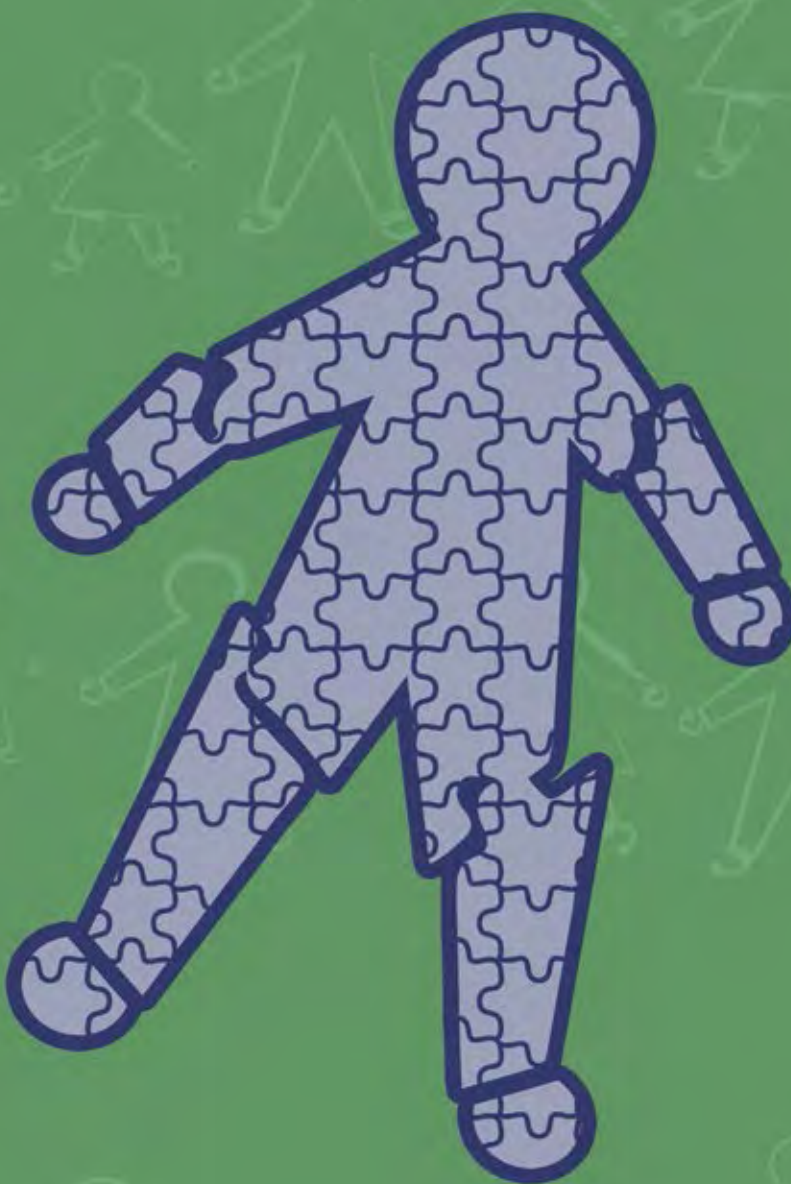




Child Maltreatment 2013



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



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

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Federal Contact

Kurt Heisler, Ph.D., M.P.H., M.S.
Office of Data, Analysis, Research, and Evaluation
Administration on Children, Youth and Families
1250 Maryland Avenue, SW 8th Floor
Washington, DC 20024
kurt.heisler@acf.hhs.gov

Child Maltreatment 2013





ADMINISTRATION FOR CHILDREN AND FAMILIES
Administration on Children, Youth and Families

1250 Maryland Avenue, SW, Washington, D.C. 20024

Letter from the Associate Commissioner:

I am pleased to present *Child Maltreatment 2013*. This is the 24th edition of the annual report on child abuse and neglect data collected via the National Child Abuse and Neglect Data System (NCANDS). This report is based on federal fiscal year 2013 data submitted by 50 states, the District of Columbia, and the Commonwealth of Puerto Rico. The report reflects our commitment to provide the most complete national information about children and families known to states' child protective services (CPS) agencies. Key findings in this report include:

- From 2009 to 2013, overall rates of victimization declined, from 9.3 to 9.1 per 1,000 children in the population. This results in an estimated 23,000 fewer victims in 2013 (679,000) compared with 2009 (702,000).
- Since 2009, overall rates of children who received a CPS response increased from 40.3 to 42.9 per 1,000 children in the population. This results in an estimated 145,000 additional children who received a CPS response in 2013 (3,188,000) compared to 2009 (3,043,000). States provide possible explanations for the increase in Appendix D, State Commentary.
- Nationally, four-fifths (79.5%) of victims were neglected, 18.0 percent were physically abused, 9.0 percent were sexually abused and 8.7 percent were psychologically maltreated.
- For 2013, a nationally estimated 1,520 children died of abuse and neglect at a rate of 2.04 children per 100,000 children in the national population.

The *Child Maltreatment 2013* report includes national- and state-level findings about investigations and assessments, perpetrators of maltreatment, and prevention and postinvestigation services.

I hope you continue to find this report useful and informative. The document is available from the Children's Bureau website at <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>. If you have any questions or require additional information about either the *Child Maltreatment 2013* report or about child maltreatment in general, please contact the Child Welfare Information Gateway at info@childwelfare.gov or 1-800-394-3366.

Sincerely,

/s/

JooYeun Chang

Associate Commissioner

Children's Bureau

Acknowledgements

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

National and state statistics about child maltreatment are derived from the data collected by child protective services agencies and reported to NCANDS. The data are analyzed, disseminated, and released in an annual report. *Child Maltreatment 2013* marks the 24th 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 2013 national statistics were based upon receiving data from the 50 states, the District of Columbia and the Commonwealth of Puerto Rico (commonly referred to as the 52 states). Case-level data were received from all 52 states that submitted data.

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

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

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Summary

Overview

All 50 states, the District of Columbia, and the U.S. Territories have child abuse and neglect reporting laws that mandate certain professionals and institutions to report 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), (42 U.S.C. §5101), as amended by the CAPTA Reauthorization Act of 2010, retained the existing definition of child abuse and neglect as, at a minimum:

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

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

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 Children's Bureau in the Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services, collects and analyzes the data.

The data are submitted voluntarily by the 50 states, the District of Columbia, and the Commonwealth of Puerto Rico. The first report from NCANDS was based on data for 1990. This report for federal fiscal year (FFY) 2013 data is the 24th issuance of this annual publication.

How are the data used?

NCANDS data are used for the *Child Maltreatment* report series. In addition, data collected by NCANDS are a critical source of information for many publications, reports, and activities of the federal government and other groups. Data from NCANDS are used in the Child and Family Services Reviews, in the *Child Welfare Outcomes: Report to Congress*, and to measure the performance of several federal programs.

What data are collected?

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

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

Where are the data available?

The Child Maltreatment reports are available on the Children's Bureau website at <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>. If you have questions or require additional information about this report, please contact the Child Welfare Information Gateway at info@childwelfare.gov or 1-800-394-3366.

Restricted use files of the NCANDS data are archived at the National Data Archive on Child Abuse and Neglect (NDACAN) at Cornell University. Researchers who are interested in using these data for statistical analyses may contact NDACAN by phone at 607-255-7799 or by email at ndacan@cornell.edu.

How many allegations of maltreatment were reported and received an investigation or assessment for abuse and neglect?

During FFY 2013, CPS agencies received an estimated 3.5 million referrals involving approximately 6.4 million children. Among the 47 states that reported both screened-in and screened-out referrals, 60.9 percent of referrals were screened in and 39.1 percent were screened out. For FFY 2013, 2.1 million referrals were screened in. The national rate of screened-in referrals (reports) was 28.3 per 1,000 children in the national population.

Who reported child maltreatment?

For 2013, professionals made three-fifths (61.6%) of reports of alleged child abuse and neglect. The three largest percentages of report sources were from such professionals as legal and law enforcement personnel (17.5%), education personnel (17.5%) and social services personnel (11.0%). The term professional means that the person had 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. Nonprofessionals—including friends, neighbors, and relatives—submitted one fifth of reports (18.6%). Unclassified sources submitted the remaining one-fifth of reports (19.8%). 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.

Who were the child victims?

Fifty-two states submitted data to NCANDS about the dispositions of children who received one or more CPS responses. For FFY 2013, approximately 3.9 million children were the subjects of at least one report. Approximately one-fifth of children were found to be victims with dispositions of substantiated (17.5%), indicated (0.9%), and alternative response victim (0.4%). The remaining four-fifths of the children were determined to be nonvictims of maltreatment.

For FFY 2013, 52 states reported 678,932 victims of child abuse and neglect. The victim rate was 9.1 victims per 1,000 children in the population. Using this rate, the national estimate of victims for FFY 2013 was 679,000. Victim demographics include:

- Victims in their first year of life had the highest rate of victimization at 23.1 per 1,000 children of the same age in the national population.
- The majority of victims consisted of three races or ethnicities—White (44.0%), Hispanic (22.4%), and African-American (21.2%).

What were the most common types of maltreatment?

As in prior years, the greatest percentages of children suffered from neglect (79.5%) and physical abuse (18.0%). A child may have suffered from multiple forms of maltreatment and all maltreatment types were counted for each child.

How many children died from abuse or neglect?

Child fatalities are the most tragic consequence of maltreatment. For FFY 2013, 50 states reported 1,484 fatalities. Based on these data, a nationally estimated 1,520 children died from abuse and neglect. According to the analyses performed on the child fatalities for whom case-level data were obtained:

- The national rate of child fatalities was 2.04 deaths per 100,000 children.
- Nearly three-quarters (73.9%) of all child fatalities were younger than 3 years old.
- Boys had a higher child fatality rate than girls at 2.36 boys per 100,000 boys in the population. Girls died of abuse and neglect at a rate of 1.77 per 100,000 girls in the population.
- More than 85 percent (86.8%) of child fatalities were comprised of White (39.3%), African-American (33.0%), and Hispanic (14.5%) victims.
- Four-fifths (78.9%) of child fatalities were caused by one or both parents.

Who abused and neglected children?

A perpetrator is the person who is responsible for the abuse or neglect of a child. Fifty-one states reported 515,507 perpetrators. According to the analyses performed on the perpetrators for whom case-level data were obtained:

- Four-fifths (83.0%) of perpetrators were between the ages of 18 and 44 years.
- More than one-half (53.9%) of perpetrators were women, 45.0 percent of perpetrators were men, and 1.1 percent were of unknown sex.
- The three largest percentages of perpetrators were White (49.3 %), African-American (20.1%), or Hispanic (19.5%).

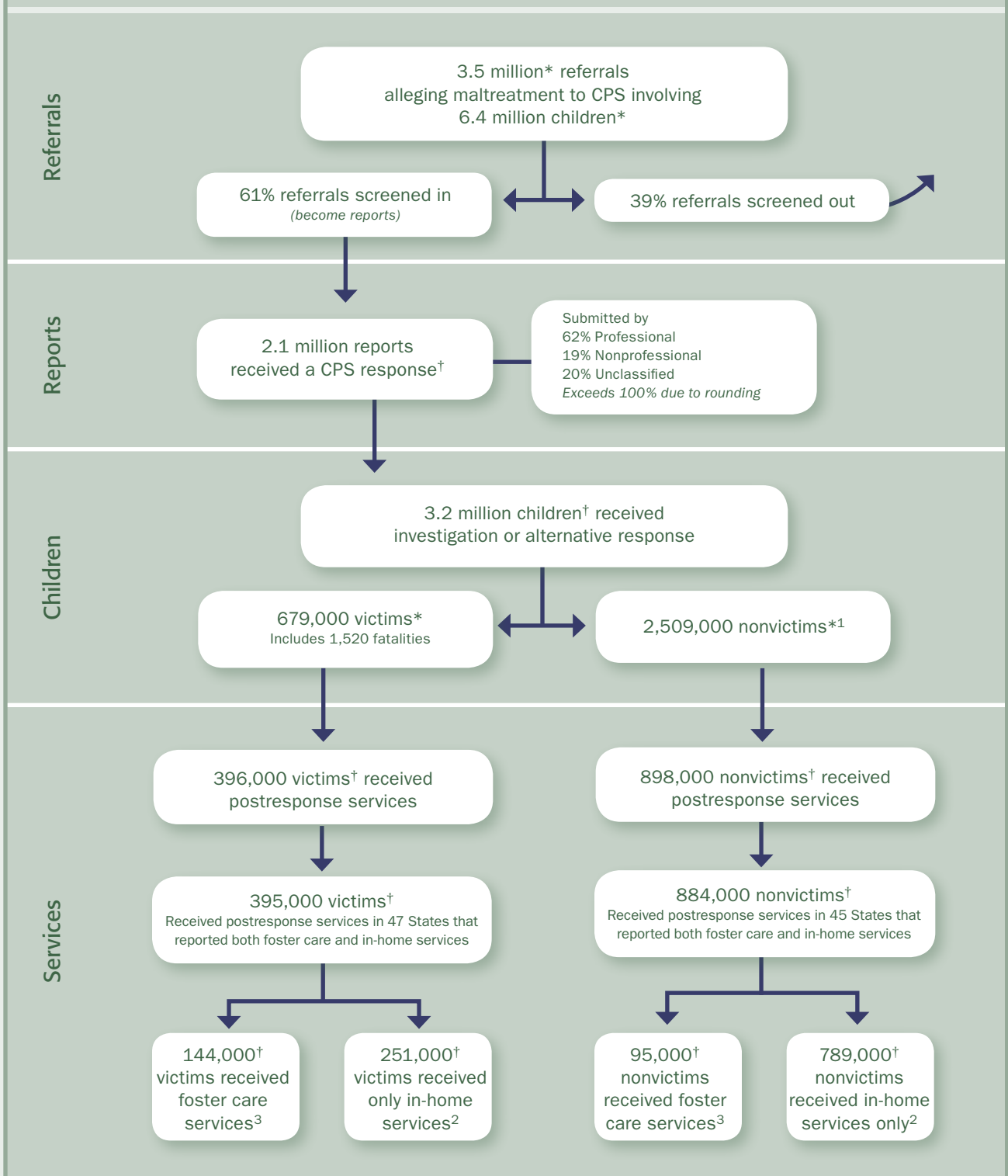
Who received services?

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. During 2013:

- Forty-seven states reported approximately 3.1 million children received prevention services.
- Based on data from 48 states, 1,294,118 children received postresponse services from a CPS agency.
- Two-thirds (63.8%) of victims and one-third (32.6%) of nonvictims received postresponse services.

A one-page chart of key statistics from the annual report is provided on the following page.

Exhibit S-1 Statistics at a Glance, 2013



* Indicates a nationally estimated number. Please refer to the report Child Maltreatment 2013 <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment> for information regarding how the estimates were calculated. Average 1.84 children per referral.

† Indicates a rounded number.

¹ The estimated number of unique nonvictims was calculated by subtracting the unique count of estimated victims from the unique count of estimated children.

² These children received in-home services only.

³ These children received foster care services and could have received in-home services prior to removal.



Introduction

CHAPTER 1

Child abuse and neglect is one of the Nation's most serious concerns. The Children's Bureau in the Administration on Children, Youth and Families, the Administration for Children and Families within the U.S. Department of Health and Human Services (HHS), addresses this important issue in many ways. 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. The Children's Bureau awards funds to states and tribes on a formula basis and to individual organizations that successfully apply for discretionary funds. Examples of some of these programs are described below:

- Child Abuse Prevention and Treatment Act (CAPTA) discretionary funds are used to support research and demonstration projects related to the identification, prevention, and treatment of child abuse and neglect. Grants are provided to states, local agencies, and university- and hospital-affiliated programs.
- Child and Family Services Improvement and Innovation Act amended Part B of title IV of the Social Security Act. Provisions of the Act include authorization of funds to states to plan for oversight and coordination of services for foster care children, identify which populations are at the greatest risk of maltreatment and how services are directed to them, conduct child welfare program demonstration projects that promote the objectives of foster care and adoption assistance, and improve the quality of monthly caseworker visits.
- Community-Based Child Abuse Prevention (CBCAP) program, title II of CAPTA includes formula grants to states and competition discretionary grants to tribal and migrant organizations. The program's purpose is to develop linkages with statewide CBCAP programs and support child abuse prevention activities and family services.

This *Child Maltreatment 2013* report presents national data about child abuse and neglect known to child protective services (CPS) agencies in the United States during federal fiscal year (FFY) 2013. The data were collected and analyzed through the National Child Abuse and Neglect Data System (NCANDS), which is an initiative of the Children's Bureau. Because NCANDS contains all screened-in referrals to CPS agencies that received a disposition, including those that received an alternative response, these data represent the universe of known child maltreatment cases for FFY 2013.

Background of NCANDS

CAPTA was amended in 1988 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.¹ 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 24th 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 extent practicable, about children who had been maltreated. These data elements were incorporated into NCANDS. The required CAPTA data items are listed in appendix A.

CAPTA was most recently reauthorized and amended during December 2010. The CAPTA Reauthorization Act of 2010 added new data collection requirements.² NCANDS is subject to the Office of Management and Budget approval process to renew existing data elements and to add new ones. This process occurs every 3 years. The most recent renewal occurred during September 2012 when six fields were added to NCANDS:

- **Report Time:** the exact time (hour and minute) that the report (screened-in referral) was received by the hotline or other intake unit.
- **Investigation Start Time:** the exact time (hour and minute) that the CPS agency's response was initiated.
- **Maltreatment Death Date:** the exact date (day, month, and year) that the child died due to child abuse or neglect.
- **Foster Care Discharge Date:** the exact date (day, month, and year) that the child exits from foster care.
- **Number of Children Eligible for Referral to Agencies Providing Early Intervention Services Under Part C of the Individuals With Disabilities Education Act:** the number of children who were the subject of a CPS response, received a disposition, and were determined by the state to be eligible for referral to Part C agencies during the reporting period.
- **Number of Children Referred to Agencies Providing Early Intervention Services Under Part C of the Individuals With Disabilities Education Act:** the number of children who were determined by the state to be eligible and were referred to Part C agencies during the reporting period.

The six new fields were implemented to comply with CAPTA and improve data quality. Some states implemented the new fields and reported data in the FFY 2013 submission. Full state implementation is scheduled to occur with the FFY 2014 data collection.

A successful federal-state partnership is the core component of NCANDS. Each state designates one person to be the NCANDS state contact. The NCANDS state contacts from all 52 states 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.

Annual Data Collection Process

The NCANDS reporting year is based on the FFY calendar, which for *Child Maltreatment 2013* was October 1, 2012 through September 30, 2013. 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 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 are often gathered from agencies external to CPS. States are asked to submit both the Child File and the Agency File each year. In prior years, states that were not able to submit case-level data in the Child File submitted an aggregate data file called the Summary Data Component (SDC). Because all states now have the capacity to submit case-level data, the SDC was discontinued as of the 2012 data collection.

For FFY 2013, data were received from 52 states (unless otherwise noted, the term states includes the District of Columbia and the Commonwealth of Puerto Rico). All states submitted both a Child File and an Agency File.

Upon receipt of data from each state, a technical validation review is conducted to assess the internal consistency of the data and to identify probable causes for missing data. In some instances, the reviews concluded that corrections were necessary and the state was requested to resubmit its data. Once a state's case-level data are finalized, counts are computed and shared with the state. The Agency File data also are subjected to various logic and consistency checks. (See appendix C for additional information regarding data submissions.)

With each Child Maltreatment report, the most recent population data from the U.S. Census Bureau are used to update all data years in each trend table.³ Wherever possible, trend tables encompass 5 years of data. The most recent data submissions or data resubmissions from states also are included in trend tables. This may account for some differences in the counts from previously released reports. The population of the 52 states that submitted FFY 2013 data accounts for more than 74 million children, which according to the U.S. Census Bureau, is 100.0 percent of the Nation's child population younger than 18 years. (See [table C-2](#).)

NCANDS as a Resource

The NCANDS data are a critical source of information for many publications, reports, and activities of the federal government, child welfare personnel, researchers, and others. Some examples of programs and reports that use NCANDS data are discussed below. Chapter 7 of this report includes additional information regarding the below-mentioned reports and programs:

- *Child Welfare Outcomes: Report to Congress*—presents information pertaining to state performance on national child welfare outcomes that are based on accepted performance objectives for child welfare practice. NCANDS data are used for some analyses in the report.
- Child and Family Services Reviews (CFSR)—ensures conformity with state plan requirements in titles IV–B and IV–E of the Social Security Act. NCANDS data are the basis for two of the CFSR national data indicators: Absence of Recurrence of Maltreatment and Absence of Maltreatment in Foster Care.

The NCANDS data also are used to help assess the performance of several Children’s Bureau programs. The measures listed below are used to assess one or more Children’s Bureau programs including the CAPTA Basic State Grant and the Community-Based Child Abuse Prevention (CBCAP) program:

- Decrease in the rate of first-time victims per 1,000 children—this measure is based on an analysis of the NCANDS Child File and the prior victim data element. The focus is on primary prevention of child abuse and neglect (CBCAP).
- Improvement in states’ average response time between receipt of a maltreatment report and CPS response—this measure is based on the median of states’ reported average response time, in hours, from screened-in reports to the initiation of the investigation or alternative response as reported in the NCANDS Agency File. The objective is to improve the efficiency of child protective services and to reduce the risk of maltreatment to potential victims (CAPTA).
- Decrease in the percentage of children with substantiated reports of maltreatment who have a repeated substantiated report of maltreatment within 6 months—this measure is based on an analysis of the annual NCANDS Child File. The goal is to ensure children’s safety by reducing the recurrence of maltreatment (CAPTA).

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 have applied to use the data. NDACAN houses the NCANDS’s Child Files and Agency Files and licenses researchers to use the data sets.

Structure of the Report

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. In addition, many tables include additional years of data to facilitate trend analyses. To accommodate the space needed to display the child maltreatment data, population data (when applicable) may not appear with the table and is instead available in appendix C.

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 made this year, suggestions for potential future changes, or other comments related to the Child Maltreatment report are encouraged. Feedback may be provided to the Children’s Bureau’s Child Welfare Information Gateway at info@childwelfare.gov. The *Child Maltreatment 2013* report contains the additional chapters listed below. Most data tables and notes discussing methodology are located 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—perpetrators of maltreatment
- Chapter 6, Services—services to prevent maltreatment and to assist children and families
- Chapter 7, Reports, Research, and Capacity Building Activities Related to Child Maltreatment—reports and other activities that use NCANDS data or have special relevance to CPS

The following resources also are included in this report:

- Appendix A, Required CAPTA Data Items—the list of data items from the CAPTA Reauthorization Act of 2010 that 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 and levels of evidence
- 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. Appendix D also includes phone and email information for each NCANDS state contact person. Readers who would like additional information about specific policies or practices are encouraged to 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. CPS agencies use a two-step process to respond to allegations of child maltreatment: (1) screening and (2) investigation and alternative response. A CPS agency receives an initial notification—called a referral—alleging child maltreatment. A referral may involve more than one child. Agency hotline or intake units conduct the screening response to determine whether a referral is appropriate for further action.

Screening

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

- did not meet the state’s intake standard
- did not concern child abuse and neglect
- did not contain enough information for a CPS response to occur
- response by another agency was deemed more appropriate
- children in the referral were the responsibility of another agency or jurisdiction (e.g., military installation or tribe)
- children in the referral were older than 18 years

During FFY 2013, CPS agencies across the nation received an estimated 3.5 million referrals, an 11.6 percent increase since 2009. The estimate was based on a national referral rate of 47.1 referrals per 1,000 children in the population. The national estimate of 3.5 million referrals includes 6.4 million children. (See [exhibit 2–A](#) and related notes.)

For FFY 2013, 47 states reported both screened-in and screened-out referral data. (See [table 2–1](#) and related notes.) Those states screened in 60.9 percent and screened out 39.1 percent of referrals. At the state level, 18 states screened in more than the national percentage with screen-in rates ranging from 61.4 to 100.0 percent. Twenty-nine states screened out more than the national percentage with screen-out rates ranging from 39.5 to 82.9 percent. Three states do not screen out any referrals and report 100.0 percent of screened-in referrals. Readers are encouraged to view state comments in appendix D for additional information about states’ screening policies.

Exhibit 2–A Referral Rates, 2009–2013

Year	Reporting States	Child Population of Reporting States	Screened-In Referrals (Reports)	Screened-Out Referrals	Total Referrals		Child Population of all 52 States	National Estimate of Total Referrals
			Number	Number	Number	Rate per 1,000 Children		
2009	47	64,780,672	1,715,603	978,463	2,694,066	41.6	75,512,062	3,141,000
2010	47	64,430,107	1,707,936	1,011,296	2,719,232	42.2	75,016,501	3,166,000
2011	47	64,256,690	1,766,653	1,057,136	2,823,789	43.9	74,771,549	3,282,000
2012	47	64,115,477	1,826,641	1,123,550	2,950,191	46.0	74,549,919	3,429,000
2013	47	64,037,380	1,837,326	1,179,468	3,016,794	47.1	74,399,940	3,504,000

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

This table includes only those states that reported both screened-in and screened-out referrals. States that reported 100.0 percent of referrals as screened in were included.

The national referral rate was calculated for each year by dividing the number of total referrals from reporting states by the child population in reporting states. The result was multiplied by 1,000. The national estimate of total referrals was based upon the rate of referrals multiplied by the national population of all 52 states. The result was divided by 1,000 and rounded to the nearest 1,000.

Investigations and Alternative Responses

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

In some states, reports (screened-in referrals) may receive an alternative response. This response is usually reserved for instances where the child is at a low or moderate risk of maltreatment. The primary purpose of the alternative response is to focus on the service needs of the family.

In the National Child Abuse and Neglect Data System (NCANDS), both investigations and alternative responses receive dispositions. For FFY 2013, a nationally estimated 2.1 million reports (screened-in referrals) received dispositions. This is a 5.3 percent increase from the 2009 national estimate of 2.0 million reports that received dispositions. (See [exhibit 2–B](#) and related notes.)

Exhibit 2–B Report Disposition Rates, 2009–2013

Year	Reporting States	Child Population of Reporting States	Reports with a Disposition from Reporting States	National Disposition Rate per 1,000 Children	Child Population of all 52 States	National Estimate of Reports with a Disposition
2009	52	75,512,062	2,000,507	26.5	75,512,062	2,001,000
2010	52	75,016,501	1,987,211	26.5	75,016,501	1,987,000
2011	52	74,771,549	2,046,584	27.4	74,771,549	2,047,000
2012	52	74,549,919	2,104,786	28.2	74,549,919	2,105,000
2013	52	74,399,940	2,106,879	28.3	74,399,940	2,107,000

Data are from the Child File or the SDC.

The national disposition rate was calculated for each year by dividing the number of reports with a disposition by the child population in reporting states. The result was multiplied by 1,000. The national estimate of reports with a disposition was calculated by multiplying the disposition rate by the population of all 52 states and dividing by 1,000. The total was rounded to the nearest 1,000.

Because all 52 states reported disposition data, the national estimate for the number of reports with a disposition is the number of reports with a disposition rounded to the nearest 1,000.

Policy Discussions: Screening by States' Statutes

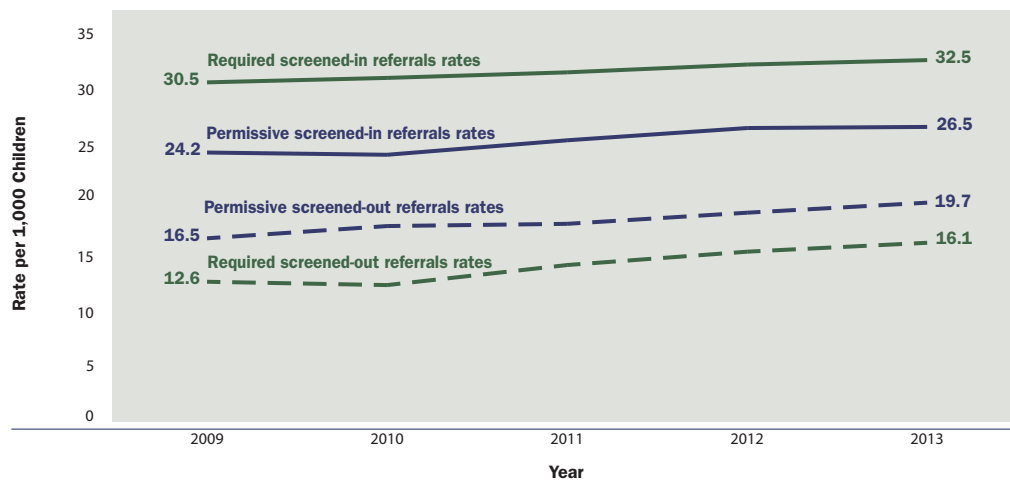
Recent high-profile child abuse and neglect cases have led Congressional staff and those in the child welfare field to research and debate whether laws that require certain individuals to inform CPS of suspected child maltreatment actually protect at-risk children and help victims. The Child Welfare Information Gateway researched state statutes and compiled the results in a document titled Mandatory Reporters of Child Abuse and Neglect, which is available at https://www.childwelfare.gov/systemwide/laws_policies/statutes/manda.pdf. According to that document, nearly every state has a law mandating certain professionals (medical, educational, law enforcement, etc.) and institutions (schools, hospitals, etc.) to inform a CPS agency of suspected child abuse and neglect. The categories of professionals and institutions vary by state.

The Gateway document also discusses laws pertaining to persons who are not professionals and categorizes state statutes into two groups:

- **Required:** States require all individuals to inform CPS of suspected child abuse and neglect (19 states). Those states are Delaware, Florida, Idaho, Indiana, Kentucky, Maryland, Mississippi, Nebraska, New Hampshire, New Jersey, New Mexico, North Carolina, Oklahoma, Puerto Rico, Rhode Island, Tennessee, Texas, Utah, and Wyoming.
- **Permissive:** Any individual may inform CPS of suspected child abuse and neglect, but not everyone is required to do so (The remaining 33 states).

Five years of NCANDS' state data were grouped and analyzed by the categories of required and permissive (as defined by the Gateway above). States that required all persons to inform CPS of suspected child abuse and neglect had consistently higher rates of screened-in referrals (ranging from 30.5 to 32.5 screened-in referrals per 1,000 children in the population) than permissive states (24.0 to 26.5 screened-in referrals per 1,000 children in the population). (See [table 2-2](#), [exhibit 2-C](#), and related notes.) This topic is discussed further in Chapter 3, Children.

Exhibit 2-C Screening Rates by States' Statutes, 2009–2013



Based on data from [table 2-2](#).

Report Sources

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

Professional report sources are persons who encountered 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. Nonprofessional report sources are 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. Unclassified includes anonymous, “other,” and unknown report sources. States use the code of “other” for any report source that does not have an NCANDS-designated code. According to comments provided by the states, the “other” report source may include 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, for additional information as to what is included in the category of “other” report source.

For FFY 2013, professionals submitted three-fifths of reports (61.6%). The highest percentages of reports came from education personnel (17.5%), legal and law enforcement personnel (17.5%), and social services personnel (11.0%). (See [table 2–3](#) and related notes.) Nonprofessionals submitted one-fifth of reports (18.6%) and included parents (6.7%), other relatives (6.9%), and friends and neighbors (4.7%). Unclassified sources submitted the remaining one-fifth of reports (19.8%).

Examining 5 years of report source data shows that the distributions have been stable. The categories of professional, nonprofessional, and unclassified have fluctuated less than two percentage points across the years. The slight changes from 2009 to 2013 indicate better reporting as the percentages of unclassified decreased and the percentages of professionals increased.

CPS Response Time

States’ policies usually establish time guidelines or requirements for initiating a CPS response to a report. The response time is defined as the time from the CPS agency’s receipt of a referral to the initial face-to-face contact with the alleged victim. 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.

CPS response time is a Child Abuse Prevention and Treatment Act (CAPTA) Performance Measure with the goal to “Improve states’ average response time between maltreatment report and investigation (or alternative response) based on the median of states’ reported average response time in hours, from report (screened-in referral) to the initiation of the investigation (or alternative response).” The national median for all states is submitted to the Office of Management and Budget (OMB). The targeted goal is a reduction in the national median response time of 5.0 percent from the prior year. Individual state data are not submitted to OMB, but are presented here for the reader.

Based on data from 38 states, the FFY 2013 average response time was 65 hours or 2.7 days; the median response time was 56 hours or 2.3 days. (See [table 2–4](#) and related notes.) The response time data have fluctuated during the past 5 years, due in part to the number of states that submitted data for each year.

CPS Workforce and Caseload

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

For FFY 2013, 46 states reported a total workforce of 34,517. Forty states reported the number of specialized intake and screening workers. The number of investigation and alternative response workers was computed by subtracting the reported number of intake and screening workers from the reported total workforce number. (See [table 2-5](#) and related notes.)

Using the data from the same 40 states that can report on workers with specialized functions, investigation and alternative response workers completed an average of 68 CPS responses per worker for FFY 2013. As CPS agencies realign their workforce to improve the multiple types of CPS responses they provide, the methodologies for estimating caseloads may become more complex. (See [table 2-6](#) and related notes.)

Exhibit and Table Notes

The following pages contain the data tables referenced in Chapter 2. Specific information about state submissions can be found in appendix D. 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.
- Rates are per 1,000 children in the population.
- NCANDS uses the child population estimates that are released annually by the U.S. Census Bureau. These population estimates are provided in appendix C.
- The table layouts were changed for *Child Maltreatment 2013*. National totals and calculations now appear in a single row labeled "National" instead of separate rows labeled total, rate, or percent.

Table 2-1 Screened-In and Screened-Out Referrals, 2013

- Screened-out referral data are from the Agency File, and screened-in referral data are from the Child File.
- This table includes only those states that reported both screened-in and screened-out referrals. States that reported 100.0 percent of referrals as screened in were included.
- The national referral rate is based on the number of total referrals divided by the child population ([table C-2](#)) of reporting states and multiplying by 1,000.
- The national estimate of total referrals is based on the rate of referrals multiplied by the national child population of all 52 states. The result was divided by 1,000 and rounded to the nearest 1,000.

- The national estimate of children included in referrals was calculated by multiplying the average number of children included in a screened-in referral by the number of estimated referrals. The national estimate was rounded to the nearest 1,000.
- For FFY 2013, the average number of children included in a referral was 1.84. The average number of children included in a referral was calculated by dividing the number of duplicate children who received a disposition (see [table 3-2](#)) by the number of reports with a disposition (see [exhibit 2-B](#)).

Table 2-2 Screening Rates by States' Statutes, 2009-2013

- Screened-out referral data are from the Agency File and screened-in referral data are from the Child File.
- Population data may be found in appendix C, [table C-2](#).
- This table includes only those states that reported both screened-in and screened-out referrals. States that reported 100.0 percent of referrals as screened in were included.
- Not all states listed in the Child Welfare Information Gateway document reported both screened-in and screened-out referrals. Seventeen of the 19 states with required statutes and 30 of the 33 states with permissive statutes—reported both screening types.
- The national referral rate is based on the number of total referrals divided by the child population of reporting states and multiplying by 1,000.
- This is a new table for the *Child Maltreatment 2013* report.

Table 2-3 Report Sources, 2009-2013

- Data are from the Child File or the SDC.

Table 2-4 CAPTA Performance Measure: Response Time in Hours, 2009-2013

- Data are from the Agency File or the SDC.
- Response time in hours was previously a Program Assessment Rating Tool (PART) measure.

Table 2-5 Child Protective Services Workforce, 2013

- Data are from the Agency File.
- Some states were able to provide the total number of CPS workers, but not the specifics on worker functions as classified by NCANDS.

Table 2-6 Child Protective Services Caseload, 2013

- Data are from the Child File and the Agency File.
- The number of completed reports per investigation and alternative response worker 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 was based on the total of completed reports for the 40 reporting states divided by the total number of investigation and alternative response workers and rounded.

Table 2–1 Screened-In and Screened-Out Referrals, 2013

State	Number			Percent		Total Referrals Rate per 1,000 Children
	Screened-In Referrals (Reports)	Screened-Out Referrals	Total Referrals	Screened-In Referrals (Reports)	Screened-Out Referrals	
Alabama	19,715	246	19,961	98.8	1.2	18.0
Alaska	6,670	8,520	15,190	43.9	56.1	80.7
Arizona	42,547	20,739	63,286	67.2	32.8	39.1
Arkansas	34,267	17,464	51,731	66.2	33.8	72.9
California	232,185	128,694	360,879	64.3	35.7	39.3
Colorado	29,999	49,704	79,703	37.6	62.4	64.4
Connecticut	19,031	19,406	38,437	49.5	50.5	48.9
Delaware	6,916	10,354	17,270	40.0	60.0	84.8
District of Columbia	6,231	1,604	7,835	79.5	20.5	70.3
Florida	160,507	65,809	226,316	70.9	29.1	56.2
Georgia	55,362	21,216	76,578	72.3	27.7	30.8
Hawaii						
Idaho	7,475	8,929	16,404	45.6	54.4	38.3
Illinois	66,528	0	66,528	100.0	0.0	22.0
Indiana	95,140	65,738	160,878	59.1	40.9	101.4
Iowa	25,207	23,414	48,621	51.8	48.2	67.2
Kansas	23,457	15,338	38,795	60.5	39.5	53.6
Kentucky	55,186	22,870	78,056	70.7	29.3	77.0
Louisiana	25,788	16,215	42,003	61.4	38.6	37.7
Maine	8,630	9,126	17,756	48.6	51.4	68.0
Maryland	24,676	28,978	53,654	46.0	54.0	39.9
Massachusetts	37,867	37,693	75,560	50.1	49.9	54.2
Michigan	86,997	50,878	137,875	63.1	36.9	61.4
Minnesota	20,316	49,006	69,322	29.3	70.7	54.2
Mississippi	22,234	5,799	28,033	79.3	20.7	38.0
Missouri	61,699	16,507	78,206	78.9	21.1	56.0
Montana	7,137	6,140	13,277	53.8	46.2	59.3
Nebraska	10,700	20,676	31,376	34.1	65.9	67.6
Nevada	12,970	12,116	25,086	51.7	48.3	37.9
New Hampshire	8,741	4,900	13,641	64.1	35.9	50.3
New Jersey	59,151	0	59,151	100.0	0.0	29.3
New Mexico	18,128	13,576	31,704	57.2	42.8	62.5
New York						
North Carolina						
North Dakota	3,779	0	3,779	100.0	0.0	23.2
Ohio	80,472	86,111	166,583	48.3	51.7	62.9
Oklahoma	35,678	24,208	59,886	59.6	40.4	63.2
Oregon	28,522	37,197	65,719	43.4	56.6	76.6
Pennsylvania						
Puerto Rico						
Rhode Island	6,760	5,800	12,560	53.8	46.2	58.7
South Carolina	22,772	4,834	27,606	82.5	17.5	25.6
South Dakota	2,676	13,003	15,679	17.1	82.9	75.4
Tennessee	60,100	42,648	102,748	58.5	41.5	68.9
Texas	164,085	34,542	198,627	82.6	17.4	28.2
Utah	19,493	18,155	37,648	51.8	48.2	42.0
Vermont	4,079	11,690	15,769	25.9	74.1	128.5
Virginia	32,384	37,695	70,079	46.2	53.8	37.6
Washington	37,501	47,595	85,096	44.1	55.9	53.3
West Virginia	18,965	17,919	36,884	51.4	48.6	96.6
Wisconsin	25,286	42,961	68,247	37.1	62.9	52.2
Wyoming	3,317	3,455	6,772	49.0	51.0	49.2
National	1,837,326	1,179,468	3,016,794	60.9	39.1	47.1

Table 2–2 Screening Rates by States’ Statutes, 2009–2013

Year	Reporting States	Child Population		Screened-In Referrals (Reports)				Screened-Out Referrals			
		Required Number	Permissive Number	Required Number	Permissive Number	Required Rate	Permissive Rate	Required Number	Permissive Number	Required Rate	Permissive Rate
2009	47	23,239,863	41,540,809	708,679	1,006,924	30.5	24.2	292,088	686,375	12.6	16.5
2010	47	23,232,771	41,197,336	718,060	989,876	30.9	24.0	285,174	726,122	12.3	17.6
2011	47	23,255,584	41,001,106	731,076	1,035,577	31.4	25.3	327,447	729,689	14.1	17.8
2012	47	23,286,378	40,829,099	746,736	1,079,905	32.1	26.4	356,564	766,986	15.3	18.8
2013	47	23,333,970	40,703,410	758,287	1,079,039	32.5	26.5	376,437	803,031	16.1	19.7

Table 2–3 Report Sources, 2009–2013

Report Sources	Number					Percent				
	2009	2010	2011	2012	2013	2009	2010	2011	2012	2013
PROFESSIONAL										
Child Daycare Providers	15,810	14,193	14,494	14,545	13,851	0.8	0.8	0.7	0.7	0.7
Education Personnel	328,186	313,820	326,072	347,840	346,906	17.0	16.9	16.7	17.3	17.5
Foster Care Providers	11,727	10,130	9,380	9,189	9,180	0.6	0.5	0.5	0.5	0.5
Legal and Law Enforcement Personnel	325,832	318,461	339,428	349,168	347,879	16.9	17.1	17.4	17.4	17.5
Medical Personnel	161,520	156,703	169,424	177,802	178,615	8.4	8.4	8.7	8.9	9.0
Mental Health Personnel	87,880	89,347	95,809	97,914	108,546	4.5	4.8	4.9	4.9	5.5
Social Services Personnel	226,733	219,709	214,867	230,715	218,122	11.7	11.8	11.0	11.5	11.0
Total Professionals	1,157,688	1,122,363	1,169,474	1,227,173	1,223,099	59.9	60.3	60.0	61.1	61.6
NONPROFESSIONAL										
Alleged Perpetrators	1,124	879	734	708	800	0.1	0.0	0.0	0.0	0.0
Alleged Victims	10,213	8,047	7,847	7,643	6,477	0.5	0.4	0.4	0.4	0.3
Friends and Neighbors	96,497	83,991	89,594	92,981	92,723	5.0	4.5	4.6	4.6	4.7
Other Relatives	139,514	132,472	136,290	138,602	137,162	7.2	7.1	7.0	6.9	6.9
Parents	134,675	130,762	132,246	134,647	132,519	7.0	7.0	6.8	6.7	6.7
Total Nonprofessionals	382,023	356,151	366,711	374,581	369,681	19.8	19.1	18.8	18.6	18.6
UNCLASSIFIED										
Anonymous Sources	174,802	171,223	177,386	179,094	178,331	9.0	9.2	9.1	8.9	9.0
Other	157,857	151,874	157,463	156,723	148,921	8.2	8.2	8.1	7.8	7.5
Unknown	60,485	59,977	79,120	71,340	65,934	3.1	3.2	4.1	3.6	3.3
Total Unclassified	393,144	383,074	413,969	407,157	393,186	20.3	20.6	21.2	20.3	19.8
National Reporting States	1,932,855	1,861,588	1,950,154	2,008,911	1,985,966	100.0	100.0	100.0	100.0	100.0
	51	50	50	50	49					

**Table 2–4 CAPTA Performance Measure:
Response Time in Hours, 2009–2013**

State	Response Time Average				
	2009	2010	2011	2012	2013
Alabama	24	45	42	42	48
Alaska					241
Arizona	80				
Arkansas	103	117	126	120	114
California					143
Colorado					15
Connecticut	26	25	24	25	26
Delaware	174	193	196	157	167
District of Columbia	25	25	18	16	17
Florida	9	9	10	9	10
Georgia					36
Hawaii	124	155	161	169	115
Idaho	60	54	58	60	58
Illinois	13	13	13	17	
Indiana	44	77	73	69	85
Iowa	37	38	40	39	41
Kansas	70	68	67	76	61
Kentucky	30	41	48	48	54
Louisiana	153	167	196	118	70
Maine	72	72	72	72	72
Maryland				51	67
Massachusetts					
Michigan					
Minnesota	41	38	37	38	55
Mississippi	137	81	119	233	52
Missouri	26	25	26	22	25
Montana					
Nebraska	249	209	210	172	
Nevada	15	13	13	15	12
New Hampshire	41	34	31	24	21
New Jersey	17	20	18	18	17
New Mexico	68				79
New York					
North Carolina					
North Dakota	36				
Ohio	34	42	21	11	25
Oklahoma	81	79	80	77	62
Oregon	101	99		97	
Pennsylvania					
Puerto Rico					
Rhode Island	13	13	15	19	13
South Carolina	66	68	72	68	20
South Dakota	116	125	98	105	74
Tennessee	33	13	92		141
Texas	57	69	77	65	63
Utah	89	86	86	81	82
Vermont	127	131	89	96	96
Virginia					
Washington	61	49	45	44	45
West Virginia					
Wisconsin	161	133	130	106	108
Wyoming	24	24	24	24	24
Average	69	70	71	69	65
Median	59	54	63	60	56

Table 2–5 Child Protective Services Workforce, 2013

State	Intake and Screening Workers	Investigation and Alternative Response Workers	Intake, Screening, Investigation, and Alternative Response Workers
Alabama	84	496	580
Alaska	19	73	92
Arizona	70	1,031	1,101
Arkansas	40	450	490
California			4,932
Colorado			
Connecticut	60	750	810
Delaware	32	85	117
District of Columbia	88	80	168
Florida	225	1,481	1,706
Georgia			1,408
Hawaii	8	40	48
Idaho	42	265	307
Illinois	95	789	884
Indiana	105	545	650
Iowa	29	214	243
Kansas	70	292	362
Kentucky	90	1,330	1,420
Louisiana	44	175	219
Maine	26	119	145
Maryland			
Massachusetts	112	232	344
Michigan	121	1,230	1,351
Minnesota	128	294	422
Mississippi	48	646	694
Missouri	47	500	547
Montana	18	163	181
Nebraska	36	160	196
Nevada	41	138	179
New Hampshire	10	61	71
New Jersey	107	1,134	1,241
New Mexico	40	184	224
New York			
North Carolina	190	888	1,078
North Dakota			158
Ohio			
Oklahoma	52	534	586
Oregon	93	599	692
Pennsylvania			2,847
Puerto Rico	48	1,090	1,138
Rhode Island	34	62	96
South Carolina			
South Dakota	33	42	75
Tennessee	74	889	963
Texas	480	3,061	3,541
Utah	26	98	124
Vermont			
Virginia	81	506	587
Washington	106	374	480
West Virginia			455
Wisconsin	150	285	435
Wyoming			130
National	3,202	21,385	34,517

Table 2–6 Child Protective Services Caseload, 2013

State	Investigation and Alternative Response Workers	Completed Reports (Reports with a Disposition)	Completed Reports per Investigation and Alternative Response Worker
Alabama	496	19,715	40
Alaska	73	6,670	91
Arizona	1,031	42,547	41
Arkansas	450	34,267	76
California			
Colorado			
Connecticut	750	19,031	25
Delaware	85	6,916	81
District of Columbia	80	6,231	78
Florida	1,481	160,507	108
Georgia			
Hawaii	40	2,309	58
Idaho	265	7,475	28
Illinois	789	66,528	84
Indiana	545	95,140	175
Iowa	214	25,207	118
Kansas	292	23,457	80
Kentucky	1,330	55,186	41
Louisiana	175	25,788	147
Maine	119	8,630	73
Maryland			
Massachusetts	232	37,867	163
Michigan	1,230	86,997	71
Minnesota	294	20,316	69
Mississippi	646	22,234	34
Missouri	500	61,699	123
Montana	163	7,137	44
Nebraska	160	10,700	67
Nevada	138	12,970	94
New Hampshire	61	8,741	143
New Jersey	1,134	59,151	52
New Mexico	184	18,128	99
New York			
North Carolina	888	67,715	76
North Dakota			
Ohio			
Oklahoma	534	35,678	67
Oregon	599	28,522	48
Pennsylvania			
Puerto Rico	1,090	16,416	15
Rhode Island	62	6,760	109
South Carolina			
South Dakota	42	2,676	64
Tennessee	889	60,100	68
Texas	3,061	164,085	54
Utah	98	19,493	199
Vermont			
Virginia	506	32,384	64
Washington	374	37,501	100
West Virginia			
Wisconsin	285	25,286	89
Wyoming			
National	21,385	1,448,160	
Reports per Worker			68



Children

CHAPTER 3

This chapter discusses the children who were the subjects of reports (screened-in referrals) and the characteristics of those who were found to be victims of abuse and neglect. The Child Abuse Prevention and Treatment Act (CAPTA), (42 U.S.C. §5101), 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.

Each state defines the types of child abuse and neglect in its statutes and policies. Child protective services (CPS) agencies determine the appropriate response for the alleged maltreatment based on those statutes and policies. 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 dispositions are:

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

Less commonly used dispositions for investigation responses include:

- **Indicated:** A disposition that concludes maltreatment could not be substantiated under state law or policy, but there was a reason to suspect that at least one child may have been maltreated or was at-risk of maltreatment. This is applicable only to states that distinguish between substantiated and indicated dispositions.
- **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.
- **Other:** States may use the category of “other” if none of the above is applicable. Several states use this disposition when the results of an investigation are uncertain, inconclusive, or unable to be determined.

State statutes also establish the level of evidence needed to determine a disposition of substantiated or indicated. (See appendix C 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 (FAR), or differential response (DR). Cases assigned this response often include early determinations that the children have a low or moderate risk of maltreatment. Alternative responses usually include the voluntary acceptance of CPS services and the mutual agreement of family needs. These cases do not result in a formal determination regarding the maltreatment allegation or alleged perpetrator. While most families who are assigned to an alternative response do not receive a finding on the allegations, in the National Child Abuse and Neglect Data System (NCANDS) the term disposition is used when referring to both investigation response and alternative response. Each state that uses alternative response decides how to map its codes to the two NCANDS codes:

- **Alternative response victim:** The provision of a response other than an investigation that determines a child was a victim of maltreatment. Three states report children in this category, and it refers to those instances where the CPS agency or the courts required the family to receive services. Even though these children are considered victims by NCANDS, a perpetrator is not determined
- **Alternative response nonvictim:** The provision of a response other than an investigation that did not determine a child was a victim of maltreatment.

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

In addition, the Child Welfare Information Gateway (Gateway) compiled research documents and examples of state alternative response programs on its website at <https://www.childwelfare.gov/responding/alternative>. The Gateway also has final products from the National Quality Improvement Center on Differential Response (QIC-DR). The QIC DR was designed to study differential response programs in three states—Colorado, Illinois, and Ohio—and studied the existing knowledge on differential response via literature reviews; legislative analyses; and interviews, focus groups, and summits with families, tribal representatives, and subject-knowledge experts. Additional information also may be found at the QIC-DR website at <http://www.ucdenver.edu/academics/colleges/medicalschoo/departments/pediatrics/subs/can/QIC-DR/Pages/QIC-DR.aspx>.

Unique and Duplicate Counts

Ongoing interest in understanding the outcomes of children and their families—as well as advances in state child welfare information systems—has resulted in 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 was the subject of a report. This count also is called a report-child pair.
- Unique count of children: Counting a child once, regardless of the number times he or she was the subject of a report.

As more states began submitting to NCANDS unique counts of children, the Child Maltreatment report series transitioned from using duplicate counts to unique counts for most analyses. For FFY 2013, all states (52) submitted unique counts of children. Unique counts were used for analyses in this chapter unless otherwise noted.

Children Who Received an Investigation or Alternative Response

(unique count of children)

During FFY 2013, a nationally estimated 3.2 million children received either an investigation or alternative response at a national disposition rate of 42.9 children per 1,000 in the population. The number of children who received a CPS response increased by 4.6 percent from 2009 to 2013. Only the 50 states that reported data in both 2009 and 2013 were included in this calculation (see [exhibit 3–A \(table 3-1\)](#) and related notes). Several states provided an explanation for the increase (see appendix D). Those explanations include the implementation of new intake systems or procedures.

Exhibit 3–A Child Disposition Rates, 2009–2013

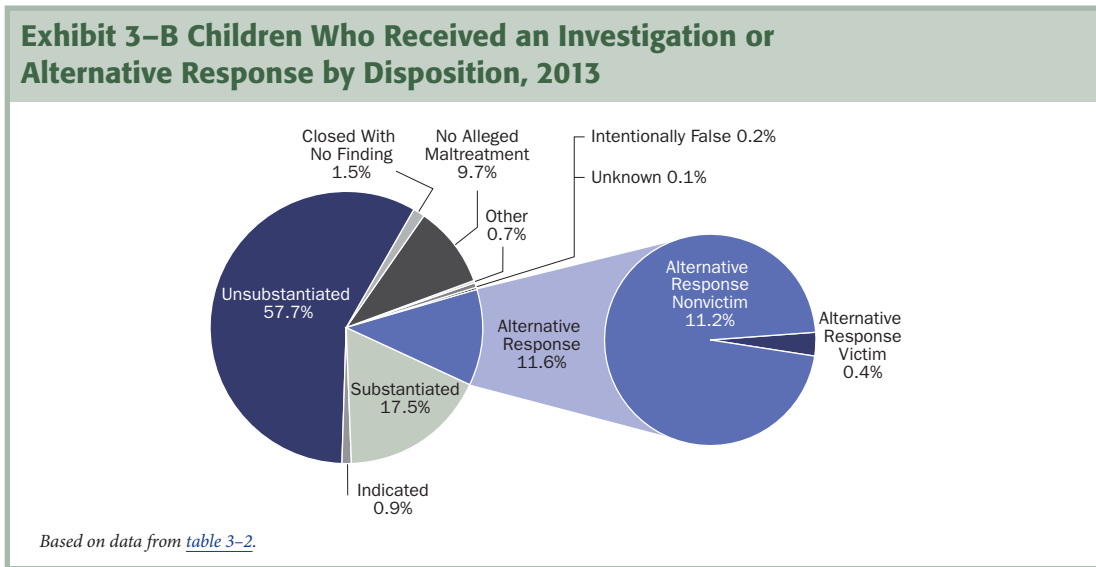
Year	Reporting States	Child Population of Reporting States	Reported Children (unique count) Who Received an Investigation or Alternative Response	National Disposition Rate per 1,000 Children	Child Population of all 52 States	National Estimate of Children (unique count) Who Received an Investigation or Alternative Response
2009	50	74,495,280	3,003,136	40.3	75,512,062	3,043,000
2010	51	74,151,372	2,987,698	40.3	75,016,501	3,023,000
2011	51	73,909,031	3,049,839	41.3	74,771,549	3,088,000
2012	52	74,549,919	3,174,421	42.6	74,549,919	3,174,000
2013	52	74,399,940	3,188,085	42.9	74,399,940	3,188,000

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

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

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

For FFY 2013, approximately 3.9 million children were the subjects of at least one report (screened-in referral). A child may be a victim in one report and a nonvictim in another report and in this analysis, the child would be counted both times. One-fifth of these children were found to be victims with dispositions of substantiated (17.5%), indicated (0.9%), and alternative response victim (0.4%). The remaining four-fifths of the children were found to be nonvictims of maltreatment. (See [table 3-2](#), [exhibit 3-B](#), and related notes.)



Number of Child Victims (unique count of child victims)

In NCANDS, a victim is defined as a child for whom the state determined at least one maltreatment was substantiated or indicated, or the child received a disposition of alternative response victim. This includes a child who died of child abuse and neglect.

For FFY 2013, there were a nationally estimated 679,000 victims of abuse and neglect, resulting in a rate of 9.1 victims per 1,000 children in the population. The number of victims decreased 3.8 percent from 2009 to 2013. Several states provided an explanation for the decrease in the number of victims (see appendix D). (See [table 3-3](#), [exhibit 3-C](#), and related notes.)

Exhibit 3–C Child Victimization Rates, 2009–2013

Year	Reporting States	Child Population of Reporting States	Victims (unique count) from Reporting States	National Victimization Rate per 1,000 Children	Child Population of all 52 States	National Estimate of Victims (unique count)
2009	50	74,495,280	693,484	9.3	75,512,062	702,000
2010	51	74,151,372	688,121	9.3	75,016,501	698,000
2011	51	73,909,031	676,505	9.2	74,771,549	688,000
2012	52	74,549,919	680,200	9.1	74,549,919	680,000
2013	52	74,399,940	678,932	9.1	74,399,940	679,000

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

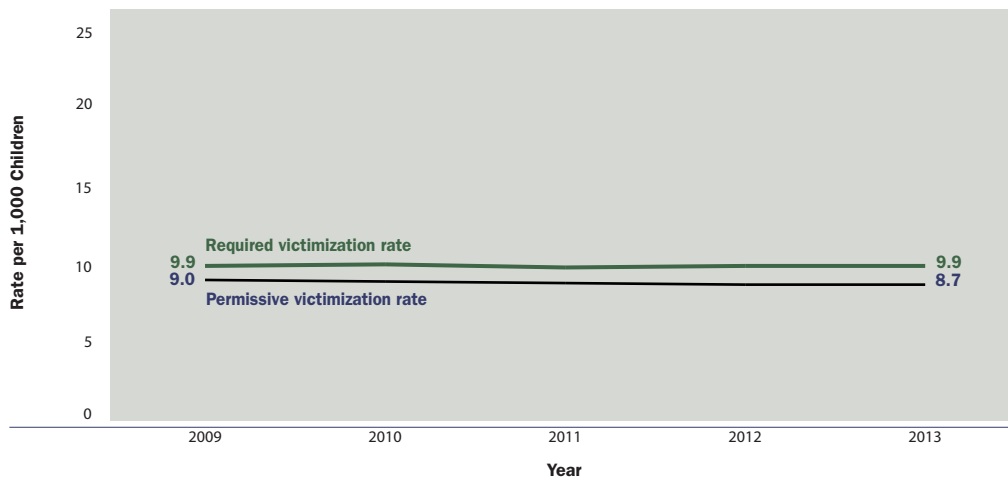
If fewer than 52 states reported data in a given year, the national estimate of victims was calculated by multiplying the national victimization rate by the child population of all 52 states and dividing by 1,000. The result was rounded to the nearest 1,000. If 52 states reported data in a given year,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

Policy Discussions: Victimization Rates by States’ Statutes

(unique count of child victims)

As discussed in Chapter 2, 5 years of NCANDS’ state data were grouped and analyzed by whether the state required all persons to inform a CPS agency of suspected child abuse and neglect (required) or any person could inform CPS, but were not required to by law to do so (permissive). As shown in [table 3–4](#), states with required reporting have consistently higher rates of victimization (ranging from 9.8 to 10.0 per 1,000 children) than states that have permissive reporting (ranging from 8.7 to 9.0 per 1,000 children). While the differences in victimization rates seem relatively small between required and permissive, it is worth noting that the difference is increasing. (See [table 3–4](#), [exhibit 3–D](#), and related notes.)

Exhibit 3–D Victimization Rates by States’ Statutes, 2009–2013



Based on data from [table 3–4](#).

Child Victim Demographics (unique count of child victims)

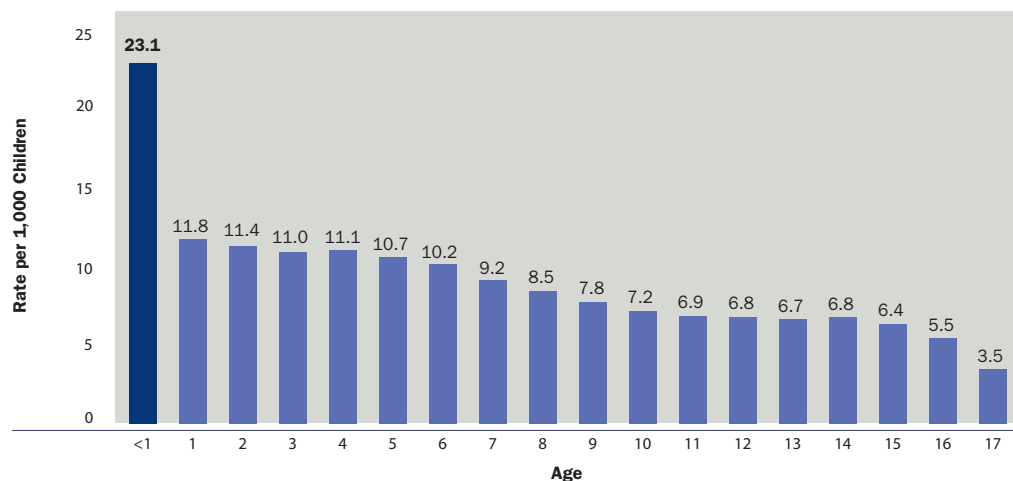
The youngest children are the most vulnerable to maltreatment. In FFY 2013, 52 states reported that more than one-quarter (27.3%) of victims were younger than 3 years. Twenty percent (19.7%) of victims were in the age group of 3–5 years.

The victimization rate was highest for children younger than 1 year (23.1 per 1,000 children in the population of the same age). Victims who were 1, 2, or 3 years old had victimization rates of 11.8, 11.4, and 11.0 victims per 1,000 children of those respective ages in the population. In general, the rate of victimization decreased with age. (See [table 3–5](#), [exhibit 3–E](#), and related notes.)

The percentages of child victims were similar for both boys (48.7) and girls (50.9). Fewer than 1.0 percent of victims had an unknown sex. The FFY 2013 victimization rate for girls was slightly higher at 9.5 per 1,000 girls in the population than boys at 8.7 per 1,000 boys in the population. (See [table 3–6](#) and related notes.)

The majority of victims comprised three races or ethnicities—White (44.0%), Hispanic (22.4%), and African-American (21.2%). African-American children had the highest rates of victimization at 14.6 per 1,000 children in the population of the same race or ethnicity. Hispanic and White children had lower rates of victimization at 8.5 and 8.1 per 1,000 children in the population of the same race or ethnicity. (See [table 3–7](#) and related notes.)

Exhibit 3–E Victims by Age, 2013



Based on data from [table 3–5](#).

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

Four-fifths (79.5%) of victims were neglected, 18.0 percent were physically abused, and 9.0 percent were sexually abused. In addition, 10.0 percent of victims experienced such “other” types of maltreatment as “threatened abuse,” “parent’s drug/alcohol abuse,” or “safe relinquishment of a newborn.” States may code any maltreatment as “other” if it does not fit in one of the NCANDS categories. Readers are encouraged to review states’ comments (appendix D) about what is included in the “other” maltreatment type category. (See [table 3–8](#) and related notes.)

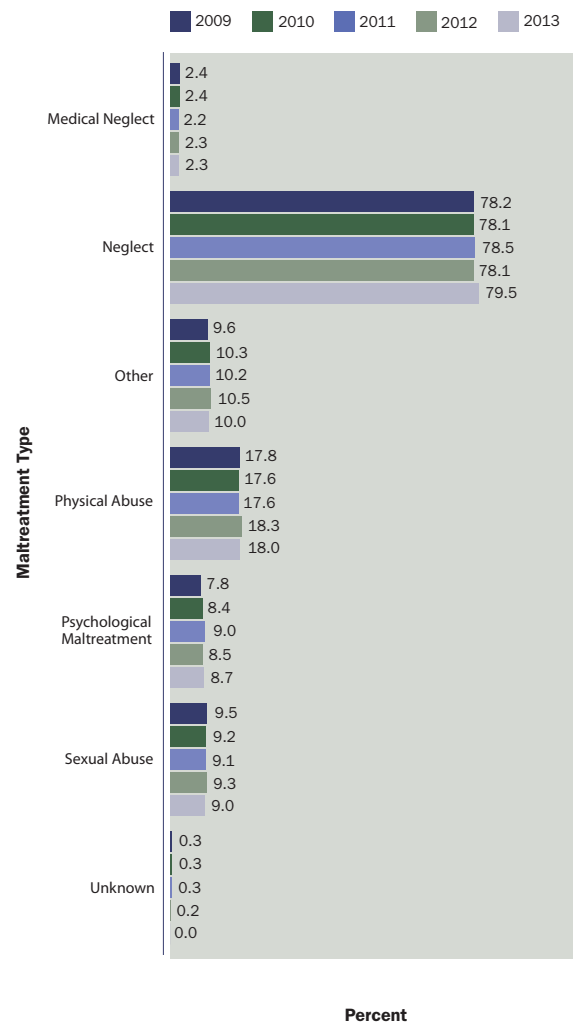
Examining 5 years of maltreatment types data shows relatively little change. The percentage of children who suffered neglect increased slightly from 2009 to 2013. The percentage of victims who suffered an unknown maltreatment type had the only constant decrease for all 5 years; the percentages of victims who were medically neglected and sexually abused fluctuated slightly. (See [table 3–9](#), [exhibit 3–F](#), and related notes.)

Risk Factors (unique count of children)

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. There is some research support for caregiver poverty and low socioeconomic status as a risk factor for child abuse and neglect. Both the Child Welfare Information Gateway (<http://www.childwelfare.gov>) and the National Data Archive on Child Abuse and Neglect’s child abuse and neglect digital library (<http://www.ndacan.cornell.edu/publications/publications.cfm>) have articles and studies on poverty and socioeconomic status as topics. NCANDS examined two caregiver risk factors related to this topic:

- Financial problem—A risk factor related to the family’s inability to provide sufficient financial resources to meet minimum needs.
- 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.

Exhibit 3–F Maltreatment Types of Victims, 2009–2013



Based on data from [table 3–9](#).

Fourteen percent (14.4%) of victims and 8.8 percent of nonvictims were reported with the financial problem caregiver risk factor and 29.9 percent of victims and 23.4 percent of nonvictims were reported with the public assistance caregiver risk factor. (See [tables 3–10, 3–11](#), and related notes.)

The data were examined to determine the number of children who were exposed to domestic violence. The caregiver could have been either the perpetrator or the victim of the domestic violence. For the states that reported on the domestic violence caregiver risk factor, 27.4 percent of victims and 8.1 percent of nonvictims were exposed to domestic violence. (See [table 3–12](#) and related notes.)

Children who were reported with any of the following risk factors were considered to have a disability: intellectual disability, emotional disturbance, visual or hearing impairment, learning disability, physical disability, behavioral problems, or another medical problem. Thirteen percent (12.6%) of victims in 43 states were reported as having a disability. Four percent (4.1%) of victims were reported as having a medical condition not classified in NCANDS, 3.0 percent of victims had behavior problems, and 2.4 percent had emotional disturbance. A victim could have been reported with more than one type of disability, but was counted only once in each disability category. (See [table 3–13](#) and related notes.)

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

Victim data were analyzed by relationship of victims to their perpetrators. A victim may have been maltreated multiple times by the same perpetrator or by different combinations of perpetrators (e.g., mother alone, mother and nonparent(s), mother and father). In addition, a perpetrator who maltreats multiple children may have different relationships with the victims (parent, neighbor, etc.). This analysis counts every relationship for each report and, therefore, the percentages total more than 100.0 percent. For FFY 2013, one or both parents maltreated 91.4% of victims. The parent(s) could have acted together, acted alone, or acted with up to two other people to maltreat the child. A perpetrator who was not the child’s parent maltreated nearly 13 percent (12.9%) of victims. The largest categories in the nonparent group were male relatives, male partner of parent, and “other.” (See [table 3–14](#) and related notes.)

Federal Standards and Performance Measures (unique count of child victims)

Each year during FFY 2009–2013, approximately three-quarters of victims did not have a prior history of victimization. Information regarding first-time victims is a Federal Performance measure. The Community-Based Child Abuse Prevention Program (CBCAP) reports this measure to the Office of Management and Budget (OMB) each year as an average of all states. Individual state data are not reported to OMB, but are presented here for the reader. (See [table 3–15](#) and related notes.)

Through the Child and Family Services Reviews (CFSR), the Children’s Bureau established the current national standard for the absence of maltreatment recurrence as 94.6 percent, defined as:

“Of all children who were victims of substantiated or indicated abuse or neglect during the first 6 months of the reporting year, what percent did not experience another incident of substantiated or indicated abuse or neglect within a 6-month period?”⁴

Standard compliance was determined by calculating the percentages of victims without another incident of maltreatment during a 6-month period. For FFY 2013, 27 states (51.9%) met the standard and were in compliance. The number of states in compliance with the standard has fluctuated during the past 5 years. The fewest number of states in compliance occurred during 2009 with 23 states and the most occurred during 2012 with 28 states. (See [table 3–16](#) and related notes.)

Also through the CFSR, the Children’s Bureau established a national standard for the absence of maltreatment in foster care as 99.68 percent, defined as:

“Of all children in foster care during the reporting period, what percent were not victims of a substantiated or indicated maltreatment by foster parents or facility staff members?”⁵

The number of states in compliance increased from 23 states for FFY 2009 to 24 states (47.1%) for FFY 2013. Standard compliance was determined by calculating the percentages of victims in care without another incident of maltreatment during a 12-month period. (See [table 3–17](#) and related notes.)

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. 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.
- A unique count of children or victims was used unless otherwise noted.
- The data source for all tables was the Child File unless otherwise noted. States that submitted aggregate data via an SDC file for 2009–2011 were not included in trend analyses with unique counts of children or victims.
- Rates are per 1,000 children in the population.
- NCANDS uses the child population estimates that are released annually by the U.S. Census Bureau. These population estimates are provided in appendix C.
- The table layouts were changed for *Child Maltreatment 2013*. National totals and calculations now appear in a single row labeled “National” instead of separate rows labeled total, rate, or percent.

Table 3–1 Children Who Received an Investigation or Alternative Response, 2009–2013

- The rate was computed by dividing the number of children who received a CPS response by the child population and multiplying by 1,000.
- The percent change from 2009 to 2013 was added to this table for the *Child Maltreatment 2013* report. A state must have reported data for both 2009 and 2013 to have a percent change calculated. The national percent change only includes data for states that reported in both 2009 and 2013.
- Population data are located in appendix C.

Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2013

- Many states conduct investigations for all children in a family when any child is the subject of an investigation. In these states, a disposition of “no alleged maltreatment” is assigned to siblings who were not the subjects of an allegation and were not found to be victims.

Table 3–3 Child Victims, 2009–2013

- The rates were calculated by dividing the number of victims by the child population and multiplying by 1,000.
- The percent change from 2009 to 2013 was added to this table for the *Child Maltreatment 2013* report. A state must have reported data for both 2009 and 2013 to have a percent change calculated. The national percent change only includes data for states that reported in both 2009 and 2013.
- Population data are located in appendix C.

Table 3–4 Victimization Rates by States’ Statutes, 2009–2013

- The Child Welfare Information Gateway researched state statutes and compiled the results in a document titled Mandatory Reporters of Child Abuse and Neglect, which is available at https://www.childwelfare.gov/systemwide/laws_policies/statutes/manda.pdf.
- The Child Welfare Information Gateway defined the required and permissive categories in the Mandatory Reporters of Child Abuse and Neglect document. Definitions for the required and permissive categories also are available in Chapter 2, p. 8.
- Population data are located in appendix C.
- This is a new table for the *Child Maltreatment 2013* report.

Table 3–5 Victims by Age, 2013

- Rates were calculated by dividing the victim count by the child population count and multiplying by 1,000.
- There are no population data for unknown age and, therefore, no rates.
- Population data are located in appendix C.

Table 3–6 Victims by Sex, 2013

- Rates were computed by dividing the victim count by the child population count and multiplying by 1,000.
- There are no population data for children with unknown sex and, therefore, no rates.
- Population data are located in appendix C.

Table 3–7 Victims by Race and Ethnicity, 2013

- Counts associated with each racial group are exclusive and do not include Hispanic ethnicity.
- Rates were computed by dividing the victim count by the child population count and multiplying by 1,000.
- Only those states that reported both race and ethnicity are included in this analysis.
- States were excluded from this analysis if fewer than 50.0 percent of victims were reported with a race and ethnicity.
- Population data are located in appendix C.

Table 3–8 Maltreatment Types of Victims, 2013

- A child may have been the victim of more than one type of maltreatment or the same maltreatment type reported several times and, therefore, the maltreatment type count is a duplicate count.
- The percentages are calculated against the number of unique victims in the reporting states.
- Alleged maltreatments are not and never have been included in this analysis during prior years.
- Population data are located in appendix C.

Table 3–9 Maltreatment Types of Victims, 2009–2013

- A child may have been the victim of more than one type of maltreatment or the same maltreatment type reported several times and, therefore, the maltreatment type count is a duplicate count.
- The percentages are calculated against the number of unique victims in the reporting states.
- Alleged maltreatments are not and never have been included in this analysis during prior years.
- Population data are located in appendix C.
- This is a new table for the *Child Maltreatment 2013* report.

Table 3–10 Children With a Financial Problem Caregiver Risk Factor, 2013

- The percentages are calculated against the number of unique victims in reporting states.
- States were excluded from this analysis if fewer than 1.0 percent or more than 98.0 percent of the victims or nonvictims were reported with this caregiver risk factor.
- This is a new table for the *Child Maltreatment 2013* report.

Table 3–11 Children With a Public Assistance Caregiver Risk Factor, 2013

- The percentages are calculated against the number of unique victims in reporting states.
- States were excluded from this analysis if fewer than 1.0 percent or more than 98.0 percent of the victims or nonvictims were reported with this caregiver risk factor.
- This is a new table for the *Child Maltreatment 2013* report.

Table 3–12 Children With a Domestic Violence Caregiver Risk Factor, 2013

- The percentages are calculated against the number of unique victims in reporting states.
- States were excluded from this analysis if fewer than 1.0 percent of the victims or nonvictims were reported with this caregiver risk factor.

Table 3–13 Victims With a Reported Disability, 2013

- The number in the unique victims column is the number of all victims, regardless of whether they were reported with a disability.
- A victim may have been reported with more than one type of disability, but counted only once in each category.
- The percentages are calculated against the number of unique victims in reporting states.
- States were excluded from this analysis if fewer than 1.0 percent of victims were reported with a disability.

Table 3–14 Victims by Relationship to Their Perpetrators, 2013

- In NCANDS, a child 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 categories “mother and nonparent(s)” and “father and nonparent(s)” include victims with one perpetrator identified as a mother or father and a second or third perpetrator identified as a nonparent. A nonparent counted in the category mother and nonparent(s) or father and nonparent(s) is counted only once and not in the individual categories of nonparent.
- The relationship categories listed under nonparent perpetrator include any relationship that was not identified as an adoptive parent, a biological parent, or a stepparent.
- The individual categories listed under Nonparental are exclusive except for the category labeled “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. More information may be found in appendix D.
- States were excluded from this analysis if fewer than 70.0 percent of victims were reported with perpetrators.
- States that reported more than 50.0 percent of child victims with an “other” or unknown relationship were excluded from this analysis.
- This table was changed for *Child Maltreatment 2013*. The relationship percentages were calculated against the unique count of victims in the reporting states. The categories “mother and other” and “father and other” were changed to “mother and nonparent(s)” and “father and nonparent(s)” for reader clarity.

Table 3–15 CBCAP Federal Performance Measure: First-Time Victims, 2009–2013

- States with 95.0 percent or more first-time victims were excluded from this analysis.
- Population data are located in appendix C.

Table 3–16 CFSR: Absence of Maltreatment Recurrence, 2009–2013

- Reports within 24 hours of the initial report are not counted as recurrence. However, recurrence rates may be influenced by reports alleging the same maltreatment from additional sources if the state information system counts these as separate reports.

Table 3–17 CFSR: Absence of Maltreatment in Foster Care, 2009–2013

- States were excluded from this analysis if perpetrator information was provided for fewer than 75.0 percent of victims and if perpetrator relationship information was provided for fewer than 75.0 percent of perpetrators.

Table 3–1 Children Who Received an Investigation or Alternative Response, 2009–2013 (continued)

State	Children (unique count)					Percent Change from 2009 to 2013
	2009	2010	2011	2012	2013	
Alabama	26,246	27,795	26,221	28,385	27,861	6.2
Alaska	8,816	7,533	7,989	9,794	9,375	6.3
Arizona	61,836	49,858	59,923	64,332	75,722	22.5
Arkansas	54,116	61,919	59,713	62,129	61,025	12.8
California	369,035	361,180	381,196	370,439	370,182	0.3
Colorado	44,741	43,665	42,099	41,284	39,725	-11.2
Connecticut	31,661	32,904	37,050	30,709	23,604	-25.4
Delaware	11,999	13,434	14,382	14,807	13,293	10.8
District of Columbia	14,544	12,463	13,187	13,812	12,685	-12.8
Florida	274,267	269,689	291,929	293,839	284,658	3.8
Georgia	62,997	58,915	51,060	110,323	114,270	81.4
Hawaii	5,106	4,782	3,329	3,800	3,788	-25.8
Idaho	9,201	8,848	9,018	8,694	10,542	14.6
Illinois	127,550	121,882	114,849	123,620	122,223	-4.2
Indiana	92,657	92,008	79,963	92,475	116,986	26.3
Iowa	30,870	31,427	31,143	29,441	29,124	-5.7
Kansas	22,685	22,393	25,436	26,866	27,756	22.4
Kentucky	60,145	61,643	61,912	63,705	70,908	17.9
Louisiana	33,054	31,828	37,994	36,029	37,728	14.1
Maine	9,227	8,885	9,518	11,204	12,295	33.3
Maryland	36,501	33,302	32,950	31,436	29,438	-19.4
Massachusetts	69,805	66,152	62,443	62,257	62,878	-9.9
Michigan	142,945	146,135	156,153	171,585	170,290	19.1
Minnesota	22,531	22,815	23,016	23,635	25,742	14.3
Mississippi	26,964	26,875	27,138	32,829	30,194	12.0
Missouri	58,552	60,029	69,037	71,912	70,569	20.5
Montana	10,893	10,316	10,413	10,607	10,393	-4.6
Nebraska	24,268	24,236	24,856	23,910	21,180	-12.7
Nevada	21,353	21,105	23,515	22,246	23,633	10.7
New Hampshire	9,848	9,949	11,022	11,450	11,064	12.3
New Jersey	70,729	75,607	71,517	76,164	75,794	7.2
New Mexico	19,758	22,314	22,752	21,899	23,399	18.4
New York	224,541	224,410	222,195	217,663	205,424	-8.5
North Carolina	118,040	117,166	123,198	125,062	121,641	3.1
North Dakota		6,345	6,152	6,172	6,170	
Ohio	99,813	91,636	103,554	102,734	103,381	3.6
Oklahoma	44,307	42,113	44,188	45,539	52,009	17.4
Oregon				33,173	40,047	
Pennsylvania	23,100	22,263	21,570	23,579	23,488	1.7
Puerto Rico	36,479	28,859	27,108	22,793	29,167	-20.0
Rhode Island	7,813	8,559	8,263	8,571	8,485	8.6
South Carolina	37,369	38,953	36,011	40,732	43,948	17.6
South Dakota	6,385	6,315	6,334	5,716	4,346	-31.9
Tennessee	75,570	80,125	80,005	85,180	81,715	8.1
Texas	260,486	267,823	272,553	250,623	238,706	-8.4
Utah	27,732	27,827	25,571	24,500	24,504	-11.6
Vermont	3,508	4,117	3,716	3,879	4,396	25.3
Virginia	58,599	64,849	61,602	62,805	61,527	5.0
Washington	37,596	41,713	42,554	43,730	43,494	15.7
West Virginia	40,811	34,073	33,816	37,082	39,372	-3.5
Wisconsin	31,338	32,947	33,333	33,643	32,309	3.1
Wyoming	4,749	5,719	5,393	5,628	5,632	18.6
National	3,003,136	2,987,698	3,049,839	3,174,421	3,188,085	4.6

Table 3–1 Children Who Received an Investigation or Alternative Response, 2009–2013

State	Rate per 1,000 Children				
	2009	2010	2011	2012	2013
Alabama	23.2	24.6	23.3	25.4	25.1
Alaska	48.0	40.1	42.4	52.1	49.8
Arizona	35.7	30.6	37.1	39.8	46.8
Arkansas	76.2	87.0	84.0	87.4	86.0
California	39.1	38.9	41.2	40.2	40.3
Colorado	36.4	35.6	34.2	33.5	32.1
Connecticut	39.2	40.4	46.0	38.6	30.0
Delaware	58.0	65.4	70.2	72.4	65.3
District of Columbia	127.5	123.0	126.9	128.3	113.8
Florida	67.6	67.4	72.9	73.2	70.7
Georgia	24.4	23.7	20.5	44.3	45.9
Hawaii	17.6	15.7	10.9	12.4	12.3
Idaho	21.9	20.6	21.0	20.4	24.6
Illinois	40.1	39.0	37.2	40.4	40.4
Indiana	58.3	57.3	50.0	58.2	73.8
Iowa	43.3	43.2	42.9	40.7	40.2
Kansas	32.2	30.8	35.0	37.0	38.3
Kentucky	59.3	60.2	60.6	62.6	69.9
Louisiana	29.4	28.5	34.0	32.3	33.9
Maine	34.0	32.5	35.4	42.3	47.1
Maryland	27.0	24.6	24.4	23.4	21.9
Massachusetts	48.7	46.7	44.4	44.5	45.1
Michigan	60.8	62.6	67.9	75.6	75.8
Minnesota	17.9	17.8	18.0	18.5	20.1
Mississippi	35.1	35.6	36.3	44.2	40.9
Missouri	40.9	42.2	48.8	51.2	50.5
Montana	49.6	46.2	46.7	47.6	46.4
Nebraska	53.7	52.7	53.9	51.7	45.6
Nevada	31.4	31.8	35.7	33.7	35.7
New Hampshire	34.1	34.8	39.3	41.5	40.8
New Jersey	34.6	36.7	34.9	37.4	37.5
New Mexico	38.7	43.0	44.0	42.7	46.1
New York	50.8	52.0	51.7	51.0	48.4
North Carolina	51.8	51.3	53.9	54.8	53.2
North Dakota		42.2	40.4	39.4	37.9
Ohio	36.8	33.7	38.4	38.5	39.0
Oklahoma	48.2	45.2	47.2	48.5	54.9
Oregon				38.6	46.7
Pennsylvania	8.3	8.0	7.8	8.6	8.6
Puerto Rico	37.8	32.2	31.2	27.1	35.8
Rhode Island	34.4	38.4	37.6	39.6	39.7
South Carolina	34.6	36.1	33.5	37.8	40.7
South Dakota	32.0	31.1	31.1	27.8	20.9
Tennessee	50.6	53.6	53.6	57.1	54.8
Texas	37.8	38.9	39.3	35.9	33.9
Utah	31.9	31.9	29.0	27.6	27.3
Vermont	27.8	32.0	29.4	31.1	35.8
Virginia	31.7	35.0	33.2	33.7	33.0
Washington	24.0	26.4	26.9	27.5	27.3
West Virginia	105.6	88.0	87.8	96.6	103.2
Wisconsin	23.9	24.7	25.1	25.6	24.7
Wyoming	36.0	42.3	39.8	41.2	40.9
National	40.3	40.3	41.3	42.6	42.9

Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2013

State	Victims (duplicate count)			Nonvictims (duplicate count)							Total Children (duplicate count)
	Substantiated	Indicated	Alternative Response Victim	Alternative Response Nonvictim	Unsubstantiated	Intentionally False	Closed With No Finding	No Alleged Maltreatment	Other	Unknown	
Alabama	9,013				19,518		1,024			50	29,605
Alaska	2,821				8,482		406				11,709
Arizona	10,973	3,110			50,860		3,576	28,532			97,051
Arkansas	11,096			2,850	34,204		1,850	21,673			71,673
California	81,397				300,864			70,098		3	452,362
Colorado	10,648			7,437	28,360					5	46,450
Connecticut	7,878				20,357						28,235
Delaware	1,977				10,913	129	1,966	898	99		15,982
District of Columbia	2,173			716	6,289		258	5,411		6	14,853
Florida	51,631				214,586	124		91,673			358,014
Georgia	19,912			39,411	25,078			52,049			136,450
Hawaii	1,340				2,645					4	3,989
Idaho	1,732				10,371	571					12,674
Illinois	32,335				75,415	464		39,031			147,245
Indiana	23,680				130,804						154,484
Iowa	12,814				24,685						37,499
Kansas	2,140				32,612						34,752
Kentucky	18,985		2,777	23,904	39,259		2,104		384		87,413
Louisiana	10,730			11,838	19,816		1,287				43,671
Maine	4,062				10,340			271			14,673
Maryland	6,570	6,610	233		19,561						32,974
Massachusetts	22,282			24,091	12,943			14,853			74,169
Michigan	21,576	14,874			191,646		9,357	40			237,493
Minnesota	4,332			19,734	3,591		1,315				28,972
Mississippi	7,960				28,800						36,760
Missouri	1,866			47,895	39,392		1,728			946	91,827
Montana	1,426	55			9,382		1,427	171	213		12,674
Nebraska	4,309				13,479		425	7,650			25,863
Nevada	5,659			1,805	13,623			6,152			27,239
New Hampshire	846				11,424		522	2		323	13,117
New Jersey	10,105				83,014					2	93,121
New Mexico	7,466				21,984						29,450
New York	73,576			19,581	160,156			2,803			256,116
North Carolina	8,042		13,192	96,093	25,121						142,448
North Dakota	1,572				5,353						6,925
Ohio	19,742	10,211		31,642	58,572		4,518				124,685
Oklahoma	12,462			5,952	39,768		4,464				62,646
Oregon	10,836				24,001		4,781		7,285	1	46,904
Pennsylvania	3,396				22,701				230		26,327
Puerto Rico	9,552				16,147	112	5,570				31,381
Rhode Island	3,401				6,684		112				10,197
South Carolina	10,697			23,701	9,511			6,635			50,544
South Dakota	1,042				3,672		205				4,919
Tennessee	10,174	513		21,374	57,091	6,774					95,926
Texas	66,788				172,251		5,245		18,583	1,734	264,601
Utah	9,902				17,858	30	1,229				29,019
Vermont	855			1,740	2,681	13					5,289
Virginia	6,041			36,410	6,702	130		17,617	29	64	66,993
Washington	7,895			7,574	36,286	109	3,373				55,237
West Virginia	4,821				25,262		2,647	9,781		66	42,577
Wisconsin	4,736			3,911	29,501					1	38,149
Wyoming	733			5,681	358						6,772
National Total	677,997	35,373	16,202	433,340	2,233,973	8,456	59,389	375,340	26,823	3,205	3,870,098

Table 3–3 Child Victims, 2009–2013 (continued)

State	Victims (unique count)					Percent Change from 2009 to 2013
	2009	2010	2011	2012	2013	
Alabama	8,123	9,367	8,601	9,573	8,809	8.4
Alaska	3,544	2,825	2,898	2,928	2,448	-30.9
Arizona	3,803	6,023	8,708	10,039	13,171	246.3
Arkansas	9,926	11,729	11,105	11,133	10,370	4.5
California	73,962	76,758	80,100	76,026	75,641	2.3
Colorado	11,341	11,166	10,604	10,482	10,161	-10.4
Connecticut	9,431	9,954	10,005	8,151	7,287	-22.7
Delaware	2,015	2,125	2,466	2,335	1,915	-5.0
District of Columbia	3,279	2,672	2,377	2,141	2,050	-37.5
Florida	45,841	50,239	51,920	53,341	48,457	5.7
Georgia	23,249	19,976	18,541	18,752	19,062	-18.0
Hawaii	2,007	1,744	1,346	1,398	1,324	-34.0
Idaho	1,571	1,609	1,470	1,428	1,674	6.6
Illinois	27,446	26,442	25,832	27,497	29,719	8.3
Indiana	22,330	21,362	17,930	20,223	21,755	-2.6
Iowa	11,636	12,005	11,028	10,751	11,345	-2.5
Kansas	1,329	1,504	1,729	1,868	2,063	55.2
Kentucky	16,187	17,029	16,994	17,054	20,005	23.6
Louisiana	9,063	8,344	9,545	8,458	10,119	11.7
Maine	3,809	3,269	3,118	3,781	3,820	0.3
Maryland	15,310	13,059	13,740	13,079	12,397	-19.0
Massachusetts	34,639	24,428	20,262	19,234	20,307	-41.4
Michigan	29,976	32,412	33,333	33,394	33,938	13.2
Minnesota	4,668	4,462	4,342	4,238	4,183	-10.4
Mississippi	7,369	7,403	6,712	7,599	7,415	0.6
Missouri	5,226	5,313	5,826	4,685	1,827	-65.0
Montana	1,521	1,383	1,066	1,324	1,414	-7.0
Nebraska	4,871	4,572	4,307	3,888	3,993	-18.0
Nevada	4,443	4,624	5,331	5,437	5,438	22.4
New Hampshire	924	851	876	901	822	-11.0
New Jersey	8,725	8,981	8,238	9,031	9,490	8.8
New Mexico	4,915	5,440	5,601	5,882	6,530	32.9
New York	77,620	77,011	72,625	68,375	64,578	-16.8
North Carolina	22,371	21,895	22,940	23,150	19,873	-11.2
North Dakota		1,122	1,295	1,402	1,517	
Ohio	31,270	31,295	30,601	29,250	27,562	-11.9
Oklahoma	7,138	7,207	7,836	9,627	11,575	62.2
Oregon				9,576	10,280	
Pennsylvania	3,913	3,555	3,287	3,417	3,260	-16.7
Puerto Rico	11,136	11,030	10,271	8,470	8,850	-20.5
Rhode Island	2,804	3,268	3,131	3,218	3,132	11.7
South Carolina	12,381	11,802	11,324	11,439	10,404	-16.0
South Dakota	1,443	1,360	1,353	1,224	984	-31.8
Tennessee	8,822	8,760	9,243	10,069	10,377	17.6
Texas	66,359	64,937	63,474	62,551	64,603	-2.6
Utah	12,692	12,854	10,586	9,419	9,306	-26.7
Vermont	696	658	630	649	746	7.2
Virginia	5,951	6,449	5,964	5,826	5,863	-1.5
Washington	6,070	6,593	6,541	6,546	7,132	17.5
West Virginia	4,978	3,961	4,000	4,591	4,695	-5.7
Wisconsin	4,654	4,569	4,750	4,645	4,526	-2.8
Wyoming	707	725	703	705	720	1.8
National	693,484	688,121	676,505	680,200	678,932	-3.8

Table 3–3 Child Victims, 2009–2013

State	Rate per 1,000 Children				
	2009	2010	2011	2012	2013
Alabama	7.2	8.3	7.6	8.6	7.9
Alaska	19.3	15.0	15.4	15.6	13.0
Arizona	2.2	3.7	5.4	6.2	8.1
Arkansas	14.0	16.5	15.6	15.7	14.6
California	7.8	8.3	8.7	8.3	8.2
Colorado	9.2	9.1	8.6	8.5	8.2
Connecticut	11.7	12.2	12.4	10.3	9.3
Delaware	9.7	10.3	12.0	11.4	9.4
District of Columbia	28.8	26.4	22.9	19.9	18.4
Florida	11.3	12.6	13.0	13.3	12.0
Georgia	9.0	8.0	7.4	7.5	7.7
Hawaii	6.9	5.7	4.4	4.6	4.3
Idaho	3.7	3.8	3.4	3.3	3.9
Illinois	8.6	8.5	8.4	9.0	9.8
Indiana	14.0	13.3	11.2	12.7	13.7
Iowa	16.3	16.5	15.2	14.9	15.7
Kansas	1.9	2.1	2.4	2.6	2.8
Kentucky	16.0	16.6	16.6	16.8	19.7
Louisiana	8.1	7.5	8.5	7.6	9.1
Maine	14.0	12.0	11.6	14.3	14.6
Maryland	11.3	9.7	10.2	9.7	9.2
Massachusetts	24.2	17.3	14.4	13.7	14.6
Michigan	12.8	13.9	14.5	14.7	15.1
Minnesota	3.7	3.5	3.4	3.3	3.3
Mississippi	9.6	9.8	9.0	10.2	10.1
Missouri	3.7	3.7	4.1	3.3	1.3
Montana	6.9	6.2	4.8	5.9	6.3
Nebraska	10.8	9.9	9.3	8.4	8.6
Nevada	6.5	7.0	8.1	8.2	8.2
New Hampshire	3.2	3.0	3.1	3.3	3.0
New Jersey	4.3	4.4	4.0	4.4	4.7
New Mexico	9.6	10.5	10.8	11.5	12.9
New York	17.5	17.8	16.9	16.0	15.2
North Carolina	9.8	9.6	10.0	10.1	8.7
North Dakota		7.5	8.5	8.9	9.3
Ohio	11.5	11.5	11.4	11.0	10.4
Oklahoma	7.8	7.7	8.4	10.2	12.2
Oregon				11.1	12.0
Pennsylvania	1.4	1.3	1.2	1.2	1.2
Puerto Rico	11.6	12.3	11.8	10.1	10.9
Rhode Island	12.4	14.6	14.2	14.9	14.6
South Carolina	11.5	10.9	10.5	10.6	9.6
South Dakota	7.2	6.7	6.6	6.0	4.7
Tennessee	5.9	5.9	6.2	6.7	7.0
Texas	9.6	9.4	9.2	9.0	9.2
Utah	14.6	14.7	12.0	10.6	10.4
Vermont	5.5	5.1	5.0	5.2	6.1
Virginia	3.2	3.5	3.2	3.1	3.1
Washington	3.9	4.2	4.1	4.1	4.5
West Virginia	12.9	10.2	10.4	12.0	12.3
Wisconsin	3.6	3.4	3.6	3.5	3.5
Wyoming	5.4	5.4	5.2	5.2	5.2
National	9.3	9.3	9.2	9.1	9.1

Table 3–4 Victimization Rates by States’ Statutes, 2009–2013

Year	Reporting States	Child Population		Victims (unique count)			
		Required Number	Permissive Number	Required Number	Permissive Number	Required Rate	Permissive Rate
2009	50	26,481,677	48,013,603	262,087	431,397	9.9	9.0
2010	51	26,412,004	47,739,368	263,346	424,775	10.0	8.9
2011	51	26,409,149	47,499,882	258,438	418,067	9.8	8.8
2012	52	26,412,240	48,137,679	261,970	418,230	9.9	8.7
2013	52	26,433,643	47,966,297	262,889	416,043	9.9	8.7

Table 3–5 Victims by Age, 2013 (continued)

State	Victims (unique count)									
	<1	1	2	3	4	5	6	7	8	9
Alabama	1,144	590	559	571	582	509	496	435	432	388
Alaska	277	165	182	159	176	162	141	150	148	139
Arizona	2,643	975	903	851	837	786	746	673	588	487
Arkansas	1,399	607	592	620	659	703	666	584	526	479
California	10,948	5,268	5,012	4,577	4,686	4,683	4,577	4,087	3,777	3,621
Colorado	1,252	672	710	682	702	701	667	611	557	559
Connecticut	871	544	464	430	420	416	432	410	368	368
Delaware	160	127	151	128	131	124	123	121	104	106
District of Columbia	213	134	110	106	107	168	157	118	121	102
Florida	6,480	3,836	3,653	3,530	3,483	3,407	3,094	2,781	2,449	2,232
Georgia	2,725	1,306	1,230	1,191	1,199	1,299	1,336	1,116	989	909
Hawaii	235	98	89	73	82	85	73	64	61	52
Idaho	279	136	91	90	116	122	107	97	77	68
Illinois	3,764	2,292	2,248	2,055	2,148	1,964	1,906	1,738	1,572	1,433
Indiana	2,949	1,484	1,384	1,491	1,395	1,408	1,322	1,205	1,133	1,095
Iowa	1,381	906	898	839	855	896	782	684	596	575
Kansas	152	121	109	131	149	132	151	125	110	109
Kentucky	2,780	1,548	1,450	1,436	1,395	1,364	1,251	1,120	1,010	919
Louisiana	1,889	696	665	655	639	656	579	566	477	442
Maine	527	301	288	247	270	246	232	232	203	185
Maryland	1,625	720	723	804	833	835	830	750	618	579
Massachusetts	2,727	1,482	1,275	1,323	1,300	1,351	1,248	1,154	1,039	995
Michigan	6,072	2,184	2,240	2,084	2,130	2,101	1,914	1,784	1,687	1,591
Minnesota	597	273	253	254	296	310	277	216	250	199
Mississippi	755	407	426	428	441	485	538	447	404	349
Missouri	173	133	131	115	121	130	94	95	107	90
Montana	184	101	95	103	100	86	101	82	87	58
Nebraska	483	279	344	282	275	290	280	262	236	176
Nevada	906	408	421	376	381	375	348	305	273	254
New Hampshire	99	46	43	68	37	45	54	45	40	31
New Jersey	1,267	644	597	634	622	584	621	512	479	436
New Mexico	858	421	465	431	428	488	439	418	363	322
New York	6,482	4,055	3,947	3,637	3,815	3,794	4,024	3,701	3,442	3,326
North Carolina	2,439	1,496	1,438	1,400	1,364	1,362	1,232	1,139	1,067	968
North Dakota	144	97	108	99	111	110	113	86	92	75
Ohio	3,987	1,638	1,651	1,668	1,778	1,752	1,695	1,517	1,393	1,279
Oklahoma	1,861	917	851	882	835	786	777	646	606	549
Oregon	1,307	709	774	751	724	684	648	555	577	482
Pennsylvania	203	104	99	130	155	167	132	145	183	176
Puerto Rico	513	485	503	514	542	579	577	546	461	446
Rhode Island	467	250	220	218	198	203	221	146	169	143
South Carolina	1,428	798	735	721	690	739	682	569	527	453
South Dakota	155	91	80	85	69	71	68	52	58	44
Tennessee	1,944	613	522	638	618	626	547	506	456	424
Texas	9,899	5,076	5,124	4,724	4,977	4,624	4,184	3,539	3,294	2,891
Utah	867	465	562	543	575	572	562	544	472	450
Vermont	45	30	30	45	36	40	41	51	46	42
Virginia	643	398	386	389	350	346	360	327	351	285
Washington	683	529	543	504	505	512	467	433	403	351
West Virginia	602	336	310	280	316	328	305	280	252	229
Wisconsin	474	292	307	320	286	304	290	288	254	217
Wyoming	72	48	59	45	32	61	51	41	34	36
National	92,029	47,331	46,050	44,357	44,971	44,571	42,558	38,098	35,018	32,214

Table 3–5 Victims by Age, 2013 (continued)

State	Victims (unique count)									Total
	10	11	12	13	14	15	16	17	Unborn, Unknown, and 18-21	
Alabama	362	396	377	429	502	523	319	170	25	8,809
Alaska	120	119	99	93	95	86	70	49	18	2,448
Arizona	471	461	457	493	493	524	441	299	43	13,171
Arkansas	442	419	463	453	534	468	380	276	100	10,370
California	3,300	3,109	3,260	3,207	3,208	3,056	2,934	2,248	83	75,641
Colorado	477	457	455	446	379	347	258	179	50	10,161
Connecticut	319	342	345	296	374	347	296	194	51	7,287
Delaware	113	70	85	75	92	85	67	51	2	1,915
District of Columbia	102	92	93	106	96	89	75	56	5	2,050
Florida	2,017	1,874	1,860	1,755	1,730	1,686	1,392	1,073	125	48,457
Georgia	869	769	795	786	763	769	635	347	29	19,062
Hawaii	63	51	61	57	43	43	53	31	10	1,324
Idaho	55	82	60	68	76	58	56	35	1	1,674
Illinois	1,393	1,244	1,261	1,193	1,046	984	843	596	39	29,719
Indiana	921	883	965	1,056	1,030	908	678	424	24	21,755
Iowa	495	456	424	455	362	329	261	144	7	11,345
Kansas	118	106	107	102	120	102	69	45	5	2,063
Kentucky	887	858	757	812	784	671	538	405	20	20,005
Louisiana	436	387	390	421	382	386	326	112	15	10,119
Maine	182	157	158	149	157	124	99	48	15	3,820
Maryland	535	535	567	520	525	517	485	332	64	12,397
Massachusetts	900	876	888	790	875	787	736	509	52	20,307
Michigan	1,471	1,414	1,354	1,373	1,455	1,315	1,079	645	45	33,938
Minnesota	228	194	175	147	157	146	121	83	7	4,183
Mississippi	379	315	363	374	408	383	297	198	18	7,415
Missouri	73	58	82	101	99	105	84	36		1,827
Montana	60	56	46	53	46	44	39	21	52	1,414
Nebraska	171	173	155	122	140	132	93	74	26	3,993
Nevada	244	195	186	181	165	171	126	116	7	5,438
New Hampshire	39	37	39	43	52	36	44	21	3	822
New Jersey	448	411	445	400	403	365	329	261	32	9,490
New Mexico	299	295	281	244	248	212	156	119	43	6,530
New York	3,088	3,048	3,010	3,194	3,364	3,496	3,288	1,748	119	64,578
North Carolina	882	893	858	902	824	775	569	224	41	19,873
North Dakota	80	63	59	69	56	69	40	26	20	1,517
Ohio	1,093	1,121	1,205	1,249	1,363	1,293	1,040	730	110	27,562
Oklahoma	491	426	395	389	377	329	247	164	47	11,575
Oregon	433	432	405	428	423	349	293	210	96	10,280
Pennsylvania	155	157	203	246	280	249	217	182	77	3,260
Puerto Rico	399	390	400	434	459	404	371	198	629	8,850
Rhode Island	132	126	134	110	129	94	90	65	17	3,132
South Carolina	424	437	391	406	405	363	314	121	201	10,404
South Dakota	42	41	24	30	25	24	13	7	5	984
Tennessee	426	418	470	463	432	451	390	279	154	10,377
Texas	2,646	2,431	2,354	2,242	2,162	1,904	1,538	713	281	64,603
Utah	434	445	433	546	538	536	438	307	17	9,306
Vermont	44	39	38	51	56	54	36	21	1	746
Virginia	265	247	268	273	246	250	195	162	122	5,863
Washington	332	306	319	308	310	260	234	128	5	7,132
West Virginia	209	213	169	190	178	138	133	77	150	4,695
Wisconsin	210	177	195	210	221	194	161	89	37	4,526
Wyoming	35	22	36	34	30	33	32	13	6	720
National	29,809	28,323	28,419	28,574	28,717	27,063	23,018	14,661	3,151	678,932

Table 3–5 Victims by Age, 2013 (continued)

State	Rate per 1,000 Children								
	<1	1	2	3	4	5	6	7	8
Alabama	19.6	10.0	9.4	9.5	9.7	8.2	8.0	7.1	7.1
Alaska	24.0	14.9	15.8	15.1	16.4	15.1	13.4	14.3	14.6
Arizona	31.1	11.5	10.6	9.7	9.4	8.5	8.0	7.3	6.4
Arkansas	36.5	15.6	15.3	16.2	17.0	17.6	16.4	14.6	13.2
California	21.9	10.6	9.8	9.1	9.4	9.1	8.8	8.0	7.4
Colorado	19.0	10.2	10.6	10.1	10.2	9.9	9.4	8.6	7.9
Connecticut	23.3	14.4	12.0	11.1	10.6	10.1	10.2	9.5	8.4
Delaware	14.2	11.2	13.1	11.4	11.9	10.9	10.8	10.7	9.2
District of Columbia	23.4	15.4	12.6	13.7	15.9	25.3	24.7	20.2	21.4
Florida	30.0	17.7	16.9	16.4	16.3	15.2	13.7	12.4	11.0
Georgia	20.7	9.8	9.2	8.8	8.9	9.2	9.4	7.9	7.1
Hawaii	12.5	5.4	4.8	4.1	4.7	4.8	4.2	3.8	3.6
Idaho	12.6	6.2	4.0	3.9	4.9	5.0	4.3	3.9	3.1
Illinois	23.9	14.5	14.0	12.7	13.3	11.8	11.3	10.3	9.3
Indiana	35.6	17.7	16.5	17.6	16.3	16.0	14.8	13.6	12.8
Iowa	36.2	23.4	23.5	21.2	21.4	21.7	18.8	16.6	14.7
Kansas	3.8	3.1	2.7	3.2	3.7	3.2	3.7	3.1	2.7
Kentucky	51.1	28.1	26.3	26.0	25.4	23.8	21.8	19.7	17.9
Louisiana	31.0	11.4	10.8	10.6	10.3	10.2	9.0	9.1	7.8
Maine	41.8	23.3	22.4	18.7	20.1	17.6	16.3	16.0	13.8
Maryland	22.2	9.8	9.7	11.0	11.4	11.1	11.1	10.1	8.4
Massachusetts	37.1	20.2	17.2	18.3	18.0	18.0	16.6	15.3	13.6
Michigan	53.8	19.2	19.6	18.0	18.3	17.5	15.7	14.6	13.6
Minnesota	8.7	3.9	3.6	3.6	4.2	4.3	3.8	3.0	3.5
Mississippi	19.4	10.3	10.9	10.7	10.8	11.3	12.4	10.7	9.8
Missouri	2.3	1.8	1.7	1.5	1.6	1.7	1.2	1.2	1.4
Montana	15.2	8.3	7.9	8.4	8.0	6.7	7.7	6.5	7.0
Nebraska	18.8	10.8	13.3	10.7	10.4	10.8	10.5	9.9	9.0
Nevada	25.7	11.7	11.9	10.4	10.4	9.8	9.1	8.1	7.4
New Hampshire	7.7	3.6	3.2	5.2	2.7	3.2	3.7	3.1	2.7
New Jersey	12.0	6.0	5.5	5.9	5.9	5.3	5.6	4.6	4.3
New Mexico	31.5	15.4	16.6	15.3	15.3	16.7	15.0	14.5	12.6
New York	27.1	17.1	16.4	15.7	16.9	16.5	17.5	16.2	15.0
North Carolina	20.4	12.4	11.8	11.2	10.9	10.5	9.5	8.8	8.3
North Dakota	14.3	9.7	11.2	10.5	11.5	11.3	11.7	9.2	10.1
Ohio	29.4	11.9	12.0	12.0	12.6	12.1	11.5	10.3	9.5
Oklahoma	35.7	17.4	16.1	16.5	15.6	14.4	14.2	12.1	11.4
Oregon	28.9	15.6	16.8	16.2	15.4	14.1	13.3	11.6	12.1
Pennsylvania	1.4	0.7	0.7	0.9	1.1	1.1	0.9	1.0	1.2
Puerto Rico	13.4	12.4	12.8	12.5	13.0	13.8	13.4	12.4	10.3
Rhode Island	42.8	22.9	20.0	20.0	18.1	17.5	19.1	12.3	14.2
South Carolina	24.9	13.8	12.8	12.1	11.5	11.9	10.9	9.3	8.8
South Dakota	12.8	7.6	6.7	7.1	5.8	5.8	5.5	4.3	4.9
Tennessee	24.5	7.7	6.6	7.9	7.6	7.4	6.5	6.0	5.5
Texas	25.9	13.2	13.1	12.0	12.7	11.5	10.4	8.9	8.3
Utah	17.3	9.3	11.1	10.6	11.0	10.8	10.6	10.4	9.1
Vermont	7.5	4.9	4.9	7.5	5.8	6.2	6.1	7.7	6.8
Virginia	6.3	3.9	3.7	3.8	3.5	3.3	3.4	3.1	3.4
Washington	7.7	5.9	6.1	5.7	5.7	5.6	5.1	4.9	4.6
West Virginia	29.6	16.3	15.1	13.8	15.5	15.4	14.4	13.3	12.0
Wisconsin	7.0	4.3	4.5	4.6	4.1	4.2	3.9	3.9	3.5
Wyoming	9.5	6.4	7.8	5.8	4.0	7.3	6.2	5.1	4.4
National	23.1	11.8	11.4	11.0	11.1	10.7	10.2	9.2	8.5

Table 3–5 Victims by Age, 2013

State	Rate per 1,000 Children								
	9	10	11	12	13	14	15	16	17
Alabama	6.3	6.0	6.4	5.8	6.5	7.9	8.2	5.0	2.7
Alaska	13.7	12.0	11.9	9.9	8.9	9.5	8.7	6.9	4.8
Arizona	5.4	5.2	5.1	5.0	5.3	5.5	5.8	4.9	3.3
Arkansas	12.2	11.2	10.8	11.6	11.2	13.4	11.8	9.6	7.0
California	7.2	6.6	6.3	6.4	6.2	6.3	5.9	5.6	4.2
Colorado	7.8	6.7	6.6	6.5	6.4	5.6	5.2	3.9	2.7
Connecticut	8.2	7.1	7.6	7.4	6.2	7.8	7.2	6.0	3.9
Delaware	9.3	9.9	6.4	7.4	6.4	8.0	7.5	6.3	4.5
District of Columbia	18.9	20.2	18.1	18.2	20.8	19.6	17.8	14.8	10.5
Florida	10.2	9.2	8.5	8.1	7.5	7.5	7.3	6.0	4.5
Georgia	6.5	6.2	5.5	5.6	5.4	5.4	5.5	4.6	2.5
Hawaii	3.0	3.8	3.2	3.7	3.4	2.6	2.7	3.3	1.9
Idaho	2.8	2.3	3.4	2.5	2.8	3.2	2.5	2.4	1.5
Illinois	8.4	8.2	7.4	7.3	6.8	6.1	5.7	4.9	3.4
Indiana	12.3	10.4	10.0	10.6	11.4	11.3	10.0	7.6	4.7
Iowa	14.1	12.3	11.5	10.4	11.1	9.0	8.1	6.4	3.5
Kansas	2.7	2.9	2.7	2.7	2.5	3.0	2.6	1.8	1.1
Kentucky	16.2	15.8	15.4	13.2	13.9	13.6	11.8	9.6	7.2
Louisiana	7.2	7.2	6.4	6.3	6.6	6.2	6.3	5.4	1.8
Maine	12.5	12.4	10.7	10.4	9.6	10.0	7.9	6.2	2.9
Maryland	7.8	7.3	7.3	7.5	6.8	6.9	6.8	6.4	4.3
Massachusetts	12.8	11.5	11.2	11.1	9.7	10.8	9.6	8.9	6.0
Michigan	12.6	11.7	11.1	10.3	10.2	10.9	9.8	8.0	4.7
Minnesota	2.7	3.2	2.8	2.4	2.0	2.2	2.1	1.7	1.2
Mississippi	8.6	9.4	7.9	8.7	8.7	9.8	9.3	7.4	4.8
Missouri	1.2	0.9	0.8	1.0	1.3	1.3	1.3	1.1	0.5
Montana	4.7	4.9	4.6	3.7	4.3	3.7	3.5	3.1	1.7
Nebraska	6.7	6.6	6.8	6.0	4.8	5.6	5.4	3.8	3.0
Nevada	6.8	6.7	5.4	5.0	4.8	4.5	4.6	3.4	3.1
New Hampshire	2.0	2.5	2.4	2.4	2.6	3.2	2.1	2.6	1.2
New Jersey	3.8	4.0	3.6	3.9	3.4	3.5	3.1	2.8	2.2
New Mexico	11.3	10.7	10.5	9.9	8.5	8.8	7.6	5.7	4.3
New York	14.4	13.4	13.2	12.8	13.2	14.1	14.5	13.4	7.0
North Carolina	7.5	6.9	7.0	6.5	6.8	6.4	6.1	4.5	1.8
North Dakota	8.6	9.4	7.6	7.2	8.3	6.8	8.2	4.6	3.0
Ohio	8.6	7.4	7.5	7.8	8.0	8.8	8.3	6.8	4.7
Oklahoma	10.3	9.4	8.2	7.6	7.4	7.2	6.4	4.9	3.3
Oregon	10.1	9.1	9.2	8.4	8.7	8.7	7.2	6.0	4.3
Pennsylvania	1.2	1.0	1.0	1.3	1.6	1.8	1.6	1.4	1.1
Puerto Rico	10.1	9.0	8.5	8.1	8.4	9.3	7.9	7.1	3.8
Rhode Island	11.7	11.0	10.4	11.0	8.8	10.3	7.4	6.9	4.9
South Carolina	7.6	7.1	7.3	6.4	6.5	6.7	6.0	5.3	2.0
South Dakota	3.8	3.8	3.8	2.2	2.7	2.3	2.2	1.2	0.6
Tennessee	5.1	5.1	5.0	5.5	5.4	5.1	5.4	4.7	3.3
Texas	7.3	6.7	6.2	6.0	5.6	5.6	5.0	4.0	1.9
Utah	8.8	8.6	9.1	8.8	11.2	11.4	11.6	9.5	6.8
Vermont	6.1	6.3	5.6	5.4	6.9	7.5	7.1	4.7	2.7
Virginia	2.7	2.6	2.4	2.6	2.6	2.4	2.4	1.9	1.6
Washington	4.0	3.8	3.6	3.6	3.5	3.5	2.9	2.6	1.4
West Virginia	10.8	9.8	10.0	7.8	8.6	8.2	6.3	6.2	3.5
Wisconsin	2.9	2.9	2.4	2.6	2.8	3.0	2.6	2.1	1.2
Wyoming	4.7	4.7	3.0	4.9	4.6	4.1	4.4	4.3	1.8
National	7.8	7.2	6.9	6.8	6.7	6.8	6.4	5.5	3.5

Table 3–6 Victims by Sex, 2013

State	Victims (unique count)				Rate per 1,000 Children	
	Boy	Girl	Unknown	Total	Boy	Girl
Alabama	3,982	4,822	5	8,809	7.0	8.9
Alaska	1,166	1,270	12	2,448	12.0	13.9
Arizona	6,689	6,459	23	13,171	8.1	8.2
Arkansas	4,827	5,543		10,370	13.3	16.0
California	37,224	38,384	33	75,641	7.9	8.6
Colorado	4,894	5,267		10,161	7.7	8.7
Connecticut	3,558	3,687	42	7,287	8.9	9.6
Delaware	917	998		1,915	8.9	10.0
District of Columbia	1,022	1,026	2	2,050	18.2	18.6
Florida	24,100	24,114	243	48,457	11.7	12.3
Georgia	9,418	9,626	18	19,062	7.4	7.9
Hawaii	654	667	3	1,324	4.1	4.5
Idaho	859	815		1,674	3.9	3.9
Illinois	14,441	15,095	183	29,719	9.4	10.2
Indiana	10,297	11,456	2	21,755	12.7	14.8
Iowa	5,797	5,540	8	11,345	15.6	15.7
Kansas	901	1,162		2,063	2.4	3.3
Kentucky	9,802	9,910	293	20,005	18.9	20.0
Louisiana	4,933	5,093	93	10,119	8.7	9.3
Maine	1,905	1,907	8	3,820	14.2	15.0
Maryland	5,966	6,408	23	12,397	8.7	9.7
Massachusetts	9,926	9,738	643	20,307	13.9	14.3
Michigan	17,103	16,831	4	33,938	14.9	15.4
Minnesota	2,012	2,171		4,183	3.1	3.5
Mississippi	3,485	3,928	2	7,415	9.2	10.9
Missouri	744	1,082	1	1,827	1.0	1.6
Montana	700	692	22	1,414	6.1	6.3
Nebraska	1,927	2,066		3,993	8.1	9.1
Nevada	2,691	2,747		5,438	8.0	8.5
New Hampshire	420	401	1	822	3.0	3.0
New Jersey	4,620	4,836	34	9,490	4.5	4.9
New Mexico	3,289	3,224	17	6,530	12.7	12.9
New York	32,315	32,103	160	64,578	14.9	15.5
North Carolina	10,061	9,812		19,873	8.6	8.8
North Dakota	727	787	3	1,517	8.7	9.9
Ohio	12,769	14,708	85	27,562	9.4	11.4
Oklahoma	5,654	5,919	2	11,575	11.7	12.8
Oregon	4,962	5,316	2	10,280	11.3	12.7
Pennsylvania	1,106	2,154		3,260	0.8	1.6
Puerto Rico	4,338	4,457	55	8,850	10.4	11.3
Rhode Island	1,580	1,548	4	3,132	14.4	14.9
South Carolina	5,076	5,179	149	10,404	9.2	9.8
South Dakota	507	476	1	984	4.7	4.7
Tennessee	4,662	5,686	29	10,377	6.1	7.8
Texas	31,233	33,269	101	64,603	8.7	9.7
Utah	4,267	5,031	8	9,306	9.3	11.5
Vermont	321	425		746	5.1	7.1
Virginia	2,761	3,100	2	5,863	2.9	3.4
Washington	3,517	3,601	14	7,132	4.3	4.6
West Virginia	2,381	2,296	18	4,695	12.2	12.3
Wisconsin	2,059	2,430	37	4,526	3.1	3.8
Wyoming	349	371		720	4.9	5.5
National	330,914	345,633	2,385	678,932	8.7	9.5

Table 3–7 Victims by Race and Ethnicity, 2013 (continued)

State	Victims (unique count)								
	African-American	American Indian or Alaska Native	Asian	Hispanic	Multiple Race	Pacific Islander	White	Unknown	Total
Alabama	2,310	8	14	358	306	2	5,172	639	8,809
Alaska	20	1,275	16	77	236	24	442	358	2,448
Arizona	1,107	564	41	5,235	469	24	4,940	791	13,171
Arkansas	1,562	11	16	658	686	51	7,315	71	10,370
California	9,920	498	1,734	41,175	2,556	242	16,560	2,956	75,641
Colorado	801	89	75	3,841	361	19	4,779	196	10,161
Connecticut	1,583	9	48	2,218	362	1	2,827	239	7,287
Delaware	820	1	7	221	44	4	812	6	1,915
District of Columbia	1,184		1	218			4	643	2,050
Florida	15,016	95	153	8,471	1,845	17	21,545	1,315	48,457
Georgia	7,644	18	78	1,361	689	9	9,108	155	19,062
Hawaii	33	6	139	43	629	225	172	77	1,324
Idaho	16	71	1	223	25	1	1,294	43	1,674
Illinois	9,875	18	220	4,020	1	19	14,889	677	29,719
Indiana	3,909	12	42	1,768	1,479	9	14,516	20	21,755
Iowa	1,285	95	85	1,117	548	21	7,588	606	11,345
Kansas	192	12	12	294	136	3	1,407	7	2,063
Kentucky	1,845	3	21	619	530	9	11,624	5,354	20,005
Louisiana	4,523	35	22	214	205	4	4,897	219	10,119
Maine	63	18	9	146	90	3	2,344	1,147	3,820
Maryland	5,485	12	102	937	259	7	4,151	1,444	12,397
Massachusetts	2,720	33	303	5,311	822	5	7,835	3,278	20,307
Michigan	8,312	146	72	1,697	2,925	6	20,261	519	33,938
Minnesota	925	341	120	447	581		1,719	50	4,183
Mississippi	3,020	15	9	159	110	1	3,912	189	7,415
Missouri	212	8	3	50	34	1	1,474	45	1,827
Montana	25	275	6	72	79		865	92	1,414
Nebraska	570	177	24	534	199	2	2,190	297	3,993
Nevada	1,120	45	42	1,587	348	38	2,076	182	5,438
New Hampshire	20	3	2	55	28	1	653	60	822
New Jersey	2,821	10	84	2,016	162	7	3,177	1,213	9,490
New Mexico	198	496	3	3,985	117	2	1,543	186	6,530
New York	18,241	207	1,192	16,230	1,898	19	20,794	5,997	64,578
North Carolina	5,926	611	74	1,972	1,005	24	10,079	182	19,873
North Dakota	46	285		98	130	2	906	50	1,517
Ohio	6,118	23	32	1,194	1,659	5	15,616	2,915	27,562
Oklahoma	988	756	27	1,903	2,906	10	4,983	2	11,575
Oregon	478	225	81	1,530	393	30	5,946	1,597	10,280
Pennsylvania									
Puerto Rico									
Rhode Island	396	16	31	686	242	3	1,500	258	3,132
South Carolina	3,622	26	8	371	496	6	5,527	348	10,404
South Dakota	29	378	2	61	104		389	21	984
Tennessee									
Texas	10,596	64	268	29,855	2,049	41	20,369	1,361	64,603
Utah	229	166	77	1,912	165	120	6,558	79	9,306
Vermont	10		2	4	3		708	19	746
Virginia	1,578	1	36	650	359	18	3,028	193	5,863
Washington	485	409	127	1,090	679	60	3,844	438	7,132
West Virginia	115		2	77	235		4,014	252	4,695
Wisconsin	961	231	69	441	211	2	2,169	442	4,526
Wyoming	22	10	3	105	3		567	10	720
National	138,976	7,807	5,535	147,306	29,398	1,097	289,088	37,238	656,445

Table 3–7 Victims by Race and Ethnicity, 2013

State	Rate per 1,000 Children						
	African-American	American Indian or Alaska Native	Asian	Hispanic	Multiple Race	Pacific Islander	White
Alabama	7.0	1.4	1.0	4.8	9.9	3.2	7.9
Alaska	3.2	38.2	1.6	4.6	10.2	7.9	4.6
Arizona	15.7	7.0	1.0	7.5	8.0	8.5	7.5
Arkansas	12.0	2.0	1.6	8.2	28.7	17.7	16.0
California	20.1	14.0	1.7	8.6	6.2	7.5	6.8
Colorado	15.8	12.1	2.1	10.0	7.1	11.0	6.7
Connecticut	18.1	4.5	1.3	13.0	12.9	2.9	6.1
Delaware	16.1	1.8	0.9	7.6	4.3	44.4	7.7
District of Columbia	18.0		0.4	13.8			0.2
Florida	18.3	9.7	1.5	7.3	13.6	6.0	12.1
Georgia	9.2	3.6	0.9	4.0	8.5	5.5	8.0
Hawaii	5.3	9.4	1.8	0.8	6.6	6.3	4.1
Idaho	4.2	14.6	0.2	2.9	1.8	1.5	4.0
Illinois	20.8	4.1	1.6	5.5	0.0	24.1	9.4
Indiana	22.4	3.9	1.4	10.9	25.2	16.4	12.5
Iowa	40.8	37.8	5.6	16.3	21.1	28.3	13.1
Kansas	4.1	2.1	0.7	2.3	3.8	4.8	2.9
Kentucky	19.8	1.9	1.4	11.1	14.0	12.9	14.3
Louisiana	10.9	4.5	1.3	3.4	6.8	9.2	8.5
Maine	9.6	8.8	2.4	21.7	10.3	28.6	10.0
Maryland	13.0	4.1	1.3	5.5	4.0	11.2	6.9
Massachusetts	24.4	12.5	3.5	23.3	16.4	8.5	8.6
Michigan	23.0	10.7	1.1	9.6	29.7	10.4	13.3
Minnesota	9.1	19.2	1.7	4.2	9.6		1.9
Mississippi	9.5	3.4	1.4	5.5	6.9	4.4	10.7
Missouri	1.1	1.4	0.1	0.6	0.6	0.5	1.4
Montana	15.9	13.0	3.7	5.8	7.9		4.9
Nebraska	21.5	34.7	2.5	7.1	11.5	6.3	6.6
Nevada	19.7	8.1	1.1	6.0	9.0	9.0	8.3
New Hampshire	4.4	5.8	0.3	3.8	3.2	13.3	2.8
New Jersey	10.1	3.0	0.4	4.1	2.7	11.5	3.2
New Mexico	23.6	9.6	0.5	13.3	9.3	6.6	12.0
New York	27.2	14.6	3.8	16.2	14.1	10.2	9.9
North Carolina	11.2	21.3	1.2	5.8	11.4	13.7	8.2
North Dakota	11.9	21.4		12.6	20.8	18.7	7.0
Ohio	15.9	5.6	0.6	8.2	14.4	4.6	8.0
Oklahoma	12.8	7.8	1.6	13.0	33.0	6.1	9.6
Oregon	26.7	21.4	2.4	8.3	8.0	7.6	10.7
Pennsylvania							
Puerto Rico							
Rhode Island	26.2	14.1	4.4	14.2	26.6	20.7	11.3
South Carolina	10.7	6.8	0.5	4.1	13.4	9.3	9.3
South Dakota	6.4	13.9	0.8	5.4	11.8		2.5
Tennessee							
Texas	12.8	3.4	1.0	8.7	12.6	7.2	8.8
Utah	21.9	19.7	5.3	12.6	5.6	12.8	9.8
Vermont	4.5		1.0	1.4	0.7		6.4
Virginia	4.1	0.2	0.3	2.8	3.7	13.8	2.9
Washington	7.5	17.3	1.1	3.4	5.5	4.7	4.1
West Virginia	8.0		0.7	9.6	17.1		11.7
Wisconsin	8.5	16.6	1.6	3.1	4.5	4.8	2.3
Wyoming	14.0	2.4	3.2	5.4	0.7		5.3
National	14.6	12.5	1.7	8.5	10.6	7.9	8.1

Table 3–8 Maltreatment Types of Victims, 2013 (continued)

State	Victims (unique count)	Maltreatment Types (duplicate count)							Total Maltreatment Types
		Medical Neglect	Neglect	Other	Physical Abuse	Psychological Maltreatment	Sexual Abuse	Unknown	
Alabama	8,809		3,383		4,473	32	1,793		9,681
Alaska	2,448	59	2,295		385	583	123		3,445
Arizona	13,171		12,888		1,377	24	458		14,747
Arkansas	10,370	1,047	6,659	9	1,935	102	2,241		11,993
California	75,641		67,588	68	7,182	11,946	3,956		90,740
Colorado	10,161	163	8,399		1,214	342	1,058	35	11,211
Connecticut	7,287	296	6,429		479	2,494	413		10,111
Delaware	1,915	21	708	166	342	726	165		2,128
District of Columbia	2,050	125	1,479	26	377	494	49		2,550
Florida	48,457	1,158	26,289	24,718	5,082	712	2,373		60,332
Georgia	19,062	788	12,793		2,207	5,591	806		22,185
Hawaii	1,324	20	207	1,068	155	11	70		1,531
Idaho	1,674		1,240	142	365	2	98		1,847
Illinois	29,719	822	23,128		7,789	56	5,328		37,123
Indiana	21,755	422	19,172		2,295	75	3,075		25,039
Iowa	11,345	87	10,627	1,043	1,383	66	499		13,705
Kansas	2,063	59	379	519	476	250	665		2,348
Kentucky	20,005		19,813		2,026	70	875		22,784
Louisiana	10,119		8,828	36	1,901	49	696		11,510
Maine	3,820		2,893		807	1,400	248		5,348
Maryland	12,397		9,207		2,671	23	1,782		13,683
Massachusetts	20,307		20,226	16	2,749	22	820		23,833
Michigan	33,938	944	30,865	14,479	8,901	15,752	1,372		72,313
Minnesota	4,183	40	2,962		900	31	756		4,689
Mississippi	7,415	331	5,393	27	1,445	1,243	986		9,425
Missouri	1,827	126	1,259		700	149	530		2,764
Montana	1,414	13	1,341	8	158	82	63		1,665
Nebraska	3,993	3	3,595		547	35	319		4,499
Nevada	5,438	107	4,112		1,980	56	288		6,543
New Hampshire	822	27	667		66	16	136		912
New Jersey	9,490	213	8,140		1,327	48	854		10,582
New Mexico	6,530	156	6,075	2	823	1,412	192		8,660
New York	64,578	3,728	69,666	19,111	6,810	574	2,237		102,126
North Carolina	19,873	535	16,758	79	1,978	90	1,645	149	21,234
North Dakota	1,517	19	1,097		189	552	64		1,921
Ohio	27,562	507	13,304		11,901	1,718	5,175		32,605
Oklahoma	11,575	216	7,889		4,264	2,721	642		15,732
Oregon	10,280	137	5,207	5,151	1,389	180	858		12,922
Pennsylvania	3,260	105	117		979	27	2,203		3,431
Puerto Rico	8,850	671	5,949	122	2,357	4,405	258	96	13,858
Rhode Island	3,132	64	2,890	53	434	10	140		3,591
South Carolina	10,404	279	7,099	34	4,406	115	675		12,608
South Dakota	984		903		141	24	52		1,120
Tennessee	10,377	157	7,082		1,274	118	2,616		11,247
Texas	64,603	1,738	53,914		11,688	504	5,994	6	73,844
Utah	9,306	34	2,490	560	3,850	2,760	1,992	1	11,687
Vermont	746	23	26		319	3	506		877
Virginia	5,863	144	3,847		1,633	64	904		6,592
Washington	7,132		6,351		1,501		496		8,348
West Virginia	4,695	56	2,550	529	1,592	1,284	244		6,255
Wisconsin	4,526		2,884		907	46	1,080		4,917
Wyoming	720	10	514	13	30	147	88		802
National	678,932	15,450	539,576	67,979	122,159	59,236	60,956	287	865,643

Table 3–8 Maltreatment Types of Victims, 2013

State	Percent							Total Maltreatment Types
	Medical Neglect	Neglect	Other	Physical Abuse	Psychological Maltreatment	Sexual Abuse	Unknown	
Alabama		38.4		50.8	0.4	20.4		109.9
Alaska	2.4	93.8		15.7	23.8	5.0		140.7
Arizona		97.9		10.5	0.2	3.5		112.0
Arkansas	10.1	64.2	0.1	18.7	1.0	21.6		115.7
California		89.4	0.1	9.5	15.8	5.2		120.0
Colorado	1.6	82.7		11.9	3.4	10.4	0.3	110.3
Connecticut	4.1	88.2		6.6	34.2	5.7		138.8
Delaware	1.1	37.0	8.7	17.9	37.9	8.6		111.1
District of Columbia	6.1	72.1	1.3	18.4	24.1	2.4		124.4
Florida	2.4	54.3	51.0	10.5	1.5	4.9		124.5
Georgia	4.1	67.1		11.6	29.3	4.2		116.4
Hawaii	1.5	15.6	80.7	11.7	0.8	5.3		115.6
Idaho		74.1	8.5	21.8	0.1	5.9		110.3
Illinois	2.8	77.8		26.2	0.2	17.9		124.9
Indiana	1.9	88.1		10.5	0.3	14.1		115.1
Iowa	0.8	93.7	9.2	12.2	0.6	4.4		120.8
Kansas	2.9	18.4	25.2	23.1	12.1	32.2		113.8
Kentucky		99.0		10.1	0.3	4.4		113.9
Louisiana		87.2	0.4	18.8	0.5	6.9		113.7
Maine		75.7		21.1	36.6	6.5		140.0
Maryland		74.3		21.5	0.2	14.4		110.4
Massachusetts		99.6	0.1	13.5	0.1	4.0		117.4
Michigan	2.8	90.9	42.7	26.2	46.4	4.0		213.1
Minnesota	1.0	70.8		21.5	0.7	18.1		112.1
Mississippi	4.5	72.7	0.4	19.5	16.8	13.3		127.1
Missouri	6.9	68.9		38.3	8.2	29.0		151.3
Montana	0.9	94.8	0.6	11.2	5.8	4.5		117.8
Nebraska	0.1	90.0		13.7	0.9	8.0		112.7
Nevada	2.0	75.6		36.4	1.0	5.3		120.3
New Hampshire	3.3	81.1		8.0	1.9	16.5		110.9
New Jersey	2.2	85.8		14.0	0.5	9.0		111.5
New Mexico	2.4	93.0	0.0	12.6	21.6	2.9		132.6
New York	5.8	107.9	29.6	10.5	0.9	3.5		158.1
North Carolina	2.7	84.3	0.4	10.0	0.5	8.3	0.7	106.8
North Dakota	1.3	72.3		12.5	36.4	4.2		126.6
Ohio	1.8	48.3		43.2	6.2	18.8		118.3
Oklahoma	1.9	68.2		36.8	23.5	5.5		135.9
Oregon	1.3	50.7	50.1	13.5	1.8	8.3		125.7
Pennsylvania	3.2	3.6		30.0	0.8	67.6		105.2
Puerto Rico	7.6	67.2	1.4	26.6	49.8	2.9	1.1	156.6
Rhode Island	2.0	92.3	1.7	13.9	0.3	4.5		114.7
South Carolina	2.7	68.2	0.3	42.3	1.1	6.5		121.2
South Dakota		91.8		14.3	2.4	5.3		113.8
Tennessee	1.5	68.2		12.3	1.1	25.2		108.4
Texas	2.7	83.5		18.1	0.8	9.3	0.0	114.3
Utah	0.4	26.8	6.0	41.4	29.7	21.4	0.0	125.6
Vermont	3.1	3.5		42.8	0.4	67.8		117.6
Virginia	2.5	65.6		27.9	1.1	15.4		112.4
Washington		89.0		21.0		7.0		117.0
West Virginia	1.2	54.3	11.3	33.9	27.3	5.2		133.2
Wisconsin		63.7		20.0	1.0	23.9		108.6
Wyoming	1.4	71.4	1.8	4.2	20.4	12.2		111.4
National	2.3	79.5	10.0	18.0	8.7	9.0	0.0	127.5

Table 3–9 Maltreatment Types of Victims, 2009–2013 *(continued)*

Year	Reporting States	Victims (unique count)	Maltreatment Types (duplicate count)							Total Maltreatment Types
			Medical Neglect	Neglect	Other	Physical Abuse	Psychological Maltreatment	Sexual Abuse	Unknown	
2009	50	693,484	16,845	542,581	66,487	123,621	54,424	65,998	1,928	871,884
2010	51	688,121	16,210	537,392	70,623	121,354	57,817	63,505	2,285	869,186
2011	51	676,505	15,065	530,720	69,180	118,746	60,587	61,454	1,751	857,503
2012	52	680,200	15,711	531,473	71,613	124,718	57,518	63,007	1,326	865,366
2013	52	678,932	15,450	539,576	67,979	122,159	59,236	60,956	287	865,643

Table 3–9 Maltreatment Types of Victims, 2009–2013

Year	Percent							Total Maltreatment Types
	Medical Neglect	Neglect	Other	Physical Abuse	Psychological Maltreatment	Sexual Abuse	Unknown	
2009	2.4	78.2	9.6	17.8	7.8	9.5	0.3	125.7
2010	2.4	78.1	10.3	17.6	8.4	9.2	0.3	126.3
2011	2.2	78.5	10.2	17.6	9.0	9.1	0.3	126.8
2012	2.3	78.1	10.5	18.3	8.5	9.3	0.2	127.2
2013	2.3	79.5	10.0	18.0	8.7	9.0	0.0	127.5

Table 3–10 Children With a Financial Problem Caregiver Risk Factor, 2013

State	Victims (unique count)	Victims (unique count) with a Financial Problem Caregiver Risk Factor		Nonvictims (unique count)	Nonvictims (unique count) with Financial Problem Caregiver Risk Factor	
		Number	Percent		Number	Percent
Alabama						
Alaska	2,448	121	4.9	6,927	418	6.0
Arizona	13,171	3,597	27.3	62,551	15,994	25.6
Arkansas	10,370	2,033	19.6	50,655	2,670	5.3
California						
Colorado						
Connecticut						
Delaware	1,915	411	21.5	11,378	187	1.6
District of Columbia						
Florida						
Georgia	19,062	911	4.8	95,208	1,627	1.7
Hawaii	1,324	25	1.9	2,464	52	2.1
Idaho	1,674	904	54.0	8,868	595	6.7
Illinois	29,719	769	2.6			
Indiana	21,755	3,281	15.1	95,231	6,945	7.3
Iowa	11,345	668	5.9			
Kansas						
Kentucky						
Louisiana						
Maine						
Maryland	12,397	4,792	38.7			
Massachusetts	20,307	400	2.0	42,571	660	1.6
Michigan						
Minnesota	4,183	937	22.4	21,559	3,378	15.7
Mississippi	7,415	339	4.6			
Missouri	1,827	547	29.9	68,742	10,270	14.9
Montana						
Nebraska						
Nevada						
New Hampshire						
New Jersey	9,490	1,690	17.8	66,304	6,118	9.2
New Mexico	6,530	641	9.8			
New York						
North Carolina						
North Dakota	1,517	406	26.8	4,653	543	11.7
Ohio	27,562	5,196	18.9	75,819	10,283	13.6
Oklahoma	11,575	1,410	12.2	40,434	1,675	4.1
Oregon						
Pennsylvania						
Puerto Rico	8,850	2,731	30.9			
Rhode Island	3,132	47	1.5	5,353	92	1.7
South Carolina	10,404	4,104	39.4	33,544	1,757	5.2
South Dakota	984	361	36.7	3,362	823	24.5
Tennessee						
Texas	64,603	7,031	10.9	174,103	12,154	7.0
Utah	9,306	1,809	19.4	15,198	693	4.6
Vermont						
Virginia						
Washington	7,132	1,528	21.4	36,362	5,889	16.2
West Virginia						
Wisconsin	4,526	168	3.7	27,783	1,150	4.1
Wyoming	720	139	19.3			
National	325,243	46,996	14.4	949,069	83,973	8.8

Table 3–11 Children With a Public Assistance Caregiver Risk Factor, 2013

State	Victims (unique count)	Victims (unique count) with a Public Assistance Caregiver Risk Factor		Nonvictims (unique count)	Nonvictims (unique count) with a Public Assistance Caregiver Risk Factor	
		Number	Percent		Number	Percent
Alabama						
Alaska	2,448	79	3.2	6,927	145	2.1
Arizona						
Arkansas	10,370	315	3.0	50,655	621	1.2
California	75,641	16,285	21.5	294,541	14,319	4.9
Colorado						
Connecticut				16,317	205	1.3
Delaware						
District of Columbia						
Florida						
Georgia	19,062	5,439	28.5	95,208	19,789	20.8
Hawaii						
Idaho						
Illinois						
Indiana	21,755	7,236	33.3	95,231	29,090	30.5
Iowa						
Kansas						
Kentucky	20,005	3,159	15.8	50,903	7,022	13.8
Louisiana						
Maine	3,820	2,543	66.6	8,475	6,421	75.8
Maryland	12,397	585	4.7			
Massachusetts						
Michigan	33,938	29,998	88.4	136,352	123,208	90.4
Minnesota	4,183	1,095	26.2	21,559	3,834	17.8
Mississippi	7,415	243	3.3	22,779	882	3.9
Missouri						
Montana	1,414	472	33.4	8,979	932	10.4
Nebraska						
Nevada						
New Hampshire	822	659	80.2	10,242	6,413	62.6
New Jersey	9,490	480	5.1	66,304	2,366	3.6
New Mexico	6,530	424	6.5	16,869	321	1.9
New York						
North Carolina						
North Dakota	1,517	882	58.1	4,653	2,328	50.0
Ohio						
Oklahoma	11,575	4,771	41.2	40,434	15,519	38.4
Oregon						
Pennsylvania						
Puerto Rico	8,850	428	4.8			
Rhode Island	3,132	2,137	68.2	5,353	2,711	50.6
South Carolina	10,404	6,494	62.4	33,544	4,433	13.2
South Dakota	984	500	50.8	3,362	1,574	46.8
Tennessee						
Texas	64,603	19,068	29.5	174,103	41,878	24.1
Utah	9,306	2,627	28.2	15,198	3,943	25.9
Vermont						
Virginia						
Washington	7,132	70	1.0			
West Virginia	4,695	117	2.5	34,677	419	1.2
Wisconsin	4,526	368	8.1	27,783	2,710	9.8
Wyoming	720	87	12.1	4,912	107	2.2
National	356,734	106,561	29.9	1,245,360	291,190	23.4

Table 3–12 Children With a Domestic Violence Caregiver Risk Factor, 2013

State	Victims (unique count)	Victims (unique count) With a Domestic Violence Caregiver Risk Factor		Nonvictims (unique count)	Nonvictims (unique count) With a Domestic Violence Caregiver Risk Factor	
		Number	Percent		Number	Percent
Alabama	8,809	121	1.4			
Alaska	2,448	241	9.8	6,927	266	3.8
Arizona	13,171	3,196	24.3	62,551	7,461	11.9
Arkansas	10,370	769	7.4	50,655	551	1.1
California						
Colorado						
Connecticut						
Delaware	1,915	796	41.6	11,378	309	2.7
District of Columbia	2,050	442	21.6	10,635	410	3.9
Florida	48,457	21,032	43.4	236,201	12,188	5.2
Georgia	19,062	7,257	38.1	95,208	7,008	7.4
Hawaii	1,324	370	27.9	2,464	707	28.7
Idaho	1,674	439	26.2	8,868	433	4.9
Illinois						
Indiana	21,755	2,337	10.7	95,231	2,720	2.9
Iowa						
Kansas						
Kentucky	20,005	2,370	11.8	50,903	863	1.7
Louisiana						
Maine	3,820	1,138	29.8	8,475	1,032	12.2
Maryland	12,397	4,445	35.9			
Massachusetts	20,307	1,463	7.2	42,571	1,005	2.4
Michigan	33,938	17,182	50.6	136,352	17,363	12.7
Minnesota	4,183	1,162	27.8	21,559	3,813	17.7
Mississippi	7,415	217	2.9			
Missouri	1,827	399	21.8	68,742	5,332	7.8
Montana						
Nebraska						
Nevada	5,438	112	2.1	18,195	183	1.0
New Hampshire	822	340	41.4	10,242	2,616	25.5
New Jersey	9,490	2,182	23.0	66,304	7,538	11.4
New Mexico	6,530	1,824	27.9	16,869	1,815	10.8
New York	64,578	14,055	21.8	140,846	6,317	4.5
North Carolina						
North Dakota	1,517	568	37.4	4,653	1,170	25.1
Ohio	27,562	5,765	20.9	75,819	7,924	10.5
Oklahoma	11,575	3,422	29.6	40,434	2,841	7.0
Oregon						
Pennsylvania	3,260	165	5.1			
Puerto Rico	8,850	1,834	20.7			
Rhode Island	3,132	1,410	45.0	5,353	1,581	29.5
South Carolina						
South Dakota	984	290	29.5	3,362	620	18.4
Tennessee						
Texas	64,603	25,442	39.4	174,103	27,283	15.7
Utah	9,306	2,743	29.5	15,198	591	3.9
Vermont						
Virginia						
Washington	7,132	1,346	18.9	36,362	2,077	5.7
West Virginia						
Wisconsin	4,526	484	10.7	27,783	1,689	6.1
Wyoming	720	161	22.4			
National	464,952	127,519	27.4	1,544,243	125,706	8.1

Table 3–13 Victims With a Reported Disability, 2013 (continued)

State	Victims (unique count)	Reported Disabilities (duplicate count)							Total Reported Disabilities
		Behavior Problem	Emotional Disturbance	Learning Disability	Intellectual Disability	Other Medical Condition	Physically Disabled	Visually or Hearing Impaired	
Alabama	8,809		51		4	34	3	3	95
Alaska	2,448	35	23	25	4	16	3	2	108
Arizona	13,171	1,197	127	278	13	1,613	7	766	4,001
Arkansas	10,370	367	135	129	30	719	18	180	1,578
California	75,641	236	1,471	40	545	7,828	315	766	11,201
Colorado									
Connecticut	7,287	145	74	264	25	104	14	10	636
Delaware	1,915	49	263	43	21	173	10	10	569
District of Columbia	2,050		27			150		2	179
Florida	48,457	44	185	121	54	477	64	45	990
Georgia	19,062	890	2,019	361	71	801	81	81	4,304
Hawaii	1,324	35	13	1	3	82	5	4	143
Idaho	1,674	324	33		1	71	1	9	439
Illinois	29,719		102	446	64	164	31	1,365	2,172
Indiana	21,755	1,614	679	703	182	1,090	157	96	4,521
Iowa									
Kansas	2,063		238	61	23	72	28	8	430
Kentucky	20,005	16	24	27	80	98	38	17	300
Louisiana									
Maine	3,820	5	532	2	1	6	4	1	551
Maryland	12,397	1,360	319	82	51	1,243	85	49	3,189
Massachusetts	20,307	33	96	114	40	348	25	25	681
Michigan									
Minnesota	4,183	513	339	62	129	220	29	15	1,307
Mississippi	7,415	358	21	71	29	399	15	16	909
Missouri	1,827	29	131	47	7	44	64	7	329
Montana	1,414	99	30	45	2	71	8	8	263
Nebraska	3,993	112	317	57	17	87	19	8	617
Nevada	5,438	398	335	10	37	10	20		810
New Hampshire	822	21	126	27	58	100	11	6	349
New Jersey	9,490	988	150	474	36	486	49	19	2,202
New Mexico	6,530	34	316	21	17	201	28	14	631
New York									
North Carolina									
North Dakota									
Ohio	27,562	1,206	1,103	208	311	753	51	141	3,773
Oklahoma	11,575	125	664	583	97	797	46	53	2,365
Oregon	10,280	133	164	64	37	156	14	20	588
Pennsylvania									
Puerto Rico	8,850	1,272	642	916	141	676	78	64	3,789
Rhode Island	3,132	68	177	11	13	129	14	5	417
South Carolina	10,404	1,790	331		84	885	1,790	72	4,952
South Dakota	984	75	33	52	10	53	6	6	235
Tennessee	10,377	157			1		8		166
Texas	64,603	327		148	55	539	58	77	1,204
Utah	9,306	1,065	415	149	225	160	35	52	2,101
Vermont	746		19	2		4	6	2	33
Virginia									
Washington	7,132	226	186		17	320	79	43	871
West Virginia	4,695	165	166	80	1				412
Wisconsin	4,526	59	257	146	30	151	25	24	692
Wyoming	720	45	15	17	30	24	4	2	137
National	518,278	15,615	12,348	5,887	2,596	21,354	3,346	4,093	65,239

Table 3–13 Victims With a Reported Disability, 2013

State	Percent							Total Reported Disabilities
	Behavior Problem	Emotional Disturbance	Learning Disability	Intellectual Disability	Other Medical Condition	Physically Disabled	Visually or Hearing Impaired	
Alabama		0.6		0.0	0.4	0.0	0.0	1.1
Alaska	1.4	0.9	1.0	0.2	0.7	0.1	0.1	4.4
Arizona	9.1	1.0	2.1	0.1	12.2	0.1	5.8	30.4
Arkansas	3.5	1.3	1.2	0.3	6.9	0.2	1.7	15.2
California	0.3	1.9	0.1	0.7	10.3	0.4	1.0	14.8
Colorado								
Connecticut	2.0	1.0	3.6	0.3	1.4	0.2	0.1	8.7
Delaware	2.6	13.7	2.2	1.1	9.0	0.5	0.5	29.7
District of Columbia		1.3			7.3		0.1	8.7
Florida	0.1	0.4	0.2	0.1	1.0	0.1	0.1	2.0
Georgia	4.7	10.6	1.9	0.4	4.2	0.4	0.4	22.6
Hawaii	2.6	1.0	0.1	0.2	6.2	0.4	0.3	10.8
Idaho	19.4	2.0		0.1	4.2	0.1	0.5	26.2
Illinois		0.3	1.5	0.2	0.6	0.1	4.6	7.3
Indiana	7.4	3.1	3.2	0.8	5.0	0.7	0.4	20.8
Iowa								
Kansas		11.5	3.0	1.1	3.5	1.4	0.4	20.8
Kentucky	0.1	0.1	0.1	0.4	0.5	0.2	0.1	1.5
Louisiana								
Maine	0.1	13.9	0.1	0.0	0.2	0.1	0.0	14.4
Maryland	11.0	2.6	0.7	0.4	10.0	0.7	0.4	25.7
Massachusetts	0.2	0.5	0.6	0.2	1.7	0.1	0.1	3.4
Michigan								
Minnesota	12.3	8.1	1.5	3.1	5.3	0.7	0.4	31.2
Mississippi	4.8	0.3	1.0	0.4	5.4	0.2	0.2	12.3
Missouri	1.6	7.2	2.6	0.4	2.4	3.5	0.4	18.0
Montana	7.0	2.1	3.2	0.1	5.0	0.6	0.6	18.6
Nebraska	2.8	7.9	1.4	0.4	2.2	0.5	0.2	15.5
Nevada	7.3	6.2	0.2	0.7	0.2	0.4		14.9
New Hampshire	2.6	15.3	3.3	7.1	12.2	1.3	0.7	42.5
New Jersey	10.4	1.6	5.0	0.4	5.1	0.5	0.2	23.2
New Mexico	0.5	4.8	0.3	0.3	3.1	0.4	0.2	9.7
New York								
North Carolina								
North Dakota								
Ohio	4.4	4.0	0.8	1.1	2.7	0.2	0.5	13.7
Oklahoma	1.1	5.7	5.0	0.8	6.9	0.4	0.5	20.4
Oregon	1.3	1.6	0.6	0.4	1.5	0.1	0.2	5.7
Pennsylvania								
Puerto Rico	14.4	7.3	10.4	1.6	7.6	0.9	0.7	42.8
Rhode Island	2.2	5.7	0.4	0.4	4.1	0.4	0.2	13.3
South Carolina	17.2	3.2		0.8	8.5	17.2	0.7	47.6
South Dakota	7.6	3.4	5.3	1.0	5.4	0.6	0.6	23.9
Tennessee	1.5			0.0		0.1		1.6
Texas	0.5		0.2	0.1	0.8	0.1	0.1	1.9
Utah	11.4	4.5	1.6	2.4	1.7	0.4	0.6	22.6
Vermont		2.5	0.3		0.5	0.8	0.3	4.4
Virginia								
Washington	3.2	2.6		0.2	4.5	1.1	0.6	12.2
West Virginia	3.5	3.5	1.7	0.0				8.8
Wisconsin	1.3	5.7	3.2	0.7	3.3	0.6	0.5	15.3
Wyoming	6.3	2.1	2.4	4.2	3.3	0.6	0.3	19.0
National	3.0	2.4	1.1	0.5	4.1	0.6	0.8	12.6

Table 3–14 Victims by Relationship to Their Perpetrators, 2013

Perpetrator	Victims (unique count)	Reported Relationships (duplicate count)	
		Number	Percent
PARENT			
Father Only		125,829	20.3
Father and Nonparent(s)		6,465	1.0
Mother Only		252,426	40.7
Mother and Nonparent(s)		42,113	6.8
Mother and Father		139,581	22.5
Total Parents		566,414	91.4
NONPARENT			
Child Daycare Provider Only		2,600	0.4
Foster Parent (Female Relative) Only		305	0.0
Foster Parent (Male Relative) Only		76	0.0
Foster Parent (Nonrelative) Only		1,003	0.2
Foster Parent (Unknown Relationship) Only		242	0.0
Friend and Neighbor Only		1,707	0.3
Group Home and Residential Facility Staff Only		874	0.1
Legal Guardian (Female) Only		764	0.1
Legal Guardian (Male) Only		209	0.0
More than One Nonparental Perpetrator		7,132	1.2
Other Only		17,156	2.8
Other Professional Only		948	0.2
Partner of Parent (Female) Only		1,855	0.3
Partner of Parent (Male) Only		15,389	2.5
Relative (Female) Only		10,197	1.6
Relative (Male) Only		19,418	3.1
Total Nonparents		79,875	12.9
UNKNOWN			
Unknown Only		41,954	6.8
Total Unknown		41,954	6.8
National	619,501	688,243	111.1

Based on data from 49 states.

Table 3–15 CBCAP Federal Performance Measure: First-Time Victims, 2009–2013 (continued)

State	Victims (unique count)					First-Time Victims (unique count)				
						Number				
	2009	2010	2011	2012	2013	2009	2010	2011	2012	2013
Alabama	8,123	9,367	8,601	9,573	8,809	6,828	7,883	7,186	7,965	7,232
Alaska	3,544	2,825	2,898	2,928	2,448	2,539	1,980	2,113	1,963	1,634
Arizona	3,803	6,023	8,708	10,039	13,171	3,323	5,271	7,604	8,766	11,360
Arkansas	9,926	11,729	11,105	11,133	10,370	8,110	9,660	9,022	8,962	8,375
California	73,962	76,758	80,100	76,026	75,641	62,410	65,070	68,112	64,057	63,698
Colorado	11,341	11,166	10,604	10,482	10,161	8,962	8,562	8,143	7,870	7,651
Connecticut	9,431	9,954	10,005	8,151	7,287	6,647	7,109	7,210	5,660	5,071
Delaware	2,015	2,125	2,466	2,335	1,915	1,627	1,746	2,018	1,823	1,502
District of Columbia				2,141	2,050				1,552	1,457
Florida	45,841	50,239	51,920	53,341	48,457	24,860	26,994	26,982	26,506	23,785
Georgia				18,752	19,062				15,883	15,785
Hawaii	2,007	1,744	1,346	1,398	1,324	1,582	1,342	1,028	1,102	1,092
Idaho	1,571	1,609	1,470	1,428	1,674	1,281	1,306	1,190	1,169	1,452
Illinois	27,446	26,442	25,832	27,497	29,719	20,508	19,636	19,151	20,348	22,074
Indiana	22,330	21,362	17,930	20,223	21,755	19,877	18,694	15,068	18,250	16,566
Iowa	11,636	12,005	11,028	10,751	11,345	8,139	8,322	7,481	7,382	7,891
Kansas	1,329	1,504	1,729	1,868	2,063	1,181	1,337	1,559	1,707	1,846
Kentucky	16,187	17,029	16,994	17,054	20,005	11,338	11,869	12,032	12,068	14,200
Louisiana	9,063	8,344	9,545	8,458	10,119	6,765	6,228	7,101	6,318	7,741
Maine	3,809	3,269	3,118	3,781	3,820	1,804	1,488	1,444	1,699	2,475
Maryland	15,310	13,059	13,740	13,079	12,397	12,097	10,168	10,052	10,244	9,697
Massachusetts	34,639	24,428	20,262	19,234	20,307	19,780	13,270	11,359	10,947	11,926
Michigan	29,976	32,412	33,333	33,394	33,938	22,063	23,171	23,395	23,027	23,112
Minnesota	4,668	4,462	4,342	4,238	4,183	3,765	3,648	3,629	3,511	3,483
Mississippi	7,369	7,403	6,712	7,599	7,415	6,653	6,625	5,945	6,854	6,616
Missouri	5,226	5,313	5,826	4,685	1,827	4,315	4,503	5,002	3,971	1,535
Montana	1,521	1,383	1,066	1,324	1,414	1,192	1,013	820	1,031	1,148
Nebraska	4,871	4,572	4,307	3,888	3,993	3,763	3,483	3,285	2,918	2,872
Nevada	4,443	4,624	5,331	5,437	5,438	3,106	3,066	3,587	3,570	3,538
New Hampshire	924	851	876	901	822	228	196	270	276	283
New Jersey	8,725	8,981	8,238	9,031	9,490	7,324	7,459	6,739	7,310	7,689
New Mexico	4,915	5,440	5,601	5,882	6,530	3,840	4,151	4,209	4,372	4,824
New York	77,620	77,011	72,625	68,375	64,578	50,184	48,767	44,714	41,997	39,463
North Carolina	22,371	21,895	22,940	23,150	19,873	16,816	16,755	17,926	18,370	15,791
North Dakota			1,295	1,402	1,517			1,183	1,214	1,264
Ohio	31,270	31,295	30,601	29,250	27,562	27,802	26,746	21,511	20,453	19,244
Oklahoma	7,138	7,207	7,836	9,627	11,575	5,354	5,639	6,078	7,618	9,050
Oregon				9,576	10,280				6,740	7,119
Pennsylvania	3,913	3,555	3,287	3,417	3,260	3,636	3,326	3,074	3,199	3,047
Puerto Rico										
Rhode Island	2,804	3,268	3,131	3,218	3,132	1,990	2,287	2,198	2,264	2,135
South Carolina	12,381	11,802	11,324	11,439	10,404	1,005	9,241	8,589	8,556	7,801
South Dakota	1,443	1,360	1,353	1,224	984	1,060	1,023	986	933	749
Tennessee	8,822	8,760	9,243	10,069	10,377	7,847	7,104	7,852	8,494	8,813
Texas	66,359	64,937	63,474	62,551	64,603	54,382	52,205	51,235	50,153	51,674
Utah	12,692	12,854	10,586	9,419	9,306	8,390	8,547	6,856	6,845	6,680
Vermont	696	658	630	649	746	567	533	526	531	633
Virginia										
Washington	6,070	6,593	6,541	6,546	7,132	4,473	4,720	4,640	4,694	4,856
West Virginia	4,978	3,961	4,000	4,591	4,695	3,393	2,762	2,960	3,540	3,795
Wisconsin	4,654	4,569	4,750	4,645	4,526	3,895	3,826	4,058	3,936	3,907
Wyoming	707	725	703	705	720	597	604	590	616	601
National	649,869	646,872	639,352	665,904	664,219	477,298	479,335	467,712	489,234	486,232

Table 3–15 CBCAP Federal Performance Measure: First-Time Victims, 2009–2013

State	First-Time Victims (unique count)									
	Percent					Rate per 1,000 Children				
	2009	2010	2011	2012	2013	2009	2010	2011	2012	2013
Alabama	84.1	84.2	83.5	83.2	82.1	6.0	7.0	6.4	7.1	6.5
Alaska	71.6	70.1	72.9	67.0	66.7	13.8	10.5	11.2	10.4	8.7
Arizona	87.4	87.5	87.3	87.3	86.3	1.9	3.2	4.7	5.4	7.0
Arkansas	81.7	82.4	81.2	80.5	80.8	11.4	13.6	12.7	12.6	11.8
California	84.4	84.8	85.0	84.3	84.2	6.6	7.0	7.4	7.0	6.9
Colorado	79.0	76.7	76.8	75.1	75.3	7.3	7.0	6.6	6.4	6.2
Connecticut	70.5	71.4	72.1	69.4	69.6	8.2	8.7	9.0	7.1	6.5
Delaware	80.7	82.2	81.8	78.1	78.4	7.9	8.5	9.9	8.9	7.4
District of Columbia				72.5	71.1				14.4	13.1
Florida	54.2	53.7	52.0	49.7	49.1	6.1	6.7	6.7	6.6	5.9
Georgia				84.7	82.8				6.4	6.3
Hawaii	78.8	76.9	76.4	78.8	82.5	5.4	4.4	3.4	3.6	3.6
Idaho	81.5	81.2	81.0	81.9	86.7	3.1	3.0	2.8	2.7	3.4
Illinois	74.7	74.3	74.1	74.0	74.3	6.5	6.3	6.2	6.7	7.3
Indiana	89.0	87.5	84.0	90.2	76.1	12.5	11.6	9.4	11.5	10.4
Iowa	69.9	69.3	67.8	68.7	69.6	11.4	11.4	10.3	10.2	10.9
Kansas	88.9	88.9	90.2	91.4	89.5	1.7	1.8	2.1	2.3	2.5
Kentucky	70.0	69.7	70.8	70.8	71.0	11.2	11.6	11.8	11.9	14.0
Louisiana	74.6	74.6	74.4	74.7	76.5	6.0	5.6	6.4	5.7	7.0
Maine	47.4	45.5	46.3	44.9	64.8	6.7	5.4	5.4	6.4	9.5
Maryland	79.0	77.9	73.2	78.3	78.2	8.9	7.5	7.5	7.6	7.2
Massachusetts	57.1	54.3	56.1	56.9	58.7	13.8	9.4	8.1	7.8	8.6
Michigan	73.6	71.5	70.2	69.0	68.1	9.4	9.9	10.2	10.1	10.3
Minnesota	80.7	81.8	83.6	82.8	83.3	3.0	2.8	2.8	2.7	2.7
Mississippi	90.3	89.5	88.6	90.2	89.2	8.7	8.8	8.0	9.2	9.0
Missouri	82.6	84.8	85.9	84.8	84.0	3.0	3.2	3.5	2.8	1.1
Montana	78.4	73.2	76.9	77.9	81.2	5.4	4.5	3.7	4.6	5.1
Nebraska	77.3	76.2	76.3	75.1	71.9	8.3	7.6	7.1	6.3	6.2
Nevada	69.9	66.3	67.3	65.7	65.1	4.6	4.6	5.4	5.4	5.3
New Hampshire	24.7	23.0	30.8	30.6	34.4	0.8	0.7	1.0	1.0	1.0
New Jersey	83.9	83.1	81.8	80.9	81.0	3.6	3.6	3.3	3.6	3.8
New Mexico	78.1	76.3	75.1	74.3	73.9	7.5	8.0	8.1	8.5	9.5
New York	64.7	63.3	61.6	61.4	61.1	11.3	11.3	10.4	9.8	9.3
North Carolina	75.2	76.5	78.1	79.4	79.5	7.4	7.3	7.8	8.0	6.9
North Dakota			91.4	86.6	83.3			7.8	7.7	7.8
Ohio	88.9	85.5	70.3	69.9	69.8	10.2	9.8	8.0	7.7	7.3
Oklahoma	75.0	78.2	77.6	79.1	78.2	5.8	6.1	6.5	8.1	9.6
Oregon				70.4	69.3				7.8	8.3
Pennsylvania	92.9	93.6	93.5	93.6	93.5	1.3	1.2	1.1	1.2	1.1
Puerto Rico										
Rhode Island	71.0	70.0	70.2	70.4	68.2	8.8	10.3	10.0	10.5	10.0
South Carolina	8.1	78.3	75.8	74.8	75.0	0.9	8.6	8.0	7.9	7.2
South Dakota	73.5	75.2	72.9	76.2	76.1	5.3	5.0	4.8	4.5	3.6
Tennessee	88.9	81.1	85.0	84.4	84.9	5.3	4.8	5.3	5.7	5.9
Texas	82.0	80.4	80.7	80.2	80.0	7.9	7.6	7.4	7.2	7.3
Utah	66.1	66.5	64.8	72.7	71.8	9.7	9.8	7.8	7.7	7.5
Vermont	81.5	81.0	83.5	81.8	84.9	4.5	4.1	4.2	4.3	5.2
Virginia										
Washington	73.7	71.6	70.9	71.7	68.1	2.8	3.0	2.9	3.0	3.0
West Virginia	68.2	69.7	74.0	77.1	80.8	8.8	7.1	7.7	9.2	9.9
Wisconsin	83.7	83.7	85.4	84.7	86.3	3.0	2.9	3.1	3.0	3.0
Wyoming	84.4	83.3	83.9	87.4	83.5	4.5	4.5	4.4	4.5	4.4
National	73.4	74.1	73.2	73.5	73.2	6.9	7.0	6.8	6.8	6.8

Table 3–16 CFSR: Absence of Maltreatment Recurrence, 2009–2013

State	Percentage of Victims (unique count) Without Another Incident of Maltreatment During a 6-Month Period				
	2009	2010	2011	2012	2013
Alabama	98.8	98.8	98.9	98.4	98.3
Alaska	90.5	92.9	91.8	87.8	87.1
Arizona	98.5	96.7	95.4	95.4	94.6
Arkansas	94.5	93.8	92.3	93.6	94.3
California	93.2	93.2	93.0	93.3	93.7
Colorado	95.8	95.7	95.5	95.6	95.5
Connecticut	93.6	92.6	93.4	94.4	93.9
Delaware	97.9	97.1	97.8	97.5	96.9
District of Columbia	96.4	94.1	93.8	95.5	94.7
Florida	93.0	92.8	92.8	92.8	94.1
Georgia	97.8	97.2	96.8	96.7	95.8
Hawaii	96.1	97.6	97.6	98.1	98.9
Idaho	96.6	97.0	96.7	96.2	97.1
Illinois	92.9	93.4	93.4	92.8	93.0
Indiana	92.7	93.2	93.3	93.2	92.9
Iowa	91.0	90.7	91.5	92.7	92.0
Kansas	98.5	97.3	94.0	96.6	97.1
Kentucky	94.7	94.7	94.9	93.8	94.1
Louisiana	94.0	95.4	94.8	94.7	93.5
Maine	92.8	93.8	95.7	93.7	93.7
Maryland	95.1	96.6	93.1	92.9	92.8
Massachusetts	88.6	91.5	91.9	91.5	91.0
Michigan	93.3	91.7	93.2	92.8	93.3
Minnesota	94.3	95.0	94.4	96.2	96.5
Mississippi	94.6	94.0	92.6	93.2	93.5
Missouri	96.1	97.3	96.7	97.9	98.0
Montana	94.1	96.3	96.2	96.6	95.7
Nebraska	90.4	92.1	92.3	92.6	93.8
Nevada	93.9	94.5	93.6	95.2	96.2
New Hampshire	92.2	97.2	95.3	98.3	98.2
New Jersey	94.4	94.3	94.8	94.9	94.2
New Mexico	91.4	91.7	90.1	91.0	88.5
New York	87.8	87.7	87.8	87.6	88.3
North Carolina	97.6	97.5	96.7	97.9	98.1
North Dakota		98.6	98.6	97.4	95.4
Ohio	92.7	93.0	92.3	92.4	93.1
Oklahoma	94.1	94.1	93.1	93.8	91.6
Oregon				92.9	96.4
Pennsylvania	97.4	97.4	98.0	97.4	98.1
Puerto Rico	97.2	97.3	95.5	94.9	95.4
Rhode Island	93.0	92.3	91.5	93.1	91.8
South Carolina	97.6	96.8	96.6	97.2	97.5
South Dakota	94.3	95.4	94.4	94.4	95.5
Tennessee	96.8	96.7	97.0	97.3	97.6
Texas	96.3	97.2	97.1	97.1	97.0
Utah	92.3	93.1	94.4	95.4	93.7
Vermont	96.2	98.4	95.2	93.7	91.8
Virginia	98.0	97.6	97.7	97.3	96.9
Washington	93.7	93.7	94.2	92.5	92.1
West Virginia	91.5	95.6	97.6	97.6	97.7
Wisconsin	95.4	94.4	95.4	95.6	96.0
Wyoming	97.1	98.0	99.0	98.6	99.2
Reporting States	50	51	51	52	52
Number Met 94.6% Standard	23	27	26	28	27
Percent Met Standard	46.0	52.9	51.0	53.8	51.9

Table 3–17 CFSR: Absence of Maltreatment in Foster Care, 2009–2013

State	Percentage of Foster Care Children (unique count) Who Were Not Victimized by a Foster Care Provider				
	2009	2010	2011	2012	2013
Alabama	99.91	99.96	99.82	99.82	99.91
Alaska	98.93	99.49	99.59	99.08	99.01
Arizona	99.85	99.81	99.91	99.92	99.79
Arkansas	99.53	99.67	99.81	99.87	99.84
California	99.69	99.68	99.70	99.77	99.75
Colorado	99.61	99.46	99.34	99.59	99.26
Connecticut	98.76	99.10	99.27	99.51	99.07
Delaware	99.85	99.75	99.92	99.85	99.57
District of Columbia	99.72	99.72	99.81	99.65	99.48
Florida	99.67	99.18	99.34	99.39	99.02
Georgia					99.30
Hawaii	99.55	99.26	99.41	99.86	99.66
Idaho	99.65	99.93	99.89	99.83	99.63
Illinois	99.40	99.43	99.37	99.36	99.12
Indiana	99.56	99.63	99.77	99.87	99.87
Iowa	99.13	99.63	99.46	99.65	99.65
Kansas	99.95	99.91	99.89	99.80	99.71
Kentucky	99.55	99.53	99.66	99.50	99.46
Louisiana	99.29	99.52	99.28	99.56	99.78
Maine	99.88	99.45	99.66	99.86	99.51
Maryland	99.56	99.75	99.31	99.52	99.54
Massachusetts	99.16	99.22	99.30	99.07	98.95
Michigan	99.29	99.10	99.13	99.34	99.31
Minnesota	99.66	99.77	99.66	99.59	99.75
Mississippi	98.19	98.12	98.41	98.35	99.06
Missouri	99.68	99.58	99.78	99.75	99.86
Montana	99.53	99.89	99.82	99.70	99.82
Nebraska	99.69	99.61	99.72	99.54	99.64
Nevada	99.54	99.74	99.59	99.34	99.53
New Hampshire	99.93	100.00	100.00	100.00	100.00
New Jersey	99.84	99.85	99.87	99.77	99.66
New Mexico	99.76	99.68	99.64	99.38	99.68
New York	97.96	98.09	98.62	98.81	99.10
North Carolina	99.50				
North Dakota			99.94	99.41	99.90
Ohio	99.59	99.61	99.61	99.50	99.44
Oklahoma	99.43	99.21	99.52	99.11	98.91
Oregon				99.16	99.36
Pennsylvania	99.81	99.86	99.92	99.86	99.89
Puerto Rico	99.74	99.55	99.96	99.91	98.66
Rhode Island	98.65	99.03	98.77	98.96	98.87
South Carolina	99.89	99.57	99.59	99.57	99.57
South Dakota	99.72	99.90	100.00	100.00	99.91
Tennessee	99.58		99.89	99.93	99.89
Texas	99.80	99.90	99.81	99.73	99.71
Utah	99.45	99.45	99.61	99.92	99.75
Vermont	99.94	99.94	99.81	100.00	99.88
Virginia	99.75	99.82	99.74	99.84	99.79
Washington	99.82	99.80	99.81	99.67	99.68
West Virginia	99.75	99.70	99.81	99.80	99.73
Wisconsin	99.76	99.65	99.66	99.88	99.93
Wyoming	99.87	100.00	99.95	100.00	100.00
Reporting States	49	47	49	50	51
Number Met 99.68% Standard	23	22	25	25	24
Percent Met Standard	46.9	46.8	51.0	50.0	47.1



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 fatalities that result from maltreatment. Additional counts of child fatalities, for which case-level data are not known, are reported in the Agency File.

Some child maltreatment deaths may not come to the attention of child protective services (CPS). Reasons for this include if there were no surviving siblings in the family, or if the child had not (prior to his or her death) received child welfare services. To improve the counts of child fatalities, states are increasingly consulting 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 should include when reporting on child deaths due to maltreatment: state vital statistics departments, child death review teams, law enforcement agencies, and offices of medical examiners or coroners. States that are able to provide these additional data do so as aggregate data via the Agency File.

The child fatality count in this report reflects the federal fiscal year in which the deaths were determined as due to maltreatment. The year in which a determination was made may be different from the year in which the child died. As discussed in Chapter 1, NCANDS added a new field to the Child File called “maltreatment death date” to differentiate the year in which the death was reported to NCANDS and the year in which the child died. States began reporting this field with the FFY 2013 data.

Number of Child Fatalities

Fifty states reported 1,484 fatalities. Of those 50 states, 45 reported case-level data on 1,217 fatalities and 43 reported aggregate data on 267 fatalities. Fatality rates by state ranged from 0.00 to 4.54 per 100,000 children in the population. (See [table 4–1](#) and related notes.)

For FFY 2013, a nationally estimated 1,520 children died from abuse and neglect at a rate of 2.04 per 100,000 children in the population. (See [exhibit 4–A](#) and related notes.) [Table 4–2](#) displays the reported number of fatalities for 5 years by state. The number of child deaths decreased by 12.7 percent from 2009 to 2013 (not shown). Only the 49 states that reported fatality data in both 2009 and 2013 were included in this calculation.

Exhibit 4–A Child Fatality Rates per 100,000 Children, 2009–2013

Year	Reporting States	Child Population of Reporting States	Child Fatalities from Reporting States	National Fatality Rate per 100,000 Children	Child Population of all 52 States	National Estimate of Child Fatalities
2009	51	73,234,095	1,685	2.30	75,512,062	1,740
2010	52	75,016,501	1,563	2.08	75,016,501	1,560
2011	51	73,364,309	1,547	2.11	74,771,549	1,580
2012	50	72,885,656	1,598	2.19	74,549,919	1,630
2013	50	72,744,718	1,484	2.04	74,399,940	1,520

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

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

There may be several reasons for the fluctuations in reported child deaths. 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. With the passage of the Child and Family Services Improvement and Innovation Act (P.L. 112–34) in 2010, many states reported increased counts of child fatalities from 2010 to 2012 and attributed the increase to better reporting. For example, several states mentioned that they implemented new child death reviews or expanded the scope of existing reviews. Some states indicated that they recently began investigating all unexplained infant deaths regardless of whether there was an allegation of maltreatment. Detailed explanations for data fluctuations may be found in the state commentaries in appendix D. 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 <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>.

Child Fatality Demographics

Younger children are the most vulnerable to death as the result of child abuse and neglect. Nearly three-quarters (73.9%) of all child fatalities were younger than 3 years and the child fatality rate mostly decreased with age. Children who were younger than 1 year old died from maltreatment at a rate of 18.09 per 100,000 children in the population younger than 1 year. This is nearly 3 times the fatality rate for children who were 1 year old (6.58 per 100,000 children in the population of the same age). Children who were older than 5 years died at a rate of less than 1.00 per 100,000 in the population. (See table 4–3 and related notes.) Boys had a higher child fatality rate than girls; 2.36 per 100,000 boys in the population, compared to 1.77 per 100,000 girls in the population. (See exhibit 4–B and related notes.)

Exhibit 4–B Child Fatalities by Sex, 2013

Sex	Child Population	Child Fatalities		
		Number	Percent	Rate per 100,000 Children
Boys	29,972,380	706	58.0	2.36
Girls	28,670,323	507	41.7	1.77
Unknown		4	0.3	
National	58,642,703	1,217	100.0	

Based on data from 42 states. Rates are calculated by dividing the number of male child fatalities and female child fatalities by the child population for each sex and multiplying by 100,000. There are no population data for unknown sex and therefore, no rates.

More than 85 percent (86.8%) of child fatalities were of White (39.3%), African-American (33.0%), and Hispanic (14.5%) descent. Using the number of victims and the population data to create rates highlights some racial disparity. The rate of African-American child fatalities (4.52 per 100,000 African-American children) is approximately three times greater than the rates of White or Hispanic children (1.53 per 100,000 White children and 1.44 per 100,000 Hispanic children). (See [exhibit 4–C](#) and related notes.)

Maltreatment Types

Of the children who died, 71.4 percent suffered neglect and 46.8 percent suffered physical abuse either exclusively or in combination with another maltreatment type. (See [exhibit 4–D](#) and related notes.) Because a victim may have suffered from more than one type of maltreatment, every reported maltreatment type was counted and the percentages total to more than 100.0 percent.

Perpetrator Relationship

Four-fifths (78.9%) of child fatalities involved parents acting alone, together, or with other individuals. Perpetrators without a parental relationship to the child accounted for 17.0 percent of fatalities. Child fatalities with unknown perpetrator relationship data accounted for 4.2 percent. (See [table 4–4](#) and related notes.)

Risk Factors

Risk factors are characteristics of a child or caregiver that may increase the likelihood of child maltreatment. Risk factors can be difficult to accurately assess and measure, and therefore may go undetected among many children and caregivers. Some states were able to report data on caregiver risk factors for children who died as a result of maltreatment.

Exhibit 4–C Child Fatalities by Race and Ethnicity, 2013

Race	Child Population	Child Fatalities		
		Number	Percent	Rate per 100,000 Children
SINGLE RACE				
African-American	8,301,186	375	33.0	4.52
American Indian or Alaska Native	491,084	14	1.2	2.85
Asian	2,004,063	13	1.1	0.65
Hispanic	11,483,277	165	14.5	1.44
Pacific Islander	85,808	4	0.4	4.66
Unknown		61	5.4	
White	29,242,735	446	39.3	1.53
MULTIPLE RACE				
Two or More Races	2,013,260	58	5.1	2.88
National	53,621,413	1,136	100.0	

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

States with more than 45 percent of race or ethnicity as unknown or missing were excluded from this analysis. Rates were calculated by dividing the number of fatalities for each race or ethnicity by the child population for each race or ethnicity and multiplying by 100,000. This analysis includes only those states that reported both race and ethnicity.

Exhibit 4–D Maltreatment Types of Child Fatalities, 2013

Maltreatment Type	Child Fatalities	Maltreatment Types	
		Number	Percent
Medical Neglect		105	8.6
Neglect		869	71.4
Other		282	23.2
Physical Abuse		569	46.8
Psychological Abuse		22	1.8
Sexual Abuse		12	1.0
Unknown		1	0.1
National	1,217	1,860	152.8

Based on data from 45 states. 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.

Thirty-two states reported 15.4 percent of child fatalities were exposed to domestic violence in the home. The caregiver could have been either the perpetrator of or the victim of the domestic violence. As discussed in Chapter 3, Children, NCANDS recognizes the possibility of a link between financial instability and child maltreatment and collects data on two poverty-related caregiver risk factors:

- **Financial problem**—A risk factor related to the family’s inability to provide sufficient financial resources to meet minimum needs.
- **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.

Twenty-six states reported that 9.0 percent of child fatalities were associated with a caregiver who had a risk factor of financial problem. Twenty-three states reported 25.8 percent of child fatalities were associated with a caregiver who received public assistance. The distributions of the risk factors for child fatalities are similar to the distribution of the risk factors for victims. (See [exhibit 4–E](#) and related notes.)

Exhibit 4–E Child Fatalities With Selected Caregiver Risk Factors, 2013				
Caregiver Risk Factor	Reporting States	Child Fatalities from Reporting States	Child Fatalities With a Caregiver Risk Factor	
			Number	Percent
Financial Problem	26	700	63	9.0
Domestic Violence	32	949	146	15.4
Public Assistance	23	563	145	25.8

For each caregiver risk factor, the analysis includes only those states that reported at least 1 percent of child victims’ caregiver with the risk factor.

This table was changed for the Child Maltreatment 2013 report. This is the first time the poverty-related caregiver risk factor data have been presented in the Child Maltreatment report series.

Prior CPS Contact

Some children who died from abuse and neglect were already known to CPS agencies. In 31 reporting states, 11.6 percent of child fatalities involved families who had received family preservation services in the previous 5 years. In 37 reporting states, 3.1 percent of child fatalities involved children who had been in foster care and were reunited with their families in the previous 5 years. (See [table 4–5](#), [table 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. 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.
- The data source for all tables was the Child File unless otherwise noted.
- Rates are per 100,000 children in the population.
- NCANDS uses the child population estimates that are released annually by the U.S. Census Bureau. These estimates are available in appendix C.
- A unique count of victims was used for all analyses.
- The table layouts were changed for *Child Maltreatment 2013*. National totals and calculations now appear in a single row labeled “National” instead of separate rows labeled total, rate, or percent.

Table 4–1 Child Fatalities by Submission Type, 2013

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

Table 4–2 Child Fatalities, 2009–2013

- Data are from the Child File and Agency File or the SDC.

Table 4–3 Child Fatalities by Age, 2013

- There are no population data for unknown age and, therefore, no rates.
- The rates were calculated by dividing the number of child fatalities for each age by the child population for each age and multiplying by 100,000.

Table 4–4 Child Fatalities by Relationship to Their Perpetrators, 2013

- In NCANDS, a child fatality may have up to three perpetrators. A few states' systems do not have the capability of collecting and reporting data for all three perpetrator fields. More information may be found in Appendix D, State Commentary.
- The categories “mother and nonparent(s)” and “father and nonparent(s)” include victims with one perpetrator identified as a mother or father and a second or third perpetrator identified as a nonparent. A nonparent counted in the category mother and nonparent(s) and father and nonparent(s) is counted only once and not in the individual categories of nonparent.
- This table was changed for *Child Maltreatment 2013*. The categories “mother and other” and “father and other” were changed to “mother and nonparent(s)” and “father and nonparent(s)” for reader clarity.
- The relationship categories listed under nonparental perpetrator include any perpetrator relationship that was not identified as an adoptive parent, biological parent, or stepparent.
- The individual categories listed under Nonparental are exclusive except for the category labeled “more than one nonparental perpetrator.”
- The unknown relationship category includes victims with an unknown perpetrator.
- States were excluded from this analysis if more than 50 percent of perpetrators were reported with “other” or unknown relationships.
- 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.

Table 4–5 Child Fatalities Who Received Family Preservation Services Within the Previous 5 Years, 2013

- Data are from the Child File and Agency File.

Table 4–6 Child Fatalities Who Were Reunited With Their Families Within the Previous 5 Years, 2013

- Data are from the Child File and Agency File.

Table 4–1 Child Fatalities by Submission Type, 2013

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	32	0	32	2.88
Alaska		1	1	0.53
Arizona	54	0	54	3.34
Arkansas	29		29	4.09
California		121	121	1.32
Colorado	15	6	21	1.70
Connecticut	5		5	0.64
Delaware	6	0	6	2.95
District of Columbia	3	0	3	2.69
Florida	121	0	121	3.00
Georgia	86	4	90	3.61
Hawaii	5	0	5	1.63
Idaho	3	2	5	1.17
Illinois	96		96	3.18
Indiana	28		28	1.77
Iowa	3	2	5	0.69
Kansas	6	1	7	0.97
Kentucky	22	1	23	2.27
Louisiana	36	7	43	3.86
Maine				
Maryland	18	9	27	2.01
Massachusetts				
Michigan	59	0	59	2.63
Minnesota	18	0	18	1.41
Mississippi	11	1	12	1.63
Missouri	17	2	19	1.36
Montana	1	0	1	0.45
Nebraska	5	1	6	1.29
Nevada	6	5	11	1.66
New Hampshire	0	3	3	1.11
New Jersey	18	0	18	0.89
New Mexico	6	1	7	1.38
New York	90	17	107	2.52
North Carolina		29	29	1.27
North Dakota	1	0	1	0.61
Ohio	48		48	1.81
Oklahoma	43	0	43	4.54
Oregon		10	10	1.17
Pennsylvania	34	0	34	1.25
Puerto Rico	7	3	10	1.23
Rhode Island	1		1	0.47
South Carolina	19	6	25	2.32
South Dakota	5	0	5	2.40
Tennessee	40	0	40	2.68
Texas	150	0	150	2.13
Utah	7	0	7	0.78
Vermont	0	0	0	0.00
Virginia	29	4	33	1.77
Washington		27	27	1.69
West Virginia	13	4	17	4.45
Wisconsin	21		21	1.61
Wyoming	0	0	0	0.00
National	1,217	267	1,484	2.04

Table 4–2 Child Fatalities, 2009–2013

State	Child Fatalities from Reporting States				
	2009	2010	2011	2012	2013
Alabama	14	13	11	21	32
Alaska	1	3	3	4	1
Arizona	30	20	34	30	54
Arkansas	13	19	12	33	29
California	185	120	123	128	121
Colorado	35	30	32	39	21
Connecticut	4	4	8	6	5
Delaware	3	2	1	3	6
District of Columbia	5	2	3	2	3
Florida	156	180	133	179	121
Georgia	60	77	65	71	90
Hawaii	3	2	2	3	5
Idaho	4	2	3	6	5
Illinois	77	73	82	108	96
Indiana	50	24	34	23	28
Iowa	10	7	10	7	5
Kansas	8	6	10	8	7
Kentucky	34	30	32	26	23
Louisiana	40	30	45	42	43
Maine	2	1	1		
Maryland	17	24	10	26	27
Massachusetts	17	17			
Michigan	58	71	74	63	59
Minnesota	21	14	15	10	18
Mississippi	14	17	13	7	12
Missouri	39	31	36	20	19
Montana	0	0	0	2	1
Nebraska	10	7	7	6	6
Nevada	30	12	21	18	11
New Hampshire	1	1	2	1	3
New Jersey	24	18	22	16	18
New Mexico	10	19	15	16	7
New York	99	114	83	100	107
North Carolina		17	19	24	29
North Dakota	2	1	1	1	1
Ohio	79	83	67	70	48
Oklahoma	23	27	38	25	43
Oregon	13	22	19	17	10
Pennsylvania	40	29	37	38	34
Puerto Rico	5	8	18	19	10
Rhode Island	2	2	3	1	1
South Carolina	28	25	15	23	25
South Dakota	4	2	3	6	5
Tennessee	46	38	29	31	40
Texas	279	222	246	215	150
Utah	8	13	11	12	7
Vermont	3	4	2	0	0
Virginia	28	38	36	33	33
Washington	21	12	20	21	27
West Virginia	6	8	16	5	17
Wisconsin	24	21	24	31	21
Wyoming	0	1	1	2	0
National	1,685	1,563	1,547	1,598	1,484

Table 4–3 Child Fatalities by Age, 2013

Age	Child Population	Child Fatalities		
		Number	Percent	Rate per 100,000 Children
<1	3,128,301	566	46.5	18.09
1	3,143,634	207	17.0	6.58
2	3,164,046	126	10.4	3.98
3	3,173,755	86	7.1	2.71
4	3,177,272	71	5.8	2.23
5	3,277,971	35	2.9	1.07
6	3,296,710	20	1.6	0.61
7	3,274,433	17	1.4	0.52
8	3,265,583	13	1.1	0.40
9	3,275,045	8	0.7	0.24
10	3,252,443	10	0.8	0.31
11	3,243,839	11	0.9	0.34
12	3,324,353	12	1.0	0.36
13	3,375,798	6	0.5	0.18
14	3,313,983	5	0.4	0.15
15	3,310,446	9	0.7	0.27
16	3,311,986	7	0.6	0.21
17	3,333,105	5	0.4	0.15
Unborn, Unknown, and 18–21		3	0.2	
National	58,642,703	1,217	100.0	

Based on data from 45 states.

Table 4–4 Child Fatalities by Relationship to Their Perpetrators, 2013

Perpetrator	Child Fatalities	Reported Relationships	
		Number	Percent
PARENT			
Father Only		131	12.4
Father and Nonparent(s)		17	1.6
Mother Only		292	27.7
Mother and Nonparent(s)		132	12.5
Mother and Father		260	24.6
Total Parents		832	78.9
NONPARENT			
Child Daycare Provider Only		24	2.3
Foster Parent (Female Relative) Only			
Foster Parent (Male Relative) Only			
Foster Parent (Nonrelative) Only		1	0.1
Foster Parent (Unknown Relationship) Only		4	0.4
Friend or Neighbor Only		1	0.1
Group Home and Residential Facility Staff Only		2	0.2
Legal Guardian (Female) Only			
Legal Guardian (Male) Only			
More than One Nonparental Perpetrator Only		33	3.1
Other Only		27	2.6
Other Professional Only			
Partner of Parent (Female) Only		5	0.5
Partner of Parent (Male) Only		31	2.9
Relative (Female) Only		33	3.1
Relative (Male) Only		18	1.7
Total Nonparents		179	17.0
UNKNOWN			
Unknown Only		44	4.2
Total Unknown		44	4.2
National		1,055	100.0

Based on data from 42 states.

Table 4–5 Child Fatalities Who Received Family Preservation Services Within the Previous 5 Years, 2013

State	Child Fatalities	Child Fatalities Whose Families Received Preservation Services Within the Previous 5 Years	
		Number	Percent
Alabama	32	12	
Alaska			
Arizona			
Arkansas	29	1	
California			
Colorado			
Connecticut			
Delaware	6	0	
District of Columbia	3	0	
Florida	121	10	
Georgia	90	17	
Hawaii			
Idaho	5	0	
Illinois			
Indiana			
Iowa			
Kansas	7	1	
Kentucky	23	0	
Louisiana	43	4	
Maine			
Maryland	27	2	
Massachusetts			
Michigan			
Minnesota	18	4	
Mississippi	12	0	
Missouri	19	2	
Montana			
Nebraska	6	0	
Nevada	11	0	
New Hampshire	3	0	
New Jersey	18	4	
New Mexico	7	0	
New York			
North Carolina			
North Dakota	1	0	
Ohio			
Oklahoma	43	4	
Oregon	10	0	
Pennsylvania	34	0	
Puerto Rico	10	0	
Rhode Island			
South Carolina			
South Dakota	5	0	
Tennessee	40	14	
Texas	150	15	
Utah	7	1	
Vermont	0	0	
Virginia			
Washington	27	3	
West Virginia			
Wisconsin			
Wyoming	0	0	
National	807	94	11.6

Table 4–6 Child Fatalities Who Were Reunited With Their Families Within the Previous 5 Years, 2013

State	Child Fatalities	Child Fatalities Who Were Reunited With Their Families Within the Previous 5 Years	
		Number	Percent
Alabama	32	0	
Alaska	1	0	
Arizona			
Arkansas	29	0	
California			
Colorado			
Connecticut			
Delaware	6	0	
District of Columbia	3	0	
Florida	121	7	
Georgia	90	0	
Hawaii	5	0	
Idaho	5	0	
Illinois			
Indiana	28	0	
Iowa			
Kansas	7	1	
Kentucky	23	1	
Louisiana	43	1	
Maine			
Maryland	27	0	
Massachusetts			
Michigan			
Minnesota	18	1	
Mississippi	12	0	
Missouri	19	2	
Montana			
Nebraska	6	0	
Nevada	11	0	
New Hampshire	3	0	
New Jersey	18	1	
New Mexico	7	0	
New York			
North Carolina			
North Dakota	1	0	
Ohio	48	1	
Oklahoma	43	2	
Oregon	10	0	
Pennsylvania	34	0	
Puerto Rico	10	0	
Rhode Island	1	0	
South Carolina	25	1	
South Dakota	5	0	
Tennessee	40	7	
Texas	150	3	
Utah	7	0	
Vermont	0	0	
Virginia			
Washington	27	0	
West Virginia			
Wisconsin			
Wyoming	0	0	
National	915	28	3.1



Perpetrators

CHAPTER 5

The National Child Abuse and Neglect Data System (NCANDS) defines a perpetrator as a person who was determined to have caused or knowingly allowed the maltreatment of a child. NCANDS does not collect information about persons who were alleged to be perpetrators and not found to have perpetrated abuse and neglect. Because these data are from child protective services agencies (CPS), the majority of perpetrators were caregivers of their victims.

Number of Perpetrators

As states have improved their child welfare information systems, perpetrators have received unique identifiers within child protective services agency databases. The unique identifiers enable NCANDS to count perpetrators two ways:

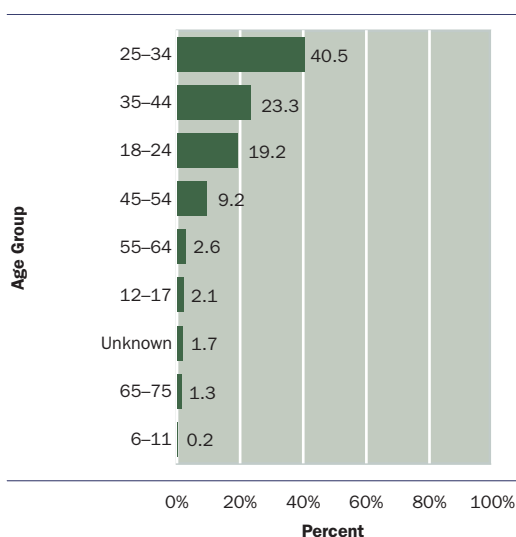
- **Duplicated count of perpetrators:** Counting a perpetrator each time the perpetrator is associated with maltreating a child. This also is known as a report-child-perpetrator triad. For example, the same perpetrator would be counted twice in all of the following situations (1) one child in two separate reports, (2) two children in a single report, and (3) two children in two separate reports.
- **Unique count of perpetrators:** Identifying and 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.

For FFY 2013, 51 states reported a unique count of 515,507 perpetrators. (See [table 5-1](#) and related notes.) Demographic analyses (age, sex, and race) were conducted with these unique perpetrator counts.

Perpetrator Demographics (unique count of perpetrators)

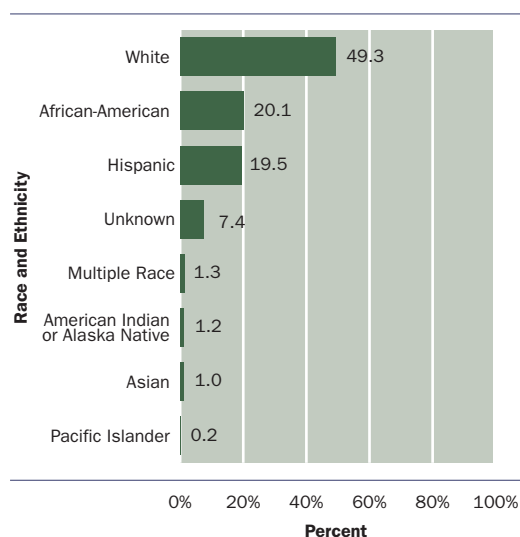
The perpetrator age groups were categorized to display the proportions of perpetrators by age and to separate those who were legal adults (meaning 18 years and older) from those who were minors. More than four-fifths (83.0%) of perpetrators were in the age group of 18–44 years. Perpetrators younger than 18 years accounted for fewer than 3.0 percent of all perpetrators. For the first time, perpetrator data were analyzed by rate. The perpetrator age group of 25–34 had the highest rate at 5.0 per 1,000 adults in the population of the same age. Young adults in the age group of 18–24 had the second highest rate at 3.2 per 1,000 adults in the population of the same age. These findings are contrary to popular belief that young or teenage parents are the largest group of perpetrators of child abuse and neglect. (See [table 5-2](#), [exhibit 5-A](#), and related notes.)

Exhibit 5–A Perpetrators by Age, 2013



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

Exhibit 5–B Perpetrators by Race and Ethnicity, 2013



Based on data from [table 5-4](#).

More than one-half (53.9%) of perpetrators were women and 45.0 percent of perpetrators were men; 1.1 percent were of unknown sex. (See [table 5-3](#) and related notes.) The racial distributions of perpetrators were similar to the race of their victims. The three largest percentages of perpetrators were of White (49.3 %), African-American (20.1%), and Hispanic (19.5%) racial or ethnic descent. Race or ethnicity was unknown or not reported for 7.4 percent of perpetrators. (See [table 5-4](#), [exhibit 5-B](#), and related notes.)

Maltreatment Types (duplicated count of perpetrators)

Perpetrator data were examined by sex for selected maltreatment types. Of the perpetrators who medically neglected their victims, 76.0 percent were women. Of the perpetrators who sexually abused their victims, 87.8 percent were men. Perpetrators who physically abused their victims were split evenly between the sexes with 49.6 percent men and 48.2 percent women. (See [exhibit 5-C](#) and related notes.)

Exhibit 5–C Selected Maltreatment Types of Perpetrators by Sex, 2013

Sex	Number					Percent				
	Medical Neglect	Neglect	Physical Abuse	Psychological Maltreatment	Sexual Abuse	Medical Neglect	Neglect	Physical Abuse	Psychological Maltreatment	Sexual Abuse
Men	1,763	204,891	43,283	14,900	47,496	23.5	36.7	49.6	60.7	87.8
Women	5,702	350,062	42,127	9,571	4,662	76.0	62.7	48.2	39.0	8.6
Unknown	34	3,441	1,926	74	1,956	0.5	0.6	2.2	0.3	3.6
National	7,499	558,394	87,336	24,545	54,114	100.0	100.0	100.0	100.0	100.0

Based on data from 51 states. A child may have been the victim of more than one maltreatment type or the same maltreatment type reported several times, and therefore, the maltreatment type count is a duplicate count.

The categories of "other" and unknown maltreatment types were not included in this analysis. This is a new analysis for the Child Maltreatment 2013 report.

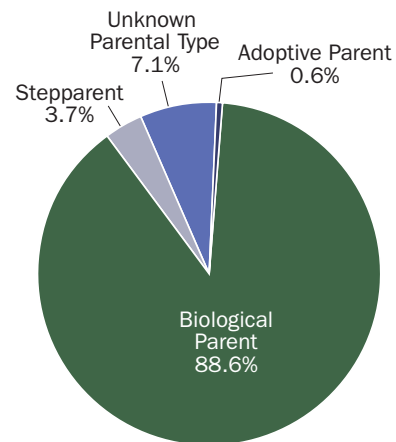
Perpetrator Relationship (unique count of perpetrators and duplicated count of relationships)

One perpetrator may maltreat multiple children and have a different relationship with his or her victims in the same report or across multiple reports. Therefore, in this analysis, all relationships were counted and the percentages were calculated against the unique count of perpetrators in the same report or across multiple reports. For example, a perpetrator may be a mother to one victim and a neighbor to a second victim in the same report. The relationship would be counted once in the parent category and once in the friend and neighbor category. If a father maltreated two of his children, the parent relationship would be counted twice. This analytical approach often produces percentages greater than 100.0, because the number of relationships will be greater than the number of unique perpetrators.

The largest relationship category was for parent (143.1%). This suggests many parent perpetrators had multiple relationships to their victims. The perpetrator could have been a parent to multiple victims in the same report, multiple victims across reports, or the same victim multiple times. Perpetrators who were related to, but were not parents of, their victims accounted for 10.4 percent of relationships and those who were the unmarried partner of the parent accounted for 7.6 percent of relationships. (See [table 5-5](#) and related notes.)

Of the parental relationships, 88.6 percent were the biological parents, 3.7 percent were stepparents, and 0.6 percent were adoptive parents. The remaining 7.1 percent of relationships were known to be parental, but the specifics were unknown. (See [table 5-6](#), [exhibit 5-D](#), and related notes.)

Exhibit 5-D Perpetrator Relationships by Parental Type, 2013



Based on data from [table 5-6](#).

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. 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.
- The data source for all tables was the Child File unless otherwise noted.
- A unique count of perpetrators was used unless otherwise noted.
- Rates are per 1,000 adults in the population.

- NCANDS uses the population estimates that are released annually by the U.S. Census Bureau. These estimates are available in appendix C.
- The table layouts were changed for *Child Maltreatment 2013*. National totals and calculations now appear in a single row labeled “National” instead of separate rows labeled total, rate, or percent.

Table 5–2 Perpetrators by Age, 2013

- In NCANDS, valid perpetrator ages are 6–75 years old.
- This table was changed to include rates per 1,000 adults of the same age. Adult population estimates are provided in appendix C.
- Rates were calculated by dividing the perpetrator count by the adult population count and multiplying by 1,000.
- Some states have laws restricting how young a perpetrator can be. More information may be found in appendix D.

Table 5–3 Perpetrators by Sex, 2013

- The category of unknown sex may include missing (not reported).

Table 5–4 Perpetrators by Race and Ethnicity, 2013

- The category multiple race is defined as any combination of two or more race categories.
- Counts associated with each racial group are exclusive and do not include Hispanic ethnicity.
- Only those states that reported both race and ethnicity separately were included in this analysis.
- States were excluded from this analysis if fewer than 40 percent of perpetrators were reported with a race and ethnicity.

Table 5–5 Perpetrators by Relationship to Their Victims, 2013

- Some states were not able to collect and report on group home and residential facility staff perpetrators due to system limitations or jurisdictional issues. More information may be found in appendix D.
- States were excluded from this analysis if more than 50 percent of perpetrators were reported with “other” or unknown relationships.
- States were excluded from this analysis if more than 95 percent of perpetrators were reported with unknown relationships.
- This table was changed for the *Child Maltreatment 2013* report. The national percentages for relationships were calculated against the unique count of perpetrators.

Table 5–6 Perpetrator Relationships by Parental Type, 2013

- This table displays the breakdown by parental type of the total number of perpetrator with parental relationships from [table 5–5](#) Perpetrators by Relationship to Their Victims. Only those states with parent relationship data in [table 5–5](#) are included in this analysis.
- Some states were able to report that the perpetrator was a parent, but did not report a further breakdown of the type of parent.

Table 5–1 Perpetrators, 2013

State	Perpetrators (unique count)
Alabama	6,259
Alaska	1,934
Arizona	13,901
Arkansas	8,735
California	59,772
Colorado	8,618
Connecticut	5,916
Delaware	1,465
District of Columbia	1,409
Florida	35,978
Georgia	
Hawaii	1,156
Idaho	1,454
Illinois	22,477
Indiana	17,135
Iowa	8,744
Kansas	1,703
Kentucky	13,468
Louisiana	8,761
Maine	3,501
Maryland	9,885
Massachusetts	16,523
Michigan	27,715
Minnesota	3,227
Mississippi	5,577
Missouri	1,665
Montana	1,001
Nebraska	2,802
Nevada	4,394
New Hampshire	784
New Jersey	7,351
New Mexico	5,578
New York	51,985
North Carolina	4,099
North Dakota	1,085
Ohio	22,696
Oklahoma	10,718
Oregon	7,959
Pennsylvania	3,356
Puerto Rico	6,080
Rhode Island	2,510
South Carolina	8,001
South Dakota	691
Tennessee	9,100
Texas	51,376
Utah	6,955
Vermont	639
Virginia	4,775
Washington	6,108
West Virginia	4,245
Wisconsin	3,689
Wyoming	552
National	515,507

Table 5–2 Perpetrators by Age, 2013 (continued)

State	Perpetrators (unique count)									Total
	6–11	12–17	18–24	25–34	35–44	45–54	55–64	65–75	Unknown	
Alabama		255	1,537	2,424	1,078	373	108	483	1	6,259
Alaska		5	309	802	459	208	67	33	51	1,934
Arizona	1	120	2,652	6,104	3,466	1,114	263	75	106	13,901
Arkansas	200	434	1,843	3,186	1,716	591	186	88	491	8,735
California	68	869	10,566	23,484	15,355	6,197	1,580	592	1,061	59,772
Colorado	42	258	1,560	3,498	2,030	718	215	63	234	8,618
Connecticut	1	44	1,043	2,286	1,497	747	151	47	100	5,916
Delaware	2	36	219	641	344	166	39	18		1,465
District of Columbia	1	5	234	586	351	134	33	9	56	1,409
Florida	1	156	6,126	15,436	8,678	3,774	1,062	400	345	35,978
Georgia										
Hawaii		9	199	435	328	110	41	6	28	1,156
Idaho		8	277	634	376	118	30	9	2	1,454
Illinois	7	681	4,895	9,093	4,853	1,900	534	170	344	22,477
Indiana	51	693	3,905	6,919	3,585	1,232	367	193	190	17,135
Iowa		115	1,795	3,907	2,012	679	175	54	7	8,744
Kansas	18	150	334	626	336	133	59	20	27	1,703
Kentucky		70	2,827	6,051	2,811	991	319	109	290	13,468
Louisiana		59	1,681	4,032	1,954	678	259	96	2	8,761
Maine		24	622	1,582	861	329	61	15	7	3,501
Maryland	27	242	1,413	3,800	2,224	1,113	303	717	46	9,885
Massachusetts	2	141	2,800	6,711	4,076	1,808	409	130	446	16,523
Michigan	11	252	5,913	11,798	6,601	2,368	556	186	30	27,715
Minnesota	10	170	548	1,378	746	282	70	21	2	3,227
Mississippi	44	188	991	2,330	1,312	470	162	67	13	5,577
Missouri		14	355	628	395	151	62	23	37	1,665
Montana		6	202	429	246	70	16	5	27	1,001
Nebraska	2	72	588	1,252	634	187	47	11	9	2,802
Nevada		19	850	1,946	1,037	447	71	24		4,394
New Hampshire		38	126	287	208	88	21	14	2	784
New Jersey	1	56	1,104	2,882	1,882	822	212	73	319	7,351
New Mexico		56	1,011	2,265	1,161	363	103	28	591	5,578
New York	15	337	8,427	19,118	14,632	7,098	1,758	526	74	51,985
North Carolina		17	740	1,645	1,069	430	127	68	3	4,099
North Dakota		5	166	470	297	94	10	6	37	1,085
Ohio	133	1,162	4,793	8,282	4,442	1,612	522	203	1,547	22,696
Oklahoma		91	2,217	4,730	2,235	792	271	114	268	10,718
Oregon	9	211	1,578	3,264	1,897	630	197	55	118	7,959
Pennsylvania		259	623	992	748	402	183	100	49	3,356
Puerto Rico		35	1,051	2,361	1,551	519	218	85	260	6,080
Rhode Island	2	76	494	1,067	564	233	43	7	24	2,510
South Carolina	3	26	1,367	3,651	1,960	684	208	87	15	8,001
South Dakota		5	140	328	146	46	14	2	10	691
Tennessee	36	529	1,903	3,165	1,630	611	209	994	23	9,100
Texas	18	1,891	12,555	21,509	9,897	3,546	1,299	459	202	51,376
Utah	66	628	1,324	2,619	1,534	548	167	64	5	6,955
Vermont	3	76	125	202	127	48	26	14	18	639
Virginia		59	777	1,867	1,071	453	138	82	328	4,775
Washington		29	870	2,551	1,700	626	165	54	113	6,108
West Virginia	3	17	743	1,783	928	278	90	21	382	4,245
Wisconsin	1	129	641	1,331	720	240	68	30	529	3,689
Wyoming		16	86	223	143	56	12	4	12	552
National	778	10,843	99,145	208,590	119,903	47,307	13,306	6,754	8,881	515,507

Table 5–2 Perpetrators by Age, 2013 (continued)

State	Percent								
	6–11	12–17	18–24	25–34	35–44	45–54	55–64	65–75	Unknown
Alabama		4.1	24.6	38.7	17.2	6.0	1.7	7.7	0.0
Alaska		0.3	16.0	41.5	23.7	10.8	3.5	1.7	2.6
Arizona	0.0	0.9	19.1	43.9	24.9	8.0	1.9	0.5	0.8
Arkansas	2.3	5.0	21.1	36.5	19.6	6.8	2.1	1.0	5.6
California	0.1	1.5	17.7	39.3	25.7	10.4	2.6	1.0	1.8
Colorado	0.5	3.0	18.1	40.6	23.6	8.3	2.5	0.7	2.7
Connecticut	0.0	0.7	17.6	38.6	25.3	12.6	2.6	0.8	1.7
Delaware	0.1	2.5	14.9	43.8	23.5	11.3	2.7	1.2	
District of Columbia	0.1	0.4	16.6	41.6	24.9	9.5	2.3	0.6	4.0
Florida	0.0	0.4	17.0	42.9	24.1	10.5	3.0	1.1	1.0
Georgia									
Hawaii		0.8	17.2	37.6	28.4	9.5	3.5	0.5	2.4
Idaho		0.6	19.1	43.6	25.9	8.1	2.1	0.6	0.1
Illinois	0.0	3.0	21.8	40.5	21.6	8.5	2.4	0.8	1.5
Indiana	0.3	4.0	22.8	40.4	20.9	7.2	2.1	1.1	1.1
Iowa		1.3	20.5	44.7	23.0	7.8	2.0	0.6	0.1
Kansas	1.1	8.8	19.6	36.8	19.7	7.8	3.5	1.2	1.6
Kentucky		0.5	21.0	44.9	20.9	7.4	2.4	0.8	2.2
Louisiana		0.7	19.2	46.0	22.3	7.7	3.0	1.1	0.0
Maine		0.7	17.8	45.2	24.6	9.4	1.7	0.4	0.2
Maryland	0.3	2.4	14.3	38.4	22.5	11.3	3.1	7.3	0.5
Massachusetts	0.0	0.9	16.9	40.6	24.7	10.9	2.5	0.8	2.7
Michigan	0.0	0.9	21.3	42.6	23.8	8.5	2.0	0.7	0.1
Minnesota	0.3	5.3	17.0	42.7	23.1	8.7	2.2	0.7	0.1
Mississippi	0.8	3.4	17.8	41.8	23.5	8.4	2.9	1.2	0.2
Missouri		0.8	21.3	37.7	23.7	9.1	3.7	1.4	2.2
Montana		0.6	20.2	42.9	24.6	7.0	1.6	0.5	2.7
Nebraska	0.1	2.6	21.0	44.7	22.6	6.7	1.7	0.4	0.3
Nevada		0.4	19.3	44.3	23.6	10.2	1.6	0.5	
New Hampshire		4.8	16.1	36.6	26.5	11.2	2.7	1.8	0.3
New Jersey	0.0	0.8	15.0	39.2	25.6	11.2	2.9	1.0	4.3
New Mexico		1.0	18.1	40.6	20.8	6.5	1.8	0.5	10.6
New York	0.0	0.6	16.2	36.8	28.1	13.7	3.4	1.0	0.1
North Carolina		0.4	18.1	40.1	26.1	10.5	3.1	1.7	0.1
North Dakota		0.5	15.3	43.3	27.4	8.7	0.9	0.6	3.4
Ohio	0.6	5.1	21.1	36.5	19.6	7.1	2.3	0.9	6.8
Oklahoma		0.8	20.7	44.1	20.9	7.4	2.5	1.1	2.5
Oregon	0.1	2.7	19.8	41.0	23.8	7.9	2.5	0.7	1.5
Pennsylvania		7.7	18.6	29.6	22.3	12.0	5.5	3.0	1.5
Puerto Rico		0.6	17.3	38.8	25.5	8.5	3.6	1.4	4.3
Rhode Island	0.1	3.0	19.7	42.5	22.5	9.3	1.7	0.3	1.0
South Carolina	0.0	0.3	17.1	45.6	24.5	8.5	2.6	1.1	0.2
South Dakota		0.7	20.3	47.5	21.1	6.7	2.0	0.3	1.4
Tennessee	0.4	5.8	20.9	34.8	17.9	6.7	2.3	10.9	0.3
Texas	0.0	3.7	24.4	41.9	19.3	6.9	2.5	0.9	0.4
Utah	0.9	9.0	19.0	37.7	22.1	7.9	2.4	0.9	0.1
Vermont	0.5	11.9	19.6	31.6	19.9	7.5	4.1	2.2	2.8
Virginia		1.2	16.3	39.1	22.4	9.5	2.9	1.7	6.9
Washington		0.5	14.2	41.8	27.8	10.2	2.7	0.9	1.9
West Virginia	0.1	0.4	17.5	42.0	21.9	6.5	2.1	0.5	9.0
Wisconsin	0.0	3.5	17.4	36.1	19.5	6.5	1.8	0.8	14.3
Wyoming		2.9	15.6	40.4	25.9	10.1	2.2	0.7	2.2
National	0.2	2.1	19.2	40.5	23.3	9.2	2.6	1.3	1.7

Table 5–2 Perpetrators by Age, 2013

State	Rate per 1,000 Adults					
	18–24	25–34	35–44	45–54	55–64	65–75
Alabama	3.2	3.9	1.8	0.6	0.2	1.1
Alaska	3.8	7.0	5.1	2.1	0.7	0.7
Arizona	4.0	6.9	4.2	1.3	0.3	0.1
Arkansas	6.4	8.3	4.7	1.5	0.5	0.3
California	2.6	4.2	3.0	1.2	0.4	0.2
Colorado	3.0	4.5	2.8	1.0	0.3	0.2
Connecticut	3.0	5.2	3.3	1.3	0.3	0.1
Delaware	2.4	5.3	3.1	1.3	0.3	0.2
District of Columbia	2.9	4.0	3.9	1.8	0.5	0.2
Florida	3.4	6.3	3.6	1.4	0.4	0.2
Georgia						
Hawaii	1.5	2.1	1.9	0.6	0.2	0.0
Idaho	1.8	3.0	1.9	0.6	0.2	0.1
Illinois	3.9	5.1	2.9	1.1	0.3	0.2
Indiana	5.9	8.2	4.3	1.4	0.4	0.4
Iowa	5.7	10.0	5.6	1.6	0.4	0.2
Kansas	1.1	1.6	1.0	0.4	0.2	0.1
Kentucky	6.6	10.7	5.0	1.6	0.6	0.3
Louisiana	3.6	6.1	3.5	1.1	0.4	0.3
Maine	5.5	10.5	5.4	1.6	0.3	0.1
Maryland	2.5	4.6	2.9	1.3	0.4	1.5
Massachusetts	4.1	7.4	4.8	1.8	0.5	0.2
Michigan	5.9	9.9	5.5	1.7	0.4	0.2
Minnesota	1.1	1.9	1.1	0.4	0.1	0.0
Mississippi	3.2	6.0	3.5	1.2	0.4	0.3
Missouri	0.6	0.8	0.5	0.2	0.1	0.0
Montana	2.0	3.4	2.1	0.5	0.1	0.0
Nebraska	3.1	4.9	2.8	0.8	0.2	0.1
Nevada	3.3	4.9	2.7	1.2	0.2	0.1
New Hampshire	1.0	1.9	1.3	0.4	0.1	0.1
New Jersey	1.4	2.5	1.6	0.6	0.2	0.1
New Mexico	4.8	8.1	4.8	1.3	0.4	0.1
New York	4.3	6.8	5.8	2.5	0.7	0.3
North Carolina	0.8	1.3	0.8	0.3	0.1	0.1
North Dakota	1.8	4.5	3.7	1.0	0.1	0.1
Ohio	4.3	5.7	3.1	1.0	0.3	0.2
Oklahoma	5.6	9.0	4.8	1.6	0.6	0.3
Oregon	4.3	6.1	3.7	1.2	0.4	0.1
Pennsylvania	0.5	0.6	0.5	0.2	0.1	0.1
Puerto Rico	2.8	5.1	3.4	1.1	0.5	0.2
Rhode Island	4.2	7.9	4.5	1.5	0.3	0.1
South Carolina	2.8	5.9	3.3	1.1	0.3	0.2
South Dakota	1.6	2.9	1.5	0.4	0.1	0.0
Tennessee	3.0	3.7	1.9	0.7	0.3	1.7
Texas	4.6	5.6	2.8	1.0	0.5	0.2
Utah	4.0	5.9	4.1	1.8	0.6	0.4
Vermont	1.9	2.8	1.7	0.5	0.3	0.2
Virginia	0.9	1.6	1.0	0.4	0.1	0.1
Washington	1.3	2.6	1.9	0.7	0.2	0.1
West Virginia	4.3	8.1	4.0	1.1	0.3	0.1
Wisconsin	1.1	1.8	1.0	0.3	0.1	0.1
Wyoming	1.5	2.7	2.1	0.7	0.1	0.1
National	3.2	5.0	3.0	1.1	0.3	0.3

Table 5–3 Perpetrators by Sex, 2013

State	Perpetrators (unique count)				Percent		
	Men	Women	Unknown	Total	Men	Women	Unknown
Alabama	2,943	3,297	19	6,259	47.0	52.7	0.3
Alaska	843	1,067	24	1,934	43.6	55.2	1.2
Arizona	7,174	6,699	28	13,901	51.6	48.2	0.2
Arkansas	4,065	4,529	141	8,735	46.5	51.8	1.6
California	26,285	33,276	211	59,772	44.0	55.7	0.4
Colorado	4,275	4,308	35	8,618	49.6	50.0	0.4
Connecticut	2,822	3,050	44	5,916	47.7	51.6	0.7
Delaware	816	649		1,465	55.7	44.3	
District of Columbia	432	964	13	1,409	30.7	68.4	0.9
Florida	17,537	18,303	138	35,978	48.7	50.9	0.4
Georgia							
Hawaii	520	632	4	1,156	45.0	54.7	0.3
Idaho	615	839		1,454	42.3	57.7	
Illinois	10,269	12,025	183	22,477	45.7	53.5	0.8
Indiana	8,523	8,573	39	17,135	49.7	50.0	0.2
Iowa	4,200	4,542	2	8,744	48.0	51.9	0.0
Kansas	1,057	641	5	1,703	62.1	37.6	0.3
Kentucky	5,535	7,618	315	13,468	41.1	56.6	2.3
Louisiana	3,151	5,596	14	8,761	36.0	63.9	0.2
Maine	1,750	1,747	4	3,501	50.0	49.9	0.1
Maryland	3,976	5,467	442	9,885	40.2	55.3	4.5
Massachusetts	6,833	8,842	848	16,523	41.4	53.5	5.1
Michigan	11,145	16,566	4	27,715	40.2	59.8	0.0
Minnesota	1,499	1,728		3,227	46.5	53.5	
Mississippi	1,981	3,589	7	5,577	35.5	64.4	0.1
Missouri	881	758	26	1,665	52.9	45.5	1.6
Montana	371	600	30	1,001	37.1	59.9	3.0
Nebraska	1,327	1,475		2,802	47.4	52.6	
Nevada	1,864	2,530		4,394	42.4	57.6	
New Hampshire	427	353	4	784	54.5	45.0	0.5
New Jersey	3,007	4,283	61	7,351	40.9	58.3	0.8
New Mexico	2,194	3,278	106	5,578	39.3	58.8	1.9
New York	22,952	29,016	17	51,985	44.2	55.8	0.0
North Carolina	1,213	1,684	1,202	4,099	29.6	41.1	29.3
North Dakota	436	643	6	1,085	40.2	59.3	0.6
Ohio	10,915	11,228	553	22,696	48.1	49.5	2.4
Oklahoma	4,985	5,677	56	10,718	46.5	53.0	0.5
Oregon	4,184	3,728	47	7,959	52.6	46.8	0.6
Pennsylvania	2,468	888		3,356	73.5	26.5	
Puerto Rico	2,190	3,878	12	6,080	36.0	63.8	0.2
Rhode Island	1,199	1,296	15	2,510	47.8	51.6	0.6
South Carolina	2,954	5,036	11	8,001	36.9	62.9	0.1
South Dakota	282	404	5	691	40.8	58.5	0.7
Tennessee	4,332	4,578	190	9,100	47.6	50.3	2.1
Texas	22,313	28,997	66	51,376	43.4	56.4	0.1
Utah	3,931	3,015	9	6,955	56.5	43.4	0.1
Vermont	446	193		639	69.8	30.2	
Virginia	2,235	2,460	80	4,775	46.8	51.5	1.7
Washington	2,853	3,231	24	6,108	46.7	52.9	0.4
West Virginia	1,886	2,356	3	4,245	44.4	55.5	0.1
Wisconsin	1,675	1,612	402	3,689	45.4	43.7	10.9
Wyoming	245	307		552	44.4	55.6	
National	232,011	278,051	5,445	515,507	45.0	53.9	1.1

Table 5–4 Perpetrators by Race and Ethnicity, 2013 (continued)

State	Perpetrators (unique count)								
	African-American	American Indian or Alaska Native	Asian	Hispanic	Multiple Race	Pacific Islander	White	Unknown	Total
Alabama	1,504	8	13	171	16	4	3,756	787	6,259
Alaska	49	935	17	55	48	21	540	269	1,934
Arizona	1,288	573	54	4,543	153	31	5,849	1,410	13,901
Arkansas	1,376	12	24	395	268	39	6,397	224	8,735
California	8,348	540	1,843	27,767		244	17,020	4,010	59,772
Colorado	632	49	47	2,095	66	13	3,753	1,963	8,618
Connecticut	1,403	9	43	1,604	67	3	2,607	180	5,916
Delaware	608	1	8	142	5	1	695	5	1,465
District of Columbia	706			143		1	12	547	1,409
Florida	10,769	58	154	5,250	240	36	18,332	1,139	35,978
Georgia									
Hawaii	46	4	213	53	306	225	247	62	1,156
Idaho	14	44	4	125	8		1,228	31	1,454
Illinois	6,523	15	171	2,856		13	12,125	774	22,477
Indiana	3,058	9	53	918	309	13	12,619	156	17,135
Iowa	970	93	70	571	66	14	6,606	354	8,744
Kansas	200	14	14	178	18	1	1,209	69	1,703
Kentucky	1,268	3	13	169	66	8	9,084	2,857	13,468
Louisiana	3,591	22	19	176	31	8	4,633	281	8,761
Maine	62	30	6	66	57	2	2,546	732	3,501
Maryland	4,088	12	81	625		6	3,737	1,336	9,885
Massachusetts	2,165	25	239	3,159	183	8	6,773	3,971	16,523
Michigan	7,110	170	95	1,031	313	11	18,736	249	27,715
Minnesota	712	286	95	258	221	1	1,626	28	3,227
Mississippi	2,006	8	9	76	12	1	3,110	355	5,577
Missouri	218	4	4	39	2	2	1,333	63	1,665
Montana	20	189	1	25	11		657	98	1,001
Nebraska	410	120	17	295	52	4	1,638	266	2,802
Nevada	917	40	58	994	72	46	2,004	263	4,394
New Hampshire	17	3	4	42	4		630	84	784
New Jersey	2,101	13	75	1,313	19	8	2,789	1,033	7,351
New Mexico	146	418	10	2,965	75	4	1,615	345	5,578
New York	15,108	215	1,028	11,957	411	17	18,998	4,251	51,985
North Carolina	1,105	126	13	401	39	1	2,330	84	4,099
North Dakota	40	197		35	26	1	727	59	1,085
Ohio	4,944	16	33	607	314	14	13,715	3,053	22,696
Oklahoma	1,090	544	25	1,248	1,986	9	5,680	136	10,718
Oregon	378	201	67	758	177	29	4,973	1,376	7,959
Pennsylvania									
Puerto Rico									
Rhode Island	384	18	23	505	45	2	1,365	168	2,510
South Carolina	2,582	17	15	223	74	5	4,846	239	8,001
South Dakota	32	251	1	26	29	1	327	24	691
Tennessee									
Texas	8,968	80	263	20,194	447	55	19,949	1,420	51,376
Utah	198	125	55	1,258	59	75	5,139	46	6,955
Vermont	16		3	3			596	21	639
Virginia	1,241	2	38	475	30	18	2,664	307	4,775
Washington	473	345	114	709	203	74	3,715	475	6,108
West Virginia	143			38	63		3,787	214	4,245
Wisconsin	612	153	41	217	42	3	1,780	841	3,689
Wyoming	10	6	3	53			472	8	552
National	99,649	6,003	5,176	96,806	6,633	1,072	244,969	36,663	496,971

Table 5–4 Perpetrators by Race and Ethnicity, 2013

State	Percent							
	African-American	American Indian or Alaska Native	Asian	Hispanic	Multiple Race	Pacific Islander	White	Unknown
Alabama	24.0	0.1	0.2	2.7	0.3	0.1	60.0	12.6
Alaska	2.5	48.3	0.9	2.8	2.5	1.1	27.9	13.9
Arizona	9.3	4.1	0.4	32.7	1.1	0.2	42.1	10.1
Arkansas	15.8	0.1	0.3	4.5	3.1	0.4	73.2	2.6
California	14.0	0.9	3.1	46.5		0.4	28.5	6.7
Colorado	7.3	0.6	0.5	24.3	0.8	0.2	43.5	22.8
Connecticut	23.7	0.2	0.7	27.1	1.1	0.1	44.1	3.0
Delaware	41.5	0.1	0.5	9.7	0.3	0.1	47.4	0.3
District of Columbia	50.1			10.1		0.1	0.9	38.8
Florida	29.9	0.2	0.4	14.6	0.7	0.1	51.0	3.2
Georgia								
Hawaii	4.0	0.3	18.4	4.6	26.5	19.5	21.4	5.4
Idaho	1.0	3.0	0.3	8.6	0.6		84.5	2.1
Illinois	29.0	0.1	0.8	12.7		0.1	53.9	3.4
Indiana	17.8	0.1	0.3	5.4	1.8	0.1	73.6	0.9
Iowa	11.1	1.1	0.8	6.5	0.8	0.2	75.5	4.0
Kansas	11.7	0.8	0.8	10.5	1.1	0.1	71.0	4.1
Kentucky	9.4	0.0	0.1	1.3	0.5	0.1	67.4	21.2
Louisiana	41.0	0.3	0.2	2.0	0.4	0.1	52.9	3.2
Maine	1.8	0.9	0.2	1.9	1.6	0.1	72.7	20.9
Maryland	41.4	0.1	0.8	6.3		0.1	37.8	13.5
Massachusetts	13.1	0.2	1.4	19.1	1.1	0.0	41.0	24.0
Michigan	25.7	0.6	0.3	3.7	1.1	0.0	67.6	0.9
Minnesota	22.1	8.9	2.9	8.0	6.8	0.0	50.4	0.9
Mississippi	36.0	0.1	0.2	1.4	0.2	0.0	55.8	6.4
Missouri	13.1	0.2	0.2	2.3	0.1	0.1	80.1	3.8
Montana	2.0	18.9	0.1	2.5	1.1		65.6	9.8
Nebraska	14.6	4.3	0.6	10.5	1.9	0.1	58.5	9.5
Nevada	20.9	0.9	1.3	22.6	1.6	1.0	45.6	6.0
New Hampshire	2.2	0.4	0.5	5.4	0.5		80.4	10.7
New Jersey	28.6	0.2	1.0	17.9	0.3	0.1	37.9	14.1
New Mexico	2.6	7.5	0.2	53.2	1.3	0.1	29.0	6.2
New York	29.1	0.4	2.0	23.0	0.8	0.0	36.5	8.2
North Carolina	27.0	3.1	0.3	9.8	1.0	0.0	56.8	2.0
North Dakota	3.7	18.2		3.2	2.4	0.1	67.0	5.4
Ohio	21.8	0.1	0.1	2.7	1.4	0.1	60.4	13.5
Oklahoma	10.2	5.1	0.2	11.6	18.5	0.1	53.0	1.3
Oregon	4.7	2.5	0.8	9.5	2.2	0.4	62.5	17.3
Pennsylvania								
Puerto Rico								
Rhode Island	15.3	0.7	0.9	20.1	1.8	0.1	54.4	6.7
South Carolina	32.3	0.2	0.2	2.8	0.9	0.1	60.6	3.0
South Dakota	4.6	36.3	0.1	3.8	4.2	0.1	47.3	3.5
Tennessee								
Texas	17.5	0.2	0.5	39.3	0.9	0.1	38.8	2.8
Utah	2.8	1.8	0.8	18.1	0.8	1.1	73.9	0.7
Vermont	2.5		0.5	0.5			93.3	3.3
Virginia	26.0	0.0	0.8	9.9	0.6	0.4	55.8	6.4
Washington	7.7	5.6	1.9	11.6	3.3	1.2	60.8	7.8
West Virginia	3.4			0.9	1.5		89.2	5.0
Wisconsin	16.6	4.1	1.1	5.9	1.1	0.1	48.3	22.8
Wyoming	1.8	1.1	0.5	9.6			85.5	1.4
National	20.1	1.2	1.0	19.5	1.3	0.2	49.3	7.4

Table 5–5 Perpetrators by Relationship to Their Victims, 2013 *(continued)*

State	Perpetrators (unique count)	Nonparental Relationships					
		Parent	Child Daycare Provider	Foster Parent	Friend and Neighbor	Legal Guardian	Other
Alabama	6,259	7,153	2	13	29	43	172
Alaska	1,934	3,275		50		30	80
Arizona	13,901	20,885		38		94	1,006
Arkansas	8,735	9,879	42	11	26	61	1,964
California	59,772	95,206		276			9
Colorado	8,618	10,978	45	48	8	15	890
Connecticut	5,916	7,576	39	42	82	118	550
Delaware	1,465	1,929	9	7	37		26
District of Columbia	1,409	2,409		9		19	65
Florida	35,978	44,205	87	90			1,346
Georgia							
Hawaii	1,156	1,785		13		25	94
Idaho	1,454	2,121	5	16	6	23	
Illinois	22,477	34,030	681	211			1,214
Indiana	17,135	22,082	107	23	245	137	2,345
Iowa	8,744	13,219	136	37		89	844
Kansas	1,703	1,624		37	12		558
Kentucky	13,468	20,665	4	138			1,005
Louisiana							
Maine	3,501	5,020	13	13		14	100
Maryland	9,885	10,891	81	17		12	775
Massachusetts	16,523	24,124	107	118		141	614
Michigan	27,715	43,363	25	210	92	236	4,161
Minnesota	3,227	4,095	90	42	31	49	97
Mississippi	5,577	7,663	4	70	50	5	276
Missouri	1,665	1,624	14	8	100		118
Montana	1,001	1,570	4	8		8	4
Nebraska	2,802	4,246	43	33		8	198
Nevada	4,394	7,082		5	572	2	10
New Hampshire	784	1,015	2	1			82
New Jersey	7,351	10,165	86	51	103		206
New Mexico	5,578	9,011		18	12	51	97
New York	51,985	85,617	329	346		302	1,572
North Carolina							
North Dakota	1,085	1,804		3	186		
Ohio	22,696	24,563	27	110	121		5,727
Oklahoma	10,718	17,462	155	216		148	1,637
Oregon	7,959	10,814	44	103	168	31	278
Pennsylvania	3,356	1,792	521	17		26	426
Puerto Rico	6,080	11,565	3	127	2	60	48
Rhode Island	2,510	3,450	2	32			646
South Carolina	8,001	12,390	28	27	3	96	305
South Dakota	691	1,139	13	1		1	38
Tennessee							
Texas	51,376	73,038	405	65	233		1,782
Utah	6,955	8,575	29	12	442	19	847
Vermont	639	448		2	173		66
Virginia	4,775	5,583	314	17		20	526
Washington	6,108	8,547	61	114	5		103
West Virginia	4,245	5,940	5	37		38	647
Wisconsin	3,689	4,015	42	10	53	4	315
Wyoming	552	779	7	0		2	57
National Total	493,547	706,411	3,611	2,892	2,791	1,927	33,926
National Percent		143.1	0.7	0.6	0.6	0.4	6.9

Table 5–5 Perpetrators by Relationship to Their Victims, 2013

State	Nonparental Relationships					Total Relationships (duplicated count)
	Other Professional	Other Relative	Group Home and Residential Facility Staff	Unmarried Partner of Parent	Unknown	
Alabama	7	556	2	122	1,857	9,956
Alaska		201	2	161	15	3,814
Arizona		722	59	357	2	23,163
Arkansas	40	1,254	10	36	282	13,605
California		4,179	26	6,951		106,647
Colorado	3	1,147	73	12	946	14,165
Connecticut	93	413	35	711		9,659
Delaware		158	2	161		2,329
District of Columbia		50	1			2,553
Florida	286	2,560	302	4,946	6,587	60,409
Georgia						
Hawaii		26			13	1,956
Idaho		33	2	73	59	2,338
Illinois	100	3,528	48	3,197	423	43,432
Indiana	20	2,743	14		2,659	30,375
Iowa		619	9	1,132		16,085
Kansas		359	3		60	2,653
Kentucky		1,867		1,661	72	25,412
Louisiana						
Maine		231	8	542	19	5,960
Maryland		731	20		2,391	14,918
Massachusetts	57	929	77	2,627	250	29,044
Michigan	4	1,370	4		129	49,594
Minnesota	1	386	8	438	4	5,241
Mississippi	7	874	7	301	116	9,373
Missouri	8	282	15	239	53	2,461
Montana		58		81		1,733
Nebraska		290	4	458		5,280
Nevada		218	55	3	12	7,959
New Hampshire		5			46	1,151
New Jersey	39	642	14	715	85	12,106
New Mexico		478		606	54	10,327
New York	3	5,512	139	391	3,911	98,122
North Carolina						
North Dakota		52			91	2,136
Ohio	57	3,786	34	237	1,502	36,164
Oklahoma	2	950	44	66	197	20,877
Oregon		871	26	1,325	151	13,811
Pennsylvania	21	612	21	479		3,915
Puerto Rico	128	338	3	3	16	12,293
Rhode Island		40	12		10	4,192
South Carolina	1	750	4	910	54	14,568
South Dakota		26	1	87	10	1,316
Tennessee						
Texas	168	8,266	143	6,500	198	90,798
Utah	26	1,318	1	609	355	12,233
Vermont	1	119		76	17	902
Virginia	50	633	9	276	180	7,608
Washington		402		592	41	9,865
West Virginia	8	361	2	1	276	7,315
Wisconsin	18	517	3	448	190	5,615
Wyoming	3	42	2	10		902
National Total	1,151	51,504	1,244	37,540	23,333	866,330
National Percent	0.2	10.4	0.3	7.6	4.7	175.5

Table 5–6 Perpetrator Relationships by Parental Type, 2013

State	Adoptive Parent	Biological Parent	Stepparent	Unknown Parental Type	Total Parental Relationships
Alabama	37	6,307	239	570	7,153
Alaska	102	3,024	149		3,275
Arizona	86	20,715		84	20,885
Arkansas	67	9,204	578	30	9,879
California	989	78,710	2,842	12,665	95,206
Colorado	102	9,796	1,027	53	10,978
Connecticut				7,576	7,576
Delaware	15	1,669	85	160	1,929
District of Columbia	18	2,346	40	5	2,409
Florida	301	42,026	1,878		44,205
Georgia					
Hawaii	22	1,688	75		1,785
Idaho	11	1,981	113	16	2,121
Illinois	218	32,233	1,579		34,030
Indiana		22,079		3	22,082
Iowa	38	12,779	402		13,219
Kansas	26	1,467	131		1,624
Kentucky	126	19,561	968	10	20,665
Louisiana					
Maine	51	4,706	263		5,020
Maryland	53	10,582	245	11	10,891
Massachusetts	172	23,194	733	25	24,124
Michigan	554	40,779	2,030		43,363
Minnesota	59	3,890	146		4,095
Mississippi	79	7,221	363		7,663
Missouri	12	1,482	130		1,624
Montana	14	1,485	71		1,570
Nebraska	35	3,971	240		4,246
Nevada	55	6,589	267	171	7,082
New Hampshire	18	951	29	17	1,015
New Jersey	63	9,798	304		10,165
New Mexico	80	8,583	347	1	9,011
New York		65,455	222	19,940	85,617
North Carolina					
North Dakota	26	1,686	92		1,804
Ohio	163	23,327	904	169	24,563
Oklahoma	289	15,852	1,096	225	17,462
Oregon		10,273	541		10,814
Pennsylvania		1,571	221		1,792
Puerto Rico		10,132	1,433		11,565
Rhode Island	37	3,356	57		3,450
South Carolina	115	11,809	421	45	12,390
South Dakota	3	1,076	60		1,139
Tennessee					
Texas	219	69,102	3,717		73,038
Utah	124	7,959	492		8,575
Vermont	3	411	34		448
Virginia	45	5,116	390	32	5,583
Washington			425	8,122	8,547
West Virginia	64	5,409	448	19	5,940
Wisconsin	55	3,797	163		4,015
Wyoming	11	724	44		779
National Total	4,557	625,871	26,034	49,949	706,411
National Percent	0.6	88.6	3.7	7.1	100.0



Services

CHAPTER 6

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

The National Child Abuse and Neglect Data System (NCANDS) collects data for 26 types of services including adoption, employment, mental health, and substance abuse. States have their own typologies of services, which they map to the NCANDS services categories.

In this chapter, services are examined from two perspectives. The first uses aggregated data from states about the use of various funding streams for prevention services, which are provided to parents whose children are at-risk of abuse and neglect. These services are designed to improve child-rearing competencies of the parents and other caregivers via education on the developmental stages of childhood and provision of other types of assistance. Examples of prevention services include parent education, home visiting, family support, child daycare, employment, housing, and information and referral.

NCANDS also collects case-level data about children who received services that were provided as a result of an investigation response or alternative response. Postresponse services (also known as postinvestigation 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, what services will be offered, and how the services will be provided. Prevention services may be funded by the state or the following federal programs:

- Title I of the Child Abuse Prevention and Treatment Act (CAPTA), as amended [42 U.S.C. 5106 et seq.]—The Grants to States for Child Abuse or Neglect Prevention and Treatment Programs (State Grant) provides funds to states to improve CPS systems. The grant serves as a catalyst to assist states with screening and investigating child abuse and neglect reports, creating and improving the use of multidisciplinary teams to enhance investigations, improving risk and safety assessment protocols, training CPS workers and mandated reporters, and improving services to infants with life-threatening conditions.

- Title II of CAPTA, as amended [42 U.S.C. 5116 et seq.]—The Community-Based Grants for the Prevention of Child Abuse and Neglect program (formerly the Community-Based Family Resource and Support program) provides funding to a lead state agency (designated by the governor) to develop, operate, expand, and enhance community-based, prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect. This program is administratively known as the Community-Based Child Abuse Prevention (CBCAP) Program.
- Title IV–B, Subpart 2, Section 430, of the Social Security Act, as amended [42.U.S.C. 629 et seq.] Promoting Safe and Stable Families—The goal of this legislation is to keep families together by funding such services as prevention intervention so that children do not have to be removed from their homes, services to develop alternative placements if children cannot remain safely in the home, and family reunification services to enable children to return to their homes, if appropriate.
- Title XX of the Social Security Act, [42. U.S.C. 1397 et seq.], Social Services Block Grant (SSBG)—Under this grant, states may use funds for such prevention services as child daycare, child protective services, information and referral, counseling, and foster care, as well as other services that meet the goal of preventing or remedying neglect, abuse, or exploitation of children.

According to a report produced by the Congressional Research Service, child welfare program funding was reduced by \$141 million from FFY 2012 to FFY 2013 (from \$8.00 to \$7.86 billion). While sequestration accounted for approximately 40.0 percent (\$55 million) of the reduction, nearly 60.0 percent was due to increased costs associated with running a federal support program for foster care, adoption assistance, and kinship guardianship.⁶

For FFY 2013, 47 states reported that approximately 3.1 million children received prevention services. This is a reduction from FFY 2012 when 45 states reported approximately 3.2 million children received prevention services.⁷ More information about increases and decreases in recipients and funding may be found in appendix D. The discussion of prevention services counts children by funding source and may include duplication across sources or within sources. Funding sources with the largest number of states reporting data are the Community-Based Child Abuse Prevention Grants (CBCAP) with 38 states and Promoting Safe and Stable Families (35 states). Fewer states reported data for the Child Abuse and Neglect Basic State Grant and the Social Services Block Grant. States continue to work to improve reporting on these funding sources. (See [table 6–1](#) and related notes.)

States continue to work on improving the ability to measure the prevention services they provide. Some of the difficulties with collecting and reporting these data are listed below:

- Children and families may receive services under more than one funding stream and may be counted more than once. Some programs count families, while others count children. Statistical methods are used in this report to estimate the number of children if a family count was provided.
- Prevention services are often provided by local community-based agencies, which may not be required to report on the number of clients they serve.
- Agencies that receive funding through different streams also may report to different agencies. CPS may have difficulty collecting data from all funders or all funded agencies.

Postresponse Services (duplicate count of children)

A child and his or her family may receive CPS services prior to the start of an investigation response or alternative response. However, this report focuses on only those services that were initiated or continued as a result of the response. The analyses include those services that were provided between the report date (date the report was received) and up to 90 days after the disposition date. For services that were begun prior to the report date, if they continued 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.

States provided data on the start of postresponse services. For those children who were not already receiving services at the start of the report, the average number of days from receipt of a report to initiation of services was 41 days. (See [table 6-2](#) and related notes.)

More than 1 million (1,294,118) children received postresponse services from a CPS agency. Two-thirds (63.8%) of duplicate victims and 32.6 percent of duplicate nonvictims received postresponse services. (See [table 6-3](#) and related notes.) Children who received postresponse services are counted per response by CPS and may be counted more than once.

NCANDS classifies children as having either received (1) only in-home services, meaning any service provided to the family while the child remains in the home, or (2) foster care services (the child was removed from home). A child who received foster care services also may have received in-home services prior to, or during, the removal. Among the states that report both foster care and in-home postresponse services, two-thirds (63.6%) of victims who received postresponse services received only in home services. One-third (36.4 %) of victims who received postresponse services received foster care services. For nonvictims who received postresponse services, 89.3 percent received only in-home services and 10.7 percent received foster care services. Some states reported higher-than-the-national percentages of victims and nonvictims who received foster care services. For example, four states reported more than 75 percent (more than double the national percent of 36.4%) of victims who received postresponse services were placed in foster care. For those states, the data suggest an under-reporting of in-home services data, which may have been delivered via a non-CPS service provider. (See [tables 6-4](#), [6-5](#), and related notes.)

An analysis was conducted to examine the maltreatment types of victims who received postresponse services. The largest number and percentage of child victims suffered from neglect only, regardless of whether the victim was removed from home or received only in-home services. However, for the other maltreatment types, the patterns are different for those victims who received foster care services than for those who received in-home services. (See [exhibit 6-A](#) and related notes.)

As shown in exhibit 6-A, the percentage of victims who suffered from more than one type of maltreatment was higher for victims who received foster care services (18.3%) than for victims who received in-home services (14.0%). The combined percentage of victims who suffered physical abuse only, psychological abuse only, and sexual abuse only is twice as high for victims who received in-home services than for victims who received foster care services. These data suggest that children who suffer from a single form of maltreatment are more likely to remain in their home (and receive only in-home services), whereas children who suffer from multiple maltreatment types are more likely to be placed in foster care.

Exhibit 6–A Reported Maltreatment Types of Victims Who Received Foster Care and Only In-Home Services, 2013

Maltreatment Type	Number		Percent	
	Victims (duplicate count) Who Received Foster Care Services	Victims (duplicate count) Who Received Only In-Home Services	Victims (duplicate count) Who Received Foster Care Services	Victims (duplicate count) Who Received Only In-Home Services
SINGLE MALTREATMENT TYPE				
Medical Neglect	961	2,587	0.7	1.0
Neglect	98,534	157,241	68.4	62.5
Other Maltreatment	2,714	1,478	1.9	0.6
Physical Abuse	10,249	29,338	7.1	11.7
Psychological Maltreatment	2,415	10,725	1.7	4.3
Sexual Abuse	2,752	14,982	1.9	6.0
Unknown	17	6	0.0	0.0
MULTIPLE MALTREATMENT TYPES				
Any Two or More Types of Maltreatment	26,370	35,086	18.3	14.0
National	144,012	251,443	100.0	100.0

Based on data from 47 states. This table includes only those states that reported both foster care services and in-home services. The analysis excludes states that did not report at least 1 percent of victims with postresponse services.

States also reported on the number of victims for whom some court action had been undertaken. Court action may include any legal action taken by the CPS agency or the courts on behalf of the child, including authorization to place a child in foster care and applying for temporary custody, protective custody, dependency, or termination of parental rights. In other words, these include children who were removed, as well as other children who may have had petitions while remaining at home. Based on 47 reporting states, 23.1 percent of victims had court actions. (See [table 6–6](#) and related notes.)

States were less able to report on the number of victims with court-appointed representatives. Thirty-six states reported that 21.0 percent of victims received court-appointed representatives. These numbers are likely to be an undercount given the statutory requirement in CAPTA, “in every case involving an abused or neglected child, which results in a judicial proceeding, a Guardian ad Litem... who may be an attorney or a court-appointed special advocate... shall be appointed to represent the child in such proceedings...”⁸ Many states are working to improve the reporting of the court-appointed representative data element. (See [table 6–7](#) and related notes.)

History of Receiving Services (unique count of children)

Two data elements in the Agency File collect information on histories of victims. Based on data from 25 states, 15.6 percent of victims received family preservation services within the previous 5 years. (See [table 6–8](#) and related notes.) Data from 34 states shows that 5.1 percent of victims were reunited with their families within the previous 5 years. (See [table 6–9](#) 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. 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.
- The data source for all tables was the Child File unless otherwise noted.
- A duplicate count of children was used unless otherwise noted.
- Due to the large number of categories, most services are defined in appendix B. The Child File record layout, which includes the services fields, are located on the Children’s Bureau website at <http://www.acf.hhs.gov/programs/cb/resource/about-ncands>
- States that did not report at least 1.0 percent of children with services were excluded from analyses.
- The table layouts were changed for *Child Maltreatment 2013*. National totals and calculations now appear in a single row labeled “National” instead of separate rows labeled total, rate, or percent.

Table 6–1 Children Who Received Prevention Services by Funding Source, 2013

- Data are from the Agency File.
- Children who received prevention services may have received them via CPS or other agencies.
- Children may be counted more than once, under a single funding source and across funding sources.
- Some programs maintain their data in terms of families rather than in terms of children. If a family count was provided, the number of families was multiplied by the average number of children per family (1.88) and used as the estimate of the number of children who received services or added to any counts of children that were also provided. The average number of children per family was retrieved July 2014 from <http://www.census.gov/hhes/families/data/families.html>
- While states have improved reporting under these efforts, more work is needed and states will continue to be encouraged to improve these data.

Table 6–2 Average Number of Days to Initiation of Services, 2013

- This analysis excludes states that did not report service start dates, and reported only foster care services, but not in-home services.
- A subset of children, whose service date was the same day or later than the report date, was constructed (the subset was created by excluding any report with a service date prior to the report date). For these children, the average days to initiation of services was calculated by subtracting the report date from the initiation of services date for each report and calculating the average for each state. The state average was rounded to a whole day.
- A “zero” represents a state average of less than 1 day.
- The national average was calculated by summing the state averages and the resulting total was divided by the number of states that reported these data. The result was rounded to a whole day.

Table 6–3 Children Who Received Postresponse Services, 2013

- A child was counted each time that a CPS response was completed and services were provided. The child was classified as a victim or nonvictim based on the findings of the response.
- This analysis includes only those services that continued after or were initiated after the completion of the CPS response.
- The sum of the number of victims and nonvictims who received in-home services plus the number of victims and nonvictims who received foster care services do not total to the number of victims and nonvictims who received postresponse services on [table 6–3](#). This is because one state reported only in-home services (but not foster care services) and another state reported only foster care services (but not in-home services).

- One state reports postresponse services for only victims and does not report on nonvictims who received such services.
- A few states reported that 100.0 percent of its victims, nonvictims, or both received services.
- These states may be reporting case management services and information and referral services for all children who received a CPS response. Technical assistance will be provided to these states to improve the quality of reporting services data.

Table 6–4 Victims Who Received Foster Care and Only In-Home Postresponse Services, 2013

- A victim was counted each time that a CPS response was completed and only in-home services were provided or each time the victim was removed and received foster care services.
- Victims who received foster care services may also have received in-home services, prior to or during, the removal.
- This table includes only those states that reported both foster care services and in-home services.

Table 6–5 Nonvictims Who Received Foster Care and Only In-Home Postresponse Services, 2013

- A nonvictim was counted each time a CPS response was completed and only in-home services were provided, or each time the nonvictim was removed and received foster care services.
- Nonvictims who received foster care services may also have received in-home services.
- This table includes only those states that reported both foster care services and in-home services.

Table 6–6 Victims With Court Action, 2013

- Additional analyses examined the relationship between removal and court action. While in some states, children who had a court action had been removed, in other states the relationship was not clear.

Table 6–7 Victims With Court-Appointed Representatives, 2013

- Court-appointed representatives include attorneys and court-appointed special advocates (CASA), who represent the interests of the child in a maltreatment hearing.
- States are further examining the relationship between reporting that a child has a court-appointed representative and that the child was the subject of a court action. Variation in dates of activities and representation may contribute to data problems in some states.

Table 6–8 Victims Who Received Family Preservation Services Within the Previous 5 Years, 2013

- Data are from the Child File and Agency File.
- States are encouraged to report the unique counts of victims in this field.
- States are continuing their work to improve the data collection and reporting on this field.

Table 6–9 Victims Who Were Reunited With Their Families Within the Previous 5 Years, 2013

- Data are from the Child File and the Agency File.
- States are encouraged to report the unique counts of victims in this field.
- States are continuing their work to improve the data collection and reporting on this field.

Table 6–1 Children Who Received Prevention Services by Funding Source, 2013

State	Child Abuse and Neglect State Grant	Community-Based Child Abuse Prevention Grants	Promoting Safe and Stable Families	Social Services Block Grant	Other	Total Recipients (duplicate count) of Prevention Services
Alabama	61,950	2,117	2,425			66,492
Alaska		88	364	195	274	921
Arizona			4,557		3,704	8,261
Arkansas	4,347	498	19,355	17,866		42,066
California	11,011	51,079	349,362		142,305	553,758
Colorado		2,884	38,751			41,634
Connecticut	454	1,634			36,582	38,670
Delaware				688	3,099	3,787
District of Columbia	201		154	165	1,305	1,825
Florida		27,598				27,598
Georgia		3,155	246,955		15,528	265,638
Hawaii		691				691
Idaho		2,197	997	1,718	128	5,040
Illinois	10,440	6,796		6,099		23,334
Indiana	26,349	1,169	3,197		15,713	46,428
Iowa	2,067	3,572	30,237			35,876
Kansas		47,405	3,673		119	51,197
Kentucky		2,515	4,812		7,107	14,434
Louisiana		93,926	5,868	14,531	11,370	125,695
Maine						
Maryland				11,409		11,409
Massachusetts						
Michigan						
Minnesota	3,118	4,918	1,079	14,806		23,921
Mississippi		791	1,337	1,618	64,052	67,797
Missouri		7,265	1,544		3,679	12,488
Montana		13,840	3,083			16,923
Nebraska		2,807	5,616			8,423
Nevada		6,238	15,915	50,426	16,000	88,579
New Hampshire	100		705	2,414		3,219
New Jersey		1,271	5,905	203,743		210,919
New Mexico		564	427		981	1,972
New York		10,003			18,348	28,351
North Carolina		2,475	6,651			9,126
North Dakota		2,673	4,074			6,747
Ohio		798,733				798,733
Oklahoma		8,682	6,710		11,005	26,397
Oregon						
Pennsylvania					10,767	10,767
Puerto Rico		3,736	2,656		20,904	27,296
Rhode Island			1,068			1,068
South Carolina			169			169
South Dakota		2,502				2,502
Tennessee	243			2,319	7,719	10,281
Texas		1,944	20,104		635	22,684
Utah		3,127	578		72,804	76,509
Vermont		15,132			5,221	20,353
Virginia	54,420	1,145	31,290		4,683	91,538
Washington	3,282	2,730	39,682			45,694
West Virginia		12,432	40,613	51,743	6,598	111,386
Wisconsin						
Wyoming		1,376	1,586	5,632		8,594
National Total	177,981	1,151,707	901,499	385,372	480,630	3,097,188

Table 6–2 Average Number of Days to Initiation of Services, 2013

State	Children (duplicate count) Who Received Services	Children (duplicate count) Who Received Services On or After the Report Date	Average Number of Days to Initiation of Services
Alabama	7,949	4,016	104
Alaska	2,726	961	59
Arizona	86,470	13,872	95
Arkansas	16,750	16,139	31
California	302,091	282,071	18
Colorado	8,447	3,985	21
Connecticut	10,200	10,200	5
Delaware	1,213	959	42
District of Columbia	585	4	0
Florida	28,916	1,888	42
Georgia	82,932	80,913	11
Hawaii	1,448	1,212	20
Idaho	4,028	3,987	34
Illinois	22,826	15,174	33
Indiana	38,757	19,544	37
Iowa	37,499	34,285	31
Kansas	10,015	5,829	32
Kentucky	54,893	54,093	23
Louisiana	8,031	6,705	35
Maine	1,735	799	104
Maryland			
Massachusetts	73,336	61,676	9
Michigan	39,841	28,599	34
Minnesota	8,210	8,042	41
Mississippi	15,611	7,598	43
Missouri	23,267	5,693	30
Montana	2,301	1,609	48
Nebraska	7,728	6,636	4
Nevada	9,560	6,971	45
New Hampshire	13,117	1,339	76
New Jersey	36,703	19,226	43
New Mexico	5,424	5,020	37
New York			
North Carolina			
North Dakota	1,539	272	31
Ohio	53,360	38,333	38
Oklahoma	27,463	27,368	66
Oregon			
Pennsylvania			
Puerto Rico	1,585	1,585	74
Rhode Island	3,183	2,001	24
South Carolina	24,752	24,752	0
South Dakota			
Tennessee	95,926	7,902	75
Texas	51,099	50,260	60
Utah	25,752	2,409	39
Vermont	1,190	600	64
Virginia	14,051	10,394	72
Washington	10,655	8,404	43
West Virginia	7,214	4,771	40
Wisconsin	7,468	6,634	52
Wyoming	367	295	31
National	1,288,213	895,025	1,896
Average			41

Table 6–3 Children Who Received Postresponse Services, 2013

State	Victims (duplicate count)	Number			Percent	
		Victims (duplicate count) Who Received Postresponse Services	Nonvictims (duplicate count)	Nonvictims (duplicate count) Who Received Postresponse Services	Victims (duplicate count) Who Received Postresponse Services	Nonvictims (duplicate count) Who Received Postresponse Services
Alabama	9,013	4,566	20,592	3,383	50.7	16.4
Alaska	2,821	1,331	8,888	1,395	47.2	15.7
Arizona	14,083	13,845	82,968	72,625	98.3	87.5
Arkansas	11,096	8,798	60,577	7,952	79.3	13.1
California	81,397	68,043	370,965	234,048	83.6	63.1
Colorado	10,648	3,323	35,802	5,124	31.2	14.3
Connecticut	7,878	4,735	20,357	5,465	60.1	26.8
Delaware	1,977	816	14,005	397	41.3	2.8
District of Columbia	2,173	383	12,680	202	17.6	1.6
Florida	51,631	13,433	306,383	15,483	26.0	5.1
Georgia	19,912	11,001	116,538	71,931	55.2	61.7
Hawaii	1,340	888	2,649	560	66.3	21.1
Idaho	1,732	1,350	10,942	2,678	77.9	24.5
Illinois	32,335	12,087	114,910	10,739	37.4	9.3
Indiana	23,680	14,505	130,804	24,252	61.3	18.5
Iowa	12,814	12,814	24,685	24,685	100.0	100.0
Kansas	2,140	1,236	32,612	8,779	57.8	26.9
Kentucky	21,762	19,742	65,651	35,151	90.7	53.5
Louisiana	10,730	5,406	32,941	2,625	50.4	8.0
Maine	4,062	1,283	10,611	452	31.6	4.3
Maryland	13,413	5,122			38.2	
Massachusetts	22,282	22,236	51,887	51,100	99.8	98.5
Michigan	36,450	24,436	201,043	15,405	67.0	7.7
Minnesota	4,332	2,964	24,640	5,246	68.4	21.3
Mississippi	7,960	5,607	28,800	10,004	70.4	34.7
Missouri	1,866	1,302	89,961	21,965	69.8	24.4
Montana	1,481	947	11,193	1,354	63.9	12.1
Nebraska	4,309	2,398	21,554	5,330	55.7	24.7
Nevada	5,659	3,887	21,580	5,673	68.7	26.3
New Hampshire	846	846	12,271	12,271	100.0	100.0
New Jersey	10,105	7,467	83,016	29,236	73.9	35.2
New Mexico	7,466	2,784	21,984	2,640	37.3	12.0
New York						
North Carolina						
North Dakota	1,572	1,123	5,353	416	71.4	7.8
Ohio	29,953	17,836	94,732	35,524	59.5	37.5
Oklahoma	12,462	9,644	50,184	17,819	77.4	35.5
Oregon						
Pennsylvania						
Puerto Rico	9,552	1,346	21,829	239	14.1	1.1
Rhode Island	3,401	1,434	6,796	1,749	42.2	25.7
South Carolina	10,697	10,619	39,847	14,133	99.3	35.5
South Dakota	1,042	520	3,877	263	49.9	6.8
Tennessee	10,687	10,687	85,239	85,239	100.0	100.0
Texas	66,788	38,827	197,813	12,272	58.1	6.2
Utah	9,902	9,546	19,117	16,206	96.4	84.8
Vermont	855	330	4,434	860	38.6	19.4
Virginia	6,041	3,050	60,952	11,001	50.5	18.0
Washington	7,895	3,861	47,342	6,794	48.9	14.4
West Virginia	4,821	4,174	37,756	3,040	86.6	8.1
Wisconsin	4,736	3,117	33,413	4,351	65.8	13.0
Wyoming	733	280	6,039	87	38.2	1.4
National	620,530	395,975	2,758,212	898,143	63.8	32.6

Table 6–4 Victims Who Received Foster Care and Only In-Home Postresponse Services, 2013

State	Victims (duplicate count) Who Received Postresponse Services	Number		Percent	
		Victims (duplicate count) Who Received Foster Care Services	Victims (duplicate count) Who Received Only In-Home Services	Victims (duplicate count) Who Received Foster Care Services	Victims (duplicate count) Who Received Only In-Home Services
Alabama	4,566	1,914	2,652	41.9	58.1
Alaska	1,331	603	728	45.3	54.7
Arizona	13,845	8,657	5,188	62.5	37.5
Arkansas	8,798	2,191	6,607	24.9	75.1
California	68,043	32,700	35,343	48.1	51.9
Colorado	3,323	1,500	1,823	45.1	54.9
Connecticut	4,735	1,116	3,619	23.6	76.4
Delaware	816	161	655	19.7	80.3
District of Columbia	383	348	35	90.9	9.1
Florida	13,433	12,295	1,138	91.5	8.5
Georgia	11,001	3,952	7,049	35.9	64.1
Hawaii	888	566	322	63.7	36.3
Idaho	1,350	854	496	63.3	36.7
Illinois	12,087	665	11,422	5.5	94.5
Indiana	14,505	6,356	8,149	43.8	56.2
Iowa	12,814	2,862	9,952	22.3	77.7
Kansas	1,236	249	987	20.1	79.9
Kentucky	19,742	4,108	15,634	20.8	79.2
Louisiana	5,406	2,978	2,428	55.1	44.9
Maine	1,283	927	356	72.3	27.7
Maryland	5,122	1,308	3,814	25.5	74.5
Massachusetts	22,236	4,047	18,189	18.2	81.8
Michigan	24,436	5,613	18,823	23.0	77.0
Minnesota	2,964	1,601	1,363	54.0	46.0
Mississippi	5,607	2,004	3,603	35.7	64.3
Missouri	1,302	769	533	59.1	40.9
Montana	947	839	108	88.6	11.4
Nebraska	2,398	981	1,417	40.9	59.1
Nevada	3,887	2,607	1,280	67.1	32.9
New Hampshire	846	194	652	22.9	77.1
New Jersey	7,467	2,954	4,513	39.6	60.4
New Mexico	2,784	1,321	1,463	47.4	52.6
New York					
North Carolina					
North Dakota	1,123	252	871	22.4	77.6
Ohio	17,836	5,260	12,576	29.5	70.5
Oklahoma	9,644	3,099	6,545	32.1	67.9
Oregon					
Pennsylvania					
Puerto Rico	1,346	767	579	57.0	43.0
Rhode Island	1,434	656	778	45.7	54.3
South Carolina	10,619	2,130	8,489	20.1	79.9
South Dakota					
Tennessee	10,687	1,649	9,038	15.4	84.6
Texas	38,827	13,221	25,606	34.1	65.9
Utah	9,546	1,100	8,446	11.5	88.5
Vermont	330	148	182	44.8	55.2
Virginia	3,050	941	2,109	30.9	69.1
Washington	3,861	2,566	1,295	66.5	33.5
West Virginia	4,174	891	3,283	21.3	78.7
Wisconsin	3,117	1,858	1,259	59.6	40.4
Wyoming	280	234	46	83.6	16.4
National	395,455	144,012	251,443	36.4	63.6

Table 6–5 Nonvictims Who Received Foster Care and Only In-Home Postresponse Services, 2013

State	Nonvictims (duplicate count) Who Received Postresponse Services	Number		Percent	
		Nonvictims (duplicate count) Who Received Foster Care Services	Nonvictims (duplicate count) Who Received Only In-Home Services	Nonvictims (duplicate count) Who Received Foster Care Services	Nonvictims (duplicate count) Who Received Only In-Home Services
Alabama	3,383	1,705	1,678	50.4	49.6
Alaska	1,395	602	793	43.2	56.8
Arizona	72,625	3,290	69,335	4.5	95.5
Arkansas	7,952	1,447	6,505	18.2	81.8
California	234,048	31,211	202,837	13.3	86.7
Colorado	5,124	489	4,635	9.5	90.5
Connecticut	5,465	677	4,788	12.4	87.6
Delaware	397	21	376	5.3	94.7
District of Columbia	202	118	84	58.4	41.6
Florida	15,483	10,007	5,476	64.6	35.4
Georgia	71,931	2,329	69,602	3.2	96.8
Hawaii	560	101	459	18.0	82.0
Idaho	2,678	91	2,587	3.4	96.6
Illinois	10,739	1,039	9,700	9.7	90.3
Indiana	24,252	1,835	22,417	7.6	92.4
Iowa	24,685	1,460	23,225	5.9	94.1
Kansas	8,779	1,433	7,346	16.3	83.7
Kentucky	35,151	2,767	32,384	7.9	92.1
Louisiana	2,625	900	1,725	34.3	65.7
Maine	452	422	30	93.4	6.6
Maryland					
Massachusetts	51,100	2,442	48,658	4.8	95.2
Michigan	15,405	675	14,730	4.4	95.6
Minnesota	5,246	1,630	3,616	31.1	68.9
Mississippi	10,004	2,085	7,919	20.8	79.2
Missouri	21,965	4,775	17,190	21.7	78.3
Montana	1,354	798	556	58.9	41.1
Nebraska	5,330	672	4,658	12.6	87.4
Nevada	5,673	1,339	4,334	23.6	76.4
New Hampshire	12,271	50	12,221	0.4	99.6
New Jersey	29,236	3,915	25,321	13.4	86.6
New Mexico	2,640	633	2,007	24.0	76.0
New York					
North Carolina					
North Dakota	416	30	386	7.2	92.8
Ohio	35,524	4,050	31,474	11.4	88.6
Oklahoma	17,819	163	17,656	0.9	99.1
Oregon					
Pennsylvania					
Puerto Rico	239	1	238	0.4	99.6
Rhode Island	1,749	239	1,510	13.7	86.3
South Carolina					
South Dakota					
Tennessee	85,239	1,886	83,353	2.2	97.8
Texas	12,272	1,631	10,641	13.3	86.7
Utah	16,206	40	16,166	0.2	99.8
Vermont	860	194	666	22.6	77.4
Virginia	11,001	1,072	9,929	9.7	90.3
Washington	6,794	2,091	4,703	30.8	69.2
West Virginia	3,040	311	2,729	10.2	89.8
Wisconsin	4,351	2,110	2,241	48.5	51.5
Wyoming	87	48	39	55.2	44.8
National	883,747	94,824	788,923	10.7	89.3

Table 6–6 Victims With Court Action, 2013

State	Victims (duplicate count)	Victims (duplicate count) With Court Action	
		Number	Percent
Alabama	9,013	630	7.0
Alaska	2,821	617	21.9
Arizona	14,083	7,583	53.8
Arkansas	11,096	2,609	23.5
California	81,397	27,786	34.1
Colorado	10,648	2,191	20.6
Connecticut	7,878	1,843	23.4
Delaware	1,977	242	12.2
District of Columbia	2,173	283	13.0
Florida	51,631	4,199	8.1
Georgia	19,912	3,952	19.8
Hawaii	1,340	730	54.5
Idaho	1,732	1,061	61.3
Illinois			
Indiana	23,680	13,338	56.3
Iowa	12,814	4,199	32.8
Kansas	2,140	874	40.8
Kentucky	21,762	1,663	7.6
Louisiana	10,730	576	5.4
Maine	4,062	159	3.9
Maryland	13,413	1,692	12.6
Massachusetts	22,282	4,901	22.0
Michigan	36,450	8,914	24.5
Minnesota	4,332	1,575	36.4
Mississippi	7,960	176	2.2
Missouri	1,866	772	41.4
Montana	1,481	890	60.1
Nebraska	4,309	1,593	37.0
Nevada	5,659	2,913	51.5
New Hampshire	846	521	61.6
New Jersey	10,105	2,401	23.8
New Mexico	7,466	1,278	17.1
New York			
North Carolina			
North Dakota	1,572	478	30.4
Ohio	29,953	6,125	20.4
Oklahoma	12,462	2,300	18.5
Oregon	10,836	3,875	35.8
Pennsylvania			
Puerto Rico	9,552	224	2.3
Rhode Island	3,401	1,131	33.3
South Carolina	10,697	2,170	20.3
South Dakota			
Tennessee	10,687	1,164	10.9
Texas	66,788	11,074	16.6
Utah	9,902	1,879	19.0
Vermont	855	209	24.4
Virginia	6,041	948	15.7
Washington	7,895	2,566	32.5
West Virginia	4,821	877	18.2
Wisconsin	4,736	536	11.3
Wyoming	733	238	32.5
National	597,989	137,955	23.1

Table 6–7 Victims With Court-Appointed Representatives, 2013

State	Victims (duplicate count)	Victims (duplicate count) With Court-Appointed Representatives	
		Number	Percent
Alabama	9,013	606	6.7
Alaska	2,821	596	21.1
Arizona	14,083	9,295	66.0
Arkansas	11,096	33	0.3
California	81,397	34,164	42.0
Colorado			
Connecticut			
Delaware	1,977	242	12.2
District of Columbia	2,173	97	4.5
Florida	51,631	294	0.6
Georgia	19,912	4,008	20.1
Hawaii	1,340	670	50.0
Idaho			
Illinois			
Indiana	23,680	3,472	14.7
Iowa	12,814	3,869	30.2
Kansas			
Kentucky	21,762	1,652	7.6
Louisiana			
Maine	4,062	897	22.1
Maryland	13,413	67	0.5
Massachusetts	22,282	4,406	19.8
Michigan			
Minnesota	4,332	1,424	32.9
Mississippi	7,960	2,701	33.9
Missouri			
Montana	1,481	466	31.5
Nebraska	4,309	1,798	41.7
Nevada	5,659	622	11.0
New Hampshire	846	3	0.4
New Jersey	10,105	316	3.1
New Mexico	7,466	1,278	17.1
New York			
North Carolina			
North Dakota	1,572	288	18.3
Ohio	29,953	12,586	42.0
Oklahoma	12,462	2,300	18.5
Oregon			
Pennsylvania			
Puerto Rico	9,552	7	0.1
Rhode Island	3,401	1,090	32.0
South Carolina	10,697	141	1.3
South Dakota			
Tennessee	10,687	78	0.7
Texas			
Utah	9,902	1,879	19.0
Vermont	855	209	24.4
Virginia	6,041	16	0.3
Washington			
West Virginia	4,821	58	1.2
Wisconsin			
Wyoming	733	19	2.6
National	436,290	91,647	21.0

Table 6–8 Victims Who Received Family Preservation Services Within the Previous 5 Years, 2013

State	Victims (unique count)	Victims (unique count) Who Received Family Preservation Services Within the Previous 5 Years	
		Number	Percent
Alabama			
Alaska			
Arizona			
Arkansas	10,370	2,546	24.6
California			
Colorado			
Connecticut			
Delaware			
District of Columbia	2,050	399	19.5
Florida	48,457	6,960	14.4
Georgia	19,062	7,364	38.6
Hawaii			
Idaho	1,674	606	36.2
Illinois			
Indiana			
Iowa			
Kansas	2,063	577	28.0
Kentucky	20,005	791	4.0
Louisiana	10,119	1,497	14.8
Maine	3,820	779	20.4
Maryland	12,397	2,157	17.4
Massachusetts	20,307	5,974	29.4
Michigan			
Minnesota	4,183	1,405	33.6
Mississippi	7,415	72	1.0
Missouri	1,827	284	15.5
Montana			
Nebraska	3,993	376	9.4
Nevada	5,438	92	1.7
New Hampshire	822	58	7.1
New Jersey	9,490	1,363	14.4
New Mexico	6,530	655	10.0
New York			
North Carolina			
North Dakota			
Ohio			
Oklahoma	11,575	845	7.3
Oregon			
Pennsylvania			
Puerto Rico	8,850	9	0.1
Rhode Island			
South Carolina			
South Dakota			
Tennessee			
Texas	64,603	9,879	15.3
Utah	9,306	159	1.7
Vermont	746	181	24.3
Virginia			
Washington	7,132	506	7.1
West Virginia			
Wisconsin			
Wyoming			
National	292,234	45,534	15.6

Table 6–9 Victims Who Were Reunited With Their Families Within the Previous 5 Years, 2013

State	Victims (unique count)	Victims (unique count) Who Were Reunited With Their Families Within the Previous 5 Years	
		Number	Percent
Alabama			
Alaska	2,448	193	7.9
Arizona			
Arkansas	10,370	312	3.0
California			
Colorado			
Connecticut	7,287	266	3.7
Delaware	1,915	33	1.7
District of Columbia	2,050	4	0.2
Florida	48,457	3,422	7.1
Georgia	19,062	855	4.5
Hawaii	1,324	34	2.6
Idaho	1,674	102	6.1
Illinois			
Indiana	21,755	1,189	5.5
Iowa			
Kansas	2,063	372	18.0
Kentucky	20,005	731	3.7
Louisiana	10,119	494	4.9
Maine	3,820	216	5.7
Maryland	12,397	1,098	8.9
Massachusetts	20,307	1,544	7.6
Michigan			
Minnesota	4,183	368	8.8
Mississippi	7,415	23	0.3
Missouri	1,827	83	4.5
Montana			
Nebraska			
Nevada	5,438	592	10.9
New Hampshire	822	37	4.5
New Jersey	9,490	627	6.6
New Mexico	6,530	437	6.7
New York			
North Carolina			
North Dakota			
Ohio	27,562	1,607	5.8
Oklahoma	11,575	723	6.2
Oregon			
Pennsylvania			
Puerto Rico	8,850	8	0.1
Rhode Island	3,132	447	14.3
South Carolina	10,404	152	1.5
South Dakota			
Tennessee	10,377	794	7.7
Texas	64,603	1,323	2.0
Utah	9,306	244	2.6
Vermont	746	10	1.3
Virginia			
Washington	7,132	738	10.3
West Virginia			
Wisconsin	4,526	358	7.9
Wyoming			
National	378,971	19,436	5.1



Reports, Research, and Capacity Building Activities Related to Child Maltreatment

CHAPTER 7

This chapter describes additional activities related to understanding child maltreatment. These activities include technical reports, analytical research, and capacity building initiatives.

Reports on National Statistics

Child Welfare Outcomes Report

Child Welfare Outcomes 2009–2012: Report to Congress (Child Welfare Outcomes) is the 13th in a series of annual reports from the U.S. Department of Health and Human Services (HHS), Children’s Bureau. This series was developed in accordance with section 479A of the Social Security Act (as amended by the Adoption and Safe Families Act of 1997) and provides information about states’ performance on the following national child welfare outcomes:

- Outcome 1—Reduce recurrence of child abuse and/or neglect
- Outcome 2—Reduce the incidence of child abuse and/or neglect in foster care
- Outcome 3—Increase permanency for children in foster care
- Outcome 4—Reduce time in foster care to reunification without increasing reentry
- Outcome 5—Reduce time in foster care to adoption
- Outcome 6—Increase placement stability
- Outcome 7—Reduce placements of young children in group homes or institutions

The Child Welfare Outcomes reports provide state-level data and national trends on the outcome measures. The report series uses data from NCANDS and the Adoption and Foster Care Analysis and Reporting System on 12 original measures as well as data on 15 additional measures that HHS adopted in 2006 to assess state performance during the second round of the Child and Family Services Reviews. The Child Welfare Outcomes reports are available on the Children’s Bureau’s website at <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/cwo>.

The Children's Bureau also established a website where users can create their own custom reports from the Child Welfare Outcomes data. The custom reports may be displayed as a table, graph, or map, and can include demographic data. This site enables the data to be available to members of Congress and the public several months prior to the dissemination of the full report. Currently, FFY 2012 data are available at <http://cwoutcomes.acf.hhs.gov/data/overview>.

For further information about the *Child Welfare Outcomes 2009–2012: Report to Congress*, contact:

Sharon Newburg-Rinn, Ph.D.

Social Science Research Analyst

Office of Data, Analysis, Research, and Evaluation/ACYF/ACF/HHS

1250 Maryland Avenue SW, 8th Floor

Washington, DC 20024

202–205–0749

sharon.newburg-rinn@acf.hhs.gov

Capacity Building Activities

Maternal, Infant, and Early Childhood Home Visiting Program

The Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) was created from the Patient Protection and Affordable Care Act (P.L. 111–148), and receives its funding via the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA). HRSA and ACF, partnered to implement the program. The purpose of MIECHV is to respond to the diverse needs of children and families in communities at-risk and to provide an opportunity for 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.

Grantees include the 50 states, the District of Columbia, tribes, and tribal organizations. All grantees received funds to support evidence-based home visiting programs to improve the well being of families with young children. In March 2014, Congress extended funding through March 2015, building on the initial \$1.5 billion investment. Program information and grant opportunities are available on the HRSA MIECHV website at <http://mchb.hrsa.gov/programs/homevisiting>.

For additional information about MIECHV, please contact:

David Willis, M.D.

Director

Division of Home Visiting and Early Childhood Systems/HRSA

301–443–8590

Tribal Home Visiting Technical Assistance Center

The Tribal Home Visiting Technical Assistance Center (VisTA) was created in April 2012 under a contract from the Administration for Children and Families (ACF), Children's Bureau (CB), Office on Child Abuse and Neglect (OCAN). VisTA brings together the expertise and capabilities of staff from several organizations: Walter R. McDonald and Associates, Inc., Arizona State University School of Social Work Office of American Indian Projects, and the University of Colorado Denver Centers for American Indian and Alaska Native Health.

The overarching goal of the VisTA is to build the capacity of the Tribal Maternal, Infant, and Early Childhood Home Visiting grantees funded through ACF's Office of Child Care. VisTA's efforts support major programmatic activities to ensure that home visiting programs are implemented effectively and with fidelity to evidence-based models and promising approaches. VisTA provides programmatic technical assistance to grantees in order to strengthen project planning, enhance project management, improve service delivery, strengthen the workforce, and promote project integration. Technical assistance is provided by VisTA through a number of mechanisms, including site visits, phone consultation, webinars, the Tribal Home Visiting Portal, dissemination tools, and document review.

For additional information about VisTA, please contact:

Anne Bergan

Social Science Research Analyst

901 D Street SW, Aerospace Building, 7th floor

Washington, DC 20024

202-260-8515

anne.bergan@acf.hhs.gov

Community-Based Child Abuse Prevention (CBCAP) Grants

This grant 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. To receive funds, the governor of the state must designate a lead agency to receive the funds and implement the program. Program features include:

- Federal, state, and private funds are blended and made available to community agencies for child abuse and neglect prevention activities and family support programs.
- Emphasis on the involvement of parents in the planning and program implementation of the lead agency and entities carrying out local programs.
- Interagency collaborations with public and private agencies in the states to form a child abuse prevention network to promote greater coordination of resources.
- Use of funds to support programs such as voluntary home visiting programs, parenting programs, family resource centers, respite, parent mutual support, and other family support programs.
- Emphasis on promoting the increased use and high quality implementation of evidence-based and evidence-informed programs and practices.
- A focus on the continuum of evaluation approaches, which use both qualitative and quantitative methods to assess the effectiveness of the funded programs and activities.
- NCANDS data are used to assess CBCAP's performance on the effectiveness of CBCAP-sponsored primary prevention efforts with regard to:
 - (A) A reduction of the overall rate of children who become first-time victims each year of the reporting states' population of children (younger than 18 years).
 - (B) A reduction in the overall rate of adults who become first-time perpetrators each year of the reporting states' population of adults (older than 18 years).

For further information regarding the CBCAP program, please visit <http://www.friendsnrc.org> or contact:

Rosie Gomez
Child Welfare Program Specialist
Office on Child Abuse and Neglect/CB/ACYF/ACF/HHS
1250 Maryland Avenue SW, 8th Floor
Washington, DC 20024
202-205-7403
rosie.gomez@acf.hhs.gov

National Data Archive on Child Abuse and Neglect

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 sources in their research. NDACAN acquires data sets from various national data collection efforts and from individual researchers, prepares the data and documentation for secondary analysis, and disseminates the data sets to researchers who are qualified to use the data. NDACAN houses the NCANDS’s Child Files and Agency Files and licenses qualified researchers to use the data in their work. Please note that NDACAN serves as the repository for the NCANDS data sets, but is not the author of the Child Maltreatment report series.

NDACAN also maintains the child abuse and neglect Digital Library (canDL), a database of publications and references related to NDACAN datasets and secondary research. Users can search for documents by topic (e.g., “alternative response”), data set (e.g., “NCANDS”), or any keywords of interest. More information about the database is available at <http://www.ndacan.cornell.edu>.

For more information about access to NDACAN, researchers may contact:

John Eckenrode, Ph.D.
Director
National Data Archive on Child Abuse and Neglect
Bronfenbrenner Center for Translational Research
Beebe Hall, Cornell University
Ithaca, NY 148533
607-255-7799
ndacan@cornell.edu

Regional Partnership Grant (RPG) Program

During 2007, the Children’s Bureau funded 53 Regional Partnership Grants (RPGs). The grants were funded to support interagency collaborations and the integration of programs, services, and activities to increase well-being, improve permanency, and enhance the safety of children who are in, or at-risk of, out-of-home placements. Federal leaders and policymakers have intensified their focus on evidence-based and evidence-informed practices in budgeting and program decisions.

During 2012, the Children’s Bureau awarded new 5-year RPG projects to 17 partnerships in 15 states and 2-year extension grants to 8 of the regional partnership grants funded in 2007. The partnerships will implement varied interventions, such as family drug courts, comprehensive substance abuse treatment, or in-home parenting and child safety support for families. For more information, please visit <http://www.ncsacw.samhsa.gov/technical>.

For additional information about the Regional Partnership Grant (RPG) Program, contact:

Elaine Stedt
Child Welfare Program Specialist
Children’s Bureau/ACYF/ACF/HHS
1250 Maryland Ave, SW
Washington, DC 20024
202–205–7941
elaine.stedt@acf.hhs.gov

Melissa Lim Brodowski, P.h.D., M.S.W., M.P.H.,
Senior Child Welfare Program Specialist
Office on Child Abuse and Neglect/CB/ACYF/ACF/HHS
1250 Maryland Avenue SW, 8th Floor
Washington, DC 20024
202–205–2629
melissa.brodowski@acf.hhs.gov

The Future of NCANDS and Suggestions for Future Research

The underlying causes and effects of child maltreatment continue to be compelling research issues. The most effective programs to prevent child abuse and neglect or the recurrence of child abuse and neglect are also of interest. Research and evaluation studies are needed to provide the necessary information so that both public and private providers of services can address the needs of children and their families more effectively and efficiently.

The Administration for Children, Youth, and Families requested a research update from the National Research Council’s 1993 report *Understanding Child Abuse and Neglect*. The stated goal was to, “provide recommendations for allocating existing research funds and also suggest funding mechanisms and topic areas to which new resources could be allocated or enhanced resources could be redirected.” An updated report, *New Directions in Child Abuse and Neglect Research*, was released in 2013.⁹ Copies of the original and the updated report may be purchased from the National Academies Press at <http://www.nap.edu/>. Some of the research ideas and suggestions in the updated report were incorporated into the suggestions for future research listed below:

- To what extent are demographic (age, sex, race) disparities evident in child and caregiver risk factor data? Are disparities consistent across risk factors?
- What risk factors are present in fatal child abuse and are there any commonalities?
- How does family composition affect the likelihood that child maltreatment will occur? Is child maltreatment more likely to occur in households with three children than single child households?
- Some states implemented alternative response programs at the county level. How do child outcomes compare in counties with alternative response programs to child outcomes in counties without alternative response? How does rereporting compare in counties with alternative response versus counties without alternative response?
- If immigrant children become the responsibility of CPS agencies, what changes will be necessary to accommodate the needs of these children?
- How have laws enacted during the past 10 years affected the numbers and rates of child abuse and neglect victims?

Appendixes





Required CAPTA Data Items

APPENDIX A

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

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

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

** Items in bold are new or modified by the CAPTA Reauthorization Act of 2010. The items listed under number (10) will not be collected by NCANDS.*



Glossary

APPENDIX B

Acronyms

- AFCARS:** Adoption and Foster Care Analysis and Reporting System
- CAPTA:** Child Abuse Prevention and Treatment Act
- CASA:** Court-appointed special advocate
- CBCAP:** Community-Based Child Abuse Prevention Program
- CFSR:** Child and Family Services Reviews
- CHILD ID:** Child identifier
- CPS:** Child protective services
- FFY:** Federal fiscal year
- FIPS:** Federal information processing standards
- FTE:** Full-time equivalent
- GAL:** Guardian ad litem
- IDEA:** Individuals with Disabilities Education Act
- NCANDS:** National Child Abuse and Neglect Data System
- NYTD:** National Youth in Transition Database
- MIECHV:** Maternal, Infant, and Early Childhood Home Visiting Program
- OMB:** Office of Management and Budget
- PERPETRATOR ID:** Perpetrator identifier
- PSSF:** Promoting Safe and Stable Families
- REPORT ID:** Report identifier
- SACWIS:** Statewide Automated Child Welfare Information System
- SDC:** Summary data component
- SSBG:** Social Services Block Grant
- TANF:** Temporary Assistance for Needy Families

Definitions

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

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

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

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

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

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

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

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

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

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

ALLEGED VICTIM REPORT SOURCE: A child who alleges to have been a victim of child maltreatment and who makes a report of the allegation.

ALTERNATIVE RESPONSE NONVICTIM: The provision of a response other than an investigation that did not determine that a child in the report was a victim of maltreatment. The terms differential response, multiple response, or family assessment response are sometimes used instead of alternative response.

ALTERNATIVE RESPONSE VICTIM: The provision of a response other than an investigation that determines a child in the report was a victim of maltreatment. The terms differential response, multiple response, or family assessment response are sometimes used instead of alternative response.

AMERICAN INDIAN or ALASKA NATIVE: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

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

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

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

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

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

BLACK or AFRICAN-AMERICAN: A person having origins in any of the black racial groups of Africa.

BOY: A male child younger than 18 years.

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

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

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

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

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

CHILD: A person who has not attained the lesser of (a) the age of 18 or (b) except in the case of sexual abuse, the age specified by the child protection law of the state in which the child resides.

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

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

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

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

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

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

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

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

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

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

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

CHILD PROTECTIVE SERVICES (CPS) SUPERVISOR: The manager of the 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: In NCANDS, a victim is a child for whom the state determined at least one maltreatment was substantiated or indicated; and a disposition of substantiated, indicated, or alternative response victim 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. It is important to note that a child may be a victim in one report and a nonvictim in another report.

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

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

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

COUNSELING SERVICES: Activities that apply the therapeutic processes to personal, family, situational, or occupational problems to bring about a positive resolution of the problem or improved individual or family functioning or circumstances.

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

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

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

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

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

CHILD 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 or more of the following risk factors has been identified: mentally retarded child, emotionally disturbed child, visually impaired child, child is learning disabled, child is physically disabled, child has behavioral problems, or child has some other medical problem. In general, children with such conditions are undercounted as not every child receives a clinical diagnostic assessment.

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

DOMESTIC VIOLENCE: Incidents of physical or emotional abuse perpetrated by one of the spouses or parent figures upon the other spouse or parent figure in the child's home environment.

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

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

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

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

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

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

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

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

FAMILY PRESERVATION SERVICES: Activities designed to help families alleviate crises that might lead to out-of-home placement of children, maintain the safety of children in their own homes, support families to reunify or adopt, and assist families to obtain services and other supports in a culturally sensitive manner.

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

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

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

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

FINDING: See DISPOSITION.

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

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

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

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

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

GIRL: A female child younger than 18 years.

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

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

GUARDIAN AD LITEM: See COURT-APPOINTED REPRESENTATIVE.

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

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

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

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

IDEA: See Individuals with Disabilities Education Improvement Act

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

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

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

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

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

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

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

INTAKE: The activities associated with the receipt of a referral and the decision of whether or not to accept it for a CPS response.

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

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

INVESTIGATION: A type of CPS response that involves the gathering of objective information to determine whether a child was maltreated or is at-risk of maltreatment and establishes if an intervention is needed. Generally includes face-to-face contact with the alleged victim and results in a disposition as to whether or not the alleged maltreatment occurred.

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

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

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

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

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

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

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

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

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

MALTREATMENT TYPE: A particular form of child maltreatment that received a CPS response. Types include medical neglect, neglect or deprivation of necessities, physical abuse, psychological or emotional maltreatment, sexual abuse, and other forms included in state law. NCANDS conducts analyses on maltreatments that received a disposition of substantiated, indicated, and alternative response victim.

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

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

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

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

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

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

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

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

NATIONAL YOUTH IN TRANSITION DATABASE (NYTD): Public Law 106–169 established the John H. Chafee Foster Care Independence Program (CFCIP), which provides states with flexible funding to

assist youth with transitioning from foster care to self-sufficiency. The law required a data collection system to track the independent living services states provide to youth and outcome measures to assess states' performance in operating their independent living programs. The National Youth in Transition Database (NYTD) requires states engage in two data collection activities: (1) to collect information on each youth who receives independent living services paid for or provided by the state agency that administers the CFCIP; and (2) to collect demographic and outcome information on certain youth in foster care whom the state will follow over time to collect additional outcome information. States begin collecting data for NYTD on October 1, 2010 and report data to ACF semiannually.

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

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

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

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

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

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

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

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

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

OTHER RELATIVE: A nonparental family member.

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

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

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

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

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

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

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

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

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

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

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

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

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

POSTRESPONSE SERVICES (also known as Postinvestigation Services): Activities provided or arranged by the child protective services agency, social services agency, or the child welfare agency for the child or family as a result of needs discovered during the course of 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 may be 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 such federal funds as the Child

Abuse and Neglect Basic State Grant, Community-Based Family Resource and Support Grant, the Promoting Safe and Stable Families Program (title IV–B, subpart 2), Maternal and Child Health Block Grant, Social Services Block Grant (title XX), and state and local funds. Such activities do not include public awareness campaigns.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SERVICES: See POSTRESPONSE SERVICES and PREVENTION SERVICES.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

VISUALLY OR HEARING IMPAIRED: 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, indicated, or alternative response victim 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. It is important to note that a child may be a victim in one report and a nonvictim in another report.

WHITE: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

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

WORKFORCE: Total number of workers in a CPS agency.



State Characteristics

APPENDIX C

Administrative Structure

States vary in how they administer and deliver child welfare services. Forty states (including the District of Columbia and the Commonwealth of Puerto Rico) have a centralized system classified as state administered. Ten states are classified as state supervised, county administered; and two states are classified as “hybrid” meaning they are partially administered by the state and partially administered by counties. Each state’s administrative structure (as submitted by the state as part of commentary in appendix D) 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. In prior years, states that were not able to submit case-level data in the Child File submitted an aggregate-only data file called the Summary Data Component (SDC). As all states have the capacity to submit state-level data, the SDC was discontinued as of the 2012 data collection. Each state’s submitted data files is provided in [table C-1](#).

Once validated, the Child Files and Agency Files are loaded into a multiyear, multistate relational database—the Enhanced Analytical Database (EAD). Loading these data into the relational database enables the production of a multidimensional data cube for state-level analyses. The FFY 2013 flat file dataset is available to researchers as of December 2014 from the National Data Archive on Child Abuse and Neglect (NDACAN).

Child Population Data

The child population data for years 2009–2013 are displayed by state in [table C-2](#). The 2013 child population data for the demographics of age, sex, and race and ethnicity are displayed by state in [table C-3](#). The adult population is displayed in [table C-4](#).

Table C-1 State Administrative Structure, Level of Evidence, and Data Submissions, 2013

State	Administrative Structure			Level of Evidence					Data Files
	Hybrid	State Administered	State Supervised, County Administered	Clear and Convincing	Credible	Probable Cause	Preponderance	Reasonable	Agency File and Child File
Alabama		■					■		■
Alaska		■					■		■
Arizona						■			■
Arkansas		■					■		■
California			■				■		■
Colorado			■				■		■
Connecticut		■					■		■
Delaware		■					■		■
District of Columbia		■			■				■
Florida		■					■		■
Georgia		■					■		■
Hawaii		■					■		■
Idaho		■					■		■
Illinois		■			■				■
Indiana		■					■		■
Iowa		■					■		■
Kansas		■		■					■
Kentucky		■					■		■
Louisiana		■						■	■
Maine		■					■		■
Maryland		■					■		■
Massachusetts		■						■	■
Michigan		■					■		■
Minnesota			■				■		■
Mississippi		■			■				■
Missouri		■					■		■
Montana		■					■		■
Nebraska		■					■		■
Nevada	■				■				■
New Hampshire		■					■		■
New Jersey		■					■		■
New Mexico		■			■				■
New York			■		■				■
North Carolina			■				■		■
North Dakota			■				■		■
Ohio			■		■				■
Oklahoma		■			■				■
Oregon		■						■	■
Pennsylvania			■	■					■
Puerto Rico		■					■		■
Rhode Island		■					■		■
South Carolina		■					■		■
South Dakota		■					■		■
Tennessee		■					■		■
Texas		■					■		■
Utah		■						■	■
Vermont		■						■	■
Virginia			■				■		■
Washington		■					■		■
West Virginia		■					■		■
Wisconsin	■						■		■
Wyoming			■				■		■
Reporting States	2	40	10	2	8	1	36	5	52

Table C-2 Child Population, 2009–2013

State	Child Population				
	2009	2010	2011	2012	2013
Alabama	1,128,864	1,130,966	1,125,763	1,117,489	1,111,481
Alaska	183,546	187,902	188,329	188,162	188,132
Arizona	1,732,019	1,628,563	1,616,353	1,617,149	1,616,814
Arkansas	709,968	711,947	710,576	710,471	709,866
California	9,435,682	9,284,094	9,252,336	9,209,007	9,174,877
Colorado	1,227,763	1,226,619	1,230,178	1,232,864	1,237,932
Connecticut	807,985	814,187	805,109	794,959	785,566
Delaware	206,993	205,478	204,801	204,586	203,558
District of Columbia	114,036	101,309	103,906	107,642	111,474
Florida	4,057,773	3,999,532	4,002,550	4,012,421	4,026,674
Georgia	2,583,792	2,490,884	2,488,898	2,487,831	2,489,709
Hawaii	290,361	303,812	305,396	305,981	307,266
Idaho	419,190	428,961	428,535	427,177	427,781
Illinois	3,177,377	3,122,092	3,089,833	3,057,042	3,023,307
Indiana	1,589,365	1,605,883	1,598,091	1,589,655	1,586,027
Iowa	713,155	727,717	725,522	723,917	724,032
Kansas	704,951	727,729	726,787	726,668	724,092
Kentucky	1,014,323	1,023,679	1,021,926	1,017,350	1,014,004
Louisiana	1,123,386	1,118,576	1,116,579	1,114,620	1,112,957
Maine	271,176	273,061	268,737	264,846	261,276
Maryland	1,351,935	1,351,983	1,348,766	1,346,235	1,344,522
Massachusetts	1,433,002	1,415,962	1,407,240	1,399,417	1,393,946
Michigan	2,349,892	2,333,121	2,299,116	2,269,365	2,245,201
Minnesota	1,260,797	1,282,693	1,280,424	1,278,050	1,279,111
Mississippi	767,742	754,111	747,742	742,941	737,432
Missouri	1,431,338	1,424,042	1,414,444	1,405,015	1,397,685
Montana	219,828	223,292	222,977	222,905	223,981
Nebraska	451,641	459,621	460,872	462,673	464,348
Nevada	681,033	663,180	659,236	659,655	661,605
New Hampshire	289,071	285,702	280,486	275,818	271,122
New Jersey	2,045,848	2,062,013	2,049,453	2,035,106	2,022,117
New Mexico	510,238	518,763	516,513	512,314	507,540
New York	4,424,083	4,318,033	4,294,555	4,264,694	4,239,976
North Carolina	2,277,967	2,282,288	2,284,238	2,284,122	2,285,605
North Dakota	143,971	150,179	152,357	156,765	162,688
Ohio	2,714,341	2,722,589	2,693,469	2,668,125	2,649,830
Oklahoma	918,849	931,483	935,714	939,911	947,027
Oregon	872,811	865,129	862,518	859,910	857,606
Pennsylvania	2,775,132	2,785,316	2,761,343	2,737,905	2,715,645
Puerto Rico	963,847	896,945	869,327	841,740	814,068
Rhode Island	226,825	223,088	219,783	216,591	213,987
South Carolina	1,080,732	1,079,978	1,076,524	1,077,455	1,079,798
South Dakota	199,616	203,145	203,948	205,298	207,959
Tennessee	1,493,252	1,495,090	1,491,837	1,492,689	1,491,577
Texas	6,895,969	6,879,014	6,931,758	6,985,807	7,041,986
Utah	868,824	873,019	881,350	888,578	896,589
Vermont	126,275	128,601	126,500	124,555	122,701
Virginia	1,847,182	1,855,025	1,857,585	1,861,323	1,864,535
Washington	1,569,592	1,581,436	1,584,709	1,588,451	1,595,795
West Virginia	386,449	387,224	385,283	384,030	381,678
Wisconsin	1,310,250	1,336,094	1,325,870	1,316,113	1,307,776
Wyoming	132,025	135,351	135,407	136,526	137,679
National	75,512,062	75,016,501	74,771,549	74,549,919	74,399,940

Table C-3 Child Population Demographics, 2013 (continued)

State	Child Population								
	Age								
	<1	1	2	3	4	5	6	7	8
Alabama	58,439	59,096	59,328	60,254	59,987	62,032	62,120	61,320	60,830
Alaska	11,558	11,101	11,513	10,499	10,721	10,730	10,555	10,475	10,137
Arizona	84,900	84,914	84,824	88,171	88,949	92,702	93,706	92,203	91,373
Arkansas	38,310	38,871	38,666	38,307	38,762	40,033	40,597	40,104	39,752
California	500,877	498,516	509,293	501,235	497,615	517,021	518,927	511,546	508,981
Colorado	65,958	65,764	67,130	67,795	68,489	70,574	71,272	71,320	70,940
Connecticut	37,395	37,747	38,566	38,700	39,529	41,186	42,293	43,118	43,783
Delaware	11,264	11,327	11,528	11,199	11,001	11,337	11,410	11,352	11,325
District of Columbia	9,111	8,680	8,726	7,739	6,711	6,647	6,355	5,842	5,648
Florida	215,702	216,687	216,504	215,320	214,100	223,896	225,731	223,599	222,094
Georgia	131,584	133,139	133,121	135,428	135,236	140,569	141,992	140,865	140,152
Hawaii	18,735	18,236	18,666	17,620	17,513	17,710	17,297	17,010	17,062
Idaho	22,089	21,802	22,679	23,100	23,817	24,546	24,799	24,567	24,800
Illinois	157,563	158,546	160,047	161,305	161,558	167,053	168,120	168,093	168,629
Indiana	82,927	83,764	83,758	84,867	85,499	88,123	89,237	88,471	88,430
Iowa	38,178	38,743	38,271	39,575	39,959	41,239	41,488	41,204	40,485
Kansas	39,597	39,574	40,139	40,721	40,375	41,525	41,286	40,742	40,541
Kentucky	54,403	55,036	55,197	55,321	54,917	57,253	57,324	56,791	56,493
Louisiana	60,988	61,318	61,797	61,938	62,176	64,082	64,377	62,472	61,548
Maine	12,617	12,916	12,850	13,181	13,450	13,988	14,256	14,495	14,734
Maryland	73,267	73,420	74,509	73,099	72,915	75,209	75,113	74,372	73,814
Massachusetts	73,511	73,317	74,050	72,401	72,267	74,980	75,360	75,486	76,526
Michigan	112,871	113,624	114,368	115,556	116,349	119,955	122,004	122,611	123,759
Minnesota	68,678	69,158	69,549	70,055	70,127	72,578	73,202	72,272	72,429
Mississippi	38,913	39,600	39,217	39,963	40,733	42,854	43,440	41,749	41,263
Missouri	74,533	75,180	75,208	75,785	76,131	78,460	78,751	78,731	77,882
Montana	12,140	12,169	12,089	12,321	12,553	12,759	13,048	12,644	12,476
Nebraska	25,677	25,935	25,929	26,258	26,361	26,850	26,760	26,546	26,360
Nevada	35,209	34,743	35,415	36,198	36,629	38,330	38,360	37,499	36,974
New Hampshire	12,924	12,935	13,332	12,996	13,474	13,928	14,459	14,743	14,960
New Jersey	105,176	106,665	108,291	106,942	106,161	109,618	111,130	111,022	112,020
New Mexico	27,197	27,392	28,009	28,101	28,025	29,308	29,216	28,811	28,758
New York	239,298	237,552	240,147	231,058	225,572	230,215	230,121	228,579	229,229
North Carolina	119,697	120,946	121,465	124,560	125,627	129,374	130,044	129,033	128,278
North Dakota	10,088	9,955	9,631	9,465	9,628	9,693	9,676	9,327	9,088
Ohio	135,733	137,133	137,507	139,113	141,335	144,986	146,847	147,294	146,327
Oklahoma	52,153	52,555	52,926	53,420	53,425	54,437	54,611	53,373	53,320
Oregon	45,258	45,424	45,999	46,274	47,067	48,358	48,655	47,914	47,514
Pennsylvania	142,561	143,179	143,793	142,606	143,765	148,041	148,781	149,249	149,106
Puerto Rico	38,288	38,994	39,180	41,225	41,658	41,821	43,093	44,099	44,637
Rhode Island	10,912	10,930	10,973	10,891	10,926	11,594	11,564	11,862	11,916
South Carolina	57,412	57,700	57,604	59,384	60,216	61,903	62,580	60,995	60,067
South Dakota	12,143	11,997	11,986	11,906	11,925	12,300	12,264	11,974	11,746
Tennessee	79,296	79,982	78,908	80,449	81,042	84,279	84,167	83,677	82,500
Texas	382,650	384,082	390,155	392,638	391,300	401,572	400,578	398,548	398,186
Utah	50,052	49,762	50,451	51,269	52,333	53,177	52,869	52,063	51,809
Vermont	6,015	6,140	6,150	6,000	6,173	6,489	6,739	6,598	6,775
Virginia	102,792	103,171	103,021	102,009	101,122	105,027	104,918	104,401	104,317
Washington	88,252	89,082	89,099	88,858	89,329	91,196	90,777	88,770	88,089
West Virginia	20,317	20,578	20,510	20,352	20,437	21,290	21,174	20,992	21,064
Wisconsin	67,277	68,399	68,718	69,531	70,406	72,465	73,565	73,235	73,128
Wyoming	7,586	7,460	7,523	7,805	7,973	8,326	8,276	8,094	7,788
National	3,980,071	3,994,936	4,028,315	4,030,763	4,033,348	4,163,618	4,185,284	4,152,152	4,139,842

Table C-3 Child Population Demographics, 2013 (continued)

State	Child Population								
	Age								
	9	10	11	12	13	14	15	16	17
Alabama	61,240	60,771	61,508	64,482	65,671	63,938	64,130	63,210	63,125
Alaska	10,163	10,031	9,959	9,953	10,453	10,030	9,882	10,096	10,276
Arizona	90,125	90,818	89,527	91,963	92,953	90,437	89,676	89,958	89,615
Arkansas	39,415	39,347	38,864	40,007	40,534	39,755	39,631	39,663	39,248
California	505,705	500,678	494,658	507,930	515,250	509,859	515,779	525,455	535,552
Colorado	71,377	70,748	69,351	70,256	70,030	67,866	66,665	66,246	66,151
Connecticut	44,714	44,701	45,269	46,356	47,802	48,114	48,113	49,060	49,120
Delaware	11,453	11,390	11,018	11,492	11,683	11,465	11,351	10,656	11,307
District of Columbia	5,384	5,053	5,083	5,122	5,092	4,891	4,997	5,056	5,337
Florida	217,945	219,382	220,575	228,367	233,635	230,832	232,207	233,624	236,474
Georgia	140,001	139,204	139,402	142,555	144,361	140,022	138,686	137,154	136,238
Hawaii	17,154	16,706	16,107	16,535	16,544	16,295	15,980	15,926	16,170
Idaho	24,425	24,180	24,179	24,368	24,473	23,979	23,368	23,369	23,241
Illinois	170,530	169,299	169,095	172,782	175,091	172,123	173,343	173,801	176,329
Indiana	89,359	88,379	88,286	90,993	92,585	90,828	90,408	89,545	90,568
Iowa	40,688	40,231	39,804	40,661	41,165	40,410	40,575	40,653	40,703
Kansas	40,592	40,293	39,338	40,357	40,857	39,771	39,731	39,057	39,596
Kentucky	56,770	56,134	55,671	57,346	58,451	57,536	56,755	56,123	56,483
Louisiana	61,395	60,655	60,349	62,297	63,464	61,973	61,067	60,495	60,566
Maine	14,793	14,621	14,711	15,170	15,531	15,689	15,776	16,086	16,412
Maryland	74,152	73,382	73,505	75,928	76,853	75,928	75,780	76,194	77,082
Massachusetts	77,764	78,430	77,928	79,821	81,160	81,024	81,870	83,141	84,910
Michigan	126,039	125,580	126,840	131,712	134,121	133,393	134,209	135,479	136,731
Minnesota	72,921	71,290	70,018	71,520	71,916	70,548	70,514	71,018	71,318
Mississippi	40,810	40,186	40,126	41,779	42,829	41,514	41,303	40,312	40,841
Missouri	78,162	77,168	76,706	78,971	80,359	78,947	79,089	78,649	78,973
Montana	12,361	12,344	12,240	12,450	12,331	12,347	12,401	12,630	12,678
Nebraska	26,380	25,902	25,498	25,628	25,482	24,903	24,567	24,618	24,694
Nevada	37,146	36,559	36,165	37,056	37,439	36,689	36,824	36,963	37,407
New Hampshire	15,336	15,609	15,715	15,993	16,539	16,427	16,964	17,234	17,554
New Jersey	113,802	113,131	112,654	115,281	117,813	116,707	117,454	118,468	119,782
New Mexico	28,527	28,017	27,991	28,365	28,635	28,063	27,889	27,489	27,747
New York	231,293	231,107	231,159	235,959	241,548	239,222	241,529	245,454	250,934
North Carolina	128,664	127,532	128,168	132,114	132,911	129,448	127,366	125,334	125,044
North Dakota	8,760	8,510	8,315	8,235	8,306	8,293	8,456	8,645	8,617
Ohio	148,463	147,610	148,708	154,001	156,266	154,012	154,907	153,820	155,768
Oklahoma	53,103	52,205	52,027	52,143	52,651	52,222	51,727	50,457	50,272
Oregon	47,615	47,385	47,053	48,144	49,213	48,703	48,607	49,113	49,310
Pennsylvania	151,268	150,465	150,759	154,703	158,682	157,053	158,030	160,195	163,409
Puerto Rico	44,071	44,496	46,010	49,601	51,554	49,566	51,234	52,040	52,501
Rhode Island	12,213	12,000	12,090	12,166	12,500	12,529	12,743	12,982	13,196
South Carolina	59,963	59,406	59,530	61,303	62,590	60,529	60,134	59,241	59,241
South Dakota	11,548	11,172	10,793	10,909	11,100	10,925	10,868	11,129	11,274
Tennessee	83,330	82,966	83,122	84,859	86,485	85,366	84,012	83,172	83,965
Texas	397,585	393,148	390,359	395,617	397,710	386,296	382,161	381,109	378,292
Utah	51,080	50,567	48,961	49,008	48,884	47,180	46,321	45,914	44,889
Vermont	6,864	7,031	6,951	7,033	7,383	7,436	7,555	7,661	7,708
Virginia	104,230	103,355	102,479	104,714	105,799	103,684	102,799	103,452	103,245
Washington	87,657	86,634	85,612	87,991	89,202	88,269	88,953	88,945	89,080
West Virginia	21,207	21,258	21,268	21,560	22,211	21,782	21,909	21,621	22,148
Wisconsin	74,149	73,198	73,094	74,620	76,053	74,884	74,904	74,935	75,215
Wyoming	7,715	7,490	7,330	7,300	7,368	7,303	7,480	7,509	7,353
National	4,147,406	4,117,754	4,101,928	4,205,476	4,269,518	4,197,005	4,198,679	4,210,156	4,243,689

Table C-3 Child Population Demographics, 2013

State	Child Population								
	Sex		Race and Ethnicity						
	Boy	Girl	African-American	American Indian or Alaska Native	Asian	Hispanic	Multiple Race	Pacific Islander	White
Alabama	567,030	544,451	331,265	5,829	14,129	75,089	30,946	627	653,596
Alaska	96,970	91,162	6,241	33,408	10,060	16,584	23,072	3,050	95,717
Arizona	824,959	791,855	70,566	81,018	42,211	699,609	58,332	2,830	662,248
Arkansas	362,815	347,051	129,837	5,565	10,273	80,724	23,939	2,876	456,652
California	4,690,692	4,484,185	494,605	35,503	993,917	4,762,877	413,223	32,301	2,442,451
Colorado	634,185	603,747	50,718	7,340	34,933	384,226	50,601	1,733	708,381
Connecticut	401,573	383,993	87,400	2,005	37,132	170,338	28,064	341	460,286
Delaware	103,485	100,073	50,997	562	7,639	29,096	10,239	90	104,935
District of Columbia	56,296	55,178	65,759	209	2,401	15,746	4,038	67	23,254
Florida	2,058,371	1,968,303	821,896	9,824	103,811	1,167,764	136,027	2,827	1,784,525
Georgia	1,270,180	1,219,529	832,633	5,041	86,352	339,181	80,787	1,636	1,144,079
Hawaii	157,772	149,494	6,215	639	75,595	50,785	95,899	35,790	42,343
Idaho	219,248	208,533	3,842	4,874	4,827	75,920	13,535	678	324,105
Illinois	1,542,298	1,481,009	473,792	4,363	140,199	729,219	93,945	788	1,581,001
Indiana	810,810	775,217	174,134	3,093	29,569	162,825	58,676	549	1,157,181
Iowa	370,559	353,473	31,518	2,511	15,295	68,456	25,956	742	579,554
Kansas	370,895	353,197	46,434	5,752	18,338	128,585	35,785	625	488,573
Kentucky	519,341	494,663	93,254	1,544	15,019	55,535	37,782	698	810,172
Louisiana	567,939	545,018	415,214	7,708	17,378	63,071	30,094	436	579,056
Maine	133,979	127,297	6,575	2,034	3,749	6,723	8,712	105	233,378
Maryland	685,850	658,672	422,836	2,960	79,347	170,738	64,377	626	603,638
Massachusetts	712,333	681,613	111,416	2,637	85,992	227,862	50,173	588	915,278
Michigan	1,148,733	1,096,468	361,939	13,632	66,800	176,504	98,367	576	1,527,383
Minnesota	653,900	625,211	101,716	17,746	72,059	107,281	60,501	584	919,224
Mississippi	377,121	360,311	317,279	4,433	6,537	28,702	15,875	226	364,380
Missouri	715,018	682,667	189,758	5,567	25,067	86,376	56,007	2,103	1,032,807
Montana	114,735	109,246	1,571	21,201	1,603	12,357	9,958	161	177,130
Nebraska	237,607	226,741	26,498	5,105	9,735	74,972	17,363	317	330,358
Nevada	338,304	323,301	56,985	5,555	39,510	266,052	38,517	4,235	250,751
New Hampshire	138,428	132,694	4,499	514	7,979	14,431	8,644	75	234,980
New Jersey	1,033,383	988,734	279,998	3,375	186,784	493,887	58,982	611	998,480
New Mexico	258,493	249,047	8,391	51,657	5,701	299,831	12,589	302	129,069
New York	2,167,778	2,072,198	670,471	14,199	313,242	1,000,625	134,728	1,868	2,104,843
North Carolina	1,167,079	1,118,526	531,275	28,640	61,919	338,629	88,284	1,746	1,235,112
North Dakota	83,267	79,421	3,866	13,328	1,491	7,781	6,241	107	129,874
Ohio	1,354,721	1,295,109	385,651	4,116	51,052	144,829	115,051	1,088	1,948,043
Oklahoma	484,954	462,073	76,956	96,926	16,932	146,390	88,159	1,651	520,013
Oregon	438,717	418,889	17,892	10,506	33,173	185,155	49,315	3,932	557,633
Pennsylvania	1,389,520	1,326,125	352,282	3,827	90,494	284,003	96,769	799	1,887,471
Puerto Rico	418,649	395,419							
Rhode Island	109,801	104,186	15,127	1,135	7,057	48,208	9,101	145	133,214
South Carolina	550,286	529,512	337,616	3,832	15,616	90,153	37,039	642	594,900
South Dakota	106,795	101,164	4,526	27,156	2,519	11,314	8,787	88	153,569
Tennessee	761,008	730,569	293,791	3,139	25,433	123,979	49,731	869	994,635
Texas	3,597,058	3,444,928	825,709	18,990	261,976	3,450,988	162,560	5,691	2,316,072
Utah	460,372	436,217	10,459	8,416	14,634	151,719	29,499	9,411	672,451
Vermont	63,201	59,500	2,210	367	2,079	2,933	4,209	28	110,875
Virginia	951,058	913,477	382,753	4,432	114,651	229,032	97,433	1,309	1,034,925
Washington	816,508	779,287	64,281	23,609	112,260	322,185	122,473	12,830	938,157
West Virginia	195,137	186,541	14,326	575	2,761	8,010	13,704	91	342,211
Wisconsin	668,904	638,872	112,999	13,898	42,895	144,508	46,722	417	946,337
Wyoming	70,543	67,136	1,573	4,092	935	19,487	4,202	123	107,267
National	38,028,658	36,371,282	10,179,544	634,387	3,421,060	17,751,274	2,915,012	142,028	38,542,567

Table C-4 Adult Population by Age Group, 2013

State	Adult Population					
	18-24	25-34	35-44	45-54	55-64	65-75
Alabama	485,718	620,984	607,139	664,435	622,799	448,380
Alaska	82,327	114,828	90,454	100,482	92,820	46,189
Arizona	666,278	881,828	829,775	836,217	776,850	632,149
Arkansas	288,323	384,032	364,666	391,101	366,965	280,050
California	4,009,616	5,591,286	5,149,410	5,212,165	4,403,436	2,873,713
Colorado	515,291	779,686	714,791	717,115	656,161	409,495
Connecticut	343,891	439,593	447,598	556,378	477,383	314,458
Delaware	92,135	120,019	110,729	130,997	120,827	92,022
District of Columbia	80,982	145,884	89,884	76,199	68,604	43,779
Florida	1,782,249	2,456,199	2,401,477	2,732,326	2,506,318	2,134,944
Georgia	1,017,363	1,365,240	1,372,415	1,396,297	1,155,188	775,681
Hawaii	137,027	205,722	174,755	180,381	179,346	128,289
Idaho	155,677	212,296	196,801	200,427	196,012	140,041
Illinois	1,259,571	1,784,842	1,685,410	1,795,460	1,589,904	1,032,261
Indiana	666,413	842,583	826,456	904,904	829,486	550,580
Iowa	317,316	390,593	361,649	414,402	401,545	268,840
Kansas	300,275	387,397	343,815	376,468	356,847	231,993
Kentucky	426,934	564,035	564,798	619,528	571,744	395,974
Louisiana	473,242	662,144	562,555	623,435	577,651	379,793
Maine	113,795	150,570	158,124	205,341	204,129	142,297
Maryland	564,079	817,751	770,000	887,094	750,387	486,438
Massachusetts	690,871	912,797	842,825	995,945	867,128	573,521
Michigan	1,004,904	1,186,081	1,202,521	1,422,014	1,347,308	892,134
Minnesota	507,084	742,560	668,291	771,891	695,366	441,421
Mississippi	313,795	390,084	369,996	395,872	367,728	258,094
Missouri	595,504	796,990	731,076	837,125	778,014	542,472
Montana	100,283	127,391	114,744	134,842	149,156	101,221
Nebraska	188,686	253,050	223,477	243,643	231,304	149,151
Nevada	255,083	397,182	379,312	378,885	337,169	252,501
New Hampshire	127,049	151,566	162,156	215,035	193,326	124,548
New Jersey	791,921	1,140,291	1,181,223	1,352,614	1,127,705	749,581
New Mexico	210,535	278,232	244,134	270,218	267,967	190,835
New York	1,982,546	2,803,717	2,519,967	2,814,951	2,457,489	1,653,078
North Carolina	985,385	1,274,545	1,308,964	1,366,545	1,219,917	882,204
North Dakota	92,702	103,916	79,835	91,251	90,186	55,836
Ohio	1,108,802	1,452,141	1,416,905	1,634,933	1,555,900	1,034,372
Oklahoma	392,936	527,072	467,793	497,489	469,130	335,651
Oregon	367,427	535,780	511,750	513,313	536,794	375,855
Pennsylvania	1,244,564	1,611,833	1,529,401	1,840,179	1,740,849	1,190,210
Puerto Rico	371,661	459,345	462,782	472,636	434,927	370,012
Rhode Island	117,954	135,303	126,471	155,104	139,878	91,948
South Carolina	488,056	614,216	594,770	650,169	620,062	469,659
South Dakota	84,997	111,514	94,707	109,881	109,656	70,274
Tennessee	629,930	846,372	841,476	902,043	832,204	600,124
Texas	2,713,763	3,831,647	3,574,508	3,445,227	2,874,895	1,854,324
Utah	332,312	440,736	372,699	305,312	269,589	174,708
Vermont	66,952	71,906	72,987	94,354	95,257	63,084
Virginia	829,207	1,160,793	1,089,286	1,188,281	1,022,922	691,564
Washington	666,438	995,914	913,483	951,348	897,344	593,524
West Virginia	171,916	219,405	231,626	257,708	271,930	196,704
Wisconsin	558,983	732,214	694,378	833,950	765,445	495,367
Wyoming	58,566	81,827	69,228	76,258	80,411	48,850
National	31,829,314	43,303,932	40,915,472	44,240,168	39,751,358	27,330,193



State Commentary

APPENDIX D

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

Alabama

Contact	Janet Winningham	Phone	334-353-4898
Title	Program Manager, Office of Data Analysis	Email	janet.winningham@dhr.alabama.gov
Address	Family Services Division Alabama Department of Human Resources 50 Ripley Street Montgomery, AL 36130-4000		

General

FFY 2013 is our fifth NCANDS submission from our Statewide Automated Child Welfare Information System (SACWIS). Variances in data compared to previous years may occur as we have continued work to strengthen our data collection processes in the system. Planned enhancements over time will continue improvements in data quality for subsequent submissions in the areas of perpetrator relationships, services to children, identified child and caregiver risk factors, race and ethnicity of child and perpetrator, and ages of victims and perpetrators.

Alabama has two types of screened in responses: child abuse and neglect investigations (CA/Ns) and prevention assessments (alternative response). For FFY 2013, 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 and neglect, but the potential risk for abuse may exist. The FFY 2013 submission does not include prevention assessments (alternative response) data.

Reports

FFY 2011 was the first submission to include referral incident dates. Previously, Alabama incorrectly included alternative response data in the Agency File under number of referrals and children screened out. This was corrected for the FFY 2011 submission. Screened-out reports do not include allegations of abuse and neglect by state policy or a reported situation of child risk.

Alabama *(continued)*

FFY 2013 screened-out children include only those intakes that did not meet the definition of a CA/N report. This number does not include children in Alabama's alternative responses. Overall, there was a slight decrease in the number of reports received by the agency during the reporting period.

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

Children

FFY 2012 was the first submission to report a maltreatment type of medical neglect. In prior submissions this maltreatment type was captured under the broad category of neglect. For FFY 2013, a coding error occurred and the medical neglect maltreatment type was included in neglect. A fix is already in place and medical neglect will be reported separately for FFY 2014.

Fatalities

For FFY 2013, all state child fatalities are reported in the Child File. The child death review process determined no additional data to report in the Agency File. The state agency is represented in the local and state child death review process along with the Department of Public Health, Department of Mental Health, law enforcement agencies and District Attorney representatives.

Perpetrators

FFY 2013, perpetrator relationship data remained below the NCANDS threshold of 95 percent. This field is not mandatory in SACWIS. A system enhancement was initiated to require the perpetrator relationship to be identified. This should improve the collection of data around perpetrators, including the relationship to victims for the FFY 2014 submission. Alabama state law does not allow a person younger than 14 years to be identified as a perpetrator.

Services

For FFY 2010–2012, Alabama only reported service data obtained from our state Community-Based Child Abuse Prevention Grants lead agency for preventive services. Therefore, it is not advised to compare data to previous years.

For foster care services, the SACWIS does not require the documentation of the petition or identity of the court-appointed representative. Petitions are prepared and filed according to the procedure of each court district. All children entering foster care are appointed by the court a Guardian Ad Litim (GAL), who represents their interests in all court proceedings. Alabama SACWIS does not track out-of-court contacts between the court-appointed representatives and the child victims.

The NCANDS category of the number of children eligible for referral to agencies providing early intervention services under Part C of the Individuals with Disabilities Education Act is the number of children who had indicated dispositions during FFY 2013 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 Individuals with Disabilities Education Act is the number the agency providing services reported receiving this number of referrals during FFY 2013.

Alaska

Contact	Susan Cable	Phone	907-465-2203
Title	Research Analyst	Email	susan.cable@alaska.gov
Address	Alaska Office of Children Service's 130 Seward Street PO Box 110630 Juneau, AK 99811-0630		

General

During 2013, Alaska performed a complete review and revision of the methodology used to extract NCANDS Child File and Agency File data from its information system. The 2013 submission is the first submission based on new extraction code. Major methodology changes are summarized in the appropriate sections below. In general, data for 2013 may not be comparable to data reported in prior years and over-the-year changes should be interpreted with caution.

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

Reports

With the FFY 2013 submission, Alaska began reporting investigation start date and investigation start time in its Child File and response time with respect to the initial investigation or assessment in its Agency File.

In Alaska, one investigation may cover one or more reports of maltreatment. If a report is received while an investigation is in progress, the new report may be linked to and covered by, the already open investigation. In these instances the investigation start date will be earlier than the report date and excluded from federal reporting.

The state of Alaska has dedicated staff in each region with primary responsibility for screening and intake. The number of full-time equivalent (FTE) positions responsible for screening and intake is reported. While the regions differ in size, locations, and organizational structure, most have protective services specialist I/II front line workers, and protective services specialist IV supervisors providing direct oversight of the unit. Alaska calculates an FTE number of staff responsible for investigations and assessments based on counts of workers who created and were assigned to initial assessments as documented in the state SACWIS (ORCA). This number is added to a hand count of screening and intake workers to get the reported number of staff responsible for CPS functions. Alaska is reporting response time with respect to the initial investigation or assessment data for the first time.

Children

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

Alaska believes that caregiver risk factors of alcohol and drug abuse are underreported. It is planning a change to its information system that will improve the collection and reporting of these data.

Fatalities

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

Services

Methodology changes in 2013 improved the accuracy of services data. For juvenile court petition and court-appointed representative, data are more complete; for family support services and home-based services, data are now reported as not collected rather than as missing. Many services are provided through contracting providers; therefore analysis of the services array with the state's NCANDS Child File is not advised.

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

Alaska uses the Child Abuse and Neglect State Grant to support the Children's Services Training Academy, so no children or families receive direct services with these funds. CBCAP data are reported for state fiscal year (July 1 through June 30). The increase in this category reflects an increased need for services and a shift from federal 4-B funds to CBCAP. Other funding source data reported is for state fiscal year (July 1 through June 30). There is a slight decrease in children served which could be attributable to varying family size.

The state does not track contacts between court-appointed representatives and the child victims they represent. All child victims 3 years or younger are eligible for Individuals with Disabilities Education Act services. The state refers all eligible child victims to Individuals with Disabilities Education Act services.

Arizona

Contact	Nicholas Espadas	Phone	602-542-3969
Title	Manager	Email	nespadas@azdes.gov
Address	Reports and Statistics Arizona Division of Child Safety and Family Service 1789 W. Jefferson Phoenix, AZ 85007		

General

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

Reports

There was an increase of number of reports this year compared to last year. The division prioritized closing reports that were received during prior reporting periods, increasing the number of reports of abuse and neglect reported in this cycle. In addition, the ongoing socio-economic challenges facing many Arizonans likely account for a portion of the increase.

During this reporting period, Arizona had three types of screened-out reports. The first are those reports in which the incident of maltreatment took place on an Indian reservation or military installation. The Arizona Division of Child Safety and Family Service (DCSFS) does not have jurisdiction in these situations, but does take the report. The data are available for both the number of reports and the number of children involved.

Next are a number of low priorities (less serious reports), which do contain legitimate allegations of maltreatment, but are not assigned for investigation due to workload issues. This practice was ended in November of 2013 and all of the reports that had previously been screened out are currently assigned for investigation and will be reported at the appropriate time. The data are available for both the number of reports and the number of children involved.

The last group is incoming calls (communications) to the hotline call center in which the source is alleging some type of maltreatment. However, after receiving the information, the hotline call center determines that the allegations do not meet the legal requirement necessary to constitute a DCSFS reports. These communications are recorded in the Arizona automated system. The data are available to provide for the number of communications but not the number of children involved. The number of staff responsible for CPS functions increased from last year due to the department receiving additional funding.

Children

The increase in the number of children is due to the increase in the number of reports received for 2013 and the focus on reducing an investigation backlog. There were two factors contributing to this. The first is that the number of reports continues to grow each year. The second is the additional focus on closing investigations. In 2013 there was an increase in reports about group homes and residential facilities which led to an increase in the number of victims in foster care.

Fatalities

Child fatalities reported to NCANDS come through the hotline call center and are recorded on the Arizona automated system. Arizona uses information from the state's Department of Vital Statistics, child death review teams, law enforcement agencies, and medical examiners' offices when reporting

Arizona *(continued)*

child maltreatment fatality data to NCANDS. The Child Fatality Review Committee reviews all child deaths in the state, including all deaths that would be identified through the sources listed above. When a local child fatality review team identifies a death due to maltreatment that has not been previously reported to DCSFS, the local child fatality program notifies the DCSFS child abuse hotline of the team's assessment. The hotline call center determines if the information meets the statutory definition of a report for DCSFS investigation. Through this process, DCSFS receives information about all child deaths in Arizona that may have been caused by abuse or neglect. Because there is no specific source type for the committee, the number of these received by DCSFS is not available. There was an increase in the number of fatalities in FFY 2013 and we believe that this increase is due to a larger number of reports received.

Due to a system anomaly, five fatality reports occur in prior fiscal years. Four were reported in the 2012 and one in 2011. Each of these five fatalities was disposed in FFY 2013. As a result, the 54 fatalities reported in the 2013 submission is actually 49.

Perpetrators

There was an increase of perpetrators contained within those reports from FFY 2013 compared to FFY 2012. This is directly related to the increase in reports. In 2013 there was an increase in reports about group homes and residential facilities which led to an increase in the number of perpetrators.

Arkansas

Contact	Nellena Garrison	Phone	501-320-6503
Title	CHRIS (SACWIS) Information Systems Manager	Email	nellena.garrison@arkansas.gov
Address	Office of Systems and Technology (OST) Department of Human Services 108 E. 7th Street Donaghey Plaza North, 1st Floor Little Rock, AR 72201		

General

The following options are available when accepting a referral:

- Request for Division of Child and Family Services (DCFS) Assessment (R/A): Reports containing information that young children are behaving in a developmentally inappropriate sexual manner, but do not contain child maltreatment allegations of sexual abuse. These nonmaltreatment reports are referred to DCFS for an assessment of the family's need for services. If the assessment results in an allegation of child sexual abuse as defined by statute, the DCFS worker will make a report to the child abuse hotline, and if accepted, the report will be investigated by the Arkansas State Police Crimes Against Children Division or DCFS, depending on the age of the named alleged offender. The data for these reports are not submitted to NCANDS.
- Refer to DCFS for Fetal Alcohol Spectrum Disorder (R/A-FASD): The following change was made to Arkansas legislation effective July 2011—Act 1143 requires health care providers involved in the delivery or care of infants to report infants born and affected by Fetal Alcohol Spectrum Disorder. The Department of Human Services shall accept referrals, calls, and other communication from health care providers involved in the delivery or care of infants born and affected with FASD. The Department of Human Services shall develop a plan of safe care of infants born with FASD. The Arkansas State Police hotline staff will use the regular request for DCFS assessment for FASD. These will automatically be assigned to the DCFS Central Office FASD Project Unit to complete the assessment and closure. The data for these reports are not submitted to NCANDS.
- Accept for Investigation: Reports of child maltreatment allegations will be assigned for child maltreatment investigation pursuant to Arkansas Code Annotated 12-18-601. Arkansas uses an established protocol when a DCFS family service worker or the Arkansas State Police Crimes Against Children Division investigator conducts a child maltreatment assessment. The protocol was developed under the authority of the state legislator, (ACA 12-18-15). It identifies various types of child maltreatment a DCFS family service worker or an Arkansas State Police Crimes Against Children Division investigator may encounter during an assessment. The protocol also identifies when and from whom an allegation of child maltreatment may be taken. The worker or investigator must show that a preponderance of the evidence supports the allegation of child maltreatment. The data for these reports are submitted to NCANDS.
- Accept for Differential Response: Differential response (DR) is another way of responding to allegations of child neglect. DR is different from DCFS' traditional investigation process. It allows allegations that meet the criteria of neglect to be diverted from the investigative pathway and serviced through the DR track. DR is designed to engage low- to moderate-risk families in the services needed to keep children from becoming involved with the child welfare system. Counties have a differential response team to assess for safety, identify service needs, and arrange for the services to be put in place. DR began with five pilot counties on October 1, 2012 and was implemented statewide for all 75 counties by August 12, 2013 through a periodic schedule.

FFY 2013 is the first year the state submitted differential response data to NCANDS.

Reports

A referral of maltreatment may be screened out by the hotline for the following reasons:

- cannot locate family
- child 18 or over
- duplicate differential response
- duplicate referral
- not child abuse and neglect
- other
- out of state report

The child abuse hotline documented an increase in the number of calls screened out during state fiscal year 2013 due to revisions to the child maltreatment statute. The increase in screened-out calls can also be attributed to ongoing staff training. The training was provided to ensure that all calls are assessed consistently and in accordance with the Arkansas child maltreatment laws. Arkansas State Police has an agreement with the Division of Children and Family Services to manage the child abuse hotline in Arkansas. The number of staff responsible for the screening and intake of reports during the year was obtained by capturing the staff person who completed the referral (unduplicated).

Fatalities

Child fatalities are called into the child abuse hotline by such mandated reporters as medical personnel, law enforcement officers, therapists, and teachers. A report alleging a child fatality also will be accepted from a person who is not mandated to report. Nonmandated reporters include neighbors, family members, friends or members of the community. The requirement for reporting is mandated and nonmandated persons are asked to contact the child abuse hotline if they have reasonable cause to believe that a child has died as a result of child maltreatment.

The Arkansas Division of Children and Family Services continues to receive child fatality data from the Arkansas Infant and Child Death Review Panel. The statewide fatality statistics are compiled by the Arkansas Department of Health's vital records division. The information is submitted to the Arkansas Child Death Review Panel annually. According to the calendar year 2012 statistical data, there were a 454 child fatalities during that year. The Arkansas Division of Children and Family Services received notice of 73 of the 454 fatalities. The notices were provided to DCFS, because of the agency's current or prior involvement with the families or because the fatality was alleged to have occurred as a result of child maltreatment.

The decrease in the number of child fatalities involving families with prior CPS involvement can be attributed to the changes in Arkansas Division of Children and Family Services investigative policy and training. During this fiscal year, staff attended structured decision making training. The overall goal of the training was to teach workers not to make quick judgments based upon limited information, but to follow a structured decisionmaking process that is research-based. Through the training, staff were taught how to identify, intervene, and document situations where children were unsafe. Additionally, the DCFS policy change requires discussion related to safe sleep. Safe sleep pamphlets were provided to families who become involved with DCFS.

Arkansas *(continued)*

Perpetrators

To improve the perpetrator relationship elements, a release was implemented on April 2013 so that staff can now select the friend, neighbor, and unmarried partner of parent relationship values. These values were not able to be collected and reported prior to the FFY 2013 submission.

Services

The investigators frequently do not document services provided to the families during the investigation process; this documentation is often left to the caseworker to enter when the case is opened. Community-Based Child Abuse Prevention Grants families were served through the Healthy Families America home visiting program. There may be more than one child per family, but the services are only offered to the target child in the family.

The number of services funded by Promoting safe and stable families are decreasing due to the cut in federal funding that required Division of Children and Family Services to eliminate the human service workers in the schools and the family resource centers. A cut in federal funding also required the Division of Children and Family Services to eliminate funding for the human service workers in schools and the family resource centers. The family resource centers were funded through IV-B. One set of human service workers were funded through SSBG. Cutting these programs caused a drastic drop in the number of families and children served. Unique counts of children are submitted to NCANDS.

In Arkansas, all children younger than 3 with a true overall finding, regardless of role in referral, are referred to DDS/Part C for an early intervention screening. For FFY 2013, 3,781 children were eligible for referral. Arkansas does not currently track how many children are actually referred to the agencies. The state is investigating how to track this information.

California

Contact	Alicia Sandoval	Phone	916-653-6589
Title	Acting Chief	Email	alicia.sandoval@dss.ca.gov
Address	Child Welfare Data Analysis Bureau California Department of Social Services 744 P Street, MS 9-12-84 Sacramento, CA 95814		

General

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

- *Path 1* community response—family problems as indicated by the referral to the child welfare system do not meet statutory definitions of abuse and neglect, and the referral is evaluated out by child welfare with no investigation. 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

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 2013, the immediate response compliance rate was 97.1 percent and the 10-day response compliance rate was 92.8 percent.

California tracks the percentage of investigations in which face-to-face contact with a child occurs, or is attempted, within the regulatory time frames in those situations when a face-to-face contact is determined necessary. For the quarter ending September 2013, the immediate response compliance rate was 97.1 percent and the 10-day response compliance rate was 92.8 percent. The number of staff budgeted for screening, intake and investigation (emergency response and emergency response assessment) was based on 58 counties for state fiscal year 2013.

Children

Currently, the child living arrangement data are reported only for children in foster care. Further analysis is needed to determine if data are available for living arrangements at the time of the report.

Fatalities

Fatality data submitted to NCANDS is derived from notifications (SOC 826 forms) submitted to the California Department of Social Services (CDSS) from County Child Welfare Services (CWS) agencies when it has been determined that a child has died as the result of abuse and neglect, as required by SB 39, Chapter 468, Statutes of 2007. The abuse and neglect determinations reported by CWS agencies can be and are made by local coroner/medical examiner offices, law enforcement agencies, and/or county CWS/probation agencies. As such, the data collected and reported via SB 39 and used for NCANDS reporting purposes does reflect child death information derived from multiple sources. It does not, however, represent information directly received from either the state's vital statistics agency or local child death review teams.

Prior to calendar year 2011, the CDSS used data reconciled by the California Department of Public Health (CDPH) for submission to NCANDS. The data that was used for prior NCANDS submissions was based on a reconciliation audit conducted by the CDPH which examined data from five data sources: local county child death review teams, Child Abuse Central Index, Vital Statistics, Department of Justice, and the CWS/CMS. The audit was conducted in 2008 for child deaths occurring in CY 2005 and that data was used for multiple NCANDS data submissions as it was the most reliable data available at that time. However, 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, 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 2013 NCANDS submission, the data were derived from calendar year 2011.

CDSS will continue to look at how it might use other information sources to enrich the data gathered from the SOC 826 reporting process and reported to NCANDS. In September 2012, the CDSS issued a best practices all county information notice to counties encouraging annual reconciliation of CWS child death information with other entities that review child deaths such as local child death review teams, and attendance at local child death review team meetings to participate in discussions regarding deaths which may have been the result of abuse and or neglect. As part of the technical assistance provided to counties regarding SB 39, the CDSS has also recently begun collecting information regarding county child welfare agencies' roles on local child death review teams and how their participation may lead to further identification and reporting of deaths that are a result of abuse or neglect. Additionally, the CDSS continues to collaborate and share data with the CDPH, which continues to conduct the reconciliation audit of child death cases in California. Currently, the CDPH is conducting the reconciliation audit of fatality data for CY 2010. We are hopeful that once the reconciliation audit data are for a more current period, the CDSS will be able to compare that data, which includes state vital statistics data, with our SOC 826 fatality statistics to compare actual numbers reported to help inform our NCANDS submission.

Services

Direct prevention services for children and families include those funded by 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, state funds). More than 50,000 parents also received services under these funding streams, including

California *(continued)*

150 parents participating in the Leaders for Change parent training academies provided by Parent Services Project. This training is designed to help parents become advocates for their families and their communities by developing their voice and leadership style, build positive relationships and enhance their own internal strengths to create change. Under CAPTA, the Family Development Matrix reported data from 23 collaborative groups comprised of 140 agencies. The Family Development Matrix Project is a comprehensive strength-based assessment tool used to assess a family's presenting situation, identify strengths and areas of concern, develop service plans, and track progress over time. The decrease in the Child Abuse and Neglect state grant is because the The Father Involvement Project ended in June 2012. The changes in some services reporting can be attributed to:

- **CBCAP:** Significant decrease in number of children served over last year due primarily to reporting errors in Humboldt County who reported duplicate counts in FFY 2012. Humboldt County believes this year's data are accurate and will continue working closely with its contract partners to ensure nonduplicated counts. Other variances in county data are also due to duplicated counts in prior years (Kings), activities reported last year now covered by other funding streams (Riverside), and increased focus on quality of services rather than quantity (Trinity). Alameda County also reports duplicate counts reported in FFY 2012; they are working with all provider to improve data collection. Humboldt County has redirected all funds to a vendor who counts only families thus increasing their family participation count.
- **Promoting safe and stable families:** This is state fiscal year data. Fresno County attributes decrease in service counts due to reduced African-American families served (as a result of efforts to address disproportionality via the California Permanency Project.) Also, one family resource center in Fresno County did not supply data. Fresno County is working with the provider to ensure counts are reported in a timely manner in the future. Alameda County reports duplicate counts reported in FFY 2012; they are working with all providers to improve data collection. Solano County experienced a provider change affecting service availability for at least 45 days. Orange County reports that outreach was inadvertently counted as direct service in FFY 2012. This practice was corrected.
- **Other funding source:** The majority of the decrease in children served by CAPIT over previous year is largely due to a number of issues in Solano County (provider changes, slow start-up of new provider, previous provider reported duplicate numbers). The County is working with its contracted providers to improve data collection and focusing on quality of services rather than quantity. Alameda County reports duplicate counts reported in FFY 2012; they are working with all providers to improve data collection.

For the NCANDS category of child victims who died as a result of maltreatment while in foster care and not reported in the Child File, calendar year 2011 is the most recent validated data, therefore reported for FFY 2013. All child victims younger than 3 years are considered eligible for referral-individuals with disabilities education act.

Colorado

Contact	Linda Carlisle	Phone	303-866-4322
Title	Manager Research, Analysis, and Data	Email	linda.carlisle@state.co.us
Address	Colorado Department of Human Services Division of Child Welfare 1575 Sherman Street Denver, CO 80203-1714		

General

Colorado continues to work on improving the quality of the NCANDS data. The state has found that the alerts system that was activated into our SACWIS in December 2010, improved the data. We expect to see changes over the next few submissions as the data accuracy and entry practices improve. The state will continue to work in to improve for next year the perpetrator relationships to victims.

The state provides the following:

- High Risk Assessment
 - The children are not interviewed with the person responsible for the abuse and neglect.
 - A determination of whether or not abuse and neglect occurred.
 - Postassessment services via transfer to either voluntary (noncourt-involved) or court-involved traditional services case.
- Family Assessment Response (FAR)
 - Option to meet with whole family together at initial contact.
 - No determination of whether or not abuse and neglect occurred.
 - Families understand the assessment is not voluntary, but that post assessments services are available and voluntary.

Children

The Institutional Abuse Review Team (IART) reviews all reports and is working on consistency regarding who is reported as a victim. The increase in victims receiving foster care services may be due to including all children in a household as victims for certain findings.

Fatalities

Colorado had an unusually low number of fatalities caused by maltreatment in 2013. The 2012 report included five fatalities in a single unfortunate tragedy which caused the inflation of numbers for 2012. Colorado also uses the local police departments to compile and report child fatalities.

Connecticut

Contact	Beth Petroni	Phone	860-560-5015
Title	Director of Information Systems	Email	beth.petroni@ct.gov
Address	Connecticut Department of Children and Families 505 Hudson Street 9th Floor Hartford, CT 06106		

General

The State of Connecticut Department of Children and Families (DCF/Department) has been implementing the Strengthening Families Practice Model. This model of practice is one of direct intervention based upon engagement and assessment. The model emphasizes case supervision that includes administrative, educational, and supportive components as one of its primary strategies to improve practice.

Under the umbrella of the Strengthening Families Practice Model and its strengths-based solution-focused approach to the work, Connecticut DCF continued to evolve its child and family team meetings continuum built around the principle that families have strengths and can identify and implement solutions to challenges. During February 2013, Connecticut DCF began considered removal-child and family team (CR-CFT) meetings as a vitally important new way for the work to be done. Staff embraced the considered removal meetings and reported the transforming quality of participating in the meetings where families change the course of their future based on their own resolve and strengths.

CR-CFT meetings are held for children who are being assessed for removal because the department perceives safety concerns that may warrant placement or who have been removed due to an emergency in which case the meeting is held within two days of the removal. Family members help the department seek the least restrictive option that reasonably ensures safety and stability for the children and that has the best likelihood of leading to a permanent, stable living arrangement. Trained facilitators lead the teams working closely with staff and families in partnership to develop plans that ensure safety and promote stability and permanence. Teaming embodies family empowerment and requires shared and collaborative decision making, recognizing that each situation comes with its own unique factors.

The results of these CR-CFT meetings were very positive. By the end of May 2013, Connecticut DCF held 118 meetings involving 169 children who either were being assessed for a removal or who had been removed due to an emergency. Almost exactly one-half of the children (84) were not removed because the family was able to form a plan to mitigate risk that led to the consideration of removal. Of the remaining half (85) who were removed, nearly one-half (42) were placed with relatives. These results mean that of the total number of children who were the subject of a CR-CFT meeting only about one-quarter were placed in a home where they did not have a previous relationship or bond. It represented a huge development because, as the research confirms, children do best when living with their parents or a relative or kin.

In June 2013, DCF began a journey to become a racial justice organization whose beliefs, values, policies and practices are developed to oppose and eliminate racism. Becoming a racial justice organization is an ongoing process, and through the learning along the way the culture will be strengthened and workplace made more dynamic. To this end, the department planned some steps it will be taking over the months moving forward that included reviewing DCF data from 2010–2013,

Connecticut *(continued)*

using race-ethnicity as cross-tabs for the key decision points in our child welfare casework. This includes referrals, substantiations, case openings, out-of-home placements, lengths of stay in placement, residential placements, and permanency. This data will allow us to address specific policies and practices that may be resulting in disparate outcomes depending on a child's race or ethnicity.

Reports

Connecticut's referrals are family based, not child based. An average of two children are screened out per report.

Services

The services numbers represent state fiscal year 2012. The data are always behind a year as the current year just ended and data have not been submitted. Trauma-informed care is a core component of the Strengthening Families Practice Model to facilitate healing and recovery for children who have experienced maltreatment and other traumatic events. Connecticut DCF launched childhood trauma training in March 2013, to help staff understand childhood trauma and its impact on children and families, as well as the "best practices" that support early identification and effective intervention, essential to promoting social and emotional well-being for the children in our care. Connecticut DCF Academy trained 1,499 DCF staff and 77 community providers on the Child Welfare Trauma Training Toolkit (CWTTT). This step brought the department closer to a more trauma-informed system that promotes safety, permanency and well-being, helping to ensure children and youth who are traumatized are provided with every opportunity to achieve healthy growth and development.

To identify the trauma-related needs of children and families, certain DCF staff members participate in Connecticut Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) Learning Collaborative. These staff members were trained to complete and are piloting the draft Trauma Screening Measure screen. Connecticut DCF staff screens for trauma history and traumatic stress response, and uses this information to determine if a child should be referred for a more comprehensive trauma-focused assessment completed by a mental health clinician. Forty-one DCF staff members are currently participating in the 2013-2014 (September 2013 to June 2014) TF-CBT Learning Collaborative, representing six area offices. Between October 1 and December 31, DCF Learning Collaborative participants completed 39 trauma screens and referred 15 youth for trauma assessments. Their partner TF-CBT provider agencies have assessed and initiated TF-CBT with 59 youth and their families.

DCF staff assures that the child has access to evidence-based trauma treatments and services, as appropriate. DCF staff provides support and guidance to the child's family and caregivers about the impact of trauma on the child and family system, and recognizes that many of the child's adult caregivers may be trauma victims as well (recent and childhood trauma). These individuals are referred to trauma-specific treatments and services too, as appropriate. All of this work will enhance the protective capacities of caregivers, thus increasing the resiliency, safety, permanency and well-being of the child.

Delaware

Contact	Tylesha Rumley	Phone	302-633-2674
Title	Family Services Support Administrator	Email	tylesha.rumley@state.de.us
Address	Division of Family Services–Data Unit Delaware Department of Services for Children, Youth and their Families 1825 Faulkland Road Wilmington, DE 19805		

General

In FFY 2013, Delaware’s Division of Family Services (DFS) received more reports (2.7 percent increase from FFY 2012). Due to the steadily increasing amounts of hotline reports and investigation cases over the past few years, Delaware put into practice two strategies; Structured Decision Making® (SDM) at the report line and Tier 1 at investigation in FFY 2012. These two initiatives have now been in place for a full federal fiscal year and Delaware is seeing significant results. For FFY 2013, statistics indicate that although Delaware’s hotline reports received had continuously climbed; we are screening out more reports and investigating fewer maltreatment cases. Specifically, in FFY 2013 there were 10.6 percent more SDM hotline reports screened out than in FFY 2012. Additionally, Delaware decreased the number of cases accepted for investigation by 5.6 percent. Overall, the implementation of both strategies helped DFS to use resources and expertise more efficiently. Delaware is better able to determine which cases require full investigations from those needing referrals for services unrelated to child abuse and neglect.

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

Reports

Upon completion of the initial interview, the SDM process enables supervisory approval to determine if the investigation will be completed as Tier I or Tier II. A Tier 1 response must include the initial interview, history & criminal background review, safety assessment, and supervisory consolation. Two or more unduplicated accepted reports within a 12-month period would require a Tier II Response. Cases that are determined to be substantiated or unsubstantiated with risk will require a Tier II response. Tier I cases receive a closed with no finding disposition for NCANDS.

The state’s intake unit uses the Structured Decision Making® (SDM) tool to collect sufficient information to access and determine the urgency to investigate child maltreatment reports. In May 2012, Delaware implemented SDM at the report line causing us to re-evaluate and change our response

Delaware *(continued)*

time for familial abuse investigations. Currently, all screened-in reports are assessed in a three-tiered priority process to determine the urgency of the workers first contact: Priority 1—within 24 hours, Priority 2—within 3 days, and Priority 3—within 10 days. Delaware’s reported response time is made up of both family abuse (99.0%) and institutional abuse (1.0%) investigations. In FFY 2013, accepted referrals for family abuse cases were identified as 64 percent routine/Priority 3, 13 percent Priority 2, and 23 percent urgent/Priority 1.

From FFY 2012 to FFY 2013, there was an increase in the total number of referrals received by our agency. Delaware also found that the number of referrals accepted for investigation over the 12-month period decreased by approximately 5 percent from the previous federal fiscal year. In FFY 2013, there was about a 10 percent increase in the number of referrals screened-out than in the prior federal fiscal year. Although the number of hotline referrals continues to rise each year, Delaware’s acceptance rate dropped to slightly in FFY 2013 from FFY 2012.

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

Children

The state uses 50 statutory types of child abuse, neglect and dependency to substantiate an investigation. The state code defines abuse as 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 II §468, including emotional abuse, torture, criminally negligent treatment, sexual abuse, exploitation, 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; or medical, surgical, or any other care necessary for the child’s well-being. Dependent child is defined as a child younger than 18 who does not have parental care because of the death, hospitalization, incarceration, residential treatment of the parent or because of the parent’s inability to care for the child through no fault of the parent.

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

Delaware currently only captures child risk factors for children in treatment cases. Because the state is opening fewer investigation cases, the number of children who move on to treatment cases has declined.

Delaware *(continued)*

Fatalities

All fatalities are reported in the Child File.

Perpetrators

Delaware maintains a confidential child protection registry for individuals who were substantiated for incidents of abuse and neglect since August 1994. 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. All perpetrators placed on the child protection registry for child abuse and neglect are given the opportunity to request a substantiation hearing in family court within 30 days of the date placed on the registry. This registry is not available through the internet and is not the same as the sex offender registry maintained by the Delaware State Police State Bureau of Identification.

Services

Court-appointed representative data will not be reported for FFY 2013. The state is currently reevaluating this data and working on ways to report more accurate information regarding court contacts and the number of children served. This data has been suspended until further notice.

During FFY 2013, the Delaware's Children's Department's Office of Prevention and Early Intervention was unable to provide data for the following programs; Separating and Divorcing Families, and Promoting Safe and Stable Families (PSSF). However Delaware saw a 35 percent increase in the number of children who received preventive services from the state by funding source other specifically in the K-5 Early Intervention Program.

District of Columbia

Contact	Lori Peterson	Phone	202-434-0055
Title	Supervisory IT Specialist	Email	lori.peterson@dc.gov
Address	Child Information System Administration Child and Family Services Agency 200 I Street, SE Washington, DC 20003		

General

The District uses two pathways to accept reports of suspected abuse and neglect. The two pathways are described below.

- Child Protective Services (CPS)—This traditional pathway will be for families who have a report of suspected severe child abuse and/or neglect, such as physical or sexual abuse. The District will conduct an investigation in accordance with District law and determine whether maltreatment occurred or if the child is at risk of maltreatment.
- Family Assessment (FA)—A family is recommended for an FA if there are no immediate safety concerns and if the family does not have an open CPS investigation. Under this pathway, families volunteer for intervention from CFSA and may be connected with community partners to provide the families ongoing needs.

Reports

The increase in reporting by education personnel is based on Safe Children and Safe Neighborhoods Educational Neglect Mandatory Reporting Amendment Act of 2010 (Reference: D.C. ACT 18-493). This law mandates all personnel from public, independent, private, or parochial school shall report to Child and Family Services Agency any child who is ages 5-13 years and who has 10 more days of unexcused absences within a school year.

The increase in the number of screened-out referrals are due to the following: 1. The implementation of the information sharing and consultation framework known as the R.E.D (Review Evaluate and Direct) Team process. The R.E.D Team is comprised of an diverse group of staff charged with reviewing intake referrals and making a determination of whether a referral should be screened in for a child welfare response or screened out (no child welfare response is needed). The R.E.D Team uses the Structured Decision Making (SDM) Child Abuse and Neglect Screening Tool to guide this process. 2. An increase in the number of educational neglect referrals from the District of Columbia public and charter schools. CFSA developed a triage review process to work with District schools to determine if educational neglect has occurred. Most of the educational neglect referrals do not meet the threshold for educational neglect and are screened out accordingly.

Children

The increase of alternate response nonvictim dispositions is based on the children of families that are counted in the District's family assessment (FA) referrals.

Fatalities

The Child and Family Services Agency participates in the districtwide child fatality review committee and uses information from the Metropolitan Police Department and the District Office of the Chief Medical Examiner when reporting child maltreatment fatalities to NCANDS.

District of Columbia *(continued)*

Services

The number of victims entering care continues to decline based on Pillar One of the District's "Four Pillars" strategies. The value behind Pillar One, "narrowing the front door" safely is to have more children grow up with their families and remove children from home only when necessary to keep them safe. In FFY 2013, the District fully integrated two best practices known as differential response and R.E.D Teams, which review child abuse and neglect reports to the District's hotline, routinely using a structured, multidisciplinary process to make stronger and more consistent decisions about how the Child and Family Services Agency should respond. These best practices are working, resulting in the decrease.

Florida

Contact	Keith Perlman	Phone	850-717-4675
Title	Supervisor, Data Analysis and Reporting	Email	keith_perlman@dcf.state.fl.us
Address	Office of Family and Community Services Florida Department of Children and Families 1317 Winewood Boulevard Tallahassee, FL 32399-0700		

General

The state has the following findings as a result of an investigation:

- **No Indication:** As a result of an investigation, a determination that there is no credible evidence to support the allegations of abuse, neglect or threatened harm.
- **Some Indication:** As a result of an investigation, a determination that there is credible evidence which does not meet the standard of being a preponderance to support that the specific injury, harm or threatened harm was the result of abuse or neglect that occurred. This value was discontinued on December 19, 2009 and the new value not substantiated was added.
- **Not Substantiated:** As a result of an investigation, a determination that there is credible evidence, which does not meet the standard of being a preponderance, to support that the specific harm was the result of abuse, abandonment, or neglect.
- **Verified:** As a result of an investigation, a determination that a preponderance of the credible evidence supports the conclusion that the specific injury, harm, or threatened harm was the result of abuse or neglect that occurred.

Reports

The criteria to accept a report are that a child be younger than 18 years old, who has not been not emancipated by marriage or other order of a competent court, is a victim of known or suspected child abuse, abandonment, or neglect by a parent, legal custodian, caregiver, or other person responsible for the child's welfare, or 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. The child must be either a resident or can be located in the state. Screened-out referrals reflect phone calls received about situations that did not meet the statutory criteria.

The response commences when the assigned child protective investigator attempts the initial face-to-face contact with the 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 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, or when the allegations otherwise warrant an immediate response as specified in statute or policy; (5) a special condition referral for emergency services is received; or (6) the facts otherwise so warrant. All other initial responses must be conducted with an attempted on-site visit with the child victim within 24 hours.

In December 2009, the disposition of not substantiated replaced the disposition of some indication. Both not substantiated and some indication were mapped to unsubstantiated. Starting in FFY 2010 NCANDS submission, Florida mapped all reports with a disposition of not substantiated to the NCANDS category of unsubstantiated.

Children

The Child File includes both children alleged to be victims and other children in the household. The Adoption and Foster Care Analysis and Reporting System (AFCARS) identification number field is populated with the number that would be created for the child regardless of whether that child has actually been removed and/or reported to AFCARS.

The NCANDS category of “other” maltreatment includes threatened harm, including domestic violence situations. 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 believe it is appropriate to include these with maltreatments where 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 that is either already open at the time the report is received or opened due to the report.

Fatalities

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

The decrease in fatalities from FFY 2012 to FFY 2013 is due in part to the way that fatalities are reported. The FFY 2012 number was high due to a number of deaths from FFY 2011 that were disposed and reported in FFY 2012. If you look at the number of children who actually died due to verified abuse during the FFY (based on date of death), there was a decrease from 147 to 105 from FFY 2011 to FFY 2012, and then an increase to 121 in 2013.

Perpetrators

By Florida statute, perpetrators are only identified in verified cases of abuse or neglect reports. The NCANDS category of nonrelative foster parents includes licensed foster parents and nonfinalized adoptive parents. The NCANDS category of relative foster parent includes approved relative caregivers (license not issued).

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 “other.”

Services

In FFY 2009 Florida started reporting services based on actual services provided. In prior years’ submissions, the data reported in the Child File were those recommended by the child protective investigator (CPI), based on their safety assessment, at the closure of the investigation. Referrals were made, but services may or may not actually be received. Florida is unable to provide data for most

Florida *(continued)*

preventive services funding. In FFY 2012, money from the Community-Based Prevention of Child Abuse and Neglect Grant was used to host an event with a record-breaking number of families attending. For FFY 2013 there was more emphasis placed on public awareness campaigns than direct client services. There also was a new direct client service provider, a startup program that was slow to serve clients, but when they did it fell outside the reporting period.

Georgia

Contact	John Roach	Phone	404-656-9907
Title	Manager, Data Analysis Section	Email	joroach@dhr.state.ga.us
Address	Division of Family and Children Services Department of Human Services 2 Peachtree St Atlanta, GA 30303		

General

The state's SACWIS, SHINES, was phased in by regions from September 2007 through June 2008. It captures all data related to NCANDS. Each year enhancements are made that have greatly improved accuracy and completeness. Comparisons between different years' data should be viewed with this in mind. In September 2011, Georgia implemented a statewide after hours centralized call center to handle reports of abuse and neglect in the evenings, on weekends and holidays. At the beginning of FFY 2013, the call center was receiving about 10 percent of all reports made. At the end of the year, about one-half of Georgia's counties were exclusively using the call center. This resulted in an increased number of reports compared to prior years.

In April 2012, Georgia implemented a differential response system in which screened-in reports can be placed on one of two tracks: investigation (investigative response) or family support services (alternative response). Also since Referrals are assigned to a family support services if the referral indicates the child is safe. Alleged victims in the family support response are seen within 5 days to ensure child safety. Alleged victims in the investigative response are seen within 24 hours or sooner if the situation demands, to ensure child safety. Both the investigative and family support cases are reported to NCANDS.

Reports

This is the second year that Georgia has reported family support (alternative response) cases. A large increase in unsubstantiated (and total) investigations appeared in 2012 compared to 2011. This may be due to the introduction of an after-hours centralized call center (September 2011) that accepts child maltreatment reports when county offices are closed.

The components of a child protective services (CPS) report are a child younger than 18 years, a referral of conditions indicating child maltreatment, and a known or unknown individual alleged to be a perpetrator. Referrals that do not contain the components of a CPS report are screened out. Referrals in which no allegations of maltreatment are included, and in which local or county protocols do not require a response, are screened out. Such situations may include historical incidents, custody issues, poverty issues, educational neglect or 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.

The NCANDS report source category of social services personnel includes Department of Human Resources staff. The NCANDS category of "other" report source includes other nonmandated reporters, religious leaders or staff, and Temporary Assistance for Needy Families (TANF) staff.

Fatalities

Georgia relies upon partners in the medical field, law enforcement, Office of the Child Advocate, and other agencies in identifying and evaluating child fatalities. In the 2013 Agency File, there are

Georgia *(continued)*

four fatalities that were not included in the Child File. These were four children whose cases were not substantiated for maltreatment by the original investigators, but a reviewer later decided the death was related to maltreatment.

Perpetrators

This is the first year that Georgia is providing perpetrator ID fields; however, the values in those fields do not represent individual perpetrators. In 1998, The Georgia Supreme Court determined it would be unconstitutional to create a registry of alleged offenders (See *State v. Jackson*, 496 S.E.2d 912, 269 Ga. 308 (1998)). To provide the most information possible without identifying individuals, the 2013 NCANDS file includes values for the perpetrator ID fields, but these values are randomly assigned for each instance of maltreatment and do not identify any individual persons. The values for the three perpetrator ID fields will not be consistent across years. Each perpetrator ID appears only once in the NCANDS file for this year, but may be used again in subsequent years and will not be linked to the same individual perpetrator. The perpetrator ID fields cannot be used to identify perpetrators when doing research with NCANDS files.

Hawaii

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

General

Reports to are handled in one of three ways in Hawaii's differential response system:

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

There are no identified alleged victims of maltreatment in reports assigned to family strengthening services (FSS) and voluntary case management (VCM). While VCM cases are documented in the child welfare data base they are nonprotective services cases. FSS reports/cases are not documented in the state child protection system. In FSS and VCM assessments, if maltreatment or a safety concern is indicated, the case will be returned to CWS for investigation.

Children

The NCANDS category of "other" maltreatment type includes threatened abuse or threatened neglect. Hawaii uses three disposition categories, confirmed, unconfirmed and unsubstantiated. A child is categorized in NCANDS as substantiated if one or more of the alleged maltreatments is confirmed with more than 50 percent certainty, as unsubstantiated if the alleged maltreatment is not confirmed with more than 50 percent certainty or unsubstantiated (frivolous report of abuse or neglect).

Fatalities

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

Perpetrators

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

Services

The state is not able to report some children and families receiving preventive services under the Child Abuse and Neglect State Grant, the Social Services Block Grant, and "other" funding sources because funds are mixed. Funds are allocated into a single budget classification and multiple sources of state and federal funding are combined to pay for most services. All active cases receive services. Federal sequestration reduced funding, and a large portion of Hawaii's FFY 2013 grant was committed in current contracts. The current contracts included a needs assessment project, the findings of which will aid in the development of a new strategic child abuse and neglect prevention plan in Hawaii. Remaining moneys were put into ongoing contracts used to support public awareness events

Hawaii *(continued)*

and activities. These contracts were not intended to provide direct services to children and families, therefore the figures submitted for FFY 2013 are less than the year before.

Idaho

Contact	Robbin Thomas	Phone	208-334-5798
Title	Program Systems Specialist	Email	thomasr2@dhw.idaho.gov
Address	Family and Community Services Idaho Department of Health and Welfare 450 West State Street, 5th Floor Boise, ID 83720		

General

Idaho does not have a differential response program.

Reports

During October 2012, the intake process for reports of child abuse and neglect was centralized into one unit. The centralized intake unit includes a 24-hour telephone line for child welfare referrals; specially trained staff to answer, document, and prioritize calls; and documentation systems that enable a quicker response and effective quality assurance. This centralization accounts for a slight increase in child abuse and neglect reports for FFY 2013.

The investigation start date is defined as the date and time the child was seen by a child protective services staff member. The date and time was compared against the report date and time when CPS was notified about the alleged abuse. Idaho only reports substantiated, unsubstantiated, and unsubstantiated due to false reporting maltreatment dispositions. Idaho can provide the number of staff responsible for CPS functions, but cannot designate staff into separate categories. Most regions are not large enough to dedicate staff separately into screening, intake, and investigation workers.

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.
- All allegations that a criminal act may have taken place must be forwarded to law enforcement.
- The alleged victim is younger than 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 younger than 18 years. If the individual is older than 18 years, 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 CFS recognizes the emotional impact of domestic violence on children, due to capacity we can only respond to referrals of domestic violence that involve a child's safety. Referrals alleging that a child is witnessing their parent/caregiver being hurt will be forwarded to law enforcement for their consideration. Additionally, referents will be given referrals to community resources.
- Allegations are that the child's parents or caregiver use drugs, but there is no reported connection between drug usage and specific maltreatment of the child. All allegations that a criminal act may have taken place must be forwarded to law enforcement
- Parental lifestyle concerns exist, but don't result in specific maltreatment of the child

Idaho *(continued)*

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

Children

At this time, Idaho's SACWIS cannot provide living arrangement information to the degree of detail requested. Idaho's SACWIS does not count children by county, only by region. There are seven regions in Idaho. The NCANDS category of "other" maltreatment types includes abandonment, adolescent conflict, exploitation, alcohol addiction, drug addiction, and finding of aggravated circumstances.

Fatalities

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

Perpetrators

The NCANDS category of "other" perpetrator relationships includes foster sibling, household staff, clergy, nonrelated juvenile, school personnel, and self.

Services

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

Illinois

Contact	Chad Moore	Phone	217-558-5044
Title	ISA II	Email	chad.moore@illinois.gov
Address	Office of Information Technology Services Illinois Department of Children and Family Services 1 N. Old State Capitol Plaza Station Springfield, IL 62701		

General

In June of 2012, Illinois ended its differential response protocol. This protocol was a pilot program that deflects intakes from the traditional investigation route to the differential response route based on criteria established by the Department of Children and Family Services.

Reports

Illinois does not screen out any child abuse and neglect calls, and has not screened out any calls in the previous 5 years.

Children

The NCANDS category of “other” report dispositions includes noninvolved children (i.e. children not suspected of being abuse or neglected) who are recorded on a child abuse or neglect report. Because there are no allegations of abuse or neglect for these children, there are no specific dispositions.

Fatalities

Illinois investigates all child abuse and neglect death. Illinois only uses data from our SACWIS system when reporting child deaths to NCANDS.

Services

The Family Centered Support (FCS) program in Illinois was defunded and the Family Support monies from the Promoting Safe and Stable Families Act Federal Grant is providing services through other programs. The Illinois Department of Children & Family Services no longer provides state FLEX funding, formerly facilitated through our local area networks, to families needing concrete support.

Indiana

Contact	Lisa Rich	Phone	317-232-4497
Title	Deputy Director, Services and Outcomes	Email	lisa.rich@dcs.in.gov
Address	Indiana Department of Child Services 302 W Washington Street, Room E 306-MS47 Indianapolis, IN 46204-2739		

General

In July 2012, Indiana instituted a new child welfare information system: the Management Gateway for Indiana's Kids or MaGIK. The legacy information system, was a case-driven application, with direct, sequential connections between children, families, court actions, and case management. The new system was built to more closely mirror the work of the family case manager and the Indiana practice model, allowing the system to be used as a tool to improve case management and not just as a system to collect data elements. As a result, MaGIK is more person-centered with activities connected primarily to individuals rather than family units. During the end of FFY 2012 and into FFY 2013, DCS staff were adapting to the new system and as is true with implementation of any new system, there is always a learning curve. Therefore, it is important to note that data variances between FFY 2011-2013 do not necessarily reflect changes in state policy. Along with changes to how case-level information is entered into MaGIK, the Department also had to develop a new extraction code and mapping documents to pull data for NCANDS. Indiana continues to refine the data collection and mapping process through system modifications and improvements. To assist with and facilitate this effort, Indiana sought out technical assistance through the National Resource Center for Child Welfare Data and Technology (NRC-CWDT).

Several changes to Indiana law went into effect during July 2013 that may have affected Indiana's FFY 2013 NCANDS data:

- Appropriated additional funding for DCS to hire 136 new family case managers, 75 family case manager supervisors, 23 new family case manager intake specialists, and 6 new family case manager intake specialist supervisors.
- Appropriated additional funding to provide state-funded services to children with severe behavioral- and mental-health needs that do not have access to private insurance or Medicaid through the Department's Children's Mental Health Initiative.
- Amended state law to require DCS to complete an assessment on child abuse and neglect reports made by a judge or prosecutor.
- Amended state law to require DCS to forward reports received from certain professional report sources to the DCS Local Office to make a determination on whether DCS will complete an assessment. The professional report sources include medical personnel, school personnel, social workers, law enforcement officials or personnel, judiciary personnel, and prosecuting attorney personnel.
- Amended state law moving the oversight of child fatality review teams from DCS to the Indiana State Department of Health and select county officials.

Reports

Indiana is conducting an analysis of the increase in the number of assessments between FFY 2012 and FFY 2013 to determine what caused the increase. The Indiana Department of Child Services (DCS) does not assign for assessment a referral of alleged child abuse or neglect that does not:

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

Indiana *(continued)*

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

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

Past submissions from Indiana have reported data surrounding calls that were only in the category of screened-out. For FFY 2013, Indiana included all four types of referrals not assigned for assessment in the NCANDS category of screened-out referrals. This change increased the number of screened-out referrals from 2012.

The NCANDS category of “other” report source includes military personnel and “other.” “Other” could be chosen for a report source with no current or previous relationship to the family (i.e. public eyewitness) or a person with no current relationship to the family (i.e. ex-partner of the parent).

Fatalities

Indiana improved child fatality reporting to NCANDS for FFY 2013 by submitting data regarding child fatalities exclusively in the Child File. Due to this improvement, Indiana will be reviewing past submissions to NCANDS and making updates as necessary. State law was amended to move the oversight of child fatality review teams from DCS to the Indiana State Department of Health and select county officials. For child fatalities not reported in the Child File, Indiana found no instances where a child’s death was caused by maltreatment that occurred while in foster care and was attributed to the foster care provider.

Perpetrators

The NCANDS category of “other” perpetrator relationship includes:

- former foster parent
- physical guardian
- foster sibling
- spiritual leader
- boyfriend/girlfriend
- caregiver
- boyfriend/girlfriend of parent
- emergency contact

Indiana *(continued)*

Services

Improvements in data collection allowed Indiana to report prevention data by child in the Agency File. Therefore, to not duplicate counts, Indiana no longer provides prevention data on a family level. Due to improvements in data collection, this year Indiana is able to report all children served by the identified prevention programs to include those that received face-to-face as well as Information and Referral services. Indiana provides additional prevention services through state funds to Youth Service Bureau programs and Project Safe Place.

Iowa

Contact	Jeff Regula	Phone	515-281-6379
Title	Program Manager	Email	jregula@dhs.state.ia.us
Address	Division of Child and Family Services Iowa Department of Human Services Hoover State Office Building, 5th Floor 1305 East Walnut Des Moines, IA 50319		

General

Iowa uses a two-pronged approach after a determination of substantiation is made during the assessment of abuse and neglect. Some families are referred to the Community Care program rather than having a formal case established with the Iowa Department of Human Services. The state is implementing a differential response system that would divert families to a child abuse and neglect assessment in which a substantiation would not occur and services would be provided if needed. The new system is scheduled to become operational during FFY 2014.

Reports

In 2013, the number of abuse and neglect reports continued to decrease. This can most likely be contributed to the continued strength of the economy in Iowa during FFY 2013. Abuse and neglect reports are accepted for assessment based on whether they meet the requirements to be considered child abuse in the state.

Children

In FFY 2013 the number of children who were involved in an abuse assessment decreased slightly which may indicate a leveling off at this time. The NCANDS category of “other” maltreatment types includes the presence of illegal drugs in a child’s body and the manufacture or possession of a dangerous substance.

Fatalities

The number of fatalities due to abuse decreased again in 2013. We work collaboratively with a multi-discipline child death review team in regards to all child deaths, not necessarily related to abuse and neglect. For reporting purposes, we rely on the data within our system.

Services

Iowa’s transition to a pay-for-results model of purchasing child welfare services is continuing to show promise in improving outcomes for children and families. Work to enhance the reporting capabilities of the system to account for these changes is ongoing. This process may cause anomalies in the services related data as the reporting systems are improved.

The decline in the number of families served is due to a smaller amount of the CAPTA basic state grant funds being used to fund direct prevention services this past year. The focus of the programs was shifted from crisis and respite programming to more parental skill development and fewer funds were available in 2013 resulting in a decrease in children served.

Kansas

Contact	Deanne Dinkel	Phone	785-291-3665
Title	Administrator of Data, Performance Improvement & Systems Management	Email	deanne.dinkel@dcf.ks.gov
Address	Division of Prevention and Protection Services Department for Children and Families Docking State Office Building, 5th Floor 915 SW Harrison Topeka, KS 66612-1570		

General

Kansas does not have a differential response program.

Reports

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

- Initial assessment of reported information does not meet the statutory definition: Report does not contain information that indicates abuse and neglect allegations according to Kansas law or agency policy.
- Report fails to provide the information necessary to locate child: Report doesn't provide an address, adequate identifying information to search for a family, a school where a child might be attending or any other available means to locate a child.
- Report is known to be fictitious or malicious: Report received from a source with a demonstrated history of making reports that prove to be fictitious or malicious and the current report contains no new or credible allegations of abuse or neglect
- DCF does not have authority to proceed or has a conflict of interest: Incidents occurring 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 JJA; or alleged victim is age 18 or older.
- Incident has been or is being assessed by DCF or law enforcement: Previous report with the same allegations, same victims and same perpetrators has been assessed or is currently being assessed by DCF or law enforcement.

The NCANDS category of "other" report source includes:

- self
- private agencies
- religious leaders
- guardian
- Job Corp
- landlord
- American Indian tribe or court
- other person
- out-of-state agency
- citizen review board member
- collateral witness
- public official
- volunteer
- crippled children's services

Children

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

Fatalities

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

Perpetrators

The NCANDS category of “other” perpetrator relationship includes “not related.”

Services

Kansas does not capture information on court appointed representatives. However, Kansas law requires every child to have a court appointed attorney (GAL).

Kentucky

Contact	Dilip Penmecha	Phone	502-564-0105 Ext 2691
Title	BI/Reports Team Lead	Email	dilip.penmecha@ky.gov
Address	OATS/DSM/FSSMB Cabinet for Health and Family Services 275 East Main Street, 4W-D Frankfort, KY 40621		

Reports

During the last 3 years, the state has seen an increase in reports that met acceptance criteria and an increase in reports with a substantiated or services needed finding. The increase in the number of calls screened out is relatively consistent with these increases in volume. The state also enhanced reporting capabilities through the creation of an online web referral system and streamlined centralized intake processes.

Services

In addition, the community partners and external stakeholders continued their focus on the identification and prevention of child abuse and neglect. In 2013, the state used SSBG funds for protective services and used “other” funding sources for prevention services.

Louisiana

Contact	Karen Faulk	Phone	225-342-8679
Title	Program Consultant	Email	karen.faulk@la.gov
Address	Department of Children and Family Services PO Box 3318 Baton Rouge, Louisiana 70821		

General

The state has two types of responses to screened-in reports—investigation response and alternative response. Reports for both pathways must meet the state’s legal criteria for acceptance as a child abuse or neglect case and data for both responses are reported to NCANDS. The alternative response cases are reported to NCANDS as alternative response-nonvictim because a determination of validity for maltreatment is not made and members of the case are not identified as alleged victims or alleged perpetrators.

Article 612 of the Louisiana Children’s Code authorizes the agency to assign incoming referrals for an assessment of family needs and referral for necessary services if the reported abuse or neglect is identified as low risk. If the report meets the state criteria for acceptance, is classified as low risk, and the Structured Decision Making (SDM) tool recommends that the case is appropriate for alternative response, then the case is opened in that program: alternative response-family assessment (ARFA). ARFA is a safety focused, family centered, and strength-based approach to addressing reports. A thorough family assessment is completed with a pre-arranged family interview to determine:

- safety of the child(ren)
- risk of future abuse and neglect
- identify family needs and strengths
- provide direct services as needed and appropriate
- connect the family to resources in the community

At the completion of the alternative response assessment, the case is closed and the closure code only reflects the results of the intervention—whether services were provided or not. There is no finding of child abuse or neglect. Therefore, all of these cases are reported to NCANDS as alternate response nonvictim cases. No victim or perpetrator is identified. ARFA case members are not maintained as part of the state central registry.

The state term for a substantiated investigation case is “valid.” When determining a final finding of “valid” child abuse or neglect, the worker and supervisor review the information gathered during the investigation carefully, and use the following standard:

- The available facts when viewed in light of surrounding circumstances would cause a reasonable person to believe that the following exists:
 - An act or a physical or mental injury which seriously endangered a child’s physical, mental or emotional health and safety; or
 - A refusal or unreasonable failure to provide necessary food, clothing, shelter, care, treatment or counseling which substantially threatened or impaired a child’s physical, mental, or emotional health and safety; or a newborn identified as affected by the illegal use of a controlled dangerous substance or withdrawal symptoms as a result of prenatal illegal drug exposure; and
 - The direct or indirect cause of the alleged or other injury, harm or extreme risk of harm is a parent; a caregiver as defined in the Louisiana Children’s Code; an adult occupant of the household in which the child victim normally resides; or, a person who maintains an interpersonal dating

or engagement relationship with the parent or caregiver or legal custodian who does not reside with the parent or caregiver or legal custodian.

If the answers to the above are “yes,” then the allegation(s) is valid.

The state term for unsubstantiated investigation cases is “invalid.” Invalid is defined as cases with no injury or harm, no extreme risk of harm, insufficient evidence to meet validity standard, or a noncaregiver perpetrator. If evidence of abuse or neglect by a parent, caregiver, adult household occupant, or person who is dating or engaged to a parent or caregiver sufficient to meet the agency standard is not obtained, the allegation shall be found invalid. Any evidence that a child has been injured or harmed by persons other than the parent or caregiver or adult household occupant and there was no culpability by a parent or caregiver or adult household occupant, or person dating or engaged to parent or caregiver shall 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. Staff is expected to use caution when using this finding as it not to be used as a “catchall” finding.

Reports

In Louisiana, all referrals of child abuse and neglect are currently received at a toll free, centralized intake center that operates on a 24-hour basis. The centralized intake worker and supervisor review the information and use an intake Structured Decision Making (SDM) tool to determine whether the case meets the legal criteria for intervention, the type of intervention needed, and the response time for the intervention. Referrals are screened in if they meet the 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 and the alleged perpetrator meets the legal definition of a caregiver of the alleged victim. The primary reason for screened-out referrals is that either the allegation or the alleged perpetrator does not meet the legal criteria. This does not include referrals that were additional information reports to existing investigations or alternative response cases, or intakes that were referred to other sections within child welfare such as family preservation or foster care services.

The first option for intervention is a traditional child protective services investigation, which involves contact with individual family members and collateral interviews. These interventions focus on child safety, but with an outcome of determination if child abuse or neglect occurred and who is the perpetrator. The investigation start date is the date and time of the initial face-to-face contact with each identified victim and a parent or caregiver.

Louisiana *(continued)*

Children

The NCANDS category of neglect includes medical neglect. However, the state is able to determine that there were 277 substantiated allegations of medical neglect for FFY 2013.

Fatalities

There were seven additional fatalities included in the Agency File that were not reported in the Child File due to data entry errors. The agency consulted with the local coroner in the largest urban area to insure that a complete file of child fatalities was submitted. The agency is working with the Louisiana Child Death Review Panel to develop a more comprehensive listing of all unexpected child deaths for the FFY 2014 NCANDS submission. Additionally, the agency is working with the Office of Vital Records to review records of possible suspicious deaths of children. Louisiana does accept reports on child fatalities with no surviving siblings in the home.

Perpetrators

The state is unable to capture the perpetrator relationship accurately for intra-familial maltreatment and therefore reports the code “unknown” for 99 percent of cases.

Services

The state provides such postinvestigation services as foster care, adoptive, in-home family, and family in need of services. The state provides more postinvestigation services than it is able to report to NCANDS. Almost all services provided by other agencies and offices are not reported.

Maine

Contact	Mandy Milligan	Phone	207-624-7972
Title	Data Coordinator	Email	mandy.milligan@maine.gov
Address	Office of Child and Family Services Maine Department of Health and Human Services 2 Anthony Avenue, 11 State House Station Augusta, ME 04333-0011		

General

Maine does not have two tracks. The state assigns some appropriate low severity reports to alternative response programs under contract with community agencies. There are alleged victims and alleged maltreatment in these reports but the alternative response agency makes no findings of maltreatment. Alternative response assessments are not documented in the SACWIS system and they are not included in the NCANDS Child File. There were 1,077 reports assigned for alternative response assessment during FFY 2013.

Reports

The overall number of reports received only increased slightly from FFY 2012 to FFY 2013. There also was an increase in the number of child protective assessments that were completed. All reports, including reports that are screened out, are documented in the SACWIS system. 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. Policy requires this contact to occur within 72 hours of the approval of a report as appropriate for child protective services.

Reports that do not meet the statutory definition of child abuse and/or neglect and do not meet the appropriate to accept for assessment criteria are screened out at the intake level. Abuse or neglect means 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.

Children

The number of victims associated with assessments completed increased slightly from FFY 2012 to FFY 2013. 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, are not designated as alleged victims, and are not included in the NCANDS Child File.

The term indicated is used when maltreatment found is low to moderate severity. The term substantiated is used when the maltreatment found is high severity. Maine submits both indicated and substantiated children in the NCANDS Child File as victims in a substantiated report.

Fatalities

The state does not include fatality as a finding in our SACWIS. Fatalities are tracked and recorded in a separate database. Suspicious child deaths including child abuse and neglect deaths are reviewed by a multidisciplinary child death and serious injury review board. The state reports all child deaths caused by a parent or caregiver in the NCANDS Agency File. The Maine Medical Examiner's Office also compiles data on child fatalities due to abuse and neglect, but their format does not show if the death is from maltreatment.

Maine *(continued)*

Perpetrators

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

Services

Only services that are being paid for by a service authorization are included in the Child File. The state currently has no mechanism for tracking services provided to families when those services are paid for by another funding source, or are free.

Maryland

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

General

The state continues improvements to its NCANDS submission. Substantial improvements were made to the Child File in December 2012, and additional improvements were made in December 2013. Maryland started a phased-in implementation of its alternative response program in July 2013. Alternative response will be fully implemented in the state in July 2014.

Reports

A new structured decisionmaking practice was implemented in 2010 for the screening process. Institutionalization of structured decisionmaking increases the likelihood that reports screened in for investigation meet the criteria for abuse and neglect at the outset. The CPS screening process was adjusted in 2013 as part of the implementation of alternative response in Maryland, which began a phased implementation in July 2013 and will be fully implemented as of July 2014. The rules and procedures for screening in a report remain the same; however, the CPS supervisor considers specific factors concerning the report in making the assignment to alternative response or investigative response.

Maryland's CPS response follows the same rules regardless of whether it is an alternative response 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.
- The child's safety and risk of maltreatment must be assessed.
- The CPS response must be completed within 60 days.
- Additional services may be offered including in- or out-of-home services.

The key differences between alternative response and investigative response are:

- 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. Instead, alternative response allows local departments of social services to help Maryland families to access services, supports, and other assistance that will resolve their concerns.
- Investigative response targets moderate- to high-risk reports of child neglect and abuse which results in a finding concerning maltreatment.

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

Maryland *(continued)*

Children

The population of children in foster care has been decreasing during the past 3 years. Neglect includes medical neglect as state statute and policy do not define them separately.

Fatalities

Maryland still needs to review the process of recording fatalities in its SACWIS to ensure that fatality data in the NCANDS Child File submission is complete. The state will provide updated instructions based on this review to state and local staff. Child fatalities where child maltreatment is a factor are usually reported by the local departments of social services. In addition, DHR and local departments also get information about these fatalities from local interagency fatality review teams and from the Department of Health and Mental Hygiene's Child Fatality Review Team and the Office of the Chief Medical Examiner.

Perpetrators

To address the issue that Maryland's file does not have perpetrator relationship data for at least 95 percent of the victims, updates in SACWIS are being planned to reduce or eliminate missing relationships and to eliminate the use of "other" as a relationship choice.

Services

Maryland continues to use family involvement meetings (FIMs) at various trigger points that are expected to have positive impacts on the safety, permanency, and well-being of children receiving child welfare services. The trigger points include:

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

The children and families counts for preventive services include all of children and families receiving at least one of the following in-home/family preservation services: consolidated in-home services, interagency family preservation services, and services to families with children-intake. Prior year submissions for preventive services were undercounts of the children and families receiving in-home or family preservation services and will be updated.

Massachusetts

Contact	Rosalind Walter	Phone	617-748-2219
Title	Data Manager	Email	ros.walter@state.ma.us
Address	EHS Information Technology Department of Children and Families 24 Farnsworth Street Boston, MA 02210		

General

In August 2009, the Massachusetts Department of Children and Families (DCF) implemented a differential response process for handling reports of child maltreatment in its Statewide Child Welfare Information System (hereinafter FamilyNet). The differential response enables reports to be screened in for a CPS investigation or for an initial assessment response. Not all reports of abuse or neglect require the same type of intervention. An initial assessment response allows DCF to engage families more quickly when the reported concern does not warrant a formal investigation of an allegation. The initial assessment response cannot be used for reports alleging sexual abuse, serious physical abuse, or serious neglect.

Reports

A decision to screen out a report is based on a determination that:

- There is no reasonable cause to believe that a child(ren) has been or may have been abused or neglected.
- The alleged perpetrator has been identified and was not a caregiver and the child's caregiver is safely protecting the child from the alleged perpetrator.
- The specific injury or incident being reported is outdated; that is, a determination is made that the information included in the report has no bearing on the current risk to the child(ren).
- The specific injury or incident currently being reported has already been referred for CPS investigation or assessment response.
- The reporter is not credible; that is, there is a history of unreliability from the same reporter or the report includes sufficient contradictory information from collateral contacts to make the report implausible.

Reports alleging a fatality, sexual abuse, serious physical abuse, or serious neglect are screened in for an investigation response. The decision to screen a report for an initial assessment response should be based on information related to the current allegation(s) as well as a review of the family's prior involvement with the Department of Children and Families. Allegations involving physical abuse of a child may be screened in for initial assessment response only if the allegation does not meet the criteria for an investigation response. An initial assessment response is considered when there is a reasonable cause to believe that the child(ren) are affected by neglect of a caregiver, but there is no immediate danger to life, health, or physical safety.

If the information obtained during screening indicates that the allegations do not require an investigation response, and further, that the child(ren) and family will benefit from an assessment of the need for Department of Children and Families services, the case is assigned for an initial assessment response. Examples of allegations that may be referred for an initial assessment response include:

- neglect that does not pose an imminent danger or risk to the health and safety of a child
- educational neglect
- medical neglect (except in emergency situations)
- physical abuse that involved the discipline of a child and did not result in serious injury

Massachusetts *(continued)*

- a single act of neglect by the caregiver that resulted in a minor injury to the child (e.g., failure to have monitored child's access to dangerous household appliance)

Emergency investigations must be initiated within 2 hours and completed within 5 business days. Nonemergency investigations and initial assessments must be initiated within 2 business days and completed within 15 business days. Data for report source has improved since the type of mandated reporter became a required field in February 2012.

The number of screening and investigation/initial assessment workers is based on an estimated number of FTES, derived by dividing the number of intakes and investigations/initial assessments completed during the calendar year by the monthly workload standards. The number includes both state staff and staff working for the Judge Baker Guidance Center. The Judge Baker Guidance Center handles CPS functions during evening and weekend hours when Department of Children and Families offices are closed. Because assessments are case-management activities rather than screening, intake, and investigation activities, the number of workers completing assessments was not reported. Many (DCF) social workers perform screening, and investigation/initial assessment functions in addition to ongoing casework.

Living arrangement data are not collected during investigations or initial assessments with enough specificity to report except for children who are in placement. Data on child health and behavior are collected, but it is not mandatory to enter the data during an investigation or initial assessment. Data on caregiver health and behavior conditions are not usually collected. The investigation or initial assessment start date is defined as the date that the intake is screened in for investigation and has not been reported.

Children

The disposition of an initial assessment was reported as "alternative response nonvictim." The NCANDS category of neglect includes medical neglect.

Fatalities

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

Services

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

Michigan

Contact	Cynthia Eberhard	Phone	517-896-6213
Title	NCANDS Representative	Email	eberhardc@michigan.gov
Address	One Michigan Building 120 N. Washington Square, 3rd Floor Lansing, MI 48933		

General

Michigan does not have a differential response or alternative response program.

Reports

For FFY 2013, Michigan had an increase in the number of referrals. The increase in the number of screened-out referrals was due to the increase in the number of referrals and due to state and county efforts toward education, support, and prevention of child abuse and neglect. Centralized intake also changed their review and assignment of cases based upon reviews with program office and quality reviews.

Children

Michigan modified the reporting process to collapse cases with overlapping and duplicative investigations. The state either has resubmitted or will resubmit Child Files from 2009 to 2013. Michigan will continue to monitor our data to address these changes and their effect on child safety and well-being.

Fatalities

Michigan does not report on non-CPS child fatality cases.

Perpetrators

Michigan uses an “unknown perpetrator” with the same ID that is repeated multiple times. For FFY 2010–2012 data submissions, instances where a birth parent was the perpetrator of the maltreatment while the child was under the care and supervision of the department were incorrectly mapped. The perpetrator relationship was coded as foster parent, which inflated the number of children maltreated in care. Michigan resubmitted data for FFY 2010–2012 to correct this error.

Services

Michigan does not collect information on all services in a reportable fashion. While some services are reportable in NCANDS, others are collected under the label of “other services” and are reported in NCANDS as “other.”

Minnesota

Contact	Jean Swanson Broberg	Phone	651-431-4746
Title	Systems Analysis Supervisor	Email	jean.swanson-broberg@state.mn.us
Address	SSIS Child Safety & Permanency Division Minnesota Department of Human Services PO Box 64239 St Paul, MN 55164-0239		

General

TBy FFY 2005, Minnesota’s family assessment, was legislated and implemented statewide as the preferred response for all reports not involving substantial child endangerment. Currently the two response paths are referred to as family assessment response and family investigative response. CPS workers must document the reason(s) why family investigative response is required when it is used. Reasons for family investigative response include severe maltreatment, actions that are criminal offenses, and the frequency, similarity or recentness of reports about the same family. Reports accepted for the family assessment response path represent low to moderate risk to the children and comprise approximately seventy percent of alleged maltreatment reports in Minnesota. Acceptance into either response path means that a report has been screened in as meeting Minnesota’s statutory definition of alleged child maltreatment, so allegations accepted for either response are reported through NCANDS.

In Minnesota, a family assessment response deals with the family system in a strengths-based approach and does not substantiate or make determinations of whether maltreatment occurred. Rather, parents are engaged in evaluating their own strengths and needs and working to reduce the risk of any future maltreatment of the children.

Reports

Each year, as a greater proportion of reports receive family assessment response, rather than family investigative response, the number of determined (substantiated) victims and perpetrators goes down, even though the number of reports has remained relatively stable. At the same time, the unsubstantiated rate decreases. This is because the more serious reports that receive family investigative response are more likely to be substantiated than the low risk reports—which now receive a family assessment response. Both responses apply to screened-in reports of alleged child maltreatment in Minnesota. A separate program, Parent Support Outreach Program (PSOP), offers early intervention supports and services to families when reports alleging child maltreatment are screened out.

Minnesota collects reasons why reports are screened out and has found that the most common reason why a report is screened out is that none of the allegations met the statutory definitions in Minnesota’s Reporting of Maltreatment to Minors law. Approximately 80 percent of the time a referral is screened out it is because the stated concerns are not considered child abuse or neglect under Minnesota law. Other reasons to screen a referral out 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 facility required to be licensed. There is little variation in the proportion screened out for each of the reasons across years.

Reports

For FFY 2013, there was a decrease in report dispositions of closed with no finding. This is a result of a change in policy. The state noted that there is no specific authorization in Minnesota statutes for

Minnesota *(continued)*

a determination of intentionally false, so that option was removed from the system. The NCANDS category of “other” report source includes clergy, Department of Human Services birth match, other mandated, and other nonmandated.

Children

For FFY 2013, there was a decrease in child dispositions of closed with no finding. This is a result of a change in policy. The state noted that there is no specific authorization in Minnesota statutes for a determination of intentionally false, so that option was removed from the system. The NCANDS category of “other” child living arrangement includes independent living and “other.”

The increase in the number of children who suffered sexual abuse is due to a statutory change in the definition of reportable maltreatment. The change included the mandatory reporting of persons with access to any children when that adult has ever been convicted of serious criminal sexual conduct and defined as a predatory offender. This change was passed by the 2012 session of the Minnesota Legislature.

Fatalities

Minnesota’s Child Mortality Review Committee is a multidisciplinary team including representatives from state, local, and private agencies. Disciplines represented include social work, law enforcement, medical, legal, and university-level educators. While the primary source of information on child deaths resulting from child maltreatment is the local agency CPS staff, some reports originate with law enforcement or coroners and medical examiners. The Minnesota Department of Human Services Child Mortality Review Team Coordinator also regularly reviews death certificates filed with the Minnesota Department of Health to ensure that all child deaths are reviewed. The Child Mortality Review Coordinator directs the local agency to enter child deaths resulting from child maltreatment, but not previously recorded by child protective services, into Minnesota’s SACWIS, in order that complete data are available.

Occasionally, a child who was a resident of Minnesota is killed in a child abuse incident out of state. When a child mortality review staff member becomes aware of such a situation, information such as a police report is requested from law enforcement in the other state. The local agency in the Minnesota county of residence is asked to record the data in Minnesota’s child welfare information system. The fatality data in this instance is delayed from the time of death, but eventually appears in Minnesota’s NCANDS mortality counts. All child fatalities known to be the result of child maltreatment are reported in the Child file for Minnesota.

Perpetrators

The NCANDS category of “other” perpetrator relationship includes “other nonrelative.”

Services

Primary prevention services are often provided without reference to individually identified recipients or their precise ages, so reporting by age is not possible. Clients with an unknown age are not included as specifically children or adults. The previous CBCAP grant projects ended. Minnesota is in the process of redesigning this program. For FFY 2013, this number represents the proportion of the unduplicated number of children who received Parent Support Outreach Program Services, including a specialized program for American Indian children, funded by CBCAP dollars. Services

Minnesota *(continued)*

in this program are provided to children and families who were reported as having an allegation of child maltreatment, but where the reported allegation was screened out of a child protective services response. This program is completely voluntary.

Parent Support Outreach Program Services were previously reported under Promoting Safe and Stable Families. However, for FFY 2013, some were funded with CBCAP and some with IV-B funding. The increased number here is the result of expanding the service population and using an additional funding source.

A child maltreatment death from 4 years ago was ruled a homicide in 2013. That death contributed greatly to the average response time for this year. The number of court appointed representatives is not available as it is reported to the courts rather than to social services in Minnesota.

Mississippi

Contact	Shirley Johnson	Phone	601-359-4679
Title	Program Manager	Email	shirleyjohnson@mdhs.ms.gov
Address	Division of Family and Children's Services Mississippi Department of Human Services 750 North State Street Jackson, MS 39202		

General

Mississippi Department of Human Services (MDHS) entered into a contract with Social Work p.r.n. to provide service for the MDHS Mississippi Centralized Intake, 24-Hour Hotline and Disaster Preparedness Plan in November 2009. The service consists of receiving, entering, and screening to the appropriate county all incoming reports of maltreatment of children and vulnerable adults. The service operates 24 hours a day, 7 days a week. Intake types are as follows:

- abuse, neglect and exploitation
- information and referral
- case management
- children in need of supervision/unaccompanied refugee minors/voluntary placement/prevention services
- resource inquires
- interstate compact

The state assigns screening levels, which is a form of alternative response. Level I includes reports that may not be appropriate for investigations, but may require referrals. Level II requires a 72-hour response. Level III requires a 24-hour response. Felonies and reports of children in custody are coded as Level III.

Reports

The number of investigations has increased due to consistency in the screening process and availability of Mississippi Centralized Intake. Centralized intake enters every report alleging neglect and abuse on the front end and provides the information to the counties. The initiation of a report is calculated from the date and time that the initial report is received at intake. The response time to the initial investigation has decreased due to the increased management oversight of statewide performance in this area, and the implementation of the practice model in more regions. An increase in the number of frontline workers in our more populated counties was implemented. The state also instituted a new training curriculum in the past few years that includes an ongoing supervisory training program requiring the area social work supervisors (ASWS) to do weekly case staffing. Regional Directors or regional ASWS's are required to have at least monthly meetings with individual ASWS's.

As part of a settlement agreement, reports were developed that track the time elapsed between: (1) the received date of the report and the date the investigation was initiated by the worker and (2) the received date and when the investigation was assigned to a worker. Due to the Modified Settlement Agreement signed in July 2012, we modified the report to show only the intake received date and the initiated date. This change went into effect June 2013.

When DFCS receives a report that a child was abused by a person responsible for the care or support of the child, a determination must be made that the abuse was not committed or contributed to by a parent, legal guardian, primary caregiver, or relative. Investigations of children in custody as alleged

Mississippi *(continued)*

victims cannot be screened out for any reason. Reports that may be screened out as Level I at intake include:

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

If a referral is considered outside the jurisdiction of the DFCS, it shall be documented and be referred to law enforcement of proper jurisdiction for investigation. Other services of the department may be provided.

- Referrals of rape, sexual molestation, or exploitation of a child of any age that meet all of the criteria below. If either (a) or (b) does not apply, the report should be considered for investigation.
 - a. Alleged perpetrator is not a caregiver, friend of caregiver, relative, other person living in the home, or employee of a childcare facility where the child attends or lives.
 - b. No parental or caregiver neglect is suspected.
 - c. Law Enforcement has been informed of the report.

Mississippi *(continued)*

If law enforcement has not been contacted, County DFCS will immediately make the report to them. Other services of County DFCS will be offered to law enforcement (i.e., interviewing children) and the family (i.e., mental health referrals, counseling) as needed.

- Referrals of children who have not had their immunizations. Should be referred to the County Health Department by County DFCS to contact a public health social worker or to the school attendance officer as appropriate.
- Threats or attempts of suicide by children if there is no suspicion of parent or caregiver abuse or neglect. If the nature of the referral suggests that the child is in immediate danger of self-harm, a referral should be made immediately to mental health or law enforcement agencies. If report source is a professional, they should be requested to refer the family to counseling. If family does not follow through, then case can be referred to DFCS for neglect. If report source is a nonprofessional, the DFCS should determine if family is seeking counseling. If not, DFCS should investigate for neglect. If reporter feels suspicion exists just because suicide attempt was made, DFCS will investigate.
- Physical injury committed by one child on another that meet all of the following criteria:
 - Child is not in a caretaking role over the other child.
 - No parent or caregiver neglect is suspected.
 - Child victim and perpetrator are not in a residential child caring facility or a home licensed or approved by DFCS.

Fatalities

Mississippi previously counted only those child fatalities where the medical examiner or coroner ruled the manner of death was a homicide. During 2007, Mississippi began counting those child fatalities that were determined to be the result of abuse or neglect if there was a finding of maltreatment by a DFCS worker. Other sources that compile and report child fatalities due to abuse and neglect are Serious Incident Reports (SIRs) and the Child Death Review Panel (CDRP) facilitated by the Mississippi Department of Health. Typically, all fatalities are reported in the Child File. Those fatalities not reported in the Child File are reported in the Agency File.

Perpetrators

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

Services

The NCANDS category of “other” funding source includes Temporary Assistance for Needy Families (TANF). Many substantiated investigations result in services being provided. However, a services case is not opened on all substantiated investigations. DFCS policy regarding referring children for IDEA services fall under foster care services. Children who are ages <1–35 months and who entered foster care during the NCANDS reporting period are eligible for early intervention services under IDEA Part C. Infants and toddlers with disabilities who are younger than 3 years receive early intervention services under IDEA Part C. Children and youth ages 3–21 years receive special education and related services under IDEA Part B.

Missouri

Contact	Carla Gilzow	Phone	573-751-1354
Title	Quality Assurance Management Analysis Specialist II	Email	carla.r.gilzow@dss.mo.gov
Address	Children's Division Department of Social Services PO Box 88 Jefferson City, MO 65103-0088		

General

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

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

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

Reports

The state records the date of the first actual face-to-face contact with an alleged victim as the start date of the investigation. Therefore, the response time indicated is based on the time from the login of the call to the time of the first actual face-to-face contact with the victim for all report and response types, recorded in hours. State policy enables 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. 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 followup with the family and see all household children within 72 hours. Data provided for 2013 includes contacts made by multidisciplinary team members

Missouri uses structured decisionmaking 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.

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 2013 substantiated records, and dividing it by the total number of prior substantiated records, not including unsubstantiated or alternate response records.

In FFY 2013, the number of victims in Missouri decreased by more than 60 percent. Missouri is currently defending several lawsuits challenging the validity of the Children's Division's investigative conclusions that are made after a 90-day notification deadline imposed by state statute. Two different divisions of the Missouri Court of Appeals held that the Children's Division lacked the statutory authority to take any further action on a hotline report if the Division did not complete its investigation and notify the alleged perpetrator of the results of the investigation within 90 days of the date of the report. In compliance with these court rulings, Children's Division's staff were instructed to halt any further action on investigations with a preliminary finding of preponderance of evidence that were open beyond 90 days. Child fatality reports were not included in the above instruction to staff. The Children's Division has appealed these rulings to the Missouri Supreme Court and the case is currently under advisement. If the Supreme Court reverses the appellate court's decision, the investigations that are currently on hold may still be completed. The Division's course of action will depend upon the final decision of the Missouri Supreme Court.

The state does not retain the maltreatment type for alternate response reports as they are classified as alternative response nonvictims. For children in these reports, the maltreatment type was coded as "other" and the maltreatment disposition was assigned the value of the report disposition.

Fatalities

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

While there is not currently an interface between the state's FACES system and the Bureau of Vital Records statistical database, the STAT has collaborative processes with the Bureau of Vital Records to routinely compare fatality information. STAT also has the capacity to make additional reports of deaths to the hotline to ensure all deaths are captured in 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.

Missouri *(continued)*

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 Missouri, agencies have a check and balance with each other to minimize underreporting of child deaths.

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.

Services

Children younger than 3 years are required to be referred to the First Steps program if the child has been determined abused or neglected by a preponderance of evidence in a child abuse and neglect investigation. Referrals are made electronically on the First Steps website or by submitting a paper referral via mail, fax, or email. First Steps reviews the paper or electronic referral and notifies the primary contact to initiate the intake and evaluation process.

Postinvestigation services are reported for a client who had intensive in-home services or alternative care opening between the report date and 90 days post disposition date or an active family-centered services case at the time of the report. Data for child contacts with Court Appointed Special Advocates (CASA) were provided by Missouri CASA. Data regarding Guardians ad Litem were not available for FFY 2013. The Children's Trust Fund provided supplemental data regarding preventive services.

Montana

Contact	Erica Betz	Phone	406-841-2457
Title	Fiscal & Operations Bureau Chief	Email	ebet@mt.gov
Address	Child and Family Services Montana Department of Public Health and Human Services Old Federal Bldg 5th floor PO Box 8005 Helena, MT 59604		

General

Beginning in FFY 2011, Montana began implementation of a family centered practice model under the state Program Improvement Plan. Montana does not have a differential response track for investigations. However, as part of the Title IV-E Waiver Demonstration Project, Montana will implement a nontraditional differential response unit in January 2015.

Reports

The Child and Family Services Division's Centralized Intake Bureau screens each referral of child abuse or neglect to determine if it requires investigation, assistance, or referral to another entity. Referrals requiring immediate assessment or investigation are immediately telephoned to the field office. By policy, these Priority 1 reports receive an assessment or investigation within 24 hours. All other child protective services (CPS) reports that require assessment or investigation are sent to the field within 24 hours. This has resulted in improved response times. The state does not track the time from receiving the referral until the beginning of the investigation in hours.

Due to the state's rural nature, the majority of workers perform both intake and assessment functions. This includes social workers, case aides, permanency workers, and supervisors. The number of full-time equivalent FTE was calculated by gathering data for a 2-week period as to the number of calls to each field office and the time of day those referrals were received. The state also gathered data as to the number of reports that were entered into the system during the same timeframe. The state developed a weighted formula to determine the number of individuals required to handle the number of referrals.

Children

The number of children in care has shown an ongoing increase in Montana.

Fatalities

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

Perpetrators

Unknown perpetrators are assigned a common identifier within the state.

Services

Data for preventive services are collected by state fiscal year.

Nebraska

Contact	Greg Brockmeier	Phone	402-471-6615
Title	IT Business Systems Analyst	Email	greg.brockmeier@nebraska.gov
Address	DHHS, Children & Family Services 301 Centennial Mall South PO Box 95026 Lincoln, NE 68509-5026		

General

During FFY 2013, the state used Structured Decision Making (SDM) as the model for assessing referrals. This is the first year for which SDM was implemented throughout the entire state. The state centralized its intake office during 2010. This action resulted in a more consistent process of determining which referrals would be screened in or screened out. With the implementation of the SDM intake tool, the state believes this consistency will continue to improve and screening decisions will be better supported.

Reports

All referrals are received at a toll-free, 24-hour, centralized hotline. The intake workers at the hotline along with their supervisors use SDM to determine whether the referral meets criteria for intervention and the response time for intervention. If it meets the criteria for intervention, it is screened in and assigned to a worker to conduct an initial assessment, which includes using SDM safety assessments, safety plans (when needed), and risk or prevention assessments. At the conclusion of the initial assessment, the workers use the SDM results to determine if ongoing services are needed, if the case can be referred to a community resource, or closed.

In FFY 2013, the number of referrals increased slightly, however, the number of reports accepted for initial assessment decreased. The increase in referrals is likely due to heightened public awareness of child abuse and neglect that may be attributed to national and local media attention regarding child abuse as well as public awareness campaigns. The decrease in the number of accepted reports during this time was likely affected by the implementation of the SDM intake tool, which provided a consistent statewide screening process and specific guidelines to intake workers to use when making screening decisions.

Nebraska is unable to report the average response time at this time. With the implementation of SDM, the data fields where Nebraska captures the response have changed and Nebraska has had difficulty capturing this measure. This is being corrected and the state will resubmit. Nebraska increased the number of FTEs responsible for assessment of reports in an effort to bring the caseload sizes of assessment workers to more manageable levels. This is the same number of FTEs reported for FFY 2012.

Children

Nebraska has seen improvements over the last several years in the results of absence of recurrence of maltreatment with a reduction since FFY 2009. Nebraska has not specifically studied the cause of the reduction in maltreatment recurrence, but during this timeframe the state implemented a centralized hotline, implemented a process to identify reports of abuse and neglect that are a duplication of previously called in reports, and implemented SDM. Each of these changes may have played a role in the reduction of maltreatment recurrence as well the overall reduced number of child maltreatment victims in Nebraska from FFY 2009 to FFY 2013.

Fatalities

The State reports Child Fatalities in both the Child File and the Agency File. The State ceased the process of removing records for the Child File fatality count. The FFY 2013 Child File fatality count is five, but one was included in previous years' Agency Files. The actual year of death is 1 – Calendar Year 2010, included in the FFY 2010 Agency File and FFY 2013 Child File. Child fatalities awaiting final disposition in the child welfare information system are not reported in the Child or Agency Files and will be included in a future Child File that corresponds with the annual report submission when the disposition is completed.

The state continues to work closely with the state's Child Death Review Team (CDRT) to identify child fatalities that are the result of maltreatment, but are not included in the child welfare system. When a child fatality is not included in the Child File, the state determines if the child fatality should be included in the Agency File. The CRDT's official report and final results are usually 2–3 years after the submissions of the NCANDS Child and Agency Files. The state will resubmit the Agency File for previous years when there is a difference in the count than was originally reported as a result of the CDRT final report. The state is also reviewing a process to determine if cases identified by the CRDT will be entered into Nebraska's child welfare information system and if a formal assessment or investigation should be initiated.

Perpetrators

Perpetrator information is collected on all perpetrators entered into the child welfare information system. The relationship is a required data field. The relationship may be "other" or "unknown" if the relationship is not provided by the report source.

Services

The state has always presented the fact that a majority of the services provided to families are accomplished during the assessment phase which is between the report date and final disposition. In many cases, these are the only services required to keep the child or victim safe. These services are not included in the NCANDS Child File. Nebraska automated its referral system to its Early Childhood Development Network to automatically notify the network of children younger than 3 years who are victims of maltreatment.

Nevada

Contact	Anthony Lonnegren	Phone	775-687-9048
Title		Email	anthony.lonnegren@dcfs.nv.gov
Address	Nevada Division of Child and Family Services Information Management Services 4126 Technology Way, Third Floor Carson City, NV 89706		

General

Within the state, CPS functions within three service regions: Clark County, Washoe County, and remaining rural counties. All three service areas use a single data system under the state’s SACWIS—the Unified Nevada Information Technology for Youth (UNITY). All three child welfare agencies in Nevada are in the process of implementing the Safety Assessment and Family Evaluation (SAFE) model. While the primary focus has been on intake and assessment, or “front end” services, the plan is to continue the rollout of the model to expand to “back end” services, such as implementing conditions for return and the protective capacity family assessment during 2014. This model changed the state’s way of assessing child abuse and neglect, and enhanced the ability to identify appropriate services to reduce safety issues in the children’s home of origin, and unified the state’s CPS process and standards regarding investigation of maltreatment.

The SAFE model supports the transfer of learning and assessment of safety throughout the life of the case. The model emphasizes the differences between identification of present and impending danger, assessment of how deficient caregiver protective capacities contribute to the existence of safety threats and safety planning/management services, assessment of motivational readiness and utilization of the Stages of Change theory as a way of understanding and intervening with families, and ongoing assessment of safety.

Nevada’s differential response program was implemented throughout all regions in 2007. Families referred under this policy 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.

Reports

Nevada has varying priority response timeframes for investigation of a report of child abuse and neglect, according to the age of the child and the severity of the allegations. All other reports are defined as: information only (I/O), where there is insufficient information about the family or maltreatment of the child; information and referral (I/R); when an individual inquires about services and there are no allegations of child abuse and neglect; and differential response (DR), when a report is made, and there are no allegations of maltreatment and/or the allegations do not rise to the level of an investigation, but the family could benefit from community services.

Fatalities

Fatalities identified in the SACWIS 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 (unduplicated). Reported fatalities can include deaths that occurred in prior periods, for which the determination has just been completed. The number of NCANDS reported fatalities has decreased since the last reporting period. Child fatalities by homicide increased during this reporting period, with the alleged perpetrator being the paramour. Campaigns like

Nevada *(continued)*

“Choose Your Partner Carefully” continue throughout the state to educate and to increase awareness. Additionally, campaigns such as safe sleeping and drowning prevention have also raised awareness, which may be contributing to a decrease these types of fatalities.

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 had previously had contact or custody by a child welfare agency, is subjected 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 age 17 and younger. The purpose of the Nevada CDR process is prevention, and enables the many agencies and jurisdictions to come together in an effort to gain a better understanding of child deaths.

Services

Many of the services provided are handled through outside providers. Information on services received by families is reported through the various programs, and services provided in conjunction with the new safety model are documented in the system, but this data are not readily reportable. The Child File contains some of the services from the SACWIS system, and the state is investigating the steps to bring more of that information into the NCANDS reporting.

New Hampshire

Contact	Jane Whitney	Phone	603-271-6764
Title	System Analyst	Email	jmwhitney@dhhs.state.nh.us
Address	Bureau of Information Systems New Hampshire Division for Children, Youth and Families 129 Pleasant Street Concord, NH 03301		

General

New Hampshire does not have differential response in our child protective system.

New Hampshire has a 60-day time frame to complete a protective assessment. This enables the assigned worker to do a comprehensive assessment of the alleged maltreatment, family strengths and needs and develop a plan with the family to assure safety. This could include facilitated referrals to community-based services such as a family resource center, local mental health, or other local supports. Due to legislative budget changes, the state is no longer able to offer short-term voluntary services paid for through the agency's CPS.

When an abuse and neglect assessment results in determination of founded, in-home services may be offered to maintain the child safely in the home. If the child is in danger and this cannot be mitigated with in-home services, the New Hampshire Division for Children, Youth and Families will remove the child and immediately begin the provision of services to achieve the primary goal of reunification. The state is aware of a number of issues with reporting, as outlined below. Implementation of changes or enhancements to the NCANDS extract is under review and a plan to make these changes will occur when resources are available to do so.

Reports

The number of screening and intake workers includes intake workers and supervisors. The number of investigation and assessment workers includes assessment workers and workers who specialize in investigation allegations of abuse and neglect in out-of-home placements.

In the Child File, the investigation start date is currently defined as the date the report is approved for assessment. Future data submissions will define the investigation start date as the date of the first interview. Dates and days are the smallest units of time maintained in the state's SACWIS for the purpose of NCANDS reporting. New Hampshire uses a tiered system of required response time, ranging from 24 to 72 hours, depending on level of risk at the time of the referral. Data reported is the average for all referrals.

The NCANDS category of "other" report source includes:

- private agency
- city, town, county
- clergy
- community information and referral
- other community agency
- camp
- Fore Department Staff
- Guardian ad Litem
- landlord

New Hampshire *(continued)*

- other state
- utility company

New Hampshire does not collect or report incident date. For the NCANDS category of report disposition, New Hampshire does not use the following values, per division policy:

- indicated or reason to suspect
- alternative response victim
- alternative response nonvictim
- unsubstantiated due to intentionally false reporting

Children

New Hampshire is only able to report the following values for the NCANDS category of living arrangement:

- nonparent relative caregiver household
- nonrelative caregiver household
- group home or residential treatment facility
- other

The NCANDS category of “other” living arrangement includes nursing home, residential treatment facility, rehabilitation center, shelter care, experiential wilderness facility, and independent living boarding home. For the NCANDS category of prior victimization, the state reports prior allegations of abuse or neglect, regardless of whether they were substantiated. Changes will be implemented to rectify this anomaly in future submissions.

Fatalities

Data for the Agency File were obtained from the NH Department of Justice as well as the NH SACWIS. There is no use of “other” with regard to fatalities. The state reports fatalities (unduplicated) in both the Agency and Child Files.

Perpetrators

New Hampshire has a high rate of unknown perpetrator relationships, due to two factors and plans to address these issues in the changes to the extract.

- Not all of the relationship values in the NH SACWIS are currently mapped to an NCANDS value.
- The extract does not currently reciprocate relationships when only the victim’s relationship to the perpetrator is entered into the SACWIS.

Services

The state currently reports that postinvestigation services occurred for reports resulting in an open case stemming from the need for services to be provided and implies case management as a service, or if there are any open services within the referral approval date plus 90 days out timeframe.

The NCANDS category of court-appointed representative is underreported. By law in New Hampshire, all assessments with court involvement have a Guardian ad Litem or Court Appointed Special Advocate (CASA) appointed to represent the children’s interests. The state is in process of making changes to the extract to ensure complete reporting.

New Hampshire *(continued)*

New Hampshire does not capture data for family planning services or housing services. Funds from the Child Abuse State Grant, Promoting Safe and Stable Families and Social Services Block Grant are combined to fund one primary agency that provides preventive services. The numbers of children and families are unduplicated, and represent the number of children and families served as a percentage of the total funding.

New Jersey

Contact	Linda Longo	Phone	609-888-7296
Title	Project Manager, Data Quality	Email	linda.longo@dcf.state.nj.us
Address	Office of Research, Evaluation and Reporting Department of Children and Families 50 East State Street Trenton, NJ 08625		

General

Since the 2007 implementation of the state SACWIS, New Jersey Spirit, The state has been making continuous enhancements toward improving the quality of NCANDS data. Additional enhancements to the system are scheduled.

Reports

The State Department of Children and Families (DCF), Division of Child Protection and Permanency (DCP&P) investigates all reports of child abuse and neglect. The state system allows for linking multiple CPS reports to a single investigation. The state has the capability to record the time and date of the initial face-to-face contact made to begin the investigation.

The State Institutional Abuse Investigation Unit addresses abuse and neglect allegations that take place in foster care settings. Beginning with FFY 2012, a case practice initiative to conference these investigations with a representative from the Office of the Deputy Attorney General prior to rendering a finding, demonstrates improvement in investigation assessments. Structured Decision Making assessment tools, including safety and risk assessments, are incorporated within the investigation screens in the state SACWIS. These tools are required to be completed in the system prior to documenting and approving the investigation disposition.

As of April 2013, new regulations took effect modifying the Department of Children and Families' dispositions following child abuse and neglect investigations. Previously, DCF had two disposition categories, "unfounded" and "substantiated." The new four-tier system has the following findings:

- **Substantiated**—A preponderance of the evidence establishes that a child is an abused or neglected child as defined by statute; and either the investigation indicates the existence of any of the absolute conditions; or substantiation is warranted based on consideration of the aggravating and mitigating factors.
- **Established**—A preponderance of the evidence establishes that a child is an abused or neglected child as defined by statute; but the act or acts committed or omitted do not warrant a finding of substantiation upon consideration of aggravating and mitigating factors.
- **Not Established**—There is not a preponderance of the evidence that the child is an abused or neglected child as defined by statute, but evidence indicates that the child was harmed or placed at risk of harm.
- **Unfounded**—There is not a preponderance of the evidence indicating that a child is an abused or neglected child as defined by statute, and the evidence indicates that a child was not harmed or placed at risk of harm.

This new system allows for more specific investigation disposition categories to more appropriately reflect the particular circumstances present in each investigation, allowing for better partnership with families and better outcomes for children. This change also provides fairness in the operation of the Child Abuse Record Information System and allows DCF to better protect children by requiring the

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maintenance of all records where children were harmed or exposed to risk of harm, even where the statutory definition of child abuse or neglect could not be met.

The finding of established is based on a preponderance of evidence establishing that the child is a victim of maltreatment. Therefore, reports with an “established” finding are categorized as substantiated in NCANDS. With the implementation of the four-tier system, an increase in substantiations was anticipated.

Children

Children with allegations of maltreatment are designated as alleged victims in the CPS report and are included in the Child File.

Fatalities

Child fatalities are reported to the NJ Department of Children and Families Child Death Review Unit by many different sources including law enforcement agencies, medical personnel, family members, schools, offices of medical examiners and occasionally child death review teams. The DCP&P director makes a determination as to whether the child fatality was a result of child maltreatment. The state NCANDS liaison consults with the Child Death Review Unit Coordinator and DCP&P director to insure that all child maltreatment fatalities are reported in the state NCANDS files. The state SACWIS is the primary source of reporting child fatalities in the Child File.

Other child maltreatment fatalities not reported in the Child File due to data anomalies, but which are designated child maltreatment fatalities by the Child Death Review Unit, are reported in the Agency File.

Perpetrators

DCF’s Institutional Abuse Investigation Unit continues with the case practice initiative implemented in 2012 to conference investigations with a representative from the Office of the Deputy Attorney General prior to rendering a finding. This practice is resulting in the strengthening of the investigation assessment and may be contributing to an increase in substantiated reports of institutional abuse.

Services

The state SACWIS reports those services specifically designated as family preservation services, family support services, and foster care services as postinvestigation services in the Child File. The Child Abuse and Neglect State Grant is one funding source for the Child Protection and Substance Abuse Initiative. The state is able to report the number of children eligible for referral to Early Intervention Services for FFY 2013.

New Mexico

Contact	Teresa Larson	Phone	505-259-6661
Title	SACWIS/AFCARS/NCANDS/FACTS Program Manager	Email	teresa.larson@state.nm.us
Address	Protective Services Children, Youth & Families Department 300 San Mateo Blvd NE Suite 500 Albuquerque, NM 87108		

General

New Mexico does not have two types of responses to screened-in referrals. All screened-in reports are investigated.

Reports

The number of screened-in referrals and completed reports increased slightly from FFY 2012 to FFY 2013. There are several factors that may have contributed to this increase. Intense media attention on several high profile cases led to a surge in reporting for a period of time. During FFY 2013 there was also an intensive effort to close backlogged investigations. This effort included the hiring of temporary workers and utilization of different strategies to address the assignment and processing of reports. In addition, Statewide Central Intake (SCI) transitioned to a new model of team decisionmaking in an effort to improve comprehensive information gathering and more consistency with the acceptance of reports.

New Mexico policy defines investigation initiation as face-to-face contact with all alleged victims in the report, which is not consistent with the NCANDS definition which defines initiation as “when CPS first had face-to-face contact with the alleged victim of child maltreatment or attempted to have face-to-face contact.” New Mexico is reporting this field for FFY 2013 with the knowledge that time to initiation may appear to be of greater duration for this state than the national average due to differences in definition.

New Mexico does not currently report incident date. The alleged date of maltreatment (incident date) is complicated by the fact that the reporter may know only a general maltreatment timeframe, or the alleged maltreatment reported may be chronic in nature. Because of the known inherent inaccuracies in the reporting of chronic maltreatment and potential inaccuracies in the reporting of a general maltreatment timeframe for a specific maltreatment event, New Mexico does not plan to modify the state’s data collection system to capture incident information and will continue to use the current reporting approach.

Children

The increase in the number of unique child victims from FFY 2012 to FFY 2013 is likely linked to the comparable increase in the number of screened-in referrals and completed reports, as described above. The state is not able to report on the following children data fields:

- child living arrangement
- intellectual disability–caregiver
- learning disability–caregiver
- visually or hearing impaired–caregiver

Fatalities

The number of child fatalities reported in the Child File decreased from FFY 2012 to FFY 2013. Because the numbers of child fatalities are low, it is difficult to attribute the variation to any changes in practice, policy, or other identifiable phenomena.

Each year the state obtains a list of child deaths from the Office of the Medical Investigator (OMI) to compare OMI and CYFD data in the category of homicides. Starting with the FFY 2010 submission, a followup in-person review of OMI files also is conducted for any child not known to the state agency who is identified as a victim of homicide to determine the identity of the alleged perpetrator, if known. Only children known to have died from maltreatment by a parent or primary caregiver, who are not included in the Child File, are included in the Agency File. For FFY 2013, OMI identified 15 child homicides, 5 of which are reported in the Child File; cause of death for the other 10 homicides was gunshot wounds by a noncaretaking perpetrator. The OMI reported a slight increase in child homicides (including but not limited to child maltreatment deaths) from FFY 2012 to FFY 2013. The OMI does not use the category of neglect as a cause of death. Deaths attributable to neglect by the state agency are most often reported in OMI data as accidental deaths.

Prior to August 2010, investigations in which the only child in the home died as a result of abuse or neglect were typically conducted by law enforcement. These fatalities identified by the Office of the Medical Investigator (OMI) and reported by New Mexico in the NCANDS Agency File. Beginning August 2010, New Mexico CYFD began investigating these fatalities in conjunction with law enforcement and data were available for reporting in the NCANDS Child File for the first time in FFY 2011.

Perpetrators

New Mexico data shows a decrease in maltreatment in foster care from FFY 2012 to FFY 2013. There have been several practice changes that may contribute to the decrease. A new training model described as a more realistic portrayal of the foster parent role was implemented in 2012. Twenty-four hour response of placement staff to foster care incident reports may have addressed foster parent issues before situations escalated to the report level. Family support services for foster parents and foster parent support groups also are available in some areas of the state.

The state does not report information on residential staff perpetrators, as any report of alleged abuse and neglect that occurs at a facility is screen-out. CPS does not have jurisdiction via state law to investigate allegations of abuse and neglect in facilities; however, the following is done with the screened-out reports of child maltreatment in facilities:

- Any screened out report is cross-reported to law enforcement having jurisdiction over the incident; and
- Such reports are cross-reported to licensing and certification, the entity in New Mexico with administrative oversight of residential facilities.
- Upon request from law enforcement, an investigation worker may act in consultation with law enforcement in conducting investigations of child abuse and neglect in schools and facilities and may assist in the interview process.
- If an alleged maltreatment incident involves a child in the child welfare agency's custody then a safety assessment is conducted for that child, to ensure that the placement is safe.

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The NCANDS category of “other” perpetrator relationship includes:

- sibling’s guardian
- nonrelative
- foster sibling
- reference person
- conservator
- caregiver
- surrogate parent
- Perpetrator is a foster parent and the child is not under the care, placement, or supervision of the child welfare agency.

Services

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 system as: 1) a service delivered, 2) a payment for service delivered, or 3) a component of a service plan. Services must fall within the NCANDS date parameters to be reported. The state is not able to report on the following services data fields:

- home-based services
- information and referral services
- respite care services
- other services
- special services-juvenile delinquent

Whenever there is a child younger than 3 years in a family involved in a substantiated investigation, the investigation worker refers that child to the Family Infant Toddler (FIT) Program for a diagnostic assessment. The referral occurs within 2 days of the substantiation. The date of this referral is documented in the state SACWIS prior to approval of the investigation results. The worker also notifies the family of the referral and provides them with a copy of the FIT Fact Sheet.

New York

Contact	Vajeera Dorabawila, Ph.D.	Phone	518-402-7386
Title	Assistant Director	Email	vajeera.dorabawila@ocfs.ny.gov
Address	Bureau of Research, Evaluation and Performance Analytics Strategic Planning and Policy Development New York State Office of Children and Family Services 52 Washington St, Room 323 North Rensselaer, NY 12144		

General

The state has continued to expand the number of local districts of social services using the alternative response, known as family assessment response. Since it was first approved in 2008, New York's AR program has been implemented by 30 local social services districts. Six of the local districts have since suspended implementation. Three local districts and the Queens Field Office of New York City's Administration for Children's Services implemented the AR option in FFY 2013.

A new state agency, the Justice Center for the Protection of People with Special Needs (Justice Center) was established via legislation and became operational during June 2013. The purpose of this agency is to transform how the state protects more than one million New Yorkers in state operated, certified, or licensed facilities and programs. Investigative responsibility for all institutional abuse or neglect (IAB) allegations occurring after June 2013, was transferred from the New York State Office of Children and Family Services to the new Justice Center. Given that these investigations are captured in a newly created Justice Center database, extensive work needs to be completed to map those data elements to NCANDS definitions. This mapping could not be completed in time for the FFY 2013 submission and is not included. It is estimated that the number of determined reports that were excluded June 2013 through September 2013 is approximately six. OCFS is working closely with the Justice Center complete the required mapping and will provide IAB reports as part of the NCANDS submission for FFY 2014.

Reports

New York does not collect information about screened-out referrals.

Children

The NCANDS category of "other" maltreatment type includes parent's drug/alcohol use. The state is not able to report the NCANDS child risk factor fields at this time. State statute and policy allow acceptance and investigation or assessment of child protective reports concerning certain youth older than 21 years.

Not all children reported in the Child File have AFCARS IDs because the state uses different data systems with different child identifiers for child protective services and child welfare. The child welfare identifier (AFCARS ID) is only assigned if the child is receiving child welfare services and is inconsistently updated in the child protective system, which is the source of the NCANDS submission.

Fatalities

State practice allows for multiple reports of child fatalities for the same child. NCANDS validation software considers these duplicates and removes them from the Child File. All of these fatalities are reported in the Agency File. By state statute, all child fatalities due to suspected abuse and neglect must be reported to the Statewide Central Register of Child Abuse and Maltreatment by mandated

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reporters. Mandated reporters include, but not limited to, law enforcement, medical examiners, coroners, medical professionals, and hospital staff. No other sources or agencies are used to compile and report child fatalities due to suspected child abuse or maltreatment.

Perpetrators

With the exception of the domestic violence risk factor, the state is not able to report the NCANDS caregiver risk factors at this time.

Services

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

North Carolina

Contact	Kevin Kelley	Phone	919-527-6401
Title	Chief	Email	kevin.kelley@dhhs.nc.gov
Address	Child Welfare Services Section North Carolina Division of Social Services Department of Health and Human Services 820 S. Boylan Ave. Mail Service Center 2406 Raleigh, NC 27699-2406		

Reports

North Carolina maintains a statewide differential response to allegations of child maltreatment. Following the receipt of the reports of alleged child maltreatment, these allegations are screened by the local child welfare agency against North Carolina general statute using a structured intake rubric to determine if the allegations meet the statutory definition of abuse, neglect, or dependency. Once reports are accepted by the local child welfare agency because the allegations, (if found to be true), would meet statutory definitions, the report is then assigned to one of the two tracks: either investigative assessment or a family assessment. Accepted reports of child abuse (and certain types of “special” neglect cases such as conflicts of interest, abandonment, or alleged neglect of a foster child) are mandatorily assigned as investigative assessments, while accepted reports of child neglect or dependency may be assigned as either family or investigative assessment at the county’s discretion. North Carolina, defines a dependent child as one who has no parent or caregiver or if the parent or caregiver is unable to provide for the care or supervision of the child.

Family assessments place an emphasis on globally assessing the underlying issues of maltreatment rather than focusing solely on determining whether the incident of maltreatment occurred. In a family assessment, the family is engaged using family-centered principles of partnership throughout the entire process. Case decision findings at the conclusion of a family assessment do not indicate whether a report was substantiated (founded) or not, rather a determination of the level of services a family may need is made. A perpetrator is not listed in the state’s Central Registry for Family Assessments. The staffing numbers were provided by an annual survey of the local child welfare agencies within the state.

Children

North Carolina reports one type of maltreatment per child.

Fatalities

Data about child fatalities are only reported via the Chief Medical Examiner’s Office. Due to the process in which this information is reported, the most recent data available is for 2012. During calendar year, 2012 there were 29 deaths classified as homicide by parent or caregiver.

Perpetrator

North Carolina associates one perpetrator per victim.

Services

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

North Dakota

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

General

FFY 2010 was the first time the state submitted a Child File and an Agency File. During the FFY 2010 NCANDS report preparation, the state learned that not all NCANDS data elements were required data fields in the SACWIS (e.g., date of birth and race). During FFY 2011, changes were implemented to require all NCANDS data elements in the application. However, these changes were implemented late in the reporting period. The state also learned that connections between programs such as child protection, foster care and case management were incomplete, thus impairing the ability to track individual children across child welfare programs. Changes were implemented during FFY 2011 to strengthen the ability to track individuals across service programs. These changes occurred mid-year and will affect the data that is reported in 2011 and 2012.

Data fields for the new data rules required in 2013 (date of death, report time and investigation start time, foster care discharge date) were incorporated into the state's data system. These changes were put into place late in the reporting year, resulting in incomplete data to report for 2013, but will include data for the full reporting period in 2014.

North Dakota does not have a true differential response program; however, the North Dakota Child Protection Program incorporates several components of differential response into current policy and practice. Since 1996, North Dakota child protection has used a family assessment process, rather than incident-based investigation of reports of suspected child abuse and neglect. This is the result of state legislative action. A child protection services assessment assesses the safety of the child, incorporating the development of safety plans, while also assessing the family's strengths and the risks of future maltreatment in addition to concerns of abuse and neglect. An investigatory response is only made in conjunction with law enforcement in situations where there may have been a criminal violation. In these cases, law enforcement conducts a criminal investigation and child protection services (CPS) staff work jointly with the investigation process in conducting the CPS assessment. North Dakota CPS also allows for an assessment to be terminated in progress when an assessment reveals that no concern in the report reaches the definitions of child abuse or neglect in state law. These families may be referred to community resources, as appropriate, and no determination of abuse or neglect is made.

Reports

Under North Dakota law, all referrals of suspected child abuse and neglect must be accepted and are not screened out. North Dakota has adopted an administrative assessment process to correctly triage referrals. An administrative assessment is defined as the process of documenting referrals of suspected child abuse or neglect that do not meet the criteria for a child protection services assessment. Under this definition, referrals can be administratively assessed even when the concerns are outside of the state child protection law, such as:

- does not contain a credible reason for suspecting the child has been abused or neglected
- does not contain sufficient information to identify or locate the child
- there is reason to believe the reporter is willfully making a false referral

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- the concern was addressed in a prior assessment
- the concerns are being addressed through case management or Department of Human Services therapist

Referrals 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 does not allow for a decision of “services required” (substantiation) in the absence of a live birth.

Assessments that are in progress when information indicates the referral is outside of the child abuse and neglect law may be terminated. This is another type of administrative assessment, as a decision whether services are required (substantiation) is not made. These allegations may also be referred to another jurisdiction when the children are not physically present in the county receiving the referral. This administrative referral process is defined as the process of documenting the referral of suspected child abuse or neglect that falls outside the jurisdiction of the county social services agency where the referral is received. Referrals 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. Referrals concerning sexual abuse or physical abuse by someone who is not a person responsible for the child’s welfare (noncaregiver) are referred to law enforcement.

Calculating the response time, both in the Agency File and in the Child File has proved to be quite challenging. In the North Dakota data system, there is only a single code allowed to indicate initiation of an assessment. State policy allows initiation of an assessment to be done by completing a check for records of past involvement, by contact with the subject of a report, or with indicate this action as “initiation.” Another complicating factor is that codes for contacts with children are indicated as “worker child,” which may indicate contact with any child in the home, not specifically with a victim. This is due to multiple programs using case activity codes. Additionally, the initial face-to-face contact with a victim for purposes of a safety assessment is allowed, by state policy, to be conducted by specific professional partners who have authority to provide immediate protection for the child (law enforcement, medical personnel, juvenile court staff, or military family advocacy staff) in addition to a child welfare social worker. This policy is to ensure safety in a rural environment where minimal staffing, weather, and distance can delay a worker’s ability to respond quickly. Given this policy, face-to-face contact by a partner may occur prior to the report received date/time. For example: Law enforcement is called to a home in the evening for a welfare check and determines that the children are not in immediate danger and does not remove them, but does follow up with a written report the following day. Face-to-face contact with the victim has occurred by someone with authority to protect the child, but occurs prior to the report date/time, by someone other than the child welfare worker. Given the number and extent of the system analysis and changes, along with impact of potential policy and practice changes, North Dakota’s data for this item may not present a true picture of practice.

The workforce data are the number of caseworkers associated with any assessment or referral during the reporting/assessment period. It is known, anecdotally, that due to increased pressure on resources in certain counties (due primarily to oil development), assessments continue to be assigned to trained child welfare staff (foster care or in-home case managers who have been trained through the state’s child welfare certification training program), who do not normally conduct assessments, to manage the caseloads. A few county agencies in areas impacted by oil development have been able to add

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additional staff, or contract with private individuals, although these increases are very small. In addition, there are counties that continue to have staff turnover, which may also contribute to the increase in staff numbers. The state is in the planning phases of a workforce survey in an attempt to capture data related to the workforce and their CPS functions. North Dakota does not distinguish between “screening and intake workers” and “investigation and assessment” workers.

Children

North Dakota is currently experiencing unprecedented population growth due to oil production, which may have contributed to the slight increase from FFY 2012. The state uses dispositions of services required or no services required. The state maps services required dispositions to the NCANDS disposition of substantiated. The no services required dispositions are mapped to the NCANDS disposition of unsubstantiated.

Fatalities

The North Dakota Child Fatality Review Panel is a state level multidisciplinary panel. The state uses data from this panel to compile and report child fatalities in addition to the child welfare system data. Child Fatality Review Panel data are based on data from Vital Records death certificates for deaths of all children from birth to age 18. All child death certificates are reviewed. Any death in which the manner of death is indicated as accident, suicide, homicide, undetermined or pending investigation is selected for in-depth review by the panel. Death certificates in which the manner of death is indicated as natural are reviewed to determine whether the cause of death qualifies as sudden, unexpected, or unexplained. These deaths, then, also are selected for in-depth review by the panel and include all deaths where the cause of death is SIDS or SUID. Additionally the Child Fatality Review Panel coordinates statewide with the Medical Examiner’s Office, law enforcement agencies, and medical facilities, to accomplish these reviews.

Perpetrators

North Dakota reports unknown perpetrators as unknown within the state’s data system (FRAME). Perpetrator IDs for unknown perpetrators are unique to each assessment. Institutional child protection services are addressed in a separate section of the state statute. Under state statute, an individual facility staff person is not held culpable within institutional child protection services, rather, the facility itself is considered to be a perpetrator (“subject” in North Dakota). Assessments of institutional child abuse or neglect are assessed at the state level, by regional staff, rather than at the county level as are CPS reports that are noninstitutional. On a quarterly basis, a multidisciplinary child protection team reviews all reports of institutional child abuse and neglect. Determinations of institutional child abuse and neglect are made by team consensus. A determination of indicated means that a child was abused or neglected by the facility. A decision of not indicated means that a child was not abused or neglected by the facility. There were 142 reports of institutional child abuse or neglect in FFY 2013 resulting in 48 completed full assessments, with 37 determined not indicated and 11 determined indicated. There remain 47 assessments open at the time of this report. Assessments terminated in progress numbered 25. There were 10 reports administratively assessed and 12 reports administratively referred (see above under Reports for definitions of administrative assessments and referrals).

Services

The state’s current database was instituted in the fall of 2009 (FFY 2010), so does not yet contain a full 5 years of data. Additionally, data for tracking the provision of preventive services by child, by

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funding stream is not collected within the state's current database and there is no plan to expand the current database to include these functions due to limited resources, competing priorities and current database limitations.

North Dakota reports an unduplicated count of children who received services, but a duplicated count of families served. The decrease from FFY 2012 to FFY 2013 is likely due to funding cuts across the parent resource centers. Less funding means a decrease in class and program hours which may then decrease the number of child service programs available. The Center for Social Research at NDSU assisted the parent resource centers in establishing a new data collection and reporting protocol that will be uniform across all eight regions of the state. The new data collection protocol began in July 2013, and will allow for data collection from courses that may have multiple funding sources. This new process aims to make reporting easier, provide better data and provide overall cost saving. CBCAP data are provisional at this time because the federal report for FFY 2013 data are not submitted until June 2015.

Ohio

Contact	Leslie McGee	Phone	614-466-1213
Title	Program Administrator	Email	leslie.mcgee@jfs.ohio.gov
Address	Office of Families and Children Ohio Department of Job and Family Services PO Box 183204 Columbus, OH 43218-3204		

General

Ohio is continuing statewide implementation of a differential response (DR) system on a rolling schedule. The DR system is comprised of a traditional response (TR) pathway and an alternative response (AR) pathway. Children who were subjects of reports assigned to the AR pathway are mapped to NCANDS as AR nonvictim and included in “other.” At the conclusion of FFY 2013, 70 of Ohio’s 88 counties were implementing DR. Ohio is scheduled to complete statewide implementation of DR by July 2014.

Reports

The number of reports with a disposition of AR nonvictim increased from FFY 2012 to FFY 2013. This increase is attributed to 22 new counties implementing DR. The NCANDS category of “other” dispositions includes:

- unable to locate
- family moved
- unable to complete assessment/investigation
- family moved, refer to another county

The response requirements for initiation identified in Ohio policy is determined by the priority assigned to the report. The report priority per Ohio’s policy is emergency and nonemergency. The code used for the 2012 submission for response time was old and did not account for the actual time the initiation occurred. The FFY 2013 response time data are more accurate than the FFY 2012 data.

Children

Requirements to record the race/ethnicity of children in SACWIS were in effect for the FFY 2013 reporting year. As a result, there was a decrease in the number of records where race and ethnicity were reported as unknown. Child victims as reported by Ohio are children who have received a disposition of substantiated or indicated in the traditional response pathway.

Fatalities

Child maltreatment deaths reported in Ohio’s NCANDS submission are compiled from the data maintained in the SACWIS. The SACWIS data contains information only on those children whose deaths were reported to and investigated by a public children services agency (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 in which referrals are accepted for assessment or investigation. In some cases, the PCSA will not investigate a child fatality report unless there are other children in the home who may be at risk of harm or require services. Referrals of child deaths due to suspected maltreatment not accepted by the PCSA are investigated by law enforcement.

The Statewide Child Fatality Review Advisory Committee (SCFRAC) was created by statutory authority in 2002 with the mission to reduce the incidence of preventable deaths in Ohio. The SCFRAC

receives reports from county/regional child fatality review boards, which identify specific recommendations for preventing child deaths and to keep children safe, healthy, and protected. The data available to local boards includes information from the vital statistics department, law enforcement agencies, and medical examiners or coroners. A child fatality review board may not conduct a review of a child's death while an investigation of the death or prosecution of a person for causing the death is pending unless the prosecuting attorney agrees to allow the review. This sometimes creates a delay in the data submitted to and reported by the SCFRAC. Annual reports issued by the SCFRAC are an analysis of child deaths that occurred 2 years prior to the report year. The demographic information gathered by county/regional child fatality review boards and submitted to the SCFRAC does not include the child's name or any other identifying information by which the child's identity could be inferred.

Although some of the cases included in the SCFRAC annual reports could be eligible for inclusion in the NCANDS Agency File, there is no effective method to align the reporting periods or ensure the count would be unduplicated from the NCANDS Child File. All child victims who died as a result of maltreatment are reported in the Child File.

Perpetrators

The NCANDS category of "other" perpetrator relationship includes nonrelated (NR) child and NR adult. These are catch-all categories that can be used for any individual who is not a family member. Guidance will be provided to agencies to select the most appropriate relationship code (e.g., neighbor) instead of using the nonrelated categories.

Services

Ohio is continually working to improve recording of services data in SACWIS. Federal grant funds are used for state level program development and support to county agencies providing direct services to children and families.

The Ohio Children's Trust Fund identified several factors that may have contributed to the significant increases in the numbers of children and families served through CBCAP funds:

- a considerable increase in the number of grantees
- enhanced provision of evidence-based prevention programming
- increased technical assistance and training to grantees concerning evaluation and reporting requirements
- improved collection and reporting of outcome and evaluation data.

Ohio policy requires all children ages 0-3 with a substantiated report to be referred to Help Me Grow/ Early Intervention. Ohio has established a referral form that is used exclusively by child protective services agencies to refer families and children to Help Me Grow. Help Me Grow/ Early Intervention program is supervised by the Ohio Department of Health and is administered through local county agencies. This is the number of unique children ages 0-3 with a substantiated report disposition. Ohio does not report AR victims. All children determined eligible were referred to Help Me Grow. Ohio's SACWIS generates the Help Me Grow referral form. This includes children and siblings served through both the alternative response pathway and the traditional response pathway.

Oklahoma

Contact	Elizabeth Roberts	Phone	405-522-3715
Title	Programs Manager II	Email	e.roberts@okdhs.org
Address	Child Welfare Services Oklahoma Department of Human Services PO Box 25352 Oklahoma City, OK 73125		

General

On January 2014 marked the beginning of the 7th quarter of implementation of Oklahoma’s Pinnacle Plan. The Pinnacle Plan details a 5-year plan, beginning with state fiscal year 2013, to address 15 performance areas identified in the agreement with plaintiffs in the class action litigation DG vs. Yarbrough, Case No. 08-CV-074. Public reporting related to specific performance areas can be accessed through the Department of Human Services (DHS) website at www.okdhs.org.

One of the commitments outlined in the Pinnacle Plan is the inclusion of investigations completed by the Office of Client Advocacy (OCA) in the State Automated Child Welfare Information System (SACWIS). OCA investigates allegations of child abuse and neglect in facility settings. Policy, practice, and SACWIS were modified during FFY 2013 to include documentation of these referrals and investigations. As of November 2012, Oklahoma’s centralized hotline had the ability to accept, prioritize, and assign out-of-home referrals of children in facility settings to the OCA staff. As of July 2013, OCA staff had the ability to complete an investigation in KIDS. Interim processes were established to capture documentation and results prior to implementation.

An ongoing initiative of DHS is Oklahoma’s work with the Chadwick Trauma Informed Systems Project. The Oklahoma Trauma Assessment and Service Center collaborative grant is in its second year of a 5-year demonstration grant. The goal of this project is to improve social and emotional well-being of children in child welfare that have mental and behavioral health needs. The grant project aims to advance work that began with Chadwick in 2010 and be mutually supportive with initiatives in the Pinnacle Plan. The project finalized an adapted version of the Pediatric Symptoms Checklist thought to best fit the needs of the project population. The pilot and validation of the adapted screening tool will be completed through the Fostering Hope Clinic in Oklahoma City.

Oklahoma added more than 600 positions to Child Welfare Services in state fiscal year 2013. Of those positions, 91 percent were directly involved with serving families and children. Oklahoma Department of Human Services responds to screened-in referrals of child abuse or neglect by initiating an investigation or an assessment of the family in accordance with priority guidelines. The primary purpose of the assessment or investigation is the protection of the child.

Oklahoma has an alternative response nonvictim disposition. Assessments are conducted when a report of abuse or neglect does not indicate a serious and immediate threat to the child’s health or safety. The assessment uses the same comprehensive review of child safety and evaluation of family functions and protective capacities as is used in an investigation, however, assessments are conducted when it appears that the concerns outlined in the report indicate inadequate parenting or life management rather than very serious, dangerous actions and parenting practices. 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 safety threats or risk to the child meet the guidelines for an investigation, the same child welfare worker initiates an investigation immediately, and the family is told that an investigation rather than an assessment is necessary.

Reports

Oklahoma continues to see a decline in the number of assessments from FFY 2012 to FFY 2013. Oklahoma passed legislation effective November 2012 that directs that an investigation is completed (rather than an assessment) whenever the department determines that a child is “drug-endangered.” 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 substances, or the attempt of any of these acts, by a person responsible for the health, safety or welfare of the child. This term includes circumstances wherein the substance abuse of the person responsible for the health, safety, or welfare of the child interferes with that person’s ability to parent and provide a safe and nurturing environment for the child. The term also includes newborns that test positive for a controlled dangerous substance, with the exception of those substances administered under the care of a physician.

A Priority I report indicates the child is in imminent danger of serious physical injury. Allegations of abuse and neglect may be severe and conditions extreme. The response is immediate, the same day of receipt of the referral. A Priority II report indicates there is no imminent danger of severe injury, but without intervention and safety measures it is likely the child will not be safe. Priority II assessments or investigations are initiated no less than within 2 to 10 calendar days from the date the referral is screened in for assessment or investigation. Referrals that are appropriate for screening out and are not accepted for assessment or investigation include:

- Reports that fall outside definitions of abuse and neglect per OAC 340:75-3-2, including minor injury to a child older than 10 years who has no significant child abuse and neglect history or neglect that would be harmful to a young child but poses less of a threat to a child older than 10 years of age.
- Reports concerning a victim age 18 or older, unless the victim is in voluntary placement with Oklahoma Department of Human Services (OKDHS).
- Reports in which the alleged perpetrator is not a person responsible for the child (PRFC), unless there is indication that the PRFC failed to protect the child (D) in which there is insufficient information to locate the family and child.
- Reports in which there is no information indicating that abuse or neglect has occurred, rather, the family needs assistance from a social service agency.

During September 2013, OKDHS developed a Child Protective Services Backlog Reduction Plan in response to the growing number of CPS cases that were pending for more than 60 days. The plan outlined a strategy to achieve a reduction of cases with a focused effort of child welfare staff at all levels to ensure children were safe. Staff from other divisions within DHS with child welfare work experience assisted with backlog reduction. In addition, DHS contracted with a private agency to complete backlog cases. The Backlog Reduction Plan will continue through the first few months of FFY 2014. The Office of Client Advocacy investigates child abuse reports in group homes and institutions. The state SACWIS was enhanced during FFY 2013 to accommodate the OCA investigation results.

Children

The state had an increase in the number of child victims from FFY 2012 to FFY 2013. OKDHS has seen an increase of children in care. Casey Family Programs is conducting both a quantitative and qualitative analysis to help OKDHS understand this increase.

Oklahoma *(continued)*

As previously noted, the capacity of the state SACWIS was expanded to include reports of abuse and neglect to children in facilities. The FFY 2013 Child File is reflective of reports received during or after November 2012 and completed during FFY 2013. Reports received prior to November 2012 that were completed in FFY 2013 included a duplicated child count of 69 with substantiated abuse or neglect. Of the 69 children, 39 (duplicate count) were in the custody of OKDHS. Of the 39, there are 14 children (unduplicated count) who were part of a report received on or after October 2012 completed during FFY 2013.

Fatalities

Oklahoma investigates all reports of child death and near death that are alleged to be the result of abuse or neglect. A final determination of death due or near death due to abuse or neglect is not made until a report is received from the office of the medical examiner, which may extend beyond a 12-month period. Fatalities are not reported to NCANDS until the investigation and state office review are completed. The Oklahoma Child Death Review Board conducts a review of every child death and near death (attended and unattended by a physician) in Oklahoma. State office child protective services staff work closely with the Child Death Review Board and is a participating member. All child fatalities and near fatalities with findings in the SACWIS are reported in the Child File.

Increased communication with the Office of the Medical Examiner and the addition to the OKDHS staff responsible for final determination and documentation on all child deaths and near deaths has resulted in more timely documentation of child deaths.

Perpetrators

Perpetrator relationships of group home or residential facility staff are included in the FFY 2013 Child File. A prior perpetrator is defined as a perpetrator of a substantiated maltreatment within the reporting year who also has been a perpetrator in a substantiated maltreatment anytime back to 1995, the year of implementation of the SACWIS. Oklahoma reports all unknown perpetrators.

Services

Postinvestigation services are those that are provided during the investigation and continue after the investigation, or services that begin within 90 days of closure of the investigation.

Oregon

Contact	Anna Cox	Phone	503-945-6510
Title	Data Collection and Reporting Manager	Email	anna.cox@state.or.us
Address	Division Office of Business Intelligence Department of Human Services 1500 Summer Street NE Salem, OR 97301		

General

OR-Kids (Oregon's SACWIS), was implemented August 2011. Oregon now collects child-level data on nonvictims. FFY 2013 is the first Child File that shows child-level data for all children associated with screened-in referrals. Oregon is still in the process of accurately reporting data in the Child File and certain known data errors still exist:

- For some report/child pairs maltreatment types may be erroneously omitted, which could impact the overall disposition of that pair. We estimate this may affect about 5.5 percent of the child/report pairs.
- There are some instances where Oregon's threat of harm abuse type, usually being mapped to the NCANDS category of "other" maltreatment type is actually being written to physical abuse.
- The fields for living arrangement, child risk factors, and family risk factors are not populated correctly.
- The services and removal date fields need more work to accurately reflect when services were provided.
- The investigation start date in the Child File needs more review to assure its accuracy. Please note that the Agency File reported average time to investigation start has no know errors, so accurately reports Oregon's performance.

Even with these exceptions, Oregon has greatly improved the NCANDS Child File over the past year. Oregon continues to work on improving the extraction procedures to accurately report all NCANDS data.

Reports

The investigation start date is the date of actual child or parental contact. In Oregon, a report is screened out when:

- No report of child abuse and neglect was made but the information indicates there is risk present in the family, but no safety threat.
- A report of child abuse and neglect is determined to be third party child abuse, but the alleged perpetrator does not have access to the child, and the parent or caregiver is willing and able to protect the child.
- An expectant mother reports that conditions or circumstances would endanger the child when born.
- The child protection screener is unable to identify the family.

Children

FFY 2013 will be Oregon's first Child File that shows child-level data for all children associated with screened-in referrals, rather than just for children with substantiated maltreatment.

Maltreatment

The NCANDS category of "other" maltreatment type includes threat of harm.

Oregon *(continued)*

Fatalities

The state reports fatalities in the Agency File. These cases are dependent upon medical examiner report findings, law enforcement findings, and completed CPS assessments. The fatality cannot be reported as being due to child abuse and neglect until these findings are final. Reported fatalities due to child abuse and neglect for FFY 2013 represent deaths due to child abuse and neglect for cases where the findings were final as of January 2013.

Perpetrators

Unique perpetrators between reports were assigned unique identification numbers starting in 2008.

Services

The state's SACWIS system does not collect data on preventive services. The state's services data are not correct at this time.

Pennsylvania

Contact	William Sunday	Phone	717-214-3809
Title	Human Services Program Specialist	Email	wsunday@pa.gov
Address	Department of Public Welfare Office of Children, Youth, and Families 625 Forster Street Harrisburg, PA 17105		

General

All referrals of child abuse and neglect are screened in and investigated by CPS. If a screened-in referral does not meet the state's definition of child abuse, it is forwarded to the appropriate county agency for a general protective service assessment. Those cases assessed by general protective services are not classified as child abuse in Pennsylvania.

Reports

Pennsylvania does not screen out referrals of abuse and neglect. Pennsylvania defines abuse as any of the following:

- Any recent act or failure to act by a perpetrator that causes nonaccidental serious physical injury to a child younger than 18 years of age.
- An act or failure to act by a perpetrator that causes nonaccidental serious mental injury to, or sexual abuse and/or exploitation of, a child younger than 18 years of age.
- Any act or failure to act or series of such acts or failure to act by a perpetrator which creates an imminent risk of serious physical injury to, or sexual abuse and/or exploitation of, a child younger than 18 years of age.
- Any serious physical neglect by a perpetrator constituting a prolonged or repeated lack of supervision, or the failure to provide the essentials of life, including adequate medical care, which endangers a child's life and/or development, or impairs the child's functioning.

Pennsylvania has three levels of report disposition:

- **Founded**—a child abuse report with a judicial adjudication based on a finding that a child who is a subject of the report has been abused, including entry of a guilty plea, a nolo contendere, or a finding of guilt related to a criminal charge involving the same factual circumstances involved in the allegation of child abuse.
- **Indicated**—a child report in which it is determined that substantial evidence of the alleged abuse exists based on available medical evidence, the child protective services investigation, and/or an admission of the acts of abuse by the perpetrator.
- **Unfounded**—any report that is not founded or indicated.

For NCANDS, founded and indicated dispositions are reported as substantiated and unfounded dispositions are reported as unsubstantiated. Response times are not reported in Pennsylvania. The child protective services law does, however, require that the agency immediately open an investigation into the suspected child abuse and actually see the child in person if it is determined that emergency protective custody is required, has already been taken, or is unable to be determined from the report. If the agency determines there is not a need for emergency protective custody, the investigation shall commence within 24 hours of receipt of the report. County agencies are responsible for the investigation and are required to document all contact with the alleged victim.

Pennsylvania *(continued)*

Pennsylvania has a state supervised and county administered child welfare system. Some counties have caseworkers who specialize in child protective services investigations and general protective services assessments only, while other counties have caseworkers that perform both child protective and general protective services investigations and assessments. Pennsylvania's reported number of workers consists of the total number of caseworkers who perform any direct child welfare function.

Children

Pennsylvania law prohibits the statewide central registry from retaining information related to the race or ethnicity of the subjects of a child abuse report.

Fatalities

Pennsylvania law requires that every child fatality and near fatality, which resulted from substantiated abuse, be reviewed at both the state and local levels. Both levels of review provide detailed analysis of the child fatality or near fatality. These reviews and analysis provide the foundation used for determining the root causes of severe child abuse and neglect; they are also used to better understand what responses or services can be used in the future to prevent similar situations.

Perpetrators

Pennsylvania law defines a perpetrator as the following: a person who has committed child abuse and is a parent of a child, a person responsible for the welfare of a child, an individual residing in the same home as the child (the individual must be 14 years of age or older), or a paramour of a child's parent.

Puerto Rico

Contact	Lisa M. Agosto/Rosa Fuentes	Phone	787-625-4900 ext. 1218/1098
Title	Assistant Administrator for Child Protective Services/Deputy Administrator	Email	lmagosto@adfان.pr.gov / rfuentes@adfان.pr.gov
Address	Department of the Family Administration for Families and Children (ADFAN) PO Box 194090 San Juan, PR 00919-4090		

General

The Puerto Rico Department of the Family (DF) is the agency of the Government of Puerto Rico responsible for the provision of the diversity or variety of social welfare services. Originally, Puerto Rico Law No. 171 of June 30, 1968 created the Department of Social Services, which was reorganized under Puerto Rico Law No. 1 of July 28, 1995 as the Department of the Family. The Department of the Family operates as an umbrella agency over four administrations with fiscal and administrative autonomy:

- Office of the Secretary
- Administration for Children and Families-ACF (ADFAN, Spanish acronym)
- Administration of the Socioeconomic Development of the Family (ADSEF, Spanish acronym)
- Child Support Administration (ASUME, Spanish acronym)
- Administration for Integral Development of Childhood (ACUDEN, Spanish acronym)

The four administrations are agencies dedicated to carry out the public policy established by the Secretary, in the different priority areas of services to children and their families. The administrations establish the standards 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 families 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 final approval of the Secretary. The functions and responsibilities of ADFAN are executed through the following programmatic and administrative components:

- Administrator Office
- Assistant Administration for Adults and Community Services
- Assistant Administration for Prevention and Community Services
- Assistant Administration for Child Protective Services,
- Family Preservation and Support Services
- Assistant Administration for Foster Care and Adoption

The Assistant Administration for Child Protective Services is responsible for the investigation of intra-familial and institutional child abuse and neglect 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 expedite system of communication to receive family or institutional referrals investigation of CAN 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 child abuse and neglect referrals and cases receiving services by ADFAN.

Puerto Rico *(continued)*

In January 2012, Puerto Rico began the implementation of the Program Improvement Plan (PIP) developed as the result of the CFSR findings. As part of the PIP, new performance rules, procedures, and standards in the referral, intake, and investigation processes were created and implemented in April 2013 for. In addition, the priority response times were reviewed and modified. Also during 2013, ADFAN focused on punctual and continuous data entry efforts to improve on referrals and investigations processes including appropriate documentation in our system for Institutional Maltreatment and Family Maltreatment cases. As a result, the data for many Child File fields have improved. Puerto Rico only has the investigation pathway and does not have an alternative response program.

Reports

The number of reports increased from FFY 2012 to FFY 2013. During January 2013, ADFAN conducted a review process to validate the current status of referrals and investigations where a backlog of pending investigations was identified. ADFAN defined and implemented an action plan to investigate the backlog, in addition to maintain the investigation of new referrals reported on a daily basis through our call center.

Investigation start date and time are not reported due to data quality issues. ADFAN is initiating a Unique Case Management System (began February 2014). Part of the scope, is the integration of the referral, investigation, family preservation services and foster care into a single application/platform. This should improve issues related to data quality for future submissions. There was an increase in social workers due to a recruitment effort. They were mostly assigned to investigate referrals. There was a decrease in the number of supervisors due to changes in the government retirement system.

Children

Puerto Rico implemented a unique number for each child. This change made a search for history of preservation services was more accurate and therefore reduced the amount of records. The NCANDS category of “other” maltreatment types include:

- fatal (death)
- muerte próxima (near death situation)
- alcohol withdrawal syndrome
- drugs withdrawal syndrome
- Munchausen Syndrome by proxy
- failure to thrive
- Shaken Baby Syndrome

Fatalities

The primary source of information for the child fatality data are SIRCSe, Spanish acronym for Information System for the Central Registry and Services.

Perpetrators

Significant changes were completed in the collection of perpetrator data. New perpetrator categories were added for “other” institutional maltreatment to include licensed and certified foster parents (including relative caregivers) and group home or residential facility staff (including contracted, administrative, support and caregivers).

Puerto Rico *(continued)*

Services

The agency increased the technical assistance to programs offering services. In addition, a more direct service approach between the agency and the programs was implemented and monitoring efforts were increased. These efforts enabled the agency to reach more communities, schools, and government agencies.

Rhode Island

Contact	Brian Renzi	Phone	401-528-3864
Title	Programmer/Analyst III, MIS Unit	Email	brian.renzi@dcyf.ri.gov
Address	Department of Children, Youth and Families 101 Friendship Street 1st Floor Providence, RI 02903		

Reports

A referral made to the CPS hotline about the well-being of a child, but does not meet the criteria for an investigation, may be classified as an Information/Referral (I/R) report. If the report is classified as an I/R report and the family is open to the department, all staff involved with the case are notified and are required to review the report and respond.

For a referral to be screened in for an investigation, it must involve a child younger than 18 years or younger than 21 years if the youth is residing in DCYF foster or institutional care or if the youth is in DCYF custody, regardless of placement. A screened-in referral that meets the criteria is investigated:

- Investigation Criteria 1 Child Abuse and neglect (CA/N) Report—requires the department to immediately investigate reports of child abuse and neglect. The circumstances reported, if true, must constitute child abuse and neglect as defined by RIGL 40-11-2. To initiate a CPS investigation, there must be reasonable cause to believe that abuse and neglect circumstances exist. Reasonable cause to believe is defined as a suspicion founded upon circumstances sufficiently strong to warrant a reasonable person to believe that there is evidence of abuse and neglect. CA/N Reports that contain all of the following elements are investigated:
 - Harm or substantial risk of harm to the child is present.
 - A specific incident or pattern of incidents suggesting child abuse and/or neglect can be identified.
 - A “person responsible for the child’s welfare” has allegedly abused or neglected the child. RIGL 40-11-2 defines a “person responsible for child’s welfare” as the child’s parent, guardian, any individual, eighteen (18) years of age or older, who resides in the home of a parent or guardian and has unsupervised access to a child, foster parent, an employee of a public or private residential home or facility or any staff person providing out-of-home care, which includes family child care, group family child care and center-based child care.
- Investigation Criteria 2 NonRelative Caregiver—requires that no parent shall assign or otherwise transfer 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 younger than 18 years unless duly authorized by an order or decree of the court.
- Investigation Criteria 3 Sexual Abuse of a Child by Another Child—requires the department to immediately investigate sexual abuse of a child by another child.
- Investigation Criteria 4 Duty to Warn—enables 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—enables 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 will issue an alert to area hospitals when a parent has a history of substantiated child abuse and

Rhode Island *(continued)*

neglect or a child abuse and neglect conviction and there is concern about the safety of a child. The department will investigate when the Hotline receives a response to the alert upon the birth of the child.

While RICHIST (state SACWIS) can link more than one report source per report, only one person can be identified as the person who actually makes the report. If more than one report is linked to an investigation, the person identified as the reporter in the first report is used in the Child File.

The total number of CPS workers is based upon currently occupied FTEs for child protective investigators, child protective supervisors, intake social caseworkers II and intake casework supervisors II. Supervisors accept, screen, and investigate reports meeting criteria for child abuse and child neglect. Intake and case monitoring social caseworkers II and intake casework supervisors II are responsible for screening all new cases entering the department via child protective investigations, intake service self-referrals and family court referrals. Upon screening those cases, intake determines whether cases can be closed to the department upon referral to community-based services or if the family warrants legal status or a higher level of DCYF oversight and permanency planning which results in transfer to DCYF Family Service Units.

The investigation start date is defined as the date when CPS first had face-to-face contact with the alleged victim of the child maltreatment or attempted to have face-to-face contact. The data are recorded as a date/timestamp which includes the date and the time of the contact or attempted contact.

Children

The NCANDS term “other” maltreatment type includes institutional allegations such as corporal punishment, other institutional abuse, and other institutional neglect. The current policy is that only the named victim has an allegation, and the facility or home is referred to the licensing unit to look at licensing violations rather than child abuse or neglect.

Fatalities

The fatalities reported for child abuse and neglect in the Child and Agency Files only come from those reported to the department and recorded in RICHIST. By state law, all child maltreatment is required to be reported to DCYF, regardless of whether it results in a death. There are no other sources except RICHIST that collect fatality information.

South Carolina

Contact	Lynn Horne	Phone	803-898-7784
Title	CAPSS Project Administrator	Email	lynn.horne@dss.sc.gov
Address	CAPSS IT South Carolina Department of Social Services PO Box 1520 Columbia, SC 29201		

General

South Carolina began a program of community based prevention services in January 2012. DSS assesses referrals that are not screened out for Safety and Risk and assigns them for investigation or for preventative services in community based prevention services. Community based prevention services are contracted to private providers with an interface for assessments and dictation to be populated in the state's SACWIS system (CAPSS). The children referred for community based prevention services were reported in the FFY 2013 NCANDS with a disposition of alternative response nonvictim and a maltreatment type of "other." All demographic information was reported on these children. When the state has the capability to report additional information, such as services and allegations, it will be included in the report.

The state has two pathways for intakes that are not screened out. During intake, DSS completes an assessment to determine risk and safety. If there are safety factors and/or moderate to high risk factors then the intake is referred to CPS Assessment for an investigation of child abuse and/or neglect. If there are no safety factors and the risk is low to moderate then the intake is referred for preventive services (community based prevention services). A contracted community based prevention services provider completes a needs assessment on the family and arranges/provides appropriate services for stabilization and risk reduction. There is a liaison from DSS for the providers. If risk increases or safety concerns develop, the provider makes a new referral on the family to DSS intake.

Reports

The decrease in unsubstantiated reports is related to the increase in alternative response nonvictim reports. Some of the reports that were previously unsubstantiated when placed in an investigation track, are now being referred at intake to community based prevention services and reported as alternative response nonvictim. Many counties do not have designated staff to do intake alone, therefore an accurate count is not available at this time.

Children

The decreases across most maltreatment type categories, and the increase in "other" maltreatment type is due to the reporting of alternative response nonvictims with a maltreatment type of "other." Many of these would have previously been unsubstantiated with a specific maltreatment type. The decrease in no alleged maltreatment child dispositions is due to the increase in alternative response nonvictim child dispositions. Some of the children that were previously reported as no alleged maltreatment when placed in an investigation track, are now being referred at intake to community based prevention services and reported as alternative response nonvictim.

Fatalities

The coroner, medical examiner, law enforcement, and DHHS (Bureau of Vital Statistics Division) report all child deaths that were not the result of natural causes, to the State Law Enforcement Division (SLED) for an investigation. SLED refers their findings to the State Child Fatality Committee

South Carolina *(continued)*

for a review. The committee then reviews the cases and makes any suggestions to members of the committee and agency they represent if any further action is needed, such as staff training, public awareness campaigns, etc. The children whose deaths appear to have been a result of child maltreatment are reported to DSS by SLED following their investigation. This list is compared to the agency SACWIS system by name, date of birth, date of death, and parents' names to ensure there is no duplication in reporting to NCANDS.

Services

There were two programs that each served several hundred children that were no longer offered in 2013.

South Dakota

Contact	Jaime Hybertson	Phone	605-367-5444 ext. 233
Title	Program Specialist	Email	jaime.hybertson@state.sd.us
Address	Division of Child Protection Services Department of Social Services 811 E 10th Street Sioux Falls, SD 57103		

General

South Dakota does not use a differential response model. CPS either screens out a referral or screens it in for an initial family assessment. The initial family assessment enables CPS to open a case for services based on safety threats without substantiation. South Dakota will refer a child abuse and neglect allegation to other agencies if the allegation does not meet the requirements for CPS assignment, and it appears the family could benefit from the assistance of another agency.

Reports

CPS screening and response processes are based on allegations that indicate the presence of safety threats, which includes the concern for child maltreatment. CPS makes screening decisions through the use of the Screening Guideline and Response Decision Tool. Assignment is based on child safety and vulnerability. The response decision is related to whether the information reported indicates present danger, impending danger, or any other safety threat. A report is screened out if it does not meet the criteria in the Screening Guideline and Response Decision Tool as described above.

The NCANDS category of “other” report source includes:

- clergy
- community person
- coroner
- domestic violence shelter employee or volunteer
- funeral director
- other state agency
- public official
- tribal official.

Reports of abuse and neglect are categorized into four types—neglect, physical abuse, sexual abuse, 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. There was a decrease in child victims from FFY 2012 to FFY 2013. CPS will look into reasons for the decrease after review of more data. There was also a decrease in response time from FFY 2012 to FFY 2013.

Fatalities

Children who died due to substantiated child abuse and neglect by their parent, guardian, or custodian are reported as child fatalities. The number reported each year are those victims involved in a report disposed during the report period, even if their date of death may have actually been in the previous year. The state of South Dakota reports child fatalities in the Child File and the Agency File.

South Dakota (continued)

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, 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, chemical dependency counselor, coroner, or any safety-sensitive position as defined in subdivision 23-3-64(2), who have reasonable cause to suspect that a child younger than 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 died as a result of child abuse or neglect must report it. The informing 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. Our Justice for Children’s Committee (Children’s Justice Act Task Force) is also updated annually on the handling of suspected child abuse and neglect related fatalities.

Perpetrators

Perpetrators are defined as individuals who abused or neglected a child and are the child’s parent, guardian, or custodian. The state information system designates one perpetrator per child per allegation.

Services

The Agency File data includes services provided to children and families where funds were used for primary prevention from the Community Based Family Resource and Support Grant. This primarily involves individuals who received benefit from parenting education classes or parent aide services. The state is not able to report some services data to NCANDS.

Tennessee

Contact	Brian Gracia	Phone	615-741-7338
Title	Programmer Analyst Supervisor	Email	brian.gracia@tn.gov
Address	Office of Information Technology Department of Children Services 500 James Robertson Parkway Nashville, TN 37243		

Reports

A referral may be screened out for the following reasons:

- allegation previously investigated
- alleged victim is 18 years or older
- duplicate referral
- family resides out of state
- illegal placement; no services to be provided
- incomplete referral packet
- no allegation of harm or imminent harm
- no identifying information available
- out of state incident—no one in TN
- preliminary report—SIDS—nonsuspicious death
- prenatal abuse and neglect

Children

The NCANDS category of “other” report source includes when a licensed person from a social services agency makes the referral.

Fatalities

All child maltreatment fatalities are extracted from the SACWIS and reported in the Child File.

Perpetrators

The following perpetrators fields are captured by the SACWIS in the case recording narrative and cannot be extracted for reporting purposes:

- perpetrator-1 as caregiver
- perpetrator-2 as caregiver
- perpetrator-3 as caregiver
- incident date

In the FFY 2013 Child File, of the 835 perpetrators reported in the age group of 75 or older, 818 should have been reported as age unknown. The extraction code will be corrected for the 2014 submission.

Services

The following services fields are captured by the SACWIS in the case recording narrative and cannot be extracted for reporting purposes:

- family preservation services
- family planning services
- housing services
- information and referral services

Tennessee *(continued)*

The following services fields are not collected and cannot be reported:

- number of out-of-court contacts between the court appointed representatives and the child victims they represent
- unique child victims eligible for referral to agencies providing early intervention services
- unique child victims actually referred to agencies providing early intervention services under Part C of the Individuals with Disabilities Education Act.

Texas

Contact	Mark Prindle	Phone	512-929-6753
Title	System Analyst	Email	mark.prindle@dfps.state.tx.us
Address	Information and Technology Department of Family and Protective Services 2323 Ridgpoint Dr Austin, TX 78754		

Reports

All reports of maltreatment within DFPS' jurisdiction are investigated, excluding those which during the screening process are determined not to warrant an investigation based on reliable collateral information. The state considers the start of the investigation to be the point at which the first actual or attempted contact is made with a principal in the investigation. In some instances, the worker will get a report about a new incident of abuse or neglect involving a family who is already being investigated or receiving services in an open CPS case. There are also instances in which workers begin their investigation when families and children are brought to or walk-in an office or 24-hour shelter. In both situations, the worker would then report the maltreatment incident after the first face-to-face contact initializing the investigation has been made. Because the report date is recorded as the date the suspected maltreatment is reported to the agency, these situations would result in the report date being after the investigation start date.

The state's CPS schema regarding disposition hierarchy differs from NCANDS hierarchy. The state has "other" and closed-no finding codes as superseding unsubstantiated at the report level. Texas works on the principle that the two ends of the disposition spectrum are founded and unfounded with all else in the middle. NCANDS takes a slightly different view that the two sure points are founded and unfounded and everything else is less than either of these two points. The state's hierarchy for overall disposition is, from highest to lowest, RTB-Reason to Believe, UTD-Unable to Determine, UTC-Unable to Complete, and R/O-Ruled Out. An inconsistency in the hierarchies for the state and for NCANDS occurs in investigations where an alleged victim has multiply maltreatment allegations and one has a disposition of UTD while the other has a maltreatment disposition of R/O. According to the state's hierarchy, the overall disposition for these investigations is UTD. Mapping the report disposition to unsubstantiated as indicated in the NCANDS's report disposition hierarchy report would be inconsistent with state policy.

There is no CPS program 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 and neglect incident happened does not conform to only one date when abuse and neglect is ongoing. Therefore identifying one date would be inaccurate.

Children

The state does not make a distinction between substantiated and indicated victims. The following state definitions are used:

- 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 person (child or adult) has the role of unknown (unable to determine) when he or she is named in an allegation that has a disposition of unable to determine, but is not named in another allegation that has a disposition of reason to believe.

- A person (child or adult) has the role of unknown (unable to complete) when he or she is named in an allegation that has a disposition of unable to complete but is not named in another allegation that has a disposition of reason to believe or unable to determine.
- A person (child or adult) has the role of not involved when: all the allegations in which the person is named have a disposition of ruled out, the overall disposition for the investigation is administrative closure, or the person was not named in an allegation as a perpetrator or victim.

The state can provide data for living arrangement at the time of the alleged incident of maltreatment only for children investigated while in a substitute care living situation. All others are reported as unknown.

Fatalities

The source of information used for reporting child maltreatment fatalities includes vital statistics department, child death review teams, law enforcement agencies and medical examiners' offices. DFPS is the primary 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. In addition, 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 and neglect definitions in the Texas Family Code and/or may not be interpreted or applied in the same manner as within DFPS.

The number of confirmed child abuse and neglect fatalities is affected by how many deaths are reported to DFPS. Child fatalities decreased from FFY 2012 to FFY 2013. To a certain degree, the number of abuse and neglect fatalities is affected by factors outside of DFPS control; overall reports to DFPS alleging abuse or neglect was lower in FY 2013 as were the number of reported child fatalities for investigation by DFPS. For CPS intakes and investigations into alleged child abuse and neglect related fatalities during FFY 2013, there were no changes in how data was collected/counted, no changes in policy and procedures as compared to previous years. In January 2013, the CPS Assistant Commissioner requested a review of all confirmed child abuse and neglect fatalities (cases where there was a disposition of reason to believe--fatal). The team for this process reviewed each confirmed fatal investigation to look for consistency in decision making statewide and help develop staff's understanding and supporting documentation of the difference between a general child abuse and neglect allegation and those where the abuse and neglect was the contributing factor to the fatality. This review process did lower the numbers of child fatalities to a small extent, but it did not show significant differences in how dispositions of fatality cases are made.

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/nonrelative.

Utah

Contact	Navina Forsythe	Phone	801-538-4045
Title	Director of Info Systems, Data, and Research	Email	nforsythe@utah.gov
Address	Division of Child and Family Services 195 N. 1950 W. Salt Lake City, UT 84116		

General

In 2011, Utah centralized their intake functions to one statewide call-in center. The purpose of this was to be able to have DCFS intake staff available 24-hours a day and to improve statewide consistency in the screening functions.

Reports

The investigation start date is defined as the date a child is first seen by CPS. The data are 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, nonsupported, or without merit.

Children

Prior to May 2011, state law defined domestic violence in the presence of a child or a child's knowledge of domestic violence as abuse. This was mapped to the NCANDS category of psychological maltreatment. Changes in state statute effective May 2011, altered when DCFS accepts investigations related to domestic violence. We have seen a reduction in domestic violence related cases since that time.

The state's category of "other" maltreatment type includes failure to protect, dependency, safe relinquishment of a newborn, and pediatric condition falsification. Prior to FFY 2011, child endangerment

also was mapped to “other” maltreatment. This category is now mapped to physical abuse. The definition of child endangerment is subjecting a child to threatened harm. This also includes, but is not limited to, conduct described in:

- Utah Code Ann. §76-5-112: recklessly engaging in conduct that creates a substantial risk of death or serious bodily injury to a child, or
- Utah Code Ann. §76-5-112.5: knowing or intentionally causing or permitting a child to be exposed to, inhale, ingest, or have contact with a controlled substance, chemical substance, or drug paraphernalia (as these terms are defined in this section). “Exposed to” means the child is able to access or view an unlawfully possessed controlled substance or chemical substance, has reasonable capacity to access drug paraphernalia, or is able to smell an odor produced during or because of the manufacture or production of a controlled substance.

Utah DCFS recently reviewed sexual abuse definitions with our attorneys. This has led to additional cases being opened. Additionally changes to expungement laws have led to separate cases being opened if there were multiple perpetrators involved in one incident to facilitate the ability to expunge cases. Both of these have led to an increase in the number of sexual abuse cases investigated. Rule changes are being proposed that may lead to further changes regarding sexual abuse in the future. A group of ID’s have been identified for unknown or purged children. These ID’s are valid for FFY 2009 forward. Cases may be purged when the maltreatment was without merit.

Fatalities

Concerns related to child abuse and neglect, including fatalities, are required to be reported to the Utah DCFS. Fatalities where the CPS investigation determined the abuse was due to abuse or neglect are reported in the NCANDS Child File.

Perpetrators

A group of ID’s have been identified for unknown or purged perpetrators. These ID’s are valid for FFY 2009 forward. Cases may be purged when the maltreatment was without merit.

Services

During the home visit and with the parent’s permission, the CPS caseworker completes the developmental screening tool on the identified child using the Nipissing screening tool. If the screening indicates a need for further assessment, the CPS caseworker will either leave a pamphlet with the contact information for early intervention services or the worker will contact early intervention for them. The caseworker also leaves the screening tool with the caregiver for followup purposes. The caseworkers document in SACWIS whether they completed the screening, whether a need for further assessment was identified, and whether the parent requested help with the referral.

Vermont

Contact	Derrick LaMarche	Phone	802-828-1921
Title	System Developer	Email	derrick.lamarche@state.vt.us
Address	Vermont Family Services IT Department for Children and Families 32 College Street Montpelier, VT 05633		

General

In July 2009, Vermont implemented a differential response program, with an assessment track and an investigation track. About 40 percent of cases are assigned to the assessment pathway. In the assessment pathway, the disposition options are services needed and no services needed. Cases assigned to the assessment pathway may be switched to the investigation pathway, but not vice versa. Data from both pathways are reported to NCANDS. The Family Services Division is responsible for investigating allegations of child abuse or neglect by caregivers and investigate sexual abuse by any person (not just caregivers). The department investigates risk of physical harm and risk of sexual abuse.

Reports

Vermont operates a statewide child protection hotline, available 24/7. All intakes are handled by social workers and screening decisions are handled by hotline supervisors. These same supervisors make the initial track assignment decision. All calls to the child abuse hotline are counted as referrals, resulting in a very high rate of referrals per 1,000 children, and making it appear that Vermont has a very low screen-in rate. Reasons for screen-out include: (1) duplicate report (2) report does not concern child maltreatment as defined in state statute.

Fatalities

The department is an active participant in Vermont's Child Fatality Review Committee.

Perpetrators

For sexual abuse, perpetrators include noncaregiver perpetrators of any age.

Services

Following an investigation or assessment, a validated risk assessment tool is applied. If the family is classified as at high or very high risk for future child maltreatment, the family is offered in-home services, and may be referred to other community services designed to address risk factors, and build protective capacities.

Virginia

Contact	David Bringman	Phone	804-726-7553
Title	Policy Analyst	Email	david.bringman@dss.virginia.gov
Address	Division of Family Services Virginia Department of Social Services 801 East Main Street, 11th floor Richmond, VA 23219		

General

In accordance with Virginia Administrative Code 22VAC40-705-130(A)(3) the record of the unfounded case shall be purged 1 year after the date of the complaint or report if there are no subsequent founded or unfounded complaints and/or reports regarding the individual against whom allegations of abuse and/or neglect were made or regarding the same child in that 1 year. Therefore, with each subsequent data resubmission there is a decrease in the number of unsubstantiated reports submitted. The Virginia Administrative Code 22VAC40-705-10 defines family assessment as the collection of information necessary to determine:

- The immediate safety needs of the child.
- The protective and rehabilitative services needs of the child and family that will deter abuse or neglect
- Risk of future harm to the child.
- Alternative plans for the child's safety if protective and rehabilitative services are indicated and the family is unable or unwilling to participate in services. These arrangements may be made in consultation with the caregiver(s) of the child.

Reports

Reports placed in the investigation track receive a disposition of founded (substantiated) or unfounded (unsubstantiated) for each maltreatment allegation. Reports placed in the family assessment track receive a family assessment; no determination is made as to whether or not maltreatment actually occurred. Virginia reports these family assessment cases as alternative response nonvictim. A large number of family assessment cases were not reported to NCANDS because of unknown maltreatment type. An edit was applied in the case management system to address the issue and it took effect about half way during the reporting period.

The response time is determined by the priority assigned to the valid report based on the information collected at intake. It is measured from the date of the report. The department continues to seek improvements to the automated data system and to provide technical assistance to local departments of social services to improve documentation of the initial response to the investigation or family assessment.

Due to a coding change among Virginia's position tracking system, the state is not able to use the same methodology as in prior years for computing workforce. The new methodology is as follows: Using the NCANDS data set, determined the unique workers listed. This count will over count the number of FTEs working in the CPS environment because some of those workers are not present for the entire year and/or do not carry a full CPS caseload. We estimate that 2/3s of this number would be the equivalent of the FTEs associated with doing this work. Due to a coding change among Virginia's position tracking system, we are no longer able to use the same methodology as in prior years. The new methodology is as follows: Using the NCANDS CPS worker estimated FTE count from above, we

Virginia *(continued)*

then take the ratio of that estimate against all Family Services Specialist positions (VA's equivalent of a Social Worker) and apply it to the indirect Humans Services Assistants.

Children

Virginia reports family assessment cases as alternative response nonvictim. More than 95 percent of the victims are reported as first-time victims in FFY 2013. Virginia is currently conducting a review of all clients to ensure that duplicate clients are addressed.

Fatalities

There were four children not reported in the Child File who were reported to the state. These children had a finding of founded that occurred during FFY 2013. They were not captured in the case management system and hence not reported in the Child File.

Services

The number of children who received services decreased from FFY 2012 to FFY 2013. The totals for state fiscal year 2012 included one additional set of CBCAP subgrants (18 additional contracts) funded for a 1-year period. The extra subgrants were awarded to comply with the federal reduction in time available for obligation/liquidation of CBCAP funds. This was a 1 year, increase from 17 contracts to 35 contracts providing services for 2012. For state fiscal year 2013, there were only 17 contracts funded.

Washington

Contact	Lisa Barber	Phone	360-486-2328
Title	Reporting and Compliance Analyst	Email	lisa.barber@dshs.wa.gov
Address	Children's Administration Washington Department of Social and Health Services 7240 Martin Way Lacey, WA 98516		

General

Implementation of a new intake type, CPS risk only, during FFY 2009 resulted in fluctuation in total referrals reported to NCANDS in FFY 2009–FFY 2010. These intakes are excluded because there are no identified victims or findings. CPS risk only intakes involve a child whose circumstances places him or her at imminent risk of serious harm but does not include CA/N allegations. A complete investigation is required and if the intake is later determined to meet criteria of CPS, a victim and findings will be recorded and the record included in the NCANDS Child File.

Department Licensed Resources (DLR),/CPS and CPS risk only intakes can also involve the alleged abuse or neglect of 18–21 year olds in facilities licensed or certified to care for children. A complete investigation is required. If during the course of the investigation it is determined that a child younger than 18 was also allegedly abused, 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 included in the NCANDS Child File. For intakes containing child abuse and neglect allegations, response times are determined based on a sufficiency screen. Response times may be 24 hours, 72 hours or 10 days for alternate intervention. For families with children determined to be of low risk of harm, alternative intervention services are offered. Alternative response services are offered by community-based contracted providers to families in conflict but needing the least intrusive intervention to ensure child safety.

During CY 2012 Washington's Children's Administration has been actively preparing for the start of the new CPS differential response program (FAR). This program begins January 2014 and will be phased in across the state over a 2-year period. To prepare for this program CA's current alternate intervention program (10-day response time) will be going away and will be replaced by the FAR program. We have been diligently working our quality assurance measures for this specific program area and have seen an increase in intakes being screened in at a higher level or being screened out completely.

Reports

The NCANDS category of "other" disposition previously included the number of reports that resulted in inconclusive investigations. Referrals that have been determined to be low risk are reported as alternative response nonvictim. Intakes alleging child abuse and neglect must meet sufficiency. Washington's sufficiency screening consists of three points:

- Allegations must meet the Washington Administrative Code (WAC) for child abuse and neglect.
- The alleged victim of child abuse and neglect must be younger than 18 years.
- The alleged subject of child abuse or neglect has a role of parent, acting in loco parentis, or unknown.

Washington *(continued)*

Intakes that do not meet one of the above criteria do not screen in for investigation. Intakes that allege a crime has been committed but not meeting Washington's screening criteria are referred to the law enforcement jurisdiction where the alleged crime occurred.

Children

An alleged victim is 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.

Perpetrators

The perpetrator relationship value of residential facility provider/staff is mapped to the NCANDS value of group home or residential facility staff based on whether or not the child was in an open placement. When residential facility provider/staff is selected and the child is in foster care then it is mapped to group home or residential facility staff. If the child was abused by residential facility provider/staff and the child was NOT in an open placement the perpetrator relationship is mapped to "other." This was not a distinction in the data reported 2008 and earlier. The NCANDS category of "other" perpetrator relationship includes "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.

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

Services

Families received preventive services from the following sources: community networks, CPS child care, family reconciliation services, family preservation, and intensive family preservation services. The number of recipients of the community-based family resource and support grant is obtained from community-based child abuse prevention (CBCAP).

West Virginia

Contact	Tammy Hoover	Phone	304-558-1532
Title	Business Analyst	Email	tammy.k.hoover@wv.gov
Address	OMIS - FACTS WV Department of Health and Human Resources 1 Davis Square, Suite 200 Charleston, WV 25301		

General

West Virginia does not have a differential response program.

Reports

Receipt of a report is defined as the login of a call to the agency from a reporter alleging child maltreatment. Initial investigation is defined as face-to-face contact with the alleged victim, when this is appropriate, or contact with another person who can provide information essential to the disposition of the investigation or assessment. The response time is exclusive to the alleged victim and contact with another person is not a factor in determining response time. Screening and intake workers are not separated out of the overall CPS staff allocation.

Fatalities

During this reporting period there have been several car accidents with multiple victims, as well as one homicide incident with multiple victims. In the Child File, three child fatalities occurred in different federal fiscal years, however those fatalities were included because the assessment was completed during this federal fiscal year.

In addition to child protective services reports, Agency File child maltreatment fatalities are those reported to the Bureau for Children & Families by the WV Child Fatality Review Team through the Chief Medical Examiner's Office. Maltreatment is defined per NCANDS and West Virginia state code. Cases are reviewed to ensure no duplication with the Child File.

Services

Promoting Safe and Stable Families increases were due to the reallocation of dollars from socially necessary services to community-based grants. We provided funding to 25 family resource centers last year. Eleven family resource centers were expanded and nine new family resource centers were funded through Promoting Safe and Stable Families funding. The "other" numbers can be attributed to an increase in funding to family resource centers using Children's Trust Fund dollars. Family resource centers have a more defined direct service role than Partners in Prevention, whose main thrust is public education and awareness. Public education campaigns around in Home Family Education, the Children's Trust Fund, and other awareness promoting activities have contributed to this as well. There were also reporting changes made with the Starting Points Family Resource Center grants, which improved our reporting.

Wisconsin

Contact	Michelle Rawlings	Phone	608-264-9846
Title	Division of Safety and Permanence	Email	michelle.rawlings@wisconsin.gov
Address	Wisconsin Department of Children and Families 201 East Washington Avenue Room E200 P.O. Box 8916 Madison, WI 53708-8916		

General

Alternative response continues to be rolled out to more counties, which has created a shift in our maltreatment and child victim data.

Reports

In most cases, screened-out referrals are those where the information provided does not constitute maltreatment of a child or risk of maltreatment of a child. Additionally, when multiple referrals are made about the same maltreatment, the subsequent referrals may be screened out. In Wisconsin, CPS agencies are not required to investigate instances of abuse by noncaregivers, so those reports may be screened out. In rare instances cases may be screened out because there is not enough identifiable information to do an assessment. Finally, cases may be screened out because jurisdiction more properly rests with another state.

The state data are child-based where each report is associated with a single child. The report date refers to the date when the agency was notified of the alleged maltreatment and the investigation begin date refers to the date when the agency made initial contact with the child or other family member. In Wisconsin's child protective services (CPS) system, several maltreatment reports for a single child may be assessed in a single investigation. Wisconsin has substantially improved the time to the investigation start by strengthening policy, data collection, monitoring, and technical assistance. Wisconsin's standard is that investigations must begin on the same day, within 48 hours, or within five days, depending on present or impending danger threats to the alleged child victim.

Select counties in Wisconsin have implemented an alternative response program. The maltreatment disposition for alternative response assessments result in identifying whether services are needed and will appear in NCANDS as "other" dispositions.

Children

A child is considered to be a victim when an allegation is substantiated. The NCANDS unsubstantiated maltreatment disposition includes instances where the allegation was unsubstantiated for that child, or when critical sources of information cannot be found or accessed to determine whether or not maltreatment as alleged occurred.

Fatalities

The count of fatalities includes only those children who were subjects of reports of abuse or neglect in which the maltreatment allegation was substantiated. No agency other than Wisconsin DCF is used to compile child maltreatment fatality information.

Perpetrators

Perpetrator data is included for allegations where the child was substantiated. The NCANDS category "other" perpetrator relationship includes perpetrators who are not primary or secondary caregivers

Wisconsin *(continued)*

to the child (i.e. noncaregivers) such as another child or peer to the child victim or a stranger. As described above, there are no substantiations in alternative response cases, so the alleged perpetrators substantiated perpetrators. If services are needed, that is an assessment level determination, not a determination about a specific perpetrator.

Services

The state continues to support data quality related to service documentation and ultimately to modify the NCANDS file to incorporate service reporting for future data submissions.

Wyoming

Contact	Lauri Lamm	Phone	307-777-5536
Title	Social Services Program Analyst	Email	lauri.lamm@wyo.gov
Address	Social Services Wyoming Department of Family Services 2300 Capital Ave. Hathaway Building, 3rd floor Cheyenne, WY 82002-0490		

General

At both the state and local levels, the juvenile services and protective services divisions were merged into one division, the Social Services Division, effective April 2012. The existing protective services districts and juvenile services regions also merged and changed in geographical boundary and management to coincide with the nine judicial districts. One district manager now has oversight of protective and juvenile services and is responsible for each new district. The change was to provide a more consistent management structure and allow easier access by stakeholders to district managers. Many smaller offices are being cross-trained to perform child and adult protective and juvenile services functions, while some larger offices remain specialized. This transition continues to be a work in progress for the department.

In December 2012, the Social Services Division also made changes in policies to ensure consistency in practice. The goal was to streamline policies and provide direction for the social services division. There was also minor changes in the intake policy in May 2012 in regards to changing acceptance of a case from seven days to 24 hours and response time to immediate to 24 hours to 7 days, depending on the criteria. Wyoming continues to make changes in the SACWIS to ensure certification, but more importantly, the programming duties have moved to another department in Wyoming government called Enterprise Technology Services (ETS). All programming will now fall to a programmer at ETS.

Wyoming continues to have a multiple track system, which includes the following:

- Prevention cases are when there are no allegations of abuse and neglect, but services may help the family prevent abuse and neglect.
- Assessment is when there are allegations of abuse and neglect, but the abuse does not rise to a level of an investigation.
- Investigations are assigned when the abuse and neglect is a major injury/fatality, law enforcement is involved and/or there is imminent danger.

Reports

Wyoming still requires immediate action on children in imminent danger (face-to-face within 24 hours). Although the SACWIS will show minutes and hours, the data measure is kept in “days” units. The state has an “incident base” SACWIS, therefore, it does not provide information regarding the number of children screened out.

Children

Wyoming had a slight increase in the number of child victims and child victim cases reported, from FFY 2012 to FFY 2013. However, Wyoming had a decrease in the number of children who entered care as a result of abuse or neglect. This substantial decrease in the number of children in state’s custody can be attributed to the cross-training of caseworkers within the state, including caseworkers that mainly work juvenile probation cases. There is also a continued effort in Wyoming to provide children, youth, and families services within their home community, including funding toward

Wyoming *(continued)*

prevention services in each community around the state. Additionally, Wyoming had an increase in the number of cases that were accepted for services to children and families, rather than those intakes being screened out. As a result, there is an increase in families receiving services at the prevention level.

Fatalities

For FFY 2013, Wyoming did not have any reported child fatalities due to abuse and neglect. The Wyoming Child Death Review and Prevention Team (WCDRPT) meet on a quarterly basis to review substantiated cases of child fatalities or major injuries due to child maltreatment. The WCDRPT has also initiated the process of reviewing all child deaths in the state. Sources for this data and reviews include state and local law enforcement agencies, the office of vital statistics, and the county coroners.

Perpetrators

Per department policy, investigations are conducted only on those perpetrators who are a caregiver at the time the abuse and neglect occurred. Caregiver is defined as a person responsible for a child's welfare; includes the child's parent, noncustodial parent, guardian, custodian, stepparent, foster parent or other person, institution or agency having the physical custody or control of the child. If the alleged perpetrator was not a caregiver at the time of the alleged abuse and neglect, (i.e., third-party perpetrator), the investigation will be conducted by law enforcement.

Services

Wyoming enables families to receive services on a voluntary basis through the prevention track and assessment track. Families may receive services through this process to prevent abuse and neglect or any risks that may be present in the family. Wyoming also receives family preservation and community-based child abuse funds to serve families before abuse and neglect occurs. These grants are allocated to service providers who provide services to families. SACWIS does not calculate data on the number of children and families served through these programs.



Endnotes

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