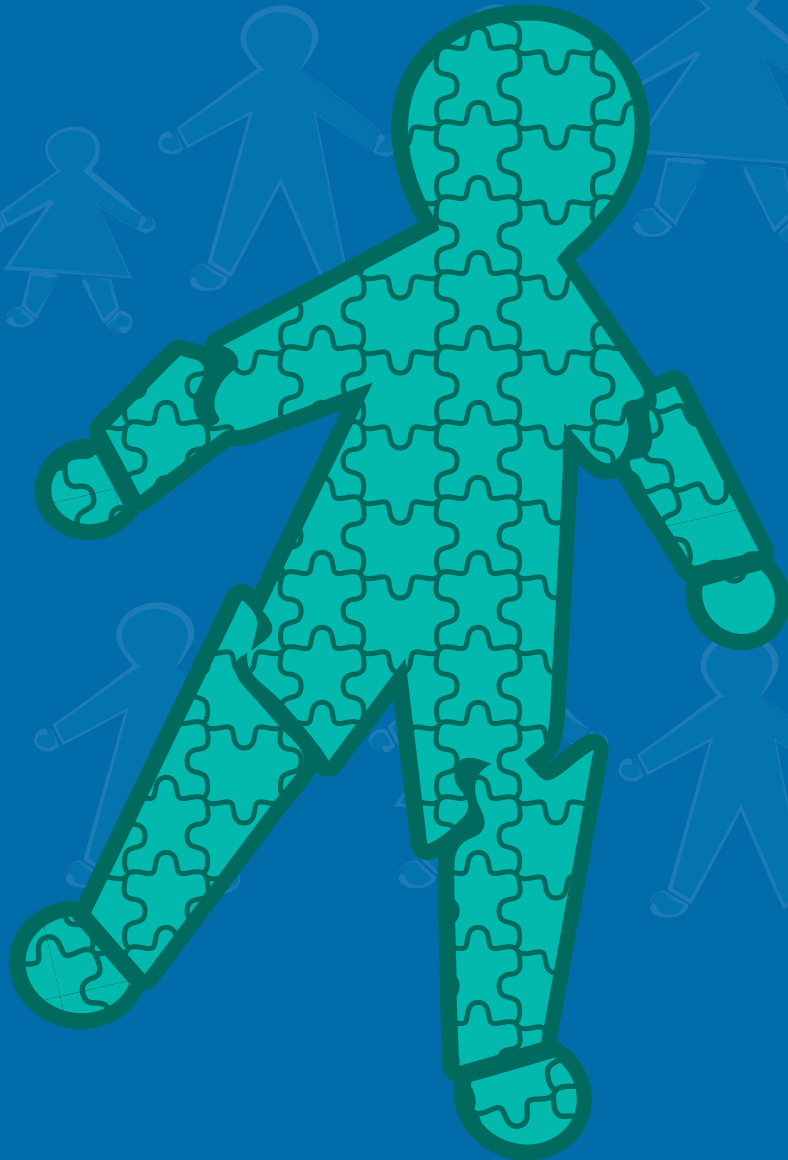


Child Maltreatment 2017



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



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

Recommended Citation

U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2019). *Child Maltreatment 2017*. Available from <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>.

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Child Maltreatment





DEPARTMENT OF HEALTH & HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES

Administration on Children, Youth and Families

330 C Street, SW, Washington, D.C. 20201

Letter from the Associate Commissioner:

Child Maltreatment 2017 is the 28th edition of the annual Child Maltreatment report series. States provide the data for this report through the National Child Abuse and Neglect Data System (NCANDS). NCANDS was established in 1988 as a voluntary national data collection and analysis program to make available state child abuse and neglect information. Data have been collected every year since 1991, and are collected from child welfare agencies in the 50 states, the Commonwealth of Puerto Rico, and the District of Columbia. Key findings in this report include:

- The national rounded number of children who received a child protective services investigation response or alternative response increased 10.0 percent from 2013 (3,184,000) to 2017 (3,501,000).
- The number and rate of victims have fluctuated during the past 5 years. Comparing the national rounded number of victims from 2013 (656,000) to the national rounded number of victims in 2017 (674,000) shows an increase of 2.7 percent.
- The 2017 data show three-quarters (74.9%) of victims are neglected, 18.3 percent are physically abused, and 8.6 percent are sexually abused. These victims may suffer a single maltreatment type or a combination of two or more maltreatment types.
- For 2017, an estimated 1,720 children died of abuse and neglect at a rate of 2.32 per 100,000 children in the national population.¹

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

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

Sincerely,

/s/

Jerry Milner

Associate Commissioner

Children's Bureau

¹ If fewer than 52 states reported data, the national estimate of child fatalities is calculated by multiplying the national fatality rate by the child population of all 52 states and dividing by 100,000. The estimate is rounded to the nearest 10. For 2013-2014, 51 states reported data; for 2015-2016 49 states reported data; for 2017 50 states reported data.

Acknowledgements

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

National and state statistics about child maltreatment are derived from the data collected by child protective services agencies and reported to NCANDS. The data are analyzed, disseminated, and released in an annual report. *Child Maltreatment 2017* marks the 28th 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 2017 national statistics were based upon receiving case-level and aggregate data from the 50 states, the Commonwealth of Puerto Rico, and the District of Columbia.

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

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

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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.

Most states recognize four major types of maltreatment: neglect, physical abuse, psychological maltreatment, and sexual abuse. Although any of the forms of child maltreatment may be found separately, they can occur in combination.

The following pages provide a summary of key information from this report. The information is provided in a question and answer format as the Children’s Bureau is anticipating the most common questions for each chapter of the report. Please refer to the individual chapters for detailed information about each topic and the relevant data. Definitions of terms also are provided in Appendix B, Glossary.

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

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

The data are submitted voluntarily by the 50 states, the District of Columbia, and the Commonwealth of Puerto Rico. The first report from NCANDS was based on data for 1990. This report for federal fiscal year (FFY) 2017 data is the 28th issuance of this annual publication. (See chapter 1.)

How are the data used?

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

What data are collected?

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

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

Where are the data available?

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

How many allegations of maltreatment were reported and received an investigation response or alternative response?

During FFY 2017, CPS agencies received a national estimate of 4.1 million referrals involving approximately 7.5 million children. Among the 45 states that report both screened in and screened out referrals, 57.6 percent of referrals are screened in and 42.4 percent are screened out. For FFY 2017, states screened in 2.4 million referrals for a CPS response. The national rate of screened-in referrals (reports) is 31.8 per 1,000 children in the national population. (See chapter 2.)

Who reported child maltreatment?

For 2017, professionals submitted 65.7 percent of reports alleging child abuse and neglect. The term professional means that the person has contact with the alleged child maltreatment victim as part of his or her job. This term includes teachers, police officers, lawyers, and social services staff. The highest percentages of reports are from education personnel (19.4%), legal and law enforcement personnel (18.3%), and social services personnel (11.7%).

Nonprofessionals—including friends, neighbors, and relatives—submitted fewer than one-fifth of reports (17.3%). Unclassified sources submitted the remaining reports (17.0%). Unclassified includes anonymous, “other,” and unknown report sources. States use the code “other” for any report source that does not have an NCANDS designated code. See Appendix D, State Commentary, for additional information provided by the states as to what is included in “other.” (See chapter 2.)

Who were the child victims?

For FFY 2017, the data show approximately 3.5 million children are the subjects of at least one report. A total of 17.0 percent of children are classified as victims with dispositions of substantiated (16.3%) and indicated (0.7%). The remaining children (83.0%) are not determined to be victims of maltreatment or received an alternative response. For FFY 2017, there are a nationally estimated 674,000 victims of child abuse and neglect. The victim rate is 9.1 victims per 1,000 children in the population. (See chapter 3.) Victim demographics include:

- Children in their first year of life have the highest rate of victimization at 25.3 per 1,000 children of the same age in the national population.
- American Indian or Alaska Native children have the highest rate of victimization at 14.3 per 1,000 children in the population of the same race or ethnicity; and African American children have the second highest rate at 13.9 per 1,000 children of the same race or ethnicity.
- For victims younger than 1 year old with the alcohol abuse child risk factor, medical personnel report source account for 41.1 percent.
- For victims younger than 1 year old with the drug abuse child risk factor, medical personnel report source account for 52.7 percent.

What were the most common types of maltreatment?

As in prior years, the greatest percentages of children suffered from neglect (74.9%) and physical abuse (18.3%). These victims could suffer a single maltreatment type or a combination of two or more maltreatment types. A victim who suffers more than one type of maltreatment is counted only once per type. (See chapter 3.)

How many children died from abuse or neglect?

Child fatalities are the most tragic consequence of maltreatment. For FFY 2017, 50 states reported 1,688 fatalities. Based on these data, a national estimate of 1,720 children died from abuse and neglect. (See chapter 4.) The analyses of case level fatality data show:

- The national rate of child fatalities was 2.32 deaths per 100,000 children.
- Seventy-two (71.8%) percent of all child fatalities were younger than 3 years old.
- Boys had a higher child fatality rate than girls at 2.68 boys per 100,000 boys in the population. Girls had a child fatality rate of 2.02 per 100,000 girls in the population.

- The rate of African-American child fatalities (4.86 per 100,000 African American children) is 2.6 times greater than the rate of White children (1.84 per 100,000 White children) and 3.1 times greater than the rate of Hispanic children (1.59 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 537,393 perpetrators. (See chapter 5.) The analyses of case level data show:

- More than four-fifths (83.4%) of perpetrators are between the ages of 18 and 44 years old.
- More than one-half (54.1%) of perpetrators are women, 45.0 percent of perpetrators are men, and 0.9 percent are of unknown sex.
- The three largest percentages of perpetrators are White (50.3%), African-American (20.7%), or Hispanic (18.6%).

Who received services?

CPS agencies provide services to children and their families, both in their homes and in foster care. Reasons for providing services may include (1) preventing future instances of child maltreatment and (2) remedying conditions that brought the children and their family to the attention of the agency. (See chapter 6.) During 2017:

- Forty-six states reported approximately 1.9 million children received prevention services.
- Approximately 1.3 million children received postresponse services from a CPS agency.
- Two-thirds (60.2%) of victims and one third (29.6%) of nonvictims received postresponse services.

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

Exhibit S–1 Summary Child Maltreatment Rates per 1,000 Children, 2013–2017

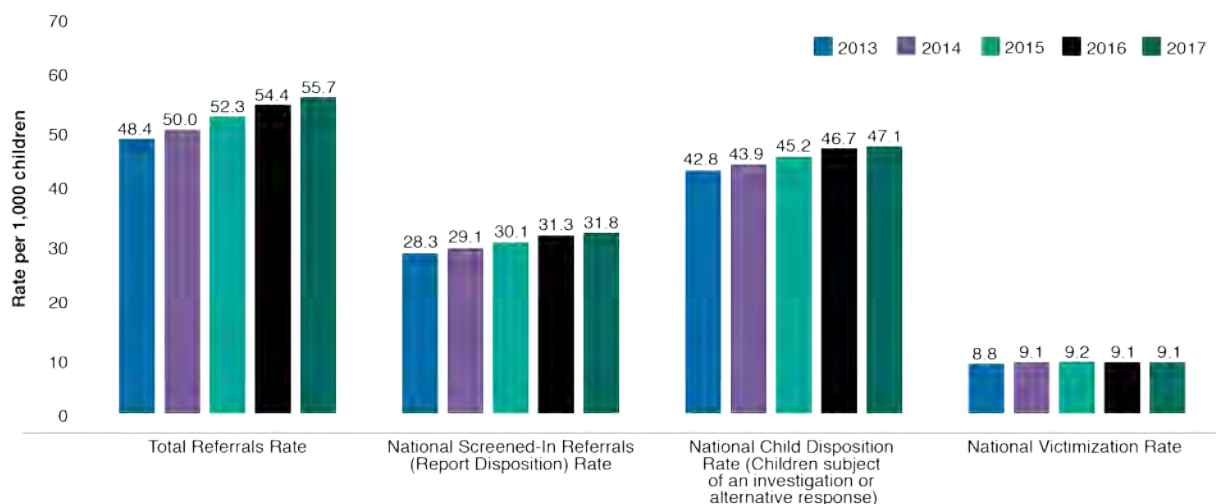
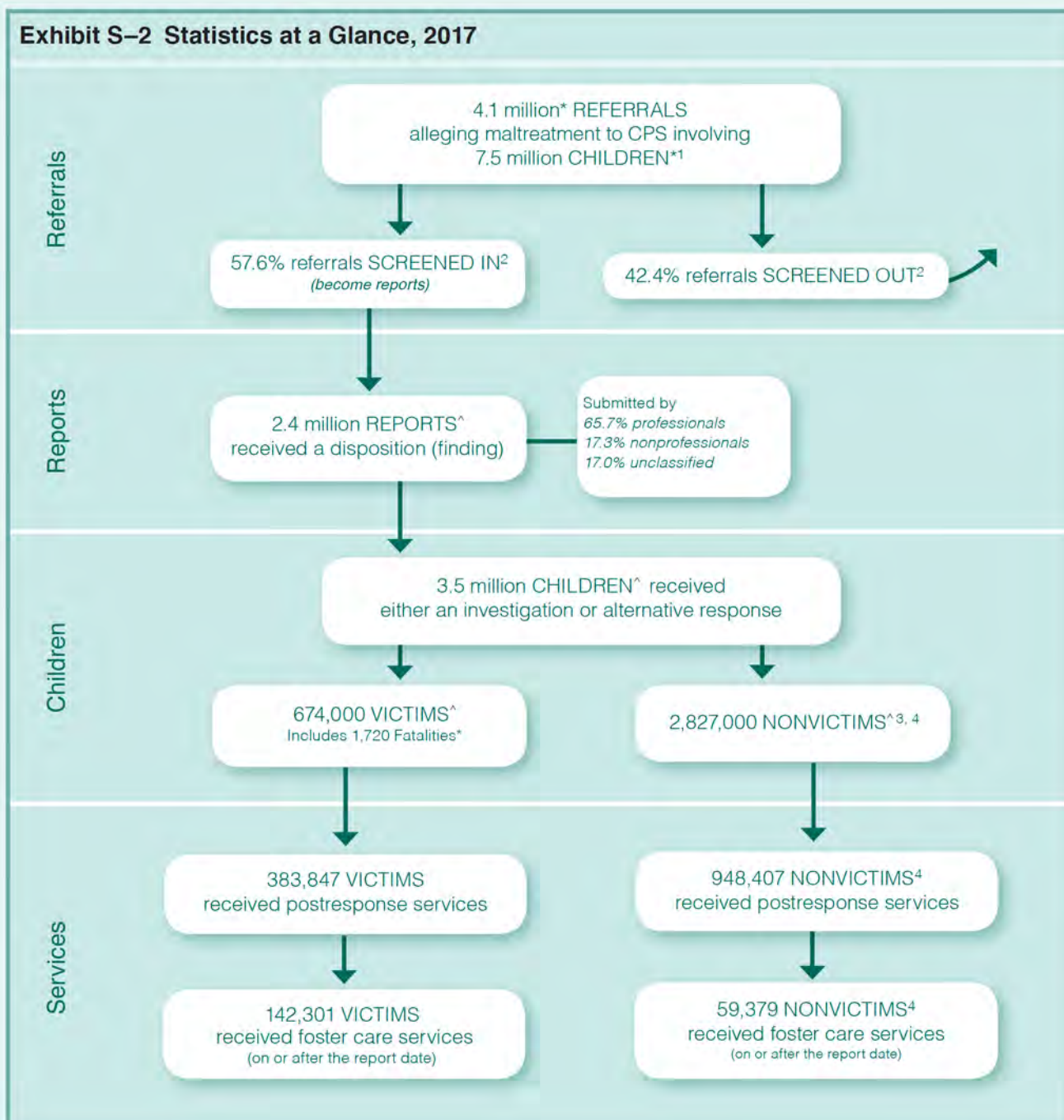


Exhibit S-2 Statistics at a Glance, 2017



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

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

2 For 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.



Introduction

CHAPTER 1

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

- Providing guidance on federal law, policy and program regulations
- Funding essential services, helping states and tribes operate every aspect of their 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 2017 presents national data about child abuse and neglect known to child protective services (CPS) agencies in the United States during federal fiscal year (FFY) 2017. The data are collected and analyzed through the National Child Abuse and Neglect Data System (NCANDS), which is an initiative of the Children's Bureau. Because NCANDS contains all screened-in referrals to CPS agencies that receive a disposition and those that receive an alternative response, these data represent the universe of known child maltreatment cases for FFY 2017.

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 28th 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, listserv discussions, and phone conferences are used regularly to facilitate information sharing and provision of technical assistance.

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

Future Reporting to NCANDS

Two enacted laws will affect the future reporting requirements of NCANDS. The Justice for Victims of Trafficking Act of 2015 (P.L. 114–22) includes a CAPTA amendment that requires each state to report, to the maximum extent practicable, the number of children determined to be victims of sex trafficking. The Comprehensive Addiction and Recovery Act of 2016 (P.L. 114–198) includes a CAPTA amendment that requires states to report, to the maximum extent practicable, the number of infants identified by healthcare providers as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder; the number of substance exposed infants with safe care plans; and the number of infants for whom service referrals were made, including services for the affected parent or caregiver. These new requirements will be added to NCANDS, and the NCANDS Technical Team will disseminate guidance from the Children’s Bureau and work with the states to implement the new fields and codes. NCANDS is subject to the Office of Management and Budget approval process (Paperwork Reduction Act P.L. 96–511) to renew existing data elements and to add new ones. States will begin reporting data for both new laws with their FFY 2018 submissions.

Annual Data Collection Process

The NCANDS reporting year is based on the FFY calendar, which for *Child Maltreatment 2017* is October 1, 2016 through September 30, 2017. States submit case-level data by constructing an electronic file of child-specific records for each report of alleged child abuse and neglect that received a CPS response. Each state’s file only includes completed reports with a disposition (or finding) as an outcome of the CPS response during the reporting year. The data submission containing these case-level data is called the Child File.

The Child File is supplemented by agency-level aggregate statistics in a separate data submission called the Agency File. The Agency File contains data that are not reportable at the child-specific level and are often gathered from agencies external to CPS (e.g., vital statistics departments, child death review teams, law enforcement agencies, etc.). States are

asked to submit both the Child File and the Agency File each year. For more information about the Child File and Agency File please go to the Children’s Bureau website at <https://www.acf.hhs.gov/cb/research-data-technology/reporting-systems/ncands>.

Upon receipt of data from each state, a technical validation review assesses the internal consistency of the data and identifies probable causes for missing data. If the reviews conclude that corrections are necessary, the state may be asked to resubmit its data. (See Appendix C, State Characteristics for additional information about submissions and Appendix D, State Commentary for information from states about their data.)

For FFY 2017, 52 states submitted both a Child File and an Agency File. The most recent data submissions or resubmissions from states are included in trend tables. This may account for some differences in the counts from previous reports. With each Child Maltreatment report, the most recent population data from the U.S. Census Bureau are used to update all data years in each trend table. Wherever possible, trend tables encompass 5 years of data.¹ According to the U.S. Census Bureau, the population of the 52 states that submitted FFY 2017 data accounts for more than 74 million children. (See [table C–2](#).)

As part of the NCANDS annual data collection process, states are asked to verify that their data are sufficiently encrypted. However, some states are not able to verify that the data meet encryption guidelines. To protect confidentiality and enable all states’ data are available to researchers, a double-encryption process occurs during the data collection to systematically de-identify the unique identifiers associated with the report, child, perpetrator, worker, and supervisor. This process ensures the data security and that researchers can conduct analyses across years.

NCANDS as a Resource

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

- *Child Welfare Outcomes: Report to Congress*—This annual report presents information on state and national performance in seven outcome categories. Data for the original Child Welfare Outcomes measures and the majority of the context data in this report come from NCANDS and the Adoption and Foster Care Analysis and Reporting System (AFCARS). The reports are available on the Children’s Bureau’s website at <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/cwo>.
- *Child and Family Services Reviews (CFSRs)*—The Children’s Bureau conducts periodic reviews of state child welfare systems to ensure conformity with federal requirements, determine what is happening with children and families who are engaged in child welfare

¹ U.S. Census Bureau, Population division. (2018). *SC-EST2017-ALLDATA6: Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2017* [data file]. Retrieved from <https://www.census.gov/data/datasets/2017/demo/popest/state-detail.html> U.S. Census Bureau, Population Division. (2018). *Annual Estimates of the Resident Population by Single Year of Age and Sex for the Puerto Rico Commonwealth: April 1, 2010 to July 1, 2017* [data file]. Retrieved from <https://www.census.gov/data/tables/2017/demo/popest/detail-puerto-rico.html>

services, and assist states with helping children and families achieve positive outcomes. States develop Program Improvement Plans to address areas revealed by the CFSR as in need of improvement. For CFSR Round 3, NCANDS data are the basis for two of the CFSR national data indicators: Recurrence of Maltreatment and Maltreatment in Foster Care. NCANDS data also are used as data quality checks.

The NCANDS data also are used for several performance measures published annually as part of the ACF Annual Budget Request to Congress, which highlights certain key performance measures in compliance with the Government Performance and Results Modernization Act (P.L. 111–352). Specific measures on which ACF reports using NCANDS data include:

- Decrease the rate of first-time victims per 1,000 children in the population.
- Decrease the percentage of children with substantiated or indicated reports of 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. The NCANDS data files are double-encrypted prior to submission to NDACAN, which ensures that all submitted data are encrypted and will be available to researchers and other federal agencies. Please note that NDACAN serves as the repository for the data sets, but is not the author of the Child Maltreatment report series. More information is available at <https://www.ndacan.cornell.edu>.

In addition, NCANDS data are provided to other agencies as part of federal initiatives, including Healthy People 2020 <https://www.healthypeople.gov> and America's Children: Key National Indicators of Well-Being <https://www.childstats.gov/americaschildren>.

Structure of the Report

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

By making changes designed to improve the functionality and practicality of the report each year, the Children's Bureau endeavors to increase readers' comprehension and knowledge about child maltreatment. Feedback regarding changes, suggestions for potential future changes, or other comments related to the Child Maltreatment report are encouraged. Please provide feedback to the Children's Bureau's Child Welfare Information Gateway at info@childwelfare.gov. *The Child Maltreatment 2017* report contains the additional chapters

listed below. Most data tables and notes discussing methodology are at the end of each chapter:

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

The report includes the following resources:

- **Appendix A, CAPTA Data Items**—the list of data items from CAPTA, most of which states submit to NCANDS.
- **Appendix B, Glossary**—common terms and acronyms used in NCANDS and their definitions.
- **Appendix C, State Characteristics**—child and adult population data and information about states administrative structures, levels of evidence, and data files submitted to NCANDS.
- **Appendix D, State Commentary**—information about state policies, procedures, and legislation that may affect data.

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



Reports

CHAPTER 2

This chapter presents statistics about referrals alleging child abuse and neglect and how CPS agencies respond to those allegations. Most CPS agencies use a two-step process to respond to allegations of child maltreatment: (1) screening and (2) investigation and alternative response. A CPS agency receives an initial notification—called a referral—alleging child 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) and receive an investigation or alternative response from the agency. Referrals that do not meet agency criteria are screened out or diverted from CPS to other community agencies. Reasons for screening out a referral vary by state policy, but may include one or more of the following:

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

The referral exhibit (exhibit 2—A Referral Rates) in prior editions of the Child Maltreatment report is broken out into three exhibits 2A, 2B, and 2C for *Child Maltreatment 2017*. This will provide readers with additional understanding of the screening data and the estimation process in this report.

During FFY 2017, CPS agencies across the nation screened in 2.4 million (2,359,911) referrals in all 52 reporting states. This is a 12.2 percent increase from the 2.1 million (2,102,660) screened-in referrals during 2013. (See [exhibit 2—A](#) and related notes.)

Screened-in referrals are called reports and may include more than one child. In most states, the majority of reports receive an investigation. This response includes assessing the allegation of maltreatment according to state law and policy. The primary purpose of the investigation is twofold: (1) to determine whether the child was maltreated or is at-risk of maltreatment and (2) to determine if services are needed and which services to provide.

Exhibit 2–A Screened-in Referral Rates, 2013–2017

Year	Reporting States	Child Population of Reporting States	Screened-in Referrals (Reports)	Rate per 1,000 Children	Child Population of 52 States	National Estimate/Actual Screened-in Referrals
2013	52	74,378,641	2,102,660	28.3	74,378,641	2,102,660
2014	52	74,339,990	2,163,450	29.1	74,339,990	2,163,450
2015	52	74,360,792	2,237,754	30.1	74,360,792	2,237,754
2016	51	73,658,812	2,308,105	31.3	74,352,938	2,327,000
2017	52	74,312,174	2,359,911	31.8	74,312,174	2,359,911

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

If all 52 states report screened-in referrals, the national estimate/actual number of screened-in referrals is the actual number of referrals reported. If fewer than 52 states report screened-in referrals (2016 only) then the national estimate/actual number of screened-in referrals is a calculation from the rate of screened-in referrals multiplied by the national population of all 52 states. The result is divided by 1,000 and rounded to the nearest 1,000.

In some states, reports (screened-in referrals) may receive an alternative response. This response is usually reserved for instances where the child is at a low- or moderate-risk of maltreatment. While states vary in how they implement their alternative response programs, the primary purpose is to focus on the service needs of the family. Approximately one-half (25 states) report data on children in alternative response programs. See chapter 3 for more information about alternative response. In the NCANDS, both investigations and alternative responses receive a CPS finding known as a disposition.

For 2017, a national estimate of 1.8 million (1,776,000) referrals were screened out. This is an 18.8 percent increase from the 1.5 million (1,495,000) screened-out referrals for 2013. (See [exhibit 2–B](#) and related notes.)

Exhibit 2–B Screened-out Referral Rates, 2013–2017

Year	Reporting States	Child Population of Reporting States	Screened-out Referrals	Rate per 1,000 Children	Child Population of 52 States	National Estimate of Screened-out Referrals
2013	44	58,809,312	1,179,468	20.1	74,378,641	1,495,000
2014	44	58,880,170	1,228,602	20.9	74,339,990	1,554,000
2015	44	59,001,394	1,310,716	22.2	74,360,792	1,651,000
2016	45	59,416,476	1,374,053	23.1	74,352,938	1,718,000
2017	45	59,482,045	1,421,252	23.9	74,312,174	1,776,000

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

The national estimate of screened-out referrals is based upon the rate of referrals multiplied by the national population of all 52 states. The result is divided by 1,000 and rounded to the nearest 1,000.

The national estimate of total CPS agency referrals for 2017 is 4.1 million (4,136,000) at a rate of 55.7 per 1,000 children in the population. This is an increase of approximately 91,000 referrals from FFY 2016. The 4.1 million total referrals alleging maltreatment includes approximately 7.5 million (7,508,000) children.¹ (See [exhibit 2–C](#) and related notes).

Exhibit 2–C Total Referral Rates, 2013–2017

Year	National Estimate/ Actual Screened-in Referrals	National Estimate of Screened-out Referrals	National Estimate of Total Referrals	Child Population of all 52 States	Total Referrals Rate per 1,000 Children
2013	2,102,660	1,495,000	3,598,000	74,378,641	48.4
2014	2,163,450	1,554,000	3,717,000	74,339,990	50.0
2015	2,237,754	1,651,000	3,889,000	74,360,792	52.3
2016	2,327,000	1,718,000	4,045,000	74,352,938	54.4
2017	2,359,911	1,776,000	4,136,000	74,312,174	55.7

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

The national estimate of total referrals is the sum of the actual reported or estimated number of screened-in referrals (from [exhibit 2–A](#)) plus the number of estimated screened-out referrals (from [exhibit 2–B](#)). The sum is rounded to the nearest 1,000. The national total referral rate is calculated for each year by dividing the national estimate of total referrals by the child population of all 52 states and multiplying the result by 1,000.

At the state level for 2017, 45 states report both screened-in and screened-out referral data. (See [table 2–1](#) and related notes.) Those states screened in 57.6 percent and screened out 42.4 percent of referrals. Sixteen states screened in more than the national percentage, ranging from 58.4 to 98.3 percent. Twenty-nine states screened out more than the national percentage, ranging from 42.7 to 84.4 percent. Readers are encouraged to view state comments in Appendix D, State Commentary for additional information about screening policies.

Report Sources

The report source is the role of the person who notified a CPS agency of the alleged child abuse and neglect in a referral. Only those sources in reports (screened-in referrals) that receive an investigation or alternative response are submitted to NCANDS. To facilitate comparisons, report sources are grouped into three categories: professional, nonprofessional, and unclassified.

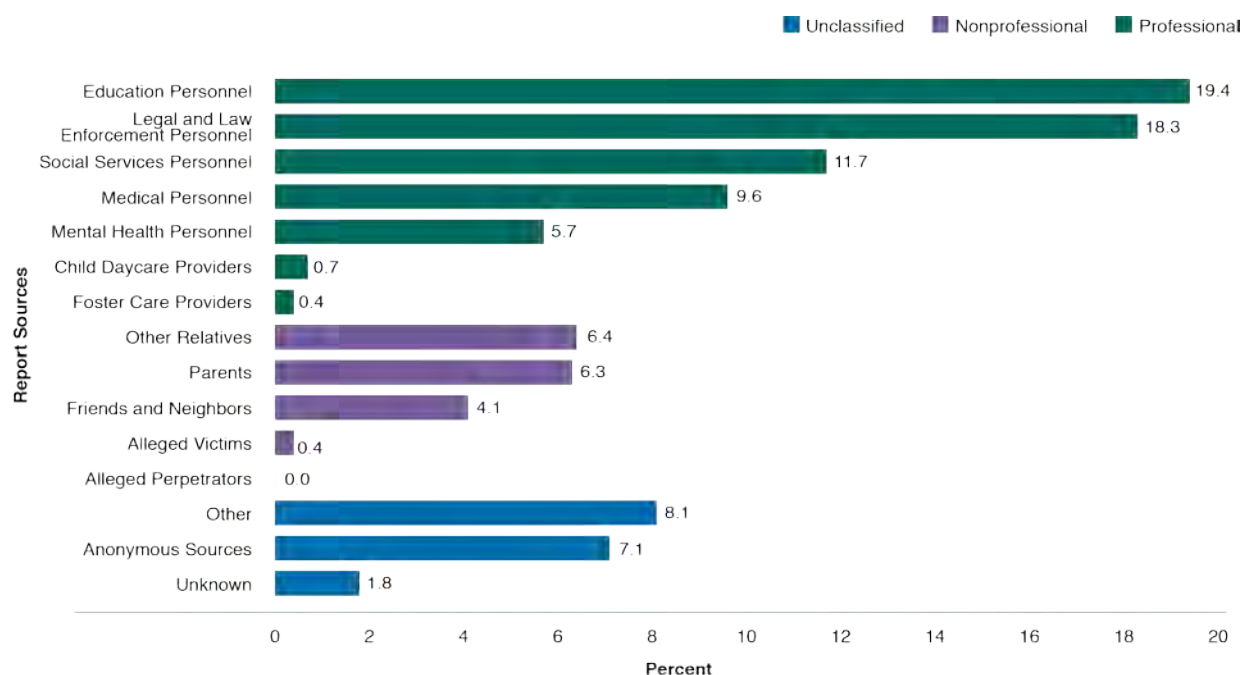
Professional report sources are persons who encounter the child as part of their occupation, such as child daycare providers, educators, legal and law enforcement personnel, and medical personnel. State laws require most professionals to notify CPS agencies of suspected maltreatment (these are known as mandated reporters). Nonprofessional report sources are 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 anonymous, “other,” and unknown report sources. States use the code of “other” for any report source that does not have an NCANDS designated code. According to comments provided by the states, the “other” report source category might include such sources as religious leader, Temporary Assistance for Needy Families staff, landlord, tribal official or member, camp counselor, and private agency staff. Readers are encouraged to review Appendix D, State Commentary, for additional information as to what is in the category of “other” report source.

FFY 2017 data show professionals submit 65.7 percent of reports. The highest percentages of reports are from education personnel (19.4%), legal and law enforcement personnel (18.3%), and social services personnel (11.7%). Nonprofessionals submit 17.3 percent of reports by other relatives (6.4%), parents (6.3%), and friends and neighbors (4.1%). Unclassified sources submit the remaining reports (17.0%). (See [exhibit 2–D](#) and related notes.)

¹ The average number of children in a referral for 2017 (1.8) is calculated by dividing the number of duplicate children who received a disposition (4,283,687 from [table 3–2](#)) by the number of screened-in referrals (2,359,911 from [exhibit 2–A](#)).

Exhibit 2–D Report Sources, 2017

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



Data are from the Child File. Based on data from 49 states. States were excluded from this analysis if more than 25.0 percent had an unknown report source. Numbers total to more than 100.0 percent due to rounding. Supporting data not shown.

CPS Response Time

States' policies usually establish time guidelines or requirements for initiating a CPS response to a report. 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 37 states, the FFY 2017 average response time is 76 hours or 3.2 days; the median response time is 65 hours or 2.7 days. (See [table 2–2](#) and related notes.) The response time data have fluctuated during the past 5 years, due in part to the number of states that submit data for each year.

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. Some states may report

authorized positions while other states may report a “snapshot” (the actual number of workers on a given day). The Children’s Bureau asks states to submit data for workers as full-time equivalents when possible.

For FFY 2017, 42 states report a total workforce of 33,820. Thirty-six states report 2,938 specialized intake and screening workers. The number of investigation and alternative response workers—18,502—is computed by subtracting the reported number of intake and screening workers from the total workforce number. (See [table 2–3](#) and related notes.)

Using the data from the same 36 states that report on workers with specialized functions, investigation and alternative response workers complete an average of 72 CPS responses per worker for FFY 2017. As CPS agencies realign their workforce to improve the multiple types of CPS responses they provide, the methodologies for estimating caseloads may become more complex. (See [table 2–4](#) and related notes.)

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.
- 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 (children) 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.

Table 2–1 Screened-In and Screened-Out Referrals, 2017

- Screened-out referral data are from the Agency File and screened-in referral data are from the Child File.
- This table includes screened-in referral data from all states and screened-out referral data from 45 reporting states.
- The state total referral rate is based on the number of total referrals divided by the child population (see [table C–2](#)) of states reporting both screened-in and screened-out referrals and multiplying the result by 1,000.

Table 2–2 Average Response Time in Hours, 2013–2017

- Data are from the Agency File.
- The national average response time is calculated by summing the 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 calculated by sorting the values and finding the middle point.

- States are excluded from this analysis if more than 95.0 percent of reports have the same investigation date/time and report date/time.

Table 2–3 Child Protective Services Workforce, 2017

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

Table 2–4 Child Protective Services Caseload, 2017

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

Table 2–1 Screened-in and Screened-out Referrals, 2017

State	Screened-in Referrals (Reports)	Screened-out Referrals	Total Referrals	Screened-in Referrals (Reports) Percent	Screened-out Referrals Percent	Total Referrals Rate per 1,000 Children
Alabama	27,677	470	28,147	98.3	1.7	25.7
Alaska	9,372	9,167	18,539	50.6	49.4	100.2
Arizona	47,108	29,035	76,143	61.9	38.1	46.6
Arkansas	36,095	20,888	56,983	63.3	36.7	80.8
California	233,701	166,486	400,187	58.4	41.6	44.2
Colorado	34,316	60,823	95,139	36.1	63.9	75.4
Connecticut	20,021	21,340	41,361	48.4	51.6	55.6
Delaware	6,484	13,067	19,551	33.2	66.8	95.6
District of Columbia	7,318	7,290	14,608	50.1	49.9	117.3
Florida	173,138	63,527	236,665	73.2	26.8	56.3
Georgia	88,923	33,829	122,752	72.4	27.6	48.8
Hawaii	1,871	2,576	4,447	42.1	57.9	14.5
Idaho	8,568	12,380	20,948	40.9	59.1	47.2
Illinois	74,353	-	74,353	-	-	-
Indiana	126,719	42,200	168,919	75.0	25.0	107.4
Iowa	30,853	21,103	51,956	59.4	40.6	71.0
Kansas	23,705	15,674	39,379	60.2	39.8	55.3
Kentucky	56,240	54,292	110,532	50.9	49.1	109.4
Louisiana	19,851	24,942	44,793	44.3	55.7	40.4
Maine	8,016	7,899	15,915	50.4	49.6	63.0
Maryland	22,037	31,240	53,277	41.4	58.6	39.5
Massachusetts	45,086	37,742	82,828	54.4	45.6	60.5
Michigan	89,736	60,022	149,758	59.9	40.1	68.8
Minnesota	32,477	58,243	90,720	35.8	64.2	69.9
Mississippi	27,775	5,492	33,267	83.5	16.5	46.6
Missouri	65,096	20,526	85,622	76.0	24.0	61.9
Montana	9,843	7,779	17,622	55.9	44.1	77.0
Nebraska	13,199	22,226	35,425	37.3	62.7	74.5
Nevada	15,373	20,831	36,204	42.5	57.5	52.8
New Hampshire	9,578	5,375	14,953	64.1	35.9	57.8
New Jersey	57,026	-	57,026	-	-	-
New Mexico	21,691	17,475	39,166	55.4	44.6	80.2
New York	165,477	-	165,477	-	-	-
North Carolina	67,550	-	67,550	-	-	-
North Dakota	3,982	-	3,982	-	-	-
Ohio	83,750	98,826	182,576	45.9	54.1	70.1
Oklahoma	35,553	42,527	78,080	45.5	54.5	81.4
Oregon	35,708	36,213	71,921	49.6	50.4	82.3
Pennsylvania	46,208	-	46,208	-	-	-
Puerto Rico	10,613	-	10,613	-	-	-
Rhode Island	5,817	7,533	13,350	43.6	56.4	64.4
South Carolina	36,744	9,318	46,062	79.8	20.2	41.7
South Dakota	2,492	13,445	15,937	15.6	84.4	74.2
Tennessee	74,497	55,610	130,107	57.3	42.7	86.3
Texas	198,083	56,954	255,037	77.7	22.3	34.6
Utah	20,736	18,486	39,222	52.9	47.1	42.3
Vermont	4,320	15,436	19,756	21.9	78.1	169.1
Virginia	32,754	43,993	76,747	42.7	57.3	41.1
Washington	36,023	59,580	95,603	37.7	62.3	58.1
West Virginia	26,219	13,518	39,737	66.0	34.0	107.5
Wisconsin	27,140	51,428	78,568	34.5	65.5	61.3
Wyoming	2,999	4,446	7,445	40.3	59.7	54.5
National	2,359,911	1,421,252	3,781,163	-	-	-
Reporting States	52	45	52	-	-	-
National for states reporting both screened-in and screened-out referrals	1,934,702	1,421,252	3,355,954	57.6	42.4	-
Reporting states for reporting both screened-in and screened-out referrals	45	45	45	-	-	-

Table 2–2 Average Response Time in Hours, 2013–2017

State	2013	2014	2015	2016	2017
Alabama	48	47	13	64	58
Alaska	241	321	348	-	-
Arizona	-	-	-	-	32
Arkansas	114	115	98	113	134
California	143	144	142	139	137
Colorado	15	-	-	-	-
Connecticut	26	40	44	44	45
Delaware	167	190	210	231	291
District of Columbia	17	20	19	22	26
Florida	10	10	10	10	10
Georgia	-	-	-	-	-
Hawaii	115	113	113	154	179
Idaho	60	62	61	56	64
Illinois	-	-	-	-	-
Indiana	85	109	103	96	74
Iowa	41	47	48	54	49
Kansas	61	76	76	67	94
Kentucky	54	83	85	75	78
Louisiana	70	76	59	73	99
Maine	72	72	72	72	72
Maryland	67	-	-	-	-
Massachusetts	-	-	-	-	-
Michigan	-	-	41	41	33
Minnesota	55	135	124	108	104
Mississippi	52	41	66	51	50
Missouri	25	24	-	42	65
Montana	-	-	172	125	-
Nebraska	-	103	115	126	145
Nevada	12	16	17	19	18
New Hampshire	-	87	88	104	118
New Jersey	17	18	17	17	18
New Mexico	79	88	76	68	67
New York	-	-	-	-	-
North Carolina	-	-	-	-	-
North Dakota	-	-	-	-	-
Ohio	25	22	31	24	26
Oklahoma	62	53	48	51	50
Oregon	-	-	123	133	137
Pennsylvania	-	-	-	-	-
Puerto Rico	-	-	-	-	-
Rhode Island	13	20	14	20	28
South Carolina	20	24	30	29	26
South Dakota	74	76	78	73	75
Tennessee	141	134	93	52	-
Texas	63	63	63	63	55
Utah	82	81	83	86	88
Vermont	96	88	103	106	102
Virginia	-	-	-	-	-
Washington	45	42	50	40	39
West Virginia	-	27	71	-	-
Wisconsin	108	127	113	119	117
Wyoming	24	24	24	24	14
National Average	67	76	81	73	76
National Median	61	72	72	66	65
Reporting States	36	37	39	38	37

Table 2–3 Child Protective Services Workforce, 2017

State	Intake and Screening Workers	Investigation and Alternative Response Workers	Intake, Screening, Investigation, and Alternative Response Workers
Alabama	85	508	593
Alaska	-	-	62
Arizona	76	483	559
Arkansas	39	510	549
California	-	-	4,963
Colorado	-	-	-
Connecticut	46	307	353
Delaware	37	120	157
District of Columbia	40	123	163
Florida	-	-	-
Georgia	-	-	-
Hawaii	10	35	45
Idaho	14	102	116
Illinois	106	734	840
Indiana	113	880	993
Iowa	29	214	243
Kansas	86	219	305
Kentucky	82	1,213	1,295
Louisiana	50	205	255
Maine	30	115	145
Maryland	-	-	-
Massachusetts	141	379	520
Michigan	171	1,338	1,509
Minnesota	300	499	799
Mississippi	32	801	833
Missouri	116	519	635
Montana	20	183	203
Nebraska	-	-	-
Nevada	53	193	246
New Hampshire	18	67	85
New Jersey	107	1,268	1,375
New Mexico	45	158	203
New York	-	-	-
North Carolina	-	-	-
North Dakota	17	76	93
Ohio	-	-	3,544
Oklahoma	62	648	710
Oregon	126	409	535
Pennsylvania	-	-	3,077
Puerto Rico	-	-	574
Rhode Island	18	66	84
South Carolina	-	-	-
South Dakota	33	46	79
Tennessee	65	1,012	1,077
Texas	516	3,666	4,182
Utah	-	-	-
Vermont	33	67	100
Virginia	91	572	663
Washington	94	500	594
West Virginia	37	267	304
Wisconsin	-	-	-
Wyoming	-	-	160
National	2,938	18,502	33,820
Reporting States	36	36	42

Table 2–4 Child Protective Services Caseload, 2017

State	Investigation and Alternative Response Workers	Completed Reports (Reports with a Disposition)	Completed Reports per Investigation and Alternative Response Worker
Alabama	508	27,677	54
Alaska	-	-	-
Arizona	483	47,108	98
Arkansas	510	36,095	71
California	-	-	-
Colorado	-	-	-
Connecticut	307	20,021	65
Delaware	120	6,484	54
District of Columbia	123	7,318	59
Florida	-	-	-
Georgia	-	-	-
Hawaii	35	1,871	53
Idaho	102	8,568	84
Illinois	734	74,353	101
Indiana	880	126,719	144
Iowa	214	30,853	144
Kansas	219	23,705	108
Kentucky	1,213	56,240	46
Louisiana	205	19,851	97
Maine	115	8,016	70
Maryland	-	-	-
Massachusetts	379	45,086	119
Michigan	1,338	89,736	67
Minnesota	499	32,477	65
Mississippi	801	27,775	35
Missouri	519	65,096	125
Montana	183	9,843	54
Nebraska	-	-	-
Nevada	193	15,373	80
New Hampshire	67	9,578	143
New Jersey	1,268	57,026	45
New Mexico	158	21,691	137
New York	-	-	-
North Carolina	-	-	-
North Dakota	76	3,982	52
Ohio	-	-	-
Oklahoma	648	35,553	55
Oregon	409	35,708	87
Pennsylvania	-	-	-
Puerto Rico	-	-	-
Rhode Island	66	5,817	88
South Carolina	-	-	-
South Dakota	46	2,492	54
Tennessee	1,012	74,497	74
Texas	3,666	198,083	54
Utah	-	-	-
Vermont	67	4,320	64
Virginia	572	32,754	57
Washington	500	36,023	72
West Virginia	267	26,219	98
Wisconsin	-	-	-
Wyoming	-	-	-
National	18,502	1,324,008	72
Reporting States	36	36	-



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.

CAPTA legislation recognizes individual state authority by providing this minimum federal definition of child abuse and neglect. Each state defines child abuse and neglect in its own statutes and policies and the child welfare agencies determine the appropriate response for the alleged maltreatment based on those statutes and policies. States map their own codes to the NCANDS codes (see chapter 1).

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

- **Substantiated:** An investigation disposition that concludes the allegation of maltreatment or risk of maltreatment is supported or founded by state law or policy.
- **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.
- **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.

Prior to the *Child Maltreatment 2015* report, children who received an alternative response were presented separately as alternative response victims and alternative response nonvictims. Beginning with the *Child Maltreatment 2015* report, children with dispositions of either alternative response victim or alternative response nonvictim are presented in a single category without reference to the victim status. This is done to better align NCANDS’ use of the alternative response data to child welfare practice, which does not determine if the child is a victim.

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

In addition, the Child Welfare Information Gateway compiled alternative response research documents, reports from the National Quality Improvement Center on Differential Response, and examples of state alternative response programs on its website at <https://www.childwelfare.gov/topics/responding/alternative>.

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 victim disposition.

For FFY 2017, 52 states submitted unique counts of children. Unique counts are used for most analyses in this chapter. Please refer to the table notes for specifics on counts.

Children Who Received an Investigation or Alternative Response (unique count of children)

For FFY 2017, 3.5 million children (national rounded number) received either an investigation or alternative response at a rate of 47.1 children per 1,000 in the population. The number of children who received a CPS response increased nationally by approximately 10.0 percent from 2013 to 2017.¹ The percent change at the state level range from -36.9 to 82.6 (See [exhibit 3–A](#), [table 3–1](#), and related notes.) Please see Appendix D, State Commentary, for state-specific information about changes.

Exhibit 3–A Child Disposition Rates, 2013–2017

Year	Reporting States	Child Population of Reporting States	Reported Children Who Received an Investigation or Alternative Response	National Disposition Rate per 1,000 Children	Child Population of all 52 States	National Estimate/Rounded Number of Children Who Received an Investigation or Alternative Response
2013	52	74,378,641	3,183,533	42.8	74,378,641	3,184,000
2014	52	74,339,990	3,260,523	43.9	74,339,990	3,261,000
2015	52	74,360,792	3,359,531	45.2	74,360,792	3,360,000
2016	51	73,658,812	3,443,391	46.7	74,352,938	3,472,000
2017	52	74,312,174	3,501,407	47.1	74,312,174	3,501,000

The number of children is a unique count. The national disposition rate is computed by dividing the number of reported children who received an investigation or alternative response by the child population of reporting states and multiplying by 1,000.

If fewer than 52 states report data in a given year, the national estimate of children who received an investigation or alternative response is calculated by multiplying the national disposition rate by the child population of all 52 states and dividing by 1,000. The result was rounded to the nearest 1,000. If 52 states report data in a given year, the number of estimated/rounded children who received an investigation or alternative response is calculated by taking the number of reported children who received an investigation or alternative response and rounding it to the nearest 1,000. Because of the rounding rule, the national estimate/rounded number could have fewer children than the actual reported number of children.

¹ The national percent change is calculated using the national estimate/rounded number for FFY 2013 and FFY 2017 (from [exhibit 3–A](#)) by subtracting 2013 data from 2017 data, dividing the result by 2013 data, and multiplying by 100.

A common question when looking at child maltreatment data is how often the same child is included in a report (screened-in referral) within the same FFY. Eighty-three (83.2%) percent, or approximately 2.9 million children, are included in a single report and 12.8 percent (447,967) of children are in two reports. Four percent (4.0%) are in three or more reports within FFY 2017. (See [exhibit 3–B](#) and related notes.)

Exhibit 3–B Children by Number of Screened-in Referrals (Reports), 2017

Number of Reports	Children	Children Percent
1	2,914,296	83.2
2	447,967	12.8
3	101,455	2.9
>3	37,689	1.1
National	3,501,407	100.0

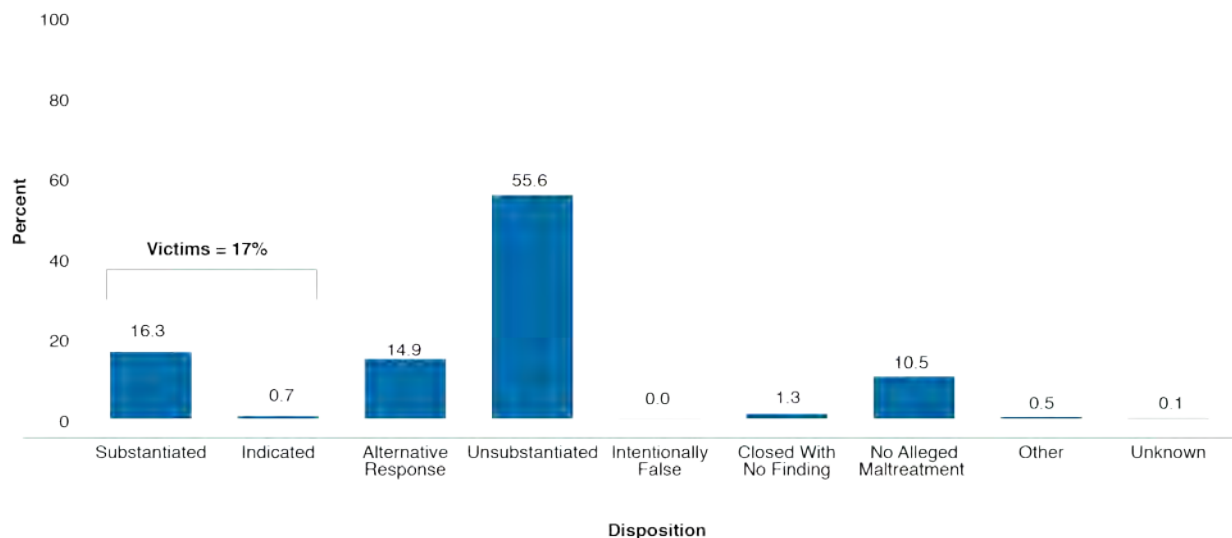
Based on data from 52 states.

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

For FFY 2017, approximately 4.3 million children (duplicate count) are the subjects of reports (screened-in referrals). A child may be a victim in one report and a nonvictim in another report, and in this analysis, the child is counted both times. A total of 17.0 percent of children are classified as victims with dispositions of substantiated (16.3%) and indicated (0.7%). The remaining children are not determined to be victims or received an alternative response (83.0%). (See [table 3–2](#), [exhibit 3–C](#), and related notes.)

Exhibit 3–C Children Who Received an Investigation or Alternative Response by Disposition, 2017

17% of children who received a disposition were determined to be victims of maltreatment



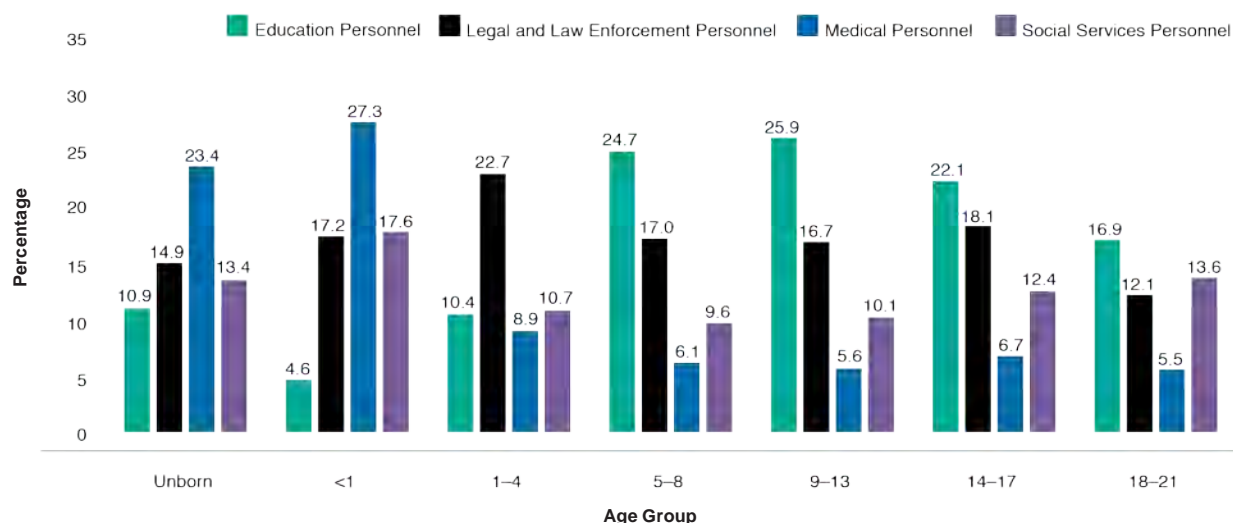
Based on data from 52 states. See [table 3–2](#).

Children by Age Group and Report Source (duplicate count of children)

Analyzing children by age group and report source reveals some differences in who reports children to CPS. For children who are not yet born or are younger than 1 year old, medical personnel are the largest percentage of reporters at 23.4 and 27.3 percent, respectively. For children in the age group 1–4 years old, legal and law enforcement personnel are the largest at 22.7 percent. For the remaining age groups, education personnel are the largest percentage of reporters. Multiple children may be included in a report and the same report source is counted for each child in each report. This explains why some education personnel are cited as the report source for very young children as it is likely an older sibling who is the focus of the CPS allegation. (See [table 3–3](#), [exhibit 3–D](#), and related notes.)

Exhibit 3–D Children by Age Group and Selected Report Sources, 2017

Medical Personnel are the largest percentage of report sources for the youngest children.



Based on data from 49 states. See [table 3–3](#).

Number of Child Victims (unique count of child victims)

In NCANDS, a victim is defined as a child for whom the state determined at least one maltreatment is substantiated or indicated. This includes a child who died of child abuse and neglect. Prior to FFY 2015, children with alternative response victim dispositions were included in the victim count. To ensure analyses are comparable across years, the new victim definition was used for trend analyses for FFYs 2013 through 2017.

For FFY 2017, there are nationally 674,000 (rounded) victims of child abuse and neglect. This equates to a national rate of 9.1 victims per 1,000 children in the population. The FFY 2017 national number of victims is 2.7 percent higher than the FFY 2013 national (rounded) number of 656,000. The percent change is calculated using the national rounded number of victims for FFY 2013 and FFY 2017. (See [exhibit 3–E](#) and related notes.)

At the state level, the percent change of victims of abuse and neglect range from a 45.0 percent decrease to 149.9 percent increase from FFY 2013 to 2017. The FFY 2017 state rates range from a high of 22.2 to a low of 1.7 per 1,000 children. Changes to legislation, child welfare

Exhibit 3–E Child Victimization Rates, 2013–2017

Year	Reporting States	Child Population of Reporting States	Victims from Reporting States	National Victimization Rate per 1,000 Children	Child Population of all 52 States	National Estimate/Rounded Number of Victims
2013	52	74,378,641	656,359	8.8	74,378,641	656,000
2014	52	74,339,990	675,429	9.1	74,339,990	675,000
2015	52	74,360,792	683,221	9.2	74,360,792	683,000
2016	51	73,658,812	671,716	9.1	74,352,938	677,000
2017	52	74,312,174	673,830	9.1	74,312,174	674,000

The number of victims is a unique count. The national victimization rate is calculated by dividing the number of victims from reporting states by the child population of reporting states and multiplying by 1,000.

If fewer than 52 states report data in a given year, the national estimate/rounded number of victims is calculated by multiplying the national victimization rate by the child population of all 52 states and dividing by 1,000. The result is rounded to the nearest 1,000. If 52 states report data in a given year, the number of rounded victims is calculated by taking the number of reported victims and rounding it to the nearest 1,000. Because of the rounding rule, the national estimate/rounded number could have fewer victims than the actual reported number of victims.

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. For example, one state changed its level of evidence to substantiate maltreatment from clear and convincing to preponderance. As the new level does not require as much evidence to substantiate as the previous level, one would expect to see an increase in the number of victims. See Appendix C, State Characteristics, for more information on level of evidence. (See [table 3–4](#) and related notes.)

During FFY 2013–2017, the national rates remained relatively stable for victims who did not have a prior history of victimization (known as first-time victims). During the 5 years, the national rates fluctuated from a low of 6.5 to a high of 6.7 per 1,000 children in the population. States use the disposition date of prior substantiated or indicated maltreatments to determine whether the victim was a first-time victim. (See [table 3–5](#) and related notes.)

To better understand prior victimization, a new 3-year retrospective analysis uses the combination of report date and unique child identifiers to determine the number and disposition type of victims’ prior CPS contacts. A prior CPS contact is defined as any investigation or assessment that results in a disposition prior to the current disposition. This analysis examines nonfatal victims in states’ FFY 2017 submissions, with report dates of up to 3 years prior to the date of the most recent victim report. (See chapter 4 for a similar analysis of fatal victims.) Five percent (5.0%) of victims have prior victim contacts, and 13.0 percent have prior nonvictim contacts. Some victims (1.8%) have both victim and nonvictim prior contacts. (See [exhibit 3–F](#) and related notes.)

Exhibit 3–F Nonfatal Victims by Prior CPS Contact, 2017							
Number of Prior CPS Contacts	Victims	Victims With Prior Victim Contact	Victims With Prior Victim Contact Percentage	Victims With Prior Nonvictim Contact	Victims With Prior Nonvictim Contact Percentage	Victims With Prior Victim and Nonvictim Contact	Victims With Prior Victim and Nonvictim Contact Percentage
1	-	29,782	4.5	68,735	10.4	-	-
2	-	2,888	0.4	13,409	2.0	7,856	1.2
3	-	377	0.1	2,949	0.4	2,810	0.4
>3	-	70	0.0	1,033	0.2	1,429	0.2
National	662,150	33,117	5.0	86,126	13.0	12,095	1.8
Based on data from 50 states. Percent is calculated against the number of total unique victims. Reports occurring on the same day as the prior report are excluded. Prior CPS contacts with a report date of up to 3 years prior to the date of the most recent victim report are counted. States are excluded from this analysis if victim child IDs are not unique across years.							

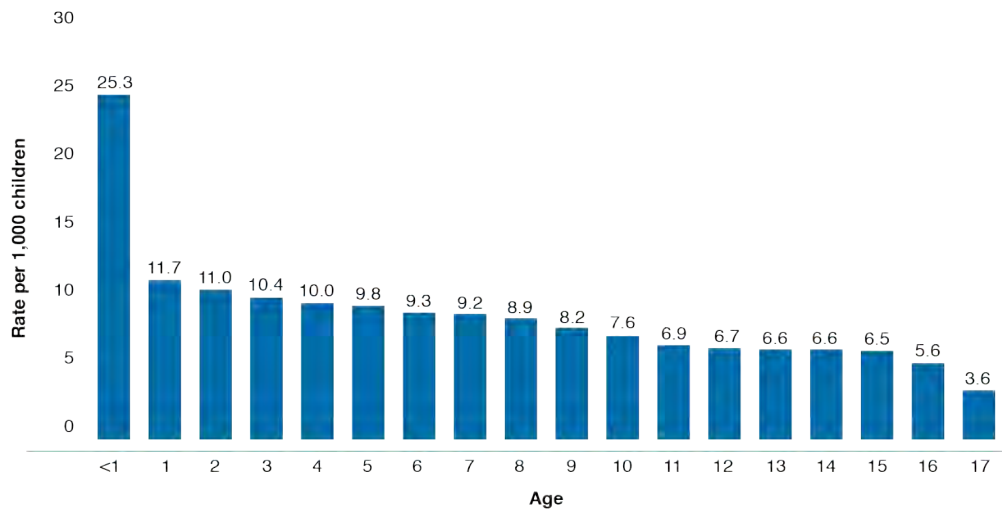
Child Victim Demographics (unique count of child victims)

The youngest children are the most vulnerable to maltreatment. Nationally, states report that more than one-quarter (28.5%) of victims are younger than 3 years old. The victimization rate is highest for children younger than 1 year old at 25.3 per 1,000 children in the population of the same age. This is more than double the rate of victims who are 1 year old (11.7 per 1,000 children). Victims who are 2 or 3 years old have victimization rates of 11.0 and 10.4 victims per 1,000 children of those respective ages in the population. Readers may notice some states have lower rates across age groups than other states. The states with lower rates may assign low-risk cases to alternative response or have other state policies or programs in place for maltreatment allegations. In general, the rate of victimization decreases with the child’s age. (See [table 3–6](#), [exhibit 3–G](#), and related notes.)

The percentages of child victims are similar for both boys (48.6%) and girls (51.0%). The sex is unknown for 0.4 percent of victims. The FFY 2017 victimization rate for girls is 9.5 per

Exhibit 3–G Victims by Age, 2017

The youngest children were the most vulnerable to maltreatment



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

1,000 girls in the population, which is higher than boys at 8.6 per 1,000 boys in the population. (See [table 3–7](#) and related notes.) Most victims are one of three races or ethnicities—White (44.6%), Hispanic (22.3%), or African-American (20.7%). The racial distributions for all children in the population are 50.7 percent White, 13.7 percent African-American, and 25.2 percent Hispanic. (See [table C–3](#) and related notes.) For FFY 2017, American-Indian or Alaska Native children have the highest rate of victimization at 14.3 per 1,000 children in the population of the same race or ethnicity; and African-American children have the second highest rate at 13.9 per 1,000 children. (See [table 3–8](#) and related notes.) The 2017 table includes improved reporting compared with 2016 data in three states—Alaska, Massachusetts, and Michigan—by reducing the number of victims with unknown race.

Maltreatment Types

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

In this analysis, a victim who suffered more than one type of maltreatment is counted for each maltreatment type, but only once per type. This answers the question of how many different types of maltreatment did victims suffer, rather than how many occurrences of each type; for example:

- A victim with three reports of neglect—victim is counted once in neglect.
- A victim with one report of both neglect and physical abuse—victim is counted once in neglect and once in physical abuse.

The FFY 2017 data show, three-quarters (74.9%) of victims are neglected, 18.3 percent are physically abused, and 8.6 percent are sexually abused. In addition, 7.1 percent of victims experience such “other” types of maltreatment as threatened abuse or neglect, drug/alcohol addiction, and lack of supervision. States may code any maltreatment as “other” if it does not fit in one of the NCANDS categories. (See [table 3–9](#) and related notes.) A few states have specific policies about conducting investigations into specific maltreatment types. Readers are encouraged to review Appendix D, State Commentary, about what is included in the “other” maltreatment type category and for additional information on state policies related to maltreatment types.

Combination of Types (unique count of child victims and unique count of maltreatment types)

Polyvictimization in child welfare refers to children who experience multiple types of maltreatment. The FFY 2017 data show, 85.6 percent of victims suffered a single type of maltreatment, although they could suffer a single type multiple times. For example, 62.7 percent of victims are neglected only and did not suffer additional maltreatment types. The remaining victims (14.4%) experience a combination of maltreatments. A child is considered to have suffered a combination of maltreatments if:

- The child has two different types of maltreatment in a single report (e.g., neglect and physical abuse in the same report).
- The child suffers different maltreatment types in several reports (e.g., neglect in one report and physical abuse in a second report).

The most common combination is neglect and physical abuse (5.2%). The other common combinations include neglect and “other”/unknown at 3.7 percent, neglect and psychological maltreatment at 1.9 percent, and neglect and sexual abuse at 1.4 percent. (See [table 3–10](#) and related notes.)

Risk Factors

Risk factors are characteristics of a child or caregiver that may increase the likelihood of child maltreatment.² NCANDS collects data for nine 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. 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.

Caregiver Risk Factors (unique count of children)

Caregivers with these risk factors who are included in each analysis may or may not be the perpetrators responsible for the maltreatment. For FFY 2017, data are analyzed for four caregiver risk factors with the following NCANDS definitions:

- **Alcohol abuse (caregiver)**—The compulsive use of alcohol that is not of a temporary nature.
- **Drug abuse (caregiver)**—The compulsive use of drugs that is not of a temporary nature.
- **Financial problem (caregiver)**—A risk factor related to the family’s inability to provide sufficient financial resources to meet minimum needs.
- **Domestic violence (caregiver)**—Any abusive, violent, coercive, forceful, or threatening act or word inflicted by one member of a family or household on another. In NCANDS, the caregiver may be the perpetrator or the victim of the domestic violence.

An analysis reviewed 3 years of data for victims with the alcohol abuse caregiver risk factor. From 2015 to 2017, there is an overall increase in the number of victims reported with the alcohol abuse caregiver risk factor, which may be partly due to better reporting. From 2015 to 2017, the percentages of victims with the alcohol abuse caregiver risk factor increased from 10.6 to 12.1. Across the years, the percentages range from a low of 2.0 to a high of 49.3. (See [table 3–11](#) and related notes.) Three years of data also are analyzed for victims

² IOM (Institute of Medicine) and NRC (National Research Council). 2014. *New directions in child abuse and neglect research*. Washington, DC: The National Academies Press.

with the drug abuse caregiver risk factor. The number and percentage of victims reported with the drug abuse caregiver risk factor increased from 27.1 to 30.8 percent from 2015 to 2017. Across the years, the state percentages ranged from a low of 2.3 to a high of 66.7. (See [table 3–12](#), and related notes.)

Researchers have linked financial insecurity and housing insecurity to increased child welfare agency involvement. The association between income and child maltreatment also is supported by research.³ Thirty states report 14.9 percent of victims with the financial problem caregiver risk factor. Twenty states report 12.2 percent of nonvictims with the caregiver risk factor. (See [table 3–13](#) and related notes.) For children with the caregiver risk factor of domestic violence, the caregiver could be either the perpetrator of, the victim of, or a witness to domestic violence. More than one-quarter 27.2 percent of victims have a domestic violence caregiver risk factor and 9.1 percent of nonvictims have a domestic violence caregiver risk factor. (See [table 3–14](#) and related notes.)

Special Focus on Victims With Alcohol and Drug Abuse Child Risk Factors (duplicate count of victims)

This section includes targeted analyses on child maltreatment victims younger than 1 year old with drug and alcohol abuse child risk factors. Over the years, amendments to CAPTA have changed and added to the state requirements related substance use. As noted in the program instruction released by the Children’s Bureau:⁴

Since 2003, CAPTA has included a state plan requirement that the Governor of each state provide an assurance that the state has policies and procedures to address the needs of substance-exposed infants, including requirements to make appropriate referrals to CPS and other appropriate services, and a requirement to develop a plan of safe care for the affected infants. As originally incorporated in CAPTA, the provisions required states to have policies and procedures relating to “infants born and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.” In 2010, the provision was amended by Congress to also include infants affected by Fetal Alcohol Spectrum Disorder.

In 2016, the Comprehensive Addiction and Recovery Act (CARA) was enacted which, among other provisions, amended CAPTA to remove the term “illegal” as applied to substance abuse affecting infants and to specifically require that plans of safe care address the needs of both infants and their families or caretakers. CARA also added requirements relating to data collection and monitoring. States will now need to report, to the maximum extent practicable:

- The number of infants identified under subsection 106(b)(2)(B)(ii).
- The number of such infants for whom a plan of safe care was developed.
- The number of such infants for whom a referral was made for appropriate services, including services for the affected family or caregiver.

The Children’s Bureau intends to collect this information through NCANDS beginning with the submission of FFY 2018 data.

³ Sedlak, A.J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., and Li, S. (2010). *Fourth National Incidence Study of Child Abuse and Neglect (NIS–4): Report to Congress*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.

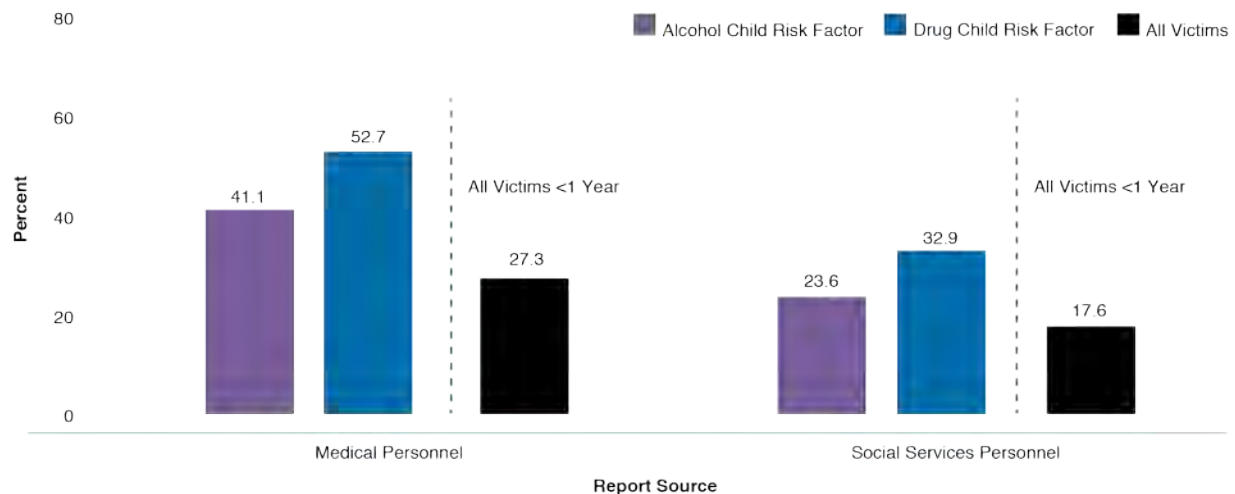
⁴ U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. (2017). *Guidance on amendments made to the Child Abuse Prevention and Treatment Act (CAPTA) by Public Law 114-198, the Comprehensive Addiction and Recovery Act of 2016*. Program Instruction, ACYF-CB-PI-17-02. retrieved from <https://www.acf.hhs.gov/cb/resource/pi1702>

NCANDS identifies these substance exposed infants by using a combination of age (younger than 1 year old), medical personnel report source, and the alcohol and drug abuse child risk factors. NCANDS uses the following child risk factor definitions:

- **Alcohol abuse (child)**—The compulsive use of alcohol that is not of a temporary nature, includes Fetal Alcohol Syndrome and exposure to alcohol during pregnancy.
- **Drug abuse (child)**—The compulsive use of drugs that is not of a temporary nature, includes infants exposed to drugs during pregnancy.

Exhibit 3—H Victims <1 by Selected Child Risk Factors and Report Source, 2017

More than 50.0 percent of victims <1 year old with the drug abuse child risk factor are reported to CPS by medical personnel.



See [tables 3–15, 3–16, and 3–3](#).

Victims younger than 1 year old with the alcohol abuse and drug abuse child risk factors were analyzed by report source. For victims younger than 1 year old, medical personnel are the report source for 41.1 percent of victims with the alcohol abuse child risk factor and 52.7 percent of victims with the drug abuse child risk factor. (See [exhibit 3–H, tables 3–15, 3–16, and related notes](#).) Both percentages are higher than the national percentage (27.3%) of medical personnel report source for all victims younger than 1 year old. (See [table 3–3](#) and related notes).

For victims younger than 1 year old, social services personnel are the report source for 23.6 percent of victims with the alcohol abuse child risk factor and 32.9 percent of victims with the drug abuse child risk factor. (See [exhibit 3–H, tables 3–15, 3–16, and related notes](#).) Both percentages are higher than the national percentage (17.6%) of social services personnel for all victims younger than 1 year old. (See [table 3–3](#) and related notes).

Perpetrator Relationship

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

Victim data are analyzed by relationship of victims to their perpetrators. A victim may be maltreated multiple times by the same perpetrator or by different combinations of perpetrators (e.g., mother alone, mother and nonparent(s), mother and father). 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 2017 data show, 91.6 percent of victims are

maltreated by one or both parents. The parent(s) could have acted together, acted alone, or acted with up to two other people to maltreat the child.

Sixty-nine percent of victims are maltreated by a mother, either acting alone (40.8%) or with a father and/or nonparent (28.2%). More than 13.0 percent (13.5%) of victims are maltreated by a perpetrator who was not the child's parent. The largest categories in the nonparent group are relative (4.7%), partner of parent (2.9%), and "other" (2.7%). (See [table 3–17](#) and related notes.) The NCANDS category of "other" perpetrator relationship includes any relationship that does not map to one of the NCANDS relationship categories. According to states' commentary, this category includes nonrelated adult, nonrelated child, foster sibling, babysitter, household staff, clergy, and school personnel.

Exhibit and Table Notes

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

General

- During data analyses, thresholds are set to ensure data quality is balanced with the need to report data from as many states as possible. States may be excluded from an analysis for data quality issues. Exclusion rules are listed in the individual table notes below. Not every table has exclusion rules.
- The data for all tables are from the Child File unless otherwise noted. Rates are per 1,000 children in the population.
- Rates are calculated by dividing the relevant reported count (child, victim, first-time victim, etc.) by the child population count (children, by age, etc.) and multiplying by 1,000.
- 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.

Table 3–1 Children Who Received an Investigation or Alternative Response, 2013–2017

- The number of children is a unique count.
- The percent change was calculated by subtracting 2013 data from 2017 data, dividing the result by 2013 data, and multiplying by 100.

Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2017

- 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 investigation. 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, an investigation, or both.

Table 3–3 Children by Age Group and Report Source, 2017

- The number of children is a duplicate count.
- States are excluded from this analysis if more than 25.0 percent of report sources are submitted as unknown. Children reported with unknown ages are excluded from this analysis.

Table 3–4 Child Victims, 2013–2017

- The number of victims is a unique count.
- The percent change is calculated by subtracting 2013 data from 2017 data, dividing the result by 2013 data, and multiplying by 100.

Table 3–5 First-Time Victims, 2013–2017

- The number of first-time victims is a unique count.
- States with 95.0 percent or more first-time victims are excluded from this analysis.
- States are instructed to check whether there was a disposition date of substantiated 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 3–6 Victims by Age, 2017

- The number of victims is a unique count.
- There are no population data for unknown age and, therefore, no rates.

Table 3–7 Victims by Sex, 2017

- The number of victims is a unique count.
- There are no population data for children with unknown sex and, therefore, no rates.

Table 3–8 Victims by Race and Ethnicity, 2017

- The number of victims is a unique count.
- Counts associated with each racial group are exclusive and do not include Hispanic ethnicity.
- Only those states that report both race and ethnicity are included in this analysis.
- States are excluded from this analysis if more than 25.0 percent of victims are reported without a race or ethnicity (reported as blank).

Table 3–9 Maltreatment Types of Victims, 2017

- A child may be the victim of more than one type of maltreatment, therefore, the maltreatment type count is a duplicate count.
- A child is counted in each maltreatment type category only once, regardless of the number of times the child is reported as a victim of the maltreatment type.

Table 3–10 Maltreatment Type Combinations, 2017

- Combinations are for unique children within and across unique records. This means a child with a report that includes neglect only and a separate report that includes physical abuse only is counted once in the combined Neglect and Physical Abuse category.
- Categories are based on up to four maltreatment type combinations.
- Neglect includes medical neglect.
- The categories are mutually exclusive.

Table 3–11 Victims With Alcohol Abuse Caregiver Risk Factor, 2015–2017

- The number of victims is a unique count.
- A victim is counted only once if there is more than one report in which this victim has this 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 this caregiver risk factor.
- States are excluded from this analysis if they are not able to differentiate between alcohol abuse and drug abuse caregiver risk factors and reported both risk factors for the same children in both caregiver risk factor categories.

Table 3–12 Victims With Drug Abuse Caregiver Risk Factor, 2015–2017

- The number of victims is a unique count.
- A victim is counted only once if there is more than one report in which this victim has this 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 were excluded from this analysis if fewer than 2.0 percent of the victims or nonvictims has this caregiver risk factor.
- States are excluded from this analysis if they are not able to differentiate between alcohol abuse and drug abuse caregiver risk factors and report both risk factors for the same children in both caregiver risk factor categories.

Table 3–13 Children With Financial Problem Caregiver Risk Factor, 2017

- The number of victims and nonvictims is a unique count.
- The counts on this table are exclusive and follow a hierarchy rule. If a child is reported both as a victim and a nonvictim, the child is counted once as a victim. If a child is reported both with and without the caregiver risk factor, the child is counted once with the caregiver risk factor.
- States are excluded from this analysis if fewer than 2.0 percent of the victims or nonvictims are reported with this caregiver risk factor.

Table 3–14 Children With Domestic Violence Caregiver Risk Factor 2017

- The number of victims and nonvictims is a unique count.
- The counts on this table are exclusive and follow a hierarchy rule. If a child is reported both as a victim and a nonvictim, the child is counted once as a victim. If a child is reported both with and without the caregiver risk factor, the child is counted once with the caregiver risk factor.
- States are excluded from this analysis if fewer than 2.0 percent of the victims or nonvictims are reported with this caregiver risk factor.

Table 3–15 Victims <1 Year With Alcohol Abuse Child Risk Factor by Report Source, 2017

- The number of victims with the alcohol abuse child risk factor is a duplicate count.
- A victim is counted only once if there is more than one report in which this victim had this child risk factor. The counts on this table are exclusive and follow a hierarchy rule. If a

victim is reported both with and without the child risk factor, the victim is counted once with the child risk factor.

- States are excluded from this analysis if fewer than 0.2 percent of victims are submitted with this risk factor.
- States are excluded from this analysis if more than 25.0 percent of victims are submitted with unknown report sources.
- States are excluded from this analysis if more than 40.0 percent of victims younger than 1 year old are submitted with the “other” report source.
- States are excluded from this analysis if they were not able to differentiate between alcohol abuse and drug abuse child risk factors and report both risk factors for the same children in both child risk factor categories.
- Victims in the category of unborn are not included in this analysis.

Table 3–16 Victims <1 Year With Drug Abuse Child Risk Factor by Report Source, 2017

- The number of victims with the drug abuse child risk factor is a duplicate count.
- A victim is counted only once if there is more than one report in which this victim has this child risk factor. The counts on this table are exclusive and follow a hierarchy rule. If a victim is reported both with and without the child risk factor, the victim is counted once with the child risk factor.
- States are excluded from this analysis if fewer than 0.2 percent of victims are submitted with this risk factor.
- States are excluded from this analysis if more than 25.0 percent of report sources are submitted as unknown.
- States are excluded from this analysis if more than 40.0 percent of victims younger than 1 year old are submitted with the “other” report source.
- States are excluded from this analysis if they are not able to differentiate between alcohol abuse and drug abuse child risk factors and report both risk factors for the same children in both child risk factor categories.
- Victims in the category of unborn are not included in this analysis.

Table 3–17 Victims by Relationship to Their Perpetrators, 2017

- States are excluded from this analysis if more than 50.0 percent of perpetrators are reported with an “other” or unknown relationship.
- 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.
- Nonparent perpetrators counted in combination with parents (i.e., Mother and Nonparent(s); Father and Nonparent(s); or Mother, Father, and Nonparent) are not also counted in the individual categories listed under Nonparent.
- 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 Unknown relationship category includes victims with an unknown perpetrator.
- Some states may be not able to collect and report on Group Home and Residential Facility Staff perpetrators due to system limitations or jurisdictional issues.

Table 3–1 Children Who Received an Investigation or Alternative Response, 2013–2017 *(continues next page)*

State	2013	2014	2015	2016	2017	Percent Change from 2013 to 2017
Alabama	27,861	29,342	30,647	36,776	38,871	39.5
Alaska	9,375	10,115	10,795	11,801	13,184	40.6
Arizona	75,720	73,122	76,581	93,488	83,693	10.5
Arkansas	61,025	57,886	58,072	58,685	60,736	-0.5
California	370,182	367,223	375,972	376,738	365,921	-1.2
Colorado	39,725	38,159	38,376	42,441	43,558	9.6
Connecticut	23,604	24,818	21,726	23,543	24,432	3.5
Delaware	13,293	13,262	13,994	13,861	13,281	-0.1
District of Columbia	12,685	11,062	11,867	12,855	14,210	12.0
Florida	284,658	288,551	281,040	287,951	296,250	4.1
Georgia	114,270	137,222	163,134	169,328	164,433	43.9
Hawaii	3,788	3,305	3,695	3,706	3,484	-8.0
Idaho	10,542	11,567	12,233	11,363	11,712	11.1
Illinois	121,972	124,569	125,098	140,480	134,004	9.9
Indiana	116,986	127,307	139,168	146,673	163,110	39.4
Iowa	29,124	28,348	28,970	30,544	35,194	20.8
Kansas	27,756	27,711	27,565	27,388	27,138	-2.2
Kentucky	70,908	71,674	74,170	71,876	80,405	13.4
Louisiana	37,728	38,952	36,382	33,570	27,941	-25.9
Maine	12,295	13,286	12,641	11,613	11,226	-8.7
Maryland	29,438	31,469	30,927	32,020	32,433	10.2
Massachusetts	62,878	77,300	75,688	79,152	74,026	17.7
Michigan	170,290	152,411	147,431	149,936	150,909	-11.4
Minnesota	25,742	26,395	30,481	38,816	40,697	58.1
Mississippi	30,194	31,504	34,069	38,538	39,334	30.3
Missouri	66,327	75,302	73,523	75,593	70,419	6.2
Montana	10,393	10,180	12,669	13,702	14,237	37.0
Nebraska	21,180	22,439	23,190	22,852	25,192	18.9
Nevada	23,633	25,023	28,277	27,832	28,126	19.0
New Hampshire	11,064	11,636	11,266	13,935	12,181	10.1
New Jersey	75,794	75,460	74,546	73,889	74,455	-1.8
New Mexico	23,399	26,805	28,223	23,656	26,597	13.7
New York	205,424	200,748	206,453	209,331	218,147	6.2
North Carolina	121,641	122,085	123,436	119,994	120,734	-0.7
North Dakota	6,170	6,397	6,437	6,647	6,728	9.0
Ohio	103,381	102,517	101,836	103,868	107,992	4.5
Oklahoma	51,952	56,084	57,141	53,724	54,726	5.3
Oregon	40,047	37,613	39,009	51,442	45,316	13.2
Pennsylvania	23,488	25,123	36,788	40,237	42,890	82.6
Puerto Rico	29,167	28,109	27,961	-	18,395	-36.9
Rhode Island	8,485	9,374	8,429	7,546	7,493	-11.7
South Carolina	43,948	46,157	50,417	65,151	68,718	56.4
South Dakota	4,346	4,403	4,235	4,139	4,201	-3.3
Tennessee	81,715	94,657	93,154	91,562	91,194	11.6
Texas	238,706	252,773	267,880	269,952	283,764	18.9
Utah	24,504	25,219	25,523	24,985	25,773	5.2
Vermont	4,396	4,194	5,102	4,603	4,710	7.1
Virginia	61,527	61,029	60,607	62,808	61,754	0.4
Washington	43,494	42,572	45,338	40,793	41,299	-5.0
West Virginia	39,372	39,683	45,407	52,442	55,623	41.3
Wisconsin	32,309	32,751	36,330	34,539	35,290	9.2
Wyoming	5,632	5,630	5,632	5,027	5,271	-6.4
National	3,183,533	3,260,523	3,359,531	3,443,391	3,501,407	N/A
Reporting States	52	52	52	51	52	-

Table 3–1 Children Who Received an Investigation or Alternative Response, 2013–2017

State	2013 Rate per 1,000 Children	2014 Rate per 1,000 Children	2015 Rate per 1,000 Children	2016 Rate per 1,000 Children	2017 Rate per 1,000 Children
Alabama	25.1	26.5	27.8	33.5	35.5
Alaska	49.9	54.2	58.1	63.3	71.3
Arizona	46.9	45.2	47.2	57.4	51.2
Arkansas	86.1	81.9	82.3	83.2	86.1
California	40.4	40.2	41.2	41.4	40.4
Colorado	32.1	30.7	30.6	33.7	34.5
Connecticut	30.1	32.1	28.5	31.3	32.8
Delaware	65.3	65.1	68.5	67.8	64.9
District of Columbia	113.6	96.1	100.3	106.3	114.1
Florida	70.7	71.1	68.4	69.2	70.5
Georgia	46.0	55.1	65.2	67.5	65.4
Hawaii	12.3	10.7	12.0	12.1	11.4
Idaho	24.6	26.9	28.3	26.0	26.4
Illinois	40.4	41.7	42.3	48.0	46.3
Indiana	73.8	80.5	88.2	93.1	103.7
Iowa	40.1	39.0	39.7	41.8	48.1
Kansas	38.3	38.4	38.3	38.3	38.1
Kentucky	69.8	70.7	73.3	71.1	79.6
Louisiana	33.9	35.0	32.6	30.1	25.2
Maine	47.0	51.3	49.4	45.7	44.4
Maryland	21.9	23.3	22.9	23.7	24.1
Massachusetts	45.0	55.6	54.7	57.5	54.0
Michigan	75.8	68.5	66.8	68.5	69.3
Minnesota	20.1	20.6	23.7	30.1	31.3
Mississippi	41.0	43.1	46.9	53.5	55.1
Missouri	47.5	54.0	52.9	54.5	50.9
Montana	46.5	45.3	56.1	60.3	62.2
Nebraska	45.6	48.0	49.2	48.3	53.0
Nevada	35.9	37.8	42.3	41.1	41.0
New Hampshire	40.8	43.6	42.8	53.5	47.1
New Jersey	37.5	37.5	37.3	37.2	37.6
New Mexico	46.1	53.4	56.7	48.0	54.5
New York	48.3	47.5	49.1	50.1	52.5
North Carolina	53.3	53.4	53.9	52.3	52.4
North Dakota	37.8	38.0	37.1	38.0	38.3
Ohio	39.0	38.8	38.7	39.7	41.5
Oklahoma	54.8	58.8	59.5	55.9	57.0
Oregon	46.7	43.8	45.2	59.2	51.9
Pennsylvania	8.6	9.3	13.7	15.0	16.1
Puerto Rico	36.3	36.6	38.2	-	28.0
Rhode Island	39.6	44.2	40.1	36.1	36.1
South Carolina	40.8	42.6	46.2	59.3	62.2
South Dakota	20.9	21.0	20.0	19.4	19.6
Tennessee	54.8	63.4	62.2	60.9	60.5
Texas	33.9	35.4	37.1	37.0	38.5
Utah	27.3	27.9	28.0	27.2	27.8
Vermont	35.7	34.5	42.5	39.0	40.3
Virginia	33.0	32.7	32.5	33.6	33.0
Washington	27.3	26.6	28.2	25.1	25.1
West Virginia	103.0	104.3	120.1	140.1	150.4
Wisconsin	24.7	25.2	28.1	26.8	27.5
Wyoming	40.9	40.7	40.4	36.3	38.6
National	42.8	43.9	45.2	46.7	47.1
Reporting States	-	-	-	-	-

Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2017 *(continues next page)*

State	Substantiated	Indicated	Alternative Response	Unsubstantiated	Intentionally False
Alabama	11,176	-	-	29,422	-
Alaska	3,239	-	-	12,696	-
Arizona	10,402	54	-	58,232	-
Arkansas	9,848	-	7,800	31,806	-
California	69,968	-	-	310,754	-
Colorado	12,345	-	11,436	28,317	-
Connecticut	9,174	-	-	20,201	-
Delaware	1,572	-	-	9,869	243
District of Columbia	1,781	-	4,804	4,301	-
Florida	42,521	-	-	241,611	-
Georgia	10,709	-	88,755	38,504	-
Hawaii	1,297	-	-	2,315	-
Idaho	1,894	-	-	12,392	451
Illinois	31,973	-	-	87,924	272
Indiana	31,404	-	-	195,756	-
Iowa	12,352	-	12,690	23,920	-
Kansas	4,370	-	-	29,222	-
Kentucky	25,119	-	3,605	71,536	-
Louisiana	10,973	-	-	18,759	-
Maine	3,686	-	-	9,416	-
Maryland	4,832	3,395	17,551	10,309	-
Massachusetts	27,884	-	13,548	28,987	-
Michigan	21,168	19,604	-	113,249	56
Minnesota	9,375	-	25,824	11,333	-
Mississippi	11,194	-	-	35,542	-
Missouri	4,767	-	58,450	26,665	-
Montana	3,796	15	-	13,109	-
Nebraska	3,423	-	785	18,219	-
Nevada	5,145	-	1,410	18,060	-
New Hampshire	1,175	-	-	11,949	-
New Jersey	7,051	-	-	82,440	-
New Mexico	9,947	-	-	24,586	-
New York	82,474	-	19,113	170,372	-
North Carolina	7,700	-	114,052	20,382	-
North Dakota	2,064	-	-	5,428	-
Ohio	19,684	7,587	57,156	42,792	-
Oklahoma	15,240	-	1,835	43,055	-
Oregon	13,043	-	9,029	29,878	-
Pennsylvania	4,792	-	-	41,414	-
Puerto Rico	5,900	25	-	8,493	235
Rhode Island	3,311	-	-	5,353	-
South Carolina	17,727	-	22,155	29,121	-
South Dakota	1,401	-	-	3,122	-
Tennessee	8,398	805	66,362	27,075	-
Texas	63,594	-	26,615	206,589	-
Utah	10,612	-	-	18,435	44
Vermont	992	-	1,957	2,659	14
Virginia	6,436	-	39,988	3,866	32
Washington	4,975	-	23,654	21,528	30
West Virginia	6,773	-	-	37,280	-
Wisconsin	5,132	-	5,984	31,197	-
Wyoming	977	-	5,076	270	-
National	696,785	31,485	639,634	2,379,710	1,377
Reporting States	52	7	25	52	9

Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2017

State	Closed With No Finding	No Alleged Maltreatment	Other	Unknown	Total Children
Alabama	1,827	-	-	78	42,503
Alaska	1,251	-	1	-	17,187
Arizona	2,549	32,521	-	-	103,758
Arkansas	1,771	20,401	-	-	71,626
California	-	66,662	-	-	447,384
Colorado	-	-	-	2	52,100
Connecticut	-	-	-	-	29,375
Delaware	2,613	753	184	-	15,234
District of Columbia	152	6,187	-	-	17,225
Florida	-	82,667	-	1,528	368,327
Georgia	-	70,014	-	-	207,982
Hawaii	-	-	-	6	3,618
Idaho	-	-	-	-	14,737
Illinois	-	47,252	-	-	167,421
Indiana	-	-	-	-	227,160
Iowa	-	-	-	5	48,967
Kansas	317	-	-	-	33,909
Kentucky	1,792	-	45	1	102,098
Louisiana	1,481	-	-	-	31,213
Maine	-	112	-	-	13,214
Maryland	-	-	-	-	36,087
Massachusetts	-	19,721	-	-	90,140
Michigan	2,386	37,815	-	1	194,279
Minnesota	2,021	-	-	-	48,553
Mississippi	1,690	-	-	-	48,426
Missouri	2,870	-	510	163	93,425
Montana	792	97	66	-	17,875
Nebraska	604	8,841	-	-	31,872
Nevada	-	8,826	-	-	33,441
New Hampshire	1,594	-	-	-	14,718
New Jersey	-	-	-	-	89,491
New Mexico	-	-	-	-	34,533
New York	-	3,039	8	-	275,006
North Carolina	-	-	149	18	142,301
North Dakota	-	-	-	-	7,492
Ohio	3,373	-	-	-	130,592
Oklahoma	3,803	-	-	-	63,933
Oregon	1,910	-	5,843	14	59,717
Pennsylvania	-	-	1	1	46,208
Puerto Rico	1,975	2,220	-	83	18,931
Rhode Island	94	-	-	-	8,758
South Carolina	-	14,242	-	189	83,434
South Dakota	186	-	-	-	4,709
Tennessee	8,249	-	3	104	110,996
Texas	3,821	-	16,580	2,776	319,975
Utah	1,550	-	-	-	30,641
Vermont	-	-	-	-	5,622
Virginia	46	17,704	33	2	68,107
Washington	2,350	-	-	-	52,537
West Virginia	3,270	10,852	-	39	58,214
Wisconsin	-	-	-	-	42,313
Wyoming	-	-	-	-	6,323
National	56,337	449,926	23,423	5,010	4,283,687
Reporting States	28	19	12	17	52

Table 3–3 Children of Known Ages by Age Group and Report Source, 2017 *(continues below)*

Report Sources	Unborn	<1	1–4	5–8	9–13	14–17	18–21	Total Report Sources
PROFESSIONAL	-	-	-	-	-	-	-	-
Child Daycare Providers	21	1,596	13,352	5,913	2,666	1,039	11	24,598
Education Personnel	503	15,315	99,690	249,338	277,476	149,436	861	792,619
Foster Care Providers	8	741	3,612	3,217	3,416	3,619	48	14,661
Legal and Law Enforcement Personnel	691	57,708	218,882	171,504	179,292	122,626	617	751,320
Medical Personnel	1,082	91,445	85,978	61,784	60,294	45,470	282	346,335
Mental Health Personnel	119	7,237	30,809	48,873	71,980	58,115	313	217,446
Social Services Personnel	620	59,039	102,700	97,135	108,462	83,935	693	452,584
Total Professionals	3,044	233,081	555,023	637,764	703,586	464,240	2,825	2,599,563
NONPROFESSIONAL	-	-	-	-	-	-	-	-
Alleged Perpetrators	-	95	333	280	338	274	2	1,322
Alleged Victims	-	-	1,143	2,158	3,813	7,051	85	14,250
Friends and Neighbors	232	12,525	54,560	47,199	45,541	25,559	391	186,007
Other Relatives	337	22,536	82,968	69,048	66,278	35,499	253	276,919
Parents	205	12,991	70,835	72,677	71,015	33,935	200	261,858
Total Nonparents	774	48,147	209,839	191,362	186,985	102,318	931	740,356
UNCLASSIFIED	-	-	-	-	-	-	-	-
Anonymous Sources	404	22,134	90,975	83,646	80,614	42,094	680	320,547
Other	338	26,041	87,432	79,047	82,329	56,949	614	332,750
Unknown	67	5,325	19,223	18,803	19,382	11,429	58	74,287
Total Unclassified	809	53,500	197,630	181,496	182,325	110,472	1,352	727,584
NATIONAL	4,627	334,728	962,492	1,010,622	1,072,896	677,030	5,108	4,067,503

Table 3–3 Children of Known Ages by Age Group and Report Source, 2017

Report Sources	Unborn Percent	<1 Percent	1–4 percent	5–8 percent	9–13 percent	14–17 percent	18–21 percent	Total Report Sources Percent
PROFESSIONAL	-	-	-	-	-	-	-	-
Child Daycare Providers	0.5	0.5	1.4	0.6	0.2	0.2	0.2	0.6
Education Personnel	10.9	4.6	10.4	24.7	25.9	22.1	16.9	19.5
Foster Care Providers	0.2	0.2	0.4	0.3	0.3	0.5	0.9	0.4
Legal and Law Enforcement Personnel	14.9	17.2	22.7	17.0	16.7	18.1	12.1	18.5
Medical Personnel	23.4	27.3	8.9	6.1	5.6	6.7	5.5	8.5
Mental Health Personnel	2.6	2.2	3.2	4.8	6.7	8.6	6.1	5.3
Social Services Personnel	13.4	17.6	10.7	9.6	10.1	12.4	13.6	11.1
Total Professionals	65.8	69.6	57.7	63.1	65.6	68.6	55.3	63.9
NONPROFESSIONAL	-	-	-	-	-	-	-	-
Alleged Perpetrators	-	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Alleged Victims	-	-	0.1	0.2	0.4	1.0	1.7	0.4
Friends and Neighbors	5.0	3.7	5.7	4.7	4.2	3.8	7.7	4.6
Other Relatives	7.3	6.7	8.6	6.8	6.2	5.2	5.0	6.8
Parents	4.4	3.9	7.4	7.2	6.6	5.0	3.9	6.4
Total Nonparents	16.7	14.4	21.8	18.9	17.4	15.1	18.2	18.2
UNCLASSIFIED	-	-	-	-	-	-	-	-
Anonymous Sources	8.7	6.6	9.5	8.3	7.5	6.2	13.3	7.9
Other	7.3	7.8	9.1	7.8	7.7	8.4	12.0	8.2
Unknown	1.4	1.6	2.0	1.9	1.8	1.7	1.1	1.8
Total Unclassified	17.5	16.0	20.5	18.0	17.0	16.3	26.5	17.9
NATIONAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Based on data from 49 states.

Table 3–4 Child Victims, 2013–2017 *(continues next page)*

State	2013	2014	2015	2016	2017	Percent Change from 2013 to 2017
Alabama	8,809	8,697	8,466	10,157	10,847	23.1
Alaska	2,448	2,484	2,898	3,142	2,783	13.7
Arizona	13,169	13,877	11,955	10,841	9,909	-24.8
Arkansas	10,370	8,971	9,204	9,707	9,334	-10.0
California	75,641	75,033	72,000	68,663	65,342	-13.6
Colorado	10,161	9,979	10,100	11,226	11,578	13.9
Connecticut	7,287	7,651	6,930	7,903	8,442	15.9
Delaware	1,915	1,482	1,538	1,572	1,542	-19.5
District of Columbia	2,050	1,528	1,348	1,366	1,639	-20.0
Florida	48,457	45,738	43,775	41,894	40,103	-17.2
Georgia	19,062	22,163	26,952	21,635	10,487	-45.0
Hawaii	1,324	1,331	1,506	1,491	1,280	-3.3
Idaho	1,674	1,595	1,623	1,847	1,832	9.4
Illinois	18,465	25,597	29,993	29,059	28,751	55.7
Indiana	21,755	23,334	26,397	28,430	29,198	34.2
Iowa	11,345	8,071	7,877	8,555	10,643	-6.2
Kansas	2,063	1,998	1,992	2,403	4,153	101.3
Kentucky	17,591	17,932	18,897	20,010	22,410	27.4
Louisiana	10,119	12,057	12,631	11,289	10,356	2.3
Maine	3,820	3,823	3,372	3,446	3,475	-9.0
Maryland	12,169	9,119	6,790	6,993	7,578	-37.7
Massachusetts	20,307	31,863	31,089	32,093	25,092	23.6
Michigan	33,938	30,705	34,729	37,293	38,064	12.2
Minnesota	4,183	4,143	5,120	7,941	8,709	108.2
Mississippi	7,415	8,435	8,730	10,179	10,429	40.6
Missouri	5,224	5,322	5,699	5,481	4,585	-12.2
Montana	1,414	1,191	1,868	3,116	3,534	149.9
Nebraska	3,993	3,940	3,483	2,783	3,246	-18.7
Nevada	5,438	4,589	4,953	4,885	4,859	-10.6
New Hampshire	822	646	745	905	1,148	39.7
New Jersey	9,490	11,586	9,689	8,264	6,698	-29.4
New Mexico	6,530	7,606	8,701	7,526	8,577	31.3
New York	64,578	65,042	66,676	65,123	71,226	10.3
North Carolina	7,823	8,414	7,857	7,134	7,392	-5.5
North Dakota	1,517	1,612	1,760	1,805	1,981	30.6
Ohio	27,562	24,936	23,006	23,635	24,897	-9.7
Oklahoma	11,553	13,183	14,449	14,308	14,457	25.1
Oregon	10,280	10,088	10,428	11,851	11,070	7.7
Pennsylvania	3,260	3,262	3,629	4,355	4,625	41.9
Puerto Rico	8,850	7,683	6,950	-	5,729	-35.3
Rhode Island	3,132	3,410	3,183	2,955	3,095	-1.2
South Carolina	10,404	12,439	14,856	17,331	17,071	64.1
South Dakota	984	886	1,073	1,246	1,339	36.1
Tennessee	10,377	11,695	11,362	9,665	8,983	-13.4
Texas	64,603	65,334	63,781	57,374	61,506	-4.8
Utah	9,306	9,876	9,569	9,614	9,947	6.9
Vermont	746	813	921	822	878	17.7
Virginia	5,863	6,464	6,112	5,941	6,277	7.1
Washington	7,132	7,341	5,894	4,725	4,386	-38.5
West Virginia	4,695	4,962	4,857	5,938	6,496	38.4
Wisconsin	4,526	4,642	4,840	4,822	4,902	8.3
Wyoming	720	861	968	977	950	31.9
National	656,359	675,429	683,221	671,716	673,830	N/A
Reporting States	52	52	52	51	52	-

Table 3–4 Child Victims, 2013–2017

State	2013 Rate per 1,000 Children	2014 Rate per 1,000 Children	2015 Rate per 1,000 Children	2016 Rate per 1,000 Children	2017 Rate per 1,000 Children
Alabama	7.9	7.9	7.7	9.2	9.9
Alaska	13.0	13.3	15.6	16.9	15.0
Arizona	8.2	8.6	7.4	6.7	6.1
Arkansas	14.6	12.7	13.0	13.8	13.2
California	8.3	8.2	7.9	7.6	7.2
Colorado	8.2	8.0	8.1	8.9	9.2
Connecticut	9.3	9.9	9.1	10.5	11.3
Delaware	9.4	7.3	7.5	7.7	7.5
District of Columbia	18.4	13.3	11.4	11.3	13.2
Florida	12.0	11.3	10.7	10.1	9.5
Georgia	7.7	8.9	10.8	8.6	4.2
Hawaii	4.3	4.3	4.9	4.9	4.2
Idaho	3.9	3.7	3.7	4.2	4.1
Illinois	6.1	8.6	10.1	9.9	9.9
Indiana	13.7	14.8	16.7	18.1	18.6
Iowa	15.6	11.1	10.8	11.7	14.5
Kansas	2.8	2.8	2.8	3.4	5.8
Kentucky	17.3	17.7	18.7	19.8	22.2
Louisiana	9.1	10.8	11.3	10.1	9.3
Maine	14.6	14.8	13.2	13.6	13.8
Maryland	9.0	6.8	5.0	5.2	5.6
Massachusetts	14.5	22.9	22.5	23.3	18.3
Michigan	15.1	13.8	15.7	17.0	17.5
Minnesota	3.3	3.2	4.0	6.2	6.7
Mississippi	10.1	11.5	12.0	14.1	14.6
Missouri	3.7	3.8	4.1	4.0	3.3
Montana	6.3	5.3	8.3	13.7	15.4
Nebraska	8.6	8.4	7.4	5.9	6.8
Nevada	8.3	6.9	7.4	7.2	7.1
New Hampshire	3.0	2.4	2.8	3.5	4.4
New Jersey	4.7	5.8	4.8	4.2	3.4
New Mexico	12.9	15.1	17.5	15.3	17.6
New York	15.2	15.4	15.8	15.6	17.1
North Carolina	3.4	3.7	3.4	3.1	3.2
North Dakota	9.3	9.6	10.1	10.3	11.3
Ohio	10.4	9.4	8.8	9.0	9.6
Oklahoma	12.2	13.8	15.0	14.9	15.1
Oregon	12.0	11.7	12.1	13.6	12.7
Pennsylvania	1.2	1.2	1.3	1.6	1.7
Puerto Rico	11.0	10.0	9.5	-	8.7
Rhode Island	14.6	16.1	15.1	14.2	14.9
South Carolina	9.7	11.5	13.6	15.8	15.5
South Dakota	4.7	4.2	5.1	5.8	6.2
Tennessee	7.0	7.8	7.6	6.4	6.0
Texas	9.2	9.2	8.8	7.9	8.3
Utah	10.4	10.9	10.5	10.5	10.7
Vermont	6.1	6.7	7.7	7.0	7.5
Virginia	3.1	3.5	3.3	3.2	3.4
Washington	4.5	4.6	3.7	2.9	2.7
West Virginia	12.3	13.0	12.8	15.9	17.6
Wisconsin	3.5	3.6	3.7	3.7	3.8
Wyoming	5.2	6.2	6.9	7.0	7.0
National	8.8	9.1	9.2	9.1	9.1
Reporting States	-	-	-	-	-

Table 3–5 First-Time Victims, 2013–2017 *(continues next page)*

State	2013 First-Time Victims	2014 First-Time Victims	2015 First-Time Victims	2016 First-Time Victims	2017 First-Time Victims
Alabama	7,232	7,186	7,003	8,414	8,930
Alaska	1,634	1,546	1,966	2,158	1,884
Arizona	11,358	11,737	9,879	8,669	7,780
Arkansas	8,375	7,416	7,557	7,958	7,790
California	63,698	63,126	60,903	57,950	55,585
Colorado	7,651	7,417	7,465	8,366	8,549
Connecticut	5,071	5,346	4,849	5,664	6,013
Delaware	1,502	1,167	1,241	1,276	1,255
District of Columbia	1,457	1,074	967	989	1,202
Florida	23,785	22,088	20,898	19,629	18,773
Georgia	15,785	18,019	21,757	17,052	7,507
Hawaii	1,092	1,101	1,182	1,249	1,105
Idaho	1,452	1,351	1,313	1,546	1,536
Illinois	13,394	18,681	21,832	20,504	19,802
Indiana	16,566	17,453	19,357	20,817	21,064
Iowa	7,891	5,506	5,433	6,079	7,633
Kansas	1,846	1,802	1,833	2,185	3,782
Kentucky	12,486	12,597	13,263	13,726	15,230
Louisiana	7,741	9,494	9,722	8,702	7,920
Maine	2,475	2,585	2,253	2,303	2,346
Maryland	9,486	6,785	4,852	5,174	5,565
Massachusetts	11,926	19,491	18,072	17,760	13,589
Michigan	23,112	14,819	16,998	17,325	17,212
Minnesota	3,483	3,498	4,358	6,807	7,310
Mississippi	6,616	7,476	7,802	8,996	9,315
Missouri	4,439	4,582	4,876	4,696	3,972
Montana	1,148	958	1,515	2,554	2,926
Nebraska	2,872	2,858	2,604	2,013	2,421
Nevada	3,538	2,875	3,096	3,119	3,085
New Hampshire	-	552	612	761	977
New Jersey	7,689	9,473	7,661	6,560	5,198
New Mexico	4,824	5,680	6,556	5,425	6,191
New York	39,463	39,687	40,568	39,498	43,061
North Carolina	5,334	5,795	5,464	5,054	5,955
North Dakota	1,264	1,236	1,336	1,364	1,432
Ohio	19,244	17,587	16,151	17,015	18,050
Oklahoma	9,021	10,524	11,401	11,176	11,254
Oregon	7,119	6,805	7,029	7,757	6,739
Pennsylvania	3,047	3,055	3,439	4,133	-
Puerto Rico	-	6,502	5,634	-	-
Rhode Island	2,135	2,407	2,213	2,059	2,168
South Carolina	7,801	9,508	11,428	13,183	12,974
South Dakota	749	696	861	1,008	1,045
Tennessee	8,813	9,964	9,481	4,701	4,284
Texas	51,674	52,477	50,909	45,999	49,535
Utah	6,680	7,104	6,819	6,866	7,227
Vermont	633	678	777	710	751
Virginia	-	-	-	-	-
Washington	4,856	4,052	3,082	2,290	2,054
West Virginia	3,795	3,984	4,118	5,192	5,743
Wisconsin	3,907	3,987	4,149	4,129	4,185
Wyoming	601	700	817	812	799
National	467,760	482,487	485,351	469,372	460,703
Reporting States	49	51	51	50	49

Table 3–5 First-Time Victims, 2013–2017

State	2013 First-Time Victims Rate per 1,000 Children	2014 First-Time Victims Rate per 1,000 Children	2015 First-Time Victims Rate per 1,000 Children	2016 First-Time Victims Rate per 1,000 Children	2017 First-Time Victims Rate per 1,000 Children
Alabama	6.5	6.5	6.3	7.7	8.2
Alaska	8.7	8.3	10.6	11.6	10.2
Arizona	7.0	7.3	6.1	5.3	4.8
Arkansas	11.8	10.5	10.7	11.3	11.0
California	7.0	6.9	6.7	6.4	6.1
Colorado	6.2	6.0	6.0	6.6	6.8
Connecticut	6.5	6.9	6.4	7.5	8.1
Delaware	7.4	5.7	6.1	6.2	6.1
District of Columbia	13.0	9.3	8.2	8.2	9.7
Florida	5.9	5.4	5.1	4.7	4.5
Georgia	6.4	7.2	8.7	6.8	3.0
Hawaii	3.5	3.6	3.8	4.1	3.6
Idaho	3.4	3.1	3.0	3.5	3.5
Illinois	4.4	6.2	7.4	7.0	6.8
Indiana	10.5	11.0	12.3	13.2	13.4
Iowa	10.9	7.6	7.5	8.3	10.4
Kansas	2.5	2.5	2.5	3.1	5.3
Kentucky	12.3	12.4	13.1	13.6	15.1
Louisiana	7.0	8.5	8.7	7.8	7.1
Maine	9.5	10.0	8.8	9.1	9.3
Maryland	7.0	5.0	3.6	3.8	4.1
Massachusetts	8.5	14.0	13.1	12.9	9.9
Michigan	10.3	6.7	7.7	7.9	7.9
Minnesota	2.7	2.7	3.4	5.3	5.6
Mississippi	9.0	10.2	10.7	12.5	13.1
Missouri	3.2	3.3	3.5	3.4	2.9
Montana	5.1	4.3	6.7	11.2	12.8
Nebraska	6.2	6.1	5.5	4.3	5.1
Nevada	5.4	4.3	4.6	4.6	4.5
New Hampshire	-	2.1	2.3	2.9	3.8
New Jersey	3.8	4.7	3.8	3.3	2.6
New Mexico	9.5	11.3	13.2	11.0	12.7
New York	9.3	9.4	9.6	9.4	10.4
North Carolina	2.3	2.5	2.4	2.2	2.6
North Dakota	7.7	7.3	7.7	7.8	8.1
Ohio	7.3	6.7	6.1	6.5	6.9
Oklahoma	9.5	11.0	11.9	11.6	11.7
Oregon	8.3	7.9	8.1	8.9	7.7
Pennsylvania	1.1	1.1	1.3	1.5	-
Puerto Rico	-	8.5	7.7	-	-
Rhode Island	10.0	11.3	10.5	9.9	10.5
South Carolina	7.2	8.8	10.5	12.0	11.7
South Dakota	3.6	3.3	4.1	4.7	4.9
Tennessee	5.9	6.7	6.3	3.1	2.8
Texas	7.3	7.4	7.0	6.3	6.7
Utah	7.4	7.9	7.5	7.5	7.8
Vermont	5.1	5.6	6.5	6.0	6.4
Virginia	-	-	-	-	-
Washington	3.0	2.5	1.9	1.4	1.2
West Virginia	9.9	10.5	10.9	13.9	15.5
Wisconsin	3.0	3.1	3.2	3.2	3.3
Wyoming	4.4	5.1	5.9	5.9	5.9
National	6.5	6.7	6.7	6.5	6.7
Reporting States	-	-	-	-	-

Table 3–6 Victims by Age, 2017 *(continues next page)*

State	<1	1	2	3	4	5	6	7	8	9
Alabama	1,725	747	717	681	609	588	565	559	547	533
Alaska	359	222	203	184	193	180	174	164	159	153
Arizona	2,525	650	657	573	523	517	463	499	449	413
Arkansas	1,921	571	547	570	535	497	498	416	424	399
California	10,616	4,411	4,123	3,970	3,632	3,688	3,623	3,530	3,430	3,298
Colorado	1,779	747	752	658	703	651	712	635	640	590
Connecticut	1,071	573	558	464	496	507	450	479	429	426
Delaware	163	105	92	87	87	110	104	98	88	79
District of Columbia	191	100	95	105	92	120	102	114	99	84
Florida	6,314	3,285	3,090	2,733	2,527	2,378	2,237	2,149	2,129	1,920
Georgia	1,921	727	677	617	626	648	612	601	562	518
Hawaii	250	68	74	77	86	70	64	66	60	57
Idaho	421	128	105	109	91	99	101	93	72	90
Illinois	3,900	2,285	2,070	1,986	1,823	1,771	1,661	1,649	1,541	1,552
Indiana	5,092	2,072	1,965	1,825	1,672	1,689	1,510	1,548	1,543	1,531
Iowa	1,539	809	768	739	682	635	635	597	593	576
Kansas	238	268	292	264	265	247	240	247	226	243
Kentucky	3,090	1,621	1,614	1,459	1,380	1,368	1,295	1,256	1,293	1,202
Louisiana	2,461	667	666	588	569	514	533	508	491	535
Maine	449	236	253	232	252	241	203	233	201	190
Maryland	586	452	442	411	498	463	467	438	449	404
Massachusetts	3,242	1,599	1,525	1,478	1,490	1,461	1,463	1,510	1,365	1,343
Michigan	8,185	2,541	2,341	2,356	2,099	2,151	1,999	1,941	1,911	1,722
Minnesota	1,306	584	585	559	533	502	489	507	487	470
Mississippi	1,416	526	537	541	556	561	609	623	586	580
Missouri	346	307	285	283	258	276	234	298	245	285
Montana	477	282	267	254	197	199	190	190	194	199
Nebraska	440	240	243	213	201	193	185	195	179	167
Nevada	828	370	374	370	288	304	277	264	251	240
New Hampshire	170	95	72	96	81	66	52	62	54	47
New Jersey	840	400	405	414	402	390	404	414	405	371
New Mexico	1,224	561	512	457	465	524	523	502	546	523
New York	6,612	4,366	4,121	3,961	3,997	4,259	4,335	4,383	4,270	3,810
North Carolina	818	467	462	421	436	435	414	423	438	428
North Dakota	261	124	135	139	110	110	123	113	129	103
Ohio	3,514	1,526	1,487	1,542	1,546	1,427	1,418	1,394	1,330	1,282
Oklahoma	2,494	1,179	1,033	987	910	880	878	825	786	732
Oregon	1,395	780	754	730	692	638	659	644	605	583
Pennsylvania	361	220	245	200	221	250	213	221	219	198
Puerto Rico	376	296	279	295	340	361	367	361	331	303
Rhode Island	511	249	207	195	214	188	174	158	174	184
South Carolina	2,195	1,254	1,182	1,069	1,063	1,010	983	1,019	931	916
South Dakota	211	114	96	98	98	77	79	62	76	69
Tennessee	1,552	520	499	466	518	463	409	417	434	399
Texas	10,871	5,288	4,855	4,381	4,167	3,936	3,429	3,294	3,105	2,867
Utah	1,138	540	550	519	530	528	525	572	518	520
Vermont	39	59	38	53	52	42	51	47	51	48
Virginia	813	434	456	417	404	376	333	367	311	321
Washington	437	331	357	340	287	263	279	238	269	221
West Virginia	1,118	430	421	409	409	373	414	407	345	323
Wisconsin	541	339	356	323	364	294	293	270	300	247
Wyoming	115	78	64	83	67	54	66	44	63	48
National	100,457	46,843	44,503	41,981	40,336	39,572	38,116	37,644	36,333	34,342
Reporting States	52	52	52	52	52	52	52	52	52	52

Table 3–6 Victims by Age, 2017 *(continues next page)*

State	10	11	12	13	14	15	16	17	Unborn, Unknown, and 18–21	Total
Alabama	466	409	443	451	572	528	405	267	35	10,847
Alaska	133	120	106	111	100	82	72	52	16	2,783
Arizona	400	358	335	327	346	332	328	200	14	9,909
Arkansas	390	349	357	366	444	407	329	229	85	9,334
California	3,063	2,859	2,745	2,802	2,596	2,588	2,397	1,925	46	65,342
Colorado	561	561	509	539	514	428	346	232	21	11,578
Connecticut	395	388	384	386	392	398	361	231	54	8,442
Delaware	85	86	62	66	59	62	61	44	4	1,542
District of Columbia	75	69	73	73	64	78	71	33	1	1,639
Florida	1,730	1,524	1,474	1,385	1,439	1,362	1,305	964	158	40,103
Georgia	515	431	388	394	387	367	319	163	14	10,487
Hawaii	56	54	51	48	54	51	49	36	9	1,280
Idaho	78	72	80	55	70	65	66	36	1	1,832
Illinois	1,382	1,272	1,181	1,108	1,064	1,020	862	593	31	28,751
Indiana	1,328	1,209	1,143	1,193	1,105	1,140	961	618	54	29,198
Iowa	528	483	431	421	369	333	287	206	12	10,643
Kansas	232	226	196	212	224	217	164	143	9	4,153
Kentucky	1,132	949	959	891	845	777	694	518	67	22,410
Louisiana	421	411	370	394	387	385	305	140	11	10,356
Maine	192	167	136	135	124	112	78	35	6	3,475
Maryland	436	371	377	336	412	373	378	265	20	7,578
Massachusetts	1,339	1,158	1,105	1,119	1,115	1,089	934	726	31	25,092
Michigan	1,630	1,487	1,469	1,474	1,397	1,356	1,166	743	96	38,064
Minnesota	440	399	358	363	347	292	290	179	19	8,709
Mississippi	585	492	507	522	505	514	461	278	30	10,429
Missouri	226	227	238	258	267	223	224	105	-	4,585
Montana	197	169	149	137	147	115	88	60	23	3,534
Nebraska	160	136	135	117	122	131	98	67	24	3,246
Nevada	202	172	179	180	164	139	148	101	8	4,859
New Hampshire	50	48	45	50	42	41	49	22	6	1,148
New Jersey	361	324	310	272	291	288	235	157	15	6,698
New Mexico	438	440	367	354	313	320	261	191	56	8,577
New York	3,564	3,409	3,474	3,474	3,574	3,797	3,523	2,097	200	71,226
North Carolina	415	353	361	370	394	336	297	105	19	7,392
North Dakota	106	83	81	95	77	64	55	31	42	1,981
Ohio	1,246	1,078	1,109	1,090	1,140	1,126	919	650	73	24,897
Oklahoma	663	626	506	483	517	374	309	220	55	14,457
Oregon	537	496	503	472	444	438	364	294	42	11,070
Pennsylvania	220	233	275	291	309	327	306	242	74	4,625
Puerto Rico	281	272	283	309	248	335	318	176	198	5,729
Rhode Island	142	124	95	114	98	119	89	51	9	3,095
South Carolina	832	731	707	653	644	595	556	233	498	17,071
South Dakota	77	49	52	55	34	35	27	17	13	1,339
Tennessee	386	384	439	425	396	439	410	318	109	8,983
Texas	2,598	2,229	2,186	2,022	1,899	1,807	1,519	786	267	61,506
Utah	517	459	451	537	573	543	504	406	17	9,947
Vermont	43	32	38	50	67	93	47	26	2	878
Virginia	296	263	263	250	233	253	218	143	126	6,277
Washington	212	185	179	210	188	152	137	98	3	4,386
West Virginia	289	275	269	228	216	218	196	131	25	6,496
Wisconsin	252	212	215	195	195	213	177	99	17	4,902
Wyoming	53	30	42	30	36	35	22	17	3	950
National	31,955	28,943	28,190	27,892	27,559	26,912	23,785	15,699	2,768	673,830
Reporting States	52	52	52	52	52	52	52	52	51	52

Table 3–6 Victims by Age, 2017 *(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	29.8	12.7	12.0	11.5	10.5	9.9	9.5	9.4	9.1
Alaska	32.3	20.5	19.0	17.2	18.0	17.2	16.3	15.8	15.6
Arizona	29.5	7.5	7.4	6.5	5.9	5.9	5.2	5.6	5.0
Arkansas	50.6	14.8	14.1	14.9	14.1	12.8	12.9	10.7	11.0
California	21.7	9.0	8.3	8.0	7.3	7.4	7.1	7.1	6.9
Colorado	26.4	11.2	11.1	9.8	10.5	9.6	10.3	9.0	9.1
Connecticut	30.4	16.0	14.9	12.5	13.2	13.2	11.4	12.1	10.7
Delaware	14.9	9.6	8.3	7.9	8.0	9.8	9.1	8.7	7.8
District of Columbia	19.4	10.8	10.5	12.7	10.8	14.4	12.8	16.4	15.2
Florida	28.0	14.4	13.5	11.9	11.2	10.4	9.7	9.5	9.3
Georgia	14.8	5.5	5.1	4.6	4.7	4.8	4.5	4.4	4.1
Hawaii	13.9	3.8	4.2	4.3	4.7	3.9	3.6	3.9	3.6
Idaho	18.4	5.5	4.4	4.7	3.8	4.2	4.2	3.8	2.9
Illinois	25.4	14.7	13.2	12.9	11.9	11.4	10.6	10.4	9.8
Indiana	61.7	24.8	23.1	21.6	19.6	19.9	17.7	18.0	17.9
Iowa	39.5	20.5	19.1	18.4	17.1	16.0	16.2	14.6	14.5
Kansas	6.3	7.0	7.6	6.8	6.8	6.3	6.0	6.1	5.7
Kentucky	56.6	29.3	29.0	26.2	24.9	24.8	23.6	22.9	23.3
Louisiana	39.4	10.6	10.6	9.4	9.3	8.5	8.8	8.4	8.0
Maine	36.0	18.5	19.4	17.8	19.1	18.2	15.3	16.9	14.5
Maryland	8.1	6.2	6.0	5.6	6.8	6.3	6.2	5.9	6.1
Massachusetts	45.3	22.3	21.0	20.4	20.5	20.0	19.7	20.5	18.6
Michigan	73.3	22.3	20.2	20.2	18.2	18.6	17.2	16.5	16.3
Minnesota	18.8	8.3	8.2	7.8	7.5	7.0	6.9	7.0	6.8
Mississippi	38.4	14.1	14.2	14.3	14.8	14.7	15.9	16.0	14.5
Missouri	4.7	4.1	3.8	3.7	3.4	3.7	3.1	3.9	3.2
Montana	38.0	22.2	20.9	20.0	15.7	15.8	15.3	15.1	15.2
Nebraska	16.7	9.1	9.0	7.9	7.6	7.4	7.0	7.4	6.7
Nevada	22.7	10.0	9.9	10.0	7.7	8.2	7.2	6.9	6.6
New Hampshire	13.6	7.5	5.6	7.5	6.0	5.0	3.8	4.5	3.9
New Jersey	8.2	3.9	3.9	3.9	3.8	3.7	3.7	3.8	3.8
New Mexico	48.8	22.3	20.0	17.6	17.7	19.9	19.3	18.3	19.8
New York	28.2	18.7	17.5	17.2	17.3	18.5	18.6	19.4	19.4
North Carolina	6.8	3.8	3.8	3.4	3.6	3.5	3.3	3.3	3.4
North Dakota	23.8	11.3	12.3	13.0	10.6	10.8	12.5	11.5	13.2
Ohio	25.7	11.0	10.6	10.9	10.9	10.2	10.1	9.9	9.3
Oklahoma	48.1	22.5	19.6	18.6	17.0	16.5	16.3	15.4	14.7
Oregon	29.9	16.7	15.9	15.3	14.6	13.4	13.7	13.2	12.5
Pennsylvania	2.6	1.6	1.7	1.4	1.5	1.7	1.5	1.5	1.5
Puerto Rico	13.7	10.6	9.5	9.5	10.6	10.7	10.8	10.0	9.0
Rhode Island	46.8	22.4	18.8	17.9	19.8	17.1	15.7	14.3	15.8
South Carolina	38.1	21.4	19.8	18.1	18.1	16.9	16.3	16.6	14.9
South Dakota	17.2	9.2	7.7	7.8	8.0	6.3	6.6	5.2	6.3
Tennessee	19.2	6.3	6.1	5.7	6.3	5.6	5.0	5.1	5.2
Texas	27.0	13.0	11.8	10.7	10.3	9.8	8.4	8.1	7.6
Utah	22.1	10.6	10.8	10.2	10.3	10.6	10.2	10.9	9.9
Vermont	6.7	10.0	6.3	8.5	8.6	6.8	8.2	7.5	8.1
Virginia	8.0	4.2	4.4	4.1	4.0	3.7	3.2	3.6	3.1
Washington	4.8	3.6	3.9	3.7	3.1	2.9	3.0	2.6	2.9
West Virginia	59.0	22.3	21.3	20.4	20.0	18.3	20.4	20.2	17.0
Wisconsin	8.2	5.1	5.3	4.8	5.4	4.3	4.2	3.8	4.2
Wyoming	15.4	10.6	8.6	11.2	9.0	7.3	8.8	5.6	8.0
National	25.3	11.7	11.0	10.4	10.0	9.8	9.3	9.2	8.9
Reporting States	-	-	-	-	-	-	-	-	-

Table 3–6 Victims by Age, 2017

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	8.5	7.5	6.6	7.2	7.3	9.3	8.6	6.2	4.1
Alaska	14.8	13.1	12.1	10.6	11.4	10.3	8.5	7.4	5.2
Arizona	4.4	4.2	3.8	3.6	3.5	3.8	3.7	3.5	2.1
Arkansas	9.9	9.6	8.8	9.0	9.3	11.3	10.4	8.2	5.6
California	6.4	5.9	5.6	5.4	5.5	5.2	5.2	4.7	3.7
Colorado	8.2	7.7	7.7	7.0	7.4	7.1	6.1	4.9	3.3
Connecticut	10.2	9.2	9.0	8.7	8.6	8.7	8.7	7.7	4.8
Delaware	6.9	7.4	7.4	5.4	5.7	5.1	5.4	5.2	3.7
District of Columbia	13.2	12.2	12.2	13.5	13.9	12.5	15.5	13.4	6.1
Florida	8.1	7.2	6.4	6.2	5.9	6.3	5.8	5.3	3.9
Georgia	3.6	3.5	3.0	2.7	2.7	2.7	2.6	2.2	1.1
Hawaii	3.3	3.3	3.3	3.1	2.9	3.3	3.3	3.1	2.3
Idaho	3.5	3.0	2.8	3.1	2.1	2.8	2.6	2.6	1.4
Illinois	9.5	8.4	7.7	7.2	6.6	6.4	6.2	5.1	3.4
Indiana	17.2	14.8	13.5	12.9	13.3	12.4	12.9	10.5	6.6
Iowa	13.7	12.5	11.6	10.5	10.3	9.1	8.2	7.0	4.9
Kansas	6.0	5.7	5.6	4.9	5.3	5.6	5.6	4.1	3.5
Kentucky	21.2	19.7	16.7	16.9	15.6	15.0	13.9	12.1	8.8
Louisiana	8.5	6.6	6.7	6.1	6.5	6.5	6.4	5.0	2.2
Maine	13.3	13.2	11.4	9.2	9.1	8.4	7.6	5.0	2.2
Maryland	5.3	5.7	4.9	5.0	4.5	5.5	5.0	4.9	3.4
Massachusetts	17.7	17.5	15.1	14.3	14.1	13.9	13.5	11.3	8.5
Michigan	14.3	13.3	12.1	11.8	11.7	11.1	10.7	8.8	5.5
Minnesota	6.4	5.9	5.4	4.9	4.9	4.8	4.1	4.0	2.5
Mississippi	13.8	13.6	11.9	12.5	13.0	12.7	13.0	11.1	6.6
Missouri	3.6	2.9	2.9	3.1	3.3	3.4	2.9	2.8	1.3
Montana	15.1	14.8	13.0	11.7	10.8	11.8	9.2	6.9	4.8
Nebraska	6.2	6.0	5.1	5.1	4.4	4.7	5.1	3.8	2.6
Nevada	6.0	5.1	4.4	4.7	4.7	4.3	3.7	3.8	2.6
New Hampshire	3.3	3.4	3.2	2.9	3.2	2.7	2.5	3.0	1.3
New Jersey	3.4	3.2	2.9	2.7	2.4	2.5	2.5	2.0	1.3
New Mexico	18.5	15.4	15.7	13.1	12.8	11.4	11.7	9.3	6.7
New York	16.9	15.7	15.1	15.3	15.1	15.5	16.4	14.8	8.6
North Carolina	3.2	3.1	2.7	2.7	2.8	3.0	2.6	2.2	0.8
North Dakota	10.5	10.8	8.7	8.7	10.5	8.8	7.5	6.4	3.6
Ohio	8.8	8.4	7.3	7.6	7.3	7.7	7.6	6.0	4.1
Oklahoma	13.4	12.1	11.7	9.5	9.0	9.8	7.1	5.9	4.1
Oregon	11.6	10.7	10.0	10.3	9.6	9.1	9.1	7.3	5.8
Pennsylvania	1.3	1.5	1.6	1.8	1.9	2.0	2.2	1.9	1.5
Puerto Rico	8.2	7.3	6.9	7.0	7.8	6.2	8.1	7.1	3.8
Rhode Island	16.1	12.4	10.5	8.0	9.5	8.0	9.7	7.1	4.0
South Carolina	14.3	12.8	11.6	11.4	10.5	10.5	9.7	8.8	3.6
South Dakota	5.6	6.3	4.1	4.4	4.7	3.0	3.2	2.4	1.5
Tennessee	4.6	4.5	4.5	5.2	5.0	4.7	5.2	4.7	3.6
Texas	6.9	6.2	5.4	5.3	4.9	4.6	4.5	3.7	1.9
Utah	9.7	9.6	8.7	8.6	10.3	11.1	10.9	10.1	8.1
Vermont	7.3	6.4	4.8	5.7	7.2	9.6	13.7	6.6	3.5
Virginia	3.0	2.8	2.5	2.5	2.4	2.2	2.4	2.1	1.3
Washington	2.4	2.3	2.0	2.0	2.3	2.1	1.7	1.5	1.1
West Virginia	15.4	13.8	13.2	13.0	10.8	10.3	10.3	9.2	5.9
Wisconsin	3.4	3.4	2.9	2.9	2.6	2.6	2.9	2.4	1.3
Wyoming	5.9	6.6	3.8	5.3	4.0	4.8	4.8	3.1	2.3
National	8.2	7.6	6.9	6.7	6.6	6.6	6.5	5.6	3.6
Reporting States	-	-	-	-	-	-	-	-	-

Table 3–7 Victims by Sex, 2017

State	Boy Victims	Girl Victims	Unknown Victims	Total Victims	Boy Rate per 1,000 Children	Girl Rate per 1,000 Children
Alabama	4,960	5,870	17	10,847	8.9	10.9
Alaska	1,355	1,417	11	2,783	14.3	15.7
Arizona	5,031	4,857	21	9,909	6.0	6.1
Arkansas	4,354	4,973	7	9,334	12.0	14.5
California	31,958	33,342	42	65,342	6.9	7.5
Colorado	5,653	5,925	-	11,578	8.8	9.6
Connecticut	4,106	4,285	51	8,442	10.8	11.8
Delaware	756	786	-	1,542	7.3	7.8
District of Columbia	782	852	5	1,639	12.5	13.8
Florida	19,678	20,107	318	40,103	9.2	9.8
Georgia	5,231	5,246	10	10,487	4.1	4.2
Hawaii	611	654	15	1,280	3.9	4.4
Idaho	924	908	-	1,832	4.1	4.2
Illinois	14,272	14,381	98	28,751	9.7	10.1
Indiana	14,168	15,026	4	29,198	17.6	19.6
Iowa	5,273	5,363	7	10,643	14.1	15.0
Kansas	1,947	2,205	1	4,153	5.3	6.3
Kentucky	11,062	11,165	183	22,410	21.4	22.6
Louisiana	5,065	5,240	51	10,356	9.0	9.6
Maine	1,737	1,734	4	3,475	13.4	14.1
Maryland	3,437	4,131	10	7,578	5.0	6.3
Massachusetts	12,138	12,489	465	25,092	17.4	18.6
Michigan	19,144	18,892	28	38,064	17.2	17.8
Minnesota	4,139	4,570	-	8,709	6.2	7.2
Mississippi	4,820	5,580	29	10,429	13.2	16.0
Missouri	2,054	2,531	-	4,585	2.9	3.7
Montana	1,728	1,745	61	3,534	14.7	15.7
Nebraska	1,553	1,693	-	3,246	6.4	7.3
Nevada	2,443	2,416	-	4,859	7.0	7.2
New Hampshire	578	570	-	1,148	4.4	4.5
New Jersey	3,203	3,492	3	6,698	3.2	3.6
New Mexico	4,270	4,272	35	8,577	17.2	17.9
New York	35,716	35,333	177	71,226	16.8	17.4
North Carolina	3,562	3,830	-	7,392	3.0	3.4
North Dakota	995	981	5	1,981	11.1	11.4
Ohio	11,622	13,231	44	24,897	8.7	10.4
Oklahoma	6,955	7,502	-	14,457	14.2	16.0
Oregon	5,493	5,577	-	11,070	12.3	13.1
Pennsylvania	1,819	2,806	-	4,625	1.3	2.2
Puerto Rico	2,876	2,842	11	5,729	8.6	8.9
Rhode Island	1,550	1,540	5	3,095	14.6	15.2
South Carolina	8,512	8,412	147	17,071	15.2	15.5
South Dakota	664	673	2	1,339	6.0	6.5
Tennessee	3,958	4,999	26	8,983	5.1	6.8
Texas	29,082	31,880	544	61,506	7.7	8.8
Utah	4,615	5,332	-	9,947	9.7	11.8
Vermont	336	542	-	878	5.6	9.6
Virginia	3,030	3,240	7	6,277	3.2	3.5
Washington	2,099	2,277	10	4,386	2.5	2.8
West Virginia	3,314	3,152	30	6,496	17.5	17.5
Wisconsin	2,250	2,628	24	4,902	3.4	4.2
Wyoming	495	455	-	950	7.0	6.9
National	327,373	343,949	2,508	673,830	8.6	9.5
Reporting States	52	52	37	52	-	-

Table 3–8 Victims by Race and Ethnicity, 2017 *(continues next page)*

State	African-American	American Indian or Alaska Native	Asian	Hispanic	Multiple Race	Pacific Islander	White	Unknown	Total
Alabama	2,887	8	14	488	356	4	6,976	114	10,847
Alaska	72	1,409	25	105	374	50	545	203	2,783
Arizona	855	400	26	3,764	409	13	3,469	973	9,909
Arkansas	1,633	14	10	572	725	44	6,264	72	9,334
California	8,475	595	1,454	36,063	1,436	197	13,201	3,921	65,342
Colorado	1,049	72	79	4,270	475	27	5,473	133	11,578
Connecticut	1,970	12	50	2,682	468	8	2,982	270	8,442
Delaware	693	4	8	191	56	3	585	2	1,542
District of Columbia	-	-	-	-	-	-	-	-	-
Florida	11,745	43	124	7,001	1,952	19	17,525	1,694	40,103
Georgia	3,692	6	47	644	593	2	5,353	150	10,487
Hawaii	17	-	131	32	520	309	233	38	1,280
Idaho	11	33	-	204	18	2	1,430	134	1,832
Illinois	9,340	20	229	4,840	688	12	13,426	196	28,751
Indiana	4,814	13	40	2,503	2,109	17	19,670	32	29,198
Iowa	1,400	113	73	970	395	25	7,499	168	10,643
Kansas	421	30	29	553	271	5	2,810	34	4,153
Kentucky	2,010	10	41	888	1,117	7	17,481	856	22,410
Louisiana	4,464	15	16	324	267	8	5,005	257	10,356
Maine	65	17	3	214	111	1	2,176	888	3,475
Maryland	3,292	7	42	603	171	7	2,320	1,136	7,578
Massachusetts	3,301	31	332	7,713	1,267	6	9,343	3,099	25,092
Michigan	10,441	138	98	2,769	3,544	15	20,540	519	38,064
Minnesota	1,926	798	236	1,049	1,189	3	3,269	239	8,709
Mississippi	4,016	10	14	237	176	7	5,590	379	10,429
Missouri	761	7	15	275	78	8	3,149	292	4,585
Montana	45	519	6	209	210	5	2,305	235	3,534
Nebraska	414	210	31	611	228	3	1,603	146	3,246
Nevada	1,114	30	41	1,150	298	46	1,678	502	4,859
New Hampshire	25	1	5	75	43	4	879	116	1,148
New Jersey	2,060	1	70	1,996	192	11	2,213	155	6,698
New Mexico	233	739	3	5,259	117	4	1,845	377	8,577
New York	19,557	254	1,544	18,251	2,697	32	21,130	7,761	71,226
North Carolina	2,140	202	27	865	372	7	3,663	116	7,392
North Dakota	111	404	-	139	152	4	1,070	101	1,981
Ohio	6,127	4	55	1,388	2,211	10	14,694	408	24,897
Oklahoma	1,290	1,080	35	2,527	3,913	9	5,603	-	14,457
Oregon	428	306	77	1,482	421	52	6,742	1,562	11,070
Pennsylvania	1,036	1	23	523	309	2	2,656	75	4,625
Puerto Rico	-	-	-	-	-	-	-	-	-
Rhode Island	346	13	15	829	261	-	1,439	192	3,095
South Carolina	6,538	15	52	762	530	9	8,382	783	17,071
South Dakota	46	537	9	121	184	-	415	27	1,339
Tennessee	-	-	-	-	-	-	-	-	-
Texas	11,652	63	307	27,297	2,114	45	18,499	1,529	61,506
Utah	271	205	73	2,048	195	177	6,898	80	9,947
Vermont	13	-	4	6	4	-	784	67	878
Virginia	1,565	3	37	659	431	11	3,328	243	6,277
Washington	324	214	62	835	522	41	2,148	240	4,386
West Virginia	186	-	3	51	399	1	5,825	31	6,496
Wisconsin	1,058	236	68	552	230	1	2,678	79	4,902
Wyoming	24	23	1	142	8	-	713	39	950
National	135,953	8,865	5,684	146,731	34,806	1,273	293,504	30,663	657,479
Reporting States	49	49	49	49	49	49	49	49	49

Table 3–8 Victims by Race and Ethnicity, 2017

State	African-American Rate per 1,000 Children	American Indian or Alaska Native Rate per 1,000 Children	Asian Rate per 1,000 Children	Hispanic Rate per 1,000 Children	Multiple Race Rate per 1,000 Children	Pacific Islander Rate per 1,000 Children	White Rate per 1,000 Children
Alabama	9.0	1.6	0.9	5.9	10.1	5.6	11.0
Alaska	12.0	42.0	2.4	5.9	16.3	15.5	6.0
Arizona	11.0	4.9	0.6	5.2	6.5	4.4	5.4
Arkansas	12.9	2.8	0.9	6.6	27.4	13.9	14.0
California	18.1	17.8	1.4	7.6	3.3	6.1	5.7
Colorado	19.3	9.6	2.1	10.8	8.7	15.5	7.7
Connecticut	23.3	5.8	1.3	15.0	16.3	25.6	7.3
Delaware	13.4	7.4	1.0	5.9	5.2	33.7	5.8
District of Columbia	-	-	-	-	-	-	-
Florida	13.8	4.6	1.1	5.4	12.6	6.8	9.9
Georgia	4.4	1.3	0.5	1.7	6.5	1.2	4.8
Hawaii	3.0	0.0	1.8	0.6	5.5	9.0	5.5
Idaho	2.7	6.6	0.0	2.5	1.2	2.4	4.3
Illinois	21.2	5.2	1.6	6.7	7.0	14.7	9.0
Indiana	27.5	4.4	1.1	14.3	33.2	26.1	17.6
Iowa	37.2	43.6	3.8	13.1	13.9	24.8	13.2
Kansas	9.4	5.8	1.5	4.2	7.4	7.2	5.9
Kentucky	21.5	6.2	2.4	14.2	27.0	9.2	22.0
Louisiana	11.0	2.1	0.9	4.2	7.8	19.3	8.8
Maine	9.3	8.1	0.9	30.6	11.7	8.5	9.7
Maryland	7.9	2.4	0.5	2.9	2.5	11.0	4.1
Massachusetts	28.1	12.6	3.5	30.6	23.5	9.8	11.0
Michigan	30.0	10.7	1.4	15.3	34.8	25.1	14.1
Minnesota	15.9	43.0	3.0	9.1	18.4	3.7	3.6
Mississippi	13.4	2.3	2.1	7.2	10.0	29.5	15.9
Missouri	4.1	1.3	0.6	2.9	1.3	3.2	3.1
Montana	29.4	23.3	4.0	14.9	19.7	31.6	12.9
Nebraska	15.0	39.5	2.5	7.3	12.2	8.6	4.9
Nevada	16.4	5.4	1.0	4.1	6.7	10.3	6.9
New Hampshire	5.5	2.2	0.6	4.7	4.8	63.5	4.0
New Jersey	7.7	0.3	0.4	3.7	3.1	14.4	2.4
New Mexico	29.9	14.6	0.5	17.9	9.5	15.0	15.6
New York	30.8	20.2	4.6	17.7	18.3	16.6	10.6
North Carolina	4.1	7.4	0.4	2.3	3.9	3.8	3.0
North Dakota	16.4	29.3	0.0	12.7	20.9	37.0	8.0
Ohio	15.7	1.0	0.9	8.7	18.0	8.1	7.9
Oklahoma	16.9	11.5	1.8	15.4	42.8	4.4	10.9
Oregon	20.5	29.3	2.1	7.7	8.0	12.4	12.1
Pennsylvania	3.0	0.3	0.2	1.6	3.0	2.1	1.5
Puerto Rico	-	-	-	-	-	-	-
Rhode Island	22.7	11.3	2.0	15.8	26.5	0.0	11.9
South Carolina	19.7	4.0	2.9	7.4	12.4	12.1	13.9
South Dakota	7.5	19.5	2.8	8.7	19.1	0.0	2.7
Tennessee	-	-	-	-	-	-	-
Texas	13.5	3.5	1.0	7.5	11.1	7.1	7.9
Utah	24.4	23.9	4.6	12.5	6.0	18.2	10.1
Vermont	5.6	0.0	1.8	1.9	0.9	0.0	7.5
Virginia	4.2	0.7	0.3	2.6	4.1	8.0	3.3
Washington	4.6	9.2	0.5	2.4	4.0	2.9	2.3
West Virginia	13.8	0.0	1.1	5.5	26.8	10.6	17.7
Wisconsin	9.4	16.8	1.5	3.6	4.6	1.6	3.0
Wyoming	14.4	5.8	1.0	7.1	1.8	0.0	6.8
National	13.9	14.3	1.6	8.0	11.3	8.7	8.1
Reporting States	-	-	-	-	-	-	-

Table 3–9 Maltreatment Types of Victims, 2017 *(continues next page)*

State	Victims	Medical Neglect	Neglect	Other	Physical Abuse	Psychological Maltreatment	Sexual Abuse	Unknown	Total Maltreatment Types
Alabama	10,847	92	4,669	-	5,720	41	1,590	-	12,112
Alaska	2,783	5	2,146	-	395	771	148	-	3,465
Arizona	9,909	-	9,152	-	806	2	319	-	10,279
Arkansas	9,334	1,461	5,043	3	2,051	153	1,783	-	10,494
California	65,342	103	57,027	353	5,321	6,857	3,497	-	73,158
Colorado	11,578	182	9,461	-	1,299	268	1,068	33	12,311
Connecticut	8,442	305	7,166	-	519	2,449	401	-	10,840
Delaware	1,542	22	447	269	294	592	109	-	1,733
District of Columbia	1,639	-	1,405	5	291	-	63	-	1,764
Florida	40,103	1,171	23,145	17,957	3,256	441	2,773	-	48,743
Georgia	10,487	257	8,115	-	1,055	1,603	624	-	11,654
Hawaii	1,280	15	167	1,146	111	18	60	-	1,517
Idaho	1,832	10	1,427	13	402	-	79	-	1,931
Illinois	28,751	637	20,740	-	5,660	50	4,140	-	31,227
Indiana	29,198	-	26,006	-	1,864	-	2,675	-	30,545
Iowa	10,643	103	8,626	591	1,278	72	786	-	11,456
Kansas	4,153	108	784	1,228	1,007	741	768	-	4,636
Kentucky	22,410	487	21,313	-	1,533	44	852	-	24,229
Louisiana	10,356	-	8,898	13	1,574	37	543	-	11,065
Maine	3,475	-	2,192	-	1,023	1,195	285	-	4,695
Maryland	7,578	-	4,597	-	1,688	10	1,772	-	8,067
Massachusetts	25,092	-	23,550	25	2,213	-	861	-	26,649
Michigan	38,064	724	30,256	-	9,479	132	1,412	-	42,003
Minnesota	8,709	20	5,666	-	2,648	135	1,525	-	9,994
Mississippi	10,429	397	7,891	31	1,547	1,557	1,164	-	12,587
Missouri	4,585	161	2,684	1	1,363	478	1,245	-	5,932
Montana	3,534	6	3,445	-	140	31	97	-	3,719
Nebraska	3,246	1	2,772	-	380	26	242	-	3,421
Nevada	4,859	82	4,018	-	1,065	10	252	-	5,427
New Hampshire	1,148	26	1,017	-	97	8	78	-	1,226
New Jersey	6,698	-	5,349	-	917	52	718	-	7,036
New Mexico	8,577	296	6,879	-	1,045	2,351	220	-	10,791
New York	71,226	4,606	67,669	20,190	6,884	561	2,158	-	102,068
North Carolina	7,392	57	3,848	96	1,814	118	1,439	85	7,457
North Dakota	1,981	43	1,522	-	157	788	48	-	2,558
Ohio	24,897	493	11,212	-	11,892	914	4,339	-	28,850
Oklahoma	14,457	179	11,369	-	2,032	3,841	692	-	18,113
Oregon	11,070	170	6,292	5,324	1,163	177	878	-	14,004
Pennsylvania	4,625	253	370	74	1,963	57	2,116	-	4,833
Puerto Rico	5,729	479	3,373	24	1,398	2,966	143	-	8,383
Rhode Island	3,095	48	1,786	65	454	1,092	101	-	3,546
South Carolina	17,071	361	9,673	63	9,219	130	838	-	20,284
South Dakota	1,339	-	1,202	-	155	18	59	-	1,434
Tennessee	8,983	137	2,234	-	5,424	199	2,517	-	10,511
Texas	61,506	1,168	50,785	2	8,772	378	6,097	1	67,203
Utah	9,947	46	2,925	148	4,478	2,808	1,713	-	12,118
Vermont	878	11	21	-	508	-	366	-	906
Virginia	6,277	137	4,102	4	1,910	84	694	-	6,931
Washington	4,386	-	3,466	-	914	-	467	-	4,847
West Virginia	6,496	290	2,629	-	5,083	4,050	229	-	12,281
Wisconsin	4,902	-	3,303	-	790	41	1,008	-	5,142
Wyoming	950	11	711	3	14	289	63	-	1,091
National	673,830	15,160	504,545	47,628	123,065	38,635	58,114	119	787,266
Reporting States	52	41	52	24	52	46	52	3	52

Table 3–9 Maltreatment Types of Victims, 2017

State	Medical Neglect Percent	Neglect Percent	Other Percent	Physical Abuse Percent	Psychological Maltreatment Percent	Sexual Abuse Percent	Unknown Percent	Total Maltreatment Types Percent
Alabama	0.8	43.0	-	52.7	0.4	14.7	-	111.7
Alaska	0.2	77.1	-	14.2	27.7	5.3	-	124.5
Arizona	-	92.4	-	8.1	0.0	3.2	-	103.7
Arkansas	15.7	54.0	0.0	22.0	1.6	19.1	-	112.4
California	0.2	87.3	0.5	8.1	10.5	5.4	-	112.0
Colorado	1.6	81.7	-	11.2	2.3	9.2	0.3	106.3
Connecticut	3.6	84.9	-	6.1	29.0	4.8	-	128.4
Delaware	1.4	29.0	17.4	19.1	38.4	7.1	-	112.4
District of Columbia	-	85.7	0.3	17.8	-	3.8	-	107.6
Florida	2.9	57.7	44.8	8.1	1.1	6.9	-	121.5
Georgia	2.5	77.4	-	10.1	15.3	6.0	-	111.1
Hawaii	1.2	13.0	89.5	8.7	1.4	4.7	-	118.5
Idaho	0.5	77.9	0.7	21.9	-	4.3	-	105.4
Illinois	2.2	72.1	-	19.7	0.2	14.4	-	108.6
Indiana	-	89.1	-	6.4	-	9.2	-	104.6
Iowa	1.0	81.0	5.6	12.0	0.7	7.4	-	107.6
Kansas	2.6	18.9	29.6	24.2	17.8	18.5	-	111.6
Kentucky	2.2	95.1	-	6.8	0.2	3.8	-	108.1
Louisiana	-	85.9	0.1	15.2	0.4	5.2	-	106.8
Maine	-	63.1	-	29.4	34.4	8.2	-	135.1
Maryland	-	60.7	-	22.3	0.1	23.4	-	106.5
Massachusetts	-	93.9	0.1	8.8	-	3.4	-	106.2
Michigan	1.9	79.5	-	24.9	0.3	3.7	-	110.3
Minnesota	0.2	65.1	-	30.4	1.6	17.5	-	114.8
Mississippi	3.8	75.7	0.3	14.8	14.9	11.2	-	120.7
Missouri	3.5	58.5	0.0	29.7	10.4	27.2	-	129.4
Montana	0.2	97.5	-	4.0	0.9	2.7	-	105.2
Nebraska	0.0	85.4	-	11.7	0.8	7.5	-	105.4
Nevada	1.7	82.7	-	21.9	0.2	5.2	-	111.7
New Hampshire	2.3	88.6	-	8.4	0.7	6.8	-	106.8
New Jersey	-	79.9	-	13.7	0.8	10.7	-	105.0
New Mexico	3.5	80.2	-	12.2	27.4	2.6	-	125.8
New York	6.5	95.0	28.3	9.7	0.8	3.0	-	143.3
North Carolina	0.8	52.1	1.3	24.5	1.6	19.5	1.1	100.9
North Dakota	2.2	76.8	-	7.9	39.8	2.4	-	129.1
Ohio	2.0	45.0	-	47.8	3.7	17.4	-	115.9
Oklahoma	1.2	78.6	-	14.1	26.6	4.8	-	125.3
Oregon	1.5	56.8	48.1	10.5	1.6	7.9	-	126.5
Pennsylvania	5.5	8.0	1.6	42.4	1.2	45.8	-	104.5
Puerto Rico	8.4	58.9	0.4	24.4	51.8	2.5	-	146.3
Rhode Island	1.6	57.7	2.1	14.7	35.3	3.3	-	114.6
South Carolina	2.1	56.7	0.4	54.0	0.8	4.9	-	118.8
South Dakota	-	89.8	-	11.6	1.3	4.4	-	107.1
Tennessee	1.5	24.9	-	60.4	2.2	28.0	-	117.0
Texas	1.9	82.6	0.0	14.3	0.6	9.9	0.0	109.3
Utah	0.5	29.4	1.5	45.0	28.2	17.2	-	121.8
Vermont	1.3	2.4	-	57.9	-	41.7	-	103.2
Virginia	2.2	65.3	0.1	30.4	1.3	11.1	-	110.4
Washington	-	79.0	-	20.8	-	10.6	-	110.5
West Virginia	4.5	40.5	-	78.2	62.3	3.5	-	189.1
Wisconsin	-	67.4	-	16.1	0.8	20.6	-	104.9
Wyoming	1.2	74.8	0.3	1.5	30.4	6.6	-	114.8
National	2.2	74.9	7.1	18.3	5.7	8.6	0.0	116.8
Reporting States	-	-	-	-	-	-	-	-

Table 3–10 Maltreatment Type Combinations, 2017

MALTREATMENT TYPE COMBINATIONS	Maltreatment Type	Maltreatment Type Percent
SINGLE TYPE	-	-
Neglect includes Medical Neglect	422,334	62.7
Other/Unknown	19,539	2.9
Physical Abuse	74,195	11.0
Psychological or Emotional Maltreatment	15,476	2.3
Sexual Abuse	44,951	6.7
Total Single Type	576,495	85.6
TWO TYPES	-	-
Neglect and "Other"/Unknown	25,195	3.7
Neglect and Physical Abuse	35,018	5.2
Neglect and Psychological Maltreatment ¹	12,825	1.9
Neglect and Sexual Abuse ²	9,245	1.4
Physical Abuse and "Other"/Unknown	614	0.1
Physical Abuse and Psychological Maltreatment ³	5,684	0.8
Physical Abuse and Sexual Abuse ⁴	1,498	0.2
Sexual Abuse and Psychological Maltreatment ⁵	416	0.1
Total Two Types	90,495	13.4
THREE TYPES	-	-
Neglect, Physical Abuse, and Psychological Maltreatment	3,390	0.5
Neglect, Physical Abuse, and "Other"/Unknown	1,273	0.2
Neglect, Physical Abuse, and Sexual Abuse ⁶	1,002	0.1
Total Three Types	5,665	0.8
REMAINING COMBINATIONS	1,175	0.2
NATIONAL	673,830	100.0

Based on data from 52 states.

¹ Includes 148 victims with a combination of Neglect, Psychological Maltreatment, and "Other"/Unknown.

² Includes 389 victims with a combination of Neglect, Sexual Abuse, and "Other"/Unknown.

³ Includes 43 victims with a combination of Physical Abuse, Psychological Maltreatment, and "Other"/Unknown.

⁴ Includes 16 victims with a combination of Physical Abuse, Sexual Abuse, and "Other"/Unknown.

⁵ Includes 7 victims with a combination of Sexual Abuse, Psychological Maltreatment, and "Other"/Unknown.

⁶ Includes 4 victims with a combination of Neglect, Physical Abuse, Sexual Abuse, and "Other"/Unknown.

Table 3–11 Victims With Alcohol Abuse Caregiver Risk Factor, 2015–2017

State	2015 Victims	2016 Victims	2017 Victims	2015 Victims With an Alcohol Abuse Caregiver Risk Factor	2016 Victims With an Alcohol Abuse Caregiver Risk Factor	2017 Victims With an Alcohol Abuse Caregiver Risk Factor	2015 Victims With an Alcohol Abuse Caregiver Risk Factor Percent	2016 Victims With an Alcohol Abuse Caregiver Risk Factor Percent	2017 Victims With an Alcohol Abuse Caregiver Risk Factor Percent
Alabama	-	-	-	-	-	-	-	-	-
Alaska	2,898	3,142	2,783	535	705	1,179	18.5	22.4	42.4
Arizona	11,955	10,841	9,909	1,804	1,495	1,274	15.1	13.8	12.9
Arkansas	-	-	-	-	-	-	-	-	-
California	-	-	-	-	-	-	-	-	-
Colorado	-	-	-	-	-	-	-	-	-
Connecticut	6,930	7,903	8,442	263	316	375	3.8	4.0	4.4
Delaware	1,538	1,572	1,542	564	623	653	36.7	39.6	42.3
District of Columbia	-	-	-	-	-	-	-	-	-
Florida	-	-	-	-	-	-	-	-	-
Georgia	26,952	21,635	-	904	507	-	3.4	2.3	-
Hawaii	1,506	1,491	1,280	177	183	185	11.8	12.3	14.5
Idaho	-	-	-	-	-	-	-	-	-
Illinois	-	-	-	-	-	-	-	-	-
Indiana	26,397	28,430	29,198	1,124	1,154	991	4.3	4.1	3.4
Iowa	-	-	-	-	-	-	-	-	-
Kansas	-	-	-	-	-	-	-	-	-
Kentucky	18,897	20,010	22,410	3,125	3,079	3,461	16.5	15.4	15.4
Louisiana	-	-	-	-	-	-	-	-	-
Maine	3,372	3,446	3,475	660	611	666	19.6	17.7	19.2
Maryland	-	-	7,578	-	-	154	-	-	2.0
Massachusetts	-	-	-	-	-	-	-	-	-
Michigan	34,729	37,293	38,064	1,025	2,927	4,654	3.0	7.8	12.2
Minnesota	5,120	7,941	8,709	777	1,254	1,221	15.2	15.8	14.0
Mississippi	8,730	10,179	10,429	346	746	595	4.0	7.3	5.7
Missouri	5,699	5,481	4,585	473	467	416	8.3	8.5	9.1
Montana	1,868	3,116	3,534	102	176	170	5.5	5.6	4.8
Nebraska	3,483	2,783	3,246	206	265	477	5.9	9.5	14.7
Nevada	-	-	-	-	-	-	-	-	-
New Hampshire	745	905	1,148	88	106	97	11.8	11.7	8.4
New Jersey	9,689	8,264	6,698	1,527	1,201	916	15.8	14.5	13.7
New Mexico	8,701	7,526	8,577	3,262	2,684	3,078	37.5	35.7	35.9
New York	-	-	-	-	-	-	-	-	-
North Carolina	-	-	-	-	-	-	-	-	-
North Dakota	1,760	1,805	-	604	519	-	34.3	28.8	-
Ohio	23,006	23,635	24,897	880	1,261	2,246	3.8	5.3	9.0
Oklahoma	14,449	14,308	14,457	2,761	2,392	2,376	19.1	16.7	16.4
Oregon	10,428	11,851	11,070	4,628	5,719	5,453	44.4	48.3	49.3
Pennsylvania	-	-	-	-	-	-	-	-	-
Puerto Rico	6,950	-	5,729	566	-	541	8.1	-	9.4
Rhode Island	3,183	2,955	3,095	94	511	524	3.0	17.3	16.9
South Carolina	-	-	-	-	-	-	-	-	-
South Dakota	1,073	1,246	1,339	355	473	454	33.1	38.0	33.9
Tennessee	-	-	8,983	-	-	250	-	-	2.8
Texas	63,781	57,374	61,506	4,990	4,338	4,243	7.8	7.6	6.9
Utah	9,569	9,614	9,947	515	631	887	5.4	6.6	8.9
Vermont	-	-	-	-	-	-	-	-	-
Virginia	-	-	-	-	-	-	-	-	-
Washington	5,894	4,725	4,386	1,636	1,347	1,219	27.8	28.5	27.8
West Virginia	-	5,938	6,496	-	661	628	-	11.1	9.7
Wisconsin	4,840	4,822	4,902	177	225	226	3.7	4.7	4.6
Wyoming	968	977	950	226	240	280	23.3	24.6	29.5
National	325,110	321,208	329,364	34,394	36,816	39,889	10.6	11.5	12.1
Reporting States	30	30	31	30	30	31	-	-	-

Table 3–12 Victims With Drug Abuse Caregiver Risk Factor, 2015–2017

State	2015 Victims	2016 Victims	2017 Victims	2015 Victims With Drug Abuse Caregiver Risk Factor	2016 Victims With Drug Abuse Caregiver Risk Factor	2017 Victims With Drug Abuse Caregiver Risk Factor	2015 Victims With Drug Abuse Caregiver Risk Factor Percent	2016 Victims With Drug Abuse Caregiver Risk Factor Percent	2017 Victims With Drug Abuse Caregiver Risk Factor Percent
Alabama	8,466	10,157	10,847	465	565	683	5.5	5.6	6.3
Alaska	2,898	3,142	2,783	297	354	662	10.2	11.3	23.8
Arizona	11,955	10,841	9,909	6,156	5,371	4,974	51.5	49.5	50.2
Arkansas	9,204	9,707	9,334	257	274	322	2.8	2.8	3.4
California	-	-	-	-	-	-	-	-	-
Colorado	-	-	-	-	-	-	-	-	-
Connecticut	6,930	7,903	8,442	271	320	381	3.9	4.0	4.5
Delaware	1,538	1,572	1,542	533	584	560	34.7	37.2	36.3
District of Columbia	-	-	-	-	-	-	-	-	-
Florida	-	-	-	-	-	-	-	-	-
Georgia	26,952	21,635	10,487	4,068	2,988	1,143	15.1	13.8	10.9
Hawaii	1,506	1,491	1,280	695	706	650	46.1	47.4	50.8
Idaho	-	-	-	-	-	-	-	-	-
Illinois	-	-	-	-	-	-	-	-	-
Indiana	26,397	28,430	29,198	4,961	6,528	7,158	18.8	23.0	24.5
Iowa	-	-	-	-	-	-	-	-	-
Kansas	-	-	-	-	-	-	-	-	-
Kentucky	18,897	20,010	22,410	8,897	10,181	11,973	47.1	50.9	53.4
Louisiana	-	-	-	-	-	-	-	-	-
Maine	3,372	3,446	3,475	1,084	1,154	1,159	32.1	33.5	33.4
Maryland	6,790	6,993	7,578	383	377	388	5.6	5.4	5.1
Massachusetts	-	-	-	-	-	-	-	-	-
Michigan	-	37,293	38,064	-	6,314	10,367	-	16.9	27.2
Minnesota	5,120	7,941	8,709	1,227	1,750	2,198	24.0	22.0	25.2
Mississippi	8,730	10,179	10,429	1,729	4,270	4,333	19.8	41.9	41.5
Missouri	5,699	5,481	4,585	1,476	1,490	1,250	25.9	27.2	27.3
Montana	1,868	3,116	3,534	420	723	915	22.5	23.2	25.9
Nebraska	3,483	2,783	3,246	565	794	1,149	16.2	28.5	35.4
Nevada	-	-	-	-	-	-	-	-	-
New Hampshire	745	905	1,148	246	370	526	33.0	40.9	45.8
New Jersey	9,689	8,264	6,698	3,033	2,531	2,033	31.3	30.6	30.4
New Mexico	8,701	7,526	8,577	5,633	5,020	5,671	64.7	66.7	66.1
New York	-	-	-	-	-	-	-	-	-
North Carolina	-	-	-	-	-	-	-	-	-
North Dakota	1,760	1,805	-	851	994	-	48.4	55.1	-
Ohio	23,006	23,635	24,897	9,907	11,104	12,811	43.1	47.0	51.5
Oklahoma	14,449	14,308	14,457	6,693	7,000	7,063	46.3	48.9	48.9
Oregon	10,428	11,851	11,070	5,197	5,810	5,541	49.8	49.0	50.1
Pennsylvania	3,629	4,355	4,625	82	135	161	2.3	3.1	3.5
Puerto Rico	6,950	-	5,729	520	-	630	7.5	-	11.0
Rhode Island	3,183	2,955	3,095	198	543	591	6.2	18.4	19.1
South Carolina	-	-	-	-	-	-	-	-	-
South Dakota	1,073	1,246	1,339	488	598	688	45.5	48.0	51.4
Tennessee	11,362	9,665	8,983	1,254	1,400	1,574	11.0	14.5	17.5
Texas	63,781	57,374	61,506	17,332	15,305	16,197	27.2	26.7	26.3
Utah	9,569	9,614	9,947	899	1,311	1,895	9.4	13.6	19.1
Vermont	-	-	-	-	-	-	-	-	-
Virginia	-	-	-	-	-	-	-	-	-
Washington	5,894	4,725	4,386	2,724	2,293	2,103	46.2	48.5	47.9
West Virginia	-	5,938	6,496	-	3,107	3,655	-	52.3	56.3
Wisconsin	4,840	4,822	4,902	329	376	447	6.8	7.8	9.1
Wyoming	968	977	950	432	452	468	44.6	46.3	49.3
National	329,832	362,085	364,657	89,302	103,092	112,319	27.1	28.5	30.8
Reporting States	34	35	35	34	35	35	-	-	-

Table 3–13 Victims With Financial Problem Caregiver Risk Factor, 2017

State	Victims	Victims With Financial Problem Caregiver Risk Factor	Victims With Financial Problem Caregiver Risk Factor Percent	Nonvictims	Nonvictims With Financial Problem Caregiver Risk Factor	Nonvictims With Financial Problem Caregiver Risk Factor Percent
Alabama	-	-	-	-	-	-
Alaska	-	-	-	-	-	-
Arizona	9,909	5,109	51.6	73,784	29,612	40.1
Arkansas	9,334	1,313	14.1	51,402	1,399	2.7
California	-	-	-	-	-	-
Colorado	-	-	-	-	-	-
Connecticut	8,442	438	5.2	15,990	530	3.3
Delaware	-	-	-	-	-	-
District of Columbia	-	-	-	-	-	-
Florida	40,103	14,164	35.3	256,147	65,909	25.7
Georgia	10,487	287	2.7	-	-	-
Hawaii	1,280	38	3.0	-	-	-
Idaho	-	-	-	-	-	-
Illinois	28,751	673	2.3	-	-	-
Indiana	29,198	5,539	19.0	133,912	7,509	5.6
Iowa	10,643	432	4.1	-	-	-
Kansas	-	-	-	-	-	-
Kentucky	-	-	-	-	-	-
Louisiana	-	-	-	-	-	-
Maine	-	-	-	-	-	-
Maryland	7,578	2,793	36.9	24,855	4,056	16.3
Massachusetts	-	-	-	-	-	-
Michigan	38,064	814	2.1	-	-	-
Minnesota	8,709	1,471	16.9	31,988	2,802	8.8
Mississippi	10,429	1,359	13.0	-	-	-
Missouri	4,585	1,086	23.7	65,834	5,609	8.5
Montana	-	-	-	-	-	-
Nebraska	3,246	70	2.2	-	-	-
Nevada	-	-	-	-	-	-
New Hampshire	-	-	-	-	-	-
New Jersey	6,698	1,317	19.7	67,757	4,950	7.3
New Mexico	8,577	620	7.2	-	-	-
New York	-	-	-	-	-	-
North Carolina	-	-	-	-	-	-
North Dakota	-	-	-	-	-	-
Ohio	24,897	4,679	18.8	83,095	7,886	9.5
Oklahoma	14,457	1,039	7.2	-	-	-
Oregon	11,070	2,543	23.0	34,246	4,110	12.0
Pennsylvania	-	-	-	-	-	-
Puerto Rico	5,729	1,665	29.1	12,666	1,188	9.4
Rhode Island	3,095	275	8.9	4,398	92	2.1
South Carolina	17,071	3,575	20.9	51,647	2,694	5.2
South Dakota	1,339	520	38.8	2,862	693	24.2
Tennessee	8,983	218	2.4	82,211	3,705	4.5
Texas	61,506	4,901	8.0	222,258	10,546	4.7
Utah	9,947	2,054	20.6	15,826	1,595	10.1
Vermont	-	-	-	-	-	-
Virginia	-	-	-	-	-	-
Washington	4,386	817	18.6	36,913	2,301	6.2
West Virginia	-	-	-	-	-	-
Wisconsin	4,902	265	5.4	30,388	1,093	3.6
Wyoming	950	223	23.5	-	-	-
National	404,365	60,297	14.9	1,298,179	158,279	12.2
Reporting States	30	30	-	20	20	-

3–14 Children with Domestic Violence Caregiver Risk Factor, 2017

State	Victims	Victims With a Domestic Violence Caregiver Risk Factor	Victims With a Domestic Violence Caregiver Risk Factor Percent	Nonvictims	Nonvictims With a Domestic Violence Caregiver Risk Factor	Nonvictims With a Domestic Violence Caregiver Risk Factor Percent
Alabama	-	-	-	-	-	-
Alaska	2,783	1,087	39.1	10,401	1,393	13.4
Arizona	9,909	3,958	39.9	73,784	10,543	14.3
Arkansas	9,334	630	6.7	-	-	-
California	-	-	-	-	-	-
Colorado	-	-	-	-	-	-
Connecticut	8,442	2,585	30.6	15,990	2,516	15.7
Delaware	1,542	559	36.3	-	-	-
District of Columbia	1,639	342	20.9	12,571	475	3.8
Florida	40,103	17,013	42.4	256,147	15,537	6.1
Georgia	10,487	618	5.9	153,946	3,854	2.5
Hawaii	1,280	305	23.8	2,204	482	21.9
Idaho	-	-	-	-	-	-
Illinois	-	-	-	-	-	-
Indiana	29,198	2,944	10.1	-	-	-
Iowa	-	-	-	-	-	-
Kansas	-	-	-	-	-	-
Kentucky	22,410	10,580	47.2	57,995	12,623	21.8
Louisiana	-	-	-	-	-	-
Maine	3,475	1,119	32.2	7,751	828	10.7
Maryland	7,578	2,648	34.9	24,855	4,149	16.7
Massachusetts	25,092	10,586	42.2	48,934	10,844	22.2
Michigan	38,064	9,739	25.6	112,845	14,252	12.6
Minnesota	8,709	2,681	30.8	31,988	4,584	14.3
Mississippi	10,429	1,201	11.5	-	-	-
Missouri	4,585	627	13.7	65,834	1,823	2.8
Montana	-	-	-	-	-	-
Nebraska	3,246	127	3.9	-	-	-
Nevada	-	-	-	-	-	-
New Hampshire	1,148	418	36.4	11,033	2,727	24.7
New Jersey	6,698	1,770	26.4	67,757	8,848	13.1
New Mexico	8,577	2,394	27.9	18,020	1,270	7.0
New York	71,226	16,967	23.8	146,921	5,599	3.8
North Carolina	-	-	-	-	-	-
North Dakota	-	-	-	-	-	-
Ohio	24,897	6,239	25.1	83,095	12,562	15.1
Oklahoma	14,457	5,008	34.6	40,269	2,500	6.2
Oregon	11,070	3,923	35.4	34,246	6,533	19.1
Pennsylvania	4,625	118	2.6	-	-	-
Puerto Rico	5,729	1,641	28.6	12,666	298	2.4
Rhode Island	3,095	1,402	45.3	4,398	973	22.1
South Carolina	-	-	-	-	-	-
South Dakota	1,339	431	32.2	2,862	449	15.7
Tennessee	8,983	369	4.1	82,211	5,091	6.2
Texas	-	-	-	-	-	-
Utah	9,947	3,135	31.5	15,826	1,486	9.4
Vermont	-	-	-	-	-	-
Virginia	6,277	1,142	18.2	55,477	2,847	5.1
Washington	4,386	990	22.6	36,913	1,202	3.3
West Virginia	-	-	-	-	-	-
Wisconsin	4,902	584	11.9	30,388	1,734	5.7
Wyoming	950	262	27.6	-	-	-
National	426,611	116,142	27.2	1,517,327	138,022	9.1
Reporting States	36	36	-	29	29	-

3–15 Victims <1 Year With Alcohol Abuse Child Risk Factor by Report Source, 2017

Report Sources	Victims <1 With Alcohol Abuse Child Risk Factor	Victims <1 With Alcohol Abuse Child Risk Factor Percent
PROFESSIONAL	-	-
Child Daycare Providers	-	-
Education Personnel	4	0.6
Foster Care Providers	1	0.2
Legal and Law Enforcement Personnel	124	19.3
Medical Personnel	265	41.1
Mental Health Personnel	16	2.5
Social Services Personnel	152	23.6
Total Professionals	562	87.3
NONPROFESSIONAL	-	-
Alleged Perpetrators	-	-
Alleged Victims	1	0.2
Friends and Neighbors	7	1.1
Other Relatives	27	4.2
Parents	12	1.9
Total Nonprofessionals	47	7.3
UNCLASSIFIED	-	-
Anonymous Sources	5	0.8
Other	28	4.3
Unknown	2	0.3
Total Unclassified	35	5.4
NATIONAL	644	100.0

Based on data from 20 states.

3–16 Victims <1 Year With Drug Abuse Child Risk Factor by Report Source, 2017

Report Sources	Victims <1 With Drug Abuse Child Risk Factor	Victims <1 With Drug Abuse Child Risk Factor Percent
PROFESSIONAL	-	-
Child Daycare Providers	4	0.0
Education Personnel	51	0.5
Foster Care Providers	15	0.1
Legal and Law Enforcement Personnel	558	5.6
Medical Personnel	5,286	52.7
Mental Health Personnel	82	0.8
Social Services Personnel	3,298	32.9
Total Professionals	9,294	92.6
NONPROFESSIONAL	-	-
Alleged Perpetrators	-	-
Alleged Victims	3	0.0
Friends and Neighbors	71	0.7
Other Relatives	214	2.1
Parents	59	0.6
Total Nonprofessionals	347	3.5
UNCLASSIFIED	-	-
Anonymous Sources	151	1.5
Other	214	2.1
Unknown	28	0.3
Total Unclassified	393	3.9
NATIONAL	10,034	100.0

Based on data from 31 states.

Table 3–17 Victims by Relationship to Their Perpetrators, 2017

Perpetrator	Victims	Reported Relationships	Reported Relationships Percent
PARENT	-	-	-
Father	-	142,801	21.5
Father and Nonparent(s)	-	7,674	1.2
Mother	-	270,409	40.8
Mother and Nonparent(s)	-	44,866	6.8
Mother and Father	-	135,222	20.4
Mother, Father, and Nonparent	-	6,530	1.0
Total Parents	-	607,502	91.6
NONPARENT	-	-	-
Child Daycare Provider	-	2,237	0.3
Foster Parent	-	1,731	0.3
Friend and Neighbor	-	4,880	0.7
Group Home and Residential Facility Staff	-	1,433	0.2
Legal Guardian	-	1,595	0.2
More Than One Nonparental Perpetrator	-	7,556	1.1
Other Professional	-	1,380	0.2
Partner of Parent	-	19,489	2.9
Relative	-	31,144	4.7
Other	-	18,128	2.7
Total Nonparents	-	89,573	13.5
UNKNOWN	-	20,222	3.0
NATIONAL	663,474	717,297	105.1

Based on data from 51 states.



Fatalities

CHAPTER 4

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

Some child maltreatment deaths may not come to the attention of CPS agencies. Reasons for this include if there were no surviving siblings in the family, or if the child had not (prior to his or her death) received child welfare services. To improve the counts of child fatalities, states consult data sources outside of CPS for deaths attributed to child maltreatment. The Child and Family Services Improvement and Innovation Act (P.L. 112–34) lists the 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 via the Agency File. After the passage of P.L. 112–34, 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.

Number of Child Fatalities

For FFY 2017, a national estimate of 1,720 children died from abuse and neglect at a rate of 2.32 per 100,000 children in the population. The 2017 national estimate is an 11.0 percent increase from the 2013 national estimate of 1,550.¹ (See [exhibit 4–A](#) and related notes.) Due to the relatively low frequency of child fatalities, the national rate and national estimate are sensitive to which states report data and changes in the child population estimates produced by the U.S. Census Bureau. Detailed explanations for data fluctuations may be found in Appendix D, State Commentary. An explanation for a change may be in an earlier edition of the Child Maltreatment report. Previous editions of the report are located on the Children’s Bureau website at <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>.

¹ The percent change is calculated using the national estimates for FFY 2013 and FFY 2017.

Exhibit 4—A Child Fatality Rates per 100,000 Children, 2013–2017

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 of Child Fatalities
2013	51	74,116,816	1,548	2.09	74,378,641	1,550
2014	51	74,081,066	1,585	2.14	74,339,990	1,590
2015	49	70,432,795	1,589	2.26	74,360,792	1,680
2016	49	72,028,582	1,699	2.36	74,352,938	1,750
2017	50	72,689,585	1,688	2.32	74,312,174	1,720

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

If fewer than 52 states reported data, the national estimate of child fatalities is calculated by multiplying the national fatality rate by the child population of all 52 states and dividing by 100,000. The estimate is rounded to the nearest 10. Because of the rounding rule, the national estimate could have more or fewer fatalities than the actual reported number of fatalities.

At the state level for FFY 2017, 50 states reported 1,688 fatalities. Of those states, 44 reported case-level data on 1,368 fatalities and 44 reported aggregate data on 320 fatalities. Fatality rates by state range from 0.00 to 5.61 per 100,000 children in the population. (See [table 4–1](#) and related notes.) The number of child fatalities in the Child File and Agency File fluctuated during the past 5 years. (See [table 4–2](#), and related notes.)

The child fatality count in this report reflects the FFY in which the deaths are determined as due to maltreatment. The year in which a determination is made may be different from the year in which the child died. CPS agencies may need more time to determine a child died due to maltreatment. The time needed to conclude if a child was a victim of maltreatment often does not coincide with the timeframe for concluding that the death was a result of maltreatment due to multiple agency involvement and multiple levels of review for child deaths. In FFY 2013, states began reporting the “maltreatment death date” to differentiate the year in which the death was reported to NCANDS in the Child File from the year in which the child died. As shown in the *Child Maltreatment 2015* and *2016* reports, most (approximately 85.0%) reviews of child fatalities reach a determination about whether the death is due to maltreatment in 2 years or less.

Child Fatality Demographics

Seventy-two percent (71.8%) of all child fatalities are younger than 3 years old. Nearly one-half (49.6%) of child fatalities are younger than 1 year old and died at a rate of 21.92 per 100,000 children in the population of the same age. This is nearly 4 times the fatality rate for 1-year-old children (5.72 per 100,000 children in the population of the same age). The child fatality rates mostly decrease with age. As shown in exhibit 4–B, younger children are the most vulnerable to death as the result of child abuse and neglect. (See [table 4–3](#), [exhibit 4–B](#), and related notes.)

Boys have a higher child fatality rate than girls; 2.68 per 100,000 boys in the population, compared with 2.02 per 100,000 girls in the population. (See [exhibit 4–C](#) and related notes.) Eighty-eight percent (88.5%) of child fatalities are one of three races: White (41.9%), African-American (31.5%), and Hispanic (15.1%). Using the number of victims and the population data to create rates highlights some racial disparity. The rate of African-American child fatalities (4.86 per 100,000 African-American children) is 2.6 times greater than the rate of White children (1.84 per 100,000 White children) and 3.1 times greater than the rate of Hispanic children (1.59 per 100,000 Hispanic children). (See [exhibit 4–D](#) and related notes.)

Exhibit 4–B Child Fatality by Age, 2017

Children <1 year old died from abuse and neglect at nearly four times the rate of children who were 1 year old.

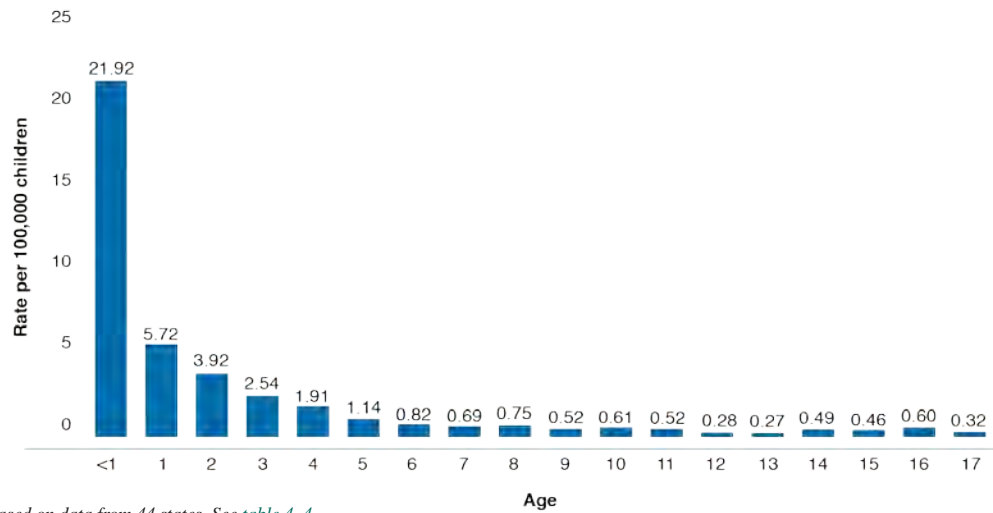


Exhibit 4–C Child Fatalities by Sex, 2017

Sex	Child Population	Child Fatalities	Child Fatalities Percent	Child Fatalities Rate per 100,000 Children
Boys	29,606,586	792	57.9	2.68
Girls	28,359,358	573	41.9	2.02
Unknown	-	3	0.2	N/A
NATIONAL	57,965,944	1,368	100.0	-

Based on data from 44 states. Data are from the Child File. There are no population data for unknown sex and therefore no rates.

Exhibit 4–D Child Fatalities by Race and Ethnicity, 2017

Race and Ethnicity	Child Population	Child Fatalities	Child Fatalities Percent	Child Fatalities Rate per 100,000 Children
SINGLE RACE	-	-	-	-
African-American	8,556,624	416	31.5	4.86
American Indian or Alaska Native	486,121	15	1.1	3.09
Asian	2,282,011	14	1.1	0.61
Hispanic	12,512,722	199	15.1	1.59
Pacific Islander	89,418	4	0.3	4.47
Unknown	-	63	4.8	N/A
White	30,122,748	554	41.9	1.84
MULTIPLE RACE	-	-	-	-
Two or More Races	2,284,306	56	4.2	2.45
NATIONAL	56,333,950	1,321	100.0	-

Based on data from 42 states. Data are from the Child File. The multiple race category is defined as any combination of two or more race categories. Counts associated with specific racial groups (e.g., White) are exclusive and do not include Hispanic.

States with more than 25.0 percent of victim race or ethnicity reported as unknown or missing are excluded from this analysis. This analysis includes only those states that reported both victim race and ethnicity.

Maltreatment Types

Of the children who died, 75.4 percent suffered 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 or may not be the perpetrator responsible for the child’s death. Please see the Risk Factors section in chapter 3 or Appendix B, Glossary, for more information and the NCANDS’ definitions of these risk factors. Twenty-six states report that 6.1 percent of child fatalities had a caregiver with a risk factor of alcohol abuse and 30 states report that 17.4 percent of child fatalities had a caregiver with a risk factor of drug abuse. For 27 states, 10.4 percent of child fatalities had a caregiver with a financial problem, and in 30 states, 10.4 percent of fatalities had a caregiver who was exposed to domestic violence. (See [exhibit 4–F](#) and related notes.)

Exhibit 4–E Maltreatment Types of Child Fatalities, 2017

Maltreatment Type	Child Fatalities	Maltreatment Types	Maltreatment Types Percent
Medical Neglect	-	101	7.4
Neglect	-	1,032	75.4
Other	-	223	16.3
Physical Abuse	-	569	41.6
Psychological Abuse	-	30	2.2
Sexual Abuse	-	8	0.6
Unknown	-	-	-
National	1,368	1,963	143.5

Based on data from 44 states. Data are from the Child File. A child may have suffered from more than one type of maltreatment and therefore, the total number of reported maltreatments exceeds the number of fatalities, and the total percentage of reported maltreatments exceeds 100.0 percent. The percentages are calculated against the number of child fatalities in the reporting states.

Exhibit 4–F Child Fatalities With Selected Caregiver Risk Factors, 2017

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	26	722	44	6.1
Drug Abuse	30	909	158	17.4
Financial Problem	27	1,021	106	10.4
Domestic Violence	30	926	96	10.4

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

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

Perpetrator Relationship

Most perpetrators are caregivers of their victims. Eighty percent (80.1%) of child fatalities involved parents acting alone, together, or with other individuals. Fewer (15.2%) fatalities did not have a parental relationship to their perpetrator. Child fatalities with unknown perpetrator relationship data accounted for 4.7 percent. (See [table 4–4](#) and related notes.)

Prior CPS Contact

Some children who die from abuse and neglect are already known to CPS agencies. This report includes a retrospective analysis to determine how many previous CPS contacts children had before they died due to maltreatment. To be included in this analysis, states must report the child fatalities and the maltreatment death date in the Child File submission. For each child fatality, a prior CPS contact is counted as any record with a report date of up to 3 years prior to the maltreatment date of death. Eight percent (8.1%) had at least one victim contact (meaning a previous report of maltreatment had a disposition of substantiated or indicated), 15.6 percent had at least one nonvictim contact, and 3.6 percent had both victim and nonvictim prior contacts. More than one-quarter (27.3%) of the fatalities in this analysis had at least 1 prior CPS contact in the 3 years prior to the date of death. (See [exhibit 4–G](#) and related notes.)

Exhibit 4–G Fatalities by Number of Prior CPS Contacts, 2017

Number of Prior CPS Contacts	Fatalities with a Maltreatment Date of Death	Fatalities with Prior Victim Contact	Fatalities with Prior Victim Contact Percent	Fatalities with Prior Nonvictim Contact	Fatalities with Prior Nonvictim Contact Percent	Fatalities with Prior Victim and Nonvictim Contact	Fatalities with Prior Victim and Nonvictim Contact Percent
1	-	80	7.2	116	10.5	-	-
2	-	9	0.8	36	3.2	15	1.4
3	-	-	-	13	1.2	8	0.7
>3	-	1	0.1	8	0.7	17	1.5
National	1,108	90	8.1	173	15.6	40	3.6

Based on data from 37 states. States must report both fatalities and maltreatment death date in the Child File to be included in this analysis. Prior CPS contacts with a report date of up to 3 years prior to the maltreatment death date were counted. Only fatalities reported in FFY 2017 that had a maltreatment death date of FFY 2014 or later are included in this analysis. Reports occurring on the same day as the prior report are excluded. States were excluded from this analysis if child IDs were not unique across years. A fatality record was excluded if the fatality was also reported in a prior year.

In 28 reporting states, 10.7 percent of child fatalities involved families who received family preservation services in the previous 5 years. In 37 reporting states, 1.7 percent of child fatalities involved children in foster care who were reunited with their families in the previous 5 years. (See [tables 4–5, 4–6](#), and related notes.) Not all states are able to report these two services, and the national percentage is sensitive to which states report data. There may be additional children who died and were previously known to CPS, but did not receive either of these services.

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

- NCANDS uses the child population estimates that are released annually by the U.S. Census Bureau. These estimates are in Appendix C, State Characteristics.
- The row labeled Reporting States displays the count of states that provide data for that analysis. States that do not have a child maltreatment related death and report a zero are included in the count of reporting states.
- Child fatalities are reported during the FFY in which the death was determined as due to maltreatment. This may not be the same year in which the child died.
- National totals and calculations appear in a single row labeled National instead of separate rows labeled total, rate, or percent.

Table 4–1 Child Fatalities by Submission Type, 2017

- Data are from the Child File and Agency File.

Table 4–2 Child Fatalities, 2013–2017

- Data are from the Child File and Agency File.

Table 4–3 Child Fatalities by Age, 2017

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

Table 4–4 Child Fatalities by Relationship to Their Perpetrators, 2017

- States are excluded from this analysis if they do not report fatalities, only report fatalities in the Agency File, or if more than 50.0 percent of perpetrators are reported with an unknown relationship.
- In NCANDS, a child fatality 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.
- Nonparent perpetrators counted in combination with parents (i.e., Mother and Nonparent(s); Father and Nonparent(s); or Mother, Father, and Nonparent) are not also counted in the individual relationship categories listed under Nonparent.
- The relationship categories listed under Nonparent perpetrator include any perpetrator relationship that is not identified as an adoptive parent, biological parent, or stepparent.
- The Unknown relationship category includes victims with an unknown perpetrator.
- Some states are not able to collect and report on Group Home or Residential Facility Staff perpetrators due to system limitations or jurisdictional issues.

Table 4–5 Child Fatalities Who Received Family Preservation Services Within the Previous 5 Years, 2017

- Data are from the Child File and Agency File.

Table 4–6 Child Fatalities Who Were Reunited With Their Families Within the Previous 5 Years, 2017

- Data are from the Child File and Agency File.

Table 4–1 Child Fatalities by Submission Type, 2017

State	Child Fatalities Reported in the Child File	Child Fatalities Reported in the Agency File	Total Child Fatalities	Child Fatality Rate per 100,000 Children
Alabama	28	0	28	2.56
Alaska	-	2	2	1.08
Arizona	35	0	35	2.14
Arkansas	37	0	37	5.24
California	-	147	147	1.62
Colorado	30	5	35	2.77
Connecticut	11	-	11	1.48
Delaware	4	0	4	1.96
District of Columbia	4	0	4	3.21
Florida	101	-	101	2.40
Georgia	80	14	94	3.74
Hawaii	4	0	4	1.31
Idaho	5	5	10	2.25
Illinois	71	3	74	2.55
Indiana	78	-	78	4.96
Iowa	19	0	19	2.60
Kansas	11	3	14	1.96
Kentucky	10	0	10	0.99
Louisiana	25	0	25	2.26
Maine	-	-	0	0.00
Maryland	17	24	41	3.04
Massachusetts	-	-	0	0.00
Michigan	51	0	51	2.34
Minnesota	24	0	24	1.85
Mississippi	40	0	40	5.61
Missouri	23	10	33	2.39
Montana	4	-	4	1.75
Nebraska	1	0	1	0.21
Nevada	17	4	21	3.06
New Hampshire	0	2	2	0.77
New Jersey	13	0	13	0.66
New Mexico	13	3	16	3.28
New York	107	20	127	3.06
North Carolina	-	18	18	0.78
North Dakota	1	0	1	0.57
Ohio	70	3	73	2.80
Oklahoma	21	0	21	2.19
Oregon	-	30	30	3.43
Pennsylvania	42	0	42	1.58
Puerto Rico	-	6	6	0.91
Rhode Island	5	-	5	2.41
South Carolina	27	1	28	2.53
South Dakota	5	-	5	2.33
Tennessee	43	0	43	2.85
Texas	186	0	186	2.53
Utah	13	0	13	1.40
Vermont	0	0	0	0.00
Virginia	41	0	41	2.19
Washington	-	18	18	1.09
West Virginia	18	0	18	4.87
Wisconsin	29	2	31	2.42
Wyoming	4	0	4	2.93
National	1,368	320	1,688	2.32
Reporting States	44	44	50	-

Table 4–2 Child Fatalities, 2013–2017

State	2013	2014	2015	2016	2017
Alabama	32	17	13	26	28
Alaska	1	3	5	1	2
Arizona	51	40	51	48	35
Arkansas	29	21	40	42	37
California	139	134	127	137	147
Colorado	21	20	19	37	35
Connecticut	5	13	11	5	11
Delaware	6	5	1	0	4
District of Columbia	3	3	3	3	4
Florida	121	138	124	110	101
Georgia	90	102	113	97	94
Hawaii	5	2	4	4	4
Idaho	5	4	6	3	10
Illinois	93	100	77	64	74
Indiana	28	49	34	70	78
Iowa	5	8	12	12	19
Kansas	7	13	8	10	14
Kentucky	23	15	16	15	10
Louisiana	43	31	39	41	25
Maine	-	-	-	-	-
Maryland	27	24	28	32	41
Massachusetts	30	26	-	-	-
Michigan	59	76	83	85	51
Minnesota	18	15	17	28	24
Mississippi	12	22	35	41	40
Missouri	39	36	35	29	33
Montana	1	4	2	0	4
Nebraska	6	5	3	7	1
Nevada	10	15	13	13	21
New Hampshire	3	1	4	4	2
New Jersey	18	9	23	21	13
New Mexico	7	7	14	11	16
New York	107	114	108	95	127
North Carolina	29	25	-	32	18
North Dakota	1	3	3	4	1
Ohio	48	51	74	66	73
Oklahoma	43	34	31	31	21
Oregon	10	13	27	19	30
Pennsylvania	34	34	31	47	42
Puerto Rico	10	11	7	-	6
Rhode Island	1	6	0	4	5
South Carolina	28	41	25	22	28
South Dakota	5	4	11	4	5
Tennessee	40	28	32	41	43
Texas	150	153	162	217	186
Utah	7	15	6	12	13
Vermont	0	1	3	0	0
Virginia	33	37	54	45	41
Washington	27	19	27	15	18
West Virginia	17	19	9	20	18
Wisconsin	21	18	17	25	31
Wyoming	0	1	2	4	4
National	1,548	1,585	1,589	1,699	1,688
Reporting States	51	51	49	49	50

Table 4–3 Child Fatalities by Age, 2017

Age	Child Population	Child Fatalities	Child Fatalities Percent	Child Fatalities Rate per 100,000 Children
<1	3,098,320	679	49.6	21.92
1	3,130,358	179	13.1	5.72
2	3,163,943	124	9.1	3.92
3	3,151,256	80	5.8	2.54
4	3,140,403	60	4.4	1.91
5	3,145,751	36	2.6	1.14
6	3,174,377	26	1.9	0.82
7	3,179,442	22	1.6	0.69
8	3,180,199	24	1.8	0.75
9	3,279,723	17	1.2	0.52
10	3,297,801	20	1.5	0.61
11	3,272,897	17	1.2	0.52
12	3,265,501	9	0.7	0.28
13	3,275,824	9	0.7	0.27
14	3,252,391	16	1.2	0.49
15	3,246,065	15	1.1	0.46
16	3,326,989	20	1.5	0.60
17	3,384,704	11	0.8	0.32
Unborn, Unknown, and 18–21	-	4	0.3	-
National	57,965,944	1,368	100.0	-

Based on data from 44 states.

Table 4–4 Child Fatalities by Relationship to Their Perpetrators, 2017

PERPETRATOR	Child Fatalities	Reported Relationships	Reported Relationships Percent
PARENT	-	-	-
Father	-	208	15.5
Father and Nonparent(s)	-	14	1.0
Mother	-	410	30.5
Mother and Nonparent(s)	-	145	10.8
Mother and Father	-	271	20.2
Mother, Father, and Nonparent	-	28	2.1
Total Parents	-	1,076	80.1
NONPARENT	-	-	-
Child Daycare Provider	-	28	2.1
Foster Parent	-	6	0.4
Friend or Neighbor	-	4	0.3
Group Home and Residential Facility Staff	-	4	0.3
Legal Guardian	-	1	0.1
More than One Nonparental Perpetrator	-	31	2.3
Other	-	61	4.5
Other Professional	-	-	-
Partner of Parent	-	26	1.9
Relative	-	43	3.2
Total Nonparents	-	204	15.2
UNKNOWN	-	-	-
Total Unknown	-	63	4.7
NATIONAL	1,343	1,343	100.0

Based on data from 43 states.

Table 4–5 Child Fatalities Who Received Family Preservation Services Within the Previous 5 Years, 2017

State	Child Fatalities	Child Fatalities Whose Families Received Preservation Services in the Previous 5 Years	Child Fatalities Whose Families Received Preservation Services in the Previous 5 Years Percent
Alabama	28	5	-
Alaska	-	-	-
Arizona	-	-	-
Arkansas	37	5	-
California	-	-	-
Colorado	-	-	-
Connecticut	-	-	-
Delaware	-	-	-
District of Columbia	4	0	-
Florida	101	6	-
Georgia	94	17	-
Hawaii	-	-	-
Idaho	10	0	-
Illinois	74	3	-
Indiana	-	-	-
Iowa	-	-	-
Kansas	14	3	-
Kentucky	10	0	-
Louisiana	25	1	-
Maine	-	-	-
Maryland	41	0	-
Massachusetts	-	-	-
Michigan	-	-	-
Minnesota	24	5	-
Mississippi	40	0	-
Missouri	33	6	-
Montana	-	-	-
Nebraska	1	0	-
Nevada	21	0	-
New Hampshire	2	1	-
New Jersey	13	2	-
New Mexico	16	0	-
New York	-	-	-
North Carolina	-	-	-
North Dakota	1	1	-
Ohio	-	-	-
Oklahoma	21	1	-
Oregon	30	7	-
Pennsylvania	-	-	-
Puerto Rico	-	-	-
Rhode Island	-	-	-
South Carolina	-	-	-
South Dakota	-	-	-
Tennessee	43	4	-
Texas	186	27	-
Utah	13	0	-
Vermont	0	0	-
Virginia	-	-	-
Washington	18	1	-
West Virginia	-	-	-
Wisconsin	-	-	-
Wyoming	4	2	-
National	904	97	10.7
Reporting States	28	28	-

Table 4–6 Child Fatalities Who Were Reunited With Their Families Within the Previous 5 Years, 2017

State	Child Fatalities	Child Fatalities Who Were Reunited With Their Families Within the Previous 5 Years	Child Fatalities Who Were Reunited With Their Families Within the Previous 5 Years Percent
Alabama	28	1	-
Alaska	2	0	-
Arizona	-	-	-
Arkansas	37	0	-
California	-	-	-
Colorado	35	0	-
Connecticut	-	-	-
Delaware	4	0	-
District of Columbia	4	0	-
Florida	101	2	-
Georgia	94	3	-
Hawaii	4	0	-
Idaho	10	0	-
Illinois	74	2	-
Indiana	78	2	-
Iowa	-	-	-
Kansas	14	0	-
Kentucky	10	0	-
Louisiana	25	1	-
Maine	-	-	-
Maryland	41	0	-
Massachusetts	-	-	-
Michigan	-	-	-
Minnesota	24	1	-
Mississippi	40	0	-
Missouri	33	3	-
Montana	-	-	-
Nebraska	1	0	-
Nevada	21	1	-
New Hampshire	2	0	-
New Jersey	13	0	-
New Mexico	16	0	-
New York	-	-	-
North Carolina	-	-	-
North Dakota	1	0	-
Ohio	73	1	-
Oklahoma	21	0	-
Oregon	30	0	-
Pennsylvania	-	-	-
Puerto Rico	-	-	-
Rhode Island	5	0	-
South Carolina	28	0	-
South Dakota	-	-	-
Tennessee	43	0	-
Texas	186	1	-
Utah	13	0	-
Vermont	0	0	-
Virginia	-	-	-
Washington	18	0	-
West Virginia	-	-	-
Wisconsin	31	2	-
Wyoming	4	0	-
National	1,164	20	1.7
Reporting States	37	37	-



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 2017, 52 states reported a unique count of 537,393 perpetrators. This is the first year of data to include a unique count of perpetrators for all 52 reporting states. (See [table 5–1](#) and related notes.)

Most perpetrators (92.7%) are included in a single report (screened-in referral) and 6.5 percent are included in two reports during FFY 2017. Fewer than 1.0 percent of perpetrators are involved in three or more reports during the reporting period. (See [exhibit 5–A](#) and related notes.)

The data also are analyzed by the number of victims maltreated by perpetrators during the reporting period. More than three-fifths (61.4%) of perpetrators maltreated a single victim, more than one fifth (21.6%) maltreated two victims, and 10.3 percent maltreated three victims. (See [exhibit 5–B](#) and related notes.)

Perpetrator Demographics (unique count of perpetrators)

More than four-fifths (83.4%) of perpetrators are in the age group of 18–44 years old. Perpetrators in the age group 25–34 are 41.9 percent of all perpetrators. Perpetrators younger than 18 years old accounted for 1.9 percent of all perpetrators. Some states have laws that limit the youngest age that a person can be considered a

Exhibit 5–A Perpetrators by Number of Reports, 2017

Reports	Perpetrators	Perpetrators Percent
1	497,977	92.7
2	34,909	6.5
3	3,696	0.7
>3	811	0.2
National	537,393	100.0

Based on data from 52 states. A report may include more than one child.

Exhibit 5–B Perpetrators by Number of Victims, 2017

Number of Victims	Perpetrators	Perpetrators Percent
1	329,958	61.4
2	116,150	21.6
3	55,453	10.3
>3	35,832	6.7
National	537,393	100.0

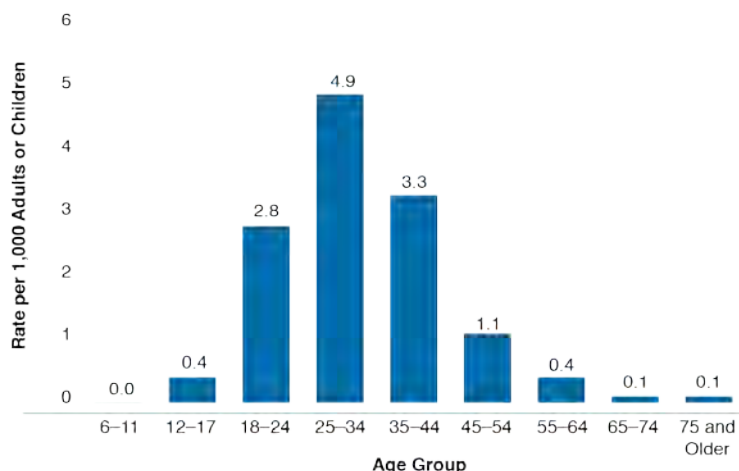
Based on data from 52 states. A perpetrator may have maltreated the same victim more than once, but would be counted only once in this analysis.

perpetrator. (See Appendix D, State Commentary.) The perpetrator age group of 25–34 have the highest rate at 4.9 per 1,000 adults in the population of the same age. Older adults in the age group of 35–44 have the second highest rate at 3.3, while young adults in the age group of 18–24 have a rate of 2.8 per 1,000 adults in the population of the same age. (See [table 5–2](#), [exhibit 5–C](#), and related notes.)

More than one-half (54.1%) of perpetrators are female and 45.0 percent of perpetrators are male; 0.9 percent are of unknown sex. (See [table 5–3](#) and related notes.) The three largest percentages of perpetrators are White (50.3%), African-American (20.7%), and Hispanic (18.6%). Race or ethnicity is unknown or not reported for 5.8 percent of perpetrators. (See [table 5–4](#), [exhibit 5–D](#), and related notes.)

Exhibit 5–C Perpetrators by Age, 2017

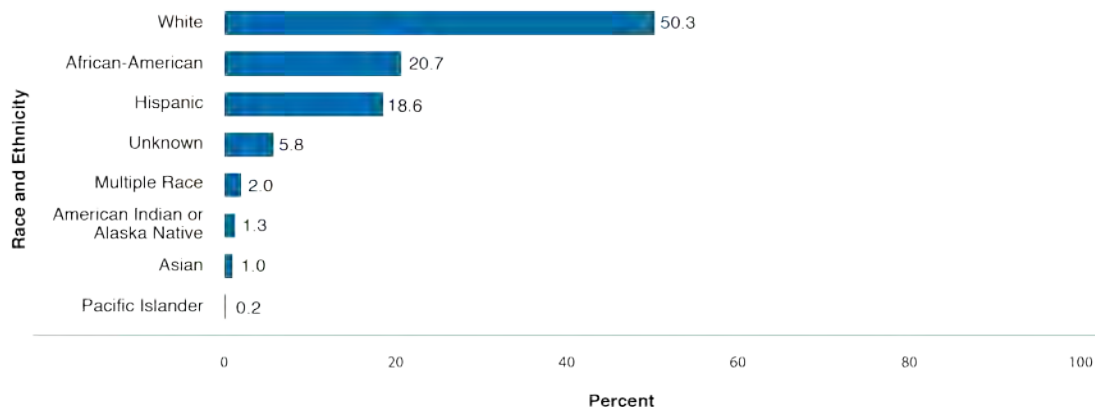
Perpetrators in the age group 25–34 years have the highest rate



Based on data from 52 states. See [table 5–2](#).

Exhibit 5–D Perpetrators by Race and Ethnicity, 2017

Most perpetrators (87.9%) are White, African-American, or Hispanic



Based on data from 48 states. See [table 5–4](#).

Perpetrator Relationship

(unique count of perpetrators and unique count of relationships)

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

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

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

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

The majority (77.6%) of perpetrators are a parent of their victim, 6.3 percent of perpetrators are a relative other than a parent, and 4.2 percent had a multiple relationship to their victims. Nearly 4.0 percent (3.8%) of perpetrators have an “other” relationship to their victims. (See [table 5–5](#) and related notes.) According to Appendix D, State Commentary, the NCANDS category of “other” perpetrator relationship includes foster sibling, nonrelative, babysitter, etc.

Exhibit and Table Notes

The following pages contain the data tables referenced in chapter 5. Specific information about state submissions can be found in Appendix D, State Commentary. Additional 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.
- The data for all tables are from the Child File.
- Rates are per 1,000 adults or children in the population.
- Rates are calculated by dividing the perpetrator count by the adult population count and multiplying by 1,000.
- NCANDS uses the population estimates that are released annually by the U.S. Census Bureau. These estimates are available in Appendix C, State Characteristics.
- National totals and calculations appear in a single row labeled National instead of separate rows labeled total, rate, or percent.
- The row labeled Reporting States displays the count of states that provided data for that analysis.
- All tables use a unique count of perpetrators.

Table 5–1 Perpetrators, 2013–2017

- This is the first year that all 52 states reported a unique count of perpetrators.

Table 5–2 Perpetrators by Age, 2017

- 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.
- If a perpetrator appears in two reports, the age at the time of the earliest report is used.

Table 5–3 Perpetrators by Sex, 2017

- The category of unknown sex may include not reported.

Table 5–4 Perpetrators by Race and Ethnicity, 2017

- The NCANDS category of multiple race is defined as any combination of two or more race categories.
- Counts associated with each racial group are exclusive and do not include Hispanic ethnicity.
- Perpetrators reported with Hispanic ethnicity are counted as Hispanic, regardless of any reported race.
- Only those states that reported both race and ethnicity separately are included in this analysis.
- States are excluded from this analysis if more than 25.0 percent of perpetrators are reported with missing race or ethnicity.

Table 5–5 Perpetrators by Relationship to Their Victims, 2017

- Some states were not able to collect and report on group home and residential facility staff perpetrators due to system limitations or jurisdictional issues.
- States are excluded from this analysis if more than 50.0 percent of perpetrators are reported with an unknown relationship.
- without coded relationships (meaning the relationship field was blank).

Table 5–1 Perpetrators, 2013–2017

State	2013	2014	2015	2016	2017
Alabama	6,259	6,278	6,075	7,280	7,817
Alaska	1,934	1,973	2,255	2,424	2,177
Arizona	13,901	14,784	12,232	11,107	10,180
Arkansas	8,735	7,570	7,831	8,221	8,049
California	59,772	59,291	57,344	55,304	52,707
Colorado	8,618	8,390	8,797	9,818	10,078
Connecticut	5,916	6,269	5,571	6,470	6,938
Delaware	1,465	1,175	1,202	1,281	1,236
District of Columbia	1,409	1,055	946	961	1,112
Florida	35,978	33,767	32,421	31,333	30,364
Georgia	-	-	-	-	7,792
Hawaii	1,156	1,100	1,235	1,195	1,086
Idaho	1,454	1,394	1,417	1,650	1,697
Illinois	13,585	18,322	21,571	20,668	20,652
Indiana	17,135	18,203	20,385	22,090	22,534
Iowa	8,744	6,121	5,919	6,437	7,867
Kansas	1,703	1,668	1,653	2,017	3,525
Kentucky	13,468	11,756	13,191	12,975	16,614
Louisiana	8,761	10,065	10,665	9,682	9,172
Maine	3,501	3,424	3,085	3,158	3,042
Maryland	9,885	7,507	5,700	5,869	6,296
Massachusetts	16,523	25,721	25,272	25,889	20,489
Michigan	27,715	25,344	28,753	30,957	31,299
Minnesota	3,227	3,179	4,013	5,792	6,469
Mississippi	5,577	6,294	6,726	8,368	8,688
Missouri	4,560	4,687	4,940	4,765	4,013
Montana	1,001	902	1,316	2,332	2,615
Nebraska	2,802	2,830	2,445	1,976	2,240
Nevada	4,394	3,728	3,975	3,989	3,936
New Hampshire	784	609	673	816	1,057
New Jersey	7,351	8,871	7,518	6,447	5,181
New Mexico	5,578	6,570	7,421	6,504	7,260
New York	51,985	51,955	52,852	51,199	56,260
North Carolina	4,099	4,254	4,110	3,710	3,832
North Dakota	1,085	1,196	1,276	1,344	1,450
Ohio	22,696	20,510	18,690	19,294	20,290
Oklahoma	10,682	12,019	12,807	12,323	12,548
Oregon	7,959	7,784	8,010	9,034	8,497
Pennsylvania	3,356	3,279	3,648	4,653	5,062
Puerto Rico	6,080	5,710	5,245	-	4,415
Rhode Island	2,510	2,622	2,464	2,309	2,467
South Carolina	8,001	9,497	11,418	13,210	12,599
South Dakota	691	645	694	881	941
Tennessee	9,100	10,280	9,881	9,611	8,854
Texas	51,376	52,226	50,880	45,926	48,380
Utah	6,955	7,447	7,303	7,284	7,543
Vermont	639	655	732	695	724
Virginia	4,775	5,392	5,014	4,901	5,092
Washington	6,108	6,156	5,044	4,207	3,805
West Virginia	4,245	4,472	4,402	5,242	5,798
Wisconsin	3,689	3,921	3,904	3,886	3,933
Wyoming	552	636	716	728	721
National	509,474	519,503	521,637	518,212	537,393
Reporting States	51	51	51	50	52

Table 5–2 Perpetrators by Age, 2017 *(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 Perpetrators
Alabama	-	250	1,485	3,246	1,594	481	189	47	525	-	7,817
Alaska	1	8	325	954	539	216	75	22	3	34	2,177
Arizona	3	75	1,904	4,520	2,561	791	205	49	70	2	10,180
Arkansas	126	386	1,651	3,100	1,521	513	237	60	22	433	8,049
California	55	580	8,242	21,444	14,459	5,222	1,459	387	104	755	52,707
Colorado	30	312	1,566	4,158	2,577	852	291	64	3	225	10,078
Connecticut	3	32	939	2,805	1,901	806	231	67	12	142	6,938
Delaware	1	25	151	512	345	139	49	12	2	-	1,236
District of Columbia	-	7	164	462	298	89	26	5	-	61	1,112
Florida	4	103	4,217	13,193	7,925	2,778	1,031	345	93	675	30,364
Georgia	-	103	1,320	3,645	1,842	577	204	68	16	17	7,792
Hawaii	-	4	167	428	307	114	36	14	2	14	1,086
Idaho	-	9	334	746	440	126	32	6	4	-	1,697
Illinois	33	463	3,740	8,819	4,870	1,626	527	136	39	399	20,652
Indiana	24	600	4,698	9,776	5,117	1,502	499	111	49	158	22,534
Iowa	54	199	1,335	3,438	1,973	563	207	53	19	26	7,867
Kansas	28	205	487	1,336	891	342	126	39	7	64	3,525
Kentucky	1	61	2,606	7,534	4,252	1,443	518	155	42	2	16,614
Louisiana	1	54	1,582	4,191	2,390	591	257	73	28	5	9,172
Maine	-	9	471	1,447	768	245	76	22	-	4	3,042
Maryland	34	224	806	2,314	1,494	603	259	90	463	9	6,296
Massachusetts	1	101	2,754	8,317	5,655	2,364	612	172	34	479	20,489
Michigan	18	171	5,986	14,048	7,569	2,466	717	190	48	86	31,299
Minnesota	19	208	913	2,850	1,695	555	175	44	10	-	6,469
Mississippi	72	285	1,348	3,502	2,209	761	346	104	26	35	8,688
Missouri	-	22	661	1,634	1,016	392	170	57	10	51	4,013
Montana	-	8	402	1,168	701	207	65	18	7	39	2,615
Nebraska	-	49	389	1,034	536	173	45	10	2	2	2,240
Nevada	-	11	600	1,831	1,027	347	94	21	5	-	3,936
New Hampshire	-	18	152	497	268	80	26	5	3	8	1,057
New Jersey	-	21	581	2,130	1,470	592	199	48	16	124	5,181
New Mexico	1	55	1,074	3,080	1,688	483	139	41	14	685	7,260
New York	11	251	7,332	21,547	16,595	7,616	2,233	535	118	22	56,260
North Carolina	2	12	555	1,660	1,101	342	117	36	6	1	3,832
North Dakota	-	8	245	632	394	94	39	7	1	30	1,450
Ohio	99	989	3,472	8,034	4,219	1,438	594	166	40	1,239	20,290
Oklahoma	-	93	2,241	5,655	3,000	920	357	94	17	171	12,548
Oregon	8	199	1,203	3,509	2,352	779	265	64	23	95	8,497
Pennsylvania	-	223	786	1,724	1,190	582	256	100	25	176	5,062
Puerto Rico	31	77	759	1,652	1,117	458	158	55	18	90	4,415
Rhode Island	1	32	432	1,095	627	195	49	14	1	21	2,467
South Carolina	2	41	1,786	5,843	3,408	1,043	342	94	28	12	12,599
South Dakota	1	11	124	459	251	63	16	6	-	10	941
Tennessee	22	438	1,388	3,076	1,728	642	255	88	17	1,200	8,854
Texas	153	1,692	10,528	21,112	9,876	3,250	1,270	381	72	46	48,380
Utah	34	580	1,220	2,762	2,012	628	218	69	17	3	7,543
Vermont	1	64	117	269	155	75	21	7	1	14	724
Virginia	2	51	737	2,123	1,215	463	143	55	24	279	5,092
Washington	-	8	447	1,638	1,123	376	126	33	3	51	3,805
West Virginia	1	10	903	2,523	1,354	401	136	45	7	418	5,798
Wisconsin	3	43	558	1,541	803	235	90	26	5	629	3,933
Wyoming		15	137	314	173	50	13	1	-	18	721
National	880	9,495	88,020	225,327	134,591	47,689	15,820	4,411	2,101	9,059	537,393
Reporting States	35	52	52	52	52	52	52	52	48	47	52

Table 5–2 Perpetrators by Age, 2017

State	6–11 Rate per 1,000 Children	12–17 Rate per 1,000 Children	18–24 Rate per 1,000 Adults	25–34 Rate per 1,000 Adults	35–44 Rate per 1,000 Adults	45–54 Rate per 1,000 Adults	55–64 Rate per 1,000 Adults	65–74 Rate per 1,000 Adults	75 and Older Rate per 1,000 Adults
Alabama	-	0.7	3.3	5.1	2.7	0.8	0.3	0.1	1.6
Alaska	0.0	0.1	4.5	7.9	5.8	2.4	0.8	0.4	0.1
Arizona	0.0	0.1	2.8	4.7	3.0	0.9	0.2	0.1	0.1
Arkansas	0.5	1.6	5.9	7.8	4.2	1.4	0.6	0.2	0.1
California	0.0	0.2	2.2	3.6	2.8	1.0	0.3	0.1	0.0
Colorado	0.1	0.7	3.0	4.8	3.4	1.2	0.4	0.1	0.0
Connecticut	0.0	0.1	2.7	6.3	4.5	1.6	0.5	0.2	0.0
Delaware	0.0	0.4	1.8	4.0	3.1	1.1	0.4	0.1	0.0
District of Columbia	-	0.2	2.2	2.8	2.9	1.2	0.4	0.1	-
Florida	0.0	0.1	2.4	4.8	3.1	1.0	0.4	0.1	0.0
Georgia	-	0.1	1.3	2.5	1.3	0.4	0.2	0.1	0.0
Hawaii	-	0.0	1.3	2.1	1.7	0.7	0.2	0.1	0.0
Idaho	-	0.1	2.1	3.3	2.1	0.6	0.2	0.0	0.0
Illinois	0.0	0.5	3.1	5.0	3.0	1.0	0.3	0.1	0.0
Indiana	0.0	1.1	7.1	11.3	6.3	1.8	0.6	0.2	0.1
Iowa	0.2	0.8	4.2	8.7	5.3	1.5	0.5	0.2	0.1
Kansas	0.1	0.9	1.6	3.5	2.5	1.0	0.3	0.2	0.0
Kentucky	0.0	0.2	6.2	13.0	7.7	2.5	0.9	0.4	0.1
Louisiana	0.0	0.1	3.6	6.2	4.1	1.0	0.4	0.2	0.1
Maine	-	0.1	4.3	9.1	5.1	1.3	0.4	0.1	-
Maryland	0.1	0.5	1.5	2.8	1.9	0.7	0.3	0.2	1.2
Massachusetts	0.0	0.2	3.9	8.5	6.8	2.5	0.7	0.3	0.1
Michigan	0.0	0.2	6.2	11.1	6.5	1.9	0.5	0.2	0.1
Minnesota	0.0	0.5	1.8	3.8	2.4	0.8	0.2	0.1	0.0
Mississippi	0.3	1.2	4.6	8.9	6.1	2.0	0.9	0.4	0.1
Missouri	-	0.0	1.2	2.0	1.4	0.5	0.2	0.1	0.0
Montana	-	0.1	4.1	8.7	5.7	1.7	0.4	0.2	0.1
Nebraska	-	0.3	2.0	4.0	2.3	0.8	0.2	0.1	0.0
Nevada	-	0.0	2.4	4.2	2.6	0.9	0.3	0.1	0.0
New Hampshire	-	0.2	1.2	3.0	1.8	0.4	0.1	0.0	0.0
New Jersey	-	0.0	0.7	1.8	1.3	0.5	0.2	0.1	0.0
New Mexico	0.0	0.3	5.4	10.9	6.9	2.0	0.5	0.2	0.1
New York	0.0	0.2	3.9	7.3	6.7	2.9	0.9	0.3	0.1
North Carolina	0.0	0.0	0.6	1.2	0.9	0.2	0.1	0.0	0.0
North Dakota	0.0	0.2	2.8	5.5	4.5	1.1	0.4	0.1	0.0
Ohio	0.1	1.1	3.2	5.3	3.1	0.9	0.4	0.1	0.0
Oklahoma	-	0.3	5.9	10.4	6.2	2.0	0.7	0.3	0.1
Oregon	0.0	0.7	3.3	6.0	4.3	1.5	0.5	0.1	0.1
Pennsylvania	-	0.2	0.7	1.0	0.8	0.3	0.1	0.1	0.0
Puerto Rico	0.1	0.3	2.4	4.0	2.7	1.0	0.4	0.1	0.1
Rhode Island	0.0	0.4	3.8	7.5	5.1	1.4	0.3	0.1	0.0
South Carolina	0.0	0.1	3.8	8.8	5.6	1.6	0.5	0.2	0.1
South Dakota	0.0	0.2	1.5	4.0	2.5	0.6	0.1	0.1	-
Tennessee	0.0	0.9	2.3	3.4	2.1	0.7	0.3	0.1	0.0
Texas	0.1	0.7	3.8	5.1	2.6	0.9	0.4	0.2	0.1
Utah	0.1	1.9	3.5	6.0	4.8	2.0	0.7	0.3	0.1
Vermont	0.0	1.5	1.8	3.7	2.2	0.9	0.2	0.1	0.0
Virginia	0.0	0.1	0.9	1.8	1.1	0.4	0.1	0.1	0.0
Washington	-	0.0	0.7	1.5	1.2	0.4	0.1	0.0	0.0
West Virginia	0.0	0.1	5.7	11.7	6.2	1.7	0.5	0.2	0.0
Wisconsin	0.0	0.1	1.0	2.1	1.2	0.3	0.1	0.0	0.0
Wyoming	0.0	0.3	2.6	3.9	2.4	0.7	0.2	0.0	-
National	0.0	0.4	2.8	4.9	3.3	1.1	0.4	0.1	0.1
Reporting States	-	-	-	-	-	-	-	-	-

Table 5–3 Perpetrators by Sex, 2017

State	Male	Female	Unknown	Total Perpetrators	Male Percent	Female Percent	Unknown Percent
Alabama	3,271	4,518	28	7,817	41.8	57.8	0.4
Alaska	947	1,204	26	2,177	43.5	55.3	1.2
Arizona	4,954	5,206	20	10,180	48.7	51.1	0.2
Arkansas	3,565	4,348	136	8,049	44.3	54.0	1.7
California	23,451	29,060	196	52,707	44.5	55.1	0.4
Colorado	4,847	5,171	60	10,078	48.1	51.3	0.6
Connecticut	3,221	3,649	68	6,938	46.4	52.6	1.0
Delaware	697	539	-	1,236	56.4	43.6	-
District of Columbia	352	739	21	1,112	31.7	66.5	1.9
Florida	14,431	15,417	516	30,364	47.5	50.8	1.7
Georgia	2,624	5,154	14	7,792	33.7	66.1	0.2
Hawaii	465	610	11	1,086	42.8	56.2	1.0
Idaho	687	1,010	-	1,697	40.5	59.5	-
Illinois	9,477	10,929	246	20,652	45.9	52.9	1.2
Indiana	9,749	12,757	28	22,534	43.3	56.6	0.1
Iowa	3,738	4,110	19	7,867	47.5	52.2	0.2
Kansas	1,925	1,596	4	3,525	54.6	45.3	0.1
Kentucky	7,335	9,215	64	16,614	44.1	55.5	0.4
Louisiana	3,317	5,843	12	9,172	36.2	63.7	0.1
Maine	1,565	1,474	3	3,042	51.4	48.5	0.1
Maryland	2,997	2,999	300	6,296	47.6	47.6	4.8
Massachusetts	8,684	11,162	643	20,489	42.4	54.5	3.1
Michigan	12,692	18,588	19	31,299	40.6	59.4	0.1
Minnesota	3,028	3,441	-	6,469	46.8	53.2	0.0
Mississippi	3,467	5,153	68	8,688	39.9	59.3	0.8
Missouri	2,352	1,634	27	4,013	58.6	40.7	0.7
Montana	1,079	1,452	84	2,615	41.3	55.5	3.2
Nebraska	1,075	1,165	-	2,240	48.0	52.0	-
Nevada	1,574	2,362	-	3,936	40.0	60.0	-
New Hampshire	485	567	5	1,057	45.9	53.6	0.5
New Jersey	2,222	2,945	14	5,181	42.9	56.8	0.3
New Mexico	2,809	4,320	131	7,260	38.7	59.5	1.8
New York	25,328	30,870	62	56,260	45.0	54.9	0.1
North Carolina	1,701	2,126	5	3,832	44.4	55.5	0.1
North Dakota	564	884	2	1,450	38.9	61.0	0.1
Ohio	9,862	10,061	367	20,290	48.6	49.6	1.8
Oklahoma	6,023	6,471	54	12,548	48.0	51.6	0.4
Oregon	4,520	3,942	35	8,497	53.2	46.4	0.4
Pennsylvania	3,193	1,780	89	5,062	63.1	35.2	1.8
Puerto Rico	1,683	2,729	3	4,415	38.1	61.8	0.1
Rhode Island	1,185	1,278	4	2,467	48.0	51.8	0.2
South Carolina	4,782	7,807	10	12,599	38.0	62.0	0.1
South Dakota	354	578	9	941	37.6	61.4	1.0
Tennessee	4,328	4,103	423	8,854	48.9	46.3	4.8
Texas	21,937	26,018	425	48,380	45.3	53.8	0.9
Utah	4,107	3,436	-	7,543	54.4	45.6	-
Vermont	504	220	-	724	69.6	30.4	-
Virginia	2,281	2,707	104	5,092	44.8	53.2	2.0
Washington	1,782	2,001	22	3,805	46.8	52.6	0.6
West Virginia	2,388	3,407	3	5,798	41.2	58.8	0.1
Wisconsin	1,786	1,663	484	3,933	45.4	42.3	12.3
Wyoming	313	408	-	721	43.4	56.6	-
National	241,703	290,826	4,864	537,393	45.0	54.1	0.9
Reporting States	52	52	44	52	-	-	-

Table 5–4 Perpetrators by Race and Ethnicity, 2017 *(continues next page)*

State	African-American	American Indian or Alaska Native	Asian	Hispanic	Multiple Race	Pacific Islander	White	Unknown	Total Perpetrators
Alabama	1,939	8	11	228	39	4	5,408	180	7,817
Alaska	88	1,055	24	50	94	42	591	233	2,177
Arizona	977	423	45	3,352	179	25	4,155	1,024	10,180
Arkansas	1,422	18	17	427	308	41	5,607	209	8,049
California	7,194	506	1,476	25,211		200	14,164	3,956	52,707
Colorado	-	-	-	-	-	-	-	-	-
Connecticut	1,739	12	50	1,878	103	7	2,924	225	6,938
Delaware	543	3	8	132	4	3	540	3	1,236
District of Columbia	-	-	-	-	-	-	-	-	-
Florida	8,611	40	147	4,184	242	18	15,496	1,626	30,364
Georgia	2,701	8	35	344	57	7	4,323	317	7,792
Hawaii	26	5	154	31	290	263	259	58	1,086
Idaho	13	40	1	173	8	3	1,362	97	1,697
Illinois	6,289	17	166	2,851	146	10	10,745	428	20,652
Indiana	3,627	10	54	1,183	427	22	17,037	174	22,534
Iowa	1,059	94	51	450	83	13	5,963	154	7,867
Kansas	417	18	27	376	39	6	2,424	218	3,525
Kentucky	1,577	6	27	331	326	2	14,008	337	16,614
Louisiana	3,645	24	18	257	34	6	4,821	367	9,172
Maine	60	30	4	103	56	2	2,077	710	3,042
Maryland	2,573	10	49	502	-	4	2,100	1,058	6,296
Massachusetts	2,822	34	305	5,181	350	6	8,912	2,879	20,489
Michigan	8,503	129	114	1,809	1,498	11	18,864	371	31,299
Minnesota	1,546	569	149	576	531	5	2,991	102	6,469
Mississippi	2,924	7	9	143	21	8	4,623	953	8,688
Missouri	764	7	10	170	11	2	2,878	171	4,013
Montana	28	359	-	80	48	2	1,787	311	2,615
Nebraska	312	160	20	301	63	4	1,213	167	2,240
Nevada	873	35	62	774	66	29	1,635	462	3,936
New Hampshire	23	3	7	42	11	-	870	101	1,057
New Jersey	1,593	3	62	1,268	16	7	2,076	156	5,181
New Mexico	209	620	6	3,936	84	5	1,833	567	7,260
New York	16,107	278	1,361	12,902	653	21	19,440	5,498	56,260
North Carolina	1,085	112	16	363	39	1	2,145	71	3,832
North Dakota	79	268	-	68	35	1	929	70	1,450
Ohio	4,861	10	46	718	471	11	12,992	1,181	20,290
Oklahoma	1,295	619	36	1,588	2,752	9	6,152	97	12,548
Oregon	360	226	55	704	150	45	5,918	1,039	8,497
Pennsylvania	1,158	2	26	469	112	3	2,915	377	5,062
Puerto Rico	-	-	-	-	-	-	-	-	-
Rhode Island	386	16	25	554	44		1,292	150	2,467
South Carolina	4,402	14	33	406	81	5	7,259	399	12,599
South Dakota	29	368	8	53	78	-	380	25	941
Tennessee	-	-	-	-	-	-	-	-	-
Texas	9,596	60	304	18,400	464	45	17,504	2,007	48,380
Utah	227	143	70	1,328	71	122	5,545	37	7,543
Vermont	26	-	6	9	-	-	661	22	724
Virginia	1,289	1	36	472	30	13	2,887	364	5,092
Washington	316	195	79	500	148	55	2,204	308	3,805
West Virginia	212	1	4	33	65	1	5,451	31	5,798
Wisconsin	643	159	39	292	28	-	2,184	588	3,933
Wyoming	22	16	2	74	-	1	580	26	721
National	106,190	6,741	5,254	95,276	10,355	1,090	258,124	29,904	512,934
Reporting States	48	47	46	48	44	43	48	48	48

Table 5–4 Perpetrators by Race and Ethnicity, 2017

State	African-American Percent	American Indian or Alaska Native Percent	Asian Percent	Hispanic Percent	Multiple Race Percent	Pacific Islander Percent	White Percent	Unknown Percent
Alabama	24.8	0.1	0.1	2.9	0.5	0.1	69.2	2.3
Alaska	4.0	48.5	1.1	2.3	4.3	1.9	27.1	10.7
Arizona	9.6	4.2	0.4	32.9	1.8	0.2	40.8	10.1
Arkansas	17.7	0.2	0.2	5.3	3.8	0.5	69.7	2.6
California	13.6	1.0	2.8	47.8	0.0	0.4	26.9	7.5
Colorado	-	-	-	-	-	-	-	-
Connecticut	25.1	0.2	0.7	27.1	1.5	0.1	42.1	3.2
Delaware	43.9	0.2	0.6	10.7	0.3	0.2	43.7	0.2
District of Columbia	-	-	-	-	-	-	-	-
Florida	28.4	0.1	0.5	13.8	0.8	0.1	51.0	5.4
Georgia	34.7	0.1	0.4	4.4	0.7	0.1	55.5	4.1
Hawaii	2.4	0.5	14.2	2.9	26.7	24.2	23.8	5.3
Idaho	0.8	2.4	0.1	10.2	0.5	0.2	80.3	5.7
Illinois	30.5	0.1	0.8	13.8	0.7	0.0	52.0	2.1
Indiana	16.1	0.0	0.2	5.2	1.9	0.1	75.6	0.8
Iowa	13.5	1.2	0.6	5.7	1.1	0.2	75.8	2.0
Kansas	11.8	0.5	0.8	10.7	1.1	0.2	68.8	6.2
Kentucky	9.5	0.0	0.2	2.0	2.0	0.0	84.3	2.0
Louisiana	39.7	0.3	0.2	2.8	0.4	0.1	52.6	4.0
Maine	2.0	1.0	0.1	3.4	1.8	0.1	68.3	23.3
Maryland	40.9	0.2	0.8	8.0	-	0.1	33.4	16.8
Massachusetts	13.8	0.2	1.5	25.3	1.7	0.0	43.5	14.1
Michigan	27.2	0.4	0.4	5.8	4.8	0.0	60.3	1.2
Minnesota	23.9	8.8	2.3	8.9	8.2	0.1	46.2	1.6
Mississippi	33.7	0.1	0.1	1.6	0.2	0.1	53.2	11.0
Missouri	19.0	0.2	0.2	4.2	0.3	0.0	71.7	4.3
Montana	1.1	13.7	0.0	3.1	1.8	0.1	68.3	11.9
Nebraska	13.9	7.1	0.9	13.4	2.8	0.2	54.2	7.5
Nevada	22.2	0.9	1.6	19.7	1.7	0.7	41.5	11.7
New Hampshire	2.2	0.3	0.7	4.0	1.0	-	82.3	9.6
New Jersey	30.7	0.1	1.2	24.5	0.3	0.1	40.1	3.0
New Mexico	2.9	8.5	0.1	54.2	1.2	0.1	25.2	7.8
New York	28.6	0.5	2.4	22.9	1.2	0.0	34.6	9.8
North Carolina	28.3	2.9	0.4	9.5	1.0	0.0	56.0	1.9
North Dakota	5.4	18.5	-	4.7	2.4	0.1	64.1	4.8
Ohio	24.0	0.0	0.2	3.5	2.3	0.1	64.0	5.8
Oklahoma	10.3	4.9	0.3	12.7	21.9	0.1	49.0	0.8
Oregon	4.2	2.7	0.6	8.3	1.8	0.5	69.6	12.2
Pennsylvania	22.9	0.0	0.5	9.3	2.2	0.1	57.6	7.4
Puerto Rico	-	-	-	-	-	-	-	-
Rhode Island	15.6	0.6	1.0	22.5	1.8	0.0	52.4	6.1
South Carolina	34.9	0.1	0.3	3.2	0.6	0.0	57.6	3.2
South Dakota	3.1	39.1	0.9	5.6	8.3	-	40.4	2.7
Tennessee	-	-	-	-	-	-	-	-
Texas	19.8	0.1	0.6	38.0	1.0	0.1	36.2	4.1
Utah	3.0	1.9	0.9	17.6	0.9	1.6	73.5	0.5
Vermont	3.6	-	0.8	1.2	-	-	91.3	3.0
Virginia	25.3	0.0	0.7	9.3	0.6	0.3	56.7	7.1
Washington	8.3	5.1	2.1	13.1	3.9	1.4	57.9	8.1
West Virginia	3.7	0.0	0.1	0.6	1.1	0.0	94.0	0.5
Wisconsin	16.3	4.0	1.0	7.4	0.7	-	55.5	15.0
Wyoming	3.1	2.2	0.3	10.3	-	0.1	80.4	3.6
National	20.7	1.3	1.0	18.6	2.0	0.2	50.3	5.8
Reporting States	-	-	-	-	-	-	-	-

Table 5–5 Perpetrators by Relationship to Their Victims, 2017 *(continues next page)*

State	Parent	Child Daycare Provider	Foster Parent	Friend and Neighbor	Legal Guardian	Other	Other Professional
Alabama	5,727	19	9	154	30	538	13
Alaska	1,853	-	31	-	13	35	-
Arizona	9,010	-	35	-	29	370	-
Arkansas	5,414	37	9	160	27	836	44
California	45,718	-	92	-	-	1	-
Colorado	7,347	41	20	1	6	437	9
Connecticut	5,317	52	27	43	108	291	65
Delaware	1,022	1	-	22	-	11	3
District of Columbia	1,044	-	1	-	3	16	-
Florida	21,206	65	8	-	25	962	212
Georgia	6,433	21	38	25	39	374	52
Hawaii	935	-	-	-	15	39	1
Idaho	1,557	3	1	1	2	-	-
Illinois	15,972	237	93	-	-	512	73
Indiana	17,078	59	54	524	70	1,318	18
Iowa	6,126	47	10	-	31	382	-
Kansas	2,235	-	40	12	-	622	-
Kentucky	12,938	18	37	255	309	126	-
Louisiana	-	-	-	-	-	-	-
Maine	2,453	2	11	-	2	46	-
Maryland	3,751	42	21	-	6	562	-
Massachusetts	16,370	74	62	-	107	468	48
Michigan	25,456	2	84	2,116	130	328	-
Minnesota	4,886	59	74	23	60	135	3
Mississippi	6,222	14	67	89	11	420	9
Missouri	2,417	21	17	156	-	303	30
Montana	2,284	8	17	1	5	11	-
Nebraska	1,773	12	9	-	1	85	-
Nevada	3,471	-	3	178	1	2	-
New Hampshire	917	-	1	-	9	2	-
New Jersey	4,035	49	14	69	-	91	46
New Mexico	6,276	-	7	5	36	70	1
New York	47,392	249	188	-	197	831	3
North Carolina	3,228	4	29	-	-	-	-
North Dakota	1,179	-	-	53	-	-	-
Ohio	12,333	18	70	187	-	2,944	56
Oklahoma	10,105	46	103	-	73	801	6
Oregon	6,259	22	63	86	25	159	-
Pennsylvania	2,725	39	24	101	18	527	94
Puerto Rico	3,373	6	12	-	8	28	59
Rhode Island	1,993	35	20	-	5	66	-
South Carolina	10,895	10	16	-	52	201	-
South Dakota	768	6	3	-	2	16	-
Tennessee	5,144	7	12	482	79	1,916	17
Texas	37,180	270	56	186	-	1,205	218
Utah	5,085	19	14	195	27	626	15
Vermont	381	3	2	120	-	66	2
Virginia	3,778	107	7	-	23	233	53
Washington	3,192	21	15	3	-	52	-
West Virginia	4,534	-	10	-	27	397	-
Wisconsin	2,504	20	11	22	3	330	6
Wyoming	607	7	1	-	3	41	-
National Total	409,898	1,772	1,548	5,269	1,617	19,832	1,156
National Percent	77.6	0.3	0.3	1.0	0.3	3.8	0.2
Reporting States	51	40	48	28	39	48	27

Table 5–5 Perpetrators by Relationship to Their Victims, 2017

State	Other Relative	Group Home and Residential Facility Staff	Unmarried Partner of Parent	Unknown	Multiple Relationships	Total Perpetrators
Alabama	548	6	285	159	329	7,817
Alaska	85	-	69	9	82	2,177
Arizona	400	29	220	1	86	10,180
Arkansas	845	10	200	222	245	8,049
California	2,215	9	2,880	-	1,792	52,707
Colorado	765	22	6	867	557	10,078
Connecticut	270	26	344	-	395	6,938
Delaware	98	1	75	-	3	1,236
District of Columbia	29	-	-	-	19	1,112
Florida	1,479	-	1,521	2,616	2,270	30,364
Georgia	415	33	237	-	125	7,792
Hawaii	23	-	-	11	62	1,086
Idaho	27	-	64	25	17	1,697
Illinois	1,257	23	1,077	258	1,150	20,652
Indiana	1,170	-	2	743	1,498	22,534
Iowa	451	8	545	21	246	7,867
Kansas	462	25	-	29	100	3,525
Kentucky	847	2	756	148	1,178	16,614
Louisiana	-	-	-	-	-	-
Maine	114	6	203	6	199	3,042
Maryland	539	14	-	1,156	205	6,296
Massachusetts	752	57	1,097	326	1,128	20,489
Michigan	984	14	131	67	1,987	31,299
Minnesota	439	14	398	15	363	6,469
Mississippi	923	4	340	257	332	8,688
Missouri	420	25	388	31	205	4,013
Montana	107	2	149	-	31	2,615
Nebraska	103	3	88	40	126	2,240
Nevada	105	23	1	10	142	3,936
New Hampshire	30	1	13	51	33	1,057
New Jersey	325	5	292	50	205	5,181
New Mexico	311	-	266	67	221	7,260
New York	3,602	713	295	2,208	582	56,260
North Carolina	175	13	248	6	129	3,832
North Dakota	44	-	-	63	111	1,450
Ohio	2,271	28	-	1,085	1,298	20,290
Oklahoma	528	39	34	91	722	12,548
Oregon	532	22	567	124	638	8,497
Pennsylvania	859	34	448	109	84	5,062
Puerto Rico	125	6	2	480	316	4,415
Rhode Island	43	33	123	1	148	2,467
South Carolina	430	8	406	1	580	12,599
South Dakota	32	2	39	17	56	941
Tennessee	937	11	108	2	139	8,854
Texas	4,996	97	3,351	119	702	48,380
Utah	785	7	320	81	369	7,543
Vermont	58	-	59	12	21	724
Virginia	410	7	133	134	207	5,092
Washington	121	-	269	13	119	3,805
West Virginia	276	1	11	190	352	5,798
Wisconsin	333	9	284	260	151	3,933
Wyoming	26	2	6	-	28	721
National Total	33,121	1,394	18,350	12,181	22,083	528,221
National Percent	6.3	0.3	3.5	2.3	4.2	100.0
Reporting States	51	41	45	44	51	51



Services

CHAPTER 6

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

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

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

- Title I of the Child Abuse Prevention and Treatment Act (CAPTA), as amended [P.L. 100–294]— The Grants to States for Child Abuse or Neglect Prevention and Treatment Programs (State Grant) provides funds to states to improve CPS systems. The grant serves as a catalyst to assist states with screening and investigating child abuse and neglect reports, creating and improving the use of multidisciplinary teams to enhance investigations, improving risk and safety assessment protocols, training CPS workers and mandated reporters, and improving services to infants with life-threatening conditions.

- Title II of CAPTA, as amended [P.L. 100–294]—The Community-Based Grants for the Prevention of Child Abuse and Neglect program (formerly the Community-Based Family Resource and Support program) provides funding to a lead state agency (designated by the governor) 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. This program is administratively known as the Community-Based Child Abuse Prevention (CBCAP) Program.
- Title IV–B, Subpart 2, as amended [P.L. 107–133] Promoting Safe and Stable Families—The goal of this legislation is to keep families together by funding such services as prevention intervention so that children do not have to be removed from their homes, services to develop alternative placements if children cannot remain safely in the home, and family reunification services to enable children to return to their homes, if appropriate.
- Title XX of the Social Security Act, [P.L. 93–647], Social Services Block Grant (SSBG)—Under this grant, states may use funds for such prevention services as child daycare, child protective services, information and referral, counseling, and foster care, as well as other services that meet the goal of preventing or remedying neglect, abuse, or exploitation of children.

The prevention table ([table 6–1](#), Children Who Received Prevention Services by Funding Source) is presented differently in the *Child Maltreatment 2017* report to provide readers with additional understanding of how states report these data and the estimation process used in this report. For each funding source, states are asked to provide to NCANDS a count of child recipients. Some states are not able to report all child recipients and may report a count of family recipients either instead of or in combination with a count of child recipients. A calculation is performed on the count of family recipients to derive a child count.

The estimated total child recipient count by funding source is a sum of the reported child count and the calculated child count. The calculated child count is computed by multiplying the family count by the average number of child in a family.¹ 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 sources.

For FFY 2017, 46 states report approximately 1.9 million (1,858,947) children received prevention services. Funding sources with the largest number of states reporting data are the Promoting Safe and Stable Families with 38 states and the largest estimated child recipients with 556,800. The second largest is the Community-Based Child Abuse Prevention Grants also with 38 states and estimated total child recipients of 467,311. Twenty-four states reported recipients in the “Other” funding source. (See [table 6–1](#) and related notes.) Information about 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. The NCANDS Technical Team is continuing to work with states on improving reporting in this area. Some of the difficulties with collecting and reporting these data are listed below:

- CPS agencies may contract out some or all prevention services to local community-based agencies, and they may not report on the number of clients they serve.

¹ For 2017, the average number of own children under 18 in families is 1.90. Source: U.S. Census Bureau, *Current Population Survey*. (2018). *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: 2017 [data file]*. Retrieved May 2018 from <https://www.census.gov/data/tables/2017/demo/families/cps-2017.html>.

- Agencies that receive funding through different streams also may report to different agencies. CPS agencies may have difficulty collecting data from all funders or all funded agencies.
- The prevention program may be on a different fiscal schedule (e.g., state fiscal year) and it may be difficult to provide accurate data on an FFY schedule.

Postresponse Services (duplicate count of children)

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

The analyses include those services that were provided between the report date (date the 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.

Approximately 1.3 million children received postresponse services from a CPS agency. Fifty states report more than three-fifths (60.2%) of duplicate victims received postresponse services and 48 states report one-third (29.6%) of duplicate nonvictims received postresponse services. (See [table 6–2](#) and related notes.) 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. For those children who were not already receiving services at the start of the report, the average number of days from receipt of a report to initiation of services is 43 days. (See [table 6–3](#) and related notes.)

Table 6–4 displays the children who received foster care services and are removed from home. The method of this analysis was changed in 2015. Only the children who are removed from their home after the report date are counted. Previously, a child was counted if the service was initiated prior to the report date, but continued after the report disposition date. The method was changed because some children were already in foster care when the allegation of maltreatment was made, and readers and researchers wanted 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. AFCARS collects case-level information on all children in foster care and those who are adopted with title IV-E agency involvement. The data are available on the Children’s Bureau website <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/afcars>.

More than one-fifth (23.7%) of victims and fewer than 2.0 percent (1.9%) of nonvictims are removed from their homes. Some states report low percentages of victims and nonvictims who received foster care services. The data suggest that those states may use non-CPS providers for services delivery and those providers have difficulty collecting and reporting data in an NCANDS format. (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.

States also report on the number of victims for whom some court action occurred. Court action may include any legal action taken by the CPS agency or the courts on behalf of the child, including authorization to place a child in foster care and applying for temporary custody, protective custody, dependency, or termination of parental rights. In other words, these include children who are removed, as well as other children who may have a court action while remaining at home. Based on 41 reporting states, 29.0 percent of victims had court actions. (See [table 6–5](#) and related notes.)

Twenty-six states report 21.6 percent of victims received 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 an abused or neglected child, which results in a judicial proceeding, a Guardian ad Litem...who may be an attorney or a court-appointed special advocate... shall be appointed to represent the child in such proceedings...” States provide the following possible reasons for not reporting these data: the data are provided by contracted vendors and are not available at the child level, the court system is not able to interface with the child welfare system, and the court system does not record information at the child-level. (See [table 6–6](#) and related notes.) The NCANDS Technical Team is continuing to work with states on improving reporting in this area.

History of Receiving Services (unique count of children)

Two data elements in the Agency File collect information on histories of victims with prior CPS involvement. Based on data from 28 states, 15.1 percent of victims received family preservation services within the previous 5 years. (See [table 6–7](#) and related notes.) Data from 36 states shows 5.1 percent of victims were reunited with their families within the previous 5 years. Several states subcontract family preservation services to outside vendors and are not able to report these data to NCANDS. (See [table 6–8](#) and related notes.)

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

The CAPTA Reauthorization Act of 2010 added new data collection requirements to NCANDS:

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.)

Subsection(b)(2)(B)(xxi) requires states to include in their state plans documentation of their:

provisions and procedures for referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.)

Based on the new CAPTA requirements, in 2012 NCANDS added the following fields to the Agency File:

- 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.

Federal guidance asks for states to report the number of victims who are younger than 3 years who are eligible for and referred to these agencies; 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. Thirty-two states report 92,364 victims who are eligible for referral to agencies providing early intervention services and 27 states report 29,984 victims were referred. Of the states that are able to report both the victims who were eligible and referred (26 states), 68.4 of victims who are eligible were referred to the agencies. (See [table 6–9](#) and related notes). States are continuing to improve their reporting in these fields. The 2017 analysis includes data from three additional states that were not able to submit or pass data quality checks for FFY 2016.

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.

- The data for all tables are from the Child File unless otherwise noted.
- Due to the large number of categories, most services are defined in Appendix B, Glossary. The Child File Codebook, which includes the services fields, is located on the Children's Bureau website at <https://www.acf.hhs.gov/cb/research-data-technology/reporting-systems/ncands>
- National totals and calculations appear in a single row labeled National instead of separate rows labeled total, rate, or percent.
- The row labeled Reporting States displays the count of states that provide data for that analysis.

Table 6–1 Children Who Received Prevention Services by Funding Source, 2017

- Data are from the Agency File.
- The number of total recipients is a duplicate count.
- The estimated total child recipient count by funding source is a sum of the reported child count and the calculated child count.
- States are excluded if public service announcement recipients are included in their counts. One state is excluded for including open CPS cases in its counts.

Table 6–2 Children Who Received Postresponse Services, 2017

- 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.

Table 6–3 Average Number of Days to Initiation of Services, 2017

- 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.
- A zero represents a state average of less than 1 day.
- The average days to initiation of services is calculated by subtracting the report date from the initiation of services date for each report and calculating the average for each state. The state average is rounded to a whole day.
- The national average is calculated by summing the average number of days from the states and dividing the total by the number of states reporting. The result is rounded to the nearest whole day.
- 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 75.0 percent of records with a service are reported with a service date.
- States are excluded from this analysis for having more than 20.0 percent of records with a service that have a service date before 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, 2017

- The numbers of victims and nonvictims are a duplicate count.
- A child is counted each time that a CPS response is completed and services are provided.
- Only the children who are removed from their home on or after the report date are counted.
- States are excluded from this analysis if fewer than 2.0 percent of victims received foster care services.
- States are excluded from this analysis if more than 35.0 percent of victims with foster care services or more than 35.0 percent of nonvictims with foster care services do not have a removal date.

Table 6–5 Victims With Court Action, 2017

- The number of victims is a duplicate count.
- States are excluded from this analysis if fewer than 5.0 percent of victims have a court action.

Table 6–6 Victims With Court-Appointed Representatives, 2017

- The number of victims is a duplicate count.
- States are excluded from this analysis if fewer than 5.0 percent of victims have a court-appointed representative.

Table 6–7 Victims Who Received Family Preservation Services Within the Previous 5 Years, 2017

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

Table 6–8 Victims Who Were Reunited With Their Families Within the Previous 5 Years, 2017

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

Table 6–9 IDEA: Victims Who Were Eligible and Victims Who Were Referred to Part C Agencies, 2017

- Data are from the Agency File.

Table 6–1 Children Who Received Prevention Services by Funding Source, 2017*(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	-	758	758	9,136	-	9,136
Alaska	-	-	-	540	-	540
Arizona	-	-	-	-	-	-
Arkansas	251	5,746	5,997	8,843	-	8,843
California	-	3,667	3,667	15,190	81,113	96,303
Colorado	-	-	-	-	513	513
Connecticut	-	-	-	-	319	319
Delaware	-	-	-	-	-	-
District of Columbia	166	-	166	-	-	-
Florida	-	-	-	-	-	-
Georgia	8,529	-	8,529	14,482	17,482	31,964
Hawaii	-	-	-	-	3,317	3,317
Idaho	-	-	-	2,424	9,770	12,194
Illinois	-	-	-	-	-	-
Indiana	31,184	-	31,184	1,910	-	1,910
Iowa	152	21	173	2,008	2,371	4,379
Kansas	-	-	-	43,031	-	43,031
Kentucky	-	-	-	977	-	977
Louisiana	-	-	-	14,420	5,844	20,264
Maine	-	-	-	-	-	-
Maryland	-	-	-	-	-	-
Massachusetts	-	-	-	-	-	-
Michigan	-	-	-	-	-	-
Minnesota	3,841	-	3,841	5,180	-	5,180
Mississippi	-	-	-	9,072	5,012	14,084
Missouri	-	-	-	526	447	973
Montana	-	-	-	2,015	2,411	4,426
Nebraska	-	-	-	3,960	-	3,960
Nevada	-	-	-	3,975	-	3,975
New Hampshire	-	-	-	3,000	22,017	25,017
New Jersey	-	5,039	5,039	11,271	-	11,271
New Mexico	-	-	-	313	-	313
New York	-	-	-	2,110	4,140	6,250
North Carolina	-	-	-	346	665	1,011
North Dakota	-	-	-	229	1,303	1,532
Ohio	-	-	-	1,909	1,248	3,157
Oklahoma	-	-	-	-	692	692
Oregon	-	-	-	-	-	-
Pennsylvania	-	-	-	21,960	17,013	38,973
Puerto Rico	-	-	-	801	4,349	5,150
Rhode Island	-	-	-	-	-	-
South Carolina	-	-	-	772	-	772
South Dakota	-	-	-	1,667	1,104	2,771
Tennessee	-	-	-	-	-	-
Texas	-	-	-	161	1,883	2,044
Utah	-	-	-	531	906	1,437
Vermont	-	-	-	-	-	-
Virginia	57,794	-	57,794	872	-	872
Washington	3,101	-	3,101	2,098	2,508	4,606
West Virginia	-	-	-	93,622	-	93,622
Wisconsin	-	-	-	-	-	-
Wyoming	-	-	-	1,224	308	1,532
National	105,018	15,230	120,248	280,575	186,736	467,311
Reporting States	8	5	11	34	24	38

Table 6–1 Children Who Received Prevention Services by Funding Source, 2017*(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	-	69,645	69,645	16,671	-	16,671
Alaska	229	-	229	274	-	274
Arizona	-	5,892	5,892	-	-	-
Arkansas	-	817	817	6,453	183,601	190,054
California	27,809	16,731	44,540	-	-	-
Colorado	-	15,930	15,930	-	-	-
Connecticut	3,489	4,402	7,891	-	-	-
Delaware	2,423	-	2,423	-	1,389	1,389
District of Columbia	142	-	142	-	-	-
Florida	25,150	-	25,150	-	-	-
Georgia	19,062	-	19,062	16,957	-	16,957
Hawaii	-	-	-	-	-	-
Idaho	991	-	991	1,716	-	1,716
Illinois	-	-	-	-	-	-
Indiana	5,144	-	5,144	235	-	235
Iowa	22,312	3,179	25,491	-	-	-
Kansas	3,912	-	3,912	-	-	-
Kentucky	915	-	915	-	-	-
Louisiana	2,208	1,623	3,831	8,961	205	9,166
Maine	-	-	-	-	-	-
Maryland	-	-	-	12,298	-	12,298
Massachusetts	-	-	-	-	-	-
Michigan	14,658	22,133	36,791	-	-	-
Minnesota	1,061	-	1,061	13,801	-	13,801
Mississippi	928	-	928	-	-	-
Missouri	1,620	-	1,620	-	-	-
Montana	1,221	1,617	2,838	-	-	-
Nebraska	5,366	-	5,366	-	-	-
Nevada	13,605	-	13,605	27,540	-	27,540
New Hampshire	310	1,003	1,313	860	1,978	2,838
New Jersey	-	6,523	6,523	-	-	-
New Mexico	1,676	-	1,676	-	-	-
New York	-	-	-	-	-	-
North Carolina	2,431	4,034	6,465	-	-	-
North Dakota	-	5,476	5,476	-	-	-
Ohio	-	-	-	62,523	-	62,523
Oklahoma	615	600	1,215	-	-	-
Oregon	-	6,935	6,935	-	6,268	6,268
Pennsylvania	-	-	-	-	-	-
Puerto Rico	-	2,092	2,092	-	-	-
Rhode Island	-	1,826	1,826	-	-	-
South Carolina	-	-	-	-	-	-
South Dakota	-	-	-	-	-	-
Tennessee	-	-	-	-	-	-
Texas	23,208	33,949	57,157	-	-	-
Utah	-	-	-	-	-	-
Vermont	-	-	-	-	-	-
Virginia	28,802	-	28,802	-	-	-
Washington	6,620	34,187	40,807	-	-	-
West Virginia	45,522	54,790	100,312	48,525	11,744	60,269
Wisconsin	-	-	-	-	-	-
Wyoming	1,988	-	1,988	6,323	-	6,323
National	263,417	293,383	556,800	223,137	205,185	428,322
Reporting States	29	21	38	14	6	16

Table 6–1 Children Who Received Prevention Services by Funding Source, 2017

State	Other Funding (Other) Children	Other Calculated Child Count	Other Estimated Total Child Recipients	Estimated Total Child Recipients (duplicate)
Alabama	-	-	-	96,210
Alaska	452	-	452	1,495
Arizona	-	3,853	3,853	9,745
Arkansas	744	1,788	2,532	208,242
California	10,199	10,921	21,120	165,631
Colorado	-	-	-	16,443
Connecticut	5,789	6,432	12,221	20,431
Delaware	1,369	2,571	3,940	7,752
District of Columbia	1,209	-	1,209	1,517
Florida	-	-	-	25,150
Georgia	-	-	-	76,512
Hawaii	-	-	-	3,317
Idaho	98	-	98	14,999
Illinois	-	-	-	-
Indiana	12,050	-	12,050	50,523
Iowa	-	-	-	30,043
Kansas	151	-	151	47,094
Kentucky	3,051	-	3,051	4,943
Louisiana	2,698	9,092	11,790	45,051
Maine	-	-	-	-
Maryland	-	-	-	12,298
Massachusetts	-	-	-	-
Michigan	-	-	-	36,791
Minnesota	-	-	-	23,883
Mississippi	-	-	-	15,012
Missouri	3,035	-	3,035	5,628
Montana	-	-	-	7,264
Nebraska	-	-	-	9,326
Nevada	14,914	-	14,914	60,034
New Hampshire	-	-	-	29,168
New Jersey	-	7,435	7,435	30,267
New Mexico	293	-	293	2,282
New York	94,579	-	94,579	100,829
North Carolina	-	-	-	7,476
North Dakota	-	-	-	7,008
Ohio	-	-	-	65,680
Oklahoma	6,776	9,681	16,457	18,364
Oregon	-	3,836	3,836	17,039
Pennsylvania	1,540	11,543	13,083	52,055
Puerto Rico	-	11,541	11,541	18,783
Rhode Island	-	-	-	1,826
South Carolina	-	-	-	772
South Dakota	-	-	-	2,771
Tennessee	-	-	-	-
Texas	-	-	-	59,201
Utah	21,787	12,553	34,340	35,778
Vermont	-	-	-	-
Virginia	8,069	-	8,069	95,537
Washington	-	-	-	48,514
West Virginia	6,219	-	6,219	260,422
Wisconsin	-	-	-	-
Wyoming	-	-	-	9,843
National	195,022	91,244	286,266	1,858,947
Reporting States	20	12	24	46

Table 6–2 Children Who Received Postresponse Services, 2017

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	11,176	7,892	70.6	31,327	9,542	30.5
Alaska	3,239	1,739	53.7	13,948	784	5.6
Arizona	10,456	10,200	97.6	93,302	54,975	58.9
Arkansas	9,848	8,356	84.8	61,778	8,482	13.7
California	69,968	58,435	83.5	377,416	246,165	65.2
Colorado	12,345	2,867	23.2	39,755	1,245	3.1
Connecticut	9,174	8,912	97.1	20,201	18,573	91.9
Delaware	1,572	425	27.0	-	-	-
District of Columbia	1,781	375	21.1	15,444	613	4.0
Florida	42,521	15,047	35.4	325,806	11,110	3.4
Georgia	10,709	8,582	80.1	197,273	121,288	61.5
Hawaii	1,297	921	71.0	2,321	370	15.9
Idaho	1,894	1,295	68.4	12,843	3,209	25.0
Illinois	31,973	4,784	15.0	135,448	3,001	2.2
Indiana	31,404	24,603	78.3	195,756	53,233	27.2
Iowa	12,352	12,352	100.0	36,615	36,615	100.0
Kansas	4,370	2,327	53.2	29,539	8,051	27.3
Kentucky	25,119	17,518	69.7	76,979	4,195	5.4
Louisiana	10,973	5,927	54.0	20,240	1,609	7.9
Maine	3,686	850	23.1	-	-	-
Maryland	8,227	3,565	43.3	27,860	4,145	14.9
Massachusetts	27,884	25,729	92.3	62,256	41,791	67.1
Michigan	40,772	10,517	25.8	153,507	11,384	7.4
Minnesota	9,375	5,999	64.0	39,178	7,691	19.6
Mississippi	11,194	6,561	58.6	37,232	3,963	10.6
Missouri	4,767	3,016	63.3	88,658	25,144	28.4
Montana	3,811	2,179	57.2	14,064	1,108	7.9
Nebraska	3,423	2,783	81.3	28,449	13,668	48.0
Nevada	5,145	3,240	63.0	28,296	3,762	13.3
New Hampshire	1,175	726	61.8	13,543	902	6.7
New Jersey	7,051	4,732	67.1	82,440	22,070	26.8
New Mexico	9,947	4,000	40.2	24,586	3,394	13.8
New York	-	-	-	-	-	-
North Carolina	-	-	-	-	-	-
North Dakota	2,064	1,346	65.2	5,428	288	5.3
Ohio	27,271	17,676	64.8	103,321	33,392	32.3
Oklahoma	15,240	13,493	88.5	48,693	35,828	73.6
Oregon	13,043	5,829	44.7	46,674	4,003	8.6
Pennsylvania	4,792	1,358	28.3	41,416	3,200	7.7
Puerto Rico	5,925	4,804	81.1	13,006	4,669	35.9
Rhode Island	3,311	1,253	37.8	5,447	763	14.0
South Carolina	17,727	5,959	33.6	65,707	5,044	7.7
South Dakota	1,401	784	56.0	3,308	280	8.5
Tennessee	9,203	9,203	100.0	101,793	94,855	93.2
Texas	63,594	38,771	61.0	256,498	21,906	8.5
Utah	10,612	2,459	23.2	20,029	950	4.7
Vermont	992	311	31.4	4,630	832	18.0
Virginia	6,436	1,618	25.1	61,671	2,615	4.2
Washington	4,975	2,743	55.1	47,562	3,586	7.5
West Virginia	6,773	6,604	97.5	51,441	6,669	13.0
Wisconsin	5,132	2,356	45.9	37,181	3,081	8.3
Wyoming	977	826	84.5	5,346	4,364	81.6
National	638,096	383,847	60.2	3,205,211	948,407	29.6
Reporting States	50	50	-	48	48	-

Table 6–3 Average Number of Days to Initiation of Services, 2017

State	Children Who Received Services	Children Who Received Services On or After the Report Date	Average Number of Days to Initiation of Services
Alabama	-	-	-
Alaska	2,523	2,523	84
Arizona	65,175	63,994	59
Arkansas	16,838	16,087	37
California	304,600	287,596	17
Colorado	4,112	3,995	21
Connecticut	-	-	-
Delaware	-	-	-
District of Columbia	988	978	43
Florida	26,157	19,361	32
Georgia	129,870	126,280	11
Hawaii	1,291	1,148	19
Idaho	4,504	4,474	47
Illinois	7,785	3,936	20
Indiana	-	-	-
Iowa	48,967	48,967	24
Kansas	10,378	6,278	46
Kentucky	21,713	18,736	76
Louisiana	7,536	6,830	37
Maine	-	-	-
Maryland	7,710	6,094	62
Massachusetts	67,520	45,877	14
Michigan	21,901	13,733	41
Minnesota	13,690	13,690	48
Mississippi	10,524	10,451	27
Missouri	28,160	25,046	63
Montana	3,287	2,847	51
Nebraska	16,451	8,259	62
Nevada	7,002	6,845	43
New Hampshire	1,628	1,425	74
New Jersey	26,802	14,216	40
New Mexico	7,394	6,913	39
New York	-	-	-
North Carolina	-	-	-
North Dakota	1,634	1,605	69
Ohio	51,068	44,272	35
Oklahoma	49,321	49,228	53
Oregon	9,832	9,035	42
Pennsylvania	4,558	3,593	27
Puerto Rico	9,473	9,386	64
Rhode Island	2,016	1,299	29
South Carolina	11,003	7,792	35
South Dakota	-	-	-
Tennessee	-	-	-
Texas	60,677	59,731	58
Utah	-	-	-
Vermont	1,143	621	43
Virginia	4,233	3,302	76
Washington	6,329	5,073	28
West Virginia	13,273	8,764	37
Wisconsin	5,437	5,437	58
Wyoming	5,190	5,144	16
National	1,099,693	980,861	43
Reporting States	42	42	-

Table 6–4 Children Who Received Foster Care Postresponse Services and Who had a Removal Date On or After the Report Date, 2017

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	11,176	1,880	16.8	31,327	829	2.6
Alaska	3,239	641	19.8	13,948	440	3.2
Arizona	10,456	4,782	45.7	93,302	2,405	2.6
Arkansas	9,848	2,122	21.5	61,778	1,350	2.2
California	69,968	24,355	34.8	377,416	8,251	2.2
Colorado	12,345	1,842	14.9	39,755	440	1.1
Connecticut	9,174	1,474	16.1	20,201	616	3.0
Delaware	1,572	189	12.0	13,662	13	0.1
District of Columbia	1,781	292	16.4	15,444	76	0.5
Florida	42,521	14,021	33.0	325,806	4,147	1.3
Georgia	10,709	3,139	29.3	197,273	3,048	1.5
Hawaii	1,297	663	51.1	2,321	50	2.2
Idaho	1,894	888	46.9	12,843	143	1.1
Illinois	-	-	-	-	-	-
Indiana	31,404	11,222	35.7	195,756	3,029	1.5
Iowa	12,352	2,653	21.5	36,615	86	0.2
Kansas	4,370	389	8.9	29,539	673	2.3
Kentucky	25,119	986	3.9	76,979	93	0.1
Louisiana	10,973	2,795	25.5	20,240	342	1.7
Maine	3,686	260	7.1	9,528	5	0.1
Maryland	8,227	874	10.6	27,860	390	1.4
Massachusetts	27,884	4,713	16.9	62,256	1,345	2.2
Michigan	40,772	5,549	13.6	153,507	1,749	1.1
Minnesota	9,375	2,770	29.5	39,178	2,434	6.2
Mississippi	11,194	2,041	18.2	37,232	486	1.3
Missouri	4,767	1,653	34.7	88,658	4,596	5.2
Montana	3,811	1,835	48.2	14,064	527	3.7
Nebraska	3,423	1,668	48.7	28,449	1,147	4.0
Nevada	5,145	2,178	42.3	28,296	820	2.9
New Hampshire	1,175	519	44.2	13,543	399	2.9
New Jersey	7,051	1,743	24.7	82,440	1,813	2.2
New Mexico	9,947	1,448	14.6	24,586	555	2.3
New York	-	-	-	-	-	-
North Carolina	-	-	-	-	-	-
North Dakota	2,064	362	17.5	5,428	27	0.5
Ohio	27,271	6,300	23.1	103,321	3,191	3.1
Oklahoma	15,240	2,093	13.7	48,693	25	0.1
Oregon	13,043	4,299	33.0	46,674	1,381	3.0
Pennsylvania	-	-	-	-	-	-
Puerto Rico	5,925	249	4.2	13,006	18	0.1
Rhode Island	3,311	649	19.6	5,447	162	3.0
South Carolina	17,727	2,679	15.1	65,707	429	0.7
South Dakota	1,401	744	53.1	3,308	191	5.8
Tennessee	9,203	1,748	19.0	101,793	4,269	4.2
Texas	63,594	12,549	19.7	256,498	1,428	0.6
Utah	10,612	1,244	11.7	20,029	52	0.3
Vermont	992	157	15.8	4,630	176	3.8
Virginia	6,436	1,280	19.9	61,671	878	1.4
Washington	4,975	2,060	41.4	47,562	1,620	3.4
West Virginia	6,773	1,678	24.8	51,441	560	1.1
Wisconsin	5,132	2,134	41.6	37,181	2,634	7.1
Wyoming	977	492	50.4	5,346	41	0.8
National	601,331	142,301	23.7	3,051,537	59,379	1.9
Reporting States	48	48	-	48	48	-

Table 6–5 Victims With Court Action, 2017

State	Victims	Victims With Court Action	Victims With Court Action Percent
Alabama	-	-	-
Alaska	3,239	641	19.8
Arizona	10,456	5,133	49.1
Arkansas	9,848	2,480	25.2
California	69,968	25,117	35.9
Colorado	12,345	1,006	8.1
Connecticut	9,174	3,168	34.5
Delaware	1,572	313	19.9
District of Columbia	1,781	222	12.5
Florida	-	-	-
Georgia	10,709	3,340	31.2
Hawaii	1,297	856	66.0
Idaho	1,894	1,094	57.8
Illinois	-	-	-
Indiana	31,404	23,672	75.4
Iowa	12,352	4,622	37.4
Kansas	4,370	1,407	32.2
Kentucky	25,119	4,474	17.8
Louisiana	10,973	2,829	25.8
Maine	-	-	-
Maryland	8,227	1,368	16.6
Massachusetts	27,884	6,640	23.8
Michigan	40,772	5,764	14.1
Minnesota	9,375	2,527	27.0
Mississippi	-	-	-
Missouri	4,767	1,660	34.8
Montana	3,811	2,089	54.8
Nebraska	3,423	1,913	55.9
Nevada	5,145	2,680	52.1
New Hampshire	1,175	668	56.9
New Jersey	7,051	1,438	20.4
New Mexico	9,947	1,465	14.7
New York	-	-	-
North Carolina	-	-	-
North Dakota	2,064	366	17.7
Ohio	27,271	6,719	24.6
Oklahoma	15,240	4,301	28.2
Oregon	13,043	4,154	31.8
Pennsylvania	-	-	-
Puerto Rico	-	-	-
Rhode Island	3,311	1,044	31.5
South Carolina	17,727	2,828	16.0
South Dakota	-	-	-
Tennessee	-	-	-
Texas	63,594	13,024	20.5
Utah	10,612	2,210	20.8
Vermont	992	234	23.6
Virginia	6,436	1,383	21.5
Washington	4,975	2,087	41.9
West Virginia	6,773	1,683	24.8
Wisconsin	5,132	563	11.0
Wyoming	977	478	48.9
National	516,225	149,660	29.0
Reporting States	41	41	-

Table 6–6 Victims With Court-Appointed Representatives, 2017

State	Victims	Victims With Court-Appointed Representatives	Victims With Court-Appointed Representatives Percent
Alabama	11,176	1,144	10.2
Alaska	3,239	632	19.5
Arizona	10,456	6,043	57.8
Arkansas	-	-	-
California	69,968	20,205	28.9
Colorado	-	-	-
Connecticut	-	-	-
Delaware	1,572	313	19.9
District of Columbia	-	-	-
Florida	-	-	-
Georgia	10,709	732	6.8
Hawaii	1,297	840	64.8
Idaho	-	-	-
Illinois	-	-	-
Indiana	31,404	8,289	26.4
Iowa	12,352	2,207	17.9
Kansas	-	-	-
Kentucky	25,119	2,098	8.4
Louisiana	-	-	-
Maine	3,686	497	13.5
Maryland	-	-	-
Massachusetts	27,884	5,906	21.2
Michigan	-	-	-
Minnesota	9,375	2,126	22.7
Mississippi	11,194	1,152	10.3
Missouri	-	-	-
Montana	3,811	896	23.5
Nebraska	3,423	1,616	47.2
Nevada	5,145	558	10.8
New Hampshire	1,175	668	56.9
New Jersey	-	-	-
New Mexico	9,947	1,465	14.7
New York	-	-	-
North Carolina	-	-	-
North Dakota	2,064	201	9.7
Ohio	27,271	4,767	17.5
Oklahoma	15,240	1,921	12.6
Oregon	-	-	-
Pennsylvania	-	-	-
Puerto Rico	-	-	-
Rhode Island	3,311	739	22.3
South Carolina	-	-	-
South Dakota	-	-	-
Tennessee	-	-	-
Texas	-	-	-
Utah	10,612	2,210	20.8
Vermont	992	234	23.6
Virginia	6,436	1,399	21.7
Washington	-	-	-
West Virginia	-	-	-
Wisconsin	-	-	-
Wyoming	-	-	-
National	318,858	68,858	21.6
Reporting States	26	26	-

Table 6–7 Victims Who Received Family Preservation Services Within the Previous 5 Years, 2017

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	-	-	-
Alaska	-	-	-
Arizona	-	-	-
Arkansas	9,334	1,720	18.4
California	-	-	-
Colorado	-	-	-
Connecticut	-	-	-
Delaware	-	-	-
District of Columbia	1,639	257	15.7
Florida	40,103	6,110	15.2
Georgia	10,487	1,553	14.8
Hawaii	-	-	-
Idaho	1,832	745	40.7
Illinois	28,751	3,932	13.7
Indiana	-	-	-
Iowa	-	-	-
Kansas	4,153	1,241	29.9
Kentucky	22,410	1,678	7.5
Louisiana	10,356	1,208	11.7
Maine	3,475	735	21.2
Maryland	7,578	3,096	40.9
Massachusetts	25,092	8,166	32.5
Michigan	-	-	-
Minnesota	8,709	3,133	36.0
Mississippi	10,429	33	0.3
Missouri	4,585	616	13.4
Montana	-	-	-
Nebraska	3,246	97	3.0
Nevada	4,859	88	1.8
New Hampshire	1,148	77	6.7
New Jersey	6,698	602	9.0
New Mexico	8,577	668	7.8
New York	-	-	-
North Carolina	-	-	-
North Dakota	-	-	-
Ohio	-	-	-
Oklahoma	14,457	669	4.6
Oregon	11,070	2,073	18.7
Pennsylvania	-	-	-
Puerto Rico	5,729	140	2.4
Rhode Island	-	-	-
South Carolina	-	-	-
South Dakota	-	-	-
Tennessee	8,983	1,131	12.6
Texas	61,506	9,750	15.9
Utah	9,947	116	1.2
Vermont	878	108	12.3
Virginia	-	-	-
Washington	4,386	247	5.6
West Virginia	-	-	-
Wisconsin	-	-	-
Wyoming	-	-	-
National	330,417	49,989	15.1
Reporting States	28	28	-

Table 6–8 Victims Who Were Reunited With Their Families Within the Previous 5 Years, 2017

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	-	-	-
Alaska	2,783	223	8.0
Arizona	-	-	-
Arkansas	9,334	220	2.4
California	-	-	-
Colorado	11,578	425	3.7
Connecticut	8,442	220	2.6
Delaware	1,542	35	2.3
District of Columbia	1,639	58	3.5
Florida	40,103	3,184	7.9
Georgia	10,487	484	4.6
Hawaii	1,280	56	4.4
Idaho	1,832	116	6.3
Illinois	28,751	960	3.3
Indiana	29,198	1,959	6.7
Iowa	-	-	-
Kansas	4,153	489	11.8
Kentucky	22,410	842	3.8
Louisiana	10,356	431	4.2
Maine	3,475	220	6.3
Maryland	7,578	868	11.5
Massachusetts	25,092	2,079	8.3
Michigan	-	-	-
Minnesota	8,709	689	7.9
Mississippi	10,429	81	0.8
Missouri	4,585	205	4.5
Montana	-	-	-
Nebraska	-	-	-
Nevada	4,859	613	12.6
New Hampshire	1,148	78	6.8
New Jersey	6,698	479	7.2
New Mexico	8,577	551	6.4
New York	-	-	-
North Carolina	-	-	-
North Dakota	-	-	-
Ohio	24,897	1,208	4.9
Oklahoma	14,457	696	4.8
Oregon	11,070	1,179	10.7
Pennsylvania	-	-	-
Puerto Rico	-	-	-
Rhode Island	3,095	330	10.7
South Carolina	17,071	233	1.4
South Dakota	-	-	-
Tennessee	8,983	319	3.6
Texas	61,506	1,220	2.0
Utah	9,947	255	2.6
Vermont	878	25	2.8
Virginia	-	-	-
Washington	4,386	496	11.3
West Virginia	-	-	-
Wisconsin	4,902	374	7.6
Wyoming	-	-	-
National	426,230	21,900	5.1
Reporting States	36	36	-

Table 6–9 IDEA: Victims Who Were Eligible and Victims Who Were Referred to Part C Agencies, 2017

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	3,029	804	26.5
Alaska	729	729	100.0
Arizona	1,044	245	23.5
Arkansas	3,258	-	-
California	19,150	-	-
Colorado	3,134	1,969	62.8
Connecticut	-	1,308	-
Delaware	-	-	-
District of Columbia	386	10	2.6
Florida	-	-	-
Georgia	3,520	-	-
Hawaii	-	-	-
Idaho	594	326	54.9
Illinois	-	-	-
Indiana	-	-	-
Iowa	2,798	2,798	100.0
Kansas	579	534	92.2
Kentucky	-	-	-
Louisiana	3,849	2,861	74.3
Maine	938	938	100.0
Maryland	-	-	-
Massachusetts	6,449	-	-
Michigan	-	-	-
Minnesota	2,908	2,812	96.7
Mississippi	880	154	17.5
Missouri	778	276	35.5
Montana	-	-	-
Nebraska	923	923	100.0
Nevada	517	515	99.6
New Hampshire	336	78	23.2
New Jersey	1,556	1,364	87.7
New Mexico	2,375	2,031	85.5
New York	15,146	-	-
North Carolina	-	-	-
North Dakota	553	526	95.1
Ohio	5,409	5,409	100.0
Oklahoma	4,642	837	18.0
Oregon	2,924	-	-
Pennsylvania	-	-	-
Puerto Rico	-	-	-
Rhode Island	942	696	73.9
South Carolina	-	-	-
South Dakota	365	365	100.0
Tennessee	-	-	-
Texas	-	-	-
Utah	-	-	-
Vermont	-	-	-
Virginia	-	-	-
Washington	1,125	211	18.8
West Virginia	-	-	-
Wisconsin	1,271	1,008	79.3
Wyoming	257	257	100.0
National	92,364	29,984	-
Reporting States	32	27	-
National for States Reporting Both Victims Eligible and Referred	41,917	28,676	68.4
Reporting States for States Reporting Both Victims Eligible and Referred	26	26	-

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) 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.
- 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).**

** The items listed under number (10), (13), and (14) are not collected by NCANDS. Items (17) and (18) in bold 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). It is anticipated that states will begin reporting these new items with FFY 2018 data.*



Glossary

APPENDIX B

Acronyms

AFCARS: Adoption and Foster Care Analysis and Reporting System

CAPTA: Child Abuse Prevention and Treatment Act

CASA: Court-appointed special advocate

CBCAP: Community-Based Child Abuse Prevention Program

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

NCANDS: National Child Abuse and Neglect Data System

NYTD: National Youth in Transition Database

MIECHV: Maternal, Infant, and Early Childhood Home Visiting Program

OMB: Office of Management and Budget

PERPETRATOR ID: Perpetrator identifier

PSSF: Promoting Safe and Stable Families

REPORT ID: Report identifier

SACWIS: Statewide Automated Child Welfare Information System

SDC: Summary data component

SSBG: Social Services Block Grant

TANF: Temporary Assistance for Needy Families

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 with the legal relation of parent to a child not related by birth, with the same mutual rights and obligations that exist between children and their birth parents. The legal relationship has been finalized.

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 term 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 report of the allegation.

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.

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.

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. 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.

BOY: A male child younger than 18 years.

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

CAREGIVER RISK FACTOR: A primary caregiver's characteristic, disability, problem, or environment, which would tend to decrease the ability to provide adequate care for the 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) except in the case of sexual abuse, the age specified by the child protection law of the state in which the child resides.

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: 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 on the periodic basis. 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 AGENCY (CPS): An official agency of a state 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.

COUNSELING SERVICES: Activities that apply the therapeutic processes to personal, family, situational, or occupational problems to bring about a positive resolution of the problem or improved 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: 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 social service 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, CAREGIVER RISK FACTOR: Any abusive, violent, coercive, forceful, or threatening act or word inflicted by one member of a family or household on another. In NCANDS, the caregiver may be the perpetrator or the victim of the domestic violence.

DRUG ABUSE: The compulsive use of drugs that is not of a temporary nature. This term 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 all 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 term 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: Activities designed to help families alleviate crises that might lead to out-of-home placement of children, maintain the safety of children in their own homes, support families to reunify or adopt, and assist families to obtain services and other supports in a culturally sensitive manner.

FAMILY SUPPORT SERVICES: Community-based services that assist and support parents in their role as caregivers. These services are designed to improve parental competency and healthy child development by helping parents enhance their strengths and resolve problems that may lead to child maltreatment, developmental delays, and family disruption.

FATALITY: Death of a child as a result of abuse and neglect, because either an injury 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: 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: 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.

IDEA: See Individuals with Disabilities Education Improvement Act.

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 at least one child may have been maltreated or was at-risk of maltreatment. This is applicable only to states that distinguish between substantiated and indicated dispositions.

IN-HOME SERVICES: Any service provided to the family while the child remains 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 term can be applied to a caregiver or a child.

INTENTIONALLY FALSE: The unsubstantiated 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.

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 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, 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, and other forms included in state law. NCANDS conducts analyses on maltreatments that received a disposition of substantiated or indicated.

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, and therapists.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

OTHER RELATIVE: A nonparental family member.

OTHER MEDICAL CONDITION: A type of disability other than one of those defined in NCANDS (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 term may be applied to a caregiver or a child.

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

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

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

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.

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

PSYCHOLOGICAL OR EMOTIONAL MALTREATMENT: Acts or omissions—other than physical abuse or sexual abuse—that caused or could have caused—conduct, cognitive, affective, or other behavioral or mental disorders. Frequently occurs as verbal abuse or excessive demands on a child’s performance.

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

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

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

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

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 CPS 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 case-level 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.

RISK FACTOR: See CAREGIVER RISK FACTOR and CHILD RISK FACTOR.

SACWIS: See STATEWIDE AUTOMATED CHILD WELFARE INFORMATION SYSTEM (SACWIS).

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 as a report.

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.

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 ADVISORY GROUP: NCANDS state contact persons, comprised of state CPS program administrators and information systems managers, who assist with the identification and resolution of issues related to CPS data. The group suggests strategies for improving the quality of data submitted by states to NCANDS and reviews proposed NCANDS modifications.

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

STATEWIDE AUTOMATED CHILD WELFARE INFORMATION SYSTEM (SACWIS): Any of a variety of automated systems designed to process child welfare information.

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

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

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

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

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

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

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

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

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

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

WORKER IDENTIFIER: 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 commentary in change to 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 2017, 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 NCANDS DW. The FFY 2017 flat file 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 2013–2017 are displayed by state in table C–2. The 2017 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, 2017

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
Reporting States	2	40	10	8	37	1	6	52

Note: Level of evidence is listed in alphabetical order.

Table C–2 Child Population, 2013–2017

State	2013	2014	2015	2016	2017
Alabama	1,109,577	1,105,916	1,102,937	1,098,851	1,095,473
Alaska	187,933	186,614	185,759	186,324	184,928
Arizona	1,613,304	1,617,569	1,621,458	1,628,054	1,633,490
Arkansas	708,434	706,583	705,888	705,243	705,540
California	9,165,052	9,141,334	9,121,055	9,089,743	9,060,136
Colorado	1,238,076	1,244,905	1,253,889	1,259,553	1,261,833
Connecticut	783,693	773,191	762,170	752,076	743,826
Delaware	203,583	203,728	204,349	204,439	204,484
District of Columbia	111,698	115,054	118,353	120,911	124,492
Florida	4,025,805	4,059,034	4,109,781	4,163,893	4,201,983
Georgia	2,483,417	2,489,650	2,500,145	2,510,284	2,514,698
Hawaii	308,269	308,195	308,505	307,133	305,744
Idaho	428,095	430,596	432,908	437,641	443,792
Illinois	3,022,470	2,989,905	2,960,286	2,928,924	2,897,185
Indiana	1,585,102	1,581,204	1,578,169	1,575,055	1,573,409
Iowa	725,465	727,527	728,955	730,383	731,947
Kansas	723,957	721,463	719,388	715,479	712,538
Kentucky	1,015,970	1,014,071	1,012,051	1,011,521	1,010,539
Louisiana	1,112,959	1,114,446	1,115,681	1,114,593	1,108,403
Maine	261,825	258,924	256,140	254,211	252,634
Maryland	1,345,681	1,348,756	1,348,094	1,348,377	1,347,506
Massachusetts	1,396,575	1,390,198	1,383,823	1,376,019	1,369,955
Michigan	2,245,718	2,226,211	2,205,616	2,189,505	2,176,649
Minnesota	1,278,857	1,282,351	1,284,602	1,290,638	1,298,657
Mississippi	735,644	731,092	726,128	720,685	713,567
Missouri	1,397,733	1,393,552	1,389,904	1,386,363	1,382,971
Montana	223,743	224,840	225,919	227,377	228,889
Nebraska	464,828	467,490	470,923	473,569	475,733
Nevada	657,439	661,512	668,840	677,630	685,463
New Hampshire	270,889	266,760	263,366	260,665	258,773
New Jersey	2,021,603	2,012,158	1,999,042	1,987,515	1,979,018
New Mexico	507,411	502,193	497,515	493,051	488,090
New York	4,250,524	4,225,227	4,207,664	4,181,345	4,154,497
North Carolina	2,281,358	2,284,370	2,288,034	2,295,504	2,302,346
North Dakota	163,231	168,474	173,733	175,056	175,772
Ohio	2,651,726	2,640,399	2,628,364	2,614,072	2,605,235
Oklahoma	948,199	953,728	960,283	961,246	959,285
Oregon	856,915	858,984	862,919	869,426	873,619
Pennsylvania	2,717,567	2,702,547	2,689,718	2,673,992	2,664,515
Puerto Rico	804,307	768,944	732,416	694,126	656,796
Rhode Island	214,325	212,233	210,304	208,770	207,332
South Carolina	1,077,653	1,083,222	1,091,536	1,098,070	1,104,674
South Dakota	208,075	209,909	211,263	213,115	214,856
Tennessee	1,490,736	1,494,000	1,497,992	1,502,805	1,507,502
Texas	7,046,391	7,130,917	7,225,720	7,305,001	7,366,039
Utah	897,590	903,268	910,206	919,428	926,699
Vermont	123,030	121,650	119,928	118,142	116,825
Virginia	1,865,222	1,865,751	1,866,682	1,868,225	1,869,176
Washington	1,592,685	1,599,039	1,610,414	1,628,413	1,645,816
West Virginia	382,343	380,545	378,228	374,322	369,718
Wisconsin	1,308,308	1,301,473	1,294,432	1,287,543	1,282,644
Wyoming	137,651	138,288	139,317	138,632	136,483
National	74,378,641	74,339,990	74,360,792	74,352,938	74,312,174
Reporting States	52	52	52	52	52

Note: Puerto Rico did not submit FFY 2016 NCANDS data; however, the state's 2016 population data are presented in this table.

Table C–3 Child Population Demographics, 2017 *(continues)*

State	<1	1	2	3	4	5	6	7	8
Alabama	57,902	58,838	59,655	59,050	58,109	59,116	59,546	59,753	60,286
Alaska	11,099	10,843	10,689	10,709	10,743	10,487	10,644	10,405	10,225
Arizona	85,596	86,102	88,729	88,552	88,283	88,266	89,094	88,737	90,461
Arkansas	37,966	38,520	38,756	38,300	37,893	38,712	38,547	38,862	38,715
California	488,479	488,722	499,430	497,302	497,580	497,091	508,274	497,240	496,344
Colorado	67,468	66,858	67,483	67,449	66,949	67,720	69,305	70,489	70,240
Connecticut	35,287	35,880	37,372	37,250	37,532	38,298	39,491	39,628	40,241
Delaware	10,956	10,987	11,041	11,066	10,942	11,279	11,412	11,295	11,235
District of Columbia	9,832	9,286	9,085	8,282	8,550	8,328	7,987	6,938	6,530
Florida	225,700	228,625	228,295	229,078	226,397	228,576	230,046	227,262	228,040
Georgia	130,163	131,715	133,306	132,767	132,362	135,301	136,868	137,705	138,688
Hawaii	17,950	17,969	17,694	18,082	18,414	18,010	17,992	17,080	16,648
Idaho	22,911	23,384	23,796	23,216	23,730	23,594	24,132	24,484	24,917
Illinois	153,473	154,981	156,904	154,130	153,561	155,307	156,856	158,196	157,544
Indiana	82,498	83,680	85,118	84,649	85,231	85,081	85,346	86,082	86,183
Iowa	38,976	39,547	40,261	40,244	39,968	39,675	39,200	40,779	40,996
Kansas	38,059	38,555	38,430	39,001	39,094	39,345	39,727	40,231	39,792
Kentucky	54,637	55,303	55,735	55,710	55,498	55,135	54,883	54,870	55,404
Louisiana	62,458	63,159	62,783	62,585	61,053	60,578	60,737	60,317	61,137
Maine	12,477	12,723	13,027	13,069	13,206	13,242	13,227	13,763	13,880
Maryland	72,259	73,186	74,279	73,256	73,405	73,821	74,948	74,717	73,826
Massachusetts	71,523	71,600	72,470	72,330	72,665	73,109	74,436	73,526	73,373
Michigan	111,691	113,765	115,784	116,480	115,562	115,778	116,323	117,739	117,380
Minnesota	69,351	70,772	71,710	72,012	71,386	71,259	71,154	72,104	71,852
Mississippi	36,857	37,181	37,817	37,764	37,558	38,291	38,335	38,828	40,428
Missouri	73,499	74,554	75,427	75,881	75,118	74,922	75,660	75,696	76,208
Montana	12,538	12,726	12,796	12,679	12,552	12,577	12,458	12,564	12,788
Nebraska	26,340	26,384	27,104	26,841	26,392	26,098	26,315	26,481	26,706
Nevada	36,450	36,994	37,726	37,123	37,544	37,027	38,402	38,188	38,187
New Hampshire	12,485	12,720	12,944	12,828	13,504	13,144	13,844	13,724	13,875
New Jersey	101,902	103,513	104,890	105,519	105,894	106,827	108,881	108,060	107,261
New Mexico	25,060	25,193	25,567	26,035	26,290	26,310	27,074	27,362	27,628
New York	234,658	233,255	235,202	230,316	230,975	230,216	232,857	225,981	220,262
North Carolina	120,301	122,332	122,640	122,702	121,738	122,701	123,713	126,301	128,024
North Dakota	10,983	10,970	10,973	10,716	10,401	10,139	9,839	9,840	9,799
Ohio	136,705	138,770	140,920	141,061	141,324	140,156	140,012	140,968	142,266
Oklahoma	51,877	52,379	52,827	53,178	53,479	53,254	53,748	53,592	53,619
Oregon	46,616	46,846	47,334	47,682	47,490	47,500	48,197	48,755	48,579
Pennsylvania	138,354	140,254	142,920	143,692	143,609	143,999	144,900	145,305	145,255
Puerto Rico	27,379	27,885	29,488	31,067	32,151	33,680	33,925	36,193	36,806
Rhode Island	10,923	11,140	11,004	10,892	10,802	10,982	11,071	11,065	11,006
South Carolina	57,601	58,465	59,605	59,124	58,858	59,752	60,223	61,486	62,506
South Dakota	12,257	12,363	12,393	12,492	12,254	12,174	11,935	11,945	12,046
Tennessee	80,906	81,978	82,426	81,610	81,724	81,997	81,270	81,804	82,724
Texas	403,360	407,418	410,297	407,762	402,788	399,696	406,640	408,873	408,146
Utah	51,401	50,842	50,776	50,741	51,440	49,869	51,269	52,299	52,131
Vermont	5,835	5,884	6,005	6,236	6,075	6,152	6,202	6,265	6,310
Virginia	101,062	102,808	103,207	102,440	102,157	102,450	103,043	102,565	101,667
Washington	90,480	91,828	92,242	91,705	91,958	91,437	92,664	92,947	92,214
West Virginia	18,958	19,267	19,727	20,088	20,444	20,347	20,248	20,123	20,295
Wisconsin	65,697	66,833	67,766	67,696	67,896	68,777	69,031	71,305	71,062
Wyoming	7,479	7,355	7,408	7,383	7,406	7,416	7,526	7,855	7,909
National	3,966,674	4,003,137	4,051,263	4,037,822	4,027,934	4,034,998	4,079,457	4,078,572	4,079,644
Reporting States	52	52	52	52	52	52	52	52	52

Table C–3 Child Population Demographics, 2017 *(continues)*

State	9	10	11	12	13	14	15	16	17
Alabama	62,584	62,518	61,683	61,348	61,430	61,480	61,597	64,928	65,650
Alaska	10,311	10,173	9,904	9,957	9,767	9,662	9,614	9,723	9,973
Arizona	94,601	95,083	94,136	93,412	92,875	90,397	90,871	93,409	94,886
Arkansas	40,307	40,820	39,879	39,804	39,405	39,250	39,100	39,999	40,705
California	515,403	516,564	510,731	508,026	505,306	502,153	496,874	512,389	522,228
Colorado	72,149	72,991	72,458	72,700	72,959	72,028	70,193	71,128	71,266
Connecticut	41,777	42,715	43,264	44,100	44,789	45,170	45,736	46,931	48,365
Delaware	11,450	11,462	11,550	11,460	11,561	11,571	11,550	11,664	12,003
District of Columbia	6,340	6,145	5,676	5,419	5,251	5,112	5,045	5,298	5,388
Florida	237,514	239,874	238,968	236,976	235,451	230,061	236,833	244,083	250,204
Georgia	144,806	146,019	145,258	143,849	144,208	143,030	143,285	146,510	148,858
Hawaii	17,062	16,776	16,363	16,253	16,485	16,121	15,493	15,730	15,622
Idaho	25,810	25,960	25,706	25,761	25,712	25,176	24,836	25,331	25,336
Illinois	162,793	164,023	164,258	164,720	167,100	165,954	165,663	169,390	172,332
Indiana	89,090	89,817	89,245	88,806	89,816	88,947	88,706	91,730	93,384
Iowa	42,049	42,129	41,726	41,036	40,977	40,736	40,400	41,148	42,100
Kansas	40,709	40,648	40,226	39,778	39,761	39,872	38,966	39,858	40,486
Kentucky	56,772	57,487	56,801	56,712	56,960	56,386	55,866	57,360	59,020
Louisiana	63,221	63,470	61,542	60,867	60,326	59,966	59,836	61,489	62,879
Maine	14,314	14,580	14,628	14,759	14,755	14,752	14,743	15,498	15,991
Maryland	76,510	76,337	75,290	75,156	75,253	74,665	74,744	77,240	78,614
Massachusetts	75,855	76,412	76,862	77,512	79,444	80,120	80,501	82,844	85,373
Michigan	120,749	122,567	123,056	124,147	126,477	125,946	127,075	131,824	134,306
Minnesota	73,904	74,278	73,407	73,466	73,928	72,148	70,662	72,362	72,902
Mississippi	41,930	43,039	41,355	40,690	40,294	39,890	39,641	41,365	42,304
Missouri	78,613	78,946	78,394	77,974	77,813	77,545	76,972	79,346	80,403
Montana	13,153	13,313	13,041	12,721	12,708	12,458	12,469	12,737	12,611
Nebraska	27,085	26,726	26,604	26,632	26,447	26,160	25,750	25,722	25,946
Nevada	39,950	39,822	38,925	38,416	38,102	38,014	37,581	38,494	38,518
New Hampshire	14,339	14,855	15,010	15,270	15,638	15,823	16,086	16,184	16,500
New Jersey	110,652	111,736	111,905	112,954	114,484	114,426	114,008	116,638	119,468
New Mexico	28,282	28,376	28,058	27,986	27,679	27,557	27,327	27,953	28,353
New York	225,735	226,495	225,640	227,775	230,480	230,898	231,315	237,866	244,571
North Carolina	132,311	133,009	132,311	131,274	131,437	130,631	130,685	135,027	135,209
North Dakota	9,807	9,784	9,576	9,333	9,015	8,778	8,539	8,636	8,644
Ohio	145,809	147,500	147,199	146,740	148,374	148,133	148,943	153,633	156,722
Oklahoma	54,689	54,856	53,695	53,320	53,410	52,701	52,357	52,654	53,650
Oregon	50,234	50,051	49,499	48,652	49,129	48,659	48,107	49,562	50,727
Pennsylvania	149,514	150,181	150,056	150,424	152,004	152,469	151,894	157,718	161,967
Puerto Rico	37,135	38,556	39,662	40,268	39,698	40,073	41,452	44,844	46,534
Rhode Island	11,431	11,468	11,822	11,900	12,050	12,186	12,235	12,503	12,852
South Carolina	63,970	64,870	63,187	62,181	62,021	61,523	61,643	63,082	64,577
South Dakota	12,272	12,281	12,072	11,932	11,749	11,269	11,075	11,052	11,295
Tennessee	86,242	86,035	85,488	84,672	84,742	84,523	84,476	86,714	88,171
Texas	417,991	417,171	413,868	413,410	411,369	409,253	404,682	410,632	412,683
Utah	53,612	53,712	52,765	52,359	51,910	51,405	49,974	49,983	50,211
Vermont	6,574	6,730	6,661	6,706	6,901	6,972	6,810	7,080	7,427
Virginia	105,498	105,840	104,909	104,268	105,235	104,216	103,993	106,179	107,639
Washington	94,020	93,329	91,130	90,272	89,653	88,937	87,971	90,659	92,370
West Virginia	21,012	20,992	20,800	20,756	21,083	21,066	21,108	21,329	22,075
Wisconsin	73,214	73,873	73,518	73,454	74,100	73,624	73,480	74,928	76,390
Wyoming	8,152	8,081	7,857	7,858	7,492	7,486	7,250	7,149	7,421
National	4,209,306	4,230,475	4,197,624	4,186,221	4,195,013	4,167,378	4,156,012	4,267,535	4,343,109
Reporting States	52	52	52	52	52	52	52	52	52

Table C–3 Child Population Demographics, 2017

State	Boy	Girl	African-American	American Indian or Alaska Native	Asian	Hispanic	Multiple Race	Pacific Islander	White
Alabama	558,061	537,412	320,899	5,123	16,065	83,325	35,162	710	634,189
Alaska	94,917	90,011	6,015	33,577	10,278	17,715	22,930	3,223	91,190
Arizona	832,779	800,711	77,511	81,453	45,323	722,746	62,824	2,955	640,678
Arkansas	361,571	343,969	126,382	5,075	11,245	87,136	26,438	3,176	446,088
California	4,628,925	4,431,211	467,747	33,443	1,041,919	4,716,276	432,958	32,302	2,335,491
Colorado	645,371	616,462	54,318	7,469	38,111	394,276	54,520	1,742	711,397
Connecticut	380,254	363,572	84,709	2,085	37,986	178,950	28,655	313	411,128
Delaware	103,626	100,858	51,768	537	8,262	32,167	10,788	89	100,873
District of Columbia	62,737	61,755	67,612	178	2,905	20,757	4,939	60	28,041
Florida	2,145,324	2,056,659	848,848	9,292	111,555	1,308,269	154,474	2,796	1,766,749
Georgia	1,280,021	1,234,677	845,310	4,693	97,371	368,720	91,475	1,666	1,105,463
Hawaii	156,936	148,808	5,617	444	72,649	56,046	93,980	34,339	42,669
Idaho	226,557	217,235	4,146	4,985	5,374	81,429	15,034	839	331,985
Illinois	1,478,947	1,418,238	441,579	3,834	146,191	718,041	97,951	818	1,488,771
Indiana	805,214	768,195	174,938	2,966	36,216	174,893	63,467	652	1,120,277
Iowa	374,555	357,392	37,635	2,591	19,292	74,241	28,422	1,009	568,757
Kansas	364,332	348,206	44,574	5,161	19,996	131,916	36,523	697	473,671
Kentucky	517,470	493,069	93,392	1,625	17,343	62,677	41,444	763	793,295
Louisiana	564,578	543,825	406,563	7,264	17,694	76,236	34,314	415	565,917
Maine	129,861	122,773	6,956	2,095	3,446	7,004	9,485	117	223,531
Maryland	686,914	660,592	416,534	2,923	84,463	205,838	68,801	635	568,312
Massachusetts	699,188	670,767	117,393	2,467	94,976	252,356	54,009	615	848,139
Michigan	1,112,711	1,063,938	348,341	12,940	70,875	181,047	101,959	597	1,460,890
Minnesota	663,737	634,920	121,088	18,551	79,161	115,587	64,543	819	898,908
Mississippi	363,906	349,661	300,610	4,328	6,817	33,140	17,613	237	350,822
Missouri	707,656	675,315	186,870	5,569	26,832	94,048	61,411	2,495	1,005,746
Montana	117,424	111,465	1,529	22,263	1,493	14,074	10,676	158	178,696
Nebraska	243,570	232,163	27,674	5,317	12,167	83,755	18,677	350	327,793
Nevada	350,741	334,722	67,957	5,561	40,303	281,501	44,214	4,461	241,466
New Hampshire	132,222	126,551	4,573	457	8,113	16,045	8,945	63	220,577
New Jersey	1,010,346	968,672	267,022	2,862	192,596	533,283	61,146	762	921,347
New Mexico	248,780	239,310	7,789	50,685	5,486	293,361	12,315	266	118,188
New York	2,123,295	2,031,202	635,836	12,599	338,881	1,033,145	147,415	1,930	1,984,691
North Carolina	1,173,568	1,128,778	524,075	27,480	73,379	375,230	96,587	1,865	1,203,730
North Dakota	89,855	85,917	6,768	13,767	2,524	10,969	7,273	108	134,363
Ohio	1,331,794	1,273,441	389,809	4,150	60,293	159,924	122,835	1,232	1,866,992
Oklahoma	490,382	468,903	76,535	93,624	19,493	163,772	91,456	2,059	512,346
Oregon	447,261	426,358	20,845	10,428	35,973	192,664	52,847	4,196	556,666
Pennsylvania	1,363,210	1,301,305	347,143	3,924	100,892	321,542	104,139	959	1,785,916
Puerto Rico	336,063	320,733	-	-	-	-	-	-	-
Rhode Island	106,073	101,259	15,257	1,148	7,436	52,412	9,845	161	121,073
South Carolina	561,751	542,923	332,005	3,769	17,879	103,074	42,858	744	604,345
South Dakota	110,535	104,321	6,139	27,519	3,241	13,945	9,644	106	154,262
Tennessee	769,126	738,376	289,107	3,283	27,938	144,503	56,921	934	984,816
Texas	3,757,134	3,608,905	862,979	17,974	311,986	3,645,511	191,119	6,345	2,330,125
Utah	476,591	450,108	11,112	8,590	15,894	163,601	32,521	9,733	685,248
Vermont	60,342	56,483	2,309	325	2,263	3,229	4,438	32	104,229
Virginia	954,032	915,144	375,429	4,062	122,606	257,013	105,750	1,371	1,002,945
Washington	841,464	804,352	70,749	23,365	124,943	349,077	130,289	14,115	933,278
West Virginia	189,607	180,111	13,432	559	2,629	9,277	14,905	94	328,822
Wisconsin	656,247	626,397	112,026	14,073	46,019	152,471	49,863	634	907,558
Wyoming	70,272	66,211	1,669	3,985	996	20,090	4,474	88	105,181
National	37,957,833	36,354,341	10,127,123	622,437	3,697,768	18,588,304	3,145,271	146,845	37,327,630
Reporting States	52	52	52	52	52	52	52	52	52

Table C–4 Adult Population by Age Group, 2017

State	18–24	25–34	35–44	45–54	55–64	65–75	75 and Older
Alabama	456,229	640,302	591,795	636,632	650,545	477,332	326,439
Alaska	72,209	120,215	93,212	91,285	95,366	55,904	26,676
Arizona	672,443	955,894	858,680	847,764	846,253	701,409	500,337
Arkansas	281,348	395,464	366,276	374,651	381,856	290,509	208,635
California	3,798,952	6,023,779	5,223,062	5,162,688	4,762,678	3,195,800	2,309,558
Colorado	521,230	870,662	759,774	715,133	706,480	479,220	292,822
Connecticut	352,183	444,198	422,731	512,317	510,519	338,263	264,147
Delaware	84,974	129,278	110,316	125,533	133,226	104,547	69,581
District of Columbia	74,764	162,602	102,038	76,215	70,127	48,219	35,515
Florida	1,741,788	2,742,680	2,517,851	2,767,835	2,797,628	2,342,516	1,872,119
Georgia	1,003,431	1,453,326	1,367,466	1,419,086	1,263,562	870,879	536,931
Hawaii	124,183	206,560	179,402	175,017	183,072	144,936	108,624
Idaho	158,794	225,719	212,618	199,372	211,747	160,852	104,049
Illinois	1,195,103	1,776,073	1,639,168	1,682,908	1,666,188	1,116,989	828,409
Indiana	657,874	868,804	816,778	854,456	870,607	598,944	425,946
Iowa	320,538	395,643	373,088	380,879	417,559	291,511	234,546
Kansas	296,269	383,787	351,767	345,555	373,644	255,057	194,506
Kentucky	418,416	580,996	550,240	588,090	594,559	425,393	285,956
Louisiana	435,147	679,687	578,448	579,074	606,191	416,419	280,964
Maine	109,662	158,413	151,334	186,218	211,432	158,520	107,694
Maryland	540,688	837,918	769,410	843,977	808,007	533,575	371,096
Massachusetts	700,399	973,931	830,501	944,972	931,452	636,711	471,898
Michigan	970,807	1,269,103	1,155,834	1,322,492	1,400,230	979,218	687,978
Minnesota	505,388	757,175	694,463	711,686	749,028	493,105	367,104
Mississippi	292,380	393,592	364,095	374,872	384,075	273,990	187,529
Missouri	570,952	820,863	735,574	771,884	824,255	579,332	427,701
Montana	98,346	135,024	122,795	122,747	152,169	114,797	75,726
Nebraska	191,018	255,515	234,673	225,163	242,601	166,980	128,393
Nevada	249,027	440,358	397,068	396,251	370,813	286,331	172,728
New Hampshire	127,059	163,419	152,032	196,071	209,284	141,771	94,386
New Jersey	787,218	1,171,073	1,153,694	1,279,233	1,216,805	802,444	616,159
New Mexico	199,146	281,932	245,955	245,656	274,690	210,796	141,805
New York	1,872,542	2,936,919	2,465,837	2,657,210	2,600,201	1,784,948	1,377,245
North Carolina	972,516	1,370,247	1,290,678	1,385,509	1,321,678	981,481	648,964
North Dakota	86,439	114,253	88,146	82,294	95,281	61,750	51,458
Ohio	1,073,568	1,523,761	1,381,218	1,519,416	1,612,275	1,120,591	822,545
Oklahoma	379,876	545,596	483,208	468,780	491,296	350,731	252,092
Oregon	363,082	587,032	547,174	515,456	547,596	431,723	277,094
Pennsylvania	1,176,379	1,688,589	1,485,441	1,699,108	1,811,818	1,279,284	1,000,403
Puerto Rico	321,998	414,583	415,887	439,347	429,816	367,186	291,564
Rhode Island	113,736	145,146	123,492	143,400	148,578	100,410	77,545
South Carolina	467,788	665,507	604,153	650,334	667,336	533,550	331,027
South Dakota	82,803	113,605	100,994	99,534	116,250	81,229	60,395
Tennessee	612,673	915,996	834,564	891,599	877,048	646,149	430,453
Texas	2,768,427	4,162,040	3,804,749	3,545,865	3,184,764	2,089,236	1,383,476
Utah	345,661	457,423	422,547	317,532	296,399	201,261	134,311
Vermont	66,853	72,980	69,651	83,650	96,829	70,666	46,203
Virginia	804,935	1,185,270	1,093,732	1,149,003	1,096,476	759,518	511,910
Washington	652,869	1,117,379	973,049	944,695	956,893	681,763	433,279
West Virginia	158,605	216,070	218,844	238,921	262,100	208,534	143,065
Wisconsin	557,213	731,360	694,136	760,235	815,338	552,409	402,148
Wyoming	52,539	79,514	71,619	66,699	80,854	55,944	35,663
National	30,938,467	45,757,255	41,291,257	42,814,299	42,425,474	30,050,632	21,466,797
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

Variances in data compared to previous years may occur as we have continued work to strengthen the data collection processes in the system. Enhancements are planned 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 federal fiscal year (FFY) 2017, 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. Prevention Assessments are screened-in assessments. 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 2017 submission does not include prevention assessment data as prevention assessments are not reported to NCANDS.

Reports

For FFY 2017, the number of screened in reports increased over the prior reporting year while the number of completed or disposed reports increased over the prior reporting year. A policy change was implemented in FFY 2017 that decreased the timeframe permitted to complete CA/N investigations from 90 days to 60 days.

Alabama *(continued)*

During FFY 2014, the department initiated an online mandatory reporter training for reporting of child abuse and neglect. The Governor, State Department of Education, Community-Based Child Abuse Prevention Program (CBCAP) as well as other partner agencies supported the rollout of this training and continued public awareness. Education and Agency staff statewide were required to complete the training. FFY 2017 screened-out reports include only reports that did not meet the definition of a CA/N report and did not include prevention assessments, Alabama's alternative response.

Alabama determines staff needs based on a 6- or 12-month average of different case types. Intake is one worker per county and more than one for larger counties, based on population. CA/N reports are counted at a 1:8 ratio for sexual abuse, 1:10 for children who enter foster care, and 1:12 ratio for all other maltreatment types. Prevention assessments are counted on a ratio of 1:12 and child protective services ongoing cases are staffed at a ratio of 1:18 cases.

Response time as reported in the Agency File is taken from the calculated average response time reported in the Child File. Data shows a decrease in average response time for FFY 2017 from the previous year.

Children

FFY 2012 was the first submission to report a maltreatment type of medical neglect. In prior submissions, this maltreatment type was captured under the broad category of neglect. For FFY 2013, a coding error occurred, and medical neglect was reported under the broad category of neglect. Medical neglect was reported separately for FFY 2014–FFY 2017.

Fatalities

For FFY 2017, all state child fatalities are reported in the Child File. The child death review process determined no additional data to report in the Agency File. The majority of child fatality investigations reported with indicated dispositions are suspended for due process or criminal prosecution. This extends the length of the investigation, which can take several months or years to complete. For these fatalities, the dates of death occurred in a four-year range, from FFY 2014–2017.

Perpetrators

An enhancement to Alabama's SACWIS system requiring the perpetrator relationship to be established to the child went into production mid-FFY 2014. Subsequent submissions have shown improvement in data quality.

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

Policy and the Statewide Automated Child Welfare Information System (SACWIS) allows for children to be indicated as victims and the corresponding person allegedly responsible to be not indicated as the perpetrator.

Services

Beginning in FFY 2010 and continuing for FFY 2012, Alabama only reported service data obtained from the state Community-Based Child Abuse and Neglect (CBCAP) grants lead agency for prevention services in the Agency File. Therefore, it is not advised to compare data to previous years. FFY 2013 and FFY 2014 Agency Files include prevention service data for two additional service providers; Family Outcome-Centered Unification Services and Parenting Assistance Line. Enhancements to the SACWIS and mapping are planned to allow more complete reporting of services in future submissions. For FFY 2015 and FFY 2016, additional service data was provided in the Agency File. The total number of children impacted by CBCAP funded programs increased significantly since the last reporting period due to the beginning of school-based programs that work with larger numbers of children at a time. For instance, one school where funds are utilized has over 1,500 participating students.

For foster care services, Alabama SACWIS does not require the documentation of the petition or identity of the court-appointed representative. Petitions are prepared and filed according to the procedure of each court district. The court appoints all children entering foster care a guardian ad litem who represents their interests in all court proceedings. The state's SACWIS does not require the tracking of out of court contacts between the court-appointed representative and the child victims. Improvement in data quality will require staff training in this area.

The number of children eligible for referral to agencies providing early intervention services under Part C of the Individuals with Disabilities Education Act (IDEA) reported in the Agency File is the number of children who had indicated dispositions during FFY 2017 and were younger than 3 years. The number of children referred to agencies providing early intervention services under Part C of the IDEA reported in the Agency File is the number of referrals received by the agency providing services during FFY 2017.

Alaska

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General

Alaska's NCANDS submissions are based on extraction code developed in 2013 after performing a complete review and revision of the methodology used to extract Child and Agency File data from Alaska's information system. Major methodology changes are summarized in the appropriate sections below. In general, data for 2013 and after may not be comparable to data reported in prior years, and over-the-year changes should be interpreted with caution.

Over-the-year comparisons are also impacted by the entry during 2012 of a backlog of completed assessment (investigation) data. Since assessments are reported to NCANDS for the year in which they are entered, this catch-up effort resulted in over reporting of assessments for 2012 and underreporting for prior years in relation to when the reports were received, and assessment field work completed.

Reports

Alaska's intake was centralized in mid-2016, which increased consistency in screening decisions. A year later, a centralized toll-free number was added, making it easier for reporters to call in without having to locate a phone number for a specific region.

Protective Service Reports received for cases opened after January 2015, are subject to new maltreatment finding policy, which includes revised definitions of "substantiated finding", "not substantiated finding", and "closed without finding", plus requires completion of a formalized Maltreatment Assessment Protocol to determine the finding.

Beginning July 2017, a streamlined documentation process for closing Initial Assessments was implemented. Improvements included standardization of closing method, revision or reduced requirements of forms, Statewide Automated Child Welfare Information System (SACWIS) tab revisions, emphasis on voice dictation to help meet deadlines, documentation of all contacts, and documentation of the case worker's critical analysis.

Children

Beginning with 2013, the determination of prior victim status is based on a child-specific disposition. In prior years this determination was based on the report disposition. Since a report may cover more than one child, the new method improves accuracy and results in a decrease in the number of prior victims reported.

Alaska has stepped up identification of children with Native American race, which may decrease children with unknown race while increasing counts for identified races.

In October 2017, Alaska Tribes and the state signed a groundbreaking document on tribal child welfare, which establishes a framework for Tribes to provide child welfare services to Tribal children and families and recognizes Tribes' inherent sovereign authority. Under

Alaska *(continued)*

the compact, Alaska Tribes and Tribal Organizations will provide identified child welfare services that would be otherwise provided by the Alaska Office of Children's Services. This includes, but is not limited to, intake, screening, and investigations of abuse and neglect; relative searches; developing and managing safety and case plans; foster care licensing and support; supervised visitation and transportation; and adoption and guardianship home studies. As a significant proportion of children served by Alaska's welfare system are Native, the long-term impact of these anticipated changes is likely to be significant.

Fatalities

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

Perpetrators

Alaska believes that caregiver risk factors of alcohol and drug abuse have been under-reported in the past. Toward the end of federal fiscal year (FFY) 2016 Alaska instituted an improved system for tracking family characteristics in investigations. For FFY 2017, NCANDS syntax was revised to harvest the benefits of these SACWIS upgrades. This resulted in increased reporting on caregiver alcohol abuse and domestic violence.

Services

Methodology changes in 2013 improved the accuracy of services data: for juvenile court petition and court-appointed representative, data are more complete; for family support services and home-based services, data are now reported as not collected rather than as missing. Many services are provided through contracting providers and may not be well-documented in Alaska's SACWIS; therefore, analysis of the services array with the state's NCANDS Child File is not advised. In 2017, NCANDS services reporting methodology was again enhanced to ensure that all qualifying services are within the scope of mapping timelines are reported.

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

Arizona

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General

For NCANDS reporting purposes, Arizona does not have a differential response program.

During the current reporting year, Arizona was able to complete the investigation and closure of backlogged reports. For the last several years, NCANDS data has included inflated numbers because reports received in prior years were being investigated and closed. This year, the number reported by NCANDS and the number actually received by the state are very close. The completion of the backlog reduction-process accounts for the decrease in the number of reports for the current submission year.

Children

The decrease in the number of child victims is attributable to a decrease in the number of reports as explained in the preceding paragraph.

Fatalities

Child fatalities reported to NCANDS come through the Child Abuse Hotline call center and are recorded in the Arizona SACWIS. Arizona uses information received from the state's Department of Vital Statistics, Child Fatality Review Team, law enforcement agencies and the Medical Examiners' offices when reporting child maltreatment fatality data to NCANDS.

Upon the determination that a significant number of child deaths were caused by unsafe sleeping conditions, the Department developed a Safe Sleep campaign that involves educating families about safe sleep practices and providing them with resources for cribs if needed. The Department's Baby Box program also helps to spread the word about safe sleep practices.

Perpetrators

Arizona allows more than one perpetrator per victim.

Arkansas

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General

The following options are available when accepting a referral:

Refer to DCFS for Fetal Alcohol Spectrum Disorder (R/A-FASD): The following change was made to Arkansas legislation effective July 2011—Act 1143 requires health care providers involved in the delivery or care of infants to report infants born and affected by Fetal Alcohol Spectrum Disorder. The Department of Human Services shall accept referrals, calls, and other communication from health care providers involved in the delivery or care of infants born and affected with FASD. The Department of Human Services shall develop a plan of safe care of infants born with FASD. The Arkansas State Police hotline staff will use the regular request for DCFS assessment for FASD. These will automatically be assigned to the DCFS Central Office FASD Project Unit to complete the assessment and closure. There were no R/A-FASD reports received in federal fiscal year (FFY) 2016.

Refer to CACD for Death Assessment (R/A-DA): Arkansas FFY 2015 legislation mandated per Act 1211, the Department of Human Services and Arkansas State Police Crimes Against Children Division (CACD) will conduct an investigation or death assessment upon receiving initial notification of suspected child maltreatment or notification of a child death. This was effective in the Children’s Reporting and Information System (CHRIS) as of August 2015. The Child Abuse Hotline will accept a report for a child death if a child has died suddenly and unexpectedly not caused by a known disease or illness for which the child was under a physician’s care at the time of death, including without limitation child deaths as a result of the following:

- Sudden infant death syndrome
- Sudden unexplained infant death
- An accident
- A suicide
- A homicide
- Other undetermined circumstance

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

Accept for Investigation: Reports of child maltreatment allegations will be assigned for child maltreatment investigation pursuant to Arkansas Code Annotated 12-18-601. Arkansas uses an established protocol when a DCFS family service worker or the Arkansas State Police Crimes Against Children Division investigator conducts a child maltreatment assessment. The protocol was developed under the authority of the state legislator, (ACA 12-18-15). It

Arkansas *(continued)*

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 to be diverted from the investigative pathway and serviced through the DR track. DR is designed to engage low- to moderate-risk families in the services needed to keep children from becoming involved with the child welfare system. Counties have a differential response team to assess for safety, identify service needs, and arrange for the services to be put in place. DR began with five pilot counties in October 2012 and was implemented statewide for all 75 counties by mid-August 2013 through a periodic schedule. FFY 2013 was the first year the state submitted differential response data to NCANDS.

Fatalities

Arkansas saw a decrease in the number of accepted substantiated child fatalities during FFY 2017. The substantiated fatalities in FFY 2017. This decrease in substantiated fatalities can be attributed to the decreased number of reported child fatalities as a result of severe physical abuse and unsafe sleep environments. This decrease is also a result of the decreased number of child maltreatment reports in the state due to poverty, substance abuse and the violence experienced in many Arkansas communities.

Arkansas FFY 2015 legislation mandated per Act 1211, the Department of Human Services and Arkansas State Police Crimes Against Children Division (CACD) will conduct an investigation or death assessment upon receiving initial notification of suspected child maltreatment or notification of a child death. All sudden and unexpected child deaths are 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. If the incident does rise to the level of a child maltreatment investigation, then the referral will be elevated to be investigated. A decrease in child fatalities investigated may be attributed to the number of fatalities determined during assessment to be due to causes other than child maltreatment.

The Arkansas Division of Children and Family Services receives notice of child fatalities through the Arkansas Child Abuse Hotline. The reports include referrals from mandated reporters such as, physicians, medical examiners, law enforcement officers, therapists, and teachers, etc. A report alleging a child fatality can also be accepted from a non-mandated reporter. Non-mandated reporters include neighbors, family members, friends or members of the community. The guidelines for reporting is mandated and non-mandated persons are asked to contact the child abuse hotline if they have reasonable cause to believe that a child has died as a result of child maltreatment.

Arkansas *(continued)*

The Arkansas Division of Children and Family Services continues to receive child fatality data from the Arkansas Infant and Child Death Review Panel. The statewide fatality statistics are compiled by the Arkansas Department of Health's vital records division. The information is submitted to the Arkansas Infant and Child Death Review Panel.

Services

The investigators frequently do not document services provided to the families during the investigation process. This documentation is often left to the caseworker to enter when the case is opened.

For FFY 2017, the Division of Children and Family Services conducted a review of how various prevention services are financed. As a result, this more accurately aligned with programs. This new process subsequently led to significant changes in the reporting of some categories.

California

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General

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

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

In June 2015, California implemented a policy to track commercially sexually exploited (CSE) youth referrals using an allegation of exploitation. In May 2016, California implemented a new policy to track CSE youth referrals using an allegation of exploitation with a sub-allegation of commercial sexual exploitation. The sub-allegation of CSE could be used to separate CSE from other exploitation referrals; however, the entry of a sub-allegation is optional, and the California Department of Social Services (CDSS) is still working towards uniform entry of this sub-allegation type for CSE referrals to improve data quality.

Reports

The report count includes both the number of child abuse and neglect reports that require, and then receive, an in-person investigation within the time frame specified by the report response type. Reports are classified as either immediate response or 10-day response. For a report that was coded as requiring an immediate response to be counted in the immediate response measure, the actual visit (or attempted visit) must have occurred within 24 hours of the report receipt date. For a report that was coded as requiring a 10-day response to be counted in the 10-day response measure, the actual visit (or attempted visit) must have occurred within 10-days of the report receipt date. For the quarter ending September 2017, the immediate response compliance rate was 95.9 percent and the 10-day response compliance rate was 90.2 percent.

The number of staff budgeted for screening, intake and investigation (emergency response and emergency response assessment) is based on 58 counties for state fiscal year (SFY) 2016–2017.

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, as required by SB 39, Chapter 468, Statutes of 2007. The abuse and neglect determinations reported by CWS agencies can be and are made by local coroner/medical examiner offices, law enforcement agencies, and/or county CWS/probation agencies. As such, the data collected and reported via SB 39 and used for NCANDS reporting purposes does reflect child death information derived from multiple sources. It does not, however, represent information directly received from either the state's vital statistics agency or local child death review teams.

The data is used to meet the reporting mandates of the federal Child Abuse Prevention and Treatment Act (CAPTA) and for the Title IV-B, Annual Progress and Services Report (APSR). Calendar year (CY) 2016 is the most recent validated annual data and is therefore reported for federal fiscal year (FFY) 2017. 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 2016 as of January 2018 and may change if additional fatalities that occurred in CY 2016 are later substantiated to be the result of abuse and/or neglect. Any changes to this number will be reflected in subsequent year's APSR reports.

Beginning with the FFY 2010 NCANDS data submission in CY 2011, the CDSS changed the data source to the SB 39 data. It is important to note that while SB 39 data were used in the FFY 2017 NCANDS submission, the data were derived from CY 2016. Additionally, beginning in CY 2012, CDSS began to receive reports of fatalities determined to be the result of abuse and neglect and caused by an unknown third party. NCANDS submission of FFY 2013 (CY 2012) forward includes such fatalities.

CDSS will continue to look at how it might use other information sources to enrich the data gathered from the SOC 826 reporting process and reported to NCANDS. In September 2012, the CDSS issued a best practices all county information notice to counties encouraging annual reconciliation of CWS child death information with other entities that review child deaths such as local child death review teams, and attendance at local child death review team meetings to participate in discussions regarding deaths which may have been the result of abuse and or neglect. As part of the technical assistance provided to counties regarding SB 39, the CDSS has also recently begun collecting information regarding county child welfare agencies' roles on local child death review teams and how their participation may lead to further identification and reporting of deaths that are a result of abuse or neglect. Additionally, the CDSS is partnering with the CDPH and the California Department of Justice to reestablish lapsed data sharing agreements, for purposes of the reconciliation audit of child death cases in California. We are hopeful that once the reconciliation audit data are for a more current period, the CDSS will be able to compare that data, which includes state vital statistics data, with the SOC 826 fatality statistics to compare actual numbers reported to help inform the state's NCANDS submission.

Services

Prevention services in California are implemented through a state-supervised, county administered system. This system has the advantage of allowing the 58 counties in California flexibility to address child abuse prevention efforts through a local lens. This approach, however, results in 58 sets of challenges in program implementation, evaluation, data collection, and reporting. The CDSS funded direct prevention services for children and families through the allocation of federal Community Based Child Abuse Prevention (CBCAP), Promoting Safe and Stable Families (PSSF), Child Abuse Prevention and Treatment Act (CAPTA) funds, and state Child Abuse Prevention, Intervention and Treatment (CAPIT) funds to California counties. Services are reported and verified according to the SFY 2016–2017, and consequently, reported as FFY 2017.

This is the Office of Child Abuse Prevention's (OCAP's) third year of utilizing the Efforts to Outcomes (ETO) software as the primary data collection and reporting tool. The OCAP is creating tools to assist counties with the appropriate way to count each service activity. Additionally, counties are working with direct service providers to ensure accurate data collection. In this reporting period, 26 counties reported a decrease in the total number of children served with PSSF funding, and 19 counties reported a decrease in the total number of children served with CBCAP funding. There was a decrease in the total number of children served by PSSF and CBCAP due to several factors including:

- A decrease in demand and less participation in services
- Staffing issues
- Counties corrected inaccuracies in reporting from the prior fiscal year

Alameda and Monterey counties reported decreases in the number of children served for public education with CBCAP funds. Alameda County cited not counting the number served because the funded program was a public awareness campaign. The OCAP county consultant will provide technical assistance on the importance of counting the numbers served for public education programs. In SFY 2015–2016 Monterey County reported a decrease in the children served because funding only went toward parent training in SFY 2016–2017.

Stanislaus County reported the largest decrease in the number of children served with PSSF funds. In SFY 2015–2016, Stanislaus County discovered family resource centers and domestic violence services were counting children and parents monthly and duplicating counts. In SFY 2016–2017 the county worked with direct service providers to resolve this issue.

Moreover, 20 counties reported a decrease in the number of families served with PSSF funding. There was a decrease in the number of families served by PSSF due to several factors including:

- Missing data
- Funding directed to other services
- Increased accuracy of data collection

San Joaquin, Santa Barbara, Santa Clara, and Stanislaus counties reported decreases in the number of families served with PSSF funds. San Joaquin County did not provide numbers served for differential response services, whereas these numbers have been provided in the past. S. Santa Barbara County reported decreases for the number of families served due

to using other funding sources for informational and referral services. Santa Clara County reported a decrease in families that received differential response services due to implementing the Structured Decision Making (SDM) tool. The SDM tool is a suite of assessment tools used by child welfare workers to assess the risk, safety, and wellbeing of child abuse and neglect referrals received through hotline calls. The SDM tool is used to accurately and consistently classify families according to future risk of maltreatment and assists in the targeting of services. Stanislaus County reported a decrease for the number of families served because adoptive parent recruitment and case management services were counted as individuals instead of families as in SFY 2015–2016.

Additionally, 18 counties reported an increase in the number of families served with CAPIT funding. An increase in the total number of families served by CAPIT funds occurred due to a variety of factors including:

- Expansion of program capacity to reach more families
- Increased community outreach and recruitment efforts
- Increased education to child welfare workers of community resources leading to an increase in referrals
- Counties corrected inaccuracies in reporting from the prior fiscal year

Placer and Calaveras counties reported the largest increase in the number of families served with CAPIT funds. This increase is due in part because in SFY 2015–2016, Calaveras and Placer counties counted individuals for public education instead of families. In SFY 2016–2017, Placer County reported an increase in the number of families served due to increased attendance at community events.

With CAPTA funding, the OCAP funded the Family Hui program delivered by Lead4Tomorrow, which engages parents and provides them with opportunities to participate in state and local policymaking. Family Hui participants have attended leadership training seminars and child welfare policymaking meetings.

Also, the OCAP is funding a predictive analytics research project with the University of Southern California. The predictive analytics project includes researching, developing, and evaluating the potential benefit of utilizing risk modeling as a strategy for preventing child maltreatment. With CAPTA funding, the OCAP also issued a Request for Approval to revise the current online mandated reporter training module. Mandated Reporter training is essential in identifying the early signs of abuse and neglect to prevent further escalation of abuse and neglect issues. Not all families reported to Child Welfare Services have a case opened, but families referred are given access to services that they may not have accessed otherwise. In SFY 2016–2017 professionals from varying disciplines including social workers, teachers, child care providers, mental health professionals, and law enforcement, completed the training.

Colorado

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General

Colorado continues its work to improve the quality of NCANDS data by assessing areas in which reporting can either be created or improved upon for upcoming data submissions. The Institutional Abuse Review Team (IART) reviews all reports of child abuse and neglect which occur within institutions and facilities that provide 24-hour care to children and are under the oversight of the Office of Children, Youth, and Families. Part of IART's ongoing review includes technical assistance for counties to achieve consistent and accurate victim and perpetrator reporting.

The state provides the following differential response assessment options for reports of child abuse and neglect:

- High Risk Assessment
 - Children are interviewed separately from the person responsible for the abuse and neglect.
 - A formal determination of whether or not abuse and neglect occurred is documented.
 - Post-assessment services may be provided via transfer to either voluntary (non-court-involved) or court-involved traditional services case.
- Family Assessment Response (FAR)
 - Caseworkers have the option to meet with the entire family during the initial contact.
 - No official determination of whether or not abuse and neglect occurred is documented.
 - Families understand the assessment is not voluntary, but that post-assessment services are available and voluntary.

As of FFY 2017, FAR was implemented in 25 counties. Each year, more counties implement FAR which increases the number of reports with an alternative response disposition.

Reports

In January 2015, the Colorado Department of Human Services (CDHS) launched a statewide child abuse and neglect hotline: 1-844-CO-4-KIDS. This serves as another option for individuals to report suspected child abuse and neglect, in addition to the local numbers all 64 counties have available to the public. All callers speak with a live person 24 hours-a-day, 365 days-a-year and critical information is captured to ensure calls across the state are handled timely.

Fatalities

Colorado's Child Fatality Review Team (CFRT) has statutory authority to review incidents of egregious abuse or neglect, near fatalities, or fatalities of children resulting from abuse or neglect in which there has been previous child welfare involvement with the child, family, and/or alleged perpetrator within 3 years of the incident. The reviews are intended to gain a better understanding of the causes, trends, and system responses to child maltreatment and develop recommendations in policy, practice, and systemic changes which improve the overall health, safety, and well-being of children in Colorado and mitigate future incidents from occurring.

Colorado *(continued)*

In addition to currently required child fatality reporting, at the beginning of August 2012, Colorado county human service agencies began reporting all egregious and near fatal incidents that were suspicious for abuse and neglect to the State Department within 24 hours of becoming aware of the incident.

The CFRT is housed in Colorado Department of Human Services' Administrative Review Division (ARD). Together, ARD and county human services agencies work closely to ensure these egregious incidents of abuse or neglect, near fatalities, or fatalities are documented correctly and timely into the Statewide Automated Child Welfare Information System.

Connecticut

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General

The state of Connecticut (CT) Department of Children and Families (DCF/Department) has continued to pay particular attention to the quality of the Differential Response System (DRS) case practice. CT's DRS is a two-track system of response to reports of abuse or neglect, comprised of traditional CPS Investigation for high risk cases, and Family Assessment Response (FAR) for low or moderate risk cases. CT does not currently report FAR responses in the state's NCANDS data.

Connecticut's 2016 Child and Family Service Review (CFSR) results were released in 2017, and several items re-emphasized known areas needing improvement within the DRS practice. Policy enhancements and a well-defined quality improvement methodology were applied to DRS work during 2016 in collaboration with the DCF Court Monitor's Office. The review instrument was largely based on relevant items contained in the CFSR On-Site Review Instrument (OSRI).

During 2017, the instrument was utilized statewide, and results were discussed on a regular basis between Regional managers and the Senior Administrative Management team. During 2018, we expect to begin conducting ongoing reviews using a DCF-developed web-based version of the OSRI for Program Improvement Plan (PIP) monitoring purposes. To ensure the quality of the FAR practice, DCF developed a Best Practice Guide and contracted with the University of Connecticut School of Social Work (UConn) to serve as the Performance Improvement Center (PIC). UConn has conducted in-depth analyses of the Department's practice data, as well as providing expert technical assistance to community partner agencies.

These analyses show that the rate of subsequent reports for families first referred to CT DCF's FAR has been decreasing. Further, these data revealed that families served by the Community Supports for Families (CSF) program demonstrated improvement in outcomes measured by the Protective Factors and North Carolina Family Assessment Scales. Families who responded to the CSF satisfaction survey indicated that they were satisfied with the services provided to them by this program. Statewide, 61.9 percent of families with a FAR have not had any subsequent reports, and 88.9 percent of all families with a FAR did not have a subsequent substantiated report. For those who had a subsequent report, it typically occurred within the first 6 months of the initial report approval date.

Changes also were made to DCF investigations policy during 2017, which include notification to Probate Court of any legal guardian who has a substantiated report, allowing supervisors discretion to utilize consultation with the Regional Resource Group staff (experts in behavioral health, physical health, intimate partner violence and substance abuse), and reducing the required minimum number of supervisory case conferences from three to two.

In addition, changes made to the FAR response process included that any child living in the home will now be required to be observed and interviewed during the first home visit. If this is not able to be accomplished at that time, then daily attempts to do so are to be made. If such contact has not occurred within 5 days, a legal and clinical consult must occur. A case cannot be closed until such time that the child(ren) are seen and interviewed, unless an exception is made by Area Office Director.

During federal fiscal year (FFY) 2017, in collaboration with the National Council on Crime and Delinquency, DCF also continued to work toward updating its Structured Decision Making (SDM) process. To date, DCF has updated the Careline Response Priority Assessment and has begun planning and analyses to support revision to both the Safety and Risk Assessment tools.

CT DCF continues to strengthen our response to victims of human trafficking. In FFY 2017, there were 121 reports of children/youth trafficked in CT made to the Department. There are six Human Anti-Trafficking Response Teams (HART), one in each DCF region. These are inter-disciplinary teams led by experienced HART Liaisons including; the child's treatment team, specialized providers and legal representation if indicated. The HART Liaison works with the local Multi-Disciplinary Team (MDT) ensuring the cases are afforded resources to maximize prosecutions, while ensuring the child and families are provided appropriate medical and mental health services.

CT Public Act (PA) 16-71 was enacted on October 1, 2016, establishing a Trafficking in Persons (TIP) Council, consisting of representatives from 15 different state and municipal agencies, and 9 members of the public. The council was established to identify criteria for providing services to child and adult trafficking victims, to coordinate the collection, analysis and dissemination of data regarding human trafficking, and consult with governmental and non-governmental organizations in developing recommendations to strengthen state and local efforts to prevent trafficking, protect and assist victims of trafficking and prosecute traffickers. Other provisions of the statute include required training for hotel or similar lodging staff in recognizing potential victims and/or trafficking activities, amends statutes regarding prosecution for prostitution and trafficking.

PA 17-32 went into effect in October 2017, which included but is not limited to changes such as requiring that the Commissioner of the Department of Education (SDE) and a survivor of human trafficking be a part of the Trafficking in Persons (TIP) Council. Further, it required that the council develop a standardized training curriculum for medical and education professionals, and law enforcement to identify and support victims. The TIP Council was also charged with training DCF and DPH staff on current methods to identify youth in foster care who may be or at risk of becoming victims of human trafficking and to develop a plan to support their mental health once they are identified. New charges also were added to statute for anyone identified as "purchasing" a child for the intent of sexual abuse. A Class B felony charge of this type applies to those involving children age 15–17 years, and a Class A felony for any child under the age of 15.

Connecticut *(continued)*

CT DCF compiled data in the first quarter of 2017, which identified an ongoing increase in referrals of youth residing in a parent or guardian's home. This will be addressed by a newly created Domestic Minor Sex Trafficking (DMST) Youth Awareness curriculum. The 2017 legislative session resulted in modifications to state statute regarding Multidisciplinary Team and Children's Advocacy Centers, expanding their established criteria for screening to include trafficking victims in addition to alleged victims of sexual and/or physical abuse.

Reports

CT is not reporting to NCANDS data from reports handled through alternate response. Therefore, the decline in the total volume of reports documented in NCANDS since DRS was implemented in March 2012 is not indicative of the actual trend in abuse/neglect reporting for CT. During FFY 2017, the centralized DCF Careline accepted 32,602 reports for a response, 12,581 (38.6 percent) of which were handled through the alternative response. There was an increase in unique reports handled through the investigation response compared to FFY 2016.

DCF continued its tradition of focusing on comprehensive staff training. We continued the CT version of the Leadership Academy for Middle Managers (LAMM), through which an additional 15 managers were trained this year. Also, the first classes of the Leadership Academy for Supervisors (LAS) were completed this year. The LAS is a web-based leadership training for experienced child welfare supervisors. The curriculum consists of six online modules each based on the NCWWI Leadership Model. The LAS provides 21 contact hours of self-directed online learning, with two tracks to enhance learning transfer: a personal learning plan to develop leadership skills and a change initiative project to contribute to a system changes within the agency. There were 19 supervisors that finished their LAS group, and an additional 13 who started a new group this year.

In 2017, the Department also implemented the Striving Towards Excellence in Programs (STEP) initiative. STEP was a 6 months exposure for DCF staff to enhance their quality assurance competencies through development of Change Initiatives.

Children

There was a slight increase in unique children who were alleged victims handled through the Investigation response in FFY 2017 compared to FFY 2016. Details concerning CT DCF statute and policy relating to investigation of abuse/neglect can be found on the DCF website.

Fatalities

CT has a Child Fatality Review Panel to review unexplained or unexpected circumstances of the death of any child who has received services from a state department or agency addressing child welfare, social or human services, or juvenile justice. Representative from the Department participate on the Child Fatality Review Panel. CT DCF has continued its focus on enhancing agency practices to prevent child fatalities through implementation of the Eckerd Rapid Safety Feedback (ERSF) approach. ERSF utilizes predictive analytics to determine the most significant correlates to specified child welfare events using data contained in the SACWIS. CT ERSF has been modeled to identify cases at high risk of serious maltreatment or fatality. Customer Analytics for Recognition and Exploration (ICARE) is the Predictive Analytics module being used. ICARE is a deterministic approach to identify the probability of a specific

outcome at the child level. The objective is to provide DCF Area Office staff with early visibility of these children who may require increased oversight. These cases are then targeted for an intensive quality assurance review and staffing process. Since ERSF was started in October 2016, there have been 731 cases reviewed by the team, with 162 of those being staffed with a teleconference.

The Special Quality Review (SQR) reviews critical incidents and child fatalities. The SQR is an extensive and comprehensive process involving reviews of electronic and paper case records, broad staff, collateral and stakeholder interviews, and consultation with multidisciplinary experts.

Perpetrators

Details concerning CT DCF statute and policy relating to investigation of abuse/neglect can be found on the DCF website.

Services

DCF has continued to make strides in its family teaming model of case planning and decision making, which is anchored in the expansion of its Strengthening Families Practice Model to foster families and families on the Department's caseloads. We have reformed CT's foster care system by greatly increasing the use of relatives and kin if a child needs to be removed for his or her own protection. Considered Removal Child and Family Team Meetings (CR-CFTM) have continued to be an effective method to divert children from care. Eighty-seven percent of the children who were the subject of a CR-CFTM during 2016 were either not removed or placed with kin. The Department has continued efforts to limit the use of Other Planned Permanent Living Arrangement (OPPLA) as a permanency goal for children age 16 and over.

Other effects of the model can be seen in the following data from January 1, 2011 to January 1, 2018:

- Reduction in DCF caseload
- Reduction in the number of children in placement
- Increase in the number of children placed with relatives and kin
- Reduction in the number of children placed in out-of-state congregate care settings
- Increase in percentage of children in placement are living with a foster family from 2011

Several years ago, DCF created a standing Statewide Racial Justice During 2017, Racial Justice workgroups continued to develop and implement specific strategies to decrease disparities and improve equitable outcomes.

CT DCF is also currently involved in the Connecticut Community Supervision Implementation (CCSI) project, which is funded by a grant secured by the CT Office for Policy and Management in partnership with DCF and the Judicial Branch Court Support Services Division. The intent of this project is to demonstrate that with the use of wrap around and pro social services with a strong focus on family and youth directed planning for youth identified as high risk, there could be a reduction in recidivism. In June 2017, the Community Connector Organization (CCO) began working with youth who were committed delinquent to CT-DCF, using a University of Cincinnati model called Effective Practices in

Community Supervision for Influencers (EPICS-I). It was identified that from that cohort, youth of color were disproportionality represented.

During 2016, DCF implemented a Tier Classification System for evaluating and monitoring contracted service providers. The Contract Management Unit embarked on a comprehensive process, in partnership with other Department units, to develop a contracted program classification tool designed to enhance the Department's ability to evaluate contracted programs and create opportunities for ongoing Quality Improvement at a program and system level.

The overarching goal of the Tier Classification System is to ensure the quality and accountability of contracted direct services programs. This process is intended to enhance the Department's ability to support decision making toward the improvement of client outcomes, while providing support to the contracted provider network. This year, DCF also completed work on ensuring that all its directed services contracts contain performance measures.

October 2017, marked the third progress update of the CT Children's Behavioral Health Plan following its initial submission in October 2014. The plan is developed and updated by the Children's Behavioral Health Implementation Advisory Board, that is organized into 3 main workgroups and an additional 5 workgroups of the CONNECT federal System of Care grant.

Delaware

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General

For the past 9 years, Delaware has received historical numbers of reports of child abuse, neglect and dependency. Due to the steadily increasing amounts of hotline reports and investigation cases over the past few years, Delaware put into practice two strategies; Structured Decision Making (SDM) at the report line and tier 1 at investigation in FFY 2012. These initiatives have been in place for five full federal fiscal years, and Delaware has seen significant results. In federal fiscal year (FFY) 2017, Delaware's Division of Family Services (DFS) saw a decrease in reports from FFY 2016. In FFY 2017, statistics indicate that although Delaware's hotline reports received decreased, the percentage of reports screened-out compared to the prior federal fiscal year increased. Specifically, the screen out rate between federal fiscal years increased while the screen-in rate for investigation decreased. Overall, the implementation of both strategies has helped DFS to use resources and expertise more efficiently. Delaware is better able to determine which cases require full investigations from those needing referrals for services unrelated to child abuse and neglect.

In FFY 2013, Delaware implemented two additional initiatives, (SDM) at investigation and the Family Assessment Intervention Response (FAIR). The SDM tool implemented at investigation helps workers to consistently determine safety threats and to make decisions using the same set of standards. Research from other states has shown that using assessments to inform service decisions reduces future child maltreatment. This coincides with DFS' transformation initiatives under the name Outcomes Matter. The second policy change Delaware put into operation was FAIR at the report line. FAIR is the state's version of a differential response (DR) that allows us to divert low-risk families to services in the community. In a qualitative study conducted, a high percentage of Delaware teens enter foster care due to parent/child conflict. Currently, Delaware is piloting the program for teen populations because we felt FAIR presented an opportunity for intervention of these youth and their families outside of the formal child welfare system. Since the implementation of FAIR, the percentage of youth who have engaged in FAIR services and who have subsequently entered DFS placement is extremely low. For the current NCANDS reporting period, Delaware did not provide FAIR data in the Child File because the program has not been fully implemented across the state.

Reports

The state's intake unit uses the SDM tool to collect sufficient information to access and determine the urgency to investigate child maltreatment reports. In May 2012, Delaware implemented SDM at the report line and consequently changed response time requirements for familial abuse investigations. 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. The calculation of our average response time for FFY 2017 is made up of both family abuse and institutional abuse

Delaware *(continued)*

investigations. In FFY 2017, accepted referrals for family abuse cases were identified as 60 percent routine/Priority 3, 15 percent Priority 2, and 25 percent urgent/Priority 1 in response.

From FFY 2016 to FFY 2017, there was a decrease in the total number of referrals received by the agency. Delaware also found that the number of referrals accepted for investigation over the 12-month period decreased from the previous federal fiscal year. In FFY 2017, there was an increase in the number of referrals screened-out from the prior federal fiscal year. Although the number of hotline referrals continues to rise each year, Delaware's acceptance rate dropped for the first time in four years.

Management cites that the increasing number of referrals received have resulted from the public's awareness of child maltreatment and professionals mandatory reporting. Subsequent public service campaigns for reporting child abuse and neglect may also have had an impact in the number of reports received. Considering the vast increase in the number referrals coming in, Delaware has continued to increase the number of staff responsible for hotline and investigation functions.

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.

Under the Department of Services for Children, Youth and Their Families, children may be placed in residential care from the child welfare program, the juvenile justice program or the child mental health program. In calculating child victims reunited with their families in the previous 5 years, the state did not include placements from Prevention and Behavioral Health and Juvenile Justice as a previous placement in which the child was reunited with their family if there was no placement involvement with the child welfare agency. This is because the Juvenile Justice and Prevention and Behavioral Health placements alone are not the direct result of the caregiver's substantiation of abuse, neglect, or dependency.

In FFY 2017, there was an increase in substantiated victims of child maltreatment from FFY 2016.

Fatalities

The state does not report any child fatalities in the Agency File that are not reported in the Child File. For FFY 2017, all reported child fatalities involved children under the age of three, and three of the four children were under the age of one. Two of the four reported

Delaware *(continued)*

child fatalities involved death because of co-sleeping, and three out of the four reported child fatalities involved substance abuse and/or mental health.

Perpetrators

Delaware maintains a confidential Child Protection Registry for individuals who have been substantiated for incidents of abuse and neglect since August 1, 1994. The primary purpose of the Child Protection Registry is to protect children and to ensure the safety of children in childcare, health care, and public educational facilities. The Child Protection Registry in Delaware does not include the names of individuals who were substantiated for dependency; parent and child conflict, adolescent problems, or cases opened for risk of child abuse and neglect. An adult whom the state intends to substantiate will receive a written notice of intent to substantiate at the end of the investigation. The notification includes a hearing request form that must be returned within thirty days of the postmarked date of the notification. The hearing request form enables the individual to receive a substantiation hearing in Family Court. When the hearing request form is not returned within the specified timeframe, the individual will automatically be entered on the Child Protection Registry. A minor will receive a substantiation hearing without submitting a hearing request form. This registry is not available through the internet and is not the same as the Sex Offender Registry maintained by the Delaware State Police State Bureau of Identification.

Services

During FFY 2016, Delaware's Children's Department saw a decline in the number of children who received prevention services through the year provided by the Promoting Safe and Stable Families (PSSF) funding source and children and families who received services through the year funded by the NCANDS category of other funding source. This decline was attributed several factors including the number of vacancies in the K-5 Early Intervention program, the reduction of service sites and the amendment of contracted services in the Promoting Safe and Stable Families program, and a reported greater ownership and empowerment within the community among the faith based and grass root organizations. Delaware has, however, seen a slight increase, in the number of families who received services through the year funded by Social Services Block Grants (SSBG). This source funds services to children and families who are at risk and/or in crisis and can increase the strength and stability of parenting skills.

In FFY 2014, Delaware's Division of Family Services implemented several initiatives to improve outcomes with families. One of the 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.

The state is currently re-evaluating the data for children eligible for referral and referred under Part C of the Individuals with Disabilities Education Act (IDEA) and working on ways to report more accurate information. This data has been suspended until further notice.

District of Columbia

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General

The District continues to operate under a differential response (DR) protocol. All screened in reports are directed to one of the following pathways.

- **Investigation:** This traditional pathway is for families who have a report of suspected severe child abuse and/or neglect, such as physical or sexual abuse. The District will conduct an investigation in accordance with District law and determine whether maltreatment occurred or if the child is at risk of maltreatment.
- **Family Assessment:** This pathway provides services for families with moderate- to low-risk reports. On a voluntary basis, families engaged with social workers to identify issues and needs and to connect them to community services, so the families get help without entering the child welfare system.

The reports that are accepted as family assessments are identified as alternative response for NCANDS.

Due to the data requirements for the Comprehensive Addiction and Recovery Act of 2016 and other District mandated initiatives related to substance-exposed newborns and parental substance use, the District changed its practice in June 2017 to screen in all reports with an allegation of one of the following:

- Positive toxicology of a newborn
- Controlled substance in the system of a child
- Exposure to illegal drug activity in the home
- Substance abuse by parent, caregiver, or guardian
- Fetal Alcohol Spectrum Disorder

Reports

As expected, the alternative response reports continue to increase. The NCANDS disposition of alternative response nonvictim represents the children of families reported from the family assessment reports.

Children

The District's system does not capture data for NCANDS child risk factors. However, the system does capture data on NCANDS caregiver risk factors.

Fatalities

The Child and Family Services Agency (CFSA) participates on the District-wide Child Fatality Review committee and uses information from the Metropolitan Police Department and the District Office of the Chief Medical Examiner (CME) when reporting child maltreatment fatalities to NCANDS. The District reports fatalities in the Child File when neglect and abuse was a contributing factor that led to the death of the child.

District of Columbia *(continued)*

Currently, there is no NCANDS maltreatment type for the District's maltreatment type suspicious child death. The District will continue to map this maltreatment type to NCANDS category of "other". The District defines suspicious child death as a report of child death that either is unexplained, or concern exists that abuse or neglect by caregiver contributed to or caused the child's death.

Florida

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General

Approximately 25 percent of Florida Child Protective Investigations are provided by local county sheriffs under a grant with the Department of Children and Families.

In federal fiscal year (FFY) 2017 Florida initiated a new maltreatment of substance exposed newborn. The definition is as follows: Substance-exposed newborn as a maltreatment occurs when a child is exposed to a controlled substance or alcohol prenatally. Exposure to a controlled substance or alcohol prenatally is established by:

- A test, administered at birth, which indicates that the child's blood, urine or meconium contained any amount of alcohol or a controlled substance or metabolites of such substances, the presence of which was not the result of medical treatment administered to the mother or the newborn infant;
- A diagnosis of Neonatal Abstinence Syndrome or Fetal Alcohol Spectrum Disorder as a result of maternal use of a controlled substance or alcohol; or
- Knowledge or suspicion by medical personnel or hospital staff that an infant was exposed to a controlled substance or alcohol prenatally based on physiological or neurobehavioral abnormalities (e.g., seizures, muscle tightness, rapid breathing), and/or the mother's reported use of controlled substances or alcohol prenatally when such use would likely result in neonatal toxicology or withdrawal.

A controlled substance is defined as prescription drugs not prescribed for the parent or not administered as prescribed, and controlled substances as outlined in Schedule I or Schedule II as defined in Section 893.03, F.S.

Florida does not have alternative pathways.

Reports

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

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

The response commences when the assigned child protective investigator attempts the initial face-to face contact with the alleged victim. The system calculates the number of minutes from the received date and time of the report to the commencement date and time. The minutes for all cases are averaged and converted to hours. An initial onsite response is conducted immediately in situations in which any one of the following allegations are made: (1) a

Florida *(continued)*

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 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.

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 findings are verified when a preponderance of the credible evidence results in a determination that death is the result of abuse or neglect. All suspected child maltreatment fatalities must be reported for investigation and are included in the Child File. The death maltreatment is an actual code that is reported as the NCANDS category of "other" maltreatment type.

Perpetrators

By Florida statute, perpetrators only are identified as responsible for maltreatment in cases with verified findings.

Services

All child welfare services are provided by Community-Based Care lead agencies under contracts with the Department of Children and Families.

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

Georgia

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General

The Statewide Automated Child Welfare Information System, SHINES captures nearly all the data in the NCANDS files. Each year, enhancements are made to improve accuracy and completeness. Comparing data from different years may lead to inaccurate conclusions. In addition to enhancements in the SHINES database, changes in policy and practice also necessitate caution when comparing data from one year to another.

Screened-in referrals in Georgia are directed to either an investigation or alternative response, called Family Support. Cases with allegations that are considered more 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 the alleged victim(s) and the alleged perpetrator(s) in person at the home. Risk is assessed, and the case is then directed either to an investigation or, if risk appears low, to the alternative response pathway. Investigations end with a determination of either substantiated or unsubstantiated, indicating whether a preponderance of evidence supports the allegation(s) or not. Alternative response cases receive no such determination. A decision to remove children into state custody does not depend on the investigation disposition, but on the safety of the home. Both investigations and alternative response are included in the NCANDS Child File.

Two significant changes occurred in Georgia during federal fiscal year (FFY) 2016. The first was the creation of a Child Abuse Registry on July 1, 2016. Prior to the Registry, Georgia did not keep records of perpetrators. The FFY 2017 submission is the first that includes Georgia perpetrator data. The creation of the registry has been accompanied by a significant decrease in the number of substantiated incidents.

The second important change in Georgia in 2016 was a new practice called the Initial Safety Assessment (ISA). Prior to the ISA, intake workers who received a report of child maltreatment made the decision to screen the call out or assign it to a case worker as an investigation or alternative response. The new policy allows the intake worker to screen out non-qualifying calls (as before), assign a case as an investigation if it meets certain criteria (serious injury, maltreatment in care, etc.), or assign the case as an ISA with a priority of immediate, 24-hour, or 72-hour response times. ISA workers visit the home and determine whether the investigation track or alternative response is appropriate. This change in policy has been accompanied by a large shift in the number of cases assigned as alternative response instead of investigations.

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. Screened out referrals may include historical incidents, custody issues, poverty issues,

Georgia *(continued)*

truancy issues, situations involving an unborn child, and/or juvenile delinquency issues. For many of these, referrals are made to other resources, such as early intervention or prevention programs.

In the FFY 2017 NCANDS Child File, the following Georgia reporters were grouped into NCANDS category of social services personnel for the report source field:

- Therapist
- Community Agency
- Clergy
- Family Viol. Shelter
- Mental Health Prof.
- Other Shelter
- Service Provider
- Psychologist/Psychiatrist
- DHR Staff
- Case Manager
- Counselor/Social Worker
- DHS Staff (Non-TANF)
- Child Counseling Personnel
- Child Service Organization Personnel
- Child Service Organization Volunteer
- Hospital or Medical Personnel/Volunteer
- Pregnancy Resource Center Personnel
- Pregnancy Resource Center Volunteer
- Reproductive Health Care facility
- Reproductive Health Care Volunteer
- Volunteer to Psychologist

A new methodology for inferring living arrangements for the report was implemented resulting in significant reductions of children living with two married parents, those living in a single parent household with mother only, and children with unknown living arrangements. The numbers of children living in a married two parent household with two biological/adoptive parents and those living in an unmarried two parent household with one biological/adoptive parent increased.

Children

The number of unique child victims in FFY 2017, decreased 2016 submission. The agency has adopted a more thorough screening process for reports and adopted a new casework model that requires intensive supervision of cases assigned to the alternative response track. This has resulted in a large proportion of cases that would have been assigned to the investigation track assigned as alternative response.

Fatalities

Georgia relies upon partners in the medical field, law enforcement, Office of the Child Advocate, and other agencies in identifying and evaluating child fatalities.

Perpetrators

Prior to July 1, 2016, a ruling of the Georgia Supreme Court prohibited the Division of Family and Children Services from reporting perpetrator data. GA Senate Bill 138 Section 11, codified as Official Code of Georgia Annotated statute 49-5-182, effective July 1, 2016 established a Child Abuse Registry and now allows for the reporting of perpetrator data.

If the perpetrator of the abuse is identified as a parent of the child and as the primary caregiver in the family, then we can assume that the parent perpetrator is a caregiver. However, if the perpetrator is identified as a parent but is not the primary caregiver, the system offers no method of determining if the parent has a caregiver role.

Services

The agency does not provide the following services to clients and therefore does not report these items to NCANDS: educational and training, family planning, daycare, information and referral, or pregnancy planning services. These services would be provided by referrals to other agencies or community resources. SHINES only tracks those services paid for by agency funds. Most services are provided through referrals to other agencies or community resources.

Hawaii

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General

Reports to Child Welfare Services (CWS) are handled in one of three ways through the differential response system:

- Reports assessed with low risk and no safety issues identified are referred to Family Strengthening Services (FSS).
- Moderate risk reports with no safety issues identified are diverted to Voluntary Case Management (VCM).
- The reports assessed with severe/high risk and safety issues identified are assigned to a CWS unit for investigation.

There are no identified alleged victims of maltreatment in reports assigned to Family Strengthening Services (FSS) and Voluntary Case Management (VCM). While VCM cases are documented in the Child Welfare data base, they are non-Protective Services cases. FSS reports/cases are not documented in the state Child Protection System. In FSS and VCM assessments, if maltreatment or a safety concern is indicated, the case will be returned to CWS for investigation.

Reports

The NCANDS category of “other” maltreatment type includes the state categories of threatened abuse and threatened neglect. Threatened harm does not meet the level of evidence for psychological abuse or physical abuse. “Threatened Harm means any reasonably foreseeable substantial risk of harm to a child,” HRS §587a-4. Threatened Harm is recognized in Hawaii Revised Statutes.

Hawaii uses three disposition categories: confirmed, unconfirmed and unsubstantiated. A child is categorized in NCANDS as substantiated if one or more of the alleged maltreatments is confirmed with more than 50 percent certainty and as unsubstantiated if the alleged maltreatment is not confirmed with more than 50 percent certainty or is unsubstantiated.

Fatalities

We report all child fatalities as a result of maltreatment in the state Child Protection System. The Medical Examiner’s office, local law enforcement and Kapiolani Child Protection Center–Multidisciplinary Team conducts reviews on death or near-death cases of maltreatment.

Perpetrators

The state CPS system designates up to two perpetrators per child. The perpetrator maltreatment fields are currently blank. The information was in writing, not coded for data collection.

Services

The state is not able to report some children and families receiving prevention services under the Child Abuse and Neglect State Grant, the Social Services Block Grant, and the NCANDS Category of “other” funding sources because funds are mixed. Funds are allocated into a single budget classification and multiple sources of state and Federal funding are combined to pay for most services. All active cases receive services.

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 Safety (CFS) recognizes the emotional impact of domestic violence on children, due to capacity of intake, we only can respond to referrals of domestic violence that involve a child's safety. Please see the priority response guidelines for more information regarding child safety in domestic violence situations. Referrals alleging that a child is witnessing their parent/caregiver being hurt will be forwarded to law enforcement for their consideration. Additionally, referents will be given referrals to community resources.
- Allegations are that the child's parents or caregiver use drugs, but there is no reported connection between drug usage and specific maltreatment of the child. All allegations that a criminal act may have taken place must be forwarded to law enforcement.
- Parental lifestyle concerns exist, but don't result in specific maltreatment of the child.
- Allegations are that children are neglected as the result of poverty. These referrals should be assessed as potential service need cases.
- Allegations are that children have untreated head lice without other medical concerns.
- Child custody issues exist, but don't allege abuse or neglect or don't meet agency definitions of abuse or neglect.
- More than one referral describes the identical issues or concerns as described in a previous referral. Multiple duplicate referrals made by the same referent should be staffed with the local county multi-disciplinary team for recommendations in planning a response.

More information regarding intake, screening, and priority guideline standards can be found on the Idaho Health and Welfare website.

Idaho *(continued)*

The investigation start date is defined as the date and time the child is seen by a Child Protective Services (CPS) social worker. The date and time are compared against the report date and time when CPS was notified about the alleged abuse. Idaho only reports substantiated, unsubstantiated: insufficient evidence, and unsubstantiated: erroneous report dispositions. Most regions are not large enough to dedicate staff separately into screening, intake, and assessment workers.

Children

At this time, the Statewide Automated Child Welfare Information System (SACWIS) cannot provide living arrangement information to the degree of detail requested. The state's SACWIS counts children by region rather than by county. There are seven regions in Idaho. The NCANDS category of "other" maltreatment types includes the state categories of abandonment, adolescent conflict, exploitation, alcohol addiction, drug addiction, and finding of aggravated circumstances.

For caregiver risk factors, Idaho's safety assessment model was implemented in early federal fiscal year (FFY) 2015 and does not list domestic violence or financial issues as separate risk issues. These risk issues are captured under broader risk issue of dangerous living environment/child fearful of home situation/caregiver with uncontrolled or violent behavior and the risk issue of unused or unavailable resources.

Fatalities

Idaho compares fatality data from the Division of Family and Community Services with the Division of Vital Statistics for all children younger than 18. The Division of Vital Statistics confirms all fatalities reported by child welfare via the state's SACWIS and provides the number of fatalities for all children for whom the cause of death is homicide.

Services

Currently, Idaho is unable to report public assistance data due to constraints between Idaho's Welfare Information System and SACWIS.

Illinois

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The state did not provide commentary in time for the release of the *Child Maltreatment 2017* report.

Indiana

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General

In July 2012, Indiana instituted a new child welfare information system: The Management Gateway for Indiana's Kids (MaGIK). Coinciding with the implementation of MaGIK, the department also developed a new extraction code and mapping documents to effectively collect and organize data for NCANDS. Indiana has engaged in continuous improvement efforts to refine the data collection and mapping process through system modifications and overall enhancements, including a new intake system that launched in February 2016. To facilitate these efforts, Indiana sought out technical assistance through the National Resource Center for Child Welfare Data and Technology (NRC-CWDT). MaGIK is an ever-evolving umbrella system which has further incorporated services, billing, case management, and the overall data management, organization, and extraction components.

Reports

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

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

Based on findings from the Commission to Eliminate Child Abuse and Neglect Fatalities, the Indiana Department of Child Services does not screen out reports that allege abuse or neglect against a child that is under the age of 3 as of July 2016.

The following four types of referrals do not receive an assessment:

- Screen out: These referrals meet one or both conditions listed above. No further action is taken within or outside of the department due to insufficient information by the report source or the information given to the hotline does not meet requirements for diversion to voluntary services or information and referral.
- Refer to Licensing: These referrals meet the first condition above and meet requirements for a response from the department's licensing unit. (E.g., reporter has concerns about a foster home that do not meet statutory definition of child abuse and neglect, but complaint does cause licensing concern/s such as too many children living in a foster home).
- Service Request: These referrals meet the first condition above and meet action requirements for the family to be contacted for voluntary services coordinated or provided by the department. These referrals would include service requests through the DCS Children's Mental Health Initiative and the Collaborative Care Program.
- Information and Referral: Referral meets the first condition listed above and the report source is given information by hotline staff and verbally referred to outside agencies as appropriate. (E.g. Reporter is concerned about developmental issues with their child. The hotline would give the report source information about and contact information for Indiana's early intervention program).

Indiana *(continued)*

Indiana has also instituted daily Safety Staffings between field workers and supervisors, which emphasizes ensuring the safety of children as quickly as possible. This has resulted in a significant reduction in reported time to investigation.

Children

Beginning July 2016, the Indiana Department of Child Services does not screen out reports that allege abuse or neglect against a child that is under the age of 3. A large decrease in screened out reports was seen in federal fiscal year (FFY) 2016, and FFY 2017 represents a full FFY of this policy. This also resulted in increases for records, unique reports, unique children, and duplicate nonvictims.

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

Fatalities

All data regarding child fatalities are submitted exclusively in the Child File.

Perpetrators

Indiana launched a new intake system in February 2016 that better aligns with the system used for completing assessments and case management cases. This has allowed for more accurate perpetrator data entry.

Services

Improvements in data collection allowed Indiana to report prevention data by child. Therefore, to not duplicate counts, Indiana does not provide prevention data on a family level.

Indiana increased the total expenditures for Community Partners and expended more federal funds and less state funds this year. More children were reported as receiving services this year, fewer with state funds and more with federal funds. Title IVB—Promoting Safe and Stable Families also increased by a substantial amount, which allowed Indiana to serve more children.

Iowa

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General

This last federal fiscal year (FFY), Iowa experienced across the board increases in caseloads, and number of children going through the system. This resulted from two high-profile abuse cases. In the wake of this, accepted intakes increased from about half to nearly three-quarters of allegations made. Simultaneously, the state government restructured contracts for state workers, resulting in additional personnel challenges in the face of an increased caseload. Consequently, Iowa's child-protection workforce must meet the challenges of increased pressure on slim resources. State workforce remains dedicated to child safety first and foremost, and to preserving resources for vulnerable families. The state continuously strives to improve service delivery by scrutinizing data and implementing practice changes to address needs. Iowa strives to eliminate biases and to maintain consistency across services and outcomes.

Reports

In FFY 2017, the number of abuse and neglect reports increased, likely reflecting both an increase in Iowa's youth population, and due to two high-profile cases that turned attention to Iowa's Child Welfare system and spurred an increased caseload. All abuse categories rose in counts, again likely owing to an increase caseload for the state. Additionally, a practice change in the last year mandates that any additional allegations form the basis on an additional and separate assessment, rather than additional allegations on an existing case.

Children

In FFY 2017, the number of children involved in an abuse assessment increased from FFY2016. In addition to the reasons enumerated above, the state also worked to improve training for mandatory reporters. Each of these things increased awareness and therefore reporting on suspected child abuse.

Fatalities

The number of child fatalities rose from FFY 2016 to FFY 2017. This is likely due to Iowa's rapidly growing under-18 population. Additionally, Iowa is facing increased pressure on its system due to increased parental substance abuse and decreased funding for services. Starting in FFY 2015, child fatalities where abuse was a contributing factor also were reported. The state works collaboratively with a multidisciplinary child death review team for all child deaths, not only those related to abuse and neglect.

Perpetrators

Starting with the FFY 2014 NCANDS submission, Iowa reported information in the perpetrator fields in the Child File. To be considered a perpetrator in Iowa, an individual must have had caregiver responsibilities at the time of the alleged abuse, and the assessment must conclude that the individual was responsible for the abuse.

Services

Iowa has both prevention and postresponse services. Postresponse services are under the state's pay-for-results model of child welfare and are closely coordinated and linked with Child Protection Workers to enable a smooth transition

Kansas

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General

In July 2016, Kansas's level of evidence changed from clear and convincing to preponderance. In addition to the finding category of substantiated, another finding category of affirmed was added as of July 2016. Affirmed is defined as a reasonable person weighing the facts and circumstances would conclude it is more than likely than not (preponderance of the evidence) the alleged perpetrator's actions or inactions meet the abuse/neglect definition per Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.). Furthermore, the state finding, unable to locate was also added as a finding category back in January 2014 and is mapped to closed no finding in NCANDS.

Reports

Reasons for screening out allegations of child abuse and neglect include:

- Initial assessment of reported information does not meet the statutory definition: Report does not contain information that indicates abuse and neglect allegations according to Kansas law or agency policy.
- Report fails to provide the information necessary to locate child: Report doesn't provide an address, adequate identifying information to search for a family, a school where a child might be attending, or any other available means to locate a child.
- Report is known to be fictitious or malicious: Report received from a source with a demonstrated history of making reports that prove to be fictitious or malicious, and the current report contains no new or credible allegations of abuse or neglect
- The Department of Children and Families (DCF) does not have authority to proceed or has a conflict of interest if: Incidents occur on a Native American reservation or military installation; alleged perpetrator is a DCF employee; alleged incident took place in an institution operated by DCF or Kansas Department of Corrections–Juvenile Services (KDOC-JS); or alleged victim is age 18 or older.
- Incident has been or is being assessed by DCF or law enforcement: Previous report with the same allegations, same victims, and same perpetrators has been assessed or is currently being assessed by DCF or law enforcement.

The NCANDS category of “other” report source includes the state categories of self, private agencies, religious leaders, guardian, Job Corp, landlord, Indian tribe or court, other person, out-of-state agency, citizen review board member, collateral witness, public official, volunteer and Crippled Children's services.

Children

The NCANDS category of “other” maltreatment type includes the state category of lack of supervision.

Kansas *(continued)*

Fatalities

Kansas uses data from the Family and Child Tracking System (FACTS) to report fatalities to NCANDS. Maltreatment findings recorded in FACTS on child fatalities are made from joint investigations with law enforcement. The investigation from law enforcement and any report from medical examiner's office would be used to determine if the child's fatality was caused by maltreatment. The Kansas Child Death Review Board reviews all child deaths in the state of Kansas. Child fatalities reported to NCANDS are child deaths as a result of maltreatment. Reviews completed by the state child death review are completed after all the investigations, medical examiner's results, and any other information related to the death is made available. The review by this board does not take place at the time of death or during the investigation of death. The state's vital statistics reports on aggregate data are not information specific to an individual child's death. Kansas is using all information sources currently made available when child fatalities are reviewed by the state child death review board.

Perpetrators

The NCANDS category of "other" perpetrator relationship includes the state category of not related.

Services

Kansas does not capture information on court-appointed representatives. However, Kansas statute (K.S.A. 38-2205) requires the child to have a court-appointed attorney (GAL).

Kentucky

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General

Kentucky does not have an alternative or differential response. In 2014, the state began utilizing a new approach to the investigation response (IR) and the alternative response (AR). Before the change in the business process, the intake worker made the decision regarding IR/AR at intake. With the new approach, the assessment worker makes the IR/AR determination at the completion of the assessment. In other words, IR/AR is now a finding, rather than an assessment path. Kentucky's name for the IR is investigation and for AR is family in need of services. Kentucky's business practice does allow multiple maltreatment levels to be present in a single report. For example, one report could have a disposition/finding of unsubstantiated and services needed if it was determined that maltreatment did not occur, but the family needed services from the agency.

In federal fiscal year (FFY) 2016, Kentucky removed the dispositional finding of services not needed from the standards of practice (SOP) and from the Statewide Automated Child Welfare Information System (SACWIS). Mapping has been reviewed and updated as appropriate. Kentucky currently has the following dispositional findings for investigations/assessments: death/near death substantiated, found/substantiated, substantiated, unsubstantiated, and services needed. Kentucky no longer maps a dispositional finding to AR-nonvictim.

Family structure/living arrangement values have been changed in Kentucky's SACWIS to improve NCANDS reporting. Kentucky now collects data for the following values: single mother household; single father household; single mother household with one other adult; single father household with one other adult; married couple; unmarried two parent household with two biological/adoptive parents; unmarried two parent household with one biological/adoptive parent and one cohabitating partner; two parent household, marital status unknown; nonparent relative caregiver household (includes relative foster care); and nonrelative caregiver household (includes nonrelative foster care). The option of unknown living arrangement has been removed from the SACWIS.

Modifications were made to populations identified as reunited with families. In past submissions, this included youth exiting to relatives. The current methodology only considers the population with an exit reason of reunification with the parent/primary caregiver. Kentucky also changed the matching dataset of child victims from the referral dataset to the NCANDS management report to closer align with NCANDS Child File submission data.

Program and IT staff have worked since the prior submission and will continue to work to make improvements regarding data extraction and reporting, as well as verifying that the data mapping is correct based on the modifications made to SACWIS.

Kentucky *(continued)*

Reports

The state does not collect in-depth information regarding the number of children who are screened out for referrals that do not meet criteria for abuse or neglect. There have been no changes in data collection or the extraction process that would result in an increase in reports. The state will continue to monitor.

Children

Child alcohol use/abuse risk factor, along with drug use/abuse and other child behavioral issues, are optional selections when completing assessments in the SACWIS. Workers also may choose the option no risk factors. The state will continue to monitor reporting of this risk factor and will make modifications as necessary.

There have been no changes in data collection or the extraction process that would result in an increase in victims. The state will continue to monitor.

Fatalities

Kentucky has confirmed the fatality count for the FFY 2017 submission.

Perpetrators

In the FFY 2015 and FFY 2016 submissions, if there were multiple perpetrators named in an incident, only one was reported per program/subprogram. This has been corrected and has led to an increase in total number of unique perpetrators reported. Since the last submission, the state made an extraction/mapping change to report perpetrator as a prior abuser more accurately.

Services

The state began collecting information regarding court-appointed representatives within the last FFY. The state will continue to monitor these data and will work toward improving this for future submissions.

Kentucky reported service data for victims and nonvictims. In 2017, Kentucky used SSBG funds for protective services and did not contribute to prevention services for families or children.

The state has entered into a data exchange with the Kentucky Department of Education in efforts to collect data regarding referrals to agencies providing early intervention services under Part C of the Individuals with Disabilities Education Act. However, the data requested in the NCANDS Agency File is not included within that data exchange. The state will continue to work toward providing these data in future submissions.

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.

Louisiana employs only one type of screened-in response called 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, advanced safety model tool to determine whether the case meets the legal criteria for intervention. Referrals are screened in if they meet three primary criteria for case acceptance:

- A child victim younger than 18 years
- An allegation of child abuse or neglect as defined by the Louisiana Children’s Code
- The alleged perpetrator meets the legal definition of a caregiver of the alleged victim

The primary reason for screened-out referrals is that either the allegation or the alleged perpetrator does not meet the legal criteria. Some intake reports are neither screened-out nor accepted. Generally, if a second report is received within 30 days of receipt of an initial report that is still under investigation, the second report is classified as an additional information report. These additional information reports are often related to active investigations, in-home services cases, or out-of-home services cases. Beginning in federal fiscal year (FFY) 2016, more specialized training was provided to centralized intake managers to aid in determining what cases should be accepted in accordance with the Louisiana Children’s Code definition of child abuse and neglect.

After the discontinuation of alternative response family assessments (ARFA) in 2014, a priority system change was implemented. In the past, Louisiana had 5 separate response priorities: Immediate (contact within 24 hours), high priority (contact within 3 days), non-emergency (Contact within 5 days), ARFA 3-day and ARFA 5-day. The new priority system was implemented with four separate priorities: Priority 1 (contact within 24 hours), priority 2 (contact within 48 hours), priority 3 (contact within calendar 3 days), and priority 4 (contact within 5 calendar days).

Over the past several years, Louisiana has seen increased worker turnover. As a result, veteran caseworkers see an increased caseload as new staff are required to carry a reduced

Louisiana *(continued)*

caseload during their first 6 months of service with the Department. Higher caseloads can also impact increased response time overall.

The state disposition of valid is coded to the NCANDS disposition of substantiated. When determining a final finding of valid child abuse or neglect, the worker and supervisor review the information gathered during the investigation, and if any of the following answers are “yes,” then the allegation is valid:

- An act or a physical or mental injury which seriously endangered a child’s physical, mental or emotional health and safety; or
- A refusal or unreasonable failure to provide necessary food, clothing, shelter, care, treatment or counseling which substantially threatened or impaired a child’s physical, mental, or emotional health and safety; or a newborn identified as affected by the illegal use of a controlled dangerous substance or withdrawal symptoms as a result of prenatal illegal drug exposure; and
- The direct or indirect cause of the alleged or other injury, harm or extreme risk of harm is a parent; a caregiver as defined in the Louisiana Children’s Code; an adult occupant of the household in which the child victim normally resides; or, a person who maintains an interpersonal dating or engagement relationship with the parent or caregiver or legal custodian who does not reside with the parent or caregiver or legal custodian.

The NCANDS disposition of unsubstantiated investigation case is coded in the state as having a disposition of invalid. This disposition is defined as a case with no injury or harm, no extreme risk of harm, insufficient evidence to meet validity standard, or a noncaregiver perpetrator. If there is insufficient evidence to meet the agencies standard of abuse or neglect by a parent, caregiver, adult household occupant, or person who is dating or engaged to a parent or caregiver, the allegation shall be found invalid. If there is evidence that any person other than the parent, caregiver, or adult household occupant has injured a child with no culpability by a parent, caregiver, adult household occupant, or a person dating/ engaged to one of the aforementioned, the case will be determined invalid.

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

Fatalities

For FFY 2017, there was a significant decrease in the number of validated (substantiated) child abuse/neglect related fatalities reported over FFY 2016. The incidence of fatalities varies from year to year; therefore, there is no clear explanation as to the observed variation from FFY 2016 to 2017.

Louisiana *(continued)*

Perpetrators

The current method of extracting NCANDS data captures perpetrator involvement in family investigation cases but does not capture perpetrator relationship to child victims. Therefore, perpetrator relationship is reported as unknown for the majority of cases.

Services

The Child Welfare agency provides such post-investigation services as foster care, adoption, in-home family services, protective daycare and family-in-need of services. 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

As of May 2017, Maine utilizes The SDM Intake Screening and Response Priority Tool. It ensures that all reports received are assessed for meeting the statutory threshold for an in-person Office of Child and Family Services (OCFS) response. It identifies how quickly to respond, the path of response, and whether a Community Intervention Program (CIP) or prevention service referral is appropriate. Prevention services may return a report to the State Child Welfare Intake if further determination is required after an assignment.

Reports

The number of alleged abuse and neglect reports received by Maine's Intake Unit decreased in FFY 2017 from FFY 2016. All reports, including reports that are not appropriate, and are referred to as screened out, are documented in the SACWIS. The screening decision is performed at the Intake Unit using the SDM Tool. Reports that do not meet the statutory definition of child abuse and/or neglect and which the criteria for appropriateness of child abuse /neglect report for response is not met, are preliminarily screened out. The Maine statutory definition of child abuse and/or neglect is a threat to a child's health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these or failure to ensure compliance with school attendance requirements under Title 20-A, section 3272, subsection 2, paragraph B or section 5051-A, subsection 1, paragraph C, by a person responsible for the child.

Maine's report investigation start date is defined as the date and time (in hours and minutes) of the first face-to-face contact with an alleged victim. Maine Child Welfare Policy requires an immediate response to occur within 24 hours of the approval of a report as appropriate for child protective services.

Children

The total number of victims associated with completed assessments in FFY 2017 increased slightly by from FFY 2016. 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 not included in the NCANDS Child File.

For the NCANDS category of victims in a substantiated report, Maine combines children with the state dispositions of indicated and substantiated. The term indicated is used when maltreatment found is low to moderate severity. The term substantiated is used when the maltreatment found is high severity.

Fatalities

In 2017, Maine deployed into the Statewide Automated Child Welfare Information System (SACWIS) the ability to track child deaths at time of report, during assessment or while in

Maine *(continued)*

care. Various state offices, along with the multi-disciplinary child death and serious injury review board, continue to share and compile child fatality data.

Perpetrators

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

Services

Only services that are paid for by Maine Care through a Child Welfare approved service authorization are included in the Child File. In the coming year, Maine, will identify prevention services provided to children/families that may be included in a future NCANDS Child File.

Maryland

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General

Maryland had made several improvements to its NCANDS submission. The state is undertaking a new information technology development process to replacing its Statewide Automated Child Welfare Information System (SACWIS) with the Comprehensive Child Welfare Information System (CCWIS), and additional updates to the NCANDS file will not be made until that work is completed.

Maryland continues to implement alternative response. The state completed the phased-in implementation of its alternative response program in July 2014. The final evaluation report was published September 2015 and can be accessed online.

Maryland also implemented its IV-E Waiver Demonstration, known as Families Blossom, and began implementation during the summer of 2015. The IV-E Waiver enables Maryland to extend its vision to prevent and divert children and families from foster care, reduce the need for foster care, and have timely and lasting permanency for the children and families the state serves. Families Blossom is focused on extending Maryland's success with family centered services by using trauma-informed assessment and evidence-based practices, increasing data analytics capabilities to monitor trends and progress, and applying implementation science to create an organization that will inculcate collaboration and partnership on all levels and hold us all accountable as we serve children and families.

Reports

Maryland's current CPS response follows the same rules for both alternative or investigative responses:

- 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
- 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 differs from alternative response by targeting moderate to high risk reports of child neglect and abuse which results in a finding concerning maltreatment. This is Maryland's traditional CPS investigation.

Maryland *(continued)*

Once assigned to alternative response or investigative response, the CPS caseworker begins to meet the family and children. If circumstances on the ground are found to be quite different than reported, the CPS caseworker, with supervisor approval, may reassign the CPS case from alternative response to investigative response, or vice versa.

Children

The population of children in foster care has been decreasing during the past several years. The NCANDS category of neglect includes medical neglect as state statute and policy do not define them separately.

Fatalities

Child fatalities where child maltreatment is a factor are usually reported by the local departments of social services. In addition, the Department of Human Resources (DHR) and local departments also get information about these fatalities from local interagency fatality review teams and from the Department of Health and Mental Hygiene's Child Fatality Review Team, and the Office of the Chief Medical Examiner.

Perpetrators

Maryland does not meet the standard for percent of records containing perpetrator relationship, but reporting has improved. Relationship information is not saved for records that are expunged. Making changes to expungement is complex, and because Maryland is now devoting resources to replacing the current system, it may not be possible to resolve this issue until the new child welfare replacement system is implemented.

Services

Maryland continues, as part of its family-centered practice, to use family involvement meetings which are expected to have positive impacts on the safety, permanency, and well-being of children receiving child welfare services, at various trigger points:

- removal/considered removal
- placement change
- recommendation for permanency plan change
- youth transition plan
- voluntary placement

As part of its Families Blossom IV–E Waiver, Maryland is focusing on safely reducing entries and reentries into foster care through a combination of targeted family support funds, evidence-based practices and promising practices based on local needs assessment, and increasing family preservation services, all geared to supporting and strengthening families.

Massachusetts

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General

In March 2016, the Massachusetts Department of Children and Families (DCF) implemented major changes to policies and practices focused on ensuring the safety of children in the Commonwealth's child welfare system. The new Protective Intake Policy substantially updated and clarified protocols for DCF's screening and investigation of reports of abuse or neglect. The changes also included a first ever Supervision Policy designed to support DCF front-line workers in decision-making and to identify circumstances where cases need to be elevated for collaborative higher-level review.

Reports

The Protective Intake Policy created a comprehensive set of procedures to guide the Department's review and investigation of reports of abuse or neglect. Details of the new policy include:

Screening

- Requires non-emergency reports of abuse and neglect to be reviewed and screened in or out in one business day—reduced from three days previously. Emergency reports continue to require an immediate screening decision and an investigatory response within 2 hours.
- Introduces screening teams comprised of social workers, supervisors, and managers in all 29 DCF area offices charged with reviewing new reports of abuse or neglect in open cases, reports associated to cases with three or more separate incidents of alleged abuse/neglect in the past 12 months, and other reports indicating reasons for elevated concern.
- Mandates review of all information about the child and caregiver's prior DCF involvement and review of any comparable information available from child welfare agencies in other states, including cases in which a parent has previously lost custody of a child.
- Requires CORI (Criminal Offender Record Information), SORI (Sexual Offender Record Information), and national criminal history database checks of parents/caregivers and all household members over 15 years old.
- Requires requests from law enforcement for information on 911 calls and police responses to the residence of any child or family involved in a report of abuse or neglect.

Investigative Response

- Creates a single child protection response to all screened in reports that eliminates the practice of tiered or "differential response" at screening. All reports that are screened in will now be assigned for a response by an Investigation Trained Response Worker. The revised policy places decision-making regarding the appropriate level of department intervention after the response—the point at which the Department has interviewed the child and caregiver involved and substantially investigated the report of abuse or neglect.
- Emergency responses must be completed in 5 working days; non-emergency responses must be completed in 15 working days.
- As with the prior policy, requires response workers to interview parents, caregivers and other children in the home as well as the person allegedly responsible for the abuse or neglect.

Massachusetts *(continued)*

- Enables response workers, for the first time, to search online sources for information relevant to assessing child safety.
- Includes an assessment of parental capacity by evaluating whether the parent understands how to keep the child safe, uses appropriate discipline methods and provides for the family's basic needs, among other criteria.
- Mandates use of the Department's Risk Assessment Tool to assess potential future risks to the child's safety.
- Response outcomes are mapped to NCANDS outcomes as follows:
 - Supported is mapped to substantiated
 - Substantiated Concern is mapped to alternative response victim
 - 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 alternative response nonvictim.

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 initial assessments/investigations per month. The number includes both state staff and staff working for the Judge Baker Guidance Center, Massachusetts' Hotline contractor. The hotline handles child protective service functions during night and weekend hours when state offices are closed. The number of workers completing assessments was not reported because assessments are case-management activities rather than screening, intake, and investigation activities. In FFY 2017, DCF social workers also performed screening, and investigation/initial assessment functions in addition to ongoing casework.

The investigation or initial AR start date is defined as the date the intake is screened-in for response and has not been reported. Massachusetts plans to start reporting response start dates in FFY 2018.

Children

Changes in the number of victims in comparison to the prior years are the result of the aforementioned policy changes implemented in March 2016. FFY 2017 is the first full federal fiscal year that the policy changes have been in effect for the entirety of.

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 or initial assessments with enough specificity to report except for children who are in placement. Data on child health and behavior are collected, but it is not mandatory to enter the data during an investigation. Data on caregiver health and behavior conditions are not usually collected.

Fatalities

Massachusetts reports child fatalities attributed to maltreatment only after information is received from the Registry of Vital Records and Statistics (RVRS). RVRS records for cases where child maltreatment is a suspected factor are not available until the medical

Massachusetts *(continued)*

examiner's office determines that child abuse or neglect was a contributing factor in a child's death or certifies that it is unable to determine the manner of death. Information used to determine if the fatality was due to abuse or neglect also include data compiled by DCF's Case Investigation Unit and reports of alleged child abuse and neglect filed by the state and regional child fatality review teams convened pursuant to Massachusetts law and law enforcement. As these data are not available until after the NCANDS Child File must be transmitted, the state reports a count of child fatalities due to maltreatment in the NCANDS Agency File. Massachusetts only reports fatalities due to abuse or neglect if an allegation related to the child's death is supported.

Services

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

Michigan

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General

The Michigan Department of Health and Human Services (MDHHS) continues its commitment to improving the state's performance in outcomes related to child safety. Michigan does not have a differential response or alternative response program.

Children

Michigan's Statewide Automated Child Welfare Information System (MiSACWIS) allows for reporting on individual children. Michigan is exploring ways to improve reporting specific child risk factors.

Fatalities

In federal fiscal year (FFY) 2017, Michigan reported all child fatality data within the Child File.

Michigan receives reports on child fatalities from several sources including law enforcement agencies, medical examiners/coroners, and child death review teams. Fatality reports are not included in the NCANDS submission unless a link between the child fatality and maltreatment is established. This link occasionally is established after the completion of a Child Protective Services (CPS) investigation, as it is not uncommon for additional evidence to be obtained after the CPS investigation has been closed. In those situations, the MDHHS would take steps to accurately reflect the subsequent findings of the child death and ensure that it is documented using the most up to date evidence/details.

The MDHHS vital records office provides child fatalities information to the Children's Services Agency. The determination of whether maltreatment occurred is dependent upon completion of a CPS investigation that confirmed abuse or neglect. The data on child fatalities are used by local review teams to provide recommendations to raise awareness and encourage initiatives to decrease child fatalities.

Perpetrators

Perpetrators are defined as persons responsible for a child's health or welfare who have abused or neglected a child.

Services

Michigan does not currently have the capability to accurately report on all prevention services in the Agency File. Michigan was able to report services from Promoting Safe and

Michigan *(continued)*

Stable Families through programing by Families First of Michigan, Family Reunification Program, Families Together Building Solutions–Pathways of Hope, and Protect the MiFamily IV–E Waiver.

Michigan does not refer children to the programs under the Individuals with Disabilities Education Act, and therefore does not provide Agency File data on these items.

Minnesota

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General

Currently, the two response paths are referred to as family assessment response and family investigative response. The 2015 Legislature removed the statutory preference for family assessment. Reports alleging substantial child endangerment or sexual abuse, as defined by Minnesota statute, require a family investigative response. Child protection workers must document the reason(s) for providing a family investigative response and 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.

In September 2014, Governor Dayton issued an executive order creating a task force to review the child protection system and recommend improvements to place the protection of children as a top priority in Minnesota. Creation of the task force was prompted by the case of a Minnesota child who died after several reports were made to Child Protective Services (CPS). The Governor's Task Force on Protection of Children submitted final recommendations to the Governor and Minnesota Legislature about possible changes to Minnesota's child protection response continuum in March 2015. Several recommendations resulted in legislation changes during the 2015 and 2016 legislative sessions. The increase in number of reports of maltreatment for federal fiscal year (FFY) 2017 may be due, in part, to the increased attention that the public gave to child maltreatment issues during these past years.

Acceptance into either response path 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. 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 are needed to reduce the risk of any future maltreatment of the children.

Significant changes to the information system to make recording of child maltreatment reports an easier task for workers, while allowing for more detail, were implemented in late 2017.

Reports

Data on CPS staff represent the full-time equivalent (FTE) of staff as reported by the local agencies (counties, combined agencies, and two tribal agencies). In Minnesota, CPS staff are employees of the local agencies rather than the state. Increased staffing levels are likely due, in part, to additional funding made available to local agencies late in FFY 2015.

During FFY 2017, the number of reports rose. This is likely in part a result of heightened scrutiny of child protective services over the past three years, as well as the increased reports received due to opioid abuse.

Minnesota *(continued)*

Both responses (investigative and family assessment) apply to screened-in reports of alleged child maltreatment in Minnesota. A separate program, Parent Support Outreach Program (PSOP), offers early intervention supports and services to families when reports alleging child maltreatment are screened out or a family is voluntarily referred into the program. The number of children served under this program is reported under prevention services in the Agency File and is noted below in the services section.

Approximately 80 percent of screened-out referrals are because the stated concerns do not meet the definitions of child abuse or neglect under Minnesota law. Other reasons to screen out a referral include: reported children are 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.

Reports alleging substantial child endangerment or sexual abuse must be responded to within 24 hours. Other reports must be responded to within 5 days or 120 hours under Minnesota statutes. Large changes in average response time are due to a small number of extremely tardy investigation start times (time to first contact with alleged victims.) There are several reasons for delayed investigation start times, including coordination with other agencies, such as law enforcement, and inability to locate families.

Reports with either a substantiated determination of maltreatment 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 now also are 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 reporter, and other nonmandated reporter.

Children

The NCANDS category of "other" living arrangement includes state categories of independent living and other.

Fatalities

For FFY 2017, there was a decline in the number of fatalities compared to FFY 2016. Minnesota's Child Mortality Review Panel is a multidisciplinary team including representatives from state, local, and private agencies. Disciplines represented include social work, law enforcement, medical, legal, and university-level educators. The primary source of information on child deaths resulting from child maltreatment is the local agency child protective services staff; however, some reports originate with law enforcement or coroners/medical examiners. Local agencies also submit results of the required local child mortality review to the Minnesota DHS Child Mortality Review Team. The Minnesota DHS Child Mortality Review Team also regularly reviews death certificates filed with the Minnesota Department of Health (MDH) to ensure that all child deaths are reviewed. The Child Mortality Review Team directs the local agency to enter child deaths resulting from child maltreatment, but

Minnesota *(continued)*

not previously recorded by child protective services, into Minnesota's Statewide Automated Child Welfare Information System (SACWIS), in the order that complete data are available.

Occasionally, a child who was a resident of Minnesota is killed in a child abuse incident out of state. When the Child Mortality Review Team becomes aware of such a situation, information such as a police report is requested from law enforcement in the other state. The local agency in the Minnesota county of residence is asked to record the data in Minnesota's SACWIS. The fatality data in this instance is delayed from the time of death, but eventually appears in Minnesota's NCANDS mortality counts.

Perpetrators

The NCANDS category of "other" perpetrator relationships includes the state category other nonrelative.

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 with age unknown selected in the system are not included as specifically children or adults.

Data reported in prevention services funded by Community-Based Child Abuse Prevention (CBCAP) and Promoting Safe and Stable Families (Title IV-B) represents the unduplicated number of children who received Parent Support Outreach Program supports and services. Services in this program are provided to children and families who were reported as having an allegation of child maltreatment, but the reported allegation was screened out and did not receive a child protective response. Community agency referrals and self-referrals are also eligible for the Parent Support Outreach Program. This program is completely voluntary.

Services offered by local agencies vary greatly in availability between rural and metropolitan areas of the state. Although all agencies use a statewide service listing, resource development without a large customer base can be difficult. Cost effectiveness is an issue for providers who must serve large geographic areas that are sparsely populated.

In Minnesota, the court-appointed representatives report to the courts rather than to the local social services agencies. The state guardian ad litem (GAL) program implemented an automated reporting system in July 2015. For the first time, reporting on an average number of contacts was possible. The out-of-court contacts reported are based on an annual count. The number of contacts is averaged across all reporting GALs statewide. It is anticipated that, as the guardians ad litem gain experience in using the new reporting system, that contact reporting will become more timely, complete and accurate.

There was an increase in the number of children referred to a community early intervention agency largely because there was an increase in the number of reports and the number of substantiated reports received during FFY 2017.

Mississippi

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General

In July 2016, the Division of Family and Children’s Services was transitioned to a free-standing agency no longer under the purview of the Mississippi Department of Human Services (MDHS). The title of the new agency was established as the Mississippi Department of Child Protection Services (MDCPS). This department carries on the responsibilities of the Division of Family and Children’s Services. MDHS contracted with Social Work p.r.n. to provide services for the MDHS Mississippi Centralized Intake (MCI), 24-Hour Hotline (1–800–222–8000) as well as the Disaster Preparedness Plan. These services have transferred to MDCPS.

MCI service consists of receiving, entering, and screening to the appropriate county all incoming reports of maltreatment of children and vulnerable adults. The service operates 24-hours-a-day, seven-days-a week. Intake types are as follows:

- Abuse, Neglect and Exploitation (ANE)
- Information and Referral (I&R)
- Case Management
- Children in Need of Supervision (CHINS)/Unaccompanied Refugee Minors/Voluntary Placement/Prevention Services
- Resource Inquires

The state utilizes a system of assigning screening levels, which is a form of alternative response:

- Level I includes reports that may not be appropriate for MDCPS investigation but may require referrals for information or services.
- Level II requires a response from a MDCPS worker within 72 hours.
- Level III requires a response from a MDCPS worker within 24 hours. Felonies and reports of children in custody are assigned a Level III response.

In the event of a disaster, calls are received, and information is gathered for MDCPS concerning the location and contact information for resource families and staff. This information is provided to the MDCPS designated office periodically throughout the duration of the disaster and five (5) days immediately following. Alternate plans of communication with county staff are also provided in the event of office closure.

Reports

The number of investigations has increased due to consistency in the screening process and availability of MCI. MCI documents every report alleging neglect and abuse on the front end and provides the information to the counties for the appropriate response.

A data report tracks the time elapsed between the date an intake was received by MCI and the date the investigation was both assigned to and initiated by the worker. In June 2013, the data report was modified to show only the date the intake was received by MCI and the date

the investigation was initiated. When MDCPS receives a report that a child has been abused by a person responsible for the care and/or support of the child, a determination must be made that the abuse was not committed or contributed to by a parent, legal guardian, primary caregiver, or relative. This determination plays a role in whether the child is removed from the home.

Reports which may be screened out as Level I at intake:

- Dirty houses or dirty children but no indication of life or health endangering situation. If school/day care officials report dirty children, they should be requested to talk to parents first. If their attempts to meet with parents or to correct situation fail, then MDCPS accepts the report.
- Children inappropriately dressed but no indication of neglect of a life or health endangering situation.
- Allegations that speak more to the parent's behaviors rather than the child's condition: (e.g., parent drinks beer or takes drugs; mother has boyfriend) but there is no indication of neglect or life or health endangering situation. All reports of mother/child testing positive for drugs are screened in.
- Reports of crowded conditions or too many people living in a home but no indication of neglect or life or health endangering situation.
- Allegations that parent is not spending Temporary Assistance for Needy Families (TANF), Food Stamps, child support or other income on children, but there is no indication of neglect of basic necessities, or of a life or health endangering situation. Reporters should be referred to local Economic Assistance office.
- Reports which suggest a need to be addressed by another agency but there is no indication of a life or health endangering situation. (i.e., lack of school attendance, presence of lice, delinquency, lead/asbestos poisoning). These reports should be referred to the appropriate agency for handling (i.e., school attendance officer, health department).
- Reports on teen pregnancy where there is no suspicion of abuse/neglect.
- Reports that provide insufficient information to enable the Agency to locate the family, and this information cannot be secured through other sources after all reasonable efforts have been made.
- Reports of incidents that occurred when a person 18 or older was a child. When adults report that abuse/neglect was perpetrated on them as children, they must have some other information or reason to believe that children presently cared for by perpetrator are being abused/neglected.
- Reports on an unborn child and there are no other children at risk.
- Reports of sexual relations involving victims age 16 and older that meet all the criteria below. If any one criterion does not apply, the report should be considered for investigation.
 - Alleged victim was age 16 or over at the time incident occurred, and
 - Alleged victim is a normally functioning child, and
 - Alleged victim, age 16 or older, willfully consented, and
 - Alleged perpetrator is not a parent, guardian, relative, custodian or person responsible for the child's care or support and resides in the child's home, or an employee of a residential child care facility licensed by MDCPS, and or a person in a position of trust or authority.
 - No parental or caregiver neglect is suspected.

Mississippi *(continued)*

- If a report is considered outside the jurisdiction of the MDCPS, the report shall be documented and be referred to law enforcement of proper jurisdiction for investigation, unless the report alleges human trafficking. In cases of any human trafficking, MDCPS is required to report the intake to law enforcement and to continue to investigate. Other services of the agency may be provided.
- Reports of rape, sexual molestation, or exploitation of any age child that meet all the criteria below. If either (a) or (b) does not apply, the report should be considered for investigation.
 - Alleged perpetrator is not a caregiver, friend of caregiver, relative, other person living in the home, or employee of a child care facility where the child attends or lives.
 - No parental or caregiver neglect is suspected.
 - Law enforcement has been informed of the report.
- If law enforcement has not been contacted, County MDCPS will immediately make the report to them. Other services of County MDCPS will be offered to law enforcement (i.e., interviewing children) and the family (i.e., mental health referrals, counseling) as needed.
- Reports of children who have not had their immunizations. Reporter should be referred to the County Health Department to contact a public health social worker or to the school attendance officer as appropriate.
- Threats or attempts of suicide by children if there is no suspicion of parental/caregiver abuse or neglect.
 - If the nature of the report suggests that the child is in immediate danger of self-harm, a referral should be made immediately to mental health and/or law enforcement.
 - If the reporter is a professional, they should be requested to refer the family to counseling. If the family does not follow through, then the case can be referred to MDCPS for neglect.
 - If the reporter is a nonprofessional, the MDCPS should determine if family is seeking counseling. If not, MDCPS should investigate for neglect.
 - If the reporter feels suspicion that abuse or neglect exists solely because suicide attempt was made, MDCPS will investigate.
- Physical injury committed by one child on another that meet all the following criteria:
 - Child is not in a caretaking role over the other child.
 - No parental or caregiver neglect is suspected.
 - Child victim and perpetrator are not in a residential child caring facility or a home licensed or approved by MDCPS.

Fatalities

Mississippi reports child fatalities for which the medical examiner or coroner ruled the manner of death was a homicide and fatalities determined to be the result of abuse or neglect if there was a finding of maltreatment by a MDCPS worker. Other sources that compile and report child fatalities due to abuse and neglect are Serious Incident Reports (SIRs) and the Child Death Review Panel (CDRP) facilitated by the Mississippi Department of Health.

Typically, all fatalities are reported in the Child File. Those fatalities not reported in the Child File are reported in the Agency File. The number of fatalities reported in FFY 2014 is significantly higher than the previous years. In FFY 2014, the Agency developed a Special Investigations Unit (SIU) that is responsible for investigating all reports of child fatalities that meet criteria for agency investigation. Previously, investigations were conducted by

Mississippi *(continued)*

nonspecialized 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 in the number of fatalities reported with substantiated findings of abuse or neglect.

In addition, the Agency has collaborated with other agencies to continue public awareness campaigns aimed at death from heat stroke from leaving children in hot cars and death from unsafe sleeping conditions. From July 2016 to September 2016, the Agency ran public service announcements via television concerning the dangers of leaving your child in a hot car. The Agency has seen an increase in the number of reports from law enforcement and medical personnel when a fatality occurs. This increase is believed to have been contributed to by these campaigns. Child fatalities previously labeled by law enforcement or medical professionals as accidental are now more frequently being reported as abuse or neglect, contributing to the Agency's higher reported numbers.

In addition, the agency has collaborated with other agencies to continue public awareness campaigns aimed at death from heat stroke from leaving children in hot cars and death from unsafe sleeping conditions. From July 2016 to September 2016, the agency ran public service announcements via television concerning the dangers of leaving your child in a hot car. Although currently anecdotal, the agency has seen an increase in the number of reports from law enforcement and medical personnel when a fatality occurs and it is believed to have been caused, or contributed to by either of these events. Child fatalities previously labeled by law enforcement or medical professionals as "accidental" are now more frequently being reported as abuse or neglect, contributing to the agency's higher reported numbers.

Perpetrators

For a child to be considered a perpetrator, the child must be in a caregiver role. The MCI staff must assess the possibility of parental neglect having contributed to one child harming another.

Services

In previous years, the Families First Resource Centers utilized Promoting Safe and Stable Families Program (PSSF) funding to provide prevention services to children. Families First Resource Centers now receive funding from Economic Assistance (EA). PSSF funds the Comprehensive Family Support Services Program (CFFSP), also known as Family Preservation/Family Reunification/Family Support Services. These services are provided currently through a sub-grantee, Mississippi Children's Home Services. The goals of the CFSSP are:

- provide services that will protect children and allow them to safely remain in their own homes, avoiding out-of-home placement
- provide services to safely and expeditiously reunite children, who are in out-of-home placement, back with their families
- provide the family support needed to stabilize families

The state is currently unable to report counts of children or families who received prevention services funding by the following sources due to agency reorganization: Temporary

Mississippi *(continued)*

Assistance for Needy Families (TANF), Children's Trust Fund of Mississippi, and the Community Based Child Abuse Prevent Grant (CBCAP). Prevention services and support are provided via parenting programs, therapy, and other support services through sub-grantees by means of the Children's Trust Fund and CBCAP monies. The state anticipates the ability to collect and report this data in future submissions. There has been an increase in public advertising of reporting methods, supported by Community Based Child Abuse Prevention (CBCAP) and the Children's Trust Fund. This public advertising has been utilized to promote knowledge and understanding to diverse populations in efforts to prevent child abuse and neglect.

Many substantiated investigations result in services being provided such as family preservation, protection, prevention, or placement. However, a case is not opened on all substantiated investigations. Services to child victims outside of a service case are provided through the Family Reunification Program within the In-Home Services Unit of the Agency.

Missouri

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General

The Children's Division, under the Department of Social Services umbrella, is designated to direct and supervise the administration of child welfare services. The Children's Division works in partnership with families, communities, the courts and other governmental entities toward ensuring the safety, permanency, and well-being of Missouri children. Missouri has 114 counties and the City of St. Louis which are grouped together using pre-established judicial circuit boundaries. Each circuit has oversight by a Circuit Manager. The state is divided into five regions with each governed by a Regional Director. In the Jackson County urban area, the Regional Director and the Circuit Manager position are held by the same person. The St. Louis Region includes the county and the city of St. Louis. Missouri's four regions are: St. Louis, Jackson County, Southeast, Southwest and Northern Region (East and West).

Missouri operates under a differential response program in which 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 would lead to the removal of the child or the alleged perpetrator from the home if continued. Investigations include, but are not limited to child fatalities, serious physical, medical, or emotional abuse, serious neglect in which criminal investigations are warranted and, 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 referral 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 which assists the family and the children's service worker in developing a rapport with the family and building 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.

In December 2016, Missouri introduced a new online reporting option for mandated reporters for non-emergency situations and online mandated reporter training. The Online System for CA/N Reporting (OSCR) provides mandated reporters the option to make reports of suspected child abuse and neglect online using OSCR for non-emergency situations. Mandated reporters are asked to respond to questions designed to determine if their concern can be considered a non-emergency and, if so, the mandated reporter may submit their concerns using OSCR. The Task Force on the Prevention of Sexual Abuse of Children has developed online training for Missouri's mandated reporters. The purpose of this course is

to provide access to training on mandated reporting requirements and issues to all mandated reporters with a consistent message. The training consists of four lessons designed to provide information and guidance regarding such topics and legal requirements, indicators of child abuse and neglect, planning to respond to suspicion, discovery and disclosure of child abuse and neglect, and effectively reporting child abuse and neglect.

Reports

The state records the date of the first actual face-to-face contact with an alleged victim as the start date of the investigation. Therefore, response time is based on the time the call was logged 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 workers are then required to follow-up with the family and see all household children within 72 hours. Data provided for 2017 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.

Senate Bill 160 changes the language for Re-Opening Reports (Previously Known as SB54 Reviews). Senate Bill 160 eliminates many of the restrictions that previous legislation placed on the Children's Division's ability to re-open an investigation. Missouri Revised Statute 210.152(3) now states, "the Children's Division may re-open a case for review if new, specific, and credible evidence is obtained." This will allow parties other than the alleged perpetrator, the alleged victim, or the office of the child advocate, to request a report be re-opened, including but not limited to, Children's Division staff and law enforcement.

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 2017 substantiated records and dividing it by the total number of prior substantiated records, not including unsubstantiated or alternate response records.

The state does not retain the maltreatment type for unsubstantiated investigations or alternate response reports as they are classified as alternative response nonvictims. These children are reported to NCANDS with the maltreatment type of "other," and the maltreatment disposition is assigned the value of the report disposition.

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 are accepted for investigation, and deaths which are nonsuspicious, accidental, natural, or congenital are screened out as referrals. Missouri determines substantiated findings when a death is due to neglect as defined in statute. Therefore, Missouri can thoroughly track and report fatalities. Through Missouri statute, legislation created the Missouri State Technical Assistance Team (STAT) to review and assist law enforcement and the Children's Division with 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, the 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 CPS hotline is the central recipient for fatality reporting, and state statute requires coroners and medical examiners to report all fatalities, Missouri could appear to have a higher number of fatalities when compared to other states where the CPS agency is not the central recipient of fatality data. Other states may have to obtain fatality information from other agencies and thus, have more difficulty with fully reporting fatalities.

Perpetrators

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

On August 28, 2017, Missouri legislature passed Senate Bill 160, parts of which went into effect on June 22, 2017. This bill determined that Missouri Children's Division does not have the authority to substantiate a report that an unknown perpetrator committed child abuse or neglect. In addition, an unknown perpetrator cannot be placed on Missouri's Family Care Safety registry. Due to this, a new investigative conclusion option, child abuse/neglect present, perpetrator unidentified, is being developed for Missouri's information system.

Senate Bill 160 also revised the definition of those responsible for the care, custody, and control of the child which includes, but is not limited to: the parents or legal guardians of the child; other members of the child's household; those exercising supervision over a child for any part of a twenty-four hour day; any 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; or any person who takes control of the child by deception, force, or coercion.

Services

Children younger than three years of age 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.

Post-investigation services are reported for a client who had intensive in-home services or alternative care opening between the report date and 90 days post disposition date or an active family-centered services case at the time of the report. Data for child contacts with court-appointed special advocates (CASA) were provided by Missouri CASA. Data regarding guardians' ad litem were not available for federal fiscal year (FFY) 2017. The Children's Trust Fund provided supplemental data regarding prevention services.

On July 22, 2016 President Obama signed into law, the Comprehensive Addiction and Recovery Act (CARA). CARA amended sections of Child Abuse Prevention Treatment Act (CAPTA) to remove the term "illegal" as applied to substance abuse affecting the identified infant and to specifically require that Plans of Safe Care address the needs of both infants and their families/caregivers. It also added requirements relating to data collection and monitoring. Additions to the Children's Division's policy manual include guidance on recognizing infants affected by substance abuse, withdrawal symptoms, Neonatal Abstinence Syndrome, and Fetal Alcohol Syndrome Disorder (FASD). New manual additions also include things to consider when assessing a family that has been identified as having a child with substance abuse exposure.

A Plan of Safe Care should address the health and substance use treatment needs of the infant and affected family or caregiver. The plan should be developed with input from the parents or other caregivers as well as any collaborating professional partners and agencies involved in caring for the infant and family. A Plan of Safe Care should be inclusive of the following: parents' or infant's treatment needs; other identified needs that are not determined to be immediate safety concerns; involvement of systems outside of child welfare; plan that is able to continue beyond the child welfare assessment if a case is not opened for further services.

Montana

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General

Montana does not have a differential response track for investigations. A new computer system is being developed and should provide enhanced data elements starting in 2019.

Reports

The Child and Family Services Division's Centralized Intake Bureau 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 telephoned to the field office. By policy, these Priority 1 reports receive an assessment or investigation within 24 hours. All other Child Protective Services (CPS) reports that require assessment or investigation are sent to the field within 24 hours. In general, this has resulted in improved response time. The state does not track the time from receiving the referral until the beginning of the investigation in hours. Montana state law requires purging of unfounded cases. In the past, these purged cases have been reported under the NCANDS disposition of "other." In federal fiscal year (FFY) 2015, these cases were reported under the NCANDS disposition of closed-no finding.

Children

The number of children in care has shown an ongoing increase in Montana. There was a large increase in victims in FFY 2016 that may be attributable to the increase in reports and the increase in parental drug use. Montana statute does not allow social workers to collect information on the financial status of a child's family, so the NCANDS risk factor of financial problem is not reported. Additionally, the NCANDS risk factor of domestic violence is included within Montana's definition of psychological abuse or neglect and physical neglect.

Fatalities

Due to the lack of legal jurisdiction, information in the State Automated Child Welfare Information System (SACWIS) does not include child deaths that occurred in cases investigated by the Bureau of Indian Affairs, Tribal Social Services, or Tribal Law Enforcement.

Perpetrators

Unknown perpetrators are assigned a common identifier within the state.

Services

Data for prevention services are collected by state fiscal year (SFY).

Nebraska

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General

During federal fiscal year (FFY) 2017, the state of Nebraska continued to use the Structured Decision Making (SDM) model, an Evidence Based Practice (EBP) to assess reports of child maltreatment. This is the fifth year for which SDM was implemented throughout the entire state. With the implementation of the SDM intake tool, the state believes consistency will continue to improve and screening decisions will be better supported.

The state of Nebraska uses two types of responses to screened-in reports of maltreatment; traditional, or investigation response, and alternative response. In FFY 2015, Nebraska began a pilot project to implement an alternative response to reports accepted for assessment. This pilot initially consisted of 5 counties in the state but expanded to include 74 counties by the end of FFY 2017. Alternative response is an approach to keep children safe through responding to allegations of maltreatment in a different way. Services are provided through non-court involvement, and services are voluntary. In the alternative response approach, there are allegations of maltreatment, but those allegations are not serious or imminent. Nebraska has a list of criteria they must follow when the intake is received by the hotline to determine if the family qualifies for alternative response. Data from both traditional response and alternative response cases were reported to NCANDS.

Reports

All reports of child maltreatment are received at a toll-free, 24-hour, centralized hotline. The intake workers at the hotline along with their supervisors use SDM to determine whether the report meets criteria for intervention and the response time for intervention. If the report meets the criteria for intervention, it is screened in and assigned to a worker to conduct an initial assessment, which includes using SDM safety assessments, safety plans (when needed) and risk or prevention assessments. At the end of the initial assessment, the workers use the SDM results to determine if the case should remain open and if ongoing services are needed.

Nebraska experienced a higher than average number of calls made to the hotline reporting child maltreatment in FFY 2017. This contributed to an increase in accepted intakes, investigations, substantiations, child victims and perpetrators.

Nebraska also experienced a high turnover rate during FFY 2017. This is resulted in an increase in response times of initial assessment workers to reports of child maltreatment. Nebraska does not utilize the full-time equivalents (FTE) formula to calculate the number of positions for intake/investigation/assessment.

Children

In FFY 2017, Nebraska saw an increase in the number of unique child victims. There were several factors that influenced the increase in child victims. Nebraska experienced a high number of calls made to the hotline reporting child maltreatment. This resulted in an increase of investigations and naturally an increase in child victims.

Fatalities

Nebraska reports child fatalities in both the Child File and the Agency File. The FFY 2017 Child File included one child who died as a result of maltreatment with no children reported in the Agency File. Child fatalities awaiting final disposition in Nebraska's child welfare information system who are not reported in this year's Child or Agency Files will be included in a future Child File that corresponds with the annual report submission when the disposition is completed.

Nebraska continues to work closely with the state's Child and Maternal Death Review Team (CMDRT) to identify child fatalities that are the result of maltreatment but are not included in the child welfare system. When a child fatality is not included in the Child File, the state determines if the child fatality should be included in the Agency File. The official report from CMDRT with final results are usually made available two to three years after the submissions of the NCANDS Child and Agency Files. Nebraska will resubmit the Agency File for previous years when there is a difference in the count than was originally reported as a result of the CMDRT final report.

Perpetrators

Nebraska collects information on the perpetrators and enters it into the child welfare information system. Information includes the relationship of the perpetrator to the child and demographic information. Nebraska also has state statute that prohibits a perpetrator under 12 years of age from being listed as a substantiated perpetrator on the child welfare information system. The maltreatment will be listed but there is no finding entered indicating if the maltreatment was substantiated or unfounded.

In FFY 2017, Nebraska saw an increase in the number of perpetrators. There were several factors that influenced the increase in perpetrators, including an increase in reports of child maltreatment for the year. There was an increase in the number of child maltreatment reports, naturally resulting in an increase in perpetrators.

Services

Nebraska refers all children who are young than three years of age and a substantiated victim of maltreatment to the Early Childhood Development Network. Nebraska automated its referral system to its Early Childhood Development Network to automatically notify the network of children younger than three who are victims of maltreatment.

The state believes that most of the services provided to families can be accomplished during the assessment phase, which is between the report date and final disposition. In many cases, these are the only services required to keep the child or victim safe. These services are not included in the NCANDS Child File; only the services that extend beyond the disposition are included.

Nevada

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General

Within the state, Child Protective Services (CPS) functions in three regional service regions: Clark County, Washoe County, and Rural counties. All three service regions use a single data system under the Statewide Automated Child Welfare Information System (SACWIS)—also known as Unified Nevada Information Technology for Youth (UNITY).

Nevada’s alternative response program is designated Differential Response (DR) and is implemented throughout all regions. Families referred under this policy 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.

All three child welfare service regions in Nevada are in the process of implementing the Safety Assessment and Family Evaluation (SAFE) model. While the primary focus in all three agencies has been on intake and assessment, or front-end services, the plan is to continue the rollout of the model to expand back-end services such as implementing conditions for return and the protective capacity of family assessment. This model has changed the state’s way of assessing child abuse and neglect. It 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 process and standards regarding investigation of maltreatment.

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.

Reports

For federal fiscal year (FFY) 2017, there was an overall decrease in reports of abuse or neglect as compared to the previous year. Nevada has varying priority response time frames for investigation of a report of child abuse or neglect, according to the age of the child and the severity of the allegations. Other reports are defined as follows: (1) information only, when there is insufficient information about the family or maltreatment of the child, or there are no allegations of child abuse/neglect; (2) information and referral, when an individual asks about services and there are no allegations of child abuse or neglect; and (3) differential response (DR), when a report is made, and the allegations do not indicate that safety factors are present but risk factors indicate the family could benefit from community services.

Nevada *(continued)*

Children

For FFY 2017, there was increase in the number of children reported as possible abuse or neglect victims as compared to the previous year. Further, the number of substantiated victims decreased compared to the previous year.

Fatalities

Fatalities identified in the SACWIS 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. However, four fatalities reported in FFY 2017 actually occurred in FFY 2016, but the determination was not completed until FFY 2017.

Nevada utilizes a variety of sources when compiling reports and data about child fatalities resulting from maltreatment. Any instance of a child suffering a fatality or near-fatality, who previously had contact with, or was in the custody of, a child welfare agency, is subject to an internal case review. Data are extracted from the case review reports and used for local, state, and federal reporting, as well as to support prevention messaging. Additionally, Nevada has both state and local child death review (CDR) teams which review deaths of children (17 years or younger). The purpose of the Nevada CDR process is public awareness and prevention, enabling many agencies and jurisdictions to work together to gain a better understanding of child deaths.

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 are handled through outside providers. Information on services received by families is reported through various programs. Services provided in conjunction with the new will safety model are documented in the system, but these data are not readily reportable. The Child File contains some of the services from the SACWIS system, and the state is investigating steps to bring more of that information into the NCANDS report.

Nevada follows its statewide policy (#0502 CAPTA-IDEA Part C), which states: “Child welfare agencies refer children under the age of three 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 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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General

New Hampshire's child protection system does not include differential response.

Reports

New Hampshire uses a tiered system of required response time, ranging from 24 to 72 hours, depending on level of risk at the time of the referral.

The state continues to experience the effect of an increase in substance abuse by parents, particularly opioid drugs. The total number of reports received increased in 2017. However, the number of assessments closed and reported to NCANDS has decreased compared to last year. There are two factors to consider:

- The larger number of assessments closed in 2016 reflected an emphasis on closing a backlog of overdue assessments that year.
- Inadequate staff to finalize the closing of federal fiscal year (FFY) 2017 assessments where the children were determined to be safe.

The New Hampshire Legislature approved an additional 20 assessment staff positions during 2017. However, the agency continues to experience significant staff turnover and the need to ensure newly hired staff are fully trained before being assigned as primary workers to conduct protective assessments. Nevertheless, progress has been made. At the end of the FFY, each worker certified to carry a caseload had an average of 60 open assessments on their workloads, compared to 70 at the beginning of the FFY.

Insufficient staff resources continues to increase the agency's average face-to-face response time. To assure child safety when timely face-to-face response cannot occur, staff are in direct contact with collaterals (i.e. school, physician, reporter) to ascertain the immediate safety of the child and face-to-face interviews then follow when it is determined the child is conditionally safe. Although this increases the official response time, investigators have taken timely action on assessments.

During FFY 2017, New Hampshire established an after-hours intake unit, with 8.5 new full-time-equivalent staff. New Hampshire is now able to receive and process reports 24/7. The state also established a State-wide Assessment Team of Child Protective Service Workers (CPSWs) who work from noon to 8:00 pm on weekdays, and a system of on-call CPSWs who can immediately respond to emergencies between 8:00 pm and 8:00 am. The "number of staff Responsible for CPS Functions" includes assessment workers and workers who specialize in investigation of allegations of abuse and neglect in out-of-home placements. The number of screening and intake workers includes intake workers. The numbers are not duplicated.

Children

While the number of assessments closed decreased, the number of victims increased. We have recently established a greater focus on safety and risk in assessments as a result of ongoing internal practice reviews. At the same time, the state's substantiation rate has

New Hampshire *(continued)*

increased, resulting in more victims in the file, and a corresponding decrease in nonvictims. This is a trend we are monitoring.

Fatalities

Data for the Agency File were obtained from the New Hampshire Department of Justice, as well as the Statewide Automated Child Welfare Information System (SACWIS). Historically, including throughout FFY 2017, DCYF defers investigation of child fatalities to law enforcement, but does investigate the safety of siblings in the family. This is a practice which is being changed in calendar year (CY) 2018.

New Hampshire has a Child Fatality Committee consisting of 31 members representing government agencies (Attorney General; Judicial Branch; Board of Pharmacy; Division for Children, Youth and Families; Department of Safety; State Medical Examiner; Fire Marshall; Behavioral Health; Public Health; Drug and Alcohol Services); Law Enforcement (State and Local); Community Mental Health Services; Granite State Children's Alliance; New Hampshire Coalition Against Domestic and Sexual Violence; and Dartmouth Hitchcock Medical Center.

Services

The NCANDS category of "other" services includes ISO in-home, an individual service option that provides comprehensive services for children/youth with significant challenges, which may be medical, physical, behavioral or psychological. The service, therefore, fits into several different service categories, but not precisely into any one category.

New Hampshire only is able to report those services that were paid for directly by the child protection agency. Any services that were paid for by Medicaid or the family's own health insurance are not reported the following service categories: counseling services, health-related and home health services, and substance abuse services. New Hampshire does not provide or collect data on the following services, as defined by NCANDS: case management services, employment services, family planning services, home based services, information and referral services, housing services, legal services and respite care services.

Although not directly served, the New Hampshire Children's Trust estimates that hospital staff delivered the "Period of PURPLE Crying" to parents of 11,588 infants, reaching more than 95 percent of families of children born in the state in 2016. The Agency File children and families who received prevention services from the state during the year under the Promoting Safe and Stable Families (PSSF) Program and Social Services Block Grant are funded from the Child Abuse State Grant, PSSF Program, and Social Services Block grant and are combined to fund agencies that provide prevention services in New Hampshire. The numbers of children and families are unduplicated and represent the number of children and families served as a percentage of the total funding.

The New Hampshire SACWIS does not currently record referrals made to the Individuals with Disabilities Education Act (IDEA) agencies in a way that can be queried. We must, therefore, rely on a report from another state agency which aggregates activities of the area agencies that complete the evaluations. Those agencies only maintain records for the children who completed an intake and/or evaluation. The report does not include any referrals for children whose parents did not respond to an invitation to have their child evaluated.

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 the system. The state has been making continuous enhancements toward improving the quality of NCANDS data.

Reports

The State Department of Children and Families (DCF) under the Division of Child Protection and Permanency (CP&P), formerly the Division of Youth and Family Services (DYFS), investigates all reports of child abuse and neglect. The state system allows for linking multiple Child Protective Services (CPS) Reports to a single investigation. The state has the capability to record the time and date of the initial face-to-face contact made to begin the investigation.

Structured Decision-Making assessment tools, including safety and risk assessments, are incorporated within the investigation screens in the SACWIS. These tools are required to be completed in the system prior to documenting and approving the investigation disposition.

As of April 2013, new regulations took effect modifying the Department of Children and Families' dispositions following child abuse and neglect investigations. Previously, DCF had two disposition categories; unfounded and substantiated.

The Four-Tier Finding Determination Model:

- **Substantiated**—A preponderance of the evidence establishes that a child is an abused or neglected child as defined by statute; and either the investigation indicates the existence of any of the absolute conditions; or substantiation is warranted based on consideration of the aggravating and mitigating factors.
- **Established**—A preponderance of the evidence establishes that a child is an abused or neglected child as defined by statute; but the act or acts committed or omitted do not warrant a finding of substantiation upon consideration of aggravating and mitigating factors.
- **Not Established**—There is not a preponderance of the evidence that the child is an abused or neglected child as defined by statute, but evidence indicates that the child was harmed or placed at risk of harm.
- **Unfounded**—There is not a preponderance of the evidence indicating that a child is an abused or neglected child as defined by statute, and the evidence indicates that a child was not harmed or placed at risk of harm.

This revised system allows for more specific investigation disposition categories to more appropriately reflect the particular circumstances present in each investigation, allowing for better partnership with families and better outcomes for children. This change also provides fairness in the operation of the Child Abuse Record Information system and allows DCF to better protect children by requiring the maintenance of all records in which children were

harmed or exposed to risk of harm, even when the statutory definition of child abuse or neglect could not be met.

The implementation of these regulations has led to increased case practice discussions, improved staff analysis, and created stronger documentation. Since these new regulations went into effect, along with ongoing staff training and the courts' adaptation to the new regulations, there has been a marked decrease in the number of child victims. As indicated by definition, the finding of established is based on a preponderance of evidence establishing that the child is a victim of maltreatment. Therefore, reports with an established finding are coded to the NCANDS disposition substantiated.

The number of reports increased, and the number of substantiated victims decreased resulting in a decreased percentage of substantiated reports in federal fiscal year (FFY) 2017 compared to FFY 2016. New Jersey continues to attribute this decrease to the implementation of the Four-Tier Finding Determination Model.

Children

Children with allegations of maltreatment are designated as alleged victims in the CPS report and are included in the Child File. The state SACWIS allows for reporting more than one race for a child. Race, Hispanic/Latino origin, and ethnicity are each collected in separate fields.

Fatalities

Child fatalities are reported to the New Jersey Department of Children and Families Fatality and Executive Review Unit by many different sources including law enforcement agencies, medical personnel, family members, schools, offices of medical examiners and occasionally child death review teams. The CP&P Assistant Commissioner makes a determination as to whether the child fatality was a result of child maltreatment.

The NCANDS state contact consults with the Fatality and Executive Review Unit Coordinator and the Child Protection and Permanency (CP&P) Assistant Commissioner to ensure that all child maltreatment fatalities are reported in the state NCANDS files. The state SACWIS is the primary source of reporting child fatalities in the NCANDS Child File. Specifically, child maltreatment deaths reported in the Child File are from data collected and recorded by investigators in the investigation and person management screens in the SACWIS.

Other child maltreatment fatalities not reported in the Child File due to data anomalies, but which are designated child maltreatment fatalities by the Fatality and Executive Review Unit under the Child Abuse Prevention and Treatment Act (CAPTA), are reported in the NCANDS Agency File. New Jersey has maintained a stable annual child fatality rate for the last nine years. Fluctuations in the number of fatalities from year to year are likely due to random case-level variation and are monitored closely.

Perpetrators

New Jersey DCF's Institutional Abuse Investigation Unit continues with the case practice initiative implemented in 2012 to conference investigations with a representative from the

New Jersey *(continued)*

Office of the Deputy Attorney General prior to rendering a finding. This practice strengthens the investigation assessment.

Services

The state SACWIS reports those services specifically designated as family preservation services, family support services, and foster care services as postinvestigation services in the Child File.

The Child Abuse and Neglect State Grant is one funding source for the Child Protection and Substance Abuse Initiative (CPSAI). The Social Service Block Grant served children with case management services. Reported children are unduplicated and include children who may have had a CPS report during the fiscal year. New Jersey's Community-Based Prevention of Child Abuse and Neglect Grant funded six Family Success Centers, the New Jersey Child Assault Prevention Program, the Prevent Child Abuse New Jersey Program, and the Strengthening Families Child Care Initiative.

The state is able to report the number of children eligible for a referral to Early Intervention Services and the number of children referred in FFY 2017. Compliance with this federal requirement is closely monitored by CP&P.

New Mexico

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General

There have been no recent changes in the state policies, programs, or procedures that would affect New Mexico's federal fiscal year (FFY) 2017 NCANDS submission. New Mexico does not have two types of responses to screened-in referrals. All screened-in reports are investigated.

Reports

The New Mexico definition for investigation initiation differs from the NCANDS definition in requiring face-to-face contact with all alleged victims included in a report, rather than with individual alleged victim for whom the referral was made. New Mexico also measures investigation initiation from the point at which the report is accepted by Statewide Central Intake, rather than the point at which the report is received.

New Mexico does not currently report incident date. The alleged date of maltreatment (incident date) is complicated by the fact that the reporter may know only a general maltreatment timeframe, or the alleged maltreatment reported may be chronic in nature. Because of the known inherent inaccuracies in the reporting of chronic maltreatment and potential inaccuracies in the reporting of a general maltreatment timeframe for a specific maltreatment event, New Mexico does not plan to modify the state's data collection system to capture incident information and will continue to use the current reporting approach.

Children

The number of substantiated victims increased in FFY 2017 from the previous year. Unique children in the Child File are those for which an investigation was completed during the submission period, and inclusion is not based on the report date. Our state continues to make efforts to address backlogs of pending investigations. During the latter part of FFY 2017, special attention was given to those counties with high numbers of overdue investigations, and the push to close these cases resulted in about 500 more cases than usual closed in both March and April 2017, and again in June, July, and August 2017. New Mexico is aware that staff are substantiating at a higher rate and theorizes that this increase may be due to more child maltreatment occurring and/or to inconsistencies in substantiation practice. New Mexico has begun to train supervisors and staff using a Safety Organized Practice approach which results in increased assessment skills, increased family engagement, and increased supervisory oversight.

The state is not able to report on the following child data fields that are not captured in the Statewide Automated Child Welfare Information System (SACWIS): child living arrangement, intellectual disability-caregiver, learning disability-caregiver, and visually or hearing impaired-caregiver.

Fatalities

The number of child fatalities increased from FFY 2016 to FFY 2017. New Mexico obtains a list of child deaths from the Office of the Medical Investigator (OMI) to compare to Children Youth and Families Department (CYFD) data in the category of homicides. A follow-up, in-person review of OMI files is also conducted for any child not known to the state agency who is identified as a victim of homicide to determine the identity and relationship of the alleged perpetrator, if known. Only children known to have died from maltreatment by a parent or primary caregiver who are not included in the Child File are included in the Agency File. In addition, Fatality counts in the state are highly susceptible to broad fluctuation due to the overall low numbers of fatalities that occur in the population. Because these records are included in the submission that corresponds with investigation closure date, the length of time that some of these cases must remain open for thorough investigation can create additional year-over-year variation.

Perpetrators

New Mexico attributes its low numbers of maltreatment in foster care to an improved training model implemented in 2012 that is described as a more realistic portrayal of the foster parent role. Placement staff are also available around the clock to respond to foster care incident reports which can address foster parent issues before situations escalate to the report level. Placement staff are all trained to use the National SAFE Homestudy Evaluation when licensing potential foster parents. The training in New Mexico is taught by SAFE certified trainers, The Consortium for Children. This allows for increased consistency in licensure throughout the state. New Mexico has increased the Annual Recertification Hours for foster parents to 12 hours and mandates that the twelve hours be training specifically regarding safety and parenting children in foster care. New Mexico has launched a blended learning foster and adoptive parents' pre-services training which included classroom and on-line lessons. Additionally, New Mexico has implemented a statewide Foster Parent Recruitment and Retention Plan which will expand the number of foster and adoptive resources and minimize the barriers to licensure. Family support services for foster parents and foster parent support groups also are available statewide.

The state does not report information on residential staff perpetrators, as any report of alleged abuse and neglect that occurs at a residential facility is screened out. CPS does not have jurisdiction via state law to investigate allegations of abuse and neglect in facilities; however, the following is done with the screened-out reports of child maltreatment in facilities:

- Any screened-out report is cross-reported to law enforcement having jurisdiction over the incident; such reports are cross-reported to licensing and certification, the entity in New Mexico with administrative oversight of residential facilities.
- Upon request from law enforcement, an investigation worker may act in consultation with law enforcement in conducting investigations of child abuse and neglect in schools and facilities and may assist in the interview process.
- If an alleged maltreatment incident involves a child in the child welfare agency's custody, then a safety assessment is conducted for that child to ensure that the placement is safe.

New Mexico *(continued)*

The NCANDS category of “other” perpetrator relationship includes:

- sibling’s guardian
- nonrelative
- foster sibling
- reference person
- conservator
- surrogate parent
- perpetrator is a foster parent and the child is not under the care, placement, or supervision of the child welfare agency

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:

- home-based services
- information and referral services
- respite care services
- other services
- special services-juvenile delinquent

Whenever there is a child younger than 3 years in a family involved in a substantiated investigation, policy states that the investigation worker refers that child 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 York

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General

The state has continued to expand the number of local districts of social services using the alternative response, known as family assessment response. New York's AR program has been implemented by a total of 32 local districts of social services. Ten of the local districts have since suspended implementation and several are in the planning stages to start or re-start.

Reports

New York state does not collect information about calls not registered as reports.

Children

Most reporting to the NCANDS maltreatment type of "other" is accounted for by the state maltreatment type parent's drug/alcohol use. The state is not able to report the NCANDS child risk factor fields at this time. However, changes are being made to the system to capture elements related to Comprehensive Addiction Recovery Act (CARA).

Not all children reported in the Child File have Adoption and Foster Care Analysis and Reporting System (AFCARS) IDs because the state uses different data systems with different child identifiers for child protective services and child welfare. The AFCARS ID is only assigned if the child is receiving child welfare services and is inconsistently updated in the child protective system, which is the source of the NCANDS submission. State statute and policy allow acceptance and investigation/assessment of child protective reports concerning certain youth over the age of 21.

Fatalities

State practice allows for multiple reports of child fatalities for the same child and deaths that occurred in previous years. NCANDS validation software considers multiple reports of the same child as duplicates and removes them from the Child File. All these fatalities are reported in the Agency File.

By state statute, all child fatalities due to suspected abuse and neglect must be reported to the Statewide Central Register of Child Abuse and Maltreatment by mandated reporters, including, but not limited to, law enforcement, medical examiners, coroners, medical professionals, and hospital staff. No other sources or agencies are used to compile and report child fatalities due to suspected child abuse or maltreatment.

Perpetrators

With the exception of the domestic violence risk factor, the state is not able to report the NCANDS caregiver risk factors at this time.

Services

The state is not able to report the NCANDS services fields at this time. Title XX funds are not used for providing child prevention services in this state.

North Carolina

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General

North Carolina maintains a statewide differential response to allegations of child maltreatment. Note that the state is in the process of rolling out a new data collection system, and data collected during federal fiscal year (FFY) 2017 are compiled from the existing legacy system and the new data collection system. This process may result in data inconsistencies and reporting challenges for the state.

Reports

Following the receipt of the reports of alleged child maltreatment, these allegations are screened by the local child welfare agency against North Carolina general statute using a structured intake rubric to determine if the allegations meet the statutory definition of abuse, neglect, or dependency. Once reports are accepted by the local child welfare agency they are assigned to one of the two tracks: either investigative assessment or a family assessment. Accepted reports of child abuse (and certain types of special neglect cases such as conflicts of interest, abandonment, or alleged neglect of a foster child) are mandatorily assigned as investigative assessments, while accepted reports of child neglect or dependency may be assigned as either family or investigative assessment at the county's discretion. North Carolina defines a dependent child as one who has no parent or caregiver, or a child whose parent or caregiver is unable to provide for the care or supervision of the child.

Family assessments place an emphasis on globally assessing the underlying issues of maltreatment rather than focusing solely on determining whether the incident of maltreatment occurred. In a family assessment, the family is engaged using family-centered principles of partnership throughout the entire process. Case decision findings at the conclusion of a family assessment do not indicate whether a report was substantiated or not, rather a determination of the level of services a family may need is made. A perpetrator is not listed in the state's Central Registry for family assessments. The staffing numbers were provided by an annual survey of the local child welfare agencies within the state.

Children

North Carolina reports one type of maltreatment per child. The NCANDS category of "other" maltreatment type includes: 1) dependency and 2) encouraging, directing, or approving delinquent acts involving moral turpitude committed by a juvenile. Legislation requires that for all allegations of abuse, neglect, or dependency, all minors living in the home must be treated as alleged victims.

Fatalities

Data about child fatalities only are reported via the Chief Medical Examiner's Office. During FFY 2017 there were 18 deaths classified as homicide by parent or caregiver.

Perpetrators

North Carolina associates one perpetrator per victim.

North Dakota

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General

North Dakota implemented an alternative response option exclusive to substance exposed newborns (defined in state law as infants age 28 days or less) in November 2017 in response to the Comprehensive Addiction and Recovery Act (CARA) amendments to the Child Abuse Prevention and Treatment Act (CAPTA). This alternative response option includes development and monitoring of a Plan of Safe Care for each newborn and each caregiver for the newborn, needs assessment and the absence of a finding of child abuse or neglect. The alternative response is voluntary, and prenatal substance exposure remains in state law as a form of child neglect. Caregivers who decline participation in alternative response receive a standard Child Protective Services (CPS) assessment response. Data elements for alternative response have been included in the state's data system but are not yet mapped to NCANDS. It is anticipated that data from the alternative response assessments will be reported to NCANDS for part of FFY 2018.

Reports

North Dakota encompasses four Native American 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 does not report a number of screened out reports. Under North Dakota law, all reports of suspected child abuse and neglect must be accepted. North Dakota has adopted an administrative assessment process to correctly triage reports received. The number of children included in reports that are administratively assessed is not collected. An administrative assessment is defined as the process of documenting reports of suspected child abuse or neglect that do not meet the criteria for a CPS assessment. Under this definition, reports can be administratively assessed when the concerns in the report clearly fall outside of the state child protection law. Such circumstances include:

- The report does not contain a credible reason for suspecting the child has been abused or neglected.
- The report does not contain sufficient information to identify or locate the child.
- There is reason to believe the reporter is willfully making a false report (these reports are referred to the county prosecutor).
- The concern in the report has been addressed in a prior assessment.
- The concerns are being addressed through county case management or a Department of Human Services therapist.
- Reports of pregnant women using controlled substances or abusing alcohol (when there are no other children reported as abused or neglected) are also included in the category of administrative assessments, as state law doesn't allow for a decision of services required (substantiation) in the absence of a live birth.

North Dakota *(continued)*

Assessments that are in progress when information indicates the report falls outside of the child abuse and neglect law may be terminated in progress. Reports may also be referred to another jurisdiction when the children of the report are not physically present in the county receiving the report (these reports are referred to another jurisdiction (county, tribal, or state), where the children are present or believed to be present). Reports involving a Native American child living on a reservation are referred to tribal child welfare systems or to the Bureau of Indian Affairs child welfare office. Reports concerning sexual abuse or physical abuse by someone who is not a person responsible for the child's welfare (noncaregiver) are referred to law enforcement.

Data mapping and calculating the response time, both in the Agency File and in the Child File, has proved to be quite challenging as there is a significant divergence between the state's administrative rule and policies and the definitions required for NCANDS reporting. In the North Dakota data system, there is only a single code allowed to indicate initiation of an assessment. State administrative rule allows initiation of an assessment to be done by completing a check for records of past involvement, by contact with the subject of a report, or with a collateral contact. In contradiction to the federal definition, the administrative rule does not list contact with a victim as an initiation activity. When a subsequent contact is made with a victim, there is not a separate code within the data system to indicate this action as initiation. Therefore, many assessments initiated under the state administrative rule do not meet the initiation definition in the Child File or Agency File.

Because North Dakota is a county administered system, the state only can 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 a quarter of their time is spent on CPS functions, a quarter of their time may be in foster care, a quarter of their time may be in adult services, and a quarter of their time may be in in-home case management. The state has no independent way to determine what portions of the FTE are dedicated to CPS functions. Additionally, intake and report analysis functions are the responsibility of each county office. North Dakota does not have a centralized intake hotline. Finally, counties may assign non-child welfare staff, such as clerical staff or economic assistance staff, to conduct CPS intake functions. These personnel are not included in staff counts. To glean the required information for NCANDS reporting, the state has initiated a survey of the counties in which the counties are asked to report the number of FTEs in their agency dedicated to CPS functions.

Children

The number of victims increased from FFY 2016 to FFY 2017. This increase is consistent with the amount of increase between FFY 2015 and FFY 2016 and is believed to be related to an increase in the overall child population combined with increased caregiver drug and alcohol abuse, based on the numbers of children entering foster care due to caregiver substance abuse.

Child and caregiver risk factor data recording has been strengthened during this reporting period through data system changes; however, due to mapping requirements and limited data resources, NCANDS mapping for risk factor data elements are limited for this reporting

North Dakota *(continued)*

period. The data reporting is expected to improve when the revised risk factor changes are mapped for NCANDS reporting.

Fatalities

All fatalities were reported in the Child File. The North Dakota Department of Human Services, Children and Family Services Division is the agency responsible for coordination of the statewide Child Fatality Review Panel as well as serving as the state's child welfare agency. The Administrator of Child Protection Services serves as the Presiding Officer of the Child Fatality Review Panel. This dual role provides for close coordination between these two processes and aides in the identification of child fatalities due to child abuse and neglect as a sub-category of child fatalities from all causes. The North Dakota Child Fatality Review Panel coordinates with the North Dakota Department of Health Vital Records Division to receive death certificates for all children, ages 0–18 years, who receive a death certificate issued in the state. These death certificates are screened against the child welfare database.

The following children are selected for an in-depth review by the Child Fatality Review Panel: any child who has current or prior CPS involvement; any child who it can be determined is in the custody of the Department of Human Services, county social services, or the Division of Juvenile Services at the time of the death; any child whose manner of death as listed on the death certificate as accident, homicide, suicide or undetermined; and 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. As part of these in-depth reviews, records are requested from any agency identified in the record as being involved with the child in the recent period prior to death, including law enforcement, medical facilities, Child Protection Services, the County Coroner and the State Medical Examiner's Office for each death. 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.

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. Additionally, the State Medical Examiner's Office forensic pathologists participate in conducting the reviews. Data from each review are 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 NCANDS data do not contain child welfare data concerning children in tribal jurisdiction, the state is confident that all deaths in the state from all causes are identified, reviewed and reported.

Perpetrators

North Dakota reports unknown perpetrators to the relationship category of unknown within the state's data system (FRAME). Perpetrator IDs for unknown perpetrators are unique to each assessment.

North Dakota *(continued)*

Institutional Child Protection Services are addressed in a separate section of the state statute. Under state statute, institutional child abuse or neglect is defined as situations of known or suspected child abuse or neglect when the institution responsible for the child's welfare is a residential child care facility, a treatment or care center for individuals with intellectual disabilities, a public or private residential educational facility, a maternity home, or any residential facility owned or managed by the state or a political subdivision of the state. An individual working as facility staff is not held culpable within Institutional Child Protection Services, rather, the facility itself is considered to be a subject (perpetrator) of the report. Assessments of institutional child abuse or neglect are assessed at the state level by regional staff rather than at the county level, as are CPS reports that are non-institutional. All reports of institutional child abuse and neglect are reviewed by a multi-disciplinary state Child Protection Team on a quarterly basis. Determinations of institutional child abuse and neglect are made by team consensus. A determination of indicated means that a child was abused or neglected by the facility. A decision of not indicated means that a child was not abused or neglected by the facility.

There was an increase in reports of institutional child abuse and neglect this FFY. Each year the number of reports continues to increase. Possible explanations for this increase include an increase in the number of youth placed in facilities and increased training efforts for education and training for facility staff.

Training opportunities for facility staff include online mandated reporter training and state and regional trainings on how to recognize and report child abuse and neglect in a residential setting. Despite the increased number of reports, however, the number of full assessments completed has remained consistent.

Services

In the Agency File, the number of children eligible and referred to Individuals with Disabilities Education Act (IDEA) services include only children less than 3 years of age. Of the children eligible and not referred, three children had been previously referred and were receiving IDEA services, three children had left the state and whereabouts were unknown for 1 of the three, 1 child turned age 3 prior to the case determination and was no longer eligible and 1 child was deceased. The reason for non-referral for the remaining children was not available.

The state has limitations when reporting reunification services. Case management services provided by county agencies are dependent upon correct data entry connecting the service with the CPS assessment. Additionally, services provided through referral to service providers outside the county agency may only be documented in narrative form, which prohibits data extraction.

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 and have a disposition of AR. Children 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.

Ohio implemented improved Statewide Automated Child Welfare Information System (SACWIS) functionality during federal fiscal year (FFY) 2017 to better capture child fatality data. Public children services agencies (PCSA) are required to record information on all child fatalities received. All child fatalities alleged to have occurred as a result of possible maltreatment recorded outside of an abuse and/or neglect report have system prompts for the user to record the allegations onto an abuse and/or neglect report. Additionally, all screened-out reports alleging a child fatality may have occurred a result of abuse or neglect are reviewed.

Reports

In FFY 2017, Ohio experienced an increase in the number of screened-in reports from FFY 2016. Additionally, in FFY 2017 there was an increase of alternative response nonvictim disposition from FFY 2016.

Children

Requirements to record the race/ethnicity of children in SACWIS effectuated in FFY 2015 and remain. Child victims as reported by Ohio are children who have received a disposition of substantiated or indicated in the TR pathway.

Fatalities

Child maltreatment deaths reported in Ohio's NCANDS submission are compiled from the data maintained in the SACWIS. The SACWIS data contain information only on those children whose deaths were reported to and investigated by a PCSA or children involved in a child protective services (CPS) report who died during the assessment or investigation period. As a county administered CPS system, Ohio PCSAs have discretion in which referrals are accepted for assessment or investigation. In some cases, the PCSA will not

investigate a child fatality report unless there are 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.

There were multiple child fatalities not included in the FFY 2017 reporting year. This was a result of multiple reports screened in and substantiated addressing a single fatality incident. During FFY 2017, three children were not included in the Child File. The children are reported in the Agency File for the FFY 2017 reporting period.

Perpetrators

The NCANDS category of “other” perpetrator relationship includes nonrelated (NR) child and NR adult. These are catch-all categories that can be used for any individual who is not a family member. Guidance continues to be provided to agencies to select the most appropriate relationship code (e.g., neighbor) instead of using the nonrelated categories.

Services

Ohio is continually working to improve the recording of services data in the SACWIS. Federal grant funds are used for state level program development and support to county agencies providing direct services to children and families.

Ohio policy requires all children ages 0–3 with a substantiated report to be referred to Help Me Grow/Early Intervention. Ohio has established a referral form that is used exclusively by child protective services agencies to refer families and children to Help Me Grow. Ohio’s Help Me Grow/Early Intervention program is supervised by the Ohio Department of Health and is administered through county agencies. This is the number of unique children ages 0–3 with a substantiated report disposition. Although the state does not report AR victims, the data include children and siblings served through both the AR pathway and the TR pathway. All children determined eligible were referred to Help Me Grow. Ohio’s SACWIS generates the Help Me Grow referral form.

Oklahoma

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General

The Pinnacle Plan details a five-year plan, beginning with state fiscal year (SFY) 2013, to address 15 performance areas identified in the agreement with plaintiffs in the class action litigation DG vs. Yarbrough, Case No. 08-CV-074. In June 2017, the Statewide Maltreatment in Care (MIC) Dashboard was released. The MIC dashboard was developed to provide a focus on the safety of children in out-of-home care

Oklahoma has continued with the commitment and emphasis on trauma-informed care as a priority in the state. As a result of leadership buy-in and through the Oklahoma Trauma Assessment and Service Center Collaborative (OK-TASCC) grant and other initiatives, Oklahoma is a leader in trauma-informed efforts in terms of knowledge, training, policy, and practice changes. A trauma-informed/focused approach has been essential to enhancing system-wide capacity and sustaining the implementation activities required to address the multiple domains associated with well-being.

As of June 2016, the implementation of the Child Behavioral Health Screener (CBHS) with child welfare (CW) staff was statewide and expanded to include family centered services, adoptions and post-adoptions programs. The CBHS, tailored to different developmental levels, is a brief measure designed to screen monthly for presence of behavioral and trauma-related symptoms that may be negatively impacting child functioning in youth ages birth through 17 years old.

Oklahoma is currently participating in a pilot project involving Eckerd's Rapid Safety Feedback process. The process uses a combination of predictive analytics in combination with Continuous Quality Improvement (CQI) to provide support and monitoring of cases/intakes where a child has been evaluated by the predictive model to be high risk of death or near death. The pilot is currently implemented and ongoing in Oklahoma County. The project involves a partnership between Eckerd, Oklahoma Child Welfare, Mindshare, and Casey Family Programs. The technology is a means of sorting the data, highlighting correlations, and identifying heightened probability. This identification engages a review process for safety analysis and staffing which is inclusive of frontline field staff, supervisory staff, and CQI staff. A total of 255 families have been engaged through this review process between December 2015 and September 30, 2017.

Oklahoma is also participating in a Title IV-E Waiver Demonstration Project. While DHS historically has serviced children in the home utilizing the evidence-based Safe Care model through a program entitled Comprehensive Home-Based Services (CHBS), it is only appropriate for families where children are at moderate risk of removal. The DHS waiver demonstration project targets those families where the removal risk is higher and therefore not appropriate for CHBS. The flexible use of IV-E funds permits DHS to shift funding to services which safely prevent removals, allowing more children to remain in the home. This demonstration project has implemented the provision of Intensive Safety Services (ISS).

ISS is an intensive family preservation program that provides services in the home three to five times a week, eight to 10 hours per week for duration of four to six weeks for families with children ages 0–12. These services are provided by a master’s level licensed behavioral health professional, or one under supervision for licensure, who is trained in Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT). The ISS contracted worker connects the family to appropriate community resources based on their needs during the 4- to 6-week period for continued treatment.

Reports

The Oklahoma Department of Human Services has a statewide, centralized hotline to receive child abuse and neglect reports. An allegation of child abuse or neglect reported in any manner to a DHS county office is immediately referred to the hotline. Each report received at the Hotline is screened to determine whether the allegations meet the definition of child abuse or neglect and are within the scope of Child Protective Services (CPS).

DHS 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 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 allege a serious and immediate safety threat to a child. 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 the child (PRFC)’s behavior poses a risk to the child, an investigation is immediately initiated by the Child Welfare specialist.

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 per OAC 340:75-3-120, including minor injury to a child 10 years of age and older who has no significant child abuse and neglect history or history of neglect that would be harmful to a young or disabled child, but poses less of a threat to a child 10 years of age and older;
- 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;

Oklahoma *(continued)*

- that indicate a child 6 years of age or older is spanked on the buttocks by a foster or trial adoptive parent with no unreasonable force used or injuries observed per OAC 340:75-3-410; and
- 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.

Children

Legislation passed in federal fiscal year (FFY) 2013 directed that an investigation, rather than an assessment, be completed whenever the department determines that a child is drug-endangered which 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 substances. The term also includes newborns that test positive for a controlled dangerous substance, except for those substances administered under the care of a physician. The number of investigations in which a newborn tested positive at birth for a substance increased from SFY 2015 to SFY 2016. In SFY 2017, this number decreased slightly DHS will begin tracking these numbers in greater detail in SFY 2018.

Legislation effective in November of 2015 added sexual exploitation to the types of referrals received by the child abuse and neglect hotline, modified the definition of sexual exploitation in and added a definition of trafficking in persons to Oklahoma Title 10A, the Children and Juvenile Code. New law also went into effect requiring that DHS, in consultation with state and local law enforcement, juvenile justice systems, health care providers, education agencies, and organizations with experience in dealing with at-risk children and youth, establish policies and procedures, including relevant training for caseworkers, for identifying, documenting in agency records, and determining appropriate services for children and youth at risk of sex trafficking. Child Welfare policy has been updated to include a specialized protocol for child abuse and neglect reports involving child victims of human trafficking.

In the last year, CPS programs have worked with domestic violence partners to ensure consistent training was provided to all child welfare staff. CPS Programs have updated the training curriculum to match current policy and protocols related to domestic violence, educational neglect, substance exposed newborns, and the overall safety decision making process.

Fatalities

Oklahoma investigates all reports of child death and near death that are alleged to be the result of abuse or neglect. A final determination of death due or near death due to abuse or neglect is not made until 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 the investigation and State Office program review are completed.

The Oklahoma Child Death Review Board conducts a review of every child death and near death in Oklahoma (both attended and unattended). State Office Child Protective Services staff work closely with the Child Death Review Board and is a participating member. Legislation was introduced in FFY 2014 to allow any city or county Fetal Infant Mortality

Oklahoma *(continued)*

Review board of the Health Department to have limited information concerning investigations of fetal and infant mortalities.

All child fatalities and near fatalities with findings in the State Automated Child Welfare System are reported in the Child File. Increased communication with the Office of the Medical Examiner and the addition to the OKDHS staff responsible for final determination and documentation on all child deaths and near deaths has resulted in more timely documentation of child deaths.

Perpetrators

Oklahoma began reporting perpetrator relationships of group home or residential facility staff in the FFY 2013 Child File. 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 (SACWIS). Oklahoma reports all unknown perpetrators.

Services

Post investigation services are services that are provided during the investigation and continue after the investigation, or services that begin within 90 days of closure of the investigation. In cases where the family would benefit from services and the child can be maintained safely in the home, DHS can refer to community services or refer the case to Comprehensive Home-Based Services through a DHS contracted provider. If referred to community services, the DHS investigation can be closed, and DHS will determine within 60 days whether the family has accessed the recommended services and if the child remains safe. If the family is referred to Comprehensive Home-Based Services, DHS will open a Family Centered Services case and follow the family for up to six months.

Oregon

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General

OR-Kids, Oregon's Statewide Automated Child Welfare Information Systems (SACWIS), allows Oregon to collect data at the child level on nonvictims. Federal fiscal year (FFY) 2017 is Oregon's fifth Child File that shows child-level data for all children associated with screened-in referrals.

Oregon began a phased implementation of a two-track response system called differential response (DR) in May 2014. This began with Lane, Klamath, and Lake counties. By April 2017, when DR was ended through legislative action, it had expanded to include Benton, Lincoln, Linn, Coos, Curry, Jackson, Josephine, Clackamas, and Washington counties. The two types of response tracks within the DR system are traditional response (TR) and alternative response (AR). Data is reported in the NCANDS Child File for all screened-in Child Protective Services (CPS) reports, regardless of differential response track. Alternative response track CPS reports have report and maltreatment dispositions of alternative response nonvictim. Oregon will continue to work on improving the extraction procedures, as needed, to accurately report all NCANDS data.

Reports

The investigation start date is the date of actual child or parental contact.

In Oregon, a report is screened out when:

- No report of child abuse/neglect has been made but the information indicates there is risk present in the family, but no safety threat.
- A report of child abuse/neglect is determined to be third party child abuse, but the alleged perpetrator does not have access to the child, and the parent or caregiver is willing and able to protect the child.
- An expectant mother reports that conditions or circumstances would endanger the child when born.
- The child protection screener is unable to identify the family.

Children

FFY 2017 is Oregon's fifth Child File that shows child-level data for all children associated with screened-in referrals, rather than just for children with substantiated maltreatment. The NCANDS category "other" maltreatment type includes the state category threat of harm.

Fatalities

There is no systemic cause for the increase in the number of fatalities between FFY 2016 and FFY 2017. The state reports fatalities in the Agency File. These cases are dependent upon medical examiner report findings, law enforcement findings, and completed CPS assessments, and the fatality cannot be reported as being due to child abuse/neglect until these findings are final. Reported fatalities due to child abuse/neglect for FFY 2017 represent deaths due to child abuse/neglect for cases in which the findings were final as of January 25, 2018.

Oregon *(continued)*

Perpetrators

Unique perpetrators between reports are assigned unique identification numbers.

Services

The state's SACWIS does not collect data on prevention services; therefore, it does not currently report these data to NCANDS. Further, the NCANDS Child File information on services is not complete at this time.

Pennsylvania

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General

Upon receipt of a report of suspected child abuse, the department shall immediately transmit an oral notice or a notice by electronic technologies to the appropriate county agency that a report of suspected child abuse has been received and the substance of the report. If the report received does not suggest suspected child abuse but does suggest a need for social services or other services or assessment, the department shall transmit the information to the county agency for appropriate action. These allegations or concerns are referred to as General Protective Services (GPS) and are not classified as child abuse in Pennsylvania. The information shall not be considered a child abuse report unless the agency to which the information was referred has reasonable cause to suspect after assessment that abuse occurred. If the agency has reasonable cause to suspect that abuse occurred, the agency shall notify the department and the initial report shall be upgraded to a child abuse report.

In 2014, Pennsylvania enacted a comprehensive package of child welfare legislative reforms which enhanced the state's ability to better protect children. The legislation amended the definitions of child abuse and perpetrator and provided for the establishment of a statewide database for tracking child abuse and neglect data. To address these changes, Pennsylvania implemented a new Child Welfare Information Solution (CWIS) on December 2014, and the amended definitions of child abuse and perpetrator took effect December 2014. The changes require Pennsylvania to collect data on GPS reports, Pennsylvania's alternative response, and Pennsylvania plans on reporting these data in the future.

Pennsylvania defines child abuse as intentionally, knowingly, or recklessly doing any of the following:

- Causing bodily injury to a child through any recent act or failure to act.
- Fabricating, feigning, or intentionally exaggerating or inducing a medical symptom or disease, which results in a potentially harmful medical evaluation or treatment to the child through any recent act.
- Causing or substantially contributing to serious mental injury to a child through any act or failure to act or a series of such acts or failures to act.
- Causing sexual abuse or exploitation of a child through any act or failure to act.
- Creating a reasonable likelihood of bodily injury to a child through any recent act or failure to act.
- Creating a likelihood of sexual abuse or exploitation of a child through any recent act or failure to act.
- Causing serious physical neglect of a child.
- Engaging in any of the following recent acts:
 - Kicking, biting, throwing, burning, stabbing, or cutting a child in a manner that endangers the child.
 - Unreasonably restraining or confining a child, based on consideration of the method, location, or the duration of the restraint or confinement.
 - Forcefully shaking a child under one year of age.

Pennsylvania *(continued)*

- Forcefully slapping or otherwise striking a child under one year of age.
- Interfering with the breathing of a child.
- Causing a child to be present at a location while a violation of 18 Pa.C.S. §7508.2 (relating to operation of methamphetamine laboratory) is occurring, provided that the violation is being investigated by law enforcement.
- Leaving a child unsupervised with an individual, other than the child's parent, who the actor knows or reasonably should have known:
 - Is required to register as a tier II or tier III sexual offender under 42 Pa.C.S. Ch. 97 Subch. H (relating to registration of sexual offenders), where the victim of the sexual offense was under 18 years of age when the crime was committed.
 - Has been determined to be a sexually violent predator under 42 Pa.C.S. §9799.24 (relating to assessments) or any of its predecessors.
 - Has been determined to be a sexually violent delinquent child as defined in 42 Pa.C.S. §9799.12 (relating to definitions).
- Causing the death of the child through any act or failure to act.
- Engaging a child in a severe form of trafficking in persons or sex trafficking, as those terms are defined under Section 103 of the Trafficking Victims Protection Act of 2000 (114 Stat. 1466, 22 U.S.C. §7102).

Reports

In federal fiscal year (FFY) 2017, the number of reports for suspected child abuse increased from FFY 2016. In recent years, Pennsylvania has seen a continuous increase in reports received largely due to legislative changes enacted in late 2014 which expanded the definitions of child abuse and perpetrator, streamlined and clarified mandatory child abuse reporting processes, increased penalties for failure to report suspected child abuse, and protected persons who report child abuse. The law now requires a mandated reporter to make a direct report to the child abuse hotline rather than reporting up a chain of command within his/her organization. The amendments to the definition of child abuse, specifically the inclusion of additional categories of abuse and the lower threshold for substantiating a report of child abuse, have led to an increase in the number of reports being made, as well as the substantiation of these reports. Along with the amendments to the definition of child abuse, the definition of perpetrator also has been expanded to capture additional categories of individuals as perpetrators when they abuse a child.

Children

In FFY 2017 the number of victims increased from FFY 2016. This increase is likely due to the amendments to the law as described above.

Fatalities

Pennsylvania does not use data from sources and agencies other than child protective services to compile and report child fatalities. Pennsylvania law requires that every child fatality and near fatality resulting from substantiated abuse, or in cases in which no status determination has been made within 30 days, be reviewed at the county level. A state level review is conducted on all fatalities and near fatalities where abuse is suspected regardless of status determination. The information and data collected from both levels of review are analyzed for trends and risk factors across Pennsylvania. These reviews and analyses provide the foundation used

Pennsylvania *(continued)*

for determining the root causes of severe child abuse and neglect; they also are used to better understand what responses or services can be used in the future to prevent similar occurrences.

In FFY 2017 the number of unique Child Fatalities decreased from FFY 2016. The state continues to focus attention on training review teams to improve the process, improve data collection, and enhanced analysis to identify prevention efforts that will further reduce the number of child abuse fatalities and near fatalities.

Perpetrators

Pennsylvania defines a perpetrator as a person who has committed child abuse and is any of the following:

- A parent of the child.
- A spouse or former spouse of the child's parent.
- A paramour or former paramour of the child's parent.
- A person 14 years of age or older and responsible for the child's welfare or having direct contact with children as an employee of child-care services, a school or through a 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 in severe forms of trafficking in persons or sex trafficking, as those terms are defined under section 103 of the Trafficking Victims Protections Act of 2000 (114 Stat. 1466, 22 U.S.C. § 7102).

Additionally, only the following may be considered a perpetrator for failing to act:

- A parent of the child.
- A spouse or former spouse of the child's parent.
- A paramour or former paramour of the child's parent.
- A person 18 years of age or older and responsible for the child's welfare.
- A person 18 years of age or older who resides in the same home as the child.

Services

Pennsylvania reports limited data on services and plans to provide more complete services data in the future.

Puerto Rico

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General

The Puerto Rico Department of the Family (DF) is the agency of the Government of Puerto Rico responsible for the provision of the diversity and /or a variety of social welfare services. As an umbrella agency, four Administrations operate with fiscal and administrative autonomy.

The Assistant Administration for Child Protective Services, under the Administration for Children and Families–ACF (ADFAN, Spanish acronym), is responsible for the investigation of intra-familial and institutional child abuse and neglect (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 CA/N referrals and cases receiving services by ADFAN.

Puerto Rico's procedure is established through the “Manual Of Rules, Procedures And Standards of Execution on the Model Of Security in the Investigation Of Reports Of Maltreatment to Minors” April 2013, where amendments were established aimed at including the security areas for data collection in a referral of abuse and thus improve the screening and establish the priorities of appropriate responses according to the information received in a call.

The implementation of the SIMCa mechanized system began April 2016, and not all data were able to be migrated to the new system. Therefore, federal fiscal year (FFY) 2017 is the first full year of data reported to NCANDS using the new system.

Hurricanes occurring during the month of September affected child protection services, limiting the investigations and directing efforts to aid assistance to affected families.

Reports

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

Puerto Rico *(continued)*

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 CA/N referrals and cases receiving services by ADFAN.

The increase in the number of referrals compared to last year is attributed to the form of selection of the victims; the previous year the form of selection produced an error that eliminated reports. This year, there was a change in the method of selection of the victims in the area of allegations, so the number of errors was reduced, and more referrals were accepted.

Children

FFY 2017 is the first submission using the maltreatment type and disposition of no alleged maltreatment. As part of Puerto Rico's cultural background, people are generally not classified by race. This is the main reason that there are as many records with races recorded as unknown or missing.

Fatalities

The primary source of information for the child fatality data is the Sistema Integrado de Manejo de Casos (SIMCa), the Information System for the Registration of Investigations and Handling Cases of Child Abuse.

The death of minors was not reflected in the Child File this year. In order for the system to recognize a fatality, deceased children must be deactivated, and required fields (a date and cause of death) must be entered. If this process is done incorrectly or incompletely, the system does not recognize the child fatality. The state attributes this as user error related to a lack of familiarity with the new system. These fatalities are included in the Agency File for FFY 2017. In some cases, an investigation into the death of a minor requires validation by the Forensic Science Office of the state to conclude the death was a result of maltreatment.

Perpetrators

The system has no validation between the relationship of the combination of all victims and perpetrators. This causes errors that reflect increases in the unknown relationship between the victims and perpetrators.

Services

In June 2017, a collaborative agreement was signed with the pharmaceutical company Abbott Laboratories for a campaign aimed at reporting the harmful effects of shaking a baby, thus preventing the deaths of infants.

A collaborative agreement was signed with the Department of Agriculture (DA), which established that the Head Start Centers, Early Head Start Centers and Multiple Activities Centers for the Elderly (Campea), acquire fresh products from farmers. The purpose will be for the elderly and minors to obtain a balanced diet and the products of daily consumption directly through the DA, acquiring fresh fruits and vegetables from the country harvested by local farmers.

Puerto Rico *(continued)*

Another initiative is the Mutual Assistance Between homes and Refugees (AMOR) Project, which began with a collaborative agreement between the Department, Rabitos Kontentos, Corp., and the College of Veterinary Doctors of Puerto Rico. The agreement was signed in March 2017. The AMOR Project (seeks to address the existing need to impact the most vulnerable populations, namely abused children, elderly, and disabled persons, who are located in care institutions 24-hours-a-day. The nonprofit entity Rabitos Kontentos, Corp specializes in the use of therapeutic dogs with children and the elderly to provide experience with interaction, providing love and at the same time raising awareness of the importance of good treatment toward living beings.

Rhode Island

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General

In 2016, Rhode Island began the process of implementing Structured Decision Making within the Child Protective Services Division. The Department has identified key decision points that significantly affect families: receipt of initial information, investigative determination, response priority and removal of a child. Consultations with industry professionals have confirmed the consistent use of structured assessments at each decision point would enhance safety, permanency and well-being of children and families, better support staff, and allow resources to be more effectively utilized.

Reports

The Department of Children, Youth and Families (DCYF) is required to investigate reports of child abuse and neglect. DCYF promulgated Policy 500.0010 to identify the five criteria for child protective services (CPS) investigations/alerts. The CPS criteria are as follows:

- Investigation Criteria 1: Child Abuse/Neglect (CA/N) Report-RIGL 40-11-3 requires DCYF to immediately investigate reports of child abuse and neglect. The circumstances reported, if true, must constitute child abuse/neglect as defined by RIGL 40-11-2.
- Investigation Criteria 2: Nonrelative Caregiver-RIGL 42-72.1-4 requires that no parent assigns or otherwise transfers to another, not related to him or her by blood or marriage, his or her rights or duties with respect to the permanent care and custody of his or her child under eighteen years of age unless duly authorized by an order or decree of the court.
- Investigation Criteria 3: Sexual Abuse of a Child by Another Child-RIGL 40-11-3 requires DCYF to immediately investigate sexual abuse of a child by another child.
- Investigation Criteria 4: Duty to Warn-RIGL 42-72-8 allows DCYF to release information if it is determined that there is a risk of physical injury by a person to himself/herself or others and that disclosure of the records is necessary to reduce that risk. If the hotline receives a report that a perpetrator of sexual abuse or serious physical abuse has access to another child in a family dwelling, that report is classified as an investigation and assigned for investigation.
- Investigation Criteria 5: Alert to Area Hospitals —Safety of Unborn Child —RIGL 42-72-8 allows DCYF to release information if it is determined that there is a risk of physical injury by a person to himself/herself or others and that disclosure of the records is necessary to reduce that risk. The department issues an alert to area hospitals when a parent has a history of substantiated child abuse/neglect or a child abuse/neglect conviction and there is concern about the safety of a child.

Those cases that do not meet the criteria for investigation and there is concern for the well-being of a child may be classified as an information and referral (I/R). This classification is a derivative of a previous protocol that DCYF had relating to classifying reports to the child abuse hotline as early warnings. The I/R process is not reflected in RIGL. Rather, DCYF has promulgated a policy and published a protocol that codifies the informational and referral process. Pursuant to the department's I/R policy, when an I/R report is received by the child abuse hotline relating to a case that is not active with DCYF and it appears that there is a

Rhode Island *(continued)*

service need, a referral for service is made to CPS intake. When an I/R report is received on a case active to DCYF, a notification is made to the primary caseworker and supervisor.

While the Statewide Automated Child Welfare Information System (RICHIST) can link more than one report source per report, only one person can be identified as the person who actually makes the report. If more than one report is linked to an investigation, the person identified as the reporter in the first report is used in the Child File.

The total number of CPS workers is based upon currently occupied full-time equivalents (FTEs) for child protective investigators, child protective supervisors, intake social caseworkers II, and intake casework supervisors II. Supervisors accept, screen, and investigate reports meeting criteria for child abuse and child neglect. Intake and case monitoring social caseworkers II and intake casework supervisors II are responsible for screening all new cases entering the department via CPS investigations, intake service self-referrals, and family court referrals. Upon screening those cases, intake determines whether cases can be closed to the department upon referral to community-based services, or if the family warrants legal status or a higher level of DCYF oversight and permanency planning, which results in transfer to DCYF Family Service Units.

The investigation start date is defined as the date when CPS first had face-to-face contact with the alleged victim of the child maltreatment or attempted to have face-to-face contact. The data are recorded as a date/timestamp which includes the date and the time of the contact or attempted contact.

Children

The NCANDS category of “other” maltreatment type includes the state categories of institutional allegations such as corporal punishment, other institutional abuse, and other institutional neglect. The current policy is that only the named victim has an allegation, and the facility or home is referred to the licensing unit to look at licensing violations rather than child abuse or neglect.

Fatalities

The fatalities reported for child abuse and neglect in the Child and Agency Files only come from those reported to the department and recorded in RICHIST. By state law, all child maltreatment is required to be reported to DCYF, regardless of whether it results in a death. There are no other sources except RICHIST that collect fatality information.

South Carolina

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General

South Carolina has continued with Community Based Prevention Services (CBPS), which began in January 2012. This program serves as the South Carolina Department of Social Services' (DSS) alternative response program. The Department of Social Services (DSS) uses the Safety and Risk Matrix to assess intakes made to the Abuse and Neglect Hotline. Accepted intakes are assigned to investigation if safety or high-risk issues are present. Referral to CBPS is only for those cases in which the intake and resulting matrix assessment indicate low to moderate risk. These cases are not accepted by the Agency for investigation. CBPS is a contracted service with private providers and an interface for assessments and dictation which is populated in the Comprehensive Child Welfare Information System (CCWIS, also known as CAPSS in South Carolina).

Reports

Referrals and screened-in referrals continued to slightly increase in federal fiscal year (FFY) 2017 as South Carolina operationalizes regionalized intake centers in a multi-year project. The implementation of regionalized intake staff and centralized intake practice and leadership is designed to increase the efficiency and consistency across the state related to evaluation and assignment of CPS complaints.

Children

The children in families referred for CBPS are reported in FFY 2017 NCANDS data submission with a disposition of alternative response nonvictim and the NCANDS category of "other" maltreatment type. The number of children increased as there were more referrals made to CBPS in FFY 2017 than in FFY 2016. All demographic information is reported on these children.

Fatalities

There was a slight increase in child fatalities investigated by SCDSS from FFY 2016 to FFY 2017. There were three incidents which included two deceased siblings. No policy or legislative changes impacted child fatalities.

Law enforcement, the coroner, the medical examiner, and the Department of Health and Environmental Control (Bureau of Vital Statistics Division) report all child deaths that were not the result of natural causes, to the State Law Enforcement Division (SLED) for an investigation. SLED refers their findings to the State Child Fatality Committee for a review. The children whose deaths appear to have been a result of child maltreatment by a "person responsible for a child's welfare," including, but not limited to a parent, guardian, or foster parent are reported to DSS by SLED during their investigation. This list is compared to the agency SACWIS system by name, date of birth, date of death, and parents' names to ensure there is no duplication in reporting the fatalities in the NCANDS Child and Agency Files. The Agency File includes all fatalities that occurred in FFY 2017 that were not included in the Child File and were reported to SCDSS by the State Child Fatality Committee.

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 safety 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 safety threats, which includes the concern for child maltreatment. CPS makes screening decisions through the use of the Screening Guideline and Response Decision Tool. 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 safety threat. A report is screened out if it does not meet the criteria in the Screening Guideline and Response Decision Tool as described above.

The NCANDS category of “other” report source includes the state codes of clergy, community person, coroner, domestic violence shelter employee or volunteer, funeral director, other state agency, public official, and tribal official. Reports of abuse and neglect are categorized into four types—neglect, physical abuse, sexual abuse, and/or emotional maltreatment. Medical neglect is included in the neglect category.

Children

The data reported in the Child File includes children who were victims of substantiated reports of child abuse and neglect where the perpetrator is the parent, guardian or custodian.

Fatalities

Children who died due to substantiated child abuse and neglect by their parent, guardian or custodian are reported as child fatalities. The number reported each year are those victims involved in a report disposed during the report period, even if their date of death may have actually been in the previous year. The state of South Dakota reports child fatalities in the Child File and the Agency File.

South Dakota Codified Law 26-8A-3 mandates which entities are required to report child abuse and neglect.

“26-8A-3. Persons required to report child abuse or neglected child—Intentional failure as misdemeanor. Any physician, dentist, doctor of osteopathy, chiropractor, optometrist, emergency medical technician, paramedic, mental health professional or counselor, podiatrist, psychologist, religious healing practitioner, social worker, hospital intern or resident, parole or court services officer, law enforcement officer,

South Dakota (continued)

teacher, school counselor, school official, nurse, licensed or registered child welfare provider, employee or volunteer of a domestic abuse shelter, employee or volunteer of a child advocacy organization or child welfare service provider, chemical dependency counselor, coroner, or any safety-sensitive position as defined in § 3-6C-1, who has reasonable cause to suspect that a child under the age of eighteen has been abused or neglected as defined in § 26-8A-2 shall report that information in accordance with §§ 26-8A-6, 26-8A-7, and 26-8A-8. Any person who intentionally fails to make the required report is guilty of a Class 1 misdemeanor. Any person who knows or has reason to suspect that a child has been abused or neglected as defined in § 26-8A-2 may report that information as provided in § 26-8A-8.”

South Dakota Codified Law 26-8A-4 mandates that anyone who has reasonable cause to suspect that a child has died as a result of child abuse or neglect must report. The reporting process required by SDCL 26-8A-4 stipulates that the report must be made to the medical examiner or coroner and in turn the medical examiner or coroner must report to the South Dakota Department of Social Services.

“26-8A-4. Additional persons to report death resulting from abuse or neglect--Intentional failure as misdemeanor. In addition to the report required under § 26-8A-3, any person who has reasonable cause to suspect that a child has died as a result of child abuse or neglect as defined in § 26-8A-2 shall report that information to the medical examiner or coroner. Upon receipt of the report, the medical examiner or coroner shall cause an investigation to be made and submit written findings to the state’s attorney and the Department of Social Services. Any person required to report under this section who knowingly and intentionally fails to make a report is guilty of a Class 1 misdemeanor.”

When CPS receives reports of child maltreatment deaths as required under SDCL 26-8A-4 from any source, CPS documents the report in the Statewide Child Welfare Information System (SACWIS). Reports that meet the NCANDS data definition are reported to NCANDS. The Justice for Children’s Committee (Children’s Justice Act Task Force) is also updated annually on the handling of suspected child abuse and neglect related fatalities.

Perpetrators

Perpetrators are defined as individuals who abused or neglected a child and are the child’s parent, guardian or custodian. The state information system designates one perpetrator per child per allegation.

Services

The Agency File data includes services provided to children and families where funds were used for primary prevention from the Community Based Family Resource and Support Grant. This primarily involves individuals who received benefit from parenting education classes or parent aide services.

The state of South Dakota, Division of Child Protection Services with the consent of the parent, refers every child under the age of 3 involved in a substantiated case of child abuse or neglect to the Department of Education’s Birth to Three Connections program. This program

South Dakota *(continued)*

is responsible for the Individuals with Disabilities Education Act (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

Beginning with federal fiscal year (FFY) 2016, the allegations of drug exposed child and drug exposed infant are mapped to the NCANDS maltreatment type of physical abuse. Previously, these two allegations were mapped to neglect.

Reports

During FFY 2017, the Agency had a change in both Child Protective Services (CPS) screening policy and the safety assessment tool used to screen in/out referrals. The effects of these changes on the reported Child File data are unknown at this time.

The state definition of the start of the investigation differs from the NCANDS definition. Consequently, response time with respect to the initial investigation or assessment is not reported in the Agency File.

Children

The NCANDS report source category of “other” includes referrals made by licensed persons from a social services agency.

Fatalities

All child maltreatment fatalities are extracted from the Statewide Automated Child Welfare Information System (SACWIS) and are reported in the Child File. There has been no change in the Agency’s practices or policies during FFY 2017 in regard to reporting child fatalities.

Perpetrators

The following perpetrators fields are captured by the SACWIS in the case recording narrative and cannot be extracted for reporting purposes. When possible, perpetrator as caregiver is indicated in the Child File, but should be deemed as unreliable.

- perpetrator–1 as caregiver
- perpetrator–2 as caregiver
- perpetrator–3 as caregiver
- incident date

Services

The following services fields are captured by the SACWIS in the case recording narrative and cannot be extracted for reporting purposes:

- family preservation services
- family planning services
- housing services
- information and referral services

Tennessee *(continued)*

The following services fields are not collected and cannot be reported:

- number of out-of-court contacts between the court appointed representatives and the child victims they represent
- unique child victims eligible for referral to agencies providing early intervention services
- unique child victims referred to agencies providing early intervention services under Part C of the Individuals with Disabilities Education Act

Texas

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General

Alternative Response (AR) is a new approach that responds differently than traditional investigations to reports of abuse/neglect. It allows for a more flexible, family engaging approach while still focusing on the safety of the children as much as in a traditional investigation. AR allows screened-in reports of low to moderate risk to be diverted from a traditional investigation and serviced through an alternative family centered assessment track. There is no change in the number or type of clients served, but some alternative response clients are served in a different manner. Generally, the alternative response track serves accepted child abuse and neglect cases that do not allege serious harm. AR cases differ from traditional investigations cases in that there is no substantiation of allegations related roles, dispositions are not used, names of perpetrators are not be entered into the Central Registry (a repository for confirmed reports of child abuse and neglect), and there is a heightened focus on guiding the family to plan for safety in a way that works for them and therefore sustains the safety.

Beginning in November 2014, alternative response was initially implemented in portions of Regions 1, 3, and 11 to begin practicing AR and to develop experience and expertise. Implementation was staggered to allow for planning and training. Five of 12 regions were implemented between May 2015 and May 2016. State-wide implementation is expected to be completed by June of 2019.

Reports

All reports of maltreatment within the jurisdiction of the Texas Department of Family and Protective Services (DFPS) are investigated, excluding those which during the screening process are determined not to warrant an investigation based on reliable collateral information.

The state considers the start of the investigation to be the point at which the first actual or attempted contact is made with a principal in the investigation. In some instances, the worker will get a report about a new incident of abuse or neglect involving a family who is already being investigated or receiving services in an open CPS case. There also are instances in which workers begin their investigation when families and children are brought to or walk-in an office or 24-hour shelter. In both situations, the worker would then report the maltreatment incident after the first face-to-face contact initializing the investigation has been made. Because the report date is recorded as the date the suspected maltreatment is reported to the agency, these situations would result in the report date being after the investigation start date.

The state's CPS schema regarding disposition hierarchy differs from NCANDS hierarchy. The state has other and closed-no finding codes as superseding unsubstantiated at the report level. The state's hierarchy for overall disposition is, from highest to lowest, Reason to Believe (RTB), Unable to Determine (UTD), Ruled Out (R/O), and Unable to Complete (UTC). Mapping for NCANDS reporting is: RTB is coded to substantiated; UTD is coded to other; UTC is coded to closed no finding; and R/O is coded to unsubstantiated. An inconsistency in the hierarchies for the state and for NCANDS occurs in investigations where

an alleged victim has multiple maltreatment allegations and one has a disposition of UTD while the other has a maltreatment disposition of R/O. According to the state's hierarchy, the overall disposition for these investigations is UTD. Mapping the report disposition to the NCANDS category of unsubstantiated as indicated in the NCANDS's report disposition hierarchy report would be inconsistent with state policy.

There is no CPS program requirement or state requirement to capture incident date, so there is no data field in the Statewide Automated Child Welfare Information System (SACWIS) system for this information. This is a historical issue; abuse and neglect often is ongoing, and therefore identifying one date would be inaccurate.

The Structure Decision Making (SDM) system includes a series of evidenced-based assessments used at key points in child protection casework to support staff in making consistent, accurate, and equitable decisions throughout the course of their work with families. In Texas, select SDM assessments are being implemented across the state in two phases. Phase I began in January 2015 with the goal of implementing the SDM safety assessment and risk assessment in investigations by September 2015. The safety assessment provides structured information concerning the danger of immediate harm/maltreatment to a child. This assessment guides and supports decisions about whether a child may remain in the home with no intervention, may remain in the home with a safety plan in place, or must be protectively placed. The second SDM assessment tool implemented by Texas was the family risk assessment. The risk assessment is a research-based assessment that estimates the likelihood that a family will again become involved with CPS due to a subsequent maltreatment incident. The risk assessment incorporates a range of family characteristics (e.g., number of prior referrals, children's ages, and caregiver behaviors) that all demonstrate a strong correlation with subsequent child abuse/neglect referrals. In September 2016, a third SDM tool, the Family Strengths and Needs Assessment, rolled out statewide and is used in Family Based Safety Services (FBSS) and conservatorship cases to assess family strengths and needs and to help inform the Family Plan of Service. Phase II may include the roll out of two additional SDM tools, the risk reassessment and the family reunification assessment, which may occur in FFY 2018. Also, in FFY 2018, the SDM safety assessment and risk assessment will be implemented in alternative response.

Children

The state does not make a distinction between substantiated and indicated victims. Texas has implemented the breakout of sex trafficking from the sexual abuse maltreatment type to comply with the Justice for Victims of Sex Trafficking Act of 2015. During federal fiscal year (FFY) 2017, Texas received 394 unique reports of sex trafficking resulting in 513 unique victims. Texas confirmed 24 victims of sex trafficking.

The following rules apply in Texas:

- A child has the role of designated victim when he or she is named as a victim in an allegation that has a disposition of reason to believe.
- A child age 10 or older has the role of designated both (i.e., designated victim and designated perpetrator in the same case) when he or she is named as a victim in an allegation that has a disposition of reason to believe and as a perpetrator in an allegation that has a disposition of reason to believe.

- A person (child or adult) has the role of unknown (unable to determine) when he or she is named in an allegation that has a disposition of unable to determine but is not named in another allegation that has a disposition of reason to believe.
- A person (child or adult) has the role of unknown (unable to complete) when he or she is named in an allegation that has a disposition of unable to complete but is not named in another allegation that has a disposition of reason to believe or unable to determine.
- A person (child or adult) has the role of not involved when: all the allegations in which the person is named have a disposition of ruled out, the overall disposition for the investigation is administrative closure, or the person was not named in an allegation as a perpetrator or victim.

The state can provide data for living arrangement at the time of the alleged incident of maltreatment only for children investigated while in a substitute care living situation. All others are reported as unknown.

Fatalities

The source of information used for reporting child maltreatment fatalities is the reason for death field contained in the DFPS Information Management Protecting Adults and Children in Texas (IMPACT) system.

DFPS uses information from the state's vital statistics department, child death review teams, law enforcement agencies, and medical examiners' offices when reporting fatalities. DFPS is the agency required by law to investigate and report on child maltreatment fatalities in Texas when the perpetrator is a person responsible for the care of the child. Information from the other agencies/entities is often used to make reports to DFPS that initiate an investigation into suspected abuse or neglect that may have led to a child fatality. Also, DFPS uses information gathered by law enforcement and medical examiners' offices to reach dispositions in the child fatalities investigated by DFPS. Other agencies, however, have different criteria for assessing and evaluating causes of death that may not be consistent with the child abuse/neglect definitions in the Texas Family Code and/or may not be interpreted or applied in the same manner as within DFPS.

Over the past 5 years, DFPS has strengthened collaborations with external stakeholders to more effectively target prevention efforts toward preventable deaths such as drownings and co-sleeping. Utilizing a public health approach, DFPS is committed to sustaining prevention, education, and outreach campaigns with internal and external stakeholders to address child fatalities, with the goal of decreasing child maltreatment overall.

While fiscal year (FY) 2017 fatalities are not all completed, the tentative data shows the following decreases:

- Decreases in unsafe sleep/co-sleeping fatalities
- Decreases in drownings after significant high in FY2016
- Decreases in homicides/physical abuse
- Decreases in vehicle related fatalities

Perpetrators

A child age 10 or older has the role of designated perpetrator when he or she is named as a perpetrator in an allegation that has a disposition of reason to believe. A child age 10 or older has the role of designated both (i.e., designated victim and designated perpetrator in the same case) when he or she is named as a victim in an allegation that has a disposition of reason to believe and as a perpetrator in an allegation that has a disposition of reason to believe.

Relationships reported for individuals are based on the person's relationship to the oldest alleged victim in the investigation. The state is unable to report the perpetrator's relationship to each individual alleged victim, but rather reports data as the perpetrator relates to the oldest alleged victim.

Currently the state's relationship code for foster parent does not distinguish between relative/nonrelative.

Services

The Prevention and Early Intervention Reporting System (PEIRs) was launched in June 2017. It is being upgraded to include the Texas Home Visiting program and is expected to go live in FFY 2020. This system is designed to use significant business rules to support quality data entry that allows the system to produce outputs, outcomes, and efficiencies at the individual, family, and programmatic level. While being flexible for any new data collection requirements, the system is designed to allow Prevention and Early Intervention (PEI) programs to have access to real-time data to monitor, provide technical assistance to providers, as well as meet all state and federal reporting requirements.

Utah

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General

No significant changes have occurred in the state of Utah's policies, programs, or procedures affecting interpretation of NCANDS data for federal fiscal year (FFY) 2017.

Reports

The investigation start date is defined as the date a child is first seen by CPS. The data is captured in date, hours, and minutes. A referral is screened out in situations including, but not limited to:

- The minimum required information for accepting a referral is not available.
- As a result of research, the information is found not credible or reliable.
- The specific incidence or allegation has been previously investigated and no new information is gathered.
- If all the information provided by the referent were found to be true, the case finding would still be unsupported.
- The specific allegation is under investigation and no new information is gathered.

The state uses the following findings:

- Supported: a finding, based on the information available to the worker at the end of the investigation, that there is a reasonable basis to conclude that abuse, neglect, or dependency occurred, and that the identified perpetrator is responsible.
- Unsupported: a finding based on the information available to the worker at the end of the investigation that there was insufficient information to conclude that abuse, neglect, or dependency occurred. A finding of unsupported means that the worker was unable to make a positive determination that the allegation was actually without merit.
- Without merit: an affirmative finding at the completion of the investigation that the alleged abuse, neglect, or dependency did not occur, or that the alleged perpetrator was not responsible.
- Unable to locate—a category indicating that even though the child and family services child protective services worker has followed the steps outlined in child and family services practice guideline and has made reasonable efforts, the child and family services child protective services worker has been unable to make face-to-face contact with the alleged victims to investigate an allegation of abuse, neglect, or dependency and to make a determination of whether the allegation should be classified as supported, non-supported, or without merit.

Fatalities

Concerns related to child abuse and neglect, including fatalities, are required to be reported to the Utah Division of Child and Family Services (DCFS). Fatalities where the child protective services (CPS) investigation determined the abuse was due to abuse or neglect are reported in the NCANDS Child File.

Services

As of April 2015, Utah's CPS workers no longer screen for developmental delays. DCFS now directly refers children to the Utah early intervention agency to better meet the requirements outlined in the Child Abuse Prevention and Treatment Act (CAPTA) regarding the "referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under part C of the Individuals with Disabilities Education Act". Since April, a list of every child 34.5 months or younger, with a supported finding of abuse or neglect is sent to the Utah Department of Health's Baby Watch Early Intervention Program (BWEIP), which then contacts the family to offer their screening services. In addition, DCFS sends a letter to each family to inform them of this mandatory referral and encourage them to accept the screening.

In previous submission years, prevention services in the Agency File were only reported in terms of children served and not families served in order to avoid duplication, and because of different interpretations of the word "family" across service providers. However, for FFY 2017, the state has defined a reliable measure of families served and have begun reporting a count of families who receive prevention services. Note that both children and families may be counted twice if they received services from different agencies receiving money from the same funding source.

Vermont

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General

Vermont has a differential response program with an assessment track and an investigation track. About 40 percent of cases are assigned to the assessment pathway. In the assessment pathway, the disposition options are services needed and no services needed. Cases assigned to the assessment pathway may be switched to the investigation pathway, but not vice versa. Data from both pathways are reported to NCANDS. The Family Services Division is responsible for responding to allegations of child abuse or risk of harm by caregivers and sexual abuse by any person (not just caregivers). In addition to conducting statutory child abuse investigations and assessments, we also have an option to conduct family assessments. These family assessments do not meet statutory requirements for abuse and neglect but provide an option to engage with families where there are concerns. Because these family assessments are not part of the state's abuse and neglect statute, they are not reflected in the data. However, it is important to acknowledge that on an annual basis we conduct approximately 1,000–1,200 family assessments.

Reports

Vermont operates a statewide child protection hotline, available 24/7. All intakes are handled by social workers and screening decisions are handled by hotline supervisors. These same supervisors make the initial track assignment decision. All calls to the child abuse hotline are counted as referrals, resulting in a very high rate of referrals per 1,000 children, and making it appear that Vermont has a very low screen-in rate. Reasons for screening a report out include: (1) duplicate report (2) report does not concern child maltreatment as defined in state statute.

Children

The Family Services Division is responsible for investigating allegations of child abuse or neglect by caregivers and sexual abuse by any person. The department investigates risk of physical harm and risk of sexual abuse.

Fatalities

The department is an active participant in Vermont's Child Fatality Review Committee.

Perpetrators

For sexual abuse, perpetrators include noncaregiver perpetrators of any age.

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.

Virginia

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General

In accordance with Virginia Administrative Code 22VAC40-705-130(A)(4), the record of the unfounded case shall be purged one year after the date of the complaint or report if there are no subsequent founded or unfounded complaints and/or reports regarding the individual against whom allegations of abuse and/or neglect were made or regarding the same child in that one year. Therefore, with each subsequent data resubmission, there is a decrease in the number of unsubstantiated reports submitted.

The Virginia Administrative Code 22VAC40-705-10 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
- 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 caregiver(s) of the child.

Reports

Reports placed in the investigation track receive a disposition of founded, substantiated in NCANDS, or unfounded, unsubstantiated in NCANDS, for each maltreatment allegation. Reports placed in the family assessment track receive a family assessment; no determination is made as to whether or not maltreatment actually occurred. Virginia reports these family assessment cases to NCANDS as alternative response nonvictim.

A large number of family assessment cases were not reported to NCANDS because of unknown maltreatment type. An edit was applied in the case management system during federal fiscal year (FFY) 2014 to address the issue resulting in fewer errors.

The response time is determined by the priority assigned to the valid report based on the information collected at intake. It is measured from the date of the report. The department continues to seek improvements to the automated data system and to provide technical assistance to local departments of social services to improve documentation of the initial response to the investigation or family assessment.

Children

Virginia reports family assessment cases as alternative response nonvictim.

Washington

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General

A Structured Decision-Making intake screening tool (SDM) was implemented in late 2013, which supported the development of a two-pathway response when there were allegations of child abuse and neglect (CA/N) and clear definitions for CPS risk-only intakes.

CPS risk-only intakes involve a child whose circumstances places him or her at imminent risk of serious harm without any specific allegations of abuse or neglect. When CPS risk-only intakes are screened in, the children must be seen by a CPS investigator within 24 hours, and a complete investigation is required. If child abuse or neglect is found during the response to a CPS risk-only intake, a new CPS intake is created regarding the allegation, the case worker records the findings, and the record is included in the NCANDS Child File. CPS risk-only intakes are not currently submitted to NCANDS because there is not a substantiation of maltreatment. It should be noted that since CPS risk-only intakes do receive a full investigation, it has been requested that they be included in the future reporting to provide an accurate reflection of the number of CPS cases being investigated and assessed. Adding CPS risk-only intakes would have increased the total number of reports by 5,473. CPS risk-only intakes were not included in the federal fiscal year (FFY) 2017 report.

During 2012, Washington's Children's Administration (CA) actively prepared for the start of a new CPS differential response pathway called family assessment response (FAR) as the demonstration project for Washington's IVE Waiver. This preparation included eliminating the alternative response (10-day response intakes) and developing a two-pathway response for CPS intakes: investigation which requires a 24- or 72-hour response time, and FAR, requiring a 72-hour response. Intakes screened to FAR predominately contain allegations for physical abuse and neglect that are considered low risk, not requiring an immediate response. The SDM provides consistency in screening, and it guides intakes with neglect allegations considered low risk to the FAR pathway. Intakes involving cases that have had three or more screened in CPS intakes within the last 12 months or allegations of moderate to severe physical abuse and all sexual abuse allegations are screened to the investigation pathway. Intakes with any allegations of physical abuse for children under age four with a dependency within the last 12 months or an active dependency are screened to investigation. This two-pathway response began in January 2014 in three offices and has been phased-in across the state as of June 2017. Up until FFYs 2013-2014, alternative response (10-day response) was assigned to intakes containing low-risk allegations. Services were offered to families with children through community-based contracted providers.

Reports

To be screened-in for CPS intervention, intakes must meet sufficiency. Washington's sufficiency screening consists of three criteria:

- Allegations must meet the Washington Administrative Code (WAC) for child abuse and neglect.

Washington *(continued)*

- 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 one of the above criteria do not screen in for a CPS response, unless there is imminent risk of harm (CPS risk-only) to the child. Intakes that allege a crime has been committed but do not meet Washington's screening criteria are referred to the law enforcement jurisdiction where the alleged crime occurred. CPS risk only intakes receive an Investigation with a 24 or 72-hour response.

Intakes screened to the FAR pathway do not receive a CPS finding. Additionally, FAR intakes are mapped as alternative response nonvictim in NCANDS and don't receive findings on allegations, so the maltreatment types are currently mapped to the NCANDS category of "other" maltreatment type. In FFY 2015, there was a significant increase in intakes screened to the FAR pathway from FFY 2014, thus eliminating a large pool of victims receiving a finding. The increase in the number of intakes screened to the FAR pathway in FFY 2015 is a result of the staggered implementation of the FAR pathway across the state. In FFY 2016, there was a similar increase in intakes screened to the FAR pathway from FFY 2015 as a result of additional offices implementing FAR and due to additional training and consultation on the SDM intake screening tool and FAR pathway. Prior to full implementation of FAR, offices that had not launched screened intakes to FAR through the use of the SDM intake tool but then diverted those intakes back to an investigation pathway, which was allowed under Washington state statute. Since the full implementation of FAR statewide, the number of intakes screened to the FAR pathway have continued to increase which resulted in a reduction of cases that involved a victim and subject.

During FFYs 2014–2016 there was a significant increase noted for 24-hour emergent intakes, both with allegations of CA/N and CPS risk only. Also, during FFYs 2014–2015, there was an enhanced focus on child safety related to children age 0–3. A new intake policy was implemented requiring that screened-in physical abuse intakes regarding children 0–3 would be investigated, and children would be seen within 24 hours. In FFY 2017, there was again an increase in CPS Risk Only and 24-hour emergent intakes.

The Department of Licensed Resources (DLR), CPS, and DLR-CPS risk-only intakes alleging, abuse or neglect of 18–21 year olds in facilities licensed or certified to care for children require a complete investigation. If, during the course of the investigation, it is determined that a child younger than 18 was also allegedly abused by the same perpetrator, the investigation would then meet the criteria for a CPS investigation rather than a CPS risk-only investigation. A victim and findings will be recorded, and the record will be included in the NCANDS Child File. For intakes containing child abuse and neglect allegations, response times are determined based on the sufficiency screen and intake screening tool. Response times of 24 hours or 72 hours are determined based on the imminent risk assessed by the intake worker.

Children

An alleged victim is reported as substantiated if any of the alleged child abuse or neglect was founded. The alleged victim is reported as unsubstantiated if all alleged child abuse or neglect identified was unfounded. The NCANDS category of "other" disposition previously included

Washington *(continued)*

the number of children in inconclusive investigations. Legislative changes resulted in inconclusive no longer being a findings category. The NCANDS category of neglect includes medical neglect.

An analysis of common risk factors found that Washington state families involved in CPS since 2009 have shown an increase in negative outcomes over time. The risk factors are parent criminality, parent mental illness, parent substance abuse, family economic stress, domestic violence, and family homelessness. In addition to the increase in negative outcomes, the families have more risk factors per individual family than in previous years. Negative outcomes are recurrence, 90-day placement rate, founded rate and families with a new founded or child(ren) placed within 365 days of investigation completion. This may assist in explaining the increased number of CPS intakes overall and a substantial increase in the number of 24-hour response times for CPS investigations.

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.

Perpetrators

The perpetrator relationship value of residential facility provider/staff is mapped to the NCANDS value of group home or residential facility staff based on whether or not the child was in an open placement. When residential facility provider/staff is selected and the child is in foster care, then it is mapped to group home or residential facility staff. If the child was abused by residential facility provider/staff and the child was not in an open placement, the perpetrator relationship is mapped to the NCANDS category of “other” perpetrator relationship. The NCANDS category of “other” perpetrator relationship includes the state categories of other and babysitter.

The parental type relationship is a combined parent birth/adoptive value. Because the NCANDS field separates biological and adoptive parent and Washington’s system does not distinguish between the two, parent birth/adoptive is mapped to the NCANDS category of unknown parent relationship.

Services

Families receive prevention and remedial services from the following sources: community-based services such as Public Health Nurses, Infant Mental Health, Head Start and the Parent-Child Assistance Program, contracted services, including several evidence-based practices such as Homebuilders, Incredible Years, Safe Care, Triple P, Parent-Child Interaction Therapy, and Promoting First Relationships. Families also can 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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General

West Virginia does not have a differential response program.

Reports

The increase in the number of hours for responding to the initial assessment during the current reporting period in comparison to last year was influenced by multiple contributing factors. These factors include an increase in the number of reports alleging abuse and neglect, staffing issues including turnover, backlogged assessments, difficulty locating the family, documentation entered into the system late, as well as both data entry and system errors.

Fatalities

The Agency File only includes data from child welfare through the Families and Children Tracking System (FACTS). The Child Fatality Team operated through Public Health by the Medical Examiner's office no longer provides the Bureau with this data to report. However, the medical examiner's office is a mandated reporter and reports all cases to Bureau for Children and Families (BCF) that they feel are due to abuse and/or neglect.

Not all child or infant deaths are investigated by BCF and included in the FACTS data. BCF only investigates child deaths if there is reason to believe the death is a result of abuse and/or neglect. The Child Fatality Team operated by Public Health through the Medical Examiner's Office reviews all child deaths. Investigations of child deaths are completed by local law enforcement.

West Virginia has a child death review team called the Child Fatality Review Team. This team is operated under the Bureau for Public Health through the Medical Examiner's Office. BCF has an internal review team that reviews cases that are known to the agency for quality assurance purposes.

Services

The Community Based Child Abuse Prevention (CBCAP) grant was transitioned from the Division of Children and Families to the Division of Early Care and Education, which identified several areas for improvements in oversight and administration resulting in a higher number of children served this reporting period in 2016. This increased oversight has had similar results for 2017. Grantees are asked to provide an unduplicated count of recipients at the end of the fourth quarter of the state fiscal year.

Wisconsin

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General

There were no significant state policy changes that affect the data submission. However, some revisions to the Statewide Automated Child Welfare Information System (SACWIS) were made to prevent some errors from occurring in the future.

Reports

The state data are child-based where each report is associated with a single child. The report date refers to the date when the agency was notified of the alleged maltreatment and the investigation start date refers to the date when the agency made initial contact with the child or other family member. In Wisconsin's child protective services (CPS) system, several maltreatment reports for a single child may be assessed in a single investigation.

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. With the exception of cases of alleged sex trafficking, Child Protective Services (CPS) agencies in Wisconsin are currently not required to investigate instances of abuse by noncaregivers, so those reports may be screened out. In rare instances cases may be screened out because there is not enough identifiable information to do an assessment. Finally, cases may be screened out because jurisdiction more properly rests with another state.

Certain counties in Wisconsin have implemented alternative response (AR). Maltreatment disposition for AR assessments result in identifying whether services are needed and will appear in NCANDS as alternative response nonvictim dispositions.

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 or not maltreatment as alleged did occurred. Wisconsin continues to use the unborn child abuse allegation type for allegations of substance abuse while a child is in utero. As of mid-2015, Wisconsin only assigns services needed or services not needed findings to these allegations.

Fatalities

The count of fatalities includes only those children who were subjects of reports of abuse or neglect in which the maltreatment allegation was substantiated. No agency other than Wisconsin Department of Children and Families is involved in compiling child maltreatment fatality information. All fatalities except two are reported in the Child File. This is due to

the Child File not accepting the reporting structure of these two children; therefore, they are reported in the Agency File.

Perpetrators

Perpetrators and perpetrator detail is included for allegations where the child was substantiated. The NCANDS category “other” perpetrator relationship includes perpetrators who are not primary or secondary caregivers to the child (i.e., noncaregivers) such as another child or peer to the child victim or a stranger. As described above, there are no substantiations in AR cases, so the alleged perpetrators in AR cases will not show up as substantiated perpetrators. Services, if needed, are established through an assessment determination, not a determination about a specific perpetrator.

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 DFS organizational structure includes four (4) Divisions under the Director's office: Economic Security Division, Social Services Division, Support Services Division, and Financial Services Division. Under the Social Services Division, social services is established to administer and supervise all child welfare, juvenile probation, and adult protection services, with the functions of policy development, training, strategic planning, and continuing quality improvement centralized at the state level. Policy and practice standards are uniform across the state, and the state utilizes a centralized State Automated Child Welfare Information System (SACWIS) known as Wyoming Children's Assistance and Protection System (WYCAPS) for the purposes of case management and documentation.

The state is comprised of 23 counties and the Wind River Reservation. Through contract, DFS provides technical assistance and funding for the two Tribal programs which administer their own programs. At least one Department of Family Services (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.

An investigation is assigned when a referral meets the definition of abuse and/or neglect and meets the following criteria: Criminal charges could be filed, child(ren)/youth appear to be in imminent danger (includes threatened harm and means a statement, overt act, condition or status which represents an immediate and substantial risk of sexual abuse or physical or mental injury even when there are no signs of injury), the child(ren)/youth will likely need to be removed from his/her home, a child/youth fatality, major injury and/or sexual abuse.

Abuse is defined as inflicting or causing physical or mental injury, harm or imminent danger to the physical or mental health or welfare of a child(ren)/youth 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 or allowing the commission of a sexual offense against a child(ren)/youth.

Wyoming *(continued)*

Wyoming has three types of responses to referrals. There is an investigation track, assessment track, and a prevention track. The investigation track is implemented if the referral alleges abuse and/or neglect and includes any of the following criteria that includes incidents where criminal charges could be filed, if the child(ren)/youth appear to be in imminent danger, or the child(ren)/youth are in immediate and substantial risk of sexual abuse, physical or mental injury even when there are no signs of injury; the child(ren)/youth will need to be removed from his/her home; a child(ren)/youth fatality; a major injury; and/or sexual abuse. A secondary response is the assessment track that gets assigned if the referral alleges abuse and/or neglect but does not meet the criteria for the investigation track. The final response is the prevention track for which there are no allegations of abuse and/or neglect, but there are identified risk factors that indicate the need for services to prevent abuse and/or neglect.

Reports

Wyoming is unable to determine the cause for an increase in the number of referrals for abuse/neglect as the SACWIS is an incident-based program.

Children

The state of Wyoming is unable to determine whether there was an increase or decrease in the number of victims as the SACWIS does not collect specific information regarding the victims.

Neglect is defined as a failure or refusal by those responsible for the child(ren)/youth's welfare to provide adequate care, food, clothing, safe shelter, maintenance, supervision, education or medical, surgical or any other care necessary for the child(ren)/youth's wellbeing. Treatment given in good faith by spiritual means alone, through prayer, by a duly accredited practitioner in accordance with the tenets and practices of a recognized church or religious denomination is not child neglect for that reason alone.

Perpetrators

Wyoming is unable to determine whether there was an increase or decrease in the number of perpetrators as the SACWIS does not collect specific information regarding incidents.

Services

Wyoming utilizes a SACWIS that is incident based and does not have the ability to categorize incidents to see trends.

