Child Maltreatment 2020

31st YEAR OF REPORTING

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

ACF

Children's Bureau

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

Public Domain Notice

Electronic Access

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

Questions and More Information

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

Data Sets

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

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Child Maltreatment

Letter from the Associate Commissioner:

Child Maltreatment 2020 is the latest edition of the annual Child Maltreatment report series. States provide the data for this report via the National Child Abuse and Neglect Data System (NCANDS). NCANDS was established as a voluntary, national data collection and analysis program to make available state child abuse and neglect information. Data have been collected every year since 1991 and are collected from child welfare agencies in the 50 states, the Commonwealth of Puerto Rico, and the District of Columbia. Key findings in this report include:

- The national rounded number of children who received a child protective services investigation response or alternative response decreased from 3,476,000 for federal fiscal year (FFY) 2019 to 3,145,000 for FFY 2020.
- Comparing the national rounded number of victims from FFY 2019 (656,000) to the national rounded number of victims in 2020 (618,000) also shows a decrease.
- The FFY 2020 data show three-quarters (76.1%) of victims are neglected, 16.5 percent are physically abused, 9.4 percent are sexually abused, and 0.2 percent are sex trafficked.
- The national estimate of victims who died from abuse and neglect decreased from 1,830 for FFY 2019 to 1,750 for FFY 2020. The rate of child fatalities also decreased from 2.48 per 100,000 children in the population to 2.38 per 100,000 children in the 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/data-research/child-maltreatment.

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

Sincerely,
/s/
Aysha E. Schomburg
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 2019, 52 states reported data and for 2020, 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 2020* marks the 31st 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 2020 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. The Children's Bureau greatly appreciates the dedication of child welfare agencies to ensure worker's safety while continuing to serve children and families during a global pandemic.

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Child Abuse and Neglect Data During the Pandemic

The child maltreatment data collected from states and analyzed for this year's report are different from data collected during prior years due to the pandemic caused by COVID-19.[2] While the core of this annual Child Maltreatment report remains the same as in previous years, tables comparing 2020 to 2019 data by quarters are added for key analyses to examine differences. The quarterly breakouts were chosen to enable targeted analyses of the lockdown period of March–June. These tables are located in Chapter 7, Special Focus. Additionally, states were encouraged to provide comments about how their child welfare agencies conducted operations during the year and especially during the lockdown period. Many states provided comments, which are included in Appendix D, State Commentary.

Nearly every state and U.S. Territory experienced some lockdown restrictions to reduce the spread of COVID-19. Most schools transitioned to virtual classrooms making it difficult for the largest group of child abuse and neglect reporters, education personnel, to observe suspected maltreatment and submit maltreatment allegations. According to Education Week, a nonprofit organization dedicated to reporting education-related news since 1981, "at their peak, the [school] closures affected at least 55.1 million students in 124,000 U.S. public and private schools."[3] Whether or not a school closed, how long the closure lasted, and when and how the school transitioned to virtual learning varied widely depending upon the school district, region, and state. Education Week has since stopped updating its state maps, but information for the 2020–2021 school year may be found on its website at https://www.edweek.org/leadership/map-where-are-schools-closed/2020/07.

According to comments provided by states in appendix D, many Hotlines transitioned to virtual call centers with little or no down time and remained open throughout lockdown. In addition, 22 states said their agency transitioned to a mixture of virtual and in-person investigations and assessments depending on various screening factors, and 19 states said they continued in-person CPS responses. The remaining states did not comment on CPS response processes. Many agencies that conducted some or all in-person responses said that they provided workers with personal protective equipment and conducted prescreening for COVID symptoms.

[2] *Severe acute respiratory syndrome coronavirus 2 virus.*
[3] *https://www.edweek.org/leadership/map-coronavirus-and-school-closures-in-2019-2020/2020/03*

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Overview

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

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

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

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

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

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

The data are submitted voluntarily by the 50 states, the District of Columbia, and the Commonwealth of Puerto Rico. The first report from NCANDS was based on data for 1990. This report for federal fiscal year (FFY) data is the 31st issuance of this annual publication. (See chapter 1.)

How are the data used?

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

What data are collected?

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

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

Where are the data available?

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

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

For 2020, CPS agencies received a national estimate of 3.9 million (3,925,000) total referrals. The 3.9 million total referrals alleging maltreatment includes approximately 7.1 million (7,100,000) children. The national rate of screened-in referrals (reports) is 28.9 per 1,000 children in the national population. Among the 47 states that report both screened-in and screened-out referrals, 54.2 percent of referrals are screened in and 45.8 percent are screened out. (See chapter 2.)

Who reported child maltreatment?

For 2020, professionals submitted 66.7 percent of reports alleging child abuse and neglect. The term professional means that the person has contact with the alleged child maltreatment victim as part of his or her job. This term includes teachers, police officers, lawyers, and social services staff. The highest percentages of reports are from legal and law enforcement personnel (20.9%), education personnel (17.2%), and medical personnel (11.6%).

Nonprofessionals, including friends, neighbors, and relatives, submitted fewer than one-fifth of reports (17.0%). Unclassified sources submitted the remaining reports (16.3%). 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 2020, there are nationally 618,000 (rounded) victims of child abuse and neglect. The victim rate is 8.4 victims per 1,000 children in the population. (See chapter 3.) Victim demographics include: Children younger than 1 year old have the highest rate of victimization at 25.1 per 1,000 children of the same age in the national population.

The victimization rate for girls is 8.9 per 1,000 girls in the population, which is higher than boys at 7.9 per 1,000 boys in the population. American-Indian or Alaska Native children have the highest rate of victimization at 15.5 per 1,000 children in the population of the same race or ethnicity; and African-American children have the second highest rate at 13.2 per 1,000 children of the same race or ethnicity.

What were the most common types of maltreatment?

NCANDS collects all maltreatment type allegations, however only those maltreatments with a disposition of substantiated or indicated are included in the Child Maltreatment report. A child may be determined to be a victim multiple times within the same FFY and up to four different maltreatment types in each victim report. This means the totals may equal more than 100 percent.

A victim who has more than one type of maltreatment is counted once per type. This answers the question of how many different types of maltreatment do victims have, rather than how many occurrences of each type. For FFY 2020, 76.1 percent of victims are neglected, 16.5 percent are physically abused, 9.4 percent are sexually abused and 0.2 percent are sex trafficked. (See chapter 3.)

How many infants with prenatal substance exposure are there?

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

FFY 2020 data show 42,821 infants in 49 states being referred to CPS agencies as infants with prenatal substance exposure. The majority (81.9%) of IPSE were screened-in to CPS to receive either an investigation or alternative response. Nearly one-fifth (18.1%) of IPSE were screened-out.

For FFY 2020, 27 states reported 21,964 screened-in IPSE (71.4 percent) have a plan of safe care and 28 states reported 20,648 screened-in IPSE (65.0%) have a referral to appropriate services. (See chapter 3.)

What risk factors do caregivers have?

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

The largest percentages of victims with caregiver risk factors are those reported with domestic violence and drug abuse. In 41 reporting states, 121,215 victims (26.4%) have the drug abuse caregiver risk factor and in 37 reporting states, 125,538 victims (28.7%) have the domestic violence caregiver factor. (See chapter 3.)

How many children died from abuse or neglect?

Child fatalities are the most tragic consequence of maltreatment. For FFY 2020, a national estimate of 1,750 children died from abuse and neglect at a rate of 2.38 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 46.4 percent of child fatalities younger than 1 year old and who died at a rate of 23.03 per 100,000 children in the population of the same age.
- Boys have a higher child fatality rate at 2.99 per 100,000 boys in the population when compared with girls at 2.05 per 100,000 girls in the population.
- The rate of African-American child fatalities (5.90 per 100,000 African-American children) is 3.1 times greater than the rate of White children (1.90 per 100,000 White children) and 3.6 times greater than the rate of Hispanic children (1.65 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 483,285 perpetrators. (See chapter 5.) The analyses of case-level data show:

- More than four-fifths (83.2%) of perpetrators are between the ages of 18 and 44 years old.
- More than one-half (52.0%) of perpetrators are female and 47.1 percent of perpetrators are male.
- The three largest percentages of perpetrators are White (48.4%), African-American (20.8%), and Hispanic (20.1%).
- The majority (77.2%) 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 2020:

- Forty-six states reported approximately 2.0 million (1,963,369) children received prevention services.
- Approximately 1.2 million (1,159,294) children received postresponse services from a CPS agency.
- Approximately two-thirds (59.7%) of victims and one third (27.1%) of nonvictims received post-response services.

What is the Special Focus chapter?

The purpose of this chapter is to highlight analyses of specific subsets of children or data analyses focusing on a specific topic. These analyses may otherwise have been spread throughout the report in different chapters, which can make it more difficult for readers to see the whole analytical picture. The analyses included in this chapter for FFY 2020 focus on quarterly analyses of child welfare data during the COVID-19 pandemic by comparing FFY 2020 quarterly data (October 2019 through September 2020) with the same quarters from FFY 2019 (October 2018 through September 2019). Additionally, states were asked to provide comments about how their child welfare agencies continued operations during the year, especially during the period from March through June 2020. (See chapter 7 and Appendix D.) Key highlights include:

- FFY 2020 shows a total decrease of 10.5 percent in the number of total screened-in referrals compared with FFY 2019. While there is an overall decrease, analyzing the data by quarters shows both increases and decreases, depending upon the quarter.
- FFY 2020 shows an overall decrease of 11.0 percent in the number of total report sources when compared with FFY 2019. The largest changes are in the professional report sources, which decreased 13.2 percent from FFY 2019.
- Overall, for FFY 2020, the number of children who received an investigation or alternative response decreased 9.5 percent from FFY 2019. The largest decreases occurred during April through September 2020.
- For FFY 2020 there is a 5.8 percent decrease in the number of victims when compared with FFY 2019. The decrease occurred during the second half of the fiscal year. Throughout FFY 2019 the number of children determined to be victims of maltreatment is stable for each quarter. During FFY 2020, the number decreases starting in April through September.
- Grouping the victims by approximate education categories (preschool/kindergarten, elementary, etc.) shows that victims in the age group of 6–12 have the largest percent decrease at 8.2 percent.
- The racial distributions show that for nearly all race categories, there is a decrease during the last 6 months of FFY 2020. However, victims of American Indian or Alaska Native descent had an increase of 1.4 percent for the fiscal year.

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, 2016–2020

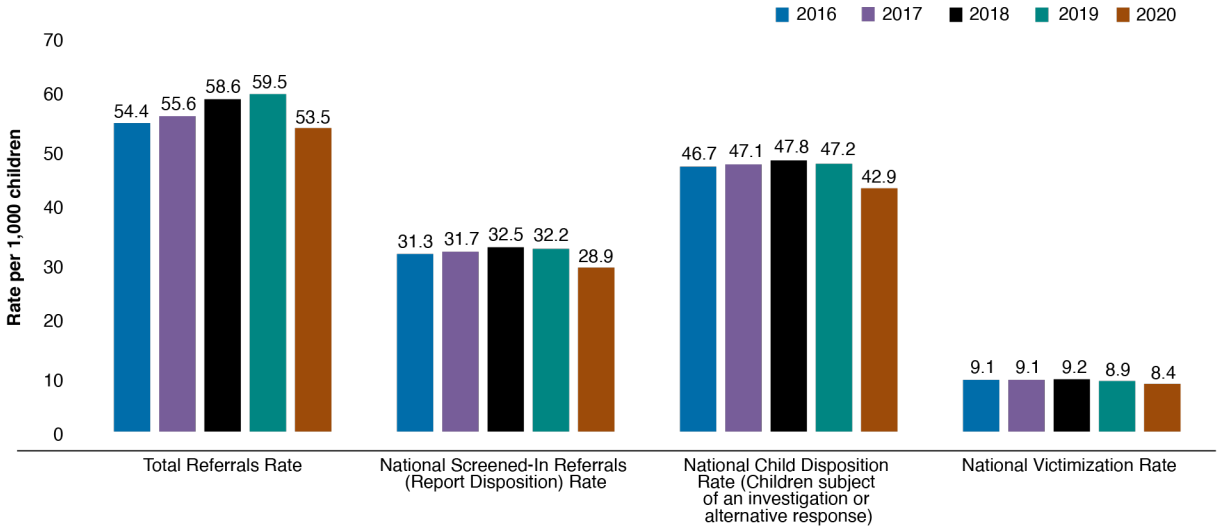
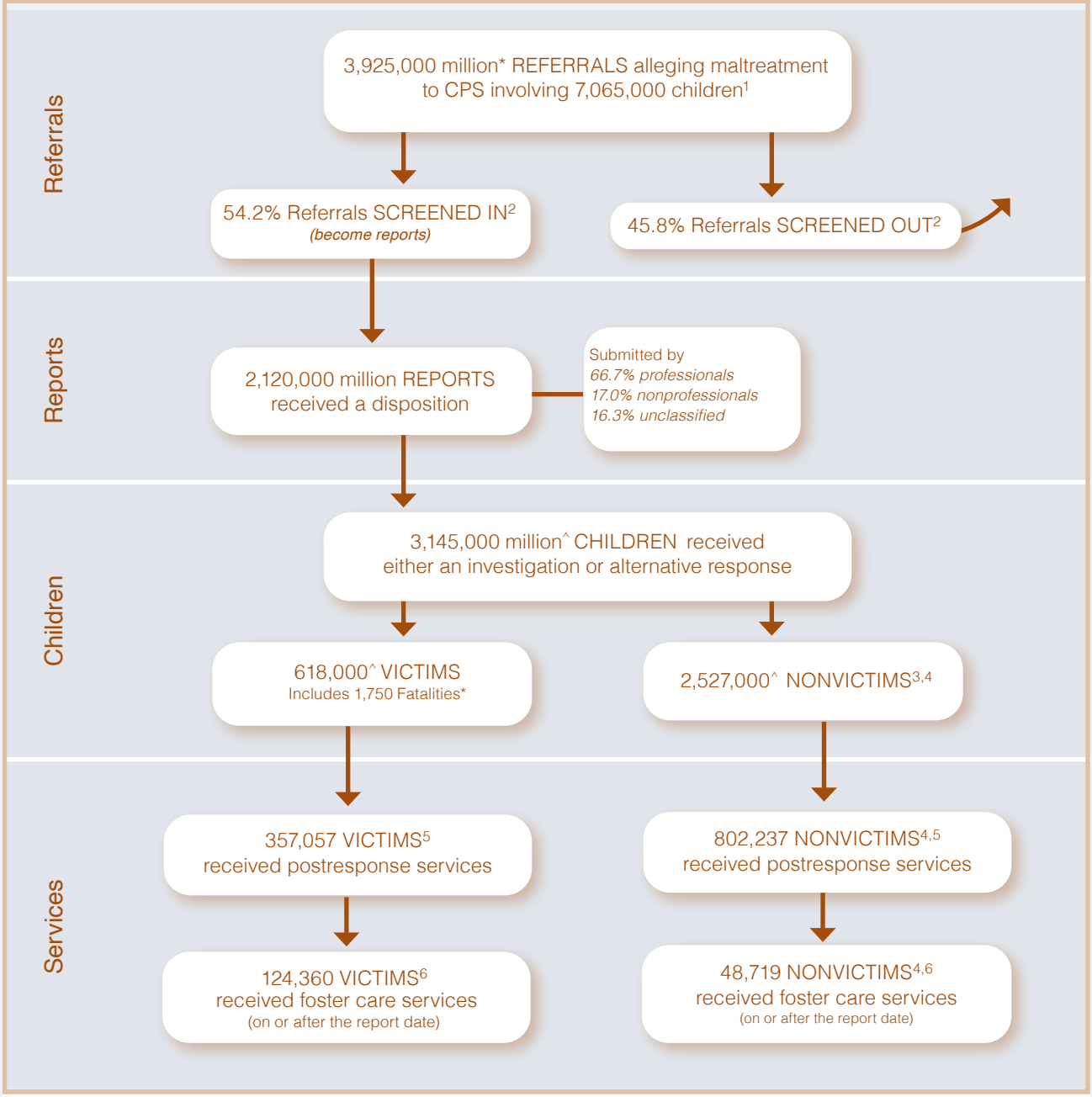


Exhibit S–2 Statistics at a Glance, 2020



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

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

[2] *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 51 states. These are duplicate counts.*

[6] *Based on data from 49 states. These are duplicate counts.*

Introduction

CHAPTER 1

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

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

Child Maltreatment 2020 presents national data about child abuse and neglect known to child protective services (CPS) agencies in the United States during federal fiscal year (FFY) 2020. 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 for FFY 2020.

Approximately 60 data tables and exhibits are included in the Child Maltreatment report each year. Certain analyses are determined by federal legislation, while others are in response to the needs of federal agencies, policy decision makers, child welfare agency staff, and researchers.

Background of NCANDS

The Child Abuse Prevention and Treatment Act (CAPTA) was amended in 1988 (P.L. 100–294) to direct the Secretary of HHS to establish a national data collection and analysis program, which would make available state child abuse and neglect reporting information. HHS responded by establishing NCANDS as a voluntary national reporting system. During 1992, HHS produced its first NCANDS report based on data from 1990. The Child Maltreatment report series evolved from that initial report and is now in its 31st 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.

Annual Data Collection Process

The NCANDS reporting year is based on the FFY calendar, which for *Child Maltreatment 2020* is October 1, 2019, through September 30, 2020. 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 sub-mission called the Agency File. The Agency File contains data that are not reportable at the child-specific level and are often gathered from agencies external to CPS (e.g., vital statistics departments, child death review teams, law enforcement agencies, etc.). States are asked to submit both the Child File and the Agency File each year. For more information about the Child File and Agency File please go to the Children's Bureau website at https://www.acf.hhs.gov/cb/data-research/ncands.

Upon receipt of data from each state, a technical validation review assesses the internal consistency and identifies probable causes for any missing data. If the reviews conclude that corrections are necessary, the state may be asked to resubmit its data. States also have the opportunity to give context to their data by providing information about policies, procedures, and legislation in their State Commentary. (See Appendix C, State Characteristics for additional information about submissions and Appendix D, State Commentary for information from states about their data.)

For FFY 2020, 52 states submitted both a Child File and an Agency File. The most recent data submissions or resubmissions from states are included in trend tables and this

may account for some differences in the counts from previous reports. 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.[4] As population data are not yet available from the 2020 Census, *Child Maltreatment 2020* was created using updated 2020 population estimates based on the 2010 Census. Wherever possible, trend tables encompass 5 years of data. According to the U.S. Census Bureau, the population of the 52 states that submitted FFY 2020 data accounts for more than 73 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.

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

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

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

[4] *U.S. Census Bureau, Population division. (2021). 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, 2019; April 1, 2020; and July 1, 2020 (SC-EST2020-ALLDATA6) [data file]. Retrieved from https://www.census.gov/programs-surveys/popest/technical-documentation/research/evaluation-estimates/2020-evaluation-estimates/2010s-state-detail.html. Annual Estimates of the Resident Population by Single Year of Age and Sex for the Puerto Rico Commonwealth: April 1, 2010 to July 1, 2019; April 1 2020; and July 1, 2020 (PRC-EST2020-SYASEX) [data file]. Retrieved from https://www.census.gov/programs-surveys/popest/technical-documentation/research/evaluation-estimates/2020-evaluation-estimates/2010s-detail-puerto-rico.html.*

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

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

Structure of the Report

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

By making changes designed to improve the functionality and practicality of the report each year, the Children's Bureau endeavors to increase readers' comprehension and knowledge about child maltreatment. Feedback regarding changes, suggestions for potential future changes, or other comments related to the Child Maltreatment report are encouraged. Please provide feedback to the Children's Bureau's Child Welfare Information Gateway at info@childwelfare.gov. The *Child Maltreatment 2020* report contains the additional chapters listed below. Most data tables and notes discussing methodology are at the end of each chapter:

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

The report includes the following resources:

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

- **Appendix D, State Commentary**—information about state policies, procedures, and legislation that may affect data.

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

Reports

CHAPTER 2

This chapter presents statistics about referrals alleging child abuse and neglect and how child protective services (CPS) agencies respond to those allegations. Most agencies use a two-step process to respond to allegations of child maltreatment: (1) screening and (2) investigation and alternative response. A CPS agency receives an initial notification, called a referral, alleging child maltreatment. A referral may involve more than one child. Agency hotline or intake units conduct the screening response to determine whether a referral is appropriate for further action. The child protective services (CPS) data for federal fiscal year (FFY) 2020 shows a national decrease in the number of referrals when compared with 2019. While the analyses in this chapter remain mostly the same as in previous years, chapter 7 includes tables comparing 2020 to 2019 data by quarters for key analyses to examine differences in CPS data during the COVID-19 pandemic. See Chapter 7, Special Focus for analyses of CPS data during the COVID-19 pandemic.

Screening

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

- Does not concern child abuse and neglect.
- Does not contain enough information for a CPS agency response to occur.
- Response by another agency is deemed more appropriate.
- Children in the referral are the responsibility of another agency or jurisdiction (e.g., military installation or tribe).
- Children in the referral are older than 18 years.[5]

During FFY 2020, CPS agencies across the nation screened in 2.1 million (2,120,316) referrals in the 52 reporting states. This is an 8.9 percent decrease from the 2.3 million (2,328,000) estimated screened-in referrals during 2016. (See exhibit 2–A and related notes.)

Exhibit 2–A Screened-in Referral Rates, 2016–2020

Year	Reporting States	Child Population of Reporting States	Screened-in Referrals (Reports) from Reporting States)	Rate per 1,000 Children	Child Population of 52 States	National Estimate/ Rounded Number of Screened-in Referrals
2016	51	73,699,293	2,303,225	31.3	74,392,850	2,328,000
2017	52	74,283,872	2,356,356	31.7	74,283,872	2,356,000
2018	52	73,977,376	2,402,884	32.5	73,977,376	2,403,000
2019	52	73,661,476	2,368,755	32.2	73,661,476	2,369,000
2020	52	73,368,194	2,120,316	28.9	73,368,194	2,120,000

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

If fewer than 52 states report screened-in referrals (2016 only) then the national estimate/rounded 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. If 52 states report screened-in referrals, the national estimate/rounded number of screened-in referrals is the actual number of referrals reported rounded to the nearest 1,000.

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

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

For 2020, a national estimate of 1.8 million (1,805,000) referrals were screened out. This is a 5.1 percent increase from the 1.7 million (1,718,000) estimated screened-out referrals for 2016. (See exhibit 2–B and related notes.)

Exhibit 2–B Screened-out Referral Rates, 2016–2020

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
2016	45	59,496,024	1,374,053	23.1	74,392,850	1,718,000
2017	45	59,511,053	1,421,252	23.9	74,283,872	1,775,000
2018	46	59,955,457	1,565,553	26.1	73,977,376	1,931,000
2019	45	59,518,850	1,625,691	27.3	73,661,476	2,011,000
2020	47	61,864,951	1,522,916	24.6	73,368,194	1,805,000

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.

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

For 2020, CPS agencies received a national estimate of 3.9 million (3,925,000) total referrals. This is a 3.0 percent decrease from the 4.0 million (4,046,000) estimated total referrals received for 2016. The 3.9 million total referrals alleging maltreatment includes approximately 7.1 million (7,065,000) children.[6,7] (See exhibit 2–C and related notes).

Exhibit 2–C Total Referral Rates, 2016–2020

Year	National Estimate/ Screened-in Referrals from Reporting States	National Estimate of Screened-out Referrals	National Estimate of Total Referrals	Child Population of all 52 States	Total Referrals Rate per 1,000 Children
2016	2,328,000	1,718,000	4,046,000	74,392,850	54.4
2017	2,356,356	1,775,000	4,131,000	74,283,872	55.6
2018	2,402,884	1,931,000	4,334,000	73,977,376	58.6
2019	2,368,755	2,011,000	4,380,000	73,661,476	59.5
2020	2,120,316	1,805,000	3,925,000	73,368,194	53.5

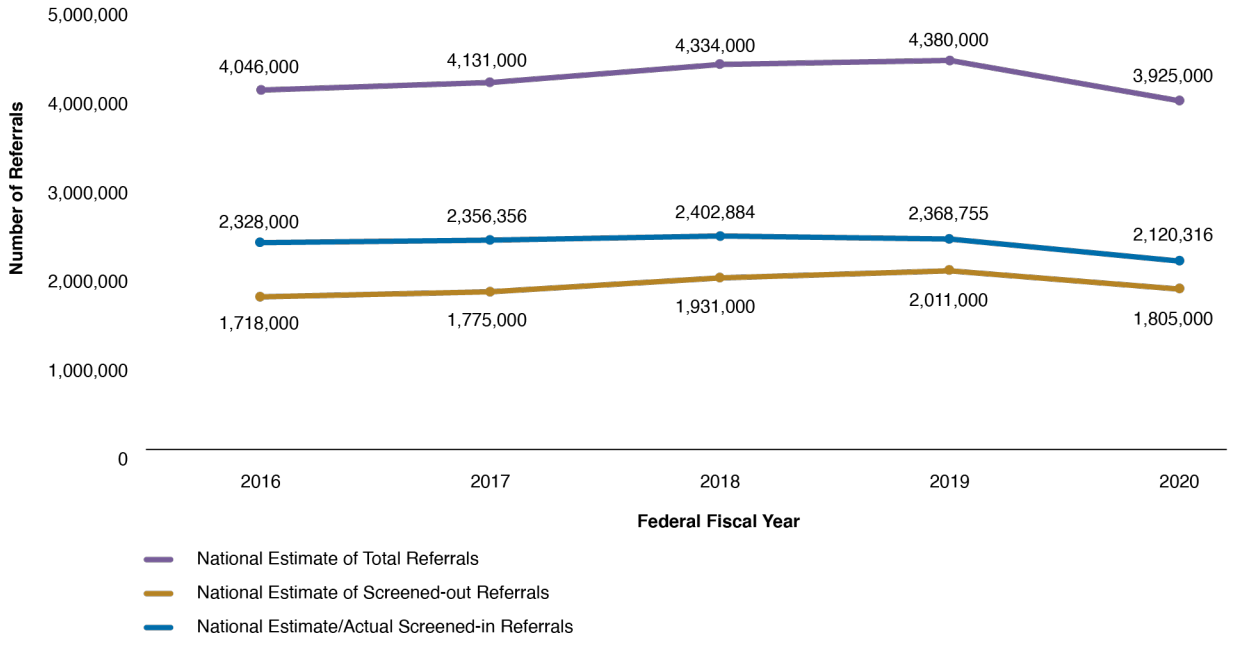
Screened-in referral data are from the Child File and screened-out referral data are from the Agency File.

The national estimate of total referrals is the sum of the actual reported or estimated number of screened-in referrals (from 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.

As shown in exhibits 2–C and 2–D, the number of total referrals received by CPS agencies increased until 2020. After several years of increasing, the number of screened-in referrals began decreasing in 2019, while the number of screened-out referrals increased until 2020.

Exhibit 2-D Number of Referrals 2016-2020

After increasing for several years, the number of total referrals decreased for 2020



Based on data from 52 states. See exhibits 2–A, 2–B, and 2–C.

[6] *Dividing the number of children with dispositions (3,798,038 from table 3–2) by the number of screened-in referrals (2,120,316 from table 2–1) results in the average number of children included in a screened-in referral (1.8, rounded).*

[7] *The average number of children included in a screened-in referral (1.8) multiplied by the national estimate of total referrals (3,925,000, from exhibit 2–C) results in an estimated 7,065,000 children included in total referrals.*

For 2020, 47 states report both screened-in and screened-out referral data and screened in 54.2 percent and screened out 45.8 percent of referrals. Of those 47 states, 19 states screened in more than the national percentage, ranging from 54.4 to 98.7 percent and 28 states screened out more than the national percentage, ranging from 47.8 to 82.7 percent. (See table 2–1 and related notes.)

While most states reported a decrease in the number of total referrals received, two states began reporting screened-out referrals with their 2020 data.[8] See Chapter 7 for analyses on screened-in referrals during the COVID-19 pandemic.

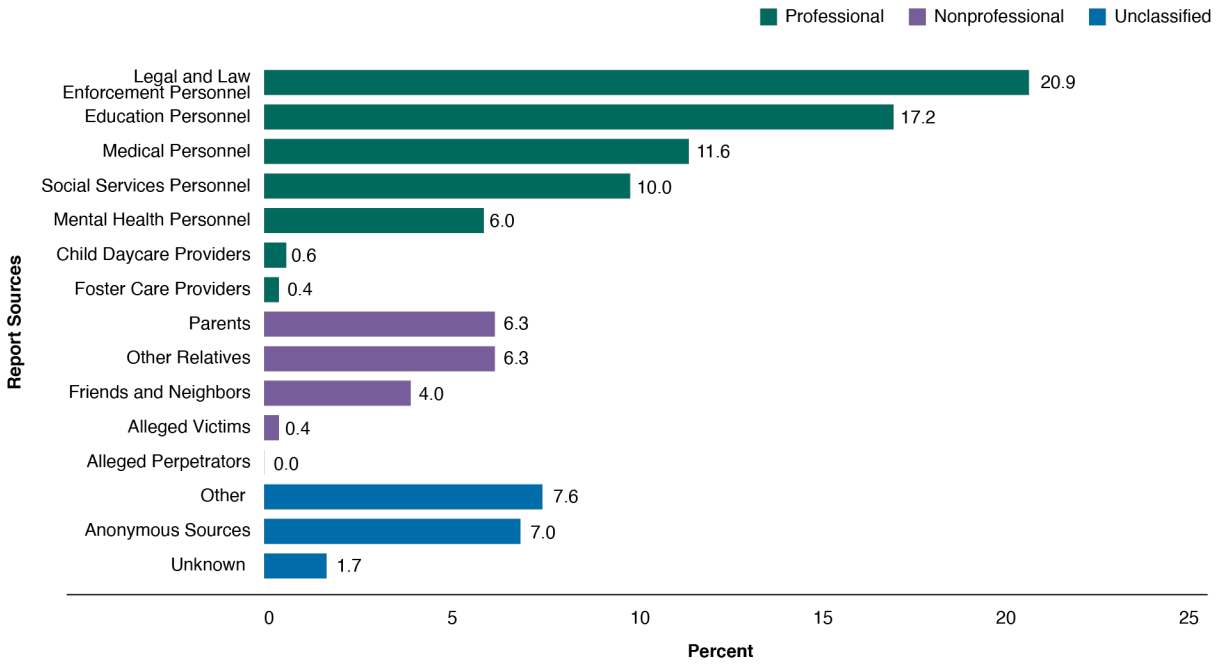
Report Sources

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

- Professional: includes persons who encounter the child as part of their occupation, such as child daycare providers, educators, legal and law enforcement personnel, and medical personnel. State laws require most professionals to notify CPS agencies of suspected maltreatment (these are known as mandated reporters).
- Nonprofessional: includes persons who do not have a relationship with the child based on their occupation, such as friends, relatives, and neighbors. State laws vary as to the requirements of nonprofessionals to report suspected abuse and neglect.

Exhibit 2–E Report Sources, 2020

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



Data are from the Child File. Based on data from 49 states. States are excluded from this analysis if more than 15.0 percent had an unknown report source or if of the known sources, more than 20.0 percent are reported as Other. Supporting data not shown.

[8] *Montana and North Carolina.*

- Unclassified: includes persons who preferred to be anonymous, "other," and unknown report sources. States use the code of "other" for any report source that does not have an NCANDS designated code. According to comments provided by the states, the "other" report source category might include such sources as religious leader, Temporary Assistance for Needy Families staff, landlord, tribal official or member, camp counselor, and private agency staff. Readers are encouraged to review Appendix D, State Commentary for additional information as to what states include in the category of "other" report source.

FFY 2020 data show professionals submit 66.7 percent of reports. The highest percentages of reports are from legal and law enforcement personnel (20.9%), education personnel (17.2%), and medical personnel (11.6%). Nonprofessionals submit 17.0 percent of reports with the largest category of nonprofessional reporters being parents (6.3%), other relatives (6.3%), and friends and neighbors (4.0%). Unclassified sources submit the remaining 16.3 percent. (See exhibit 2–E and related notes.) As expected with school closures and virtual learning, the number and percentage of education personnel report sources decreased for 2020 when compared with 2019. See Chapter 7 for analyses on report sources during the COVID-19 pandemic.

CPS Response Time

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

Based on data from 38 states, the FFY 2020 mean response time of state averages is 99 hours or 4.0 days; the median response time of state averages is 62 hours or 2.6 days. (See table 2–2 and related notes.) Most states reported a decrease in average response times, which may be attributed to the decrease in the number of screened-in referrals. Many states also allowed CPS agencies to conduct virtual investigations and assessments and this practice may have contributed to the decrease in response times. Some states' explanations for long response times are related to the geography of the state meaning the distance from the agency to the alleged victim, difficulties related to the terrain, and weather-related delays during certain times of the year (for example, winter or hurricane season).

CPS Workforce and Caseload

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

[9] *Virginia and Wisconsin.*

For FFY 2020, 44 states reported a total workforce of 31,215 and 41 states reported 4,798 specialized intake and screening workers. This is an increase from FFY 2019 when 42 states reported 29,405 total workers and 39 states reported 3,188 intake and screening workers. Two states began reporting these data in 2020.[9] The number of investigation and alternative response workers—20,450—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 41 states that report on workers with specialized functions, investigation and alternative response workers complete an average of 67 CPS responses per worker for FFY 2020. (See table 2–4 and related notes.) This is a decrease from the average of 71 responses per worker for FFY 2019.

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, 2020

- 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 47 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, 2016–2020

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

their average response time in the Agency File. If a state does use the Child File calculated average, the following thresholds apply and the state would be excluded from this analysis if any of the following conditions are present: if fewer than 95.0 percent of reports have a report time, fewer than 80.0 percent of reports have an investigation start date, fewer than 75.0 percent of reports have an investigation start time or fewer than 50.0 percent of unique reports with investigation start date have different investigation start and report dates/times.

Table 2–3 Child Protective Services Workforce, 2020

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

Table 2–4 Child Protective Services Caseload, 2020

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

Table 2–1 Screened-in and Screened-out Referrals, 2020

State	Screened-in Referrals (Reports)	Screened-out Referrals	Total Referrals	Screened-in Referrals (Reports) Percent	Screened-out Referrals Percent	Total Referrals Rate per 1,000 Children
Alabama	26,667	352	27,019	98.7	1.3	24.9
Alaska	11,433	11,254	22,687	50.4	49.6	126.9
Arizona	41,986	34,348	76,334	55.0	45.0	46.4
Arkansas	31,429	22,922	54,351	57.8	42.2	77.7
California	199,749	159,950	359,699	55.5	44.5	40.9
Colorado	33,453	64,620	98,073	34.1	65.9	78.5
Connecticut	11,030	32,756	43,786	25.2	74.8	60.9
Delaware	4,845	13,395	18,240	26.6	73.4	89.1
District of Columbia	4,283	8,514	12,797	33.5	66.5	98.8
Florida	140,639	89,959	230,598	61.0	39.0	54.2
Georgia	62,675	47,552	110,227	56.9	43.1	44.1
Hawaii	2,716	2,641	5,357	50.7	49.3	18.1
Idaho	9,454	11,935	21,389	44.2	55.8	47.4
Illinois	79,944	-	79,944	100.0	-	-
Indiana	111,868	53,837	165,705	67.5	32.5	105.8
Iowa	30,684	16,941	47,625	64.4	35.6	65.6
Kansas	28,343	19,870	48,213	58.8	41.2	69.2
Kentucky	46,270	49,108	95,378	48.5	51.5	95.2
Louisiana	17,232	29,078	46,310	37.2	62.8	42.8
Maine	11,292	11,591	22,883	49.3	50.7	92.2
Maryland	19,997	38,152	58,149	34.4	65.6	43.6
Massachusetts	37,505	34,313	71,818	52.2	47.8	53.5
Michigan	72,953	67,795	140,748	51.8	48.2	66.2
Minnesota	28,329	52,238	80,567	35.2	64.8	61.9
Mississippi	24,405	7,595	32,000	76.3	23.7	46.2
Missouri	55,303	27,866	83,169	66.5	33.5	60.6
Montana	10,120	4,266	14,386	70.3	29.7	62.6
Nebraska	13,194	20,695	33,889	38.9	61.1	71.3
Nevada	14,739	23,234	37,973	38.8	61.2	54.4
New Hampshire	10,816	8,009	18,825	57.5	42.5	74.4
New Jersey	52,853	-	52,853	100.0	-	-
New Mexico	22,128	18,253	40,381	54.8	45.2	85.5
New York	145,129	-	145,129	100.0	0.0	0.0
North Carolina	60,268	3,705	63,973	94.2	5.8	27.7
North Dakota	3,231	-	3,231	100.0	0.0	0.0
Ohio	81,183	100,853	182,036	44.6	55.4	70.9
Oklahoma	37,398	38,911	76,309	49.0	51.0	80.0
Oregon	35,461	36,095	71,556	49.6	50.4	83.1
Pennsylvania	35,865	-	35,865	100.0	-	-
Puerto Rico	6,999	8,238	15,237	45.9	54.1	27.9
Rhode Island	5,966	9,850	15,816	37.7	62.3	78.4
South Carolina	34,078	19,436	53,514	63.7	36.3	47.9
South Dakota	2,449	11,682	14,131	17.3	82.7	64.7
Tennessee	68,813	57,625	126,438	54.4	45.6	83.5
Texas	186,660	46,002	232,662	80.2	19.8	31.3
Utah	19,997	19,501	39,498	50.6	49.4	42.5
Vermont	2,730	12,848	15,578	17.5	82.5	137.7
Virginia	33,216	48,651	81,867	40.6	59.4	43.9
Washington	41,795	60,847	102,642	40.7	59.3	61.6
West Virginia	24,104	13,591	37,695	63.9	36.1	105.8
Wisconsin	24,159	47,905	72,064	33.5	66.5	57.3
Wyoming	2,481	4,137	6,618	37.5	62.5	49.7
National	**2,120,316**	**1,522,916**	**3,643,232**	**-**	**-**	**-**
Reporting States	**52**	**47**	**52**	**-**	**-**	**-**
National for states reporting both screened-in and screened-out referrals	**1,803,294**	**1,522,916**	**3,326,210**	**54.2**	**45.8**	**N/A**
Reporting states for reporting both screened-in and screened-out referrals	**47**	**47**	**47**	**-**	**-**	**-**

2–2 Average Response Time in Hours, 2016–2020

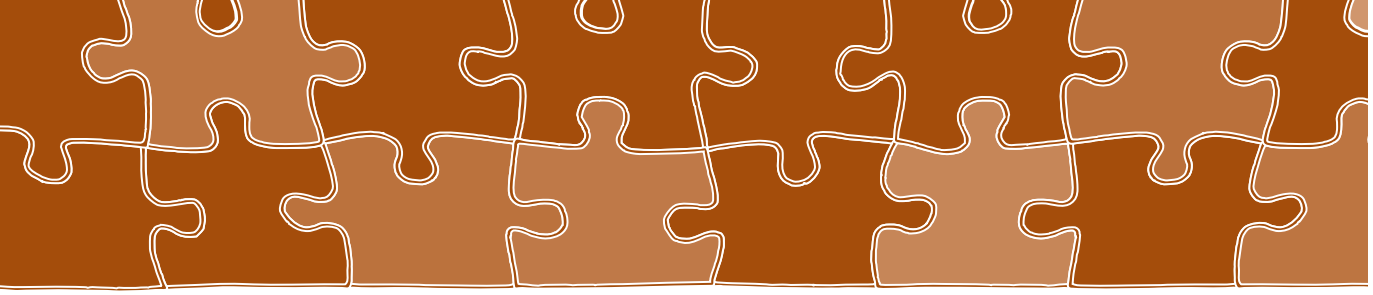
State	2016	2017	2018	2019	2020
Alabama	64	58	53	51	48
Alaska	-	-	423	602	576
Arizona	-	32	31	32	31
Arkansas	113	134	98	104	98
California	-	-	-	-	-
Colorado	-	-	114	116	116
Connecticut	44	62	46	42	31
Delaware	231	291	354	409	296
District of Columbia	22	26	29	23	15
Florida	10	10	11	9	9
Georgia	-	-	-	-	-
Hawaii	154	179	338	315	269
Idaho	56	64	60	64	62
Illinois	-	-	-	-	-
Indiana	96	74	64	63	63
Iowa	54	49	52	63	55
Kansas	67	94	123	101	125
Kentucky	75	78	96	121	200
Louisiana	73	99	-	-	-
Maine	72	72	87	94	61
Maryland	-	-	-	-	-
Massachusetts	-	-	-	-	-
Michigan	41	33	34	43	42
Minnesota	108	104	79	72	84
Mississippi	51	50	31	34	30
Missouri	42	65	48	61	-
Montana	125	-	-	-	-
Nebraska	126	145	136	123	121
Nevada	19	18	68	69	64
New Hampshire	104	116	129	113	92
New Jersey	17	18	18	19	18
New Mexico	68	67	63	89	73
New York	-	-	-	-	-
North Carolina	-	-	-	-	-
North Dakota	-	-	-	-	-
Ohio	24	26	23	24	24
Oklahoma	51	50	51	48	50
Oregon	133	137	150	165	157
Pennsylvania	-	-	-	-	-
Puerto Rico	-	-	-	-	141
Rhode Island	20	28	32	20	19
South Carolina	-	-	38	42	33
South Dakota	73	75	51	34	33
Tennessee	52	-	-	-	-
Texas	63	55	50	50	50
Utah	86	88	82	76	82
Vermont	107	102	94	92	107
Virginia	-	-	-	-	-
Washington	40	39	38	37	35
West Virginia	200	211	238	339	309
Wisconsin	119	117	119	113	111
Wyoming	24	14	18	23	15
National Average	**76**	**80**	**94**	**102**	**99**
National Median	**67**	**66**	**62**	**64**	**62**
Reporting States	**37**	**36**	**38**	**38**	**38**

Table 2–3 Child Protective Services Workforce, 2020

State	Intake and Screening Workers	Investigation and Alternative Response Workers	Intake, Screening, Investigation, and Alternative Response Workers
Alabama	85	492	577
Alaska	21	202	223
Arizona	88	469	557
Arkansas	42	440	482
California	-	-	2,872
Colorado	-	-	-
Connecticut	56	334	390
Delaware	30	142	172
District of Columbia	35	158	193
Florida	-	-	-
Georgia	-	-	-
Hawaii	13	42	55
Idaho	14	148	162
Illinois	179	837	1,016
Indiana	124	776	900
Iowa	29	276	305
Kansas	79	306	385
Kentucky	80	1,043	1,123
Louisiana	45	198	243
Maine	35	157	192
Maryland	-	-	-
Massachusetts	122	313	435
Michigan	151	1,498	1,649
Minnesota	462	517	979
Mississippi	21	446	467
Missouri	50	522	572
Montana	22	179	201
Nebraska	42	165	207
Nevada	59	160	219
New Hampshire	18	112	130
New Jersey	107	1,259	1,366
New Mexico	62	179	241
New York	-	-	-
North Carolina	153	927	1,080
North Dakota	-	-	-
Ohio	-	-	-
Oklahoma	78	698	776
Oregon	93	364	457
Pennsylvania	-	-	2,935
Puerto Rico	34	298	332
Rhode Island	12	68	80
South Carolina	-	-	-
South Dakota	16	46	62
Tennessee	78	951	1,029
Texas	522	3,866	4,388
Utah	30	122	152
Vermont	34	45	79
Virginia	110	571	681
Washington	110	543	653
West Virginia	40	332	372
Wisconsin	1,417	249	1,666
Wyoming	-	-	160
National	**4,798**	**20,450**	**31,215**
Reporting States	**41**	**41**	**44**

Table 2–4 Child Protective Services Caseload, 2020

State	Investigation and Alternative Response Workers	Completed Reports (Reports with a disposition)	Completed Reports per Investigation and Alternative Response Worker
Alabama	492	26,667	54
Alaska	202	11,433	57
Arizona	469	41,986	90
Arkansas	440	31,429	71
California	-	-	-
Colorado	-	-	-
Connecticut	334	11,030	33
Delaware	142	4,845	34
District of Columbia	158	4,283	27
Florida	-	-	-
Georgia	-	-	-
Hawaii	42	2,716	65
Idaho	148	9,454	64
Illinois	837	79,944	96
Indiana	776	111,868	144
Iowa	276	30,684	111
Kansas	306	28,343	93
Kentucky	1,043	46,270	44
Louisiana	198	17,232	87
Maine	157	11,292	72
Maryland	-	-	-
Massachusetts	313	37,505	120
Michigan	1,498	72,953	49
Minnesota	517	28,329	55
Mississippi	446	24,405	55
Missouri	522	55,303	106
Montana	179	10,120	57
Nebraska	165	13,194	80
Nevada	160	14,739	92
New Hampshire	112	10,816	97
New Jersey	1,259	52,853	42
New Mexico	179	22,128	124
New York	-	-	-
North Carolina	927	60,268	65
North Dakota	-	-	-
Ohio	-	-	-
Oklahoma	698	37,398	54
Oregon	364	35,461	97
Pennsylvania	-	-	-
Puerto Rico	298	6,999	23
Rhode Island	68	5,966	88
South Carolina	-	-	-
South Dakota	46	2,449	53
Tennessee	951	68,813	72
Texas	3,866	186,660	48
Utah	122	19,997	164
Vermont	45	2,730	61
Virginia	571	33,216	58
Washington	543	41,795	77
West Virginia	332	24,104	73
Wisconsin	249	24,159	97
Wyoming	-	-	-
National	**20,450**	**1,361,836**	**67**
Reporting States	**41**	**41**	**41**



Children

CHAPTER 3

This chapter discusses the children who are the subjects of reports (screened-in referrals) and the characteristics of those who are determined to be victims of abuse and neglect. The child protective services (CPS) data for federal fiscal year (FFY) 2020 shows a national decrease in children who were the subjects of a CPS response and those who were determined to be maltreatment victims when compared with 2019. While the analyses in this chapter remain mostly the same as in previous years, chapter 7 includes tables comparing 2020 to 2019 data by quarters for key analyses to examine differences in CPS data during the COVID-19 pandemic.

The Child Abuse Prevention and Treatment Act (CAPTA), (P.L. 100–294) defines child abuse and neglect as, at a minimum:

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

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

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

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

Less commonly used NCANDS dispositions for investigation responses include:

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

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

- Intentionally false: A disposition that concludes the person who made the allegation of maltreatment knew that the allegation was not true.
- Closed with no finding: A disposition that does not conclude with a specific finding because the CPS response could not be completed. This disposition is often assigned when CPS is unable to locate the alleged victim.
- No alleged maltreatment: A disposition for a child who receives a CPS response, but is not the subject of an allegation or any finding of maltreatment. Some states have laws requiring all children in a household receive a CPS response if any child in the household is the subject of a CPS response.
- Other: States may use the category of "other" if none of the above is applicable.

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

Alternative Response

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

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

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

Unique and Duplicate Counts

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

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

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

For FFY 2020, about 3,145,000 children (national rounded number) received either an investigation or alternative response at a rate of 42.9 children per 1,000 in the population. This is a 9.5 percent decrease in the number of children from FFY 2016 when approximately 3,474,000 children (national estimated number) received an investigation or alternative response at a rate of 46.7 per 1,000 children.[10] (See exhibit 3–A and related notes.)

Exhibit 3–A Child Disposition Rates, 2016–2020

Year	Reporting States	Child Population of Reporting States	Children Who Received an Investigation or Alternative Response from Reporting States	National Disposition Rate per 1,000 Children	Child Population of all 52 States	National Estimate/ Rounded Number of Children Who Received an Investigation or Alternative Response
2016	51	73,699,293	3,441,462	46.7	74,392,850	3,474,000
2017	52	74,283,872	3,498,511	47.1	74,283,872	3,499,000
2018	52	73,977,376	3,533,768	47.8	73,977,376	3,534,000
2019	52	73,661,476	3,476,438	47.2	73,661,476	3,476,000
2020	52	73,368,194	3,144,644	42.9	73,368,194	3,145,000

The number of reported children who received an investigation or alternative response 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 is 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 the actual number of reported children who received an investigation or alternative response rounded to the nearest 1,000.

At the state level, the percent change from FFY 2016 to FFY 2020 ranged from a 40.0 percent decrease to a 62.5 increase. State explanations for changes in the number of children who received a CPS response across the 5 years include backlog reduction (which may involve an increase in one year followed by a decrease in the next year) changes to screening and assessment policies, surges related to increased media coverage, and the reductions due to the COVID-19 pandemic. Please see Appendix D, State Commentary, for state-specific information about changes. Information about a change may be in an earlier edition of Child Maltreatment. For analyses and state comments related to the COVID-19 pandemic please see Chapter 7, Special Focus. (See table 3–I, and related notes.)

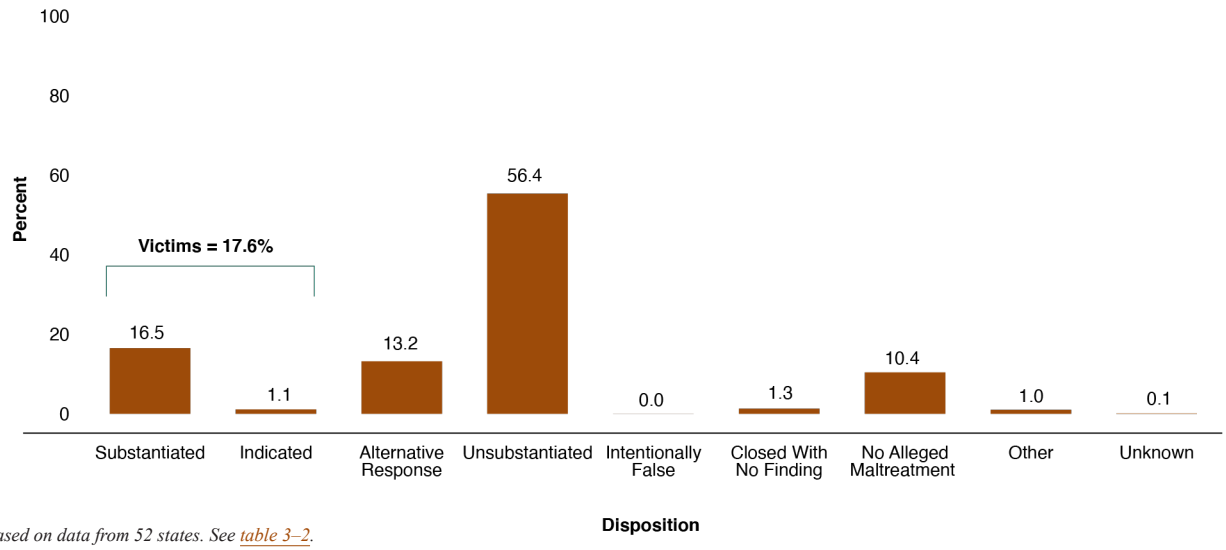
[10] *The national percent change was calculated using the national estimate of children who received a CPS response for 2016 and the national rounded number of children who received a CPS response for 2020.*

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

For FFY 2020, approximately 3.8 (3,798,038) 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. More than 17.0 percent of children are classified as victims with dispositions of substantiated (16.5%) and indicated (1.1%).[11] The remaining children are not determined to be victims or received an alternative response. (See table 3–2, exhibit 3–B, and related notes.)

Exhibit 3–B Children Who Received an Investigation or Alternative Response by Disposition, 2020

More than 17 percent of children received a disposition of substantiated or indicated and are counted as maltreatment victims



Based on data from 52 states. See table 3–2.

Number of Child Victims (unique count of child victims)

In NCANDS, a victim is defined as:

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

For FFY 2020, there are nationally 618,000 (rounded) victims of child abuse and neglect. This equates to a national rate of 8.4 victims per 1,000 children in the population. The national number of victims for 2020 is an 8.7 percent decrease from the 2016 national estimate of 677,000 victims.[12] While the 2020 decrease may be due to the COVID-19 pandemic, the number of victims has fluctuated during the past 5 years. (See exhibit 3–C and related notes.) States have different policies about what is considered child maltreatment, the type of CPS responses (alternative and investigation), and different levels of evidence required to substantiate an abuse allegation, all or some of which may account for variations in victimization rates. Readers are encouraged to read Appendix C, State Characteristics and Appendix D, State

[11] *North Carolina recoded the dispositions of children who would have received alternative response victim to indicated.*
[12] *The national percent change was calculated using the national estimate of victims for 2016 and the national rounded number of victims for 2020.*

Commentary for more information. Information about a change may be in an earlier edition of Child Maltreatment. For analyses and state comments related to the COVID-19 pandemic please see Chapter 7, Special Focus.

Exhibit 3–C Child Victimization Rates, 2016–2020

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
2016	51	73,699,293	671,176	9.1	74,392,850	677,000
2017	52	74,283,872	673,630	9.1	74,283,872	674,000
2018	52	73,977,376	677,411	9.2	73,977,376	677,000
2019	52	73,661,476	656,251	8.9	73,661,476	656,000
2020	52	73,368,194	618,399	8.4	73,368,194	618,000

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. The percent change is calculated using the rounded numbers.

At the state level, the percent change of victims of abuse and neglect range from a 59.8 percent decrease to 214.0 percent increase from FFY 2016 to 2020. The FFY 2020 state victimization rates range from a low of 1.7 to a high of 19.0 per 1,000 children. (See table 3–3 and related notes.) Changes to legislation, child welfare policy, and practice that may contribute to an increase or decrease in the number of victims are provided by states in Appendix D, State Commentary. 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.[13] Other factors include the increase in reports due to public awareness after media coverage of child deaths, severe storms that changed or reduced the population and the COVID-19 pandemic. Information about a change may be in an earlier edition of Child Maltreatment. For analyses and state comments related to the COVID-19 pandemic please see Chapter 7, Special Focus.

Based on data from 51 states, the FFY 2020 rate of first-time victims is 5.9 per 1,000 children in the population. This equates to 70.8 percent of all victims are first-time victims in the same 51 states. States use the disposition date of prior substantiated or indicated maltreatments to determine whether the victim is a first-time victim. (See table 3–4 and related notes.)

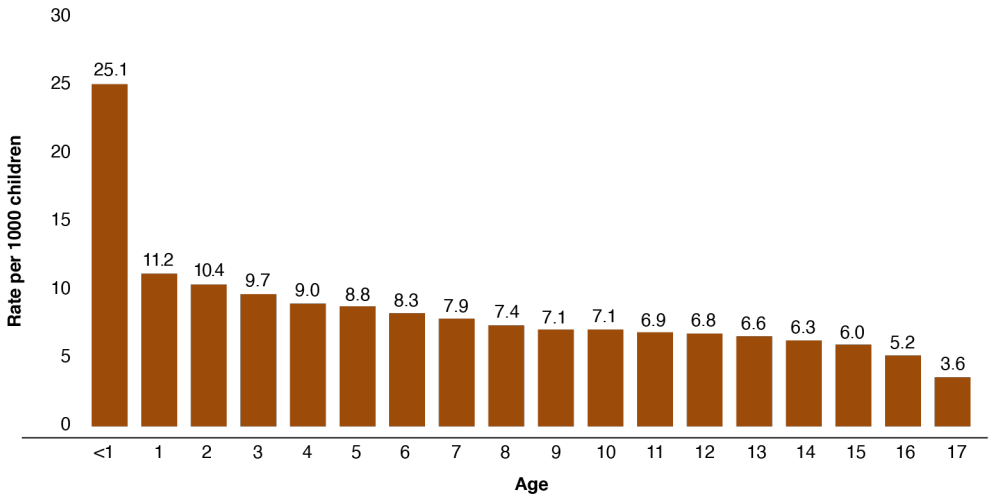
Child Victim Demographics (unique count of child victims)

The youngest children are the most vulnerable to maltreatment. More than one-quarter (28.6%) of victims are in the age range of birth through 2 years old. Victims younger than 1 year are 15.2 percent of all victims. The victimization rate is highest for children younger than 1 year old at 25.1 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 (11.2 per 1,000 children). Victims who are 2 or 3 years old have victimization rates of 10.4 and 9.7 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.)

[13] *North Carolina recoded child dispositions of alternative response victim to indicated, which significantly increased the state's count of unique victims.*

Exhibit 3–D Victims by Age, 2020

The youngest children are the most vulnerable to maltreatment



Based on data from 52 states. See table 3–6.

The percentages of child victims are similar for both boys (48.1%) and girls (51.6%). The sex is unknown for 0.3 percent of victims. The FFY 2020 victimization rate for girls is 8.9 per 1,000 girls in the population, which is higher than boys at 7.9 per 1,000 boys in the population. (See table 3–6 and related notes.) Most victims are one of three races or ethnicities—White (43.1%), Hispanic (23.6%), or African-American (21.1%). The racial distributions for all children in the population are 49.6 percent White, 25.6 percent Hispanic, and 13.7 percent African-American.[14] (See table C–3 and related notes.) For FFY 2020, American-Indian or Alaska Native children have the highest rate of victimization at 15.5 per 1,000 children in the population of the same race or ethnicity and African-American children have the second highest rate at 13.2 per 1,000 children in the population of the same race or ethnicity. (See table 3–7 and related notes.)

Maltreatment Types

NCANDS collects all maltreatment type allegations, however only those maltreatments with a disposition of substantiated or indicated are included in the Child Maltreatment report. The Justice for Victims of Trafficking Act of 2015 includes an amendment to CAPTA under title VIII—Better Response for Victims of Child Sex Trafficking by adding a requirement to report the number of sex trafficking victims. 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.

States are instructed to include sex trafficking by caregivers and noncaregivers and began reporting these data with their FFY 2018 data submissions to NCANDS.[15] Analyses of these data were in chapter 7 in prior Child Maltreatment reports.

[14] *Does not include Puerto Rico due to lack of race and ethnicity data.*

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

Focus on Maltreatment Categories
(unique count of child victims and duplicate count of maltreatment types)

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

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

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

The FFY 2020 data show three-quarters (76.1%) of victims are neglected, 16.5 percent are physically abused, 9.4 percent are sexually abused, and 0.2 percent are sex trafficked. In addition, 6.0 percent of victims are reported with the "other" type of maltreatment. States may code any maltreatment as "other" if it does not fit in one of the NCANDS categories. According to states, the "other" maltreatment type includes threatened abuse or neglect, drug/alcohol addiction, and lack of supervision. (See table 3–8 and related notes.) A few states have policies about conducting investigations into specific maltreatment types. Readers are encouraged to review states' comments (appendix D) about what is included in the "other" maltreatment type category and for additional information on state policies related to maltreatment types.

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

Analyzing victims of sex trafficking by demographics shows different patterns of abuse than for victims of all maltreatment types analyzed together. As shown in table 3–6, the percentages of victims regardless of maltreatment types are evenly split by sex. However, for victims of the sex trafficking maltreatment type, the majority (88.6%) are female and 10.9 percent are male. (See table 3–9 and related notes.) Different patterns also are seen by age, with older rather than younger children being the most vulnerable to sex trafficking maltreatment. For example, approximately three-quarters (74.8%) of victims of sex trafficking are in the age range of 14–17 and 19.1 percent are in the age range of 9–13.

Infants With Prenatal Substance Exposure

The Comprehensive Addiction and Recovery Act (CARA) of 2016 amended CAPTA by adding a requirement to report the number of infants with prenatal substance exposure (ISPE), the number of ISPE with a plan of safe care, and the number of ISPE with a referral to appropriate services. States began reporting the new fields with their FFY 2018 NCANDS submissions.[16]

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

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."[17] A Fetal Alcohol Spectrum Disorder diagnosis requires a medical evaluation and neurodevelopmental assessment conducted by a multidisciplinary team.[18]

"Neurobehavioral outcomes depend on the dose and pattern of alcohol consumption and the developmental stage when the fetus was exposed."[19]

Reporting Infants With Prenatal Substance Exposure Data to NCANDS[20]

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

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

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

[17] *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/pubs/usermanuals/subabuse/*

[18] *Cook, J. L., Green, C. R., Lilley, C. M., Anderson, S. M., Baldwin, M. E., Chudley, A. E., & Mallon, B. F. (2016). Fetal alcohol spectrum disorder: A guideline for diagnosis across the lifespan. Canadian Medical Association Journal, 188(3), 191–197.*

[19] *Mattson, S. N., Crocker, N., & Nguyen, T. T. (2011). Fetal alcohol spectrum disorders: neuropsychological and behavioral features. Neuropsychology Review, 21(2), 81–101*

[20] *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 includes all of the terms used by CAPTA.*

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

FFY 2020 data show 42,821 infants in 49 states being referred to CPS agencies as infants with prenatal substance exposure. (See table 3–10 and related notes.) The majority (81.9%) of IPSE were screened-in to CPS to receive either an investigation or alternative response. Of the screened-in IPSE, 88.9 percent have the drug abuse child risk factor, 0.9 percent have the alcohol abuse child risk factor and 10.2 percent have the alcohol and drug abuse child risk factor.[21]

Nearly one-fifth (18.1%) of IPSE were screened-out. While 36 states reported data for screened-out IPSE, some states said that no IPSE referrals were screened out for FFY 2020. Some states have policies and legislation prohibiting all or certain referrals from being screened out. See Appendix D, State Commentary for more information about states' screening policies and additional information about states' capabilities to collect and report data on these IPSE children.

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

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

For FFY 2020, 27 states reported 21,964 screened-in IPSE (71.4%) have a plan of safe care. (See table 3–11 and related notes.) This is an improvement in number of states reporting from FFY 2019, when 21 states reported 17,505 screened-in IPSE (75.4%) had a plan of safe care.

Screened-in Infants With Prenatal Substance Exposure Who Have 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.

Twenty-eight states reported 20,648 screened-in IPSE (65.0%) have a referral to appropriate services. (See table 3–12 and related notes.) This is an improvement in reporting from FFY 2019 when 20 states reported 15,037 screened-in IPSE (61.5%) had a referral to appropriate care. What is considered an appropriate service is up to each state's determination and may depend on the needs of the specific case. According to comments provided by the states, some

[21] *Some states are not able to collect and report alcohol and drug abuse child risk factors separately and NCANDS guidance is to report both risk factors for the same children. For this analysis, children with both risk factors are counted once in the category screened-in IPSE with alcohol abuse and drug abuse child risk factor.*

examples of services that these children and families were referred to include mental and behavioral health, foster care, substance abuse assessment and treatment, and other programs that facilitate early identification of at-risk children and caregivers and links them with early intervention services, public health services, and community-based resources.

Risk Factors

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

Caregivers with these risk factors who are included in each analysis may or may not be the perpetrators responsible for the maltreatment. For FFY 2020, data are analyzed for caregiver risk factors with the following NCANDS definitions:

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

As not every state is able to report on every caregiver risk factor, the national percentages are calculated only on the number of victims in states reporting each individual risk factor. The largest percentages of victims with caregiver risk factors are those reported with domestic violence and drug abuse. In 41 reporting states, 121,215 victims (26.4%) have the drug abuse caregiver risk factor and in 37 reporting states, 125,538 victims (28.7%) have the domestic violence caregiver factor. This is closely followed by 83,897 victims (23.5%) with the public assistance caregiver risk factor. (See table 3–13 and related notes.)

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

In this section, data are analyzed by relationship of victims to their perpetrators. A victim may be maltreated multiple times by the same perpetrator or by different combinations of perpetrators (e.g., mother alone, mother and nonparent(s), two parents). 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 2020 data show 90.6 percent of victims are maltreated by one or both parents. The parent(s) could have acted together, acted alone, or acted with up to two other people to maltreat the child. Nearly 40.0 percent (37.6%) of victims are maltreated by a mother acting alone, 23.6 percent of victims are maltreated by a father acting alone, and 20.7 percent of victims are maltreated by both parents (two parents of known sex). More than 14.0 percent (14.4%) of victims are maltreated by a perpetrator who was not the child's parent. The largest categories in the nonparent group are relative(s) (5.4%), unmarried partner(s) of parent (3.3%), and "other(s)" (3.2%). (See table 3–14 and related notes.) The NCANDS category of "other(s)" perpetrator relationship includes any relationship that does not map to one of the NCANDS relationship categories. According to states' commentary, this category includes nonrelated adult, nonrelated child, foster sibling, babysitter, household staff, clergy, and school personnel.

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, 2016–2020

- The number of children is a unique count.
- The percent change was calculated by subtracting 2016 data from 2020 data, dividing the result by 2016 data, and multiplying by 100.

Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2020

- 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, 2016–2020

- The number of victims is a unique count.
- The percent change is calculated by subtracting 2016 data from 2020 data, dividing the result by 2016 data, and multiplying by 100. A state must have data in both years.

Table 3–4 First-time Victims, 2020

- The number of first-time victims is a unique count.
- States are excluded from this analysis if they have fewer than 5.0 percent of prior victims.
- 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, 2020

- 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, 2020

- 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, 2020

- 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 30.0 percent of victims are reported with an unknown or missing race or ethnicity.

Table 3–8 Maltreatment Types of Victims (Categories), 2020

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

- A child may be a victim of more than one type of maltreatment and therefore the maltreatment type is a duplicate count.

Table 3–9 Victims of Sex Trafficking by Sex and Age, 2020

- Table 3–9 Victims of Sex Trafficking by Sex and Age, 2020.

Table 3–10 Infants with Prenatal Substance Exposure by Submission Type, 2020

- Table 3–10 Infants with Prenatal Substance Exposure by Submission Type, 2020.

Table 3–11 Screened-in Infants with Prenatal Substance Exposure Who Have a Plan of Safe Care, 2020

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

Table 3–12 Screened-in Infants with Prenatal Substance Exposure Who Have a Referral to Appropriate Services, 2020

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

Table 3–13 Victims With Caregiver Risk Factors, 2020

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

Table 3–14 Victims by Relationship to Their Perpetrators, 2020

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

- The two parents of known sex with nonparent category includes mother, father, and nonparent; two mothers and nonparent; and two fathers and nonparent.
- The three parents of known sex category was added to reflect the state-reported parental relationships.
- One or more parents of unknown sex includes up to three parents in any combination of known and unknown sex. The parent(s) could have acted alone, together, or with a nonparent.
- Nonparent perpetrators counted in combination with parents (e.g., mother and nonparent(s)) are not also counted in the individual categories listed under nonparent.
- Multiple nonparental perpetrators that are in the same category are counted within that category. For example, two child daycare providers are counted as child daycare providers.
- Multiple nonparental perpetrators that are in different categories are counted in more than one nonparental perpetrator.
- The unknown relationship category includes victims with an unknown perpetrator.
- Some states are not able to collect and report on group home and residential facility staff perpetrators due to system limitations or jurisdictional issues.

Table 3–1 Children Who Received an Investigation or Alternative Response, 2016–2020 *(continues next page)*

State	2016	2017	2018	2019	2020	Percent Change from 2016 to 2020
Alabama	36,776	38,871	38,634	39,335	36,931	0.4
Alaska	11,801	13,184	12,749	14,429	15,460	31.0
Arizona	93,488	83,693	87,862	82,336	77,146	-17.5
Arkansas	58,685	60,736	58,823	57,339	54,775	-6.7
California	376,738	365,921	360,040	343,536	306,919	-18.5
Colorado	42,441	43,558	44,698	45,849	43,483	2.5
Connecticut	23,543	24,432	19,693	18,669	14,135	-40.0
Delaware	13,861	13,281	12,180	12,373	10,672	-23.0
District of Columbia	12,855	14,210	14,334	12,315	8,651	-32.7
Florida	287,951	296,250	292,518	285,141	251,149	-12.8
Georgia	169,328	164,405	164,147	157,705	121,595	-28.2
Hawaii	3,706	3,484	3,817	4,378	4,938	33.2
Idaho	11,363	11,712	12,825	13,385	12,769	12.4
Illinois	140,480	134,004	146,141	151,490	140,762	0.2
Indiana	146,673	163,110	161,340	147,872	139,343	-5.0
Iowa	30,544	35,194	38,631	38,253	35,469	16.1
Kansas	27,388	27,138	27,816	32,877	29,552	7.9
Kentucky	71,876	80,405	83,902	77,512	67,066	-6.7
Louisiana	33,570	27,941	26,064	27,366	23,553	-29.8
Maine	11,613	11,226	11,031	16,288	18,871	62.5
Maryland	32,020	32,433	32,244	32,196	29,852	-6.8
Massachusetts	79,335	74,440	76,244	72,962	62,829	-20.8
Michigan	149,302	150,927	158,673	161,058	129,271	-13.4
Minnesota	38,816	40,697	39,581	38,690	36,274	-6.5
Mississippi	38,538	39,334	40,682	38,838	33,450	-13.2
Missouri	75,593	70,419	81,059	67,322	62,059	-17.9
Montana	13,702	14,237	15,300	15,400	15,528	13.3
Nebraska	22,852	25,192	24,476	25,312	25,964	13.6
Nevada	27,832	28,126	30,220	29,439	27,980	0.5
New Hampshire	13,935	12,636	13,888	12,798	13,336	-4.3
New Jersey	73,889	74,393	77,661	78,741	70,179	-5.0
New Mexico	23,656	26,597	25,774	26,040	25,980	9.8
New York	209,331	218,147	218,684	216,016	194,127	-7.3
North Carolina	119,994	120,734	112,261	100,086	108,485	-9.6
North Dakota	6,647	6,728	7,295	6,597	5,570	-16.2
Ohio	103,868	107,992	110,550	113,071	104,750	0.8
Oklahoma	53,724	54,726	58,958	57,504	58,379	8.7
Oregon	49,964	44,058	50,319	55,063	48,161	-3.6
Pennsylvania	40,237	42,890	42,295	41,062	35,447	-11.9
Puerto Rico	-	18,395	15,053	15,044	12,510	-
Rhode Island	7,546	7,493	10,841	9,334	8,062	6.8
South Carolina	65,151	68,718	82,617	84,872	63,067	-3.2
South Dakota	4,139	4,201	3,761	4,039	4,032	-2.6
Tennessee	91,562	91,992	87,384	94,946	86,109	-6.0
Texas	269,952	283,764	281,562	278,004	263,493	-2.4
Utah	24,985	25,773	26,076	26,926	25,860	3.5
Vermont	4,603	4,710	4,485	4,429	3,178	-31.0
Virginia	62,808	61,754	49,156	49,338	44,902	-28.5
Washington	40,793	41,299	46,131	49,174	47,375	16.1
West Virginia	52,442	52,390	52,276	53,491	49,128	-6.3
Wisconsin	34,539	35,290	36,103	35,105	32,062	-7.2
Wyoming	5,027	5,271	4,914	5,093	4,006	-20.3
National	**3,441,462**	**3,498,511**	**3,533,768**	**3,476,438**	**3,144,644**	**N/A**
Reporting States	**51**	**52**	**52**	**52**	**52**	-

Table 3–1 Children Who Received an Investigation or Alternative Response, 2016–2020

State	2016 Rate per 1,000 Children	2017 Rate per 1,000 Children	2018 Rate per 1,000 Children	2019 Rate per 1,000 Children	2020 Rate per 1,000 Children
Alabama	33.4	35.4	35.4	36.1	34.0
Alaska	63.1	71.0	69.6	80.0	86.5
Arizona	57.1	51.1	53.6	50.2	46.9
Arkansas	83.1	86.0	83.6	81.8	78.3
California	41.5	40.4	40.1	38.7	34.9
Colorado	33.6	34.5	35.4	36.5	34.8
Connecticut	31.3	32.9	26.8	25.7	19.7
Delaware	67.9	65.1	59.7	60.6	52.1
District of Columbia	105.7	113.8	113.1	96.2	66.8
Florida	69.2	70.5	69.2	67.3	59.1
Georgia	67.4	65.4	65.4	62.9	48.6
Hawaii	12.0	11.4	12.6	14.6	16.7
Idaho	25.9	26.4	28.8	29.9	28.3
Illinois	47.9	46.3	51.1	53.8	50.7
Indiana	93.0	103.6	102.6	94.2	89.0
Iowa	41.8	48.1	52.9	52.5	48.9
Kansas	38.2	38.1	39.4	46.9	42.4
Kentucky	71.0	79.5	83.2	77.2	66.9
Louisiana	30.1	25.2	23.7	25.1	21.8
Maine	45.6	44.4	44.0	65.3	76.0
Maryland	23.8	24.1	24.0	24.1	22.4
Massachusetts	57.5	54.2	55.8	53.9	46.8
Michigan	68.0	69.2	73.3	75.1	60.8
Minnesota	30.0	31.3	30.4	29.7	27.9
Mississippi	53.4	55.0	57.5	55.5	48.3
Missouri	54.5	50.9	58.8	49.0	45.3
Montana	60.1	62.0	66.8	67.3	67.6
Nebraska	48.2	52.9	51.4	53.2	54.7
Nevada	41.2	41.2	43.9	42.4	40.1
New Hampshire	53.0	48.5	53.8	50.0	52.7
New Jersey	37.5	37.9	39.7	40.5	36.3
New Mexico	47.8	54.4	53.4	54.6	55.0
New York	50.4	53.0	53.7	53.6	48.7
North Carolina	52.3	52.4	48.7	43.4	47.0
North Dakota	37.8	38.1	40.9	36.5	30.7
Ohio	39.7	41.4	42.6	43.8	40.8
Oklahoma	55.8	57.1	61.7	60.3	61.2
Oregon	57.4	50.5	57.9	63.7	56.0
Pennsylvania	15.0	16.1	15.9	15.6	13.5
Puerto Rico	-	28.2	25.4	26.3	22.9
Rhode Island	36.1	36.2	52.6	45.8	39.9
South Carolina	59.3	62.2	74.5	76.2	56.4
South Dakota	19.4	19.4	17.4	18.5	18.5
Tennessee	60.9	61.0	57.9	62.8	56.9
Texas	36.9	38.5	38.1	37.5	35.4
Utah	27.1	27.8	28.0	29.0	27.8
Vermont	38.9	40.2	38.8	38.7	28.1
Virginia	33.6	33.0	26.3	26.4	24.1
Washington	25.0	25.0	27.8	29.6	28.4
West Virginia	140.1	141.7	143.2	148.4	137.9
Wisconsin	26.8	27.5	28.3	27.7	25.5
Wyoming	36.1	38.7	36.5	38.1	30.1
National	**46.7**	**47.1**	**47.8**	**47.2**	**42.9**
Reporting States	-	-	-	-	-

Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2020 *(continues next page)*

State	Substantiated	Indicated	Alternative Response	Unsubstantiated	Intentionally False
Alabama	12,029	-	-	27,205	-
Alaska	3,684	-	-	15,160	-
Arizona	10,452	58	-	49,062	-
Arkansas	9,734	-	6,161	27,624	-
California	64,001	-	-	256,903	-
Colorado	12,513	-	13,717	26,047	-
Connecticut	6,759	-	-	9,342	-
Delaware	1,227	-	-	7,566	-
District of Columbia	1,699	-	-	4,901	-
Florida	29,599	-	-	197,436	-
Georgia	8,884	-	45,407	42,321	-
Hawaii	1,371	-	-	4,002	-
Idaho	2,000	-	-	13,196	784
Illinois	40,282	-	-	92,464	279
Indiana	24,219	-	-	166,585	-
Iowa	12,705	-	11,602	25,864	-
Kansas	2,519	-	-	36,045	-
Kentucky	18,260	-	-	57,544	-
Louisiana	7,100	-	-	17,299	-
Maine	5,220	-	-	13,275	-
Maryland	4,675	3,104	18,306	6,746	-
Massachusetts	24,958	-	-	23,346	-
Michigan	16,082	12,572	-	91,488	6
Minnesota	6,934	-	23,802	9,892	-
Mississippi	8,784	-	-	30,785	-
Missouri	4,558	-	49,178	20,217	-
Montana	4,085	37	-	14,681	-
Nebraska	2,472	-	2,069	17,694	-
Nevada	5,231	-	726	18,021	-
New Hampshire	1,214	-	-	13,256	-
New Jersey	3,821	-	-	79,988	-
New Mexico	8,242	-	-	26,249	-
New York	67,660	-	13,130	160,554	-
North Carolina	6,982	17,139	84,038	16,503	-
North Dakota	1,657	-	-	4,484	-
Ohio	18,513	7,613	52,621	43,354	-
Oklahoma	15,439	-	1,222	45,331	-
Oregon	12,384	-	-	40,348	-
Pennsylvania	4,770	-	-	31,095	-
Puerto Rico	3,804	24	-	6,081	56
Rhode Island	2,905	-	-	6,267	-
South Carolina	15,109	-	2,774	40,584	-
South Dakota	1,656	-	-	2,739	-
Tennessee	8,091	820	55,605	30,046	-
Texas	67,462	-	39,133	164,838	-
Utah	10,234	-	-	18,332	30
Vermont	562	-	1,447	1,605	8
Virginia	5,836	-	36,602	7,646	-
Washington	4,583	-	33,701	20,473	60
West Virginia	6,411	-	-	33,679	-
Wisconsin	4,372	-	6,580	27,460	-
Wyoming	1,050	-	3,286	345	-
National	**624,793**	**41,367**	**501,107**	**2,143,968**	**1,223**
Reporting States	**16.5**	**1.1**	**13.2**	**56.4**	**0.0**
National States	**52**	**8**	**21**	**52**	**7**

Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2020

State	Closed With No Finding	No Alleged Maltreatment	Other	Unknown	Total Children
Alabama	1,189	-	1	104	40,528
Alaska	2,552	-	5	-	21,401
Arizona	1,989	32,154	-	-	93,715
Arkansas	1,409	20,027	-	-	64,955
California	-	47,214	-	2	368,120
Colorado	-	-	-	256	52,533
Connecticut	-	-	-	-	16,101
Delaware	1,421	1,590	-	-	11,804
District of Columbia	229	3,434	-	-	10,263
Florida	-	75,723	-	1,529	304,287
Georgia	-	50,015	-	-	146,627
Hawaii	-	-	-	34	5,407
Idaho	-	-	-	-	15,980
Illinois	-	47,925	-	-	180,950
Indiana	-	-	-	-	190,804
Iowa	-	-	-	10	50,181
Kansas	697	-	-	-	39,261
Kentucky	1,115	-	4,091	-	81,010
Louisiana	1,340	-	-	-	25,739
Maine	-	6,814	-	-	25,309
Maryland	-	-	-	-	32,831
Massachusetts	-	16,422	10,154	-	74,880
Michigan	1,010	40,042	-	-	161,200
Minnesota	1,795	-	-	-	42,423
Mississippi	1,349	-	-	-	40,918
Missouri	1,932	-	406	44	76,335
Montana	886	25	172	-	19,886
Nebraska	476	9,490	-	-	32,201
Nevada	18	8,869	-	-	32,865
New Hampshire	1,695	-	-	1	16,166
New Jersey	-	-	-	-	83,809
New Mexico	-	-	-	-	34,491
New York	-	2,059	1	-	243,404
North Carolina	131	-	-	17	124,810
North Dakota	-	-	-	-	6,141
Ohio	4,147	-	-	-	126,248
Oklahoma	5,188	-	-	-	67,180
Oregon	-	-	5,528	-	58,260
Pennsylvania	-	-	-	-	35,865
Puerto Rico	1,174	2,033	-	-	13,172
Rhode Island	138	-	-	-	9,310
South Carolina	-	19,427	-	-	77,894
South Dakota	175	-	-	-	4,570
Tennessee	7,071	-	-	15	101,648
Texas	2,664	-	17,866	2,491	294,454
Utah	1,499	-	-	-	30,095
Vermont	-	-	-	-	3,622
Virginia	57	443	-	11	50,595
Washington	2,082	-	-	-	60,899
West Virginia	4,021	9,678	-	9	53,798
Wisconsin	-	-	-	-	38,412
Wyoming	-	-	-	-	4,681
National	**49,449**	**393,384**	**38,224**	**4,523**	**3,798,038**
National Percent	**1.3**	**10.4**	**1.0**	**0.1**	**100.0**
Reporting States	**29**	**19**	**9**	**13**	**52**

Table 3–3 Child Victims, 2016–2020 *(continues next page)*

State	2016	2017	2018	2019	2020	Percent Change from 2016 to 2020
Alabama	10,157	10,847	12,158	11,677	11,663	14.8
Alaska	3,142	2,783	2,615	3,059	3,212	2.2
Arizona	10,841	9,909	15,504	12,847	9,954	-8.2
Arkansas	9,707	9,334	8,538	8,422	9,241	-4.8
California	68,663	65,342	63,795	64,132	60,317	-12.2
Colorado	11,226	11,578	11,879	12,246	11,615	3.5
Connecticut	7,903	8,442	7,652	8,042	6,346	-19.7
Delaware	1,572	1,542	1,251	1,248	1,200	-23.7
District of Columbia	1,366	1,639	1,699	1,857	1,568	14.8
Florida	41,894	40,103	36,795	32,915	28,268	-32.5
Georgia	21,635	10,319	11,064	10,102	8,690	-59.8
Hawaii	1,491	1,280	1,265	1,342	1,294	-13.2
Idaho	1,847	1,832	1,919	1,869	1,958	6.0
Illinois	29,059	28,751	31,515	33,331	35,437	21.9
Indiana	28,430	29,198	25,731	23,029	22,648	-20.3
Iowa	8,555	10,643	11,764	11,648	10,600	23.9
Kansas	2,403	4,153	3,188	2,945	2,386	-0.7
Kentucky	20,010	22,410	23,752	20,130	16,748	-16.3
Louisiana	11,289	10,356	9,380	8,441	6,859	-39.2
Maine	3,446	3,475	3,481	4,413	4,726	37.1
Maryland	6,993	7,578	7,743	7,661	7,242	3.6
Massachusetts	31,624	24,955	25,812	25,029	22,538	-28.7
Michigan	37,261	38,062	37,703	33,043	26,932	-27.7
Minnesota	7,941	8,709	7,785	6,780	6,647	-16.3
Mississippi	10,179	10,429	10,002	9,377	8,136	-20.1
Missouri	5,481	4,585	5,662	4,762	4,449	-18.8
Montana	3,116	3,534	3,763	3,736	3,777	21.2
Nebraska	2,783	3,246	2,596	2,822	2,376	-14.6
Nevada	4,885	4,859	5,109	4,990	5,016	2.7
New Hampshire	905	1,151	1,331	1,217	1,182	30.6
New Jersey	8,264	6,614	6,008	5,132	3,655	-55.8
New Mexico	7,526	8,577	8,024	8,025	7,050	-6.3
New York	65,123	71,226	68,785	67,269	59,126	-9.2
North Carolina	7,134	7,392	6,502	5,601	22,399	214.0
North Dakota	1,805	1,981	2,097	1,797	1,614	-10.6
Ohio	23,635	24,897	25,158	25,470	23,691	0.2
Oklahoma	14,308	14,457	15,355	15,148	14,685	2.6
Oregon	11,812	11,013	12,581	13,543	11,487	-2.8
Pennsylvania	4,355	4,625	4,695	4,817	4,582	5.2
Puerto Rico	-	5,729	4,381	4,738	3,572	-
Rhode Island	2,955	3,095	3,644	3,183	2,743	-7.2
South Carolina	17,331	17,071	19,130	18,717	14,263	-17.7
South Dakota	1,246	1,339	1,426	1,537	1,570	26.0
Tennessee	9,665	9,354	9,186	9,859	8,687	-10.1
Texas	57,374	61,506	63,271	64,093	65,116	13.5
Utah	9,614	9,947	10,122	10,579	9,694	0.8
Vermont	822	878	958	851	530	-35.5
Virginia	5,941	6,277	6,132	6,159	5,658	-4.8
Washington	4,725	4,386	4,498	4,222	3,967	-16.0
West Virginia	5,938	6,370	6,946	6,727	6,116	3.0
Wisconsin	4,822	4,902	5,017	4,576	4,177	-13.4
Wyoming	977	950	1,044	1,096	992	1.5
National	**671,176**	**673,630**	**677,411**	**656,251**	**618,399**	**N/A**
Reporting States	**51**	**52**	**52**	**52**	**52**	**-**

Table 3–3 Child Victims, 2016–2020

State	2016 Rate per 1,000 Children	2017 Rate per 1,000 Children	2018 Rate per 1,000 Children	2019 Rate per 1,000 Children	2020 Rate per 1,000 Children
Alabama	9.2	9.9	11.1	10.7	10.7
Alaska	16.8	15.0	14.3	17.0	18.0
Arizona	6.6	6.0	9.5	7.8	6.0
Arkansas	13.7	13.2	12.1	12.0	13.2
California	7.6	7.2	7.1	7.2	6.9
Colorado	8.9	9.2	9.4	9.7	9.3
Connecticut	10.5	11.4	10.4	11.1	8.8
Delaware	7.7	7.6	6.1	6.1	5.9
District of Columbia	11.2	13.1	13.4	14.5	12.1
Florida	10.1	9.5	8.7	7.8	6.7
Georgia	8.6	4.1	4.4	4.0	3.5
Hawaii	4.8	4.2	4.2	4.5	4.4
Idaho	4.2	4.1	4.3	4.2	4.3
Illinois	9.9	9.9	11.0	11.8	12.8
Indiana	18.0	18.6	16.4	14.7	14.5
Iowa	11.7	14.5	16.1	16.0	14.6
Kansas	3.3	5.8	4.5	4.2	3.4
Kentucky	19.8	22.2	23.6	20.0	16.7
Louisiana	10.1	9.3	8.5	7.7	6.3
Maine	13.5	13.7	13.9	17.7	19.0
Maryland	5.2	5.6	5.8	5.7	5.4
Massachusetts	22.9	18.2	18.9	18.5	16.8
Michigan	17.0	17.4	17.4	15.4	12.7
Minnesota	6.1	6.7	6.0	5.2	5.1
Mississippi	14.1	14.6	14.1	13.4	11.7
Missouri	4.0	3.3	4.1	3.5	3.2
Montana	13.7	15.4	16.4	16.3	16.4
Nebraska	5.9	6.8	5.4	5.9	5.0
Nevada	7.2	7.1	7.4	7.2	7.2
New Hampshire	3.4	4.4	5.2	4.8	4.7
New Jersey	4.2	3.4	3.1	2.6	1.9
New Mexico	15.2	17.5	16.6	16.8	14.9
New York	15.7	17.3	16.9	16.7	14.8
North Carolina	3.1	3.2	2.8	2.4	9.7
North Dakota	10.3	11.2	11.7	10.0	8.9
Ohio	9.0	9.5	9.7	9.9	9.2
Oklahoma	14.9	15.1	16.1	15.9	15.4
Oregon	13.6	12.6	14.5	15.7	13.3
Pennsylvania	1.6	1.7	1.8	1.8	1.7
Puerto Rico	-	8.8	7.4	8.3	6.5
Rhode Island	14.1	15.0	17.7	15.6	13.6
South Carolina	15.8	15.4	17.3	16.8	12.8
South Dakota	5.8	6.2	6.6	7.1	7.2
Tennessee	6.4	6.2	6.1	6.5	5.7
Texas	7.8	8.4	8.6	8.7	8.8
Utah	10.4	10.7	10.9	11.4	10.4
Vermont	7.0	7.5	8.3	7.4	4.7
Virginia	3.2	3.4	3.3	3.3	3.0
Washington	2.9	2.7	2.7	2.5	2.4
West Virginia	15.9	17.2	19.0	18.7	17.2
Wisconsin	3.7	3.8	3.9	3.6	3.3
Wyoming	7.0	7.0	7.8	8.2	7.5
National	**9.1**	**9.1**	**9.2**	**8.9**	**8.4**
Reporting States	**-**	**-**	**-**	**-**	**-**

Table 3–4 First-Time Victims, 2020

State	First-time Victims	First-time Victims Rate per 1,000 Children
Alabama	9,391	8.6
Alaska	2,120	11.9
Arizona	8,166	5.0
Arkansas	7,705	11.0
California	47,931	5.5
Colorado	8,225	6.6
Connecticut	4,611	6.4
Delaware	1,010	4.9
District of Columbia	1,013	7.8
Florida	12,765	3.0
Georgia	7,156	2.9
Hawaii	1,004	3.4
Idaho	1,602	3.6
Illinois	23,628	8.5
Indiana	16,032	10.2
Iowa	7,132	9.8
Kansas	2,142	3.1
Kentucky	10,732	10.7
Louisiana	5,437	5.0
Maine	3,099	12.5
Maryland	4,661	3.5
Massachusetts	12,466	9.3
Michigan	16,859	7.9
Minnesota	6,044	4.6
Mississippi	7,145	10.3
Missouri	3,866	2.8
Montana	3,009	13.1
Nebraska	1,881	4.0
Nevada	3,316	4.8
New Hampshire	946	3.7
New Jersey	2,902	1.5
New Mexico	4,949	10.5
New York	34,462	8.6
North Carolina	-	-
North Dakota	1,130	6.2
Ohio	17,381	6.8
Oklahoma	11,374	11.9
Oregon	7,472	8.7
Pennsylvania	4,331	1.7
Puerto Rico	3,359	6.2
Rhode Island	1,849	9.2
South Carolina	10,083	9.0
South Dakota	1,238	5.7
Tennessee	4,306	2.8
Texas	52,650	7.1
Utah	6,722	7.2
Vermont	433	3.8
Virginia	5,315	2.8
Washington	1,851	1.1
West Virginia	5,029	14.1
Wisconsin	3,519	2.8
Wyoming	768	5.8
National	**422,217**	**5.9**
Reporting States	**51**	**-**

Table 3–5 Victims by Age, 2020 *(continues next page)*

State	<1	1	2	3	4	5	6	7	8	9
Alabama	1,925	755	713	671	650	594	574	526	520	523
Alaska	419	204	210	219	192	189	180	171	166	169
Arizona	2,644	691	608	588	525	526	463	426	388	401
Arkansas	2,029	522	540	493	551	515	446	411	425	363
California	9,747	3,898	3,817	3,512	3,328	3,381	3,301	3,105	3,018	2,855
Colorado	1,755	754	733	671	638	617	661	620	618	586
Connecticut	951	401	380	346	319	407	319	341	344	279
Delaware	140	77	89	69	59	71	79	73	63	65
District of Columbia	195	92	90	94	98	100	112	101	93	105
Florida	4,501	2,252	2,027	1,948	1,737	1,779	1,509	1,489	1,329	1,246
Georgia	1,599	537	530	474	457	434	489	443	424	415
Hawaii	185	78	66	71	77	66	68	61	61	75
Idaho	472	104	114	97	100	97	80	94	75	94
Illinois	4,640	2,747	2,545	2,474	2,276	2,167	2,004	1,931	1,808	1,784
Indiana	4,900	1,439	1,417	1,254	1,235	1,186	1,163	1,091	1,011	1,015
Iowa	1,649	677	729	685	640	618	598	571	526	518
Kansas	187	139	143	155	141	137	116	147	114	133
Kentucky	2,493	1,165	1,118	1,019	1,032	972	959	892	816	787
Louisiana	2,406	397	367	346	330	311	297	301	258	226
Maine	527	298	285	275	304	309	306	290	277	234
Maryland	565	411	360	383	410	432	439	371	374	360
Massachusetts	2,769	1,376	1,337	1,252	1,203	1,254	1,293	1,260	1,236	1,167
Michigan	3,430	1,994	1,866	1,840	1,670	1,594	1,540	1,512	1,389	1,268
Minnesota	965	413	407	412	387	416	324	366	302	322
Mississippi	1,175	448	414	414	419	414	444	404	391	370
Missouri	339	266	246	263	242	210	219	206	223	217
Montana	448	292	287	252	231	223	232	208	193	181
Nebraska	282	188	150	156	143	156	142	128	115	118
Nevada	831	372	354	327	311	321	266	288	244	214
New Hampshire	150	82	65	77	79	69	73	65	59	61
New Jersey	489	187	216	187	186	183	224	198	200	198
New Mexico	917	408	404	399	408	408	439	393	424	356
New York	6,005	3,605	3,411	3,358	3,275	3,520	3,596	3,364	3,228	3,249
North Carolina	3,053	1,566	1,494	1,377	1,359	1,254	1,225	1,224	1,139	1,139
North Dakota	226	124	106	93	97	80	103	101	76	82
Ohio	4,081	1,449	1,358	1,318	1,287	1,272	1,273	1,155	1,091	1,077
Oklahoma	2,435	1,067	993	951	908	857	845	788	717	706
Oregon	1,239	731	747	743	750	677	652	651	628	563
Pennsylvania	354	237	240	195	237	199	181	173	190	212
Puerto Rico	249	175	192	228	220	221	208	251	200	194
Rhode Island	421	204	191	173	154	167	144	165	138	130
South Carolina	2,098	1,098	955	831	839	818	788	732	695	704
South Dakota	254	117	121	117	126	85	82	87	85	72
Tennessee	1,925	687	458	426	422	390	391	350	311	304
Texas	12,159	5,815	5,269	4,958	4,648	4,509	3,363	2,919	2,715	2,640
Utah	973	490	523	489	482	493	507	501	472	498
Vermont	35	38	29	34	35	32	20	28	37	30
Virginia	722	410	437	369	316	317	304	287	273	267
Washington	385	282	316	319	270	237	232	201	194	217
West Virginia	1,140	384	324	374	334	351	332	351	327	306
Wisconsin	453	309	287	285	255	257	235	221	213	196
Wyoming	136	81	55	68	73	54	52	59	50	56
National	**94,067**	**42,533**	**40,133**	**38,129**	**36,465**	**35,946**	**33,892**	**32,091**	**30,263**	**29,347**
Reporting States	**52**	**52**	**52**	**52**	**52**	**52**	**52**	**52**	**52**	**52**

Table 3–5 Victims by Age, 2020 *(continues next page)*

State	10	11	12	13	14	15	16	17	Unborn, Unknown, and 18–21	Total Victims
Alabama	492	490	523	591	637	633	433	288	125	11,663
Alaska	165	171	180	144	124	112	109	65	23	3,212
Arizona	395	363	379	366	345	304	315	213	14	9,954
Arkansas	371	357	383	419	384	382	322	247	81	9,241
California	2,831	2,742	2,823	2,734	2,586	2,479	2,297	1,827	36	60,317
Colorado	603	589	588	552	500	432	388	277	33	11,615
Connecticut	334	265	345	315	274	289	229	175	33	6,346
Delaware	69	60	51	47	64	50	38	35	1	1,200
District of Columbia	67	73	62	83	63	53	49	35	3	1,568
Florida	1,244	1,184	1,192	1,142	1,062	1,057	881	607	82	28,268
Georgia	386	425	416	432	401	376	292	152	8	8,690
Hawaii	60	68	61	65	66	57	52	48	9	1,294
Idaho	95	69	96	89	92	73	78	38	1	1,958
Illinois	1,725	1,612	1,596	1,544	1,375	1,255	1,128	760	66	35,437
Indiana	975	948	929	993	947	907	732	486	20	22,648
Iowa	544	520	500	483	455	383	286	207	11	10,600
Kansas	140	137	142	121	124	126	97	82	5	2,386
Kentucky	813	817	807	727	698	642	558	398	35	16,748
Louisiana	248	238	220	237	196	210	160	102	9	6,859
Maine	277	255	238	210	219	184	137	83	18	4,726
Maryland	370	405	426	431	429	414	356	277	29	7,242
Massachusetts	1,107	1,155	1,136	1,160	1,078	1,069	896	755	35	22,538
Michigan	1,262	1,270	1,188	1,218	1,182	1,113	974	600	22	26,932
Minnesota	336	328	350	367	303	256	223	150	20	6,647
Mississippi	412	451	458	447	440	417	376	226	16	8,136
Missouri	214	236	243	332	294	281	282	136	-	4,449
Montana	185	205	166	151	139	132	116	82	54	3,777
Nebraska	103	111	109	109	108	101	73	61	23	2,376
Nevada	236	199	211	191	190	169	176	113	3	5,016
New Hampshire	45	62	63	56	55	51	42	28	-	1,182
New Jersey	218	210	181	162	187	164	141	117	7	3,655
New Mexico	379	349	350	339	304	281	233	172	87	7,050
New York	3,218	3,003	3,014	3,037	2,852	3,060	2,584	1,637	110	59,126
North Carolina	1,089	1,086	1,103	1,023	994	890	732	505	147	22,399
North Dakota	72	79	74	74	75	68	40	24	20	1,614
Ohio	1,086	1,082	1,135	1,180	1,117	1,158	853	641	78	23,691
Oklahoma	659	696	622	623	595	494	394	277	58	14,685
Oregon	613	566	598	555	531	451	423	305	64	11,487
Pennsylvania	227	247	263	317	357	340	308	240	65	4,582
Puerto Rico	186	195	185	190	197	176	172	117	16	3,572
Rhode Island	141	131	117	94	99	108	86	57	23	2,743
South Carolina	684	664	689	665	570	544	468	279	142	14,263
South Dakota	59	61	77	67	43	47	36	29	5	1,570
Tennessee	336	392	434	406	391	340	365	281	78	8,687
Texas	2,523	2,339	2,436	2,211	2,027	1,876	1,577	871	261	65,116
Utah	485	465	545	609	588	575	559	427	13	9,694
Vermont	24	21	27	29	25	25	31	26	4	530
Virginia	259	264	274	239	254	221	195	151	99	5,658
Washington	166	187	187	191	188	147	138	106	4	3,967
West Virginia	286	269	290	259	250	218	166	127	28	6,116
Wisconsin	201	204	195	204	174	184	180	115	9	4,177
Wyoming	48	45	44	36	52	29	39	14	1	992
National	**29,063**	**28,360**	**28,721**	**28,266**	**26,700**	**25,403**	**21,815**	**15,071**	**2,134**	**618,399**
Reporting States	**52**	**52**	**52**	**52**	**52**	**52**	**52**	**52**	**50**	**52**

Table 3–5 Victims by Age, 2020 *(continues next page)*

State	<1 Rate per 1,000 children	1 Rate per 1,000 children	2 Rate per 1,000 children	3 Rate per 1,000 children	4 Rate per 1,000 children	5 Rate per 1,000 children	6 Rate per 1,000 children	7 Rate per 1,000 children	8 Rate per 1,000 children
Alabama	34.2	13.2	12.1	11.4	10.8	9.8	9.6	8.9	8.7
Alaska	43.2	21.3	21.2	21.7	18.3	18.4	17.4	16.6	16.1
Arizona	32.5	8.3	7.2	6.7	5.9	5.7	5.0	4.7	4.3
Arkansas	56.3	14.3	14.4	13.1	14.2	13.2	11.6	10.8	10.9
California	21.8	8.7	8.4	7.4	6.9	6.9	6.7	6.3	6.1
Colorado	27.8	12.0	11.4	10.1	9.4	9.0	9.6	9.1	9.0
Connecticut	27.8	11.4	10.5	9.4	8.5	10.7	8.4	8.9	8.8
Delaware	13.3	7.2	8.2	6.2	5.2	6.3	7.0	6.6	5.5
District of Columbia	21.1	10.3	10.3	10.8	11.3	11.7	14.4	12.7	12.0
Florida	20.5	10.1	8.9	8.5	7.4	7.6	6.4	6.4	5.6
Georgia	12.8	4.3	4.1	3.6	3.4	3.2	3.6	3.3	3.1
Hawaii	11.4	4.7	3.9	4.2	4.4	3.8	3.9	3.4	3.5
Idaho	21.9	4.8	5.1	4.1	4.1	3.9	3.2	3.7	3.0
Illinois	33.1	19.5	17.5	16.7	14.9	14.1	13.3	12.8	11.9
Indiana	60.9	17.7	16.9	15.0	14.4	13.6	13.4	12.5	11.7
Iowa	44.6	18.1	18.8	17.5	15.9	15.2	14.8	14.2	13.2
Kansas	5.3	3.9	3.9	4.2	3.7	3.6	3.0	3.8	2.9
Kentucky	47.5	21.9	20.5	18.8	18.6	17.4	17.2	16.0	14.8
Louisiana	42.1	6.9	6.2	5.8	5.3	5.1	4.8	5.0	4.3
Maine	42.9	23.5	22.9	21.5	23.0	23.1	22.8	21.5	20.6
Maryland	8.1	5.8	5.0	5.3	5.5	5.8	6.0	5.0	5.0
Massachusetts	40.2	19.9	18.9	17.6	16.7	17.2	17.7	17.2	16.8
Michigan	31.8	18.2	16.7	16.2	14.4	13.6	13.1	13.0	11.9
Minnesota	14.5	6.1	5.9	5.8	5.3	5.7	4.4	5.0	4.2
Mississippi	33.2	12.5	11.3	11.3	11.3	11.1	11.9	10.9	10.3
Missouri	4.7	3.7	3.3	3.5	3.2	2.8	2.9	2.7	3.0
Montana	39.4	25.5	24.2	20.3	18.0	17.0	17.8	16.1	14.9
Nebraska	11.3	7.5	5.9	5.9	5.4	5.7	5.3	4.8	4.4
Nevada	23.3	10.3	9.7	8.7	8.0	8.2	6.9	7.4	6.4
New Hampshire	12.4	6.6	5.2	6.0	5.9	5.1	5.5	4.7	4.3
New Jersey	4.9	1.8	2.1	1.8	1.8	1.7	2.1	1.9	1.9
New Mexico	40.6	17.6	17.1	16.5	16.2	15.9	16.9	15.0	16.1
New York	27.2	16.4	15.3	15.2	14.7	15.7	16.3	15.1	14.5
North Carolina	25.8	13.1	12.3	11.3	10.8	10.0	9.7	9.7	9.0
North Dakota	21.6	12.0	10.1	8.5	8.9	7.3	9.7	9.7	7.4
Ohio	30.8	10.8	9.8	9.5	9.1	8.9	8.9	8.1	7.7
Oklahoma	50.0	21.6	19.7	18.5	16.9	16.0	15.7	14.5	13.4
Oregon	29.5	17.2	17.1	16.3	15.9	14.1	13.5	13.5	13.0
Pennsylvania	2.7	1.8	1.7	1.4	1.7	1.4	1.2	1.2	1.3
Puerto Rico	12.7	8.3	9.5	10.1	8.8	8.2	7.3	8.4	6.4
Rhode Island	40.5	19.6	17.4	16.1	13.7	15.0	13.1	15.2	12.5
South Carolina	37.2	19.2	16.4	14.1	13.9	13.2	12.9	11.9	11.2
South Dakota	21.5	9.9	9.9	9.5	10.2	6.8	6.6	7.1	7.0
Tennessee	24.1	8.5	5.6	5.2	5.1	4.6	4.7	4.2	3.7
Texas	32.3	15.2	13.5	12.3	11.1	10.7	8.0	7.0	6.6
Utah	20.5	10.4	11.1	10.0	9.5	9.6	9.8	9.6	9.3
Vermont	6.6	6.8	5.3	5.8	5.8	5.3	3.2	4.6	5.8
Virginia	7.4	4.1	4.3	3.6	3.0	3.0	2.9	2.8	2.6
Washington	4.5	3.2	3.6	3.4	2.8	2.5	2.5	2.1	2.1
West Virginia	65.3	21.5	17.7	20.1	17.7	17.9	16.6	17.3	16.3
Wisconsin	7.2	4.8	4.4	4.3	3.7	3.7	3.4	3.2	3.1
Wyoming	21.5	12.8	8.1	9.8	9.8	7.3	7.1	8.0	6.7
National	**25.1**	**11.2**	**10.4**	**9.7**	**9.0**	**8.8**	**8.3**	**7.9**	**7.4**
Reporting States	-	-	-	-	-	-	-	-	-

Table 3–5 Victims by Age, 2020

State	9 Rate per 1,000 Children	10 Rate per 1,000 Children	11 Rate per 1,000 Children	12 Rate per 1,000 Children	13 Rate per 1,000 Children	14 Rate per 1,000 Children	15 Rate per 1,000 Children	16 Rate per 1,000 Children	17 Rate per 1,000 Children
Alabama	8.7	8.1	8.0	8.3	9.4	10.3	10.2	7.0	4.7
Alaska	16.2	16.5	17.2	18.2	14.7	13.2	11.7	11.7	6.9
Arizona	4.4	4.3	3.9	3.9	3.7	3.6	3.2	3.3	2.3
Arkansas	9.4	9.5	9.1	9.4	10.2	9.5	9.5	8.1	6.2
California	5.7	5.8	5.6	5.5	5.4	5.1	4.9	4.6	3.6
Colorado	8.3	8.5	8.3	8.1	7.5	6.8	5.9	5.3	3.8
Connecticut	7.0	8.3	6.5	8.1	7.3	6.3	6.5	5.1	3.8
Delaware	5.6	6.0	5.2	4.3	4.0	5.5	4.3	3.2	3.0
District of Columbia	14.3	10.0	11.7	10.2	14.0	11.5	10.1	9.5	6.8
Florida	5.2	5.3	5.0	4.9	4.6	4.3	4.3	3.6	2.6
Georgia	3.0	2.7	3.0	2.8	2.9	2.7	2.6	2.0	1.0
Hawaii	4.3	3.7	4.4	3.8	4.2	4.3	3.8	3.4	3.2
Idaho	3.7	3.7	2.7	3.6	3.3	3.4	2.7	2.9	1.5
Illinois	11.5	11.1	10.4	9.9	9.5	8.5	7.7	6.8	4.6
Indiana	11.7	11.2	10.8	10.3	11.0	10.5	10.1	8.1	5.4
Iowa	13.2	13.3	12.6	11.8	11.4	10.8	9.2	6.9	5.0
Kansas	3.4	3.5	3.5	3.5	3.0	3.1	3.2	2.4	2.1
Kentucky	14.3	14.8	14.6	14.1	12.6	12.3	11.2	9.8	7.0
Louisiana	3.8	4.2	4.0	3.5	3.8	3.2	3.5	2.7	1.7
Maine	17.4	19.7	18.2	16.4	14.3	14.8	12.3	9.0	5.4
Maryland	4.8	4.9	5.5	5.6	5.6	5.7	5.5	4.7	3.7
Massachusetts	15.5	14.9	15.6	14.9	15.0	13.9	13.5	11.0	9.2
Michigan	10.8	10.6	10.8	9.8	9.9	9.6	8.9	7.7	4.7
Minnesota	4.5	4.6	4.5	4.7	4.9	4.1	3.5	3.0	2.0
Mississippi	9.7	10.7	11.3	11.0	10.5	10.7	10.3	9.4	5.7
Missouri	2.8	2.8	3.1	3.1	4.2	3.7	3.6	3.6	1.7
Montana	14.0	14.3	15.7	12.3	11.2	10.6	10.2	8.8	6.4
Nebraska	4.5	3.9	4.2	4.0	4.1	4.1	3.8	2.8	2.3
Nevada	5.4	6.0	5.1	5.1	4.7	4.7	4.3	4.5	2.9
New Hampshire	4.3	3.2	4.3	4.3	3.7	3.6	3.3	2.6	1.7
New Jersey	1.8	2.0	2.0	1.6	1.5	1.7	1.5	1.2	1.0
New Mexico	13.2	13.9	12.7	12.4	12.0	10.9	10.1	8.4	6.2
New York	14.5	14.7	14.1	13.8	13.8	13.0	13.8	11.4	7.2
North Carolina	8.9	8.4	8.3	8.2	7.5	7.4	6.7	5.5	3.8
North Dakota	8.3	7.2	8.0	7.5	7.5	7.8	7.2	4.4	2.7
Ohio	7.6	7.6	7.6	7.8	8.0	7.5	7.9	5.7	4.3
Oklahoma	13.1	12.3	12.9	11.4	11.3	11.1	9.2	7.4	5.2
Oregon	11.5	12.4	11.5	11.8	11.0	10.6	9.2	8.5	6.2
Pennsylvania	1.5	1.6	1.7	1.7	2.1	2.4	2.2	2.0	1.6
Puerto Rico	6.1	5.5	5.6	5.3	5.3	5.3	4.7	4.6	3.1
Rhode Island	11.8	12.8	12.0	10.2	8.1	8.4	9.1	7.1	4.6
South Carolina	11.3	10.8	10.2	10.4	9.9	8.7	8.5	7.4	4.4
South Dakota	5.9	4.8	5.0	6.2	5.4	3.6	3.9	3.0	2.5
Tennessee	3.7	4.0	4.6	4.9	4.6	4.5	3.9	4.2	3.3
Texas	6.3	6.0	5.6	5.7	5.2	4.8	4.4	3.8	2.1
Utah	9.5	9.1	8.7	10.0	11.1	10.9	10.7	10.5	8.1
Vermont	4.7	3.8	3.3	4.1	4.3	3.7	3.7	4.4	3.7
Virginia	2.6	2.5	2.6	2.6	2.2	2.4	2.1	1.8	1.4
Washington	2.3	1.8	2.0	2.0	2.0	2.0	1.6	1.5	1.2
West Virginia	15.3	14.3	13.4	13.9	12.4	12.1	10.5	7.9	6.0
Wisconsin	2.8	2.8	2.9	2.7	2.7	2.3	2.5	2.4	1.6
Wyoming	7.5	6.1	5.8	5.5	4.4	6.6	3.7	5.2	1.9
National	**7.1**	**7.1**	**6.9**	**6.8**	**6.6**	**6.3**	**6.0**	**5.2**	**3.6**
Reporting States	-	-	-	-	-	-	-	-	-

Table 3–6 Victims by Sex, 2020

State	Boy	Girl	Unknown	Total Victims	Boy Rate per 1,000 Children	Girl Rate per 1,000 Children
Alabama	5,242	6,413	8	11,663	9.5	12.0
Alaska	1,544	1,658	10	3,212	16.8	19.1
Arizona	4,882	5,048	24	9,954	5.8	6.3
Arkansas	4,137	5,100	4	9,241	11.5	14.9
California	29,230	30,989	98	60,317	6.5	7.2
Colorado	5,514	6,101	-	11,615	8.6	10.0
Connecticut	3,098	3,212	36	6,346	8.5	9.1
Delaware	581	619	-	1,200	5.6	6.1
District of Columbia	756	811	1	1,568	11.5	12.7
Florida	13,625	14,438	205	28,268	6.3	6.9
Georgia	4,190	4,497	3	8,690	3.3	3.7
Hawaii	601	680	13	1,294	3.9	4.7
Idaho	977	981	-	1,958	4.2	4.5
Illinois	17,468	17,846	123	35,437	12.3	13.1
Indiana	10,752	11,884	12	22,648	13.4	15.5
Iowa	5,169	5,404	27	10,600	13.9	15.2
Kansas	1,067	1,319	-	2,386	3.0	3.9
Kentucky	8,212	8,438	98	16,748	16.0	17.3
Louisiana	3,327	3,508	24	6,859	6.0	6.6
Maine	2,348	2,370	8	4,726	18.4	19.6
Maryland	3,089	4,123	30	7,242	4.5	6.3
Massachusetts	11,019	11,170	349	22,538	16.1	17.0
Michigan	13,377	13,551	4	26,932	12.3	13.0
Minnesota	3,122	3,525	-	6,647	4.7	5.5
Mississippi	3,760	4,350	26	8,136	10.7	12.8
Missouri	1,821	2,628	-	4,449	2.6	3.9
Montana	1,926	1,848	3	3,777	16.3	16.5
Nebraska	1,063	1,312	1	2,376	4.4	5.7
Nevada	2,409	2,607	-	5,016	6.8	7.6
New Hampshire	581	601	-	1,182	4.5	4.9
New Jersey	1,654	1,997	4	3,655	1.7	2.1
New Mexico	3,478	3,541	31	7,050	14.5	15.3
New York	29,319	29,785	22	59,126	14.4	15.3
North Carolina	11,098	11,295	6	22,399	9.4	10.0
North Dakota	799	811	4	1,614	8.6	9.1
Ohio	11,004	12,615	72	23,691	8.4	10.0
Oklahoma	7,191	7,490	4	14,685	14.8	16.1
Oregon	5,599	5,873	15	11,487	12.7	14.0
Pennsylvania	1,801	2,781	-	4,582	1.3	2.2
Puerto Rico	1,835	1,737	-	3,572	6.6	6.5
Rhode Island	1,366	1,367	10	2,743	13.2	13.9
South Carolina	7,187	6,981	95	14,263	12.6	12.7
South Dakota	749	819	2	1,570	6.7	7.7
Tennessee	3,765	4,879	43	8,687	4.9	6.6
Texas	31,010	33,768	338	65,116	8.2	9.3
Utah	4,422	5,272	-	9,694	9.3	11.7
Vermont	242	288	-	530	4.1	5.3
Virginia	2,696	2,955	7	5,658	2.8	3.2
Washington	1,913	2,037	17	3,967	2.2	2.5
West Virginia	2,951	3,137	28	6,116	16.1	18.1
Wisconsin	1,877	2,288	12	4,177	2.9	3.7
Wyoming	509	483	-	992	7.4	7.5
National	**297,352**	**319,230**	**1,817**	**618,399**	**7.9**	**8.9**
Reporting States	**52**	**52**	**39**	**52**	**-**	**-**

Table 3–7 Victims by Race or Ethnicity, 2020 *(continues next page)*

State	African-American	American Indian or Alaska Native	Asian	Hispanic	Multiple Race	Pacific Islander	White	Unknown	Total Victims
Alabama	3,338	13	19	516	378	3	7,241	155	11,663
Alaska	62	1,661	31	119	482	70	608	179	3,212
Arizona	1,039	449	45	3,597	470	20	3,204	1,130	9,954
Arkansas	1,767	10	22	689	768	23	5,874	88	9,241
California	7,895	465	1,577	33,655	1,254	199	11,888	3,384	60,317
Colorado	1,166	88	108	4,674	520	47	4,720	292	11,615
Connecticut	1,402	5	30	2,117	343	7	2,219	223	6,346
Delaware	625	-	3	144	20	-	408	-	1,200
District of Columbia	1,020	1	-	179	6	-	11	351	1,568
Florida	7,852	53	119	5,002	1,506	13	12,543	1,180	28,268
Georgia	3,452	8	20	681	471	1	3,938	119	8,690
Hawaii	19	1	111	38	530	347	161	87	1,294
Idaho	15	38	3	197	18	6	1,347	334	1,958
Illinois	11,941	16	340	6,563	940	14	15,426	197	35,437
Indiana	4,096	4	63	1,885	1,793	11	14,746	50	22,648
Iowa	1,519	143	64	1,103	334	38	7,330	69	10,600
Kansas	268	20	15	359	167	1	1,518	38	2,386
Kentucky	1,925	3	24	716	961	3	12,384	732	16,748
Louisiana	3,115	18	19	162	208	8	3,077	252	6,859
Maine	79	38	5	152	190	3	3,333	926	4,726
Maryland	2,696	9	58	648	124	3	1,660	2,044	7,242
Massachusetts	2,773	34	374	7,288	1,232	7	8,568	2,262	22,538
Michigan	7,461	83	69	1,989	2,517	10	14,756	47	26,932
Minnesota	1,128	482	172	877	1,194	3	2,527	264	6,647
Mississippi	3,246	15	15	205	180	1	4,212	262	8,136
Missouri	664	22	9	425	93	4	2,945	287	4,449
Montana	33	597	6	211	244	-	2,661	25	3,777
Nebraska	277	118	21	508	204	3	1,111	134	2,376
Nevada	1,232	27	52	1,492	320	29	1,625	239	5,016
New Hampshire	25	1	3	81	34	2	912	124	1,182
New Jersey	1,048	2	47	1,255	87	8	1,110	98	3,655
New Mexico	203	738	9	4,063	133	5	1,275	624	7,050
New York	16,172	193	1,646	17,011	2,778	36	20,815	475	59,126
North Carolina	7,341	704	112	2,608	1,372	25	9,760	477	22,399
North Dakota	104	333	8	115	124	3	811	116	1,614
Ohio	5,793	17	60	1,495	2,396	12	13,360	558	23,691
Oklahoma	1,498	1,125	34	2,647	3,713	9	5,643	16	14,685
Oregon	434	312	98	1,512	420	94	6,573	2,044	11,487
Pennsylvania	865	4	26	716	288	2	2,565	116	4,582
Puerto Rico	-	-	-	-	-	-	-	-	-
Rhode Island	341	5	17	675	208	1	1,222	274	2,743
South Carolina	5,478	14	8	651	460	8	6,720	924	14,263
South Dakota	43	634	12	85	226	1	542	27	1,570
Tennessee	-	-	-	-	-	-	-	-	-
Texas	13,492	53	333	29,835	2,601	74	17,728	1,000	65,116
Utah	340	200	76	2,340	303	180	6,151	104	9,694
Vermont	12	1	5	3	9	-	467	33	530
Virginia	1,355	3	50	667	358	12	3,010	203	5,658
Washington	316	163	70	706	508	43	1,999	162	3,967
West Virginia	165	-	9	58	417	1	5,395	71	6,116
Wisconsin	906	235	45	465	184	5	2,246	91	4,177
Wyoming	25	29	-	128	18	1	754	37	992
National	**128,061**	**9,187**	**6,062**	**143,307**	**34,104**	**1,396**	**261,099**	**22,924**	**606,140**
Reporting States	**50**	**50**	**50**	**50**	**50**	**50**	**50**	**50**	**50**

Table 3–7 Victims by Race or Ethnicity, 2020

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	10.6	3.1	1.2	5.8	9.8	4.6	11.6
Alaska	12.2	50.3	3.1	6.6	20.4	17.1	7.2
Arizona	12.4	5.8	0.9	4.9	6.8	6.7	5.1
Arkansas	14.2	2.0	1.8	7.7	27.1	5.3	13.5
California	18.0	14.6	1.4	7.4	2.7	6.2	5.5
Colorado	21.5	12.8	2.7	11.8	8.9	20.5	6.8
Connecticut	16.8	2.4	0.8	11.4	11.7	19.8	5.9
Delaware	12.0	-	0.3	4.1	1.7	-	4.2
District of Columbia	15.2	5.6	-	8.0	1.1	-	0.4
Florida	9.2	6.1	1.0	3.8	9.1	4.4	7.1
Georgia	4.1	1.8	0.2	1.8	4.7	0.4	3.7
Hawaii	3.7	2.6	1.7	0.7	5.7	9.9	4.1
Idaho	3.9	8.5	0.5	2.3	1.1	7.3	4.0
Illinois	28.1	4.1	2.2	9.6	9.3	17.6	11.0
Indiana	23.0	1.5	1.5	10.3	26.2	15.0	13.5
Iowa	37.5	57.9	3.2	14.1	11.1	23.2	13.3
Kansas	6.3	4.3	0.7	2.7	4.4	1.2	3.3
Kentucky	20.8	2.4	1.3	10.7	21.5	3.2	15.9
Louisiana	7.9	2.8	1.0	2.0	5.9	20.4	5.6
Maine	10.6	19.9	1.4	19.5	19.9	25.4	15.3
Maryland	6.6	3.3	0.7	2.9	1.7	5.1	3.1
Massachusetts	23.2	13.6	3.6	28.0	21.7	9.7	10.7
Michigan	21.9	7.0	0.9	10.7	23.4	15.9	10.5
Minnesota	8.3	26.8	2.1	7.4	17.3	2.9	2.9
Mississippi	11.3	3.8	2.2	5.8	9.7	4.4	12.4
Missouri	3.6	4.5	0.3	4.3	1.4	1.5	3.0
Montana	22.7	27.6	3.1	13.6	22.3	-	14.9
Nebraska	9.6	23.4	1.6	5.8	10.3	9.1	3.5
Nevada	16.6	5.2	1.3	5.2	6.3	5.3	6.9
New Hampshire	5.0	2.4	0.3	4.5	3.8	25.3	4.3
New Jersey	4.1	0.6	0.2	2.3	1.4	9.0	1.3
New Mexico	23.5	16.0	1.5	14.0	10.5	19.5	11.8
New York	27.5	15.3	4.8	17.2	18.1	17.2	11.0
North Carolina	14.2	27.0	1.4	6.6	13.0	13.2	8.3
North Dakota	13.2	24.1	2.7	8.9	15.5	18.6	6.0
Ohio	14.9	4.6	0.9	8.7	18.2	8.3	7.4
Oklahoma	20.6	11.8	1.6	15.2	38.5	3.6	11.5
Oregon	21.7	34.0	2.7	7.8	7.5	21.3	12.2
Pennsylvania	2.6	1.1	0.2	2.1	2.6	2.0	1.5
Puerto Rico	-	-	-	-	-	-	-
Rhode Island	23.1	4.9	2.2	12.2	21.0	6.3	10.8
South Carolina	16.8	4.2	0.4	5.7	9.6	10.9	11.1
South Dakota	6.3	23.4	3.4	5.1	21.9	6.0	3.5
Tennessee	-	-	-	-	-	-	-
Texas	15.0	3.0	0.9	8.2	12.6	11.0	7.7
Utah	30.2	25.3	4.4	13.9	8.8	16.6	9.1
Vermont	5.9	3.7	1.9	0.9	2.0	-	4.7
Virginia	3.7	0.8	0.4	2.5	3.2	9.4	3.1
Washington	4.4	7.8	0.5	1.9	3.5	3.1	2.2
West Virginia	12.9	-	3.4	5.7	27.0	11.1	17.1
Wisconsin	8.2	17.9	0.9	2.9	3.4	8.3	2.6
Wyoming	20.7	7.8	-	6.2	3.9	11.5	7.4
National	**13.2**	**15.5**	**1.6**	**7.8**	**10.3**	**9.0**	**7.4**
Reporting States	**-**	**-**	**-**	**-**	**-**	**-**	**-**

Table 3–8 Maltreatment Types of Victims (Categories), 2020 *(continues next page)*

State	Victims	Medical Neglect	Neglect	Other	Physical Abuse	Psychological Maltreatment	Sexual Abuse	Sex Trafficking	Unknown	Total Maltreatment Types
Alabama	11,663	86	5,033	-	5,800	21	2,212	4	-	13,156
Alaska	3,212	112	2,295	-	689	1,071	297	-	-	4,464
Arizona	9,954	-	9,127	-	836	5	382	-	-	10,350
Arkansas	9,241	221	6,407	32	1,806	180	1,787	12	-	10,445
California	60,317	47	53,680	343	4,132	5,422	3,258	65	-	66,947
Colorado	11,615	144	9,692	-	1,169	216	1,039	-	28	12,288
Connecticut	6,346	165	5,410	-	350	1,942	376	-	-	8,243
Delaware	1,200	-	381	116	199	455	149	-	-	1,300
District of Columbia	1,568	-	1,402	-	208	-	36	25	2	1,673
Florida	28,268	950	16,884	11,818	2,361	284	2,318	-	-	34,615
Georgia	8,690	246	5,317	-	1,108	2,239	763	39	-	9,712
Hawaii	1,294	10	279	1,135	124	27	90	16	-	1,681
Idaho	1,958	6	1,064	-	846	-	160	2	-	2,078
Illinois	35,437	667	27,184	61	6,134	68	4,785	-	-	38,899
Indiana	22,648	-	19,622	-	1,596	-	2,542	32	-	23,792
Iowa	10,600	81	9,222	-	1,098	93	670	11	-	11,175
Kansas	2,386	66	1,036	1	601	380	492	10	-	2,586
Kentucky	16,748	304	15,631	-	1,226	37	710	-	-	17,908
Louisiana	6,859	-	6,032	10	781	20	410	2	-	7,255
Maine	4,726	-	2,926	-	1,336	1,811	382	1	-	6,456
Maryland	7,242	-	4,271	-	1,420	16	2,059	-	-	7,766
Massachusetts	22,538	-	21,195	-	1,765	-	732	273	-	23,965
Michigan	26,932	590	23,405	-	4,036	166	1,197	28	-	29,422
Minnesota	6,647	-	4,629	-	922	174	1,641	16	-	7,382
Mississippi	8,136	377	5,737	17	1,279	1,510	1,088	11	-	10,019
Missouri	4,449	108	2,249	-	1,398	647	1,456	10	-	5,868
Montana	3,777	13	3,683	6	187	24	107	1	-	4,021
Nebraska	2,376	1	1,917	-	323	10	253	11	-	2,515
Nevada	5,016	76	4,146	-	1,034	18	365	-	-	5,639
New Hampshire	1,182	28	1,010	-	83	45	119	-	-	1,285
New Jersey	3,655	79	2,592	-	525	46	640	3	-	3,885
New Mexico	7,050	219	5,770	-	952	1,982	258	-	-	9,181
New York	59,126	3,301	56,595	16,851	5,289	577	2,170	12	-	84,795
North Carolina	22,399	970	19,916	193	1,104	158	999	4	-	23,344
North Dakota	1,614	34	1,241	-	137	462	50	-	-	1,924
Ohio	23,691	371	10,311	-	11,319	1,580	4,240	25	-	27,846
Oklahoma	14,685	257	10,684	-	1,956	5,010	792	4	-	18,703
Oregon	11,487	69	5,558	6,053	1,381	220	769	27	-	14,077
Pennsylvania	4,582	169	437	12	2,036	45	2,060	43	-	4,802
Puerto Rico	3,572	457	2,340	32	847	1,808	92	1	-	5,577
Rhode Island	2,743	37	1,562	67	366	1,031	132	-	-	3,195
South Carolina	14,263	321	8,216	4	6,434	1,041	741	28	-	16,785
South Dakota	1,570	-	1,423	-	152	40	84	1	-	1,700
Tennessee	8,687	129	2,198	-	5,096	463	2,307	100	-	10,293
Texas	65,116	983	55,117	3	7,422	323	6,580	36	1	70,465
Utah	9,694	53	2,567	142	3,708	3,536	1,651	14	-	11,671
Vermont	530	11	4	-	396	2	126	-	-	539
Virginia	5,658	131	3,800	3	1,562	95	714	3	-	6,308
Washington	3,967	-	3,050	-	859	-	464	33	-	4,406
West Virginia	6,116	332	2,513	-	4,905	3,983	239	-	-	11,972
Wisconsin	4,177	63	2,774	-	645	24	934	50	-	4,490
Wyoming	992	3	763	5	23	345	46	-	-	1,185
National	**618,399**	**12,287**	**470,297**	**36,904**	**101,961**	**39,652**	**57,963**	**953**	**31**	**720,048**
Reporting States	**52**	**41**	**52**	**21**	**52**	**47**	**52**	**35**	**3**	**52**

Table 3–8 Maltreatment Types of Victims (Categories), 2020

State	Medical Neglect Percent	Neglect Percent	Other Percent	Physical Abuse Percent	Psychological Maltreatment Percent	Sexual Abuse Percent	Sex Trafficking Percent	Unknown Percent	Total Maltreatment Types Percent
Alabama	0.7	43.2	-	49.7	0.2	19.0	0.0	-	112.8
Alaska	3.5	71.5	-	21.5	33.3	9.2	-	-	139.0
Arizona	-	91.7	-	8.4	0.1	3.8	-	-	104.0
Arkansas	2.4	69.3	0.3	19.5	1.9	19.3	0.1	-	113.0
California	0.1	89.0	0.6	6.9	9.0	5.4	0.1	-	111.0
Colorado	1.2	83.4	-	10.1	1.9	8.9	-	0.2	105.8
Connecticut	2.6	85.3	-	5.5	30.6	5.9	-	-	129.9
Delaware	-	31.8	9.7	16.6	37.9	12.4	-	-	108.3
District of Columbia	-	89.4	-	13.3	-	2.3	1.6	0.1	106.7
Florida	3.4	59.7	41.8	8.4	1.0	8.2	-	-	122.5
Georgia	2.8	61.2	-	12.8	25.8	8.8	0.4	-	111.8
Hawaii	0.8	21.6	87.7	9.6	2.1	7.0	1.2	-	129.9
Idaho	0.3	54.3	-	43.2	-	8.2	0.1	-	106.1
Illinois	1.9	76.7	0.2	17.3	0.2	13.5	-	-	109.8
Indiana	-	86.6	-	7.0	-	11.2	0.1	-	105.1
Iowa	0.8	87.0	-	10.4	0.9	6.3	0.1	-	105.4
Kansas	2.8	43.4	0.0	25.2	15.9	20.6	0.4	-	108.4
Kentucky	1.8	93.3	-	7.3	0.2	4.2	-	-	106.9
Louisiana	-	87.9	0.1	11.4	0.3	6.0	0.0	-	105.8
Maine	-	61.9	-	28.3	38.3	8.1	0.0	-	136.6
Maryland	-	59.0	-	19.6	0.2	28.4	-	-	107.2
Massachusetts	-	94.0	-	7.8	-	3.2	1.2	-	106.3
Michigan	2.2	86.9	-	15.0	0.6	4.4	0.1	-	109.2
Minnesota	-	69.6	-	13.9	2.6	24.7	0.2	-	111.1
Mississippi	4.6	70.5	0.2	15.7	18.6	13.4	0.1	-	123.1
Missouri	2.4	50.6	-	31.4	14.5	32.7	0.2	-	131.9
Montana	0.3	97.5	0.2	5.0	0.6	2.8	0.0	-	106.5
Nebraska	0.0	80.7	-	13.6	0.4	10.6	0.5	-	105.9
Nevada	1.5	82.7	-	20.6	0.4	7.3	-	-	112.4
New Hampshire	2.4	85.4	-	7.0	3.8	10.1	-	-	108.7
New Jersey	2.2	70.9	-	14.4	1.3	17.5	0.1	-	106.3
New Mexico	3.1	81.8	-	13.5	28.1	3.7	-	-	130.2
New York	5.6	95.7	28.5	8.9	1.0	3.7	0.0	-	143.4
North Carolina	4.3	88.9	0.9	4.9	0.7	4.5	0.0	-	104.2
North Dakota	2.1	76.9	-	8.5	28.6	3.1	-	-	119.2
Ohio	1.6	43.5	-	47.8	6.7	17.9	0.1	-	117.5
Oklahoma	1.8	72.8	-	13.3	34.1	5.4	0.0	-	127.4
Oregon	0.6	48.4	52.7	12.0	1.9	6.7	0.2	-	122.5
Pennsylvania	3.7	9.5	0.3	44.4	1.0	45.0	0.9	-	104.8
Puerto Rico	12.8	65.5	0.9	23.7	50.6	2.6	0.0	-	156.1
Rhode Island	1.3	56.9	2.4	13.3	37.6	4.8	-	-	116.5
South Carolina	2.3	57.6	0.0	45.1	7.3	5.2	0.2	-	117.7
South Dakota	-	90.6	-	9.7	2.5	5.4	0.1	-	108.3
Tennessee	1.5	25.3	-	58.7	5.3	26.6	1.2	-	118.5
Texas	1.5	84.6	0.0	11.4	0.5	10.1	0.1	0.0	108.2
Utah	0.5	26.5	1.5	38.3	36.5	17.0	0.1	-	120.4
Vermont	2.1	0.8	-	74.7	0.4	23.8	-	-	101.7
Virginia	2.3	67.2	0.1	27.6	1.7	12.6	0.1	-	111.5
Washington	-	76.9	-	21.7	-	11.7	0.8	-	111.1
West Virginia	5.4	41.1	-	80.2	65.1	3.9	-	-	195.7
Wisconsin	1.5	66.4	-	15.4	0.6	22.4	1.2	-	107.5
Wyoming	0.3	76.9	0.5	2.3	34.8	4.6	-	-	119.5
National	**2.0**	**76.1**	**6.0**	**16.5**	**6.4**	**9.4**	**0.2**	**0.0**	**116.4**
Reporting States	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

3–9 Victims of Sex Trafficking by Sex and Age, 2020

Age	Male	Female	Unknown	Total	Total Percent
<1	-	2	-	2	0.2
1	2	4	-	6	0.6
2	2	1	-	3	0.3
3	1	2	-	3	0.3
4	2	3	-	5	0.5
5	1	4	-	5	0.5
6	5	7	-	12	1.3
7	-	7	-	7	0.7
8	5	6	-	11	1.2
9	-	11	-	11	1.2
10	2	18	1	21	2.2
11	5	36	-	41	4.3
12	7	38	-	45	4.7
13	4	60	-	64	6.7
14	21	123	1	145	15.2
15	13	151	1	165	17.3
16	16	196	2	214	22.5
17	16	173	-	189	19.8
18	2	2	-	4	0.4
19–23	-	-	-	-	-
Unknown age	-	-	-	-	-
National	**104**	**844**	**5**	**953**	**100.0**
National Percent	**10.9**	**88.6**	**0.5**	**-**	**-**

Based on data from 35 states.

Table 3–10 Infants With Prenatal Substance Exposure by Submission Type, 2020

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	25	564	8	597	1	598
Alaska	-	-	82	82	121	203
Arizona	9	452	9	470	197	667
Arkansas	-	511	1	512	31	543
California	4	526	485	1,015	39	1,054
Colorado	-	27	-	27	458	485
Connecticut	-	2	-	2	87	89
Delaware	-	24	4	28	20	48
District of Columbia	1	165	-	166	2	168
Florida	-	1	-	1	8	9
Georgia	73	3,588	108	3,769	125	3,894
Hawaii	-	25	2	27	-	27
Idaho	1	-	-	1	17	18
Illinois	-	-	-	-	-	-
Indiana	4	625	5	634	33	667
Iowa	-	51	-	51	16	67
Kansas	-	-	48	48	22	70
Kentucky	15	1,128	7	1,150	423	1,573
Louisiana	4	1,952	-	1,956	54	2,010
Maine	2	108	5	115	-	115
Maryland	-	6	-	6	-	6
Massachusetts	-	66	1,893	1,959	237	2,196
Michigan	-	6,337	33	6,370	1,662	8,032
Minnesota	19	1,666	-	1,685	204	1,889
Mississippi	-	51	-	51	226	277
Missouri	1	13	-	14	1,050	1,064
Montana	-	8	-	8	-	8
Nebraska	1	192	3	196	18	214
Nevada	-	70	615	685	-	685
New Hampshire	1	75	-	76	-	76
New Jersey	3	435	6	444	-	444
New Mexico	2	272	-	274	143	417
New York	4	738	13	755	-	755
North Carolina	4	221	1	226	884	1,110
North Dakota	-	-	-	-	-	-
Ohio	11	5,816	57	5,884	1,123	7,007
Oklahoma	24	2,114	80	2,218	29	2,247
Oregon	-	20	-	20	-	20
Pennsylvania	-	-	-	-	-	-
Puerto Rico	-	10	1	11	1	12
Rhode Island	-	-	101	101	1	102
South Carolina	3	446	2	451	-	451
South Dakota	2	27	1	30	51	81
Tennessee	-	213	-	213	-	213
Texas	88	1,215	-	1,303	13	1,316
Utah	1	405	1	407	8	415
Vermont	-	-	-	-	239	239
Virginia	-	-	15	15	77	92
Washington	-	290	-	290	65	355
West Virginia	-	712	-	712	-	712
Wisconsin	-	1	-	1	68	69
Wyoming	-	12	-	12	-	12
National	**302**	**31,180**	**3,586**	**35,068**	**7,753**	**42,821**
National Percent	**N/A**	**N/A**	**N/A**	**81.9**	**18.1**	**100.0**
Percent of Screened-in IPSE	**0.9**	**88.9**	**10.2**	**100.0**	**N/A**	**N/A**
Reporting States	**24**	**43**	**27**	**48**	**36**	**49**

Table 3–11 Screened-in Infants With Prenatal Substance Exposure Who Have a Plan of Safe Care, 2020

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	597	299	50.1
Alaska	-	-	-
Arizona	-	-	-
Arkansas	512	468	91.4
California	-	-	-
Colorado	27	2	7.4
Connecticut	-	-	-
Delaware	28	28	100.0
District of Columbia	166	145	87.3
Florida	-	-	-
Georgia	3,769	2,656	70.5
Hawaii	-	-	-
Idaho	-	-	-
Illinois	-	-	-
Indiana	634	239	37.7
Iowa	51	51	100.0
Kansas	48	8	16.7
Kentucky	1,150	228	19.8
Louisiana	1,956	1,019	52.1
Maine	-	-	-
Maryland	-	-	-
Massachusetts	1,959	1,329	67.8
Michigan	6,370	6,101	95.8
Minnesota	1,685	1,414	83.9
Mississippi	-	-	-
Missouri	-	-	-
Montana	-	-	-
Nebraska	196	20	10.2
Nevada	-	-	-
New Hampshire	-	-	-
New Jersey	-	-	-
New Mexico	274	4	1.5
New York	755	629	83.3
North Carolina	226	152	67.3
North Dakota	-	-	-
Ohio	5,884	5,316	90.3
Oklahoma	2,218	71	3.2
Oregon	-	-	-
Pennsylvania	-	-	-
Puerto Rico	11	11	100.0
Rhode Island	-	-	-
South Carolina	-	-	-
South Dakota	30	13	43.3
Tennessee	213	212	99.5
Texas	1,303	1,303	100.0
Utah	407	143	35.1
Vermont	-	-	-
Virginia	15	15	100.0
Washington	290	88	30.3
West Virginia	-	-	-
Wisconsin	-	-	-
Wyoming	-	-	-
National	**30,774**	**21,964**	**71.4**
Reporting States	**27**	**27**	**-**

Table 3–12 Screened-in Infants With Prenatal Substance Exposure Who Have a Referral to Appropriate Services, 2020

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	597	337	56.4
Alaska	-	-	-
Arizona	-	-	-
Arkansas	512	466	91.0
California	1,015	123	12.1
Colorado	27	3	11.1
Connecticut	-	-	-
Delaware	28	12	42.9
District of Columbia	166	142	85.5
Florida	-	-	-
Georgia	3,769	2,656	70.5
Hawaii	-	-	-
Idaho	-	-	-
Illinois	-	-	-
Indiana	634	57	9.0
Iowa	51	47	92.2
Kansas	48	8	16.7
Kentucky	1,150	249	21.7
Louisiana	1,956	1,225	62.6
Maine	-	-	-
Maryland	-	-	-
Massachusetts	1,959	1,837	93.8
Michigan	6,370	4,645	72.9
Minnesota	1,685	369	21.9
Mississippi	-	-	-
Missouri	-	-	-
Montana	-	-	-
Nebraska	196	136	69.4
Nevada	-	-	-
New Hampshire	-	-	-
New Jersey	-	-	-
New Mexico	274	4	1.5
New York	755	591	78.3
North Carolina	226	48	21.2
North Dakota	-	-	-
Ohio	5,884	4,575	77.8
Oklahoma	2,218	1,382	62.3
Oregon	-	-	-
Pennsylvania	-	-	-
Puerto Rico	11	11	100.0
Rhode Island	-	-	-
South Carolina	-	-	-
South Dakota	30	8	26.7
Tennessee	213	212	99.5
Texas	1,303	1,260	96.7
Utah	407	143	35.1
Vermont	-	-	-
Virginia	15	14	93.3
Washington	290	88	30.3
West Virginia	-	-	-
Wisconsin	-	-	-
Wyoming	-	-	-
National	**31,789**	**20,648**	**65.0**
Reporting States	**28**	**28**	**-**

Table 3–13 Victims With Caregiver Risk Factors, 2020 *(continues next page)*

State	Victims	Alcohol Abuse	Domestic Violence	Drug Abuse	Financial Problem	Inadequate Housing	Public Assistance	Any Caregiver Disability
Alabama	11,663	-	-	4,798	-	645	-	796
Alaska	3,212	1,446	1,384	869	146	118	96	475
Arizona	9,954	1,300	4,048	4,449	4,960	2,972	-	454
Arkansas	9,241	-	937	263	1,229	484	256	378
California	60,317	-	-	-	-	-	13,345	-
Colorado	-	-	-	-	-	-	-	-
Connecticut	6,346	227	1,982	238	274	236	149	127
Delaware	1,200	171	497	332	385	192	918	427
District of Columbia	1,568	509	312	509	-	181	-	761
Florida	28,268	-	11,256	715	8,812	1,894	3,226	-
Georgia	8,690	-	341	550	-	-	1,139	610
Hawaii	1,294	178	384	645	-	98	-	-
Idaho	1,958	120	-	305	-	159	-	206
Illinois	-	-	-	-	-	-	-	-
Indiana	22,648	929	2,396	4,474	3,321	1,614	4,433	1,547
Iowa	10,600	-	-	-	397	255	1,222	-
Kansas	-	-	-	-	-	-	-	-
Kentucky	16,748	2,454	8,784	8,370	-	2,964	-	4,432
Louisiana	-	-	-	-	-	-	-	-
Maine	4,726	791	968	1,217	-	277	3,556	107
Maryland	7,242	256	357	510	-	-	-	-
Massachusetts	22,538	10,893	10,042	10,893	-	1,170	-	-
Michigan	26,932	4,220	8,816	6,746	566	1,347	18,411	1,649
Minnesota	6,647	915	1,999	1,505	740	788	560	1,136
Mississippi	8,136	537	1,025	2,974	890	1,387	2,536	-
Missouri	4,449	394	391	1,040	675	812	684	726
Montana	3,777	246	-	770	-	-	1,420	-
Nebraska	2,376	439	106	779	70	-	1,924	889
Nevada	5,016	1,991	1,066	2,090	839	483	-	-
New Hampshire	1,182	105	502	408	-	88	1,001	422
New Jersey	3,655	452	880	960	592	318	-	106
New Mexico	7,050	1,613	155	2,083	457	228	228	-
New York	59,126	11,047	14,811	12,691	-	-	-	-
North Carolina	22,399	1,451	3,236	3,964	-	793	899	1,293
North Dakota	1,614	-	-	-	-	-	791	-
Ohio	23,691	-	6,036	12,180	2,973	3,052	-	7,245
Oklahoma	14,685	2,670	5,780	5,940	856	-	6,058	519
Oregon	11,487	5,152	4,614	5,226	2,065	969	-	266
Pennsylvania	4,582	-	-	116	-	-	-	104
Puerto Rico	3,572	475	1,198	514	1,730	372	192	1,551
Rhode Island	2,743	425	1,340	479	344	108	1,055	-
South Carolina	14,263	-	-	-	2,224	2,165	4,808	656
South Dakota	1,570	557	475	722	521	348	611	132
Tennessee	8,687	-	-	1,169	-	315	-	-
Texas	65,116	3,544	23,645	13,651	3,387	3,137	12,040	5,951
Utah	9,694	-	3,045	-	1,295	688	2,021	-
Vermont	-	-	-	-	-	-	-	-
Virginia	5,658	-	1,055	-	-	-	-	-
Washington	3,967	1,114	802	1,803	710	646	-	-
West Virginia	6,116	495	-	3,513	-	-	-	123
Wisconsin	4,177	126	565	293	171	198	227	378
Wyoming	992	318	308	462	237	156	91	184
National Count of Victims with the Caregiver Risk Factor	**-**	**57,560**	**125,538**	**121,215**	**40,866**	**31,657**	**83,897**	**33,650**
National Count of Victims in Reporting States	**561,572**	**364,604**	**437,995**	**459,426**	**311,687**	**387,389**	**356,622**	**315,845**
Reporting States	**47**	**34**	**37**	**41**	**28**	**36**	**29**	**30**

Table 3–13 Victims With Caregiver Risk Factors, 2020

State	Alcohol Abuse Percent	Domestic Violence Percent	Drug Abuse Percent	Financial Problem Percent	Inadequate Housing Percent	Public Assistance Percent	Any Caregiver Disability Percent
Alabama	-	-	41.1	-	5.5	-	6.8
Alaska	45.0	43.1	27.1	4.5	3.7	3.0	14.8
Arizona	13.1	40.7	44.7	49.8	29.9	-	4.6
Arkansas	-	10.1	2.8	13.3	5.2	2.8	4.1
California	-	-	-	-	-	22.1	-
Colorado	-	-	-	-	-	-	-
Connecticut	3.6	31.2	3.8	4.3	3.7	2.3	2.0
Delaware	14.3	41.4	27.7	32.1	16.0	76.5	35.6
District of Columbia	32.5	19.9	32.5	-	11.5	-	48.5
Florida	-	39.8	2.5	31.2	6.7	11.4	-
Georgia	-	3.9	6.3	-	-	13.1	7.0
Hawaii	13.8	29.7	49.8	-	7.6	-	-
Idaho	6.1	-	15.6	-	8.1	-	10.5
Illinois	-	-	-	-	-	-	-
Indiana	4.1	10.6	19.8	14.7	7.1	19.6	6.8
Iowa	-	-	-	3.7	2.4	11.5	-
Kansas	-	-	-	-	-	-	-
Kentucky	14.7	52.4	50.0	-	17.7	-	26.5
Louisiana	-	-	-	-	-	-	-
Maine	16.7	20.5	25.8	-	5.9	75.2	2.3
Maryland	3.5	4.9	7.0	-	-	-	-
Massachusetts	48.3	44.6	48.3	-	5.2	-	-
Michigan	15.7	32.7	25.0	2.1	5.0	68.4	6.1
Minnesota	13.8	30.1	22.6	11.1	11.9	8.4	17.1
Mississippi	6.6	12.6	36.6	10.9	17.0	31.2	-
Missouri	8.9	8.8	23.4	15.2	18.3	15.4	16.3
Montana	6.5	-	20.4	-	-	37.6	-
Nebraska	18.5	4.5	32.8	2.9	-	81.0	37.4
Nevada	39.7	21.3	41.7	16.7	9.6	-	-
New Hampshire	8.9	42.5	34.5	-	7.4	84.7	35.7
New Jersey	12.4	24.1	26.3	16.2	8.7	-	2.9
New Mexico	22.9	2.2	29.5	6.5	3.2	3.2	-
New York	18.7	25.0	21.5	-	-	-	-
North Carolina	6.5	14.4	17.7	-	3.5	4.0	5.8
North Dakota	-	-	-	-	-	49.0	-
Ohio	-	25.5	51.4	12.5	12.9	-	30.6
Oklahoma	18.2	39.4	40.4	5.8	-	41.3	3.5
Oregon	44.9	40.2	45.5	18.0	8.4	-	2.3
Pennsylvania	-	-	2.5	-	-	-	2.3
Puerto Rico	13.3	33.5	14.4	48.4	10.4	5.4	43.4
Rhode Island	15.5	48.9	17.5	12.5	3.9	38.5	-
South Carolina	-	-	-	15.6	15.2	33.7	4.6
South Dakota	35.5	30.3	46.0	33.2	22.2	38.9	8.4
Tennessee	-	-	13.5	-	3.6	-	-
Texas	5.4	36.3	21.0	5.2	4.8	18.5	9.1
Utah	-	31.4	-	13.4	7.1	20.8	-
Vermont	-	-	-	-	-	-	-
Virginia	-	18.6	-	-	-	-	-
Washington	28.1	20.2	45.4	17.9	16.3	-	-
West Virginia	8.1	-	57.4	-	-	-	2.0
Wisconsin	3.0	13.5	7.0	4.1	4.7	5.4	9.0
Wyoming	32.1	31.0	46.6	23.9	15.7	9.2	18.5
National Count of Victims with the Caregiver Risk Factor	**15.8**	**28.7**	**26.4**	**13.1**	**8.2**	**23.5**	**10.7**
National Count of Victims in Reporting States	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Reporting States	**-**	**-**	**-**	**-**	**-**	**-**	**-**

Table 3–14 Victims by Relationship to Their Perpetrators, 2020

Perpetrator	Victims	Reported Relationships	Reported Relationships Percent
PARENT	-	-	-
Father Only	-	138,803	23.6
Father and Nonparent	-	6,910	1.2
Mother Only	-	221,372	37.6
Mother and Nonparent	-	37,064	6.3
Two Parents of known sex	-	122,015	20.7
Three Parents of known sex	-	955	0.2
Two Parents of known sex and Nonparent	-	5,230	0.9
One or more Parents of Unknown Sex	-	1,292	0.2
Total Parents	**-**	**533,641**	**90.6**
NONPARENT	-	-	-
Child Daycare Provider(s)	-	2,013	0.3
Foster Parent(s)	-	1,990	0.3
Friend(s) and Neighbor(s)	-	3,961	0.7
Group Home and Residential Facility Staff	-	1,080	0.2
Legal Guardian(s)	-	1,726	0.3
Other Professional(s)	-	1,187	0.2
Relative(s)	-	32,037	5.4
Unmarried Partner(s) of Parent	-	19,370	3.3
Other(s)	-	18,966	3.2
More Than One Nonparental Perpetrator	-	2,504	0.4
Total Nonparents	**-**	**84,834**	**14.4**
UNKNOWN	**-**	**16,464**	**2.8**
National	**589,141**	**634,939**	**107.8**

Based on data from 50 states.

Fatalities

CHAPTER 4

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

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

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

Number of Child Fatalities

For FFY 2020, a national estimate of 1,750 children died from abuse and neglect at a rate of 2.38 per 100,000 children in the population. The 2020 national estimate is a 1.2 percent increase from the 2016 national estimate of 1,730.[22] (See exhibit 4–A and related notes on how the national estimate is calculated.) Due to the relatively low frequency of child fatalities, the national rate and national estimate are sensitive to which states report data and

[22] *The percent change is calculated using the national estimates for FFY 2016 and FFY 2020.*

changes in the child population estimates produced by the U.S. Census Bureau. Detailed explanations for data fluctuations may be found in Appendix D, State Commentary. An explanation for a change may be in an earlier edition of the Child Maltreatment report. Previous editions of the report are located on the Children's Bureau website at https://www.acf.hhs.gov/cb/data-research/child-maltreatment.

Exhibit 4–A Child Fatality Rates per 100,000 Children, 2016–2020

Year	Reporting States	Child Population of Reporting States	Child Fatalities from Reporting States	National Fatality Rate Per 100,000 Children	Child Population of all 52 States	National Estimate/ Rounded Number of Child Fatalities
2016	50	73,444,585	1,708	2.33	74,392,850	1,730
2017	51	74,031,013	1,691	2.28	74,283,872	1,690
2018	52	73,977,376	1,765	2.39	73,977,376	1,770
2019	52	73,661,476	1,825	2.48	73,661,476	1,830
2020	51	72,026,671	1,713	2.38	73,368,194	1,750

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. If 52 states reported data, the national estimate of child fatalities is the number of reported child fatalities rounded to the nearest 10.

At the state level for FFY 2020, 51 states reported 1,713 fatalities. Of those states, 46 reported case-level data on 1,480 fatalities and 28 reported aggregate data on 233 fatalities. Fatality rates by state range from 0.00 to 5.49 per 100,000 children in the population. (See table 4–1 and related notes.) The number of reported fatalities in the Child File and Agency File decreased from 1,825 for FFY 2019 to 1,713 for FFY 2020. All states are required to confirm fatality counts during data submission and validation. Thirty-two states reported fewer child fatalities due to maltreatment in 2020 than in 2019. Seventeen states reported more child fatalities due to maltreatment in 2020 than in 2019. Not every state with the largest increases (10 or more) had an explanation for the increases (appendix D), but some provided the following: some deaths were for prior years and were pending in the court system; murder-suicides; neglectful supervision, including children left in hot cars and unsafe sleep deaths combined with substance abuse; and one state began reporting children who died during the prior year(s) but the deaths were determined as due to maltreatment during the current reporting period.[23]

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, the reasons mentioned above, resubmissions, and other reasons which may be in state commentaries for prior years. (See table 4–2 and related notes.) States were asked to provide additional information about child fatality reviews during the COVID-19 pandemic. Most states provided comments and explained how reviews continued, with many using virtual formats. Readers are encouraged to review the fatality comments provided by states in Appendix D.

Child Fatality Demographics

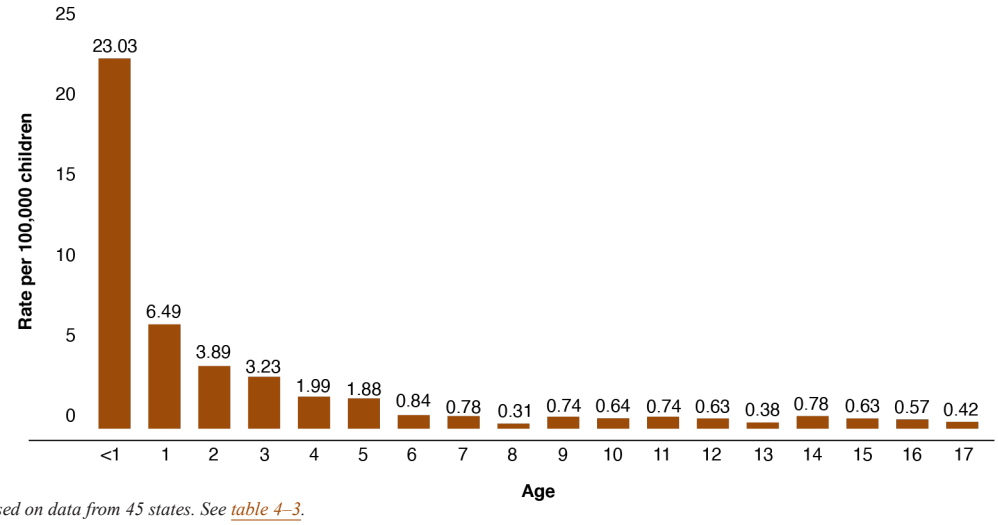
FFY 2020 data show that 68.0 percent (67.8%) of all child fatalities are younger than 3 years old. Close to one-half (46.4%) of child fatalities are younger than 1 year old and died at a rate of 23.03 per 100,000 children in the population of the same age. This is 3.6 times the fatality rate for 1-year-old children (6.49 per 100,000 children in the population of the same age). The child

[23] *New York, see Appendix D, State Commentary.*

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.)

Exhibit 4–B Child Fatalities by Age, 2020

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



Based on data from 45 states. See table 4–3.

Boys have a higher child fatality rate than girls at 2.99 per 100,000 boys in the population, compared with 2.05 per 100,000 girls in the population. (See exhibit 4–C and related notes.)

Exhibit 4–C Child Fatalities by Sex, 2020

Sex	Child Population	Child Fatalities	Child Fatalities Percent	Child Fatalities Rate per 100,000 Children
Boys	29,732,915	890	60.1	2.99
Girls	28,490,819	584	39.5	2.05
Unknown	-	6	0.4	-
National	**58,223,734**	**1,480**	**100.0**	**N/A**

Based on data from 46 states. Data are from the Child File. There are no population data for unknown sex and therefore no rates. Dashes are inserted into cells without any data included in this analysis.

Nearly ninety percent (88.1%) of child fatalities are one of three races: White (38.7%), African-American (34.9%), or Hispanic (14.5%). Using the number of victims and the population data to create rates highlights some racial disparity. The rate of African-American child fatalities (5.90 per 100,000 African-American children) is 3.1 times greater than the rate of White child fatalities (1.90 per 100,000 White children) and 3.6 times greater than the rate of Hispanic child fatalities (1.65 per 100,000 Hispanic children). American Indian or Alaska Native children had the second highest rate at 3.85 and children of two or more races had a rate of 3.27 per 100,000 children of their respective races. (See exhibit 4–D and related notes.)

Exhibit 4–D Child Fatalities by Race or Ethnicity, 2020

Race and Ethnicity	Child Population	Child Fatalities	Child Fatalities Percent	Child Fatalities Rate per 100,000 Children
SINGLE RACE	-	-	-	-
African-American	8,549,229	504	34.9	5.90
American Indian or Alaska Native	467,907	18	1.2	3.85
Asian	2,427,571	8	0.6	0.33
Hispanic	12,705,582	210	14.5	1.65
Pacific Islander	97,594	2	0.1	2.05
Unknown	-	64	4.4	N/A
White	29,469,031	560	38.7	1.90
MULTIPLE RACE	-	-	-	-
Two or More Races	2,447,338	80	5.5	3.27
National	**56,164,252**	**1,446**	**100.0**	**N/A**

Based on data from 44 states. Data are from the Child File. The multiple race category is defined as any combination of two or more race categories. Counts associated with specific racial groups (e.g., White) are exclusive and do not include Hispanic.

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

Maltreatment Types

As discussed in chapter 3, the Child Maltreatment report includes only those maltreatment types that have a disposition of substantiated or indicated by the CPS response. It is important to note that while these maltreatment types likely contributed to the cause of death, NCANDS does not have a field for collecting the official cause of death. Of the children who died, 73.7 percent suffered neglect and 42.6 percent suffered physical abuse either exclusively or in combination with another maltreatment type. (See exhibit 4–E and related notes.)

Exhibit 4–E Maltreatment Types of Child Fatalities, 2020

Maltreatment Type	Child Fatalities	Maltreatment Types	Maltreatment Types Percent
Medical Neglect	-	126	8.5
Neglect	-	1,091	73.7
Other	-	5	0.3
Physical Abuse	-	630	42.6
Psychological Maltreatment	-	21	1.4
Sexual Abuse	-	14	0.9
Sex Trafficking	-	-	-
Unknown	-	1	0.1
National	**1,480**	**1,888**	**N/A**

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

Risk Factors

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

Twenty-seven states report that 45 (5.7%) of child fatalities in reporting states had a caregiver with a risk factor of alcohol abuse and 34 states report that 218 (17.6%) of child fatalities in reporting states had a caregiver with a risk factor of drug abuse. (See exhibit 4–F and related notes.)

Exhibit 4–F Child Fatalities with Selected Caregiver Risk Factors, 2020

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	27	785	45	5.7
Drug Abuse	34	1,241	218	17.6

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

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

Perpetrator Relationship

The FFY 2020 data show that most perpetrators are caregivers of their victims. More than 80.0 percent (80.6%) of child fatalities involved parents acting alone, together, or with other individuals. More than 15 percent (15.3%) of fatalities did not have a parental relationship to their perpetrator. Similarly to all victims, the largest categories in the nonparent group are relative(s) (5.3%) and "other(s)" (3.6%). The NCANDS category of "other(s)" perpetrator relationship includes any relationship that does not map to one of the NCANDS relationship categories. According to states' commentary, this category includes nonrelated adult, nonrelated child, foster sibling, babysitter, household staff, clergy, and school personnel. Child fatalities with unknown perpetrator relationship data accounted for 4.2 percent. (See table 4–4 and related notes.)

Prior CPS Contact

Some children who die from abuse and neglect are already known to CPS agencies. Not all states that report child fatalities are able to report family preservation services. In the 29 states that reported fatalities and family preservation services in table 4–5, Child Fatalities Who Received Family Preservation Services Within the Previous 5 Years, 80 of the 904 Child File fatalities and 8 of the 51 Agency File fatalities had preservation services. Not all states that report child fatalities are able to report family reunification services. In the 36 states that reported fatalities and family reunification services, table 4–6 shows that 32 of the 1,171 Child File fatalities and 12 of the 208 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.

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 and the state's child population is included in tables with rate calculations.
- Child fatalities are reported during the FFY in which the death was determined as due to maltreatment. This may not be the same year in which the child died.
- National totals and calculations appear in a single row labeled National instead of separate rows labeled total, rate, or percent.
- Dashes are inserted into cells without any data.

Table 4–1 Child Fatalities by Submission Type, 2020

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

Table 4–2 Child Fatalities, 2016–2020

- Data are from the Child File and Agency File.

Table 4–3 Child Fatalities by Age, 2020

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

Table 4–4 Child Fatalities by Relationship to Their Perpetrators, 2020

- States are excluded from this analysis if more than 20.0 percent of perpetrators are reported with an unknown or missing relationship.
- States are excluded from this analysis if more than 15.0 percent of victims are not associated with at least one perpetrator.
- In NCANDS, a child victim may have up to three perpetrators. A few states' systems do not have the capability of collecting and reporting data for all three perpetrator fields. More information may be found in Appendix D.
- The relationship categories listed under nonparent perpetrator include any perpetrator relationship that was not identified as an adoptive parent, a biological parent, or a stepparent.
- The two parents of known sex category includes mother and father, two mothers, and two fathers.
- The two parents of known sex with nonparent category includes mother, father, and nonparent; two mothers and nonparent; and two fathers and nonparent.
- One or more parents of unknown sex includes up to three parents in any combination of known and unknown sex. The parent(s) could have acted alone, together, or with a nonparent.
- Nonparent perpetrators counted in combination with parents (e.g., mother and nonparent(s)) are not also counted in the individual categories listed under nonparent.
- Multiple nonparental perpetrators that are in the same category are counted within that category. For example, two child daycare providers are counted as child daycare providers.
- Multiple nonparental perpetrators that are in different categories are counted in more than one nonparental perpetrator.
- The unknown relationship category includes victims with an unknown perpetrator.
- Some states were not able to collect and report on group home and residential facility staff perpetrators due to system limitations or jurisdictional issues.

Table 4–5 Child Fatalities Who Received Family Preservation Services Within the Previous 5 Years, 2020

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

Table 4–6 Child Fatalities Who Were Reunited With Their Families Within the Previous 5 Years, 2020

- Data are from the Child File and Agency File.

Table 4–1 Child Fatalities by Submission Type, 2020

State	Child Population	Child Fatalities Reported in the Child File	Child Fatalities Reported in the Agency File	Total Child Fatalities	Child Fatality Rates per 100,000 Children
Alabama	1,087,283	47	-	47	4.32
Alaska	178,731	-	2	2	1.12
Arizona	1,646,423	18	-	18	1.09
Arkansas	699,714	30	-	30	4.29
California	8,791,234	-	143	143	1.63
Colorado	1,250,035	24	-	24	1.92
Connecticut	718,952	8	1	9	1.25
Delaware	204,656	5	-	5	2.44
District of Columbia	129,588	4	0	4	3.09
Florida	4,250,732	101	-	101	2.38
Georgia	2,499,950	83	2	85	3.40
Hawaii	295,818	0	-	0	0.00
Idaho	451,043	5	5	10	2.22
Illinois	2,777,968	100	2	102	3.67
Indiana	1,566,439	56	-	56	3.57
Iowa	725,559	9	-	9	1.24
Kansas	696,746	10	0	10	1.44
Kentucky	1,001,917	6	3	9	0.90
Louisiana	1,081,280	18	-	18	1.66
Maine	248,168	1	0	1	0.40
Maryland	1,333,919	32	18	50	3.75
Massachusetts	-	-	-	-	-
Michigan	2,126,813	43	-	43	2.02
Minnesota	1,301,219	21	0	21	1.61
Mississippi	693,133	38	-	38	5.48
Missouri	1,371,429	41	3	44	3.21
Montana	229,683	5	0	5	2.18
Nebraska	475,015	2	0	2	0.42
Nevada	697,580	10	4	14	2.01
New Hampshire	253,134	1	1	2	0.79
New Jersey	1,934,535	16	1	17	0.88
New Mexico	472,491	10	3	13	2.75
New York	3,988,354	105	-	105	2.63
North Carolina	2,306,400	-	1	1	0.04
North Dakota	181,629	5	0	5	2.75
Ohio	2,568,641	94	-	94	3.66
Oklahoma	953,520	42	0	42	4.40
Oregon	860,778	-	17	17	1.97
Pennsylvania	2,620,757	67	-	67	2.56
Puerto Rico	546,081	5	-	5	0.92
Rhode Island	201,849	2	-	2	0.99
South Carolina	1,117,925	24	12	36	3.22
South Dakota	218,479	12	-	12	5.49
Tennessee	1,513,401	34	-	34	2.25
Texas	7,435,132	255	0	255	3.43
Utah	929,276	6	-	6	0.65
Vermont	113,166	0	-	0	0.00
Virginia	1,866,420	39	-	39	2.09
Washington	1,665,794	-	14	14	0.84
West Virginia	356,267	11	1	12	3.37
Wisconsin	1,258,524	32	-	32	2.54
Wyoming	133,091	3	0	3	2.25
National	**72,026,671**	**1,480**	**233**	**1,713**	**2.38**
Reporting States	**-**	**46**	**28**	**51**	**-**

Table 4–2 Child Fatalities, 2016–2020

State	2016	2017	2018	2019	2020
Alabama	26	28	43	34	47
Alaska	1	2	2	1	2
Arizona	48	35	48	33	18
Arkansas	42	37	44	35	30
California	137	147	145	153	143
Colorado	37	35	40	25	24
Connecticut	5	11	8	4	9
Delaware	0	4	4	13	5
District of Columbia	3	4	5	3	4
Florida	110	101	111	114	101
Georgia	97	94	86	68	85
Hawaii	4	4	1	4	0
Idaho	3	10	3	3	10
Illinois	64	74	70	106	102
Indiana	70	78	80	116	56
Iowa	12	19	16	25	9
Kansas	10	14	9	16	10
Kentucky	15	10	6	12	9
Louisiana	41	25	25	24	18
Maine	-	-	3	3	1
Maryland	32	41	40	55	50
Massachusetts	8	14	14	13	-
Michigan	86	51	49	63	43
Minnesota	28	24	30	17	21
Mississippi	41	40	30	35	38
Missouri	29	33	36	46	44
Montana	0	4	2	2	5
Nebraska	7	1	0	5	2
Nevada	13	21	19	20	14
New Hampshire	4	2	0	2	2
New Jersey	21	13	18	19	17
New Mexico	11	16	12	11	13
New York	95	127	118	69	105
North Carolina	32	18	14	5	1
North Dakota	4	1	8	6	5
Ohio	66	73	106	79	94
Oklahoma	31	21	47	23	42
Oregon	19	30	26	23	17
Pennsylvania	47	42	45	54	67
Puerto Rico	-	6	3	5	5
Rhode Island	4	5	1	3	2
South Carolina	22	28	39	60	36
South Dakota	4	5	3	9	12
Tennessee	41	33	47	43	34
Texas	217	186	200	229	255
Utah	12	13	10	11	6
Vermont	0	0	1	1	0
Virginia	45	41	37	49	39
Washington	15	18	28	25	14
West Virginia	20	17	8	17	12
Wisconsin	25	31	24	34	32
Wyoming	4	4	1	0	3
National	**1,708**	**1,691**	**1,765**	**1,825**	**1,713**
Reporting States	**50**	**51**	**52**	**52**	**51**

Table 4–3 Child Fatalities by Age, 2020

Age	Child Population	Child Fatalities	Child Fatalities Percent	Child Fatalities Rate per 100,000 Children
<1	2,982,424	687	46.4	23.03
1	3,018,680	196	13.2	6.49
2	3,081,767	120	8.1	3.89
3	3,126,811	101	6.8	3.23
4	3,210,326	64	4.3	1.99
5	3,236,417	61	4.1	1.88
6	3,225,797	27	1.8	0.84
7	3,215,877	25	1.7	0.78
8	3,222,471	10	0.7	0.31
9	3,251,797	24	1.6	0.74
10	3,259,859	21	1.4	0.64
11	3,259,890	24	1.6	0.74
12	3,359,300	21	1.4	0.63
13	3,377,805	13	0.9	0.38
14	3,353,562	26	1.8	0.78
15	3,346,596	21	1.4	0.63
16	3,357,944	19	1.3	0.57
17	3,336,411	14	0.9	0.42
Unborn, Unknown, and 18–21	N/A	6	0.4	N/A
National	**58,223,734**	**1,480**	**100.0**	**N/A**

Based on data from 46 states.

Table 4–4 Child Fatalities by Relationship to Their Perpetrators, 2020

Perpetrator	Child Fatalities	Relationships	Relationships Percent
PARENT	-	-	-
Father Only	-	209	14.3
Father and Nonparent	-	31	2.1
Mother Only	-	426	29.1
Mother and Nonparent	-	141	9.6
Two Parents of Known Sex	-	337	23.1
Three Parents of Known Sex	-	-	-
Two Parents of Known Sex and Nonparent	-	29	2.0
One or More Parents of Unknown Sex	-	5	0.3
Total Parents	**-**	**1,178**	**80.6**
NONPARENT	-	-	-
Child Daycare Provider(s)	-	23	1.6
Foster Parent(s)	-	10	0.7
Friend(s) or Neighbor(s)	-	8	0.5
Group Home and Residential Facility Staff	-	2	0.1
Legal Guardian(s)	-	4	0.3
Other Professional(s)	-	1	0.1
Relative(s)	-	77	5.3
Unmarried Partner(s) of Parent	-	36	2.5
Other(s)	-	52	3.6
More Than One Nonparental Perpetrator	-	10	0.7
Total Nonparents	**-**	**223**	**15.3**
UNKNOWN	**-**	**61**	**4.2**
National	**1,462**	**1,462**	**100.0**

Based on data from 43 states.

Table 4–5 Child Fatalities Who Received Family Preservation Services Within the Previous 5 Years, 2020

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	47	3	-	-
Alaska	-	-	-	-
Arizona	-	-	-	-
Arkansas	30	3	-	-
California	-	-	-	-
Colorado	-	-	-	-
Connecticut	8	0	-	-
Delaware	-	-	-	-
District of Columbia	4	0	0	0
Florida	101	6	-	-
Georgia	83	12	2	0
Hawaii	-	-	-	-
Idaho	5	0	-	-
Illinois	100	8	2	0
Indiana	-	-	-	-
Iowa	-	-	-	-
Kansas	10	4	0	0
Kentucky	6	4	3	1
Louisiana	18	0	-	-
Maine	1	0	0	0
Maryland	-	-	-	-
Massachusetts	-	-	-	-
Michigan	-	-	-	-
Minnesota	21	2	0	0
Mississippi	38	2	-	-
Missouri	41	1	3	0
Montana	-	-	-	-
Nebraska	2	0	0	0
Nevada	10	0	4	1
New Hampshire	1	0	1	0
New Jersey	16	1	1	0
New Mexico	10	0	3	0
New York	-	-	-	-
North Carolina	-	-	1	0
North Dakota	5	0	0	0
Ohio	-	-	-	-
Oklahoma	42	2	0	0
Oregon	-	-	17	5
Pennsylvania	-	-	-	-
Puerto Rico	5	0	-	-
Rhode Island	2	1	-	-
South Carolina	-	-	-	-
South Dakota	-	-	-	-
Tennessee	34	5	-	-
Texas	255	26	0	0
Utah	6	0	-	-
Vermont	0	0	-	-
Virginia	-	-	-	-
Washington	-	-	14	1
West Virginia	-	-	-	-
Wisconsin	-	-	-	-
Wyoming	3	0	0	0
National	**904**	**80**	**51**	**8**
National Percent	**-**	**8.8**	**-**	**15.7**
Reporting States	**29**	**29**	**20**	**20**

Table 4–6 Child Fatalities Who Were Reunited With Their Families Within the Previous 5 Years, 2020

State	Child File Fatalities	Child File Fatalities Who Were Reunited With Their Families in the Previous 5 Years	Agency File Fatalities	Agency File Fatalities Who Were Reunited With Their Families in the Previous 5 Years
Alabama	47	2	-	-
Alaska	-	-	2	0
Arizona	-	-	-	-
Arkansas	30	1	-	-
California	-	-	143	7
Colorado	24	0	-	-
Connecticut	8	0	-	-
Delaware	5	0	-	-
District of Columbia	4	0	-	-
Florida	101	2	-	-
Georgia	83	1	2	0
Hawaii	-	-	-	-
Idaho	5	0	-	-
Illinois	100	5	2	0
Indiana	56	4	-	-
Iowa	-	-	-	-
Kansas	10	1	0	0
Kentucky	6	0	3	0
Louisiana	18	0	-	-
Maine	1	0	0	0
Maryland	32	1	-	-
Massachusetts	-	-	-	-
Michigan	-	-	-	-
Minnesota	21	0	0	0
Mississippi	38	1	-	-
Missouri	41	0	3	0
Montana	-	-	-	-
Nebraska	2	0	0	0
Nevada	10	1	4	1
New Hampshire	1	0	1	0
New Jersey	16	1	1	0
New Mexico	10	0	3	0
New York	-	-	-	-
North Carolina	-	-	1	0
North Dakota	5	0	0	0
Ohio	94	2	-	-
Oklahoma	42	1	0	0
Oregon	-	-	17	0
Pennsylvania	-	-	-	-
Puerto Rico	5	0	-	-
Rhode Island	2	0	-	-
South Carolina	24	4	12	1
South Dakota	-	-	-	-
Tennessee	34	0	-	-
Texas	255	4	0	0
Utah	6	0	-	-
Vermont	0	0	-	-
Virginia	-	-	-	-
Washington	-	-	14	3
West Virginia	-	-	-	-
Wisconsin	32	1	-	-
Wyoming	3	0	0	0
National	**1,171**	**32**	**208**	**12**
National Percent	**-**	**2.7**	**-**	**5.8**
Reporting States	**36**	**36**	**22**	**22**

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)

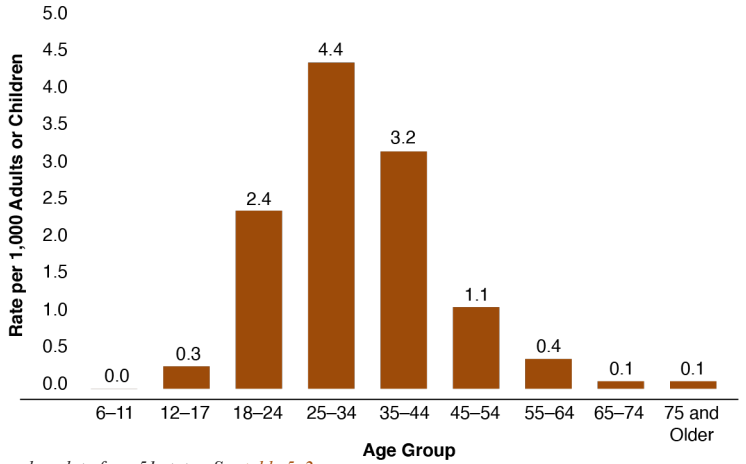
The analyses in this chapter use a unique count of perpetrators, which means identifying and counting a perpetrator once, regardless of the number of times the perpetrator is the subject of a report. For FFY 2020, 52 states reported a unique count of 483,285 perpetrators. This is a decrease from FFY 2016 when 50 states reported 517,685 unique perpetrators. Using the count of perpetrators from the same 50 states that reported for both 2016 and 2020 shows a decrease of 8.5 percent. One state had a significant increase in the number of reported perpetrators due to a policy and procedure change.[24] (See table 5–1 and related notes.)

Perpetrator Demographics (unique count of perpetrators)

More than four-fifths (83.2%) of perpetrators are in the age range of 18–44 years old. Perpetrators in the age group 25–34 are 41.3 percent of all perpetrators. Perpetrators younger than 18 years old accounted for 0.2 percent of all perpetrators. Some states have laws that limit the youngest age that a person can be considered a perpetrator. (See Appendix D, State Commentary.) The perpetrator age group of 25–34 have the highest rate at 4.4 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 3.2, while young adults in the age group of 18–24 have a rate of 2.4 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, 2020

More than 80.0 percent of perpetrators are in the age range of 18–44 years



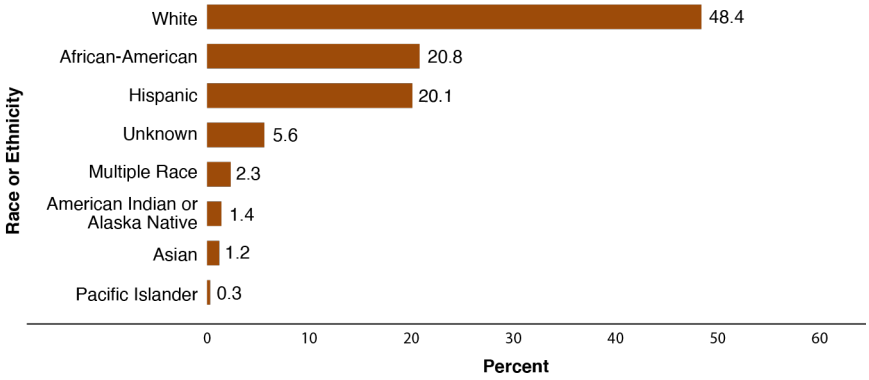
Based on data from 51 states. See table 5–2.

[24] *North Carolina recoded child dispositions of alternative response victim to indicated, meaning the children are considered victims by NCANDS and they have perpetrators. The state was not able to include all perpetrators in its 2020 data submission, but expects to be able to collect and submit perpetrator data for its FFY 2021 submission. North Carolina is excluded from the remaining analyses in this chapter due to the missing perpetrator data.*

More than one-half (52.0%) of perpetrators are female and 47.1 percent of perpetrators are male; fewer than 1.0 percent of perpetrators (0.9 %) are of unknown sex. (See table 5–3 and related notes.) The three largest percentages of perpetrators are White (48.4%), African-American (20.8%), and Hispanic (20.1%). Race or ethnicity is unknown or not reported for 5.6 percent of perpetrators. (See table 5-4, exhibit 5–B, and related notes.)

Exhibit 5–B Perpetrators by Race and Ethnicity, 2020

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



Based on data from 48 states. See table 5–4.

Perpetrator Relationship

(unique count of perpetrators and unique count of relationships)

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

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

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

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

The majority (77.2%) of perpetrators are a parent of their victim, 6.6 percent of perpetrators are a relative other than a parent, and 4.2 percent had multiple relationships to their victims. Approximately 4.0 percent (3.8%) of perpetrators have an "other" relationship to their victims. (See table 5–5 and related notes.) According to Appendix D, State Commentary, the NCANDS category of "other" perpetrator relationship includes foster sibling, nonrelative, babysitter, etc.

Exhibit and Table Notes

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

General

During data analyses, thresholds are set to ensure data quality is balanced with the need to report data from as many states as possible. States may be excluded from an analysis for data quality issues. Exclusion rules are listed in the table notes below.

- The data for all tables are from the Child File.
- Rates are per 1,000 adults or children in the population.

- Rates are calculated by dividing the perpetrator count by the adult 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, 2016–2020

- One state did not report an NCANDS submission for FFY 2016.
- One state did not report perpetrators for FFY 2016.

Table 5–2 Perpetrators by Age, 2020

- 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.
- States are excluded from this analysis if fewer than 85.0 percent of duplicate victims are associated with a perpetrator(s).

Table 5–3 Perpetrators by Sex, 2020

- The category of unknown sex includes not reported.
- States are excluded from this analysis if fewer than 85.0 percent of duplicate victims are associated with a perpetrator(s).

Table 5–4 Perpetrators by Race and Ethnicity, 2020

- The NCANDS category of multiple race is defined as any combination of two or more race categories.
- Counts associated with each racial group are exclusive and do not include Hispanic ethnicity.
- Perpetrators reported with Hispanic ethnicity are counted as Hispanic, regardless of any reported race.
- States are excluded from this analysis if more than 30.0 percent of perpetrators have an unknown or missing race or ethnicity.
- Only those states that reported both race and ethnicity separately are included in this analysis.
- States are excluded from this analysis if fewer than 85.0 percent of duplicate victims are associated with a perpetrator(s).

Table 5–5 Perpetrators by Relationship to Their Victims, 2020

- Some states are not able to collect and report on group home and residential facility staff perpetrators due to system limitations or jurisdictional issues. More information may be found in appendix D.
- States are excluded from this analysis if more than 20.0 percent of perpetrators are reported with an unknown or missing relationship.
- States are excluded from this analysis if fewer than 85.0 percent of duplicate victims are associated with a perpetrator(s).

Table 5–1 Perpetrators, 2016–2020

State	2016	2017	2018	2019	2020
Alabama	7,280	7,817	8,791	8,376	8,432
Alaska	2,424	2,177	2,032	2,294	2,425
Arizona	11,107	10,180	15,395	12,909	9,684
Arkansas	8,221	8,049	7,424	7,118	7,809
California	55,304	52,707	58,362	55,845	53,124
Colorado	9,818	10,078	10,253	10,478	9,820
Connecticut	6,470	6,938	6,292	6,497	5,171
Delaware	1,281	1,236	976	977	919
District of Columbia	961	1,112	1,136	1,257	1,054
Florida	31,333	30,364	27,844	24,927	21,599
Georgia	-	7,647	8,612	8,107	6,730
Hawaii	1,195	1,086	1,098	1,158	1,150
Idaho	1,650	1,697	1,774	1,774	1,764
Illinois	20,668	20,652	22,275	23,858	25,303
Indiana	22,090	22,534	20,159	18,477	18,036
Iowa	6,437	7,867	8,529	8,327	7,625
Kansas	2,017	3,525	2,594	2,473	1,998
Kentucky	12,975	16,614	17,400	14,731	12,443
Louisiana	9,682	9,172	7,983	7,574	6,091
Maine	3,158	3,042	3,021	3,874	4,030
Maryland	5,869	6,296	6,507	6,559	6,424
Massachusetts	25,452	20,385	20,750	20,075	17,947
Michigan	30,902	31,306	30,705	26,210	21,484
Minnesota	5,792	6,469	5,617	4,951	4,709
Mississippi	8,368	8,688	8,252	7,793	6,812
Missouri	4,765	4,013	5,108	4,252	4,015
Montana	2,332	2,615	2,704	2,686	2,630
Nebraska	1,976	2,240	1,859	2,022	1,648
Nevada	3,989	3,936	4,120	4,000	4,094
New Hampshire	816	1,074	1,154	1,112	1,008
New Jersey	6,447	5,097	4,589	4,026	2,826
New Mexico	6,504	7,260	6,832	6,702	5,852
New York	51,199	56,260	54,550	52,669	45,922
North Carolina	3,710	3,832	3,409	2,770	5,414
North Dakota	1,344	1,450	1,558	1,344	1,200
Ohio	19,294	20,290	20,567	21,190	19,599
Oklahoma	12,323	12,548	12,929	12,901	12,487
Oregon	8,999	8,458	9,486	10,056	8,541
Pennsylvania	4,653	5,062	4,865	4,941	4,615
Puerto Rico	-	4,415	3,347	3,666	2,734
Rhode Island	2,309	2,467	2,846	2,508	2,141
South Carolina	13,210	12,599	14,350	13,630	10,727
South Dakota	881	941	933	1,099	1,097
Tennessee	9,611	9,231	9,116	9,428	8,493
Texas	45,926	48,380	49,563	49,969	50,567
Utah	7,284	7,543	7,784	7,851	7,197
Vermont	695	724	782	709	419
Virginia	4,901	5,092	5,074	5,005	4,728
Washington	4,207	3,805	3,881	3,693	3,315
West Virginia	5,242	5,692	6,252	5,959	5,359
Wisconsin	3,886	3,933	4,031	3,668	3,345
Wyoming	728	721	780	849	729
National	**517,685**	**537,316**	**546,250**	**525,324**	**483,285**
Reporting States	**50**	**52**	**52**	**52**	**52**

Table 5–2 Perpetrators by Age, 2020 *(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	-	279	1,557	3,355	1,889	569	222	78	21	462	8,432
Alaska	-	8	280	1,053	699	207	104	24	2	48	2,425
Arizona	2	71	1,623	4,450	2,536	710	204	37	50	1	9,684
Arkansas	108	336	1,499	3,093	1,556	525	247	90	19	336	7,809
California	56	466	6,728	21,909	15,879	5,089	1,694	484	130	689	53,124
Colorado	35	228	1,408	4,112	2,719	787	262	74	92	103	9,820
Connecticut	5	26	615	2,111	1,603	512	156	37	9	97	5,171
Delaware	2	35	114	374	254	84	45	11	-	-	919
District of Columbia	-	5	116	522	268	73	21	7	-	42	1,054
Florida	4	52	2,572	9,137	6,413	1,898	758	233	84	448	21,599
Georgia	-	77	1,004	2,980	1,825	524	235	68	14	3	6,730
Hawaii	-	5	113	426	384	133	49	7	1	32	1,150
Idaho	1	7	307	733	483	168	53	11	1	-	1,764
Illinois	24	517	4,042	10,755	6,554	2,081	731	227	49	323	25,303
Indiana	14	469	3,623	7,820	4,170	1,164	470	143	26	137	18,036
Iowa	1	113	1,190	3,281	2,174	584	203	52	16	11	7,625
Kansas	5	124	265	721	535	187	89	31	3	38	1,998
Kentucky	1	50	1,768	5,343	3,503	1,173	427	133	41	4	12,443
Louisiana	2	35	1,087	2,894	1,477	364	158	61	11	2	6,091
Maine	-	11	437	1,818	1,215	392	119	31	1	6	4,030
Maryland	44	273	682	2,141	1,660	642	290	105	570	17	6,424
Massachusetts	2	84	1,939	7,029	5,600	2,088	637	143	34	391	17,947
Michigan	-	73	2,972	9,511	6,219	1,908	597	151	26	27	21,484
Minnesota	18	166	565	1,953	1,413	395	158	34	7	-	4,709
Mississippi	56	248	1,017	2,633	1,780	641	305	87	21	24	6,812
Missouri	-	30	589	1,464	1,090	408	177	54	12	191	4,015
Montana	1	6	339	1,118	799	233	64	14	2	54	2,630
Nebraska	-	38	255	713	477	115	37	12	1	-	1,648
Nevada	-	14	534	1,865	1,131	359	148	35	8	-	4,094
New Hampshire	1	22	96	433	322	96	23	5	1	9	1,008
New Jersey	-	17	229	1,159	899	290	135	30	11	56	2,826
New Mexico	1	34	664	2,412	1,598	407	136	36	6	558	5,852
New York	6	150	5,327	17,619	14,463	5,653	2,013	544	143	4	45,922
North Carolina	-	-	-	-	-	-	-	-	-	-	-
North Dakota	-	3	146	548	366	77	23	5	-	32	1,200
Ohio	89	894	3,162	7,630	4,426	1,343	597	199	44	1,215	19,599
Oklahoma	-	80	2,039	5,211	3,496	959	364	112	29	197	12,487
Oregon	2	140	1,005	3,375	2,668	840	294	75	22	120	8,541
Pennsylvania	-	209	644	1,601	1,224	485	220	84	24	124	4,615
Puerto Rico	1	16	439	1,104	735	246	126	51	13	3	2,734
Rhode Island	4	40	328	926	574	183	50	12	1	23	2,141
South Carolina	29	33	1,308	4,640	3,204	948	383	126	28	28	10,727
South Dakota	-	4	159	504	304	82	24	2	-	18	1,097
Tennessee	11	390	1,362	3,088	1,626	570	264	111	25	1,046	8,493
Texas	198	1,723	10,942	22,079	10,657	3,038	1,323	459	113	35	50,567
Utah	21	516	1,069	2,532	2,116	635	217	67	21	3	7,197
Vermont	-	20	45	180	99	45	14	6	1	9	419
Virginia	2	41	590	1,852	1,229	473	195	59	20	267	4,728
Washington	-	8	341	1,324	1,127	346	106	32	7	24	3,315
West Virginia	3	12	619	2,237	1,403	428	186	56	9	406	5,359
Wisconsin	2	39	422	1,314	755	211	79	16	5	502	3,345
Wyoming	-	5	107	325	220	48	14	2	2	6	729
National	**751**	**8,242**	**70,283**	**197,407**	**129,816**	**41,416**	**15,446**	**4,563**	**1,776**	**8,171**	**477,871**
Reporting States	**33**	**51**	**51**	**51**	**51**	**51**	**51**	**51**	**47**	**46**	**51**

Table 5–2 Perpetrators by Age, 2020

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	-	0.7	3.5	5.2	3.2	0.9	0.3	0.2	0.1
Alaska	-	0.1	4.2	9.1	7.1	2.5	1.1	0.4	0.1
Arizona	0.0	0.1	2.3	4.3	2.8	0.8	0.2	0.0	0.1
Arkansas	0.5	1.4	5.4	7.8	4.2	1.5	0.6	0.3	0.1
California	0.0	0.2	1.9	3.6	3.0	1.0	0.4	0.1	0.1
Colorado	0.1	0.5	2.7	4.5	3.3	1.1	0.4	0.1	0.3
Connecticut	0.0	0.1	1.8	4.7	3.7	1.1	0.3	0.1	0.0
Delaware	0.0	0.5	1.4	2.9	2.2	0.7	0.3	0.1	-
District of Columbia	-	0.2	1.6	3.2	2.4	1.0	0.3	0.1	-
Florida	0.0	0.0	1.5	3.2	2.4	0.7	0.3	0.1	0.0
Georgia	-	0.1	1.0	2.0	1.3	0.4	0.2	0.1	0.0
Hawaii	-	0.1	1.0	2.2	2.1	0.8	0.3	0.0	0.0
Idaho	0.0	0.0	1.8	3.0	2.1	0.8	0.2	0.1	0.0
Illinois	0.0	0.5	3.6	6.2	4.0	1.3	0.4	0.2	0.1
Indiana	0.0	0.9	5.5	8.7	5.0	1.4	0.5	0.2	0.1
Iowa	0.0	0.5	3.8	8.2	5.6	1.6	0.5	0.2	0.1
Kansas	0.0	0.5	0.9	1.9	1.5	0.6	0.2	0.1	0.0
Kentucky	0.0	0.1	4.3	9.0	6.4	2.1	0.7	0.3	0.1
Louisiana	0.0	0.1	2.6	4.5	2.5	0.7	0.3	0.1	0.0
Maine	-	0.1	4.1	11.1	7.7	2.3	0.6	0.2	0.0
Maryland	0.1	0.6	1.3	2.6	2.1	0.8	0.4	0.2	1.4
Massachusetts	0.0	0.2	2.8	7.1	6.5	2.4	0.7	0.2	0.1
Michigan	-	0.1	3.2	7.2	5.3	1.6	0.4	0.1	0.0
Minnesota	0.0	0.4	1.1	2.6	1.9	0.6	0.2	0.1	0.0
Mississippi	0.2	1.0	3.6	6.8	4.9	1.8	0.8	0.3	0.1
Missouri	-	0.1	1.1	1.8	1.4	0.6	0.2	0.1	0.0
Montana	0.0	0.1	3.5	8.0	6.0	2.0	0.4	0.1	0.0
Nebraska	-	0.2	1.4	2.8	1.9	0.5	0.2	0.1	0.0
Nevada	-	0.1	2.1	4.0	2.7	0.9	0.4	0.1	0.0
New Hampshire	0.0	0.2	0.8	2.5	2.0	0.5	0.1	0.0	0.0
New Jersey	-	0.0	0.3	1.0	0.8	0.2	0.1	0.0	0.0
New Mexico	0.0	0.2	3.4	8.5	6.1	1.7	0.5	0.2	0.0
New York	0.0	0.1	3.1	6.2	5.9	2.4	0.8	0.3	0.1
North Carolina	-	-	-	-	-	-	-	-	-
North Dakota	-	0.1	1.8	4.8	3.9	1.0	0.2	0.1	-
Ohio	0.1	1.0	3.0	4.9	3.1	0.9	0.4	0.2	0.1
Oklahoma	-	0.2	5.3	9.6	6.9	2.1	0.7	0.3	0.1
Oregon	0.0	0.5	2.8	5.5	4.6	1.6	0.6	0.2	0.1
Pennsylvania	-	0.2	0.6	0.9	0.8	0.3	0.1	0.1	0.0
Puerto Rico	0.0	0.1	1.5	2.7	1.9	0.6	0.3	0.1	0.0
Rhode Island	0.1	0.6	3.1	6.2	4.5	1.4	0.3	0.1	0.0
South Carolina	0.1	0.1	2.8	6.7	5.1	1.5	0.5	0.2	0.1
South Dakota	-	0.1	1.9	4.4	2.8	0.9	0.2	0.0	-
Tennessee	0.0	0.7	2.2	3.2	1.9	0.7	0.3	0.2	0.1
Texas	0.1	0.7	3.9	5.1	2.7	0.8	0.4	0.2	0.1
Utah	0.1	1.6	2.9	5.3	4.7	1.9	0.7	0.3	0.1
Vermont	-	0.5	0.7	2.4	1.4	0.6	0.1	0.1	0.0
Virginia	0.0	0.1	0.7	1.5	1.1	0.4	0.2	0.1	0.0
Washington	-	0.0	0.5	1.1	1.1	0.4	0.1	0.0	0.0
West Virginia	0.0	0.1	4.0	10.4	6.6	1.9	0.7	0.3	0.1
Wisconsin	0.0	0.1	0.8	1.8	1.0	0.3	0.1	0.0	0.0
Wyoming	-	0.1	2.0	4.3	2.9	0.8	0.2	0.0	0.1
National	**0.0**	**0.3**	**2.4**	**4.4**	**3.2**	**1.1**	**0.4**	**0.1**	**0.1**
Reporting States	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

Table 5–3 Perpetrators by Sex, 2020

State	Men	Women	Unknown	Total Perpetrators	Men Percent	Women Percent	Unknown Percent
Alabama	3,773	4,633	26	8,432	44.7	54.9	0.3
Alaska	1,083	1,311	31	2,425	44.7	54.1	1.3
Arizona	4,726	4,950	8	9,684	48.8	51.1	0.1
Arkansas	3,430	4,237	142	7,809	43.9	54.3	1.8
California	24,189	28,639	296	53,124	45.5	53.9	0.6
Colorado	4,934	4,825	61	9,820	50.2	49.1	0.6
Connecticut	2,531	2,597	43	5,171	48.9	50.2	0.8
Delaware	532	387	-	919	57.9	42.1	-
District of Columbia	338	690	26	1,054	32.1	65.5	2.5
Florida	10,316	10,924	359	21,599	47.8	50.6	1.7
Georgia	2,703	4,019	8	6,730	40.2	59.7	0.1
Hawaii	520	607	23	1,150	45.2	52.8	2.0
Idaho	711	1,053	-	1,764	40.3	59.7	-
Illinois	11,682	13,435	186	25,303	46.2	53.1	0.7
Indiana	7,881	10,115	40	18,036	43.7	56.1	0.2
Iowa	3,607	4,006	12	7,625	47.3	52.5	0.2
Kansas	1,128	850	20	1,998	56.5	42.5	1.0
Kentucky	5,851	6,554	38	12,443	47.0	52.7	0.3
Louisiana	1,907	4,164	20	6,091	31.3	68.4	0.3
Maine	2,090	1,937	3	4,030	51.9	48.1	0.1
Maryland	3,357	2,783	284	6,424	52.3	43.3	4.4
Massachusetts	8,021	9,367	559	17,947	44.7	52.2	3.1
Michigan	10,434	11,023	27	21,484	48.6	51.3	0.1
Minnesota	2,512	2,197	-	4,709	53.3	46.7	-
Mississippi	2,897	3,848	67	6,812	42.5	56.5	1.0
Missouri	2,487	1,386	142	4,015	61.9	34.5	3.5
Montana	1,157	1,405	68	2,630	44.0	53.4	2.6
Nebraska	875	773	-	1,648	53.1	46.9	-
Nevada	1,836	2,258	-	4,094	44.8	55.2	-
New Hampshire	493	508	7	1,008	48.9	50.4	0.7
New Jersey	1,359	1,458	9	2,826	48.1	51.6	0.3
New Mexico	2,511	3,219	122	5,852	42.9	55.0	2.1
New York	21,955	23,962	5	45,922	47.8	52.2	0.0
North Carolina	-	-	-	-	-	-	-
North Dakota	471	717	12	1,200	39.3	59.8	1.0
Ohio	9,386	9,821	392	19,599	47.9	50.1	2.0
Oklahoma	6,199	6,230	58	12,487	49.6	49.9	0.5
Oregon	4,849	3,635	57	8,541	56.8	42.6	0.7
Pennsylvania	3,018	1,522	75	4,615	65.4	33.0	1.6
Puerto Rico	1,052	1,682	-	2,734	38.5	61.5	-
Rhode Island	1,069	1,058	14	2,141	49.9	49.4	0.7
South Carolina	4,148	6,573	6	10,727	38.7	61.3	0.1
South Dakota	419	667	11	1,097	38.2	60.8	1.0
Tennessee	4,119	3,906	468	8,493	48.5	46.0	5.5
Texas	24,257	26,039	271	50,567	48.0	51.5	0.5
Utah	3,996	3,201	-	7,197	55.5	44.5	-
Vermont	275	144	-	419	65.6	34.4	-
Virginia	2,211	2,414	103	4,728	46.8	51.1	2.2
Washington	1,618	1,686	11	3,315	48.8	50.9	0.3
West Virginia	2,229	3,127	3	5,359	41.6	58.4	0.1
Wisconsin	1,581	1,361	403	3,345	47.3	40.7	12.0
Wyoming	297	432	-	729	40.7	59.3	-
National	**225,020**	**248,335**	**4,516**	**477,871**	**47.1**	**52.0**	**0.9**
Reporting States	**51**	**51**	**42**	**51**	**-**	**-**	**-**

Table 5–4 Perpetrators by Race and Ethnicity, 2020 *(continues next page)*

State	African-American	American Indian or Alaska Native	Asian	Hispanic	Multiple Race	Pacific Islander	White	Unknown	Total Perpetrators
Alabama	2,397	10	11	254	48	9	5,479	224	8,432
Alaska	80	1,230	24	70	96	50	662	213	2,425
Arizona	1,106	435	49	3,183	185	28	3,605	1,093	9,684
Arkansas	1,507	7	17	479	391	21	5,120	267	7,809
California	7,175	486	1,613	24,355	-	222	14,285	4,988	53,124
Colorado	-	-	-	-	-	-	-	-	-
Connecticut	1,247	3	30	1,505	72	10	2,063	241	5,171
Delaware	440	-	3	113	1	1	361	-	919
District of Columbia	705	-	-	97	1	-	15	236	1,054
Florida	5,942	36	103	3,098	214	14	10,922	1,270	21,599
Georgia	2,594	5	28	429	59	5	3,349	261	6,730
Hawaii	36	1	153	37	280	299	221	123	1,150
Idaho	14	41	1	171	3	5	1,303	226	1,764
Illinois	7,881	15	236	3,969	229	9	12,541	423	25,303
Indiana	3,391	11	54	1,055	369	13	12,967	176	18,036
Iowa	1,058	113	50	527	69	20	5,690	98	7,625
Kansas	249	11	14	223	38	2	1,306	155	1,998
Kentucky	1,470	6	17	306	277	5	10,090	272	12,443
Louisiana	2,569	10	18	129	19	9	3,015	322	6,091
Maine	67	45	5	69	95	2	2,749	998	4,030
Maryland	2,327	9	47	541	36	3	1,582	1,879	6,424
Massachusetts	2,458	31	311	4,755	327	9	7,981	2,075	17,947
Michigan	5,800	72	71	1,350	1,048	6	13,030	107	21,484
Minnesota	843	330	103	425	464	7	2,436	101	4,709
Mississippi	2,340	7	16	126	22	3	3,514	784	6,812
Missouri	662	9	11	247	8	7	2,736	335	4,015
Montana	28	402	6	92	46	1	1,602	453	2,630
Nebraska	201	76	10	251	52	3	903	152	1,648
Nevada	975	26	53	995	108	40	1,606	291	4,094
New Hampshire	22	-	3	54	9	-	794	126	1,008
New Jersey	831	2	43	818	6	4	1,030	92	2,826
New Mexico	174	614	16	2,964	72	6	1,360	646	5,852
New York	13,148	183	1,362	11,627	798	27	18,361	416	45,922
North Carolina	-	-	-	-	-	-	-	-	-
North Dakota	90	215	6	49	29	5	693	113	1,200
Ohio	4,705	10	53	790	631	11	12,105	1,294	19,599
Oklahoma	1,314	612	36	1,678	2,800	9	5,932	106	12,487
Oregon	382	214	60	863	154	56	5,516	1,296	8,541
Pennsylvania	963	6	35	591	58	1	2,637	324	4,615
Puerto Rico	-	-	-	-	-	-	-	-	-
Rhode Island	324	12	19	443	42	1	1,065	235	2,141
South Carolina	3,853	16	10	396	88	5	5,853	506	10,727
South Dakota	41	436	8	60	96	1	422	33	1,097
Tennessee	-	-	-	-	-	-	-	-	-
Texas	11,155	83	327	19,944	532	58	16,946	1,522	50,567
Utah	251	138	78	1,480	98	128	4,969	55	7,197
Vermont	13	-	5	3	-	-	369	29	419
Virginia	1,101	2	42	505	31	6	2,691	350	4,728
Washington	291	142	85	412	167	39	1,965	214	3,315
West Virginia	193	1	5	24	110	1	4,955	70	5,359
Wisconsin	575	154	35	251	44	4	1,768	514	3,345
Wyoming	22	20	-	65	-	1	594	27	729
National	**95,010**	**6,287**	**5,282**	**91,868**	**10,322**	**1,166**	**221,158**	**25,731**	**456,824**
Reporting States	**48**	**44**	**46**	**48**	**45**	**45**	**48**	**47**	**48**

Table 5–4 Perpetrators by Race or Ethnicity, 2020

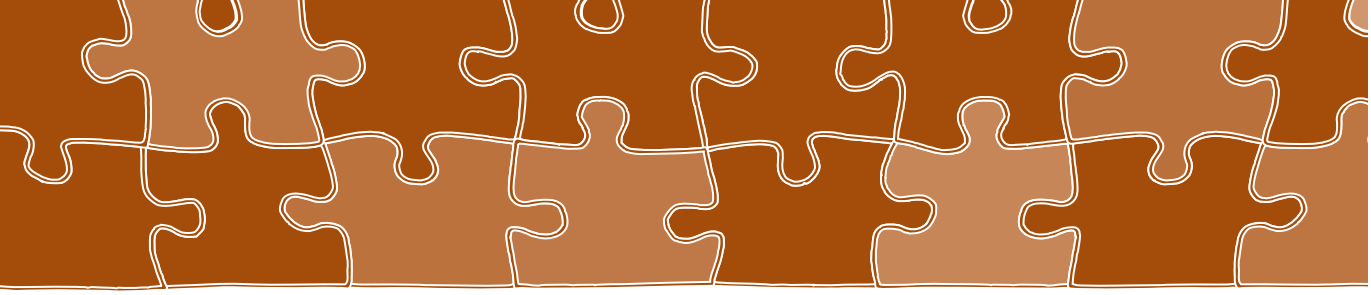
State	African-American Percent	American Indian or Alaska Native Percent	Asian Percent	Hispanic Percent	Multiple Race Percent	Pacific Islander Percent	White Percent	Unknown Percent
Alabama	28.4	0.1	0.1	3.0	0.6	0.1	65.0	2.7
Alaska	3.3	50.7	1.0	2.9	4.0	2.1	27.3	8.8
Arizona	11.4	4.5	0.5	32.9	1.9	0.3	37.2	11.3
Arkansas	19.3	0.1	0.2	6.1	5.0	0.3	65.6	3.4
California	13.5	0.9	3.0	45.8	-	0.4	26.9	9.4
Colorado	-	-	-	-	-	-	-	-
Connecticut	24.1	0.1	0.6	29.1	1.4	0.2	39.9	4.7
Delaware	47.9	-	0.3	12.3	0.1	0.1	39.3	-
District of Columbia	66.9	-	-	9.2	0.1	-	1.4	22.4
Florida	27.5	0.2	0.5	14.3	1.0	0.1	50.6	5.9
Georgia	38.5	0.1	0.4	6.4	0.9	0.1	49.8	3.9
Hawaii	3.1	0.1	13.3	3.2	24.3	26.0	19.2	10.7
Idaho	0.8	2.3	0.1	9.7	0.2	0.3	73.9	12.8
Illinois	31.1	0.1	0.9	15.7	0.9	0.0	49.6	1.7
Indiana	18.8	0.1	0.3	5.8	2.0	0.1	71.9	1.0
Iowa	13.9	1.5	0.7	6.9	0.9	0.3	74.6	1.3
Kansas	12.5	0.6	0.7	11.2	1.9	0.1	65.4	7.8
Kentucky	11.8	0.0	0.1	2.5	2.2	0.0	81.1	2.2
Louisiana	42.2	0.2	0.3	2.1	0.3	0.1	49.5	5.3
Maine	1.7	1.1	0.1	1.7	2.4	0.0	68.2	24.8
Maryland	36.2	0.1	0.7	8.4	0.6	0.0	24.6	29.2
Massachusetts	13.7	0.2	1.7	26.5	1.8	0.1	44.5	11.6
Michigan	27.0	0.3	0.3	6.3	4.9	0.0	60.6	0.5
Minnesota	17.9	7.0	2.2	9.0	9.9	0.1	51.7	2.1
Mississippi	34.4	0.1	0.2	1.8	0.3	0.0	51.6	11.5
Missouri	16.5	0.2	0.3	6.2	0.2	0.2	68.1	8.3
Montana	1.1	15.3	0.2	3.5	1.7	0.0	60.9	17.2
Nebraska	12.2	4.6	0.6	15.2	3.2	0.2	54.8	9.2
Nevada	23.8	0.6	1.3	24.3	2.6	1.0	39.2	7.1
New Hampshire	2.2	-	0.3	5.4	0.9	-	78.8	12.5
New Jersey	29.4	0.1	1.5	28.9	0.2	0.1	36.4	3.3
New Mexico	3.0	10.5	0.3	50.6	1.2	0.1	23.2	11.0
New York	28.6	0.4	3.0	25.3	1.7	0.1	40.0	0.9
North Carolina	-	-	-	-	-	-	-	-
North Dakota	7.5	17.9	0.5	4.1	2.4	0.4	57.8	9.4
Ohio	24.0	0.1	0.3	4.0	3.2	0.1	61.8	6.6
Oklahoma	10.5	4.9	0.3	13.4	22.4	0.1	47.5	0.8
Oregon	4.5	2.5	0.7	10.1	1.8	0.7	64.6	15.2
Pennsylvania	20.9	0.1	0.8	12.8	1.3	0.0	57.1	7.0
Puerto Rico	-	-	-	-	-	-	-	-
Rhode Island	15.1	0.6	0.9	20.7	2.0	0.0	49.7	11.0
South Carolina	35.9	0.1	0.1	3.7	0.8	0.0	54.6	4.7
South Dakota	3.7	39.7	0.7	5.5	8.8	0.1	38.5	3.0
Tennessee	-	-	-	-	-	-	-	-
Texas	22.1	0.2	0.6	39.4	1.1	0.1	33.5	3.0
Utah	3.5	1.9	1.1	20.6	1.4	1.8	69.0	0.8
Vermont	3.1	-	1.2	0.7	-	-	88.1	6.9
Virginia	23.3	0.0	0.9	10.7	0.7	0.1	56.9	7.4
Washington	8.8	4.3	2.6	12.4	5.0	1.2	59.3	6.5
West Virginia	3.6	0.0	0.1	0.4	2.1	0.0	92.5	1.3
Wisconsin	17.2	4.6	1.0	7.5	1.3	0.1	52.9	15.4
Wyoming	3.0	2.7	-	8.9	-	0.1	81.5	3.7
National	**20.8**	**1.4**	**1.2**	**20.1**	**2.3**	**0.3**	**48.4**	**5.6**
Reporting States	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

Table 5–5 Perpetrators by Relationship to Their Victims, 2020 *(continues next page)*

State	Parent	Child Daycare Provider	Foster Parent	Friend and Neighbor	Group Home and Residential Facility Staff	Legal Guardian	Multiple Relationships
Alabama	5,918	19	9	171	8	30	412
Alaska	1,978	-	38	-	-	17	143
Arizona	8,528	-	21	-	10	24	91
Arkansas	5,291	26	12	115	10	37	286
California	46,295	-	119	-	15	-	1,681
Colorado	7,139	17	16	3	11	7	547
Connecticut	4,037	1	4	28	-	97	315
Delaware	620	-	-	-	-	-	59
District of Columbia	976	1	2	-	-	4	19
Florida	15,433	32	1	-	-	28	1,526
Georgia	5,246	18	35	25	18	30	133
Hawaii	1,013	-	6	-	1	17	29
Idaho	1,600	2	1	14	-	23	9
Illinois	20,156	217	115	-	35	-	1,367
Indiana	13,856	73	43	401	9	51	989
Iowa	5,942	35	7	-	24	44	313
Kansas	1,320	-	16	12	13	-	31
Kentucky	9,504	13	16	209	-	288	845
Louisiana	-	-	-	-	-	-	-
Maine	3,244	20	10	1	19	12	265
Maryland	3,644	2	42	-	28	15	204
Massachusetts	14,323	39	46	-	71	95	1,047
Michigan	16,509	-	34	705	33	90	1,658
Minnesota	3,426	33	57	18	9	36	297
Mississippi	4,828	7	77	115	22	13	222
Missouri	2,230	11	22	203	36	-	171
Montana	2,318	5	14	3	7	3	30
Nebraska	1,219	13	10	-	3	1	95
Nevada	3,456	-	7	92	23	5	174
New Hampshire	867	-	-	-	-	9	30
New Jersey	2,160	31	8	42	8	-	92
New Mexico	5,030	-	4	5	-	42	191
New York	38,342	198	222	-	102	186	571
North Carolina	-	-	-	-	-	-	-
North Dakota	976	-	1	36	-	-	85
Ohio	12,367	41	52	238	41	-	1,155
Oklahoma	10,035	41	78	-	20	59	740
Oregon	6,173	26	24	54	1	26	646
Pennsylvania	2,565	18	18	58	28	9	98
Puerto Rico	2,151	4	10	-	14	2	218
Rhode Island	1,699	9	16	-	43	14	131
South Carolina	9,187	3	20	-	20	75	481
South Dakota	870	3	2	-	3	3	85
Tennessee	5,139	14	22	499	24	70	107
Texas	38,609	272	100	215	150	-	858
Utah	4,746	15	5	273	5	25	414
Vermont	265	3	3	40	1	-	14
Virginia	3,386	96	10	-	10	21	214
Washington	2,782	20	13	1	-	-	118
West Virginia	4,039	1	17	-	7	45	338
Wisconsin	2,055	17	15	24	-	4	145
Wyoming	608	1	3	-	3	1	34
National Total	**364,100**	**1,397**	**1,423**	**3,600**	**885**	**1,558**	**19,723**
National Percent	**77.2**	**0.3**	**0.3**	**0.8**	**0.2**	**0.3**	**4.2**
Reporting States	**50**	**39**	**48**	**28**	**38**	**39**	**50**

Table 5–5 Perpetrators by Relationship to Their Victims, 2020

State	Other	Other Professional	Relative	Unmarried Partner of Parent	Unknown	Total Perpetrators
Alabama	680	12	708	304	161	8,432
Alaska	55	-	95	77	22	2,425
Arizona	320	-	449	240	1	9,684
Arkansas	725	40	811	240	216	7,809
California	2	-	2,123	2,889	-	53,124
Colorado	405	3	775	3	894	9,820
Connecticut	262	2	169	256	-	5,171
Delaware	60	-	121	59	-	919
District of Columbia	28	-	24	-	-	1,054
Florida	693	107	950	1,116	1,713	21,599
Georgia	523	55	442	205	-	6,730
Hawaii	50	-	27	-	7	1,150
Idaho	2	-	57	51	5	1,764
Illinois	535	92	1,513	986	287	25,303
Indiana	1,055	17	944	-	598	18,036
Iowa	333	-	364	555	8	7,625
Kansas	308	-	274	-	24	1,998
Kentucky	114	-	654	647	153	12,443
Louisiana	-	-	-	-	-	-
Maine	67	-	142	227	23	4,030
Maryland	627	-	706	-	1,156	6,424
Massachusetts	458	36	658	857	317	17,947
Michigan	248	3	1,037	1,150	17	21,484
Minnesota	99	2	388	330	14	4,709
Mississippi	179	10	722	322	295	6,812
Missouri	435	16	394	334	163	4,015
Montana	26	-	115	104	5	2,630
Nebraska	116	-	94	69	28	1,648
Nevada	8	-	114	204	11	4,094
New Hampshire	-	-	31	21	50	1,008
New Jersey	73	39	203	155	15	2,826
New Mexico	55	-	211	263	51	5,852
New York	738	1	2,938	263	2,361	45,922
North Carolina	-	-	-	-	-	-
North Dakota	-	-	38	-	64	1,200
Ohio	2,375	79	2,183	-	1,068	19,599
Oklahoma	835	4	550	46	79	12,487
Oregon	99	-	429	380	683	8,541
Pennsylvania	500	75	788	379	79	4,615
Puerto Rico	9	12	92	3	219	2,734
Rhode Island	75	-	45	107	2	2,141
South Carolina	229	-	395	316	1	10,727
South Dakota	25	-	40	53	13	1,097
Tennessee	1,593	6	945	72	2	8,493
Texas	1,257	188	5,306	3,484	128	50,567
Utah	546	12	805	294	57	7,197
Vermont	22	2	22	35	12	419
Virginia	287	65	364	137	138	4,728
Washington	47	-	115	216	3	3,315
West Virginia	359	1	318	26	208	5,359
Wisconsin	244	8	244	287	302	3,345
Wyoming	43	2	28	6	-	729
National Total	**17,824**	**889**	**30,960**	**17,768**	**11,653**	**471,780**
National Percent	**3.8**	**0.2**	**6.6**	**3.8**	**2.5**	**100.0**
Reporting States	**48**	**27**	**50**	**43**	**44**	**50**



Services

CHAPTER 6

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

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

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

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

Prevention Services (duplicate count of children)

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

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

- Title II of CAPTA, as amended [P.L. 100–294]: The Community-Based Child Abuse Prevention Grants (CBCAP) provides funding to a lead state agency (designated by the governor) to support community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs, and activities to prevent child abuse and neglect and support the coordination of resources and activities; and to foster understanding, appreciation and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.
- Title IV–B, Subpart 2, as amended [P.L. 107–133] Promoting Safe and Stable Families: The primary goals of Promoting Safe and Stable Families (PSSF) are to prevent the unnecessary separation of children from their families, improve the quality of care and services to children and their families, and ensure permanency for children by reuniting them with their parents, by adoption or by another permanent living arrangement. States are to spend most of the funding for services that address family support, family preservation, time-limited family reunification and adoption promotion and support. The services are designed to help State child welfare agencies and eligible Indian tribes establish and operate integrated, preventive family preservation services and community-based family support services for families at risk or in crisis.
- Title XX of the Social Security Act, [P.L. 93–647], Social Services Block Grant (SSBG): This grant is a flexible funding source that allows states and territories to tailor social service programming to their population's needs. Through the SSBG, states provide essential social services that help achieve goals to reduce dependency and promote self-sufficiency; protect children and adults from neglect, abuse and exploitation; and help individuals who are unable to take care of themselves to stay in their homes or to find the best institutional arrangements.

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

The estimated total child recipient count by funding source is a sum of the reported child count and the calculated child count. The calculated child count is computed by multiplying the family count by the average number of children in a family.[25] 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 46 states, the FFY 2020 estimated total child recipients of prevention services is 1,963,369. (See table 6–1 and related notes.) This is an increase from the FFY 2019 estimated total child recipients of 1,902,429, based on data from 47 states. The funding source with the largest number of estimated total child recipients is Promoting Safe and Stable Families with 37 states reporting 603,084 estimated recipients.[26] The Community-Based Child Abuse Prevention Grants has 38 states reporting an estimated total child recipients of 503,206. Twenty-six states reported recipients in the "Other" funding source. Due to

[25] *For 2020, the average number of own children under 18 in families is 1.93. Source: U.S. Census Bureau, Current Population Survey. (2020). Annual Social and Economic Supplement AVG3. Average Number of People per Family Household with Own Children Under 18, by Race and Hispanic Origin, Marital Status, Age, and Education of Householder: 2020 [data file]. Retrieved April 2021 from https://www.census.gov/data/tables/2020/demo/families/cps-2020.html*

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

the nature of these funds and the ways states use them, the number of recipients fluctuates from one year to the next. Information about state increases and decreases in recipients and funding may be found in Appendix D, State Commentary. States continue to work on improving the ability to measure prevention services. Some of the difficulties with collecting and reporting these data are listed below:

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

Postresponse Services (duplicate count of children)

All children and families who are involved with a child welfare agency receive services to some degree. NCANDS and the Child Maltreatment report focus on only those services that were initiated or continued as a result of the investigation response or alternative response. NCANDS collects data for 26 services categories, states have their own service categories which they crosswalk (map) to the NCANDS categories. (See chapter 1.) Not every state reports data for every service. Readers should see Appendix B, Glossary, for definitions of service categories and Appendix D, State Commentary, for state-specific information on services reporting.[27] 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 1.1 million (1,159,294) children received postresponse services from a CPS agency. Fifty-one states reported 59.7 percent of duplicate victims received postresponse services and 51 states reported 27.1 percent of duplicate nonvictims received postresponse services. (See table 6–2 and related notes.) This is a decrease from the 1,279,364 children who received postresponse services for FFY 2019. Comments provided by states attribute changes in FFY 2020 data when compared with 2019 are due to the decrease in referrals and children known to the CPS agency due to the COVID–19 pandemic. Children who received postresponse services are counted per response by CPS and may be counted more than once. States provide data on the start of postresponse services.

Table 6–3 Average and Median Number of Days to Initiation of Services calculates the national average by dividing the total number of days to services by the number of children who received services on or after the report date (mean). Based on data from 45 states, the average number of days from receipt of a report to initiation of services for FFY 2020 is 33 days and a

[27] *For a listing of all 26 services categories and definitions, please see the NCANDS Child File Code Book on the Children's Bureau website at https://www.acf.hhs.gov/cb/training-technical-assistance/ncands-child-file-codebook*

midpoint (median) of 20 days. (See table 6–3 and related notes.) This is the same as it was for FFY 2019, when 45 states reported an average of 33 days and a median of 20 days.

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 at https://www.acf.hhs.gov/cb/data-research/adoption-fostercare. AFCARS collects case-level information on all children in foster care and those who are adopted with title IV-E agency involvement.

Based on data from 49 states, 124,360 victims (21.8%) and 48,719 nonvictims (1.7%) are removed from their homes. For FFY 2019, 49 states reported 142,056 victims (22.9%) and 57,681 nonvictims (1.8%) were removed. Some states report low percentages of victims and nonvictims who received foster care services due to system limitations or other difficulties with collecting and reporting the data as mentioned above. (See table 6–4 and related notes.)

There may be several explanations as to why nonvictims are placed in foster care. For example, if one child in a household is deemed to be in danger or at-risk of maltreatment, the state may remove all of the children in the household to ensure their safety. (E.g., if a CPS worker finds a drug lab in a house or finds a severely intoxicated caregiver, the worker may remove all children, even if there is only a maltreatment allegation for one child in the household.) Another reason for a nonvictim to be removed has to do with voluntary placements. This is when a parent voluntarily agrees to place a child in foster care even if the child was not determined to be a victim of maltreatment.

Twenty-six states reported 57,525 victims (20.1%) have court-appointed representatives. (See table 6–5 and related notes.) This is an increase from FFY 2019 when 25 states reported 53,253 victims (17.2%) had court-appointed representatives. The representatives act on behalf of a child in court proceedings and make recommendations to the court in the best interests of the child. According to states, Guardians ad litem, children's attorneys, and Court Appointed Special Advocates (CASAs) are included in these counts to NCANDS.

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 30 states, 46,205 victims (13.9%) received family preservation services within the previous 5 years. This is a decrease from FFY 2019 when 30 states reported 53,297 of victims (15.8%) received family preservation services. (See table 6–6 and related notes.) Data from 39 states show 20,654 of victims (4.9%) were reunited with their families within the previous 5 years. This is a decrease from FFY 2019 when 40 states reported 23,195 of victims (5.3%) were reunited. The decreases from FFY 2019 are likely due to the decrease in the number of victims for 2020. Several states subcontract family preservation services to outside vendors and are not able to report these data to NCANDS. (See table 6–7 and related notes.)

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

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

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

Thirty-five states reported 93,009 victims who are eligible for referral to agencies providing early intervention services and 27 states reported 28,523 victims who are referred. Of the states that are able to report both the victims who are eligible and referred (27 states), 68.4 percent of victims who are eligible are referred to the agencies. (See table 6–8 and related notes).

Exhibit and Table Notes

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

General

During data analyses, thresholds are set to ensure data quality is balanced with the need to report data from as many states as possible. States may be excluded from an analysis for data quality issues. Exclusion rules are listed in the table notes below.

- The data for all tables are from the Child File unless otherwise noted.
- Due to the large number of categories, most services are defined in Appendix B, Glossary.
- The row labeled Reporting States displays the count of states that provide data for that analysis.
- The Child File Codebook, which includes the services fields, is located on the Children's Bureau website at https://www.acf.hhs.gov/cb/training-technical-assistance/ncands-child-file-codebook.
- National totals and calculations appear in a single row labeled National instead of separate rows labeled total, rate, or percent.
- Dashes are inserted into cells without any data.

Table 6–1 Children Who Received Prevention Services by Funding Source, 2020

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

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

Table 6–2 Children Who Received Postresponse Services, 2020

- 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, 2020

- 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.
- The national average is calculated by dividing the total number of days to services by the number of children who received services on or after the report date. The total number of days to the initiation of services is not shown.
- The median is displayed for both the national and the state level. The median is determined by finding the midpoint of the number of days to services for children who received services on or after the report date.
- States are excluded from this analysis if they report fewer than 1.0 percent of victims or fewer than 1.0 percent of nonvictims with postresponse services.
- States are excluded from this analysis if fewer than 80.0 percent of records with a service have a service date.
- States are excluded from this analysis if fewer than 40.0 percent of records with a service have a service date after the report date.
- States are excluded from this analysis if more than 40.0 percent of records have the same report date and service date.

Table 6–4 Children Who Received Foster Care Postresponse Services and Who Had a Removal Date on or After the Report Date, 2020

- 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 1.0 percent of victims received foster care services.
- States were excluded from this analysis if more than 25.0 percent of victims with foster care services or more than 40.0 percent of nonvictims with foster care services did not have a removal date.

Table 6–5 Victims with Court-Appointed Representatives, 2020

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

Table 6–6 Victims Who Received Family Preservation Services Within the Previous 5 Years, 2020

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

Table 6–7 Victims Who Were Reunited with Their Families Within the Previous 5 Years, 2020

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

Table 6–8 IDEA: Victims Who Were Eligible and Victims Who Were Referred to Part C Agencies, 2020

- Data are from the Agency File.

Table 6–1 Children Who Received Prevention Services by Funding Source, 2020

(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	-	774	774	13,430	-	13,430
Alaska	-	-	-	723	-	723
Arizona	368	537	905	-	16,654	16,654
Arkansas	11	129	140	-	2,154	2,154
California	-	11,366	11,366	4,462	7,502	11,964
Colorado	-	-	-	-	-	-
Connecticut	17,600	-	17,600	-	290	290
Delaware	-	-	-	-	-	-
District of Columbia	113	-	113	-	-	-
Florida	-	-	-	-	-	-
Georgia	-	-	-	1,597	9,667	11,264
Hawaii	-	-	-	920	-	920
Idaho	4,459	-	4,459	662	3,005	3,667
Illinois	940	679	1,619	9,396	14,741	24,137
Indiana	26,295	-	26,295	2,519	-	2,519
Iowa	-	19	19	-	573	573
Kansas	-	-	-	-	-	-
Kentucky	-	-	-	1,266	-	1,266
Louisiana	-	-	-	13,649	8,583	22,232
Maine	-	-	-	-	-	-
Maryland	-	-	-	-	-	-
Massachusetts	-	-	-	-	-	-
Michigan	-	-	-	101,857	121,316	223,173
Minnesota	4,157	-	4,157	7,022	-	7,022
Mississippi	-	-	-	2,581	9,926	12,507
Missouri	-	-	-	672	-	672
Montana	-	-	-	725	1,222	1,947
Nebraska	-	-	-	2,332	-	2,332
Nevada	-	-	-	405	-	405
New Hampshire	-	-	-	5,332	-	5,332
New Jersey	-	2,416	2,416	47,560	23,233	70,793
New Mexico	-	-	-	85	-	85
New York	-	-	-	931	2,467	3,398
North Carolina	-	-	-	281	554	835
North Dakota	-	-	-	194	1,683	1,877
Ohio	-	-	-	843	199	1,042
Oklahoma	-	-	-	-	440	440
Oregon	-	-	-	-	-	-
Pennsylvania	-	-	-	4,378	-	4,378
Puerto Rico	11,855	46,069	57,924	501	3,316	3,817
Rhode Island	-	-	-	-	-	-
South Carolina	-	-	-	-	-	-
South Dakota	-	-	-	834	596	1,430
Tennessee	-	-	-	-	-	-
Texas	-	-	-	838	1,687	2,525
Utah	-	-	-	14,580	-	14,580
Vermont	-	-	-	-	-	-
Virginia	30,460	-	30,460	1,217	2,096	3,313
Washington	3,981	-	3,981	-	2,692	2,692
West Virginia	33,167	13,732	46,899	26,115	-	26,115
Wisconsin	-	-	-	-	-	-
Wyoming	-	-	-	240	463	703
National	**133,406**	**75,722**	**209,128**	**268,147**	**235,059**	**503,206**
Reporting States	**12**	**9**	**16**	**32**	**24**	**38**

Table 6–1 Children Who Received Prevention Services by Funding Source, 2020

(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	-	58,458	58,458	14,301	-	14,301
Alaska	147	-	147	419	-	419
Arizona	-	6,450	6,450	-	-	-
Arkansas	-	483	483	116	49,983	50,099
California	5,103	73,271	78,374	-	-	-
Colorado	-	3,449	3,449	-	-	-
Connecticut	19,242	73,238	92,480	-	-	-
Delaware	2,423	-	2,423	-	903	903
District of Columbia	179	-	179	-	-	-
Florida	24,360	-	24,360	-	-	-
Georgia	17,604	-	17,604	-	-	-
Hawaii	-	-	-	-	-	-
Idaho	744	-	744	1,745	-	1,745
Illinois	-	-	-	3,807	7,940	11,747
Indiana	1,607	-	1,607	1,052	-	1,052
Iowa	-	2,694	2,694	-	-	-
Kansas	2,846	-	2,846	-	-	-
Kentucky	1,052	-	1,052	-	-	-
Louisiana	2,098	2,117	4,215	6,881	-	6,881
Maine	-	-	-	-	-	-
Maryland	-	-	-	12,750	-	12,750
Massachusetts	-	-	-	-	-	-
Michigan	14,324	9,474	23,798	-	-	-
Minnesota	1,438	-	1,438	11,468	-	11,468
Mississippi	448	-	448	-	-	-
Missouri	-	-	-	-	-	-
Montana	2,497	3,281	5,778	-	-	-
Nebraska	-	11,130	11,130	-	-	-
Nevada	4,373	-	4,373	21,196	-	21,196
New Hampshire	584	-	584	1,752	-	1,752
New Jersey	-	-	-	-	-	-
New Mexico	969	-	969	-	-	-
New York	-	-	-	-	-	-
North Carolina	3,199	5,848	9,047	-	-	-
North Dakota	-	3,713	3,713	-	-	-
Ohio	-	-	-	39,883	-	39,883
Oklahoma	48	400	448	-	-	-
Oregon	-	2,322	2,322	-	4,016	4,016
Pennsylvania	3,832	-	3,832	81,117	-	81,117
Puerto Rico	975	1,959	2,934	1,115	3,655	4,770
Rhode Island	-	3,192	3,192	-	-	-
South Carolina	-	-	-	-	-	-
South Dakota	-	-	-	-	-	-
Tennessee	-	-	-	-	-	-
Texas	18,572	32,858	51,430	-	-	-
Utah	-	-	-	-	-	-
Vermont	-	-	-	-	-	-
Virginia	19,368	54,050	73,418	-	-	-
Washington	6,003	24,920	30,923	-	-	-
West Virginia	29,654	41,128	70,782	35,671	20,863	56,534
Wisconsin	-	-	-	-	-	-
Wyoming	1,965	2,995	4,960	5,103	-	5,103
National	**185,654**	**417,430**	**603,084**	**238,376**	**87,361**	**325,737**
Reporting States	**28**	**22**	**37**	**16**	**6**	**18**

Table 6–1 Children Who Received Prevention Services by Funding Source, 2020

State	Other Funding (Other) Children	Other Calculated Child Count	Other Estimated Total Child Recipients	Estimated Total Child Recipients
Alabama	-	-	-	86,963
Alaska	363	-	363	1,652
Arizona	-	8,370	8,370	32,379
Arkansas	-	-	-	52,876
California	3,874	6,591	10,465	112,168
Colorado	-	-	-	3,449
Connecticut	-	5,583	5,583	115,953
Delaware	1,014	2,611	3,625	6,952
District of Columbia	1,125	-	1,125	1,417
Florida	-	-	-	24,360
Georgia	42,627	37,457	80,084	108,953
Hawaii	-	-	-	920
Idaho	57	-	57	10,672
Illinois	-	-	-	37,504
Indiana	10,539	-	10,539	42,012
Iowa	-	-	-	3,287
Kansas	121	-	121	2,967
Kentucky	2,712	-	2,712	5,030
Louisiana	2,443	6,568	9,011	42,339
Maine	-	-	-	-
Maryland	-	-	-	12,750
Massachusetts	-	-	-	-
Michigan	-	-	-	246,971
Minnesota	-	-	-	24,085
Mississippi	1,114	-	1,114	14,069
Missouri	2,124	-	2,124	2,796
Montana	-	-	-	7,725
Nebraska	-	-	-	13,462
Nevada	16,865	-	16,865	42,839
New Hampshire	-	-	-	7,668
New Jersey	-	5,331	5,331	78,540
New Mexico	-	706	706	1,760
New York	84,174	-	84,174	87,572
North Carolina	3,401	6,684	10,085	19,966
North Dakota	-	-	-	5,590
Ohio	-	-	-	40,925
Oklahoma	6,179	9,544	15,723	16,610
Oregon	-	367	367	6,705
Pennsylvania	6,764	-	6,764	96,091
Puerto Rico	402	1,621	2,023	71,468
Rhode Island	-	-	-	3,192
South Carolina	-	-	-	-
South Dakota	-	-	-	1,430
Tennessee	-	-	-	-
Texas	-	-	-	53,955
Utah	18,860	-	18,860	33,440
Vermont	-	-	-	-
Virginia	5,143	9,575	14,718	121,908
Washington	-	-	-	37,597
West Virginia	11,305	-	11,305	211,636
Wisconsin	-	-	-	-
Wyoming	-	-	-	10,767
National	**221,206**	**101,008**	**322,214**	**1,963,369**
Reporting States	**21**	**13**	**26**	**46**

Table 6–2 Children Who Received Postresponse Services, 2020

State	Victims	Victims Who Received Postresponse Services	Victims Who Received Postresponse Services Percentage	Nonvictims	Nonvictims Who Received Postresponse Services	Nonvictims Who Received Postresponse Services Percentage
Alabama	12,029	6,761	56.2	28,499	4,697	16.5
Alaska	3,684	1,940	52.7	17,717	914	5.2
Arizona	10,510	10,219	97.2	83,205	46,141	55.5
Arkansas	9,734	8,303	85.3	55,221	8,879	16.1
California	64,001	54,055	84.5	304,119	202,104	66.5
Colorado	12,513	2,240	17.9	40,020	876	2.2
Connecticut	6,759	6,506	96.3	9,342	8,459	90.5
Delaware	1,227	258	21.0	10,577	919	8.7
District of Columbia	1,699	247	14.5	8,564	269	3.1
Florida	29,599	10,962	37.0	274,688	8,979	3.3
Georgia	8,884	6,431	72.4	137,743	78,734	57.2
Hawaii	1,371	898	65.5	4,036	647	16.0
Idaho	2,000	1,187	59.4	13,980	843	6.0
Illinois	40,282	19,634	48.7	140,668	24,161	17.2
Indiana	24,219	13,695	56.5	166,585	13,043	7.8
Iowa	12,705	12,705	100.0	37,476	37,476	100.0
Kansas	2,519	1,240	49.2	36,742	8,302	22.6
Kentucky	18,260	12,694	69.5	62,750	4,320	6.9
Louisiana	7,100	3,835	54.0	18,639	1,179	6.3
Maine	5,220	1,568	30.0	20,089	375	1.9
Maryland	7,779	1,306	16.8	25,052	1,320	5.3
Massachusetts	24,958	22,853	91.6	49,922	31,077	62.3
Michigan	28,654	7,169	25.0	132,546	10,689	8.1
Minnesota	6,934	4,366	63.0	35,489	9,473	26.7
Mississippi	8,784	4,239	48.3	32,134	2,597	8.1
Missouri	4,558	2,703	59.3	71,777	20,283	28.3
Montana	4,122	2,019	49.0	15,764	1,276	8.1
Nebraska	2,472	1,889	76.4	29,729	13,227	44.5
Nevada	5,231	3,148	60.2	27,634	5,206	18.8
New Hampshire	1,214	632	52.1	14,952	1,005	6.7
New Jersey	3,821	2,208	57.8	79,988	15,776	19.7
New Mexico	8,242	2,476	30.0	26,249	2,196	8.4
New York	-	-	-	-	-	-
North Carolina	24,121	13,264	55.0	100,689	18,628	18.5
North Dakota	1,657	1,168	70.5	4,484	311	6.9
Ohio	26,126	16,575	63.4	100,122	29,492	29.5
Oklahoma	15,439	13,475	87.3	51,741	36,175	69.9
Oregon	12,384	3,851	31.1	45,876	2,574	5.6
Pennsylvania	4,770	1,234	25.9	31,095	2,230	7.2
Puerto Rico	3,828	3,343	87.3	9,344	3,260	34.9
Rhode Island	2,905	1,338	46.1	6,405	870	13.6
South Carolina	15,109	5,008	33.1	62,785	7,490	11.9
South Dakota	1,656	851	51.4	2,914	286	9.8
Tennessee	8,911	8,911	100.0	92,737	86,960	93.8
Texas	67,462	35,403	52.5	226,992	16,082	7.1
Utah	10,234	9,190	89.8	19,861	14,698	74.0
Vermont	562	166	29.5	3,060	416	13.6
Virginia	5,836	1,647	28.2	44,759	2,025	4.5
Washington	4,583	2,382	52.0	56,316	3,725	6.6
West Virginia	6,411	6,170	96.2	47,387	6,104	12.9
Wisconsin	4,372	1,858	42.5	34,040	2,561	7.5
Wyoming	1,050	837	79.7	3,631	2,908	80.1
National	**598,500**	**357,057**	**59.7**	**2,956,134**	**802,237**	**27.1**
Reporting States	**51**	**51**	**-**	**51**	**51**	**-**

Table 6–3 Average and Median Number of Days to Initiation of Services, 2020

State	Children Who Received Services	Children Who Received Services on or After the Report Date	Average Number of Days to Initiation of Services	Median Number of Days to Initiation of Services
Alabama	11,458	11,412	32	24
Alaska	2,854	2,854	78	40
Arizona	56,360	55,456	48	43
Arkansas	17,182	16,338	35	37
California	256,159	243,294	16	7
Colorado	3,116	3,007	23	15
Connecticut	-	-	-	-
Delaware	1,177	1,177	87	60
District of Columbia	516	504	40	30
Florida	19,941	14,257	28	10
Georgia	85,165	83,357	15	6
Hawaii	1,545	1,279	22	2
Idaho	2,030	1,992	31	22
Illinois	43,795	23,375	39	30
Indiana	26,738	26,662	36	22
Iowa	50,181	50,181	24	27
Kansas	9,542	4,955	60	35
Kentucky	17,014	14,746	80	67
Louisiana	5,014	4,613	40	24
Maine	1,943	1,943	41	30
Maryland	-	-	-	-
Massachusetts	53,930	36,405	14	18
Michigan	17,858	9,065	41	33
Minnesota	13,839	13,839	61	44
Mississippi	6,836	6,790	27	27
Missouri	22,986	20,577	57	42
Montana	3,295	2,636	46	25
Nebraska	15,116	6,728	56	31
Nevada	8,354	8,207	65	56
New Hampshire	1,637	1,326	68	43
New Jersey	17,984	11,404	49	40
New Mexico	4,672	3,836	36	11
New York	-	-	-	-
North Carolina	-	-	-	-
North Dakota	1,479	1,454	49	41
Ohio	46,067	38,079	39	30
Oklahoma	49,650	49,544	51	50
Oregon	6,425	5,897	50	21
Pennsylvania	3,464	2,591	29	28
Puerto Rico	6,603	5,389	88	29
Rhode Island	2,208	1,361	31	15
South Carolina	12,498	7,067	36	40
South Dakota	-	-	-	-
Tennessee	-	-	-	-
Texas	51,485	50,645	59	50
Utah	-	-	-	-
Vermont	582	340	38	20
Virginia	3,672	2,254	41	21
Washington	6,107	4,715	33	16
West Virginia	12,274	7,292	41	21
Wisconsin	4,419	4,419	57	56
Wyoming	3,745	3,710	12	6
National	**988,915**	**866,972**	**33**	**20**
Reporting States	**45**	**45**	**-**	**-**

Table 6–4 Children Who Received Foster Care Postresponse Services and Who had a Removal Date On or After the Report Date, 2020

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	12,029	2,066	17.2	28,499	877	3.1
Alaska	3,684	737	20.0	17,717	504	2.8
Arizona	10,510	4,549	43.3	83,205	1,593	1.9
Arkansas	9,734	1,998	20.5	55,221	1,081	2.0
California	64,001	21,498	33.6	304,119	6,009	2.0
Colorado	12,513	1,391	11.1	40,020	295	0.7
Connecticut	6,759	1,044	15.4	9,342	253	2.7
Delaware	1,227	125	10.2	10,577	44	0.4
District of Columbia	1,699	192	11.3	8,564	31	0.4
Florida	29,599	10,318	34.9	274,688	3,085	1.1
Georgia	8,884	1,892	21.3	137,743	1,836	1.3
Hawaii	1,371	651	47.5	4,036	66	1.6
Idaho	2,000	468	23.4	13,980	103	0.7
Illinois	40,282	7,395	18.4	140,668	2,447	1.7
Indiana	24,219	7,721	31.9	166,585	2,913	1.7
Iowa	12,705	1,688	13.3	37,476	86	0.2
Kansas	2,519	203	8.1	36,742	831	2.3
Kentucky	18,260	806	4.4	62,750	72	0.1
Louisiana	7,100	1,903	26.8	18,639	261	1.4
Maine	5,220	1,159	22.2	20,089	336	1.7
Maryland	7,779	604	7.8	25,052	186	0.7
Massachusetts	24,958	3,805	15.2	49,922	872	1.7
Michigan	28,654	3,565	12.4	132,546	991	0.7
Minnesota	6,934	1,953	28.2	35,489	1,943	5.5
Mississippi	8,784	1,038	11.8	32,134	292	0.9
Missouri	4,558	1,476	32.4	71,777	3,664	5.1
Montana	4,122	1,706	41.4	15,764	498	3.2
Nebraska	2,472	942	38.1	29,729	916	3.1
Nevada	5,231	2,162	41.3	27,634	617	2.2
New Hampshire	1,214	445	36.7	14,952	291	1.9
New Jersey	3,821	769	20.1	79,988	1,114	1.4
New Mexico	8,242	1,074	13.0	26,249	417	1.6
New York	-	-	-	-	-	-
North Carolina	-	-	-	-	-	-
North Dakota	1,657	391	23.6	4,484	40	0.9
Ohio	26,126	5,786	22.1	100,122	2,831	2.8
Oklahoma	15,439	3,340	21.6	51,741	65	0.1
Oregon	12,384	2,709	21.9	45,876	714	1.6
Pennsylvania	-	-	-	-	-	-
Puerto Rico	3,828	272	7.1	9,344	18	0.2
Rhode Island	2,905	579	19.9	6,405	108	1.7
South Carolina	15,109	2,270	15.0	62,785	556	0.9
South Dakota	1,656	797	48.1	2,914	215	7.4
Tennessee	8,911	1,820	20.4	92,737	3,196	3.4
Texas	67,462	11,085	16.4	226,992	1,276	0.6
Utah	10,234	1,023	10.0	19,861	25	0.1
Vermont	562	78	13.9	3,060	121	4.0
Virginia	5,836	1,331	22.8	44,759	830	1.9
Washington	4,583	1,588	34.6	56,316	1,418	2.5
West Virginia	6,411	1,904	29.7	47,387	644	1.4
Wisconsin	4,372	1,617	37.0	34,040	2,105	6.2
Wyoming	1,050	427	40.7	3,631	33	0.9
National	**569,609**	**124,360**	**21.8**	**2,824,350**	**48,719**	**1.7**
Reporting States	**49**	**49**	**-**	**49**	**49**	**-**

Table 6–5 Victims With Court-Appointed Representatives, 2020

State	Victims	Victims With Court-Appointed Representatives	Victims With Court-Appointed Representatives Percent
Alabama	12,029	927	7.7
Alaska	3,684	730	19.8
Arizona	10,510	3,903	37.1
Arkansas	-	-	-
California	64,001	15,740	24.6
Colorado	-	-	-
Connecticut	-	-	-
Delaware	1,227	131	10.7
District of Columbia	-	-	-
Florida	-	-	-
Georgia	8,884	1,528	17.2
Hawaii	1,371	828	60.4
Idaho	-	-	-
Illinois	-	-	-
Indiana	24,219	5,886	24.3
Iowa	12,705	1,937	15.2
Kansas	-	-	-
Kentucky	18,260	3,129	17.1
Louisiana	-	-	-
Maine	5,220	850	16.3
Maryland	-	-	-
Massachusetts	24,958	5,152	20.6
Michigan	-	-	-
Minnesota	6,934	1,573	22.7
Mississippi	8,784	802	9.1
Missouri	-	-	-
Montana	4,122	746	18.1
Nebraska	2,472	1,072	43.4
Nevada	5,231	638	12.2
New Hampshire	1,214	541	44.6
New Jersey	-	-	-
New Mexico	8,242	1,162	14.1
New York	-	-	-
North Carolina	-	-	-
North Dakota	1,657	107	6.5
Ohio	26,126	4,891	18.7
Oklahoma	15,439	1,484	9.6
Oregon	-	-	-
Pennsylvania	-	-	-
Puerto Rico	-	-	-
Rhode Island	2,905	606	20.9
South Carolina	-	-	-
South Dakota	-	-	-
Tennessee	-	-	-
Texas	-	-	-
Utah	10,234	1,589	15.5
Vermont	562	120	21.4
Virginia	5,836	1,453	24.9
Washington	-	-	-
West Virginia	-	-	-
Wisconsin	-	-	-
Wyoming	-	-	-
National	**286,826**	**57,525**	**20.1**
Reporting States	**26**	**26**	**-**

Table 6–6 Victims Who Received Family Preservation Services Within the Previous 5 Years, 2020

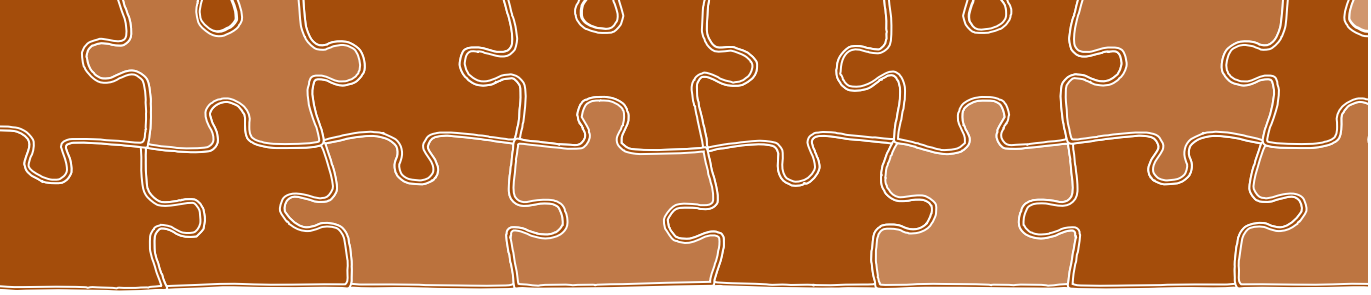
State	Victims	Victims Who Received Family Preservation Services Within the Previous 5 Years Number	Victims Who Received Family Preservation Services Within the Previous 5 Years Percent
Alabama	11,663	401	3.4
Alaska	-	-	-
Arizona	-	-	-
Arkansas	9,241	1,722	18.6
California	-	-	-
Colorado	-	-	-
Connecticut	-	-	-
Delaware	-	-	-
District of Columbia	1,568	323	20.6
Florida	28,268	4,546	16.1
Georgia	8,690	1,139	13.1
Hawaii	-	-	-
Idaho	1,958	402	20.5
Illinois	35,437	6,645	18.8
Indiana	-	-	-
Iowa	-	-	-
Kansas	2,386	665	27.9
Kentucky	16,748	1,231	7.4
Louisiana	6,859	1,524	22.2
Maine	4,726	1,110	23.5
Maryland	-	-	-
Massachusetts	22,538	7,554	33.5
Michigan	-	-	-
Minnesota	6,647	2,400	36.1
Mississippi	8,136	16	0.2
Missouri	4,449	491	11.0
Montana	-	-	-
Nebraska	2,376	311	13.1
Nevada	5,016	508	10.1
New Hampshire	1,182	98	8.3
New Jersey	3,655	329	9.0
New Mexico	7,050	480	6.8
New York	-	-	-
North Carolina	22,399	7	0.0
North Dakota	-	-	-
Ohio	-	-	-
Oklahoma	14,685	617	4.2
Oregon	11,487	951	8.3
Pennsylvania	-	-	-
Puerto Rico	3,572	335	9.4
Rhode Island	2,743	681	24.8
South Carolina	-	-	-
South Dakota	-	-	-
Tennessee	8,687	1,628	18.7
Texas	65,116	9,658	14.8
Utah	9,694	42	0.4
Vermont	530	103	19.4
Virginia	-	-	-
Washington	3,967	288	7.3
West Virginia	-	-	-
Wisconsin	-	-	-
Wyoming	-	-	-
National	**331,473**	**46,205**	**13.9**
Reporting States	**30**	**30**	**-**

Table 6–7 Victims Who Were Reunited With Their Families Within the Previous 5 Years, 2020

State	Victims	Victims Who Were Reunited With Their Families Within the Previous 5 Years Number	Victims Who Were Reunited With Their Families Within the Previous 5 Years Percent
Alabama	11,663	336	2.9
Alaska	3,212	249	7.8
Arizona	-	-	-
Arkansas	9,241	207	2.2
California	-	-	-
Colorado	11,615	489	4.2
Connecticut	6,346	180	2.8
Delaware	1,200	56	4.7
District of Columbia	1,568	21	1.3
Florida	28,268	2,265	8.0
Georgia	8,690	416	4.8
Hawaii	1,294	69	5.3
Idaho	1,958	68	3.5
Illinois	35,437	1,390	3.9
Indiana	22,648	1,747	7.7
Iowa	-	-	-
Kansas	2,386	325	13.6
Kentucky	16,748	988	5.9
Louisiana	6,859	432	6.3
Maine	4,726	463	9.8
Maryland	-	-	-
Massachusetts	22,538	1,916	8.5
Michigan	-	-	-
Minnesota	6,647	536	8.1
Mississippi	8,136	25	0.3
Missouri	4,449	175	3.9
Montana	-	-	-
Nebraska	2,376	244	10.3
Nevada	5,016	495	9.9
New Hampshire	1,182	86	7.3
New Jersey	3,655	251	6.9
New Mexico	7,050	450	6.4
New York	-	-	-
North Carolina	22,399	371	1.7
North Dakota	-	-	-
Ohio	23,691	1,206	5.1
Oklahoma	14,685	669	4.6
Oregon	11,487	1,149	10.0
Pennsylvania	-	-	-
Puerto Rico	3,572	10	0.3
Rhode Island	2,743	244	8.9
South Carolina	14,263	206	1.4
South Dakota	-	-	-
Tennessee	8,687	341	3.9
Texas	65,116	1,502	2.3
Utah	9,694	247	2.5
Vermont	530	43	8.1
Virginia	-	-	-
Washington	3,967	430	10.8
West Virginia	-	-	-
Wisconsin	4,177	357	8.5
Wyoming	-	-	-
National	**419,919**	**20,654**	**4.9**
Reporting States	**39**	**39**	**-**

Table 6–8 IDEA: Victims Who Were Eligible and Victims Who Were Referred to Part C Agencies, 2020

State	Victims Who Were Eligible for Referral to Part C Agencies	Victims Who Were Referred to Part C Agencies	Victims Who Were Referred to Part C Agencies Percent
Alabama	3,302	745	22.6
Alaska	835	835	100.0
Arizona	-	-	-
Arkansas	3,091	-	-
California	17,457	-	-
Colorado	3,106	-	-
Connecticut	1,732	1,665	96.1
Delaware	-	-	-
District of Columbia	377	3	0.8
Florida	-	-	-
Georgia	2,663	-	-
Hawaii	-	-	-
Idaho	690	315	45.7
Illinois	-	-	-
Indiana	-	-	-
Iowa	3,503	3,503	100.0
Kansas	262	225	85.9
Kentucky	4,801	-	-
Louisiana	3,519	2,719	77.3
Maine	1,110	1,110	100.0
Maryland	-	-	-
Massachusetts	5,482	-	-
Michigan	-	-	-
Minnesota	1,785	1,785	100.0
Mississippi	519	200	38.5
Missouri	570	255	44.7
Montana	-	-	-
Nebraska	621	621	100.0
Nevada	-	-	-
New Hampshire	296	-	-
New Jersey	818	669	81.8
New Mexico	1,833	1,540	84.0
New York	13,016	-	-
North Carolina	-	884	-
North Dakota	396	381	96.2
Ohio	5,677	5,677	100.0
Oklahoma	4,469	823	18.4
Oregon	2,713	-	-
Pennsylvania	-	-	-
Puerto Rico	615	4	0.7
Rhode Island	770	761	98.8
South Carolina	-	-	-
South Dakota	401	401	100.0
Tennessee	-	-	-
Texas	-	-	-
Utah	1,947	1,947	100.0
Vermont	-	-	-
Virginia	-	-	-
Washington	983	168	17.1
West Virginia	2,315	826	35.7
Wisconsin	1,063	189	17.8
Wyoming	272	272	100.0
National	**93,009**	**28,523**	**-**
Reporting States	**35**	**27**	**-**
National for States Reporting Both Victims Eligible and Referred	**40,384**	**27,639**	**68.4**
Reporting States for States Reporting Both Victims Eligible and Referred	**27**	**27**	**-**



Special Focus

CHAPTER 7

The purpose of this chapter is to highlight analyses of specific subsets of children or data analyses focusing on a specific topic. These analyses may otherwise have been spread throughout the report in different chapters, which can make it more difficult for readers to see the whole analytical picture. Some analyses are expected to change with each edition of Child Maltreatment. In this edition, this chapter focuses on quarterly analyses of child welfare data during the COVID-19 pandemic by comparing FFY 2020 quarterly data (October 2019 through September 2020) with the same quarters from FFY 2019 (October 2018 through September 2019).[28,29] Data are presented at the state and national level. To ensure the analyses are comparable to others presented in this report, the data are assigned to each quarter based on disposition date (the date a determination is made by the child protective services agency about whether the maltreatment occurred).[30]

States were asked to provide comments about how their child welfare agencies continued operations during the year, especially during the "lockdown" period from March through June 2020. All states declared a state of emergency during March and nearly all initiated some form of stay-at-home order during late March/early April 2020.[31] For many of those states, the child welfare agencies transitioned some or all operations to virtual. Readers are encouraged to review Appendix D, State Commentary.

Executive Summary

In the sections below, quarterly data for FFY 2020 were compared with the corresponding quarters during FFY 2019 to see how COVID-19 pandemic affected child maltreatment data. When the national annual data are broken down into quarterly analyses the timing of decreases are shown to begin with the lockdown period of March through June 2020.

The quarterly analyses also show differences in established seasonal patterns, such as in the number of reports submitted by education personnel. Annually, education personnel account for the largest numbers of screened-in referrals during the school year (September–June). However, when schools transitioned to virtual learning, the number of referrals by education personnel declined sharply. Victims in the age range of 6–12 have the largest percent decrease and are the most likely to be affected by school closures/moving to virtual learning and not be referred to CPS by education personnel report sources. COVID-19 presented unique challenges

[28] *The quarters are as follows: first quarter is October through December, second quarter is January through March, third quarter is April through June, and fourth quarter is July through September.*

[29] *The services data are not presented by quarters because services could have begun before the report date or 90 days after the disposition date. See Chapter 6 for more information on how services data are collected.*

[30] *Each state's submitted Child File only includes completed reports with a disposition (or finding) as an outcome of the CPS response during the reporting year. (See chapter 1.)*

[31] *https://en.wikipedia.org/wiki/U.S._state_and_local_government_responses_to_the_COVID-19_pandemic*

for service provision. Some services were provided virtually, while other services continued in-person. While the number of children who received services decreased for the year, the percentages of service recipients remained comparable to prior years.

Screened-in Referrals

During FFY 2020, the CPS agencies in 52 reporting states screened in 2.1 million (2,120,316) referrals at a rate of 28.9 per 1,000 children in the population. FFY 2020 shows a total decrease of 10.5 percent in the number of total screened-in referrals compared with FFY 2019. (See chapter 2 for definitions and information about screening processes.)

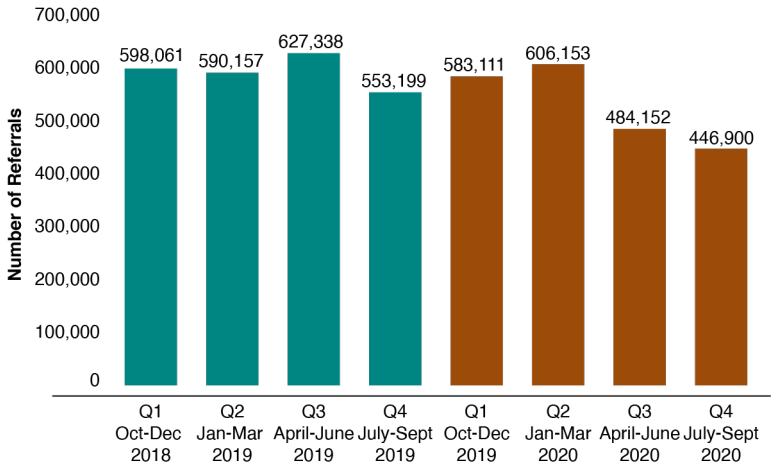
While there is an overall decrease, analyzing the data by quarters shows both increases and decreases, depending upon the quarter. For many states, the end of March or early April is when the "lockdown" period began. According to state comments, during this period, calls to the Hotline alleging maltreatment greatly reduced as schools, parks, restaurants, supermarkets, and other public places limited the number of people allowed to enter, moved to virtual interactions only, or closed completely. These restrictions limited the ability of people to witness and call-in maltreatment allegations. Nearly all states provide comments that their Hotlines remained open during the pandemic, with some states transitioning call center operations to enable staff to answer calls from their homes.

For both fiscal years, the first two quarters (October through December and January through March) result in nearly identical totals 1,188,218 for FFY 2019 and 1,189,264 for FFY 2020, a difference of 1,046. (See table 7–1 and related notes.) For the period of April through June, the data for FFY 2020 look very different than the data for FFY 2019. For FFY 2019, this period is when the largest number of referrals are screened in for a CPS response, however for FFY 2020 there is a large decrease of 22.8 percent in the number of referrals screened in compared with the same period in FFY 2019. (See exhibit 7–A and related notes.)

Many states commented that (appendix D) they implemented new screening questions to determine whether an in-person response or a virtual response was needed during lockdown to ensure the safety of CPS workers

Exhibit 7–A Screened-in Referrals by Quarters, 2019–2020

The number of screened-in referrals decreased during the third quarter of FFY 2020



Based on data from 52 states. See table 7–1.

and the alleged victims and their families. Some states commented that they changed screening policies to enable virtual responses and most states say that either screening policies did not change or any changes were temporary. For example, as one state said in commentary (appendix D), "To minimize person-to-person interaction and spread of Covid-19, staff were asked to temporarily suspend normal face-to-face contacts and home visits, unless there was concern regarding an immediate safety threat. However, frequent contact with families and children via telephone, Skype, or similar platforms was required to ensure all necessary supports and services continued to be provided." One state, "…made changes to screen out priority 3 (lowest priority) reports on March 23, 2020. However, priority 3 reports regarding high-risk infants, reports of maltreatment in foster care, and reports of sex abuse or serious physical abuse cases were screened in." The FFY 2020 decrease in screened-in referrals continues for the last quarter of FFY 2020. As the pandemic continued into FFY 2021, the next data submission is needed to determine whether referrals increased as restrictions lifted.

While most states reported a decrease in the number of total referrals received, two states began reporting screened-out referrals with their 2020 data. Additionally, a few states screened in more referrals for 2020 than 2019. Not every state provided comments about the increase, but explanations include a reduction in backlog, a new policy to screen in all referrals by medical professionals for children younger than six years, and a new pilot alternative response program began.

Report Sources

The report source is the role of the person who notified a CPS agency of the alleged child abuse or neglect in a referral. Only those sources in reports (screened-in referrals) that receive an investigation or alternative response are submitted to NCANDS. See chapter 2 for definitions and information about report sources.

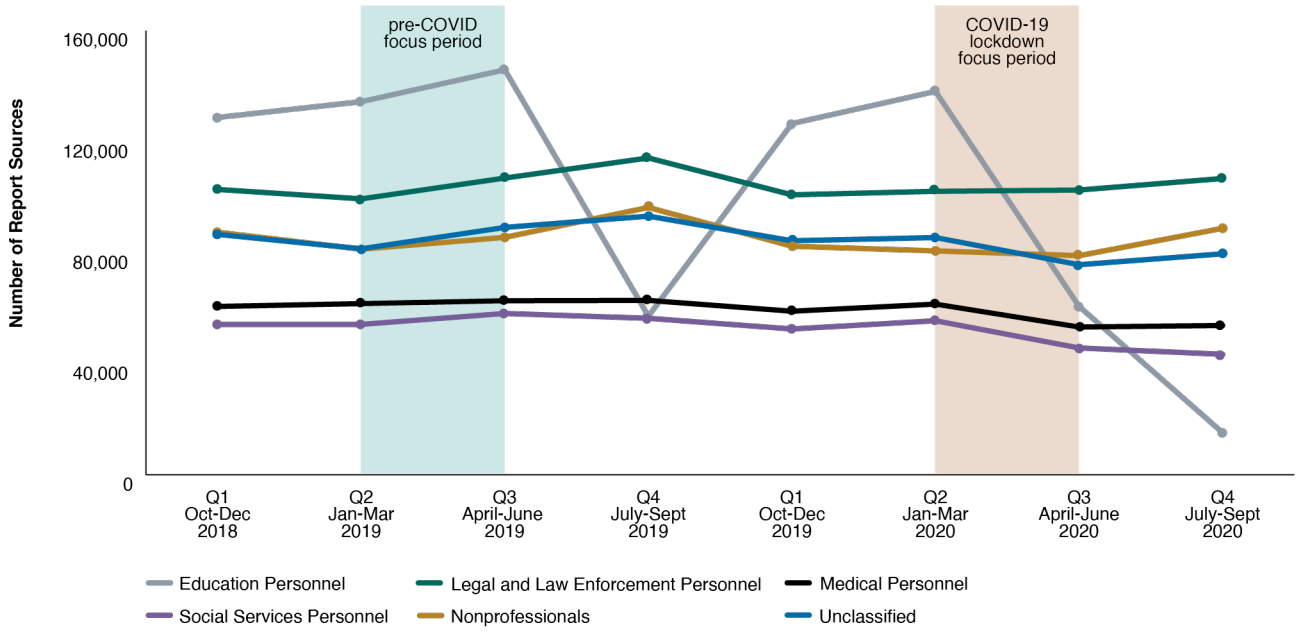
As there are fewer reports (screened-in referrals) for FFY 2020, the number of report sources also is lower. FFY 2020 shows an overall decrease of 11.0 percent in the number of total report sources when compared with FFY 2019. The largest changes are in the professional report sources, which decreased 13.2 percent from FFY 2019. As most schools experienced lockdown and moved to virtual learning, the education personnel report source category shows the largest decrease of 27.0 percent for all of FFY 2020 when compared with FFY 2019. (See table 7–2 and related notes)

Analyzing the data by quarters shows, that for both fiscal years, the first two quarters (October through March) result in nearly identical totals, with a difference of just 1,050. As seen during FFY 2019 (and during prior years), the quarter with the months of July through September has the lowest number of report sources.[32] This seasonal pattern is mostly due to schools being closed for the summer as education personnel historically submit the largest number of reports each year. This is also true for FFY 2020, only significantly decreased due to the pandemic. The largest decrease for education personnel of 73.5 percent occurred during July through September 2020, the second largest decrease of 58.4 percent occurred for

[32] *Report source data tends to be very stable. See prior editions of Child Maltreatment on the Children's Bureau website at https://www.acf.hhs.gov/cb/data-research/child-maltreatment.*

Exhibit 7–B Selected Report Sources by Quarters, 2019-2020

Education personnel had the largest decrease for the report sources



Based on data from 48 states. See table 7–2.

this report source during the lockdown period of April through June 2020. (See exhibit 7–B and related notes)

The category of child daycare provider had the second largest overall decrease of 22.3 percent for FFY 2020 when compared with FFY 2019. With the largest decreases for this report source occurring during the lockdown period of April through June 2020 (45.1%) and July through September 2020 (39.9%).

The category least affected by the pandemic is legal and law enforcement personnel, which had an overall decrease of 2.6 percent for FFY 2020 when compared with FFY 2019. Reviewing the prepandemic patterns of FFY 2019 shows that when schools are closed for the summer, the number of legal and law enforcement reports increase. During April through June of FFY 2019, legal and law enforcement personnel submitted 106,893 reports which increased to 114,132 reports during July through September. This pattern also occurred during the pandemic as during April through June FFY 2020 legal and law enforcement submitted 102,575 reports, which increased to 106,736 reports during July through September

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

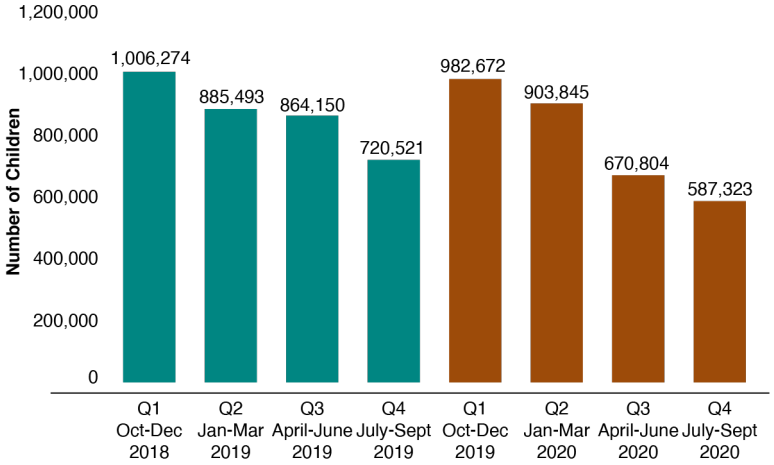
For FFY 2020, about 3,145,000 children (national rounded number) received either an investigation or alternative response at a rate of 42.9 children per 1,000 in the population. The CPS data for FFY 2020 shows a national decrease in children who were the subjects of a CPS response when compared with 2019. This analysis counts a child once regardless of the number of times

the child received an investigation or alternative response. See chapter 3 for definitions and information about investigations and alternative responses.

Overall, for FFY 2020, the number of children who received an investigation or alternative response decreased 9.5 percent from FFY 2019. As shown in table 7–3, the largest decreases occurred during April through September 2020. (See table 7–3, exhibit 7–C, and related notes.)

Exhibit 7–C Number of Children Who Received an Investigation Response or Alternative Response by Quarters, 2019–2020

The largest decreases of children who received a CPS response occurred during April through September 2020



Based on data from 52 states. See table 7–3.

States' explanations for the decrease in the number of children who received a CPS response centered on the reduction of reports (screened-in referrals) due to the COVID-19 pandemic. According to state comments, approximately one-half of the states used a combination of in-person and virtual methods to conduct investigations or assessments. The determination of which method depended upon answers to screening questions about COVID-19 and the maltreatment risk of the alleged victims. Many states continued in-person operations and provided workers with personal protective equipment for the safety of the workers and the families. For example, one state said, "child welfare hotline and emergency response investigations are essential government functions and should be prioritized to protect the safety and well-being of children and families. County child welfare emergency response workers were established as first responders when assessing for the safety and well-being of children reported as being abused or neglected."

Some of the same states with increases in reports (screened-in referrals) during FFY 2020 also had increases in the number of children who received a CPS response. Two additional explanations were provided by states: an increase in staff and dedicated case management hours enabled a larger number of assessments to be completed; and data cleanup.

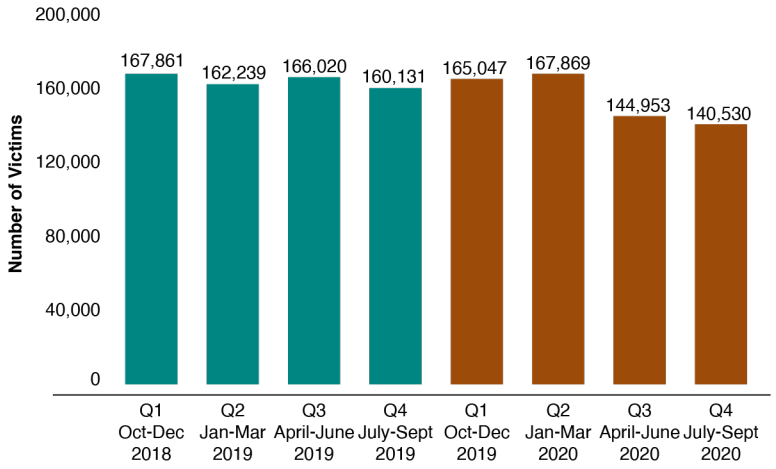
Child Victims (unique count of victims)

For FFY 2020, there are nationally 618,000 (rounded) victims of child abuse and neglect. This equates to a national rate of 8.4 victims per 1,000 children in the population. States have different policies about what is considered child maltreatment and different levels of evidence required to substantiate an abuse allegation; all or some of which may account for variations in victimization. See chapter 3 for definitions and information about victims of abuse and neglect.

For FFY 2020 there is a 5.8 percent decrease in the number of victims when compared with FFY 2019. The decrease occurred during the second half of the fiscal year.[33] (See table 7–4 and related notes.) Throughout FFY 2019 the number of children determined to be victims of maltreatment is stable for each quarter. During FFY 2020, the number decreases significantly at the start of the lockdown period in April and continues through September. (See exhibit 7–D, and related notes.)

Exhibit 7–D, Number of Victims by Quarters, 2019–2020

While the victims count is stable for FFY 2019 and into the first two quarters of FFY 2020, there is a large decrease during the last half of FFY 2020



Based on data from 52 states. See table 7–4.

Child Victim Demographics (unique count of victims)

As mentioned above, the numbers of victims decreased during FFY 2020 when compared with FFY 2019. Grouping the victims by approximate education categories (preschool/kindergarten, elementary, and high school) shows that victims in the age range of 6–12 have the largest percent decrease at 8.2 percent. This group is the most likely to be affected by school closures and moving to virtual learning and not be referred to CPS by education personnel report sources. Next are the victims in the 1–5 age range with a 5.0 percent decrease. It is interesting to note that children younger than 1 year, who are most vulnerable to and have the highest rate of maltreatment had one of the smallest decreases at 3.9 percent. See table 7–5, exhibit 7–E, and related notes.)

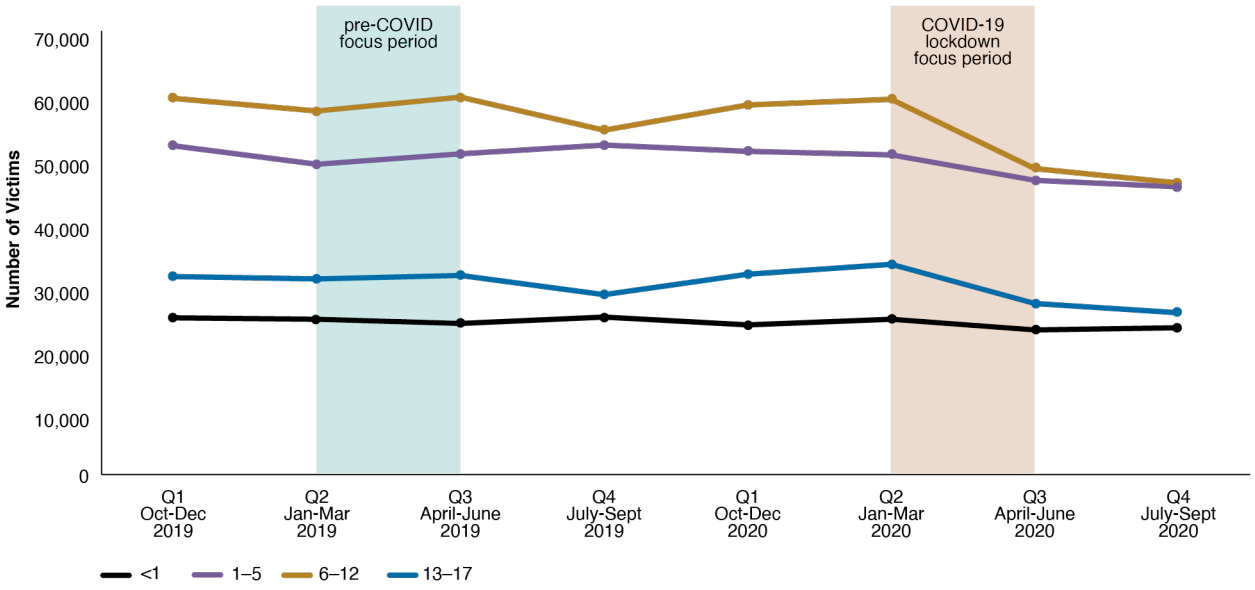
The racial distributions show that for nearly all race categories, there is a decrease during the last 6 months of FFY 2020. However, victims of American Indian or Alaska Native descent had an increase of 1.4 percent for the fiscal year.[34] (See table 7–6 and related notes.)

[33] *North Carolina recoded child dispositions of alternative response victim to indicated, which greatly increased the state's count of unique victims. Without North Carolina included in the percent change calculation, the decrease from FFY 2019 would have been 8.4 percent.*

[34] *This increase may be due in part to improved reporting as one state provided in commentary, "...[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." The state also took advantage of the reduced workload to clear a backlog of cases and included a larger number of closed reports in its FFY 2020 submission.*

Exhibit 7–E Age Groups of Victims by Quarters, 2019–2020

Victims in the age range of 6–12 have the largest decrease



Based on data from 52 states. See table 7–5.

Children Who Received Postresponse Services

(duplicate count of children)

For FFY 2020, 51 state reported 1.1 million (1,159,294) children received postresponse services from a CPS agency. Fifty-one states reported 59.7 percent of duplicate victims received postresponse services and 51 states reported 27.1 percent of duplicate nonvictims received postresponse services. NCANDS and the Child Maltreatment report focus on only those postresponse services that were initiated or continued as a result of the investigation response or alternative response. See chapter 6 for definitions and information about services.

Services data are presented as totals for 3 years in table 7–7. The number of states reporting services remained stable, with one state reporting services for the first time in FFY 2020. The percentage of victims who received services remained within 1 percentage point across the 3 years, even though the number of victims decreased. The largest percentage is 60.8 during FFY 2019 and the lowest is 59.7 during FFY 2020. The percentage of nonvictims who received services also remained consistent with a high in FFY 2018 of 29.1 and a low of 27.1 percent in FFY 2020. (See table 7–7 and related notes.)

States' comments in appendix D show how states made efforts to continue services during the COVID-19 pandemic. Some services were able to be conducted virtually, while other services continued in-person when safe to do so. For example, one state said, "During the pandemic, providers have independently made decisions about service provision and deliver a blend of in-person and virtual services." Another state explained that the decision to provide virtual or in-person services depended upon the household's willingness to get tested for COVID-19 and the test results, "All contracted services shall be conducted virtually if anyone in the household involved with the service has reported symptoms of Covid-19, tested positive for Covid-19, or pending a test for Covid-19. If a client is reporting symptoms of Covid-19 they should be instructed to seek a Covid-19 test. If the test results are negative, services should return to

in-person. If a client tests positive or refuses testing, services shall return to in-person after the CDC recommended isolation period (at least 10 days have passed since symptoms first appeared and at least 24 hours have passed without the use of fever-reducing medications and improvement in symptoms)."

However, there were some barriers to virtual service provision, as one state noted, "Many service providers limited or canceled in-home service provision and transitioned to telemedicine. The state experienced delays in service provision by third party vendors as they adapted to the pandemic. Child removals were not affected by the pandemic." Another state said, virtual service delivery increased participation, but noted that was only true in areas where access to virtual platforms was not an issue, "The pandemic has created unforeseen and unique challenges for counties, which has had a direct impact on service delivery. Several counties reported increased participation rates in services since transportation is no longer a barrier, however other counties reported families do not have access to the needed technology to participate in services via a virtual environment."

In summary, child welfare agencies made significant efforts to continue operations and ensure the safety of CPS workers and the children and families in their care. While CPS agencies did not see an increase in abuse or neglect referrals even after many lockdown restrictions were lifted during July–September 2020, many states did not fully open up and many schools did not go back to in-person learning until 2021. It may not be until FFY 2021 data are analyzed that the full impact of the pandemic on child maltreatment is known.

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

- 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.
- The percent change was calculated by subtracting 2019 data from 2020 data, dividing the result by 2019 data, and multiplying by 100. States must have data included from both years to be included in the percent change calculation.
- Dashes are inserted into cells without any data.

Table 7–1 Screened-in Referrals by Quarters, 2019–2020

- Data are from the Child File.

Table 7–2 Report Sources by Quarters, 2019–2020

- Data are from the Child File.
- States are excluded from this analysis if more than 15.0 percent had an unknown report source
- States are excluded from this analysis if more than 20.0 percent of known sources are reported as Other.
- A state must pass data quality tests for both years to be included in this analysis.

Table 7–3 Children Who Received an Investigation Response or Alternative Response by Quarters, 2019–2020

- The number of children is a unique count.

Table 7–4 Child Victims by Quarters, 2019–2020

- The number of victims is a unique count.

Table 7–5 Single Year Age of Victims by Quarters, 2019–2020

- The number of victims is a unique count.
- Based on data from 52 states.

Table 7–6 Victims by Race and Ethnicity by Quarters, 2019–2020

- The number of victims is a unique count.
- Based on data from 50 states.
- Counts associated with each racial group are exclusive and do not include Hispanic ethnicity.
- Only those states that have both race and ethnicity population data are included in this analysis.
- States are excluded from this analysis if more than 30.0 percent of victims are reported with an unknown or missing race or ethnicity.

Table 7–7 Children Who Received Postresponse Services, 2018–2020

- The numbers of victims and nonvictims are duplicate counts.
- A child is counted each time that a CPS response was completed and services were provided.
- This analysis includes only those services that continued past or were initiated within 90 days after the completion of the CPS response.
- States are excluded from this analysis if they report fewer than 1.0% of victims or fewer than 1.0% of nonvictims with postresponse services.

Table 7–1 Screened-in Referrals by Quarters, 2019-2020 *(continues next page)*

State	Oct-Dec 2018	Jan-Mar 2019	April-June 2019	July-Sept 2019	FFY 2019 Total Screened-in Referrals
Alabama	7,622	6,711	7,922	6,401	28,656
Alaska	2,208	2,717	2,980	2,808	10,713
Arizona	11,484	11,174	11,631	11,013	45,302
Arkansas	9,176	8,640	9,268	6,671	33,755
California	57,370	55,560	59,545	52,169	224,644
Colorado	9,271	9,069	9,804	7,935	36,079
Connecticut	3,862	3,753	3,933	3,097	14,645
Delaware	1,503	1,713	1,424	1,362	6,002
District of Columbia	1,756	1,769	1,785	1,094	6,404
Florida	43,351	40,966	43,427	35,750	163,494
Georgia	22,054	22,004	22,131	19,120	85,309
Hawaii	636	611	589	541	2,377
Idaho	2,623	2,394	3,250	2,850	11,117
Illinois	21,761	21,088	22,014	21,842	86,705
Indiana	32,168	28,328	32,348	27,364	120,208
Iowa	8,246	8,075	9,205	7,793	33,319
Kansas	7,211	8,210	8,611	7,863	31,895
Kentucky	12,863	13,240	12,927	11,749	50,779
Louisiana	4,945	5,024	6,091	4,537	20,597
Maine	2,456	3,163	2,753	2,502	10,874
Maryland	4,910	5,511	6,380	5,085	21,886
Massachusetts	11,577	11,097	11,762	9,487	43,923
Michigan	24,171	22,366	26,144	23,054	95,735
Minnesota	7,450	7,986	8,838	6,785	31,059
Mississippi	7,679	6,832	7,134	6,461	28,106
Missouri	17,022	14,918	16,663	12,953	61,556
Montana	2,402	2,376	2,880	2,541	10,199
Nebraska	3,175	3,024	3,214	3,229	12,642
Nevada	4,032	3,777	4,103	3,745	15,657
New Hampshire	2,275	2,673	2,748	2,592	10,288
New Jersey	14,635	15,700	16,195	14,404	60,934
New Mexico	5,847	4,431	5,833	5,622	21,733
New York	37,931	42,350	43,503	40,133	163,917
North Carolina	15,666	14,842	13,225	11,389	55,122
North Dakota	1,005	1,026	1,038	916	3,985
Ohio	22,363	22,327	24,033	20,281	89,004
Oklahoma	10,061	8,360	9,320	9,017	36,758
Oregon	10,496	10,592	7,644	11,046	39,778
Pennsylvania	10,833	10,246	12,024	8,848	41,951
Puerto Rico	1,548	1,620	2,469	2,728	8,365
Rhode Island	1,806	1,823	1,951	1,714	7,294
South Carolina	12,266	11,967	12,625	10,247	47,105
South Dakota	603	622	653	501	2,379
Tennessee	18,977	18,950	19,518	18,717	76,162
Texas	49,731	50,745	53,143	44,487	198,106
Utah	5,275	5,240	5,539	4,855	20,909
Vermont	932	1,361	793	929	4,015
Virginia	7,566	8,508	10,574	10,132	36,780
Washington	9,369	10,626	11,675	12,204	43,874
West Virginia	6,294	6,790	6,484	7,351	26,919
Wisconsin	6,812	6,515	6,814	6,656	26,797
Wyoming	786	747	781	629	2,943
National	**598,061**	**590,157**	**627,338**	**553,199**	**2,368,755**
Reporting States	**52**	**52**	**52**	**52**	**52**

Table 7–1 Screened-in Referrals by Quarters, 2019-2020 *(continues next page)*

State	Oct-Dec 2019	Jan-Mar 2020	April-June 2020	July-Sept 2020	FFY 2020 Total Screened-in Referrals
Alabama	7,552	7,092	6,046	5,977	26,667
Alaska	2,400	2,662	4,728	1,643	11,433
Arizona	11,393	11,685	10,172	8,736	41,986
Arkansas	9,327	9,041	6,510	6,551	31,429
California	54,503	56,386	46,904	41,956	199,749
Colorado	9,309	9,170	7,729	7,245	33,453
Connecticut	3,465	3,540	2,194	1,831	11,030
Delaware	1,366	1,338	1,170	971	4,845
District of Columbia	1,317	1,309	862	795	4,283
Florida	39,055	38,352	31,926	31,306	140,639
Georgia	20,796	18,494	10,849	12,536	62,675
Hawaii	709	640	721	646	2,716
Idaho	2,779	2,582	1,938	2,155	9,454
Illinois	22,263	21,671	19,518	16,492	79,944
Indiana	31,967	32,505	22,030	25,366	111,868
Iowa	8,122	8,478	6,465	7,619	30,684
Kansas	8,081	9,756	5,996	4,510	28,343
Kentucky	11,823	13,788	11,527	9,132	46,270
Louisiana	4,735	4,766	4,602	3,129	17,232
Maine	3,502	2,723	2,548	2,519	11,292
Maryland	5,817	5,925	4,421	3,834	19,997
Massachusetts	10,967	11,102	6,903	8,533	37,505
Michigan	25,003	18,755	12,697	16,498	72,953
Minnesota	7,365	8,362	6,860	5,742	28,329
Mississippi	7,319	6,805	4,690	5,591	24,405
Missouri	15,822	14,662	13,537	11,282	55,303
Montana	2,444	2,947	2,519	2,210	10,120
Nebraska	3,382	3,704	2,860	3,248	13,194
Nevada	4,057	4,008	3,627	3,047	14,739
New Hampshire	2,603	3,568	2,623	2,022	10,816
New Jersey	15,295	16,705	11,274	9,579	52,853
New Mexico	5,370	5,663	6,796	4,299	22,128
New York	37,564	43,646	36,002	27,917	145,129
North Carolina	16,909	17,833	13,367	12,159	60,268
North Dakota	829	934	733	735	3,231
Ohio	22,365	23,249	17,469	18,100	81,183
Oklahoma	10,608	10,232	8,208	8,350	37,398
Oregon	8,139	9,211	10,912	7,199	35,461
Pennsylvania	10,730	11,036	6,751	7,348	35,865
Puerto Rico	1,574	1,421	1,510	2,494	6,999
Rhode Island	1,722	1,722	1,265	1,257	5,966
South Carolina	11,152	9,519	6,771	6,636	34,078
South Dakota	579	624	775	471	2,449
Tennessee	14,600	20,893	17,447	15,873	68,813
Texas	49,543	53,953	43,450	39,714	186,660
Utah	5,493	5,814	4,205	4,485	19,997
Vermont	883	969	452	426	2,730
Virginia	7,652	9,160	8,791	7,613	33,216
Washington	9,959	13,210	10,524	8,102	41,795
West Virginia	6,024	6,801	6,018	5,261	24,104
Wisconsin	6,167	7,044	5,752	5,196	24,159
Wyoming	711	698	508	564	2,481
National	**583,111**	**606,153**	**484,152**	**446,900**	**2,120,316**
Reporting States	**52**	**52**	**52**	**52**	**52**

Table 7–1 Screened-in Referrals by Quarters, 2019-2020

State	Percent Change Oct-Dec 2018 to Oct-Dec 2019	Percent Change Jan-Mar 2019 to Jan-Mar 2020	Percent Change April-June 2019 to April-June 2020	Percent Change July-Sept 2019 to July-Sept 2020	Percent Change FFY 2019 to FFY 2020
Alabama	-0.9	5.7	-23.7	-6.6	-6.9
Alaska	8.7	-2.0	58.7	-41.5	6.7
Arizona	-0.8	4.6	-12.5	-20.7	-7.3
Arkansas	1.6	4.6	-29.8	-1.8	-6.9
California	-5.0	1.5	-21.2	-19.6	-11.1
Colorado	0.4	1.1	-21.2	-8.7	-7.3
Connecticut	-10.3	-5.7	-44.2	-40.9	-24.7
Delaware	-9.1	-21.9	-17.8	-28.7	-19.3
District of Columbia	-25.0	-26.0	-51.7	-27.3	-33.1
Florida	-9.9	-6.4	-26.5	-12.4	-14.0
Georgia	-5.7	-16.0	-51.0	-34.4	-26.5
Hawaii	11.5	4.7	22.4	19.4	14.3
Idaho	5.9	7.9	-40.4	-24.4	-15.0
Illinois	2.3	2.8	-11.3	-24.5	-7.8
Indiana	-0.6	14.7	-31.9	-7.3	-6.9
Iowa	-1.5	5.0	-29.8	-2.2	-7.9
Kansas	12.1	18.8	-30.4	-42.6	-11.1
Kentucky	-8.1	4.1	-10.8	-22.3	-8.9
Louisiana	-4.2	-5.1	-24.4	-31.0	-16.3
Maine	42.6	-13.9	-7.4	0.7	3.8
Maryland	18.5	7.5	-30.7	-24.6	-8.6
Massachusetts	-5.3	0.0	-41.3	-10.1	-14.6
Michigan	3.4	-16.1	-51.4	-28.4	-23.8
Minnesota	-1.1	4.7	-22.4	-15.4	-8.8
Mississippi	-4.7	-0.4	-34.3	-13.5	-13.2
Missouri	-7.0	-1.7	-18.8	-12.9	-10.2
Montana	1.7	24.0	-12.5	-13.0	-0.8
Nebraska	6.5	22.5	-11.0	0.6	4.4
Nevada	0.6	6.1	-11.6	-18.6	-5.9
New Hampshire	14.4	33.5	-4.5	-22.0	5.1
New Jersey	4.5	6.4	-30.4	-33.5	-13.3
New Mexico	-8.2	27.8	16.5	-23.5	1.8
New York	-1.0	3.1	-17.2	-30.4	-11.5
North Carolina	7.9	20.2	1.1	6.8	9.3
North Dakota	-17.5	-9.0	-29.4	-19.8	-18.9
Ohio	0.0	4.1	-27.3	-10.8	-8.8
Oklahoma	5.4	22.4	-11.9	-7.4	1.7
Oregon	-22.5	-13.0	42.8	-34.8	-10.9
Pennsylvania	-1.0	7.7	-43.9	-17.0	-14.5
Puerto Rico	1.7	-12.3	-38.8	-8.6	-16.3
Rhode Island	-4.7	-5.5	-35.2	-26.7	-18.2
South Carolina	-9.1	-20.5	-46.4	-35.2	-27.7
South Dakota	-4.0	0.3	18.7	-6.0	2.9
Tennessee	-23.1	10.3	-10.6	-15.2	-9.6
Texas	-0.4	6.3	-18.2	-10.7	-5.8
Utah	4.1	11.0	-24.1	-7.6	-4.4
Vermont	-5.3	-28.8	-43.0	-54.1	-32.0
Virginia	1.1	7.7	-16.9	-24.9	-9.7
Washington	6.3	24.3	-9.9	-33.6	-4.7
West Virginia	-4.3	0.2	-7.2	-28.4	-10.5
Wisconsin	-9.5	8.1	-15.6	-21.9	-9.8
Wyoming	-9.5	-6.6	-35.0	-10.3	-15.7
National	**-2.5**	**2.7**	**-22.8**	**-19.2**	**-10.5**
Reporting States	**-**	**-**	**-**	**-**	**-**

Table 7–2 Report Sources by Quarters, 2019-2020 *(continues below)*

Report Sources	Oct-Dec 2018	Jan-Mar 2019	April-June 2019	July-Sept 2019	FFY 2019 Total Report Sources	Oct-Dec 2019	Jan-Mar 2020	April-June 2020	July-Sept 2020	FFY 2020 Total Report Sources
PROFESSIONAL	-	-	-	-	-	-	-	-	-	-
Child Daycare Providers	3,380	3,245	3,922	3,979	14,526	3,391	3343	2,155	2,393	11,282
Education Personnel	128,730	134,405	145,881	57,125	466,141	126,522	138,106	60,654	15,139	340,421
Foster Care Providers	2,252	2,223	2,325	2,583	9,383	2,257	2,441	2,049	1,930	8,677
Legal and Law Enforcement Personnel	102,788	99,396	106,893	114,132	423,209	100,845	102,120	102,575	106,736	412,276
Medical Personnel	60,636	61,656	62,693	62,822	247,807	58,915	61,475	53,224	53,772	227,386
Mental Health Personnel	32,844	33,384	36,433	31,409	134,070	33,046	35,632	28,048	24,321	121,047
Social Services Personnel	54,130	54,172	58,110	56,365	222,777	52,520	55,483	45,683	43,392	197,078
Total Professionals	**384,760**	**388,481**	**416,257**	**328,415**	**1,517,913**	**377,496**	**398,600**	**294,388**	**247,683**	**1,318,167**
NONPROFESSIONAL	-	-	-	-	-	-	-	-	-	-
Alleged Perpetrators	161	108	148	159	576	146	142	113	145	546
Alleged Victims	2,138	2,181	2,212	2,124	8,655	2,071	2,176	1,896	2,012	8,155
Friends and Neighbors	19,898	17,042	19,090	22,556	78,586	18,841	16,854	18,354	20,886	74,935
Other Relatives	32,838	30,548	31,463	35,935	130,784	30,525	29,996	28,868	32,233	121,622
Parents	32,342	31,362	32,607	35,525	131,836	30,755	31,482	29,701	33,524	125,462
Total Nonprofessionals	**87,377**	**81,241**	**85,520**	**96,299**	**350,437**	**82,338**	**80,650**	**78,932**	**88,800**	**330,720**
UNCLASSIFIED	-	-	-	-	-	-	-	-	-	-
Anonymous Sources	36,576	33,968	37,575	38,989	147,108	35,574	35,918	31,667	33,881	137,040
Other	41,224	39,166	42,291	44,719	167,400	39,919	40,540	36,043	37,787	154,289
Unknown	8,806	8,281	9,241	9,464	35,792	8,797	8,998	7,957	7,938	33,690
Total Unclassified	**86,606**	**81,415**	**89,107**	**93,172**	**350,300**	**84,290**	**85,456**	**75,667**	**79,606**	**325,019**
National	**558,743**	**551,137**	**590,884**	**517,886**	**2,218,650**	**544,124**	**564,706**	**448,987**	**416,089**	**1,973,906**
Reporting States	**48**	**48**	**48**	**48**	**48**	**48**	**48**	**48**	**48**	**48**

Table 7–2 Report Sources by Quarters, 2019-2020

Report Sources	Percent Change Oct-Dec 2018 to Oct-Dec 2019	Percent Change Jan-Mar 2019 to Jan-Mar 2020	Percent Change April-June 2019 to April-June 2020	Percent Change July-Sept 2019 to July-Sept 2020	Percent Change FFY 2019 to FFY 2020
PROFESSIONAL	-	-	-	-	-
Child Daycare Providers	0.3	3.0	-45.1	-39.9	-22.3
Education Personnel	-1.7	2.8	-58.4	-73.5	-27.0
Foster Care Providers	0.2	9.8	-11.9	-25.3	-7.5
Legal and Law Enforcement Personnel	-1.9	2.7	-4.0	-6.5	-2.6
Medical Personnel	-2.8	-0.3	-15.1	-14.4	-8.2
Mental Health Personnel	0.6	6.7	-23.0	-22.6	-9.7
Social Services Personnel	-3.0	2.4	-21.4	-23.0	-11.5
Total Professionals	**-1.9**	**2.6**	**-29.3**	**-24.6**	**-13.2**
NONPROFESSIONAL	-	-	-	-	-
Alleged Perpetrators	-9.3	31.5	-23.6	-8.8	-5.2
Alleged Victims	-3.1	-0.2	-14.3	-5.3	-5.8
Friends and Neighbors	-5.3	-1.1	-3.9	-7.4	-4.6
Other Relatives	-7.0	-1.8	-8.2	-10.3	-7.0
Parents	-4.9	0.4	-8.9	-5.6	-4.8
Total Nonprofessionals	**-5.8**	**-0.7**	**-7.7**	**-7.8**	**-5.6**
UNCLASSIFIED	-	-	-	-	-
Anonymous Sources	-2.7	5.7	-15.7	-13.1	-6.8
Other	-3.2	3.5	-14.8	-15.5	-7.8
Unknown	-0.1	8.7	-13.9	-16.1	-5.9
Total Unclassified	**-2.7**	**5.0**	**-15.1**	**-14.6**	**-7.2**
National	**-2.6**	**2.5**	**-24.0**	**-19.7**	**-11.0**
Reporting States	-	-	-	-	-

Table 7–3 Children Who Received an Investigation or Alternative Response by Quarters, 2019–2020 *(continues next page)*

State	Oct-Dec 2018	Jan-Mar 2019	April-June 2019	July-Sept 2019	FFY 2019 Total Children
Alabama	11,285	9,306	10,491	8,253	39,335
Alaska	3,494	3,891	3,736	3,308	14,429
Arizona	23,261	21,065	20,410	17,600	82,336
Arkansas	17,019	14,708	15,012	10,600	57,339
California	99,842	87,400	86,160	70,134	343,536
Colorado	13,366	11,755	11,647	9,081	45,849
Connecticut	5,329	4,837	4,738	3,765	18,669
Delaware	3,282	3,655	2,849	2,587	12,373
District of Columbia	4,060	3,432	3,122	1,701	12,315
Florida	88,757	72,847	70,935	52,602	285,141
Georgia	47,834	41,593	37,469	30,809	157,705
Hawaii	1,231	1,179	1,044	924	4,378
Idaho	3,797	3,036	3,657	2,895	13,385
Illinois	44,243	37,592	36,134	33,521	151,490
Indiana	48,362	35,134	35,644	28,732	147,872
Iowa	11,291	9,415	9,841	7,706	38,253
Kansas	8,800	8,611	8,253	7,213	32,877
Kentucky	22,848	20,897	18,563	15,204	77,512
Louisiana	7,137	6,716	7,704	5,809	27,366
Maine	3,821	4,312	4,476	3,679	16,288
Maryland	7,673	8,161	9,270	7,092	32,196
Massachusetts	22,161	19,084	18,526	13,191	72,962
Michigan	49,066	38,496	40,398	33,098	161,058
Minnesota	10,336	10,076	10,330	7,948	38,690
Mississippi	12,155	9,350	9,209	8,124	38,838
Missouri	21,280	16,403	16,830	12,809	67,322
Montana	4,388	3,742	4,103	3,167	15,400
Nebraska	7,235	6,146	6,235	5,696	25,312
Nevada	8,384	7,326	7,489	6,240	29,439
New Hampshire	3,314	3,501	3,283	2,700	12,798
New Jersey	21,505	20,550	19,856	16,830	78,741
New Mexico	7,983	5,424	6,550	6,083	26,040
New York	60,045	57,989	52,740	45,242	216,016
North Carolina	30,944	27,828	23,074	18,240	100,086
North Dakota	1,788	1,785	1,633	1,391	6,597
Ohio	32,162	28,646	28,623	23,640	113,071
Oklahoma	17,518	13,151	13,847	12,988	57,504
Oregon	16,732	15,718	9,806	12,807	55,063
Pennsylvania	10,737	9,984	11,748	8,593	41,062
Puerto Rico	2,707	2,881	4,429	5,027	15,044
Rhode Island	2,644	2,398	2,356	1,936	9,334
South Carolina	26,632	21,815	20,949	15,476	84,872
South Dakota	1,077	1,101	1,097	764	4,039
Tennessee	26,969	24,163	22,998	20,816	94,946
Texas	75,447	72,591	70,981	58,985	278,004
Utah	7,528	6,863	6,711	5,824	26,926
Vermont	1,121	1,572	839	897	4,429
Virginia	11,132	11,632	13,589	12,985	49,338
Washington	11,914	12,205	12,463	12,592	49,174
West Virginia	12,949	13,649	12,621	14,272	53,491
Wisconsin	10,116	8,587	8,409	7,993	35,105
Wyoming	1,573	1,295	1,273	952	5,093
National	**1,006,274**	**885,493**	**864,150**	**720,521**	**3,476,438**
Reporting States	**52**	**52**	**52**	**52**	**52**

Table 7–3 Children Who Received an Investigation or Alternative Response by Quarters, 2019–2020 *(continues next page)*

State	Oct-Dec 2019	Jan-Mar 2020	April-June 2020	July-Sept 2020	FFY 2020 Total Children
Alabama	11,272	9,794	8,102	7,763	36,931
Alaska	3,931	3,705	6,139	1,685	15,460
Arizona	23,339	22,168	17,623	14,016	77,146
Arkansas	18,116	15,541	10,821	10,297	54,775
California	95,041	88,816	67,231	55,831	306,919
Colorado	13,457	11,889	9,571	8,566	43,483
Connecticut	4,753	4,422	2,683	2,277	14,135
Delaware	3,257	3,029	2,474	1,912	10,672
District of Columbia	3,045	2,781	1,566	1,259	8,651
Florida	81,057	69,851	53,166	47,075	251,149
Georgia	45,349	35,591	19,368	21,287	121,595
Hawaii	1,381	1,252	1,281	1,024	4,938
Idaho	4,213	3,390	2,503	2,663	12,769
Illinois	45,575	38,674	31,640	24,873	140,762
Indiana	47,483	39,573	25,002	27,285	139,343
Iowa	11,064	9,955	6,949	7,501	35,469
Kansas	9,676	9,904	5,688	4,284	29,552
Kentucky	19,631	20,151	15,755	11,529	67,066
Louisiana	6,898	6,424	6,002	4,229	23,553
Maine	7,301	4,579	3,630	3,361	18,871
Maryland	9,907	9,195	6,128	4,622	29,852
Massachusetts	21,278	18,956	10,414	12,181	62,829
Michigan	50,516	32,846	20,505	25,404	129,271
Minnesota	10,547	10,705	8,288	6,734	36,274
Mississippi	11,241	9,122	6,130	6,957	33,450
Missouri	20,013	16,370	14,217	11,459	62,059
Montana	4,543	4,835	3,382	2,768	15,528
Nebraska	7,947	7,475	5,084	5,458	25,964
Nevada	8,622	7,814	6,603	4,941	27,980
New Hampshire	3,702	4,667	2,921	2,046	13,336
New Jersey	22,468	22,181	14,179	11,351	70,179
New Mexico	7,053	6,635	7,629	4,663	25,980
New York	58,935	59,103	44,032	32,057	194,127
North Carolina	33,881	33,326	22,630	18,648	108,485
North Dakota	1,562	1,649	1,226	1,133	5,570
Ohio	31,916	30,004	21,399	21,431	104,750
Oklahoma	18,404	16,230	11,943	11,802	58,379
Oregon	12,752	13,145	13,932	8,332	48,161
Pennsylvania	10,689	10,911	6,631	7,216	35,447
Puerto Rico	2,755	2,555	2,733	4,467	12,510
Rhode Island	2,606	2,365	1,611	1,480	8,062
South Carolina	23,791	17,505	11,487	10,284	63,067
South Dakota	987	1,057	1,232	756	4,032
Tennessee	20,532	26,830	20,902	17,845	86,109
Texas	74,136	76,357	59,898	53,102	263,493
Utah	7,923	7,566	5,163	5,208	25,860
Vermont	1,048	1,159	504	467	3,178
Virginia	11,220	12,255	11,539	9,888	44,902
Washington	12,470	15,111	11,340	8,454	47,375
West Virginia	12,847	14,041	11,961	10,279	49,128
Wisconsin	9,146	9,311	7,219	6,386	32,062
Wyoming	1,396	1,075	748	787	4,006
National	**982,672**	**903,845**	**670,804**	**587,323**	**3,144,644**
Reporting States	**52**	**52**	**52**	**52**	**52**

Table 7–3 Children Who Received an Investigation or Alternative Response by Quarters, 2019–2020

State	Percent Change Oct-Dec 2018 to Oct-Dec 2019	Percent Change Jan-Mar 2019 to Jan-Mar 2020	Percent Change April-June 2019 to April-June 2020	Percent Change July-Sept 2019 to July-Sept 2020	Percent Change FFY 2019 to FFY 2020
Alabama	-0.1	5.2	-22.8	-5.9	-6.1
Alaska	12.5	-4.8	64.3	-49.1	7.1
Arizona	0.3	5.2	-13.7	-20.4	-6.3
Arkansas	6.4	5.7	-27.9	-2.9	-4.5
California	-4.8	1.6	-22.0	-20.4	-10.7
Colorado	0.7	1.1	-17.8	-5.7	-5.2
Connecticut	-10.8	-8.6	-43.4	-39.5	-24.3
Delaware	-0.8	-17.1	-13.2	-26.1	-13.7
District of Columbia	-25.0	-19.0	-49.8	-26.0	-29.8
Florida	-8.7	-4.1	-25.0	-10.5	-11.9
Georgia	-5.2	-14.4	-48.3	-30.9	-22.9
Hawaii	12.2	6.2	22.7	10.8	12.8
Idaho	11.0	11.7	-31.6	-8.0	-4.6
Illinois	3.0	2.9	-12.4	-25.8	-7.1
Indiana	-1.8	12.6	-29.9	-5.0	-5.8
Iowa	-2.0	5.7	-29.4	-2.7	-7.3
Kansas	10.0	15.0	-31.1	-40.6	-10.1
Kentucky	-14.1	-3.6	-15.1	-24.2	-13.5
Louisiana	-3.3	-4.3	-22.1	-27.2	-13.9
Maine	91.1	6.2	-18.9	-8.6	15.9
Maryland	29.1	12.7	-33.9	-34.8	-7.3
Massachusetts	-4.0	-0.7	-43.8	-7.7	-13.9
Michigan	3.0	-14.7	-49.2	-23.2	-19.7
Minnesota	2.0	6.2	-19.8	-15.3	-6.2
Mississippi	-7.5	-2.4	-33.4	-14.4	-13.9
Missouri	-6.0	-0.2	-15.5	-10.5	-7.8
Montana	3.5	29.2	-17.6	-12.6	0.8
Nebraska	9.8	21.6	-18.5	-4.2	2.6
Nevada	2.8	6.7	-11.8	-20.8	-5.0
New Hampshire	11.7	33.3	-11.0	-24.2	4.2
New Jersey	4.5	7.9	-28.6	-32.6	-10.9
New Mexico	-11.6	22.3	16.5	-23.3	-0.2
New York	-1.8	1.9	-16.5	-29.1	-10.1
North Carolina	9.5	19.8	-1.9	2.2	8.4
North Dakota	-12.6	-7.6	-24.9	-18.5	-15.6
Ohio	-0.8	4.7	-25.2	-9.3	-7.4
Oklahoma	5.1	23.4	-13.8	-9.1	1.5
Oregon	-23.8	-16.4	42.1	-34.9	-12.5
Pennsylvania	-0.4	9.3	-43.6	-16.0	-13.7
Puerto Rico	1.8	-11.3	-38.3	-11.1	-16.8
Rhode Island	-1.4	-1.4	-31.6	-23.6	-13.6
South Carolina	-10.7	-19.8	-45.2	-33.5	-25.7
South Dakota	-8.4	-4.0	12.3	-1.0	-0.2
Tennessee	-23.9	11.0	-9.1	-14.3	-9.3
Texas	-1.7	5.2	-15.6	-10.0	-5.2
Utah	5.2	10.2	-23.1	-10.6	-4.0
Vermont	-6.5	-26.3	-39.9	-47.9	-28.2
Virginia	0.8	5.4	-15.1	-23.9	-9.0
Washington	4.7	23.8	-9.0	-32.9	-3.7
West Virginia	-0.8	2.9	-5.2	-28.0	-8.2
Wisconsin	-9.6	8.4	-14.2	-20.1	-8.7
Wyoming	-11.3	-17.0	-41.2	-17.3	-21.3
National	**-2.3**	**2.1**	**-22.4**	**-18.5**	**-9.5**
Reporting States	-	-	-	-	-

Table 7–4 Child Victims by Quarters, 2019–2020 *(continues next page)*

State	Oct-Dec 2018	Jan-Mar 2019	April-June 2019	July-Sept 2019	FFY 2019 Total Victims
Alabama	2,924	2,739	3,129	2,885	11,677
Alaska	710	693	867	789	3,059
Arizona	3,007	3,188	3,110	3,542	12,847
Arkansas	2,164	2,070	2,232	1,956	8,422
California	16,086	15,635	15,890	16,521	64,132
Colorado	3,079	3,147	3,132	2,888	12,246
Connecticut	2,035	2,007	2,086	1,914	8,042
Delaware	294	324	306	324	1,248
District of Columbia	490	432	567	368	1,857
Florida	8,745	8,303	8,185	7,682	32,915
Georgia	2,655	2,504	2,587	2,356	10,102
Hawaii	357	354	311	320	1,342
Idaho	489	439	524	417	1,869
Illinois	8,231	7,543	8,407	9,150	33,331
Indiana	6,088	5,510	5,893	5,538	23,029
Iowa	2,872	2,814	3,119	2,843	11,648
Kansas	692	762	770	721	2,945
Kentucky	5,595	5,126	4,807	4,602	20,130
Louisiana	2,308	1,991	2,347	1,795	8,441
Maine	1,061	1,238	1,104	1,010	4,413
Maryland	1,755	1,925	2,026	1,955	7,661
Massachusetts	6,884	6,290	6,259	5,596	25,029
Michigan	8,722	7,734	8,266	8,321	33,043
Minnesota	1,701	1,692	1,645	1,742	6,780
Mississippi	2,562	2,192	2,211	2,412	9,377
Missouri	1,251	1,126	1,232	1,153	4,762
Montana	938	916	991	891	3,736
Nebraska	947	807	532	536	2,822
Nevada	1,310	1,139	1,244	1,297	4,990
New Hampshire	300	303	339	275	1,217
New Jersey	1,267	1,320	1,339	1,206	5,132
New Mexico	2,287	1,713	2,037	1,988	8,025
New York	17,378	17,553	17,196	15,142	67,269
North Carolina	1,574	1,445	1,317	1,265	5,601
North Dakota	459	485	431	422	1,797
Ohio	6,349	6,327	6,691	6,103	25,470
Oklahoma	4,011	3,653	3,718	3,766	15,148
Oregon	3,712	3,731	2,685	3,415	13,543
Pennsylvania	1,176	1,123	1,331	1,187	4,817
Puerto Rico	1,026	1,028	1,353	1,331	4,738
Rhode Island	772	817	801	793	3,183
South Carolina	4,971	4,474	5,022	4,250	18,717
South Dakota	352	406	454	325	1,537
Tennessee	2,361	2,383	2,491	2,624	9,859
Texas	15,620	16,348	16,211	15,914	64,093
Utah	2,662	2,669	2,727	2,521	10,579
Vermont	250	260	165	176	851
Virginia	1,302	1,481	1,716	1,660	6,159
Washington	1,073	1,003	1,064	1,082	4,222
West Virginia	1,560	1,767	1,654	1,746	6,727
Wisconsin	1,188	1,052	1,181	1,155	4,576
Wyoming	259	258	318	261	1,096
National	**167,861**	**162,239**	**166,020**	**160,131**	**656,251**
Reporting States	**52**	**52**	**52**	**52**	**52**

Table 7–4 Child Victims by Quarters, 2019–2020 *(continues next page)*

State	Oct-Dec 2019	Jan-Mar 2020	April-June 2020	July-Sept 2020	FFY 2020 Total Victims
Alabama	2,852	3,059	2,801	2,951	11,663
Alaska	747	798	1,084	583	3,212
Arizona	3,000	2,912	1,895	2,147	9,954
Arkansas	2,343	2,403	2,150	2,345	9,241
California	16,070	15,865	14,078	14,304	60,317
Colorado	3,087	3,036	2,834	2,658	11,615
Connecticut	1,844	1,932	1,311	1,259	6,346
Delaware	325	277	327	271	1,200
District of Columbia	504	458	304	302	1,568
Florida	7,206	7,235	7,040	6,787	28,268
Georgia	2,248	2,279	1,867	2,296	8,690
Hawaii	406	320	321	247	1,294
Idaho	468	518	466	506	1,958
Illinois	9,518	9,376	8,525	8,018	35,437
Indiana	5,722	6,450	5,025	5,451	22,648
Iowa	2,756	2,977	2,355	2,512	10,600
Kansas	641	701	525	519	2,386
Kentucky	4,427	4,765	4,108	3,448	16,748
Louisiana	1,927	1,731	1,722	1,479	6,859
Maine	1,498	1,165	1,008	1,055	4,726
Maryland	1,874	1,917	1,766	1,685	7,242
Massachusetts	6,699	6,544	4,258	5,037	22,538
Michigan	8,783	6,902	4,847	6,400	26,932
Minnesota	1,824	1,839	1,615	1,369	6,647
Mississippi	2,373	2,187	1,587	1,989	8,136
Missouri	1,130	1,090	1,203	1,026	4,449
Montana	931	1,137	862	847	3,777
Nebraska	571	512	755	538	2,376
Nevada	1,269	1,255	1,303	1,189	5,016
New Hampshire	261	315	356	250	1,182
New Jersey	1,119	1,015	878	643	3,655
New Mexico	1,635	1,811	2,143	1,461	7,050
New York	16,484	17,747	13,678	11,217	59,126
North Carolina	6,114	6,620	5,082	4,583	22,399
North Dakota	406	506	354	348	1,614
Ohio	6,305	6,541	5,248	5,597	23,691
Oklahoma	4,154	4,014	3,230	3,287	14,685
Oregon	2,822	2,840	3,281	2,544	11,487
Pennsylvania	1,103	1,248	1,023	1,208	4,582
Puerto Rico	965	932	702	973	3,572
Rhode Island	796	711	635	601	2,743
South Carolina	4,328	3,923	2,988	3,024	14,263
South Dakota	376	422	464	308	1,570
Tennessee	1,679	2,524	2,217	2,267	8,687
Texas	15,421	16,563	17,068	16,064	65,116
Utah	2,628	2,700	2,301	2,065	9,694
Vermont	197	194	74	65	530
Virginia	1,303	1,386	1,603	1,366	5,658
Washington	1,071	1,118	939	839	3,967
West Virginia	1,525	1,705	1,503	1,383	6,116
Wisconsin	1,032	1,115	1,002	1,028	4,177
Wyoming	280	279	242	191	992
National	**165,047**	**167,869**	**144,953**	**140,530**	**618,399**
Reporting States	**52**	**52**	**52**	**52**	**52**

Table 7–4 Child Victims by Quarters, 2019–2020

State	Percent Change Oct-Dec 2018 to Oct-Dec 2019	Percent Change Jan-Mar 2019 to Jan-Mar 2020	Percent Change April-June 2019 to April-June 2020	Percent Change July-Sept 2019 to July-Sept 2020	Percent Change FFY 2019 to FFY 2020
Alabama	-2.5	11.7	-10.5	2.3	-0.1
Alaska	5.2	15.2	25.0	-26.1	5.0
Arizona	-0.2	-8.7	-39.1	-39.4	-22.5
Arkansas	8.3	16.1	-3.7	19.9	9.7
California	-0.1	1.5	-11.4	-13.4	-5.9
Colorado	0.3	-3.5	-9.5	-8.0	-5.2
Connecticut	-9.4	-3.7	-37.2	-34.2	-21.1
Delaware	10.5	-14.5	6.9	-16.4	-3.8
District of Columbia	2.9	6.0	-46.4	-17.9	-15.6
Florida	-17.6	-12.9	-14.0	-11.7	-14.1
Georgia	-15.3	-9.0	-27.8	-2.5	-14.0
Hawaii	13.7	-9.6	3.2	-22.8	-3.6
Idaho	-4.3	18.0	-11.1	21.3	4.8
Illinois	15.6	24.3	1.4	-12.4	6.3
Indiana	-6.0	17.1	-14.7	-1.6	-1.7
Iowa	-4.0	5.8	-24.5	-11.6	-9.0
Kansas	-7.4	-8.0	-31.8	-28.0	-19.0
Kentucky	-20.9	-7.0	-14.5	-25.1	-16.8
Louisiana	-16.5	-13.1	-26.6	-17.6	-18.7
Maine	41.2	-5.9	-8.7	4.5	7.1
Maryland	6.8	-0.4	-12.8	-13.8	-5.5
Massachusetts	-2.7	4.0	-32.0	-10.0	-10.0
Michigan	0.7	-10.8	-41.4	-23.1	-18.5
Minnesota	7.2	8.7	-1.8	-21.4	-2.0
Mississippi	-7.4	-0.2	-28.2	-17.5	-13.2
Missouri	-9.7	-3.2	-2.4	-11.0	-6.6
Montana	-0.7	24.1	-13.0	-4.9	1.1
Nebraska	-39.7	-36.6	41.9	0.4	-15.8
Nevada	-3.1	10.2	4.7	-8.3	0.5
New Hampshire	-13.0	4.0	5.0	-9.1	-2.9
New Jersey	-11.7	-23.1	-34.4	-46.7	-28.8
New Mexico	-28.5	5.7	5.2	-26.5	-12.1
New York	-5.1	1.1	-20.5	-25.9	-12.1
North Carolina	288.4	358.1	285.9	262.3	299.9
North Dakota	-11.5	4.3	-17.9	-17.5	-10.2
Ohio	-0.7	3.4	-21.6	-8.3	-7.0
Oklahoma	3.6	9.9	-13.1	-12.7	-3.1
Oregon	-24.0	-23.9	22.2	-25.5	-15.2
Pennsylvania	-6.2	11.1	-23.1	1.8	-4.9
Puerto Rico	-5.9	-9.3	-48.1	-26.9	-24.6
Rhode Island	3.1	-13.0	-20.7	-24.2	-13.8
South Carolina	-12.9	-12.3	-40.5	-28.8	-23.8
South Dakota	6.8	3.9	2.2	-5.2	2.1
Tennessee	-28.9	5.9	-11.0	-13.6	-11.9
Texas	-1.3	1.3	5.3	0.9	1.6
Utah	-1.3	1.2	-15.6	-18.1	-8.4
Vermont	-21.2	-25.4	-55.2	-63.1	-37.7
Virginia	0.1	-6.4	-6.6	-17.7	-8.1
Washington	-0.2	11.5	-11.7	-22.5	-6.0
West Virginia	-2.2	-3.5	-9.1	-20.8	-9.1
Wisconsin	-13.1	6.0	-15.2	-11.0	-8.7
Wyoming	8.1	8.1	-23.9	-26.8	-9.5
National	**-1.7**	**3.5**	**-12.7**	**-12.2**	**-5.8**
Reporting States	**-**	**-**	**-**	**-**	**-**

Table 7–5 Single Year Age of Victims by Quarters, 2019-2020

(continues below)

Age	Oct-Dec 2018	Jan-Mar 2019	April-June 2019	July-Sept 2019	FFY 2019 Total Victims
<1	24,721	24,493	23,830	24,839	97,883
1	11,298	10,821	10,938	11,359	44,416
2	10,861	9,941	10,564	10,712	42,078
3	10,242	9,491	10,184	10,391	40,308
4	9,696	9,425	9,579	10,013	38,713
5	9,767	9,267	9,324	9,497	37,855
6	9,279	9,097	9,232	8,697	36,305
7	8,994	8,469	8,959	8,152	34,574
8	8,563	8,327	8,554	7,568	33,012
9	8,608	8,114	8,481	7,693	32,896
10	8,291	7,981	8,260	7,662	32,194
11	7,915	7,720	8,044	7,332	31,011
12	7,690	7,638	8,001	7,214	30,543
13	7,350	7,299	7,439	6,741	28,829
14	6,990	7,026	7,229	6,563	27,808
15	6,864	6,839	6,970	6,148	26,821
16	5,980	5,791	5,880	5,228	22,879
17	4,050	3,902	3,888	3,697	15,537
Unborn, Unknown, and 18–21	702	598	664	625	2,589
National	**167,861**	**162,239**	**166,020**	**160,131**	**656,251**

Table 7–5 Single Year Age of Victims by Quarters, 2019-2020

(continues on next page)

Age	Oct-Dec 2019	Jan-Mar 2020	April-June 2020	July-Sept 2020	FFY 2020 Total Victims
<1	23,606	24,494	22,811	23,156	94,067
1	11,185	11,035	10,398	9,915	42,533
2	10,497	10,365	9,692	9,579	40,133
3	10,122	9,788	9,133	9,086	38,129
4	9,605	9,698	8,659	8,503	36,465
5	9,577	9,539	8,527	8,303	35,946
6	9,138	9,451	7,780	7,523	33,892
7	8,822	8,912	7,388	6,969	32,091
8	8,428	8,331	6,960	6,544	30,263
9	8,140	8,267	6,622	6,318	29,347
10	7,998	8,311	6,571	6,183	29,063
11	8,005	7,878	6,408	6,069	28,360
12	7,768	8,041	6,525	6,387	28,721
13	7,558	8,011	6,516	6,181	28,266
14	7,188	7,667	6,013	5,832	26,700
15	6,836	7,235	5,871	5,461	25,403
16	5,946	6,102	4,999	4,768	21,815
17	4,066	4,147	3,581	3,277	15,071
Unborn, Unknown, and 18–21	562	597	499	476	2,134
National	**165,047**	**167,869**	**144,953**	**140,530**	**618,399**

Table 7–5 Single Year Age of Victims by Quarters, 2019-2020

Age	Percent Change Oct-Dec 2018 to Oct-Dec 2019	Percent Change Jan-Mar 2019 to Jan-Mar 2020	Percent Change April-June 2019 to April-June 2020	Percent Change July-Sept 2019 to July-Sept 2020	Percent Change FFY 2019 to FFY 2020
<1	-4.5	0.0	-4.3	-6.8	-3.9
1	-1.0	2.0	-4.9	-12.7	-4.2
2	-3.4	4.3	-8.3	-10.6	-4.6
3	-1.2	3.1	-10.3	-12.6	-5.4
4	-0.9	2.9	-9.6	-15.1	-5.8
5	-1.9	2.9	-8.5	-12.6	-5.0
6	-1.5	3.9	-15.7	-13.5	-6.6
7	-1.9	5.2	-17.5	-14.5	-7.2
8	-1.6	0.0	-18.6	-13.5	-8.3
9	-5.4	1.9	-21.9	-17.9	-10.8
10	-3.5	4.1	-20.4	-19.3	-9.7
11	1.1	2.0	-20.3	-17.2	-8.5
12	1.0	5.3	-18.4	-11.5	-6.0
13	2.8	9.8	-12.4	-8.3	-2.0
14	2.8	9.1	-16.8	-11.1	-4.0
15	-0.4	5.8	-15.8	-11.2	-5.3
16	-0.6	5.4	-15.0	-8.8	-4.7
17	0.4	6.3	-7.9	-11.4	-3.0
Unborn, Unknown, and 18–21	-19.9	-0.2	-24.8	-23.8	-17.6
National	**-1.7**	**3.5**	**-12.7**	**-12.2**	**-5.8**

Based on data from 52 states.

Table 7–6 Victims by Race and Ethnicity by Quarters, 2019-2020 *(continues below)*

Race or Ethnicity	Oct-Dec 2018	Jan-Mar 2019	April-June 2019	July-Sept 2019	FFY 2019 Total Victims	Oct-Dec 2019	Jan-Mar 2020	April-June 2020	July-Sept 2020	FFY 2020 Total Victims
SINGLE RACE	-	-	-	-	-	-	-	-	-	-
African-American	33,827	32,673	34,844	32,479	133,823	34,916	35,070	29,563	28,512	128,061
American Indian or Alaska Native	2,350	2,141	2,227	2,345	9,063	2,387	2,491	2,440	1,869	9,187
Asian	1,454	1,621	1,678	1,549	6,302	1,615	1,695	1,449	1,303	6,062
Hispanic	38,129	38,096	38,276	36,722	151,223	37,895	38,960	34,283	32,169	143,307
Pacific Islander	390	385	375	401	1,551	385	365	333	313	1,396
Unknown	6,563	6,285	6,112	6,713	25,673	5,370	5,806	5,598	6,150	22,924
White	72,870	69,052	69,824	67,454	279,200	70,462	70,849	60,406	59,382	261,099
MULTIPLE RACE	-	-	-	-	-	-	-	-	-	-
Two or More Races	8,891	8,575	8,840	8,513	34,819	9,373	9,177	7,962	7,592	34,104
National	**164,474**	**158,828**	**162,176**	**156,176**	**641,654**	**162,403**	**164,413**	**142,034**	**137,290**	**606,140**

Based on data from 50 states

Table 7–6 Victims by Race and Ethnicity by Quarters, 2019-2020

Race or Ethnicity	Percent Change Oct-Dec 2018 to Oct-Dec 2019	Percent Change Jan-Mar 2019 to Jan-Mar 2020	Percent Change April-June 2019 to April-June 2020	Percent Change July-Sept 2019 to July-Sept 2020	Percent Change FFY 2019 to FFY 2020
SINGLE RACE	-	-	-	-	-
African-American	3.2	7.3	-15.2	-12.2	-4.3
American Indian or Alaska Native	1.6	16.3	9.6	-20.3	1.4
Asian	11.1	4.6	-13.6	-15.9	-3.8
Hispanic	-0.6	2.3	-10.4	-12.4	-5.2
Pacific Islander	-1.3	-5.2	-11.2	-21.9	-10.0
Unknown	-18.2	-7.6	-8.4	-8.4	-10.7
White	-3.3	2.6	-13.5	-12.0	-6.5
MULTIPLE RACE	-	-	-	-	-
Two or More Races	5.4	7.0	-9.9	-10.8	-2.1
National	**-1.3**	**3.5**	**-12.4**	**-12.1**	**-5.5**

Table 7–7 Children who Received Postresponse Services 2018–2020 (by year)

Year	Reporting States	Victims	Victims Who Received Postresponse Services	Victims Who Received Postresponse Services Percent	Nonvictims	Nonvictims Who Received Postresponse Services	Nonvictims Who Received Postresponse Services Percent
2018	50	645,338	391,800	60.7	3,282,349	954,807	29.1
2019	50	625,971	380,496	60.8	3,242,884	899,504	27.7
2020	51	598,500	357,057	59.7	2,956,134	802,237	27.1

Appendixes

CAPTA Data Items

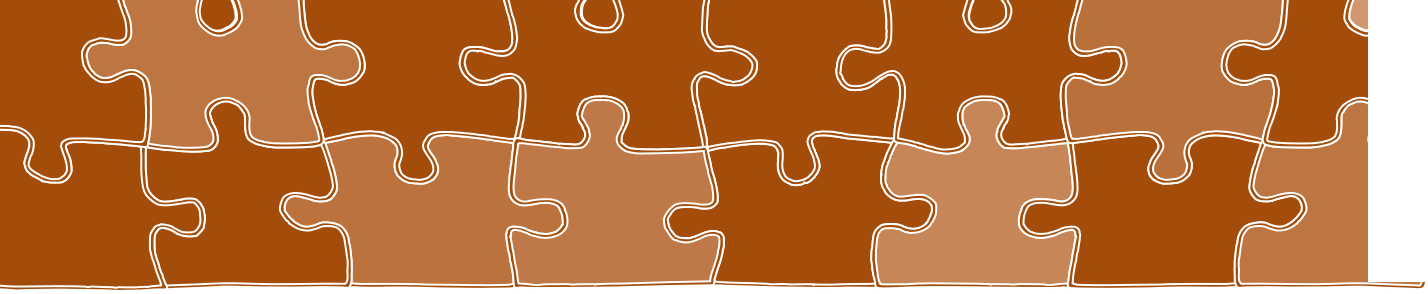
APPENDIX A

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

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

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

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

CFSR: Child and Family Services Reviews

CHILD ID: Child identifier

CPS: Child protective services

FFY: Federal fiscal year

FIPS: Federal Information Processing Standards

FTE: Full-time equivalent

GAL: Guardian ad litem

IDEA: Individuals with Disabilities Education Act

IPSE: Infants with prenatal substance exposure

NCANDS: National Child Abuse and Neglect Data System

NYTD: National Youth in Transition Database

MIECHV: Maternal, Infant, and Early Childhood Home Visiting

OMB: Office of Management and Budget

PERPETRATOR ID: Perpetrator identifier

PSSF: Promoting Safe and Stable Families

REPORT ID: Report identifier

SDC: Summary data component

SSBG: Social Services Block Grant

TANF: Temporary Assistance for Needy Families

WORKER ID: Worker identifier

Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

BOY: A male child younger than 18 years.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FAMILY PRESERVATION SERVICES: Services for children and families designed to help families at risk or in crisis. This includes service programs designed to help children return to families, be placed for adoption, or be placed in some other planned, permanent living arrangement. Services also include preplacement preventive services programs, such as intensive family preservation programs, designed to help children at risk of foster care placement remain safely with their families; service programs designed to provide followup care to families to whom a child has been returned after a foster care placement; respite care of children to provide temporary relief for caregivers; services designed to improve parenting skills; and infant safe haven programs.

FAMILY REUNIFICATION SERVICES: Services and activities that are provided to a child that is removed from the child's home and placed in a foster family home or a child care institution or a child who has been returned home and to the parents or primary caregiver of such a child, in order to facilitate the reunification of the child safely and appropriately within a timely fashion and to ensure the strength and stability of the reunification. In the case of a child who has been returned home, the services and activities shall only be provided during the 15-month period that begins on the date that the child returns home. These services

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

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

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

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

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

FINDING: See DISPOSITION.

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

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

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

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

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

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

GIRL: A female child younger than 18 years.

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

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

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

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

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

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

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

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

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

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

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

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

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

INFANTS WITH PRENATAL SUBSTANCE EXPOSURE (IPSE): Infants born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition of such infants.

IN-HOME SERVICES: Any service provided to the family while the child's residence is in the home. Services may be provided directly in the child's home or a professional setting.

INTAKE: The activities associated with the receipt of a referral and the decision of whether to accept it for a CPS response.

INTELLECTUAL DISABILITY: A clinically diagnosed condition of reduced general cognitive and motor functioning existing concurrently with deficits in adaptive behavior that adversely affect socialization and learning. This risk factor can be applied to a caregiver or a child.

INTENTIONALLY FALSE: A disposition that indicates a conclusion that the person who made the allegation of maltreatment knew that the allegation was not true.

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

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

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

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

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

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

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

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

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

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

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

MALTREATMENT TYPE: A particular form of child maltreatment that received a CPS response. Types include medical neglect, neglect or deprivation of necessities, physical abuse, psychological or emotional maltreatment, sexual abuse, sex trafficking, and other forms included in state law. NCANDS conducts analyses on maltreatments that received a disposition of substantiated or indicated. States should not use "8-other" maltreatment type as a flag for maltreatment death.

MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM: The Patient Protection and Affordable Care Act of 2010 (P.L. 111–148) authorized the creation of the Maternal, Infant, and Early Childhood Home Visiting program (MIECHV). The program facilitates collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

OTHER RELATIVE: A nonparental family member.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PHYSICAL DISABILITY: A clinically diagnosed physical condition that adversely affects day-to-day motor functioning, such as cerebral palsy, spina bifida, multiple sclerosis, orthopedic impairments, and other physical disabilities. This risk factor can be applied to a caregiver or a child.

POSTRESPONSE SERVICES (also known as Postinvestigation Services): Activities provided or arranged by the child protective services agency, social services agency, or the child welfare agency for the child or family as a result of needs discovered during an investigation. Includes such services as family preservation, family support, and foster care. Postresponse services are delivered within the first 90 days after the disposition of the report.

PREVENTION SERVICES: Activities aimed at preventing child abuse and neglect. Such activities may be directed at specific populations identified as being at increased risk of becoming abusive and maybe designed to increase the strength and stability of families, to increase parents' confidence and competence in their parenting abilities, and to afford children a stable and supportive environment. They include child abuse and neglect preventive services provided through federal, state, and local funds. These prevention activities do not include public awareness campaigns.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SERVICES: See POSTRESPONSE SERVICES and PREVENTION SERVICES.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

WORKFORCE: Total number of workers in a CPS agency.

State Characteristics

APPENDIX C

Administrative Structure

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

Level of Evidence

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

Data Submissions

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

The Child File is supplemented by agency-level aggregate statistics in a separate data submission called the Agency File. The Agency File contains data that are not reportable at the child-specific level and often gathered from agencies external to CPS. States are asked to submit both the Child File and the Agency File each year. For FFY 2020, 52 states submitted both a Child File and an Agency File.

Once validated, the Child Files and Agency Files are loaded into the multiyear, multistate NCANDS Data Warehouse. The FFY 2020 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 2016–2020 are displayed by state in table C–2. The 2020 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, 2020

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**	**37**	**1**	**7**	**52**

Note: Level of evidence is listed in alphabetical order.

Table C–2 Child Population, 2016–2020

State	2016	2017	2018	2019	2020
Alabama	1,100,461	1,096,577	1,092,599	1,088,727	1,087,283
Alaska	187,143	185,729	183,189	180,442	178,731
Arizona	1,636,369	1,638,725	1,638,657	1,641,727	1,646,423
Arkansas	706,454	705,952	703,626	701,317	699,714
California	9,088,543	9,050,090	8,974,477	8,881,104	8,791,234
Colorado	1,264,104	1,264,219	1,264,226	1,256,673	1,250,035
Connecticut	752,301	743,729	736,061	727,280	718,952
Delaware	204,043	204,165	204,154	204,263	204,656
District of Columbia	121,581	124,821	126,703	127,952	129,588
Florida	4,163,633	4,204,867	4,226,134	4,233,967	4,250,732
Georgia	2,511,033	2,513,811	2,509,456	2,505,399	2,499,950
Hawaii	307,595	305,360	303,049	299,419	295,818
Idaho	438,146	443,043	445,134	448,116	451,043
Illinois	2,931,409	2,897,055	2,857,349	2,817,312	2,777,968
Indiana	1,576,812	1,573,905	1,572,404	1,569,375	1,566,439
Iowa	731,225	731,975	729,802	728,005	725,559
Kansas	717,590	712,412	706,593	701,453	696,746
Kentucky	1,012,615	1,010,963	1,008,017	1,004,268	1,001,917
Louisiana	1,115,210	1,107,942	1,098,318	1,089,906	1,081,280
Maine	254,708	252,859	250,465	249,610	248,168
Maryland	1,346,649	1,345,241	1,341,430	1,338,232	1,333,919
Massachusetts	1,378,881	1,374,363	1,365,956	1,353,615	1,341,523
Michigan	2,194,924	2,181,394	2,163,590	2,144,307	2,126,813
Minnesota	1,292,860	1,300,061	1,303,090	1,303,212	1,301,219
Mississippi	721,603	714,850	707,663	699,984	693,133
Missouri	1,387,025	1,383,946	1,379,108	1,374,703	1,371,429
Montana	228,094	229,481	229,210	228,888	229,683
Nebraska	474,006	476,177	476,581	476,033	475,015
Nevada	675,888	682,282	688,989	694,730	697,580
New Hampshire	262,699	260,503	258,045	255,785	253,134
New Jersey	1,972,369	1,964,487	1,954,045	1,943,575	1,934,535
New Mexico	495,036	489,049	482,442	477,209	472,491
New York	4,151,570	4,114,612	4,074,414	4,031,894	3,988,354
North Carolina	2,295,962	2,302,931	2,304,529	2,304,554	2,306,400
North Dakota	175,687	176,649	178,524	180,584	181,629
Ohio	2,619,236	2,609,137	2,595,584	2,581,403	2,568,641
Oklahoma	962,956	959,142	955,996	953,923	953,520
Oregon	870,991	872,913	868,879	864,815	860,778
Pennsylvania	2,676,272	2,665,549	2,653,058	2,635,819	2,620,757
Puerto Rico	693,557	651,536	591,875	572,801	546,081
Rhode Island	209,181	206,942	206,059	203,923	201,849
South Carolina	1,098,914	1,104,965	1,108,588	1,113,673	1,117,925
South Dakota	213,789	216,108	216,722	217,817	218,479
Tennessee	1,504,184	1,507,817	1,510,375	1,510,976	1,513,401
Texas	7,320,809	7,365,787	7,382,686	7,406,777	7,435,132
Utah	921,281	928,062	930,162	929,940	929,276
Vermont	118,268	117,146	115,630	114,325	113,166
Virginia	1,871,874	1,872,961	1,870,042	1,868,689	1,866,420
Washington	1,634,890	1,651,656	1,657,823	1,661,024	1,665,794
West Virginia	374,445	369,641	365,119	360,439	356,267
Wisconsin	1,288,900	1,283,936	1,276,066	1,267,935	1,258,524
Wyoming	139,075	136,349	134,683	133,577	133,091
National	**74,392,850**	**74,283,872**	**73,977,376**	**73,661,476**	**73,368,194**
States Reporting	**52**	**52**	**52**	**52**	**52**

Note: Puerto Rico did not submit FFY 2016 NCANDS data in time for Child Maltreatment 2016; however, the state's population data are presented in this table. Puerto Rico's population data were not included in any rate calculations in this report.

Table C–3 Child Population Demographics, 2020 *(continues)*

State	<1	1	2	3	4	5	6	7	8
Alabama	56,246	57,335	59,016	59,095	60,228	60,443	59,889	58,873	59,897
Alaska	9,706	9,569	9,888	10,073	10,513	10,276	10,340	10,291	10,319
Arizona	81,409	82,994	83,974	87,128	89,250	91,874	92,011	91,532	91,271
Arkansas	36,035	36,415	37,461	37,599	38,782	38,964	38,495	38,071	38,904
California	446,864	448,867	456,877	475,511	482,261	492,689	490,685	491,909	491,004
Colorado	63,076	63,065	64,256	66,263	67,923	68,705	68,648	68,123	68,929
Connecticut	34,232	35,093	36,191	36,670	37,405	38,138	38,185	38,417	38,917
Delaware	10,497	10,660	10,884	11,050	11,370	11,209	11,264	11,130	11,558
District of Columbia	9,225	8,915	8,774	8,744	8,642	8,557	7,754	7,935	7,759
Florida	219,558	222,824	227,089	229,426	236,108	235,430	236,416	233,496	236,021
Georgia	124,993	126,259	129,471	131,903	134,918	136,974	136,097	135,611	138,755
Hawaii	16,244	16,428	16,833	16,940	17,595	17,231	17,609	17,799	17,402
Idaho	21,547	21,833	22,423	23,572	24,473	25,147	24,617	25,074	24,791
Illinois	140,052	141,151	145,841	147,981	152,494	153,713	151,009	150,882	152,360
Indiana	80,450	81,406	83,871	83,653	86,038	87,132	86,507	86,973	86,739
Iowa	36,974	37,429	38,742	39,237	40,200	40,629	40,484	40,202	39,760
Kansas	35,281	35,714	36,605	37,115	38,389	38,389	38,723	38,948	38,889
Kentucky	52,511	53,278	54,498	54,315	55,486	55,723	55,754	55,890	55,204
Louisiana	57,134	57,617	59,339	60,005	61,810	61,418	61,377	59,851	59,405
Maine	12,272	12,654	12,442	12,799	13,213	13,365	13,443	13,502	13,463
Maryland	69,583	70,793	72,161	72,387	73,955	74,494	73,615	73,484	74,391
Massachusetts	68,824	68,988	70,603	71,292	72,108	72,767	72,907	73,371	73,737
Michigan	107,849	109,274	111,852	113,894	116,270	116,952	117,428	116,360	116,819
Minnesota	66,390	67,399	68,724	70,933	72,545	72,967	73,296	72,647	72,374
Mississippi	35,419	35,906	36,634	36,545	37,159	37,356	37,307	37,051	37,935
Missouri	71,649	72,748	73,546	74,251	75,384	75,906	76,052	75,331	75,588
Montana	11,365	11,437	11,877	12,395	12,840	13,102	12,999	12,907	12,919
Nebraska	24,961	25,210	25,571	26,367	26,608	27,179	26,912	26,525	26,210
Nevada	35,704	36,263	36,349	37,695	38,645	39,239	38,497	39,062	38,415
New Hampshire	12,058	12,355	12,460	12,919	13,297	13,440	13,386	13,877	13,590
New Jersey	99,506	101,402	103,369	103,898	105,776	105,550	105,514	105,761	106,626
New Mexico	22,576	23,163	23,654	24,149	25,183	25,706	26,004	26,251	26,345
New York	220,972	219,860	222,502	221,495	223,496	224,628	220,923	222,218	221,893
North Carolina	118,309	119,400	121,529	122,290	125,293	125,924	126,325	125,633	126,789
North Dakota	10,459	10,335	10,468	10,879	10,938	10,909	10,616	10,375	10,212
Ohio	132,316	134,073	137,886	138,340	141,743	142,580	142,793	142,802	141,452
Oklahoma	48,675	49,468	50,324	51,454	53,595	53,489	53,871	54,160	53,610
Oregon	42,018	42,415	43,764	45,572	47,277	47,981	48,419	48,105	48,277
Pennsylvania	133,055	135,082	138,541	139,644	142,782	144,198	145,116	144,868	145,196
Puerto Rico	19,616	21,057	20,224	22,498	25,095	26,801	28,596	29,866	31,465
Rhode Island	10,402	10,406	10,989	10,728	11,237	11,118	10,970	10,867	11,068
South Carolina	56,371	57,252	58,198	58,925	60,550	61,887	61,265	61,339	62,014
South Dakota	11,810	11,801	12,226	12,288	12,339	12,441	12,410	12,280	12,142
Tennessee	79,891	80,465	82,091	81,423	83,528	83,988	83,029	83,008	83,467
Texas	377,019	381,914	390,612	401,856	417,506	422,311	420,213	414,752	411,117
Utah	47,431	47,291	47,145	49,102	50,764	51,358	51,481	52,275	50,842
Vermont	5,330	5,567	5,473	5,879	6,009	6,070	6,303	6,153	6,333
Virginia	97,752	98,819	101,420	101,096	104,378	103,992	103,116	102,928	103,798
Washington	86,481	87,022	88,821	92,475	95,164	95,083	94,292	94,433	93,653
West Virginia	17,447	17,849	18,301	18,641	18,914	19,655	19,989	20,250	20,055
Wisconsin	62,759	64,072	64,696	66,716	68,036	68,698	68,465	68,768	69,161
Wyoming	6,323	6,349	6,764	6,919	7,430	7,362	7,349	7,403	7,410
National	**3,754,626**	**3,794,941**	**3,873,249**	**3,944,024**	**4,042,942**	**4,081,137**	**4,068,765**	**4,059,619**	**4,066,250**
Reporting States	**52**	**52**	**52**	**52**	**52**	**52**	**52**	**52**	**52**

Table C–3 Child Population Demographics, 2020 *(continues)*

State	9	10	11	12	13	14	15	16	17
Alabama	60,302	60,487	61,212	63,321	63,066	62,124	61,971	61,891	61,887
Alaska	10,417	10,022	9,937	9,888	9,792	9,391	9,611	9,337	9,361
Arizona	92,156	92,042	93,653	97,673	98,131	96,717	96,003	95,708	92,897
Arkansas	38,778	39,083	39,211	40,667	41,236	40,261	40,162	39,855	39,735
California	502,313	490,724	489,939	508,770	510,234	505,637	503,911	502,165	500,874
Colorado	70,446	71,300	71,091	72,601	73,406	73,027	73,073	73,346	72,757
Connecticut	40,074	40,170	40,803	42,372	43,151	43,836	44,619	45,156	45,523
Delaware	11,638	11,479	11,466	11,748	11,688	11,738	11,727	11,743	11,807
District of Columbia	7,358	6,673	6,235	6,092	5,924	5,483	5,232	5,136	5,150
Florida	237,681	235,723	236,043	245,572	247,552	246,634	244,424	243,476	237,259
Georgia	139,860	140,587	141,667	147,793	148,690	148,147	146,400	146,654	145,171
Hawaii	17,514	16,149	15,624	16,022	15,532	15,247	15,179	15,363	15,107
Idaho	25,426	25,898	26,008	26,943	27,239	26,684	26,825	26,633	25,910
Illinois	154,539	155,742	155,397	160,493	162,099	162,047	162,728	165,200	164,240
Indiana	86,757	87,426	87,444	90,251	90,660	90,167	89,884	90,822	90,259
Iowa	39,343	40,778	41,107	42,217	42,507	41,975	41,435	41,307	41,233
Kansas	39,360	39,869	39,431	40,324	40,358	40,024	39,609	39,775	39,943
Kentucky	55,133	55,040	55,813	57,122	57,875	56,971	57,114	57,130	57,060
Louisiana	59,667	59,524	60,158	62,148	62,381	60,610	60,116	59,449	59,271
Maine	13,460	14,036	13,973	14,480	14,680	14,791	14,998	15,234	15,363
Maryland	75,388	75,046	73,913	76,678	76,509	75,558	75,349	75,481	75,134
Massachusetts	75,071	74,127	73,990	76,393	77,152	77,719	78,910	81,104	82,460
Michigan	117,450	118,544	118,054	121,373	123,313	123,556	124,544	126,797	126,484
Minnesota	72,151	73,137	72,685	74,663	74,984	74,195	74,089	74,730	73,310
Mississippi	37,996	38,414	39,947	41,555	42,724	41,003	40,308	40,186	39,688
Missouri	76,259	76,153	76,488	79,061	79,184	79,115	78,380	78,450	77,884
Montana	12,904	12,909	13,029	13,461	13,469	13,170	12,938	13,141	12,821
Nebraska	26,238	26,506	26,701	27,015	26,756	26,662	26,735	26,503	26,356
Nevada	39,896	39,389	39,250	41,123	40,896	40,151	39,484	38,888	38,634
New Hampshire	14,298	14,151	14,303	14,712	15,185	15,332	15,634	15,937	16,200
New Jersey	108,873	107,836	107,257	110,643	111,505	111,619	112,180	113,691	113,529
New Mexico	27,042	27,205	27,492	28,157	28,260	27,841	27,910	27,613	27,940
New York	224,751	218,789	213,255	218,832	219,897	219,476	222,377	225,780	227,210
North Carolina	127,442	129,787	131,045	135,219	135,942	134,763	133,824	133,614	133,272
North Dakota	9,894	9,956	9,892	9,869	9,830	9,609	9,415	9,119	8,854
Ohio	141,114	142,080	142,951	146,324	148,209	148,178	147,452	149,312	149,036
Oklahoma	54,044	53,626	53,771	54,709	55,076	53,702	53,498	53,392	53,056
Oregon	49,089	49,361	49,046	50,749	50,614	49,879	49,204	49,652	49,356
Pennsylvania	146,089	146,279	146,324	150,514	151,153	151,075	152,121	154,133	154,587
Puerto Rico	31,749	34,002	34,580	34,830	36,180	37,209	37,753	37,127	37,433
Rhode Island	10,998	11,054	10,902	11,436	11,545	11,846	11,910	12,086	12,287
South Carolina	62,316	63,610	64,936	66,327	67,139	65,306	64,012	63,615	62,863
South Dakota	12,114	12,200	12,131	12,462	12,413	12,079	11,986	11,960	11,397
Tennessee	82,704	83,631	84,562	88,246	87,880	87,075	86,228	86,322	85,863
Texas	418,281	420,350	419,359	429,076	427,493	423,441	422,370	420,078	417,384
Utah	52,291	53,277	53,233	54,449	54,716	53,950	53,533	53,347	52,791
Vermont	6,318	6,352	6,336	6,614	6,809	6,777	6,747	6,982	7,114
Virginia	104,305	103,646	102,792	106,926	107,202	106,518	105,801	106,420	105,511
Washington	94,288	94,295	93,727	95,488	94,562	92,616	91,617	91,185	90,592
West Virginia	19,967	19,969	20,137	20,846	20,835	20,675	20,721	20,953	21,063
Wisconsin	69,412	71,927	71,468	73,549	74,360	74,101	73,817	74,548	73,971
Wyoming	7,463	7,815	7,806	8,011	8,108	7,860	7,805	7,475	7,439
National	**4,110,417**	**4,108,175**	**4,107,574**	**4,235,807**	**4,256,101**	**4,223,567**	**4,213,673**	**4,225,001**	**4,202,326**
Reporting States	**52**	**52**	**52**	**52**	**52**	**52**	**52**	**52**	**52**

Table C–3 Child Population Demographics, 2020

State	Boy	Girl	African-American	American Indian or Alaska Native	Asian	Hispanic	Multiple Race	Pacific Islander	White
Alabama	553,916	533,367	314,403	4,237	16,286	89,255	38,674	650	623,778
Alaska	91,812	86,919	5,090	33,029	10,011	17,909	23,683	4,087	84,922
Arizona	839,825	806,598	83,837	77,071	50,329	737,671	69,297	2,967	625,251
Arkansas	358,293	341,421	124,271	4,927	12,180	89,607	28,317	4,360	436,052
California	4,493,170	4,298,064	439,276	31,885	1,108,444	4,532,687	465,880	31,898	2,181,164
Colorado	638,678	611,357	54,196	6,893	40,659	396,541	58,418	2,289	691,039
Connecticut	366,454	352,498	83,349	2,067	38,967	186,043	29,273	354	378,899
Delaware	103,878	100,778	52,127	485	8,686	34,843	12,026	79	96,410
District of Columbia	65,656	63,932	67,191	179	3,468	22,253	5,618	50	30,829
Florida	2,168,925	2,081,807	848,881	8,638	117,889	1,333,614	165,203	2,923	1,773,584
Georgia	1,271,585	1,228,365	842,565	4,521	106,876	373,872	100,330	2,357	1,069,429
Hawaii	152,252	143,566	5,099	388	64,893	57,763	93,250	35,030	39,395
Idaho	230,889	220,154	3,829	4,489	5,511	84,548	15,961	824	335,881
Illinois	1,418,082	1,359,886	425,280	3,876	154,351	684,219	101,409	794	1,408,039
Indiana	801,671	764,768	178,417	2,593	42,554	182,605	68,436	732	1,091,102
Iowa	371,069	354,490	40,488	2,471	20,225	78,169	30,196	1,638	552,372
Kansas	356,675	340,071	42,781	4,609	20,461	131,945	38,162	849	457,939
Kentucky	513,388	488,529	92,390	1,257	18,891	67,215	44,635	932	776,597
Louisiana	550,931	530,349	393,116	6,516	18,245	82,096	35,043	392	545,872
Maine	127,364	120,804	7,471	1,913	3,612	7,793	9,552	118	217,709
Maryland	680,122	653,797	408,142	2,743	86,227	221,312	73,258	591	541,646
Massachusetts	685,573	655,950	119,397	2,497	102,994	260,206	56,860	721	798,848
Michigan	1,088,228	1,038,585	340,920	11,926	73,880	185,576	107,675	627	1,406,209
Minnesota	664,502	636,717	135,799	17,987	83,709	119,089	68,912	1,046	874,677
Mississippi	352,913	340,220	288,165	3,954	6,963	35,455	18,475	225	339,896
Missouri	701,944	669,485	184,254	4,902	29,162	98,059	66,092	2,679	986,281
Montana	117,980	111,703	1,454	21,628	1,929	15,546	10,932	150	178,044
Nebraska	243,564	231,451	28,754	5,050	13,523	87,956	19,829	329	319,574
Nevada	356,305	341,275	74,286	5,204	41,284	286,710	50,537	5,458	234,101
New Hampshire	129,417	123,717	5,028	420	8,922	17,930	8,949	79	211,806
New Jersey	987,776	946,759	258,605	3,515	197,431	535,663	64,147	887	874,287
New Mexico	240,322	232,169	8,633	46,049	5,926	290,824	12,683	256	108,120
New York	2,039,085	1,949,269	588,530	12,606	345,542	988,845	153,733	2,097	1,897,001
North Carolina	1,175,707	1,130,693	517,090	26,108	82,720	394,916	105,556	1,888	1,178,122
North Dakota	92,860	88,769	7,907	13,797	3,012	12,863	7,995	161	135,894
Ohio	1,312,079	1,256,562	389,951	3,731	70,040	172,728	131,331	1,450	1,799,410
Oklahoma	487,463	466,057	72,660	95,063	20,908	174,207	96,470	2,467	491,745
Oregon	441,004	419,774	19,970	9,166	36,574	194,742	55,872	4,406	540,048
Pennsylvania	1,341,143	1,279,614	337,881	3,588	108,549	348,648	111,633	984	1,709,474
Puerto Rico	277,607	268,474	-	-	-	-	-	-	-
Rhode Island	103,211	98,638	14,791	1,022	7,655	55,228	9,921	158	113,074
South Carolina	568,722	549,203	326,191	3,362	20,658	113,265	47,712	736	606,001
South Dakota	111,941	106,538	6,781	27,077	3,521	16,694	10,318	167	153,921
Tennessee	772,175	741,226	285,280	3,063	29,939	157,097	62,251	953	974,818
Texas	3,789,709	3,645,423	901,621	17,805	353,011	3,654,682	206,695	6,750	2,294,568
Utah	476,747	452,529	11,271	7,910	17,198	168,646	34,552	10,872	678,827
Vermont	58,424	54,742	2,029	268	2,682	3,383	4,481	36	100,287
Virginia	954,011	912,409	370,784	3,890	128,133	272,044	113,104	1,272	977,193
Washington	851,829	813,965	71,872	21,015	139,904	368,696	144,062	14,071	906,174
West Virginia	182,791	173,476	12,831	472	2,652	10,105	15,423	90	314,694
Wisconsin	643,875	614,649	111,060	13,104	49,915	159,443	54,105	602	870,295
Wyoming	68,468	64,623	1,210	3,704	1,056	20,629	4,576	87	101,829
National	**37,472,010**	**35,896,184**	**10,007,204**	**594,670**	**3,938,157**	**18,631,835**	**3,361,502**	**155,618**	**36,133,127**
Reporting States	**52**	**52**	**51**	**51**	**51**	**51**	**51**	**51**	**51**

Table C–4 Adult Population by Age Group, 2020

State	18–24	25–34	35–44	45–54	55–64	65–75	75 and Older
Alabama	447,642	650,546	596,362	608,174	657,281	517,717	356,527
Alaska	67,090	116,308	98,141	83,476	91,536	64,158	31,718
Arizona	701,664	1,030,830	913,916	859,684	894,909	786,905	587,070
Arkansas	278,632	398,873	372,730	358,067	386,200	310,489	225,817
California	3,604,503	6,017,057	5,305,749	4,910,948	4,762,421	3,469,545	2,506,621
Colorado	527,479	924,010	816,118	704,945	708,745	543,363	333,024
Connecticut	337,820	448,627	431,882	460,934	512,795	363,764	282,232
Delaware	82,743	129,652	115,843	116,561	139,760	118,462	79,132
District of Columbia	71,823	164,724	112,997	74,052	69,799	51,557	38,276
Florida	1,741,633	2,818,471	2,649,160	2,692,803	2,942,419	2,539,576	2,098,518
Georgia	1,019,885	1,506,359	1,394,847	1,391,098	1,323,211	959,264	615,403
Hawaii	116,282	196,359	181,879	164,713	176,875	154,706	120,374
Idaho	167,745	241,578	234,230	205,499	220,824	185,942	120,052
Illinois	1,138,428	1,741,284	1,636,418	1,565,738	1,638,460	1,211,741	877,493
Indiana	656,048	897,324	835,433	813,342	871,082	658,882	456,403
Iowa	313,856	398,796	390,589	357,591	411,034	323,349	242,787
Kansas	291,742	381,528	365,011	323,727	366,735	282,458	205,858
Kentucky	412,057	591,103	550,941	554,414	595,984	462,362	308,473
Louisiana	416,408	649,003	597,727	537,203	599,947	458,282	305,468
Maine	105,896	164,443	156,841	170,543	210,474	175,368	118,408
Maryland	520,383	826,201	792,009	776,744	819,194	578,509	408,843
Massachusetts	683,872	996,637	859,166	870,591	943,383	693,841	504,561
Michigan	927,865	1,317,802	1,171,196	1,224,340	1,386,098	1,074,762	737,679
Minnesota	493,837	760,397	739,952	660,824	752,272	552,208	396,633
Mississippi	279,517	389,647	365,340	356,162	383,032	298,209	201,746
Missouri	558,006	824,107	762,624	719,740	825,928	630,388	459,326
Montana	97,989	140,617	133,684	117,092	148,120	129,574	83,818
Nebraska	188,631	254,707	246,298	213,797	239,667	185,015	134,422
Nevada	252,880	462,110	420,922	396,219	389,232	316,112	203,204
New Hampshire	122,283	175,498	159,402	177,656	215,173	158,927	104,202
New Jersey	744,834	1,154,546	1,141,377	1,174,392	1,222,659	859,409	650,619
New Mexico	196,150	285,029	259,877	232,949	269,912	231,746	158,165
New York	1,721,885	2,837,548	2,431,213	2,403,511	2,584,696	1,912,722	1,456,847
North Carolina	995,479	1,436,825	1,316,575	1,356,917	1,374,085	1,084,482	730,060
North Dakota	83,129	113,311	94,889	77,161	92,049	69,658	53,483
Ohio	1,047,534	1,561,808	1,410,659	1,419,979	1,586,958	1,233,236	864,402
Oklahoma	381,974	545,036	505,948	451,176	489,970	380,547	272,612
Oregon	360,193	608,219	578,539	512,027	532,224	478,552	310,975
Pennsylvania	1,122,290	1,707,051	1,534,009	1,561,391	1,790,069	1,401,258	1,046,429
Puerto Rico	294,224	408,313	378,462	407,372	428,074	369,181	327,636
Rhode Island	107,448	148,713	126,738	130,731	149,169	110,332	82,145
South Carolina	468,752	689,645	630,338	638,142	696,863	593,048	383,327
South Dakota	83,043	115,109	108,308	93,700	116,901	94,041	63,136
Tennessee	611,610	961,939	854,962	863,787	900,592	704,870	475,673
Texas	2,838,556	4,318,570	4,019,259	3,576,835	3,298,724	2,339,912	1,533,771
Utah	367,348	479,576	450,609	337,383	304,094	230,052	151,541
Vermont	64,544	75,290	72,258	75,804	93,691	77,613	50,981
Virginia	799,386	1,195,477	1,127,091	1,084,314	1,116,831	827,566	573,478
Washington	657,907	1,189,552	1,057,100	921,244	954,141	758,505	489,369
West Virginia	153,233	214,721	211,489	225,216	250,292	222,176	151,393
Wisconsin	544,485	740,977	722,021	698,860	819,853	620,424	427,511
Wyoming	52,578	76,106	75,526	63,937	77,314	63,814	39,962
National	**30,321,221**	**46,477,959**	**42,514,654**	**40,773,505**	**42,831,751**	**32,918,579**	**23,437,603**
Reporting States	**52**	**52**	**52**	**52**	**52**	**52**	**52**

Note: Puerto Rico did not submit FFY 2016 NCANDS data in time for Child Maltreatment 2016; however, the state's population data are presented in this table. Puerto Rico's population data were not included in any rate calculations in this report.

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
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General

Variances in data compared to previous years may occur as we have continued work to strengthen our data collection processes in the system. Enhancements are completed each year to continue efforts to improve reporting of services to children and families, perpetrator data and mapping of NCANDS elements.

Alabama has two types of screened-in responses: child abuse and neglect investigations (CA/Ns) and prevention assessments (alternative response). For FFY 2020, 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 2020 submission does not include prevention assessment data in the Child File.

Reports

For FFY 2020, the number of screened in reports decreased over the prior reporting year and the number of completed or disposed reports also decreased over the prior reporting year. A policy change was implemented in FFY 2017 that decreased the timeframe permitted to complete CA/N investigations from 90 days to 60 days.

Alabama determines staff needs based on a 6- or 12-month average of different case types. Intake is one worker per county and more than one for larger counties, based on population. CA/N reports are counted at a 1:8 ratio for sexual abuse, 1:10 for children who enter foster

care and 1:12 ratio for all other maltreatment types. Prevention assessments (AR) are counted on a ratio of 1:12 and child protective services ongoing cases are staffed at a ratio of 1:18 cases. Response time, as reported in the Agency File, is taken from the calculated average response time reported in the Child File. Data shows a decrease in average response time for FFY 2020 from the previous year.

Children

During FFY 2019 additional fields were added to the SACWIS system and NCANDS data extraction codes were modified to further improve accuracy and completeness of CARA-related data. Fields to document referrals to appropriate services are available on the system. Workers are required to document plans of safe care in the system. Reports are generated to monitor completion of these requirements. During FFY 2019, the mapping for caregiver and child risk factors was modified to improve NCANDS reporting accuracy and completeness. The state reports all sex trafficking incidents through NCANDS including those with a nonrelative perpetrator.

Fatalities

For FFY 2020 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 2020 number of child fatalities was 47, an increase of 13 from FFY 2019. 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 47 fatalities reported in FFY 2020, the actual dates of death occurred in a seven-year range, from FFY 2013–FFY 2020.

Perpetrators

Alabama state statutes do not allow a person under the age of 14 years to be identified as a perpetrator. These reports are addressed in an alternate response. Ongoing services are provided as needed to the child victim and the child identified as the person allegedly responsible. During FFY 2019 NCANDS extraction code was modified to correctly blank perpetrator age when the DOB is unknown.

Services

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

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

Alabama *(continued)*

FFY 2020, mapping updates were focused around improving reporting for services for clients. Additionally, updates were created for the service date code to successfully report service dates within the timeframe specified by NCANDS.

Alaska

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General

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

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

Reports

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

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

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

Children

For FFY 2018 NCANDS reporting methodology was amended to include reporting for sex trafficking, and logic was improved for reporting of medical neglect. For FFY 2020 a system

change was made to require users to specify which alleged victims were sex trafficked. However, both methodologies rely upon data from the Maltreatment Assessment Protocol, which is only used for screened-in Protective Service Reports. Alaska was unable to implement a reporting mechanism in the SACWIS system for Plans of Safe Care or Referral to CARA-Related Services for FFY 2020.

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 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 data, syntax was revised to harvest the benefits of these SACWIS upgrades. For FFY 2020, Alaska added family characteristic ''financial stress" and multiple sub-selections, of unemployment, employed poverty level, other financial stress. Financial stress is mapped to the NCANDS risk factor category of financial problem.

Fatalities

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

Perpetrators

In Alaska, noncaregiver perpetrators of sex trafficking may be reported to NCANDS.

Services

Many services are provided through contracting providers and may not be well-documented in Alaska's SACWIS; therefore, analysis of the services array with the State's NCANDS Child File is not advised. Agency file data on the numbers of children by funding source is reported for state fiscal year (July 1–June 30). The NCANDS funding source Other includes state general funds and matching funds from contracting agencies.

Arizona

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General

For NCANDS reporting purposes, Arizona does not have a differential response program. There have been no significant changes to policies or procedures during the current submission year.

Reports

There was a decrease in the number referrals when comparing 2019 with 2020. The Hotline continued to answer calls as normal, with no changes to hours or staffing levels. There were no reductions in force or other reductions due to the pandemic, other than staff on leave due to quarantine or illness and/or who left employment with the agency voluntarily.

Children

During the pandemic, no policies were changed that related to conducting investigations and assessments. Face-to-face investigations and assessments continued to occur. Arizona's time from the start of the investigation to the final determination (disposition) was not affected by the pandemic, but staff were required to take precautions when responding to calls that included ensuring PPE was available and worn. Arizona will be able to provide sex trafficking data beginning in February 2021.

Fatalities

There were no policy changes with respect to child fatality reviews. Child Fatality review meetings were switched to virtual, as were the internal multidisciplinary meetings.

Perpetrators

Arizona was not able to report sex trafficking for this submission, but will be able to provide partial year data for the 2021 submission. Arizona currently cannot take reports on noncaregivers.

Services

The standard for removing a child from their parent or legal guardian's care did not change during the pandemic. However, regular procedures on the use of PPE when engaging clients was issued frequently throughout 2020. The following guidance was issued:

- **General Guidelines**—All contracted services shall be conducted virtually if anyone in the household involved with the service has reported symptoms of COVID-19, tested positive for COVID-19, or pending a test for COVID-19. If a client is reporting symptoms of COVID-19 they should be instructed to seek a COVID-19 test. If the test results are negative, services should return to in-person. If a client tests positive or refuses testing, services shall return to in-person after the CDC recommended isolation period (at least 10 days have passed since symptoms first appeared and at least 24 hours have passed without the use of fever-reducing medications and improvement in symptoms). All other

exceptions for virtual services must have written approval from DCS Program Manager & Program Administrator.

- **Foster & Adoption Supports—**All licensing activities & monitoring of home visits shall be done in-person as outlined in the contract scope of work if child(ren) are placed in the home. Monitoring visits may be conducted virtually if there are no children placed in the home through March 2021. Support Groups may continue to be done virtually through March 2021. Foster Parent College can be held virtually through March 2021. DCS will continue to do routine in-person visits.
- **Parent Aide/Supervised Visitation (Parenting Time)—**Should continue to be conducted in-person following the DCS In-Person Visit Guidelines. Visitation may be moved to virtual visits if a placement or caregiver has determined the need to quarantine per CDC guidelines due to COVID-19 direct exposure and/or confirmed positive. In these cases, document in case notes and notify the DCS Specialist. Parent Aide Skill Building sessions may be conducted virtually after at least two in-person sessions in order to establish rapport and engagement with the family. Intake meetings are required to be conducted in-person. If parents are not fully engaged in skill sessions services should be provided in person.
- **In-Home Preservation & Reunification—**In-home visits shall continue to be done in-person based on the frequency outlined in the contract statement of work. Allowable service delivery modifications due to COVID-19 are below:
  - For Moderate Preservation cases–1 in-person contact per week is required, remaining contacts can be conducted virtually.
  - For Intensive Preservation cases–1 in-person contact per week is required. Families with an existing safety threat are required to have 2 in-person contacts per week, remaining contacts can be conducted virtually.
  - For Reunification cases–1 in-person contact per week is required. Families with an existing safety threat are required to have 2 in-person contacts per week, remaining contacts can be conducted virtually.
  - If a family has tested positive for COVID-19 or symptomatic or is self-quarantined pending results of a Covid test, we are not requiring provider staff to enter the home in these cases. Providers are to go to the home and put eyes on child. We are asking providers to see the children either through the window, at distance, or some creative way to check on the family.
- **In-Home SENSE (Nurse Home Visits)—**Home visits made by the SENSE trained nurses shall be done in-person to conduct assessment of children(s) general health and developmental screenings. Administrative activities may be completed virtually or remotely after the physical assessment has been completed. If a family member in the home has tested positive for COVID-19, is symptomatic or is self-quarantined pending results of a COVID-19 test, nurse home visits may be rescheduled until participants are symptom free for at least 10 days since symptoms first appeared and at least 24 hours have passed since resolution of fever (including fever, chills, rigors, and body/muscle aches) without the use of fever-reducing medications and improvement in symptoms. Nurse home visits should not be postponed longer than 3 weeks.

Arkansas

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General

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

Reports

The following options are available when accepting a referral:

- **Refer to DCFS for Fetal Alcohol Spectrum Disorder (R/A-FASD):** Act 1143 requires health care providers involved in the delivery or care of infants to report infants born and affected by Fetal Alcohol Spectrum Disorder. The Department of Human Services shall accept referrals, calls, and other communication from health care providers involved in the delivery or care of infants born and affected with FASD. The Department of Human Services shall develop a plan of safe care of infants born with FASD. The Arkansas State Police hotline staff will use the regular request for DCFS assessment for FASD. These will automatically be assigned to the DCFS Central Office FASD Project Unit to complete the assessment and closure. There were two R/A-FASD reports received in FFY 2020. The R/A-FASD Assessment was updated and integrated with a new R/A-SE Assessment type during FFY 2020.
- **Refer to DCFS for Newborn Infant Substance Exposure (R/A-SE)** (effective July 2019): Act 598 requires healthcare providers involved in delivery or care of infants reporting an infant born and affected by Fetal Alcohol Spectrum Disorder (FASD) (the current requirement), and adds infants born and affected by maternal substance abuse resulting in prenatal drug exposure to an illegal or a legal substance, or withdrawal symptoms resulting from prenatal drug exposure to an illegal or a legal substance to that list. Newborn Infant Substance Exposure Assessments do not have allegations of maltreatment at the time of the Referral. There were seven R/A-SE reports received in FFY 2020. Referrals regarding substance exposed infants would be screened out for the following circumstances:
  - If reported by persons other than medical personnel,
  - If the referral is a duplicate and an investigation already is opened,
  - If the mother tests positive during her pregnancy but not at birth, or
  - If the Health Care Provider can confirm the mother's prescription for the drug causing the positive screening.
- **Refer to CACD for Death Assessment (R/A-DA)** (effective FFY 2015): 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. The Child Abuse Hotline will accept a report for a child death if a child has died suddenly and unexpectedly not caused by a known disease or illness for which the child was under a physician's care at the time of death, including without limitation child deaths as a result of the following:

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

- All sudden and unexpected child deaths will be reported to the Child Abuse Hotline. Death Assessment (DA) reports are accepted by the Hotline and do not have allegations of maltreatment at the time of the Referral. The data for R/A-DA reports are not submitted to NCANDS. If the incident does rise to the level of a child maltreatment investigation, then the Referral will be elevated to be investigated. Child Death Investigation reports are accepted by the Hotline and will have maltreatment allegations at the time of the referral.
- **Accept for Investigation:** Reports of child maltreatment allegations will be assigned for child maltreatment investigation pursuant to Arkansas Code Annotated 12-18-601. Arkansas uses an established protocol when a DCFS family service worker or the Arkansas State Police Crimes Against Children Division investigator conducts a child maltreatment assessment. The protocol was developed under the authority of the state legislator, (ACA 12-18-15). It identifies various types of child maltreatment a DCFS family service worker or an Arkansas State Police Crimes Against Children Division investigator may encounter during an assessment. The protocol also identifies when and from whom an allegation of child maltreatment may be taken. The worker or investigator must show that a preponderance of the evidence supports the allegation of child maltreatment. The data for these reports are submitted to NCANDS.
- **Accept for Differential Response:** Differential response (DR) is another way of responding to allegations of child neglect. DR is different from DCFS' traditional investigation process. It allows allegations that meet the criteria of neglect to be diverted from the investigative pathway and serviced through the DR track. DR is designed to engage low- to moderate-risk families in the services needed to keep children from becoming involved with the child welfare system. Counties have a differential response team to assess for safety, identify service needs, and arrange for the services to be put in place. FFY 2013 was the first year the state submitted differential response data to NCANDS.

The total number of Education Personnel Reporters decreased in FFY 2020 from the FFY 2019 total. The decrease may be attributed to the closure of schools and transition to remote learning due to COVID-19 restrictions during FFY 2020. The number of '2-Neglect or Deprivation of Necessities' allegations increased during FFY 2020. The increase may be attributed to the increased poverty of families due to job loss, lack of childcare, and other financial constraints due to the impact of COVID-19. The number of '3-Medical Neglect' allegations decreased for FFY.

The Child Abuse Hotline continued operation with no changes to the hours of operation or staffing levels. There were no screening changes due to the pandemic. The state did not experience a significant staff reduction due to the pandemic.

Children

The state implemented Triage Recommendations on March 17, 2020 for safely conducting investigations and assessments during the Phase 1 COVID-19 mandates. The recommendations included answering COVID-19 screening questions prior to conducting home visits with families to assess whether the face-to-face interviews would continue based on the responses to those questions.

The state continued to conduct face-to-face investigations and assessments when safety was validated. If face-to-face contact was not possible, investigation interviews and assessments were conducted virtually through Face Time or other applications or conducted via telephone. The state did not experience a notable change in the investigation disposition time due to the pandemic. The state did not implement any changes regarding the referral of infants with prenatal substance exposure during the pandemic.

Fatalities

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

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

The state implemented changes to the Fatality Review meeting process due to the pandemic. The External Fatality Reviews were changed from in-person to video meetings. Internal Fatality Reviews conducted via telephone were changed to video meetings. There were no disruptions to the Child Death Review Committee operations during the pandemic.

Perpetrators

Arkansas accepts reports of sex trafficking by adult noncaregiver offenders 18 years of age or older. This data is reported to NCANDS in the Child File. The NCANDS category of Other perpetrator relationship includes the state codes of brother (foster), client, live-in, no relation, peer, significant other, sister (foster), and student.

Arkansas *(continued)*

Services

In-home services continued to be provided during the pandemic. When appropriate, service provision was conducted electronically rather than in-person. The child removal process was not impacted due to the pandemic. Arkansas was approved for Prevention Plan with additional IV-E funding provided. Additional funding was provided through the Relief Bill promoting Safe and Stable Families. The state outsources some contracted services such as parenting training and substance abuse treatment.

California

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General

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

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

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

Reports

As a result of stay-at-home orders and school closures, due to COVID-19, the number of calls to the child welfare hotline has significantly decreased, resulting in a lower than usual number of referrals reported for NCANDS in Federal Fiscal Year (FFY) 2020. There were almost 25,000 fewer unique reports received in FFY 2020 compared to 2019. Although there were less referrals from all report sources, California saw the largest drop from education personnel. In FFY 2020, there were about 13,000 fewer unique reports from education personnel overall.

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

be counted in the 10-day response measure, the actual visit (or attempted visit) must have occurred within 10-days of the report receipt date. For the quarter ending September 2020, the immediate response compliance rate was 97.0 percent and the 10-day response compliance rate was 91.5 percent. COVID-19 did not have an impact on response compliance rates.

Children

CARA-related fields plan of safe care and referral to appropriate services reflect an ongoing process to improve the accuracy of data collection. A system change was completed in July 2020 to record a plan of safe care and referrals to appropriate services in our system, and we continue working with counties to improve reporting and reviewing our own analysis to ensure accuracy of data about CARA referrals. We plan to have a complete year of data to report for FFY 2021. Beginning June 2015, the CDSS implemented a policy to track commercially sexually exploited (CSE) youth referrals with an allegation of "exploitation." 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, with the sub-category of "commercial sexual exploitation" second, by choosing general neglect with a sub-category of "fail/unable to protect from CSE." There is a limitation with these data, however. Only when the allegation is substantiated can the sub-categories be entered. Thus, inconclusive CSE allegations are not reported as CSE.

Fatalities

Fatality data submitted to NCANDS is derived from notifications (SOC 826 forms) submitted to the California Department of Social Services (CDSS) from County Child Welfare Services (CWS) agencies when it has been determined that a child has died as the result of abuse and neglect. 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.

Calendar Year (CY) 2019 is the most recent validated annual data and is therefore reported for FFY 2020. 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 2019 as of December 2020 and may change if additional fatalities that occurred in CY 2019 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.

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 As part of the technical assistance provided to counties regarding SB 39, the CDSS has also recently begun collecting information regarding county child welfare agencies' roles on local child death review teams and how their participation may lead to further identification and reporting of deaths that are a result of abuse or neglect. Additionally, the CDSS is partnering with the CDPH and the California Department of Justice to reestablish lapsed data sharing agreements, for purposes of the reconciliation audit of child death cases in California. We are hopeful that once the

reconciliation audit data are for a more current period, the CDSS will be able to compare that data, which includes state vital statistics data, with 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. Federal funding is allocated to each county to support a variety of prevention services. Federal funding streams targeted for prevention services include: Community-Based Child Abuse Prevention (CBCAP), Promoting Safe and Stable Families (PSSF), Child Abuse Prevention and Treatment Act (CAPTA), and Child Abuse Prevention, Intervention and Treatment (CAPIT). The Office of Child Abuse Prevention (OCAP) is responsible for monitoring federal expenditures as well as ensuring counties are evaluating the quality of programs consistently. Since the State Fiscal Year (SFY) and the FFY are not aligned, information for SFY 2019–2020 is representative of FFY 2020.

OCAP's stakeholders, who have been most impacted by the pandemic, include grantees, contractors, counties, and other community-based prevention organizations which have traditionally focused on in-person service delivery. While many prevention providers have been able to adapt and pivot to provide virtual services when in-person service delivery was not possible, some have struggled with the transition. To further impact service delivery, child abuse hotline reports have significantly decreased due to distance learning and tele-health, reducing the opportunity to identify suspected child abuse and neglect by mandated reporters. The OCAP has received reports that most community-based organizations are experiencing increased demand for concrete supports including diapers, formula, cleaning products, and other necessities. Governor Newsom provided $3M to Family Resource Centers (FRCs) to meet these concrete needs and support FRCs to remain operational. Also, caregiver and youth warmline supports provided by Parents Anonymous and 2-1-1 were funded with state dollars, as we recognized the increased stressors experienced by families. While the pandemic has resulted in challenges to meet needs and reduce stressors, it has also contributed to increased collaboration as we work together to address the multi-faceted issues of service delivery and outreach.

OCAP uses the Efforts to Outcomes (ETO) software as the primary data collection and reporting tool. This is the third year the OCAP has directed counties in ETO to choose one unit of measure (children, parents/caregivers, or families) for service counts instead of multiple units of measure (children and parent/caregivers) for one service activity. This change was made to mitigate the number of duplicate counts for numbers served and move towards more uniform data collection across all 58 counties. This reporting change has improved the way counties capture the number of primary recipient(s) for the OCAP funded programs and services. However, some counties continue to report service counts on a different unit of measure each fiscal year for the same service activity. For example, in a previous fiscal year, a county may report that 100 families received parent education services and in the following year the unit of measure reported has changed, and the county reports that 200 parents/caregivers received parent education services. Since the unit of measure for service counts do

not align in these reporting circumstances, it is challenging to determine if there has been an overall change in the number served for that service activity.

There are a variety of possible reasons for this discrepancy and the changes to the unit of measure for service counts. Possible reasons are new vendor contracts, the transition from in-person services to a virtual platform due to the pandemic, and improved tracking methodologies for the primary recipient(s) served. The OCAP has been working diligently to ensure counties are tracking service counts for the correct recipient(s) and this information is being updated in ETO. The pandemic has created unforeseen and unique challenges for counties, which has had a direct impact on service delivery. Several counties reported increased participation rates in services since transportation is no longer a barrier, however other counties reported families do not have access to the needed technology to participate in services via a virtual environment.

For SFY 2019–2020, counties reported 15,313 CAPIT parents/caregivers served, 318,097 CBCAP parents/caregivers served and 20,300 PSSF parents/caregivers served. In this reporting period, 13 counties reported a decrease in the total number of children served with CAPIT and PSSF funding, and seven counties reported an increase in the total number of children served with CBCAP funding. There was a decrease in the total number of children served by CAPIT and PSSF due to several factors including:

- Counties corrected inaccuracies in reporting from the prior fiscal year
- Alternative programs offered causing less participation in services
- Unforeseen COVID-19 challenges

Colorado

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General

There were no substantial legislative changes that impacted the way that Colorado reported CAPTA information. Counties using Differential Response have a dual track system for screened-in referrals. The referral options are traditional High Risk Assessments or a Family Assessment Response for low- and moderate-risk referrals. Counties who are not yet utilizing Differential Response only use High Risk Assessments. Safety and risk assessments are completed for all screened-in referrals. Both of these tracks are reported to NCANDS.

Reports

Reports in FFY 2020 decreased starting in March 2020 due to the impact of COVID-19. There were no changes to policy or interpretation of statute around screening referrals due to the pandemic. Face-to-face initial contacts and ongoing monthly contacts with children decreased during COVID-19 due to fears around child, family, and caseworker safety.

Colorado has a hotline system (1-844-CO-4-KIDS) that remained operational during the pandemic and resulting lockdown. Calls were still routed to either the appropriate county agency or to the central hotline call center. Call takers were able to work from home, and service was not interrupted. As of March 12, 2020, Hotline workers at the central hotline call center have been asking questions of reporters about COVID-19 exposure through information-gathering processes for both child welfare and adult protection referrals.

While Colorado and Colorado counties did not experience staff reduction due to layoffs, there were many difficulties in hiring new staff during the pandemic. This was reported by multiple county agencies and continues to be an issue.

Children

Colorado county agencies did conduct face-to-face investigations and assessments as it was required to accurately determine safety and risk of children. Virtual visitations were not approved for initial contacts during the assessment, but were approved for ongoing monthly contacts with children and subsequent visits. County workers were directed to minimize possible risks or exposure to Covid by taking additional precautions including wearing a mask and asking families to do so as well, maintaining public health recommendations for protocols including washing hands, self-monitoring health, and minimizing social interactions.

Rule and statute was not changed around the span of time between the state of the investigation and the disposition/closure.

Colorado's child welfare system does not allow for assessment of prenatal exposure and only for assessment at the time of birth. The pandemic did not change any policies or procedures around reporting substance-exposed newborns. Colorado implemented the substance-exposed newborn questions at the end of the FFY 2019 reporting period, and has started reported on

infants being born substance-exposed, families receiving appropriate services and plans of safe care, and the specific substances identified in the report.

Fatalities

Colorado did not change any policies around child fatality reviews during FFY 2020. Colorado's Child Fatality Review Team (CFRT) were still able to virtually meet and perform reviews during the COVID-19 pandemic and the lockdown. Child victims who died as a result of maltreatment are entered in Trails and are collected within the Child File. Statute requires that county departments provide notification to the CDHS of any suspicious incident of egregious abuse or neglect, near fatality, or fatality of a child due to abuse or neglect within 24 hours of becoming aware of the incident. County departments have worked diligently to comply with this requirement.

Fatalities are reported from the Child Fatality Review Team (CFRT). 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 SACWIS.

Perpetrators

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

The NCANDS category of "other" perpetrator relationships includes the state categories of no relation, significant other, foster son, foster daughter, teacher, school counselor, spouse (ex), restitution recipient, child under guardianship, significant other (ex), neighbor, self, and host home provider.

Services

Counties in Colorado reported that in-home services were impacted by the change of services being performed virtually versus in-person. This resulted in changes in how counties would pay for in-home services; for example, home-based services dropped in FFY 2020 from FFY 2019. Colorado does not outsource any direct child welfare protection services. Some services that help to support families may be community-based.

Child removals continue to occur in Colorado during the pandemic when indicated by the safety assessment. The number of children entering out-of-home care decreased from FFY 2019 to FFY 2020, including transfer from in-home to out-of-home and direct out-of-home entry.

Preventative services were impacted at the beginning of the pandemic by the expansion of benefits, daycare, and the Colorado Child Care Assistance Program. Federal initiatives that were implemented that were helpful with service provision during the pandemic included the ability to have young people come back to care, the drawdown of Federal funding for kinship navigation programs in the prevention plans, and additional monies to the Court Improvement Program.

Colorado *(continued)*

DCW released an information memorandum (IM-CW-2020-0044) informing and providing guidance to counties on local spending of new and temporary federal funding made available to the state through the CARES Act. Colorado was awarded $714,583 and the entirety of the award was distributed for the front-line work in the counties. As these funds may be incurred by counties up until and no later than September 30, 2021, additional information will be provided in the 2023 APSR.

Connecticut

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General

The Department of Children and Families (DCF) continues to operate a Differential Response System. The Differential Response System is comprised of two tracks: Child Protective Services Investigations for moderate- to high-risk cases, and Family Assessment Responses (FAR) for low- to moderate-risk cases. Currently, Connecticut (CT) does not report data concerning reports handled through a FAR response to NCANDS.

DCF policy did not change with regards to commencement within the designated response time determined at time of acceptance, or for completion of DRS response within 45 days. Inconsistencies with that expectation were documented accordingly. According to our data over the course of FFY 2020, investigation (97.2 percent) and FAR (99.1 percent) responses have continued to meet the outcome measure expectation (>=90 percent). Rates for completion also improved from 89 percent during FFY 2019, to 91.4 percent in FFY 2020, that also continued to meet our outcome standard (>=85 percent). This is likely a result of reduced caseloads for our DRS workers due to the significantly lower call volume, while response staffing levels remained constant throughout the year.

Reports

During the reporting period DCF refilled 75 child protective service positions: 11 Social Work Supervisors, 40 Social Workers, and 24 Social Worker Trainees. DCF also established one new Social Work Supervisor (Durational) position. DCF's Academy for Workforce Development certified 80 new child protective services hires as completing their pre-service training during the FFY 2020 (some began training prior to the year, so are not reflected in the hiring figures above). The CT DCF Careline has maintained continuous operations 24/7/365 throughout the course of the year. Significant reductions in call volume allowed for reduction in screeners by 50 percent starting in April 2020, increasing back to 75 percent by September 2020. Staffing has returned to 100 percent as of December 2020. During FFY 2020, Careline also prepared to implement a modern cloud-based call center system (Five9) that allows for screeners to work remotely and will help ensure their health and safety, while maintaining continuous operations, as pandemic conditions continue. Five9 has now been fully implemented. Careline screening staff are comprised of 49 full-time staff, and 13 part-time staff (at either 34 or 20 hours per week).

There was a significant drop in total call volume since the COVID-19 response began in March 2020. This includes a major decline in the number and proportion of calls made by mandated reporters, especially school personnel. There was no change in the screening criteria. However, additional quality assurance measures were put in place to enhance our practice. Careline Social Work Supervisors were charged with reviewing and approving all referrals, prior to COVID-19 they were just reviewing not accepted referrals. The Careline also instituted a randomized daily review of non-accepted referrals generated from school personnel as they moved to a virtual environment. Careline Program Supervisors reviewed

5 of these referrals daily (15 total) to provide further scrutiny to these referrals, as we were seeing a significant decrease in the quantity and quality of information provided in these referrals.

In addition to the decline in the volume of reports, the types of mandated reporters that provided them changed in significant ways as well. The single largest group of reporters (mandated or otherwise) has historically been school staff. During months in which most schools are in session, this group accounts for approximately 40 percent of all reports received. This proportion began to drop precipitously in March 2020, dropping to about 16 percent in April and May, remaining lower than usual over the summer months, and increasing to only 27 percent in September.

The rate of accepting reports for a differential response has been declining over the past couple years as call volume increased, and improved quality assurance efforts at the Careline have yielded positive results. This continued during FFY 2020, with monthly acceptance rates mostly only a few percentage points below the previous year. Acceptance rates dipped further between April and June but returned to more typical rates by July.

Children

During FFY 2020, there was a decrease in the number of unique children who were alleged victims, compared to FFY 2019. This correlates with the significant decrease in the number of reports accepted for investigation observed during this year as a result of the COVID-19 pandemic. CT continued to conduct differential responses throughout the course of the pandemic response, including both in-person and virtual visitation when indicated. Beginning in April 2020, all incoming accepted reports were triaged by an Intake Program Supervisor and Office Director to determine, based on case circumstances, whether in-person or virtual visits would be utilized for the response. The goal was to safely limit the number of in-person responses made by DCF staff to protect the health of both staff and families and help minimize the spread of COVID-19. Virtual visits were utilized in over 60 percent of responses between April and July, peaking in May at 74 percent. This method was revised in September to require Intake Program Supervisor and Social Work Supervisor review. This was done to continue timely triage of all reports as call volume increased towards more normal rates.

Social workers were provided with, and required to wear, personal protective equipment (PPE) including surgical masks and face shields, during in-person visits while also making sure to employ social distancing during these visits to maintain the health and safety of our workforce and the children and families we serve. Policies and procedures concerning the conduct of all differential responses did not otherwise change during the course of the pandemic.

DCF received 3,759 notifications through its CAPTA portal during FFY 2020, of which 48 percent resulted in an actual abuse/neglect report. Further, 68 percent indicated that a Plan of Safe Care had been developed for the child, and 69 percent referred to appropriate services, as of the time of the notification. These fields have not been incorporated into our legacy SACWIS system, as they are planned to be developed in our upcoming CCWIS system within the next two years.

DCF continues to strengthen its response to child victims of human trafficking. During the last quarter of FFY 2020 the Department updated its human trafficking policy to ensure all possible cases of child trafficking called into the Careline receive a coordinated response ensuring the child and family receive necessary supports and services. During FFY 2020, the Department worked with 115 new referrals of children at high risk of, suspected, or confirmed victims of child trafficking. Consistent with prior year's most child victims are living at home at the time of their victimization. Each of the six DCF Regions has a Human Antitrafficking Response Team (HART) team consisting of a HART Lead and Liaison(s) that partner with law enforcement, service providers and the identified Multidisciplinary Team(s) (MDT). These partnerships ensure a collaborative response and coordinated services for child victims and their families. Cases that do not meet the statutory definition of abuse and neglect are coordinated by the Department's HART director in partnership with the relevant MDT(s). During FFY 2020, 74 cases were reviewed by the appropriate MDT(s).

Fatalities

DCF has appointed representatives that are members of, and regularly attend, the CT Statewide Child Fatality Review Panel meetings. Other members include representatives from the Office of the Chief State's Attorney, Chief Medical Examiner, Child Advocate, and more. The Child Fatality Review Panel has remained operational during the pandemic, and no changes were made to policy regarding its operation. We have maintained our monthly meeting, review data, those specific circumstances related to fatalities and systematic issues. From these meetings, recommendations are generated for communications, dissemination of information and other actions as a result. The receipt of child fatality data by the panel has also continued from the Office of the Chief State's Attorney, Chief Medical Examiner, Child Advocate, CT Department of Public Health and other law enforcement or medical entities without interruption.

Perpetrators

CT statute defines abuse and neglect as having been committed by a parent/guardian or entrusted caretaker. Most situations concerning sex trafficking involves perpetrators that do not fit this definition, and so such reports had often not been accepted for a differential response. Systemic barriers to collecting and reporting sex trafficking data, included CT's inability to accept reports of suspected child trafficking when the perpetrator is identified as a noncaregiver. This was due to limitations of CT statute and regulation, as well as technical data collection infrastructure. The finalization of new policy in September 2020 has resolved this challenge so that future data collection should be more robust and inclusive. Non-accepted reports are handled through our nationally recognized HART system, which includes partnerships with community provider Love146 and local, state, and federal law enforcement entities.

The NCANDS category of Other perpetrator relationship includes the state codes of parents of other children in the family that are not step/adoptive parents to the alleged victim, parents or relatives of a friend of the alleged victim, school/educational setting staff (i.e. janitors), and occasional coding errors ("other" used when another actual code should have been used).

Services

With very few exceptions, DCF modified our service system at the onset of COVID-19 to prohibit nonemergency, in-home or in-person services. Our entire service array transitioned

very quickly to telehealth solutions and maintained a virtual presence in home and with clients through COVID-19. We did reopen to in-person services for a time, but continue to use telehealth contact to greater/lesser degrees depending on the status of COVID-19 rates in the state and/or local areas. We did not suspend any contracted service; all were operational throughout COVID-19, although they operated on a modified operational plan (virtual, telehealth, telephonic service provision only). We did not close our any of our services to new referrals, so as needs arose, referrals continued to be made to each of our programs. At the onset of the pandemic, the agency also stood up a COVID-19 tab on the agency website to identify resources available to families across CT and partnered with the provider community to establish a Warmline to contact with questions. The top resource searches on the web site were related to: food insecurity, child care availability and housing resources.

This year DCF, in partnership with Beacon Health Options, established the Integrated Family Care and Support (IFCS) program. This program will empower and strengthen families, as well as remove the stigma of DCF involvement for families that previously had to receive our direct services to access needed services that would address their needs. The development of the program was a result of a review of data showing a high rate of unsubstantiated case transfers to ongoing protective services provided directly by DCF. The program was developed in the belief that families would be better served in their own community without DCF involvement and aligns well with the Families First Prevention Services legislation and our Prevention mandate.

Child placements have been significantly impacted by COVID-19 throughout the course of the year. Entries into care decreased for much of the year, but so have exits from care, resulting in actually very little change to the overall number of children in placement at any given point in time. CT courts were only hearing Priority 1 business for a time (i.e. for Motions for Orders of Temporary Custody) and slowly reopened to hear nonemergent and more routine matters. Additionally, the Commissioner was granted emergency authorization to extend a moratorium of exiting older youth from care, while the eligibility criteria for young adults to re-enter care was relaxed to encourage young adults to return to care if they were experiencing housing instability. We had a higher number of children in "trial home visit" placement as a result of the agency moving forward with reunification while waiting for the court for legal discharge from care.

Delaware

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General

Delaware's Division of Family Services (DFS) has received historical numbers of reports of child abuse, neglect and dependency. In FFY 2020, Delaware received a decrease in reports. Delaware continues to use Structured Decision Making® (SDM) at the report line, in investigations, and in Family Assessment Intervention Response (FAIR). By the use of this evidence- and research-based tool, Delaware is better able to distinguish between cases that require a full investigation and those that require an assessment or referrals for services unrelated to child abuse and neglect, to consistently determine safety threats, and to make decisions using the same set of standards. Delaware has continued to expand our FAIR programming. Initially, we had a contract to serve teens where there are identified risks of neglect, such as parent/child conflict. We have been able to expand that contract to serve all families for allegations of neglect and other risk factors, including domestic violence and prenatal substance exposure. For the current NCANDS reporting period, Delaware did not provide FAIR data in the Child File because the program had not been fully implemented across the state. In the near future, we hope to be able to include our internal FAIR data. We are also building a provider portal to allow our contracted FAIR services to enter information into our data system so this data could be included in future NCANDS reports.

On February 6, 2018, our new SACWIS system called FOCUS (For Our Children's Ultimate Success) went live. This integrated cloud-based system is implemented, but remains under construction. Change requests continue to be built and testing is ongoing. As we continue to improve FOCUS, we have tasked ourselves with improving data quality including information used for NCANDS. NCANDS validations are used as a data quality tool to determine areas of need and improvement. We are in the process of building in several validations to ensure updated demographics and child risk factors are completed on all investigation case participants. We added specific elements to capture postresponse service details and now added a validation to ensure completion. Delaware has established a Continuous Quality Improvement Data Quality Committee to focus on data quality improvement efforts.

Reports

In FFY 2020, Delaware received 21,138 hotline reports, 20,599 family and 539 institutional abuse (IA) reports. Of the reports received, 13,809 (13, 395 family and 414 IA) or 65 percent did not meet criteria for an investigation or assessment and were screened out. This is a 3 percent increase in comparison to the number of screened-out reports from FFY 2019. During the COVID-19 pandemic, Delaware hotline remained at full capacity and we did not alter our screening practice or policy. During the pandemic, Delaware has seen a reduction of calls to our hotline. One of the biggest contributors to this reduction was the lack of contact that school-aged youth were having with school staff and health care professionals. School staff and health professionals are top report sources to the hotline.

Delaware has overall completed less investigations in FFY 2020 than FFY 2019. This decrease in investigation completion numbers is contributed to the decrease in reports due to COVID-19 pandemic, increase in screened out reports, and increase in referrals to contracted FAIR. Because of the increase of cases diverted through differential response, there is also an increase in unsubstantiated cases. Previously some of these cases may have received a lower-level substantiation. This also attributes to the decrease in cases with closed no finding.

The state's intake unit uses the Structured Decision Making® (SDM) tool to collect sufficient information to access and determine the urgency to investigate child maltreatment reports. Currently, all screened-in reports are assessed in a three-tiered priority process to determine the urgency of the workers first contact; Priority 1-within 24 hours, Priority 2-within 3 days, and Priority 3- within 10 days. In FFY 2020, accepted referrals for family abuse cases were identified as 60 percent routine/Priority 3, 17 percent Priority 2, and 23 percent urgent/ Priority1 in response. The calculation of our average response time for FFY 2020 was a decrease of approximately 28 percent from FFY 2019. Delaware has made great efforts to improve our timeliness response to investigations. We are using data informed practice and have established initial interview due date reports and initial interview completion rate reports that are shared with all staff. The agency 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. We are piloting units that only respond to Priority 3 reports. 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 an additional 57 positions to support these areas over the past few 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. It is Delaware's policy to assess all children that are part of the household where the alleged maltreatment occurred.

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

In FFY 2020, about 10 percent of the children in the Child File were substantiated victims of child maltreatment. In FFY 2019, 10 percent of the children in the Child File were substantiated victims of child maltreatment. In looking at specific number of victims, there was a slight decrease. Delaware is now able to capture more specific information related to caregiver and child risk factors. Due to a system issue, staff were not always competing child risk factors for all children on a case. It was only mandatory for victims. A validation is currently being developed to ensure risk factors are completed for all children on the investigation case. After this is implemented in our system, Delaware will have more accurate data. Delaware implemented sex trafficking as allegation type in January 2020. Reports regarding noncaregiver perpetrators of sex trafficking are accepted and included in NCANDS report.

Fatalities

House Bill 181 requires the agency to investigate all child deaths of children age 3 and 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 Neglect (CAN) panel that conducts retrospective reviews on all child death and child near death cases where abuse or neglect is suspected. These reviews continued during the pandemic. The State does not report any child fatalities in the Agency File that are not reported in the Child File. For FFY 2020, there were two fatalities due to co-sleeping and three due to neglect.

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 registry is to protect children and to ensure the safety of children in childcare, health care, and public educational facilities.

For FFY 2020, parent as a perpetrator ranks the highest in the perpetrator relationship to child representing approximately 70 percent of our records. This is a decrease from FFY 2019. The second highest category for perpetrator relationship is other relative nonfoster parent, followed by Other. Other would include individuals such as a babysitter or nonrelated household member.

Services

During FFY 2019, Delaware's Children's Department saw a decrease in the number of children and families served in Promoting Safe and Stable Families Program. This was contributed to a decrease in the number of referrals made by Department staff. There was a significant decline for those children and families served in the Other funding source. This decline was attributed to COVID-19 pandemic in that certain aspects of services were no longer available, decline in referrals, increase in FAIR, and decrease in cases going to ongoing treatment services.

One of our programs is Team Decision Making, which engages the family, informal supports and formal supports in planning for children who are at risk of coming into care. This process has remained steady in diverting youth into kinship placements instead of Foster Care. Family Team Meetings is a growing component of our casework practice. Delaware continues it partnerships with community organizations to provide community-based preservation

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

Delaware has added additional fields to capture information on services provided. These service fields were newly built into our data system as of February 2018. They were intended to be mandatory fields, however there was a defect allowing workers to complete the event without adding any services. This validation was added during this reporting period. There is also a data entry and completion delay that is being addressed by operations.

District of Columbia

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Reports

As result of the COVID-19 pandemic, the District tracks all COVID-19 related reports through its Information and Referral process.

Children

The District's Child and Family Services Agency (CFSA) does not accept calls on alleged victims of sex trafficking aged above 21 years old. These occurrences are solely handled by the Metropolitan Police Department.

Fatalities

CFSA participates on the District-wide Child Fatality Review committee and uses information from the Metropolitan Police Department and the District Office of the Chief Medical Examiner (CME) when reporting child maltreatment fatalities to NCANDS. The District reports fatalities in the Child File when neglect and abuse was a contributing factor that led to the death of the child. The District defines "Suspicious Child Death as a report of child death is either unexplained, or concern exists that abuse or neglect by caregiver contributed to or caused the child's death."

Florida

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General

Florida did not change any policies related to conducting investigations and assessments due to the pandemic. Investigators were still required to make in-person investigations and assessments.

Reports

There were no changes to hotline hours due to the pandemic, the abuse hotline remained a 24/7 hotline that was always manned. However, Florida went to remote learning in schools and shut down restaurants and other indoor-activity businesses. As a result of this action, the calls to the hotline dropped dramatically resulting in a reduction in intakes, a reduction in investigations, victims, and perpetrators While the numbers in those areas have begun to normalize over the past few months, that reduction in the spring impacted our yearly totals. The criteria to accept a report are that an alleged victim:

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

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

Children

Florida's NCANDS extract has not been updated to report infants with prenatal substance exposure, however based on our internal review, only 1 child in the file met the criteria of being less than 1 year, being reported by medical personnel, and being positive for either drugs or alcohol risk factors. A total of 440 children who met the criteria were screened out,

but either prior to that screen out, or subsequent to it, 432 of those screen-outs were part of another intake that was screened in. So only 8 were screened out and not previously or subsequently screened in.

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 added the option for a virtual visit to be used in lieu of an in-person face-to-face visit for children already in care who are required to be seen each month.

Although the Florida Hotline uses the maltreatment type "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). The NCANDS category of Other maltreatment type includes the state category of threatened harm, intimate partner violence threatens child, household threatens child, and family violence threatens child. 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

Florida did not change any policies related to child fatality reviews. The Child Death Review team continued to conduct operations during the pandemic, although some file reviews were done via virtual meetings. 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.

Perpetrators

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

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

placements on the report received date, then the perpetrator relationship is mapped to the NCANDS category of "other."

Services

Removals went down during lockdown, as did calls to the hotline and investigations. But if a child was brought into care, the services they received were unchanged. We did utilize the federally-approved option of virtual visits for caseworker visits for those children already in care.

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

Georgia

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General

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

Reports

The components of a CPS report are: (1) a child younger than 18 years; (2) a referral of conditions indicating child maltreatment; and (3) a known or unknown individual alleged to be a perpetrator. Referrals that do not contain all three components of a CPS report are screened out. Screen-outs may include historical incidents, custody issues, poverty issues, truancy issues, situations involving an unborn child, and/or juvenile delinquency issues. For many of these, referrals are made to other resources, such as early intervention or prevention programs. In 2020, due to the Covid19 pandemic, reports of child abuse and neglect declined significantly.

Children

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

Fatalities

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

Perpetrators

Prior to July 2016, a ruling of the Georgia Supreme Court prohibited the Division of Family and Children Services from reporting perpetrator data. Changes in state law allowed the formation of a Child Abuse Registry in July 2016 and Georgia began to report perpetrator data. The change was accompanied by a decrease in substantiated investigations, perhaps because of different evidence requirements. In 2020, the state discontinued the Child Abuse

Registry. Perpetrator data is still collected in the SACWIS system, and Georgia continues to report perpetrator data in NCANDS. The effect, if any, on substantiation rates is not obvious.

Services

The agency does not provide educational and training, family planning, daycare, information and referral, or pregnancy planning services for clients. These services would be provided by referrals to other agencies or community resources. Our SACWIS system would only track those services paid for by agency funds. However, most services are provided through referrals to other agencies or community resources.

Hawaii

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General

During the pandemic, Hawaii encouraged staff to work remotely and only make face-to-face contact with families when it was determined to be relatively safe. Screening questions regarding potential Covid-symptoms, exposure, and recent travel were asked prior to face-to-face contact. Many monthly contacts between child welfare caseworkers and children and parents were completed virtually. Using federal CARES Act funds, the State provided cell phones or tablets to caregivers, as needed, to ensure virtual contact with both child welfare staff and their family members, as well as to help with engagement in virtual services. Initial investigations/assessments were largely still completed live, taking reasonable precautions. For example, if there were alleged safety issues about a family, triggering an investigation, but the issues did not concern the state of the family home, the child welfare assessment worker met with the family outside.

Reports to Child Welfare Services (CWS) of potential abuse or neglect are handled in one of three ways through our Differential Response System:

- Reports assessed as low risk and with no identified safety issues are referred to Family Strengthening Services (FSS).
- Reports assessed as moderate risk with no identified safety issues are referred to Voluntary Case Management (VCM).
- Reports assessed as severe/high risk and/or with identified safety issues 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 database they are non-protective services cases. All intakes that are referred to FSS, VCM, or CWS are documented in the CWS database. FSS cases are not documented in the state CWS database. During FSS and VCM service provision and assessments, if maltreatment or a safety concern is indicated, the case will be returned to CWS for investigation.

Reports

Hawaii's Child Abuse and Neglect Hotline remained fully staffed and functional throughout the pandemic. Because schools were closed and then reopened primarily with virtual education, calls to the hotline dropped in April and May 2020, but began to rise again in June 2020 and call volume was largely back to pre-pandemic levels in August and September 2020. Overall, Hawaii has not seen a significant decrease in reports to the hotline during the pandemic. Policies and procedures regarding screening hotline calls for response did not change during the pandemic. The only policy and procedural changes that may have directly affected NCANDS data are discussed in the GENERAL section above. There were a few staffing challenges during the pandemic. Due to viral exposure, some staff needed to quarantine (and therefore not

work at all for periods of time), and inter-island travel was severely restricted. Fortunately, there were no significant reductions in workforce during this period.

Children

The NCANDS category of "other" maltreatment type category includes the state categories of "threatened abuse" and "threatened neglect". Threatened Harm does not meet the level of evidence for psychological abuse or physical abuse. This is the definition from Hawaii Revised Statutes §587A-4: "Threatened Harm means any reasonably foreseeable substantial risk of harm to a child."

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

Fatalities

Hawaii reports all child fatalities as a result of maltreatment in the State Child Welfare Services database. The State Medical Examiner's office, local law enforcement, and Child Welfare Services' Multidisciplinary Team conduct reviews on potential child abuse and/or neglect cases that result in death. The occurrence and content of these reviews was not impacted by the pandemic.

Perpetrators

The State CWS 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 does not report noncaregiver perpetrators of sex trafficking to NCANDS currently.

Services

During the pandemic, many services that are normally provided face-to-face were provided virtually. For some services, like psychological evaluations, there was a pause in service provision, while the State and the contracted provider worked to design and implement virtual versions of their services. Most in-home services, which were largely provided virtually at the beginning of the pandemic, later shifted to an in-person version with social distancing, masking, and hand washing precautions in place, as well as pre-screening questions prior to face-to-face contact to ensure safety. As mentioned above, federal CARES Act funds were used to provide families with cell phones and tablets, as needed, to facilitate virtual service provision.

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

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General

Idaho does not have an alternative response to screened-in referrals. During the COVID-19 Idaho had no changes related to information collection or our process regarding our reports however Idaho did see a significant decline for several months in the number of reports of maltreatment as a result of the pandemic. Our centralized unit continued to operate throughout the pandemic and had no change in hours and was able to continue to ensure appropriate staffing levels.

Reports

Idaho has a centralized intake unit which includes a 24-hour telephone line for child welfare referrals. The intake unit maintains specially trained staff to answer, document, and prioritize calls, and documentation systems that enable a quick 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.

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

During COVID-19 Idaho had no changes related to policies or procedures in conducting investigations. Idaho continued to conduct face-to-face investigations and throughout the pandemic. While staffing levels were a challenge at times, Idaho was able to continue to ensure appropriate staffing levels to conduct investigations. Idaho's current practice standard for Comprehensive Safety, Ongoing, and Re-Assessment requires the social worker to interview all children of concern, all child participants on a report, and any child who falls under the Temporary Child Resident Standard. The practice standard defines child(ren) participants on a presenting issue as, "all other children who are not identified as victim(s) of abuse or abandonment which reside in or visit the home."

At this time, the Comprehensive Child Welfare Information System (CCWIS) cannot provide living arrangement information to the degree of detail requested. The state's CCWIS counts children by region rather than by county. There are seven regions in Idaho.

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

Idaho collected data on sex trafficking victims on all children assessed for neglect, abuse, or abandonment. In addition, Idaho assesses children in foster care during for human trafficking during child contact visits and when a youth returns from runaway status. The NCANDS category of "other" maltreatment types includes the state categories of abandonment, adolescent conflict, exploitation, alcohol addiction, drug addiction, and finding of aggravated circumstances.

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

Fatalities

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

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

Perpetrators

Idaho Administrative Code for the purpose of substantiating an individual for abuse, neglect or abandonment does not define the age of a suspect of perpetrator. However, for the purpose of Idaho's Child Protection Central Registry levels of risk, for an individual to be to be placed on the Central Registry at the highest level for sexual abuse they must meet the definition of sexual abuse as defined in Idaho Statute. Idaho Statute includes in the definition of sexual abuse of a child under the age of sixteen that it is a felony for any person eighteen (18) year of age or older. Idaho's practice is to substantiate suspects who are over the age of eighteen (18) or are the parent of the victim.

Services

During the pandemic Idaho did see an impact to availability or modality of service delivery, some services were available through telehealth while others were temporarily suspended. Idaho was able to utilize funding incentives to help support ongoing availability of services and/or access to services to meet the needs of children and families during the pandemic. Currently, Idaho is unable to report public assistance data due to constraints between Idaho's Welfare Information System and CCWIS. Idaho has had no changes in preventive funding.

Illinois

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General

Currently Illinois does not have a Differential Response pathway.

Reports

The Illinois NCANDS Child File contains reports of child abuse/neglect that resulted from a hotline call meeting the standards of abuse/neglect as defined in department procedure. The following criteria must be met for a report of abuse or neglect to be taken:

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

The number of reports for FFY 2020 show a decrease of 9 percent when compared to FFY 2019. The biggest factor for this decrease can be attributed to the lockdown caused by the COVID-19 pandemic. The three months with the largest decrease in reports (comparing the same months in 2019 and 2020) were the three months at the beginning of the lockdown (March, April, and May).

The Child Abuse/Neglect Hotline never shutdown during the pandemic even as staff transitioned to working from home after the Governor issued the stay home order. There were no changes to criteria for screening calls of abuse/neglect. COVID-19 screening questions were added consistent with CDC and IDPH (Illinois Department of Public Health) guidance for worker safety in responding to reports of abuse/neglect. The pandemic likely contributed to a reduction in Illinois child protection staff during FFY 2020. Illinois does not outsource child protection services.

Illinois does not report on time to investigation in hours. The definition for reporting on CPS 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 allegations(s). Illinois policies require at least a good-faith attempt to contact the alleged child victim and the actual contact and the attempted contact are counted as successful initiation of the investigation.

Children

During the pandemic, child protection staff responding to initiate investigations were provided with PPE and instructions for safe use of PPE. They were also instructed to ask screening questions consistent with CDC and IDPH guidance. Child protection staff continued to make in person contacts to conduct investigations unless the COVID-19 screening questions suggested a risk of exposure. In those situations, guidance to workers included instructions to maintain 6 feet of social distance, meet outdoors if able to maintain reasonable privacy and social distancing, ask parent to use video call to walk the worker through the home to assess the condition of the home, and if unable to maintain 6 feet of social distance due to exigent circumstances, to correctly use available protective equipment and follow CDC/OSHA guidelines.

Illinois has an allegation of human trafficking which is defined as:

- Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or the recruitment, harboring, transportation, provision, obtaining, patronizing or soliciting of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery.
- Labor exploitation (ABUSE).
- Commercial sexual exploitation (i.e., prostitution, the production of pornography or sexually explicit performance) (ABUSE).
- Blatant disregard of a caregiver's responsibilities that resulted in a child being trafficked (NEGLECT).

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

Because Illinois's definition of sex trafficking is a part of a broader definition of human trafficking that also includes labor exploitation and blatant disregard of a caregiver's responsibilities, it is mapped to the NCANDS maltreatment type of Other.

Fatalities

No policy changes related to child fatality reviews were implemented due to the pandemic. During the initial stages of the lockdown, team meetings were rescheduled and then conducted using video conferencing.

Perpetrators

The *Illinois Abused and Neglected Child Reporting Act and Rule 300, Reports of Child Abuse and Neglect*, does not set a minimum age for a perpetrator, except for Allegation #10—Substantial Risk pf Physical Injury (minimum age of 16), therefore any case involving a young perpetrator must be assessed on an individual basis according to the dynamics of the case. The NCANDS category of Other relationship includes the state categories of church staff, nonstaff person, or other.

Indiana

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General

Indiana has engaged in continuous improvement efforts to refine the data collection and mapping process through system modifications and overall enhancements, including a new intake system that launched in February 2016. 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 three years old. As of July 2019, a change in legislation increased the 1-hour response time to 2-hours. 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 departments licensing unit. (E.g., reporter has concerns about a foster home that do not meet statutory definition of child abuse and neglect, but complaint does cause licensing concern/s such as too many children living in a foster home).
- Service Request: These referrals meet the first condition above and meet action requirements for the family to be contacted for voluntary services coordinated or provided by the department. These referrals would include service requests through the DCS Children's Mental Health Initiative and the Collaborative Care Program.
- Information and Referral: Referral meets the first condition listed above and the report source is given information by hotline staff and verbally referred to outside agencies as appropriate. (E.g. Reporter is concerned about developmental issues with their child. The hotline would give the report source information about and contact information for Indiana's early intervention program).

Indiana has also instituted daily Safety Staffings between field workers and supervisors, which emphasizes ensuring the safety of children as quickly as possible.

Children

As of January 1, 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

Fatality counts for the FFY are based on the date of an approved, substantiated, fatality assessment. All data regarding child fatalities are submitted exclusively in the Child File. The state has confirmed 56 distinct children found in fatality assessments that were approved in FFY 2020. This count is a decrease from the previous year due to staffing increases in FFY 2019 to complete and approve assessments in FFY 2019. DCS completes a review of all child fatalities that fit the following circumstances: children under the age of 1: the child's death is sudden, unexpected or unexplained, or there are allegations of abuse or neglect; children age 1 or older: the child's death involves allegations of abuse or neglect. Reports for fatalities can made from multiple sources, including DCS, law enforcement, fire investigator, emergency medical personnel, coroners, the health department, or hospitals. Reports can be made from these sources related to drownings, poisonings/overdoses, asphyxiation, etc., which may include accidents. It is the intention for these reporting standards not only to be used to determine if abuse or neglect was involved but also as an evaluation tool to inform practice.

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 expenditures for Community Partners in FFY 2020 compared to FFY 2019. Overall, Indiana expended similar federal funds this year and slightly less state funds. Title IVB—Promoting Safe and Stable Families decreased, which caused Indiana to serve fewer children. On June 1, 2020, Indiana Family Preservation Service was launched. This service is required to be referred on all new in-home CHINS and IA's after this date. This service is a per diem that encompasses all services that the family needs to remain safely in the home with their caregivers.

Iowa

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General

Iowa has two types of responses to screened-in referrals. Our traditional pathway is called a child abuse assessment and the alternative response is called a family assessment. Data from both pathways are reported to NCANDS.

Reports

The number of abuse and neglect reports decreased slightly in FFY 2020. A factor in this decrease is contributed to the global pandemic. Once schools closed in March 2020, Iowa saw a decline in the total number of suspected abuse reported, much like we see in normal summer months when school is out. Iowa data supports this decline was a result of fewer reports being made by school personnel.

During this pandemic, Iowa's child abuse hotline continued to operate with the same hours of operation and staffing levels. The only change was that hotline staff were set up to work from home. Policies and procedures related to screening remained unchanged.

Children

Iowa made many changes to procedures related to conducting assessments due to the pandemic. Iowa continued to conduct face-to-face assessments with precautions taken to protect the health of both the family and the worker. Screening questions were implemented, personal protective equipment was utilized, and strict protocols were followed to make decisions on a case-by-case basis. Iowa's time to conduct an assessment was not changed by the pandemic. The same timeframes to address safety for children and complete the written assessment remained the same.

Barriers to collecting and reporting data to NCANDS for infants with prenatal substance exposure include a common understanding and application to what constitutes an "infant affected." No policies or procedures changed regarding the referral of infants with prenatal substance exposure during the pandemic. The NCANDS category of "other" maltreatment types was corrected to calculate dangerous substance as neglect or deprivation of necessitates. Iowa continues to see a significant amount of substance abuse impact. The state's sex trafficking maltreatment type was edited to comply with the new federal category with the same name.

Fatalities

Nine child fatalities were the result of abuse or abuse as a contributing factor in FFY 2020. A state review of the maltreatment cases indicated unsafe sleep (namely cosleeping in an adult bed), which involved parental drug abuse, were the main contributors, making up just over half (five) of all child maltreatment deaths. Physical abuse by unregistered childcare providers caused two maltreatment deaths and inadequate medical care and neglectful motor

vehicle accident accounted for the remaining two deaths. Iowa is in the midst of reviewing policies and procedures regarding safe sleep as well as allegations of medical neglect.

Perpetrators

Perpetrators in Iowa include individuals who have caregiver responsibilities at the time of the alleged abuse, or a person 14 years of age or older who sexually abuses a child they reside with, or a person who engages in or allows child sex trafficking. This definition, in accordance with federal regulation, defines any perpetrator of child sex trafficking as a perpetrator of child abuse and this data is reflected in NCANDS reporting.

Services

Iowa has both preventive and postresponse services. Preventive services (Non-Agency Voluntary Services) are available on a voluntary basis to families following an assessment where abuse is not substantiated or abuse is confirmed (substantiated, not placed on the central abuse registry), but there is low or moderate risk. These services strive to keep children safe from abuse, keep families intact, prevent the need for future involvement from the child welfare system, and to build ongoing connection to community-based resources. Postresponse services (Family Centered Services) are required for families where abuse is founded (substantiated, placed on the central abuse registry) and confirmed with high risk. These services are managed by the Iowa's child welfare agency and offer a flexible array of culturally sensitive interventions and supports (including Family Preservation Services, Solution Based Casework, and SafeCare), to achieve safety and permanency for children and their families.

Kansas

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General

In July 2016, Kansas's level of evidence changed from clear and convincing to preponderance. In addition to our finding category of substantiated, as of July 2016, another finding category of affirmed was added. Affirmed is defined as a reasonable person weighing the facts and circumstances would conclude it is more than likely than not (preponderance of the evidence) the alleged perpetrator's actions or inactions meet the abuse/neglect definition per Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.).

Reports

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

- Initial assessment of reported information does not meet the statutory definition: Report does not contain information that indicates abuse and neglect allegations according to Kansas law or agency policy.
- Report fails to provide the information necessary to locate child: Report does not provide an address, adequate identifying information to search for a family, a school where a child might be attending, or any other available means to locate a child.
- The Department of Children and Families (DCF) does not have authority to proceed or has a conflict of interest if: Incidents occur on a Native American reservation or military installation; alleged perpetrator is a DCF employee; alleged incident took place in an institution operated by DCF or Kansas Department of Corrections—Juvenile Services; or alleged victim is age 18 or older.
- Incident has been or is being assessed by DCF or law enforcement: Previous report with the same allegations, same victims, and same perpetrators has been assessed or is currently being assessed by DCF or law enforcement.

Kansas experienced a decrease in the number of reports received, likely a result of COVID-19 and children not being in the school setting. Educational professionals make up approximately 35 percent of the child abuse and neglect reports to the KPRC. While the rate in which KPRC screens cases in has remained stable, the decrease in reports has led to a decrease in the number of reports screened in, thus fewer victims.

The NCANDS category of "other" report source includes the state categories of self, private agencies, religious leaders, guardian, Job Corp, landlord, Indian tribe or court, other person, out-of-state agency, citizen review board member, collateral witness, public official, volunteer, etc.

Fatalities

Kansas uses data from the Family and Child Tracking System (FACTS) to report fatalities to NCANDS. Maltreatment findings recorded in FACTS on child fatalities are made from joint investigations with law enforcement. The investigation from law enforcement and any report from medical examiner's office would be used to determine if the child's fatality was caused

by maltreatment. The Kansas Child Death Review Board reviews all child deaths in the state of Kansas. Child fatalities reported to NCANDS are child deaths as a result of maltreatment. Reviews completed by the state child death review are completed after all the investigations, medical examiner's results, and any other information related to the death is made available. The review by this board does not take place at the time of death or during the investigation of death. The state's vital statistics reports on aggregate data are not information specific to an individual child's death. Kansas is using all information sources currently made available when child fatalities are reviewed by the state child death review board.

Perpetrators

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

Services

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

Kentucky

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General

Due to the COVID-19 pandemic, there were multiple executive orders issued by the Governor of Kentucky. Additionally, Kentucky implemented multiple temporary practice modifications, as described in detail in the sections below.

Kentucky does not have a true alternative or differential response. The assessment worker makes the investigation response (IR) and the alternative response (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 2016, Kentucky removed the dispositional finding of services not needed from the standards of practice (SOP) and from SACWIS/CCWIS. Mapping was reviewed and updated as appropriate. Kentucky currently has the following dispositional findings for investigations/assessments: fatality/near fatality substantiated, found/substantiated, substantiated, unsubstantiated, and services needed. For the purposes of NCANDS reporting, services needed is mapped to the NCANDS disposition of "other." Kentucky no longer maps a dispositional finding to alternative response.

Reports

Due to the COVID-19 pandemic and subsequent executive orders issued by the Governor, Kentucky's referrals of alleged maltreatment decreased in the early months of the pandemic. While most staff began telecommuting, intake staffing levels and hours of operation remained the same. Kentucky's statewide hotline continued to operate throughout the lockdown and the pandemic. Staff's access to laptops allowed for telecommuting without any interruptions to normal intake service hours. Some staffing issues were experienced in the rural parts of Kentucky due to staff without reliable internet connections, however, these issues were quickly resolved, and everyone was successfully back online within a short time.

As a result of the COVID-19 pandemic, slight changes were made to intake procedures. Intake staff began implementing a COVID-19 screener during the intake to facilitate the decision-making and precautionary measures of investigative staff and their supervisors. The COVID-19 screener required additional information to be obtained about each referral, including the family's access to virtual platforms, internet service, and phone numbers. Temporary procedural changes were implemented; however, no formal changes were made to Kentucky's policy. Historically, intake teams working in offices received a high number of faxed or written referrals (e.g., documents from the courts). Due to intake staff telecommuting, community partners were encouraged to utilize the statewide hotline or online referral

portal. Kentucky's intake staffing rates have improved during the pandemic with regard to retention. This can be attributed to the flexibility and preference of staff for telecommuting. This has led to an increase in work/life balance and reduction of leave time usage. Kentucky has continued to hire additional staff due to normal turnover.

The state does not collect in-depth information regarding the number of children who are screened out for referrals that do not meet criteria for abuse or neglect. In January 2018, the state implemented new response times based upon the safety threats and risk factors identified by the reporting source. For example, two reports both alleging sexual abuse may currently have different response times based upon the perpetrator's current location and access to the victim. Prior to this change, each maltreatment type had a single response time, e.g., all reports alleging sexual abuse had a response time of one hour. The response times were overall increased with this change, as reports identified as low or no risk were previously assigned a response time of 48 hours, but now may have up to 72 hours, which likely is the cause of the continued increase to average response time in this submission. In addition, the responsibility of determining response times during normal business hours was transferred from field staff supervisors to centralized intake supervisors.

Incident date is not a required field in Kentucky's SACWIS/CCWIS. However, Kentucky has implemented a new field in the assessment related to incident date in an attempt to better track incidents of maltreatment in foster care. During the assessment, for children in out-of-home care (OOHC), staff can now indicate whether the alleged maltreatment occurred prior to the child's entry into OOHC, or if the incident occurred after the child entered OOHC. This will improve Kentucky's monitoring of true incidents of maltreatment in foster care, even without an exact incident date.

Children

As a result of the COVID-19 pandemic, the state temporarily modified procedures to ensure the safety of families and staff as outlined below:

- *Effective 3/18/2020 - 5/27/2020:* To minimize person-to-person interaction and spread of COVID-19, staff were asked to temporarily suspend normal face-to-face contacts and home visits, unless there was concern regarding an immediate safety threat. However, frequent contact with families and children via telephone, Skype, or similar platforms was required to ensure all necessary supports and services continued to be provided.
- *Effective 5/27/2020- 11/23/2020:* CPS investigative staff were directed to initiate all investigations assigned a four-hour timeframe and a 24-hour timeframe following normal procedures. Reports that fell into this category were directed to be initiated through unannounced, face-to-face contact. If there were no immediate safety threats identified that would necessitate a child's removal from the home, follow-up interactions were completed through FaceTime, Duo, or Skype, if available. If the family did not have access to these resources, phone contact was utilized for any follow-up contacts. Initiation of an investigation necessitating a 48-hour, or 72-hour timeframe was conducted through other means rather than face-to-face contact. However, if safety threats were identified during the investigation, face-to-face contact was permitted following supervisory consultation.
- *Effective 11/23/2020:* CPS staff were directed to return to guidelines issued March 24, 2020 regarding face-to-face initiation of CPS investigations. Staff were directed to initiate all investigations assigned a four-hour timeframe following normal procedures. Reports

that fell into this category were directed to be initiated through unannounced, face-to-face contact. At a minimum, all children in the home were to be observed in person for a high-risk report. In consultation with the supervisor, staff determined whether the allegations and risk factors presented in an investigation necessitating a 24-hour timeframe should be conducted face-to-face or through other means. Face-to-face initiation was required when an immediate safety threat was identified. Initiation of reports assigned a 48-hour or 72-hour timeframe were to be conducted utilizing videoconferencing platforms or other means. Regardless of the assigned initiation timeframe, face-to-face contact is required when an immediate safety threat is identified during an investigation or assessment.

Kentucky's data does not show a significant shift in the length of time from initiation to the completion of assessment during the COVID-19 pandemic.

Kentucky currently does not track sex trafficking data as a maltreatment type. This element is collected as a factor within the case. To track sex trafficking as a maltreatment type, Kentucky would be required to propose amendment to state administrative regulation. Kentucky is currently discussing this and may make changes in the future.

Kentucky began capturing safe care plan data and referral to appropriate services in FFY 2019 and did not provide a full year of reporting in FFY 2019. FFY 2020 is Kentucky's first full year of reporting for infants with prenatal substance exposure. There were no policy or procedural changes during the COVID-19 pandemic for the referrals of infants with prenatal substance abuse exposure.

Fatalities

No policies related to child fatality reviews were changed during the COVID-19 pandemic. Case reviews and meetings continued virtually. The number unique child fatalities has been confirmed. There was a decrease of five fatalities from the prior FFY. Kentucky has a Systems Safety Review (SSR) team that continued operations during the COVID-19 pandemic. All meetings were transitioned to virtual meeting platforms. All cases where a child fatality occurred in an active CPS case and/or accepted as an investigation with the fatality/near fatality designation continued to have an initial review by the system safety analysts and were presented to the multi-disciplinary team (MDT) for consideration of a comprehensive analysis.

Kentucky collects death certificates from the Department of Public Health (DPH) to confirm whether deaths were related to child maltreatment. The state investigates child fatalities that are a result of maltreatment only. The external panel that conducts child death and near-death reviews continued to meet virtually. There were minor delays related to the COVID-19 pandemic, however, operations and case reviews continued.

Perpetrators

An overall decrease in the total number of perpetrators from was observed. There was an increase in the number of unknown or missing perpetrator types from 265 to 403. In all categories, there was less than a 2 percent change, with most categories seeing a change below 1 percent. Even though Kentucky reports the NCANDS perpetrator relationship for

noncaregivers (as "other"), Kentucky does not report sex trafficking as a maltreatment type for NCANDS.

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 in subsequent submissions. Following the FFY 2016 submission, the state made an extraction/mapping change to report perpetrators more accurately as a prior abuser. The state has seen a decrease in the number of unique perpetrators from the previous submission. There are no concerns with data validity.

Services

There was a decrease in prevention referrals during the COVID-19 pandemic. To ensure the safety of families and staff, providers were not required to conduct in-person visits and were asked to transition to HIPAA compliant virtual platforms at their discretion. Providers were directed to utilize recommended safety precautions as directed by CDC guidelines and Children's Bureau guidance. Providers were advised to consider altering face-to-face visits to enhance the assessment or assurance of safety by completing drive-by or outside visits.

There does not appear to be a significant impact of COVID-19 on child removals as the number of unique reports decreased by 9 percent from FFY 2019 to FFY 2020. Additionally, because of the initial court closures due to the COVID-19 pandemic, there was a reduction in family reunifications until the transition to virtual platforms for court hearings was implemented.

The state invested an additional $10 million in tertiary prevention services in FFY 2020. Kentucky also began claiming title IV-E funding for prevention services in FFY 2020. Additionally, Kentucky received funding to support prevention programs targeting families with substance misuse as a primary risk factor, through a SAMSHA grant. Many of Kentucky's prevention services are provided by contracted service providers.

Louisiana

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General

As a result of the COVID-19 pandemic, Louisiana saw significant decreases in many areas. Schools are a primary source of reports of abuse and neglect; when the pandemic caused schools in Louisiana (and across the country) to shut down, a significant decrease in intake reports was observed. With fewer reports being received, fewer reports were accepted for investigation, causing there to be fewer alleged victims, perpetrators, non-victims, valid findings, etc. The Department of Children and Family Services continued to take reports 24 hours a day, 7 days a week, throughout the pandemic. Centralized intake staff work primarily from their homes and other field staff, who complete the investigations and work with children and families, also moved to a work-from-home model to continue to ensure the safety of children in Louisiana. Additionally, two Practice Support Teams were developed to address case specific questions as they arose.

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. Louisiana no longer employs the Alternative Response model.

In August of 2018, the Department implemented a new case management system to capture data related to intake reports and investigations. As with all system implementation, a number of issues were identified. For example, the Department continues to find issues related to the report date and time as well as the date and time initiation of the investigation. This was noted because of military time discrepancies discovered during the error clean-up process. Most of these discrepancies were able to be handled for the FFY 2020 submission; however this remains an area requiring review each submission. The Department is currently designing a new CCWIS system. It is the intention of the new Unify system to capture all NCANDS requirements in an effective and efficient manner.

Reports

In Louisiana, referrals of child abuse and neglect are received through a centralized intake center that operates on a 24-hour basis. The centralized intake worker and supervisor review the information using a structured, safety model tool to determine whether the case meets the

legal criteria for intervention. Referrals are screened in if they meet three primary criteria for case acceptance:

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

The primary reason for screened-out referrals is that either the allegation or the alleged perpetrator does not meet the legal criteria. Newborns affected by the mother's use of a controlled dangerous substance taken in a lawfully prescribed manner are also screened out, and reported in the Agency File. Some intake reports are neither screened-out nor accepted. These additional information reports are often related to active investigations, in-home services cases, or out-of-home services cases. Generally, if a second report is received within 30 days of receipt of an initial report that is still under investigation, the second report is classified as an additional information report. Beginning in FFY 2016, more specialized training was provided to Centralized Intake Managers to aid in determining what cases should be accepted in accordance with the Louisiana Children's Code definition of Child Abuse and Neglect.

The Department uses a 4-pronged Response Priority system; the four separate priorities are Priority 1 (contact within 24 hours), Priority 2 (contact within 48 hours), Priority 3 (contact within calendar 3 days), and Priority 4 (contact within 5 calendar days).

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 either alcohol or 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 caretaker 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 caretaker or legal custodian who does not reside with the parent or caretaker 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-caretaker perpetrator. If there is insufficient evidence to meet the agencies standard of abuse or neglect by a parent, caretaker, adult household occupant, or person who is dating or engaged to a parent or caregiver, the allegation shall be found invalid. If there is evidence that any person other than the parent, caretaker, or adult household occupant has injured a child with no

culpability by a parent, caregiver, adult household occupant, or a person dating/ engaged to one of the aforementioned, the case will be determined invalid.

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

Louisiana also employs the use of an Unable to Locate finding and a Client Non-Cooperation finding. The Unable to Locate finding is used when the Department has made extensive efforts to locate the alleged victim and their family. A finding of Client Non-Cooperation shall be used only in instances in which the Department is completely thwarted in attempts to complete the investigation by the parents' refusal to participate in the investigation. Several conditions need to be met to use this finding: (1) the worker has made reasonable effort to interview the client; (2) Law enforcement has not been able to assist or refused to assist with efforts to interview the client; and, (3) the district attorney has chosen not to pursue further action; or, (4) the court has refused to order the client to cooperate. These findings, Inconclusive, Unable to Locate, and Client Non-Cooperation, per NCANDS mapping, map to Closed—No Finding.

Children

Safety of staff and Louisiana families was and is of the utmost concern. For investigations, policy shifted that upon arrival to a home, the assigned worker should complete screening questions for all household members prior to entering the home. If the screening tool suggested possible COVID-19 exposure, the COVID-19 Practice Support Team would be consulted to determine the best way to move forward with the investigation. Safety and risk of the child victim(s) as well as the worker were taken into consideration to determine the next steps. No policy changes were made, with regard to response priorities; the four current response levels remained the same throughout the pandemic.

The Department implemented a new case management system in 2018. During that time, the ability to identify victims of juvenile sex trafficking was made possible through the implementation of a new category of child abuse and neglect. Louisiana reports information on victims with parent/caregiver perpetrators; those victims are substantiated only when the parent or caregiver is found to be culpable in the alleged sexual trafficking incident.

Additionally, increased focus has gone to drug and alcohol affected newborns. Identification of drug and alcohol abuse by the parents has been identified as a risk factor. However, reporting in this area has been difficult due to some issues leading back to one distinct problem: Identification of the reporter as medical personnel. Very often, the hospital social worker calls as opposed to a doctor or nurse. Staff require additional training in this area to correctly identify the reporter type as medical personnel, rather than social services. A number of plan

of safe care and referral cases have been dropped as a result of this issue. Further, staff also need additional guidance regarding when to identify a plan of safe care as being in place. The Department believes that children entering out-of-home (foster care) or in-home services are not properly being identified as having a plan of safe care, therefore under-reporting those vulnerable children identified as being substance exposed.

Fatalities

Louisiana saw a decrease in the number of fatalities from FFY 2019 to FFY 2020. Louisiana reported 19 fatalities during FFY 2020. The Department employed the Eckerd Rapid Safety Feedback model during FFY 2017 and continuing through FFY 2019. The purpose of this model was to better identify children at higher risk of having a poor outcome. The Eckerd Rapid Safety Feedback model was discontinued at the beginning of FFY 2020. Instead, the Department began identifying high-risk cases and alleged victims using a number of different variables including age of the alleged victim, type of alleged abuse, previous history with the Department, etc.

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 in-home family services, foster care, adoption, and protective daycare. Many services are provided through contracted providers and are not reportable in the Child File. To the extent possible, the number of families and children receiving services through title IV-B funded activities are reported in the Agency File.

The COVID-19 Pandemic caused a shift from face-to-face focused services to virtual services. Early on, the Department put into place case contact regulations that gave staff specific directions for what type of contact was required. For example, if no safety plan was in place for an in-home services case, staff could leverage FaceTime and Skype to complete visits. Screening questions were put in place for any family who staff needed to see in-person. A COVID-19 Practice Support Team was available to help offer guidance to staff in situations that may be considered questionable. For children in foster care/adoptions, different guidelines were set forth for staff, making virtual face-to-face contact requirements weekly rather than monthly; and Skype/FaceTime was to be used for parent visits as well, unless the case met certain criteria. The Department has made every effort to continue to provide services which would move cases along and not be held up due to the pandemic.

Maine

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General

Maine continues to utilize the Structured Decision Making (SDM) Intake Screening and Response Priority Tool. It ensures that all reports received are 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.

Reports

The number of alleged abuse and neglect reports received by Maine's Intake Unit increased in FFY 2020 from FFY 2019. 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 the criteria for appropriateness of child abuse /neglect report for response is not met, are preliminarily screened out. The Maine statutory definition of child abuse and/or neglect is a threat to a child's health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these or failure to ensure compliance with school attendance requirements under Title 20–A, section 3272, subsection 2, paragraph B or section 5051–A, subsection 1, paragraph C, by a person responsible for the child.

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

Children

The total number of victims associated with completed assessments in FFY 2020 increased from FFY 2019 due to the overall increase in reports and assessments assigned. The state documents all household members and other individuals involved in a report. Some children in the household do not have specific allegations associated with them, and so are not designated as alleged victims. These children are now included in the NCANDS Child File for Maine.

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

Fatalities

In FFY 2019 Maine began the collection and ability to track child deaths at time of report, during assessment or while in care. This information is now available in the Child File for

deaths that occurred after June 2019. Various state offices, along with the 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.

Maryland

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The state was not able to submit commentary in time for the *Child Maltreatment 2020* report.

Massachusetts

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General

The onset of the pandemic upended the operations of the Massachusetts Department of Children and Families (DCF) beginning in mid-March 2020 through the end of the FFY. A gubernatorial Executive Order issued March 10, 2020, continued operation of essential services, closed certain workplaces and limited gatherings. This Order was extended until May 18, 2020, when Massachusetts released multi-phased reopening protocols, which remained in effect until the end of the FFY.

On March 13, 2020, all state officers were ordered closed to the public and to staff, with the exception of employees needed to maintain essential operations. The vast majority of agency staff, including frontline social workers, shifted to teleworking as the agency immediately began work to rapidly change operations to find a balance between critical child protection responsibilities and mitigating the spread of the virus by scaling back the face-to-face contact that is a foundation of social work. The Department's after-hours Child-at-Risk hotline has remained fully operational during nights, weekends, and holidays when state offices are closed, and social workers continued to respond 24/7 to in-person to emergencies and when serious child safety concerns arose. Because the majority of frontline staff were already equipped with Department-issued mobile devices, the transition to telework was less strenuous. The Department distributed laptops to enable all screeners, including those on the after-hours hotline, to take phone calls remotely.

Reports

The Department's Protective Intake Policy requires non-emergency reports of abuse and neglect to be reviewed and screened in or out in one business day. Emergency reports require an immediate screening decision and an investigatory response within 2 hours. While agency policies remained intact during the pandemic, the Department began developing supplementary COVID-19 guidance in March to maintain quality case practice. The interim guidance address prioritization of child safety and the shift to virtual family visits.

Massachusetts uses a single child protection response, with all screened in reports assigned to investigation-trained response workers. This places the 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, contacted collaterals, and substantially investigated the report of abuse or neglect. Emergency responses must be completed in 5 working days; non-emergency responses must be completed in 15 workings days. To complete an investigation, the policy mandates the use of the Department's Risk Assessment Tool to assess potential future safety risks to the child. In October 2019, the Department updated its Risk Assessment Tool to incorporate the latest validated research to assess child safety risk more effectively and reliably.

Massachusetts saw the steepest declines in abuse and neglect reports to the agency, known as 51A reports, during March and April when schools shifted to full-time remote learning and the state was under a stay-at-home order. Weekly and monthly tracking of 51A reports showed, over time, the greatest deficit in reporting was among school personnel. With the arrival of warmer weather and declining infection rates and deaths, Massachusetts' eased its stay-at-home order. As children became more visible in the community over the summer, mandated reporter filings increased, although the total volume of reports has remained consistently below pre-pandemic levels.

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, divided by the monthly workload standard for the activity, divided by 12. The workload standards are 55 screenings per month and 10 investigations per month. The number includes both state staff and staff working for the Judge Baker Children's Center, Massachusetts' contractor for the after-hours Child-At-Risk hotline The number of workers completing assessments was not reported because assessments are case-management activities rather than screening, intake, and investigation activities.

Children

Throughout the pandemic, DCF has continued to conduct face-to-face investigations, the after-hours Child-At-Risk hotline has remained fully operational, and the Department has responded in-person to emergencies and when a child's safety is at serious risk. For non-emergency responses, a combination of in-person and virtual non-emergency responses was used in the earliest stages of the pandemic, when COVID-19 infection rates were high, less was known about the virus, and Personal Protective Equipment (PPE) supplies were limited. As PPE became more readily available the Department acquired and maintained a plentiful inventory of masks, gowns, cleaning supplies, face shields, gloves, and goggles, enabling more face-to-face contact.

As Massachusetts commenced reopening, guidance regarding in-person case contact for response and with intact families, was issued in August. At this time, the Department began transitioning non-emergency responses to mostly in-person contact, with children being seen in-person within 3 working days as stipulated in the Protective Intake Policy. For routine visits with intact families, the guidance required alternating in-person and virtual visits every other month but adjusting this practice based on a child's risk level and in communities when average daily infection rates became extraordinarily high. All pandemic-related DCF guidance is written and updated in accordance with the recommendations from the Massachusetts Department of Public Health (DPH) and the national Centers for Disease Control (CDC). While 51A reporting decreased during the pandemic, 51As were screened-in and supported/substantiated at slightly higher rates than before COVID-19.

In Massachusetts, intake screening and response decisions require the lowest legal threshold, or level of proof, of "reasonable cause", as required by state law. This allows for the capture of a broader view of children potentially in need of protective services. Response outcomes are mapped to NCANDS outcomes as follows:

- Supported is mapped to substantiated

- Substantiated Concern is mapped to Other
- Unsupported is mapped to unsubstantiated at the report level and to unsubstantiated at the allegation level if the report decision is either supported or unsupported. If the report decision is substantiated concern, an allegation decision of unsupported is mapped to other.

The NCANDS category of neglect includes medical neglect; Massachusetts does not have a separate allegation type for medical neglect. Living arrangement data are not collected during investigations with enough specificity to report except for children who are in placement. Data on child health and behavior are collected, but these data need not be entered during an investigation. Data on caregiver health and behavior conditions are not usually collected. For both the alcohol and drug abuse elements, the indicator is marked as a "yes" for any information found in the health and behavior sections of the case record and for any infant with a reported allegation of substance exposed newborn or substance exposed newborn-Neonatal Abstinence Syndrome.

Per the Child Abuse Prevention and Treatment Act (CAPTA), the Department changed its regulations and policies to accept reports of allegations against noncaretakers (i.e. any person suspected of being involved with the trafficking of a child). The Commonwealth's approach provides access to supportive services through the child welfare agency, while law enforcement seeks to hold traffickers accountable. Most of the identified perpetrators are nonrelatives—the relationships are identified in the DCF system as "unknown" or "other person."

During FFY 2020 electronic case record system changes were implemented to allow for the documentation of the presence of plans of safe care and referrals to appropriate services (for families of substance exposed infants) during the report or investigation. Additionally, this information can also be captured and detailed during the family assessment and action plan that occurs on cases open for services.

Fatalities

Massachusetts DCF reports child fatalities attributed to maltreatment only after information is received from the state's Registry of Vital Records and Statistics (RVRS). RVRS records for cases where child maltreatment is a suspected factor are not available until the medical examiner's office determines that child abuse or neglect was a contributing factor in a child's death or certifies that it is unable to determine the manner of death. Information used to determine if the fatality was due to abuse or neglect also 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. During the pandemic, DCF continued to review child fatalities in accordance with agency policy and protocols.

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. Prior to the pandemic, there was a declining number of children requiring foster care placement services and this remains unchanged. In alignment with the decline in abuse and neglect reports to the agency, home removals are also down compared to prior years.

Massachusetts continues to work collaboratively with contracted providers who provide in-home services, such as therapy and parent skills coaching, to intact families. Early in the pandemic, the Department issued guidance specifically for these providers to encourage consistency and continuity of services to the greatest extent possible. During the pandemic, providers have independently made decisions about service provision and deliver a blend of in-person and virtual services.

Michigan

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General

The Michigan Department of Health and Human Services (MDHHS) does not have a differential response or alternate response program. MDHHS is responsible for the investigation of complaints of child abuse allegedly committed by a person responsible for the child's health and welfare.

Michigan utilized funds under the Coronavirus Aid, Relief and Economic Security Act to target service delivery to higher risk populations including those with recent interaction with the Children's Protective Services program.

Reports

Michigan experienced a sharp decline in the number of abuse or neglect reports to the statewide 24-hour hotline due to the COVID-19 pandemic and the state executive Stay at Home orders issued during the period of March 2020 through May 2020. The state's education system moved to fully virtual school from March 12, 2020 until the end of the school year in June 2020 reducing referrals from education and childcare professionals. The state's child welfare 24-hour hotline staff remained fully operational without a gap in coverage or responsiveness to the public. Michigan made no changes to the state's CPS policy complaint assignment criteria which would result in this complaint assignment decline.

Children

Michigan's Statewide Automated Child Welfare Information System (MiSACWIS) allows for reporting on individual children. Michigan did not change any policies related to conducting investigations and assessments in response to the COVID-19 pandemic, however operational changes were made in some investigation requirements to increase worker, child, and family safety. There was no impact on the investigation timelines from initiation to determination of the allegations; the state saw an improvement of one hour from the previous fiscal year.

The entire child welfare staff statewide transitioned immediately to mobile work using virtual technology. Specialized teams were developed for in-person contacts required to complete all investigations and initial safety assessments, limiting broad statewide staff exposure to COVID-19 from March 2020 through June 2020. Remaining portions of the investigative process were completed using virtual and phone contacts. All in-person caseworker activities resumed statewide with gradual implementation by June 13, 2020 and with full resumption

in July 2020 with the provision of mitigation strategies for staff and the public in effort to minimize the spread of COVID-19.

Michigan continues to improve data collection in the area for infants with prenatal substance exposure through collaboration with our medical community and continuous training. Michigan policy indicates that CPS will investigate complaints alleging that an infant was born exposed to substances not attributed to medical treatment and subsequent requirements for confirming abuse/neglect must find that a parent's substance use/abuse impacts child safety/well-being. The department has established policy, process, and reporting requirements to ensure these families are offered a plan of safe care through either a public health or child welfare contact.

Fatalities

Michigan reports all child abuse or neglect fatality data within the Child File. Michigan receives reports on child fatalities from several sources including law enforcement agencies, medical examiners/coroners, vital records, and child death review teams. The determination of whether maltreatment occurred is dependent upon completion of a CPS investigation that confirmed abuse or neglect. Fatality reports are not included in the NCANDS submission unless a link between the child fatality and maltreatment is established. Michigan's Child Death Review team continued operations despite COVID-19. The state utilizes data on child fatalities to provide recommendations, raise awareness, and encourage initiatives to decrease such tragedies.

Perpetrators

Perpetrators are defined as persons responsible for a child's health or welfare who have abused or neglected a child. Michigan has made improvements in reporting perpetrators based on relationships a perpetrator may have with a parent such as a Living Together Partner. Michigan does not report noncaregiver perpetrators of sex trafficking to NCANDS. The state refers these adults to law enforcement. This population does not meet criteria of "nonparent adult" or "person responsible" as defined in Michigan's Child Protection Law.

Services

Michigan is not able to accurately report on all prevention services within the Agency File. Michigan continues to report services from Promoting Safe and Stable Families through programing by Families First of Michigan, Family Reunification Program, and Families Together Building Solutions-Pathways of Hope. In response to the COVID-19 Pandemic, Michigan expanded the eligibility criteria to at risk families to receive Families First programing. Overall, in-home service programing did see a decrease in service provision as result of the statewide Safer at Home executive orders.

Michigan continues to improve reporting consistent with the Comprehensive Addiction and Recovery Act of 2016 (CARA) plans of safe care through staff training, improved guidelines, and collaboration with the medical profession statewide. Michigan refers children birth through age three to programs under the Individuals with Disabilities Education Act. IDEA is managed within the Michigan Department of Education and data is not available to report in the NCANDS's Agency File.

Minnesota

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General

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

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

Reports

Data on CPS staff represent the full-time equivalent (FTE) of staff as reported by the local agencies (counties, combined agencies, and two tribal agencies). In Minnesota, CPS staff are employees of the local agencies rather than the state. The COVID-19 pandemic had an impact on the number of alleged CA/N reports during FFY 2020. Overall, the number of reports declined from the previous year, however, there were regional and county variances; likely correlated to patterns of virtual/distance school programming. While no changes were made to the statutory requirements for reporting and screening for maltreatment, multiple successive Executive Orders from the Governor required individuals, organizations, and businesses to intermittently "stay at home," shutdown, and/or engage in virtual services and education. It is likely that the physical absence of children and youth from schools, doctor's offices, places of worship and other places minimized exposure to mandated reporters resulting in a reduction in reports of alleged CA/N.

Overall, local agencies reported an increase in the number of child protection staff, compared to last year. It is difficult to generalize the impact COVID-19 had on the child protection workforce in Minnesota due to regional and county COVID-19 experiential impact and variation. Many counties, however, reported numerous challenges responding to changing staffing levels due to COVID-19 related leaves, and the workforce balancing caring for children at home due to multiple restrictions/activities intended to slow the spread of Coronavirus. While the department has developed a new Minnesota Child Welfare Training Academy through a joint venture with the University of Minnesota, substantial delays in roll out of the academy as a result of the pandemic, and the associated efforts to address it, have impeded initiatives related to the development, stability, and wellbeing of the workforce.

All three responses (family and facility investigations, and family assessment) apply to screened-in reports of alleged child maltreatment in Minnesota. There was not a significant difference in the proportion of reports screened to each type of response. A separate program, Parent Support Outreach Program (PSOP), offers early intervention supports and services to families when reports alleging child maltreatment are screened out or a family is voluntarily referred into the program. The number of children served under this program is reported under preventive services in the Agency File, and is noted below in the services section of this commentary.

Approximately 75 percent of screened out referrals are because the stated concerns do not meet established criteria in Minnesota's Child Maltreatment Intake, Screening, and Response Path Guidelines or the definitions of child abuse or neglect under Minnesota law. Other reasons to screen out a referral include: children not in the county's jurisdiction, allegations have already been assessed or investigated, not enough identifying information was provided, or the incident did not occur within the family unit or a licensed facility. There is little variation in the proportion of screened out referrals for each of the reasons across years. In addition, Minnesota Guidelines and Statute apply screen-in requirements to children who have been born. Screened-in reports alleging substantial child endangerment or sexual abuse must be responded to within 24 hours. Other reports must be responded to within 5 days or 120 hours under Minnesota statutes.

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

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

Children

During FFY 2020 the number of victims decreased. The number of victims is based on determined/substantiated child victims in investigation cases. Due to COVID-19 related public health guidelines and Governor Executive Orders requiring activities to slow the spread of coronavirus, modifications were made to the timelines and face-to-face requirements for certain child protection responses. For reports of substantial child endangerment or sexual abuse, law enforcement or hospital staff were permitted to serve as the initial face-to-face contact with alleged child victims. It was permissible for child welfare workers to ease timelines in situations where the offender was not a primary caregiver and did not have access to the child victim. Alternative methods of contact were allowed, including video conferencing, for less serious conditions as determined by the local screening agency.

The department encouraged face-to-face contacts and indicated that alternative methods should be used sparingly. When alternative methods were used, video was preferred. Overall, the median time to initial contact throughout the State was longer compared to last year, however, this was more evident for reports requiring a five-day response opposed to a 24-hour response. To ensure the safety of all children who have or had contact with an

alleged offender, Minnesota statute requires other children who currently reside with, or who have resided with, an alleged offender to be interviewed in the early stages of an assessment or investigation. These children are subject to the same protections and provisions as the alleged victim.

The State currently collects and reports data related to infants with prenatal substance exposure. While there were no policy changes during the FFY 2020, the State has taken efforts to improve its response through partnerships and communications. The State has also created a dashboard to monitor data more timely to support strategies for improvement.

Fatalities

Minnesota's Child Mortality Review Panel is a Collaborative Safety focused multidisciplinary team including representatives from state, local, and private agencies. Disciplines represented include social work, law enforcement, medical, legal, and university-level educators. Minnesota's review process is a robust, thorough and time intensive endeavor that includes a review of the child and the family's history of involvement with the child welfare system. The review is designed to analyze our system to identify opportunities for improvement as well as barriers to providing the best services to children and families of Minnesota. It uses state of the art safety science which engages staff and community partners in the review process, while simultaneously responding to any immediate safety concerns that may arise.

The primary source of information on child deaths resulting from child maltreatment is the local CPS staff; however, some reports originate with law enforcement or coroners/medical examiners. Local agencies also submit results of any local child mortality review to the department's critical incident review team. The department's critical incident review team also regularly reviews death certificates filed with the Minnesota Department of Health (MDH) to ensure that all child deaths are reviewed. The department's critical incident 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 Comprehensive Child Welfare Information System, to ensure that complete data are available.

Occasionally, a child who is a resident of Minnesota becomes the subject of an alleged CA/N related near fatality or fatality in another jurisdiction. When the department's critical incident review team becomes aware of such an incident, documentation, including police reports, are requested from law enforcement in the other state. The local agency within Minnesota is asked to record the data in Minnesota's Comprehensive Child Welfare Information System.

In FFY 2020, the number of maltreatment-related fatalities as compared to 2019, increased from 17 to 21. Given the rarity and complexity of these cases, it would be misleading to speculate on the reasons for this increase. Each fatality is a tragedy, and it is imperative that when such an incident occurs, the state have a process for learning what we can to improve outcomes for all children and families moving forward. Minnesota utilizes a systemic critical incident review process, the foundations of which are based on safety science concepts and principals, to review cases that include maltreatment related fatalities and near fatalities. This process results in the identification of systemic barriers and influences that impact the work

in Minnesota's child welfare system which are used to inform the state's broader continuous quality improvement efforts.

Other than holding the reviews and meetings virtually, all other policies and procedures for reviewing child fatalities in Minnesota remained the same during the pandemic.

Perpetrators

The NCANDS category of "other" perpetrator relationships includes other nonrelative. In Minnesota, maltreatment determinations can be made against children age 10 and older, as long as there is a preponderance of evidence. Noncaregiver perpetrators of sex trafficking are included.

Services

Primary prevention services are often provided without reference to individually identified recipients or their precise ages, so reporting by age is not possible. Clients of an unknown age are not included as specifically children or adults. Data reported in preventive services funded by Community-Based Child Abuse Prevention (CBCAP) and Promoting Safe and Stable Families (Title IV-B) represents the unduplicated number of children who received Parent Support Outreach Program supports and services. Services in this program are provided to children and families who were reported as having an allegation of child maltreatment but the reported allegation was screened out and did not receive a child protective response. Community agency referrals and self-referrals are also eligible for the Parent Support Outreach Program. This program is completely voluntary.

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

As a result of the pandemic, the department temporarily lifted age restrictions and decreased the number of risk factors that were needed to be eligible for the Parent Support and Outreach Program. In addition, the department increased the amount of funding provided to local agencies, encouraging a higher amount per family when indicated, and expanded the eligible supports and services to meet the evolving needs of families during the pandemic, including technology to participate virtually in services and educational activities.

The number of children entering out-of-home care declined from 2019 to 2020. The sharpest decline occurred shortly after Minnesota's first COVID-19 related Executive Orders targeted toward slowing of the spread of Coronavirus lockdown in March 2020, and remained at a lower level for the remainder of the year. Children in placement have had less contact with parents and siblings due to visitation restrictions as well as less face-to-face contact with workers in person. Alternate methods of face-to-face contact, including video, have been used.

Mississippi

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General

All MDCPS staff began teleworking in March 2020 and have continued some hybrid of telework and in-office work throughout the pandemic to limit exposure to, and spread of, COVID-19. All caseworker and caseworker supervisory staff, including the staff tasked with investigating allegations of abuse and neglect, have been deemed essential employees throughout the pandemic to allow continued travel and access to all necessary resources to complete investigations and other casework duties.

Guidance was issued early in the pandemic to ensure safety precautions were utilized by caseworker staff when making face-to-face contact to mitigate the risk of exposure while continuing to make face-to-face contacts. And policy has required continued face-to-face contact throughout the pandemic except where particularized concerns for exposure were present: i.e. a household member with a positive test or known exposure to someone with a positive test. The following guidance applies to all in-home visits for any purpose. When preparing for an in-home visit, staff must make a phone call to the home and speak with a member of the household prior to making the planned visit. During that phone call, ask the household member whether they or any other member of the household have:

1) Traveled outside the United States or used mass transit within the United States within the last 14 days;
2) Had contact with anyone with known COVID-19, or with anyone undergoing medical evaluation to determine whether they have COVID-19, within the last 14 days; and
3) Has any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath).

If the household member responds "No" to all three questions, proceed with the visit as normal.

If the household member responds "Yes" to any of the three questions, immediately staff the case with a supervisor to assess whether there are any urgent risks or needs requiring immediate attention. If there are urgent needs, assess whether those needs can be safely met remotely. If the urgent needs can be met remotely, forego an in-person visit and meet the needs remotely, instruct the household member to stay home and contact the Mississippi State Department of Health to report their potential exposure to COVID-19, and contact the Mississippi State Department of Health directly to report the potential case of COVID-19.

If the client must be seen in person to meet urgent needs, instruct the affected household member to remain at home and contact their medical professional immediately, to use a mask if available, to place themselves in a separate room with the door closed if possible, and to be assessed by a medical professional before the visit occurs if time permits. When making the visit in the home with an affected household member, avoid all contact with the affected household member if possible and limit time in the home to that necessary to meet the urgent needs. If there are not urgent needs, instruct the household member to stay home and contact

the Mississippi State Department of Health to report their potential exposure to COVID-19, and contact the Mississippi State Department of Health to directly report the potential case of COVID-19.

Reports

No changes to the referral process were implemented. There was a noted decline in the number of referrals received during the initial pandemic months as compared to prior reporting months and timeframes. The Department hypothesizes that this decline was attributable to lockdowns in the state decreasing potential reporters' access to children. The hotline maintained 24/7 operations. No overall agency staffing reductions were experienced. There may have been intermittent staff outages related to personal exposure or positive tests.

Children

Child abuse and neglect investigations must proceed even as we move through the spread of COVID-19. When making initial contact with any individual during an investigation, ask the three screening questions above. If the individual answers "Yes" to any of the three questions, instruct the individual to stay home and contact the Mississippi State Department of Health to report their potential exposure to COVID-19, and contact the Mississippi State Department of Health directly to report the potential case of COVID-19. Further, limit contact with potentially affected individuals to the minimum amount necessary to complete the investigation. No changes were made to calculations of initiation and completion timeframes.

Fatalities

As of March 2020, Child Death Review (CDR) meetings were virtually attended by Tonya Rogillio (Deputy Commissioner of Child Welfare), Tara LeBlanc (Interim Director-Field Operations-South), and previously Bonlitha Windham (Office Director of Therapeutic & Prevention Services). No changes were made to the CDR policies and operations continued throughout the pandemic.

Perpetrators

Noncaregiver perpetrators of sex trafficking are reported to NCANDS. The NCANDS category of "Other" perpetrator relationship is coded when the alleged perpetrator's relationship to the victim is known but it doesn't fit into the other categories listed.

Services

When a service case is opened and maintained by MDCPS staff, it is referred to as an In-Home service case. These cases are opened to either maintain successful reunifications after a foster care episode or prevent the need for initial removals from home into foster care.

Beginning on October 1, 2017, the CFSSP transitioned to the in-CIRCLE Family Support Services Program. Two vendors provide services for this program, however, only one provides services funded through PSSF funds, Youth Villages. Canopy Children's Solutions utilized state general funds to provide services. in-CIRCLE is an intensive, home and community-based family preservation, reunification services program for families with children who are at risk of out-of-home placement. It is designed and implemented to help break the cycle of family dysfunction by strengthening families, keeping children safe, and reducing foster care and other forms of out-of-home placements. Services are also offered to families

with pregnant mothers who were at high risk of the child being removed due to substance use issues once the child is born. The primary goal of the program is to remove the risk of harm to the child rather than removing the child by:

1) reducing unnecessary out-of-home placements
2) preventing and/or reducing child abuse and neglect
3) improving family functioning
4) enhancing parenting skills
5) increasing access to social and formal and informal concrete supports
6) addressing mental health and substance use issues
7) reducing child behavior problems
8) safely reunifying families.

For in-CIRCLE Services which are provided through Youth Villages and Canopy, these two Providers offered TeleHealth as an alternative service contact during the COVID-19 shut-down period.

The "Other" funding sources for children who received preventive services from the state during the year are 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 subgrantees.

For FFY 2020, the Dorcas In-Home Family Support Program is another program that provides family-driven, youth-guided interventions to improve the stability of enrolled families and their ability to provide adequate care for the children for whom they are responsible. These interventions increased families' access to and utilization of community resources and assistance. The goal is to reduce the likelihood of removal or other disruption of their living arrangement.

For Prevention subgrantee's, the reported numbers for FFY 2020 were 6,427 families served and children-2,581 served. Due to COVID-19, one of our subgrantee's conducted Live Parenting Sessions. There were 3,509 views of their virtual program.

Missouri

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General

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

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

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

Reports

Missouri uses structured decision-making protocols to classify hotline calls and to determine whether a call should be screened out or assigned. If a call is screened out, all concerns are documented by the division and the caller is provided with referral contact information when available.

The response time indicated is based on the time from the login of the call to the time of the first actual face-to-face contact with the victim for all report and response types, recorded in hours. State policy enables, in addition to CPS staff, multidisciplinary team members to make the initial face-to-face contact for safety assurance. The multidisciplinary teams include law enforcement, local public school liaisons, juvenile officers, juvenile court officials, or other service agencies. Child protective services (CPS) staff will contact the multidisciplinary person to help with assuring safety. Once safety is assured, the multidisciplinary person will contact the assigned worker. The worker is then required to follow-up with the family and sees all household children within 72 hours. Data provided for 2020 does not include initial contact with multidisciplinary team members.

The FFY 2020 submission shows a decrease in the number of records from the previous year and a decrease in the number of unique records. The number of reports to the call center significantly decreased in the beginning months of the pandemic. Missouri was proactive in analyzing data on both calls and reporters. We tracked data on changes in call volume both weekly and monthly. As soon as our call volume decreased, we were communicating with the public and community partners regarding the lack of calls and concerns this brought for child safety. The Department of Social Services urged every Missourian to be especially attentive to the safety and wellbeing of children and strongly encouraged anyone who suspects child abuse or neglect to call the toll-free hotline. Our agency created a video regarding the importance of making hotline calls and the ease with which mandated reporters could report online. We publicized call volume decreases, shared data with MO Law Enforcement agencies and placed our video on social media sites which gradually let to increased call volumes.

Our Child Abuse Neglect Call Center continued to run a 24/7 hotline with no staffing decreases. A change was made to the criteria that allowed more calls that were screened out, to be accepted as a referral in order to reach more children and ensure needs were being met during the pandemic. While the pandemic contributed to significant decreases in the number of records from 2019 to 2020, we experienced an increase in the number of referrals screened-out from 2019 to 2020.

Changes were made to our state's calculation for our time from the start of an investigation for the Agency File by mirroring the same logic used in the Child File. Missouri reported a significant increase in response time with two contributing factors:

1) COVID-19 increased the number of multidisciplinary team members making initial face-to-face contacts that impacted CD calculated response times.
2) Our state also took full advantage of lower call volumes during the beginning of COVID-19 and many old records were cleaned up with data entry to showed initial face-to-face times which resulted in first response times that had the appearance of being many months to more than a year from the report date although prior contacts were often made. This heavily impacted Missouri data on the increase in response time hours.

As our agency staffing was impacted by COVID-19, we tracked staffing needs and redistributed reports and staff in order to meet the call volume needs across the state. As policies and procedures were adjusted, our state developed a resource page for team members to locate all actions in one location on our Intranet. Once policies for virtual visits, curbside visits or safe in-person visits were developed, we added an indicator in FACES in order to track any visit that was held outside of normal protocols. Our multidisciplinary team (MDT) partners greatly assisted in making child contacts to ensure safety, which did show in our NCANDS data as decrease in our timely initial contact although it was actually an increase when MDT was calculated.

Children

Missouri implemented multiple protocols to meet our investigation and assessment guidelines on ensuring safety and child contact. Temporary policies addressed both child and worker safety, proper use and availability of PPE, virtual, curbside and in-person visits. In many situations we did continue to investigate reports in-person. Safety of children

continued to be a primary concern and child removals were not impacted. Per the Supreme Court of Missouri's order issued on March 22, 2020, all in person hearings were suspended with the exceptions to include proceedings pursuant to Chapters 210 and 211 pertaining to juvenile delinquency, abuse, and neglect, termination of parental rights to ensure the safety of children remained a priority.

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, is not comparable to states that define victimization in a different manner, and may result in a lower rate of victimization than such states. For example, the state measures its rate of prior victimization by calculating the total number of 2020 substantiated records, and dividing it by the total number of prior substantiated records, not including unsubstantiated or alternate response records.

The state does not retain the maltreatment type for reports as they are classified as alternative response nonvictims. Missouri tracks cases with sex trafficking victims as a result of the 2017 Preventing Sex Trafficking and Strengthening Families Act. With the 2019 expansion of the definition of care, custody and control in Missouri Children's Division policy to include those who take control of a child by deception, force or coercion, we have been able to identify any perpetrator of sex trafficking as a caregiver and include them in NCANDS data. Missouri's concern with barriers is the current lack of an evidence-based models specific to assessing, identifying, and responding to trafficking as it relates to working with children through the child welfare system. However, CD has worked with other states to develop a comprehensive assessment tool for child victims of both labor and sex trafficking. This new tool will be incorporated into CD policy and supported by Advanced Human Trafficking training in the near future.

Missouri collects data on plans of safe care in the instance of a Newborn Crisis Assessment Referral. During FFY 2020 there were 3,491 children younger than 1 year who were screened out of the NCANDS Child File and alerted to Missouri Children's Division as Newborn Crisis Assessment Referrals. Of those children referred, 1,050 had a plan of safe care. There were an additional 14 children in the Child File that met the criteria, but were not reported as having a plan of safe care because plans are only required on Newborn Crisis Assessments in Missouri. Newborn Crisis Assessments in Missouri are not considered reports of abuse or neglect and there are no plans in Missouri, to change the way Newborn Crisis Referrals are categorized. They will continue to be considered referrals and not reports of abuse/neglect.

Fatalities

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

State Technical Assistance Team (STAT) to review and assist law enforcement and the Children's Division in instances of severe abuse of children.

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

In FFY 2020, Missouri adjusted coding on our mapping document in order to more accurately provide child fatality information in the NCANDS Child File, based on a mapping issue found in FFY 2019 data. Staff were trained to make the preponderance of evidence findings on the actual allegation (physical abuse, neglect, lack of supervision) rather than the fatality itself. This was a successful change in gathering accurate data.

Perpetrators

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

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

- The parents or legal guardians of a child;
- Other members of the child's household;
- Those exercising supervision over a child for any part of a twenty-four-hour day;
- Any adult person who has access to the child based on relationship to the parents of the child or members of the child's household or the family;
- Any person who takes control of the child by deception, force, or coercion; or
- School personnel, contractors, and volunteers, if the relationship with the child was established through the school or through school-related activities, even if the alleged abuse or neglect occurred outside of school hours of off school grounds.

The last bullet was added to the definition to provide the Children's Division an enhanced ability to investigate child abuse/neglect when the alleged perpetrator has a relationship with the victim child through school.

The FFY 2019 Missouri submission indicated a higher number of perpetrators in the category of "other" due to a policy that changed the wording "paramour" to "partner" which added additional coding that fell to the "other" category. For FFY 2020 Missouri updated coding on our mapping document to capture "partner" which resulted in an elevated percent change from the "other" category. The "other" category also includes reports where the perpetrator is coded as "self" for the victim. These are instances usually involving older victim children that are also perpetrators themselves, to younger children on the same report which puts them in the "other" category.

Services

Children younger than 3 years are required to be referred to the First Steps program if the child has been determined abused or neglected by a preponderance of evidence in a child abuse and neglect investigation. Referrals are made electronically on the First Steps website or by submitting a paper referral via mail, fax, or email. First Steps reviews the paper or electronic referral and notifies the primary contact to initiate the intake and evaluation process.

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 guardian ad litem information was not available for FFY 2020. The Children's Trust Fund provided supplemental data regarding preventive services.

In March 2020, CD and contracted in-home service providers were given guidance on how to utilize virtual visitation for in-home services provisions for families. The guidance included when to use daily virtual visits, weekly virtual visits, and curb side checks. In situations where families did not have access to participate in a virtual visit, in-home providers were instructed to consult with their supervisor to determine the feasibility of completing a curbside check of the child to assure safety. For all open in-home services cases supervisors were to assess cases with case managers and have the flexibility to require more frequent virtual visitation depending on risk and needs of the family. All alternative methods of visitation was to be thoroughly documented and identified with the FACES system by checking the COVID-19 protocol box.

In May 2020, CD and contracted in-home service providers were given additional guidance for providing face-to-face contact for in-home services provisions for families. The guidance allowed for in-home services to be in-person with a family after consideration of health and safety factors and proper screening of the family to minimize the spread of COVID-19. It required the screenings to be completed at each visit. In situations where in-person contact was not feasible, in-home service providers continued to provide increased virtual visitation with families. All deviations or alternative methods to assure child safety was to be through and identified within the FACES system by checking the COVID-19 protocol box.

Additional resources for Older Youth (OY), through federal legislation, were instrumental in providing financial assistance to OY impacted by the pandemic. Missouri also increased the expectation that all OY have weekly contact from our agency to ensure all needs were being met during the pandemic and especially during lock-down.

Montana

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General

Montana does not have a differential response track for investigations. A new computer system is being developed through a modular approach with the first module focused on intake and investigations of child abuse/neglect which went live in December 2019.

Reports

Montana Child and Family Services has a Centralized Intake Bureau or call center that screen each referral of child abuse or neglect to determine if it requires investigation, assistance, or referral to another entity. Referrals requiring immediate assessment or investigation are immediately called out to the field office. By policy, these Priority 1 reports receive an assessment or investigation within 24 hours. All other child protective services reports that require an assessment or investigation are sent to the field within 24 hours. In general, this has resulted in improved response times. Montana experienced a slight decrease in the number of calls at the beginning of the pandemic, however this decrease did not last very long. Montana did not change screening protocols.

Children

Montana continues to conduct all investigations per policy and did not make any modifications to timeframes. Montana has not experienced any delays in investigation decisions/outcomes.

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. Montana had a FICMR (fetal, infant, child mortality review) meeting scheduled for May 2020 and chose to postpone it until early fall when a virtual meeting was conducted.

Perpetrators

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

Services

Montana CPS workers and providers conducted virtual delivery of prevention and in-home services for the first 8 weeks of the pandemic and then returned to providing these services in person. Data for prevention services are collected by State Fiscal Year (SFY). There have been no significant changes in our removal and reunification rates attributed to the pandemic.

Nebraska

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General

During FFY 2020, Nebraska continued to utilize the Structured Decision Making (SDM®) model, a set of research-based decision-support assessments, to assess reports of child safety and risk. 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 is an approach to keep children safe in a family-friendly way by doing things such as making appointments to see the family, asking the parents or caregivers for permission to talk to their children and other collaterals, not entering abuse or neglect findings, and offering concrete supports, among other things. Alternative Response started as a pilot in five counties in 2014 and has since expanded statewide as of October 1, 2018. Data for traditional and alternative response cases are reported to NCANDS.

To enhance our engagement skills, the Division of Children and Family Services introduced Safety Organized Practice (SOP) to our staff beginning in April 2019. SOP is an approach to child welfare casework designed to help all key stakeholders—the family and professionals—involved with a child keep a clear focus on assessing and enhancing safety at all points in the case process. By employing solution-focused interviewing, proven strategies for meaningful child and youth participation, and a common language for concepts like "safety," "danger," and risk," SOP compliments SDM to create a rigorous child welfare practice model that is neither too naïve nor negative in its view of families. The tools utilized in SOP are proven to enhance the development of good working relationships and the creation of detailed practical and achievable safety plans. In the last two years, DCFS has substantially completed the roll-out of all 12 modules of SOP training statewide, continued the training process with the case management contractor for the Eastern Service Area, and is developing ongoing refresher training for all state staff.

Reports

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

Nebraska experienced an increase in unique screened-in reports to the Hotline in FFY 2020. Despite this increase, Nebraska experienced a decrease in screened-out reports and an increase in children who were screened out during FFY 2020. In June 2019, a policy was

enacted whereby all reports made by medical professionals which involve an identified child or child victim age five and younger are accepted for assessment. That same month, Central Office program policy staff also began performing second-level reviews of all reports that are screened out at the Hotline. The purpose of these reviews is to ensure that the correct screening decisions are made with regard to reports that are not accepted for assessment. These changes in policy and practice may account for the increase in screened-in reports and decrease in screened-out reports.

From the onset and during the pandemic, referrals of child abuse and neglect have been affected within Nebraska. Overall, the Nebraska Child and Adult Abuse and Neglect Intake Hotline (Hotline) experienced decreased call volume. Specifically, there have been fewer calls from educational professionals due to school closings. However, there has been increased reporting from local law enforcement agencies. Notably, referrals to the Hotline during this time have involved families experiencing high levels of stress and involving more serious physical abuse to young children.

Nebraska's Hotline has continued to be in full operation 24 hours a day, seven days a week. Hotline staffing levels have not changed, but due to lower call volume, Hotline staff have assisted with other state programs and projects to connect families in need with Economic Assistance during the pandemic. Nebraska DHHS did not change any Hotline policies or procedures related to screening due to the pandemic. Nebraska also did not experience staff reduction due to the pandemic. Specifically, the Hotline did not have any reductions due to the pandemic. However, with natural attrition, positions were utilized to help other areas of child welfare to ensure coverage to meet child and family contact deadlines and to complete safety assessments timely and accurately. All reports made by a medical professional involving a child 0-5 years of age is accepted at the Hotline. Through the Comprehensive Addiction and Recovery Act (CARA), Nebraska has set up a notification process for birthing hospitals. If the hospital does not feel that there are concerns of abuse or neglect, but an infant was born affected by substance use, a notification is made to DHHS. While we continue to work with our hospitals on the implementation of CARA and the difference between reporting and sending a notification, some infants are missed due to notification not being sent to DHHS. In November 2020 an updated letter explaining the two processes was sent out to all Nebraska hospitals. The Nebraska Perinatal Quality Improvement Collaborative held a video conference in January 2021 for all hospitals to receive additional training and guidance on Nebraska's CARA Implementation. This video conference was recorded for those that were not able to join live.

Children

In FFY 2020, Nebraska saw a decrease in unique child victims. The expansion of alternative response partly accounts for this decrease, along with the effect the COVID-19 pandemic has had on the volume of calls to the Hotline originating from schools. Further, DCFS policy has been clarified and augmented with regard to Agency Substantiated findings and Central Registry entries. All agency substantiated findings are now reviewed and entered by supervisors who have administrative oversight of this process. The supervisor considering a finding of Agency Substantiated and the entry of the alleged perpetrator's name on the Central Registry must find sufficient evidence to support that the subject of the report, the alleged perpetrator, committed child abuse or neglect as outlined in state statute and determine that the evidence meets statutory requirements.

Nebraska did not change any policies related to investigating allegations of child abuse and neglect or conducting assessments with families during the COVID-19 pandemic, except that the time frame identified for CFS Specialists to complete assessments was extended from 30 to 45 days and an Administrative Exception could be granted for an additional 15 days. DHHS issued guidance to CFS teammates on practicing safe hygiene and social distancing to continue to protect our workforce and providers while keeping children, families, and vulnerable adults safe. Parenting time/visitation between parents and children and some monthly contacts with ongoing clients was restricted to virtual platforms for several months during the pandemic. In November 2020 "Guidance on Child, Family and Facility Contact during the COVID-19 Public Health Emergency" was updated as follows:

> "At this time, DHHS has determined face-to-face visits can occur; however, there may be situations when a virtual visit is required based on the family circumstances, their risk level related to COVID-19, exposure to COVID-19 and current Directed Health Measure (DHM). Some counties in Nebraska may be under DHMs, visit covid.ne.gov to find the DHM that corresponds with the county the visit will take place in."

Nebraska has seen increased severity of verbal and physical family violence involving both weapons and serious threats of harm. There has also been an increase in number and complexity of sex trafficking reports, as well as exposure to sexualized content due to children having more access to the Internet. There were some temporary changes put into place for drug testing parents who are required to test per court order. Drug-testing was conducted using sweat patches instead of urinalysis drug screening and alcohol testing was performed using ankle monitors. As of June 26, 2020, DCFS resumed referrals for urine and oral swab drug testing. Providers were instructed to continue to minimize in-person contact between staff and individuals being tested.

Nebraska DCFS did conduct in-person investigations and assessments throughout the months affected by COVID-19. Staff were provided with personal protective equipment (PPE), including masks, face shields, gloves, hand sanitizer and cleaning products. CFS Specialists were instructed to call the family from outside of the home and ask if anyone inside is positive for COVID-19. If a family member has Covid, the worker does a quick walk-through of the home and conducts the assessment from outside, if at all possible. Nebraska DCFS did not conduct virtual CPS investigations. DCFS experienced a decrease in the average number of days to complete an investigation. The average number of days for an Initial Assessment (IA) to be completed and closed from March 2019 to February 2020 was 32.4 days. The average number of days for IA to be closed from March 2020 to January 2021 was 29.2.

Nebraska started reporting sex trafficking data to NCANDS in 2018. As of August 2019, Nebraska accepts all reports of trafficking without regard to the subject of the report for assessment of child safety. Findings allow for differentiation between labor and sex trafficking. However, the finding is not an accurate indication of who is a trafficking victim as often the identity of the subject (or perpetrator) is not known and DCFS cannot substantiate an unknown perpetrator or list them on the Central Registry. Most victims of sex trafficking engage in "survival sex" and thus far there is not an exact mechanism for tracking these cases.

Nebraska continues to increase our ability to identify and report on infants with prenatal substance exposure and DCFS continues to discuss improvement strategies with administration. Currently only data based on children's characteristics is included, but DCFS is working on incorporating caregiver characteristics related to substance use. In the past year, a Standard Work Instruction was updated for all staff on what to do when an infant affected by prenatal substance use is identified. Nebraska continues to work with external partners, including hospitals, to ensure that they are providing DCFS staff with the necessary information to complete plans of safe care. Nebraska was recently chosen to receive In-Depth Technical Assistance, a two-year project through the National Center for Substance Abuse and Child Welfare and Children and Family Futures. While the main focus is on developing plans of safe care prenatally, the data and work with external stakeholders will allow Nebraska to grow and improve practice, ensuring all infants born affected by substance abuse/misuse have a plan of safe care documented.

Fatalities

Nebraska reported two child fatalities resulting from child maltreatment in FFY 2020. 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. No policies were changed with regard to child fatality reviews. The state CMDRT meets quarterly. In the past, the meetings were held in person, alternating between Omaha and Lincoln. Due to a number of unforeseen circumstances, the meeting scheduled for March 2020 was cancelled. Meetings were held virtually in June, September, and December of 2020.

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 2020, Nebraska saw a decrease in unique perpetrators. The decrease is likely due to a combination of factors: more reports are going to alternative response than had been preciously; supervisors are reviewing all recommended findings; and the COVID-19 pandemic has affected the number of reports received at the Hotline and assessments performed.

Nebraska reports noncaregiver perpetrators of sex trafficking to NCANDS. Nebraska revised statutes to require DHHS to conduct in-person investigations of trafficking regardless of the alleged perpetrator's relationship to the allege victim. This legislation was effective in August 2019. Nebraska reports "Other" relationships for perpetrators of sex trafficking which includes nonrelatives and other people who are not professional caregivers.

Services

Nebraska refers children who are younger than three years old to the Early Development Network (EDN). All children who are in a substantiated case 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 believes that most of the services provided to families can be accomplished during the assessment phase, between the report date and the final disposition. When a case is in "Court Pending" status, that is, prior to the parents or caregivers entering pleas or the court rendering a decision on the facts, services are nearly always provided to the family. Case management, supervised visitation and family support services, and addiction services are only a few of the services frequently utilized by families during the pendency of their court cases. However, often, some or all of the services may be concluded prior to the disposition. In many cases, these are the only services required to keep the child or victim safe. These services are not included in the NCANDS Child File. Only the services that extend beyond the disposition are included.

There was a decline in the number of children served in noncourt cases during the pandemic. From March through December 2019 there was a monthly average of 1,308 children involved in non-court cases; for the same period in 2020, the monthly average was 1,235 children. There were adjustments to in-home services and those that were able to provide services virtually during the lockdown did so pursuant to the "Guidance on Child, Family and Facility Contact during the COVID-19 Public Health Emergency."

- Referrals for most services declined during this time; however, CFS worked to insure that the most necessary services were not interrupted.
- Some service contracts, were amended to add service codes and language to allow virtual visits when in-person contact was not recommended.
- There were benefits to services being virtual, especially in more rural and remote areas of western Nebraska. Some families were able to receive services that were previously limited due to lack of providers in their area. Travel time was also eliminated.
- Most therapy and clinical supports have been continued through the pandemic and provided via telehealth.
- The Medicaid managed care organizations (MCO) report that their providers experience fewer cancellations and "no shows." They have also found that the virtual option supports customers' schedules and eliminates travel issues.
- Family Centered Treatment (FTC) is generally an all in-person service. However, the FCT Foundation (the national office that licenses FCT providers) worked closely with providers to help them transition to virtual platforms. The FCT Foundation provided training and guidance documents for the providers to ensure quality services and child safety were maintained in the virtual setting.
- Most families transitioned well to virtual; few, if any, families stopped FCT due to the pandemic.

The number of children taken into state custody decreased from 2,303 in calendar year 2019 to 2,084 for 2020. With the exception of July, the numbers were fewer than they had been in 2019 for each of the Covid-affected months (March–December 2020). There also were fewer removals in January 2021 than in 2020 and 2019. It is not possible to ascertain with certainty if the decrease in children removed from their homes is due entirely to the effects of the pandemic on child welfare. CFS is engaged in ongoing efforts to serve more children in their homes with robust safety planning. Overall, the number of children in foster care in Nebraska has increased. This may be due, in part, to court hearings being continued due to the COVID-19 pandemic.

During the "lockdown" phase of Covid, monthly contact and parenting (visitation) time was conducted over Zoom or other virtual platforms. Some parents were unwilling to participate in video visits with CFS, but they did want to see their children for visitation. Workers would visit with parents on the Zoom call before the visits began so that the parents met with their workers and workers could check-in with parents and offer assistance on case plan progress

Public Coronavirus Aid, Relief and Economic Security Act (CARES) funds were utilized for additional preventive services that families needed during the pandemic. Flexibilities granted by the Administration for Children and Families (ACF) allowed DCFS to better support families, meet immediate needs and adjust how services are provided. Specifically, federal funds have been used to meet concrete needs such as food and housing; virtual home visiting; and telehealth. Family Centered Treatment is a federally reimbursable service. Typically, states are reimbursed at the rate of 50 percent. However, due to the pandemic, our federal partners released guidance and raised the reimbursement to states. Nebraska was able to receive 100 percent reimbursement for FCT.

Nebraska DHHS Division of Children and Family Services provides child welfare services to the citizens of Nebraska. The statewide Child and Adult Abuse and Neglect Hotline is centralized in Omaha, but serves the entire state. Initial Assessment (investigation) is conducted by State of Nebraska Child and Family Services Specialists (CFS Specialists) and case management is likewise provided by CFS Specialists in four of the five service areas. In the Eastern Service Area, case management is privatized. St. Francis Ministries is the contractor performing case management duties in the ESA.

Nevada

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General

Nevada child welfare agencies use a single statewide child welfare information system known as UNITY—Unified Nevada Information Technology for Youth. UNITY was previously federally designated as a SACWIS, a Statewide Automated Child Welfare Information System, but is now governed by federal Comprehensive Child Welfare Information System (CCWIS) regulations.

Child Protective Services (CPS) provided by child welfare agencies in Nevada follow the Nevada child welfare safety model known as the Safety Assessment and Family Evaluation (SAFE) model. The SAFE model supports the transfer of learning and ongoing assessment of safety throughout the life of the case. The model emphasizes the differences between identification of present and impending danger, assessment of how deficient caregiver protective capacities contribute to the existence of safety threats and safety planning/management services, assessment of motivational readiness, and utilization of the Stages of Change theory as a way of understanding and intervening with families. All child welfare agencies in Nevada have implemented this model, which has changed the state's way of assessing child abuse and neglect and has enhanced the state's ability to identify appropriate services to reduce safety issues in the children's home of origin. Additionally, this model has unified the state's CPS processes and standards regarding investigation of maltreatment.

Nevada has an alternative response program, called Differential Response (DR). Families referred to the program are the subject of reports of child abuse and/or neglect which have been determined by the agency as likely to benefit from voluntary early intervention through assessment of their unique strengths, risks, and individual needs, rather than the more intrusive approach of investigation. Nevada has recently modified the DR program to better meet the needs of the child welfare agencies and the communities in which the agencies operate.

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

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

Reports

In Federal Fiscal Year (FFY) 2020, there was a decrease in reports of abuse or neglect completed or dispositioned in the year as compared to the previous year. Nevada has established intake processes, governed by the SAFE model, to determine if CPS referrals constitute reports of abuse or neglect. Referrals that contain insufficient information about the family or maltreatment of the child and no allegations of child abuse/ are screened out. Referrals that do meet criteria are screened in. Based on various factors associated with the report, CPS supervisors decide what type of response the report merits, assign the report to either Investigation or Differential Response, and assign a response time according to policy. The statewide Intake policy was updated in April 2020 and changed the response times from what they were previously.

Report response times may be one of the following: Priority 1: respond within 6 hours when the identified danger is urgent or of emergency status, there is present danger, and safety factors are identified; this response type requires a face-to-face contact by CPS. Priority 2: respond within 24 hours with any maltreatment of impending danger and safety factors identified including child fatality; this response type requires a face-to-face contact by CPS or may involve collateral contact by telephone or case review. Priority 3: respond within 72 hours when maltreatment is indicated, but no safety factors are identified; this response type requires a face-to-face contact by CPS or may involve collateral contact by telephone or case review. In situations where the initial contact is by telephone, the agency must make a face to face contact with the alleged child victim within 24 hours following the telephone contact. Referrals that do not rise to the level of an investigation may be referred to DR according to agency practice previously described. The DR program has a required response time of Priority 3: respond within 72 hours (three business days). This variance in response time affects Nevada's average report response time in NCANDS reporting

Children

In FFY 2020, there was a decrease in the number of children reported as possible abuse or neglect victims as compared to the previous year. Further, the number of substantiated victims only decreased slightly compared to the previous year. Nevada is not able to collect and report sex trafficking and substance exposed infant data, although policy, procedural, and technical planning is underway to address these items.

Fatalities

Fatalities identified in the statewide child welfare information system as maltreatment deaths are reported in the Child File. Deaths not included in the Child File, for which substantiated maltreatment was a contributing factor, are included in the Agency File as an unduplicated count. Reported fatalities can include deaths that occurred in prior periods, for which the determination was completed in the next reporting period. The total number of NCANDS reported fatalities has decreased for FFY 2020 compared with FFY 2019.

Nevada utilizes a variety of sources when compiling reports and data about child fatalities resulting from maltreatment. Any instance of a child suffering a fatality or near fatality, who

previously had contact with, or was in the custody of, a child welfare agency, is subject to an internal case review. Data are extracted from the case review reports and used for local, state, and federal reporting as well as to support prevention messaging. Additionally, Nevada has both state and local child death review (CDR) teams which review deaths of children (17 years or younger). The purpose of the Nevada CDR process is public awareness and prevention, enabling many agencies and jurisdictions to work together to gain a better understanding of child deaths.

Perpetrators

All perpetrator data are reported in accordance with instructions outlined in the NCANDS Child File mapping forms.

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 always 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

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General

New Hampshire's child protection system does not include Differential Response. The state uses a tiered system of required response time, ranging from 24 to 72 hours, depending on level of risk at the time of the referral, as determined by a Structured Decision Making (SDM) tool.

Reports

In response to the COVID-19 pandemic, New Hampshire's governor issued a stay-at-home order in mid-March 2020. Our Intake unit and after-hours referral contractor were able to transition very quickly remote work, so Intake continued to be available 24/7. There were no staffing changes as a result of the pandemic or stay-at-home order.

With schools closed, referrals decreased significantly for several months, but began to come back toward normal during the summer of 2020. However, it was not until December 2020 that the number of screen-ins matched previous years for the same month.

By the end of FFY 2020, the state was beginning to observe an increase of in the number of referrals for educational neglect in the wake of the pandemic. This has continued into FFY 2021. To screen in those referrals, intake staff first inquire about the efforts that the school has made to engage the family, provide remote learning support, etc. If efforts were made, but the student is still not attending school adequately, the report will be screened in. As a new practice this year, if any call was screened out, intake staff recommend the caller try to connect the family with their local Family Resource Center for support.

Children

From mid-March to mid-July 2020, New Hampshire conducted face-to-face interviews for assessments only for those referrals deemed to be high risk. Other interviews were conducted via Zoom conferencing. After appropriate safety protocols were established, face-to-face interviews resumed for all risk levels. Both response time and time to disposition decreased during FFY 2020, due to several factors:

- The decrease in referrals due to the pandemic allowed staff to start and complete assessments more quickly.
- New Hampshire implemented a statewide model of daily case management/supervision meetings that focus on each worker's priorities for the day, and guarantees 2 hours of "protected time" every day, in which workers can focus on completing those priorities without interruption.
- The state has been able to continue increasing the child protection work force through steady hiring and training.

As a result of these factors, New Hampshire experienced an increase in assessments closed during FFY 2020, and reported in the NCANDS Child File.

By policy, New Hampshire interviews all children in a household if any children are alleged to be maltreated. Alleged victims, including victims of sex trafficking, must be under the age of 18 in order for a report to be screened in.

New Hampshire is now able to collect data regarding plans of safe care and service referrals for substance-exposed infants. However, due to the pandemic, we have not had developer resources to modify the NCANDS extract to report that data. There have been no policy or procedure changes regarding the referral of infants with prenatal substance exposure.

Fatalities

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.

In addition, the NH Division for Children Youth and Families conducts fatality reviews internally, employing a safety science model that focuses on systems and how those systems impacted decision making. The assigned worker and supervisor for the case affected by a fatality attends these reviews. The NH Office of Child Advocate also conducts their own fatality reviews, using a systems learning model. The assigned worker and supervisor do not attend those reviews, but a team from the child protection agency does participate. Each of these review boards did not meet for a short period of time after the stay-at-home order was issued. However, they all transitioned to virtual meetings and resumed their work.

Perpetrators

New Hampshire screens in only those reports where the alleged perpetrator is a member of the child's household, having access to the child. The perpetrator may or may not be a caregiver, but is always a member of the household. This is true for all maltreatment types, including sex trafficking.

New Hampshire generally does not name minors as perpetrators of neglect or physical abuse, except for juvenile parents who have abused or neglected their own children. Other minors may be named as perpetrators of physical abuse, however it is more likely that the report will be approached as parental neglect (lack of supervision) when a child is reported to be physically abused by another child in the home. By policy, no child under the age of 13 may be named as a perpetrator of sexual abuse. There are no other policies governing the age at which a minor may be named as a perpetrator. All perpetrator relationships are mapped to one of the NCANDS values, and we do not use "other" for any perpetrator relationships.

Services

New Hampshire did not experience any significant interruption in services or child removals due to the pandemic. foster care providers, as well as residential providers initially began having parent-child visits via Zoom, but as safety protocols were established, moved to in-person. Other providers, including mental health and in-home supports initially used virtual visits, but have also moved back to in-home and in-person contact as safety allows.

New Hampshire *(continued)*

Our congregate care providers have had periods of time when they could not accept new placements due positive Covid tests in the facility, and the need to quarantine. Providers often request a child to be tested before being accepted. The State has coordinated all testing through one staff person, to streamline that effort. To further minimize impact on child services, the state has met regularly with the Department of Education to support remote learning for students, and with residential providers to work through pandemic-related issues.

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

New Hampshire is only able to report services that were paid for directly by the child protection agency. Any services that were paid for by Medicaid or the family's own health insurance are not reported for counseling services, health-related and home health services, and substance abuse services. New Hampshire does not provide or collect data on the following services, as defined by NCANDS:

- Case management services
- Employment services
- Family planning services
- Home based services
- Information and referral services
- Housing services
- Legal services
- Respite care services

New Jersey

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General

Since the implementation of the Statewide Automated Child Welfare Information System (SACWIS), each NCANDS Child File data element is reported from New Jersey's system, called NJ SPIRIT. The state is continuously making enhancements toward improving the quality of NCANDS data. New Jersey has declared that NJ SPIRIT will be its Comprehensive Child Welfare Information System (CCWIS) and plans to achieve compliance.

Reports

The state Department of Children and Families' (DCF) Division of Child Protection and Permanency (CP&P) investigates all reports of child abuse and neglect. New Jersey does not utilize a differential response protocol; all allegations of child abuse/neglect meeting statutory criteria for investigation are screened-in for a response. The state system allows for linking multiple CPS reports to a single investigation. The state system also allows for documenting the time and date the initial face-to-face contact was made to begin the investigation. Structured Decision-Making assessment tools, including Safety and Risk Assessments, are incorporated within the Investigation screens in SACWIS. These tools are required to be completed in the system prior to documenting and approving the investigation disposition.

For FFY 2020, the state data shows a decrease in both the number of unique reports and the number of substantiated victims when compared to FFY 2019. This decrease in the substantiation rate is consistent with the trend of decreased substantiated victimization, observed across the past several years. In addition, New Jersey's child welfare system—as well as others across the country—was significantly impacted by the COVID-19 pandemic, resulting in:

- A reduction in number of referrals received. In March 2020, New Jersey began to see a decrease in call volume and by April, call volume had decreased by approximately 50 percent. In May 2020, volume started to increase again and as of September 2020, call volume was 25 percent less than the volume observed in September 2019.
- From mid-March 2020 thru early July 2020, staffing patterns for the State Central Registry and the Child Abuse Hotline were reduced onsite. After July 2020, staffing patterns returned to full capacity.
- Protocols related to assignment of response times were modified in March 2020 to maximize the Department's limited supply of PPE. A tier of priorities was temporarily established, to govern the sequence in which reports should be addressed. Priority 1 intakes addressed immediate concerns for children who sustained serious injuries and their safety was at immediate risk. These also contained allegations around fatalities as well as sexual abuse. Priority 2 intakes addressed immediate concerns, but where the alleged perpetrator did not have access to the child. Priority 3 intakes addressed concerns that involved a 24-hour response and addressed neglect around basic needs. Screening protocols were not modified. All reports of abuse and neglect continued to be screened in based on New Jersey's statutory requirements.

- As a result of an agreement between the Communication Workers of America and the State of New Jersey, union members were furloughed for a period of days between June and July 2020. DCF did not enact layoffs and it continues to maintain staffing levels commensurate with model caseload standards.

Children

Children with allegations of maltreatment are designated as alleged victims 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.

New Jersey investigates allegations of sexual exploitation for alleged victims under the age of 18; in addition, New Jersey only investigates child abuse and neglect allegations of sex trafficking in which the alleged perpetrator is in a caretaking role. For FFY 2020, there were 37 reports of sexual exploitation investigated. It should be noted this number does not represent the children that may be subjected to human trafficking by a noncaretaker—these children do receive services; however, they are not included in the CPS report count.

In 2017, in response to the Comprehensive Addiction and Recovery Act of 2016 (CARA), New Jersey amended its regulations and further modified the allegation-based system to capture allegations of substance affected newborns. In 2018, a pilot program was developed to assess and engage the families identified as meeting the requirements, and plans of safe care training and implementation began to rollout statewide. For FFY 2020, New Jersey identified 2,005 substance exposed newborns; 1,788 (89 percent) had a Plan of Safe Care and 1,511 (75 percent) were referred to appropriate services. New Jersey successfully updated SACWIS in November 2020 and will be able to partially report the number of plans of safe care created, and the number referred to appropriate services in the FFY 2021 Child File.

As a result of the COVID-19 pandemic:

- New Jersey modified procedures related to conducting investigations. DCP&P Covid Response Teams were created to complete investigations, home visits and other critical field responses. Field responses were triaged and responses to both Priority 1 and 2 intakes were to be responded to in-person.
- Investigation start date and times were not modified. New Jersey continued to complete investigations face-to-face based on priority levels. In some situations, allowances were made for responses to occur via remote technology when the perpetrator did not have immediate access to the child. On these occasions, staff conducted virtual investigations through video conferencing. New Jersey did not amend any policy or procedure regarding the referral of substance exposed infants as a result of the COVID-19 pandemic. These referrals followed the screening protocols that were modified in March 2020 and were placed within one of the three priority levels and responded to accordingly.
- Based on our review of the data, the time elapsed between the start of the investigation to determination does not appear to have been impacted by COVID-19.

Fatalities

Child fatalities are reported to the New Jersey Department of Children and Families 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 happened as a result of child maltreatment. The Office of Quality manages a critical incident review process that utilizes safety science approaches, including human factors debriefing.

The state NCANDS liaison consults with the DCF Office of Quality and the Child Protection and Permanency (CP&P) Assistant Commissioner to ensure that all child maltreatment fatalities are reported in the state NCANDS files. The state SACWIS is the primary source of reporting child fatalities in the NCANDS Child File. The data is collected and recorded by Investigators and the person management screens are updated 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 DCF Office of Quality under the Child Abuse Prevention and Treatment Act (CAPTA), are reported in the NCANDS Agency File. New Jersey has maintained a stable annual child fatality rate for the last nine years. Fluctuations in the number of fatalities from year-to-year are likely due to random case-level variation and are monitored closely. New Jersey did not change any policies related to the child fatality reviews as a result of the COVID-19 pandemic. The reviews are still occurring, but have transitioned to a virtual convening.

Perpetrators

In New Jersey, perpetrators are defined as persons responsible for a child's welfare who have engaged in the abuse or neglect of that child. For sex trafficking, New Jersey only investigates child abuse and neglect allegations in which the alleged perpetrator is in a caretaking role, including categories such as bus driver/aide, child in foster/adoptive home, child in other licensed care, non-childcare staff, and Other.

Services

New Jersey contracts for all direct services, with the exception of case management services, which are provided by the DCP&P workers. The state SACWIS reports those services specifically designated as family preservation services, family support services, and foster care services as postinvestigation services in the Child File.

The Child Abuse and Neglect State Grant is one funding source for the Child Protection and Substance Abuse Initiative (CPSAI). We can say that with state Grant funding, CPSAI served 1,252 individuals. The Social Service Block Grant served 182,835 children with case management services. This number is unduplicated not reported to NCANDS but 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 (CBCAP) funded seven of New Jersey's 57 Family Success Centers (FSC), the New Jersey Child Assault Prevention Program (NJCAP) and the Prevent Child Abuse New Jersey Program (PCANJ). In addition, funding was provided to the Safe Haven and Early Childhood Improving Outcomes Programs.

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 2020. Compliance with this federal requirement is closely monitored by CP&P and New Jersey's referral rate for FFY 2020 is more than 80 percent. Data regarding services to children with behavioral health and substance use disorder diagnoses, and children with intellectual and developmental disabilities through the New Jersey Children's System of Care is available on the DCF website and the NJ Child Welfare Data Hub (www.njchilddata.rutgers.edu).

As a result of the COVID-19 pandemic, service provision was modified:

- On March 24, 2020, DCF released guidance relaxing usual operating requirements to permit flexibility that preserves quality of service for clients while promoting the ability of clients and service providers to adhere to necessary social distancing practices. Most DCF-contracted in-home and community-based services transitioned from in-person to remote service delivery. Licensed clinicians and providers of physical and behavioral health care were expected to adhere to applicable laws and regulations in provision of telehealth services.
- In the summer of 2020, New Jersey lifted its stay-at-home order and relaxed restrictions put into place statewide to mitigate the spread of COVID-19. In accordance with this reopening, CP&P resumed typical operations including in-person fieldwork in July 2020. At the same time, select DCF-contracted providers were required to resume in-person delivery of services, when safe and possible, using a hybrid of in-person and remote services. DCF released specific guidance to contracted parent-child visitation providers requiring transition of visits from remote to in-person while ensuring visit safety and the health and well-being of visit participants.
- In December 2020, updated guidance was released for contracted in-home and community-based programs related to the continuity of services during the COVID-19 pandemic. Select providers of services to families at risk of disruption, and separated families and parent-child visitation providers were required to maintain in-person delivery of service. Providers of other DCF in-home and community-based services were expected to make every effort to maintain in-person service delivery, incorporating face-to-face work but also allowing continued use of remote service delivery. DCF surveyed providers at several points throughout 2020, and the majority of providers reported being able to maintain services to families by using technology creatively, offering flexible hours and adjusting service delivery to meet family's needs.
- DCF held a statewide webinar for providers, in conjunction with the NJ Office of Emergency Management, to instruct providers as to how to submit claims to FEMA for reimbursement of emergency expenditures. DCF also issued nearly $8.2 million in small business grants to providers of Mobile Response and Stabilization Services, and over $9 million to congregate care providers to support continuity of operations during the pandemic.
- As in each of the previous years, New Jersey observed a decline in the volume of children separated from families as a child welfare intervention. DCF is examining the extent to which the decline observed in 2020 was related to the COVID-19 pandemic.

New Mexico

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General

There have been no recent changes in the state's policies, programs, or procedures that would affect New Mexico's FFY 2020 NCANDS submission. At this time, New Mexico does not have more than one type of response for screened-in reports. All screened-in reports are investigated. Screened-out reports are cross-reported to local law enforcement. A differential response pilot program has been implemented with a limited and target scope for reports of educational neglect that are likely related to COVID-19 and distance learning challenges. We will have more data on this program for FFY 2021's submission.

Reports

The number of screened-in referrals in FFY 2020 increased from New Mexico's FFY 2019 NCANDS submission. This slight increase may be attributed to the COVID-19 pandemic and due to the stay-at-home order and educational settings being closed. The agency has not made any significant changes to its call center processes and procedures, other than normal staff turnover and training, as well as concerted efforts to reduce call center wait times.

The New Mexico definition for the investigation start date is defined as the caseworker making face-to-face contact with each alleged victim identified in the report, rather than the individual child referenced in the Child File. New Mexico also measures initiation time frames from the point at which the report is accepted by Statewide Central Intake, rather than the point at which the report is received, or assigned to a worker in the county where the family resides. New Mexico does not currently report an incident date. New Mexico will be modifying the state's data collection system to capture incident information by next reporting period.

Children

The total numbers of both unique children and unique child victims in FFY 2020 decreased from New Mexico's FFY 2019 NCANDS submission. This decrease may be attributed to the COVID-19 pandemic due to the stay-at-home order and educational settings being closed. New Mexico investiga-tion procedures do include face-to-face assessment of all children living in the household, regardless of whether they are identified as an alleged victim in the initial report.

The state's reporting of drug and alcohol abuse as a child risk factor does have significant limitations within our current reporting system. New Mexico plans to address these limitations with the imple-mentation of a CCWIS system and hopes that reporting will be improved for future submissions. The state does not have the capacity to report sex trafficking as an allegation type at this time. As New Mexico transitions to a CCWIS, this change will be fully implemented and reporting will likely begin with the FFY 2021 NCANDS submission.

For FFY 2020 we received four plans of safe care through the portal (907 total) as we piloted the plans of safe care with hospitals who were trained to begin collecting this data in an external system in FFY 2020. Full integration with the state SACWIS is in process, but has not been completed.

Due to the timing of the online portal development for plans of safe care, the state is unable to fully report relevant data elements in the FFY 2020 NCANDS submission. As the portal is managed by an external contractor, hospitals have to sign a Business Associate Agreement to enter plans into the portal. As a result, it has taken an extensive amount of time to get them enrolled. The state hopes to report these data in the FFY 2021 submission.

Fatalities

New Mexico reported the same number of fatalities in FFY 2020 as in FFY 2019. Percent differences in fatalities from year to year are highly susceptible to broad fluctuation due to the overall low numbers of applicable fatalities occurring in the population. Because these records are included in the submission that corresponds with the investigation closure date, the length of time that some of these cases must remain open to allow for thorough investiga tion can also create year-over-year variation.

New Mexico identifies applicable child fatalities for inclusion in the Agency File by compar ing homicides in the Child File with homicides identified by the state Office of the Medical Investigator (OMI). Any child victims who do not already appear in the Child File are reviewed to determine the identity and relationship of the perpetrator. Only children known to have died due to maltreatment by a parent or primary caregiver, not already included in the Child File, are then included in the Agency File. The agency does not investigate all fatalities. Only fatalities reported to the agency by law enforcement, medical personnel, or other reporting source are investigated.

Perpetrators

The state only investigates and reports maltreatment allegations in which the alleged perpe- trator is a parent or other caregiver such as a relative, other household member, stepparent, guardian, foster parent, sibling, or any individual with responsibility for the care, supervision, and safety of a child. However, the agency does not report information on residential staff perpetrators, as CPS does not have jurisdiction under state law to investigate allegations of abuse and neglect in facilities. If such allegations are reported to Statewide Central Intake, the following procedures are followed:

- The report is screened out to CPS but cross-reported to the law enforcement agency that has jurisdiction over the facility/incident.
- The report is cross-reported to the Licensing and Certification Authority, which as adminis- trative oversight of residential facilities.
- Upon request from law enforcement, CPS investigation staff may act in consultation in conducting investigations of child abuse and neglect in schools and facilities, and may assist in the interview process.

Services

Postinvestigation services are reported for any child or family involved in a child welfare agency report that has an identified service documented in the SACWIS as: 1) a service delivered, 2) a payment for service delivered, or 3) a component of a service plan. Services must fall within the NCANDS date parameters to be reported. The state is not able to report on the following services data fields regarding information and referral services:

- Special services-juvenile delinquency
- Employment services
- Family planning
- Housing services
- Independent and transitional living services
- Legal services
- Pregnancy/parenting services for young parents
- Respite care

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

New Mexico no longer offers Family Preservation services per the Family Preservation Model. New Mexico offers In-Home Services, which is a clinical intervention aimed at reducing safety threats and enhancing parental protective capacities. In-Home Services is a 4- to 6-month intervention, specifically geared toward families who are at risk of child removal. New Mexico's In-Home Services clinicians are all licensed social workers or licensed clinical counselors.

New York

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General

The State currently has 15 local districts of social services using the alternative response, known as Family Assessment Response (FAR). Data from both traditional Child Protective Services path and FAR path are reported in NCANDS.

Reports

New York State does not collect information about calls not registered as reports. The state has seen a reduction of calls and registered reports. Additional COVID-19 questions related to educational neglect were added, but these questions did not change the components necessary for registering reports. The New York State Statewide Central Register (SCR) continued to operate during the pandemic, including during the period of lockdown. Investigations must start within 24 hours of receipt of the report. Neither investigations nor assessments were impacted by the pandemic. Local districts did experience staff reductions due to the pandemic when staff became ill.

Children

New York's data shows a high percentage of children reported for "other" maltreatment type. New York has a "parent drug/alcohol use" allegation that does not map to any of the predefined NCANDS maltreatment types and is therefore coded as "other." State statute and policy allow acceptance and investigation/assessment of child protective reports concerning certain youth over the age of 21.

Not all children reported in the Child File have AFCARS IDs because the State uses different child identifiers (ID) for child protective service cases and child welfare cases. If a child's system involvement is limited to CPS investigation, the child will not be assigned a child welfare ID (i.e., AFCARS ID). Additionally, the Justice Center for the Protection of People with Special Needs which investigates reports of institutional abuse uses a different child ID. Ideally a child should have a single CPS case ID that spans across all CPS reports. However, in some instances a child is assigned a new CPS case ID when a new report is received, resulting in some children having more than one ID. New York is exploring ways to detect and reduce the circumstances that lead to multiple CPS IDs per child.

In NCANDS FFY 2020 reporting, NY is providing information on "child alcohol and drug abuse" risk factors for the first time. In NYS accepted allegations include "child drug or alcohol abuse" and "parent drug or alcohol abuse". If a child is older than 1 year and named as an alleged victim of an allegation of child drug or alcohol abuse, the child is identified in the NCANDS file as having a drug or alcohol risk. If a child is under the age of one and named as an alleged victim of parent drug or alcohol abuse and one or more additional risk factors are checked (positive tox, withdrawal, Fetal Alcohol Spectrum) the child is identified in NCANDS as having a drug or alcohol risk.

Information on plans of safe care and service referral are being reported for the first time in FFY 2020. For every child under age one named as an alleged victim of parent drug or alcohol abuse, where one or more additional risk factors are checked (positive tox, withdrawal, Fetal Alcohol Spectrum), NYS requires that information on plans of safe care and service referral be completed-- regardless of reporter type. In NYS, many reporters identify by professional qualification (e.g., social worker) rather than setting (e.g., medical personnel). As a result, while NYS maintains information on the plan of safe care and referral for all children identified in the NCANDS file as substance exposed, the plan of safe care and referral numbers reported in the NCANDS file are limited to those cases in which the report source identified as a medical personnel, thereby under reporting the number of children in each category. Reporting of sex trafficking was provided for the entire FFY 2020. No policies or procedures changed regarding the referral of infants with prenatal substance exposure during the pandemic. Data indicates the percentage of timely determinations increased during this time.

Fatalities

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

State practice allows for multiple reports of child fatalities for the same child and deaths that occurred in previous years to be reported to SCR. These fatalities are then investigated and dispositions made. This practice allows for reporting of fatalities reported in previous NCANDS files to be reported again. After further review of reporting instruction and clarification with NCANDS technical assistance, New York revised how it reports fatalities within NCANDS for FFY 2020. For FFY 2020, NCANDS fatality reporting included all fatalities regardless the date of death, as long as the fatality report investigation ended during FFY 2020 and the fatality had not been reported in a prior NCANDS submission. As a result, the number of fatalities reported in the NCANDS submissions increased from 69 in FFY 2019 to 105 in FFY 2020.

No changes were made to polices related to child fatality reviews during the pandemic. New York currently has a state Child Fatality review team, and they were able to conduct operations during the pandemic, with no impact to the state's oversight and reporting roles.

In New York a very low percent of perpetrators is mapped to "other" perpetrator relationship. The subject of the report (perpetrators) needs to be a person legally responsible. A person legally responsible includes a parent and there is no age limitation for parents. Persons legally responsible would be persons 18 years of age or older found in the same home and legally responsible for the child at the relevant time and they either caused the harm (or imminent risk of harm) to the child or allowed the harm to occur. Noncaregivers are not included as perpetrators of sex trafficking.

Services

The State is not able to report the NCANDS services fields currently. Title XX funds are not used for providing child preventive services in this State. In home services continued during the pandemic, with most casework contact being completed through virtual visits unless child safety was an issue. Data indicates that few children were removed during the pandemic. There has been a delay in reimbursement for some preventive services due to the COVID-19 pandemic.

The federal Cares Act has provided additional funding which has been beneficial to many local programs, especially in securing PPE. Local departments of social services provide all services, and many of those services are contracted services with various preventive agency providers. NYS does provide some funding for primary prevention programs.

North Carolina

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The state was not able to submit commentary in time for the *Child Maltreatment 2020* report.

North Dakota

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General

On March 15, 2020 schools closed in North Dakota in response to the COVID-19 virus. In April 2020, North Dakota received 40 percent less reports than it had in April 2019. Teachers and education personnel accounted for nearly 25 percent of reports received in FFY 2019. Child abuse and neglect likely did not decrease rather their contacts with mandated reporters was limited thus reports reduced. It was not only teachers that were not seeing children, but it was physicians, dentists, childcare providers, and therapists. Social distancing became important to protect health, however it brought an increase for risks associated to isolation, increasing parental stress, impacting mental wellbeing and overall parenting. Child welfare has not only experienced a reduction in reports, assessments, victims, and perpetrators in addition the field had new challenges surrounding protective personal equipment, COVID-19 screening, limited access to children and families due to quarantines, family apprehension to allow and opposition to contact with those outside their family unit. This challenge resulted in delays in timely assessment initiation.

Statewide implementation of Child Protection Services Redesign utilizing the Theory of Constraints occurred in conjunction with the statewide rollout of the new Safety Framework Practice Model. The CPS Redesign had three primary goals, 1) reduce the time it takes to complete a CPS assessment, 2) conduct a face-to-face contact with the identified victim no later than 3 days from the report received date and 3) quality and thorough assessments completed consistently. Strategies of the CPS Redesign include robust, full kit intakes completed by a specialized statewide team, comprehensive safety assessments with a consistent understanding of safe vs unsafe children that lead to uniform decisions across the state, quality supervision and continual examination of work in process to identify constraints and allow protected time for workers, quality safety determinations that lead to sustainable safety plans, and case plans that focus on enhancing protective capacities and reducing safety threats. The Safety Framework Practice Model was implemented statewide in December 2020. ND implemented the Central Intake Hotline for the reporting of suspected child abuse and neglect in January 2021. The redesigned CPS process of a shorted assessment timeline may impact NCANDS data during this reporting period, although a greater impact of these practice changes is expected for FFY 2021.

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 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 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. There were 271 completed assessments regarding reports of prenatally substance exposed newborns; 58 of the 271 were alternative response assessments. Although many other assessments began as alternative response, they were reverted during the assessment process for various reasons, these were then completed as full standard assessments with an assessment determination. the primary reasons for an assessment revert was parental refusal to cooperate with the plan of safe care and violation of the plan of safe care.

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 North Dakota law, all reports of suspected child abuse and neglect must be accepted. North Dakota has adopted an administrative assessment process to correctly triage reports received. Data regarding 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 Child Protection Services Assessment. Under this definition, reports can be administratively assessed when the concerns in the report clearly fall outside of the state child protection law. Such circumstances include:

- The report does not contain a credible reason for suspecting the child has been abused or neglected.
- The report does not contain sufficient information to identify or locate the child.
- There is reason to believe the reporter is willfully making a false report (these reports are referred to the county prosecutor).
- The concern in the report has been addressed in a prior assessment.
- The concerns are being addressed through county case management or a Department of Human Services therapist.
- Reports of pregnant women using controlled substances or abusing alcohol (when there are no other children reported as abused or neglected) are also included in the category of administrative assessments, as state law doesn't allow for a decision of "services required" (substantiation) in the absence of a live birth.

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 (noncaregiver) are referred to law enforcement. The number of administrative assessments or referrals

in FFY 2020 is 9,384. This total breaks down to 4,490 administrative assessments; 1,868 administrative referrals; 2,909 terminated in progress; and 117 pregnant woman assessments. There were 3,135 completed full assessments.

Data mapping and calculating the response time, both in the Agency File and in the Child File, has proved to be quite challenging as there is a significant divergence between the state's administrative rule and policies and the definitions required for NCANDS reporting. In the North Dakota data system, there is only a single code allowed to indicate initiation of an assessment. State administrative rule allows initiation of an assessment to be done by completing a check for records of past involvement, by contact with the subject of a report, or with a collateral contact. In contradiction to the federal definition, the administrative rule does not list contact with a victim as an initiation activity. When a subsequent contact is made with a victim, there is not a separate code within the data system to indicate this action as initiation. Therefore, many assessments initiated under the state administrative rule do not meet the initiation definition in the Child File or Agency File.

Another complicating factor is that system codes for contacts with children are often indicated as worker/child or worker/family, which may or may not indicate contact with a victim. This is due to multiple programs using case activity codes, but does not allow specific NCANDS mapping for victim contacts. Additionally, the initial face-to-face contact with a victim for purposes of a safety assessment has been allowed, by state policy, to be conducted by specific professional partners who have authority to provide immediate protection for the child (law enforcement, medical personnel, juvenile court staff, or military family advocacy staff) in addition to a child welfare worker. Given this policy, face-to-face contact by a partner may occur before the report received date/time. For example: Law enforcement is called to a home in the evening for a welfare check and determines that the children are not in immediate danger, so does not remove, but does follow up with a written report the following day. Face-to-face contact with the victim has occurred by someone with authority to protect the child, but occurs prior to the report date/time, by someone other than the child welfare worker, but does not count under the definitions in the Child File or Agency File. State policy also specified that the response time may vary by the category of the report. Response times may vary from 24 hours before or after a report for the most serious category to three days before or after a report for moderate risk reports, to as much as 14 days before or after the report for low-risk reports. Given this possible variation, these timeframes also do not meet the NCANDS definitions. The described policies above did change with the adoption of the Safety Framework Practice Model, effective December 2020, which states the initial face-to-face contact with a victim must be completed by child welfare, is no longer allowed to be conducted prior to the report date and the timeline for contact with victims does not exceed 3 days. When response time is calculated according to state policy and administrative rule during FFY 2020, the response time is 246.5 hours.

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. For Example: A county employee may be a full FTE, but ¼ time will be CPS functions, ¼ time may be foster care, ¼ time may be in adult services, and ¼ time may be in-in home case management. The state has no independent way

to determine what portions of the FTE are dedicated to CPS functions. Additionally, intake and report analysis functions are the responsibility of each county office. There are currently 12 county FTEs and 2 state FTEs conducting central intake duties. In an attempt to glean the required information for NCANDS reporting, the state has completed a survey of the 19 Human Service Zones (formerly county social service agencies) in which the Human Service Zones are asked to report the number of FTEs in their agency dedicated to CPS functions. Directors reported a total of 162 employees, including supervisors, responsible for intake and assessment. These were then reported as a corresponding portion of an FTE, resulting in a total of 116.4 FTEs. Of these approximately 116.4 FTEs, 20.8 were responsible for CPS intake functions, 79.6 were responsible for CPS assessment functions, and 16 were responsible for supervision functions. The second portion of the survey was forwarded to the workers. The results of the worker demographic portion of the report are included in the state's CAPTA report.

Children

Due to mapping requirements and limited data resources, NCANDS mapping for risk factor data elements are limited for this reporting period. The data reporting is expected to improve when the revised risk factor changes are mapped for NCANDS reporting.

Data fields have been added to the child welfare data management system to capture the maltreatment type of sex trafficking as well as sex trafficking as a child risk factor. This data has not yet been mapped for NCANDS reporting. The state hopes to have the mapping completed in FFY 2021. There were 4 children with an identified maltreatment type of sex trafficking in FFY 2020 and 19 children with an identified child risk factor for sex trafficking. An identified child risk factor indicates that trafficking may have occurred by someone who is not a "person responsible for a child's welfare" under state law.

According to state law a substance exposed newborn means an infant younger than 28 days old 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. In June 2018, fields were added to the child welfare data management system to enable the entry for plans of safe care as well referrals to CARA related services for the substance exposed newborn and the affected caregiver(s). Plans of safe care were developed to have both required and optional elements. Required elements include providing information regarding safe sleep and Period of Purple Crying as well as assuring adequate medical care, and safe housing. This data has not yet been mapped for NCANDS reporting. The state hopes to have the mapping completed in FFY 2021. There were 274 substance exposed newborns identified during this reporting period. Of the 274 identified substance exposed newborns, 232 of them had a plan of safe care; all 274 of these substance exposed newborns and their affected caregivers received some degree of appropriate services.

Fatalities

All fatalities were reported in the Child File. The North Dakota Department of Human Services, Children and Family Services Division is the agency responsible for coordination of the statewide Child Fatality Review Panel as well as serving as the state's child welfare

agency. The Assistant Administrator of Child Protection Services serves as the Presiding Officer of the Child Fatality Review Panel. This dual role provides for close coordination between these two processes and aides in the identification of child fatalities due to child abuse and neglect as a sub- category of child fatalities from all causes. The North Dakota Child Fatality Review Panel coordinates with the North Dakota Department of Health Vital Records Division to receive death certificates for all children, ages 0–18 years, who receive a death certificate issued in the state. These death certificates are

screened against the child welfare database and any child who has current or prior CPS involvement as well as any child who it can be determined is in the custody of the Department of Human Services, county Human Service Zones, or the Division of Juvenile Services at the time of the death is selected for in-depth review by the Child Fatality Review Panel, along with any child whose manner of death as listed on the death certificate as accident, homicide, suicide or undetermined. Any child for whom the manner of death is listed on the death certificate as natural, but whose death is identified as sudden, unexpected, or unexplained is also selected for in-depth review. As part of these in-depth reviews, records are requested from any agency identified in the record as having involvement with the child in the recent period prior to death, including law enforcement, medical facilities, CPS, the County Coroner and the State Medical Examiner's Office for each death. Under North Dakota law, any hospital, physician, medical professional, medical facility, mental health professional, mental health facility, school counselor, or division of juvenile services employee shall disclose all records of that entity with respect to any child who has or is eligible to receive a certificate of live birth and wo has died. Additionally, the State Medical Examiner's Office forensic pathologists participate in conducting the reviews. Data from each review is collected and maintained in a separate database. It is this database that is correlated with data extracted from the child welfare database for NCANDS reporting. Even though the NCANDS data does not contain child welfare data concerning children in tribal jurisdiction, the state is confident that all deaths in the state from all causes are identified, reviewed, and reported.

Perpetrators

North Dakota reports unknown perpetrators as Unknown within the state's child welfare data management system (FRAME). Perpetrator IDs for unknown perpetrators are unique to each assessment. Institutional Child Protection Services are addressed in a separate section of the state statute and 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 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 105 reports of institutional child abuse or neglect in FFY 2020, making up 31 completed full assessments. Of these 31 assessments, 21 had a finding of not indicated and 10 had a finding of indicated. There were 54 assessments Terminated in Progress and 20 reports were administratively assessed/administratively referred. No reports remained open at the time of this report.

Services

The methods for Agency File components 5.1 and 5.2 include only children less than 3 years of age. The number of children eligible for referral for IDEA is 396. The number of children actually referred is 381. Of the 15 children eligible and not referred, four children moved out of state or whereabouts were unknown, three children were deceased, two children had been previously referred and were receiving IDEA services, and one child turned three before a referral could be made. The reason for non-referral for the remaining children was not available.

The state has limitations when reporting reunification services. Case management services provided by county agencies are dependent upon correct data entry connecting the service with the CPS assessment. Additionally, services provided through referral to service providers outside the county agency may only be documented in narrative form, which prohibits data extraction.

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Ohio

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General

Ohio implements a Differential Response (DR) System for screened in reports of alleged child abuse and/or neglect. The DR system is comprised of a traditional response (TR) pathway and an alternative response (AR) pathway. Children who are subjects of reports assigned to the AR pathway are mapped to NCANDS as AR nonvictim and have a disposition of AR. Children who are identified as alleged child victims of reports assigned to the TR pathway receive a disposition:

- Unsubstantiated–The assessment/ investigation determined no occurrence of child abuse or neglect.
- Substantiated–There is an admission of child abuse or neglect by the person(s) responsible; an adjudication of child abuse or neglect; or other forms of confirmation deemed valid by the public children services agency (PCSA).
- Indicated–There is circumstantial or other isolated indicators of child abuse or neglect lacking confirmation; or a determination by the caseworker that the child may have been abused or neglected based upon completion of an assessment/investigation.

In FFY 2020, Ohio improved in the data collection of data fields regarding the Comprehensive Addiction Recovery Act (CARA) in Ohio's referral information. Ohio continues to improve in the collection of data surrounding child fatalities and near fatalities.

Reports

The number of screened out-referrals received during FFY 2020 decreased from FFY 2019 by nearly 10 percent. However, the percentage of screened–out referrals remained consistent. Likewise, the percentage of referrals screened in during FFY 2020 remained consistent with the number of screened in referrals in FFY 2019.

Ohio received fewer referrals in the early months of the COVID-19 pandemic. The drastic decrease of referrals to Ohio's PCSAs) from March thru May 2020 is attributed to the closing of schools, sporting events, and the activation of shelter in place orders, which went into effect in Ohio in the Spring of 2020. By Summer, the rate of referrals in Ohio had improved. Ohio continued to operate a centralized state referral hotline which provides the referent with the local county PCSA referral contact and information. Ohio operationalizes a state supervised, county administered, child protection services program; the intake of referrals is required to be received by each PCSA. Each PCSA continued to implement county-based processes to receive referrals and respond to allegations of abuse and neglect. Although several PCSAs implemented remote working conditions to limit exposure in the office and supplied personal protective equipment (PPE) to essential workers with help from state resources and distribution efforts. The Office of Families and Children issued a COVID-19 Q&A resource for the counties to access. The hours of operation were not changed. Staffing levels across Ohio's PCSAs during this time were impacted. Several identified a decrease in staffing levels during the summer and hiring processes complicated as a result of the pandemic.

Children

Child victims as reported by Ohio are children who have received a disposition of substantiated or indicated in the traditional response pathway.

The requirements established for conducting assessment/investigations of alleged abuse or neglect were maintained per Ohio Administrative Code rules. Initial contacts, required assessments of safety, required assessments of risk and interviews requiring contact with families and children were not altered. Provisions for rules governing face to face monthly contacts and parental visits for cases receiving ongoing case planning services were relaxed based on federal guidance. Ohio's reported time for FFY 2020 from investigation to disposition remained unaffected.

Ohio continues to improve in the reporting of sex trafficking. There are two identified description of harm values; one for a child trafficked in forced labor, and the other for a child trafficked in sex. When either is selected by the end-user, he/she is required to enter a date the incident was reported to law enforcement. This information is captured at disposition and the details are entered in the narrative.

Ohio's CARA data collection has improved substantially in the past few years. Infants with prenatal substance exposure are tracked via the intake processes and flagged in SACWIS. Each year, Ohio has been inching closer to the NCANDS benchmark. Future enhancements Ohio has planned for CARA include an automated plan of safe care document to be made shareable from with partner agencies, a master release of information which could be generated from SACWIS and sent to the hospitals, additional functionality to address whether or not a Help Me Grow Referral was made, and a more detailed selection of services category.

Fatalities

Child maltreatment deaths reported in Ohio's NCANDS submission are compiled from the data maintained in SACWIS. The SACWIS data contains information on those children whose deaths were reported to a PCSA or children involved in a child protective services (CPS) report who died during the assessment or investigation period. As a county administered, state supervised, CPS system, Ohio PCSAs maintain discretion of the screening decision of referrals of maltreatment received. In some cases, a PCSA will screen out a child fatality report unless it is deemed there was suspected abuse or neglect or other children in the home who may be at risk of harm or require services. Referrals of child deaths due to suspected maltreatment not accepted by the PCSA are investigated by law enforcement. No policy changes were made regarding child fatality reviews. The ODJFS internal fatality review team was able to continue meeting virtually.

Perpetrators

The NCANDS category of "other" perpetrator relationship includes the state categories of nonrelated (NR) child and NR adult. These are catch-all categories that can be used for any individual who is not a family member. Guidance continues to be provided to agencies to select the most appropriate relationship code (e.g., neighbor) instead of using the nonrelated categories.

Ohio does report noncaregiver perpetrators of sex trafficking to NCANDS in the "other" category as described above. These cases are also tracked at disposition and the date they were referred to law enforcement entered.

Services

Ohio is continually working to improve the recording of services data in the SACWIS. Federal grant funds are used for state level program development and support to county agencies providing direct services to children and families.

Ohio has been actively working on plans to implement the Family First Prevention Services Act beginning October 2021. Ohio secured funding for a pilot of the program to begin April 2021.

Oklahoma

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General

On March 15th, Governor Stitt declared a state of emergency due to the first evidence of community spread of COVID-19 in Oklahoma. Most state employees were ordered to work from home. Following the state of emergency, guidance was issued from the Chief Justice to Courts limiting face-to-face contact through delaying all hearings except those constitutionally required for 30 days. This order was updated by the Chief Justice in April with a recommendation to utilize virtual court platforms and delay jury trials until July. Schools did not return from spring break in March and children were home schooled the remainder of the year. Child Welfare Services responded to COVID-19 through rapid, intentional development of strategies designed to support providers and equip staff to work safely. Guidance released included initial operating procedures, guidance to resource parents, contractors, and congregate care providers. All guidance and operating procedures were updated and modified as needed as health and safety continued to be assessed.

Face-to-face visits were retained for "emergent" case needs, identified as: (1) initiation of investigations, including interviewing the child(ren) and alleged perpetrator, (2) visits with families who are in the first 30 days of a Family-Centered Services (FCS) case with an in-home safety plan, and (3) visits with families who are in the first 30 days of Trial Reunification, and these face-to-face interactions occurred through a "response team" of staff who were equipped with personal protective equipment (PPE) and safety guidance. Staff working virtually increased the frequency of virtual visits to weekly to support parents, foster parents, and children during the rapidly changing events of the early pandemic, while reserving the ability to convert any concerns identified in a virtual visit to trigger a face-to-face visit.

In May 2020, restrictions on in-person visits between parents and children were eased, and by June 2020 Child Welfare (CW) resumed most face-to-face activities conducted by CW specialists. This was response to the safety and emotional needs of children as well as improvements in the public health tools needed to manage the virus and the availability of PPE. Armed with better public health information, CWS began crafting a more narrowly targeted approach to operating a child welfare system during the pandemic. This approach included modifying in-person activities with high-risk populations, such as congregate facilities or families who identified as high-risk. It also included regular review of public health data and consultation with health department officials to target communities where COVID-19 outbreaks were occurring through community spread. While both the experience of and public guidance around the COVID-19 pandemic will continue to evolve, CWS intends to maintain a more surgical approach to its own system, maintaining high quality child welfare practice while balancing safety and support of its workforce and the communities and families served by CWS.

July 2020 saw record increases in COVID-19 cases across many parts of and this continued well into the fall and winter. Statewide emergency orders to isolate ended and did not return

to Oklahoma in the same sweeping format as had occurred in the spring. Despite all that is still being learned, CWS identifies itself as a first responder to child safety and family well-being and remains committed to in-person parent-child and caseworker visits as much as possible under appropriate health safety protocols. CWS will continue to use virtual encounters as a way to augment engagement, and while many activities can occur virtually, CWS has and must continue to support staff, parents and resource parents in accessing the technology and platforms needed to participate fully, and must also recognize that, at times, in-person team meetings with families are more appropriate and may positively influence decision-making and engagement of families. There is also an ongoing heightened need for the state and communities to provide tangible support for such things as childcare and other safety net resources, and to ensure that families and children can adequately connect with service providers.

Oklahoma has continued with the commitment and emphasis on trauma-informed care as a priority. The implementation of the Child Behavioral Health Screener (CBHS) with child welfare staff was statewide and expanded across programs. This expansion has allowed for all children, no matter their custody status or placement, to be screened and improve access to services. The established trauma-informed framework has enhanced systemwide capacity to go from trauma-informed to trauma-responsive in addressing the multiple domains associated with well-being. In the fall of 2019, Oklahoma began to further enhance the trauma-informed care framework by incorporating the science of hope toward becoming the first hope-centered and trauma-informed state. Hope therapy provides an evidence-based approach and common language to be utilized to reduce the harmful impact of adverse childhood experiences by increasing one's protective factors.

Both the delivery of ISS and continued data collection have been affected by COVID-19. By the middle of March 2020, Oklahoma state agencies, schools, and private agencies altered their policies and practice due to the COVID-19 pandemic. Special arrangements were made for families without the ability to connect virtually due to not having an appropriate device, internet connection, or both. Grants and other funding revenues were used to obtain loaner devices, and arrangements for internet connectivity also were coordinated. This service delivery method continued until approximately June 2020 at which time limited face-to-face service provision resumed. These in-person visits were initially limited in time and involved social distancing and required all parties to wear masks. Agencies are slowly increasing the length and frequency of in home and yard visits, based on current risks in the community and the specific circumstances of the families.

Reports

The Oklahoma Department of Human Services has a statewide, centralized hotline to receive child abuse and neglect reports. An allegation of child abuse or neglect reported in any manner to a DHS county office is immediately referred to the Hotline. Each report received at the Hotline is screened to determine whether the allegations meet the definition of child abuse or neglect and are within the scope of child protective services (CPS).

DHS responds to an accepted report of child abuse or neglect by initiating an assessment of the family or an investigation of the report in accordance with priority guidelines. The primary purpose of the assessment or investigation is the protection of the child. For

assessments or investigations, DHS gives special consideration to the risks of any minor child, including a child with a disability, who is vulnerable due to his or her inability to communicate effectively about abuse, neglect, or any safety threat.

A Priority I report indicates the child is in present danger and at risk of serious harm or injury. Allegations of abuse and neglect may be severe and conditions extreme. The situation is responded to immediately, the same day the report is received. Priority II is assigned to all other reports. The response time is established based on the vulnerability and risk of harm to the child. Priority II assessments or investigations are initiated within two to 10 calendar days from the date the report is accepted for assessment or investigation.

An assessment is conducted when a report meets the abuse or neglect guidelines but does not constitute a serious and immediate safety threat to a child. The assessment uses the same comprehensive review to address allegations, identify behaviors and conditions in the home that lead to risk factors; and evaluate the protective capacities of the person responsible for the child's health, safety, or welfare to address the safety needs of each child in the family. Assessments do not have findings. When a child is determined unsafe in the initial stages of the assessment and the family's circumstances or the person responsible for care's (PRFC) behavior poses a risk to the child, an investigation is immediately initiated by the Child Welfare specialist. The family is told an investigation rather than an assessment is necessary and the CW specialist immediately follows investigation protocol.

An investigation is conducted when:

a. a report meets the abuse or neglect guidelines and constitutes a serious and immediate threat to the safety of a child
b. there have been three or more reports accepted for assessment or investigation regarding the family
c. the family has been the subject of a deprived petition
d. the child was diagnosed with fetal alcohol syndrome or DHS determines the child meets the definition of "drug-endangered child."

Reports that are appropriate for screening out and are not accepted for assessment or investigation are reports:

a. that clearly fall outside the definitions of abuse and neglect, including minor injury to a child 10 years of age and older who has no significant child abuse and neglect history or history of neglect that would be harmful to a young or disabled child, but poses less of a threat to a child 10 years of age and older;
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; and
f. that indicate the alleged perpetrator of child abuse or neglect is not a PRFC, there is no indication the PRFC failed to protect the child, and the report is referred to local law enforcement.

Allegations concerning the same incident received from the same or a different reporter are considered duplicate reports and may be screened out and associated with the original assigned assessment or investigation. Allegations concerning the same child and family received within 45 calendar days of a previously accepted and assigned report are considered subsequent reports and may be screened out and the allegations addressed in the on-going report.

The hotline continued to operate during the pandemic. There were no changes to policies or procedures related to screening calls. Required same day responses remained an expectation for Priority 1 investigations.

Children

Oklahoma defines a child as any unmarried person younger than 18 years of age, including an infant born alive. A "drug endangered child" is defined as a child who is at risk of suffering physical, psychological, or sexual harm as a result of the use, possession, distribution, manufacture, or cultivation of controlled dangerous substances or the attempt of any of these acts by a Person Responsible For Care (PRFC).

A. This term includes circumstances wherein the PRFC's substance use or abuse interferes with his or her ability to parent and provide a safe and nurturing environment for the child.
B. Every physician, surgeon, or other health care professional including doctors of medicine, licensed osteopathic physicians, residents and interns, any other health care professional, or midwife involved in the pre-natal care of expectant mothers or the delivery or care of infants who test positive for alcohol or a controlled dangerous substance, must promptly report the matter to the DHS. This includes infants who are diagnosed with neonatal abstinence syndrome or fetal alcohol spectrum disorder.
C. Whenever DHS determines that a child meets the definition of a "drug-endangered child" or was diagnosed with neonatal abstinence syndrome or fetal alcohol spectrum disorder, and the referral is assigned, DHS conducts an investigation of the allegations and does not limit the evaluation of the circumstances to an assessment.
D. Whenever DHS determines an infant is diagnosed with neonatal abstinence syndrome or fetal alcohol spectrum disorder, DHS develops a plan of safe care that addresses the infant and affected family member or caregiver and, at a minimum, their health and substance use or abuse treatment needs.

Oklahoma defines a 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. Oklahoma defines a plan of safe care as a plan developed for an infant with neonatal abstinence syndrome or a fetal alcohol spectrum disorder, upon release from healthcare provider care that addresses the infant's and mother's or caregiver's health and substance use or abuse treatment needs. The number of investigations in which a newborn was documented as testing positive at birth for a substance was 617 in state fiscal year (SFY) 2019, an increase from 485 in SFY 2018.

Effective November 2019, every child taken into custody by DHS shall be given a standardized assessment within 21 days of entering custody. The assessment shall evaluate the physical, developmental, medical, mental health and educational needs of the child and shall be considered when developing placement and service plans for the child.

Protocol for investigations were not altered during the pandemic. In-home interviews continued to be deemed critical and necessary for investigations and for assessing neglect and child safety. Guidance was given to permit the following telephone interviews:

- noncustodial parents as long as the parent is not an alleged perpetrator
- collateral interviews

Staff were advised to contact supervisors/reviewing supervisors for guidance if a Child Protective Services customer was isolated or quarantined, or had symptoms of COVID-19. Most hospitals requested that face-to-face contact not occur within the neonatal intensive care unit. Staff were provided a specific protocol to follow for investigations involving an infant in NICU.

OKDHS established a Child Welfare Field Response Team in an effort to reduce the risk of exposure to both families and staff and maintain an in-person response to high-risk family situations. This team consisted of child welfare specialists who would respond to in-person family visit needs and address concerns about child safety. Among the response team roles for investigations were:

- initiating the investigation
- interviewing all children in person
- interviewing the alleged perpetrator in person
- viewing the home environment

Staff volunteered to serve in the Child Welfare Response Team and were trained and outfitted with personal protective equipment. Month 1 of the response team was April 13, 2020 through May 13, 2020. Month 2 was May 14, 2020 through June 14, 2020.

Fatalities

Oklahoma investigates all reports of child death and near death that are alleged to be the result of abuse or neglect. When DHS has reasonable cause to suspect that a child death or near-death is the result of abuse or neglect, DHS notifies the Governor, the President Pro Tempore of the Senate, and the Speaker of the House of Representatives of the initial investigative findings of the child protective services review. Notice is communicated securely no later than 24 hours after the reasonable determination of suspicion.

A final determination of death or near death due to abuse or neglect is made after a report is received from the office of the medical examiner which may extend beyond a 12-month period. Fatalities are not reported to NCANDS until both the investigation and Child Protective Services Programs Unit review, which is inclusive of the final determination, are completed. The Child Protective Services Programs Unit 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
b. an assessment of compliance of findings with CPS standards
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. The Bureau of Vital Statistics forwards all death certificates of persons under 18 years of age to the Office of the Chief Medical Examiner monthly, received during the preceding month. The Office of the Chief Medical Examiner conducts an initial review of death certificates in accordance to the criteria established by the Child Death Review Board and refers to the Board cases that meet the criteria. The Child Death Review Board is composed of 27 members or designees. Fourteen members are specified positions, including the Chief Medical Examiner, the Director of the Department of Human Services, the State Commissioner of Health, the State Epidemiologist of the State Department of Health, the Director of the Oklahoma State Bureau of Investigation, and the Chair of the Child Protection Committee of the Children's Hospital of Oklahoma. Thirteen of the members are appointed and include law enforcement, attorneys, social workers, physicians, advocacy, a psychologist, and emergency medical personnel. State Office Child Protective Services staff work closely with the Child Death Review Board and participate as a member of this board. The state reported 42 fatalities in the FFY 2020 Child File. Child Protective Services Program staff attribute the increase to having fallen behind in final determination reviews and subsequently catching back up.

Perpetrators

Oklahoma defines a person responsible for the child's health, safety, or welfare (PRFC) as:

a. the child's parent, legal guardian, custodian, 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;
d. an owner, operator, or employee of a child care facility 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 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

After making the referral to the appropriate law enforcement jurisdiction, DHS is not responsible for further investigation unless:

a. DHS has reason to believe, or law enforcement has determined that the alleged perpetrator is a parent of another child, not the subject of the criminal investigation, or is a PRFC of another child;

b. The appropriate law enforcement jurisdiction requests DHS participate in the investigation. When funds and personnel are available, as determined by the DHS Director or designee, DHS may assist law enforcement in interviewing children alleged to be victims of physical or sexual abuse.

A prior perpetrator is defined as a perpetrator of a substantiated maltreatment within the reporting year who has also been a perpetrator in a substantiated maltreatment anytime back to 1995, when the SACWIS was implemented.

Oklahoma reports all unknown perpetrators. Noncaregiver perpetrators of sex trafficking are not included. By statute, DHS makes a referral to the appropriate law enforcement jurisdiction when DHS determines the alleged perpetrator is someone other than a PRFC. Also, by statute, DHS initiates a joint investigation with law enforcement when law enforcement determines a child may be a victim of human trafficking.

Services

Postinvestigation services are those that are provided during the investigation and continue after the investigation, or services that begin within 90 days of closure of the investigation. In cases where the family would benefit from services and the child can be maintained safely in the home, DHS can refer to community services or refer the case to Comprehensive Home-Based Services through a DHS contracted provider. If referred to community services, the DHS investigation can be closed and DHS will determine within 60 days whether the family has accessed the recommended services and if the child remains safe. If the family is referred to Comprehensive Home-Based Services, DHS will open a Family Centered Services case and follow the family for up to six months.

Due to the COVID-19 pandemic, worker visitation with children was changed from face-to-face interaction to live video (or telephone when live video was not possible). This changed occurred on March 20, 2020 and was statewide. Due to the high risk of FCS cases and children in trial reunification in-home visits continued to be critical and necessary but frequency was reduced with live video/telephone contact being used for the remainder of the visits. During this period, Child Behavioral Health Screeners (CBHS) continued to be completed via live video in accordance with standard worker visit practice. In-person visitation resumed for all programs statewide beginning June 2020. Some areas of the state did have different protocols for visitation and may have continued virtually, depending on if that area was a current hot spot with a surge in Covid numbers. Telehealth continues to be used as a supplement to face-to-face services due to continued limitations to ensure safety. The provider agencies reported that most of the collateral services that also serve the families similarly halted in-person sessions and went virtual in March 2020. A complete accounting of all of the changes to collateral services is not possible, but it is clear that families had less access to these resources during this time period and the mode of service delivery changed in ways with unknown implications to effectiveness.

Oklahoma continued to strengthen programs and services to achieve measurable outcomes that are focused on prevention and protection to prevent maltreatment and unnecessary removal of children from their families and placed into foster care. DHS has serviced children in the home utilizing the evidence-based SafeCare model through the Comprehensive

Home Based Services (CHBS) program; however it is designed for families where children are at moderate risk of removal. To increase the safety and well-being of children in their own homes, who would otherwise be placed in foster care, DHS participated in the Title IV-E Waiver Demonstration Project from 2014 to September 2019. The project targeted those families where the removal risk is higher and therefore not appropriate for CHBS. The Intensive Safety Services (ISS) was designed and implemented for the Title IV-E Waiver Demonstration project and was developed to complement the existing infrastructure of evidence-based home-based services throughout the state. ISS is an intensive family preservation program that provides services in the home three to five times a week, eight to 10 hours per week for duration of four to six weeks for families with children ages 0-12.

The implementation of ISS began in July 2015 and at the completion of the waiver demonstration project ISS continues to be operational in all Child Welfare Services Regions, with continued evaluation in Regions 3 and 5 in preparation for the Family First Prevention Services Act, Title IV-E Prevention Program. The post-waiver evaluation began October 2019 and the favorable results continue with 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. From October 2019 through September 2020, 175 families received ISS service with 118 of those cases closed due to successful completion of the ISS requirements at the end of the reporting period. There were 318 children served in the 175 cases and 304 children (95 percent) were able to safely remain in their homes while their parents completed service plans and did not come into the custody of DHS.

Oregon

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General

OR-Kids, which is the name for Oregon's CCWIS (Comprehensive Child Welfare Information Systems) was implemented as a SACWIS and is currently transitioning to a CCWIS and is under CCWIS regulations.

In mid-March, COVID-19 and the Governor's Stay at Home Order shifted Oregon Child Abuse Hotline's (ORCAH) essential operation of 200 staff to teleworking. With the help of many internal and external partners, we were able to continue responding to reports of child abuse with the use of technology and system alignment within our continuity of operations plan. By the end of the first quarter, 95 percent of the Oregon Child Abuse Hotline staff had successfully transitioned to teleworking during the pandemic. Oregon will continue to work on improving the extraction procedures, as needed, in order to accurately report all NCANDS data.

Reports

The FFY 2020 number of referrals decreased 10 percent or more from FFY 2019 due, at least in part, to the stay-at-home order the Governor issued mid-March, which severely curtailed contact between children and mandatory reporters. After the stay-at-home order was lifted, the number of reports began to increase, but remained lower than the previous year.

Children

Additional programming is in place to capture data around infants with prenatal substance exposure including a safe plan of care and referral for appropriate services, but was not implemented in our SACWIS system in time to capture any data for the FFY 2020 submission.

Fatalities

There is no systemic cause for the decrease in the number of fatalities between FFY 2019 and FFY 2020. The State reports fatalities in the NCANDS 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 for FFY 2020 represent deaths due to child abuse for cases where the findings were final and are correct as of January 29, 2021.

Services

The State's CCWIS system does not collect data on preventive services; therefore, it does not currently have NCANDS child-level reporting on these services.

Pennsylvania

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General

Upon receipt of a report of suspected child abuse, the department shall immediately transmit an oral notice or a notice by electronic technologies to the appropriate county agency that a report of suspected child abuse has been received. 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. Pennsylvania defines child abuse as intentionally, knowingly or recklessly doing any of the following:

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) 4Causing 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).

4) Causing the death of the child through any act or failure to act.
5) 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.

Reports

In Federal Fiscal Year (FFY) 2020, the number of reports of suspected child abuse decreased 14 percent from FFY 2019. Since the COVID-19 pandemic began, reports of suspected abuse and neglect have declined overall. There was a significant drop-off in the number of reports received in the spring of 2020 when compared to historical trends. We believe this to be attributed to reduced contact between children and mandated reporters such as teachers, social workers, childcare providers, and health professionals who play such a critical role in child protection. However, as counties and schools began to reopen, our reporting volume did eventually increase again. The state child abuse hotline, ChildLine, continued to operate without interruption throughout the duration of this time by having hotline staff telework from their homes. Additionally, both the Department and the County Children and Youth Agencies engaged in efforts to do outreach to communities through media campaigns to highlight the ChildLine hotline number, and to encourage continued reporting of concerns for children during the pandemic.

Children

In FFY 2020 the number of duplicate victims decreased by from FFY 2019. This was likely the result of the decrease in the number of overall CPS reports which was experienced during the COVID-19 shutdowns.

In October of 2020, Pennsylvania added fields to capture notifications of Substance Affected Infants made to the Department. However, there are still several barriers which exist which prevent Pennsylvania from being able to provide this data.

- There is no means of de-duplicating these children to ensure they are not counted more than once. This is largely related to the issue with person records in the CWIS System. Currently, persons often have more than one master person record due to system constraints. There are plans to remedy this in the future, with the creation of a statewide case management system.
- Because the Substance Affected Infant notifications are not captured as part of CPS referrals (they are captured as either General Protective Services or Information Only Type referrals, depending on whether or not child welfare concerns exist), and Pennsylvania currently does not report NCANDS data for non-CPS referrals due to the aforementioned person record issues.

Fatalities

Pennsylvania law requires that every child fatality and near fatality resulting from substantiated abuse, or for 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 does not use data from sources and agencies other than child protective services to compile and report child fatalities.

Pennsylvania did not change any policies related to child fatality reviews as a result of the COVID-19 pandemic. The child fatality reviews were conducted as statutorily required.

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.

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

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General

The Puerto Rico Department of the Family (DF) is the agency of the Government of Puerto Rico responsible for the provision of the diversity and /or a variety of social welfare services. 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),
- Administration for Integral Development of Childhood (ACUDEN, Spanish acronym)

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 in Puerto Rico. It establishes the standards, norms and procedures to manage the programs and provide the operation and supervision of the Integrated Services Centers (ISC) at the local levels. The regional levels (10 regional offices) supervise the local offices.

They are also responsible for implementing and developing those functions delegated by the Secretary through the redefinition and reorganization of the variety of services for the family including traditional services and the creation of new methods and strategies for responding to the needs of families. Work plans are prepared in agreement with the directives and require final approval of the Secretary.

The functions and responsibilities of Administration for Children and Families (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.

Puerto Rico has not established changes in policy processes related to child abuse investigations. We continue using the procedure established in the April 2013 manual. The manual standardizes the processes to be able to evaluate safety areas and make decisions to protect child if necessary.

Reports

In March 2020, the COVID-19 pandemic situation represented a challenge that was addressed through government decisions that certainly impacted protection services. In an effort to prevent the spread and contagion, the Government of Puerto Rico took the necessary measures to ensure the well-being of all citizens. This included executive orders that established the total closure of businesses, schools, non-essential government services, care centers, private services, 24-hour curfews for the first few months, among other areas that suffered total or partial closures.

This situation and the measures taken led to changes in the way protective services were handled and also an impact on the reduction of reports that we attribute to the lack of exposure of children to services for the lock down, report sources were not operating. The decrease in reports in 2020 was 30 percent.

The Hotline is classified as an essential service, so the private company that operates this contracted service made a work plan to ensure that all calls are answered, in addition to keeping a record of reports related to the emergency we are facing. This Hotline was kept operating 24 hours a day, seven days a week, via telephone.

Children

The Special Investigations Units who handle referrals for the investigation of child abuse received through the Hotline continued to operate 24 hours, 7 days a week. However, the situation brought temporary changes in the handling of the reports received, the Administration for Families and Children, decided through an official communication and based on the executive orders in force, the following:

- The reports received that would be attended to would be only those where elements of present danger or imminent danger were identified as catalogued by the line and the evaluation of the supervisor of the Special Investigations Unit.
- The early morning shifts from 12:00 midnight to 8:00 a.m. would be staffed by personnel who would be available On Call.
- A special shift was added to work emergencies received in the early morning, from 6:00 a.m. to 2:00 p.m.
- The offices were not allowed to be open to the public.
- No more than two workers were allowed to be present in the offices, the rest were kept on call.

Contact with families in pandemic investigations was limited exclusively to cases of extreme emergencies that posed a danger to the physical and emotional safety of the children concerned. There were no changes, the investigations were not attended with virtual tools but

with visits to the families. Response time was seriously affected, especially in situations that did not represent a risk or danger to the safety of children. These reports have had to wait longer for their intervention. During the pandemic, no changes in procedures or policies were established in the management of infants with prenatal substance exposure situations.

Fatalities

During the national emergency due to the COVID-19 pandemic, an emergency shutdown was established in Puerto Rico in March 2020. Death Review Panel meetings were not held due to the situation. We are in the process of resuming them through the virtual tools. Puerto Rico did not change any policies related to child fatalities reviews.

Perpetrators

The PR system has the capacity to collect data related to sexual trafficking, these data are cataloged in the typologies, however, our file reflects a minimum amount of research in this area. This can be attributed to the fact that in our protection law, sex trafficking situations are cataloged when the perpetrator is a father, mother or responsible person, but they are not third person.

The NCANDS category of Other perpetrator relationship includes the state categories of other caregivers; staff of institution for children, school, foster care, child care and others institution responsibility for the care, education, supervision and treatment of physical and emotional needs, as defined by our protection law.

Services

As a result of the emergency caused by the COVID-19 pandemic, services were impacted as case management priorities were established and services in the community to which families had access were closed. Even so, services that were a pressing need for families were worked on. Direct work with families and visits were changed to include remote work and case management with virtual tools. In the area of family preservation case management, a plan for remote work was established with the following considerations:

- Constant review of the mechanized system to evaluate active case reports received.
- Coordination of intervention in reports when required. reports of present danger or imminent danger that risk the safety of the children will be handled. Reports of allegations of maltreatment must be read and analyzed to determine if intervention is warranted.
- Coordination of outings for intervention with families duly discussed and planned.
- Ongoing review of new cases received from the Investigations Unit for required services and necessary actions to be taken.
- Review of cases and reports requiring forensic and psychotherapy evaluations in sexual abuse situations and coordinate follow-up with service providers.
- Discussion with supervisors, at the regional or central level, as necessary to assess the stage of cases and establish priorities
- Identification of cases that meet closure criteria.
- Identification of cases requiring immediate intervention and coordination with the supervisor.
- Coordination of virtual or telephone communications with participants to obtain information on their current situation.
- Updating of service plans in the cases

Working guidelines were established to avoid contact unless necessary and the use of the Microsoft Teams platform as the first alternative for official communications between staff and participants.

Removals were not affected as follow-up on removals was assigned to the special investigations units as they were responsible for investigating, petitioning, locating the children and drafting a Protection Act petition when a removal of a child was required. Once this was completed, the Region would communicate through its Associate Director for coordination with the local office receiving the case and the required follow-up.

Puerto Rico received two CARES funds:

- Family Violence–The Administration of Families and Children, Family Department, delegates funds to 22 community organizations to provide integrated services to vulnerable sectors of the country. The main population receiving services are battered women with their children who are victims of child abuse. Services and assistance also will be provided to victims of domestic violence, their children in shelters and outpatient services, 70 percent of the fund assigned to each entity will be used for shelters, 25 percent for support services and 5 percent for administrative expenses.
- Child Welfare–The Administration of Families and Children will use the funds for purchase cell phones, internet services and others technological tools for social workers, who are teleworking to participate in virtual visits, court hearing or access other needed services. In general, the funds were designated to protection, welfare, and safety of children in the custody of the state.

Some support services are contracted, for example, for coaching and training, technical assistance, investigation of referrals in arrears, case management in areas with larger numbers of families and as complementary support and legal assistance, among others.

The average number of out-of-court contacts between the court-appointed representatives and the child victims includes only children in foster care as these are the cases that require court monitoring and the children that have a legal representative according to state procedures.

Rhode Island

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General

In addition to an investigation response, a screened in report may result in:

- Task to CPI- does not result in a Family Functioning Assessment
- Prevention Response- goes to Screening and Response Unit and may result in the completion of a Family Functioning Assessment (participation is voluntary)

Reports

Rhode Island experienced a significant decrease in the number of referrals (reports) received by the child abuse hotline due to the COVID-19 pandemic. The state continued to operate the child abuse hotline throughout the pandemic with no change in hours or staffing. Our operations have remained uninterrupted 24/7. In January 2021, in an effort to reduce the spread of infection and support continued operations, functionality was successfully implemented to enable the RI Child Abuse Hotline to be answered remotely by our staff. The hours, process and staffing used to screen reports to our Hot Line remained unchanged. The Hot Line staff are required to ask a series of COVID-19 Screening questions when answering calls. While the agency experienced temporary staffing issues due to staff needing to quarantine, overall, there was no reduction in the number of staff.

Children

The Department developed an Emergency Regulation which enables us to extend the response times for Priority 2 and Priority 3 investigations this emergency regulation has not been utilized but remains in effect.:

- Priority 2 Response–The CPS report must be processed for case assignment within two (2) hours after the call is completed. The CPI must respond to the report within twelve (12) hours of the report being received to CPS. For the duration of the COVID-19 pandemic, initial contact by the CPI may be by telephone within the time frame referenced above if it is determined that the child is not at substantial risk of harm, and the perpetrator does not have access to the victim. The CPI must make face-to-face contact with the subjects of the report within 24 hours of receipt of the report.
- Priority 3 Response–The CPS report must be processed for case assignment within four (4) hours after the call is completed. The CPI must respond to the report within forty-eight (48) hours of the report being received to CPS. For the duration of the COVID-19 pandemic, initial contact by the CPI may be by telephone within the time frame referenced above if it is determined that the child is not at substantial risk of harm, and the perpetrator does not have access to the victim. The CPI must make face-to-face contact with the subjects of the report within 72 hours of receipt of the report.

CPIs are required to ask the COVID-19 Screening Questions prior to entering a home or making face-to-face contact. Staff are provided PPE for themselves and families. The state did allow some investigation contacts to be conducted virtually but contact with the victim continued to be in person.

Data for children with a plan of safe care is collected at the Dept. of Health and can only be reported in the state comments. Data for the number of children with a plan of safe care is maintained at the RI Department of Health. DCYF cannot report this data in the child file. The RI Dept. of Health reports 140 children received a plan of safe care and 133 children received services. No policies or procedures changed regarding the referral of infants with prenatal substance exposure change during the pandemic.

Fatalities

No policies changed related to child fatality reviews and reviews remained uninterrupted and are conducted virtually.

Perpetrators

The state reports noncaregiver perpetrators of sex trafficking to NCANDS. The NCANDS category of other perpetrator relationship includes any individual known or suspected to be the perpetrator of sex trafficking of a child under 18 or youth in the care of DCYF (up to age 21)

Services

How have in-home services been affected? As Rhode Island entered different phases of the pandemic response, updated guidance was provided to our contracted providers of group care and home-based services regarding how to minimize health risks to self, other residents, and staff. During periods of high Covid positivity rates, DCYF sought to maintain continuity of care to the extent possible with all essential contact occurring face-to-face with appropriate precautions and all non-essential face-to-face contacts with clients being held virtually.

During the pandemic, many of the states childcare centers were temporarily closed. This resulted in a drop in the number of children receiving day care services. Rhode Island did experience a decrease in child removals. This may have been the result of fewer CPS reports received or may be the result of the new SAFE practice model implemented (the Family Functioning Assessment).

Rhode Island received CARES Supplemental funding in April in amount of $127,345 which was distributed evenly to our 5 vendors who operate our statewide prevention programming (the Family Care Community Partnerships) to address immediate needs of families struggling due to COVID-19. Child welfare case management is provided by DCYF staff while in-home clinical and family stabilization services are all contracted.

South Carolina

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The state was not able to submit commentary in time for the *Child Maltreatment 2020* report.

South Dakota

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General

Child Protection Services (CPS) does not utilize the Differential Response Model. CPS either screens in reports, which are assigned as Initial Family Assessments, or the reports are screened out. However, the Initial Family Assessment allows CPS to open a case for services based on danger threats without substantiation of an incident of abuse or neglect. South Dakota does refer reports to other agencies if the report does not meet the requirements for assignment, and it appears the family could benefit from the assistance of another agency.

South Dakota did not change any policies related to conducting investigations and assessments due to the COVID-19 pandemic. The state was not on lockdown and CPS continued to serve families throughout the pandemic. CPS staff were considered and deemed as essential staff and were provided with necessary masks and coverings to ensure their safety and the safety of the families requiring intervention. The intake hotline continued to operate with staff working in the office during the pandemic. Visits that were previously conducted face-to-face were allowed to temporarily be conducted virtually; however, this was dependent on case specific information.

Reports

CPS child abuse and neglect screening and response processes are based on allegations that indicate the presence of danger threats, which includes the concern for child maltreatment. CPS makes screening decisions using the Screening Guideline and Response Assessment. Assignment is based on child safety and vulnerability. The response decision is related to whether the information reported indicates present danger, impending danger, or any other danger threat. A report is screened out if it does not meet the criteria in the Screening Guideline and Response Assessment as described above.

The NCANDS category of "other" report source includes the state categories of clergy, community person, coroner, domestic violence shelter employee or volunteer, funeral director, other state agency, public official and tribal official.

Children

The data reported in the NCANDS Child File includes children who were victims of substantiated reports of child abuse and neglect where the perpetrator is the parent, guardian, or custodian. Reports of abuse and neglect are categorized into five types- neglect, physical abuse, sexual abuse, sex trafficking, and/or emotional maltreatment. Medical neglect is included in the neglect category.

Fatalities

Children who died due to substantiated child abuse and neglect by their parent, guardian or custodian are reported as child fatalities. The number reported each year are those victims involved in a report disposed during the report period, even if their date of death may have

actually been in the previous year. The State of South Dakota reports child fatalities in the Child File. South Dakota law mandates which entities are required to report child abuse and neglect:

> Any physician, dentist, doctor of osteopathy, chiropractor, optometrist, emergency medical technician, paramedic, mental health professional or counselor, podiatrist, psychologist, religious healing practitioner, social worker, hospital intern or resident, parole or court services officer, law enforcement officer, teacher, school counselor, school official, nurse, licensed or registered child welfare provider, employee or volunteer of a domestic abuse shelter, employee or volunteer of a child advocacy organization or child welfare service provider, chemical dependency counselor, coroner, or any safety-sensitive position as defined in § 3-6C-1, who has reasonable cause to suspect that a child under the age of eighteen has been abused or neglected shall report that information. Any person who intentionally fails to make the required report is guilty of a Class 1 misdemeanor. Any person who knows or has reason to suspect that a child has been abused or neglected may report that information.

South Dakota law mandates that anyone who has reasonable cause to suspect that a child has died as a result of child abuse or neglect must report. The reporting process stipulates that the report must be made to the medical examiner or coroner and in turn the medical examiner or coroner must report to the South Dakota Department of Social Services:

> Any person who has reasonable cause to suspect that a child has died as a result of child abuse or neglect 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 from any source, CPS documents the report in FACIS (SACWIS). Reports that meet the NCANDS data definition are reported to NCANDS. The Justice for Children's Committee (Children's Justice Act Task Force) is also updated annually on the handling of suspected child abuse and neglect related fatalities.

Perpetrators

Perpetrators are defined as individuals who abused or neglected a child and are the child's parent, guardian, or custodian. The state information system designates one perpetrator per child per allegation.

Services

The Agency File data includes services provided to children and families where funds were used for primary prevention from the Community Based Family Resource and Support Grant. This primarily involves individuals who received benefit from parenting education classes or parent aide services.

The State of South Dakota, Division of Child Protection Services with the consent of the parent, refers every child under the age of 3 involved in a substantiated case of child abuse or neglect to the Department of Education's Birth to Three Connections program. This program

is responsible for the IDEA services. The parent or guardian is advised by the Division of Child Protection Services that with their permission, a referral to Birth to Three Connections will be made for a developmental screening of their child. The parent or guardian needs to sign a DSS Information Authorization Form before the referral is made. The parent or guardian is also given a Birth to Three Connections brochure and provided the name of the service coordinator that will be contacting them to schedule the screening. The Birth to Three Connections intake form is then completed and faxed with the Information Authorization to the Birth to Three Connections coordinators to determine eligibility and write an Individual Family Service Plan for eligible children within 45 days of the receipt of the referral. Not all children referred by the Division of Child Protection Services to the Birth to Three program are eligible for services.

Tennessee

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General

Tennessee has Multiple Response. There are three pathways:

- Investigations: All cases deemed severe abuse including all child death/near death incidents, sexual abuse, and forms of physical abuse and neglect where a child has experienced harm or is at imminent risk of harm
- Assessments: cases of child maltreatment with a risk of harm to a child
- Resource Linkage: No direct child maltreatment but an identified need such as lack of housing, food or need for behavioral/mental health service referral

Reports

The number of referrals dropped during the pandemic. It was most noticeable during months where schools would have been in session and even when they returned remotely, there was not as high a rate of reports to the hotline as the prior year. The hotline remained operational during the pandemic. The only time the hotline was not operational was during the Christmas day bombing in Nashville. No changes for COVID-19 were made to screening policies or procedures. Child Welfare agencies did experience staff reduction due to the pandemic.

Children

The state continued to conduct face-to-face investigations and assessments during the pandemic. After the initial contact, if no safety or risk issues were determined, follow up contact could be done via FaceTime or other video-conferencing applications. inclusion of verification by a medical provider was added to internal policies to collect and reporting data to NCANDS for infants with prenatal substance exposure.

Fatalities

The state did not change any child fatality policies due to COVID-19 and reviews continued to be conducted even during lockdown.

Perpetrators

Tennessee reports non-familial traffickers as caregivers to match the definition provider in state law.

Services

Many service providers limited or canceled in-home service provision and transitioned to telemedicine. The state experienced delays in service provision by third party vendors as they adapted to the pandemic. Child removals were not affected by the pandemic.

Texas

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General

While Texas established precautions for the safety of children, families, providers, and staff, essential work continued throughout the pandemic. Many courts adjusted to virtual hearings, providers added virtual platforms for appropriate services and visits, but in-person investigations and visitations continued unless unsafe. Texas prioritized parent and sibling visitations whenever possible. Texas worked to provide staff with appropriate personal protective equipment to allow them to continue to visit the children on their caseloads while maintaining their own safety and the safety of the children, families, and providers they contacted. And Texas continued to stress the importance of timely medical and dental appointments, including vaccinations.

Alternative Response (AR) is an approach that responds differently than traditional investigations to reports of abuse/neglect. It allows for a more flexible, family engaging approach while still focusing on the safety of the children as much as in a traditional investigation. 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. Generally, the Alternative Response track will serve accepted child abuse and neglect cases that do not allege serious harm. AR cases will differ from traditional investigations cases in that there will be no substantiation of allegations 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 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. The family engagement/solution focused practice skills that are used in AR were introduced in Region 6A in 2019. AR was fully implemented in Region 6A in March 2021.

Texas implemented the SDM Safety Assessment and Risk Assessment in Investigations, and the SDM Family Strengths and Needs Assessment in FBSS and conservatorship. 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.

Reports

Texas saw some variation in the number of abuse/neglect intakes received, which affected the number of investigations conducted and subsequent removals. However, Texas continues to examine its data for any direct impacts of the virus. The statewide intake system had virtual protocols and never ceased operation. DFPS can say that intakes decreased as schools moved to virtual participation and as families were encouraged to isolate for safety. Texas

sees the largest number of intakes from school, medical, and law enforcement personnel, and as these personnel interacted with children less, intakes decreased. Intakes in March-May 2020 more closely mirrored intakes traditionally seen in the summer months, when kids are out of school. DFPS does believe that intakes have begun to normalize in recent months. No changes to the workforce as a result of the pandemic were experienced, though there were a number of staff and providers impacted.

Children

Texas did develop protocols for virtual contacts and utilized the protocol for all stages of service when face-to-face contacts were determined to be unsafe. Texas utilized the flexibility to have virtual contacts, as provided by the Children's Bureau. Texas developed a COVID-19 page on its public website, as well as a protocol page for internal staff, to ensure ever-changing protocols were appropriately publicized.

DFPS works with medical professionals when there is a substance exposed infant to ensure that any needed medical assessments or evaluations are coordinated and followed up on. DFPS staff will also work to ensure that any additional follow-up occur with programs such as Early Childhood Intervention when there is a concern about the developmental needs of the child. For the mothers in these cases the case worker works with local community partners (most often Outreach, Screening, Assessment, and Referral or the Local Mental Health Authority) to set up drug and alcohol assessments to determine the most appropriate intervention for the mother. Because of impact that prenatal substance exposure may have on each child is unique based on a multitude of factors (including but not limited to the frequency of substance exposure, the drug exposure type, the prenatal care and medical support received, the familial supports available post birth, and the family's willingness to engage in services aimed at addressing the substance use) the intervention for each mother and child will look different. Despite these minor differences the overall goal of helping the family ensure the safety and wellbeing of the child and address any substance use disorder that the family may have is the constant in these cases.

Fatalities

The source of information used for reporting child maltreatment fatalities is based on an allegation that has a disposition of "reason to believe" with a severity of "fatal" and the child has a date of death in the DFPS IMPACT system. DFPS uses information from the State's vital statistics department, child death review teams, law enforcement agencies and medical examiners' offices when reporting child maltreatment fatality data to NCANDS. DFPS is the agency required by law to investigate and report on child maltreatment fatalities in Texas when the perpetrator is a person responsible for the care of the child. Information from the other agencies/entities listed above is often used to make reports to DFPS that initiate an investigation into suspected abuse or neglect that may have led to a child fatality. Also, DFPS uses information gathered by law enforcement and medical examiners' offices to reach dispositions in the child fatalities investigated by DFPS. Other agencies, however, have different criteria for assessing and evaluating causes of death that may not be consistent with the child abuse/neglect definitions in the Texas Family Code and/or may not be interpreted or applied in the same manner as within DFPS.

There was an increase in child fatalities during 2020 with the vast majority of the increase due to concerns surrounding neglectful supervision. In FFY 2020, 28 children died in vehicle related incidents, including eight children left in hot cars—the highest number in more than the decade. There were also increases in youth who died by suicide and ongoing concerns of unsafe sleep practices combined with substance abuse.

Perpetrators

Relationships reported for individuals are based on the person's relationship to the oldest alleged victim in the investigation. Texas 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/nonrelative. The state does not currently report noncaregiver perpetrators of sex trafficking.

The number of records with group home/residential facility staff perpetrator relationship type doubled from 2019 to 2020. The Residential Child Care Investigations (RCCI) launched a project in late 2019 to close a large number of outstanding investigations. This project resulted in a significant number of investigations being closed in 2020, which may be a reason for the difference observed between 2019 and 2020.

Services

Texas serves children and families at imminent risk of entering the foster care system through family preservation services in the Family-Based Safety Services (FBSS) stage of service. In addition to some purchased client services that provide limited counseling, drug testing and more, many of the services that families are referred to are provided by community organizations and nonprofits at little to no cost to the state or the family (sometimes cost is assessed on the family's ability to pay). While funding from the state has not changed during the pandemic (primarily due to Texas' biennial legislative and appropriations cycle), access has most certainly been modified. Services that may have previously been provided in person have shifted to virtual platforms to help observe social distancing and prevent the further spread of the virus. Texas observed some positive developments due to the addition of virtual options for families. Texas has observed additional parent involvement in services because barriers like transportation and childcare have been eliminated by allowing virtual involvement.

DFPS has received some additional federal funding that has aided in its mission to protect children and families. Specifically, the increased FMAP during the disaster declarations has helped Texas continue to provide necessary services. Texas also utilized some CARES act money to provide limited grants to childcare providers to assist in additional costs due to COVID-19 response.

Texas does have a community-based system under which the state contracts with a vendor to provide certain services to children and families. Texas maintains all responsibility for investigations of abuse/neglect, but has contracted for placement and case management services in certain areas of the state. Texas law directs a statewide rollout of outsourced services, but an estimated 21 percent of children in Texas foster care are currently served through these contracts. DFPS worked closely with all residential providers, including these outsourced

contractors, during the pandemic to ensure appropriate procedures for safety, including quarantining children who were COVID-19 positive. Texas also required all providers to report positive children or staff who may have exposed children to the virus.

Utah

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General

Utah continues to invest in its child welfare programs, both through improved training for caseworkers and updating the technology that enables those workers. At this time, none of Utah's efforts have had a direct effect on NCANDS data for FFY 2020. Adaptations made concerning COVID-19 resulted in minimal disruption.

Reports

The investigation start date is defined as the date a child is first seen by CPS. The data is captured in date, hours, and minutes. A referral is screened out in situations including, but not limited to:

- The minimum required information for accepting a referral is not available.
- As a result of research, the information is found not credible or reliable.
- The specific incidence or allegation has been previously investigated and no new information is gathered.
- If all the information provided by the referent were found to be true and the case finding would still be unsupported.
- The specific allegation is under investigation and no new information is gathered.

The state uses the following findings:

- Supported–a finding, based on the information available to the worker at the end of the investigation, that there is a reasonable basis to conclude that abuse, neglect, or dependency occurred, and that the identified perpetrator is responsible.
- Unsupported–a finding based on the information available to the worker at the end of the investigation that there was insufficient information to conclude that abuse, neglect, or dependency occurred. A finding of unsupported means that the worker was unable to make a positive determination that the allegation was actually without merit.
- Without merit–an affirmative finding at the completion of the investigation that the alleged abuse, neglect, or dependency did not occur, or that the alleged perpetrator was not responsible.
- Unable to locate–a category indicating that even though the child and family services child protective services worker has followed the steps outlined in child and family services practice guideline and has made reasonable efforts, the child and family services child protective services worker has been unable to make face-to-face contact with the alleged victims to investigate an allegation of abuse, neglect, or dependency and to make a determination of whether the allegation should be classified as supported, non-supported, or without merit.

COVID-19 had virtually no impact on our reporting process. There was no change to the screening process and our hotline kept the same hours. The state did experience a below average number of reports, especially during the early months of the pandemic, which may affect data comparisons to prior years.

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 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.

COVID-19 resulted in the adoption of virtual interviews/visits in cases where exposure was a reasonable risk. Virtual interactions were conducted using Google Meet with video functionality being used. If there were no concerns then visits occurred as normal. COVID-19 had no impact on our reporting, policies or procedures regarding the referral of infants with prenatal substance exposure. With regards to plan of safe care on fetal exposure cases:

- Our current criteria for this field is a supported allegation of fetal exposure, accompanied by a safety rating on the case citing drug abuse and subsequent in-home or out-of-home care involving the child (as these are required to have applicable plans).
- This criteria may exclude some children who meet the standard, but can currently only be confirmed by qualitative review of the case. If the state implements more a more direct data-accessible measure in the future we will implement it into our NCANDS reporting.

Fatalities

Concerns related to child abuse and neglect, including fatalities, are required to be reported to the Utah DCFS. Fatalities where the CPS investigation determined the abuse was due to abuse or neglect are reported in the NCANDS Child File. No changes to the fatality review process were made in FFY 2020. Meetings of the review board were able to be conducted during the pandemic.

Perpetrators

The only restriction Utah places upon identifying perpetrators is that CPS will not open a case for sexual abuse where the perpetrator is under the age of 10, except in extreme circumstances. Utah does report non-caregiver perpetrators of sex trafficking should such a case arise.

Services

As of April 2015, Utah's CPS workers no longer screen for developmental delays. Instead, all children 34½ months of age and under who are supported victims of abuse or neglect are automatically referred to the Utah Department of Health's Baby Watch Early Intervention Program (BWEIP).

COVID-19 had several impacts on ongoing services. Like with CPS interviews, cases with a risk of exposure were able to be conducted virtually. The largest impact was from the delay in the court system, which affected the time to closure of several cases in April. Services are outsourced where appropriate.

Vermont

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General

Vermont has a differential response program with an assessment track and an investigation track. About 40 percent of cases are assigned to the assessment pathway. In the assessment pathway, the disposition options are services needed and no services needed. Cases assigned to the assessment pathway may be switched to the investigation pathway, but not vice versa. Data from both pathways are reported to NCANDS. The Family Services Division is responsible for responding to allegations of child abuse or risk of harm by caregivers and sexual abuse by any person (not just caregivers). In addition to conducting 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 family assessments. Due to the COVID-19 pandemic, Vermont made some changes to procedures in order to adhere to the most up-to-date guidance around health and safety for the children and families that we work with.

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. Although Vermont has not conducted a thorough analysis, some of the contributing factors leading to our increasing number of referrals include, but are not limited to, reports where child abuse/neglect are not present and issues include truancy and delinquent behavior, out of home sexual abuse reports including teen sexting with or without consent, teen sexual harassment, as well as family configuration and our practice of entering reports under the primary caretaker when there are multiple children involved. This often results in multiple reports for the same incident. In situations where multiple reports are made for the same incident, it is Vermont's practice to screen in only one of those reports.

As a result of the COVID-19 pandemic, Vermont saw a great reduction in the number of calls made to our centralized intake hotline during the statewide lockdown, which resulted in a reduction in the number of reports screened in for an intervention. However, our centralized intake staff continued to operate business as usual by means of remote working. There were no changes made to the hours of operation or staffing levels during this time.

Vermont made temporary changes to their screening practices beginning in early March 2020. Changes included assigning all accepted reports as assessments except for substantial child endangerment and reports involving allegations of immediate risk to a child 3 years

and younger. The commencement options were broadened for assessments to include video-conferencing as a preferred option, therefore avoiding in-person contact whenever possible. By June 2020, screening criteria was updated to require an in-person response for all child safety interventions regarding children aged 6 and under. Practices returned to normal and followed existing policy for children of all ages by July and remained in place throughout the remainder of the FFY 2020 reporting period.

At the onset of COVID-19, and during the statewide lockdown, all district staff performing child safety interventions shifted to telework to perform their job duties. When in-person contact was necessary, staff were directed to ask the Vermont Department of Health screening questions. There was no forced reduction in the number of staff to carry out the interventions, but consideration for the increase in response time should be made when there was less staff available to commence due to positive tests or exposure to the virus.

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.

As mentioned in the reports section, Vermont did in fact shift the screening practices to adhere to the health and safety guidance provided by administration regarding COVID-19. All reports were accepted as assessments when possible, except when substantial child endangerments for a child younger than 3 years of age was present. This approach continued to be phased out based on COVID-19 health and safety allowance, with the department reassessing each month. During lockdown, virtual investigations and assessments were utilized when in-person contact was not advised or possible due to COVID-19 symptoms being reported as present.

Vermont saw an improvement between the length of time from the start of an investigation to the point of reaching a final disposition at the onset of the pandemic through June. This is likely attributed to the reduction in the number of calls and screened in reports, while maintaining the same level of staff, along with the flexibility that remote work created. The numbers start to move back to what we would typically see for the months of July through September.

Although Vermont has been collecting sex trafficking data within our database, we have not yet successfully coded our NCANDS script to include it as its own maltreatment type. We will continue to work with our IT department to adjust our coding so that this data be included as it should in next year's submission.

Vermont faces a few challenges regarding collecting and reporting data to NCANDS for infants with prenatal substance exposure. For example, when child protection services (CPS) or Family Services (FSD) are not involved, we are currently relying on hospital staff to remember to fax a notification to us at FSD. This information is then tracked in an Excel spreadsheet. Vermont is however in the process of rolling out a new database that will make collecting this information easier and less cumbersome to hospital staff. When CPS/FSD are involved due to safety issues, our current antiquated data system has many limitations and

we currently are not able to capture all cases that would fall into this category, therefore we are under-reporting. Vermont did not change any polices or procedures regarding reporting or tracking of infants with prenatal substance exposure during the pandemic.

Fatalities

DCF FSD is part of Vermont's Child Fatality Review Team, which is housed under the Dept. of Health. This team reviews all unnatural child fatalities and provides annual data to the legislature, striving to make recommendations related to themes which arise. Due to the impact of COVID-19 and the related responsibilities for the Dept. of Health, this team was only able to meet periodically in 2020. Most of the agendas were aimed at keeping members and their respective agencies informed of any ongoing activities or changes.

DCF FSD is a member of the National Partnership for Child Safety, which is now a 21-jurisdiction collaborative with support from Casey Family Programs. As part of our collaboration with NPCS, Vermont has developed the Safe System Learning Review; a child death review process which utilizes the Safe Systems Improvement Tool and seeks to create a psychologically safe process for staff as well as one that promotes system wide improvement over individually based fault finding.

Perpetrators

For sexual abuse, perpetrators include noncaregiver perpetrators of any age. The NCANDS category of "other" perpetrator relationship includes the state categories of stepparent, foster sibling, and grandparent. In addition, any perpetrator that is captured using the stand-alone code of other relationship within the database will fall into this category.

Services

Following an investigation or assessment, a validated risk assessment tool is applied. If the family is classified as at high- or very-high-risk for future child maltreatment, the family is offered in-home services, and may be referred to other community services designed to address risk factors and build protective capacities.

During the pandemic, Vermont did implement temporary measures in accordance with staff and public safety. The state modified social worker contact with children and families guidance to allow for video conferencing visits. The state also issued guidance to our contracted in-home services providers to ensure that safety protocols and expectations were clear.

Virginia

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General

The Governor declared a state of emergency on March 12, 2020, declared family services specialist as essential personnel on March 25, 2020, and issued a Stay-at-Home order on March 30, 2020 in response to the COVID-19 pandemic. VDSS and local departments moved quickly to ensure the continuation of protective services. During the initial COVID-19 crisis phase, VDSS felt it was critical to effectively prioritize and streamline efforts and energy to address emergency tasks. VDSS worked to alleviate the burden falling on LDSS that provide critical services in our communities. VDSS prioritized efforts to provide critical guidance, resources and supports to the field through collaborative efforts and partnerships to address the unique risks and challenges of the pandemic. VDSS produced job aids for conducting home visits during a pandemic; procured and provided a HIPAA compliant virtual visit platform and created resources to guide the field on virtual visits. VDSS created resources on supporting children, families and workers in navigating crisis and worked with partners to ensure prevention messaging was disseminated and made available to community members and professionals.

VDSS provided resources to the local departments including ongoing FAQ, tools and tip sheets, broadcast communications, self-care resources, and technological resources. VDSS compiled a resource list for parents and caregivers to collectively ensure well-being and safety for all children and families. While acknowledging this unprecedented time and acknowledging the impact of stress, anxiety, and isolation, the list provided vetted resources in the following areas: economic relief, financial and housing assistance, physical distancing practices, educational and learning from home support, and self-care. VDSS also created a campaign to address the concerns of family violence during the period of social isolation. Public service announcements included a series social media posts and the creation of flyers that were provided to community partners and LDSS to share across Virginia to assist families with needed resources. The social media post and flyers provided the hotline numbers for Child Protective Services, Adult Protective Services and Family Violence and Sexual Assault. VDSS strengthened existing partnerships in targeted and intentional ways during this pandemic, including leveraging relationships and collaborative opportunities with multiple other state agencies, advocate partner organizations, LDSS stakeholders, and nonprofit providers and partners. In this way, our resources, guidance and tools for the field were able to be directly responsive to the rapidly changing needs of our workforce and communities during the crisis.

There were two substantial changes to the Code of Virginia in 2020. First, the Code of Virginia was amended to change the retention for unfounded investigations from 1 to 3 years. Second, of the Code of Virginia was amended to change the completion timeframe for family assessments from forty-five to sixty days.

Section 63.2-1504 of the Code of Virginia provides Virginia with a differential response system. The differential response system allows local departments to respond to valid reports or complaints of child abuse or neglect by conducting either an investigation or a family assessment. Virginia reports data from both pathways to NCANDS.

The Virginia Administrative Code defines Family assessment as the collection of information necessary to determine:

1) The immediate safety needs of the child;
2) The protective and rehabilitative services needs of the child and family that will deter abuse or neglect;
3) Risk of future harm to the child; and
4) Alternative plans for the child's safety if protective and rehabilitative services are indicated and the family is unable or unwilling to participate in services. These arrangements may be made in consultation with the caretaker of the child.

The Virginia Administrative Code defines "Investigation" as the collection of information to determine:

1) The immediate safety needs of the child;
2) The protective and rehabilitative services needs of the child and family that will deter abuse or neglect;
3) Risk of future harm to the child;
4) Alternative plans for the child's safety if protective and rehabilitative services are indicated and the family is unable or unwilling to participate in services;
5) Whether or not abuse or neglect has occurred;
6) If abuse or neglect has occurred, who abused or neglected the child; and
7) A finding of either founded or unfounded based on the facts collected during the investigation

Reports

Virginia's State Hotline continued operations as normal. COVID-19 related screening questions were added to the intake narrative script and recorded for all referrals. Virginia did not make any changes to screening procedures for child protective services. Virginia did not experience notable staff reductions due to the pandemic. Most of the local departments have closed offices to the public and maintain contact virtually and by phone. Several of the smaller local departments had to close due to staff that tested positive for the virus. When the department closed, case work was covered by other local departments nearby.

After a 40 percent drop in total referrals received in April and May of 2020, compared to the same months in 2019, the gap in referral volumes grew smaller during summer months but started to widen again (around 10 percent to 15 percent fewer referrals in summer, 21 percent fewer referrals received in September, compared to the same months the previous year).

Comparing allegation proportions among validated referrals since March 2020 to June 2019:

- Medical neglect allegations decreased in prevalence.
- Mental abuse/neglect and sexual abuse increased in prevalence.
- The prevalence of physical neglect remained relatively constant during these periods.

Children

After receiving guidance from the Administration for Children and Families, Virginia contracted with Doxy.me. VDSS invested funds to provide this solution free to local departments and all family services specialists who have been issued an Apple iPad. Doxy.me is the only VDSS approved software for virtual face-to-face visits as it is HIPAA and HITECH

compliant to enable the agency to comply with state and federal privacy and security laws and standards. Instructions were provided to family services specialists on how to set up an account and how to document visitation conducted using Doxy.me in the case management system. Approximately 66 percent of family services specialists who responded to a survey indicated less than 80 percent of their contacts with clients were virtually.

Fatalities

Virginia did not make any policy related to child fatality reviews; however, regional meetings were suspended for several months at the onset of the lockdown and resumed virtually in September of 2020.

Perpetrators

Virginia reports noncaregiver perpetrators of sex trafficking to NCANDS as the Code of Virginia says:

> *A valid report or complaint regarding a child who has been identified as a victim of sex trafficking or severe forms of trafficking as defined in the federal Trafficking Victims Protection Act of 2000 (22 U.S.C § 7102 et seq.) and in the federal Justice for Victims of Trafficking Act of 2015 (P.L. 114-22) may be established if the alleged abuser is the alleged victim child's parent, other caretaker, or any other person suspected to have caused such abuse or neglect.*

Services

As compared to FFY 2019, the Virginia observed a notable decrease in the reported number of children who received services in FFY 2020, aimed at preventing child abuse and neglect through Promoting Safe and Stable Families funding. Trending back to June 2019, local department of social services (LDSS) sub-grantee reporting reflected a gradual increase in the number of family units being served in the Family Support category. This is in contrast to previous reporting periods which reflected a greater number of children directly served in the Family Preservation category. As observed in LDSS plan submissions and utilization reviews, service array identification has been considerably targeted in connecting families with available community resources and supportive networks to assist parents and caregivers in the following areas: individual and parent/child counseling, parenting education and skills training, health related education and awareness, and substance abuse services. Additionally, LDSS have acknowledged a significant need to support family units in the service array areas of daycare assistance, housing or other material assistance, financial management services, and transportation.

Specifically in response to the COVID-19 pandemic, there has been an overall decrease in the number of children and families served throughout the child welfare continuum, particularly in the months of March–September 2020; however, those numbers are beginning to rise, and we anticipate the need for PSSF funding will continue to be increased.

Washington

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General

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 were not historically submitted to NCANDS because of no substantiation of maltreatment. But because CPS Risk-Only intakes do receive a full investigation it has been requested that they be included to provide an accurate reflection of the number of CPS cases being investigated and assessed. CPS Risk-Only intakes are now included as of the FFY 2019 report. Historical counts of CPS Risk-Only intakes were provided in each year's commentary

During 2012, Washington's Children's Administration (CA) actively prepared for the start of a new CPS differential response pathway called family assessment response (FAR) as the demonstration project for Washington's IVE Waiver. This preparation included eliminating the alternative response (10-day response intakes) and developing a two-pathway response for CPS intakes: investigation which requires a 24- or 72-hour response time, and FAR, requiring a 72-hour response. Intakes screened to FAR predominately contain allegations for physical abuse and neglect that are considered low risk, not requiring an immediate response. The SDM provides consistency in screening, and it guides intakes with neglect allegations considered low risk to the FAR pathway. Intakes involving cases that have had three or more screened in CPS intakes within the last 12 months or allegations of moderate to severe physical abuse and all sexual abuse allegations are screened to the investigation pathway. Intakes with any allegations of physical abuse for children under age 4, with a dependency within the last 12 months or an active dependency are screened to investigation. This two-pathway response began in January 2014 in three offices and has been phased-in across the state as of June 2017. Up until FFYs 2013–2014, alternative response (10-day response) was assigned to intakes containing low-risk allegations. Services were offered to families with children through community-based contracted providers.

Reports

To be screened-in for CPS intervention, intakes must meet sufficiency. Washington's sufficiency screening consists of three criteria:

- Allegations must meet the Washington Administrative Code (WAC) for child abuse and neglect.
- The alleged victim of child abuse and neglect must be younger than 18 years.
- The alleged subject of child abuse or neglect has a role of parent, acting in loco parentis, or unknown.

Intakes that do not meet 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 non-victim 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, for offices that had not launched FAR, intakes screened to FAR through the use of the SDM were diverted back to an investigation pathway, allowed under the Washington state statute. Since the full implementation of FAR statewide, the number of intakes screened to the FAR pathway have continued to increase, which resulted in a reduction of cases that involved a victim and subject.

During FFYs 2014–2016 there was a significant increase noted for 24-hour emergent intakes, both with allegations of CA/N and CPS risk only. Also during FFYs 2014–2015, there was an enhanced focus on child safety related to children age 0–3. A new intake policy was implemented requiring that screened-in physical abuse intakes regarding children 0–3 would be investigated, and children would be seen within 24 hours. In FFY 2017 there was again an increase in CPS Risk Only and 24-hour emergent intakes.

The Department of Licensed Resources (DLR), CPS, and DLR-CPS risk-only intakes alleging, abuse or neglect of 18–21 year olds in facilities licensed or certified to care for children require a complete investigation. If, during the course of the investigation, it is determined that a child younger than 18 was also allegedly abused by the same perpetrator, the investigation would then meet the criteria for a CPS investigation rather than a CPS risk-only investigation. A victim and findings will be recorded, and the record will be included in the NCANDS Child File. For intakes containing child abuse and neglect allegations, response times are determined based on the sufficiency screen and intake screening tool. Response times of 24 hours or 72 hours are determined based on the imminent risk assessed by the intake worker.

During the pandemic, DCYF saw a significant decline in the number of reported calls into the agency's intake line, most especially early in the public health emergency when schools closed. On average, the intake line sees a decline in calls around the summer months when school is out of session and children are on break, and an even greater decline during the December holiday break. The initial drop in maltreatment intakes weekly called into the state hotline following the governor's initial Stay Home/Stay Healthy order was similar to the dip seen in December holiday break of most years. Intake numbers recovered a bit during the summer months.

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.

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.

During the pandemic, the state investigations of CPS intakes continued to be done in person, not virtually. Additionally, the timeframes were not altered due to COVID. Unless a person was ill in the house, workers still interacted with the family in person.

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. Washington only reports fatalities in the Agency File.

Children's Administration (CA) began maintaining a separate database of child fatality data (AIRS) in 2002. At that time the CAMIS system used before the SACWIS system was implemented. CAMIS did not support a database of child fatality and other critical incident information. In February 2009, CA released a new SACWIS system (FamLink). The objective was to have all child fatality and other critical incident information stored in FamLink and the reporting of all critical incidents would be done through FamLink. However, this plan was shelved due to budgetary considerations. FamLink does identify child fatalities and other critical incidents, but it does not include the level of detail necessary to determine whether the fatality was the result of abuse and neglect. This information continues to be maintained in the AIRS database.

Perpetrators

The perpetrator relationship value of residential facility provider/staff is currently mapped to the NCANDS category of "other" perpetrator relationship. The NCANDS category of "other" perpetrator relationship includes the state categories of other and babysitter.

The parental type relationship is a combined parent birth/adoptive value. Because the NCANDS field separates biological and adoptive parent and Washington's system does not distinguish between the two, parent birth/adoptive is mapped to the NCANDS category of

unknown parent relationship. Washington does not report noncaregiver perpetrators of sex trafficking. These are screened out as a 3rd party report to law enforcement.

Services

Families receive preventive and remedial services from the following sources: community-based services such as Public Health Nurses, Infant Mental Health, Head Start and the Parent-Child Assistance Program, contracted services, including several evidence-based practices such as Homebuilders, Incredible Years, Safe Care, Triple P, Parent-Child Interaction Therapy, and Promoting First Relationships. Families can also receive CPS childcare, family reconciliation services, family preservation, and intensive family preservation services. The number of recipients of the community-based family resource and support grant is obtained from community-based child abuse prevention (CBCAP).

West Virginia

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The state was not able to submit commentary in time for the *Child Maltreatment 2020* report.

Wisconsin

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General

There were no significant state policy changes that affect the data submission. Certain counties in Wisconsin have implemented 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.

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.

The first months (March, April, May) of the pandemic saw a sharp drop off in CPS reports as compared to 2019. The number of CPS reports trended upward over the summer, but remained low through the course of the fall and winter as compared to the previous year. A large reason for the drop in reports was due to the 60 percent decrease in reporting from educational personnel over the year.

There were no changes made to Access functions during the pandemic. People were able to report suspected maltreatment at any time. No changes to policy or procedures were made related to screening due to the pandemic. Workers still conducted investigations and made face-to-face contact as necessary.

Children

When a child has been determined to be a victim of abuse or neglect a substantiation finding is made. The NCANDS unsubstantiated maltreatment disposition includes instances where the allegation of maltreatment was unsubstantiated for that child, as well as instances where a maltreatment determination cannot be made because critical sources of information cannot be found or accessed.

No changes to policies were made related to conducting investigations and assessments due to the pandemic. Our state continued to conduct investigations and assessments through face-to-face contact as well as through a combination of phone and video calls. All initial contact for investigations, as well as any contact necessary to ensure children's safety was expected to be face-to-face. Workers continued to gather information per requirements laid out in the state's Initial Assessment Standards, Ongoing Services Standards, and Safety Intervention Standards. DCF issued practice guidance for engaging families through virtual contact for the purposes of information gathering and assessing during the pandemic.

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 and reporting child maltreatment fatality information; all fatalities are reported in the Child File.

Perpetrators

Perpetrator and perpetrator detail is included for allegations of maltreatment that were substantiated. The NCANDS category "other" perpetrator relationship includes perpetrators who are not primary or secondary caregivers to the child (i.e. non-caregivers) such as another child or peer to the child victim, or a stranger. As described above, there are no substantiation findings in AR cases, so the alleged perpetrators in AR cases will not show up as substantiated perpetrators.

Services

Wisconsin is currently not able to report prevention services. The state continues to support data quality related to service documentation and ultimately to modify the NCANDS file to incorporate services reporting for future data submissions.

Wyoming

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General

Wyoming has three (3) types of responses to child protection referrals. There is an Investigation Track, Assessment Track, and a Prevention Track. The Investigation Track is assigned as described in the Level of Evidence section. Victims that have been substantiated on unsubstantiated are identified and reported to NCANDS through the Investigation Track. The Assessment Track gets assigned if the referral alleges abuse and /or neglect but does not meet the criteria for the Investigation Track. The Prevention Track is assigned when there is no allegation of abuse and/or neglect, but there are identified risk factors that indicate the need for services to prevent abuse and/or neglect. Non-victims are identified and reported to NCANDS through the assessment and Prevention Tracks. No changes were made to policy or programs during the COVID pandemic. Procedures for field staff were adjusted to allow for discretion when conducting visits with children, foster families, and biological families through mechanisms other than in person visits. These decisions are being made on a case-by-case basis, and in consultation with supervisors and managers based on assessed safety risk and need.

Reports

Wyoming saw a decrease in the number of referrals for abuse/neglect due to children being confined in their homes due to COVID restrictions and the children not being seen for observation. Contact made with a child due to a referral was made with social distancing in place. Workers did not enter a home but rather met with families outside of their homes while taking every precaution necessary to limit the possibility of exposure to the family members involved.

Children

Wyoming did not change policy related to investigations and assessments. However, the procedure in the investigation and assessment process was modified so that face to face contact made with families was conducted with social distancing. Workers were provided with the necessary PPE to safely conduct these visits. Workers did not enter a home but rather met with families outside of their homes to conduct the investigations and assessments while taking every precaution necessary to limit the possibility of exposure to the family members involved. Wyoming is unable to determine time spent on an investigation to the final determination or to determine prenatal substance exposure as the SACWIS does not collect specific information regarding incidents.

Fatalities

Wyoming did not change any policies related to child fatality reviews. The Child Death Review team met virtually to conduct their investigations during the COVID pandemic.

Perpetrators

Wyoming utilizes a SACWIS that is incident based and does not have the ability to categorize incidents to see trends.

Services

Wyoming had a reduction in Services Responses due to the reduction in referrals during the COVID pandemic. Contact made with families took place with social distancing guidelines in place. Workers were provided with the necessary PPE to safely conduct investigations and assessments. Workers do not enter a home but rather meet with all members of families outside of their homes to conduct the investigations and assessments. Services provided to families have been impacted due to COVID as many of the facilities were closed to in-person visits and did not implement virtual appointments until latter in the year. Virtual services were also impacted due to the lack of technology with some families.