

Child Maltreatment 2018



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



This report was prepared by the Children's Bureau (Administration on Children, Youth and Families, Administration for Children and Families) of the U.S. Department of Health and Human Services.

Public Domain Notice

Material contained in this publication is in the public domain and may be reproduced, fully or partially, without permission of the federal government.

Electronic Access

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

Questions and More Information

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

Data Sets

Restricted use files of the NCANDS data are archived at the National Data Archive on Child Abuse and Neglect (NDACAN) at Cornell University. Researchers who are interested in these data for statistical analyses may contact NDACAN by phone at 607-255-7799, by email at ndacan@cornell.edu, or NDACANsupport@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. (2020). *Child Maltreatment 2018*. Available from <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>.

Federal Contact

Elaine Voces Stedt, MSW
Director
Office on Child Abuse and Neglect/
Children's Bureau/ACYF/ACF/HHS
Mary E. Switzer Building
330 C Street SW
Washington, DC 20201
elaine.stedt@acf.hhs.gov

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 2018 is the 29th 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 8.4 percent from 2014 (3,261,000) to 2018 (3,534,000).
- The number and rate of victims have fluctuated during the past 5 years. Comparing the national rounded number of victims from 2014 (675,000) to the national rounded number of victims in 2018 (678,000) shows an increase of 0.4 percent.
- The 2018 data show more than four-fifths (84.5%) of victims suffer a single type of maltreatment. Sixty percent (60.8) are neglected only, 10.7 percent are physically abused only, and 7.0 percent are sexually abused only. More than 15 percent (15.5%) are victims of two or more maltreatment types.
- For 2018, an estimated 1,770 children died of abuse and neglect at a rate of 2.39 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 2018, 51 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 2018* marks the 29th 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 2018 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.

Contents

LETTER FROM THE ASSOCIATE COMMISSIONER	ii
ACKNOWLEDGEMENTS	iii
SUMMARY	viii
CHAPTER 1: Introduction	1
Background of NCANDS	1
New Reporting to NCANDS	2
Annual Data Collection Process	2
NCANDS as a Resource	3
Structure of the Report	4
CHAPTER 2: Reports	6
Screening	6
Report Sources	8
CPS Response Time	9
CPS Workforce and Caseload	9
Exhibit and Table Notes	10
CHAPTER 3: Children	16
Alternative Response	17
Unique and Duplicate Counts	17
Children Who Received an Investigation or Alternative Response	18
Children Who Received an Investigation or Alternative Response by Disposition	18
Number of Child Victims	19
Child Victim Demographics	20
Maltreatment Types	21
Risk Factors	21
Perpetrator Relationship	22
Exhibit and Table Notes	22
CHAPTER 4: Fatalities	45
Number of Child Fatalities	46
Child Fatality Demographics	46
Maltreatment Types	48
Risk Factors	48
Perpetrator Relationship	48
Prior CPS Contact	49
Exhibit and Table Notes	49

CHAPTER 5: Perpetrators	56
Number of Perpetrators	56
Perpetrator Demographics	56
Perpetrator Relationship	57
Exhibit and Table Notes	58
CHAPTER 6: Services	68
Prevention Services	68
Postresponse Services	70
History of Receiving Services	71
Part C of the Individuals with Disabilities Education Act (IDEA)	72
Exhibit and Table Notes	72
CHAPTER 7: Special Focus	86
Sex Trafficking	86
Reporting Sex Trafficking Data to NCANDS	86
Number and Demographics of Victims of Sex Trafficking	87
Victims of Sex Trafficking by Relationship to Their Perpetrators	87
Infants with Prenatal Substance Exposure	88
Reporting Infants with Prenatal Substance Exposure Data to NCANDS	89
Number of Infants with Prenatal Substance Exposure	89
Screened-in Infants with Prenatal Substance Exposure Who Received an Investigation or Alternative Response by Disposition	90
Screened-in Infants with Prenatal Substance Exposure Who Have a Plan of Safe Care	90
Screened-in Infants with Prenatal Substance Exposure Who Have a Referral to Appropriate Services	91
Exhibit and Table Notes	91
APPENDIX A: CAPTA Data Items	103
APPENDIX B: Glossary	105
APPENDIX C: State Characteristics	122
APPENDIX D: State Commentary	130

Exhibits

Exhibit S–1 Summary of Child Maltreatment Rates per 1,000 Children, 2014–2018	xii
Exhibit S–2 Statistics at a Glance, 2018	xiii
Exhibit 2–A Screened-in Referral Rates, 2014–2018	7
Exhibit 2–B Screened-out Referral Rates, 2014–2018	7
Exhibit 2–C Total Referral Rates, 2014–2018	8
Exhibit 2–D Report Sources, 2018	9
Exhibit 3–A Child Disposition Rates, 2014–2018	18
Exhibit 3–B Children Who Received an Investigation or Alternative Response by Disposition, 2018	19
Exhibit 3–C Child Victimization Rates, 2014–2018	19
Exhibit 3–D Victims by Age, 2018	20
Exhibit 4–A Child Fatality Rates per 100,000 Children, 2014–2018	46
Exhibit 4–B Child Fatalities by Age, 2018	47
Exhibit 4–C Child Fatalities by Sex, 2018	47
Exhibit 4–D Child Fatalities by Race and Ethnicity, 2018	47
Exhibit 4–E Maltreatment Types of Child Fatalities, 2018	48
Exhibit 4–F Child Fatalities with Selected Caregiver Risk Factors, 2018	48
Exhibit 5–A Perpetrators by Age, 2018	56
Exhibit 5–B Perpetrators by Race or Ethnicity, 2018	57
Exhibit 7–A Victims of Sex Trafficking by Sex, 2018	87
Exhibit 7–B Victims of Sex Trafficking by Relationship Category to Their Perpetrators, 2018	88
Exhibit 7–C Screened-in Infants with Prenatal Substance Exposure Who Received an Investigation or Alternative Response by Disposition, 2018	91

Tables

Table 2–1 Screened-in and Screened-out Referrals, 2018	12
Table 2–2 Average Response Time in Hours, 2014–2018	13
Table 2–3 Child Protective Services Workforce, 2018	14
Table 2–4 Child Protective Services Caseload, 2018	15
Table 3–1 Children Who Received an Investigation or Alternative Response, 2014–2018	25
Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2018	27
Table 3–3 Child Victims, 2014–2018	29
Table 3–4 First-time Victims, 2014–2018	31
Table 3–5 Victims by Age, 2018	33
Table 3–6 Victims by Sex, 2018	37
Table 3–7 Victims by Race or Ethnicity, 2018	38
Table 3–8 Maltreatment Types of Victims, 2018	40
Table 3–9 Victims with an Alcohol Abuse Caregiver Risk Factor, 2016–2018	42
Table 3–10 Victims with a Drug Abuse Caregiver Risk Factor, 2016–2018	43
Table 3–11 Victims by Relationship to Their Perpetrators, 2018	44
Table 4–1 Child Fatalities by Submission Type, 2018	51
Table 4–2 Child Fatalities, 2014–2018	52
Table 4–3 Child Fatalities by Age, 2018	53
Table 4–4 Child Fatalities by Relationship to Their Perpetrators, 2018	53

Table 4–5 Child Fatalities Who Received Family Preservation Services Within the Previous 5 Years, 2018	54
Table 4–6 Child Fatalities Who Were Reunited with Their Families Within the Previous 5 Years, 2018	55
Table 5–1 Perpetrators, 2014–2018	60
Table 5–2 Perpetrators by Age, 2018	61
Table 5–3 Perpetrators by Sex, 2018	63
Table 5–4 Perpetrators by Race or Ethnicity, 2018	64
Table 5–5 Perpetrators by Relationship to Their Victims, 2018	66
Table 6–1 Children who Received Prevention Services by Funding Source, 2018	75
Table 6–2 Children who Received Postresponse Services, 2018	78
Table 6–3 Average Number of Days to Initiation of Services, 2018	79
Table 6–4 Children who Received Foster Care Postresponse Services and Who had a Removal Date on or After the Report Date, 2018	80
Table 6–5 Victims with Court Action, 2018	81
Table 6–6 Victims with Court-Appointed Representatives, 2018	82
Table 6–7 Victims Who Received Family Preservation Services Within the Previous 5 Years, 2018	83
Table 6–8 Victims Who Were Reunited with Their Families Within the Previous 5 Years, 2018	84
Table 6–9 IDEA: Victims Who Were Eligible and Victims Who Were Referred to Part C Agencies, 2018	85
Table 7–1 Victims of Sex Trafficking by Sex, 2018	94
Table 7–2 Victims of Sex Trafficking by Sex and Age, 2018	95
Table 7–3 Victims of Sex Trafficking by Race or Ethnicity, 2018	95
Table 7–4 Victims of Sex Trafficking by Relationship to Their Perpetrators, 2018	96
Table 7–5 Infants with Prenatal Substance Exposure by Submission Type, 2018	97
Table 7–6 Screened-in Infants with Prenatal Substance Exposure Percent, 2018	98
Table 7–7 Screened-in Infants with Prenatal Substance Exposure Who Received an Investigation or Alternative Response by Disposition, 2018	99
Table 7–8 Screened-in Infants with Prenatal Substance Exposure Who Have a Plan of Safe Care, 2018	100
Table 7–9 Screened-in Infants with Prenatal Substance Exposure Who Have a Referral to Appropriate Services, 2018	101
Table C–1 State Administrative Structure, Level of Evidence, and Data Files Submitted, 2018	124
Table C–2 Child Population, 2014–2018	125
Table C–3 Child Population Demographics, 2018	126
Table C–4 Adult Population by Age Group, 2018	129



Summary

Overview

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

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

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

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

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

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

The data are submitted voluntarily by the 50 states, the District of Columbia, and the Commonwealth of Puerto Rico. The first report from NCANDS was based on data for 1990. This report for federal fiscal year (FFY) 2018 data is the 29th 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 2018, CPS agencies received a national estimate of 4.3 million total referrals alleging abuse and neglect involving approximately 7.8 million children. For FFY 2018, 52 states screened in 2.4 million referrals for a CPS response. The national rate of screened-in referrals (reports) is 32.5 per 1,000 children in the national population. Among the 46 states that report both screened-in and screened-out referrals, 56.0 percent of referrals are screened in and 44.0 percent are screened out. (See chapter 2.)

Who reported child maltreatment?

For 2018, professionals submitted 67.3 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 (20.5%), legal and law enforcement personnel (18.7%), and social services personnel (10.7%).

Nonprofessionals—including friends, neighbors, and relatives—submitted fewer than one-fifth of reports (16.6%). Unclassified sources submitted the remaining reports (16.1%). 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 2018, there are nationally 678,000 (rounded) victims of child abuse and neglect. The victim rate is 9.2 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 26.7 per 1,000 children of the same age in the national population.
- The victimization rate for girls is 9.6 per 1,000 girls in the population, which is higher than boys at 8.7 per 1,000 boys in the population.
- American Indian or Alaska Native children have the highest rate of victimization at 15.2 per 1,000 children in the population of the same race or ethnicity; and African American children have the second highest rate at 14.0 per 1,000 children of the same race or ethnicity.

What were the most common types of maltreatment?

The victim maltreatment types are analyzed differently for this report than in prior editions to count victims and maltreatment types uniquely (in prior editions, a duplicate count was used). If a victim has two or more maltreatment types, the victim is counted once in the multiple maltreatment category. The FFY 2018 data show 84.5 percent of victims suffered from a single maltreatment type and the remaining 15.5 percent have two or more maltreatment types. Three-fifths (60.8%) of victims are neglected only. (See chapter 3.)

How many children died from abuse or neglect?

Child fatalities are the most tragic consequence of maltreatment. For FFY 2018, a national estimate of 1,770 children died from abuse and neglect at a rate of 2.39 per 100,000 children in the population. (See chapter 4.) The child fatality demographics show:

- The youngest children are the most vulnerable to maltreatment, with 46.6 percent of child fatalities younger than 1 year old and died at a rate of 22.77 per 100,000 children in the population of the same age.
- Boys have a higher child fatality rate than girls; 2.87 per 100,000 boys in the population, compared with 2.19 per 100,000 girls in the population.

- The rate of African-American child fatalities (5.48 per 100,000 African-American children) is 2.8 times greater than the rate of White children (1.94 per 100,000 White children) and 3.4 times greater than the rate of Hispanic children (1.63 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 546,365 perpetrators. (See chapter 5.) The analyses of case level data show:

- More than four-fifths (83.3%) of perpetrators are between the ages of 18 and 44 years old.
- More than one-half (53.8%) of perpetrators are female and 45.3 percent of perpetrators are male.
- The three largest percentages of perpetrators are White (49.6%), African-American (20.6%), and Hispanic (19.3%).
- The majority (77.5%) of perpetrators are a parent to their victim.

Who received services?

CPS agencies provide services to children and their families, both in their homes and in foster care. Reasons for providing services may include (1) preventing future instances of child maltreatment and (2) remedying conditions that brought the children and their family to the attention of the agency. (See chapter 6.) During 2018:

- Forty-seven states reported approximately 2.0 million children received prevention services.
- Approximately 1.3 million children (duplicate count) received postresponse services from a CPS agency.
- Two-thirds (60.7%) of victims (duplicate count) and one third (29.0%) of nonvictims (duplicate count) received postresponse services.

What is the Special Focus chapter?

The purpose of this chapter is to highlight analyses of specific subsets of children. These analyses may otherwise have been spread throughout the report in different chapters, which can make it more difficult for readers to see the whole analytical picture. The analyses included in this chapter for FFY 2018 focus on the new data elements for sex trafficking and infants with prenatal substance exposure. (See chapter 7.)

How many victims of sex trafficking are there?

The Justice for Victims of Trafficking Act of 2015 includes an amendment to CAPTA to collect and report the number of children determined to be victims of sex trafficking. This is the first year for which states are reporting the new maltreatment type of sex trafficking. For FFY 2018, 27 states report 741 unique victims of sex trafficking. (See chapter 7.)

How many infants with prenatal substance exposure are there?

The Comprehensive Addiction and Recovery Act (CARA) of 2016 includes an amendment to CAPTA to collect and report the number of infants with prenatal substance exposure (IPSE), IPSE with a plan of safe care, and IPSE with a referral to appropriate services. FFY 2018 data show 27,709 children in 45 states referred to CPS agencies as IPSE. (See chapter 7.)

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

Exhibit S–1 Summary Child Maltreatment Rates per 1,000 Children, 2014–2018

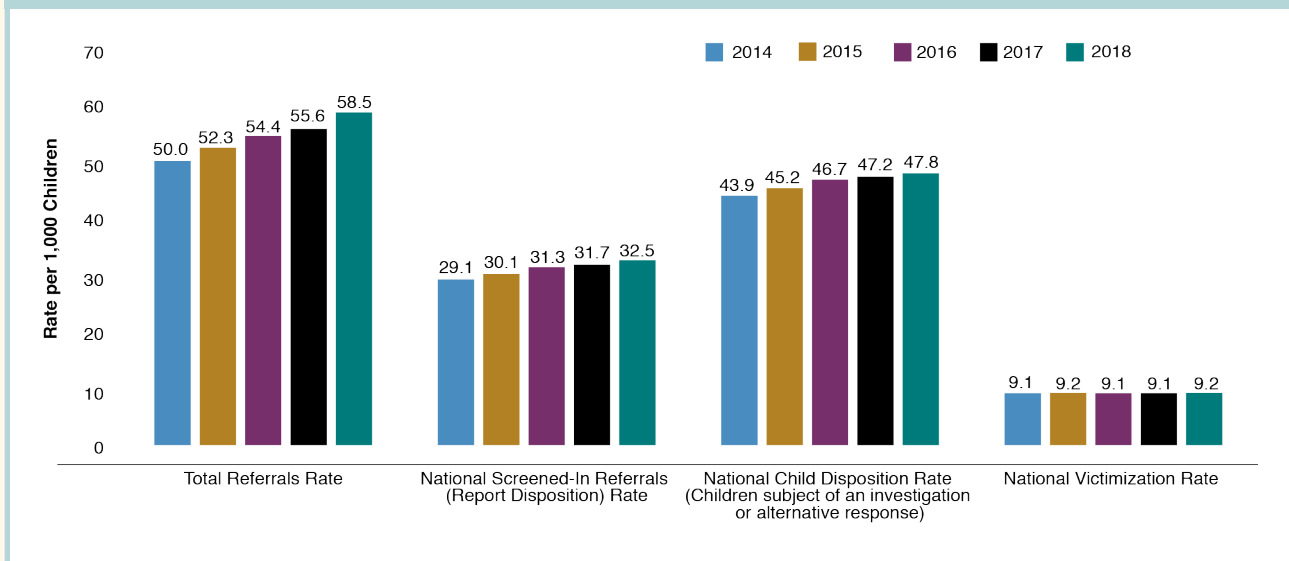
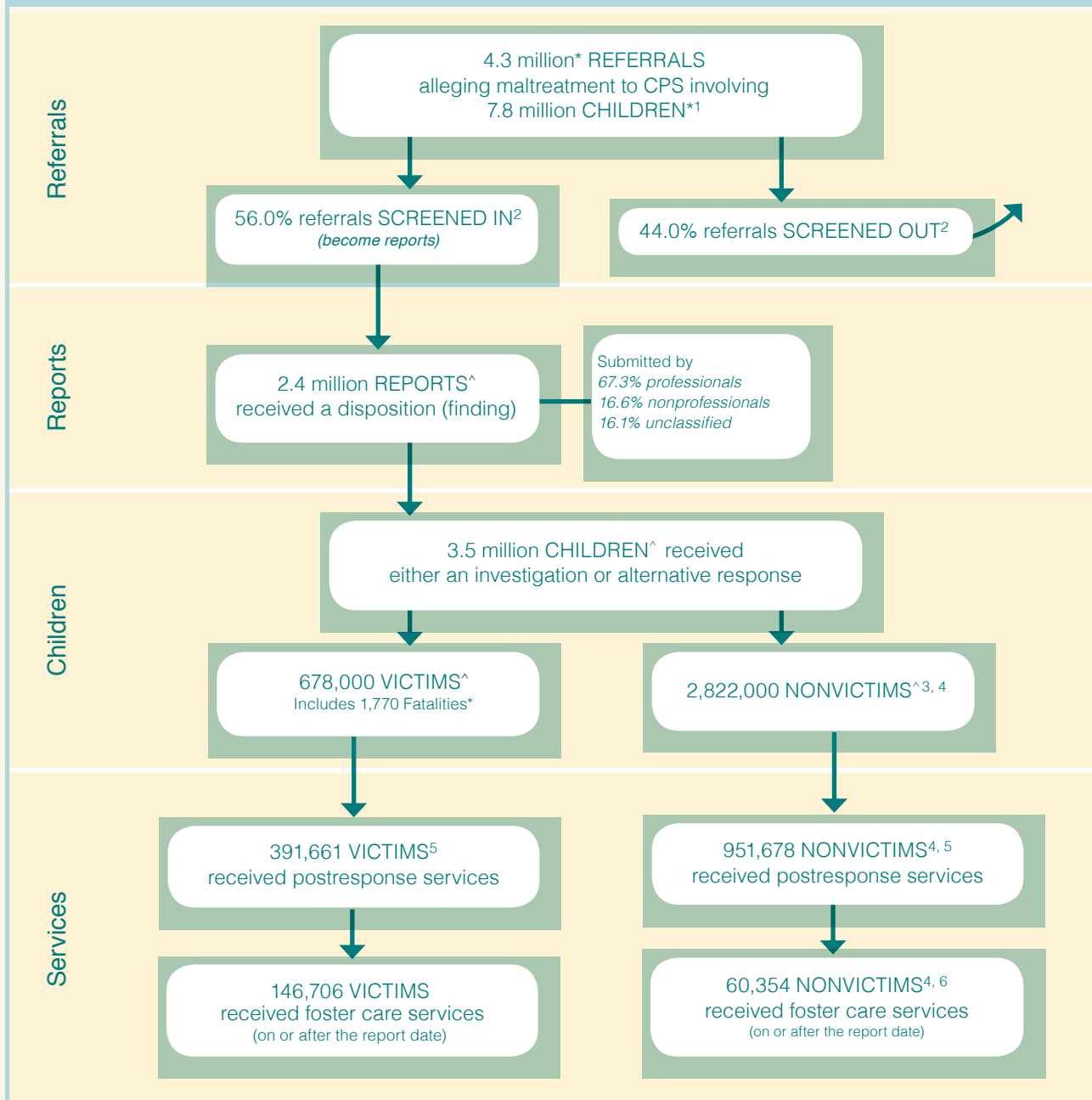


Exhibit S-2 Statistics at a Glance, 2018



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

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

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

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

⁴ Includes children who received an alternative response.

⁵ Based on data from 50 states.

⁶ Based on data from 49 states.



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 2018 presents national data about child abuse and neglect known to child protective services (CPS) agencies in the United States during federal fiscal year (FFY) 2018. 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 2018.

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 29th 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.

New Reporting to NCANDS

FFY 2018 is the first year states are reporting data from two enacted laws that amended CAPTA:

- 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 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 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 infants with prenatal substance exposure with safe care plans; and the number of infants with prenatal substance exposure for whom appropriate service referrals were made, including services for the affected parent or caregiver.

These new requirements were added to NCANDS, and the NCANDS Technical Team disseminated guidance from the Children’s Bureau and worked with the states to implement the new fields and codes. A new chapter is included with this report as a place to discuss these CAPTA amendments and provide analyses on these subsets of children. Please see Chapter 7, Special Focus for these new analyses.

Annual Data Collection Process

The NCANDS reporting year is based on the FFY calendar, which for Child Maltreatment 2018 is October 1, 2017 through September 30, 2018. 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 and identifies probable causes for any missing data. If the reviews conclude that corrections are necessary, the state may be asked to resubmit its data. (See Appendix C, State Characteristics for additional information about submissions and Appendix D, State Commentary for information from states about their data.)

For FFY 2018, 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.² According to the U.S. Census Bureau, the population of the 52 states that submitted FFY 2018 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>.

² U.S. Census Bureau, Population division. (2019). SC-EST2018-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, 2018 [data file]. Retrieved from <https://www2.census.gov/programs-surveys/popest/tables/2010-2018/state/asrh/>
U.S. Census Bureau, Population Division. (2019). Annual Estimates of the Resident Population by Single Year of Age and Sex for the Puerto Rico Commonwealth: April 1, 2010 to July 1, 2018 [data file]. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=PEP_2018_PEPSYASEX&prodType=table

- Child and Family Services Reviews (CFSRs)—The Children’s Bureau conducts periodic reviews of state child welfare systems to ensure conformity with federal requirements, determine what is happening with children and families who are engaged in child welfare services, and assist states with helping children and families achieve positive outcomes. States develop Program Improvement Plans to address areas revealed by the CFSR as in need of improvement. For CFSR Round 3, NCANDS data are the basis for two of the CFSR national data indicators: Recurrence of Maltreatment and Maltreatment in Foster Care. NCANDS data also are used for data quality checks.

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. Additionally, NDACAN has its own strict confidentiality protection procedures. More information on confidentiality protection is available in the NDACAN User’s Guide for NCANDS data at <https://www.ndacan.cornell.edu/datasets/datasets-list.cfm>. 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 2018* report contains the additional chapters listed below. Most data tables and notes discussing methodology are at the end of each chapter:

- **Chapter 2, Reports**—referrals and reports of child maltreatment.
- **Chapter 3, Children**—characteristics of victims and nonvictims.
- **Chapter 4, Fatalities**—fatalities that occurred as a result of maltreatment.
- **Chapter 5, Perpetrators**—characteristics of perpetrators of maltreatment.
- **Chapter 6, Services**—services to prevent maltreatment and to assist children and families.
- **Chapter 7, Special Focus**—analyses of specific subsets of children.

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.³

This is the second report for which the national referral data are broken out into three exhibits—2–A Screened-in Referral Rates, 2–B Screened-out Referral Rates, and 2–C Total Referral Rates. The purpose of breaking out the exhibits is to provide readers with additional understanding of the screening data and the estimation process in this report. During FFY 2018, CPS agencies across the nation screened in 2.4 million (2,402,827) referrals in all 52 reporting states. This is an 11.1 percent increase from the 2.2 million (2,163,450) screened-in referrals during 2014. (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.

³ Victims of sex trafficking may be reported up to age 24 years. See chapter 7 for more information about victims of sex trafficking.

Exhibit 2–A Screened-in Referral Rates, 2014–2018

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
2014	52	74,333,785	2,163,450	29.1	74,333,785	2,163,450
2015	52	74,351,670	2,237,754	30.1	74,351,670	2,237,754
2016	51	73,649,701	2,303,225	31.3	74,343,252	2,327,000
2017	52	74,234,537	2,356,361	31.7	74,234,537	2,356,361
2018	52	73,993,353	2,402,827	32.5	73,993,353	2,402,827

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. Twenty-three 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 2018, a national estimate of 1.9 million (1,924,000) referrals were screened out. This is a 23.8 percent increase from the 1.6 million (1,554,000) screened-out referrals for 2014. There is an overall increase in the number of screened-out referrals for FFY 2018 when compared with FFY 2017. The increase may be attributed to: an increase in total referrals, which led to an increase in screened-out referrals, one state began reporting screened-out referrals for the first time in FFY 2018, and a few states mention in their state commentary that training for intake staff on rules and policies for accepting allegations led to improve reporting. (See appendix D, [exhibit 2–B](#), and related notes.)

Exhibit 2–B Screened-out Referral Rates, 2014–2018

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
2014	44	58,906,092	1,228,602	20.9	74,333,785	1,554,000
2015	44	59,035,099	1,310,716	22.2	74,351,670	1,651,000
2016	45	59,457,042	1,374,053	23.1	74,343,252	1,717,000
2017	45	59,476,866	1,421,252	23.9	74,234,537	1,774,000
2018	46	59,986,088	1,557,996	26.0	73,993,353	1,924,000

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 2018 is 4.3 million (4,327,000) at a rate of 58.5 per 1,000 children in the population. This is an increase of 16.4 percent from FFY 2014. The 4.3 million total referrals alleging maltreatment includes approximately 7.8 million (7,788,600) children.^{4, 5} (See [exhibit 2–C](#) and related notes).

⁴ Dividing the number of children with dispositions (4,333,329, see [table 3–2](#)) by the number of screened-in reports (2,402,827, see [table 2–1](#)) results in the average number of children included in a report (1.8).

⁵ The average number of children in a report (1.8) multiplied by the national estimate of total referrals (4,327,000, see [exhibit 2–C](#)) results in an estimated 7,788,600 children included in total referrals.

Exhibit 2–C Total Referral Rates, 2014–2018

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
2014	2,163,450	1,554,000	3,717,000	74,333,785	50.0
2015	2,237,754	1,651,000	3,889,000	74,351,670	52.3
2016	2,327,000	1,717,000	4,044,000	74,343,252	54.4
2017	2,356,361	1,774,000	4,130,000	74,234,537	55.6
2018	2,402,827	1,924,000	4,327,000	73,993,353	58.5

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 52 states and multiplying the result by 1,000.

At the state level for 2018, 46 states report both screened-in and screened-out referral data and screened in 56.0 percent and screened out 44.0 percent of referrals. Of those 46 states, 17 states screened in more than the national percentage, ranging from 56.5 to 97.8 percent and 29 states screened out more than the national percentage, ranging from 46.5 to 85.7 percent. (See [table 2–1](#) and related notes.) Readers are encouraged to view state comments in Appendix D, State Commentary for additional information about screening policies.

Report Sources

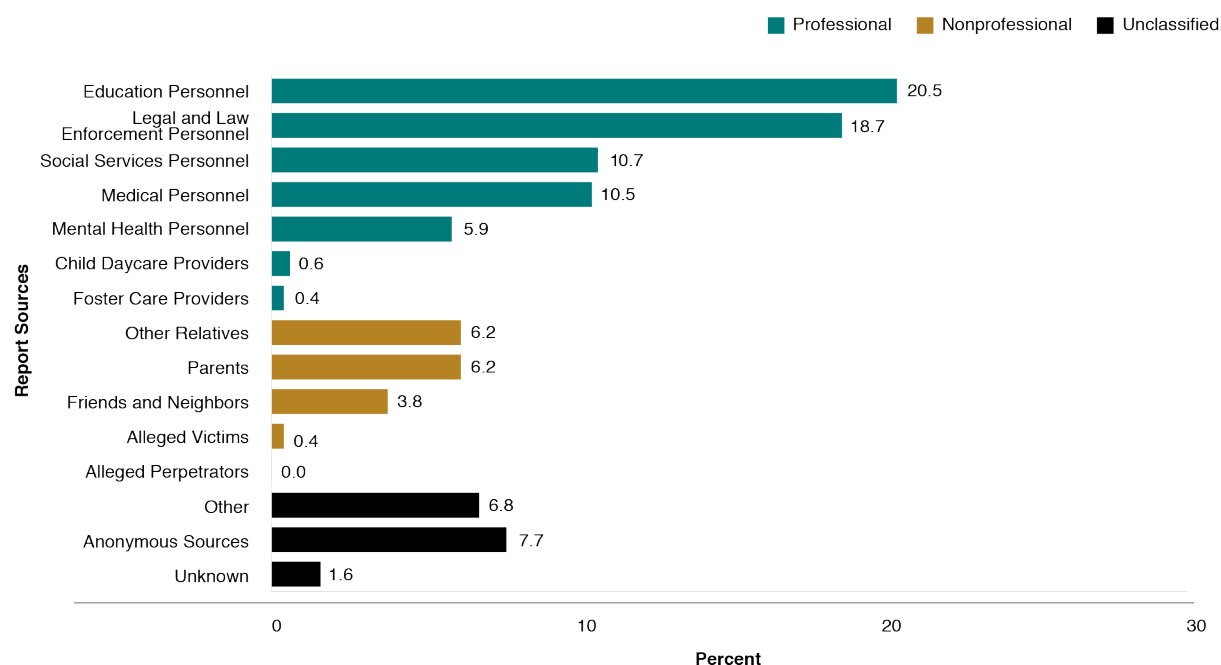
The report source is the role of the person who notified a CPS agency of the alleged child abuse and neglect in a referral. Only those sources in reports (screened-in referrals) that receive an investigation or alternative response are submitted to NCANDS. To facilitate comparisons, report sources are 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 2018 data show professionals submit 67.3 percent of reports. The highest percentages of reports are from education personnel (20.5%), legal and law enforcement personnel (18.7%), and social services personnel (10.7%). Nonprofessionals submit 16.6 percent of reports by other relatives (6.2%), parents (6.2%), and friends and neighbors (3.8%). Unclassified sources submit the remaining reports (16.1%). (See [exhibit 2–D](#) and related notes.)

Exhibit 2–D Report Sources, 2018

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



Based on data from 49 states. Data are from the Child File. States were excluded from this analysis if more than 25.0 percent had an “other” or unknown report source. 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 2018 average response time is 92 hours or 3.8 days; the median response time is 60 hours or 2.5 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 2018, 43 states report a total workforce of 29,754. Forty states report 3,349 specialized intake and screening workers. The number of investigation and alternative response workers—20,469—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 forty states that report on workers with specialized functions, investigation and alternative response workers complete an average of 72 CPS responses per worker for FFY 2018. 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 and multiplying by 1,000.
- NCANDS uses the child population estimates that are released annually by the U.S. Census Bureau. These population estimates are provided in Appendix C, State Characteristics.
- National totals and calculations appear in a single row labeled National instead of separate rows labeled total, rate, or percent.
- The row labeled Reporting States displays the count of states that provided data for that analysis.
- Dashes are inserted into cells without any data.

Table 2–1 Screened-In and Screened-Out Referrals, 2018

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

Table 2–2 Average Response Time in Hours, 2014–2018

- 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 determined by sorting the values and finding the midpoint.
- States that use the Child File response time calculation 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, 2018

- 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, 2018

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

Table 2–1 Screened-in and Screened-out Referrals, 2018

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
Alabama	28,121	627	28,748	97.8	2.2	26.4
Alaska	9,216	11,271	20,487	45.0	55.0	111.5
Arizona	49,344	34,457	83,801	58.9	41.1	51.0
Arkansas	35,526	24,353	59,879	59.3	40.7	85.2
California	233,409	175,257	408,666	57.1	42.9	45.5
Colorado	35,187	68,101	103,288	34.1	65.9	81.6
Connecticut	15,701	27,390	43,091	36.4	63.6	58.6
Delaware	5,815	11,969	17,784	32.7	67.3	87.3
District of Columbia	7,360	9,207	16,567	44.4	55.6	129.9
Florida	169,557	83,567	253,124	67.0	33.0	59.9
Georgia	87,589	38,424	126,013	69.5	30.5	50.3
Hawaii	2,055	2,723	4,778	43.0	57.0	15.7
Idaho	9,864	12,566	22,430	44.0	56.0	50.2
Illinois	81,287	-	81,287	-	-	-
Indiana	128,544	49,751	178,295	72.1	27.9	113.7
Iowa	35,716	20,846	56,562	63.1	36.9	77.4
Kansas	25,018	17,270	42,288	59.2	40.8	59.9
Kentucky	56,391	51,146	107,537	52.4	47.6	106.6
Louisiana	18,653	26,481	45,134	41.3	58.7	41.2
Maine	8,185	11,652	19,837	41.3	58.7	79.2
Maryland	22,059	37,365	59,424	37.1	62.9	44.3
Massachusetts	45,686	40,108	85,794	53.3	46.7	62.8
Michigan	95,203	56,331	151,534	62.8	37.2	70.0
Minnesota	31,837	58,761	90,598	35.1	64.9	69.6
Mississippi	28,606	6,952	35,558	80.4	19.6	50.4
Missouri	77,316	21,571	98,887	78.2	21.8	71.8
Montana	10,073	7,744	17,817	56.5	43.5	77.7
Nebraska	12,309	24,579	36,888	33.4	66.6	77.4
Nevada	16,250	23,310	39,560	41.1	58.9	57.4
New Hampshire	11,168	6,443	17,611	63.4	36.6	68.2
New Jersey	59,428	-	59,428	-	-	-
New Mexico	20,980	18,248	39,228	53.5	46.5	81.4
New York	165,311	-	165,311	-	-	-
North Carolina	62,158	-	62,158	-	-	-
North Dakota	4,364	-	4,364	-	-	-
Ohio	85,676	108,148	193,824	44.2	55.8	74.7
Oklahoma	37,788	43,076	80,864	46.7	53.3	84.5
Oregon	35,223	40,749	75,972	46.4	53.6	87.0
Pennsylvania	45,279	-	45,279	-	-	-
Puerto Rico	8,450	10,696	19,146	44.1	55.9	32.2
Rhode Island	8,569	10,471	19,040	45.0	55.0	92.8
South Carolina	45,788	10,936	56,724	80.7	19.3	51.3
South Dakota	2,217	13,314	15,531	14.3	85.7	71.4
Tennessee	70,590	66,035	136,625	51.7	48.3	90.7
Texas	198,449	53,582	252,031	78.7	21.3	34.1
Utah	20,766	20,147	40,913	50.8	49.2	43.9
Vermont	4,055	15,417	19,472	20.8	79.2	167.9
Virginia	36,543	48,651	85,194	42.9	57.1	45.6
Washington	41,077	65,295	106,372	38.6	61.4	64.0
West Virginia	26,572	14,748	41,320	64.3	35.7	113.5
Wisconsin	27,722	53,784	81,506	34.0	66.0	63.9
Wyoming	2,777	4,477	7,254	38.3	61.7	53.8
National	2,402,827	1,557,996	3,960,823	-	-	-
Reporting States	52	46	52	-	-	-
National for states reporting both screened-in and screened-out referrals	1,985,000	1,557,996	3,542,996	56.0	44.0	-
Reporting states for reporting both screened-in and screened-out referrals	46	46	46	-	-	-

Table 2–2 Average Response Time in Hours, 2014–2018

State	2014	2015	2016	2017	2018
Alabama	47	13	64	58	53
Alaska	321	348	-	-	423
Arizona	-	-	-	32	31
Arkansas	115	98	113	134	98
California	144	142	139	137	148
Colorado	-	-	-	-	114
Connecticut	40	44	44	62	46
Delaware	190	210	231	291	354
District of Columbia	20	19	22	26	29
Florida	10	10	10	10	11
Georgia	-	-	-	-	-
Hawaii	113	113	154	179	338
Idaho	62	61	56	64	60
Illinois	-	-	-	-	-
Indiana	109	103	96	74	64
Iowa	47	48	54	49	52
Kansas	76	76	67	94	123
Kentucky	83	85	75	78	96
Louisiana	76	59	73	99	-
Maine	72	72	72	72	87
Maryland	-	-	-	-	-
Massachusetts	-	-	-	-	-
Michigan	-	41	41	33	34
Minnesota	135	124	108	104	79
Mississippi	41	66	51	50	31
Missouri	24	-	42	65	48
Montana	-	172	125	-	-
Nebraska	103	115	126	145	136
Nevada	16	17	19	18	20
New Hampshire	87	88	104	116	129
New Jersey	18	17	17	18	18
New Mexico	88	76	68	67	63
New York	-	-	-	-	-
North Carolina	-	-	-	-	-
North Dakota	-	-	-	-	-
Ohio	22	31	24	26	23
Oklahoma	53	48	51	50	50
Oregon	-	123	133	137	150
Pennsylvania	-	-	-	-	-
Puerto Rico	-	-	-	-	-
Rhode Island	20	14	20	28	-
South Carolina	24	30	29	26	38
South Dakota	76	78	73	75	51
Tennessee	134	93	52	-	-
Texas	63	63	63	55	50
Utah	81	83	86	88	81
Vermont	88	103	106	102	94
Virginia	-	-	-	-	-
Washington	42	50	40	39	38
West Virginia	27	71	-	-	-
Wisconsin	127	113	119	117	119
Wyoming	24	24	24	14	18
National Average	76	81	73	77	92
National Median	72	72	66	65	60
Reporting States	37	39	38	37	37

Table 2–3 Child Protective Services Workforce, 2018

State	Intake and Screening Workers	Investigation and Alternative Response Workers	Intake, Screening, Investigation, and Alternative Response Workers
Alabama	85	490	575
Alaska	20	157	177
Arizona	74	437	511
Arkansas	36	480	516
California	-	-	3,052
Colorado	-	-	-
Connecticut	52	317	369
Delaware	30	130	160
District of Columbia	39	131	170
Florida	-	-	-
Georgia	-	-	-
Hawaii	12	33	45
Idaho	14	114	128
Illinois	150	803	953
Indiana	142	892	1,034
Iowa	29	214	243
Kansas	81	284	365
Kentucky	78	1,153	1,231
Louisiana	42	213	255
Maine	30	115	145
Maryland	-	-	-
Massachusetts	146	381	527
Michigan	177	1,372	1,549
Minnesota	362	502	864
Mississippi	32	801	833
Missouri	112	439	551
Montana	18	189	207
Nebraska	35	114	149
Nevada	56	217	273
New Hampshire	18	81	99
New Jersey	107	1,316	1,423
New Mexico	37	164	201
New York	-	-	-
North Carolina	173	1,097	1,270
North Dakota	-	-	-
Ohio	-	-	-
Oklahoma	57	652	709
Oregon	135	285	420
Pennsylvania	-	-	2,724
Puerto Rico	25	388	413
Rhode Island	13	75	88
South Carolina	-	-	-
South Dakota	33	46	79
Tennessee	79	1,049	1,128
Texas	524	3,723	4,247
Utah	31	125	156
Vermont	33	67	100
Virginia	98	615	713
Washington	97	514	611
West Virginia	37	294	331
Wisconsin	-	-	-
Wyoming	-	-	160
National	3,349	20,469	29,754
Reporting States	40	40	43

Table 2–4 Child Protective Services Caseload, 2018

State	Investigation and Alternative Response Workers	Completed Reports (Reports with a Disposition)	Completed Reports per Investigation and Alternative Response Worker
Alabama	490	28,121	57
Alaska	157	9,216	59
Arizona	437	49,344	113
Arkansas	480	35,526	74
California	-	-	-
Colorado	-	-	-
Connecticut	317	15,701	50
Delaware	130	5,815	45
District of Columbia	131	7,360	56
Florida	-	-	-
Georgia	-	-	-
Hawaii	33	2,055	62
Idaho	114	9,864	87
Illinois	803	81,287	101
Indiana	892	128,544	144
Iowa	214	35,716	167
Kansas	284	25,018	88
Kentucky	1,153	56,391	49
Louisiana	213	18,653	88
Maine	115	8,185	71
Maryland	-	-	-
Massachusetts	381	45,686	120
Michigan	1,372	95,203	69
Minnesota	502	31,837	63
Mississippi	801	28,606	36
Missouri	439	77,316	176
Montana	189	10,073	53
Nebraska	114	12,309	108
Nevada	217	16,250	75
New Hampshire	81	11,168	138
New Jersey	1,316	59,428	45
New Mexico	164	20,980	128
New York	-	-	-
North Carolina	1,097	62,158	57
North Dakota	-	-	-
Ohio	-	-	-
Oklahoma	652	37,788	58
Oregon	285	35,223	124
Pennsylvania	-	-	-
Puerto Rico	388	8,450	22
Rhode Island	75	8,569	114
South Carolina	-	-	-
South Dakota	46	2,217	48
Tennessee	1,049	70,590	67
Texas	3,723	198,449	53
Utah	125	20,766	166
Vermont	67	4,055	61
Virginia	615	36,543	59
Washington	514	41,077	80
West Virginia	294	26,572	90
Wisconsin	-	-	-
Wyoming	-	-	-
National	20,469	1,478,109	72
Reporting States	40	40	40



Children

CHAPTER 3

This chapter discusses the children who are the subjects of reports (screened-in referrals) and the characteristics of those who are determined to be victims of abuse and neglect. The Child 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. NCANDS includes this disposition in the count of victims.
- **Unsubstantiated:** An investigation disposition that concludes there is not sufficient evidence under state law to conclude or suspect that the child was maltreated or is at-risk of being maltreated.

Less commonly used NCANDS dispositions for investigation responses include:

- **Indicated:** A disposition that concludes maltreatment could not be substantiated under state law or policy, but there is a reason to suspect that at least one child may have been maltreated or is at risk of maltreatment. This disposition is applicable only to states that distinguish between substantiated and indicated dispositions. NCANDS includes this disposition in the count of victims..
- **Intentionally false:** A disposition that concludes the person who made the allegation of maltreatment knew that the allegation was not true.
- **Closed with no finding:** A disposition that does not conclude with a specific finding because the CPS response could not be completed. This disposition is often assigned when CPS is unable to locate the alleged victim.

- **No alleged maltreatment:** A disposition for a child who receives a CPS response, but is not the subject of an allegation or any finding of maltreatment. Some states have laws requiring all children in a household receive a CPS response if any child in the household is the subject of a CPS response.
- **Other:** States may use the category of “other” if none of the above is applicable.

State statutes also establish the level of evidence needed to determine a disposition of substantiated or indicated. (See Appendix C, State Characteristics for each state’s level of evidence.) These statutes influence how CPS agencies respond to the safety needs of the children who are the subjects of child maltreatment reports.

Alternative Response

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

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

Variations in how states define and implement alternative response programs continue. For example, several states mention that they have an alternative response program that is not reported to NCANDS. For some of these states, the alternative response programs provide services for families regardless of whether there 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.

Unique and Duplicate Counts

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

- **Duplicate count of children:** Counting a child each time he or she is the subject of a report. This count also is called a report-child pair. For example, a duplicate count of children who received an investigation response or alternative response counts each child for each CPS response.

- **Unique count of children:** Counting a child once, regardless of the number of times he or she is the subject of a report. For example, a unique count of victims by age counts the child's age in the first report where the child has a substantiated or indicated disposition.

For FFY 2018, 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 2018, 3.5 million children (national rounded number) received either an investigation or alternative response at a rate of 47.8 children per 1,000 in the population. The number of children who received a CPS response increased nationally by 8.4 percent from 2014 to 2018.⁶ At the state level, the percent change ranged from a 46.4 percent decrease to a 79.0 increase (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, 2014–2018

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
2014	52	74,333,785	3,260,523	43.9	74,333,785	3,261,000
2015	52	74,351,670	3,359,531	45.2	74,351,670	3,360,000
2016	51	73,649,701	3,441,462	46.7	74,343,252	3,472,000
2017	52	74,234,537	3,501,744	47.2	74,234,537	3,502,000
2018	52	73,993,353	3,533,597	47.8	73,993,353	3,534,000

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.

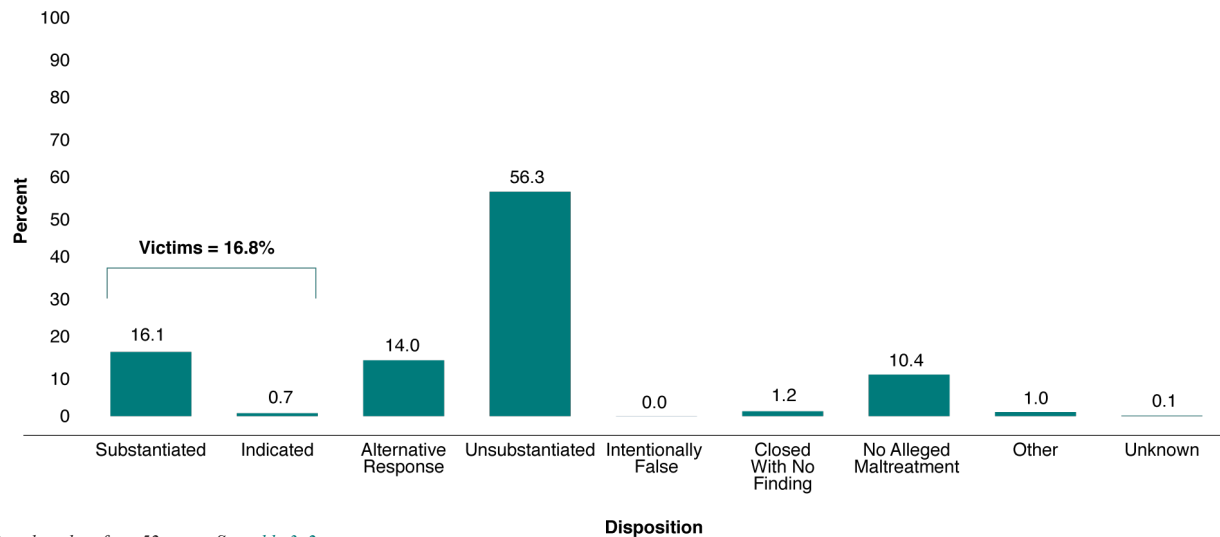
Children Who Received an Investigation or Alternative Response by Disposition (duplicate count of children)

For FFY 2018, 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 16.8 percent of children are classified as victims with dispositions of substantiated (16.1%) 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–B](#), and related notes.)

⁶ The national percent change is calculated using the national rounded number for FFY 2014 and FFY 2018 (from [exhibit 3–A](#)) by subtracting 2014 data from 2018 data, dividing the result by 2014 data, and multiplying by 100.

Exhibit 3–B Children Who Received an Investigation or Alternative Response by Disposition, 2018

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



Number of Child Victims (unique count of child victims)

In NCANDS, a victim is defined as:

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

For FFY 2018, there are nationally 678,000 (rounded) victims of child abuse and neglect. This equates to a national rate of 9.2 victims per 1,000 children in the population. The FFY 2018 national number of victims is 0.4 percent higher than the FFY 2014 national (rounded) number of 675,000. The percent change is calculated using the national rounded number of victims for FFY 2014 and FFY 2018. (See [exhibit 3–C](#) and related notes.)

Exhibit 3–C Child Victimization Rates, 2014–2018

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
2014	52	74,333,785	675,429	9.1	74,333,785	675,000
2015	52	74,351,670	683,221	9.2	74,351,670	683,000
2016	51	73,649,701	671,176	9.1	74,343,252	677,000
2017	52	74,234,537	673,756	9.1	74,234,537	674,000
2018	52	73,993,353	677,529	9.2	73,993,353	678,000

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.

At the state level, the percent change of victims of abuse and neglect range from a 50.0 percent decrease to 216.0 percent increase from FFY 2014 to 2018. The FFY 2018 state victimization rates range from a low of 1.8 to a high of 23.5 per 1,000 children. Changes to legislation, child welfare policy, and practice that may contribute to an increase or decrease in the number of victims are provided by states in Appendix D, State Commentary. For example, across the 5 years: one state changed its level of evidence, several states resolved investigation or assessment backlogs, and several states adopted new intake or screening processes. Other factors include the increase in parental drug use and severe storms that changed or reduced the population. (See [table 3–3](#) and related notes.)

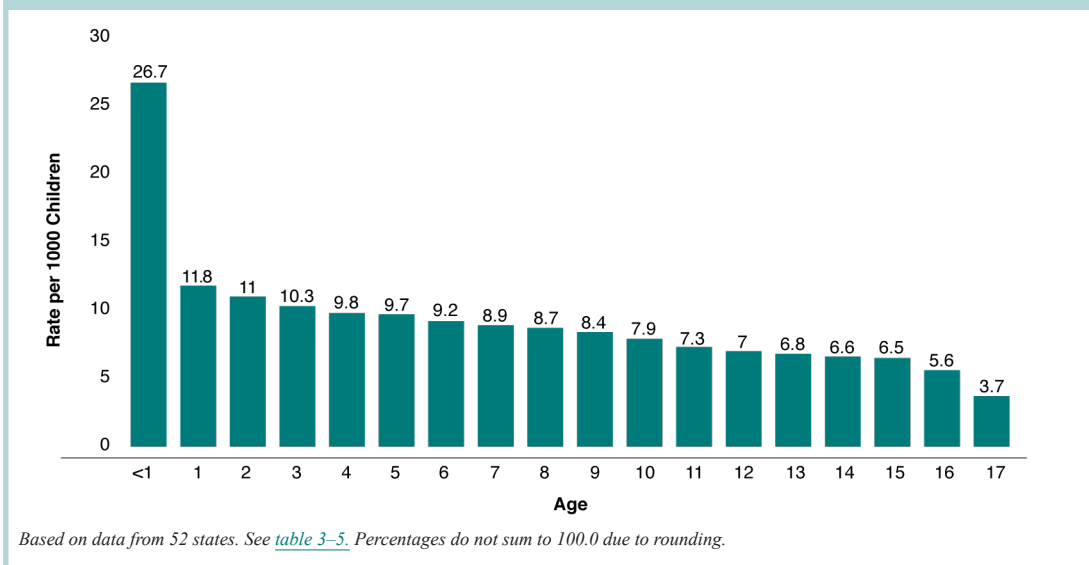
During FFY 2014–2018, the national rates remained relatively stable for victims who did not have a prior history of victimization (known as first-time victims). During the 5 years, the national rates are 6.7 for 2014–2016 and 6.8 for 2017–2018 per 1,000 children in the population. States use the disposition date of prior substantiated or indicated maltreatments to determine whether the victim is a first-time victim. (See [table 3–4](#) and related notes.)

Child Victim Demographics (unique count of child victims)

The youngest children are the most vulnerable to maltreatment. Nationally, more than one-quarter (28.7%) of victims are younger than 3 years old. Victims younger than 1 year are 15.3 percent of all victims. The victimization rate is highest for children younger than 1 year old at 26.7 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 (11.8 per 1,000 children). Victims who are 2 or 3 years old have victimization rates of 11.0 and 10.3 victims per 1,000 children of those respective ages in the population. Readers may notice some states have lower rates across age groups than other states. The states with lower rates may assign low-risk cases to alternative response or have other state policies or programs in place for maltreatment allegations. In general, the rate of victimization decreases with the child’s age. (See [table 3–5](#), [exhibit 3–D](#), and related notes.) The percentages of child victims are similar for both boys (48.5%) and girls (51.2%). The sex is unknown for 0.3 percent of victims. The FFY 2018 victimization rate for girls is 9.6 per 1,000

Exhibit 3–D Victims by Age, 2018

The youngest children were the most vulnerable to maltreatment



girls in the population, which is higher than boys at 8.7 per 1,000 boys in the population. (See [table 3–6](#) and related notes.) Most victims are one of three races or ethnicities—White (44.5%), Hispanic (22.6%), or African-American (20.6%). The racial distributions for all children in the population are 50.3 percent White, 25.5 percent Hispanic, and 13.7 percent African-American. (See [table C–3](#) and related notes.) For FFY 2018, American-Indian or Alaska Native children have the highest rate of victimization at 15.2 per 1,000 children in the population of the same race or ethnicity and African-American children have the second highest rate at 14.0 per 1,000 children in the population of the same race or ethnicity. (See [table 3–7](#) and related notes.)

Maltreatment Types

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

This report is the first time that data will be shown for the new maltreatment type of sex trafficking. Please see Chapter 7, Special Focus for information about the Justice for Victims of Trafficking Act and the new maltreatment type.

The victim maltreatment types are analyzed differently for this report than in prior editions to count victims and maltreatment types uniquely (in prior editions, a duplicate count was used). This analysis counts victims with a single type of maltreatment, for example neglect only. If a victim is reported with two or more maltreatment types, the victim is counted in the multiple maltreatment type category.

The FFY 2018 data show 84.5 percent of victims suffered from a single maltreatment type and the remaining 15.5 percent have two or more maltreatment types (multiple maltreatment types). Three-fifths (60.8%) of victims are neglected only, 10.7 percent are physically abused only, and 7.0 percent are sexually abused only. Eighteen states reported 339 victims of sex trafficking only (0.1%). (See [table 3-8](#) and related notes.) Analyzing combinations of maltreatment types reveal the most common combination to be neglect and physical abuse.⁷

Risk Factors

Risk factors are characteristics of a child or caregiver that may increase the likelihood of child maltreatment. 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.

Caregivers with these risk factors who are included in each analysis may or may not be the perpetrators responsible for the maltreatment. For FFY 2018, data are analyzed for two 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.

An analysis reviewed 3 years of data for victims with the alcohol abuse caregiver risk factor. From 2016 to 2018, there is an overall increase in the number of victims reported with the alcohol abuse caregiver risk factor. The national percentage of victims with the alcohol abuse

⁷ Based on analyses from FFY 2016–2018. Data not shown.

caregiver risk factor increased from 11.6 in 2016 to 12.3 in 2018. At the state level, the FFY 2018 percentages range from a low of 2.2 to a high of 45.5. (See [table 3–9](#) and related notes.)

Three years of data also are analyzed for victims with the drug abuse caregiver risk factor. From 2016 to 2018, there is an overall increase in the number of victims reported with the drug abuse caregiver risk factor. The national percentage of victims reported with the drug abuse caregiver risk factor increased from 28.9 in 2016 to 30.7 in 2018. At the state level, the FFY 2018 percentages range from a low of 3.1 to a high of 61.5. (See [table 3–10](#) 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 2018 data show, 91.7 percent of victims are maltreated by one or both parents. The parent(s) could have acted together, acted alone, or acted with up to two other people to maltreat the child. Nearly 40.0 percent (39.4%) of victims are maltreated by a mother acting alone and 21.5 percent of victims are maltreated by a father acting alone. More than 13.0 percent (13.4%) 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%), unmarried partner of parent (2.8%), and "other" (2.8%). (See [table 3–11](#) 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.
- Dashes are inserted into cells without any data.

Table 3–1 Children Who Received an Investigation or Alternative Response, 2014–2018

- The number of children is a unique count.
- The percent change was calculated by subtracting 2014 data from 2018 data, dividing the result by 2014 data and multiplying by 100.

Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2018

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

Table 3–3 Child Victims, 2014–2018

- The number of victims is a unique count.
- The percent change is calculated by subtracting 2014 data from 2018 data, dividing the result by 2014 data and multiplying by 100.

Table 3–4 First-time Victims, 2014–2018

- 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 3–5 Victims by Age, 2018

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

Table 3–6 Victims by Sex, 2018

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

Table 3–7 Victims by Race or Ethnicity, 2018

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

Table 3–8 Victims by Maltreatment Type, 2018

- This analysis counts victims with a single type of maltreatment, for example neglect only.
- If a victim is reported with two or more maltreatment types, the victim is counted in the multiple maltreatment type category once.
- If a victim is reported with the same maltreatment type twice, the victim is counted in the category once.

Table 3–9 Victims with Alcohol Abuse Caregiver Risk Factor, 2016–2018

- The number of victims 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.
- 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 3–10 Victims with Drug Abuse Caregiver Risk Factor, 2016–2018

- The number of victims 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.
- 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 3–11 Victims by Relationship to Their Perpetrators, 2018

- The number of relationships is a duplicate count, and the number of victims is a unique count.
- Percentages are calculated against the unique count of victims and total to more than 100.0 percent.
- States are excluded from this analysis if more than 20.0 percent of perpetrators are reported with an unknown or blank relationship.
- In NCANDS, a child victim may have up to three perpetrators. A few states' systems do not have the capability of collecting and reporting data for all three perpetrator fields.
- 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, 2014–2018 *(continues next page)*

State	2014	2015	2016	2017	2018	Percent Change from 2014 to 2018
Alabama	29,342	30,647	36,776	38,871	38,634	31.7
Alaska	10,115	10,795	11,801	13,184	12,749	26.0
Arizona	73,122	76,581	93,488	83,693	87,862	20.2
Arkansas	57,886	58,072	58,685	60,736	58,823	1.6
California	367,223	375,972	376,738	365,921	360,040	-2.0
Colorado	38,159	38,376	42,441	43,558	44,698	17.1
Connecticut	24,818	21,726	23,543	24,432	19,693	-20.7
Delaware	13,262	13,994	13,861	13,281	12,180	-8.2
District of Columbia	11,062	11,867	12,855	14,210	14,334	29.6
Florida	288,551	281,040	287,951	296,250	292,518	1.4
Georgia	137,222	163,134	169,328	164,405	164,064	19.6
Hawaii	3,305	3,695	3,706	3,484	3,817	15.5
Idaho	11,567	12,233	11,363	11,712	12,825	10.9
Illinois	124,569	125,098	140,480	134,004	146,141	17.3
Indiana	127,307	139,168	146,673	163,110	161,340	26.7
Iowa	28,348	28,970	30,544	35,194	38,631	36.3
Kansas	27,711	27,565	27,388	27,138	27,816	0.4
Kentucky	71,674	74,170	71,876	80,405	83,902	17.1
Louisiana	38,952	36,382	33,570	27,941	26,064	-33.1
Maine	13,286	12,641	11,613	11,226	11,031	-17.0
Maryland	31,469	30,927	32,020	32,433	32,244	2.5
Massachusetts	77,300	75,688	79,335	74,440	76,244	-1.4
Michigan	152,411	147,431	149,302	150,927	158,673	4.1
Minnesota	26,395	30,481	38,816	40,697	39,581	50.0
Mississippi	31,504	34,069	38,538	39,334	40,682	29.1
Missouri	75,302	73,523	75,593	70,419	81,059	7.6
Montana	10,180	12,669	13,702	14,237	15,300	50.3
Nebraska	22,439	23,190	22,852	25,192	24,329	8.4
Nevada	25,023	28,277	27,832	28,126	30,279	21.0
New Hampshire	11,636	11,266	13,935	12,636	13,888	19.4
New Jersey	75,460	74,546	73,889	74,393	77,661	2.9
New Mexico	26,805	28,223	23,656	26,597	25,774	-3.8
New York	200,748	206,453	209,331	218,147	218,684	8.9
North Carolina	122,085	123,436	119,994	120,734	112,261	-8.0
North Dakota	6,397	6,437	6,647	6,728	7,295	14.0
Ohio	102,517	101,836	103,868	107,992	110,550	7.8
Oklahoma	56,084	57,141	53,724	54,726	58,958	5.1
Oregon	37,613	39,009	49,964	44,058	50,319	33.8
Pennsylvania	25,123	36,788	40,237	42,890	42,295	68.4
Puerto Rico	28,109	27,961	-	18,395	15,053	-46.4
Rhode Island	9,374	8,429	7,546	7,493	10,841	15.6
South Carolina	46,157	50,417	65,151	68,718	82,617	79.0
South Dakota	4,403	4,235	4,139	4,201	3,761	-14.6
Tennessee	94,657	93,154	91,562	91,992	87,384	-7.7
Texas	252,773	267,880	269,952	283,764	281,562	11.4
Utah	25,219	25,523	24,985	25,773	26,076	3.4
Vermont	4,194	5,102	4,603	4,710	4,485	6.9
Virginia	61,029	60,607	62,808	61,754	49,156	-19.5
Washington	42,572	45,338	40,793	41,299	46,131	8.4
West Virginia	39,683	45,407	52,442	55,623	52,276	31.7
Wisconsin	32,751	36,330	34,539	35,290	36,103	10.2
Wyoming	5,630	5,632	5,027	5,271	4,914	-12.7
National	3,260,523	3,359,531	3,441,462	3,501,744	3,533,597	-
Reporting States	52	52	51	52	52	-

Table 3–1 Children Who Received an Investigation or Alternative Response, 2014–2018

State	2014 Rate per 1,000 Children	2015 Rate per 1,000 Children	2016 Rate per 1,000 Children	2017 Rate per 1,000 Children	2018 Rate per 1,000 Children
Alabama	26.5	27.8	33.5	35.5	35.4
Alaska	54.2	58.0	63.2	71.0	69.4
Arizona	45.0	47.0	57.1	51.1	53.5
Arkansas	81.9	82.2	83.1	86.1	83.7
California	40.2	41.2	41.5	40.5	40.0
Colorado	30.6	30.5	33.6	34.5	35.3
Connecticut	32.1	28.5	31.3	32.9	26.8
Delaware	65.2	68.7	68.1	65.2	59.8
District of Columbia	95.6	99.6	105.7	113.6	112.4
Florida	71.2	68.5	69.2	70.5	69.2
Georgia	55.2	65.3	67.5	65.5	65.5
Hawaii	10.7	12.0	12.1	11.4	12.6
Idaho	26.8	28.2	25.9	26.4	28.7
Illinois	41.6	42.2	47.9	46.3	51.1
Indiana	80.5	88.2	93.1	103.7	102.9
Iowa	38.9	39.7	41.8	48.1	52.9
Kansas	38.4	38.2	38.2	38.1	39.4
Kentucky	70.6	73.2	71.0	79.5	83.2
Louisiana	35.0	32.6	30.1	25.3	23.8
Maine	51.2	49.3	45.6	44.4	44.1
Maryland	23.4	23.0	23.8	24.1	24.1
Massachusetts	55.5	54.6	57.6	54.2	55.8
Michigan	68.3	66.7	68.0	69.2	73.3
Minnesota	20.6	23.7	30.0	31.3	30.4
Mississippi	43.1	46.9	53.4	55.1	57.6
Missouri	54.1	52.9	54.5	50.9	58.9
Montana	45.1	55.9	60.1	62.1	66.7
Nebraska	48.0	49.3	48.2	53.0	51.0
Nevada	37.9	42.4	41.2	41.3	43.9
New Hampshire	43.4	42.5	53.1	48.5	53.8
New Jersey	37.8	37.6	37.5	37.9	39.8
New Mexico	53.2	56.5	47.8	54.5	53.5
New York	47.7	49.4	50.5	53.1	53.8
North Carolina	53.5	54.0	52.3	52.5	48.8
North Dakota	37.9	37.0	37.9	38.1	40.8
Ohio	38.8	38.7	39.7	41.4	42.6
Oklahoma	58.7	59.4	55.8	57.1	61.6
Oregon	43.7	45.2	57.4	50.4	57.6
Pennsylvania	9.3	13.7	15.0	16.1	16.0
Puerto Rico	36.6	38.2	-	28.2	25.3
Rhode Island	44.1	40.0	36.1	36.2	52.8
South Carolina	42.6	46.2	59.3	62.3	74.7
South Dakota	21.0	20.1	19.4	19.4	17.3
Tennessee	63.3	62.1	60.9	61.1	58.0
Texas	35.4	37.0	36.9	38.5	38.1
Utah	27.9	28.0	27.1	27.8	28.0
Vermont	34.5	42.5	38.9	40.3	38.7
Virginia	32.7	32.5	33.6	33.0	26.3
Washington	26.6	28.1	25.0	25.0	27.7
West Virginia	104.2	120.1	140.1	150.7	143.6
Wisconsin	25.2	28.1	26.8	27.5	28.3
Wyoming	40.7	40.4	36.2	38.7	36.5
National	43.9	45.2	46.7	47.2	47.8
Reporting States	-	-	-	-	-

Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2018 *(continues next page)*

State	Substantiated	Indicated	Alternative Response	Unsubstantiated	Intentionally False
Alabama	12,506	-	-	28,257	-
Alaska	3,055	-	-	12,752	-
Arizona	16,361	69	-	55,176	-
Arkansas	8,976	-	8,836	30,321	-
California	67,996	-	-	308,767	-
Colorado	12,701	-	12,429	28,326	-
Connecticut	8,215	-	-	14,783	-
Delaware	1,282	-	-	8,503	-
District of Columbia	1,843	-	4,962	4,223	-
Florida	38,770	-	-	237,988	1
Georgia	11,455	-	74,548	48,475	-
Hawaii	1,289	-	-	2,636	-
Idaho	1,995	-	-	14,333	507
Illinois	35,180	-	-	98,577	259
Indiana	27,564	-	-	196,365	-
Iowa	14,207	-	12,275	30,931	-
Kansas	3,404	-	-	31,818	-
Kentucky	26,585	-	-	73,832	-
Louisiana	9,839	-	-	16,967	-
Maine	3,700	-	-	9,334	-
Maryland	4,969	3,474	17,561	9,774	-
Massachusetts	28,782	-	-	30,004	-
Michigan	20,390	19,955	-	122,777	36
Minnesota	8,243	-	25,846	10,793	-
Mississippi	10,807	-	-	38,386	-
Missouri	5,879	-	71,403	28,163	-
Montana	4,072	19	-	14,328	-
Nebraska	2,777	-	880	17,114	-
Nevada	5,460	-	1,436	19,155	-
New Hampshire	1,362	-	-	13,459	-
New Jersey	6,323	-	-	86,959	-
New Mexico	9,204	-	-	23,751	-
New York	79,710	-	17,781	174,762	-
North Carolina	6,725	-	103,220	19,946	-
North Dakota	2,166	-	-	5,936	-
Ohio	19,894	7,712	58,211	44,825	-
Oklahoma	16,241	-	1,760	46,207	-
Oregon	13,594	-	55	40,314	-
Pennsylvania	4,878	-	-	40,401	-
Puerto Rico	4,512	37	-	7,036	109
Rhode Island	3,918	-	-	8,927	-
South Carolina	20,434	-	17,043	45,518	-
South Dakota	1,483	-	-	2,464	-
Tennessee	8,608	805	62,146	25,337	-
Texas	65,364	-	34,291	191,213	-
Utah	10,756	-	-	18,454	23
Vermont	1,048	-	1,636	2,698	11
Virginia	6,331	-	40,192	8,200	-
Washington	5,215	-	30,461	22,016	41
West Virginia	7,424	-	-	36,675	-
Wisconsin	5,256	-	7,045	31,113	-
Wyoming	1,077	-	4,477	284	-
National	699,825	32,071	608,494	2,439,353	987
Reporting States	52	7	23	52	8

Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2018

State	Closed With No Finding	No Alleged Maltreatment	Other	Unknown	Total Children
Alabama	1,537	-	-	79	42,379
Alaska	1,010	-	1	-	16,818
Arizona	2,070	35,756	-	-	109,432
Arkansas	1,466	20,773	-	-	70,372
California	-	62,670	-	2	439,435
Colorado	-	-	-	95	53,551
Connecticut	-	-	-	-	22,998
Delaware	2,958	1,002	-	-	13,745
District of Columbia	158	6,343	-	-	17,529
Florida	-	83,705	-	2,101	362,565
Georgia	-	70,738	-	-	205,216
Hawaii	-	-	-	13	3,938
Idaho	-	-	-	-	16,835
Illinois	-	51,992	-	-	186,008
Indiana	-	-	-	-	223,929
Iowa	-	-	-	9	57,422
Kansas	405	-	-	-	35,627
Kentucky	1,456	-	4,086	-	105,959
Louisiana	1,844	-	-	-	28,650
Maine	-	89	-	-	13,123
Maryland	-	-	-	-	35,778
Massachusetts	-	20,946	12,822	-	92,554
Michigan	1,865	40,088	-	5	205,116
Minnesota	1,914	-	-	-	46,796
Mississippi	1,479	-	-	-	50,672
Missouri	3,650	-	655	29	109,779
Montana	880	111	43	-	19,453
Nebraska	436	8,702	-	-	29,909
Nevada	51	10,044	-	-	36,146
New Hampshire	2,022	-	-	2	16,845
New Jersey	-	-	-	-	93,282
New Mexico	-	-	-	-	32,955
New York	-	3,067	3	-	275,323
North Carolina	-	-	652	11	130,554
North Dakota	-	-	-	-	8,102
Ohio	3,227	-	-	-	133,869
Oklahoma	4,457	-	-	-	68,665
Oregon	-	-	6,524	4	60,491
Pennsylvania	-	-	-	-	45,279
Puerto Rico	1,788	2,048	-	-	15,530
Rhode Island	215	-	-	-	13,060
South Carolina	-	21,364	-	252	104,611
South Dakota	164	-	-	-	4,111
Tennessee	7,302	-	2	50	104,250
Texas	2,589	-	19,178	2,628	315,263
Utah	1,413	-	-	-	30,646
Vermont	-	-	-	-	5,393
Virginia	51	514	1	12	55,301
Washington	2,219	-	-	-	59,952
West Virginia	4,204	10,516	-	41	58,860
Wisconsin	-	-	-	1	43,415
Wyoming	-	-	-	-	5,838
National	52,830	450,468	43,967	5,334	4,333,329
Reporting States	28	19	11	17	52

Table 3–3 Child Victims, 2014–2018 *(continues next page)*

State	2014	2015	2016	2017	2018	Percent Change from 2014 to 2018
Alabama	8,697	8,466	10,157	10,847	12,158	39.8
Alaska	2,484	2,898	3,142	2,783	2,615	5.3
Arizona	13,877	11,955	10,841	9,909	15,504	11.7
Arkansas	8,971	9,204	9,707	9,334	8,538	-4.8
California	75,033	72,000	68,663	65,342	63,795	-15.0
Colorado	9,979	10,100	11,226	11,578	11,879	19.0
Connecticut	7,651	6,930	7,903	8,442	7,652	0.0
Delaware	1,482	1,538	1,572	1,542	1,251	-15.6
District of Columbia	1,528	1,348	1,366	1,639	1,699	11.2
Florida	45,738	43,775	41,894	40,103	36,795	-19.6
Georgia	22,163	26,952	21,635	10,319	11,090	-50.0
Hawaii	1,331	1,506	1,491	1,280	1,265	-5.0
Idaho	1,595	1,623	1,847	1,832	1,919	20.3
Illinois	25,597	29,993	29,059	28,751	31,515	23.1
Indiana	23,334	26,397	28,430	29,198	25,731	10.3
Iowa	8,071	7,877	8,555	10,643	11,764	45.8
Kansas	1,998	1,992	2,403	4,153	3,188	59.6
Kentucky	17,932	18,897	20,010	22,410	23,752	32.5
Louisiana	12,057	12,631	11,289	10,356	9,380	-22.2
Maine	3,823	3,372	3,446	3,475	3,481	-8.9
Maryland	9,119	6,790	6,993	7,578	7,743	-15.1
Massachusetts	31,863	31,089	31,624	24,955	25,812	-19.0
Michigan	30,705	34,729	37,261	38,062	37,703	22.8
Minnesota	4,143	5,120	7,941	8,709	7,785	87.9
Mississippi	8,435	8,730	10,179	10,429	10,002	18.6
Missouri	5,322	5,699	5,481	4,585	5,662	6.4
Montana	1,191	1,868	3,116	3,534	3,763	216.0
Nebraska	3,940	3,483	2,783	3,246	2,635	-33.1
Nevada	4,589	4,953	4,885	4,859	5,162	12.5
New Hampshire	646	745	905	1,151	1,331	106.0
New Jersey	11,586	9,689	8,264	6,614	6,008	-48.1
New Mexico	7,606	8,701	7,526	8,577	8,024	5.5
New York	65,042	66,676	65,123	71,226	68,785	5.8
North Carolina	8,414	7,857	7,134	7,392	6,502	-22.7
North Dakota	1,612	1,760	1,805	1,981	2,097	30.1
Ohio	24,936	23,006	23,635	24,897	25,158	0.9
Oklahoma	13,183	14,449	14,308	14,457	15,355	16.5
Oregon	10,088	10,428	11,812	11,013	12,581	24.7
Pennsylvania	3,262	3,629	4,355	4,625	4,695	43.9
Puerto Rico	7,683	6,950	-	5,729	4,381	-43.0
Rhode Island	3,410	3,183	2,955	3,095	3,644	6.9
South Carolina	12,439	14,856	17,331	17,071	19,130	53.8
South Dakota	886	1,073	1,246	1,339	1,426	60.9
Tennessee	11,695	11,362	9,665	9,354	9,186	-21.5
Texas	65,334	63,781	57,374	61,506	63,271	-3.2
Utah	9,876	9,569	9,614	9,947	10,122	2.5
Vermont	813	921	822	878	958	17.8
Virginia	6,464	6,112	5,941	6,277	6,132	-5.1
Washington	7,341	5,894	4,725	4,386	4,498	-38.7
West Virginia	4,962	4,857	5,938	6,496	6,946	40.0
Wisconsin	4,642	4,840	4,822	4,902	5,017	8.1
Wyoming	861	968	977	950	1,044	21.3
National	675,429	683,221	671,176	673,756	677,529	-
Reporting States	52	52	51	52	52	-

Table 3–3 Child Victims, 2014–2018

State	2014 Rate per 1,000 Children	2015 Rate per 1,000 Children	2016 Rate per 1,000 Children	2017 Rate per 1,000 Children	2018 Rate per 1,000 Children
Alabama	7.9	7.7	9.2	9.9	11.2
Alaska	13.3	15.6	16.8	15.0	14.2
Arizona	8.5	7.3	6.6	6.0	9.4
Arkansas	12.7	13.0	13.7	13.2	12.1
California	8.2	7.9	7.6	7.2	7.1
Colorado	8.0	8.0	8.9	9.2	9.4
Connecticut	9.9	9.1	10.5	11.4	10.4
Delaware	7.3	7.5	7.7	7.6	6.1
District of Columbia	13.2	11.3	11.2	13.1	13.3
Florida	11.3	10.7	10.1	9.5	8.7
Georgia	8.9	10.8	8.6	4.1	4.4
Hawaii	4.3	4.9	4.8	4.2	4.2
Idaho	3.7	3.7	4.2	4.1	4.3
Illinois	8.6	10.1	9.9	9.9	11.0
Indiana	14.7	16.7	18.0	18.6	16.4
Iowa	11.1	10.8	11.7	14.5	16.1
Kansas	2.8	2.8	3.4	5.8	4.5
Kentucky	17.7	18.7	19.8	22.2	23.5
Louisiana	10.8	11.3	10.1	9.4	8.6
Maine	14.7	13.1	13.5	13.8	13.9
Maryland	6.8	5.0	5.2	5.6	5.8
Massachusetts	22.9	22.4	22.9	18.2	18.9
Michigan	13.8	15.7	17.0	17.5	17.4
Minnesota	3.2	4.0	6.1	6.7	6.0
Mississippi	11.5	12.0	14.1	14.6	14.2
Missouri	3.8	4.1	4.0	3.3	4.1
Montana	5.3	8.2	13.7	15.4	16.4
Nebraska	8.4	7.4	5.9	6.8	5.5
Nevada	7.0	7.4	7.2	7.1	7.5
New Hampshire	2.4	2.8	3.4	4.4	5.2
New Jersey	5.8	4.9	4.2	3.4	3.1
New Mexico	15.1	17.4	15.2	17.6	16.6
New York	15.5	15.9	15.7	17.3	16.9
North Carolina	3.7	3.4	3.1	3.2	2.8
North Dakota	9.6	10.1	10.3	11.2	11.7
Ohio	9.4	8.7	9.0	9.5	9.7
Oklahoma	13.8	15.0	14.9	15.1	16.1
Oregon	11.7	12.1	13.6	12.6	14.4
Pennsylvania	1.2	1.3	1.6	1.7	1.8
Puerto Rico	10.0	9.5	-	8.8	7.4
Rhode Island	16.0	15.1	14.1	15.0	17.8
South Carolina	11.5	13.6	15.8	15.5	17.3
South Dakota	4.2	5.1	5.8	6.2	6.6
Tennessee	7.8	7.6	6.4	6.2	6.1
Texas	9.1	8.8	7.8	8.4	8.6
Utah	10.9	10.5	10.4	10.7	10.9
Vermont	6.7	7.7	6.9	7.5	8.3
Virginia	3.5	3.3	3.2	3.4	3.3
Washington	4.6	3.7	2.9	2.7	2.7
West Virginia	13.0	12.8	15.9	17.6	19.1
Wisconsin	3.6	3.7	3.7	3.8	3.9
Wyoming	6.2	6.9	7.0	7.0	7.7
National	9.1	9.2	9.1	9.1	9.2
Reporting States	-	-	-	-	-

Table 3–4 First-time Victims, 2014–2018 *(continues next page)*

State	2014	2015	2016	2017	2018
Alabama	7,186	7,003	8,414	8,930	10,043
Alaska	1,546	1,966	2,158	1,884	1,751
Arizona	11,737	9,879	8,669	7,780	12,469
Arkansas	7,416	7,557	7,958	7,790	7,115
California	63,126	60,903	57,950	55,585	50,619
Colorado	7,417	7,465	8,366	8,549	8,687
Connecticut	5,346	4,849	5,664	6,013	5,369
Delaware	1,167	1,241	1,276	1,255	993
District of Columbia	1,074	967	989	1,202	1,169
Florida	22,088	20,898	19,629	18,773	16,937
Georgia	18,019	21,757	17,052	8,085	9,131
Hawaii	1,101	1,182	1,249	1,105	1,042
Idaho	1,351	1,313	1,546	1,536	1,618
Illinois	18,681	21,832	20,504	19,802	21,524
Indiana	17,453	19,357	20,817	21,064	18,458
Iowa	5,506	5,433	6,079	7,633	8,263
Kansas	1,802	1,833	2,185	3,782	2,824
Kentucky	12,597	13,263	13,726	15,230	15,886
Louisiana	9,494	9,722	8,702	7,920	7,155
Maine	2,585	2,253	2,303	2,346	2,332
Maryland	6,785	4,852	5,174	5,565	5,661
Massachusetts	19,491	18,072	17,415	13,474	14,084
Michigan	14,819	16,998	25,782	25,874	25,185
Minnesota	3,498	4,358	6,807	7,310	6,448
Mississippi	7,476	7,802	8,996	9,315	8,886
Missouri	4,582	4,876	4,696	3,972	4,867
Montana	958	1,515	2,554	2,926	3,093
Nebraska	2,858	2,604	2,013	2,421	1,977
Nevada	2,875	3,096	3,119	3,085	3,280
New Hampshire	552	612	761	989	1,132
New Jersey	9,473	7,661	6,560	5,138	4,718
New Mexico	5,680	6,556	5,425	6,191	5,728
New York	39,687	40,568	39,498	43,061	41,116
North Carolina	5,795	5,464	5,054	5,955	5,328
North Dakota	1,236	1,336	1,364	1,432	1,552
Ohio	17,587	16,151	17,015	18,050	18,351
Oklahoma	10,524	11,401	11,176	11,254	12,073
Oregon	6,805	7,029	8,078	7,178	8,343
Pennsylvania	3,055	3,439	4,133	-	-
Puerto Rico	6,502	5,634	-	-	-
Rhode Island	2,407	2,213	2,059	2,168	2,496
South Carolina	9,508	11,428	13,183	12,974	13,969
South Dakota	696	861	1,008	1,045	1,080
Tennessee	9,964	9,481	4,701	4,509	4,770
Texas	52,477	50,909	45,999	49,535	51,063
Utah	7,104	6,819	6,866	7,227	6,984
Vermont	678	777	710	751	792
Virginia	-	-	-	-	-
Washington	4,052	3,082	2,290	2,054	2,074
West Virginia	3,984	4,118	5,192	5,743	5,563
Wisconsin	3,987	4,149	4,129	4,185	4,272
Wyoming	700	817	812	799	856
National	482,487	485,351	477,805	470,444	469,126
Reporting States	51	51	50	49	49

Table 3–4 First-time Victims, 2014–2018

State	2014 Rate per 1,000 Children	2015 Rate per 1,000 Children	2016 Rate per 1,000 Children	2017 Rate per 1,000 Children	2018 Rate per 1,000 Children
Alabama	6.5	6.4	7.7	8.2	9.2
Alaska	8.3	10.6	11.6	10.2	9.5
Arizona	7.2	6.1	5.3	4.7	7.6
Arkansas	10.5	10.7	11.3	11.0	10.1
California	6.9	6.7	6.4	6.1	5.6
Colorado	5.9	5.9	6.6	6.8	6.9
Connecticut	6.9	6.4	7.5	8.1	7.3
Delaware	5.7	6.1	6.3	6.2	4.9
District of Columbia	9.3	8.1	8.1	9.6	9.2
Florida	5.4	5.1	4.7	4.5	4.0
Georgia	7.2	8.7	6.8	3.2	3.6
Hawaii	3.6	3.8	4.1	3.6	3.4
Idaho	3.1	3.0	3.5	3.5	3.6
Illinois	6.2	7.4	7.0	6.8	7.5
Indiana	11.0	12.3	13.2	13.4	11.8
Iowa	7.6	7.4	8.3	10.4	11.3
Kansas	2.5	2.5	3.0	5.3	4.0
Kentucky	12.4	13.1	13.6	15.1	15.7
Louisiana	8.5	8.7	7.8	7.2	6.5
Maine	10.0	8.8	9.0	9.3	9.3
Maryland	5.0	3.6	3.8	4.1	4.2
Massachusetts	14.0	13.0	12.6	9.8	10.3
Michigan	6.6	7.7	11.7	11.9	11.6
Minnesota	2.7	3.4	5.3	5.6	5.0
Mississippi	10.2	10.7	12.5	13.0	12.6
Missouri	3.3	3.5	3.4	2.9	3.5
Montana	4.2	6.7	11.2	12.8	13.5
Nebraska	6.1	5.5	4.2	5.1	4.1
Nevada	4.4	4.6	4.6	4.5	4.8
New Hampshire	2.1	2.3	2.9	3.8	4.4
New Jersey	4.7	3.9	3.3	2.6	2.4
New Mexico	11.3	13.1	11.0	12.7	11.9
New York	9.4	9.7	9.5	10.5	10.1
North Carolina	2.5	2.4	2.2	2.6	2.3
North Dakota	7.3	7.7	7.8	8.1	8.7
Ohio	6.7	6.1	6.5	6.9	7.1
Oklahoma	11.0	11.9	11.6	11.7	12.6
Oregon	7.9	8.1	9.3	8.2	9.6
Pennsylvania	1.1	1.3	1.5	-	-
Puerto Rico	8.5	7.7	-	-	-
Rhode Island	11.3	10.5	9.9	10.5	12.2
South Carolina	8.8	10.5	12.0	11.8	12.6
South Dakota	3.3	4.1	4.7	4.8	5.0
Tennessee	6.7	6.3	3.1	3.0	3.2
Texas	7.3	7.0	6.3	6.7	6.9
Utah	7.9	7.5	7.5	7.8	7.5
Vermont	5.6	6.5	6.0	6.4	6.8
Virginia	-	-	-	-	-
Washington	2.5	1.9	1.4	1.2	1.2
West Virginia	10.5	10.9	13.9	15.6	15.3
Wisconsin	3.1	3.2	3.2	3.3	3.3
Wyoming	5.1	5.9	5.9	5.9	6.4
National	6.7	6.7	6.7	6.8	6.8
Reporting States	-	-	-	-	-

Table 3–5 Victims by Age, 2018 *(continues next page)*

State	<1	1	2	3	4	5	6	7	8	9
Alabama	2,025	812	792	731	652	664	634	586	622	576
Alaska	381	186	158	161	154	154	167	148	174	132
Arizona	4,043	1,035	978	899	800	758	694	698	669	663
Arkansas	1,855	501	511	469	426	423	410	361	365	383
California	10,229	4,304	4,023	3,788	3,604	3,610	3,478	3,428	3,259	3,118
Colorado	1,839	777	769	719	662	661	635	624	640	665
Connecticut	1,016	522	458	411	428	399	425	424	406	402
Delaware	126	79	71	68	80	87	87	77	73	67
District of Columbia	181	114	93	100	79	121	114	113	99	106
Florida	5,929	2,992	2,728	2,549	2,332	2,187	2,044	1,880	1,759	1,805
Georgia	2,420	715	650	599	594	593	612	562	640	525
Hawaii	229	80	68	71	79	70	75	54	50	59
Idaho	478	128	111	104	67	75	89	80	100	82
Illinois	4,254	2,484	2,252	2,153	1,960	1,858	1,753	1,762	1,728	1,649
Indiana	5,099	1,700	1,607	1,526	1,433	1,391	1,325	1,284	1,252	1,233
Iowa	1,824	832	840	759	695	728	655	665	626	643
Kansas	183	189	185	196	215	219	184	184	197	196
Kentucky	3,377	1,717	1,648	1,586	1,485	1,410	1,334	1,265	1,302	1,261
Louisiana	2,416	561	589	531	477	470	478	468	440	428
Maine	464	224	218	235	229	210	217	198	194	215
Maryland	567	430	451	455	467	445	451	493	401	443
Massachusetts	3,298	1,589	1,484	1,483	1,444	1,488	1,528	1,531	1,429	1,366
Michigan	7,529	2,358	2,511	2,304	2,143	2,113	1,952	1,916	1,873	1,782
Minnesota	1,210	532	497	483	510	449	401	414	432	383
Mississippi	1,240	569	524	565	505	512	530	531	574	547
Missouri	452	356	345	307	279	312	304	259	285	307
Montana	498	299	300	262	232	197	221	194	196	215
Nebraska	314	194	184	175	170	160	150	139	118	137
Nevada	881	393	369	346	311	304	295	258	288	235
New Hampshire	174	91	84	83	103	87	68	87	63	78
New Jersey	774	341	362	347	324	350	336	334	321	339
New Mexico	1,119	480	479	437	436	459	470	456	494	458
New York	6,635	4,207	4,078	3,778	3,752	4,041	4,133	4,106	4,055	3,801
North Carolina	631	395	405	380	359	363	371	368	395	380
North Dakota	258	169	154	140	131	133	111	126	119	104
Ohio	3,726	1,495	1,490	1,528	1,402	1,491	1,416	1,331	1,355	1,257
Oklahoma	2,495	1,222	1,173	1,085	970	912	895	857	812	801
Oregon	1,417	883	848	802	781	739	666	736	659	723
Pennsylvania	398	228	196	206	222	217	221	215	214	208
Puerto Rico	274	191	224	261	280	304	288	272	263	233
Rhode Island	594	229	265	215	204	221	211	214	209	191
South Carolina	2,462	1,287	1,225	1,202	1,116	1,140	1,162	1,078	1,056	1,032
South Dakota	231	135	107	106	97	87	98	73	70	77
Tennessee	2,145	555	473	466	443	433	354	374	357	354
Texas	11,370	5,471	5,122	4,692	4,486	4,093	3,415	3,161	3,042	2,766
Utah	1,168	530	534	573	545	486	541	497	557	532
Vermont	50	62	56	50	49	52	57	54	45	48
Virginia	746	460	469	402	381	378	326	338	286	310
Washington	383	355	320	351	296	265	266	242	247	247
West Virginia	1,360	454	400	376	415	420	416	381	389	356
Wisconsin	574	353	342	341	327	316	286	261	283	262
Wyoming	137	85	67	66	62	59	56	55	58	52
National	103,478	46,350	44,287	41,922	39,693	39,114	37,405	36,212	35,540	34,232
Reporting States	52	52	52	52	52	52	52	52	52	52

Table 3–5 Victims by Age, 2018 *(continues next page)*

State	10	11	12	13	14	15	16	17	Unborn, Unknown, and 18–21	Total Unique Victims
Alabama	537	531	518	523	606	586	423	285	55	12,158
Alaska	126	120	93	116	112	105	63	52	13	2,615
Arizona	626	595	553	522	537	566	472	376	20	15,504
Arkansas	360	351	354	374	427	341	320	239	68	8,538
California	3,122	2,924	2,830	2,704	2,579	2,559	2,282	1,910	44	63,795
Colorado	636	574	544	566	479	443	363	236	47	11,879
Connecticut	401	391	368	340	332	377	327	199	26	7,652
Delaware	69	67	48	67	50	48	40	45	2	1,251
District of Columbia	98	88	78	74	68	62	60	48	3	1,699
Florida	1,722	1,567	1,364	1,311	1,271	1,264	1,100	859	132	36,795
Georgia	524	471	410	447	434	404	298	180	12	11,090
Hawaii	64	54	52	61	56	53	50	26	14	1,265
Idaho	84	66	85	85	81	91	65	46	2	1,919
Illinois	1,612	1,478	1,348	1,292	1,185	1,106	910	657	74	31,515
Indiana	1,131	1,119	1,088	1,104	1,026	1,014	788	562	49	25,731
Iowa	632	565	508	458	421	388	288	223	14	11,764
Kansas	176	154	157	160	201	186	120	84	2	3,188
Kentucky	1,234	1,138	1,050	935	860	842	701	547	60	23,752
Louisiana	405	390	324	347	363	333	242	107	11	9,380
Maine	184	161	184	150	126	110	91	60	11	3,481
Maryland	421	408	433	378	406	403	361	292	38	7,743
Massachusetts	1,368	1,298	1,213	1,242	1,123	1,090	1,029	772	37	25,812
Michigan	1,625	1,573	1,548	1,511	1,457	1,443	1,221	755	89	37,703
Minnesota	370	379	343	316	323	286	264	180	13	7,785
Mississippi	551	565	496	533	536	492	406	297	29	10,002
Missouri	288	311	320	350	359	349	321	158	-	5,662
Montana	173	192	161	146	127	152	98	62	38	3,763
Nebraska	133	115	133	108	125	128	88	47	17	2,635
Nevada	257	225	208	186	187	173	147	95	4	5,162
New Hampshire	74	54	61	57	47	45	37	31	7	1,331
New Jersey	338	316	302	264	259	265	230	181	25	6,008
New Mexico	460	456	376	357	312	328	225	168	54	8,024
New York	3,678	3,530	3,345	3,399	3,342	3,529	3,310	1,897	169	68,785
North Carolina	360	378	339	334	327	310	271	116	20	6,502
North Dakota	115	94	87	86	75	89	47	31	28	2,097
Ohio	1,251	1,148	1,112	1,124	1,156	1,159	960	678	79	25,158
Oklahoma	803	640	590	562	465	467	317	239	50	15,355
Oregon	671	613	560	549	541	495	453	361	84	12,581
Pennsylvania	216	217	270	317	334	361	345	235	75	4,695
Puerto Rico	236	237	213	250	238	250	207	136	24	4,381
Rhode Island	172	189	140	114	148	134	92	80	22	3,644
South Carolina	984	893	826	759	738	676	658	297	539	19,130
South Dakota	73	55	34	38	49	42	27	18	9	1,426
Tennessee	415	365	440	397	399	427	368	321	100	9,186
Texas	2,636	2,413	2,231	2,051	1,925	1,739	1,536	847	275	63,271
Utah	554	509	535	541	528	577	521	383	11	10,122
Vermont	39	36	43	53	76	81	69	34	4	958
Virginia	316	258	274	276	240	247	175	161	89	6,132
Washington	213	229	205	213	193	181	183	107	2	4,498
West Virginia	361	263	269	274	250	224	181	121	36	6,946
Wisconsin	251	251	208	230	207	217	170	128	10	5,017
Wyoming	62	54	48	54	45	43	28	13	-	1,044
National	33,207	31,068	29,319	28,705	27,751	27,280	23,348	15,982	2,636	677,529
Reporting States	52	52	52	52	52	52	52	52	50	52

Table 3–5 Victims by Age, 2018 *(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	35.7	14.0	13.3	12.2	11.0	11.4	10.7	9.8	10.4
Alaska	35.7	17.5	14.8	15.2	14.5	14.6	16.1	14.0	16.7
Arizona	48.4	12.1	11.2	10.0	8.9	8.5	7.7	7.7	7.4
Arkansas	50.3	13.4	13.2	12.1	11.1	11.1	10.6	9.3	9.4
California	21.4	9.0	8.2	7.6	7.3	7.3	7.0	6.8	6.6
Colorado	27.8	11.6	11.4	10.5	9.7	9.8	9.3	8.9	9.0
Connecticut	28.9	14.5	12.5	10.9	11.4	10.5	11.0	10.7	10.2
Delaware	11.8	7.3	6.4	6.1	7.2	7.9	7.7	6.8	6.5
District of Columbia	18.3	12.1	10.2	11.2	9.5	14.3	14.1	14.7	14.5
Florida	26.7	13.2	11.8	11.0	10.1	9.5	8.8	8.0	7.6
Georgia	19.1	5.5	4.9	4.5	4.4	4.4	4.5	4.1	4.6
Hawaii	13.3	4.6	3.9	4.1	4.4	3.9	4.2	3.1	3.0
Idaho	21.4	5.6	4.7	4.3	2.8	3.1	3.7	3.2	4.0
Illinois	28.8	16.6	14.6	13.8	12.8	12.2	11.3	11.3	11.0
Indiana	63.3	20.7	19.0	17.8	16.8	16.2	15.5	15.0	14.5
Iowa	47.6	21.3	21.0	18.8	17.2	18.2	16.5	16.9	15.3
Kansas	5.0	5.1	4.8	5.1	5.5	5.6	4.7	4.6	4.9
Kentucky	63.1	31.4	29.7	28.4	26.6	25.3	24.1	23.0	23.7
Louisiana	40.4	9.2	9.5	8.6	7.7	7.8	7.9	7.8	7.3
Maine	37.4	17.7	16.9	17.9	17.4	15.8	16.3	14.9	14.0
Maryland	8.0	5.9	6.1	6.1	6.4	6.1	6.1	6.6	5.4
Massachusetts	46.6	22.3	20.5	20.4	19.8	20.2	20.7	20.4	19.3
Michigan	68.3	20.9	21.8	19.8	18.3	18.2	16.7	16.3	15.8
Minnesota	17.6	7.6	7.0	6.7	7.0	6.2	5.6	5.8	6.0
Mississippi	34.6	15.4	14.0	15.0	13.4	13.7	13.8	13.9	14.8
Missouri	6.3	4.8	4.6	4.1	3.7	4.2	4.1	3.4	3.8
Montana	41.2	24.5	23.7	20.4	18.2	15.6	17.5	15.3	15.3
Nebraska	12.2	7.4	6.9	6.4	6.3	6.0	5.7	5.3	4.4
Nevada	24.6	10.7	9.8	9.1	8.2	8.0	7.8	6.6	7.5
New Hampshire	14.2	7.2	6.5	6.3	7.9	6.3	5.1	6.1	4.5
New Jersey	7.7	3.3	3.4	3.3	3.1	3.3	3.2	3.1	3.0
New Mexico	47.3	20.1	19.1	17.1	16.7	17.4	17.9	16.8	18.1
New York	29.1	18.5	17.8	16.4	16.6	17.8	18.3	18.0	18.3
North Carolina	5.3	3.3	3.3	3.1	2.9	3.0	3.0	3.0	3.1
North Dakota	23.9	15.2	14.0	12.6	12.2	12.8	10.9	12.8	12.0
Ohio	27.8	10.9	10.6	10.8	9.9	10.5	10.0	9.5	9.6
Oklahoma	49.6	23.8	22.3	20.5	18.2	17.0	16.8	16.0	15.2
Oregon	31.3	19.2	18.0	16.8	16.2	15.5	13.9	15.1	13.4
Pennsylvania	2.9	1.7	1.4	1.4	1.5	1.5	1.5	1.5	1.5
Puerto Rico	12.1	8.4	8.8	9.6	9.7	10.1	9.1	8.5	7.7
Rhode Island	56.3	21.1	24.0	19.4	18.8	20.5	19.2	19.3	18.9
South Carolina	44.0	22.5	20.7	19.9	18.7	19.1	19.2	17.7	17.0
South Dakota	19.1	10.9	8.5	8.4	7.7	7.1	8.0	6.1	5.8
Tennessee	27.2	6.9	5.8	5.6	5.4	5.3	4.3	4.6	4.3
Texas	29.1	13.7	12.5	11.3	10.9	10.1	8.5	7.7	7.4
Utah	23.3	10.6	10.6	11.2	10.7	9.4	10.8	9.6	10.6
Vermont	8.9	10.7	9.4	8.3	7.8	8.5	9.1	8.7	7.1
Virginia	7.5	4.5	4.5	3.9	3.7	3.7	3.2	3.3	2.8
Washington	4.2	3.9	3.4	3.7	3.2	2.8	2.9	2.6	2.6
West Virginia	76.1	24.6	20.9	19.1	20.7	20.6	20.5	18.9	19.4
Wisconsin	8.9	5.3	5.1	5.0	4.8	4.6	4.1	3.8	3.9
Wyoming	20.1	12.0	9.2	8.9	8.4	8.0	7.6	7.4	7.5
National	26.7	11.8	11.0	10.3	9.8	9.7	9.2	8.9	8.7
Reporting States	-	-	-	-	-	-	-	-	-

Table 3–5 Victims by Age, 2018

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	9.5	8.5	8.5	8.4	8.5	9.8	9.5	6.9	4.4
Alaska	13.0	12.3	11.8	9.5	11.7	11.6	10.9	6.6	5.4
Arizona	7.2	6.5	6.2	5.8	5.5	5.7	6.2	5.1	4.0
Arkansas	9.8	8.9	8.6	8.8	9.4	10.8	8.6	8.2	6.0
California	6.3	6.1	5.7	5.6	5.3	5.1	5.1	4.6	3.7
Colorado	9.4	8.8	7.8	7.5	7.7	6.5	6.1	5.1	3.3
Connecticut	10.0	9.5	9.1	8.5	7.7	7.4	8.3	7.1	4.2
Delaware	6.0	6.0	5.8	4.1	5.8	4.3	4.1	3.5	3.9
District of Columbia	16.3	15.6	14.4	13.9	13.8	13.0	12.2	11.8	8.7
Florida	7.8	7.1	6.4	5.6	5.5	5.3	5.4	4.6	3.5
Georgia	3.8	3.6	3.2	2.8	3.1	3.0	2.8	2.1	1.2
Hawaii	3.6	3.8	3.3	3.2	3.8	3.4	3.3	3.3	1.7
Idaho	3.2	3.2	2.5	3.3	3.3	3.1	3.6	2.6	1.8
Illinois	10.5	10.0	9.0	8.3	7.9	7.1	6.7	5.5	3.9
Indiana	14.2	12.6	12.4	12.1	12.4	11.4	11.3	8.8	6.1
Iowa	15.6	15.0	13.4	12.1	11.1	10.3	9.5	7.1	5.4
Kansas	4.9	4.3	3.8	3.9	4.0	5.1	4.7	3.1	2.1
Kentucky	22.7	21.7	19.7	18.4	16.4	15.0	14.9	12.5	9.4
Louisiana	7.1	6.4	6.2	5.3	5.7	6.1	5.6	4.1	1.8
Maine	15.5	12.9	11.0	12.5	10.1	8.5	7.4	6.1	3.9
Maryland	6.0	5.5	5.3	5.8	5.0	5.4	5.4	4.8	3.8
Massachusetts	18.5	17.9	16.9	15.7	15.9	14.0	13.4	12.6	9.1
Michigan	15.1	13.4	12.8	12.5	12.1	11.5	11.4	9.6	5.7
Minnesota	5.3	5.0	5.1	4.6	4.3	4.3	3.9	3.7	2.5
Mississippi	13.6	13.2	13.2	12.0	13.2	13.3	12.3	10.2	7.2
Missouri	4.0	3.7	3.9	4.1	4.5	4.6	4.5	4.2	2.0
Montana	16.8	13.1	14.4	12.3	11.4	10.0	12.1	7.7	4.8
Nebraska	5.1	4.9	4.3	5.0	4.1	4.7	4.9	3.4	1.8
Nevada	6.1	6.4	5.6	5.3	4.8	4.9	4.5	3.9	2.5
New Hampshire	5.5	5.1	3.6	4.0	3.7	3.0	2.8	2.3	1.9
New Jersey	3.2	3.1	2.8	2.7	2.4	2.3	2.3	2.0	1.6
New Mexico	16.6	16.3	16.1	13.5	12.8	11.3	11.9	8.2	6.0
New York	17.5	16.6	15.9	15.1	15.2	14.7	15.5	14.5	8.1
North Carolina	2.9	2.7	2.8	2.5	2.5	2.5	2.4	2.1	0.9
North Dakota	10.6	11.7	9.6	9.1	9.2	8.3	10.0	5.4	3.6
Ohio	8.8	8.6	7.8	7.5	7.6	7.8	7.8	6.4	4.4
Oklahoma	14.9	14.7	11.7	11.0	10.5	8.7	8.9	6.0	4.5
Oregon	14.8	13.2	12.2	11.3	11.2	10.9	10.1	9.3	7.2
Pennsylvania	1.4	1.4	1.4	1.8	2.1	2.2	2.4	2.3	1.5
Puerto Rico	6.7	6.7	6.5	5.7	6.6	6.3	6.6	5.3	3.2
Rhode Island	17.5	15.0	16.4	11.9	9.5	12.2	10.9	7.5	6.4
South Carolina	16.3	15.2	13.6	12.9	12.1	11.8	10.9	10.6	4.7
South Dakota	6.3	5.9	4.4	2.8	3.2	4.1	3.7	2.4	1.6
Tennessee	4.2	4.8	4.2	5.1	4.7	4.7	5.0	4.3	3.7
Texas	6.7	6.2	5.7	5.3	4.9	4.6	4.2	3.8	2.0
Utah	10.1	10.3	9.4	10.1	10.2	10.0	11.1	10.2	7.6
Vermont	7.6	5.9	5.3	6.4	7.9	11.0	11.6	10.0	4.6
Virginia	3.0	3.0	2.4	2.6	2.6	2.3	2.4	1.7	1.5
Washington	2.7	2.2	2.4	2.2	2.3	2.1	2.0	2.1	1.2
West Virginia	17.6	17.2	12.6	13.0	13.3	11.9	10.7	8.6	5.7
Wisconsin	3.7	3.4	3.4	2.8	3.1	2.8	2.9	2.3	1.7
Wyoming	6.6	7.7	6.7	6.2	6.9	6.0	5.7	3.9	1.8
National	8.4	7.9	7.3	7.0	6.8	6.6	6.5	5.6	3.7
Reporting States	-	-	-	-	-	-	-	-	-

Table 3–6 Victims by Sex, 2018

State	Boy	Girl	Unknown	Total Victims	Boy Rate per 1,000 Children	Girl Rate per 1,000 Children
Alabama	5,602	6,549	7	12,158	10.1	12.2
Alaska	1,260	1,350	5	2,615	13.4	15.1
Arizona	7,751	7,718	35	15,504	9.3	9.6
Arkansas	3,942	4,594	2	8,538	10.9	13.4
California	31,242	32,504	49	63,795	6.8	7.4
Colorado	5,784	6,095	-	11,879	8.9	9.9
Connecticut	3,733	3,858	61	7,652	9.9	10.7
Delaware	586	665	-	1,251	5.7	6.6
District of Columbia	862	835	2	1,699	13.4	13.2
Florida	17,817	18,692	286	36,795	8.3	9.0
Georgia	5,488	5,598	4	11,090	4.3	4.6
Hawaii	617	629	19	1,265	4.0	4.3
Idaho	944	975	-	1,919	4.1	4.5
Illinois	15,443	15,961	111	31,515	10.6	11.4
Indiana	12,410	13,317	4	25,731	15.5	17.4
Iowa	5,877	5,869	18	11,764	15.7	16.4
Kansas	1,466	1,721	1	3,188	4.1	5.0
Kentucky	11,819	11,755	178	23,752	22.9	23.9
Louisiana	4,613	4,720	47	9,380	8.3	8.8
Maine	1,730	1,746	5	3,481	13.5	14.3
Maryland	3,478	4,242	23	7,743	5.1	6.5
Massachusetts	12,735	12,781	296	25,812	18.2	19.1
Michigan	19,037	18,636	30	37,703	17.2	17.6
Minnesota	3,642	4,143	-	7,785	5.5	6.5
Mississippi	4,640	5,326	36	10,002	12.9	15.4
Missouri	2,339	3,322	1	5,662	3.3	4.9
Montana	1,803	1,883	77	3,763	15.3	16.8
Nebraska	1,215	1,415	5	2,635	5.0	6.1
Nevada	2,599	2,563	-	5,162	7.4	7.6
New Hampshire	663	664	4	1,331	5.0	5.3
New Jersey	2,899	3,091	18	6,008	2.9	3.2
New Mexico	3,936	4,061	27	8,024	16.0	17.2
New York	34,310	34,345	130	68,785	16.5	17.3
North Carolina	3,184	3,318	-	6,502	2.7	2.9
North Dakota	1,073	1,019	5	2,097	11.8	11.7
Ohio	11,737	13,388	33	25,158	8.9	10.6
Oklahoma	7,493	7,861	1	15,355	15.3	16.8
Oregon	6,192	6,373	16	12,581	13.8	15.0
Pennsylvania	1,810	2,884	1	4,695	1.3	2.2
Puerto Rico	2,141	2,240	-	4,381	7.1	7.7
Rhode Island	1,818	1,816	10	3,644	17.3	18.1
South Carolina	9,496	9,441	193	19,130	16.9	17.4
South Dakota	694	729	3	1,426	6.2	6.9
Tennessee	3,942	5,201	43	9,186	5.1	7.0
Texas	30,095	32,736	440	63,271	8.0	9.0
Utah	4,651	5,471	-	10,122	9.7	12.1
Vermont	400	558	-	958	6.7	9.9
Virginia	2,982	3,143	7	6,132	3.1	3.4
Washington	2,094	2,400	4	4,498	2.5	3.0
West Virginia	3,456	3,472	18	6,946	18.5	19.6
Wisconsin	2,265	2,717	35	5,017	3.5	4.4
Wyoming	476	567	1	1,044	6.9	8.7
National	328,281	346,957	2,291	677,529	8.7	9.6
Reporting States	52	52	43	52	-	-

Table 3–7 Victims by Race or Ethnicity, 2018 *(continues next page)*

State	African-American	American Indian or Alaska Native	Asian	Hispanic	Multiple Race	Pacific Islander	White	Unknown Number	Total Unique Victims
Alabama	3,483	18	14	468	384	8	7,632	151	12,158
Alaska	41	1,402	21	79	368	64	479	161	2,615
Arizona	1,420	735	43	5,677	642	45	5,337	1,605	15,504
Arkansas	1,491	12	13	557	664	34	5,713	54	8,538
California	8,487	531	1,585	35,444	1,277	182	12,781	3,508	63,795
Colorado	1,138	93	99	4,516	546	32	5,321	134	11,879
Connecticut	1,671	11	64	2,572	440	4	2,629	261	7,652
Delaware	522	-	4	167	42	-	512	4	1,251
District of Columbia	1,115	2	3	218	6	-	5	350	1,699
Florida	10,614	52	143	6,453	1,931	12	16,092	1,498	36,795
Georgia	4,382	4	45	713	513	5	5,212	216	11,090
Hawaii	17	3	97	63	521	342	173	49	1,265
Idaho	18	35	6	197	12	4	1,509	138	1,919
Illinois	10,280	23	242	5,302	778	9	14,707	174	31,515
Indiana	4,233	13	53	2,298	1,795	13	17,290	36	25,731
Iowa	1,572	143	62	1,119	382	21	8,218	247	11,764
Kansas	325	14	14	471	217	6	2,109	32	3,188
Kentucky	2,083	8	35	1,057	1,135	9	18,324	1,101	23,752
Louisiana	4,155	8	25	259	262	9	4,418	244	9,380
Maine	63	19	21	111	156	2	2,268	841	3,481
Maryland	3,183	11	71	690	170	4	2,250	1,364	7,743
Massachusetts	3,356	34	330	8,345	1,323	19	9,881	2,524	25,812
Michigan	9,941	128	89	2,878	3,452	15	20,747	453	37,703
Minnesota	1,533	686	309	972	1,105	3	2,948	229	7,785
Mississippi	3,774	20	19	239	219	2	5,377	352	10,002
Missouri	793	12	16	553	98	5	3,827	358	5,662
Montana	40	600	6	239	247	-	2,303	328	3,763
Nebraska	301	213	17	511	185	4	1,304	100	2,635
Nevada	1,312	30	47	1,489	332	46	1,837	69	5,162
New Hampshire	29	1	5	99	38	1	1,052	106	1,331
New Jersey	1,884	3	68	1,870	158	6	1,888	131	6,008
New Mexico	251	725	9	4,797	142	8	1,662	430	8,024
New York	18,557	230	1,602	17,959	2,494	25	21,336	6,582	68,785
North Carolina	1,847	217	22	734	383	2	3,194	103	6,502
North Dakota	183	399	6	141	156	11	1,117	84	2,097
Ohio	6,322	5	48	1,503	2,154	13	14,659	454	25,158
Oklahoma	1,326	1,166	28	2,691	3,970	11	6,158	5	15,355
Oregon	498	320	85	1,530	446	64	7,352	2,286	12,581
Pennsylvania	1,029	1	35	701	312	-	2,568	49	4,695
Puerto Rico	-	-	-	-	-	-	-	-	-
Rhode Island	369	20	51	894	224	1	1,605	480	3,644
South Carolina	7,051	30	36	869	619	13	9,568	944	19,130
South Dakota	42	625	7	85	167	3	467	30	1,426
Tennessee	-	-	-	-	-	-	-	-	-
Texas	12,826	51	331	27,887	2,223	51	18,527	1,375	63,271
Utah	264	176	45	2,127	246	164	7,026	74	10,122
Vermont	14	-	6	10	8	-	860	60	958
Virginia	1,564	2	59	687	391	16	3,177	236	6,132
Washington	297	197	74	819	565	73	2,302	171	4,498
West Virginia	206	-	3	47	401	1	6,258	30	6,946
Wisconsin	987	276	74	538	234	4	2,818	86	5,017
Wyoming	26	19	1	144	15	2	809	28	1,044
National	136,915	9,323	6,088	149,789	34,548	1,368	295,606	34,150	667,787
Reporting States	50	47	50	50	50	45	50	50	50

Table 3–7 Victims by Race or Ethnicity, 2018

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	11.0	3.7	0.9	5.4	10.6	11.7	12.1
Alaska	6.8	41.8	2.0	4.4	16.2	20.3	5.3
Arizona	17.8	9.1	0.9	7.8	10.0	14.8	8.4
Arkansas	11.9	2.4	1.1	6.3	24.3	9.5	12.9
California	18.5	16.1	1.5	7.6	2.9	5.7	5.6
Colorado	20.8	12.4	2.5	11.4	9.8	17.1	7.5
Connecticut	19.9	5.5	1.7	14.2	15.4	12.4	6.6
Delaware	10.1	-	0.5	5.1	3.8	-	5.2
District of Columbia	16.4	10.9	1.0	10.0	1.2	-	0.2
Florida	12.5	5.8	1.3	4.8	12.3	4.3	9.2
Georgia	5.2	0.9	0.5	1.9	5.5	3.0	4.8
Hawaii	3.0	7.0	1.4	1.1	5.6	10.3	4.0
Idaho	4.4	7.0	1.1	2.4	0.8	4.7	4.5
Illinois	23.7	6.1	1.6	7.5	7.9	10.9	10.1
Indiana	24.2	4.5	1.4	13.0	27.8	19.3	15.6
Iowa	40.4	53.9	3.2	14.9	13.2	18.3	14.6
Kansas	7.4	2.8	0.7	3.6	6.0	7.9	4.5
Kentucky	22.2	5.1	1.9	16.3	26.9	10.9	23.3
Louisiana	10.4	1.1	1.5	3.3	7.5	22.7	7.9
Maine	8.8	9.0	6.4	15.6	16.3	19.4	10.3
Maryland	7.7	3.8	0.9	3.2	2.5	6.1	4.0
Massachusetts	28.1	13.8	3.4	32.1	24.0	30.3	11.9
Michigan	28.8	10.1	1.2	15.7	33.5	25.1	14.3
Minnesota	12.1	36.7	3.9	8.3	16.9	3.5	3.3
Mississippi	12.8	4.7	2.9	6.8	12.3	8.4	15.5
Missouri	4.3	2.2	0.6	5.8	1.6	2.0	3.8
Montana	26.1	27.2	3.6	16.2	23.0	-	12.9
Nebraska	10.7	40.0	1.3	6.0	9.6	12.0	4.0
Nevada	18.6	5.4	1.2	5.3	7.3	10.2	7.6
New Hampshire	5.8	2.2	0.6	5.9	4.2	13.7	4.8
New Jersey	7.2	1.1	0.4	3.5	2.6	8.0	2.1
New Mexico	31.9	14.6	1.6	16.5	11.6	31.1	14.4
New York	30.2	19.0	4.9	17.6	16.8	13.0	11.0
North Carolina	3.5	8.0	0.3	1.9	3.9	1.0	2.7
North Dakota	24.4	28.9	2.0	12.3	20.7	92.4	8.3
Ohio	16.2	1.2	0.8	9.1	17.3	10.0	7.9
Oklahoma	17.5	12.6	1.4	16.2	43.2	5.6	12.1
Oregon	23.3	31.0	2.3	7.9	8.3	15.4	13.3
Pennsylvania	3.0	0.3	0.3	2.1	3.0	-	1.5
Puerto Rico	-	-	-	-	-	-	-
Rhode Island	24.3	17.5	7.0	16.8	23.1	6.1	13.6
South Carolina	21.5	8.1	1.9	8.2	14.0	17.3	15.8
South Dakota	6.1	22.7	1.8	5.7	17.1	21.1	3.0
Tennessee	-	-	-	-	-	-	-
Texas	14.7	2.9	1.0	7.6	11.3	7.7	8.0
Utah	22.8	20.6	2.7	12.8	7.4	16.5	10.2
Vermont	6.1	-	2.4	3.0	1.8	-	8.3
Virginia	4.2	0.5	0.5	2.6	3.6	11.1	3.2
Washington	4.0	8.4	0.6	2.3	4.3	5.1	2.5
West Virginia	15.5	-	1.1	4.9	26.8	11.5	19.4
Wisconsin	8.8	19.6	1.6	3.5	4.6	6.6	3.1
Wyoming	16.5	4.8	1.0	7.2	3.3	23.5	7.8
National	14.0	15.2	1.6	8.1	11.0	9.3	8.2
Reporting States	-	-	-	-	-	-	-

Table 3–8 Maltreatment Types of Victims, 2018

State	Medical Neglect Only	Neglect Only	Other Only	Physical Abuse Only	Psychological Maltreatment Only	Sexual Abuse Only	Sex Trafficking Only	Unknown Only	Multiple Maltreatment Types	Total Unique Victims
Alabama	39	3,810	-	5,103	22	1,778	1	-	1,405	12,158
Alaska	37	1,374	-	125	230	141	1	-	707	2,615
Arizona	-	13,644	-	816	5	449	-	-	590	15,504
Arkansas	1,284	2,958	2	1,594	49	1,474	1	-	1,176	8,538
California	1	49,633	140	2,384	2,577	2,248	-	-	6,812	63,795
Colorado	104	9,217	-	904	105	871	-	27	651	11,879
Connecticut	68	4,514	-	165	602	181	-	-	2,122	7,652
Delaware	-	681	153	214	-	115	-	-	88	1,251
District of Columbia	-	1,329	-	183	-	49	19	-	119	1,699
Florida	636	14,751	9,677	1,877	131	2,257	-	-	7,466	36,795
Georgia	118	6,858	-	852	1,491	540	20	-	1,211	11,090
Hawaii	8	34	938	28	3	22	1	-	231	1,265
Idaho	7	1,427	6	302	-	75	1	-	101	1,919
Illinois	391	20,512	-	3,890	25	4,040	-	-	2,657	31,515
Indiana	-	21,326	-	896	-	2,264	8	-	1,237	25,731
Iowa	59	6,339	1,514	919	62	595	-	-	2,276	11,764
Kansas	75	1,304	-	608	411	517	-	-	273	3,188
Kentucky	149	20,926	-	459	15	468	-	-	1,735	23,752
Louisiana	-	7,541	-	884	10	340	-	-	605	9,380
Maine	-	1,389	-	398	514	175	-	-	1,005	3,481
Maryland	-	4,367	-	1,142	13	1,728	-	-	493	7,743
Massachusetts	-	22,670	-	937	-	457	138	-	1,610	25,812
Michigan	326	26,483	-	6,259	94	723	24	-	3,794	37,703
Minnesota	-	4,611	-	1,052	45	1,270	12	-	795	7,785
Mississippi	179	5,811	7	735	541	810	-	-	1,919	10,002
Missouri	25	1,998	-	775	124	1,370	-	-	1,370	5,662
Montana	-	3,497	-	33	-	47	-	-	186	3,763
Nebraska	-	1,983	-	246	7	243	2	-	154	2,635
Nevada	40	3,759	-	561	9	229	-	-	564	5,162
New Hampshire	11	1,083	-	50	8	83	-	-	96	1,331
New Jersey	96	4,267	-	581	21	728	1	-	314	6,008
New Mexico	82	4,600	-	413	847	148	-	-	1,934	8,024
New York	487	38,116	1,651	570	50	365	-	-	27,546	68,785
North Carolina	41	3,179	83	1,715	99	1,230	-	66	89	6,502
North Dakota	8	1,076	-	84	345	36	-	-	548	2,097
Ohio	249	8,148	-	8,334	750	3,885	-	-	3,792	25,158
Oklahoma	100	8,322	-	906	2,151	389	-	-	3,487	15,355
Oregon	44	4,181	4,123	808	70	662	16	-	2,677	12,581
Pennsylvania	175	312	40	1,864	45	2,058	6	-	195	4,695
Puerto Rico	74	1,476	8	284	876	31	-	-	1,632	4,381
Rhode Island	18	1,621	37	358	964	121	-	-	525	3,644
South Carolina	173	7,758	8	6,799	41	525	-	-	3,826	19,130
South Dakota	-	1,241	-	61	16	28	-	-	80	1,426
Tennessee	59	870	-	4,430	117	2,240	64	-	1,406	9,186
Texas	438	47,592	8	4,239	107	5,339	6	1	5,541	63,271
Utah	25	1,866	143	2,931	1,791	1,413	-	-	1,953	10,122
Vermont	14	5	-	530	4	379	-	-	26	958
Virginia	77	3,455	-	1,301	54	615	-	-	630	6,132
Washington	-	3,061	-	594	-	370	18	-	455	4,498
West Virginia	-	1,294	-	991	-	-	-	-	4,661	6,946
Wisconsin	-	3,088	-	623	16	949	-	-	341	5,017
Wyoming	3	612	4	7	148	54	-	-	216	1,044
National	5,720	411,969	18,542	72,814	15,605	47,124	339	94	105,322	677,529
Reporting States	37	52	18	52	44	51	18	3	52	52

Table 3–8 Maltreatment Types of Victims, 2018

State	Medical Neglect Only Percent	Neglect Only Percent	Other Only Percent	Physical Abuse Only Percent	Psychological Maltreatment Only Percent	Sexual Abuse Only Percent	Sex Trafficking Only Percent	Unknown Only Percent	Multiple Maltreatment Types Percent	Total Unique Victims Percent
Alabama	0.3	31.3	-	42.0	0.2	14.6	0.0	-	11.6	100.0
Alaska	1.4	52.5	-	4.8	8.8	5.4	0.0	-	27.0	100.0
Arizona	-	88.0	-	5.3	0.0	2.9	-	-	3.8	100.0
Arkansas	15.0	34.6	0.0	18.7	0.6	17.3	0.0	-	13.8	100.0
California	0.0	77.8	0.2	3.7	4.0	3.5	-	-	10.7	100.0
Colorado	0.9	77.6	-	7.6	0.9	7.3	-	0.2	5.5	100.0
Connecticut	0.9	59.0	-	2.2	7.9	2.4	-	-	27.7	100.0
Delaware	-	54.4	12.2	17.1	-	9.2	-	-	7.0	100.0
District of Columbia	-	78.2	-	10.8	-	2.9	1.1	-	7.0	100.0
Florida	1.7	40.1	26.3	5.1	0.4	6.1	-	-	20.3	100.0
Georgia	1.1	61.8	-	7.7	13.4	4.9	0.2	-	10.9	100.0
Hawaii	0.6	2.7	74.2	2.2	0.2	1.7	0.1	-	18.3	100.0
Idaho	0.4	74.4	0.3	15.7	-	3.9	0.1	-	5.3	100.0
Illinois	1.2	65.1	-	12.3	0.1	12.8	-	-	8.4	100.0
Indiana	-	82.9	-	3.5	-	8.8	0.0	-	4.8	100.0
Iowa	0.5	53.9	12.9	7.8	0.5	5.1	-	-	19.3	100.0
Kansas	2.4	40.9	-	19.1	12.9	16.2	-	-	8.6	100.0
Kentucky	0.6	88.1	-	1.9	0.1	2.0	-	-	7.3	100.0
Louisiana	-	80.4	-	9.4	0.1	3.6	-	-	6.4	100.0
Maine	-	39.9	-	11.4	14.8	5.0	-	-	28.9	100.0
Maryland	-	56.4	-	14.7	0.2	22.3	-	-	6.4	100.0
Massachusetts	-	87.8	-	3.6	-	1.8	0.5	-	6.2	100.0
Michigan	0.9	70.2	-	16.6	0.2	1.9	0.1	-	10.1	100.0
Minnesota	-	59.2	-	13.5	0.6	16.3	0.2	-	10.2	100.0
Mississippi	1.8	58.1	0.1	7.3	5.4	8.1	-	-	19.2	100.0
Missouri	0.4	35.3	-	13.7	2.2	24.2	-	-	24.2	100.0
Montana	-	92.9	-	0.9	-	1.2	-	-	4.9	100.0
Nebraska	-	75.3	-	9.3	0.3	9.2	0.1	-	5.8	100.0
Nevada	0.8	72.8	-	10.9	0.2	4.4	-	-	10.9	100.0
New Hampshire	0.8	81.4	-	3.8	0.6	6.2	-	-	7.2	100.0
New Jersey	1.6	71.0	-	9.7	0.3	12.1	0.0	-	5.2	100.0
New Mexico	1.0	57.3	-	5.1	10.6	1.8	-	-	24.1	100.0
New York	0.7	55.4	2.4	0.8	0.1	0.5	-	-	40.0	100.0
North Carolina	0.6	48.9	1.3	26.4	1.5	18.9	-	1.0	1.4	100.0
North Dakota	0.4	51.3	-	4.0	16.5	1.7	-	-	26.1	100.0
Ohio	1.0	32.4	-	33.1	3.0	15.4	-	-	15.1	100.0
Oklahoma	0.7	54.2	-	5.9	14.0	2.5	-	-	22.7	100.0
Oregon	0.3	33.2	32.8	6.4	0.6	5.3	0.1	-	21.3	100.0
Pennsylvania	3.7	6.6	0.9	39.7	1.0	43.8	0.1	-	4.2	100.0
Puerto Rico	1.7	33.7	0.2	6.5	20.0	0.7	-	-	37.3	100.0
Rhode Island	0.5	44.5	1.0	9.8	26.5	3.3	-	-	14.4	100.0
South Carolina	0.9	40.6	0.0	35.5	0.2	2.7	-	-	20.0	100.0
South Dakota	-	87.0	-	4.3	1.1	2.0	-	-	5.6	100.0
Tennessee	0.6	9.5	-	48.2	1.3	24.4	0.7	-	15.3	100.0
Texas	0.7	75.2	0.0	6.7	0.2	8.4	0.0	0.0	8.8	100.0
Utah	0.2	18.4	1.4	29.0	17.7	14.0	-	-	19.3	100.0
Vermont	1.5	0.5	-	55.3	0.4	39.6	-	-	2.7	100.0
Virginia	1.3	56.3	-	21.2	0.9	10.0	-	-	10.3	100.0
Washington	-	68.1	-	13.2	-	8.2	0.4	-	10.1	100.0
West Virginia	-	18.6	-	14.3	-	-	-	-	67.1	100.0
Wisconsin	-	61.6	-	12.4	0.3	18.9	-	-	6.8	100.0
Wyoming	0.3	58.6	0.4	0.7	14.2	5.2	-	-	20.7	100.0
National	0.8	60.8	2.7	10.7	2.3	7.0	0.1	0.0	15.5	100.0
Reporting States	-	-	-	-	-	-	-	-	-	-

Table 3–9 Victims with an Alcohol Abuse Caregiver Risk Factor, 2016–2018

State	2016 Victims	2017 Victims	2018 Victims	2016 Victims With an Alcohol Abuse Caregiver Risk Factor	2017 Victims With an Alcohol Abuse Caregiver Risk Factor	2018 Victims With an Alcohol Abuse Caregiver Risk Factor	2016 Victims With an Alcohol Abuse Caregiver Risk Factor Percent	2017 Victims With an Alcohol Abuse Caregiver Risk Factor Percent	2018 Victims With an Alcohol Abuse Caregiver Risk Factor Percent
Alabama	-	-	-	-	-	-	-	-	-
Alaska	3,142	2,783	2,615	705	1,179	1,191	22.4	42.4	45.5
Arizona	10,841	9,909	15,504	1,495	1,274	1,930	13.8	12.9	12.4
Arkansas	-	-	-	-	-	-	-	-	-
California	-	-	-	-	-	-	-	-	-
Colorado	-	-	-	-	-	-	-	-	-
Connecticut	7,903	8,442	7,652	316	375	322	4.0	4.4	4.2
Delaware	1,572	1,542	1,251	623	653	191	39.6	42.3	15.3
District of Columbia	-	-	-	-	-	-	-	-	-
Florida	-	-	-	-	-	-	-	-	-
Georgia	21,635	-	-	507	-	-	2.3	-	-
Hawaii	1,491	1,280	1,265	183	185	184	12.3	14.5	14.5
Idaho	-	-	-	-	-	-	-	-	-
Illinois	-	-	-	-	-	-	-	-	-
Indiana	28,430	29,198	25,731	1,154	991	1,029	4.1	3.4	4.0
Iowa	-	-	-	-	-	-	-	-	-
Kansas	-	-	-	-	-	-	-	-	-
Kentucky	20,010	22,410	23,752	3,079	3,461	3,526	15.4	15.4	14.8
Louisiana	-	-	-	-	-	-	-	-	-
Maine	3,446	3,475	3,481	611	666	628	17.7	19.2	18.0
Maryland	-	7,578	7,743	-	154	172	-	2.0	2.2
Massachusetts	-	-	-	-	-	-	-	-	-
Michigan	37,261	38,062	37,703	2,930	4,654	5,367	7.9	12.2	14.2
Minnesota	7,941	8,709	7,785	1,254	1,221	954	15.8	14.0	12.3
Mississippi	10,179	10,429	10,002	746	595	635	7.3	5.7	6.3
Missouri	5,481	4,585	5,662	467	416	401	8.5	9.1	7.1
Montana	3,116	3,534	3,763	176	170	220	5.6	4.8	5.8
Nebraska	2,783	3,246	2,635	265	477	358	9.5	14.7	13.6
Nevada	-	-	-	-	-	-	-	-	-
New Hampshire	905	1,151	1,331	106	98	170	11.7	8.5	12.8
New Jersey	8,264	6,614	6,008	1,201	908	762	14.5	13.7	12.7
New Mexico	7,526	8,577	8,024	2,684	3,078	2,821	35.7	35.9	35.2
New York	-	-	-	-	-	-	-	-	-
North Carolina	-	-	-	-	-	-	-	-	-
North Dakota	1,805	-	-	519	-	-	28.8	-	-
Ohio	23,635	24,897	25,158	1,261	2,246	1,990	5.3	9.0	7.9
Oklahoma	14,308	14,457	15,355	2,392	2,376	2,670	16.7	16.4	17.4
Oregon	11,812	11,013	12,581	5,716	5,453	5,693	48.4	49.5	45.3
Pennsylvania	-	-	-	-	-	-	-	-	-
Puerto Rico	-	5,729	4,381	-	541	474	-	9.4	10.8
Rhode Island	2,955	3,095	3,644	511	524	692	17.3	16.9	19.0
South Carolina	-	-	-	-	-	-	-	-	-
South Dakota	1,246	1,339	1,426	473	454	511	38.0	33.9	35.8
Tennessee	-	-	-	-	-	-	-	-	-
Texas	57,374	61,506	63,271	4,338	4,243	3,642	7.6	6.9	5.8
Utah	-	-	-	-	-	-	-	-	-
Vermont	-	-	-	-	-	-	-	-	-
Virginia	-	-	-	-	-	-	-	-	-
Washington	4,725	4,386	4,498	1,347	1,219	1,222	28.5	27.8	27.2
West Virginia	5,938	6,496	6,946	661	628	581	11.1	9.7	8.4
Wisconsin	4,822	4,902	5,017	225	226	159	4.7	4.6	3.2
Wyoming	977	950	1,044	240	280	281	24.6	29.5	26.9
National	311,523	310,294	315,228	36,185	38,745	38,776	11.6	12.5	12.3
Reporting States	29	29	29	29	29	29	-	-	-

Table 3–10 Victims with a Drug Abuse Caregiver Risk Factor, 2016–2018

State	2016 Victims	2017 Victims	2018 Victims	2016 Victims With Drug Abuse Caregiver Risk Factor	2017 Victims With Drug Abuse Caregiver Risk Factor	2018 Victims With Drug Abuse Caregiver Risk Factor	2016 Victims With Drug Abuse Caregiver Risk Factor Percent	2017 Victims With Drug Abuse Caregiver Risk Factor Percent	2018 Victims With Drug Abuse Caregiver Risk Factor Percent
Alabama	10,157	10,847	12,158	565	683	800	5.6	6.3	6.6
Alaska	3,142	2,783	2,615	354	662	673	11.3	23.8	25.7
Arizona	10,841	9,909	15,504	5,371	4,974	7,247	49.5	50.2	46.7
Arkansas	9,707	9,334	8,538	274	322	263	2.8	3.4	3.1
California	-	-	-	-	-	-	-	-	-
Colorado	-	-	-	-	-	-	-	-	-
Connecticut	7,903	8,442	7,652	320	381	330	4.0	4.5	4.3
Delaware	1,572	1,542	1,251	584	560	256	37.2	36.3	20.5
District of Columbia	-	-	-	-	-	-	-	-	-
Florida	-	-	-	-	-	-	-	-	-
Georgia	21,635	10,319	11,090	2,988	1,187	996	13.8	11.5	9.0
Hawaii	1,491	1,280	1,265	706	650	612	47.4	50.8	48.4
Idaho	-	-	-	-	-	-	-	-	-
Illinois	-	-	-	-	-	-	-	-	-
Indiana	28,430	29,198	25,731	6,528	7,158	6,063	23.0	24.5	23.6
Iowa	-	-	-	-	-	-	-	-	-
Kansas	-	-	-	-	-	-	-	-	-
Kentucky	20,010	22,410	23,752	10,181	11,973	13,087	50.9	53.4	55.1
Louisiana	-	-	-	-	-	-	-	-	-
Maine	3,446	3,475	3,481	1,154	1,159	1,011	33.5	33.4	29.0
Maryland	6,993	7,578	7,743	377	388	387	5.4	5.1	5.0
Massachusetts	-	-	-	-	-	-	-	-	-
Michigan	37,261	38,062	37,703	6,323	10,367	11,221	17.0	27.2	29.8
Minnesota	7,941	8,709	7,785	1,750	2,198	1,807	22.0	25.2	23.2
Mississippi	10,179	10,429	10,002	4,270	4,333	3,748	41.9	41.5	37.5
Missouri	5,481	4,585	5,662	1,490	1,250	1,499	27.2	27.3	26.5
Montana	3,116	3,534	3,763	723	915	855	23.2	25.9	22.7
Nebraska	2,783	3,246	2,635	794	1,149	971	28.5	35.4	36.9
Nevada	-	-	-	-	-	-	-	-	-
New Hampshire	905	1,151	1,331	370	534	620	40.9	46.4	46.6
New Jersey	8,264	6,614	6,008	2,531	2,011	1,711	30.6	30.4	28.5
New Mexico	7,526	8,577	8,024	5,020	5,671	4,938	66.7	66.1	61.5
New York	-	-	-	-	-	-	-	-	-
North Carolina	-	-	-	-	-	-	-	-	-
North Dakota	1,805	-	-	994	-	-	55.1	-	-
Ohio	23,635	24,897	25,158	11,104	12,811	13,145	47.0	51.5	52.2
Oklahoma	14,308	14,457	15,355	7,000	7,063	7,305	48.9	48.9	47.6
Oregon	11,812	11,013	12,581	5,832	5,559	5,798	49.4	50.5	46.1
Pennsylvania	4,355	4,625	4,695	135	161	187	3.1	3.5	4.0
Puerto Rico	-	5,729	4,381	-	630	515	-	11.0	11.8
Rhode Island	2,955	3,095	3,644	543	591	756	18.4	19.1	20.7
South Carolina	-	-	-	-	-	-	-	-	-
South Dakota	1,246	1,339	1,426	598	688	820	48.0	51.4	57.5
Tennessee	9,665	9,354	9,186	1,400	954	1,242	14.5	10.2	13.5
Texas	57,374	61,506	63,271	15,305	16,197	14,728	26.7	26.3	23.3
Utah	-	-	-	-	-	-	-	-	-
Vermont	-	-	-	-	-	-	-	-	-
Virginia	-	-	-	-	-	-	-	-	-
Washington	4,725	4,386	4,498	2,293	2,103	2,165	48.5	47.9	48.1
West Virginia	5,938	6,496	6,946	3,107	3,655	3,968	52.3	56.3	57.1
Wisconsin	4,822	4,902	5,017	376	447	387	7.8	9.1	7.7
Wyoming	977	950	1,044	452	468	538	46.3	49.3	51.5
National	352,400	354,773	360,895	101,812	109,852	110,649	28.9	31.0	30.7
Reporting States	34	34	34	34	34	34	-	-	-

Table 3–11 Victims by Relationship to Their Perpetrators, 2018

Perpetrator	Victims	Reported Relationships	Reported Relationships Percent
PARENT	-	-	-
Father	-	143,703	21.5
Father and Nonparent(s)	-	8,556	1.3
Mother	-	263,370	39.4
Mother and Nonparent(s)	-	47,343	7.1
Mother and Father	-	142,329	21.3
Mother, Father, and Nonparent	-	7,229	1.1
Total Parents	-	612,530	91.7
NONPARENT	-	-	-
Child Daycare Provider	-	2,019	0.3
Foster Parent	-	1,659	0.2
Friend and Neighbor	-	5,547	0.8
Group Home and Residential Facility Staff	-	926	0.1
Legal Guardian	-	1,623	0.2
More Than One Nonparental Perpetrator	-	7,711	1.2
Other	-	18,546	2.8
Other Professional	-	1,356	0.2
Relative	-	31,456	4.7
Unmarried Partner of Parent	-	18,787	2.8
Total Nonparents	-	89,630	13.4
Total Unknown	-	19,897	3.0
NATIONAL	668,149	722,057	-

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.

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.

Number of Child Fatalities

For FFY 2018, a national estimate of 1,770 children died from abuse and neglect at a rate of 2.39 per 100,000 children in the population. The 2018 national estimate is an 11.3 percent increase from the 2014 national estimate of 1,590.⁸ (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>.

Exhibit 4–A Child Fatality Rates per 100,000 Children, 2014–2018

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
2014	51	74,074,090	1,585	2.14	74,333,785	1,590
2015	50	71,808,479	1,603	2.23	74,351,670	1,660
2016	50	73,395,083	1,708	2.33	74,343,252	1,730
2017	50	72,608,770	1,678	2.31	74,234,537	1,710
2018	51	72,626,495	1,738	2.39	73,993,353	1,770

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.

At the state level for FFY 2018, 51 states reported 1,738 fatalities. Of those states, 44 reported case-level data on 1,485 fatalities and 40 reported aggregate data on 253 fatalities. Fatality rates by state range from 0.00 to 6.26 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, which is partly due to the number of states reporting. (See [table 4–2](#) and related notes.)

Child Fatality Demographics

FFY 2018 data show that seventy-one percent (70.6%) of all child fatalities are younger than 3 years old. Nearly one-half (46.6%) of child fatalities are younger than 1 year old and died at a rate of 22.77 per 100,000 children in the population of the same age. This is 3.6 times the fatality rate for 1-year-old children (6.30 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.)

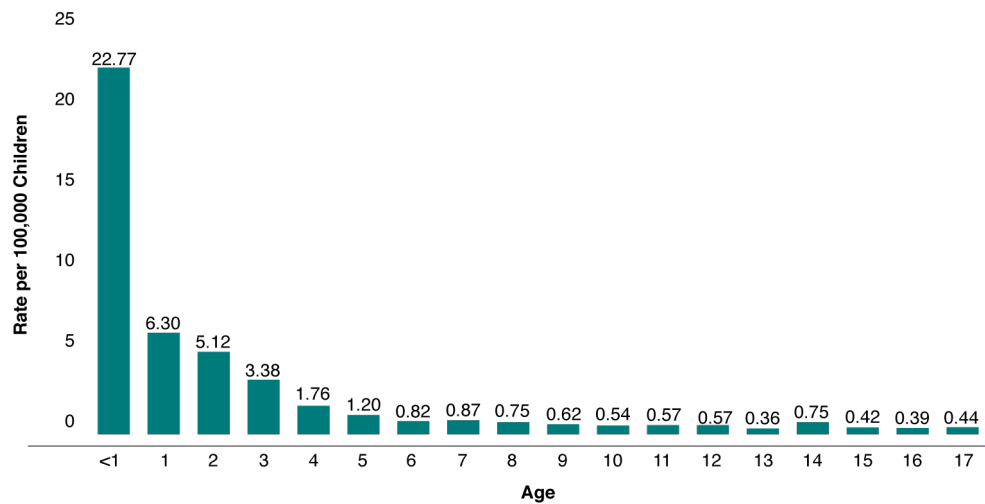
Boys have a higher child fatality rate than girls; 2.87 per 100,000 boys in the population, compared with 2.19 per 100,000 girls in the population. (See [exhibit 4–C](#) and related notes.)

Eighty-seven percent (87.3%) of child fatalities are one of three races: White (40.1%), African-American (32.8%), or Hispanic (14.4%). Using the number of victims and the population data to create rates highlights some racial disparity. The rate of African-American child fatalities (5.48 per 100,000 African-American children) is 2.8 times greater than the rate of White

⁸ The percent change is calculated using the national estimates for FFY 2014 and FFY 2018

Exhibit 4–B Child Fatality by Age, 2018

Children <1 year old died from abuse and neglect at 3.6 times the rate of children who were 1 year old.



Based on data from 44 states. See [table 4–3](#)

Exhibit 4–C Child Fatalities by Sex, 2018

Sex	Child Population	Child Fatalities	Child Fatalities Percent	Child Fatalities Rate per 100,000 Children
Boys	29,747,219	855	57.6	2.87
Girls	28,501,631	624	42.0	2.19
Unknown	-	6	0.4	-
NATIONAL	58,248,850	1,485	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. Dashes are inserted into cells without any data.

children (1.94 per 100,000 White children) and 3.4 times greater than the rate of Hispanic children (1.63 per 100,000 Hispanic children). Children of two or more races had the second highest rate at 3.50 and children of American Indian or Alaska Native descent had a rate of 3.12 per 100,000 children of their respective races. (See [exhibit 4–D](#) and related notes.)

Exhibit 4–D Child Fatalities by Race and Ethnicity, 2018

Race and Ethnicity	Child Population	Child Fatalities	Child Fatalities Percent	Child Fatalities Rate per 100,000 Children
SINGLE RACE	-	-	-	-
African-American	8,572,229	470	32.8	5.48
American Indian or Alaska Native	480,738	15	1.0	3.12
Asian	2,297,664	10	0.7	0.44
Hispanic	12,645,401	206	14.4	1.63
Pacific Islander	90,019	2	0.1	2.22
Unknown	-	75	5.2	N/A
White	29,745,710	576	40.1	1.94
MULTIPLE RACE	-	-	-	-
Two or More Races	2,316,858	81	5.6	3.50
NATIONAL	56,148,619	1,435	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 have both race and ethnicity population data. Dashes are inserted into cells without any data

Maltreatment Types

FFY 2018 is the first time data will be shown for the new maltreatment type of sex trafficking. Please see Chapter 7, Special Focus for information about the Justice for Victims of Trafficking Act and the new maltreatment type.

Of the children who died, 72.8 percent suffered neglect and 46.1 percent suffered physical abuse either exclusively or in combination with another maltreatment type. There is a decrease compared with FFY 2017 in the category of “other” maltreatment due to improved reporting in one state. (See [exhibit 4–E](#) and related notes.)

Exhibit 4–E Maltreatment Types of Child Fatalities, 2018

Maltreatment Type	Child Fatalities	Maltreatment Types	Maltreatment Types Percent
Medical Neglect	-	120	8.1
Neglect	-	1,081	72.8
Other	-	116	7.8
Physical Abuse	-	684	46.1
Psychological Abuse	-	17	1.1
Sexual Abuse	-	9	0.6
Sex Trafficking	-	-	-
Unknown	-	-	-
National	1,485	2,027	-

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

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 5.9 percent of child fatalities had a caregiver with a risk factor of alcohol abuse and 30 states report that 19.3 percent of child fatalities had a caregiver with a risk factor of drug abuse. (See [exhibit 4–F](#) and related notes.)

Perpetrator Relationship

Exhibit 4–F Child Fatalities with Selected Caregiver Risk Factors, 2018

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	769	45	5.9
Drug Abuse	30	982	190	19.3

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.

Most perpetrators are caregivers of their victims. Eighty percent (80.3%) of child fatalities involved parents acting alone, together, or with other individuals. Fewer than 15 percent (14.6%) of fatalities did not have a parental relationship to their perpetrator. Child fatalities with unknown perpetrator relationship data accounted for 5.1 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. The data in Table 4–5, Child Fatalities Who Received Family Preservation Services Within the Previous 5 Years and Table 4–6, Child Fatalities Who Were Reunited with Their Families Within the Previous 5 Years are presented differently in the *Child Maltreatment 2018* report. The child fatality counts are presented separately by submission type.

In table 4–5, 90 of the 865 Child File fatalities and 15 of the 74 Agency File fatalities had preservation services. The percentages are high due to the relatively small numbers of child fatalities in reporting states. Two states that only report fatality data in the Agency File account for most of the preservation services Agency File data. Table 4–6 shows that 27 of the 1,136 Child File fatalities and 2 of the 81 Agency File fatalities were removed from home and subsequently reunited with their families prior to their death. (See [tables 4–5, 4–6](#), and related notes.) Not all states are able to report these two services, and the national percentage is sensitive to which states report data. 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.
- Dashes are inserted into cells without any data.

Table 4–1 Child Fatalities by Submission Type, 2018

- Data are from the Child File and Agency File.

Table 4–2 Child Fatalities, 2014–2018

- Data are from the Child File and Agency File.

Table 4–3 Child Fatalities by Age, 2018

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

Table 4–4 Child Fatalities by Relationship to Their Perpetrators, 2018

- States are excluded from this analysis if more than 20.0 percent of perpetrators are reported with a blank or 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. More information may be found in appendix D.

Table 4–5 Child Fatalities Who Received Family Preservation Services Within the Previous 5 Years, 2018

- Data are from the Child File and Agency File.
- This table is presented differently in the *Child Maltreatment 2018* report than in prior years to provide readers with an additional understanding of how states report these data. The Child File and Agency File data are presented separately.

Table 4–6 Child Fatalities Who Were Reunited with Their Families Within the Previous 5 Years, 2018

- Data are from the Child File and Agency File.
- This table is presented differently in the *Child Maltreatment 2018* report than in prior years to provide readers with an additional understanding of how states report these data. The Child File and Agency File data are presented separately.

Table 4–1 Child Fatalities by Submission Type, 2018

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	43	0	43	3.95
Alaska	-	2	2	1.09
Arizona	48	0	48	2.92
Arkansas	44	-	44	6.26
California	-	132	132	1.47
Colorado	35	5	40	3.16
Connecticut	8	-	8	1.09
Delaware	4	0	4	1.96
District of Columbia	5	0	5	3.92
Florida	111	-	111	2.62
Georgia	81	5	86	3.43
Hawaii	1	-	1	0.33
Idaho	2	1	3	0.67
Illinois	70	0	70	2.45
Indiana	80	-	80	5.10
Iowa	16	0	16	2.19
Kansas	9	0	9	1.27
Kentucky	6	0	6	0.59
Louisiana	25	0	25	2.28
Maine	-	3	3	1.20
Maryland	19	21	40	2.98
Massachusetts	-	-	-	-
Michigan	49	0	49	2.26
Minnesota	30	0	30	2.30
Mississippi	30	0	30	4.25
Missouri	32	4	36	2.61
Montana	1	1	2	0.87
Nebraska	0	0	0	0.00
Nevada	18	1	19	2.76
New Hampshire	0	0	0	0.00
New Jersey	17	1	18	0.92
New Mexico	8	4	12	2.49
New York	118	-	118	2.90
North Carolina	-	14	14	0.61
North Dakota	8	0	8	4.48
Ohio	103	3	106	4.09
Oklahoma	47	-	47	4.91
Oregon	-	26	26	2.98
Pennsylvania	45	0	45	1.70
Puerto Rico	3	-	3	0.51
Rhode Island	1	0	1	0.49
South Carolina	39	0	39	3.53
South Dakota	3	-	3	1.38
Tennessee	47	0	47	3.12
Texas	199	1	200	2.70
Utah	10	-	10	1.07
Vermont	-	1	1	0.86
Virginia	37	0	37	1.98
Washington	-	28	28	1.68
West Virginia	8	-	8	2.20
Wisconsin	24	0	24	1.88
Wyoming	1	0	1	0.74
National	1,485	253	1,738	2.39
Reporting States	44	40	51	-

Table 4–2 Child Fatalities, 2014–2018

State	2014	2015	2016	2017	2018
Alabama	17	13	26	28	43
Alaska	3	5	1	2	2
Arizona	40	51	48	35	48
Arkansas	21	40	42	37	44
California	134	127	137	147	132
Colorado	20	19	37	35	40
Connecticut	13	11	5	11	8
Delaware	5	1	0	4	4
District of Columbia	3	3	3	4	5
Florida	138	124	110	101	111
Georgia	102	113	97	94	86
Hawaii	2	4	4	4	1
Idaho	4	6	3	10	3
Illinois	100	77	64	74	70
Indiana	49	34	70	78	80
Iowa	8	12	12	19	16
Kansas	13	8	10	14	9
Kentucky	15	16	15	10	6
Louisiana	31	39	41	25	25
Maine	-	-	-	-	3
Maryland	24	28	32	41	40
Massachusetts	26	14	8	-	-
Michigan	76	83	86	51	49
Minnesota	15	17	28	24	30
Mississippi	22	35	41	40	30
Missouri	36	35	29	33	36
Montana	4	2	0	4	2
Nebraska	5	3	7	1	0
Nevada	15	13	13	21	19
New Hampshire	1	4	4	2	0
New Jersey	9	23	21	13	18
New Mexico	7	14	11	16	12
New York	114	108	95	127	118
North Carolina	25	-	32	18	14
North Dakota	3	3	4	1	8
Ohio	51	74	66	73	106
Oklahoma	34	31	31	21	47
Oregon	13	27	19	30	26
Pennsylvania	34	31	47	42	45
Puerto Rico	11	7	-	6	3
Rhode Island	6	0	4	5	1
South Carolina	41	25	22	28	39
South Dakota	4	11	4	5	3
Tennessee	28	32	41	33	47
Texas	153	162	217	186	200
Utah	15	6	12	13	10
Vermont	1	3	0	0	1
Virginia	37	54	45	41	37
Washington	19	27	15	18	28
West Virginia	19	9	20	18	8
Wisconsin	18	17	25	31	24
Wyoming	1	2	4	4	1
National	1,585	1,603	1,708	1,678	1,738
Reporting States	51	50	50	50	51

Table 4–3 Child Fatalities by Age, 2018

Age	Child Population	Child Fatalities	Child Fatalities Percent	Child Fatalities Rate per 100,000 Children
<1	3,039,561	692	46.6	22.77
1	3,095,453	195	13.1	6.30
2	3,162,873	162	10.9	5.12
3	3,197,482	108	7.3	3.38
4	3,185,945	56	3.8	1.76
5	3,175,954	38	2.6	1.20
6	3,183,005	26	1.8	0.82
7	3,212,322	28	1.9	0.87
8	3,219,527	24	1.6	0.75
9	3,220,518	20	1.3	0.62
10	3,319,475	18	1.2	0.54
11	3,337,762	19	1.3	0.57
12	3,313,680	19	1.3	0.57
13	3,306,839	12	0.8	0.36
14	3,316,511	25	1.7	0.75
15	3,294,178	14	0.9	0.42
16	3,291,222	13	0.9	0.39
17	3,376,543	15	1.0	0.44
Unborn, Unknown, and 18–21	-	1	0.1	-
National	58,248,850	1,485	100.0	-

Based on data from 44 states.

Table 4–4 Child Fatalities by Relationship to Their Perpetrators, 2018

PERPETRATOR	Child Fatalities	Relationships	Relationships Percent
PARENT	-	-	-
Father	-	239	16.4
Father and Nonparent(s)	-	26	1.8
Mother	-	392	26.8
Mother and Nonparent(s)	-	165	11.3
Mother and Father	-	322	22.1
Mother, Father, and Nonparent	-	28	1.9
Total Parents	-	1,172	80.3
NONPARENT	-	-	-
Child Daycare Provider	-	19	1.3
Foster Parent	-	6	0.4
Friend or Neighbor	-	7	0.5
Group Home and Residential Facility Staff	-	1	0.1
Legal Guardian	-	5	0.3
More than One Nonparental Perpetrator	-	43	2.9
Other	-	63	4.3
Other Professional	-	2	0.1
Relative	-	42	2.9
Unmarried Partner of Parent	-	25	1.7
Total Nonparents	-	213	14.6
Total Unknown	-	75	5.1
NATIONAL	1,460	1,460	100.0

Based on data from 43 states.

Table 4–5 Child Fatalities Who Received Family Preservation Services Within the Previous 5 Years, 2018

State	Child File Fatalities	Child File Fatalities Whose Families Received Preservation Services in the Previous 5 Years	Agency File Fatalities	Agency File Fatalities Whose Families Received Preservation Services in the Previous 5 Years
Alabama	43	6	0	0
Alaska	-	-	-	-
Arizona	-	-	-	-
Arkansas	44	1	-	-
California	-	-	-	-
Colorado	-	-	-	-
Connecticut	-	-	-	-
Delaware	-	-	-	-
District of Columbia	5	0	0	0
Florida	111	5	-	-
Georgia	81	8	5	0
Hawaii	-	-	-	-
Idaho	2	0	-	-
Illinois	70	6	0	0
Indiana	-	-	-	-
Iowa	-	-	-	-
Kansas	9	2	0	0
Kentucky	6	0	0	0
Louisiana	25	2	0	0
Maine	-	-	3	0
Maryland	19	0	-	-
Massachusetts	-	-	-	-
Michigan	-	-	-	-
Minnesota	30	5	0	0
Mississippi	30	1	0	0
Missouri	32	1	4	1
Montana	-	-	-	-
Nebraska	-	-	0	0
Nevada	18	0	1	0
New Hampshire	-	-	0	0
New Jersey	17	3	1	0
New Mexico	8	0	4	0
New York	-	-	-	-
North Carolina	-	-	-	-
North Dakota	8	4	0	0
Ohio	-	-	-	-
Oklahoma	47	4	-	-
Oregon	-	-	26	7
Pennsylvania	-	-	-	-
Puerto Rico	3	0	-	-
Rhode Island	-	-	-	-
South Carolina	-	-	-	-
South Dakota	-	-	-	-
Tennessee	47	5	0	0
Texas	199	37	1	0
Utah	10	0	-	-
Vermont	-	-	1	1
Virginia	-	-	-	-
Washington	-	-	28	6
West Virginia	-	-	-	-
Wisconsin	-	-	-	-
Wyoming	1	0	0	0
National	865	90	74	15
National Percent	-	10.4	-	20.3
Reporting States	24	-	23	-

Table 4–6 Child Fatalities Who Were Reunited with Their Families Within the Previous 5 Years, 2018

State	Child File Fatalities	Child File Fatalities Whose Families Received Preservation Services in the Previous 5 Years	Agency File Fatalities	Agency File Fatalities Whose Families Received Preservation Services in the Previous 5 Years
Alabama	43	0	0	0
Alaska	-	-	2	0
Arizona	-	-	-	-
Arkansas	44	0	-	-
California	-	-	-	-
Colorado	35	0	5	0
Connecticut	8	0	-	-
Delaware	4	0	0	0
District of Columbia	5	0	0	0
Florida	111	4	-	-
Georgia	81	0	5	0
Hawaii	1	0	-	-
Idaho	2	0	-	-
Illinois	70	1	0	0
Indiana	80	8	-	-
Iowa	-	-	-	-
Kansas	9	0	0	0
Kentucky	6	0	0	0
Louisiana	25	0	0	0
Maine	-	-	3	0
Maryland	19	0	-	-
Massachusetts	-	-	-	-
Michigan	-	-	-	-
Minnesota	30	2	0	0
Mississippi	30	0	0	0
Missouri	32	0	4	0
Montana	-	-	-	-
Nebraska	0	0	0	0
Nevada	18	0	1	0
New Hampshire	0	0	0	0
New Jersey	17	0	1	0
New Mexico	8	0	4	0
New York	-	-	-	-
North Carolina	-	-	-	-
North Dakota	8	0	0	0
Ohio	103	3	-	-
Oklahoma	47	3	-	-
Oregon	-	-	26	1
Pennsylvania	-	-	0	0
Puerto Rico	3	0	-	-
Rhode Island	1	0	-	-
South Carolina	39	0	0	0
South Dakota	-	-	-	-
Tennessee	47	1	0	0
Texas	199	4	1	0
Utah	10	1	-	-
Vermont	-	-	1	1
Virginia	-	-	-	-
Washington	-	-	28	0
West Virginia	-	-	-	-
Wisconsin	-	-	-	-
Wyoming	1	0	0	0
National	1,136	27	81	2
National Percent	-	2.4	-	2.5
Reporting States	34	34	28	28



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.

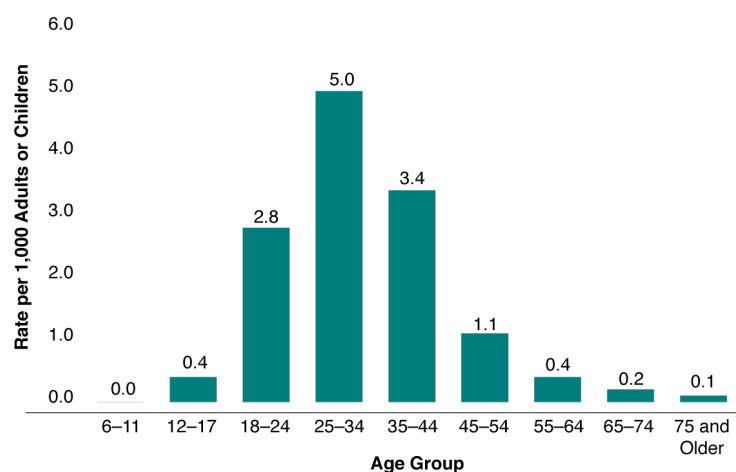
Number of Perpetrators (unique count of perpetrators)

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 2018, 52 states reported a unique count of 546,365 perpetrators. This is the second year of data to include a unique count of perpetrators for all 52 reporting states. (See [table 5-1](#) and related notes.)

Perpetrator Demographics (unique count of perpetrators)

More than four-fifths (83.3%) 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 perpetrator. (See Appendix D, State Commentary.) The perpetrator age group of 25–34 have the highest rate at 5.0 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 3.4, 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-A](#), and related notes.)

Exhibit 5–A Perpetrators by Age, 2018
83.3% of perpetrators are in the age group of 18–44 years

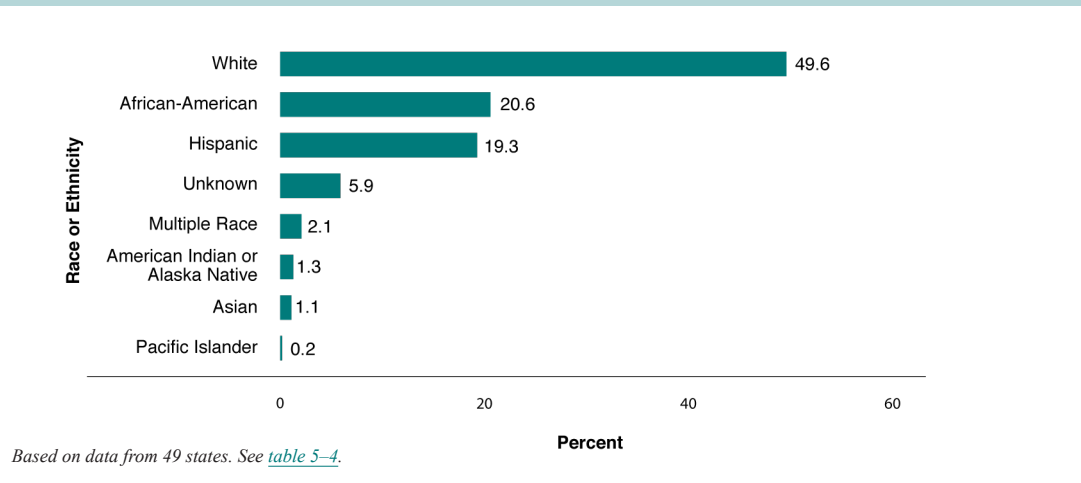


Based on data from 52 states. See [table 5-2](#).

More than one-half (53.8%) of perpetrators are female and 45.3 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 (49.6%), African-American (20.6%), and Hispanic (19.3%). Race or ethnicity is unknown or not reported for 5.9 percent of perpetrators. (See [table 5–4](#), [exhibit 5–B](#), and related notes.)

Exhibit 5–B Perpetrators by Race or Ethnicity, 2018

Most perpetrators (89.5%) are White, African-American, or Hispanic



Perpetrator Relationship

(unique count of perpetrators and unique count of relationships)

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

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

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

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

The majority (77.5%) of perpetrators are a parent of their victim, 6.4 percent of perpetrators are a relative other than a parent, and 4.2 percent had a multiple relationship to their victims. Approximately 4.0 percent (3.7%) of perpetrators have an “other” relationship to their victims. (See [table 5–5](#) and related notes.) According to Appendix D, State Commentary, the NCANDS category of “other” perpetrator relationship includes foster sibling, nonrelative, babysitter, etc.

Exhibit and Table Notes

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

General

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

Table 5–1 Perpetrators, 2014–2018

- One state did not report perpetrator data for FFY 2014–2016. One state did not report an NCANDS submission for FFY 2016.

Table 5–2 Perpetrators by Age, 2018

- In NCANDS, valid perpetrator ages are 6–75 years old. If a perpetrator is reported with an age of 76 years or older, the age is recoded to 75.
- Some states have laws restricting how young a perpetrator can be. More information may be found in appendix D.
- If a perpetrator appears in two reports, the age at the time of the earliest report is used.

Table 5–3 Perpetrators by Sex, 2018

- The category of unknown sex may include not reported.

Table 5–4 Perpetrators by Race and Ethnicity, 2018

- 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 were excluded from this analysis if more than 25.0 percent of perpetrators were reported with missing race or ethnicity.

Table 5–5 Perpetrators by Relationship to Their Victims, 2018

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

Table 5–1 Perpetrators, 2014–2018

State	2014	2015	2016	2017	2018
Alabama	6,278	6,075	7,280	7,817	8,791
Alaska	1,973	2,255	2,424	2,177	2,032
Arizona	14,784	12,232	11,107	10,180	15,395
Arkansas	7,570	7,831	8,221	8,049	7,424
California	59,291	57,344	55,304	52,707	58,362
Colorado	8,390	8,797	9,818	10,078	10,253
Connecticut	6,269	5,571	6,470	6,938	6,292
Delaware	1,175	1,202	1,281	1,236	976
District of Columbia	1,055	946	961	1,112	1,136
Florida	33,767	32,421	31,333	30,364	27,844
Georgia	-	-	-	7,647	8,629
Hawaii	1,100	1,235	1,195	1,086	1,098
Idaho	1,394	1,417	1,650	1,697	1,774
Illinois	18,322	21,571	20,668	20,652	22,275
Indiana	18,203	20,385	22,090	22,534	20,159
Iowa	6,121	5,919	6,437	7,867	8,529
Kansas	1,668	1,653	2,017	3,525	2,594
Kentucky	11,756	13,191	12,975	16,614	17,400
Louisiana	10,065	10,665	9,682	9,172	7,983
Maine	3,424	3,085	3,158	3,042	3,021
Maryland	7,507	5,700	5,869	6,296	6,507
Massachusetts	25,721	25,272	25,452	20,385	20,750
Michigan	25,344	28,753	30,902	31,306	30,705
Minnesota	3,179	4,013	5,792	6,469	5,617
Mississippi	6,294	6,726	8,368	8,688	8,252
Missouri	4,687	4,940	4,765	4,013	5,108
Montana	902	1,316	2,332	2,615	2,704
Nebraska	2,830	2,445	1,976	2,240	1,909
Nevada	3,728	3,975	3,989	3,936	4,168
New Hampshire	609	673	816	1,074	1,154
New Jersey	8,871	7,518	6,447	5,097	4,589
New Mexico	6,570	7,421	6,504	7,260	6,832
New York	51,955	52,852	51,199	56,260	54,550
North Carolina	4,254	4,110	3,710	3,832	3,409
North Dakota	1,196	1,276	1,344	1,450	1,558
Ohio	20,510	18,690	19,294	20,290	20,567
Oklahoma	12,019	12,807	12,323	12,548	12,929
Oregon	7,784	8,010	8,999	8,458	9,486
Pennsylvania	3,279	3,648	4,653	5,062	4,865
Puerto Rico	5,710	5,245	-	4,415	3,347
Rhode Island	2,622	2,464	2,309	2,467	2,846
South Carolina	9,497	11,418	13,210	12,599	14,350
South Dakota	645	694	881	941	933
Tennessee	10,280	9,881	9,611	9,231	9,116
Texas	52,226	50,880	45,926	48,380	49,563
Utah	7,447	7,303	7,284	7,543	7,784
Vermont	655	732	695	724	782
Virginia	5,392	5,014	4,901	5,092	5,074
Washington	6,156	5,044	4,207	3,805	3,881
West Virginia	4,472	4,402	5,242	5,798	6,252
Wisconsin	3,921	3,904	3,886	3,933	4,031
Wyoming	636	716	728	721	780
National	519,503	521,637	517,685	537,422	546,365
Reporting States	51	51	50	52	52

Table 5–2 Perpetrators by Age, 2018 *(continues next page)*

State	6–11	12–17	18–24	25–34	35–44	45–54	55–64	65–74	75 and Older	Unknown	Total Unique Perpetrators
Alabama	1	278	1,654	3,641	1,820	549	202	64	581	1	8,791
Alaska	-	6	264	887	568	178	62	15	9	43	2,032
Arizona	3	119	2,743	6,997	3,932	1,139	306	67	86	3	15,395
Arkansas	123	347	1,501	2,852	1,488	465	189	78	15	366	7,424
California	54	611	8,150	23,570	16,543	5,962	1,851	513	136	972	58,362
Colorado	29	271	1,469	4,357	2,727	832	250	63	9	246	10,253
Connecticut	2	27	773	2,605	1,827	697	196	31	13	121	6,292
Delaware	-	26	102	419	296	95	32	4	2	-	976
District of Columbia	-	4	132	490	318	95	24	4	-	69	1,136
Florida	2	84	3,568	12,168	7,465	2,523	984	327	105	618	27,844
Georgia	1	115	1,453	3,970	2,093	679	229	65	20	4	8,629
Hawaii	-	12	145	408	353	117	26	12	4	21	1,098
Idaho	-	9	299	819	465	133	38	10	1	-	1,774
Illinois	37	468	3,807	9,575	5,474	1,775	562	161	39	377	22,275
Indiana	17	616	4,073	8,698	4,578	1,380	441	132	43	181	20,159
Iowa	31	170	1,362	3,746	2,290	633	205	52	21	19	8,529
Kansas	15	93	363	994	722	229	113	24	7	34	2,594
Kentucky	1	77	2,645	7,640	4,707	1,516	563	188	61	2	17,400
Louisiana	3	52	1,359	3,758	2,040	524	165	64	15	3	7,983
Maine	-	6	379	1,403	875	258	71	22	2	5	3,021
Maryland	30	211	731	2,362	1,560	654	302	87	565	5	6,507
Massachusetts	2	110	2,522	8,566	5,892	2,282	691	177	34	474	20,750
Michigan	8	170	5,484	13,818	7,742	2,504	725	178	36	40	30,705
Minnesota	12	180	789	2,422	1,485	503	164	50	12	-	5,617
Mississippi	74	314	1,258	3,238	2,121	718	348	116	40	25	8,252
Missouri	-	53	838	1,970	1,277	503	222	72	12	161	5,108
Montana	-	14	465	1,134	715	241	53	23	2	57	2,704
Nebraska	-	51	305	867	493	133	42	14	3	1	1,909
Nevada	-	15	590	1,868	1,168	346	134	38	9	-	4,168
New Hampshire	-	24	129	557	306	100	19	8	1	10	1,154
New Jersey	1	18	462	1,817	1,377	536	170	66	19	123	4,589
New Mexico	3	55	932	2,786	1,766	465	158	40	9	618	6,832
New York	12	236	6,756	20,920	16,492	7,185	2,236	578	122	13	54,550
North Carolina	1	9	466	1,404	987	370	123	43	5	1	3,409
North Dakota	-	6	220	723	425	123	30	2	1	28	1,558
Ohio	112	985	3,365	8,137	4,535	1,434	598	160	57	1,184	20,567
Oklahoma	-	64	2,170	5,870	3,225	936	339	100	27	198	12,929
Oregon	9	214	1,292	3,907	2,673	926	264	66	28	107	9,486
Pennsylvania	-	248	770	1,643	1,162	508	260	97	18	159	4,865
Puerto Rico	6	33	511	1,369	905	353	114	41	9	6	3,347
Rhode Island	4	47	462	1,197	750	253	68	15	2	48	2,846
South Carolina	41	36	1,830	6,499	4,026	1,265	405	172	37	39	14,350
South Dakota	-	5	145	459	228	63	18	2	-	13	933
Tennessee	17	464	1,548	3,297	1,612	625	264	109	20	1,160	9,116
Texas	201	1,726	10,594	21,647	10,413	3,170	1,247	431	92	42	49,563
Utah	33	564	1,207	2,910	2,120	636	235	62	14	3	7,784
Vermont	1	56	121	280	181	65	34	16	4	24	782
Virginia	3	56	665	2,098	1,255	439	199	50	15	294	5,074
Washington	-	4	399	1,630	1,205	399	163	27	8	46	3,881
West Virginia	2	18	904	2,737	1,488	440	157	56	6	444	6,252
Wisconsin	2	59	528	1,533	869	254	103	19	1	663	4,031
Wyoming	1	12	120	327	217	55	19	7	1	21	780
National	894	9,448	84,819	228,989	141,251	48,263	16,413	4,818	2,378	9,092	546,365
Reporting States	36	52	52	52	52	52	52	52	50	48	52

Table 5–2 Perpetrators by Age, 2018

State	6–11 Rate per 1,000	12–17 Rate per 1,000	18–24 Rate per 1,000	25–34 Rate per 1,000	35–44 Rate per 1,000	45–54 Rate per 1,000	55–64 Rate per 1,000	65–74 Rate per 1,000	75 and Older Rate per 1,000
Alabama	0.0	0.7	3.7	5.7	3.1	0.9	0.3	0.1	1.7
Alaska	-	0.1	3.8	7.5	6.0	2.0	0.7	0.3	0.3
Arizona	0.0	0.2	4.0	7.1	4.5	1.3	0.4	0.1	0.2
Arkansas	0.5	1.5	5.3	7.2	4.0	1.3	0.5	0.3	0.1
California	0.0	0.2	2.2	3.9	3.1	1.2	0.4	0.2	0.1
Colorado	0.1	0.6	2.8	4.9	3.5	1.2	0.4	0.1	0.0
Connecticut	0.0	0.1	2.2	5.8	4.3	1.4	0.4	0.1	0.0
Delaware	-	0.4	1.2	3.2	2.7	0.8	0.2	0.0	0.0
District of Columbia	-	0.1	1.8	3.0	3.0	1.3	0.3	0.1	-
Florida	0.0	0.1	2.0	4.4	2.9	0.9	0.3	0.1	0.1
Georgia	0.0	0.1	1.4	2.7	1.5	0.5	0.2	0.1	0.0
Hawaii	-	0.1	1.2	2.0	2.0	0.7	0.1	0.1	0.0
Idaho	-	0.1	1.8	3.5	2.1	0.7	0.2	0.1	0.0
Illinois	0.0	0.5	3.2	5.4	3.3	1.1	0.3	0.1	0.0
Indiana	0.0	1.1	6.2	9.9	5.6	1.6	0.5	0.2	0.1
Iowa	0.1	0.7	4.3	9.4	6.0	1.7	0.5	0.2	0.1
Kansas	0.1	0.4	1.2	2.6	2.0	0.7	0.3	0.1	0.0
Kentucky	0.0	0.2	6.3	13.1	8.5	2.6	0.9	0.4	0.2
Louisiana	0.0	0.1	3.2	5.6	3.5	0.9	0.3	0.1	0.1
Maine	-	0.1	3.5	8.8	5.7	1.4	0.3	0.1	0.0
Maryland	0.1	0.5	1.4	2.8	2.0	0.8	0.4	0.2	1.5
Massachusetts	0.0	0.2	3.6	8.6	7.0	2.5	0.7	0.3	0.1
Michigan	0.0	0.2	5.7	10.7	6.7	1.9	0.5	0.2	0.1
Minnesota	0.0	0.4	1.6	3.2	2.1	0.7	0.2	0.1	0.0
Mississippi	0.3	1.3	4.3	8.2	5.8	1.9	0.9	0.4	0.2
Missouri	-	0.1	1.5	2.4	1.7	0.7	0.3	0.1	0.0
Montana	-	0.2	4.7	8.2	5.7	2.0	0.4	0.2	0.0
Nebraska	-	0.3	1.6	3.4	2.1	0.6	0.2	0.1	0.0
Nevada	-	0.1	2.4	4.2	2.9	0.9	0.4	0.1	0.0
New Hampshire	-	0.3	1.0	3.3	2.0	0.5	0.1	0.1	0.0
New Jersey	0.0	0.0	0.6	1.6	1.2	0.4	0.1	0.1	0.0
New Mexico	0.0	0.3	4.7	9.8	7.0	1.9	0.6	0.2	0.1
New York	0.0	0.2	3.8	7.3	6.8	2.8	0.9	0.3	0.1
North Carolina	0.0	0.0	0.5	1.0	0.8	0.3	0.1	0.0	0.0
North Dakota	-	0.1	2.6	6.3	4.7	1.5	0.3	0.0	0.0
Ohio	0.1	1.1	3.2	5.3	3.3	1.0	0.4	0.1	0.1
Oklahoma	-	0.2	5.7	10.8	6.6	2.0	0.7	0.3	0.1
Oregon	0.0	0.7	3.5	6.6	4.8	1.8	0.5	0.1	0.1
Pennsylvania	-	0.3	0.7	1.0	0.8	0.3	0.1	0.1	0.0
Puerto Rico	0.0	0.1	1.7	3.5	2.3	0.8	0.3	0.1	0.0
Rhode Island	0.1	0.6	4.2	8.2	6.0	1.8	0.5	0.1	0.0
South Carolina	0.1	0.1	3.9	9.6	6.6	2.0	0.6	0.3	0.1
South Dakota	-	0.1	1.7	4.0	2.2	0.6	0.2	0.0	-
Tennessee	0.0	0.9	2.5	3.5	1.9	0.7	0.3	0.2	0.0
Texas	0.1	0.7	3.8	5.1	2.7	0.9	0.4	0.2	0.1
Utah	0.1	1.8	3.4	6.3	4.9	2.0	0.8	0.3	0.1
Vermont	0.0	1.3	1.8	3.8	2.6	0.8	0.4	0.2	0.1
Virginia	0.0	0.1	0.8	1.8	1.1	0.4	0.2	0.1	0.0
Washington	-	0.0	0.6	1.4	1.2	0.4	0.2	0.0	0.0
West Virginia	0.0	0.1	5.8	12.7	6.9	1.9	0.6	0.3	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	2.3	4.2	3.0	0.8	0.2	0.1	0.0
National	0.0	0.4	2.8	5.0	3.4	1.1	0.4	0.2	0.1
Reporting States	-	-	-	-	-	-	-	-	-

Table 5–3 Perpetrators by Sex, 2018

State	Male	Female	Unknown	Total Perpetrators	Male Percent	Female Percent	Unknown Percent
Alabama	3,721	5,046	24	8,791	42.3	57.4	0.3
Alaska	897	1,100	35	2,032	44.1	54.1	1.7
Arizona	7,499	7,875	21	15,395	48.7	51.2	0.1
Arkansas	3,265	4,042	117	7,424	44.0	54.4	1.6
California	26,029	32,068	265	58,362	44.6	54.9	0.5
Colorado	5,004	5,188	61	10,253	48.8	50.6	0.6
Connecticut	2,943	3,303	46	6,292	46.8	52.5	0.7
Delaware	541	435	-	976	55.4	44.6	-
District of Columbia	320	780	36	1,136	28.2	68.7	3.2
Florida	13,052	14,317	475	27,844	46.9	51.4	1.7
Georgia	2,885	5,731	13	8,629	33.4	66.4	0.2
Hawaii	460	621	17	1,098	41.9	56.6	1.5
Idaho	669	1,105	-	1,774	37.7	62.3	-
Illinois	10,218	11,814	243	22,275	45.9	53.0	1.1
Indiana	8,720	11,394	45	20,159	43.3	56.5	0.2
Iowa	3,948	4,565	16	8,529	46.3	53.5	0.2
Kansas	1,416	1,173	5	2,594	54.6	45.2	0.2
Kentucky	7,773	9,572	55	17,400	44.7	55.0	0.3
Louisiana	2,734	5,238	11	7,983	34.2	65.6	0.1
Maine	1,591	1,429	1	3,021	52.7	47.3	0.0
Maryland	3,151	3,030	326	6,507	48.4	46.6	5.0
Massachusetts	8,890	11,293	567	20,750	42.8	54.4	2.7
Michigan	12,851	17,821	33	30,705	41.9	58.0	0.1
Minnesota	2,703	2,914	-	5,617	48.1	51.9	-
Mississippi	3,405	4,771	76	8,252	41.3	57.8	0.9
Missouri	3,082	1,929	97	5,108	60.3	37.8	1.9
Montana	1,136	1,492	76	2,704	42.0	55.2	2.8
Nebraska	978	931	-	1,909	51.2	48.8	-
Nevada	1,732	2,436	-	4,168	41.6	58.4	-
New Hampshire	558	592	4	1,154	48.4	51.3	0.3
New Jersey	2,100	2,469	20	4,589	45.8	53.8	0.4
New Mexico	2,730	3,981	121	6,832	40.0	58.3	1.8
New York	24,956	29,561	33	54,550	45.7	54.2	0.1
North Carolina	1,512	1,893	4	3,409	44.4	55.5	0.1
North Dakota	629	926	3	1,558	40.4	59.4	0.2
Ohio	10,010	10,234	323	20,567	48.7	49.8	1.6
Oklahoma	6,327	6,550	52	12,929	48.9	50.7	0.4
Oregon	5,204	4,244	38	9,486	54.9	44.7	0.4
Pennsylvania	3,172	1,624	69	4,865	65.2	33.4	1.4
Puerto Rico	1,241	2,105	1	3,347	37.1	62.9	-
Rhode Island	1,379	1,460	7	2,846	48.5	51.3	0.2
South Carolina	5,207	9,136	7	14,350	36.3	63.7	0.0
South Dakota	318	607	8	933	34.1	65.1	0.9
Tennessee	4,297	4,378	441	9,116	47.1	48.0	4.8
Texas	22,933	26,272	358	49,563	46.3	53.0	0.7
Utah	4,174	3,610	-	7,784	53.6	46.4	-
Vermont	545	237	-	782	69.7	30.3	-
Virginia	2,370	2,597	107	5,074	46.7	51.2	2.1
Washington	1,829	2,038	14	3,881	47.1	52.5	0.4
West Virginia	2,467	3,781	4	6,252	39.5	60.5	0.1
Wisconsin	1,840	1,689	502	4,031	45.6	41.9	12.5
Wyoming	329	449	2	780	42.2	57.6	0.3
National	247,740	293,846	4,779	546,365	45.3	53.8	0.9
Reporting States	52	52	45	52	-	-	-

Table 5–4 Perpetrators by Race or Ethnicity, 2018 *(continues next page)*

State	African-American	American Indian or Alaska Native	Asian	Hispanic	Multiple Race	Pacific Islander	White	Unknown	Total Perpetrators (unique count)
Alabama	2,424	13	13	238	-	5	5,851	247	8,791
Alaska	56	1,019	18	49	97	44	533	216	2,032
Arizona	1,495	706	60	5,100	248	35	6,067	1,684	15,395
Arkansas	1,364	3	9	416	295	41	5,102	194	7,424
California	7,914	512	1,709	27,985	-	244	15,115	4,883	58,362
Colorado	-	-	-	-	-	-	-	-	-
Connecticut	1,462	10	66	1,849	84	3	2,575	243	6,292
Delaware	399	-	3	103	4	2	460	5	976
District of Columbia	705	1	1	132	4	1	8	284	1,136
Florida	7,822	58	137	3,876	278	13	14,077	1,583	27,844
Georgia	3,333	5	26	424	65	12	4,481	283	8,629
Hawaii	38	3	139	47	266	312	240	53	1,098
Idaho	10	46	9	176	6	2	1,420	105	1,774
Illinois	6,718	17	192	3,096	194	12	11,601	445	22,275
Indiana	3,316	17	63	1,110	372	14	15,060	207	20,159
Iowa	1,147	103	58	562	98	20	6,389	152	8,529
Kansas	301	14	19	288	42	3	1,771	156	2,594
Kentucky	1,629	6	29	394	320	6	14,631	385	17,400
Louisiana	3,274	17	19	198	42	4	4,059	370	7,983
Maine	86	21	6	47	76	3	2,047	735	3,021
Maryland	2,533	12	57	574	-	5	2,085	1,241	6,507
Massachusetts	2,898	34	284	5,532	355	19	9,231	2,397	20,750
Michigan	8,232	96	103	1,813	1,700	10	18,533	218	30,705
Minnesota	1,228	496	185	507	443	5	2,674	79	5,617
Mississippi	2,753	13	8	125	24	6	4,433	890	8,252
Missouri	866	14	12	305	13	6	3,568	324	5,108
Montana	34	400	2	94	58	2	1,745	369	2,704
Nebraska	219	133	13	263	58	4	1,083	136	1,909
Nevada	1,017	34	70	999	82	30	1,850	86	4,168
New Hampshire	30	1	3	44	11	-	945	120	1,154
New Jersey	1,449	4	59	1,212	26	7	1,697	135	4,589
New Mexico	225	602	7	3,589	103	5	1,734	567	6,832
New York	15,325	215	1,396	12,914	698	24	19,262	4,716	54,550
North Carolina	932	127	10	328	53	5	1,883	71	3,409
North Dakota	117	301	5	80	26	8	935	86	1,558
Ohio	5,026	4	47	761	571	15	12,937	1,206	20,567
Oklahoma	1,261	620	35	1,687	2,761	16	6,441	108	12,929
Oregon	462	206	68	837	177	36	6,381	1,319	9,486
Pennsylvania	1,152	3	36	580	125	-	2,709	260	4,865
Puerto Rico	-	-	-	-	-	-	-	-	-
Rhode Island	347	21	33	604	49	1	1,467	324	2,846
South Carolina	4,909	23	31	508	77	7	8,276	519	14,350
South Dakota	22	384	5	42	78	1	378	23	933
Tennessee	-	-	-	-	-	-	-	-	-
Texas	10,393	85	301	18,743	442	56	17,674	1,869	49,563
Utah	234	157	50	1,433	86	116	5,668	40	7,784
Vermont	27	-	5	5	-	-	696	49	782
Virginia	1,301	1	53	504	33	16	2,786	380	5,074
Washington	316	184	81	506	174	72	2,232	316	3,881
West Virginia	227	-	2	28	104	3	5,852	36	6,252
Wisconsin	624	179	42	275	39	3	2,231	638	4,031
Wyoming	15	16	2	73	-	1	645	28	780
National	107,667	6,936	5,581	101,055	10,857	1,255	259,518	30,780	523,649
Reporting States	49	46	49	49	44	46	49	49	49

Table 5–4 Perpetrators by Race or Ethnicity, 2018

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	27.6	0.1	0.1	2.7	-	0.1	66.6	2.8
Alaska	2.8	50.1	0.9	2.4	4.8	2.2	26.2	10.6
Arizona	9.7	4.6	0.4	33.1	1.6	0.2	39.4	10.9
Arkansas	18.4	0.0	0.1	5.6	4.0	0.6	68.7	2.6
California	13.6	0.9	2.9	48.0	-	0.4	25.9	8.4
Colorado	-	-	-	-	-	-	-	-
Connecticut	23.2	0.2	1.0	29.4	1.3	0.0	40.9	3.9
Delaware	40.9	-	0.3	10.6	0.4	0.2	47.1	0.5
District of Columbia	62.1	0.1	0.1	11.6	0.4	0.1	0.7	25.0
Florida	28.1	0.2	0.5	13.9	1.0	0.0	50.6	5.7
Georgia	38.6	0.1	0.3	4.9	0.8	0.1	51.9	3.3
Hawaii	3.5	0.3	12.7	4.3	24.2	28.4	21.9	4.8
Idaho	0.6	2.6	0.5	9.9	0.3	0.1	80.0	5.9
Illinois	30.2	0.1	0.9	13.9	0.9	0.1	52.1	2.0
Indiana	16.4	0.1	0.3	5.5	1.8	0.1	74.7	1.0
Iowa	13.4	1.2	0.7	6.6	1.1	0.2	74.9	1.8
Kansas	11.6	0.5	0.7	11.1	1.6	0.1	68.3	6.0
Kentucky	9.4	0.0	0.2	2.3	1.8	0.0	84.1	2.2
Louisiana	41.0	0.2	0.2	2.5	0.5	0.1	50.8	4.6
Maine	2.8	0.7	0.2	1.6	2.5	0.1	67.8	24.3
Maryland	38.9	0.2	0.9	8.8	-	0.1	32.0	19.1
Massachusetts	14.0	0.2	1.4	26.7	1.7	0.1	44.5	11.6
Michigan	26.8	0.3	0.3	5.9	5.5	0.0	60.4	0.7
Minnesota	21.9	8.8	3.3	9.0	7.9	0.1	47.6	1.4
Mississippi	33.4	0.2	0.1	1.5	0.3	0.1	53.7	10.8
Missouri	17.0	0.3	0.2	6.0	0.3	0.1	69.9	6.3
Montana	1.3	14.8	0.1	3.5	2.1	0.1	64.5	13.6
Nebraska	11.5	7.0	0.7	13.8	3.0	0.2	56.7	7.1
Nevada	24.4	0.8	1.7	24.0	2.0	0.7	44.4	2.1
New Hampshire	2.6	0.1	0.3	3.8	1.0	-	81.9	10.4
New Jersey	31.6	0.1	1.3	26.4	0.6	0.2	37.0	2.9
New Mexico	3.3	8.8	0.1	52.5	1.5	0.1	25.4	8.3
New York	28.1	0.4	2.6	23.7	1.3	0.0	35.3	8.6
North Carolina	27.3	3.7	0.3	9.6	1.6	0.1	55.2	2.1
North Dakota	7.5	19.3	0.3	5.1	1.7	0.5	60.0	5.5
Ohio	24.4	0.0	0.2	3.7	2.8	0.1	62.9	5.9
Oklahoma	9.8	4.8	0.3	13.0	21.4	0.1	49.8	0.8
Oregon	4.9	2.2	0.7	8.8	1.9	0.4	67.3	13.9
Pennsylvania	23.7	0.1	0.7	11.9	2.6	-	55.7	5.3
Puerto Rico	-	-	-	-	-	-	-	-
Rhode Island	12.2	0.7	1.2	21.2	1.7	0.0	51.5	11.4
South Carolina	34.2	0.2	0.2	3.5	0.5	0.0	57.7	3.6
South Dakota	2.4	41.2	0.5	4.5	8.4	0.1	40.5	2.5
Tennessee	-	-	-	-	-	-	-	-
Texas	21.0	0.2	0.6	37.8	0.9	0.1	35.7	3.8
Utah	3.0	2.0	0.6	18.4	1.1	1.5	72.8	0.5
Vermont	3.5	-	0.6	0.6	-	-	89.0	6.3
Virginia	25.6	0.0	1.0	9.9	0.7	0.3	54.9	7.5
Washington	8.1	4.7	2.1	13.0	4.5	1.9	57.5	8.1
West Virginia	3.6	-	0.0	0.4	1.7	0.0	93.6	0.6
Wisconsin	15.5	4.4	1.0	6.8	1.0	0.1	55.3	15.8
Wyoming	1.9	2.1	0.3	9.4	-	0.1	82.7	3.6
National	20.6	1.3	1.1	19.3	2.1	0.2	49.6	5.9
Reporting States	-	-	-	-	-	-	-	-

Table 5–5 Perpetrators by Relationship to Their Victims, 2018 *(continues next page)*

State	Parent	Child Daycare Provider	Foster Parent	Friend and Neighbor	Group Home and Residential Facility Staff	Legal Guardian	Multiple Relationships
Alabama	6,253	24	10	164	10	27	423
Alaska	1,672	-	39	-	-	11	113
Arizona	13,549	-	27	-	33	48	140
Arkansas	5,010	42	6	129	3	24	233
California	49,912	-	107	-	12	-	1,982
Colorado	7,487	32	20	4	21	10	628
Connecticut	4,892	12	2	38	-	81	384
Delaware	744	1	2	-	-	-	29
District of Columbia	1,059	1	4	-	-	3	21
Florida	19,464	56	4	-	-	23	2,056
Georgia	7,008	20	30	26	12	29	190
Hawaii	977	-	2	-	2	9	29
Idaho	1,652	2	-	3	-	4	15
Illinois	17,431	214	60	-	24	-	1,229
Indiana	15,471	72	43	483	2	54	1,153
Iowa	6,706	46	14	-	22	48	312
Kansas	1,718	-	22	10	7	-	75
Kentucky	13,364	14	36	290	4	314	1,326
Louisiana	-	-	-	-	-	-	-
Maine	2,442	9	7	-	12	8	194
Maryland	3,825	36	24	-	19	10	238
Massachusetts	16,425	67	51	-	85	111	1,163
Michigan	24,856	2	71	2,120	22	169	2,059
Minnesota	4,243	51	74	23	12	46	305
Mississippi	5,881	5	58	102	8	21	315
Missouri	2,868	33	14	281	29	-	242
Montana	2,373	4	23	1	4	3	34
Nebraska	1,420	12	7	-	3	2	123
Nevada	3,602	-	1	236	18	-	189
New Hampshire	1,001	-	-	-	-	7	38
New Jersey	3,567	45	13	54	9	-	168
New Mexico	5,901	-	10	4	-	42	208
New York	46,068	295	185	-	330	184	582
North Carolina	2,696	-	23	-	19	-	99
North Dakota	1,254	-	1	56	-	-	135
Ohio	12,655	34	71	216	36	-	1,295
Oklahoma	10,264	48	108	-	24	62	835
Oregon	6,967	33	60	89	10	21	735
Pennsylvania	2,580	17	15	96	27	8	83
Puerto Rico	2,682	5	4	1	9	6	223
Rhode Island	2,240	19	30	-	21	8	191
South Carolina	12,295	9	24	-	21	69	629
South Dakota	775	6	-	-	1	3	61
Tennessee	5,479	4	21	484	8	66	134
Texas	38,094	228	46	195	93	-	777
Utah	5,358	12	4	232	10	39	415
Vermont	414	3	3	120	4	-	33
Virginia	3,740	82	6	-	8	23	205
Washington	3,221	25	13	4	-	-	126
West Virginia	4,821	-	8	-	1	37	383
Wisconsin	2,502	35	20	21	4	2	169
Wyoming	634	4	-	-	2	8	38
National Total	417,512	1,659	1,423	5,482	1,001	1,640	22,762
National Percent	77.5	0.3	0.3	1.0	0.2	0.3	4.2
Reporting States	51	40	47	28	41	38	51

Table 5–5 Perpetrators by Relationship to Their Victims, 2018

State	Other	Other Professional	Relative	Unmarried Partner of Parent	Unknown	Perpetrators
Alabama	647	11	730	293	199	8,791
Alaska	43	-	72	71	11	2,032
Arizona	483	-	701	414	-	15,395
Arkansas	809	30	751	203	184	7,424
California	2	-	2,784	3,556	7	58,362
Colorado	410	7	764	7	863	10,253
Connecticut	295	7	258	322	1	6,292
Delaware	47	-	89	59	5	976
District of Columbia	26	-	21	-	1	1,136
Florida	936	229	1,322	1,372	2,382	27,844
Georgia	512	62	517	223	-	8,629
Hawaii	44	2	29	-	4	1,098
Idaho	-	-	25	53	20	1,774
Illinois	570	72	1,317	1,065	293	22,275
Indiana	1,079	13	1,116	-	673	20,159
Iowa	348	-	450	569	14	8,529
Kansas	452	-	294	-	16	2,594
Kentucky	155	-	935	832	130	17,400
Louisiana	-	-	-	-	-	-
Maine	49	-	83	208	9	3,021
Maryland	562	-	511	-	1,282	6,507
Massachusetts	511	65	872	1,066	334	20,750
Michigan	276	3	1,038	77	12	30,705
Minnesota	110	3	406	330	14	5,617
Mississippi	359	5	880	314	304	8,252
Missouri	505	28	507	477	124	5,108
Montana	10	1	109	141	1	2,704
Nebraska	109	-	102	100	31	1,909
Nevada	3	-	113	-	6	4,168
New Hampshire	-	-	45	13	50	1,154
New Jersey	119	52	304	222	36	4,589
New Mexico	42	-	301	264	60	6,832
New York	803	1	3,399	299	2,404	54,550
North Carolina	-	-	177	259	136	3,409
North Dakota	-	-	37	-	75	1,558
Ohio	2,880	74	2,273	-	1,033	20,567
Oklahoma	892	6	540	43	107	12,929
Oregon	216	-	566	649	140	9,486
Pennsylvania	507	118	939	402	73	4,865
Puerto Rico	19	25	87	3	283	3,347
Rhode Island	132	-	44	157	4	2,846
South Carolina	353	-	530	419	1	14,350
South Dakota	23	-	22	26	16	933
Tennessee	1,830	8	1,001	77	4	9,116
Texas	1,165	211	5,349	3,302	103	49,563
Utah	543	9	786	285	91	7,784
Vermont	69	4	65	43	24	782
Virginia	281	64	360	161	144	5,074
Washington	53	-	175	251	13	3,881
West Virginia	460	3	371	19	149	6,252
Wisconsin	319	14	306	306	333	4,031
Wyoming	45	-	40	8	1	780
National Total	20,103	1,127	34,513	18,960	12,200	538,382
National Percent	3.7	0.2	6.4	3.5	2.3	100.0
Reporting States	47	28	51	43	49	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 the provision of other types of assistance.
- (2) Postresponse services—consists of case-level data about children who receive services as a result of an investigation response or alternative response. Postresponse services address the safety of the child and usually are based on an assessment of the family's situation, including service needs and family strengths.

Prevention Services (duplicate count of children)

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

- 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.

This is the second year of presenting the prevention table data (Table 6–1, Children Who Received Prevention Services by Funding Source) differently than in previous editions (prior to *Child Maltreatment 2018*) of the report. This change was made 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 children in a family.⁹ States are asked to provide unique and mutually exclusive counts (e.g., if reporting a child in the child count, the child is not also included in the family count) within each source. However, because a child or family may receive multiple services, there may be duplication across funding sources.

Based on data from 47 states, the FFY 2018 estimated total child recipients of prevention services is 1,993,204. The funding source with the largest number of states reporting data is Promoting Safe and Stable Families with 38 states and has the largest estimated child recipients with 695,257. The second largest is the Community-Based Child Abuse Prevention Grants with 36 states and estimated total child recipient count of 483,493. Twenty-five 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.

⁹ For 2018, 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 Household-er: 2018* [data file]. Retrieved May 2019 from <https://www.census.gov/data/tables/2018/demo/families/cps-2018.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 reported more than three-fifths (60.7%) of duplicate victims received postresponse services and 50 states reported nearly 30 percent (29.0%) 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.

The calculation method was changed for the national average used in Table 6–3 Average and Median Number of Days to Initiation of Services. The table calculates the national average by dividing the total number of days to services by the number of children who received services on or after the report date (mean). 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 32 days. The table also displays the midpoint of the number of days to services for all children who received services on or after the report date at both the state and national level (median). (See [table 6–3](#) and related notes.)

Table 6–4 displays the children who received foster care services and are removed from home. Only the children who are removed from their home on or after the report date are counted. This is because some children were already in foster care when the allegation of maltreatment was made, and readers and researchers want to know the number of children who were removed as a result of the investigation or alternative response. Readers interested in more complete adoption and foster care statistics should refer to the

Adoption and Foster Care Analysis 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 (22.9%) of victims and just under 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, 28.6 percent of victims had court actions. (See [table 6–5](#) and related notes.)

Twenty-six states report 21.9 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 29 states, 15.1 percent of victims received family preservation services within the previous 5 years. (See [table 6–7](#) and related notes.) Data from 39 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 Section 106(d) Annual State Data Reports:

(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-seven states report 104,347 victims who are eligible for referral to agencies providing early intervention services and 28 states report 33,473 victims were referred. Of the states that are able to report both the victims who were eligible and referred (28 states), 70.1 percent 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 2018 analysis includes data from five additional states for victims who were eligible for referral.

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.
- Dashes are inserted into cells without any data.

Table 6–1 Children Who Received Prevention Services by Funding Source, 2018

- Data are from the Agency File.
- The number of total recipients is a duplicate count.
- Children may be counted more than once, under a single funding source and across funding sources. Children who received prevention services may have received them via CPS or other agencies.
- Some programs maintain their data as counts of families rather than counts of children. If a family count was provided, the number of families was multiplied by the average number of children per family (1.90) and used as the estimate of the number of children who received services or added to any counts of children that were also provided. The average number of children per family was retrieved May 2019 from <https://www.census.gov/data/tables/2018/demo/families/cps-2018.html>
- The estimated total child recipient count by funding source is a sum of the reported child count and the calculated child count.

Table 6–2 Children Who Received Postresponse Services, 2018

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

Table 6–3 Average and Median Number of Days to Initiation of Services, 2018

- The number of children is a duplicate count.
- This analysis uses subset of children whose service date is the same day or later than the report date. The subset is created by excluding any report with a service date prior to the report date.
- The state average is rounded to a whole day. A zero represents a state average of less than 1 day.
- The national average is calculated by dividing the total number of days to services by the number of children who received services on or after the report date.
- The median is displayed for both the national and the state level. The median is determined by finding the midpoint of the number of days to services for children who received services on or after the report date.

- States are excluded from this analysis if they report fewer than 1.0 percent of victims or fewer than 1.0 percent of nonvictims with postresponse services.
- States are excluded from this analysis if fewer than 75.0 percent of records with a service are have a service date.
- States are excluded from this analysis for having less than 10.0 percent of records with a service date after the report date.
- States are excluded from this analysis if more than 40.0 percent of records have the same report date and service date.

Table 6–4 Children Who Received Foster Care Postresponse Services and Who Had a Removal Date on or After the Report Date, 2018

- 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 fewer than 75.0 percent of victims with foster care services have a removal date or fewer than 45.0 percent of nonvictims with foster care services have a removal date.

Table 6–5 Victims with Court Action, 2018

- 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, 2018

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

Table 6–7 Victims Who Received Family Preservation Services Within the Previous 5 Years, 2018

- 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, 2018

- 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, 2018

- Data are from the Agency File.

Table 6–1 Children Who Received Prevention Services by Funding Source, 2018*(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	-	707	707	12,880	-	12,880
Alaska	-	-	-	370	-	370
Arizona	-	-	-	-	-	-
Arkansas	35	122	157	-	16,802	16,802
California	-	3,857	3,857	2,493	13,684	16,177
Colorado	-	-	-	-	-	-
Connecticut	-	-	-	-	1,049	1,049
Delaware	-	-	-	-	-	-
District of Columbia	148	-	148	-	-	-
Florida	-	-	-	-	-	-
Georgia	-	-	-	43,296	16,887	60,183
Hawaii	-	-	-	-	2,489	2,489
Idaho	-	-	-	11,871	24,352	36,223
Illinois	3,615	5,288	8,903	7,231	10,574	17,805
Indiana	28,630	-	28,630	2,608	-	2,608
Iowa	155	19	174	2,748	-	2,748
Kansas	-	-	-	-	-	-
Kentucky	-	-	-	1,077	-	1,077
Louisiana	-	-	-	19,375	5,871	25,246
Maine	-	-	-	-	-	-
Maryland	-	-	-	-	-	-
Massachusetts	-	-	-	-	-	-
Michigan	-	-	-	-	-	-
Minnesota	3,854	-	3,854	5,378	-	5,378
Mississippi	-	-	-	5,560	11,581	17,141
Missouri	-	-	-	541	372	913
Montana	-	-	-	2,614	2,219	4,833
Nebraska	-	-	-	3,848	-	3,848
Nevada	-	-	-	4,127	-	4,127
New Hampshire	-	-	-	10,113	-	10,113
New Jersey	-	4,463	4,463	92,192	-	92,192
New Mexico	-	-	-	304	281	585
New York	-	-	-	2,095	4,055	6,150
North Carolina	-	-	-	600	678	1,278
North Dakota	-	-	-	196	1,636	1,832
Ohio	-	-	-	-	-	-
Oklahoma	-	-	-	-	433	433
Oregon	-	-	-	-	-	-
Pennsylvania	-	-	-	8,964	17,009	25,973
Puerto Rico	-	-	-	851	4,364	5,215
Rhode Island	-	-	-	-	-	-
South Carolina	-	-	-	431	-	431
South Dakota	-	-	-	2,055	1,330	3,385
Tennessee	-	-	-	-	-	-
Texas	-	-	-	133	1,797	1,930
Utah	-	-	-	3,406	-	3,406
Vermont	-	-	-	-	-	-
Virginia	44,210	-	44,210	1,602	-	1,602
Washington	3,279	-	3,279	2,678	2,998	5,676
West Virginia	91,940	-	91,940	87,363	-	87,363
Wisconsin	-	-	-	-	-	-
Wyoming	-	-	-	3,217	815	4,032
National	175,866	14,455	190,321	342,217	141,276	483,493
Reporting States	9	6	12	32	22	36

Table 6–1 Children Who Received Prevention Services by Funding Source, 2018*(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	-	81,822	81,822	15,966	-	15,966
Alaska	281	-	281	249	-	249
Arizona	7,263	-	7,263	-	-	-
Arkansas	-	1,879	1,879	5,630	69,882	75,512
California	9,126	143,180	152,306	-	-	-
Colorado	-	4,680	4,680	-	-	-
Connecticut	-	9,065	9,065	-	-	-
Delaware	1,640	-	1,640	-	1,093	1,093
District of Columbia	165	-	165	159	-	159
Florida	23,358	-	23,358	-	-	-
Georgia	19,840	-	19,840	19,353	-	19,353
Hawaii	-	-	-	-	-	-
Idaho	832	-	832	2,097	-	2,097
Illinois	-	-	-	4,087	5,976	10,063
Indiana	5,521	-	5,521	480	-	480
Iowa	22,600	2,810	25,410	-	-	-
Kansas	3,871	-	3,871	-	-	-
Kentucky	943	-	943	-	-	-
Louisiana	2,421	1,872	4,293	10,732	205	10,937
Maine	-	-	-	-	-	-
Maryland	-	-	-	11,285	-	11,285
Massachusetts	-	-	-	-	-	-
Michigan	15,791	10,849	26,640	-	-	-
Minnesota	1,102	-	1,102	13,906	-	13,906
Mississippi	375	-	375	-	-	-
Missouri	1,698	-	1,698	-	-	-
Montana	1,184	1,613	2,797	-	-	-
Nebraska	10,915	-	10,915	-	-	-
Nevada	13,805	-	13,805	22,200	-	22,200
New Hampshire	480	-	480	1,843	-	1,843
New Jersey	-	8,092	8,092	-	-	-
New Mexico	1,592	1,446	3,038	-	-	-
New York	-	-	-	-	-	-
North Carolina	4,521	4,775	9,296	-	-	-
North Dakota	-	6,029	6,029	-	-	-
Ohio	-	-	-	51,986	-	51,986
Oklahoma	326	367	693	-	-	-
Oregon	-	6,306	6,306	-	5,696	5,696
Pennsylvania	-	-	-	-	-	-
Puerto Rico	1,666	2,538	4,204	1,098	3,566	4,664
Rhode Island	-	2,293	2,293	-	-	-
South Carolina	-	-	-	-	-	-
South Dakota	-	-	-	-	-	-
Tennessee	-	-	-	-	-	-
Texas	24,207	43,820	68,027	-	-	-
Utah	-	-	-	-	-	-
Vermont	-	-	-	-	-	-
Virginia	44,587	-	44,587	-	-	-
Washington	6,975	40,136	47,111	-	-	-
West Virginia	42,846	49,744	92,590	32,979	12,527	45,506
Wisconsin	-	-	-	-	-	-
Wyoming	2,012	-	2,012	-	-	-
National	271,943	423,314	695,257	194,050	98,944	292,994
Reporting States	30	20	38	16	7	18

Table 6–1 Children Who Received Prevention Services by Funding Source, 2018

State	Other Funding (Other) Children	Other Calculated Child Count	Other Estimated Total Child Recipients	Estimated Total Child Recipients (duplicate)
Alabama	-	-	-	111,374
Alaska	685	-	685	1,585
Arizona	4,325	8,054	12,379	19,642
Arkansas	-	-	-	94,349
California	3,516	65,617	69,133	241,473
Colorado	-	-	-	4,680
Connecticut	-	5,478	5,478	15,591
Delaware	2,432	1,976	4,408	7,141
District of Columbia	1,083	-	1,083	1,555
Florida	-	-	-	23,358
Georgia	-	-	-	99,376
Hawaii	-	-	-	2,489
Idaho	58	-	58	39,210
Illinois	629	920	1,549	38,318
Indiana	11,402	-	11,402	48,641
Iowa	-	-	-	28,332
Kansas	44	-	44	3,915
Kentucky	4,025	-	4,025	6,045
Louisiana	2,589	8,003	10,592	51,068
Maine	-	-	-	-
Maryland	-	-	-	11,285
Massachusetts	-	-	-	-
Michigan	-	-	-	26,640
Minnesota	-	-	-	24,240
Mississippi	819	-	819	18,335
Missouri	3,388	-	3,388	5,999
Montana	-	-	-	7,630
Nebraska	-	-	-	14,763
Nevada	13,981	-	13,981	54,113
New Hampshire	-	-	-	12,436
New Jersey	-	7,138	7,138	111,886
New Mexico	560	652	1,212	4,835
New York	97,895	-	97,895	104,045
North Carolina	-	-	-	10,574
North Dakota	-	-	-	7,861
Ohio	-	-	-	51,986
Oklahoma	7,299	12,280	19,579	20,705
Oregon	-	3,513	3,513	15,515
Pennsylvania	1,487	10,266	11,753	37,726
Puerto Rico	1,441	12,111	13,552	27,636
Rhode Island	-	-	-	2,293
South Carolina	-	-	-	431
South Dakota	-	-	-	3,385
Tennessee	-	-	-	-
Texas	-	-	-	69,957
Utah	21,283	-	21,283	24,689
Vermont	-	-	-	-
Virginia	9,474	-	9,474	99,873
Washington	-	-	-	56,066
West Virginia	6,717	-	6,717	324,116
Wisconsin	-	-	-	-
Wyoming	-	-	-	6,044
National	195,132	136,006	331,138	1,993,204
Reporting States	22	12	25	47

Table 6–2 Children Who Received Postresponse Services, 2018

State	Victims	Victims Who Received Postresponse Services	Victims Who Received Postresponse Services Percent	Nonvictims	Nonvictims Who Received Postresponse Services	Nonvictims Who Received Postresponse Services Percent
Alabama	12,506	8,646	69.1	29,873	8,456	28.3
Alaska	3,055	1,647	53.9	13,763	810	5.9
Arizona	16,430	16,000	97.4	93,002	52,716	56.7
Arkansas	8,976	7,526	83.8	61,396	8,604	14.0
California	67,996	57,495	84.6	371,439	242,832	65.4
Colorado	12,701	2,654	20.9	40,850	1,125	2.8
Connecticut	8,215	7,946	96.7	14,783	13,524	91.5
Delaware	1,282	345	26.9	12,463	906	7.3
District of Columbia	1,843	358	19.4	15,686	600	3.8
Florida	38,770	13,783	35.6	323,795	10,419	3.2
Georgia	11,455	8,548	74.6	193,761	109,292	56.4
Hawaii	1,289	857	66.5	2,649	323	12.2
Idaho	1,995	1,368	68.6	14,840	3,587	24.2
Illinois	35,180	6,590	18.7	150,828	5,322	3.5
Indiana	27,564	20,605	74.8	196,365	54,764	27.9
Iowa	14,207	14,207	100.0	43,215	43,215	100.0
Kansas	3,404	1,940	57.0	32,223	8,950	27.8
Kentucky	26,585	18,778	70.6	79,374	5,824	7.3
Louisiana	9,839	5,345	54.3	18,811	1,243	6.6
Maine	3,700	1,115	30.1	9,423	185	2.0
Maryland	8,443	3,543	42.0	27,335	4,055	14.8
Massachusetts	28,782	26,292	91.3	63,772	39,850	62.5
Michigan	40,345	10,048	24.9	164,771	12,799	7.8
Minnesota	8,243	5,721	69.4	38,553	11,232	29.1
Mississippi	10,807	5,911	54.7	39,865	4,070	10.2
Missouri	5,879	3,606	61.3	103,900	28,942	27.9
Montana	4,091	2,201	53.8	15,362	1,287	8.4
Nebraska	2,777	2,128	76.6	27,132	12,842	47.3
Nevada	5,460	3,260	59.7	30,686	3,814	12.4
New Hampshire	1,362	727	53.4	15,483	938	6.1
New Jersey	6,323	4,063	64.3	86,959	21,325	24.5
New Mexico	9,204	3,415	37.1	23,751	3,018	12.7
New York	-	-	-	-	-	-
North Carolina	-	-	-	-	-	-
North Dakota	2,166	1,570	72.5	5,936	278	4.7
Ohio	27,606	18,228	66.0	106,263	34,298	32.3
Oklahoma	16,241	14,316	88.1	52,424	37,778	72.1
Oregon	13,594	4,902	36.1	46,897	3,257	6.9
Pennsylvania	4,878	1,357	27.8	40,401	2,938	7.3
Puerto Rico	4,549	3,891	85.5	10,981	4,465	40.7
Rhode Island	3,918	1,640	41.9	9,142	1,288	14.1
South Carolina	20,434	6,698	32.8	84,177	7,887	9.4
South Dakota	1,483	772	52.1	2,628	184	7.0
Tennessee	9,413	9,413	100.0	94,837	89,657	94.5
Texas	65,364	36,676	56.1	249,899	16,495	6.6
Utah	10,756	10,074	93.7	19,890	15,433	77.6
Vermont	1,048	350	33.4	4,345	780	18.0
Virginia	6,331	1,774	28.0	48,970	2,264	4.6
Washington	5,215	2,886	55.3	54,737	3,841	7.0
West Virginia	7,424	7,269	97.9	51,436	7,308	14.2
Wisconsin	5,256	2,312	44.0	38,159	3,001	7.9
Wyoming	1,077	865	80.3	4,761	3,657	76.8
National	645,461	391,661	60.7	3,281,991	951,678	29.0
Reporting States	50	50	-	50	50	-

Table 6–3 Average and Median Number of Days to Initiation of Services, 2018

State	Children Who Received Services	Children Who Received Services On or After the Report Date	Average Number of Days to Initiation of Services	Median Number of Days to Initiation of Services
Alabama	-	-	-	-
Alaska	2,457	2,457	75	47
Arizona	68,716	67,695	41	36
Arkansas	16,130	15,326	35	36
California	300,327	284,272	16	7
Colorado	3,779	3,652	23	15
Connecticut	-	-	-	-
Delaware	1,251	1,232	80	60
District of Columbia	958	947	44	35
Florida	24,202	17,895	32	13
Georgia	117,840	115,468	13	5
Hawaii	1,180	1,016	29	3
Idaho	4,955	4,909	46	36
Illinois	11,912	6,042	29	12
Indiana	-	-	-	-
Iowa	57,422	57,422	24	28
Kansas	10,890	6,411	51	28
Kentucky	24,602	21,158	75	68
Louisiana	6,588	6,050	37	24
Maine	1,300	1,300	45	36
Maryland	7,598	6,071	62	57
Massachusetts	66,142	44,617	14	18
Michigan	22,847	12,609	42	34
Minnesota	16,953	16,953	53	40
Mississippi	9,981	9,836	27	26
Missouri	32,548	28,669	60	46
Montana	3,488	2,816	48	28
Nebraska	14,970	7,044	53	29
Nevada	7,074	6,957	48	36
New Hampshire	1,665	1,443	73	42
New Jersey	25,388	14,457	45	36
New Mexico	6,433	5,382	32	10
New York	-	-	-	-
North Carolina	-	-	-	-
North Dakota	1,848	1,833	66	61
Ohio	52,526	44,811	35	23
Oklahoma	52,094	51,993	57	55
Oregon	8,159	7,622	55	21
Pennsylvania	4,295	3,266	31	28
Puerto Rico	8,356	7,111	130	51
Rhode Island	2,928	1,768	40	16
South Carolina	14,585	9,285	36	37
South Dakota	-	-	-	-
Tennessee	-	-	-	-
Texas	53,171	52,079	59	50
Utah	-	-	-	-
Vermont	1,130	679	42	19
Virginia	4,038	2,597	43	25
Washington	6,727	5,271	32	14
West Virginia	14,577	9,508	40	22
Wisconsin	5,313	5,313	55	57
Wyoming	4,522	4,490	17	8
National	1,103,865	977,732	32	18
Reporting States	44	44	-	-

Table 6–4 Children Who Received Foster Care Postresponse Services and Who had a Removal Date on or After the Report Date, 2018

State	Victims	Victims Who Received Foster Care Postresponse Services	Victims Who Received Foster Care Postresponse Services Percent	Nonvictims	Nonvictims Who Received Foster Care Postresponse Services	Nonvictims Who Received Foster Care Postresponse Services Percent
Alabama	12,506	2,061	16.5	29,873	795	2.7
Alaska	3,055	632	20.7	13,763	432	3.1
Arizona	16,430	7,069	43.0	93,002	2,308	2.5
Arkansas	8,976	1,657	18.5	61,396	1,211	2.0
California	67,996	23,340	34.3	371,439	7,975	2.1
Colorado	12,701	1,677	13.2	40,850	347	0.8
Connecticut	8,215	1,312	16.0	14,783	465	3.1
Delaware	1,282	168	13.1	12,463	55	0.4
District of Columbia	1,843	290	15.7	15,686	119	0.8
Florida	38,770	12,893	33.3	323,795	3,897	1.2
Georgia	11,455	3,267	28.5	193,761	3,181	1.6
Hawaii	1,289	629	48.8	2,649	45	1.7
Idaho	1,995	960	48.1	14,840	168	1.1
Illinois	35,180	5,446	15.5	150,828	2,214	1.5
Indiana	27,564	9,455	34.3	196,365	2,796	1.4
Iowa	14,207	2,805	19.7	43,215	77	0.2
Kansas	3,404	332	9.8	32,223	715	2.2
Kentucky	26,585	1,370	5.2	79,374	131	0.2
Louisiana	9,839	2,660	27.0	18,811	271	1.4
Maine	3,700	831	22.5	9,423	178	1.9
Maryland	8,443	918	10.9	27,335	415	1.5
Massachusetts	28,782	4,538	15.8	63,772	1,279	2.0
Michigan	40,345	5,212	12.9	164,771	1,679	1.0
Minnesota	8,243	2,444	29.6	38,553	2,281	5.9
Mississippi	10,807	1,601	14.8	39,865	425	1.1
Missouri	5,879	2,018	34.3	103,900	5,219	5.0
Montana	4,091	1,862	45.5	15,362	491	3.2
Nebraska	2,777	1,043	37.6	27,132	834	3.1
Nevada	5,460	2,288	41.9	30,686	892	2.9
New Hampshire	1,362	512	37.6	15,483	356	2.3
New Jersey	6,323	1,448	22.9	86,959	1,910	2.2
New Mexico	9,204	1,086	11.8	23,751	441	1.9
New York	-	-	-	-	-	-
North Carolina	-	-	-	-	-	-
North Dakota	2,166	452	20.9	5,936	41	0.7
Ohio	27,606	6,408	23.2	106,263	3,268	3.1
Oklahoma	16,241	2,308	14.2	52,424	43	0.1
Oregon	13,594	3,567	26.2	46,897	1,040	2.2
Pennsylvania	-	-	-	-	-	-
Puerto Rico	4,549	277	6.1	10,981	22	0.2
Rhode Island	3,918	863	22.0	9,142	234	2.6
South Carolina	20,434	3,245	15.9	84,177	586	0.7
South Dakota	1,483	741	50.0	2,628	145	5.5
Tennessee	9,413	1,851	19.7	94,837	3,619	3.8
Texas	65,364	13,431	20.5	249,899	1,506	0.6
Utah	10,756	1,207	11.2	19,890	25	0.1
Vermont	1,048	174	16.6	4,345	213	4.9
Virginia	6,331	1,373	21.7	48,970	920	1.9
Washington	5,215	2,045	39.2	54,737	1,604	2.9
West Virginia	7,424	2,351	31.7	51,436	864	1.7
Wisconsin	5,256	2,066	39.3	38,159	2,573	6.7
Wyoming	1,077	523	48.6	4,761	49	1.0
National	640,583	146,706	22.9	3,241,590	60,354	1.9
Reporting States	49	49	-	49	49	-

Table 6–5 Victims with Court Action, 2018

State	Victims	Victims With Court Action	Victims With Court Action Percent
Alabama	-	-	-
Alaska	3,055	632	20.7
Arizona	16,430	7,116	43.3
Arkansas	8,976	1,771	19.7
California	67,996	25,467	37.5
Colorado	-	-	-
Connecticut	8,215	2,888	35.2
Delaware	1,282	156	12.2
District of Columbia	1,843	164	8.9
Florida	-	-	-
Georgia	11,455	3,275	28.6
Hawaii	1,289	825	64.0
Idaho	1,995	1,174	58.8
Illinois	-	-	-
Indiana	27,564	20,100	72.9
Iowa	14,207	5,339	37.6
Kansas	3,404	1,331	39.1
Kentucky	26,585	5,598	21.1
Louisiana	9,839	2,699	27.4
Maine	-	-	-
Maryland	8,443	1,442	17.1
Massachusetts	28,782	6,342	22.0
Michigan	40,345	5,498	13.6
Minnesota	8,243	2,290	27.8
Mississippi	-	-	-
Missouri	5,879	2,025	34.4
Montana	4,091	2,018	49.3
Nebraska	2,777	1,333	48.0
Nevada	5,460	2,615	47.9
New Hampshire	1,362	648	47.6
New Jersey	6,323	1,104	17.5
New Mexico	9,204	1,139	12.4
New York	-	-	-
North Carolina	-	-	-
North Dakota	2,166	444	20.5
Ohio	27,606	7,492	27.1
Oklahoma	16,241	3,846	23.7
Oregon	13,594	3,074	22.6
Pennsylvania	-	-	-
Puerto Rico	4,549	252	5.5
Rhode Island	3,918	1,355	34.6
South Carolina	20,434	3,371	16.5
South Dakota	-	-	-
Tennessee	-	-	-
Texas	65,364	13,362	20.4
Utah	10,756	2,014	18.7
Vermont	1,048	268	25.6
Virginia	6,331	1,517	24.0
Washington	5,215	1,998	38.3
West Virginia	7,424	2,394	32.2
Wisconsin	5,256	559	10.6
Wyoming	1,077	520	48.3
National	516,023	147,455	28.6
Reporting States	41	41	-

Table 6–6 Victims with Court-Appointed Representatives, 2018

State	Victims	Victims With Court-Appointed Representatives	Victims With Court-Appointed Representatives Percent
Alabama	12,506	1,121	9.0
Alaska	3,055	631	20.7
Arizona	16,430	8,019	48.8
Arkansas	-	-	-
California	67,996	16,836	24.8
Colorado	-	-	-
Connecticut	-	-	-
Delaware	1,282	156	12.2
District of Columbia	-	-	-
Florida	-	-	-
Georgia	11,455	3,096	27.0
Hawaii	1,289	820	63.6
Idaho	-	-	-
Illinois	-	-	-
Indiana	27,564	7,358	26.7
Iowa	14,207	2,572	18.1
Kansas	-	-	-
Kentucky	26,585	3,754	14.1
Louisiana	-	-	-
Maine	3,700	585	15.8
Maryland	-	-	-
Massachusetts	28,782	5,892	20.5
Michigan	-	-	-
Minnesota	8,243	1,872	22.7
Mississippi	10,807	1,211	11.2
Missouri	-	-	-
Montana	4,091	872	21.3
Nebraska	2,777	1,147	41.3
Nevada	5,460	619	11.3
New Hampshire	1,362	648	47.6
New Jersey	-	-	-
New Mexico	9,204	1,139	12.4
New York	-	-	-
North Carolina	-	-	-
North Dakota	2,166	158	7.3
Ohio	27,606	5,777	20.9
Oklahoma	16,241	1,883	11.6
Oregon	-	-	-
Pennsylvania	-	-	-
Puerto Rico	-	-	-
Rhode Island	3,918	1,049	26.8
South Carolina	-	-	-
South Dakota	-	-	-
Tennessee	-	-	-
Texas	-	-	-
Utah	10,756	2,014	18.7
Vermont	1,048	268	25.6
Virginia	6,331	1,556	24.6
Washington	-	-	-
West Virginia	-	-	-
Wisconsin	-	-	-
Wyoming	-	-	-
National	324,861	71,053	21.9
Reporting States	26	26	-

Table 6–7 Victims Who Received Family Preservation Services Within the Previous 5 Years, 2018

State	Victims	Victims Who Received Family Preservation Services Within the Previous 5 Years	Victims Who Received Family Preservation Services Within the Previous 5 Years Percent
Alabama	12,158	363	3.0
Alaska	-	-	-
Arizona	-	-	-
Arkansas	8,538	1,526	17.9
California	-	-	-
Colorado	-	-	-
Connecticut	-	-	-
Delaware	-	-	-
District of Columbia	1,699	274	16.1
Florida	36,795	5,654	15.4
Georgia	11,090	1,556	14.0
Hawaii	-	-	-
Idaho	1,919	814	42.4
Illinois	31,515	5,537	17.6
Indiana	-	-	-
Iowa	-	-	-
Kansas	3,188	1,000	31.4
Kentucky	23,752	1,916	8.1
Louisiana	9,380	1,779	19.0
Maine	3,481	957	27.5
Maryland	7,743	2,986	38.6
Massachusetts	25,812	8,432	32.7
Michigan	-	-	-
Minnesota	7,785	2,755	35.4
Mississippi	10,002	27	0.3
Missouri	5,662	705	12.5
Montana	-	-	-
Nebraska	2,635	224	8.5
Nevada	5,162	78	1.5
New Hampshire	1,331	62	4.7
New Jersey	6,008	493	8.2
New Mexico	8,024	586	7.3
New York	-	-	-
North Carolina	-	-	-
North Dakota	-	-	-
Ohio	-	-	-
Oklahoma	15,355	640	4.2
Oregon	12,581	1,735	13.8
Pennsylvania	-	-	-
Puerto Rico	4,381	239	5.5
Rhode Island	-	-	-
South Carolina	-	-	-
South Dakota	-	-	-
Tennessee	9,186	1,209	13.2
Texas	63,271	9,993	15.8
Utah	10,122	82	0.8
Vermont	958	76	7.9
Virginia	-	-	-
Washington	4,498	292	6.5
West Virginia	-	-	-
Wisconsin	-	-	-
Wyoming	-	-	-
National	344,031	51,990	15.1
Reporting States	29	29	-

Table 6–8 Victims Who Were Reunited with Their Families Within the Previous 5 Years, 2018

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	12,158	220	1.8
Alaska	2,615	224	8.6
Arizona	-	-	-
Arkansas	8,538	196	2.3
California	-	-	-
Colorado	11,879	451	3.8
Connecticut	7,652	215	2.8
Delaware	1,251	32	2.6
District of Columbia	1,699	82	4.8
Florida	36,795	2,965	8.1
Georgia	11,090	504	4.5
Hawaii	1,265	43	3.4
Idaho	1,919	124	6.5
Illinois	31,515	1,136	3.6
Indiana	25,731	1,965	7.6
Iowa	-	-	-
Kansas	3,188	487	15.3
Kentucky	23,752	1,152	4.9
Louisiana	9,380	485	5.2
Maine	3,481	298	8.6
Maryland	7,743	870	11.2
Massachusetts	25,812	2,196	8.5
Michigan	-	-	-
Minnesota	7,785	751	9.6
Mississippi	10,002	14	0.1
Missouri	5,662	248	4.4
Montana	-	-	-
Nebraska	2,635	276	10.5
Nevada	5,162	503	9.7
New Hampshire	1,331	67	5.0
New Jersey	6,008	380	6.3
New Mexico	8,024	476	5.9
New York	-	-	-
North Carolina	-	-	-
North Dakota	-	-	-
Ohio	25,158	1,340	5.3
Oklahoma	15,355	701	4.6
Oregon	12,581	1,156	9.2
Pennsylvania	-	-	-
Puerto Rico	4,381	2	0.0
Rhode Island	3,644	397	10.9
South Carolina	19,130	230	1.2
South Dakota	-	-	-
Tennessee	9,186	253	2.8
Texas	63,271	1,308	2.1
Utah	10,122	260	2.6
Vermont	958	42	4.4
Virginia	-	-	-
Washington	4,498	455	10.1
West Virginia	-	-	-
Wisconsin	5,017	397	7.9
Wyoming	-	-	-
National	447,373	22,901	5.1
Reporting States	39	39	-

Table 6–9 IDEA: Victims Who Were Eligible and Victims Who Were Referred to Part C Agencies, 2018

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
Alabama	3,553	900	25.3
Alaska	699	699	100.0
Arizona	758	82	10.8
Arkansas	2,867	-	-
California	18,549	-	-
Colorado	3,185	2,174	68.3
Connecticut	1,995	1,282	64.3
Delaware	-	-	-
District of Columbia	388	8	2.1
Florida	-	-	-
Georgia	3,727	-	-
Hawaii	-	-	-
Idaho	723	354	49.0
Illinois	-	-	-
Indiana	-	-	-
Iowa	3,115	3,115	100.0
Kansas	392	339	86.5
Kentucky	6,787	-	-
Louisiana	3,564	3,094	86.8
Maine	906	906	100.0
Maryland	-	-	-
Massachusetts	6,381	-	-
Michigan	-	-	-
Minnesota	2,238	2,238	100.0
Mississippi	703	239	34.0
Missouri	781	298	38.2
Montana	-	-	-
Nebraska	692	692	100.0
Nevada	650	648	99.7
New Hampshire	351	-	-
New Jersey	1,357	1,182	87.1
New Mexico	2,449	2,061	84.2
New York	14,945	-	-
North Carolina	-	-	-
North Dakota	598	576	96.3
Ohio	5,684	5,684	100.0
Oklahoma	4,808	976	20.3
Oregon	2,956	-	-
Pennsylvania	-	-	-
Puerto Rico	48	-	-
Rhode Island	1,056	966	91.5
South Carolina	-	-	-
South Dakota	407	407	100.0
Tennessee	-	-	-
Texas	-	-	-
Utah	2,171	2,171	100.0
Vermont	-	-	-
Virginia	-	-	-
Washington	1,055	199	18.9
West Virginia	2,212	870	39.3
Wisconsin	1,308	1,024	78.3
Wyoming	289	289	100.0
National	104,347	33,473	-
Reporting States	37	28	-
National for States Reporting Both Victims Eligible and Referred	47,736	33,473	70.1
Reporting States for States Reporting Both Victims Eligible and Referred	28	28	-



Special Focus

CHAPTER 7

Child Maltreatment 2018 is the first report to include a special focus chapter. The purpose of this chapter is to highlight analyses of specific subsets of children. These analyses may otherwise have been spread throughout the report in different chapters, which can make it more difficult for readers to see the whole analytical picture. Analyses are expected to change with each edition of *Child Maltreatment*. The analyses included in this chapter for FFY 2018 focus on the new data elements for sex trafficking and infants with prenatal substance exposure.

Sex Trafficking

The Justice for Victims of Trafficking Act of 2015 includes an amendment to Child Abuse Prevention and Treatment Act (CAPTA) under title VIII—Better Response for Victims of Child Sex Trafficking by adding this requirement to Section 106(d) Annual State Data Reports:

(17) The number of children determined to be victims described in subsection (b)(2)(B)(xxiv).

Subsection (b)(2)(B)(xxiv) states:

(xxiv) provisions and procedures requiring identification and assessment of all reports involving children known or suspected to be victims of sex trafficking (as defined in section 103(10) of the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7102 (10)); and S. 178—38.

STATE OPTION: A State may elect to define a child as a person who has not attained the age of 24.

States are instructed to include sex trafficking cases by caregivers and noncaregivers in their NCANDS submissions. The Children's Bureau Information Memoranda ACYF-CB-IM-15-05 dated July 16, 2015, informed states that these data will be reported, to the extent practicable, to NCANDS.¹⁰ States began reporting these data with their FFY 2018 data submissions.

Reporting Sex Trafficking Data to NCANDS

NCANDS added sex trafficking as a new maltreatment type, defined as:

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

¹⁰ <https://www.acf.hhs.gov/cb/resource/im1505>

While states report all allegations regardless of the determination as to whether the maltreatment occurred, this report only presents maltreatment types that were substantiated or indicated. Readers are cautioned when reviewing these analyses as several states indicated partial-year or limited reporting of this new maltreatment type. Additionally, this is the first year of reporting the new maltreatment type and it typically takes a few years for data to stabilize with reporting any new data element. An additional 15 states plan to report the sex trafficking maltreatment type, to the extent practicable, with their FFY 2019 data submissions and the states that reported partial sex trafficking data for FFY 2018 plan to report a full year of data for FFY 2019. Readers are encouraged to read states' comments in Appendix D, State Commentary for more information about state reporting of this data element. States also are encouraged to conduct a CPS response for sex trafficking cases by noncaregivers and to consider sex trafficking victims who are older than 21 and younger than 24 as children, which is outside of the traditional scope of CPS.

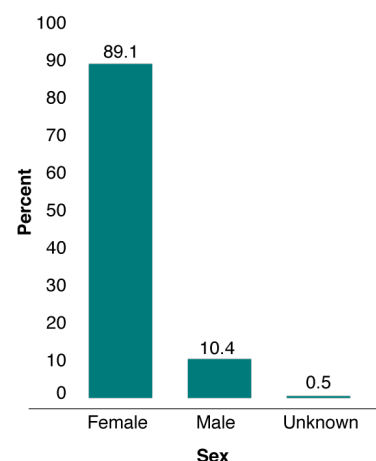
Number and Demographics of Victims of Sex Trafficking (unique count of victims)

For FFY 2018, 27 states report 741 unique victims of sex trafficking. Analyzing victims of sex trafficking by demographics shows different patterns of abuse than for victims of all maltreatment types analyzed together (chapter 3). As shown in table 3–6, the percentages of victims are evenly split by sex. However, for victims of the sex trafficking maltreatment type, the majority (89.1%) are female and 10.4 percent are male. (See [table 7–1](#), [exhibit 7–A](#), and related notes.)

Different patterns also are seen by age. As shown in chapter 3, table 3–5, for victims of all maltreatment types, the youngest children are the most vulnerable to maltreatment as 28.7 percent are younger than 3 years and the percentages decrease for older victims. For victims of sex trafficking, 1.0 percent are younger than 3 years and the percentages increase for older victims. The largest percentages for victims of sex trafficking are in the age group 14–17 at 71.9 percent. This is true for both sexes. (See [table 7–2](#) and related notes.)

Analyzing victims of sex trafficking by race or ethnicity shows similar distributions as for victims of all maltreatment types in table 3–7. The majority of sex trafficking victims are one of three races: White (41.6%), African-American (23.5%), and Hispanic (19.3%). (See [table 7–3](#) and related notes.)

Exhibit 7–A Victims of Sex Trafficking by Sex, 2018
Most sex trafficking victims are female



Based on data from 27 states. See [table 7–1](#).

Victims of Sex Trafficking by Relationship to Their Perpetrators (duplicate count of relationships)

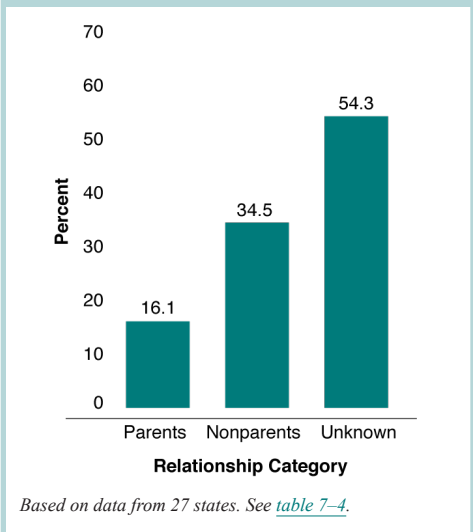
A victim may be maltreated multiple times by the same perpetrator or by different combinations of perpetrators. In NCANDS, a victim may be reported with up to three perpetrators. This analysis counts every combination of relationships for each victim in each report and the percentages total more than 100.0 percent.

More than one-half (54.3%) of victims of sex trafficking have an unknown or missing relationship to their perpetrators. One-third (34.5%) of victims of sex trafficking are maltreated by a nonparent. The largest nonparent category is “other” (19.6%). One of the challenges for states with collecting these data is that the sex trafficker may not be the victim’s caregiver. As the focus of CPS agencies is on caregivers, states may not be able to collect noncaregiver sex trafficker perpetrator data due to agency scope and jurisdiction restrictions. See chapter 3 and Appendix B, Glossary, for information and definition of “other” in NCANDS.

Victims of sex trafficking have different relationship patterns to their perpetrators than victims of all maltreatment types analyzed together. As shown in table 3–11, 91.7 percent of victims are maltreated by one or both parents. However, for sex trafficking victims, only 16.1 percent are maltreated by a parent. (See [table 7–4](#), [exhibit 7–B](#), and related notes.)

Exhibit 7–B Victims of Sex Trafficking by Relationship Category to Their Perpetrators, 2018

More than one-half of sex trafficking victims have an unknown or missing relationship with their perpetrators



Infants with Prenatal Substance Exposure

The Comprehensive Addiction and Recovery Act (CARA) of 2016 amended CAPTA in sections 106(b)(2)(B)(ii) and (iii) by adding these requirements to Section 106(d) Annual State Data Reports:

- (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).*

Subsections (b)(2)(B)(ii) and (b)(2)(B)(iii) state:

- ii. *policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition of such infants, except that such notification shall not be construed to—*
 - I. *establish a definition under Federal law of what constitutes child abuse or neglect; or*
 - II. *require prosecution for any illegal action.*
- iii. *the development of a plan of safe care for the infant born and identified as being affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder to ensure the safety and well-being of such infant following release from the care of healthcare providers, including through –*
 - I. *addressing the health and substance use disorder treatment needs of the infant and affected family or caregiver; and*
 - II. *the development and implementation by the State of monitoring systems regarding the implementation of such plans to determine whether and in what manner local entities are providing, in accordance with State requirements, referrals to and delivery of appropriate services for the infant and affected family or caregiver.*

The Children's Bureau Program Instruction ACYF-CB-PI-17-02 dated January 17, 2017, informed states that these data will be reported, to the extent practicable, to NCANDS.¹¹ As per the Program Instruction, states began reporting these data with their FFY 2018 data submissions.

Reporting Infants with Prenatal Substance Exposure Data to NCANDS¹²

CAPTA Section 106(d) Annual State Data Reports 18 (A) requests a count of infants with prenatal substance exposure (IPSE). To be included in the count, a child must meet the following conditions as defined by NCANDS data elements:

- (1) Infant—the child must be in the age range of birth to 1 year old.
- (2) Referred to CPS by health care provider—child must have the medical personnel report source.
- (3) Born with and identified as being affected by substance abuse or withdrawal symptoms—child must have the alcohol abuse, drug abuse, or both alcohol and drug abuse child risk factors.

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

NCANDS uses the following definitions when discussing IPSE:

- **Alcohol abuse (child risk factor)**—The compulsive use of alcohol that is not of a temporary nature, includes Fetal Alcohol Syndrome, Fetal Alcohol Spectrum Disorder, and exposure to alcohol during pregnancy.
- **Drug abuse (child risk factor)**—The compulsive use of drugs that is not of a temporary nature, includes infants exposed to drugs during pregnancy.
- **Screened-in IPSE**—Indicates the child is included in the state's Child File. NCANDS uses the existing fields of age, report source, and alcohol abuse and drug abuse child risk factors to determine the count. These are children who were screened in and were the subjects of either an investigation or alternative response.¹³
- **Screened-out IPSE**—Indicates the child is included in the state's Agency File. NCANDS added a new field to collect this aggregate count. These are children who were screened-out either because they did not meet the child welfare agency's criteria for a CPS response or because in some states, there are special programs outside of CPS for handling substance abuse.
- **Total IPSE**—The sum of screened-in IPSE and screened-out IPSE.

Number of Infants with Prenatal Substance Exposure (unique count of children)

FFY 2018 data show 27,709 infants in 45 states being referred to CPS agencies as infants with prenatal substance exposure. (See [table 7-5](#) and related notes.) Of the total IPSE:

- Nearly 88 percent (87.8%) were screened in for an investigation or alternative response.
 - Fewer than 1 percent (0.8%) had the alcohol abuse child risk factor.
 - Three-quarters (75.4%) had the drug abuse child risk factor.
 - Nearly 12 percent (11.7%) had both the alcohol and drug abuse child factors.

¹¹ <https://www.acf.hhs.gov/cb/resource/pi1702>

¹² CAPTA uses terms infants affected by substance abuse, prenatal drug exposure, and infants affected by withdrawal symptoms, and Fetal Alcohol Spectrum Disorder. In NCANDS, the term infants with prenatal substance exposure is used to include all of the terms used by CAPTA.

¹³ See Chapter 2, Reports for information about the screening process and Appendix D, State Commentary for information about states' screening policies.

- More than 10 percent (12.2%) were screened out, this is an aggregate count and NCANDS does not collect the breakdown of alcohol and drug abuse risk factors for these children.

Some challenges for determining whether an infant was exposed to alcohol and/or drugs during pregnancy are that, “The rate of drug and alcohol excretion is affected by many factors, including the amount of alcohol or other drug taken; the frequency of use; the user’s [mother’s] daily liquid intake, health status, exercise, age, sex, body weight, and metabolic rate; and the concurrent use of other drugs, including alcohol and/or nicotine.”¹⁴

Some states are not able to collect and report alcohol and drug abuse child risk factors separately and NCANDS guidance is to report both risk factors for the same children. However, for this analysis, children with both risk factors are only counted once. While 24 states reported data for screened-out IPSE, an additional seven states said that no IPSE referrals were screened out for FFY 2018. Some states have policies and legislation prohibiting all or certain referrals from being screened out. See Appendix D for more information about states’ screening policies.

Forty-two states reported 24,342 IPSE screened in, which is 10.8 percent of all children in reporting states who are younger than 1 year. (See [table 7–6](#) and related notes.) Readers are cautioned to not compare the percentages in states, especially during this first year of reporting. Appendix D, State Commentary may provide additional information about states’ capabilities to collect and report data on these children.

Screened-in Infants with Prenatal Substance Exposure Who Received an Investigation or Alternative Response by Disposition (duplicate count of dispositions)

Of the screened-in IPSE, 68.3 percent are considered victims with a disposition of substantiated (55.0%) or indicated (13.3%). One-fifth (19.4%) received an unsubstantiated disposition and 9.2 percent received an alternative response. An infant may be included in multiple reports alleging abuse and neglect and determined to be a victim in one report and a nonvictim in another report, and in this analysis, the infant is counted both times. See chapter 3 for information and definitions of the NCANDS dispositions. (See [table 7–7](#), [exhibit 7–C](#), and related notes.)

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

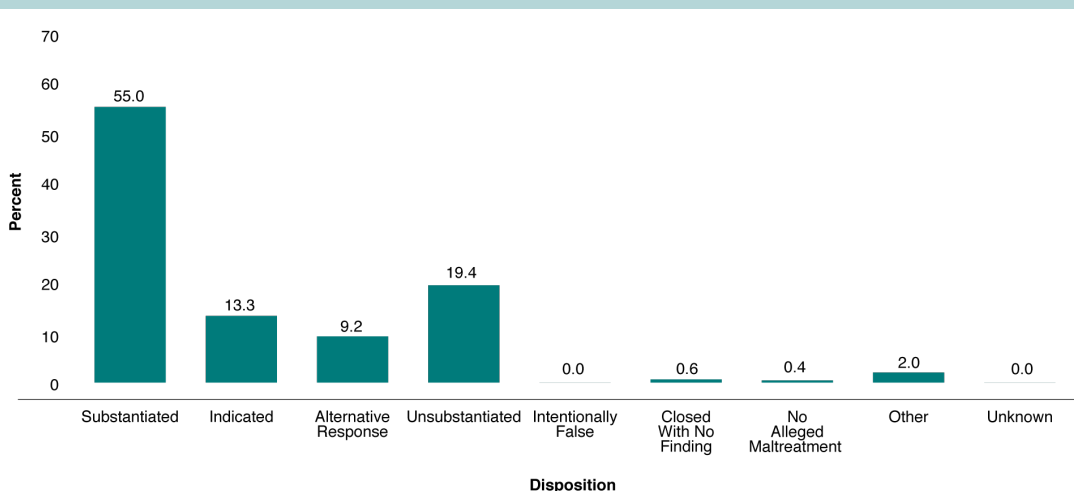
CAPTA Section 106(d) Annual State Data Reports 18 (B) asks for the number of screened-in IPSE who also have a plan of safe care as developed under subsection (b)(2)(B)(iii). NCANDS uses the following definition:

- **Plan of safe care**—A plan developed as described in CAPTA sections 106(b)(2)(B)(iii) for infants born and identified as being affected by substance abuse or withdrawal symptoms, or Fetal Alcohol Spectrum Disorder. The state plan requirement at 106(b)(2)(B)(iii) requires that a plan of safe care address the health and substance use disorder treatment needs of the infant and affected family or caregiver.

¹⁴ U.S. Department of Health & Human Services Administration for Children and Families, Administration on Children, Youth and Families, National Center on Child Abuse and Neglect. (1994). *Protecting Children in Substance-Abusing Families*. Available from <https://www.childwelfare.gov/catalog/>

Exhibit 7–C Screened-in IPSE Who Received an Investigation or Alternative Response by Disposition, 2018

68.3% of screened-in IPSE have victim dispositions of substantiated or indicated



Based on data from 42 states. See [table 7–7](#).

For FFY 2018, 13 states reported 64.1 percent of screened-in IPSE had a plan of safe care. (See [table 7–8](#) and related notes.) Of the states that did not report this field for 2018, an additional 27 states anticipate reporting the field, to the extent practicable in their FFY 2019 data submissions (see appendix D).

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

CAPTA Section 106(d) Annual State Data Reports 18 (C) asks for the number of screened-in IPSE who also had a referral to services as described under subsection (b)(2)(B)(iii). NCANDS uses the following definition:

- **Referral to appropriate services**—This field indicates whether the infant with prenatal substance exposure has a referral to appropriate services, including services for the affected family or caregiver. According to Administration for Children and Families, the definition of “appropriate services” is determined by each state.

Fourteen states reported 42.6 percent of screened-in IPSE had a referral to appropriate services. (See [table 7–9](#) and related notes.) Of the states that did not report this field for 2018, an additional 27 states are making system changes and anticipate reporting the field, to the extent practicable, in their FFY 2019 data submissions. What is considered an appropriate service is up to each state’s determination and may depend on the needs of the specific case. Some examples of types of services that these children and families were referred to include mental and behavioral health, foster care, substance abuse assessment and treatment, and other programs that facilitate early identification of at-risk children and caregivers and links them with early intervention services, other public health services, and community-based resources.

Exhibit and Table Notes

The following pages contain the data tables referenced in chapter 7. Specific information about state submissions can be found in Appendix D, State Commentary. Additional information regarding the exhibits and tables is provided below.

General

- During this first year of reporting, no exclusion rules are applied and tables include all reporting states.
- 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.
- Data are from the Child File unless otherwise noted.
- Dashes are inserted into cells without any data.

Table 7–1 Victims of Sex Trafficking by Sex, 2018

- The number of victims is a unique count.

Table 7–2 Victims of Sex Trafficking by Sex and Age, 2018

- The number of victims is a unique count.

Table 7–3 Victims of Sex Trafficking by Race, 2018

- The number of victims is a unique count.
- Counts associated with each racial group are exclusive and do not include Hispanic ethnicity.

Table 7–4 Victims of Sex Trafficking by Relationship to Their Perpetrator, 2018

- The number of relationships is a duplicate count, and the number of sex trafficking victims is a unique count. Percentages are calculated against the unique count of victims and total to more than 100.0 percent.
- In NCANDS, a child victim may have up to three perpetrators. A few states' systems do not have the capability of collecting and reporting data for all three perpetrator fields. More information may be found in appendix D.
- Nonparent perpetrators counted in combination with parents (i.e., Mother and Nonparent(s); Father and Nonparent(s); or Mother, Father, and Nonparent) are not 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 sex trafficking victims with no perpetrator relationship linked to the sex trafficking.
- Some states were not able to collect and report on Group Home and Residential Facility Staff perpetrators due to system limitations or jurisdictional issues.

Table 7–5 Infants with Prenatal Substance Exposure by Submission Type, 2018

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

Table 7–6 Screened-in Infants with Prenatal Substance Exposure Percentage, 2018

- The number of infants is a unique count.

Table 7–7 Screened-in Infants with Prenatal Substance Exposure Who Received an Investigation or Alternative Response by Disposition, 2018

- The number of infants is a duplicate count.
- Alternative response category includes alternative response victim and alternative response nonvictim dispositions.

Table 7–8 Screened-in Infants with Prenatal Substance Exposure Who Have a Plan of Safe Care, 2018

- The number of infants is a unique count.
- This analysis uses a hierarchy, if a screened-in IPSE was reported with and without a plan of safe care, the infant was counted once with the plan of safe care.

Table 7–9 Screened-in Infants with Prenatal Substance Exposure Who Have a Referral to Appropriate Services, 2018

- The number of children is a unique count.
- This analysis uses a hierarchy, if a screened-in IPSE was reported with and without the referral to appropriate services, the infant was counted once with the referral.

7-1 Victims of Sex Trafficking by Sex, 2018

State	Female	Male	Unknown Sex	Total Sex Trafficking Victims
Alabama	1	-	-	1
Alaska	3	2	-	5
Arizona	-	-	-	-
Arkansas	4	1	-	5
California	54	2	-	56
Colorado	-	-	-	-
Connecticut	3	-	-	3
Delaware	-	-	-	-
District of Columbia	21	2	-	23
Florida	-	-	-	-
Georgia	34	6	-	40
Hawaii	1	-	-	1
Idaho	1	-	-	1
Illinois	-	-	-	-
Indiana	25	2	-	27
Iowa	-	-	-	-
Kansas	1	-	-	1
Kentucky	-	-	-	-
Louisiana	1	-	-	1
Maine	1	-	-	1
Maryland	-	-	-	-
Massachusetts	196	19	4	219
Michigan	37	3	-	40
Minnesota	16	2	-	18
Mississippi	-	-	-	-
Missouri	-	-	-	-
Montana	-	-	-	-
Nebraska	2	-	-	2
Nevada	-	-	-	-
New Hampshire	-	-	-	-
New Jersey	1	1	-	2
New Mexico	-	-	-	-
New York	-	-	-	-
North Carolina	-	-	-	-
North Dakota	-	-	-	-
Ohio	24	1	-	25
Oklahoma	1	-	-	1
Oregon	29	1	-	30
Pennsylvania	14	-	-	14
Puerto Rico	-	1	-	1
Rhode Island	-	-	-	-
South Carolina	-	-	-	-
South Dakota	-	-	-	-
Tennessee	71	12	-	83
Texas	28	-	-	28
Utah	-	-	-	-
Vermont	-	-	-	-
Virginia	-	-	-	-
Washington	26	16	-	42
West Virginia	-	-	-	-
Wisconsin	65	6	-	71
Wyoming	-	-	-	-
National	660	77	4	741
National Percent	89.1	10.4	0.5	100.0
Reporting States	26	16	1	27

7–2 Victims of Sex Trafficking by Sex and Age, 2018

Age	Male	Female	Unknown	Total	Total Percent
<1	1	-	-	1	0.1
1	1	1	1	3	0.4
2	1	3	-	4	0.5
3	-	2	-	2	0.3
4	3	6	-	9	1.2
5	2	7	-	9	1.2
6	6	10	-	16	2.2
7	2	6	-	8	1.1
8	4	3	-	7	0.9
9	2	13	-	15	2.0
10	1	8	1	10	1.3
11	3	21	-	24	3.2
12	2	42	-	44	5.9
13	5	49	-	54	7.3
14	5	82	-	87	11.7
15	16	126	-	142	19.2
16	14	145	1	160	21.6
17	9	134	1	144	19.4
18	-	2	-	2	0.3
19–23	-	-	-	-	-
Unknown age	-	-	-	-	-
National	77	660	4	741	100.0

Based on data from 27 states.

7–3 Victims of Sex Trafficking by Race or Ethnicity, 2018

Race	Sex Trafficking Victims	Sex Trafficking Victims Percent
SINGLE RACE	-	-
African-American	174	23.5
American Indian or Alaska Native	3	0.4
Asian	9	1.2
Hispanic	143	19.3
Pacific Islander	1	0.1
White	308	41.6
Unknown	63	8.5
MULTIPLE RACE	-	-
Two or More Races	40	5.4
NATIONAL	741	100.0

Based on data from 27 states.

Table 7–4 Victims of Sex Trafficking by Relationship to Their Perpetrators, 2018

PERPETRATOR	Sex Trafficking Victims	Relationships	Relationships Percent
PARENT	-	-	-
Father	-	36	4.9
Father and Nonparent(s)	-	5	0.7
Mother	-	52	7.0
Mother and Nonparent(s)	-	15	2.0
Mother and Father	-	11	1.5
Total Parents	-	119	16.1
NONPARENT	-	-	-
Foster Parent	-	1	0.1
Friend and Neighbor	-	26	3.5
Group Home and Residential Facility Staff	-	3	0.4
More Than One Nonparental Perpetrator	-	41	5.5
Other Professional	-	1	0.1
Other	-	145	19.6
Relative	-	35	4.7
Unmarried Partner of Parent	-	4	0.5
Total Nonparents	-	256	34.5
Total Unknown	-	402	54.3
NATIONAL	741	777	-
<i>Based on data from 27 states.</i>			

Table 7–5 Infants with Prenatal Substance Exposure by Submission Type, 2018

State	Screened-in IPSE with Alcohol Abuse Child Risk Factor	Screened-in IPSE with Drug Abuse Child Risk Factor	Screened-in IPSE with Alcohol Abuse and Drug Abuse Child Risk Factor	Total Screened-in IPSE	Screened-out IPSE	Total IPSE
Alabama	5	528	-	533	3	536
Alaska	-	-	79	79	136	215
Arizona	8	482	5	495	-	495
Arkansas	-	428	-	428	28	456
California	4	603	580	1,187	-	1,187
Colorado	-	31	-	31	441	472
Connecticut	-	5	-	5	56	61
Delaware	-	1	-	1	63	64
District of Columbia	-	29	-	29	-	29
Florida	-	-	-	-	-	-
Georgia	52	2,170	107	2,329	-	2,329
Hawaii	-	19	7	26	-	26
Idaho	-	1	-	1	-	1
Illinois	-	-	-	-	-	-
Indiana	7	339	4	350	-	350
Iowa	-	-	-	-	-	-
Kansas	-	-	5	5	2	7
Kentucky	18	999	8	1,025	310	1,335
Louisiana	2	1,534	-	1,536	46	1,582
Maine	-	17	1	18	-	18
Maryland	-	46	-	46	-	46
Massachusetts	-	115	2,161	2,276	248	2,524
Michigan	3	5,142	21	5,166	441	5,607
Minnesota	21	1,474	-	1,495	188	1,683
Mississippi	1	55	-	56	155	211
Missouri	-	34	-	34	464	498
Montana	-	5	-	5	-	5
Nebraska	-	198	3	201	79	280
Nevada	-	-	12	12	-	12
New Hampshire	-	81	-	81	-	81
New Jersey	2	261	3	266	-	266
New Mexico	-	60	1	61	-	61
New York	-	-	-	-	-	-
North Carolina	-	-	-	-	-	-
North Dakota	-	-	-	-	-	-
Ohio	1	1,978	18	1,997	271	2,268
Oklahoma	14	894	57	965	26	991
Oregon	1	43	-	44	-	44
Pennsylvania	-	1	-	1	-	1
Puerto Rico	-	9	4	13	1	14
Rhode Island	-	-	164	164	-	164
South Carolina	7	487	3	497	-	497
South Dakota	1	26	1	28	92	120
Tennessee	-	2	-	2	-	2
Texas	61	1,155	-	1,216	22	1,238
Utah	2	527	4	533	1	534
Vermont	-	-	-	-	139	139
Virginia	-	-	-	-	-	-
Washington	-	-	-	-	88	88
West Virginia	-	1,093	2	1,095	-	1,095
Wisconsin	-	-	-	-	67	67
Wyoming	-	10	-	10	-	10
National	210	20,882	3,250	24,342	3,367	27,709
National Percent	0.8	75.4	11.7	87.8	12.2	100.0
Reporting states	18	38	23	42	24	45

Table 7–6 Screened-in Infants with Prenatal Substance Exposure Percent, 2018

State	Children <1	Screened-in IPSE	Screened-in IPSE Percent
Alabama	4,125	533	12.9
Alaska	1,154	79	6.8
Arizona	9,371	495	5.3
Arkansas	4,355	428	9.8
California	27,272	1,187	4.4
Colorado	4,382	31	0.7
Connecticut	1,988	5	0.3
Delaware	1,071	1	0.1
District of Columbia	1,265	29	2.3
Florida	-	-	-
Georgia	12,271	2,329	19.0
Hawaii	444	26	5.9
Idaho	1,103	1	0.1
Illinois	-	-	-
Indiana	14,068	350	2.5
Iowa	-	-	-
Kansas	1,355	5	0.4
Kentucky	8,625	1,025	11.9
Louisiana	3,457	1,536	44.4
Maine	1,083	18	1.7
Maryland	1,783	46	2.6
Massachusetts	6,904	2,276	33.0
Michigan	16,275	5,166	31.7
Minnesota	4,387	1,495	34.1
Mississippi	3,604	56	1.6
Missouri	4,573	34	0.7
Montana	1,315	5	0.4
Nebraska	1,751	201	11.5
Nevada	3,148	12	0.4
New Hampshire	1,281	81	6.3
New Jersey	5,757	266	4.6
New Mexico	2,077	61	2.9
New York	-	-	-
North Carolina	-	-	-
North Dakota	-	-	-
Ohio	11,944	1,997	16.7
Oklahoma	6,398	965	15.1
Oregon	3,951	44	1.1
Pennsylvania	1,837	1	0.1
Puerto Rico	826	13	1.6
Rhode Island	1,023	164	16.0
South Carolina	6,245	497	8.0
South Dakota	478	28	5.9
Tennessee	8,451	2	0.0
Texas	27,483	1,216	4.4
Utah	1,971	533	27.0
Vermont	-	-	-
Virginia	-	-	-
Washington	-	-	-
West Virginia	4,882	1,095	22.4
Wisconsin	-	-	-
Wyoming	379	10	2.6
National	226,112	24,342	10.8
Reporting States	42	42	-

Table 7–7 Screened-in Infants with Prenatal Substance Exposure Who Received an Investigation or Alternative Response by Disposition, 2018

State	Substantiated	Indicated	Alternative Response	Unsubstantiated	Intentionally False	Closed with No Finding	No Alleged Maltreatment	Other	Unknown	Total Dispositions
Alabama	529	-	-	4	-	-	-	-	-	533
Alaska	57	-	-	24	-	5	-	-	-	86
Arizona	359	1	-	136	-	1	-	-	-	497
Arkansas	391	-	-	32	-	5	-	-	-	428
California	1,120	-	-	73	-	-	8	-	-	1,201
Colorado	27	-	1	3	-	-	-	-	-	31
Connecticut	5	-	-	-	-	-	-	-	-	5
Delaware	1	-	-	-	-	-	-	-	-	1
District of Columbia	6	-	23	-	-	-	-	-	-	29
Florida	-	-	-	-	-	-	-	-	-	-
Georgia	1,387	-	220	805	-	-	16	-	-	2,428
Hawaii	20	-	-	6	-	-	-	-	-	26
Idaho	1	-	-	-	-	-	-	-	-	1
Illinois	-	-	-	-	-	-	-	-	-	-
Indiana	305	-	-	47	-	-	-	-	-	352
Iowa	-	-	-	-	-	-	-	-	-	-
Kansas	1	-	-	4	-	-	-	-	-	5
Kentucky	649	-	-	296	-	2	-	81	-	1,028
Louisiana	1,434	-	-	47	-	55	-	-	-	1,536
Maine	13	-	-	5	-	-	-	-	-	18
Maryland	19	11	-	17	-	-	-	-	-	47
Massachusetts	1,267	-	-	649	-	-	-	366	-	2,282
Michigan	703	3,213	-	1,189	-	12	58	-	-	5,175
Minnesota	396	-	1,027	53	-	21	-	-	-	1,497
Mississippi	53	-	-	2	-	1	-	-	-	56
Missouri	10	-	18	6	-	-	-	-	-	34
Montana	5	-	-	-	-	-	-	-	-	5
Nebraska	85	-	-	110	-	2	5	-	-	202
Nevada	9	-	-	5	-	-	-	-	-	14
New Hampshire	7	-	-	66	-	9	-	-	-	82
New Jersey	108	-	-	159	-	-	-	-	-	267
New Mexico	58	-	-	4	-	-	-	-	-	62
New York	-	-	-	-	-	-	-	-	-	-
North Carolina	-	-	-	-	-	-	-	-	-	-
North Dakota	-	-	-	-	-	-	-	-	-	-
Ohio	717	50	961	292	-	19	-	-	-	2,039
Oklahoma	621	-	4	325	-	18	-	-	-	968
Oregon	39	-	-	5	-	-	-	4	-	48
Pennsylvania	-	-	-	1	-	-	-	-	-	1
Puerto Rico	13	-	-	-	-	-	-	-	-	13
Rhode Island	162	-	-	4	-	-	-	-	-	166
South Carolina	451	-	-	49	-	-	8	-	2	510
South Dakota	26	-	-	2	-	-	-	-	-	28
Tennessee	1	-	1	-	-	-	-	-	-	2
Texas	1,096	-	-	94	-	4	-	36	1	1,231
Utah	484	-	-	47	-	3	-	-	-	534
Vermont	-	-	-	-	-	-	-	-	-	-
Virginia	-	-	-	-	-	-	-	-	-	-
Washington	-	-	-	-	-	-	-	-	-	-
West Virginia	885	-	-	210	-	-	-	-	-	1,095
Wisconsin	-	-	-	-	-	-	-	-	-	-
Wyoming	7	-	2	1	-	-	-	-	-	10
National	13,527	3,275	2,257	4,772	-	157	95	487	3	24,573
National percent	55.0	13.3	9.2	19.4	-	0.6	0.4	2.0	0.0	100.0
Reporting states	41	4	9	35	-	14	5	4	2	42

Table 7–8 Screened-in Infants with Prenatal Substance Exposure Who Have a Plan of Safe Care, 2018

State	Screened-in IPSE	Screened-in IPSE Who Have a Plan of Safe Care	Screened-in IPSE Who Have a Plan of Safe Care Percent
Alabama	533	188	35.3
Alaska	-	-	-
Arizona	-	-	-
Arkansas	-	-	-
California	-	-	-
Colorado	-	-	-
Connecticut	-	-	-
Delaware	-	-	-
District of Columbia	29	24	82.8
Florida	-	-	-
Georgia	2,329	1,404	60.3
Hawaii	-	-	-
Idaho	-	-	-
Illinois	-	-	-
Indiana	-	-	-
Iowa	-	-	-
Kansas	5	1	20.0
Kentucky	-	-	-
Louisiana	1,536	46	3.0
Maine	-	-	-
Maryland	-	-	-
Massachusetts	-	-	-
Michigan	5,166	4,385	84.9
Minnesota	1,495	1,008	67.4
Mississippi	-	-	-
Missouri	-	-	-
Montana	-	-	-
Nebraska	201	7	3.5
Nevada	-	-	-
New Hampshire	-	-	-
New Jersey	-	-	-
New Mexico	-	-	-
New York	-	-	-
North Carolina	-	-	-
North Dakota	-	-	-
Ohio	1,997	1,196	59.9
Oklahoma	-	-	-
Oregon	-	-	-
Pennsylvania	-	-	-
Puerto Rico	13	13	100.0
Rhode Island	-	-	-
South Carolina	-	-	-
South Dakota	28	3	10.7
Tennessee	-	-	-
Texas	1,216	1,216	100.0
Utah	533	183	34.3
Vermont	-	-	-
Virginia	-	-	-
Washington	-	-	-
West Virginia	-	-	-
Wisconsin	-	-	-
Wyoming	-	-	-
National	15,081	9,674	64.1
Reporting States	13	13	-

Table 7–9 Screened-in Infants with Prenatal Substance Exposure Who Have a Referral to Appropriate Services, 2018

State	Screened-in IPSE	Screened-in IPSE Who Have a Referral to Appropriate Services	Screened-in IPSE Who Have a Referral to Appropriate Services Percent
Alabama	533	316	59.3
Alaska	-	-	-
Arizona	-	-	-
Arkansas	-	-	-
California	1,187	151	12.7
Colorado	-	-	-
Connecticut	-	-	-
Delaware	-	-	-
District of Columbia	29	22	75.9
Florida	-	-	-
Georgia	2,329	1,404	60.3
Hawaii	-	-	-
Idaho	1	1	100.0
Illinois	-	-	-
Indiana	-	-	-
Iowa	-	-	-
Kansas	-	-	-
Kentucky	-	-	-
Louisiana	1,536	47	3.1
Maine	-	-	-
Maryland	-	-	-
Massachusetts	-	-	-
Michigan	5,166	2,970	57.5
Minnesota	1,495	338	22.6
Mississippi	-	-	-
Missouri	-	-	-
Montana	-	-	-
Nebraska	201	153	76.1
Nevada	-	-	-
New Hampshire	-	-	-
New Jersey	-	-	-
New Mexico	-	-	-
New York	-	-	-
North Carolina	-	-	-
North Dakota	-	-	-
Ohio	1,997	161	8.1
Oklahoma	-	-	-
Oregon	-	-	-
Pennsylvania	-	-	-
Puerto Rico	13	13	100.0
Rhode Island	-	-	-
South Carolina	-	-	-
South Dakota	28	1	3.6
Tennessee	-	-	-
Texas	1,216	1,168	96.1
Utah	533	183	34.3
Vermont	-	-	-
Virginia	-	-	-
Washington	-	-	-
West Virginia	-	-	-
Wisconsin	-	-	-
Wyoming	-	-	-
National	16,264	6,928	42.6
Reporting States	14	14	-

Appendixes





CAPTA Data Items

APPENDIX A

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

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

¹ 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). States began reporting these items with FFY 2018 data.

- 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).**



Glossary

APPENDIX B

Acronyms

- AFCARS:** Adoption and Foster Care Analysis and Reporting System
- AFCARS ID:** Adoption and Foster Care Analysis and Reporting System identifier
- CAPTA:** Child Abuse Prevention and Treatment Act
- CARA:** Comprehensive Addiction and Recovery Act
- CASA:** Court-appointed special advocate
- CBCAP:** Community-Based Child Abuse Prevention 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
- IPSE:** Infants with prenatal substance exposure
- NCANDS:** National Child Abuse and Neglect Data System
- NYTD:** National Youth in Transition Database
- MIECHV:** Maternal, Infant, and Early Childhood Home Visiting
- OMB:** Office of Management and Budget
- PERPETRATOR ID:** Perpetrator identifier
- PSSF:** Promoting Safe and Stable Families
- REPORT ID:** Report identifier
- SSBG:** Social Services Block Grant
- TANF:** Temporary Assistance for Needy Families
- WORKER ID:** Worker identifier

Definitions

ADOPTION AND FOSTER CARE ANALYSIS AND REPORTING SYSTEM

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

BOY: A male child younger than 18 years.

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

CAREGIVER RISK FACTOR: A 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) the age specified by the child protection law of the state in which the child resides. For sex trafficking victims only, a state may define a child as a person who has not attained the age of 24.

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

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

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

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

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

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

CHILD FILE: A data file submitted by a state to NCANDS 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.

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

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

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

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

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

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

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

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

DISABILITY: A child is considered to have a disability if one of more of the following risk factors has been identified or clinically diagnosed: child has a/an intellectual disability, emotional disturbance, visual or hearing impairment, learning disability, physical disability, behavior problem, or some other medical condition. In general, children with such conditions are undercounted as not every child receives a clinical diagnostic assessment.

DISPOSITION: A determination made by a CPS agency that evidence is or is not sufficient under state law to conclude that maltreatment occurred. A disposition is applied to each alleged maltreatment in a report and to the report itself.

DOMESTIC VIOLENCE: Any abusive, violent, coercive, forceful, or threatening act or word inflicted by one member of a family or household on another. This risk factor can be applied to a caregiver. In NCANDS, the caregiver may be the perpetrator or the victim of the domestic violence.

DRUG ABUSE: The compulsive use of drugs that is not of a temporary nature. This risk factor can be applied to a caregiver or a child. If applied to a child, it can include infants exposed to drugs during pregnancy.

DUPLICATE COUNT OF CHILDREN: Counting a child each time he or she was the subject of a report. This count also is called a report-child pair.

DUPLICATED COUNT OF PERPETRATORS: Counting a perpetrator each time the perpetrator is associated with maltreating a child. This also is known as a report-child-perpetrator triad. For example, a perpetrator would be counted twice in 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 (GAL): See COURT-APPOINTED REPRESENTATIVE.

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

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

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

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

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

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

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

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

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

INDICATED OR REASON TO SUSPECT: A disposition that concludes that maltreatment could not be substantiated under state law or policy, but there was a reason to suspect that 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: A disposition that indicates a conclusion that the person who made the allegation of maltreatment knew that the allegation was not true.

INVESTIGATION: A type of CPS response that involves the gathering of objective information to determine whether a child was maltreated or is at-risk of maltreatment and establishes if an intervention is needed. Generally, includes face-to-face contact with the alleged victim and results in a disposition as to whether the alleged maltreatment occurred.

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

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

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

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

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

PLAN OF SAFE CARE: A plan developed as described in CAPTA sections 106(b)(2)(B)(iii) for infants born and identified as being affected by substance abuse or withdrawal symptoms, or Fetal Alcohol Spectrum Disorder. The state plan requirement at 106(b)(2)(B)(iii) requires that a plan of safe care address the health and substance use disorder treatment needs of the infant and affected family or caregiver. The plan of safe care may be created at any point during an investigation or assessment. This is not considered an NCANDS service field.

PHYSICAL ABUSE: Type of maltreatment that refers to physical acts that caused or could have caused physical injury to a child.

PHYSICAL DISABILITY: A clinically diagnosed physical condition that adversely affects day-to-day motor functioning, such as cerebral palsy, spina bifida, multiple sclerosis, orthopedic impairments, and other physical disabilities. This 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 that provides grants to the states under Section 430, title IV–B, subpart 2 of the Social Security Act, as amended, to develop and expand four types of services—community-based family support services; innovative child welfare services, including family preservation services; time-limited reunification services; and adoption promotion and support services.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SERVICES: See POSTRESPONSE SERVICES and PREVENTION SERVICES.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

VISUAL OR HEARING IMPAIRMENT: A clinically diagnosed condition related to a visual impairment or permanent or fluctuating hearing or speech impairment that may affect functioning or development. This term can be applied to a caregiver or a child.

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

WHITE: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. Race may be self-identified or identified by a caregiver.

WORKER IDENTIFIER (WORKER ID): A unique identification of the worker who is assigned to the child at the time of the report disposition.

WORKFORCE: Total number of workers in a CPS agency.



State Characteristics

APPENDIX C

Administrative Structure

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

Level of Evidence

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

Data Submissions

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

The Child File is supplemented by agency-level aggregate statistics in a separate data submission called the Agency File. The Agency File contains data that are not reportable at the child-specific level and often gathered from agencies external to CPS. States are asked to submit both the Child File and the Agency File each year. For FFY 2018, 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 2018 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 2014–2018 are displayed by state in table C–2. The 2018 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, 2018

State	Hybrid	State Administered	State Supervised, County Administered	Credible	Preponderance	Probable Cause	Reasonable	Agency File and Child File
Alabama	-	1	-	-	1	-	-	1
Alaska	-	1	-	-	1	-	-	1
Arizona	-	1	-	-	-	1	-	1
Arkansas	-	1	-	-	1	-	-	1
California	-	-	1	-	1	-	-	1
Colorado	-	-	1	-	1	-	-	1
Connecticut	-	1	-	-	1	-	-	1
Delaware	-	1	-	-	1	-	-	1
District of Columbia	-	1	-	1	-	-	-	1
Florida	-	1	-	-	1	-	-	1
Georgia	-	1	-	-	1	-	-	1
Hawaii	-	1	-	-	-	-	1	1
Idaho	-	1	-	-	1	-	-	1
Illinois	-	1	-	1	-	-	-	1
Indiana	-	1	-	-	1	-	-	1
Iowa	-	1	-	-	1	-	-	1
Kansas	-	1	-	-	1	-	-	1
Kentucky	-	1	-	-	1	-	-	1
Louisiana	-	1	-	-	-	-	1	1
Maine	-	1	-	-	1	-	-	1
Maryland	-	1	-	-	1	-	-	1
Massachusetts	-	1	-	-	-	-	1	1
Michigan	-	1	-	-	1	-	-	1
Minnesota	-	-	1	-	1	-	-	1
Mississippi	-	1	-	1	-	-	-	1
Missouri	-	1	-	-	1	-	-	1
Montana	-	1	-	-	1	-	-	1
Nebraska	-	1	-	-	1	-	-	1
Nevada	1	-	-	-	1	-	-	1
New Hampshire	-	1	-	-	1	-	-	1
New Jersey	-	1	-	-	1	-	-	1
New Mexico	-	1	-	1	-	-	-	1
New York	-	-	1	1	-	-	-	1
North Carolina	-	-	1	-	1	-	-	1
North Dakota	-	-	1	-	1	-	-	1
Ohio	-	-	1	1	-	-	-	1
Oklahoma	-	1	-	1	-	-	-	1
Oregon	-	1	-	-	-	-	1	1
Pennsylvania	-	-	1	-	1	-	-	1
Puerto Rico	-	1	-	-	1	-	-	1
Rhode Island	-	1	-	-	1	-	-	1
South Carolina	-	1	-	-	1	-	-	1
South Dakota	-	1	-	-	1	-	-	1
Tennessee	-	1	-	-	1	-	-	1
Texas	-	1	-	-	1	-	-	1
Utah	-	1	-	-	-	-	1	1
Vermont	-	1	-	-	-	-	1	1
Virginia	-	-	1	-	1	-	-	1
Washington	-	1	-	-	1	-	-	1
West Virginia	-	1	-	-	1	-	-	1
Wisconsin	1	-	-	-	1	-	-	1
Wyoming	-	-	1	-	1	-	-	1
States Reporting	2	40	10	7	38	1	6	52

Note: Level of evidence is listed in alphabetical order.

Table C–2 Child Population, 2014–2018

State	2014	2015	2016	2017	2018
Alabama	1,105,760	1,102,602	1,099,327	1,095,235	1,089,840
Alaska	186,753	186,072	186,810	185,608	183,816
Arizona	1,623,957	1,628,982	1,636,047	1,639,058	1,642,657
Arkansas	707,169	706,559	706,077	705,584	703,180
California	9,133,697	9,116,168	9,086,671	9,044,860	8,989,955
Colorado	1,247,620	1,257,613	1,263,028	1,263,879	1,265,235
Connecticut	772,625	761,732	751,883	743,234	735,193
Delaware	203,451	203,765	203,633	203,576	203,616
District of Columbia	115,727	119,103	121,675	125,072	127,494
Florida	4,053,127	4,101,898	4,159,335	4,201,122	4,229,081
Georgia	2,487,702	2,497,162	2,507,956	2,510,274	2,505,751
Hawaii	307,902	308,183	307,485	305,575	303,414
Idaho	431,073	433,692	438,261	443,445	446,972
Illinois	2,992,615	2,962,134	2,929,942	2,895,382	2,857,266
Indiana	1,582,125	1,578,278	1,575,825	1,572,675	1,568,130
Iowa	728,822	730,013	731,080	732,009	730,767
Kansas	722,377	720,719	716,983	712,035	705,961
Kentucky	1,014,821	1,012,888	1,012,184	1,011,179	1,008,829
Louisiana	1,113,734	1,114,942	1,113,728	1,106,369	1,095,916
Maine	259,695	256,439	254,618	252,696	250,404
Maryland	1,346,600	1,346,051	1,345,271	1,343,582	1,340,148
Massachusetts	1,392,957	1,386,023	1,378,491	1,373,071	1,366,858
Michigan	2,230,416	2,209,454	2,194,559	2,181,147	2,164,668
Minnesota	1,282,700	1,285,300	1,291,882	1,298,811	1,302,615
Mississippi	731,445	726,377	721,031	714,357	706,141
Missouri	1,393,156	1,389,687	1,386,057	1,382,519	1,376,830
Montana	225,508	226,587	227,957	229,243	229,434
Nebraska	467,315	470,532	473,700	475,750	476,841
Nevada	659,946	667,344	674,878	681,303	688,997
New Hampshire	267,887	264,919	262,630	260,450	258,170
New Jersey	1,997,934	1,983,366	1,970,490	1,962,020	1,953,643
New Mexico	503,922	499,292	494,785	488,380	482,153
New York	4,205,537	4,180,316	4,148,280	4,109,166	4,068,102
North Carolina	2,283,134	2,286,752	2,293,557	2,299,976	2,300,645
North Dakota	168,573	174,154	175,365	176,374	178,698
Ohio	2,642,892	2,631,390	2,618,182	2,607,591	2,593,325
Oklahoma	954,902	961,368	962,405	959,232	956,486
Oregon	860,197	863,463	870,667	873,798	873,567
Pennsylvania	2,703,305	2,689,671	2,675,025	2,663,231	2,648,911
Puerto Rico	768,693	731,995	693,551	651,522	594,011
Rhode Island	212,488	210,691	209,001	206,899	205,213
South Carolina	1,083,084	1,091,473	1,097,751	1,103,430	1,105,945
South Dakota	209,653	211,155	213,763	216,151	217,606
Tennessee	1,495,089	1,499,226	1,502,872	1,506,198	1,506,220
Texas	7,142,555	7,241,076	7,316,473	7,365,879	7,398,099
Utah	903,790	910,592	920,274	927,441	932,462
Vermont	121,552	120,090	118,288	116,981	115,973
Virginia	1,864,673	1,867,089	1,869,126	1,870,958	1,869,792
Washington	1,601,850	1,614,365	1,632,931	1,651,822	1,663,285
West Virginia	380,798	378,231	374,348	369,122	364,160
Wisconsin	1,302,118	1,295,145	1,288,341	1,283,019	1,276,103
Wyoming	138,364	139,552	138,773	136,247	134,775
National	74,333,785	7,4351,670	74,343,252	74,234,537	73,993,353
States Reporting	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, 2018 *(continues)*

State	0	1	2	3	4	5	6	7	8
Alabama	56,739	57,964	59,428	59,872	59,200	58,221	59,259	59,811	60,005
Alaska	10,665	10,622	10,649	10,582	10,597	10,551	10,378	10,581	10,403
Arizona	83,553	85,206	87,218	89,977	89,982	89,586	89,696	90,466	90,175
Arkansas	36,901	37,516	38,615	38,888	38,423	37,981	38,726	38,664	38,947
California	477,320	480,807	488,744	498,325	496,104	496,909	495,526	506,874	495,113
Colorado	66,125	66,815	67,444	68,294	68,176	67,668	68,350	69,971	71,058
Connecticut	35,113	35,886	36,783	37,674	37,678	37,866	38,517	39,555	39,743
Delaware	10,645	10,892	11,126	11,092	11,056	11,018	11,303	11,398	11,275
District of Columbia	9,870	9,451	9,099	8,908	8,289	8,482	8,094	7,711	6,851
Florida	222,040	226,785	230,991	231,519	231,848	229,244	231,879	233,764	231,064
Georgia	126,952	129,588	132,570	134,469	133,835	133,485	136,430	137,827	138,662
Hawaii	17,224	17,474	17,619	17,491	17,896	18,111	17,773	17,703	16,808
Idaho	22,348	22,656	23,563	24,141	23,631	24,138	23,900	24,640	24,965
Illinois	147,623	149,997	154,179	155,702	153,118	152,837	154,486	156,400	157,443
Indiana	80,539	82,185	84,577	85,801	85,442	85,734	85,646	85,744	86,387
Iowa	38,291	39,118	39,958	40,477	40,374	40,035	39,766	39,375	40,848
Kansas	36,439	37,293	38,293	38,443	38,867	39,065	39,159	39,658	40,093
Kentucky	53,557	54,670	55,437	55,824	55,924	55,751	55,294	55,040	54,976
Louisiana	59,755	61,043	62,174	62,025	62,022	60,482	60,154	60,325	59,959
Maine	12,409	12,629	12,930	13,126	13,188	13,253	13,288	13,301	13,870
Maryland	70,843	72,391	73,640	74,367	73,263	73,216	73,929	74,954	74,679
Massachusetts	70,787	71,405	72,227	72,739	73,003	73,518	73,715	74,876	74,048
Michigan	110,301	113,010	115,262	116,558	117,032	116,164	116,602	117,303	118,491
Minnesota	68,566	70,145	71,486	72,308	72,786	72,189	71,826	71,594	72,574
Mississippi	35,878	36,911	37,345	37,696	37,647	37,353	38,308	38,284	38,800
Missouri	72,258	73,835	75,014	75,700	75,906	75,069	75,023	75,766	75,828
Montana	12,099	12,212	12,633	12,859	12,733	12,618	12,656	12,652	12,774
Nebraska	25,809	26,251	26,691	27,323	26,894	26,473	26,215	26,346	26,576
Nevada	35,781	36,778	37,496	38,222	37,718	38,169	37,583	38,825	38,505
New Hampshire	12,217	12,604	12,946	13,196	13,057	13,771	13,423	14,148	13,935
New Jersey	100,364	102,829	104,990	105,141	105,304	105,277	106,086	108,278	107,226
New Mexico	23,668	23,873	25,038	25,619	26,048	26,333	26,313	27,168	27,337
New York	227,883	227,305	229,416	230,190	225,648	226,596	225,831	228,353	221,931
North Carolina	118,550	120,958	123,154	123,840	123,626	122,799	124,134	124,732	127,464
North Dakota	10,802	11,125	10,999	11,069	10,700	10,417	10,188	9,858	9,907
Ohio	134,002	136,712	140,350	141,734	141,991	142,117	140,929	140,701	141,599
Oklahoma	50,353	51,369	52,629	52,814	53,264	53,672	53,247	53,640	53,527
Oregon	45,259	45,898	47,148	47,737	48,172	47,787	47,965	48,768	49,212
Pennsylvania	135,446	138,131	141,576	143,556	144,288	144,015	144,445	145,349	145,946
Puerto Rico	22,637	22,736	25,338	27,053	28,857	30,138	31,749	32,033	34,301
Rhode Island	10,557	10,868	11,040	11,078	10,870	10,798	10,979	11,081	11,038
South Carolina	55,932	57,248	59,123	60,341	59,747	59,672	60,542	60,810	62,069
South Dakota	12,109	12,377	12,534	12,549	12,563	12,313	12,210	12,025	12,040
Tennessee	78,974	80,367	82,175	82,894	82,164	82,084	82,528	81,701	82,544
Texas	390,665	398,574	408,353	414,429	412,105	406,888	403,957	411,252	413,346
Utah	50,160	50,053	50,573	51,050	51,168	51,880	50,305	51,662	52,672
Vermont	5,632	5,797	5,950	6,037	6,265	6,088	6,277	6,235	6,341
Virginia	99,261	101,645	103,237	103,808	102,973	102,763	103,040	103,679	103,091
Washington	90,662	92,067	93,100	93,747	93,125	93,397	92,720	93,707	93,947
West Virginia	17,871	18,464	19,161	19,709	20,052	20,360	20,285	20,108	20,103
Wisconsin	64,588	66,035	67,476	68,242	68,041	68,543	68,969	69,232	71,653
Wyoming	6,823	7,066	7,278	7,380	7,365	7,362	7,405	7,468	7,776
National	3,870,845	3,935,637	4,016,777	4,063,618	4,050,029	4,040,261	4,047,014	4,091,403	4,089,933
Reporting States	52	52	52	52	52	52	52	52	52

Table C–3 Child Population Demographics, 2018 *(continues)*

State	9	10	11	12	13	14	15	16	17
Alabama	60,604	62,859	62,768	61,782	61,527	61,559	61,608	61,747	64,887
Alaska	10,143	10,245	10,136	9,791	9,921	9,666	9,636	9,537	9,713
Arizona	91,803	95,985	96,440	95,263	94,661	94,072	91,210	92,264	95,100
Arkansas	38,966	40,392	40,924	40,035	39,920	39,515	39,439	39,207	40,121
California	494,480	513,360	514,706	509,164	506,635	504,108	501,871	496,941	512,968
Colorado	70,906	72,523	73,517	72,973	73,186	73,179	72,625	70,645	71,780
Connecticut	40,330	42,078	42,900	43,456	44,411	45,052	45,283	45,826	47,042
Delaware	11,253	11,508	11,502	11,599	11,481	11,564	11,674	11,548	11,682
District of Columbia	6,484	6,287	6,099	5,592	5,379	5,216	5,076	5,104	5,502
Florida	231,636	241,136	243,256	242,451	240,317	239,087	233,383	240,454	248,227
Georgia	139,500	145,668	146,769	146,038	144,569	144,714	143,398	143,670	147,607
Hawaii	16,474	16,915	16,456	16,217	16,081	16,285	15,950	15,353	15,584
Idaho	25,322	26,288	26,432	26,103	26,122	26,091	25,495	25,258	25,879
Illinois	156,936	161,916	163,391	163,371	164,091	166,379	165,212	164,992	169,193
Indiana	86,595	89,432	90,041	89,639	89,235	90,243	89,494	89,094	92,302
Iowa	41,091	42,109	42,237	41,927	41,228	41,063	40,974	40,575	41,321
Kansas	39,646	40,540	40,500	40,056	39,691	39,659	39,787	38,993	39,779
Kentucky	55,665	56,971	57,660	56,987	56,986	57,184	56,699	56,239	57,965
Louisiana	60,647	62,799	62,967	61,101	60,551	59,940	59,483	59,474	61,015
Maine	13,884	14,317	14,599	14,662	14,862	14,795	14,814	14,908	15,569
Maryland	73,666	76,510	76,352	75,267	75,088	75,289	74,632	74,911	77,151
Massachusetts	73,853	76,451	77,018	77,385	77,985	80,303	81,320	81,648	84,577
Michigan	118,088	121,277	123,240	123,589	124,566	126,750	126,486	127,583	132,366
Minnesota	72,251	74,332	74,642	73,784	73,630	74,264	72,538	71,082	72,618
Mississippi	40,222	41,866	42,965	41,310	40,491	40,295	39,979	39,630	41,161
Missouri	76,261	78,657	78,907	78,490	77,947	77,939	77,693	77,211	79,326
Montana	12,826	13,250	13,374	13,093	12,805	12,759	12,517	12,660	12,914
Nebraska	26,730	27,043	26,684	26,632	26,644	26,479	26,254	25,915	25,882
Nevada	38,525	40,320	40,129	39,409	38,720	38,444	38,216	37,762	38,395
New Hampshire	14,083	14,570	15,009	15,198	15,484	15,853	16,139	16,217	16,320
New Jersey	106,695	110,080	111,150	111,301	112,321	113,762	113,674	113,205	115,960
New Mexico	27,671	28,255	28,288	27,897	27,973	27,528	27,520	27,465	28,159
New York	216,615	222,095	222,699	221,720	224,257	227,099	227,918	228,289	234,257
North Carolina	128,965	133,122	134,086	133,099	131,827	132,074	131,301	131,208	135,706
North Dakota	9,836	9,823	9,806	9,569	9,391	9,059	8,857	8,650	8,642
Ohio	142,802	146,222	147,906	147,722	147,079	148,858	148,620	149,443	154,538
Oklahoma	53,711	54,684	54,878	53,712	53,448	53,388	52,685	52,571	52,894
Oregon	48,843	50,710	50,366	49,649	48,999	49,490	49,061	48,561	49,942
Pennsylvania	145,859	150,169	150,806	150,355	151,090	152,813	153,378	153,162	158,527
Puerto Rico	34,884	35,149	36,508	37,556	38,114	37,507	37,829	39,149	42,473
Rhode Island	10,944	11,453	11,528	11,807	11,947	12,086	12,267	12,321	12,551
South Carolina	63,162	64,643	65,575	63,825	62,847	62,664	62,162	61,985	63,598
South Dakota	12,174	12,408	12,411	12,219	11,969	11,875	11,408	11,187	11,235
Tennessee	83,483	86,995	86,698	86,059	85,195	85,167	85,094	84,968	87,130
Texas	412,304	421,871	420,804	417,556	416,675	414,513	412,512	408,131	414,164
Utah	52,559	53,970	54,129	53,185	52,831	52,684	52,057	50,856	50,668
Vermont	6,331	6,638	6,790	6,701	6,715	6,917	6,991	6,932	7,336
Virginia	101,884	105,992	106,234	105,454	104,943	105,739	104,681	104,546	106,822
Washington	93,145	94,908	94,052	91,910	91,218	90,714	89,875	88,936	92,055
West Virginia	20,187	20,968	20,923	20,739	20,678	21,080	21,030	21,061	21,381
Wisconsin	71,402	73,425	74,227	73,851	73,481	74,364	73,762	73,592	75,220
Wyoming	7,836	8,042	8,031	7,791	7,789	7,451	7,480	7,227	7,205
National	4,090,171	4,219,236	4,239,526	4,206,053	4,195,014	4,204,592	4,179,062	4,169,909	4,284,426
Reporting States	52	52	52	52	52	52	52	52	52

Table C–3 Child Population Demographics, 2018

State	Boy	Girl	African-American	American Indian or Alaska Native	Asian	Hispanic	Multiple Race	Pacific Islander	White
Alabama	555,176	534,664	316,965	4,920	15,970	86,214	36,171	686	628,914
Alaska	94,292	89,524	6,049	33,527	10,538	18,038	22,703	3,146	89,815
Arizona	837,871	804,786	79,779	80,844	47,210	729,431	63,997	3,044	638,352
Arkansas	360,323	342,857	125,154	5,025	11,320	88,034	27,289	3,572	442,786
California	4,594,513	4,395,442	459,678	32,986	1,044,133	4,683,661	435,752	32,027	2,301,718
Colorado	646,769	618,466	54,587	7,482	39,585	396,772	55,542	1,871	709,396
Connecticut	375,378	359,815	84,125	1,994	37,746	181,521	28,640	323	400,844
Delaware	103,086	100,530	51,651	518	8,192	32,839	10,928	88	99,400
District of Columbia	64,395	63,099	68,042	184	3,043	21,869	5,077	65	29,214
Florida	2,158,935	2,070,146	848,666	9,008	112,958	1,343,805	157,382	2,814	1,754,448
Georgia	1,275,622	1,230,129	841,252	4,631	99,036	373,166	93,180	1,693	1,092,793
Hawaii	155,547	147,867	5,628	428	71,627	56,582	93,102	33,323	42,724
Idaho	227,999	218,973	4,101	4,996	5,378	82,438	15,471	860	333,728
Illinois	1,458,670	1,398,596	432,909	3,777	147,952	710,873	98,614	828	1,462,313
Indiana	802,948	765,182	175,238	2,914	37,798	176,634	64,543	672	1,110,331
Iowa	373,785	356,982	38,895	2,652	19,580	75,034	28,930	1,146	564,530
Kansas	361,012	344,949	43,639	5,033	19,745	131,416	36,466	755	468,907
Kentucky	516,717	492,112	93,714	1,564	18,074	64,864	42,131	826	787,656
Louisiana	558,164	537,752	400,458	7,022	17,175	77,599	34,946	397	558,319
Maine	128,552	121,852	7,168	2,116	3,305	7,127	9,577	103	221,008
Maryland	683,639	656,509	411,726	2,886	82,942	213,778	69,159	654	559,003
Massachusetts	697,971	668,887	119,616	2,472	97,512	259,581	55,064	628	831,985
Michigan	1,106,826	1,057,842	345,483	12,731	72,930	182,786	102,897	598	1,447,243
Minnesota	665,478	637,137	126,895	18,709	79,653	117,197	65,425	859	893,877
Mississippi	359,809	346,332	295,334	4,268	6,539	34,942	17,736	238	347,084
Missouri	704,474	672,356	185,600	5,500	27,358	94,658	62,584	2,539	998,591
Montana	117,651	111,783	1,534	22,086	1,683	14,762	10,734	158	178,477
Nebraska	244,280	232,561	28,081	5,321	12,714	85,034	19,181	334	326,176
Nevada	352,139	336,858	70,482	5,575	39,457	283,348	45,400	4,519	240,216
New Hampshire	132,171	125,999	5,036	459	8,750	16,765	9,035	73	218,052
New Jersey	996,917	956,726	262,100	2,758	188,972	536,498	61,682	750	900,883
New Mexico	245,759	236,394	7,863	49,667	5,574	290,907	12,275	257	115,610
New York	2,079,073	1,989,029	615,065	12,134	326,851	1,018,755	148,704	1,927	1,944,666
North Carolina	1,172,761	1,127,884	521,004	27,044	75,595	383,615	98,314	1,913	1,193,160
North Dakota	91,311	87,387	7,508	13,805	2,949	11,491	7,529	119	135,297
Ohio	1,325,793	1,267,532	390,701	4,160	63,254	164,574	124,353	1,300	1,844,983
Oklahoma	488,949	467,537	75,778	92,443	19,491	166,523	91,815	1,947	508,489
Oregon	447,543	426,024	21,367	10,332	36,417	194,550	53,456	4,154	553,291
Pennsylvania	1,355,628	1,293,283	345,569	3,915	102,015	331,937	105,032	998	1,759,445
Puerto Rico	302,483	291,528	-	-	-	-	-	-	-
Rhode Island	105,004	100,209	15,178	1,140	7,313	53,328	9,697	165	118,392
South Carolina	561,858	544,087	328,366	3,704	18,774	106,353	44,165	752	603,831
South Dakota	111,625	105,981	6,936	27,551	3,949	14,888	9,784	142	154,356
Tennessee	768,322	737,898	286,807	3,304	28,003	149,928	57,912	918	979,348
Texas	3,772,284	3,625,815	870,787	17,808	322,560	3,662,329	196,508	6,589	2,321,518
Utah	478,776	453,686	11,557	8,530	16,873	166,513	33,300	9,920	685,769
Vermont	59,704	56,269	2,289	332	2,468	3,341	4,406	37	103,100
Virginia	955,454	914,338	372,752	4,027	124,014	266,071	107,348	1,438	994,142
Washington	850,777	812,508	73,466	23,385	129,755	355,942	132,841	14,313	933,583
West Virginia	186,821	177,339	13,328	556	2,610	9,688	14,960	87	322,931
Wisconsin	652,878	623,225	112,187	14,054	47,049	153,233	50,619	608	898,353
Wyoming	69,420	65,355	1,580	3,959	1,001	19,952	4,527	85	103,671
National	37,793,332	36,200,021	10,069,673	616,236	3,725,390	18,701,184	3,186,883	147,258	36,952,718
Reporting States	52	52	52	52	52	52	52	52	52

Table C–4 Adult Population by Age Group, 2018

State	18–24	25–34	35–44	45–54	55–64	65–75	75 and Older
Alabama	452,658	643,540	592,302	627,458	655,179	487,721	339,173
Alaska	70,377	118,865	94,650	88,117	94,602	58,555	28,456
Arizona	687,396	985,845	880,431	850,790	866,277	726,162	532,088
Arkansas	280,578	396,588	368,518	368,667	384,467	296,011	215,816
California	3,745,395	6,043,799	5,255,671	5,071,974	4,781,226	3,285,414	2,383,611
Colorado	526,828	894,422	780,079	710,171	710,600	500,798	307,431
Connecticut	346,869	445,390	423,336	494,951	511,805	343,570	271,551
Delaware	83,808	129,063	111,468	122,491	135,639	108,194	72,892
District of Columbia	74,142	164,087	105,674	75,453	70,302	49,104	36,199
Florida	1,754,181	2,788,255	2,568,764	2,746,372	2,854,601	2,397,902	1,960,169
Georgia	1,010,347	1,473,246	1,372,602	1,411,438	1,285,682	895,419	564,990
Hawaii	121,243	203,006	180,510	170,624	180,727	148,933	112,034
Idaho	162,768	231,382	220,029	199,925	214,850	168,241	110,041
Illinois	1,176,310	1,769,781	1,639,725	1,639,850	1,665,187	1,142,253	850,708
Indiana	655,977	877,438	822,202	839,824	873,286	615,581	439,440
Iowa	319,030	397,715	379,935	371,331	417,537	300,873	238,957
Kansas	294,735	382,884	356,322	335,937	373,425	262,857	199,384
Kentucky	417,732	585,107	551,949	576,814	597,345	435,205	295,421
Louisiana	425,349	667,182	583,526	563,306	606,266	427,946	290,487
Maine	107,124	160,340	152,383	180,173	211,981	163,367	112,632
Maryland	531,360	834,612	773,801	818,927	812,734	545,452	385,684
Massachusetts	701,928	992,913	840,652	921,531	939,167	653,829	485,271
Michigan	961,939	1,296,651	1,163,189	1,290,060	1,402,804	1,004,702	711,902
Minnesota	501,636	760,925	710,265	691,491	754,445	510,180	379,622
Mississippi	291,924	394,306	364,998	368,793	385,893	280,585	193,890
Missouri	566,385	823,505	744,539	751,688	829,541	592,577	441,387
Montana	98,445	137,463	126,396	120,278	151,387	119,583	79,319
Nebraska	190,708	255,723	239,311	219,971	243,048	172,527	131,139
Nevada	248,789	445,372	403,153	395,339	376,561	293,252	182,929
New Hampshire	126,137	169,075	154,674	190,242	212,515	146,933	98,712
New Jersey	766,006	1,155,839	1,139,300	1,235,874	1,219,331	810,098	628,429
New Mexico	197,455	283,835	250,784	240,865	274,147	217,884	148,305
New York	1,800,166	2,878,793	2,431,864	2,555,129	2,594,621	1,809,120	1,404,414
North Carolina	983,834	1,393,148	1,295,905	1,377,840	1,342,983	1,010,458	678,807
North Dakota	84,712	114,800	90,402	80,005	94,823	64,222	52,415
Ohio	1,068,198	1,545,280	1,391,192	1,484,877	1,611,548	1,150,375	844,647
Oklahoma	379,680	543,218	490,388	460,310	493,444	358,646	260,907
Oregon	365,044	596,485	559,767	512,674	544,485	448,192	290,499
Pennsylvania	1,160,282	1,701,106	1,498,545	1,652,781	1,809,805	1,310,750	1,024,880
Puerto Rico	304,186	394,749	392,503	422,231	426,258	361,813	299,402
Rhode Island	110,903	146,231	124,186	139,370	149,158	102,595	79,659
South Carolina	468,223	673,890	611,397	646,458	678,299	549,831	350,084
South Dakota	83,429	116,095	103,909	97,081	117,261	85,050	61,804
Tennessee	613,790	931,067	840,267	882,795	886,174	661,602	448,095
Texas	2,796,079	4,236,328	3,881,772	3,552,957	3,234,290	2,166,529	1,435,791
Utah	356,310	464,908	434,614	322,173	300,160	209,871	140,607
Vermont	67,219	74,091	70,601	80,719	96,489	72,893	48,314
Virginia	805,047	1,190,306	1,104,883	1,125,384	1,106,872	779,038	536,363
Washington	657,446	1,153,357	1,002,869	933,531	960,871	708,808	455,424
West Virginia	156,849	215,362	216,760	234,453	258,370	212,837	147,041
Wisconsin	551,765	737,377	704,716	737,557	820,577	571,623	413,850
Wyoming	52,367	77,778	72,713	64,880	79,849	58,168	37,207
National	30,761,088	46,092,523	41,670,391	42,053,930	42,698,894	30,854,129	22,238,279
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

Contact	Holly Christian	Phone	334–353–4898
Title	Program Manager, Office of Data Analysis	Email	holly.christian@dhr.alabama.gov
Address	Alabama Department of Human Resources 50 Ripley Street Montgomery, AL 36130–4000		

General

Federal fiscal year (FFY) 2018 is the tenth NCANDS submission from Alabama’s Statewide Automated Child Welfare Information System (SACWIS). Variances in data compared to previous years may occur as we have continued work to strengthen our data collection processes in the system. Enhancements have been completed, and more are planned to continue efforts to improve reporting of services to children and families, perpetrator data, and mapping of NCANDS elements.

Alabama has two types of screened-in responses: child abuse and neglect investigations (CA/Ns) and prevention assessments (alternative response). For FFY 2018, the Child File included only CA/Ns, which have allegations of abuse or neglect. Prevention assessments are reports that do not include allegations of abuse/neglect, but the potential risk for abuse may exist. A prevention assessment may be changed to a CA/N report if an allegation is added to the system. At that time, policy for CA/N Investigations are in effect. The FFY 2018 submission does not include prevention assessment data.

Reports

For FFY 2018, the number of screened in reports increased from FFY 2017. A policy change was implemented in FFY 2017 that decreased the timeframe permitted to complete CA/N investigations from 90 days to 60 days.

In 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

Alabama *(continued)*

Child Abuse Prevention Program (CBCAP), and other partner agencies supported the rollout of this training and continued public awareness. Education staff statewide was required to complete the training. Agency staff was also required to complete this training.

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 worker 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 (AR) are counted on a ratio of 1:12 and child protective services ongoing cases are staffed at a ratio of 1:18 cases. Prevention assessments (AR) are not reported to NCANDS.

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 2018 from the previous year.

Children

For FFY 2013, a coding error occurred, and medical neglect was reported under the broad category of neglect. Since FFY 2014, medical neglect has been reported separately.

Fatalities

For FFY 2018, all state child fatalities are reported in the Child File. The child death review process determined no additional data to report in the Agency File.

The FFY 2018 number of child fatalities was 43, an increase of 15 from FFY 2017. The majority of child fatality investigations which are indicated are suspended for due process or criminal prosecution. This extends the length of the investigation, which can take several months or years to complete. For the 43 fatalities reported in FFY 2018 the actual dates of death occurred in a five-year range, from FFY 2013–FFY 2018.

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.

Services

FFY 2013 and FFY 2014 Agency Files included prevention service data for two additional service providers: family outcome-centered unification services and Parenting Assistance Line. For FFY 2015 and FFY 2016, additional service data was provided in the Agency File. Enhancements to Alabama's SACWIS system and mapping are planned to allow more complete reporting of services in future submissions.

Alabama *(continued)*

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

The NCANDS category of the number of children eligible for referral to agencies providing early intervention services (IDEA Part C) is the number of children who had indicated dispositions during FFY 2018 and were younger than 3 years. The NCANDS category of the number of children referred to agencies providing early intervention services under Part C of the IDEA is the number of referrals the agency providing services reported receiving during FFY 2018.

Many services are provided through providers under contract and may not be documented through the state SACWIS system. Further analysis utilizing external data sources are required to provide this data.

Special Focus

FFY 2018 fields were added to the states SACWIS system to capture data related to infants with prenatal substance exposure (IPSE).

Alaska

Contact	Susan Cable	Phone	907-465-2203
Title	Research Analyst	Email	susan.cable@alaska.gov
Address	Alaska Office of Children's Services P.O. Box 110630 Juneau, Alaska 99811-0630		

General

Alaska's NCANDS submissions are based on extraction code which was developed in FFY 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 FFY 2013 and after may not be comparable to data reported in prior years and over-the-year changes should be interpreted with caution.

- Alaska made several systems changes to support accurate data in the NCANDS report:
- Reviewed accuracy of data produced via a sex trafficking/exploitation indicator.
- Isolated sex trafficking/exploitation data element to just sex trafficking and implemented a data fix for inaccurate records.
- Added reference data for changed city names or for zip codes missing from the ADDRESS table.
- Removed the user's ability to document duplicate allegations of maltreatment.
- Added FIPS codes for tribes providing case management services under the Tribal Child Welfare Compacting Agreement.
- Reduced the number of steps/tasks required to enter legal status and centralized the entry of legal status updates.

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 (reports of harm) received for cases opened after February 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, 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

Alaska has enhanced efforts related to the identification and documentation of children with Alaska Native race, which may decrease children with unknown race while increasing counts for identified races. Alaska has had a difficult time allocating resources and training to ensure complete collection of ethnicity data.

Alaska *(continued)*

Alaska believes that caregiver risk factors of alcohol and drug abuse have been under-reported in the past. Toward the end of FFY 2016, Alaska instituted an improved system for tracking family characteristics in investigations. For FFY 2017, NCANDS syntax was revised to harvest the benefits of these SACWIS upgrades.

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 are reported in the Agency File.

Services

Methodology changes in FFY 2013 improved the accuracy of services data. For juvenile court petition and court-appointed representative service fields, 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. For FFY 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 SFY 2018 (July 1, 2017–June 30, 2018). The funding source "other" includes state general funds and matching funds from contracting agencies.

Special Focus

For FFY 2018, NCANDS reporting methodology was amended to include reporting for sex trafficking, and logic was improved for reporting of medical neglect. However, both of these methodologies rely upon data from the maltreatment assessment protocol, which is only used for screened-in reports of protective service reports. Therefore, no allegations of sex trafficking or medical neglect are currently captured for screened-out reports of protective service reports.

Arizona

Contact	Andy Egge	Phone	602-255-2744
Title	Information Technology Manager	Email	andrew.egge@azdcs.gov
Address	Arizona Department of Child Safety PO Box 6030, Site Code C010-14 Phoenix, AZ 85003-6030		

General

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

Children

Arizona had an increase in the number of unique child victims. This was likely caused by several factors:

- There was an increase in the number of reports and children.
- The unit that approves substantiations just completed a massive cleanup of pending reports going from a pending population of 3,537 in October of 2017 to 484 in October of 2018.
- The manager of this unit also indicated that she believes that the proportion of reports approved for substantiation has increased.

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.

Although the number of child fatalities increased, there were no changes in policy or procedures that would affect this number.

Perpetrators

In Arizona, a perpetrator must be a parent or caregiver.

Services

Prevention services funding are reporting in the Agency File.

Special Focus

Arizona law does not allow the Department to take reports on noncaregiver perpetrators of sex trafficking. The Department investigates all reports alleging that a newborn infant has been prenatally exposed to alcohol or a controlled legal or illegal substance.

Arkansas

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

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 was one R/A-FASD report received in FFY 2018. *Refer to CACD for Death Assessment (R/A-DA)*: Arkansas FFY 2015 legislation mandated per Act 1211, the Department of Human Services and Arkansas State Police Crimes Against Children Division (CACD) will conduct an investigation or death assessment upon receiving initial notification of suspected child maltreatment or notification of a child death. This was effective in CHRIS August 2, 2015. The Child Abuse Hotline will accept a report for a child death if a child has died suddenly and unexpectedly not caused by a known disease or illness for which the child was under a physician's care at the time of death, including without limitation child deaths as a result of the following:
 - (a) Sudden infant death syndrome;
 - (b) Sudden unexplained infant death;
 - (c) An accident;
 - (d) A suicide;
 - (e) A homicide; or
 - (f) Other undetermined circumstance

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

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

Arkansas *(continued)*

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 on October 1, 2012 and was implemented statewide for all 75 counties by August 12, 2013 through a periodic schedule. FFY 2013 was the first year the state submitted differential response data to NCANDS.

Fatalities

Arkansas saw an increase in the number of accepted substantiated child fatalities during FFY 2018. 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. A report alleging a child fatality can also be accepted from a nonmandated reporter. Nonmandated reporters include neighbors, family members, friends, or members of the community.

The guidelines for reporting are that mandated and nonmandated persons are asked to contact the child abuse hotline if they have reasonable cause to believe that a child has died as a result of child maltreatment.

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.

Perpetrators

Arkansas accepts reports of sex trafficking by adult noncaregiver offenders 18 years of age or older. These data are reported to NCANDS in the Child File.

Services

For FFY 2017 and FFY 2018, the Division of Children and Family Services conducted a review of how various prevention services are financed and provided. As a result, this more accurately aligned with programs. This new process subsequently led to significant changes in the reporting of some categories.

In past NCANDS submissions, the counts provided were for services to prevent removal of children from their home and not for preventing child abuse and neglect for the Prevention Services with Funding Source of Other.

Arkansas *(continued)*

In Arkansas, all children younger than 3 (including siblings) with a true overall finding, regardless of role in referral, are referred to DDS/Part C for an early intervention screening. Arkansas does not currently track how many children are actually referred to DDS/Part C. 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.

Special Focus

- Referrals regarding infants with prenatal substance exposure (IPSE) would be screened out for the following circumstances:
 - (a) If reported by persons other than medical personnel,
 - (b) If the referral is a duplicate and an investigation already is opened,
 - (c) If the mother tests positive during her pregnancy but not at birth, or
 - (d) If the health care provider can confirm the mother's prescription for the drug causing the positive screening

California

Contact	Alicia Sandoval	Phone	916-653-1800
Title	Chief	Email	alicia.sandoval@dss.ca.gov
Address	California Department of Social Services 744 P St, MS 9-13-43 Sacramento, CA 95814		

General

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

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

Reports

The report count includes both the number of child abuse and neglect reports that require, and then receive, an in-person investigation within the timeframe 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 2018, the immediate response compliance rate was 96.1 percent and the 10-day response compliance rate was 91.3 percent.

The number of staff budgeted for screening, intake and investigation (emergency response and emergency response assessment) for State Fiscal Year (SFY) 2017-18 (used for FFY 2018) was based on a revised methodology, which reflects a one-time change in the trend analysis to be based on the number for Full Time Equivalent (FTE) staff required from the statewide caseload for emergency response and emergency response assessment. The previous methodology was based on a trend analysis from a historical budgeting process referred to as hold harmless. With subsequent state statute, the hold harmless budgeting process is no longer conducted.

Fatalities

Fatality data submitted to NCANDS is derived from notifications (SOC 826 forms) submitted to the California Department of Social Services 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) 2017 is the most recent validated annual data and is therefore reported for Federal Fiscal Year (FFY) 2018. 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 2017 as of December 2018 and may change if additional fatalities that occurred in CY 2017 are later determined to be the result of abuse and/or neglect. Any changes to this number will be reflected in NCANDS trends analyses, through resubmissions, as well as subsequent year's APSR reports.

It is important to note that while SB 39 data were used in the FFY 2018 NCANDS submission, the data were derived from CY 2017. Additionally, beginning in CY 2012, CDSS began to receive reports of fatalities determined to be the result of abuse and neglect and caused by an unknown third party where a parent or caregiver did not contribute to the child's death. 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 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 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 our SOC 826 fatality statistics to compare actual numbers reported to help inform our NCANDS submission.

Services

Prevention services in California are implemented through a state-supervised, county administered system. This system has the advantage of allowing the 58 counties in California flexibility to address child abuse prevention efforts through a local lens. This approach, however, results in 58 sets of challenges in program implementation, evaluation, data collection, and reporting. 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 2017–2018, and consequently, reported as FFY 2018.

This is the Office of Child Abuse Prevention's (OCAP's) fourth year of utilizing the Efforts to Outcomes (ETO) software as the primary data collection and reporting tool. This year, the OCAP changed ETO to direct counties to choose one unit of measure (children, parents/caregivers, or families) instead of multiple units of measure (children and parent/caregivers) for one service activity. This change was made to mitigate the number of duplicate counts for numbers served and move towards more uniform data collection. After the change in ETO, a county selected one of the following: children, parents/caregivers or families for each service category. There were significant changes among the counties in the reporting of numbers served due to changing the unit of measure. Historically, counties included children in the service count for these services, but with OCAP's guidance counties updated the numbers served to parents/caregivers or families.

For SFY 2017–2018, 35 counties reported a decrease in the total number of children served with PSSF and CAPIT funding, and 28 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, CAPIT and CBCAP due to several factors including:

- Counties corrected inaccuracies in reporting from the prior fiscal year
- Staffing issues
- Tracking issues

Moreover, 10 counties reported a decrease in the number of families served with CBCAP funding. There was a decrease in the number of families served by CBCAP due to several factors including:

- Direct providers unable to continue services;
- Increased accuracy of data collection; and
- Increase in outreach efforts.

Additionally, 14 counties reported an increase in the number of families served with CAPIT and 27 counties reported an increase of numbers served using PSSF funding. An increase in the total number of families served by CAPIT and PSSF funds occurred due to a variety of factors including:

- Increased accuracy of data collection;
- Expansion of program capacity to reach more families; and
- Increased community outreach and recruitment efforts.

California *(continued)*

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. Lead4Tomorrow reported that 97 families were served in SFY 2017–2018. Strategies 2.0, the training and technical assistance grantee, provided in person and webinar trainings related to Parental Resilience serving 452 individuals. In addition, Strategies 2.0 provided Family Engagement and Family Strengthening training serving an additional 1,481 individuals.

With CAPTA funding, the OCAP made investments in improving the Mandated Reporter training offered online. Improving the knowledge of mandated reporters is an important prevention strategy. The new General Module training posted in early December 2018 and the remaining modules will post in the early part of 2019.

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 2017–2018, professionals from varying disciplines including social workers, teachers, child care providers, mental health professionals, and law enforcement, completed the former Mandated Reporter training.

Special Focus

In June 2015, California implemented a policy to track commercially sexually exploited (CSE) youth referrals through the use of an allegation of exploitation. For the Federal fiscal year (FFY) 2018, the data for reporting commercial sexual exploitation (CSE) has become more consistent. Following a policy California implemented in May 2016, CSE allegations are entered in one of two ways: first, by choosing exploitation and, to differentiate this from other exploitation referrals, subcategorizing with commercial sexual exploitation; second, by choosing general neglect with a subcategory of fail/unable to protect from CSE. There is a limitation with these data, however. Only when the allegation is substantiated can the subcategories be entered. Thus, inconclusive CSE allegations are not reported as CSE.

Colorado

Contact	Deying Zhou	Phone	303-866-4322
Title	Research, Analysis and Data Manager	Email	deying.zhou@state.co.us
Address	Colorado Department of Human Services 1575 Sherman St Denver, CO 80203-1714		

General

Colorado continues its work to improve the quality of NCANDS data. Several issues have been identified and are in queue to be modified by Developers. Business rules that will require certain fields to be mandatory (e.g., additional perpetrator information) have also been identified with a request to be implemented into Colorado's modernized CCWIS system.

In Colorado, 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.

Colorado also 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

The Colorado Department of Human Services (CDHS) uses 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.

A new methodology was developed to calculate the average response time reported in the Agency File; the state will carefully evaluate this methodology.

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.

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.

Services

Colorado believes the decrease in the number of families served through Promoting Safe and Stable Families funding more accurately reflects the number of families receiving recurring support.

The NCANDS category of "other" prevention services includes the Title IV-E Demonstration Waiver (State General Fund and Title IV-E grant), Family and Children's Program (Core Services – State General Fund and Title IV-E grant), and private funding (Casey Family).

Connecticut

Contact	Edward Meeker	Phone	860-550-6480
Title	Information Technology Subject Matter Expert (IT SME)	Email	edward.meeker@ct.gov
Address	Connecticut Department of Children and Families 505 Hudson Street Hartford, CT 06106		

General

The State of Connecticut (CT) Department of Children and Families (DCF/Department) has maintained its Differential Response System (DRS) with a primary focus on the quality of case practice. DRS is comprised of the following two-tracks: 1) Child Protective Investigations for moderate to high risk cases and, 2) Family Assessment Response (FAR) for very low to moderate risk cases. Similar to many other states, CT does not currently report Family Assessment Response (FAR) data to NCANDS.

Reports

The decline in the total volume of reports evident in NCANDS data, therefore, is not indicative of CT actual child abuse and neglect reporting trend. CT only includes investigations track reports in the FFY 2018 NCANDS dataset, which represent a decrease compared to FFY 2017. During FFY 2018, DCF centralized Careline of the accepted child abuse and neglect reports for a response; 42.6 percent were assigned to FAR track and the rest were assigned to the investigations track.

In August 2018, DCF updated the operational definitions of child abuse and neglect within policy and also issued policy on mandated reporters' failure to report suspected child abuse and neglect. DCF, moreover, has continued to provide mandated reporter training for DCF staff and non-DCF staff and entities at no cost.

The agency hired new case carrying social workers in FFY 2018 to ensure that caseload utilization maximums are not exceeded.

Children

Reports with investigations response in the FFY 2018 NCANDS dataset showed a decrease in alleged victims compared to FFY 2017. DCF policies on Child Protective Investigations (22-2-2) with legal references to CT general statutes are available on the DCF website.

Fatalities

DCF continues to enhance its practice to help prevent child fatalities through two review processes, Rapid Safety Feedback (RSF) and Special Qualitative Reviews (SQR). RSF and SQR processes have been instrumental in guiding DCF case practice and policy as DCF strives to reduce the number of child maltreatment fatalities in CT.

The RSF Model, which was developed by Eckerd Connects, identifies cases at high risk of a poor outcome, i.e., serious maltreatment or fatality and couple real time quality assurance case reviews with coaching and consultation. RSF focuses on safety with the goal of mitigating safety concerns through coaching and consultation calls with assigned intake staff where the topics discuss include identified safety concerns, safety plan and mitigating these concerns. During FFY 2018, RSF reviewers conducted reviews on a total of 340 cases.

SQRs are conducted on critical incidents including child fatalities on identified cases that include but are not limited to cases recently closed or with prior DCF involvement. SQR involves a thorough case review, including associated cases of parent(s) or child(ren), and interviews with staff when deemed necessary.

Perpetrators

Reports with investigation response in the FFY 2018 NCANDS dataset show a decrease in alleged perpetrators compared to FFY 2017.

Services

DCF continued making strides in its family teaming model of case planning and decision making that is anchored in its Strengthening Families Practice Model. Considered Removal Child and Family Team Meetings (CR-CFTM) continue to divert children from entering care. 57.5 percent of children who had a CR-CFTM during 2018, the agency either did not remove or placed with kin when removed to ensure the child's safety. Thus, CR-CFTM process supports the use of relatives and kin as a predominant placement. Placing children in relative and kinship foster care is a significant agency reform, in keeping with its practice model, that has transformed CT foster care system with the following noteworthy results: average number of children in relative or kinship foster care by January 2019 was approximately 41 percent compared to 21 percent in January 2011. Other ongoing positive effects of the agency practice model from January 2011 to January 2019, include but are not limited to the following:

- decrease in DCF caseload
- decrease in number of children in placement
- increase in number of children placed with relatives and kin
- decrease in number of children placed in out-of-state congregate care settings
- increase of children in placement living with a foster family

The Department continues efforts to limit the use of Other Planned Permanent Living Arrangement (OPPLA) as a permanency goal for children aged 16 years and older. Between January 1, 2018 and January 1, 2019, the proportion of children in care with OPPLA as a permanency goal continued to decrease.

DCF engages in ongoing examination and analyses of children and families of color disproportionate and disparate contact and involvement. These analyses have yielded some important takeaways about the racial and ethnic makeup of Connecticut Child Welfare Agency child population compared to Connecticut general child population and include but are not limited to the following:

- White children as alleged victims overall have decreased from SFY 2017 to SFY 2018 and are more likely to be alleged victims with FAR.
- Black/African American children are 3.72 times more likely than White children to be reported as alleged victims with investigation response.
- Hispanic children are 3.19 times more likely than White children to be reported as alleged victims with investigation response.

The investigation response rates for Black/African American and Hispanic children have increased steadily since SFY 2014 and are more likely than White children to be reported as alleged victims with Investigation Response. FAR track, by nature, is less intrusive than an investigation track. At the conclusion of FAR, the assessment determination does not include the decision to substantiate allegation(s) in the CPS report.

During FFY 2018, the agency placed on hold the Tiered Contract Classification System described in FFY 2017 NCANDS submission to support its initiation of Enhanced Service Coordination (ESC) and Active Contract Management (ACM) processes. The agency has implemented ESC in two (2) of its six (6) regions with the plan to continue implementation of ESC in the other four regions over the next calendar year. ESC is a new model that guides DCF staff service coordination and delivery and focuses on meeting families' needs better. ESC is the result of collaboration between the Department and Harvard Kennedy School, Government Performance Lab launched in 2017. The model seeks to improve child welfare outcomes including reducing repeat maltreatment, reducing entries into foster care and improving permanency for DCF youth through improved matching between identified need(s) and service referral and promoting ACM. The improved match between the identified need(s) and service referral seek to:

- Streamline internal referral pathways by introducing a Service Coordinator who will support social workers to better align service referrals with family need;
- Promote earlier engagement of the Department Regional Resource Group clinicians through multi-disciplinary consultations on high-priority cases and “skim” of cases upon transfer to DCF Ongoing Services;
- Improve data capture on underlying demand by testing a referral system that starts with “what do families need” rather than “what’s available.”

Special Focus

DCF continues to strengthen its response to child victims of human trafficking. In the first three quarters of FFY 2018, the Department received and investigated in conjunction with law enforcement reports alleging trafficking of children and youth in CT. The six (6) DCF regions each have Human Anti-trafficking Response Teams (HART) that work with law enforcement, and other local and state agencies to improve assessment techniques and support victims, provide trainings statewide and present at conferences to promote increased awareness. HART is an inter-disciplinary team whose members include the child's treatment team, specialized providers, and legal representation when indicated. HART Liaisons are experienced DCF staff responsible to lead each regional HART team. These liaisons work in partnership with the local Multi-Disciplinary Teams (MDTs) to ensure that the cases are afforded resources to maximize prosecution and that the child and family are provided with appropriate medical and mental health services. In cases where an MDT response is not indicated, DCF works solely to ensure that the child and family are provided with appropriate medical and mental health services.

Besides strengthening its response to child victims, DCF continues to provide statewide professional development and training opportunities utilizing various curricula. Public Act (PA) No. 17–32, (effective October 1, 2017) amending PA 16–71, An Act Concerning Human Trafficking, which established a Trafficking in Persons (TIP) Council, added the Commissioner of the State Department of Education (SDE), or the commissioner's designee,

Connecticut *(continued)*

and an adult victim of human trafficking, appointed by the Governor, to the council's membership. PA 17–32 further required the council to develop:

- a standardized curriculum and conduct training for medical, education, and law enforcement personnel to identify and support victims;
- conduct training for DCF and DPH staff on methods for identifying children in foster care who may be at risk of becoming victims of trafficking;
- a plan for mental health, support and substance abuse programs for identified victims.

Delaware

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

General

For the past 4 years, Delaware has received historical numbers of reports of child abuse, neglect and dependency. Delaware continues to use Structured Decision Making (SDM) at the report line and at Investigation and Family Assessment Intervention Response (FAIR). By the use of this evidence and research-based tool, Delaware is better able to determine which cases require a full investigation from those that require an assessment and referrals for services unrelated to child abuse and neglect and to consistently determine safety threats and to make decisions using the same set of standards. Of the reports received, approximately one-half were screened out and did not meet criteria for an investigation or assessment.

One contributor to this is the need to implement a Plan for Safe Care to address the safety and health of infants with prenatal substance exposure and their affected family as required by CAPTA and House Bill 140 which has led the agency to screen in additional reports. House Bill 181 also requires the agency to investigate all child deaths of children age 3 and under that are sudden, unexplained, or unexpected as well as all reported allegations of child human trafficking. The agency is also documenting reports made on active treatment cases in a different manner with a screened in treatment response. Delaware has expanded the use of differential response, called FAIR, on low-risk cases involving our teen population and on cases where domestic violence is the only risk factor.

In February 2018, Delaware's new SACWIS system called FOCUS (For Our Children's Ultimate Success) went live. This integrated cloud-based system is implemented, but still under construction. Change requests continue to be built and testing is ongoing. Conversion of data from our former SACWIS system FACTS into FOCUS has been challenging. The NCANDS report also had to be built utilizing our new system. As the state built the system, methods of collecting information improved specifically for the purposes of the NCANDS report. Delaware has added a section on every investigation that is able to specifically capture caregiver and child risk factors. The state has also added specific elements to capture post response service details. Our staff is still adjusting to the new system. Delaware has had to train all staff on the use of the new system and on continual updates that have been made. The state expects next year's submission to better demonstrate progress.

Reports

In FFY 2018, the increase in screened in reports is related primarily to House Bill 181 and House Bill 140. Delaware has overall completed less investigations than FFY 2017. This decrease in investigation completion numbers contributes to the lower number of victims and perpetrators. Contributing factors are the continual high volume of reports, an increase in caseload size related to the implementation of a new SACWIS system, as well as increase in front line staff turnover. Recently, the agency has experienced the acquisition of new positions and the retirement of a number of administrative staff which has allowed for a number of promotions for our more experienced front line staff. With this upward movement came

Delaware *(continued)*

many vacancies and higher caseloads in existing front-line positions. Cases are remaining open for longer periods of time.

Since 2012, the State's intake unit has used the Structured Decision Making (SDM) tool to collect sufficient information to access and determine the urgency to investigate child maltreatment reports. Currently, all screened-in reports are assessed in a three-tiered priority process to determine the urgency of the workers first contact; Priority 1—Within 24 hours, Priority 2—Within 3 days and Priority 3—Within 10 days. In FFY 2018, accepted referrals for family abuse cases were identified as 58 percent routine/Priority 3, 11 percent Priority 2, and 25 percent urgent/Priority 1 in response. The average response time for FFY 2018 had a large increase from the previous year. The agency has found that Priority 1 and Priority 2 reports are made in a timely manner. The Priority 3 reports are the area where improvement is needed. Again, contributing factors are the continual high volume of reports, an increase in caseload size related to the implementation of a new SACWIS system, as well as increase in front line staff turnover.

In light of the continued high number of referrals coming in, Delaware has continued to increase the number of staff responsible for hotline and investigation functions by adding additional positions to support these areas over the past 2 years.

Children

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

In FFY 2018, there was a decrease in the substantiated to overall records ratio and the number of victims when compared to FFY 2017. One contributor to this is the need to implement a plan for safe care on all infants with prenatal substance exposure based on House Bill 140, which has led the agency to screen in additional reports and refer them to investigations. Many of these cases would not result in a substantiation of abuse, neglect, or dependency. There has also been a large push regarding mandatory reporting in the law enforcement community. Law enforcement is our largest reporting source. A large number of these reports result in an investigation, but do not meet criteria for a finding or substantiation. Delaware has also targeted, particularly in reports of domestic violence, what is the impact to the child.

Fatalities

House Bill 181 requires the agency to investigate all child deaths of children age 3 and under that are sudden, unexplained, or unexpected. Delaware also has a Child Death Review Commission that reviews every child death in the state. There is also a Child Abuse and

Delaware *(continued)*

Neglect (CAN) panel that conducts retrospective reviews on all child death and child near death cases where abuse or neglect is suspected. The state does not report any child fatalities in the Agency File that are not reported in the Child File. For FFY 2018, two of the reported child fatalities involved death as a result of co-sleeping, and three reported child fatalities involved substance abuse.

Perpetrators

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

For FFY 2018, Parent as a perpetrator ranks the highest in the perpetrator relationship to child. At this time, Delaware does have limitations in reporting parent type, but is hoping to remedy this in the near future. The second highest category for perpetrator relationship is unmarried partner of parent. This is followed by “other” relative (non-foster parent) and “other.” The state category of “other” includes individuals such as a babysitter or nonrelated household member.

Services

During FFY 2018, Delaware’s Children’s Department saw a decline in the number of children and families served in agency file elements 1.1.C-C, and 1.1.E-F. This decline was attributed to staff turnover and training related issues regarding the new state client tracking device as well as a reported greater ownership and empowerment within the community among the faith based and grass root organizations. Delaware has seen an increase in the number of families serviced in element 1.1. E-C due to our ability to capture additional data.

In FFY 2014, Delaware’s Division of Family Services implemented several initiatives to improve our outcomes with families. These initiatives continue to have a strong presence in our practice. One of our programs is Team Decision Making, which engages the family, informal supports and formal supports in planning for children who are at risk of coming into care. This process has remained steady in diverting youth into kinship placements instead of Foster Care. Family Team Meetings is a growing component of our casework practice. Delaware continues its partnerships with community organizations to provide community-based preservation and reunification services including family interventionists.

Delaware *(continued)*

Special Focus

Delaware is using a differential response program to work with infants with prenatal substance exposure where marijuana use is the only factor. 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. In future years, we hope to be able to include our internal FAIR data.

Delaware has collaborated with numerous community partners to provide better services and plans of safe care for infants with prenatal substance exposure. The state has partnerships with domestic violence and substance abuse agencies that provide intervention services in conjunction with agency case management. Delaware plans to build on our service array for prevention services in the upcoming years.

District of Columbia

Contact	Lori Peterson	Phone	202-434-0055
Title	IT Program Manager (Data Management)	Email	lori.peterson@dc.gov
Address	District of Columbia Child and Family Services Agency 200 I Street, SE Washington, DC 20003		

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 assessment are identified as alternative response for NCANDS.

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. The District has a maltreatment type, suspicious child death, which is not an NCANDS maltreatment type. The District defines suspicious child death as a report of child death which is either unexplained, or concern exists that abuse or neglect by caregiver contributed to or caused the child's death. The District's logic for the suspicious child death maltreatment type is currently mapped to NCANDS value of "other." The District will continue to report suspicious child death to the NCANDS maltreatment type of "other" in FFY 2019. The maltreatment types that led to fatalities are also captured/mapped to a valid NCANDS maltreatment type.

Special Focus

As required by the Justice for Victims of Trafficking Act of 2015 amendment to CAPTA, the District now reports sex trafficking as a maltreatment type. The District revised its hierarchy of referral type for investigations to the following: child fatality, sex trafficking, sexual abuse, physical/other abuse, and neglect.

Previously, the District only reported on the caregiver risk factors. For FFY 2018, the District began reporting data on drug and alcohol abuse child risk factors. The data represents the number of alleged victims with an allegation of:

- Positive toxicology of a newborn
- Fetal Alcohol Spectrum Disorder (FASD)

District of Columbia *(continued)*

It is the District's practice to screen-in all infants with prenatal substance exposure (IPSE) referrals and thus no referrals were screened out.

The district will work with staff to improve data entry in these fields:

- Field #151—Has a safe care plan
- Field #152—Referral to appropriate services

Florida

Contact	Keith Perlman	Phone	850-717-4675
Title	Manager, Data and Reporting Unit	Email	keith.perlman@myflfamilies.com
Address	Florida Department of Children and Families 1317 Winewood Blvd Tallahassee, FL 32399-0700		

Reports

In Florida, there are generally two types of calls received at the Hotline. Typical calls are those that are related to a report of abuse or neglect. These will result in a screening and ultimately be accepted (Screened-in) for an investigation or not accepted (Screened-out) based on applicable laws, rules, and policy. Florida also receives calls that are for information and referral. Information and referral calls are not included in Florida's NCANDS submission. In early 2018, a department review identified that refresher training was required for hotline counselors to ensure that calls were being reviewed for further assessment and subsequent documentation rather than an Information and Referral.

As a result of the emphasis on further assessment and then documentation of these calls, at the end of 2018 there was about a 20,000 increase in screened-out referrals documented, and about an 18,000 decrease of Information and Referrals. The criteria to accept a report are that an alleged victim:

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

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

Children

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.

Florida *(continued)*

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

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

Fatalities

Fatality counts include any report closed during the year, even those victims whose dates of death may have been in a prior year. Only verified abuse or neglect deaths are counted. The finding was verified when a preponderance of the credible evidence resulted in a determination that death was the result of abuse or neglect. All suspected child maltreatment fatalities must be reported for investigation and are included in the Child File. The death maltreatment is an actual code that is reported as the NCANDS category of “other” maltreatment in the NCANDS mapping.

Perpetrators

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

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

Services

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

Georgia

Contact	Michael Fost	Phone	404-463-0845
Title	Operations Analyst	Email	michael.fost@dhs.ga.us
Address	Georgia Department of Human Services 2 Peachtree St Atlanta, GA 30303		

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

Two significant changes occurred in Georgia during Federal Fiscal 2016. The first was the creation of a Child Abuse Registry on July 01, 2016. Prior to the Registry, Georgia did not keep records of perpetrators. The FFY 2017 NCANDS submission was the first that includes Georgia perpetrator data.

The creation of the registry was accompanied by a significant decrease in the number of substantiated incidents. In NCANDS FFY 2017, there was a 50 percent decrease in victims from the previous year. In FFY 2018, there was an increase compared with 2017.

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 (Family Support). 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 Initial Safety Assessment with a priority of immediate, 24 hour, or 72 hour response times. Initial Safety Assessment 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 investigations and alternative response. Previously, about 60 percent of child protective services cases were investigated, and the remaining 40 percent were alternative response.

After ISA began on August 06, 2016, between 60 percent and 70 percent of cases were alternative response in the following year. In 2018, the percent of alternative response cases was generally between 50 and 60 percent.

The Agency File includes the number of full-time equivalent workers utilized for intake calls, investigations, and alternative response cases. This number is not possible to calculate, because Georgia workers are assigned to multiple duties.

Reports

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

In 2017, there was a change to the method of reporting the NCANDS field of report source. The coding of reporters used in the SACWIS system was altered. Accordingly, the coding used to create the NCANDS Child File from the SACWIS system also changed. The NCANDS code social services personnel amalgamated several state codes. In previous years, the following state codes were grouped into NCANDS social services personnel: case manager, DHS staff (non-TANF), child service organization personnel, child service organization volunteer, pregnancy resource center personnel, and TANF (sanction related).

Starting in 2017, the following Georgia reporters were grouped into NCANDS social services personnel for the report source field: therapist, community agency, clergy, family violence shelter, mental health professional, 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, and volunteer to psychologist.

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. Georgia does not reopen an investigation if the child dies from injuries resulting from the substantiated abuse after the investigation is closed.

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.

Georgia *(continued)*

If the perpetrator of the abuse is identified in our SACWIS system 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 Educational and Training, Family Planning, Daycare, Information and Referral, or Pregnancy Planning Services for clients. These services would be provided by referrals to other agencies or community resources. Our SACWIS system would only track those services paid for by agency funds. However, most services are provided through referrals to other agencies or community resources.

Hawaii

Contact	Ricky Higashide	Phone	808-586-5109
Title	Research Supervisor	Email	rhigashide@dhs.hawaii.gov
Address	Hawaii Department of Human Services 1390 Miller Street, Room 211 Honolulu, HI 96813		

General

Reports to Child Welfare Services of potential abuse or neglect are handled in one of three ways through our 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/or 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.

Children

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

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

Fatalities

The state reports all child fatalities as a result of maltreatment in the state Child Protection System. The Medical Examiner’s office, local law enforcement, and Child Welfare Services’ Multidisciplinary Team conducts reviews on death cases of maltreatment.

Perpetrators

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

Hawaii *(continued)*

Services

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

Idaho

Contact	Robbin Thomas	Phone	208-334-5700
Title	Business Analyst	Email	robbin.thomas@dhw.idaho.gov
Address	Idaho Department of Health and Welfare 450 West State Street, 5th Floor Boise, ID 83703		

General

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

Reports

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 type 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 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

Contact	David Nika	Phone	217-558-5060
Title	Supervisor – Data Management	Email	david.nika@illinois.gov
Address	Illinois Department of Children and Family Services 1 N Old State Capitol Plaza Springfield, IL 62701		

General

The Illinois NCANDS child file contains reports of child abuse/neglect that resulted from a call to the State Central Registry (24-hour hotline) that meet the standards of abuse/neglect as defined in department procedure *300.30(a)(1) - Criteria for a Report of Abuse or Neglect*.

The criteria are as follows:

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

Reports

The increase in the number of abuse/neglect reports meeting the above criteria may be primarily attributed to two factors:

- An increase in calls to the child abuse hotline and
- Concerted efforts to follow department procedures for documenting a report as a single report or as multiple reports as outlined below:
 - facility reports which list only one alleged perpetrator per report—*(300.110(b) Child Abuse and Neglect in Child Care Facilities)*
 - when there are two independent families residing in the same household and both families are involved in the alleged abuse or neglect—*300.30(b) Multiple Perpetrators: When to Document as Single or Multiple Reports*.
 - when one or more alleged perpetrators reside in different locations—*300.30(b) Multiple Perpetrators: When to Document as Single or Multiple Reports*.

Illinois designates April as Child Abuse Prevention Month. Media releases are issued and planned events are hosted throughout the state to bring awareness and to help promote prevention efforts. This typically results in an increase in calls to the hotline during this period.

Illinois does not report in the NCANDS field of investigations start date/time as Illinois' definition of investigation start date/time is the date/time of the first actual in-person contact or attempted in-person contact listed for the last alleged victim listed in the investigation. Per

Illinois *(continued)*

NCANDS instructions, Illinois should not provide the investigation start date/time for the NCANDS child maltreatment data since an attempt is specific to Illinois criteria for initiating an investigation and does not meet the NCANDS instructions for this particular data reporting field.

Children

The above Reports section provides an explanation for the increase in the total number of unique children, total number of unique child victims, and the total number of duplicate victims.

For Illinois, an NCANDS report disposition of “other” refers to noninvolved children (i.e. children not suspected of being abused or neglected) whom are recorded on a child abuse or neglect report. There are no specific dispositions because there are no allegations of abuse or neglect for these children.

Fatalities

When the Illinois hotline accepts a report of abuse/neglect involving the death of a child, the data is entered in the Statewide Automated Child Welfare and Information System (SACWIS). The Illinois NCANDS child file contains child death data as recorded in SACWIS.

Perpetrators

The above Reports section provides an explanation for the increase in the total number of unique perpetrators.

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

Services

Illinois prevention services are based on the SFY 2018, which is from July 2017–June 2018.

Special Focus

The state does not screen out allegations of infants with prenatal substance exposure.

Indiana

Contact	Latricia Denning	Phone	317-719-7826
Title	Federal Reporting Project Manager	Email	latricia.denning@dcs.in.gov
Address	Indiana Department of Child Services 302 W. Washington Street, Room E306-MS47 Indianapolis, IN 46204-2739		

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).

As of January 2018, the Hotline ceased automatically recommending assessment of all reports with alleged victims under the age of years old. 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. The 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

As of January 2018, the Hotline ceased automatically recommending assessment of all reports with alleged victims under the age of three years old. For reports involving children under 3 on reports recommended for screen out, the local offices may still choose to change the recommendation to assess. If a report is recommended for assessment and includes an alleged victim under the age of 3, the local office may only screen out with approval from their chain of command up to the Deputy Director of Field Operations. As a result of this change, the number of reports declined while the number of allegations leading to a substantiation increased.

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 this year, and less State funds. There were more children reported served 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

Contact	Dr. Jesse Renny-Byfield	Phone	515–281–6379
Title	Management Analyst III	Email	jrennyb@dhs.state.ia.us
Address	Iowa Department of Human Services Hoover State Office Building 1305 East Walnut Des Moines, IA 50319		

General

This last FFY, Iowa experienced across the board increases in caseloads, and number of children going through the system. The State’s frontline workers continue to try to meet the extraordinary challenges presented by large caseloads, and the complexities of working with families challenged by substance abuse struggles. Our workforce remains dedicated to child safety first and foremost, and to preserving resources for vulnerable families. We continuously strive to improve service delivery by mandating data-driven performance; we scrutinize our data for areas needing improvement, and address that by implementing practice changes.

Reports

In FFY 2018, the number of abuse and neglect reports increased. Parental substance abuse—methamphetamine in particular—represents the most common reasons for removal of children. Access to substance abuse treatments are challenging in rural areas. The state is working to increase access to services for families.

Children

In FFY 2018, the number of children involved in an abuse assessment increased. This is due to Iowa’s increasing youth population, but also to the state’s decreasing use of alternative response (as a percent of cases).

Fatalities

The number of child fatalities decreased between FFY 2017 and FFY 2018 slightly. Parental substance abuse leading to neglect and physical abuse continue to be the persistent reason for fatalities.

Perpetrators

Starting with the 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 preventative and post-response services. Post-response 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 of families from formal services to family-centered services after an assessment.

Special Focus

In Iowa, the NCANDS category of “other” maltreatment type includes either presence of illegal drugs in a child or manufacture and possession of a dangerous substance. Previously, substance abuse allegations were reported as neglect. Iowa is seeing an increase in parental substance abuse in general.

Kansas

Contact	Jill Loebel	Phone	785-368-8172
Title	MSA II, LBSW	Email	jill.loebel@ks.gov
Address	Kansas Department for Children and Families 555 S. Kansas Avenue, Fourth Floor Topeka, KS 66603		

Kansas was not able to submit commentary for FFY 2018.

Kentucky

Contact	Tracy DeSimone	Phone	502-564-7635
Title	Branch Manager, Quality Assurance	Email	tracy.desimone@ky.gov
Address	Kentucky Department for Community Based Services 275 East Main Street, 3E-A, Frankfort, KY 40621		

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 FFY 2018, Kentucky altered NCANDS reporting to reflect this policy change. Subsequently, the state went from reporting children with alternative response victim and alternative response nonvictims dispositions in FFY 2017 to reporting 0 in FFY 2018.

In FFY 2016, Kentucky removed the dispositional finding of services value not needed from the standards of practice (SOP) and from 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. For the purposes of NCANDS reporting, services needed is mapped to the NCANDS disposition of "other." Kentucky no longer maps a dispositional finding to alternative response.

Prior to the FFY 2017 submission modifications were made to population identified as "reunited with families." In past submissions, this included youth exiting to relatives. The current methodology just considers the population with an exit reason of reunification—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.

Safe care plan data and referral to Appropriate services are not currently captured in the Kentucky's SACWIS. A work request to add these fields to SACWIS has been submitted and the state anticipates the ability to report these data in future submissions.

Reports

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. 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.

Kentucky *(continued)*

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

Incident date is not a required field in Kentucky's SACWIS. The state will continue to monitor these data and may make improvements to SACWIS for future submissions.

Children

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.

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

Kentucky does not automatically consider siblings of an alleged victim as alleged victims. However, if there is concern that the maltreatment that child A has experienced may pose a risk that child B and child C are also experiencing maltreatment (sexual abuse, physical abuse), then risk of harm (neglect) may be accepted for investigation in regard to child B and child C.

Family structure/living arrangement values have been changed in Kentucky's SACWIS in an effort 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; non-parent relative caregiver household (includes relative foster care); and non-relative caregiver household (includes non-relative foster care). The option of unknown has been removed.

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, therefore, has led to an increase in total number of unique perpetrators reported.

Following the FFY 2016 submission, the state made an extraction/mapping change in an effort to report perpetrator as a prior abuser more accurately.

Services

Prevention services data is tracked in the In-Home Services Database, which is a separate database from SACWIS. While information regarding prevention services may be discussed in narrative fields in SACWIS, SACWIS is currently unable to identify those families who were referred to or received prevention services. Data exchange between SACWIS and the In-Home Services Database could potentially improve collecting and reporting of prevention services data in the future. In 2018, Kentucky used SSBG funds for protective services and did not contribute to prevention services for families or children.

Title IV-B Subpart I funds are used to make foster care maintenance payments for children who enter out-of-home care as the result of department intervention. Therefore, the state does not use Title IV-B Subpart I funds for prevention services.

There was an overall increase of referrals due to substance use/misuse and families needing additional resources in the community.

The state began collecting information regarding court-appointed representatives in FFY 2017. The only information currently captured in SACWIS regarding court-appointed representatives is whether or not a court-appointed representative (or *guardian ad litem*) was appointed to a child. Currently, entering this information into SACWIS is optional. In addition, workers may document contact between court-appointed representatives and children in a narrative field however entering this information is also optional and unable to be tracked in SACWIS at this time. Per the Administrative Office of the Courts (AOC), there is no agency within the state that collects data on court-appointed representatives' contact with children outside of court. While each representative may track this data him or herself, there is no database to compile this information. In addition, AOC has no oversight over court-appointed representatives; court-appointed representatives are part of the Kentucky Bar Association.

There was a substantial increase of the number of youth reunified with their families during the most recent year. The most recent year had an increase of nearly 14 percent. The average yearly increase over the previous 10 years was less than 1 percent.

Kentucky provides early intervention services through the First Steps program. Kentucky's SOP 4.28.2 states, "For all children, birth to age 3, and who are involved with a substantiated case of abuse or neglect, the SSW makes a referral to First Steps," therefore all child victims under age 3 are eligible for referral for services through the Individuals with Disabilities Education Act. The state does not collect data on the number of children referred to these services.

Special Focus

Around December 2017, the state began tracking data on the number of referrals of infants with prenatal substance exposure (IPSE) screened out, therefore the data submitted for FFY 2018 does not represent the entire federal fiscal year.

Louisiana

Contact	Kristen Brown	Phone	225–342–6703
Title	Child Welfare Consultant	Email	kristen.brown.dcf2@la.gov
Address	Louisiana Department of Children and Family Services PO Box 3318 Baton Rouge, LA 70821		

General

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

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

In August of 2018, the Department implemented a new case management system to capture data related to intake reports and investigations. As with all system implementation, a number of issues were identified. For example, the Department was unable to accurately report the average number of hours for initiation of an investigation.

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. These are additional information reports are often related to active investigations, in-home services cases, or out-of-home services cases. Generally, if a second report is received within 30 days of receipt of an initial report that is still under investigation, the second report is classified as an additional information report. Beginning in FFY 2016, more specialized training was provided to Centralized Intake Managers to aid in determining what cases should be accepted in accordance with the Louisiana Children’s Code definition of Child Abuse and Neglect.

After the discontinuation of the ARFA program 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).

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

- An act or a physical or mental injury which seriously endangered a child’s physical, mental or emotional health and safety; or
- A refusal or unreasonable failure to provide necessary food, clothing, shelter, care, treatment or counseling which substantially threatened or impaired a child’s physical, mental, or emotional health and safety; or a newborn identified as 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 non-caregiver 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

Louisiana saw no change in the number of fatalities from FFY 2017 to FFY 2018. During FFY 2017 and continuing into FFY 2018, the Department has employed the Eckerd Rapid Safety Feedback model. The purpose of this model has been to better identify children at higher risk of having a poor outcome—such as a fatality. From FFY 2016 to FFY 2017, the Department saw a significant decrease (36 percent) in the number of fatalities.

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.

Special Focus

Due to the implementation of a new case management system in August, the Department was only able to provide partial year's data on the new fields within the Child File related to juvenile sex trafficking and plans of safe care and appropriate services for families with an allegation of prenatal substance exposure.

Maine

Contact	Lori Geiger	Phone	207-624-7911
Title	Information Systems Manager	Email	lori.geiger@maine.gov
Address	Office of Child and Family Services Maine Department of Health and Human Services 2 Anthony Avenue, 11 State House Station Augusta, ME 04333-0011		

General

Maine continues to utilize the Structured Decision Making (SDM) Intake Screening and Response Priority Tool. It ensures that all reports received are assessed for meeting the statutory threshold for an in-person Office of Child and Family Services (OCFS) response. It identifies how quickly to respond, and the path of response, if whether a Community Intervention Program (CIP) or preventive service referral is appropriate. Preventive 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 increased in FFY 2018 from FFY 2017. All reports, including reports that are not appropriate, and are referred to as screened out, are documented in the State Automated Child Welfare Information System (SACWIS). The screening decision is performed at the Intake Unit using the SDM Tool. Reports that do not meet the statutory definition of child abuse and/or neglect and which the criteria for appropriateness of child abuse /neglect report for response is not met, are preliminarily screened out. The Maine statutory definition of child abuse and/or neglect is a threat to a child's health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these or failure to ensure compliance with school attendance requirements under Title 20-A, section 3272, subsection 2, paragraph B or section 5051-A, subsection 1, paragraph C, by a person responsible for the child.

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

Children

The total number of victims associated with completed assessments in FFY 2018 increased slightly from FFY 2017. 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 beginning FFY 2018 will be included in the NCANDS Child File.

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

Maine *(continued)*

Fatalities

In FFY 2018, Maine gained the ability to track child deaths at time of report, during assessment or while in care. Various state offices, along with the multidisciplinary child death and serious injury review board continue to share and compile child fatality data.

Perpetrators

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

Services

Only services through a Child Welfare approved service authorization are included in the NCANDS Child File. Maine continues to work with our contracted agencies for the future reporting of child/family prevention services in an NCANDS Child File. Considerable work was done to more accurately report services in January 2018.

Maryland

Contact	David Ayer	Phone	410-767-8946
Title	Deputy Executive Director of Operations	Email	david.ayer@maryland.gov
Address	Maryland Department of Human Resources 311 West Saratoga Street, 5th Floor Baltimore, MD 21201		

Maryland was not able to submit commentary for FFY 2018.

Massachusetts

Contact	Nicholas Campolettano	Phone	508–929–2013
Title	Management Analyst	Email	nicholas.campolettano@state.ma.us
Address	Massachusetts Department of Children and Families 600 Washington Street Boston, MA 02211		

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.

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 workdays.
- 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.

Reports

The number of screening and initial assessment/investigation workers listed is the estimated full-time equivalents (FTE) based on the number of screenings and initial assessments/investigations completed during the federal fiscal year (FFY), divided by the monthly workload standard for the activity, divided by 12. The workload standards are 55 screenings per month and 10 investigations per month. The number includes both state staff and staff working for the 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 2018, DCF social workers also performed screening, and investigation/initial assessment functions in addition to ongoing casework.

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.

The NCANDS category of neglect includes medical neglect; Massachusetts does not have a separate allegation type for medical neglect. Living arrangement data are not collected during investigations with enough specificity to report except for children who are in placement. Data on child health and behavior are collected, but it is not mandatory to enter the data during an investigation. Data on caregiver health and behavior conditions are not usually collected.

The state broadened inclusion of child risk factors of drug and alcohol abuse in preparation of CAPTA and reporting requirements for infants with prenatal substance exposure (IPSE)—prior submissions looked specifically at health/behavior screen entries while this year's submission was modified to include those with allegations of substance s exposure and neonatal abstinence syndrome.

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 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. 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

Contact	Theresa Keyes	Phone	517–574–2257
Title	Manager	Email	keyest@michigan.gov
Address	Michigan Department of Health and Human Services 235 South Grand Avenue Suite 505 Lansing, Michigan 48933		
Contact	Cynthia Eberhard	Phone	517–896–6213
Title	Child Welfare Data Manager	Email	eberhardc@michigan.gov
Address	Michigan Department of Health and Human Services 120 North Washington Square, 8th floor Lansing, Michigan 48933		

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 continues to explore ways to improve reporting specific child risk factors.

Fatalities

Michigan reports 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 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 stable families through programing by Families First of Michigan, Family Reunification

Michigan *(continued)*

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

Contact	Jean Swanson Broberg	Phone	651-431-4746
Title	Business/ Systems Analysis Supervisor Program Management Division	Email	jean.swanson-broberg@state.mn.us
Address	Minnesota Department of Human Services 444 Lafayette Rd N St Paul, MN 55164		

General

Minnesota has two response paths to reports of alleged child maltreatment, currently 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 which may include: statutorily required due to allegations of substantial child endangerment or sexual abuse, or discretionary use for reasons such as the frequency, similarity, or recentness of reports about the same family.

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 protection. 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 on March 31, 2015. Several recommendations resulted in legislation changes during the 2015 and 2016 legislative sessions. The decrease (2.2 percent) in the number of reports of maltreatment for FFY 2018 compared with FFY 2017 is hopefully an indicator that the child protection system is beginning to stabilize after many recent changes in policy.

Acceptance into either response path, family assessment or investigative, means that a report has been screened in as meeting Minnesota's statutory definition of alleged child maltreatment, so allegations accepted for either response are reported through NCANDS.

Family assessment response deals with the family system in a strengths-based approach and does not substantiate or make determinations of whether maltreatment occurred; however, a determination is made as to whether child protective services (CPS) are needed to reduce the risk of any future maltreatment of the children.

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.

Minnesota *(continued)*

During FFY 2018, the number of reports declined by 2.2 percent from the previous year. Hopefully, this indicates that the child protection system is beginning to stabilize after many recent changes in policy. In addition, average response time was also reduced in FFY 2018. One factor in the reduction of average time to response is the significant reduction in reports with a very long response time (more than 30 days) recorded. Additional resources have allowed for greater staffing at the local agencies and additional training for staff, as well as better guidance for prioritizing reports.

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 preventive services in the Agency File, and is noted below in the services section of this commentary.

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: children not in the county's jurisdiction, allegations have already been assessed or investigated, not enough identifying information was provided, or the incident did not occur within the family unit or a licensed facility. There is little variation in the proportion of screened out referrals for each of the reasons across years. In addition, Minnesota only screens in reports of children who have been born.

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 the average response time are due to a small number of extremely tardy investigation start times (time to first contact with alleged victims.) Tardy investigations were substantially reduced this past year. For FFY 2018, Minnesota saw a significant reduction in average time to begin investigations, largely due to increased emphasis in policy and practice on this area and increased workforce size. 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 determination of maltreatment (substantiation) or a determination of need for child protective services are retained for 10 years. Reports with neither determination (including all family assessment response reports) are kept for 5 years. Screened out child maltreatment reports are also now kept for 5 years. Timelines for record retention and destruction are set in Minnesota statutes.

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

Children

The NCANDS category of "other" living arrangement includes the designation of independent living and "other."

Fatalities

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 not previously recorded by child protective services, into Minnesota's Statewide Automated Child Welfare Information System, in 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 child welfare information system. The fatality data in this instance is delayed from the time of death, but eventually appears in Minnesota's NCANDS mortality counts.

Minnesota saw an increase in the number of maltreatment related fatalities in FFY 2018. Each fatality is a tragedy, and it is imperative that when such an incident occurs the state have a process for learning what we can to improve outcomes for all children and families moving forward. Minnesota recently implemented an evidenced based and trauma informed scientific critical incident review process called Collaborative Safety. The model is based in human factors and systems safety (Safety Science) that is utilized by other safety critical industries such as healthcare and aviation to review critical incidents within complex systems. Implementation began at the beginning of 2017.

Perpetrators

The NCANDS category of "other" perpetrator relationships includes other nonrelative. Minnesota allows child day care helpers at age 14; occasionally a young helper is a substantiated perpetrator of child maltreatment.

Services

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

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

Minnesota *(continued)*

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 for children involved with the court 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. However, the number of out-of-court contacts has remained quite stable, at 5-6 contacts, over the three years that this data has been available.

Mississippi

Contact	Shirley Johnson	Phone	601-359-4679
Title	Business System Analyst 1	Email	shirley.johnson@mdhs.ms.gov
Address	Mississippi Department of Child Protection Services P. O. Box 346 Jackson, MS 39205		

General

Beginning November 1, 2009, the Mississippi Department of Human Services (MDHS) entered into a contract 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 the Mississippi Department of Child Protection Services (MDCPS).

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. The title of the new agency was established as the 'Mississippi Department of Child Protection Services'. The Mississippi Department of Child Protection Services carries on the responsibilities of the Division of Family and Children's Services.

The centralized intake service consists of receiving, entering, screening and forwarding to the appropriate county or specialized staff all incoming reports of maltreatment of children. 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,

Infants with Prenatal Substance Exposure (IPSE)

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

- Level I includes reports that do not meet the statute 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. This includes reports with allegations meeting the legal definition of an abused child or neglected child as defined in the MS Code and meeting at least one of the following criteria:
 - Any child in current legal custody of MDCPS
 - Prior ANE report within the past 12 months or multiple ANE reports involving alleged victim
 - Child is at imminent risk of harm
 - Any sexual abuse
 - Any life threatening neglect
 - Any allegation of any child in the home ages 5 and under
- The state reports IPSE as referrals that do not meet the statute for ANE but rather informs that an infant has been born testing positive for substance use. These referrals are screened to a state office unit for review and referral for services to the infant and caregivers.

Mississippi *(continued)*

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

Mississippi Centralized Intake documents the reports that come into the hotline and the reports received electronically via an online reporting tool or mobile app. The information is gathered to determine how to answer the screening tool and, according to the level and type of report, the information is forwarded electronically to the corresponding county staff or specialized staff for investigation or assessment for services.

Children

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 as well as in efforts concerning infants with prenatal substance exposure.

Fatalities

Mississippi counts child fatalities where the medical examiner or coroner ruled the manner of death was a homicide. Mississippi also counts those child 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 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. 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, children who received preventive services covered under the Promoting Safe and Stable Families grant (PSSF) during the year were utilized by the Families First Resources Centers with some of these funds. Beginning on October 1, 2017, the CFSSP transitioned to the *in-CIRCLE Family Support Services Program*. Two vendors provide services for this program, however, only one provides services funded through PSSF funds, Youth Villages. Canopy Children's Solutions utilized state general funds to provide services.

The funding sources under the NCANDS category of "other" for children who received preventive services from the state during the year includes: Temporary Assistance for Needy Families (TANF), Children's Trust Fund of Mississippi and the Community Based Child Abuse Prevent Grant (CBCAP). Prevention services and support are provided via parenting programs, therapy, and other support services through sub-grantees. Currently, the state is unable to report on services provided through these funding sources due to agency reorganization. The state anticipates the ability to collect and report this data in future submissions. 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.

Special Focus

The state reports infants with prenatal substance exposure (IPSE) as referrals that do not meet the statute for ANE but rather informs that an infant has been born testing positive for substance use. These referrals are screened to a state office unit for review and referral for services to the infant and caregivers.

Missouri

Contact	Joni Ralph MSW	Phone	816-387-2092
Title	Management Analysis Specialist II	Email	joni.l.ralph@dss.mo.gov
Address	Missouri Department of Social Services 525 Jules Street Room 127 St. Joseph, MO 64501		

General

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

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

Family assessment responses (alternative responses) are screened-in reports of suspected maltreatment. Family assessment reports include mild, moderate, or first-time noncriminal reports of physical abuse or neglect, mild or moderate reports of emotional maltreatment, and educational neglect reports. These include reports where a law enforcement co-investigation does not appear necessary to ensure the safety of the child. When a 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. Online System for CA/N Reporting (OSCR): 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.

In January 2018, a new phone system was implemented in the Child Abuse and Neglect Hotline Unit (CANHU). This system allows for staff, out-based in three other counties, to respond to calls on the same platform as the Central Office unit staff. All calls still go through the main 800 number and are answered by the next available CSW. There are three queues in the new system that hold up to 50 Reporters total and there is not a maximum wait time. Priority 1 Queue-Emergency Calls and Child Reporters. Priority 2 Queue-Non-Emergency Permissive Reporters. Priority 3 Queue-Non-Emergency Mandated Reporters (Provided a 'Hold my Place' feature for Call Backs and given messaging for the Online System for CA/N Reporting- OSCR).

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, the response time indicated is based on the time from the login of the call to the time of the first actual face-to-face contact with the victim for all report and response types, recorded in hours. State policy enables, in addition to CPS staff, multidisciplinary team members to make the initial face-to-face contact for safety assurance. The multidisciplinary teams include law enforcement, local public school liaisons, juvenile officers, juvenile court officials, or other service agencies. Child protective services (CPS) staff will contact the multidisciplinary person to help with assuring safety. Once safety is assured, the multidisciplinary person will contact the assigned worker. The workers are then required to follow-up with the family and see all household children within 72 hours. Data provided for 2018 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.

In June 2017, Senate Bill 160 went into effect and 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 2018 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. For children in these reports, the maltreatment type was coded as “other” and the maltreatment disposition was 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 does determine substantiated findings when a death is due to neglect as defined in statute unlike many other states. Therefore, Missouri is able to thoroughly track and report fatalities as compared to states without similar statutes. Through Missouri statute, legislation created the Missouri State Technical Assistance Team (STAT) to review and assist law enforcement and the Children’s Division 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 hotline (CPS) agency is the central recipient for fatality reporting and the state statute requiring coroners and medical examiners to report all fatalities, Missouri could appear to have a higher number of fatalities, when compared to other states where the CPS agency is not the central recipient of fatality data. Other states may have to obtain fatality information from other agencies and thus, have more difficulty with fully reporting fatalities.

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 of 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.

Postinvestigation 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 FFY 2018. The Children's Trust Fund provided supplemental data regarding preventive services.

During the FFY 2018 reporting period, Missouri implemented the Signs of Safety practice model. Signs of Safety provides a framework for continuous focus on the reasons for Children's Division involvement and assessment of safety throughout the life of a case, with an emphasis on building families' natural support systems. The three core principles of Signs of Safety are working relationships between professionals and family members, thinking critically and fostering a stance of inquiry, and landing grand aspirations in everyday practice. Using specific tools, family members, Children's Division staff, and stakeholders assess the risk and safety of children and develop a plan for keeping children safe and helping families develop their own natural support systems.

Special Focus

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 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.

Children aged one year old and younger are reported as newborn crisis referrals and are not alerted to the counties as investigations or alternative response reports. During FFY 2018, there were 2,677 children under 1 year old screened out of the child file and alerted to Missouri Children's Division as Newborn Crisis Referrals. Of the 2,677 children referred, 464 (17 percent) were identified as being affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or Fetal Alcohol Spectrum Syndrome; and 397 (86 percent) of these children had a plan for safe care developed with their family.

Montana

Contact	Janice Basso	Phone	406-841-2414
Title	IT and Data Systems Manager	Email	jbasso@mt.gov
Address	Montana Department of Public Health and Human Services 301 S. Park; 5th Floor PO Box 8005 Helena, MT 59604-8005		

General

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

Reports

Montana Child and Family Services has a Centralized Intake Bureau or call center that screen each referral of child abuse or neglect to determine if it requires investigation, assistance, or referral to another entity. Referrals requiring immediate assessment or investigation are immediately called out to the field office. By policy, these Priority 1 reports receive an assessment or investigation within 24 hours. All other Child Protective Services Reports that require an assessment or investigation are sent to the field within 24 hours. In general, this has resulted in improved response times.

Fatalities

Due to the lack of legal jurisdiction, information in our system does not include child deaths that occurred in cases investigated by the Bureau of Indian Affairs, Tribal Social Services or Tribal Law Enforcement.

Perpetrators

Unknown perpetrators are given a common identifier within the state's data system.

Services

Data for prevention services are collected by State Fiscal Year (SFY).

Nebraska

Contact	Jarrod Walker	Phone	402-471-9112
Title	IT Business Systems Analyst	Email	jarrod.walker@nebraska.gov
Address	Nebraska Department of Health and Human Services 1033 O Street, Suite 400 Lincoln, NE 68508		

Child Welfare Administrative Structure

State Administered

Data File(s) Submitted

Child File, Agency File

Level of Evidence Required

Preponderance

General

During FFY 2018, the state of Nebraska continued to utilize the Structured Decision Making (SDM®) model, a research-based model, to assess reports of child safety and risk. SDM has been implemented throughout Nebraska since 2012. The utilization of SDM provides consistency in the decision making of protective services staff from the point of accepting reports of abuse and neglect through the assessment of child safety and assessing risk levels.

Nebraska has a two-tiered system of responding to accepted reports of abuse and neglect. Reports are assigned to a traditional assessment or an Alternative Response. Alternative Response reports are assessed as part of the Title IV-E Demonstration Project. This type of response is an approach to keep children safe in a family friendly way by doing things such as, making appointments to see them; asking permission to talk to their children and other collaterals; no abuse or neglect findings; offering concrete supports among other things. Alternative Response started as a pilot in 5 counties in 2014 and has since expanded statewide as of October 1, 2018. Since Alternative Response is a part of Nebraska's IV-E Demonstration Project, one-half of all cases eligible for Alternative Response receive a traditional response so that the evaluation component can compare the outcomes of Nebraska's Alternative Response program to the traditional response to families. Data for traditional and Alternative Response cases are reported to NCANDS.

Reports

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

Nebraska experienced a 10.59 percent increase in screened out reports and a 10.84 percent increase in children that were screened out during FFY 2018. This increase was based on the implementation of a process to refer neglect cases to community-based services, the

Nebraska *(continued)*

Nebraska Helpline, and to the Family Action Support Team (FAST). There has been a lot of work done to move to a prevention model utilizing community supports.

The response time was reduced by 6.21 percent during FFY 2018. In 2018, Nebraska implemented a process improvement initiative in the initial assessment process which resulted in a reduction in the number of steps and functions a worker must complete. This led to improving the response time by workers. Nebraska was able to report FTEs for staff responsible for screening, intake, and investigations in FFY 2018. Nebraska has not been able to report these numbers in recent years.

Children

In FFY 2018, Nebraska saw an 18.8 percent decrease in unique child victims. Nebraska conducted trainings on determining allegation findings including ensuring there was sufficient evidence for substantiation and findings. Nebraska also implemented more supervisor oversight when entering findings.

Fatalities

Nebraska reports child fatalities in both the Child File and the Agency File. Nebraska reported no child fatalities resulting from child maltreatment in FFY 2018. Nebraska continues to work closely with the state's Child and Maternal Death Review Team (CMDRT) to identify child fatalities that are the result of maltreatment but are not included in the child welfare system. When a child fatality is not included in the Child File, the state determines if the child fatality should be included in the Agency File. The official report from CMDRT with final results are usually made available two to three years after the submission of the NCANDS Child and Agency files. Nebraska will resubmit the Agency File for previous years when there is a difference in the count than was originally reported as a result of the CMDRT final report.

Perpetrators

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

In FFY 2018, Nebraska saw a 14.8 percent decrease in unique perpetrators. Nebraska conducted trainings on determining allegation findings including ensuring there was sufficient evidence for substantiation and findings. Nebraska also implemented more supervisor oversight when entering findings.

Services

Nebraska refers children who are younger than three years old to the Early Development Network (EDN). All children who are in a substantiated case will be referred to EDN as well as any child identified in an accepted report who has a suspected delay in their development. Nebraska has automated its referral system to its Early Childhood Development Network to automatically notify the network of children younger than three who are victims of maltreatment.

Nebraska *(continued)*

Nebraska believes that most of the services provided to families can be accomplished during the assessment phase, which is between the report date and the 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

Contact	Alexia Benshoof	Phone	775–687–9013
Title	Management Analyst	Email	abenshoof@dcfs.nv.gov
Address	Nevada Department of Health and Human Services 4126 Technology Way, 2nd Floor Carson City, NV 89706		

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 child welfare information system that is now under Comprehensive Child Welfare Information System (CCWIS) regulations—the system is 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. The DR program has served a approximately 1,018 referrals received throughout the state from CPS in State Fiscal Year (SFY) 2018 (July 2017–June 2018). However, Nevada is in the process of modifying the Differential Response program to better meet the needs of the child welfare agencies and the communities in which the agencies operate. Modifications to the program began occurring as early as July 2018 and will continue throughout FFY 2019. Nevada expects this to affect alternative response data in future NCANDS Child File submissions but not FFY2018 data as the modifications began toward the end of FFY 2018 and have not been fully implemented yet.

To summarize the planned changes, each child welfare agency (Clark County, Washoe County, Rural Region) is going to handle Differential Response (DR) differently for their agency. Clark County plans on modifying its DR program to a Community Collaborative Program designed to serve as a neighborhood-based family support system. The agency will conduct an initial assessment of a report that has been received through its intake hotline. Based on the assessment, the agency will either continue to work with the family or request the Community Collaborative to continue to work with the family based on the families’ needs. Washoe County is establishing an agency-based DR program. The agency will serve screened-in maltreatment reports and utilize internal staff to conduct the assessment and provide services to the family. Rural Region will be moving DR from a program that responds to screened-in CPS reports to a program that serves families in the context of a more traditional prevention model. DR will serve families brought to the agency’s attention through CPS intake that do not meet criteria for a screened-in maltreatment report, but do meet criteria, yet to be established, that indicates the family is at-risk for future involvement with the CPS system and is in need of assessment and services to reduce the likelihood of future involvement with the public child welfare system. Additionally, Rural Region also envisions criteria development of a referral process for families to receive voluntary services following CPS case closure. As noted previously, these changes will affect data reported to NCANDS but it remains to be seen what the impact will be.

Nevada *(continued)*

All three child welfare service regions in Nevada are continuing 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) 2018, there was an overall increase in reports of abuse or neglect as compared to the previous year.

Nevada has varying priority response timeframes 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, where 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.

Children

For FFY 2018, 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 increased compared to the previous year.

Fatalities

Fatalities identified in the information system as maltreatment deaths are reported in the Child File. Deaths not included in the Child File, for which substantiated maltreatment was a contributing factor, are included in the Agency File as an unduplicated count. Reported fatalities can include deaths that occurred in prior periods, for which the determination was completed in the next reporting period. The total number of NCANDS reported fatalities has decreased since the last reporting period.

Nevada 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,

Nevada *(continued)*

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 safety model are documented in the system, but these data are not readily reportable. The Child File contains some of the services from the statewide child welfare information system (UNITY), and the state is investigating steps to bring more of that information into the NCANDS report.

Nevada follows its statewide policy (#0502 CAPTA-IDEA Part C), which states: “Child welfare agencies will refer children under the age of three (3) who are involved in a substantiated case of child abuse or neglect, or who have a positive drug screen at birth, to Early Intervention Services within two (2) working days of identifying the child(ren) pursuant to CAPTA Section 106 (b)(2)(A)(xxi) and IDEA Part C of 2004.” The policy further defines “involved” to include children that are identified as: having been abused or neglected; having a positive drug screen at birth; or found in need of services.

New Hampshire

Contact	Lorraine Ellis	Phone	603-271-0837
Title	Business Systems Analyst	Email	lorraine.ellis@dhhs.nh.gov
Address	New Hampshire Division for Children, Youth and Families 129 Pleasant St Concord, NH 03301		

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 a high number of reports being driven by a combination of attention to the child protection system, growing educational efforts on the reporting of child abuse and neglect, and a continuing opioid challenge. This has resulted in higher numbers of reports and victims.

New Hampshire was authorized to hire 17 additional child protection direct care staff in June 2018. As of September 30, 2018, nine staff were in training, and 16 positions remained vacant. All State intake and assessment staff are full time employees. The contractor for after-hours intake uses some part time staff; the number of employees is reported as full-time-equivalents (FTEs.)

Children

By policy, New Hampshire completes an assessment of all children in a reported family if any of the children are alleged to be abused or neglected.

Fatalities

Historically, NH Division for Children, Youth and Families deferred investigation of child fatalities to law enforcement, but did investigate the safety of siblings in the family. Beginning in January 2018, DCYF is now conducting its own investigation of child fatalities that are suspected to be the result child abuse or neglect. This year's NCANDS files did not include any fatalities. However, we are aware of child fatalities that occurred during FFY 2018, and would formerly have been included in the FFY 2018 agency file, but instead will be included in the child file when the investigations are complete.

New Hampshire has a Child Fatality Committee consisting of 31 members representing government agencies (Attorney General; Judicial Branch; Board of Pharmacy; Division for Children, Youth and Families; Department of Safety; State Medical Examiner; Fire Marshall; Behavioral Health; Public Health; Drug and Alcohol Services); Law Enforcement (State and Local); Community Mental Health Services; Granite State Children's Alliance; NH Coalition Against Domestic and Sexual Violence; and Dartmouth Hitchcock Medical Center.

Perpetrators

New Hampshire generally does not name minors as perpetrators of neglect or physical abuse, except for juvenile parents who have abused or neglected their own children. Other minors may be named as perpetrators of physical abuse, however it is more likely that the report will be approached as parental neglect (lack of supervision) when a child is reported to be physically abused by another child in the home. By policy, no child under the age of 13 may

New Hampshire *(continued)*

be named as a perpetrator of sexual abuse. There are no other policies governing the age at which a minor may be named as a perpetrator. New Hampshire does not use “other” when reporting perpetrator relationships.

Services

Preventive services provided under the Promoting Safe and Stable Families Program and Social Services Block Grant are funded through a combination of Child Abuse State Grant, PSSFP and Social Services Block grant. The state contracts with various agencies in New Hampshire to provide prevention services. We are in the process of shifting the oversight and management of some of these services to some of our sister agencies that typically work with families more upstream, such as the Division of Public Health and the Division of Economic Security and Housing. This year we are reporting only the children served, rather than a combination of families and children.

The New Hampshire SACWIS does not currently record referrals made to IDEA agencies in a way that can be queried. In previous years we have relied on a report from another state agency, which aggregates activities of the various area agencies that complete evaluations. Those agencies only maintain records for the children who actually completed an intake and/or evaluation, but does not include the number of children who were referred, but whose parents did not respond to an invitation to have their child evaluated. Because the data is incomplete, we have elected to defer reporting of this information until it can be collected in the SACWIS.

“Other” services in Element 85 includes “ISO In-Home,” an Individual Service Option that provides comprehensive services for children/youth with significant challenges, which may be medical, physical, behavioral or psychological. The service therefore fits into several different service categories, but not precisely into any one category.

New Hampshire is only able to report 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.

Special Focus

New Hampshire reports perpetrators of sex trafficking when the perpetrator is a caregiver, or if the caregivers were complicit or failed to protect. The Child Protection agency investigates cases involving noncaregiver perpetrators of sex trafficking and includes them in the NCANDS, if the perpetrators were members of the child’s household. New Hampshire was not able to report victims of sex trafficking for FFY 2018 as all allegations of sex trafficking were unsubstantiated.

New Jersey

Contact	Nicole Ruiz	Phone	609-888-7336
Title	Program Specialist	Email	nicole.ruiz@dcf.nj.gov
Address	New Jersey Department of Children and Families 50 East State St Trenton, NJ, 08625		

Reports

The State Department of Children and Families (DCF), Division of Child Protection and Permanency (CP&P) investigates all reports of child abuse and neglect. The State system allows for linking multiple 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 Statewide Automated Child Welfare information System (SACWIS). These tools are required to be completed in the system prior to documenting and approving the investigation disposition.

This year, the state data shows an increase in the number of unique reports and a decrease in the number of substantiated victims in FFY 2018 compared with FFY 2017. While this indicates a decrease in the number of substantiated victims, it remains consistent with prior years and shows a continued trend in the decrease of victimization rates.

Children

Children with allegations of maltreatment are designated as alleged victims in the CPS Report and are included in the Child File. The NCANDS category of neglect includes medical neglect. The State SACWIS allows for reporting more than one race for a child. Race, Hispanic/Latino origin, and ethnicity are each collected in separate fields.

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 State NCANDS liaison 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 (New Jersey Spirit) is the primary source of reporting child fatalities in the NCANDS Child File. Specifically, child maltreatment deaths are reported in the NCANDS Child File field Maltreatment Death 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 under Child Maltreatment Fatalities Not Reported in the Child

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

Perpetrators are defined as persons responsible for a child's welfare who have abused or neglected a child. New Jersey requires them to be in a caregiver role to be considered a perpetrator.

Services

The State SACWIS reports those services specifically designated as Family Preservation Services, Family Support Services, and Foster Care Services as post investigation services in the Child File.

The Child Abuse and Neglect State Grant is one funding source for the Child Protection and Substance Abuse Initiative (CPSAI). We can report that with State Grant funding, CPSAI served 2,349 individuals. The Social Service Block Grant served 176,513 children with case management services. This number is unduplicated and includes children who may have had a CPS report during the fiscal year.

The State's Community-Based Prevention of Child Abuse and Neglect Grant funded seven Family Success Centers (FSC), the New Jersey Child Assault Prevention Program (NJCAP), the Prevent Child Abuse New Jersey Program (PCANJ), and the Strengthening Families Child Care Initiative (SFI). In addition, funding was provided to the Safe Haven program, the Help Me Grow program, and the Father Time program. In total, we can report that the Community-Based Prevention of Child Abuse and Neglect Grant served 92,192 children.

The State can also report the number of children eligible for a referral to Early Intervention Services and the number of children referred in FFY 2018. Compliance with this federal requirement is closely monitored by CP&P and New Jersey has reached an 87 percent referral rate for FFY 2018.

Special Focus

In 2013, New Jersey modified its allegation-based system to include allegations of Human Trafficking; specifically, Sexual Exploitation. The state did not modify the age of a sex trafficking victim and only investigates allegations up until 18 years of age. In addition, New Jersey only investigates child abuse and neglect allegations of sex trafficking where the alleged perpetrator is in a caretaking role. It should be noted this number does not represent the children who may be subjected to human trafficking by a noncaregiver. These children do receive services; however, they are not included in the CPS report count.

In 2017, New Jersey amended its regulations and further modified the allegation-based system to capture allegations of infants with prenatal substance exposure (IPSE). The state investigates all allegations of child abuse and neglect, no reports or children are screened-out. Community Outreach began in effort to inform our local healthcare partners of the new reporting requirements and New Jersey drafted internal policy around Plans of Safe Care.

New Jersey *(continued)*

A pilot program was created to assess and engage the families identified as meeting the requirements and so far, New Jersey has implemented this program in eleven of its twenty-one counties. We expect to have the rest of the state fully trained by May of 2019. There were two counties implementing Plans of Safe Care during FY18 and New Jersey can report this accounts for 115 investigations. Within these 115 investigations, 64 families engaged in creating a Plan of Safe Care and 52 families were referred to Appropriate services.

New Mexico

Contact	Doreen Chavez	Phone	505-412-9868
Title	SACWIS/AFCARS/NCANDS/FACTS Program Manager	Email	doreen.chavez@state.nm.us
Address	New Mexico Children, Youth & Families Department 4501 Indian School Rd NE, Bldg 3 Suite 200 Albuquerque, NM 87110		

General

There have been no recent changes in the state policies, programs, or procedures that would affect New Mexico's FFY 2018 NCANDS submission. New Mexico does not have two types of responses to screened-in referrals. All screened-in reports are investigated.

New Mexico is currently in the process of making changes to the current SACWIS system and is adding the fields necessary to capture information. The data will be reported in the 2019 submission.

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 decreased in FFY 2018 from the previous year. Unique children in our 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. In FFY 2018, New Mexico closed cases at a steady pace and did not pay special attention to those counties with high numbers of overdue investigations as this occurred in 2017. New Mexico continues to utilize 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 SACWIS:

- child living arrangement
- intellectual disability—caregiver
- learning disability—caregiver
- 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 referral of child maltreatment in facilities:

- Any screened out referral is cross-reported to law enforcement having jurisdiction over the incident; and
- 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
- caregiver
- surrogate parent
- perpetrator is a foster parent and the child is not under the care, placement, or supervision of the child welfare agency

Services

Within prevention services funded by community-based prevention of child abuse and neglect grants, despite some staff turnover, the number of children and families served remained steady for FFY 2018. Providers continue to collaborate with other community providers to ensure a continuum of support for families. This was the first year New Mexico reported on families served by the community-based prevention of child abuse and neglect. In previous years, the state reported only on the number of children served based on NCANDS instructions and guidance for programs that report both. These numbers may be underreported as contractors serve families who may live in separate households, but only count them as one family served.

Postinvestigation services are reported for any child or family involved in a child welfare agency report that has an identified service documented in the SACWIS as: 1) a service delivered, 2) a payment for service delivered, or 3) a component of a service plan. Services must fall within the NCANDS date parameters to be reported.

The state is not able to report on the following services data fields regarding information and referral services:

- Special Services-Juvenile Delinquency
- Employment Services
- Family Planning
- Housing services
- Independent and Transitional Living Services
- Legal Services
- Pregnancy/Parenting Services for young parents
- Respite care

Every substantiated investigation involving a child younger than 3 years old, per state policy, is referred to the Family Infant Toddler (FIT) Program for a diagnostic assessment. The referral occurs within 2 days of the substantiation. The date of this referral is documented in the state SACWIS prior to approval of the investigation results. The worker also notifies the family of the referral and provides them with a copy of the FIT fact sheet.

New Mexico no longer offers Family Preservation services per the Family Preservation Model. New Mexico offers In Home Services, which is a clinical intervention aimed at reducing safety threats and enhancing parental protective capacities. In Home Services is a

New Mexico *(continued)*

4 to 6 month intervention, specifically geared toward families who are at risk of child removal. New Mexico's in-home services clinicians are all licensed social workers or licensed clinical counselors. New Mexico offers preventive services to families Promoting Safe and Stable Families Program.

Special Focus

New Mexico is not able to report any fields relating to infants with prenatal substance exposure (IPSE) for the child file for FFY 2018 nor are we able to report referrals of IPSE by health care providers, if they are screened out by Statewide Central Intake however, will be able to report this information for the FFY 2019 submission.

In 2018, New Mexico Child Advocacy Network, NMCAN, partnered with the Administrative Office of the Court (AOC) to develop a new, uniform tracking sheet and process for out-of-court-contacts for local CASA programs. Programs began completing the new form in July of 2018 and data reporting continues to be inconsistent across the state. NMCAN and the AOC continue to work with programs to clarify the process to ensure uniform data reporting. NMCAN reports an average of 11 out-of-court contacts per year for FFY 2018.

New York

Contact	Vajeera Dorabawila, Ph.D.	Phone	518-402-7386
Title	Assistant Director	Email	vajeera.dorabawila@ocfs.ny.gov
Address	New York State Office of Children and Family Services 52 Washington Street, Room 323 North Rensselaer, NY 12144		

General

The state has continued to expand the number of local districts of social services using the alternative response, known as Family Assessment Response. Since it was first approved in 2008, 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. However, several are in the planning stages to start or re-start.

Reports

New York does not collect information about calls not registered as reports.

Children

Most of the NCANDS maltreatment type “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 infants with prenatal substance exposure (IPSE) which will be captured under alcohol and drug abuse risk factors for infants.

Not all children reported in the Child File have AFCARS IDs because the State uses different data systems with different child identifiers for child protective services and child welfare. The child welfare identifier (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. Those that have been reported in previous years and reported in a case closed in FFY 2018 were removed from the file. All of these fatalities are reported in the Agency File.

By state statute, all child fatalities due to suspected abuse and neglect must be reported by mandated reporters, including, but not limited to, law enforcement, medical examiners, coroners, medical professionals, and hospital staff, to the Statewide Central Register of Child Abuse and Maltreatment. No other sources or agencies are used to compile and report child fatalities due to suspected child abuse or maltreatment.

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.

New York *(continued)*

Services

The state is not able to report the NCANDS services fields at this time. Title XX funds are not used for providing child preventive services in this state.

North Carolina

Contact	John Ragosta	Phone	919–527–6406
Title	Child Welfare Data Team Manager	Email	heather.bohanan@dhhs.nc.gov
Address	North Carolina Department of Health and Human Services 820 S. Boylan Avenue Raleigh, NC 27603		

Reports

North Carolina maintains a statewide differential response to allegations of child maltreatment. 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 because the allegations, (if found to be true), would meet statutory definitions, the report is then 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 if the 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 (founded) 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.

Fatalities

Data about child fatalities are only reported via the Chief Medical Examiner’s Office. During the 2018 federal fiscal year there were 14 deaths classified as homicide by parent or caregiver.

Perpetrators

North Carolina associates one perpetrator per victim.

Services

Legislation requires that for all allegations of abuse, neglect, or dependency, all minors living in the home must be treated as alleged victims. The NCANDS category of “other” maltreatment type includes: “dependency” and “encouraging, directing, or approving delinquent acts involving moral turpitude committed by a juvenile.”

North Dakota

Contact	Marlys Baker	Phone	701-328-1853
Title	Child Protection Services Administrator	Email	mbaker@nd.gov
Address	North Dakota Department of Human Services 600 East Boulevard Avenue Bismarck, ND 58505		

General

Reports

North Dakota encompasses four American Indian Reservations. These reservations are sovereign nations, each of whom maintains the reservation's own child welfare system. Because of this, North Dakota's NCANDS data does not include child abuse and neglect data, or data on child deaths from abuse or neglect or near deaths from abuse or neglect which occurred in a tribal jurisdiction.

North Dakota does not report the number of screened-out reports. Under state law, all reports of suspected child abuse and neglect must be accepted. North Dakota adopted an administrative assessment process to triage reports. Data on 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, including:

- 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
- The concern in the report has been addressed in a prior assessment
- The concerns are being addressed through county case management or a Department of Human Services therapist
- Reports of pregnant women using controlled substances or abusing alcohol (when there are no other children reported as abused or neglected) are also included in the category of administrative assessments, as state law doesn't allow for a decision of "services required" (substantiation) in the absence of a live birth.

Assessments that are in progress when information indicates the report falls outside of the child abuse and neglect law may be "terminated in progress." Reports may also be referred to another jurisdiction when the children of the report are not physically present in the county receiving the report [these reports are referred to another jurisdiction (county, tribal, or state), where the children are present or believed to be present]. Reports involving a Native American child living on an Indian Reservation are referred to tribal child welfare systems or to the Bureau of Indian Affairs child welfare office. Reports concerning sexual abuse or physical abuse by someone who is not a person responsible for the child's welfare (noncare-giver) are referred to law enforcement.

The number of administrative assessments or referrals in FFY 2018 is 8,779. This total breaks down to 3,615 administrative assessments; 1,887 administrative referrals; 3,109 terminated in progress; and 165 pregnant woman assessments.

North Dakota *(continued)*

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. 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 for NCANDS.

System codes for contacts with children are indicated as worker/child or worker/family, which may or may not indicate contact with a victim. This is due to multiple programs using case activity codes, but does not allow specific NCANDS mapping for victim contacts. Additionally, the initial face-to-face contact with a victim for purposes of a safety assessment is allowed, by state policy, to be conducted by specific professional partners who have authority to provide immediate protection for the child (law enforcement, medical personnel, juvenile court staff, or military family advocacy staff), to assure safety in a rural environment where minimal staffing, weather, and distance can delay a worker's ability to respond quickly. Given this policy, face-to-face contact by a partner may occur previous to the report received date/time. State policy also specifies that the response time may vary by the category of the report. Response times may vary from 24 hours before or after a report for the most serious category to 3 days before or after a report for moderate-risk reports, to 14 days before or after the report for low-risk reports.

Because North Dakota is a county administered system, the state can only determine the numbers of full-time equivalents (FTEs) employed by a county for certain job titles, such as social worker or family service specialist. These FTEs may be employed in various county programs for varying portions of their FTE. 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. Counties may assign non-child welfare staff, such as clerical or economic assistance staff, to conduct CPS intake functions. These personnel are not included in the counts below.

In an attempt to glean the required information for NCANDS reporting, the state initiated a survey in which counties are asked to report the number of FTEs in their agency dedicated to CPS functions. Since roughly half of the state's counties, including the second largest county in the state, did not return survey results, the data may not be a true representation of the state's workforce.

Children

The number of victims increased from FFY 2017 to FFY 2018. This increase is consistent with the amount of increase in years past 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 for the primary reason of caregiver substance abuse.

North Dakota *(continued)*

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 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.

The North Dakota Child Fatality Review Panel coordinates with the North Dakota Department of Health Vital Records Division to receive death certificates for all children, ages 0–18 years, who receive a death certificate issued in the state. These death certificates are screened against the child welfare database and any child who has current or prior CPS involvement as well as any child who it can be determined is in the custody of the Department of Human Services, county social services, or the Division of Juvenile Services at the time of the death is selected for in-depth review by the Child Fatality Review Panel, along with any child whose manner of death as listed on the death certificate as accident, homicide, suicide, or undetermined. Any child for whom the manner of death is listed as natural, but whose death is identified as sudden, unexpected, or unexplained is also selected for in-depth review. As part of these in-depth reviews, records are requested from any agency identified in the record as having involvement with the child in the recent period prior to death, including law enforcement, medical facilities, CPS, the County Coroner and the State Medical Examiner's Office. By state law, any hospital, physician, medical professional, medical facility, mental health professional, mental health facility, school counselor, or division of juvenile services employee shall disclose all records with respect to any child who has or is eligible to receive a certificate of live birth and who died. Additionally, the State Medical Examiner's Office forensic pathologists participate in conducting the reviews. Data from each review is collected and maintained in a separate database. It is this database that is correlated with data extracted from the child welfare database for NCANDS reporting. Even though the NCANDS data does not contain child welfare data concerning children in tribal jurisdiction, the state is confident that all deaths in the state from all causes are identified, reviewed, and reported.

Perpetrators

North Dakota reports unknown perpetrators as unknown within the state's data system (FRAME). Perpetrator IDs for unknown perpetrators are unique to each assessment.

Institutional Child Protection Services are addressed in a separate section of the State statute. Under state statute, "Institutional child abuse or neglect" means situations of known or suspected child abuse or neglect when the institution responsible for the child's welfare is a 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

North Dakota *(continued)*

residential facility owned or managed by the state or a political subdivision of the state. An individual working as facility staff is not held culpable within Institutional Child Protection Services, rather, the facility itself is considered to be a ‘subject’ (perpetrator) of the report. Assessments of institutional child abuse or neglect are assessed at the state level, by regional staff, rather than at the county level as are CPS reports that are non-institutional. All reports of institutional child abuse and neglect are reviewed by a multidisciplinary State Child Protection Team on a quarterly basis. Determinations of institutional child abuse and neglect are made by team consensus. A determination of “indicated” means that a child was abused or neglected by the facility. A decision of “not indicated” means that a child was not abused or neglected by the facility.

There were 103 reports of institutional child abuse or neglect in FFY 2018 resulting in 25 completed full assessments. Of these full assessments 22 had a finding of “not indicated” and 3 had a finding of “indicated”. There were 45 assessments terminated in progress. There were 23 reports of ICPS that were administratively assessed/administratively referred. There remained 10 assessments open at the time of this report. There was a decrease in reports of institutional child abuse and neglect this FFY. Possible explanations for this decrease include a decrease in residential child care facility beds and facility staff turnover. There has been no change in policy, practice or law that would account for this decrease.

Services

The methods for Agency File Data components 5.1 and 5.2 include only children younger than 3 years. Of the children eligible and not referred, two children had been previously referred and were receiving IDEA services, five children had left the state and whereabouts were unknown for one of the five and two children were deceased. The reason for non-referral for the remaining 13 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.

Special Focus

North Dakota implemented a CPS alternative response option exclusive to substance exposed newborns (defined in state law as infants age 28 days or less) in November 2017 in response to the Comprehensive Addiction and Recovery Act amendments to CAPTA. This alternative response option includes development and monitoring of a plan of safe care for each substance exposed newborn (infants with prenatal substance exposure) 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 CPS assessment response. Data elements for alternative response have been included in the state’s data system but are not yet mapped to NCANDS Child File reporting. It is anticipated that data from the alternative response assessments will be included in NCANDS reporting for FFY 2019.

North Dakota *(continued)*

According to state law a “substance exposed newborn” means an infant younger than twenty-eight days of age at the time of the initial report of child abuse or neglect and who is identified as being affected by substance abuse or withdrawal symptoms or by a fetal alcohol spectrum disorder. The state law requires referral services and monitoring of support services for caregivers as well as a plan of safe care for the newborn. During June 2018, fields were added to enable the entry for plans of safe care and referrals to appropriate services. This data has not yet been mapped for NCANDS reporting. The state plans to have the mapping completed in FFY 2019. There were 60 substance exposed newborns identified from the start of data collection through the end of FFY 2018. Of the 60 identified substance exposed newborns, 53 had a plan of safe care and they and their caregivers were referred to appropriate services.

Data fields were added to capture the maltreatment type of sex trafficking as well as sex trafficking as a child risk factor. This data has not yet been mapped for NCANDS reporting. The state plans to have the mapping completed in FFY 2019. There was one child with an identified maltreatment of sex trafficking in FFY 2018 and 15 children with an identified child risk factor for sex trafficking.

Ohio

Contact	Denielle Ell-Rittinger	Phone	614-752-1143
Title	Program Administrator	Email	denielle.ell-rittinger@jfs.ohio.gov
Address	Ohio Department of Job and Family Services PO Box 183204 Columbus, OH 43218-3204		

General

Ohio implements a Differential Response (DR) System for screened in reports of alleged child abuse and/or neglect. The DR system is comprised of a traditional response (TR) pathway and an alternative response (AR) pathway. Children who are subjects of reports assigned to the AR pathway are mapped to NCANDS as AR nonvictim and have a disposition of “AR.” who are “alleged child victims” of reports assigned to the TR pathway receive a disposition:

- *Unsubstantiated*—the assessment/ investigation determined no occurrence of child abuse or neglect.
- *Substantiated*—there is an admission of child abuse or neglect by the person(s) responsible; an adjudication of child abuse or neglect; or other forms of confirmation deemed valid by the public children services agency (PCSA).
- *Indicated*—there is circumstantial or other isolated indicators of child abuse or neglect lacking confirmation; or a determination by the caseworker that the child may have been abused or neglected based upon completion of an assessment/investigation.

Ohio implemented improved SACWIS functionality during FFY 2017 to better capture child fatality data. Public Children Services Agencies 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

If the FFY 2018, Ohio experienced an increase in the number of screened in reports from FFY 2017.

Children

Requirements to record the race/ethnicity of children in Statewide Automated Child Welfare Information System (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 traditional response 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 public children services agency (PCSA) or children involved in a child protective services (CPS) report who died during the assessment or investigation period. As a county administered CPS system, Ohio PCSAs have discretion 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 three (3) child fatalities not included in the child FFY 2018 reporting year. This was a result of multiple reports screened in and substantiated addressing the fatality incident. During FFY 2018 reporting year three (3) children were not included in the child file. The children are reported in the agency file for the FFY 2018 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 alternative response pathway and the traditional response pathway. All children determined eligible were referred to Help Me Grow. Ohio’s SACWIS generates the Help Me Grow referral form.

Oklahoma

Contact	Elizabeth Roberts	Phone	405-522-37125
Title	Programs Manager II	Email	e.roberts@okdhs.org
Address	Oklahoma Department of Human Services PO Box 25352 Oklahoma City, OK 73125		

General

Oklahoma is participating in a pilot project in Oklahoma County involving Eckerd's Rapid Safety Feedback process. The process uses 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 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. A total of 400 families have been engaged through this review process between February 1, 2016 and September 30, 2018.

Oklahoma is also participating in a Title IV-E Waiver Demonstration Project. DHS has serviced children in the home since 2009 utilizing the evidence-based SafeCare model through a program entitled Comprehensive Home-Based Services (CHBS). The program is only appropriate for families where children are at moderate-risk of removal. 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 for families with children ages 0–12. The ISS contracted worker connects the family to appropriate community resources for 4–6 weeks. The implementation of ISS began in July 2015 in Region 3 and is now operational in all child welfare services regions. As of July 2018, 337 families have received ISS with 201 of those cases closed due to successful completion of the ISS requirements. The ISS program is being evaluated and so far is resulting in: fewer children entering out-of-home care; greater reduction in safety threats; greater increase in protective capacities; reduced rates of depressive symptoms over time; and improved parenting skills.

Reports

The Oklahoma DHS 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.

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. A Priority I report indicates the child is in present danger and at risk of serious harm or injury. Allegations of abuse and neglect may be severe and conditions extreme. The situation is responded to immediately, the same day the report is received. Priority II is assigned to all other reports. The response time is established based on the vulnerability and risk of harm to the child. Priority II assessments or investigations are initiated within 2–10 days from acceptance.

An assessment is conducted when a report meets the abuse or neglect guidelines, but does not constitute a serious and immediate safety threat to a child. The assessment uses the same comprehensive review to address allegations, identify behaviors and conditions in the home that lead to risk factors; and evaluate the protective capacities of the person responsible for the child's health, safety, or welfare to address the safety needs of each child in the family. Assessments do not have findings. When a child is determined unsafe in the initial stages of the assessment and the family's circumstances or the person responsible for care's behavior poses a risk to the child, an investigation is immediately initiated by the child welfare specialist.

Reports are screened out and not accepted for assessment or investigation include those:

- a) that clearly fall outside the definitions of abuse and neglect per OAC 340:75-3-120, including minor injury to a child 10 years of age and older who has no significant child abuse and neglect history or history of neglect that would be harmful to a young or disabled child, but poses less of a threat to a child 10 years of age and older;
- b) concerning a victim 18 years of age or older, unless the victim is in voluntary placement with DHS;
- c) where there is insufficient information to locate the family and child;
- d) where there is an indication that the family needs assistance from a social service agency but there is no indication of child abuse or neglect;
- e) that indicate a child 6 years of age or older is spanked on the buttocks by a foster or trial adoptive parent with no unreasonable force used or injuries observed per OAC 340:75-3-410; and
- f) that indicate the alleged perpetrator of child abuse or neglect is not a person responsible for care, there is no indication the caregiver failed to protect the child, and the report is referred to local law enforcement.

Allegations concerning the same incident received from the same or a different reporter are considered duplicate reports and may be screened out and associated with the original assigned assessment or investigation. Allegations concerning the same child and family received within 45 calendar days of a previously accepted and assigned report are considered subsequent reports and may be screened out and the allegations addressed in the ongoing report.

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 or near death due to abuse or neglect is made after a report is received from the office of the medical examiner, which may extend beyond a 12-month period. Fatalities are not reported to NCANDS until both the investigation and CPS program review, which is inclusive of the final determination, are completed.

The Child Protective Services Programs Unit program review includes:

- a) a review of the case record which is inclusive of the report to District Attorney; law enforcement reports; medical examiner's report of autopsy; medical records pertaining to the death or near-death and previous records when applicable; all pertinent case information

Oklahoma *(continued)*

- b) an assessment of compliance of findings with CPS standards per OAC 340:75-3-120 and OAC 340:75-3-130
- c) requests for additional information when determined necessary.

The Oklahoma Child Death Review Board conducts a review of every child death and near death in Oklahoma. State office CPS staff work closely with the Child Death Review Board and participate as a member of this board.

Perpetrators

Oklahoma defines a person responsible for the child's health, safety, or welfare (PRFC) as:

- a) the child's parent, legal guardian, custodian (*10A O.S. §1-1-105*), or foster parent;
- b) a person 18 years of age or older with whom the child's parent cohabitates or any other adult residing in the home of the child;
- c) an agent or employee of a public or private residential home, institution, facility, or day treatment program (*10 O.S. § 175.20*);
- d) an owner, operator, or employee of a child care facility (*10 O.S. § 402*) whether the home is licensed or unlicensed; or
- e) a foster parent maintaining a therapeutic, emergency, specialized-community, tribal, kinship, or foster family home responsible for providing care, supervision, guidance, rearing, and other foster care services to a child.

A referral to law enforcement is immediately made either verbally or in writing for the purpose of conducting a possible criminal investigation when, upon receipt of a report alleging abuse, neglect, or during the assessment or investigation, DHS determines:

- a) the alleged perpetrator is someone other than a PRFC (third-party perpetrator)
- b) abuse or neglect of the child does not appear attributable to failure on the part of a PRFC to provide protection for the child

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.

Services

Postinvestigation 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 6 months.

Special Focus

House Bill 3104 was signed into law on May 8, 2018 and it amended the definition of a "drug endangered child" (*10A O.S. § 1-1-105*) and provides a definition of "plan of safe care." A

“drug-endangered child” is defined as one 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, or the attempt of any of these acts by a person responsible for the health, safety or welfare of the child. Oklahoma defines a “plan of safe care” as a plan developed for an infant with Neonatal Abstinence Syndrome or a Fetal Alcohol Spectrum Disorder upon release from the care of a healthcare provider that addresses the health and substance use treatment needs of the infant and mother or caregiver. Oklahoma defines a “substance exposed infant” as a newborn who tests positive for alcohol or a controlled dangerous substance with the exception of substances administered under the care of a physician. Oklahoma defines “substance affected infant” as one who was born experiencing withdrawal symptoms as a result of prenatal drug exposure or fetal alcohol spectrum disorder as determined by the direct health care provider.

10A O.S. § 1-2-101(B)(2) was amended to reflect the following:

Every physician, surgeon, or other health care professional including doctors of medicine, licensed osteopathic physicians, residents and interns, or any other health care professional or midwife involved in the prenatal care of expectant mothers or the delivery or care of infants shall promptly report to the Department instances in which an infant tests positive for alcohol or a controlled dangerous substance. This shall include infants who are diagnosed with Neonatal Abstinence Syndrome or Fetal Alcohol Spectrum Disorder.

Referrals received regarding substance affected newborns that are not assigned for investigation:

- a) A plan of safe care is developed jointly between the PRFC and the child welfare specialist addressing the health and substance abuse treatment needs of the infant and PRFC.
- b) Within 60 calendar days, the CW specialist documents if the family voluntarily accessed the recommended services directly related to the child’s health and safety and the PRFC substance abuse treatment needs.

Referrals received regarding infants diagnosed with Neonatal Abstinence Syndrome or Fetal Alcohol Spectrum Disorder:

- a) A plan of safe care is developed jointly between the PRFC and the child welfare specialist that includes referring the infant to Sooner Start and to a medical provider to evaluate the effects of the substance on the child’s development
- b) The child welfare specialist inquires about any previously developed plans by a hospital or medical professional to address the infant’s and the mother’s or caregiver’s health and substance use treatment needs.
- c) The mother or caregiver is referred to substance abuse services that include a substance abuse assessment
- d) The CW specialist contacts the service providers prior to investigation closure to determine progress in services by the mother or caregiver.

The number of investigations in which a newborn tested positive at birth for a substance was 485 in SFY 2018, a slight increase from 460 in SFY 2017.

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

Oklahoma *(continued)*

exploitation 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 includes a specialized protocol for child abuse and neglect reports involving child victims of human trafficking. In February of 2018, the State Automated Child Welfare Information System was updated to reflect “trafficking” as an injury characteristic

Oklahoma was able to report sex trafficking as a maltreatment type in FFY 2018. Oklahoma will add fields related to infants with prenatal substance exposure (IPSE) to the state’s child welfare system in FFY 2019.

Oregon

Contact	Eloise Rasmussen	Phone	503-945-6093
Title	Data Collection and Reporting Research Analyst	Email	eloise.rasmussen@state.or.us
Address	Oregon Department of Human Services 500 Summer Street NE, E72 Salem, OR 97301		

General

OR-Kids, which is the name for Oregon's SACWIS (Statewide Automated Child Welfare Information Systems) was implemented in August of 2011. As a result, Oregon now collects data at the child level on nonvictims. The FFY 2018 will be Oregon's sixth 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 of 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 will have Report and Maltreatment Dispositions of "Alternative response nonvictim" as the response option.

A programming error was discovered which overcounted reports for FFY 2016 and FFY 2017 data so those years will be resubmitted. 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:

1. No report of child abuse/neglect has been made but the information indicates there is risk present in the family, but no safety threat.
2. 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.
3. An expectant mother reports that conditions or circumstances would endanger the child when born.
4. The child protection screener is unable to identify the family.

Children

FFY 2018 will be Oregon's sixth Child File that shows child-level data for all children associated with screened-in referrals, rather than just for children with substantiated maltreatment.

Fatalities

There is no systemic cause for the decrease in the number of fatalities between FFY 2017 and FFY 2018. 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 2018 represent deaths due to

Oregon *(continued)*

child abuse/neglect for cases where the findings were final and are correct as of February 13, 2019.

Perpetrators

Unique perpetrators between reports were assigned unique identification numbers starting in 2008.

Services

The state's SACWIS system does not collect data on preventive services; therefore, it does not currently have NCANDS child-level reporting on these services. Further, the NCANDS Child File information on services is not complete at this time.

Pennsylvania

Contact	Belinda Eigen	Phone	717-772-7124
Title	Business Analyst	Email	beigen@pa.gov
Address	Pennsylvania Department of Human Services 1006 Hemlock Drive Harrisburg, PA 17105		

General

Upon receipt of a report of suspected child abuse, the department shall immediately transmit a notice to the appropriate county agency that a report of suspected child abuse has been received. The notice shall include 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 our 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 27, 2014. The amended definitions of child abuse and perpetrator took effect December 31, 2014. The changes now require Pennsylvania to collect data on GPS reports, Pennsylvania's alternative response, and Pennsylvania plans to report that data in the future. Definitions outlined in this commentary reflect the amended statute that took effect December 31, 2014.

Pennsylvania defines child abuse as intentionally, knowingly, or recklessly:

1. Causing bodily injury to a child through any recent act or failure to act.
2. Fabricating, feigning, or intentionally exaggerating or inducing a medical symptom or disease which results in a potentially harmful medical evaluation or treatment to the child through any recent act.
3. Causing or substantially contributing to serious mental injury to a child through any act or failure to act or a series of such acts or failures to act.
4. Causing sexual abuse or exploitation of a child through any act or failure to act.
5. Creating a reasonable likelihood of bodily injury to a child through any recent act or failure to act.
6. Creating a likelihood of sexual abuse or exploitation of a child through any recent act or failure to act.
7. Causing serious physical neglect of a child.
8. Engaging in any of the following recent acts:
 - i. Kicking, biting, throwing, burning, stabbing, or cutting a child in a manner that endangers the child.
 - ii. Unreasonably restraining or confining a child, based on consideration of the method, location, or the duration of the restraint or confinement.
 - iii. Forcefully shaking a child under one year of age.

- iv. Forcefully slapping or otherwise striking a child under one year of age.
- v. Interfering with the breathing of a child.
- vi. Causing a child to be present at a location while a violation of 18 Pa.C.S. §7508.2 (relating to operation of methamphetamine laboratory) is occurring, provided that the violation is being investigated by law enforcement.
- vii. Leaving a child unsupervised with an individual, other than the child's parent, who the actor knows or reasonably should have known:
 - A. Is required to register as a Tier II or Tier III sexual offender under 42 Pa.C.S. Ch. 97 Subch. H (relating to registration of sexual offenders), where the victim of the sexual offense was under 18 years of age when the crime was committed.
 - B. Has been determined to be a sexually violent predator under 42 Pa.C.S. §9799.24 (relating to assessments) or any of its predecessors.
 - C. Has been determined to be a sexually violent delinquent child as defined in 42 Pa.C.S. §9799.12 (relating to definitions).
- 9. Causing the death of the child through any act or failure to act.
- 10. 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) 2018, the number of reports for suspected child abuse decreased from FFY 2017. Prior to FFY 2018, Pennsylvania saw 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 notifying a designated individual within their organization who was responsible to make the report. 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 has also been expanded to capture additional categories of individuals as perpetrators when they abuse a child.

Children

In FFY 2018 the number of victims increased by 1.8 percent from FFY 2017. This increase is likely due to the amendments to the law as described above.

Fatalities

Pennsylvania law requires that every child fatality and near fatality resulting from substantiated abuse, or on 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 for determining the root causes of severe child abuse and neglect; they are also used to better understand what responses or services can be used in the future to prevent similar occurrences.

Pennsylvania *(continued)*

Pennsylvania does not use data from sources and agencies other than child protective services to compile and report child 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 currently reports limited services data and plans on providing more complete services data in the future.

Puerto Rico

Contact	Lisa M. Agosto Carrasquillo	Phone	787-625-4900
Title	Director Central Registry	Email	lmagosto@familia.pr.gov
Address	Puerto Rico Department of the Family—Administration for Families and Children (ADFAN) PO Box 19409 185 Roosevelt Ave San Juan, PR 00910		

Contact	Carlos A. Rivera Otero	Phone	787-625-4900
Title	Deputy Administrator	Email	carlos.rivera@familia.pr.gov
Address	Puerto Rico Department of the Family—Administration for Families and Children (ADFAN) PO Box 19409 185 Roosevelt Ave San Juan, PR 00910		

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. Originally, Puerto Rico Law No. 171 of June 30, 1968 created the Department of Social Services, which was reorganized under Puerto Rico Law No. 1 of July 28, 1995 as the Department of the Family. As an umbrella agency, four Administrations operate with fiscal and administrative autonomy.

The Department of the Family composition is as follows:

- Office of the Secretary
- Administration for Children and Families- ACF (ADFAN, Spanish acronym)
- Administration of the Socioeconomic Development of the Family (ADSEF, Spanish acronym)
- Child Support Administration (ASUME, Spanish acronym), enacted by PL 86, August 17, 1994
- Administration for Integral Development of Childhood (ACUDEN, Spanish acronym) PL-179 August 1, 2003

The Administrations are agencies dedicated to execute the public policy established by the Secretary, in the different priority areas of services to children and their families including the elderly population. It establishes the standards, norms and procedures to manage the programs and provide the operation and supervision of the Integrated Services Centers (ISC) at the local levels. The regional levels (10 regional offices) supervise the local offices.

They are also responsible for implementing and developing those functions delegated by the Secretary through the redefinition and reorganization of the variety of services for the family including traditional services and the creation of new methods and strategies for responding to the needs of families. Work plans are prepared in agreement with the directives and require final approval of the Secretary.

Administration for Children and Families (ADFAN):

The functions and responsibilities of ADFAN are executed through the following programmatic and administrative components:

- Administrator's Office
- Assistant Administration for Adults and Community Services
- Assistant Administration for Prevention and Community Services
- Assistant Administration for Child Protective Services,

- Family Preservation and Support Services
- Assistant Administration for Foster Care and Adoption

The Assistant Administration for Child Protective Services is responsible for the investigation of intra-familial and institutional CA/N referrals. As one of its primary components, the State Center for the Protection of Children is responsible for the operation of the Child Abuse and Neglect Hotline and the Orientation and Family Support Hotline. Both lines are responsible for providing an expedited system of communication to receive family and/or institutional referrals and to provide orientation and crisis intervention in different areas of family life. It also operates the Central Registry, which maintains updated statistical and programmatic information about the movement of CAN referrals and cases receiving services by ADFAN.

In Puerto Rico, changes in policy processes related to child abuse investigations have not been established. We continue using the procedure established in the “Manual of Rules, Procedures and Rules of Execution of The Security Model in the Investigation of Reports of Maltreatment to Minors,” April 2013. The manual standardizes the processes to be able to evaluate safety areas and make decisions to protect child if necessary.

Reports

Changes in the number of reports was also affected by the factors associated with the atmospheric phenomenon. Less number of reports, less research completed due to lack of resources, lack of electricity, damage to communications, locations in other offices, structural damage, damage to work equipment. Obviously, a crisis that led to prioritize the basic needs of much of the population as well as the relocation of families, which resulted in a decrease in referrals received. In the same way, the phenomenon of emigration of families.

The referrals are evaluated according to the criteria already established in the security manual, the call screening is handled according to a protocol of included questions that reflect the collection of data aimed mainly at the identification of security situations in which It is necessary to take an action from the handling of the call with rapid response agencies to protect minors.

Children

If the FFY 2018 number of victims decreased from FFY 2017. The number of children was reduced considering the aspect of emigration and as a significant fact the Census Bureau shows that since 2016, even before Hurricane Maria, the population of children in Puerto Rico had been reduced by 22 percent in comparison with the Census of the 2010, a situation that increased by the emigration of families after the hurricane as of October 2017.

Fatalities

Last year did not reflect the data of deaths in the child file due to the lack of knowledge of users in a mechanized system that has been relatively little time implemented. This year we managed to enter the data, using as strategies; written communications, video and training, simple tools that show in a simple way the steps to follow to comply with the correct handling of the data of these children and be able to identify them in the file.

In PR, interventions of the dead minors referred through the direct line are carried out, even if an allegation of abuse is not clear. For these situations we handle what we call a “social emergency” that allows us to perform an intervention to verify the circumstances presented in the death of the child and if a suspicion of abuse or negligence is identified, a referral is made for a complete investigation.

Perpetrators

Currently under the law of protection to children in PR is not contemplated the human trafficking carried out by a third party if it does not fulfill the roles of father, mother, custodian or caregiver of the child, however if the situation is a product of the negligence of these people are in charge, the referral is done for research and state and federal law and enforcement agencies are involved in the handling of the human trafficking situation.

Services

The Orientation Line, through its operational structure, will be managing a project, *Grandparents who have the Responsibility for the Rearing of their Grandchildren*. This emerges as an initiative of the Administration of Families and Children, under the funds of Title IV B of the Social Security Law to handle situations with these non-traditional families. The responsibility for the management and services provided will be through the Line and direct guidance where the participant visits our offices.

The goal is to achieve the welfare of non-traditional families composed of grandparents in the role of raising their grandchildren, through social support services, counseling and access to public services, private and community entities. The overall objective is to provide guidance, support and counseling through a toll-free line to grandparents who are in charge of their grandchildren to ensure access to services that strengthen their parenting roles.

Rhode Island

Contact	Leon Saunders	Phone	401-528-3850
Title	Agency IT Manager	Email	leon.saunders@dcyf.ri.gov
Address	Rhode Island Department of Children, Youth and Families 101 Friendship St Providence, RI 02903		

General

In 2018, DCYF implemented a change to the response types for screened-in referrals. Reports can now be screened-in for investigation or for family assessment response (FAR). The Family Assessment Response process is:

- A. The Department utilizes a standardized screening tool to determine if a report made to the Hotline that contains a concern about the well-being of a child and does not meet the criteria for a child abuse/neglect investigation should be screened in for a family assessment.
 1. The family's participation in the family assessment is voluntary, the family may decline to participate. Should this occur, the family assessment caseworker and supervisor convene a meeting to reassess the risk and/or concerns to determine if they should be elevated to an investigation. If so, the family assessment caseworker files a report with the child abuse Hotline.
 2. The Department conducts a thorough assessment of child safety and risk for all children in the home during the family assessment response, and develops a safety plan with the family, if necessary.
 3. The family assessment consists of:
 - a. A face to face meeting is scheduled as soon as possible and must take place not later than three (3) business days of case assignment with the parent or guardian, the child, and any other household members and family supports. Face to face contact with the child who is the subject of the report and any siblings is subject to the consent of the parent or guardian.
 - b. Completion of a standardized risk and safety assessment.
 - c. Criminal background checks and Department clearances for caregiver(s), and household members over the age of eighteen (18).
 - d. Service assessment and delivery to stabilize and mitigate risk.
- B. Information that may be screened in for a family assessment response includes, but is not limited to, the following vulnerability factors and risk areas:
 1. Child is age (6) six and under;
 2. A caregiver or child's emotional, physical, or developmental condition;
 3. Circumstances indicating that the caregiver's protective capacity may be compromised but not to the level of requiring an investigation.
 4. A prior report within a twelve (12)-month period involving a family with a child age six (6) or under, or with two (2) or more children;
 5. One or more prior reports received on a family within a three (3)-month period;
 6. A prior indicated investigation or removal within the past twelve (12) months;
 7. Any other risk factors that may compromise the well-being of the child; or
 8. Whether the report was called in by a professional mandated reporter.

Rhode Island *(continued)*

- C. Any report screened in for a family assessment response may be upgraded to an investigation if there is any evidence or reason to suspect child abuse or neglect in accordance with this Rule and the Rhode Island statute governing child abuse/neglect investigations.
- D. All efforts are made to complete each family assessment response within thirty (30) days. If an extension of the thirty (30) day timeframe for completion of a family assessment response is necessary, a supervisor and/or administrator may grant an extension request up to fifteen (15) additional days.

A reorganization of the Child Protective Services division occurred in 2018. Social case-worker positions within the Intake Unit are being converted into child protective investigator positions. The conversion occurs as the social caseworker positions become vacant and are re-posted as child protective investigators.

There was a significant effort in 2018 to clear a backlog of pending CPS investigations. To speed the process of clearing the backlog, child protective investigators were allowed to enter multiple investigation contacts as a single note. This resulted in inaccurate date/time stamps for some investigations which impacted the investigation response time.

Reports

Rhode Island experienced a significant increase in the number of CPS reports received in 2018. This increase is primarily the result of the very public trial of a school official who was charged with failure to report child abuse. Because of this publicity, the number of CPS reports received from school personnel increased significantly from 1,226 reports (21 percent) in 2017 to 2,610 reports (30 percent) in 2018.

Children

Rhode Island experienced a significant increase in the number of alleged victims in 2018 that coincided with the increase in the number of reports. There was an increase of 607 indicated victims from 2017 (3,311) to 2018 (3,918), however there was an increase of 3,695 unsubstantiated victims from 2017 (5,447) to 2018 (9,142). The state believes this increase is due to school personnel reporting any potential incident that could be child abuse/neglect for fear of being prosecuted for failure to report.

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.

Perpetrators

RI policy defines child abuse/neglect as *Child abuse and neglect (CA/N) means a child whose physical or mental health or welfare is harmed, or threatened with harm, when his or her parent or other person responsible for his or her welfare. Person responsible for the child's welfare" means the child's parent or guardian, any individual, eighteen (18) years of age or older, who resides in the home of a parent or guardian and has unsupervised access to a child, a foster parent (relative or non-relative), an employee of a public or private residential*

Rhode Island (continued)

home or facility or any staff person providing out-of-home care, which includes family child care, group child care and center-based child care.

Special Focus

Rhode Island includes reports of noncaregiver perpetrators of sex trafficking. Rhode Island was not able to report victims of sex trafficking for FFY 2018 as all allegations of sex trafficking were unsubstantiated.

South Carolina

Contact	Lynn Horne	Phone	803-724-5933
Title	CAPSS Project Administrator	Email	lynn.horne@dss.sc.gov
Address	South Carolina Department of Social Services PO Box 1520 Columbia, SC 29201		

South Carolina was not able to submit commentary for FFY 2018.

South Dakota

Contact	JoLynn Bostrom	Phone	605-347-2588 ext. 203
Title	Program Specialist	Email	jolynn.bostrom@state.sd.us
Address	South Dakota Department of Social Services 2200 W. Main Street Sturgis, SD 57785		

General

Child Protection Services (CPS) does not utilize the Differential Response Model. CPS either screens in reports, which are assigned as Initial Family Assessments, or the reports are screened out. However, the Initial Family Assessment allows CPS to open a case for services based on 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 using the Screening Guideline and Response Assessment. Assignment is based on child safety and vulnerability. The response decision is related to whether the information reported indicates present danger, impending danger, or any other danger threat. A report is screened out if it does not meet the criteria in the Screening Guideline and Response Assessment as described above.

The reporter types listed as “other” in the child file include clergy, community person, coroner, domestic violence shelter employee or volunteer, funeral director, other state agency, public official and tribal official.

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.

South Dakota Codified Law 26-8A-3 mandates which entities are required to report child abuse and neglect.

“26-8A-3. Persons required to report child abuse or neglected child—Intentional failure as misdemeanor. Any physician, dentist, doctor of osteopathy, chiropractor, optometrist, emergency medical technician, paramedic, mental health professional or counselor, podiatrist, psychologist, religious healing practitioner, social worker, hospital intern or resident, parole or court services officer, law enforcement officer, teacher, school counselor, school

South Dakota *(continued)*

official, nurse, licensed or registered child welfare provider, employee or volunteer of a domestic abuse shelter, employee or volunteer of a child advocacy organization or child welfare service provider, chemical dependency counselor, coroner, or any safety-sensitive position as defined in § 3-6C-1, who has reasonable cause to suspect that a child under the age of eighteen has been abused or neglected as defined in § 26-8A-2 shall report that information in accordance with §§ 26-8A-6, 26-8A-7, and 26-8A-8. Any person who intentionally fails to make the required report is guilty of a Class 1 misdemeanor. Any person who knows or has reason to suspect that a child has been abused or neglected as defined in § 26-8A-2 may report that information as provided in § 26-8A-8.”

South Dakota Codified Law 26-8A-4 mandates that anyone who has reasonable cause to suspect that a child has died as a result of child abuse or neglect must report. The reporting process required by SDCL 26-8A-4 stipulates that the report must be made to the medical examiner or coroner and in turn the medical examiner or coroner must report to the South Dakota Department of Social Services.

“26-8A-4. Additional persons to report death resulting from abuse or neglect—Intentional failure as misdemeanor. In addition to the report required under § 26-8A-3, any person who has reasonable cause to suspect that a child has died as a result of child abuse or neglect as defined in § 26-8A-2 shall report that information to the medical examiner or coroner. Upon receipt of the report, the medical examiner or coroner shall cause an investigation to be made and submit written findings to the state’s attorney and the Department of Social Services. Any person required to report under this section who knowingly and intentionally fails to make a report is guilty of a Class 1 misdemeanor.”

When CPS receives reports of child maltreatment deaths as required under SDCL 26-8A-4 from any source, CPS documents the report in FACIS (SACWIS). Reports that meet the NCANDS data definition are reported to NCANDS.

The Justice for Children’s Committee (Children’s Justice Act Task Force) is also updated annually on the handling of suspected child abuse and neglect related fatalities.

Perpetrators

Perpetrators are defined as individuals who abused or neglected a child and are the child’s parent, guardian or custodian. The state information system designates one perpetrator per child per allegation.

Services

The Agency File data includes services provided to children and families where funds were used for primary prevention from the Community Based Family Resource and Support Grant. This primarily involves individuals who received benefit from parenting education classes or parent aide services.

The state of South Dakota, Division of Child Protection Services with the consent of the parent, refers every child under the age of 3 involved in a substantiated case of child abuse or neglect to the Department of Education’s Birth to Three Connections program. This program is responsible for the IDEA services. The parent or guardian is advised by the Division of Child Protection Services that with their permission, a referral to Birth to Three Connections

South Dakota *(continued)*

will be made for a developmental screening of their child. The parent or guardian needs to sign a DSS Information Authorization Form before the referral is made. The parent or guardian is also given a Birth to Three Connections brochure and provided the name of the service coordinator that will be contacting them to schedule the screening. The Birth to Three Connections intake form is then completed and faxed with the Information Authorization to the Birth to Three Connections coordinators to determine eligibility and write an Individual Family Service Plan for eligible children within 45 days of the receipt of the referral. Not all children referred by the Division of Child Protection Services to the Birth to Three program are eligible for services.

Tennessee

Contact	Neal Thompson	Phone	615–253–1017
Title	Business Intelligence Specialist-Intermediate	Email	neal.thompson@tn.gov
Address	Davy Crockett Tower 2nd Floor 500 James Robinson Parkway Nashville, TN 37208		

General

The state of Tennessee provided data concerning Sex Trafficking in the FFY2018 child file. The state of Tennessee made its first attempt at providing data for infants with prenatal substance exposure (IPSE) The data provided was only for a partial year. We expect the data for the FFY2019 submission file to be greatly improved.

Reports

The state definition of the start of an investigation differs from the NCANDS definition. Consequently, response time with respect to the initial investigation or assessment is again not reported in the Agency file.

Children

The NCANDS report source category of “other” includes referrals made by licensed persons from a social services group.

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 FFY2018 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 service 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 service fields are not collected and cannot be reported:

- Number of out-of-court contacts between the courts 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

Contact	Mark Prindle	Phone	512-929-6753
Title	System Analyst	Email	mark.prindle@dfps.state.tx.us
Address	Texas Department of Family and Protective Services 2323 Ridgepoint Dr Austin, TX 78754		

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 will be no change in the number or type of clients served but alternative response clients will be served in a different manner. Generally, the alternative response (AR) track will serve accepted child abuse and neglect cases that do not allege serious harm. AR cases will differ from traditional investigations cases in that there will be no substantiation of allegations related roles, or dispositions will not be used, names of perpetrators will not be entered into the Central Registry (a repository for confirmed reports of child abuse and neglect), and there will be a heightened focus on guiding the family to plan for safety in a way that works for them and therefore sustains the safety.

Beginning in November, 2014, alternative response (AR) was initially implemented in Regions 1, 3, and 11 to begin practicing AR and to develop experience and expertise. Implementation was staggered to allow for planning and training. Regions 7 and 9 were implemented in 2015. Regions 4, 5 and 10 were implemented in 2017. In 2018, Regions 2, 6b and 8 implemented AR. State-wide implementation is expected to be completed by July of 2019 with the implementation of 6A.

The SDM® system includes a series of evidenced-based assessments used at key points in child protection casework to support staff in making consistent, accurate, and equitable decisions throughout the course of their work with families. In Texas, select SDM assessments are being implemented across the state in two phases. Phase 1 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 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 FY 2018. Also, in FY 2018, the SDM Safety Assessment and Risk Assessment was implemented in alternative response.

Reports

All reports of maltreatment within DFPS' jurisdiction are investigated, excluding those which during the screening process are determined not to warrant an investigation based on reliable collateral information.

The state considers the start of the investigation to be the point at which the first actual or attempted contact is made with a principal in the investigation. In some instances, the worker will get a report about a new incident of abuse or neglect involving a family who is already being investigated or receiving services in an open CPS case. There are also instances in which workers begin their investigation when families and children are brought to or walk-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. Texas works on the principle that the two ends of the disposition spectrum are founded and unfounded with all else in the middle. NCANDS takes a slightly different view that the two sure points are founded and unfounded and everything else is less than either of these two points. The state's hierarchy for overall disposition is, from highest to lowest, RTB—reason to believe, UTD—unable to determine, R/O—ruled out, and UTC—unable to complete. Mapping for NCANDS reporting is: RTB=01, UTD=88, UTC=07, and R/O=05. An inconsistency in the hierarchies for the state and for NCANDS occurs in investigations where an alleged victim has multiple maltreatment allegations and one has a disposition of UTD while the other has a maltreatment disposition of R/O. According to the state's hierarchy, the overall disposition for these investigations is UTD. Mapping the report disposition to unsubstantiated as indicated in the NCANDS's Report Disposition Hierarchy report would be inconsistent with state policy.

There is no CPS program requirement or state requirement to capture incident date so there is no data field in the SACWIS system for this information. Historical problem: the date when an abuse/neglect incident happened does not conform to only one date when abuse/neglect is ongoing. Therefore identifying one date would be inaccurate.

Children

The state does not make a distinction between substantiated and indicated victims.

- A child has the role of designated victim when he or she is named as a victim in an allegation that has a disposition of reason to believe.
- A child (age 10 or older) has the role of designated perpetrator when he or she is named as a perpetrator in an allegation that has a disposition of reason to believe.
- A child (age 10 or older) has the role of designated both (i.e., designated victim and designated perpetrator in the same case) when he or she is named as a victim in an allegation that has a disposition of reason to believe and as a perpetrator in an allegation that has a disposition of reason to believe.

- A person (child or adult) has the role of unknown (unable to determine) when he or she is named in an allegation that has a disposition of unable to determine but is not named in another allegation that has a disposition of reason to believe.
- A person (child or adult) has the role of unknown (unable to complete) when he or she is named in an allegation that has a disposition of unable to complete but is not named in another allegation that has a disposition of reason to believe or unable to determine.
- A person (child or adult) has the role of not involved when: all the allegations in which the person is named have a disposition of ruled out, the overall disposition for the investigation is administrative closure, or the person was not named in an allegation as a perpetrator or victim.

The state can provide data for living arrangement at the time of the alleged incident of maltreatment only for children investigated while in a substitute care living situation. All others are reported as unknown.

Fatalities

- The source of information used for reporting child maltreatment fatalities is the reason for the death field contained in the DFPS IMPACT system.
- DFPS uses the state's vital statistics department, child death review teams, law enforcement agencies and medical examiners' offices when reporting child maltreatment fatality data to NCANDS. DFPS is the agency required by law to investigate and report on child maltreatment fatalities in Texas when the perpetrator is a person responsible for the care of the child. Information from the other agencies/entities listed above is often used to make reports to DFPS that initiate an investigation into suspected abuse or neglect that may have led to a child fatality. Also, DFPS uses information gathered by law enforcement and medical examiners' offices to reach dispositions in the child fatalities investigated by DFPS. Other agencies, however, have different criteria for assessing and evaluating causes of death that may not be consistent with the child abuse/neglect definitions in the Texas Family Code and/or may not be interpreted or applied in the same manner as within DFPS.

There was one child reported in the Agency File rather than the child file. The child died as a result of abuse/neglect in 2018 from injuries sustained in an investigation that had been reported in the Child File for FFY 2013.

Perpetrators

Relationships reported for individuals are based on the person's relationship to the oldest alleged victim in the investigation. The state is unable to report the perpetrator's relationship to each individual alleged victim but rather reports data as the perpetrator relates to the oldest alleged victim.

Currently the state's relationship code for foster parents does not distinguish between relative/non relative.

Utah

Contact	Dustin Steinacker	Phone	801–538– 4100
Title	Senior Business Analyst	Email	dsteinacker@utah.gov
Address	Utah Division of Child and Family Services 195 N. 1950 W. Salt Lake City, UT 84116		

General

Midway through FFY 2018, Utah’s DCFS released a new software module for recording CPS case data. In the process of rewriting our NCANDS reporting code to match new data structures, we’ve made some changes to our services and risk factors reporting for more accurate and thorough coverage of NCANDS reporting areas, as will be detailed below.

Reports

The investigation start date is defined as the date a child is first seen by CPS. The data is captured in date, hours, and minutes. A referral is screened out in situations including, but not limited to:

- The minimum required information for accepting a referral is not available.
- As a result of research, the information is found not credible or reliable.
- The specific incidence or allegation has been previously investigated and no new information is gathered.
- If all the information provided by the referent were found to be true and the case finding would still be unsupported.
- The specific allegation is under investigation and no new information is gathered.

The state uses the following findings:

- **Supported**—a finding, based on the information available to the worker at the end of the investigation, that there is a reasonable basis to conclude that abuse, neglect, or dependency occurred, and that the identified perpetrator is responsible.
- **Unsupported**—a finding based on the information available to the worker at the end of the investigation that there was insufficient information to conclude that abuse, neglect, or dependency occurred. A finding of unsupported means that the worker was unable to make a positive determination that the allegation was actually without merit.
- **Without merit**—an affirmative finding at the completion of the investigation that the alleged abuse, neglect, or dependency did not occur, or that the alleged perpetrator was not responsible.
- **Unable to locate**—a category indicating that even though the child and family services child protective services worker has followed the steps outlined in child and family services practice guideline and has made reasonable efforts, the child and family services child protective services worker has been unable to make face-to-face contact with the alleged victims to investigate an allegation of abuse, neglect, or dependency and to make a determination of whether the allegation should be classified as supported, non-supported, or without merit.

Children

Utah previously reported some contributing factors associated with a case (such as drug abuse or certain disabilities) as “caregiver risk factors.” However, upon review we have determined that many of these factors cannot be definitively linked to the caregiver(s), and beginning in FFY 2018 we will only report these factors if they are a characteristic linked to

a caregiver on the case. Factors related to the family's housing, poverty or home environment in a more general sense are reported as they were for FFY 2017.

Fatalities

Concerns related to child abuse and neglect, including fatalities, are required to be reported to the Utah DCFS. Fatalities where the CPS investigation determined the abuse was due to abuse or neglect are reported in the NCANDS Child File.

Services

As of April 2015, Utah's CPS workers no longer screen for developmental delays. Instead, all children 34½ months of age and under who are supported victims of abuse or neglect are automatically referred to the Utah Department of Health's Baby Watch Early Intervention Program (BWEIP). In this FFY 2018 submission, we have begun reporting a count of distinct victims in Utah at or under 34.5 months of age as a count of children eligible for early intervention service referrals, and of those actually referred. These counts are the same, as all eligible children are referred.

In addition, we have revised much of our services reporting to account for a wider range of qualifying activities. For both Family Preservation Services and Case Management Services, we have begun reporting more cases whose activities and purpose fit the NCANDS definition for these services, instead of more restrictive counts based on activities internally assigned these terms. We have also begun reporting several other services (such as mental health, transportation and housing services) based on caseworker records indicating a referral for these services. While service dates are not available for many of these services which we do not provide, we hope to improve this reporting element in the coming year.

Vermont

Contact	Melissa Burt	Phone	802-241-0879
Title	Quality Assurance Coordinator	Email	melissa.burt@vermont.gov
Address	Vermont Department for Children and Families 280 State Drive, HC1 North Waterbury, VT 05671		

General

In July 2009, Vermont implemented a differential response program with an assessment track and an investigation track. About 40 percent of cases are assigned to the assessment pathway. In the assessment pathway, the disposition options are services needed and no services needed. Cases assigned to the assessment pathway may be switched to the investigation pathway, but not vice versa. Data from both pathways are reported to NCANDS. The Family Services Division is responsible for responding to allegations of child abuse or risk of harm by caregivers and sexual abuse by any person (not just caregivers). In addition to conducting our statutory child abuse investigations and assessments, we also have an option to conduct family assessments. These family assessments do not meet statutory requirements for abuse and neglect but provide an option to engage with families where there are concerns. Because these family assessments are not part of our abuse and neglect statute, they are not reflected in our data. However, it is important to acknowledge that on an annual basis we conduct approximately 1,000-1,200 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 non-caregiver 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

Contact	Shannon Hartung	Phone	804-726-7554
Title	Program Manager Child Protective Services	Email	shannon.hartung1@dss.virginia.gov
Address	Virginia Department of Social Services 801 East Main St, 11th floor Richmond, VA 23219		

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

There were significant legislative changes that became effective on July 1, 2017 regarding victims of child maltreatment. Most significantly, all valid complaints or reports involving child victims under the age of 2 required a R1 response (within 24 hours) and all valid complaints or reports involving infants with prenatal substance exposure (IPSE) required a family assessment response, unless other circumstances warranted an investigative response. Prior to this

Virginia *(continued)*

legislation, response time was not dictated by the age of the child victim and IPSE complaints could be screened out if the mother had sought treatment. Additionally, CPS Guidance was updated in July 2017 to require LDSS to interview other children living in the home as collaterals. Furthermore, there were legislative changes that became effective on July 1, 2018; however, they were more administrative and procedural in nature and did not have a significant impact on child victims of maltreatment.

During this submission period, Virginia modified the data being submitted by removing non-victim children from NCANDS. The effect of this decision lowers the total number of children reported to NCANDS. However, it does not change the number of children identified as an alleged victim of child abuse and neglect reported.

Fatalities

Virginia prepares an annual report on child deaths investigated for child abuse or neglect across the Commonwealth. The report can be found on VDSS' public website at:

http://www.dss.virginia.gov/geninfo/reports/children/cps/all_other.cgi

In order for VDSS to investigate reports of child deaths, there must be a valid allegation of child abuse or neglect suspected to have been perpetrated by a caregiver. Virginia has a robust State Child Fatality Review Team and five Regional Child Fatality Review Teams. The State Child Fatality Review Team reviews child deaths across the Commonwealth by death type which includes child deaths that are not the result of child abuse or neglect. The Regional Child Fatality Review Teams review only child deaths that suspected to be the result of child abuse or neglect by a caregiver. Both teams make recommendations to VDSS to improve Virginia's response to child deaths.

Perpetrators

There have not been significant legislative or guidance changes during the reporting period regarding the definition of perpetrators. Virginia does not have an age restriction on perpetrators who are minors; however, the perpetrator regardless of age must be in a caretaking role of the victim child. Virginia does not report noncaregiver perpetrators of sex trafficking to NCANDS.

Services

Virginia offers CPS ongoing services to children and families. Services should be offered to all child victims and their families in completed family assessments or investigations where the risk is determined to be High or Very High. The worker and supervisor should assess the decision to open a case for services and document in the child welfare information system the decision not to open a case to include if the services need to be court ordered. Services may also be offered to children and families who are also in-need or determined to be at Low or Moderate risk.

Washington

Contact	Lisa Barber	Phone	360-407-1461
Title	Report Design/Development	Email	lisa.barber@dcyf.wa.gov
Address	Washington State Department of Children, Youth, and Families 1500 Jefferson St Olympia, WA 98504		

General

A Structured Decision Making intake screening tool (SDM) was implemented in late 2013, which supported the development of a two pathway response for CPS response when there were allegations of child abuse and neglect (CA/N) and clear definitions for CPS risk-only intakes. CPS risk-only intakes involve a child whose circumstances places 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 5,983. CPS Risk-Only intakes were not included in the FFY 2018 report.

Washington's Children's Administration (CA) prepared for the start of a new CPS differential response pathway called family assessment response (FAR). This preparation included developing a two pathway response for CPS intakes: investigation which requires a 24- or 72-hour response time, and FAR, requiring a 72-hour response. Intakes screened to FAR predominately contain allegations for physical abuse and neglect that are considered low risk, not requiring an immediate response. The SDM provides consistency in screening, and it guides intakes with neglect allegations considered low risk to the FAR pathway. Intakes involving cases that have had three or more screened in CPS intakes within the last 12 months or allegations of moderate to severe physical abuse and all sexual abuse allegations are screened to the investigation pathway. Intakes with any allegations of physical abuse for children under age 4, with a dependency within the last 12 months or an active dependency are screened to investigation. This two pathway response began in January 2014 in three offices and has been phased-in across the state as of June 2017. Up until FFYs 2013-2014, alternative response (10 day response) was assigned to intakes containing low-risk allegations. Services were offered to families with children through community-based contracted providers.

Reports

To be screened-in for CPS intervention, intakes must meet sufficiency. Washington's sufficiency screening consists of three criteria:

- Allegations must meet the Washington Administrative Code (WAC) for child abuse and neglect.
- The alleged victim of child abuse and neglect must be younger than 18 years.
- The alleged subject of child abuse or neglect has a role of parent, acting in loco parentis, or unknown.

Washington *(continued)*

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 types. In FFY 2015, there was a significant increase in intakes screened to the FAR pathway from FFY 2014, thus eliminating a large pool of victims receiving a finding. The increase in the number of intakes screened to the FAR pathway in FFY 2015 is a result of the staggered implementation of the FAR pathway across the state. In FFY 2016 there was a similar increase in intakes screened to the FAR pathway from FFY 2015 as a result of additional offices implementing FAR and due to additional training and consultation on the SDM intake screening tool and FAR pathway. Prior to full implementation of FAR, 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 the Washington state statute. Since the full implementation of FAR statewide, the number of intakes screened to the FAR pathway have continued to increase which resulted in a reduction of cases that involved a victim and subject.

During FFYs 2014–2016 there was a significant increase noted for 24-hour emergent intakes, both with allegations of CA/N and CPS risk only. Also during FFYs 2014–2015, there was an enhanced focus on child safety related to children age 0–3. A new intake policy was implemented requiring that screened-in physical abuse intakes regarding children 0–3 would be investigated, and children would be seen within 24 hours. In FFY 2017 there was again an increase in CPS Risk Only and 24-hour emergent intakes.

The Department of Licensed Resources (DLR), CPS, and DLR-CPS risk-only intakes alleging, abuse or neglect of 18–21 year old youth 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 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.

Washington *(continued)*

An analysis of common risk factors found for Washington state families involved in CPS since 2009 have shown an increase in negative outcomes over time. The risk factors are parent criminality, parent mental illness, parent substance abuse, family economic stress, domestic violence and family homelessness. In addition to the increase in negative outcomes, the families have more risk factors per individual family than in previous years. Negative outcomes are recurrence, 90-day placement rate, founded rate and families with a new founded or child(ren) placed within 365 days of investigation completion. This may assist in explaining the increased number of CPS intakes overall and a substantial increase in the number of 24-hour response times for CPS investigations.

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 preventive and remedial services from the following sources: community based services such as Public Health Nurses; Infant Mental Health; Head Start and the Parent-Child Assistance Program; and contracted services, including several evidence based practices such as Homebuilders, Incredible Years, Safe Care, Triple P, Parent-Child Interaction Therapy, and Promoting First Relationships. Families can also receive CPS childcare, family reconciliation services, family preservation, and intensive family preservation services. The number of recipients of the community-based family resource and support grant is obtained from community-based child abuse prevention (CBCAP).

West Virginia

Contact	Stephanie Lindley	Phone	304-558-5864
Title	Functional Manager	Email	stephanie.l.lindley@wv.gov
Address	West Virginia Department of Health and Human Resources One Davis Square, Suite 200 Charleston, WV 25301-1785		

General

West Virginia does not have a differential response program.

The Bureau and the FACTS team have started work on the new Integrated Eligibility System. Also, FACTS staff, mainly on the technical side, has been depleted to almost nothing. Therefore, WV was unable to get the NCANDS Extract updated for the reporting of infants with prenatal substance exposure (IPSE), as well as the numbers needed for the Agency File for CARA. We are hopeful that this coding will be completed in time for FFY 2019's submission. In addition, the state hopes to report sex trafficking as a maltreatment type in FFY 2019.

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 our computer system called Facts. The Child Fatality Team operated through Public Health by the Medical Examiner's office no longer provides our Bureau with this data to report. However, the medical examiner's office is a mandated reporter and reports all cases to BCF that they feel are due to abuse and/or neglect.

Not all child or infant deaths are investigated by our Bureau 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 our agency for quality assurance purposes.

Services

The 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, and 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

Contact	Fredi-Ellen Bove	Phone	608-422-6891
Title	Administrator: Division of Safety and Permanence	Email	frediellen.bove@wisconsin.gov
Address	Wisconsin Department of Children and Families 201 East Washington Avenue, Rm. E200 PO Box 8916 Madison, WI 53708-8916		

General

There were no significant state policy changes that affect the data submission; however, Wisconsin will be reporting on children who have been identified as alleged and substantiated sex trafficking victims for the first time. Additionally, some data cleanup revisions were made during FFY2 017 to prevent some errors from occurring in the future. For example, policy staff worked with counties to close some of their overdue cases, which had the effect of reducing the RPTDT error (Report Date error). This error is described as, “For nonfatality records, the Report Date must not be earlier than the first day of the submission period minus one year”. Whereas FFY 2017 had 309 of these errors, FFY 2018 had only 112 errors.

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. 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 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.

Wisconsin *(continued)*

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 are reported in the Child 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

Wisconsin is currently not able to report prevention services for FFY 2018. 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.

Special Focus

Wisconsin was able to report sex trafficking as a maltreatment type in FFY 2018. With the exception of cases of alleged sex trafficking, CPS agencies in Wisconsin are currently not required to investigate instances of abuse by noncaregivers, so those reports may be screened out.

Wisconsin will not be reporting on the new fields in the Child File for plan of safe care and referral to appropriate services as the state is unable to definitely state which services the infant, family, and/or caregiver may have received, or if these services are appropriate.

Wyoming

Contact	Debra Hibbard	Phone	307-777-5479
Title	Special Investigation Analyst	Email	debra.hibbard@wyo.gov
Address	Wyoming Department of Family Services 2300 Capital Avenue, Hathaway Building, 3rd Floor Cheyenne, WY 82002		

Wyoming was not able to submit commentary for FFY 2018.

