

There is no CPS program requirement or state requirement to capture incident date so there is no data field in the SACWIS system for this information. Historical problem: the date when an abuse/neglect incident happened does not conform to only one date when abuse/neglect is ongoing. Therefore identifying one date would be inaccurate.

Children

The State does not make a distinction between substantiated and indicated victims. A child has the role of "designated victim" when he or she is named as a victim in an allegation that has a disposition of "reason to believe".A child (age 10 or older) has the role of "designated perpetrator" when he or she is named as a perpetrator in an allegation that has a disposition of "reason to believe."

A child (age 10 or older) has the role of "designated both" (i.e., designated victim and designated perpetrator in the same case) when he or she is named as a victim in an allegation that has a disposition of "reason to believe" and as a perpetrator in an allegation that has a disposition of "reason to believe."

A person (child or adult) has the role of "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.

Since 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

The source of information used for reporting child maltreatment fatalities is the "reason for death' field contained in the DFPS IMPACT system.

DFPS uses information from the State's vital statistics department, child death review teams, law enforcement agencies and medical examiners' offices when reporting child maltreatment fatality data to NCANDS. DFPS is the agency required by law to investigate and report on child maltreatment fatalities in Texas when the perpetrator is a person responsible for the care of the child. Information from the other agencies/entities listed above is often used to make reports to DFPS that initiate an investigation into suspected abuse or neglect that may have led to a child fatality. Also, DFPS uses information gathered by law enforcement and medical examiners' offices to reach dispositions in the child fatalities investigated by DFPS. Other agencies, however, have different criteria for assessing and evaluating causes of death that may not be consistent with the child abuse/neglect definitions in the Texas Family Code and/or may not be interpreted or applied in the same manner as within DFPS.

There were no changes to child fatality reviews or investigations during the pandemic. Child fatalities decreased in state fiscal year 2021 by twenty percent. This includes significant decreases in unsafe sleep, drownings, vehicle-related fatalities, as well as physical abuse fatalities. In this past year, Texas experienced one child left in a hot car, a number that puts in context that preventable child fatalities can be reduced over time through prevention messaging and diligent efforts in the community. The impact of the past two years on youth is also emerging in the data-in SFY2021, thirteen youth died by suicide, a devastating loss for families and their community.

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.

Services

In FFY 2020, 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.

Utah

Contact	Kai Gentille	**Phone**	801–538–4100
Title	Senior Data Analyst	**Email**	kgentille@utah.gov
Address	Utah Department of Human Services 195 N. 1950 W. Salt Lake City, UT 84116		

General

Utah continues to invest in its child welfare programs, both through improved training for caseworkers and updating the technology that enables those workers. For FFY 202021 this has greatly improved our reporting of risk factors. However, disruptions resulted in incomplete data regarding children screened out. Adaptations made concerning COVID-19 resulted in minimal disruption.

Reports

The investigation start date is defined as the date a child is first seen by CPS. The data is captured in date, hours, and minutes. A referral is screened out in situations including, but not limited to:

- The minimum required information for accepting a referral is not available.
- As a result of research, the information is found not credible or reliable.
- The specific incidence or allegation has been previously investigated and no new information is gathered.
- If all the information provided by the referent were found to be true and the case finding would still be unsupported.
- The specific allegation is under investigation and no new information is gathered.

The state uses the following findings:

- Supported–a finding, based on the information available to the worker at the end of the investigation, that there is a reasonable basis to conclude that abuse, neglect, or dependency occurred, and that the identified perpetrator is responsible.
- Unsupported–a finding based on the information available to the worker at the end of the investigation that there was insufficient information to conclude that abuse, neglect, or dependency occurred. A finding of unsupported means that the worker was unable to make a positive determination that the allegation was actually without merit.
- Without merit–an affirmative finding at the completion of the investigation that the alleged abuse, neglect, or dependency did not occur, or that the alleged perpetrator was not responsible.
- Unable to locate–a category indicating that even though the child and family services child protective services worker has followed the steps outlined in child and family services practice guideline and has made reasonable efforts, the child and family services child protective services worker has been unable to make face-to-face contact with the alleged victims to investigate an allegation of abuse, neglect, or dependency and to make a determination of whether the allegation should be classified as supported, non-supported, or without merit.

COVID-19 continues to have virtually no impact on our reporting process. There was no change to the screening process and our hotline kept the same hours. The state saw a more usual number of reports for FFY 2021 after the below average number of reports last year, but there was a small shift in the proportion of referral sources.

Utah *(continued)*

Children

The State of Utah has improved data collection surrounding caregiver risk factors as of FFY 2021, this is in contrast with a period from FFY 2018 to FFY 2020 where caregiver risk factors were unable to be accurately reported. Factors related to the family's housing, poverty or home environment in a more general sense were unaffected and remain accurate.

COVID-19 resulted in the adoption of virtual interviews/visits in cases where exposure was a reasonable risk. Virtual interactions were conducted using Google Meet with video functionality being used. If there were no concerns then visits occurred as normal.

Fatalities

Concerns related to child abuse and neglect, including fatalities, are required to be reported to the Utah DCFS. Fatalities where the CPS investigation determined the abuse was due to abuse or neglect are reported in the NCANDS Child File.

No changes to the fatality review process were made in FFY 2021. Meetings of the review board were able to be conducted.

Perpetrators

The only restriction Utah places upon identifying perpetrators is that CPS will not open a case for sexual abuse where the perpetrator is under the age of 10, except in extreme circumstances. Utah does report noncaregiver perpetrators of sex trafficking should such a case arise.

Services

As of April 2015, Utah's CPS workers no longer screen for developmental delays. Instead, all children 34½ months of age and under who are supported victims of abuse or neglect are automatically referred to the Utah Department of Health's Baby Watch Early Intervention Program (BWEIP).

COVID-19 had several impacts on ongoing services. Like with CPS interviews, cases with a risk of exposure were able to be conducted virtually. An ongoing impact is the reduction in provider capacity. This reduction in capacity is currently being primarily attributed to a lack of staff. Providers are experiencing difficulty in filling vacancies. Services are outsourced where appropriate.

Vermont

Contact	Melissa Burt	**Phone**	802–241–0879
Title	Quality Assurance Coordinator Vermont Family Services Division	**Email**	melissa.burt@vermont.gov
Address	Vermont Department for Children and Families 280 State Dr HC1 North Bldg B Waterbury, VT 05671		

General

In July 2009, Vermont implemented a differential response program and shift in practice – with an assessment track and an investigation track. 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. The 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 and supervision and are referred to as CHINS (B) 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. All calls to the child abuse hotline are counted as referrals, resulting in a very high rate of referrals per 1,000 children, and making it appear that Vermont has a very low screen-in rate. Although Vermont has not conducted a thorough analysis, some of the contributing factors leading to our increasing number of referrals include, but are not limited to, reports where child abuse/neglect are not present and issues include truancy and delinquent behavior, out of home sexual abuse reports including teen sexting with or without consent, teen sexual harassment, as well as family configuration and our practice of entering reports under the primary caretaker when there are multiple children involved. This often results in multiple reports for the same incident. In situations where multiple reports are made for the same incident, it is Vermont's practice to screen in only one of those reports.

As a result of the continuing COVID-19 pandemic, Vermont continues to see a lower number of calls made to our centralized intake hotline compared to years leading up to the pandemic. This continues to impact the number of reports screened in for an intervention. Our centralized intake staff continued to operate business as usual by means of most staff remote working and a small group or staff remaining in the office. There were no changes made to the hours of operation or staffing levels during this time.

At the onset of the COVID-19 pandemic, Vermont made temporary changes to their screening practices beginning in early March 2020. Changes included assigning all accepted reports as assessments except for substantial child endangerment and reports involving allegations of immediate risk to a child 3 years and younger. The commencement options were broadened for assessments to include videoconferencing as a preferred option, therefore avoiding in-person contact whenever possible. By June 2020, screening criteria was updated to require an in-person response for all child safety interventions regarding children aged 6 and under. Practices returned to normal and followed existing policy for children of all ages by July 2020 and remained in place throughout the remainder of the FFY20 reporting period. For the entirety of FY21, Vermont followed all pre-pandemic policy and practices regarding screening of reports made to centralized intake.

Children

The Family Services Division is responsible for investigating allegations of child abuse or neglect by caregivers and sexual abuse by any person. The department investigates risk of physical harm and risk of sexual abuse. Throughout the COVID-19 pandemic the Family Services Division in Vermont issued and updated guidance intended to supplement existing policies, which was sensitized to ensure compliance with statute and rule requirements. This guidance allowed for some flexibility within policies not mandated by statute or rule. Evolving strategies utilized throughout FFY2021 to balance public safety measures while promoting child safety included:

- Utilizing differential response and the assessment track at the screening level to increase flexibility for commencement
- Offering increased flexibility when screening educational neglect reports specific to virtual learning, school closures, close contacts, quarantine periods, and mental health impacts of the pandemic
- Allowing for supervisor or district director discretion on how to commence assessments (via phone, video, or in person)
- Utilizing the 72-hour waiver process when navigating known COVID-19 positive cases in households
- Partnering with law enforcement and EMS when they had the capacity to assist or were already in the home with the child(ren) and adequately assessing safety
- Reverting to pre-pandemic existing policies without additional flexibilities.

Investigations were conducted face-to-face for the entire FFY year. Assessments were sometimes conducted virtually from 11/13/20 through 6/15/21. The decision to conduct assessments virtually depended on the seriousness of the allegations and whether immediate safety could reasonably be assessed via virtual platform. For example, allegations related to the condition of the home were encouraged to be conducted with in-person home visits, whereas assessments related to educational neglect might be conducted virtually. There were no periods of lockdown in Vermont during FFY21. The average time from the start of the intervention to the disposition decision did not vary much as a result of the continued pandemic, however, the number of accepted reports pending a decision is greater when compared to the prior year. State's initial thought is that ongoing cycles of staff shortages due to illness or quarantine periods could be a contributing factor.

Vermont continues to work with our IT department to make the necessary coding adjustments that would allow us to report sex trafficking as its own maltreatment type. Sex trafficking data was captured within our database for the entire FFY, however, current reporting captures sex trafficking within the sexual abuse maltreatment type category. We will continue to work with our IT department to adjust our coding so that this data can be included as it should in the FFY22 submission.

Vermont faces a few challenges regarding collecting and reporting data to NCANDS for infants with prenatal substance exposure. For example, when child protection services (CPS) or Family Services (FSD) are not involved, 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. When CPS/FSD are involved due to safety issues, our current antiquated data system has many limitations and we currently are not able to capture all cases that would fall into this category, therefore we are under-reporting. Vermont did not change any polices or procedures regarding reporting or tracking of infants with prenatal substance exposure during the pandemic.

Fatalities

DCF FSD is part of Vermont's Child Fatality Review Team (CFRT), which is housed under the Dept. of Health. This team reviews all unnatural child fatalities and provides annual data to the legislature, striving to make recommendations related to themes which arise. Due to the impact of COVID-19 and the related responsibilities for the Dept. of Health, this team was only able to meet periodically in 2020. Most of the agendas were aimed at keeping members and their respective agencies informed of any ongoing activities or changes. CFRT began to meet more regularly again in 2021, with a return to case review in April 2021.

DCF FSD is a member of the National Partnership for Child Safety, which is now a 26-jurisdiction collaborative with support from Casey Family Programs. Vermont is in the process of developing the Safe System Learning Review; a child death review process which utilizes the Safe Systems Improvement Tool and seeks to create a psychologically safe process for staff as well as one that promotes system wide improvement over individually based fault finding. One child fatality was reviewed in a pilot phase of this review process in 2020, which utilized virtual meeting and debriefings with impacted staff as this occurred at a time when remote work was happening across the division.

Perpetrators

For sexual abuse, perpetrators include non-caregiver perpetrators of any age. 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.

Services

Following an investigation or assessment, a validated risk assessment tool is applied. If the family is classified as at high- or very-high-risk for future child maltreatment, the family is offered in-home services, and may be referred to other community services designed to address risk factors and build protective capacities.

The date of the initial state of emergency declaration in Vermont was March 13, 2020 (EXECUTIVE ORDER NO. 01-20). The state of emergency executive order was extended month-by-month until the governor allowed it to expire on June 15, 2021 (once 80% of eligible Vermonters received at least one dose of a COVID-19 vaccine) which is when all mitigation strategies became optional. The extent of the restrictions have varied over time based on the spread of COVID-19 within Vermont. Throughout the COVID-19 pandemic FSD issued and updated guidance intended to supplement existing policies, which was sensitized to ensure compliance with statute and rule requirements. This guidance allowed for some flexibility within policies not mandated by statute or rule.

FSD's disaster plan was updated significantly with the onset of the COVID-19 pandemic. We never enacted the Continuity of Operations Plan (COOP) so this plan was not specifically used; however, our plan was utilized in determining our essential services during the pandemic as well as significant planning for each district office should the COOP be enacted. The COOP prioritized mission-essential functions and the associated personnel resources and vital record resources required to carry out each specific function.

FSD partnered closely with the Vermont Department of Health (VDH) when issuing guidance to staff, families, community partners, caregivers, and all placement settings. As much as possible, our guidance referred staff and partners back to the VDH and the CDC as their instruction evolved over time. We created an internal document for our staff summarizing all COVID-19 mitigation strategies for conducting in-person work. Consultation with a designated staff person has always been available to our district office staff. Additionally, the recommended PPE for conducting our work has shifted over time.

Some flexibilities regarding face-to-face contact with families have existed during FFY21. Monthly home visits occurred through a blend of video conferencing and in-person visits, with a preference of in-person engagement and interaction. This has been applicable for children in foster care as well as those being served by the division through family support (in home) or conditional custody order (court involvement).

We created guidance for our staff regarding how to safely conduct home visiting during the pandemic. The home visiting guidance speaks to conducting child safety interventions (CSIs), face-to-face contact for open cases, home visits for the purposes of foster care licensing or district placement approvals, and any other situation that requires in-person or in-home visits. We attempted to frontload as much work as possible via virtual and electronic forums even when in-person contact is going to occur. This way visits could be relatively short and contained to the most pressing safety matters or identified needs. This guidance also included safety precautions and mitigation strategies which evolved along with CDC guidance over time.

Vermont *(continued)*

We created allowances in the method of contact to accommodate sick children, parents, household members, caregivers, or division staff. Strategies have included:

- Arranging for coverage if the scheduled home visit or meeting is impacted by staff illness;
- Rescheduling the home visit or meeting by a week or two to accommodate rest and recovery time; or
- Supplementing a missed face-to-face contact with other outreach or collateral contact.

Additionally, capacity issues within our community partner agencies has impacted in-home services. Ongoing cycles of staff shortages due to illness or quarantine periods along with high rates of staff resignations and turnover have destabilized many community partner agencies. Waitlists for mental health services are at all-time highs. The problem has become so acute that mental health organizations formally asked the governor to mobilize the Vermont National Guard to fill direct-support positions at the hardest hit mental health agencies.

It is worth mentioning that Vermont began to prepare for the implementation of the Family First Prevention Services Act (FFPSA) this year with the submission of its Title IV-E Prevention Plan to the Children's Bureau. Vermont expects its Prevention Plan to be approved within the coming weeks, which will allow for federal reimbursement of prevention services provided to children and families. The reimbursement only applies to evidence-based programs that are approved through the Federal IV-E Clearinghouse. Once this federal initiative has been fully implemented, the state feels that FFPSA will bring about several opportunities for Vermont FSD to improve its ability to deliver evidence-based services to children and families, as well as to better match them to the most beneficial services targeted to their needs. As Vermont is strategizing about the best ways to implement FFPSA, it has allowed FSD to explore how to structure evidence-based services throughout the state in a way that is more accessible to children and families, both from a geographical perspective and a flexibility perspective (such as offering in-person and virtual services). The accessibility and number of evidence-based services will expand as Vermont progresses through implementing its five-year Prevention Plan.

Virginia

Contact	Shannon Hartung	**Phone**	804–629–7125
Title	Protection Program Manager Division of Family Services	**Email**	shannon.hartung1@dss.virginia.gov
Address	Virginia Department of Social Services 801 East Main Street, 11th Floor Richmond, VA 23219		

General

There were not any substantial changes to the Code of Virginia in 2021.

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 collection of information necessary to determine:

1) The immediate safety needs of the child;
2) The protective and rehabilitative services needs of the child and family that will deter abuse or neglect;
3) Risk of future harm to the child; and
4) Alternative plans for the child's safety if protective and rehabilitative services are indicated and the family is unable or unwilling to participate in services. These 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

Reports

CPS referrals increased by 3 percent from FFY 2020 to FFY 2021. However, the rate of referrals being accepted decreased by 2 percent over this same period. Additionally, the rate of Family Assessments being completed over investigations increased by 2 percent.

Children

The Governor declared a state of emergency on March 12, 2020 and issued a Stay at Home order on March 30, 2020 in response to the COVID – 19 pandemic, VDSS and local departments moved quickly to ensure the continuation of protective services.

Virginia *(continued)*

During the initial COVID-19 crisis phase, VDSS felt it was critical to effectively prioritize and streamline efforts and energy in order to address emergency tasks. VDSS worked to alleviate the burden falling on LDSS that provide critical services in our communities. VDSS prioritized efforts to provide critical guidance, resources and support to the field through collaborative efforts and partnerships to address the unique risks and challenges of the pandemic. VDSS produced job aids for conducting home visits during a pandemic; procured and provided a HIPAA compliant virtual visit platform doxy.me – and created resources to guide the field on virtual visits. VDSS created resources on supporting children, families and workers in navigating crises and worked with partners to ensure prevention messaging was disseminated and made available to community members and professionals.

VDSS provided resources to the local departments including ongoing FAQ, tools and tip sheets, broadcast communications, self-care resources, and technological resources. The job aids were distributed to local departments, uploaded on COMPASS|Mobile, and posted on the FUSION intranet.

- "Home Visiting Screening Flow Chart", developed to provide screening questions for family services specialists (FSS) to ask about COVID-19 exposure and symptoms prior to and upon arrival of a home visit.
- "Tips for Home Visiting" guide, developed to provide health and safety tips for FSS when preparing for and arriving at home visits.
- "Virtual Worker Visits" guide, developed to provide guidance on how to virtually assess child and family well-being, the home environment, safety and protective factors, and develop a safety plan.
- "Virtual Family Time and Visitation for Visit Coordinators/Supervisors" guide, developed to provide tips on how to facilitate virtual visitation with parents, siblings, and extended family members.
- "Preparing for a Virtual Worker Visit—Tips for Families" guide, developed to assist FSS in preparing families for virtual worker visits.

VDSS compiled a resource list for parents and caregivers to collectively ensure well-being and safety for all children and families. While acknowledging this unprecedented time and acknowledging the impact of stress, anxiety, and isolation, the list provided vetted resources in the following areas: economic relief, financial and housing assistance, physical distancing practices, educational and learning from home support, and self-care.

VDSS also created a campaign to address the concerns of family violence during the period of social isolation. Public service announcements included a series of social media posts and the creation of flyers that were provided to community partners and LDSS to share across Virginia to assist families with needed resources. The social media post and flyers provided the hotline numbers for Child Protective Services, Adult Protective Services and Family Violence and Sexual Assault.

The Governor declared family services specialists as essential personnel on March 25, 2020, which helped to some extent with obtaining personal protective equipment (PPE). VDSS provided LDSS a tip sheet for personal protection during home visits with families. The document was uploaded to the COMPASS Mobile app for easy access by frontline staff. VDSS also published a Broadcast with suggestions for LDSS on how to acquire PPE. Family services

workers who responded to a survey sent in April 2020 indicated there was access to PPE in most offices. In some cases, the PPE was provided by the local department but in other cases the individual had to provide their own PPE. VDSS provided ongoing support to LDSS related to obtaining PPE, tracking the purchase of PPE, and guidance on obtaining reimbursement for PPE. On May 1, 2020, VDSS issued a Broadcast for LDSS' in the use of title IV-B funds and title IV-E administrative funds for PPE expenditures and the cost of cell phones. Most of the local departments had closed offices to the public and maintained contact virtually and by phone. Several of the smaller local departments had to close due to staff that tested positive for the virus. When the department closed, case work was covered by other local departments nearby.

After receiving guidance from the Administration for Children and Families, Virginia contracted with Doxy.me. VDSS invested $66,000 to provide this solution free to local departments and all family services specialists who have been issued an Apple iPad for purposes of accessing the COMPASS|Mobile application. Doxy.me is the only VDSS approved software for virtual face-to-face visits as it is HIPAA and HITECH compliant to enable the agency to comply with state and federal privacy and security laws and standards. Instructions were provided to family services specialists on how to set up an account and how to document visitation conducted using Doxy.me in the case management system. Approximately 66 percent of family services specialists who responded to a survey indicated less than 80 percent of their contacts with clients were virtually.

VDSS strengthened existing partnerships in targeted and intentional ways during this pandemic, including leveraging relationships and collaborative opportunities with multiple other state agencies, advocate partner organizations, LDSS stakeholders, and non-profit providers and partners. In this way, our resources, guidance and tools for the field were able to be directly responsive to the rapidly changing needs of our workforce and communities during the crisis.

Fatalities

Virginia did not make any policy related to child fatality reviews; however, regional meetings were suspended for several months at the onset of the lockdown and resumed virtually in September of 2020.

Virginia continues to prepare an annual report on child deaths investigated for abuse or neglect across the Commonwealth.

Perpetrators

Virginia reports noncaregiver perpetrators of sex trafficking to NCANDS.
Section 63.2-1509 of the Code of Virginia says:

> *A valid report or complaint regarding a child who has been identified as a victim of sex trafficking or severe forms of trafficking as defined in the federal Trafficking Victims Protection Act of 2000 (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*

Services

Between October 2020 and September 2021, LDSS experienced a decrease in CPS referrals due to the COVID-19 Pandemic. The COVID-19 Pandemic exacerbated mental health needs of parents/caregivers, economic stressors/poverty and substance abuse/misuse which were already challenges for many of Virginia's families.

These issues affected the voluntary participation of families in prevention programs. Additionally, the decrease in CPS referrals caused a decrease in Promoting Safe and Stable Families(PSSF) referrals for assistance. The Pandemic caused community programs such as parenting courses and home visiting programs to temporarily suspend services until safety measures could be put in place and services could resume.

During this time communities began to have access to grants outside of those offered through VDSS such as the Virginia Rent and Mortgage Relief Program (RMRP). LDSS were afforded grant opportunities outside of PSSF that allowed them to serve larger populations and needed to be exhausted in a short period of time such as CARES and United Way. From May 2021 to September 2022, agencies used the majority of PSSF funds to provide concrete services such as rental payments, utility payments, purchase of groceries, transportation and clothing. As these purchases directly benefit the children, for every family being reported, the number of children directly benefiting was also counted causing the number of children served to be higher than the number of families served. In FFY 202021, the Pandemic primarily affected the community based programs supported through PSSF funds. The majority of those programs work only with the parents and do not directly benefit the children in the home. As the children indirectly benefit in the services the parent received, the children were not being counted. As a result, for FFY 202020, the number of families served was higher than the number of children served.

Washington

Contact	Lisa Barber	**Phone**	360–407–1461
Title	Report Design/Development Office of Innovation, Alignment, and Accountability	**Email**	lisa.barber@dcyf.wa.gov
Address	WA State Department of Children, Youth, and Families 1500 Jefferson Street Olympia, WA 98504		

General

The state uses a structured decision making tool (SDM), which supports the development of a two pathway response for CPS response when there were allegations of child abuse and neglect (CA/N) and clear definitions for CPS risk-only intakes.

CPS risk-only intakes involve a child whose circumstances places the child at imminent risk of serious harm without any specific allegations of abuse or neglect. When CPS risk-only intakes are screened in, children must be seen by a CPS investigator within 24 hours and a complete investigation is required. If child abuse or neglect is found during the response to a CPS risk-only intake, a new CPS intake is created regarding the allegation, the case worker records the findings and the record is included in the NCANDS Child File. CPS risk-only intakes were not historically submitted to NCANDS because of no substantiation of maltreatment. However, because CPS Risk-Only intakes receive a full investigation it has been requested that they be included to provide an accurate reflection of the number of CPS cases being investigated and assessed. 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 has a two pathway response for CPS intakes: investigation which requires a 24- or 72-hour response time, and Family Assessment Response (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 began in January 2014 in three offices and has been phased-in across the state as of June 2017. Up until FFYs 2013–2014, alternative response (10 day response) was assigned to intakes containing low-risk allegations. Services were offered to families with children through community-based contracted providers.

Reports

To be screened-in for CPS intervention, intakes must meet sufficiency. Washington's sufficiency screening consists of three criteria:

- Allegations must meet the Washington Administrative Code (WAC) for child abuse and neglect.
- The alleged victim of child abuse and neglect must be younger than 18 years.
- The alleged subject of child abuse or neglect has a role of parent, acting in loco parentis, or unknown.

Intakes that do not meet all three of the above criteria do not screen in for a CPS response, unless there is imminent risk of harm (CPS risk-only) to the child. Intakes that allege a crime has been committed but do not meet Washington's screening criteria are referred to the law enforcement jurisdiction where the alleged crime occurred. CPS Risk Only intakes receive an Investigation with a 24 or 72-hour response, when protective factors are in place mitigating the imminent risk of harm to the child for the 72 hours following the intake (e.g. hospitalization).

Intakes screened to the FAR pathway do not receive a CPS finding. Additionally, FAR intakes are mapped as alternative response nonvictim in NCANDS and don't receive findings on allegations. 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. Intake policy requires that screened-in physical abuse intakes regarding children 0–3 are to be investigated, and children would be seen within 24 hours. In FFY 2017, there was 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 18–21year olds in facilities licensed or certified to care for children require a complete investigation. If, during the course of the investigation, it is determined that a child younger than 18 was also allegedly abused by the same perpetrator, the investigation would then meet the criteria for a CPS investigation rather than a CPS risk-only investigation. A victim and findings will be recorded, and the record will be included in the NCANDS Child File. For intakes containing child abuse and neglect allegations, response times of 24 hours or 72 hours are determined based on the sufficiency screen and the SDM intake screening tool.

Children

An alleged victim is reported as substantiated if any of the alleged child abuse or neglect was founded. The alleged victim is reported as unsubstantiated if all alleged child abuse or neglect identified was unfounded. The NCANDS category of "other" disposition previously included the number of children in inconclusive investigations. Legislative changes resulted in inconclusive no longer being a findings category. The NCANDS category of neglect includes medical neglect. During the pandemic, investigations continued to be done in person, not virtually. Additionally, the timeframes were not altered due to COVID. Unless a person was ill in the residence, workers continued to interact with the family in person.

Washington has been including data for sex trafficking since FFY 2019. Some of the barriers to collecting and reporting this data include workload, time to attend and apply mandatory training, recognition of indicators to trafficking, inconsistent interpretation of indicators, and bias around who is a trafficking victim.

Fatalities

The state includes child fatalities that were determined to be the result of abuse or neglect by a medical examiner or coroner or if there was a CPS finding of abuse or neglect. The state previously counted only those child fatalities where the medical examiner or coroner ruled the manner of death was a homicide. Washington only reports fatalities in the Agency File. Information about 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.

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, including several evidence-based practices such as Homebuilders, Incredible Years, Safe Care, Triple P, Parent-Child Interaction Therapy, and Promoting First Relationships. Families can also receive CPS childcare, family reconciliation services, family preservation, and intensive family preservation services. The number of recipients of the community-based family resource and support grant is obtained from community-based child abuse prevention (CBCAP). 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.

West Virginia

Contact	Stephanie Lindley	**Phone**	304–558–5864
Title	Program Manager	**Email**	stephanie.l.lindley@wv.gov
Address	Division Office of Management Information Systems West Virginia Department of Health and Human Resources One Davis Square, Suite 200 Charleston, WV 25301		

General

West Virginia implemented a screening process for face-to-face visits with families. However, all families who required active safety services received those in person.West Virginia currently has only one response, accepted for assessment.

Report

Initially, in March and April of 2020, referrals of abuse and neglect dropped by almost half. By FFY 2021, referrals had almost returned to previous numbers in both received and accepted for investigation. They have remained relatively the same since March of 2021.

There were no changes to the hours of operation or staffing levels of the Hotline. It continued to operate 24/7. Staffing level was impacted by resignations and vacancies. There were no changes to the policies or procedures related to screening due to the continuing pandemic.

Children

West Virginia had strict protocols in place to screen families prior to making face-to-face visits on investigations and provision of services in the beginning of the pandemic. The state relaxed its screening protocols for face-to-face visits with families in the spring of 2021.

The state conducted face-to-face investigations and assessments for the entire year. There were some aspects of investigation completed virtually such as Institutional Investigations, follow up visits when no safety was found, and signatures on safety plans. From 2019 to 2020 the state's time from the start of the investigation to finish decreased significantly. FFY 2021 data has not been added to COGNOS reports at this time.

Currently, substance exposed infant is not a term defined specifically within policy as a standalone term. In our current Families and Children Tracking System (FACTS) there is an option in maltreatment types under physical abuse, for child welfare workers to choose "drug-exposed infant". However, once a referral is accepted for assessment and a worker completes the assessment, there is an additional screen to be completed which is labeled "Drug-Affected Infant". This is where all data can be captured by the child welfare worker regarding the findings of the birth information, prenatal care, and any confirmatory drug testing of mother and baby.

Two issues arise for capturing accurate or complete data:
1. Differing terminology in policy and FACTS database.
2. The drug affected infant screen is not mandatory and is not consistently completed by staff.

Fatalities

The child fatality review board goes over every child and then decides if it need to be CPS referral. If all referrals are included in the Child File, then WV can report a 0 for fatalities in the

Agency File. The Child Death Review team was able to conduct operations during the continuing pandemic and there were no changes in policies.

Perpetrators

The state reports noncaregiver perpetrators of sex trafficking to NCANDS. Noncaregivers are indicated the same as caregivers in referrals to track findings of maltreatment.

Services

Some services were provided virtually during initial response to the pandemic but returned to normal procedures in FFY 2021. In the Spring and Summer of 2019, removals started decreasing. This was in part, due to a reduction of referrals because kids were doing remote learning. However, since 2019 removals in West Virginia continue to decline, partly due to the continued pandemic and partly due to the state's focus on keeping kids at home whenever possible. The state has increased the number of home and community based services during that time frame as well as initiating a constant message to workers, providers, the courts and the community that children are better served at home whenever it's possible and can be done safely.

Some prevention services were modified to accommodate service provision for transporting clients to services and for provision of disinfecting homes for visitation. Implementation of virtual face-to-face services have been helpful when needed due to positive cases. West Virginia outsources most prevention and traditional foster care.

Wisconsin

Contact	Brooks Gallman	**Phone**	608–422–6947
Title	Division of Safety and Permanence	**Email**	brooks.gallman@wisconsin.gov
Address	Wisconsin Department of Children and Families 201 West Washington Avenue Madison, WI 53703		

The state did not submit commentary for the *Child Maltreatment 2021* report.

Wyoming

Contact	Debra Hibbard	**Phone**	307–777–5479
Title	Program and Policy Manager Services Division	**Email**	debra.hibbard@wyo.gov
Address	Wyoming Department of Family Services 2300 Capitol Avenue Cheyenne, WY 82002		

General

The Department of Family Services (DFS) organizational structure includes four divisions under the director's office: Economic Security Division, Social Services Division, Support Services Division, and Financial Services Division. Under the Social Services Division, social services is established to administer and supervise all child welfare, juvenile probation, and adult protection services, with the functions of policy development, training, strategic planning, and continuing quality improvement centralized at the state level. Policy and practice standards are uniform across the state, and the state utilizes a centralized State Automated Child Welfare Information System (SACWIS) known as Wyoming Children's Assistance and Protection System (WYCAPS) for the purposes of case management and documentation.

The state is comprised of 23 counties and the Wind River Reservation. DFS provides technical assistance and funding of the two Tribal programs which administer their own programs. At least one DFS county field office is located in each county. DFS divides Wyoming into nine social service districts to coincide with the nine judicial districts. The Services Division Administrator oversees eight District Managers. These District Managers are in turn responsible for the direct supervision of staff with their district.

Although the Social Services Division programs are state administered, the services and case management functions are managed and provided at the county field office level. Services for children and families are provided directly through DFS or can be purchased on behalf of eligible clients under the supervision of the sate office. These services are administered through county field offices or through the Wyoming Boys School and Wyoming Girls School. DFS does not contract for any primary casework functions and is responsible for conducting and managing intakes, assessments, investigations and ongoing family based and foster care services.

Wyoming's level of evidence, or burden of proof, is a preponderance of evidence. Wyoming's only level of evidence is indicated in the Investigation Track which is assigned when a referral meets the definition of abuse and/or neglect and meets the following criteria: Criminal charges could be filed, child appear to be in imminent danger (includes threatened harm and means a statement, overt act, condition or status which represents an immediate and substantial risk of sexual abuse or physical or mental injury even when there are no signs of injury), the child will likely need to be removed from his/her home, a child/youth fatality, major injury and/or sexual abuse.

Abuse is defined as inflicting or causing physical or mental injury, harm or imminent danger to the physical or mental health or welfare of a child other than by accidental means, including abandonment, excessive or unreasonable corporal punishment, malnutrition or substantial risk thereof by reason of

intentional or unintentional neglect, and the commission of allowing the commission of a sexual offense against a child.

Neglect is defined as a failure or refusal by those responsible for the child's welfare to provide adequate care, maintenance, supervision, education or medical, surgical or any other care necessary for the child's well being. Treatment given in good faith by spiritual means alone, through prayer, by a duly accredited practitioner in accordance with the tenets and practices of a recognized church or religious denomination is not child neglect for that reason alone.

Wyoming has three (3) types of responses to child protection referrals. There is an Investigation Track, Assessment Track, and a Prevention Track. The Investigation Track is assigned as described in the Level of Evidence section. Victims that have been substantiated on unsubstantiated are identified and reported to NCANDS through the Investigation Track. The Assessment Track gets assigned if the referral alleges abuse and /or neglect but does not meet the criteria for the Investigation Track. The Prevention Track is assigned when there is no allegation of abuse and/or neglect, but there are identified risk factors that indicate the need for services to prevent abuse and/or neglect. Non-victims are identified and reported to NCANDS through the assessment and Prevention Tracks. No changes were made to policy or programs during the COVID pandemic. Procedures for field staff were adjusted to allow for discretion when conducting visits with children, foster families and biological families through mechanisms other than in person visits. These decisions are being made on a case by case basis, and in consultation with supervisors and managers based on assessed safety risk and need.

Reports

Wyoming saw a decrease in the number of referrals for abuse/neglect due to children being confined in their homes due to COVID restrictions and the children not being seen for observation. Contact made with a child due to a referral was made with social distancing in place. Workers did not enter a home but rather met with families outside of their homes while taking every precaution necessary to limit the possibility of exposure to the family members involved.

Children

Wyoming did not change policy related to investigations and assessments. However, the procedure in the investigation and assessment process was modified so that face-to-face contact made with families was conducted with social distancing. Workers were provided with the necessary PPE to safely conduct these visits. Workers did not enter a home but rather met with families outside of their homes to conduct the investigations and assessments while taking every precaution necessary to limit the possibility of exposure to the family members involved. Wyoming is unable to determine time spent on an investigation to the final determination or to determine prenatal substance exposure as the SACWIS does not collect specific information regarding incidents.

Fatalities

Wyoming did not change any policies related to child fatality reviews. The Child Death Review team met virtually to conduct their investigations during the COVID pandemic.

Wyoming *(continued)*

Perpetrators

Wyoming utilizes a SACWIS that is incident based and does not have the ability to categorize incidents to see trends.

Services

Wyoming had a reduction in Services Responses due to the reduction in referrals during the COVID pandemic. Contact made with families took place with social distancing guidelines in place. Workers were provided with the necessary PPE to safely conduct investigations and assessments. Workers do not enter a home but rather meet with all members of families outside of their homes to conduct the investigations and assessments. Services provided to families have been impacted due to COVID as many of the facilities were closed to in-person visits and did not implement virtual appointments until latter in the year. Virtual services were also impacted due to the lack of technology with some families.