

Child Maltreatment 2023



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



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Questions and More Information

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

Data Sets

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

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Child Maltreatment

2023





Letter from the Commissioner:

Child Maltreatment 2023 is the latest edition of the annual Child Maltreatment report series. States provide the data for this report via the National Child Abuse and Neglect Data System (NCANDS). NCANDS was established as a voluntary, national data collection and analysis program to make available state child abuse and neglect information. Data has been collected every year since 1991 and is collected from child welfare agencies in the 50 states, the Commonwealth of Puerto Rico, and the District of Columbia (known as “52 states” in this report). Key findings include:

- During Federal fiscal year (FFY) 2023, 52 states reported 3,081,715 children received either an investigation or alternative response at a rate of 42.0 children per 1,000 in the population
- For FFY 2023, 52 states reported 546,159 victims of child abuse and neglect. This equates to a national rate of 7.4 victims per 1,000 children in the population.
- For FFY 2023, a nationally estimated 2,000 children died from abuse and neglect at a rate of 2.73 per 100,000 children in the population.¹
- For FFY 2023, 52 states reported a unique count of 422,117 perpetrators. This is a 19.8 percent decrease from FFY 2019 when 52 states reported 526,272 unique perpetrators.
- Based on data from 45 states, the FFY 2023 estimated total child recipients of prevention services is 1,762,516.

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

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

Sincerely,

/s/

Rebecca Jones Gaston, MSW

Commissioner, Administration on Children Youth and Families (ACYF)

¹ The national estimate of child fatalities is calculated by multiplying the national fatality rate by the child population of all 52 states and dividing by 100,000. The estimate is rounded to the nearest 10. For 2023, 51 states reported fatality data.

Acknowledgements

The Children’s Bureau in the Administration on Children, Youth and Families (ACYF), the Administration for Children and Families (ACF), within the U.S. Department of Health and Human Services (HHS), strives to ensure the wellbeing of our Nation’s children through many programs and activities. One such activity is the National Child Abuse and Neglect Data System (NCANDS) of the Children’s Bureau. National and state statistics about child maltreatment are derived from the data collected by child protective services agencies and reported to NCANDS. The data is analyzed, disseminated, and released in an annual report. *Child Maltreatment 2023* marks the 34th edition of this report. The administration hopes that the report continues to serve as a valuable resource for policymakers, child welfare practitioners, researchers, and other concerned citizens.

The 2023 national statistics are based upon receiving case-level and aggregate data from 50 states, the Commonwealth of Puerto Rico, and the District of Columbia. CB/ACYF/ACF/HHS wishes to thank the many people who made this publication possible. The Children’s Bureau has been fortunate to collaborate with informed and committed state personnel who work hard to provide comprehensive data, which reflects the work of their agencies.

CB/ACYF/ACF/HHS gratefully acknowledges the priorities that were set by state and local agencies to submit data to the Children’s Bureau, and thanks the caseworkers and supervisors who contribute to and use their state’s information system. The time and effort dedicated by these and other individuals are the foundation of this successful federal-state partnership.

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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 is collected and analyzed by the Children’s Bureau in the Administration on Children, Youth and Families (ACYF), the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS). The data is submitted voluntarily by the 50 states, the District of Columbia, and the Commonwealth of Puerto Rico. The first report from NCANDS was based on data for 1990. This report for federal fiscal year (FFY) 2023 is the 34th issuance of this annual publication.

How are the data used?

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

What data is collected?

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

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

Where are the data available?

The Child Maltreatment reports from this edition back to 1995 are available on the Children’s Bureau website at <https://www.acf.hhs.gov/cb/data-research/child-maltreatment>. If you have questions or require additional information about this report, please contact the Child Welfare Information Gateway at info@childwelfare.gov or 1–800–394–3366. Restricted use files of NCANDS submissions are archived at the National Data Archive on Child Abuse and Neglect (NDACAN) at Cornell University <https://www.ndacan.acf.hhs.gov>. Researchers who are interested in using these files for statistical analyses may contact NDACAN by phone at 607–255–7799 or by email at ndacan@cornell.edu. See chapter 1 for more information about NCANDS and the data collection.

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

For 2023, CPS agencies received a national estimate of 4,399,000 total referrals. The total referrals alleging maltreatment includes approximately 7,782,000 children. The national rate of screened-in referrals (reports) is 28.7 per 1,000 children in the national population. Among the 46 states that report both screened-in and screened-out referrals, 47.5 percent of referrals are screened-in and 52.5 percent are screened-out.

Who reported child maltreatment?

For 2023, professionals submitted 70.9 percent of reports alleging child abuse and neglect. The term professional means that the person has contact with the alleged child maltreatment victim as part of his or her job. This term includes teachers, police officers, lawyers, and social services staff. The highest percentages of reports are from legal and law enforcement personnel (21.4%), education personnel (21.1%), and medical personnel (11.2%).

Nonprofessionals, including friends, neighbors, and relatives, submitted fewer than one-fifth of reports (14.8%). Unclassified sources submitted the remaining reports (14.4%). Unclassified includes anonymous, “other,” and unknown report sources. States use the code “other” for any report source that does not have an NCANDS designated code. See Appendix D, State Commentary, for additional information provided by the states as to what is included in “other.” See chapter 2 for more information about referrals and reports.

Who were the child victims?

For FFY 2023, there are 546,159 victims of child abuse and neglect nationally. The victim rate is 7.4 victims per 1,000 children in the population. (See chapter 3.) Victim demographics include:

- Children younger than 1 year old have the highest rate of victimization at 21.0 per 1,000 children of the same age in the national population.
- The victimization rate for girls is 7.9 per 1,000 girls in the population, which is higher than boys at 6.9 per 1,000 boys in the population.
- American Indian or Alaska Native children have the highest rate of victimization at 13.8 per 1,000 children in the population of the same race or ethnicity; and Black or African-American children have the second highest rate at 11.9 per 1,000 children 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.

In the analysis included in chapter 3, FFY 2023 victims are counted for each investigation that resulted in a substantiation and displays the victims with a single type of maltreatment at the state level. If a victim has two or more substantiated maltreatment types in the same report, the victim is counted in the multiple maltreatment type category. For FFY 2023, 64.1 percent of duplicate victims experience neglect only, and 10.6 percent experience physical abuse only. Fewer than 10 percent of duplicate victims experienced sexual abuse only (7.5%) or psychological abuse only (3.5%) substantiated maltreatment types.

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 2023 data shows 44,453 infants in 49 states being referred to CPS agencies as infants with prenatal substance exposure. The majority (72.5%) of IPSE were screened-in to CPS to receive either an investigation or alternative response. For FFY 2023, 35 states reported 22,319 screened-in IPSE (72.1%) have a plan of safe care and 32 states reported 20,468 screened-in IPSE (68.4%) have a referral to appropriate services.

What risk factors do caregivers have?

Risk factors are characteristics of a child or caregiver that may increase the likelihood of child maltreatment. Caregivers with these risk factors who are included in each analysis may or may not be the perpetrators responsible for the maltreatment. Refer to chapter 3 or Appendix B, Glossary for definitions of caregiver risk factors included in this report.

In 40 reporting states, 106,594 victims (24.9%) have the drug abuse caregiver risk factor and in 38 reporting states, 108,112 victims (25.1%) have the domestic violence caregiver risk factor. See chapter 3 for more information about maltreatment victims.

How many children died from abuse or neglect?

Child fatalities are the most tragic consequence of maltreatment. For FFY 2023, a national estimate of 2,000 children died from abuse and neglect at a rate of 2.73 per 100,000 children in the population. See chapter 4 for more information about child fatalities. The child fatality demographics show:

- The youngest children are the most vulnerable to maltreatment, with children younger than 1 representing 44.0 percent of child fatalities; a fatality rate of 24.11 per 100,000 children in that age range.
- Boys have a higher child fatality rate at 3.15 per 100,000 boys in the population when compared with girls at 2.30 per 100,000 girls in the population.
- The rate of Black or African-American child fatalities (6.04 per 100,000 Black or African-American children) is 3.1 times greater than the rate of White children (1.94 per 100,000 White children) and 3.4 times greater than the rate of Hispanic children (1.76 per 100,000 Hispanic children).

Who abused and neglected children?

A perpetrator is the person who is responsible for the abuse or neglect of a child. Fifty-two states reported 422,117 perpetrators. See chapter 5 for more information about perpetrators of maltreatment. The analyses of case-level data show:

- The majority (69.2%) of perpetrators are between the ages of 25 and 44 years old.
- More than one-half (51.6%) of perpetrators are female, 47.3 percent of perpetrators are male, and 1.1 percent have an unknown sex.

- The three largest percentages of perpetrators are White (46.6%), Black or African-American (21.5%), and Hispanic (20.5%).
- The majority (76.0%) of perpetrators are parent(s) to their victim.

Who received services?

CPS agencies provide services to children and their families, both in their homes and in foster care. Reasons for providing services may include (1) preventing future instances of child maltreatment and (2) remedying conditions that brought the children and their family to the attention of the agency. See chapter 6 for more information about children and their families who received services. During 2023:

- Forty-five states reported an estimated (1,762,516) children received prevention services.
- Fifty-one states reported 887,274 children (both victims and nonvictims) received postresponse services from a CPS agency.
- More than one-half (56.0%) of victims and one-fifth (19.9%) of nonvictims received postresponse services.

National Summary

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

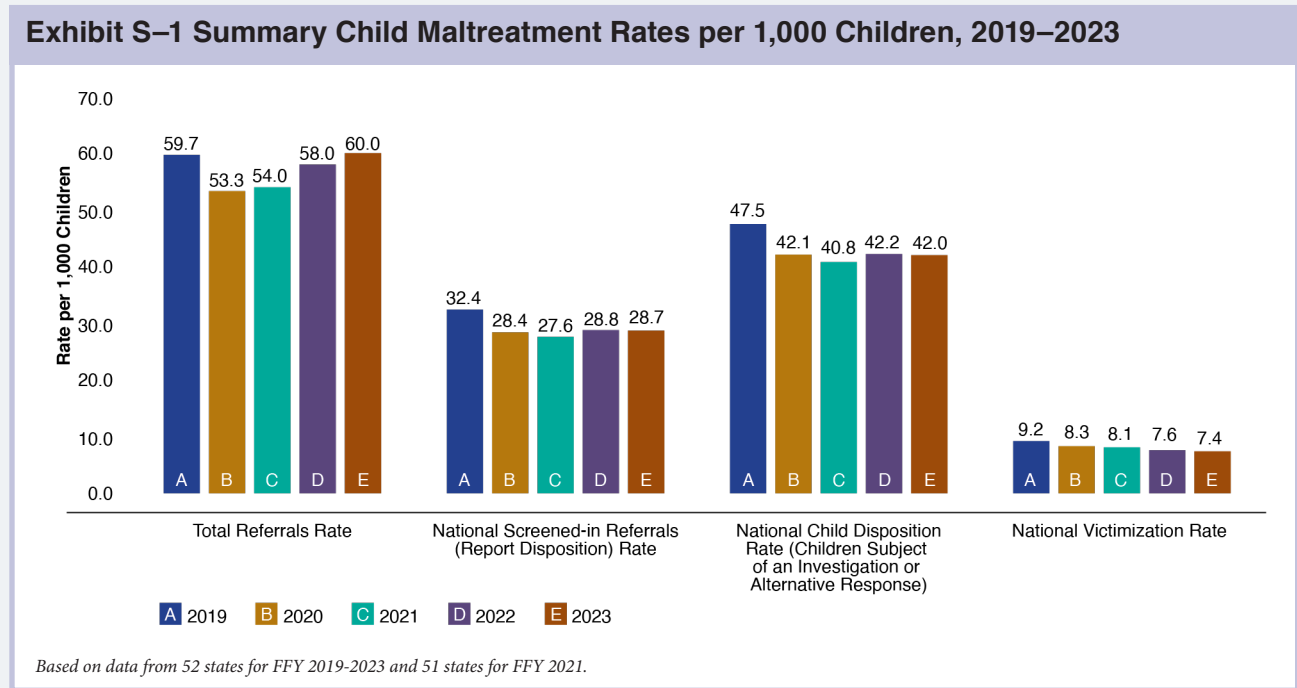
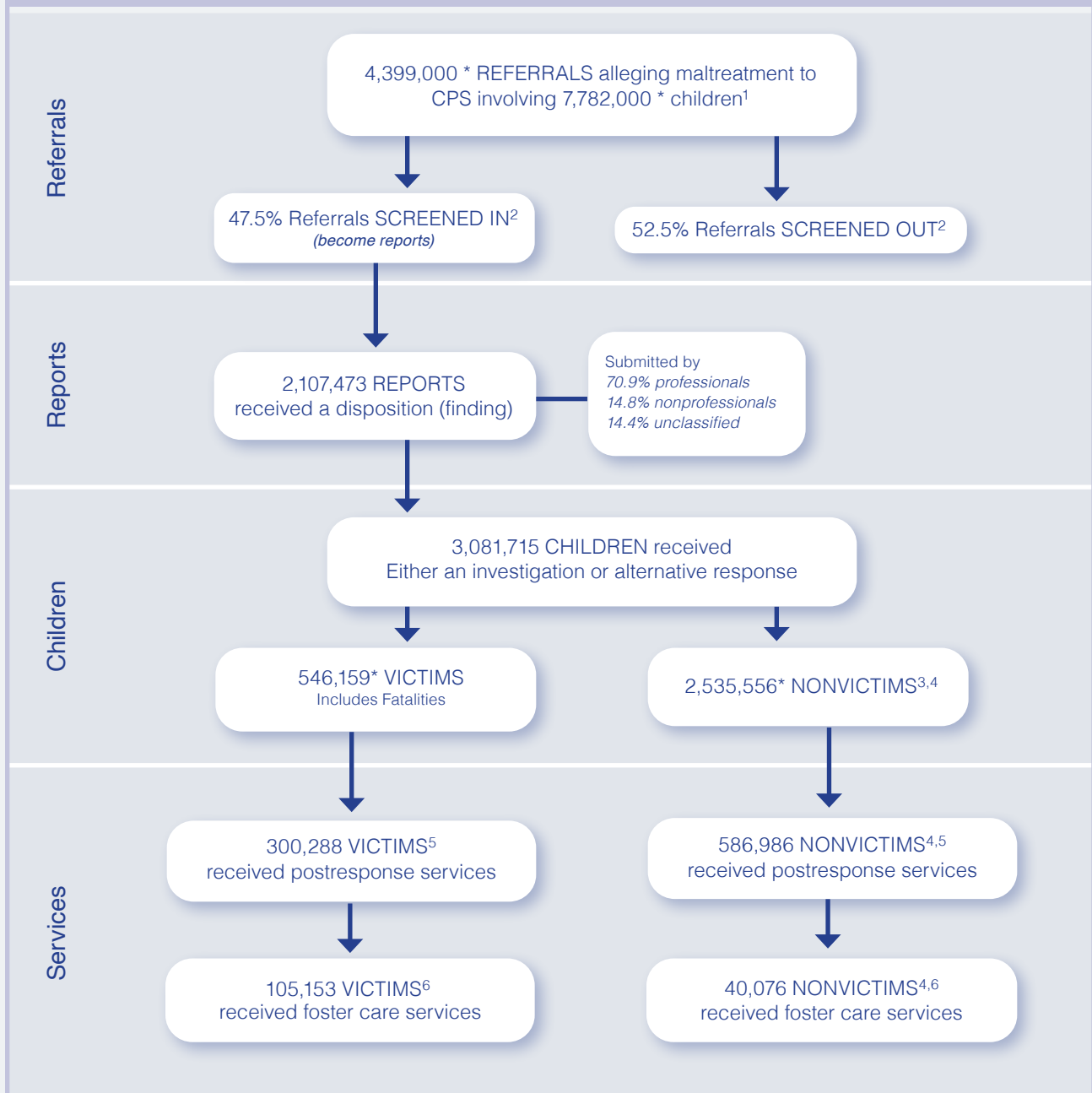


Exhibit S-2 Statistics at a Glance, 2023



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

¹ The average number of children included in a referral is (1.8 rounded).

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

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

⁴ Includes children who received an alternative response.

⁵ Based on data from 51 states. These are duplicate counts.

⁶ Based on data from 50 states. These are duplicate counts. Only the children who are removed from their home on or after the report date and up to 90 days after the disposition date are counted.



Introduction

CHAPTER 1

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

- Providing guidance on federal law, policy, and program regulations.
- Funding essential services, helping states and tribes operate every aspect of their 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 2023 presents national data about child abuse and neglect known to child protective services (CPS) agencies in the United States during federal fiscal year (FFY) 2023. The data is collected and analyzed through the National Child Abuse and Neglect Data System (NCANDS), which is an initiative of the Children’s Bureau.

Approximately 50 data tables and exhibits are included in the Child Maltreatment report each year. Certain analyses are determined by federal legislation, while others are in response to the needs of federal agencies, policy decision makers, child welfare agency staff, and researchers.

Background of NCANDS

The Child Abuse Prevention and Treatment Act (CAPTA) was amended in 1988 (P.L. 100–294) to direct the Secretary of HHS to establish a national data collection and analysis 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 34th edition. During 1996, CAPTA was amended to require all states that receive funds from the Basic State Grant program to work with the Secretary of HHS to provide specific data, to the maximum extent practicable, about children who had been maltreated. Subsequent CAPTA amendments added

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

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

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

Annual Data Collection Process

The NCANDS reporting year is based on the FFY calendar, which for *Child Maltreatment 2023* is October 1, 2022, through September 30, 2023. States submit case-level data by 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 the case-level data is called the Child File.

The Child File is supplemented by agency-level aggregate statistics in a separate data submission called the Agency File. The Agency File contains data that is not reportable at the child-specific level and is often gathered from agencies external to CPS (e.g., vital statistics departments, child death review teams, law enforcement agencies, etc.). States are asked to submit both the Child File and the Agency File each year. For more 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 2023, 52 states submitted both a Child File and an Agency File. A state may resubmit prior years’ data for multiple reasons including:

- To fix incorrect data.
- To report data that was not previously available due to system, personnel, policy, or legislative reasons.

- To reflect changes in policy, practice, and legislation (for example, implementing or phasing out an alternative response program, changing dispositions, etc.).
- Pending court cases were resolved or new cases overturned previous determinations.

The most recent data submissions or resubmissions from states are included in trend tables and this may account for some differences in the counts from previous reports. As all 52 states submitted data to NCANDS for FFYs 2019–2023, *Child Maltreatment 2023* can display most 5-year trend analyses at the state level instead of national exhibits with estimates for missing data. These tables are discussed in each chapter.

2020 Census

With each Child Maltreatment report, the most recent population data from the U.S. Census Bureau are used. *Child Maltreatment 2023* uses population estimates from the 2020 Census. The population estimates for 2020–2023 are the most recently updated estimates based on the 2020 census.² Information about the population estimates may be found at <https://www.census.gov/>. According to the U.S. Census Bureau, the 2023 child population is more than 73 million children. See [table C–2](#).

NCANDS as a Resource

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

- **Child Welfare Outcomes: Report to Congress:** This annual report presents 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 4, NCANDS data is the basis for two of the CFSR national data indicators, Recurrence of Maltreatment and Maltreatment in Foster Care. NCANDS data is also used for data quality checks and context data.

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

- Decrease the rate of first-time victims per 1,000 children in the population.
- Decrease the percentage of children with substantiated or indicated reports of

² U.S. Census Bureau, Population division. (2023). *Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2023; (SC-EST2023-ALLDATA6) [data file]*. Retrieved June 2024 from <https://www.census.gov/data/tables/time-series/demo/popest/2020s-state-detail.html> and *Annual Estimates of the Resident Population by Single Year of Age and Sex for the Puerto Rico Commonwealth: April 1, 2020 to July 1, 2023 (PRC-EST2023-SYASEX) [data file]*. Retrieved June 2024 from <https://www.census.gov/newsroom/press-kits/2024/population-estimates-characteristics.html>

maltreatment who have a repeated substantiated or indicated report of maltreatment within six months.

- Improve states' average response time between maltreatment report and investigation, based on the median of states' reported average response time in hours from screened-in reports to the initiation of the investigation.

The National Data Archive on Child Abuse and Neglect (NDACAN) was established by the Children's Bureau to encourage scholars to use existing child maltreatment data in their research. NDACAN acquires data sets from national data collection efforts and from individual researchers, prepares the data and documentation for secondary analysis, and disseminates the data sets to qualified researchers who apply to use the data. NDACAN houses the NCANDS's Child Files and Agency Files and licenses researchers to use the data sets. NDACAN has its own strict confidentiality protection procedures. Please note that NDACAN is not the author of the Child Maltreatment report series. More information is available at <https://www.ndacan.acf.hhs.gov/index.cfm>.

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

Structure of the Report

Many tables include 5 years of data to facilitate trend analyses. To accommodate the space needed to display the child maltreatment data, population data (when applicable) may not appear on the table and is 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 2023* report contains the additional chapters listed below.³ Most data tables and notes discussing methodology are at the end of each chapter:

- **Chapter 2, Reports**—referrals and reports of child maltreatment.
- **Chapter 3, Children**—characteristics of victims and nonvictims.
- **Chapter 4, Fatalities**—fatalities that occurred as a result of maltreatment.
- **Chapter 5, Perpetrators**—characteristics of perpetrators of maltreatment.
- **Chapter 6, Services**—services to prevent maltreatment and to assist children and families.

The report includes the following resources:

- **Appendix A, CAPTA Data Items**—the list of data items from CAPTA, most of which states submit to NCANDS.
- **Appendix B, Glossary**—common terms and acronyms used in NCANDS and their definitions.

³ A *Special Focus* chapter is not included in the *Child Maltreatment 2023* report.

- **Appendix C, State Characteristics**—child and adult population data and information about states administrative structures, levels of evidence, and data files submitted to NCANDS.
- **Appendix D, State Commentary**—information about state policies, procedures, and legislation that may affect data.

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



Reports

CHAPTER 2

This chapter presents statistics about referrals alleging child abuse and neglect and how child protective services (CPS) agencies respond to those allegations. Most agencies use a two-step process to respond to allegations of child maltreatment: (1) screening and (2) investigation and alternative response. A CPS agency receives an initial notification, called a referral, alleging child maltreatment. A referral may involve more than one child. Agency hotline or intake units conduct the screening response to determine whether a referral is appropriate for further action.

Screening

A referral may be either screened-in or screened-out. Referrals that meet CPS agency criteria are screened-in (and called reports) to receive an investigation response or alternative response from the agency. Referrals that do not meet agency criteria are screened-out or diverted from CPS to other community agencies. Reasons for screening-out a referral vary by state policy, but may include one or more of the following:

- Does not concern child abuse and neglect.
- Does not contain enough information for a CPS agency response to occur.
- Response by another agency is deemed more appropriate.
- Children in the referral are the responsibility of another agency or jurisdiction (e.g., military installation or tribe).
- Children in the referral are older than 18 years.⁴

Screened-in referrals are called reports and may include more than one child. Every state completes investigation responses for some reports. An investigation response includes assessing the maltreatment allegation according to state law and policy. The main purpose of the investigation is: (1) to determine whether the child was maltreated or is at risk of maltreatment and (2) to determine if services are needed and which services to provide.

In some states, certain reports (screened-in referrals) may receive an alternative response. This response is usually for instances where the child is at a low or moderate risk of maltreatment. While states vary in how they design and apply their alternative response programs, the point is to focus on the family's service needs to address issues which may cause future maltreatment. Twenty-two states report data on children in alternative response programs. In the National Child Abuse and Neglect Data System (NCANDS), both investigations and alternative responses result in a CPS finding called a disposition. See chapter 3 for more information about alternative response programs.

⁴ *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.*

As part of the annual data submission process, states can provide context and explain any changes from prior years. This context is provided in Appendix D, State Commentary. An explanation about a change in state data may be provided in an earlier edition of the Child Maltreatment report. When states make major system changes, whether to implement a new Comprehensive Child Welfare Information System (CCWIS) or to implement new screening tools, the state may not have the ability to report some or all fields for a year. States are encouraged to submit or resubmit data to correct errors or report data that was not able to be reported previously. Due to states' improved data quality and reporting, this chapter displays the 5-year trend analyses at the state level for referrals and reports.

The number and rate per 1,000 children of screened-in referrals (reports) have fluctuated during the past 5 years, even though data was submitted by all 52 states for each of the 5 years of this analysis. (See [table 2-1](#) and related notes.) States screened-in the largest number of referrals at 2,383,411 in FFY 2019 and the lowest at 2,045,884 during FFY 2021. The COVID-19 Pandemic was the number one reason cited by states for the decrease in screened-in referrals during FFY 2021 (see prior editions of Child Maltreatment). For FFY 2023, states screened in 2,107,473 referrals which is an 11.6 percent decrease from FFY 2019. Comparing states' FFY 2019 to FFY 2023 number of screened-in referrals reveals a decrease in 42 states. Some states with the largest decreases attributed them to more consistent screening processes. Several states implemented a Structured Decision Making (SDM) model during the past few years.

The number of states reporting screened-out referrals has fluctuated during the past 5 years. (See [table 2-2](#) and related notes.) The differences in the number of states reporting also partly explains the fluctuation in the number of screened-out referrals for the past 5 years. States screened-out the lowest number of referrals at 1,564,101 during FFY 2020 and the highest at 1,921,472 during FFY 2023. The states with the largest numbers of screened-out referrals attribute it to the increase in total referrals and to better consistency with screening.

After accounting for missing screened-out referral data by estimating screened-out referrals, the national estimate of screened-out referrals for FFY 2023 is 2,292,000. This is a 13.9 percent increase from the FFY 2019 national estimate of 2,012,000.

Overall for FFY 2023, CPS agencies received 4,028,945 total referrals (the sum of screened-in and screened-out referrals). See [table 2-3](#) and related notes. The national estimate of total referrals for FFY 2023 is 4,399,000, a 0.1 percent increase from the FFY 2019 estimated referrals of 4,395,000. The 2023 estimated total referrals at a rate of 60.0 per 1,000 children alleging maltreatment includes approximately 7,782,000 children.^{5,6} While many states have seen the number of referrals increase since the end of COVID lockdowns, some have not seen a return to prepandemic levels.

As shown in exhibit [2-A](#), the estimated number of total referrals received by CPS agencies have been increasing since the lowest point in 2020. The gap between the screened-in and screened-out referrals narrowed over the years until 2022, when more referrals were screened-out. According to states' comments in Appendix D, State Commentary, several

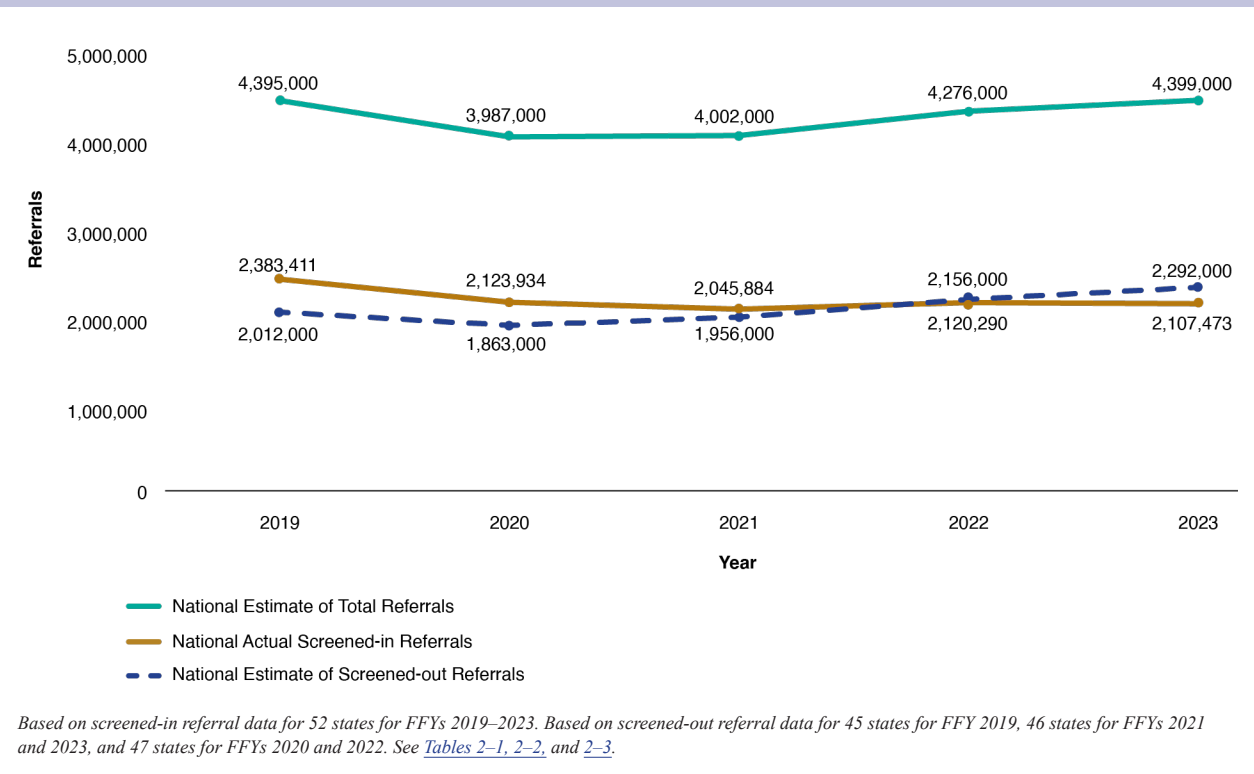
⁵ Dividing the number of children with dispositions (3,728,421 from [table 3-2](#)) by the number of screened-in referrals (2,107,473, from [table 2-3](#)) results in the average number of children included in a screened-in referral (1.8 displayed as rounded).

⁶ The average number of children included in a screened-in referral (1.8) multiplied by the national estimate of total referrals (4,399,000 from [table 2-3](#)) results in an estimated 7,782,000 (rounded) children included in total referrals.

states changed to centralized intakes or implemented structured intakes that led to a decrease in the percentage of referrals screened-in for a CPS response when compared to FFY 2019. Additionally, one state began reporting screened-out referrals during the 5 years.

Exhibit 2—A Number of Referrals, 2019–2023

Prior to 2022, more referrals were screened in and beginning 2022, more referrals were screened out



Report Sources

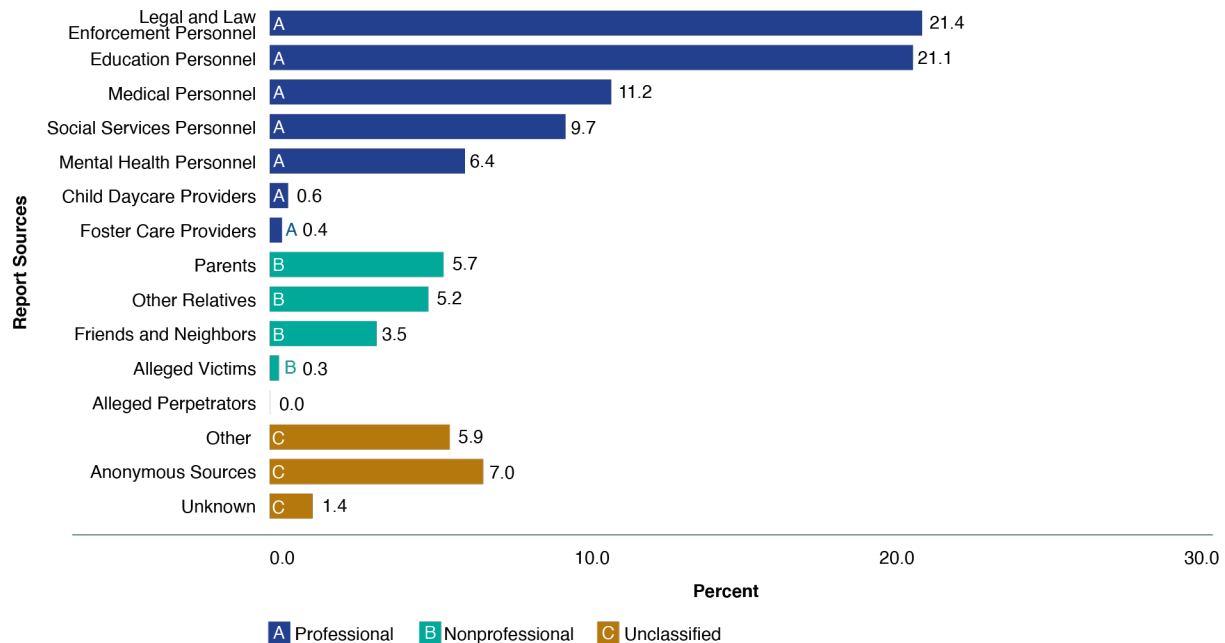
The report source is the role of the person who notified a CPS agency of the alleged child abuse or neglect in a referral. Only those sources in reports (screened-in referrals) that receive an investigation response or alternative response are submitted to NCANDS. To aid with comparisons, report sources 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 2023 data shows professionals submit 70.9 percent (rounded) of reports. The highest percentages of reports are from legal and law enforcement personnel (21.4%), education personnel (21.1%), and medical personnel (11.2%). Nonprofessionals submit 14.8 percent (rounded) of reports with the largest category of nonprofessional reporters being parents (5.7%), other relatives (5.2%), and friends and neighbors (3.5%). Unclassified sources submit the remaining 14.4 percent.⁷ See [exhibit 2–B](#) and related notes.

Exhibit 2–B Report Sources, 2023

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



Data is from the Child File. Based on data from 51 states. States are excluded from this analysis if more than 20.0 percent are reported as Other. Supporting data not shown. Percentages may not total to exactly 100.0 due to rounding.

CPS Response Time

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

Based on data from 44 states, the FFY 2023 mean response time of state averages is 102 hours or 4.3 days; the median response time of state averages is 69 hours or 2.9 days. See [table 2–4](#) and related notes. Thirteen states reported a decrease and 28 states reported an increase in average response times when compared with FFY 2022. States that provided comments about the increase in response times cited improved reporting, a push to reduce backlog, and several mentioned staff shortages and high turnover. Some states’ explanations for long response times are related to the geography of the state, meaning the distance from

⁷ May not total to exactly 100.0 percent due to rounding.

the agency to the alleged victim, difficulties related to the terrain, and weather-related delays during certain times of the year (for example, winter or hurricane season).

CPS Workforce and Caseload

Given the large number and the complexity of CPS responses that are conducted each year, there is ongoing interest in the size of the workforce that performs CPS functions. In most agencies, different groups of workers conduct screening, investigations, and alternative responses. However, in some agencies, one worker may perform all or any combination of those functions and may provide additional services. Due to limitations in states' information systems and the fact that workers may conduct more than one function in a CPS agency, the data in the workforce and caseload tables vary among the states. The Children's Bureau asks states to submit data for workers as full-time equivalents when possible.

For FFY 2023, 46 states reported a total workforce of 32,685 and 43 states reported 5,936 specialized intake and screening workers. This is an increase from FFY 2022 when 45 states reported a total workforce of 30,750 and 41 states reported 5,036 specialized intake and screening workers. The state with the largest increase attributed the change to better role identification and hiring new staff.⁸ The number of investigation and alternative response workers—21,739—is computed by subtracting the reported number of intake and screening workers from the total workforce number in the 43 reporting states. See [table 2–5](#) and related notes.

Using the data from the same 43 states that report on workers with specialized functions, investigation and alternative response workers completed 66 CPS responses per worker for FFY 2023. See [table 2–6](#) and related notes. This is a decrease from the 69 responses per worker for FFY 2022.

Exhibit and Table Notes

The following pages contain the data tables referenced in chapter 2. Specific information about state submissions can be found in Appendix D, State Commentary. Additional 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.

⁸ *Maryland*

Table 2–1 Screened-in Referrals, 2019–2023

- Screened-in referral data is from the Child File.
- The screened-in referral rate is calculated for each year by dividing the number of screened-in referrals from reporting states by the child population in reporting states, multiplying the result by 1,000, and displayed as rounded to the tenth.

Table 2–2 Screened-out Referrals, 2019–2023

- Screened-out referral data is from the Agency File.
- The screened-out referral rate is calculated for each year by dividing the number of screened-out referrals from reporting states by the child population in reporting states, multiplying the result by 1,000, and displayed as rounded to the tenth.
- The national estimate of screened-out referrals is based upon the rate (displayed as rounded) of referrals multiplied by the national population of all 52 states. The result is divided by 1,000 and rounded to the nearest 1,000.

Table 2–3 Total Referrals, 2019–2023

- Screened-in referral data is from the Child File and screened-out referral data is from the Agency File
- The national estimate of total referrals is the sum of the actual reported number of screened-in referrals (from [table 2–1](#)) and the number of estimated screened-out referrals (from [table 2–2](#)). The sum is rounded to the nearest 1,000. The national total referral rate is calculated for each year by dividing the national estimate of total referrals by the child population of all 52 states, multiplying the result by 1,000, and displayed as rounded to the tenth.
- The state total referral rate is based on the number of total referrals divided by the child population (see [table C–2](#)) of states reporting both screened-in and screened-out referrals, multiplying the result by 1,000, and displayed as rounded to the nearest 1,000.

Table 2–4 Average Response Time in Hours, 2019–2023

- Data is from the Agency File.
- The national mean of states' reported average response time is calculated by summing 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 2–5 Child Protective Services Workforce, 2023

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

Table 2–6 Child Protective Services Caseload, 2023

- Data is from the Child File and the Agency File.
- The number of completed reports per investigation and alternative response worker for 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 is 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 Referrals 2019–2023 *(continues next page)*

State	2019 Screened-in Referrals (Reports)	2020 Screened-in Referrals (Reports)	2021 Screened-in Referrals (Reports)	2022 Screened-in Referrals (Reports)	2023 Screened-in Referrals (Reports)	Percent Change from 2019 to 2023
Alabama	28,656	26,667	26,116	26,837	26,397	-7.9
Alaska	10,713	11,433	7,167	6,627	6,452	-39.8
Arizona	45,302	41,986	36,981	45,317	44,804	-1.1
Arkansas	33,755	31,429	30,592	31,923	34,677	2.7
California	224,644	199,749	178,996	192,197	193,617	-13.8
Colorado	36,079	33,453	33,362	31,792	31,403	-13.0
Connecticut	14,645	11,030	10,626	12,709	14,062	-4.0
Delaware	6,002	4,845	4,729	5,697	5,319	-11.4
District of Columbia	6,404	4,283	3,897	4,039	3,176	-50.4
Florida	163,494	140,639	143,105	138,711	139,213	-14.9
Georgia	85,309	62,675	54,463	52,994	50,787	-40.5
Hawaii	2,377	2,716	2,829	2,897	2,317	-2.5
Idaho	11,117	9,454	9,121	7,465	7,457	-32.9
Illinois	86,705	79,944	83,116	94,433	93,342	7.7
Indiana	120,208	111,868	111,495	102,320	99,718	-17.0
Iowa	33,319	30,684	34,938	34,900	33,668	1.0
Kansas	31,895	28,343	24,604	23,095	22,013	-31.0
Kentucky	50,779	46,270	38,253	37,894	39,506	-22.2
Louisiana	20,597	17,232	15,188	17,742	25,959	26.0
Maine	10,874	11,292	10,488	9,289	9,960	-8.4
Maryland	21,886	19,997	17,289	19,629	17,668	-19.3
Massachusetts	43,923	37,505	39,811	39,075	37,685	-14.2
Michigan	95,735	72,953	65,277	68,359	67,331	-29.7
Minnesota	31,059	28,329	25,724	25,662	24,823	-20.1
Mississippi	28,106	24,405	26,155	28,282	24,826	-11.7
Missouri	61,556	55,303	52,157	54,386	60,613	-1.5
Montana	10,199	10,120	8,691	7,301	6,978	-31.6
Nebraska	12,642	13,194	15,035	13,845	14,499	14.7
Nevada	15,657	14,739	15,941	16,117	15,091	-3.6
New Hampshire	10,288	10,816	9,595	10,183	10,318	0.3
New Jersey	60,934	52,853	48,781	57,068	60,869	-0.1
New Mexico	21,733	22,128	18,846	20,743	19,118	-12.0
New York	163,917	145,129	141,745	148,956	148,838	-9.2
North Carolina	69,778	63,886	60,318	62,304	60,441	-13.4
North Dakota	3,985	3,231	2,715	2,808	2,643	-33.7
Ohio	89,004	81,183	81,355	79,081	72,709	-18.3
Oklahoma	36,758	37,398	36,005	33,529	34,139	-7.1
Oregon	39,778	35,461	32,061	36,247	35,847	-9.9
Pennsylvania	41,951	35,865	34,607	39,775	39,138	-6.7
Puerto Rico	8,365	6,999	7,948	7,701	10,307	23.2
Rhode Island	7,294	5,966	5,314	4,597	4,839	-33.7
South Carolina	47,105	34,078	35,106	36,620	37,670	-20.0
South Dakota	2,379	2,449	2,280	2,496	2,618	10.0
Tennessee	76,162	68,813	68,212	71,046	66,495	-12.7
Texas	198,106	186,660	194,256	207,429	202,139	2.0
Utah	20,909	19,997	19,721	21,590	21,506	2.9
Vermont	4,015	2,730	2,490	3,457	3,600	-10.3
Virginia	36,780	33,216	32,013	33,801	34,852	-5.2
Washington	43,874	41,795	38,405	41,645	41,840	-4.6
West Virginia	26,919	24,104	23,066	22,354	20,873	-22.5
Wisconsin	26,797	24,159	22,427	23,009	21,270	-20.6
Wyoming	2,943	2,481	2,472	2,317	2,043	-30.6
National for states reporting screened-in referrals	2,383,411	2,123,934	2,045,884	2,120,290	2,107,473	-11.6
Reporting States for states reporting screened-in referrals	52	52	52	52	52	-
Child Population of 52 States	73,661,476	74,823,584	74,175,203	73,743,251	73,330,540	-

Table 2–1 Screened-in Referrals 2019–2023

State	2019 Rate per 1,000 Children	2020 Rate per 1,000 Children	2021 Rate per 1,000 Children	2022 Rate per 1,000 Children	2023 Rate per 1,000 Children
Alabama	26.3	23.6	23.2	23.8	23.3
Alaska	59.4	63.4	40.1	37.4	36.8
Arizona	27.6	26.2	23.1	28.4	28.3
Arkansas	48.1	44.5	43.4	45.2	49.1
California	25.3	22.4	20.5	22.4	22.9
Colorado	28.7	26.6	26.8	25.9	25.9
Connecticut	20.1	14.9	14.5	17.4	19.4
Delaware	29.4	23.1	22.5	27.0	25.1
District of Columbia	50.1	33.9	31.1	32.1	25.1
Florida	38.6	32.9	33.4	31.9	31.8
Georgia	34.1	24.6	21.5	20.9	20.0
Hawaii	7.9	8.9	9.4	9.8	7.9
Idaho	24.8	20.6	19.6	15.9	16.0
Illinois	30.8	27.9	29.6	34.3	34.5
Indiana	76.6	69.8	69.8	64.3	62.8
Iowa	45.8	41.4	47.4	47.6	46.1
Kansas	45.5	39.8	34.9	33.0	31.7
Kentucky	50.6	45.1	37.4	37.2	38.8
Louisiana	18.9	15.6	13.9	16.5	24.3
Maine	43.6	44.5	41.5	37.0	40.0
Maryland	16.4	14.4	12.6	14.4	13.0
Massachusetts	32.4	27.0	29.1	28.9	28.1
Michigan	44.6	33.4	30.3	32.0	31.9
Minnesota	23.8	21.3	19.5	19.6	19.1
Mississippi	40.2	34.9	37.8	41.3	36.5
Missouri	44.8	39.7	37.6	39.4	44.1
Montana	44.6	43.2	36.9	30.9	29.6
Nebraska	26.6	27.0	31.0	28.7	30.1
Nevada	22.5	21.1	22.9	23.2	22.0
New Hampshire	40.2	41.7	37.3	39.9	40.9
New Jersey	31.4	25.8	24.0	28.3	30.3
New Mexico	45.5	46.4	40.3	45.1	42.4
New York	40.7	34.4	34.5	37.0	37.6
North Carolina	30.3	27.5	26.0	26.8	25.9
North Dakota	22.1	17.3	14.7	15.2	14.3
Ohio	34.5	30.8	31.1	30.5	28.2
Oklahoma	38.5	38.8	37.4	34.7	35.3
Oregon	46.0	40.6	37.2	42.9	43.1
Pennsylvania	15.9	13.3	12.9	15.0	14.9
Puerto Rico	14.6	12.4	14.6	14.9	20.7
Rhode Island	35.8	28.2	25.5	22.3	23.7
South Carolina	42.3	30.5	31.3	32.3	32.9
South Dakota	10.9	11.2	10.4	11.3	11.8
Tennessee	50.4	44.3	43.8	45.4	42.3
Texas	26.7	25.0	26.0	27.6	26.7
Utah	22.5	21.1	20.8	22.9	23.0
Vermont	35.1	23.0	21.2	29.8	31.4
Virginia	19.7	17.4	16.9	17.9	18.5
Washington	26.4	24.6	22.8	25.0	25.4
West Virginia	74.7	66.6	64.3	63.0	59.3
Wisconsin	21.1	18.7	17.6	18.3	17.0
Wyoming	22.0	18.5	18.7	17.7	15.8
National for states reporting screened-in referrals	32.4	28.4	27.6	28.8	28.7
Reporting States for states reporting screened-in referrals	-	-	-	-	-
Child Population of 52 States	-	-	-	-	-

Table 2–2 Screened-out Referrals 2019–2023 *(continues next page)*

State	2019 Screened-out Referrals	2020 Screened-out Referrals	2021 Screened-out Referrals	2022 Screened-out Referrals	2023 Screened-out Referrals	Percent Change from 2019 to 2023
Alabama	470	352	407	348	341	-27.4
Alaska	12,926	11,254	11,001	12,674	13,694	5.9
Arizona	36,182	34,348	-	39,924	46,028	27.2
Arkansas	25,539	22,922	24,518	25,416	29,055	13.8
California	179,708	159,950	159,190	189,948	203,173	13.1
Colorado	71,261	64,620	66,451	77,321	79,961	12.2
Connecticut	37,258	32,756	31,261	35,971	36,843	-1.1
Delaware	14,105	13,395	13,965	15,617	17,608	24.8
District of Columbia	11,198	8,514	11,612	11,029	14,372	28.3
Florida	86,684	89,959	98,312	103,799	107,565	24.1
Georgia	39,463	47,552	59,797	70,465	73,720	86.8
Hawaii	2,755	2,641	2,602	3,365	3,524	27.9
Idaho	11,382	11,935	12,387	13,741	15,061	32.3
Illinois	-	-	-	-	-	-
Indiana	56,762	53,837	63,348	68,765	72,289	27.4
Iowa	19,315	16,941	17,116	18,372	19,336	0.1
Kansas	19,526	19,870	20,360	22,394	25,742	31.8
Kentucky	54,364	49,108	45,856	56,974	55,625	2.3
Louisiana	31,840	29,078	30,871	31,197	25,160	-21.0
Maine	12,659	11,591	14,276	17,465	16,676	31.7
Maryland	40,465	38,152	33,759	41,512	46,225	14.2
Massachusetts	41,988	34,313	34,544	42,206	45,776	9.0
Michigan	56,109	67,795	94,564	105,910	110,984	97.8
Minnesota	59,202	52,238	53,161	55,983	57,308	-3.2
Mississippi	8,149	7,595	8,250	8,183	8,097	-0.6
Missouri	23,937	27,866	33,673	27,791	26,416	10.4
Montana	-	4,266	4,489	4,296	3,654	-
Nebraska	24,614	20,695	18,602	23,348	25,857	5.0
Nevada	25,094	23,234	23,663	25,804	25,919	3.3
New Hampshire	7,342	8,009	7,821	8,089	8,212	11.8
New Jersey	-	-	-	-	-	-
New Mexico	19,486	18,253	20,211	17,992	18,598	-4.6
New York	-	-	-	-	-	-
North Carolina	-	44,890	45,566	45,232	45,790	-
North Dakota	-	-	-	-	-	-
Ohio	111,729	100,853	105,779	116,517	127,684	14.3
Oklahoma	45,680	38,911	42,178	47,899	50,080	9.6
Oregon	43,666	36,095	35,327	37,104	47,269	8.3
Pennsylvania	-	-	-	-	-	-
Puerto Rico	9,109	8,238	6,952	6,272	7,192	-21.0
Rhode Island	11,617	9,850	8,662	8,529	9,365	-19.4
South Carolina	12,135	19,436	29,144	30,717	30,708	153.1
South Dakota	12,495	11,682	12,658	12,317	12,630	1.1
Tennessee	65,686	57,625	63,789	71,500	82,607	25.8
Texas	53,107	46,002	33,884	38,001	47,144	-11.2
Utah	21,325	19,501	21,124	22,689	25,720	20.6
Vermont	15,545	12,848	13,539	14,981	16,024	3.1
Virginia	50,511	48,651	40,458	49,869	56,100	11.1
Washington	68,109	60,847	60,529	67,974	74,965	10.1
West Virginia	15,919	13,591	13,419	13,296	-	-
Wisconsin	54,638	47,905	48,769	52,396	51,707	-5.4
Wyoming	4,637	4,137	4,652	4,969	3,668	-20.9
National for states reporting screened-out referrals	1,625,691	1,564,101	1,602,496	1,816,161	1,921,472	18.2
Reporting States for states reporting screened-out referrals	45	47	46	47	46	44.0
Child Population of 52 States	73,661,476	74,823,584	74,175,203	73,743,251	73,330,540	N/A
National Estimate Screened-out Referrals	2,012,000	1,863,000	1,956,000	2,156,000	2,292,000	13.9

Table 2–2 Screened-out Referrals 2019–2023

State	2019 Rate per 1,000 Children	2020 Rate per 1,000 Children	2021 Rate per 1,000 Children	2022 Rate per 1,000 Children	2023 Rate per 1,000 Children
Alabama	0.4	0.3	0.4	0.3	0.3
Alaska	71.6	62.4	61.5	71.5	78.0
Arizona	22.0	21.5	-	25.0	29.1
Arkansas	36.4	32.4	34.8	36.0	41.2
California	20.2	18.0	18.2	22.1	24.1
Colorado	56.7	51.3	53.4	63.0	65.8
Connecticut	51.2	44.3	42.7	49.4	51.0
Delaware	69.1	63.8	66.5	73.9	83.1
District of Columbia	87.5	67.4	92.7	87.8	113.5
Florida	20.5	21.0	23.0	23.9	24.6
Georgia	15.8	18.7	23.6	27.7	29.0
Hawaii	9.2	8.6	8.6	11.3	12.0
Idaho	25.4	26.0	26.6	29.4	32.2
Illinois	-	-	-	-	-
Indiana	36.2	33.6	39.7	43.2	45.5
Iowa	26.5	22.8	23.2	25.0	26.5
Kansas	27.8	27.9	28.9	32.0	37.1
Kentucky	54.1	47.9	44.9	55.9	54.7
Louisiana	29.2	26.3	28.3	29.0	23.6
Maine	50.7	45.6	56.6	69.6	67.0
Maryland	30.2	27.5	24.5	30.4	33.9
Massachusetts	31.0	24.7	25.3	31.3	34.1
Michigan	26.2	31.1	43.9	49.6	52.6
Minnesota	45.4	39.2	40.3	42.8	44.1
Mississippi	11.6	10.9	11.9	11.9	11.9
Missouri	17.4	20.0	24.3	20.1	19.2
Montana	-	18.2	19.1	18.2	15.5
Nebraska	51.7	42.4	38.4	48.4	53.8
Nevada	36.1	33.3	34.0	37.2	37.8
New Hampshire	28.7	30.9	30.4	31.7	32.6
New Jersey	-	-	-	-	-
New Mexico	40.8	38.3	43.2	39.1	41.2
New York	-	-	-	-	-
North Carolina	-	19.4	19.7	19.4	19.6
North Dakota	-	-	-	-	-
Ohio	43.3	38.3	40.5	44.9	49.5
Oklahoma	47.9	40.4	43.8	49.6	51.8
Oregon	50.5	41.4	41.0	43.9	56.8
Pennsylvania	-	-	-	-	-
Puerto Rico	15.9	14.5	12.8	12.1	14.4
Rhode Island	57.0	46.5	41.5	41.4	45.9
South Carolina	10.9	17.4	26.0	27.1	26.8
South Dakota	57.4	53.3	57.6	55.6	56.9
Tennessee	43.5	37.1	41.0	45.7	52.6
Texas	7.2	6.2	4.5	5.1	6.2
Utah	22.9	20.5	22.3	24.1	27.6
Vermont	136.0	108.3	115.3	128.9	139.8
Virginia	27.0	25.5	21.3	26.4	29.8
Washington	41.0	35.9	36.0	40.8	45.5
West Virginia	44.2	37.5	37.4	37.5	-
Wisconsin	43.1	37.1	38.2	41.6	41.4
Wyoming	34.7	30.9	35.1	37.9	28.3
National for states reporting screened-out referrals	27.3	24.9	26.4	29.2	31.2
Reporting States for states reporting screened-out referrals	-	-	-	-	-
Child Population of 52 States	-	-	-	-	-
National Estimate Screened-out Referrals	-	-	-	-	-

Table 2–3 Total Referrals, 2019–2023 (continues next page)

State	2019 Screened-in Referrals (Reports)	2019 Screened-out Referrals	2019 Total Referrals from Reporting States	2019 Rate per 1,000 Children	2020 Screened-in Referrals (Reports)	2020 Screened-out Referrals	2020 Total Referrals from Reporting States	2020 Rate per 1,000 Children
Alabama	28,656	470	29,126	26.8	26,667	352	27,019	23.9
Alaska	10,713	12,926	23,639	131.0	11,433	11,254	22,687	125.9
Arizona	45,302	36,182	81,484	49.6	41,986	34,348	76,334	47.7
Arkansas	33,755	25,539	59,294	84.5	31,429	22,922	54,351	76.9
California	224,644	179,708	404,352	45.5	199,749	159,950	359,699	40.4
Colorado	36,079	71,261	107,340	85.4	33,453	64,620	98,073	77.9
Connecticut	14,645	37,258	51,903	71.4	11,030	32,756	43,786	59.2
Delaware	6,002	14,105	20,107	98.4	4,845	13,395	18,240	86.8
District of Columbia	6,404	11,198	17,602	137.6	4,283	8,514	12,797	101.3
Florida	163,494	86,684	250,178	59.1	140,639	89,959	230,598	53.9
Georgia	85,309	39,463	124,772	49.8	62,675	47,552	110,227	43.3
Hawaii	2,377	2,755	5,132	17.1	2,716	2,641	5,357	17.5
Idaho	11,117	11,382	22,499	50.2	9,454	11,935	21,389	46.7
Illinois	86,705	-	86,705	-	79,944	-	79,944	-
Indiana	120,208	56,762	176,970	112.8	111,868	53,837	165,705	103.3
Iowa	33,319	19,315	52,634	72.3	30,684	16,941	47,625	64.2
Kansas	31,895	19,526	51,421	73.3	28,343	19,870	48,213	67.7
Kentucky	50,779	54,364	105,143	104.7	46,270	49,108	95,378	92.9
Louisiana	20,597	31,840	52,437	48.1	17,232	29,078	46,310	41.9
Maine	10,874	12,659	23,533	94.3	11,292	11,591	22,883	90.1
Maryland	21,886	40,465	62,351	46.6	19,997	38,152	58,149	41.9
Massachusetts	43,923	41,988	85,911	63.5	37,505	34,313	71,818	51.7
Michigan	95,735	56,109	151,844	70.8	72,953	67,795	140,748	64.5
Minnesota	31,059	59,202	90,261	69.3	28,329	52,238	80,567	60.5
Mississippi	28,106	8,149	36,255	51.8	24,405	7,595	32,000	45.8
Missouri	61,556	23,937	85,493	62.2	55,303	27,866	83,169	59.7
Montana	10,199	-	10,199	-	10,120	4,266	14,386	61.5
Nebraska	12,642	24,614	37,256	78.3	13,194	20,695	33,889	69.4
Nevada	15,657	25,094	40,751	58.7	14,739	23,234	37,973	54.5
New Hampshire	10,288	7,342	17,630	68.9	10,816	8,009	18,825	72.6
New Jersey	60,934	-	60,934	-	52,853	-	52,853	-
New Mexico	21,733	19,486	41,219	86.4	22,128	18,253	40,381	84.7
New York	163,917	-	163,917	-	145,129	-	145,129	-
North Carolina	69,778	-	69,778	-	63,886	44,890	108,776	46.9
North Dakota	3,985	-	3,985	-	3,231	-	3,231	-
Ohio	89,004	111,729	200,733	77.8	81,183	100,853	182,036	69.2
Oklahoma	36,758	45,680	82,438	86.4	37,398	38,911	76,309	79.2
Oregon	39,778	43,666	83,444	96.5	35,461	36,095	71,556	82.0
Pennsylvania	41,951	-	41,951	-	35,865	-	35,865	-
Puerto Rico	8,365	9,109	17,474	30.5	6,999	8,238	15,237	26.9
Rhode Island	7,294	11,617	18,911	92.7	5,966	9,850	15,816	74.7
South Carolina	47,105	12,135	59,240	53.2	34,078	19,436	53,514	47.8
South Dakota	2,379	12,495	14,874	68.3	2,449	11,682	14,131	64.5
Tennessee	76,162	65,686	141,848	93.9	68,813	57,625	126,438	81.3
Texas	198,106	53,107	251,213	33.9	186,660	46,002	232,662	31.2
Utah	20,909	21,325	42,234	45.4	19,997	19,501	39,498	41.6
Vermont	4,015	15,545	19,560	171.1	2,730	12,848	15,578	131.3
Virginia	36,780	50,511	87,291	46.7	33,216	48,651	81,867	42.9
Washington	43,874	68,109	111,983	67.4	41,795	60,847	102,642	60.5
West Virginia	26,919	15,919	42,838	118.8	24,104	13,591	37,695	104.1
Wisconsin	26,797	54,638	81,435	64.2	24,159	47,905	72,064	55.8
Wyoming	2,943	4,637	7,580	56.7	2,481	4,137	6,618	49.5
National	2,383,411	1,625,691	4,009,102	-	2,123,934	1,564,101	3,688,035	-
Reporting States	52	45	52	-	52	47	52	-
National for states reporting both screened-in and screened-out referrals	1,945,942	1,625,691	3,571,633	-	1,806,912	1,564,101	3,371,013	-
National Percent for states reporting both screened-in and screened-out referrals	54.5	45.5	100.0	-	53.6	46.4	100.0	-
Child Population of 52 States	-	-	73,661,476	-	-	-	74,823,584	-
National Estimate of Total Referrals	-	-	4,395,000	59.7	-	-	3,987,000	53.3

Table 2–3 Total Referrals, 2019–2023 (continues next page)

State	2021 Screened-in Referrals (Reports)	2021 Screened-out Referrals	2021 Total Referrals from Reporting States	2021 Rate per 1,000 Children	2022 Screened-in Referrals (Reports)	2022 Screened-out Referrals	2022 Total Referrals from Reporting States	2022 Rate per 1,000 Children
Alabama	26,116	407	26,523	23.5	26,837	348	27,185	24.1
Alaska	7,167	11,001	18,168	101.5	6,627	12,674	19,301	108.8
Arizona	36,981	-	36,981	-	45,317	39,924	85,241	53.5
Arkansas	30,592	24,518	55,110	78.2	31,923	25,416	57,339	81.2
California	178,996	159,190	338,186	38.7	192,197	189,948	382,145	44.5
Colorado	33,362	66,451	99,813	80.2	31,792	77,321	109,113	88.9
Connecticut	10,626	31,261	41,887	57.2	12,709	35,971	48,680	66.8
Delaware	4,729	13,965	18,694	89.1	5,697	15,617	21,314	100.9
District of Columbia	3,897	11,612	15,509	123.8	4,039	11,029	15,068	119.9
Florida	143,105	98,312	241,417	56.4	138,711	103,799	242,510	55.9
Georgia	54,463	59,797	114,260	45.0	52,994	70,465	123,459	48.6
Hawaii	2,829	2,602	5,431	18.0	2,897	3,365	6,262	21.1
Idaho	9,121	12,387	21,508	46.2	7,465	13,741	21,206	45.3
Illinois	83,116	-	83,116	-	94,433	-	94,433	-
Indiana	111,495	63,348	174,843	109.5	102,320	68,765	171,085	107.5
Iowa	34,938	17,116	52,054	70.6	34,900	18,372	53,272	72.6
Kansas	24,604	20,360	44,964	63.8	23,095	22,394	45,489	65.0
Kentucky	38,253	45,856	84,109	82.3	37,894	56,974	94,868	93.1
Louisiana	15,188	30,871	46,059	42.2	17,742	31,197	48,939	45.4
Maine	10,488	14,276	24,764	98.1	9,289	17,465	26,754	106.6
Maryland	17,289	33,759	51,048	37.1	19,629	41,512	61,141	44.7
Massachusetts	39,811	34,544	74,355	54.4	39,075	42,206	81,281	60.2
Michigan	65,277	94,564	159,841	74.1	68,359	105,910	174,269	81.7
Minnesota	25,724	53,161	78,885	59.8	25,662	55,983	81,645	62.3
Mississippi	26,155	8,250	34,405	49.7	28,282	8,183	36,465	53.2
Missouri	52,157	33,673	85,830	61.9	54,386	27,791	82,177	59.5
Montana	8,691	4,489	13,180	56.0	7,301	4,296	11,597	49.0
Nebraska	15,035	18,602	33,637	69.4	13,845	23,348	37,193	77.1
Nevada	15,941	23,663	39,604	57.0	16,117	25,804	41,921	60.4
New Hampshire	9,595	7,821	17,416	67.7	10,183	8,089	18,272	71.6
New Jersey	48,781	-	48,781	-	57,068	-	57,068	-
New Mexico	18,846	20,211	39,057	83.5	20,743	17,992	38,735	84.2
New York	141,745	-	141,745	-	148,956	-	148,956	-
North Carolina	60,318	45,566	105,884	45.7	62,304	45,232	107,536	46.2
North Dakota	2,715	-	2,715	-	2,808	-	2,808	-
Ohio	81,355	105,779	187,134	71.6	79,081	116,517	195,598	75.5
Oklahoma	36,005	42,178	78,183	81.2	33,529	47,899	81,428	84.3
Oregon	32,061	35,327	67,388	78.3	36,247	37,104	73,351	86.7
Pennsylvania	34,607	-	34,607	-	39,775	-	39,775	-
Puerto Rico	7,948	6,952	14,900	27.4	7,701	6,272	13,973	27.0
Rhode Island	5,314	8,662	13,976	67.0	4,597	8,529	13,126	63.8
South Carolina	35,106	29,144	64,250	57.2	36,620	30,717	67,337	59.3
South Dakota	2,280	12,658	14,938	68.0	2,496	12,317	14,813	66.9
Tennessee	68,212	63,789	132,001	84.8	71,046	71,500	142,546	91.1
Texas	194,256	33,884	228,140	30.6	207,429	38,001	245,430	32.7
Utah	19,721	21,124	40,845	43.1	21,590	22,689	44,279	47.0
Vermont	2,490	13,539	16,029	136.5	3,457	14,981	18,438	158.7
Virginia	32,013	40,458	72,471	38.2	33,801	49,869	83,670	44.3
Washington	38,405	60,529	98,934	58.8	41,645	67,974	109,619	65.8
West Virginia	23,066	13,419	36,485	101.8	22,354	13,296	35,650	100.4
Wisconsin	22,427	48,769	71,196	55.8	23,009	52,396	75,405	59.8
Wyoming	2,472	4,652	7,124	53.8	2,317	4,969	7,286	55.6
National	2,045,884	1,602,496	3,648,380	-	2,120,290	1,816,161	3,936,451	-
Reporting States	52	46	52	-	52	47	52	-
National for states reporting both screened-in and screened-out referrals	1,697,939	1,602,496	3,300,435	-	1,777,250	1,816,161	3,593,411	-
National Percent for states reporting both screened-in and screened-out referrals	51.4	48.6	100.0	-	49.5	50.5	100.0	-
Child Population of 52 States	-	-	74,175,203	-	-	-	73,743,251	-
National Estimate of Total Referrals	-	-	4,002,000	54.0	-	-	4,276,000	58.0

Table 2–3 Total Referrals, 2019–2023

State	2023 Screened-in Referrals (Reports)	2023 Screened-out Referrals	2023 Total Referrals from Reporting States	2023 Rate per 1,000 Children	Percent Change from 2019 to 2023
Alabama	26,397	341	26,738	23.6	-8.2
Alaska	6,452	13,694	20,146	114.8	-14.8
Arizona	44,804	46,028	90,832	57.4	11.5
Arkansas	34,677	29,055	63,732	90.3	7.5
California	193,617	203,173	396,790	47.0	-1.9
Colorado	31,403	79,961	111,364	91.7	3.7
Connecticut	14,062	36,843	50,905	70.4	-1.9
Delaware	5,319	17,608	22,927	108.2	14.0
District of Columbia	3,176	14,372	17,548	138.6	-0.3
Florida	139,213	107,565	246,778	56.3	-1.4
Georgia	50,787	73,720	124,507	49.0	-0.2
Hawaii	2,317	3,524	5,841	19.9	13.8
Idaho	7,457	15,061	22,518	48.2	0.1
Illinois	93,342	-	93,342	-	-
Indiana	99,718	72,289	172,007	108.4	-2.8
Iowa	33,668	19,336	53,004	72.6	0.7
Kansas	22,013	25,742	47,755	68.8	-7.1
Kentucky	39,506	55,625	95,131	93.6	-9.5
Louisiana	25,959	25,160	51,119	47.9	-2.5
Maine	9,960	16,676	26,636	106.9	13.2
Maryland	17,668	46,225	63,893	46.9	2.5
Massachusetts	37,685	45,776	83,461	62.2	-2.9
Michigan	67,331	110,984	178,315	84.4	17.4
Minnesota	24,823	57,308	82,131	63.1	-9.0
Mississippi	24,826	8,097	32,923	48.4	-9.2
Missouri	60,613	26,416	87,029	63.3	1.8
Montana	6,978	3,654	10,632	45.1	-
Nebraska	14,499	25,857	40,356	83.9	8.3
Nevada	15,091	25,919	41,010	59.8	0.6
New Hampshire	10,318	8,212	18,530	73.5	5.1
New Jersey	60,869	-	60,869	-	-
New Mexico	19,118	18,598	37,716	83.6	-8.5
New York	148,838	-	148,838	-	-
North Carolina	60,441	45,790	106,231	45.5	-
North Dakota	2,643	-	2,643	-	-
Ohio	72,709	127,684	200,393	77.7	-0.2
Oklahoma	34,139	50,080	84,219	87.1	2.2
Oregon	35,847	47,269	83,116	99.9	-0.4
Pennsylvania	39,138	-	39,138	-	-
Puerto Rico	10,307	7,192	17,499	35.1	0.1
Rhode Island	4,839	9,365	14,204	69.7	-24.9
South Carolina	37,670	30,708	68,378	59.8	15.4
South Dakota	2,618	12,630	15,248	68.7	2.5
Tennessee	66,495	82,607	149,102	94.9	5.1
Texas	202,139	47,144	249,283	33.0	-0.8
Utah	21,506	25,720	47,226	50.6	11.8
Vermont	3,600	16,024	19,624	171.2	0.3
Virginia	34,852	56,100	90,952	48.3	4.2
Washington	41,840	74,965	116,805	70.9	4.3
West Virginia	20,873	-	20,873	-	-
Wisconsin	21,270	51,707	72,977	58.4	-10.4
Wyoming	2,043	3,668	5,711	44.1	-24.7
National	2,107,473	1,921,472	4,028,945	-	0.5
Reporting States	52	46	52	-	-
National for states reporting both screened-in and screened-out referrals	1,741,770	1,921,472	3,663,242	-	-
National Percent for states reporting both screened-in and screened-out referrals	47.5	52.5	100.0	-	-
Child Population of 52 States	-	-	73,330,540	-	-
National Estimate of Total Referrals	-	-	4,399,000	60.0	0.1

Table 2–4 Average Response Time in Hours, 2019–2023

State	2019	2020	2021	2022	2023
Alabama	51	48	51	60	73
Alaska	602	576	219	223	244
Arizona	32	31	-	35	33
Arkansas	104	98	104	114	153
California	148	141	-	-	-
Colorado	116	116	114	117	117
Connecticut	42	31	32	30	36
Delaware	409	296	174	380	358
District of Columbia	23	15	15	16	18
Florida	9	9	10	11	11
Georgia	-	-	-	-	-
Hawaii	315	269	322	304	208
Idaho	64	62	69	107	209
Illinois	-	-	-	-	-
Indiana	63	63	60	53	46
Iowa	63	55	56	53	50
Kansas	101	125	88	81	86
Kentucky	121	200	172	221	246
Louisiana	-	-	119	208	197
Maine	94	61	58	-	69
Maryland	-	-	-	-	-
Massachusetts	-	-	-	-	-
Michigan	43	42	41	39	42
Minnesota	72	84	89	41	37
Mississippi	34	30	33	37	45
Missouri	61	-	44	49	118
Montana	-	-	-	-	136
Nebraska	123	121	124	150	139
Nevada	69	64	68	56	69
New Hampshire	113	92	74	64	67
New Jersey	19	18	21	22	22
New Mexico	89	73	55	50	53
New York	12	10	11	14	13
North Carolina	-	-	-	-	-
North Dakota	-	-	-	-	145
Ohio	24	24	24	24	21
Oklahoma	47	50	53	55	56
Oregon	165	157	166	168	178
Pennsylvania	-	-	-	-	-
Puerto Rico	-	141	152	157	162
Rhode Island	20	19	17	19	20
South Carolina	42	33	37	39	33
South Dakota	34	33	41	42	34
Tennessee	-	-	-	167	223
Texas	50	50	56	64	67
Utah	76	81	93	93	100
Vermont	92	107	129	126	110
Virginia	-	-	-	-	-
Washington	37	35	34	32	33
West Virginia	339	309	174	147	292
Wisconsin	113	111	109	112	113
Wyoming	23	15	11	13	18
National Average	101	97	83	93	102
National Median	64	62	59	56	69
Reporting States	40	40	40	41	44

Table 2–5 Child Protective Services Workforce, 2023

State	Intake and Screening Workers	Investigation and Alternative Response Workers	Intake, Screening, Investigation, and Alternative Response Workers
Alabama	87	435	522
Alaska	20	250	270
Arizona	98	394	492
Arkansas	43	379	422
California	-	-	2,351
Colorado	-	-	-
Connecticut	60	361	421
Delaware	32	130	162
District of Columbia	35	115	150
Florida	-	-	-
Georgia	-	-	-
Hawaii	14	38	52
Idaho	17	206	223
Illinois	191	1,146	1,337
Indiana	120	693	813
Iowa	45	230	275
Kansas	85	258	343
Kentucky	82	987	1,069
Louisiana	45	202	247
Maine	35	157	192
Maryland	672	1,063	1,735
Massachusetts	142	314	456
Michigan	161	1,485	1,646
Minnesota	525	505	1,030
Mississippi	32	344	376
Missouri	47	432	479
Montana	23	216	239
Nebraska	48	203	251
Nevada	63	155	218
New Hampshire	25	122	147
New Jersey	124	1,248	1,372
New Mexico	62	182	244
New York	-	-	-
North Carolina	147	746	893
North Dakota	-	-	-
Ohio	-	-	-
Oklahoma	85	516	601
Oregon	181	434	615
Pennsylvania	-	-	2,499
Puerto Rico	34	316	350
Rhode Island	19	78	97
South Carolina	125	469	594
South Dakota	16	43	59
Tennessee	102	973	1,075
Texas	522	3,810	4,332
Utah	38	124	162
Vermont	31	56	87
Virginia	120	760	880
Washington	117	591	708
West Virginia	41	321	362
Wisconsin	1,425	252	1,677
Wyoming	-	-	160
National	5,936	21,739	32,685
Reporting States	43	43	46

Table 2–6 Child Protective Services Caseload, 2023

State	Investigation and Alternative Response Workers	Completed Reports (Reports with a Disposition)	Completed Reports per Investigation and Alternative Response Worker
Alabama	435	26,837	62
Alaska	250	6,627	27
Arizona	394	45,317	115
Arkansas	379	31,923	84
California	-	-	-
Colorado	-	-	-
Connecticut	361	12,709	35
Delaware	130	5,697	44
District of Columbia	115	4,039	35
Florida	-	-	-
Georgia	-	-	-
Hawaii	38	2,897	76
Idaho	206	7,465	36
Illinois	1,146	94,433	82
Indiana	693	102,320	148
Iowa	230	34,900	152
Kansas	258	23,095	90
Kentucky	987	37,894	38
Louisiana	202	17,742	88
Maine	157	9,289	59
Maryland	1,063	19,629	18
Massachusetts	314	39,075	124
Michigan	1,485	68,359	46
Minnesota	505	25,662	51
Mississippi	344	28,282	82
Missouri	432	54,386	126
Montana	216	7,301	34
Nebraska	203	13,845	68
Nevada	155	16,117	104
New Hampshire	122	10,183	83
New Jersey	1,248	57,068	46
New Mexico	182	20,743	114
New York	-	-	-
North Carolina	746	62,304	84
North Dakota	-	-	-
Ohio	-	-	-
Oklahoma	516	33,529	65
Oregon	434	36,247	84
Pennsylvania	-	-	-
Puerto Rico	316	7,701	24
Rhode Island	78	4,597	59
South Carolina	469	36,620	78
South Dakota	43	2,496	58
Tennessee	973	71,046	73
Texas	3,810	207,429	54
Utah	124	21,590	174
Vermont	56	3,457	62
Virginia	760	33,801	44
Washington	591	41,645	70
West Virginia	321	22,354	70
Wisconsin	252	23,009	91
Wyoming	-	-	-
National	21,739	1,431,659	66
Reporting States	43	43	43



Children

CHAPTER 3

This chapter discusses the children who are the subjects of reports (screened-in referrals) and the characteristics of those who are determined to be victims of abuse and neglect. The Child Abuse Prevention and Treatment Act (CAPTA), (P.L. 100–294) defines child abuse and neglect as, at a minimum:

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

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

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

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

Less commonly used NCANDS dispositions for investigation responses include:

- **Indicated:** A disposition that concludes maltreatment could not be substantiated under state law or policy, but there is a reason to suspect that at least one child may have been maltreated or is at risk of maltreatment. This disposition is applicable only to states that distinguish between substantiated and indicated dispositions. NCANDS includes this disposition in the count of victims.
- **Intentionally false:** A disposition that concludes the person who made the allegation of maltreatment knew that the allegation was not true.

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

Unique and Duplicate Counts

All NCANDS reporting states have the ability to assign a unique identifier, within the state, to each child who receives a CPS response. These unique identifiers enable two ways 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 2023, 3,081,715 children received either an investigation or alternative response at a rate of 42.0 children per 1,000 in the population. This is a 12.0 percent decrease in the number of children from FFY 2019 when 3,500,991 children received an investigation or alternative response at a rate of 47.5 per 1,000 children. See [table 3–1](#) and related notes.

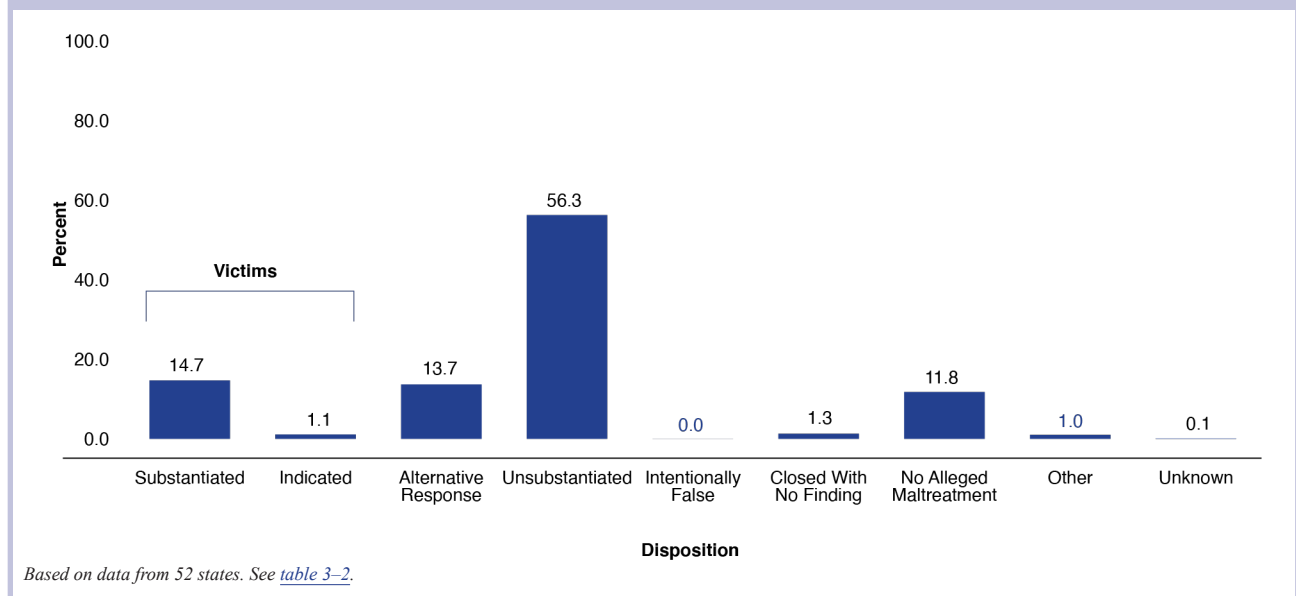
At the state level, the percent change for FFY 2019 to FFY 2023 ranged from a 46.2 percent decrease to a 24.2 percent increase. State explanations for changes in the number of children who received a CPS response across the 5 years include changes to screening and assessment tools and policies for better reporting and consistency, reducing backlog, and increased number of completed investigations due to hiring private companies and outsourcing to a private task force. Please see Appendix D, State Commentary, for state-specific information about changes. Information about a change may be in an earlier edition of Child Maltreatment.

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

For FFY 2023, 3,728,421 children (duplicate count) are the subjects of reports (screened-in referrals). A child may be a victim in one report and a nonvictim in another report, and in this analysis, the child is counted both times. Of these children, 15.8 percent are classified as victims with dispositions of substantiated (14.7%) and indicated (1.1%). The remaining children are not determined to be victims or have received an alternative response. More than one-half (56.3%) of children have unsubstantiated dispositions. See [table 3–2](#), [exhibit 3–A](#), and related notes.

Exhibit 3–A Children Who Received an Investigation or Alternative Response by Disposition, 2023

Fewer than 16 percent of children received a disposition of substantiated or indicated and are counted as maltreatment victims



Number of Child Victims (unique count of child victims)

In NCANDS, a victim is defined as:

- **Victim:** A child for whom the state determined at least one maltreatment was substantiated or indicated; and a disposition of substantiated or indicated was assigned for a child in a report. This includes a child who died and the death was confirmed to be the result of child abuse or neglect. A child may be a victim in one report and a nonvictim in another report.

For FFY 2023, 52 states reported 546,159 victims of child abuse and neglect. This equates to a national rate of 7.4 victims per 1,000 children in the population. This is a 19.3 percent decrease from the FFY 2019 number of victims 677,099 reported by 52 states. Looking at the most recent 5 years of data, the largest number of victims was for FFY 2019, and the number of victims has been decreasing since that year. See [table 3–3](#) and related notes. States have different policies about what is considered child maltreatment, the type of CPS responses (alternative and investigation), and different levels of evidence required to substantiate an abuse allegation, all or some of which may account for variations in victimization rates.

At the state level, the percent change of victims of abuse and neglect ranges from a 50.2 percent decrease to a 30.2 percent increase from FFY 2019 to 2023. The FFY 2023 state victimization rates range from a low of 1.5 to a high of 16.2 per 1,000 children. Comments about changes to legislation, child welfare policy, and practice that may contribute to an increase or decrease in the number of victims are provided by states in Appendix D, State Commentary. Reasons for differences across the 5 years as provided by states include: one state changed its dispositions from alternative response victims to indicated, resolving an investigation or assessment backlog, CCWIS implementation, new screening and intake tools and procedures, alternative response program implementation, and a number of states cited the multiyear effects of the COVID-19 pandemic. Information about a change may be in an earlier edition of *Child Maltreatment*.

As discussed above, children with alternative response dispositions are not considered maltreatment victims and do not have perpetrators. Children with indicated dispositions are considered maltreatment victims. Readers are encouraged to read Appendix C, State Characteristics and Appendix D, State Commentary, for more information. Information about a change may be in an earlier edition of *Child Maltreatment*.

Based on data from 52 states, the FFY 2023 rate of first-time victims is 5.2 per 1,000 children in the population. Seventy percent of all victims are first-time victims. First-time victim rates ranged from a low of 0.8 per 1,000 children to a high of 12.7 per 1,000 children. States use the disposition date of prior substantiated or indicated maltreatments to determine whether the victim is a first-time victim. See [table 3–4](#) and related notes.

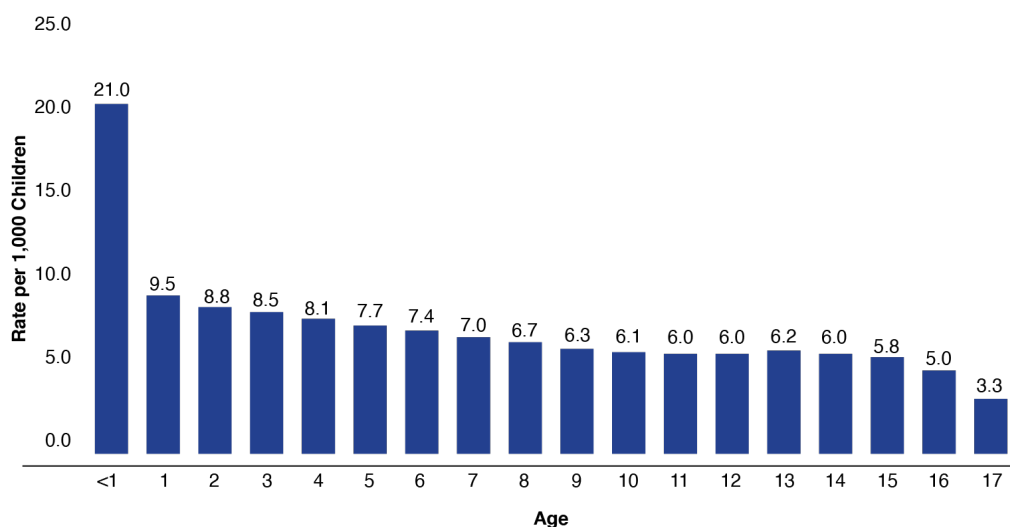
Child Victim Demographics (unique count of child victims)

The youngest children are the most vulnerable to maltreatment. More than one-quarter (26.6%) of victims are in the age range of birth through 2 years old. Infant victims younger than 1 year are 14.2 percent of all victims. The victimization rate is highest for infant victims younger than 1 year at 21.0 per 1,000 children in the population of the same age, which is 2.2 times the rate of victims who are 1 year at 9.5 per 1,000 children. Victims who are 2 or 3 years old have victimization rates of 8.8 and 8.5 victims per 1,000 children of those respective ages in the population. Readers may notice some states have lower rates across age groups than other states. The states with lower rates may assign low-risk cases to alternative response or have other state policies or

programs in place for maltreatment allegations. In general, the rate of victimization decreases with the child's age. See [table 3-5](#), [exhibit 3-B](#), and related notes.

Exhibit 3-B Victims by Age, 2023

The youngest children are the most vulnerable to maltreatment



Based on data from 52 states. See [table 3-5](#).

The percentages of child victims by sex are 52.0 percent for girls and 47.6 percent for boys. The sex is unknown for 0.4 percent of victims. The FFY 2023 victimization rate for girls is 7.9 per 1,000 girls in the population, which is higher than the rate for boys at 6.9 per 1,000 boys in the population. See [table 3-6](#) and related notes.

Most victims are one of three races or ethnicities—White 41.3 percent, Hispanic 23.8 percent, and Black or African-American 22.1 percent. The racial distributions for all children in the population are 48.4 percent White, 26.3 percent Hispanic, and 13.9 percent Black or African-American. See [table C-3](#) and related notes. For FFY 2023, American Indian or Alaska Native children have the highest rate of victimization at 13.8 per 1,000 children in the population of the same race or ethnicity and Black or African-American children have the second highest rate at 11.9 per 1,000 children in the population of the same race or ethnicity. See [table 3-7](#) and related notes.

Maltreatment Types

NCANDS collects all maltreatment type allegations, however only those maltreatments 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. 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.

Focus on Single Types of Maltreatments

(duplicate count of victims)

As discussed in *Child Maltreatment 2022* in the maltreatment type combinations analysis (pp 94–95), the majority of victims experience a single maltreatment type.⁹ The purpose of this analysis is to count FFY 2023 victims for each investigation that resulted in a substantiation and display the victims with a single type of maltreatment at the state level. If a victim has two or more substantiated maltreatment types in the same report, the victim is counted in the multiple maltreatment type category. For example:

- A victim with two substantiated reports of neglect is counted twice in neglect only.
- A victim with one substantiated report with both neglect and physical abuse is counted once in the multiple maltreatments category.
- A victim with two separate substantiated reports in FFY 2023, one with neglect and a second report with physical abuse, is counted once in neglect only and once in physical abuse only.

The FFY 2023 data shows nearly two-thirds (64.1%) of duplicate victims experience neglect only and 10.6 percent experience physical abuse only. Fewer than 10 percent of duplicate victims have sexual abuse only (7.5%) or psychological maltreatment only (3.5%) substantiated maltreatment types. Slightly more than 10 percent (11.1%) of duplicate victims have an investigation that results in multiple substantiated maltreatment types. In addition, 2.1 percent of duplicate victims are substantiated with the “other” type of maltreatment. States may code any maltreatment as “other” if it does not fit in one of the NCANDS categories. States with larger than average numbers or percentages of victims with the NCANDS “other” maltreatment type may map state categories of threatened harm, threatened abuse, and threat of family violence to the NCANDS “other” category. See [table 3–8](#) and related notes. A few states have policies about conducting investigations into specific maltreatment types. Readers are encouraged to review states’ comments (appendix D) about what is included in the “other” maltreatment type category and for additional information on state policies related to maltreatment types.

Perpetrator Relationship

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

In this section, data is analyzed by relationship of victims to their perpetrators. A 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 2023 data shows 89.0 percent of victims are maltreated by one or both parents. The parent(s) could have acted together, acted alone, or acted with up to two other people to maltreat the child. The parent categories with the largest percentages are victims maltreated by a mother acting alone (37.2%), victims maltreated by a father acting alone (24.6%), and victims maltreated by both parents (19.4%). See [table 3–9](#) and related notes.

Perpetrators who are not the victim’s parent maltreated 15.1 percent of victims. The largest categories in the nonparent group are relative(s) (5.5%), unmarried partner(s) of parent (3.5%), and “other(s)” (3.3%). The NCANDS category of “other(s)” perpetrator relationship

⁹ <https://www.acf.hhs.gov/cb/data-research/child-maltreatment>

includes any relationship that does not map to one of the NCANDS relationship categories. According to states' commentary, this category includes nonrelated adult, non-related child, foster sibling, babysitter, household staff, clergy, and school personnel. See appendix D for more information on what states include as "other" perpetrator relationship.

Risk Factors

Risk factors are characteristics of a child or caregiver that may increase the likelihood of child maltreatment. NCANDS collects data for 9 child risk factors and 12 caregiver risk factors. Risk factors can be difficult to accurately assess and measure, and therefore may go undetected among many children and caregivers. Some states may not have the resources to gather information from other sources or agencies or the ability to collect or store certain information in their child welfare system. In addition, some risk factors must be clinically diagnosed, which may not occur during the investigation or alternative response. If the case is closed prior to the diagnosis, the CPS agency may not be notified and the information will not be reported to NCANDS. Caregivers with these risk factors who are included in each analysis may or may not be the perpetrators responsible for the maltreatment. For FFY 2023, data is analyzed for caregiver risk factors with the following NCANDS definitions. Please see Appendix B, Glossary for these and additional NCANDS definitions:

- **Alcohol abuse (caregiver):** The compulsive use of alcohol that is not of a temporary nature.
- **Domestic Violence:** Any abusive, violent, coercive, forceful, or threatening act or word inflicted by one member of a family or household on another. A caregiver with this risk factor only indicates the domestic violence presence and not whether the caregiver is the perpetrator or a victim of domestic violence.
- **Drug abuse (caregiver):** The compulsive use of drugs that is not of a temporary nature.
- **Inadequate housing:** A risk factor related to substandard, overcrowded, or unsafe housing conditions, including homelessness.

As not every state is able to report on every caregiver risk factor, the national percentages are calculated only on the number of victims in states reporting each individual risk factor. The largest percentages of victims with caregiver risk factors are those reported with domestic violence and drug abuse. In 40 reporting states, 106,594 victims (24.9%) have the drug abuse caregiver risk factor and in 38 reporting states, 108,112 victims (25.1%) have the domestic violence caregiver factor. See [table 3–10](#) and related notes.

Reporting Infants with Prenatal Substance Exposure Data to NCANDS¹⁰

CAPTA Section 106(d) Annual State Data Reports 18 (A) requests a count of infants with prenatal substance exposure (IPSE). To be included in the count, a child must meet the 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.

¹⁰ *The Comprehensive Addiction and Recovery Act (CARA) of 2016 amended CAPTA by adding a requirement to report the number of infants with prenatal substance exposure (IPSE), the number of IPSE with a plan of safe care, and the number of IPSE with a referral to appropriate services. States began reporting the new fields with their FFY 2018 NCANDS submissions. Children's Bureau Program Instruction ACYF-CB-PI-17-02 dated January 17, 2018, <https://www.acf.hhs.gov/cb/policy-guidance/pi-17-02>.*

The legislation does not require the infants to be considered victims of maltreatment solely based on the substance exposure; and drug abuse includes both legal and illegal drugs.

NCANDS uses the following definitions when discussing IPSE¹¹:

- **Alcohol abuse (child risk factor):** The compulsive use of alcohol that is not of a temporary nature, includes Fetal Alcohol Syndrome, Fetal Alcohol Spectrum Disorder, and exposure to alcohol during pregnancy.
- **Drug abuse (child risk factor):** The compulsive use of drugs that is not of a temporary nature, includes infants exposed to drugs during pregnancy.
- **Screened-in IPSE:** Indicates the child is included in the state's Child File. NCANDS uses the existing fields of age, report source, and alcohol abuse and drug abuse child risk factors to determine the count. These are children who were screened-in and were the subjects of either an investigation or alternative response.
- **Screened-out IPSE:** Indicates the child is included in the state's Agency File. These are children who were screened-out either because they did not meet the child welfare agency's criteria for a CPS response or because, in some states, there are special programs outside of CPS for handling substance abuse.
- **Total IPSE:** The sum of screened-in IPSE and screened-out IPSE

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

FFY 2023 data from 49 states shows 44,453 children referred to CPS agencies as infants with prenatal substance exposure. See [table 3–11](#) and related notes. For FFY 2023, 43 states reported the majority (32,230 or 72.5%) of IPSE are screened-in to CPS to receive either an investigation or alternative response.

For FFY 2023, 38 states reported one-quarter (27.5%) of IPSE are screened-out. Some states have policies and legislation prohibiting certain referrals from being screened-out and some states have special programs or agencies specifically for certain referrals. For example, a state may routinely screen-out IPSE referrals to a special agency or program unless there are additional maltreatment allegations that require an investigation. See [Appendix D](#), State Commentary, for more information about states' screening policies and additional 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 2023, 35 states report 22,319 screened-in IPSE (72.1%) have a plan of safe care. See [table 3–12](#) and related notes. States that have programs outside of CPS may have plans of safe care for IPSE, but they would not be included in the NCANDS submission.

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

CAPTA Section 106(d) Annual State Data Reports 18 (C) asks for the number of screened-in IPSE who also had a referral to services as described under subsection (b)(2)(B)(iii). For FFY 2023, 32 states report 20,468 screened-in IPSE (68.4%) have a referral to appropriate services.

¹¹ CAPTA uses terms *infants affected by substance abuse*, *prenatal drug exposure*, *infants affected by withdrawal symptoms*, and *Fetal Alcohol Spectrum Disorder*. In NCANDS, the term *infants with prenatal substance exposure* includes all of the terms used by CAPTA.

States that have programs outside of CPS may have referrals for IPSE, but they would not be included in the NCANDS submission. See [table 3–13](#) and related notes. What is considered an appropriate service is up to each state’s determination and may depend on the needs of the specific case. According to comments provided by the states, some examples of services that these children and families were referred to include mental and behavioral health, foster care, substance abuse assessment and treatment, and other programs that facilitate early identification of at-risk children and caregivers and link them with early intervention services, public health services, and community-based resources.

Exhibit and Table Notes

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

General

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

- The data for all tables is from the Child File unless otherwise noted.
- Rates are per 1,000 children in the population. Rates are calculated by dividing the relevant reported count (child, victim, first-time victim, etc.) by the child population count (children, by age, etc.) and multiplying by 1,000. The rates are displayed as rounded to the tenth.
- Percentages are displayed as rounded to the tenth.
- Unless otherwise noted, the number of children and victims are unique counts.
- The count of victims includes children with dispositions of substantiated or indicated.
- Children with dispositions of alternative response victims are not included in the 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, 2019–2023

- The percent change was calculated by subtracting 2019 data from 2023 data, dividing the result by 2019 data, and multiplying by 100.

Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2023

- 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, 2019–2023

- The percent change was calculated by subtracting 2019 data from 2023 data, dividing the result by 2019 data, and multiplying by 100.

Table 3–4 First-time Victims, 2023

- States are instructed to check whether there was a disposition date of substantiated 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, 2023

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

Table 3–6 Victims by Sex, 2023

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

Table 3–7 Victims by Race or Ethnicity, 2023

- Counts associated with each racial group are exclusive and do not include Hispanic ethnicity.
- Only those states that have both race and ethnicity population data are included in 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 Duplicate Victims by Maltreatment Type, 2023

- The number of victims is a duplicate count.
- Combinations are at the record level to show the result of the investigation.
- If a victim has two substantiated reports, one of neglect and one of physical abuse, the victim is counted once in neglect only and once in physical abuse only.
- If a victim has one report with both substantiated neglect and substantiated physical abuse, the victim is counted once in the multiple maltreatments category.
- If a victim has two substantiated neglect reports, the victim is counted twice in neglect only.
- Percentages are calculated against the duplicate count of victims in each state.

Table 3–9 Victims by Relationship to Their Perpetrators, 2023

- The number of relationships is a duplicate count, and the number of victims is a unique count. Percentages are calculated against the unique count of victims and total to more than 100.0 percent.
- In NCANDS, a child victim may have up to three perpetrators. A few states' systems do not have the capability of collecting and reporting data for all three perpetrator fields. More information may be found in Appendix D.
- States are excluded from this analysis if more than 25.0 percent of perpetrators are reported with an unknown or missing relationship.
- States are excluded from this analysis if fewer than 85.0 percent of victims have one or more perpetrators.
- 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 can include mother and father, two mothers, and two fathers.

- The two parents of known sex with nonparent category can include mother, father, and nonparent; two mothers and nonparent; and two fathers and nonparent.
- One or more parents of unknown sex can include up to three parents in any 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.
- 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 3–10 Victims with Caregiver Risk Factors, 2023

- 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 column labelled 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.
- 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 3–11 Infants with Prenatal Substance Exposure by Submission Type, 2023

- Data is from the Child File and Agency File.
- States may be excluded from the count of screened-in referrals for incomplete reporting.

Table 3–12 Screened-in Infants with Prenatal Substance Exposure Who Have a Plan of Safe Care, 2023

- This analysis uses a hierarchy, if a screened-in IPSE is reported with and without a plan of safe care, the infant is counted once with the plan of safe care.
- States may be excluded from the count of screened-in referrals for incomplete reporting.

Table 3–13 Screened-in Infants with Prenatal Substance Exposure Who Have a Referral to Appropriate Services, 2023

- 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.
- States may be excluded from the count of screened-in referrals for incomplete reporting.

Table 3–1 Children Who Received an Investigation or Alternative Response, 2019–2023 (continues next page)

State	2019	2020	2021	2022	2023	Percent Change from 2019 to 2023
Alabama	39,335	36,931	36,139	36,538	36,326	-7.6
Alaska	14,429	15,460	10,816	9,799	9,591	-33.5
Arizona	82,336	77,146	57,942	71,670	71,896	-12.7
Arkansas	57,339	54,775	52,887	55,674	58,280	1.6
California	343,536	306,919	271,487	292,782	294,325	-14.3
Colorado	45,849	43,483	43,197	41,159	40,912	-10.8
Connecticut	18,669	14,135	13,416	15,561	16,757	-10.2
Delaware	12,373	10,672	10,006	12,014	11,133	-10.0
District of Columbia	12,315	8,651	7,824	8,211	6,621	-46.2
Florida	285,141	251,149	256,060	251,757	251,995	-11.6
Georgia	157,705	121,595	106,948	104,979	100,192	-36.5
Hawaii	4,378	4,938	4,845	5,193	4,209	-3.9
Idaho	13,385	12,769	12,850	10,666	10,566	-21.1
Illinois	151,490	140,762	142,309	158,622	157,150	3.7
Indiana	147,872	139,343	135,799	123,644	123,428	-16.5
Iowa	38,253	35,469	38,953	38,790	37,455	-2.1
Kansas	32,877	29,552	26,134	24,366	23,037	-29.9
Kentucky	77,512	67,066	55,547	52,816	50,479	-34.9
Louisiana	27,366	23,553	20,623	23,633	33,998	24.2
Maine	16,288	18,871	17,524	16,008	17,062	4.8
Maryland	32,196	29,852	21,367	23,038	20,647	-35.9
Massachusetts	72,962	62,829	65,918	65,920	64,062	-12.2
Michigan	161,058	129,271	127,759	138,996	138,899	-13.8
Minnesota	38,690	36,274	32,919	32,958	31,465	-18.7
Mississippi	38,838	33,450	34,732	36,698	32,398	-16.6
Missouri	67,322	62,059	59,129	60,422	67,085	-0.4
Montana	15,400	15,528	13,484	11,158	10,462	-32.1
Nebraska	25,312	25,964	29,093	27,634	28,622	13.1
Nevada	29,439	27,980	29,351	29,963	28,339	-3.7
New Hampshire	12,798	13,336	11,816	12,742	12,838	0.3
New Jersey	78,741	70,179	66,321	74,766	78,929	0.2
New Mexico	26,040	25,980	23,281	24,529	22,176	-14.8
New York	216,016	194,127	189,559	192,737	192,039	-11.1
North Carolina	124,639	115,472	109,236	113,162	111,443	-10.6
North Dakota	6,597	5,570	4,598	4,764	4,560	-30.9
Ohio	113,071	104,750	106,012	102,858	94,718	-16.2
Oklahoma	57,504	58,379	55,518	51,985	53,127	-7.6
Oregon	55,063	48,161	43,312	47,707	45,504	-17.4
Pennsylvania	41,062	35,447	34,167	39,414	38,751	-5.6
Puerto Rico	15,044	12,510	13,646	12,956	17,231	14.5
Rhode Island	9,334	8,062	6,967	6,160	6,442	-31.0
South Carolina	84,872	63,067	63,842	65,470	67,467	-20.5
South Dakota	4,039	4,032	3,800	3,987	4,122	2.1
Tennessee	94,946	86,109	85,534	88,309	83,431	-12.1
Texas	278,004	263,493	278,119	289,231	280,483	0.9
Utah	26,926	25,860	25,642	26,819	26,790	-0.5
Vermont	4,429	3,178	2,902	3,790	3,857	-12.9
Virginia	49,338	44,902	44,037	44,896	45,994	-6.8
Washington	49,174	47,375	43,474	45,834	45,354	-7.8
West Virginia	53,491	49,128	46,595	46,198	37,350	-30.2
Wisconsin	35,105	32,062	30,191	30,556	28,489	-18.8
Wyoming	5,093	4,006	3,801	3,642	3,229	-36.6
National	3,500,991	3,151,631	3,027,428	3,113,181	3,081,715	-12.0
Reporting States	52	52	52	52	52	-

Table 3–1 Children Who Received an Investigation or Alternative Response, 2019–2023

State	2019 Rate per 1,000 Children	2020 Rate per 1,000 Children	2021 Rate per 1,000 Children	2022 Rate per 1,000 Children	2023 Rate per 1,000 Children
Alabama	36.1	32.7	32.0	32.4	32.1
Alaska	80.0	85.8	60.5	55.3	54.6
Arizona	50.2	48.2	36.3	44.9	45.4
Arkansas	81.8	77.5	75.0	78.8	82.6
California	38.7	34.5	31.1	34.1	34.8
Colorado	36.5	34.5	34.7	33.5	33.7
Connecticut	25.7	19.1	18.3	21.4	23.2
Delaware	60.6	50.8	47.7	56.9	52.5
District of Columbia	96.2	68.5	62.4	65.3	52.3
Florida	67.3	58.7	59.8	58.0	57.5
Georgia	62.9	47.7	42.2	41.3	39.5
Hawaii	14.6	16.1	16.1	17.5	14.3
Idaho	29.9	27.9	27.6	22.8	22.6
Illinois	53.8	49.1	50.6	57.6	58.1
Indiana	94.2	86.9	85.1	77.7	77.8
Iowa	52.5	47.8	52.8	52.9	51.3
Kansas	46.9	41.5	37.1	34.8	33.2
Kentucky	77.2	65.3	54.3	51.8	49.6
Louisiana	25.1	21.3	18.9	21.9	31.9
Maine	65.3	74.3	69.4	63.8	68.5
Maryland	24.1	21.5	15.5	16.9	15.2
Massachusetts	53.9	45.2	48.3	48.8	47.7
Michigan	75.1	59.3	59.3	65.2	65.8
Minnesota	29.7	27.3	25.0	25.2	24.2
Mississippi	55.5	47.8	50.1	53.5	47.7
Missouri	49.0	44.5	42.6	43.7	48.8
Montana	67.3	66.3	57.3	47.2	44.4
Nebraska	53.2	53.2	60.0	57.3	59.5
Nevada	42.4	40.1	42.2	43.2	41.3
New Hampshire	50.0	51.4	45.9	49.9	50.9
New Jersey	40.5	34.2	32.7	37.1	39.3
New Mexico	54.6	54.5	49.7	53.3	49.1
New York	53.6	46.1	46.1	47.8	48.5
North Carolina	54.1	49.8	47.1	48.6	47.7
North Dakota	36.5	29.9	24.8	25.8	24.7
Ohio	43.8	39.8	40.6	39.7	36.7
Oklahoma	60.3	60.6	57.6	53.8	55.0
Oregon	63.7	55.2	50.3	56.4	54.7
Pennsylvania	15.6	13.1	12.8	14.9	14.7
Puerto Rico	26.3	22.1	25.0	25.0	34.6
Rhode Island	45.8	38.1	33.4	29.9	31.6
South Carolina	76.2	56.4	56.9	57.7	59.0
South Dakota	18.5	18.4	17.3	18.0	18.6
Tennessee	62.8	55.4	55.0	56.4	53.1
Texas	37.5	35.3	37.3	38.5	37.1
Utah	29.0	27.2	27.0	28.5	28.7
Vermont	38.7	26.8	24.7	32.6	33.6
Virginia	26.4	23.5	23.2	23.8	24.4
Washington	29.6	27.9	25.8	27.5	27.5
West Virginia	148.4	135.6	130.0	130.2	106.0
Wisconsin	27.7	24.8	23.7	24.2	22.8
Wyoming	38.1	29.9	28.7	27.8	24.9
National	47.5	42.1	40.8	42.2	42.0
Reporting States	-	-	-	-	-

Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2023 *(continues next page)*

State	Substantiated	Indicated	Alternative Response	Unsubstantiated	Intentionally False
Alabama	11,935	-	-	26,056	-
Alaska	2,670	-	-	8,107	-
Arizona	13,196	75	-	49,842	-
Arkansas	8,211	-	8,395	30,116	-
California	50,526	-	-	250,196	-
Colorado	10,639	-	17,621	20,266	-
Connecticut	5,578	-	-	14,085	-
Delaware	891	-	86	6,784	-
District of Columbia	1,336	-	-	3,416	-
Florida	23,860	-	-	198,186	-
Georgia	11,824	-	32,609	31,218	-
Hawaii	883	-	-	3,740	-
Idaho	2,076	-	-	10,599	-
Illinois	36,357	-	-	113,570	343
Indiana	19,214	-	-	144,791	-
Iowa	12,800	-	11,229	30,144	-
Kansas	1,889	-	-	27,822	-
Kentucky	16,577	-	2	44,597	-
Louisiana	9,459	-	-	27,224	-
Maine	2,531	1,535	-	11,419	-
Maryland	4,024	2,539	11,083	5,207	-
Massachusetts	23,976	-	-	23,518	-
Michigan	13,672	10,373	-	77,971	23
Minnesota	5,219	-	21,742	7,873	-
Mississippi	9,460	-	-	28,436	-
Missouri	4,515	-	53,025	24,425	-
Montana	2,754	30	-	9,343	-
Nebraska	2,338	-	6,406	15,677	-
Nevada	6,947	-	712	16,850	-
New Hampshire	1,317	-	-	13,439	-
New Jersey	3,065	-	-	92,650	-
New Mexico	6,673	-	-	22,450	-
New York	53,248	-	22,452	165,257	-
North Carolina	7,081	18,394	83,203	18,727	-
North Dakota	909	-	-	3,881	-
Ohio	16,122	6,377	48,375	37,194	-
Oklahoma	13,859	-	800	39,273	-
Oregon	11,630	-	-	38,518	-
Pennsylvania	4,659	-	-	34,479	-
Puerto Rico	5,034	211	-	9,015	85
Rhode Island	2,620	-	-	4,528	-
South Carolina	14,701	-	-	45,621	-
South Dakota	1,551	-	-	2,959	-
Tennessee	6,971	797	63,190	18,075	-
Texas	56,358	-	49,544	184,968	-
Utah	9,079	-	-	19,954	51
Vermont	762	-	1,595	2,371	19
Virginia	4,478	-	37,543	8,834	-
Washington	3,872	-	33,973	20,418	67
West Virginia	5,209	-	-	29,159	-
Wisconsin	3,843	-	4,568	25,157	-
Wyoming	786	-	2,738	275	-
National	549,184	40,331	510,891	2,098,680	588
National Percent	14.7	1.1	13.7	56.3	0.0
Reporting States	52	9	22	52	6

Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2023

State	Closed With No Finding	No Alleged Maltreatment	Other	Unknown	Total Children
Alabama	1,501	-	1	93	39,586
Alaska	1,231	-	-	-	12,008
Arizona	1,584	20,178	-	-	84,875
Arkansas	1,773	22,704	-	-	71,199
California	-	51,173	-	-	351,895
Colorado	-	-	-	497	49,023
Connecticut	-	-	-	-	19,663
Delaware	3,401	1,488	-	-	12,650
District of Columbia	210	2,585	-	-	7,547
Florida	-	82,864	-	595	305,505
Georgia	-	43,459	-	-	119,110
Hawaii	-	-	-	21	4,644
Idaho	-	-	-	-	12,675
Illinois	-	56,276	-	-	206,546
Indiana	-	-	-	-	164,005
Iowa	-	-	-	22	54,195
Kansas	251	-	-	-	29,962
Kentucky	1,147	-	143	-	62,466
Louisiana	1,888	-	-	-	38,571
Maine	-	6,953	-	-	22,438
Maryland	-	-	-	-	22,853
Massachusetts	-	19,122	9,984	-	76,600
Michigan	702	73,334	-	-	176,075
Minnesota	1,635	-	-	1	36,470
Mississippi	1,075	-	-	-	38,971
Missouri	2,093	-	532	102	84,692
Montana	413	4	72	-	12,616
Nebraska	382	11,290	-	-	36,093
Nevada	621	8,992	-	-	34,122
New Hampshire	607	-	-	283	15,646
New Jersey	-	-	-	-	95,715
New Mexico	-	-	-	-	29,123
New York	-	2,107	-	-	243,064
North Carolina	-	1,599	139	-	129,143
North Dakota	217	-	-	-	5,007
Ohio	4,503	-	-	-	112,571
Oklahoma	5,822	-	-	-	59,754
Oregon	-	-	5,574	-	55,722
Pennsylvania	-	-	-	-	39,138
Puerto Rico	1,917	3,081	-	-	19,343
Rhode Island	68	-	-	-	7,216
South Carolina	-	26,357	-	-	86,679
South Dakota	168	-	-	-	4,678
Tennessee	6,930	-	2	33	95,998
Texas	3,090	-	19,454	3,222	316,636
Utah	2,180	-	-	-	31,264
Vermont	-	-	-	-	4,747
Virginia	40	486	-	4	51,385
Washington	2,115	-	-	-	60,445
West Virginia	2,164	4,182	-	11	40,725
Wisconsin	-	-	-	-	33,568
Wyoming	-	-	-	-	3,799
National	49,728	438,234	35,901	4,884	3,728,421
National Percent	1.3	11.8	1.0	0.1	100.0
Reporting States	29	20	9	12	52

Table 3–3 Child Victims, 2019–2023 (continues next page)

State	2019	2020	2021	2022	2023	Percent Change from 2019 to 2023
Alabama	11,677	11,663	11,840	11,618	11,636	-0.4
Alaska	3,059	3,212	2,733	2,581	2,424	-20.8
Arizona	12,847	9,954	11,037	11,541	11,624	-9.5
Arkansas	8,422	9,241	9,616	8,927	7,842	-6.9
California	64,132	60,317	55,503	50,869	47,824	-25.4
Colorado	12,246	11,615	11,147	9,777	9,868	-19.4
Connecticut	8,042	6,346	5,570	5,032	5,227	-35.0
Delaware	1,248	1,200	1,131	1,077	882	-29.3
District of Columbia	1,857	1,568	1,647	1,574	1,269	-31.7
Florida	32,915	28,268	27,394	24,505	22,842	-30.6
Georgia	10,102	8,690	9,643	10,524	11,435	13.2
Hawaii	1,342	1,294	1,322	1,228	831	-38.1
Idaho	1,869	1,958	2,268	2,005	2,017	7.9
Illinois	33,331	35,437	35,841	32,433	32,054	-3.8
Indiana	23,029	22,648	21,556	19,185	18,267	-20.7
Iowa	11,648	10,600	11,271	11,150	10,789	-7.4
Kansas	2,945	2,386	2,140	1,861	1,807	-38.6
Kentucky	20,130	16,748	14,963	12,340	14,484	-28.0
Louisiana	8,441	6,859	6,422	7,572	8,971	6.3
Maine	4,413	4,726	4,228	3,792	3,741	-15.2
Maryland	7,661	7,242	6,303	6,564	6,074	-20.7
Massachusetts	25,029	22,538	22,654	22,075	21,710	-13.3
Michigan	33,043	26,932	24,515	23,500	22,728	-31.2
Minnesota	6,780	6,647	5,544	5,299	4,988	-26.4
Mississippi	9,377	8,136	8,526	9,028	8,781	-6.4
Missouri	4,762	4,449	4,262	3,932	4,419	-7.2
Montana	3,736	3,777	3,077	2,714	2,628	-29.7
Nebraska	2,822	2,376	2,471	2,026	2,228	-21.0
Nevada	4,990	5,016	5,547	5,851	6,496	30.2
New Hampshire	1,217	1,182	985	1,034	1,276	4.8
New Jersey	5,132	3,655	3,188	3,146	2,951	-42.5
New Mexico	8,025	7,050	5,964	5,817	5,670	-29.3
New York	67,269	59,126	56,760	50,056	46,431	-31.0
North Carolina	26,449	23,480	21,643	23,134	23,737	-10.3
North Dakota	1,797	1,614	1,349	1,132	895	-50.2
Ohio	25,470	23,691	24,267	22,439	20,598	-19.1
Oklahoma	15,148	14,685	13,719	13,546	13,198	-12.9
Oregon	13,543	11,487	10,573	10,479	10,773	-20.5
Pennsylvania	4,817	4,582	4,683	5,005	4,455	-7.5
Puerto Rico	4,738	3,572	4,753	4,320	4,446	-6.2
Rhode Island	3,183	2,743	2,588	2,444	2,514	-21.0
South Carolina	18,717	14,263	15,307	14,572	13,628	-27.2
South Dakota	1,537	1,570	1,459	1,451	1,445	-6.0
Tennessee	9,859	8,687	7,739	6,924	7,638	-22.5
Texas	64,093	65,116	65,253	54,207	54,476	-15.0
Utah	10,579	9,694	9,233	8,765	8,640	-18.3
Vermont	851	530	392	672	660	-22.4
Virginia	6,159	5,658	4,944	4,563	4,342	-29.5
Washington	4,222	3,967	3,487	3,389	3,194	-24.3
West Virginia	6,727	6,116	6,094	5,510	4,850	-27.9
Wisconsin	4,576	4,177	4,229	4,082	3,694	-19.3
Wyoming	1,096	992	886	821	762	-30.5
National	677,099	619,480	599,666	558,088	546,159	-19.3
Reporting States	52	52	52	52	52	-

Table 3–3 Child Victims, 2019–2023

State	2019 Rate per 1,000 Children	2020 Rate per 1,000 Children	2021 Rate per 1,000 Children	2022 Rate per 1,000 Children	2023 Rate per 1,000 Children
Alabama	10.7	10.3	10.5	10.3	10.3
Alaska	17.0	17.8	15.3	14.6	13.8
Arizona	7.8	6.2	6.9	7.2	7.3
Arkansas	12.0	13.1	13.6	12.6	11.1
California	7.2	6.8	6.4	5.9	5.7
Colorado	9.7	9.2	9.0	8.0	8.1
Connecticut	11.1	8.6	7.6	6.9	7.2
Delaware	6.1	5.7	5.4	5.1	4.2
District of Columbia	14.5	12.4	13.1	12.5	10.0
Florida	7.8	6.6	6.4	5.6	5.2
Georgia	4.0	3.4	3.8	4.1	4.5
Hawaii	4.5	4.2	4.4	4.1	2.8
Idaho	4.2	4.3	4.9	4.3	4.3
Illinois	11.8	12.4	12.7	11.8	11.8
Indiana	14.7	14.1	13.5	12.1	11.5
Iowa	16.0	14.3	15.3	15.2	14.8
Kansas	4.2	3.3	3.0	2.7	2.6
Kentucky	20.0	16.3	14.6	12.1	14.2
Louisiana	7.7	6.2	5.9	7.0	8.4
Maine	17.7	18.6	16.7	15.1	15.0
Maryland	5.7	5.2	4.6	4.8	4.5
Massachusetts	18.5	16.2	16.6	16.3	16.2
Michigan	15.4	12.3	11.4	11.0	10.8
Minnesota	5.2	5.0	4.2	4.0	3.8
Mississippi	13.4	11.6	12.3	13.2	12.9
Missouri	3.5	3.2	3.1	2.8	3.2
Montana	16.3	16.1	13.1	11.5	11.2
Nebraska	5.9	4.9	5.1	4.2	4.6
Nevada	7.2	7.2	8.0	8.4	9.5
New Hampshire	4.8	4.6	3.8	4.1	5.1
New Jersey	2.6	1.8	1.6	1.6	1.5
New Mexico	16.8	14.8	12.7	12.6	12.6
New York	16.7	14.0	13.8	12.4	11.7
North Carolina	11.5	10.1	9.3	9.9	10.2
North Dakota	10.0	8.7	7.3	6.1	4.8
Ohio	9.9	9.0	9.3	8.7	8.0
Oklahoma	15.9	15.2	14.2	14.0	13.7
Oregon	15.7	13.2	12.3	12.4	13.0
Pennsylvania	1.8	1.7	1.7	1.9	1.7
Puerto Rico	8.3	6.3	8.7	8.3	8.9
Rhode Island	15.6	13.0	12.4	11.9	12.3
South Carolina	16.8	12.7	13.6	12.8	11.9
South Dakota	7.1	7.2	6.6	6.6	6.5
Tennessee	6.5	5.6	5.0	4.4	4.9
Texas	8.7	8.7	8.7	7.2	7.2
Utah	11.4	10.2	9.7	9.3	9.3
Vermont	7.4	4.5	3.3	5.8	5.8
Virginia	3.3	3.0	2.6	2.4	2.3
Washington	2.5	2.3	2.1	2.0	1.9
West Virginia	18.7	16.9	17.0	15.5	13.8
Wisconsin	3.6	3.2	3.3	3.2	3.0
Wyoming	8.2	7.4	6.7	6.3	5.9
National	9.2	8.3	8.1	7.6	7.4
Reporting States	-	-	-	-	-

Table 3–4 First-time Victims, 2023

State	First-time Victims	First-time Victims Rate per 1,000 Children
Alabama	9,194	8.1
Alaska	1,544	8.8
Arizona	6,614	4.2
Arkansas	6,337	9.0
California	37,820	4.5
Colorado	6,753	5.6
Connecticut	3,746	5.2
Delaware	738	3.5
District of Columbia	823	6.5
Florida	10,231	2.3
Georgia	9,415	3.7
Hawaii	668	2.3
Idaho	1,685	3.6
Illinois	19,877	7.3
Indiana	13,066	8.2
Iowa	7,290	10.0
Kansas	1,610	2.3
Kentucky	9,129	9.0
Louisiana	7,025	6.6
Maine	1,963	7.9
Maryland	4,187	3.1
Massachusetts	12,161	9.1
Michigan	14,435	6.8
Minnesota	4,721	3.6
Mississippi	7,766	11.4
Missouri	3,814	2.8
Montana	2,138	9.1
Nebraska	1,795	3.7
Nevada	4,195	6.1
New Hampshire	983	3.9
New Jersey	2,393	1.2
New Mexico	3,894	8.6
New York	27,359	6.9
North Carolina	15,833	6.8
North Dakota	663	3.6
Ohio	14,894	5.8
Oklahoma	10,290	10.6
Oregon	6,887	8.3
Pennsylvania	4,164	1.6
Puerto Rico	4,092	8.2
Rhode Island	1,737	8.5
South Carolina	9,631	8.4
South Dakota	1,091	4.9
Tennessee	4,023	2.6
Texas	43,827	5.8
Utah	5,952	6.4
Vermont	539	4.7
Virginia	4,121	2.2
Washington	1,375	0.8
West Virginia	4,462	12.7
Wisconsin	3,075	2.5
Wyoming	578	4.5
National	382,603	5.2
Reporting States	52	-

Table 3–5 Victims by Age, 2023 *(continues next page)*

State	<1	1	2	3	4	5	6	7	8	9
Alabama	2,013	743	725	662	680	625	554	551	530	495
Alaska	305	164	154	142	167	150	154	132	129	117
Arizona	2,627	691	664	648	593	603	570	547	544	456
Arkansas	1,776	408	417	368	377	423	385	351	323	270
California	7,168	3,016	2,683	2,656	2,629	2,598	2,623	2,486	2,374	2,280
Colorado	1,208	618	601	601	596	557	553	590	559	508
Connecticut	590	302	308	297	279	265	263	249	285	257
Delaware	92	43	44	49	49	53	46	40	45	55
District of Columbia	131	70	64	81	55	102	84	84	73	80
Florida	3,432	1,579	1,505	1,555	1,404	1,348	1,240	1,153	1,115	1,035
Georgia	1,714	643	653	643	621	710	685	638	587	564
Hawaii	153	40	45	37	39	45	50	34	42	51
Idaho	428	104	101	109	98	105	97	94	83	88
Illinois	3,846	2,305	2,221	2,127	2,111	1,935	2,003	1,859	1,709	1,606
Indiana	4,144	1,090	1,062	1,011	900	919	858	821	873	768
Iowa	1,693	698	707	644	656	635	605	567	580	504
Kansas	190	92	95	96	120	85	130	82	90	97
Kentucky	1,802	825	861	839	827	813	825	824	804	710
Louisiana	2,626	541	476	482	437	422	410	402	351	360
Maine	421	216	231	226	227	185	249	226	244	231
Maryland	438	328	325	305	335	325	334	310	289	295
Massachusetts	2,084	1,284	1,182	1,164	1,203	1,193	1,229	1,199	1,154	1,155
Michigan	2,502	1,516	1,446	1,443	1,422	1,347	1,365	1,265	1,179	1,152
Minnesota	666	301	295	298	272	296	261	266	253	241
Mississippi	1,240	411	476	451	463	452	492	436	427	426
Missouri	294	253	253	234	262	217	210	207	254	202
Montana	312	159	174	153	169	149	152	159	158	146
Nebraska	277	162	144	137	138	118	137	103	113	98
Nevada	894	467	415	386	420	391	380	387	339	283
New Hampshire	158	85	74	78	67	70	65	54	62	79
New Jersey	346	163	159	166	152	162	161	175	157	154
New Mexico	651	268	316	298	300	345	349	409	343	352
New York	4,193	2,662	2,613	2,642	2,605	2,582	2,784	2,685	2,555	2,481
North Carolina	2,982	1,448	1,441	1,428	1,309	1,315	1,376	1,347	1,238	1,214
North Dakota	190	63	74	58	55	50	42	40	44	39
Ohio	3,111	1,201	1,130	1,173	1,143	1,133	1,044	1,095	1,017	983
Oklahoma	2,005	948	864	870	834	745	736	724	696	638
Oregon	1,031	599	597	598	605	598	639	622	582	563
Pennsylvania	353	243	211	192	207	190	193	159	159	203
Puerto Rico	260	202	194	214	234	264	295	278	270	259
Rhode Island	332	188	186	158	134	144	143	149	134	134
South Carolina	1,877	888	886	829	766	774	796	710	683	635
South Dakota	243	94	99	107	98	85	71	81	74	67
Tennessee	1,895	353	342	308	336	341	295	318	299	286
Texas	10,203	4,392	4,134	4,017	3,803	3,442	2,834	2,564	2,411	2,180
Utah	657	381	403	442	402	455	461	456	460	410
Vermont	44	33	33	41	36	43	31	32	38	22
Virginia	559	285	249	250	246	234	223	238	200	185
Washington	293	235	234	229	184	184	190	184	161	144
West Virginia	655	250	268	270	289	277	310	275	248	250
Wisconsin	362	252	214	242	228	232	249	223	203	175
Wyoming	104	48	47	51	50	41	51	36	49	38
National	77,570	34,350	33,095	32,505	31,632	30,772	30,282	28,916	27,589	26,021
Reporting States	52	52	52	52	52	52	52	52	52	52

Table 3–5 Victims by Age, 2023 *(continues next page)*

State	10	11	12	13	14	15	16	17	Unborn, Unknown, and 18–21	Total Victims
Alabama	470	458	510	567	626	584	466	304	73	11,636
Alaska	124	107	125	121	103	82	68	68	12	2,424
Arizona	454	467	462	517	493	492	462	321	13	11,624
Arkansas	307	326	323	344	409	378	354	237	66	7,842
California	2,183	2,222	2,236	2,331	2,348	2,298	2,076	1,588	29	47,824
Colorado	477	464	458	482	515	469	356	247	9	9,868
Connecticut	273	265	293	286	266	298	245	174	32	5,227
Delaware	42	44	51	47	62	45	43	29	3	882
District of Columbia	87	69	65	67	54	46	40	14	3	1,269
Florida	949	1,001	973	1,060	1,031	957	842	594	69	22,842
Georgia	546	510	560	551	573	549	420	257	11	11,435
Hawaii	34	41	35	43	51	33	34	19	5	831
Idaho	89	78	85	103	103	115	74	62	1	2,017
Illinois	1,521	1,457	1,402	1,443	1,336	1,284	1,128	724	37	32,054
Indiana	802	775	790	824	794	793	633	384	26	18,267
Iowa	501	488	461	471	510	440	363	264	2	10,789
Kansas	93	99	93	100	98	103	91	48	5	1,807
Kentucky	733	686	665	764	769	688	638	398	13	14,484
Louisiana	323	319	339	337	378	316	301	134	17	8,971
Maine	211	162	207	188	174	164	112	63	4	3,741
Maryland	286	325	361	392	428	400	348	239	11	6,074
Massachusetts	1,114	1,094	1,163	1,242	1,176	1,249	1,034	769	22	21,710
Michigan	1,012	1,062	1,076	1,206	1,095	1,111	903	611	15	22,728
Minnesota	243	269	247	255	268	197	213	139	8	4,988
Mississippi	400	413	457	469	525	499	449	266	29	8,781
Missouri	206	219	221	304	313	341	252	176	1	4,419
Montana	118	145	124	117	120	112	78	61	22	2,628
Nebraska	101	102	97	102	122	107	84	52	34	2,228
Nevada	299	308	262	323	261	277	222	176	6	6,496
New Hampshire	62	58	77	65	72	45	65	34	6	1,276
New Jersey	141	149	185	151	151	154	130	79	16	2,951
New Mexico	302	289	278	278	259	245	185	144	59	5,670
New York	2,426	2,405	2,468	2,592	2,563	2,618	2,238	1,211	108	46,431
North Carolina	1,155	1,110	1,217	1,215	1,168	1,114	916	625	119	23,737
North Dakota	34	40	30	35	30	33	28	7	3	895
Ohio	946	942	1,054	1,011	1,105	1,011	884	565	50	20,598
Oklahoma	568	584	553	617	566	517	419	257	57	13,198
Oregon	597	535	509	585	617	564	497	383	52	10,773
Pennsylvania	211	250	272	302	351	385	298	224	52	4,455
Puerto Rico	259	261	265	296	267	272	224	111	21	4,446
Rhode Island	125	113	98	123	116	96	68	54	19	2,514
South Carolina	610	601	620	625	640	655	545	274	214	13,628
South Dakota	67	61	52	49	62	50	42	37	6	1,445
Tennessee	289	322	392	422	352	415	350	271	52	7,638
Texas	2,048	1,961	1,994	2,035	1,991	1,774	1,561	906	226	54,476
Utah	461	466	462	556	558	590	557	452	11	8,640
Vermont	38	26	29	31	60	60	33	28	2	660
Virginia	195	172	189	214	231	227	183	136	126	4,342
Washington	159	147	157	157	189	137	117	91	2	3,194
West Virginia	265	240	248	224	234	221	192	123	11	4,850
Wisconsin	168	169	169	203	179	188	139	89	10	3,694
Wyoming	30	34	41	32	38	27	26	19	-	762
National	25,154	24,910	25,500	26,874	26,800	25,825	22,026	14,538	1,800	546,159
Reporting States	52	52	52	52	52	52	52	52	51	52

Table 3–5 Victims by Age, 2023 (continues next page)

State	<1 Rate per 1,000 Children	1 Rate per 1,000 Children	2 Rate per 1,000 Children	3 Rate per 1,000 Children	4 Rate per 1,000 Children	5 Rate per 1,000 Children	6 Rate per 1,000 Children	7 Rate per 1,000 Children	8 Rate per 1,000 Children
Alabama	34.9	13.0	12.5	11.2	11.2	10.2	8.9	8.8	8.5
Alaska	32.7	17.8	16.4	15.4	17.5	15.0	15.2	13.0	12.6
Arizona	33.4	9.1	8.5	8.1	7.2	7.1	6.5	6.1	6.1
Arkansas	49.4	11.6	11.6	10.0	10.0	11.0	9.8	8.9	8.3
California	16.9	7.4	6.3	6.1	5.9	5.6	5.5	5.2	4.9
Colorado	19.4	10.1	9.7	9.7	9.4	8.6	8.2	8.7	8.2
Connecticut	16.6	8.7	8.5	8.1	7.4	7.0	6.7	6.3	7.2
Delaware	8.4	4.1	4.1	4.5	4.4	4.7	4.0	3.4	3.9
District of Columbia	15.4	8.5	8.5	10.7	7.1	13.2	11.0	11.0	10.2
Florida	15.4	7.4	6.8	6.8	6.1	5.7	5.1	4.8	4.6
Georgia	13.7	5.2	5.2	5.0	4.7	5.3	4.9	4.5	4.2
Hawaii	9.7	2.6	2.9	2.3	2.4	2.7	2.9	2.0	2.4
Idaho	19.2	4.7	4.4	4.7	4.1	4.2	3.7	3.6	3.2
Illinois	29.8	17.6	16.1	15.1	14.5	13.1	13.1	12.1	11.3
Indiana	52.0	14.0	12.9	12.1	10.6	10.7	9.7	9.2	9.8
Iowa	46.0	19.4	18.8	17.0	16.8	16.0	14.8	13.8	14.2
Kansas	5.5	2.7	2.7	2.7	3.3	2.3	3.4	2.1	2.3
Kentucky	34.6	16.1	16.3	15.6	15.0	14.7	14.6	14.5	14.1
Louisiana	46.8	9.7	8.5	8.5	7.5	7.1	6.7	6.6	5.8
Maine	35.2	18.5	18.2	17.5	17.5	14.0	18.2	16.3	17.6
Maryland	6.4	4.9	4.6	4.2	4.6	4.4	4.4	4.1	3.8
Massachusetts	29.9	19.3	17.2	16.8	17.0	16.6	16.8	16.2	15.6
Michigan	24.1	14.7	13.2	13.1	12.6	11.7	11.6	10.6	9.9
Minnesota	10.3	4.8	4.4	4.4	3.9	4.1	3.6	3.6	3.4
Mississippi	36.1	11.9	13.7	12.7	12.8	12.5	13.4	11.8	11.5
Missouri	4.3	3.7	3.5	3.2	3.5	2.9	2.8	2.7	3.3
Montana	27.7	14.3	14.9	12.9	13.8	11.6	11.3	11.7	11.8
Nebraska	11.5	6.7	5.8	5.4	5.3	4.5	5.0	3.8	4.1
Nevada	26.8	13.8	11.8	10.7	11.5	10.5	9.8	9.9	8.8
New Hampshire	12.7	7.0	5.8	6.1	5.2	5.3	4.8	3.9	4.5
New Jersey	3.4	1.6	1.5	1.6	1.4	1.5	1.5	1.6	1.4
New Mexico	30.9	12.6	14.4	13.1	12.9	14.5	14.0	16.0	13.4
New York	19.7	13.2	12.3	12.2	11.8	11.7	12.4	11.9	11.4
North Carolina	24.6	12.3	12.1	11.8	10.7	10.6	10.8	10.5	9.7
North Dakota	19.4	6.4	7.4	5.8	5.4	4.7	3.9	3.7	4.2
Ohio	24.3	9.4	8.4	8.6	8.2	8.0	7.3	7.6	7.0
Oklahoma	42.1	19.9	17.6	17.4	16.3	14.2	13.6	13.3	12.7
Oregon	25.5	15.2	14.4	14.2	13.9	13.3	13.6	13.0	12.1
Pennsylvania	2.7	1.9	1.6	1.4	1.5	1.3	1.3	1.1	1.1
Puerto Rico	13.4	11.1	9.9	10.2	11.0	11.5	11.6	10.1	9.3
Rhode Island	32.0	18.8	17.6	14.6	12.1	12.9	12.4	13.1	11.9
South Carolina	32.8	15.7	15.4	14.3	12.8	12.8	12.8	11.3	10.9
South Dakota	21.3	8.4	8.4	9.0	8.1	6.9	5.7	6.5	5.9
Tennessee	23.2	4.4	4.2	3.7	4.0	4.0	3.4	3.7	3.5
Texas	26.6	11.8	10.9	10.4	9.6	8.4	6.7	6.0	5.7
Utah	14.2	8.4	8.5	9.3	8.3	9.1	8.9	8.7	8.7
Vermont	8.1	6.3	5.9	7.1	6.1	7.0	4.9	4.9	5.8
Virginia	5.8	3.0	2.5	2.5	2.4	2.3	2.1	2.3	1.9
Washington	3.5	2.8	2.7	2.6	2.1	2.0	2.0	1.9	1.7
West Virginia	38.6	14.6	15.1	15.2	15.8	14.9	16.2	14.0	12.4
Wisconsin	6.0	4.2	3.4	3.8	3.5	3.4	3.6	3.2	2.9
Wyoming	17.3	7.9	7.5	8.0	7.6	5.9	7.0	4.9	6.7
National	21.0	9.5	8.8	8.5	8.1	7.7	7.4	7.0	6.7
Reporting States	-	-	-	-	-	-	-	-	-

Table 3–5 Victims by Age, 2023

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	7.3	7.9	8.6	9.1	8.5	7.0	4.6
Alaska	11.4	12.3	10.5	12.4	11.9	10.2	8.2	7.0	7.1
Arizona	5.1	5.1	5.2	5.0	5.4	5.0	4.9	4.7	3.3
Arkansas	7.0	7.9	8.3	8.0	8.3	9.5	8.8	8.4	5.7
California	4.7	4.5	4.5	4.5	4.6	4.5	4.4	4.0	3.1
Colorado	7.5	7.0	6.7	6.4	6.6	6.8	6.2	4.8	3.3
Connecticut	6.5	6.8	6.4	6.9	6.6	5.8	6.4	5.3	3.7
Delaware	4.7	3.5	3.7	4.2	3.8	4.8	3.5	3.4	2.4
District of Columbia	11.1	12.3	10.2	10.4	11.1	9.1	8.0	7.4	2.6
Florida	4.3	3.9	4.1	3.9	4.2	3.9	3.6	3.2	2.3
Georgia	4.0	3.9	3.5	3.8	3.6	3.6	3.5	2.7	1.7
Hawaii	2.9	2.0	2.4	2.1	2.6	3.1	2.0	2.2	1.2
Idaho	3.4	3.4	2.9	3.1	3.6	3.5	3.9	2.6	2.2
Illinois	10.6	9.9	9.4	8.8	8.8	7.8	7.5	6.7	4.3
Indiana	8.7	9.1	8.7	8.7	8.8	8.2	8.2	6.7	4.1
Iowa	12.4	12.5	12.1	11.0	10.8	11.3	9.8	8.2	6.1
Kansas	2.5	2.4	2.5	2.3	2.4	2.3	2.4	2.2	1.2
Kentucky	12.5	13.0	12.2	11.6	12.9	12.5	11.2	10.6	6.7
Louisiana	6.1	5.5	5.4	5.6	5.4	5.8	4.9	4.8	2.2
Maine	16.7	15.3	11.6	14.2	12.5	11.2	10.4	7.1	4.0
Maryland	3.9	3.8	4.2	4.6	4.9	5.2	4.9	4.3	3.0
Massachusetts	15.5	14.8	14.4	15.0	15.8	14.4	15.1	12.5	9.2
Michigan	9.7	8.6	8.9	8.8	9.7	8.4	8.5	7.0	4.7
Minnesota	3.3	3.3	3.7	3.3	3.3	3.4	2.5	2.7	1.8
Mississippi	11.6	10.7	10.9	11.7	11.4	12.0	11.3	10.7	6.5
Missouri	2.6	2.7	2.8	2.8	3.8	3.7	4.1	3.1	2.2
Montana	10.9	8.8	10.8	9.1	8.3	8.2	7.7	5.5	4.4
Nebraska	3.6	3.8	3.8	3.5	3.6	4.2	3.7	3.0	1.9
Nevada	7.3	7.7	7.8	6.5	7.9	6.1	6.5	5.4	4.4
New Hampshire	5.6	4.4	4.0	5.2	4.3	4.5	2.8	4.0	2.1
New Jersey	1.4	1.3	1.3	1.6	1.3	1.2	1.3	1.1	0.7
New Mexico	13.5	11.6	10.9	10.1	9.8	8.8	8.4	6.5	5.1
New York	11.1	10.8	10.6	10.9	11.4	10.9	11.2	9.6	5.2
North Carolina	9.5	9.0	8.6	9.1	8.8	8.2	7.8	6.5	4.5
North Dakota	3.7	3.3	4.0	3.0	3.4	2.9	3.2	2.8	0.7
Ohio	6.8	6.6	6.6	7.2	6.7	7.1	6.5	5.7	3.7
Oklahoma	11.6	10.4	10.7	10.0	10.9	9.7	8.9	7.4	4.6
Oregon	11.8	12.4	11.0	10.2	11.5	11.7	10.8	9.7	7.6
Pennsylvania	1.4	1.4	1.7	1.8	1.9	2.2	2.4	1.9	1.4
Puerto Rico	8.5	8.1	8.0	7.7	8.4	7.5	7.4	5.9	2.9
Rhode Island	11.9	11.1	9.9	8.5	10.4	9.4	7.7	5.4	4.2
South Carolina	10.2	9.7	9.5	9.4	9.1	9.1	9.3	8.0	4.1
South Dakota	5.4	5.4	4.9	4.1	3.8	4.7	3.9	3.3	3.0
Tennessee	3.3	3.4	3.7	4.4	4.6	3.7	4.4	3.8	3.0
Texas	5.2	4.9	4.6	4.6	4.6	4.4	3.9	3.5	2.1
Utah	7.8	8.8	8.7	8.3	9.8	9.5	10.1	9.8	8.1
Vermont	3.4	5.7	3.9	4.3	4.5	8.2	8.2	4.5	3.8
Virginia	1.8	1.9	1.6	1.8	2.0	2.0	2.0	1.6	1.2
Washington	1.5	1.7	1.6	1.6	1.6	1.9	1.4	1.2	1.0
West Virginia	12.4	13.2	11.9	12.0	10.6	10.6	10.0	8.9	5.7
Wisconsin	2.5	2.4	2.4	2.3	2.7	2.3	2.4	1.8	1.2
Wyoming	5.1	4.1	4.5	5.2	3.9	4.6	3.2	3.2	2.4
National	6.3	6.1	6.0	6.0	6.2	6.0	5.8	5.0	3.3
Reporting States	-	-	-	-	-	-	-	-	-

Table 3–6 Victims by Sex, 2023

State	Boy	Girl	Unknown	Total Victims	Boy Rate per 1,000 Children	Girl Rate per 1,000 Children
Alabama	5,333	6,290	13	11,636	9.2	11.4
Alaska	1,182	1,229	13	2,424	13.1	14.4
Arizona	5,576	5,886	162	11,624	6.9	7.6
Arkansas	3,513	4,323	6	7,842	9.7	12.6
California	22,896	24,834	94	47,824	5.3	6.0
Colorado	4,721	5,146	1	9,868	7.6	8.7
Connecticut	2,431	2,760	36	5,227	6.6	7.8
Delaware	375	507	-	882	3.5	4.9
District of Columbia	608	659	2	1,269	9.5	10.6
Florida	10,859	11,850	133	22,842	4.8	5.5
Georgia	5,516	5,906	13	11,435	4.3	4.7
Hawaii	376	444	11	831	2.5	3.1
Idaho	964	1,053	-	2,017	4.0	4.6
Illinois	15,774	16,182	98	32,054	11.4	12.2
Indiana	8,750	9,504	13	18,267	10.7	12.3
Iowa	5,338	5,443	8	10,789	14.3	15.3
Kansas	798	1,006	3	1,807	2.2	3.0
Kentucky	7,142	7,248	94	14,484	13.7	14.6
Louisiana	4,309	4,629	33	8,971	7.9	8.9
Maine	1,890	1,847	4	3,741	14.7	15.3
Maryland	2,529	3,519	26	6,074	3.6	5.3
Massachusetts	10,315	10,900	495	21,710	15.0	16.7
Michigan	11,192	11,516	20	22,728	10.3	11.2
Minnesota	2,314	2,674	-	4,988	3.5	4.2
Mississippi	4,096	4,660	25	8,781	11.8	14.0
Missouri	1,815	2,604	-	4,419	2.6	3.9
Montana	1,277	1,347	4	2,628	10.5	11.8
Nebraska	1,037	1,186	5	2,228	4.2	5.1
Nevada	3,265	3,231	-	6,496	9.3	9.6
New Hampshire	623	653	-	1,276	4.8	5.3
New Jersey	1,402	1,541	8	2,951	1.4	1.6
New Mexico	2,768	2,868	34	5,670	12.0	13.0
New York	22,718	23,684	29	46,431	11.2	12.3
North Carolina	11,687	12,030	20	23,737	9.8	10.5
North Dakota	451	444	-	895	4.8	4.9
Ohio	9,540	11,001	57	20,598	7.2	8.7
Oklahoma	6,545	6,653	-	13,198	13.2	14.1
Oregon	4,996	5,741	36	10,773	11.7	14.2
Pennsylvania	1,676	2,779	-	4,455	1.2	2.2
Puerto Rico	2,174	2,271	1	4,446	8.6	9.3
Rhode Island	1,248	1,260	6	2,514	12.0	12.6
South Carolina	6,612	6,956	60	13,628	11.3	12.4
South Dakota	706	736	3	1,445	6.2	6.8
Tennessee	2,971	4,617	50	7,638	3.7	6.0
Texas	25,625	28,561	290	54,476	6.6	7.7
Utah	4,046	4,594	-	8,640	8.4	10.1
Vermont	276	384	-	660	4.7	6.9
Virginia	1,986	2,355	1	4,342	2.1	2.6
Washington	1,429	1,758	7	3,194	1.7	2.2
West Virginia	2,438	2,391	21	4,850	13.5	13.9
Wisconsin	1,665	2,010	19	3,694	2.6	3.3
Wyoming	371	391	-	762	5.6	6.2
National	260,144	284,061	1,954	546,159	6.9	7.9
Reporting States	52	52	40	52	-	-

Table 3–7 Victims by Race or Ethnicity, 2023 *(continues next page)*

State	American Indian or Alaska Native	Asian	Black or African-American	Hispanic	Native Hawaiian or Other Pacific Islander	Two or More Races	White	Unknown	Total Victims
Alabama	17	24	3,665	690	0	308	6,805	127	11,636
Alaska	1,303	6	32	80	56	355	458	134	2,424
Arizona	628	35	1,180	4,064	25	465	3,653	1,574	11,624
Arkansas	13	15	1,598	660	54	660	4,710	132	7,842
California	412	1,093	6,160	27,842	159	1,134	8,753	2,271	47,824
Colorado	64	85	1,195	4,068	52	442	3,555	407	9,868
Connecticut	8	33	1,127	1,840	1	298	1,770	150	5,227
Delaware	2	7	436	134	2	19	282	0	882
District of Columbia	0	3	927	103	0	4	10	222	1,269
Florida	20	77	7,064	3,811	8	1,389	9,469	1,004	22,842
Georgia	10	48	4,787	919	6	737	4,713	215	11,435
Hawaii	3	63	23	22	172	372	114	62	831
Idaho	42	1	24	260	4	61	1,009	616	2,017
Illinois	18	336	9,927	6,303	15	1,128	14,057	270	32,054
Indiana	10	90	3,167	1,869	13	1,508	11,567	43	18,267
Iowa	124	69	1,621	1,301	75	351	7,205	43	10,789
Kansas	7	12	207	274	1	158	1,114	34	1,807
Kentucky	5	35	1,406	729	8	926	10,785	590	14,484
Louisiana	28	18	4,320	346	6	275	3,687	291	8,971
Maine	42	12	72	127	1	147	2,780	560	3,741
Maryland	4	63	2,202	848	1	320	1,563	1,073	6,074
Massachusetts	44	312	2,747	7,192	4	1,398	7,645	2,368	21,710
Michigan	83	64	7,640	1,806	5	2,213	10,896	21	22,728
Minnesota	454	123	638	771	3	1,055	1,753	191	4,988
Mississippi	5	10	3,841	295	4	305	4,028	293	8,781
Missouri	15	11	482	374	11	79	3,070	377	4,419
Montana	399	4	29	163	5	179	1,818	31	2,628
Nebraska	125	24	245	485	2	158	1,029	160	2,228
Nevada	50	74	1,812	2,005	59	459	1,587	450	6,496
New Hampshire	1	6	32	109	2	55	957	114	1,276
New Jersey	3	43	846	1,048	3	99	832	77	2,951
New Mexico	514	13	162	2,982	1	110	934	954	5,670
New York	169	1,199	11,943	14,681	22	2,442	15,669	306	46,431
North Carolina	586	155	8,478	3,007	22	1,283	9,533	673	23,737
North Dakota	209	7	83	73	1	59	374	89	895
Ohio	8	40	5,187	1,474	7	2,295	11,431	156	20,598
Oklahoma	896	43	1,415	2,392	35	3,528	4,836	53	13,198
Oregon	216	75	363	1,330	69	387	5,548	2,785	10,773
Pennsylvania	5	42	904	737	1	281	2,296	189	4,455
Puerto Rico	-	-	-	-	-	-	-	-	-
Rhode Island	14	21	329	810	4	228	1,065	43	2,514
South Carolina	15	28	5,214	805	10	515	5,798	1,243	13,628
South Dakota	626	8	52	116	2	218	370	53	1,445
Tennessee	6	14	1,742	626	13	293	4,664	280	7,638
Texas	63	347	12,030	25,290	51	2,184	13,605	906	54,476
Utah	150	50	280	2,312	202	264	5,235	147	8,640
Vermont	1	8	9	7	0	5	540	90	660
Virginia	1	42	1,015	657	6	322	2,062	237	4,342
Washington	105	41	199	687	63	441	1,423	235	3,194
West Virginia	1	5	180	64	1	336	4,175	88	4,850
Wisconsin	158	58	842	494	3	200	1,868	71	3,694
Wyoming	31	0	19	105	0	10	565	32	762
National	7,713	4,992	119,898	129,187	1,270	32,458	223,665	22,530	541,713
Reporting States	51	51	51	51	51	51	51	51	51

Table 3–7 Victims by Race or Ethnicity, 2023

State	American Indian or Alaska Native Rate per 1,000 Children	Asian Rate per 1,000 Children	Black or African-American Rate per 1,000 Children	Hispanic Rate per 1,000 Children	Native Hawaiian or Other Pacific Islander Rate per 1,000 Children	Two or More Races Rate per 1,000 Children	White Rate per 1,000 Children
Alabama	4.4	1.5	11.4	6.2	-	7.1	10.7
Alaska	41.1	0.6	6.3	4.3	12.8	14.5	5.6
Arizona	8.9	0.7	13.4	5.9	7.7	6.4	6.1
Arkansas	2.6	1.1	13.0	6.6	10.3	22.0	11.0
California	13.9	1.0	14.6	6.4	5.3	2.4	4.3
Colorado	10.0	1.9	21.3	10.1	20.7	7.3	5.5
Connecticut	4.1	0.8	13.0	9.1	2.5	10.0	4.9
Delaware	4.4	0.8	7.9	3.4	25.6	1.5	3.0
District of Columbia	-	0.9	14.4	4.5	-	0.7	0.3
Florida	2.2	0.6	8.3	2.7	2.5	7.8	5.3
Georgia	2.3	0.4	5.6	2.2	2.6	6.8	4.5
Hawaii	6.3	1.0	4.5	0.4	5.3	3.8	2.8
Idaho	10.0	0.2	5.4	2.8	4.5	3.4	3.0
Illinois	4.8	2.2	24.0	9.2	19.9	10.9	10.5
Indiana	4.1	1.9	16.9	9.0	16.8	20.9	10.8
Iowa	50.1	3.5	36.5	15.1	24.8	11.2	13.3
Kansas	1.7	0.6	4.9	2.0	1.0	4.1	2.5
Kentucky	4.0	1.8	14.7	8.8	6.8	19.5	14.0
Louisiana	4.7	1.0	11.4	3.2	16.7	7.5	7.1
Maine	23.2	3.5	7.7	13.7	9.1	14.3	12.9
Maryland	1.6	0.7	5.4	3.2	1.8	4.3	3.0
Massachusetts	18.9	2.9	21.5	25.5	5.4	23.5	10.0
Michigan	7.4	0.8	22.3	9.3	8.1	20.1	7.9
Minnesota	26.0	1.4	4.3	5.9	2.6	15.1	2.1
Mississippi	1.3	1.4	13.8	7.4	16.8	15.4	12.2
Missouri	3.2	0.4	2.6	3.3	3.3	1.1	3.2
Montana	19.5	2.0	19.4	9.0	21.0	15.6	10.0
Nebraska	26.3	1.7	8.3	5.0	4.9	7.5	3.3
Nevada	10.4	1.6	22.7	7.1	10.6	8.7	7.4
New Hampshire	2.6	0.7	5.9	5.3	24.1	6.3	4.6
New Jersey	0.9	0.2	3.1	1.8	3.2	1.5	1.0
New Mexico	11.4	2.1	18.4	10.9	4.1	8.5	8.8
New York	14.0	3.4	20.7	14.6	10.1	15.4	8.5
North Carolina	24.0	1.7	16.4	6.8	11.9	11.3	8.3
North Dakota	16.9	2.2	8.9	4.9	2.9	6.5	2.8
Ohio	2.3	0.5	12.9	7.6	4.4	16.6	6.5
Oklahoma	10.1	1.9	18.7	12.2	11.9	34.7	10.1
Oregon	26.6	2.0	17.8	6.6	15.4	6.8	11.1
Pennsylvania	1.5	0.4	2.7	1.9	1.0	2.4	1.4
Puerto Rico	-	-	-	-	-	-	-
Rhode Island	15.4	2.8	21.6	13.3	29.6	22.4	9.8
South Carolina	4.8	1.3	16.3	5.9	11.0	9.9	9.5
South Dakota	24.9	2.0	6.7	6.1	6.3	19.4	2.4
Tennessee	2.0	0.4	6.1	3.1	12.3	4.4	4.7
Texas	3.6	0.9	12.4	6.9	7.0	9.5	5.9
Utah	20.5	2.6	23.7	12.1	18.1	6.8	8.0
Vermont	3.9	3.1	3.8	1.7	0.0	1.1	5.4
Virginia	0.3	0.3	2.7	2.2	5.0	2.7	2.2
Washington	5.5	0.3	2.7	1.7	4.0	3.0	1.7
West Virginia	2.2	1.8	13.7	5.5	14.5	20.3	13.6
Wisconsin	12.7	1.1	7.6	2.9	5.1	3.6	2.2
Wyoming	9.1	0.0	15.9	5.0	0.0	2.1	5.8
National	13.8	1.2	11.9	6.7	8.0	9.2	6.3
Reporting States	-	-	-	-	-	-	-

Table 3–8 Duplicate Victims by Maltreatment Type, 2023 *(continues next page)*

State	Medical Neglect only	Neglect only	Other only	Physical Abuse only	Psychological Maltreatment only	Sexual Abuse only	Sex Trafficking only	Unknown only	Multiple Maltreatments	Total Duplicate Victims
Alabama	40	3,698	-	5,041	7	1,613	6	-	1,530	11,935
Alaska	79	1,244	-	138	287	129	-	-	793	2,670
Arizona	5	10,672	-	974	6	520	1	-	1,093	13,271
Arkansas	-	4,941	80	916	68	1,492	2	-	712	8,211
California	13	40,431	130	1,637	1,478	2,136	48	-	4,653	50,526
Colorado	79	8,405	-	718	115	794	-	23	505	10,639
Connecticut	73	3,426	-	135	304	223	-	-	1,417	5,578
Delaware	5	190	109	155	173	148	-	-	111	891
District of Columbia	-	1,117	-	110	-	26	5	-	78	1,336
Florida	491	10,191	5,455	1,379	97	1,917	-	-	4,330	23,860
Georgia	235	7,545	2	1,315	1,175	500	10	-	1,042	11,824
Hawaii	1	24	620	15	-	29	8	-	186	883
Idaho	9	1,489	3	334	-	152	-	-	89	2,076
Illinois	550	26,633	11	3,697	49	3,130	-	-	2,287	36,357
Indiana	-	15,731	-	801	-	1,904	11	-	767	19,214
Iowa	71	10,853	-	882	69	523	14	-	388	12,800
Kansas	27	805	-	393	198	346	6	-	114	1,889
Kentucky	264	8,540	5	3,104	1,494	1,005	10	-	2,155	16,577
Louisiana	-	7,981	2	622	12	357	-	-	485	9,459
Maine	-	1,871	-	411	759	159	-	-	866	4,066
Maryland	-	3,486	-	1,090	1	1,614	-	-	372	6,563
Massachusetts	-	21,088	3	884	-	431	302	-	1,268	23,976
Michigan	361	17,436	-	3,112	88	968	5	-	2,075	24,045
Minnesota	-	2,968	-	382	40	1,340	4	-	485	5,219
Mississippi	209	5,499	3	821	700	837	11	-	1,380	9,460
Missouri	15	1,537	-	633	116	1,032	7	-	1,175	4,515
Montana	2	2,435	2	62	9	42	1	-	231	2,784
Nebraska	-	1,748	-	239	8	226	5	-	112	2,338
Nevada	35	5,707	-	463	3	249	5	-	485	6,947
New Hampshire	6	856	-	42	117	58	9	-	229	1,317
New Jersey	31	2,099	-	359	8	432	-	-	136	3,065
New Mexico	96	4,090	-	394	557	74	-	-	1,462	6,673
New York	224	42,854	221	345	34	342	2	-	9,226	53,248
North Carolina	554	16,624	159	2,369	3,593	1,493	1	283	399	25,475
North Dakota	6	754	-	55	29	24	-	-	41	909
Ohio	230	7,911	-	7,384	562	3,442	-	-	2,970	22,499
Oklahoma	112	7,046	-	928	2,376	370	3	-	3,024	13,859
Oregon	-	2,394	5,365	790	98	899	-	-	2,084	11,630
Pennsylvania	123	482	9	1,960	44	1,799	24	-	218	4,659
Puerto Rico	110	1,773	10	199	968	112	-	-	2,073	5,245
Rhode Island	6	1,145	63	258	792	84	1	-	271	2,620
South Carolina	134	6,645	-	4,964	328	479	81	-	2,070	14,701
South Dakota	-	1,267	-	91	1	61	-	-	131	1,551
Tennessee	16	817	-	3,314	57	2,215	178	-	1,171	7,768
Texas	434	42,813	1	3,831	96	5,226	13	1	3,943	56,358
Utah	16	1,409	48	2,201	2,463	1,356	3	-	1,583	9,079
Vermont	9	4	-	451	1	270	1	-	26	762
Virginia	55	2,524	-	815	43	627	2	-	412	4,478
Washington	-	2,640	-	576	-	331	20	-	305	3,872
West Virginia	54	1,024	152	414	1,306	96	1	-	2,162	5,209
Wisconsin	-	2,407	-	475	9	686	-	-	266	3,843
Wyoming	2	473	-	7	157	37	-	-	110	786
National	4,782	377,742	12,453	62,685	20,895	44,355	800	307	65,496	589,515
Reporting States	39	52	22	52	46	52	33	3	52	52

Table 3–8 Duplicate Victims by Maltreatment Type, 2023

State	Medical Neglect only	Neglect only	Other only	Physical Abuse only	Psychological Maltreatment only	Sexual Abuse only	Sex Trafficking only	Unknown only	Multiple Maltreatments
Alabama	0.3	31.0	-	42.2	0.1	13.5	0.1	-	12.8
Alaska	3.0	46.6	-	5.2	10.7	4.8	-	-	29.7
Arizona	0.0	80.4	-	7.3	0.0	3.9	0.0	-	8.2
Arkansas	-	60.2	1.0	11.2	0.8	18.2	0.0	-	8.7
California	0.0	80.0	0.3	3.2	2.9	4.2	0.1	-	9.2
Colorado	0.7	79.0	-	6.7	1.1	7.5	-	0.2	4.7
Connecticut	1.3	61.4	-	2.4	5.4	4.0	-	-	25.4
Delaware	0.6	21.3	12.2	17.4	19.4	16.6	-	-	12.5
District of Columbia	-	83.6	-	8.2	-	1.9	0.4	-	5.8
Florida	2.1	42.7	22.9	5.8	0.4	8.0	-	-	18.1
Georgia	2.0	63.8	0.0	11.1	9.9	4.2	0.1	-	8.8
Hawaii	0.1	2.7	70.2	1.7	-	3.3	0.9	-	21.1
Idaho	0.4	71.7	0.1	16.1	-	7.3	-	-	4.3
Illinois	1.5	73.3	0.0	10.2	0.1	8.6	-	-	6.3
Indiana	-	81.9	-	4.2	-	9.9	0.1	-	4.0
Iowa	0.6	84.8	-	6.9	0.5	4.1	0.1	-	3.0
Kansas	1.4	42.6	-	20.8	10.5	18.3	0.3	-	6.0
Kentucky	1.6	51.5	0.0	18.7	9.0	6.1	0.1	-	13.0
Louisiana	-	84.4	0.0	6.6	0.1	3.8	-	-	5.1
Maine	-	46.0	-	10.1	18.7	3.9	-	-	21.3
Maryland	-	53.1	-	16.6	0.0	24.6	-	-	5.7
Massachusetts	-	88.0	0.0	3.7	-	1.8	1.3	-	5.3
Michigan	1.5	72.5	-	12.9	0.4	4.0	0.0	-	8.6
Minnesota	-	56.9	-	7.3	0.8	25.7	0.1	-	9.3
Mississippi	2.2	58.1	0.0	8.7	7.4	8.8	0.1	-	14.6
Missouri	0.3	34.0	-	14.0	2.6	22.9	0.2	-	26.0
Montana	0.1	87.5	0.1	2.2	0.3	1.5	0.0	-	8.3
Nebraska	-	74.8	-	10.2	0.3	9.7	0.2	-	4.8
Nevada	0.5	82.2	-	6.7	0.0	3.6	0.1	-	7.0
New Hampshire	0.5	65.0	-	3.2	8.9	4.4	0.7	-	17.4
New Jersey	1.0	68.5	-	11.7	0.3	14.1	-	-	4.4
New Mexico	1.4	61.3	-	5.9	8.3	1.1	-	-	21.9
New York	0.4	80.5	0.4	0.6	0.1	0.6	0.0	-	17.3
North Carolina	2.2	65.3	0.6	9.3	14.1	5.9	0.0	1.1	1.6
North Dakota	0.7	82.9	-	6.1	3.2	2.6	-	-	4.5
Ohio	1.0	35.2	-	32.8	2.5	15.3	-	-	13.2
Oklahoma	0.8	50.8	-	6.7	17.1	2.7	0.0	-	21.8
Oregon	-	20.6	46.1	6.8	0.8	7.7	-	-	17.9
Pennsylvania	2.6	10.3	0.2	42.1	0.9	38.6	0.5	-	4.7
Puerto Rico	2.1	33.8	0.2	3.8	18.5	2.1	-	-	39.5
Rhode Island	0.2	43.7	2.4	9.8	30.2	3.2	0.0	-	10.3
South Carolina	0.9	45.2	-	33.8	2.2	3.3	0.6	-	14.1
South Dakota	-	81.7	-	5.9	0.1	3.9	-	-	8.4
Tennessee	0.2	10.5	-	42.7	0.7	28.5	2.3	-	15.1
Texas	0.8	76.0	0.0	6.8	0.2	9.3	0.0	0.0	7.0
Utah	0.2	15.5	0.5	24.2	27.1	14.9	0.0	-	17.4
Vermont	1.2	0.5	-	59.2	0.1	35.4	0.1	-	3.4
Virginia	1.2	56.4	-	18.2	1.0	14.0	0.0	-	9.2
Washington	-	68.2	-	14.9	0.0	8.5	0.5	-	7.9
West Virginia	1.0	19.7	2.9	7.9	25.1	1.8	0.0	-	41.5
Wisconsin	-	62.6	-	12.4	0.2	17.9	-	-	6.9
Wyoming	0.3	60.2	-	0.9	20.0	4.7	-	-	14.0
National	0.8	64.1	2.1	10.6	3.5	7.5	0.1	0.1	11.1
Reporting States	-	-	-	-	-	-	-	-	-

Table 3–9 Victims by Relationship to Their Perpetrators, 2023

Perpetrator	Victims	Reported Relationships	Reported Relationships Percent
PARENT	-	-	-
Father Only	-	125,493	24.6
Father and Nonparent	-	5,416	1.1
Mother Only	-	189,635	37.2
Mother and Nonparent	-	27,898	5.5
Two Parents of Known Sex	-	99,051	19.4
Three Parents of Known Sex	-	758	0.1
Two Parents of Known Sex and Nonparent	-	4,156	0.8
One or More Parents of Unknown Sex	-	1,280	0.3
Total Parents	-	453,687	89.0
NONPARENT	-	-	-
Child Daycare Provider(s)	-	2,048	0.4
Foster Parent(s)	-	1,792	0.4
Friend(s) and Neighbor(s)	-	3,739	0.7
Group Home and Residential Facility Staff	-	1,029	0.2
Legal Guardian(s)	-	1,650	0.3
Other Professional(s)	-	1,763	0.3
Relative(s)	-	28,073	5.5
Unmarried Partner(s) of Parent	-	17,787	3.5
Other(s)	-	16,604	3.3
More Than One Nonparental Perpetrator	-	2,229	0.4
Total Nonparents	-	76,714	15.1
Total Unknown	-	20,114	3.9
National	509,710	550,515	108.0

Based on data from 49 states.

Table 3–10 Victims With Selected Caregiver Risk Factors, 2023

(continues next page)

State	Victims in Reporting States	Alcohol Abuse	Alcohol Abuse Percent	Victims in Reporting States	Domestic Violence	Domestic Violence Percent
Alabama	11,636	752	6.5	-	-	-
Alaska	2,424	1,376	56.8	2,424	1,114	46.0
Arizona	11,624	1,574	13.5	11,624	4,193	36.1
Arkansas	-	-	-	7,842	927	11.8
California	47,824	11,112	23.2	47,824	11,478	24.0
Colorado	-	-	-	-	-	-
Connecticut	-	-	-	-	-	-
Delaware	882	169	19.2	882	297	33.7
District of Columbia	1,269	361	28.4	1,269	256	20.2
Florida	-	-	-	22,842	8,419	36.9
Georgia	-	-	-	11,435	311	2.7
Hawaii	-	-	-	831	283	34.1
Idaho	2,017	218	10.8	-	-	-
Illinois	-	-	-	-	-	-
Indiana	18,267	786	4.3	18,267	1,943	10.6
Iowa	-	-	-	-	-	-
Kansas	-	-	-	-	-	-
Kentucky	14,484	2,110	14.6	14,484	2,201	15.2
Louisiana	-	-	-	-	-	-
Maine	3,741	535	14.3	3,741	799	21.4
Maryland	6,074	199	3.3	6,074	264	4.3
Massachusetts	21,710	9,743	44.9	21,710	10,085	46.5
Michigan	-	-	-	22,728	1,177	5.2
Minnesota	4,988	455	9.1	4,988	1,207	24.2
Mississippi	8,781	456	5.2	8,781	998	11.4
Missouri	4,419	434	9.8	4,419	373	8.4
Montana	2,628	152	5.8	2,628	91	3.5
Nebraska	2,228	367	16.5	2,228	89	4.0
Nevada	6,496	1,938	29.8	6,496	1,307	20.1
New Hampshire	1,276	120	9.4	1,276	591	46.3
New Jersey	2,951	390	13.2	2,951	705	23.9
New Mexico	5,670	951	16.8	-	-	-
New York	46,431	8,490	18.3	46,431	12,067	26.0
North Carolina	23,737	1,443	6.1	23,737	3,757	15.8
North Dakota	-	-	-	-	-	-
Ohio	-	-	-	20,598	4,969	24.1
Oklahoma	13,198	2,571	19.5	13,198	5,111	38.7
Oregon	10,773	5,068	47.0	10,773	4,467	41.5
Pennsylvania	-	-	-	-	-	-
Puerto Rico	4,446	616	13.9	4,446	1,345	30.3
Rhode Island	2,514	266	10.6	2,514	1,209	48.1
South Carolina	-	-	-	-	-	-
South Dakota	1,445	615	42.6	1,445	446	30.9
Tennessee	-	-	-	-	-	-
Texas	54,476	2,508	4.6	54,476	20,208	37.1
Utah	8,640	1,025	11.9	8,640	2,615	30.3
Vermont	-	-	-	-	-	-
Virginia	-	-	-	4,342	818	18.8
Washington	3,194	860	26.9	3,194	574	18.0
West Virginia	4,850	336	6.9	4,850	872	18.0
Wisconsin	3,694	83	2.2	3,694	403	10.9
Wyoming	762	163	21.4	762	143	18.8
National	359,549	58,242	16.2	430,844	108,112	25.1
Reporting States	34	34	-	38	38	-

Table 3–10 Victims With Selected Caregiver Risk Factors, 2023

State	Victims in Reporting States	Drug Abuse	Drug Abuse Percent	Victims in Reporting States	Inadequate Housing	Inadequate Housing Percent
Alabama	11,636	6,073	52.2	11,636	795	6.8
Alaska	2,424	819	33.8	2,424	178	7.3
Arizona	11,624	3,950	34.0	11,624	2,642	22.7
Arkansas	-	-	-	7,842	328	4.2
California	47,824	14,280	29.9	47,824	2,044	4.3
Colorado	-	-	-	-	-	-
Connecticut	-	-	-	5,227	133	2.5
Delaware	882	251	28.5	882	155	17.6
District of Columbia	1,269	361	28.4	1,269	144	11.3
Florida	22,842	524	2.3	22,842	2,060	9.0
Georgia	11,435	491	4.3	-	-	-
Hawaii	831	80	9.6	831	50	6.0
Idaho	2,017	704	34.9	2,017	270	13.4
Illinois	-	-	-	-	-	-
Indiana	18,267	3,016	16.5	18,267	1,533	8.4
Iowa	-	-	-	10,789	346	3.2
Kansas	-	-	-	-	-	-
Kentucky	14,484	5,665	39.1	14,484	778	5.4
Louisiana	-	-	-	-	-	-
Maine	3,741	780	20.9	3,741	178	4.8
Maryland	6,074	356	5.9	6,074	370	6.1
Massachusetts	21,710	9,743	44.9	21,710	1,429	6.6
Michigan	-	-	-	-	-	-
Minnesota	4,988	892	17.9	4,988	572	11.5
Mississippi	8,781	3,026	34.5	8,781	1,546	17.6
Missouri	4,419	863	19.5	4,419	783	17.7
Montana	2,628	442	16.8	-	-	-
Nebraska	2,228	618	27.7	-	-	-
Nevada	6,496	1,917	29.5	6,496	498	7.7
New Hampshire	1,276	402	31.5	1,276	109	8.5
New Jersey	2,951	611	20.7	2,951	292	9.9
New Mexico	5,670	1,550	27.3	5,670	209	3.7
New York	46,431	7,761	16.7	-	-	-
North Carolina	23,737	4,172	17.6	23,737	1,393	5.9
North Dakota	-	-	-	-	-	-
Ohio	20,598	10,383	50.4	20,598	2,839	13.8
Oklahoma	13,198	4,868	36.9	13,198	547	4.1
Oregon	10,773	5,105	47.4	10,773	937	8.7
Pennsylvania	4,455	88	2.0	-	-	-
Puerto Rico	4,446	681	15.3	4,446	494	11.1
Rhode Island	2,514	298	11.9	-	-	-
South Carolina	-	-	-	13,628	1,784	13.1
South Dakota	1,445	599	41.5	1,445	347	24.0
Tennessee	7,638	898	11.8	7,638	151	2.0
Texas	54,476	9,029	16.6	54,476	2,508	4.6
Utah	8,640	1,822	21.1	8,640	504	5.8
Vermont	-	-	-	-	-	-
Virginia	-	-	-	-	-	-
Washington	3,194	1,485	46.5	3,194	498	15.6
West Virginia	4,850	1,510	31.1	4,850	146	3.0
Wisconsin	3,694	161	4.4	3,694	172	4.7
Wyoming	762	320	42.0	762	112	14.7
National	427,348	106,594	24.9	395,143	29,874	7.6
Reporting States	40	40	-	38	38	-

Table 3–11 Infants With Prenatal Substance Exposure (IPSE) by Submission Type, 2023

State	Screened-in IPSE	Screened-out IPSE	Total IPSE
Alabama	507	5	512
Alaska	73	96	169
Arizona	472	117	589
Arkansas	1,796	1	1,797
California	2,454	520	2,974
Colorado	18	639	657
Connecticut	-	58	58
Delaware	235	25	260
District of Columbia	91	-	91
Florida	-	32	32
Georgia	1,928	877	2,805
Hawaii	-	-	-
Idaho	192	6	198
Illinois	529	-	529
Indiana	548	67	615
Iowa	36	4	40
Kansas	43	35	78
Kentucky	323	66	389
Louisiana	2,108	32	2,140
Maine	-	456	456
Maryland	-	1,815	1,815
Massachusetts	1,120	166	1,286
Michigan	6,048	1,455	7,503
Minnesota	1,183	248	1,431
Mississippi	63	112	175
Missouri	13	933	946
Montana	25	-	25
Nebraska	131	18	149
Nevada	536	1,027	1,563
New Hampshire	118	-	118
New Jersey	364	-	364
New Mexico	145	513	658
New York	215	-	215
North Carolina	1,455	519	1,974
North Dakota	-	-	-
Ohio	4,721	1,807	6,528
Oklahoma	2,209	22	2,231
Oregon	13	-	13
Pennsylvania	-	-	-
Puerto Rico	22	-	22
Rhode Island	68	3	71
South Carolina	493	143	636
South Dakota	33	77	110
Tennessee	115	-	115
Texas	1,053	2	1,055
Utah	131	-	131
Vermont	-	143	143
Virginia	13	79	92
Washington	294	39	333
West Virginia	286	-	286
Wisconsin	-	42	42
Wyoming	10	24	34
National	32,230	12,223	44,453
National Percent	72.5	27.5	100.0
Reporting States	43	38	49

Table 3–12 Screened-in Infants With Prenatal Substance Exposure Who Have a Plan of Safe Care, 2023

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	507	241	47.5
Alaska	-	-	-
Arizona	472	303	64.2
Arkansas	1,796	1,394	77.6
California	2,454	974	39.7
Colorado	18	1	5.6
Connecticut	-	-	-
Delaware	235	228	97.0
District of Columbia	91	76	83.5
Florida	-	-	-
Georgia	1,928	1,424	73.9
Hawaii	-	-	-
Idaho	192	164	85.4
Illinois	-	-	-
Indiana	548	279	50.9
Iowa	36	36	100.0
Kansas	43	3	7.0
Kentucky	323	67	20.7
Louisiana	2,108	1,616	76.7
Maine	-	-	-
Maryland	-	-	-
Massachusetts	1,120	735	65.6
Michigan	6,048	5,874	97.1
Minnesota	1,183	998	84.4
Mississippi	-	-	-
Missouri	-	-	-
Montana	-	-	-
Nebraska	131	31	23.7
Nevada	536	249	46.5
New Hampshire	118	74	62.7
New Jersey	364	219	60.2
New Mexico	145	52	35.9
New York	215	184	85.6
North Carolina	1,455	1,382	95.0
North Dakota	-	-	-
Ohio	4,721	4,140	87.7
Oklahoma	2,209	85	3.8
Oregon	13	11	84.6
Pennsylvania	-	-	-
Puerto Rico	22	21	95.5
Rhode Island	-	-	-
South Carolina	-	-	-
South Dakota	33	23	69.7
Tennessee	115	114	99.1
Texas	1,053	1,053	100.0
Utah	131	35	26.7
Vermont	-	-	-
Virginia	13	7	53.8
Washington	294	118	40.1
West Virginia	286	108	37.8
Wisconsin	-	-	-
Wyoming	-	-	-
National	30,956	22,319	72.1
Reporting States	35	35	-

Table 3–13 Screened-in Infants With Prenatal Substance Exposure Who Have a Referral to Appropriate Services, 2023

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	507	398	78.5
Alaska	-	-	-
Arizona	-	-	-
Arkansas	1,796	1,394	77.6
California	2,454	749	30.5
Colorado	-	-	-
Connecticut	-	-	-
Delaware	235	229	97.4
District of Columbia	91	75	82.4
Florida	-	-	-
Georgia	1,928	1,424	73.9
Hawaii	-	-	-
Idaho	192	162	84.4
Illinois	-	-	-
Indiana	548	128	23.4
Iowa	36	28	77.8
Kansas	43	2	4.7
Kentucky	323	90	27.9
Louisiana	2,108	1,848	87.7
Maine	-	-	-
Maryland	-	-	-
Massachusetts	1,120	1,086	97.0
Michigan	6,048	5,386	89.1
Minnesota	1,183	277	23.4
Mississippi	-	-	-
Missouri	-	-	-
Montana	-	-	-
Nebraska	131	94	71.8
Nevada	-	-	-
New Hampshire	118	69	58.5
New Jersey	364	219	60.2
New Mexico	145	49	33.8
New York	215	193	89.8
North Carolina	1,455	271	18.6
North Dakota	-	-	-
Ohio	4,721	3,752	79.5
Oklahoma	2,209	1,124	50.9
Oregon	13	9	69.2
Pennsylvania	-	-	-
Puerto Rico	22	21	95.5
Rhode Island	-	-	-
South Carolina	-	-	-
South Dakota	33	17	51.5
Tennessee	115	114	99.1
Texas	1,053	986	93.6
Utah	131	35	26.7
Vermont	-	-	-
Virginia	13	12	92.3
Washington	294	118	40.1
West Virginia	286	109	38.1
Wisconsin	-	-	-
Wyoming	-	-	-
National	29,930	20,468	68.4
Reporting States	32	32	-



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 is not known, are reported in the Agency File.

Some child maltreatment deaths may not come to the attention of child protective services (CPS) agencies. Reasons for this include if there were no surviving siblings in the family, or if the child had not (prior to his or her death) received child welfare services. To improve the counts of child fatalities in NCANDS, states consult data sources outside of CPS for deaths attributed to child maltreatment. The Child and Family Services Improvement and Innovation Act (P.L. 112–34) lists the following additional data sources, which states must include a description of in their state plan or explain why they are not used to report child deaths due to maltreatment: state vital statistics departments, child death review teams, law enforcement agencies, and offices of medical examiners or coroners. In addition to the sources mentioned in the law, some states also collect child fatality data from hospitals, health departments, juvenile justice departments, and prosecutor and attorney general offices.

States that can provide these additional data do so as aggregate data in the Agency File. After the passage of the Child and Family Services Improvement and Innovation Act, several states mentioned that they implemented new child death reviews or expanded the scope of existing reviews. Some states began investigating all unexplained infant deaths regardless of whether there was an allegation of maltreatment.

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

Number of Child Fatalities

For FFY 2023, a national estimate of 2,000 children died from abuse and neglect at a rate of 2.73 per 100,000 children in the population. The 2023 national estimate is a 9.6 percent increase from the 2019 actual number of child fatalities of 1,825.¹² See [exhibit 4–A](#) and

¹² The percent change is calculated using the actual reported number for FFY 2019 and the national estimate for FFY 2023.

related notes on how the national estimate is calculated. Due to the relatively low frequency of child fatalities, the national rate and national estimate are sensitive to which states report data and changes in the child population estimates produced by the U.S. Census Bureau. Detailed explanations for data fluctuations may be found in Appendix D, State Commentary. An explanation for a change may be in an earlier edition of the Child Maltreatment report. Previous editions of the report are located on the Children’s Bureau website.¹³

Exhibit 4–A Child Fatality Rates per 100,000 Children, 2019–2023

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/ Actual Number of Child Fatalities
2019	52	73,661,476	1,825	2.48	73,661,476	1,825
2020	52	74,823,584	1,832	2.45	74,823,584	1,832
2021	52	74,175,203	1,888	2.55	74,175,203	1,888
2022	51	72,393,092	2,010	2.78	73,743,251	2,050
2023	51	71,988,739	1,968	2.73	73,330,540	2,000

Data is from the Child File and Agency File. National fatality rates per 100,000 children are calculated for each year by dividing the number of child fatalities by the population of reporting states, multiplying the result by 100,000, and displayed as rounded to the hundredth.

If fewer than 52 states reported data, the national estimate of child fatalities is calculated by multiplying the national fatality rate (displayed as rounded) by the child population of all 52 states and dividing by 100,000. The estimate is rounded to the nearest 10. If 52 states reported data, the actual number of child fatalities reported by states is displayed.

At the state level for FFY 2023, 51 states reported 1,968 fatalities. Of those states, 46 states reported case-level data on 1,606 fatalities and 38 states reported aggregate data on 362 fatalities. Fatality rates by state range from 0.00 to 11.18 per 100,000 children in the population. See [table 4–1](#) and related notes. All states are required to confirm fatality counts during data submission and validation.

The number of total child fatalities reported by states in the Child File and Agency File increased from 1,825 for FFY 2019 from 52 states to a high of 2,010 for FFY 2022 from 51 states. After several years of steadily increasing, fatalities decreased to 1,968 for FFY 2023 from 51 reporting states. See [table 4–2](#) and related notes.

While not every state had an explanation for the increase in fatalities across several years, one state noted improved reporting and resubmitted multiple prior years to include additional fatalities, one state cited increased violence, and one cited increased fentanyl and opioid related deaths.¹⁴ States did not have an answer for the decrease other than normal fluctuation. One state added a new review process for sleep-related death prior to making a final finding.¹⁵ Readers are encouraged to review the fatality comments provided by states in Appendix D.

Child Fatality Demographics

Younger children are the most vulnerable to death as the result of child abuse and neglect. See [table 4–3](#), [exhibit 4–B](#), and related notes. FFY 2023 data shows that 66.9 percent of child fatalities are younger than 3 years. Close to one-half (44.0%) of child fatalities are younger than 1 year, with a fatality rate of 24.11 per 100,000 children in that age range. This is 3.3 (rounded) times the fatality rate for 1-year-old children (7.35 per 100,000 children in the population of the same age). The child fatality rates mostly decrease with age.

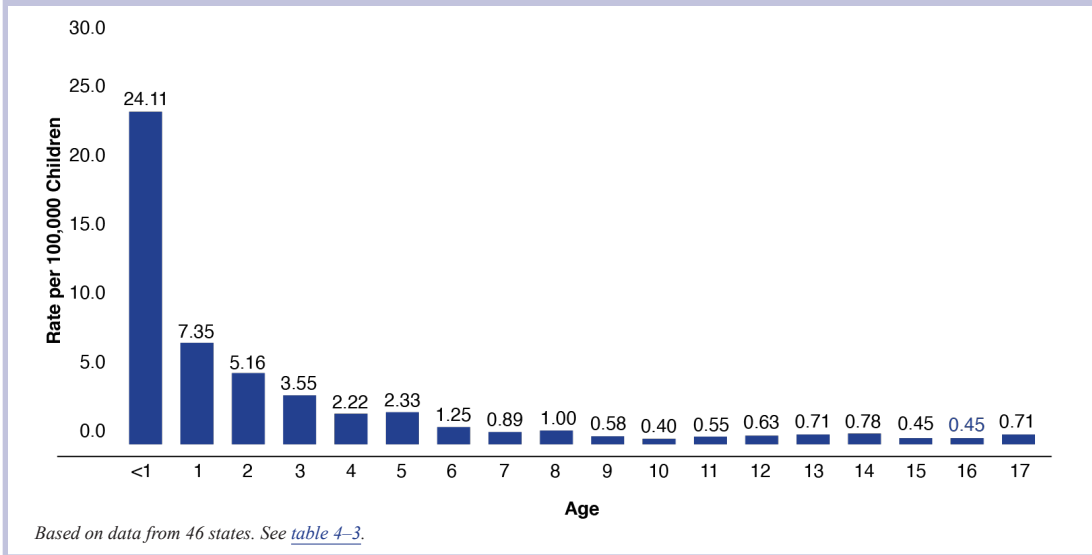
¹³ <https://www.acf.hhs.gov/cb/data-research/child-maltreatment>

¹⁴ North Carolina, Ohio, and Washington.

¹⁵ Illinois

Exhibit 4–B Child Fatalities by Age, 2023

Children <1 year old died from abuse and neglect at more than three times the rate of children who were 1 year old.



Boys have a higher child fatality rate than girls at 3.15 per 100,000 boys in the population, compared with 2.30 per 100,000 girls in the population. Boys are 58.7 percent of child fatalities and girls are 40.9 percent. See [exhibit 4–C](#) and related notes.

Exhibit 4–C Child Fatalities by Sex, 2023

Sex	Child Population	Child Fatalities	Child Fatalities Percent	Child Fatalities Rate per 100,000 Children
Boys	29,948,556	942	58.7	3.15
Girls	28,602,484	657	40.9	2.30
Unknown	-	7	0.4	-
National	58,551,040	1,606	100.0	N/A

Based on data from 46 states. Data is from the Child File. Dashes are inserted into cells without any data included in this analysis.

Nearly 85.0 percent (84.8%) of child fatalities are one of three races: White (36.3%), Black or African-American (33.7%), or Hispanic (14.8%). Using the number of victims and the population data to create rates highlights some racial disparity. The rate of Black or African-American child fatalities (6.04 per 100,000 Black or African-American children) is 3.1 (rounded) times greater than the rate of White child fatalities (1.94 per 100,000 White children) and 3.4 (rounded) times greater than the rate of Hispanic child fatalities (1.76 per 100,000 Hispanic children). Children of two or more races had the second highest rate at 3.66 and American Indian or Alaska Native children had a rate of 3.60 per 100,000 children. See [exhibit 4–D](#) and related notes.

Exhibit 4–D Child Fatalities by Race or Ethnicity, 2023

Race and Ethnicity	Child Population	Child Fatalities	Child Fatalities Percent	Child Fatalities Rate per 100,000 Children
American Indian or Alaska Native	444,523	16	1.0	3.60
Asian	2,570,482	13	0.8	0.51
Black or African-American	8,944,059	540	33.7	6.04
Hispanic	13,457,569	237	14.8	1.76
Native Hawaiian or Other Pacific Islander	102,769	0	0.0	0.00
Unknown	-	117	7.3	-
White	29,880,740	581	36.3	1.94
Two or More Races	2,652,219	97	6.1	3.66
National	58,052,361	1,601	100.0	N/A

Based on data from 45 states. Data is from the Child File. Counts associated with specific racial groups (e.g., White) are exclusive and do not include Hispanic.

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

Maltreatment Types

As discussed in chapter 3, the Child Maltreatment report includes only those maltreatment types that have a disposition of substantiated or indicated. It is important to note that while these maltreatment types likely contributed to the cause of death, NCANDS does not have a field for collecting the official cause of death. Of the children who died, 78.0 percent experienced neglect and 41.6 percent suffered physical abuse either exclusively or in combination with another maltreatment type. See [exhibit 4–E](#) and related notes.

Risk Factors

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

For FFY 2023, 28 states report that 39 (4.5%) child fatalities had a caregiver with a risk factor of alcohol abuse. Thirty-four states report that 256 (20.6%) child fatalities had a caregiver with a risk factor of drug abuse. See [exhibit 4–F](#) and related notes.

Exhibit 4–E Maltreatment Types of Child Fatalities, 2023

Maltreatment Type	Child Fatalities	Maltreatment Types	Maltreatment Types Percent
Medical Neglect	-	126	7.8
Neglect	-	1,252	78.0
Other	-	1	0.1
Physical Abuse	-	668	41.6
Psychological Maltreatment	-	15	0.9
Sexual Abuse	-	9	0.6
Sex Trafficking	-	-	-
Unknown	-	-	-
National	1,606	2,071	N/A

Based on data from 46 states. Data is from the Child File. A child may have suffered from more than one type of maltreatment and therefore, the total number of reported maltreatments exceeds the number of fatalities, and the total percentage of reported maltreatments exceeds 100.0 percent. The percentages are calculated against the number of child fatalities in the reporting states. Dashes are inserted into cells without any data included in this analysis.

Exhibit 4–F Child Fatalities With Selected Caregiver Risk Factors, 2023

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	28	860	39	4.5
Drug Abuse	34	1,240	256	20.6

Data is from the Child File. For each caregiver risk factor, the analysis includes only those states that report at least 2.0 percent of victims with the caregiver risk factor as shown in table 3-10. States are counted as reporting if the state has victims with the caregiver risk factor and reports fatalities in the Child File, even if the state did not have any fatalities with the risk factor.

If a child is reported both with and without the caregiver risk factor, the child is counted once with the caregiver risk factor.

Perpetrator Relationship

Based on data from 44 states, the FFY 2023 data shows that most perpetrators are caregivers of their victims. More than 80 percent (81.5%) of child fatalities involve one or more parents acting alone, together, or with other individuals. Nonparents are 13.7 percent of fatality perpetrators. Similar to all victims, the largest categories in the nonparent group are relative(s) (4.4%), “other(s)” (2.8%), and unmarried partner(s) of parent (2.3%). The NCANDS category of “other(s)” perpetrator relationship includes any relationship that does not map to one of the NCANDS relationship categories. According to states’ commentary, “other” includes non-related adult, nonrelated child, foster sibling, babysitter, household staff, clergy, and school personnel. Please see Appendix D for additional information on what states include in this category. Child fatalities with unknown perpetrator relationship data account for 4.9 percent. See [table 4–4](#) and related notes.

Prior CPS Contact

Some children who die from abuse and neglect are already known to CPS agencies. Not all states that report child fatalities are able to report family preservation or reunification services. The national percentages are sensitive to which states report data. In the states reporting both child fatalities and family preservation services, 81 (9.2%) of the 878 Child File fatalities and 50 (14.4%) of the 348 Agency File fatalities had family preservation services. In the states reporting both fatalities and family reunification services, 43 (3.4%) of the 1,262 Child File fatalities and 9 (2.5%) of the 355 Agency File fatalities were removed from home and subsequently reunited with their families prior to their death. See [tables 4–5, 4–6](#), and related notes.

Exhibit and Table Notes

The following pages contain the data tables referenced in chapter 4. Specific information about state submissions can be found in Appendix D, State Commentary. Additional 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 an exclusion rule or notes.

- The data for all tables is from the Child File unless otherwise noted.
- All analyses use a unique count of fatalities (each child fatality is counted once).
- Rates are per 100,000 children in the population.
- Rates are calculated by dividing the relevant reported count (fatalities, by age, by race,

etc.) by the relevant child population count (by age, by race, etc.), multiplying by 100,000 and displayed as rounded to the hundredth.

- NCANDS uses the child population estimates that are released annually by the U.S. Census Bureau. These estimates are in Appendix C, State Characteristics.
- The row labeled Reporting States displays the count of states that provide data for 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, 2023

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

Table 4–2 Child Fatalities, 2019–2023

- Data is from the Child File and Agency File.

Table 4–3 Child Fatalities by Age, 2023

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

Table 4–4 Child Fatalities by Relationship to Their Perpetrators, 2023

- States are excluded from this analysis if more than 25.0 percent of perpetrators 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 a parent.
- The two parents of known sex category includes mother and father, two mothers, and two fathers.
- The two parents of known sex with nonparent category includes mother, father, and nonparent; two mothers and nonparent; and two fathers and nonparent.
- One or more parents of unknown sex includes up to three parents in any combination of known and unknown sex. The parent(s) could have acted alone, together, or with a nonparent.
- Nonparent perpetrators counted in combination with parents (e.g., mother and nonparent(s)) are not also counted in the individual categories listed under nonparent.
- Multiple nonparental perpetrators that are in the same category are counted within that category. For example, two child daycare providers are counted as child daycare providers.
- Multiple nonparental perpetrators that are in different categories are counted in more than one nonparental perpetrator.
- Some states were not able to collect and report on group home and residential facility staff perpetrators due to system limitations or jurisdictional issues. See also [table 5–5](#).

Table 4–5 Child Fatalities Who Received Family Preservation Services within the Previous 5 Years, 2023

- Data is from the Child File and Agency File.

Table 4–6 Child Fatalities Who Were Reunited with Their Families within the Previous 5 Years, 2023

- Data is from the Child File and Agency File.

Table 4–1 Child Fatalities by Submission Type, 2023

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	43	0	43	3.80
Alaska	-	5	5	2.85
Arizona	43	-	43	2.72
Arkansas	33	-	33	4.68
California	-	150	150	1.78
Colorado	32	0	32	2.63
Connecticut	9	2	11	1.52
Delaware	7	0	7	3.30
District of Columbia	5	0	5	3.95
Florida	75	-	75	1.71
Georgia	85	18	103	4.06
Hawaii	2	0	2	0.68
Idaho	5	3	8	1.71
Illinois	83	0	83	3.07
Indiana	65	-	65	4.10
Iowa	14	-	14	1.92
Kansas	12	0	12	1.73
Kentucky	5	0	5	0.49
Louisiana	47	0	47	4.40
Maine	1	6	7	2.81
Maryland	83	0	83	6.09
Massachusetts	-	-	-	-
Michigan	40	3	43	2.04
Minnesota	32	0	32	2.46
Mississippi	75	1	76	11.18
Missouri	61	0	61	4.44
Montana	2	-	2	0.85
Nebraska	0	0	0	0.00
Nevada	17	4	21	3.06
New Hampshire	2	0	2	0.79
New Jersey	14	0	14	0.70
New Mexico	14	2	16	3.54
New York	123	-	123	3.11
North Carolina	-	107	107	4.58
North Dakota	2	0	2	1.08
Ohio	137	3	140	5.43
Oklahoma	17	0	17	1.76
Oregon	-	19	19	2.28
Pennsylvania	50	-	50	1.90
Puerto Rico	5	0	5	1.00
Rhode Island	1	-	1	0.49
South Carolina	36	7	43	3.76
South Dakota	7	-	7	3.15
Tennessee	31	0	31	1.97
Texas	187	0	187	2.47
Utah	17	0	17	1.82
Vermont	3	-	3	2.62
Virginia	55	-	55	2.92
Washington	-	31	31	1.88
West Virginia	7	1	8	2.27
Wisconsin	22	-	22	1.76
Wyoming	0	0	0	0.00
National	1606	362	1,968	2.73
Reporting States	46	38	51	-

Table 4–2 Child Fatalities, 2019–2023

State	2019	2020	2021	2022	2023
Alabama	34	47	36	38	43
Alaska	1	2	6	8	5
Arizona	33	18	21	38	43
Arkansas	35	30	36	39	33
California	153	150	159	176	150
Colorado	25	24	31	40	32
Connecticut	4	9	14	15	11
Delaware	13	5	7	6	7
District of Columbia	3	4	2	3	5
Florida	114	101	84	86	75
Georgia	68	85	92	114	103
Hawaii	4	0	2	5	2
Idaho	3	10	3	8	8
Illinois	106	102	89	110	83
Indiana	116	56	57	62	65
Iowa	25	9	12	18	14
Kansas	16	10	10	8	12
Kentucky	12	9	11	12	5
Louisiana	24	18	23	29	47
Maine	3	1	8	10	7
Maryland	55	50	84	68	83
Massachusetts	13	14	15	-	-
Michigan	63	43	35	61	43
Minnesota	17	21	22	25	32
Mississippi	35	38	49	72	76
Missouri	46	44	75	57	61
Montana	2	5	2	1	2
Nebraska	5	2	1	3	0
Nevada	20	14	27	15	21
New Hampshire	2	2	3	2	2
New Jersey	19	17	10	19	14
New Mexico	11	13	10	19	16
New York	69	105	126	105	123
North Carolina	5	99	121	93	107
North Dakota	6	5	4	6	2
Ohio	79	94	98	115	140
Oklahoma	23	42	15	29	17
Oregon	23	17	18	19	19
Pennsylvania	54	67	65	80	50
Puerto Rico	5	5	7	4	5
Rhode Island	3	2	2	2	1
South Carolina	60	36	41	38	43
South Dakota	9	12	9	13	7
Tennessee	43	34	32	34	31
Texas	229	255	206	176	187
Utah	11	6	4	15	17
Vermont	1	0	1	0	3
Virginia	49	39	51	51	55
Washington	25	14	19	31	31
West Virginia	17	12	9	8	8
Wisconsin	34	32	22	21	22
Wyoming	0	3	2	3	0
National	1,825	1,832	1,888	2,010	1,968
Reporting States	52	52	52	51	51

Table 4–3 Child Fatalities by Age, 2023

Age	Child Population	Child Fatalities	Child Fatalities Percent	Child Fatalities Rate per 100,000 Children
<1	2,931,922	707	44.0	24.11
1	2,965,796	218	13.6	7.35
2	2,907,619	150	9.3	5.16
3	3,016,930	107	6.7	3.55
4	3,068,368	68	4.2	2.22
5	3,136,172	73	4.5	2.33
6	3,191,082	40	2.5	1.25
7	3,276,201	29	1.8	0.89
8	3,302,555	33	2.1	1.00
9	3,293,024	19	1.2	0.58
10	3,279,763	13	0.8	0.40
11	3,285,878	18	1.1	0.55
12	3,320,160	21	1.3	0.63
13	3,392,105	24	1.5	0.71
14	3,465,951	27	1.7	0.78
15	3,594,013	16	1.0	0.45
16	3,590,074	16	1.0	0.45
17	3,533,427	25	1.6	0.71
Unborn, Unknown, and 18–21	-	2	0.1	N/A
National	58,551,040	1606	100.0	N/A

Based on data from 46 states.

Table 4–4 Child Fatalities by Relationship to Their Perpetrators, 2023

Perpetrator	Child Fatalities	Relationships Percent
PARENT	-	-
Father Only	229	14.7
Father and Nonparent	17	1.1
Mother Only	459	29.5
Mother and Nonparent	158	10.1
Two Parents of Known Sex	364	23.4
Three Parents of Known Sex	1	0.1
Two Parents of Known Sex and Nonparent	38	2.4
One or More Parents of Unknown Sex	3	0.2
Total Parents	1,269	81.5
NONPARENT	-	-
Child Daycare Provider(s)	23	1.5
Foster Parent(s)	7	0.4
Friend(s) or Neighbor(s)	11	0.7
Group Home and Residential Facility Staff	3	0.2
Legal Guardian(s)	3	0.2
Other Professional(s)	1	0.1
Relative(s)	69	4.4
Unmarried Partner(s) of Parent	36	2.3
Other(s)	43	2.8
More Than One Nonparental Perpetrator	17	1.1
Total Nonparents	213	13.7
TOTAL UNKNOWN	76	4.9
National	1,558	100.0

Based on data from 45 states.

Table 4–5 Child Fatalities Who Received Family Preservation Services Within the Previous 5 Years, 2023

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	43	5	0	0
Alaska	-	-	5	0
Arizona	-	-	-	-
Arkansas	33	2	-	-
California	-	-	150	18
Colorado	-	-	-	-
Connecticut	9	0	2	0
Delaware	-	-	-	-
District of Columbia	5	0	0	0
Florida	75	0	-	-
Georgia	85	6	18	0
Hawaii	-	-	-	-
Idaho	5	1	3	2
Illinois	83	14	0	0
Indiana	-	-	-	-
Iowa	-	-	-	-
Kansas	12	0	0	0
Kentucky	5	2	0	0
Louisiana	47	4	0	0
Maine	-	-	6	4
Maryland	-	-	-	-
Massachusetts	-	-	-	-
Michigan	-	-	-	-
Minnesota	32	8	0	0
Mississippi	75	2	1	0
Missouri	61	4	0	0
Montana	-	-	-	-
Nebraska	0	0	0	0
Nevada	17	3	4	2
New Hampshire	-	-	-	-
New Jersey	14	2	0	0
New Mexico	14	0	2	0
New York	-	-	-	-
North Carolina	-	-	107	19
North Dakota	2	1	0	0
Ohio	-	-	-	-
Oklahoma	17	1	0	0
Oregon	-	-	19	2
Pennsylvania	-	-	-	-
Puerto Rico	5	0	0	0
Rhode Island	1	0	-	-
South Carolina	-	-	-	-
South Dakota	-	-	-	-
Tennessee	31	8	0	0
Texas	187	18	0	0
Utah	17	0	0	0
Vermont	3	0	-	-
Virginia	-	-	-	-
Washington	-	-	31	3
West Virginia	-	-	-	-
Wisconsin	-	-	-	-
Wyoming	0	0	0	0
National	878	81	348	50
National Percent	-	9.2	-	14.4
Reporting States	27	27	29	29

Table 4–6 Child Fatalities Who Were Reunited With Their Families Within the Previous 5 Years, 2023

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	43	3	0	0
Alaska	-	-	5	0
Arizona	-	-	-	-
Arkansas	33	0	-	-
California	-	-	150	6
Colorado	32	1	-	-
Connecticut	9	0	2	0
Delaware	7	1	0	0
District of Columbia	5	0	0	0
Florida	75	0	-	-
Georgia	85	1	18	0
Hawaii	2	0	0	0
Idaho	5	1	3	0
Illinois	83	1	0	0
Indiana	65	9	-	-
Iowa	-	-	-	-
Kansas	12	0	0	0
Kentucky	5	0	0	0
Louisiana	47	1	0	0
Maine	-	-	6	0
Maryland	83	15	0	0
Massachusetts	-	-	-	-
Michigan	-	-	-	-
Minnesota	32	0	0	0
Mississippi	75	0	1	0
Missouri	61	1	0	0
Montana	-	-	-	-
Nebraska	0	0	0	0
Nevada	17	3	4	0
New Hampshire	-	-	-	-
New Jersey	14	0	0	0
New Mexico	14	0	2	0
New York	-	-	-	-
North Carolina	-	-	107	1
North Dakota	2	0	0	0
Ohio	137	4	-	-
Oklahoma	17	1	0	0
Oregon	-	-	19	0
Pennsylvania	-	-	-	-
Puerto Rico	5	0	0	0
Rhode Island	1	0	-	-
South Carolina	36	0	7	0
South Dakota	-	-	-	-
Tennessee	31	0	0	0
Texas	187	0	0	0
Utah	17	1	0	0
Vermont	3	0	-	-
Virginia	-	-	-	-
Washington	-	-	31	2
West Virginia	-	-	-	-
Wisconsin	22	0	-	-
Wyoming	0	0	0	0
National	1,262	43	355	9
National Percent	-	3.4	-	2.5
Reporting States	35	35	33	33

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.

Number of Perpetrators (unique count of perpetrators)

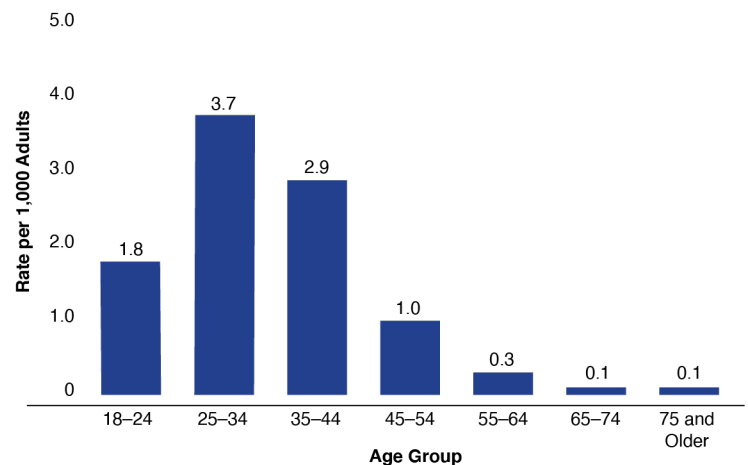
The analyses in this chapter use a unique count of perpetrators, which means identifying and counting a perpetrator once, regardless of the number of times the perpetrator is the subject of a report. For FFY 2023, 52 states reported a unique count of 422,117 perpetrators. This is a 19.8 percent decrease from FFY 2019 when 52 states reported 526,272 unique perpetrators. See [table 5-1](#) and related notes.

Perpetrator Demographics (unique count of perpetrators)

The majority (69.2%) of perpetrators are in the age range of 25–44 years old. Perpetrators in the age group 25–34 are 39.4 percent of all perpetrators. Perpetrators younger than 18 years old accounted for 1.8 percent of all 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 has the highest rate at 3.7 per 1,000 adults in the population of the same age. Older adults in the age group of 35–44 have the second highest rate at 2.9, while young adults in the age group of 18–24 have a rate of 1.8 per 1,000 adults in the population of the same age.¹⁶ See [table 5-2](#), [exhibit 5-A](#), and related notes.¹⁷

Exhibit 5–A Adult Perpetrators by Age, 2023

Perpetrators ages 25 through 44 have the highest rates per 1,000



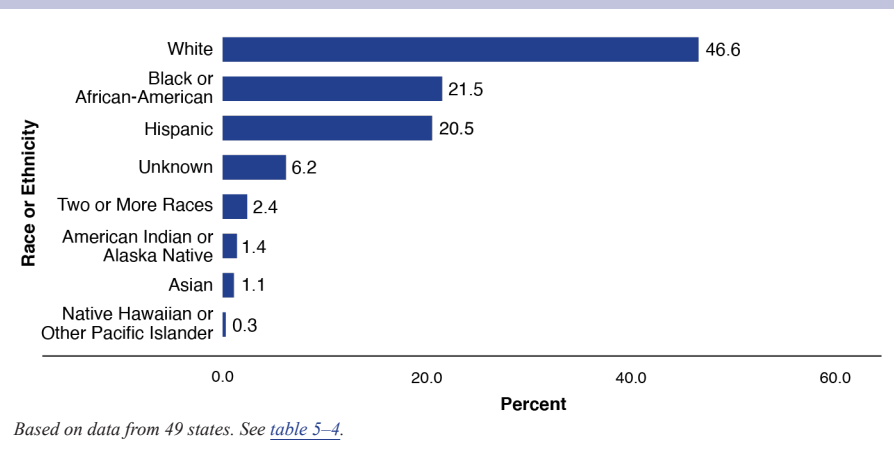
Based on data from 50 states. See [table 5-2](#).

¹⁶ Rates are not calculated for perpetrators younger than 18 years due to the variations in state policy as to how young a perpetrator can be.

¹⁷ In FFY 2022, North Carolina submitted or resubmitted files for FFYs 2018–2022 when the state recoded the disposition of children who would have previously received an alternative response victim disposition to an indicated disposition. Children with alternative response dispositions are not considered maltreatment victims and do not have perpetrators. Children with indicated dispositions are considered maltreatment victims. North Carolina was not able to include perpetrators for indicated dispositions in its FFY 2019–2023 data submissions and is excluded from analyses in the rest of the chapter.

Based on data from 51 reporting states, more than one-half (51.6%) of perpetrators are female and 47.3 percent of perpetrators are male; 1.1 percent of perpetrators are of unknown sex. See [table 5–3](#) and related notes. The three largest percentages of perpetrators are White (46.6%), Black or African-American (21.5%), and Hispanic (20.5%). Race or ethnicity is unknown or not reported for 6.2 percent of perpetrators. (See [table 5–4](#), [exhibit 5–B](#), and related notes.)

Exhibit 5–B Perpetrators by Race or Ethnicity, 2023
The largest percentages of perpetrators are White, Black or African-American, and Hispanic



Perpetrator Relationship

(unique count of perpetrators and unique count of relationships)

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

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

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

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

The majority (76.0%) of perpetrators are a parent of their victim, 6.6 percent of perpetrators are a relative other than a parent, 4.1 percent have multiple relationships to their victims, and 4.0 percent are an unmarried partner of the parent. Nearly 4.0 percent (3.7%) of perpetrators have an “other” relationship to their victims. See [table 5–5](#) and related notes. According to Appendix D, State Commentary, the NCANDS category of “other” perpetrator relationship includes foster sibling, nonrelative, babysitter, etc.

Exhibit and Table Notes

The following pages contain the data tables referenced in chapter 5. Specific information about state submissions can be found in Appendix D, State Commentary. Additional 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 is from the Child File.
- Rates are per 1,000 adults in the population.
- Rates are calculated by dividing the perpetrator count by the adult population count and multiplying by 1,000.
- NCANDS uses the population estimates that are released annually by the U.S. Census Bureau. These estimates are available in Appendix C, State Characteristics.
- National totals and calculations appear in a single row labeled National instead of separate rows labeled total, rate, or percent.
- The row labeled Reporting States displays the count of states that provided data for that analysis.
- Unless otherwise noted, all tables use a unique count of perpetrators.
- Dashes are inserted into cells without any data.

Table 5–2 Perpetrators by Age, 2023

- In NCANDS, valid perpetrator ages are 6–75 years old. If a perpetrator is reported with an age of 76 years or older, the age is recoded to 75.
- Some states have laws restricting how young a perpetrator can be. More information may be found in appendix D.
- Rates are not calculated for perpetrators younger than 18 years.
- If a perpetrator appears in two or more reports, the age at the time of the earliest report is used.
- States are excluded from this analysis if fewer than 85.0 percent of victims are associated with one or more perpetrators.
- States are excluded from this analysis if there are known data quality issues with reporting age.

Table 5–3 Perpetrators by Sex, 2023

- The category of unknown sex includes not reported.
- States are excluded from this analysis if fewer than 85.0 percent of victims are associated with one or more perpetrators.

Table 5–4 Perpetrators by Race or Ethnicity, 2023

- Counts associated with each racial group are exclusive and do not include Hispanic ethnicity.
- Perpetrators reported with Hispanic ethnicity are counted as Hispanic, regardless of any reported race.
- States are excluded from this analysis if more than 30.0 percent of perpetrators have an unknown or missing race or ethnicity.
- Only those states that reported both race and ethnicity separately are included in this analysis.
- States are excluded from this analysis if fewer than 85.0 percent of victims are associated with one or more perpetrators.

Table 5–5 Perpetrators by Relationship to Their Victims, 2023

- Some states are not able to collect and report on group home and residential facility staff perpetrators due to system limitations or jurisdictional issues. More information may be found in appendix D.
- States are excluded from this analysis if more than 25.0 percent of perpetrators are reported with an unknown or missing relationship.
- States are excluded from this analysis if fewer than 85.0 percent of victims are associated with one or more perpetrators.

Table 5–1 Perpetrators, 2019–2023

State	2019	2020	2021	2022	2023
Alabama	8,376	8,432	8,387	8,162	8,275
Alaska	2,294	2,425	2,023	1,964	1,850
Arizona	12,909	9,684	11,264	11,497	11,398
Arkansas	7,118	7,809	8,138	7,635	6,631
California	55,845	53,124	49,073	45,289	42,991
Colorado	10,478	9,820	9,416	8,080	8,008
Connecticut	6,497	5,171	4,541	4,090	4,256
Delaware	977	919	896	829	740
District of Columbia	1,257	1,054	1,059	1,016	832
Florida	24,927	21,599	20,933	18,647	17,010
Georgia	8,107	6,730	7,344	7,897	8,658
Hawaii	1,158	1,150	1,220	1,144	824
Idaho	1,774	1,764	2,016	1,702	1,790
Illinois	23,858	25,303	25,475	23,359	23,081
Indiana	18,477	18,036	17,185	15,302	14,516
Iowa	8,327	7,625	8,158	8,003	7,775
Kansas	2,473	1,998	1,786	1,551	1,531
Kentucky	14,731	12,443	11,303	9,399	11,126
Louisiana	7,574	6,091	5,659	6,565	7,706
Maine	3,874	4,030	3,693	3,258	3,227
Maryland	6,559	6,424	5,715	5,967	5,622
Massachusetts	20,075	17,947	18,261	17,811	17,139
Michigan	26,210	21,484	19,348	18,417	17,961
Minnesota	4,951	4,709	4,000	3,768	3,537
Mississippi	7,793	6,812	7,107	7,611	7,352
Missouri	4,252	4,015	3,945	3,625	3,812
Montana	2,686	2,630	2,142	1,870	1,807
Nebraska	2,022	1,648	1,684	1,338	1,589
Nevada	4,000	4,094	4,465	4,643	5,143
New Hampshire	1,112	1,008	875	913	1,090
New Jersey	4,026	2,826	2,517	2,434	2,188
New Mexico	6,702	5,852	4,848	4,668	4,726
New York	52,669	45,922	43,478	38,597	35,819
North Carolina	3,718	3,891	3,635	3,752	4,221
North Dakota	1,344	1,200	1,037	852	701
Ohio	21,190	19,599	19,772	18,424	16,923
Oklahoma	12,901	12,487	11,595	11,332	10,926
Oregon	10,056	8,541	7,964	7,938	8,183
Pennsylvania	4,941	4,615	4,765	5,040	4,442
Puerto Rico	3,666	2,734	3,786	3,472	3,348
Rhode Island	2,508	2,141	2,023	1,948	1,956
South Carolina	13,630	10,727	11,501	10,930	10,208
South Dakota	1,099	1,097	992	1,028	1,043
Tennessee	9,428	8,493	7,608	6,828	7,589
Texas	49,969	50,567	50,820	42,240	41,808
Utah	7,851	7,197	6,676	6,387	6,213
Vermont	709	419	308	556	531
Virginia	5,005	4,728	4,180	3,882	3,684
Washington	3,693	3,315	3,036	2,986	2,815
West Virginia	5,959	5,359	5,475	4,821	3,932
Wisconsin	3,668	3,345	3,431	3,325	3,008
Wyoming	849	729	652	613	576
National	526,272	481,762	467,210	433,405	422,117
Reporting States	52	52	52	52	52

Table 5–2 Perpetrators by Age, 2023 *(continues next page)*

State	6–11	12–17	18–24	25–34	35–44	45–54	55–64	65–74	75 and Older	Unknown	Total Unique Perpetrators
Alabama	1	241	1,470	3,233	1,927	553	242	75	24	509	8,275
Alaska	2	1	176	750	623	171	62	30	4	31	1,850
Arizona	-	58	1,468	4,694	3,458	969	329	92	30	300	11,398
Arkansas	120	354	1,251	2,395	1,492	431	216	85	16	271	6,631
California	43	371	4,647	17,160	13,728	4,375	1,474	460	135	598	42,991
Colorado	8	132	930	3,146	2,562	749	262	70	79	70	8,008
Connecticut	2	12	387	1,599	1,446	488	164	48	9	101	4,256
Delaware	1	27	89	282	216	58	46	16	4	1	740
District of Columbia	-	-	81	419	229	56	17	4	1	25	832
Florida	1	39	1,738	6,581	5,536	1,684	662	247	73	449	17,010
Georgia	1	88	1,029	3,797	2,569	725	306	118	18	7	8,658
Hawaii	-	4	71	298	287	94	35	9	2	24	824
Idaho	-	3	281	691	590	162	42	17	4	-	1,790
Illinois	18	352	3,253	9,598	6,719	2,010	647	178	61	245	23,081
Indiana	5	414	2,755	5,989	3,721	1,028	338	142	25	99	14,516
Iowa	1	129	1,181	3,152	2,336	686	205	59	15	11	7,775
Kansas	5	85	218	524	456	138	57	20	4	24	1,531
Kentucky	-	53	1,325	4,407	3,422	1,172	514	162	68	3	11,126
Louisiana	1	60	1,298	3,322	2,167	521	234	80	20	3	7,706
Maine	1	9	312	1,265	1,122	350	114	31	8	15	3,227
Maryland	-	-	-	-	-	-	-	-	-	-	-
Massachusetts	-	71	1,512	5,957	6,097	2,109	686	196	42	469	17,139
Michigan	1	41	2,051	7,640	5,625	1,820	560	161	42	20	17,961
Minnesota	19	124	422	1,325	1,137	310	144	39	17	-	3,537
Mississippi	68	217	975	2,881	2,070	678	304	105	33	21	7,352
Missouri	-	37	557	1,304	1,124	387	181	60	13	149	3,812
Montana	-	9	204	690	632	190	55	21	1	5	1,807
Nebraska	-	53	228	621	497	138	34	11	6	1	1,589
Nevada	-	17	583	2,201	1,698	436	160	42	6	-	5,143
New Hampshire	2	8	94	431	422	90	30	5	1	7	1,090
New Jersey	-	5	171	781	800	262	96	25	10	38	2,188
New Mexico	-	20	463	1,820	1,358	389	108	51	11	506	4,726
New York	1	97	3,517	13,398	12,285	4,486	1,527	419	82	7	35,819
North Carolina	-	-	-	-	-	-	-	-	-	-	-
North Dakota	-	1	109	288	206	45	16	3	0	33	701
Ohio	57	759	2,528	6,189	4,219	1,336	571	219	64	981	16,923
Oklahoma	-	56	1,606	4,495	3,171	906	345	119	23	205	10,926
Oregon	-	145	883	3,101	2,653	846	246	75	36	198	8,183
Pennsylvania	-	164	565	1,538	1,207	507	238	95	27	101	4,442
Puerto Rico	1	11	397	1,445	992	325	117	51	7	2	3,348
Rhode Island	2	28	218	777	635	187	53	14	2	40	1,956
South Carolina	26	42	1,152	4,184	3,337	928	345	132	26	36	10,208
South Dakota	-	6	147	449	313	73	25	10	5	15	1,043
Tennessee	12	368	1,130	2,611	1,506	497	251	108	26	1,080	7,589
Texas	147	1,610	8,093	17,592	9,948	2,790	1,107	415	91	15	41,808
Utah	5	551	736	1,997	2,030	632	176	64	19	3	6,213
Vermont	-	35	52	186	164	49	16	8	5	16	531
Virginia	1	22	470	1,300	1,053	369	162	57	22	228	3,684
Washington	-	4	243	1,055	1,058	321	84	25	6	19	2,815
West Virginia	1	6	384	1,550	1,196	409	161	41	6	178	3,932
Wisconsin	5	29	298	1,071	805	240	84	21	4	451	3,008
Wyoming	-	7	71	237	177	50	10	3	1	20	576
National	558	6,975	53,819	162,416	123,021	38,225	13,858	4,538	1,234	7,630	412,274
Reporting States	30	49	50	50	50	50	50	50	50	47	50

Table 5–2 Perpetrators by Age, 2023

State	18–24 Rate per 1,000	25–34 Rate per 1,000	35–44 Rate per 1,000	45–54 Rate per 1,000	55–64 Rate per 1,000	65–74 Rate per 1,000	75 and Older Rate per 1,000
Alabama	3.1	4.9	3.1	0.9	0.4	0.1	0.1
Alaska	2.7	6.6	6.0	2.1	0.7	0.4	0.1
Arizona	2.1	4.6	3.7	1.1	0.4	0.1	0.1
Arkansas	4.4	6.0	3.9	1.2	0.6	0.3	0.1
California	1.3	3.0	2.5	0.9	0.3	0.1	0.1
Colorado	1.7	3.4	3.0	1.1	0.4	0.1	0.2
Connecticut	1.2	3.5	3.2	1.1	0.3	0.1	0.0
Delaware	1.0	2.2	1.7	0.5	0.3	0.1	0.0
District of Columbia	1.2	2.9	2.1	0.8	0.3	0.1	0.0
Florida	1.0	2.3	2.0	0.6	0.2	0.1	0.0
Georgia	1.0	2.5	1.8	0.5	0.2	0.1	0.0
Hawaii	0.6	1.6	1.5	0.6	0.2	0.1	0.0
Idaho	1.5	2.7	2.3	0.7	0.2	0.1	0.0
Illinois	2.9	5.7	4.0	1.3	0.4	0.1	0.1
Indiana	4.2	6.7	4.3	1.3	0.4	0.2	0.1
Iowa	3.7	7.9	5.8	1.9	0.5	0.2	0.1
Kansas	0.7	1.4	1.2	0.4	0.2	0.1	0.0
Kentucky	3.3	7.4	6.1	2.1	0.9	0.3	0.2
Louisiana	3.1	5.5	3.6	1.0	0.4	0.2	0.1
Maine	2.8	7.5	6.6	2.1	0.5	0.2	0.1
Maryland	-	-	-	-	-	-	-
Massachusetts	2.2	6.1	6.7	2.5	0.7	0.3	0.1
Michigan	2.2	5.8	4.6	1.5	0.4	0.1	0.1
Minnesota	0.9	1.8	1.5	0.5	0.2	0.1	0.0
Mississippi	3.5	7.7	5.7	1.9	0.8	0.3	0.2
Missouri	1.0	1.6	1.4	0.5	0.2	0.1	0.0
Montana	2.0	4.7	4.4	1.5	0.4	0.2	0.0
Nebraska	1.2	2.5	1.9	0.6	0.1	0.1	0.0
Nevada	2.3	4.8	3.9	1.1	0.4	0.1	0.0
New Hampshire	0.8	2.4	2.4	0.5	0.1	0.0	0.0
New Jersey	0.2	0.7	0.7	0.2	0.1	0.0	0.0
New Mexico	2.3	6.6	5.0	1.7	0.4	0.2	0.1
New York	2.0	4.8	4.8	1.9	0.6	0.2	0.1
North Carolina	-	-	-	-	-	-	-
North Dakota	1.3	2.6	2.0	0.6	0.2	0.0	0.0
Ohio	2.4	4.0	2.9	1.0	0.4	0.2	0.1
Oklahoma	4.1	8.3	6.0	2.0	0.7	0.3	0.1
Oregon	2.5	5.2	4.5	1.6	0.5	0.2	0.1
Pennsylvania	0.5	0.9	0.7	0.3	0.1	0.1	0.0
Puerto Rico	1.4	3.3	2.6	0.8	0.3	0.1	0.0
Rhode Island	2.0	5.1	4.6	1.4	0.3	0.1	0.0
South Carolina	2.4	6.1	5.1	1.5	0.5	0.2	0.1
South Dakota	1.7	3.9	2.7	0.8	0.2	0.1	0.1
Tennessee	1.8	2.7	1.7	0.6	0.3	0.1	0.1
Texas	2.8	4.1	2.4	0.8	0.3	0.2	0.1
Utah	1.9	4.0	4.4	1.7	0.6	0.3	0.1
Vermont	0.8	2.4	2.1	0.6	0.2	0.1	0.1
Virginia	0.6	1.1	0.9	0.3	0.1	0.1	0.0
Washington	0.4	0.9	1.0	0.3	0.1	0.0	0.0
West Virginia	2.5	7.3	5.6	1.8	0.7	0.2	0.0
Wisconsin	0.5	1.5	1.1	0.3	0.1	0.0	0.0
Wyoming	1.3	3.2	2.3	0.8	0.1	0.0	0.0
National	1.8	3.7	2.9	1.0	0.3	0.1	0.1
Reporting States	-	-	-	-	-	-	-

Table 5–3 Perpetrators by Sex, 2023

State	Men	Women	Unknown	Total Perpetrators	Men Percent	Women Percent	Unknown Percent
Alabama	3,489	4,760	26	8,275	42.2	57.5	0.3
Alaska	832	990	28	1,850	45.0	53.5	1.5
Arizona	5,492	5,727	179	11,398	48.2	50.2	1.6
Arkansas	2,962	3,547	122	6,631	44.7	53.5	1.8
California	19,874	22,803	314	42,991	46.2	53.0	0.7
Colorado	4,316	3,642	50	8,008	53.9	45.5	0.6
Connecticut	2,038	2,164	54	4,256	47.9	50.8	1.3
Delaware	429	311	-	740	58.0	42.0	-
District of Columbia	251	566	15	832	30.2	68.0	1.8
Florida	8,008	8,663	339	17,010	47.1	50.9	2.0
Georgia	3,050	5,585	23	8,658	35.2	64.5	0.3
Hawaii	381	435	8	824	46.2	52.8	1.0
Idaho	707	1,083	-	1,790	39.5	60.5	-
Illinois	10,896	12,016	169	23,081	47.2	52.1	0.7
Indiana	6,388	8,091	37	14,516	44.0	55.7	0.3
Iowa	3,629	4,133	13	7,775	46.7	53.2	0.2
Kansas	855	664	12	1,531	55.8	43.4	0.8
Kentucky	4,948	6,141	37	11,126	44.5	55.2	0.3
Louisiana	2,482	5,195	29	7,706	32.2	67.4	0.4
Maine	1,670	1,553	4	3,227	51.8	48.1	0.1
Maryland	2,926	2,535	161	5,622	52.0	45.1	2.9
Massachusetts	7,815	8,501	823	17,139	45.6	49.6	4.8
Michigan	8,796	9,141	24	17,961	49.0	50.9	0.1
Minnesota	1,880	1,657	-	3,537	53.2	46.8	-
Mississippi	2,974	4,303	75	7,352	40.5	58.5	1.0
Missouri	2,314	1,381	117	3,812	60.7	36.2	3.1
Montana	857	933	17	1,807	47.4	51.6	0.9
Nebraska	838	751	-	1,589	52.7	47.3	-
Nevada	2,490	2,652	1	5,143	48.4	51.6	0.0
New Hampshire	529	553	8	1,090	48.5	50.7	0.7
New Jersey	1,053	1,123	12	2,188	48.1	51.3	0.5
New Mexico	1,968	2,636	122	4,726	41.6	55.8	2.6
New York	17,757	18,052	10	35,819	49.6	50.4	0.0
North Carolina	-	-	-	-	-	-	-
North Dakota	230	454	17	701	32.8	64.8	2.4
Ohio	8,109	8,399	415	16,923	47.9	49.6	2.5
Oklahoma	5,452	5,438	36	10,926	49.9	49.8	0.3
Oregon	4,783	3,267	133	8,183	58.5	39.9	1.6
Pennsylvania	2,831	1,539	72	4,442	63.7	34.6	1.6
Puerto Rico	1,276	2,072	-	3,348	38.1	61.9	-
Rhode Island	979	952	25	1,956	50.1	48.7	1.3
South Carolina	3,906	6,293	9	10,208	38.3	61.6	0.1
South Dakota	386	649	8	1,043	37.0	62.2	0.8
Tennessee	3,651	3,399	539	7,589	48.1	44.8	7.1
Texas	20,654	20,939	215	41,808	49.4	50.1	0.5
Utah	3,651	2,561	1	6,213	58.8	41.2	0.0
Vermont	363	168	-	531	68.4	31.6	-
Virginia	1,744	1,839	101	3,684	47.3	49.9	2.7
Washington	1,439	1,361	15	2,815	51.1	48.3	0.5
West Virginia	1,665	2,264	3	3,932	42.3	57.6	0.1
Wisconsin	1,426	1,238	344	3,008	47.4	41.2	11.4
Wyoming	251	324	1	576	43.6	56.3	0.2
National	197,690	215,443	4,763	417,896	47.3	51.6	1.1
Reporting States	51	51	45	51	-	-	-

Table 5–4 Perpetrators by Race or Ethnicity, 2023 *(continues next page)*

State	American Indian or Alaska Native	Asian	Black or African-American	Hispanic	Two or More Races	Native Hawaiian or Other Pacific Islander	White	Unknown	Total Perpetrators
Alabama	7	17	2,452	372	42	7	5,187	191	8,275
Alaska	988	9	46	49	75	49	481	153	1,850
Arizona	628	39	1,198	12	267	35	6,630	2,589	11,398
Arkansas	12	16	1,354	463	336	43	4,141	266	6,631
California	410	1,271	5,807	20,666	0	175	11,031	3,631	42,991
Colorado	-	-	-	-	-	-	-	-	-
Connecticut	6	30	984	1,326	71	3	1,664	172	4,256
Delaware	1	5	335	104	5	0	290	-	740
District of Columbia	0	0	617	73	0	0	15	127	832
Florida	20	69	5,070	2,559	201	15	7,885	1,191	17,010
Georgia	6	44	3,602	575	93	5	3,993	340	8,658
Hawaii	2	113	12	24	244	180	173	76	824
Idaho	39	3	26	152	21	2	1,045	502	1,790
Illinois	11	275	6,883	3,848	246	14	11,338	466	23,081
Indiana	18	79	2,670	1,058	361	9	10,181	140	14,516
Iowa	102	56	1,123	688	107	65	5,552	82	7,775
Kansas	10	15	196	161	22	2	1,010	115	1,531
Kentucky	1	23	1,103	361	326	11	9,037	264	11,126
Louisiana	9	19	3,384	252	31	9	3,569	433	7,706
Maine	45	19	81	70	72	2	2,588	350	3,227
Maryland	5	53	1,977	660	54	2	1,536	1,335	5,622
Massachusetts	35	304	2,403	4,674	416	10	7,044	2,253	17,139
Michigan	73	73	5,987	1,163	818	7	9,750	90	17,961
Minnesota	296	81	551	427	401	5	1,701	75	3,537
Mississippi	14	11	2,840	169	27	5	3,522	764	7,352
Missouri	6	13	456	260	16	6	2,751	304	3,812
Montana	304	1	28	87	36	3	1,056	292	1,807
Nebraska	89	14	194	252	51	3	789	197	1,589
Nevada	36	82	1,454	1,296	111	63	1,638	463	5,143
New Hampshire	3	8	28	51	15	1	854	130	1,090
New Jersey	2	24	631	670	13	2	760	86	2,188
New Mexico	399	13	143	2,366	66	5	976	758	4,726
New York	157	974	9,880	9,741	698	21	14,041	307	35,819
North Carolina	-	-	-	-	-	-	-	-	-
North Dakota	160	3	57	39	15	2	341	84	701
Ohio	10	44	4,293	810	584	3	10,199	980	16,923
Oklahoma	501	42	1,191	1,664	2,505	21	4,833	169	10,926
Oregon	206	45	351	813	161	52	4,870	1,685	8,183
Pennsylvania	4	45	974	588	68	1	2,371	391	4,442
Puerto Rico	7	0	21	3,081	2	0	93	144	3,348
Rhode Island	13	21	302	529	49	3	954	85	1,956
South Carolina	18	26	3,691	532	103	8	5,065	765	10,208
South Dakota	440	5	38	59	99	1	356	45	1,043
Tennessee	-	-	-	-	-	-	-	-	-
Texas	71	299	9,892	17,032	412	52	12,767	1,283	41,808
Utah	117	51	232	1,366	93	172	4,109	73	6,213
Vermont	1	3	21	7	0	0	445	54	531
Virginia	1	42	851	486	34	5	1,887	378	3,684
Washington	118	44	226	440	148	58	1,526	255	2,815
West Virginia	1	6	179	8	62	1	3,584	91	3,932
Wisconsin	104	38	531	274	39	0	1,561	461	3,008
Wyoming	27	1	11	64	0	1	444	28	576
National Reporting States	5,533	4,468	86,376	82,421	9,616	1,139	187,633	25,113	402,299
	49	49	49	49	49	49	49	48	49

Table 5–4 Perpetrators by Race or Ethnicity, 2023

State	American Indian or Alaska Native Percent	Asian Percent	Black or African-American Percent	Hispanic Percent	Two or More Races Percent	Native Hawaiian or Other Pacific Islander Percent	White Percent	Unknown Percent
Alabama	0.1	0.2	29.6	4.5	0.5	0.1	62.7	2.3
Alaska	53.4	0.5	2.5	2.6	4.1	2.6	26.0	8.3
Arizona	5.5	0.3	10.5	0.1	2.3	0.3	58.2	22.7
Arkansas	0.2	0.2	20.4	7.0	5.1	0.6	62.4	4.0
California	1.0	3.0	13.5	48.1	0.0	0.4	25.7	8.4
Colorado	-	-	-	-	-	-	-	-
Connecticut	0.1	0.7	23.1	31.2	1.7	0.1	39.1	4.0
Delaware	0.1	0.7	45.3	14.1	0.7	0.0	39.2	-
District of Columbia	0.0	0.0	74.2	8.8	0.0	0.0	1.8	15.3
Florida	0.1	0.4	29.8	15.0	1.2	0.1	46.4	7.0
Georgia	0.1	0.5	41.6	6.6	1.1	0.1	46.1	3.9
Hawaii	0.2	13.7	1.5	2.9	29.6	21.8	21.0	9.2
Idaho	2.2	0.2	1.5	8.5	1.2	0.1	58.4	28.0
Illinois	0.0	1.2	29.8	16.7	1.1	0.1	49.1	2.0
Indiana	0.1	0.5	18.4	7.3	2.5	0.1	70.1	1.0
Iowa	1.3	0.7	14.4	8.8	1.4	0.8	71.4	1.1
Kansas	0.7	1.0	12.8	10.5	1.4	0.1	66.0	7.5
Kentucky	0.0	0.2	9.9	3.2	2.9	0.1	81.2	2.4
Louisiana	0.1	0.2	43.9	3.3	0.4	0.1	46.3	5.6
Maine	1.4	0.6	2.5	2.2	2.2	0.1	80.2	10.8
Maryland	0.1	0.9	35.2	11.7	1.0	0.0	27.3	23.7
Massachusetts	0.2	1.8	14.0	27.3	2.4	0.1	41.1	13.1
Michigan	0.4	0.4	33.3	6.5	4.6	0.0	54.3	0.5
Minnesota	8.4	2.3	15.6	12.1	11.3	0.1	48.1	2.1
Mississippi	0.2	0.1	38.6	2.3	0.4	0.1	47.9	10.4
Missouri	0.2	0.3	12.0	6.8	0.4	0.2	72.2	8.0
Montana	16.8	0.1	1.5	4.8	2.0	0.2	58.4	16.2
Nebraska	5.6	0.9	12.2	15.9	3.2	0.2	49.7	12.4
Nevada	0.7	1.6	28.3	25.2	2.2	1.2	31.8	9.0
New Hampshire	0.3	0.7	2.6	4.7	1.4	0.1	78.3	11.9
New Jersey	0.1	1.1	28.8	30.6	0.6	0.1	34.7	3.9
New Mexico	8.4	0.3	3.0	50.1	1.4	0.1	20.7	16.0
New York	0.4	2.7	27.6	27.2	1.9	0.1	39.2	0.9
North Carolina	-	-	-	-	-	-	-	-
North Dakota	22.8	0.4	8.1	5.6	2.1	0.3	48.6	12.0
Ohio	0.1	0.3	25.4	4.8	3.5	0.0	60.3	5.8
Oklahoma	4.6	0.4	10.9	15.2	22.9	0.2	44.2	1.5
Oregon	2.5	0.5	4.3	9.9	2.0	0.6	59.5	20.6
Pennsylvania	0.1	1.0	21.9	13.2	1.5	0.0	53.4	8.8
Puerto Rico	0.2	0.0	0.6	92.0	0.1	0.0	2.8	4.3
Rhode Island	0.7	1.1	15.4	27.0	2.5	0.2	48.8	4.3
South Carolina	0.2	0.3	36.2	5.2	1.0	0.1	49.6	7.5
South Dakota	42.2	0.5	3.6	5.7	9.5	0.1	34.1	4.3
Tennessee	-	-	-	-	-	-	-	-
Texas	0.2	0.7	23.7	40.7	1.0	0.1	30.5	3.1
Utah	1.9	0.8	3.7	22.0	1.5	2.8	66.1	1.2
Vermont	0.2	0.6	4.0	1.3	0.0	0.0	83.8	10.2
Virginia	0.0	1.1	23.1	13.2	0.9	0.1	51.2	10.3
Washington	4.2	1.6	8.0	15.6	5.3	2.1	54.2	9.1
West Virginia	0.0	0.2	4.6	0.2	1.6	0.0	91.1	2.3
Wisconsin	3.5	1.3	17.7	9.1	1.3	0.0	51.9	15.3
Wyoming	4.7	0.2	1.9	11.1	0.0	0.2	77.1	4.9
National	1.4	1.1	21.5	20.5	2.4	0.3	46.6	6.2
Reporting States	-	-	-	-	-	-	-	-

Table 5–5 Perpetrators by Relationship to Their Victims, 2023 *(continues next page)*

State	Parent	Child Daycare Provider	Foster Parent	Friend and Neighbor	Group Home and Residential Facility Staff	Legal Guardian	Multiple Relationships
Alabama	5,950	33	14	109	13	26	385
Alaska	1,561	-	23	-	-	9	62
Arizona	8,265	-	45	3	-	69	487
Arkansas	4,432	42	11	113	4	25	206
California	37,087	-	127	-	4	-	1,268
Colorado	5,814	15	6	-	13	5	488
Connecticut	3,199	18	13	40	17	122	234
Delaware	511	1	-	-	-	1	37
District of Columbia	781	-	3	-	-	3	15
Florida	12,024	23	-	-	1	31	1,137
Georgia	7,054	33	35	48	19	46	159
Hawaii	717	-	7	-	-	14	22
Idaho	1,623	-	5	17	-	19	8
Illinois	18,827	156	138	-	25	-	1,051
Indiana	11,177	32	28	313	4	39	696
Iowa	6,192	54	20	-	12	41	282
Kansas	1,052	-	9	3	10	-	20
Kentucky	6,532	7	6	156	-	200	872
Louisiana	-	-	-	-	-	-	-
Maine	-	-	-	-	-	-	-
Maryland	3,313	29	35	40	58	22	155
Massachusetts	13,566	91	45	-	95	108	949
Michigan	13,348	-	126	901	46	61	1,458
Minnesota	2,555	27	44	19	7	58	202
Mississippi	5,321	14	52	144	16	17	240
Missouri	2,130	23	21	159	31	-	180
Montana	1,631	6	12	-	1	6	22
Nebraska	1,193	17	7	-	2	-	79
Nevada	4,257	-	7	113	16	2	294
New Hampshire	931	1	-	-	1	5	47
New Jersey	1,701	14	4	17	3	-	69
New Mexico	4,034	-	2	1	-	57	138
New York	30,010	264	129	-	86	146	380
North Carolina	-	-	-	-	-	-	-
North Dakota	586	-	-	16	-	-	23
Ohio	10,719	51	63	163	35	-	925
Oklahoma	8,758	26	82	-	18	53	642
Oregon	5,576	2	-	-	-	36	581
Pennsylvania	2,485	22	6	76	26	9	123
Puerto Rico	2,366	2	2	-	16	3	345
Rhode Island	1,555	24	9	-	45	11	126
South Carolina	8,720	5	37	-	8	85	439
South Dakota	851	7	1	-	2	11	56
Tennessee	4,350	10	22	377	10	55	100
Texas	31,600	286	62	214	98	-	591
Utah	4,018	19	12	211	29	21	331
Vermont	310	4	3	47	2	-	23
Virginia	2,569	76	5	-	8	31	136
Washington	2,405	7	11	-	-	-	72
West Virginia	3,067	2	5	2	1	32	215
Wisconsin	1,892	20	14	20	-	1	126
Wyoming	492	3	-	-	-	2	21
National Total	309,107	1,466	1,308	3,322	782	1,482	16,517
National Percent	76.0	0.4	0.3	0.8	0.2	0.4	4.1
Reporting States	49	38	43	26	36	38	49

Table 5–5 Perpetrators by Relationship to Their Victims, 2023

State	Other	Other Professional	Relative	Unmarried Partner of Parent	Unknown	Total Perpetrators
Alabama	549	19	695	297	185	8,275
Alaska	43	-	78	67	7	1,850
Arizona	31	-	46	41	2,411	11,398
Arkansas	635	37	713	213	200	6,631
California	-	-	1,825	2,680	-	42,991
Colorado	334	16	637	5	675	8,008
Connecticut	220	61	151	177	4	4,256
Delaware	40	-	117	33	-	740
District of Columbia	12	-	18	-	-	832
Florida	656	169	780	742	1,447	17,010
Georgia	448	42	613	161	-	8,658
Hawaii	30	-	28	-	6	824
Idaho	-	1	53	55	9	1,790
Illinois	465	72	1,298	830	219	23,081
Indiana	832	18	847	-	530	14,516
Iowa	254	-	404	512	4	7,775
Kansas	195	-	226	-	16	1,531
Kentucky	102	-	516	469	2,266	11,126
Louisiana	-	-	-	-	-	-
Maine	-	-	-	-	-	-
Maryland	521	159	789	-	501	5,622
Massachusetts	490	68	558	740	429	17,139
Michigan	225	8	958	823	7	17,961
Minnesota	87	1	312	210	15	3,537
Mississippi	171	25	761	269	322	7,352
Missouri	472	29	336	299	132	3,812
Montana	22	-	58	48	1	1,807
Nebraska	83	-	105	77	26	1,589
Nevada	5	-	144	292	13	5,143
New Hampshire	-	-	31	20	54	1,090
New Jersey	55	65	113	130	17	2,188
New Mexico	37	-	205	200	52	4,726
New York	464	-	2,213	2,100	27	35,819
North Carolina	-	-	-	-	-	-
North Dakota	-	-	11	-	65	701
Ohio	1,929	114	1,986	-	938	16,923
Oklahoma	717	7	531	32	60	10,926
Oregon	-	-	344	180	1,464	8,183
Pennsylvania	429	75	811	299	81	4,442
Puerto Rico	14	8	85	5	502	3,348
Rhode Island	57	-	31	95	3	1,956
South Carolina	306	-	364	243	1	10,208
South Dakota	19	-	33	46	17	1,043
Tennessee	1,655	7	943	57	3	7,589
Texas	1,079	257	4,684	2,835	102	41,808
Utah	575	8	636	276	77	6,213
Vermont	47	2	33	32	28	531
Virginia	236	84	292	118	129	3,684
Washington	43	-	89	186	2	2,815
West Virginia	217	5	202	14	170	3,932
Wisconsin	219	11	236	221	248	3,008
Wyoming	27	-	28	1	2	576
National Total	15,047	1,368	26,967	16,130	13,467	406,963
National Percent	3.7	0.3	6.6	4.0	3.3	100.0
Reporting States	44	27	49	42	45	49



Services

CHAPTER 6

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

NCANDS collects data for 26 types of services including adoption, employment, mental health, and substance abuse.¹⁸ States have their own typologies of services, which they map or crosswalk to the NCANDS services categories. In this chapter, services are examined from two perspectives:

- (1) **Prevention services**—consists of aggregated data from states about the use of various funding streams for prevention services, which are provided to parents whose children are at-risk of abuse and neglect. These services are designed to improve child-rearing competencies of the parents and other caregivers via education on the developmental stages of childhood and the provision of other types of assistance.
- (2) **Postresponse services**—consists of case-level data about children who receive services as a result of an investigation response or alternative response. Postresponse services address the safety of the child and usually are based on an assessment of the family’s situation, including service needs and family strengths.

Prevention Services (duplicate count of children)

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

- Section 106 of Title I of the Child Abuse Prevention and Treatment Act (CAPTA), 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 CPS workers, protecting the legal rights of families and alleged perpetrators, and supporting citizen review panels. CAPTA requires states to convene multidisciplinary teams to review the circumstances of child fatalities in the state and make recommendations.

¹⁸ For a listing of all 26 services categories and definitions, please see the NCANDS Child File Codebook on the Children’s Bureau website at <https://www.acf.hhs.gov/cb/training-technical-assistance/ncands-child-file-codebook>

- 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 port the coordination of resources and activities; and to foster understanding, appreciation and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.
- Title IV–B, Subpart 2, as amended [P.L. 107–133]: Promoting Safe and Stable Families: The primary goals of Promoting Safe and Stable Families (PSSF) are to prevent the unnecessary separation of children from their families, improve the quality of care and services to children and their families, and ensure permanency for children by reuniting them with their parents, by adoption, or by another permanent living arrangement. States are to spend most of the funding for services that address family support, family 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 NCANDS with 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. According to the U.S. Census Bureau, the average number of own children under 18 in families is 1.94.¹⁹ States are asked to provide unique and mutually exclusive counts (e.g., if reporting a child in the child count, the child is not also included in the family count) within each source. However, because a child or family may receive multiple services, there may be duplication across funding sources.

Based on data from 45 states, the FFY 2023 estimated total child recipients of prevention services is 1,762,516. See [table 6–1](#) and related notes. This is a decrease from the FFY 2022 estimated total child recipients of 1,922,792 based on data from 45 states.

¹⁹ Source: U.S. Census Bureau, *Current Population Survey*. (2023). *Annual Social and Economic Supplement AVG3. Average Number of People per Family Household with Own Children Under 18, by Race and Hispanic Origin, Marital Status, Age, and Education of Householder: 2023 [data file]*. Retrieved April 2024 from <https://www.census.gov/data/tables/2023/demo/families/cps-2023.html>

The funding source with the largest number of estimated total child recipients is the Promoting Safe and Stable Families (PSSF) with 38 states reporting 587,006 estimated recipients.²⁰ The second largest is the Community-Based Child Abuse Prevention Grants (CBCAP) with 38 states reporting 431,851 estimated recipients. Due to the nature of these funds and the ways states use them, the number of recipients fluctuates from one year to the next. Information about state increases and decreases in recipients and funding may be found in Appendix D, State Commentary. States continue to work on improving the ability to measure prevention services. Some of the difficulties with collecting and reporting these elements are listed below:

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

Postresponse Services (duplicate count of children)

All children and families who are involved with a child welfare agency receive services to some degree. NCANDS and the Child Maltreatment report focus on only those services that were initiated or continued as a result of the investigation response or alternative response. NCANDS collects data for 26 services categories; states have their own service categories which they crosswalk (map) to the NCANDS categories. Not every state reports data for every service. Readers should see [Appendix B](#), Glossary, for definitions of service categories and Appendix D, State Commentary, for state-specific information on services reporting. 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 2023, 887,274 children received postresponse services from a CPS agency. Fifty-one states reported 56.0 percent of duplicate victims received postresponse services and 19.9 percent of duplicate nonvictims received postresponse services. See [table 6–2](#) and related notes. This is a slight decrease from FFY 2022 when 51 states reported 897,486 children who received postresponse services. Children who received postresponse services are counted per response by CPS and may be counted more than once. States provide data on the start of postresponse services.

[Table 6–3](#) calculates the national average by dividing the total number of days to services by the number of children who received services on or after the report date (mean). Based on data from 44 states, the average number of days from receipt of a report to initiation of services for FFY 2023 is 42 days and a midpoint (median) of 23 days. See [table 6–3](#) and related notes. This

²⁰ P.L. 116–94 Family First Transition Act of 2020 renamed this program to Marylee Allen Promoting Safe and Stable Families.

is a slight increase from FFY 2022 when 45 states reported an average of 40 days and a median of 22 days. Several states provided comments about the increase in days to services receipt and attributed the increase to: an increase in families receiving community-based services, increase in screened-in referrals, backlog reduction, and improved reporting.

[Table 6–4](#) displays the number of children who received foster care services and are removed from home. Only the children who are removed from their home on or after the report date are counted. This is because some children were already in foster care when the allegation of maltreatment was made, and readers and researchers want to know the number of children who were removed as a result of the investigation or alternative response. Readers interested in more complete adoption and foster care statistics should refer to the Adoption and Foster Care Analysis and Reporting System (AFCARS) data at <https://www.acf.hhs.gov/cb/data-research/adoption-fostercare>. AFCARS collects case-level information on all children in foster care and those who are adopted with title IV–E agency involvement.

Based on FFY 2023 data from 50 states, 105,153 victims (19.8%) and 40,076 nonvictims (1.4%) were removed from their homes. For FFY 2022, 49 states reported 104,747 victims (19.6%) and 40,702 nonvictims (1.4%) were removed. Some states report low percentages of victims and nonvictims who received foster care services due to system limitations or other difficulties with collecting and reporting the data as mentioned above. See [table 6–4](#) and related notes. There may be several explanations as to why nonvictims are placed in foster care. For example, if one child in a household is deemed to be in danger or at-risk of maltreatment, the state may remove all of the children in the household to ensure their safety. (E.g., if a CPS worker finds a drug lab in a house or finds a severely intoxicated caregiver, the worker may remove all children, even if there is only a maltreatment allegation for one child in the household.) Another reason for a nonvictim to be removed has to do with voluntary placements. This is when a parent 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 50,329 victims (19.0%) have court-appointed representatives. See [table 6–5](#) and related notes. This is a decrease from FFY 2022 when 25 states reported 51,193 victims (19.0%) had court-appointed representatives. The representatives act on behalf of a child in court proceedings and make recommendations to the court in the best interests of the child. According to states, Guardians ad Litem, children’s attorneys, and Court Appointed Special Advocates (CASAs) are included in these counts to NCANDS.

These numbers are likely to be an undercount given the statutory requirement in CAPTA that says, “in every case involving a victim of child abuse or neglect which results in a judicial proceeding, a guardian ad litem who has received training appropriate to the role, including training in early childhood, child and adolescent development, and who may be an attorney or a court-appointed special advocate who has received training appropriate to that role (or both), shall be appointed to represent the child in such proceedings...” States provide the following possible reasons for not reporting data:

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

History of Receiving Services (unique count of victims)

Two data elements in the Agency File collect information on histories of victims with prior CPS involvement—family preservation and family reunification services. For FFY 2023, 31 states reported 46,979 victims (13.6%) received family preservation services within the previous 5 years. This is a decrease from FFY 2022 when 28 states reported 49,703 victims (15.2%) received family preservation services. See [table 6–6](#) and related notes. Several states subcontract family preservation services to outside vendors and are not able to report this data to NCANDS.

FFY 2023 data from 38 states show 17,859 victims (4.3%) were reunited with their families within the previous 5 years. This is similar to FFY 2022 when 37 states reported 18,327 victims (4.8%) were reunited. See [table 6–7](#) and related notes.

Part C of the Individuals With Disabilities Education Act (IDEA) (unique count of victims)

Federal guidance asks for states to report the number of victims who are younger than 3 years who are eligible for and referred to agencies providing early intervention services under Part C of the Individuals with Disabilities Education Act. However, some states have policies in place to allow older children to be considered eligible for referral and receipt of these services and these states may report victims who are older than 3 years. NCANDS uses the following definitions:

- Number of Children Eligible for Referral to Agencies Providing Early Intervention Services Under Part C of the Individuals with Disabilities Education Act: a unique count of the number of victims eligible for referral to agencies providing early intervention services under Part C of the Individuals with Disabilities Act.
- Number of Children Referred to Agencies Providing Early Intervention Services Under Part C of the Individuals with Disabilities Education Act: a unique count of the number of victims actually referred to agencies providing early intervention services under Part C of the Individuals with Disabilities Education Act.

Thirty-eight states reported 82,646 victims who are eligible for referral to agencies providing early intervention services and 32 states reported 36,389 victims as referred to these services. Of the states that are able to report both the victims who are eligible and referred (31 states), 59.6 percent of victims who are eligible are referred to the agencies. See [table 6–8](#) and related notes.

Exhibit and Table Notes

The following pages contain the data tables referenced in chapter 6. Specific information about state submissions can be found in Appendix D, State Commentary. Additional 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 or notes.

- The data for all tables is from the Child File unless otherwise noted.
- Due to the large number of categories, most services are defined in Appendix B, Glossary.

- The row labeled Reporting States displays the count of states that provide data for that analysis.
- The Child File Codebook, which includes the services fields, is located on the Children’s Bureau website at <https://www.acf.hhs.gov/cb/training-technical-assistance/ncands-child-file-codebook>
- National totals and calculations appear in a single row labeled National instead of separate rows labeled total, rate, or percent.
- Dashes are inserted into cells without any data for this analysis.

Table 6–1 Children Who Received Prevention Services by Funding Source, 2023

- Data is from the Agency File.
- The number of total recipients is a duplicate count.
- Children may be counted more than once, under a single funding source and across 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 (1.94) 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, 2023

- The numbers of victims and nonvictims are duplicate counts.
- A child is counted each time that a CPS response is completed and services are provided.
- This analysis includes only those services that continue past or are initiated after 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, 2023

- The number of children is a duplicate count.
- This analysis uses subset of children whose service date is the same day or later than 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 35.0 percent of records with a service have a service date after the report date.
- States are excluded from this analysis if more than 40.0 percent of records have the same report date and service date.

Table 6–4 Children Who Received Foster Care Postresponse Services and Who Had a Removal Date on or After the Report Date, 2023

- The numbers of victims and nonvictims are a duplicate count.
- A child is counted each time that a CPS response is completed and services are provided.
- Only the children who are removed from their home on or after the report and up to 90 days after the disposition date are counted.
- States are excluded from this analysis if fewer than 1.0 percent of victims received foster care services.
- States were excluded from this analysis if fewer than 75.0 percent of victims with foster care services or fewer than 40.0 percent of nonvictims with foster care services have a removal date.

Table 6–5 Victims with Court-Appointed Representatives, 2023

- The number of victims is a duplicate count.
- The NCANDS category of court-appointed representatives includes attorneys and court-appointed special advocates who represent the interests of the child in a maltreatment hearing.
- States are excluded from this analysis if fewer than 5.0 percent of victims have a court-appointed representative.

Table 6–6 Victims Who Received Family Preservation Services within the Previous 5 Years, 2023

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

Table 6–7 Victims Who Were Reunited with Their Families within the Previous 5 Years, 2023

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

Table 6–8 IDEA: Victims Who Were Eligible and Victims Who Were Referred to Part C Agencies, 2023

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

Table 6–1 Children Who Received Prevention Services by Funding Source, 2023

(continues next page)

State	Child Abuse and Neglect State Grant (State Grant) Children	State Grant Calculated Child Count	State Grant Estimated Total Child Recipients	Community-Based Child Abuse Prevention Grants (CBCAP) Children	CBCAP Calculated Child Count	CBCAP Estimated Total Child Recipients
Alabama	-	1,077	1,077	2,597	-	2,597
Alaska	-	-	-	427	-	427
Arizona	-	-	-	-	5,221	5,221
Arkansas	6	116	122	-	2,025	2,025
California	-	2,497	2,497	1,006	2,669	3,675
Colorado	-	-	-	-	-	-
Connecticut	2,997	-	2,997	-	631	631
Delaware	-	-	-	-	-	-
District of Columbia	42	-	42	-	-	-
Florida	-	-	-	-	-	-
Georgia	33,013	43,770	76,783	32,978	29,509	62,487
Hawaii	-	-	-	-	5,888	5,888
Idaho	-	-	-	8,269	11,008	19,277
Illinois	3,563	5,599	9,162	6,147	8,963	15,110
Indiana	28,632	-	28,632	2,065	-	2,065
Iowa	-	146	146	-	1,317	1,317
Kansas	-	-	-	-	-	-
Kentucky	-	-	-	1,925	-	1,925
Louisiana	-	-	-	21,683	11,541	33,224
Maine	-	-	-	-	-	-
Maryland	-	-	-	-	-	-
Massachusetts	-	-	-	-	-	-
Michigan	2,570	4,020	6,590	46,652	14,540	61,192
Minnesota	3,359	-	3,359	8,990	-	8,990
Mississippi	-	-	-	3,673	6,668	10,341
Missouri	-	-	-	828	1,599	2,427
Montana	-	-	-	887	1,009	1,896
Nebraska	-	-	-	3,785	-	3,785
Nevada	300	-	300	567	-	567
New Hampshire	-	-	-	3,115	-	3,115
New Jersey	-	1,492	1,492	66,814	18,548	85,362
New Mexico	-	-	-	129	-	129
New York	-	-	-	1,903	3,649	5,552
North Carolina	-	-	-	376	371	747
North Dakota	-	-	-	174	2,029	2,203
Ohio	-	-	-	2,441	3,277	5,718
Oklahoma	-	-	-	177	1,494	1,671
Oregon	-	-	-	-	-	-
Pennsylvania	-	-	-	3,795	-	3,795
Puerto Rico	7,715	64,924	72,639	1,050	5,562	6,612
Rhode Island	-	-	-	-	-	-
South Carolina	-	-	-	-	-	-
South Dakota	-	-	-	1,629	741	2,370
Tennessee	-	-	-	-	-	-
Texas	-	-	-	1,054	2,221	3,275
Utah	-	-	-	14,207	-	14,207
Vermont	-	-	-	-	-	-
Virginia	38,210	-	38,210	1,179	3,021	4,200
Washington	4,599	-	4,599	-	8,127	8,127
West Virginia	-	-	-	36,552	-	36,552
Wisconsin	-	-	-	-	-	-
Wyoming	-	-	-	3,150	-	3,150
National	125,006	123,640	248,646	280,224	151,627	431,851
Reporting States	12	9	16	32	25	38

Table 6–1 Children Who Received Prevention Services by Funding Source, 2023

(continues next page)

State	Promoting Safe and Stable Families (PSSF) Children	PSSF Calculated Child Count	PSSF Estimated Total Child Recipients	Social Services Block Grant (SSBG) Children	SSBG Calculated Child Count	SSBG Estimated Total Child Recipients
Alabama	-	62,755	62,755	13,318	-	13,318
Alaska	28	130	158	161	2,687	2,848
Arizona	-	10,806	10,806	-	-	-
Arkansas	26	318	344	-	51,847	51,847
California	4,805	45,772	50,577	-	-	-
Colorado	-	-	-	-	-	-
Connecticut	56,737	3,131	59,868	-	-	-
Delaware	542	-	542	-	481	481
District of Columbia	121	-	121	-	-	-
Florida	37,411	-	37,411	-	-	-
Georgia	17,563	-	17,563	-	-	-
Hawaii	-	-	-	-	-	-
Idaho	607	-	607	115	-	115
Illinois	-	-	-	6,657	10,936	17,593
Indiana	773	-	773	43	-	43
Iowa	-	1,059	1,059	-	-	-
Kansas	1,767	1,818	3,585	-	-	-
Kentucky	340	-	340	-	-	-
Louisiana	3,268	4,167	7,435	7,178	-	7,178
Maine	-	-	-	-	-	-
Maryland	-	-	-	12,822	-	12,822
Massachusetts	-	-	-	-	-	-
Michigan	11,526	7,644	19,170	-	-	-
Minnesota	1,874	-	1,874	11,418	-	11,418
Mississippi	436	-	436	-	-	-
Missouri	2,431	2,369	4,800	9,486	8,486	17,972
Montana	2,882	2,607	5,489	-	-	-
Nebraska	-	11,496	11,496	-	-	-
Nevada	7,700	-	7,700	-	-	-
New Hampshire	112	-	112	387	-	387
New Jersey	-	6,064	6,064	-	-	-
New Mexico	700	-	700	-	-	-
New York	-	-	-	-	-	-
North Carolina	1,997	2,778	4,775	812	1,575	2,387
North Dakota	-	3,987	3,987	-	-	-
Ohio	-	-	-	-	-	-
Oklahoma	570	660	1,230	-	-	-
Oregon	-	1,773	1,773	-	3,539	3,539
Pennsylvania	1,672	-	1,672	137,747	-	137,747
Puerto Rico	1,547	2,964	4,511	3,807	4,984	8,791
Rhode Island	-	2,497	2,497	-	-	-
South Carolina	-	-	-	-	-	-
South Dakota	-	-	-	-	-	-
Tennessee	-	-	-	-	-	-
Texas	22,759	38,501	61,260	-	-	-
Utah	-	-	-	-	-	-
Vermont	-	-	-	-	-	-
Virginia	20,420	34,631	55,051	-	-	-
Washington	3,820	24,861	28,681	-	-	-
West Virginia	36,552	71,431	107,983	-	-	-
Wisconsin	-	-	-	-	-	-
Wyoming	1,800	-	1,800	3,799	-	3,799
National	242,786	344,220	587,006	207,750	84,534	292,284
Reporting States	30	24	38	14	8	17

Table 6–1 Children Who Received Prevention Services by Funding Source, 2023

State	Other Funding (Other) Children	Other Calculated Child Count	Other Estimated Total Child Recipients	Estimated Total Child Recipients (duplicate)
Alabama	-	-	-	79,747
Alaska	76	62	138	3,571
Arizona	-	7,347	7,347	23,373
Arkansas	-	-	-	54,338
California	1,036	13,481	14,517	71,267
Colorado	-	-	-	-
Connecticut	2,421	-	2,421	65,917
Delaware	2,413	3,601	6,014	7,037
District of Columbia	1,133	-	1,133	1,296
Florida	-	-	-	37,411
Georgia	-	-	-	156,834
Hawaii	-	-	-	5,888
Idaho	115	-	115	20,114
Illinois	-	-	-	41,864
Indiana	9,365	-	9,365	40,878
Iowa	-	-	-	2,522
Kansas	7	6	13	3,598
Kentucky	250	-	250	2,515
Louisiana	1,752	4,547	6,299	54,137
Maine	-	-	-	-
Maryland	-	-	-	12,822
Massachusetts	-	-	-	-
Michigan	-	-	-	86,952
Minnesota	-	-	-	25,641
Mississippi	1,902	-	1,902	12,679
Missouri	1,653	3,224	4,877	30,075
Montana	-	-	-	7,385
Nebraska	-	-	-	15,281
Nevada	15,537	-	15,537	24,104
New Hampshire	1,167	-	1,167	4,781
New Jersey	-	3,141	3,141	96,060
New Mexico	977	3,659	4,636	5,465
New York	66,993	-	66,993	72,545
North Carolina	3,368	6,074	9,442	17,351
North Dakota	-	-	-	6,190
Ohio	-	-	-	5,718
Oklahoma	4,068	7,774	11,842	14,742
Oregon	-	318	318	5,630
Pennsylvania	8,574	-	8,574	151,788
Puerto Rico	824	4,703	5,527	98,080
Rhode Island	-	-	-	2,497
South Carolina	-	-	-	-
South Dakota	-	-	-	2,370
Tennessee	-	-	-	-
Texas	-	-	-	64,536
Utah	7,264	-	7,264	21,471
Vermont	-	-	-	-
Virginia	5,460	8,439	13,899	111,360
Washington	-	-	-	41,407
West Virginia	-	-	-	144,535
Wisconsin	-	-	-	-
Wyoming	-	-	-	8,749
National	136,355	66,375	202,730	1,762,516
Reporting States	22	14	25	45

Table 6–2 Children Who Received Postresponse Services, 2023

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	11,935	7,047	59.0	27,651	4,508	16.3
Alaska	2,670	1,347	50.4	9,338	356	3.8
Arizona	13,271	8,263	62.3	71,604	8,571	12.0
Arkansas	8,211	6,149	74.9	62,988	8,297	13.2
California	50,526	32,057	63.4	301,369	61,188	20.3
Colorado	10,639	1,957	18.4	38,384	744	1.9
Connecticut	5,578	5,430	97.3	14,085	13,251	94.1
Delaware	891	349	39.2	11,759	1,508	12.8
District of Columbia	1,336	180	13.5	6,211	112	1.8
Florida	23,860	8,270	34.7	281,645	9,858	3.5
Georgia	11,824	8,878	75.1	107,286	59,849	55.8
Hawaii	883	493	55.8	3,761	448	11.9
Idaho	2,076	1,130	54.4	10,599	961	9.1
Illinois	36,357	16,455	45.3	170,189	27,457	16.1
Indiana	19,214	10,396	54.1	144,791	9,029	6.2
Iowa	12,800	12,800	100.0	41,395	41,395	100.0
Kansas	1,889	956	50.6	28,073	6,982	24.9
Kentucky	16,577	11,309	68.2	45,889	862	1.9
Louisiana	9,459	5,131	54.2	29,112	2,118	7.3
Maine	4,066	984	24.2	18,372	414	2.3
Maryland	6,563	1,830	27.9	16,290	1,715	10.5
Massachusetts	23,976	21,446	89.4	52,624	31,264	59.4
Michigan	24,045	9,042	37.6	152,030	17,815	11.7
Minnesota	5,219	3,073	58.9	31,251	7,638	24.4
Mississippi	9,460	4,416	46.7	29,511	1,889	6.4
Missouri	4,515	2,720	60.2	80,177	18,371	22.9
Montana	2,784	1,180	42.4	9,832	612	6.2
Nebraska	2,338	1,622	69.4	33,755	13,395	39.7
Nevada	6,947	3,311	47.7	27,175	4,813	17.7
New Hampshire	1,317	771	58.5	14,329	2,191	15.3
New Jersey	3,065	1,595	52.0	92,650	14,674	15.8
New Mexico	6,673	1,988	29.8	22,450	1,368	6.1
New York	-	-	-	-	-	-
North Carolina	25,475	17,514	68.7	103,668	16,961	16.4
North Dakota	909	535	58.9	4,098	478	11.7
Ohio	22,499	13,743	61.1	90,072	24,110	26.8
Oklahoma	13,859	11,799	85.1	45,895	31,300	68.2
Oregon	11,630	3,891	33.5	44,092	3,567	8.1
Pennsylvania	4,659	917	19.7	34,479	1,984	5.8
Puerto Rico	5,245	4,464	85.1	14,098	4,046	28.7
Rhode Island	2,620	893	34.1	4,596	565	12.3
South Carolina	14,701	4,921	33.5	71,978	8,588	11.9
South Dakota	1,551	721	46.5	3,127	275	8.8
Tennessee	7,768	7,768	100.0	88,230	81,836	92.8
Texas	56,358	23,786	42.2	260,278	12,581	4.8
Utah	9,079	7,388	81.4	22,185	12,860	58.0
Vermont	762	218	28.6	3,985	488	12.2
Virginia	4,478	1,363	30.4	46,907	2,212	4.7
Washington	3,872	1,918	49.5	56,573	3,632	6.4
West Virginia	5,209	3,669	70.4	35,516	3,213	9.0
Wisconsin	3,843	1,554	40.4	29,725	2,106	7.1
Wyoming	786	651	82.8	3,013	2,531	84.0
National	536,267	300,288	56.0	2,949,090	586,986	19.9
Reporting States	51	51	-	51	51	-

Table 6–3 Average and Median Number of Days to Initiation of Services, 2023

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	11,555	11,495	43	36
Alaska	1,703	1,703	45	31
Arizona	16,834	16,708	56	37
Arkansas	14,446	13,675	43	41
California	93,245	87,804	61	44
Colorado	2,701	2,462	23	14
Connecticut	-	-	-	-
Delaware	1,857	1,857	91	71
District of Columbia	292	283	66	49
Florida	18,128	11,211	32	16
Georgia	68,727	67,529	13	7
Hawaii	941	631	28	1
Idaho	2,091	2,087	32	21
Illinois	43,912	21,383	46	31
Indiana	19,425	19,386	32	20
Iowa	54,195	54,195	25	28
Kansas	7,938	4,902	52	30
Kentucky	12,171	10,717	82	70
Louisiana	7,249	6,585	51	28
Maine	1,398	1,019	33	14
Maryland	-	-	-	-
Massachusetts	52,710	36,552	13	12
Michigan	26,857	13,748	44	37
Minnesota	10,711	10,711	62	45
Mississippi	6,305	6,305	29	28
Missouri	21,091	18,756	65	43
Montana	1,792	1,438	47	30
Nebraska	15,017	6,407	59	31
Nevada	8,124	7,885	67	58
New Hampshire	2,962	2,565	65	48
New Jersey	16,269	11,000	54	46
New Mexico	3,356	2,840	36	15
New York	-	-	-	-
North Carolina	-	-	-	-
North Dakota	1,013	992	51	34
Ohio	37,853	30,586	40	30
Oklahoma	43,099	43,011	52	50
Oregon	7,458	6,382	49	24
Pennsylvania	2,901	2,110	28	27
Puerto Rico	8,510	7,056	118	46
Rhode Island	1,458	973	39	22
South Carolina	13,509	7,799	39	43
South Dakota	-	-	-	-
Tennessee	-	-	-	-
Texas	36,367	35,898	38	22
Utah	-	-	-	-
Vermont	706	401	37	14
Virginia	3,575	2,032	42	20
Washington	5,550	4,267	40	22
West Virginia	-	-	-	-
Wisconsin	3,660	3,660	53	56
Wyoming	3,182	3,162	12	5
National	712,843	602,168	42	23
Reporting States	44	44	44	44

Table 6–4 Children Who Received Foster Care Postresponse Services and Who had a Removal Date On or After the Report Date, 2023

State	Victims	Victims Who Received Foster Care Postresponse Services	Victims Who Received Foster Care Postresponse Services Percent	Nonvictims	Nonvictims Who Received Foster Care Postresponse Services	Nonvictims Who Received Foster Care Postresponse Services Percent
Alabama	11,935	2,196	18.4	27,651	745	2.7
Alaska	2,670	609	22.8	9,338	195	2.1
Arizona	13,271	5,670	42.7	71,604	482	0.7
Arkansas	8,211	1,236	15.1	62,988	977	1.6
California	50,526	16,438	32.5	301,369	5,168	1.7
Colorado	10,639	1,283	12.1	38,384	195	0.5
Connecticut	5,578	981	17.6	14,085	244	1.7
Delaware	891	195	21.9	11,759	63	0.5
District of Columbia	1,336	129	9.7	6,211	17	0.3
Florida	23,860	7,490	31.4	281,645	2,158	0.8
Georgia	11,824	2,542	21.5	107,286	1,161	1.1
Hawaii	883	316	35.8	3,761	33	0.9
Idaho	2,076	695	33.5	10,599	188	1.8
Illinois	36,357	5,255	14.5	170,189	2,064	1.2
Indiana	19,214	4,984	25.9	144,791	1,367	0.9
Iowa	12,800	1,393	10.9	41,395	50	0.1
Kansas	1,889	160	8.5	28,073	590	2.1
Kentucky	16,577	899	5.4	45,889	23	0.1
Louisiana	9,459	2,904	30.7	29,112	513	1.8
Maine	4,066	835	20.5	18,372	101	0.5
Maryland	6,563	529	8.1	16,290	132	0.8
Massachusetts	23,976	2,899	12.1	52,624	742	1.4
Michigan	24,045	2,661	11.1	152,030	1,030	0.7
Minnesota	5,219	1,323	25.3	31,251	1,697	5.4
Mississippi	9,460	1,262	13.3	29,511	252	0.9
Missouri	4,515	1,497	33.2	80,177	2,990	3.7
Montana	2,784	955	34.3	9,832	256	2.6
Nebraska	2,338	716	30.6	33,755	988	2.9
Nevada	6,947	2,272	32.7	27,175	553	2.0
New Hampshire	1,317	490	37.2	14,329	276	1.9
New Jersey	3,065	571	18.6	92,650	1,190	1.3
New Mexico	6,673	1,087	16.3	22,450	433	1.9
New York	-	-	-	-	-	-
North Carolina	25,475	3,242	12.7	103,668	389	0.4
North Dakota	909	292	32.1	4,098	109	2.7
Ohio	22,499	5,105	22.7	90,072	2,345	2.6
Oklahoma	13,859	2,766	20.0	45,895	40	0.1
Oregon	11,630	2,305	19.8	44,092	616	1.4
Pennsylvania	-	-	-	-	-	-
Puerto Rico	5,245	397	7.6	14,098	24	0.2
Rhode Island	2,620	429	16.4	4,596	104	2.3
South Carolina	14,701	2,062	14.0	71,978	782	1.1
South Dakota	1,551	690	44.5	3,127	216	6.9
Tennessee	7,768	1,555	20.0	88,230	3,340	3.8
Texas	56,358	6,859	12.2	260,278	676	0.3
Utah	9,079	854	9.4	22,185	23	0.1
Vermont	762	76	10.0	3,985	72	1.8
Virginia	4,478	1,116	24.9	46,907	871	1.9
Washington	3,872	1,215	31.4	56,573	1,106	2.0
West Virginia	5,209	2,050	39.4	35,516	735	2.1
Wisconsin	3,843	1,367	35.6	29,725	1,735	5.8
Wyoming	786	301	38.3	3,013	20	0.7
National	531,608	105,153	19.8	2,914,611	40,076	1.4
Reporting States	50	50	-	50	50	-

Table 6–5 Victims With Court-Appointed Representatives, 2023

State	Victims	Victims With Court-Appointed Representatives	Victims With Court-Appointed Representatives Percent
Alabama	11,935	920	7.7
Alaska	2,670	605	22.7
Arizona	13,271	1,516	11.4
Arkansas	-	-	-
California	50,526	14,005	27.7
Colorado	-	-	-
Connecticut	-	-	-
Delaware	891	211	23.7
District of Columbia	-	-	-
Florida	-	-	-
Georgia	11,824	2,410	20.4
Hawaii	883	446	50.5
Idaho	-	-	-
Illinois	-	-	-
Indiana	19,214	2,994	15.6
Iowa	12,800	1,807	14.1
Kansas	-	-	-
Kentucky	16,577	3,658	22.1
Louisiana	-	-	-
Maine	-	-	-
Maryland	-	-	-
Massachusetts	23,976	4,011	16.7
Michigan	-	-	-
Minnesota	5,219	1,014	19.4
Mississippi	9,460	847	9.0
Missouri	-	-	-
Montana	2,784	429	15.4
Nebraska	2,338	844	36.1
Nevada	6,947	1,392	20.0
New Hampshire	1,317	665	50.5
New Jersey	-	-	-
New Mexico	6,673	1,069	16.0
New York	-	-	-
North Carolina	-	-	-
North Dakota	-	-	-
Ohio	22,499	4,580	20.4
Oklahoma	13,859	1,021	7.4
Oregon	11,630	2,785	23.9
Pennsylvania	-	-	-
Puerto Rico	-	-	-
Rhode Island	2,620	453	17.3
South Carolina	-	-	-
South Dakota	-	-	-
Tennessee	-	-	-
Texas	-	-	-
Utah	9,079	1,292	14.2
Vermont	762	164	21.5
Virginia	4,478	1,191	26.6
Washington	-	-	-
West Virginia	-	-	-
Wisconsin	-	-	-
Wyoming	-	-	-
National	264,232	50,329	19.0
Reporting States	25	25	-

Table 6–6 Victims Who Received Family Preservation Services Within the Previous 5 Years, 2023

State	Victims	Victims Who Received Family Preservation Services Within the Previous 5 Years Number	Victims Who Received Family Preservation Services Within the Previous 5 Years Percent
Alabama	11,636	1,254	10.8
Alaska	-	-	-
Arizona	-	-	-
Arkansas	7,842	1,472	18.8
California	47,824	6,565	13.7
Colorado	-	-	-
Connecticut	5,227	555	10.6
Delaware	-	-	-
District of Columbia	1,269	200	15.8
Florida	22,842	1,279	5.6
Georgia	11,435	1,797	15.7
Hawaii	-	-	-
Idaho	2,017	1,076	53.3
Illinois	32,054	7,979	24.9
Indiana	-	-	-
Iowa	-	-	-
Kansas	1,807	369	20.4
Kentucky	-	-	-
Louisiana	8,971	1,449	16.2
Maine	3,741	508	13.6
Maryland	-	-	-
Massachusetts	21,710	7,681	35.4
Michigan	-	-	-
Minnesota	4,988	1,685	33.8
Mississippi	8,781	37	0.4
Missouri	4,419	465	10.5
Montana	-	-	-
Nebraska	2,228	336	15.1
Nevada	6,496	440	6.8
New Hampshire	1,276	232	18.2
New Jersey	2,951	254	8.6
New Mexico	5,670	337	5.9
New York	-	-	-
North Carolina	23,737	82	0.3
North Dakota	895	259	28.9
Ohio	-	-	-
Oklahoma	13,198	419	3.2
Oregon	10,773	411	3.8
Pennsylvania	-	-	-
Puerto Rico	4,446	931	20.9
Rhode Island	2,514	619	24.6
South Carolina	-	-	-
South Dakota	-	-	-
Tennessee	7,638	1,303	17.1
Texas	54,476	6,739	12.4
Utah	8,640	15	0.2
Vermont	-	-	-
Virginia	-	-	-
Washington	3,194	231	7.2
West Virginia	-	-	-
Wisconsin	-	-	-
Wyoming	-	-	-
National	344,695	46,979	13.6
Reporting States	31	31	-

Table 6–7 Victims Who Were Reunited With Their Families Within the Previous 5 Years, 2023

State	Victims	Victims Who Were Reunited With Their Families Within the Previous 5 Years Number	Victims Who Were Reunited With Their Families Within the Previous 5 Years Percent
Alabama	11,636	230	2.0
Alaska	2,424	221	9.1
Arizona	-	-	-
Arkansas	7,842	183	2.3
California	47,824	2,687	5.6
Colorado	9,868	344	3.5
Connecticut	5,227	198	3.8
Delaware	882	12	1.4
District of Columbia	-	-	-
Florida	22,842	639	2.8
Georgia	11,435	431	3.8
Hawaii	831	69	8.3
Idaho	2,017	133	6.6
Illinois	32,054	1,215	3.8
Indiana	18,267	1,154	6.3
Iowa	-	-	-
Kansas	1,807	260	14.4
Kentucky	-	-	-
Louisiana	8,971	286	3.2
Maine	3,741	209	5.6
Maryland	6,074	192	3.2
Massachusetts	21,710	1,720	7.9
Michigan	-	-	-
Minnesota	4,988	388	7.8
Mississippi	8,781	32	0.4
Missouri	4,419	185	4.2
Montana	-	-	-
Nebraska	2,228	225	10.1
Nevada	6,496	509	7.8
New Hampshire	1,276	81	6.3
New Jersey	2,951	126	4.3
New Mexico	5,670	298	5.3
New York	-	-	-
North Carolina	23,737	461	1.9
North Dakota	-	-	-
Ohio	20,598	1,258	6.1
Oklahoma	13,198	484	3.7
Oregon	10,773	899	8.3
Pennsylvania	-	-	-
Puerto Rico	4,446	51	1.1
Rhode Island	2,514	160	6.4
South Carolina	13,628	200	1.5
South Dakota	-	-	-
Tennessee	7,638	289	3.8
Texas	54,476	1,048	1.9
Utah	8,640	307	3.6
Vermont	-	-	-
Virginia	-	-	-
Washington	3,194	400	12.5
West Virginia	-	-	-
Wisconsin	3,694	275	7.4
Wyoming	-	-	-
National	418,797	17,859	4.3
Reporting States	38	38	-

Table 6–8 IDEA: Victims Who Were Eligible and Victims Who Were Referred to Part C Agencies, 2023

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	3,401	506	14.9
Alaska	609	609	100.0
Arizona	883	96	10.9
Arkansas	2,598	-	-
California	12,866	1,422	11.1
Colorado	2,253	1,584	70.3
Connecticut	1,200	739	61.6
Delaware	-	-	-
District of Columbia	265	6	2.3
Florida	-	-	-
Georgia	6,606	6,287	95.2
Hawaii	-	-	-
Idaho	633	481	76.0
Illinois	-	-	-
Indiana	-	-	-
Iowa	3,383	3,383	100.0
Kansas	194	170	87.6
Kentucky	2,942	-	-
Louisiana	3,233	3,015	93.3
Maine	868	868	100.0
Maryland	-	-	-
Massachusetts	4,550	-	-
Michigan	-	-	-
Minnesota	1,458	1,407	96.5
Mississippi	526	411	78.1
Missouri	702	208	29.6
Montana	-	-	-
Nebraska	583	583	100.0
Nevada	1,172	1,123	95.8
New Hampshire	317	-	-
New Jersey	595	521	87.6
New Mexico	1,287	907	70.5
New York	9,418	-	-
North Carolina	-	772	-
North Dakota	327	319	97.6
Ohio	3,838	3,838	100.0
Oklahoma	3,776	673	17.8
Oregon	2,226	-	-
Pennsylvania	-	-	-
Puerto Rico	501	136	27.1
Rhode Island	658	642	97.6
South Carolina	3,653	2,880	78.8
South Dakota	436	372	85.3
Tennessee	-	-	-
Texas	-	-	-
Utah	1,409	1,409	100.0
Vermont	-	-	-
Virginia	-	-	-
Washington	762	181	23.8
West Virginia	1,523	642	42.2
Wisconsin	796	-	-
Wyoming	199	199	100.0
National	82,646	36,389	44.0
Reporting States	38	32	31
National for States Reporting Both Victims Eligible and Referred	59,799	35,617	59.6
Reporting States for States Reporting Both Victims Eligible and Referred	31	31	-

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) 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
- SDM:** Structured Decision Making
- 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.

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

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

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

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

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

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

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.

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, NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER, WHITE, and UNKNOWN. Also, see HISPANIC.

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

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

REFERRAL TO APPROPRIATE SERVICES: As described in CAPTA sections 106(b)(2) (B)(iii), this field indicates whether the infant with prenatal substance exposure has a referral to appropriate services, including services for the affected family or caregiver. According to Administration for Children and Families, the definition of “appropriate services” is 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.

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

STRUCTURED DECISION MAKING® (SDM): A model of decision-support tools that promote safety and well-being for children and adults. The model is an evidence- and research-based system that identifies the key points in the life of a child welfare case and uses structured assessments to improve the consistency of decisions.

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

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

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

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

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 2023, 52 states submitted both a Child File and an Agency File.

Once validated, the Child Files and Agency Files are loaded into the multiyear, multistate NCANDS Data Warehouse. The FFY 2023 dataset is available to researchers from the National Data Archive on Child Abuse and Neglect (NDACAN).

Child Population Data

The child population data for years 2019–2023 are displayed by state in [table C-2](#). The 2023 child population data for the demographics of age, sex, and race and ethnicity are displayed by state in [table C-3](#). The adult population is displayed in [table C-4](#).

Table C–1 State Administrative Structure, Level of Evidence, and Data Files Submitted, 2023

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	-	1
Arkansas	-	1	-	-	1	-	-	1
California	-	-	1	-	1	-	-	1
Colorado	-	-	1	-	1	-	-	1
Connecticut	-	1	-	-	-	-	1	1
Delaware	-	1	-	-	1	-	-	1
District of Columbia	-	1	-	1	-	-	-	1
Florida	-	1	-	-	1	-	-	1
Georgia	-	1	-	-	1	-	-	1
Hawaii	-	1	-	-	-	-	1	1
Idaho	-	1	-	-	1	-	-	1
Illinois	-	1	-	1	-	-	-	1
Indiana	-	1	-	-	1	-	-	1
Iowa	-	1	-	-	1	-	-	1
Kansas	-	1	-	-	1	-	-	1
Kentucky	-	1	-	-	1	-	-	1
Louisiana	-	1	-	-	-	-	1	1
Maine	-	1	-	-	1	-	-	1
Maryland	-	1	-	-	1	-	-	1
Massachusetts	-	1	-	-	-	-	1	1
Michigan	-	1	-	-	1	-	-	1
Minnesota	-	-	1	-	1	-	-	1
Mississippi	-	1	-	1	-	-	-	1
Missouri	-	1	-	-	1	-	-	1
Montana	-	1	-	-	1	-	-	1
Nebraska	-	1	-	-	1	-	-	1
Nevada	1	-	-	-	1	-	-	1
New Hampshire	-	1	-	-	1	-	-	1
New Jersey	-	1	-	-	1	-	-	1
New Mexico	-	1	-	1	-	-	-	1
New York	-	-	1	-	1	-	-	1
North Carolina	-	-	1	-	1	-	-	1
North Dakota	-	-	1	-	1	-	-	1
Ohio	-	-	1	1	-	-	-	1
Oklahoma	-	1	-	1	-	-	-	1
Oregon	-	1	-	-	-	-	1	1
Pennsylvania	-	-	1	-	1	-	-	1
Puerto Rico	-	1	-	-	1	-	-	1
Rhode Island	-	1	-	-	1	-	-	1
South Carolina	-	1	-	-	1	-	-	1
South Dakota	-	1	-	-	1	-	-	1
Tennessee	-	1	-	-	1	-	-	1
Texas	-	1	-	-	1	-	-	1
Utah	-	1	-	-	-	-	1	1
Vermont	-	1	-	-	-	-	1	1
Virginia	-	-	1	-	1	-	-	1
Washington	-	1	-	-	1	-	-	1
West Virginia	-	1	-	-	1	-	-	1
Wisconsin	1	-	-	-	1	-	-	1
Wyoming	-	-	1	-	1	-	-	1
States Reporting	2	40	10	6	38	1	7	52

Note: Level of evidence is listed in alphabetical order.

Table C–2 Child Population, 2019–2023

State	2019	2020	2021	2022	2023
Alabama	1,088,727	1,129,672	1,128,005	1,128,550	1,130,840
Alaska	180,442	180,220	178,917	177,337	175,507
Arizona	1,641,727	1,600,080	1,597,685	1,594,638	1,583,034
Arkansas	701,317	706,459	705,161	706,529	705,608
California	8,881,104	8,902,537	8,734,758	8,582,944	8,445,669
Colorado	1,256,673	1,259,307	1,244,201	1,226,987	1,214,684
Connecticut	727,280	739,674	732,830	728,608	722,986
Delaware	204,263	210,076	209,884	211,259	211,938
District of Columbia	127,952	126,362	125,293	125,672	126,592
Florida	4,233,967	4,276,128	4,280,180	4,341,654	4,380,843
Georgia	2,505,399	2,547,971	2,536,809	2,540,296	2,538,681
Hawaii	299,419	306,311	301,318	297,125	293,613
Idaho	448,116	458,267	465,744	468,145	467,342
Illinois	2,817,312	2,869,242	2,811,647	2,752,035	2,705,522
Indiana	1,569,375	1,603,634	1,596,363	1,592,048	1,587,254
Iowa	728,005	741,974	737,229	733,566	730,122
Kansas	701,453	712,422	705,003	699,314	694,337
Kentucky	1,004,268	1,022,270	1,022,233	1,019,206	1,016,895
Louisiana	1,089,906	1,104,295	1,091,937	1,077,218	1,067,149
Maine	249,610	254,012	252,436	251,053	249,052
Maryland	1,338,232	1,388,229	1,375,245	1,366,336	1,361,916
Massachusetts	1,353,615	1,388,653	1,365,906	1,350,159	1,341,801
Michigan	2,144,307	2,181,035	2,156,102	2,133,330	2,111,911
Minnesota	1,303,212	1,331,046	1,319,250	1,309,503	1,300,934
Mississippi	699,984	699,161	692,594	685,575	679,826
Missouri	1,374,703	1,393,596	1,387,442	1,381,373	1,374,470
Montana	228,888	234,054	235,346	236,550	235,651
Nebraska	476,033	488,129	485,005	482,324	480,998
Nevada	694,730	697,201	694,980	693,801	685,956
New Hampshire	255,785	259,269	257,430	255,302	252,050
New Jersey	1,943,575	2,050,818	2,030,637	2,017,711	2,010,290
New Mexico	477,209	476,634	468,006	460,068	451,347
New York	4,031,894	4,212,998	4,112,493	4,027,951	3,959,908
North Carolina	2,304,554	2,319,098	2,317,847	2,328,897	2,336,623
North Dakota	180,584	186,414	185,037	184,345	184,734
Ohio	2,581,403	2,632,397	2,612,071	2,592,193	2,578,254
Oklahoma	953,923	962,995	963,306	965,518	966,607
Oregon	864,815	872,748	861,153	845,795	831,830
Pennsylvania	2,635,819	2,702,049	2,678,603	2,652,666	2,629,005
Puerto Rico	572,801	566,375	544,770	517,927	498,679
Rhode Island	203,923	211,666	208,581	205,767	203,838
South Carolina	1,113,673	1,118,808	1,122,726	1,134,671	1,144,201
South Dakota	217,817	219,103	219,786	221,389	221,898
Tennessee	1,510,976	1,554,645	1,555,919	1,564,695	1,570,728
Texas	7,406,777	7,461,418	7,458,003	7,516,252	7,561,125
Utah	929,940	949,728	948,417	942,094	933,152
Vermont	114,325	118,646	117,428	116,199	114,636
Virginia	1,868,689	1,907,867	1,895,204	1,888,301	1,881,544
Washington	1,661,024	1,697,257	1,681,898	1,665,998	1,648,070
West Virginia	360,439	362,177	358,469	354,919	352,212
Wisconsin	1,267,935	1,290,647	1,275,422	1,260,389	1,249,129
Wyoming	133,577	133,810	132,494	131,069	129,549
National	73,661,476	74,823,584	74,175,203	73,743,251	73,330,540
States Reporting	52	52	52	52	52

Table C–3 Child Population Demographics, 2023 *(continues)*

State	<1	1	2	3	4	5	6	7	8
Alabama	57,885	58,419	58,006	59,016	59,779	61,507	61,999	62,999	63,416
Alaska	9,224	9,163	9,054	9,286	9,130	9,403	9,944	10,065	10,204
Arizona	78,075	79,101	76,514	78,959	80,882	82,808	85,303	87,984	90,021
Arkansas	35,297	36,502	35,449	36,407	37,179	38,183	38,729	39,684	39,754
California	415,125	421,432	404,928	423,738	432,567	443,800	459,958	471,694	479,383
Colorado	62,168	61,980	61,343	61,780	61,688	63,586	65,256	67,443	68,138
Connecticut	34,935	36,422	35,490	36,634	37,192	38,103	38,459	39,348	39,860
Delaware	10,745	11,150	10,514	10,987	11,075	11,349	11,463	11,755	11,828
District of Columbia	7,791	8,039	7,846	7,449	7,461	7,682	7,580	7,545	7,570
Florida	224,670	226,359	217,030	225,412	231,285	235,655	239,240	245,711	246,626
Georgia	125,156	126,779	124,501	128,393	131,003	134,728	136,879	140,364	142,044
Hawaii	15,147	15,624	15,107	15,670	16,102	16,228	16,693	17,041	17,115
Idaho	22,331	22,401	22,331	23,038	23,282	24,111	25,246	26,356	26,752
Illinois	126,792	129,077	130,714	137,579	140,712	144,919	147,917	152,123	153,215
Indiana	79,101	80,696	78,995	82,933	83,998	85,922	86,627	88,833	89,476
Iowa	36,766	37,162	36,187	37,882	38,042	39,240	39,874	40,879	41,217
Kansas	34,590	34,438	34,227	35,587	36,146	36,699	37,609	38,753	38,922
Kentucky	52,111	52,584	51,638	53,364	54,165	55,237	55,812	56,793	57,151
Louisiana	55,838	56,006	55,733	55,437	56,413	57,869	59,069	60,700	60,717
Maine	11,892	12,068	11,835	12,859	12,991	13,043	13,429	13,888	13,971
Maryland	68,060	69,378	67,804	71,747	72,724	74,179	74,790	76,399	76,490
Massachusetts	69,103	69,691	66,750	68,967	69,432	71,205	72,161	73,508	74,101
Michigan	101,385	104,476	103,519	109,751	110,831	113,724	115,663	118,401	119,442
Minnesota	63,637	65,087	63,796	67,484	68,426	69,818	71,804	73,529	74,067
Mississippi	34,372	34,415	34,674	35,015	35,394	36,036	36,060	36,989	37,105
Missouri	67,996	69,034	69,108	72,241	73,138	74,514	75,080	76,712	77,212
Montana	11,266	11,357	11,147	11,784	12,020	12,372	12,894	13,554	13,686
Nebraska	24,144	24,372	24,488	25,212	25,443	26,025	26,701	27,326	27,421
Nevada	32,716	33,592	33,917	35,192	36,023	36,420	37,390	38,825	38,974
New Hampshire	12,164	12,523	12,274	12,727	12,897	13,010	13,306	13,664	13,869
New Jersey	102,477	104,348	100,230	105,135	106,880	108,990	109,711	111,351	111,606
New Mexico	20,589	20,921	21,293	21,816	22,702	23,270	23,851	24,923	25,389
New York	209,673	208,015	198,250	209,648	213,230	216,890	218,390	221,231	222,573
North Carolina	120,602	123,076	119,646	121,061	122,070	124,879	126,360	128,766	129,902
North Dakota	9,626	9,763	9,775	10,085	10,058	10,297	10,691	10,899	10,816
Ohio	128,059	129,457	129,285	134,972	136,920	140,262	141,417	144,326	145,591
Oklahoma	47,714	48,302	48,091	49,622	50,548	51,880	53,256	54,670	54,982
Oregon	38,904	40,658	39,367	41,506	41,897	43,343	44,859	46,764	47,494
Pennsylvania	128,878	131,810	130,769	136,329	138,121	141,068	143,054	146,199	147,975
Puerto Rico	18,682	19,361	18,215	19,678	21,043	21,214	23,034	25,486	27,421
Rhode Island	10,018	10,520	10,080	10,672	10,920	11,011	11,225	11,443	11,355
South Carolina	57,279	58,227	58,104	58,636	59,366	60,746	61,512	63,186	63,844
South Dakota	11,434	11,506	11,212	11,819	11,964	12,299	12,375	12,614	12,531
Tennessee	81,959	82,331	80,622	82,634	83,834	85,408	85,330	87,258	87,748
Texas	389,814	390,289	378,282	385,255	393,253	402,314	413,833	428,696	432,975
Utah	45,759	45,687	44,955	47,273	47,621	48,124	49,802	51,892	52,500
Vermont	5,112	5,494	5,285	5,654	5,803	5,959	6,170	6,402	6,464
Virginia	95,290	96,470	94,954	98,571	100,661	102,510	103,275	106,051	105,878
Washington	82,456	83,767	82,734	85,997	86,173	88,489	91,667	94,046	94,280
West Virginia	17,135	17,178	17,288	17,875	17,923	18,330	18,642	19,220	19,774
Wisconsin	59,547	61,005	60,616	64,385	64,821	65,992	67,691	69,410	69,754
Wyoming	5,847	6,071	6,126	6,332	6,409	6,641	6,951	7,346	7,320
National	3,667,336	3,713,583	3,630,098	3,767,485	3,829,637	3,917,291	3,996,031	4,101,044	4,137,919
Reporting States	52	52	52	52	52	52	52	52	52

Table C–3 Child Population Demographics, 2023 *(continues)*

State	9	10	11	12	13	14	15	16	17
Alabama	62,673	62,154	62,540	63,387	64,905	66,848	69,479	68,941	66,887
Alaska	10,166	10,220	10,008	10,108	10,025	10,028	10,100	9,822	9,557
Arizona	89,883	89,255	89,138	90,107	92,332	95,257	99,276	99,877	98,262
Arkansas	39,392	38,995	39,229	39,607	40,428	41,524	43,418	43,387	42,444
California	479,294	479,946	480,598	488,148	493,791	502,328	525,616	525,439	517,884
Colorado	67,989	67,505	67,900	69,490	71,325	72,367	75,316	75,217	74,193
Connecticut	39,785	40,014	40,421	41,360	42,312	43,763	45,949	46,502	46,437
Delaware	11,797	11,753	11,984	12,173	12,316	12,474	12,985	12,817	12,773
District of Columbia	7,116	7,107	6,958	6,734	6,169	6,007	6,008	5,849	5,681
Florida	246,024	244,340	245,657	247,422	250,609	255,978	266,786	267,966	264,073
Georgia	141,553	141,295	143,091	145,217	148,562	153,164	159,647	159,727	156,578
Hawaii	17,198	17,197	17,041	16,914	16,441	16,027	16,486	15,942	15,640
Idaho	26,442	26,501	26,494	26,965	27,940	28,758	29,724	29,625	29,045
Illinois	151,561	150,936	152,599	155,267	159,633	163,033	169,864	170,587	168,994
Indiana	89,083	88,996	88,947	89,248	91,438	93,692	97,075	96,883	95,311
Iowa	41,181	40,704	40,368	40,422	42,127	43,586	45,158	45,103	44,224
Kansas	39,210	39,446	39,464	39,938	40,971	41,554	42,595	42,456	41,732
Kentucky	57,094	56,839	56,634	56,592	57,852	59,460	61,740	61,593	60,236
Louisiana	60,103	58,882	58,542	58,735	60,271	62,108	64,585	64,059	62,082
Maine	13,972	13,987	13,918	13,977	14,648	15,097	15,654	15,937	15,886
Maryland	76,125	75,821	76,354	77,644	78,832	79,865	82,947	82,237	80,520
Massachusetts	74,225	74,615	75,211	76,280	77,562	79,093	82,505	83,468	83,924
Michigan	119,310	118,441	118,518	119,734	122,825	125,117	130,062	130,625	130,087
Minnesota	73,965	73,535	73,429	73,459	75,296	76,956	79,558	79,223	77,865
Mississippi	37,104	36,911	37,531	37,865	39,242	41,334	43,566	43,972	42,241
Missouri	77,209	76,495	76,723	77,606	79,189	81,219	84,114	84,156	82,724
Montana	13,553	13,457	13,617	13,462	13,753	14,137	14,655	14,646	14,291
Nebraska	27,371	26,997	26,846	26,834	27,631	28,317	28,995	28,762	28,113
Nevada	38,686	38,625	38,752	39,715	39,993	40,872	42,744	42,362	41,158
New Hampshire	13,935	14,174	14,195	14,646	14,923	15,267	16,060	16,184	16,232
New Jersey	111,370	111,623	112,472	114,228	116,129	117,793	122,262	122,569	121,116
New Mexico	25,579	25,951	26,029	26,407	27,339	28,088	29,156	29,279	28,765
New York	220,916	221,549	222,249	224,944	225,671	226,081	233,776	233,894	232,928
North Carolina	129,093	128,618	129,359	130,525	135,099	138,949	144,163	143,493	140,962
North Dakota	10,675	10,463	10,367	10,017	10,111	10,248	10,447	10,314	10,082
Ohio	145,496	145,128	144,045	144,151	147,684	151,942	156,828	157,042	155,649
Oklahoma	55,313	55,157	54,939	55,034	56,005	56,985	58,868	58,428	56,813
Oregon	47,660	47,383	47,807	48,150	49,375	50,437	52,576	52,324	51,326
Pennsylvania	148,046	147,718	148,345	149,443	152,398	155,977	161,267	161,567	160,041
Puerto Rico	29,133	30,588	31,902	32,803	34,409	35,242	35,740	36,851	37,877
Rhode Island	11,315	11,300	11,325	11,396	11,597	11,778	12,446	12,645	12,792
South Carolina	63,856	63,365	63,781	64,599	66,993	69,165	71,581	71,128	68,833
South Dakota	12,520	12,481	12,367	12,415	12,607	12,837	13,244	13,066	12,607
Tennessee	87,147	86,891	86,967	86,916	88,971	91,991	96,054	95,330	93,337
Texas	430,468	425,313	422,015	427,974	438,013	444,953	458,391	454,437	444,850
Utah	52,739	53,003	52,608	53,629	55,477	57,067	58,947	58,696	57,373
Vermont	6,653	6,530	6,613	6,681	6,755	6,973	7,338	7,379	7,371
Virginia	105,302	104,952	105,368	106,247	107,388	109,448	113,792	113,569	111,818
Washington	93,298	93,487	92,850	93,456	95,466	96,729	99,159	98,171	95,845
West Virginia	20,119	20,309	20,110	20,285	20,668	21,245	22,300	22,089	21,722
Wisconsin	69,686	69,678	70,182	70,958	74,100	76,188	78,736	78,792	77,588
Wyoming	7,377	7,402	7,304	7,513	7,827	8,169	8,394	8,364	8,156
National	4,126,760	4,114,032	4,121,711	4,166,827	4,253,423	4,343,515	4,508,132	4,502,791	4,432,925
Reporting States	52	52	52	52	52	52	52	52	52

Table C-3 Child Population Demographics, 2023

State	Boy	Girl	American Indian or Alaska Native	Asian	Black or African-American	Hispanic	Native Hawaiian or Other Pacific Islander	Two or More Races	White
Alabama	576,698	554,142	3,874	16,414	320,579	111,761	705	43,588	633,919
Alaska	90,266	85,241	31,733	9,790	5,045	18,483	4,378	24,466	81,612
Arizona	808,904	774,130	70,913	50,770	88,214	694,361	3,229	72,818	602,729
Arkansas	361,560	344,048	5,022	13,373	123,206	99,348	5,263	30,027	429,369
California	4,322,644	4,123,025	29,633	1,103,921	423,164	4,380,449	29,807	465,479	2,013,216
Colorado	621,819	592,865	6,429	44,255	56,093	402,771	2,509	60,456	642,171
Connecticut	368,983	354,003	1,937	38,925	86,715	202,459	399	29,889	362,662
Delaware	107,766	104,172	451	9,290	55,171	39,608	78	12,507	94,833
District of Columbia	64,209	62,383	185	3,274	64,370	22,668	84	6,057	29,954
Florida	2,239,329	2,141,514	8,939	127,489	851,222	1,416,966	3,250	178,202	1,794,775
Georgia	1,294,029	1,244,652	4,320	114,856	858,418	408,948	2,349	108,217	1,041,573
Hawaii	151,178	142,435	476	64,046	5,055	53,061	32,532	97,222	41,221
Idaho	239,634	227,708	4,199	6,442	4,405	93,857	889	18,100	339,450
Illinois	1,382,228	1,323,294	3,735	154,013	413,263	685,382	755	103,959	1,344,415
Indiana	814,025	773,229	2,442	46,994	187,456	207,958	774	72,324	1,069,306
Iowa	373,790	356,332	2,477	19,644	44,384	85,928	3,030	31,339	543,320
Kansas	355,712	338,625	4,234	19,702	42,630	140,227	993	38,512	448,039
Kentucky	521,412	495,483	1,256	19,858	95,701	82,564	1,171	47,391	768,954
Louisiana	544,658	522,491	5,913	17,736	377,413	108,021	359	36,450	521,257
Maine	128,246	120,806	1,809	3,402	9,308	9,261	110	10,250	214,912
Maryland	695,641	666,275	2,519	87,993	410,103	262,424	567	75,110	523,200
Massachusetts	687,166	654,635	2,330	106,918	127,656	282,493	735	59,525	762,144
Michigan	1,082,441	1,029,470	11,275	75,563	342,524	193,951	617	110,211	1,377,770
Minnesota	664,885	636,049	17,475	86,369	147,003	130,671	1,171	69,971	848,274
Mississippi	346,258	333,568	3,887	6,974	278,413	40,080	238	19,770	330,464
Missouri	705,441	669,029	4,662	28,855	182,147	112,360	3,302	71,058	972,086
Montana	121,078	114,573	20,477	1,967	1,494	18,182	238	11,461	181,832
Nebraska	247,098	233,900	4,752	14,129	29,608	96,418	409	21,037	314,645
Nevada	351,002	334,954	4,803	45,811	79,863	283,729	5,560	52,603	213,587
New Hampshire	129,288	122,762	378	8,755	5,419	20,697	83	8,800	207,918
New Jersey	1,028,353	981,937	3,473	206,157	269,709	596,393	940	67,910	865,708
New Mexico	230,426	220,921	44,914	6,149	8,814	272,609	244	12,947	105,670
New York	2,027,108	1,932,800	12,050	355,266	576,531	1,006,227	2,172	158,759	1,848,903
North Carolina	1,193,487	1,143,136	24,408	91,504	515,419	441,238	1,845	113,085	1,149,124
North Dakota	94,178	90,556	12,383	3,246	9,319	15,015	348	9,026	135,397
Ohio	1,318,453	1,259,801	3,549	74,996	401,340	194,795	1,578	138,271	1,763,725
Oklahoma	494,871	471,736	88,435	22,849	75,530	195,461	2,943	101,559	479,830
Oregon	426,156	405,674	8,108	38,093	20,447	202,338	4,491	56,502	501,851
Pennsylvania	1,348,394	1,280,611	3,347	115,271	334,880	380,161	999	117,924	1,676,423
Puerto Rico	253,522	245,157	-	-	-	-	-	-	-
Rhode Island	104,081	99,757	907	7,615	15,261	60,864	135	10,158	108,898
South Carolina	582,908	561,293	3,149	22,163	319,470	136,832	910	51,920	609,757
South Dakota	113,613	108,285	25,094	4,094	7,733	19,122	316	11,248	154,291
Tennessee	802,866	767,862	3,005	31,690	283,328	200,130	1,059	67,001	984,515
Texas	3,861,582	3,699,543	17,723	388,137	971,822	3,653,571	7,290	230,221	2,292,361
Utah	479,465	453,687	7,317	19,288	11,832	190,837	11,191	38,721	653,966
Vermont	59,132	55,504	258	2,575	2,385	4,227	40	4,710	100,441
Virginia	964,762	916,782	3,732	128,942	371,059	305,345	1,192	117,629	953,645
Washington	844,243	803,827	19,084	149,458	74,456	393,802	15,712	147,021	848,537
West Virginia	180,645	171,567	463	2,809	13,119	11,701	69	16,528	307,523
Wisconsin	640,100	609,029	12,466	51,323	110,555	169,669	592	55,674	848,850
Wyoming	66,785	62,764	3,419	1,013	1,195	20,949	87	4,684	98,202
National	37,512,518	35,818,022	559,819	4,070,166	10,110,246	19,176,372	159,737	3,518,297	35,237,224
Reporting States	52	52	51	51	51	51	51	51	51

Table C-4 Adult Population by Age Group, 2023

State	18-24	25-34	35-44	45-54	55-64	65-75	75 and Older
Alabama	480,295	660,795	631,197	618,963	654,066	550,923	381,389
Alaska	66,231	112,357	105,964	82,872	85,164	69,294	36,017
Arizona	704,399	1,027,029	943,877	858,908	879,578	804,936	629,583
Arkansas	285,471	400,366	387,566	361,836	375,591	320,139	231,155
California	3,562,398	5,671,757	5,449,760	4,847,348	4,676,328	3,660,975	2,650,958
Colorado	540,530	924,103	864,386	714,267	676,625	575,044	367,971
Connecticut	335,325	452,572	464,604	444,074	506,841	394,715	296,059
Delaware	87,115	127,620	126,717	115,803	143,379	132,163	87,155
District of Columbia	67,855	146,717	113,711	71,990	63,375	50,695	38,037
Florida	1,815,025	2,834,538	2,874,549	2,761,781	3,027,298	2,673,263	2,243,429
Georgia	1,045,284	1,524,619	1,475,028	1,403,912	1,345,486	1,020,844	675,373
Hawaii	115,412	185,875	192,629	168,986	176,117	165,877	136,629
Idaho	193,673	254,531	257,368	224,778	225,904	205,013	136,117
Illinois	1,138,431	1,690,403	1,674,557	1,552,831	1,584,023	1,291,887	912,035
Indiana	661,123	901,469	870,155	818,696	844,354	703,004	476,144
Iowa	319,124	400,063	404,474	361,790	395,594	345,975	249,862
Kansas	299,660	376,652	379,479	329,515	347,509	302,607	210,787
Kentucky	407,426	595,255	566,000	554,182	579,639	484,327	322,430
Louisiana	416,525	598,536	607,542	524,341	566,001	478,781	314,874
Maine	110,726	168,721	173,105	166,785	206,492	190,427	130,414
Maryland	519,610	800,446	847,592	767,120	817,185	622,771	443,613
Massachusetts	681,207	970,917	923,661	846,938	943,201	752,773	540,901
Michigan	923,107	1,318,956	1,224,407	1,193,335	1,338,793	1,154,448	772,304
Minnesota	506,793	738,130	781,476	661,837	725,498	603,143	420,104
Mississippi	283,531	375,637	364,767	351,331	366,936	308,593	209,069
Missouri	564,035	812,667	799,226	719,855	789,288	667,826	468,789
Montana	102,037	148,147	147,330	126,083	141,580	140,615	91,369
Nebraska	194,848	252,578	259,635	220,602	230,172	200,769	138,777
Nevada	254,384	458,128	446,124	398,968	394,907	330,828	224,881
New Hampshire	119,834	178,543	176,636	169,589	213,876	175,450	116,076
New Jersey	772,257	1,190,470	1,233,652	1,187,108	1,248,720	949,539	698,805
New Mexico	200,395	276,976	273,129	235,584	258,389	245,514	173,037
New York	1,741,335	2,736,294	2,545,614	2,362,173	2,591,791	2,078,094	1,556,007
North Carolina	1,022,189	1,457,721	1,384,128	1,353,246	1,373,095	1,133,459	775,030
North Dakota	87,566	109,513	102,608	79,137	87,052	77,525	55,791
Ohio	1,044,811	1,552,263	1,484,643	1,397,184	1,519,830	1,313,819	895,131
Oklahoma	397,757	547,084	535,572	463,111	470,055	397,839	275,799
Oregon	357,768	589,392	596,434	523,299	505,361	490,942	338,332
Pennsylvania	1,164,194	1,663,164	1,649,156	1,523,080	1,737,410	1,507,366	1,088,308
Puerto Rico	283,495	436,613	375,180	406,725	434,144	384,362	386,493
Rhode Island	108,811	150,573	142,005	128,161	151,026	123,358	88,190
South Carolina	486,815	689,486	671,491	641,277	702,354	619,808	418,123
South Dakota	85,427	115,187	116,885	97,675	113,409	103,464	65,373
Tennessee	634,512	987,278	912,154	876,661	903,160	742,495	499,501
Texas	2,966,094	4,401,337	4,307,936	3,739,360	3,339,386	2,534,040	1,654,023
Utah	399,834	508,841	464,839	384,920	309,012	253,707	163,429
Vermont	63,515	77,192	80,817	76,367	91,814	85,541	57,582
Virginia	801,609	1,171,287	1,185,567	1,075,254	1,101,558	876,869	622,010
Washington	655,826	1,183,601	1,132,655	933,407	921,562	800,441	537,318
West Virginia	155,305	214,074	210,206	222,259	235,336	224,099	156,580
Wisconsin	552,399	739,843	749,317	688,762	801,703	680,227	449,575
Wyoming	53,439	72,813	78,363	66,440	71,588	69,033	42,832
National	30,836,767	45,979,129	44,765,873	40,900,506	42,288,555	35,069,646	24,949,570
Reporting States	52	52	52	52	52	52	52



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

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General

There were no changes in policies, programs or procedures that affected the 2023 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 2023, the Child File included only CA/Ns, which have allegations of abuse or neglect. Prevention Assessments are reports that do not include allegations of abuse/neglect, but the potential risk for abuse may exist. A Prevention Assessment may be changed to a CA/N report if an allegation is added to the system. At that time, policy for CA/N Investigations are in effect. The FFY 2023 submission does not include prevention assessment data in the Child File.

Reports

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

A policy change was implemented in FFY 2017 that decreased the timeframe permitted to complete CA/N investigations from 90 days to 60 days. The state did not modify the timeframe requirements for investigation completions due to the pandemic for FFY 2021. Response time, as reported in the Agency File, is taken from the calculated average response time reported in the Child File.

Alabama *(continued)*

Children

The policy requirements regarding timeframes to complete investigations did not change during FFY 2023.

During FFY 2019 additional fields were added to the SACWIS system and NCANDS data extraction codes were modified to further improve accuracy and completeness of CARA related data. Fields to document CARA related services are available in the system. Workers are required to document plans of safe care in the system. Reports are generated to monitor the completion of these requirements. During FFY 2023, coding was modified around CARA related services to enhance reporting of services provided. The additional code looks in multiple fields to determine if a service was provided.

During FFY 2019, the mapping for caregiver and child risk factors was modified to improve NCANDS reporting accuracy and completeness. During FFY 2021, coding and mapping updates were completed for child and caregiver risk factors. Alcohol abuse and drug abuse can both be documented independently as a child risk factor and as a caregiver risk factor in the CCWIS system.

Fatalities

Child maltreatment fatalities reported to NCANDS are those children for which the Department has investigated the child death. The circumstances of the child fatality are entered into our CCWIS system as a CA/N report. Coroners, LEA and Medical Examiners are legislatively mandated reporters.

During FFY 2022, coding and mapping updates were completed for reporting deaths due to maltreatment. Also, coding was updated to improve reporting around child risk factors.

For FFY 2023 all state child fatalities are reported in the Child File. Alabama's Child Death Review Team continued to meet during the pandemic. The meetings had been conducted virtually prior to the pandemic, so no interruption due to social distancing requirements occurred.

The FFY 2023 number of child fatalities increased from FFY 2022. Child fatality investigations are often suspended for due process or criminal prosecution. This extends the length of the investigation, which can take several months or years to complete. For the fatalities reported in FFY 2023, the actual dates of death occurred in a five-year range, from FFY 2018 – FFY 2023.

Perpetrators

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

Alabama reports both caregiver and noncaregiver perpetrators of sex trafficking to NCANDS. Also, coding was updated to improve reporting around perpetrator prior abuse.

Alabama *(continued)*

Services

For All children entering foster care are appointed by the court a guardian ad litem, who represents their interests in all court proceedings. The state's CCWIS does not require the tracking of out of court contacts between the court-appointed representative and the child victims. Improvement in data quality will require staff training in this area.

The NCANDS category of the number of children eligible for referral to agencies providing early intervention services under Part C of the IDEA is the number of children who had indicated dispositions during FFY 2023 and were younger than 3 years. The NCANDS category of the number of children referred to agencies providing early intervention services under Part C of the IDEA is the number of referrals the agency providing services reported receiving during FFY 2023.

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

During FFY 2020, mapping updates were focused around improving reporting for services for clients. Additionally, updates were created for the service date code to successfully report service dates within the timeframe specified by NCANDS. And more work that was initiated in FFY 2020 was completed around capturing appropriate service referrals.

Alaska

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General

The State of Alaska utilizes a single child welfare information system, the Online Resource for the Children of Alaska (ORCA), which was previously designated as a Statewide Automated Child Welfare Information System (SACWIS). In 2018, Alaska declared ORCA as a transitional Comprehensive Child Welfare Information System (CCWIS) under CCWIS regulations. All NCANDS data is entered into and then transmitted from ORCA.

The Child Protection Practice Model of Alaska focuses on those families where a formal intervention by the state is necessary. This model emphasizes a strengths-based, family-centered approach through the standardization of information gathering, enhanced assessment and critical thinking skills by the Child Protection (CP) staff. Decisions regarding needed interventions with families are based on thorough processes for initial and ongoing assessment of safety, risk, and protective factors. The CP program serves families who are identified as having children who are “unsafe” or at “high risk” for future maltreatment.

The state of Alaska does not utilize differential response, however, we work closely with our tribal partners on every protective service report received that includes an Alaska Native or American Indian Child.

Reports

The State of Alaska NCANDS report includes all children reported to be victims of physical injury, sexual abuse, sexual exploitation, neglect, or mental injury including those that can later be determined to be screened out for assessment. The reporter may identify him or herself or be anonymous and reports are accepted by phone, letter, fax, e-mail, or in person. A Protective Services Report (PSR) may be screened in when the information received indicates a child may be unsafe or is at high risk of harm by a primary caregiver, parent, custodian, or guardian. There are three levels of screen in:

- 1) Priority 1 must be responded to as soon as possible but no later than 24 hours after the time the report is received by OCS.
- 2) Priority 2 must be responded to no later than 72 hours after the time the report is received by the OCS.
- 3) Priority 3 must be responded to within seven days of the time the report is received by the OCS.

NCANDS data from the past five years continues to show a continual decrease of number of reports screened in albeit at a slower rate; from FFY 2022 to FFY 2023, the decrease was noted at approximately 2%.

Although it not believed to have affected the number of reports received, it is noted that an unprecedented worker turnover rate of approximately 50% for front-line, case-carrying staff, was seen in FFY 2023. In Alaska workforce data is calculated using Full-Time Equivalents (FTE).

Children

Alaska completes a safety assessment on all child victims, their siblings, and any other children in the home, regardless of if they were noted as victim or not. In FFY 2023, there was a slight increase in the number of children reported as possible abuse or neglect victims as compared to the previous year. Conversely, the number of substantiated victims decreased.

In alignment with federal guidance, in 2020, specific data indicators on sex trafficking were added to both the initial Protective Service Report and the Initial Assessment. Reports are made to law enforcement if any sex trafficking is suspected and all youth who go on runaway status are then assessed for potential trafficking once found. Furthermore, the State of Alaska has a process for reporting to National Center for Missing and Exploited Children (NCMEC) and the National Crime Information Center (NCIC).

A pilot program for Plans of Safe Care with the Department of Public Health is currently underway. The pilot program completed its third year of functioning and targeted infants born exposed to substances. The pilot program has expanded to two additional communities since its initial roll out.

Fatalities

In the State of Alaska, the authority for child fatality determinations resides with the Medical Examiner's Office, not the child welfare agency. The Medical Examiner's Office assists the State's Child Fatality Review Team in determining if a child's death was due to 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.

As a note, in December 2023, new policy was introduced that changed the practice of screening out fatalities when no surviving children remained in the home. With this policy shift, the agency will be making maltreatment findings in fatality cases regardless of if there are children remaining in the home.

Perpetrators

Alaska does not have a limitation on how young a perpetrator can be; however, the state continues to look into ways to better document child-on-child abuse.

The NCANDS category "other" perpetrator relationship includes perpetrators who are not primary or secondary caregivers to the child (i.e., non-caregivers) such as a stranger or adult who does not live in the home and does not normally have access to the child.

Services

The State of Alaska does not document services provided to families in the CCWIS, however, we partner with our Tribal entities to provide preventative and ongoing services to the families we serve. The State continues to expand the Alaska Tribal Child Welfare Compact signed in 2017, and now has 19 Tribal Co-signers, representing a total of 162 tribes. Services provided via the Compact include Initial Diligent Relative Searches, Ongoing placement searches, Licensing Assistance, Safety Evaluation of an Unlicensed Relative Home, Family Contact, Primary and Secondary Prevention.

Arizona

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The state did not submit commentary in time for the *Child Maltreatment 2023* report.

Arkansas

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General

The following options are available when accepting a referral:

- **Refer to DCFS for Fetal Alcohol Spectrum Disorder Assessment (R/A-FASD):** Act 1143 requires health care providers involved in the delivery or care of infants to report infants born and affected by Fetal Alcohol Spectrum Disorder. The Department of Human Services shall accept referrals, calls, and other communication from health care providers involved in the delivery or care of infants born and affected with FASD. The Department of Human Services shall develop a plan of safe care of infants born with FASD. The Arkansas State Police Hotline staff used the Request for DCFS assessment for FASD. These were automatically assigned to the DCFS Central Office FASD Project Unit to complete the assessment and closure. The R/A-FASD Assessment was updated and integrated with a new Refer to DCFS for N. I. Substance Exposure (R/A-SE) Assessment type during FFY 2020.
- **Refer to DCFS for N. I. Substance Exposure Assessment (R/A-SE):** AArkansas 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):** 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. 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

Arkansas *(continued)*

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:** Arkansas uses an established protocol when a DCFS family service worker or the Arkansas State Police Crimes Against Children Division investigator conducts a child maltreatment assessment. The protocol was developed under the authority of the state legislator,. It identifies various types of child maltreatment a DCFS family service worker or an Arkansas State Police Crimes Against Children Division investigator may encounter during an assessment. The protocol also identifies when and from whom an allegation of child maltreatment may be taken. The worker or investigator must show that a preponderance of the evidence supports the allegation of child maltreatment. The data for these reports are submitted to NCANDS.
- **Accept for Differential Response:** Differential response (DR) is another way of 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. Differential Response Referrals are mapped to Mapped to 04-Alternative response nonvictim.

Reports

For FFY 2023 the number of referrals increased less than 10%. The Arkansas Mandated Reporter Portal (MRP) guides users through the process of submitting a referral. The MRP facilitates reporting child maltreatment online without the delay that could occur when reporting by a call to the Child Abuse Hotline.

On September 6, 2022, the Arkansas Mandated Reporter Portal (MRP) went live. The MRP is a new public-facing website that mandated reporters can create an account and submit a child maltreatment report using a new secure online portal. If there are any questions, the portal includes a step-by-step video to walk the user through the process of submitting online. This new portal has been created in addition to the hotline for reporting suspected child abuse and neglect. The Arkansas Child Abuse Hotline remains accessible. Once a Referral is submitted through the MRP, the information transfers directly into the ARFocus

Arkansas *(continued)*

(first module of new CCWIS implemented in Production) for the ASP Hotline staff to complete the Referral determination and then submit to CHRIS.

Children

The number of unique child victims decreased from FFY 2022 to FFY 2023. The Hotline completes the Structured Decision Making® (SDM) Assessment Tool that provides the output to the appropriate referral acceptance, response agency and priority. This could lead to more reports being routed to Differential Response Referrals which are mapped to 04-Alternative response nonvictim.

Fatalities

The Arkansas Division of Children and Family Services (DCFS) receives notice of child fatalities through the Arkansas Child Abuse hotline. The reports include referrals from 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 nonmandated reporter. Nonmandated reporters include neighbors, family members, friends, or members of the community. The guidelines for reporting are mandated and non-mandated persons are asked to contact the child abuse hotline if they have reasonable cause to believe that a child has died as a result of child maltreatment.

All sudden and unexpected child deaths will be reported to the Child Abuse Hotline. Death Assessment (R/A-DA) reports are accepted by the Hotline and do not have allegations of maltreatment at the time of the Referral. The data for R/A-DA reports are not submitted to NCANDS. If the incident does rise to the level of a child maltreatment investigation, then the Referral will be elevated to be investigated. Child Death Investigation reports are accepted by the Hotline and will have maltreatment allegations at the time of the referral. All Child Death Investigation reports are included in the Child File data submission.

The Agency reviews reports on all deaths from cases of children with whom the agency has been involved in any way during the twenty-four months prior to the child's death. The DCFS Internal Child Death Committee reviews DCFS actions and prior involvement to make recommendations to improve child safety and investigative practices both locally and statewide. The Prevention and Reunification Assistance Director along with the Prevention Program Manager reviews those recommendations. The Assistance Director reports the implementation of the recommended actions to the DCFS Executive Staff. In addition, DCFS policy and procedures are updated as needed to reflect changes identified through the reviews. As a result of the internal child death review process, additional training, coaching, and technical assistance has been provided to staff to improve the quality of the investigations and case work. DCFS believes these initiatives have contributed to a decrease in child fatalities.

Perpetrators

An Alleged Offender must be fourteen years of age or older. For sexual abuse allegations by an alleged offender under fourteen years old, a role in referral is selected of Alleged Juvenile Offender-Under Age Fourteen and Findings of Exempted (Underage Juvenile Offender at Time of Incident) for the applicable sexual abuse allegations that were found to have a preponderance of evidence to support a True Finding.

Arkansas *(continued)*

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.

Arkansas accepts reports of sex trafficking by adult non-caregiver offenders 18 years of age or older. This data is reported to NCANDS in the Child File.

Services

Arkansas continued to use the additional funding provided through the Relief Bill promoting Safe and Stable Families during FFY 2022. The Intensive In-Home Services funding source was no longer used for Safe and Stable Families for FFY 2023. The state outsources some contracted services such as Parenting Training and Substance Abuse Treatment.

California

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General

California has two overlapping types of responses to reports of child welfare or neglect: investigative response and differential response. Not all counties utilize differential response. Only the data from the investigative response pathway/Paths 2 and 3 of differential response are reported to NCANDS. California's differential response approach is comprised of three pathways:

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

Reports

Reports in FFY 2023 increased, but have still not reached pre-pandemic levels. However, if we look at the decreasing trend we were observing prior to the pandemic, the number of reports in FFY 2023 follows what we would expect based on this trend.

In California, when a report is made to the child abuse hotline, the hotline social worker uses the Structured Decision Making (SDM) hotline tool to determine if the report should be investigated and how quickly a response should be made. The report count includes both the number of child abuse and neglect reports that require, and then receive, an in-person investigation within the time frame specified by the report response type. Reports are classified as either immediate response or 10-day response. For a report that was coded as requiring an immediate response, the actual visit (or attempted visit) must have occurred within 24 hours of the report receipt date. For a report that was coded as requiring a 10-day response, the actual visit (or attempted visit) must have occurred within 10-days of the report receipt date. For the quarter ending September 2023, the immediate response compliance rate was 96.0 percent, and the 10-day response compliance rate was 87.7 percent.

Children

The California Department of Social Services (CDSS) has policies to investigate/assess all children in a household if any child in the household has a maltreatment allegation. First, the investigating social worker performing the initial investigation must determine the potential

California *(continued)*

risks to the child, or any child in the family or household, and have in-person contact with all the children alleged to be abused, neglected, or exploited. If the social worker finds that the referral is not unfounded, they must conduct an in-person investigation with all children present at the time of the initial in-person investigation. It is then at the discretion of the county to decide whether to conduct an in-person investigation with any additional children who were not present at the initial in-person investigation. In our statewide child welfare information system, we have an allegation type of At Risk, Sibling Abused. This allegation type is reported to NCANDS as No alleged maltreatment.

In February 2023, California implemented changes in our statewide child welfare information system to capture more complete data on child and caregiver risk factors of alcohol use, drug use, diagnosed mental health needs, and domestic violence. Data reported in the child risk factors and caregiver risk factors sections of the Child File have changed the most from last year as a result. Specifically, we saw significant increases in the number of caregivers identified with alcohol use, drug use, mental health needs, and domestic violence. We also saw significant increases in the number of children and caregivers identified as not having these risk factors, because the updates to the system allow a social worker to definitively say the risk factor is not present. We also developed methodologies and began reporting on Agency File item Child Victims Who Were Reunited with Their Families in the Previous Five Years.

System changes to capture data for substance exposed infants, creation of plans of safe care, and referral to appropriate services were completed in July 2020 and data entry guidance was released to counties in November 2020. Our analyses have found that there are a high number of plans of safe care and referrals to services entered into our system which originate from reports not provided by medical professionals, and many of these are notated as “other” reporters. While we do not expect that 100% of our plans of safe care and referrals to services will originate from reports made by medical professionals, it is likely at least some of the reports made by “other” sources could be more accurately entered as medical professionals. We will continue to work with counties to accurately enter report sources.

While the system changes to capture CARA related data improved NCANDS reporting of alcohol and drug abuse child risk factors for infants, there are instances where we cannot separate alcohol abuse from drug abuse. When our data indicates that an infant has a substance exposure type of Substance Abuse, Withdrawal Symptoms, or Other, the child is reported as having both Alcohol Abuse and Drug Abuse, as instructed in the Child File Codebook. We hope to address this limitation and other opportunities for data improvement in the building of our new child welfare information system, which is scheduled to be ready in the coming years.

Commercially sexually exploited (CSE) allegations are entered in one of two ways: first, by choosing Exploitation and, to differentiate this from other exploitation referrals, with the subcategory of Commercial Sexual Exploitation; second, by choosing General Neglect with a subcategory of Fail/Unable to Protect from CSE. There is a limitation with these data, however. Only when the allegation is substantiated can the subcategories be entered. Thus, inconclusive CSE allegations are not reported as CSE.

Fatalities

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

The data is used to meet the reporting mandates of CAPTA and for the Title IV-B, Annual Progress and Services Report (APSR). Calendar Year (CY) 2022 is the most recent validated annual data and is therefore reported for FFY 2023. It is recognized that counties will continue to determine causes of fatalities to be the result of abuse and/or neglect that occurred in prior years. Therefore, the number reflected in this report is a point in time number for CY 2022 as of December 2023 and may change if additional fatalities that occurred in CY 2022 are later determined to be the result of abuse and/or neglect. For fatalities that occurred while the child was in foster care, the perpetrator information is unavailable until full case reviews of CY 2023 critical incidents are concluded. Any changes to this number will be reflected in NCANDS trends analyses, through resubmissions, as well as subsequent year's APSR reports.

It is important to note that while SB 39 data were used in the FFY 2023 NCANDS submission, the data were derived from CY 2022. Additionally, CDSS receives reports of fatalities determined to be the result of abuse and neglect and caused by an unknown third party where a parent or caretaker did not contribute to the child's death. NCANDS submissions includes such fatalities.

Perpetrators

California does not have a limit on how young a perpetrator can be. The following is an excerpt from guidance released by the California Department of Social Services in All County Letter 17-85:

Circumstances may arise where the abuse or neglect occurs within the home, but the perpetrator is a nonparent under the age of 18. The county hotline screener must still assess any referral indicating a possible failure or inability to protect involving the parent that places the child at risk. The county, in consultation with county counsel and at its discretion, may choose to investigate and substantiate an allegation involving a minor perpetrator. When doing so, best practice indicates that the county considers several factors including, but not limited to, the following:

- The relationship between the perpetrator and the victim.
- The ages and developmental levels of the perpetrator and victim.
- Whether the action constitutes developmentally normal behavior (i.e., sexual exploration between two pre-school aged children, or physical aggression between siblings, if the behavior was not extreme and the parents responded appropriately).
- If the perpetrator has the developmental ability and capacity to understand the gravity of his or her actions or acted with willful disregard to the danger, pain or fear of the other child.

California *(continued)*

- The severity and frequency of the alleged abuse.
- If the action negatively affects the long-term safety and well-being of either child.

Relationship types of Indian Custodian (where the child is an Indian Child), Live In, and No Relation are included in “other” perpetrator relationship.

Services

Prevention services in California are implemented through a state-supervised, county administered system. This system has the advantage of allowing the 58 counties in California flexibility to address child abuse prevention efforts through a community based local lens. This approach, however, results in 58 sets of challenges in program implementation, 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 2022 is representative of FFY 2023.

As providers and families adjusted to a virtual platform for service delivery, there was a recognition that virtual services offered a level of convenience which encouraged participation by families that traditionally were unable to engage in services. Although the virtual platform allows for flexibility, one of the ongoing challenges providers continue to face is staff shortages and high turnover rates.

Each year the CDSS also allocates prevention funding directly to counties for disbursement. This information is gathered in a data collection system funded by the OCAP called Apricot. Counties continue to make active efforts to improve data collection methods and evaluation processes. The OCAP requested counties select one unit of measure (children, parents/caregivers, or families) for service counts instead of multiple units of measure for one service activity to reduce duplicative service counts. This request has led to some improvements in the way information is captured, however, in some instances counties are changing the unit of measure collected from year to year so it is difficult to compare service counts. It is therefore difficult to determine if there has been an overall change in the numbers served. Discrepancies between service counts from year to year may be attributed to changes in vendor contracts, evaluation methodologies, and/or the transition from in-person services to a virtual platform.

A decrease in children and families being served using CBCAP funds in SFY 2022-23 can be attributed to the following factors:

- Plumas County service counts differed significantly from the previous year in light of the demographic changes the county experienced relating to a major area fire in previous seasons.
- Placer County changed funding for a program from CBCAP to CAPIT, which contributed to the largest decrease in the count of CBCAP families.
- Staffing and workload issues affected counties’ abilities to complete the OCAP Annual Report timely, as three counties did not report CBCAP service counts in SFY 2022-23.

California *(continued)*

In SFY 2022-23, there was an increase in children and families being served using CAPIT funding:

- Placer County reported an increase in the number of child maltreatment allegations and entries into foster care which led to increases in secondary and tertiary prevention programs partially funded by CAPIT. They also changed funding for a program from CBCAP to CAPIT
- Fresno County reported increases in the number of contracted staff and/or providers at their Neighborhood Resource Centers, mainly funded by CAPIT and PSSF.
- Flexibility of the virtual platform in conducting counseling sessions and support groups eliminates the barriers associated with transportation and childcare.
- Counties such as San Diego, Contra Costa, Kings, and San Mateo made changes to the unit measured (counties may have selected to measure parent service counts in the previous reporting period, and in SFY 2022-23 chose to collect data based on the child for the same intervention).

In SFY 2022-23 there was an increase in families being served using PSSF funds. The reasons reported for the increase include:

- Placer County reported an increase in the number of child maltreatment allegations and entries into foster care which led to increases in secondary and tertiary prevention programs, mainly funded by PSSF.
- Fresno County reported increases in the number of contracted staff and/or providers at their Neighborhood Resource Centers, mainly funded by CAPIT and PSSF.
- In-person services and activities have resumed since COVID-19 restrictions have been lifted in counties such as Glenn, Fresno and Mariposa.
- Flexibility of the virtual platform in conducting counseling sessions and support groups eliminates the barriers associated with transportation and childcare.
- Santa Barbara County reported increases in the number of contracted staff and/or providers.
- Increased technical assistance support early in the reporting period by OCAP Consultants.
- Contra Costa, Kern and Santa Barbara counties, updated OCAP-funded prevention programming and made changes to OCAP funding allocations in FY 2022-23 due to resumption of the California Child and Family Services Review (C-CFSR) activities.

Factors that led to a decrease in children being served include:

- Los Angeles County and San Diego County updated prevention funding programming and adjusted allocations in FY 2022-23 due to resumption of the California Child and Family Services Review (C-CFSR) activities.
- San Diego County reported providers continuing to not track children being served.
- San Joaquin County changed service counts from children to families for their Parent/Sibling Visitation program.

The OCAP funded a parent leadership program via a grant using CAPTA funds. This program was delivered by the organization Lead4Tomorrow (L4T). L4T's Family Hui program helps develop parent leadership and healthy parenting skills that facilitate parent/caregiver engagement in state and local leadership opportunities focused on improving child and family well-being. In SFY 2022-23, L4T was allotted \$107,997 in both CAPTA and CBCAP with a total of \$215,994. Funds were used to work with parents/caregivers by

California *(continued)*

providing trainings and healthy parenting/caregiver programming in Alameda, Colusa, Imperial, Sacramento, San Diego, Siskiyou, and Yolo counties.

The Strategies Technical Assistance (TA) grant was funded with \$2,078,527 (CAP Center-\$1,271,815, Children's Bureau-\$806,712) through a combination of CAPTA and CBCAP funds in SFY 2022-23. This grant functioned as a collaborative partnership between Prevent Child Abuse California and the Children's Bureau of Southern California. These organizations hosted a variety of webinars and learning exchanges in SFY 2022-23 attended by more than 1,400 participants statewide. In FY 2022-23, Strategies TA focused efforts on supporting a variety of counties developing and submitting Comprehensive Prevention Plans by July 2023.

The Celebrating Families! (CF!) grant funded with \$51,769 in CAPTA funds allowed Community Solutions (CS) to provide train-the-trainer training and technical assistance to agencies who will be administered the Celebrating Families! program. The trained agencies planned to each reach at least 10-15 families in their respective sites in the third year of the grant. The families served are at risk for experiencing child abuse/neglect, or family violence due to substance use disorders and other adverse childhood experiences. The three agencies trained in Phase One of the project included: SHIELDS for Families and Para Los Niños in Los Angeles, and Sherwood Valley Band of Pomo Indians in Northern California. The two agencies trained in Phase Two of the project included WEAVE, Inc. in Sacramento and CAHELP in San Bernardino County.

The OCAP continued the Economic Empowerment program with 10 organizations committed to support the financial empowerment of parents and alleviate the stress of poverty in their communities. The OCAP has continued to monitor the ten awarded grantees as they provided the YMYG financial toolkit to families via virtual home-visiting as well as socially distanced one-on-ones and center-based workshops and cohorts. A total of \$400,000 in CAPTA funds and \$335,886 in CBCAP funds was allocated to support the program in SFY 2022-23. In SFY 2022-23, a total of 6441 families were served.

Road to Resilience grant funding is supported with \$7,011,462.30 in Child Abuse Prevention and Treatment Act (CAPTA) funds. The 11 grantees are composed of collaborative partnerships between community-based and county government agencies. The objective of the program is to serve pregnant women with known histories of substance use, pregnant women with current substance use, and mothers of substance-exposed infants, linking them to services and supports. In SFY 2022-23 Road to Resilience grantees had an increase in clients served as COVID-19 restrictions eased. A total of 557 mothers were served.

The Father Engagement grant is one of OCAP's newest grants that began in Fiscal Year 2022-23. The Father Engagement Program will support evidence based or evidence informed/promising practice father engagement activities through the following three broad categories: fatherhood education, case management, and peer-to-peer support. The Father Engagement grants are supported with \$4,200,000 in federal CAPTA funds provided through the American Rescue Plan Act (ARPA).

California *(continued)*

In March 2022, the OCAP released a competitive request for application to award eight Strong Community Grantees. The eight grantees selected were CASA LA, The Children’s Bureau of Southern California, Catholic Charities of Santa Clara County, East Bay Agency for Children, Fighting Back Partnership Inc., North Coast Opportunities Inc., and Social Advocates for Youth San Diego. A total of \$851,380 in ARPA-CAPTA funds, \$763,001 in CAPTA funds, and \$434,370 in CBCAP funds was allocated to support the program in SFY 2022-23. Through the Strong Community grants, the OCAP, and funded agencies, are supporting the expansion and development of FRCs throughout the state of California to provide family-centered and family strengthening services that are culturally sensitive and include cross-system collaboration to assist in transforming families and communities through reciprocity and asset development based on impact-driven and evidence-informed approaches with the goal of preventing child abuse and neglect.

Colorado

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General

Colorado implemented the new Adoption and Foster Care Analysis and Reporting System (AFCARS) requirements and the Family First Prevention Services Act. This resulted in several new practices related to service delivery and data collection. Refinements to NCANDS reports are still needed to better reflect data in Colorado as CCWIS is modernized and mapping of services and risk factors are improved.

Safety and risk assessments are completed for all screened-in referrals. Colorado has two referral options including a traditional High-Risk Assessment and a Family Assessment Response (FAR) for low and moderate-risk referrals. Both tracks are reported to NCANDS. As Colorado has a state supervised and county administered structure, counties not using the FAR alternative use only High-Risk Assessments.

Reports

The number of referrals has stabilized from the fluctuations seen during the pandemic. Colorado continues to use a hotline system (1-844-CO-4-KIDS).

Children

Colorado county agencies conduct face-to-face investigations and assessments as required to accurately determine safety and risk of children. Colorado's child welfare system includes assessment at the time of birth as a measure of substance use exposure. Limitations currently exist in reporting substance use exposure and service data. Improvements to NCANDS data mapping of child and caregiver risk factor data were put on hold due to data system modernization and AFCARS changes. These corrections will improve federal reporting.

Fatalities

The Colorado Child Fatality Review Team (CFRT), which consists of a multidisciplinary team, was able to perform reviews of egregious, near fatal or fatal incidents.

Perpetrators

Colorado does not make findings on third party perpetrators of sex trafficking; instead, the caretakers are evaluated to see if their behaviors are providing access to the third-party perpetrators. The "other" perpetrator relationships include Live-In Partners, No Relation, Significant Other, Significant Other, Foster Son, Foster Daughter, Teacher, School Counselor, Spouse (Ex), Restitution Recipient, Child Under Guardianship, Significant Other (Ex), Neighbor, Self, and Host Home Provider.

Services

The Division of Child Welfare began implementing the Family First Prevention Services Act, which is shifting services toward prevention and creating new avenues for services. Colorado

Colorado *(continued)*

aims to better reflect services in Colorado through CCWIS modernization and mapping refinements of services and risk factors. Colorado does not outsource any direct child welfare protection services. Some services that help to support families are community-based.

Connecticut

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General

The State of Connecticut (CT) Department of Children and Families (DCF) continues to operate a Differential Response System (DRS). DRS is comprised of two tracks: Child Protective Services (CPS) Investigations for moderate to high-risk cases (see Child Protective Investigations Policy for details), and Family Assessment Responses (FAR) for low to moderate risk cases (exceptions apply, see FAR Policy and Practice Guide for details). Currently, CT does not report data concerning reports handled through a FAR response to NCANDS. This means that the total number of abuse/neglect reports observed in the NCANDS data is far lower than the total that we actually receive, accept and respond to each year. We have also been increasingly using the FAR response, to the point where during FFY 2023 we used FAR to respond to about 50% of all accepted reports.

DCF policy did not change with regards to commencement within the designated response time determined at time of acceptance, or for completion of DRS response within 33 business days. For FFY 2023, responses have continued to meet our commencement measure ($\geq 90\%$). Overall rates for response completion declined this year from 92.5% during FFY 2022, to 86.7% in FFY 2023, though that still continued to meet our somewhat different outcome measure expectation ($\geq 85\%$ completion in ≤ 45 calendar days). The main factor contributing to the decline in performance for completion was lack of full staffing on our intake teams.

Reports

During the reporting period, 167 Social Worker/Trainees began their pre-service training. DCF's Academy for Workforce Development certified 127 new child protective services hires as completing their pre-service training during FFY 2023.

The CT DCF Careline is the agency's 24/7 centralized point of contact for reporting concerns of child abuse and neglect. The Careline has maintained continuous operations 24/7/365 throughout the course of the year. Careline social work screening staff are comprised of 56 full-time staff, and 7 part-time staff (at either 34, 32 or 20 hours per week). Agency File responses to questions 2.3 - 2.4 are calculated using Full-Time Equivalent (FTE).

CT DCF has also continued to modernize our systems through ongoing enhancements to our automated reporting portals. The Careline's public facing non-emergent mandated reporter portal was implemented in June 2022 and additional enhancements continued in FFY 2023. This portal allows all mandated reporters the ability to file non-emergent reports of abuse/neglect online. DCF received 11,690 reports through the portal during FFY 2023, receiving an average of 974 per month. The CAPTA Notification/CPS portal allows birthing hospitals the ability to file online reports of abuse or neglect to DCF OR to create a CAPTA Notification for those newborns identified as substance exposed and consistent with the criteria associated with a notification.

Connecticut *(continued)*

During FFY 2023 the Careline expanded its partnership and collaboration with our Area Offices to ensure subject children are seen within the designated response time. Additional after-hours staff have been secured to allow multiple attempts to make face-to-face contact with the subject child. Since August 2023, the Careline has successfully initiated reports of child maltreatment by making face-to-face contact with 75% of identified victims on cases received after hours where the response time will or is nearing expiration prior the next business day. There was an increase in overall CPS reports received during FFY 2023 compared to FFY 2022.

The types of reporters making calls to the Careline have continued to evolve beyond pre-pandemic proportions during FFY 2023, particularly with respect to those calling from schools. The proportion of calls received from schools continued to rise during FFY 2023, with seven months of the year even exceeding the proportions seen during FFY 2019 and nine months of the year exceeding FFY 2022. Most other groups showed a commensurate decrease in proportion from FFY 2022 to FFY 2023 during most months, though Mental Health Professional also increased in eight months compared to the previous year.

Children

During FFY 2023, there was an increase in the number of unique children who were alleged victims, compared to FFY 2022. This correlates with the increase in the number of reports accepted for Investigation this year as reporting continues to rebound from the pandemic. CT continued to conduct differential responses throughout this year and had returned to almost entirely in-person responses.

Policies and procedures solely concerning differential responses did not change during the year. However, in October 2022 practice expectations were changed to respond to the growing fentanyl problem to require all cases (including those open only for Investigation or Family Assessment) where active fentanyl use is alleged, suspected, or confirmed, shall require triage for a Regional Resource Group (RRG) substance use consult as a Safety Plan is being developed. RRG staff are encouraged to attend home visits as needed/recommended from the emergent consult. The Area Office Principal Attorney, Office Director and Clinical Program Director are notified of the consult and will meet with the RRG and social work team within the same day to develop multidisciplinary strategies to assess substance use and ensure child safety. At the same time this practice expectation was released, all agency cell phones had the Naloxone and Overdose Response App (NORA) installed. This application is a free app created by the CT Department of Public Health to help prevent, treat, and report opioid overdose. These practice expectations were enhanced in August 2023 to expand the focus to cases involving fentanyl, opioids, and other substances. An interdisciplinary approach was continued to ensure child safety, as well as support parents and caregivers by ensuring they are connected to treatment and supportive services which can be life-saving, such as medication assisted treatment (MAT) or medication for opioid use disorder (MOUD). The enhanced safety guidance required that the UNCOPE screening tool shall be conducted at intake during the initial home visit and as needed during the pendency of the case to assess for substance use. When a safety factor related to substance use is identified, social work staff shall consult with their supervisor immediately, and within one business day request a high priority Regional Resource Group (RRG) consultation. Within 72 hours, or within 24 hours if involving a

Connecticut *(continued)*

Critical Incident, a Substance Use Multidisciplinary Team Meeting (MDTM) shall be held and documented using a standardized outline.

DCF received 1,730 notifications through the CAPTA portal during FFY 2023, of which 31.1% resulted in an actual abuse/neglect report. Further, 80.6% indicated that a Plan of Safe Care had been developed for the child, and 80.6% referred to appropriate services, as of the time of the notification. Data collected by the portal is de-identified but does include required elements regarding development of a Plan of Safe Care and Referral to Appropriate Services. These fields have not been incorporated into our legacy SACWIS system, as they are planned to be developed in our upcoming CCWIS system within the next two years.

DCF continues to strengthen its response to child victims of human trafficking. During 2023, DCF continued to see close to 300 new referrals, online grooming continues to be the primary means of luring vulnerable children. In addition, peer recruitment continues to be a challenge. The department is revamping our youth curriculum and encouraging schools to provide opportunities for children to be educated about the realities of human trafficking. Education is also offered to youth groups, Girl Scouts, church groups, etc. A serious concern, the age at the time of referral is also trending to include younger children. Education on human trafficking typically starts at age 12. We are developing Internet Safety Training for children of various age groups. Children of color continue to be over-represented in the population of child victims of human trafficking in CT.

Each of the six DCF Regions has a Human Antitrafficking Response Team (HART) team consisting of a HART Lead and Liaison(s) that partner with law enforcement, service providers and the identified Multidisciplinary Team(s) (MDT). These partnerships ensure a collaborative response and coordinate services for child victims and their families. Cases that do not meet the statutory definition of abuse and neglect are coordinated by the Department's HART Director in partnership with the relevant MDT(s). The Department's Human Trafficking Policy and Practice Guide allows for all cases of suspected child trafficking to be sent directly to the MDT Coordinators.

Fatalities

CT DCF continues to have appointed representatives that are members of, and regularly attend, the CT Statewide Child Fatality Review Panel meetings. Other members include representatives from the Office of the Chief State's Attorney, Chief Medical Examiner, Child Advocate, and more. From these meetings, recommendations are generated for communications, dissemination of information and other actions as a result. The receipt of child fatality data by the Panel has also continued from the Office of the Chief State's Attorney, Chief Medical Examiner, Child Advocate, CT Department of Public Health and other law enforcement or medical entities without interruption.

Perpetrators

CT Statute defines abuse and neglect as having been committed by a parent/guardian or entrusted caretaker. Most of Connecticut's child trafficking cases are the result of noncaregiver perpetrators and, therefore, are not accepted by DCF Careline. The new DCF Human Trafficking Policy and Practice Guide that went into effect in August 2021 created a new pathway for non-accept cases. All calls of suspected child trafficking that are called into the

Connecticut *(continued)*

DCF Careline are reviewed by the HART director and are automatically sent to the state's seventeen Multidisciplinary Teams (MDTs) and Human Trafficking Task Force. This process ensures that every case of suspected child trafficking receives the same access to support, resources, and legal response despite the limits of state statutes. The MDTs have access to the state's specialized providers for this population as well as a wealth of other supports and services that can be beneficial to the child victims and their families. All child trafficking cases are documented in the Provider Information Exchange (PIE) database. PIE data is used for federal reporting, grant writing, service development, and statewide awareness.

The Perpetrator Relationship field is used to capture the relationship between specific alleged perpetrators and alleged victims. Types of relationships not specified in already defined values are to be captured using the "Other" perpetrator relationship. Examples include parents of other children in the family that are not step/adoptive parents to the alleged victim, parents or relatives of a friend of the alleged victim, school/educational setting staff (i.e. janitors), and occasional coding errors ("other" used when another actual code should have been used).

Services

CT DCF directly provides all Differential Response Services, as well as ongoing Child Protective and Foster Care/Adoption services. DCF also funds a wide array of contracted services to meet the ongoing needs of children, youth and families, and are aimed at both prevention of abuse/neglect, and treatment of behavioral health, parenting skills, independent living skills and many more.

Connecticut continued to plan for implementation of our Family First Prevention Plan, developed in partnership with over 400 individuals from state agencies, community-based providers, advocates, youth and families with lived experiences. Family First is being used as a tool, as part of Connecticut's overall prevention strategy, to assist in building upon an existing infrastructure and its array of services and evidence-based programs (EBPs), with the goal to prevent maltreatment and children entering foster care. Connecticut's vision is to expand upon its child well-being system through enhanced focus on prevention and early intervention. We have continued ongoing preparation for full implementation throughout FFY 2024.

The Integrated Family Care and Support (IFCS) program has continued to take referrals from DCF for families following unsubstantiated abuse/neglect reports that previously would have been opened for ongoing child protective services to address risk factors. The development of the program was a result of a review of data showing a high rate of unsubstantiated case transfers to ongoing protective services provided directly by DCF. The program was developed in the belief that families would be better served in their own community without DCF involvement and aligns well with the Families First Prevention Services legislation and our prevention mandate. IFCS was designed to engage families while connecting them to concrete, traditional and nontraditional resources and services in their community, using components of a Wraparound Family Team Model approach. Each of the families served by the program are assigned a Family Care and Support Coordinator to coordinate planning, referrals and assessment, and have access to a Peer Specialist to advocate for, and be a mentor to, the family. During the first half of Calendar Year 2023, 711 referrals were made, and of those there were 614 (86.4%) where the program was able to hold

Connecticut *(continued)*

Transition Meetings. There were 403 of the 424 (95%) of families with meetings that went on to complete a Care Plan due during the reporting period. Of the 343 that had a plan of care and discharged during the period, 3.8% met their goals upon discharge, and 508 (38%) that successfully completed the full course of the program. Of those that had been discharged for six months during the period, 5.8% experienced a subsequent substantiated abuse/neglect report post-discharge.

During FFY 2023 DCF continued to be engaged in the Quality Parenting Initiative (QPI) in partnership with the Youth Law Center. The key elements of the QPI-CT approach are 1) defining the expectations of and by caregivers, 2) clearly communicating these expectations to all staff, caregivers, and other stakeholders, as well as the general public, and 3) aligning system policy and practice with those expectations.

The number of children in DCF care (placement) has continued to decline slightly during FFY 2023. However, while the number of children that enter care has continued to remain below the number that are discharged from care, the volume of entries has been steadily increasing over the course of the year. Further, the average utilization of Kinship care settings for initial placement remained high at about 47% during FFY 2023. Initial Foster care settings increased from an average of 39.8% in FFY 2022 to 44% in FY23, while initial Congregate Care settings decreased from an average of 10.3% in FY22 to 7.8% this year. It should be noted that many initial Congregate Care placements are in Hospital settings, and as our total number of children in care decreases, a higher proportion of those that remain tend to have complex needs that require this level of care.

Delaware

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General

Delaware’s Division of Family Services (DFS) has received an increase in reports of child abuse, neglect and dependency. Delaware continues to use Structured Decision Making® (SDM) at the report line, in Investigation, and in Family Assessment Intervention Response (FAIR). Using this evidence- and research-based tool, Delaware is better able to distinguish between cases that require a full investigation and those that require an assessment or referrals for services unrelated to child abuse and neglect, to consistently determine safety threats, and to make decisions using the same set of standards. Delaware had continued our internal FAIR programming, but staffing shortages have lessened our capacity to fully continue our internal FAIR work. Delaware has maintained our external FAIR contracts. Near the end of the current NCANDS reporting period, Delaware began adding external FAIR case data to our data system via a provider portal. All FAIR cases in our data system are included in the NCANDS submission. Delaware also instituted an administrative Review, Evaluate, Decide (RED) team in October 2022 to review all “risk of” abuse/neglect reports received at our hotline. This process has allowed us to refine our maltreatment definitions to ensure we are screening in reports appropriately. On average, 25% of “risk of” cases received are now screened in for further investigation or assessment. Due to staffing challenges, an administrative case review process was also implemented to assist workers in triaging case activities and tasks, thus allowing workers to focus their time on activities most essential for child safety. This process revealed that many cases were being held open unnecessarily, thus, the process allowed the Division to apply our Tier 1 policy for abridgement.

Delaware uses Dialpad, a cloud-based communication platform for intakes. This allows hotline staff to have remote capability and ensure that all calls will be answered by a live hotline worker, eliminating Delaware’s need for an answering service. Delaware had updated juvenile trafficking definitions to assist our intake staff on screening reports and has introduced a Commercial Sexual Exploitation Identification Tool (CSE-IT). The increased awareness and training around juvenile trafficking has resulted in identification of more trafficking victims.

In February 2018, our SACWIS system called FOCUS (For Our Children’s Ultimate Success) went live. Change requests continue to be built and testing is ongoing. Delaware also has expanded our FOCUS mobile app capacity to allow workers to have access to our data system and enter more events directly from the field. As we continue to improve FOCUS, we have tasked ourselves with improving data quality including information used for the NCANDS submission. NCANDS validations are used as a data quality tool to determine areas of need and improvement. We have added validations to our system to improve data quality and more accurate reporting. For example, we improved our ability to validate case participants more accurately. Delaware has an established Continuous Quality Improvement Data Quality Committee that continues to focus on data quality improvement efforts.

Delaware *(continued)*

Reports

In FFY 2023, 10% of reports were diverted through various differential response programs, as compared to 53% in FFY 2022, a 43% decrease. In FFY 2023, Delaware has overall completed more investigations than FFY 2022 primarily due to our lack of capacity to conduct internal FAIR assessments and contracted FAIR closures due to staffing issues. Many of these investigations would have gone to internal or contracted FAIR if we had the staffing complement. This increase in investigation completion numbers is also attributed to the increase in referrals.

State's intake unit uses the Structured Decision Making® (SDM) tool to collect sufficient information to access and determine the urgency to investigate child maltreatment reports. Currently, all screened-in reports are assessed in a three-tiered priority process to determine the urgency of the workers' first contact: Priority 1 - Within 24 hours, Priority 2 - Within 3 days and Priority 3 - Within 10 days. In FFY 2023, accepted referrals for family abuse cases were identified as 61% routine/Priority 3, 16% Priority 2, and 23% urgent/Priority 1 in response. The calculation of our average response time for FFY 2023 was an increase of 52% from FFY 2022. Delaware has made great efforts to improve our timeliness response to investigations. We are using data informed practice and have established initial interview due date reports and initial interview completion rate reports that are shared with all staff. Despite our efforts to improve timeliness of response, our vacancy rate is the highest it has been which has led to increase caseloads and an increase in response time, particularly on our Priority 3 reports.

Children

The State uses 50 statutory types of child abuse, neglect and dependency to substantiate an investigation. The State code defines the following terms: "Abuse" is any physical injury to a child by those responsible for the care, custody and control of the child, through unjustified force as defined in the Delaware Code Title 11 §468, including emotional abuse, torture, sexual abuse, exploitation, and maltreatment or mistreatment. "Neglect" is defined as the failure to provide, by those responsible for the care, custody, and control of the child, the proper or necessary: education as required by law; nutrition; supervision; or medical, 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.

Delaware implemented sex trafficking as an allegation type in January 2020. Reports regarding noncaregiver perpetrators of sex trafficking are accepted and included in the NCANDS submission. Delaware has been reporting infants with prenatal substance exposure for a number of years and include information on Plans of Safe Care.

Fatalities

House Bill 181 requires the agency to investigate all child deaths of children aged 3 and under that are sudden, unexplained, or unexpected. Delaware also has a Maternal and Child Death Review Commission that reviews every child death in the state. There is also a Child Abuse and Neglect (CAN) panel that conducts retrospective reviews on all child death and

Delaware *(continued)*

child near death cases where abuse or neglect is suspected. The State does not report any child fatalities in the Agency File that are not reported in the Child File.

Perpetrators

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

The other perpetrator relationship includes individuals such as a nonrelated household member.

Services

One of our programs is Team Decision Making, which engages the family, informal supports and formal supports in planning for children who are at risk of coming into care. This process has remained steady in diverting youth into kinship placements instead of Foster Care. Family Team Meetings is a growing component of our casework practice. Delaware has enhanced its partnerships with community organizations to provide community-based preservation and reunification services including family interventionists and kinship navigators. Delaware has expanded our contracts with post adoptive services. Delaware has collaborated with numerous community partners to provide better services and plans of safe care for infants with prenatal substance exposure. We have partnerships with domestic violence and substance abuse agencies that provide intervention services in conjunction with agency case management. Delaware plans to continue to build on our service array for prevention services in the upcoming years.

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

Delaware *(continued)*

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-adopt support, and a number of other services.

District of Columbia

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General

During FFY 2023, the District launched the Keeping D.C. Families Together initiative. This initiative was implemented to link individuals, families, and the communities to appropriate resources and support services that don't warrant CFSA involvement.

The District continues to build the agency's new comprehensive child welfare information system, Stronger Together Against Abuse and Neglect (STAAND), to improve CFSA's data collection and analysis, data integrity and public transparency through the development of a modernized child information system. In February 2023, CFSA launched Release 1 of STAAND that comprise of the Foster Parent Licensing and Service Referral features.

Reports

As a result of implementing the Keeping D.C. Families Together initiative, the data reported on the number of referrals decreased in FFY 2023 compared to FFY 2022.

Children

There was a decrease in the number of children reported in FFY 2023 compared to last year's data because of the Keeping D.C. Families Together initiative.

The District's Child and Family Services Agency (CFSA) does not accept calls on alleged victims of sex trafficking aged above 18 years old. These occurrences are solely handled by the Metropolitan Police Department.

Fatalities

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

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

Florida

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General

Child Protective Investigations in the State of Florida are primarily state administered. Beginning in July 2023, the Department reassumed responsibilities in the seven Florida Counties (Walton, Seminole, Broward, Manatee, Pinellas, Pasco, Hillsborough), where Child Protective Investigations were previously handled by the County Sheriff's Offices through grant agreements. There were no significant changes to our policies that would impact NCANDS data for FFY 2023 (maltreatments and determination of findings).

Florida uses one pathway for intakes screened in for investigation. All screened-in intakes alleging abuse, abandonment, and/or neglect are responded to through an investigative response by a Child Protective Investigator. A separate type of referral (Special Conditions Referral) is generated when certain conditions are reported to the Hotline and do not meet the criteria for an investigation (do not contain allegations of child abuse, abandonment, or neglect), but warrant a response by the department, investigating sheriff's office or community-based-care child welfare professional. These special conditions referrals include caregiver unavailable, child on child sexual abuse, parent needs assistance, and foster care referral.

Reports

The criteria to accept a report are that an alleged victim:

- Is younger than 18 years.
- Is a resident of Florida or is located within the state at the time of the report.
- Has not been emancipated by marriage or other order of a competent court.
- Is a victim of known or suspected maltreatment by a parent, legal custodian, caregiver, or other person responsible for the child's welfare (including a babysitter or teacher), or
- Needs supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care, or
- Is suspected to be a victim of human trafficking by either a caregiver or non-caregiver.

The response commences when the assigned child protective investigator attempts the initial face-to-face contact with the alleged victim. The system calculates the number of minutes from the received date and time of the report to the commencement date and time. The 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 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)*

Florida maps all reports with a disposition of ‘Not substantiated’ to the NCANDS category of ‘Unsubstantiated’.

Children

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

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

The NCANDS category of Other maltreatment type includes Threatened Harm, Intimate Partner Violence Threatens Child, Household Threatens Child, and Family Violence Threatens Child; this will inevitably increase the number of “Other” maltreatment values reported. Although the Florida Hotline uses the maltreatment “Threatened Harm” only for narrowly defined situations, investigators may add this maltreatment to any investigation when they are unable to document existing harm specific to any maltreatment type, but the information gathered, and documentation reviewed, yields a preponderance of evidence that the plausible threat of harm to the child is real and significant. Threatened Harm is defined as behavior which is not accidental, and which is likely to result in harm to the child, which leads a prudent person to have reasonable cause to suspect abuse or neglect has occurred or may occur in the immediate future if no intervention is provided. However, Florida does not typically add Threatened Harm if actual harm has already occurred due to abuse (willful action) or neglect (omission which is a serious disregard of parental responsibilities).

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

Fatalities

Fatality counts include any report closed during the year, even those victims whose dates of death may have been in a prior year. Only verified abuse or neglect deaths are counted. The finding was verified when a preponderance of the credible evidence resulted in a 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 additional maltreatment(s) in the investigation.

Perpetrators

By Florida statute, perpetrators are only identified as responsible for maltreatment in cases with verified findings. Licensed foster parents and non-finalized adoptive parents are mapped to non-relative foster parents, although some may be related to the child. Approved relative caregivers (license not issued) are mapped to the NCANDS category of relative foster parent.

Florida *(continued)*

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.”

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

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General

Screened-in maltreatment referrals that are not considered “Special” call types, are directed to an Initial Safety Assessment, where case managers conduct a preliminary assessment to determine if there is present or impending danger safety threats. The system determines the track assignments based on safety threats recorded by the Case Manager. The track assignment can be Investigation or Family Support Services (alternative response), depending on safety threats recorded. Both investigations and Family Support are included in the NCANDS Child File.

Special Investigation (Maltreatment in Care and Child Death, Near Fatality and Serious Injury) cases are immediately assigned to the Investigation stage. Special Circumstances - No Maltreatment Alleged Intakes are also assigned to the Investigation track, but with a five-day response time instead of immediate or one-day. Cases with allegations that are considered dangerous (sexual abuse, physical abuse, maltreatment in care) are directed immediately to the investigation pathway. Cases with other allegations undergo an “Initial Safety Assessment” (ISA). A case worker interviews in person the alleged victim(s) and the alleged perpetrator(s) at the home. Risk is assessed, and the case is then directed either to an investigation or, if risk appears low, to the Family Support pathway. Investigations conclude with a disposition of either substantiated or unsubstantiated, indicating whether a preponderance of evidence supports the allegation(s) or not. Family Support Services cases can be track assigned to Investigation if safety threats are observed or closed if no threats exist.

A decision to remove children into state custody does not depend on the investigation disposition, but on present or impending danger safety threats that indicate the child is unsafe. Case Managers are required to explore Kinship Arrangements when an Out of Home Safety Plan is necessary.

Reports

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

Children

The number of unique child victims increased less than 10% from 2022 to 2023.

Georgia *(continued)*

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

In 2020, the state discontinued the Child Abuse Registry. Perpetrator data is still collected in the SACWIS system, and Georgia continues to report perpetrator data in NCANDS. The effect, if any, on substantiation rates is not obvious. Noncaregiver perpetrators of sex trafficking are included in the file.

Services

The agency does not provide Educational and Training, Family Planning, Daycare, Information and Referral, or Pregnancy Planning Services for clients. These services would be provided by referrals to other agencies or community resources. Our SACWIS system would only track those services paid for by agency funds. However, most services are provided through referrals to other agencies or community resources.

Hawaii

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The state did not submit commentary in time for the *Child Maltreatment 2023* report.

Idaho

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General

Idaho does not have an alternative response to screened-in referrals.

Reports

Idaho has a centralized intake unit which includes a 24-hour telephone line for child welfare referrals. The intake unit maintains a specially trained staff to answer, document, and prioritize calls, and documentation systems that enable a quicker response and effective quality assurance. Allegations are screened out and not assessed when:

- The alleged perpetrator is not a parent or caregiver for a child, the alleged perpetrator no longer has access to the child, the child's parent or caregiver is able to be protective of the child to prevent the child from further maltreatment, and all allegations that a criminal act may have taken place have been forwarded to law enforcement.
- The alleged victim is under 18 years of age and is married.
- The alleged victim is unborn.
- The alleged victim is 18 years of age or older at the time of the report, even if the alleged abuse occurred when the individual was under 18 years of age. If the individual is over 18 years of age, but is vulnerable (physically or mentally disabled), all pertinent information should be forwarded to Adult Protective Services and law enforcement.
- There is no current evidence of physical abuse or neglect and/or the alleged abuse, neglect, or abandonment occurred in the past and there is no evidence to support the allegations.
- Although Child and Family Services (CFS) recognizes the emotional impact of domestic violence on children, due to capacity of intake, we only can respond to referrals of domestic violence that involve a child's safety. 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 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

Idaho's current practice standard for Expedited Safety Assessment, 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 collected data on Sex Trafficking Victims on all children assessed for neglect, abuse, or abandonment. In addition, Idaho assesses children in foster care for human trafficking during child contact visits and when a youth returns from runaway status.

Idaho implemented data collection for prenatal substance exposure in April 2019. When our centralized intake unit receives a report regarding concerns of a substance affected infant information is collected regarding the plan of care and services provided. There were no changes in policies or procedures regarding sex trafficking or referral of infants with prenatal substance exposure during the pandemic.

More information regarding Idaho's standards specific to safety assessment, mandatory referrals for children birth to three, and human trafficking standards can be found on the Idaho Health and Welfare website.

Fatalities

There were no changes in policies or procedures regarding child death reviews during the pandemic. Idaho has a state child fatality review team who was able to make a slight schedule adjustment and continue to meet to ensure reviews were completed as planned during the pandemic. Idaho compares fatality data from the Division of Family and Community Services with the Division of Vital Statistics for all children younger than 18. The Division of Vital Statistics confirms all fatalities reported by child welfare via the state's CCWIS and provides the number of fatalities for all children for whom the cause of death is homicide.

When a report is made to the Centralized Intake Unit, the Priority Response Guidelines establish requirements for evaluating safety issues within Child and Family Services (CFS) mandates and are used to determine the immediacy of the response timeframes. When the death of a child is alleged to be due to physical abuse or neglect by the child's parents, guardian, or caregiver and reported information indicates there may be safety threats to any minor siblings remaining in the home, CFS will assess the safety of the other children in the home with an immediate response.

Perpetrators

Idaho Administrative Code for the purpose of substantiating an individual for abuse, neglect or abandonment does not define the age of a suspect or perpetrator. However, for the

Idaho *(continued)*

purpose of Idaho's Child Protection Central Registry levels of risk, for an individual to be placed on the Central Registry at the highest level for sexual abuse they must meet the definition of sexual abuse as defined in Idaho Statute. Idaho Statute 18-1506 includes in the definition of sexual abuse of a child under the age of sixteen year that it is a felony for any person eighteen (18) year of age or older. Idaho's practice is to substantiate suspects who are over the age of eighteen (18) or are the parent of the victim.

Idaho does report noncaregiver preparators of substantiated cases related to sex trafficking. Idaho's other perpetrator relationship is for other relative. We have defined categories for stepparents, grandparents, and great grandparents therefore other relative is typically used for aunt, uncle, or cousin or other relative relationships.

Services

All children ages birth to three years old who are involved in cases substantiated for abuse, neglect and/or abandonment are referred to early intervention services through the Idaho Infant and Toddler Program.

Currently, Idaho is unable to report public assistance data due to constraints between Idaho's Welfare Information System and CCWIS. Idaho has had no changes in preventive funding. Idaho used contractors service providers and community service providers and/or agencies to provide services to families and children.

Illinois

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General

There have been no changes to how Illinois submitted its FFY 2023 data to NCANDS. The Illinois NCANDS Child File contains screened-in referrals (reports) of child abuse/neglect that resulted from a hotline call meeting the standards of abuse/neglect as defined in department procedure Criteria for a Report of Abuse or Neglect:

- The alleged child victim must be under 18 years of age or be between the ages of 18-22 while living in a DCFS licensed facility
- There must be an incident of harm or a set of circumstances that would lead a reasonable person to suspect that a child was abused or neglected as interpreted in the allegation definitions contained in Procedures 300, Appendix B; and
- The person committing the action or failure to act must be an eligible perpetrator:
 - For a report of suspected abuse, the alleged perpetrator must be the child's parent, immediate family member, any individual who resides in the same home as the child, any person who is responsible for the child's welfare at the time of the incident, a paramour of the child's parent, or any person who came to know the child through an official capacity or is in a position of trust.
 - For a report of suspected neglect, the alleged perpetrator must be the child's parent or any other person who was responsible for care of the child at the time of the alleged neglect.

The Illinois DCFS procedures allow taking multiple reports on the same child abuse and neglect incident when there are multiple perpetrators that either do not reside in the same residence or reside in the same residence as a child victim, but are part of separate and 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 referral of suspected abuse or neglect.

Currently Illinois does not have a Differential Response pathway.

Reports

The number of unique reports for FFY 2023 shows a decrease compared to FFY 2022.

Per federal guidance, if a state considers Good Faith Attempts (i.e., the investigator attempted to see the alleged child victim at the location they were believed to be, but did not see the alleged victim) when establishing Investigation Start Date and Time then the state should not report this data element. Illinois does consider Good Faith Attempts when establishing the Investigation Start Date and Time, so this data element is not reported.

Children

Compared with FFY 2022, Illinois has seen a decline in NCANDS child data (number of unique children/number of unique child victims/number of duplicate victims/number of duplicate nonvictims) of in the FFY 2023 data.

Illinois uses the allegation of Substance Misuse to report on infants with prenatal substance exposure among other types of substance misuse for children and youth.

Illinois has an allegation of Human Trafficking, which, according to the federal law, is defined as:

sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or the recruitment, harboring, transportation, provision, obtaining, patronizing or soliciting of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery.

For the purpose of a child abuse/neglect investigation, force, fraud, or coercion need not be present.

According to Illinois' Abused and Neglected Child Reporting Act (ANCRA) – a person who engages a minor in human trafficking is considered an eligible perpetrator for abuse or neglect even if there is not a verbal or written agreement from the parent or primary caregiver for the trafficker to be in a caretaker role of the minor.

Incidents of maltreatment:

- Labor exploitation (ABUSE).
- Commercial sexual exploitation (i.e., prostitution, the production of pornography or sexually explicit performance) (ABUSE).
- Blatant disregard of a caregiver's responsibilities that resulted in a child being trafficked (NEGLECT).

Illinois procedure related to Human Trafficking was updated on 9/16/2022 to collect data specific to Human Labor Trafficking Abuse allegation, Human Sex Trafficking Abuse allegation, Blatant disregard of a caregiver's responsibilities that result in Human Labor Trafficking Neglect allegation, and Blatant disregard of a caregiver's responsibilities that result in Human Sex Trafficking Neglect allegation. Effective 7/17/23, Illinois has ensured that it can collect and produce data on these new elements out of SACWIS. Updated values for Human Trafficking:

- 40a–Human Labor Trafficking - Mapped to NCANDS Maltreatment Type 8 other
- 40b–Human Sex Trafficking - Mapped to NCANDS Maltreatment Type 7 sex trafficking
- 90a–Human Labor Trafficking by Neglect - Mapped to NCANDS Maltreatment Type 8 other
- 90b–Human Sex Trafficking by Neglect - Mapped to NCANDS Maltreatment Type 7 sex trafficking

Currently, Illinois reports child risk factors for youth with prior or current foster care involvement only.

Fatalities

Compared to FFY 2022, Illinois notes a decrease of -24.6% in unique child fatalities in FFY 2023. New in FFY 2023, the Division of Child Protection (DCP) added a new administrative review process for sleep-related deaths prior to determining a final finding. For any sleep-related death (allegation 51), prior to final finding of indicated or unfounded, a senior DCP administrator reviews the investigation to ensure consistent evaluation of whether the sleep-related death included evidence of blatant disregard. This review process has resulted in fewer indicated sleep-related deaths, for situations where there was no evidence of blatant disregard.

Illinois DCFS procedures allow for multiple reports on the same child abuse and neglect incident (fatal incidents included) to be taken when there are multiple perpetrators that either do not reside in the same residence or reside in the same residence as the child victim but are of separate and independent families. In these situations, there are separate reports taken for each perpetrator. This policy has the potential to report the same child fatality in multiple reporting cycles if the disposition (final finding) dates occur in different reporting cycles. No other data system or agencies are used to compile and report child fatalities due to suspected abuse or neglect.

In Illinois, mandated reporters are required to report suspected child abuse or neglect immediately (fatal incidents included) when they have “reasonable cause to believe” that a child known to them in their professional or official capacity may be an abused or neglected child”. (325 ILCS 5/4) Reports are made by calling the DCFS Child Abuse Hotline. Mandated reporters include, but are not limited to, medical personnel, law enforcement personnel, coroners, medical examiners, and funeral home directors.

Perpetrators

Compared to FFY 2022, Illinois notes a decrease of -1.2% in the number of unique perpetrators in FFY 2023. The state makes a dispositional allegation-based determination for perpetrators for alleged victim.

The Illinois Abused and Neglected Child Reporting Act (ANCRA) [325 ILCS 5/5] and Rule 300, Reports of Child Abuse and Neglect, does not set a minimum age for a perpetrator, except for Allegation #10 – Substantial Risk of Physical Injury (minimum age of 16), therefore any case involving a young perpetrator must be assessed on an individual basis according to the dynamics of the case.

The state is currently unable to report caregiver risk factors.

Services

Illinois case-management services include intact family and foster care services. The state contracts 70%-80% of its casework to community-based provider agencies.

Illinois *(continued)*

The Intact Family Services program is designed to work with families voluntarily who have come to the attention of the Department of Children and Family Services: 1) as a result of an indicated finding from a child abuse/neglect investigation, 2) as a result of an unfounded investigation if approved by the Office of Intact Family Services, or 3) involuntarily when ordered by the court to provide services as defined in Procedures 302.388. There are 5 target populations served by Family First Prevention Services and intact family services is the largest group.

Indiana

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General

Indiana has engaged in continuous improvement efforts to refine the data collection and mapping process through system modifications and overall enhancements. The state’s child welfare information system: Management Gateway for Indiana’s Kids (MaGIK) is an ever-evolving, umbrella system which has incorporated services, billing, case management, and the overall data management, organization, and extraction components.

Reports

The Indiana Department of Child Services (DCS) does not assign for assessment a referral of alleged child abuse or neglect that does not:

- Meet the statutory definition of child abuse and neglect; and/or
- Contain sufficient information to either identify or locate the child and/or family and initiate an assessment (Indiana Policy Manual 3.6).

As of January 1, 2018, the Hotline ceased automatically recommending assessment of all reports with alleged victims under the age of three years old. As of July 1, 2019, a change in legislation increased the 1-hour response time to 2-hours.

Effective June 1, 2021, DCS Hotline modified its standardized worker safety questions. DCS also partnered with the Capacity Building Center for States as well as ran internal events targeted at reducing our screen-in rate. DCS made decision modifications on types of reports that include, but are not limited to:

- “Sexting” concerns among adolescents, effective October 1, 2020.
- Pre-adolescent children exhibiting potentially sexually maladaptive behaviors, effective January 1, 2021.
- Marijuana use only reports with children 3 and older, effective April 1, 2021.
- Educational neglect, effective August 16, 2021.

Effective June 1, 2021, every screen-out report (including child fatalities and near fatalities) will be reviewed by one hotline supervisor, then sent to the local DCS offices, where one member of management will be designated to make the final determination within 24 hours. DCS Hotline also ceased doing the additional screen out review for children under 3. Effective February 28, 2022, a practice change was implemented where DCS Hotline would no longer document certain reports that provide no value. Examples include wrong numbers, immediate disconnects, internal DCS conversations, or simply transferring a call to another worker within the Hotline.

Children

Indiana continues to work with its field staff responsible for entering reports and completing assessments and emphasizing the importance of entering all applicable data, including child

Indiana *(continued)*

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.

Fatalities

All data regarding child fatalities are submitted exclusively in the Child File. Fatality counts for the FFY are based on the date of an approved, substantiated, fatality assessment. DCS completes a review of all child fatalities that fit the following circumstances:

- Children under the age of 3: the child's death is sudden, unexpected or unexplained, or there are allegations of abuse or neglect;
- Children age 3 or older: the child's death involves allegations of abuse or neglect.

Reports for fatalities can be made from multiple sources, including DCS, law enforcement, fire investigator, emergency medical personnel, coroners, the health department, or hospitals.

Reports can be made from these sources related to drownings, poisonings/overdoses, asphyxiation, etc., which may include accidents. It is the intention for these reporting standards not only to be used to determine if abuse or neglect was involved but also as an evaluation tool to inform practice.

Services

Improvements in data collection allowed Indiana to report prevention data by child. Therefore, to not duplicate counts, Indiana does not provide prevention data on a family level. In FFY 2021, a CBCAP CoVID grant was added as a separate federal funding source and, in FFY 2023, a NCAN CoVID grant was added. These supplemental grants allowed Indiana to serve more children. On June 1, 2020, Indiana Family Preservation Service was launched. This service is required to be referred on all new in-home child in need of services (CHINS) and Informal Adjustments (IA). This service is a per diem that encompasses all services that the family needs to remain safely in the home with their caregiver

Iowa

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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.

A significant number of Iowa laws impacted state policies and procedures, that in turn may have affected FFY 2023 data to NCANDS, including the following which were effective July 1, 2023:

- The state public defender pilot project for child welfare legal representation was extended another year and expanded from six to sixteen counties throughout the state.
- The definition of continuous sexual abuse of a child was modified to include any combination of three or more acts of sexual abuse with the same child and at least thirty days have elapsed between the first and last acts of sexual abuse.
- Safety plans were extended to allow a child's guardian to enter into and not just a parent.
- The definition of parent was amended to add language relating to paternity in certain actions before the juvenile court.
- An option was provided for juvenile court to close a child in need of assistance case through a bridge order which transfers jurisdiction to district court.
- Adoptive parents are afforded representation in certain adoption proceedings and the filing requirements for adoption petitions and notice requirements were modified.
- A foster parent was provided the ability to request a vacation of termination of parental rights order under certain circumstances.
- The Newborn Safe Haven Act was updated to provide for voluntary release of a newborn infant to medical staff at a hospital or other facility following delivery of the newborn infant or by relinquishing physical custody of the newborn infant at a hospital, a fire station, or an emergency medical care provider, through a newborn safety device. The modification also added adoption service providers as one of the options parents should release custody to.
- Rights and responsibilities to individual licensees who provide child foster care was added.

Reports

The number of suspected reports of abuse decreased slightly in FFY 2023. The law change from FFY 2023 which requires an allegation of Denial of Critical Care or an allegation of Dangerous Substance to be reported within five years to qualify as child abuse took effect on July 1, 2023, and may continue to be a factor in this slight decrease.

Children

The number of victims of abuse decreased slightly in FFY 2023. While it's unknown what contributed to the slight decrease, barriers to collecting and reporting data for infants with prenatal substance exposure remains a topic of discussion. A lack of common understanding and application of what constitutes "infant affected" has led to confusion around what medical providers feel they should be reporting and how child welfare staff should be responding. Policies and procedures have not changed regarding the referral of infants with prenatal substance exposure, but conversations with medical provider partners have increased and trainings with child welfare staff have increased in attempt to assure these infants are being identified and Safe Plans of Care are created for them and their caregivers.

Fatalities

While Iowa's Child Death Review Team does review all fatalities of children that were sudden, unexpected, or nonnatural deaths, Iowa Agency File fatalities are collected from data maintained internally by the Iowa Department of Health and Human Services (HHS). Infant/child deaths are only assessed by HHS when there is an allegation of abuse.

The number of child maltreatment fatalities decreased slightly in FFY 2023. Fatalities related to unsafe sleep made up the majority of this total. With the awareness of safe sleep recommendations continuing to rise and the number of those cases which include substance use by the parent/caretaker, it is no surprise that we are seeing an increase in fatalities resulting from unsafe sleep. Looking at this data in total, fourteen child fatalities were the result of abuse or abuse as a contributing factor in FFY 2023. A state review of the maltreatment death data indicated unsafe sleep made up half (seven) of all child maltreatment deaths.

When considering whether any child maltreatment deaths included a history of HHS services, it was determined that five of the child maltreatment deaths had both CPA and service history, one had CPA history only (no service history), and eight had no CPA or service history.

Perpetrators

Perpetrators in Iowa include individuals of any age who have caregiver responsibilities at the time of the alleged abuse, or a person 14 years of age or older who sexually abuses a child they reside with, or a person who engages in or allows child sex trafficking. This definition, in accordance with federal regulation, defines any perpetrator of child sex trafficking as a perpetrator of child abuse and therefore, includes data in NCANDS reporting for persons who may otherwise be considered noncaregivers.

In FFY 2023, the incidents of abuse perpetrated by a child care provider decreased by more than 20%, abuse perpetrated by a foster care provider decreased by more than 18%, and abuse perpetrated by an unknown person decreased more than 16%. On the other hand, the incidents of abuse perpetrated by a parent increased by 100%. The logic for perpetrator information did not change and there is no clear explanation for these changes. While HHS is seeing an increase in abuse outcomes by parents, the exact reasoning is not known.

Services

Iowa has both prevention and postresponse services. Prevention services, referred to as Non-Agency Voluntary Services, are available on a voluntary basis to families following an assessment where abuse is not substantiated or abuse is confirmed (substantiated, but not placed on the central abuse registry) and there is low or moderate risk. These services are provided through contracts with external partners to strive to keep children safe from abuse, keep families intact, prevent the need for future involvement from the child welfare system, and to build ongoing connection to community-based resources.

Postresponse services, referred to as Family Centered Services, are required for families where abuse is confirmed (substantiated, but not placed on the central abuse registry) and there is high risk or for families where abuse is founded (substantiated, and placed on the central abuse registry) and the risk is low, moderate, or high. These services are provided through contracts with external partners and managed by the Iowa's child welfare agency to offer a flexible array of culturally sensitive interventions and supports (including Family Preservation Services, Solution Based Casework, and SafeCare), to achieve safety and permanency for children and their families.

Kansas

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The state did not submit commentary in time for the *Child Maltreatment 2023* report.

Kentucky

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General

Kentucky has a partial alternative response. The state uses an approach that allow the assessment worker to make the investigative response or alternative response (IR/AR) determination at the completion of the assessment. In other words, IR/AR as a finding, rather than an assessment path. Kentucky's name for the IR is investigation and for AR is family in need of services.

The department has begun the tasks associated with implementation of a true alternative response system. Kentucky coordinated with eight other states who have implemented an alternative response track into their child welfare system. Information gained included implementation timeframes, organizational structure, terminology, findings, statutory requirements, training, and outside support. Kentucky consulted with the Kempe Center who submitted a work plan and budget beginning April 2022 and ending June 2023. With full implementation of an alternative response statewide, the department anticipates a decrease in the number of past due investigations/assessments. Currently, alternative response is active in two regions, Northeastern (15 counties), and Two Rivers (17 counties), with the goal to be statewide by mid-2025.

Kentucky's business practice does allow multiple maltreatment levels to be present in a single report. For example, one report could have a disposition/finding of unsubstantiated and services needed if it was determined that maltreatment did not occur, but the family needed services from the agency. In FFY 2018, Kentucky altered NCANDS reporting to reflect this policy change. Subsequently, the state went from reporting children with alternative response victim and alternative response nonvictims' dispositions in FFY 2017, to reporting none in FFY 2018.

Kentucky currently has the following dispositional findings for investigations/assessments: fatality/near fatality substantiated, found/substantiated, substantiated, unsubstantiated, and services needed. For the purposes of NCANDS reporting, services needed is mapped to the NCANDS disposition of "other." Kentucky currently does not map a dispositional finding to alternative response. Upon full implementation of alternative response, mapping will be updated.

Reports

Each of the nine service regions in Kentucky houses a central intake (CI) team which operates the statewide abuse and neglect reporting system. Due to the high volume of reports and population size, Jefferson County has two CI teams. All ten CI teams are housed under one statewide branch focused on serving their respective service region. The CI phone system allows teams to "share" call volume by serving consumers across regional boundaries. The statewide hotline number first directs calls based on area codes to the corresponding service region. If all lines for that service region are busy, the call then bounces over to the next available CI team member statewide. This has improved customer experience via shorter wait times, increased service efficiency, and expanded coverage to meet business needs.

Kentucky *(continued)*

The statewide call platform was implemented in July 2019 with all teams online by March 2020. A partnership with Seven Counties Services, Kentucky's after-hours hotline operator, began in 2022 and was implemented 1/31/2023. This expanded the number of employees and ensured more calls were answered in a timely manner. The PureCloud phone system used by DCBS's CI staff became available for Seven Counties Services hotline employees 02/01/2023.

To slow down the intake process and gather the information needed to make better decisions for assessing reports for acceptance, the Department took steps to enhance the skills of intake staff through the implementation of the SDM® Intake Assessment Tool. The intake assessment is consensus-based, meaning it is designed to operationalize Kentucky's standards of practice (SOP) and statute in a decision support tool. This will assist in decreasing the number of false positive acceptances (referrals that are incorrectly accepted for investigation), consequently reducing staff burden. The SDM® Intake Assessment Tool was released for staff use on April 2, 2022.

Efforts to address staff turnover and decrease caseloads to stabilize the workforce have continued. Regional retention committees are operational in all regions. This issue will not be solved short term but rather over the process of several years. Kentucky is in an ongoing process of addressing its pay equity issues that it has attributed to its staff turnover. CPS workforce data for Kentucky only includes full-time equivalents (FTEs).

The Child Protection Branch completed revisions of Standards of Practice (SOP) Online Manual to align with changes resulting from the new intake tool release and to better align with current regulations. Following an extended period for field draft review in which staff are given time to provide commentary on the potential impact of policy updates, SOPs finalized and released April 2, 2022. Due to multiple changes made to SOP, this may have played a role in the increase of victims reported in FFY 2023.

The state does not collect in-depth information regarding the number of children who are screened out for referrals that do not meet criteria for abuse or neglect. However, with the implementation of community response pilots in 10 Kentucky counties, it is the goal to improve data collection for every individual in referrals that are screened out to provide the information to community response partners.

In January 2018, the state implemented new response times based upon the safety threats and risk factors identified by the reporting source. For example, two reports both alleging sexual abuse may currently have different response times based upon the perpetrator's current location and access to the victim. Prior to this change, each maltreatment type had a single response time, e.g., all reports alleging sexual abuse had a response time of one hour. The response times were overall increased with this change, as reports identified as low or no risk were previously assigned a response time of 48 hours, but now may have up to 72 hours, which likely is the cause of the continued increase to average response time in this submission. In addition, the responsibility of determining response times during normal business hours was transferred from field staff supervisors to central intake supervisors.

Children

An overall decrease in child victims was observed between FFY 2022 and FFY 2023. Kentucky has worked diligently over the past several years to implement a safety model which includes the implementation of SDM® Intake Assessment Tool and a thorough review and modification of the state's acceptance criteria to ensure a focus upon children and families with true safety threats versus risk factors. Kentucky's Investigation Protocol indicates unannounced face-to-face interviews should be completed with all household members including all other children in the home.

The Department updated its CCWIS screens in 2022 to indicate whether an individual is a victim of human trafficking, as well as to distinguish between labor and sex trafficking. The Department publishes an annual human trafficking report to the LRC, which includes data on demographics, trends, and case findings regarding human trafficking reports. Across the state, community partners utilize the report to guide practice for service delivery to victims of human trafficking.

Fatalities

Kentucky has a systems safety review (SSR) team which reviews all cases involving a child fatality in an active CPS case and/or accepted as an investigation with the fatality/near fatality designation. An initial review is completed by a system safety analyst and is then presented to the multi-disciplinary team (MDT) for consideration of a comprehensive analysis. The state investigates only child fatalities that are a result of maltreatment.

The state uses CCWIS to capture information on child fatalities related to maltreatment. For every fatality investigated as a possible death caused by maltreatment, the investigator obtains a copy of the official death certificate and autopsy conducted by the medical examiner from the Department of Public Health (DPH). The investigator incorporates this information into decision making around the investigative findings, as well as case disposition. A discussion of the contents of these documents is included in the assessment entered into CCWIS. These documents, as well as any additional documents such as those produced by law enforcement, are maintained in the case file.

Perpetrators

The number of perpetrators in Kentucky increased in FFY 2023. Kentucky has worked diligently over the past several years to implement a safety model which includes the implementation of SDM® Intake Assessment Tool and a thorough review and modification of the state's acceptance criteria to ensure a focus upon children and families with true safety threats versus risk factors.

Kentucky's Acceptance Criteria states: A report that meets child abuse, neglect, or dependency criteria which involves an alleged perpetrator between the age of twelve (12) and seventeen (17) years old who is in a caretaking role will be accepted. If substantiated, the child aged twelve (12) to seventeen (17) will be identified as the perpetrator.

Kentucky reports Perp REL as 88-other for non-caregivers. DCBS will only accept reports involving a non-caretaker as a perpetrator if the report involves allegations of human trafficking and/or female genital mutilation. SOP 2.3-Acceptance Criteria also states: Child

sex trafficking when a non-caretaker is the alleged perpetrator involves any sex act involving a minor in exchange for anything of value. This includes but is not limited to cash, drugs, jewelry, clothing, food, shelter, protection, or transportation. This could also include the offer or intent to exchange something of value for sexual favors.

In 2022, Kentucky revised program areas specifically related to human trafficking allegations to ensure noncaretaker reports were accepted appropriately. This change was made to fulfill federal reporting requirements to differentiate between sex trafficking and labor trafficking, and to ensure proper identification of caretaker vs. noncaretaker perpetrators. The revised program/subprograms are now Human Trafficking-Sexual-Caretaker, Human Trafficking-Labor-Caretaker, Human Trafficking-Sexual-Non-caretaker, and Human Trafficking-Labor-Non-caretaker.

Services

Many of Kentucky's prevention services are provided by contracted service providers. As identified in the five-year FFPSA Prevention Plan, children meeting Kentucky's foster care candidacy definition total over 27,000, with Kentucky having the capacity to meet 1/5 of the need with contracted prevention services. Kentucky continues to pursue diligent efforts to expand child welfare contracted prevention services, including stakeholder partnership and advocacy for additional funding from the legislature.

Kentucky had the opportunity to expand Family Preservation Program (FPP) to serve more families and train further in Family First Prevention Services Act (FFPSA) evidence-based practices (EBPs), through use of state general funds in calendar year (CY) 2022. FPP expanded in calendar year 2022 to serve additional families through an open solicitation, allowing for providers to submit proposals including budgetary needs to address barriers to staffing capacity. Additionally, the agency's budget biennium request included an ask for an additional \$11,491,000 in funding for state fiscal year (SFY) 2023, and an additional \$16,323,000 in funding for SFY 2024.

As a result of advocacy efforts for greater focus on prevention, DCBS received an additional \$20 million appropriation of state general funds to be used for prevention services in SFY 2022, allowing expansion of the Kentucky Strengthening Ties and Empowering Parents (KSTEP) program. Parent engagement meetings (PEMs) were implemented in 11 rural areas in calendar year 2022 thanks to additional prevention state general funds and Community-Based Child Abuse Prevention (CBCAP) funding through the American Rescue Plan Act (ARPA). Discussions among DCBS leadership continue regarding the prioritization of funding for all prevention services, including PEMs.

Kentucky received a grant award in the amount of \$7.9M to support FFPSA implementation. The department originally intended to use these funds for FPP expansion. The Consolidated Appropriations Act granted 100% federal reimbursement to states for FFPSA EBPs through 9/30/2021. Twenty million dollars (\$20M) was also appropriated from state general funds to the department for FFPSA through SFY 2022. Therefore, grant funds were no longer needed. A portion of these funds was used to support qualified residential treatment program (QRTP) implementation in the form of stipends to QRTP providers struggling financially due to pandemic related challenges, including staffing. The remaining balance of \$5,768,487 in

Kentucky *(continued)*

Family First Transition Act (FFTA) funds must be used by 9/30/2025. This is 100% federally funded and cannot be used for services for which a title IV-E claim will also be submitted.

A reorganization occurred in 2022 that created a new division within DCBS focused on prevention and community efforts. The Division of Prevention and Community Well Being (DPCW) houses three branches, Primary Prevention, Community Response and Well-Being, and Prevention Evidence-Based Practices, that focus on primary, secondary, and tertiary prevention efforts.

For tertiary prevention, START and KSTEP both expanded through a partnership with the DBHDID KORE, to serve geographic areas in need of services, and additional families. Both programs were sustained beyond the title IV-E waiver demonstration project to assist Kentucky families affected by SUD. Families with these risk factors often experience removal absent these services. DCBS received an additional \$20 million appropriation of state general funds to be used for prevention services in SFY 2022. In CY 2022, DCBS completed an RFP for the FPRP, which included adding an additional 25% of funding statewide.

For secondary prevention, Kentucky was successful in expanding PEMs to multiple locations. Kentucky expanded FPP to serve more families and train further in FFPSA EBPs, through use of State General Funds in CY 2022. A Title IV-E Five-Year Prevention Plan amendment was approved in CY 2021, to include expanded use of MI and use of HFW. Another amendment was submitted to the Children's Bureau in March 2022 to add Intercept® as an EBP. This amendment was approved in September 2022. Intercept® is an EBP through Youth Villages piloting in Cumberland, Southern Bluegrass, and The Lakes service regions.

FPP contracts were expanded in March 2019 to serve additional families, and again in April 2020 to serve families, train for EBPs associated with FFPSA, and address issues of provider capacity through increasing staff salaries and increasing retention.

Kentucky received a grant award in the amount of \$7.9M to support Family First implementation. This grant funding was originally going to be used to support expansion of FPP. However, in CY 2021 with the Consolidated Appropriations Act granting 100% federal reimbursement to states for Family First EBPs through 9/30/2021 and the department receiving a \$20 million appropriated in state general funds for Family First through SFY 2022, this was no longer a need for these funds. Instead, a portion of these funds was used to support QRTP implementation in the form of stipends to QRTP providers who were struggling financially because of pandemic related challenges including staffing. The remaining balance of these FFTA funds is \$6,519,207 and these must be used by 9/30/2025, understanding this is 100% federal funding and cannot be used for services for which a title IV-E claim will also be submitted.

A Title IV-E State Prevention Plan amendment was approved in CY 2021, to include expanded use of motivational interviewing (MI) and High-Fidelity Wraparound. Another amendment was submitted to the Children's Bureau in March 2022 to add Intercept as an EBP, with approval pending.

Kentucky *(continued)*

The Department is using supplemental funding to provide additional services and supports to families across the state. Supplemental CBCAP funding has been used to expand services under Community Collaboration for Children (CCC), which is available in all parts of the state but especially critical in rural areas where other services may be sparse. The goal is to decrease CCC in-home services waitlists, provide concrete supports for families, expand PEMs, and enhance primary prevention efforts through the local regional networks.

In addition, Kentucky is one of the jurisdictions selected for the Thriving Families, Safer Children initiative. These supplemental CBCAP funds will support this initiative. CBCAP aligns with Thriving Families, Safer Children for primary and secondary prevention. The goal in Kentucky will be to increase the availability of supports, services, and resources within local communities to assist families in becoming successful in raising safe and healthy children, while enhancing the well-being of families. The funds must be obligated by September 30, 2025, and liquidated by December 30, 2025.

Kentucky invested over \$9.5 million in tertiary prevention services from SFY 19 to present, along with leveraging partnerships with other agencies to serve target populations. Sobriety Treatment and Recovery Teams (START) and KSTEP both expanded through partnership with the Kentucky Opioid Response Effort (KORE) through funding from the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) Substance Abuse and Mental Health Services Administration (SAMHSA) grant to serve geographic areas of need and additional families. Both programs were sustained beyond the title IV-E waiver demonstration project to assist Kentucky families affected by substance use disorder; cases often resulting in removal absent these services. KSTEP expanded from four counties to eight counties, from eight to 15, and an entire service region, since SFY 2019, with plans to expand to two additional service regions. Kentucky also expanded in CY 2021 to include an additional prevention pilot to deliver Multisystemic Therapy (MST) in two service regions, with plans for two additional providers in two additional service areas.

Louisiana

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General

The Louisiana Department of Children and Family Services (DCFS) continues to review and revise the extraction methodology used to extract the Child File. These changes often reflect system enhancements that have been completed since the previous submission, requiring updates to how DCFS data is mapped. Further, the Department revises the extraction process to address identified gaps in reporting as well possible corrections to errors identified during the extraction process in an attempt to improve overall data quality. The Department is currently in the planning phase of implementing a new CCWIS system to capture all NCANDS requirements in an effective and efficient manner.

Louisiana employs only one type of screened-in response – Child Protection Assessment and Services (CPS). The CPS program uses the same safety and risk assessment instruments and documentation protocols for all screened-in reports.

Reports

In Louisiana, referrals of child abuse and neglect are received through a centralized intake center that operates on a 24-hour basis. The centralized intake worker and supervisor review the information using a structured, safety model tool to determine whether the case meets the legal criteria for intervention. Referrals are screened in if they meet three primary criteria for case acceptance:

- A child victim younger than 18 years
- An allegation of child abuse or neglect as defined by the Louisiana Children’s Code
- The alleged perpetrator meets the legal definition of whom the agency is authorized to investigate.

The primary reason for screened-out referrals is that either the allegation or the alleged perpetrator does not meet the legal criteria. Newborns affected by the mother’s use of a controlled dangerous substance taken in a lawfully prescribed manner are also screened out, and reported in the Agency file. Some intake reports are neither screened-out nor accepted. These additional information reports are often related to active investigations, in-home services cases, or out-of-home services cases. Generally, if a second report is received and is still under investigation, the second report is classified as an additional information report.

The Department uses a 4-pronged Response Priority system; the four separate priorities are Priority 1 (contact within 24 hours), Priority 2 (contact within 48 hours), Priority 3 (contact within calendar 3 days), and Priority 4 (contact within 5 calendar days). Louisiana no longer employs the Alternative Response model.

The NCANDS disposition of substantiated investigation case is coded in the state as having a disposition of valid. When determining a final finding of valid child abuse or neglect, the

Louisiana *(continued)*

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 as defined in the Louisiana Children’s Code; a person who maintains an interpersonal dating or engagement relationship with the parent/caretaker/legal custodian; or a person living in the same residence with the parent/caretaker/legal custodian as a spouse, whether married or not, the allegation shall be found invalid. If there is evidence that any person other than the parent, caretaker as defined in the Louisiana Children’s Code; a person who maintains an interpersonal dating or engagement relationship with the parent/caretaker/legal custodian; or a person living in the same residence with the parent/caretaker/legal custodian as a spouse, whether married or not, the case will be determined invalid.

It is expected that the worker and supervisor will determine a finding of invalid or valid whenever possible. For cases in which the investigation findings do not meet the standard for invalid or valid, additional contacts or investigative activities should be conducted to determine a finding. When a finding cannot be determined following such efforts, an inconclusive finding is considered. It is appropriate when there is some evidence to support a finding that abuse or neglect occurred but there is not enough credible evidence to meet the standard for a valid finding. The inconclusive finding is only appropriate for cases in which there are particular facts or dynamics that give the worker or supervisor a reason to suspect child abuse or neglect occurred.

In addition to the findings noted above, Louisiana also employs the use of an Unable to Locate finding and a Client Non-Cooperation finding. The Unable to Locate finding is used when the Department has made extensive efforts to locate the alleged victim and their family – for example, attempted in-person contact at the address supplied by the reporter and other addresses found via a global record search (SNAP, FITAP, Medicaid, etc.) and Consolidated Lead Evaluation and Reporting search (CLEAR); attempted contact via phone; or a neighbor or relative is unable to provide information on the client’s whereabouts. If the Department is unable to locate the family after these efforts, this finding may be used.

Louisiana *(continued)*

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.

Children

During 2023 there were no changes to Child Protective Services policies related to conducting investigations due to the continued pandemic.

Increased focus has gone to drug and alcohol affected newborns. However, reporting in this area has been difficult due to a number of Plan of Safe Care and Referral cases have been dropped as a result of staff not accurately documenting the plan of safe care. Further, staff will be given additional guidance regarding when to identify a plan of safe care as being in place.

The agency has provided more guidance on public awareness on Human Trafficking due to Act 622 that was passed during the 2022 Regular Legislative Session which resulted in more Human Trafficking reports. The law went into effect January 1, 2023 and requires that mandatory reporters shall report all alleged child sex trafficking to DCFS regardless of whether there is alleged parental or caretaker culpability.

Fatalities

Louisiana saw an% increase in the number of fatalities reported in the child file from FFY 2022 to FFY 2023. Louisiana reported 47 fatalities during FFY 2023. Policies around child fatality reviews were not changed in 2023 and the Child Death Review Panel meetings were able to continue to conduct operations during the pandemic.

The State Child Death Review panel consists of the state health officer or his designee, the secretary of the Louisiana Department of Health or his designee, the secretary of the Department of Children and Family Services or his designee, the superintendent of the office of state police or his designee, the state registrar of vital records in the office of public health or his designee, the attorney general or his designee, a member of the Senate appointed by the president of the Senate, a member of the House of Representatives appointed by the speaker of the House of Representatives, the commissioner of insurance or his designee, the executive director of the Highway Safety Commission of the Department of Public Safety and Corrections or his designee, the state fire marshal or his designee, the assistant secretary of the office of behavioral health of the Louisiana Department of Health or his designee, a representative of the Louisiana Partnership for Children and Families, a district attorney appointed by the Louisiana District Attorneys Association, a sheriff appointed by the Louisiana Sheriff's Association, a police chief appointed by the Louisiana Association of Chiefs of Police, a forensic pathologist certified by the American Board of Pathology and licensed to practice medicine in the state appointed by the chairman of the Louisiana State Child Death Review Panel subject to Senate confirmation, a pathologist experienced in pediatrics appointed by the Louisiana Pathology Society, a coroner appointed by the

Louisiana *(continued)*

president of the Louisiana Coroner's Association, the state superintendent of education or his designee, the director of the bureau of emergency medical services of the Louisiana Department of Health or his designee, and six persons appointed by the governor, subject to Senate confirmation, for a term of three years as follows:

- A health professional with expertise in Sudden Infant Death Syndrome appointed from a list of three names submitted by the Louisiana State Medical Society.
- A pediatrician with experience in diagnosing and treating child abuse and neglect appointed from a list of three names submitted by the state chapter of the American Academy of Pediatrics.
- Four citizens from the state at large who represent different geographic areas of the state.

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 postinvestigation 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.

Maine

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General

Maine continues to utilize the Structured Decision Making (SDM) Intake Screening and Response Priority Tool. It ensures that all reports received are investigated for meeting the statutory threshold for an in-person Office of Child and Family Services (OCFS) response. It identifies how quickly to respond, and the path of response.

Reports

The number of alleged abuse and neglect reports received by Maine’s Intake Unit increased in FFY 2023 from FFY 2022 resulting in an increase in the number of reports assigned for investigation. All reports, including reports that are not appropriate, and are referred to as screened out, are documented in the Comprehensive Child Welfare Information System (CCWIS). The screening decision is performed at the Intake Unit using the SDM Tool. Reports that do not meet the statutory definition of child abuse and/or neglect and which the criteria for appropriateness of child abuse /neglect report for response is not met, are 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 by a person responsible for the child.

Maine’s report investigation start date is defined as the date and time (in hours and minutes) of the first face-to-face contact with an alleged victim. The SDM tool provides the appropriate response time required by child protective services, either 24 or 72 hours from the approval of a report as appropriate for child protective services.

Children

The total number of victims associated with completed investigations in FFY 2023 decreased slightly from FFY 2022 due to the overall increase in investigations assigned. The state 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.

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

Maine *(continued)*

deaths that occurred after June 2019. Various state offices, along with the multidisciplinary child death and serious injury review board continue to share and compile child fatality data.

Perpetrators

Relationships of perpetrators to victims are designated in the CCWIS system. Perpetrators receive notice of their rights to appeal any maltreatment finding. Low to moderate severity findings (indicated) that are appealed result in only a desk review. High severity findings (substantiated) that are appealed can result in an administrative hearing with due process.

Services

Only services through a Child Welfare approved service authorization are included in the NCANDS Child File. Maine continues to work with our contracted agencies for the future reporting of child/family prevention services in an NCANDS Child File.

Maryland

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General

Maryland's Department of Human Services Social Services Administration continues to enhance our CCWIS system for quantitative and quality data collection. During FFY 2023 there were a significant amount of enhancements made to the application due to AFCARS 2.0 going into effect. These modifications have allowed for better data collection and will continue to improve future NCANDS submissions. Maryland has implemented a response timer within the CCWIS application. There are two different response timers connected to the CPS case. The first is an intake screening response timer and the second response timer documents the time it takes for all criteria to be met for initial contact.

To ensure better NCANDS outcomes, Maryland has used our Sailpoint onboarding system to effectively track roles and responsibilities within the system. The Sailpoint system allows us to track what roles workers are being assigned at a local level. This allows us to track the number of screened-in and screened-out referrals more effectively.

Maryland's current CPS response follows the same rules for Alternative or Investigative Response:

- Alleged perpetrators and alleged victims are noted in the record;
- Alleged child victims must be seen within 24 hours when abuse is alleged, and within 5 days when neglect is alleged;
- Child safety and risk of maltreatment must be assessed;
- The CPS response must be completed within 60 days; and
- Additional services may be offered including in-home or out-of-home services.

Alternative Response targets low-risk reports of child neglect and abuse, and although the alleged victims and alleged perpetrators are noted in the record, the case does not establish findings concerning maltreatment, nor are the children receiving Alternative Response coded as victims. Instead, alternative response allows local departments of social services to help Maryland families to access services, supports, and other assistance that will address their concerns. Families screened in for CPS who are eligible but refuse to participate in Alternative Response are reassigned to Investigative Response.

Investigative Response targets moderate to high-risk reports of child neglect and abuse which results in a finding concerning maltreatment.

Maryland continues to improve NCANDS data mapping for its CPS functionality in CJAMS. New and updated mapping documents have been created for the 2023 NCANDS submission.

Reports

Maryland continues to use a centralized reporting hotline for Child Protective Services. This centralized hotline has provided a single number for Marylanders to report suspected abuse

Maryland *(continued)*

or neglect with the ability to then route the calls to the appropriate local jurisdiction based on the location of the allegation. The local jurisdiction's previous child protection numbers remained in service, allowing those to continue to be used by those who were already familiar with them, thus providing options for reporting suspected child abuse or neglect.

Maryland's number of referrals increased in FFY 2023 from FFY 2022 which is thought to be due to training and education in the community. Children with increased access to education personnel in confidential settings allowed for children to disclose alleged abuse or neglect, which led to an increase in the reports. In FFY 2023 there was more access to in-person mental health and physical health appointments, which allowed for an increase in reports from those mandated reporters. Our number of screened out increased due to Maryland making significant progress in our preventative work, leading to more families receiving community-based services instead of CPS services and investigations.

When CPS reports are screened out, they are evaluated to determine if the concerns raised in the report meet criteria for a risk of harm assessment. These criteria include:

- substance exposed newborns,
- domestic violence (when a child has not been injured),
- substantial risk of sexual abuse by a registered sex offender,
- caregiver impairment,
- previous death or serious injury of a child due to child abuse or neglect,
- previous report to CPS and there is currently a child age 5 or under in the home,
- suspicion of sex trafficking, and
- adult survivor of maltreatment (where maltreater has children in care and supervision).

These assessments are able to be changed to a CPS case if the assessment indicates that the information meets CPS criteria. Risk of Harm cases can also be referred to ongoing services to provide support to prevent potential maltreatment in the future.

Children

During Calendar Year 2023 policy SSA #23-02 Trafficking Response in Child Welfare was updated to redefine "young adult" individuals between 18 and 21 years old for whom the State agency has responsibility for placement, care, or supervision, and individuals between 18 and 23 years old receiving Chafee program services. Incorporated the federal language referencing the policy applying to those "for whom the State agency has responsibility for placement, care, or supervision. Added protocols for investigating reports that a young adult is suspected of being a victim of labor or sex trafficking.

In FFY 2023 the Department of Human Services/Social Services Administration provided guidance to the local departments of Social Services Leadership regarding safe sleep. This guidance supplements SSA-CW-22-02 and SSA-CW 15-05 (Substance Exposed Newborns) and can be used with any caregiver providing care for children under 12 months of age, including resource parents, and youth in out of home care who may be pregnant or parenting their own children. The goal of this guidance is to strengthen family engagement so that child welfare workers are best equipped to educate families on the risks associated with unsafe sleep while demonstrating safe sleep options and offering tangible goods as needed.

Maryland *(continued)*

Maryland regulations require that all children in a household are interviewed/assessed during an investigation or alternative response. The time frame for these interviews/assessments of children not initially identified as victims vary depending on the type of response.

Maryland does have a check box in place in the SDM tool to count sex trafficking: when a caseworker chooses sexual abuse, the case worker is able to choose “yes” or “no” as to whether it was sex trafficking. Maryland continues to enhance data collection around trafficking in the CCWIS system.

Maryland does not investigate infants where prenatal substance abuse exposure was the only concern. These children receive a risk of harm assessment and are reported as part of the agency file. Only in situations where additional factors that meet abuse or neglect criteria will infants with perinatal substance abuse be reported in the Child File. Maryland has been able to develop a plan of safe care for infants who are substance abuse exposed. This is a required document in our case record.

Fatalities

Maryland requires that child fatalities where child maltreatment is a factor are reported to the local departments of social services. In addition, the state and local departments also get information about these fatalities from local agency fatality review teams, the Maryland Department of Health’s Child Fatality Review team, the office of the Chief Medical Examiner, and the police and Sheriff’s Department.

In Maryland the State Child Fatality Review Team (CFR) consists of: The county health officer, directors of the local Department of Social Services, the states attorney, the superintendent of schools, Child Protective Services, law enforcement, attorney that represents the local Department of Social Services, Director of the counties substance abuse treatment program, a representative of the local Early Childhood Advisory Council, director of the county mental health agency, a psychiatrist or psychologist with experience in child abuse/neglect or child injury, a pediatrician with experience in diagnosing and treating injuries and child abuse/neglect, and other community agency’s when appropriate.

Maryland has revised both screening and fatality policies to increase prevention efforts beginning with the initial referral. In 2022, Maryland issued a policy that requires local DSS agencies to screen in sleep-related fatalities, which was not a previous requirement. We believe that this is the cause of this increase.

Perpetrators

Maryland currently does not have a minimum age for a perpetrator, however the age difference and difference in ability would be taken into consideration and often in the finding, the perpetrator would be unnamed and indicated more often than naming the youth offender.

Services

As our population of children in foster care has been decreasing in the past several years, Maryland continues to used family team decision meetings as well as increase the use of evidence-based practices (EBP), such as Functional Family Therapy (FFT), Parent Child

Maryland *(continued)*

Interactive Therapy (PCIT), Multisystemic Therapy (MST), and Healthy Families America (HFA), which were identified in Maryland's Family First Prevention Services Act (FFPSA) Prevention Plan to address a holistic approach to family needs. These EBPs were rolled out throughout the state in stages, using those that were already in place following the Title IV-E Waiver and then implementing services in other jurisdictions across the state.

Massachusetts

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Reports

The Department’s Protective Intake Policy requires non-emergency reports of abuse and neglect to be reviewed and screened in or out in one business day. Emergency reports require an immediate screening decision and an investigatory response within 2 to 4 hours.

Massachusetts uses a single child protection response, with all screened-in reports of suspected child abuse and neglect assigned to investigation-trained response workers. This places the decision making regarding the appropriate level of departmental intervention after the response—the point at which the Department has interviewed the child and caregiver involved, contacted collaterals, and substantially investigated the report of abuse or neglect. Emergency responses must be completed in 5 working days; non-emergency responses must be completed in 15 working days. To complete an investigation, the policy mandates the use of the Department’s Risk Assessment Tool to assess potential future safety risks to the child. In October 2019, the Department updated its Risk Assessment Tool to incorporate the latest validated research to assess child safety risk more effectively and reliably.

The number of screening and initial assessment/investigation workers listed is the estimated full-time equivalents (FTE) based on the number of screenings and initial assessments/investigations completed during the federal fiscal year (FFY), divided by the monthly workload standard for the activity, divided by 12. The workload standards are 55 screenings per month and 10 investigations per month. The number includes both state staff and staff working for the Baker Center for Children and Families, Massachusetts’ Child-At-Risk Hotline contractor. The hotline handles child protective service functions whenever state offices are closed. The number of workers completing assessments was not reported because assessments are case-management activities rather than screening, intake, and investigation activities. In FFY 2023, social workers also performed screening and investigation functions in addition to ongoing casework.

Children

In Massachusetts, intake screening and response decisions require the lowest legal threshold, or level of proof, of “reasonable cause”, as required by Massachusetts state law. This allows for the capture of a broader view of children potentially in need of protective services.

Response outcomes are mapped to NCANDS outcomes as follows:

- Supported is mapped to Substantiated
- Substantiated Concern is mapped to Other
- Unsupported is mapped to Unsubstantiated at the report level and to Unsubstantiated at the allegation level if the report decision is either Supported or Unsupported. If the report decision is Substantiated Concern, an allegation decision of Unsupported is mapped to Other.

Massachusetts *(continued)*

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 during an investigation. For both the alcohol and drug abuse elements, the indicator is marked as a “yes” for any information found in the health and behavior sections of the case record and for any infant with a reported allegation of Substance Exposed Newborn or Substance Exposed Newborn-Neonatal Abstinence Syndrome.

Massachusetts has a comprehensive approach to address Human Trafficking and Sexual Exploitation of children and youth that includes:

- Updating multiple policies to integrate understanding, identifying and responding to child trafficking.
 - Accepting reports of allegations against non-caretaker alleged perpetrators.
 - Since the implementation of the new protective intake policy in 2016, the identified perpetrators have mostly been non-relatives—the relationships are identified in the Department’s system as “unknown” or “other person”.
- Training of child welfare staff and community partners.
- Maintaining an internal intranet page (available to all child welfare staff) that provides tip and fact sheets related to Human Trafficking and Sexual Exploitation of children.
- Implementing a Multi-Disciplinary Team model that primarily consists of Child Advocacy Centers, the Department, and law enforcement representatives, and includes numerous community partners.
 - Child Advocacy Centers cover the entire state and there is a Human Trafficking Coordinator within each Center.

Changes to iFamilyNet, Massachusetts’ electronic case record system, were implemented in FFY 2020 to allow for the documentation of the presence of Plans of Safe Care and Referrals to Appropriate Services (for families of Substance Exposed Infants) during the report or investigation. Additionally, this information can also be captured and detailed during the Family Assessment and Action Plan that occurs on cases open for services.

Fatalities

Massachusetts reports child fatalities attributed to maltreatment only after information is received from the state’s Registry of Vital Records and Statistics (RVRS). RVRS records for cases where child maltreatment is a suspected factor are not available until the medical examiner’s office determines that child abuse or neglect was a contributing factor in a child’s death or certifies that it is unable to determine the manner of death. Information used to determine if the fatality was due to abuse or neglect may also include data compiled by the Department’s Case Investigation Unit, reports of alleged child abuse and neglect filed by the state, and regional child fatality review teams convened pursuant to Massachusetts law, and law enforcement.

As these data are not available until after the NCANDS Child File must be transmitted, the state reports a count of child fatalities due to maltreatment in the NCANDS Agency File.

Massachusetts *(continued)*

Massachusetts only reports fatalities due to abuse or neglect if an allegation related to the child's death is supported.

Services

Data are collected only for those services provided by the Department. The Department may be granted custody of a child who is never removed from home and placed in substitute care. In most cases when the Department is granted custody of a child, the child has an appointed legal representative. Representative data are not always recorded in iFamilyNet.

Michigan

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General

The Michigan Department of Health and Human Services (MDHHS) is responsible for the investigation of complaints of child abuse and neglect allegedly committed by a person responsible for the child's health and welfare. MDHHS has one response to a screened-in referral. Michigan does not operate a differential or an alternate response program.

Reports

Michigan did not see substantive changes to the number of referrals screened out nor was there substantive change within reporting sources. Michigan utilizes a Structured Decision-Making protocol at the statewide Centralized Intake Division, the twenty-four-hour hotline responsible for taking all child and adult abuse or neglect concerns. The decision tool routes families to prevention services when the complaint does not rise to the level for concern of child abuse or neglect per state law to keep children and youth safe in their own communities by establishing a system rooted in family well-being, prevention, and equity.

Children

Michigan updated the maltreatment types during federal fiscal year 2023. Michigan is in the process of developing the state's Comprehensive Child Welfare Information System which has prevented improvements within the SACWIS system's collection of risk factors for children, parents, and perpetrators. The state can differentiate between alcohol use and drug use.

Michigan reports victims of sex trafficking; defined as an individual subject to the 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's state policy indicates that CPS will investigate complaints alleging that an infant was born exposed to substances not attributed to medical treatment and subsequent requirements for confirming abuse/neglect must find that a parent's substance use/abuse impacts child safety/well-being. Michigan does report infants with prenatal substance exposure and continues to collaborate with the medical community, staff, and Governor's appointed task force to ensure families impacted are offered a Plan of Safe Care through either a public health or child welfare contact.

Fatalities

Michigan receives notification of all child fatalities and investigates those where there is a concern of child maltreatment. Child fatalities fluctuate when comparing year-to-year data.

Michigan *(continued)*

In fiscal year 2023, a total of 40 child fatalities are reported in the Child File, 17 youth less than fiscal year 2022, five more than fiscal year 2021, and five less than in fiscal year 2020.

Michigan reports child fatalities within the Child File where there is a confirmation of abuse or neglect outlined by a disposition or finding defined as a Category 1, 2, or 3. Michigan does not confirm persons not responsible as defined by statute nor deceased persons as perpetrators. In FY23, three child fatalities met these criteria and have been reported within the Agency File.

Michigan observes an increase in physical violence as the cause for child fatalities. To understand more about critical incidents, Michigan participates an interagency collaborative aimed at systemic improvements within child welfare systems.

Perpetrators

Perpetrators are defined as persons responsible for a child's health or welfare who have abused or neglected a child. An individual under the age of 10 years cannot be considered a perpetrator.

Michigan does not report noncaregiver perpetrators of sex trafficking referring these adults to law enforcement. This population does not meet criteria of nonparent adult or person responsible as defined in Michigan's Child Protection Law. The exception to this is when law enforcement is the reporting source, and they are reporting child trafficking concerns. In these instances, Centralized Intake is required to assign the referral for investigation and the field determines if the person is responsible and can be substantiated.

Services

Michigan continues to provide prevention and preservation services through statewide and local programming. The state prevention model, MiFamily Stronger Together, continues to implement strategies over time. Michigan contracted with Chapin Hall to train all staff using Motivational Interviewing across the state. The state information system was updated to collect prevention services data; improvements are being considered to improve data integrity.

Michigan refers children birth through age three to programs under the Individuals with Disabilities Education Act (IDEA). IDEA is managed within the Michigan Department of Education and data is not available to report within the Agency File.

Minnesota

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General

Minnesota has three response paths to reports of alleged child maltreatment, currently referred to as family assessment response, family investigative response, and facility investigative response. Reports alleging substantial child endangerment or sexual abuse, as defined by Minnesota statute, require an investigative response. Child protection workers must document the reason(s) for providing an investigative response which may include statutorily required due to allegations of substantial child endangerment or sexual abuse, or discretionary use for reasons such as the frequency, similarity, or recentness of reports about the same family. Family assessment response deals with the family system in a strengths-based approach and does not substantiate or make determinations of whether maltreatment occurred; however, a determination is made as to whether child protective services (CPS) are needed to reduce the risk of any future maltreatment of the children. Acceptance into either response path, family assessment or investigative, means that a report has been screened in as meeting Minnesota's statutory definition of alleged child maltreatment, so allegations accepted for either response are reported through NCANDS.

Reports

Data on CPS staff represent the full-time equivalent (FTE) of staff as reported by local agencies (counties, combined agencies, and two tribal agencies). In Minnesota, child protection staff are employees of the local agencies rather than the state. Overall, local agencies reported a slight decrease in the number of child protection staff compared to last year, while the number of supervisory staff remained the same.

Reports of child maltreatment are made directly to local child welfare agencies (counties and three tribal agencies). All three responses (family and facility investigations, and family assessment) apply to screened-in reports of alleged child maltreatment in Minnesota. There was not a significant difference in the proportion of reports screened to each type of response. A separate program, Parent Support Outreach Program (PSOP), offers early intervention supports and services to families when reports alleging child maltreatment are screened out or a family is voluntarily referred into the program.

Most referrals are screened out because the stated concerns do not meet established criteria in Minnesota's Child Maltreatment Intake, Screening, and Response Path Guidelines or the definitions of child abuse or neglect under Minnesota law. Other reasons to screen out a referral include children not in the county's jurisdiction, allegations have already been assessed or investigated, not enough identifying information was provided, or the incident did not occur within the family unit or a licensed facility. There is little variation in the proportion of screened out referrals for each of the reasons across years. In addition, Minnesota Screening and Response Path Guidelines and statute apply screen-in requirements to children who have been born. Screened in reports alleging substantial child endangerment

Minnesota *(continued)*

or sexual abuse must be responded to within 24 hours. Other reports must be responded to within 5 days or 120 hours under Minnesota statutes.

Reports with either a determination of maltreatment (substantiation) or a determination of need for child protective services are retained for 10 years. Reports with neither determination (including all family assessment response reports) are kept for 5 years. Screened out child maltreatment reports are also kept for 5 years. Timelines for record retention and destruction are set in Minnesota statutes.

The NCANDS category of “other” report sources include the state categories of clergy, Department of Human Services (DHS) birth match, other mandated, and other non-mandated.

Children

During FFY 2023 the number of victims decreased. The numbers of victims is based on determined/substantiated child victims in child maltreatment investigations. To ensure the safety of all children who have or had contact with an alleged offender, Minnesota statute requires other children who currently reside with, or who have resided with, an alleged offender to be interviewed in the early stages of an assessment or investigation. These children are subject to the same protections and provisions as the alleged victim.

The State currently collects and reports data related to infants with prenatal substance exposure. While there were no policy changes during FFY 2023, the State has taken efforts to improve its response through partnerships and communications. The State has also created a dashboard to monitor data timelier to support strategies for improvements.

Minnesota currently collects and reports data related to children determined to have been victims of sex trafficking. Mandated reporters must report all known or suspected sex trafficking of children to local child protection agencies, regardless of relationship to alleged offenders. All screened-in reports of sex trafficking must be investigated by child protection, regardless of alleged offender relationship. The focus of the child welfare system response to children and youth who experience human trafficking and sexual exploitation is securing safety and access to services. Service planning for trafficked or exploited youth can be complex and may include coordination with community partners, including advocates or Safe Harbor. Minnesota uses a No Wrong Door model to respond to sexual exploitation of youth and to provide services to victims. This model includes Safe Harbor regional navigators, specialized service providers, and specialized shelter and housing providers who collaborate to provide a network of services for sexually exploited youth. The No Wrong Door model also involves professionals and community members through training, outreach, and protocol development. The state has created a dashboard to monitor data to support strategies for improvements.

Fatalities

In FFY 2023, the number of maltreatment-related fatalities as compared to 2022 increased from 25 to 32 where a single case in the period ended up being overturned due to an appeal. Given the rarity and complexity of these cases, it would be misleading to speculate on the reasons for this increase. Each fatality is a tragedy, and it is imperative that when such an

Minnesota *(continued)*

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. Noncaregiver perpetrators of sex trafficking are included.

Services

Primary prevention services are often provided without reference to individually identified recipients or their precise ages, so reporting by age is not possible. Clients of an unknown age are not included as specifically children or adults.

Data reported in preventive services funded by Community-Based Child Abuse Prevention (CBCAP) and Promoting Safe and Stable Families (Title IV-B) represents the unduplicated number of children who received Parent Support Outreach Program supports and services. Services in this program are provided to children and families who were reported as having

Minnesota *(continued)*

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.

Mississippi

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General

In-office and face to face contact COVID guidance continues to evolve as updates are provided by the CDC and MSDH (Mississippi State Department of Health). Mississippi does not have two types of responses to screened-in referrals (reports).

Reports

Mississippi Centralized Intake and Assessment (MCIA) is the department within Mississippi Dept. of Child Protection Services (MDCPS) to perform intake and initial screening functions. Most of the staff are full-time, but there a few part-time staff hired as employees and a few part-time staff hired through a contractor to provide intake services on weekends and holidays. The part-time staff were converted to Full-Time Equivalents for data collection purposes.

MDCPS is continuing to work toward more standardized screening to be conducted at the intake stage. During 2023, the secondary screening duties previously conducted in each county office were moved to a group of screeners strictly dedicated to performing the final screening of intakes. A Structured Decision-Making Tool is being developed for implementation by FFY 2025..

For FFY 2023, there was an increase in the amount of screening assessment conducted at the intake level, especially pertaining to whether information on children in open cases constituted a situation of abuse or neglect by the caregiver, or whether the information pertained to the ongoing casework management of assessing, monitoring, and managing safety, risks, and well-being.

Children

The Comprehensive Addiction and Recovery Act continues to assist mothers and infants affected by substance use exposure. For the reporting period, there were 324 referrals received for CARA services. MDCPS continued the Memorandum of Understanding (MOU's) with the Mississippi Department of Mental Health, Mississippi Department of Health, and the Department of Human Services. Services for the mothers and infants include community support, Medicaid, SNAP, WIC, Health education for depression, anxiety, and healthy infant development. CARA referrals are tracked through a software called Smartsheet. The providers, Mississippi Department of Health, Mississippi Department of Mental Health, and the Mississippi Department of Human Services are sent referrals through DocuSign. All comments and information are sent through Smartsheet. The information consists of successful/unsuccessful of contacting the mother and/or medical provider, and if the mother accept/deny services. Plans of safe care are completed through each provider upon receiving the referral. There are no alcohol abuse child risk factor or drug abuse child risk factor reporting limitations. The reporting period was October 1, 2022—September 30, 2023. There were also no challenges or barriers in reporting for the infants with prenatal substance exposure. There was a decrease of victims for FFY 2023 compared to FFY 2022. Increased efforts have been made to screen

Mississippi *(continued)*

intakes out that are not allegations of abuse or neglect by caregiver but are situations that need to be addressed by MDCPS staff on active cases.

Fatalities

There were 73 fatalities for FFY 2022 and 76 fatalities for FFY 2023. The agency developed a Special Investigations Unit that is responsible for investigating all reports of child fatalities that meet criteria for agency investigations. Previously, the investigations were conducted by regular workers in the field. The development of the SIU has standardized screening and decision-making processes in fatality investigations. In addition, the investigators that make up the unit are required to have an advanced level of licensure and experience. Having the dedicated, specialized investigators has contributed to the increase of fatalities reported with substantiated findings of abuse and neglect.

Mississippi previously counted only those fatalities where the medical examiner or coroner ruled the manner of death was a homicide. In 2007, Mississippi also began counting those child fatalities determined to be the result of abuse or neglect that has been substantiated by MDCPS. Other sources that compile and report fatalities due to abuse and neglect are Serious Incident Reports (SIRs) and Child Death Review Panel (CDRP) facilitated by the Mississippi Department of Health. Child Death Review meetings are attended by MDCPS staff and executive leadership responsible.

Perpetrators

MDCPS does report non-caregiver perpetrators of sex trafficking to NCANDS. “Other” perpetrator relationship would be selected when the alleged perpetrator’s relationship to the victim is known but it does not fit into the other categories listed.

Human Trafficking laws in Mississippi stipulate that child abuse has occurred when a child is trafficked by any person, whether or not that person is the child’s caregiver. Therefore, the non-relative perpetrators of Human Trafficking would be included in reporting.

Services

Prevention subgrantees are being funded through the Community-Based Child Abuse Prevention (CBCAP), Kinship Navigator, Children’s Trust Fund (CTF), and the Child Abuse Prevention Treatment Act (CAPTA) grants. The purpose of prevention services is to strengthen families, ensure safety and permanency and well-being of children. For October 1, 2022 through September 30, 2023, the prevention subgrantees served 3,437 families and 3,673 children. Subgrantees continued to offer parenting classes, concrete needs, support groups, and several community-based activities for children and families.

All prevention services are outsourced through contractual agreements to provide prevention services to children and families. This includes prevention and in-home services. In-Home services are provided through Canopy and Youth Villages. Primary prevention services are offered through Starkville Oktibbeha Discovery Center (Parent Café’s and Project CARE), Health Connect America, Southern Christian Services for Children & Youth (Parent Strong), and Catholic Charities (Kinship Navigator). When a service case is opened and maintained by MDCPS staff, it is referred to as an In-Home service case. These cases are opened to

either maintain successful reunifications after a foster care episode or prevent the need for initial removals from home into foster care.

There has been funding changes for In Home Services under Preventive Services,” as Intercept is being funded ARPA. Some Prevention services are contracted to two Providers. One is funded privately through Baptist Children’s Village (BCV) as a support to our Preventive programs. This Preventive service through BCV is a no cost to our families as it is provided pro bono. Two Providers offer Preventive services, and these services are outsourced to the two Providers. In previous years, children who received Preventive services covered under the Promoting Safe and Stable Families Grant (PSSF) during the year were used by the Families First Resources Centers with some of these funds. The PSSF grant funds in-CIRCLE Family Support Services Program, or Family Preservation/Family Reunification/Family Support Services through Youth Villages. in-CIRCLE Family Support Services Program by the Provider, Canopy Children’s Solution is funded through State General Funds. Canopy Children’s Solutions used these state general funds to provide services. Youth Villages also has another Preventive Program which began services in our state November 2022. This Program is funded through the American Rescue Plan Act (ARPA).

- **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 and informal concrete supports, (6) addressing mental health and substance use issues, (7) reducing child behavior problems, and (8) safely reunifying families.
- **Intercept** is an evidence-based program that provides intensive in-home parenting skill development to meet the individualized needs of a family and young person. Intercept is appropriate for families with children of all ages who have serious emotional and behavioral symptoms or have experienced abuse and/or neglect.
- **The Dorcas In-Home Family Support Program** is also another program that provided family-driven, youth-guided interventions to improve the stability of enrolled families and their ability to provide adequate care for the children for whom they are responsible. These interventions increased families’ access to and utilization of community resources and assistance.

In Home Services served 436 children/families during FFY 2023 under the PSSF grant. In addition, 1284 children/families were served through the General Funds, 245 families/children were served through the No Cost funds, and 373 through ARPA funds.

Services to child victims outside of a service case are provided through the Family Reunification and Preservation Program within the In-Home Services Unit of the Agency. Through Promoting Safe and Stable Families, General State Funds, ARPA, and No Cost Services.

Mississippi *(continued)*

The total number of children/families served under these preventive services were 990 families and 2338 children. Subgrantees have continued services for this contract year to provide step-down and soft support; whereby, it promotes less probability of reentry into the program.

Missouri

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General

Missouri operates under a differential response program, where each referral of child abuse and neglect is screened by the centralized hotline system and assigned to either investigation or family assessment. Both types are reported to NCANDS.

Investigations are conducted when the acts of the alleged perpetrator, if confirmed, are criminal violations; or where the action or inaction of the alleged perpetrator may not be criminal, but if continued, would lead to the removal of the child or the alleged perpetrator from the home. Investigations include but are not limited to child fatalities, serious physical, medical, or emotional abuse, and serious neglect where criminal investigations are warranted, and sexual abuse. Law enforcement is notified of reports classified as investigations to allow for co-investigation.

Family assessment responses (alternative responses) are screened-in reports of suspected maltreatment. Family assessment reports include mild, moderate, or first-time noncriminal reports of physical abuse or neglect, mild or moderate reports of emotional maltreatment, and educational neglect reports. These include reports where a law enforcement co-investigation does not appear necessary to ensure the safety of the child. When a report is classified as a family assessment, it is assigned to staff who conducts a thorough family assessment. The main purpose of a family assessment is to determine the child's safety and the family's needs for services. Taking a non-punitive assessment approach has created an environment in which the family and the children's service worker are able to develop a rapport and build on existing family strengths to create a mutually agreed-upon plan. Law enforcement is generally not involved in family assessments unless a specific need exists.

Reports

The response time indicated is based on the time from the login of the call to the time of the first actual face-to-face contact with the victim for all report and response types, recorded in hours. State policy enables, in addition to CPS staff, multidisciplinary team members to make the initial face-to-face contact for safety assurance. The multidisciplinary teams include law enforcement, local public school liaisons, juvenile officers, juvenile court 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.

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.

Missouri *(continued)*

Missouri saw a decrease in the overall number of referrals in FY 2022 because in 2021 we accepted educational neglect referrals. These referrals were taken due to the volume of calls of concerns for educational issues due to remote learning. This was stopped in May 2021.

Missouri experienced a backlog of reports due to staff shortages. Missouri created an action plan to address the backlog. The action plan involved staff from across the state assisting with new report received in areas that were experiencing staff shortages and staff virtually closing reports. Due to these efforts, the backlog was significantly reduced and an increased number of reports reached a disposition during 2023. In February 2022 Missouri implemented a Central Consult Unit (CCU) which consults and closes cases in which children were deemed to be safe. The CCU must be called within 7 days on reports when workers have determined that children are safe. This allows more time for workers to complete other reports in the field. This has decreased the backlog and assisted with preventing future backlog.

Children

The state counts a child as a victim of abuse or neglect based on a preponderance of evidence standard or court-adjudicated determination. Children who received an alternative response are not considered to be victims of abuse or neglect as defined by state statute. Therefore, the rate of prior victimization, for example, is not comparable to states that define victimization in a different manner, and may result in a lower rate of victimization than such states. For example, the state measures its rate of prior victimization by calculating the total number of 2021 substantiated records, and dividing it by the total number of prior substantiated records, not including unsubstantiated or alternate response records.

In response to the Covid-19 Pandemic Missouri implemented multiple protocols to meet our investigation and assessment guidelines on ensuring safety and child contact. Temporary policies addressed both child and worker safety, proper use and availability of PPE, virtual, curbside and in-person visits. In many situations, we did continue to investigate reports in-person. Safety of children continued to be a primary concern and when a child needed to be removed from the home, practice was not impacted. Changes were made to our states' calculation for our time from the start of an investigation to final determination for the Agency file by mirroring the same logic used in the Child File.

Alternative response reports (assessments) in Missouri were previously coded under "other" for maltreatment type. For FY2023, the state now captures maltreatment type for assessments and investigations.

Missouri tracks cases with sex trafficking victims as a result of the 2017 Preventing Sex Trafficking and Strengthening Families Act. With the 2019 expansion of the definition of care, custody and control in Missouri Children's Division policy to include those who take control of a child by deception, force or coercion, we have been able to identify any perpetrator of sex trafficking as a caregiver and include them in NCANDS data. Missouri's concern with barriers is the current lack of an evidence-based model specific to assessing, identifying and responding to trafficking as it relates to working with children through the child welfare system. CD has worked with other states to develop a comprehensive assessment tool for child victims of both labor and sex trafficking. This new tool was incorporated into CD policy and supported by Advanced Human Trafficking training.

Missouri *(continued)*

Missouri collects data on Plans of Safe Care in the instance of a Newborn Crisis Assessment Referral. During FFY 2022, there were 273 children who had a Plan of Safe Care developed. During a prior review of reports, it was that noticed staff were not checking the box as they should. Our agency has been telling staff during their training to check the box in our system if a plan of safe care is put in place. Most staff members said they didn't know what it was for. This is being addressed again on our agency's monthly CA/N call. The numbers increased significantly during FFY 2023 - now 933 children are reported. This likely reflect the success of additional training.

Newborn Crisis Assessments in Missouri are not considered reports of abuse or neglect and there are no plans, in Missouri, to change the way Newborn Crisis Referrals are categorized. They will continue to be considered referrals and not reports of abuse/neglect.

Fatalities

Missouri statute requires medical examiners or coroners to report all child deaths to the Children's Division Central Hotline Unit. Deaths due to alleged abuse or those which are suspicious in nature are accepted for investigation, and deaths which are nonsuspicious, accidental, natural, or congenital are screened out as referrals. Missouri does determine substantiated findings when a death is due to neglect as defined in statute, unlike many other states. Therefore, Missouri is able to thoroughly track and report fatalities as compared to states without similar statutes. Through Missouri statute, legislation created the Missouri State Technical Assistance Team (STAT) to review and assist law enforcement and the Children's Division in instances of severe abuse of children.

While there is not currently an interface between the state's electronic case management system and the Bureau of Vital Records statistical database, STAT has collaborative processes with the Bureau of Vital Records to routinely compare fatality information. STAT also has the capacity to make additional reports of deaths to the hotline to ensure all deaths are captured in Missouri's electronic case management system (FACES). The standard of proof for determining if child abuse and neglect was a contributing factor in the child's death is based on the preponderance of evidence.

Because Missouri's hotline (CPS) agency is the central recipient for fatality reporting and because of the state statute requiring coroners and medical examiners to report all fatalities, Missouri could appear to have a higher number of fatalities when compared to other states where the CPS agency is not the central recipient of fatality data. Other states may have to obtain fatality information from other agencies and, thus, have more difficulty with fully reporting fatalities.

In FFY 2020, Missouri adjusted coding on our mapping document to more accurately provide child fatality information in the child file rather than the agency file, based on a mapping issue found in FFY 2019 data. Mapping was looking for a Preponderance of Evidence (POE) finding on coding of "B1" Child Fatality-Child resides in state & "B2" Child Fatality-Child resides out of state, if they were coded as "unsubstantiated" even though conclusion findings within the investigation had coded findings for POE resulting in the fatality. The issue is staff were trained to make the POE findings on the actual allegation (physical abuse, neglect, lack of supervision) rather than the fatality itself (B1/B2). In FFY 2023, Missouri adjusted coding

Missouri *(continued)*

on our mapping document to more accurately provide child fatality information in the child file rather than the agency file, based on a mapping issue found in FY22 data. Prior mapping did not capture a perpetrator on the child file if the perpetrator was deceased (it was reported in the Agency File).

Perpetrators

The state retains individual findings for perpetrators associated with individual children. For NCANDS, the value of the report disposition is equal to the most severe determination of any perpetrator associated with the report.

In the 2019 Missouri legislative session, a statutory addition to the definition of those responsible for the care, custody and control of a child was enacted. Current statutory definition of care, custody and control of a child includes:

- The parents or legal guardians of a child;
- Other members of the child’s household;
- Those exercising supervision over a child for any part of a twenty-four-hour day;
- Any adult person who has access to the child based on relationship to the parents of the child or members of the child’s household or the family;
- Any person who takes control of the child by deception, force, or coercion; or
- School personnel, contractors, and volunteers, if the relationship with the child was 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 % changed from the “other” category. The “other” category also includes reports where the perpetrator is coded as “self” for the victim. These are instances usually involving older victim children that are also perpetrators themselves, to younger children on the same report, which puts them in the “other” category. For Missouri, the “Other” category mapping includes “Spouse”, “Self”, “Ex-paramour’s Family”, “Ex-paramour’s Family”, and “Other” (which captures anything else that is not an option).

Services

Children younger than 3 years are required to be referred to the First Steps program if the child has been determined abused or neglected by a preponderance of evidence in a child abuse and neglect investigation. Referrals are made electronically on the First Steps website or by 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.

Montana

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General

Montana does not have a differential response track for investigations. The state continues to make improvements to the existing case management system and has secured funding for a full CCWIS replacement in upcoming years. Montana is currently in the planning and requirement gathering stages of this project.

Reports

Montana Child and Family Services has a Centralized Intake Bureau or call center that screens each referral of child abuse or neglect to determine if it requires investigation, assistance, or referral to another entity. Referrals requiring immediate assessment or investigation are immediately called out to the field office. By policy, these are Priority 1 reports and require contact with alleged victims within 24 hours. All other CPS reports that require an assessment or investigation are sent to the field within 24 hours. In general, this has resulted in improved response times. Montana has had a decrease in the number of CPS reports over the past few years, reducing the total number of victims.

Children

Montana continues to conduct all investigations per policy and did not make any modifications to timeframes. Montana has not experienced any delays in investigation decisions/outcomes. Investigative procedure dictates that all children in a home are seen/assessed. There have not been any alcohol abuse or drug abuse child risk factors reporting limitations changes in Montana. There have not been any alcohol abuse or drug abuse caregiver risk factors reporting limitations changes in Montana.

Fatalities

Due to the lack of legal jurisdiction, information in our system does not include child deaths that occurred in cases investigated by the Bureau of Indian Affairs, Tribal Social Services or Tribal Law Enforcement. Not all infant/child deaths are investigated, it is dependent on if a report is made to Child and Family Services where maltreatment is suspected.

Perpetrators

Unknown perpetrators are given a common identifier within the state's data system. If a CPS report is made, Montana reports noncaregiver perpetrators of sex trafficking to NCANDS.

Services

Data for prevention services are collected by State Fiscal Year (SFY). The majority of Preventative Services are outsourced through our Child Welfare Prevention Support Services.

Nebraska

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General

During FFY 2023, the state of Nebraska continued to utilize the Structured Decision Making (SDM®) model, a set of research-based decision-support assessments, to assess reports of child safety and risk. The utilization of SDM® provides consistency in the decision-making of protective services staff from the point of accepting reports of abuse and neglect through the assessment of child safety and risk levels.

Nebraska has a two-tiered system of responding to accepted reports of abuse and neglect. Reports are assigned to a Traditional assessment or an Alternative Response. Alternative Response (AR) is an approach to keep children safe in a family-friendly way by doing things such as making appointments to see the family, asking the parents or caregivers for permission to talk to their children and other collaterals, not entering abuse or neglect findings, and offering concrete supports, among other things. AR started as a pilot has since expanded statewide as of October 1, 2018. Data for traditional and AR cases are reported to NCANDS.

Successful child welfare practice is predicated on engaging the families with whom we come into contact. To enhance our engagement skills, the Division of Children and Family Services introduced Safety Organized Practice (SOP) to our staff beginning in April 2019. SOP is an approach to child welfare casework designed to help all key stakeholders—the family and professionals—involved with a child keep a clear focus on assessing and enhancing safety at all points in the case process. By employing solution-focused interviewing, proven strategies for meaningful child and youth participation, and a common language for concepts like “safety,” “danger,” and risk,” SOP compliments SDM® to create a rigorous child welfare practice model that is neither too naïve nor negative in its view of families. The tools used in SOP are proven to enhance the development of good working relationships and create detailed practical, achievable safety plans. In the last five years, CFS has completed the roll-out of all 12 modules of SOP training statewide and is developing ongoing refresher training for staff across Nebraska.

Reports

All reports of child abuse and neglect are received at the toll-free, 24/7, centralized Nebraska Child and Adult Abuse and Neglect Intake Hotline (Hotline). The Hotline workers and supervisors utilize SDM® to determine whether a report meets criteria for intervention and the subsequent response time for accepted reports. Accepted reports are assigned to a worker to conduct an initial assessment, which includes an SDM® Safety Assessment and SDM® Safety Plan (if applicable) and an SDM® Risk or Prevention Assessment. Each SDM® Assessment provides decision-making support to the worker to determine whether a case should remain open for ongoing services.

Nebraska experienced an increase in screened-out reports to the Hotline in FFY 2023 as well as an increase in the number of children screened out. The number of screened-out reports

Nebraska *(continued)*

had dropped significantly during the pandemic and has increased each of the last two years. To ensure the safety of Nebraska's most vulnerable population, in June 2019, a policy was enacted whereby all reports made by medical professionals that involve an identified child or child victim age five and under are accepted for assessment. This policy was changed in July 2023 and an override is no longer used to automatically accept these reports. In June of 2019, Central Office program policy staff began performing second-level reviews of all reports screened out at the Hotline. The Hotline Supervisors began completing these reviews in November of 2021 and continue to complete these reviews. These reviews ensure the correct screening decisions concerning reports not accepted for assessment are made. In August 2023, an updated SDM intake screening manual was implemented.

Since the onset of the pandemic and throughout the ensuing four years, child abuse and neglect referrals have been affected within Nebraska. Overall, the Hotline experienced decreased call volume. Specifically, there were fewer calls from educational professionals due to school closings. However, there has been increased reporting from local law enforcement agencies. Notably, referrals to the Hotline during this time have involved families experiencing high-stress levels and involving more serious physical abuse of young children. Nebraska has seen increased severity of verbal and physical family violence involving both weapons and serious threats of harm. There has also been an increase in the number and complexity of sex trafficking reports and exposure to sexualized content due to children having more access to the internet.

The Nebraska Department of Health and Human Services (DHHS) did not change any Hotline policies or procedures related to screening due to the pandemic. Nebraska also did not experience staff reduction due to the pandemic. Specifically, the Hotline did not have any reductions due to the pandemic. However, with natural attrition, positions were used to help other areas of child welfare to ensure coverage to meet child and family contact deadlines and complete safety assessments promptly and accurately.

Children

In FFY 2023, Nebraska saw an increase in unique child victims. The overall increase in the number of received and accepted intakes likely contributed to this increase. Further, all Agency Substantiated findings are reviewed and entered by supervisors who have administrative oversight of this process. The supervisor considering a finding of Agency Substantiated and the entry of the alleged perpetrator's name on the Central Registry must find sufficient evidence to support that the subject of the report, the alleged perpetrator, committed child abuse or neglect as outlined in state statute and determine that the evidence meets statutory requirements.

CFS experienced a decrease in the average response time. In July 2022, Nebraska changed policy to eliminate its lowest response priority timeframe, which was ten days. Nebraska now prioritizes reports as needing a 24-hour or five-day response. FFY 2023 was the first full year with this policy change in place.

For FFY 2023, Nebraska reported the sex trafficking maltreatment type for the entire year. As of August 2019, Nebraska accepts all reports of trafficking without regard to the subject (the alleged perpetrator) of the report for assessment of child safety. Findings allow for

Nebraska *(continued)*

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 no mechanism for tracking these cases.

Beginning on April 1, 2021, CFS entered into a contract with HTI Labs to include the Providing Avenues for Victim Empowerment (PAVE) tool in the intake and assessment processes. PAVE is a screening, assessment, and referral process that connects trafficking victims to services. PAVE provides a “no wrong door” entry to Children and Family Services for victims of labor and sex trafficking. Any provider participating in PAVE completes the PAVE screening and forwards it to the Abuse and Neglect Hotline. The Hotline receives the report and refers it to field staff for investigation and assessment. The level of trafficking risk is assessed, and appropriate next steps and services that law enforcement and CFS Specialists can implement for victims are recommended.

Nebraska successfully initiated the development and implementation of Prenatal Plans of Safe Care. The initiative commenced with collaborative efforts in the Hastings Community, engaging the Community Coordinator through the Community Collaborative. In September 2022, the Prenatal Plan of Safe Care Binder was officially launched in Hastings. Following this success, in June 2023, North Platte introduced its own Prenatal Plan of Safe Care Binders. The implementation process in North Platte included the involvement of a peer support group named Straight Up Advocates, contributing to the outreach efforts.

Through the Comprehensive Addiction and Recovery Act (CARA), Nebraska has a notification process in place for birthing hospitals. If the hospital does not feel there are concerns of abuse or neglect, but an infant was born affected by substance use, a notification is made to DHHS. Nebraska continues to work with external partners, including hospitals, to ensure they provide CFS staff with the necessary information to complete a Plan of Safe Care. Nebraska continues to work with CFS staff for the accuracy of identifying infants affected by substance to ensure a Plan of Safe Care is being completed with families to address the needs of the infant and the parent/caregiver.

Fatalities

Nebraska reports child fatalities in both the Child File and the Agency File. Nebraska reported no child fatalities resulting from maltreatment in FFY 2023. While there are some child fatalities currently under investigation in Nebraska, none of the investigation findings were entered or complete during the FFY 2023. Nebraska continues to work with the state’s Child and Maternal Death Review Team (CMDRT) to identify child fatalities resulting from maltreatment but not included in the child welfare system. When a child fatality is not included in the Child File, the state determines if the child fatality should be included in the Agency File. The official report from CMDRT with final results is usually made available two to three years after submitting the NCANDS Child and Agency files. Nebraska will resubmit the Agency File for previous years when there is a difference in the count than was initially reported due to the CMDRT final report. No policies were changed concerning child fatality reviews.

Nebraska *(continued)*

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 2023, Nebraska saw an increase in unique perpetrators compared to FFY 2022. This increase correlated with the increase in overall reports received and assessments completed.

Nebraska reports noncaregiver perpetrators of sex trafficking to NCANDS. Nebraska Revised Statutes require DHHS to conduct in-person investigations of trafficking regardless of the alleged perpetrator's relationship to the alleged victim. This legislation was effective in August 2019. Nebraska reports "Other" relationships for perpetrators of sex trafficking, including non-relatives and other people who are not professional caregivers.

Services

Nebraska refers children younger than three years old to the Early Development Network (EDN) in a substantiated case or a case referred by the county attorney for prosecution. Nebraska has automated its referral system to its Early Childhood Development Network and automatically notifies the network of these children.

Nebraska believes most of the services provided to families can be accomplished during the assessment phase, between the report date and the final disposition. When a case disposition is delayed due to awaiting a court disposition, services are provided to the family. Case management, supervised visitation, family support services, and addiction services are only a few of the services frequently used by families during the pendency of their court cases. Some or all of the services may often be concluded before the disposition. In many cases, these are the only services required to keep the child or victim safe. Services provided before disposition are not included in the NCANDS Child File; only those services that extend beyond the disposition are included.

Nebraska DHHS Division of Children and Family Services provides child welfare services to the citizens of Nebraska. The statewide Hotline is centralized in Omaha but serves the entire state. Initial Assessment (investigation) is conducted by State of Nebraska Child and Family Services Specialists (CFS Specialists). Before FFY 2022, CFS Specialists conducted case management in all but one service area. In the Eastern Service Area, the privatization of case management ended during FFY 2022 and the transition continued into FFY 2023. St. Francis Ministries was the contractor performing case management duties in the Eastern Service Area until that contract ended.

Nevada

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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), which has been implemented throughout the state since 2007. Families referred to the program are the subject of reports of child abuse and/or neglect which have been determined by the agency as likely to benefit from voluntary early intervention through assessment of their unique strengths, risks, and individual needs, rather than the more intrusive approach of investigation.

Nevada has modified the DR program to better meet the needs of the child welfare agencies and the communities in which the agencies operate.

Each child welfare agency now provides DR services differently through their agency. CCDFS modified its DR program to a Community Collaborative Program designed to serve as a neighborhood-based family support system. The agency conducts an initial assessment of a report that has been received through its intake hotline. Based on the assessment, the agency will either continue to work with the family or request the Community Collaborative to continue to work with the family based on the families’ needs. WCHSA established an agency-based DR program. The agency serves screened-in maltreatment reports and utilizes internal staff to conduct the assessment and provide services to the family. DCFS Rural Region transitioned DR from a program that responds to screened-in CPS reports to a program that serves families in the context of a more traditional prevention model. DR will serve families brought to the agency’s attention through CPS intake that do not meet criteria

Nevada *(continued)*

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 envisions future development of a referral process for families to receive voluntary services following CPS case closure.

Reports

In FFY 2023, there was a decrease of 6.4% in reports of abuse or neglect completed or dispositioned in the year as compared to the previous year (from 16,117 in FFY 2022 to 15,091 in FFY 2023). Nevada has established intake processes, governed by the SAFE model, to determine if CPS referrals constitute reports of abuse or neglect. Referrals that contain insufficient information about the family or maltreatment of the child and no allegations of child abuse are screened-out. Referrals that meet criteria are screened-in. Based on various factors associated with the report, CPS supervisors decide what type of response the report merits, assign the report to either Investigation or Differential Response, and assign a response time according to policy.

The statewide Intake Policy was updated in April 2020 due to challenges of the COVID-19 pandemic. One adjustment made was that some response times to make face-to-face contact with children were modified.

Report response times are one of the following:

- **Priority 1:** respond within 6 hours when the identified danger is urgent or of emergency status, there is present danger, and safety factors are identified; this response type requires a face-to-face contact by CPS (due to COVID, this was changed from 3 hours to 6 hours for all jurisdictions; Rural Region child welfare was previously using 6 hours as response time so it did not change for them).
- **Priority 2:** respond within 24 hours with any maltreatment of impending danger and safety factors identified including child fatality; this response type requires a face-to-face contact by CPS or may involve collateral contact by telephone or case review (this response time did not change due to COVID; it is still the same as it was prior to the pandemic).
- **Priority 3:** respond within 7 business days when maltreatment is indicated, but no safety factors are identified; this response type requires a face-to-face contact by CPS or may involve collateral contact by telephone or case review. In situations where the initial contact is by telephone, the agency must make a face-to-face contact with the alleged child victim within 24 hours following the telephone contact (this response time changed due to COVID; previously contact had to be made within 72 hours).

Nevada conducts face-to-face investigations and assessments for all screened-in reports of child abuse and neglect. During the early stages of the COVID-19 pandemic, Nevada allowed investigations and assessments to be conducted via phone or video contact if there were no safety concerns after the initial face-to-face contact with the child. During FFY 2022, policies governing response times and pandemic modifications for CPS were still in place, although program oversight staff indicated workers are returning to pre-pandemic practices for investigations and assessments as much as possible.

Nevada *(continued)*

Over the last year, Nevada continued various Continuous Quality Improvement (CQI) initiatives related to Nevada's last federal Child and Family Services Review (CFSR) and subsequent Program Improvement Plan (PIP). One ongoing CQI initiative is related to improving the timeliness of initial contact with all children on screened-in reports. Over the last few years as part of the PIP, child welfare staff improved processes to reach out to families and make child contact promptly. They also improved processes for timely documentation of contact in the child welfare information system. A monitoring and oversight report was developed as a tool for field supervisors as well as CQI and QA units to track adherence to processes and policies in this area. Additionally, training and technical assistance have been provided regularly to improve documentation of initial child contact.

As noted previously, Nevada has a Differential Response (DR) program. CPS referrals that do not rise to the level of an investigation may be referred to DR according to agency practice previously described. The DR program has a required report response time of Priority 3: respond within 7 business days (this was not affected by the pandemic).

At the onset of the COVID-19 pandemic, Nevada initially saw a decrease of CPS reports received throughout the entire state, due in part to a significant decrease in reports received from educational personnel after schools were closed in March 2020 as a pandemic response. However, since schools and other activities have mostly returned to normal operations, Nevada's CPS reports received are back up to pre-pandemic levels (15,091 total unique reports in FFY 2023 compared to 15,657 unique reports in FFY 2019 and 16,250 unique reports in FFY 2018).

Additionally, the statewide CPS Hotline for child maltreatment referrals did not go through any changes to the hours of operation or staffing levels during FFY 2023. Rural Region child welfare opened a new centralized Intake unit during FFY 2021 and are fully staffed through FFY 2023.

Children

In FFY 2023, there was a decrease of 5.4% in the number of unique children reported as possible abuse or neglect victims as compared to the previous year (from 29,963 in FFY 2022 to 28,339 in FFY 2023). Further, the number of confirmed unique victims increased by 11.0% compared to the previous year (from 5,851 in FFY 2022 to 6,496 in FFY 2023). We reviewed the data and are not sure why the number of duplicate victims increased by over 10% compared to the previous year. We wonder if perhaps the various economic, educational, mental-health, and other related pressures that followed the pandemic may have negatively affected children and families over FFY 2023 and if this could be related somehow to an increase in duplicate child victims of maltreatment occurring in our state.

Nevada child welfare policy requires that all children in a household are assessed for safety and well-being if any child in the household has a maltreatment allegation.

Regarding alcohol and drug abuse risk factors for both children and caregivers, some reporting limitations exist in our data. For example, there are several places in the statewide child welfare information system where data related to NCANDS alcohol or drug abuse

Nevada *(continued)*

risk factors for children or caregivers can be captured. Depending on how and where data is entered, the value for both the alcohol abuse and drug abuse risk factors for a child or caregiver may be reported as '1-yes' or only one risk factor may be set to '1-yes' ('1-yes' means the risk factor is applicable to the child or caregiver). There is overlap where the risk factor for both alcohol and drug abuse can be set to '1-yes' – for example if there is documented 'substance abuse' but it is not clear whether the substance abuse is related to alcohol or drugs.

Programmatically, Nevada has been serving substance-exposed infants and their families per CARA requirements for several years. Over the last year, the statewide child welfare information system was updated to be able to collect additional CARA-related data such as NCANDS Child File element 151 which reports whether a substance-exposed infant has a Plan of Safe Care. The changes to the information system were deployed in late May 2022 which allowed certain CARA-related data collection to start at the end of May 2022. The data provided for element 151 in the FFY 2022 submission of the Child File, for example, reflects only what was able to be obtained in the last quarter of FFY 2022. In FFY 2023, reporting did increase for element 151 but is still below the goal of 95%. Based on the way that substance-exposed infants are often documented in Nevada's child welfare information system, both child risk factors related to alcohol and drug abuse are set to '1-yes.'

Over the last several years, Nevada established the criteria for collecting and documenting Commercial Sexual Exploitation of Children (CSEC), and in the past year, functionality was added to the state's child welfare information system for this data entry. However, this documentation does not always involve a screened-in CPS report with allegations of maltreatment, as perpetrators may often be non-caregivers or may be unknown. When CSEC is identified for a child and no maltreatment is alleged against the child's known caregiver, then Nevada's coordinated model response protocol may be initiated. Staff will input CSEC information into the child welfare information system, but not necessarily as a report requiring a traditional CPS Investigation; in those instances, because there is no maltreatment allegation or investigation initiated, these youth and the CSEC data cannot be reported in the NCANDS Child File. Regarding instances where CSEC-related maltreatment is alleged against the child's caregiver, then a report and investigation will be initiated. Nevada included these circumstances in the NCANDS Child File in the FFY 2023 submission. However, youth in these circumstances will likely represent a very small subset of the CSEC population known to child welfare and served in Nevada.

Fatalities

Fatalities identified in the statewide child welfare information system as maltreatment deaths are reported in the Child File. Deaths not included in the Child File, for which substantiated maltreatment was a contributing factor, are included in the Agency File as an unduplicated count. Reported fatalities can include deaths that occurred in prior periods, for which the determination was completed in the next reporting period. The total number of NCANDS reported fatalities has increased since the last reporting period (15 in FFY 2022 to 21 in FFY 2023).

Nevada utilizes a variety of sources when compiling reports and data about child fatalities resulting from maltreatment. Any instance of a child suffering a fatality or near fatality, who previously had contact with, or was in the custody of, a child welfare agency, is subject to an internal case review. Data are extracted from the case review reports and used for

Nevada *(continued)*

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

All perpetrator data are reported in accordance with instructions outlined in the NCANDS Child File mapping forms (fields 88-144).

Services

Many of the services provided to children and families served by CPS agencies are handled through outside providers. Information on services received by families is reported through various programs. Each child welfare jurisdiction manages its service array differently. Services provided in conjunction with the new safety model are documented in the UNITY system, but these data are not always readily reportable as they may be documented as text in lengthy case notes instead of in easily query-able data fields. The state is continuing to investigate how to improve reporting of services-related data.

During the COVID-19 pandemic, especially during FFY 2021, most services typically provided at the child's home were delivered using social distancing methods and other pandemic-related safety measures or by in-home providers using technology to meet remotely with families such as over a video call. For example, some mental and physical health-related appointments were conducted via telehealth methods due to the pandemic. In FFY 2022, Nevada has returned to pre-pandemic working practices whenever possible. Program staff indicate there are, however, some circumstances that continue to require some appointments to be delivered via telehealth methods.

Nevada follows its statewide policy (#0502 CAPTA-IDEA Part C), which states: "Child welfare agencies will refer children under the age of three (3) who are involved in a substantiated case of child abuse or neglect, or who have a positive drug screen at birth, to Early Intervention Services within two (2) working days of identifying the child(ren) pursuant to CAPTA Section 106 (b)(2)(A)(xxi) and IDEA Part C of 2004." The policy further defines "involved" to include children that are identified as: having been abused or neglected; having a positive drug screen at birth; or found in need of services.

New Hampshire

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The state did not provide commentary in time for the *Child Maltreatment 2023* report.

New Jersey

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General

Since the implementation of the Statewide Automated Child Welfare Information System (SACWIS), each NCANDS Child File data element is reported from New Jersey's system, called NJ SPIRIT. The state is continuously making enhancements toward improving the quality of NCANDS data. New Jersey has declared that NJ SPIRIT will be its Comprehensive Child Welfare Information System (CCWIS) and plans to achieve compliance.

Reports

New Jersey's Department of Children and Families' (DCF) Division of Child Protection and Permanency (CP&P) investigates reports of child abuse and neglect that meet statutory criteria for investigation. New Jersey does not use a differential response protocol. NJ SPIRIT allows the linking of multiple CPS Reports to a single investigation. The state system also allows for documenting the date and time of the initial face-to-face contact that began the investigation.

In FFY 2023, the number of unique reports increased compared to FFY 2022; however, the number received in FFY 2023 is consistent with reports received prior to COVID-19. With the onset of COVID-19, phone calls to our State Central Registry (SCR) had decreased by approximately 16%. The New Jersey call volume has been steadily increasing since the end of the pandemic.

New Jersey's screening is centralized; all reports are screened via the State Central Registry. For a CPS report to be accepted, four criteria must be met:

- The alleged child victim is a born child, under 18 years of age.
- The alleged perpetrator(s) is the child's parent, guardian, or other person in a caregiving role, who has custody or control of the child.
- The child victim(s) was harmed or placed at substantial risk of harm; meeting criteria specified in the Allegation Based System.
- There is a specific incident or set of circumstances that suggest the harm or substantial risk of harm was caused by the child's parent, guardian or other person having custody or control of the child.

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.

Despite the number of CPS referrals increasing from FFY 2022 to FFY 2023, the number of child victims continues to decrease.

New Jersey *(continued)*

In 2017, in response to the Comprehensive Addiction and Recovery Act of 2016 (CARA), New Jersey amended its regulations to require reporting of Substance Affected Newborns to the State Central Registry. For FFY 2023, New Jersey identified 1,854 substance exposed newborns; 1,529 (82.4%) had a Plan of Safe Care and 1,107 (72.4%) were referred to appropriate services. While reporting improved, due to system limitations not all children with plans of safe care and referrals to appropriate services are able to be included in the Child File.

New Jersey investigates allegations of commercial sexual exploitation for alleged victims under the age of 18 when the alleged perpetrator is in a caregiving role. There were additional children subject to human trafficking by a noncaregiver who received services from DCF; however, they are not included in the CPS report count.

In New Jersey, the category of neglect includes allegations of medical neglect.

Fatalities

In FFY 2023, the number of child fatalities decreased from FFY 2022. Fluctuations in the number of fatalities from year to year are likely due to random case-level variation and are monitored closely. Child fatalities are reported to New Jersey DCF by many different sources including law enforcement agencies, medical personnel, family members, schools, offices of medical examiners and, occasionally child death review teams. The CP&P Assistant Commissioner ultimately determines if the child fatality was the result of child maltreatment. The Office of Quality manages a critical incident review process that uses safety science approaches, including human factors debriefing to identify contributing systemic factors. The State NCANDS liaison consults with the Office of Quality and CP&P to ensure that all child maltreatment fatalities are reported in the state NCANDS files.

NJ SPIRIT is the primary source of reporting child fatalities in the NCANDS Child File. Specifically, child maltreatment deaths are reported in the NCANDS Child File in the field Maltreatment Death. The data is collected and recorded by investigators and the person management screens are updated in NJ SPIRIT. Other child maltreatment fatalities not reported in the Child File due to data anomalies, but which are designated child maltreatment fatalities by the Office of Quality under the Child Abuse Prevention and Treatment Act (CAPTA), are reported in the NCANDS Agency File under Child Maltreatment Fatalities Not Reported in the Child File. New Jersey only investigates child deaths if there is a reported allegation of abuse or neglect.

Perpetrators

In New Jersey, perpetrators are defined as persons responsible for a child's welfare who have engaged in the abuse or neglect of that child. Minors shall be considered caregivers to their own children and may be considered caregivers to other children if caring for that child at the time of an alleged act of abuse or neglect and of sufficient age and maturity to reasonably be expected to provide such care. New Jersey does accept perpetrator relationship types that are categorized as "other," including but not limited to: Child in Foster/Adoptive Home, Child in Other Licensed Care, and Other. For sex trafficking, New Jersey only investigates child abuse and neglect allegations in which the alleged perpetrator is in a caregiving role.

New Jersey *(continued)*

Services

New Jersey aims to preserve children in their own home for support services whenever possible. For more than 10 years, New Jersey continues to observe a decline in the volume of children separated from their family as a child welfare intervention. Data regarding services to children with behavioral health and substance use disorder diagnoses, as well as the volume of children separated from their family as a child welfare intervention is available on the New Jersey Child Welfare Data Hub.

New Jersey contracts for all direct services except for case management services, which are provided by CP&P workers. NJ SPIRIT reports those services specifically designated as Family Preservation Services, Family Support Services, and Foster Care Services as post investigation services in the Child File. Many additional services that are provided to families, such as supportive housing, home visiting, counseling, and in-home treatment are not captured in the NJ SPIRIT system and are not reported in the Child File.

New Mexico

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General

There have been no recent changes in the state’s policies, programs, or procedures that would affect New Mexico’s FFY 2023 NCANDS submission.

Currently, New Mexico does not have more than one type of response for screened-in reports. All screened-in reports are investigated. Screened-out reports are cross-reported to local law enforcement. A differential response program was implemented in a limited scope during FFY 2020 (to support families with allegations of educational neglect during widespread remote schooling). Referral criteria expanded, and the program is now operating as envisioned to support families with a wider variety of risk factors and needs. The program is still only operational in most counties, not all. A full statewide rollout will be completed in FFY 2024.

Reports

The number of screened-in referrals in FFY 2023 decreased by 7.8% from New Mexico’s FFY 2022 NCANDS submission. This decrease may be attributed to an influx of reports in FFY 2022 after the Covid-19 pandemic. The number of screened in referrals in FFY 2023 reflect the usual trend in New Mexico. Additionally, calls that pertain to CARA allegations are not screened in by SCI unless there are additional concerns or allegations.

The agency has not made any significant changes to its call center processes and procedures, other than normal staff turnover and training, as well as concerted efforts to reduce call center wait times.

The New Mexico definition for the investigation start date (“initiation”) is defined as the caseworker making face-to-face contact with each alleged victim identified in the report, rather than the individual child referenced in the child file. New Mexico also measures initiation time frames from the point at which the report is accepted by Statewide Central Intake, rather than the point at which the report is received or assigned to a worker in the county where the family resides.

New Mexico has modified the state’s data collection system to capture incident information. New Mexico updated the data collection to coincide with the 2022 reporting period. The 2022 submission should have an accurate incident date for the entire reporting year.

New Mexico has modified the state’s data collection system to capture incident information. New Mexico updated the data collection to coincide with the 2022 reporting period. The 2022 submission should have an accurate incident date for the entire reporting year.

New Mexico *(continued)*

Children

The total number of unique children FFY 2023 decreased by 9.6% and the number of unique child victims in FFY 2023 decreased by 2.5% from New Mexico's FFY 2023 NCANDS submission. This decrease may be attributed to an influx of reports in FFY 2022 after the Covid-19 pandemic. The number of screened in referrals in FFY 2023 reflect the usual trend in New Mexico. Additionally, calls that pertain to CARA allegations are not screened in by SCI unless there are additional concerns or allegations.

New Mexico investigation procedures do include face-to-face assessment of all children living in the household, regardless of whether they are identified as an alleged victim in the initial report.

The state does not have the capacity to report sex trafficking as an allegation type currently. As New Mexico transitions to a CCWIS, this change will be fully implemented, and reporting will likely begin once resources to map the changes become available.

For FFY 2023 513 reports were called in to CYFD Statewide Central Intake (SCI) for concerns for abuse or neglect and were screened out. Plans of care are tracked by the 2 CARA Navigators, one with CYFD and the other at DOH. New Mexico's Department of Health receives the plans of care through the portal, although there remain some training issues statewide with birthing hospitals on consistent use of the portal.

Fatalities

New Mexico reported a decrease in FFY 2023 as compared to FFY 2022. Percent differences in fatalities from year to year are highly susceptible to broad fluctuation due to the overall low numbers of applicable fatalities occurring in the population. New Mexico's overall child population is small compared to many other states. The total number of fatalities from year to year is proportionately small, so even incrementally small increases in the number of fatalities from one year to the next impacts the data but do not necessarily indicate systemic changes in agency practice. Because these records are included in the submission that 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, step-parent, guardian, foster parent, sibling, or any individual with responsibility for the care,

New Mexico *(continued)*

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 has 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

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General

Beginning on January 1, 2022, the level of evidence required was raised to “a fair preponderance of the evidence” standard. New York State Office of Children and Family Services (OCFS) regulations (18 New York Code Rules and Regulations-NYCRR, section 434.10) define these terms as follows:

- Some credible evidence—is evidence that is worthy and capable of being believed.
- A fair preponderance of the evidence—is evidence that outweighs other evidence that is offered to oppose it.

To allow for a more flexible response to families reported to the SCR, New York State has a dual track child protective system. Family Assessment Response (FAR). The law excludes reports containing allegations of sexual abuse, physical abuse, severe or repeated abuse, abandonment, and failure to thrive from consideration for FAR [SSL §427-a(3)(a)-(i)]. It also requires an initial assessment of child safety, and if a child is deemed unsafe, the report may not be handled using FAR [SSL §427-a(4)(c)]. LDSSs can opt to impose more restrictive eligibility criteria for assignment to FAR than those required by the statute [SSL §427-a(3), 18 NYCRR 432.13(b)(4)(ii)]. During the Covid-19 pandemic, some LDSSs established a FAR program and opted to use FAR to handle educational neglect cases only.

Reports

In 2023, OCFS revised and released the training for mandated reporters. The revisions to the training were made to comply with statutory requirements and to strengthen the skills of mandated reporters in making informed decisions about identifying potential abuse or maltreatment of a child. The new training helps mandated reporters identify when concerns do not rise to a level legally requiring a report be made to the Statewide Central Register of Child Abuse and Maltreatment (SCR). Another key focus of the new training is an implicit bias training component to explore the impact of implicit bias on decision making and to reduce the number of SCR reports influenced by bias about race or poverty. In FFY 2023 the number of full-time SCR screening staff increased 22% back toward pre-pandemic levels. This was accomplished in part by working collaboratively with NYS Civil Service and the unions, and by expanding to satellite offices.

The NYS SCR operates 24/7. It is staffed by trained Child Protective Specialists who conduct a focused interview with the caller and use the information to determine if a report of suspected abuse or maltreatment can be registered, or if other action is necessary and appropriate, such as a Law Enforcement Referral (LER). New York State does not collect information about calls not registered as reports.

New York *(continued)*

On March 31, 2021, the Marijuana Regulation and Taxation Act (MRTA) was signed into law legalizing adult-use cannabis in New York State. In response to this change, OCFS notified local districts in April 2022 that the SCR will “not register a report of suspected child abuse or maltreatment when the only reported concern is that a birthing parent and/or an infant tested positive for the presence of cannabis. Additionally, the SCR continues to not register a report when the only reportable concern is that a parent uses cannabis products.”

While NYS maintains a statewide hotline for CPS referrals, response to accepted referrals is handled at the county level. New York State law requires that each local department of social services (LDSS) establish a CPS unit within the LDSS to investigate suspected child abuse and maltreatment, provide protection from further abuse or maltreatment and offer rehabilitative services for the child or children and parents or caregivers involved. Investigations must start within 24 hours of receipt of the report and caseworkers are required to conduct a safety assessment within 7 days of an accepted referral to determine whether the child named in the report or any other children in the household are in immediate danger of serious harm.

Prior to FFY 2021, approximately 10 percent of reports submitted to NCANDS were mapped to the “other” report source category. NYS revised its report source mapping rules beginning with the FFY 2021 submission. Under these new rules several report sources previously attributed to “other” were reassigned to existing NCANDS categories. For example, reporters from shelters, community agencies or service providers were reassigned to the “Social Service Personnel” category. Additional changes included moving “Substance Abuse Counselors” to the “Mental Health Personnel” category; “Parent Substitute” and “Guardian” to the “Parent” category; and “Godparent”, “Non-relative”, “Concerned Citizens”, and “Unrelated Household Members” to the “Friends and Neighbors” category. These changes significantly reduced the percentage of reports attribute to the “Other” reporter source.

Children

NYS has an allegation type of “Parent Drug/Alcohol Use.” During the investigation, CPS caseworkers can document the drug or alcohol use of the caregivers, giving the State the capability to separate caregivers’ use of drugs from use of alcohol. This allegation does not directly correspond to any of the predefined NCANDS maltreatment type categories. Beginning with the FFY 2021 file, NYS changed its mapping rules to move this allegation from “Other” to “Neglect or Deprivation of Necessities.”

Not all children reported in the Child File have AFCARS IDs because the State uses different child identifiers for child protective service cases and child welfare cases. If a child’s system involvement is limited to CPS investigation, the child will not be assigned a child welfare identifier (i.e., AFCARS ID). Additionally, the Justice Center for the Protection of People with Special Needs which investigates reports of institutional abuse uses a different child identifier.

Ideally a child should have a single child protective services case id that spans across all CPS reports. However, in some instances a child is assigned a new child protective services case id when a new report is received, resulting in some children having more than one child

New York *(continued)*

protective services case id. New York is exploring ways to detect and reduce the circumstances that lead to multiple child protective case IDs per child.

Information on “child alcohol and drug abuse” risk factors was reported for the first time in FFY 2020. In NYS accepted allegations include “child drug or alcohol abuse” and “parent drug or alcohol abuse.” If a child is over the age of one and named as an alleged victim of an allegation of child drug or alcohol abuse, the child is identified in the NCANDS Child File as having a drug or alcohol risk. If a child is under the age of one and named as an alleged victim of parent drug or alcohol abuse and one or more additional risk factors are checked (positive tox, withdrawal, Fetal Alcohol Spectrum) the child is identified in NCANDS as having a drug or alcohol risk.

For every child younger than one year old named as an alleged victim of parent drug or alcohol abuse, where one or more additional risk factors are checked (positive tox, withdrawal, Fetal Alcohol Spectrum), NYS requires that information on plans of safe care and service referral be completed – regardless of reporter type. This differs from NCANDS rules, which state that information on plans of safe care and referral only be provided when the reporter was classified as “medical personnel.” In NYS, many reporters identify by professional qualification (e.g., social worker) rather than setting (e.g., medical personnel). As a result, while NYS maintains information on the plan of safe care and referral for all children identified in the NCANDS Child File as substance exposed, the plan of safe care and referral numbers reported in the NCANDS file are limited to those cases in which the report source identified as medical personnel, under reporting the number of children in each category.

Facilities

By State statute, all child fatalities due to suspected abuse and neglect must be reported by mandated reporters, including, but not limited to, law enforcement, medical examiners, coroners, medical professionals, and hospital staff, to the Statewide Central Register of Child Abuse and Maltreatment. No other sources or agencies are used to compile and report child fatalities due to suspected child abuse or maltreatment. NYS also has a state Child Fatality Review Team that fulfills State’s oversight and reporting roles.

State practice allows for multiple reports of child fatalities for the same child and deaths that occurred in previous years to be reported to the State Central Register (SCR). These fatalities are then investigated, and dispositions made. This practice allows for reporting of fatalities reported in previous NCANDS files to be reported again. However, starting in FFY 2021 a new fatality report will not be registered by the SCR if one had already been registered and investigated with a disposition made in the past and no new information is provided regarding maltreatment or abuse concerns associated with the child’s death.

After further review of reporting instruction and clarification with NCANDS technical assistance, New York State revised how it reports fatalities within NCANDS starting in FFY 2020. New York State now includes all fatalities regardless the date of death to NCANDS fatality reporting, as long as the fatality report investigation ended during the reporting period and the fatality had not been reported in a prior NCANDS submission. Between FFY 2022 and FFY 2023 the number of substantiated fatalities increased. The reasons for this

New York *(continued)*

increase are not currently known; OCFS' fatality review team is reviewing the change and engaging Local District staff to further explore the issue.

Perpetrators

In NYS, any of the following persons who are allegedly responsible for causing injury, abuse or maltreatment to, or allowing injury, abuse or maltreatment to be inflicted on, a child named in a report to the SCR may be a subject of a report:

- A child's parent or guardian; or other persons legally responsible
- A director, operator, employee or volunteer of a home operated or supervised by an authorized agency, OCFS, a family day-care home, a day-care center, a group family day-care home, or a school-age child care program; who allegedly is responsible for causing injury, abuse, or maltreatment to a child who is reports to the Statewide Central Register of child abuse or maltreatment, or who allegedly allows such injury, abuse or maltreatment to be inflicted on such child.

There is no age limitation for parents. Noncaregivers are not considered legally responsible individuals, and thus do not meet the criteria to named as a subject in a registered report.

Prior to FFY 2022, perpetrator relationship was missing or unknown in approximately six percent of cases submitted to NCANDS. For the FFY 2022 submission, NYS revised the programming used to determine perpetrator relationship.

Services

The State is not currently able to report the NCANDS services fields. Title XX funds are not used for providing child preventive services in this State. Local departments of social services provide all services, and many of those services are contracted services with various preventive agency providers. New York State does provide funding for primary prevention programs such as the Healthy Families New York home visiting program.

North Carolina

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The state did not submit commentary in time for the *Child Maltreatment 2023* report.

North Dakota

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General

North Dakota implemented a central “hotline,” the Child Abuse and Neglect Reporting Line, for the receipt of reports of suspected child abuse and neglect in January 2021. Since the inception of this centralized process, the number of reports received had steadily increased until this FFY when the reports started to decline. On August 1, 2021, there was a change to state law and policy that provides for a definition of impending danger. North Dakota Century Code Chapter defines “impending danger” as a foreseeable state of danger in which a behavior, attitude, motive, emotion, or situation can be reasonably anticipated to have severe effects on a child according to criteria developed by the Department.

Two determinations are made upon the conclusion of a child protection assessment, one that determines if a child meets the definition of an abused or neglected child and another that determines if impending danger threats are present. The presence of impending danger threats mandate child welfare involvement through case management (protective services), either in-home or out-of-home. The provision of protective services is now no longer directed by substantiated maltreatment, but rather the presence of impending danger threats to a child’s safety. Substantiated child victims remain those with identified maltreatment. Once case management (protective services) begins, the caseworker must continually assess the parents/caregivers, children, and alternate caregivers (when applicable to the case) on an ongoing basis to ensure all needs are addressed through appropriate services and progress towards goal achievement is being made. The state’s decrease in child victims and perpetrators is likely due to the above-mentioned changes to statute and policy.

A new definition of “mental injury” was added to the state statute and defines mental injury as an observable and substantial, nontransitory impairment to a child’s mental or psychological ability to function within a normal range of performance or behavior. Since this addition to the law, there has been a decrease in the determination of psychological maltreatment.

State law defines three types of assessments that may be carried out in response to a report of suspected child abuse and neglect: An “alternative response assessment” means a child protection response involving substance exposed infants which is designed to provide referral services to and monitor support services for a person responsible for the child’s welfare and the substance exposed infant; and to develop a plan of safe care for the substance exposed infant. A “child protection assessment” means a factfinding process designed to provide information that enables a determination of whether a child meets the definition of an abused or neglected child, including instances that may not identify a specific person responsible for the child’s welfare which is responsible for the abuse or neglect. A “family services assessment” means a child protection services response to reports of suspected child abuse or neglect in which the child is determined to be at low risk and safety concerns for the child are not evident according to guidelines developed by the department.

North Dakota *(continued)*

The alternative response assessments are exclusive to substance exposed infants. 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 or victims.

The state law was changed on August 1, 2023, regarding the definition of substance exposed infants and alternative response assessments. Previous to this date, statute defined an alternative response assessment as a response involving substance exposed newborns rather than infants. Substance exposed newborns were defined as those under 28 days of age. The new definition of substance exposed infants defines this age as under twelve months. Thus, those children eligible for an alternative response assessment increased, which resulted in an increase in alternative response assessments and another reason for the decrease in maltreatment victims.

The family services assessment was implemented statewide in March 2022 after being pilot tested in four Human Service Zones. The primary suspected maltreatment receiving a family services assessment is educational neglect. Data elements for the Alternative Response Assessment and Family Services Assessment response have been added to the child welfare data management system, however, they have not yet been mapped to the Child File. The total number of completed Alternative Response Assessments in FFY 2023 is 162. The total number of completed Family Services Assessments in FFY 2023 is 84.

North Dakota Century Code requires that all reports of suspected child abuse and neglect be reported to the Department of Health and Human Services through its authorized agent and requires that any report must be accepted was changed on August 1, 2021, to allow child protection services assessment decisions as follows:

- *Confirmed* means that upon completion of a child protection assessment, the department determines, based upon a preponderance of the evidence, that a child meets the definition of an abused or neglected child, and the department confirms the identity of a specific person responsible for the child's welfare which is responsible for the abuse or neglect.
- *Confirmed with unknown subject* means that upon completion of a child protection assessment, the department determines, based upon a preponderance of the evidence, that a child meets the definition of an abused or neglected child, but the evidence does not confirm the identity of a specific person responsible for the child's welfare which is responsible for the abuse or neglect.
- *Unable to determine* means insufficient evidence is available to enable a determination whether a child meets the definition of an abused or neglected child. These assessments are coded as closed with no finding.
- *Unconfirmed* means that upon completion of a child protection assessment, the department has determined, based upon a preponderance of the evidence, that a child does not meet the definition of an abused or neglected child.

North Dakota *(continued)*

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 Health and Human Services therapist.
- Reports of pregnant women using controlled substances or abusing alcohol (when there are no other children reported as abused or neglected) are also included in the category of administrative assessments, as state law doesn't allow for a decision of "confirmed" (substantiation) in the absence of a live birth.

Assessments that are in progress when information found during the assessment indicates the reported concerns fall outside the definitions in the child abuse and neglect law are then terminated in progress. Reports may also be referred to another jurisdiction when the children of the report are not physically present in the Human Service Zone {these reports are referred to another jurisdiction (tribal, or state), where the children are present or believed to be present}. Reports involving a Native American child living on an Indian Reservation are referred to tribal child welfare systems or to the Bureau of Indian Affairs child welfare office. Reports concerning sexual abuse or physical abuse by someone who is not a person responsible for the child's welfare (non-caregiver) are referred to law enforcement. The total number of administrative assessments or referrals in FFY 2023 is 10,948. This total breaks down to 5,277 administrative assessments; 2,355 administrative referrals; 3,085 terminated in progress (16 were alternative response assessments terminated in progress); and 231 pregnant woman assessments. There were 2,853 completed full assessments for a determination.

Child Protection Services Policy for initiation changed with the adoption of the Safety Framework Practice Model in December 2020, which states that initiation of child protection assessments is face to face contact with all reported child victims, the initial face to face contact with a victim must be completed by child welfare, is no longer allowed to be conducted prior to the report date and the timeline for contact with victims does not exceed three days.

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The state also acknowledges there have been workforce challenges this submission period. There are vacancies statewide across child welfare; workers have high caseloads; there is high turnover; vacancies are being filled with a younger, inexperienced workforce, all this resulting in decreased capacity to promptly respond to reports and complete quality comprehensive assessments that would determine child abuse and neglect. This issue has primarily plagued the largest zone in the state and additional staff have responded to that area to assist and accommodate the case load.

When response time is calculated according to state policy and administrative rule during FFY 2023, the response time is 145 hours. Workforce challenges are present statewide with the primary impact being higher caseloads than desired and increased response time to reports not identifying present danger. Several agencies have numerous vacancies, resulting in extremely high caseloads and decreased capacity. Vacancies are being filled with a younger, less experienced workforce, increasing the need for training and supervision.

North Dakota is a county administered system, the state can only determine the numbers of Full- Time Equivalents (FTEs) employed by a county for certain job titles, such as Social Worker or Family Service Specialist. These FTEs may be employed in various county programs for varying portions of their FTE. For Example: A county employee may be a full FTE, but 1/2 time will be CPS functions, 1/4 time maybe foster care and 1/4 time may be in-home case management. The state has no independent way to determine what portions of the FTE are dedicated to CPS functions.

North Dakota implemented a centralized intake “hotline” (ND Central Child Abuse and Neglect Reporting Line) for reporting suspected child abuse and neglect in January 2021. The workforce for this unit is comprised of 15 county FTE’s. In an attempt to glean the required information for NCANDS reporting, the state has completed a survey of the 19 Human Service Zones (formerly county social service agencies) in which the Human Service Zones are asked to report the number of FTEs in their agency dedicated to CPS functions. An electronic survey was prepared in two sections, using Survey Monkey as the vehicle for collecting the data. This survey was transmitted via email to directors of all Human Service Zones in the state. The survey was administered in two parts. The first part was completed by agency directors, listing the staff and percentage of FTE for each child welfare staff person for each function requested. Information on caseload or workload requirements, including the average number, were then calculated using the data provided in the survey and the caseload numbers extracted from the statewide data system. The survey was administered in May 2023 and represents the workforce for FFY 2022. For the Director’s portion of the survey all 19 of the 19 Human Service Zones reported. Directors reported a total of 112 employees, including supervisors, responsible for intake and assessment. Of these 112 FTEs, 13 were responsible for CPS intake functions, 81 were responsible for CPS assessment functions, and 18 were responsible for supervision functions.

Children

There was a decrease in child victims this reporting period and this is likely the result of the change in state statute and policy, adding the presence of impending danger as the determining factor in accessing post assessment protective services, rather than substantiated maltreatment. When children do not meet the definition of an abused or neglected child,

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yet there is identified impending danger, protective services to address child's safety is now mandated, even without the maltreatment substantiation. This has also resulted in an increase in children receiving preventative services. This decrease in child victims, specifically in those under one year of age, may also be reflective of a recent legislative change defining an alternative response assessment as a child protection response involving "substance exposed infants" rather than "substance exposed newborns" as it had previously been defined (prior to August 1, 2022). This change has allowed for additional children to be eligible for the alternative response, now allowing children up to 12 months of age from the previous maximum of 28 days, and thus lowering the substantiated victims for prenatal substance exposure.

The state law requires referral services and monitoring of support services for caregivers as well as a Plan of Safe Care for the substance exposed newborn/infant, mirroring the federal CARA legislation amending CAPTA. Notification of substance exposed newborns by health care providers are reported as child maltreatment. State statute defines a "neglected child" as "subject to prenatal exposure to alcohol misuse or any controlled substance as defined in section 19-03.1-01 in a manner not lawfully prescribed by a practitioner." There were 149 substance exposed infants identified during FFY 2023. Of the 149 identified substance exposed infants, 152 of them had a Plan of Safe Care developed (89%); all 149 of these substance exposed infants and their affected caregivers received some degree of appropriate services. The most frequently identified reasons for lack of a Plan of Safe Care included: toxicology testing confirmed the infant was not drug exposed and lack of cooperation from the caregiver

The lead agency completed the process of analysis and design to incorporate data system changes for the data reporting elements for prenatally substance exposed infants, however appropriate mapping for NCANDS continues to be delayed for technical and resource reasons, including priority for the development of a new child welfare data management system. Program data reports as well as data management system development pull from the same pool of data resources available to Health and Human Services and this is beyond the control of the program.

Due to mapping requirements and limited data resources, NCANDS mapping for risk factor data elements are limited for this reporting period. The data reporting is expected to improve when the revised risk factor changes are mapped for NCANDS reporting. This process has begun and is expected to be completed for next submission period.

Data fields have been added to the child welfare data management system to capture the maltreatment type of sex trafficking as well as sex trafficking as a child risk factor. This data has not yet been mapped for NCANDS reporting; however, this process has begun and is expected to be completed next submission period. There were zero children identified with a confirmed maltreatment of sex trafficking in FFY 2023 and 11 children with an identified child risk factor for sex trafficking. An identified child risk factor indicates that trafficking may have occurred by someone who is not a "person responsible for a child's welfare" under state law. Child victim counts with a caregiver risk factor for alcohol abuse is 212, methamphetamine use is 251, opioid use is 87, and other drug use by caregiver is 308. Child victim risk factor counts for prenatal exposure to alcohol is 17, prenatal exposure

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to methamphetamine is 85, prenatal exposure to opioids is 18 and prenatal exposure to other drugs is 97. In addition, the child victim risk factors for environmental exposure to methamphetamine is 214, environmental exposure to alcohol is 204, environmental exposure to opioids is 77 and environmental exposure to all other drugs is 261.

Fatalities

All fatalities were reported in the Child File. The North Dakota Department of Health and Human Services, Children and Family Services is the agency responsible for coordination of the statewide Child Fatality Review Panel as well as serving as the state's child welfare agency. The Child Maltreatment and Fatality Administrator / Prevention and Protection serves as the Presiding Officer of the Child Fatality Review Panel. This dual role provides for close coordination between these two processes and aides in the identification of child fatalities due to child abuse and neglect as a sub-category of child fatalities from all causes. The North Dakota Child Fatality Review Panel coordinates with the North Dakota Department of Health and Human Services Vital Records to receive death certificates for all children, ages 0-17 years, who receive a death certificate issued in the state. These death certificates are screened against the child welfare database and any child who has current or prior CPS involvement as well as any child who it can be determined is in the custody of county Human Service Zones or the Division of Juvenile Services at the time of the death is selected for in-depth review by the Child Fatality Review Panel, along with any child whose Manner of Death as listed on the Death Certificate is "Accident", "Homicide", "Suicide" or "Undetermined". Any child for whom the Manner of Death is listed on the Death Certificate as "Natural", but whose death is identified as sudden, unexpected, or unexplained is also selected for in-depth review.

As part of these in-depth reviews, records are requested from any agency identified in the record as having involvement with the child in the recent period prior to death, including law enforcement, medical facilities, CPS, the County Coroner, and the State Medical Examiner's Office for each death. Under North Dakota law, any hospital, physician, medical professional, medical facility, mental health professional, mental health facility, school counselor, or division of juvenile services employee shall disclose all records of that entity with respect to any child who has or is eligible to receive a certificate of live birth and who has died. Additionally, the State Medical Examiner's Office forensic pathologists participate in conducting the reviews. Data from each review is collected and maintained in a separate database. It is this database that is correlated with data extracted from the child welfare database for NCANDS reporting. Even though the NCANDS data does not contain child welfare data concerning children in tribal jurisdiction, the state is confident that all deaths in the state from all causes are identified, reviewed, and reported. Another safeguard in data reporting is that the child welfare agency is also the entity that convenes the Child Fatality Review Panel, reviews the records for each death, compiles that data following the reviews and publishes the annual Child Fatality Review Panel Data report as well as being responsible for NCANDS reporting.

Perpetrators

State law limits CPS actions to reports involving "a person responsible for a child's welfare", defined as "an individual who has responsibility for the care or supervision of a child and who is the child's parent, an adult family member of the child, any member of the child's

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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. Reports which do not meet statutory definitions mandated to Child Protection Services, but which may be a potential violation of criminal law are to be “disposed” through referral to law enforcement. For the purposes of institutional child abuse and neglect, “a person responsible for the child’s welfare” means an institution that has responsibility for the care or supervision of a child.

Under state statute, “Institutional child abuse or neglect” means situations of known or suspected child abuse or neglect when the institution responsible for the child’s welfare is a public or private school, a residential facility or setting either licensed, certified, or approved by the department, or a residential facility or setting that receives funding from the department. The following are excluded: correctional, medical, home and community based residential rehabilitation and educational boarding care settings. An individual working as facility staff is not held culpable within Institutional Child Protection Services, rather, the facility itself is considered to be the “subject” (perpetrator) of the report. Assessments of institutional child abuse or neglect are assessed at the state level (DHHS) rather than at the county (Human Service Zone) level as are CPS reports that are non-institutional. All reports of institutional child abuse and neglect are reviewed by a multi-disciplinary State Child Protection Team on at least a quarterly basis. Determinations of institutional child abuse and neglect are made by team consensus. A determination of “indicated” means that a child was abused or neglected by the facility. A decision of “not indicated” means that a child was not abused or neglected by the facility. There were 181 reports of Institutional Child Abuse or Neglect in FFY 2023, making up 47 completed full assessments. Of these 47 assessments, 44 had a finding of “not indicated” and 3 had a finding of “indicated”. There were 65 assessments Terminated in Progress, and 69 reports were administratively assessed/administratively referred. No reports remained open at the time of this report.

North Dakota reports unknown perpetrators as Unknown within the state’s child welfare data management system (FRAME). Perpetrator IDs for unknown perpetrators are unique to each assessment. State law allows for a CPS assessment determination of “confirmed with an unknown subject” which means that upon completion of a child protection assessment, the department determines, based upon a preponderance of the evidence, that a child meets the definition of an abused or neglected child, but the evidence does not confirm the identity of a specific person responsible for the child’s welfare which is responsible for the abuse or neglect.

Data fields have been added to the child welfare data management system to capture the maltreatment type of sex trafficking as well as sex trafficking by a non-caregiver. This data has not yet been mapped for NCANDS reporting. There were 13 reported perpetrators of sex trafficking that were identified as non-caregivers.

Services

The methods for Agency File Data components 5.1 and 5.2 include only children less than 3 years of age. The number of children eligible for referral for IDEA is 327. The number of children actually referred is 319. Of the 8 children eligible and not referred, five (5) children had been previously referred and were receiving IDEA services, two had moved out of the service area and one’s whereabouts were unknown.

North Dakota *(continued)*

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.

North Dakota Title IV-E Prevention Services portal went live in 2021. There are nine approved prevention services eligible for Title IV-E reimbursement, they are:

- Healthy Families
- Parents as Teachers
- Nurse-Family Partnership
- Homebuilders
- Brief Strategic Family Therapy
- Parent-Child Interaction Therapy
- Multisystemic Therapy
- Functional Family Therapy
- The Family Check-Up

Community agencies and private service providers can apply to become an approved Title IV-E prevention services provider by completing an application. Title IV-E providers must identify the approved Title IV-E prevention service(s) they want to provide, submit verification they have the required qualifications, training, certification and/or accreditation to provide the service, outline their fidelity review process, and agree to the responsibilities and requirements set forth by ND Children and Family Services Division (CFS) and the Family First Prevention Services Act. Children and Family Services provided grant funding for agencies and professionals to become trained in and providing the evidence-based prevention services. The approved services focus on behavioral health and in-home parent skill-based programs supporting family stability and preventing children from entering foster care.

Ohio

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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. Those who are “alleged child victims” of reports assigned to the TR pathway receive a disposition:

- **Unsubstantiated**—the assessment/ investigation determined no occurrence of child abuse or neglect.
- **Substantiated**—there is an admission of child abuse or neglect by the person(s) 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.

A mandated reporter portal (Taking Early Action Matters (TEAM Ohio)) is currently being piloted in several counties throughout the state consisting of the public children services agency with some of their local partners (i.e., children’s hospital, school districts, law enforcement) entering referrals into the system.

There was a correction made to the Agency File field Number of Children Screened Out for previous years submission (FFYs 2021 and 2022) due to an identified mapping error. The query was adjusted with the correct count of children screened out.

Reports

In FFY 2023, the number of referrals screened out increased from FFY 2022. The reason for the higher rate of screen outs statewide is attributed to two of Ohio’s major metropolitan counties adjusting their screening procedures to be more consistent with the rest of the state. Essentially, their screen in rates were previously significantly higher than the statewide average and now are consistent with the rest of the state.

Ohio is a state supervised, county administered, child protection services program and does not operate a state referral hotline. Ohio continues to operate a centralized state referral hotline which provides the referent with the local county Public Children Services Agency (PCSA) referral contact information. The intake of referrals is required to be received by each county PCSA. The requirements established for recording referral information received, completing a screening decision of the referral, conducting assessment/investigations of alleged abuse or neglect are maintained per Ohio Administrative Code rules.

The revised Ohio Child Protective Services Screening Guidelines were released on September 7, 2022. This guide was revised and reformatted to provide child welfare

Ohio *(continued)*

professionals enhanced guidance of screening examples along with a streamlined flow within the document, supporting the decision-making process. References to Ohio Administrative Code (OAC) and Ohio Revised Code (ORC) were made in the beginning of each section/sub-section of the categories to assist with decision making. Considerations for each category have been provided to promote critical thinking during the intake and screening processes. The revised guidelines influence statewide consistency and serve as a training resource.

Ohio does not capture full-time or part-time status of staff in Ohio SACWIS or any other state automated system. As such, Ohio does not report in Agency File fields Number of Staff Responsible for CPS Functions (Screening, Intake, and Investigation/Assessment of Reports) During the Year or Number of Staff Responsible for the Screening and Intake of Reports During the Year. However, it is important to note Ohio SACWIS identifies 3,568 staff responsible for multiple child protective services functions including screening, intake, and assessment/investigation of reports.

Children

Ohio PCSAs have the ability to identify a case involving human trafficking at any point during the assessment/investigation. Often referral information received regarding a concern of child maltreatment may not be known, or identified as, human trafficking by the reporter. Initial concerns reported may be regarding the child's condition of being neglected or physically abused. During the assessment/investigation processes additional information may be gathered regarding human trafficking. If this occurs, the PCSA is required to contact law enforcement.

Ohio's screening guidelines were revised to include ORC definitions of trafficking and the criminal offenses associated to assist in screening decisions related to trafficking. Universal human trafficking assessments for all children screened into a PCSA child abuse or neglect report will assist in the identification of human trafficking and service provision. Human trafficking assessments and resource links are to be added to assessment and planning tool field guides. The field guides include examples of trafficking in addition to guided questions for the caseworker.

Ohio's Comprehensive Addiction Recovery Act (CARA) data collection has improved over the past few years. Infants with prenatal substance exposure are tracked when child abuse or neglect is reported and at the completion of the assessment/investigation in the Family Assessment.

ODJFS has teamed with numerous projects, initiatives, and workgroups to train and educate the entities who are responsible in serving infants who are substance exposed and their families. In May 2020, the Practice and Policy Academy launched its work on creating a collaborative systemic approach to implementation of CARA and Plans of Safe Care (PoSC). The Practice and Policy Academy is led by Ohio Department of Mental Health and Addiction Services and the Ohio Department of Job and Family Services (Department of Children and Youth), with Children and Family Futures previously providing oversight. The Practice and Policy Academy is comprised of participants from state agencies, state associations, PCSAs, and other community partners that work with families experiencing substance use during pregnancy. A standalone CARA Dashboard for PCSA and community use is under

development. The Department of Children and Youth is exploring new CARA and Plan of Safe Care funding opportunities for plan of safe care coordinators throughout the state.

Fatalities

Child maltreatment deaths reported in Ohio's NCANDS submission are compiled from the data maintained in the Ohio SACWIS. The Ohio SACWIS data contains information on those children whose deaths were reported to a PCSA, or children involved in a CPS report who died during the assessment or investigation period. As a county administered CPS system, Ohio PCSAs have discretion of which referrals are accepted for assessment or investigation. In some cases, the PCSA will not investigate a child fatality report unless it is deemed there was suspected abuse or neglect or other children in the home who may be at risk of harm or require services. Referrals of child deaths due to suspected maltreatment not accepted by the PCSA are investigated by law enforcement.

Ohio is making changes to its Child Fatality Review Process and has joined the National Partnership for Child Safety (NPCS), to improve efforts in child safety and preventing child maltreatment fatalities. Ohio is beginning to use a new tool to review child fatalities – the Safe Systems Improvement Tool (SSIT) National Partnership for Child Safety Version. The SSIT is specifically designed for use in reviewing child fatalities or serious incidents.

Perpetrators

The NCANDS category of “other” perpetrator relationship includes nonrelated (NR) child and NR adult. These are catch-all categories that can be used for an individual who is not a family member. Guidance continues to be provided to agencies to select the most appropriate relationship code (e.g., neighbor) instead of using the nonrelated categories. Ohio does report noncaregiver perpetrators of sex trafficking to NCANDS in the “other” category as described above. These cases are also tracked at disposition and the date they were referred to law enforcement entered.

Services

Ohio is continually working to improve the recording of services data in the Ohio SACWIS. Federal grant funds are used for state level program development and support to county agencies providing direct services to children and families.

Ohio successfully implemented phase one of the Family First Prevention Services Act (FFPSA) on October 1, 2021. Ohio secured a vendor, the Center of Excellence to ensure statewide capacity building of evidence-based practice models for multisystem therapy and family functional therapy and to monitor for fidelity to their model. Ohio was approved for the use of the evidence-based practices known as OhioSTART for families struggling with substance abuse; Healthy Families America, Triple P Parenting, and Parents as Teachers to help those families in need of in-home parenting-based services.

In FFY 2023, the number of children, parents, and families served through the Community-Based Prevention of Child Abuse and Neglect Grant has increased significantly since FFY 2022.

Ohio *(continued)*

The 136.55% increase in parents/families served in FFY 2023 and the 90% increase of children served can be attributed to continued and increased investment in projects demonstrating success in innovative child abuse and neglect prevention services. One grantee in particular built momentum from FFY 2022 to FFY 2023, doubling the number of service providers from 6 to 11 being provided services, nearly doubling the number of parents/families reached. Other statewide innovative child abuse and neglect prevention service providers also continued success and increased their reach to parents/families in FFY 2023.

Oklahoma

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General

Throughout FFY 2023, the Oklahoma Human Services (OKDHS) continued to transform through an intense focus on transparency and innovation and our commitment to improve the trajectory of Oklahoma families. In FFY 2023, OKDHS reached a major milestone in the agency’s plan to reform foster care in Oklahoma. Child Welfare Services (CWS) achieved and maintained 23 of 30 performance measures as required through the Pinnacle Plan, the Oklahoma’s Child Welfare System reform plan from the settlement agreement reached in the class action litigation DG vs. Yarbrough, Case No. 09-CV-074.

It is critical to note the impacts from COVID-19 has continued to effect service coordination. OKDHS and service providers have continued to experience workforce shortages and turnover that have resulted in less capacity to provide prevention services to families. This, coupled with the end of the public health emergency declarations that provided waived/modified requirements for Medicaid and other safety net services and supports for families, and the increase in mental health disorders and long-term effects of the social, economic, and psychological issues brought on by the COVID-19 pandemic, have continued to be a challenge. Geographic variances, including population density, driving distances, and availability of local services are barriers in the delivery of the highest quality and most effective services available statewide, particularly in the western panhandle region of the state. While the state’s capacity to respond to the need to increase capacity depends on budget constraints, when possible, the state has added to contracts to assist in children being able to remain safety with their parents and for children in foster and adoptive placements achieve permanency.

Four bills related to Child Welfare Services were passed during the 2023 legislative session. Of note, HB 1072 requires courts to set hearings within 60 days of placing a child in a residential treatment program; and, SB 159 which permits parents and legal guardians who are parties to deprived petitions to voluntarily participate in services related to the behaviors and conditions which led to the petition, such participation is not to be used as evidence in certain proceedings.

Reports

The Oklahoma Department of Human Services has a statewide, centralized hotline to receive child abuse and neglect reports. An allegation of child abuse or neglect reported in any manner to a DHS county office is immediately referred to the Hotline. Each report received at the Hotline is screened to determine whether the allegations meet the definition of child abuse or neglect and are within the scope of child protective services (CPS) assessment or investigation.

DHS responds to an accepted report of child abuse or neglect by initiating an assessment of the family or an investigation of the report in accordance with priority guidelines. The primary purpose of the assessment or investigation is the protection of the child. For

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 report meets the abuse or neglect guidelines and constitutes a serious and immediate threat to the safety of a child
- there have been three or more reports accepted for assessment or investigation regarding the family
- the family has been the subject of a deprived petition or
- the child was diagnosed with fetal alcohol syndrome or DHS determines the child meets the definition of "drug-endangered child".

Reports that are appropriate for screening out and are not accepted for assessment or investigation are reports:

- that clearly fall outside the definitions of abuse and neglect, including minor injury to a child 10 years of age and older who has no significant child abuse and neglect history or history of neglect that would be harmful to a young or disabled child, but poses less of a threat to a child 10 years of age and older;
- concerning a victim 18 years of age or older, unless the victim is in voluntary placement with DHS;
- where there is insufficient information to locate the family and child;
- where there is an indication that the family needs assistance from a social service agency but there is no indication of child abuse or neglect;
- that indicate a child 6 years of age or older is spanked on the buttocks by a foster or trial adoptive parent with no unreasonable force used or injuries observed

Oklahoma *(continued)*

- that indicate the alleged perpetrator of child abuse or neglect is not a PRFC, there is no indication the PRFC failed to protect the child, and the report is referred to local law enforcement; and
- the family resides on tribal land includes tribal members or the family is a tribal foster home with placement of only tribal custody children and the tribe accepted jurisdiction of the investigation.

Allegations concerning the same incident received from the same or a different reporter are considered duplicate reports and may be screened out and associated with the original assigned assessment or investigation. Allegations concerning the same child and family received within 45 calendar days of a previously accepted and assigned report are considered subsequent reports and may be screened out and the allegations addressed in the on-going report, unless the subsequent report contains allegations of a child death, child near death, child trafficking, or sexual abuse to a child by a PRFC or other adult who has close contact or access to the child. These are not screened out as subsequent and the allegations are investigated in a new report.

Children

Oklahoma defines a child as any unmarried person younger than 18 years of age, including an infant born alive.

A “drug endangered child” is defined as a child who is at risk of suffering physical, psychological, or sexual harm as a result of the use, possession, distribution, manufacture, or cultivation of controlled dangerous substances or the attempt of any of these acts by a Person Responsible For Care (PRFC).

- This term includes circumstances wherein the PRFC’s substance use or abuse interferes with his or her ability to parent and provide a safe and nurturing environment for the child.
- (10A O.S. § 1-2-101) Every physician, surgeon, or other health care professional including doctors of medicine, licensed osteopathic physicians, residents and interns, any other health care professional, or midwife involved in the pre-natal care of expectant mothers or the delivery or care of infants who test positive for alcohol or a controlled dangerous substance, must promptly report the matter to the DHS. This includes infants who are diagnosed with neonatal abstinence syndrome or fetal alcohol spectrum disorder.
- Whenever DHS determines that a child meets the definition of- a “drug-endangered child” or was diagnosed with neonatal abstinence syndrome or fetal alcohol spectrum disorder, and the referral is assigned, DHS conducts an investigation of the allegations and does not limit the evaluation of the circumstances to an assessment.
- Whenever DHS determines an infant is diagnosed with neonatal abstinence syndrome or fetal alcohol spectrum disorder, DHS develops a plan of safe care that addresses the infant and affected family member or caregiver and, at a minimum, their health and substance use or abuse treatment needs.

Oklahoma defines a “plan of safe care” as a plan developed for an infant with neonatal 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 *(continued)*

Oklahoma defines a “substance exposed infant” as a newborn who tests positive for alcohol or a controlled dangerous substance with the exception of substances administered under the care of a physician. Oklahoma defines “substance affected infant” as one who was born experiencing withdrawal symptoms as a result of prenatal drug exposure or fetal alcohol spectrum disorder as determined by the direct health care provider.

Fatalities

Oklahoma investigates all reports of child death and near death that are alleged to be the result of abuse or neglect. When DHS has reasonable cause to suspect that a child death or near-death is the result of abuse or neglect, DHS notifies the Governor, the President Pro Tempore of the Senate, and the Speaker of the House of Representatives of the initial investigative findings of the child protective services review. Notice is communicated securely no later than 24 hours after the reasonable determination of suspicion.

A final 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
- requests for additional information when determined necessary

The Oklahoma Child Death Review Board conducts a review of every child death and near death in Oklahoma. The Bureau of Vital Statistics forwards all death certificates of persons under 18 years of age to the Office of the Chief Medical Examiner monthly, received during the preceding month. The Office of the Chief Medical Examiner conducts an initial review of death certificates in accordance to the criteria established by the Child Death Review Board and refers to the Board cases that meet the criteria. The Child Death Review Board is composed of 27 members or designees.

Perpetrators

Oklahoma defines a person responsible for the child’s health, safety, or welfare (PRFC) as:

- the child’s parent, legal guardian, custodian, or foster parent;
- a person 18 years of age or older with whom the child’s parent cohabitates or any other adult residing in the home of the child;
- an agent or employee of a public or private residential home, institution, facility, or day treatment program;
- an owner, operator, or employee of a child care facility whether the home is licensed or unlicensed; or
- a foster parent maintaining a therapeutic, emergency, specialized-community, tribal, kinship, or foster family home responsible for providing care, supervision, guidance, rearing, and other foster care services to a child.

Oklahoma *(continued)*

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

CWS entered the second year of administering the Oklahoma Title IV-E Prevention Program Plan, an optional prevention program authorized through the Family First Prevention and Services Act, ensuring prevention programs and services to prevent the need for foster care placement are accessible to families involved with the CW system, and elevating quality improvement and evaluation of prevention programs.

OKDHS CWS provides direct child abuse and neglect prevention and intervention-related services by a combination of state agencies and community-based contract provider agencies to help link families to the services and supports needed to ensure a child’s safety, permanency, and well-being. These core services include in-home parent skill-based programs, mental health and substance abuse prevention and treatment services, domestic violence and sexual assault intervention programs, batterer’s intervention programs, and sexual abuse treatment services.

Oklahoma continues to investment in an early childhood care and education system through state appropriations, and increased federal investments through the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) and Community Based Prevention of Child Abuse and Neglect (CBCAP), to support and sustain home visitation programs. Oklahoma continues to invest in three evidence-based models of home visiting: Parents As Teachers (PAT), Nurse-Family Partnership (known as Children First), and SafeCare®-Augmented with varying levels of service intensity targeted to meet specific family needs and risk factors.

OKDHS continues to invest in two evidence-based models of home visiting: SafeCare® and Intercept®; which are the two approved in-home parent skill-based Title IV-E prevention services in the Oklahoma Title IV-E Prevention Program Plan. The SafeCare® model offered through the Comprehensive Home-Based Services (CHBS) provision of the Oklahoma Children's Services (OCS) for families involved in the CW system is distinct from the SafeCare®-Augmented model available for families not involved in the CW system through secondary prevention home-based family support programs. These home visiting models are administered through the OCS, a statewide, community-based, contracted services program authorized by Section 1-9-110 of Title 10A of the Oklahoma Statutes, aimed towards the development and implementation of a diverse array of prevention and remedial community-based services and care for children who are alleged or adjudicated deprived. OCS, the single largest service contract serving families whose needs encompass voluntary preventive services, reunification, services to maintain placements, offers services designed to help ensure and enhance the safety, well-being, and social functioning of the child and the child's family. OKDHS has also continued to provide two other in-home parent skill-based programs, Intensive Safety Services (ISS) and Parent Aide Services (PAS) for families involved in the CW system. ISS continues to undergo additional evaluation of the effectiveness of the program to be approved for Family First Prevention Services Title IV-E prevention funding.

Parent Assistance Services and Sexual Abuse Treatment services are available for families and children involved in the CW system or are at-risk for child abuse and neglect to promote the health, safety and wellness of Oklahoma's children and families preventatively, as well as to help reunite families whose children are in out-of-home care. The Parent Assistance Services, centered-based parent education services, provide education, support and childcare while parents attend education and counseling sessions in a group format. The Sexual Abuse Treatment services are administered through individual, family, and group counseling format and are specialized and comprehensive to victims of child sexual abuse and their families.

OKDHS CWS contracts with eligible Tribes to provide State Title IV-B Promoting Safe and Stable Families (PSSF) funds to assist Tribes in preventive family preservation services and community-based family support services to prevent the unnecessary separation of children from their families and improving the quality of care and services to children and their families. Throughout FFY 2023 OKDHS continued to collaborate with Tribes in creating a comprehensive continuum of prevention and community-based supports and resources for children and families that includes culturally-relevant prevention services to promote safe, healthy, and culturally strong environments for Native American children, their families, and their tribes.

OCS Programs continue to meet the complex needs of families being served by OKDHS CWS. The OCS Programs services are available statewide in every CWS region. OKDHS CWS continues to collaborate with OSDH on primary and secondary prevention efforts, the Oklahoma Department of Mental Health and Substance Abuse Treatment Services (ODMHSAS), the state's safety net mental health and substance abuse treatment services system, and the Office of the Oklahoma Attorney General Victim Services Unit, authorized by Title 74 § 18p-1 et seq. of the Oklahoma Statutes to administered the domestic violence and sexual assault intervention programs, toward a unified and integrated system of care for

Oklahoma *(continued)*

all Oklahoma’s children, youth and families involved with or at risk for involvement in the CW system. Community capacity increases by capitalizing on partnerships to meet child and family needs through the availability of effective services. Evidence-based or evidence-informed services continue to be identified and/or developed at a community level to promote child well-being, safety, and permanency, and enhance the service array. In addition, Medicaid expansion in Oklahoma has allowed for more children and families to have access to an array of services that meet the needs of the children and families OKDHS CWS serves. Oklahoma also awarded managed care contracts for its Medicaid program in 2023, including a specialty program for children and youth in the state’s custody which is aimed to expand the provider capacity to be able to meet the identified needs of children and families served by the CW system.

Oregon

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The state did not submit commentary for the *Child Maltreatment 2023* report.

Pennsylvania

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General

In Pennsylvania, only General Protective Services (GPS) referrals may be screened out. GPS data is not currently included in Pennsylvania’s NCANDS submission. Reports of suspected child abuse are not able to be screened out.

Reports

All relevant commentary was provided within the submission. There is no additional information to provide as part of this form.

Children

No changes have impacted PA’s data.

Fatalities

The fatality records in the NCANDS populations all rise to the level of suspected child abuse under the Child Protective Services Law (CPSL). A death which does not rise to the level of a suspected child abuse referral may be captured in the system under a different referral type if it does not rise to the level of suspected child abuse, but it is not tracked as a fatality by our system.

Perpetrators

The persons who meet the criteria to be considered alleged perpetrators of child abuse in Pennsylvania are defined in statute, and that statutory definition is noted below. “Perpetrator.” A person who has committed child abuse as defined in this section. The following shall apply:

- The term includes only the following:
 - A parent of the child.
 - A spouse or former spouse of the child’s parent.
 - A paramour or former paramour of the child’s parent.
 - A person 14 years of age or older and responsible for the child’s welfare or having direct contact with children as an employee of child-care services, a school or through a program, activity or service.
 - An individual 14 years of age or older who resides in the same home as the child.
 - An individual 18 years of age or older who does not reside in the same home as the child but is related within the third degree of consanguinity or affinity by birth or adoption to the child.
 - An individual 18 years of age or older who engages a child in severe forms of trafficking in persons or sex trafficking, as those terms are defined under section 103 of the Trafficking Victims Protection Act of 2000.

Pennsylvania *(continued)*

- Only the following may be considered a perpetrator for failing to act, as provided in this section:
 - A parent of the child.
 - A spouse or former spouse of the child’s parent.
 - A paramour or former paramour of the child’s parent.
 - A person 18 years of age or older and responsible for the child’s welfare.
 - A person 18 years of age or older who resides in the same home as the child.

Services

Pennsylvania plans to opt into the Family First Prevention Services Act Title IV-E Prevention Program and is revising the state five-year prevention plan for final submission to the Administration for Children and Families. Once this plan is approved, Pennsylvania will begin claiming reimbursement for eligible prevention services. Pennsylvania continues to incentivize use of evidence-based services to support prevention through the existing special grants initiative. This initiative provides a higher state funding match for county use of evidence-based programs, truancy prevention programs, housing support and other promising practices when compared for the state funding match made available for other service categories. However, these plans do not impact NCANDS submission data, as preventative service data is maintained at the county level, and therefore not included in the state NCANDS submission.

Pennsylvania is state supervised, and county administered for child welfare. As such, services are provided by the counties and not by the state. Pennsylvania’s Child Protective Services Law allows for counties to outsource nearly all services except for child abuse investigation and general protective services assessments. There are many counties within Pennsylvania who select to outsource services and the counties hold the contracts for these services, not the state. Again, NCANDS data is not impacted by this information, due to the fact that this data is currently maintained within the county systems and not the state Child Welfare Information System, and therefore is not currently part of Pennsylvania’s NCANDS data submission.

Puerto Rico

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The Department of the Family composition is as follows (Spanish acronyms used):

- Office of the Secretary
- Administration for Children and Families- ACF (ADFAN)
- Administration of the Socioeconomic Development of the Family (ADSEF)
- Child Support Administration (ASUME)
- Administration for Integral Development of Childhood (ACUDEN)

The Administrations are agencies dedicated to executing the public policy established by the Secretary, in the different priority areas of services to children and their families including the elderly population in Puerto Rico. It establishes the standards, norms, and procedures to manage the programs and provide the operation and supervision of the Integrated Services Centers (ISC) at the local levels. The regional levels (10 regional offices) supervise the local offices.

They are also responsible for implementing and developing those functions delegated by the Secretary through the redefinition and reorganization of the variety of services for the family including traditional services and the creation of new methods and strategies for responding to the needs of families. Work plans are prepared in agreement with the directives and require the final approval of the Secretary.

The functions and responsibilities of ADFAN are executed through the following programmatic and administrative components:

- Administrator's Office
- Assistant Administration for Adults and Community Services
- Assistant Administration for Prevention and Community Services
- Assistant Administration for Child Protective Services,
- Family Preservation and Support Services
- Assistant Administration for Foster Care and Adoption

The Assistant Administration for Child Protective Services is responsible for the investigation of intra-familial and institutional CA/N referrals. As one of its primary components, the State Center for the Protection of Children is responsible for the operation of the Child Abuse and Neglect Hotline and the Orientation and Family Support Hotline. Both lines are responsible for providing an expedited system of communication to receive family and/or institutional referrals and to provide orientation and crisis intervention in different areas of family life. It also operates the Central Registry, which maintains updated statistical and programmatic information about the movement of CAN referrals and cases receiving services by ADFAN.

General

On May 11, 2023, a new law for child protection was adopted, known as the Law for the Prevention of Abuse, Preservation of Family Unity and for the Safety, Welfare and Protection of Children. The public policy of Law 57 focuses on providing and making reasonable efforts to avoid the removal of children from their homes and to maintain family unity or reunify the child with his or her family. It encourages the provision of reasonable opportunities and efforts to preserve family and community ties to the extent that the child is not harmed, avoiding the trauma of unnecessary separation of parents and children. Promotes the involvement of families throughout the process to ensure that the child remains in his or her home, providing the necessary services and tools to families to address the problems that led to the maltreatment. The whole family should remain united, as long as it is in the best interest of the child. Although we have a new law, it is recent and does not impact the data in the file. Chang4es may be seen in next year's services data.

Puerto Rico does not have an alternative response to child abuse investigations.

Reports

The call screening process remains unchanged. The protocol in the Referral Screening Manual of Rules, Procedures, and Rules of Execution of the Security Model in the Investigation of Referrals outlines the entire procedure for handling calls received on the hotline. It includes questions to enhance the screening process when accepting referrals for social investigation.

Stage One: Receipt of Referral The process, which involves collecting information at the Abuse, Institutional Abuse, Neglect, and Neglect Hotline or local office, screening the referral, assigning response priority, and transferring to the appropriate work unit, should not exceed a timeframe of two hours from the call's receipt. This procedure is applicable to any situation in which abuse is alleged in a family home, foster home, or family resource home.

The number of employees is calculated using the equivalent of full time. This calculation is used in the direct line and with all staff dedicated to referral research in the agency. There was an increase due to the hiring of personnel, collaboration with private companies, and the establishment of a dedicated task force for the corresponding investigations.

Children

The number of child victims decreased this year. The Manual of Rules, Procedures and Rules of Execution of the Security Model in the Investigation of Referrals establishes the fundamental objectives of the child maltreatment referral investigation process:

- To assess the safety of the child.
- To take immediate protective actions as necessary.
- Determine the disposition of the referral.

This process involves the evaluation of all children in a referred family. The interview protocol establishes the parties to be interviewed and the children to be evaluated, considering the essential objectives of the investigation.

Puerto Rico *(continued)*

The data related to any alcohol abuse child risk factor or drug abuse child risk factor can be collected through data entry in investigation of referrals and case management. The alcohol abuse and drugs abuse area are collected separate.

Our information system has the option to collect data in both areas, sex trafficking and prenatal child victims of substance abuse. We have been able to identify them in recent years as they are correctly documented in our system. We are directed to emphasize the importance of this information and what it implies for the child victim.

Fatalities

Puerto Rico works in collaboration with other agencies such as police and justice department, forensic sciences for the collection of information on child deaths. Generally, it is the external agencies that validate child abuse deaths and collaborate with our agency in this area.

In PR, infant/child deaths are generally reported through the hotline even when there is no suspected allegation of abuse or neglect. In the absence of a direct allegation of an abuse or neglect death, a social emergency is activated for appropriate intervention and, if an allegation of abuse or neglect is identified, a report referral is generated.

Perpetrators

In PR there is no policy as to how young a perpetrator can be. The NCANDS category of “other” perpetrator relationship includes the perpetrators who are other caregivers; staff of institution for children, school, foster care, childcare and others institution responsibility for the care, education, supervision, and treatment of physical and emotional needs, as defined by our protection law.

Our system has the capacity to collect data related to sex trafficking, these data are catalogued in the typologies, however, our protection law only catalogues situations of sex trafficking when the perpetrator is a parent or caregiver, but not a third party or noncaregiver.

Services

The funding changes relate to funds to address structural improvements for damage sustained by utilities affected by hurricanes Ian and Fiona. The funds currently in place for preventive services are those allocated under the FVPSA, PSSF and CBCAP grants. These funds are distributed to non-profit entities that provide prevention services.

As part of the new initiatives for prevention services, the evidence-based practice of Parenting Fundamentals has been incorporated. Nexos has trained 8 regions, with the Arecibo and Aguadilla regions yet to be trained. This effort will allow Prevention staff to recruit parents of children between the ages of 12–18 years old, within the various communities to offer 10 workshops aimed at the prevention of abuse.

Not all services are outsourced, only some support services are contracted, for example, for coaching and training, technical assistance, and investigation of referrals in arrears.

Rhode Island

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General

In November of 2019, DCYF implemented the SAFE Practice Model across all divisions. In CPS, the model determines child safety through an assessment of family functioning and caregiver capacities. The practice shifts from making safety determinations based primarily on the absence or presence of an incident of maltreatment to an assessment of the needs and strengths of each family member. Investigations are documented using a Family Functioning Assessment which addresses specific areas of functioning for all children and their caregivers. This assessment identifies safety threats and protective capacity, creates the basis for safety plans when appropriate, and identifies behavioral changes required to mitigate those safety threats. For families transferred to on-going Family Service Units, those behavioral changes formulate the foundation for service plans. Safety is re-assessed throughout the life of a case through the On-going Family Functioning Assessment which re-assesses the areas safety addressed by CPS in the Family Functioning Assessment. The model shifts the practice in our Family Service Units from making decisions about safety and permanency based on compliance with services to the identification of positive behavioral changes and a network of informal supports for the family.

Rhode Island does have two types of response to screened-in referrals: screened in and prevention response to Support and Response Unit (SRU). All reports meeting criteria for a CPS investigation are screened in for investigation. DCYF is not reporting SRU data to NCANDS.

In September 2020, DCYF launched a new Support and Response Unit (SRU) to better connect families and their children to support services. DCYF recognizes that many families struggle sometimes and could benefit from accessing services and supports that were traditionally only available to families with formal DCYF or Rhode Island Family Court involvement.

The SRU provides assistance by identifying each family's needs and provides the necessary support to help families thrive. The unit, which is located within DCYF's Division of Family Services (DFS), helps families navigate services in their own communities. Also, the unit is a resource for families who are feeling overwhelmed or who need assistance with accessing home and community-based services for a variety of needs. SRU staff are able to offer:

- Assessments for families using established screening and assessment tools;
- Short-term, home- and community-based services for families and children who need support;
- Assistance for families when their older youth are exhibiting wayward or disobedient behavior;
- Local resources to better support families whose children have behavioral health needs.

Reports

The structured Decision Making tool was implemented in 2019. Staff were re-trained on the SDM Hot Line Screening Tool in 2022 Evident Change; the Tool guide and automated

Rhode Island *(continued)*

tool were edited to include clear language to describe maltreatment types as defined in RI General Law. All training through evident change continued in August 2023.

Under RI General Laws, anyone who has a reasonable suspicion that a child has been maltreated has 24 hours to make a report to the DCYF CPS Hot Line. The Hot Line is in operation seven days per week, 24 hours per day and is staffed by Child Protective Investigators. All calls are recorded, and reporters may remain anonymous. The investigator takes the information from the reporter and uses the Structured Decision-Making screening tool. Based on the tool, reports are screened out or assigned for investigation within the designated response priority times.

The CPS workforce data calculated using full-time equivalents (FTEs).

Children

Any child who is a household member or was a member of the household at the time of the alleged maltreatment must be interviewed by a Child Protective Investigator to assess child safety.

The risk factors involving the use of illicit substances as well as misuse of prescribed and legal substances are not separated. The screening tool and process does not differentiate between substances, therefore specific risk factors are not associated with different substances.

Sex tracking is a separate allegation from sexual abuse.

Perpetrators

Perpetrators of physical abuse and neglect are defined as bio/adoptive/step-foster parents, employees of licensing programs (for institutional maltreatment), other adults living in the home over the age of 18, employees of school systems who are alleged to have sexually abused a child or other individuals accused of Sexual Exploitation/Sex Trafficking who are not required to meet the definition of “caretaker”- the only category that would involve a child as a potential perpetrator, and does not specify an age limit involves sexual abuse of a child by another child; the criteria defines sexual abuse in these instances which does not include age appropriate exploration.

The “other” perpetrator relationship includes any adult who does not have a relationship to the child listed under the definition of “caretaker”-this would include no caregiver perpetrators of sex trafficking. DCYF investigates the part of the caregiver; Non-caregivers are investigated by law enforcement.

Services

We allow families access to FCCP and services which previously required an open DCYF Case. Even when the general rule was a DCYF referred case, the FCCP was still able to ask on a case-by-case basis for a referral to a service even if non DCYF (community) referral.

State law mandates that DCYF have a service array for the children youth and families we serve. DCYF currently has about 120 contracts. I would not call this outsourcing because we maintain contracts where DCYF directs who receives the service by the referral process.

South Carolina

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General

South Carolina has one type of response to screened-in referrals, CPS Investigation. In-Home CPS Investigations are assigned to a case manager in the identified County Office to complete the investigation. The OHAN Investigations are assigned to a case manager in the Out of Home Abuse and Neglect (OHAN) Office, which is responsible for investigations of allegations of Child Abuse or Neglect in Foster Homes, Residential Institutions, and Day Care Facilities.

Reports

South Carolina has a centralized intake hub that oversees all new reports of abuse and/or neglect that are report to the agency. Intake uses a singular screening tool to assess all new reports and is open 24 hours a day, 365 days a year. Reports are received by calling into our intake hub or online reporting.

The CPS workforce data is calculated using full-time equivalents (FTEs). In FFY 2023, there were approximately 594 total CPS case managers and team leaders. Of the 594, there were 125 that were assigned exclusively to Intake and Screening.

SC uses a Structured Decision Making tool called SDM that assists the intake case manager and team leader in determining if a case should be screened in (accepted for investigation) or screened out. Our team leader positions are the gatekeepers for determining the outcome of a report based on consultations that are held with the intake case manager and information captured on the tool.

Children

The state has an investigation policy to investigate/assess all children in a household if any child in the household has a maltreatment allegation.

There are separate child characteristics for selection of alcohol dependence and drug dependence of the child. There are separate adult characteristics for selection of alcohol abuse and drug abuse of the adult.

South Carolina is in the process of finalizing the Plan of Safe Care policy. Additionally, the agency is developing practice and system enhancements to ensure the work is being captured in the state's CCWIS system. Training has begun with external and internal partners regarding the engagement process that should take place with the family or caregiver, while finalizing the policy and process for Plan of Safe Care and the services related to this plan. The goal is to have this finalized within the next 12 months.

South Carolina *(continued)*

Fatalities

The Systems Transformation Unit at the South Carolina Department of Social Services (SCDSS) tracks child fatalities the agency is made aware of. South Carolina is a mandatory reporting state, per statute, and all deaths that are suspected to be the result of child maltreatment must be reported via the SCDSS Intake hub. Law enforcement, county coroners, medical examiners, the State Law Enforcement Division (SLED), and other investigative partners report child deaths that are suspected to be the result of child maltreatment to the SCDSS Intake hub for screening. Intake's SDM tool contains a threshold for suspicious death of a child with specific guidelines on how to determine if maltreatment is suspected. Only reported fatalities where that threshold is met are investigated. The SCDSS Systems Transformation Unit is made aware of all intakes related to child deaths and tracks/monitors these cases, although does not perform case management of these cases. The SCDSS county staff for which the case is assigned is investigates and makes a determination if maltreatment by a person responsible for the child caused or contributed to the child's death. Only reported fatalities where that threshold is met are investigated.

SCDSS policy requires participation in a multi-disciplinary child death review. These reviews serve multiple purposes including gathering information from investigatory partners and establishing the next step for each investigatory partner. Additionally, the State Child Fatality Advisory Committee (SCFAC) reviews a portion of child fatality cases referred from SLED. Information used in child death reviews is also used by SCDSS staff investigating the case to assist in determining whether maltreatment was a factor in the death. Fatalities reported on the Agency File include, but are not limited to, fatalities not investigated by SCDSS due to the perpetrating person responsible for the child's welfare also being deceased and indicated incidents of maltreatment causing a near- and eventual-fatality. Due to time limits (60 days) on CPS investigations imposed by state statute and the fatality occurring outside this timeframe, the case is not indicated for death by maltreatment in the state's CCWIS system.

Fatalities reported on the Agency File include but are not limited to fatalities not investigated by SCDSS due to the perpetrating person responsible for the child's welfare also being deceased and indicated incidents of maltreatment causing a near- and eventual-fatality, but due to time limits (60 days) on CPS investigations imposed by state statute and the fatality itself occurring outside this timeframe, the case is not indicated for death by maltreatment in SCDSS's CCWIS system.

Perpetrators

South Carolina does not have a limitation on how young a perpetrator can be; however, the perpetrator must be acting in loco parentis or is the unknown perpetrator for a sex trafficking victim.

The "other" perpetrator relationship is used when the perpetrator is "unknown," including the "unknown" perpetrator for a sex trafficking maltreatment.

South Dakota

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General

Child Protection Services (CPS) does not utilize the Differential Response Model. CPS either screens in reports, which are assigned as Initial Family Assessments, or the reports are screened out. However, the Initial Family Assessment allows CPS to open a case for services based on danger threats without substantiation of an incident of abuse or neglect. South Dakota does refer reports to other agencies if the report does not meet the requirements for assignment, and it appears the family could benefit from the assistance of another agency.

Reports

CPS child abuse and neglect screening and response processes are based on allegations that indicate the presence of danger threats, which includes the concern for child maltreatment. CPS makes screening decisions using the Screening Guideline and Response Assessment. Assignment is based on child safety and vulnerability. The response decision is related to whether the information reported indicates present danger, impending danger, or any other danger threat. A report is screened out if it does not meet the criteria in the Screening Guideline and Response Assessment as described above.

The reporter types listed as other in the child file include clergy, community person, coroner, domestic violence shelter employee or volunteer, funeral director, other state agency, public official and tribal official.

Children

Reports of abuse and neglect are categorized into five types- neglect, physical abuse, sexual abuse, sex trafficking, and/or emotional maltreatment. Medical neglect is included in the neglect category.

The data reported in the Child File includes children who were victims of substantiated reports of child abuse and neglect where the perpetrator is the parent, guardian or custodian.

Fatalities

Children who died due to substantiated child abuse and neglect by their parent, guardian or custodian are reported as child fatalities. The number reported each year are those victims involved in a report disposed during the report period, even if their date of death may have actually been in the previous year. The State of South Dakota reports child fatalities in the Child File.

South Dakota Codified Law 26-8A-3 mandates which entities are required to report child abuse and neglect.

Persons required to report child abuse or neglected child--Intentional failure as misdemeanor. Any physician, dentist, doctor of osteopathy, chiropractor, optometrist, emergency medical

South Dakota *(continued)*

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, who has reasonable cause to suspect that a child under the age of eighteen has been abused or neglected shall report that information. Any person who intentionally fails to make the required report is guilty of a Class 1 misdemeanor. Any person who knows or has reason to suspect that a child has been abused or neglected may report that information.

South Dakota Codified Law mandates that anyone who has reasonable cause to suspect that a child has died as a result of child abuse or neglect must report. The reporting process stipulates that the report must be made to the medical examiner or coroner and in turn the medical examiner or coroner must report to the South Dakota Department of Social Services.

When CPS receives reports of child maltreatment deaths as required under SDCL 26-8A-4 from any source, CPS documents the report in FACIS (SACWIS). Reports that meet the NCANDS data definition are reported to NCANDS. The Justice for Children's Committee (Children's Justice Act Task Force) is also updated annually on the handling of suspected child abuse and neglect related fatalities.

Perpetrators

Perpetrators are defined as individuals who abused or neglected a child and are the child's parent, guardian or custodian. The state information system designates one perpetrator per child per allegation.

Services

The Agency File data includes services provided to children and families where funds were used for primary prevention from the Community Based Family Resource and Support Grant. This primarily involves individuals who received benefit from parenting education classes or parent aide services.

The State of South Dakota, Division of Child Protection Services with the consent of the parent, refers every child under the age of 3 involved in a substantiated case of child abuse or neglect to the Department of Education's Birth to Three Connections program. This program is responsible for the IDEA services. The parent or guardian is advised by the Division of Child Protection Services that with their permission, a referral to Birth to Three Connections will be made for a developmental screening of their child. The parent or guardian needs to sign a DSS Information Authorization Form before the referral is made. The parent or guardian is also given a Birth to Three Connections brochure and provided the name of the service coordinator that will be contacting them to schedule the screening. The Birth to Three Connections intake form is then completed and faxed with the Information Authorization to the Birth to Three Connections coordinators to determine eligibility and write an Individual Family Service Plan for eligible children within 45 days of the receipt of the referral. Not all children referred by the Division of Child Protection Services to the Birth to Three program are eligible for services.

Tennessee

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General

Tennessee has multiple pathways when screening referrals through CPS. The Multiple Response System includes Investigations, Assessments (services approach) and Resource Linkage. Investigations result in an administrative finding of substantiated/unsubstantiated for allegations of abuse or neglect.

Assessments result in a service finding on whether services were not needed, recommended, required or court ordered to address the concerns raised to the Department. Resource Linkage involves situations that do not rise to the level of state definitions of abuse or neglect but where community or material services would prevent the need for child welfare involvement. All of these tracks are embedded in the SACWIS/CCWIS system and available to report to NCANDS.

Reports

Tennessee currently uses the SDM tool. CPS workforce data are calculated using full-time equivalents (FTEs). All calls and web-based referrals are processed by the centralized Child Abuse Hotline using a SDM tool that incorporates laws and policies regarding the alternative response system. The cases that meet criteria are then submitted to each of the twelve regions or the Special Investigation Unit. Hotline staff in each region known as “Readers” then review the cases and then assign the referrals to front line workers. The State does not screen out referrals of substance exposed infants.

Children

All households are assessed as part of a CPS case including those children not initially listed in a maltreatment report to ensure whether they are victims or at risk of abuse/neglect. Currently the state is not able to separate alcohol abuse from drug abuse.

The current system allows for an additional indicator at different points in time during the life of a case to indicate whether sex trafficking is a maltreatment type experienced by a child. Due to system limitations, this data is siloed and difficult to pull into one reliable report. This is set to be addressed through the replacement of the current system.

The system allows for the indication of whether an infant meets the federal definition under the Comprehensive Addiction and Recovery Act. This does not account for those infants who have Plans of Safe Care developed by the hospital but are not reported to child welfare. This is a known issue as many hospitals take a philosophical approach to certain substances and delay contacting child welfare as long as the parent cooperates with services/treatment. Currently we are not able to separate out specific substances.

Tennessee *(continued)*

Fatalities

All child fatalities information recorded comes from data received and entered into the system and are reported in the Child File. Any suspected child abuse is required to be reported under the state's universal mandated reporting law. All external agencies fall under that, with no exceptions. External agencies may be contacted for information relevant to the investigation and disposition of child fatalities after they are reported to the Child Abuse Hotline.

Not all infant/child deaths are investigated. DCS must have jurisdiction due to a report/concern of child maltreatment or if the incident is unexplained at the time of report, then we will accept the death for investigation. Through that process, a determination is made whether the death was due to child maltreatment.

Perpetrators

The SACWIS defines almost 70 different ACV to perpetrator roles, where the most selected role is "Alleged Perpetrator" which is mapped to the NCANDS value= 88 (other). Yes – Note: Tennessee reports non-familial traffickers as caregivers.

Services

The state outsources some services.

Texas

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The state did not submit commentary in time for the *Child Maltreatment 2023* report.

Utah

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General

Utah continues to invest in its child welfare programs through improved training for case-workers and updating the technology that enables those workers. Utah has seen high case-worker turnover, and addressing the impact in training, mentoring, and overall workforce support is Utah's top priority. Utah secured additional funding for staff compensation that should stabilize the frontline workforce. Utah has seen positive trends since July 2023, which should be reflected next year.

Utah does not have an alternative response/differential response. All reports are screened out or screened in as a referral for a CPS assessment. When a report is screened out, Utah does not include specific allegations for the report, as the information received did not meet the level of abuse or neglect.

Reports

For FFY 2023, the number of referrals received from the previous year has increased, while the percentage of referrals accepted has decreased, accounting for a higher screened-out referral rate.

The investigation start date is defined as the date the intake worker dispositions the case as accepted. The data is captured in date, hours, and minutes. A referral is screened out in situations including, but not limited to:

- The minimum required information for accepting a referral is not available.
- As a result of research, the information is found not credible or reliable.
- The specific incidence or allegation has been previously investigated and no new 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 guidelines 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, unsupported, or without merit.

- **Unable to Complete**—A CPS case finding when the following situations are present:
 - When the child or family moves outside the state and a request for courtesy work is requested and declined and there is insufficient information to make a finding.
 - When the child or family moves outside the state after face-to-face contact is made with the child and there is insufficient information to make a finding because the whereabouts of the child or family are unknown.
 - When the child or family moves within the state, the face-to-face with the child was made but there is insufficient information to make a finding, and the whereabouts of the child or family are unknown.
- **False Report**—A report of abuse or neglect made to Child and Family Services by a reporter (referent) who more likely than not knew the report was false at the time that person submitted the report.

Children

Utah's predominant allegation continues to be neglect. When combined with a family's risk factors, neglect is often the result of substance misuse. Utah continues to investigate out-of-home perpetrators, which results in higher than the national average of sexual abuse cases. This also influences the number of cases per worker.

Utah has a process which defers pregnant women who are identified by a medical professional as substance-using to the Utah Department of Health and Human Services, Division of Integrated Healthcare, Office of Substance Abuse and Mental Health for treatment and services as a preventative measure to DCFS involvement. This process allows pregnant women access to treatment services prior to delivery of their child.

Fatalities

Concerns related to child maltreatment, including fatalities, are required to be reported to the Utah DCFS. Fatalities where the CPS investigation determined the death was due to abuse or neglect are reported in the NCANDS Child File. No changes to the fatality review process were made in FFY 2023.

Perpetrators

The only restriction Utah places upon identifying perpetrators is that CPS will not open a case for sexual abuse where the perpetrator is under the age of 12, except in extreme circumstances. This change was a result from HB262 during the 2020 General Session of the Utah State Legislature. Utah does accept referrals where the perpetrator does not have care, custody or control of the child, in other words, an out-of-home perpetrator. Utah does report non-caregiver perpetrators of sex trafficking.

Services

There has been no changes to Utah's prevention funding. Utah continues to explore other prevention services as related to FFPSA. Utah does not outsource case management responsibilities, but does outsource services where appropriate.

Vermont

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General

Vermont has an assessment track and an investigation track. About 35 percent of cases are assigned to the assessment track. In the assessment track, the disposition options are services needed and no services needed. Cases assigned to the assessment track may be switched to the investigation track, but not vice versa. Data from both tracks are reported to NCANDS.

Vermont's Family Services Division (FSD) is responsible for responding to allegations of child abuse and neglect by parents or persons responsible for the child's welfare, and sexual abuse by any person (including out-of-home perpetrators). In addition to conducting our statutory child abuse investigations and assessments, we also have an option to conduct family assessments. These family assessments do not meet statutory requirements for abuse and neglect, but provide an option to engage with families where there are concerns. The focus of the assessment is on whether a child may be in need of care or supervision and are referred to as CHINS assessments. Because these family assessments are not part of our abuse and neglect statute, they are not reflected in this dataset. However, it is important to acknowledge that on an annual basis we conduct approximately 1,000 family assessments.

Reports

Vermont operates a statewide child protection hotline, available 24/7. All intakes are handled by family services workers and screening decisions are handled by hotline supervisors. These same supervisors make the initial track assignment decision. Vermont's CPS workforce data is calculated using full-time equivalents and has experienced some fluctuation in capacity since the COVID-19 pandemic. Some of the changes seen can be attributed to the reduction in the workforce itself, seen nationwide, as well as a reduction in the number of accepted child safety interventions since the pandemic. Vermont continues to see an increase in the number of reports made to the child protection hotline each year post-pandemic, which has reached pre-pandemic volumes.

All calls to the child abuse hotline are counted as referrals, resulting in a very high rate of referrals per 1,000 children, and making it appear that Vermont has a very low screen-in rate. Although Vermont has not conducted a thorough analysis, some of the contributing factors leading to our increasing number of referrals include, but are not limited to, reports where child abuse/neglect are not present and issues include truancy, delinquent behavior, mental health crises, out-of-home sexual abuse reports including teen sexting with or without consent, teen sexual harassment, as well as family configuration and our practice of entering reports under the primary caretaker when there are multiple children involved. This often results in multiple reports for the same incident. Further, mandated reporting statute requires reporters to make a report within 24 hours of the time they first observed or received information about the suspected abuse/neglect; there is no carveout or exception for situations known to have already been reported, which increases duplicate reports due to fear of

Vermont *(continued)*

liability. In situations where multiple reports are made for the same incident, it is Vermont's practice to screen in only one of those reports.

Vermont continues to utilize the SDM Safety Assessment and Risk Assessment tools in our child safety interventions. In 2022, we added language into the Safety Assessment to better capture human trafficking as a danger item and we shifted our practice to truly give families a choice in whether they engage in prevention-based services with the Division.

Children

The FSD is responsible for investigating allegations of child abuse or neglect by caregivers and sexual abuse by any person. The Division investigates risk of physical harm and risk of sexual abuse. Statute allows the Division to identify other children living in the same home as the identified child victim, and states that the investigator shall consider the physical and emotional condition of those children and may interview them, unless the child is the person who is alleged to be responsible for such abuse or neglect. Unless unreasonable within the context of the child safety intervention, division policy requires staff to evaluate the safety of any other children living in the same home. The evaluation should include an interview or observation of the other child(ren) and occurs with the permission of the child's parent, guardian or custodian.

Vermont faces a few challenges regarding collecting and reporting data to NCANDS for some data elements, including child and caregiver risk factors, and infants with prenatal substance exposure. We will continue to have limitations until the state can successfully implement a new CCWIS system. Until that time, we will continue to make system enhancements to our legacy system when IT resources are available. This work needs to be prioritized against other department-wide initiatives, resulting in a substantial lag time for the work to be completed.

As an example of a system limitation regarding prenatal substance exposure, when CPS or FSD are not involved, meaning the child does not meet the criteria for making a report to the child abuse and neglect hotline, we are currently relying on hospital staff to remember to fax a notification to us at FSD. Vermont has considered making enhancements to the state's database where our centralized intake data lives to better track this data; however, the state continues to lack IT resources to move this work forward.

Vermont participated in the 2023 Policy Academy: Advancing Collaborative Practice and Policy: Promoting Healthy Development and Family Recovery for Infants, Children, Parents, and Caregivers Affected by Prenatal Substance Exposure, and we have since applied for and been accepted to receive In Depth Technical Assistance (IDTA) from Children and Family Futures, which is now underway. Related to data collection, one of our goals within this work is to improve data collection as a strategy to apply quality improvement methods in clinical and community care towards the goal of increased care coordination a systems integration, including:

- Understand number of infants born affected by substance use who needed a POSC
- Explore development of portal to collect notification data
- Expand use of CAPTA flow sheet in electronic health records (EHRs) across the state
- Subgroup (PLSB Workgroup) continue to meet to address data concerns

Vermont *(continued)*

- Determine where redcap database/portal data will live
- Implement data collection measures as possible within CHARM teams

When CPS/FSD are involved due to safety issues, our current antiquated data system has many limitations and we currently are not able to capture all cases that would fall into this category, therefore we are under-reporting. Vermont did not change any policies or procedures regarding reporting or tracking of infants with prenatal substance exposure during the pandemic.

One system enhancement that Vermont was able to successfully implement was having sex trafficking as its own maltreatment type. Vermont has been collecting this data for years, however, with reduced IT resources and the need for the work to be prioritized, FFY 2022 submission was the first reporting period that includes the updated mapping. Vermont tracks both accepted and unaccepted reports involving human trafficking (outside of substantiation data).

In July 2023, synced with the Trafficking Victims Prevention and Protection Reauthorization Act of 2022 Title IV-E amendment, DCF FSD updated Policy 50: Child Abuse and Neglect Definitions and Policy 51: Screening Reports of Child Abuse and Neglect. A statement was added to the definition of human trafficking to acknowledge that in addition to child protection definitions articulated in Title 33, Chapter 49 of the Vermont Statutes, a definition of human trafficking, aggravated human trafficking, and companion definitions of other terms exists within Title 13 (Crimes and Criminal Procedure), Chapter 60 (Human Trafficking) of the Vermont Statutes.

Fatalities

DCF FSD is a member of the National Partnership for Child Safety, which is now a 37-jurisdiction collaborative with support from Casey Family Programs. As part of our collaboration with NPCA, Vermont is in the process of developing the Safe System Learning Review (SSLR); a child death review process which utilizes the Safe Systems Improvement Tool (SSIT) and seeks to create a psychologically safe process for staff as well as one that promotes system wide improvement over individually based fault finding.

DCF FSD is part of Vermont's Child Fatality Review Team (CFRT), which is housed under the Vermont Department of Health (VDH). This team reviews all unnatural child fatalities and provides annual data to the legislature, striving to make recommendations related to themes which arise.

Perpetrators

Division policy defines a perpetrator as an individual of any age who is determined to have committed child abuse or neglect. Perpetrators of sexual abuse include noncaregiver perpetrators of any age. Perpetrators of all other types of abuse must be a person responsible for the child's welfare (includes the child's parent; guardian; foster parent; any other adult residing in the child's home who serves in a parental role; an employee of a public or private residential home, institution or agency; or other person responsible for the child's welfare while in a residential, educational, or child care setting, including any staff person (33 V.S.A.

§ 4912(10)). Young people may be identified as a perpetrator of sexual abuse on another youth as young as age 6 (referred to as alleged actor youth); however, according to our differential response track assignment, those allegations would be assigned as an assessment up until age 14, at which point the case would be assigned as an investigation. Perpetrators that fall into the “other” relationship category for the purposes of NCANDS reporting include stepparent, foster sibling, and grandparent. In addition, any perpetrator that is captured using the stand-alone code of OO (other relationship) within the database will fall into this category. Vermont does report non-caregiver perpetrators of sex trafficking to NCANDS.

In 2019, The Vermont Children’s Justice Act Task Force began conversations about investigative practices and substantiations which had been overturned during due process registry reviews. In response to these conversations Vermont Family Services Division completed three layers of analysis, including 33 cases where substantiations were overturned by the Commissioner’s Registry Review Unit, 104 Human Services Board review decisions regarding substantiations and an in-depth review and analysis of 41 other states substantiation processes and use of child protection registries. From this analysis, we came away with three areas for further exploration: moving from the reasonable person standard to a preponderance of the evidence for name placement on the child protection registry; instituting an internal and centralized layer of oversight and review for all substantiations, applying a secondary layer of consideration to all substantiations prior to name placement on the child protection registry (an assessment which looks not just at whether the alleged incident occurred, but if the incident that occurred equates to an individual posing a significant risk to children and vulnerable adults in the community) and expansion of time frames for requesting and holding due process reviews.

Services

In September 2023, Vermont’s Court Improvement Program hosted a Child Welfare Summit bringing together judges, family services workers, attorneys, and advocates to take a close look at the decisions which might lead a child to be removed from their home due to concerns of abuse and neglect. Over 240 people representing parties in a Family Court matter learned about the Structured Decision Making tools used by Family Services Division to assess safety and risk, and a newly released guide for courts designed to unify language and understanding across disciplines. The guides, titled “The Vermont Court SDM Guide and Guide and the SDM Court Reference Sheet, developed by a collaborative workgroup consisting of judges, FSD, and Evident Change, were born from recommendations from the legislatively commissioned UVM study on the drivers of custody rates in Vermont, and are designed to unify language around safety and risk and to increase objectivity and consistency around the state.

Vermont continues to make practice changes related to our use of the SDM Risk Assessment and determination of service need to give families a choice in whether they engage in prevention-based services. Following an investigation or assessment, a validated risk assessment tool is applied. If the family is classified as at high- or very-high-risk for future child maltreatment, the family is offered in-home services, and may be referred to other community services designed to address risk factors and build protective capacities. State statute dictates that families have the option of declining services offered as a result of the division’s assessment. Prior to case closure, staff should be assisting the family in making

Vermont *(continued)*

referrals and connections to community providers, and having a conversation with the family about why they are declining services and how they plan to partner with family, friends, and/or services providers in their local community to mitigate the risks.

Vermont chose two evidence-based practices to implement in year 1 of our 5-Year Prevention Plan. We decided to start with a small number of EBPs initially to support a successful implementation and reliable CQI processes.. Vermont's two selected EBPs are Motivational Interviewing (MI) and Child Parent Interactive Therapy (PCIT). Specific to MI, contracts have been amended for Intensive Family Based Services (IFBS) and Balanced and Restorative Justice (BARJ). We are partnering closely with the Department of Mental Health (DMH) regarding PCIT.

Vermont will begin by providing preventive services to candidates involved with the division through open Family Support Cases and Conditional Custody Orders (CCOs). Over time, our vision is to collaborate with and support our key community stakeholders so that in the future, the funding would follow the child/youth/family regardless of the division's involvement or case status. We also recognize the need to expand our array of prevention-based services over time.

Virginia

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General

There were not any substantial changes to the Code of Virginia in 2023. The Code of Virginia provides Virginia with a differential response system. The differential response system allows local departments to respond to valid reports or complaints of child abuse or neglect by conducting either an investigation or a family assessment. Virginia reports data from both pathways to NCANDS. The Virginia Administrative Code defines Family assessment as the collection of information necessary to determine:

- The immediate safety needs of the child;
- The protective and rehabilitative services needs of the child and family that will deter abuse or neglect;
- Risk of future harm to the child; and
- 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 defines Investigation as the collection of information to determine:

- The immediate safety needs of the child;
- The protective and rehabilitative services needs of the child and family that will deter abuse or neglect;
- Risk of future harm to the child;
- 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;
- Whether or not abuse or neglect has occurred;
- If abuse or neglect has occurred, who abused or neglected the child; and
- A finding of either founded or unfounded based on the facts collected during the investigation.

Reports

The FFY 2023 number of referrals and number of screened in referrals remained consistent with the number of referrals and number of screened in referrals FFY 2022. As a state supervised locally administered system, referral validity is determined by the local department of jurisdiction. Local departments assess the validity criteria of age, caretaker, and jurisdiction and are required to use the Structured Decision Making (SDM) Intake Tool to determine if the allegations meet a definition of abuse or neglect. The SDM Intake Tool is also used to determine the referral track (family assessment or investigation) and response priority (R1, R2, or R3). The SDM Intake Tool used by Virginia was revised in August 2020.

Children

Child victims decreased from FFY 2022 to FFY 2023. Virginia does not include all children in the household as victims. To be identified as a victim, the child must be directly associated

Virginia *(continued)*

with a maltreatment allegation. Virginia captures alcohol and drug child risk factors; however, when both risk factors are indicated the system only reports one risk factor. There have been no changes in the methodologies of our reporting from FFY 2022 to FFY 2023 for sex trafficking victims and infants with prenatal substance exposure.

Fatalities

Virginia investigated more child fatalities in FFY 2023. Virginia does not collect child fatality data from external agencies. Virginia only investigates infant and child deaths when there is a child maltreatment allegation. Virginia did not make any policy or guidance related changes to the child fatality review process; however, we significantly revised our guidance around the investigation of child deaths in 2022. Virginia continues to prepare an annual report on child deaths investigated for abuse or neglect across the Commonwealth.

Perpetrators

The number of perpetrators decreased by. In Virginia, any individual who is in a caretaking role of a child can be identified as a perpetrator of abuse or neglect, this includes individuals under the age of eighteen. Consideration is given to the amount of authority delegated to the individual for the care, control, and discipline of the child. Virginia reports noncaretaker perpetrators of sex trafficking to NCANDS. of the Code of Virginia says:

A valid report or complaint regarding a child who has been identified as a victim of sex trafficking or severe forms of trafficking as defined in the federal Trafficking Victims Protection Act of 2000 and in the federal Justice for Victims of Trafficking Act of 2015 may be established if the alleged abuser is the alleged victim child's parent, other caretaker, or any other person suspected to have caused such abuse or neglect.

Services

Virginia implemented Family First on July 1, 2021. This implementation included the alignment of Prevention, CPS Ongoing, and Family First to create In-Home Services, and the utilization of IV-E Prevention Services funding for evidence-based programs (EBPs). Virginia began with three EBPs – Multisystemic Therapy (MST), Functional Family Therapy (FFT), and Parent-Child Interaction Therapy (PCIT). LDSS began using IV-E Prevention Services funding in the first few months of implementation. As so December 1, 2021, all three of these EBPs were also Medicaid eligible, resulting in a decrease in IV-E spending. Based on recommendations from the Center for Evidence-based Partnerships in Virginia (CEP-Va) in their Needs Assessment and Gaps Analysis (NAGA) report to VDSS published, Virginia's Prevention Plan was amended (approved April 2023) to add five additional EBPs – Brief Strategic Family Therapy (BSFT), Family Check-Up, Homebuilders (HB), Motivational Interviewing (MI), and High Fidelity Wraparound (HFW). CEP-Va's second NAGA report was published in 2023, detailing systemic barriers to the expansion of EBP's in Virginia. While Virginia has used Transition Act funds to expand the availability of EBPs across the state, these barriers have resulted in very few additional providers currently able to implement and sustain EBPs, and thus a continued low level of IV-E prevention services spending. Virginia is implementing MI as a case management tool for In-Home Services workers and hopes to claim a significant amount of IV-E funds for this service.

Virginia *(continued)*

Relative Maintenance Support Payment (RMP) is financial assistance to families who are providing relative or fictive kin care to children to avoid placement into foster care. When families are receiving services and supports from local departments of social services (LDSS), they may make safety decisions for their child(ren) to live temporarily or permanently with relatives or fictive kin caregivers to prevent placement into foster care. In these cases, the relative or fictive kin caregiver would be eligible for this available financial assistance for as long as they are caring for the child(ren). The 2022 Special Session of the Virginia General Assembly authorized a change in funding source for RMP to eligible relatives and fictive kin from Temporary Assistance for Needy Families (TANF) federal block funds to 100 percent state general funds. The Relative Maintenance Support Payment aligns with the Virginia Department of Social Services (VDSS) Kin-First culture and is a state supported approach to providing needed financial assistance and promotes concerted efforts that honors and maintains family connections. This appropriation of general funds presented VDSS with the opportunity to provide support payments for children who do not meet the TANF child-only requirements and are being cared for by fictive kin to avoid placement into foster care. This support payment was incorporated into the Virginia Case Management System (VaCMS) to manage and disperse payments with payments to eligible relative and fictive kin caregivers beginning December 19, 2022. In SFY 2023, 1,326 children received Relative Maintenance Support Payments.

Promoting Safe and Stable Families (PSSF) Virginia continues to value and support usage of PSSF funds for preventive services. There continues to be a targeted focus on the technical assistance provided to local agencies to increase the use of PSSF funds to ensure children and families receive appropriate and necessary wrap around services across the continuum and/ or that PSSF funds be used to complement other funding streams to ensure there are no gaps in services when working with families. Another targeted focus has been to increase the use of PSSF funds to provide supportive services to relatives and fictive kin caring for children as a result of CPS involvement to reduce the risk of entry or re-entry into foster care. The primary services being housing/ material assistance, case management, information and referrals, parent-family resource center, assessments, transportation, parenting education and counseling services.

Washington

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General

The state uses an SDM which supports a two pathway response for CPS responses when there were allegations of child abuse and neglect (CA/N) and clear definitions for CPS risk-only intakes. CPS risk-only intakes involve a child whose circumstances places him or her at imminent risk of serious harm without any specific allegations of abuse or neglect. When CPS risk-only intakes are screened in, children must be seen by a CPS investigator within 24 hours and a complete investigation is required. If child abuse or neglect is found during the response to a CPS risk-only intake, a new CPS intake is created regarding the allegation, the case worker records the findings and the record is included in the NCANDS Child File. CPS risk-only intakes were not historically submitted to NCANDS because of no substantiation of maltreatment. However, because CPS risk-only intakes receive a full investigation, it has been requested that they be included to provide an accurate reflection of the number of CPS cases being investigated and assessed.

Intakes screened to FAR predominately contain allegations for physical abuse and neglect that were and still are considered low risk, not requiring an immediate response. The SDM provides consistency in screening, and it guides intakes with neglect allegations considered low risk to the FAR pathway. Intakes involving cases that have had three or more screened in CPS intakes within the last 12 months or allegations of moderate to severe physical abuse and all sexual abuse allegations are screened to the investigation pathway. Intakes with any allegations of physical abuse for children under age 4, with a dependency within the last 12 months or an active dependency are screened to investigation.

Reports

To be screened-in for CPS intervention, intakes must meet sufficiency. Washington's 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).

Washington *(continued)*

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.

The Licensing Division (LD), complete DLR-CPS risk-only intakes alleging, abuse or neglect of 18–21year olds in facilities licensed or certified to care for children require a complete investigation. If, during the course of the investigation, it is determined that a child younger than 18 was also allegedly abused by the same perpetrator, the investigation would then meet the criteria for a CPS investigation rather than a CPS risk-only investigation. A victim and findings will be recorded, and the record will be included in the NCANDS Child File. For intakes containing child abuse and neglect allegations, response times of 24 hours or 72 hours are determined based on the sufficiency screen and the SDM intake screening tool.

Children

An alleged victim is reported as substantiated if any of the alleged child abuse or neglect was founded. The alleged victim is reported as unsubstantiated if all alleged child abuse or neglect identified was unfounded. The NCANDS category of “other” disposition previously included the number of children in inconclusive investigations. Legislative changes resulted in inconclusive no longer being a findings category. The NCANDS category of neglect includes medical neglect.

Fatalities

The state includes child fatalities that were determined to be the result of abuse or neglect by a medical examiner or coroner or if there was a CPS finding of abuse or neglect. The state 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.

There continues to be a significant increase in the numbers of fentanyl and opioid related fatalities and near fatalities:

- In 2021, 28% of the fatality and near fatalities that qualified for a review were the result of fentanyl and opioid overdose/ingestion. Fentanyl and opioid overdose/ingestion deaths accounted for .08% of the child fatalities that year.
- In 2022, 44% of the fatality and near fatalities that qualified for a review were the result of fentanyl and opioid overdose/ingestion. Fentanyl and opioid overdose/ingestion deaths accounted for 23% of the child fatalities that year.
- In 2023, 60% of the reviewed fatality and near fatalities were fentanyl/opioid related. Fentanyl and opioid related incidents accounted for 32% of the child fatalities that year.

Per Washington State law, DCYF is required to conduct child fatality and near fatality reviews when the child's death or near fatal injury is the result of abuse or neglect and the department provided services to the child within 12 months of the fatal or near fatal injury.

Washington *(continued)*

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 3rd party report to law enforcement.

Services

Families receive preventive and remedial services from the following sources: community-based services such as Public Health Nurses, Infant Mental Health, Early Intervention, Head Start and other early learning programs, the Parent-Child Assistance Program, and referrals for Mental Health, Domestic Violence, and/or Substance Use Disorder treatment. Contracted services, including several evidence-based practices such as Homebuilders, Incredible Years, Safe Care, Triple P, Parent-Child Interaction Therapy, and Promoting First Relationships. Families can also receive CPS childcare, family reconciliation services, family preservation, and intensive family preservation services. The number of recipients of the community-based family resource and support grant is obtained from community-based child abuse prevention (CBCAP).

West Virginia

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The state did not submit commentary in time for the *Child Maltreatment 2023* report.

Wisconsin

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General

There were no significant state policy changes that affect the data submission. Certain counties in Wisconsin have implemented the Alternative Response (AR) approach. The maltreatment disposition for AR assessments identifies whether services are needed and will appear in NCANDS as alternative response nonvictim dispositions.

Reports

The state data are child-based, with each report associated with a single child. The report date is the date when the agency was notified of the alleged maltreatment, and the investigation start date is the date when the agency made initial contact with the child or other family member. In Wisconsin's child protective services (CPS) system, multiple maltreatment reports for a single child may be assessed during a single investigation.

There are a variety of reasons why a report might be screened out. In most cases screened-out reports are those reports where the information provided does not constitute maltreatment of a child or risk of maltreatment of a child. Additionally, when multiple reports are made about the same maltreatment, the subsequent reports may be screened out. In Wisconsin, CPS agencies are currently not required to investigate instances of abuse by non-caregivers, so those reports may be screened out, except under certain circumstances defined by statute. In rare instances, cases may be screened out because there is insufficient identifiable information available. Finally, cases may be screened out because jurisdiction more properly rests with another state.

While there is no significant difference in the number of referrals between FFY 2022 and FFY 2023, there is a seven percent decrease in screened-in referrals (reports).

Children

A child is considered to be a victim when an allegation is substantiated. The NCANDS unsubstantiated maltreatment disposition includes instances where the allegation was unsubstantiated for that child, or when critical sources of information cannot be found or accessed to determine whether maltreatment as alleged occurred.

No changes were made to the policies regarding conducting investigations and assessments as a result of the pandemic. Our state continued to conduct investigations and assessments through face-to-face contact, as well as a combination of phone and video calls. All initial contact for investigations and any contact necessary for ensuring children's safety was expected to be face-to-face. Workers continued to gather information per requirements laid out in the state's Initial Assessment Standards, Ongoing Services Standards, and Safety Intervention Standards. DCF issued practice guidance for engaging families through virtual means, such as video calls, for the purposes of information gathering and assessing during the pandemic.

Wisconsin *(continued)*

Fatalities

The number of fatalities includes only those children who were reported as subjects of abuse or neglect and the maltreatment allegation was substantiated. Only the Wisconsin Department of Children and Families is involved in compiling information on child maltreatment fatalities, and all fatalities are reported in the Child File.

Perpetrators

Details of the perpetrators is included for allegations in which the child was substantiated. The NCANDS category “other” perpetrator relationship includes perpetrators who are not primary or secondary caregivers to the child (such as noncaregivers) for example, another child or peer of the child victim or a stranger. As mentioned previously, there are no substantiations in AR cases, so the alleged perpetrators in AR cases will not be recorded as substantiated perpetrators. Services, if needed, are established based on the assessment determination, not the determination of a specific perpetrator.

Services

Wisconsin is currently not able to report prevention services. The state continues to support data quality related to service documentation and ultimately to modify the NCANDS file to incorporate services reporting for future data submissions.

Wyoming

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General

The Department of Family Services (DFS) organizational structure includes four (4) Divisions under the Director’s office: Economic Security Division, Social Services Division, Support Services Division, and Financial Services Division. Under the Social Services Division, social services is established to administer and supervise all child welfare, juvenile probation, and adult protection services, with the functions of policy development, training, strategic planning, and continuing quality improvement centralized at the state level. Policy and practice standards are uniform across the state, and the state utilizes a SACWIS known as Wyoming Children’s Assistance and Protection System (WYCAPS) for the purposes of case management and documentation.

The state is comprised of 23 counties and the Wind River Reservation. Through contract, DFS provides technical assistance and funding of the two Tribal programs which administer their own programs. At least one DFS county field office is located in each county. DFS divides Wyoming into nine social service districts to coincide with the nine judicial districts. The Services Division Administrator oversees eight District Managers. These District Managers are in turn responsible for the direct supervision of staff with their district.

Although the Social Services Division programs are state administered, the services and case management functions are managed and provided at the county field office level. Services for children and families are provided directly through DFS or can be purchased on behalf of eligible clients under the supervision of the state office. These services are administered through county field offices or through the Wyoming Boys School and Wyoming Girls School. DFS does not contract for any primary casework functions and is responsible for conducting and managing intakes, assessments, investigations and ongoing family based and foster care services.

Wyoming has three (3) types of responses to child protection referrals. There is an Investigation Track, Assessment Track, and a Prevention Track. Victims that have been substantiated or unsubstantiated are identified and reported to NCANDS through the Investigation Track. The Assessment Track gets assigned if the referral alleges abuse and / or neglect but does not meet the criteria for the Investigation Track. The Prevention Track is assigned when there is no allegation of abuse and/or neglect, but there are identified risk factors that indicate the need for services to prevent abuse and/or neglect. Nonvictims are identified and reported to NCANDS through the assessment and Prevention Tracks.

Reports

During FFY 2023, the Department saw an overall decrease in reports of, which also led to fewer reports screened out. There have been no changes to our screening process, aside from additional training and guidance provided to staff during FFY 2023. The Children’s Trust Fund has provided additional training to communities around reporting abuse and neglect

Wyoming *(continued)*

concerns, however this does not necessarily explain a decrease in reports received. In review of the data overtime, the reports received and screened out appear to be in line with the increases/decreases we have experienced previously.

Children

Abuse is defined as inflicting or causing physical or mental injury, harm or imminent danger to the physical or mental health or welfare of a child other than by accidental means, including abandonment, excessive or unreasonable corporal punishment, malnutrition or substantial risk thereof by reason of intentional or unintentional neglect, and the commission of allowing the commission of a sexual offense against a child.

Neglect is defined as a failure or refusal by those responsible for the child's welfare to provide adequate care, maintenance, supervision, education or medical, surgical or any other care necessary for the child's well-being. Treatment given in good faith by spiritual means alone, through prayer, by a duly accredited practitioner in accordance with the tenets and practices of a recognized church or religious denomination is not child neglect for that reason alone.

There was a decrease in victims during FFY 2023, however there was also a decrease in the number of reports received. There have been no changes to policy or procedure related to assessments or investigations, however a law pertaining to infants prenatally substance exposed was passed in the spring of 2023 and went into effect on January 1st, 2024. This law prescribes that all pregnant women using substances or infants prenatally exposed shall receive a plan of safe care that is to be developed by the medical care team associated with the family. Work to support this law began in early 2023, including training and support to communities, hospitals and other medical staff. This would lead to a decrease in reports received pertaining to infants prenatally exposed or pregnant women who are using substances as the services would/will be provided outside of the agency by the community stakeholders and medical professionals.

Fatalities

There were no substantiated or indicated child maltreatment related fatalities during FFY 2023. Wyoming did not change any policies related to child fatality reviews. Wyoming has a major injury and fatality review team that is comprised of the Department of Family Services, the Wyoming Citizen Review Panel, the Wyoming Children's Trust Fund, the Wyoming Department of Health, the Wyoming Department of Corrections, the Wyoming Division of Victim Services, the Wyoming Department of Education as well as members representing the disciplines of judges, mental health, local medical professionals and local law enforcement.

Perpetrators

Wyoming utilizes a SACWIS that is incident based and does not have the ability to categorize incidents to see trends. Over the course of the last three years the Department has developed and implemented a special investigation unit that has one focus of facility related maltreatment, which has included updated procedures and two dedicated investigators.

Wyoming *(continued)*

Services

There were no significant increases or decreases in services or funding to children and families in FFY 2023.

