Child Maltreatment 2022

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

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Questions and More Information

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

Data Sets

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

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Child Maltreatment

Letter from the Associate Commissioner:

Child Maltreatment 2022 (the report) is the latest edition of the annual Child Maltreatment report series. The report is used by researchers, practitioners, and advocates throughout the world as a source for national child welfare data. The report is available from our website at https://www.acf.hhs.gov/cb/data-research/child-maltreatment.

Jurisdictions 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. Since 1991, child welfare agencies in the 50 states, the Commonwealth of Puerto Rico, and the District of Columbia have collected and submitted data for NCANDS. For federal fiscal year (FFY) 2022, 52 states submitted both a Child File and an Agency File. Key findings in this report include:

- Nationally during FFY 2022, 3,096,101 children received either an investigation response or alternative response at a rate of 42.4 children per 1,000 in the population.
- For FFY 2022, 52 states reported 558,899 victims of child abuse and neglect. This is a national rate of 7.7 victims per 1,000 children in the population.
- FFY 2022 data show 74.3 percent of victims experience neglect, 17.0 percent are physically abused, 10.6 percent are sexually abused, and 6.8 percent are psychologically maltreated.
- A nationally estimated 1,990 children died from abuse and neglect at a rate of 2.73 per 100,000 children in the population.[1]

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 as we continue to do everything we can to promote the safety and well-being of our nation's children.

Data is critically important to improving child welfare outcomes. But data can only take us so far. Good data does more than just provide us with information. These key findings should lead to further exploration and questions. For example, what story is the data starting to tell? What information is missing? How is the data collected, and who made decisions about which data is important to collect? Is there a diverse group of people determining which data is important to collect? Is any group that is not represented in the data collection? How can we drive innovation and better outcomes for children and families using these data?

Throughout all of our work, the Children's Bureau continues to focus on promoting equity and reducing disproportionality in child welfare systems. Chapter seven of the *Child Maltreatment 2022* report is entitled "Special Focus." The analyses in this chapter review the different dimensions of maltreatment data so that jurisdictions can have more information to examine and prevent disproportionate outcomes, particularly for Black, Brown, and Native American children. This data also can be used to inform specific programs or policies to

[1] *The national estimate of child fatalities is calculated by multiplying the national fatality rate by the child population of all 52 states and dividing by 100,000. The estimate is rounded to the nearest 10. For 2022, 51 states reported fatality data.*

support victims of child maltreatment and to work with families to prevent maltreatment. We hope jurisdictions will use the data and analyses in the *Child Maltreatment 2022* report and other sources of information to work to reduce disproportionate outcomes for populations of children and their families.

Preventing maltreatment should always be the top priority. Children's Bureau has worked arduously to support jurisdictions to submit title IV-E prevention plans that include exciting evidence-based programs. Additionally, we have promulgated a regulation that will allow separate licensing standards for relative caregivers in support of caregivers who care for children who cannot live with their parents safely. Similarly, we have published a Notice of Proposed Rulemaking that will allow agencies to claim federal financial participation for the cost of providing an attorney to categories of individuals who are involved with child welfare cases.

The *Child Maltreatment 2022* report provides important, detailed insight into what is happening for children who are the subject of a CPS investigation or CPS alternative response. However, the report is only the beginning of the inquiry: use it to ask yourself and your colleagues more questions and to challenge existing assumptions. For example, think about ways to support families who have economic needs in order to prevent child maltreatment or child welfare involvement. What additional questions does the disproportionality data raise for you? My hope and expectation is that this report will encourage jurisdictions to ask as many questions as it answers so that we can continue to work together to improve the lives and outcomes for children, young people, and families. Thank you, as always, for using your time, talent, and creativity in support of the families that we serve.

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

Acknowledgements

The Children's Bureau in the Administration on Children, Youth and Families (ACYF), the Administration for Children and Familes (ACF), within the U.S. Department of Health and Human Services (HHS), strives to ensure the wellbeing of our Nation's children through many programs and activities. One such activity is the National Child Abuse and Neglect Data System (NCANDS) of the Children's Bureau. National and state statistics about child maltreatment are derived from the data collected by child protective services agencies and reported to NCANDS. The data is analyzed, disseminated, and released in an annual report. *Child Maltreatment 2022* marks the 33rd 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 2022 national statistics are based upon receiving case-level and aggregate data from 50 states, the Commonwealth of Puerto Rico, and the District of Columbia.

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

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

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Overview

All 50 states, the District of Columbia, and the U.S. Territories have child abuse and neglect reporting laws that mandate certain professionals and institutions refer suspected maltreatment to a child protective services (CPS) agency. Each state has its own definitions of child abuse and neglect that are based on standards set by federal law. Federal legislation provides a foundation for states by identifying a set of acts or behaviors that define child abuse and neglect. The Child Abuse Prevention and Treatment Act (CAPTA), (P.L. 100–294), as amended by the CAPTA Reauthorization Act of 2010 (P.L. 111–320), retained the existing definition of child abuse and neglect as, at a minimum:

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

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

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

NCANDS is a federally sponsored effort that collects and analyzes annual data on child abuse and neglect. The 1988 CAPTA amendments directed the U.S. Department of Health and Human Services to establish a national data collection and analysis program. The data is collected and analyzed by the Children's Bureau in the Administration on Children, Youth and Families (ACYF), the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS). The data is submitted voluntarily by the 50 states, the District of Columbia, and the Commonwealth of Puerto Rico. The first report from NCANDS was based on data for 1990. This report for federal fiscal year (FFY) 2022 is the 33rd issuance of this annual publication.

How is the data used?

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

What data is collected?

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

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

Where is the data available?

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

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

For 2022, CPS agencies received a national estimate of 4,276,000 total referrals. The total referrals alleging maltreatment includes approximately 7,530,000 children. The national rate of screened-in referrals (reports) is 29.0 per 1,000 children in the national population. Among the 47 states that report both screened-in and screened-out referrals, 49.5 percent of referrals are screened-in and 50.5 percent are screened-out.

Who reports child maltreatment?

For 2022, professionals submitted 70.0 percent of reports alleging child abuse and neglect. The term professional means that the person has contact with the alleged child maltreatment victim as part of his or her job. This term includes teachers, police officers, lawyers, and social services staff. The highest percentages of reports are from legal and law enforcement personnel (21.2%), education personnel (20.7%), and medical personnel (11.2%).

Nonprofessionals, including friends, neighbors, and relatives, submitted fewer than one-fifth of reports (15.2%). Unclassified sources submitted the remaining reports (14.8%). Unclassified includes anonymous, “other,” and unknown report sources. States use the code “other” for any report source that does not have an NCANDS designated code. See Appendix D, State Commentary, for additional information provided by the states as to what is included in “other.” See chapter 2 for more information about referrals and reports.

Who are the child victims?

For FFY 2022, there are 558,899 victims of child abuse and neglect nationally. The victim rate is 7.7 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 22.2 per 1,000 children of the same age in the national population.
- The victimization rate for girls is 8.2 per 1,000 girls in the population, which is higher than boys at 7.1 per 1,000 boys in the population.
- American-Indian or Alaska Native children have the highest rate of victimization at 14.3 per 1,000 children in the population of the same race or ethnicity; and Black or African-American children have the second highest rate at 12.1 per 1,000 children of the same race or ethnicity.

What are the most common types of maltreatment?

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

In the analysis included in chapter 3, 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 2022, 74.3 percent of victims are neglected, 17.0 percent are physically abused, 10.6 percent are sexually abused, and 6.8 are psychologically maltreated.

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 2022 data shows 45,756 infants in 50 states being referred to CPS agencies as infants with prenatal substance exposure. The majority (79.2%) of IPSE were screened-in to CPS to receive either an investigation or alternative response. For FFY 2022, 33 states reported 23,781 screened-in IPSE (69.5%) have a plan of safe care and 32 states reported 22,883 screened-in IPSE (68.4%) have a referral to appropriate services.

What risk factors do caregivers have?

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

In 39 reporting states, 95,794 victims (23.8%) have the drug abuse caregiver risk factor and in 35 reporting states, 99,255 victims (26.5%) have the domestic violence caregiver risk factor. See chapter 3 for more information about maltreatment victims.

How many children died from abuse or neglect?

Child fatalities are the most tragic consequence of maltreatment. For FFY 2022, a national estimate of 1,990 children died from abuse and neglect at a rate of 2.73 per 100,000 children in the population. See chapter 4 for more information about child fatalities. The child fatality demographics show:

- The youngest children are the most vulnerable to maltreatment, with children younger than 1 representing 44.7 percent of child fatalities; a fatality rate of 24.37 per 100,000 children in that age range.
- Boys have a higher child fatality rate at 3.26 per 100,000 boys in the population when compared with girls at 2.25 per 100,000 girls in the population.
- The rate of Black or African-American child fatalities (6.37 per 100,000 African-American children) is 3.3 times greater than the rate of White children (1.99 per 100,000 White children) and 3.8 times greater than the rate of Hispanic children (1.68 per 100,000 Hispanic children).

Who abuses and neglects children?

A perpetrator is the person who is responsible for the abuse or neglect of a child. Fifty-two states reported 434,090 perpetrators. See chapter 5 for more information about perpetrators of maltreatment. The analyses of case-level data show:

- The majority (68.8%) of perpetrators are between the ages of 25 and 44 years old.
- More than one-half of perpetrators are female, 47.7 percent of perpetrators are male, and 1.1 percent have an unknown sex.
- The three largest percentages of perpetrators are White (47.4%), Black or African-American (21.0%), and Hispanic (20.3%).
- The majority (76.0%) 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 for more information about children and their families who received services. During 2022:

- Forty-five states reported approximately 1.9 million (1,922,792) children received prevention services.
- Fifty-one states reported 897,486 children (both victims and nonvictims) received postresponse services from a CPS agency.
- More than one-half (55.0%) of victims and one-fifth (20.3%) of nonvictims received postresponse services.

What is the Special Focus chapter?

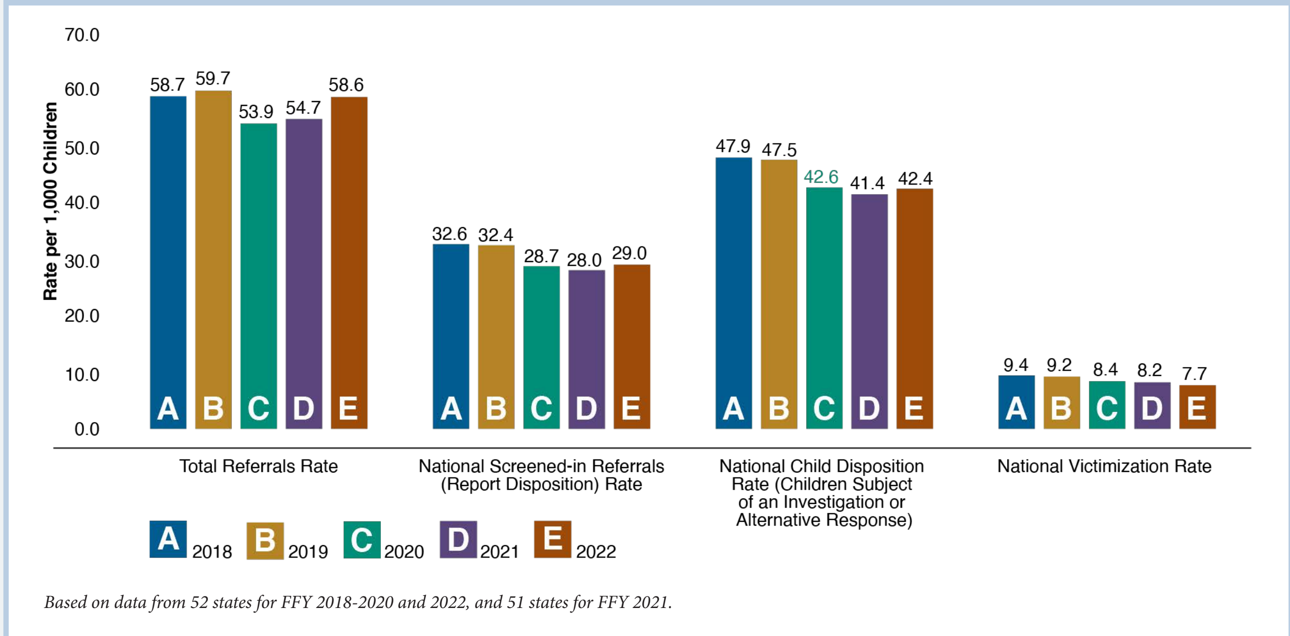
The purpose of chapter 7 is to highlight analyses of specific subsets of children or data analyses focusing on a specific topic. The analyses in this chapter review the different dimensions of maltreatment type data to determine if there are any patterns or disproportionality within the data that will assist with targeting specific programs or policies to aid the victims and their families. Key highlights include:

- The FFY 2022 data shows 88.6 percent of victims have one type of substantiated maltreatment, although, they could be reported and determined to be a victim of one type of maltreatment multiple times.
- For all report sources, neglect is the most common maltreatment type. Percentages range from 51.0 percent from mental health personnel to 71.7 from unclassified.
- Within each race or ethnicity, most victims have the neglect maltreatment type. Also, most races or ethnicities have physical abuse as the second highest percentage of maltreatment.
- Analyzing the most common maltreatment type by age and sex shows that while nationally the victims of neglect are split relatively evenly between the sexes, analyzing by single year age shows some differences. From birth until age 10, boys are more represented among neglect victim; beginning at age 11, girls are more often determined to be neglect victims.
- Slightly more victims are maltreated by female perpetrators, at 51.9 percent, than male perpetrators, at 47.3 percent.

National Summary

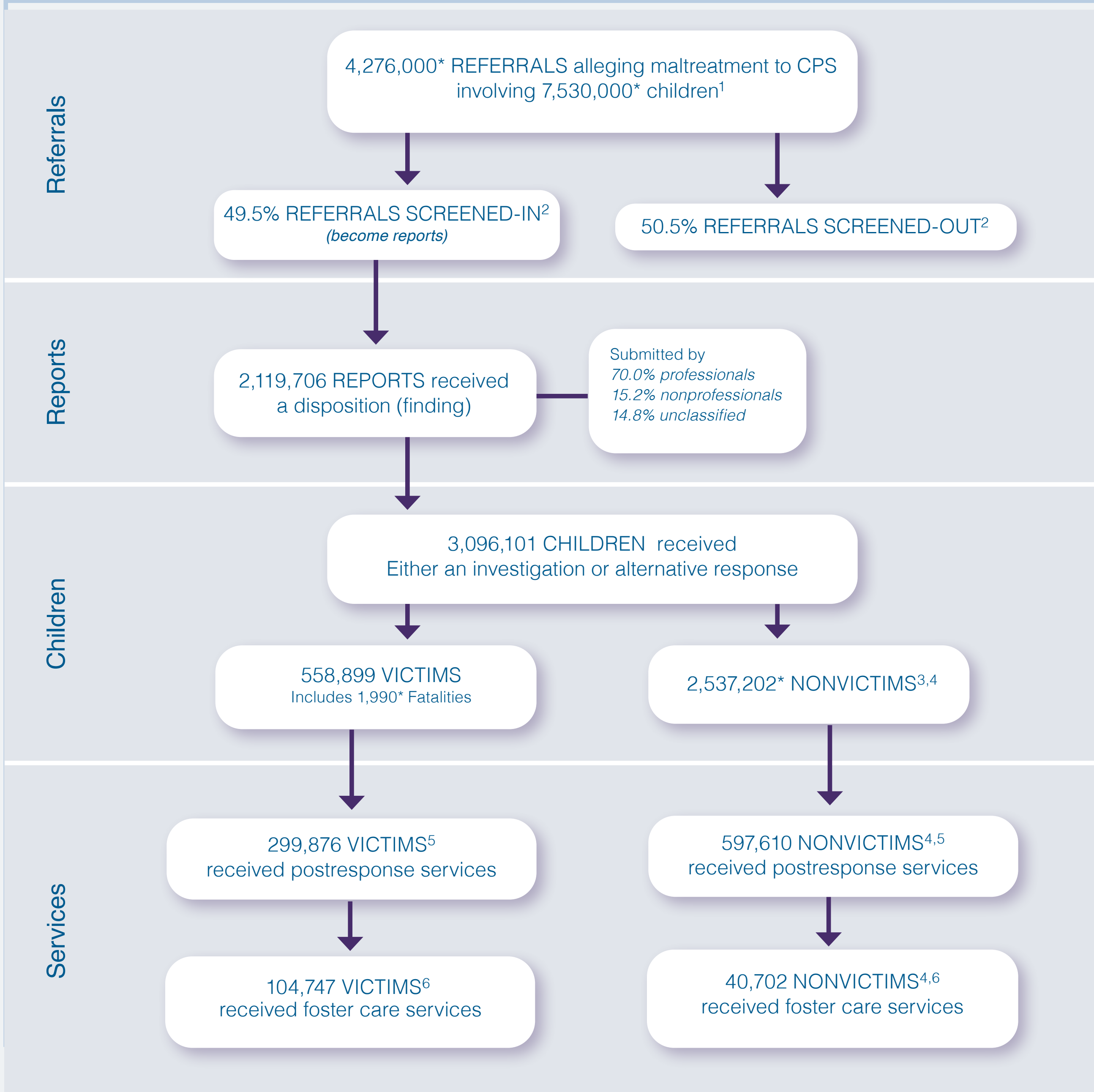
A summary of national rates per 1,000 children is provided below (S–1) and a one–page chart of key statistics from the annual report is on the following page (S–2).

Exhibit S–1 Summary Child Maltreatment Rates per 1,000 Children, 2018–2022



Based on data from 52 states for FFY 2018-2020 and 2022, and 51 states for FFY 2021.

Exhibit S–2 Statistics at a Glance, 2022



* *Indicates a nationally estimated number. Please refer to the relevant chapter notes for information about thresholds, exclusions, and how the estimates are calculated.*
1 *The average number of children included in a referral was (1.8 rounded).*
2 *Among the states that reported both screened-in and screened-out referrals.*
3 *The number of unique nonvictims is 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. Only the children who are removed from their home on or after the report date and up to 90 days after the disposition date are counted.*

CHAPTER 1

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

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

Child Maltreatment 2022 presents national data about child abuse and neglect known to child protective services (CPS) agencies in the United States during federal fiscal year (FFY) 2022. The data is collected and analyzed through the National Child Abuse and Neglect Data System (NCANDS), which is an initiative of the Children's Bureau.

Approximately 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 33rd edition. During 1996, CAPTA was amended to require all states that receive funds from the Basic State Grant program to work with the Secretary of HHS to provide specific data, to the maximum extent practicable, about children who had been maltreated. Subsequent CAPTA amendments added

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

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

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

Annual Data Collection Process

The NCANDS reporting year is based on the FFY calendar, which for *Child Maltreatment 2022* is October 1, 2021, through September 30, 2022. States submit case-level data by constructing an electronic file of child-specific records for each report of alleged child abuse and neglect that received a CPS response. Each state's file only includes completed reports with a disposition (or finding) as an outcome of the CPS response during the reporting year. The data submission containing the case-level data is called the Child File.

The Child File is supplemented by agency-level aggregate statistics in a separate data submission called the Agency File. The Agency File contains data that 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 2022, 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.

2020 Census

With each Child Maltreatment report, the most recent population data from the U.S. Census Bureau are used. *Child Maltreatment 2022* is the second edition to use population estimates from the 2020 Census. The population estimates for 2020–2022 are the most recently updated estimates based on the 2020 census.[2] Information about the population estimates may be found at https://www.census.gov/. According to the U.S. Census Bureau, the 2022 child population is for more than 72 million children. See table C–2.

NCANDS as a Resource

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

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

States develop Program Improvement Plans to address areas revealed by the CFSR as in need of improvement. For CFSR Round 4, NCANDS data is the basis for two of the CFSR national data indicators, Recurrence of Maltreatment and Maltreatment in Foster Care. NCANDS data is also used for data quality checks and context data.

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

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

[2] *U.S. Census Bureau, Population division. (2023). Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2022; (SC-EST2022-ALLDATA6) [data file]. Retrieved June 2023 from https://www.census.gov/newsroom/press-kits/2023/population-estimates-characteristics.html and Annual Estimates of the Resident Population by Single Year of Age and Sex for the Puerto Rico Commonwealth: April 1, 2020 to July 1, 2022 (PRC-EST2022-SYASEX) [data file]. Retrieved June 2023 from https://www.census.gov/data/tables/time-series/demo/popest/2020s-detail-puerto-rico.html*

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

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

Structure of the Report

Many tables include 5 years of data to facilitate trend analyses. To accommodate the space needed to display the child maltreatment data, population data (when applicable) may not appear on the table and 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 2022* 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 numbers and email addresses for each NCANDS state contact person. Readers who would like additional information about specific policies or practices should contact the respective states.

Reports

CHAPTER 2

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

Screening

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

- Does not concern child abuse and neglect.
- Does not contain enough information for a CPS agency response to occur.
- Response by another agency is deemed more appropriate.
- Children in the referral are the responsibility of another agency or jurisdiction (e.g., military installation or tribe).
- Children in the referral are older than 18 years.[3]

During FFY 2022, CPS agencies in the 52 reporting states screened-in 2,119,706 referrals which is a 12.0 percent decrease from the 2,409,970 referrals reported by 52 states for FFY 2018. See exhibit 2–A and related notes.

Exhibit 2–A Screened-in Referral Rates, 2018–2022

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/ Actual Screened-in Referrals
2018	52	73,977,376	2,409,970	32.6	73,977,376	2,409,970
2019	52	73,661,476	2,383,411	32.4	73,661,476	2,383,411
2020	52	73,982,567	2,123,934	28.7	73,982,567	2,123,934
2021	51	71,764,371	2,008,904	28.0	73,356,806	2,053,000
2022	52	72,969,166	2,119,706	29.0	72,969,166	2,119,706

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

If fewer than 52 states report screened-in referrals (2021 only) then the national estimate/rounded number of screened-in referrals is a calculation from the rate (displayed as rounded) of screened-in referrals multiplied by the national population of all 52 states. The result is divided by 1,000 and rounded to the nearest 1,000. If 52 states report screened-in referrals, the the actual number of referrals reported by states is displayed.

[3] *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.*

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 for more information about alternative response programs.

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 2022, a national estimate of 2,156,000 referrals were screened-out. This is an 11.6 percent increase from the 1,932,000 estimated screened-out referrals for 2018. See exhibit 2–B and related notes. For 2022, 47 states reported both screened-in and screened-out referral data and screened-in 49.5 percent and screened-out 50.5 percent of referrals. For those 47 states, the percentages of screened-in referrals ranged from 16.9 to 98.7 and the percentages of screened-out referrals ranged from 1.3 to 83.1. See table 2–1 and related notes.

Exhibit 2–B Screened-out Referral Rates, 2018–2022

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
2018	46	59,955,457	1,565,553	26.1	73,977,376	1,932,000
2019	45	59,518,850	1,625,691	27.3	73,661,476	2,012,000
2020	47	62,099,246	1,564,101	25.2	73,982,567	1,863,000
2021	46	60,080,898	1,602,496	26.7	73,356,806	1,957,000
2022	47	61,458,398	1,816,161	29.6	72,969,166	2,156,000

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

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

For 2022, CPS agencies received a national estimate of 4,276,000 total referrals. This is a 1.5 percent decrease from the 4,342,000 estimated total referrals received for 2018. The 2022 estimated total referrals alleging maltreatment includes approximately 7,530,000 children.[4,5] See exhibit 2–C and related notes.

[4] *Dividing the number of children with dispositions (3,732,871, from table 3–2) by the number of screened-in referrals (2,119,706, from table 2–1) results in the average number of children included in a screened-in referral (1.8, displayed as rounded).*

[5] *The average number of children included in a screened-in referral (1.8) multiplied by the national estimate of total referrals (4,276,000, from exhibit 2–C) results in an estimated 7,530,000 (rounded) children included in total referrals.*

Exhibit 2–C Total Referrals Rate, 2018–2022

Year	National Estimate/ Actual Screened-in Referrals	National Estimate of Screened-out Referrals	National Estimate of Total Referrals	Child Population of all 52 States	Total Referrals Rate per 1,000 Children
2018	2,409,970	1,932,000	4,342,000	73,977,376	58.7
2019	2,383,411	2,012,000	4,395,000	73,661,476	59.7
2020	2,123,934	1,863,000	3,987,000	73,982,567	53.9
2021	2,053,000	1,957,000	4,010,000	73,356,806	54.7
2022	2,119,706	2,156,000	4,276,000	72,969,166	58.6

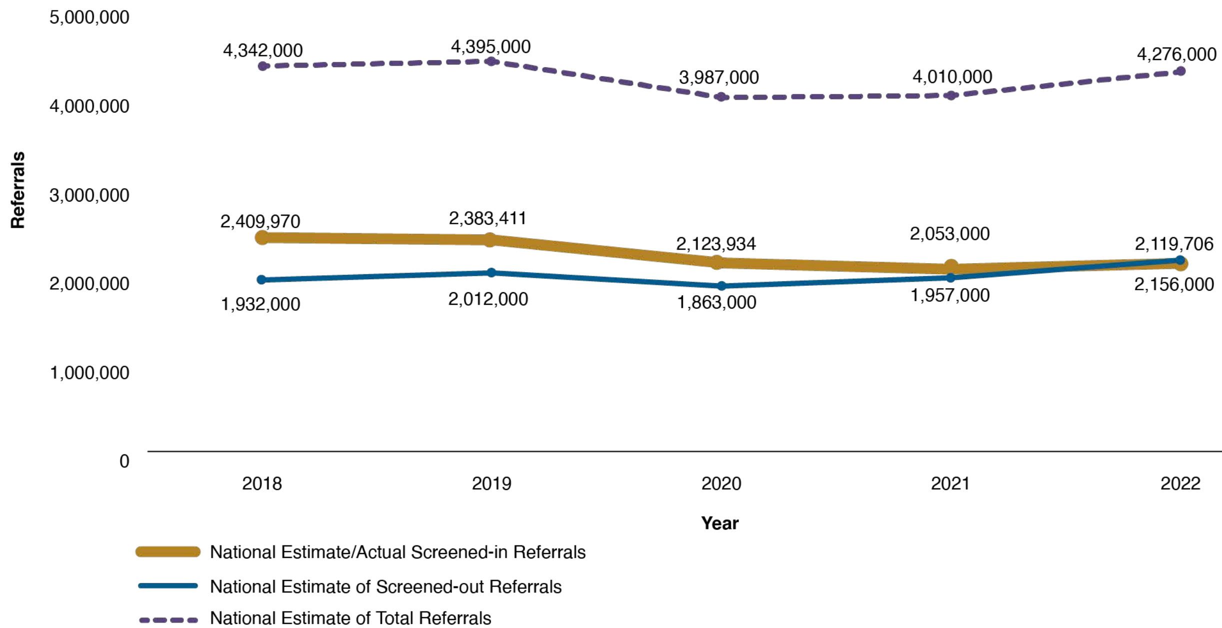
Screened-in referral data is from the Child File and screened-out referral data is from the Agency File.

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

As shown in exhibits 2–C and 2–D, the estimated number of total referrals received by CPS agencies increased from FFY 2018 through 2019, decreased during FFY 2020 and began increasing for FFYs 2021 and 2022. Also of interest is the narrowing gap between screened-in and screened-out referrals during the previous few years. One state began reporting screened-out referrals and according to states' comments in Appendix D, State Commentary, several states changed to centralized or implemented structured intakes that led to a decrease in the percentage of referrals screened-in for a CPS response when compared to FFY 2018.

Exhibit 2–D Number of Referrals 2018–2022

The gap between the number of screened-in and screened-out referrals narrowed during the previous 5 years



Based on screened -in referral data for 52 states for FFYs 2018-2020 and 2022, and 51 states for 2021. Based on screened-out referral data for 46 states for FFYs 2018, 2019, and 2021, and 47 states for 2020 and 2022. *See exhibit 2-C.*

Report Sources

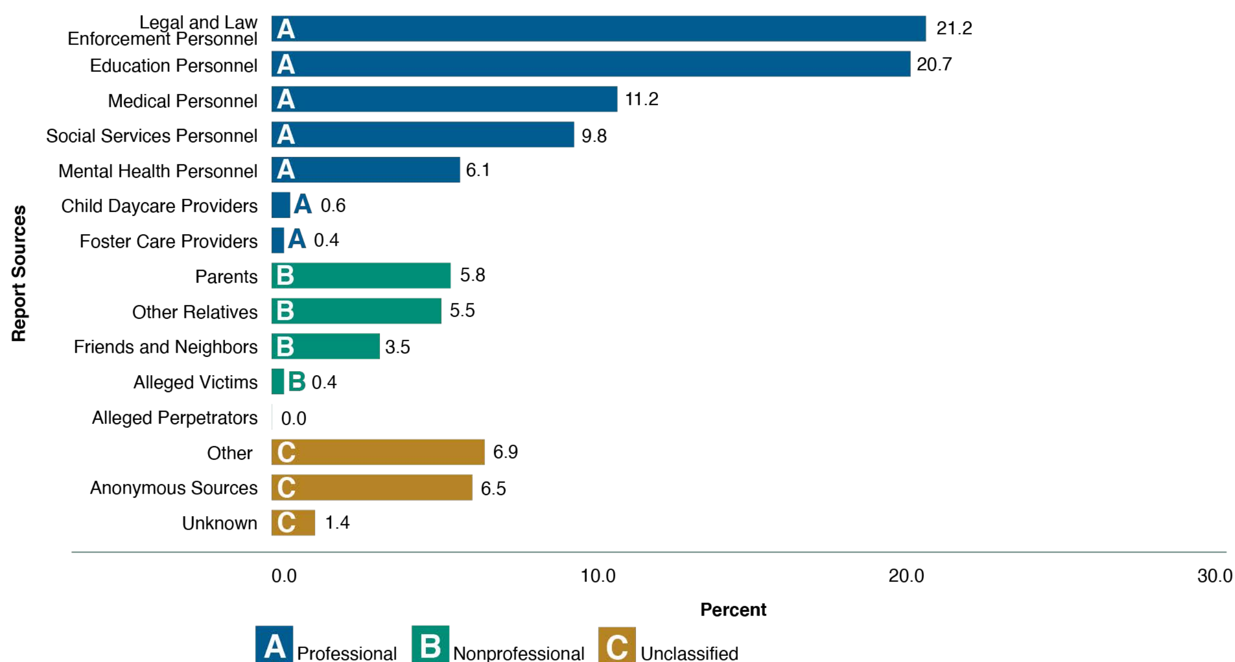
The report source is the role of the person who notified a CPS agency of the alleged child abuse or neglect in a referral. Only those sources in reports (screened-in referrals) that receive an investigation response or alternative response are submitted to NCANDS. To aid with comparisons, report sources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

- Professional: includes persons who encounter the child as part of their occupation, such as child daycare providers, educators, legal and law enforcement personnel, and medical personnel. State laws require most professionals to notify CPS agencies of suspected maltreatment (these are known as mandated reporters).
- Nonprofessional: includes persons who do not have a relationship with the child based on their occupation, such as friends, relatives, and neighbors. State laws vary as to the requirements of nonprofessionals to report suspected abuse and neglect.
- Unclassified: includes persons who preferred to be anonymous, "other," and unknown report sources. States use the code of "other" for any report source that does not have an NCANDS designated code. According to comments provided by the states, the "other" report source category might include such sources as religious leader, Temporary Assistance for Needy Families staff, landlord, tribal official or member, camp counselor, and private agency staff. Readers are encouraged to review Appendix D, State Commentary for additional information as to what states include in the category of "other" report source.

FFY 2022 data shows professionals submit 70.0 percent of reports. The highest percentages of reports are from legal and law enforcement personnel (21.2%), education personnel (20.7%), and medical personnel (11.2%). Nonprofessionals made 15.2 percent of reports with the largest category of nonprofessional reporters being parents (5.8%), other relatives (5.5%), and friends and neighbors (3.5%). Unclassified sources submit the remaining 14.8 percent. See exhibit 2–E and

Exhibit 2–E Report Sources, 2022

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



Data is from the Child File. Based on data from 48 states. States are excluded from this analysis if more than 15.0 percent had an unknown report source or if of the known sources, more than 20.0 percent are reported as Other. Supporting data not shown.

related notes. The country has moved into a post-pandemic period, with most children going back to in-person learning. As expected with this shift, the number and percentage of reports made by educational personnel increased in FFY 2022 to approximately pre-pandemic levels. For example, in FFY 2019, educational personnel made 21.0 percent of all reports for that year. The number and percentage of reports submitted by education personnel dropped its lowest point, of 15.4 percent, during FFY 2022.[6] For FFY 2022 education personnel made 20.7 percent of total reports.

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 41 states, the FFY 2022 mean response time of state averages is 93 hours or 3.9 days; the median response time of state averages is 56 hours or 2.3 days. See table 2–2 and related notes. Sixteen states reported a decrease and 25 states reported an increase in average response times for FFY 2022 when compared with FFY 2021. One state began reporting during FFY 2022. States that provided comments about the increase in response times cited staff turnover or increased focus on training. Some states' explanations for long response times are related to the geography of the state, meaning the distance from the agency to the alleged victim, difficulties related to the terrain, and weather-related delays during certain times of the year (for example, winter or hurricane season).

CPS Workforce and Caseload

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

For FFY 2022, 45 states reported a total workforce of 30,750 and 41 states reported 5,036 specialized intake and screening workers. This is an increase from FFY 2021 when 43 states reported 29,925 total workers and 40 states reported 4,750 intake and screening workers. The number of investigation and alternative response workers—20,052—is computed by subtracting the reported number of intake and screening workers from the total workforce number in the 41 reporting states. 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 completed an average of 69 CPS responses per worker for FFY 2022. See table 2–4 and related notes. This is an increase from the average of 64 responses per worker for FFY 2021.

[6] *Child Maltreatment 2019 and Child Maltreatment 2021.*

Exhibit and Table Notes

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

General

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

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

Table 2–1 Screened-in and Screened-out Referrals, 2022

- Screened-out referral data is from the Agency File and screened-in referral data is 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, 2018–2022

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

Table 2–3 Child Protective Services Workforce, 2022

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

Table 2–4 Child Protective Services Caseload, 2022

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

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

Table 2–1 Screened-in and Screened-out Referrals, 2022

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	26,837	348	27,185	98.7	1.3	24.5
Alaska	6,627	12,674	19,301	34.3	65.7	109.3
Arizona	44,806	39,924	84,730	52.9	47.1	53.3
Arkansas	31,923	25,416	57,339	55.7	44.3	82.3
California	192,197	189,948	382,145	50.3	49.7	44.9
Colorado	31,792	77,321	109,113	29.1	70.9	89.8
Connecticut	12,709	35,971	48,680	26.1	73.9	66.6
Delaware	5,697	15,617	21,314	26.7	73.3	102.4
District of Columbia	4,039	11,029	15,068	26.8	73.2	121.1
Florida	138,711	103,799	242,510	57.2	42.8	56.4
Georgia	52,994	70,465	123,459	42.9	57.1	49.2
Hawaii	2,897	3,365	6,262	46.3	53.7	21.1
Idaho	7,465	13,741	21,206	35.2	64.8	45.8
Illinois	94,433	-	94,433	100.0	-	-
Indiana	102,320	68,765	171,085	59.8	40.2	109.0
Iowa	34,900	18,372	53,272	65.5	34.5	73.5
Kansas	23,095	22,394	45,489	50.8	49.2	65.8
Kentucky	37,894	56,974	94,868	39.9	60.1	94.4
Louisiana	17,742	31,197	48,939	36.3	63.7	46.1
Maine	9,289	17,465	26,754	34.7	65.3	107.9
Maryland	19,629	41,512	61,141	32.1	67.9	45.4
Massachusetts	39,075	42,206	81,281	48.1	51.9	60.8
Michigan	68,359	105,910	174,269	39.2	60.8	82.6
Minnesota	25,662	55,983	81,645	31.4	68.6	63.1
Mississippi	28,282	8,183	36,465	77.6	22.4	53.8
Missouri	54,386	27,791	82,177	66.2	33.8	60.2
Montana	7,301	4,296	11,597	63.0	37.0	49.6
Nebraska	13,845	23,348	37,193	37.2	62.8	78.0
Nevada	16,117	25,804	41,921	38.4	61.6	60.8
New Hampshire	10,183	8,089	18,272	55.7	44.3	72.2
New Jersey	57,068	-	57,068	100.0	-	-
New Mexico	20,743	17,992	38,735	53.6	46.4	84.3
New York	148,956	-	148,956	100.0	-	-
North Carolina	62,304	45,232	107,536	57.9	42.1	46.9
North Dakota	2,808	-	2,808	100.0	-	-
Ohio	79,081	116,517	195,598	40.4	59.6	76.3
Oklahoma	33,529	47,899	81,428	41.2	58.8	85.4
Oregon	36,174	37,104	73,278	49.4	50.6	87.5
Pennsylvania	39,775	-	39,775	100.0	-	-
Puerto Rico	7,701	6,272	13,973	55.1	44.9	27.0
Rhode Island	4,597	8,529	13,126	35.0	65.0	64.4
South Carolina	36,620	30,717	67,337	54.4	45.6	60.2
South Dakota	2,496	12,317	14,813	16.9	83.1	67.6
Tennessee	71,046	71,500	142,546	49.8	50.2	92.7
Texas	207,429	38,001	245,430	84.5	15.5	32.9
Utah	21,590	22,689	44,279	48.8	51.2	47.5
Vermont	3,457	14,981	18,438	18.7	81.3	160.7
Virginia	33,801	49,869	83,670	40.4	59.6	44.8
Washington	41,645	67,974	109,619	38.0	62.0	66.6
West Virginia	22,354	13,296	35,650	62.7	37.3	101.3
Wisconsin	23,009	52,396	75,405	30.5	69.5	60.5
Wyoming	2,317	4,969	7,286	31.8	68.2	56.0
National	**2,119,706**	**1,816,161**	**3,935,867**	**-**	**-**	**-**
Reporting States	**52**	**47**	**52**	**-**	**-**	**-**
National for states reporting both screened-in and screened-out referrals	**1,776,666**	**1,816,161**	**3,592,827**	**49.5**	**50.5**	**N/A**

Table 2–2 Average Response Time in Hours, 2018–2022

State	2018	2019	2020	2021	2022
Alabama	53	51	48	51	60
Alaska	423	602	576	219	223
Arizona	31	32	31	-	35
Arkansas	98	104	98	104	114
California	148	148	141	-	-
Colorado	114	116	116	114	117
Connecticut	46	42	31	32	30
Delaware	354	409	296	174	380
District of Columbia	29	23	15	15	16
Florida	11	9	9	10	11
Georgia	-	-	-	-	-
Hawaii	338	315	269	322	304
Idaho	60	64	62	69	107
Illinois	-	-	-	-	-
Indiana	64	63	63	60	53
Iowa	52	63	55	56	53
Kansas	123	101	125	88	81
Kentucky	96	121	200	172	221
Louisiana	-	-	-	119	208
Maine	87	94	61	58	-
Maryland	-	-	-	-	-
Massachusetts	-	-	-	-	-
Michigan	34	43	42	41	39
Minnesota	79	72	84	89	41
Mississippi	31	34	30	33	37
Missouri	48	61	-	44	49
Montana	-	-	-	-	-
Nebraska	136	123	121	124	150
Nevada	68	69	64	68	56
New Hampshire	129	113	92	74	64
New Jersey	18	19	18	21	22
New Mexico	63	89	73	55	50
New York	12	12	10	11	14
North Carolina	-	-	-	-	-
North Dakota	-	-	-	-	-
Ohio	23	24	24	24	24
Oklahoma	50	47	50	53	55
Oregon	150	165	157	166	168
Pennsylvania	-	-	-	-	-
Puerto Rico	-	-	141	152	157
Rhode Island	32	20	19	17	19
South Carolina	38	42	33	37	39
South Dakota	51	34	33	41	42
Tennessee	-	-	-	-	167
Texas	50	50	50	56	64
Utah	81	76	81	93	93
Vermont	94	92	107	129	126
Virginia	-	-	-	-	-
Washington	38	37	35	34	32
West Virginia	238	339	309	174	147
Wisconsin	119	113	111	109	112
Wyoming	18	23	15	11	13
National Average	**93**	**101**	**97**	**83**	**93**
National Median	**62**	**64**	**62**	**59**	**56**
Reporting States	**40**	**40**	**40**	**40**	**41**

Table 2–3 Child Protective Services Workforce, 2022

State	Intake and Screening Workers	Investigation and Alternative Response Workers	Intake, Screening, Investigation, and Alternative Response Workers
Alabama	87	451	538
Alaska	16	238	254
Arizona	98	377	475
Arkansas	45	467	512
California	-	-	2,200
Colorado	-	-	-
Connecticut	50	409	459
Delaware	32	130	162
District of Columbia	37	130	167
Florida	-	-	-
Georgia	-	-	-
Hawaii	12	52	64
Idaho	16	174	190
Illinois	196	995	1,191
Indiana	122	711	833
Iowa	39	233	272
Kansas	83	251	334
Kentucky	87	853	940
Louisiana	45	181	226
Maine	35	157	192
Maryland	-	-	616
Massachusetts	138	326	464
Michigan	161	1,407	1,568
Minnesota	483	517	1,000
Mississippi	22	442	464
Missouri	31	467	498
Montana	23	191	214
Nebraska	48	179	227
Nevada	58	175	233
New Hampshire	23	113	136
New Jersey	113	1,184	1,297
New Mexico	57	178	235
New York	-	-	-
North Carolina	172	811	983
North Dakota	-	-	-
Ohio	-	-	-
Oklahoma	80	565	645
Oregon	166	446	612
Pennsylvania	-	-	2,686
Puerto Rico	34	190	224
Rhode Island	19	81	100
South Carolina	-	-	-
South Dakota	16	44	60
Tennessee	102	956	1,058
Texas	519	4,028	4,547
Utah	29	124	153
Vermont	29	53	82
Virginia	104	656	760
Washington	110	530	640
West Virginia	42	323	365
Wisconsin	1,457	257	1,714
Wyoming	-	-	160
National	**5,036**	**20,052**	**30,750**
Reporting States	**41**	**41**	**45**

Table 2–4 Child Protective Services Caseload, 2022

State	Investigation and Alternative Response Workers	Completed Reports (Reports with a Disposition)	Completed Reports per Investigation and Alternative Response Worker
Alabama	451	26,837	60
Alaska	238	6,627	28
Arizona	377	44,806	119
Arkansas	467	31,923	68
California	-	-	-
Colorado	-	-	-
Connecticut	409	12,709	31
Delaware	130	5,697	44
District of Columbia	130	4,039	31
Florida	-	-	-
Georgia	-	-	-
Hawaii	52	2,897	56
Idaho	174	7,465	43
Illinois	995	94,433	95
Indiana	711	102,320	144
Iowa	233	34,900	150
Kansas	251	23,095	92
Kentucky	853	37,894	44
Louisiana	181	17,742	98
Maine	157	9,289	59
Maryland	-	-	-
Massachusetts	326	39,075	120
Michigan	1,407	68,359	49
Minnesota	517	25,662	50
Mississippi	442	28,282	64
Missouri	467	54,386	116
Montana	191	7,301	38
Nebraska	179	13,845	77
Nevada	175	16,117	92
New Hampshire	113	10,183	90
New Jersey	1,184	57,068	48
New Mexico	178	20,743	117
New York	-	-	-
North Carolina	811	62,304	77
North Dakota	-	-	-
Ohio	-	-	-
Oklahoma	565	33,529	59
Oregon	446	36,174	81
Pennsylvania	-	-	-
Puerto Rico	190	7,701	41
Rhode Island	81	4,597	57
South Carolina	-	-	-
South Dakota	44	2,496	57
Tennessee	956	71,046	74
Texas	4,028	207,429	51
Utah	124	21,590	174
Vermont	53	3,457	65
Virginia	656	33,801	52
Washington	530	41,645	79
West Virginia	323	22,354	69
Wisconsin	257	23,009	90
Wyoming	-	-	-
National	**20,052**	**1,374,826**	**69**
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 Abuse Prevention and Treatment Act (CAPTA), (P.L. 100–294) defines child abuse and neglect as, at a minimum:

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

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

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

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

Less commonly used NCANDS dispositions for investigation responses include:

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

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

These statutes influence how CPS agencies respond to the safety needs of the children who are the subjects of child maltreatment reports.

Alternative Response

In some states, reports of maltreatment may not be investigated, but are instead assigned to an alternative track, called alternative response, family assessment response, or differential response. Cases receiving this response often include early determinations that the children have a low or moderate risk of maltreatment. According to states, alternative responses usually include the voluntary acceptance of CPS services and the agreement of family needs.

These cases do not result in a formal determination regarding the maltreatment allegation or alleged perpetrator. The term disposition is used when referring to both investigation response and alternative response. In NCANDS, alternative response is defined as:

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

Variations in how states define and implement alternative response programs continue. For example, several states mention that they have an alternative response program that is not reported to NCANDS. For some of these states, the alternative response programs provide services for families regardless of whether there 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 2022, 3,096,101 children received either an investigation or alternative response at a rate of 42.4 children per 1,000 in the population. This is a 12.7 percent decrease in the number of children from FFY 2018 when 3,546,154 children received an investigation or alternative response at a rate of 47.9 per 1,000 children.[7] See exhibit 3–A and related notes.

Exhibit 3–A Child Disposition Rates, 2018–2022

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/ Actual Number of Children Who Received an Investigation or Alternative Response
2018	52	73,977,376	3,546,154	47.9	73,977,376	3,546,154
2019	52	73,661,476	3,500,991	47.5	73,661,476	3,500,991
2020	52	73,982,567	3,151,631	42.6	73,982,567	3,151,631
2021	51	71,764,371	2,969,487	41.4	73,356,806	3,035,000
2022	52	72,969,166	3,096,101	42.4	72,969,166	3,096,101

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

If fewer than 52 states report data in a given year, the national estimate of children who received an investigation or alternative response is calculated by multiplying the national disposition rate (displayed as rounded) by the child population of all 52 states and dividing by 1,000. The result is rounded to the nearest 1,000. If 52 states report data in a given year, the number of actual children who received an investigation or alternative response reported by states is displayed.

At the state level, the percent change from FFY 2018 to FFY 2022 ranged from a 43.2 percent decrease to a 45.1 percent increase. State explanations for changes in the number of children who received a CPS response across the 5 years include changes to screening and assessment policies, and reductions due to the COVID-19 pandemic. Please see Appendix D, State Commentary, for state-specific information about changes. Information about a change may be in an earlier edition of Child Maltreatment. See table 3–1, and related notes.

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

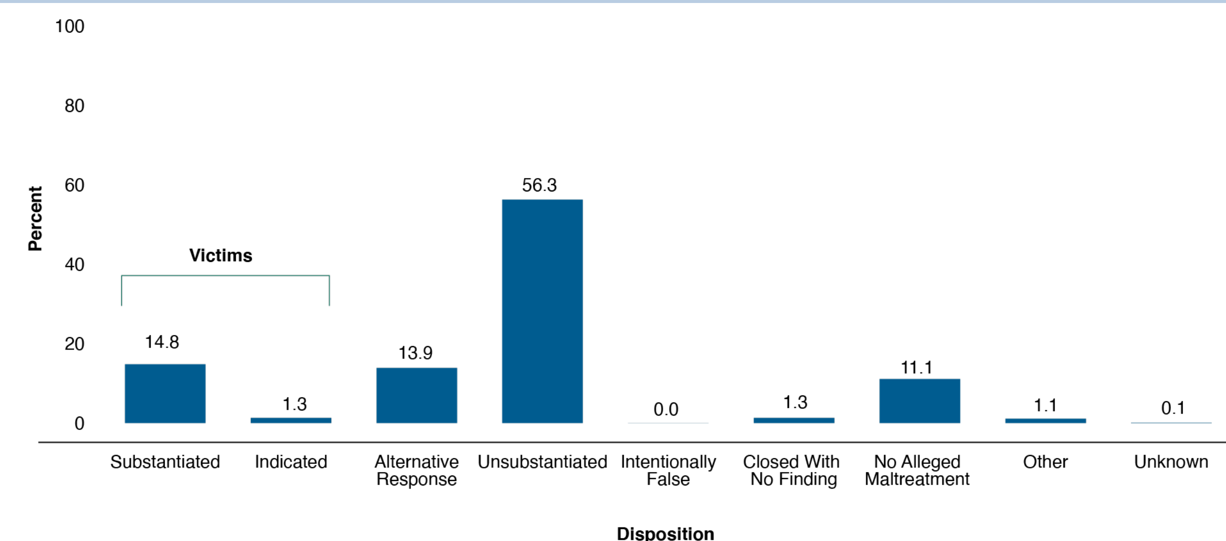
For FFY 2022, 3,732,871 children (duplicate count) are the subjects of reports (screened-in referrals). A child may be a victim in one report and a nonvictim in another report, and in this analysis, the child is counted both times. There are 16.1 percent of children who are classified

[7] *The national percent change was calculated using the national actual number of children who received a CPS response for FFYs 2018 and 2022.*

as victims with dispositions of substantiated (14.8%) and indicated (1.3%).[8] 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, 2022

More than 16 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 2022, 52 states reported 558,899 victims of child abuse and neglect. This equates to a national rate of 7.7 victims per 1,000 children in the population. This is a 20.0 percent decrease from the FFY 2018 actual number of victims 698,189 reported by 52 states. The largest number of victims was for FFY 2018, the number of victims has been decreasing since that year. (See exhibit 3–C and related notes.) States have different policies about what is considered child maltreatment, the type of CPS responses (alternative and investigation), and different levels of evidence required to substantiate an abuse allegation, all or some of which may account for variations in victimization rates.

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

[8] *Beginning with FFY 2020, North Carolina recoded the disposition of children who would have previously received an alternative response victim disposition to an indicated disposition. As discussed above, children with alternative response dispositions are not considered maltreatment victims and do not have perpetrators. Children with indicated dispositions are considered maltreatment victims.*

Exhibit 3–C Child Victimization Rates, 2018–2022

Year	Reporting States	Child Population of Reporting States	Victims from Reporting States	National Victimization Rate per 1,000 Children	Child Population of all 52 States	National Estimate/ Actual Number of Victims
2018	52	73,977,376	698,189	9.4	73,977,376	698,189
2019	52	73,661,476	677,099	9.2	73,661,476	677,099
2020	52	73,982,567	619,480	8.4	73,982,567	619,480
2021	51	71,764,371	588,630	8.2	73,356,806	602,000
2022	52	72,969,166	558,899	7.7	72,969,166	558,899

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

If fewer than 52 states report data in a given year, the national estimate/rounded number of victims is calculated by multiplying the national victimization rate (displayed as rounded) by the child population of all 52 states and dividing by 1,000. The result is rounded to the nearest 1,000. If 52 states report data in a given year, the number of actual victims reported by states is displayed.

At the state level, the percent change of victims of abuse and neglect ranges from a 48.0 percent decrease to a 14.5 percent increase from FFY 2018 to 2022. The FFY 2022 state victimization rates range from a low of 1.6 to a high of 16.5 per 1,000 children. See table 3–3 and related notes. Comments about changes to legislation, child welfare policy, and practice that may contribute to an increase or decrease in the number of victims are provided by states in Appendix D, State Commentary. Reasons for differences across the 5 years as provided by states include: one state changed its dispositions from alternative response victims to indicated, several states resolved investigation or assessment backlogs, several states instituted new screening and intake tools, two states completed and one state began their alternative response implementation,[9] and a number of states cited the multiyear effects of the COVID-19 pandemic. Information about a change may be in an earlier edition of *Child Maltreatment*.

Based on data from 52 states, the FFY 2022 rate of first-time victims is 5.4 per 1,000 children in the population. Seventy percent of all victims are first-time victims. States use the disposition date of prior substantiated or indicated maltreatments to determine whether the victim is a first-time victim. See table 3–4 and related notes.

Child Victim Demographics (unique count of child victims)

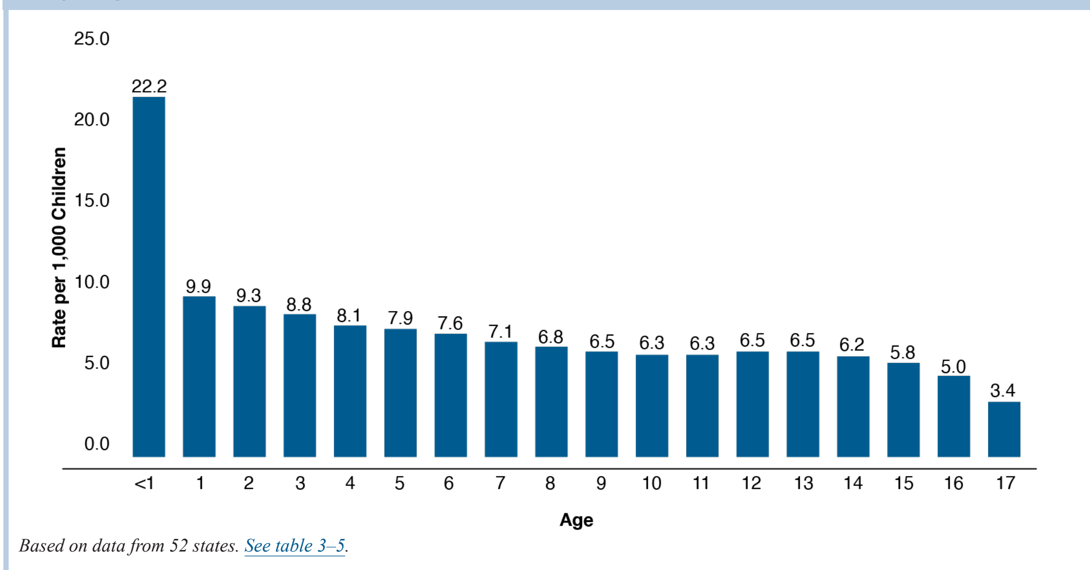
The youngest children are the most vulnerable to maltreatment. More than one-quarter (27.3%) of victims are in the age range of birth through 2 years old. Infant victims younger than 1 year are 14.7 percent of all victims. The victimization rate is highest for infant victims younger than 1 year at 22.2 per 1,000 children in the population of the same age, which is 2.2 times the rate of victims who are 1 year at 9.9 per 1,000 children. Victims who are 2 or 3 years old have victimization rates of 9.3 and 8.8 victims per 1,000 children of those respective ages in the population. Readers may notice some states have lower rates across age groups than other states. The states with lower rates may assign low-risk cases to alternative response or have other state policies or programs in place for maltreatment allegations. In general, the rate of victimization decreases with the child's age. See table 3–5, exhibit 3–D, and related notes.

The percentages of child victims by sex are 52.5 percent for girls and 47.2 percent for boys. The sex is unknown for 0.3 percent of victims. The FFY 2022 victimization rate for girls is 8.2 per 1,000 girls in the population, which is higher than the rate for boys at 7.1 per 1,000 boys in the population. See table 3–6 and related notes.

[9] *Nebraska, Texas, and New Mexico.*

Exhibit 3–D Victims by Age, 2022

The youngest children are the most vulnerable to maltreatment



Based on data from 52 states. *See table 3–5.*

Most victims are one of three races or ethnicities—White 41.6 percent, Hispanic 23.7 percent, and Black or African-American 21.7 percent. The racial distributions for all children in the population are 48.8 percent White, 26.0 percent Hispanic, and 13.9 percent Black or African-American. See table C–3 and related notes. For FFY 2022, American Indian or Alaska Native children have the highest rate of victimization at 14.3 per 1,000 children in the population of the same race or ethnicity and Black or African-American children have the second highest rate at 12.1 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 by adding a requirement to report the number of sex trafficking victims. States are instructed to include sex trafficking by caregivers and noncaregivers and began reporting this data with their FFY 2018 data submissions to NCANDS.[10]

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.

[10] *The Children's Bureau Information Memoranda ACYF-CB-IM-15-05 dated July 16, 2015, https://www.acf.hhs.gov/cb/policy-guidance/im-15-05*

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 2022 data shows three-quarters (74.3%) of victims experience neglect, 17.0 percent are physically abused, 10.6 percent are sexually abused, and 0.2 percent are sex trafficked. In addition, 3.4 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. States with larger than average numbers or percentages of victims with the NCANDS "other" maltreatment type may map state categories of threatened harm, threatened abuse, and threat of family violence to the NCANDS "other" category.[11] 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. See chapter 7 for special focus analyses on maltreatment types.

Perpetrator Relationship

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

In this section, data is analyzed by relationship of victims to their perpetrators. A victim may be maltreated multiple times by the same perpetrator or by different combinations of perpetrators (e.g., mother alone, mother and nonparent(s), two parents, etc.). This analysis counts every combination of relationships for each victim in each report and, therefore, the percentages total more than 100.0 percent.

The FFY 2022 data shows 89.0 percent of victims are maltreated by one or both parents. The parent(s) could have acted together, acted alone, or acted with up to two other people to maltreat the child. The parent categories with the largest percentages are victims maltreated by a mother acting alone (37.4%), victims maltreated by a father acting alone (24.5%), and victims maltreated by both parents (19.2%). See table 3–9 and related notes.

Perpetrators who are not the victim's parent maltreated 15.8 percent of victims. The largest categories in the nonparent group are relative(s) (5.8%), unmarried partner(s) of parent (3.7%), and "other(s)" (3.4%). The NCANDS category of "other(s)" perpetrator relationship includes any relationship that does not map to one of the NCANDS relationship categories. According to states' commentary, this category includes nonrelated adult, non-related child, foster sibling, babysitter, household staff, clergy, and school personnel. See appendix D for more information on what states include as "other" perpetrator relationship.

[11] *Florida, Hawaii, and Oregon.*

Risk Factors

Risk factors are characteristics of a child or caregiver that may increase the likelihood of child maltreatment. NCANDS collects data for 9 child risk factors and 12 caregiver risk factors. Risk factors can be difficult to accurately assess and measure, and therefore may go undetected among many children and caregivers. Some states may not have the resources to gather information from other sources or agencies or the ability to collect or store certain information in their child welfare system. In addition, some risk factors must be clinically diagnosed, which may not occur during the investigation or alternative response. If the case is closed prior to the diagnosis, the CPS agency may not be notified and the information will not be reported to NCANDS. Caregivers with these risk factors who are included in each analysis may or may not be the perpetrators responsible for the maltreatment. For FFY 2022, data is analyzed for caregiver risk factors with the following NCANDS definitions. Please see Appendix B, Glossary for these and additional NCANDS definitions:

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

As not every state is able to report on every caregiver risk factor, the national percentages are calculated only on the number of victims in states reporting each individual risk factor. Several caregiver risk factors are not included in the FFY 2022 analysis that were included in previous analyses due to data quality concerns. The largest percentages of victims with caregiver risk factors are those reported with domestic violence and drug abuse. In 39 reporting states, 95,794 victims (23.8%) have the drug abuse caregiver risk factor and in 35 reporting states, 99,255 victims (26.5%) have the domestic violence caregiver factor. See table 3–10 and related notes.

Reporting Infants with Prenatal Substance Exposure Data to NCANDS[12]

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

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

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

The legislation does not require the infants to be considered victims of maltreatment solely based on the substance exposure; and drug abuse includes both legal and illegal drugs. NCANDS uses the following definitions when discussing IPSE[13]:

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

Number of Infants with Prenatal Substance Exposure

(unique count of child victims)

FFY 2022 data shows 45,756 infants in 50 states being referred to CPS agencies as infants with prenatal substance exposure. See table 3–11 and related notes. While the number of states reporting IPSE for FFY 2022 is an increase from the 49 states that reported for FFY 2021, the number of IPSE children decreased from 49,194 in FFY 2021 to 45,756 in FFY 2022. The difference is mostly due to fewer IPSE children being screened-in to CPS for an investigation or alternative response.

For FFY 2022, the majority (36,247 or 79.2%) of IPSE are screened-in to CPS to receive either an investigation or alternative response. This is a decrease from FFY 2021 when 47 states screened-in 40,799 IPSE. State explanations for the decrease in screened-in IPSE mostly refer to better reporting. Of the screened-in IPSE, 82.4 percent have the drug abuse child risk factor, 0.5 percent have the alcohol abuse child risk factor and 17.0 percent have the alcohol and drug abuse child risk factor.[14]

For FFY 2022, thirty-six states reported one-fifth (20.8%) of IPSE were screened-out. Some states have policies and legislation prohibiting certain referrals from being screened-out and some states have special programs or agencies specifically for certain referrals. For example, a state may routinely screen-out IPSE referrals to a special agency or program unless there are additional maltreatment allegations that require an investigation. See Appendix D, State Commentary, for more information about states' screening policies and additional information about states' capabilities to collect and report data on these IPSE children.

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

[14] *Some states are not able to collect and report alcohol and drug abuse child risk factors separately and NCANDS guidance is to report both risk factors for the same children. 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.*

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

CAPTA Section 106(d) Annual State Data Reports 18 (B) asks for the number of screened-in IPSE who also have a plan of safe care as developed under subsection (b)(2)(B)(iii). For FFY 2022, 33 states reported 23,781 screened-in IPSE (69.5%) have a plan of safe care. See table 3–12 and related notes. This is an improvement in the number of states reporting, but a decrease in the number of screened-in IPSE with a plan of safe care, which was 26,904 from 31 states in FFY 2021.

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

CAPTA Section 106(d) Annual State Data Reports 18 (C) asks for the number of screened-in IPSE who also had a referral to services as described under subsection (b)(2)(B)(iii). Thirty-two states reported 22,883 screened-in IPSE (68.4%) have a referral to appropriate services. See table 3–13 and related notes. What is considered an appropriate service is up to each state's determination and may depend on the needs of the specific case. According to comments provided by the states, some examples of services that these children and families were referred to include mental and behavioral health, foster care, substance abuse assessment and treatment, and other programs that facilitate early identification of at-risk children and caregivers and links them with early intervention services, public health services, and community-based resources.

Exhibit and Table Notes

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

General

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

- The data for all tables are from the Child File unless otherwise noted.
- Rates are per 1,000 children in the population. Rates are calculated by dividing the relevant reported count (child, victim, first-time victim, etc.) by the child population count (children, by age, etc.) and multiplying by 1,000.
- Unless otherwise noted, the number of children and victims are unique counts.
- The count of victims includes children with dispositions of substantiated or indicated.
- Children with dispositions of alternative response victims are not included in the victim count.
- NCANDS uses the child population estimates that are released annually by the U.S. Census Bureau. These population estimates are provided in Appendix C, State Characteristics.
- The row labeled Reporting States displays the count of states that provided data for that analysis.
- National totals and calculations appear in a single row labeled National instead of separate rows labeled total, rate, or percent.
- Dashes are inserted into cells without any data.

Table 3–1 Children Who Received an Investigation or Alternative Response, 2018–2022

- The percent change was calculated by subtracting 2018 data from 2022 data, dividing the result by 2018 data, and multiplying by 100.

Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2022

- 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, 2018–2022

- The percent change is calculated by subtracting 2018 data from 2022 data, dividing the result by 2018 data, and multiplying by 100.

Table 3–4 First-time Victims, 2022

- 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, 2022

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

Table 3–6 Victims by Sex, 2022

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

Table 3–7 Victims by Race or Ethnicity, 2022

- 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 (Duplicate Categories), 2022

- 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 by Relationship to Their Perpetrators, 2022

- The number of relationships is a duplicate count, and the number of victims is a unique count. Percentages are calculated against the unique count of victims and total to more than 100.0 percent.
- In NCANDS, a child victim may have up to three perpetrators. A few states' systems do not have the capability of collecting and reporting data for all three perpetrator fields. More information may be found in Appendix D.
- States are excluded from this analysis if more than 25.0 percent of perpetrators are reported with an unknown or missing relationship.
- States are excluded from this analysis if fewer than 85 percent of victims have one or more perpetrators.
- The relationship categories listed under nonparent perpetrator include any perpetrator relationship that was not identified as an adoptive parent, a biological parent, or a stepparent.
- The two parents of known sex category can include mother and father, two mothers, and two fathers.
- The two parents of known sex with nonparent category can include mother, father, and nonparent; two mothers and nonparent; and two fathers and nonparent.
- One or more parents of unknown sex can include up to three parents in any combination of known and unknown sex. The parent(s) could have acted alone, together, or with a nonparent.
- Nonparent perpetrators counted in combination with parents (e.g., mother and nonparent(s)) are not also counted in the individual categories listed under nonparent.
- Multiple nonparental perpetrators that are in the same category are counted within that category. For example, two child daycare providers are counted as child daycare providers.
- Multiple nonparental perpetrators that are in different categories are counted in more than one nonparental perpetrator.
- Some states are not able to collect and report on group home and residential facility staff perpetrators due to system limitations or jurisdictional issues

Table 3–10 Victims with Caregiver Risk Factors, 2022

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

Table 3–11 Infants with Prenatal Substance Exposure by Submission Type, 2022

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

Table 3–12 Screened-in Infants with Prenatal Substance Exposure Who Have a Plan of Safe Care, 2022

- 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 3–13 Screened-in Infants with Prenatal Substance Exposure Who Have a Referral to Appropriate Services, 2022

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

Table 3–1 Children Who Received an Investigation or Alternative Response, 2018–2022 *(continues next page)*

State	2018	2019	2020	2021	2022	Percent Change from 2018 to 2022
Alabama	38,634	39,335	36,931	36,139	36,538	-5.4
Alaska	12,749	14,429	15,460	10,816	9,799	-23.1
Arizona	87,862	82,336	77,146	-	54,687	-37.8
Arkansas	58,823	57,339	54,775	52,887	55,674	-5.4
California	360,040	343,536	306,919	271,487	292,782	-18.7
Colorado	44,698	45,849	43,483	43,197	41,159	-7.9
Connecticut	19,693	18,669	14,135	13,416	15,561	-21.0
Delaware	12,180	12,373	10,672	10,006	12,014	-1.4
District of Columbia	14,334	12,315	8,651	7,824	8,211	-42.7
Florida	292,518	285,141	251,149	256,060	251,757	-13.9
Georgia	164,147	157,705	121,595	106,948	104,979	-36.0
Hawaii	3,817	4,378	4,938	4,845	5,193	36.0
Idaho	12,825	13,385	12,769	12,850	10,666	-16.8
Illinois	146,141	151,490	140,762	142,309	158,622	8.5
Indiana	161,340	147,872	139,343	135,799	123,644	-23.4
Iowa	38,631	38,253	35,469	38,953	38,790	0.4
Kansas	27,816	32,877	29,552	26,134	24,366	-12.4
Kentucky	83,902	77,512	67,066	55,547	52,816	-37.1
Louisiana	26,064	27,366	23,553	20,623	23,633	-9.3
Maine	11,031	16,288	18,871	17,524	16,008	45.1
Maryland	32,244	32,196	29,852	21,367	23,038	-28.6
Massachusetts	76,244	72,962	62,829	65,918	65,920	-13.5
Michigan	158,673	161,058	129,271	127,759	138,996	-12.4
Minnesota	39,581	38,690	36,274	32,919	32,958	-16.7
Mississippi	40,682	38,838	33,450	34,732	36,698	-9.8
Missouri	81,059	67,322	62,059	59,129	60,422	-25.5
Montana	15,300	15,400	15,528	13,484	11,158	-27.1
Nebraska	24,476	25,312	25,964	29,093	27,634	12.9
Nevada	30,220	29,439	27,980	29,351	29,963	-0.9
New Hampshire	13,888	12,798	13,336	11,816	12,742	-8.3
New Jersey	77,661	78,741	70,179	66,321	74,766	-3.7
New Mexico	25,774	26,040	25,980	23,281	24,529	-4.8
New York	218,684	216,016	194,127	189,559	192,737	-11.9
North Carolina	124,647	124,639	115,472	109,236	113,162	-9.2
North Dakota	7,295	6,597	5,570	4,598	4,764	-34.7
Ohio	110,550	113,071	104,750	106,012	102,858	-7.0
Oklahoma	58,958	57,504	58,379	55,518	51,985	-11.8
Oregon	50,319	55,063	48,161	43,312	47,610	-5.4
Pennsylvania	42,295	41,062	35,447	34,167	39,414	-6.8
Puerto Rico	15,053	15,044	12,510	13,646	12,956	-13.9
Rhode Island	10,841	9,334	8,062	6,967	6,160	-43.2
South Carolina	82,617	84,872	63,067	63,843	65,470	-20.8
South Dakota	3,761	4,039	4,032	3,800	3,987	6.0
Tennessee	87,384	94,946	86,109	85,534	88,309	1.1
Texas	281,562	278,004	263,493	278,119	289,231	2.7
Utah	26,076	26,926	25,860	25,642	26,819	2.8
Vermont	4,485	4,429	3,178	2,902	3,790	-15.5
Virginia	49,156	49,338	44,902	44,037	44,896	-8.7
Washington	46,131	49,174	47,375	43,474	45,834	-0.6
West Virginia	52,276	53,491	49,128	46,595	46,198	-11.6
Wisconsin	36,103	35,105	32,062	30,191	30,556	-15.4
Wyoming	4,914	5,093	4,006	3,801	3,642	-25.9
National	**3,546,154**	**3,500,991**	**3,151,631**	**2,969,487**	**3,096,101**	**N/A**
Reporting States	**52**	**52**	**52**	**51**	**52**	-

Table 3–1 Children Who Received an Investigation or Alternative Response, 2018–2022

State	2018 Rate per 1,000 Children	2019 Rate per 1,000 Children	2020 Rate per 1,000 Children	2021 Rate per 1,000 Children	2022 Rate per 1,000 Children
Alabama	35.4	36.1	33.2	32.6	32.9
Alaska	69.6	80.0	86.3	60.9	55.5
Arizona	53.6	50.2	48.4	-	34.4
Arkansas	83.6	81.8	78.6	76.0	79.9
California	40.1	38.7	34.8	31.4	34.4
Colorado	35.4	36.5	34.9	35.1	33.9
Connecticut	26.8	25.7	19.0	18.2	21.3
Delaware	59.7	60.6	51.6	48.4	57.7
District of Columbia	113.1	96.2	69.1	63.1	66.0
Florida	69.2	67.3	59.4	60.5	58.6
Georgia	65.4	62.9	48.3	42.7	41.8
Hawaii	12.6	14.6	16.1	16.1	17.5
Idaho	28.8	29.9	28.2	27.9	23.0
Illinois	51.1	53.8	49.7	51.3	58.3
Indiana	102.6	94.2	88.2	86.3	78.8
Iowa	52.9	52.5	48.4	53.5	53.5
Kansas	39.4	46.9	42.0	37.6	35.3
Kentucky	83.2	77.2	66.3	55.1	52.6
Louisiana	23.7	25.1	21.7	19.2	22.3
Maine	44.0	65.3	75.2	70.3	64.6
Maryland	24.0	24.1	21.8	15.8	17.1
Massachusetts	55.8	53.9	45.8	48.8	49.3
Michigan	73.3	75.1	60.0	60.0	65.9
Minnesota	30.4	29.7	27.6	25.3	25.5
Mississippi	57.5	55.5	48.4	50.8	54.1
Missouri	58.8	49.0	45.1	43.2	44.3
Montana	66.8	67.3	67.1	58.0	47.7
Nebraska	51.4	53.2	53.9	60.7	58.0
Nevada	43.9	42.4	40.4	42.5	43.4
New Hampshire	53.8	50.0	52.0	46.4	50.4
New Jersey	39.7	40.5	34.6	33.1	37.5
New Mexico	53.4	54.6	54.5	49.8	53.4
New York	53.7	53.6	46.6	46.6	48.3
North Carolina	54.1	54.1	50.6	47.9	49.3
North Dakota	40.9	36.5	30.2	25.1	26.1
Ohio	42.6	43.8	40.3	41.1	40.1
Oklahoma	61.7	60.3	61.5	58.4	54.5
Oregon	57.9	63.7	55.9	50.9	56.9
Pennsylvania	15.9	15.6	13.3	12.9	15.0
Puerto Rico	25.4	26.3	22.1	25.0	25.0
Rhode Island	52.6	45.8	38.5	33.7	30.2
South Carolina	74.5	76.2	57.3	57.8	58.6
South Dakota	17.4	18.5	18.6	17.5	18.2
Tennessee	57.9	62.8	56.4	56.0	57.4
Texas	38.1	37.5	35.6	37.6	38.8
Utah	28.0	29.0	27.6	27.4	28.8
Vermont	38.8	38.7	27.1	25.0	33.0
Virginia	26.3	26.4	23.8	23.5	24.0
Washington	27.8	29.6	28.3	26.2	27.8
West Virginia	143.2	148.4	137.1	131.3	131.3
Wisconsin	28.3	27.7	25.2	24.0	24.5
Wyoming	36.5	38.1	30.2	28.9	28.0
National	**47.9**	**47.5**	**42.6**	**41.4**	**42.4**
Reporting States	-	-	-	-	-

Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2022 *(continues next page)*

State	Substantiated	Indicated	Alternative Response	Unsubstantiated	Intentionally False
Alabama	11,941	-	-	26,247	-
Alaska	2,794	-	-	8,556	-
Arizona	5,058	8,482	-	49,607	-
Arkansas	9,363	-	6,873	27,212	-
California	53,973	-	-	245,328	-
Colorado	10,572	-	16,053	22,410	-
Connecticut	5,394	-	-	12,578	-
Delaware	1,104	-	2,939	5,715	-
District of Columbia	1,689	-	-	4,547	-
Florida	25,697	-	-	194,956	-
Georgia	10,820	-	37,000	31,402	-
Hawaii	1,342	-	-	4,482	-
Idaho	2,065	-	-	10,069	779
Illinois	37,077	-	-	115,447	434
Indiana	20,184	-	-	145,902	-
Iowa	13,150	-	11,402	31,642	-
Kansas	1,974	-	-	29,044	-
Kentucky	13,492	-	-	44,786	-
Louisiana	7,861	-	-	16,783	-
Maine	2,575	1,519	-	10,255	-
Maryland	4,389	2,691	12,550	6,017	-
Massachusetts	24,582	-	-	24,517	-
Michigan	14,195	10,721	-	80,570	3
Minnesota	5,521	-	22,741	8,256	-
Mississippi	9,797	-	-	33,808	-
Missouri	4,004	-	48,411	20,112	-
Montana	2,895	18	-	10,136	-
Nebraska	2,126	-	7,556	14,032	-
Nevada	6,273	-	722	19,248	-
New Hampshire	1,053	-	-	13,636	-
New Jersey	3,217	-	-	86,159	-
New Mexico	6,616	-	-	25,739	-
New York	57,297	-	17,172	167,144	-
North Carolina	7,730	17,073	86,414	18,368	-
North Dakota	1,154	-	-	3,876	-
Ohio	17,037	7,640	50,675	42,691	-
Oklahoma	14,240	-	911	37,848	-
Oregon	11,397	-	-	40,629	-
Pennsylvania	5,201	-	-	34,574	-
Puerto Rico	4,957	170	-	6,141	87
Rhode Island	2,601	-	-	4,325	-
South Carolina	15,680	-	-	42,928	-
South Dakota	1,546	-	-	2,742	-
Tennessee	6,351	673	68,276	20,332	-
Texas	55,942	-	50,458	191,942	-
Utah	9,253	-	-	20,176	21
Vermont	761	-	1,619	2,172	22
Virginia	4,694	-	36,307	8,601	-
Washington	3,995	-	34,284	20,274	55
West Virginia	5,740	-	-	30,506	-
Wisconsin	4,259	-	4,307	27,583	-
Wyoming	851	-	3,094	369	-
National	**553,479**	**48,987**	**519,764**	**2,102,419**	**1,401**
Reporting States	**14.8**	**1.3**	**13.9**	**56.3**	**0.0**
National States	**52**	**9**	**21**	**52**	**7**

Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2022

State	Closed with No Finding	No Alleged Maltreatment	Other	Unknown	Total Children
Alabama	1,297	-	-	85	39,570
Alaska	988	-	-	-	12,338
Arizona	2,024	-	-	-	65,171
Arkansas	1,362	20,293	-	-	65,103
California	-	50,393	-	-	349,694
Colorado	-	-	-	361	49,396
Connecticut	-	-	-	-	17,972
Delaware	2,358	1,502	-	-	13,618
District of Columbia	190	3,261	-	4	9,691
Florida	-	80,920	-	844	302,417
Georgia	-	44,860	-	-	124,082
Hawaii	-	-	-	39	5,863
Idaho	-	-	-	-	12,913
Illinois	-	55,814	-	-	208,772
Indiana	-	-	-	-	166,086
Iowa	-	-	-	11	56,205
Kansas	378	-	-	-	31,396
Kentucky	1,495	-	3,161	-	62,934
Louisiana	1,309	-	-	-	25,953
Maine	-	6,261	-	-	20,610
Maryland	-	-	-	-	25,647
Massachusetts	-	19,442	10,662	-	79,203
Michigan	693	68,885	-	-	175,067
Minnesota	1,590	-	-	-	38,108
Mississippi	1,530	-	-	-	45,135
Missouri	1,351	-	355	59	74,292
Montana	459	-	108	-	13,616
Nebraska	400	10,796	-	-	34,910
Nevada	700	9,425	-	-	36,368
New Hampshire	811	-	-	1	15,501
New Jersey	-	-	-	-	89,376
New Mexico	-	-	-	-	32,355
New York	-	2,305	-	-	243,918
North Carolina	-	1,445	136	-	131,166
North Dakota	159	-	-	-	5,189
Ohio	5,530	-	-	-	123,573
Oklahoma	5,677	-	-	-	58,676
Oregon	-	-	5,946	1	57,973
Pennsylvania	-	-	-	-	39,775
Puerto Rico	927	2,121	-	-	14,403
Rhode Island	85	-	-	-	7,011
South Carolina	-	24,305	-	-	82,913
South Dakota	191	-	-	-	4,479
Tennessee	7,303	-	1	78	103,014
Texas	2,813	-	19,282	3,245	323,682
Utah	2,026	-	-	-	31,476
Vermont	-	-	-	-	4,574
Virginia	50	488	-	5	50,145
Washington	2,332	-	-	-	60,940
West Virginia	3,558	10,324	-	11	50,139
Wisconsin	-	-	-	-	36,149
Wyoming	-	-	-	-	4,314
National	**49,586**	**412,840**	**39,651**	**4,744**	**3,732,871**
National Percent	**1.3**	**11.1**	**1.1**	**0.1**	**100.0**
Reporting States	**29**	**18**	**8**	**13**	**52**

Table 3–3 Child Victims, 2018–2022 *(continues next page)*

State	2018	2019	2020	2021	2022	Percent Change from 2018 to 2022
Alabama	12,158	11,677	11,663	11,840	11,618	-4.4
Alaska	2,615	3,059	3,212	2,733	2,581	-1.3
Arizona	15,504	12,847	9,954	-	12,324	-20.5
Arkansas	8,538	8,422	9,241	9,616	8,927	4.6
California	63,795	64,132	60,317	55,503	50,869	-20.3
Colorado	11,879	12,246	11,615	11,147	9,777	-17.7
Connecticut	7,652	8,042	6,346	5,570	5,032	-34.2
Delaware	1,251	1,248	1,200	1,131	1,077	-13.9
District of Columbia	1,699	1,857	1,568	1,647	1,574	-7.4
Florida	36,795	32,915	28,268	27,394	24,505	-33.4
Georgia	11,064	10,102	8,690	9,643	10,524	-4.9
Hawaii	1,265	1,342	1,294	1,322	1,228	-2.9
Idaho	1,919	1,869	1,958	2,268	2,005	4.5
Illinois	31,515	33,331	35,437	35,841	32,433	2.9
Indiana	25,731	23,029	22,648	21,556	19,185	-25.4
Iowa	11,764	11,648	10,600	11,271	11,150	-5.2
Kansas	3,188	2,945	2,386	2,140	1,861	-41.6
Kentucky	23,752	20,130	16,748	14,963	12,340	-48.0
Louisiana	9,380	8,441	6,859	6,422	7,572	-19.3
Maine	3,481	4,413	4,726	4,228	3,792	8.9
Maryland	7,743	7,661	7,242	6,303	6,564	-15.2
Massachusetts	25,812	25,029	22,538	22,654	22,075	-14.5
Michigan	37,703	33,043	26,932	24,515	23,500	-37.7
Minnesota	7,785	6,780	6,647	5,544	5,299	-31.9
Mississippi	10,002	9,377	8,136	8,526	9,028	-9.7
Missouri	5,662	4,762	4,449	4,262	3,932	-30.6
Montana	3,763	3,736	3,777	3,077	2,714	-27.9
Nebraska	2,596	2,822	2,376	2,471	2,026	-22.0
Nevada	5,109	4,990	5,016	5,547	5,851	14.5
New Hampshire	1,331	1,217	1,182	985	1,034	-22.3
New Jersey	6,008	5,132	3,655	3,188	3,146	-47.6
New Mexico	8,024	8,025	7,050	5,964	5,817	-27.5
New York	68,785	67,269	59,126	56,760	50,056	-27.2
North Carolina	27,280	26,449	23,480	21,643	23,134	-15.2
North Dakota	2,097	1,797	1,614	1,349	1,132	-46.0
Ohio	25,158	25,470	23,691	24,267	22,439	-10.8
Oklahoma	15,355	15,148	14,685	13,719	13,546	-11.8
Oregon	12,581	13,543	11,487	10,573	10,507	-16.5
Pennsylvania	4,695	4,817	4,582	4,683	5,005	6.6
Puerto Rico	4,381	4,738	3,572	4,753	4,320	-1.4
Rhode Island	3,644	3,183	2,743	2,588	2,444	-32.9
South Carolina	19,130	18,717	14,263	15,308	14,572	-23.8
South Dakota	1,426	1,537	1,570	1,459	1,451	1.8
Tennessee	9,186	9,859	8,687	7,739	6,924	-24.6
Texas	63,271	64,093	65,116	65,253	54,207	-14.3
Utah	10,122	10,579	9,694	9,233	8,765	-13.4
Vermont	958	851	530	392	672	-29.9
Virginia	6,132	6,159	5,658	4,944	4,563	-25.6
Washington	4,498	4,222	3,967	3,487	3,389	-24.7
West Virginia	6,946	6,727	6,116	6,094	5,510	-20.7
Wisconsin	5,017	4,576	4,177	4,229	4,082	-18.6
Wyoming	1,044	1,096	992	886	821	-21.4
National	**698,189**	**677,099**	**619,480**	**588,630**	**558,899**	**N/A**
Reporting States	**52**	**52**	**52**	**51**	**52**	-

Table 3–3 Child Victims, 2018–2022

State	2018 Rate per 1,000 Children	2019 Rate per 1,000 Children	2020 Rate per 1,000 Children	2021 Rate per 1,000 Children	2022 Rate per 1,000 Children
Alabama	11.1	10.7	10.5	10.7	10.5
Alaska	14.3	17.0	17.9	15.4	14.6
Arizona	9.5	7.8	6.2	-	7.8
Arkansas	12.1	12.0	13.3	13.8	12.8
California	7.1	7.2	6.8	6.4	6.0
Colorado	9.4	9.7	9.3	9.0	8.0
Connecticut	10.4	11.1	8.5	7.6	6.9
Delaware	6.1	6.1	5.8	5.5	5.2
District of Columbia	13.4	14.5	12.5	13.3	12.6
Florida	8.7	7.8	6.7	6.5	5.7
Georgia	4.4	4.0	3.5	3.8	4.2
Hawaii	4.2	4.5	4.2	4.4	4.1
Idaho	4.3	4.2	4.3	4.9	4.3
Illinois	11.0	11.8	12.5	12.9	11.9
Indiana	16.4	14.7	14.3	13.7	12.2
Iowa	16.1	16.0	14.5	15.5	15.4
Kansas	4.5	4.2	3.4	3.1	2.7
Kentucky	23.6	20.0	16.6	14.9	12.3
Louisiana	8.5	7.7	6.3	6.0	7.1
Maine	13.9	17.7	18.8	17.0	15.3
Maryland	5.8	5.7	5.3	4.7	4.9
Massachusetts	18.9	18.5	16.4	16.8	16.5
Michigan	17.4	15.4	12.5	11.5	11.1
Minnesota	6.0	5.2	5.1	4.3	4.1
Mississippi	14.1	13.4	11.8	12.5	13.3
Missouri	4.1	3.5	3.2	3.1	2.9
Montana	16.4	16.3	16.3	13.2	11.6
Nebraska	5.4	5.9	4.9	5.2	4.3
Nevada	7.4	7.2	7.2	8.0	8.5
New Hampshire	5.2	4.8	4.6	3.9	4.1
New Jersey	3.1	2.6	1.8	1.6	1.6
New Mexico	16.6	16.8	14.8	12.8	12.7
New York	16.9	16.7	14.2	13.9	12.5
North Carolina	11.8	11.5	10.3	9.5	10.1
North Dakota	11.7	10.0	8.8	7.4	6.2
Ohio	9.7	9.9	9.1	9.4	8.8
Oklahoma	16.1	15.9	15.5	14.4	14.2
Oregon	14.5	15.7	13.3	12.4	12.6
Pennsylvania	1.8	1.8	1.7	1.8	1.9
Puerto Rico	7.4	8.3	6.3	8.7	8.3
Rhode Island	17.7	15.6	13.1	12.5	12.0
South Carolina	17.3	16.8	13.0	13.8	13.0
South Dakota	6.6	7.1	7.2	6.7	6.6
Tennessee	6.1	6.5	5.7	5.1	4.5
Texas	8.6	8.7	8.8	8.8	7.3
Utah	10.9	11.4	10.3	9.9	9.4
Vermont	8.3	7.4	4.5	3.4	5.9
Virginia	3.3	3.3	3.0	2.6	2.4
Washington	2.7	2.5	2.4	2.1	2.1
West Virginia	19.0	18.7	17.1	17.2	15.7
Wisconsin	3.9	3.6	3.3	3.4	3.3
Wyoming	7.8	8.2	7.5	6.7	6.3
National	**9.4**	**9.2**	**8.4**	**8.2**	**7.7**
Reporting States	**-**	**-**	**-**	**-**	**-**

Table 3–4 First-time Victims, 2022

State	First-time Victims	First-time Victims Rate per 1,000 Children
Alabama	9,423	8.5
Alaska	1,676	9.5
Arizona	7,060	4.4
Arkansas	7,462	10.7
California	40,083	4.7
Colorado	6,683	5.5
Connecticut	3,553	4.9
Delaware	895	4.3
District of Columbia	1,088	8.7
Florida	11,046	2.6
Georgia	8,747	3.5
Hawaii	945	3.2
Idaho	1,695	3.7
Illinois	20,623	7.6
Indiana	13,632	8.7
Iowa	7,704	10.6
Kansas	1,669	2.4
Kentucky	7,903	7.9
Louisiana	6,063	5.7
Maine	2,044	8.2
Maryland	4,402	3.3
Massachusetts	12,206	9.1
Michigan	14,840	7.0
Minnesota	5,008	3.9
Mississippi	7,921	11.7
Missouri	3,420	2.5
Montana	2,173	9.3
Nebraska	1,557	3.3
Nevada	3,852	5.6
New Hampshire	847	3.3
New Jersey	2,574	1.3
New Mexico	3,955	8.6
New York	28,845	7.2
North Carolina	15,590	6.8
North Dakota	814	4.5
Ohio	16,217	6.3
Oklahoma	10,525	11.0
Oregon	6,730	8.0
Pennsylvania	4,724	1.8
Puerto Rico	3,941	7.6
Rhode Island	1,647	8.1
South Carolina	10,293	9.2
South Dakota	1,101	5.0
Tennessee	3,523	2.3
Texas	43,563	5.8
Utah	6,001	6.4
Vermont	561	4.9
Virginia	4,285	2.3
Washington	1,552	0.9
West Virginia	4,480	12.7
Wisconsin	3,415	2.7
Wyoming	629	4.8
National	**391,185**	**5.4**
Reporting States	**52**	**-**

Table 3–5 Victims by Age, 2022 *(continues next page)*

State	<1	1	2	3	4	5	6	7	8	9
Alabama	2,009	731	669	689	604	600	593	534	500	475
Alaska	358	168	162	158	164	147	138	146	144	133
Arizona	2,995	749	742	703	621	623	572	539	496	479
Arkansas	1,985	474	477	461	481	395	490	381	365	349
California	8,425	3,156	2,908	2,775	2,649	2,723	2,737	2,575	2,511	2,405
Colorado	1,261	670	555	532	502	523	542	545	529	491
Connecticut	625	327	314	262	287	261	284	233	245	243
Delaware	119	61	57	60	58	64	62	62	63	47
District of Columbia	200	101	103	91	91	78	105	102	93	79
Florida	3,813	1,765	1,753	1,657	1,524	1,421	1,337	1,288	1,128	1,014
Georgia	1,711	572	552	568	568	593	618	627	540	516
Hawaii	170	73	48	79	65	62	65	56	64	59
Idaho	473	98	103	99	101	82	98	105	81	87
Illinois	3,992	2,463	2,212	2,273	2,146	2,010	1,953	1,836	1,693	1,671
Indiana	4,595	1,125	1,032	986	957	955	940	901	845	821
Iowa	1,777	744	773	687	680	640	639	554	590	516
Kansas	146	120	105	103	100	115	94	95	116	92
Kentucky	1,766	826	798	793	712	676	730	675	587	586
Louisiana	2,590	395	420	371	352	316	310	339	271	284
Maine	439	222	231	237	203	231	228	219	243	209
Maryland	476	336	336	355	343	316	366	325	277	324
Massachusetts	2,336	1,292	1,243	1,202	1,143	1,138	1,272	1,256	1,104	1,140
Michigan	2,703	1,641	1,599	1,448	1,383	1,445	1,345	1,261	1,255	1,110
Minnesota	744	329	327	304	328	342	283	243	274	260
Mississippi	1,172	469	476	416	448	459	497	462	451	432
Missouri	288	228	217	212	201	205	155	165	183	176
Montana	342	173	185	157	178	180	161	152	137	129
Nebraska	253	126	130	116	124	133	107	124	83	82
Nevada	903	422	392	388	349	344	353	302	328	275
New Hampshire	138	77	75	65	55	53	52	56	44	41
New Jersey	394	177	180	162	166	162	174	154	147	153
New Mexico	643	292	324	268	287	345	369	385	362	342
New York	4,642	2,967	2,955	2,839	2,628	2,833	2,904	2,822	2,822	2,663
North Carolina	2,939	1,506	1,429	1,386	1,277	1,316	1,295	1,252	1,199	1,142
North Dakota	223	76	75	79	69	67	71	65	58	41
Ohio	3,320	1,300	1,247	1,234	1,193	1,113	1,201	1,155	1,061	1,123
Oklahoma	2,063	959	957	862	816	803	791	700	714	644
Oregon	1,152	591	628	652	622	622	595	552	539	509
Pennsylvania	427	260	218	241	206	215	188	197	194	209
Puerto Rico	274	207	210	223	238	245	283	242	251	275
Rhode Island	327	180	166	154	125	131	157	115	133	113
South Carolina	2,107	965	961	857	798	793	815	770	703	731
South Dakota	278	117	110	97	98	86	85	67	65	54
Tennessee	1,568	362	285	299	278	274	291	276	265	257
Texas	10,075	4,330	3,991	3,928	3,554	3,446	2,763	2,579	2,327	2,159
Utah	719	424	440	426	428	435	425	456	463	419
Vermont	46	42	36	30	32	31	33	28	39	28
Virginia	565	312	299	288	255	252	223	227	199	203
Washington	353	252	244	246	198	202	199	182	144	163
West Virginia	847	311	293	301	306	289	315	301	293	272
Wisconsin	453	264	251	234	257	249	243	222	203	184
Wyoming	110	48	58	57	51	47	41	35	56	46
National	**82,329**	**35,875**	**34,351**	**33,110**	**31,299**	**31,086**	**30,587**	**28,940**	**27,477**	**26,255**
Reporting States	**52**	**52**	**52**	**52**	**52**	**52**	**52**	**52**	**52**	**52**

Table 3–5 Victims by Age, 2022 *(continues next page)*

State	10	11	12	13	14	15	16	17	Unborn, Unknown, and 18–21	Total Victims
Alabama	473	488	552	592	632	627	433	315	102	11,618
Alaska	118	129	117	123	116	114	76	55	15	2,581
Arizona	463	466	438	518	479	554	511	364	12	12,324
Arkansas	352	311	387	448	494	398	381	245	53	8,927
California	2,272	2,388	2,449	2,416	2,363	2,358	2,123	1,600	36	50,869
Colorado	508	496	524	567	486	447	341	237	21	9,777
Connecticut	226	237	278	265	277	239	228	165	36	5,032
Delaware	51	61	54	57	55	49	50	44	3	1,077
District of Columbia	78	82	68	79	71	71	44	36	2	1,574
Florida	1,037	1,056	1,087	1,055	1,077	988	849	586	70	24,505
Georgia	504	442	531	547	530	522	377	197	9	10,524
Hawaii	56	66	63	66	67	59	51	50	9	1,228
Idaho	71	100	92	90	99	86	87	50	3	2,005
Illinois	1,524	1,418	1,479	1,418	1,303	1,241	1,026	707	68	32,433
Indiana	816	770	848	852	880	795	632	413	22	19,185
Iowa	542	464	490	504	474	451	355	253	17	11,150
Kansas	96	108	110	110	106	104	79	61	1	1,861
Kentucky	608	526	589	593	568	530	457	295	25	12,340
Louisiana	292	262	250	297	262	243	197	110	11	7,572
Maine	217	220	182	168	188	147	121	81	6	3,792
Maryland	336	350	431	488	421	411	380	281	12	6,564
Massachusetts	1,073	1,126	1,215	1,294	1,273	1,208	1,024	713	23	22,075
Michigan	1,069	1,055	1,149	1,218	1,154	1,125	910	619	11	23,500
Minnesota	271	257	255	250	270	242	175	128	17	5,299
Mississippi	438	455	489	512	570	572	427	272	11	9,028
Missouri	194	182	217	287	316	301	245	158	2	3,932
Montana	139	128	125	126	121	117	93	64	7	2,714
Nebraska	115	87	101	98	85	94	72	68	28	2,026
Nevada	274	230	241	254	259	230	166	134	7	5,851
New Hampshire	44	60	48	57	57	48	42	20	2	1,034
New Jersey	172	158	168	192	170	160	127	121	9	3,146
New Mexico	331	347	300	305	275	245	216	126	55	5,817
New York	2,626	2,629	2,764	2,796	2,754	2,700	2,195	1,410	107	50,056
North Carolina	1,129	1,118	1,164	1,228	1,177	1,039	894	527	117	23,134
North Dakota	43	42	48	41	50	27	27	15	15	1,132
Ohio	1,058	1,070	1,209	1,241	1,251	1,042	917	621	83	22,439
Oklahoma	613	572	613	592	588	508	414	267	70	13,546
Oregon	481	474	499	588	559	550	474	371	49	10,507
Pennsylvania	211	281	307	379	441	384	322	260	65	5,005
Puerto Rico	261	243	266	246	238	245	240	112	21	4,320
Rhode Island	112	130	110	117	98	106	89	61	20	2,444
South Carolina	690	694	678	707	725	694	551	283	50	14,572
South Dakota	61	69	49	45	54	49	36	25	6	1,451
Tennessee	303	342	427	376	355	360	329	221	56	6,924
Texas	2,099	2,063	2,163	2,183	2,049	1,789	1,541	900	268	54,207
Utah	405	448	452	564	588	575	579	507	12	8,765
Vermont	36	44	35	49	57	41	37	27	1	672
Virginia	187	207	215	239	255	211	180	133	113	4,563
Washington	143	174	195	187	155	146	112	92	2	3,389
West Virginia	279	301	261	272	243	249	238	123	16	5,510
Wisconsin	203	212	209	237	208	181	159	104	9	4,082
Wyoming	48	35	40	32	33	29	22	29	4	821
National	**25,748**	**25,673**	**27,031**	**27,965**	**27,376**	**25,701**	**21,651**	**14,656**	**1,789**	**558,899**
Reporting States	**52**	**52**	**52**	**52**	**52**	**52**	**52**	**52**	**52**	**52**

Table 3–5 Victims by Age, 2022 *(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	34.7	12.8	11.7	11.9	10.1	9.9	9.6	8.6	8.2
Alaska	37.7	18.1	17.3	17.2	17.2	14.8	13.7	14.5	14.1
Arizona	38.1	9.9	9.5	8.8	7.6	7.4	6.6	6.0	5.6
Arkansas	55.2	13.4	13.4	12.7	12.9	10.5	12.7	9.8	9.5
California	19.8	7.8	6.9	6.4	6.0	5.9	5.8	5.4	5.3
Colorado	20.1	10.9	9.1	8.7	8.0	8.1	8.1	8.1	7.9
Connecticut	17.4	9.4	8.6	7.1	7.6	6.8	7.3	5.9	6.2
Delaware	11.0	5.9	5.3	5.6	5.3	5.7	5.4	5.4	5.5
District of Columbia	24.2	12.4	13.7	12.2	11.8	10.1	13.9	13.6	13.1
Florida	17.3	8.3	8.0	7.4	6.6	6.1	5.6	5.4	4.7
Georgia	13.7	4.7	4.4	4.5	4.3	4.4	4.5	4.5	3.9
Hawaii	10.8	4.8	3.0	4.9	3.9	3.7	3.8	3.2	3.7
Idaho	21.1	4.4	4.6	4.4	4.3	3.3	3.8	4.0	3.1
Illinois	30.5	18.9	16.2	16.3	15.0	13.7	13.0	12.1	11.3
Indiana	57.6	14.4	12.7	12.0	11.4	11.3	10.8	10.3	9.7
Iowa	48.3	20.6	20.7	18.4	17.6	16.3	15.9	13.7	14.6
Kansas	4.2	3.5	3.0	2.9	2.8	3.1	2.5	2.5	3.0
Kentucky	33.9	16.1	15.3	15.0	13.2	12.4	13.1	12.1	10.5
Louisiana	45.7	7.1	7.7	6.7	6.2	5.4	5.2	5.7	4.6
Maine	36.6	19.1	18.3	18.6	15.9	17.7	16.9	16.1	17.8
Maryland	6.9	5.0	4.8	5.0	4.7	4.3	4.9	4.3	3.7
Massachusetts	33.1	19.4	18.3	17.6	16.3	16.0	17.6	17.2	15.1
Michigan	25.8	15.9	14.8	13.3	12.4	12.7	11.6	10.7	10.7
Minnesota	11.5	5.2	4.9	4.5	4.8	4.8	3.9	3.3	3.8
Mississippi	33.7	13.6	13.8	11.9	12.6	12.9	13.7	12.6	12.3
Missouri	4.2	3.3	3.1	3.0	2.8	2.8	2.1	2.2	2.4
Montana	30.5	15.7	16.0	13.4	14.7	14.2	12.1	11.3	10.3
Nebraska	10.4	5.2	5.3	4.6	4.8	5.1	4.0	4.6	3.1
Nevada	26.9	12.5	11.2	10.8	9.6	9.3	9.2	7.8	8.5
New Hampshire	10.9	6.3	6.0	5.1	4.3	4.0	3.9	4.1	3.2
New Jersey	3.8	1.8	1.7	1.5	1.6	1.5	1.6	1.4	1.3
New Mexico	30.9	13.8	14.8	11.8	12.3	14.4	14.8	15.1	14.1
New York	21.6	14.7	14.0	13.3	12.1	12.9	13.1	12.7	12.8
North Carolina	24.2	12.8	12.1	11.7	10.6	10.7	10.4	9.9	9.6
North Dakota	22.1	7.7	7.6	8.0	6.8	6.4	6.6	6.1	5.6
Ohio	25.8	10.1	9.4	9.2	8.7	8.0	8.5	8.1	7.4
Oklahoma	43.2	20.2	19.7	17.5	16.2	15.5	14.8	13.0	13.2
Oregon	28.1	15.0	15.3	15.7	14.5	14.0	12.8	11.7	11.4
Pennsylvania	3.2	2.0	1.6	1.8	1.5	1.5	1.3	1.4	1.3
Puerto Rico	14.2	11.3	10.7	10.6	11.2	10.6	11.1	8.8	8.6
Rhode Island	31.0	18.1	15.7	14.3	11.4	11.8	13.8	10.2	11.9
South Carolina	37.1	17.1	16.9	15.0	13.6	13.4	13.4	12.5	11.4
South Dakota	24.3	10.5	9.4	8.2	8.2	7.1	6.9	5.5	5.3
Tennessee	19.2	4.5	3.5	3.7	3.4	3.3	3.4	3.2	3.1
Texas	26.6	11.7	10.6	10.2	9.0	8.5	6.6	6.1	5.5
Utah	15.4	9.4	9.4	9.1	9.0	8.8	8.3	8.8	8.9
Vermont	8.6	8.1	6.5	5.3	5.5	5.1	5.3	4.4	6.0
Virginia	5.8	3.3	3.1	2.9	2.5	2.5	2.1	2.2	1.9
Washington	4.2	3.0	2.8	2.9	2.3	2.2	2.1	2.0	1.6
West Virginia	48.7	17.9	16.7	17.1	16.9	15.8	16.6	15.5	14.8
Wisconsin	7.4	4.4	4.0	3.7	4.0	3.8	3.6	3.2	3.0
Wyoming	17.9	7.9	9.3	9.0	7.8	6.8	5.7	4.8	7.7
National	**22.2**	**9.9**	**9.3**	**8.8**	**8.1**	**7.9**	**7.6**	**7.1**	**6.8**
Reporting States	-	-	-	-	-	-	-	-	-

Table 3–5 Victims by Age, 2022

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	7.8	7.8	7.9	8.7	9.1	9.3	9.3	6.6	4.9
Alaska	13.0	11.7	12.7	11.7	12.3	11.6	11.6	8.0	5.8
Arizona	5.4	5.2	5.2	4.8	5.5	4.8	5.6	5.3	3.8
Arkansas	9.1	9.2	8.0	9.8	11.0	11.6	9.4	9.2	6.0
California	5.0	4.8	4.9	5.0	4.8	4.5	4.5	4.1	3.1
Colorado	7.4	7.6	7.2	7.4	7.9	6.5	6.0	4.6	3.2
Connecticut	6.1	5.6	5.7	6.6	6.1	6.0	5.1	4.9	3.5
Delaware	4.1	4.4	5.2	4.5	4.7	4.4	3.9	4.0	3.6
District of Columbia	11.0	11.1	12.2	11.0	13.2	12.1	12.4	8.1	6.8
Florida	4.3	4.4	4.4	4.5	4.2	4.1	3.8	3.3	2.3
Georgia	3.7	3.6	3.1	3.7	3.7	3.4	3.3	2.5	1.3
Hawaii	3.4	3.2	3.9	3.8	4.1	4.0	3.7	3.2	3.2
Idaho	3.4	2.7	3.8	3.4	3.2	3.4	3.0	3.1	1.8
Illinois	11.2	10.1	9.2	9.4	8.8	7.8	7.4	6.2	4.2
Indiana	9.4	9.4	8.8	9.5	9.3	9.3	8.4	6.8	4.4
Iowa	12.9	13.7	11.7	11.8	11.8	10.7	10.2	8.2	5.9
Kansas	2.4	2.5	2.8	2.7	2.7	2.5	2.5	1.9	1.5
Kentucky	10.5	11.0	9.5	10.4	10.2	9.4	8.8	7.7	5.0
Louisiana	4.9	5.0	4.5	4.2	4.8	4.1	3.8	3.2	1.8
Maine	15.3	15.9	16.0	12.6	11.4	12.2	9.4	7.8	5.2
Maryland	4.4	4.5	4.6	5.6	6.2	5.2	5.1	4.8	3.6
Massachusetts	15.5	14.5	15.0	15.9	16.6	15.7	14.8	12.5	8.6
Michigan	9.5	9.2	9.0	9.5	9.9	9.0	8.7	7.1	4.8
Minnesota	3.6	3.8	3.6	3.4	3.3	3.5	3.1	2.3	1.7
Mississippi	11.9	11.8	12.2	12.7	12.6	13.3	13.2	10.3	6.7
Missouri	2.3	2.6	2.4	2.8	3.6	3.8	3.6	3.0	2.0
Montana	9.8	10.4	9.7	9.3	9.1	8.4	8.2	6.6	4.7
Nebraska	3.1	4.4	3.3	3.7	3.5	3.0	3.3	2.6	2.5
Nevada	7.2	7.1	5.8	6.1	6.2	6.1	5.4	4.0	3.3
New Hampshire	2.9	3.1	4.2	3.3	3.8	3.6	3.0	2.6	1.2
New Jersey	1.4	1.6	1.4	1.5	1.7	1.4	1.3	1.1	1.0
New Mexico	13.2	12.7	13.1	10.9	10.8	9.4	8.4	7.6	4.4
New York	12.0	11.8	11.7	12.3	12.4	11.9	11.6	9.5	6.1
North Carolina	9.1	9.0	8.8	8.9	9.1	8.4	7.4	6.5	3.9
North Dakota	4.0	4.2	4.2	4.8	4.1	4.9	2.7	2.7	1.6
Ohio	7.9	7.5	7.6	8.3	8.3	8.1	6.7	6.0	4.1
Oklahoma	11.9	11.4	10.6	11.2	10.6	10.2	8.9	7.5	4.9
Oregon	10.8	10.2	9.9	10.2	11.7	10.7	10.6	9.4	7.4
Pennsylvania	1.4	1.4	1.9	2.0	2.5	2.8	2.4	2.0	1.7
Puerto Rico	9.0	8.2	7.4	7.7	7.0	6.7	6.7	6.3	2.9
Rhode Island	10.2	10.1	11.6	9.7	10.0	8.0	8.6	7.1	4.8
South Carolina	11.9	11.2	11.1	10.5	10.5	10.4	10.0	8.2	4.3
South Dakota	4.4	5.0	5.7	3.9	3.6	4.2	3.8	2.9	2.1
Tennessee	3.1	3.6	4.1	4.9	4.2	3.8	3.9	3.6	2.5
Texas	5.2	5.1	4.9	5.0	5.0	4.5	4.0	3.5	2.1
Utah	8.0	7.8	8.5	8.3	10.1	10.2	10.0	10.3	9.2
Vermont	4.4	5.5	6.7	5.2	7.2	7.9	5.6	5.1	3.7
Virginia	2.0	1.8	2.0	2.0	2.2	2.3	1.9	1.6	1.2
Washington	1.8	1.6	1.9	2.1	2.0	1.6	1.5	1.2	1.0
West Virginia	13.6	14.0	15.1	12.8	13.0	11.2	11.4	11.1	5.8
Wisconsin	2.7	2.9	3.0	2.9	3.2	2.7	2.3	2.1	1.4
Wyoming	6.3	6.6	4.7	5.2	4.0	4.0	3.5	2.7	3.7
National	**6.5**	**6.3**	**6.3**	**6.5**	**6.5**	**6.2**	**5.8**	**5.0**	**3.4**
Reporting States	-	-	-	-	-	-	-	-	-

Table 3–6 Victims by Sex, 2022

State	Boy	Girl	Unknown	Total Victims	Boy Rate per 1,000 Children	Girl Rate per 1,000 Children
Alabama	5,273	6,332	13	11,618	9.3	11.6
Alaska	1,236	1,332	13	2,581	13.7	15.5
Arizona	5,991	6,107	226	12,324	7.4	7.9
Arkansas	3,969	4,954	4	8,927	11.1	14.6
California	24,123	26,689	57	50,869	5.5	6.4
Colorado	4,599	5,178	-	9,777	7.4	8.7
Connecticut	2,387	2,606	39	5,032	6.4	7.3
Delaware	490	587	-	1,077	4.6	5.7
District of Columbia	783	789	2	1,574	12.4	12.9
Florida	11,587	12,745	173	24,505	5.3	6.1
Georgia	5,031	5,484	9	10,524	3.9	4.5
Hawaii	555	662	11	1,228	3.6	4.6
Idaho	923	1,082	-	2,005	3.9	4.8
Illinois	16,041	16,273	119	32,433	11.5	12.2
Indiana	9,102	10,072	11	19,185	11.3	13.2
Iowa	5,435	5,704	11	11,150	14.7	16.1
Kansas	812	1,049	-	1,861	2.3	3.1
Kentucky	6,012	6,257	71	12,340	11.7	12.8
Louisiana	3,733	3,812	27	7,572	6.9	7.3
Maine	1,829	1,956	7	3,792	14.4	16.2
Maryland	2,726	3,809	29	6,564	4.0	5.8
Massachusetts	10,579	11,104	392	22,075	15.5	17.0
Michigan	11,534	11,947	19	23,500	10.7	11.6
Minnesota	2,474	2,825	-	5,299	3.7	4.5
Mississippi	4,048	4,959	21	9,028	11.7	14.9
Missouri	1,579	2,352	1	3,932	2.3	3.5
Montana	1,351	1,360	3	2,714	11.2	12.0
Nebraska	937	1,089	-	2,026	3.8	4.7
Nevada	2,831	3,020	-	5,851	8.0	9.0
New Hampshire	509	525	-	1,034	3.9	4.3
New Jersey	1,334	1,807	5	3,146	1.3	1.9
New Mexico	2,772	3,007	38	5,817	11.8	13.4
New York	24,490	25,544	22	50,056	12.0	13.1
North Carolina	11,160	11,959	15	23,134	9.5	10.6
North Dakota	551	579	2	1,132	5.9	6.5
Ohio	10,130	12,256	53	22,439	7.7	9.8
Oklahoma	6,581	6,951	14	13,546	13.5	14.9
Oregon	4,813	5,669	25	10,507	11.2	13.9
Pennsylvania	1,829	3,176	-	5,005	1.4	2.5
Puerto Rico	2,080	2,239	1	4,320	7.9	8.8
Rhode Island	1,206	1,228	10	2,444	11.6	12.3
South Carolina	7,176	7,338	58	14,572	12.6	13.4
South Dakota	670	780	1	1,451	6.0	7.3
Tennessee	2,657	4,230	37	6,924	3.4	5.6
Texas	24,966	28,939	302	54,207	6.6	7.9
Utah	3,887	4,842	36	8,765	8.1	10.7
Vermont	273	399	-	672	4.6	7.2
Virginia	2,177	2,385	1	4,563	2.3	2.6
Washington	1,531	1,850	8	3,389	1.8	2.3
West Virginia	2,660	2,822	28	5,510	14.7	16.5
Wisconsin	1,768	2,286	28	4,082	2.8	3.8
Wyoming	409	412	-	821	6.1	6.5
National	**263,599**	**293,358**	**1,942**	**558,899**	**7.1**	**8.2**
Reporting States	**52**	**52**	**41**	**52**	**-**	**-**

Table 3–7 Victims by Race or Ethnicity, 2022 *(continues next page)*

State	American Indian or Alaska Native	Asian	Black or African-American	Hispanic	Native Hawaiian or Other Pacific Islander	Two or More Races	White	Unknown Number	Total Victims
Alabama	6	27	3,479	611	9	323	7,038	125	11,618
Alaska	1,354	16	39	81	66	370	509	146	2,581
Arizona	521	31	1,064	3,580	25	463	3,033	3,607	12,324
Arkansas	8	17	1,698	744	41	784	5,506	129	8,927
California	462	1,257	6,633	29,198	122	1,135	9,584	2,478	50,869
Colorado	112	86	1,118	4,099	29	449	3,592	292	9,777
Connecticut	8	42	1,045	1,817	3	324	1,652	141	5,032
Delaware	0	3	507	178	0	28	361	-	1,077
District of Columbia	0	1	1,080	136	1	11	10	335	1,574
Florida	11	91	7,112	4,272	15	1,321	10,415	1,268	24,505
Georgia	5	23	4,302	862	5	549	4,565	213	10,524
Hawaii	1	88	19	32	336	494	195	63	1,228
Idaho	23	2	9	255	5	65	1,085	561	2,005
Illinois	10	374	10,362	6,366	10	1,030	14,034	247	32,433
Indiana	4	95	3,374	1,813	11	1,545	12,284	59	19,185
Iowa	151	72	1,682	1,235	63	357	7,537	53	11,150
Kansas	6	10	204	299	2	150	1,154	36	1,861
Kentucky	8	24	1,195	603	9	629	9,338	534	12,340
Louisiana	17	18	3,626	180	7	262	3,169	293	7,572
Maine	31	8	87	142	6	174	2,650	694	3,792
Maryland	1	72	2,279	703	4	250	1,607	1,648	6,564
Massachusetts	43	318	2,804	7,105	17	1,328	8,108	2,352	22,075
Michigan	88	93	7,287	1,910	10	2,369	11,705	38	23,500
Minnesota	469	169	695	816	4	1,065	1,889	192	5,299
Mississippi	15	9	3,653	279	5	258	4,499	310	9,028
Missouri	7	9	435	325	5	73	2,745	333	3,932
Montana	418	2	31	136	0	193	1,908	26	2,714
Nebraska	133	20	263	366	5	171	941	127	2,026
Nevada	25	45	1,596	1,774	68	471	1,471	401	5,851
New Hampshire	2	10	28	79	1	41	787	86	1,034
New Jersey	1	35	873	1,103	2	80	987	65	3,146
New Mexico	547	6	145	3,316	1	102	999	701	5,817
New York	172	1,300	13,612	15,319	24	2,448	16,829	352	50,056
North Carolina	601	93	7,789	2,853	48	1,331	9,761	658	23,134
North Dakota	268	3	92	64	4	91	527	83	1,132
Ohio	13	44	5,669	1,433	19	2,435	12,467	359	22,439
Oklahoma	980	44	1,388	2,392	42	3,429	5,227	44	13,546
Oregon	247	56	340	1,335	55	417	5,616	2,441	10,507
Pennsylvania	4	38	1,020	783	2	303	2,639	216	5,005
Puerto Rico	-	-	-	-	-	-	-	-	-
Rhode Island	5	20	294	759	1	209	1,106	50	2,444
South Carolina	27	16	5,688	1,000	13	468	6,197	1,163	14,572
South Dakota	640	5	36	95	3	184	449	39	1,451
Tennessee	-	-	-	-	-	-	-	-	-
Texas	81	363	11,468	25,441	82	2,041	13,837	894	54,207
Utah	156	72	312	2,201	202	232	5,494	96	8,765
Vermont	1	4	15	5	0	10	594	43	672
Virginia	2	29	1,118	561	6	285	2,353	209	4,563
Washington	130	43	209	702	66	500	1,562	177	3,389
West Virginia	1	3	138	74	0	380	4,862	52	5,510
Wisconsin	191	74	907	500	4	204	2,122	80	4,082
Wyoming	37	3	31	116	1	6	594	33	821
National	**8,043**	**5,283**	**118,850**	**130,048**	**1,459**	**31,837**	**227,593**	**24,542**	**547,655**
Reporting States	**50**	**50**	**50**	**50**	**50**	**50**	**50**	**49**	**50**

Table 3–7 Victims by Race or Ethnicity, 2022

State	American Indian or Alaska Native Rate per 1,000 Children	Asian Rate per 1,000 Children	Black or African-American Rate per 1,000 Children	Hispanic Rate per 1,000 Children	Native Hawaiian or Other Pacific Islander Rate per 1,000 Children	Two or More Races Rate per 1,000 Children	White Rate per 1,000 Children
Alabama	1.5	1.6	10.8	6.3	14.3	7.7	11.2
Alaska	42.0	1.6	7.6	4.3	15.5	15.2	6.2
Arizona	7.3	0.6	12.4	5.0	8.2	6.6	5.1
Arkansas	1.6	1.3	13.8	8.0	8.2	26.7	12.8
California	15.2	1.1	15.6	6.6	4.0	2.5	4.7
Colorado	17.2	2.0	20.3	10.3	12.2	7.6	5.5
Connecticut	3.9	1.1	12.0	9.1	8.4	10.8	4.4
Delaware	0.0	0.3	9.3	4.8	0.0	2.3	3.8
District of Columbia	0.0	0.3	16.8	6.2	19.6	1.9	0.3
Florida	1.3	0.7	8.4	3.1	4.9	7.6	5.9
Georgia	1.1	0.2	5.0	2.2	2.1	5.2	4.4
Hawaii	2.4	1.4	3.8	0.5	10.1	5.2	4.8
Idaho	5.4	0.3	2.2	2.8	5.8	3.7	3.2
Illinois	2.7	2.4	24.7	9.4	12.8	10.0	10.3
Indiana	1.6	2.1	18.3	9.5	14.2	21.8	11.4
Iowa	61.0	3.6	39.2	15.3	26.6	11.5	13.8
Kansas	1.4	0.5	4.8	2.2	2.0	3.9	2.6
Kentucky	6.3	1.2	12.7	8.4	8.4	13.5	12.1
Louisiana	2.8	1.0	9.5	2.0	19.4	7.2	6.0
Maine	16.6	2.3	10.1	16.7	58.8	17.4	12.3
Maryland	0.4	0.8	5.5	2.9	7.4	3.4	3.0
Massachusetts	18.0	3.0	22.5	26.1	22.7	22.7	10.5
Michigan	7.7	1.2	21.2	10.2	15.5	21.8	8.5
Minnesota	26.5	2.0	4.8	6.7	3.5	15.3	2.2
Mississippi	3.8	1.3	13.1	7.6	22.4	13.3	13.6
Missouri	1.5	0.3	2.4	3.2	1.6	1.1	2.8
Montana	19.9	1.0	21.6	8.0	0.0	16.9	10.6
Nebraska	27.3	1.4	9.0	4.0	13.2	8.3	3.0
Nevada	5.1	1.0	20.3	6.2	12.3	9.2	6.8
New Hampshire	5.0	1.1	5.2	4.0	10.9	4.6	3.8
New Jersey	0.3	0.2	3.2	1.9	2.1	1.2	1.1
New Mexico	12.2	1.0	16.8	11.7	4.5	7.9	9.6
New York	14.0	3.6	23.1	15.2	11.6	15.5	9.0
North Carolina	24.6	1.1	15.2	7.0	25.2	12.1	8.5
North Dakota	21.1	0.9	10.5	4.6	16.4	10.4	3.9
Ohio	3.6	0.6	14.3	7.9	12.7	17.9	7.0
Oklahoma	11.0	2.0	18.5	13.1	14.5	34.4	10.9
Oregon	29.4	1.5	17.0	6.8	12.4	7.4	11.0
Pennsylvania	1.2	0.3	3.0	2.1	2.0	2.6	1.6
Puerto Rico	-	-	-	-	-	-	-
Rhode Island	5.3	2.6	19.4	12.8	6.4	20.8	10.0
South Carolina	8.5	0.7	17.8	8.3	15.6	9.3	10.3
South Dakota	25.5	1.3	4.8	5.2	11.0	16.8	2.9
Tennessee	-	-	-	-	-	-	-
Texas	4.6	1.0	12.2	7.0	11.7	9.3	6.1
Utah	21.0	3.9	26.9	12.2	18.0	6.2	8.3
Vermont	3.6	1.5	6.8	1.4	0.0	2.1	5.9
Virginia	0.5	0.2	3.0	2.0	4.9	2.5	2.5
Washington	6.6	0.3	2.8	1.8	4.4	3.4	1.8
West Virginia	2.1	1.1	10.6	6.7	0.0	23.0	15.8
Wisconsin	15.0	1.5	8.2	3.1	6.6	3.7	2.5
Wyoming	10.9	3.0	24.8	5.5	12.0	1.3	6.0
National	**14.3**	**1.3**	**12.1**	**7.0**	**9.3**	**9.4**	**6.6**
Reporting States	**-**	**-**	**-**	**-**	**-**	**-**	**-**

Table 3–8 Maltreatment Types of Victims (Duplicate Categories), 2022 *(continues next page)*

State	Victims	Medical Neglect	Neglect	Other	Physical Abuse	Psychological Maltreatment	Sexual Abuse	Sex Trafficking	Unknown	Total Maltreatment Types
Alabama	11,618	75	4,823	-	6,221	14	2,028	5	-	13,166
Alaska	2,581	79	1,899	-	610	891	252	3	-	3,734
Arizona	12,324	14	11,001	-	1,298	862	581	-	-	13,756
Arkansas	8,927	-	6,089	262	1,592	185	1,860	12	-	10,000
California	50,869	64	45,022	249	3,496	3,963	3,451	74	-	56,319
Colorado	9,777	141	8,007	-	953	211	1,064	-	37	10,413
Connecticut	5,032	130	4,330	-	310	1,355	426	1	-	6,552
Delaware	1,077	15	327	161	237	301	195	-	-	1,236
District of Columbia	1,574	-	1,416	-	214	-	38	15	-	1,683
Florida	24,505	888	14,463	9,350	2,201	313	2,390	-	-	29,605
Georgia	10,524	293	7,137	-	1,484	2,052	652	43	-	11,661
Hawaii	1,228	17	229	1,108	101	12	83	9	-	1,559
Idaho	2,005	10	1,536	13	368	-	187	1	-	2,115
Illinois	32,433	656	25,470	27	5,273	81	3,823	-	-	35,330
Indiana	19,185	-	16,517	-	1,324	-	2,284	49	-	20,174
Iowa	11,150	101	9,730	-	1,172	115	648	18	-	11,784
Kansas	1,861	42	880	-	408	287	402	6	-	2,025
Kentucky	12,340	269	11,002	-	1,146	89	756	-	-	13,262
Louisiana	7,572	-	6,757	15	768	19	406	6	-	7,971
Maine	3,792	-	2,452	-	930	1,252	239	-	-	4,873
Maryland	6,564	-	3,765	-	1,346	12	1,974	-	-	7,097
Massachusetts	22,075	-	20,608	4	1,796	-	794	310	-	23,512
Michigan	23,500	570	19,936	-	3,794	156	1,282	17	-	25,755
Minnesota	5,299	-	3,621	-	708	125	1,408	10	-	5,872
Mississippi	9,028	464	6,275	31	1,441	1,644	1,296	25	-	11,176
Missouri	3,932	118	2,090	1	1,236	500	1,246	14	-	5,205
Montana	2,714	14	2,613	1	166	12	107	2	-	2,915
Nebraska	2,026	1	1,706	-	253	15	171	20	-	2,166
Nevada	5,851	84	4,985	-	943	6	458	-	-	6,476
New Hampshire	1,034	39	911	-	102	64	68	4	-	1,188
New Jersey	3,146	60	2,114	-	449	18	652	3	-	3,296
New Mexico	5,817	205	4,801	-	738	1,403	207	-	-	7,354
New York	50,056	2,677	48,806	1,329	4,715	433	2,161	13	-	60,134
North Carolina	23,134	712	15,349	205	2,436	3,741	1,971	3	314	24,731
North Dakota	1,132	10	995	-	97	78	26	-	-	1,206
Ohio	22,439	373	10,101	-	10,467	1,439	4,111	7	-	26,498
Oklahoma	13,546	271	9,950	-	1,774	4,609	704	8	-	17,316
Oregon	10,507	-	4,350	5,953	1,228	181	1,196	-	-	12,908
Pennsylvania	5,005	168	560	5	2,323	45	2,145	44	-	5,290
Puerto Rico	4,320	573	2,897	24	861	2,248	218	2	-	6,823
Rhode Island	2,444	28	1,423	64	341	902	111	-	-	2,869
South Carolina	14,572	257	8,287	-	6,926	777	777	123	-	17,147
South Dakota	1,451	-	1,304	-	154	28	80	-	-	1,566
Tennessee	6,924	87	1,688	-	3,587	170	2,449	141	-	8,122
Texas	54,207	861	43,788	2	6,403	309	7,150	26	-	58,539
Utah	8,765	36	2,170	102	3,498	3,233	1,684	18	-	10,741
Vermont	672	24	22	-	394	2	263	2	-	707
Virginia	4,563	84	3,016	3	1,148	75	703	2	-	5,031
Washington	3,389	-	2,514	-	767	-	477	20	-	3,778
West Virginia	5,510	301	2,459	-	4,197	3,508	273	-	-	10,738
Wisconsin	4,082	49	2,593	7	617	17	1,053	28	-	4,364
Wyoming	821	3	661	9	15	278	64	-	-	1,030
National	**558,899**	**10,863**	**415,445**	**18,925**	**95,026**	**38,030**	**59,044**	**1,084**	**351**	**638,768**
Reporting States	**52**	**41**	**52**	**23**	**52**	**47**	**52**	**36**	**2**	**52**

Table 3–8 Maltreatment Types of Victims (Duplicate Categories), 2022

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	0.6	41.5	-	53.5	0.1	17.5	0.0	-	113.3
Alaska	3.1	73.6	-	23.6	34.5	9.8	0.1	-	144.7
Arizona	0.1	89.3	-	10.5	7.0	4.7	-	-	111.6
Arkansas	-	68.2	2.9	17.8	2.1	20.8	0.1	-	112.0
California	0.1	88.5	0.5	6.9	7.8	6.8	0.1	-	110.7
Colorado	1.4	81.9	-	9.7	2.2	10.9	-	0.4	106.5
Connecticut	2.6	86.0	-	6.2	26.9	8.5	0.0	-	130.2
Delaware	1.4	30.4	14.9	22.0	27.9	18.1	-	-	114.8
District of Columbia	-	90.0	-	13.6	-	2.4	1.0	-	106.9
Florida	3.6	59.0	38.2	9.0	1.3	9.8	-	-	120.8
Georgia	2.8	67.8	-	14.1	19.5	6.2	0.4	-	110.8
Hawaii	1.4	18.6	90.2	8.2	1.0	6.8	0.7	-	127.0
Idaho	0.5	76.6	0.6	18.4	-	9.3	0.0	-	105.5
Illinois	2.0	78.5	0.1	16.3	0.2	11.8	-	-	108.9
Indiana	-	86.1	-	6.9	-	11.9	0.3	-	105.2
Iowa	0.9	87.3	-	10.5	1.0	5.8	0.2	-	105.7
Kansas	2.3	47.3	-	21.9	15.4	21.6	0.3	-	108.8
Kentucky	2.2	89.2	-	9.3	0.7	6.1	-	-	107.5
Louisiana	-	89.2	0.2	10.1	0.3	5.4	0.1	-	105.3
Maine	-	64.7	-	24.5	33.0	6.3	-	-	128.5
Maryland	-	57.4	-	20.5	0.2	30.1	-	-	108.1
Massachusetts	-	93.4	0.0	8.1	-	3.6	1.4	-	106.5
Michigan	2.4	84.8	-	16.1	0.7	5.5	0.1	-	109.6
Minnesota	-	68.3	-	13.4	2.4	26.6	0.2	-	110.8
Mississippi	5.1	69.5	0.3	16.0	18.2	14.4	0.3	-	123.8
Missouri	3.0	53.2	0.0	31.4	12.7	31.7	0.4	-	132.4
Montana	0.5	96.3	0.0	6.1	0.4	3.9	0.1	-	107.4
Nebraska	0.0	84.2	-	12.5	0.7	8.4	1.0	-	106.9
Nevada	1.4	85.2	-	16.1	0.1	7.8	-	-	110.7
New Hampshire	3.8	88.1	-	9.9	6.2	6.6	0.4	-	114.9
New Jersey	1.9	67.2	-	14.3	0.6	20.7	0.1	-	104.8
New Mexico	3.5	82.5	-	12.7	24.1	3.6	-	-	126.4
New York	5.3	97.5	2.7	9.4	0.9	4.3	0.0	-	120.1
North Carolina	3.1	66.3	0.9	10.5	16.2	8.5	0.0	1.4	106.9
North Dakota	0.9	87.9	-	8.6	6.9	2.3	-	-	106.5
Ohio	1.7	45.0	-	46.6	6.4	18.3	0.0	-	118.1
Oklahoma	2.0	73.5	-	13.1	34.0	5.2	0.1	-	127.8
Oregon	-	41.4	56.7	11.7	1.7	11.4	-	-	122.9
Pennsylvania	3.4	11.2	0.1	46.4	0.9	42.9	0.9	-	105.7
Puerto Rico	13.3	67.1	0.6	19.9	52.0	5.0	0.0	-	157.9
Rhode Island	1.1	58.2	2.6	14.0	36.9	4.5	-	-	117.4
South Carolina	1.8	56.9	-	47.5	5.3	5.3	0.8	-	117.7
South Dakota	-	89.9	-	10.6	1.9	5.5	-	-	107.9
Tennessee	1.3	24.4	-	51.8	2.5	35.4	2.0	-	117.3
Texas	1.6	80.8	0.0	11.8	0.6	13.2	0.0	-	108.0
Utah	0.4	24.8	1.2	39.9	36.9	19.2	0.2	-	122.5
Vermont	3.6	3.3	-	58.6	0.3	39.1	0.3	-	105.2
Virginia	1.8	66.1	0.1	25.2	1.6	15.4	0.0	-	110.3
Washington	-	74.2	-	22.6	-	14.1	0.6	-	111.5
West Virginia	5.5	44.6	-	76.2	63.7	5.0	-	-	194.9
Wisconsin	1.2	63.5	0.2	15.1	0.4	25.8	0.7	-	106.9
Wyoming	0.4	80.5	1.1	1.8	33.9	7.8	-	-	125.5
National	**1.9**	**74.3**	**3.4**	**17.0**	**6.8**	**10.6**	**0.2**	**0.1**	**114.3**
Reporting States	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

Table 3–9 Victims by Relationship to Their Perpetrators, 2022

Perpetrator	Victims	Reported Relationships	Reported Relationships Percent
PARENT	**-**	**-**	**-**
Father Only	-	125,489	24.5
Father and Nonparent	-	5,397	1.1
Mother Only	-	191,450	37.4
Mother and Nonparent	-	29,204	5.7
Two Parents of known sex	-	98,538	19.2
Three Parents of known sex	-	619	0.1
Two Parents of known sex and Nonparent	-	4,019	0.8
One or more Parents of Unknown Sex	-	1,162	0.2
Total Parents	**-**	**455,878**	**89.0**
NONPARENT	-	-	-
Child Daycare Provider(s)	-	2,091	0.4
Foster Parent(s)	-	1,754	0.3
Friend(s) and Neighbor(s)	-	3,958	0.8
Group Home and Residential Facility Staff	-	924	0.2
Legal Guardian(s)	-	1,731	0.3
Other Professional(s)	-	1,277	0.2
Relative(s)	-	29,919	5.8
Unmarried Partner(s) of Parent	-	19,196	3.7
Other(s)	-	17,489	3.4
More Than One Nonparental Perpetrator	-	2,318	0.5
Total Nonparents	**-**	**80,657**	**15.8**
TOTAL UNKNOWN	**-**	**15,633**	**3.1**
National	**512,077**	**552,168**	**107.8**

Based on data from 48 states.

Table 3–10 Victims with Caregiver Risk Factors, 2022 *(continues next page)*

State	Victims in Reporting States	Alcohol Abuse	Alcohol Abuse Percent	Victims in Reporting States	Domestic Violence	Domestic Violence Percent
Alabama	11,618	720	6.2	-	-	-
Alaska	2,581	1,398	54.2	2,581	1,192	46.2
Arizona	-	-	-	-	-	-
Arkansas	-	-	-	8,927	800	9.0
California	-	-	-	-	-	-
Colorado	-	-	-	-	-	-
Connecticut	-	-	-	-	-	-
Delaware	1,077	176	16.3	1,077	428	39.7
District of Columbia	1,574	485	30.8	1,574	349	22.2
Florida	-	-	-	24,505	9,072	37.0
Georgia	-	-	-	10,524	333	3.2
Hawaii	1,228	230	18.7	1,228	431	35.1
Idaho	2,005	256	12.8	-	-	-
Illinois	-	-	-	-	-	-
Indiana	19,185	731	3.8	19,185	2,180	11.4
Iowa	-	-	-	-	-	-
Kansas	-	-	-	-	-	-
Kentucky	12,340	1,761	14.3	12,340	6,184	50.1
Louisiana	-	-	-	-	-	-
Maine	3,792	579	15.3	3,792	817	21.5
Maryland	6,564	174	2.7	6,564	294	4.5
Massachusetts	22,075	10,286	46.6	22,075	10,097	45.7
Michigan	-	-	-	23,500	1,686	7.2
Minnesota	5,299	529	10.0	5,299	1,362	25.7
Mississippi	9,028	509	5.6	9,028	963	10.7
Missouri	3,932	318	8.1	3,932	267	6.8
Montana	2,714	163	6.0	2,714	120	4.4
Nebraska	2,026	336	16.6	2,026	86	4.2
Nevada	5,851	1,757	30.0	5,851	1,104	18.9
New Hampshire	1,034	106	10.3	1,034	464	44.9
New Jersey	3,146	373	11.9	3,146	724	23.0
New Mexico	5,817	1,117	19.2	-	-	-
New York	50,056	8,758	17.5	50,056	13,639	27.2
North Carolina	23,134	1,435	6.2	23,134	3,867	16.7
North Dakota	-	-	-	-	-	-
Ohio	-	-	-	22,439	5,883	26.2
Oklahoma	13,546	2,535	18.7	13,546	5,241	38.7
Oregon	10,507	4,846	46.1	10,507	4,278	40.7
Pennsylvania	-	-	-	-	-	-
Puerto Rico	4,320	610	14.1	4,320	1,309	30.3
Rhode Island	2,444	245	10.0	2,444	1,180	48.3
South Carolina	-	-	-	-	-	-
South Dakota	1,451	536	36.9	1,451	385	26.5
Tennessee	-	-	-	-	-	-
Texas	54,207	2,524	4.7	54,207	19,658	36.3
Utah	8,765	1,081	12.3	8,765	2,636	30.1
Vermont	-	-	-	-	-	-
Virginia	-	-	-	4,563	880	19.3
Washington	3,389	899	26.5	3,389	672	19.8
West Virginia	5,510	502	9.1	-	-	-
Wisconsin	4,082	108	2.6	4,082	485	11.9
Wyoming	821	171	20.8	821	189	23.0
National	**305,118**	**46,254**	**15.2**	**374,626**	**99,255**	**26.5**
Reporting States	**33**	**33**	**-**	**35**	**35**	**-**

Table 3–10 Victims with Caregiver Risk Factors, 2022

State	Victims in Reporting States	Drug Abuse	Drug Abuse Percent	Victims in Reporting States	Inadequate Housing	Inadequate Housing Percent
Alabama	11,618	5,940	51.1	11,618	630	5.4
Alaska	2,581	819	31.7	2,581	210	8.1
Arizona	-	-	-	-	-	-
Arkansas	8,927	218	2.4	8,927	430	4.8
California	-	-	-	-	-	-
Colorado	-	-	-	-	-	-
Connecticut	-	-	-	5,032	131	2.6
Delaware	1,077	345	32.0	1,077	211	19.6
District of Columbia	1,574	485	30.8	1,574	141	9.0
Florida	24,505	570	2.3	24,505	1,860	7.6
Georgia	10,524	623	5.9	-	-	-
Hawaii	1,228	524	42.7	1,228	93	7.6
Idaho	2,005	812	40.5	2,005	329	16.4
Illinois	-	-	-	-	-	-
Indiana	19,185	3,442	17.9	19,185	1,405	7.3
Iowa	-	-	-	11,150	353	3.2
Kansas	-	-	-	-	-	-
Kentucky	12,340	6,117	49.6	12,340	2,727	22.1
Louisiana	-	-	-	-	-	-
Maine	3,792	794	20.9	3,792	195	5.1
Maryland	6,564	467	7.1	-	-	-
Massachusetts	22,075	10,286	46.6	22,075	1,066	4.8
Michigan	23,500	600	2.6	-	-	-
Minnesota	5,299	951	17.9	5,299	551	10.4
Mississippi	9,028	3,134	34.7	9,028	1,523	16.9
Missouri	3,932	916	23.3	3,932	728	18.5
Montana	2,714	432	15.9	-	-	-
Nebraska	2,026	573	28.3	-	-	-
Nevada	5,851	1,766	30.2	5,851	462	7.9
New Hampshire	1,034	330	31.9	1,034	85	8.2
New Jersey	3,146	656	20.9	3,146	221	7.0
New Mexico	5,817	1,490	25.6	5,817	150	2.6
New York	50,056	8,800	17.6	-	-	-
North Carolina	23,134	4,518	19.5	23,134	1,220	5.3
North Dakota	-	-	-	-	-	-
Ohio	22,439	11,386	50.7	22,439	2,998	13.4
Oklahoma	13,546	5,107	37.7	13,546	652	4.8
Oregon	10,507	4,874	46.4	10,507	777	7.4
Pennsylvania	-	-	-	-	-	-
Puerto Rico	4,320	645	14.9	4,320	370	8.6
Rhode Island	2,444	299	12.2	2,444	74	3.0
South Carolina	-	-	-	14,572	2,215	15.2
South Dakota	1,451	676	46.6	1,451	313	21.6
Tennessee	6,924	837	12.1	6,924	187	2.7
Texas	54,207	9,500	17.5	54,207	2,248	4.1
Utah	8,765	2,027	23.1	8,765	566	6.5
Vermont	-	-	-	-	-	-
Virginia	-	-	-	-	-	-
Washington	3,389	1,565	46.2	3,389	578	17.1
West Virginia	5,510	2,664	48.3	-	-	-
Wisconsin	4,082	226	5.5	4,082	216	5.3
Wyoming	821	380	46.3	821	146	17.8
National	**401,937**	**95,794**	**23.8**	**331,797**	**26,061**	**7.9**
Reporting States	**39**	**39**	**-**	**35**	**35**	**-**

Table 3–11 Infants with Prenatal Substance Exposure by Submission Type, 2022

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	2	542	-	544	1	545
Alaska	-	-	82	82	104	186
Arizona	-	-	-	-	169	169
Arkansas	20	1,622	2	1,644	3	1,647
California	-	36	2,934	2,970	579	3,549
Colorado	-	23	-	23	826	849
Connecticut	-	-	-	-	92	92
Delaware	-	332	1	333	19	352
District of Columbia	-	109	-	109	-	109
Florida	-	-	-	-	40	40
Georgia	46	2,370	82	2,498	1,138	3,636
Hawaii	-	20	8	28	-	28
Idaho	6	169	-	175	2	177
Illinois	-	-	680	680	-	680
Indiana	2	570	3	575	59	634
Iowa	-	30	-	30	7	37
Kansas	-	-	29	29	18	47
Kentucky	8	757	5	770	381	1,151
Louisiana	12	2,092	-	2,104	40	2,144
Maine	-	-	-	-	327	327
Maryland	-	11	-	11	0	11
Massachusetts	-	36	1,345	1,381	177	1,558
Michigan	3	6,633	19	6,655	1,598	8,253
Minnesota	5	1,497	7	1,509	250	1,759
Mississippi	1	67	-	68	213	281
Missouri	-	19	-	19	273	292
Montana	1	19	1	21	-	21
Nebraska	2	155	2	159	19	178
Nevada	-	2	745	747	-	747
New Hampshire	-	86	-	86	-	86
New Jersey	3	394	6	403	-	403
New Mexico	1	131	3	135	274	409
New York	1	561	5	567	-	567
North Carolina	3	1,210	-	1,213	693	1,906
North Dakota	-	-	-	-	-	-
Ohio	6	5,309	44	5,359	1,683	7,042
Oklahoma	17	2,248	66	2,331	25	2,356
Oregon	-	23	-	23	-	23
Pennsylvania	-	-	-	-	-	-
Puerto Rico	-	9	1	10	-	10
Rhode Island	-	-	70	70	4	74
South Carolina	-	533	1	534	109	643
South Dakota	-	36	1	37	47	84
Tennessee	-	134	-	134	-	134
Texas	59	1,131	-	1,190	4	1,194
Utah	-	179	-	179	-	179
Vermont	-	-	-	-	102	102
Virginia	-	-	18	18	90	108
Washington	-	253	-	253	40	293
West Virginia	-	528	3	531	-	531
Wisconsin	-	-	-	-	56	56
Wyoming	-	8	2	10	47	57
National	**198**	**29,884**	**6,165**	**36,247**	**9,509**	**45,756**
National Percent	**N/A**	**N/A**	**N/A**	**79.2**	**20.8**	**100.0**
Percent of Screened-in IPSE	**0.5**	**82.4**	**17.0**	**100.0**	**N/A**	**N/A**
Reporting States	**19**	**39**	**28**	**44**	**36**	**50**

Table 3–12 Screened-in Infants with Prenatal Substance Exposure Who Have a Plan of Safe Care, 2022

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	544	231	42.5
Alaska	-	-	-
Arizona	-	-	-
Arkansas	1,644	1,419	86.3
California	2,970	1,313	44.2
Colorado	23	2	8.7
Connecticut	-	-	-
Delaware	333	322	96.7
District of Columbia	109	95	87.2
Florida	-	-	-
Georgia	2,498	1,775	71.1
Hawaii	-	-	-
Idaho	175	142	81.1
Illinois	-	-	-
Indiana	575	309	53.7
Iowa	30	30	100.0
Kansas	29	1	3.4
Kentucky	770	142	18.4
Louisiana	2,104	1,240	58.9
Maine	-	-	-
Maryland	-	-	-
Massachusetts	1,381	869	62.9
Michigan	6,655	6,445	96.8
Minnesota	1,509	1,299	86.1
Mississippi	-	-	-
Missouri	-	-	-
Montana	-	-	-
Nebraska	159	30	18.9
Nevada	747	48	6.4
New Hampshire	86	55	64.0
New Jersey	403	121	30.0
New Mexico	135	45	33.3
New York	567	480	84.7
North Carolina	1,213	1,131	93.2
North Dakota	-	-	-
Ohio	5,359	4,701	87.7
Oklahoma	2,331	48	2.1
Oregon	23	3	13.0
Pennsylvania	-	-	-
Puerto Rico	10	10	100.0
Rhode Island	-	-	-
South Carolina	-	-	-
South Dakota	37	12	32.4
Tennessee	134	132	98.5
Texas	1,190	1,190	100.0
Utah	179	36	20.1
Vermont	-	-	-
Virginia	18	13	72.2
Washington	253	92	36.4
West Virginia	-	-	-
Wisconsin	-	-	-
Wyoming	-	-	-
National	**34,193**	**23,781**	**69.5**
Reporting States	**33**	**33**	**-**

Table 3–13 Screened-in Infants with Prenatal Substance Exposure Who Have a Referral to Appropriate Services, 2022

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	544	248	45.6
Alaska	-	-	-
Arizona	-	-	-
Arkansas	1,644	1,418	86.3
California	2,970	1,020	34.3
Colorado	23	3	13.0
Connecticut	-	-	-
Delaware	333	136	40.8
District of Columbia	109	93	85.3
Florida	-	-	-
Georgia	2,498	1,775	71.1
Hawaii	-	-	-
Idaho	175	149	85.1
Illinois	-	-	-
Indiana	575	159	27.7
Iowa	30	28	93.3
Kansas	29	1	3.4
Kentucky	770	178	23.1
Louisiana	2,104	1,428	67.9
Maine	-	-	-
Maryland	-	-	-
Massachusetts	1,381	1,333	96.5
Michigan	6,655	5,815	87.4
Minnesota	1,509	390	25.8
Mississippi	-	-	-
Missouri	-	-	-
Montana	-	-	-
Nebraska	159	111	69.8
Nevada	-	-	-
New Hampshire	86	52	60.5
New Jersey	403	121	30.0
New Mexico	135	44	32.6
New York	567	436	76.9
North Carolina	1,213	1,127	92.9
North Dakota	-	-	-
Ohio	5,359	4,217	78.7
Oklahoma	2,331	1,188	51.0
Oregon	23	4	17.4
Pennsylvania	-	-	-
Puerto Rico	10	7	70.0
Rhode Island	-	-	-
South Carolina	-	-	-
South Dakota	37	5	13.5
Tennessee	134	132	98.5
Texas	1,190	1,123	94.4
Utah	179	36	20.1
Vermont	-	-	-
Virginia	18	14	77.8
Washington	253	92	36.4
West Virginia	-	-	-
Wisconsin	-	-	-
Wyoming	-	-	-
National	**33,446**	**22,883**	**68.4**
Reporting States	**32**	**32**	**-**

Fatalities

CHAPTER 4

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

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

After the passage of the Child and Family Services Improvement and Innovation Act, several states mentioned that they implemented new child death reviews or expanded the scope of existing reviews. Some states began investigating all unexplained infant deaths regardless of whether there was an allegation of maltreatment.

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

Number of Child Fatalities

For FFY 2022, a national estimate of 1,990 children died from abuse and neglect at a rate of 2.73 per 100,000 children in the population. The 2022 national estimate is a 12.7 percent increase from the 2018 actual number of child fatalities of 1,765.[15] See exhibit 4–A and

[15] *The percent change is calculated using the actual reported number for FFY 2018 and FFY 2022.*

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

Exhibit 4–A Child Fatality Rates per 100,000 Children, 2018–2022

Year	Reporting States	Child Population of Reporting States	Child Fatalities from Reporting States	National Fatality Rate Per 100,000 Children	Child Population of all 52 States	National Estimate/ Actual Number of Child Fatalities
2018	52	73,977,376	1,765	2.39	73,977,376	1,765
2019	52	73,661,476	1,825	2.48	73,661,476	1,825
2020	51	72,609,649	1,818	2.50	73,982,567	1,850
2021	50	70,413,403	1,852	2.63	73,356,806	1,930
2022	51	71,631,732	1,955	2.73	72,969,166	1,990

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

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

At the state level for FFY 2022, 51 states reported 1,955 fatalities. Of those states, 46 reported case-level data on 1,609 fatalities and 37 reported aggregate data on 346 fatalities. Fatality rates by state range from 0.00 to 10.62 per 100,000 children in the population. See table 4–1 and related notes. All states are required to confirm fatality counts during data submission and validation.

The total child fatalities reported by states in the Child File and Agency File fluctuated during the past 5 years, which is partly due to the number of states reporting. See table 4–2 and related notes. The number of reported fatalities increased from 1,852 for FFY 2021 to 1,955 for FFY 2022. While not every state had an explanation for the increases, one state noted improved reporting and resubmitted multiple prior years to include additional fatalities, one state cited increased violence, and one cited increased fentanyl and opioid related deaths.[16] The state with the largest decrease confirmed a decrease in deaths due to unsafe sleep conditions, drownings, vehicle-related deaths, and physical abuse. This state also cited a change in the neglect definition.[17] Readers are encouraged to review the fatality comments provided by states in Appendix D.

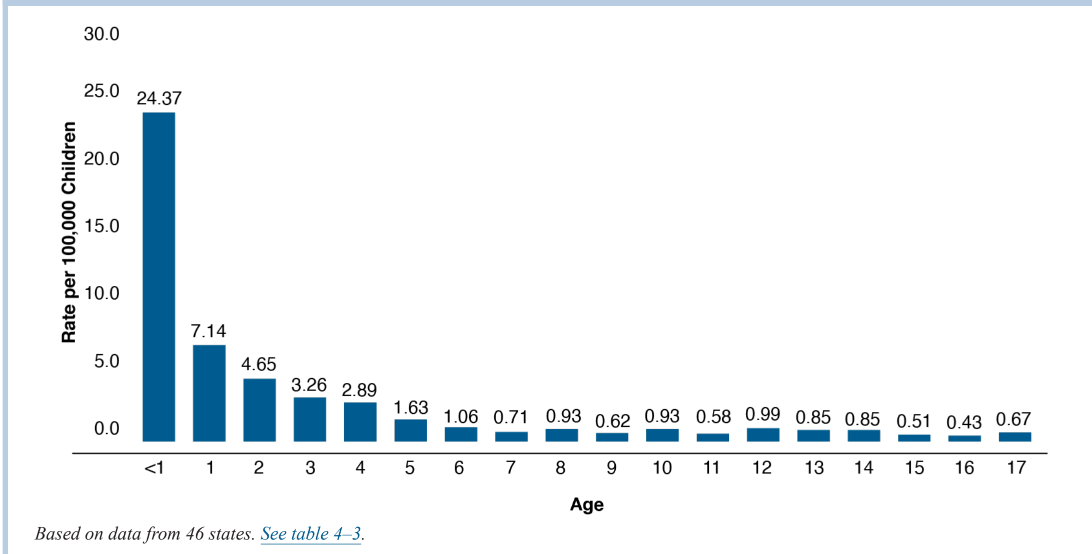
Child Fatality Demographics

Younger children are the most vulnerable to death as the result of child abuse and neglect. See table 4–3, exhibit 4–B, and related notes. FFY 2022 data shows that 66.1 percent of child fatalities are younger than 3 years. Close to one-half (44.7%) of child fatalities are younger than 1 year, a fatality rate of 24.37 per 100,000 children in that age range. This is 3.4 (rounded) times the fatality rate for 1-year-old children (7.14 per 100,000 children in the population of the same age). The child fatality rates mostly decrease with age.

[16] *North Carolina, Ohio, and Washington.*
[17] *Texas*

Exhibit 4–B Child Fatalities by Age, 2022

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 46 states. See table 4–3.

Boys have a higher child fatality rate than girls at 3.26 per 100,000 boys in the population, compared with 2.25 per 100,000 girls in the population. Boys are 60.3 percent of child fatalities and girls are 39.7 percent. There are not any child fatalities with an unknown sex for FFY 2022. See exhibit 4–C and related notes.

Exhibit 4–C Child Fatalities by Sex, 2022

Sex	Child Population	Child Fatalities	Child Fatalities Percent	Child Fatalities Rate per 100,000 Children
Boys	29,761,383	971	60.3	3.26
Girls	28,409,359	638	39.7	2.25
Unknown	-	-	-	-
National	**58,170,742**	**1,609**	**100.0**	**N/A**

Based on data from 46 states. Data is from the Child File. No fatalities are reported with an unknown sex. Dashes are inserted into cells without any data included in this analysis.

More than 85.0 percent (85.6%) of child fatalities are one of three races: White (36.7%), Black or African-American (34.9%), or Hispanic (13.9%). Using the number of victims and the population data to create rates highlights some racial disparity. The rate of Black or African-American child fatalities (6.37 per 100,000 Black or African-American children) is 3.2 (rounded) times greater than the rate of White child fatalities (1.99 per 100,000 White children) and 3.8 (rounded) times greater than the rate of Hispanic child fatalities (1.68 per 100,000 Hispanic children). Children of two or more races had the second highest rate at 4.03 and American Indian or Alaska Native children had a rate of 3.37 per 100,000 children. See exhibit 4–D and related notes.

Exhibit 4–D Child Fatalities by Race or Ethnicity, 2022

Race and Ethnicity	Child Population	Child Fatalities	Child Fatalities Percent	Child Fatalities Rate per 100,000 Children
American Indian or Alaska Native	445,159	15	1.0	3.37
Asian	2,505,982	7	0.4	0.28
Black or African-American	8,624,432	549	34.9	6.37
Hispanic	12,947,772	218	13.9	1.68
Native Hawaiian or Other Pacific Islander	99,878	3	0.2	3.00
Unknown	-	100	6.4	N/A
White	28,958,953	577	36.7	1.99
Two or More Races	2,532,090	102	6.5	4.03
National	**56,114,266**	**1,571**	**100.0**	**N/A**

Based on data from 44 states. Data is from the Child File. Counts associated with specific racial groups (e.g., White) are exclusive and do not include Hispanic.

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

Maltreatment Types

As discussed in chapter 3, the Child Maltreatment report includes only those maltreatment types that have a disposition of substantiated or indicated. It is important to note that while these maltreatment types likely contributed to the cause of death, NCANDS does not have a field for collecting the official cause of death. Of the children who died, 76.4 percent suffered neglect and 42.1 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, 2022

Maltreatment Type	Child Fatalities	Maltreatment Types	Maltreatment Types Percent
Medical Neglect	-	133	8.3
Neglect	-	1,229	76.4
Other	-	8	0.5
Physical Abuse	-	677	42.1
Psychological Maltreatment	-	39	2.4
Sexual Abuse	-	9	0.6
Sex Trafficking	-	-	-
Unknown	-	-	-
National	**1,609**	**2,095**	**N/A**

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

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-eight states report that 40 (5.1%) child fatalities had a caregiver with a risk factor of alcohol abuse. Thirty-four states report that 253 (20.8%) child fatalities 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, 2022

Caregiver Risk Factor	Reporting States	Child Fatalities from Reporting States	Child Fatalities with a Caregiver Risk Factor	Child Fatalities with a Caregiver Risk Factor Percent
Alcohol Abuse	28	781	40	5.1
Drug Abuse	34	1,217	253	20.8

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

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

Perpetrator Relationship

The FFY 2022 data shows that most perpetrators are caregivers of their victims. More than 80 percent (81.8%) of child fatalities involved one or more parents acting alone, together, or with other individuals. More than 10 percent (13.2%) of fatalities did not have a known parental relationship to their perpetrator. Similarly to all victims, the largest categories in the nonparent group are relative(s) (4.7%) and "other(s)" (3.4%). The NCANDS category of "other(s)" perpetrator relationship includes any relationship that does not map to one of the NCANDS relationship categories. According to states' commentary, "other" includes nonrelated adult, nonrelated child, foster sibling, babysitter, household staff, clergy, and school personnel. Please see Appendix D for additional information on what states include in this category. Based on data from 43 states, child fatalities with unknown perpetrator relationship data accounted for 4.9 percent. See table 4–4 and related notes.

Prior CPS Contact

Some children who die from abuse and neglect are already known to CPS agencies. Not all states that report child fatalities are able to report family preservation or reunification services. The national percentages are sensitive to which states report data.

In the states reporting both child fatalities and family preservation services, 97 (9.5%) of the 1,020 Child File fatalities and 52 (15.4%) of the 338 Agency File fatalities had family preservation services. In the states reporting both fatalities and family reunification services, 52 (4.1%) of the 1,256 Child File fatalities and 15 (4.4%) of the 342 Agency File fatalities were removed from home and subsequently reunited with their families prior to their death. See tables 4–5, 4–6, and related notes.

Exhibit and Table Notes

The following pages contain the data tables referenced in chapter 4. Specific information about state submissions can be found in Appendix D, State Commentary. Additional information regarding the exhibits and tables is provided below.

General

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

- The data for all tables 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, 2022

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

Table 4–2 Child Fatalities, 2018–2022

- Data is from the Child File and Agency File.

Table 4–3 Child Fatalities by Age, 2022

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

Table 4–4 Child Fatalities by Relationship to Their Perpetrators, 2022

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

- Some states were not able to collect and report on group home and residential facility staff perpetrators due to system limitations or jurisdictional issues. See also table 5–5.

Table 4–5 Child Fatalities Who Received Family Preservation Services within the Previous 5 Years, 2022

- Data is from the Child File and Agency File.

Table 4–6 Child Fatalities Who Were Reunited with Their Families within the Previous 5 Years, 2022

- Data is from the Child File and Agency File.

Table 4–1 Child Fatalities by Submission Type, 2022

State	Child Fatalities Reported in the Child File	Child Fatalities Reported in the Agency File	Total Child Fatalities	Child Fatality Rates per 100,000 Children
Alabama	38	0	38	3.42
Alaska	-	8	8	4.53
Arizona	14	-	14	0.88
Arkansas	39	-	39	5.59
California	-	164	164	1.93
Colorado	40	0	40	3.29
Connecticut	15	0	15	2.05
Delaware	6	0	6	2.88
District of Columbia	3	0	3	2.41
Florida	86	-	86	2.00
Georgia	109	5	114	4.54
Hawaii	5	0	5	1.68
Idaho	7	1	8	1.73
Illinois	110	0	110	4.04
Indiana	62	-	62	3.95
Iowa	18	-	18	2.48
Kansas	8	0	8	1.16
Kentucky	12	0	12	1.19
Louisiana	28	1	29	2.73
Maine	3	-	3	1.21
Maryland	68	0	68	5.05
Massachusetts	-	-	-	-
Michigan	57	4	61	2.89
Minnesota	25	0	25	1.93
Mississippi	69	3	72	10.62
Missouri	56	1	57	4.18
Montana	1	0	1	0.43
Nebraska	3	0	3	0.63
Nevada	14	1	15	2.17
New Hampshire	0	2	2	0.79
New Jersey	19	0	19	0.95
New Mexico	16	3	19	4.13
New York	105	-	105	2.63
North Carolina	-	93	93	4.05
North Dakota	6	0	6	3.28
Ohio	111	4	115	4.49
Oklahoma	29	0	29	3.04
Oregon	-	19	19	2.27
Pennsylvania	80	-	80	3.05
Puerto Rico	4	0	4	0.77
Rhode Island	2	-	2	0.98
South Carolina	34	4	38	3.40
South Dakota	13	-	13	5.93
Tennessee	34	0	34	2.21
Texas	175	1	176	2.36
Utah	15	-	15	1.61
Vermont	0	-	0	0.00
Virginia	39	-	39	2.09
Washington	-	31	31	1.88
West Virginia	8	0	8	2.27
Wisconsin	21	-	21	1.69
Wyoming	2	1	3	2.31
National	**1,609**	**346**	**1,955**	**2.73**
Reporting States	**46**	**37**	**51**	**-**

Table 4–2 Child Fatalities, 2018–2022

State	2018	2019	2020	2021	2022
Alabama	43	34	47	36	38
Alaska	2	1	2	6	8
Arizona	48	33	18	-	14
Arkansas	44	35	30	36	39
California	145	153	150	159	164
Colorado	40	25	24	31	40
Connecticut	8	4	9	14	15
Delaware	4	13	5	7	6
District of Columbia	5	3	4	2	3
Florida	111	114	101	84	86
Georgia	86	68	85	92	114
Hawaii	1	4	0	2	5
Idaho	3	3	10	3	8
Illinois	70	106	102	89	110
Indiana	80	116	56	57	62
Iowa	16	25	9	12	18
Kansas	9	16	10	10	8
Kentucky	6	12	9	11	12
Louisiana	25	24	18	23	29
Maine	3	3	1	8	3
Maryland	40	55	50	84	68
Massachusetts	14	13	-	-	-
Michigan	49	63	43	35	61
Minnesota	30	17	21	22	25
Mississippi	30	35	38	49	72
Missouri	36	46	44	75	57
Montana	2	2	5	2	1
Nebraska	0	5	2	1	3
Nevada	19	20	14	27	15
New Hampshire	0	2	2	3	2
New Jersey	18	19	17	10	19
New Mexico	12	11	13	10	19
New York	118	69	105	126	105
North Carolina	14	5	99	121	93
North Dakota	8	6	5	4	6
Ohio	106	79	94	98	115
Oklahoma	47	23	42	15	29
Oregon	26	23	17	18	19
Pennsylvania	45	54	67	65	80
Puerto Rico	3	5	5	7	4
Rhode Island	1	3	2	2	2
South Carolina	39	60	36	41	38
South Dakota	3	9	12	9	13
Tennessee	47	43	34	32	34
Texas	200	229	255	206	176
Utah	10	11	6	4	15
Vermont	1	1	0	1	0
Virginia	37	49	39	51	39
Washington	28	25	14	19	31
West Virginia	8	17	12	9	8
Wisconsin	24	34	32	22	21
Wyoming	1	0	3	2	3
National	**1,765**	**1,825**	**1,818**	**1,852**	**1,955**
Reporting States	**52**	**52**	**51**	**50**	**51**

Table 4–3 Child Fatalities by Age, 2022

Age	Child Population	Child Fatalities	Child Fatalities Percent	Child Fatalities Rate per 100,000 Children
<1	2,950,151	719	44.7	24.37
1	2,884,134	206	12.8	7.14
2	2,968,151	138	8.6	4.65
3	3,010,181	98	6.1	3.26
4	3,078,737	89	5.5	2.89
5	3,133,549	51	3.2	1.63
6	3,218,278	34	2.1	1.06
7	3,244,883	23	1.4	0.71
8	3,235,278	30	1.9	0.93
9	3,223,002	20	1.2	0.62
10	3,229,046	30	1.9	0.93
11	3,262,705	19	1.2	0.58
12	3,334,666	33	2.1	0.99
13	3,407,838	29	1.8	0.85
14	3,535,093	30	1.9	0.85
15	3,531,250	18	1.1	0.51
16	3,476,081	15	0.9	0.43
17	3,447,719	23	1.4	0.67
Unborn, Unknown, and 18–21	-	4	0.2	N/A
National	**58,170,742**	**1,609**	**100.0**	**N/A**

Based on data from 46 states.

Table 4–4 Child Fatalities by Relationship to Their Perpetrators, 2022

Perpetrator	Child Fatalities by Reported Relationships	Reported Relationships Percent
PARENT	-	-
Father Only	226	14.5
Father and Nonparent	21	1.3
Mother Only	473	30.2
Mother and Nonparent	161	10.3
Two Parents of Known Sex	363	23.2
Three Parents of Known Sex	2	0.1
Two Parents of Known Sex and Nonparent	26	1.7
One or More Parents of Unknown Sex	8	0.5
Total Parents	**1,280**	**81.8**
NONPARENT	-	-
Child Daycare Provider(s)	21	1.3
Foster Parent(s)	6	0.4
Friend(s) or Neighbor(s)	4	0.3
Group Home and Residential Facility Staff	4	0.3
Legal Guardian(s)	7	0.4
Other Professional(s)	2	0.1
Relative(s)	73	4.7
Unmarried Partner(s) of Parent	17	1.1
Other(s)	53	3.4
More Than One Nonparental Perpetrator	20	1.3
Total Nonparents	**207**	**13.2**
UNKNOWN	**77**	**4.9**
National	**1,564**	**100.0**

Based on data from 43 states.

Table 4–5 Child Fatalities Who Received Family Preservation Services within the Previous 5 Years, 2022

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	38	5	0	0
Alaska	-	-	8	2
Arizona	-	-	-	-
Arkansas	39	6	-	-
California	-	-	164	23
Colorado	-	-	-	-
Connecticut	15	0	0	0
Delaware	-	-	-	-
District of Columbia	3	0	0	0
Florida	86	8	-	-
Georgia	109	10	5	2
Hawaii	-	-	-	-
Idaho	7	0	1	1
Illinois	110	9	0	0
Indiana	-	-	-	-
Iowa	-	-	-	-
Kansas	8	2	0	0
Kentucky	12	2	0	0
Louisiana	28	4	1	0
Maine	-	-	-	-
Maryland	-	-	-	-
Massachusetts	-	-	-	-
Michigan	-	-	-	-
Minnesota	25	9	0	0
Mississippi	69	2	3	0
Missouri	56	4	1	0
Montana	-	-	-	-
Nebraska	3	0	0	0
Nevada	14	1	1	0
New Hampshire	0	0	2	0
New Jersey	19	1	0	0
New Mexico	16	0	3	0
New York	-	-	-	-
North Carolina	-	-	93	10
North Dakota	6	2	0	0
Ohio	111	0	4	0
Oklahoma	29	1	0	0
Oregon	-	-	19	9
Pennsylvania	-	-	-	-
Puerto Rico	4	0	0	0
Rhode Island	2	2	-	-
South Carolina	-	-	-	-
South Dakota	-	-	-	-
Tennessee	34	7	0	0
Texas	175	21	1	0
Utah	-	-	-	-
Vermont	0	0	-	-
Virginia	-	-	-	-
Washington	-	-	31	5
West Virginia	-	-	-	-
Wisconsin	-	-	-	-
Wyoming	2	1	1	0
National	**1,020**	**97**	**338**	**52**
National Percent	**-**	**9.5**	**-**	**15.4**
Reporting States	**28**	**28**	**29**	**29**

Table 4–6 Child Fatalities Who Were Reunited with Their Families within the Previous 5 Years, 2022

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	38	0	0	0
Alaska	-	-	8	2
Arizona	-	-	-	-
Arkansas	39	0	-	-
California	-	-	164	10
Colorado	40	3	-	-
Connecticut	15	0	0	0
Delaware	6	1	0	0
District of Columbia	3	0	0	0
Florida	86	3	-	-
Georgia	109	4	5	0
Hawaii	5	0	0	0
Idaho	7	0	1	0
Illinois	110	4	0	0
Indiana	62	7	-	-
Iowa	-	-	-	-
Kansas	8	1	0	0
Kentucky	12	1	0	0
Louisiana	28	0	1	0
Maine	-	-	-	-
Maryland	68	9	-	-
Massachusetts	-	-	-	-
Michigan	-	-	-	-
Minnesota	25	1	0	0
Mississippi	69	0	3	0
Missouri	56	1	1	0
Montana	-	-	-	-
Nebraska	3	0	0	0
Nevada	14	1	1	0
New Hampshire	0	0	2	0
New Jersey	19	0	0	0
New Mexico	16	0	3	0
New York	-	-	-	-
North Carolina	-	-	93	1
North Dakota	6	0	0	0
Ohio	111	4	4	0
Oklahoma	29	1	0	0
Oregon	-	-	19	0
Pennsylvania	-	-	-	-
Puerto Rico	4	0	0	0
Rhode Island	2	0	-	-
South Carolina	34	0	4	0
South Dakota	-	-	-	-
Tennessee	34	2	0	0
Texas	175	8	1	0
Utah	-	-	-	-
Vermont	0	0	-	-
Virginia	-	-	-	-
Washington	-	-	31	2
West Virginia	-	-	-	-
Wisconsin	21	0	-	-
Wyoming	2	1	1	0
National	**1,256**	**52**	**342**	**15**
National Percent	-	**4.1**	-	**4.4**
Reporting States	**35**	**35**	**32**	**32**

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.

One state recoded the disposition of children who would have previously received an alternative response victim disposition to an indicated disposition and submitted or resubmitted files for FFYs 2018–2022. Children with alternative response dispositions are not considered maltreatment victims and do not have perpetrators. Children with indicated dispositions are considered maltreatment victims. The state was not able to include perpetrators for indicated dispositions in its FFY 2018–2022 data submissions and is excluded from the majority of this chapter.[18]

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 2022, 52 states reported a unique count of 434,090 perpetrators. This is a 20.6 percent decrease from FFY 2018 when 52 states reported 546,836 unique perpetrators. See table 5–1 and related notes.

Perpetrator Demographics (unique count of perpetrators)

The majority (68.8%) of perpetrators are in the age range of 25–44 years old. Perpetrators in the age group 25–34 are 39.9 percent of all perpetrators. Perpetrators younger than 18 years old accounted for 1.9 percent of all perpetrators. Some states have laws that limit the youngest age that a person can be considered a perpetrator. (See Appendix D, State Commentary.) The perpetrator age group of 25–34 have the highest rate at 3.9 per 1,000 adults in the population of the same age. Older adults in the age group of 35–44 have the second highest rate at 2.9, while young adults in the age group of 18–24 have a rate of 1.9 per 1,000 adults in the population of the same age.[19] See table 5–2, exhibit 5–A, and related notes.

Based on data from 50 reporting states, slightly more than one-half (51.1%) of perpetrators are female and 47.7 percent of perpetrators are male; 1.1 percent of perpetrators are of unknown sex. See table 5–3 and related notes. The three largest percentages of perpetrators are White (47.4%), Black or African-American (21.0%), and Hispanic (20.3%). Race or ethnicity is

[18] *North Carolina*

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

unknown or not reported for 6.1 percent of perpetrators. See table 5–4, exhibit 5–B, and related notes.

Perpetrator Relationship

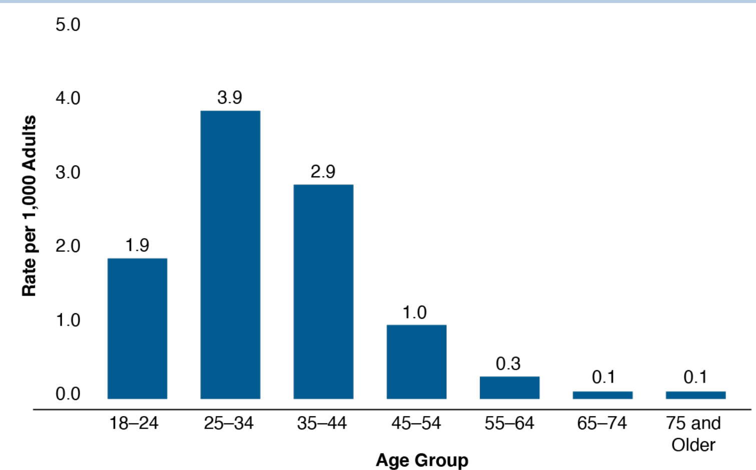
(unique count of perpetrators and unique count of relationships)

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

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

Exhibit 5–A Perpetrators by Age, 2022

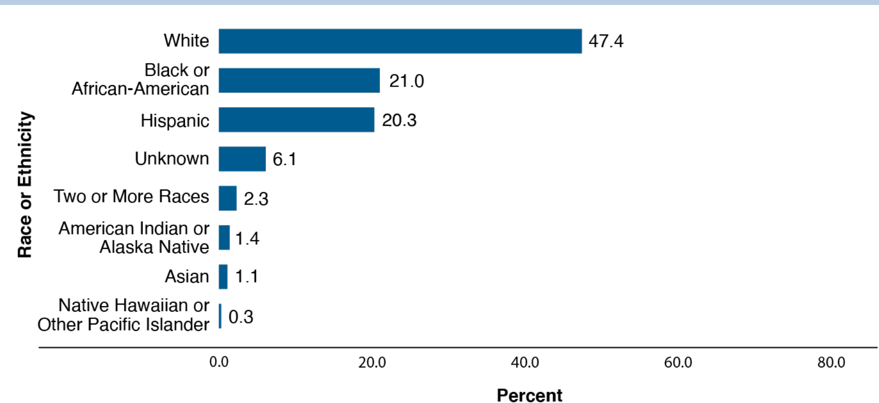
Perpetrators ages 25 through 44 have the highest rates per 1,000



Based on data from 50 states. See table 5–2.

Exhibit 5–B Perpetrators by Race or Ethnicity, 2022

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



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

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

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

The majority (76.0%) of perpetrators are a parent of their victim, 7.0 percent of perpetrators are a relative other than a parent, 4.2 percent are an unmarried partner of the parent, and 4.1 percent have multiple relationships to their victims. Nearly 4.0 percent (3.9%) of perpetrators have an “other” relationship to their victims. See table 5–5 and related notes. According to Appendix D, State Commentary, the NCANDS category of “other” perpetrator relationship includes foster sibling, nonrelative, babysitter, etc.

Exhibit and Table Notes

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

General

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

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

Table 5–2 Perpetrators by Age, 2022

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

Table 5–3 Perpetrators by Sex, 2022

- The category of unknown sex includes not reported.
- States are excluded from this analysis if fewer than 85.0 percent of victims are associated with one or more perpetrators.
- States are excluded if more than 15.0 percent of perpetrators are reported with an unknown or missing sex.

Table 5–4 Perpetrators by Race or Ethnicity, 2022

- Counts associated with each racial group are exclusive and do not include Hispanic ethnicity.
- Perpetrators reported with Hispanic ethnicity are counted as Hispanic, regardless of any reported race.
- States are excluded from this analysis if more than 30.0 percent of perpetrators have an unknown or missing race or ethnicity.

- Only those states that reported both race and ethnicity separately are included in this analysis.
- States are excluded from this analysis if fewer than 85.0 percent of victims are associated with one or more perpetrators.

Table 5–5 Perpetrators by Relationship to Their Victims, 2022

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

Table 5–1 Perpetrators, 2018–2022

State	2018	2019	2020	2021	2022
Alabama	8,791	8,376	8,432	8,387	8,162
Alaska	2,032	2,294	2,425	2,023	1,964
Arizona	15,395	12,909	9,684	-	12,151
Arkansas	7,424	7,118	7,809	8,138	7,635
California	58,362	55,845	53,124	49,073	45,289
Colorado	10,253	10,478	9,820	9,416	8,080
Connecticut	6,292	6,497	5,171	4,541	4,090
Delaware	976	977	919	896	829
District of Columbia	1,136	1,257	1,054	1,059	1,016
Florida	27,844	24,927	21,599	20,933	18,647
Georgia	8,612	8,107	6,730	7,344	7,897
Hawaii	1,098	1,158	1,150	1,220	1,144
Idaho	1,774	1,774	1,764	2,016	1,702
Illinois	22,275	23,858	25,303	25,475	23,359
Indiana	20,159	18,477	18,036	17,185	15,302
Iowa	8,529	8,327	7,625	8,158	8,003
Kansas	2,594	2,473	1,998	1,786	1,551
Kentucky	17,400	14,731	12,443	11,303	9,399
Louisiana	7,983	7,574	6,091	5,659	6,565
Maine	3,021	3,874	4,030	3,693	3,258
Maryland	6,507	6,559	6,424	5,715	5,967
Massachusetts	20,750	20,075	17,947	18,261	17,811
Michigan	30,705	26,210	21,484	19,348	18,417
Minnesota	5,617	4,951	4,709	4,000	3,768
Mississippi	8,252	7,793	6,812	7,107	7,611
Missouri	5,108	4,252	4,015	3,945	3,625
Montana	2,704	2,686	2,630	2,142	1,870
Nebraska	1,859	2,022	1,648	1,684	1,338
Nevada	4,120	4,000	4,094	4,465	4,643
New Hampshire	1,154	1,112	1,008	875	913
New Jersey	4,589	4,026	2,826	2,517	2,434
New Mexico	6,832	6,702	5,852	4,848	4,668
New York	54,550	52,669	45,922	43,478	38,597
North Carolina	3,995	3,718	3,891	3,635	3,752
North Dakota	1,558	1,344	1,200	1,037	852
Ohio	20,567	21,190	19,599	19,772	18,424
Oklahoma	12,929	12,901	12,487	11,595	11,332
Oregon	9,486	10,056	8,541	7,964	7,969
Pennsylvania	4,865	4,941	4,615	4,765	5,040
Puerto Rico	3,347	3,666	2,734	3,786	3,472
Rhode Island	2,846	2,508	2,141	2,023	1,948
South Carolina	14,350	13,630	10,727	11,503	10,930
South Dakota	933	1,099	1,097	992	1,028
Tennessee	9,116	9,428	8,493	7,608	6,828
Texas	49,563	49,969	50,567	50,820	42,240
Utah	7,784	7,851	7,197	6,676	6,387
Vermont	782	709	419	308	556
Virginia	5,074	5,005	4,728	4,180	3,882
Washington	3,881	3,693	3,315	3,036	2,986
West Virginia	6,252	5,959	5,359	5,475	4,821
Wisconsin	4,031	3,668	3,345	3,431	3,325
Wyoming	780	849	729	652	613
National	**546,836**	**526,272**	**481,762**	**455,948**	**434,090**
Reporting States	**52**	**52**	**52**	**51**	**52**

Table 5–2 Perpetrators by Age, 2022 *(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	-	269	1,467	3,196	1,861	535	234	79	18	503	8,162
Alaska	-	5	232	784	587	196	91	26	3	40	1,964
Arizona	-	60	1,756	5,119	3,465	966	310	99	24	352	12,151
Arkansas	116	368	1,545	2,839	1,632	468	236	73	24	334	7,635
California	43	445	5,229	18,421	13,887	4,445	1,518	461	166	674	45,289
Colorado	23	200	1,017	3,248	2,424	712	221	69	56	110	8,080
Connecticut	2	10	437	1,561	1,338	458	158	41	13	72	4,090
Delaware	2	22	87	343	245	66	36	24	4	-	829
District of Columbia	-	4	117	476	284	72	23	6	0	34	1,016
Florida	-	57	1,980	7,587	5,869	1,716	645	250	79	464	18,647
Georgia	1	72	976	3,434	2,352	677	267	95	19	4	7,897
Hawaii	-	3	99	389	398	153	55	18	5	24	1,144
Idaho	-	14	294	683	497	151	50	11	2	-	1,702
Illinois	24	410	3,424	9,924	6,422	1,945	666	207	45	292	23,359
Indiana	12	379	3,026	6,507	3,651	1,061	379	116	40	131	15,302
Iowa	-	138	1,237	3,285	2,389	620	233	74	18	9	8,003
Kansas	4	105	197	547	461	134	58	18	8	19	1,551
Kentucky	1	51	1,240	3,903	2,750	876	390	134	53	1	9,399
Louisiana	2	52	1,217	2,903	1,744	400	174	54	14	5	6,565
Maine	-	5	315	1,311	1,165	304	106	27	5	20	3,258
Maryland	-	-	-	-	-	-	-	-	-	-	-
Massachusetts	-	64	1,638	6,443	6,025	2,208	687	202	48	496	17,811
Michigan	2	54	2,256	8,005	5,727	1,659	532	129	35	18	18,417
Minnesota	18	149	452	1,433	1,226	324	121	38	7	-	3,768
Mississippi	68	274	1,099	2,800	2,195	670	316	136	28	25	7,611
Missouri	-	31	470	1,285	1,032	375	186	67	20	159	3,625
Montana	-	8	217	743	635	175	53	18	2	19	1,870
Nebraska	-	28	196	541	397	129	35	9	2	1	1,338
Nevada	-	17	557	2,082	1,418	390	138	31	10	-	4,643
New Hampshire	-	9	84	360	318	84	38	9	2	9	913
New Jersey	-	3	180	903	867	271	122	36	13	39	2,434
New Mexico	2	18	433	1,820	1,391	379	126	45	9	445	4,668
New York	4	108	3,952	14,605	12,847	4,874	1,673	440	86	8	38,597
North Carolina	-	-	-	-	-	-	-	-	-	-	-
North Dakota	-	3	108	382	255	47	10	4	0	43	852
Ohio	46	853	2,713	6,762	4,580	1,444	600	212	48	1,166	18,424
Oklahoma	1	58	1,652	4,656	3,255	992	374	114	26	204	11,332
Oregon	1	176	939	3,049	2,465	739	245	83	41	231	7,969
Pennsylvania	-	197	760	1,660	1,340	555	261	121	27	119	5,040
Puerto Rico	4	23	462	1,372	1,032	350	156	49	18	6	3,472
Rhode Island	-	30	264	840	566	173	46	12	2	15	1,948
South Carolina	19	39	1,249	4,528	3,462	1,057	359	147	34	36	10,930
South Dakota	-	10	142	465	292	74	28	2	2	13	1,028
Tennessee	12	384	997	2,254	1,303	488	253	88	34	1,015	6,828
Texas	168	1,714	8,312	17,848	9,824	2,688	1,135	406	112	33	42,240
Utah	18	565	819	2,078	2,007	624	193	61	19	3	6,387
Vermont	-	39	82	167	154	45	28	10	1	30	556
Virginia	-	36	455	1,485	1,081	370	156	70	24	205	3,882
Washington	-	2	294	1,182	1,051	311	89	21	8	28	2,986
West Virginia	4	14	501	1,863	1,353	415	175	77	9	410	4,821
Wisconsin	3	24	405	1,137	808	241	94	24	9	580	3,325
Wyoming	1	7	64	263	206	42	11	6	1	12	613
National	**601**	**7,606**	**57,644**	**169,471**	**122,533**	**38,148**	**14,090**	**4,549**	**1,273**	**8,456**	**424,371**
Reporting States	**27**	**50**	**50**	**50**	**50**	**50**	**50**	**50**	**50**	**46**	**50**

Table 5–2 Perpetrators by Age, 2022

State	18–24 Rate per 1,000 Adults	25–34 Rate per 1,000 Adults	35–44 Rate per 1,000 Adults	45–54 Rate per 1,000 Adults	55–64 Rate per 1,000 Adults	65–74 Rate per 1,000 Adults	75 and Older Rate per 1,000 Adults
Alabama	3.0	4.9	3.0	0.9	0.4	0.1	0.0
Alaska	3.4	6.9	5.7	2.4	1.0	0.4	0.1
Arizona	2.4	5.0	3.7	1.1	0.4	0.1	0.0
Arkansas	5.3	7.1	4.3	1.3	0.6	0.2	0.1
California	1.4	3.2	2.6	0.9	0.3	0.1	0.1
Colorado	1.8	3.5	2.9	1.0	0.3	0.1	0.2
Connecticut	1.2	3.4	2.9	1.0	0.3	0.1	0.0
Delaware	1.0	2.7	2.0	0.6	0.3	0.2	0.0
District of Columbia	1.7	3.3	2.6	1.0	0.4	0.1	0.0
Florida	1.1	2.7	2.1	0.6	0.2	0.1	0.0
Georgia	0.9	2.3	1.6	0.5	0.2	0.1	0.0
Hawaii	0.8	2.0	2.1	0.9	0.3	0.1	0.0
Idaho	1.5	2.7	2.0	0.7	0.2	0.1	0.0
Illinois	2.9	5.8	3.9	1.2	0.4	0.2	0.0
Indiana	4.5	7.3	4.2	1.3	0.4	0.2	0.1
Iowa	3.8	8.2	5.9	1.7	0.6	0.2	0.1
Kansas	0.6	1.5	1.2	0.4	0.2	0.1	0.0
Kentucky	3.0	6.6	4.9	1.6	0.7	0.3	0.2
Louisiana	2.8	4.8	2.9	0.8	0.3	0.1	0.0
Maine	2.9	7.8	6.9	1.8	0.5	0.1	0.0
Maryland	-	-	-	-	-	-	-
Massachusetts	2.3	6.6	6.7	2.6	0.7	0.3	0.1
Michigan	2.4	6.1	4.7	1.4	0.4	0.1	0.0
Minnesota	0.9	1.9	1.6	0.5	0.2	0.1	0.0
Mississippi	3.8	7.4	6.0	1.9	0.9	0.4	0.1
Missouri	0.8	1.6	1.3	0.5	0.2	0.1	0.0
Montana	2.1	5.1	4.4	1.4	0.4	0.1	0.0
Nebraska	1.0	2.1	1.5	0.6	0.1	0.0	0.0
Nevada	2.1	4.5	3.2	1.0	0.4	0.1	0.0
New Hampshire	0.7	2.0	1.8	0.5	0.2	0.1	0.0
New Jersey	0.2	0.8	0.7	0.2	0.1	0.0	0.0
New Mexico	2.1	6.5	5.2	1.6	0.5	0.2	0.1
New York	2.2	5.3	5.1	2.0	0.6	0.2	0.1
North Carolina	-	-	-	-	-	-	-
North Dakota	1.2	3.5	2.5	0.6	0.1	0.1	0.0
Ohio	2.5	4.4	3.1	1.0	0.4	0.2	0.1
Oklahoma	4.1	8.6	6.2	2.2	0.8	0.3	0.1
Oregon	2.5	5.1	4.2	1.4	0.5	0.2	0.1
Pennsylvania	0.6	1.0	0.8	0.4	0.1	0.1	0.0
Puerto Rico	1.6	3.2	2.7	0.9	0.4	0.1	0.0
Rhode Island	2.4	5.5	4.1	1.3	0.3	0.1	0.0
South Carolina	2.5	6.7	5.3	1.7	0.5	0.2	0.1
South Dakota	1.6	4.1	2.6	0.8	0.2	0.0	0.0
Tennessee	1.5	2.3	1.5	0.6	0.3	0.1	0.1
Texas	2.7	4.1	2.3	0.7	0.3	0.2	0.1
Utah	2.0	4.2	4.3	1.7	0.6	0.2	0.1
Vermont	1.2	2.2	1.9	0.6	0.3	0.1	0.0
Virginia	0.6	1.3	0.9	0.3	0.1	0.1	0.0
Washington	0.4	1.0	0.9	0.3	0.1	0.0	0.0
West Virginia	3.1	8.7	6.4	1.9	0.7	0.3	0.1
Wisconsin	0.7	1.6	1.1	0.3	0.1	0.0	0.0
Wyoming	1.2	3.6	2.7	0.6	0.2	0.1	0.0
National	**1.9**	**3.9**	**2.9**	**1.0**	**0.3**	**0.1**	**0.1**
Reporting States	**-**	**-**	**-**	**-**	**-**	**-**	**-**

Table 5–3 Perpetrators by Sex, 2022

State	Men	Women	Unknown	Total Perpetrators	Men Percent	Women Percent	Unknown Percent
Alabama	3,499	4,639	24	8,162	42.9	56.8	0.3
Alaska	893	1,048	23	1,964	45.5	53.4	1.2
Arizona	-	-	-	-	-	-	-
Arkansas	3,418	4,058	159	7,635	44.8	53.1	2.1
California	20,619	24,307	363	45,289	45.5	53.7	0.8
Colorado	4,340	3,697	43	8,080	53.7	45.8	0.5
Connecticut	2,054	1,997	39	4,090	50.2	48.8	1.0
Delaware	518	311	-	829	62.5	37.5	-
District of Columbia	326	674	16	1,016	32.1	66.3	1.6
Florida	8,866	9,445	336	18,647	47.5	50.7	1.8
Georgia	2,795	5,085	17	7,897	35.4	64.4	0.2
Hawaii	520	609	15	1,144	45.5	53.2	1.3
Idaho	704	997	1	1,702	41.4	58.6	0.1
Illinois	10,998	12,177	184	23,359	47.1	52.1	0.8
Indiana	6,583	8,679	40	15,302	43.0	56.7	0.3
Iowa	3,725	4,262	16	8,003	46.5	53.3	0.2
Kansas	883	660	8	1,551	56.9	42.6	0.5
Kentucky	4,396	4,970	33	9,399	46.8	52.9	0.4
Louisiana	2,051	4,484	30	6,565	31.2	68.3	0.5
Maine	1,654	1,602	2	3,258	50.8	49.2	0.1
Maryland	3,227	2,514	226	5,967	54.1	42.1	3.8
Massachusetts	8,023	9,051	737	17,811	45.0	50.8	4.1
Michigan	9,150	9,234	33	18,417	49.7	50.1	0.2
Minnesota	2,037	1,731	-	3,768	54.1	45.9	-
Mississippi	3,225	4,307	79	7,611	42.4	56.6	1.0
Missouri	2,163	1,329	133	3,625	59.7	36.7	3.7
Montana	860	980	30	1,870	46.0	52.4	1.6
Nebraska	696	642	-	1,338	52.0	48.0	-
Nevada	2,203	2,439	1	4,643	47.4	52.5	0.0
New Hampshire	449	458	6	913	49.2	50.2	0.7
New Jersey	1,221	1,209	4	2,434	50.2	49.7	0.2
New Mexico	1,984	2,573	111	4,668	42.5	55.1	2.4
New York	19,115	19,478	4	38,597	49.5	50.5	0.0
North Carolina	-	-	-	-	-	-	-
North Dakota	272	557	23	852	31.9	65.4	2.7
Ohio	9,048	8,993	383	18,424	49.1	48.8	2.1
Oklahoma	5,618	5,669	45	11,332	49.6	50.0	0.4
Oregon	4,667	3,164	138	7,969	58.6	39.7	1.7
Pennsylvania	3,354	1,605	81	5,040	66.5	31.8	1.6
Puerto Rico	1,336	2,136	-	3,472	38.5	61.5	-
Rhode Island	998	945	5	1,948	51.2	48.5	0.3
South Carolina	4,300	6,624	6	10,930	39.3	60.6	0.1
South Dakota	373	646	9	1,028	36.3	62.8	0.9
Tennessee	3,524	2,844	460	6,828	51.6	41.7	6.7
Texas	21,545	20,440	255	42,240	51.0	48.4	0.6
Utah	3,752	2,597	38	6,387	58.7	40.7	0.6
Vermont	383	173	-	556	68.9	31.1	-
Virginia	1,836	1,970	76	3,882	47.3	50.7	2.0
Washington	1,504	1,473	9	2,986	50.4	49.3	0.3
West Virginia	2,057	2,761	3	4,821	42.7	57.3	0.1
Wisconsin	1,586	1,289	450	3,325	47.7	38.8	13.5
Wyoming	269	344	-	613	43.9	56.1	-
National	**199,617**	**213,876**	**4,694**	**418,187**	**47.7**	**51.1**	**1.1**
Reporting States	**50**	**50**	**44**	**50**	**-**	**-**	**-**

Table 5–4 Perpetrators by Race or Ethnicity, 2022 *(continues next page)*

State	American Indian or Alaska Native	Asian	Black or African-American	Hispanic	Two or More Races	Native Hawaiian or Other Pacific Islander	White	Unknown	Total Perpetrators
Alabama	6	16	2,248	307	48	6	5,303	228	8,162
Alaska	1,025	14	60	6	88	42	526	203	1,964
Arizona	568	48	1,195	39	297	34	6,639	3,331	12,151
Arkansas	7	17	1,522	516	391	38	4,856	288	7,635
California	447	1,302	6,215	21,564	0	146	11,653	3,962	45,289
Colorado	-	-	-	-	-	-	-	-	-
Connecticut	5	34	978	1,234	71	3	1,604	161	4,090
Delaware	0	3	375	127	2	0	322	-	829
District of Columbia	0	1	728	90	2	0	11	184	1,016
Florida	24	100	5,216	2,738	205	17	9,108	1,239	18,647
Georgia	7	24	3,112	516	74	6	3,849	309	7,897
Hawaii	6	122	22	49	294	310	252	89	1,144
Idaho	35	3	19	175	21	2	1,061	386	1,702
Illinois	11	269	7,164	3,812	215	7	11,447	434	23,359
Indiana	6	64	2,882	1,018	352	17	10,793	170	15,302
Iowa	112	54	1,132	632	87	42	5,855	89	8,003
Kansas	14	13	186	189	28	3	1,013	105	1,551
Kentucky	5	19	881	268	242	5	7,795	184	9,399
Louisiana	20	12	2,984	162	29	3	3,053	302	6,565
Maine	41	12	85	84	76	5	2,484	471	3,258
Maryland	-	-	-	-	-	-	-	-	-
Massachusetts	26	298	2,450	4,760	396	19	7,613	2,249	17,811
Michigan	92	83	5,735	1,184	893	9	10,350	71	18,417
Minnesota	289	112	591	456	398	3	1,824	95	3,768
Mississippi	16	11	2,722	159	31	3	3,813	856	7,611
Missouri	11	7	442	230	12	7	2,605	311	3,625
Montana	311	2	17	66	42	3	1,042	387	1,870
Nebraska	81	11	175	200	50	1	689	131	1,338
Nevada	23	75	1,275	1,152	103	65	1,576	374	4,643
New Hampshire	2	5	17	39	14	1	743	92	913
New Jersey	6	30	654	731	18	2	899	94	2,434
New Mexico	434	10	125	2,382	54	3	1,020	640	4,668
New York	153	1,128	11,127	10,176	677	21	14,935	380	38,597
North Carolina	-	-	-	-	-	-	-	-	-
North Dakota	189	2	61	29	21	4	459	87	852
Ohio	15	50	4,638	759	539	14	11,174	1,235	18,424
Oklahoma	590	43	1,206	1,623	2,486	26	5,237	121	11,332
Oregon	172	52	331	852	145	35	4,826	1,556	7,969
Pennsylvania	7	42	1,102	655	65	1	2,747	421	5,040
Puerto Rico	5	0	33	3,173	3	0	88	170	3,472
Rhode Island	14	25	299	512	52	1	983	62	1,948
South Carolina	17	20	4,105	580	97	8	5,302	801	10,930
South Dakota	440	1	25	65	90	2	372	33	1,028
Tennessee	-	-	-	-	-	-	-	-	-
Texas	80	321	9,571	17,326	398	64	13,042	1,438	42,240
Utah	135	55	217	1,359	81	137	4,346	57	6,387
Vermont	0	6	23	6	0	0	465	56	556
Virginia	2	25	893	443	30	7	2,148	334	3,882
Washington	126	44	223	497	154	65	1,628	249	2,986
West Virginia	0	2	174	37	97	2	4,457	52	4,821
Wisconsin	127	44	578	273	51	1	1,673	578	3,325
Wyoming	21	2	13	64	0	2	484	27	613
National	**5,723**	**4,633**	**85,826**	**83,314**	**9,519**	**1,192**	**194,164**	**25,092**	**409,463**
Reporting States	**48**	**48**	**48**	**48**	**48**	**48**	**48**	**47**	**48**

Table 5–4 Perpetrators by Race or Ethnicity, 2022

State	American Indian or Alaska Native Percent	Asian Percent	Black or African-American Percent	Hispanic Percent	Two or More Races Percent	Native Hawaiian or Other Pacific Islander Percent	White Percent	Unknown Percent
Alabama	0.1	0.2	27.5	3.8	0.6	0.1	65.0	2.8
Alaska	52.2	0.7	3.1	0.3	4.5	2.1	26.8	10.3
Arizona	4.7	0.4	9.8	0.3	2.4	0.3	54.6	27.4
Arkansas	0.1	0.2	19.9	6.8	5.1	0.5	63.6	3.8
California	1.0	2.9	13.7	47.6	0.0	0.3	25.7	8.7
Colorado	-	-	-	-	-	-	-	-
Connecticut	0.1	0.8	23.9	30.2	1.7	0.1	39.2	3.9
Delaware	0.0	0.4	45.2	15.3	0.2	0.0	38.8	-
District of Columbia	0.0	0.1	71.7	8.9	0.2	0.0	1.1	18.1
Florida	0.1	0.5	28.0	14.7	1.1	0.1	48.8	6.6
Georgia	0.1	0.3	39.4	6.5	0.9	0.1	48.7	3.9
Hawaii	0.5	10.7	1.9	4.3	25.7	27.1	22.0	7.8
Idaho	2.1	0.2	1.1	10.3	1.2	0.1	62.3	22.7
Illinois	0.0	1.2	30.7	16.3	0.9	0.0	49.0	1.9
Indiana	0.0	0.4	18.8	6.7	2.3	0.1	70.5	1.1
Iowa	1.4	0.7	14.1	7.9	1.1	0.5	73.2	1.1
Kansas	0.9	0.8	12.0	12.2	1.8	0.2	65.3	6.8
Kentucky	0.1	0.2	9.4	2.9	2.6	0.1	82.9	2.0
Louisiana	0.3	0.2	45.5	2.5	0.4	0.0	46.5	4.6
Maine	1.3	0.4	2.6	2.6	2.3	0.2	76.2	14.5
Maryland	-	-	-	-	-	-	-	-
Massachusetts	0.1	1.7	13.8	26.7	2.2	0.1	42.7	12.6
Michigan	0.5	0.5	31.1	6.4	4.8	0.0	56.2	0.4
Minnesota	7.7	3.0	15.7	12.1	10.6	0.1	48.4	2.5
Mississippi	0.2	0.1	35.8	2.1	0.4	0.0	50.1	11.2
Missouri	0.3	0.2	12.2	6.3	0.3	0.2	71.9	8.6
Montana	16.6	0.1	0.9	3.5	2.2	0.2	55.7	20.7
Nebraska	6.1	0.8	13.1	14.9	3.7	0.1	51.5	9.8
Nevada	0.5	1.6	27.5	24.8	2.2	1.4	33.9	8.1
New Hampshire	0.2	0.5	1.9	4.3	1.5	0.1	81.4	10.1
New Jersey	0.2	1.2	26.9	30.0	0.7	0.1	36.9	3.9
New Mexico	9.3	0.2	2.7	51.0	1.2	0.1	21.9	13.7
New York	0.4	2.9	28.8	26.4	1.8	0.1	38.7	1.0
North Carolina	-	-	-	-	-	-	-	-
North Dakota	22.2	0.2	7.2	3.4	2.5	0.5	53.9	10.2
Ohio	0.1	0.3	25.2	4.1	2.9	0.1	60.6	6.7
Oklahoma	5.2	0.4	10.6	14.3	21.9	0.2	46.2	1.1
Oregon	2.2	0.7	4.2	10.7	1.8	0.4	60.6	19.5
Pennsylvania	0.1	0.8	21.9	13.0	1.3	0.0	54.5	8.4
Puerto Rico	0.1	0.0	1.0	91.4	0.1	0.0	2.5	4.9
Rhode Island	0.7	1.3	15.3	26.3	2.7	0.1	50.5	3.2
South Carolina	0.2	0.2	37.6	5.3	0.9	0.1	48.5	7.3
South Dakota	42.8	0.1	2.4	6.3	8.8	0.2	36.2	3.2
Tennessee	-	-	-	-	-	-	-	-
Texas	0.2	0.8	22.7	41.0	0.9	0.2	30.9	3.4
Utah	2.1	0.9	3.4	21.3	1.3	2.1	68.0	0.9
Vermont	0.0	1.1	4.1	1.1	0.0	0.0	83.6	10.1
Virginia	0.1	0.6	23.0	11.4	0.8	0.2	55.3	8.6
Washington	4.2	1.5	7.5	16.6	5.2	2.2	54.5	8.3
West Virginia	0.0	0.0	3.6	0.8	2.0	0.0	92.4	1.1
Wisconsin	3.8	1.3	17.4	8.2	1.5	0.0	50.3	17.4
Wyoming	3.4	0.3	2.1	10.4	0.0	0.3	79.0	4.4
National	**1.4**	**1.1**	**21.0**	**20.3**	**2.3**	**0.3**	**47.4**	**6.1**
Reporting States	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

Table 5–5 Perpetrators by Relationship to Their Victims, 2022 *(continues next page)*

State	Parent	Child Daycare Provider	Foster Parent	Friend and Neighbor	Group Home and Residential Facility Staff	Legal Guardian	Multiple Relationships
Alabama	5,769	19	14	138	21	37	396
Alaska	1,639	-	31	-	-	9	70
Arizona	-	-	-	-	-	-	-
Arkansas	5,111	44	12	122	3	13	273
California	38,818	-	169	-	9	-	1,410
Colorado	5,754	14	6	1	2	3	510
Connecticut	3,099	20	15	25	27	81	213
Delaware	556	-	-	-	-	4	35
District of Columbia	958	-	2	-	-	4	17
Florida	13,239	26	3	-	-	21	1,238
Georgia	6,437	26	28	13	11	50	147
Hawaii	987	-	5	-	-	21	46
Idaho	1,548	2	3	13	-	12	15
Illinois	18,920	168	120	-	16	-	1,056
Indiana	11,855	41	25	343	1	47	775
Iowa	6,303	66	10	-	16	67	292
Kansas	1,049	-	6	8	5	-	23
Kentucky	7,050	5	4	194	-	210	633
Louisiana	-	-	-	-	-	-	-
Maine	-	-	-	-	-	-	-
Maryland	3,065	-	24	-	36	23	214
Massachusetts	14,225	86	47	-	68	104	924
Michigan	13,747	-	73	902	32	75	1,545
Minnesota	2,738	33	45	14	3	38	227
Mississippi	5,336	25	76	164	16	8	241
Missouri	1,990	24	12	109	45	-	168
Montana	1,665	8	12	-	2	7	14
Nebraska	1,038	10	12	-	3	2	88
Nevada	3,869	-	5	121	15	1	218
New Hampshire	772	-	-	-	-	9	41
New Jersey	1,845	16	5	41	2	-	87
New Mexico	4,003	-	3	1	-	53	135
New York	32,314	228	162	-	79	135	378
North Carolina	-	-	-	-	-	-	-
North Dakota	701	-	1	19	-	-	41
Ohio	11,511	28	67	162	34	-	1,082
Oklahoma	9,110	60	57	-	16	116	612
Oregon	5,300	5	-	-	-	32	629
Pennsylvania	2,783	19	12	113	15	8	95
Puerto Rico	2,679	-	10	-	25	5	278
Rhode Island	1,539	23	17	-	36	11	128
South Carolina	9,305	1	19	-	15	91	474
South Dakota	846	13	2	-	-	3	57
Tennessee	3,710	7	18	410	11	50	88
Texas	31,538	290	60	211	83	-	610
Utah	4,121	12	6	249	23	21	356
Vermont	309	4	4	65	-	-	11
Virginia	2,781	64	13	-	11	27	145
Washington	2,537	20	10	1	-	-	78
West Virginia	3,540	2	10	-	4	57	374
Wisconsin	1,971	19	11	30	5	6	128
Wyoming	531	2	1	-	2	4	14
National Total	**310,511**	**1,430**	**1,247**	**3,469**	**692**	**1,465**	**16,629**
National Percent	**76.0**	**0.4**	**0.3**	**0.8**	**0.2**	**0.4**	**4.1**
Reporting States	**48**	**35**	**45**	**25**	**34**	**38**	**48**

Table 5–5 Perpetrators by Relationship to Their Victims, 2022

State	Other	Other Professional	Relative	Unmarried Partner of Parent	Unknown	Total Perpetrators
Alabama	604	16	712	288	148	8,162
Alaska	39	-	96	63	17	1,964
Arizona	-	-	-	-	-	-
Arkansas	694	34	824	273	232	7,635
California	2	-	2,078	2,803	-	45,289
Colorado	328	1	717	4	740	8,080
Connecticut	217	46	146	201	-	4,090
Delaware	67	-	116	51	-	829
District of Columbia	12	-	23	-	-	1,016
Florida	660	141	837	895	1,587	18,647
Georgia	515	22	471	177	-	7,897
Hawaii	47	-	33	-	5	1,144
Idaho	1	-	50	49	9	1,702
Illinois	459	64	1,379	917	260	23,359
Indiana	831	16	821	-	547	15,302
Iowa	272	-	445	525	7	8,003
Kansas	214	-	222	-	24	1,551
Kentucky	76	-	597	528	102	9,399
Louisiana	-	-	-	-	-	-
Maine	-	-	-	-	-	-
Maryland	631	-	628	-	1,346	5,967
Massachusetts	457	62	653	771	414	17,811
Michigan	215	2	930	893	3	18,417
Minnesota	85	1	334	234	16	3,768
Mississippi	208	21	874	307	335	7,611
Missouri	457	21	354	286	159	3,625
Montana	21	-	64	77	-	1,870
Nebraska	60	-	55	51	19	1,338
Nevada	1	-	155	249	9	4,643
New Hampshire	-	-	30	16	45	913
New Jersey	54	44	175	142	23	2,434
New Mexico	41	-	183	197	52	4,668
New York	551	-	2,393	2,324	33	38,597
North Carolina	-	-	-	-	-	-
North Dakota	-	-	20	-	70	852
Ohio	2,291	96	2,142	-	1,011	18,424
Oklahoma	724	6	505	44	82	11,332
Oregon	-	-	357	136	1,510	7,969
Pennsylvania	529	100	910	379	77	5,040
Puerto Rico	15	10	100	1	349	3,472
Rhode Island	78	-	34	81	1	1,948
South Carolina	337	-	382	305	1	10,930
South Dakota	17	-	28	44	18	1,028
Tennessee	1,459	5	1,001	66	3	6,828
Texas	1,076	194	5,017	3,040	121	42,240
Utah	548	11	720	257	63	6,387
Vermont	64	1	50	33	15	556
Virginia	232	56	324	117	112	3,882
Washington	37	-	96	206	1	2,986
West Virginia	313	4	296	22	199	4,821
Wisconsin	263	11	311	273	297	3,325
Wyoming	27	1	30	1	-	613
National Total	**15,829**	**986**	**28,718**	**17,326**	**10,062**	**408,364**
National Percent	**3.9**	**0.2**	**7.0**	**4.2**	**2.5**	**100.0**
Reporting States	**45**	**26**	**48**	**41**	**41**	**48**

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 or crosswalk to the NCANDS services categories. In this chapter, services are examined from two perspectives:

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

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

Prevention Services (duplicate count of children)

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

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

coordinate initiatives, programs, and activities to prevent child abuse and neglect and support the coordination of resources and activities; and to foster understanding, appreciation and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.

- Title IV–B, Subpart 2, as amended [P.L. 107–133] Promoting Safe and Stable Families: The primary goals of Promoting Safe and Stable Families (PSSF) are to prevent the unnecessary separation of children from their families, improve the quality of care and services to children and their families, and ensure permanency for children by reuniting them with their parents, by adoption, or by another permanent living arrangement. States are to spend most of the funding for services that address family support, family preservation, time-limited family reunification, and adoption promotion and support. The services are designed to help state child welfare agencies and eligible Indian tribes establish and operate integrated, preventive family preservation services and community-based family support services for families at risk or in crisis.
- Title IV–E of the Social Security Act as amended [P.L.115–123] Family First Prevention Services Act (FFPSA): This act authorized new optional title IV–E funding for time-limited prevention services for mental health, substance abuse, and in-home parent skill-based programs for children or youth who are candidates for foster care, pregnant or parenting youth in foster care, and the parents or kin caregivers of those children and youth. States do not report these services to NCANDS.
- Title XX of the Social Security Act, [P.L. 93–647], Social Services Block Grant (SSBG): This grant is a flexible funding source that allows states and territories to tailor social service programming to their population's needs. Through the SSBG, states provide essential social services that help achieve goals to reduce dependency and promote self-sufficiency; protect children and adults from neglect, abuse and exploitation; and help individuals who are unable to take care of themselves to stay in their homes or to find the best institutional arrangements.

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

The estimated total child recipient count by funding source is a sum of the reported child count and the calculated child count. The calculated child count is computed by multiplying the family count by the average number of children in a family. States are asked to provide unique and mutually exclusive counts (e.g., if reporting a child in the child count, the child is not also included in the family count) within each source. However, because a child or family may receive multiple services, there may be duplication across funding sources.

Based on data from 45 states, the FFY 2022 estimated total child recipients of prevention services is 1,922,792. See table 6–1 and related notes. This is an increase from the FFY 2021 estimated total child recipients of 1,761,128, based on data from 45 states. For 2022, the average number of own children under 18 in families is 1.94.[20]

[20] *Source: U.S. Census Bureau, Current Population Survey. (2022). 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: 2022 [data file]. Retrieved March 2023 from https://www.census.gov/data/tables/2022/demo/families/cps-2022.html*

The funding source with the largest number of estimated total child recipients is Community-Based Child Abuse Prevention Grants (CBCAP) with 38 states reporting 561,247 estimated recipients. The Promoting Safe and Stable Families (PSSF) source has 36 states reporting an estimated total child recipients of 483,862.[21] Due to the nature of these funds and the ways states use them, the number of recipients fluctuates from one year to the next. Information about state increases and decreases in recipients and funding may be found in Appendix D, State Commentary. States continue to work on improving the ability to measure prevention services. Some of the difficulties with collecting and reporting these elements are listed below:

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

Postresponse Services (duplicate count of children)

All children and families who are involved with a child welfare agency receive services to some degree. NCANDS and the Child Maltreatment report focus on only those services that were initiated or continued as a result of the investigation response or alternative response. NCANDS collects data for 26 services categories, states have their own service categories which they crosswalk (map) to the NCANDS categories. Not every state reports data for every service. Readers should see Appendix B, Glossary, for definitions of service categories and Appendix D, State Commentary, for state-specific information on services reporting.[22] States continue to work on improving the ability to report postresponse services data. Some states say they are only able to report on those services that the CPS agency provides and are not able to report on those services provided by an external agency or vendors.

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

During FFY 2022, 897,486 children received postresponse services from a CPS agency. Fifty-one states reported 55.0 percent of duplicate victims received postresponse services and 20.3 percent of duplicate nonvictims received postresponse services. See table 6–2 and related notes. This is a decrease from FFY 2021 when 50 states reported 1,051,818 children who received postresponse services. Comments provided by states attribute changes in FFY 2022 data when compared with 2021 are due to improved reporting. One state was previously reporting services that did not continue past the disposition date.[23] 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.

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

[22] *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*

[23] *California*

Table 6–3 calculates the national average by dividing the total number of days to services by the number of children who received services on or after the report date (mean). Based on data from 45 states, the average number of days from receipt of a report to initiation of services for FFY 2022 is 40 days and a midpoint (median) of 22 days. See table 6–3 and related notes. This is a increase from FFY 2021 when 44 states reported an average of 29 days and a median of 18 days. Several states provided comments about the increase in days to services receipt and attributed the increase to: only counting the children with services during the reporting period, improved data entry, a new Comprehensive Child Welfare System (CCWIS), new service interface, and the addition of three services to the service array.

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

Based on FFY 2022 data from 49 states, 104,747 victims (19.6%) and 40,702 nonvictims (1.4%) were removed from their homes. For FFY 2021, 48 states reported 113,324 victims (20.2%) and 43,252 nonvictims (1.6%) were removed. Some states report low percentages of victims and nonvictims who received foster care services due to system limitations or other difficulties with collecting and reporting the data as mentioned above. See table 6–4 and related notes. There may be several explanations as to why nonvictims are placed in foster care. For example, if one child in a household is deemed to be in danger or at-risk of maltreatment, the state may remove all of the children in the household to ensure their safety. (E.g., if a CPS worker finds a drug lab in a house or finds a severely intoxicated caregiver, the worker may remove all children, even if there is only a maltreatment allegation for one child in the household.) Another reason for a nonvictim to be removed has to do with voluntary placements. This is when a parent voluntarily agrees to place a child in foster care even if the child was not determined to be a victim of maltreatment.

Twenty-five states reported 51,193 victims (19.0%) have court-appointed representatives. See table 6–5 and related notes. This is a decrease from FFY 2021 when 25 states reported 52,222 victims (19.7%) had court-appointed representatives. The representatives act on behalf of a child in court proceedings and make recommendations to the court in the best interests of the child. According to states, Guardians ad Litem, children's attorneys, and Court Appointed Special Advocates (CASAs) are included in these counts to NCANDS. These numbers are likely to be an undercount given the statutory requirement in CAPTA that says, "in every case involving a victim of child abuse or neglect which results in a judicial proceeding, a guardian ad litem who has received training appropriate to the role, including training in early childhood, child and adolescent development, and who may be an attorney

or a court-appointed special advocate who has received training appropriate to that role (or both), shall be appointed to represent the child in such proceedings…" States provide the following possible reasons for not reporting data:

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

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

History of Receiving Services (unique count of victims)

Two data elements in the Agency File collect information on histories of victims with prior CPS involvement. For FFY 2022, 28 states reported 49,703 victims (15.2%) received family preservation services within the previous 5 years. This is an increase from FFY 2021 when 29 states reported 45,440 victims (14.0%) received family preservation services. See table 6–6 and related notes. Several states subcontract family preservation services to outside vendors and are not able to report this data to NCANDS. FFY 2022 data from 37 states show 18,327 victims (4.8%) were reunited with their families within the previous 5 years. This is similar to FFY 2021 when 38 states reported 19,588 victims (4.8%) were reunited. See table 6–7 and related notes.

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

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

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

Thirty-eight states reported 88,725 victims who are eligible for referral to agencies providing early intervention services and 32 states reported 37,588 victims who are referred. Of the states that are able to report both the victims who are eligible and referred (31 states), 57.9 percent of victims who are eligible are referred to the agencies. See table 6–8 and related notes.

Exhibit and Table Notes

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

General

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

- The data for all tables 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 for this analysis.

Table 6–1 Children Who Received Prevention Services by Funding Source, 2022

- Data is from the Agency File.
- The number of total recipients is a duplicate count.
- Children may be counted more than once, under a single funding source and across funding sources.
- Children who received prevention services may have received them via CPS or other agencies.
- Funds used for public service announcements or campaigns are not included in NCANDS reporting.
- Some programs maintain their data as counts of families rather than counts of children. If a family count was provided, the number of families was multiplied by the average number of children per family (1.94) and used as the estimate of the number of children who received services or added to any counts of children that were also provided. The estimated total child recipient count by funding source is a sum of the reported child count and the calculated child count.

Table 6–2 Children Who Received Postresponse Services, 2022

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

Table 6–3 Average and Median Number of Days to Initiation of Services, 2022

- The number of children is a duplicate count.
- This analysis uses subset of children whose service date is the same day or later than the report date. The subset is created by excluding any report with a service date prior to the report date.
- The average is displayed at the state and national level. The state average is rounded to a whole day. The national average is calculated by dividing the total number of days to

services by the number of children who received services on or after the report date. The total number of days to the initiation of services is not shown.

- The median is displayed for both the national and the state level. The median is determined by finding the midpoint of the number of days to services for children who received services on or after the report date.
- States are excluded from this analysis if they report fewer than 1.0 percent of victims or fewer than 1.0 percent of nonvictims with postresponse services.
- States are excluded from this analysis if fewer than 80.0 percent of records with a service have a service date.
- States are excluded from this analysis if fewer than 40.0 percent of records with a service have a service date after the report date.
- States are excluded from this analysis if more than 40.0 percent of records have the same report date and service date.

Table 6–4 Children Who Received Foster Care Postresponse Services and Who Had a Removal Date on or After the Report Date, 2022

- The numbers of victims and nonvictims are a duplicate count.
- A child is counted each time that a CPS response is completed and services are provided.
- Only the children who are removed from their home on or after the report and up to 90 days after the disposition date are counted.
- States are excluded from this analysis if fewer than 1.0 percent of victims received foster care services.
- States were excluded from this analysis if more than 25.0 percent of victims with foster care services or more than 70.0 percent of nonvictims with foster care services did not have a removal date.

Table 6–5 Victims with Court-Appointed Representatives, 2022

- 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, 2022

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

Table 6–7 Victims Who Were Reunited with Their Families within the Previous 5 Years, 2022

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

Table 6–8 IDEA: Victims Who Were Eligible and Victims Who Were Referred to Part C Agencies, 2022

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

Table 6–1 Children Who Received Prevention Services by Funding Source, 2022

(continues next page)

State	Child Abuse and Neglect State Grant (State Grant) Children	State Grant Calculated Child Count	State Grant Estimated Total Child Recipients	Community-Based Child Abuse Prevention Grants (CBCAP) Children	CBCAP Calculated Child Count	CBCAP Estimated Total Child Recipients
Alabama	-	1,197	1,197	1,634	-	1,634
Alaska	-	-	-	354	-	354
Arizona	-	-	-	-	5,449	5,449
Arkansas	19	175	194	-	1,752	1,752
California	-	1,383	1,383	1,933	4,988	6,921
Colorado	-	-	-	-	-	-
Connecticut	37,202	-	37,202	-	378	378
Delaware	-	-	-	-	-	-
District of Columbia	54	-	54	-	-	-
Florida	-	-	-	-	-	-
Georgia	13,176	44,240	57,416	6,963	21,759	28,722
Hawaii	-	-	-	-	1,502	1,502
Idaho	-	-	-	5,143	8,239	13,382
Illinois	2,632	4,437	7,069	5,252	7,964	13,216
Indiana	23,588	-	23,588	3,642	-	3,642
Iowa	-	142	142	-	1,410	1,410
Kansas	-	-	-	-	-	-
Kentucky	-	-	-	1,160	-	1,160
Louisiana	-	-	-	18,636	30,285	48,921
Maine	-	-	-	-	-	-
Maryland	-	-	-	-	-	-
Massachusetts	-	-	-	-	-	-
Michigan	2,225	5,958	8,183	177,575	32,012	209,587
Minnesota	3,812	-	3,812	8,278	-	8,278
Mississippi	-	-	-	3,147	8,270	11,417
Missouri	-	-	-	648	-	648
Montana	-	-	-	959	1,020	1,979
Nebraska	-	-	-	3,143	-	3,143
Nevada	42	-	42	1,785	-	1,785
New Hampshire	-	-	-	2,730	-	2,730
New Jersey	-	1,868	1,868	62,679	47,827	110,506
New Mexico	-	-	-	131	-	131
New York	-	-	-	2,278	4,456	6,734
North Carolina	-	-	-	229	275	504
North Dakota	-	-	-	217	2,089	2,306
Ohio	-	-	-	1,284	1,385	2,669
Oklahoma	-	-	-	-	871	871
Oregon	-	-	-	-	-	-
Pennsylvania	-	-	-	4,078	-	4,078
Puerto Rico	5,224	44,216	49,440	994	4,928	5,922
Rhode Island	-	-	-	-	-	-
South Carolina	-	-	-	-	-	-
South Dakota	-	-	-	1,165	918	2,083
Tennessee	-	-	-	-	-	-
Texas	-	-	-	887	1,989	2,876
Utah	-	-	-	11,558	-	11,558
Vermont	-	-	-	-	-	-
Virginia	54,900	-	54,900	1,179	5,461	6,640
Washington	4,354	-	4,354	-	2,031	2,031
West Virginia	7,558	11,112	18,670	22,830	-	22,830
Wisconsin	-	-	-	-	-	-
Wyoming	-	-	-	3,500	7,997	11,497
National	**154,786**	**114,728**	**269,514**	**355,991**	**205,256**	**561,247**
Reporting States	**13**	**10**	**17**	**31**	**25**	**38**

Table 6–1 Children Who Received Prevention Services by Funding Source, 2022

(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	-	35,479	35,479	13,768	-	13,768
Alaska	243	163	406	125	4,210	4,335
Arizona	-	7,463	7,463	-	-	-
Arkansas	20	522	542	-	60,159	60,159
California	6,237	43,239	49,476	-	-	-
Colorado	-	-	-	-	-	-
Connecticut	48,383	-	48,383	-	-	-
Delaware	1,843	-	1,843	-	811	811
District of Columbia	149	-	149	-	-	-
Florida	32,453	-	32,453	-	-	-
Georgia	15,358	-	15,358	-	-	-
Hawaii	-	-	-	-	-	-
Idaho	809	-	809	109	-	109
Illinois	-	-	-	4,894	7,979	12,873
Indiana	1,775	-	1,775	15	-	15
Iowa	-	1,042	1,042	-	-	-
Kansas	1,757	-	1,757	-	-	-
Kentucky	618	-	618	-	-	-
Louisiana	2,704	3,325	6,029	6,049	-	6,049
Maine	-	-	-	-	-	-
Maryland	-	-	-	13,433	-	13,433
Massachusetts	-	-	-	-	-	-
Michigan	11,756	9,423	21,179	-	-	-
Minnesota	1,907	-	1,907	10,937	-	10,937
Mississippi	537	-	537	-	-	-
Missouri	-	-	-	-	-	-
Montana	2,310	3,603	5,913	-	-	-
Nebraska	-	14,125	14,125	-	-	-
Nevada	7,174	-	7,174	24,109	-	24,109
New Hampshire	120	-	120	413	-	413
New Jersey	-	-	-	-	-	-
New Mexico	2,138	-	2,138	-	-	-
New York	-	-	-	-	-	-
North Carolina	2,015	3,116	5,131	1,040	2,018	3,058
North Dakota	-	3,944	3,944	-	-	-
Ohio	-	-	-	35,097	-	35,097
Oklahoma	140	386	526	-	-	-
Oregon	-	1,808	1,808	-	3,449	3,449
Pennsylvania	3,919	-	3,919	147,277	-	147,277
Puerto Rico	1,398	3,251	4,649	1,098	3,641	4,739
Rhode Island	-	2,797	2,797	-	-	-
South Carolina	-	-	-	-	-	-
South Dakota	-	-	-	-	-	-
Tennessee	-	-	-	-	-	-
Texas	18,403	31,422	49,825	-	-	-
Utah	-	-	-	-	-	-
Vermont	-	-	-	-	-	-
Virginia	18,016	31,445	49,461	-	-	-
Washington	5,244	19,759	25,003	-	-	-
West Virginia	27,846	48,651	76,497	31,537	19,790	51,327
Wisconsin	-	-	-	-	-	-
Wyoming	1,900	1,727	3,627	4,314	-	4,314
National	**217,172**	**266,690**	**483,862**	**294,215**	**102,058**	**396,273**
Reporting States	**29**	**21**	**36**	**16**	**8**	**19**

Table 6–1 Children Who Received Prevention Services by Funding Source, 2022

State	Other Funding (Other) Children	Other Calculated Child Count	Other Estimated Total Child Recipients	Estimated Total Child Recipients
Alabama	-	-	-	52,078
Alaska	137	83	220	5,315
Arizona	-	6,866	6,866	19,778
Arkansas	-	-	-	62,647
California	781	8,947	9,728	67,508
Colorado	-	-	-	-
Connecticut	2,378	58	2,436	88,400
Delaware	2,896	3,021	5,917	8,571
District of Columbia	1,139	-	1,139	1,342
Florida	-	-	-	32,453
Georgia	-	-	-	101,496
Hawaii	-	-	-	1,502
Idaho	141	-	141	14,441
Illinois	-	-	-	33,158
Indiana	8,914	-	8,914	37,934
Iowa	-	-	-	2,594
Kansas	14	-	14	1,771
Kentucky	230	-	230	2,008
Louisiana	2,205	5,601	7,806	68,805
Maine	-	-	-	-
Maryland	-	-	-	13,433
Massachusetts	-	-	-	-
Michigan	-	-	-	238,948
Minnesota	-	-	-	24,934
Mississippi	1,197	-	1,197	13,151
Missouri	1,147	-	1,147	1,795
Montana	-	-	-	7,892
Nebraska	-	-	-	17,268
Nevada	15,524	-	15,524	48,634
New Hampshire	1,247	-	1,247	4,510
New Jersey	-	5,775	5,775	118,149
New Mexico	2,450	2,937	5,387	7,656
New York	73,940	-	73,940	80,674
North Carolina	3,255	5,948	9,203	17,896
North Dakota	-	-	-	6,250
Ohio	-	-	-	37,766
Oklahoma	3,987	8,804	12,791	14,188
Oregon	-	332	332	5,589
Pennsylvania	5,862	-	5,862	161,136
Puerto Rico	789	3,851	4,640	69,391
Rhode Island	-	-	-	2,797
South Carolina	-	-	-	-
South Dakota	-	-	-	2,083
Tennessee	-	-	-	-
Texas	-	-	-	52,701
Utah	7,708	-	7,708	19,266
Vermont	-	-	-	-
Virginia	4,977	8,191	13,168	124,169
Washington	-	-	-	31,388
West Virginia	10,565	-	10,565	179,890
Wisconsin	-	-	-	-
Wyoming	-	-	-	19,437
National	**151,483**	**60,414**	**211,897**	**1,922,792**
Reporting States	**23**	**13**	**26**	**45**

Table 6–2 Children Who Received Postresponse Services, 2022

State	Victims	Victims Who Received Postresponse Services	Victims Who Received Postresponse Services Percent	Nonvictims	Nonvictims Who Received Postresponse Services	Nonvictims Who Received Postresponse Services Percent
Alabama	11,941	6,818	57.1	27,629	4,541	16.4
Alaska	2,794	1,494	53.5	9,544	464	4.9
Arizona	13,540	4,620	34.1	51,631	1,015	2.0
Arkansas	9,363	7,781	83.1	55,740	8,084	14.5
California	53,973	34,789	64.5	295,721	61,414	20.8
Colorado	10,572	1,919	18.2	38,824	675	1.7
Connecticut	5,394	5,255	97.4	12,578	11,744	93.4
Delaware	1,104	440	39.9	12,514	1,589	12.7
District of Columbia	1,689	215	12.7	8,002	184	2.3
Florida	25,697	9,405	36.6	276,720	9,003	3.3
Georgia	10,820	8,263	76.4	113,262	66,232	58.5
Hawaii	1,342	784	58.4	4,521	581	12.9
Idaho	2,065	1,231	59.6	10,848	1,017	9.4
Illinois	37,077	17,096	46.1	171,695	27,633	16.1
Indiana	20,184	11,100	55.0	145,902	9,640	6.6
Iowa	13,150	13,150	100.0	43,055	43,055	100.0
Kansas	1,974	1,060	53.7	29,422	7,112	24.2
Kentucky	13,492	9,415	69.8	49,442	3,155	6.4
Louisiana	7,861	4,046	51.5	18,092	1,136	6.3
Maine	4,094	898	21.9	16,516	215	1.3
Maryland	7,080	1,344	19.0	18,567	1,126	6.1
Massachusetts	24,582	22,347	90.9	54,621	32,602	59.7
Michigan	24,916	9,659	38.8	150,151	17,941	11.9
Minnesota	5,521	3,333	60.4	32,587	8,161	25.0
Mississippi	9,797	4,489	45.8	35,338	2,634	7.5
Missouri	4,004	2,352	58.7	70,288	14,617	20.8
Montana	2,913	1,327	45.6	10,703	774	7.2
Nebraska	2,126	1,588	74.7	32,784	12,710	38.8
Nevada	6,273	3,047	48.6	30,095	5,309	17.6
New Hampshire	1,053	618	58.7	14,448	2,028	14.0
New Jersey	3,217	1,655	51.4	86,159	14,088	16.4
New Mexico	6,616	1,650	24.9	25,739	1,723	6.7
New York	-	-	-	-	-	-
North Carolina	24,803	16,665	67.2	106,363	21,133	19.9
North Dakota	1,154	705	61.1	4,035	482	11.9
Ohio	24,677	15,071	61.1	98,896	26,953	27.3
Oklahoma	14,240	12,280	86.2	44,436	30,944	69.6
Oregon	11,397	3,447	30.2	46,576	2,949	6.3
Pennsylvania	5,201	1,119	21.5	34,574	2,086	6.0
Puerto Rico	5,127	4,310	84.1	9,276	2,976	32.1
Rhode Island	2,601	1,023	39.3	4,410	539	12.2
South Carolina	15,680	5,210	33.2	67,233	8,293	12.3
South Dakota	1,546	718	46.4	2,933	222	7.6
Tennessee	7,024	7,024	100.0	95,990	89,337	93.1
Texas	55,942	19,595	35.0	267,740	8,124	3.0
Utah	9,253	7,907	85.5	22,223	14,371	64.7
Vermont	761	258	33.9	3,813	509	13.3
Virginia	4,694	1,270	27.1	45,451	2,222	4.9
Washington	3,995	2,109	52.8	56,945	3,800	6.7
West Virginia	5,740	5,555	96.8	44,399	5,461	12.3
Wisconsin	4,259	1,721	40.4	31,890	2,213	6.9
Wyoming	851	701	82.4	3,463	2,794	80.7
National	**545,169**	**299,876**	**55.0**	**2,943,784**	**597,610**	**20.3**
Reporting States	**51**	**51**	**-**	**51**	**51**	**-**

Table 6–3 Average and Median Number of Days to Initiation of Services, 2022

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	11,359	11,323	41	35
Alaska	1,958	1,958	46	34
Arizona	5,635	4,720	39	15
Arkansas	15,865	15,166	39	40
California	96,203	90,241	58	43
Colorado	2,594	2,356	22	14
Connecticut	-	-	-	-
Delaware	2,029	2,029	79	65
District of Columbia	399	391	49	35
Florida	18,408	12,497	31	14
Georgia	74,495	73,228	13	6
Hawaii	1,365	1,052	21	2
Idaho	2,248	2,246	27	20
Illinois	44,729	21,070	48	33
Indiana	20,740	20,691	31	19
Iowa	56,205	56,205	25	28
Kansas	8,172	5,172	51	32
Kentucky	12,570	10,838	78	65
Louisiana	5,182	4,885	44	27
Maine	1,113	916	29	10
Maryland	-	-	-	-
Massachusetts	54,949	37,230	14	14
Michigan	27,600	14,722	44	36
Minnesota	11,494	11,494	63	45
Mississippi	7,123	7,069	28	28
Missouri	16,969	14,877	55	37
Montana	2,101	1,663	48	30
Nebraska	14,298	6,279	56	36
Nevada	8,356	8,035	66	56
New Hampshire	2,646	2,221	60	47
New Jersey	15,743	10,508	50	43
New Mexico	3,373	2,673	31	15
New York	-	-	-	-
North Carolina	-	-	-	-
North Dakota	1,187	1,177	57	47
Ohio	42,024	33,420	42	34
Oklahoma	43,224	43,136	50	49
Oregon	6,396	4,997	56	27
Pennsylvania	3,205	2,377	29	29
Puerto Rico	7,286	5,859	84	28
Rhode Island	1,562	1,057	35	21
South Carolina	13,503	7,916	39	42
South Dakota	-	-	-	-
Tennessee	-	-	-	-
Texas	27,719	27,208	44	26
Utah	-	-	-	-
Vermont	767	479	44	17
Virginia	3,492	2,000	38	23
Washington	5,909	4,636	35	21
West Virginia	11,016	6,475	37	22
Wisconsin	3,934	3,934	51	56
Wyoming	3,495	3,467	13	6
National	**720,640**	**601,893**	**40**	**22**
Reporting States	**45**	**45**	**45**	**45**

Table 6–4 Children Who Received Foster Care Postresponse Services and Who had a Removal Date On or After the Report Date, 2022

State	Victims	Victims Who Received Foster Care Postresponse Services	Victims Who Received Foster Care Postresponse Services Percent	Nonvictims	Nonvictims Who Received Foster Care Postresponse Services	Nonvictims Who Received Foster Care Postresponse Services Percent
Alabama	11,941	2,002	16.8	27,629	661	2.4
Alaska	2,794	651	23.3	9,544	288	3.0
Arizona	13,540	2,363	17.5	51,631	191	0.4
Arkansas	9,363	1,478	15.8	55,740	885	1.6
California	53,973	18,144	33.6	295,721	5,426	1.8
Colorado	10,572	1,201	11.4	38,824	188	0.5
Connecticut	5,394	791	14.7	12,578	215	1.7
Delaware	1,104	188	17.0	12,514	62	0.5
District of Columbia	1,689	167	9.9	8,002	45	0.6
Florida	25,697	8,658	33.7	276,720	2,431	0.9
Georgia	10,820	2,468	22.8	113,262	1,503	1.3
Hawaii	1,342	563	42.0	4,521	79	1.7
Idaho	2,065	718	34.8	10,848	161	1.5
Illinois	37,077	5,653	15.2	171,695	1,972	1.1
Indiana	20,184	5,358	26.5	145,902	1,765	1.2
Iowa	13,150	1,551	11.8	43,055	71	0.2
Kansas	1,974	155	7.9	29,422	615	2.1
Kentucky	13,492	698	5.2	49,442	126	0.3
Louisiana	7,861	2,225	28.3	18,092	300	1.7
Maine	4,094	832	20.3	16,516	78	0.5
Maryland	7,080	624	8.8	18,567	130	0.7
Massachusetts	24,582	3,180	12.9	54,621	837	1.5
Michigan	24,916	2,760	11.1	150,151	956	0.6
Minnesota	5,521	1,526	27.6	32,587	1,666	5.1
Mississippi	9,797	1,235	12.6	35,338	309	0.9
Missouri	4,004	1,400	35.0	70,288	3,100	4.4
Montana	2,913	1,093	37.5	10,703	295	2.8
Nebraska	2,126	744	35.0	32,784	925	2.8
Nevada	6,273	2,101	33.5	30,095	634	2.1
New Hampshire	1,053	392	37.2	14,448	251	1.7
New Jersey	3,217	553	17.2	86,159	1,068	1.2
New Mexico	6,616	773	11.7	25,739	396	1.5
New York	-	-	-	-	-	-
North Carolina	24,803	3,109	12.5	106,363	388	0.4
North Dakota	1,154	319	27.6	4,035	105	2.6
Ohio	24,677	5,216	21.1	98,896	2,463	2.5
Oklahoma	14,240	2,919	20.5	44,436	41	0.1
Oregon	11,397	2,219	19.5	46,576	673	1.4
Pennsylvania	-	-	-	-	-	-
Puerto Rico	5,127	421	8.2	9,276	28	0.3
Rhode Island	2,601	502	19.3	4,410	79	1.8
South Carolina	15,680	2,106	13.4	67,233	681	1.0
South Dakota	1,546	677	43.8	2,933	176	6.0
Tennessee	7,024	1,429	20.3	95,990	3,721	3.9
Texas	55,942	7,351	13.1	267,740	744	0.3
Utah	9,253	921	10.0	22,223	30	0.1
Vermont	761	148	19.4	3,813	158	4.1
Virginia	-	-	-	-	-	-
Washington	3,995	1,409	35.3	56,945	1,322	2.3
West Virginia	5,740	1,871	32.6	44,399	617	1.4
Wisconsin	4,259	1,488	34.9	31,890	1,802	5.7
Wyoming	851	397	46.7	3,463	45	1.3
National	**535,274**	**104,747**	**19.6**	**2,863,759**	**40,702**	**1.4**
Reporting States	**49**	**49**	**49**	**49**	**49**	**49**

Table 6–5 Victims with Court-Appointed Representatives, 2022

State	Victims	Victims with Court-Appointed Representatives	Victims with Court-Appointed Representatives Percent
Alabama	11,941	806	6.7
Alaska	2,794	641	22.9
Arizona	13,540	1,327	9.8
Arkansas	-	-	-
California	53,973	14,909	27.6
Colorado	-	-	-
Connecticut	-	-	-
Delaware	1,104	206	18.7
District of Columbia	-	-	-
Florida	-	-	-
Georgia	10,820	2,237	20.7
Hawaii	1,342	703	52.4
Idaho	-	-	-
Illinois	-	-	-
Indiana	20,184	4,087	20.2
Iowa	13,150	1,834	13.9
Kansas	-	-	-
Kentucky	13,492	3,283	24.3
Louisiana	-	-	-
Maine	-	-	-
Maryland	-	-	-
Massachusetts	24,582	4,290	17.5
Michigan	-	-	-
Minnesota	5,521	1,134	20.5
Mississippi	9,797	850	8.7
Missouri	-	-	-
Montana	2,913	527	18.1
Nebraska	2,126	824	38.8
Nevada	6,273	528	8.4
New Hampshire	1,053	526	50.0
New Jersey	-	-	-
New Mexico	6,616	726	11.0
New York	-	-	-
North Carolina	-	-	-
North Dakota	-	-	-
Ohio	24,677	4,846	19.6
Oklahoma	14,240	1,028	7.2
Oregon	11,397	2,584	22.7
Pennsylvania	-	-	-
Puerto Rico	-	-	-
Rhode Island	2,601	537	20.6
South Carolina	-	-	-
South Dakota	-	-	-
Tennessee	-	-	-
Texas	-	-	-
Utah	9,253	1,471	15.9
Vermont	761	208	27.3
Virginia	4,694	1,081	23.0
Washington	-	-	-
West Virginia	-	-	-
Wisconsin	-	-	-
Wyoming	-	-	-
National	**268,844**	**51,193**	**19.0**
Reporting States	**25**	**25**	**-**

Table 6–6 Victims Who Received Family Preservation Services within the Previous 5 Years, 2022

State	Victims	Victims Who Received Family Preservation Services within the Previous 5 Years	Victims Who Received Family Preservation Services within the Previous 5 Years Percent
Alabama	11,618	1,067	9.2
Alaska	-	-	-
Arizona	-	-	-
Arkansas	8,927	1,658	18.6
California	50,869	7,232	14.2
Colorado	-	-	-
Connecticut	-	-	-
Delaware	-	-	-
District of Columbia	1,574	230	14.6
Florida	24,505	4,022	16.4
Georgia	10,524	1,596	15.2
Hawaii	-	-	-
Idaho	2,005	1,008	50.3
Illinois	32,433	7,503	23.1
Indiana	-	-	-
Iowa	-	-	-
Kansas	1,861	435	23.4
Kentucky	12,340	1,217	9.9
Louisiana	7,572	1,433	18.9
Maine	-	-	-
Maryland	-	-	-
Massachusetts	22,075	7,682	34.8
Michigan	-	-	-
Minnesota	5,299	1,812	34.2
Mississippi	9,028	55	0.6
Missouri	3,932	405	10.3
Montana	-	-	-
Nebraska	2,026	291	14.4
Nevada	5,851	425	7.3
New Hampshire	1,034	124	12.0
New Jersey	3,146	228	7.2
New Mexico	5,817	409	7.0
New York	-	-	-
North Carolina	-	-	-
North Dakota	-	-	-
Ohio	-	-	-
Oklahoma	13,546	488	3.6
Oregon	10,507	671	6.4
Pennsylvania	-	-	-
Puerto Rico	4,320	895	20.7
Rhode Island	2,444	669	27.4
South Carolina	-	-	-
South Dakota	-	-	-
Tennessee	6,924	1,304	18.8
Texas	54,207	6,572	12.1
Utah	8,765	20	0.2
Vermont	-	-	-
Virginia	-	-	-
Washington	3,389	252	7.4
West Virginia	-	-	-
Wisconsin	-	-	-
Wyoming	-	-	-
National	**326,538**	**49,703**	**15.2**
Reporting States	**28**	**28**	**-**

Table 6–7 Victims Who Were Reunited with Their Families within the Previous 5 Years, 2022

State	Victims	Victims Who Were Reunited with Their Families within the Previous 5 Years	Victims Who Were Reunited with Their Families within the Previous 5 Years Percent
Alabama	11,618	253	2.2
Alaska	2,581	255	9.9
Arizona	-	-	-
Arkansas	8,927	173	1.9
California	-	-	-
Colorado	9,777	389	4.0
Connecticut	5,032	185	3.7
Delaware	1,077	11	1.0
District of Columbia	-	-	-
Florida	24,505	1,930	7.9
Georgia	10,524	437	4.2
Hawaii	1,228	85	6.9
Idaho	2,005	130	6.5
Illinois	32,433	1,706	5.3
Indiana	19,185	1,397	7.3
Iowa	-	-	-
Kansas	1,861	269	14.5
Kentucky	12,340	1,153	9.3
Louisiana	7,572	319	4.2
Maine	-	-	-
Maryland	6,564	227	3.5
Massachusetts	22,075	1,701	7.7
Michigan	-	-	-
Minnesota	5,299	415	7.8
Mississippi	9,028	25	0.3
Missouri	3,932	171	4.3
Montana	-	-	-
Nebraska	2,026	173	8.5
Nevada	5,851	497	8.5
New Hampshire	1,034	69	6.7
New Jersey	3,146	162	5.1
New Mexico	5,817	331	5.7
New York	-	-	-
North Carolina	23,134	442	1.9
North Dakota	-	-	-
Ohio	22,439	1,188	5.3
Oklahoma	13,546	597	4.4
Oregon	10,507	998	9.5
Pennsylvania	-	-	-
Puerto Rico	4,320	21	0.5
Rhode Island	2,444	165	6.8
South Carolina	14,572	194	1.3
South Dakota	-	-	-
Tennessee	6,924	254	3.7
Texas	54,207	1,043	1.9
Utah	8,765	285	3.3
Vermont	-	-	-
Virginia	-	-	-
Washington	3,389	367	10.8
West Virginia	-	-	-
Wisconsin	4,082	310	7.6
Wyoming	-	-	-
National	**383,766**	**18,327**	**4.8**
Reporting States	**37**	**37**	**-**

Table 6–8 IDEA: Victims Who Were Eligible and Victims Who Were Referred to Part C Agencies, 2022

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	3,383	515	15.2
Alaska	671	671	100.0
Arizona	775	64	8.3
Arkansas	2,725	-	-
California	14,485	1,654	11.4
Colorado	2,378	1,661	69.8
Connecticut	1,266	625	49.4
Delaware	-	-	-
District of Columbia	404	5	1.2
Florida	-	-	-
Georgia	7,211	6,789	94.1
Hawaii	-	-	-
Idaho	672	542	80.7
Illinois	-	-	-
Indiana	-	-	-
Iowa	3,422	3,422	100.0
Kansas	183	140	76.5
Kentucky	3,409	-	-
Louisiana	3,378	3,111	92.1
Maine	892	892	100.0
Maryland	-	-	-
Massachusetts	4,871	-	-
Michigan	-	-	-
Minnesota	1,631	1,575	96.6
Mississippi	566	319	56.4
Missouri	732	148	20.2
Montana	-	-	-
Nebraska	509	509	100.0
Nevada	651	621	95.4
New Hampshire	290	-	-
New Jersey	672	566	84.2
New Mexico	1,256	884	70.4
New York	10,583	-	-
North Carolina	-	805	-
North Dakota	374	360	96.3
Ohio	4,222	4,222	100.0
Oklahoma	3,897	789	20.2
Oregon	2,370	-	-
Pennsylvania	-	-	-
Puerto Rico	617	101	16.4
Rhode Island	624	616	98.7
South Carolina	4,034	2,804	69.5
South Dakota	505	410	81.2
Tennessee	-	-	-
Texas	-	-	-
Utah	1,562	1,562	100.0
Vermont	-	-	-
Virginia	-	-	-
Washington	849	200	23.6
West Virginia	1,500	789	52.6
Wisconsin	939	-	-
Wyoming	217	217	100.0
National	**88,725**	**37,588**	**42.4**
Reporting States	**38**	**32**	**31**
National for States Reporting Both Victims Eligible and Referred	**63,538**	**36,783**	**57.9**
Reporting States for States Reporting Both Victims Eligible and Referred	**31**	**31**	**-**

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. The analyses in this chapter include both new analyses not presented in the previous chapters as well as existing analyses. The information is presented together in this chapter to allow readers to see the complete analytical picture of the topic.

Introduction

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. The purpose of the National Child Abuse and Neglect Data System (NCANDS) project is to collect nationally standardized aggregate and case-level child maltreatment data. This means that states must crosswalk or map their state categories to the broader NCANDS categories and states may have multiple state categories that map to a single NCANDS category. Although states are routinely asked to provide updated mapping as their policies and procedures change, because NCANDS is a voluntary system and there is not a requirement to update mapping forms.

The analyses in this chapter review the different dimensions of maltreatment type data to determine if there are any patterns within the data that may assist with targeting specific programs or policies to aid the victims and their families. To fully consider the different dimensions, some analyses use a duplicate count of victims, maltreatment types, or perpetrators which is defined as:

- Duplicate count: Counting each occurrence. For example, a duplicate count of maltreatment types may count every substantiated maltreatment type every time it is reported.

NCANDS uses the following maltreatment type definitions (see Appendix B, Glossary for these and additional definitions):

- Medical neglect: A type of maltreatment caused by a failure of the caregiver to provide appropriate health care of the child although financially able to do so or offered financial or other resources to do so.
- 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.
- Physical abuse: Type of maltreatment that refers to physical acts that caused or could have caused physical injury to a child.
- 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.

- 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.
- Other: The state coding for this maltreatment type is not one of the codes in the NCANDS record layout. According to some states' policies and legislation, state categories of "other" include threatened harm, threatened abuse, and threat of family violence.

Maltreatment Type Substantiations (unique count of victims)

Unfortunately, a child may be a victim of abuse and neglect more than once within a federal fiscal year (FFY). Depending on state policy and procedure:

- Some states may open a new report and conduct a new investigation or assessment of the same incident if an allegation is received from more than one report source.
- Some states may consolidate multiple allegations of the same incident into a single investigation or assessment.

This analysis counts how many substantiations of each selected maltreatment type the victim experienced within FFY 2022. A child is counted each time the child is determined to be a victim of the selected maltreatment type either alone or in a combination with additional maltreatment type(s).

Nationally, most victims are reported with a specific maltreatment type once within FFY 2022. Victims of neglect have the most multiple substantiations with 93.2 percent of neglect victims having a single neglect substantiation, 6.0 percent having two substantiations and fewer than 1.0 percent of victims having three substantiations. Victims of sexual abuse have the fewest number of multiple substantiations with 97.9 percent having one sexual abuse substantiation and 2.0 percent having two substations. See table 7–1 and related notes.

Maltreatment Type Combinations of Victims (duplicate count of victims)

Polyvictimization in child welfare refers to victims who have two or more types of maltreatment. A child may be reported to NCANDS with up to four maltreatment types in each record and a victim may have one or up to all four of those maltreatment types substantiated. The purpose of this analysis is to display the most prevalent substantiated maltreatment type combinations. Combinations are at the record level to show the result of the investigation for example:

- If a victim has two substantiated reports, one of neglect and one of physical abuse, the victim is counted once in neglect only and once in physical abuse only.
- If a victim has one report with both substantiated neglect and substantiated physical abuse, the victim is counted once in the neglect and physical abuse combination.
- If a victim has two substantiated reports of neglect, the victim is counted twice in neglect only.

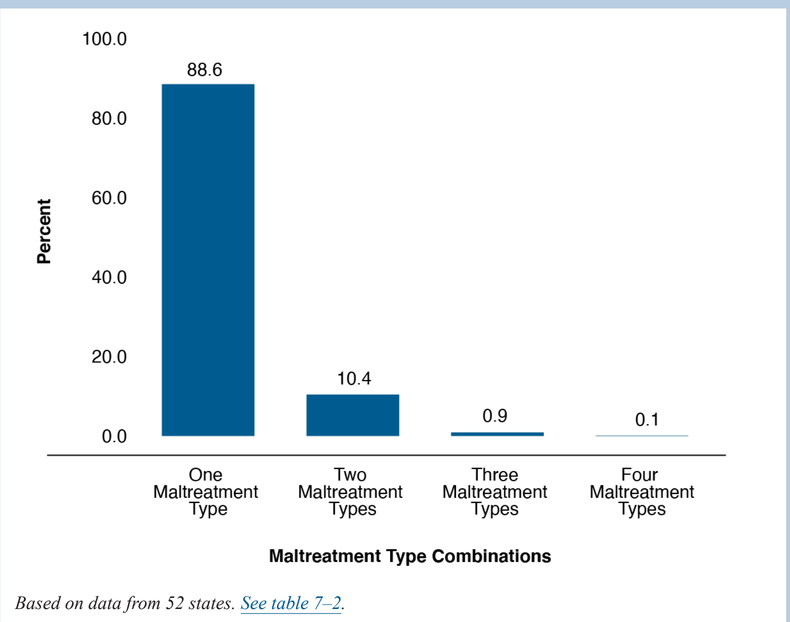
The FFY 2022 data shows 88.6 percent of victims experience one type of substantiated maltreatment, although as discussed above, they could have any one type of substantiated maltreatment multiple times. More than three-fifths of all victims are neglected only. Reviewing state mapping for neglect reveals that the most common state categories that are mapped to

the NCANDS category of neglect include a state neglect category, abandonment, inadequate supervision, and infants with prenatal substance exposure. Approximately 10 percent of victims are physically abused only and 8.1 percent are sexually abused only.

The most common maltreatment type combination is neglect and physical abuse (4.2%). Neglect and psychological maltreatment (1.7%) and neglect and sexual abuse (1.3%) are the other common combinations. Fewer than 1.0 percent of all victims experience three types of substantiated maltreatment.[24] See table 7–2, exhibit 7–A, and related notes.

Exhibit 7–A Children by Number of Maltreatment Type Combinations, 2022

Fewer than 12 percent of victims have multiple substantiated maltreatment types in the same record



Based on data from 52 states. See table 7–2.

Maltreatment Types and Report Sources of Victims

(duplicate count of victims and duplicate count of 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. See Chapter 2, Reports, and Appendix B, Glossary, for more information and definitions of report sources. This table analyzes the substantiated maltreatment types of victims reported by report source. This is different from Exhibit 2–E, Report Sources, in chapter 2 because:

- Exhibit 2–E counts screened-in referrals (reports) while table 7–3 counts all substantiated maltreatment types in a report.
- Exhibit 2–E analyzes all report sources regardless of whether the report is substantiated, unsubstantiated, etc., while table 7–3 only analyzes the report sources of victims.

For all report sources, neglect is the most common maltreatment type. Percentages range from 51.0 percent from mental health personnel to 71.7 from unclassified. For most report sources, physical abuse is the second highest reported maltreatment type with percentages ranging from 11.3 percent from unclassified to 30.4 percent for child daycare providers. There are two exceptions; foster care providers and mental health personnel sources both report sexual abuse as their second highest percentage at 18.0 and 23.7 percent, respectively.

This table also highlights the report sources that have more substantiations. As shown in exhibit 2–E, the two report sources with the highest and nearly identical percentages of referrals alleging maltreatment are education personnel (20.7%) and legal and law enforcement personnel (21.2%.). Looking at the counts in table 7–3, legal and law enforcement personnel report more than 2.5 times the number of substantiated maltreatment types than any other report source. See table 7–3 and related notes.

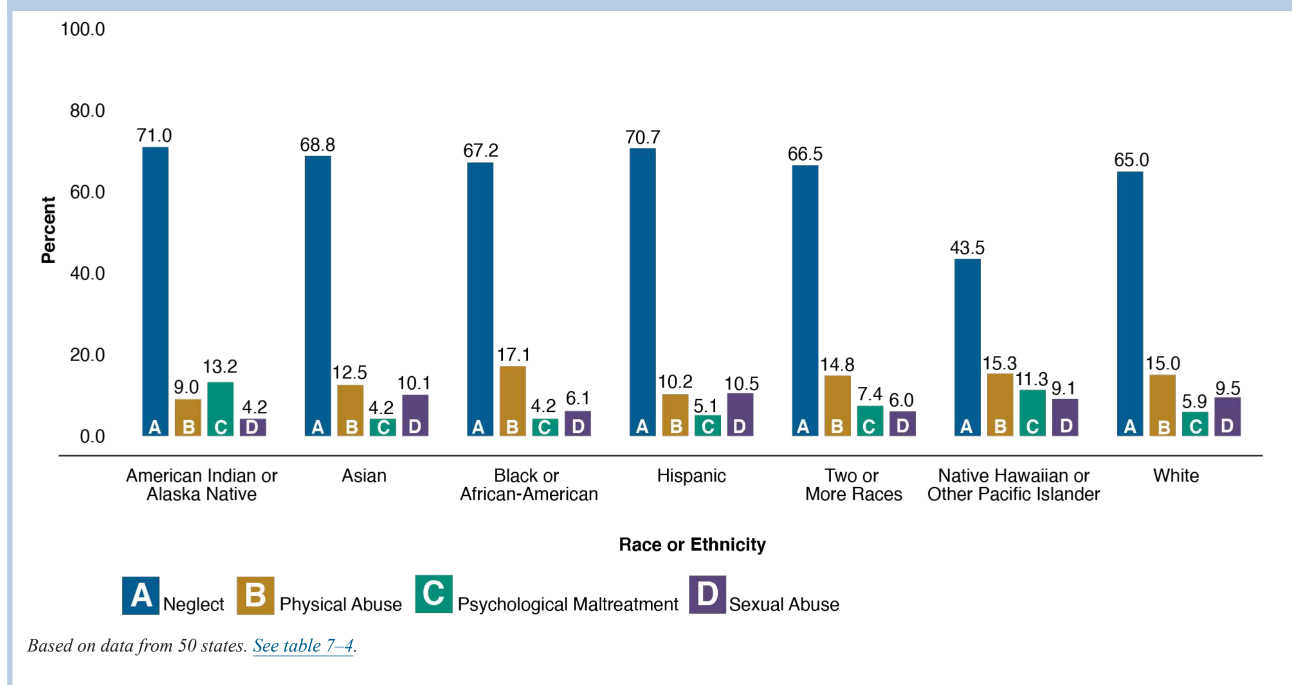
[24] *The maltreatment type category called remaining combinations has fewer than 300 victims for each combination.*

Maltreatment Types by Race and Ethnicity
(duplicate victims and duplicate maltreatment types)

Analyzing the maltreatment types of victims within race and ethnicity shows some differences in the types of substantiated maltreatment. Within each race or ethnicity, most are victims of neglect. Also, most races or ethnicities have physical abuse as the second highest percentage of maltreatment. Black or African-American victims have the highest percentage of physical abuse at 17.1 percent. The exceptions are American Indian or Alaska Native victims, which have a high percentage (13.2%) of psychological maltreatment. Native Hawaiian or Other Pacific Islander victims have some of the largest percentage (19.6%) of the "other" maltreatment type.[25] Hispanic victims have similar percentages for sexual abuse 10.5 percent and physical abuse 10.2 percent. See table 7–4, exhibit 7–B, and related notes.

Exhibit 7–B Selected Maltreatment Types of Victims by Known Race or Ethnicity, 2022

Physical abuse is the second largest category for each race or ethnicity except Hispanic and American Indian or Alaska Native



Based on data from 50 states. See table 7–4.

Victims of Selected Maltreatment Types by Sex and Age
(unique count of victims and duplicate count of maltreatment types)

In this section the three most common maltreatment types–neglect, physical abuse, and sexual abuse–are analyzed separately by the sex and single year age of victims. For these analyses the victim could have the maltreatment type alone or in combination with additional types of maltreatment.

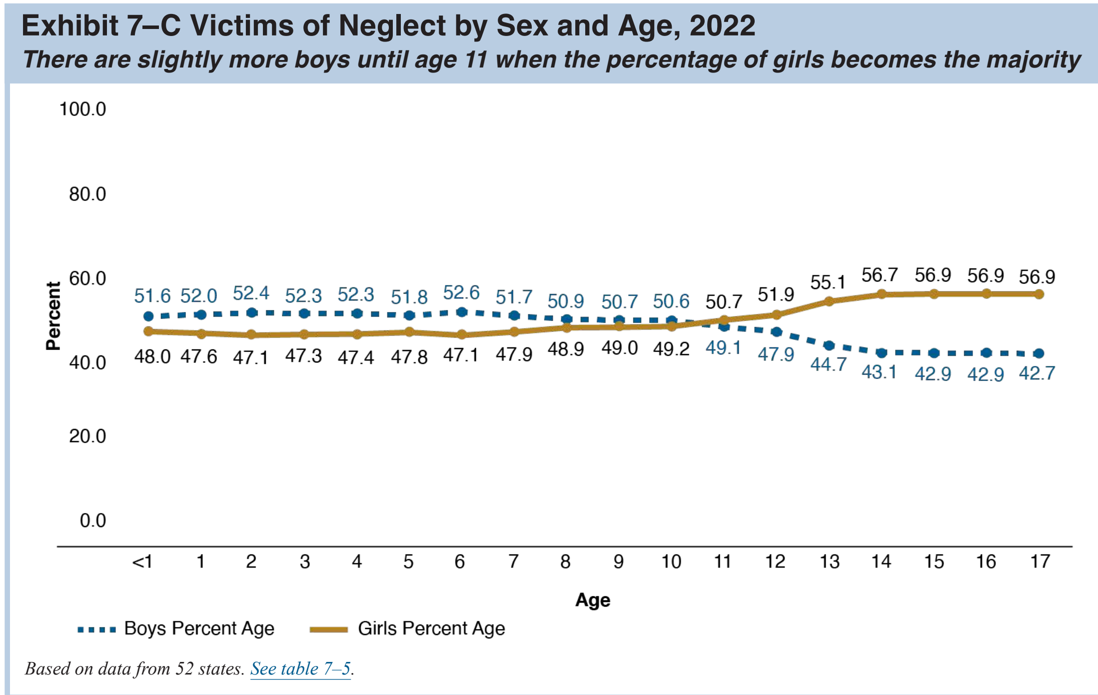
[25] *There is variation in the use of the "other" maltreatment type among states. For example, Hawaii accounts for 87.8 percent of the Native Hawaiian or Other Pacific Islander victims with the "other" maltreatment type. According to Hawaiian statutes, the state maltreatment types of threatened harm, threatened abuse, and threat of family violence are mapped to the NCANDS category of "other" maltreatment type.*

Victims of Neglect

Nationally, the victims of neglect are split relatively evenly between the sexes with 49.6 percent girls and 50.0 percent boys. Looking at the single year age reveals some differences between the sexes. There is a larger percentage of boys for all ages younger than 11 years ranging from <1 at 51.6 percent to 10 at 50.6 percent. Beginning at age 11, more girls experience neglect ranging from 50.7 percent at age 11 years to 56.9 percent at age 17. See table 7–5, exhibit 7–C, and related notes.

Exhibit 7–C Victims of Neglect by Sex and Age, 2022

There are slightly more boys until age 11 when the percentage of girls becomes the majority



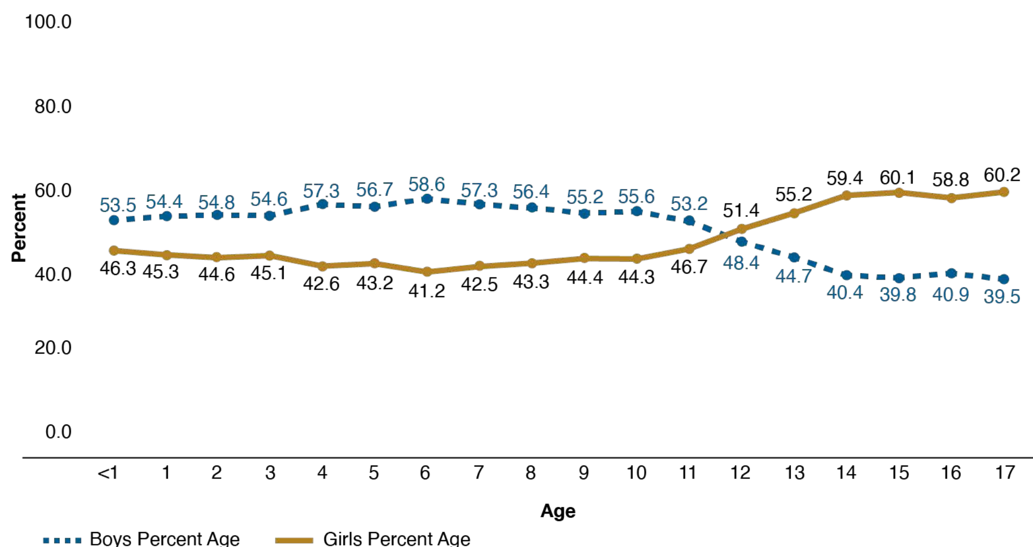
Based on data from 52 states. See table 7–5.

Victims of Physical Abuse

Nationally, there are slightly more boy victims of physical abuse at 51.5 percent than girl victims at 48.3 percent. Analyzing by single year age shows there is a larger percentage of boys for all ages younger than 11 ranging from <1 at 53.5 percent to 53.2 percent at age 11. Beginning at age 12, more girls are physically abused, ranging from 51.4 percent at age 12 to 60.2 percent at age 17. See table 7–6, exhibit 7–D, and related notes.

Exhibit 7–D Victims of Physical Abuse by Sex and Age, 2022

There are slightly more boys until age 12 when the percentage of girls becomes the majority



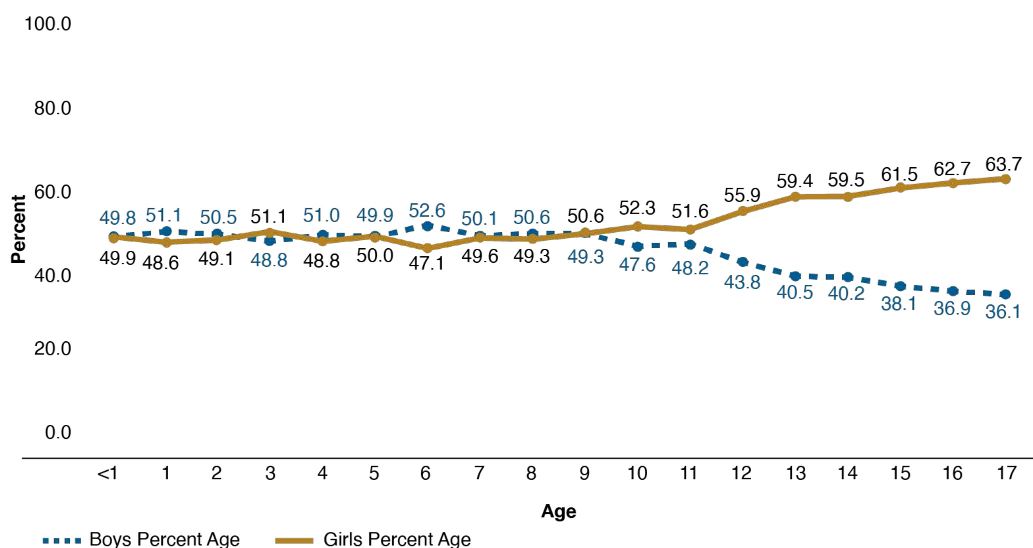
Based on data from 52 states. See table 7–6.

Victims of Psychological Maltreatment

Nationally, there are slightly more girl (52.7%) victims of psychological maltreatment than boy (47.0%) victims. Analyzing by single-year age shows the percentage by sex fluctuates until age 10, when victims are predominately girls and steadily increase to 63.7 percent by age 17. See table 7–7, exhibit 7–E, and related notes.

Exhibit 7–E Victims of Psychological Maltreatment by Sex and Age, 2022

Analyzing by single-year age shows the percentage by sex fluctuates until ages 10 through 17, when victims are predominately girls



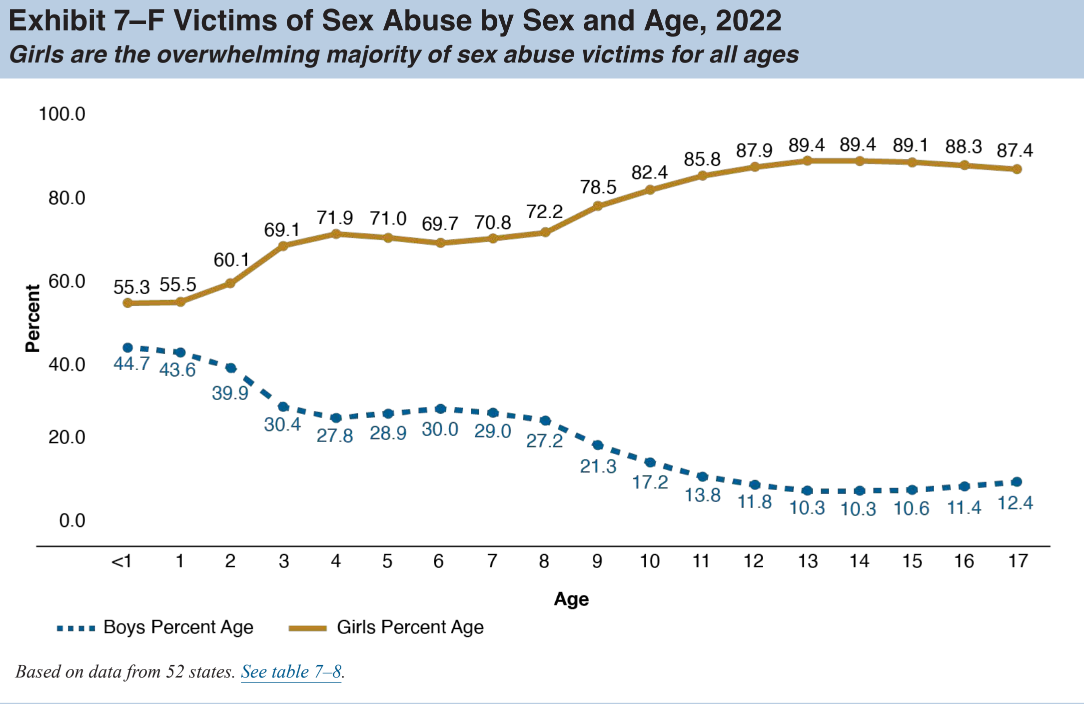
Based on data from 47 states. See table 7–7.

Victims of Sexual Abuse

Nationally, most sexual abuse victims are girls, with boys comprising 16.3 percent. There is a larger percentage of girl sexual abuse victims for all single year ages with the percentage of girl victims steadily increasing each year. The percentages range from 55.3 percent for victims <1 to 87.4 percent for age 17. See table 7–8, exhibit 7–F, and related notes.

Exhibit 7–F Victims of Sex Abuse by Sex and Age, 2022

Girls are the overwhelming majority of sex abuse victims for all ages



Based on data from 52 states. See table 7–8.

Maltreatment Types of Victims by Perpetrator Sex

(duplicate maltreatment types and duplicate perpetrators)

Each child in a report can have up to four different maltreatment types and up to three different perpetrators. For this analysis, a victim is counted for each substantiated maltreatment and each perpetrator. For example, if a victim has substantiated neglect by a female and male perpetrator, the victim will be counted in the victim of neglect type once for the female perpetrator and once for the male perpetrator. If a victim of neglect has two female perpetrators, the victim will be counted twice in the female column on the neglect row in the table.[26] Percentages are calculated against the total number of duplicate perpetrators for each maltreatment type.

Slightly more victims are maltreated by (51.9%) by female perpetrators than male perpetrators (47.3%) nationally, but analyzing the maltreatment types by perpetrator sex reveals some differences. Most victims with substantiated medical neglect have a female perpetrator at 70.5 percent, compared to 29.1 percent by a male perpetrator. More victims of neglect have female perpetrators (58.5%) than male perpetrators (41.1%). Perpetrator sex is evenly split in victims who are physically abused with 48.9 percent female and 49.5 percent male. Sexual abuse is mostly perpetrated by males (88.7%) with less than 10 percent (8.4%) by female perpetrators. More victims of the "other" maltreatment type have male perpetrators (64.9%) than female perpetrators (34.4%). See table 7–9 and related notes.

[26] *Also known as a report, child, maltreatment type, perpetrator count. If a victim has more than one perpetrator, the perpetrator may or may not be substantiated for all maltreatment types experienced by the victim.*

Conclusion

As shown in this chapter, conducting multidimensional analyses should continue to not only deepen the child welfare field's understanding of the problem, but also to promote discussion and inform policy and program decision makers about how to best support child welfare involved families.

Exhibit and Table Notes

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

General

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

- The data for all tables is from the Child File.
- The number of victims is a duplicate count.
- A child may have been the victim of more than one type of maltreatment, therefore, the maltreatment type count is a duplicate count.
- Only substantiated maltreatment types are included in this report and in this chapter each maltreatment type is counted for each substantiation.
- The count of victims includes children with dispositions of substantiated or indicated.
- The row labeled Reporting States displays the count of states that provided data for that analysis.
- Not every state reports all maltreatment types.
- 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 7–1 Victims by Number of Selected Maltreatment Type Substantiations, 2022

- A child is counted in this analysis if the child is determined to be a victim of the selected maltreatment type either alone or in a combination with additional maltreatment type(s).

Table 7–2 Maltreatment Type Combinations, 2022

- A child may be reported with up to four maltreatment types in each record.
- The maltreatment type category called remaining combinations has fewer than 300 victims for each combination.
- Combinations are at the record level to show the result of the investigation.

Table 7–3 Maltreatment Types of Victims by Report Source, 2022

- This analysis uses a duplicate count of report sources and substantiated maltreatments.
- States with less than 85.0 percent of known report sources are excluded.
- States with more than 20.0 percent of known report sources reported as "other" are excluded.

- One state is excluded at the state's request for reporting errors.
- If a child is reported twice with the same report source and substantiated maltreatments, the child is counted both times.
- Nonprofessional report sources are grouped into one category labeled nonprofessional and unclassified report sources are grouped into one category labeled unclassified.

Table 7–4 Maltreatment Types of Victims by Known Race or Ethnicity, 2022

- 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 were excluded from this analysis if more than 30.0 percent of victims were reported without a race or ethnicity.

Table 7–5 Victims of Neglect by Sex and Age, 2022

- Unknown gender includes not collected/not applicable, and unknown or missing.
- Age is age at report. This means if a child has two substantiated reports, with a birthday in between the two reports, both ages will be counted.
- A child is counted in this analysis if the child is determined to be a victim of neglect either alone or in combination with additional maltreatment types.

Table 7–6 Victims of Physical Abuse by Sex and Age, 2022

- Unknown gender includes not collected/not applicable, and unknown or missing.
- Age is age at report. This means if a child has two substantiated reports, with a birthday in between the two reports, both ages will be counted.
- A child is counted in this analysis if the child is determined to be a victim of physical abuse either alone or in combination with additional maltreatment types.

Table 7–7 Victims of Psychological Maltreatment by Sex and Age, 2022

- Unknown gender includes not collected/not applicable, and unknown or missing.
- Age is age at report. This means if a child has two substantiated reports, with a birthday in between the two reports, both ages will be counted.
- A child is counted in this analysis if the child is determined to be a victim of psychological maltreatment either alone or in combination with additional maltreatment types.

Table 7–8 Victims of Sexual Abuse by Sex and Age, 2022

- Unknown gender includes not collected/not applicable, and unknown or missing.
- Age is age at report. This means if a child has two substantiated reports, with a birthday in between the two reports, both ages will be counted.
- A child is counted in this analysis if the child is determined to be a victim of sexual abuse either alone or in combination with additional maltreatment types.

Table 7–9 Maltreatment Types of Victims by Perpetrator Sex, 2022

- Unknown gender includes not collected/not applicable, and unknown or missing.
- For this analysis a victim is counted for each substantiated maltreatment and each perpetrator.

Table 7–1 Victims by Number of Selected Maltreatment Type Substantiations, 2022

Maltreatment Type	Reporting States	1 Substantiation	2 Substantiations	3 Substantiations	4 or More Substantiations	Total Victims	1 Substantiation Percent	2 Substantiations Percent	3 Substantiations Percent	4 or More Substantiations Percent
Neglect	52	387,198	25,067	2,674	506	415,445	93.2	6.0	0.6	0.1
Physical Abuse	52	92,400	2,475	131	20	95,026	97.2	2.6	0.1	0.0
Psychological Maltreatment	47	36,869	1,057	86	18	38,030	96.9	2.8	0.2	0.0
Sexual Abuse	52	57,792	1,186	57	9	59,044	97.9	2.0	0.1	0.0

Table 7–2 Maltreatment Type Combinations, 2022

Maltreatment Type Combinations	Maltreatment Type	Maltreatment Type Percent
ONE TYPE	-	-
Medical Neglect only	4,373	0.7
Neglect only	387,580	64.3
Other only	12,984	2.2
Physical Abuse only	59,829	9.9
Psychological Maltreatment only	18,883	3.1
Sexual Abuse only	49,086	8.1
Sex Trafficking only	755	0.1
Unknown only	343	0.1
Total One Type	**533,833**	**88.6**
TWO TYPES	-	-
Neglect and Medical Neglect	5,160	0.9
Neglect and Other	5,286	0.9
Neglect and Physical Abuse	25,597	4.2
Neglect and Psychological Maltreatment	10,408	1.7
Neglect and Sexual Abuse	7,534	1.3
Physical Abuse and Other	512	0.1
Physical Abuse and Psychological Maltreatment	5,328	0.9
Physical Abuse and Sexual Abuse	1,254	0.2
Sexual Abuse and Psychological Maltreatment	468	0.1
Remaining combinations two types	1,006	0.2
Total Two Types	**62,553**	**10.4**
THREE TYPES	**-**	**-**
Neglect, Physical Abuse, and Psychological Maltreatment	2,792	0.5
Physical, Neglect, and Medical Neglect	647	0.1
Neglect, Physical Abuse, and Sexual Abuse	595	0.1
Neglect, Sexual, and Psychological Maltreatment	347	0.1
Remaining combinations three types	1,211	0.2
Total Three Types	**5,592**	**0.9**
FOUR TYPES	**488**	**0.1**
National	**602,466**	**100.0**

Based on data from 52 states.

Table 7–3 Maltreatment Types of Victims by Report Source, 2022 *(continues below)*

Maltreatment Types	Child Daycare Providers	Education Personnel	Foster Care Providers	Legal and Law Enforcement Personnel	Medical Personnel	Mental Health Personnel	Social Services Personnel	Non-professional	Unclassified	Total
Medical Neglect	31	1,948	41	1,101	3,439	383	2,053	1,292	969	11,257
Neglect	1,314	42,306	1,296	162,452	55,380	10,993	50,499	46,465	44,649	415,354
Other	53	598	14	7,849	1,243	208	1,463	1,240	815	13,483
Physical Abuse	710	14,541	405	30,265	16,293	2,994	10,541	9,868	7,005	92,622
Psychological Maltreatment	88	4,415	111	16,278	2,228	1,810	4,103	4,931	4,172	38,136
Sexual Abuse	139	8,253	416	19,397	4,886	5,101	6,921	6,190	4,527	55,830
Sex Trafficking	2	105	21	426	90	57	271	58	101	1,131
Unknown	1	23	1	69	84	-	58	94	23	353
National	**2,338**	**72,189**	**2,305**	**237,837**	**83,643**	**21,546**	**75,909**	**70,138**	**62,261**	**628,166**

Based on data from 48 states.

Table 7–3 Maltreatment Types of Victims by Report Source, 2022

Maltreatment Types	Child Daycare Providers Percent	Education Personnel Percent	Foster Care Providers Percent	Legal and Law Enforcement Personnel Percent	Medical Personnel Percent	Mental Health Personnel Percent	Social Services Personnel Percent	Non-professional Percent	Unclassified Percent	Total Percent
Medical Neglect	1.3	2.7	1.8	0.5	4.1	1.8	2.7	1.8	1.6	1.8
Neglect	56.2	58.6	56.2	68.3	66.2	51.0	66.5	66.2	71.7	66.1
Other	2.3	0.8	0.6	3.3	1.5	1.0	1.9	1.8	1.3	2.1
Physical Abuse	30.4	20.1	17.6	12.7	19.5	13.9	13.9	14.1	11.3	14.7
Psychological Maltreatment	3.8	6.1	4.8	6.8	2.7	8.4	5.4	7.0	6.7	6.1
Sexual Abuse	5.9	11.4	18.0	8.2	5.8	23.7	9.1	8.8	7.3	8.9
Sex Trafficking	0.1	0.1	0.9	0.2	0.1	0.3	0.4	0.1	0.2	0.2
Unknown	0.0	0.0	0.0	-	0.1	0.0	0.1	0.1	0.0	0.1
National	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Based on data from 48 states.

Table 7–4 Maltreatment Types of Victims by Known Race or Ethnicity, 2022 *(continues below)*

Race or Ethnicity	Medical Neglect	Neglect	Other	Physical Abuse	Psychological Maltreatment	Sexual Abuse	Sex Trafficking	Unknown	Total Maltreatment Types
American Indian or Alaska Native	110	7,148	145	908	1,326	427	7	3	10,074
Asian	103	4,310	157	783	265	634	10	1	6,263
Black or African-American	3,052	94,542	4,160	24,088	5,912	8,606	239	131	140,730
Hispanic	2,097	109,542	3,160	15,764	7,912	16,212	207	45	154,939
Two or More Races	625	26,444	1,455	5,867	2,934	2,382	56	12	39,775
Native Hawaiian or Other Pacific Islander	20	820	370	288	213	171	1	-	1,883
White	4,408	181,934	8,139	41,941	16,599	26,492	416	150	280,079
National	**10,415**	**424,740**	**17,586**	**89,639**	**35,161**	**54,924**	**936**	**342**	**633,743**

Based on data from 50 states.

Table 7–4 Maltreatment Types of Victims by Known Race or Ethnicity, 2022

Race or Ethnicity	Medical Neglect Percent	Neglect Percent	Other Percent	Physical Abuse Percent	Psychological Maltreatment Percent	Sexual Abuse Percent	Sex Trafficking Percent	Unknown Percent	Total Maltreatment Types
American Indian or Alaska Native	1.1	71.0	1.4	9.0	13.2	4.2	0.1	0.0	100.0
Asian	1.6	68.8	2.5	12.5	4.2	10.1	0.2	0.0	100.0
Black or African-American	2.2	67.2	3.0	17.1	4.2	6.1	0.2	0.1	100.0
Hispanic	1.4	70.7	2.0	10.2	5.1	10.5	0.1	0.0	100.0
Two or More Races	1.6	66.5	3.7	14.8	7.4	6.0	0.1	0.0	100.0
Native Hawaiian or Other Pacific Islander	1.1	43.5	19.6	15.3	11.3	9.1	0.1	0.0	100.0
White	1.6	65.0	2.9	15.0	5.9	9.5	0.1	0.1	100.0
National	**1.6**	**67.0**	**2.8**	**14.1**	**5.5**	**8.7**	**0.1**	**0.1**	**100.0**

Based on data from 50 states.

Table 7–5 Victims of Neglect by Sex and Age, 2022

Age	Boys	Girls	Unknown	Total Duplicate Victims	Boys Percent Age	Girls Percent Age	Unknown Percent Age
<1	36,939	34,374	309	71,622	51.6	48.0	0.4
1	17,158	15,697	127	32,982	52.0	47.6	0.4
2	16,555	14,869	141	31,565	52.4	47.1	0.4
3	15,480	14,009	110	29,599	52.3	47.3	0.4
4	14,169	12,863	79	27,111	52.3	47.4	0.3
5	13,591	12,551	91	26,233	51.8	47.8	0.3
6	13,417	12,007	68	25,492	52.6	47.1	0.3
7	12,349	11,457	88	23,894	51.7	47.9	0.4
8	11,326	10,879	51	22,256	50.9	48.9	0.2
9	10,603	10,251	53	20,907	50.7	49.0	0.3
10	10,010	9,736	50	19,796	50.6	49.2	0.3
11	9,222	9,523	48	18,793	49.1	50.7	0.3
12	9,166	9,933	40	19,139	47.9	51.9	0.2
13	8,412	10,365	44	18,821	44.7	55.1	0.2
14	7,803	10,262	34	18,099	43.1	56.7	0.2
15	7,157	9,494	27	16,678	42.9	56.9	0.2
16	6,050	8,036	30	14,116	42.9	56.9	0.2
17	3,919	5,215	37	9,171	42.7	56.9	0.4
18 and older, unborn, unknown	606	535	69	1,210	50.1	44.2	5.7
National	**223,932**	**222,056**	**1,496**	**447,484**	**50.0**	**49.6**	**0.3**

Based on data from 52 states.

Table 7–6 Victims of Physical Abuse by Sex and Age, 2022

Age	Boys	Girls	Unknown	Total Duplicate Victims	Boys Percent Age	Girls Percent Age	Unknown Percent Age
<1	8,205	7,095	34	15,334	53.5	46.3	0.2
1	2,810	2,338	15	5,163	54.4	45.3	0.3
2	2,615	2,128	26	4,769	54.8	44.6	0.5
3	2,629	2,171	14	4,814	54.6	45.1	0.3
4	2,727	2,028	6	4,761	57.3	42.6	0.1
5	2,918	2,221	5	5,144	56.7	43.2	0.1
6	3,051	2,145	14	5,210	58.6	41.2	0.3
7	2,829	2,095	11	4,935	57.3	42.5	0.2
8	2,663	2,044	15	4,722	56.4	43.3	0.3
9	2,551	2,051	16	4,618	55.2	44.4	0.3
10	2,455	1,953	5	4,413	55.6	44.3	0.1
11	2,405	2,110	5	4,520	53.2	46.7	0.1
12	2,389	2,535	12	4,936	48.4	51.4	0.2
13	2,447	3,017	5	5,469	44.7	55.2	0.1
14	2,238	3,292	15	5,545	40.4	59.4	0.3
15	2,128	3,212	7	5,347	39.8	60.1	0.1
16	1,872	2,691	12	4,575	40.9	58.8	0.3
17	1,282	1,951	9	3,242	39.5	60.2	0.3
18 and older, unborn, unknown age	159	126	23	308	51.6	40.9	7.5
National	**50,373**	**47,203**	**249**	**97,825**	**51.5**	**48.3**	**0.3**

Based on data from 52 states.

Table 7–7 Victims of Psychological Maltreatment by Sex and Age, 2022

Age	Boys	Girls	Unknown	Total Duplicate Victims	Boys Percent Age	Girls Percent Age	Unknown Percent Age
<1	1,452	1,456	-	2,917	49.8	49.9	-
1	1,218	1,158	7	2,383	51.1	48.6	0.3
2	1,162	1,129	-	2,300	50.5	49.1	-
3	1,083	1,134	4	2,221	48.8	51.1	0.2
4	1,164	1,114	3	2,281	51.0	48.8	0.1
5	1,147	1,149	3	2,299	49.9	50.0	0.1
6	1,226	1,097	6	2,329	52.6	47.1	0.3
7	1,179	1,165	7	2,351	50.1	49.6	0.3
8	1,169	1,139	3	2,311	50.6	49.3	0.1
9	1,091	1,120	3	2,214	49.3	50.6	0.1
10	1,027	1,129	3	2,159	47.6	52.3	0.1
11	1,078	1,155	4	2,237	48.2	51.6	0.2
12	957	1,221	6	2,184	43.8	55.9	0.3
13	890	1,304	2	2,196	40.5	59.4	0.1
14	855	1,264	6	2,125	40.2	59.5	0.3
15	727	1,172	7	1,906	38.1	61.5	0.4
16	652	1,108	7	1,767	36.9	62.7	0.4
17	379	669	2	1,050	36.1	63.7	0.2
18 and older, unborn, and unknown	43	46	4	93	46.2	49.5	4.3
National	**18,499**	**20,729**	**95**	**39,323**	**47.0**	**52.7**	**0.2**

Table 7–8 Victims of Sexual Abuse by Sex and Age, 2022

Age	Boys	Girls	Unknown	Total Duplicate Victims	Boys Percent Age	Girls Percent Age	Unknown Percent Age
<1	135	167	-	302	55.3	44.7	-
1	143	182	3	328	55.5	43.6	0.9
2	197	297	-	494	60.1	39.9	-
3	324	737	5	1,066	69.1	30.4	0.5
4	470	1,213	5	1,688	71.9	27.8	0.3
5	578	1,422	3	2,003	71.0	28.9	0.1
6	686	1,591	7	2,284	69.7	30.0	0.3
7	700	1,711	4	2,415	70.8	29.0	0.2
8	720	1,911	17	2,648	72.2	27.2	0.6
9	650	2,397	8	3,055	78.5	21.3	0.3
10	641	3,070	13	3,724	82.4	17.2	0.3
11	658	4,078	19	4,755	85.8	13.8	0.4
12	687	5,114	19	5,820	87.9	11.8	0.3
13	701	6,089	22	6,812	89.4	10.3	0.3
14	713	6,160	19	6,892	89.4	10.3	0.3
15	710	5,997	20	6,727	89.1	10.6	0.3
16	607	4,698	15	5,320	88.3	11.4	0.3
17	466	3,286	8	3,760	87.4	12.4	0.2
18 and older, unborn, unknown age	59	214	5	278	77.0	21.2	1.8
National	**9,845**	**50,334**	**192**	**60,371**	**83.4**	**16.3**	**0.3**

Based on data from 52 states.

Table 7–9 Maltreatment Types of Victims by Perpetrator Sex, 2022

Maltreatment Type	Female	Male	Unknown	Total	Female Percent	Total Percent	Unclassified Percent	Total Report Sources Percent
Medical Neglect	9,575	3,960	54	13,589	70.5	29.1	0.4	100.0
Neglect	317,821	223,285	2,149	543,255	58.5	41.1	0.4	100.0
Other	7,732	14,572	143	22,447	34.4	64.9	0.6	100.0
Physical Abuse	52,842	53,537	1,715	108,094	48.9	49.5	1.6	100.0
Psychological or Emotional Maltreatment	17,354	24,969	111	42,434	40.9	58.8	0.3	100.0
Sexual Abuse	5,095	53,513	1,738	60,346	8.4	88.7	2.9	100.0
Sex Trafficking	144	541	351	1,036	13.9	52.2	33.9	100.0
Unknown	24	24	1	49	49.0	49.0	2.0	100.0
National	**410,587**	**374,401**	**6,262**	**791,250**	**51.9**	**47.3**	**0.8**	**100.0**

Based on data from 50 states.

Appendixes

CAPTA Data Items

APPENDIX A

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

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

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

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

Glossary

APPENDIX B

Acronyms

AFCARS: Adoption and Foster Care Analysis and Reporting System

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

CAPTA: Child Abuse Prevention and Treatment Act

CARA: Comprehensive Addiction and Recovery Act

CASA: Court Appointed Special Advocate

CBCAP: Community-Based Child Abuse Prevention

CFSR: Child and Family Services Reviews

CHILD ID: Child identifier

CPS: Child protective services

FFY: Federal fiscal year

FIPS: Federal Information Processing Standards

FTE: Full-time equivalent

GAL: Guardian ad litem

IDEA: Individuals with Disabilities Education Act

IPSE: Infants with prenatal substance exposure

NCANDS: National Child Abuse and Neglect Data System

NYTD: National Youth in Transition Database

MIECHV: Maternal, Infant, and Early Childhood Home Visiting

OMB: Office of Management and Budget

PERPETRATOR ID: Perpetrator identifier

PSSF: Promoting Safe and Stable Families

REPORT ID: Report identifier

SDC: Summary data component

SSBG: Social Services Block Grant

TANF: Temporary Assistance for Needy Families

WORKER ID: Worker identifier

Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

BOY: A male child younger than 18 years.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CHILD PROTECTIVE SERVICES (CPS) SUPERVISOR: The manager of the caseworker 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/publications/brochures-and-fact-sheets/understanding-fetal-alcohol-spectrum-disorders

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 facil-ity is licensed and whether payments are made by the state or local agency for the care of the child, or whether there is federal matching of any payments made. Foster care may be provided by those related or not related to the child. All children in care for more than 24 hours are counted.

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

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

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

GIRL: A female child younger than 18 years.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

OTHER RELATIVE: A nonparental family member.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

REPORTING PERIOD: The 12-month period for which data is 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 is 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 2022, 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 2022 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 2018–2022 is displayed by state in table C–2. The 2022 child population data for the demographics of age, sex, and race and ethnicity is 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, 2022

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

Note: Level of evidence is listed in alphabetical order.

Table C–2 Child Population, 2018–2022

State	2018	2019	2020	2021	2022
Alabama	1,092,599	1,088,727	1,111,214	1,110,087	1,111,562
Alaska	183,189	180,442	179,073	177,739	176,523
Arizona	1,638,657	1,641,727	1,595,098	1,592,435	1,589,010
Arkansas	703,626	701,317	696,663	695,680	697,119
California	8,974,477	8,881,104	8,818,239	8,652,868	8,506,027
Colorado	1,264,226	1,256,673	1,246,974	1,232,116	1,215,575
Connecticut	736,061	727,280	743,209	735,582	731,030
Delaware	204,154	204,263	206,791	206,703	208,127
District of Columbia	126,703	127,952	125,248	123,996	124,475
Florida	4,226,134	4,233,967	4,229,720	4,234,511	4,296,354
Georgia	2,509,456	2,505,399	2,515,174	2,505,369	2,510,123
Hawaii	303,049	299,419	306,640	301,536	297,326
Idaho	445,134	448,116	453,179	460,778	463,404
Illinois	2,857,349	2,817,312	2,831,998	2,775,737	2,720,131
Indiana	1,572,404	1,569,375	1,580,111	1,573,388	1,569,923
Iowa	729,802	728,005	732,396	727,981	724,489
Kansas	706,593	701,453	702,969	695,904	690,832
Kentucky	1,008,017	1,004,268	1,011,281	1,007,420	1,004,575
Louisiana	1,098,318	1,089,906	1,086,208	1,074,840	1,061,693
Maine	250,465	249,610	251,067	249,306	247,898
Maryland	1,341,430	1,338,232	1,366,422	1,354,373	1,346,589
Massachusetts	1,365,956	1,353,615	1,372,918	1,350,968	1,337,434
Michigan	2,163,590	2,144,307	2,154,460	2,130,448	2,109,695
Minnesota	1,303,090	1,303,212	1,314,083	1,302,973	1,294,162
Mississippi	707,663	699,984	690,717	684,333	678,061
Missouri	1,379,108	1,374,703	1,375,337	1,369,735	1,364,908
Montana	229,210	228,888	231,291	232,568	233,753
Nebraska	476,581	476,033	482,095	478,986	476,677
Nevada	688,989	694,730	693,062	690,856	689,778
New Hampshire	258,045	255,785	256,250	254,597	252,924
New Jersey	1,954,045	1,943,575	2,026,114	2,006,286	1,994,109
New Mexico	482,442	477,209	476,375	467,455	459,513
New York	4,074,414	4,031,894	4,168,699	4,069,680	3,989,288
North Carolina	2,304,529	2,304,554	2,281,275	2,281,611	2,294,879
North Dakota	178,524	180,584	184,438	183,162	182,775
Ohio	2,595,584	2,581,403	2,599,462	2,580,179	2,562,550
Oklahoma	955,996	953,923	949,504	950,246	953,146
Oregon	868,879	864,815	862,084	851,011	836,988
Pennsylvania	2,653,058	2,635,819	2,672,072	2,648,608	2,624,465
Puerto Rico	591,875	572,801	566,375	544,770	518,339
Rhode Island	206,059	203,923	209,450	206,453	203,912
South Carolina	1,108,588	1,113,673	1,101,228	1,105,504	1,117,872
South Dakota	216,722	217,817	216,814	217,484	219,165
Tennessee	1,510,375	1,510,976	1,525,952	1,528,425	1,538,137
Texas	7,382,686	7,406,777	7,404,862	7,401,483	7,456,338
Utah	930,162	929,940	938,051	936,962	931,608
Vermont	115,630	114,325	117,118	115,868	114,757
Virginia	1,870,042	1,868,689	1,883,392	1,871,848	1,866,910
Washington	1,657,823	1,661,024	1,675,164	1,660,819	1,646,573
West Virginia	365,119	360,439	358,327	354,931	351,922
Wisconsin	1,276,066	1,267,935	1,273,285	1,258,867	1,245,629
Wyoming	134,683	133,577	132,639	131,341	130,114
National	**73,977,376**	**73,661,476**	**73,982,567**	**73,356,806**	**72,969,166**
States Reporting	**52**	**52**	**52**	**52**	**52**

Note: Arizona did not submit FFY 2021 NCANDS data; however, the state's population data is presented in this appendix.

Table C–3 Child Population Demographics, 2022 *(continues next page)*

State	<1	1	2	3	4	5	6	7	8
Alabama	57,882	57,185	57,342	58,047	59,843	60,337	61,461	61,795	61,106
Alaska	9,490	9,266	9,338	9,203	9,508	9,951	10,085	10,090	10,186
Arizona	78,579	75,953	78,226	80,157	82,091	84,356	87,197	89,225	89,233
Arkansas	35,980	35,287	35,602	36,347	37,173	37,782	38,704	38,801	38,417
California	425,149	407,106	423,040	430,701	441,768	458,025	469,417	476,874	476,454
Colorado	62,867	61,287	61,203	61,031	62,632	64,383	66,584	67,216	67,207
Connecticut	35,870	34,725	36,348	36,903	37,761	38,212	39,099	39,572	39,630
Delaware	10,785	10,421	10,725	10,794	11,041	11,165	11,454	11,524	11,464
District of Columbia	8,261	8,124	7,494	7,486	7,734	7,692	7,573	7,526	7,117
Florida	220,782	213,207	219,121	224,408	229,286	232,262	238,298	239,209	238,908
Georgia	124,954	122,903	125,429	127,431	130,828	133,350	136,735	138,395	137,873
Hawaii	15,804	15,287	15,743	16,255	16,511	16,980	17,313	17,295	17,450
Idaho	22,368	22,135	22,592	22,726	23,462	24,512	25,669	26,072	25,808
Illinois	131,093	130,551	136,510	139,036	143,151	146,312	150,336	151,512	149,730
Indiana	79,786	77,980	81,262	81,942	83,976	84,475	86,914	87,677	87,268
Iowa	36,786	36,147	37,262	37,402	38,603	39,256	40,172	40,525	40,398
Kansas	34,772	34,179	35,015	35,368	36,108	37,020	38,127	38,410	38,574
Kentucky	52,123	51,365	52,204	52,954	54,067	54,574	55,553	55,855	55,996
Louisiana	56,702	55,854	54,832	55,523	57,109	58,172	59,890	59,795	59,402
Maine	12,002	11,642	12,599	12,727	12,774	13,052	13,512	13,633	13,686
Maryland	69,158	67,332	70,272	70,858	72,224	73,063	74,661	74,849	74,531
Massachusetts	70,623	66,626	68,018	68,261	70,068	71,067	72,213	73,018	73,217
Michigan	104,605	102,891	108,177	109,024	111,728	113,892	116,449	117,437	117,389
Minnesota	64,755	63,318	66,458	67,078	68,517	70,536	72,313	72,952	72,837
Mississippi	34,735	34,572	34,545	35,011	35,655	35,589	36,300	36,573	36,526
Missouri	69,009	68,695	71,059	71,786	73,056	73,805	75,185	75,841	75,739
Montana	11,201	11,036	11,589	11,745	12,075	12,646	13,274	13,417	13,270
Nebraska	24,347	24,145	24,720	25,044	25,581	26,163	26,904	26,959	26,905
Nevada	33,611	33,672	34,944	35,787	36,230	37,107	38,574	38,774	38,435
New Hampshire	12,713	12,272	12,550	12,657	12,752	13,152	13,466	13,683	13,762
New Jersey	102,910	98,851	103,206	104,719	106,769	107,742	109,428	109,728	109,400
New Mexico	20,830	21,207	21,855	22,739	23,397	23,886	24,865	25,532	25,618
New York	214,746	201,750	211,104	214,218	217,399	218,902	221,434	222,892	220,938
North Carolina	121,554	117,878	117,750	118,542	120,766	122,446	124,831	126,027	125,460
North Dakota	10,093	9,824	9,920	9,932	10,160	10,485	10,766	10,655	10,440
Ohio	128,822	128,268	132,681	134,077	137,573	138,892	141,863	142,996	142,906
Oklahoma	47,793	47,556	48,509	49,315	50,498	51,749	53,470	53,687	53,958
Oregon	41,052	39,419	41,123	41,539	42,941	44,373	46,319	47,071	47,306
Pennsylvania	131,552	130,017	134,616	135,996	139,024	140,977	144,122	145,746	145,973
Puerto Rico	19,337	18,240	19,695	21,055	21,232	23,046	25,496	27,427	29,138
Rhode Island	10,532	9,969	10,545	10,736	10,918	11,070	11,359	11,287	11,169
South Carolina	56,849	56,543	56,731	57,129	58,631	59,217	60,948	61,819	61,686
South Dakota	11,445	11,184	11,663	11,793	12,008	12,168	12,375	12,269	12,335
Tennessee	81,460	79,643	80,447	81,111	82,760	82,754	84,802	85,017	84,524
Texas	378,682	370,760	376,841	383,360	392,996	404,723	419,724	423,784	421,340
Utah	46,679	45,123	46,928	46,864	47,480	49,183	51,203	51,874	51,994
Vermont	5,364	5,201	5,537	5,672	5,820	6,053	6,276	6,383	6,462
Virginia	96,728	94,430	96,943	98,575	100,817	101,327	104,140	104,002	103,241
Washington	84,431	82,628	85,637	85,464	87,669	90,933	93,251	93,193	92,578
West Virginia	17,376	17,331	17,590	17,616	18,084	18,308	18,959	19,471	19,816
Wisconsin	61,278	59,985	63,254	63,448	64,657	66,356	68,106	68,554	68,429
Wyoming	6,145	6,087	6,263	6,299	6,546	6,866	7,225	7,238	7,250
National	**3,702,450**	**3,607,057**	**3,713,057**	**3,763,891**	**3,851,457**	**3,930,344**	**4,034,394**	**4,071,156**	**4,060,479**
Reporting States	**52**	**52**	**52**	**52**	**52**	**52**	**52**	**52**	**52**

Table C–3 Child Population Demographics, 2022 *(continues next page)*

State	9	10	11	12	13	14	15	16	17
Alabama	60,574	60,929	61,557	63,172	65,086	67,703	67,299	65,600	64,644
Alaska	10,192	10,068	10,137	10,016	10,039	10,027	9,844	9,549	9,534
Arizona	88,585	88,533	89,383	91,496	94,654	98,846	99,118	97,254	96,124
Arkansas	38,220	38,462	38,755	39,660	40,711	42,455	42,426	41,519	40,818
California	477,398	478,124	485,870	491,255	499,146	521,730	521,347	513,196	509,427
Colorado	66,703	67,209	68,629	70,774	71,921	74,487	74,510	73,653	73,279
Connecticut	39,824	40,256	41,334	42,279	43,709	45,883	46,483	46,292	46,850
Delaware	11,453	11,718	11,806	11,957	12,171	12,597	12,496	12,420	12,136
District of Columbia	7,151	7,014	6,717	6,197	5,994	5,889	5,740	5,461	5,305
Florida	237,283	238,004	240,410	244,105	249,272	260,073	260,758	257,383	253,585
Georgia	137,836	139,682	141,864	145,037	149,485	156,503	156,520	153,616	151,682
Hawaii	17,544	17,364	17,107	16,521	16,196	16,587	16,095	15,695	15,579
Idaho	25,931	25,873	26,301	27,435	28,027	29,107	28,987	28,336	28,063
Illinois	149,210	150,798	153,377	157,591	161,052	167,802	168,248	166,608	167,214
Indiana	87,074	87,164	87,304	89,399	91,589	94,992	94,943	93,335	92,843
Iowa	39,970	39,584	39,665	41,414	42,822	44,266	44,186	43,423	42,608
Kansas	38,733	38,804	39,256	40,292	40,841	41,994	41,855	41,007	40,477
Kentucky	55,687	55,429	55,412	56,597	58,224	60,423	60,381	59,123	58,608
Louisiana	58,259	57,960	58,168	59,459	61,342	63,802	63,537	61,519	60,368
Maine	13,682	13,612	13,737	14,390	14,792	15,377	15,588	15,477	15,616
Maryland	74,313	74,682	76,009	77,063	78,203	81,266	80,706	79,062	78,337
Massachusetts	73,423	74,086	74,962	76,486	77,791	80,937	81,849	81,732	83,057
Michigan	116,571	116,665	117,820	121,011	123,279	127,960	128,719	127,945	128,133
Minnesota	72,351	72,228	72,286	74,047	75,727	78,167	77,951	76,613	76,028
Mississippi	36,362	36,976	37,378	38,637	40,639	42,986	43,408	41,631	40,538
Missouri	75,187	75,296	76,118	77,639	79,728	82,679	82,489	81,398	80,199
Montana	13,194	13,302	13,234	13,474	13,891	14,380	14,294	14,058	13,673
Nebraska	26,551	26,269	26,438	27,107	27,776	28,429	28,205	27,660	27,474
Nevada	38,348	38,489	39,364	39,749	40,706	42,509	42,337	41,087	40,055
New Hampshire	13,995	13,987	14,400	14,624	15,006	15,760	15,943	16,079	16,123
New Jersey	109,451	110,412	112,316	114,071	115,895	120,254	120,648	119,172	119,137
New Mexico	25,910	26,069	26,588	27,464	28,169	29,210	29,122	28,601	28,451
New York	221,418	222,169	224,197	224,586	225,178	232,368	232,158	231,121	232,710
North Carolina	125,019	125,824	127,187	131,294	135,405	140,606	140,274	137,880	136,136
North Dakota	10,312	10,221	9,905	10,008	10,058	10,304	10,151	9,917	9,624
Ohio	142,627	141,702	141,689	145,132	149,198	154,506	154,665	152,944	152,009
Oklahoma	53,964	53,778	53,713	54,700	55,720	57,494	56,988	55,509	54,745
Oregon	46,972	47,349	47,851	49,047	50,088	52,173	51,667	50,671	50,027
Pennsylvania	145,651	146,052	147,307	150,293	153,629	159,245	159,090	157,601	157,574
Puerto Rico	30,590	31,905	32,804	34,407	35,236	35,733	36,840	37,871	38,287
Rhode Island	11,114	11,136	11,219	11,393	11,662	12,261	12,342	12,528	12,672
South Carolina	61,235	61,765	62,509	64,834	67,201	69,378	69,210	66,958	65,229
South Dakota	12,233	12,161	12,175	12,443	12,606	12,923	12,804	12,420	12,160
Tennessee	84,219	84,452	84,297	86,520	89,410	93,357	92,843	90,995	89,526
Texas	416,286	413,163	419,340	429,979	437,182	450,643	446,877	437,879	432,779
Utah	52,131	51,715	52,683	54,610	55,896	57,839	57,658	56,386	55,362
Vermont	6,405	6,509	6,599	6,668	6,829	7,197	7,269	7,232	7,281
Virginia	103,094	103,479	104,447	105,515	107,629	112,066	111,837	109,834	108,806
Washington	92,513	91,955	92,656	94,454	95,813	98,200	97,175	94,570	93,453
West Virginia	19,985	19,894	19,936	20,410	20,948	21,772	21,762	21,398	21,266
Wisconsin	68,471	68,934	69,750	72,743	74,505	77,357	77,513	76,411	75,878
Wyoming	7,315	7,241	7,402	7,764	8,044	8,264	8,251	8,050	7,864
National	**4,048,519**	**4,056,452**	**4,101,368**	**4,187,218**	**4,276,120**	**4,438,766**	**4,433,406**	**4,363,679**	**4,329,353**
Reporting States	**52**	**52**	**52**	**52**	**52**	**52**	**52**	**52**	**52**

Table C–3 Child Population Demographics, 2022

State	Boy	Girl	American Indian or Alaska Native	Asian	Black or African-American	Hispanic	Native Hawaiian or Other Pacific Islander	Two or More Races	White
Alabama	567,219	544,343	3,918	16,398	321,268	97,028	630	41,970	630,350
Alaska	90,546	85,977	32,210	9,910	5,104	18,794	4,261	24,376	81,868
Arizona	811,998	777,012	71,099	48,994	85,467	713,117	3,043	70,441	596,849
Arkansas	357,251	339,868	4,896	12,882	123,423	92,500	4,981	29,314	429,123
California	4,356,524	4,149,503	30,371	1,100,745	424,411	4,412,585	30,139	460,558	2,047,218
Colorado	622,562	593,013	6,518	43,292	55,001	398,760	2,380	59,041	650,583
Connecticut	372,647	358,383	2,045	39,610	86,746	200,353	358	30,086	371,832
Delaware	105,894	102,233	464	9,296	54,234	36,873	89	12,321	94,850
District of Columbia	63,302	61,173	172	3,121	64,167	22,028	51	5,657	29,279
Florida	2,196,698	2,099,656	8,737	122,697	843,533	1,374,388	3,090	173,375	1,770,534
Georgia	1,279,930	1,230,193	4,439	112,285	853,849	384,238	2,331	105,430	1,047,551
Hawaii	153,246	144,080	412	64,516	5,044	58,381	33,374	95,091	40,508
Idaho	237,673	225,731	4,295	5,926	4,185	90,808	855	17,497	339,838
Illinois	1,390,234	1,329,897	3,766	155,327	419,638	676,284	784	102,630	1,361,702
Indiana	804,957	764,966	2,473	45,959	184,225	190,519	775	70,981	1,074,991
Iowa	370,986	353,503	2,475	19,986	42,906	80,905	2,366	31,081	544,770
Kansas	354,059	336,773	4,339	20,068	42,750	134,466	1,005	38,430	449,774
Kentucky	515,304	489,271	1,272	19,556	94,426	71,573	1,073	46,514	770,161
Louisiana	541,968	519,725	6,033	17,968	383,080	87,937	361	36,138	530,176
Maine	127,239	120,659	1,870	3,436	8,612	8,511	102	10,025	215,342
Maryland	687,670	658,919	2,616	88,368	412,016	238,427	542	74,533	530,087
Massachusetts	684,334	653,100	2,391	106,561	124,718	272,695	748	58,375	771,946
Michigan	1,081,733	1,027,962	11,407	75,022	344,539	188,107	644	108,534	1,381,442
Minnesota	662,115	632,047	17,683	85,772	143,885	122,338	1,134	69,459	853,891
Mississippi	345,018	333,043	3,908	7,026	279,192	36,926	223	19,447	331,339
Missouri	700,792	664,116	4,658	28,984	183,200	103,102	3,085	69,497	972,382
Montana	120,246	113,507	20,953	2,101	1,433	17,102	217	11,418	180,529
Nebraska	244,639	232,038	4,867	13,890	29,320	92,090	380	20,552	315,578
Nevada	353,110	336,668	4,933	44,203	78,500	287,709	5,520	51,337	217,576
New Hampshire	129,653	123,271	403	9,187	5,432	19,772	92	8,928	209,110
New Jersey	1,020,890	973,219	3,488	206,299	269,176	573,386	958	67,185	873,617
New Mexico	234,522	224,991	44,880	6,004	8,626	283,225	221	12,853	103,704
New York	2,043,317	1,945,971	12,290	358,010	588,446	1,006,380	2,070	157,452	1,864,640
North Carolina	1,171,950	1,122,929	24,440	88,422	513,645	406,491	1,901	110,338	1,149,642
North Dakota	93,400	89,375	12,676	3,282	8,746	14,018	244	8,723	135,086
Ohio	1,311,874	1,250,676	3,573	73,795	397,722	180,980	1,500	135,700	1,769,280
Oklahoma	488,022	465,124	89,212	22,283	74,831	182,695	2,895	99,663	481,567
Oregon	429,127	407,861	8,409	37,753	19,998	197,706	4,427	56,299	512,396
Pennsylvania	1,344,485	1,279,980	3,432	113,829	336,838	369,512	999	116,200	1,683,655
Puerto Rico	263,450	254,889	-	-	-	-	-	-	-
Rhode Island	104,270	99,642	944	7,615	15,129	59,362	156	10,069	110,637
South Carolina	569,719	548,153	3,178	21,481	319,111	120,782	832	50,191	602,297
South Dakota	112,186	106,979	25,086	3,964	7,518	18,258	273	10,964	153,102
Tennessee	786,278	751,859	2,983	31,117	285,394	170,507	1,053	65,951	981,132
Texas	3,809,464	3,646,874	17,647	368,667	937,582	3,650,284	7,016	219,065	2,256,077
Utah	479,569	452,039	7,431	18,688	11,588	180,038	11,228	37,165	665,470
Vermont	59,258	55,499	275	2,689	2,197	3,700	32	4,748	101,116
Virginia	956,943	909,967	3,789	129,028	371,635	286,896	1,213	116,093	958,256
Washington	843,855	802,718	19,756	145,920	73,460	381,199	15,122	145,899	865,217
West Virginia	180,517	171,405	478	2,770	13,067	11,025	71	16,508	308,003
Wisconsin	638,348	607,281	12,739	50,719	110,901	161,749	602	55,118	853,801
Wyoming	66,728	63,386	3,390	989	1,248	21,240	83	4,666	98,498
National	**37,337,719**	**35,631,447**	**565,719**	**4,026,410**	**10,071,162**	**18,807,749**	**157,529**	**3,453,886**	**35,368,372**
Reporting States	**52**	**52**	**51**	**51**	**51**	**51**	**51**	**51**	**51**

Table C–4 Adult Population by Age Group, 2022

State	18–24	25–34	35–44	45–54	55–64	65–75	75 and Older
Alabama	492,021	657,905	621,848	617,797	658,430	540,882	373,851
Alaska	68,417	113,239	103,579	82,973	87,241	67,276	34,335
Arizona	719,560	1,018,332	926,056	851,890	871,963	780,707	601,679
Arkansas	290,231	397,098	381,818	358,703	378,312	314,714	227,642
California	3,671,979	5,747,351	5,390,648	4,870,281	4,687,309	3,560,888	2,594,859
Colorado	554,057	915,481	847,768	709,151	683,856	560,039	353,999
Connecticut	351,037	453,483	459,894	451,707	515,736	379,930	283,388
Delaware	87,585	128,230	123,537	115,577	143,496	127,275	84,569
District of Columbia	68,000	145,567	110,949	71,480	64,072	49,975	37,285
Florida	1,848,181	2,805,343	2,785,238	2,725,291	2,990,220	2,602,139	2,192,057
Georgia	1,066,375	1,511,231	1,445,295	1,397,510	1,337,315	994,257	650,770
Hawaii	120,702	190,533	191,386	168,913	176,971	162,235	132,130
Idaho	195,931	251,203	252,364	219,580	226,099	199,485	130,967
Illinois	1,169,741	1,696,752	1,667,941	1,557,864	1,606,306	1,261,263	902,034
Indiana	677,421	897,480	860,267	815,676	856,592	687,211	468,467
Iowa	328,493	398,236	402,238	359,453	401,578	337,487	248,543
Kansas	307,521	376,350	376,397	327,300	354,733	295,510	208,507
Kentucky	417,856	592,553	561,994	554,804	587,521	476,723	316,284
Louisiana	430,681	609,176	604,031	526,426	578,173	470,868	309,193
Maine	110,462	168,183	168,691	168,198	209,684	185,170	127,054
Maryland	534,403	809,165	833,654	771,708	824,932	608,281	435,928
Massachusetts	697,284	973,637	905,724	856,003	951,354	731,544	528,994
Michigan	954,220	1,318,494	1,210,540	1,202,633	1,358,196	1,123,281	757,054
Minnesota	514,740	740,688	771,968	659,534	738,560	584,717	412,815
Mississippi	291,755	376,071	363,978	351,380	371,272	302,852	204,688
Missouri	579,119	811,793	789,531	716,515	801,736	651,257	463,098
Montana	105,048	146,861	144,219	123,294	144,566	136,767	88,359
Nebraska	197,324	251,846	256,829	218,041	234,150	195,520	137,536
Nevada	264,715	459,107	438,086	397,653	391,429	322,106	214,898
New Hampshire	120,734	179,394	171,925	172,601	216,147	169,274	112,232
New Jersey	794,866	1,188,554	1,220,287	1,195,135	1,256,981	922,378	689,389
New Mexico	206,755	278,336	269,909	234,581	260,847	238,437	164,966
New York	1,803,036	2,767,531	2,533,370	2,400,391	2,619,959	2,028,832	1,534,744
North Carolina	1,038,619	1,437,479	1,351,351	1,346,958	1,367,808	1,106,578	755,301
North Dakota	89,432	109,433	100,523	78,235	88,935	74,880	55,048
Ohio	1,068,727	1,550,443	1,463,046	1,402,830	1,546,264	1,281,505	880,693
Oklahoma	406,600	541,538	524,996	457,226	475,399	388,508	272,387
Oregon	370,811	592,618	591,471	519,401	513,170	485,969	329,709
Pennsylvania	1,200,378	1,682,014	1,619,711	1,537,517	1,765,997	1,469,045	1,072,881
Puerto Rico	288,570	432,303	377,915	409,529	438,284	383,985	372,864
Rhode Island	111,927	151,442	137,963	130,073	152,007	119,463	86,947
South Carolina	494,280	680,762	651,751	633,857	696,103	604,646	403,363
South Dakota	87,029	114,295	114,374	96,313	114,831	99,880	63,937
Tennessee	644,140	976,563	892,438	872,524	906,548	729,524	491,465
Texas	3,026,333	4,337,408	4,203,606	3,676,667	3,302,167	2,438,490	1,588,563
Utah	403,891	498,913	463,662	369,405	308,121	245,876	159,324
Vermont	65,681	77,521	79,179	76,758	93,717	83,482	55,969
Virginia	823,295	1,174,486	1,167,939	1,075,904	1,110,097	858,089	606,899
Washington	677,198	1,181,605	1,109,502	930,283	932,065	784,582	523,978
West Virginia	159,635	212,994	210,862	222,858	240,786	222,956	153,143
Wisconsin	565,598	733,535	743,390	689,605	812,663	658,626	443,493
Wyoming	54,307	73,048	77,642	65,188	73,023	67,060	40,999
National	**31,616,701**	**45,933,603**	**44,073,280**	**40,841,174**	**42,523,721**	**34,172,424**	**24,379,277**
Reporting States	**52**	**52**	**52**	**52**	**52**	**52**	**52**

State Commentary

APPENDIX D

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

Alabama

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General

Federal fiscal year (FFY) 2022 is the fourteenth NCANDS submission from our Comprehensive Child Welfare Information System (CCWIS). There were no changes in policies, programs or procedures that affected the 2022 submission of NCANDS data. Variances in data compared to previous years may occur as we have continued work to strengthen our data collection processes in the system. Enhancements are completed each year to continue efforts to improve reporting of services to children and families, perpetrator data and mapping of NCANDS elements.

Alabama has two types of screened-in responses: child abuse and neglect investigations (CA/Ns) and prevention assessments (alternative response). For FFY 2022, 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 2022 submission does not include prevention assessment data in the Child File.

Reports

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

A policy change was implemented in FFY 2017 that decreased the timeframe permitted to complete CA/N investigations from 90 days to 60 days. The state did not modify the

timeframe requirements for investigation completions due to the pandemic for FFY 2021. Response time, as reported in the Agency File, is taken from the calculated average response time reported in the Child File.

During FFY 2019, the mapping for caregiver and child risk factors was modified to improve NCANDS reporting accuracy and completeness.

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

During FFY 2021, coding and mapping updates were completed for child and caregiver risk factors. And more work that was initiated in FFY 2020 was completed around capturing appropriate service referrals. Also, coding was updated to improve reporting around perpetrator prior abuse.

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

Children

During FFY 2019 additional fields were added to the state system and NCANDS data extraction codes were modified to further improve accuracy and completeness of CARA-related data. Fields to document CARA-related services are available on the system. Workers are required to document plans of safe care in the system. Reports are generated to monitor completion of these requirements.

During FFY 2021, the state did not modify its policies related to conducting investigations and assessments. The state has continued to conduct face-to-face assessments and investigations. The policy requirements regarding timeframes to complete investigations did not change during FFY 2021.

Alcohol abuse and drug abuse can both be documented independently as a child risk factor and as a caregiver risk factor in the CCWIS system.

Fatalities

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

For FFY 2022 all state child fatalities are reported in the Child File. Alabama's Child Death Review Team continued to meet during the pandemic. The meetings had been conducted virtually prior to the pandemic, so no interruption due to social distancing requirements occurred.

The FFY 2022 number of child fatalities was 38, an increase of 3 from FFY 2021. 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 38 fatalities reported in FFY 2022, the actual dates of death occurred in a five-year range, from FFY 2017–2021.

Perpetrators

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

Alabama reports both caregiver and non-caregiver perpetrators of sex trafficking to NCANDS.

Services

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

The NCANDS category of the number of children eligible for referral to agencies providing early intervention services under Part C of the IDEA is the number of children who had indicated dispositions during FFY 2022 and were younger than 3 years. The NCANDS category of the number of children referred to agencies providing early intervention services under Part C of the IDEA is the number of referrals the agency providing services reported receiving during FFY 2022.

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

Alaska

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General

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

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

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

Reports

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

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

NCANDS data from the past five years shows a continual decrease in reports screened in. Although Alaska continues to research the reason behind this trend, two factors which contribute to the decline is the reduction in children enrolled in public school and a policy change in the screening of Priority 3 level reports, more clearly defining high risk screening, so some reports which would previously have been screened in for 7-day response are now being screened out.

Although it did not affect the number of reports received, it is noted that an unprecedented worker turnover rate of 60 percent for front-line, case-carrying staff, was seen in FFY 2022. In Alaska, workforce data is calculated using full-time equivalents (FTE).

Children

Alaska completes a safety assessment on all child victims, their siblings, and any other children in the home, regardless of if they were noted as victim or not. In FFY 2022, there was a decrease in the number of children reported as possible abuse or neglect victims as compared to the previous year. Similarly, the number of substantiated victims decreased as well.

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

Fatalities

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

Perpetrators

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

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

Services

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

A pilot program for Plans of Safe Care with the Department of Public Health is currently underway. Once an evaluation of effectiveness of the program has been completed, the Office of Children's Service will work to implement a mechanism to track Plans of Safe Care within the CCWIS.

Arizona

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General

The file for 2021 reporting period had both code and replicated data issues, several of which have been resolved in the 2022 file. The change from 2021 file is due primarily to improvements to the 2022 file. Specific improvements include: 1. modified code logic to include all children in Intakes within an investigation closed in the reporting period (given the dependency that an investigation may not be closed until all findings are entered, and which yields the earliest date all findings are entered); 2. included children with missing birthdates, and; 3. resolved missing Intake ID, Assessment ID, and Removal Details replicated data issues.

Reports

The Hotline continued to answer calls as normal, with no changes to hours or staffing levels. The department's call center and child safety specialists are all full- time employees. These services are not contracted out. DCS has a set of criteria to determine if a communication (intake) qualifies as a report of abuse or neglect according to the definitions in Arizona statute. If an intake meets the criteria to be a report of abuse or neglect, the staff determines if the report is in the Jurisdiction of DCS. If not, the information is sent to the correct Jurisdiction, such as an American Indian tribe. If the report falls under DCS jurisdiction, it is finalized and sent to the Field to begin the assessment (investigation).

Children

DCS received over 8,000 more reports in 2022 when compared to 2021. On the over 8,000 reports there was an increase of approximately 9,000 more children. This trend aligns with the re-opening of schools and other mandatory reporting sources impacted by COVID. The 2022 counts also align with 2019 (pre-Covid) counts.

All children in the home are assessed if the intake meets the criteria for a report, including children who are not the subject of the current allegations. We are able to distinguish between alcohol and drug risk factors.

The Guardian system has made IPSE (also referred to as substance exposed newborns) an allegation type. We did not report Safe Care Plan information this reporting period. Our business team will review this element to determine if a change is needed for the next reporting period.

Perpetrators

DCS maps 2 values to this element for reporting "Other". "NON-RELATIVE" (available in the CHILDS System) and "Other Adult" (available in the Guardian System). When this is the relationship indicated, we map the value to "other". DCS does not report non-caregiver perpetrators to NCANDS.

Arizona *(continued)*

Services

In July 2021 DCS offered a new service array. Parent Aide and Family Preservation Services were no longer offered as part of contracted services after July 2021. DCS now provides Family Connections, and Nurturing Parenting Program which are available to all families whether the children are In-Home or Out of Home care. In SFY 2022, MIECHV was reduced from $3.8M to $2.4M.

DCS has both outsourced services and services provided by the Department as well as services provided by other child serving state agencies. As of April 2021, DCS integrated health care for youth in Out Of Home care providing physical, dental and behavioral health services through Arizona's Medicaid health plan specifically for youth in foster care.

Arkansas

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General

The following options are available when accepting a referral:

- **Refer to DCFS for Fetal Alcohol Spectrum Disorder Assessment (R/A-FASD):** The following change was made to Arkansas legislation effective July 2011—Act 1143 requires health care providers involved in the delivery or care of infants to report infants born and affected by Fetal Alcohol Spectrum Disorder. The Department of Human Services shall accept referrals, calls, and other communication from health care providers involved in the delivery or care of infants born and affected with FASD. The Department of Human Services shall develop a plan of safe care of infants born with FASD. The Arkansas State Police Hotline staff used the Request for DCFS assessment for FASD. These were automatically assigned to the DCFS Central Office FASD Project Unit to complete the assessment and closure. The R/A-FASD Assessment was updated and integrated with a new Refer to DCFS for N. I. Substance Exposure (R/A-SE) Assessment type during FFY 2020.
- **Refer to DCFS for N. I. Substance Exposure Assessment (R/A-SE):** Arkansas legislation effective July 2019—Act 598 requires healthcare providers involved in delivery or care of infants reporting an infant born and affected by Fetal Alcohol Spectrum Disorder (FASD) (the previous requirement), and adds infants born and affected by maternal substance abuse resulting in prenatal drug exposure to an illegal or a legal substance, or withdrawal symptoms resulting from prenatal drug exposure to an illegal or a legal substance to that list. Refer to DCFS Newborn Infant Substance Exposure Assessments do not have allegations of maltreatment at the time of the Referral.
- **Referrals regarding substance exposed infants would be screened out for the following circumstances:**
  - If reported by persons other than medical personnel,
  - If the referral is a duplicate and an investigation already is opened,
  - If the mother tests positive during her pregnancy but not at birth, or
  - If the Health Care Provider can confirm the mother's prescription for the drug causing the positive screening.

  For FFY 2021 the Request for Assessment Refer to DCFS for N.I. Substance Exposure (R/A-SE) was included in the data. The R/A-SE Assessment Type was added to the NCANDS logic as an Alternative Response Referral for FFY 2021. The R/A-SE Assessments are mapped to the NCANDS category of alternative response nonvictim. Clients under 1 year old who meet the other defined criteria are counted for any RA-SE Assessment Type:
  - FASD
  - Substance Use Resulting in Prenatal Exposure
  - Withdrawal Symptoms Resulting From Prenatal Exposure
- **Refer to CACD for Death Assessment (R/A-DA):** Arkansas FFY 2015 legislation mandated per Act 1211, the Department of Human Services and Arkansas State Police Crimes Against Children Division (CACD) will conduct an investigation or death assessment upon receiving initial notification of suspected child maltreatment or notification of a child

death. This was effective in Children's Reporting Information System (CHRIS) August 2, 2015. The Child Abuse Hotline will accept a report for a child death if a child has died suddenly and unexpectedly not caused by a known disease or illness for which the child was under a physician's care at the time of death, including without limitation child deaths as a result of the following:

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

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

- **Accept for Investigation:** Reports of child maltreatment allegations will be assigned for child maltreatment investigation pursuant to Arkansas Code Annotated 12-18-601. Arkansas uses an established protocol when a DCFS family service worker or the Arkansas State Police Crimes Against Children Division investigator conducts a child maltreatment assessment. The protocol was developed under the authority of the state legislator, (ACA 12-18-15). It identifies various types of child maltreatment a DCFS family service worker or an Arkansas State Police Crimes Against Children Division investigator may encounter during an assessment. The protocol also identifies when and from whom an allegation of child maltreatment may be taken. The worker or investigator must show that a preponderance of the evidence supports the allegation of child maltreatment. The data for these reports are submitted to NCANDS.
- **Accept for Differential Response:** Differential response (DR) is another way of responding to allegations of child neglect. DR is different from DCFS' traditional investigation process. It allows allegations that meet the criteria of neglect or physical abuse that occurred at least one year from the Referral Date to be diverted from the investigative pathway and serviced through the DR track. DR is designed to engage low- to moderate-risk families in the services needed to keep children from becoming involved with the child welfare system. Counties have a differential response team to assess for safety, identify service needs, and arrange for the services to be put in place. FFY 2013 was the first year the state submitted differential response data to NCANDS. Differential Response Referrals are mapped to Mapped to the NCANDS category of alternative response nonvictim.

Reports

On September 6, 2022, the Arkansas Mandated Reporter Portal (MRP) went live. This is a new public-facing website that mandated reporters can create an account and submit a child maltreatment report using a new secure online portal. The new website is designed to be user-friendly and easy to learn. If there are any questions, the portal includes a step-by-step video to walk the user through the process of submitting online. This new portal has been created in addition to the hotline for reporting suspected child abuse and neglect. The

Arkansas Child Abuse Hotline remains accessible. Once a referral is submitted through the MRP, the information transfers directly into the current case management system CHRIS for the ASP Hotline staff to complete the Referral determination. For the period September 6, 2022 through September 30, 2022 (end of FFY 2022), there were 2,244 Referrals submitted through the MRP.

Children

All children in the home are assessed during the investigation process.

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.

Perpetrators

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

The following values are mapped to NCANDS code ‘other’ perpetrator relationship: Client, Life Connection, Live-In, No Relation, Peer, Significant Other, and Student.

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

Services

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

California

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General

California made a number of coding changes for the Child File to account for updates to our statewide child welfare information system and to ensure alignment with the NCANDS mapping instructions. Data reported in the services section of the Child File has changed the most from last year as a result. More specifically, we:

- Adjusted our coding to only count services if they continued past the client disposition. This resulted in a lower number of children being reported with services compared to Federal Fiscal Year (FFY) 2021. This also resulted in a decrease in the percent of children reported with Case Management services and an increase in the percent of children reported with this service as unknown or missing.
- Updated our coding to account for updates to our statewide system that capture Family Preservation Services, as well as include children already in a case with a service component of Family Maintenance, resulting in an increase in the percent of children reported with those services and a decrease in the percent of children reported with this service as unknown or missing.
- Updated our coding to account for updates to our statewide system that capture Family Planning Services, resulting in this item being changed from Not collected/Not applicable to reportable and a large increase in the percent of children with this service as unknown or missing.
- Updated our coding to account for updates to our statewide system that capture Health-Related and Home Health Services, resulting in an increase in the percent of children reported with this service and a decrease in the percent of children with this service as unknown or missing.
- Re-coded services in our system that used to map to Employment Services and to Home-Based Services to other NCANDS categories, resulting in no services being mapped to Employment Services or Home-Based Services (now reported as Not collected/Not applicable) and a decrease in the percent of children with those services as unknown or missing.
- We also developed methodologies and began reporting on Agency File items #3.1, 4.3, and 5.2.

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

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

at the hotline, and it is investigated, and a child welfare services case is opened. Once an assessment is completed, these families may still be referred to an outside agency for some services, depending on their needs.

Reports

As a result of COVID-19 restrictions easing and children returning to in-person learning, the number of calls to the child welfare hotline have increased, but not yet returned to pre-pandemic levels. There was an increase of about 7 percent. For FFY 2022 compared to 2021, The greatest gain was seen in reports made by education personnel.

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 2022, the immediate response compliance rate was 94.7 percent, and the 10-day response compliance rate was 86.1 percent.

Children

The California Department of Social Services (CDSS) has policies to investigate/assess all children in a household if any child in the household has a maltreatment allegation. First, the investigating social worker performing the initial investigation must determine the potential risks to the child, or any child in the family or household, and have in-person contact with all the children alleged to be abused, neglected, or exploited. If the social worker finds that the referral is not unfounded, they must conduct an in-person investigation with all children present at the time of the initial in-person investigation. It is then at the discretion of the county to decide whether to conduct an in-person investigation with any additional children who were not present at the initial in-person investigation. In our statewide child welfare information system, we have an allegation type of "At Risk, Sibling Abused." This allegation type is reported to NCANDS as "No alleged maltreatment."

System changes to capture the Comprehensive Addiction and Recovery Act of 2016 (CARA) related fields (substance exposed infants, creation of plans of safe care, and referral to appropriate services) were completed in July 2020 and data entry guidance was released to counties in November 2020. Our analyses have found that there are a high number of plans of safe care and referrals to services entered into our system which originate from reports not provided by medical professionals, and many of these are notated as "other" reporters. While we do not expect that 100 percent of our plans of safe care and referrals to services will originate from reports made by medical professionals, it is likely at least some of the reports made by "other" sources could be more accurately entered as medical professionals. We will continue to work with counties to accurately enter report sources.

While the system changes to capture CARA related data improved NCANDS reporting of alcohol and drug abuse child risk factors for infants, there are instances where we cannot separate

alcohol abuse from drug abuse. When our data indicates that an infant has a substance exposure type of “Substance Abuse,” “Withdrawal Symptoms,” or “Other,” the child is reported as having both alcohol abuse and drug abuse, as instructed in the Child File Codebook. We hope to address this limitation and other opportunities for data improvement in the coming years.

While California’s system has existing fields to capture caregiver drug and alcohol abuse, as well as drug and alcohol abuse for children who are not infants, these fields are seldom used, resulting in very low counts of caregiver risk factors especially. California will be implementing a system change in March of 2023 to collect drug and alcohol abuse data for all clients and caregivers in all investigated referrals to improve reporting to NCANDS. These fields will need to be completed for every client in a referral before the referral can be closed. While it’s expected that the addition of these fields, and the requirement that they be completed before closing a referral, will improve the completeness of data on client risk factors, it is likely a number of responses will be reported as “Unable to Determine,” which is being added to allow users flexibility when they do not know for certain whether a risk factor is present or not.

CDSS has a policy to track commercially sexually exploited (CSE) youth referrals with an allegation of “Exploitation.” 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 CDSS from County Child Welfare Services (CWS) agencies when it has been determined that a child has died as the result of abuse and neglect, as required by SB 39, Chapter 468, Statutes of 2007. The abuse and neglect determinations reported by CWS agencies are made by local coroner/medical examiner offices, law enforcement agencies, and/ or county CWS/probation agencies. As such, the data collected and reported via SB 39 and used for NCANDS reporting purposes reflects child death information derived from multiple sources. It does not, however, represent information directly received from either the state’s vital statistics agency or local child death review teams.

The data is used to meet the reporting mandates of the federal Child Abuse Prevention and Treatment Act (CAPTA) and for the Title IV-B, Annual Progress and Services Report (APSR). Calendar Year (CY) 2021 is the most recent validated annual data and is therefore reported for FFY 2022. 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 2021 as of December 2022 and may change if additional fatalities that occurred in CY 2021 are later determined to be the result of abuse and/ or neglect. For fatalities that occurred while the child was in foster care, the perpetrator information is unavailable until full case reviews of CY 2022 critical incidents are concluded. Any changes to this number will be reflected in NCANDS trends analyses, through resubmissions, as well as subsequent year’s APSR reports.

With the enactment of SB 39, the CDSS determined that the data provided through the SB 39 reporting process would provide not only more current information regarding child maltreatment deaths in California than the reconciliation audit conducted by CDPH, but would also provide data from multiple agency sources providing more reliable data for NCANDS. As a result, beginning with the FFY 2010 NCANDS data submission in CY 2011, the CDSS changed the data source to the SB 39 data. It is important to note that while SB 39 data were used in the FFY 2022 NCANDS submission, the data were derived from CY 2021. Additionally, beginning in CY 2012 CDSS began to receive reports of fatalities determined to be the result of abuse and neglect and caused by an unknown third party where a parent or caretaker did not contribute to the child's death. NCANDS submissions of FFY 2013 (CY 2012) forward includes such fatalities.

Perpetrators

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

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

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

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

Services

Prevention services in California are implemented through a state-supervised, county administered system. This system has the advantage of allowing the 58 counties in California flexibility to address child abuse prevention efforts through a community based local lens. This approach, however, results in 58 sets of challenges in program implementation, evaluation, data collection, and reporting. Federal funding is allocated to each county to support a variety of prevention services. Federal funding streams targeted for prevention services include Community-Based Child Abuse Prevention (CBCAP), Promoting Safe and Stable Families (PSSF), Child Abuse Prevention and Treatment Act (CAPTA), and Child Abuse

Prevention, Intervention and Treatment (CAPIT). The Office of Child Abuse Prevention (OCAP) is responsible for monitoring federal expenditures as well as ensuring counties are evaluating the quality of programs consistently. Since the State Fiscal Year (SFY) and the FFY are not aligned, information for SFY 2021–22 is representative of FFY 2022.

On January 25, 2021, the Regional Stay at Home Order was lifted by the California Department of Public Health for all regions within California. These organizations have been able to resume in-person service delivery or provide a hybrid option which includes virtual or in-person services. As providers and families adjusted to a virtual platform for service delivery, there was a recognition that virtual services offered a level of convenience which encouraged participation by families that traditionally were unable to engage in services. Although the virtual platform allows for flexibility, one of the on-going challenges providers continue to face is staff shortages and high turnover rates.

On January 8, 2021, Governor Gavin Newsom announced a state budget proposal that included critical supports for Family Resource Centers (FRCs) to respond to the COVID-19 pandemic. Specifically, the measure proposed $7 million in General Funds in SFY 2020-21 and $6 million in General Fund for SFY 2021–22 for COVID-19 related supports for child welfare services. Throughout SFY 2021–22, 95 lead agencies, and a total of 375 FRCs, received supports from the relief funds. FRCs reported most funds went towards concrete supports for families. Many of the funds went towards staffing for FRCs to provide continued direct services for families. FRCs continue to report an increased need in concrete supports, hiring staff to meet service and business needs, and staff training.

Governor Newsom provided General Funds for the creation of a parent, caregiver, and youth remote helpline to support families with stressors arising from the pandemic. The OCAP contracted with Parents Anonymous to provide remote support to families through text support, live chats, resource coordination, and virtual support groups across the state of California. In SFY 2021–22, Parents Anonymous continued to provide such services, responding to 17,019 calls. Parents Anonymous has consistently seen a rise in the need of connections to concrete supports and additional assistance for families and individuals in remote locations.

In 2021, the American Rescue Plan Act (ARPA) under CBCAP provided $29,667,177 in funding, of which $25,000,000 was provided to counties to provide direct services to families. CBCAP ARPA funding was released in the form of grants through the OCAP in the amount of $4,667,177. The ARPA under CAPTA provided $12,063,503 in funding that was provided in the form of grants through the OCAP. Request for Applications (RFAs) were developed in SFY 2021-22 for 3 grant series: Father Engagement, Strong Communities, and Planting Prosperity. The Father Engagement grant will provide father-specific case management and evidence-informed/-based services through eight grants. The Strong Communities grant will award eight grantees to expand FRCs. Lastly, the Planting Prosperity grant will provide funds to 10 agencies to develop innovative primary and secondary prevention services throughout California.

Each year the CDSS also allocates prevention funding directly to counties for disbursement. This information is gathered in a data collection system funded by the OCAP.

In 2022, the OCAP transitioned from utilizing Efforts to Outcomes (ETO) software system for data collection and reporting to Apricot Social Solutions. Over the past four years, the OCAP requested counties select one unit of measure (children, parents/caregivers, or families) for service counts instead of multiple units of measure for one service activity to reduce duplicative service counts. This request has led to some improvements in the way information is captured, however, in some instances counties are changing the unit of measure collected from year to year so it is difficult to compare service counts. Discrepancies between service counts from year to year may be attributed to changes in vendor contracts, evaluation methodologies, and/or the transition from in-person services to a virtual platform. To the best of OCAP's knowledge, the data collected for children, parents, and families is mutually exclusive.

For SFY 2021–2022, the OCAP included a question about completion rates. This information provides insight as to the relative success of a program or intervention's engagement strategy. The OCAP recognizes that completion rates alone are not indicative of improved long-term outcomes, however, this information provides a baseline understanding of the level of engagement and participation in the program or intervention which is one step towards a successful outcome.

For SFY 2021–22, counties reported 5,101 parents/caregivers served by CAPIT funding, 5,707 parents/caregivers served by CBCAP funds, and 18,082 parents/caregivers served by PSSF funding. The data indicates that counties served more children using PSSF funding in SFY 2021-22, than in previous fiscal years. There are several potential factors that may have contributed to the increase in the number of children served in SFY 2021-22, these include:

- Improved data collection methodology.
- In-person services and activities have resumed since COVID-19 restrictions have been lifted.
- Flexibility of the virtual platform which eliminates the barriers associated with transportation and childcare.
- Changes to the unit measured (counties may have selected to measure parent service counts in the previous reporting period, and in SFY 2021–22 chose to collect data based on the child for the same intervention).
- Increases in the number of contracted staff in some counties.
- Increased technical assistance support early in the reporting period by OCAP Consultants.

There are several factors that may be associated with a decrease in the number of children served using CAPIT and CBCAP funding and these include:

- Counties corrected inaccuracies in reporting from the prior fiscal year
- Lower rates of referrals to children and family support services
- Changes in way service counts were measured (children, parents/caregivers, families)
- Changes to service provider contracts (termination of contracts) or new programs started during the middle of the fiscal year therefore not capturing total numbers served for the entirety of the fiscal year
- Significant number of resignations across agencies and it has been difficult hiring qualified staff which has led to the inability of providers to serve as many or more children, parents, and families
- Other challenges, such as concerns with resurgence in COVID-19 cases

In SFY 2021–22, twelve counties reported a decrease in the number of children served with CAPIT dollars compared to SFY 2020–21.

The Celebrating Families! (CF!) grant funded with $51,769 in CAPTA funds allowed Prevention Partnership International (PPI) to provide train-the-trainer training and technical assistance to agencies who will be administered the Celebrating Families! program. The trained agencies planned to each reach at least 10-15 families in their respective sites in the third year of the grant. The families served are at risk for experiencing child abuse/neglect, or family violence due to substance use disorders and other adverse childhood experiences.

A Year Two evaluation was completed for CF! and it was reported that though training and technical assistance to agencies was not largely affected by COVID-19, having the CF! program implemented virtually and in-person depending on the changing restrictions affected the number of families served. Staffing shortages and turnovers also affected program implementation.

The OCAP continued the Economic Empowerment with three organizations and awarded 10 new organizations committed to support the financial empowerment of parents and alleviate the stress of poverty in their communities. This program involves providing supports to parents using the “Your Money, Your Goals” financial empowerment toolkit developed by the Consumer Financial Protection Bureau. A total of $440,410 in CAPTA funds and $376,770 in CBCAP funds was allocated to support the program in SFY 2021-22. In SFY 2021-22, agencies began transitioning back to an in-person service delivery model while still providing services virtually, as needed. Special populations that have been served and prioritized through outreach include:

- Unhoused or at-risk of homelessness
- English as a second language caregivers (Main languages include Spanish, Chinese, Farsi, Russian, etc.)
- Previously incarcerated caregivers
- Migrant farmworkers and dayworkers
- Parents with children ages 0–5

The Road to Resilience grant funding is supported with $7,011,462.30 in Child Abuse Prevention and Treatment Act (CAPTA) funds. The 12 grantees are composed of collaborative partnerships between community-based and county government agencies. The objective of the program is to serve pregnant women with known histories of substance use, pregnant women with current substance use, and mothers of substance-exposed infants, linking them to services and supports. In SFY 2021-22 Road to Resilience grantees had a total of 778 mothers served.

Colorado

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General

Colorado implemented the new Adoption and Foster Care Analysis and Reporting System (AFCARS) requirements in the fall of 2022. Implementation of Family First Prevention Services Act is also underway with adaptation to these new processes. Improvement to NCANDS data mappings of service and risk factor data were put on hold as improvements were focused on these changes. NCANDS data will better reflect services in Colorado as CCWIS is modernized and mapping of services and risk factors are improved.

Colorado counties have the option to use Differential Response, which has a dual track system for screened-in referrals. The referral options are traditional High-Risk Assessments or a Family Assessment Response for low and moderate-risk referrals. Counties who are not yet utilizing Differential Response only use High Risk Assessments. Safety and risk assessments are completed for all screened-in referrals. Both tracks are reported to NCANDS.

Reports

There were no changes to policy or interpretation of statute around screening referrals due to the pandemic. Face-to-face initial contacts and ongoing monthly contacts resumed with additional measures to standard procedure for safety. Colorado has a hotline system (1-844-CO-4-KIDS) that remained operational during the pandemic. Difficulties in hiring new staff continues to be an issue in Colorado.

Children

Colorado county agencies conduct face-to-face investigations and assessments as required to accurately determine safety and risk of children. County workers continue to minimize possible risks or exposure to COVID by taking additional precautions and maintaining public health recommendations for protocols including washing hands, self-monitoring health, and minimizing social interactions and wearing a mask as needed.

Improvements to NCANDS data mappings of child and caregiver risk factor data were put on hold due to data system modernization and AFCARS changes. Colorado's child welfare system does not allow for assessment of prenatal exposure and only for assessment at the time of birth.

Fatalities

Colorado's Child Fatality Review Team (CFRT) were able to perform reviews.

Perpetrators

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

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

Services

In 2021, the Division of Child Welfare began implementing the Family First Prevention Services Act, which is shifting services toward prevention and creating new avenues for services. Colorado aims to better reflect services in Colorado through CCWIS modernization and mapping refinements of services and risk factors.

Colorado does not outsource any direct child welfare protection services. Some services that help to support families may be community-based.

Connecticut

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General

The State of Connecticut (CT) Department of Children and Families (DCF) continues to operate a Differential Response System (DRS). DRS is comprised of two tracks: Child Protective Services (CPS) Investigations for moderate to high-risk cases, and Family Assessment Responses (FAR) for low to moderate risk cases (exceptions apply). Currently, CT does not report data concerning reports handled through a FAR response to NCANDS. This means that the total number of abuse/neglect reports observed in the NCANDS data is far lower than the total that we actually receive, accept and respond to each year. We have also been increasingly utilizing the FAR response, to the point where during FFY 2022 we used FAR to respond to about 60 percent of all accepted reports, although only 55.5 percent remained solely a FAR response and did not change tracks to Investigation.

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

Reports

During the reporting period 88 Social Worker Trainees began their pre-service training. DCF's Academy for Workforce Development certified 114 new child protective services hires as completing their pre-service training during FFY 2022. The CT DCF Careline is the agency's 24/7 centralized point of contact for reporting concerns of child abuse and neglect. The Careline has maintained continuous operations 24/7/365 throughout the course of the year. During FFY 2022, Careline continued utilizing a modern cloud-based call center system (Five9) that allows for social worker screeners to work remotely up to 80 percent of their schedules, consistent with the statewide labor agreement regarding telework. This system helps to ensure the health and safety of staff, while maintaining continuous operations, as pandemic conditions continue. Careline social work screening staff are comprised of 50 full-time staff, and 13 part-time staff (at either 34, 32 or 20 hours per week).

Appropriately, screening calls is a top priority of the DCF Careline and was an area of quality focus during FFY 2022. Through partnering with the DCF Bureau of Strategic Planning, an in-depth qualitative review of non-accepted reports was completed. During the review period more than 4,000 non-accepted reports were reviewed, with only 60 (1.3 percent) returned to Careline management for further review. Careline used this information to improve performance and provide guidance regarding effective documentation of rationale for not accepting a report. This review will continue semi-annually to maintain the high standards established. Another noteworthy Careline accomplishment in FFY 2022 was the completion of a Careline Continuous Quality Improvement (CQI) Plan and the development of CQI Teams. The CQI Plan contains key performance indicators that span all Careline functions, and there are CQI Teams with areas of focus that include screening/response, training/development and special investigations.

Connecticut *(continued)*

CT DCF has also continued to modernize our systems through ongoing enhancements to our automated reporting portals. Enhancements were made to both the Child Protective Services (CPS) Background Check and CAPTA Notification portals this year. The CAPTA Notification portal allows birthing hospitals the ability to file online reports of abuse or neglect to DCF OR to create a CAPTA Notification for those newborns identified as substance exposed and consistent with the criteria associated with a notification.

The Careline also implemented a new public facing mandated reporter portal in June 2022. This portal allows all mandated reporters the ability to file non-emergent reports of abuse/neglect online, and a training video explaining its use was posted online to help reporters understand the system. DCF received 7,335 reports through the portal during FFY 2022, receiving an average of 611 per month, ranging from a high of 812 in March to a low of 375 in August.

There was an 11 percent increase in overall CPS reports received during FFY 2022 compared to FFY 2021. Every month saw increases when compared to the same month the previous year, though months that see typical seasonal spikes saw the most increase as well. The volume of reports received in March, June and December 2022 exceeded that of the pre-pandemic, and formerly highest volume observed yet, months in 2019. Report volume in September and November also came close to meeting the same volume for those months in 2019. The types of reporters making calls to the Careline have continued to evolve beyond pre-pandemic proportions during FFY 2022, particularly with respect to those calling from schools. In fact, the proportion of calls received from schools continued to rise during FFY 2022. All other groups showed a commensurate decrease in proportion from FFY 2021 to FFY 2022 during almost all months.

Children

During FFY 2022, there was a 16 percent increase in the number of unique children who were alleged victims, compared to FFY 2021. This correlates with the almost 20 percent increase in the number of reports accepted for Investigation observed during this year as reporting continues to rebound from the pandemic. CT continued to conduct differential responses throughout the course of this year and had returned to almost entirely in-person responses, with virtual visitation only utilized when indicated.

Policies and procedures concerning the conducting of all differential responses did not change during the course of the year. DCF continues to operate a CAPTA portal, which is a web-based portal for notifications of such children by birthing hospitals, which includes the ability to make online reports of abuse/neglect when indicated. DCF received 1,880 notifications through the CAPTA portal during FFY 2022, of which 42.3 percent resulted in an actual abuse/neglect report. Further, 71 percent indicated that a Plan of Safe Care had been developed for the child, and 71 percent referred to appropriate services, as of the time of the notification. Data collected by the portal is de-identified but does include required elements regarding development of a Plan of Safe Care and Referral to Appropriate Services. These fields have not been incorporated into our legacy SACWIS system, as they are planned to be developed in our upcoming CCWIS system within the next one to two years.

DCF continues to strengthen its response to child victims of human trafficking as we learn more in CT and across the country. During FFY 2022, DCF saw its largest increase in new referrals, validating the increased activity by traffickers and demonstrating that the training continues to improve the state's identification of child victims. The number of new referrals last year increased. Each of the six DCF Regions has a Human Antitrafficking Response Team (HART) team consisting of a HART Lead and Liaison(s) that partner with law enforcement, service providers and the identified Multidisciplinary Team(s) (MDT). These partnerships ensure a collaborative response and coordinate services for child victims and their families. Cases that do not meet the statutory definition of abuse and neglect are coordinated by the Department's HART Director in partnership with the relevant MDT(s). The Department's Human Trafficking Policy and Practice Guide allows for all cases of suspected child trafficking be sent directly to the MDT Coordinators.

Fatalities

CT DCF continues to have appointed representatives that are members of, and regularly attend, the CT Statewide Child Fatality Review Panel meetings. Other members include representatives from the Office of the Chief State's Attorney, Chief Medical Examiner, Child Advocate, and more. 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 (see CT CGS 17a-101g). Most of Connecticut's child trafficking cases are the result of non-caregiver perpetrators, therefore, are not accepted by DCF Careline. The new DCF Human Trafficking Policy and Practice Guide that went into effect in August 2021 created a new pathway for non-accept cases. All calls of suspected child trafficking that are called into the DCF Careline are reviewed by the HART director and are automatically sent to the state's seventeen Multidisciplinary Teams (MDTs) and Human Trafficking Task Force. This process ensures that every case of suspected child trafficking receives the same access to support, resources, and legal response despite the limits of state statute. The MDTs have access to the states specialized providers for this population as well as a wealth of other supports and services that can be beneficial to the child victims and their families. All child trafficking cases are documented in the Provider Information Exchange (PIE) data base. PIE data is used for federal reporting, grant writing, service development, and statewide awareness.

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

Connecticut *(continued)*

Services

CT DCF directly provides all Differential Response Services, as well as ongoing Child Protective and Foster Care/Adoption services. DCF also funds a wide array of contracted services to meet the ongoing needs of children, youth and families, and are aimed at both prevention of abuse/neglect, and treatment of behavioral health, parenting skills, independent living skills and many more. With very few exceptions, DCF modified our service system at the onset of COVID to minimize non-emergency, in-home or in-person services. Our entire service array transitioned very quickly to tele-health solutions and maintained a virtual presence in home and with clients through COVID. With a brief exception during January and early February 2022, the system has continued to utilize in-person services. Our current status is that we are fully open to in-person services at this point while utilizing virtual services when deemed appropriate.

The State of Connecticut has continued to plan for implementation of our Family First Prevention Plan, developed in partnership with over 400 individuals from state agencies, community-based providers, advocates, youth and families with lived experiences. What makes this prevention plan unique is that CT has taken a bold approach to expand access to prevention services to children and their caregivers "upstream" who present with particular needs or characteristics that ultimately may result in DCF involvement, as identified through a community pathway. Family First is being utilized as a tool, as part of Connecticut's overall prevention strategy, to assist in building upon an existing infrastructure and its already diverse array of services and evidence-based programs (EBPs), with the goal to prevent maltreatment and children entering foster care. DCF has already been funding two of the services on the approved plan (Multi-Systemic Therapy and Functional Family Therapy), and our partner agency the Office of Early Childhood (OEC) has been funding three others (Healthy Families America, Nurse Family Partnership and Parents as Teachers). Connecticut's vision is to expand upon its collaborative child well-being system through enhanced focus on prevention and early intervention. We have continued ongoing preparation for full implementation throughout FFY 2022.

Delaware

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General

Delaware's Division of Family Services (DFS) has received an increase in reports of child abuse, neglect and dependency. In FFY 2022, Delaware received an increase in reports. Delaware continues to use Structured Decision Making® (SDM) at the report line, in Investigation, and in Family Assessment Intervention Response (FAIR). By the use of this evidence- and research-based tool, Delaware is better able to distinguish between cases that require a full investigation and those that require an assessment or referrals for services unrelated to child abuse and neglect, to consistently determine safety threats, and to make decisions using the same set of standards. Delaware has continued our internal FAIR programming and maintained our external FAIR contracts. For the current NCANDS reporting period, Delaware has added internal FAIR data in the Child File. In the near future, we hope to be able to include external FAIR data as we are building a provider portal to allow our contracted FAIR services to enter information into our data system. This portal has been built but is in the testing phase at this time. Delaware has updated juvenile trafficking definitions to assist our intake staff on screening reports and has introduced a Commercial Sexual Exploitation Identification Tool (CSE-IT).

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. Delaware also now has added a FOCUS mobile app that allows workers to have access to our data system and enter specific events more readily from the field. As we continue to improve FOCUS, we have tasked ourselves with improving data quality including information used for the NCANDS report. NCANDS validations are used as a data quality tool to determine areas of need and improvement. We have added validations to our system to improve data quality and more accurate reporting. We are in the process of building additional validations to ensure updated demographics are completed on all investigation case participants. We have improved our ability to validate case participants more accurately. Delaware has an established Continuous Quality Improvement Data Quality Committee that continues to focus on data quality improvement efforts.

Reports

In FFY 2022, Delaware received 23,537 family and 595 institutional abuse (IA) reports. Of the reports received, 35 percent, were screened in for an assessment or investigation, a 2 percent decrease as compared to the 37 percent in FFY 2021. Of reports screened in, 53 percent were diverted through various differential response programs, as compared to 37 percent in FFY 2021, a 16 percent increase. During the COVID-19 pandemic, the Delaware hotline remained at full capacity, and we did not alter our screening practice or policy. Delaware did obtain Dialpad, a cloud-based communication platform to be used for intakes. This allows hotline staff to have remote capability and ensure that all calls will be answered by a live hotline worker, eliminating Delaware's need for an answering service.

While 53 percent screened in reports were diverted through various differential response programs, more than three thousand were screened in for a new investigation and more than six hundred were linked to an already active investigation. In FFY 2022, Delaware has overall completed less investigations than FFY 2021. This decrease in investigation completion numbers is contributed to the increase in referrals to contracted FAIR, and expansion to our internal FAIR program. Because of the increase of cases diverted through differential response, there is also an increase in unsubstantiated cases, victims, and perpetrators. Previously some of these cases may have received a lower-level substantiation.

Since 2012, the State's intake unit has used the Structured Decision Making® (SDM) tool to collect sufficient information to access and determine the urgency to investigate child maltreatment reports. Currently, all screened-in reports are assessed in a three-tiered priority process to determine the urgency of the workers first contact; Priority 1 - Within 24 hours, Priority 2 - Within 3 days, and Priority 3 - Within 10 days. In FFY 2022, accepted referrals for family abuse cases were identified as 68 percent routine/Priority 3, 18 percent Priority 2, and 14 percent urgent/Priority 1 in response.

The calculation of our average response time for FFY 2022 was an increase of 15 percent from FFY 2021, but still improved from FFY 2020. Delaware has made great efforts to improve our timeliness response to investigations. We are using data informed practice and have established initial interview due date reports and initial interview completion rate reports that are shared with all staff. Despite our efforts to improve timeliness of response, our vacancy rate is the highest it has been which has led to increase caseloads and an increase in response time, particularly on our priority 3 reports.

Children

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

In FFY 2022, substantiated victims of child maltreatment is 7 percent of the children in the Child File. In FFY 21, 9 percent of the children in the Child File were substantiated victims of child maltreatment. Delaware is able to capture specific information related to caregiver and child risk factors. Delaware implemented sex trafficking as an allegation type in January 2020. Reports regarding noncaregiver perpetrators of sex trafficking are accepted and included in NCANDS report. Delaware has been reporting infants with prenatal substance exposure for a number of years.

Fatalities

House Bill 181 requires the agency to investigate all child deaths of children aged 3 and under that are sudden, unexplained, or unexpected. Delaware also has a Maternal and Child Death Review Commission that reviews every child death in the state. There is also a Child Abuse and Neglect (CAN) panel that conducts retrospective reviews on all child death and child near death cases where abuse or neglect is suspected. The state does not report any child fatalities in the Agency File that are not reported in the Child File. For FFY 2022, the state reported 6 fatalities.

Perpetrators

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

For FFY 2022, parent as a perpetrator ranks the highest in the perpetrator relationship to the child. The Other relationship would include individuals such as a babysitter or nonrelated household member.

Services

During FFY 2021, Delaware's Children's Department saw an increase in the number of children and families served in agency file elements 1.1.C-C and 1.1 E-F. This was due to the reopening of many programs following the slowdown of the COVID pandemic.

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 and kinship navigators. Delaware has expanded our contracts with post adoptive services. Delaware has collaborated with numerous community partners to provide better services and plans of safe care for infants with prenatal substance exposure. We have partnerships with domestic violence and substance abuse agencies that provide intervention services in conjunction with agency case management. Delaware plans to continue to build on our service array for prevention services in the upcoming years.

Delaware *(continued)*

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

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

District of Columbia

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General

There have been no policy/practice changes that affect our FFY 2022 data. During FFY 2022, the Child and Family Services Agency (CFSA) has begun a new information technology development process to replace its current SACWIS (known as "FACES") with the new CCWIS (known as Stronger Together Against Abuse and Neglect in DC (STAAND)). It is anticipated that it will be complete in FFY 2024.

Reports

The data shows a slight increase in referrals. There has been an increase in vacancies in CPS that have impacted our caseloads. The social work vacancies we are experiencing are nationwide issue and our Human Resource department has hired a recruitment specialist to help recruit to fill these vacancies.

Children

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

Fatalities

CFSA participates 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

In seven Florida Counties (Walton, Seminole, Broward, Manatee, Pinellas, Pasco, Hillsborough), Child Protective Investigations are handled by the County Sheriff's Offices through grant agreements. There have been no recent changes to our policies affecting NCANDS data for FFY 2022 (maltreatments and determination of findings).

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

Reports

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

- Is younger than 18 years.
- Is a resident of Florida or 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 non-caregiver.

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

Several maltreatments map to "8 - Other" in Florida, including Threatened Harm, Intimate Partner Violence Threatens Child, Household Threatens Child, and Family Violence Threatens Child, this will inevitably increase the number of reported in the NCANDS category of Other maltreatment values.

Children

The NCANDS 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.

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

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

A reduction in the child intake screen in rate within in the Florida Abuse Hotline resulted in a decline in the total number of intakes accepted for investigation compared to the previous year. This reduction has impacted the unique child counts, duplicate victim counts, and unique perpetrator counts.

Fatalities

Fatality counts include any report closed during the year, even those victims whose dates of death may have been in a prior year. Only verified abuse or neglect deaths are counted. The finding was verified when a preponderance of the credible evidence resulted in a determination that death was the result of abuse or neglect. All suspected child maltreatment fatalities must be reported for investigation and are included in the Child File. Beginning with the 2021 submission, the maltreatment of "Other" was removed from fatality records leaving only the other maltreatment(s) in the investigation.

Perpetrators

By Florida statute, perpetrators are only identified as responsible for maltreatment in cases with verified findings. Licensed foster parents and non-finalized adoptive parents are mapped to 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 *(continued)*

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

Services

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

Georgia

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General

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

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

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

Reports

Georgia made changes to intake interviews over the past two years. More information is gathered through a structured interview process. There were about 10,000 more referrals of maltreatment in 2022 compared to 2021 and a greater proportion have been screened out.

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

Children

The number of unique child victims increased 9.1 percent from 2021 to 2022.

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.

Approximately 20 more children died due to maltreatment in the 2022 report than in the 2021 report.

Perpetrators

Prior to July 1, 2016, a ruling of the Georgia Supreme Court prohibited the Division of Family and Children Services from reporting perpetrator data. 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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The state did not submit commentary for the *Child Maltreatment 2022* report.

Idaho

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General

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

Reports

The number of accepted reports of maltreatment declined in the past year. However, there has not been any practice or policy changes that would account for this change. Idaho has staffing challenges and the intake unit is doing their best to ensure that if the priority guidelines do not clearly apply to the given circumstances, they are screening out where in the past they may have screened something in.

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

- The alleged perpetrator is not a parent or caregiver for a child, the alleged perpetrator no longer has access to the child, the child's parent or caregiver is able to be protective of the child to prevent the child from further maltreatment, and all allegations that a criminal act may have taken place have been forwarded to law enforcement.
- The alleged victim is under 18 years of age and is married.
- The alleged victim is unborn.
- The alleged victim is 18 years of age or older at the time of the report, even if the alleged abuse occurred when the individual was under 18 years of age. If the individual is over 18 years of age, but is vulnerable (physically or mentally disabled), all pertinent information should be forwarded to Adult Protective Services and law enforcement.
- There is no current evidence of physical abuse or neglect and/or the alleged abuse, neglect, or abandonment occurred in the past and there is no evidence to support the allegations.
- Although Child and Family Services (CFS) recognizes the emotional impact of domestic violence on children, due to capacity of intake, we only can respond to referrals of domestic violence that involve a child's safety. Please see the priority response guidelines for more information regarding child safety in domestic violence situations. Referrals alleging that a child is witnessing their parent/caregiver being hurt will be forwarded to law enforcement for their consideration. Additionally, referents will be given referrals to community resources.
- Allegations are that the child's parents or caregiver use drugs, but there is no reported connection between drug usage and specific maltreatment of the child. All allegations that a criminal act may have taken place must be forwarded to law enforcement.
- Parental lifestyle concerns exist, but don't result in specific maltreatment of the child.
- Allegations are that children are neglected as the result of poverty. These referrals should be assessed as potential service need cases.
- Allegations are that children have untreated head lice without other medical concerns.

- Child custody issues exist, but don't allege abuse or neglect or don't meet agency definitions of abuse or neglect.
- More than one referral describes the identical issues or concerns as described in a previous referral. Multiple duplicate referrals made by the same referent should be staffed with the local county multi-disciplinary team for recommendations in planning a response.

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

The investigation start date is defined as the date and time the child is seen by a Child Protective Services (CPS) social worker. The date and time are compared against the report date and time when CPS was notified about the alleged abuse. Idaho reports substantiated, unsubstantiated: insufficient evidence, and unsubstantiated: erroneous report dispositions.

Children

Idaho has incorporated modifications related to policies or procedures in conducting investigations during the past year. These changes enable staff to expedite the formal safety assessment process in cases in which the allegations are determined erroneous. Idaho struggled with staffing levels this year which impacted staff's ability to conduct timely investigations.

Idaho's current practice standard for Expedited Safety Assessment, Comprehensive Safety, Ongoing, and Re-Assessment requires the social worker to interview all children of concern, all child participants on a report, and any child who falls under the Temporary Child Resident Standard. The practice standard defines child(ren) participants on a presenting issue as, "all other children who are not identified as victim(s) of abuse or abandonment which reside in or visit the home."

Idaho collected data on sex trafficking victims on all children assessed for neglect, abuse, or abandonment. In addition, Idaho assesses children in foster care for human trafficking during child contact visits and when a youth returns from runaway status.

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

All children ages birth to three years old who are involved in cases substantiated for abuse, neglect and/or abandonment are referred to early intervention services through the Idaho Infant and Toddler Program. More information regarding Idaho's standards specific to safety assessment, mandatory referrals for children birth to three, and human trafficking standards can be found on the Idaho Health and Welfare website.

Fatalities

There were no changes in policies or procedures regarding child death reviews during the pandemic. Idaho has a state child fatality review team who was able to make a slight schedule adjustment and continue to meet to ensure reviews were completed as planned during

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

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

Perpetrators

Idaho Administrative Code for the purpose of substantiating an individual for abuse, neglect or abandonment does not define the age of a suspect or perpetrator. However, for the purpose of Idaho's Child Protection Central Registry levels of risk, for an individual to be to be placed on the Central Registry at the highest level for sexual abuse they must meet the definition of sexual abuse as defined in Idaho Statute. Idaho Statute 18-1506 includes in the definition of sexual abuse of a child under the age of sixteen year that it is a felony for any person eighteen (18) year of age or older. Idaho's practice is to substantiate suspects who are over the age of eighteen (18) or are the parent of the victim.

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

Services

Currently, Idaho is unable to report public assistance data due to constraints between Idaho's Welfare Information System and CCWIS. Idaho has had no changes in preventive funding. Federal initiatives through CAA and ARPA provide additional funding to support youth who may have aged of foster care to remain in foster care and/or receive additional services to help them successful transition to adulthood. Idaho utilized contractors service providers and community service providers and/or agencies to provide services to families and children.

Illinois

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General

Currently Illinois does not have a Differential Response pathway. The Illinois NCANDS Child File contains reports of child abuse/neglect that resulted from a hotline call meeting the standards of abuse/neglect as defined in department procedure 300.30(a)(1) Criteria for a Report of Abuse or Neglect.

Illinois DCFS launched a Streamlined Online System for Reporting of Non-Emergency Child Abuse and Neglect in October 2020. This system makes it easier for everyone to file a report of suspected abuse or neglect.

Reports

The following criteria must be met for a report of abuse or neglect to be taken:

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

The Illinois DCFS procedures allow taking multiple reports on the same child abuse and neglect incident when there are multiple perpetrators that either do not reside in the same residence or reside in the same residence as a child victim but are part of separate and independent families. In these situations, there are separate reports taken for each perpetrator.

The number of reports for FFY 2022 show an increase compared to FFY 2021, which appears to be related to the school districts returning to in class learning during the reporting period. With the resumption of in class learning, Illinois data reflects the number of reports made by education personnel increased which accounts for 85 percent of increase in the unique reports.

Since the start of the pandemic, the Child Abuse/Neglect Hotline has never shutdown, staff transitioned to working from home after the Governor issued the stay home order. There were no changes to criteria for screening calls of abuse/neglect. COVID-19 screening

questions were added, consistent with CDC and IDPH (Illinois Department of Public Health) guidance for worker safety in responding to reports of abuse/neglect.

Illinois reports "nonmandated reporters" to the NCANDS report source category of "other". The state does not collect any subtype information. The state's online system is a self-reported report source.

Children

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

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

> *"sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or the recruitment, harboring, transportation, provision, obtaining, patronizing or soliciting of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery." [22 U.S.C. §7102(8)]*

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

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

Since 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 8 — Other. Illinois procedure related to Human Trafficking was updated on 9/16/2022 to collect data specific to Human Labor Trafficking Abuse allegation, Human Sex Trafficking Abuse allegation, Blatant disregard of a caregiver's responsibilities that result in Human Labor Trafficking Neglect allegation, and Blatant disregard of a caregiver's responsibilities that result in Human Sex Trafficking Neglect allegation. Illinois is working to ensure it can collect and produce data on these new elements out of SACWIS.

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

Fatalities

Illinois DCFS procedures allow for multiple reports on the same child abuse and neglect incident (fatal incidents included) to be taken when there are multiple perpetrators that either do not reside in the same residence or reside in the same residence as the child victim, but are of separate and independent families. In these situations, there are separate reports taken for each perpetrator. This policy has the potential to report the same child fatality in multiple

reporting cycles if the disposition (final finding) dates occur in different reporting cycles. No other data system or agencies are used to compile and report child fatalities due to suspected abuse or neglect.

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

Perpetrators

The state makes a dispositional allegation-based determination for perpetrators for alleged victim. *The Illinois Abused and Neglected Child Reporting Act* (ANCRA) [325 ILCS 5/5] and Rule 300, *Reports of Child Abuse and Neglect*, does not set a minimum age for a perpetrator, except for Allegation #10 – Substantial Risk 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 state is currently unable to report caregiver risk factors.

Services

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

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

Indiana

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General

Indiana has engaged in continuous improvement efforts to refine the data collection and mapping process through system modifications and overall enhancement. The Management Gateway for Indiana's Kids (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 1, 2018, the Hotline ceased automatically recommending assessment of all reports with alleged victims under the age of three years old.

As of July 1, 2019, a change in legislation increased the 1-hour response time to 2-hours.

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

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

Effective June 1, 2021, every screen-out report (including child fatalities and near fatalities) will be reviewed by one hotline supervisor, then sent to the local DCS offices, where one member of management will be designated to make the final determination within 24 hours. DCS Hotline also ceased doing the additional screen out review for children under 3.

Effective February 28, 2022, a practice change was implemented where DCS Hotline would no longer document certain reports that provide no value. Examples include wrong numbers, immediate disconnects, internal DCS conversations, or simply transferring a call to another worker within the Hotline.

Children

Indiana continues to work with its field staff responsible for entering reports and completing assessments and emphasizing the importance of entering all applicable data, including child risk factors. Indiana completes daily Assessment Staffings between field workers and supervisors, which emphasizes ensuring the safety of children as quickly as possible.

In FFY 2021, Indiana streamlined their assessment completion processes for SafeACT assessments (where all children in the assessment are deemed clearly safe) and Professional Service Requests. Streamlining these processes should allow workers to initiate and complete all assessments more timely.

Fatalities

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

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

Reports for fatalities can be made from multiple sources, including DCS, law enforcement, fire investigator, emergency medical personnel, coroners, the health department, or hospitals. Reports can be made from these sources related to drownings, poisonings/overdoses, asphyxiation, etc., which may include accidents. It is the intention for these reporting standards not only to be used to determine if abuse or neglect was involved but also as an evaluation tool to inform practice.

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.

In FFY 2021, a CBCAP COVID grant was added as a separate federal funding source, which allowed Indiana to serve more children. On June 1, 2020, Indiana Family Preservation Service was launched. This service is required to be referred on all new in-home child/children in need of services (CHINS) and informal adjustments (IA). This service is a per diem that encompasses all services that the family needs to remain safely in the home with their caregivers.

Iowa

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General

Iowa has two types of responses to screened-in referrals/reports of suspected abuse. Our traditional pathway is called a child abuse assessment and the alternative response pathway is called a family assessment. The child abuse assessment pathway requires a determination of abuse and a determination of whether criteria for placement on the Registry are met. The family assessment pathway identifies family strengths and needs, connects the family to the appropriate services needed, and does not include a determination of abuse or a determination of whether criteria for placement on the Registry are met. Data from both pathways are reported to NCANDS.

A significant number of Iowa laws impacted state policies and procedures that in turn may have affected FFY 2022 data to NCANDS, including the following which were effective July 1, 2022:

- Safe haven laws were extended from a newborn infant who is or appears to be thirty days of age or younger to a newborn infant who is or appears to be ninety days of age or younger.
- Massage therapists were added to the list of mandatory reporters of both child and dependent adult abuse.
- A requirement that an allegation of Denial of Critical Care or an allegation of Dangerous Substance to be reported within five years to qualify as child abuse.
- The removal of a requirement for a written report of suspected abuse to be submitted within 48 hours of the oral report and maintains that only an oral report is required.
- Amendments to CINA proceeding, including:
  - A requirement that the GAL must be an attorney and not a CASA,
  - An addition of "objective criteria" to be used in GAL recommendations,
  - A presumption it is in the best interest of children 10 years and older to attend court,
  - Allows for removal of "domestic abusers" from the residence pursuant to a court order,
  - An underscoring of the harm caused by removal of a child and that it must be weighed against the potential harm in allowing a child to remain with the child's family,
  - A prioritization of relatives and fictive kin as preferred placements,
  - Providing notice to adult relatives, even if the custody is not transferred to the Iowa Department of Health and Human Services (HHS),
  - Permission for HHS to share information necessary to explore potential relative placement,
  - A focus on family interaction even when parents fail to comply with court requirements, so long as it's not detrimental to the child, and
  - Reasonable efforts to place siblings together.

Reports

The number of suspected reports of abuse decreased slightly in FFY 2022. This decrease was small and not a difference of 10 percent or more. The law change which requires an allegation of Denial of Critical Care or an allegation of Dangerous Substance to be reported within five years to qualify as child abuse took effect on July 1, 2022, and may have been a factor in this slight decrease. However, the law change was implemented toward the end of FFY 2022 and it would have only impacted the last three months of data.

Additionally, new staff were hired and trained with an expansion in the hours of operation for Iowa's Centralized Service Intake Unit (CSIU)/abuse hotline. CSIU transitioned to a 24-hour unit in January 2021, so by the start of FFY 2022, there were an addition of 21 staff who had been in their positions for less than 10 months. This increase in new intake staff is not believed to have impacted the number of screened in referrals.

Children

The number of victims of abuse decreased slightly in FFY 2022. This decrease was small. While it's unknown what contributed to the slight decrease, barriers to collecting and reporting data for infants with prenatal substance exposure remains a topic of discussion. A lack of common understanding and application of what constitutes "infant affected" has led to confusion around what medical providers feel they should be reporting and how child welfare staff should be responding. Policies and procedures have not changed regarding the referral of infants with prenatal substance exposure, but conversations with medical provider partners have increased and trainings with child welfare staff have increased in attempt to assure these infants are being identified and Safe Plans of Care are created for them and their caregivers.

Fatalities

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

The number of child maltreatment fatalities increased significantly in FFY 2022. While the total number was not more than 10, this difference was more than a 50 percent increase, jumping from twelve child maltreatment fatalities in FFY 2021 to nineteen in FFY 2022. Fatalities related to unsafe sleep made up the majority of this increase. With the awareness of safe sleep recommendations on the rise and the number of those cases which include substance use by the parent/caretaker, it is no surprise that we are seeing an increase in fatalities resulting from unsafe sleep.

Looking at this data in total, nineteen child fatalities were the result of abuse or abuse as a contributing factor. A state review of the maltreatment death data indicated unsafe sleep made up over one-third (seven) of all child maltreatment deaths, involving infants between 10 days and 6 months of age. In five of these instances, a parent or older sibling was co-sleeping with the infant on an adult bed or couch/recliner. The other two instances involved unregulated in-home childcare providers, one who placed an infant on an adult bed to sleep and another who placed an infant on their stomach in a pack and play to sleep.

Physical Abuse attributed to nearly one-quarter (four) of all child maltreatment deaths. Strikingly, all four of these physical abuse incidents were caused by a parent (one, which also included a paramour of the child's mother). The physical abuse incidents involved children between 19 days and 2 years of age.

Drownings accounted for three of all child maltreatment deaths, involving children between 9 months and 2 years of age, with one occurring in a residential pool and the other two in a bathtub. The persons responsible in all three of the drowning incidents were parents.

The five remaining child maltreatments deaths were single cases of inadequate medical care, motor vehicle accident, suicide, accidental gunshot, and asphyxiation. These incidents involved five children between 1 year and 13 years of age. In these incidents, three of the persons responsible were parents, one was a foster parent, and one was an unregulated in-home childcare provider. When considering whether any child maltreatment deaths included a history of HHS assessment or services, it was determined that eight of the nineteen child maltreatment deaths had both assessment and service history, six of the nineteen had assessment history only (no service history), and five of the nineteen had no assessment or service history.

Perpetrators

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

In FFY 2022, the incidents of abuse perpetrated by a childcare provider increased by more than 200 percent. The logic for perpetrator information did not change and there is no clear explanation for this dramatic increase. Factors may include an increase in children's mental health issues that result in increased behaviors, under trained staff, increased substantiations of abuse due to non-compliance with regulatory rules, and seeing a rise in numbers of children returning to childcare since the height of the COVID-19 pandemic.

Services

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

Postresponse services, referred to as Family Centered Services, are required for families where abuse is confirmed (substantiated, but not placed on the central abuse registry) and there is high risk or for families where abuse is founded (substantiated, and placed on the central abuse registry) and the risk is low, moderate, or high. These services are provided

Iowa *(continued)*

through contracts with external partners and managed by the Iowa's child welfare agency to offer a flexible array of culturally sensitive interventions and supports (including Family Preservation Services, Solution Based Casework, and SafeCare), to achieve safety and permanency for children and their families.

Kansas

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General

In the event there is no concern of maltreatment, but an assessment and referral from DCF may be necessary, Kansas does have a non-abuse/non-neglect category of case assignment called Family in Need of Assessment (FINA). FINA cases are not counted as screened-out reports. They are screened in, but as FINA as opposed to Abuse/Neglect (maltreatment).

Reports

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

- Initial assessment of reported information does not meet the statutory definition: Report does not contain information that indicates abuse and neglect allegations according to Kansas law or agency policy.
- Report fails to provide the information necessary to locate child: Report doesn't provide an address, adequate identifying information to search for a family, a school where a child might be attending, or any other available means to locate a child.
- The Department of Children and Families (DCF) does not have authority to proceed or has a conflict of interest if: Incidents occur on a Native American reservation or military installation; alleged perpetrator is a DCF employee; alleged incident took place in an institution operated by DCF or Kansas Department of Corrections – Juvenile Services (KDOC-JS); or alleged victim is age 18 or older.
- Incident has been or is being assessed by DCF or law enforcement: Previous report with the same allegations, same victims, and same perpetrators has been assessed or is currently being assessed by DCF or law enforcement.

Children

The decrease in the number of child victims compared to last year may be partially attributed to updating the Kansas Protection Reporting Center (KPRC) processes including Structured Decision Making (SDM) definitions as well as education and training to KPRC staff. KPRC staff have received updated training on how SDM is applied, Risk Intelligence, and Questions that Make a Difference. KPRC leadership and staff have received additional coaching throughout the year on SDM and how to utilize the updated SDM definitions. Kansas has also implemented the Kansas Practice Model statewide and focused on the issue of poverty vs. neglect (for example, a child who may have been an alleged victim of Physical Neglect may instead be an identified child on a Family in Need of Assessment case and receive an assessment and referral for services if warranted).

Kansas is also working diligently to provide education and resources to communities including educators and other mandated reporters on ways to best support children and families when DCF interventions may not be necessary, which includes connecting families to community-based services. In the event there is no concern of maltreatment, but an assessment and referral from DCF may be necessary, Kansas does have a non-abuse/non-neglect category of case assignment called Family in Need of Assessment (FINA). FINA cases are

not counted as screened out reports. They are screened in, but as FINA as opposed to Abuse/Neglect (maltreatment). Case assignments have decreased as a whole, which is also likely why we are seeing a decrease in the total number of unique child victims.

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 because 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.

Perpetrators

Kansas does report noncaregiver perpetrators of sex trafficking. Kansas has a minimum age of 10 years for a child to be considered an alleged perpetrator of maltreatment. The NCANDS category of "other" perpetrator relationship includes the state category of not related.

Services

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

Kansas has placed an emphasis on child and family well-being and prevention services in recent years. This has included implementation of the Kansas Practice Model, Family First Prevention Services, Family Resource Centers, a mobile crisis service for children and youth experiencing a mental health crisis, and advisory councils that partner with the voices of those directly impacted by services. Kansas DCF provides many of these prevention services as well as foster care case management through contracts or grants awarded to other organizations who provide direct services to children and families.

Kentucky

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General

Kentucky does not currently have a true alternative or differential response. assessment worker (investigation worker) makes an (investigation response (IR) or family in need of services response determination at the completion of the assessment (investigation).

Kentucky has the following dispositional findings for investigations/assessments: fatality/near fatality substantiated, found/substantiated, substantiated, unsubstantiated, and services needed. For the purposes of NCANDS reporting, services needed is mapped to the NCANDS disposition of "other." Kentucky currently does not map a dispositional finding to alternative response. Kentucky has begun the tasks associated with implementation of a true alternative response system. With full implementation of an alternative response statewide, the department anticipates a decrease in the number of past due investigations/assessments. Alternative response is anticipated to be implemented by 2024.

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.

Reports

Each of the nine service regions in Kentucky houses a central intake (CI) team which operates the statewide abuse and neglect reporting system. Due to the high volume of reports and population size, Jefferson County has two CI teams. All ten CI teams are housed under one statewide branch focused on serving their respective service region.

The CI phone system allows teams to "share" call volume by serving consumers across regional boundaries. The statewide hotline number first directs calls based on area codes to the corresponding service region. If all lines for that service region are busy, the call then bounces over to the next available CI team member statewide. This has improved customer experience via shorter wait times, increased service efficiency, and expanded coverage to meet business needs.

The statewide call platform was implemented in July 2019 with all teams online by March 2020. A partnership with Seven Counties Services, Kentucky's after-hours hotline operator, began in 2022 and was implemented January 2023. This expanded the number of employees and ensured more calls were answered in a timely manner. The PureCloud phone system used by DCBS's CI staff became available for Seven Counties Services hotline employees as of February 2023. All staff using the same platform allows DCBS staff to easily reference and pull detailed data on the number of calls, wait times, staff averages, and performance. The PureCloud system also allows Kentucky to track metrics such as call volume, wait times, call times, call recording for coaching and mentoring opportunities, etc. Additional stored information may be revisited for fidelity matters or staff training.

To slow down the intake process and gather the information needed to make better decisions for assessing reports for acceptance, the Department took steps to enhance the skills of intake staff through the implementation of the Structured Decision Making® (SDM®) Intake Assessment Tool. The intake assessment is consensus-based, meaning it is designed to operationalize Kentucky's standards of practice (SOP) and statute in a decision support tool. Through training and practice guidance, intake staff will be able to slow down the intake process to thoroughly review each intake to ensure each adequately meets acceptance criteria and have the supportive guidance to go through each section of intake criteria with specific definitions while evaluating the report. This will assist in decreasing the number of false positive acceptances (referrals that are incorrectly accepted for investigation), consequently reducing staff burden.

The SDM® Intake Assessment Tool was released for staff use on April 2, 2022. The DCBS Training Branch received a training of trainer's session in February 2022. This allowed DCBS Training Branch staff time to create and implement trainings for frontline staff of the intake assessment. The SDM® vendor, Evident Change, trained central intake staff on the SDM® Intake Assessment Tool March 8-18, 2022. The DCBS Training Branch provided 29 training sessions around the SDM® Intake Assessment Tool throughout the month of April to all Kentucky frontline staff and supervisors to ensure all staff understand the intake assessment and updated policies.

Efforts to address staff turnover and decrease caseloads to stabilize the workforce have continued. Regional retention committees are operational in all regions. Alternative work schedules have been operationalized in several pilot areas throughout the state and discussions are occurring regarding expansion. Current plans are underway to allow for more staff the option to telecommute or work a hybrid schedule that would allow partial telecommuting and partial time in the office. Along with pay raises in December 2021, May 2022, and July 2022, several long overdue pay grade changes were enacted as part of a larger plan to address the Department's pay equity issues. This issue will not be solved short term but rather over the process of several years. Kentucky is only in the initial stages of addressing its pay equity issues that it has attributed to its staff turnover.

The Child Protection Branch completed revisions of Standards of Practice (SOP) Online Manual Chapter 2- Child Protective Services (CPS) Intake and Investigation to align with changes resulting from the new intake tool release and to better align with current regulations. CPS workforce data for Kentucky only includes full-time equivalents (FTEs).

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.

Children

An overall decrease for child victims was observed between FFY 2021 and FFY 2022. Kentucky has worked diligently over the past several years to implement a safety model which includes the implementation of SDM® Intake Assessment Tool and a thorough review and modification of the state's acceptance criteria to ensure a focus upon children and families with true safety threats versus risk factors. This shift in the approach to the work may have contributed to the decrease in child victims this year. Kentucky's SOP 2.11-Investigation Protocol indicates unannounced face-to-face interviews should be completed with all household members including all other children in the home.

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

Findings of Human Trafficking Confirmed or Human Trafficking Not Confirmed are associated with non-caretaker reports of human trafficking. Non-caretaker reports of human trafficking cannot receive a substantiated finding, therefore, alleged perpetrators will not receive a Notification of Findings Letter. Non-caretaker perpetrators do not have due process to file an appeal as outlined in 922 KAR 1:300 Child protective services.

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

Kentucky began capturing safe care plan data and referral to appropriate services in FFY 2019. FFY 2022 is Kentucky's third full year of reporting for infants with prenatal substance exposure. Kentucky's Plan Of Safe Care SOP can be found at SOP 1.15-Working with Families Affected by Substance Misuse.

Fatalities

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

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

Perpetrators

The number of perpetrators in Kentucky decreased by 16.9 percent in FFY 2022. Kentucky has worked diligently over the past several years to implement a safety model which includes the implementation of SDM® Intake Assessment Tool and a thorough review and modification of the state's acceptance criteria to ensure a focus upon children and families with true safety threats versus risk factors. This shift in the approach to the work may have contributed to the decrease in perpetrators this year.

Kentucky's SOP 2.3-Acceptance Criteria states: *A report that meets child abuse, neglect, or dependency criteria which involves an alleged perpetrator between the age of twelve (12) and seventeen (17) years old who is in a caretaking role will be accepted. If substantiated, the child aged twelve (12) to seventeen (17) will be identified as the perpetrator.*

Kentucky reports Perp REL as 88-other for non-caregivers. DCBS will only accept reports involving a non-caretaker as a perpetrator if the report involves allegations of human trafficking and/or female genital mutilation. SOP 2.3-Acceptance Criteria also states: *Child sex trafficking when a non-caretaker is the alleged perpetrator involves any sex act involving a minor in exchange for anything of value. This includes but is not limited to cash, drugs, jewelry, clothing, food, shelter, protection, or transportation. This could also include the offer or intent to exchange something of value for sexual favors.*

Services

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

As a result of advocacy efforts for greater focus on prevention, DCBS received an additional $20 million appropriation of state general funds to be utilized for prevention services in SFY 2022, allowing expansion of the Kentucky Strengthening Ties and Empowering Parents (KSTEP) program.

Parent engagement meetings (PEMs) were implemented in 11 rural areas in calendar year 2022 thanks to additional prevention state general funds and Community-Based Child Abuse

Prevention (CBCAP) funding through the American Rescue Plan Act (ARPA). Discussions among DCBS leadership continue regarding the prioritization of funding for all prevention services, including PEMs.

Kentucky received a grant award in the amount of $7.9M to support FFPSA implementation. The department originally intended to use these funds for FPP expansion. The Consolidated Appropriations Act granted 100 percent federal reimbursement to states for FFPSA EBPs through 9/30/2021. Twenty million dollars ($20M) was also appropriated from state general funds to the department for FFPSA through SFY 2022. Therefore, grant funds were no longer needed. A portion of these funds was used to support Qualified Residential Treatment Program (QRTP) implementation in the form of stipends to QRTP providers struggling financially due to pandemic related challenges, including staffing. The remaining balance of $5,768,487 in Family First Transition Act (FFTA) funds must be used by 9/30/2025. This is 100 percent federally funded and cannot be used for services for which a title IV-E claim will also be submitted.

Activities for title IV-E EBP identification were successful but require ongoing assessment of the needs of Kentucky families and plan amendment to make changes as needed. A Title IV-E State Prevention Plan amendment was approved in CY 2021, to include expanded use of motivational interviewing (MI) and High-Fidelity Wraparound. Another amendment was submitted to the Children's Bureau in March 2022 to add Intercept as an EBP, with approval pending.

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

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

Kentucky invested $9.5 million in tertiary prevention services from SFY 2019 to present, along with leveraging partnerships with other agencies to serve target populations. Sobriety Treatment and Recovery Teams (START) and KSTEP both expanded through partnership with the Kentucky Opioid Response Effort (KORE) through funding from the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) Substance Abuse and Mental Health Services Administration (SAMHSA) grant to serve geographic areas of need and additional families. Both programs were sustained beyond the title IV-E waiver demonstration project to assist Kentucky families affected by substance use disorder; cases often resulting in removal absent these services. KSTEP expanded from four counties

to eight counties, from eight to 15, and an entire service region, since SFY 2019, with plans to expand to two additional service regions. Kentucky also expanded in CY 2021 to include an additional prevention pilot to deliver Multisystemic Therapy (MST) in two service regions, with plans for two additional providers in two additional service areas.

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

Louisiana

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General

The Louisiana Department of Children and Family Services (DCFS) continues to review and revise the 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 to improve overall data quality.

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

In August of 2018, the Department implemented a new case management system to capture data related to intake reports and investigations. As with all system implementation, a number of issues were identified. For example, the Department continues to find issues related to the report date and time as well as the date and time initiation of the investigation. This was noted because of military time discrepancies discovered during the error clean-up process. Most of these discrepancies were able to be handled for the FFY 2022 submission; however this remains an area requiring review each submission.

The Department is currently in the planning phase of implementing a new CCWIS system to capture all NCANDS requirements in an effective and efficient manner.

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 and is still under investigation, the second report is classified as an additional information report.

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

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

- An act or a physical or mental injury which seriously endangered a child's physical, mental or emotional health and safety; or
- A refusal or unreasonable failure to provide necessary food, clothing, shelter, care, treatment or counseling which substantially threatened or impaired a child's physical, mental, or emotional health and safety; or a newborn identified as exposed to chronic or severe use of alcohol; or, the unlawful use of any controlled dangerous substance or in a manner not lawfully prescribed; and,
- The direct or indirect cause of the alleged or other injury, harm or extreme threat of harm is a parent; a caretaker as defined in the Louisiana Children's Code; a person who maintains an interpersonal dating or engagement relationship with the parent/caretaker/legal custodian; or a person living in the same residence with the parent/caretaker/legal custodian as a spouse, whether married or not.

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

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

In addition to the findings noted above, Louisiana also employs the use of an Unable to Locate finding and a Client Non-Cooperation finding. The Unable to Locate finding is used when the Department has made extensive efforts to locate the alleged victim and their family. For example, attempted in-person contact at the address supplied by the reporter and other

addresses found via a global record search (SNAP, FITAP, Medicaid, etc.) and Consolidated Lead Evaluation and Reporting search (CLEAR); attempted contact via phone; or a neighbor or relative is unable to provide information on the client's whereabouts. If the Department is unable to locate the family after these efforts, this finding may be used.

A finding of Client Non-Cooperation shall be used only in instances in which the Department is completely thwarted in attempts to complete the investigation by the parents' refusal to participate in the investigation. Several conditions need to be met to use this finding: (1) the worker has made reasonable effort to interview the client; (2) Law enforcement has not been able to assist or refused to assist with efforts to interview the client; and, (3) the district attorney has chosen not to pursue further action; or, (4) the court has refused to order the client to cooperate.

Children

During 2022 there were no changes to Child Protective Services policies related to conducting investigations due to the continued pandemic. However, there might have been some instances where response time was affected due to COVID-19 exposure of families and face-to-face contact needing to be delayed.

The Department implemented a new case management system in 2018. During that time, the ability to identify victims of juvenile sex trafficking was made possible through the implementation of a new category of child abuse and neglect. Louisiana reports information on victims with parent/caretaker perpetrators; those victims are substantiated for the respective Human Trafficking allegation when the parent or caretaker is found to be culpable in the alleged sexual trafficking incident.

Increased focus has gone to drug and alcohol affected newborns. Identification of drug and alcohol use by the parents has been identified as a risk factor. However, reporting in this area has been difficult due to some issues leading back to one distinct problem: Identification of the reporter as medical personnel. Very often, the hospital social worker calls as opposed to a doctor or nurse. Centralized Intake Staff have been given additional training in this area to correctly identify the reporter type as medical personnel, rather than social services. A number of Plan of Safe Care and Referral cases have been dropped as a result of this issue. Further, staff will be given additional guidance regarding when to identify a plan of safe care as being in place.

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

Fatalities

Louisiana saw a 26 percent increase in the number of fatalities from FFY 2021 to FFY 2022. Louisiana reported 29 fatalities during FFY 2022. Policies around child fatality reviews were not changed in 2022 and the Child Death Review Panel meetings were able to continue to conduct operations during the pandemic.

Louisiana *(continued)*

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

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

Perpetrators

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

Services

The Child Welfare agency provides post-investigation services such as foster care, adoption, in-home family services, and protective daycare. Many services are provided through contracted providers and are not reportable in the Child File. To the extent possible, the number of families and children receiving services through Title IV–B funded activities are reported in the Agency File.

Maine

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General

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

Reports

All reports, including reports that are not appropriate, and are referred to as screened out, are documented in the Comprehensive Child Welfare Information System (CCWIS). The screening decision is performed at the Intake Unit using the SDM Tool. Reports that do not meet the statutory definition of child abuse and/or neglect and which the criteria for appropriateness of child abuse /neglect report for response is not met, are preliminarily screened out. The Maine statutory definition of child abuse and/or neglect is a threat to a child's health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these or failure to ensure compliance with school attendance requirements under 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 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 Maine, the NCANDS Child File category of victims includes children with the state dispositions of both indicated and substantiated. The term indicated is used when the maltreatment found is low to moderate severity. The term substantiated is used when the maltreatment found is high severity.

Fatalities

In FFY 2019 Maine began the collection and ability to track child deaths at time of report, during investigation or while in care. This information is now available in the NCANDS Child File for deaths that occurred after June 2019. Various state offices, along with the multi-disciplinary child death and serious injury review board continue to share and compile child fatality data.

Maine *(continued)*

Perpetrators

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

Services

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

Maryland

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General

Maryland's Department of Human Services Social Services Administration fully transitioned from SACWIS to CCWIS in FFY 2020. This has allowed for changes in data collection and mapping which have improved the state's NCANDS submission. In preparing for other federal reporting changes, modifications have been made in required data fields that have and will continue to improve future NCANDS submissions. Additionally, Maryland has been working closely with local jurisdictions to ensure that initial face-to-face contacts are documented timely as this was also part of Maryland's program improvement plan which has also improved the current NCANDS submission process.

In an effort to ensure better NCANDS outcomes, Maryland has an extensive CFSR local review process, in which Maryland partners with the University of Maryland School of Social Work, to conduct case reviews and local site reviews including interviews with families and local partners. The state coordinates this effort in partnership with the Children's Bureau and as necessary develops program improvement plans with local jurisdictions that helps align all the jurisdictions with critical federal and state expectations for child safety, permanence, and well-being.

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

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

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

Investigative Response targets moderate to high-risk reports of child neglect and abuse which results in a finding concerning maltreatment. This is Maryland's traditional CPS investigation. Maryland has improved NCANDS data mapping for its CPS functionality in CJAMS.

Maryland *(continued)*

Reports

Maryland's number of referrals increased in FFY 2022 from FFY 2021 which is thought to be due to resumption of in person education. Children with increased access to education personnel in confidential settings allowed for children to disclose alleged abuse or neglect, which led to an increase in the reports. There were also resumption of in person mental health and physical health appointments which allowed for increase in reports from those mandated reporters.

Due to the enactment of a legislative bill , Maryland implemented a centralized reporting hotline for Child Protective Services in 2021. This centralized hotline has provided a single number for Marylanders to report suspected abuse or neglect with the ability to then route the calls to the appropriate local jurisdiction based on the location of the allegation. The local jurisdiction's previous child protection numbers remained in service, allowing those to continue to be used by those who were already familiar with them, thus providing options for reporting suspected child abuse or neglect.

Children

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

Maryland does have a check box in place in the SDM tool to count sex trafficking: when a caseworker chooses sexual abuse, the case worker is able to choose "yes" or "no" as to whether it was sex trafficking. Prior mapping from Maryland's SACWIS had not been able to separate out the sex trafficked maltreatment. Maryland will make changes with regards to mapping so that identification of these children can be reported in future submissions.

Several years ago, Maryland made the decision to not investigate infants where prenatal substance abuse exposure was the only concern. These children receive a risk of harm assessment and are reported as part of the agency file. Only in situations where additional factors that meet abuse or neglect criteria will infants with perinatal substance abuse be reported in the child level file. This makes it appear as if Maryland does not have many infants with perinatal substance abuse. The plan of safe care for these infants continues to undergo development in the state's CCWIS and it is hoped that this will be able to be reported in subsequent years.

Fatalities

Maryland requires that child fatalities where child maltreatment is a factor are reported by the local departments of social services. In addition, the state and local departments also get information about these fatalities from local agency fatality review teams, the Maryland Department of Health's Child Fatality Review team, and the office of the Chief Medical Examiner. Any suspicious death is investigated while any sleep related death is assessed or investigated if suspicious. Maryland is continuing to work on a centralized review for fatalities where maltreatment was a factor.

Over the past year, there has been a focus on ensuring that documentation of child death is recorded in the CCWIS which has improved the state's ability to report these deaths in the child level file instead of having to report them in the agency file. This has improved NCANDS reporting for FFY 2022.

Perpetrators

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

On the other hand, when a perpetrator's age is unknown, Maryland has used a default date of birth, which is not always updated by the end of the investigation. This has led to the appearance that Maryland has a large number of perpetrators who are over the age of 75. Maryland will be working to ensure that a better approximation of a perpetrator's age is documented prior to the finalization of investigations for next year's data submission.

Services

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

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

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

As our population of children in foster care has been decreasing in the past several years, Maryland continues to utilized family team decision meetings as well as increase the use of evidence-based practices (EBP), such as Functional Family Therapy (FFT), Parent Child Interactive Therapy (PCIT), Multisystemic Therapy (MST), and Healthy Families America (HFA), which were identified in Maryland's Family First Prevention Services Act (FFPSA) Prevention Plan to address a holistic approach to family needs. These EBPs were rolled out throughout the state in stages, utilizing those that were already in place following the Title IV-E Waiver and then implementing services in other jurisdictions across the state.

Massachusetts

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Reports

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

Massachusetts uses a single child protection response, with all screened in reports of suspected child abuse and neglect (51A reports) assigned to investigation-trained response workers. This places the decision making regarding the appropriate level of departmental intervention after the response—the point at which the Department has interviewed the child and caregiver involved, contacted collaterals, and substantially investigated the report of abuse or neglect. Emergency responses must be completed in 5 working days; non-emergency responses must be completed in 15 workings days. To complete an investigation, the policy mandates the use of the Department's Risk Assessment Tool to assess potential future safety risks to the child. In October 2019, the Department updated its Risk Assessment Tool to incorporate the latest validated research to assess child safety risk more effectively and reliably.

The number of screening and initial assessment/investigation workers listed is the estimated full-time equivalents (FTE) based on the number of screenings and initial assessments/investigations completed during the federal fiscal year (FFY), divided by the monthly workload standard for the activity, divided by 12. The workload standards are 55 screenings per month and 10 investigations per month. The number includes both state staff and staff working for the Judge Baker Children's Center, Massachusetts' Child-At-Risk Hotline contractor. The hotline handles child protective service functions whenever state offices are closed. The number of workers completing assessments was not reported because assessments are case-management activities rather than screening, intake, and investigation activities. In FFY 2022, social workers also performed screening and investigation functions in addition to ongoing casework.

Children

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

Response outcomes are mapped to NCANDS outcomes as follows:

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

The NCANDS category of neglect includes medical neglect; Massachusetts does not have a separate allegation type for medical neglect. Living arrangement data are not collected during investigations with enough specificity to report, except for children who are in placement. Data on child health and behavior are collected, but these data need not be entered during an investigation. Data on caregiver health and behavior conditions are not usually collected during an investigation. For both the alcohol and drug abuse elements, the indicator is marked as a "yes" for any information found in the health and behavior sections of the case record and for any infant with a reported allegation of Substance Exposed Newborn or Substance Exposed Newborn-Neonatal Abstinence Syndrome.

Since 2014, Massachusetts has engaged in a comprehensive approach to address Human Trafficking and Sexual Exploitation of children and youth that has included:

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

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

Fatalities

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

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

Massachusetts *(continued)*

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

Services

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

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 and neglect allegedly committed by a person responsible for the child's health and welfare.

Michigan has begun to implement the commitments outlined in the Families First Prevention Services Act instituting in three pilot communities a transfer of abuse or neglect complaints to the United Way 211 when the complaints do not rise to the level for concern of child abuse or neglect per state law, but indicate that the family may need prevention services.

Reports

Michigan has implemented a Structured Decision-Making protocol at the statewide Centralized Intake Division, the twenty-four-hour hotline responsible for taking all child and adult abuse or neglect concerns.

The decision tool routes families to prevention services to keep children and youth safe in their own communities by establishing a system rooted in family well-being, prevention, and equity. This initiative, MiFamily, Stronger Together, will require a significant culture shift, moving away from a reactive child protection system and toward a prevention-oriented, family well-being system. Michigan has observed a slight increase, 12 percent, of referrals being screened out since implementing a prevention-oriented system of care within Centralized Intake.

Children

Michigan has been able to report victims of sex trafficking since fiscal year 2018, defined as an individual subject to the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purposes of a commercial sex act or who is a victim of a severe form of trafficking in persons in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induces to perform the act is under 18 years old. In addition, Michigan defines labor trafficking as the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, using force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Michigan has reported data for infants with prenatal substance exposure since fiscal year 2018. The state policy indicates that Child Protective Services will investigate complaints alleging that an infant was born exposed to substances not attributed to medical treatment and subsequent requirements for confirming abuse/neglect must find that a parent's substance use/abuse impacts child safety/well-being. Michigan continues to collaborate with the medical community, staff and Governor's appointed task force to review and update policy, process, and reporting requirements to ensure families impacted are offered a Plan of Safe Care through either a public health or child welfare contact.

Fatalities

Michigan has observed an increase in the total number of child fatalities in fiscal year 2022 at 61 compared to 35 in fiscal year 2021 and 43 in fiscal year 2020. Some observations include:

- 11 youth died in federal fiscal year 2021 while the investigation disposition took place in federal fiscal year 2022 and therefore was included in FY 2022 report.
    - 7 of the 11 fatalities occurred near the end of the reporting period.
- 3 sets of siblings totaling 7 youth are included in the total count of child fatalities.
- Concurrent criminal investigations impact final determination on causality of a child fatality.

Michigan reports child fatalities within the Child File where there is a finding of preponderance outlined by category dispositions or findings noted as a Category 1, 2, or 3. In 2022, a total of 57 children were reported within the Child File. Michigan does not confirm persons not responsible as defined by statute or deceased persons as perpetrators. Four child fatalities met these criteria and have been reported within the Agency File.

Michigan participates in the Safe Systems Review program, an interagency collaborative with multiple jurisdictions aimed at systemic improvements within child welfare systems.

Perpetrators

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

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

Services

Michigan continues to provide prevention and preservation services through statewide programing by Families First of Michigan, Family Reunification Program, and Families Together Building Solutions-Pathways of Hope as well as local programming.

Michigan has begun to implement the Family First Prevention Services Act (FFPSA) plan outlining ten Evidenced Based Practices to implement over time. Home Visiting and Motivational Interviewing are the first two practices implemented. The MiSACWIS

application has been updated allowing prevention services data to be collected and tracked. Michigan has a longstanding relationship with private agency providers to deliver all FFPSA services.

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

Minnesota

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General

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

Reports

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

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

The COVID-19 pandemic continued to have an impact on the number of alleged CA/N reports during FFY 2022. Overall, the number of reports continued to decline slightly from the previous year, however, there were regional and county variances; likely correlated to patterns of virtual/distance school programming. While no changes were made to the statutory requirements for reporting and screening for maltreatment, multiple successive

Executive Orders from the Governor during the State's peacetime emergency required individuals, organizations, and businesses to intermittently "stay at home," shutdown, and/or engage in virtual services and education. While the State's peacetime emergency ended on July 1, 2021, it is likely that the physical absence of children and youth from schools, doctor's offices, places of worship and other places minimized exposure to mandated reporters resulting in a reduction in reports of alleged CA/N.

The vast majority of referrals are screened out because the stated concerns do not meet established criteria in Minnesota's Child Maltreatment Intake, Screening, and Response Path Guidelines or the definitions of child abuse or neglect under Minnesota law. Other reasons to screen out a referral include: children not in the county's jurisdiction, allegations have already been assessed or investigated, not enough identifying information was provided, or the incident did not occur within the family unit or a licensed facility. There is little variation in the proportion of screened out referrals for each of the reasons across years. In addition, Minnesota Screening and Response Path Guidelines and statute apply screen-in requirements to children who have been born. Screened in reports alleging substantial child endangerment or sexual abuse must be responded to within 24 hours. Other reports must be responded to within 5 days or 120 hours under Minnesota statutes. Reports with either a determination of maltreatment (substantiation) or a determination of need for child protective services are retained for 10 years. Reports with neither determination (including all family assessment response reports) are kept for 5 years. Screened out child maltreatment reports are also kept for 5 years. Timelines for record retention and destruction are set in Minnesota statutes.

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

Children

During FFY 2022 the number of victims decreased by 4.4 percent. The number of victims is based on determined/substantiated child victims in investigation cases. In FFY 2022, the state continued to be affected by the COVID-19 related public health guidelines and Governor Executive Orders requiring activities to slow the spread of coronavirus, modifications were made to the timelines and face-to-face requirements for certain child protection responses. For reports of substantial child endangerment or sexual abuse, law enforcement or hospital staff were permitted to serve as the initial face-to-face contact with alleged child victims; these flexibilities ended on June 30, 2021. Beginning July 1, 2021, exceptions allowing delayed contact for reports of sexual abuse or substantial child endangerment were codified. The new exceptions allow child welfare agencies to have face to face contact with the child within five calendar days (versus 24 hours) when the child resides in a location that is confirmed to restrict access with the alleged offender, or the child welfare agency is pursuing a court order for the caregiver to produce the child for questioning. The department encouraged face-to-face contacts and indicated that alternative methods should be used sparingly throughout the state's peacetime emergency. When alternative methods were used, video were preferred. Overall, the median time to initial contact throughout the state was longer compared to last year.

To ensure the safety of all children who have or had contact with an alleged offender, Minnesota statute requires other children who currently reside with, or who have resided with, an alleged offender to be interviewed in the early stages of an assessment or investigation. These children are subject to the same protections and provisions as the alleged victim.

The State currently collects and reports data related to infants with prenatal substance exposure. While there were no policy changes during FFY 2022, 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

In FFY 2022, the number of maltreatment-related fatalities as compared to 2021 increased from 22 to 25. Given the rarity and complexity of these cases, it would be misleading to speculate on the reasons for this increase. Each fatality is a tragedy, and it is imperative that when such an incident occurs, the state have a process for learning what we can to improve outcomes for all children and families moving forward.

The primary source of information on child deaths resulting from child maltreatment is local agency child protective services staff; however, some reports originate with law enforcement or coroners/medical examiners. Local agencies also submit results of any local child mortality review to the department's critical incident review team. The department's critical incident review team also regularly reviews death certificates filed with the Minnesota Department of Health (MDH) and directs local agencies to enter child deaths resulting from child maltreatment, but not previously recorded by child protective services, into Minnesota's Comprehensive Child Welfare Information System, to ensure that complete data are available.

Occasionally, a child who is a resident of Minnesota becomes the subject of an alleged CA/N related fatality in another jurisdiction. When the department's critical incident review team becomes aware of such an incident, documentation, including police reports, are requested from law enforcement in the other state. The local agency within Minnesota is asked to record the data in Minnesota's Comprehensive Child Welfare Information System.

Minnesota has a critical incident review team that conducts reviews of maltreatment related child fatalities. The review process, based in human factors and safety science, is a robust, thorough and time intensive endeavor that includes a review of the child and family's history of involvement with the child welfare system. This process results in the identification of systemic barriers and influences that impact work occurring in Minnesota's child welfare system; this information is used to inform the state's broader continuous quality improvement efforts. In addition to the critical incident review team, Minnesota has a State Child Mortality Review Panel. The multidisciplinary team including representatives from state, local, and private agencies; disciplines represented include social work, law enforcement, medical, legal, and educators. Other than conducting reviews and meetings virtually, all other policies and procedures for reviewing child fatalities in Minnesota remained the same throughout the pandemic.

Minnesota *(continued)*

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.

Mississippi

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General

Mississippi does not have two types of responses to screened-in referrals (reports).

Reports

There was an increase of reports for FFY 2022 compared to FFY 2021.

MDCPS is constantly hiring and training new staff and rehires to the agency. The hotline Mississippi Centralized Intake and Assessment began in July 2022, utilizing all contracted staff for intake positions, utilizing full-time MDCPS employees for most of the intake workload, and utilizing contracted part-time staff for intake positions on weekends and holidays. During the second half of FFY 2022, significant changes were made regarding using data to determine staffing amounts for the hotline. The shifts were streamlined into three distinct shifts for each day, making the data used to determine staffing amounts needed for each shift clearer and more relevant to inform staffing needs. MDCPS does not employ part time caseworkers or investigators. Full-time equivalents were used as the number of staff responsible for intake and screening, due to there being a mixture of full-time employees and part-time contracted staff.

A transition is being made for more of the screening to be done at the intake level, which is a move away from the current two-part screening system in which initial screening is conducted at intake and a final screening is done at the county assignment level. There are plans to implement a structured decision-making tool in the future. For FFY 2022, there was an increase in the amount of screening assessment conducted at the intake level, especially pertaining to whether information on children in open cases constituted a situation of abuse or neglect by the caregiver, or whether the information pertained to the ongoing casework management of assessing, monitoring, and managing safety, risks, and well-being.

Children

There was an increase of victims for FFY 2022 compared to FFY 2021, but the increase was less than 10 percent. While no policy changes were made, guidance was issued for contact precautions. No policy around response times changed and MDCPS did not observe any unusual variances in timely initiation or completion of investigations during the pandemic period and FFY 2022.

MDCPS has reported the human trafficking maltreatment type since FFY 2019. For FFY 2022, there were 273 sex trafficking reports in Mississippi. MDCPS continues to collaborate with the National Human Trafficking Assessment Team (Hotline and advocates), Local Law Enforcement, and the Mississippi Attorneys General Office. Ongoing efforts will continue to address human trafficking and additional resources to serve victims.

The Comprehensive Addiction and Recovery Act continues to assist mothers and infants affected by substance use exposure. For FFY 2022, MDCPS continued the Memorandum of Understanding (MOU's) with the Mississippi Department of Mental Health, Mississippi Department of Health, and Healthy Families of Mississippi. These programs combined offers case/care management services for mothers and infants, parenting education, home visiting, and substance use treatment (inpatient and outpatient). Additionally, the Healthy Moms, Healthy Babies program provides support in all 82 counties such as: community support, Medicaid, SNAP, WIC, Health education for depression, anxiety, and healthy infant development. The state does not report referrals of infants with prenatal substance exposure in the NCANDS Child File. For FFY 2022, there were 68 children identified as IPSE. The CARA referrals are tracked through a software called Smartsheet. The providers, Mississippi Department of Health, Mississippi Department of Mental Health, and Healthy Families are sent referrals through DocuSign and comments are made through Smartsheet. Mississippi Department of Child Protection Services tracks information such as: successful/unsuccessful attempts of contacting the mother and/or medical provider, and if the mother accept/deny services. There are no alcohol abuse child risk factor or drug abuse child risk factor reporting limitations. There are no alcohol abuse caregiver risk factor or drug abuse caregiver risk factor reporting limitations.

There are no barriers on how Mississippi collects and report data to NCANDS for infants with prenatal substance exposure.

Fatalities

There was an increase in fatalities for FFY 2022 compared to FFY 2021.The agency developed a Special Investigations Unit that is responsible for investigating all reports of child fatalities that meet criteria for agency investigations. Previously, the investigations were conducted by regular workers in the field. The development of the SIU has standardized screening and decision-making processes in fatality investigations. In addition, the investigators that make up the unit are required to have an advanced level of licensure and experience. Having the dedicated, specialized investigators has contributed to the increase of fatalities reported with substantiated findings of abuse and neglect.

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

All fatalities reported to the agency are investigated regardless of the manner of death. However, all reports accepted for an investigation must have an allegation.

Mississippi *(continued)*

Perpetrators

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

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

Services

There were no changes to preventive services funding. Some prevention services are contracted to two providers. These services continue to be outsourced to two Providers. In previous years, children who received preventive services covered under the Promoting Safe and Stable Families grant (PSSF) during the year were utilized by the Families First Resources Centers with some of these funds. The PSSF grant funds a portion of the in-CIRCLE Family Support Services Program, formally known as CFFSP, or Family Preservation/Family Reunification/Family Support Services. Beginning on October 1, 2017, the CFSSP transitioned to the ***in-CIRCLE Family Support Services Program***. Two vendors provide services for this program, however, only one provides services funded through PSSF funds, Youth Villages. Canopy Children's Solutions utilized state general funds to provide services.

- ***in-CIRCLE*** is an intensive, home and community-based family preservation, reunification, and support services program for families with children who are at risk of out-of-home placement. It is designed and implemented to help break the cycle of family dysfunction by strengthening families, keeping children safe, and reducing foster care and other forms of out-of-home placements. Services are also offered to families with pregnant mothers who were at high risk of the child being removed due to substance use issues once the child is born.
    - The primary goal of the program is to remove the risk of harm to the child rather than removing the child by (1) reducing unnecessary out-of-home placements, (2) preventing and/or reducing child abuse and neglect, (3) improving family and informal concrete supports, (6) addressing mental health and substance use issues, (7) reducing child behavior problems, and (8) safely reunifying families.

For FFY 2022, the Dorcas In-Home Family Support Program is also another program that provided family-driven, youth-guided interventions to improve the stability of enrolled families and their ability to provide adequate care for the children for whom they are responsible. These interventions increased families' access to and utilization of community resources and assistance. 139 children/ families were served through The Dorcas In-Home Family Support Program. The Dorcas Program is funded privately through Baptist Children's Village as a support to our Preventive programs. It is a no cost to our families as it is provided pro bono. in-CIRCLE Services through Youth Villages and it is funded through PSSF. Canopy is funded through General Funds. In Home Services served 445 children/families during FFY 2022 under the PSSF grant. In addition, 1285 children/families were served through the General Funds, and 139 families/children were served through the No Cost funds.

Services to child victims outside of a service case are provided through the Family Reunification and Preservation Program within the In-Home Services Unit of the Agency. Through Promoting Safe and Stable Families, General State Funds, and No Cost Services. The total number of children/families served under these preventive services were 802 families and 1869 children. Subgrantees have continued services for this contract year to provide step-down and soft support; whereby, it promotes less probability of reentry into the program.

The goal is to reduce the likelihood of removal or other disruption of their living arrangement. The funding stream for the Prevention subgrantees are funded through Community Based Child Abuse Prevention Grants, (CBCAP). For, the Prevention subgrantees, the reported numbers for October 1, 2021 — September 30, 2022 were 3, 147 families served and 4, 362 children served. COVID- 19 continues to be a barrier for many families. However, grantees resumed face-to-face services. Grantees continued virtual services such as parenting classes/education and the ACT Raising Safe Kids Curriculum. Additionally, Support and Concrete Groups, Counseling Referrals, Safe Sleep Education, Food Box Give Always, and various community-based workshops were offered. The Resource Center was also utilized in addition to case management 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.

Missouri

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General

The Children's Division, under the Department of Social Services umbrella, is designated to direct and supervise the administration of child welfare services. The Children's Division works in partnership with families, communities, the courts and other governmental entities toward ensuring the safety, permanency, and well-being of Missouri children. The division works with all parties to safely maintain children in their homes whenever possible and to secure safe, permanent living arrangements when out-of-home placement is necessary. The Children's Division administers the Child Abuse/Neglect Hotline, Intensive In-Home Services, Family Centered Services, Adoption Services, Independent Living, Foster Care, Residential Licensing and preventive services including early childhood and early intervention strategies. The division is responsible for the assessment and investigation of all reports to the Child Abuse/Neglect Hotline. These services are administered statewide within a centralized organizational framework. Children's Division Responsibilities include:

- Oversees a 24 hour child abuse and neglect hotline
- Investigates child maltreatment reports
- Provides foster care services for maltreated children
- Provides preventive services to at-risk families
- Provides intensive family supports for at-risk families
- Assists with children finding permanency with adoption and guardianship services

Children's Division Geographical Structure Missouri has 114 counties and the City of St. Louis, which are grouped together using pre-established judicial circuit boundaries. Each circuit has oversight by a Circuit Manager. The state is divided into six regions, with each governed by a Regional Director. The St. Louis Region includes the county and the city of St. Louis. Missouri's six regions are: St. Louis, Kansas City, Southeast Region, Southwest Region, Northeast and Northwest Region.

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

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

Family assessment responses (alternative responses) are screened-in reports of suspected maltreatment. Family assessment reports include mild, moderate, or first-time noncriminal

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

Reports

The response time indicated is based on the time from the login of the call to the time of the first actual face-to-face contact with the victim for all report and response types, recorded in hours. State policy enables, in addition to CPS staff, multidisciplinary team members to make the initial face-to-face contact for safety assurance. The multidisciplinary teams include law enforcement, local public school liaisons, juvenile officers, juvenile court officials, or other service agencies. Child protective services (CPS) staff will contact the multidisciplinary person to help with assuring safety. Once safety is assured, the multidisciplinary person will contact the assigned worker. The worker is then required to follow-up with the family and sees all household children within 72 hours. Data provided for 2021 does not include initial contact with multidisciplinary team members.

Missouri uses structured decision-making protocols to classify hotline calls and to determine whether a call should be screened out or assigned. If a call is screened out, all concerns are documented by the division and the caller is provided with referral contact information when available.

During Covid, Missouri had an increase in referrals that were called in for educational neglect that were linked to distance learning issues and did not meet the guidelines for educational neglect. Due to the volume of calls, these reports were accepted as preventative service referrals. As of May 2021, Missouri no longer accepted these referrals if they did not meet the guidelines for educational neglect. This led to a decrease in the overall number of referrals in FFY 2022 compared with FFY 2021.

Children

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

Missouri implemented multiple protocols to meet our investigation and assessment guidelines on ensuring safety and child contact. Temporary policies addressed both child and worker safety, proper use and availability of PPE, virtual, curbside and in-person visits. In

many situations, we did continue to investigate reports in-person. Safety of children continued to be a primary concern and when a child needed to be removed from the home, practice was not impacted. Changes were made to our states' calculation for our time from the start of an investigation to final determination for the Agency File by mirroring the same logic used in the Child File.

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

Missouri collects data on Plans of Safe Care in the instance of a Newborn Crisis Assessment Referral. During FFY 2022, there were 273 children who had a Plan of Safe Care developed. During a prior review of reports, it was that noticed that staff were not checking the box as they should. Our agency has been telling staff during their training to check the box in our system if a plan of safe care is put in place. This is being addressed again on our agency's monthly CA/N call.

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. Through Missouri statute, legislation created the Missouri State Technical Assistance Team (STAT) to review and assist law enforcement and the Children's Division in instances of severe abuse of children.

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

Because Missouri's hotline (CPS) agency is the central recipient for fatality reporting and because of the state statute requiring coroners and medical examiners to report all fatalities, Missouri could appear to have a higher number of fatalities when compared to other states

where the CPS agency is not the central recipient of fatality data. Other states may have to obtain fatality information from other agencies and, thus, have more difficulty with fully reporting fatalities.

In FFY 2020, Missouri adjusted coding on our mapping document to more accurately provide child fatality information in the Child File rather than the Agency File, based on a mapping issue found in FFY 2019 data.

Perpetrators

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

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

- The parents or legal guardians of a child;
- Other members of the child's household;
- Those exercising supervision over a child for any part of a twenty-four-hour day;
- Any adult person who has access to the child based on relationship to the parents of the child or members of the child's household or the family;
- Any person who takes control of the child by deception, force, or coercion; or
- School personnel, contractors, and volunteers, if the relationship with the child was established through the school or through school-related activities, even if the alleged abuse or neglect occurred outside of school hours or off school grounds.

The last bullet was added to the definition to provide the Children's Division an enhanced ability to investigate child abuse/neglect when the alleged perpetrator has a relationship with the victim child through school.

Missouri made a policy change to the category of "other" that changed the wording "paramour" to "partner" which added additional coding that fell to the "other" category. In FFY 2020, Missouri updated coding on our mapping document to capture "partner" which resulted in an elevated percent changed from the "other" category. The "other" category also includes reports where the perpetrator is coded as "self" for the victim. These are instances usually involving older victim children that are also perpetrators themselves, to younger children on the same report, which puts them in the "other" category.

Services

Children younger than 3 years are required to be referred to the First Steps program if the child has been determined abused or neglected by a preponderance of evidence in a child abuse and neglect investigation. Referrals are made electronically on the First Steps website or by submitting a paper referral via mail, fax, or email. First Steps reviews the paper or electronic referral and notifies the primary contact to initiate the intake and evaluation process.

Montana

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The state did not submit commentary for the *Child Maltreatment 2022* report.

Nebraska

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General

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

Nebraska has a two-tiered system of responding to accepted reports of abuse and neglect. Reports are assigned to a Traditional assessment or an Alternative Response. Alternative Response (AR) is an approach to keep children safe in a family-friendly way by doing things such as making appointments to see the family, asking the parents or caregivers for permission to talk to their children and other collaterals, not entering abuse or neglect findings, and offering concrete supports, among other things. AR started as a pilot in five counties in 2014 and has since expanded statewide as of October 1, 2018. Data for traditional and AR cases are reported to NCANDS.

Successful child welfare practice is predicated on engaging the families with whom we come into contact. 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 create detailed practical, achievable safety plans. In the last four years, CFS has completed the roll-out of all 12 modules of SOP training statewide and is developing ongoing refresher training for staff across Nebraska.

Reports

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

Nebraska experienced a decrease in screened-in reports to the Hotline in FFY 2022. Despite this decrease, Nebraska experienced an approximately 25 percent increase in screened-out reports during FFY 2022 compared to FFY 2021 after several years of decreases during the pandemic. The number of screened-out reports dropped significantly during the pandemic and has not reached the pre-pandemic levels. To ensure the safety of Nebraska's most vulnerable population, in June 2019, a policy was enacted whereby all reports made by medical professionals that involve an identified child or child victim age five and under are accepted for assessment. That same month, Central Office program policy staff began performing second-level reviews of all reports screened out at the Hotline. As of November 2021, these reviews are conducted by Hotline supervisors. These reviews ensure the correct screening decisions concerning reports not accepted for assessment are made.

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

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

Children

In FFY 2022, Nebraska saw a decrease in unique child victims. The continued expansion of the use of Alternative Response, partly accounts for this decrease. Also, the policy enacted whereby all reports made by medical professionals that involve an identified child or child victim age five and under are accepted for assessment affected this as many of those reports are also screened as Alternative Response. Further, all Agency Substantiated findings are reviewed and entered by supervisors who have administrative oversight of this process. The supervisor considering a finding of Agency Substantiated and the entry of the alleged perpetrator's name on the Central Registry must find sufficient evidence to support that the subject of the report, the alleged perpetrator, committed child abuse or neglect as outlined in state statute and determine that the evidence meets statutory requirements.

Nebraska did not change any policies related to investigating allegations of child abuse and neglect or conducting assessments with families during the COVID-19 pandemic, except that the time frame identified for CFS Specialists to complete assessments was extended from 30 to 45 days, and an Administrative Exception could be granted for an additional 15 days.

CFS experienced an increase in the average response time. During FFY 2022, Nebraska ended privatization in the Eastern Service area of the state, which is the largest population area. This change affected staffing and the ability to respond timely to reports and complete assessments. Nebraska also changed policy during FFY 2022 to remove the lowest response priority timeframes. Previously, Nebraska had three priority response timeframes, 24 hours, five days, and ten days. Now Nebraska prioritizes reports as needing a 24-hour or five-day response.

For FFY 2022, Nebraska reported the sex trafficking maltreatment type for the entire year. As of August 2019, Nebraska accepts all reports of trafficking without regard to the subject (the alleged perpetrator) of the report for assessment of child safety. Findings allow for differentiation between labor and sex trafficking. However, the finding is not an accurate indication of who is a trafficking victim since often the identity of the subject is not known, and CFS cannot substantiate an unknown perpetrator or list them on the Central Registry. Most victims of sex trafficking engage in "survival sex," and thus far, there is no mechanism for tracking these cases.

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

All reports from medical professionals involving children 0-5 years of age are accepted at the Hotline. Through the Comprehensive Addiction and Recovery Act (CARA), Nebraska has set up a notification process for birthing hospitals. If the hospital does not feel 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 implementing CARA and the difference between reporting and sending a notice, some infants are missed due to notifications 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 unable to join live.

Nebraska continues to work with external partners, including hospitals, to ensure they provide CFS staff with the necessary information to complete Plans of Safe Care. Nebraska was chosen to receive In-Depth Technical Assistance, a two-year project through the National Center for Substance Abuse and Child Welfare and Children and Family Futures. While the main focus is on developing Plans of Safe Care prenatally, the data and work with external stakeholders will allow Nebraska to grow and improve practice, ensuring all infants born affected by substance use have a Plan of Safe Care documented.

Nebraska continues to increase identification and reporting on infants with prenatal substance exposure, and CFS continues to discuss improvement strategies with the administration. Currently, only data based on children's characteristics are included, but CFS is working on incorporating caregiver characteristics related to substance use. In the past year, a Standard Work Instruction was updated for all staff on what to do when an infant affected by prenatal substance use is identified. Recently, data was made available to all service areas to monitor the completion of Plans of Safe Care.

Fatalities

Nebraska reports child fatalities in both the Child File and the Agency File. Nebraska reported three child fatalities resulting from maltreatment in FFY 2022. All child fatalities are under investigation as of the date of this writing. Nebraska continues to work with the state's Child and Maternal Death Review Team (CMDRT) to identify child fatalities resulting from maltreatment but not included in the child welfare system. When a child fatality is not included in the Child File, the state determines if the child fatality should be included in the Agency File. The official report from CMDRT with final results is usually made available two to three years after submitting the NCANDS Child and Agency files. Nebraska will resubmit the Agency File for previous years when there is a difference in the count than was initially reported due to the CMDRT final report. No policies were changed concerning child fatality reviews.

Perpetrators

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

In FFY 2022, Nebraska saw a decrease in unique perpetrators compared to FFY 2021. This decrease correlated with the decline in victims and is likely due to a combination of factors: more reports are going to Alternative Response than previously; 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 28-710 and 28-713 require DHHS to conduct in-person investigations of trafficking regardless of the alleged perpetrator's relationship to the alleged victim. This legislation was effective in August 2019. Nebraska reports "Other" relationships for perpetrators of sex trafficking, including non-relatives and other people who are not professional caregivers.

Services

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

Nebraska *(continued)*

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

Nebraska DHHS Division of Children and Family Services provides child welfare services to the citizens of Nebraska. The statewide Hotline is centralized in Omaha but serves the entire state. Initial Assessment (investigation) is conducted by State of Nebraska Child and Family Services Specialists (CFS Specialists). Before FFY 2022, CFS Specialists conducted case management in all but one service area. In the Eastern Service Area, the privatization of case management ended during FFY 2022.

Nevada

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General

Nevada child welfare agencies use a single statewide child welfare information system known as Unified Nevada Information Technology for Youth (UNITY). UNITY is governed by federal Comprehensive Child Welfare Information System (CCWIS) regulations. Child welfare agencies in Nevada follow 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 and 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 were 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. Each child welfare agency provides DR services differently through their agency

Reports

In FFY 2022, there was an increase 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 due to challenges of the COVID-19 pandemic. One adjustment made was that some response times to make face-to-face contact with children were modified. Report response times are one of the following:

- Priority 1: respond within 6 hours when the identified danger is urgent or of emergency status, there is present danger, and safety factors are identified; this response type requires a face-to-face contact by CPS (due to COVID, this was changed from 3 hours to 6 hours for all jurisdictions; Rural Region child welfare was previously using 6 hours as response time so it did not change for them).

- Priority 2: respond within 24 hours with any maltreatment of impending danger and safety factors identified including child fatality; this response type requires a face-to-face contact by CPS or may involve collateral contact by telephone or case review (this response time did not change due to COVID; it is the still the same as it was prior to the pandemic).
- Priority 3: respond within 7 business days when maltreatment is indicated, but no safety factors are identified; this response type requires a face-to-face contact by CPS or may involve collateral contact by telephone or case review. In situations where the initial contact is by telephone, the agency must make a face-to-face contact with the alleged child victim within 24 hours following the telephone contact (this response time changed due to COVID; previously contact had to be made within 72 hours). The DR program has a required report response time of Priority 3: respond within 7 business days (this was not affected by the pandemic).

During FFY 2022, policies governing response times and pandemic modifications for CPS were still in place, although program oversight staff indicated workers are returning to pre-pandemic practices for investigations and assessments as much as possible.

Over the last year, Nevada continued various Continuous Quality Improvement (CQI) initiatives related to Nevada's last federal Child and Family Services Review (CFSR) and subsequent Program Improvement Plan (PIP). One ongoing CQI initiative is related to improving the timeliness of initial contact with all children on screened-in reports. As part of the PIP, over the last few years, child welfare staff improved processes to reach out to families and make child contact promptly and improved processes for timely documentation of contact in the child welfare information system. A monitoring and oversight report was developed as a tool for field supervisors as well as CQI and QA units to track adherence to processes and policies in this area, and training and technical assistance have been provided regularly to improve documentation of initial child contact, which has improved the overall average response times for reports included in our NCANDS data.

Nevada's CPS reports received are back up to pre-pandemic levels. Additionally, the statewide CPS Hotline for child maltreatment referrals did not go through any changes to the hours of operation or staffing levels during FFY 2022. The Rural Region opened a new centralized intake unit during FFY 2021 and were still only 60% staffed through FFY 2022, but plan to become fully staffed in January 2023.

Children

In FFY 2022, there was an increase in the number of children reported as possible victims as compared to the previous year. Further, the number of confirmed unique victims increased compared to the previous year. Nevada child welfare policy requires that all children in a household are assessed for safety and well-being if any child in the household has a maltreatment allegation.

Regarding alcohol and drug abuse risk factors for both children and caregivers, some reporting limitations exist in our data. For example, there are several places in the statewide child welfare information system where data related to NCANDS alcohol or drug abuse risk factors for children or caregivers can be captured. Depending on how and where data is entered, the value for both the alcohol abuse and drug abuse risk factors for a child or caregiver may be reported

as ‘1-yes’ or only one risk factor may be set to ‘1-yes.’ There is overlap where the risk factor for both alcohol and drug abuse can be set to ‘1-yes’ when there is documented substance abuse, but it is not clear whether it due to alcohol or drugs.

Over the last year, the child welfare information system was updated to be able to collect whether a substance-exposed infant has a plan of safe care. The changes to the information system were deployed in late May 2022, which allowed certain CARA-related data collection to start at the end of May 2022. For many substance-exposed infants in our NCANDS Child File, both child risk factors related to alcohol and drug abuse are set to ‘1-yes’ based on the way substance-exposed infants are often documented in Nevada’s child welfare information system.

In the past year, functionality was added to the state’s child welfare information system for collecting and documenting Commercial Sexual Exploitation of Children (CSEC). However, this documentation does not always involve a screened-in CPS report with allegations of maltreatment, as perpetrators may often be noncaregivers or may be unknown. When CSEC is identified for a child and no maltreatment is alleged against the child’s known caregiver, then Nevada’s coordinated model response protocol may be initiated. Staff will input CSEC information into the child welfare information system, but not necessarily as a report requiring a traditional CPS Investigation; in those instances, because there is no maltreatment allegation or investigation initiated, these youth and the CSEC data cannot be reported in the NCANDS Child File. Regarding instances where CSEC-related maltreatment is alleged against the child’s caregiver, then a report and investigation will be initiated.

Fatalities

Fatalities identified in the 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 since the last reporting period.

Nevada uses 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. The purpose of the Nevada CDR process is public awareness and prevention, enabling many agencies and jurisdictions to work together to gain a better understanding of child deaths. The regional and statewide CDR teams did not undergo any policy changes to the child fatality review process due to the pandemic.

Perpetrators

Nevada does not report caregiver perpetrators of sex trafficking to NCANDS.

Services

In FFY 2022, Nevada has returned to pre-pandemic working practices whenever possible. Program staff indicate there are, however, some circumstances that continue to require some appointments to be delivered via telehealth methods.

Many of the services provided to children and families served by CPS agencies are handled through outside providers. Information on services received by families is reported through various programs. Each child welfare jurisdiction manages its service array differently. Services provided in conjunction with the new safety model are documented in the UNITY system, but these data are not always readily reportable as they may documented as text in lengthy case notes instead of in easily query-able data fields. The state is continuing to investigate how to improve reporting of services-related data.

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 was able to update the NCANDS extract code this year to provide more accuracy in the following areas:

- "Added Allegations," additional information that came in as subsequent referrals during an investigation and were rolled up into the original referral. This accounted for over 500 additional records and nearly 2,600 additional maltreatment allegations and dispositions.
- New services in our service array for home-based therapeutic services.
- A new voluntary Case Management service provided following unfounded investigations.
- Some CARA fields are being reported for the first time.

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

There was no significant change in the number of reports received during the year, nor the number of screen-outs. Staffing rates for both intake and investigations also remained the same, although the State experienced about a 20 percent turnover in staffing for CPS functions. The State contracts with a vendor to receive and document reports after hours and on weekends and holidays.

The screening process in New Hampshire relies on a structured decisionmaking tool to determine whether a report rises to a level of risk requiring an investigation. Screened-out reports are retained in the system to provide context for future reports.

Response time for screened-in reports decreased for a fourth year in a row as the agency continues to focus on improving practice and compliance with recommended timeframes. This improvement is supported by daily conferences between workers and supervisors to determine the workers' priorities for the day, including meeting required response times for assessments.

Children

There was no significant change in the number of children or victims this year. For sex trafficking reports, New Hampshire began screening in all reports of sex trafficking, regardless of the relationship to the perpetrator(s), in September 2021. Prior to that date, only the reports where the perpetrator was a member of the household were screened in. As a result of this policy, and a concerted educational campaign to ensure that all suspected sex trafficking cases are reported to DCYF, regardless of who the perpetrator may be, and to ensure that police departments understand the definitions of sex trafficking that are reportable offenses, the number of sex trafficking reports and potential victims rose by approximately 140 percent.

This is the first year that Plans of Safe Care and Referrals to Appropriate Services for CARA are included in the NCANDS Child File. However, because the fields that collect this information in the system are not mandatory we did not meet the recommended goal of 95 percent reporting. We expect these numbers to improve in the future, particularly after the state implements a new CCWIS, currently in design.

Fatalities

New Hampshire documents fatalities that are suspected of being the result of abuse or neglect in the state SACWIS. Therefore, all immediately known fatalities are reported in the Child File. However, in a situation where a child is first reported missing, but then found deceased months or years later, the fatality may not have been documented in the SACWIS and will be included in the Agency File.

The state's Child Fatality Review Committee (CFRC) reviews child deaths from many different causes, including abuse/neglect. However, the committee is not a source of reporting to intake or for the NCANDS submission.

In addition to the CFRC, the NH Division for Children Youth and Families conducts fatality reviews internally, employing a safety science model that focuses on systems and how those systems impacted decision making. The assigned worker and supervisor for the case affected by a fatality attends these reviews.

The NH Office of Child Advocate also conducts their own fatality reviews, using a systems learning model. The assigned worker and supervisor do not attend those reviews, but a team from the child protection agency does participate.

Perpetrators

With the exception of sex trafficking, New Hampshire screens in only those reports where the alleged perpetrator is a member of the child's household, having access to the child. The perpetrator may or may not be a caregiver, but is always a member of the household. For sex trafficking, New Hampshire began screening in all reports of sex trafficking, regardless of the relationship to the perpetrator(s), in September 2021. Prior to that date, only the reports where the perpetrator was a member of the household were screened in.

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

All perpetrator relationships are mapped to one of the NCANDS values, and we do not use "other" for any perpetrator relationships.

New Hampshire *(continued)*

Services

In February 2021, DCYF began providing case management services, through an independent service provider, for some families following an assessment in which concerns did not warrant a finding of abuse or neglect, but where the family was found to be at higher risk. This is the first year that we have reported on this service.

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

New Hampshire is only able to report services that were paid for or authorized directly by the child protection agency. 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
- Substance Abuse Services

New Hampshire does not provide or collect data on the following services, as defined by NCANDS:

- Employment Services
- Family Planning Services
- Home Based Services
- Information and Referral Services
- Housing Services
- Legal Services

New Jersey

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General

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.

New Jersey's 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 use a differential response protocol; all allegations of child abuse and neglect meeting statutory criteria for investigation are screened-in for response. In New Jersey, the category of neglect includes allegations of medical neglect. NJ SPIRIT allows the linking of multiple CPS reports to a single investigation. The state system also allows for documenting the date and time of the initial face-to-face contact that began the investigation.

Reports

In FFY 2022, the number of unique reports increased compared to FFY 2021, however, this number is consistent with reports received prior to COVID-19. Phone calls to our State Central Registry (SCR) decreased with the onset of COVID-19. We attribute the number of reports increasing in FFY 2022 to the leveling of our call volume.

Our screening process for reports only takes place at our SCR. As a result of COVID-19, there was a change in staffing protocols in which resulted in a decrease in the number of SCR staff. A new 40-hour work week is being implemented to assist with call volume and these positions are expected to be filled by the end of FFY 2023.

For a CPS report to be accepted, four criteria must be met:

- The alleged child victim is a born child, under 18 years of age.
- The alleged perpetrator(s) is the child's parent, guardian, or other person in a caregiving role, who has custody or control of the child.
- The child victim(s) was harmed or placed at substantial risk of harm; meeting criteria specified in the allegation based system.
- There is a specific incident or set of circumstances that suggest the harm or substantial risk of harm was caused by the child's parent, guardian or other person having custody or control of the child.

Children

New Jersey investigates allegations of commercial sexual exploitation for alleged victims under the age of 18; in addition, New Jersey only investigates child abuse and neglect allegations of sex trafficking when the alleged perpetrator is in a caregiving role. For FFY 2022, there were additional children subject to human trafficking by a non-caregiver who received services from DCF; however, they are not included in the CPS report count.

Children with allegations of maltreatment are designated as alleged victims in the CPS report and are included in the NCANDS Child File. NJ SPIRIT allows for reporting more than one race for a child. Race, Hispanic/Latino origin, and ethnicity are each collected in separate fields. Despite the number of CPS referrals increasing from FFY 2021 to FFY 2022, the number of child victims continues to decrease. The rate in which NJ substantiated reports also decreased from FFY 2021 to FFY 2022.

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. For FFY 2022, New Jersey identified more than two thousand substance exposed newborns of which, 1,909 (94 percent) had a plan of safe care and 1,909 (94 percent) were referred to appropriate services. We anticipate reporting the number of plans of safe care created and the number referred to appropriate services in the FFY 2023 NCANDS Child File.

Fatalities

In FFY 2022, the number of child fatalities increased compared to FFY 2021, however, New Jersey has maintained a stable annual child fatality rate for the last ten years. Fluctuations in the number of fatalities from year to year are likely due to random case-level variation and are monitored closely. Child fatalities are reported to New Jersey DCF by many different sources including law enforcement agencies, medical personnel, family members, schools, offices of medical examiners and, occasionally child death review teams. The CP&P assistant commissioner ultimately determines if the child fatality was the result of child maltreatment. The office of quality manages a critical incident review process that uses safety science approaches, including human factors debriefing. The state NCANDS liaison consults with the office of quality and CP&P to ensure that all child maltreatment fatalities are reported in the state NCANDS files.

NJ SPIRIT is the primary source of reporting child fatalities in the NCANDS Child file. Specifically, child maltreatment deaths are reported in the NCANDS Child File in the field maltreatment death. The data is collected and recorded by investigators and the person management screens are updated in NJ SPIRIT. Other child maltreatment fatalities not reported in the Child File due to data anomalies, but which are designated child maltreatment fatalities by the Office of Quality under the Child Abuse Prevention and Treatment Act (CAPTA), are reported in the NCANDS Agency File under child maltreatment fatalities not reported in the Child File. New Jersey only investigates child deaths if there is a reported allegation of abuse or neglect.

Perpetrators

In New Jersey, perpetrators are defined as persons responsible for a child's welfare who have engaged in the abuse or neglect of that child. Minors shall be considered caregivers to their own children and may be considered caregivers to other children if caring for that child at the time of an alleged act of abuse or neglect and of sufficient age and maturity to reasonably be expected to provide such care. New Jersey does accept perpetrator relationship types that are categorized as "other", including but not limited to: child in foster/adoptive home, child in other licensed care, and other. For sex trafficking, New Jersey only investigates child abuse and neglect allegations in which the alleged perpetrator is in a caregiving role.

Services

New jersey aims to preserve children in their own home for support services. For more than 10 years, New Jersey continues to observe a decline in the volume of children separated from their family as a child welfare intervention. Data regarding services to children with behavioral health and substance use disorder diagnoses, as well as the volume of children separated from their family as a child welfare intervention is available on the NJ child welfare data hub at (www.njchilddata.rutgers.edu).

New jersey contracts for all direct services except for case management services. NJ SPIRIT reports those services specifically designated as family preservation services, family support services, and foster care services as postinvestigation services in the Child File.

New Mexico

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General

There have been no recent changes in the state's policies, programs, or procedures that would affect New Mexico's FFY 2022 NCANDS submission.

Currently, New Mexico does not have more than one type of response for screened-in reports. All screened-in reports are investigated. Screened-out reports are cross-reported to local law enforcement. A differential response pilot program was implemented in a limited scope during FFY 2020 (to support families with allegations of educational neglect during widespread remote schooling). Referral criteria expanded, and the program is now operating as envisioned to support families with a wider variety of risk factors and needs. The program is still only operational in four counties but will be rolled out to more counties in FFY 2023 and FFY 2024.

Reports

The number of screened-in referrals in FFY 2022 increased from New Mexico's FFY 2021 NCANDS submission. This slight increase may be attributed to FFY 2022 being the year that children were back to in-person learning and school personnel comprise a significant proportion of our reporting sources.

The agency has not made any significant changes to its call center processes and procedures, other than normal staff turnover and training, as well as concerted efforts to reduce call center wait times.

The New Mexico definition for the investigation start date ("initiation") is defined as the caseworker making face-to-face contact with each alleged victim identified in the report, rather than the individual child referenced in the NCANDS Child File. New Mexico also measures initiation time frames from the point at which the report is accepted by Statewide Central Intake, rather than the point at which the report is received or assigned to a worker in the county where the family resides.

New Mexico has modified the state's data collection system to capture incident information. New Mexico updated the data collection to coincide with the 2022 reporting period. The 2022 submission should have an accurate incident date for the entire reporting year.

Children

The total number of unique children for FFY 2022 increased and the number of unique child victims in FFY 2022 decreased from New Mexico's FFY 2021 NCANDS submission. New Mexico investigation procedures do include face-to-face assessment of all children living in the household, regardless of whether they are identified as an alleged victim in the initial report.

The state does not have the capacity to report sex trafficking as an allegation type currently. As New Mexico transitions to a CCWIS, this change will be fully implemented, and reporting will likely begin once resources to map the changes become available.

New Mexico's Department of Health receives the plans of care through the portal, although there remain some training issues statewide with birthing hospitals on consistent use of the portal.

Fatalities

New Mexico reported an increase by approximately 77 percent in FFY 2022 as compared to FFY 2021. Percent differences in fatalities from year to year are highly susceptible to broad fluctuation due to the overall low numbers of applicable fatalities occurring in the population. New Mexico's overall child population is small compared to many other states. The total number of fatalities from year to year is proportionately small, so even incrementally small increases in the number of fatalities from one year to the next impacts the data but do not necessarily indicate systemic changes in agency practice. Because these records are included in the submission that corresponds with the investigation closure date, the length of time that some of these cases must remain open to allow for thorough investigation can also create year-over-year variation.

New Mexico identifies applicable child fatalities for inclusion in the NCANDS Agency File by comparing homicides in the child file with homicides identified by the state Office of the Medical Investigator (OMI). Any child victims who do not already appear in the agency's NCANDS 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 NCANDS Agency File.

The agency does not investigate all fatalities. Only fatalities reported to the agency by law enforcement, medical personnel, or other reporting source are investigated.

Perpetrators

The state only investigates and reports maltreatment allegations in which the alleged perpetrator is a parent or other caregiver such as a relative, other household member, stepparent, guardian, foster parent, sibling, or any individual with responsibility for the care, supervision, and safety of a child. However, the agency does not report information on residential staff perpetrators, as CPS does not have jurisdiction under state law to investigate allegations of abuse and neglect in facilities. If such allegations are reported to Statewide Central Intake, the following procedures are followed:

- The report is screened out to CPS but cross-reported to the law enforcement agency that has jurisdiction over the facility/incident.
- The report is cross reported to the Licensing and Certification Authority, which as administrative oversight of residential facilities.
- Upon request from law enforcement, CPS investigation staff may act in consultation in conducting investigations of child abuse and neglect in schools and facilities and may assist in the interview process.

New Mexico *(continued)*

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

Prior to January 1, 2022, the level of evidence required in NY to substantiate an allegation of child abuse or maltreatment was "some credible evidence." Beginning on January 1, 2022, the level of evidence required was raised to "a fair preponderance of the evidence" standard. New York State Office of Children and Family Services (OCFS) regulations (18 New York Code Rules and Regulations-NYCRR, section 434.10) define these terms as follows:

- "Some credible evidence" is evidence that is worthy and capable of being believed.
- "A fair preponderance of the evidence" is evidence that outweighs other evidence that is offered to oppose it.

A core component of the legislative intent behind raising the evidentiary standard was to address disparities. Overrepresentation of low-income individuals and those of color in the child welfare system is well documented. The enacted statutory changes will work to rectify potential employment consequences for allegations of child maltreatment that are not supported by a fair preponderance of the evidence. The new law does not change the criteria to be utilized when determining whether to register a report of suspected child abuse or maltreatment.

Reports

On March 31, 2021, the Marihuana Regulation and Taxation Act (MRTA) was signed into law legalizing adult-use cannabis (commonly referred to as recreational marihuana). In response to this change, OCFS notified local districts in April 2022 that the Statewide Central Register of Child Abuse and Maltreatment (SCR) will "not register a report of suspected child abuse or maltreatment when the only reported concern is that a birthing parent and/or an infant tested positive for the presence of cannabis. Additionally, the SCR continues to not register a report when the only reportable concern is that a parent uses cannabis products."

The NY SCR operates 24/7. It is staffed by trained Child Protective Specialists who conduct a focused interview with the caller and use the information to determine if a report of suspected abuse or maltreatment can be registered, or if other action is necessary and appropriate, such as a Law Enforcement Referral (LER). New York does not collect information about calls not registered as reports.

In FFY 2022 the number of full-time SCR screening staff decreased 15 percent. NY is facing a work force challenge and is working to recruit additional staff. While NY maintains a statewide hotline for CPS referrals, response to accepted referrals is handled at the county level. New York State law requires that each local department of social services (LDSS) establish a Child Protective Services unit (CPS) within the LDSS to investigate suspected child abuse and maltreatment, provide protection from further abuse or maltreatment and

offer rehabilitative services for the child or children and parents or caregivers involved. Investigations must start within 24 hours of receipt of the report and caseworkers are required to conduct a safety assessment within 7 days of an accepted referral to determine whether the child named in the report or any other children in the household are in immediate danger of serious harm.

To allow for a more flexible response to families reported to the SCR, New York State enacted a law in 2007 authorizing a dual track child protective system [SSL §427-a]. The law prescribes the broad parameters of Family Assessment Response (FAR) and allows LDSSs that are authorized to establish a FAR program considerable flexibility to develop approaches that best match local resources, staffing capacity, and needs of families.

The law excludes reports containing allegations of sexual abuse, physical abuse, severe or repeated abuse, abandonment, and failure to thrive from consideration for FAR [SSL §427-a(3)(a)-(i)]. It also requires an initial assessment of child safety, and if a child is deemed unsafe, the report may not be handled using FAR [SSL §427-a(4)(c)]. LDSSs can opt to impose more restrictive eligibility criteria for assignment to FAR than those required by the statute [SSL §427-a(3), 18 NYCRR 432.13(b)(4)(ii)].

Accepted referrals handled on the CPS track receive a CPS investigation and are determined to be indicated or unfounded. Data from both traditional Child Protective Services path and FAR path are reported in NCANDS.

Prior to FFY 2021, approximately 10 percent of NY reports submitted to NCANDS were mapped to the "other" report source category. To address this concern, NY revised its report source mapping rules beginning with the FFY 2021 submission. Under these new rules several report sources previously attributed to "other" were reassigned to existing NCANDs categories. For example, reporters from shelters, community agencies or service providers were reassigned to the "Social Service Personnel" category. Additional changes included moving "Substance Abuse Counselors" to the "Mental Health Personnel" category; "Parent Substitute" and "Guardian" to the "Parent" category; and "Godparent", "Non-relative", "Concerned Citizens", and "Unrelated Household Members" to the "Friends and Neighbors" category. These changes significantly reduced the percentage of reports attribute to the "Other" reporter source.

Children

NY has an allegation type of "Parent Drug/Alcohol Use." During the investigation, CPS caseworkers can document the drug or alcohol use of the caregivers, giving the state the capability to separate caregivers' use of drugs from use of alcohol. This allegation does not directly correspond to any of the predefined NCANDS maltreatment type categories. Beginning with the FFY 2021 file, NY changed its mapping rules to move this allegation from "Other" to "Neglect or Deprivation of Necessities."

Not all children reported in the Child File have AFCARS IDs because the State uses different child identifiers for child protective service cases and child welfare cases. If a child's system involvement is limited to CPS investigation, the child will not be assigned a child welfare

identifier (i.e., AFCARS ID). Additionally, the Justice Center for the Protection of People with Special Needs which investigates reports of institutional abuse uses a different child identifier.

Ideally a child should have a single child protective services case id that spans across all CPS reports. However, in some instances a child is assigned a new child protective services case id when a new report is received, resulting in some children having more than one child protective services case id. New York State is exploring ways to detect and reduce the circumstances that lead to multiple child protective case ids per child.

Information on "child alcohol and drug abuse" risk factors was reported for the first time in FFY 2020. In NYS accepted allegations include "child drug or alcohol abuse" and "parent drug or alcohol abuse." If a child is over the age of one and named as an alleged victim of an allegation of child drug or alcohol abuse, the child is identified in the NCANDS file as having a drug or alcohol risk. If a child is under the age of one and named as an alleged victim of parent drug or alcohol abuse and one or more additional risk factors are checked (positive tox, withdrawal, Fetal Alcohol Spectrum) the child is identified in NCANDS as having a drug or alcohol risk.

For every child younger than one year old named as an alleged victim of parent drug or alcohol abuse, where one or more additional risk factors are checked (positive tox, withdrawal, Fetal Alcohol Spectrum), NY requires that information on plans of safe care and service referral be completed, regardless of reporter type. This differs from NCANDS rules, which state that information on plans of safe care and referral only be provided when the reporter was classified as "medical personnel." In NY, many reporters identify by professional qualification (e.g., social worker) rather than setting (e.g., medical personnel). As a result, while NY maintains information on the plan of safe care and referral for all children identified in the NCANDS file as substance exposed, the plan of safe care and referral numbers reported in the NCANDS file are limited to those cases in which the report source identified as medical personnel, under reporting the number of children in each category. Information on plans of safe care and service referral is reported for the entire FFY 2022.

In FFY 2022, NY reported an 11 percent decrease in the unique child victims. This change is likely driven by the change in evidentiary standards described above.

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. NY also has a state Child Fatality Review Team that fulfils oversight and reporting roles.

State practice allows for multiple reports of child fatalities for the same child and deaths that occurred in previous years to be reported to the State Central Register (SCR). These fatalities are then investigated, and dispositions made. This practice allows for reporting of fatalities reported in previous NCANDS files to be reported again. After further review of reporting instruction and clarification with NCANDS technical assistance, NY revised how it reports fatalities within NCANDS starting in FFY 2020. NY now includes all fatalities regardless

the date of death to NCANDS fatality reporting, as long as the fatality report investigation ended during the reporting period and the fatality had not been reported in a prior NCANDS submission.

Perpetrators

In NY, any of the following persons who are allegedly responsible for causing injury, abuse or maltreatment to, or allowing injury, abuse or maltreatment to be inflicted on, a child named in a report to the SCR may be a subject of a report:

- A child's parent or guardian; or other persons legally responsible
- A director, operator, employee or volunteer of a home operated or supervised by an authorized agency, OCFS, a family day-care home, a day-care center, a group family day-care home, or a school-age child care program; who allegedly is responsible for causing injury, abuse, or maltreatment to a child who is reports to the Statewide Central Register of child abuse or maltreatment, or who allegedly allows such injury, abuse or maltreatment to be inflicted on such child.

There is no age limitation for parents. Noncaregivers are not considered legally responsible individuals, and thus do not meet the criteria as a subject in a registered report.

Prior to FFY 2022, perpetrator relationship was missing or unknown in approximately 6 percent of cases submitted to NCANDS. For the FFY 2022 submission, NYS revised the programming used to determine perpetrator relationship. As result of this change, there is a noticeable increase in the "unmarried partner of parent" relationship category.

In FFY 2022, NY reported an 11 percent decrease in the unique perpetrators. This change is likely driven by the change in evidentiary standards described above.

Services

The State is not currently able to report the NCANDS services fields. Title XX funds are not used for providing child preventive services in this state. Local departments of social services provide all services, and many of those services are contracted services with various preventive agency providers. NY does provide funding for primary prevention programs such as the Healthy Families New York home visiting program.

North Carolina

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The state did not submit commentary for the *Child Maltreatment 2022* report.

North Dakota

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General

North Dakota implemented a central "hotline," the Child Abuse and Neglect Reporting Line, for the receipt of reports of suspected child abuse and neglect in January 2021. Since the inception of this centralized process, the number of reports received has continued to increase, resulting in an increase in completed assessments. On August 1, 2021, there was a change to state law and policy that provides for a definition of impending danger. North Dakota Century Code Chapter 50-25.1-02(15) defines "impending danger" as a foreseeable state of danger in which a behavior, attitude, motive, emotion, or situation can be reasonably anticipated to have severe effects on a child according to criteria developed by the Department. Two determinations are made upon the conclusion of a child protection assessment, one that determines if a child meets the definition of an abused or neglected child and another that determines if impending danger threats are present.

The presence of impending danger threats mandate child welfare involvement through case management (protective services), either in-home or out-of-home. The provision of protective services is now no longer directed by substantiated maltreatment, but rather the presence of impending danger threats to a child's safety. Substantiated child victims remain those with identified maltreatment. Once case management (protective services) begins, the caseworker must continually assess the parents/caregivers, children, and alternate caregivers (when applicable to the case) on an ongoing basis to ensure all needs are addressed through appropriate services and progress towards goal achievement is being made. The state's decrease in child victims and perpetrators is likely due to the above-mentioned changes to statute and policy. It is noted that although there was a decrease in identified victims, there was an increase in those receiving prevention services.

In addition, the state's child abuse and neglect law changed on August 1, 2021, to allow for a child protection services decision of "Unable to Determine." State statue defines the child protection services decision of "unable to determine" as insufficient evidence is available to enable a determination whether a child meets the definition of an abused or neglected child. These assessments are coded as closed, no finding. The previous reporting period did not include a full year of utilization of this type of report disposition, resulting in the marked increase of this type of determination this year, as well as likely impacted decrease in other types of assessment determinations.

State law defines three types of assessments that may be carried out in response to a report of suspected child abuse and neglect:

- Alternative Response Assessment–means a child protection response involving substance exposed newborns which is designed to provide referral services to and monitor support services for a person responsible for the child's welfare and the substance exposed newborn; and to develop a plan of safe care for the substance exposed newborn.

- Child Protection Assessment–means a factfinding process designed to provide information that enables a determination of whether a child meets the definition of an abused or neglected child, including instances that may not identify a specific person responsible for the child's welfare which is responsible for the abuse or neglect.
- Family Services Assessment–means a child protection services response to reports of suspected child abuse or neglect in which the child is determined to be at low risk and safety concerns for the child are not evident according to guidelines developed by the department.

The alternative response assessments are exclusive to substance exposed newborns. The assessments are considered voluntary; however, prenatal substance exposure is a form of neglect as identified in state law. Caregivers who decline to participate in an alternative response assessment receive a child protection services assessment response. Other primary reasons for an alternative response assessment to revert to a child protection services assessment include a violation of the plan of safe care that places the infant in danger and the receipt of new reports that allege a different maltreatment or victims.

The family services assessment was implemented statewide in March 2022 after being pilot tested in four Human Service Zones. The primary suspected maltreatment receiving a family services assessment is educational neglect. Data elements for the Alternative Response Assessment and Family Services Assessment response have been added to the child welfare data management system, however, they have not yet been mapped to the NCANDS Child File. The total number of completed Alternative Response Assessments in FFY 2022 is 122. The total number of completed Family Services Assessments in FFY 2022 is 85.

North Dakota Century Code requires that all reports of suspected child abuse and neglect be reported to the Department of Health and Human Services through its authorized agent and requires that any report must be accepted: "The department or authorized agent, in accordance with rules adopted by the department, immediately shall initiate a child protection assessment, alternative response assessment, or family services assessment or cause an assessment, of any report of child abuse and neglect, including, when appropriate, the child protection assessment, alternative response assessment, or family services assessment of the home or the residence of the child, any school or child care facility attended by the child, and the circumstances surrounding the report of abuse or neglect." The statute for child abuse and neglect (North Dakota Century Code Chapter 50-25.1) was changed on August 1, 2021, to allow child protection services assessment decisions as follows:

- Confirmed–means that upon completion of a child protection assessment, the department determines, based upon a preponderance of the evidence, that a child meets the definition of an abused or neglected child, and the department confirms the identity of a specific person responsible for the child's welfare which is responsible for the abuse or neglect.
- Confirmed With Unknown Subject–means that upon completion of a child protection assessment, the department determines, based upon a preponderance of the evidence, that a child meets the definition of an abused or neglected child, but the evidence does not confirm the identity of a specific person responsible for the child's welfare which is responsible for the abuse or neglect.

- Unable to Determine–means insufficient evidence is available to enable a determination whether a child meets the definition of an abused or neglected child. These assessments are coded as closed with no finding.
- Unconfirmed–means that upon completion of a child protection assessment, the department has determined, based upon a preponderance of the evidence, that a child does not meet the definition of an abused or neglected child.

Reports

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

North Dakota statute does not allow referrals (reports) to be screened out. All referrals must be accepted and assessed to some degree. North Dakota has an administrative assessment process to correctly triage reports received. Data regarding the number of children included in reports that are administratively assessed is not collected. An administrative assessment is defined as the process for documenting the disposition of Child Protection Services Intakes that fall outside the criteria for a report of suspected child abuse or neglect. Under this definition, reports can be administratively assessed when the concerns in the report clearly fall outside of the state child protection law. Such circumstances include:

- The report does not contain a credible or causal reason for suspecting the child has been abused or neglected
- The report does not contain sufficient information to identify or locate the child or family (after performing due diligence)
- There is reason to believe the reporter is willfully making a false report (these reports are referred to the county prosecutor)
- The concern in the report has been addressed in a prior assessment
- The concerns are being addressed through county case management or a Department of Health and Human Services therapist
- Reports of pregnant women using controlled substances or abusing alcohol (when there are no other children reported as abused or neglected) are also included in the category of administrative assessments, as state law doesn't allow for a decision of "confirmed" (substantiation) in the absence of a live birth.

Assessments that are in progress when information found during the assessment indicates the reported concerns fall outside the definitions in the child abuse and neglect law are then terminated in progress. Reports may also be referred to another jurisdiction when the children of the report are not physically present in the Human Service Zone (these reports are referred to another jurisdiction (tribal, or state), where the children are present or believed to be present).

Reports involving a Native American child living on an Indian Reservation are referred to tribal child welfare systems or to the Bureau of Indian Affairs child welfare office. Reports concerning sexual abuse or physical abuse by someone who is not a person responsible for the child's welfare (non-caregiver) are referred to law enforcement. The total number of administrative assessments or referrals in FFY 2022 is 11,484. This total breaks down to

5,700 administrative assessments; 2,435 administrative referrals; 3,61 terminated in progress (14 were alternative response assessments terminated in progress); and 188 pregnant woman assessments. There were 2,912 completed full assessments.

Data mapping and calculating the response time, both in the Agency File and in the Child File, has proven to be quite challenging as there had been a significant divergence between the state's administrative rule and policies and the definitions required for NCANDS reporting. State administrative rule was amended on April 1, 2022, to allow initiation of an assessment to be done by contact with the subject of the report, by contact with the alleged abused or neglected child or by contact with a law enforcement officer with jurisdiction in the location where the child may be found or where the alleged abuse or neglect occurred. Previous to this change, contact with the alleged abused or neglected child was not included in the administrative code. Therefore, many assessments initiated under the previous state's administrative rule do not meet the initiation definition in the Child File or Agency File. Child Protection Services Policy for initiation changed with the adoption of the Safety Framework Practice Model in December 2020, which states that initiation of child protection assessments is face to face contact with all reported child victims, the initial face to face contact with a victim must be completed by child welfare, is no longer allowed to be conducted prior to the report date and the timeline for contact with victims does not exceed three days.

When response time is calculated according to state policy and administrative rule during FFY 2022, the response time is 265 hours. Workforce challenges are present statewide with the primary impact being higher caseloads than desired and increased response time to reports not identifying present danger. Several agencies have numerous vacancies, resulting in extremely high caseloads and decreased capacity. Vacancies are being filled with a younger, less experienced workforce, increasing the need for training and supervision.

North Dakota is a county administered system, the state can only determine the numbers of Full- Time Equivalents (FTEs) employed by a county for certain job titles, such as Social Worker or Family Service Specialist. These FTEs may be employed in various county programs for varying portions of their FTE. For Example: A county employee may be a full FTE, but ¼ time will be CPS functions, ¼ time maybe foster care, ¼ time may be in adult services, and ¼ time may be in-in home case management. The state has no independent way to determine what portions of the FTE are dedicated to CPS functions.

North Dakota implemented a centralized intake "hotline" (ND Central Child Abuse and Neglect Reporting Line) for reporting suspected child abuse and neglect in January 2021. The workforce for this unit is comprised of 15 county FTE's. In an attempt to glean the required information for NCANDS reporting, the state has completed a survey of the 19 Human Service Zones (formerly county social service agencies) in which the Human Service Zones are asked to report the number of FTEs in their agency dedicated to CPS functions. An electronic survey was prepared in two sections, using Survey Monkey as the vehicle for collecting the data. This survey was transmitted via email to directors of all Human Service Zones in the state. The survey was administered in May 2022 and represents the workforce for FFY 2021. Directors reported a total of 130 employees, including supervisors, responsible for intake and assessment. Of these 130 FTEs, 15 were responsible for CPS intake functions, 100 were responsible for CPS assessment functions, and 18 were responsible for supervision functions. The second portion of

the survey was forwarded to the workers and supervisors by the director with a request for each worker listed by the director to complete the education/training and demographic portion of the survey. The worker demographic and training portion of the survey was completed by 80 of the workers/supervisors, for a response rate of 62 percent. The results of the worker demographic portion of the report are included in the state's CAPTA report.

Children

As mentioned, there was a decrease 16 percent in child victims this reporting period and this is likely the result of the previously mentioned change in state statute and policy, adding the presence of impending danger as the determining factor in accessing postassessment protective services, rather than substantiated maltreatment. When children do not meet the definition of an abused or neglected child, yet there is identified impending danger, protective services to address child's safety is now mandated, even without the maltreatment substantiation. This has also resulted in an increase in children receiving preventative services.

Due to mapping requirements and limited data resources, NCANDS mapping for risk factor data elements are limited for this reporting period. The data reporting is expected to improve when the revised risk factor changes are mapped for NCANDS reporting. Data fields have been added to the child welfare data management system to capture the maltreatment type of sex trafficking as well as sex trafficking as a child risk factor. This data has not yet been mapped for NCANDS reporting. There were zero children identified with a confirmed maltreatment of sex trafficking in FFY 2022 and 7 children with an identified child risk factor for sex trafficking. An identified child risk factor indicates that trafficking may have occurred by someone who is not a "person responsible for a child's welfare" under state law. Child victim counts with a caregiver risk factor for alcohol abuse is 187, methamphetamine use is 329, opioid use is 93, other drug use by caregiver is 373. Child victim risk factor counts for prenatal exposure to alcohol is 18, prenatal exposure to methamphetamine is 105, prenatal exposure to opioids is 27 and prenatal exposure to other drugs is 158. In addition, the child victim risk factors for environmental exposure to methamphetamine is 320 and environmental exposure to all other drugs is 439.

The lead agency completed the process of analysis and design to incorporate data system changes for the data reporting elements for prenatally substance exposed infants, however appropriate mapping for NCANDS continues to be delayed for technical and resource reasons, including priority for the development of a new child welfare data management system. Program data reports as well as data management system development pull from the same pool of data resources available to Health and Human Services and this is beyond the control of the program.

According to state law a "Substance Exposed Newborn" is defined as an infant younger than twenty-eight days of age at the time of the initial report of child abuse or neglect and who is identified as being affected by substance abuse or withdrawal symptoms or by a fetal alcohol spectrum disorder. The state law requires referral services and monitoring of support services for caregivers as well as a Plan of Safe Care for the newborn, mirroring the federal CARA legislation amending CAPTA. Notification of substance exposed newborns by health care providers are reported as child maltreatment. State statute defines a "neglected child" as "subject to prenatal exposure to chronic or severe use of alcohol or any controlled substance

as defined in section 19-03.1-01 in a manner not lawfully prescribed by a practitioner." There were 166 substance exposed newborns identified during FFY 2022. Of the 166 identified substance exposed newborns, 152 of them had a Plan of Safe Care developed (92 percent); all 166 of these substance exposed newborns and their affected caregivers received some degree of appropriate services. The most frequently identified reasons for lack of a Plan of Safe Care included: toxicology testing confirmed the infant was not drug exposed and lack of cooperation from the caregiver. There were 26 additional identified substance exposed infants (under one year of age), those over the age of 28 days when the report/notification is received, in FFY 2022. Of these 26 identified substance exposed infants, 25 of them had a Plan of Safe Care developed (96 percent).

Fatalities

All fatalities were reported in the Child File. The North Dakota Department of Health and Human Services, Children and Family Services is the agency responsible for coordination of the statewide Child Fatality Review Panel as well as serving as the state's child welfare agency. The Child Maltreatment and Fatality Administrator / Prevention and Protection serves as the Presiding Officer of the Child Fatality Review Panel. This dual role provides for close coordination between these two processes and aides in the identification of child fatalities due to child abuse and neglect as a sub-category of child fatalities from all causes.

The North Dakota Child Fatality Review Panel coordinates with the North Dakota Department of Health and Human Services Vital Records to receive death certificates for all children, ages 0–17 years, who receive a death certificate issued in the state. These death certificates are screened against the child welfare database and any child who has current or prior CPS involvement as well as any child who it can be determined is in the custody of county Human Service Zones or the Division of Juvenile Services at the time of the death is selected for in-depth review by the Child Fatality Review Panel, along with any child whose Manner of Death as listed on the Death Certificate is "Accident", "Homicide", "Suicide" or "Undetermined". Any child for whom the Manner of Death is listed on the Death Certificate as "Natural", but whose death is identified as sudden, unexpected, or unexplained is also selected for in-depth review. As part of these in-depth reviews, records are requested from any agency identified in the record as having involvement with the child in the recent period prior to death, including law enforcement, medical facilities, Child Protection Services, the County Coroner, and the State Medical Examiner's Office for each death. Under North Dakota law, any hospital, physician, medical professional, medical facility, mental health professional, mental health facility, school counselor, or division of juvenile services employee shall disclose all records of that entity with respect to any child who has or is eligible to receive a certificate of live birth and wo has died. Additionally, the State Medical Examiner's Office forensic pathologists participate in conducting the reviews. Data from each review is collected and maintained in a separate database. It is this database that is correlated with data extracted from the child welfare database for NCANDS reporting. Even though the NCANDS data does not contain child welfare data concerning children in tribal jurisdiction, the state is confident that all deaths in the state from all causes are identified, reviewed, and reported. Another safeguard in data reporting is that the child welfare agency is also the entity that convenes the Child Fatality Review Panel, reviews the records for each death, compiles that data following the reviews and publishes the annual Child Fatality Review Panel Data report as well as being responsible for NCANDS reporting.

Perpetrators

State law limits CPS actions to reports involving "a person responsible for a child's welfare", defined as "an individual who has responsibility for the care or supervision of a child and who is the child's parent, an adult family member of the child, any member of the child's household, the child's guardian, or the child's foster parent; or an employee of, or any person providing care for the child in, a child care setting. (N.D.C.C. 50-25.1-02(1)). Reports which do not meet statutory definitions mandated to CPS, but which may be a potential violation of criminal law are to be "disposed" through referral to law enforcement (N.D.C.C. 50-25.1-05.3).

For the purposes of institutional child abuse and neglect, "a person responsible for the child's welfare" means an institution that has responsibility for the care or supervision of a child. Under state statute, "Institutional child abuse or neglect" means situations of known or suspected child abuse or neglect when the institution responsible for the child's welfare is a public or private school, a residential facility or setting either licensed, certified, or approved by the department, or a residential facility or setting that receives funding from the department. The following are excluded: correctional, medical, home and community based residential rehabilitation and educational boarding care settings. An individual working as facility staff is not held culpable within Institutional Child Protection Services, rather, the facility itself is considered to be the "subject' (perpetrator) of the report. Assessments of institutional child abuse or neglect are assessed at the state level (DHHS) rather than at the county (Human Service Zone) level as are CPS reports that are non-institutional. All reports of institutional child abuse and neglect are reviewed by a multi-disciplinary State Child Protection Team on at least a quarterly basis. Determinations of institutional child abuse and neglect are made by team consensus. A determination of "indicated" means that a child was abused or neglected by the facility. A decision of "not indicated" means that a child was not abused or neglected by the facility. State law was changed on August 1, 2021, moving individual perpetrators from public and private schools out of child protection services and added them to institutional child protection services; thus, teachers and other education professionals are no longer perpetrators rather the school is seen as the subject.

There were 155 reports of Institutional Child Abuse or Neglect in FFY 2022, making up 48 completed full assessments. Of these 48 assessments, 42 had a finding of "not indicated" and 6 had a finding of "indicated". There were 68 assessments Terminated in Progress, and 36 reports were administratively assessed/administratively referred (see above under 'reports' for definitions of administrative assessments and referrals). Three (3) reports remained open at the time of this report.

North Dakota reports unknown perpetrators as Unknown within the state's child welfare data management system (FRAME). Perpetrator IDs for unknown perpetrators are unique to each assessment. State law allows for a child protection services assessment determination of "confirmed with an unknown subject" which means that upon completion of a child protection assessment, the department determines, based upon a preponderance of the evidence, that a child meets the definition of an abused or neglected child, but the evidence does not confirm the identity of a specific person responsible for the child's welfare which is responsible for the abuse or neglect.

North Dakota *(continued)*

Data fields have been added to the child welfare data management system to capture sex trafficking by a noncaregiver. This data has not yet been mapped for NCANDS reporting. There were 14 reported perpetrators of sex trafficking that were identified as noncaregivers.

Services

The methods for Agency File Data components 5.1 and 5.2 include only children less than 3 years of age. The number of children eligible for referral for IDEA is 111. The number of children actually referred is 102. Of the 9 children eligible and not referred, five (5) children moved out of state, two (2) children had been previously referred and were receiving IDEA services. The reason for non-referral for the remaining two children was not available.

The state has limitations when reporting reunification services. Case management services provided by county agencies (Human Service Zones) are dependent upon correct data entry connecting the service with the CPS assessment. Additionally, services provided through referral to service providers outside the county agency may only be documented in narrative form, which prohibits data extraction.

On Aug. 17, 2020, North Dakota became the seventh state in the country to receive approval of its Family First Prevention Services Act Title IV-E Prevention Services Plan ND from the federal Children's Bureau. The plan provides the state access to federal Title IV-E funding for approved evidence-based prevention services proven to strengthen and stabilize children and families so children can stay in their family home safely. Services include both mental/behavioral health and substance abuse treatment and recovery support services as well as in-home parent skill-based programs. The state's eligibility application and portal went live February 2021 with prevention services starting March 1, 2021. There are nine approved prevention services eligible for Tile IV-E reimbursement, they are:

- Healthy Families
- Parents as Teachers
- Nurse-Family Partnership
- Homebuilders
- Brief Strategic Family Therapy
- Parent-Child Interaction Therapy
- Multisystemic Therapy
- Functional Family Therapy
- The Family Check-Up

Community agencies and private service providers can apply to become an approved Title IV-E prevention services provider by completing an application. Title IV-E providers must identify the approved Title IV-E prevention service(s) they want to provide, submit verification they have the required qualifications, training, certification and/or accreditation to provide the service, outline their fidelity review process, and agree to the responsibilities and requirements set forth by ND Children and Family Services Division (CFS) and the Family First Prevention Services Act.

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." Those who are "alleged child victims" of reports assigned to the TR pathway receive a disposition:

- Unsubstantiated—the assessment/ investigation determined no occurrence of child abuse or neglect.
- Substantiated—there is an admission of child abuse or neglect by the person(s) responsible; an adjudication of child abuse or neglect; or other forms of confirmation deemed valid by the Public Children Services Agency (PCSA).
- Indicated—there is circumstantial or other isolated indicators of child abuse or neglect lacking confirmation; or a determination by the caseworker that the child may have been abused or neglected based upon completion of an assessment/investigation.

Reports

The number of screened out referrals between FFY 2021 and FFY 2022 showed an increase. Ohio is a state supervised, county administered, child protection services program and does not operate a state referral hotline. Ohio continues to operate a centralized state referral hotline which provides the referent with the local county PCSA referral contact information. The intake of referrals is required to be received by each county PCSA. The requirements established for recording referral information received, completing a screening decision of the referral, conducting assessment/investigations of alleged abuse or neglect are maintained per Ohio Administrative Code rules. During the review period, provisions to rules governing face to face monthly contacts and parental visits for cases receiving ongoing case planning services were relaxed based on federal guidance during the pandemic. When State Emergency Orders were lifted many counties reported a workforce crisis. Ohio PCSAs continue to have a high number of vacancies and staff turn-over. The Ohio Department of Job and Family Services (ODJFS) have increased efforts in addressing the retainment and recruitment of child protective services caseworkers.

The revised Ohio Child Protective Services Screening Guidelines were released on September 7, 2022. This guide was revised and reformatted to provide child welfare professionals enhanced guidance of screening examples along with a streamlined flow within the document, supporting the decision-making process. References to Ohio Administrative Code (OAC) and Ohio Revised Code (ORC) were made in the beginning of each section/ sub-section of the categories to assist with decision making. Considerations for each category have been provided to promote critical thinking during the intake and screening processes. The revised guidelines influence statewide consistency and serve as a training resource.

Children

Requirements to record the race/ethnicity of children in Statewide Automated Child Welfare Information System (SACWIS) were effectuated in FFY 2015 and remain in place today. Child victims as reported by Ohio are children who have received a disposition of substantiated or indicated in the traditional response pathway.

Information is also captured at disposition. There are two identified description of harm values addressing human trafficking; 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, the date the incident was reported to law enforcement is required.

Ohio continues to improve in the reporting of human trafficking. When a referral is received by the PCSA, and human trafficking is suspected by the reporter, a "human trafficking" checkbox is selected in Ohio SACWIS. Ohio PCSAs also have the ability to identify a case involving human trafficking at any point during the assessment/investigation. Often referral information received regarding a concern of child maltreatment may not be known, or identified as, human trafficking by the reporter. Initial concerns reported may be regarding the child's condition of being neglected or physically abused. During the assessment/investigation processes additional information may be gathered regarding human trafficking. If this occurs, the PCSA is required to contact law enforcement. Information is also captured at disposition. There are two identified description of harm values addressing human trafficking; 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, the date the incident was reported to law enforcement is required.

Ohio's screening guidelines were revised to include ORC definitions of trafficking and the criminal offenses associated to assist in screening decisions related to trafficking. Universal human trafficking assessments for all children screened into a PCSA child abuse or neglect report will assist in the identification of human trafficking and service provision. Human trafficking assessments and resource links are to be added to assessment and planning tool field guides. The field guides include examples of trafficking in addition to guided questions for the caseworker. Adoption and Foster Care Analysis and Reporting System (AFCARS) – elements have been added to Ohio SACWIS and reporting systems to capture sex trafficking for children in substitute care:

- 106 Prior Victim of Sex Trafficking
- 107 Prior Report to Law Enforcement
- 108 Prior Date of Sex Trafficking Report to Law Enforcement
- 109 Victim of Sex Trafficking While in Foster Care
- 110 Report to Law Enforcement for Current Victimization
- 111 Date of Sex Trafficking Report to Law Enforcement

Ohio's Comprehensive Addiction Recovery Act (CARA) data collection has improved over the past few years. Infants with prenatal substance exposure are tracked when child abuse or neglect is reported and at the completion of the assessment/investigation in the Family Assessment. In FFY 2022, Ohio worked toward streamlining CARA related reporting with community partners, software developers, and other states. A mandated reporter portal is under development. A pilot will begin Spring 2023 with a major metro county PCSA.

Since the passage of CARA legislation in 2016, ODJFS has teamed with numerous projects, initiatives, and workgroups to train and educate the entities who are responsible in serving infants who are substance exposed and their families. In May of 2020, the Practice and Policy Academy launched its work on creating a collaborative systemic approach to implementation of CARA and Plans of Safe Care (PoSC). The Practice and Policy Academy is led by Ohio Department of Mental Health and Addiction Services and the Ohio Department of Job and Family Services, with Children and Family Futures previously providing oversight. The Practice and Policy Academy is comprised of participants from state agencies, state associations, PCSAs, and other community partners that work with families experiencing substance use during pregnancy.

In November of 2020, ODJFS, in coordination with Ohio Department of Mental Health and Addiction Services and the Ohio Family and Children First Council, sent out a Communities of Support grant application which supports existing and new local community planning and coordinated service delivery efforts with CAPTA funding.

OFC is creating a standalone CARA Dashboard for PCSA and community use and is exploring new CARA and plan of safe care funding opportunities for PCSAs for State Fiscal Year 2024.

Fatalities

Ohio continued to improve in the collection of data surrounding child fatalities and fewer errors were made this year. It was determined the mandated reporters statutorily required to participate on child fatality review boards refer cases of suspected abuse and neglect to the local PCSA if the PCSA had not received a referral prior to the review. Thus, closing a potential gap in Ohio's reporting system. FFY 2022 fatality counts had an increase of 15% from FFY 2021. Unfortunately, the overall death rate in Ohio due to violence has been on the rise over the past few years.

Child maltreatment deaths reported in Ohio's NCANDS submission are compiled from the data maintained in the SACWIS. The SACWIS data contains information on those children whose deaths were reported to a PCSA, or children involved in a CPS report who died during the assessment or investigation period. As a county administered CPS system, Ohio PCSAs have discretion of which referrals are accepted for assessment or investigation. In some cases, the PCSA will not investigate a child fatality report unless it is deemed there was suspected abuse or neglect or other children in the home who may be at risk of harm or require services. Referrals of child deaths due to suspected maltreatment not accepted by the PCSA are investigated by law enforcement.

No policy changes were made regarding child fatality reviews for this reporting period.

The ODJFS internal fatality review team was able to continue meeting virtually. ODJFS is researching ways to improve our internal fatality review team.

Perpetrators

The NCANDS category of "other" perpetrator relationship includes nonrelated (NR) child and NR adult. These are catch-all categories that can be used for an individual who is not a family member. Guidance continues to be provided to agencies to select the most appropriate relationship code (e.g., neighbor) instead of using the nonrelated categories.

Ohio does report noncaregiver perpetrators of sex trafficking to NCANDS in the "other" category as described above. These cases are also tracked at disposition and the date they were referred to law enforcement entered.

Services

Ohio is continually working to improve the recording of services data in the SACWIS. Federal grant funds are used for state level program development and support to county agencies providing direct services to children and families.

Ohio successfully implemented phase one of the Family First Prevention Services Act (FFPSA) on October 1, 2021. Ohio secured funding for a pilot of the program which ran April 1, 2021, through October 1, 2021, funded by the Family First Transition Act which was also part of a bipartisan federal budget bill. Ohio secured a vendor, the Center of Excellence to ensure statewide capacity building of evidence-based practice models for multi-system therapy and family functional therapy and to monitor for fidelity to their model. Ohio's state plan was approved for the use of the evidence-based practices known as OhioSTART for families struggling with substance abuse; Healthy Families America and Parents as Teachers to help those families in need of in-home parenting-based services. Ohio is moving forward with amending its State Plan and implementing phase two which will include the evidence-based programs Triple P Parenting and Motivational Interviewing.

Oklahoma

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General

Throughout FFY 2022 OKDHS continued to transform through an intense focus on transparency and innovation and our commitment to improve the trajectory of Oklahoma families. OKDHS continues to modernize our real estate footprint to position OKDHS to be even more fiscally efficient while adding what we call “access points” for our customers by embedding our workforce with community partners in locations convenient for people who need our services. Oversized buildings are being traded for intentionally designed spaces to better serve customers and our workforce. Using our True North Executive Strategies, we are building pathways to support, empower and celebrate our staff so they can be more creative and innovative in their work to serve vulnerable children and families. OKDHS continues to support a family-strengthening system to help ensure safe homes for all children including safety, well-being and connections to family, community and cultures; and we tirelessly pursue every child’s right to connect to a stable and loving family and the support they need to grow and develop into healthy adults.

In FFY 2022, CWS began the implementation of the Oklahoma Title IV-E Prevention Program Plan, an optional prevention program authorized through the Family First Prevention and Services Act, securing ongoing funding for prevention programs and services to prevent the need for foster care placement, and elevating quality improvement and evaluation of prevention programs. OKDHS is focusing on in-home parent skill-based programs, SafeCare® and Intercept®, that have been well established within the infrastructure of the child welfare system and contracted with community-based providers with an established history of serving families involved with the CW system who have experienced child maltreatment. These contracted community-based services support the promotion of health, safety and wellness of Oklahoma’s children and families preventatively, as well as to help reunite families whose children are in out-of-home care. During the reporting period October 1, 2021 through September 30, 2022 statewide 1,857 families received SafeCare® and 347 families received Intercept®.

OKDHS aims to not bring more families into the CW system, but rather improve prevention practices and enhance and expand the services and supports that allow for more families to be served in Family-Centered Services (FCS) and not within foster care. FCS focuses on prevention and protection to prevent maltreatment so a child can remain with their family and in their community. CWS continues to utilize multiple strategies toward improving safety decision-making and increasing positive outcomes for children and families while also building capacity to accurately identify safety threats, provide appropriate services to eliminate safety threats, and improve parental protective capacities. Oklahoma has 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 through the goals, objectives, and strategies outlined in the 2020–2024 Child and Family Services Plan (CFSP).

It is critical to note that both the delivery of in-home services and data collection have continued to be affected by the ongoing COVID-19 pandemic. During this reporting period, OKDHS and the contracted service providers have experienced workforce shortages that have resulted in less capacity to provide prevention services for families. CWS Programs, along with support through the existing CWS CQI/QA, continues to collaborate with regional leadership and contracted services providers to support them towards improved outcomes of child safety, permanency and well-being, parent/kin caregiver well-being, prevention of future child maltreatment, and entry into foster care.

Four bills related to Child Welfare Services were passed during the 2022 legislative session. Of note, HB 2992 adjusts various references to the testimony of child witnesses in certain court cases, removes references to specific ages, provides general definitions of children in law, and permits guardians ad litem to be present during proceedings.

Reports

The Oklahoma Department of Human Services has a statewide, centralized hotline to receive child abuse and neglect reports. An allegation of child abuse or neglect reported in any manner to a DHS county office is immediately referred to the Hotline.

Each report received at the Hotline is screened to determine whether the allegations meet the definition of child abuse or neglect and are within the scope of child protective services (CPS) assessment or investigation. DHS responds to an accepted report of child abuse or neglect by initiating an assessment of the family or an investigation of the report in accordance with priority guidelines. The primary purpose of the assessment or investigation is the protection of the child. For assessments or investigations, DHS gives special consideration to the risks of any minor child, including a child with a disability, who is vulnerable due to his or her inability to communicate effectively about abuse, neglect, or any safety threat.

A Priority I report indicates the child is in present danger and at risk of serious harm or injury. Allegations of abuse and neglect may be severe and conditions extreme. The situation is responded to immediately, the same day the report is received. Priority II is assigned to all other reports. The response time is established based on the vulnerability and risk of harm to the child. Priority II assessments or investigations are initiated within two – to 10-calendar days from the date the report is accepted for assessment or investigation.

An assessment is conducted when a report meets the abuse or neglect guidelines but does not constitute a serious and immediate safety threat to a child. An assessment is a comprehensive review of child safety and evaluation of family functioning and protective capacities conducted in response to a child abuse or neglect report that does not allege a serious and immediate safety threat to a child. The assessment uses the same comprehensive review to address allegations, identify behaviors and conditions in the home that lead to risk factors; and evaluate the protective capacities of the person responsible for the child's health, safety, or welfare to address the safety needs of each child in the family. Assessments do not have findings. When a child is determined unsafe in the initial stages of the assessment and the family's circumstances or the person responsible for care's (PRFC) behavior poses a risk to the child, an investigation is immediately initiated by the Child Welfare specialist. The family is told an investigation rather than an assessment is necessary and the CW specialist immediately follows investigation protocol.

An investigation is conducted when:

- a report meets the abuse or neglect guidelines and constitutes a serious and immediate threat to the safety of a child
- there have been three or more reports accepted for assessment or investigation regarding the family
- the family has been the subject of a deprived petition; or
- the child was diagnosed with fetal alcohol syndrome or DHS determines the child meets the definition of drug-endangered child.

Reports that are appropriate for screening out and are not accepted for assessment or investigation are reports:

- that clearly fall outside the definitions of abuse and neglect per OAC 340:75-3-120, including minor injury to a child 10 years of age and older who has no significant child abuse and neglect history or history of neglect that would be harmful to a young or disabled child, but poses less of a threat to a child 10 years of age and older;
- concerning a victim 18 years of age or older, unless the victim is in voluntary placement with DHS;
- where there is insufficient information to locate the family and child;
- where there is an indication that the family needs assistance from a social service agency but there is no indication of child abuse or neglect;
- 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;
- that indicate the alleged perpetrator of child abuse or neglect is not a PRFC, there is no indication the PRFC failed to protect the child, and the report is referred to local law enforcement; and
- the family resides on tribal land includes tribal members or the family is a tribal foster home with placement of only tribal custody children and the tribe accepted jurisdiction of the investigation.
- Allegations concerning the same incident received from the same or a different reporter are considered duplicate reports and may be screened out and associated with the original assigned assessment or investigation.

Allegations concerning the same child and family received within 45 calendar days of a previously accepted and assigned report are considered subsequent reports and may be screened out and the allegations addressed in the on-going report, unless the subsequent report contains allegations of a child death, child near death, child trafficking, or sexual abuse to a child by a PRFC or other adult who has close contact or access to the child. These are not screened out as subsequent and the allegations are investigated in a new report.

Children

Oklahoma defines a child as any unmarried person younger than 18 years of age, including an infant born alive. A drug endangered child is defined as a child who is at risk of suffering physical, psychological, or sexual harm as a result of the use, possession, distribution, manufacture, or cultivation of controlled dangerous substances or the attempt of any of these acts by a Person Responsible For Care (PRFC).

- (This term includes circumstances wherein the PRFC's substance use or abuse interferes with his or her ability to parent and provide a safe and nurturing environment for the child.
- Every physician, surgeon, or other health care professional including doctors of medicine, licensed osteopathic physicians, residents and interns, any other health care professional, or midwife involved in the pre-natal care of expectant mothers or the delivery or care of infants who test positive for alcohol or a controlled dangerous substance, must promptly report the matter to the DHS. This includes infants who are diagnosed with neonatal abstinence syndrome or fetal alcohol spectrum disorder.
- Whenever DHS determines that a child meets the definition of a "drug-endangered child" or was diagnosed with neonatal abstinence syndrome or fetal alcohol spectrum disorder, and the referral is assigned, DHS conducts an investigation of the allegations and does not limit the evaluation of the circumstances to an assessment.
- Whenever DHS determines an infant is diagnosed with neonatal abstinence syndrome or fetal alcohol spectrum disorder, DHS develops a plan of safe care that addresses the infant and affected family member or caregiver and, at a minimum, their health and substance use or abuse treatment needs.

Oklahoma defines a "plan of safe care" as a plan developed for an infant with neonatal abstinence syndrome or a fetal alcohol spectrum disorder, upon release from healthcare provider care that addresses the infant's and mother's or caregiver's health and substance use or abuse treatment needs.

Oklahoma defines a "substance exposed infant" as a newborn who tests positive for alcohol or a controlled dangerous substance with the exception of substances administered under the care of a physician. Oklahoma defines "substance affected infant" as one who was born experiencing withdrawal symptoms as a result of prenatal drug exposure or fetal alcohol spectrum disorder as determined by the direct health care provider.

Fatalities

Oklahoma investigates all reports of child death and near death that are alleged to be the result of abuse or neglect. When DHS has reasonable cause to suspect that a child death or near-death is the result of abuse or neglect, DHS notifies the Governor, the President Pro Tempore of the Senate, and the Speaker of the House of Representatives of the initial investigative findings of the child protective services review. Notice is communicated securely no later than 24 hours after the reasonable determination of suspicion.

A final determination of death or near death due to abuse or neglect is made after a report is received from the office of the medical examiner which may extend beyond a 12-month period. Fatalities are not reported to NCANDS until both the investigation and Child Protective Services program review, which is inclusive of the final determination, are completed.

The Child Protective Services Programs Unit program review includes:

- a review of the case record which is inclusive of the Report to District Attorney; law enforcement reports; medical examiner's Report of Autopsy; medical records pertaining to the death or near-death and previous records when applicable; all pertinent case information.

- an assessment of compliance of findings with CPS standards.
- requests for additional information when determined necessary.

The Oklahoma Child Death Review Board conducts a review of every child death and near death in Oklahoma. The Bureau of Vital Statistics forwards all death certificates of persons under 18 years of age to the Office of the Chief Medical Examiner monthly, received during the preceding month. The Office of the Chief Medical Examiner conducts an initial review of death certificates in accordance to the criteria established by the Child Death Review Board and refers to the Board cases that meet the criteria.

The Child Death Review Board is composed of 27 members or designees. 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.

Perpetrators

Oklahoma defines a person responsible for the child's health, safety, or welfare (PRFC) as:

- the child's parent, legal guardian, custodian, or foster parent;
- a person 18 years of age or older with whom the child's parent cohabitates or any other adult residing in the home of the child;
- an agent or employee of a public or private residential home, institution, facility, or day treatment program;
- an owner, operator, or employee of a childcare facility whether the home is licensed or unlicensed; or
- a foster parent maintaining a therapeutic, emergency, specialized-community, tribal, kinship, or foster family home responsible for providing care, supervision, guidance, rearing, and other foster care services to a child.

A referral to law enforcement is immediately made either verbally or in writing for the purpose of conducting a possible criminal investigation when, upon receipt of a report alleging abuse, neglect, or during the assessment or investigation, DHS determines:

- the alleged perpetrator is someone other than a PRFC (third-party perpetrator)
- abuse or neglect of the child does not appear attributable to failure on the part of a PRFC to provide protection for the child.

After making the referral to the appropriate law enforcement jurisdiction, DHS is not responsible for further investigation unless:

- DHS has reason to believe, or law enforcement has determined that the alleged perpetrator is a parent of another child, not the subject of the criminal investigation, or is a PRFC of another child;

- The appropriate law enforcement jurisdiction requests DHS participate in the investigation. When funds and personnel are available, as determined by the DHS Director or designee, DHS may assist law enforcement in interviewing children alleged to be victims of physical or sexual abuse.

A prior perpetrator is defined as a perpetrator of a substantiated maltreatment within the reporting year who has also been a perpetrator in a substantiated maltreatment anytime back to 1995, the year of implementation of the State Automated Child Welfare Information System.

Oklahoma reports all unknown perpetrators. “Other” perpetrator relationship includes those with no relation to the alleged victim and roommate.

Services

Through the CPS safety evaluation and investigation process a finding as to the allegation of child abuse and neglect is made, along with a determination of the safety of the child in the home, the protective capacities of the person responsible for the child, and appropriate ongoing service needs for the family. CPS, through the safety evaluation and investigation process, determines the need for child abuse and neglect prevention and intervention-related services and what CW intervention would be the least-restrictive, least-intrusive that ensures the child is safe. Ongoing service options include a determination that no services are needed, a referral for community-based services, opening a FCS case, or foster care. In addition to ISS, SafeCare®, and Intercept®, OKDHS contracts with twelve service providers for families and children involved in the CW system through CPS or ongoing prevention and intervention-related services through FCS and Permanency Planning for parents’ assistance and sexual abuse treatment services. During the reporting period October 1, 2021, through September 30, 2022, statewide 1268 families received parents assistance services and 486 families received sexual abuse treatment services.

Oregon

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The state did not submit commentary for the *Child Maltreatment 2022* report.

Pennsylvania

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General

In Pennsylvania, only General Protective Services (GPS) referrals may be screened out. GPS data is not currently included in Pennsylvania's NCANDS submission. Reports of suspected child abuse are not able to be screened out.

Reports

Pennsylvania saw that the total reports of child abuse are increasing to a rate that is more consistent with totals prior to the pandemic. This was expected, following the decrease in the total reports during the height of the pandemic, which we attributed to limited/reduced contact between children and mandated reporters of suspected child abuse.

Children

Again, it can be said that we are observing a re-stabilization of our total numbers of suspected abuse reports following the COVID-19 pandemic.

Fatalities

Our Child Welfare Information System (CWIS) only contains the child abuse investigation outcome for the referral involving the fatality. The fatality records in the NCANDS populations all rise to the level of suspected child abuse under the Child Protective Services Law (CPSL). A death which does not rise to the level of a suspected child abuse referral may be captured in the system under a different referral type if it does not rise to the level of suspected child abuse, but it is not tracked as a fatality by our system.

Perpetrators

A perpetrator is defined as a person who has committed child abuse as defined in this section. The following shall apply:

(1) The term includes only the following:

- (i) A parent of the child.
- (ii) A spouse or former spouse of the child's parent.
- (iii) A paramour or former paramour of the child's parent.
- (iv) 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.
- (v) An individual 14 years of age or older who resides in the same home as the child.
- (vi) 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.
- (vii) An individual 18 years of age or older who engages a child in severe forms of trafficking in persons or sex trafficking, as those terms are defined under section 103 of the Trafficking Victims Protection Act of 2000 (114 Stat. 1466, 22 U.S.C. § 7102).

(2) Only the following may be considered a perpetrator for failing to act, as provided in this section:

- (i) A parent of the child.
- (ii) A spouse or former spouse of the child's parent.
- (iii) A paramour or former paramour of the child's parent.
- (iv) A person 18 years of age or older and responsible for the child's welfare.
- (v) A person 18 years of age or older who resides in the same home as the child.

Pennsylvania's records would include any incidents of sex trafficking which have a perpetrator who meets the legal definition of a perpetrator of child abuse.

Services

Pennsylvania plans to opt into the Family First Prevention Services Act Title IV-E Prevention Program and is revising the state five-year prevention plan for final submission to the Administration for Children and Families. Once this plan is approved, Pennsylvania will begin claiming reimbursement for eligible prevention services. Pennsylvania continues to incentivize use of evidence-based services to support prevention through the existing special grants initiative. This initiative provides a higher state funding match for county use of evidence-based programs, truancy prevention programs, housing support and other promising practices when compared for the state funding match made available for other service categories. However, these plans do not impact NCANDS submission data, as preventative service data is maintained at the county level, and therefore not included in the state NCANDS submission.

Pennsylvania is state supervised, and county administered for child welfare. As such, services are provided by the counties and not by the state. Pennsylvania's Child Protective Services Law allows for counties to outsource nearly all services except for child abuse investigation and general protective services assessments. There are many counties within Pennsylvania who select to outsource services and the counties hold the contracts for these services, not the state. Again, NCANDS data is not impacted by this information, due to the fact that this data is currently maintained within the county systems and not the state Child Welfare Information System, and therefore is not currently part of Pennsylvania's NCANDS data submission.

Puerto Rico

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The Puerto Rico Department of the Family (DF) is the agency of the Government of Puerto Rico responsible for the provision of the diversity and /or a variety of social welfare services. As an umbrella agency, four Administrations operate with fiscal and administrative autonomy.

The Department of the Family composition is as follows:

- Office of the Secretary
- Administration for Children and Families- ACF (ADFAN, Spanish acronym)
- Administration of the Socioeconomic Development of the Family (ADSEF, Spanish acronym)
- Child Support Administration (ASUME, Spanish acronym), enacted by PL 86, August 17, 1994
- Administration for Integral Development of Childhood (ACUDEN, Spanish acronym) PL-179 August 1, 2003

The Administrations are agencies dedicated to executing the public policy established by the Secretary, in the different priority areas of services to children and their families including the elderly population in Puerto Rico. It establishes the standards, norms, and procedures to manage the programs and provide the operation and supervision of the Integrated Services Centers (ISC) at the local levels. The regional levels (10 regional offices) supervise the local offices.

They are also responsible for implementing and developing those functions delegated by the Secretary through the redefinition and reorganization of the variety of services for the family including traditional services and the creation of new methods and strategies for responding to the needs of families. Work plans are prepared in agreement with the directives and require final approval of the Secretary.

Administration for Children and Families (ADFAN):

The functions and responsibilities of ADFAN are executed through the following programmatic and administrative components:

- Administrator's Office
- Assistant Administration for Adults and Community Services
- Assistant Administration for Prevention and Community Services
- Assistant Administration for Child Protective Services,
- Family Preservation and Support Services
- Assistant Administration for Foster Care and Adoption

Assistant Administration for Child Protective Services

The Assistant Administration for Child Protective Services is responsible for the investigation of intra-familial and institutional CA/N referrals. As one of its primary components, the State Center for the Protection of Children is responsible for the operation of the Child Abuse and Neglect Hotline and the Orientation and Family Support Hotline. Both lines are

responsible for providing an expedited system of communication to receive family and/or institutional referrals and to provide orientation and crisis intervention in different areas of family life. It also operates the Central Registry, which maintains updated statistical and programmatic information about the movement of CAN referrals and cases receiving services by ADFAN.

General

In Puerto Rico it has not been established changes in policy processes related to child abuse investigations. Puerto Rico does not have an alternative response in child abuse investigations.

Reports

This year did not reflect a significant change compared to the previous year. The percentage difference was 3 percent less this year in reports.

The call screening process has not changed. The protocol establishes the entire procedure involved in handling calls received on the hotline and the questions to better screen the decision-making process when accepting referrals for social investigation.

Stage One: Receipt of Referral

The process involving the collection of information at the Abuse, Institutional Abuse, Neglect and Neglect Hotline or local office, screening of the referral, assignment of response priority and transfer to the appropriate work unit shall not exceed a time frame of two (2) hours from the receipt of the call. This procedure shall be applicable to any situation in which abuse is alleged in a family home, foster home or family resource home.

The hotline management in coordination with the agency establishes plans to offer training to new staff.

The number of employees is calculated using the equivalent of full time This calculation is used in the direct line and with all staff dedicated to referral research in the agency.

Children

The number of child victims decreased this year compared to the previous year.

The MANUAL OF RULES, PROCEDURES AND RULES OF EXECUTION OF THE SECURITY MODEL IN THE INVESTIGATION OF REFERRALS reviewed in April 2013, establishes the fundamental objectives of the child maltreatment referral investigation process:

- To assess the safety of the child.
- To take immediate protective actions as necessary.
- Determine the disposition of the referral.

This process involves the evaluation of all children in a referred family. The interview protocol establishes the parties to be interviewed and the children to be evaluated, considering the essential objectives of the investigation.

The data related to any alcohol abuse child risk factor or drug abuse child risk factor can be collected through data entry in investigation of referrals and case management. The alcohol abuse and drugs abuse area are collected separate.

Our information system has the option to collect data in both areas, sex trafficking and prenatal child victims of substance abuse. We have been able to identify them in recent years as they are correctly documented in our system, perhaps the limitation is in the data entry by the workers. For this reason, we are directed to emphasize the importance of this information and what it implies for the child victim.

Fatalities

Puerto Rico works in collaboration with other agencies such as; police and justice department, forensic sciences for the collection of information on child deaths. Generally, it is the external agencies that validate child abuse deaths and collaborate with our agency in this area.

In PR, generally, deaths of minors are reported through the direct line even when there is no suspected allegation of abuse or neglect. In these cases, a social emergency is activated for due intervention and if an allegation of abuse or neglect is identified, a referral is generated.

Perpetrators

In PR there is no policy as to how young a perpetrator can be. We included the perpetrators who are other caregivers; staff of institution for children, school, foster care, childcare and others institution responsibility for the care, education, supervision, and treatment of physical and emotional needs, as defined by our protection law.

Our system has the capacity to collect data related to sex trafficking, these data are catalogued in the typologies, however, our protection law only catalogues situations of sex trafficking when the perpetrator is a parent or caregiver, but not a third party or non-caregiver.

Services

Prevention Services

Gender violence prevention services were offered to women and men (of any age) and their children, through private non-profit organizations and municipalities committed to eradicating this problem. These services under the Family Violence Prevention and Services Act, which is legislation that promotes the development of innovative projects aimed at achieving a better quality of life for victims of gender violence and their children, to prevent family violence and provide alternative services such as shelters and support for victims and their dependents, reduce the incidence of deaths from gender violence, and raise community awareness of the problem of family violence.

The Family and Children's Administration, through the Auxiliary Administration for Community Prevention, entered into collaborative agreements with governmental and non-governmental entities, especially with agencies interested in providing support services to survivors of domestic violence and their children.

At least 95 percent of the funds are granted to nonprofit institutions, municipalities and government agencies that offer services. Additional services with FVPSA funds:

- Parent cafés: Strategies such as "parent cafés", which are held weekly on Facebook, allow us to reach more people. Community cafés are another activity made possible by these funds, addressing prevention issues and strengthening the leadership of the participants.
- Individual and/or group support services for women victims or survivors of domestic violence. FVPSA grants enabled us to provide individual and/or group support services to women victims or survivors of domestic violence.
- Psychotherapy support program: This service is designed for victims and their children, and individual and group psychotherapy for perpetrators. Both programs are operated by a clinical psychologist with experience in domestic violence issues.

Supplementary funds FVPSA- ARP (COVID 19)

- The FVPSA Covid-19 grant has allowed for individual counseling in atypical cases, such as male victims or female victims, with an expert in forensic social work, sexual abuse assessment and staff trained to provide these services.
- The FVPSA Covid-19 grants allowed for virtual conferences on topics related to violence prevention in times of pandemic, impacting the community at large throughout the island.
- The provision of uninterrupted services to sheltered women and their children in a safe environment has been completed. Purchase the necessary equipment and materials for risk mitigation in the face of Covid-19. Provide prevention services to the community from an equity perspective with trained staff and offer nursing services to all refugees, thus giving continuity to the coordination of medical services.
- Provide training for victims and survivors of domestic violence on self-esteem, skills development and creativity so that they can become economically independent and earn income to support their families.
- Virtual services such as educational videoconferences for the community on topics related to covid-19 and how it affects families suffering from domestic violence and child abuse, how to prevent it, vaccination and other topics through Facebook Live. Expressive art workshops were offered at Zoom.

Not all services, only 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.

Child removals were not affected. The agency took the necessary precautions. In the case of removals as a result of a report investigation, the Investigations Units oversaw following the procedure, including the location of the children. In the case of removals in active agency cases, each Region had a plan for dealing with these situations through the associate director. Violencia Familiar (2002PRFVC3) was helpful during the pandemic.

The Administration for Families and Children, Department of Families, delegated funds to all its community-based organizations for the provision of integrated services to vulnerable sectors of the country. The primary population served was battered women with their children who are victims of child abuse. The American Rescue Plan was another fund received and used to expand and extend support services to underserved communities.

Puerto Rico *(continued)*

Some support services are contracted, for example, for coaching and training, technical assistance, investigation of referrals in arrears, case management in areas with larger numbers of families and as complementary support and legal assistance, among others.

Rhode Island

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General

In November of 2019, DCYF implemented the SAFE Practice Model across all divisions. In CPS, the model determines child safety through an assessment of family functioning and caregiver capacities. The practice shifts from making safety determinations based primarily on the absence or presence of an incident of maltreatment to an assessment of the needs and strengths of each family member. Investigations are documented using a Family Functioning Assessment which addresses specific areas of functioning for all children and their caregivers. This assessment identifies safety threats and protective capacity, creates the basis for safety plans when appropriate, and identifies behavioral changes required to mitigate those safety threats. For families transferred to on-going Family Service Units, those behavioral changes formulate the foundation for service plans. Safety is re-assessed throughout the life of a case through the On-going Family Functioning Assessment which re-assesses the areas safety addressed by CPS in the Family Functioning Assessment. The model shifts the practice in our Family Service Units from making decisions about safety and permanency based on compliance with services to the identification of positive behavioral changes and a network of informal supports for the family.

Rhode Island does not have two types of response to screened-in referrals. All reports meeting criteria for a CPS investigation are screened in for investigation. The criteria for an investigation are:

Investigation Criteria 1- Child Abuse/Neglect (CA/N) Report – RIGL 40-11-3 requires the Department to immediately investigate reports of child abuse and neglect. The circumstances reported, if true, must constitute child abuse/neglect as defined by RIGL 40-11-2.

Investigation Criteria 2: Non-Relative Caregiver – RIGL 42-72.1-4 requires that no parent assigns or otherwise transfers to another, not related to him or her by blood or marriage, his or her rights or duties with respect to the permanent care and custody of his or her child under eighteen years of age unless duly authorized by an order or decree of the court.

Investigation Criteria 3: Sexual Abuse of a Child by Another Child – RIGL 40-11-3 requires the Department to immediately investigate sexual abuse of a child by another child.

Investigation Criteria 4: Duty to Warn – RIGL 42-72-8 allows the Department to release information if it is determined that there is a risk of physical injury by a person to himself/herself or others and that disclosure of the records is necessary to reduce that risk. If the Hotline receives a report that a perpetrator of sexual abuse or serious physical abuse has access to another child in a family dwelling, that report is classified as an investigation and assigned for investigation.

Investigation Criteria 5: Alert to Area Hospitals, Safety of Unborn Child – RIGL 42-72-8 allows the Department to release information if it is determined that there is a risk of physical injury by a person to himself/herself or others and that disclosure of the records is necessary to reduce that risk. The Department issues an alert to area hospitals when a parent has a history of substantiated child abuse/neglect or a child abuse/neglect conviction and there is concern about the safety of a child.

Investigation Criteria 6: Serious, Critical Injury, Child Near Fatality or Child Fatality- Serious, critical injury of a child, near child fatality or Child Fatality. Under RIGL 40-11-3.1 the Department is required to investigate all instances of child fatalities or near fatalities in which child abuse or neglect is suspected to be a contributing factor regardless of whether the family is currently active or has ever received services from the Department.

Under RIGL 40-11-3.1 the Department is required to investigate all instances of child fatalities or near fatalities in which child abuse or neglect is suspected to be a contributing factor regardless of whether the family is currently active or has ever received services from the Department.

§ 40-11-3.3. Duty to report — Sexual abuse of a child in an educational program.
(a) Any person who has reasonable cause to know or suspect that any child has been the victim of sexual abuse by an employee, agent, contractor, or volunteer of an educational program as defined in § 40-11-2 shall, within twenty-four (24) hours, transfer that information to the department of children, youth and families, or its agent; provided, however, that if the person mandated to report is an employee, agent, contractor, or volunteer of an educational program as defined in § 40-11-2, they shall immediately notify the principal, headmaster, executive director, or other person in charge of the educational program, or his or her designated agent. The principal, headmaster, executive director, or other person in charge of the educational program, or his or her designated agent, shall be responsible for all subsequent notification to the department of children, youth and families, or its agent in the manner required by this section. In the case of a public educational program, the principal, headmaster, executive director, or other person in charge of the educational program, or his or her designated agent, shall also notify the superintendent of the public educational program. Any transferred information shall include the name, title, and contact information for every employee, agent, contractor, or volunteer of the educational program who is believed to have direct knowledge of the allegation. Nothing in this section is intended to require more than one report from any educational program for a specific incident.

(b) To provide guidance and consistency in reporting, the commissioner of elementary and secondary education shall promulgate policies and procedures for the creation and handling of reports made by the principal, headmaster, executive director, or other person in charge of the educational program, or his or her designated agent to carry out the intent of this section.

(c) The department of children, youth and families, or its agent shall immediately forward the report to state police and local law enforcement and shall initiate an investigation of the allegations of sexual abuse if it determines that the report meets the criteria for a child protective services investigation. As a result of those reports and referrals, the department shall refer those children to appropriate services and support systems to provide for their health

and welfare. In the event the department substantiates the allegations of sexual abuse against an employee, agent, contractor, or volunteer of an educational program, the department shall immediately notify the state police; the local law enforcement agency; the department of education; the educational program; the person who is the subject of the investigation; and the parent, or parents, of the child who is alleged to be the victim of the sexual abuse of the department's findings.

Sexually exploits the child in that the person allows, permits, or encourages the child to engage in prostitution as defined by the provisions in § 11-34.1-1 et seq., entitled "Commercial Sexual Activity". "Commercial Sexual Exploitation of Children (CSEC)" refers to a range of crimes and activities involving the sexual abuse or exploitation of a child for the financial benefit of any person or in exchange for anything of value (including monetary and non-monetary benefits) given or received by any person.

Reports

The Structured Decision Making tool was implemented in 2019 and staff were re-trained on the SDM Hot Line Screening Tool in 2022. The Tool guide and automated tool were edited to include clear language to describe maltreatment types as defined in RI General Law. Under RI General Laws, anyone who has a reasonable suspicion that a child has been maltreated has 24 hours to make a report to the DCYF CPS Hot Line. The Hot Line is in operation seven days per week, 24 hours per day and is staffed by Child Protective Investigators. All calls are recorded, and reporters may remain anonymous. The investigator takes the information from the reporter and uses the Structured Decision-Making screening tool. Based on the tool, reports are screened out or assigned for investigation within the designated response priority times.

Children

Any child who is a household member or was a member of the household at the time of the alleged maltreatment must be interviewed by a Child Protective Investigator to assess child safety.

The risk factors involving the use of illicit substances as well as misuse of prescribed and legal substances are not separated. The screening tool and process does not differentiate between substances, therefore specific risk factors are not associated with different substances.

Plans of safe care are monitored by the state health department. DCYF is only able to report this data via comments. The RIDOH reports that for FFY 2022, 425 substance exposed newborns were identified in KIDSNET. The RIDOH reports receiving 126 plans of safe care for substance exposure.

Perpetrators

"Other perpetrator" would include any adult who does not have a relationship to the child listed under the definition of "caretaker." This would include noncaregiver perpetrators of sex trafficking.

Rhode Island *(continued)*

Services

Case management is the responsibility of the DCYF caseworker. Most residential and community-based services are outsourced.

South Carolina

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General

South Carolina only has one response to screened in reports which is to "Refer for Investigation."

Reports

South Carolina implemented a 24/7/365 intake hotline model in November 2021, so FFY 2022 was the first full year of having a 24/7/365 centralized intake operation. Prior to this time, each individual county was responsible for receiving on-call referrals outside of the hours M-F 8:30a-5:00p.

The CPS workforce data are calculated using full-time equivalents (FTEs). Intake case managers collect information, complete the SDM tool, and make a recommendation. The intake supervisor reviews the information and makes a final decision about the disposition of the intake referral.

Children

The state has a policy to investigate/assess all children in a household if any child in the household has a maltreatment allegation.

Fatalities

South Carolina Department of Social Services (SCDSS) has a Systems Transformation Unit that tracks child fatalities internally and keeps data on child fatalities without SCDSS involvement.

Law enforcement, the coroner, the medical examiner, and the Department of Health and Environmental Control (Bureau of Vital Statistics Division) report all child deaths that were not the result of natural causes, to the State Law Enforcement Division (SLED) for an investigation. SLED investigates all preventable child deaths and then refers their findings to DSS, where this unit reviews the agency's response to these child fatalities.

The State Child Fatality Advisory Committee (SCFAC) also reviews a portion of cases referred from SLED. As such, SCDSS's comprehensive systems-level review, including SCDSS's records, records collected by SLED, and when available, records collected by the SCFAC, form the Systems Transformation's determination that the child fatality was caused by maltreatment by a person responsible for the child's welfare or maltreatment by a person responsible for the child's welfare contributed to the child fatality for the purposes of reporting Agency File data. This list is compared to the agency's SACWIS system and children whose deaths have been reported in the Child File (indicated by SCDSS for death by maltreatment) are removed.

South Carolina *(continued)*

Fatalities reported on the Agency File include but are not limited to fatalities not investigated by SCDSS due to the perpetrating person responsible for the child's welfare also being deceased and indicated incidents of maltreatment causing a near- and eventual-fatality, but due to time limits (60 days) on CPS investigations imposed by state statute and the fatality itself occurring outside this timeframe, the case is not indicated for death by maltreatment in SCDSS's CCWIS system.

Perpetrators

Anyone in a "loco parentis" role can have a maltreatment finding and be labeled as a perpetrator. South Carolina includes noncaregivers as sex trafficking perpetrators. However, due to the complexity of criminal cases related to human trafficking, nonparent or caregiver perpetrators of human trafficking are named as "Unknown" in our CCWIS system. This is because if the perpetrator is engaged in a family court case because of the SCDSS involvement and enters into an Alford Plea, the same plea can be applicable in a criminal trial and can impede criminal charges and court procedures.

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 Child Protection Services continued to serve families throughout the pandemic. Child Protection staff were considered and deemed as essential staff and were provided with necessary masks and coverings to ensure their safety and the safety of the families requiring intervention. The Child Protection intake hotline continued to operate with staff working in the office during the pandemic. Visits that were previously conducted face-to-face were allowed to temporarily be conducted virtually; however, this was dependent on case specific information.

Reports

CPS child abuse and neglect screening and response processes are based on allegations that indicate the presence of danger threats, which includes the concern for child maltreatment. CPS makes screening decisions using the Screening Guideline and Response Assessment. Assignment is based on child safety and vulnerability. The response decision is related to whether the information reported indicates present danger, impending danger, or any other danger threat. A report is screened out if it does not meet the criteria in the Screening Guideline and Response Assessment as described above.

The reporter types listed as “other” in the NCANDS Child File include clergy, community person, coroner, domestic violence shelter employee or volunteer, funeral director, other state agency, public official and tribal official.

Reports of abuse and neglect are categorized into five types- neglect, physical abuse, sexual abuse, sex trafficking, and/or emotional maltreatment. Medical neglect is included in the neglect category.

Children

The data reported in the child file includes children who were victims of substantiated reports of child abuse and neglect where the perpetrator is the parent, guardian or custodian.

Fatalities

Children who died due to substantiated child abuse and neglect by their parent, guardian or custodian are reported as child fatalities. The number reported each year are those victims

involved in a report disposed during the report period, even if their date of death may have actually been in the previous year. The State of South Dakota reports child fatalities in the NCANDS Child File.

South Dakota Codified Law 26-8A-3 mandates which entities are required to report child abuse and neglect.

"26-8A-3. Persons required to report child abuse or neglected child--Intentional failure as misdemeanor. Any physician, dentist, doctor of osteopathy, chiropractor, optometrist, emergency medical technician, paramedic, mental health professional or counselor, podiatrist, psychologist, religious healing practitioner, social worker, hospital intern or resident, parole or court services officer, law enforcement officer, teacher, school counselor, school official, nurse, licensed or registered child welfare provider, employee or volunteer of a domestic abuse shelter, employee or volunteer of a child advocacy organization or child welfare service provider, chemical dependency counselor, coroner, or any safety-sensitive position as defined in § 3-6C-1, who has reasonable cause to suspect that a child under the age of eighteen has been abused or neglected as defined in § 26-8A-2 shall report that information in accordance with §§ 26-8A-6, 26-8A-7, and 26-8A-8. Any person who intentionally fails to make the required report is guilty of a Class 1 misdemeanor. Any person who knows or has reason to suspect that a child has been abused or neglected as defined in § 26-8A-2 may report that information as provided in § 26-8A-8."

South Dakota Codified Law 26-8A-4 mandates that anyone who has reasonable cause to suspect that a child has died as a result of child abuse or neglect must report. The reporting process required by SDCL 26-8A-4 stipulates that the report must be made to the medical examiner or coroner and in turn the medical examiner or coroner must report to the South Dakota Department of Social Services.

"26-8A-4. Additional persons to report death resulting from abuse or neglect--Intentional failure as misdemeanor. In addition to the report required under § 26-8A-3, any person who has reasonable cause to suspect that a child has died as a result of child abuse or neglect as defined in § 26-8A-2 shall report that information to the medical examiner or coroner. Upon receipt of the report, the medical examiner or coroner shall cause an investigation to be made and submit written findings to the state's attorney and the Department of Social Services. Any person required to report under this section who knowingly and intentionally fails to make a report is guilty of a Class 1 misdemeanor."

When CPS receives reports of child maltreatment deaths as required under SDCL 26-8A-4 from any source, CPS documents the report in FACIS (SACWIS). Reports that meet the NCANDS data definition are reported to NCANDS.

The Justice for Children's Committee (Children's Justice Act Task Force) is also updated annually on the handling of suspected child abuse and neglect related fatalities.

South Dakota *(continued)*

Perpetrators

Perpetrators are defined as individuals who abused or neglected a child and are the child's parent, guardian or custodian. The state information system designates one perpetrator per child per allegation.

Services

The Agency File data includes services provided to children and families where funds were used for primary prevention from the Community Based Family Resource and Support Grant. This primarily involves individuals who received benefit from parenting education classes or parent aide services.

The State of South Dakota, Division of Child Protection Services with the consent of the parent, refers every child under the age of 3 involved in a substantiated case of child abuse or neglect to the Department of Education's Birth to Three Connections program. This program is responsible for the IDEA services. The parent or guardian is advised by the Division of Child Protection Services that with their permission, a referral to Birth to Three Connections will be made for a developmental screening of their child. The parent or guardian needs to sign a DSS Information Authorization Form before the referral is made. The parent or guardian is also given a Birth to Three Connections brochure and provided the name of the service coordinator that will be contacting them to schedule the screening. The Birth to Three Connections intake form is then completed and faxed with the Information Authorization to the Birth to Three Connections coordinators to determine eligibility and write an Individual Family Service Plan for eligible children within 45 days of the receipt of the referral. Not all children referred by the Division of Child Protection Services to the Birth to Three program are eligible for services.

Tennessee

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General

Tennessee has multiple pathways when screening referrals through CPS. The Multiple Response System includes Investigations, Assessments (services approach) and Resource Linkage. Investigations result in an administrative finding of substantiated/unsubstantiated for allegations of abuse or neglect. Assessments result in a services finding on whether services where not needed, recommended, required or court ordered to address the concerns raised to the Department. Resource Linkage involves situations that do not rise to the level of state definitions of abuse or neglect but where community or material services would prevent the need for child welfare involvement. All of these tracks are embedded in the SACWIS/CCWIS system and available to report to NCANDS..

Reports

The state made the following recent hires:

- FFY 2021: Hotline Case Managers: 57, Hotline Supervisors: 21, Hotline Core Leadership: 5, Readers: 19
- FFY 2022: Director: 1, Team Coordinators: 4, Team Leaders (all CAH): 9, Supervisory Case Manager 3 and Trainers for CAH: 13, Reader Program Non-Supervisory Case Manager 3 19, Case Managers (all CAH): 56

The screening process has not changed in Tennessee from the prior reporting year. Any change in data would be a direct result in the continued reopening of Tennessee from the recent pandemic.

Children

Tennessee includes non-familial traffickers as caregivers.

Fatalities

All child fatalities information recorded comes from data received and entered into the system and are reported in the Child File. Not all infant/child deaths are investigated. DCS must have jurisdiction due to a report/concern of child maltreatment or if the incident is unexplained at the time of report, then we will accept the death for investigation. Through that process, a determination is made whether the death was due to child maltreatment.

Perpetrators

The SACWIS defines almost 70 different ACV to perpetrator roles, where the most selected role is "Alleged Perpetrator" which is mapped to the NCANDS value= 88 (other). The number reported in this category has been reduced by more than 15 percent from FFY 2020.

Services

The state outsources some services.

Texas

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General

Alternative Response (AR) is an approach that responds differently than traditional investigations to reports of abuse/neglect. It allows for a more flexible, family engaging approach while still focusing on the safety of the children as much as in a traditional investigation. Alternative Response allows screened-in reports of low to moderate risk to be diverted from a traditional investigation and serviced through an alternative family centered assessment track. There will be no change in the number or type of clients served but alternative response clients will be served in a different manner. Generally, the Alternative Response track will serve accepted child abuse and neglect cases that do not allege serious harm. AR cases will differ from traditional investigations cases in that there will be no substantiation of allegations, dispositions will not be used, names of perpetrators will not be entered into the Central Registry (a repository for confirmed reports of child abuse and neglect), and there will be a heightened focus on guiding the family to plan for safety in a way that works for them and therefore sustains the safety.

Beginning in November 2014, Alternative Response was initially implemented in Regions 1, 3, and 11 to begin practicing AR and to develop experience and expertise. Implementation was staggered to allow for planning and training. Regions 7 and 9 were implemented in 2015. Regions 4, 5 and 10 were implemented in 2017. In 2018, Regions 2, 6b and 8 implemented Alternative Response. Region 6A was implemented in 2021. At this time Alternative Response has been fully implemented statewide.

Reports

All reports of maltreatment within DFPS' jurisdiction are investigated, excluding those which during the screening process are determined not to warrant an investigation based on reliable collateral information.

The state considers the start of the investigation to be the point at which the case is assigned to an investigative caseworker. In some instances, the caseworker will get a report about a new incident of abuse or neglect involving a family who is already being investigated or receiving services in an open DFPS case. There are also instances in which caseworkers begin their investigation when families and children are brought to or walk-into an office or 24-hour shelter. In both situations, the caseworker would then report the maltreatment incident after the first face-to-face contact initializing the investigation has been made. The report date is the date the person calls into SWI. In the narrative they can specify when the alleged abuse or neglect occur. The date the investigation starts can be 24-72 hours as set by the priority time frames.

The state's CPI schema regarding disposition hierarchy differs from NCANDS hierarchy. The state has "other" and closed-no finding codes as superseding unsubstantiated at the report level. Texas works on the principle that the two ends of the disposition spectrum are founded and unfounded with all else in the middle. NCANDS takes a slightly different view

that the two sure points are founded and unfounded and everything else is less than either of these two points. The state's hierarchy for overall disposition is, from highest to lowest, RTB-Reason to Believe, UTD-Unable to Determine, R/O-Ruled Out and UTC-Unable to Complete. Mapping for NCANDS reporting is; RTB=01, UTD=88, UTC=07, and R/O=05. An inconsistency in the hierarchies for the state and for NCANDS occurs in investigations where an alleged victim has multiple maltreatment allegations and one has a disposition of UTD while the other has a maltreatment disposition of R/O. According to the state's hierarchy, the overall disposition for these investigations is UTD. Mapping the report disposition to unsubstantiated as indicated in the NCANDS's Report Disposition Hierarchy report would be inconsistent with state policy.

There is no CPI program requirement or state requirement to capture incident date so there is no data field in the SACWIS system for this information. Historical problem: the date when an abuse/neglect incident happened does not conform to only one date when abuse/neglect is ongoing. Therefore, identifying one date would be inaccurate.

Children

The State does not make a distinction between substantiated and indicated victims.

A child has the role of "designated victim" when he or she is named as a victim in an allegation that has a disposition of "reason to believe".

A child (age 10 or older) has the role of "designated perpetrator" when he or she is named as a perpetrator in an allegation that has a disposition of "reason to believe."

A child (age 10 or older) has the role of "designated both" (i.e., designated victim and designated perpetrator in the same case) when he or she is named as a victim in an allegation that has a disposition of "reason to believe" and as a perpetrator in an allegation that has a disposition of "reason to believe."

A person (child or adult) has the role of "unknown (unable to determine)" when he or she is named in an allegation that has a disposition of "unable to determine" but is not named in another allegation that has a disposition of "reason to believe".

A person (child or adult) has the role of "unknown (unable to complete)" when he or she is named in an allegation that has a disposition of "unable to complete" but is not named in another allegation that has a disposition of "reason to believe" or "unable to determine".

A person (child or adult) has the role of "not involved" when: all the allegations in which the person is named have a disposition of "ruled out", the overall disposition for the investigation is "administrative closure", or the person was not named in an allegation as a perpetrator or victim.

The State can provide data for living arrangement at the time of the alleged incident of maltreatment only for children investigated while in a substitute care living situation. All others are reported as unknown.

Since FFY 2017, Texas implemented the breakout of Sex Trafficking from the Sexual Abuse maltreatment type and Labor Trafficking from other maltreatment types Specifically for human trafficking, DFPS investigates if a person traditionally responsible for the children's care, custody, and welfare does either of the following:

- Knowingly causes, permits, encourages, engages in, or allows a child to be trafficked, or
- Fails to make a reasonable effort to prevent a child from being trafficked

Fatalities

Child fatalities decreased during FFY 2022 by fifteen percent.

The source of information used for reporting child maltreatment fatalities is the reason for death field contained in the DFPS IMPACT system plus a child fatality investigation with a reason to believe – fatal finding for an allegation.

DFPS uses information from the State's vital statistics department, child death review teams, law enforcement agencies and medical examiners' offices when reporting child maltreatment fatality data to NCANDS. DFPS is the agency required by law to investigate and report on child maltreatment fatalities in Texas when the perpetrator is a person responsible for the care of the child. Information from the other agencies/entities listed above is often used to make reports to DFPS that initiate an investigation into suspected abuse or neglect that may have led to a child fatality. Also, DFPS uses information gathered by law enforcement and medical examiners' offices to reach dispositions in the child fatalities investigated by DFPS. Other agencies, however, have different criteria for assessing and evaluating causes of death that may not be consistent with the child abuse/neglect definitions in the Texas Family Code and/or may not be interpreted or applied in the same manner as within DFPS.

There were no changes to child fatality reviews during FFY 2022. It is important to note that starting September 1, 2021, Texas Family Code, Section 261.001 provided an updated definition for neglect that requires both the presence of blatant disregard as well as either a resulting harm or an immediate danger: "an act or failure to act by a person responsible for a child's care, custody, or welfare evidencing the person's blatant disregard for the consequences of the act or failure to act that results in harm to the child or that creates an immediate danger to the child's physical health or safety…"

Child fatalities decreased in FFY 2022. This includes significant decreases in unsafe sleep, drownings, and vehicle-related fatalities.

Perpetrators

Relationships reported for individuals are based on the person's relationship to the oldest alleged victim in the investigation. The State is unable to report the perpetrator's relationship to each individual alleged victim, but rather reports data as the perpetrator relates to the oldest alleged victim. Currently the State's relationship code for foster parents does not distinguish between relative/non relative.

The state only reports on human trafficking perpetrators who meet the Texas Family Code § 261.001(5)(A)-(D) definition of a person responsible for a child's care, custody, and welfare.

Texas *(continued)*

Services

In FFY 20 DFPS made changes to the policy handbook to align with Federal Plans of Safe Care guidance. Staff work with the hospitals to ensure that a Plan of Safe Care has been initiated for families in cases involving prenatal substance exposure. Child Protective Investigation (CPI) and Child Protective Services (CPS) staff work to ensure that any plans developed for a family are individualized to address the family's particular strengths and needs and to ensure that any appropriate referrals are made. DFPS continues to work with both the local and state level with appropriate community stakeholders and partner agencies to develop consistent guidance around Plans of Safe Care.

Utah

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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. Utah continues to navigate COVID and the impact on children, families, mandatory reports, and the workforce. Utah has seen the high caseworker turnover and addressing the impact in training and mentoring. Overall workforce support is Utah's top priority.

Utah does not have an alternative response/differential response. All reports are either screened out or screened in as a referral for a CPS Assessment.

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.

Utah *(continued)*

Children

Utah's predominant allegation continues to be neglect. When combined with a family's risk factors, neglect is often the result of substance misuse. Utah continues to investigate out-of-home perpetrators which results in higher than the national average of sexual abuse cases.

Utah has a process which defers pregnant women who are identified as substance using to the Office of Substance Abuse and Mental Health for treatment and services as a preventative measure to DCFS involvement.

Fatalities

Concerns related to child maltreatment, 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 2022.

Perpetrators

The only restriction Utah places upon identifying perpetrators is that CPS will not open a case for sexual abuse where the perpetrator is under the age of 12, except in extreme circumstances. This change was a result from HB262 during the 2020 session of the Utah legislature. Utah does report noncaregiver perpetrators of sex trafficking.

Services

There has been no changes to Utah's prevention funding. Utah continues to explore other prevention services as related to Family First Prevention Services Act (FFPSA). Utah does not outsource case management responsibilities, but does outsource services where appropriate.

Vermont

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General

Over the past 10 years, about 35 percent of cases are assigned to the assessment track. In the assessment track, the disposition options are services needed and no services needed. Cases assigned to the assessment track may be switched to the investigation track, but not vice versa. Data from both tracks are reported to NCANDS. Vermont's Family Services Division (FSD) is responsible for responding to allegations of child abuse and neglect by parents or "persons responsible for the child's welfare", and sexual abuse by any person (including out-of-home perpetrators). In addition to conducting our statutory child abuse investigations and assessments, we also have an option to conduct family assessments under the authority of 33 V.S.A.§ 5106. These family assessments do not meet statutory requirements for abuse and neglect but provide an option to engage with families where there are concerns. The focus of the assessment is on whether a child may be in need of care or supervision and are referred to as CHINS assessments. Because these family assessments are not part of our abuse and neglect statute, they are not reflected in this dataset. However, it is important to acknowledge that on an annual basis we conduct approximately 1,000 family assessments.

Reports

Vermont operates a statewide child protection hotline, available 24/7. All intakes are handled by family services workers and screening decisions are handled by hotline supervisors. These same supervisors make the initial track assignment decision. Vermont's CPS workforce data is calculated using full-time equivalents and has experienced some fluctuation in capacity since the COVID-19 pandemic. Some of the changes seen can be attributed to the reduction in the workforce itself, seen nationwide, as well as a reduction in the number of accepted child safety interventions since the pandemic. Vermont is beginning to see an increase in the number of reports made to the child protection hotline, approaching pre-pandemic volumes, and feels that this may be attributed to society's acceptance of the virus, and continued efforts to gain normalcy in a post-pandemic environment. Additionally, it should be noted that some of the increase seen in Vermont's FFY 2022 reporting period is a result of the IT Developer adjusting the coding to include 11 additional types of sexual abuse tracked within the database, including incest, rape, sodomy, lewd and lascivious, aiding child pornography, viewing child pornography, voyeurism, luring, obscenity and sexual assault.

All calls to the child abuse hotline are counted as referrals, resulting in a very high rate of referrals per 1,000 children, and making it appear that Vermont has a very low screen-in rate. Although Vermont has not conducted a thorough analysis, some of the contributing factors leading to our increasing number of referrals include, but are not limited to, reports where child abuse/neglect are not present and issues include truancy, delinquent behavior, mental health crises, out-of-home sexual abuse reports including teen sexting with or without consent, teen sexual harassment, as well as family configuration and our practice of entering reports under the primary caretaker when there are multiple children involved. This often

results in multiple reports for the same incident. In situations where multiple reports are made for the same incident, it is Vermont's practice to screen in only one of those reports.

Vermont continues to utilize the SDM Safety Assessment and Risk Assessment tools in our child safety interventions. In 2022, we added language into the Safety Assessment to better capture human trafficking as a danger item and we shifted our practice to truly give families a choice in whether they engage in prevention-based services with the Division.

Children

The Family Services Division is responsible for investigating allegations of child abuse or neglect by caregivers and sexual abuse by any person. The Division investigates risk of physical harm and risk of sexual abuse. Statute allows the Division to identify other children living in the same home as the identified child victim, and states that the investigator shall consider the physical and emotional condition of those children and may interview them, unless the child is the person who is alleged to be responsible for such abuse or neglect. Unless unreasonable within the context of the child safety intervention, division policy requires staff to evaluate the safety of any other children living in the same home. The evaluation should include an interview or observation of the other child(ren) and occurs with the permission of the child's parent, guardian or custodian.

Vermont faces a few challenges regarding collecting and reporting data to NCANDS for some data elements, including child and caregiver risk factors, and infants with prenatal substance exposure. We will continue to have limitations until the state can successfully implement a new CCWIS system. Until that time we continue to make system enhancements to our legacy system when IT resources are available. This work needs to be prioritized against other department wide initiates, resulting in a substantial lag time for the work to be complete. As an example of a system limitation regarding prenatal substance exposure, when child protection services (CPS) or Family Services (FSD) are not involved, meaning the child does not meet the criteria for making a report to the child abuse and neglect hotline, we are currently relying on hospital staff to remember to fax a notification to us at FSD. This information is then tracked in an Excel spreadsheet. Vermont has considered making enhancements to the state's database where our centralized intake data lives to better track this data; however, the state continues to lack IT resources to move this work forward. Another option that has been considered for this tracking is an external web-based portal that could be utilized by all hospitals in the state and reported to FSD. Vermont participated in the 2023 Policy Academy: Advancing Collaborative Practice and Policy: Promoting Healthy Development and Family Recovery for Infants, Children, Parents, and Caregivers Affected by Prenatal Substance Exposure, and we have since applied for and been accepted to receive In Depth Technical Assistance (IDTA) from Children and Family Futures, which is now underway. Through this collaborative process, we will continue to revisit our approach to supporting families affected by substance use disorders and substance-exposed newborns. Related to data collection, one of our goals within this work is to improve data collection as a strategy to apply quality improvement methods in clinical and community care towards the goal of increased care coordination a systems integration, including:

1. Understand number of infants born affected by substance use who needed a POSC
2. Explore development of portal to collect notification data
3. Expand use of CAPTA flow sheet in electronic health records (EHRs) across the state

4. Subgroup (PLSB Workgroup) continue to meet to address data concerns
5. Determine where redcap database/portal data will live
6. Implement data collection measures as possible within CHARM teams

When CPS/FSD are involved due to safety issues, our current antiquated data system has many limitations and we currently are not able to capture all cases that would fall into this category, therefore we are under-reporting. Vermont did not change any polices or procedures regarding reporting or tracking of infants with prenatal substance exposure during the pandemic.

One system enhancement that Vermont was able to successfully implement was having sex trafficking report as its own maltreatment type. Vermont has been collecting this data for years, however, with reduced IT resources and the need for the work to be prioritized, FFY 2022 submission is the first reporting period that includes the updated mapping. Sex trafficking as a maltreatment type is captured as such for the entire FFY.

Fatalities

DCF FSD is part of Vermont's Child Fatality Review Team (CFRT), which is housed under the Vermont Department of Health (VDH). This team reviews all unnatural child fatalities and provides annual data to the legislature, striving to make recommendations related to themes which arise.

DCF FSD is a member of the National Partnership for Child Safety, which is now a 26-jurisdiction collaborative with support from Casey Family Programs. As part of our collaboration with NPCS, Vermont is in the process of developing the Safe System Learning Review (SSLR); a child death review process which utilizes the Safe Systems Improvement Tool (SSIT) and seeks to create a psychologically safe process for staff as well as one that promotes system wide improvement over individually based fault finding.

Perpetrators

Division policy defines a perpetrator as an individual of any age who is determined to have committed child abuse or neglect. Perpetrators of sexual abuse include non-caregiver perpetrators of any age. Perpetrators of all other types of abuse must be a person responsible for the child's welfare (includes the child's parent; guardian; foster parent; any other adult residing in the child's home who serves in a parental role; an employee of a public or private residential home, institution or agency; or other person responsible for the child's welfare while in a residential, educational, or child care setting, including any staff person (33 V.S.A. § 4912(10)). Young people may be identified as a perpetrator of sexual abuse on another youth as young as age 6 (referred to as alleged actor youth); however, according to our differential response track assignment, those allegations would be assigned as an assessment up until age 14, at which point the case would be assigned as an investigation. Perpetrators that fall into the "other" relationship category for the purposes of NCANDS reporting include stepparent, foster sibling, and grandparent. In addition, any perpetrator that is captured using the standalone code of OO (other relationship) within the database will fall into this category. Vermont does report non-caregiver perpetrators of sex trafficking to NCANDS.

Services

Within the last year, as mentioned earlier, Vermont undertook practice changes related to our use of the SDM Risk Assessment and determination of service need to truly give families a choice in whether they engage in prevention-based services with the division. Following an investigation or assessment, a validated risk assessment tool is applied. If the family is classified as at high- or very-high-risk for future child maltreatment, the family is offered in-home services, and may be referred to other community services designed to address risk factors and build protective capacities. State statute dictates that families have the option of declining services offered as a result of the division's assessment. Prior to case closure, staff should be assisting the family in making referrals and connections to community providers, and having a conversation with the family about why they are declining services and how they plan to partner with family, friends, and/or services providers in their local community to mitigate the risks. We've referred to these conversations or meetings as "Safe Closure Meetings", where we support families in developing their own plan.

Vermont chose two evidence-based practices to implement in year 1 of our 5-Year Prevention Plan. We decided to start with a small number of EBPs in the first year to support a successful implementation and reliable CQI processes. Each of these practices have at least a small foothold in Vermont. Because these practices are already known and have been adopted as beneficial interventions by our greater system, there was a lot of support from our stakeholders for these practices. Additionally, these practices have high efficacy ratings, which also enhanced support for them. Vermont's two selected EBPs are Motivational Interviewing (MI) and Child Parent Interactive Therapy (PCIT). Specific to MI, contracts have been amended for Intensive Family Based Services (IFBS) and Balanced and Restorative Justice (BARJ). We are partnering closely with the Department of Mental Health (DMH) regarding PCIT. We are planning to begin by providing preventive services to candidates involved with the division through open Family Support Cases and Conditional Custody Orders (CCOs). Over time, our vision is to collaborate with and support our key community stakeholders so that in the future, the funding would follow the child/youth/family regardless of the division's involvement or case status. This will mean that their needs can be met without ever having to enter the child welfare system. We also recognize the need to expand our array of prevention-based services over time.

Virginia

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General

There were not any substantial changes to the Code of Virginia in 2022. Section 63.2-1504 of the Code of Virginia provides Virginia with a differential response system. The differential response system allows local departments to respond to valid reports or complaints of child abuse or neglect by conducting either an investigation or a family assessment. Virginia reports data from both pathways to NCANDS.

The Virginia Administrative Code 22VAC40-705-10 defines Family assessment as the collection of information necessary to determine:

1. The immediate safety needs of the child;
2. The protective and rehabilitative services needs of the child and family that will deter abuse or neglect;
3. Risk of future harm to the child; and
4. Alternative plans for the child's safety if protective and rehabilitative services are indicated and the family is unable or unwilling to participate in services. These arrangements may be made in consultation with the caretaker of the child.

The Virginia Administrative Code 22VAC40-705-10 defines "Investigation" as the collection of information to determine:

1. The immediate safety needs of the child;
2. The protective and rehabilitative services needs of the child and family that will deter abuse or neglect;
3. Risk of future harm to the child;
4. Alternative plans for the child's safety if protective and rehabilitative services are indicated and the family is unable or unwilling to participate in services;
5. Whether or not abuse or neglect has occurred;
6. If abuse or neglect has occurred, who abused or neglected the child; and
7. A finding of either founded or unfounded based on the facts collected during the investigation.

Reports

CPS referrals increased from FFY 2021 to FFY 2022. However, the rate of referrals being accepted decreased over this same period. Additionally, the rate of Family Assessments being completed over investigations remained consistent with FFY 2021. The increase in referrals is likely due to the end of COVID-19 restrictions and a statewide return to in-person learning for students in public school settings.

As a state supervised locally administered system, referral validity is determined by the local department of jurisdiction. Local departments assess the validity criteria of age, caretaker, and jurisdiction and are required to use the Structured Decision Making (SDM) Intake Tool to determine if the allegations meet a definition of abuse or neglect. The SDM Intake Tool is also

used to determine the referral track (family assessment or investigation) and response priority (R1, R2, or R3). The SDM Intake Tool used by Virginia was revised in August 2020.

Children

Child victims increased slightly from FFY 2021 to FFY 2022. Virginia does not include all children in the household as victims. To be identified as a victim, the child must be directly associated with a maltreatment allegation.

Virginia captures alcohol and drug child risk factors; however, when both risk factors are indicated the system only reports one risk factor. There have been no changes in the methodologies of our reporting from FFY 2021 to FFY 2022 for sex trafficking victims and infants with prenatal substance exposure.

Fatalities

Virginia investigated less child fatalities in FFY 2022. The number of unique child fatalities decreased from FFY 2021 to FFY 2022, likely due to the high number of child fatalities involving unsafe sleep environments that are often unsubstantiated. Virginia does not collect child fatality data from external agencies. Virginia only investigates infant and child deaths when there is a child maltreatment allegation.

Virginia did not make any policy related changes to the child fatality review process; however, we significantly revised our guidance around the investigation of child deaths. Virginia continues to prepare an annual report on child deaths investigated for abuse or neglect across the Commonwealth.

Perpetrators

The number of perpetrators decreased. In Virginia, any individual who is in a caretaking role of a child can be identified as a perpetrator of abuse or neglect, this includes individuals under the age of eighteen. Consideration is given to the amount of authority delegated to the individual for the care, control, and discipline of the child. Virginia reports non caretaker perpetrators of sex trafficking to NCANDS.

Section 63.2-1509 of the Code of Virginia says:

> *B. 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

Virginia implemented Family First on July 1, 2021. This implementation included the alignment of Prevention, CPS Ongoing, and Family First to create In-Home Services, and the utilization of IV-E Prevention Services funding for evidence-based programs (EBPs). Virginia began with three EBPs – Multisystemic Therapy (MST), Functional Family Therapy (FFT), and Parent-Child Interaction Therapy (PCIT). LDSS began utilizing IV-E Prevention Services funding in the first few months of implementation. As so December 1, 2021, all three of these EBPs were

also Medicaid eligible, resulting in a decrease in IV-E spending. The Center for Evidence-based Partnerships in Virginia (CEP-Va) completed and submitted a Needs Assessment and Gaps Analysis (NAGA) report to VDSS in October 2021, which included the recommendation for the addition of EBPs in Virginia's Prevention Plan. Virginia is in the process of getting approval for five additional EBPs – Brief Strategic Family Therapy (BSFT), Family Check-Up, Homebuilders (HB), Motivational Interviewing (MI), and High Fidelity Wraparound (HFW). None of these EBPs are currently covered under Virginia Medicaid, so the expectation is that IV-E utilization will increase during FFY 2024.

Virginia has utilized Transition Act funds to expand the availability of EBPs across the state. Despite the availability of funds, due to the mental healthcare workforce staffing crisis the ability of providers to bring new EBPs (or sustain current EBPs) has been a major challenge to expansion efforts. CEP-Va began a second round of NAGA in the spring of 2022 which takes this into consideration. Their report and recommendations will be submitted to VDSS in early 2023.

The 2022 Special Session of the Virginia General Assembly authorized a change in funding source for the Relative Maintenance Support Payments for eligible relatives and fictive kin from Temporary Assistance for Needy Families (TANF) federal block funds to 100 percent state general funds. The Relative Maintenance Support Payment aligns with the Virginia Department of Social Services (VDSS) Kin-First culture and is a state supported approach to providing needed financial assistance and promotes concerted efforts that honors and maintains family connections. This appropriation of general funds presented VDSS with the opportunity to provide support payments for children who do not meet the TANF child-only requirements and are being cared for by fictive kin to avoid placement into foster care. This support payment was incorporated into the Virginia Case Management System (VaCMS) to manage and disperse payments with payments to eligible relative and fictive kin caregivers beginning December 19, 2022. In SFY 2022, 652 families received Relative Maintenance Support Payments.

Virginia continues to value and support usage of PSSF funds for preventive services. There has been a targeted focus on the technical assistance provided to local agencies to increase the use of PSSF funds to ensure children and families receive appropriate and necessary wrap-around services and/ or that PSSF funds be used to complement other funding streams to ensure there are no gaps in services when working with families. Another targeted focus has been to increase the use of PSSF funds to provide supportive services to relatives and fictive kin caring for children as a result of CPS involvement to reduce the risk of entry or re-entry into foster care.

For SFY 2022, in comparison to SFY2021, there was a 38 percent increase in the use of Family Support funds, a 55 percent increase in the use of Family Preservation funds, 49 percent increase in the use of Family Reunification funds and a 282 percent increase in the use of Monthly Caseworker Visits funds. In the same year, 898 relatives received supportive services through PSSF funds. The primary services being housing/ material assistance, case management, information and referrals, parent-family resource center, assessments, transportation, parenting education and counseling services.

Virginia accessed and used PSSF COVID funds. All COVID funds were exhausted and used to provide supportive services to 1,676 families, 2,636 children and 209 relatives. The primary services being housing/ material assistance, transportation, parent education, assessments, educational supports, home based services, and childcare.

Washington

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General

A Structured Decision Making (SDM) intake screening tool supports a two pathway response for CPS response when there were allegations of child abuse and neglect (CA/N) and clear definitions for CPS risk-only intakes.

CPS risk-only intakes involve a child whose circumstances places him or her at imminent risk of serious harm without any specific allegations of abuse or neglect. When CPS risk-only intakes are screened in, children must be seen by a CPS investigator within 24 hours and a complete investigation is required. If child abuse or neglect is found during the response to a CPS risk-only intake, a new CPS intake is created regarding the allegation, the case worker records the findings and the record is included in the NCANDS Child File. CPS risk-only intakes were not historically submitted to NCANDS because of no substantiation of maltreatment. However, because CPS Risk-Only intakes receive a full investigation it has been requested that they be included to provide an accurate reflection of the number of CPS cases being investigated and assessed. CPS Risk-Only intakes are now included as of the FFY 2019 report. Historical counts of CPS Risk-Only intakes were provided in each year's commentary.

Washington's Children's Administration (CA) uses 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 were and still are considered low risk, not requiring an immediate response. The SDM provides consistency in screening, and it guides intakes with neglect allegations considered low risk to the FAR pathway. Intakes involving cases that have had three or more screened in CPS intakes within the last 12 months or allegations of moderate to severe physical abuse and all sexual abuse allegations are screened to the investigation pathway. Intakes with any allegations of physical abuse for children under age 4, with a dependency within the last 12 months or an active dependency are screened to investigation. This two pathway response has been phased-in across the state as of June 2017.

Reports

To be screened-in for CPS intervention, intakes must meet sufficiency. Washington's sufficiency screening consists of three criteria:

- Allegations must meet the Washington Administrative Code (WAC) for child abuse and neglect.
- The alleged victim of child abuse and neglect must be younger than 18 years.
- The alleged subject of child abuse or neglect has a role of parent, acting in loco parentis, or unknown.

Intakes that do not meet all three of the above criteria do not screen in for a CPS response, unless there is imminent risk of harm (CPS risk-only) to the child. Intakes that allege a crime has been committed but do not meet Washington's screening criteria are referred to the law

enforcement jurisdiction where the alleged crime occurred. CPS Risk Only intakes receive an Investigation with a 24 or 72-hour response, when protective factors are in place mitigating the imminent risk of harm to the child for the 72 hours following the intake (e.g. hospitalization).

Intakes screened to the FAR pathway do not receive a CPS finding. Additionally, FAR intakes are mapped as alternative response non-victim in NCANDS and don't receive findings on allegations. 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 Licensing Division (LD), formally known as the Department of Licensed Resources (DLR), complete 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 of 24 hours or 72 hours are determined based on the sufficiency screen and the SDM intake screening tool.

Children

An alleged victim is reported as substantiated if any of the alleged child abuse or neglect was founded. The alleged victim is reported as unsubstantiated if all alleged child abuse or neglect identified was unfounded. The NCANDS category of "other" disposition previously included the number of children in inconclusive investigations. Legislative changes resulted in inconclusive no longer being a findings category. The NCANDS category of neglect includes medical neglect.

Fatalities

The state includes child fatalities that were determined to be the result of abuse or neglect by a medical examiner or coroner or if there was a CPS finding of abuse or neglect. The state previously counted only those child fatalities where the medical examiner or coroner ruled

the manner of death was a homicide. Washington only reports fatalities in the Agency File. Information about fatalities is also requested from the County Coroner's/Medical Examiner's Offices, Law Enforcement departments, and the Washington State Department of Health, which maintains vital statistics data, including child deaths.

Children's Administration (CA), now Dept of Children, Youth and Families (DCYF), began maintaining a separate database of child fatality data (AIRS) in 2002. At that time the CAMIS system used before the SACWIS system was implemented. CAMIS did not support a database of child fatality and other critical incident information. In February 2009, CA released a new SACWIS system (FamLink). The objective was to have all child fatality and other critical incident information stored in FamLink and the reporting of all critical incidents would be done through FamLink. However, this plan was cancelled due to budgetary considerations. FamLink does identify child fatalities and other critical incidents, but it does not include the level of detail necessary to determine whether the fatality was the result of abuse and neglect. This information continues to be maintained in the AIRS database and reported in the Agency File.

Washington has seen a significant increase in the numbers of fentanyl and opioid related fatalities. In the FFY21 data, fentanyl and opioid overdose/ingestion deaths accounted for .08% of the child fatalities that year. In FFY 2022, fentanyl and opioid overdose/ingestion deaths accounted for 23 percent of the child fatalities. In 2021, 28 percent of the fatality and near fatalities that qualified for a review were the result of fentanyl and opioid overdose/ingestion. In 2022, 44 percent of the fatality and near fatalities that qualified for a review were the result of fentanyl and opioid overdose/ingestion. These are significant increases from previous years. Note: per state law, DCYF is required to conduct child fatality and near fatality reviews when the child's death or near fatal injury is the result of abuse or neglect and the department provided services to the child within 12 months of the fatal or near fatal injury. In FFY 2022, DCYF had no prior contact, or no recent contact, with the families in 55 percent of the child fatalities. This is also reflected in the cases that qualify for fatality and near fatality reviews.

Perpetrators

The perpetrator relationship value of residential facility provider/staff is currently mapped to the NCANDS category of "other" perpetrator relationship. The NCANDS category of "other" perpetrator relationship includes the state categories of other and babysitter.

The parental type relationship is a combined parent birth/adoptive value. Because the NCANDS field separates biological and adoptive parent and Washington's system does not distinguish between the two, parent birth/adoptive is mapped to the NCANDS category of unknown parent relationship.

Washington does not report noncaregiver perpetrators of sex trafficking. These are screened out as a third party report to law enforcement.

Services

Families receive preventive and remedial services from the following sources: community-based services such as public health nurses, infant mental health, early intervention, Head Start and other early learning programs, the Parent-Child Assistance Program, and referrals for mental health, domestic violence, and/or substance use disorder treatment. Contracted services,

including several evidence-based practices such as Homebuilders, Incredible Years, Safe Care, Triple P, Parent-Child Interaction Therapy, and Promoting First Relationships. Families can also receive CPS childcare, family reconciliation services, family preservation, and intensive family preservation services. The number of recipients of the community-based family resource and support grant is obtained from community-based child abuse prevention (CBCAP). Service provision has been negatively impacted by the pandemic with many service providers under-staffed and/or unable to see families in-person. Some service providers have successfully transitioned to virtual delivery of services.

West Virginia

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General

West Virginia currently has only one response, accepted for assessment.

Report

The number of referrals in FFY 2022 was very similar to FFY 2021. The Hotline continued to operate 24/7. Staffing level was impacted by resignations and vacancies. Due to continuous staff turnover, WV is always hiring and training new staff. The CPS workforce data is calculated using full-time equivalents (FTEs). During screening, a supervisor will review all the information in the report to determine whether there is reasonable cause to suspect a child is abused or neglected. The supervisor will use the legal and operational definitions to make the decision. CPS must accept for assessment any report which suggests that an individual between birth and eighteen years of age may have been subject to treatment which meets the definition of abuse or neglect in WV Code and CPS Policy. Once accepted, the intake is transferred to the district for assignment to a CPS worker. Intakes that do not meet the legal definition of abuse or neglect are screened out. The intake is peer reviewed the following day by a Centralized Intake (CI) CPS supervisor to ensure the accuracy of the original screening decision.

Children

West Virginia investigates/assesses all children in a household if any child in the household has a maltreatment allegation. West Virginia began reporting sex trafficking data in FFY 2018.

Fatalities

Fatality information is collected by the Title IVE agency within the Office of the Chief Medical Examiner. If there is no allegation that the child's death or near death was due to maltreatment or concerns of existing safety threats, CI screens those out.

Perpetrators

A maltreater must be 18 years old or a parenting youth under the age of 18. The NCANDS category of "other" perpetrator relationship includes the state categories of non-guardian, household members and out of household perpetrators regarding trafficking. Noncaregiver perpetrators of sex trafficking are reported to NCANDS.

Services

All services in West Virginia are outsourced.

Wisconsin

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General

There were no significant state policy changes that affect the data submission. Certain counties in Wisconsin have implemented the Alternative Response (AR) approach. The maltreatment disposition for AR assessments identifies whether services are needed and will appear in NCANDS as alternative response nonvictim dispositions.

Reports

The state data are child-based, with each report associated with a single child. The report date is the date when the agency was notified of the alleged maltreatment, and the investigation start date is the date when the agency made initial contact with the child or other family member. In Wisconsin's child protective services (CPS) system, multiple maltreatment reports for a single child may be assessed during a single investigation.

There are a variety of reasons why a report might be screened out. In most cases screened-out reports are those reports where the information provided does not constitute maltreatment of a child or risk of maltreatment of a child. Additionally, when multiple reports are made about the same maltreatment, the subsequent reports may be screened out. In Wisconsin, CPS agencies are currently not required to investigate instances of abuse by noncaregivers, so those reports may be screened out. In rare instances, cases may be screened out because there is insufficient identifiable information available. Finally, cases may be screened out because jurisdiction more properly rests with another state.

There is no significant difference in the number of referrals or screened-in referrals (reports) between FFY 2022 and FFY 2021.

Children

A child is considered to be a victim when an allegation is substantiated. The NCANDS unsubstantiated maltreatment disposition includes instances where the allegation was unsubstantiated for that child, or when critical sources of information cannot be found or accessed to determine whether maltreatment as alleged occurred.

No changes were made to the policies regarding conducting investigations and assessments as a result of the pandemic. Our state continued to conduct investigations and assessments through face-to-face contact, as well as a combination of phone and video calls. All initial contact for investigations and any contact necessary for ensuring children's safety was expected to be face-to-face. Workers continued to gather information per requirements laid out in the state's Initial Assessment Standards, Ongoing Services Standards, and Safety Intervention Standards. DCF issued practice guidance for engaging families through virtual means, such as video calls, for the purposes of information gathering and assessing during the pandemic.

Wisconsin *(continued)*

Fatalities

The number of fatalities includes only those children who were reported as subjects of abuse or neglect and the maltreatment allegation was substantiated. Only the Wisconsin Department of Children and Families is involved in compiling information on child maltreatment fatalities, and all fatalities are reported in the Child File.

Perpetrators

Details of the perpetrators is included for allegations in which the child was substantiated. The NCANDS category "other" perpetrator relationship includes perpetrators who are not primary or secondary caregivers to the child (such as non-caregivers) for example, another child or peer of the child victim or a stranger. As mentioned previously, there are no substantiations in AR cases, so the alleged perpetrators in AR cases will not be recorded as substantiated perpetrators. Services, if needed, are established based on the assessment determination, not the determination of a specific perpetrator.

Services

Wisconsin is currently not able to report prevention services. The state continues to support data quality related to service documentation and ultimately to modify the NCANDS file to incorporate services reporting for future data submissions.

Wyoming

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General

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 an increase in the number of referrals for abuse/neglect due to children returning back to school after the COVID pandemic lessened in severity and youth were no longer being confined in their homes due to COVID restrictions and the children were seen on a more frequent basis for observation.

Children

Wyoming did not change policy related to investigations and assessments. Procedures for the investigation and assessment process continued to be conducted with caution. However, workers were able to enter homes on a more frequent basis to conduct investigations and assessments. In FFY 2022 the state implemented a tracking mechanism in SACWIS that will allow for reporting on IPSE. This was implemented in December 2022 and guidance was provided for all staff. In FFY 2023 we have data available. For prior years we have manually collected this data through review of all intakes for calendar years 2021 and 2022. In 2022, 132 children were included in reports to the Department as it pertained to prenatal substance exposure.

Fatalities

Wyoming did not change any policies related to child fatality reviews. Wyoming has a major injury and fatality review team that is comprised of the Department of Family Services, the Wyoming Citizen Review Panel, the Wyoming Children's Trust Fund, the Wyoming Department of Health, the Wyoming Department of Corrections, the Wyoming Division of Victim Services, the Wyoming Department of Education as well as members representing the disciplines of judges, mental health, local medical professionals and local law enforcement.

Wyoming *(continued)*

Perpetrators

Wyoming utilizes a SACWIS that is incident based and does not have the ability to categorize incidents to see trends. Over the course of the last three years the department has developed and implemented a special investigation unit that has one focus of facility related maltreatment, which has included updated procedures and two dedicated investigators.

Services

Wyoming had a slight reduction in Services Responses as the Department was able to offer other services to children and families through other federal COVID Funds to better meet their needs.