Child Maltreatment 2016

27th YEAR OF REPORTING

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

ACF

Children's Bureau

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

Questions and More Information

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

Data Sets

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

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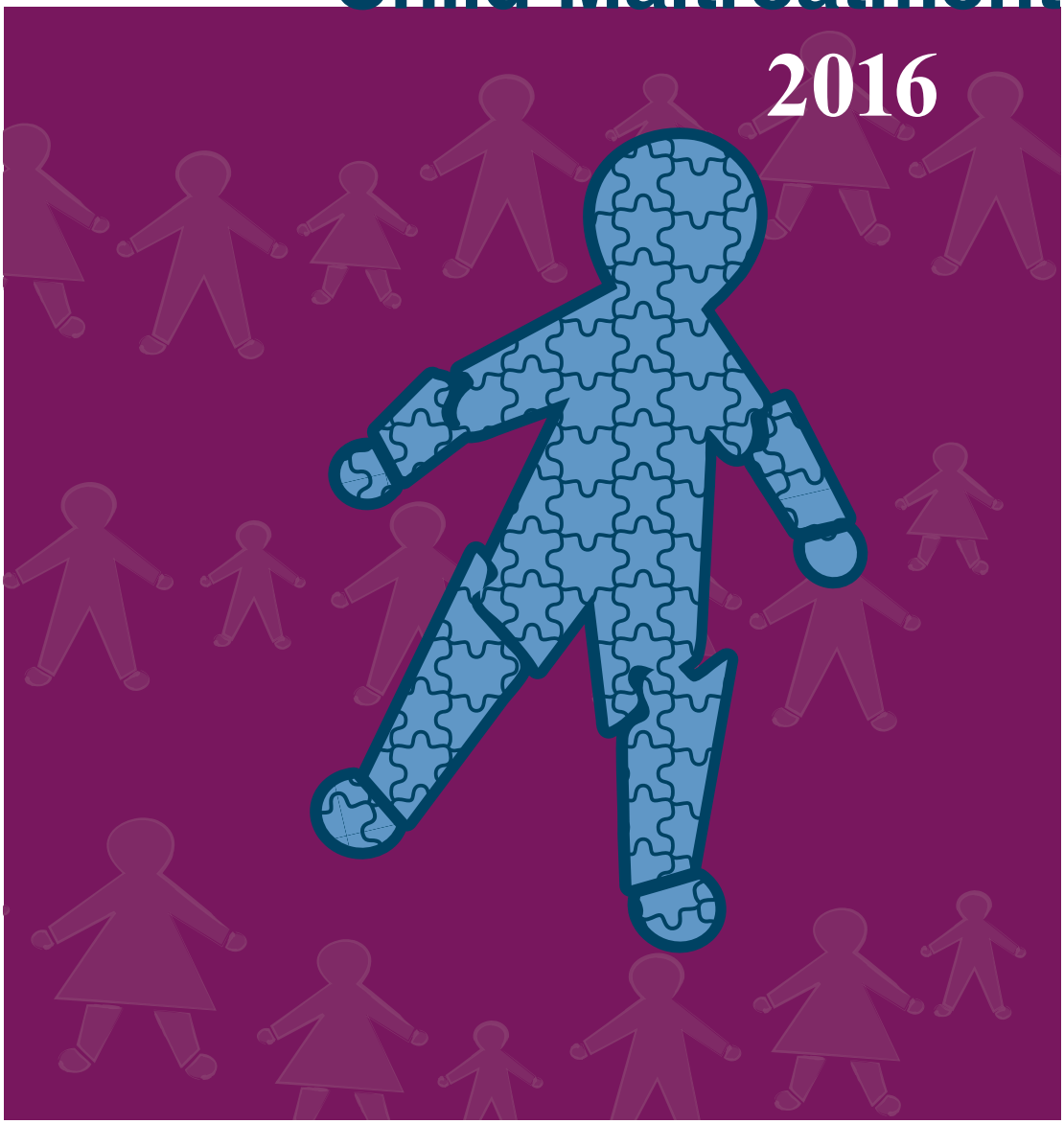
Child Maltreatment 2016



DEPARTMENT OF HEALTH & HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES
Administration on Children, Youth and Families
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Letter from the Associate Commissioner:

Child Maltreatment 2016 is the 27th edition of the annual Child Maltreatment report series. States provide the data for this report through the National Child Abuse and Neglect Data System (NCANDS). NCANDS was established in 1988 as a voluntary national data collection and analysis program to make available state child abuse and neglect information. Data have been collected every year since 1991, and NCANDS now annually collects maltreatment data from child protective services agencies in the 50 states, the District of Columbia, and the Commonwealth of Puerto Rico. Key findings in this report include:

- The national estimate of children who received a child protective services investigation response or alternative response increased 9.5 percent from 2012 (3,172,000) to 2016 (3,472,000).[1]
- The number and rate of victims have fluctuated during the past 5 years. Comparing the national rounded number of victims from 2012 (656,000) to the national estimate of victims in 2016 (676,000) shows an increase of 3.0 percent.
- Three-quarters (74.8%) of victims were neglected, 18.2 percent were physically abused, and 8.5 percent were sexually abused.
- For 2016, a nationally estimated 1,750 children died of abuse and neglect at a rate of 2.36 per 100,000 children in the national population.

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

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

Sincerely,

/s/
Jerry Milner
Associate Commissioner
Children's Bureau

[1] *If fewer than 52 states reported a count, the national rate is used to compute a national estimate. If all 52 states report, the count is rounded. From 2012 through 2015, 52 states reported data; for 2016, 51 states reported.*

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 2016* marks the 27th 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 2016 national statistics were based upon receiving case-level and aggregate data from the 50 states and the District of Columbia.

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

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

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Summary

Overview

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

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

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

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

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

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

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

The data are submitted voluntarily by the 50 states, the District of Columbia, and the Commonwealth of Puerto Rico. The first report from NCANDS was based on data for 1990. This report for federal fiscal year (FFY) 2016 data is the 27th issuance of this annual publication. (See chapter 1.)

How are the data used?

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

What data are collected?

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

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

Where are the data available?

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

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

During FFY 2016, CPS agencies received an estimated 4.1 million referrals involving approximately 7.4 million children. Among the 45 states that reported both screened-in and screened-out referrals, 58.0 percent of referrals were screened in and 42.0 percent were screened out. For FFY 2016, 2.3 million referrals were screened in for a CPS response and received a disposition. The national rate of screened-in referrals (reports) was 31.3 per 1,000 children in the national population. (See chapter 2.)

Who reported child maltreatment?

For 2016, professionals submitted (64.9%) of reports alleging child abuse and neglect. 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. The highest percentages of reports were from education personnel (18.9%), legal and law enforcement personnel (18.4%), and social services personnel (11.2%).

Nonprofessionals—including friends, neighbors, and relatives—submitted one-fifth of reports (18.1%). Unclassified sources submitted the remaining reports (17.0%). Unclassified includes anonymous, "other," and unknown report sources. States use the code "other" for any report source that does not have an NCANDS designated code. See Appendix D, State Commentary, for additional information provided by the states as to what is included in "other." (See chapter 2.)

Who were the child victims?

Fifty-one states submitted data to NCANDS about the dispositions of children who received one or more CPS responses. For FFY 2016, approximately 3.5 million children were the subjects of at least one report. A total of 17.2 percent of children were classified as victims with dispositions of substantiated (16.5%) and indicated (0.7%). The remaining children were determined to be nonvictims of maltreatment (82.8%). For FFY 2016, there were a nationally estimated 676,000 victims of child abuse and neglect. The victim rate was 9.1 victims per 1,000 children in the population. (See chapter 3.) Victim demographics include:

- Children in their first year of life had the highest rate of victimization at 24.8 per 1,000 children of the same age in the national population.
- American-Indian or Alaska Native children had the highest rate of victimization at 14.2 per 1,000 children in the population of the same race or ethnicity; and African-American children had the second highest rate at 13.9 per 1,000 children of the same race or ethnicity.
- For all victims younger than 1 year, percentages of victims with the alcohol abuse child risk factor increased from 3.1 in 2012 to 4.8 in 2016. The rates per 1,000 children of the same age increased from 0.7 to 1.2, respectively.
- For all victims younger than 1 year, percentages of victims with the drug abuse child risk factor increased from 12.3 percent in 2012 to 15.2 percent in 2016. The rates per 1,000 children of the same age increased from 2.6 to 3.9, respectively.

What were the most common types of maltreatment?

As in prior years, the greatest percentages of children suffered from neglect (74.8%) and physical abuse (18.2%). A child may have suffered from multiple forms of maltreatment. A victim who suffered more than one type of maltreatment was counted only once per type. (See chapter 3.)

How many children died from abuse or neglect?

Child fatalities are the most tragic consequence of maltreatment. For FFY 2016, 49 states reported 1,700 fatalities. Based on these data, a nationally estimated 1,750 children died from abuse and neglect. (See chapter 4.) The analyses of case-level fatality data show:

- The national rate of child fatalities was 2.36 deaths per 100,000 children.
- Seventy percent of all child fatalities were younger than 3 years old.
- Boys had a higher child fatality rate than girls at 2.87 boys per 100,000 boys in the population. Girls had a child fatality rate of 2.11 per 100,000 girls in the population.
- The rate of African-American child fatalities (4.65 per 100,000 African-American children) is 2.2 times greater than the rate of White children (2.08 per 100,000 White children) and nearly 3 times greater than the rate of Hispanic children (1.58 per 100,000 Hispanic children).
- More than three quarters (78.0%) of child fatalities involved at least one parent.

Who abused and neglected children?

A perpetrator is the person who is responsible for the abuse or neglect of a child. Fifty states reported 518,136 perpetrators. (See chapter 5.) The analyses of case-level data show:

- More than four-fifths (83.4%) of perpetrators were between the ages of 18 and 44 years.
- More than one-half (53.7%) of perpetrators were women, 45.3 percent of perpetrators were men, and 1.0 percent were of unknown sex.
- The three largest percentages of perpetrators were White (49.8), African-American (20.0%), or Hispanic (18.8%).

Who received services?

CPS agencies provide services to children and their families, both in their homes and in foster care. Reasons for providing services may include 1) preventing future instances of child maltreatment and 2) remedying conditions that brought the children and their family to the attention of the agency. (See chapter 6.) During 2016:

- Forty-five states reported approximately 1.9 million children received prevention services.
- Approximately 1.3 million children received postresponse services from a CPS agency.
- Two-thirds (60.6%) of victims and one-third (29.7%) of nonvictims received postresponse services.

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

Exhibit S–1 Summary of Child Maltreatment Rates per 1,000 Children, 2012–2016

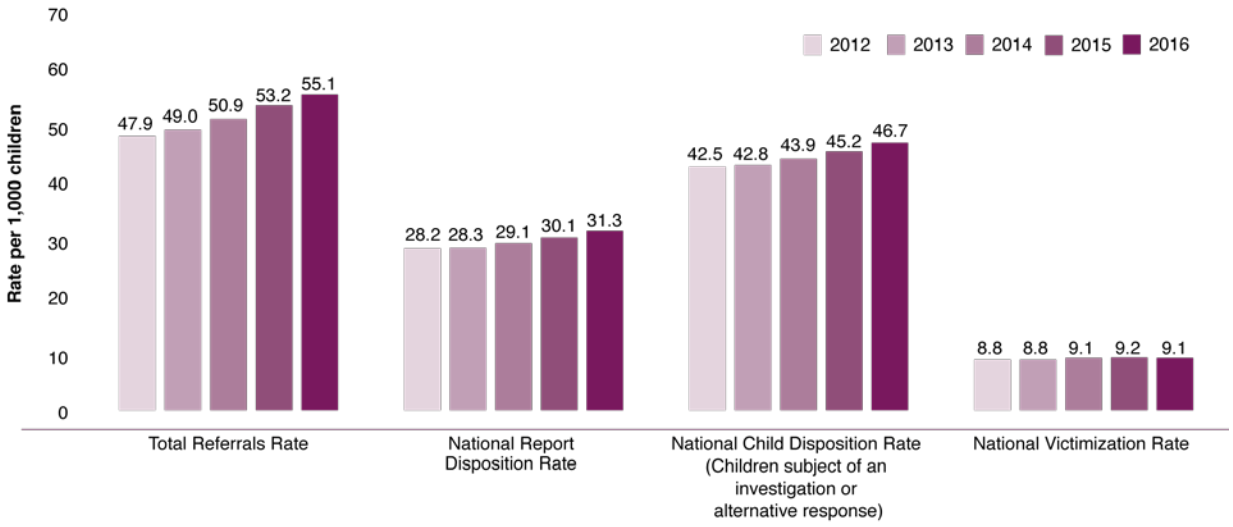
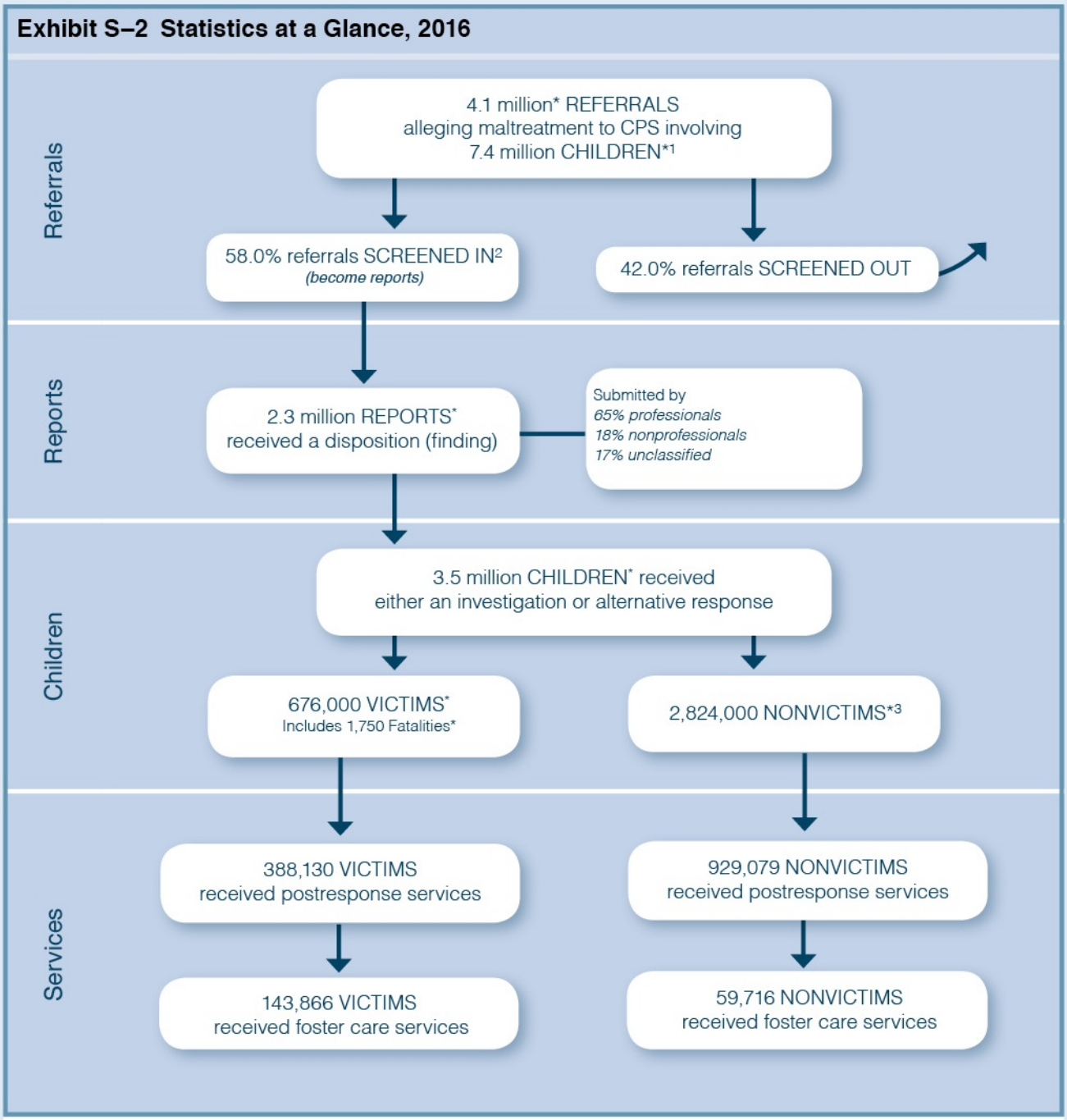


Exhibit S–2 Statistics at a Glance, 2016



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

1 *The average number of children included in a referral was 1.80.*

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

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

Introduction

CHAPTER 1

Child abuse and neglect is one of the Nation's most serious concerns. This important issue is addressed in many ways by the Children's Bureau in the Administration on Children, Youth and Families, the Administration for Children and Families within the U.S. Department of Health and Human Services (HHS). The Children's Bureau strives to ensure the safety, permanency, and well-being of all children by working with state, tribal, and local agencies to develop programs to prevent child abuse and neglect. The Children's Bureau awards funds to states and tribes on a formula basis and to individual organizations that successfully apply for discretionary funds.

Child Maltreatment 2016 presents national data about child abuse and neglect known to child protective services (CPS) agencies in the United States during federal fiscal year (FFY) 2016. 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 and those that received an alternative response, these data represent the universe of known child maltreatment cases for FFY 2016.

Background of NCANDS

The Child Abuse Prevention and Treatment Act (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 27th edition. During 1996, CAPTA was amended to require all states that receive funds from the Basic State Grant program to work with the Secretary of HHS to provide specific data, to the maximum extent practicable, about children who had been maltreated. These data elements were incorporated into NCANDS. Subsequent CAPTA amendments added data elements, many of which were included in the annual NCANDS data collection. Readers are encouraged to review appendix A for the list of required CAPTA data items.

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

[1] *Child Abuse Prevention, Adoption and Family Services Act of 1988, (P.L. 100-294)*

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

Future Reporting to NCANDS

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

Annual Data Collection Process

The NCANDS reporting year is based on the FFY calendar, which for *Child Maltreatment 2016* was October 1, 2015, through September 30, 2016. 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 (e.g., vital statistics departments, child death review teams, law enforcement agencies, etc). States are asked to submit both the Child File and the Agency File each year. For more information about the Child File and Agency File please go to the Children's Bureau website at https://www.acf.hhs.gov/cb/research-data-technology/reporting-systems/ncands.

Upon receipt of data from each state, a technical validation review 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. (See appendix C for additional information about data submissions and appendix D for information from states about their submissions.)

For FFY 2016, 51 states submitted both a Child File and an Agency File (unless otherwise noted, the term "states" includes the District of Columbia and the Commonwealth of Puerto Rico). Puerto Rico

was not able to report a valid data submission in time for the analyses to be included in the *Child Maltreatment 2016* report. If the state is able to report a valid FFY 2016 submission, the data will be included in trend analyses in future Child Maltreatment reports. The most recent data submissions or resubmissions from states are included in trend tables. This may account for some differences in the counts from previously released reports.

With each Child Maltreatment report, the most recent population data from the U.S. Census Bureau are used to update all data years in each trend table. Wherever possible, trend tables encompass 5 years of data.[2] According to the U.S. Census Bureau, the population of the 51 states that submitted FFY 2016 data accounts for more than 73 million children, which is 99.1 percent of the total child population. (See table C–2).

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

NCANDS as a Resource

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

- *Child Welfare Outcomes: Report to Congress*—This annual report presents information on state and national performance in seven outcome categories. Data for the original Child Welfare Outcomes measures and the majority of the context data in this report come from NCANDS and the Adoption and Foster Care Analysis and Reporting System (AFCARS). The reports are available on the Children's Bureau's website at http://www.acf.hhs.gov/cb/research- data-technology/statistics-research/cwo.

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

[2] *U.S. Census Bureau, Population division. (2017). SC-EST2016-ALLDATA6: Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2016 [data file]. Retrieved from https://www.census.gov/data/datasets/2016/demo/popest/state-detail.html*
U.S. Census Bureau, Population Division. (2017). Annual Estimates of the Resident Population by Single Year of Age and Sex for the Puerto Rico Commonwealth: April 1, 2010 to July 1, 2016 [data file]. Retrieved from https://www.census.gov/data/tables/2016/demo/popest/detail-puerto-rico.html

- The NCANDS data also are used for several performance measures published annually as part of the ACF Annual Budget Request to Congress, which highlights certain key performance measures in compliance with the Government Performance and Results Modernization Act (GPRAMA, 2010). Specific measures on which ACF reports using NCANDS data include:
  - Decrease the rate of first-time victims per 1,000 children in the population.
  - Decrease the percentage of children with substantiated or indicated reports of maltreatment who have a repeated substantiated or indicated report of maltreatment within six months.
  - Improve states' average response time between maltreatment report and investigation, based on the median of states' reported average response time in hours from screened-in reports to the initiation of the investigation.

The National Data Archive on Child Abuse and Neglect (NDACAN) was established by the Children's Bureau to encourage scholars to use existing child maltreatment data in their research. NDACAN acquires data sets from national data collection efforts and from individual researchers, prepares the data and documentation for secondary analysis, and disseminates the data sets to qualified researchers who have applied to use the data. NDACAN houses the NCANDS's Child Files and Agency Files and licenses researchers to use the data sets. The NCANDS data files are double-encrypted prior to submission to NDACAN, which ensures that all submitted data are encrypted and will be available to researchers and other federal agencies. Please note that NDACAN serves as the repository for the NCANDS data sets, but is not the author of the Child Maltreatment report series. More information is available at http://www.ndacan.cornell.edu.

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

Structure of the Report

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

By making changes designed to improve the functionality and practicality of the report each year, the Children's Bureau endeavors to increase readers' comprehension and knowledge about child maltreatment. Feedback regarding changes 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 2016* 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

The following resources also are included in this report:

- **Appendix A, Required CAPTA Data Items**—the list of data items from CAPTA 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, levels of evidence, and data files collected
- **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. Most CPS agencies use a two-step process to respond to allegations of child maltreatment: (1) screening and (2) investigation and alternative response. A CPS agency receives an initial notification—called a referral—alleging child maltreatment. A referral may involve more than one child. Agency hotline or intake units conduct the screening response to determine whether a referral is appropriate for further action.

Screening

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

- 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 2016, CPS agencies across the nation received an estimated 4.1 million referrals, a 14.7 percent increase since 2012. The national estimate of 4.1 million referrals, including approximately 7.4 million children, was based on a national referral rate of 55.1 referrals per 1,000 children in the population. (See exhibit 2–A and related notes.)

For FFY 2016, 45 states reported both screened-in and screened-out referral data. (See table 2–1 and related notes.) Those states screened in 58.0 percent and screened out 42.0 percent of referrals. Seventeen states screened in more than the national percentage with screen-in percentages ranging from 58.1 to 98.1 percent. Readers are encouraged to view state comments in appendix D for additional information about states' screening policies.

Exhibit 2–A Referral Rates, 2012–2016

Year	Reporting States	Child Population of Reporting States	Screened-In Referrals (Reports)	Screened-Out Referrals	Total Referrals	Total Referrals Rate per 1,000 Children	Child Population of all 52 States	National Estimate of Total Referrals
2012	44	58,854,809	1,693,623	1,123,550	2,817,173	47.9	74,542,811	3,571,000
2013	44	58,813,542	1,703,648	1,179,468	2,883,116	49.0	74,383,731	3,645,000
2014	44	58,883,271	1,766,787	1,228,602	2,995,389	50.9	74,346,098	3,784,000
2015	44	58,990,234	1,826,820	1,310,716	3,137,536	53.2	74,349,174	3,955,000
2016	45	59,401,029	1,897,196	1,374,053	3,271,249	55.1	74,338,157	4,096,000

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 excluded.

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. The national estimate of 7.4 million children included in referrals is explained in the notes for table 2–1. The percent change was calculated using the national estimates for FFY 2012 and FFY 2016. The percent change was calculated by subtracting 2012 data from 2016 data, dividing the result by 2012 data, and multiplying by 100.

Investigations and Alternative Responses

Screened-in referrals are called reports and may include more than one child. In most states, the majority of reports receive an investigation. This response includes assessing the allegation of maltreatment according to state law and policy. The primary purpose of the investigation is twofold: (1) to determine whether the child was maltreated or is at-risk of being maltreated and (2) to determine if services are needed and which services to provide. The primary purpose of the alternative response is to focus on the service needs of the family. See chapter 3 for more information about alternative response.

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. See chapter 3 for more information about alternative response.

In the National Child Abuse and Neglect Data System (NCANDS), both investigations and alternative responses receive a CPS finding known as a disposition. Nationally for FFY 2016, an estimated 2.3 million reports (screened-in referrals) received dispositions. This is a 10.7 percent increase from the 2012 national rounded number of 2.1 million reports that received dispositions. (See exhibit 2–B and related notes.)

Exhibit 2–B Report Disposition Rates, 2012–2016

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/ Rounded Number of Reports with a Disposition
2012	52	74,542,811	2,103,428	28.2	74,542,811	2,103,000
2013	52	74,383,731	2,102,660	28.3	74,383,731	2,103,000
2014	52	74,346,098	2,163,463	29.1	74,346,098	2,163,000
2015	52	74,349,174	2,237,763	30.1	74,349,174	2,238,000
2016	51	73,642,285	2,306,777	31.3	74,338,157	2,327,000

Data are from the Child File. The national disposition rate was calculated by dividing the number of reports with a disposition from reporting states by the child population of reporting states. The result was multiplied by 1,000.

If 52 states reported data in a given year, the national number of reports with a disposition is the number of reports with a disposition rounded to the nearest 1,000. If fewer than 52 states reported data in a given year, the national number of reports with a disposition was calculated by multiplying the national disposition rate by the child population of all 52 states and dividing by 1,000 and rounding to the nearest 1,000. The percent change was calculated using the national estimate/rounded number for FFY 2012 and FFY 2016. The percent change was calculated by subtracting 2012 data from 2016 data, dividing the result by 2012 data, and multiplying by 100.

Report Sources

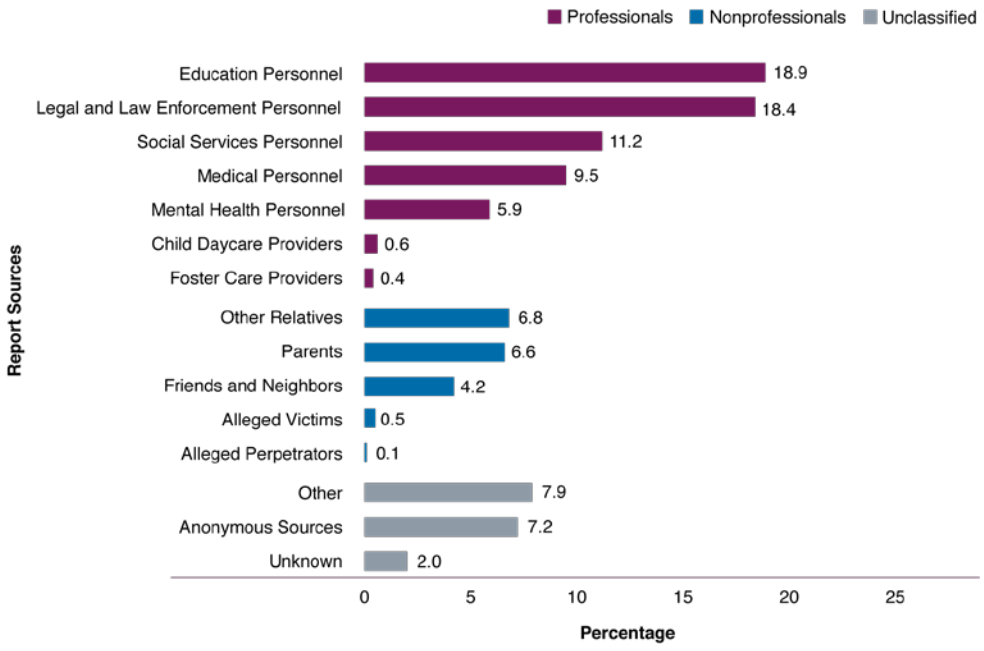
A report source is defined as the role of the person who notified a CPS agency of the alleged child abuse and neglect in a referral. Only those sources in reports (screened-in referrals) that received an investigation or alternative response are submitted to NCANDS. To facilitate comparisons, report 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 (these are known as mandated reporters). 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 category might include such sources as religious leader, Temporary Assistance for Needy Families staff, landlord, tribal official or member, camp counselor, and private agency staff. Readers are encouraged to review appendix D for additional information as to what is included in the category of "other" report source.

For FFY 2016, professionals submitted 64.9 percent of reports. The highest percentages of reports came from education personnel (18.9%), legal and law enforcement personnel (18.4%), and social services personnel (11.2%). (See exhibit 2–C and related notes.) Nonprofessionals submitted approximately one-fifth of reports (18.1%) and included other relatives (6.8%), parents (6.6%), and friends and neighbors (4.2%). Unclassified sources submitted the remaining reports (17.0%).

Exhibit 2–C Report Sources, 2016

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



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

CPS Response Time

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

Based on data from 39 states, the FFY 2016 average response time was 72 hours or 3.0 days; the median response time was 64 hours or 2.7 days. (See table 2–2 and related notes, see appendix D for more information about state reporting.) 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. In addition, some states made improvements to state systems that enabled a more accurate calculation of response time.

CPS Workforce and Caseload

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

For FFY 2016, 40 states reported a total workforce of 32,710. Thirty-six states reported 2,836 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 2–3 and related notes.)

Using the data from the same 36 states that reported on workers with specialized functions, investigation and alternative response workers completed an average of 72 CPS responses per worker for FFY 2016. As CPS agencies realign their workforce to improve the multiple types of CPS responses they provide, the methodologies for estimating caseloads may become more complex. (See table 2–4 and related notes.)

Exhibit and Table Notes

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

General

- During data analyses, thresholds are set to ensure data quality is balanced with the need to report data from as many states as possible. States may be excluded from an analysis for data quality issues. Exclusion rules are listed in the table notes below.
- 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.
- National totals and calculations appear in a single row labeled National instead of separate rows labeled total, rate, or percent.
- The row labeled Reporting States displays the count of states that provided data for that analysis.

Table 2–1 Screened-In and Screened-Out Referrals, 2016

- Screened-out referral data are from the Agency File, and screened-in referral data are from the Child File.
- This table includes screened-in referral data from all states and screened-out referral data from 45 reporting states.
- The national referral rate was based on the number of total referrals divided by the child population (see table C–2) of states that reported both screened-in and screened-out referrals. The result was multiplied by 1,000.
- The national estimate of total referrals was 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 (see next bullet) by the number of estimated referrals (see exhibit 2–A). The result was rounded to the nearest 1,000.
- For FFY 2016, the average number of children included in a referral was 1.80. 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 Average Response Time in Hours, 2012–2016

- Data are from the Agency File.
- The national average response time was calculated by summing the response times from the states and dividing the total by the number of states reporting. The result was rounded to the nearest whole number.
- The national median was calculated by sorting the values and finding the middle point.

Table 2–3 Child Protective Services Workforce, 2016

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

Table 2–4 Child Protective Services Caseload, 2016

- 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 reporting states, divided by the total number of investigation and alternative response workers, and rounded to the nearest whole number.
- States were excluded if the worker data was not submitted as full-time equivalent.
- States were excluded if they were not able to report intake and screening workers separately from all workers.

Table 2–1 Screened-in and Screened-out Referrals, 2016

State	Screened-in Referrals (Reports)	Screened-out Referrals	Total Referrals	Screened-in Referrals (Reports) Percent	Screened-out Referrals Percent	Total Referrals Rate per 1,000 Children
Alabama	26,036	492	26,528	98.1	1.9	24.2
Alaska	8,385	7,737	16,122	52.0	48.0	86.1
Arizona	54,530	21,451	75,981	71.8	28.2	46.6
Arkansas	34,586	19,989	54,575	63.4	36.6	77.4
California	236,469	156,285	392,754	60.2	39.8	43.2
Colorado	33,306	56,539	89,845	37.1	62.9	71.2
Connecticut	17,935	22,252	40,187	44.6	55.4	53.3
Delaware	6,971	12,728	19,699	35.4	64.6	96.4
District of Columbia	6,356	8,300	14,656	43.4	56.6	121.2
Florida	166,465	58,708	225,173	73.9	26.1	54.3
Georgia	87,652	27,659	115,311	76.0	24.0	45.9
Hawaii	2,082	3,204	5,286	39.4	60.6	17.2
Idaho	8,416	12,789	21,205	39.7	60.3	48.5
Illinois	78,963	-	78,963	-	-	-
Indiana	112,563	57,952	170,515	66.0	34.0	108.2
Iowa	24,923	24,143	49,066	50.8	49.2	67.1
Kansas	23,760	14,234	37,994	62.5	37.5	53.1
Kentucky	51,879	51,111	102,990	50.4	49.6	101.9
Louisiana	23,796	22,810	46,606	51.1	48.9	41.8
Maine	8,392	7,618	16,010	52.4	47.6	62.9
Maryland	21,152	28,767	49,919	42.4	57.6	37.0
Massachusetts	48,126	34,725	82,851	58.1	41.9	60.1
Michigan	91,830	58,230	150,060	61.2	38.8	68.5
Minnesota	31,060	55,268	86,328	36.0	64.0	67.0
Mississippi	26,651	4,562	31,213	85.4	14.6	43.3
Missouri	69,293	19,838	89,131	77.7	22.3	64.3
Montana	9,555	7,756	17,311	55.2	44.8	76.1
Nebraska	11,806	20,799	32,605	36.2	63.8	68.9
Nevada	15,592	18,006	33,598	46.4	53.6	49.6
New Hampshire	11,361	5,461	16,822	67.5	32.5	64.6
New Jersey	56,014	-	56,014	-	-	-
New Mexico	18,510	18,453	36,963	50.1	49.9	75.3
New York	159,401	-	159,401	-	-	-
North Carolina	67,953	-	67,953	-	-	-
North Dakota	3,986	-	3,986	-	-	-
Ohio	80,762	96,606	177,368	45.5	54.5	67.9
Oklahoma	34,625	46,246	80,871	42.8	57.2	84.1
Oregon	40,818	38,471	79,289	51.5	48.5	91.3
Pennsylvania	43,264	-	43,264	-	-	-
Puerto Rico	-	-	-	-	-	-
Rhode Island	5,891	7,762	13,653	43.1	56.9	65.5
South Carolina	34,681	9,515	44,196	78.5	21.5	40.3
South Dakota	2,504	13,521	16,025	15.6	84.4	75.1
Tennessee	75,018	47,733	122,751	61.1	38.9	81.7
Texas	186,024	51,509	237,533	78.3	21.7	32.6
Utah	20,250	17,987	38,237	53.0	47.0	41.5
Vermont	4,194	15,276	19,470	21.5	78.5	164.3
Virginia	33,661	41,759	75,420	44.6	55.4	40.3
Washington	35,327	58,302	93,629	37.7	62.3	57.5
West Virginia	24,096	16,095	40,191	60.0	40.0	107.2
Wisconsin	26,991	51,407	78,398	34.4	65.6	60.9
Wyoming	2,916	3,998	6,914	42.2	57.8	49.8
National	**2,306,777**	**1,374,053**	**3,680,830**	**-**	**-**	**-**
Reporting States	**51**	**45**	**51**	**-**	**-**	**-**
National for states reporting both screened-in and screened-out referrals	**1,897,196**	**1,374,053**	**3,271,249**	**58.0**	**42.0**	**55.1**
Reporting states for reporting both screened-in and screened-out referrals	**45**	**45**	**45**	**-**	**-**	**-**

Table 2–2 Average Response Time in Hours, 2012–2016

State	2012	2013	2014	2015	2016
Alabama	42	48	47	13	64
Alaska	-	241	321	348	-
Arizona	-	-	-	-	-
Arkansas	120	114	115	98	113
California	-	143	144	142	139
Colorado	-	15	-	-	-
Connecticut	25	26	40	44	44
Delaware	158	167	190	210	231
District of Columbia	16	17	20	19	22
Florida	9	10	10	10	10
Georgia	-	-	-	-	-
Hawaii	169	115	113	113	154
Idaho	62	60	62	61	56
Illinois	17	-	-	-	-
Indiana	69	85	109	103	96
Iowa	39	41	47	48	54
Kansas	76	61	76	76	67
Kentucky	48	54	83	85	75
Louisiana	118	70	77	59	73
Maine	72	72	72	72	72
Maryland	51	67	-	-	-
Massachusetts	-	-	-	-	-
Michigan	-	-	-	41	41
Minnesota	38	55	135	124	108
Mississippi	233	52	41	66	51
Missouri	22	25	24	-	42
Montana	-	-	-	172	125
Nebraska	172	-	103	115	126
Nevada	15	13	16	17	19
New Hampshire	-	-	87	88	104
New Jersey	18	17	18	17	17
New Mexico	-	79	88	76	68
New York	-	-	-	10	11
North Carolina	-	-	-	-	-
North Dakota	-	-	-	-	-
Ohio	11	25	22	31	24
Oklahoma	77	62	53	48	51
Oregon	97	-	-	123	133
Pennsylvania	-	-	-	-	-
Puerto Rico	-	-	-	-	-
Rhode Island	19	13	20	14	20
South Carolina	68	20	24	30	29
South Dakota	105	74	76	78	73
Tennessee		141	134	93	52
Texas	65	63	63	63	63
Utah	81	82	81	83	86
Vermont	96	96	88	103	107
Virginia	-	-	-	-	-
Washington	44	45	42	50	40
West Virginia	-	-	27	71	-
Wisconsin	106	108	127	113	119
Wyoming	24	24	24	24	24
National Average	**70**	**67**	**76**	**79**	**72**
National Median	**63**	**61**	**72**	**71**	**64**
Reporting States	**34**	**36**	**37**	**40**	**39**

Table 2–3 Child Protective Services Workforce, 2016

State	Intake and Screening Workers	Investigation and Alternative Response Workers	Intake, Screening, Investigation, and Alternative Response Workers
Alabama	85	481	566
Alaska	20	54	74
Arizona	76	483	559
Arkansas	38	478	516
California	-	-	4,953
Colorado	-	-	-
Connecticut	48	252	300
Delaware	37	97	134
District of Columbia	40	122	162
Florida	-	-	-
Georgia	-	-	-
Hawaii	7	43	50
Idaho	12	199	211
Illinois	115	955	1,070
Indiana	107	782	889
Iowa	29	214	243
Kansas	62	222	284
Kentucky	87	1,136	1,223
Louisiana	47	205	252
Maine	30	115	145
Maryland	-	-	-
Massachusetts	143	403	546
Michigan	139	1,368	1,507
Minnesota	229	476	705
Mississippi	47	647	694
Missouri	99	497	596
Montana	18	170	188
Nebraska	-	-	-
Nevada	55	182	237
New Hampshire	10	60	70
New Jersey	127	1,197	1,324
New Mexico	46	203	249
New York	-	-	-
North Carolina	-	-	-
North Dakota	-	-	-
Ohio	-	-	3,675
Oklahoma	63	679	742
Oregon	120	375	495
Pennsylvania	-	-	2,887
Puerto Rico	-	-	-
Rhode Island	31	41	72
South Carolina	-	-	-
South Dakota	33	46	79
Tennessee	67	994	1,061
Texas	526	3,651	4,177
Utah	-	-	-
Vermont	33	67	100
Virginia	87	543	630
Washington	86	495	581
West Virginia	37	267	304
Wisconsin	-	-	-
Wyoming	-	-	160
National	**2,836**	**18,199**	**32,710**
Reporting States	**36**	**36**	**40**

Table 2–4 Child Protective Services Caseload, 2016

State	Investigation and Alternative Response Workers	Completed Reports (Reports with a Disposition)	Completed Reports per Investigation and Alternative Response Worker
Alabama	481	26,036	54
Alaska	54	8,385	155
Arizona	483	54,530	113
Arkansas	478	34,586	72
California	-	-	-
Colorado	-	-	-
Connecticut	252	17,935	71
Delaware	97	6,971	72
District of Columbia	122	6,356	52
Florida	-	-	-
Georgia	-	-	-
Hawaii	43	2,082	48
Idaho	199	8,416	42
Illinois	955	78,963	83
Indiana	782	112,563	144
Iowa	214	24,923	116
Kansas	222	23,760	107
Kentucky	1,136	51,879	46
Louisiana	205	23,796	116
Maine	115	8,392	73
Maryland	-	-	-
Massachusetts	403	48,126	119
Michigan	1,368	91,830	67
Minnesota	476	31,060	65
Mississippi	647	26,651	41
Missouri	497	69,293	139
Montana	170	9,555	56
Nebraska	-	-	-
Nevada	182	15,592	86
New Hampshire	60	11,361	189
New Jersey	1,197	56,014	47
New Mexico	203	18,510	91
New York	-	-	-
North Carolina	-	-	-
North Dakota	-	-	-
Ohio	-	-	-
Oklahoma	679	34,625	51
Oregon	375	40,818	109
Pennsylvania	-	-	-
Puerto Rico	-	-	-
Rhode Island	41	5,891	144
South Carolina	-	-	-
South Dakota	46	2,504	54
Tennessee	994	75,018	75
Texas	3,651	186,024	51
Utah	-	-	-
Vermont	67	4,194	63
Virginia	543	33,661	62
Washington	495	35,327	71
West Virginia	267	24,096	90
Wisconsin	-	-	-
Wyoming	-	-	-
National	**18,199**	**1,309,723**	**72**
Reporting States	**36**	**36**	**-**

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), (P.L. 100-294) defines child abuse and neglect as, at a minimum:

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

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

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

- Substantiated: An investigation disposition that concludes the allegation of maltreatment or risk of maltreatment 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 NCANDS 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 disposition is applicable only to states that distinguish between substantiated and indicated dispositions.
- Intentionally false: A disposition that concludes the person who made the allegation of maltreatment knew that the allegation was not true.
- Closed with no finding: A disposition that does not conclude with a specific finding because the CPS response could not be completed. This disposition is often assigned when CPS is unable to locate the alleged victim.

- No alleged maltreatment: A disposition for a child who 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.
- Other: States may use the category of "other" if none of the above is applicable.

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

Alternative Response

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

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

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

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 alternative response research documents, reports from the National Quality Improvement Center on Differential Response (QIC-DR), and examples of state alternative response programs on its website at https://www.childwelfare.gov/topics/responding/alternative.

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—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.

For federal fiscal year (FFY) 2016, 51 states submitted unique counts of children. Unique counts were used for most analyses in this chapter. Please refer to the table notes for specifics on counts.

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

For FFY 2016, an estimated 3.5 million children received either an investigation or alternative response at a rate of 46.7 children per 1,000 in the population. The number of children who received a CPS response increased by 9.5 percent from 2012 to 2016. (See exhibit 3–A, table 3–1, and related notes.) Several states provided an explanation for the increase. (See appendix D.) Those explanations include legislative changes to maltreatment definitions and mandatory reporting processes, the implementation of new intake (hotlines or call centers), and reducing a backlog of or more timely completion of investigations and assessments.

Exhibit 3–A Child Disposition Rates, 2012–2016

Year	Reporting States	Child Population of Reporting States	Reported Children Who Received an Investigation or Alternative Response	National Disposition Rate per 1,000 Children	Child Population of all 52 States	National Estimate/ Rounded Number of Children Who Received an Investigation or Alternative Response
2012	52	74,542,811	3,171,619	42.5	74,542,811	3,172,000
2013	52	74,383,731	3,183,535	42.8	74,383,731	3,184,000
2014	52	74,346,098	3,260,542	43.9	74,346,098	3,261,000
2015	52	74,349,174	3,359,555	45.2	74,349,174	3,360,000
2016	51	73,642,285	3,441,977	46.7	74,338,157	3,472,000

The number of children is a unique count. 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.

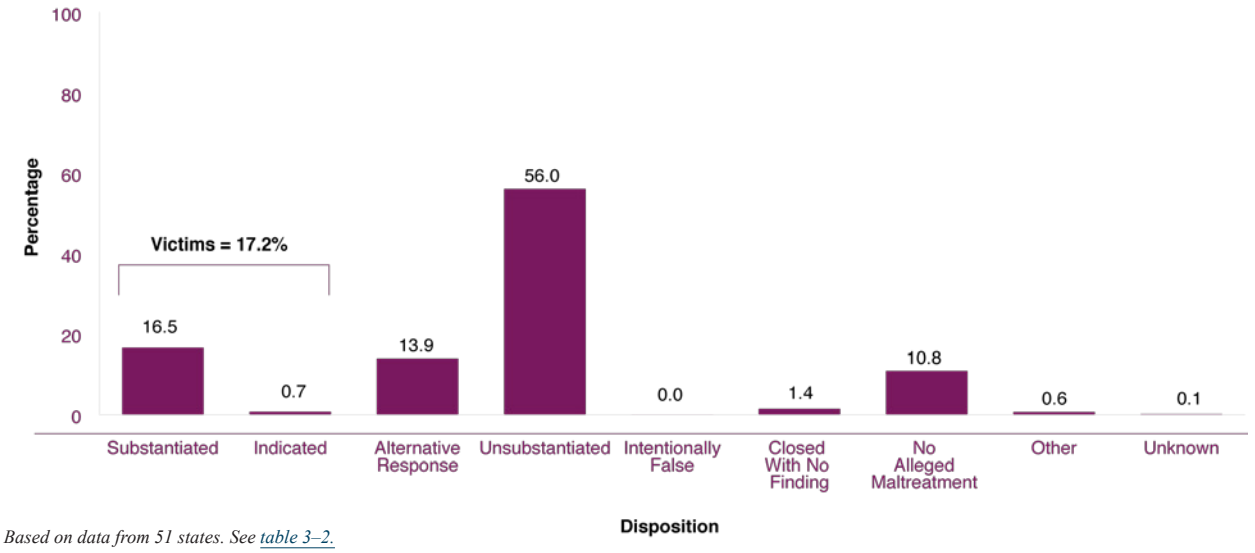
If fewer than 52 states reported data in a given year, the national estimate of children who received an investigation or alternative response was calculated by multiplying the national disposition rate by the child population of all 52 states and dividing by 1,000. The result was rounded to the nearest 1,000. If 52 states reported data in a given year, the number of estimated/rounded 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/rounded number could have fewer children than the actual reported number of children. The percent change was calculated using the national estimate/rounded number for FFY 2012 and FFY 2016. The percent change was calculated by subtracting 2012 data from 2016 data, dividing the result by 2012 data, and multiplying by 100.

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

For FFY 2016, approximately 4.2 million children (duplicate count) were the subjects of reports (screened-in referrals). A child may be a victim in one report and a nonvictim in another report, and in this analysis, the child would be counted both times. A total of 17.2 percent of children were classified as victims with dispositions of substantiated (16.5%) and indicated (0.7%). The remaining children were nonvictims (82.8%). (See table 3–2, exhibit 3–B, and related notes.)

Exhibit 3–B Children Who Received an Investigation or Alternative Response by Disposition, 2016

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



Based on data from 51 states. See table 3–2.

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. This includes a child who died of child abuse and neglect. Prior to FFY 2015, children with alternative response victim dispositions were included in the victim count. To ensure analyses are comparable across years, the new victim definition was used for trend analyses for FFY 2012 through FFY 2016.

For FFY 2016, there were an estimated 676,000 victims of abuse and neglect. This equates to a national rate of 9.1 victims per 1,000 children in the population. The FFY 2016 national number of victims is 3.0 percent higher than the FFY 2012 national rounded number of 656,000. The percent change was calculated using the national estimate/rounded number for FFY 2012 and FFY 2016. (See exhibit 3–C and related notes.)

At the state level, the percent change of victims of abuse and neglect ranged from a 46.5 percent decrease to a 135.3 percent increase from FFY 2012 to 2016. Several states provided an explanation for the change across years in the number of victims (see appendix D). Explanations include policy and practice changes, such as an increase in staff training and improved intake centers, and community changes, such as awareness campaigns. Several states also noted increases due to drug use, which is discussed more in the risk factor section of this chapter. Please note an explanation for a change may be in a previous year's state commentary. (See table 3–3 and related notes.) During FFY 2012–2016, there

was not much fluctuation in the national rates of victims who did not have a prior history of victimization (known as first-time victims). The rates decreased from 6.6 per 1,000 children during 2012 to 6.5 per 1,000 children during 2016. (See table 3–4 and related notes.)

Exhibit 3–C Child Victimization Rates, 2012–2016

Year	Reporting States	Child Population of Reporting States	Victims from Reporting States	National Victimization Rate per 1,000 Children	Child Population of all 52 States	National Estimate/ Rounded Number of Victims
2012	52	74,542,811	656,372	8.8	74,542,811	656,000
2013	52	74,383,731	656,361	8.8	74,383,731	656,000
2014	52	74,346,098	675,437	9.1	74,346,098	675,000
2015	52	74,349,174	683,261	9.2	74,349,174	683,000
2016	51	73,642,285	671,622	9.1	74,338,157	676,000

The number of victims is a unique count. 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/rounded number 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 rounded 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/rounded number could have fewer victims than the actual reported number of victims.

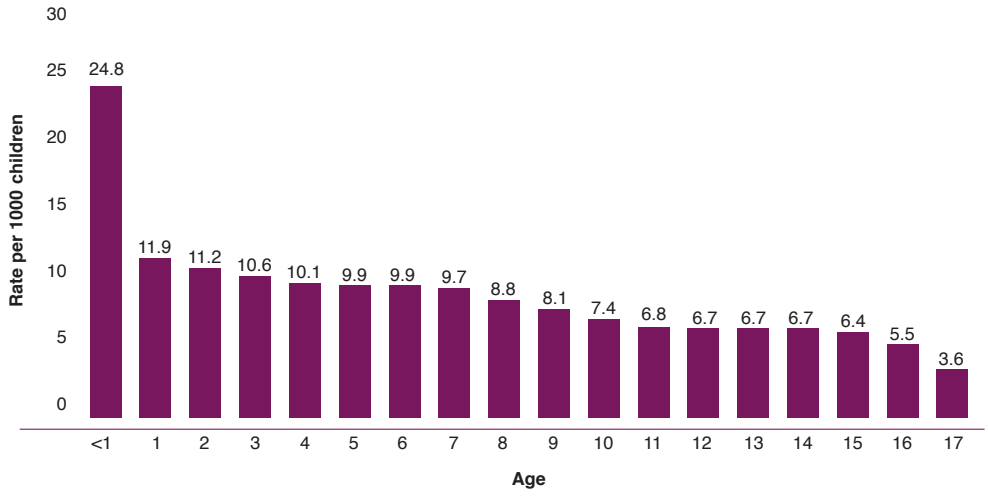
Child Victim Demographics (unique count of child victims)

The youngest children are the most vulnerable to maltreatment. In FFY 2016, 51 states reported that more than one-quarter (28.5%) of victims were younger than 3 years. The victimization rate was highest for children younger than 1 year (24.8 per 1,000 children in the population of the same age). Victims who were 1, 2, or 3 years old had victimization rates of 11.9, 11.2, and 10.6 victims per 1,000 children of those respective ages in the population. Readers may notice some states have lower rates across age groups than do other states. The states with lower rates may assign low-risk cases to alternative response or have other state policies or programs in place for maltreatment allegations. In general, the rate of victimization decreased with the child's age. (See table 3–5, exhibit 3–D, and related notes.)

The percentages of child victims were similar for both boys (48.6%) and girls (51.0%). The sex was unknown for 0.4 percent of victims. The FFY 2016 victimization rate for girls was higher at 9.5 per

Exhibit 3–D Victims by Age, 2016

The youngest children were the most vulnerable to maltreatment



Based on data from 51 states. See table 3–5.

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.)

Most victims were of three races or ethnicities—White (44.9%), Hispanic (22.0%), and African-American (20.7%). The racial distributions for all children in the population are 51.1 percent White, 13.8 percent African-American, and 24.9 percent Hispanic. (See table C–3.) For FFY 2016, American-Indian or Alaska Native children had the highest rate of victimization at 14.2 per 1,000 children in the population of the same race or ethnicity; and African-American children had the second highest rate at 13.9 per 1,000 children. (See table 3–7 and related notes.) The FFY 2016 data show a reduction in the African-American rate per 1,000 children and an increase in the American Indian or Alaska Native rate per 1,000 children when compared with the FFY 2015 rates. The 2016 table includes improved reporting from three states that were not able to pass data quality checks for FFY 2015 race and ethnicity data.

Maltreatment Types

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

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

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

Three-quarters (74.8%) of victims were neglected, 18.2 percent were physically abused, and 8.5 percent were sexually abused. In addition, 6.9 percent of victims experienced such "other" types of maltreatment as threatened abuse or neglect, drug/alcohol addiction, and lack of supervision. States may code any maltreatment as "other" if it does not fit in one of the NCANDS categories. (See table 3–8 and related notes.) A few states have specific policies about conducting investigations into specific maltreatment types. Readers are encouraged to review states' comments (appendix D) about what is included in the "other" maltreatment type category and for additional information on state policies related to maltreatment types.

Polyvictimization in child welfare refers to children who experienced multiple types of maltreatment. In FFY 2016, 86.0 percent of victims suffered a single type of maltreatment, although they could suffer that single type multiple times. The remaining victims (14.0%) experienced a combination of maltreatments. A child is considered to have suffered a combination of maltreatments if:

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

The most common combination was neglect and physical abuse (5.2%). The other common combinations included neglect and "other"/unknown at 3.5 percent, neglect and psychological maltreatment at 1.9 percent, and neglect and sexual abuse at 1.4 percent. (See table 3–9 and related notes.)

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

Risk Factors (unique count of children)

Risk factors are characteristics of a child or caregiver that may increase the likelihood of child maltreatment.[1] NCANDS collects data for nine child risk factors and 12 caregiver risk factors. Risk factors can be difficult to accurately assess and measure, and therefore may go undetected among many children and caregivers. In addition, some risk factors must be clinically diagnosed, which may not occur during the investigation or alternative response. If the case is closed prior to the diagnosis, the CPS agency may not be notified and the information will not be reported to NCANDS. Caregivers with these risk factors may or may not have been the perpetrators responsible for the maltreatment.

For FFY 2016, data were analyzed for four caregiver risk factors with the following NCANDS definitions:

- Alcohol abuse (caregiver)—The compulsive use of alcohol that is not of a temporary nature.
- Drug abuse (caregiver)—The compulsive use of drugs that is not of a temporary nature.
- Financial problem (caregiver)–A risk factor related to the family's inability to provide sufficient financial resources to meet minimum needs.
- Inadequate housing (caregiver)–A risk factor related to substandard, overcrowded, or unsafe housing conditions, including homelessness.

Three years of data for victims with the alcohol abuse caregiver risk factor were analyzed. This is a change from prior analyses that examined a single year of victim and nonvictim data. From 2014 to 2016, there was an overall increase in the number of victims reported with the alcohol abuse caregiver risk factor, which is due to better reporting. For example, several states indicated in their commentary (appendix D) that improvements in child welfare agency systems and extract programs were made to more accurately capture and report risk factor data to NCANDS. The percentages of victims with the alcohol abuse caregiver risk factor fluctuated from 11.7 in 2014 to 10.7 in 2015 and 11.5 in 2016. The fluctuation is partly due to the change in the number of states reporting each year. Several states also had an increase in the number of victims without the alcohol abuse caregiver risk factor. (See table 3–10 and related notes.)

Three years of data also were analyzed for victims with the drug abuse caregiver risk factor. This is a change from prior analyses that examined a single year of victim and nonvictim data. The number and percentage of victims reported with the drug abuse caregiver risk factor increased (27.1% to 28.5%) from 2014 to 2016. States attributed the increase to a larger number of reports citing caregiver drug abuse and system improvements that led to better reporting. (See table 3–11 and related notes.)

Researchers have linked financial insecurity and housing insecurity to increased child welfare agency involvement. The association between income and child maltreatment also is supported by research.[2] Thirty states reported 15.5 percent of victims with the financial problem caregiver risk factor. Percentages ranged from a low of 2.2 to a high of 51.9. (See table 3–12 and related notes.) The link between inadequate housing and child maltreatment is less clear, but there is an association between inadequate housing and an increase in services received.[3] In 34 reporting states, 10.0 percent of victims had a caregiver who lived in inadequate housing. The percentages ranged from a low of 2.2 to a high of 33.9. (See table 3–13 and related notes.)

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

[3] *Font, S. A., and Warren, E. J, Children and Youth Services Review. Inadequate housing and the child protection system response 35(11):1809-1815. DOI: 10.1016/j.childyouth.2013.08.012*

Special Focus on Victims With Alcohol and Drug Abuse Risk Factors

This section includes targeted analyses on child maltreatment victims younger than 1 year with drug and alcohol abuse child risk factors. Data were analyzed for 5 years; this is a change from prior analyses that examined a single year of victim data. According to the American Academy of Pediatrics (AAP), children born with fetal alcohol syndrome may develop learning and behavior problems, including hyperactivity, poor concentration, and memory problems.[4] The National Institute on Drug Abuse of the National Institutes of Health conducted a study on neonatal abstinence syndrome and determined babies suffering from opiate withdrawal were more likely to have low birthweight and respiratory complications.[5] Over the years, ammendments to CAPTA have changed and added to the state requirements related substance use. As noted in the program instruction released by the Children's Bureau:[6]

> Since 2003, CAPTA has included a state plan requirement that the Governor of each state provide an assurance that the state has policies and procedures to address the needs of substance-exposed infants, including requirements to make appropriate referrals to CPS and other appropriate services, and a requirement to develop a plan of safe care for the affected infants. As originally incorporated in CAPTA, the provisions required states to have policies and procedures relating to "infants born and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure." In 2010, the provision was amended by Congress to also include infants affected by Fetal Alcohol Spectrum Disorder.
>
> In 2016, the Comprehensive Addiction and Recovery Act (CARA) was enacted which, among other provisions, amended CAPTA to remove the term "illegal" as applied to substance abuse affecting infants and to specifically require that plans of safe care address the needs of both infants and their families or caretakers. CARA also added requirements relating to data collection and monitoring. States will now need to report, to the maximum extent practicable:
> - the number of infants identified under subsection 106(b)(2)(B)(ii)
> - the number of such infants for whom a plan of safe care was developed
> - the number of such infants for whom a referral was made for appropriate services, including services for the affected family or caregiver.
>
> The Children's Bureau (CB) intends to collect this information through the National Child Abuse and Neglect Data System (NCANDS) beginning with the submission of fiscal year (FY) 2018 data.

NCANDS uses the following child risk factor definitions:

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

[4] *American Academy of Pediatrics https://www.aap.org/en-us/about-the-aap/aap-press-room/aap-press-room-media-center/Pages/Fetal-Alcohol.aspx. https://www.healthychildren.org/English/health-issues/conditions/chronic/Pages/Fetal-Alcohol-Spectrum-Disorders.aspx*

[5] *National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services. https://www.drugabuse.gov/related-topics/trends-statistics/infographics/dramatic-increases-in-maternal-opioid-use-neonatal-abstinence-syndrome retrieved May 2, 2016.*

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

Alcohol Abuse Child Risk Factor

For all victims younger than 1 year, percentages of victims with the risk factor increased from 3.1 in 2012 to 4.8 in 2016. The rates per 1,000 victims of the same age increased from 0.7 to 1.2, respectively. Analyzing the age of victim data by month for each of the 5 years show that of the victims reported with the alcohol abuse child risk factor during their first year, between 84.8 to 87.8 percent of victims were reported during their first month of life. Of the victims reported with the alcohol abuse child risk factor, victims younger than 1 month were reported with the highest percentages ranging from 5.4 to 8.0. The total number of victims increased 1.2 times from 2012 to 2016 in the states able to report victims with the alcohol abuse child risk factor while the number of victims reported with the alcohol child risk factor increased nearly 2.0 times (1.9) from 2012 to 2016. (See table 3–14 and related notes.)

Drug Abuse Child Risk Factor

For all victims younger than 1 year, percentages of victims with the risk factor increased from 12.3 percent in 2012 to 15.2 percent in 2016. The rates per 1,000 victims of the same age increased from 2.6 to 3.9, respectively. Analyzing the age of victim data by month for each of the 5 years shows that for the victims reported with the drug abuse child risk factor during their first year, between 86.5 to 90.6 percent of victims were reported during their first month of life. Of the victims reported with the drug abuse child risk factor, victims younger than 1 month were reported with the highest percentages ranging from 19.2 to 25.0. The total number of victims increased 1.4 times from 2012 to 2016 in the states able to report victims with the drug abuse child risk factor, while the number of victims reported with the drug child risk factor increased more than 1.7 times from 2012 to 2016. (See table 3–15 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). This analysis counts every combination of relationships for each victim in each report and, therefore, the percentages total more than 100.0 percent. For FFY 2016, 91.4 percent of victims were maltreated by one or both parents. The parent(s) could have acted together, acted alone, or acted with up to two other people to maltreat the child. Approximately 70.0 percent of victims were maltreated by a mother, either acting alone (40.3%) or with a father and/or nonparent (28.4%). More than 13.0 percent (13.4%) of victims were maltreated by a perpetrator who was not the child's parent. The largest categories in the nonparent group were male relative, male partner of parent, and "other." (See table 3–16 and related notes.) The NCANDS category of "other" perpetrator relationship includes any relationship that does not map to one of the NCANDS relationship categories. According to states' commentary (appendix D), this category includes nonrelated adult, nonrelated child, foster sibling, babysitter, household staff, clergy, and school personnel.

Exhibit and Table Notes

The following pages contain the data tables referenced in Chapter 3. Specific information about state submissions can be found in appendix D. Additional information regarding the exhibits and tables is provided below.

General

- During data analyses, thresholds are set to ensure data quality is balanced with the need to report data from as many states as possible. States may be excluded from an analysis for data quality issues. Exclusion rules are listed in the table notes below.
- The data for all tables are from the Child File unless otherwise noted. Rates are per 1,000 children in the population.
- The count of victims includes children with dispositions of substantiated or indicated. Children with dispositions of alternative response victims are not included in the victim count.
- NCANDS uses the child population estimates that are released annually by the U.S. Census Bureau. These population estimates are provided in appendix C.
- The row labeled Reporting States displays the count of states that provided data for that analysis.
- 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. These children may have received an alternative response, an investigation, or both.
- National totals and calculations appear in a single row labeled National instead of separate rows labeled total, rate, or percent.

Table 3–1 Children Who Received an Investigation or Alternative Response, 2012–2016

- The number of children is a unique count.
- The percent change was calculated by subtracting 2012 data from 2016 data, dividing the result by 2012 data, and multiplying by 100. A state must have reported data for both 2012 and 2016 to have a percent change calculated.
- The rates were calculated by dividing the number of children who received a CPS response by the child population and multiplying by 1,000.

Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2016

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

Table 3–3 Child Victims, 2012–2016

- The number of victims is a unique count.
- The percent change was calculated by subtracting 2012 data from 2016 data, dividing the result by 2012 data, and multiplying by 100. A state must have reported data for both 2012 and 2016 to have a percent change calculated.
- The rates were calculated by dividing the number of victims by the child population and multiplying by 1,000.

Table 3–4 First-Time Victims, 2012–2016

- States with 95.0 percent or more first-time victims were excluded from this analysis.

Table 3–5 Victims by Age, 2016

- The number of victims is a unique count.
- 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.

Table 3–6 Victims by Sex, 2016

- The number of victims is a unique count.
- Rates were calculated 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.

Table 3–7 Victims by Race and Ethnicity, 2016

- The number of victims is a unique count.
- Counts associated with each racial group are exclusive and do not include Hispanic ethnicity.
- Rates were calculated 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 more than 25.0 percent of victims were reported without a race or ethnicity.

Table 3–8 Maltreatment Types of Victims, 2016

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

Table 3–9 Maltreatment Type Combinations, 2016

- Combinations are for unique children within and across unique records. This means a child with the same ID and a report that included only neglect and a separate report that included only physical abuse is counted in the combined Neglect and Physical Abuse category.
- Categories are based on up to four maltreatment type combinations.
- Neglect includes medical neglect.
- The categories are mutually exclusive.
- The category Remaining Combinations includes: Sexual Abuse and "Other"/Unknown; Psychological Maltreatment and "Other"/Unknown; Neglect, Sexual Abuse, and Psychological Maltreatment; Sexual Abuse, Physical Abuse, and Psychological Maltreatment; and all four maltreatment type categories plus "other"/unknown.

Table 3–10 Victims With an Alcohol Abuse Caregiver Risk Factor, 2014–2016

- A victim is counted only once if there is more than one report in which this victim was reported with this caregiver risk factor. The counts on this table are exclusive and follow a hierarchy rule. If a victim was reported both with and without the caregiver risk factor, the victim is counted once with the caregiver risk factor.

- States were excluded from this analysis if fewer than 2.0 percent of victims were reported with this caregiver risk factor.
- States were excluded from this analysis if they were not able to differentiate between alcohol abuse and drug abuse caregiver risk factors and reported both risk factors for the same children in both caregiver risk factor categories.
- This table was changed to the 3-year trend for *Child Maltreatment 2016*.

Table 3–11 Victims With a Drug Abuse Caregiver Risk Factor, 2014–2016

- A victim is counted only once if there is more than one report in which this victim was reported with this caregiver risk factor. The counts on this table are exclusive and follow a hierarchy rule. If a victim was reported both with and without the caregiver risk factor, the victim is counted once with the caregiver risk factor.
- States were excluded from this analysis if fewer than 2.0 percent of the victims or nonvictims were reported with this caregiver risk factor.
- States were excluded from this analysis if they were not able to differentiate between alcohol abuse and drug abuse caregiver risk factors and reported both risk factors for the same children in both caregiver risk factor categories.
- This table was changed to a 3-year trend for *Child Maltreatment 2016*.

Table 3–12 Victims With Financial Problem Caregiver Risk Factor, 2016

- A victim is counted only once if there is more than one report in which this victim was reported with this caregiver risk factor. The counts on this table are exclusive and follow a hierarchy rule. If a victim was reported both with and without the caregiver risk factor, the victim is counted once with the caregiver risk factor.
- States were excluded from this analysis if fewer than 2.0 percent of the victims were reported with this caregiver risk factor.

Table 3–13 Victims With Inadequate Housing Caregiver Risk Factor, 2016

- A victim is counted only once if there is more than one report in which this victim was reported with this caregiver risk factor. The counts on this table are exclusive and follow a hierarchy rule. If a victim was reported both with and without the caregiver risk factor, the victim is counted once with the caregiver risk factor.
- States were excluded from this analysis if fewer than 2.0 percent of the victims were reported with this caregiver risk factor.

Table 3–14 Victims <1–11 Months With an Alcohol Abuse Child Risk Factor, 2012–2016

- A victim is counted only once if there is more than one report in which this victim was reported with this child risk factor. The counts on this table are exclusive and follow a hierarchy rule. If a victim was reported both with and without the child risk factor, the victim is counted once with the child risk factor.
- The number of victims is a unique count.
- States were excluded from this analysis if fewer than 0.2 percent of victims were reported with this risk factor.
- States were excluded from this analysis if more than 5.0 percent of victims were missing a date of birth.
- States were excluded from this analysis if they were not able to differentiate between alcohol abuse and drug abuse child risk factors and reported both risk factors for the same children in both child risk factor categories.

- Victims in the categories of unborn or unknown age were not included in this analysis as there are no associated population and rates cannot be calculated.
- Many victims with Fetal Alcohol Syndrome are not diagnosed until after birth, even if the ingestion of alcohol by the mother occurred before the child was born.

Table 3–15 Victims <1–11 Months With a Drug Abuse Child Risk Factor, 2012–2016

- A victim is counted only once if there is more than one report in which this victim was reported with this child risk factor. The counts on this table are exclusive and follow a hierarchy rule. If a victim was reported both with and without the child risk factor, the victim is counted once with the child risk factor.
- The number of victims is a unique count.
- States were excluded from this analysis if fewer than 0.2 percent of victims were reported with this risk factor.
- States were excluded from this analysis if more than 5.0 percent of victims were missing a date of birth.
- States were excluded from this analysis if they were not able to differentiate between alcohol abuse and drug abuse child risk factors and reported both risk factors for the same children in both child risk factor categories.
- Victims in the categories of unborn or unknown age were not included in this analysis as there are no associated population and rates cannot be calculated.
- Many victims with drug exposure are not diagnosed until after birth, even when the ingestion of drugs by the mother occurred before the child was born.

Table 3–16 Victims by Relationship to Their Perpetrators, 2016

- States were excluded from this analysis if more than 10.0 percent of perpetrators were reported without a relationship coded, if more than 50.0 percent of perpetrators were reported with an "other" or unknown relationship, or if the sex of perpetrators was not reported.
- The number of relationships is a duplicate count, and the number of victims is a unique count. Percentages are calculated against the unique count of victims and total to more than 100.0 percent.
- In NCANDS, a child victim may have up to three perpetrators. A few states' systems do not have the capability of collecting and reporting data for all three perpetrator fields. More information may be found in appendix D.
- Nonparent perpetrators counted in combination with parents (i.e., Mother and Nonparent(s); Father and Nonparent(s); or Mother, Father, and Nonparent) are not also counted in the individual categories listed under Nonparent.
- The relationship categories listed under Nonparent perpetrator include any perpetrator relationship that was not identified as an adoptive parent, a biological parent, or a stepparent.
- The Unknown relationship category includes victims with an unknown perpetrator.
- Some states were not able to collect and report on Group Home and Residential Facility Staff perpetrators due to system limitations or jurisdictional issues.

Table 3–1 Children Who Received an Investigation or Alternative Response, 2012–2016 *(continues next page)*

State	2012	2013	2014	2015	2016	Percent Change from 2012 to 2016
Alabama	28,385	27,861	29,342	30,647	36,776	29.6
Alaska	9,794	9,375	10,115	10,795	11,801	20.5
Arizona	64,332	75,722	73,141	76,581	93,488	45.3
Arkansas	62,129	61,025	57,886	58,072	58,685	-5.5
California	370,439	370,182	367,223	375,972	376,738	1.7
Colorado	41,284	39,725	38,159	38,376	42,441	2.8
Connecticut	30,709	23,604	24,818	21,750	22,128	-27.9
Delaware	14,807	13,293	13,262	13,994	13,861	-6.4
District of Columbia	13,812	12,685	11,062	11,867	12,855	-6.9
Florida	293,839	284,658	288,551	281,040	287,951	-2.0
Georgia	110,323	114,270	137,222	163,134	169,328	53.5
Hawaii	3,800	3,788	3,305	3,695	3,706	-2.5
Idaho	8,694	10,542	11,567	12,233	11,363	30.7
Illinois	120,818	121,972	124,569	125,098	140,480	16.3
Indiana	92,475	116,986	127,307	139,168	146,673	58.6
Iowa	29,441	29,124	28,348	28,970	30,544	3.7
Kansas	26,866	27,756	27,711	27,565	27,388	1.9
Kentucky	63,705	70,908	71,674	74,170	71,876	12.8
Louisiana	36,029	37,728	38,952	36,382	33,570	-6.8
Maine	11,204	12,295	13,286	12,641	11,613	3.7
Maryland	31,436	29,438	31,469	30,927	32,020	1.9
Massachusetts	62,257	62,878	77,300	75,688	79,152	27.1
Michigan	171,585	170,290	152,411	147,431	149,936	-12.6
Minnesota	23,635	25,742	26,395	30,481	38,816	64.2
Mississippi	32,829	30,194	31,504	34,069	38,538	17.4
Missouri	71,912	66,327	75,302	73,523	75,593	5.1
Montana	10,607	10,393	10,180	12,669	13,702	29.2
Nebraska	23,910	21,180	22,439	23,190	22,852	-4.4
Nevada	22,246	23,633	25,023	28,277	27,833	25.1
New Hampshire	11,450	11,064	11,636	11,266	13,935	21.7
New Jersey	76,164	75,794	75,460	74,546	73,889	-3.0
New Mexico	21,899	23,399	26,805	28,223	23,656	8.0
New York	217,663	205,424	200,748	206,453	209,331	-3.8
North Carolina	125,062	121,641	122,085	123,436	119,994	-4.1
North Dakota	6,172	6,170	6,397	6,437	6,647	7.7
Ohio	102,734	103,381	102,517	101,836	103,868	1.1
Oklahoma	45,539	51,952	56,084	57,141	53,724	18.0
Oregon	33,173	40,047	37,613	39,009	51,442	55.1
Pennsylvania	23,579	23,488	25,123	36,788	40,237	70.6
Puerto Rico	22,793	29,167	28,109	27,961	-	-
Rhode Island	8,571	8,485	9,374	8,429	7,546	-12.0
South Carolina	40,732	43,948	46,157	50,417	65,151	60.0
South Dakota	5,716	4,346	4,403	4,235	4,139	-27.6
Tennessee	85,180	81,715	94,657	93,154	91,562	7.5
Texas	250,623	238,706	252,773	267,880	269,952	7.7
Utah	24,500	24,504	25,219	25,523	24,985	2.0
Vermont	3,879	4,396	4,194	5,102	4,603	18.7
Virginia	62,805	61,527	61,029	60,607	62,808	0.0
Washington	43,730	43,494	42,572	45,338	40,793	-6.7
West Virginia	37,082	39,372	39,683	45,407	52,442	41.4
Wisconsin	33,643	32,309	32,751	36,330	34,539	2.7
Wyoming	5,628	5,632	5,630	5,632	5,027	-10.7
National	**3,171,619**	**3,183,535**	**3,260,542**	**3,359,555**	**3,441,977**	**N/A**
Reporting States	**52**	**52**	**52**	**52**	**51**	**-**

Table 3–1 Children Who Received an Investigation or Alternative Response, 2012–2016

State	2012 Rate per 1,000 Children	2013 Rate per 1,000 Children	2014 Rate per 1,000 Children	2015 Rate per 1,000 Children	2016 Rate per 1,000 Children
Alabama	25.4	25.1	26.6	27.8	33.5
Alaska	52.0	49.8	54.1	57.9	63.0
Arizona	39.9	46.9	45.2	47.2	57.3
Arkansas	87.4	86.0	81.8	82.2	83.2
California	40.3	40.4	40.2	41.2	41.4
Colorado	33.5	32.1	30.6	30.6	33.6
Connecticut	38.6	30.1	32.1	28.5	29.4
Delaware	72.4	65.3	65.1	68.5	67.9
District of Columbia	128.2	113.5	96.1	100.3	106.3
Florida	73.3	70.7	71.2	68.5	69.4
Georgia	44.4	46.0	55.1	65.2	67.4
Hawaii	12.4	12.3	10.7	12.0	12.0
Idaho	20.3	24.6	26.9	28.3	26.0
Illinois	39.5	40.4	41.7	42.3	48.0
Indiana	58.2	73.8	80.5	88.1	93.1
Iowa	40.6	40.1	38.9	39.7	41.8
Kansas	37.0	38.3	38.4	38.3	38.3
Kentucky	62.6	69.8	70.7	73.3	71.1
Louisiana	32.3	33.9	34.9	32.6	30.1
Maine	42.2	46.9	51.2	49.3	45.6
Maryland	23.3	21.9	23.3	22.9	23.7
Massachusetts	44.4	45.0	55.6	54.7	57.4
Michigan	75.6	75.8	68.4	66.8	68.4
Minnesota	18.5	20.1	20.6	23.7	30.1
Mississippi	44.2	41.0	43.1	46.9	53.4
Missouri	51.2	47.4	54.0	52.9	54.5
Montana	47.6	46.4	45.2	56.0	60.2
Nebraska	51.6	45.5	48.0	49.3	48.3
Nevada	33.9	35.9	37.8	42.3	41.1
New Hampshire	41.6	40.8	43.6	42.8	53.5
New Jersey	37.4	37.5	37.5	37.3	37.2
New Mexico	42.8	46.1	53.5	56.9	48.2
New York	50.9	48.3	47.5	49.1	50.1
North Carolina	54.8	53.3	53.4	53.9	52.2
North Dakota	39.2	37.8	37.9	36.9	37.7
Ohio	38.5	39.0	38.8	38.8	39.8
Oklahoma	48.5	54.8	58.8	59.5	55.9
Oregon	38.6	46.7	43.8	45.2	59.2
Pennsylvania	8.6	8.6	9.3	13.7	15.0
Puerto Rico	27.3	36.3	36.6	38.2	-
Rhode Island	39.5	39.6	44.2	40.1	36.2
South Carolina	37.8	40.8	42.6	46.2	59.4
South Dakota	27.8	20.9	21.0	20.0	19.4
Tennessee	57.1	54.8	63.3	62.2	61.0
Texas	35.9	33.9	35.5	37.1	37.0
Utah	27.6	27.3	27.9	28.0	27.1
Vermont	31.1	35.7	34.4	42.5	38.8
Virginia	33.7	33.0	32.7	32.4	33.6
Washington	27.5	27.3	26.6	28.1	25.0
West Virginia	96.5	102.9	104.2	120.0	139.8
Wisconsin	25.5	24.7	25.2	28.1	26.8
Wyoming	41.2	40.9	40.7	40.4	36.2
National	**42.5**	**42.8**	**43.9**	**45.2**	**46.7**
Reporting States	-	-	-	-	-

Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2016 *(continues next page)*

State	Substantiated	Indicated	Alternative Response	Unsubstantiated	Intentionally False
Alabama	10,424	-	-	27,193	-
Alaska	3,739	-	-	10,731	-
Arizona	11,325	131	-	69,390	-
Arkansas	10,320	-	6,596	31,408	-
California	73,307	-	-	315,389	-
Colorado	11,943	-	10,511	28,313	-
Connecticut	8,488	-	-	18,122	-
Delaware	1,612	-	-	10,808	170
District of Columbia	1,446	-	4,042	3,780	-
Florida	44,155	-	-	227,304	-
Georgia	22,761	-	55,630	56,311	-
Hawaii	1,511	-	-	2,308	-
Idaho	1,931	-	-	11,890	539
Illinois	32,092	-	-	95,221	378
Indiana	30,460	-	-	168,021	-
Iowa	9,560	-	12,956	16,870	-
Kansas	2,492	-	-	31,736	-
Kentucky	22,031	-	7,812	57,473	-
Louisiana	11,968	-	-	24,495	-
Maine	3,609	-	-	9,866	-
Maryland	4,230	3,347	19,010	8,827	-
Massachusetts	36,228	-	12,050	28,316	-
Michigan	19,965	19,630	-	113,051	109
Minnesota	8,468	-	25,562	9,902	-
Mississippi	10,984	-	-	34,861	-
Missouri	5,741	-	56,162	35,756	-
Montana	3,280	35	-	13,174	-
Nebraska	2,899	-	435	16,948	-
Nevada	5,192	-	2,057	17,916	-
New Hampshire	929	-	-	15,216	-
New Jersey	8,670	-	-	79,940	-
New Mexico	8,646	-	-	21,081	-
New York	74,964	-	17,752	166,807	-
North Carolina	7,375	-	112,412	21,325	-
North Dakota	1,911	-	-	5,534	-
Ohio	18,518	7,051	53,339	41,700	-
Oklahoma	15,072	-	2,431	42,301	-
Oregon	13,582	-	10,767	34,314	-
Pennsylvania	4,542	-	-	38,722	-
Puerto Rico	-	-	-	-	-
Rhode Island	3,153	-	-	5,595	-
South Carolina	18,193	-	21,591	24,742	-
South Dakota	1,297	-	-	3,087	-
Tennessee	9,195	745	62,791	31,387	-
Texas	59,308	-	19,014	200,958	-
Utah	10,272	-	-	18,047	35
Vermont	911	-	2,091	2,452	25
Virginia	6,092	-	37,335	7,719	85
Washington	5,321	-	20,331	23,111	44
West Virginia	6,074	-	-	35,329	-
Wisconsin	5,045	-	5,166	31,235	-
Wyoming	1,004	-	4,778	291	-
National	**692,235**	**30,939**	**582,621**	**2,346,273**	**1,385**
Reporting States	**51**	**6**	**25**	**51**	**8**

Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2016

State	Closed With No Finding	No Alleged Maltreatment	Other	Unknown	Total Children
Alabama	2,061	-	-	77	39,755
Alaska	672	-	-	-	15,142
Arizona	3,197	35,741	-	-	119,784
Arkansas	1,434	19,534	-	-	69,292
California	-	71,371	-	4	460,071
Colorado	-	-	-	4	50,771
Connecticut	-	-	-	-	26,610
Delaware	2,723	834	144	-	16,291
District of Columbia	158	5,678	-	1	15,105
Florida	-	80,391	-	-	351,850
Georgia	-	77,053	-	-	211,755
Hawaii	-	-	-	36	3,855
Idaho	-	-	-	-	14,360
Illinois	-	48,478	-	-	176,169
Indiana	-	-	-	-	198,481
Iowa	-	-	-	9	39,395
Kansas	309	-	-	-	34,537
Kentucky	1,527	-	97	-	88,940
Louisiana	1,619	-	-	-	38,082
Maine	-	133	-	-	13,608
Maryland	-	-	-	-	35,414
Massachusetts	-	20,115	-	-	96,709
Michigan	5,617	32,543	-	15	190,930
Minnesota	1,866	-	-	-	45,798
Mississippi	1,519	-	-	-	47,364
Missouri	2,958	-	-	659	101,276
Montana	837	84	115	13	17,538
Nebraska	483	7,482	-	-	28,247
Nevada	-	8,411	-	-	33,576
New Hampshire	1,213	-	-	-	17,358
New Jersey	-	-	-	-	88,610
New Mexico	-	-	-	-	29,727
New York	-	2,629	11	-	262,163
North Carolina	-	-	-	-	141,112
North Dakota	-	-	-	-	7,445
Ohio	4,018	-	-	-	124,626
Oklahoma	3,207	-	-	-	63,011
Oregon	2,317	-	6,838	3	67,821
Pennsylvania	-	-	-	-	43,264
Puerto Rico	-	-	-	-	-
Rhode Island	93	-	-	-	8,841
South Carolina	-	14,315	-	170	79,011
South Dakota	200	-	-	-	4,584
Tennessee	8,393	-	4	130	112,645
Texas	4,646	-	16,718	2,631	303,275
Utah	1,394	-	-	-	29,748
Vermont	-	-	-	-	5,479
Virginia	11	18,118	69	5	69,434
Washington	2,314	-	-	-	51,121
West Virginia	2,372	10,460	-	8	54,243
Wisconsin	-	-	-	-	41,446
Wyoming	-	-	-	-	6,073
National	**57,158**	**453,370**	**23,996**	**3,765**	**4,191,742**
Reporting States	**27**	**18**	**8**	**15**	**51**

Table 3–3 Child Victims, 2012–2016 *(continues next page)*

State	2012	2013	2014	2015	2016	Percent Change from 2012 to 2016
Alabama	9,573	8,809	8,697	8,466	10,157	6.1
Alaska	2,928	2,448	2,484	2,898	3,142	7.3
Arizona	10,039	13,171	13,885	11,955	10,841	8.0
Arkansas	11,133	10,370	8,971	9,204	9,707	-12.8
California	76,026	75,641	75,033	72,000	68,663	-9.7
Colorado	10,464	10,161	9,979	10,100	11,226	7.3
Connecticut	8,151	7,287	7,651	6,970	7,803	-4.3
Delaware	2,335	1,915	1,482	1,538	1,572	-32.7
District of Columbia	2,141	2,050	1,528	1,348	1,366	-36.2
Florida	53,341	48,457	45,738	43,775	41,894	-21.5
Georgia	18,752	19,062	22,163	26,952	21,635	15.4
Hawaii	1,398	1,324	1,331	1,506	1,491	6.7
Idaho	1,428	1,674	1,595	1,623	1,847	29.3
Illinois	20,049	18,465	25,597	29,993	29,059	44.9
Indiana	20,223	21,755	23,334	26,397	28,430	40.6
Iowa	10,751	11,345	8,071	7,877	8,555	-20.4
Kansas	1,868	2,063	1,998	1,992	2,403	28.6
Kentucky	14,923	17,591	17,932	18,897	20,010	34.1
Louisiana	8,458	10,119	12,057	12,631	11,289	33.5
Maine	3,781	3,820	3,823	3,372	3,446	-8.9
Maryland	13,079	12,169	9,119	6,790	6,993	-46.5
Massachusetts	19,234	20,307	31,863	31,089	32,093	66.9
Michigan	33,394	33,938	30,705	34,729	37,293	11.7
Minnesota	4,238	4,183	4,143	5,120	7,941	87.4
Mississippi	7,599	7,415	8,435	8,730	10,179	34.0
Missouri	4,685	5,224	5,322	5,699	5,481	17.0
Montana	1,324	1,414	1,191	1,868	3,116	135.3
Nebraska	3,888	3,993	3,940	3,483	2,783	-28.4
Nevada	5,437	5,438	4,589	4,953	4,891	-10.0
New Hampshire	901	822	646	745	905	0.4
New Jersey	9,031	9,490	11,586	9,689	8,264	-8.5
New Mexico	5,882	6,530	7,606	8,701	7,526	27.9
New York	68,375	64,578	65,042	66,676	65,123	-4.8
North Carolina	8,919	7,823	8,414	7,857	7,134	-20.0
North Dakota	1,402	1,517	1,612	1,760	1,805	28.7
Ohio	29,250	27,562	24,936	23,006	23,635	-19.2
Oklahoma	9,627	11,553	13,183	14,449	14,308	48.6
Oregon	9,576	10,280	10,088	10,428	11,851	23.8
Pennsylvania	3,417	3,260	3,262	3,629	4,355	27.5
Puerto Rico	8,470	8,850	7,683	6,950	-	-
Rhode Island	3,218	3,132	3,410	3,183	2,955	-8.2
South Carolina	11,439	10,404	12,439	14,856	17,331	51.5
South Dakota	1,224	984	886	1,073	1,246	1.8
Tennessee	10,069	10,377	11,695	11,362	9,665	-4.0
Texas	62,551	64,603	65,334	63,781	57,374	-8.3
Utah	9,419	9,306	9,876	9,569	9,614	2.1
Vermont	649	746	813	921	822	26.7
Virginia	5,826	5,863	6,464	6,112	5,941	2.0
Washington	6,546	7,132	7,341	5,894	4,725	-27.8
West Virginia	4,591	4,695	4,962	4,857	5,938	29.3
Wisconsin	4,645	4,526	4,642	4,840	4,822	3.8
Wyoming	705	720	861	968	977	38.6
National	**656,372**	**656,361**	**675,437**	**683,261**	**671,622**	**N/A**
Reporting States	**52**	**52**	**52**	**52**	**51**	**-**

Table 3–3 Child Victims, 2012–2016

State	2012 Rate per 1,000 Children	2013 Rate per 1,000 Children	2014 Rate per 1,000 Children	2015 Rate per 1,000 Children	2016 Rate per 1,000 Children
Alabama	8.6	7.9	7.9	7.7	9.3
Alaska	15.5	13.0	13.3	15.5	16.8
Arizona	6.2	8.2	8.6	7.4	6.6
Arkansas	15.7	14.6	12.7	13.0	13.8
California	8.3	8.3	8.2	7.9	7.6
Colorado	8.5	8.2	8.0	8.0	8.9
Connecticut	10.3	9.3	9.9	9.1	10.4
Delaware	11.4	9.4	7.3	7.5	7.7
District of Columbia	19.9	18.3	13.3	11.4	11.3
Florida	13.3	12.0	11.3	10.7	10.1
Georgia	7.5	7.7	8.9	10.8	8.6
Hawaii	4.6	4.3	4.3	4.9	4.8
Idaho	3.3	3.9	3.7	3.8	4.2
Illinois	6.6	6.1	8.6	10.1	9.9
Indiana	12.7	13.7	14.7	16.7	18.0
Iowa	14.8	15.6	11.1	10.8	11.7
Kansas	2.6	2.8	2.8	2.8	3.4
Kentucky	14.7	17.3	17.7	18.7	19.8
Louisiana	7.6	9.1	10.8	11.3	10.1
Maine	14.2	14.6	14.7	13.1	13.5
Maryland	9.7	9.0	6.8	5.0	5.2
Massachusetts	13.7	14.5	22.9	22.4	23.3
Michigan	14.7	15.1	13.8	15.7	17.0
Minnesota	3.3	3.3	3.2	4.0	6.2
Mississippi	10.2	10.1	11.5	12.0	14.1
Missouri	3.3	3.7	3.8	4.1	4.0
Montana	5.9	6.3	5.3	8.3	13.7
Nebraska	8.4	8.6	8.4	7.4	5.9
Nevada	8.3	8.3	6.9	7.4	7.2
New Hampshire	3.3	3.0	2.4	2.8	3.5
New Jersey	4.4	4.7	5.8	4.9	4.2
New Mexico	11.5	12.9	15.2	17.5	15.3
New York	16.0	15.2	15.4	15.9	15.6
North Carolina	3.9	3.4	3.7	3.4	3.1
North Dakota	8.9	9.3	9.5	10.1	10.2
Ohio	11.0	10.4	9.4	8.8	9.0
Oklahoma	10.2	12.2	13.8	15.0	14.9
Oregon	11.1	12.0	11.7	12.1	13.6
Pennsylvania	1.2	1.2	1.2	1.3	1.6
Puerto Rico	10.1	11.0	10.0	9.5	-
Rhode Island	14.8	14.6	16.1	15.1	14.2
South Carolina	10.6	9.7	11.5	13.6	15.8
South Dakota	6.0	4.7	4.2	5.1	5.8
Tennessee	6.8	7.0	7.8	7.6	6.4
Texas	9.0	9.2	9.2	8.8	7.9
Utah	10.6	10.4	10.9	10.5	10.4
Vermont	5.2	6.1	6.7	7.7	6.9
Virginia	3.1	3.1	3.5	3.3	3.2
Washington	4.1	4.5	4.6	3.7	2.9
West Virginia	11.9	12.3	13.0	12.8	15.8
Wisconsin	3.5	3.5	3.6	3.7	3.7
Wyoming	5.2	5.2	6.2	6.9	7.0
National	**8.8**	**8.8**	**9.1**	**9.2**	**9.1**
Reporting States	**-**	**-**	**-**	**-**	**-**

Table 3–4 First-Time Victims, 2012–2016 *(continues next page)*

State	2012 First-Time Victims	2013 First-Time Victims	2014 First-Time Victims	2015 First-Time Victims	2016 First-Time Victims
Alabama	7,965	7,232	7,186	7,003	8,414
Alaska	1,963	1,634	1,546	1,966	2,158
Arizona	8,766	11,360	11,742	9,879	8,669
Arkansas	8,962	8,375	7,416	7,557	7,958
California	64,057	63,698	63,126	60,903	57,950
Colorado	7,856	7,651	7,417	7,465	8,366
Connecticut	5,660	5,071	5,346	4,862	5,593
Delaware	1,823	1,502	1,167	1,241	1,276
District of Columbia	1,552	1,457	1,074	967	989
Florida	26,506	23,785	22,088	20,898	19,629
Georgia	15,883	15,785	18,019	21,757	17,052
Hawaii	1,102	1,092	1,101	1,182	1,249
Idaho	1,169	1,452	1,351	1,313	1,546
Illinois	14,543	13,394	18,681	21,832	20,504
Indiana	18,250	16,566	17,453	19,357	20,817
Iowa	7,382	7,891	5,506	5,433	6,079
Kansas	1,707	1,846	1,802	1,833	2,185
Kentucky	10,511	12,486	12,597	13,263	13,726
Louisiana	6,318	7,741	9,494	9,722	8,702
Maine	1,699	2,475	2,585	2,253	2,303
Maryland	10,244	9,486	6,785	4,852	5,174
Massachusetts	10,947	11,926	19,491	18,072	17,760
Michigan	23,027	23,112	14,819	16,998	17,325
Minnesota	3,511	3,483	3,498	4,358	6,807
Mississippi	6,854	6,616	7,476	7,802	8,996
Missouri	3,971	4,439	4,582	4,876	4,696
Montana	1,031	1,148	958	1,515	2,554
Nebraska	2,918	2,872	2,858	2,604	2,013
Nevada	3,570	3,538	2,875	3,096	3,125
New Hampshire	-	-	552	612	761
New Jersey	7,310	7,689	9,473	7,661	6,560
New Mexico	4,372	4,824	5,680	6,556	5,425
New York	41,997	39,463	39,687	40,568	39,498
North Carolina	5,989	5,334	5,795	5,464	5,054
North Dakota	1,214	1,264	1,236	1,336	1,364
Ohio	20,453	19,244	17,587	16,151	17,015
Oklahoma	7,618	9,021	10,524	11,401	11,176
Oregon	6,740	7,119	6,805	7,029	7,757
Pennsylvania	3,199	3,047	3,055	3,439	4,133
Puerto Rico	-	-	6,502	5,634	-
Rhode Island	2,264	2,135	2,407	2,213	2,059
South Carolina	8,556	7,801	9,508	11,428	13,183
South Dakota	933	749	696	861	1,008
Tennessee	8,494	8,813	9,964	9,481	4,701
Texas	50,153	51,674	52,477	50,909	45,999
Utah	6,845	6,680	7,104	6,819	6,866
Vermont	531	633	678	777	710
Virginia	-	-	-	-	-
Washington	4,694	4,856	4,052	3,082	2,290
West Virginia	3,540	3,795	3,984	4,118	5,192
Wisconsin	3,936	3,907	3,987	4,149	4,129
Wyoming	616	601	700	817	812
National	**469,201**	**467,762**	**482,492**	**485,364**	**469,307**
Reporting States	**49**	**49**	**51**	**51**	**50**

Table 3–4 First-Time Victims, 2012–2016

State	2012 First-Time Victims Rate per 1,000 Children	2013 First-Time Victims Rate per 1,000 Children	2014 First-Time Victims Rate per 1,000 Children	2015 First-Time Victims Rate per 1,000 Children	2016 First-Time Victims Rate per 1,000 Children
Alabama	7.1	6.5	6.5	6.4	7.7
Alaska	10.4	8.7	8.3	10.5	11.5
Arizona	5.4	7.0	7.3	6.1	5.3
Arkansas	12.6	11.8	10.5	10.7	11.3
California	7.0	7.0	6.9	6.7	6.4
Colorado	6.4	6.2	6.0	5.9	6.6
Connecticut	7.1	6.5	6.9	6.4	7.4
Delaware	8.9	7.4	5.7	6.1	6.2
District of Columbia	14.4	13.0	9.3	8.2	8.2
Florida	6.6	5.9	5.4	5.1	4.7
Georgia	6.4	6.4	7.2	8.7	6.8
Hawaii	3.6	3.5	3.6	3.8	4.1
Idaho	2.7	3.4	3.1	3.0	3.5
Illinois	4.8	4.4	6.2	7.4	7.0
Indiana	11.5	10.4	11.0	12.3	13.2
Iowa	10.2	10.9	7.6	7.5	8.3
Kansas	2.3	2.5	2.5	2.5	3.1
Kentucky	10.3	12.3	12.4	13.1	13.6
Louisiana	5.7	7.0	8.5	8.7	7.8
Maine	6.4	9.4	10.0	8.8	9.0
Maryland	7.6	7.0	5.0	3.6	3.8
Massachusetts	7.8	8.5	14.0	13.0	12.9
Michigan	10.1	10.3	6.7	7.7	7.9
Minnesota	2.7	2.7	2.7	3.4	5.3
Mississippi	9.2	9.0	10.2	10.7	12.5
Missouri	2.8	3.2	3.3	3.5	3.4
Montana	4.6	5.1	4.3	6.7	11.2
Nebraska	6.3	6.2	6.1	5.5	4.3
Nevada	5.4	5.4	4.3	4.6	4.6
New Hampshire	-	-	2.1	2.3	2.9
New Jersey	3.6	3.8	4.7	3.8	3.3
New Mexico	8.5	9.5	11.3	13.2	11.1
New York	9.8	9.3	9.4	9.6	9.4
North Carolina	2.6	2.3	2.5	2.4	2.2
North Dakota	7.7	7.7	7.3	7.7	7.7
Ohio	7.7	7.3	6.7	6.1	6.5
Oklahoma	8.1	9.5	11.0	11.9	11.6
Oregon	7.8	8.3	7.9	8.1	8.9
Pennsylvania	1.2	1.1	1.1	1.3	1.5
Puerto Rico	-	-	8.5	7.7	-
Rhode Island	10.4	10.0	11.3	10.5	9.9
South Carolina	7.9	7.2	8.8	10.5	12.0
South Dakota	4.5	3.6	3.3	4.1	4.7
Tennessee	5.7	5.9	6.7	6.3	3.1
Texas	7.2	7.3	7.4	7.1	6.3
Utah	7.7	7.4	7.9	7.5	7.4
Vermont	4.3	5.1	5.6	6.5	6.0
Virginia	-	-	-	-	-
Washington	3.0	3.0	2.5	1.9	1.4
West Virginia	9.2	9.9	10.5	10.9	13.8
Wisconsin	3.0	3.0	3.1	3.2	3.2
Wyoming	4.5	4.4	5.1	5.9	5.8
National	**6.6**	**6.5**	**6.7**	**6.7**	**6.5**
Reporting States	**-**	**-**	**-**	**-**	**-**

Table 3–5 Victims by Age, 2016 *(continues next page)*

State	<1	1	2	3	4	5	6	7	8	9
Alabama	1,573	697	679	603	590	561	536	588	525	478
Alaska	424	218	212	215	203	210	190	203	189	176
Arizona	2,606	788	683	637	590	591	574	534	498	476
Arkansas	1,741	617	570	519	493	553	583	504	519	458
California	10,941	4,734	4,297	4,089	3,995	4,004	3,945	3,925	3,654	3,479
Colorado	1,627	786	765	675	743	635	668	702	641	579
Connecticut	1,068	550	487	462	410	445	495	432	440	382
Delaware	179	102	91	108	81	101	104	114	90	81
District of Columbia	139	93	94	92	79	100	88	87	77	66
Florida	6,195	3,490	3,172	2,973	2,644	2,508	2,535	2,336	2,189	1,987
Georgia	2,793	1,412	1,365	1,246	1,224	1,308	1,379	1,390	1,261	1,162
Hawaii	277	97	109	91	88	77	81	98	74	84
Idaho	388	119	123	109	80	111	105	87	118	87
Illinois	3,904	2,311	2,160	1,982	1,868	1,766	1,725	1,641	1,680	1,524
Indiana	4,575	2,031	1,869	1,751	1,677	1,653	1,651	1,615	1,614	1,431
Iowa	1,361	725	657	603	577	504	510	513	457	404
Kansas	150	134	152	160	153	152	136	164	149	153
Kentucky	2,890	1,440	1,480	1,344	1,294	1,201	1,182	1,135	1,135	1,025
Louisiana	2,555	759	718	655	690	624	632	567	581	505
Maine	488	267	268	229	224	200	229	214	219	187
Maryland	588	425	408	459	442	441	418	448	378	350
Massachusetts	4,198	2,183	2,044	1,962	1,934	1,871	1,971	1,930	1,869	1,662
Michigan	7,702	2,489	2,486	2,242	2,092	2,034	2,005	1,911	1,853	1,744
Minnesota	1,096	504	484	520	508	484	532	506	474	476
Mississippi	1,326	613	571	582	570	595	649	626	622	564
Missouri	437	372	372	369	325	305	318	319	330	295
Montana	440	275	234	203	185	216	189	194	187	156
Nebraska	370	244	202	185	199	176	191	185	150	125
Nevada	839	414	341	325	301	296	325	275	240	234
New Hampshire	126	67	69	49	61	55	51	54	48	41
New Jersey	1,068	522	515	522	514	457	526	479	503	435
New Mexico	1,066	494	483	420	410	425	513	475	473	407
New York	6,362	4,014	3,826	3,719	3,565	3,800	4,002	4,026	3,657	3,521
North Carolina	691	466	437	460	415	430	471	430	440	375
North Dakota	225	138	125	118	110	89	124	105	108	108
Ohio	3,283	1,442	1,453	1,408	1,336	1,317	1,392	1,387	1,326	1,155
Oklahoma	2,465	1,165	1,032	951	912	877	901	848	842	727
Oregon	1,454	868	862	756	778	733	654	733	665	624
Pennsylvania	316	201	178	198	205	241	205	206	225	198
Puerto Rico	-	-	-	-	-	-	-	-	-	-
Rhode Island	494	240	183	191	172	172	172	182	159	151
South Carolina	2,307	1,258	1,183	1,053	1,103	1,071	1,125	1,034	1,013	918
South Dakota	215	116	83	91	88	70	75	68	58	52
Tennessee	1,717	544	532	517	502	494	454	466	475	452
Texas	9,921	4,845	4,588	4,136	3,879	3,810	3,410	3,184	2,782	2,681
Utah	1,010	564	518	547	517	574	509	598	516	501
Vermont	63	49	40	42	50	57	53	37	47	36
Virginia	709	480	443	410	362	367	328	335	316	298
Washington	445	369	360	334	325	287	305	294	277	226
West Virginia	907	438	403	379	373	398	376	345	302	307
Wisconsin	566	340	323	286	324	272	345	310	269	250
Wyoming	113	74	71	68	52	55	53	61	62	55
National	**98,393**	**47,583**	**44,800**	**42,045**	**40,312**	**39,773**	**39,990**	**38,900**	**36,776**	**33,848**
Reporting States	**51**	**51**	**51**	**51**	**51**	**51**	**51**	**51**	**51**	**51**

Table 3–5 Victims by Age, 2016 *(continues next page)*

State	10	11	12	13	14	15	16	17	Unborn, Unknown, and 18–21	Total
Alabama	418	404	414	444	516	523	343	220	45	10,157
Alaska	152	142	122	122	97	98	82	63	24	3,142
Arizona	402	395	353	367	359	374	352	245	17	10,841
Arkansas	384	359	441	400	465	450	354	225	72	9,707
California	3,181	2,828	2,883	2,729	2,678	2,636	2,614	1,982	69	68,663
Colorado	522	491	453	476	428	414	349	240	32	11,226
Connecticut	364	339	354	335	350	348	304	199	39	7,803
Delaware	87	79	70	61	87	56	49	31	1	1,572
District of Columbia	64	60	59	63	48	59	57	37	4	1,366
Florida	1,773	1,592	1,556	1,525	1,519	1,467	1,249	1,004	180	41,894
Georgia	1,109	958	897	919	934	973	819	448	38	21,635
Hawaii	55	52	55	60	53	65	39	31	5	1,491
Idaho	77	70	57	63	84	76	48	45	-	1,847
Illinois	1,375	1,261	1,255	1,094	1,035	999	827	603	49	29,059
Indiana	1,218	1,148	1,159	1,203	1,160	1,139	883	604	49	28,430
Iowa	385	370	287	332	264	273	211	115	7	8,555
Kansas	143	117	109	122	121	121	100	64	3	2,403
Kentucky	849	846	810	752	759	733	633	452	50	20,010
Louisiana	436	405	410	440	407	370	344	177	14	11,289
Maine	172	155	126	131	121	100	64	45	7	3,446
Maryland	346	322	293	346	375	358	323	245	28	6,993
Massachusetts	1,587	1,465	1,358	1,360	1,291	1,279	1,144	919	66	32,093
Michigan	1,566	1,436	1,458	1,449	1,470	1,380	1,154	765	57	37,293
Minnesota	395	341	322	354	308	263	207	149	18	7,941
Mississippi	481	427	451	466	483	496	389	248	20	10,179
Missouri	328	271	221	290	280	291	249	108	1	5,481
Montana	148	118	118	130	92	105	64	40	22	3,116
Nebraska	120	102	105	105	99	95	74	49	7	2,783
Nevada	197	198	169	163	176	149	137	99	13	4,891
New Hampshire	35	41	49	35	39	30	36	16	3	905
New Jersey	415	363	349	346	366	338	297	235	14	8,264
New Mexico	398	346	322	301	298	249	256	139	51	7,526
New York	3,083	3,122	2,967	3,249	3,380	3,559	3,296	1,822	153	65,123
North Carolina	383	336	350	378	329	352	272	105	14	7,134
North Dakota	77	88	85	51	65	67	61	30	31	1,805
Ohio	1,087	1,026	1,073	1,063	1,159	1,121	883	664	60	23,635
Oklahoma	638	542	512	468	424	404	341	218	41	14,308
Oregon	538	541	548	506	463	439	355	275	59	11,851
Pennsylvania	208	212	248	299	355	301	289	214	56	4,355
Puerto Rico	-	-	-	-	-	-	-	-	-	-
Rhode Island	140	100	120	110	105	97	95	61	11	2,955
South Carolina	837	711	643	660	672	592	540	198	413	17,331
South Dakota	56	45	49	41	44	34	32	14	15	1,246
Tennessee	411	419	489	440	434	441	390	283	205	9,665
Texas	2,305	2,099	1,960	1,912	1,816	1,678	1,420	711	237	57,374
Utah	471	438	454	501	507	504	488	375	22	9,614
Vermont	37	26	43	45	68	51	48	29	1	822
Virginia	274	236	251	216	246	225	197	155	93	5,941
Washington	221	209	205	184	197	184	179	116	8	4,725
West Virginia	262	246	246	217	223	192	175	106	43	5,938
Wisconsin	259	218	174	188	208	205	162	99	24	4,822
Wyoming	60	40	42	49	43	31	29	17	2	977
National	**30,529**	**28,155**	**27,544**	**27,560**	**27,500**	**26,784**	**23,303**	**15,334**	**2,493**	**671,622**
Reporting States	**51**	**51**	**51**	**51**	**51**	**51**	**51**	**51**	**50**	**51**

Table 3–5 Victims by Age, 2016 *(continues next page)*

State	<1 Rate per 1,000 Children	1 Rate per 1,000 Children	2 Rate per 1,000 Children	3 Rate per 1,000 Children	4 Rate per 1,000 Children	5 Rate per 1,000 Children	6 Rate per 1,000 Children	7 Rate per 1,000 Children	8 Rate per 1,000 Children
Alabama	27.0	11.8	11.5	10.4	10.1	9.4	9.0	9.8	8.5
Alaska	38.8	20.2	19.2	19.3	20.0	18.5	18.1	19.5	17.8
Arizona	29.7	8.9	7.8	7.3	6.7	6.8	6.5	5.9	5.3
Arkansas	46.1	16.2	15.0	13.7	12.8	14.3	15.2	13.0	13.0
California	21.9	9.5	8.7	8.2	8.1	7.9	7.9	7.9	7.1
Colorado	24.0	11.6	11.3	10.0	11.0	9.2	9.5	10.0	8.9
Connecticut	29.5	15.0	13.1	12.5	10.7	11.5	12.5	10.9	10.6
Delaware	16.5	9.4	8.3	9.8	7.3	8.8	9.1	10.3	7.9
District of Columbia	14.8	10.6	11.0	10.6	9.8	11.8	11.7	13.6	11.8
Florida	27.5	15.4	14.0	13.4	11.7	11.1	11.4	10.4	9.4
Georgia	21.4	10.6	10.4	9.5	9.1	9.6	10.0	10.0	8.8
Hawaii	15.1	5.5	5.9	4.9	4.8	4.2	4.7	5.7	4.2
Idaho	16.9	5.1	5.4	4.7	3.5	4.8	4.4	3.5	4.7
Illinois	25.4	14.9	14.0	12.9	12.0	11.2	10.8	10.3	10.2
Indiana	54.7	24.1	22.1	20.6	19.8	19.5	19.3	18.8	18.2
Iowa	34.4	18.1	16.3	15.1	14.6	12.9	12.6	12.7	11.0
Kansas	3.9	3.5	3.9	4.0	3.9	3.8	3.4	4.1	3.6
Kentucky	52.7	26.0	26.9	24.1	23.7	21.9	21.4	20.7	19.9
Louisiana	41.0	12.1	11.4	10.7	11.3	10.2	10.4	9.2	9.1
Maine	38.3	20.8	20.8	17.3	16.8	15.4	16.7	15.6	15.4
Maryland	8.1	5.8	5.5	6.3	6.0	5.8	5.6	6.1	5.0
Massachusetts	58.4	30.4	28.4	27.0	26.5	25.3	26.6	26.4	24.7
Michigan	67.6	21.7	21.4	19.5	18.2	17.6	17.2	16.4	15.4
Minnesota	15.7	7.2	6.8	7.3	7.3	6.9	7.5	7.1	6.5
Mississippi	35.5	16.3	15.0	15.5	14.9	15.4	16.6	15.6	14.6
Missouri	5.9	5.0	4.9	4.9	4.3	4.1	4.2	4.2	4.2
Montana	34.8	21.7	18.6	16.0	14.9	17.5	15.1	15.1	14.4
Nebraska	13.9	9.1	7.6	7.0	7.6	6.8	7.2	7.0	5.6
Nevada	22.7	11.2	9.2	8.9	8.2	8.0	8.7	7.3	6.1
New Hampshire	10.1	5.3	5.3	3.7	4.7	4.0	3.8	3.9	3.4
New Jersey	10.4	5.1	4.9	5.0	4.8	4.2	4.9	4.5	4.6
New Mexico	42.5	19.4	18.6	16.0	15.6	15.6	18.8	17.4	16.5
New York	27.2	17.3	16.6	16.0	15.4	16.2	17.4	18.1	16.0
North Carolina	5.7	3.8	3.6	3.8	3.4	3.5	3.8	3.4	3.3
North Dakota	19.6	12.1	11.1	11.2	10.4	8.8	12.5	10.6	10.9
Ohio	23.8	10.4	10.3	10.0	9.6	9.5	9.9	9.8	9.1
Oklahoma	47.0	21.8	19.4	17.6	17.0	16.4	16.8	15.8	15.4
Oregon	31.0	18.3	18.2	16.1	16.5	15.5	13.6	15.2	13.4
Pennsylvania	2.2	1.4	1.2	1.4	1.4	1.7	1.4	1.4	1.5
Puerto Rico	-	-	-	-	-	-	-	-	-
Rhode Island	45.5	21.8	17.0	17.5	15.4	15.7	15.6	16.7	13.9
South Carolina	39.6	21.4	20.1	18.1	18.6	18.0	18.6	16.7	16.0
South Dakota	17.6	9.5	6.6	7.4	7.3	5.8	6.2	5.7	4.8
Tennessee	21.2	6.6	6.6	6.4	6.1	6.2	5.6	5.7	5.6
Texas	24.4	11.9	11.3	10.3	9.7	9.4	8.4	7.9	6.7
Utah	19.7	11.0	10.3	10.7	10.4	11.4	9.7	11.3	9.6
Vermont	10.4	8.0	6.5	7.0	8.0	9.2	8.5	6.0	7.2
Virginia	7.0	4.7	4.3	4.0	3.5	3.6	3.2	3.3	3.0
Washington	4.9	4.0	4.0	3.7	3.6	3.2	3.3	3.2	3.0
West Virginia	46.2	22.1	20.0	18.3	18.0	19.4	18.6	17.0	14.3
Wisconsin	8.6	5.1	4.8	4.2	4.7	3.9	4.9	4.4	3.7
Wyoming	15.3	9.8	9.1	8.8	6.7	7.1	6.7	7.6	7.5
National	**24.8**	**11.9**	**11.2**	**10.6**	**10.1**	**9.9**	**9.9**	**9.7**	**8.8**
Reporting States	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

Table 3–5 Victims by Age, 2016

State	9 Rate per 1,000 Children	10 Rate per 1,000 Children	11 Rate per 1,000 Children	12 Rate per 1,000 Children	13 Rate per 1,000 Children	14 Rate per 1,000 Children	15 Rate per 1,000 Children	16 Rate per 1,000 Children	17 Rate per 1,000 Children
Alabama	7.7	6.8	6.6	6.8	7.3	8.4	8.1	5.2	3.4
Alaska	17.1	14.7	14.3	12.3	12.3	9.9	10.0	8.0	6.3
Arizona	5.0	4.3	4.3	3.9	4.0	4.0	4.0	3.7	2.7
Arkansas	11.3	9.6	9.0	11.1	10.2	12.0	11.2	8.7	5.6
California	6.7	6.2	5.6	5.7	5.5	5.4	5.2	5.0	3.9
Colorado	8.0	7.2	6.8	6.2	6.6	6.1	5.8	4.9	3.5
Connecticut	9.0	8.4	7.7	7.9	7.5	7.7	7.5	6.3	4.1
Delaware	7.1	7.6	6.9	6.0	5.2	7.8	4.8	4.1	2.6
District of Columbia	10.7	11.2	10.9	11.1	12.5	9.3	11.5	10.9	7.1
Florida	8.4	7.6	6.8	6.9	6.6	6.6	6.1	5.1	4.2
Georgia	8.0	7.7	6.7	6.3	6.5	6.6	6.7	5.6	3.1
Hawaii	5.0	3.3	3.2	3.3	3.7	3.4	4.1	2.4	2.0
Idaho	3.4	3.1	2.7	2.3	2.6	3.4	3.1	1.9	1.8
Illinois	9.2	8.3	7.6	7.5	6.5	6.2	5.9	4.8	3.5
Indiana	16.0	13.7	13.0	12.9	13.6	13.1	12.5	9.5	6.6
Iowa	9.6	9.3	9.1	7.0	8.2	6.6	6.6	5.1	2.8
Kansas	3.8	3.5	2.9	2.7	3.1	3.1	3.0	2.5	1.6
Kentucky	17.9	15.0	15.0	14.2	13.4	13.7	12.8	10.9	7.8
Louisiana	7.9	7.0	6.6	6.7	7.3	6.8	6.0	5.4	2.9
Maine	13.0	11.8	10.5	8.5	9.0	8.2	6.6	4.1	2.8
Maryland	4.6	4.6	4.3	3.9	4.7	5.1	4.7	4.2	3.2
Massachusetts	21.8	20.8	18.8	17.2	17.0	16.2	15.6	13.6	10.8
Michigan	14.3	12.8	11.6	11.5	11.5	11.6	10.5	8.6	5.7
Minnesota	6.5	5.4	4.7	4.4	4.9	4.4	3.7	2.9	2.1
Mississippi	13.0	11.6	10.4	11.1	11.6	12.1	11.9	9.1	6.0
Missouri	3.7	4.2	3.5	2.8	3.7	3.6	3.7	3.1	1.4
Montana	11.8	11.5	9.3	9.5	10.4	7.4	8.4	5.1	3.2
Nebraska	4.7	4.5	3.9	4.0	4.1	3.9	3.7	2.9	1.9
Nevada	5.9	5.1	5.3	4.4	4.4	4.8	3.9	3.6	2.7
New Hampshire	2.8	2.3	2.7	3.2	2.2	2.5	1.9	2.2	1.0
New Jersey	3.9	3.7	3.2	3.1	3.0	3.2	2.9	2.5	2.0
New Mexico	14.3	14.1	12.3	11.5	11.1	10.9	8.9	9.0	5.0
New York	15.4	13.5	13.6	12.8	14.0	14.6	15.0	13.5	7.5
North Carolina	2.8	2.9	2.6	2.7	2.9	2.5	2.6	2.0	0.8
North Dakota	10.9	8.0	9.5	9.3	5.8	7.6	7.9	7.1	3.5
Ohio	7.9	7.4	7.0	7.2	7.2	7.8	7.3	5.7	4.3
Oklahoma	13.3	11.9	10.1	9.6	8.9	8.1	7.7	6.4	4.1
Oregon	12.5	11.0	11.2	11.3	10.5	9.7	9.0	7.1	5.5
Pennsylvania	1.3	1.4	1.4	1.6	2.0	2.3	1.9	1.8	1.3
Puerto Rico	-	-	-	-	-	-	-	-	-
Rhode Island	13.1	11.8	8.5	9.9	9.2	8.7	7.9	7.4	4.7
South Carolina	14.3	13.4	11.6	10.5	10.9	11.1	9.5	8.5	3.2
South Dakota	4.2	4.7	3.8	4.2	3.6	4.0	3.1	2.8	1.3
Tennessee	5.3	4.9	5.0	5.8	5.3	5.2	5.1	4.5	3.3
Texas	6.5	5.6	5.1	4.8	4.7	4.5	4.1	3.5	1.8
Utah	9.4	9.0	8.4	8.8	9.8	10.2	10.1	9.8	7.7
Vermont	5.4	5.7	3.8	6.3	6.5	9.9	7.4	6.4	3.8
Virginia	2.8	2.6	2.3	2.4	2.1	2.4	2.1	1.8	1.5
Washington	2.4	2.5	2.3	2.3	2.1	2.3	2.1	2.0	1.3
West Virginia	14.6	12.6	11.7	11.6	10.3	10.5	8.9	7.9	4.9
Wisconsin	3.4	3.5	3.0	2.3	2.6	2.8	2.7	2.1	1.3
Wyoming	6.6	7.4	5.2	5.4	6.5	5.9	4.2	3.9	2.3
National	**8.1**	**7.4**	**6.8**	**6.7**	**6.7**	**6.7**	**6.4**	**5.5**	**3.6**
Reporting States	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

Table 3–6 Victims by Sex, 2016

State	Boy Victims	Girl Victims	Unknown Victims	Total Victims	Boy Rate per 1,000 Children	Girl Rate per 1,000 Children
Alabama	4,729	5,410	18	10,157	8.5	10.1
Alaska	1,541	1,583	18	3,142	16.0	17.4
Arizona	5,548	5,266	27	10,841	6.7	6.6
Arkansas	4,463	5,240	4	9,707	12.4	15.2
California	33,548	35,072	43	68,663	7.2	7.9
Colorado	5,441	5,785	-	11,226	8.4	9.4
Connecticut	3,820	3,928	55	7,803	9.9	10.7
Delaware	787	785	-	1,572	7.6	7.8
District of Columbia	689	676	1	1,366	11.3	11.2
Florida	20,496	20,984	414	41,894	9.7	10.3
Georgia	10,702	10,909	24	21,635	8.4	8.8
Hawaii	731	750	10	1,491	4.6	5.0
Idaho	925	922	-	1,847	4.1	4.3
Illinois	14,300	14,652	107	29,059	9.6	10.2
Indiana	13,878	14,547	5	28,430	17.2	18.9
Iowa	4,226	4,321	8	8,555	11.3	12.1
Kansas	1,054	1,349	-	2,403	2.9	3.9
Kentucky	9,817	9,955	238	20,010	19.0	20.2
Louisiana	5,395	5,802	92	11,289	9.5	10.6
Maine	1,718	1,728	-	3,446	13.1	14.0
Maryland	3,130	3,844	19	6,993	4.6	5.8
Massachusetts	15,778	15,580	735	32,093	22.4	23.1
Michigan	18,821	18,452	20	37,293	16.8	17.2
Minnesota	3,839	4,102	-	7,941	5.8	6.5
Mississippi	4,872	5,271	36	10,179	13.3	14.9
Missouri	2,475	3,006	-	5,481	3.5	4.4
Montana	1,538	1,564	14	3,116	13.2	14.1
Nebraska	1,386	1,396	1	2,783	5.7	6.0
Nevada	2,433	2,455	3	4,891	7.0	7.4
New Hampshire	435	470	-	905	3.3	3.7
New Jersey	3,952	4,298	14	8,264	3.9	4.4
New Mexico	3,778	3,727	21	7,526	15.1	15.5
New York	32,558	32,328	237	65,123	15.2	15.8
North Carolina	3,435	3,699	-	7,134	2.9	3.3
North Dakota	905	896	4	1,805	10.0	10.4
Ohio	10,878	12,725	32	23,635	8.1	10.0
Oklahoma	7,114	7,194	-	14,308	14.5	15.3
Oregon	5,830	6,012	9	11,851	13.1	14.2
Pennsylvania	1,669	2,686	-	4,355	1.2	2.1
Puerto Rico	-	-	-	-	-	-
Rhode Island	1,506	1,443	6	2,955	14.1	14.2
South Carolina	8,602	8,509	220	17,331	15.4	15.8
South Dakota	625	618	3	1,246	5.7	6.0
Tennessee	4,209	5,417	39	9,665	5.5	7.4
Texas	27,502	29,718	154	57,374	7.4	8.3
Utah	4,425	5,184	5	9,614	9.4	11.6
Vermont	331	491	-	822	5.4	8.6
Virginia	2,959	2,978	4	5,941	3.1	3.3
Washington	2,287	2,425	13	4,725	2.7	3.0
West Virginia	2,962	2,948	28	5,938	15.4	16.1
Wisconsin	2,199	2,594	29	4,822	3.3	4.1
Wyoming	466	509	2	977	6.5	7.6
National	**326,707**	**342,203**	**2,712**	**671,622**	**8.7**	**9.5**
Reporting States	**51**	**51**	**39**	**51**	**-**	**-**

Table 3–7 Victims by Race and Ethnicity, 2016 *(continues next page)*

State	African-American	American Indian or Alaska Native	Asian	Hispanic	Multiple Race	Pacific Islander	White	Unknown	Total
Alabama	2,783	18	20	438	341	6	6,423	128	10,157
Alaska	50	1,585	28	99	368	66	555	391	3,142
Arizona	1,014	526	40	3,994	458	26	3,791	992	10,841
Arkansas	1,569	22	14	588	710	45	6,682	77	9,707
California	9,324	644	1,660	38,310	1,409	222	14,119	2,975	68,663
Colorado	994	82	78	4,161	520	25	5,200	166	11,226
Connecticut	1,606	11	46	2,815	442	2	2,660	221	7,803
Delaware	666	2	14	216	49	1	616	8	1,572
District of Columbia	849	1	2	183	6	-	9	316	1,366
Florida	12,464	44	157	7,533	1,910	17	18,112	1,657	41,894
Georgia	8,108	7	72	1,509	925	5	10,766	243	21,635
Hawaii	34	3	120	29	679	334	235	57	1,491
Idaho	17	37	2	186	15	7	1,492	91	1,847
Illinois	9,116	24	245	5,204	571	15	13,733	151	29,059
Indiana	4,720	16	51	2,307	1,997	16	19,291	32	28,430
Iowa	1,065	125	64	907	315	13	5,940	126	8,555
Kansas	209	14	6	301	168	1	1,687	17	2,403
Kentucky	2,011	8	41	814	1,004	5	15,204	923	20,010
Louisiana	4,972	25	23	323	290	2	5,378	276	11,289
Maine	52	18	11	188	107	1	2,095	974	3,446
Maryland	3,001	8	50	592	160	9	2,196	977	6,993
Massachusetts	3,933	57	449	8,907	1,355	8	12,445	4,939	32,093
Michigan	9,403	146	102	2,678	3,151	3	19,460	2,350	37,293
Minnesota	1,684	560	273	949	1,175	10	3,116	174	7,941
Mississippi	3,771	15	10	216	179	2	5,664	322	10,179
Missouri	919	11	15	239	86	10	3,787	414	5,481
Montana	56	545	1	155	178	1	2,099	81	3,116
Nebraska	394	164	19	538	168	1	1,391	108	2,783
Nevada	1,090	30	39	1,248	317	36	1,758	373	4,891
New Hampshire	21	-	5	48	30	-	719	82	905
New Jersey	2,505	7	107	2,379	200	3	2,876	187	8,264
New Mexico	158	591	2	4,742	134	3	1,622	274	7,526
New York	17,331	262	1,204	15,878	2,438	16	20,814	7,180	65,123
North Carolina	1,970	156	45	805	387	11	3,647	113	7,134
North Dakota	97	383	-	116	129	7	983	90	1,805
Ohio	5,759	10	40	1,277	2,073	8	14,153	315	23,635
Oklahoma	1,256	999	14	2,430	4,099	6	5,499	5	14,308
Oregon	462	307	87	1,527	436	78	7,358	1,596	11,851
Pennsylvania	989	2	12	401	300	1	2,539	111	4,355
Puerto Rico	-	-	-	-	-	-	-	-	-
Rhode Island	342	8	34	799	249	2	1,392	129	2,955
South Carolina	6,431	33	23	838	618	8	8,656	724	17,331
South Dakota	41	539	2	62	131	-	435	36	1,246
Tennessee	-	-	-	-	-	-	-	-	-
Texas	9,981	57	286	25,014	2,172	33	18,576	1,255	57,374
Utah	303	192	64	1,817	174	117	6,864	83	9,614
Vermont	16	1	2	5	2	-	730	66	822
Virginia	1,729	5	41	643	312	15	2,981	215	5,941
Washington	372	270	56	743	495	55	2,484	250	4,725
West Virginia	200	1	-	71	392	1	5,233	40	5,938
Wisconsin	956	254	71	509	255	3	2,691	83	4,822
Wyoming	15	36	-	137	12	-	754	23	977
National	**136,808**	**8,861**	**5,747**	**145,868**	**34,091**	**1,256**	**296,910**	**32,416**	**661,957**
Reporting States	**50**	**50**	**50**	**50**	**50**	**50**	**50**	**50**	**50**

Table 3–7 Victims by Race and Ethnicity, 2016

State	African-American Rate per 1,000 Children	American Indian or Alaska Native Rate per 1,000 Children	Asian Rate per 1,000 Children	Hispanic Rate per 1,000 Children	Multiple Race Rate per 1,000 Children	Pacific Islander Rate per 1,000 Children	White Rate per 1,000 Children
Alabama	8.6	3.4	1.3	5.5	10.0	9.0	10.1
Alaska	8.3	47.0	2.6	5.6	15.9	20.1	6.0
Arizona	13.3	6.3	0.9	5.6	7.3	9.1	5.9
Arkansas	12.4	4.4	1.3	7.0	27.7	14.8	14.9
California	19.6	19.2	1.6	8.1	3.3	6.8	6.0
Colorado	18.5	10.8	2.1	10.6	9.7	13.9	7.3
Connecticut	18.8	5.1	1.2	15.9	15.4	6.5	6.3
Delaware	12.9	3.8	1.8	6.8	4.6	10.4	6.0
District of Columbia	12.7	5.6	0.7	9.3	1.3	-	0.3
Florida	14.8	4.7	1.4	6.0	12.7	6.1	10.2
Georgia	9.6	1.5	0.8	4.2	10.3	3.1	9.7
Hawaii	5.9	6.0	1.6	0.5	7.2	9.5	5.5
Idaho	4.4	7.4	0.4	2.3	1.0	8.8	4.5
Illinois	20.3	6.1	1.7	7.2	5.9	18.3	9.1
Indiana	27.0	5.4	1.5	13.5	31.9	26.8	17.1
Iowa	29.7	48.8	3.4	12.6	11.4	12.7	10.4
Kansas	4.6	2.6	0.3	2.3	4.6	1.5	3.5
Kentucky	21.7	4.7	2.5	13.6	24.6	7.0	19.0
Louisiana	12.1	3.4	1.3	4.5	8.6	4.5	9.4
Maine	7.6	9.0	2.8	27.8	11.5	8.7	9.3
Maryland	7.2	2.7	0.6	3.0	2.4	14.8	3.8
Massachusetts	33.8	22.7	4.8	36.2	25.5	13.2	14.4
Michigan	26.9	11.2	1.5	14.9	31.1	5.3	13.2
Minnesota	14.8	30.6	3.5	8.4	18.5	13.9	3.5
Mississippi	12.3	3.5	1.5	6.8	10.4	8.4	15.9
Missouri	4.9	2.0	0.6	2.6	1.4	3.9	3.7
Montana	36.8	24.8	0.7	11.5	16.8	5.7	11.8
Nebraska	14.5	30.7	1.6	6.6	9.1	2.4	4.2
Nevada	16.8	5.5	1.0	4.5	7.4	8.0	7.2
New Hampshire	4.9	-	0.6	3.1	3.4	-	3.2
New Jersey	9.3	2.3	0.6	4.6	3.3	4.1	3.1
New Mexico	20.2	11.9	0.4	16.1	10.9	11.9	13.5
New York	26.9	20.0	3.6	15.5	16.8	8.8	10.3
North Carolina	3.7	5.6	0.6	2.2	4.1	5.2	3.0
North Dakota	14.8	27.6	-	10.8	18.1	59.8	7.3
Ohio	14.9	2.4	0.7	8.2	17.1	6.2	7.5
Oklahoma	16.3	10.6	0.7	15.2	44.8	3.0	10.6
Oregon	23.3	29.4	2.5	8.0	8.4	17.9	13.2
Pennsylvania	2.8	0.5	0.1	1.3	2.9	1.1	1.4
Puerto Rico	-	-	-	-	-	-	-
Rhode Island	22.5	6.9	4.6	15.6	26.0	12.0	11.3
South Carolina	19.3	8.8	1.4	8.5	14.8	11.4	14.4
South Dakota	7.4	19.8	0.6	4.6	13.8	-	2.8
Tennessee	-	-	-	-	-	-	-
Texas	11.7	3.1	0.9	7.0	11.8	5.4	8.0
Utah	28.1	21.7	4.0	11.3	5.5	12.2	10.0
Vermont	6.9	3.0	0.8	1.6	0.5	-	6.9
Virginia	4.6	1.2	0.3	2.6	3.0	11.1	2.9
Washington	5.3	11.5	0.5	2.2	3.9	4.0	2.7
West Virginia	14.6	1.7	-	7.8	26.5	12.5	15.7
Wisconsin	8.6	18.2	1.5	3.4	5.2	5.5	2.9
Wyoming	10.8	8.9	-	6.8	2.7	-	7.0
National	**13.9**	**14.2**	**1.6**	**8.0**	**11.2**	**8.6**	**8.1**
Reporting States	**-**	**-**	**-**	**-**	**-**	**-**	**-**

Table 3–8 Maltreatment Types of Victims, 2016 *(continues next page)*

State	Victims	Medical Neglect	Neglect	Other	Physical Abuse	Psychological Maltreatment	Sexual Abuse	Unknown	Total Maltreatment Types
Alabama	10,157	77	4,102	-	5,408	34	1,558	-	11,179
Alaska	3,142	73	2,408	-	376	992	181	-	4,030
Arizona	10,841	-	10,055	-	895	11	380	-	11,341
Arkansas	9,707	1,315	5,467	4	2,033	119	1,980	-	10,918
California	68,663	140	59,125	307	5,936	8,033	3,617	-	77,158
Colorado	11,226	184	9,035	-	1,289	318	1,067	37	11,930
Connecticut	7,803	232	6,626	7	520	2,308	367	-	10,060
Delaware	1,572	24	451	206	302	605	141	-	1,729
District of Columbia	1,366	-	1,167	2	262	-	72	-	1,503
Florida	41,894	1,059	23,546	19,317	3,645	497	2,617	-	50,681
Georgia	21,635	491	16,421	-	2,219	4,433	876	-	24,440
Hawaii	1,491	15	213	1,307	154	12	74	-	1,775
Idaho	1,847	5	1,463	15	389	-	69	-	1,941
Illinois	29,059	613	20,216	-	6,492	28	4,345	-	31,694
Indiana	28,430	-	25,343	-	2,058	-	2,599	-	30,000
Iowa	8,555	84	7,055	32	1,185	62	570	-	8,988
Kansas	2,403	59	397	685	532	346	646	-	2,665
Kentucky	20,010	467	18,695	-	1,569	42	779	-	21,552
Louisiana	11,289	-	9,684	-	1,698	48	602	1	12,033
Maine	3,446	-	2,181	-	1,064	1,153	278	-	4,676
Maryland	6,993	-	4,187	-	1,597	14	1,697	-	7,495
Massachusetts	32,093	-	30,449	18	2,858	30	763	-	34,118
Michigan	37,293	781	30,048	11	8,779	156	1,133	-	40,908
Minnesota	7,941	70	4,969	-	2,543	70	1,289	-	8,941
Mississippi	10,179	383	7,822	26	1,522	1,339	1,005	-	12,097
Missouri	5,481	202	3,422	-	1,669	580	1,326	-	7,199
Montana	3,116	4	3,007	5	129	59	96	-	3,300
Nebraska	2,783	-	2,393	-	333	28	177	-	2,931
Nevada	4,891	89	3,927	-	1,283	24	270	-	5,593
New Hampshire	905	24	780	-	76	14	79	-	973
New Jersey	8,264	154	6,587	-	1,113	46	824	-	8,724
New Mexico	7,526	277	6,128	-	934	1,768	195	-	9,302
New York	65,123	3,820	62,150	18,074	6,246	470	2,087	-	92,847
North Carolina	7,134	31	3,776	87	1,790	76	1,378	64	7,202
North Dakota	1,805	42	1,380	-	176	582	52	-	2,232
Ohio	23,635	428	10,481	-	10,733	796	4,501	-	26,939
Oklahoma	14,308	204	11,318	-	2,095	3,637	643	-	17,897
Oregon	11,851	149	6,277	5,770	1,266	248	1,055	-	14,765
Pennsylvania	4,355	201	256	59	1,831	71	2,092	-	4,510
Puerto Rico	-	-	-	-	-	-	-	-	-
Rhode Island	2,955	50	1,609	65	422	1,122	130	-	3,398
South Carolina	17,331	367	10,345	119	9,165	144	762	-	20,902
South Dakota	1,246	-	1,117	-	140	28	56	-	1,341
Tennessee	9,665	146	2,530	-	5,870	268	2,648	-	11,462
Texas	57,374	1,203	47,293	1	8,311	336	5,695	3	62,842
Utah	9,614	34	2,755	159	4,364	2,853	1,671	-	11,836
Vermont	822	11	12	-	436	1	379	-	839
Virginia	5,941	161	3,766	3	1,842	78	697	-	6,547
Washington	4,725	-	3,681	-	1,026	-	474	-	5,181
West Virginia	5,938	356	2,535	1	4,624	3,731	257	-	11,504
Wisconsin	4,822	-	3,235	-	838	22	1,002	-	5,097
Wyoming	977	3	730	9	30	227	78	-	1,077
National	**671,622**	**14,028**	**502,615**	**46,289**	**122,067**	**37,859**	**57,329**	**105**	**780,292**
Reporting States	**51**	**40**	**51**	**25**	**51**	**47**	**51**	**4**	**51**

Table 3–8 Maltreatment Types of Victims, 2016

State	Medical Neglect Percent	Neglect Percent	Other Percent	Physical Abuse Percent	Psychological Maltreatment Percent	Sexual Abuse Percent	Unknown Percent	Total Maltreatment Types Percent
Alabama	0.8	40.4	-	53.2	0.3	15.3	-	110.1
Alaska	2.3	76.6	-	12.0	31.6	5.8	-	128.3
Arizona	-	92.7	-	8.3	0.1	3.5	-	104.6
Arkansas	13.5	56.3	0.0	20.9	1.2	20.4	-	112.5
California	0.2	86.1	0.4	8.6	11.7	5.3	-	112.4
Colorado	1.6	80.5	-	11.5	2.8	9.5	0.3	106.3
Connecticut	3.0	84.9	0.1	6.7	29.6	4.7	-	128.9
Delaware	1.5	28.7	13.1	19.2	38.5	9.0	-	110.0
District of Columbia	-	85.4	0.1	19.2	-	5.3	-	110.0
Florida	2.5	56.2	46.1	8.7	1.2	6.2	-	121.0
Georgia	2.3	75.9	-	10.3	20.5	4.0	-	113.0
Hawaii	1.0	14.3	87.7	10.3	0.8	5.0	-	119.0
Idaho	0.3	79.2	0.8	21.1	-	3.7	-	105.1
Illinois	2.1	69.6	0.0	22.3	0.1	15.0	-	109.1
Indiana	-	89.1	0.0	7.2	-	9.1	-	105.5
Iowa	1.0	82.5	0.4	13.9	0.7	6.7	-	105.1
Kansas	2.5	16.5	28.5	22.1	14.4	26.9	-	110.9
Kentucky	2.3	93.4	-	7.8	0.2	3.9	-	107.7
Louisiana	-	85.8	-	15.0	0.4	5.3	0.0	106.6
Maine	-	63.3	-	30.9	33.5	8.1	-	135.7
Maryland	-	59.9	-	22.8	0.2	24.3	-	107.2
Massachusetts	-	94.9	0.1	8.9	0.1	2.4	-	106.3
Michigan	2.1	80.6	0.0	23.5	0.4	3.0	-	109.7
Minnesota	0.9	62.6	-	32.0	0.9	16.2	-	112.6
Mississippi	3.8	76.8	0.3	15.0	13.2	9.9	-	118.8
Missouri	3.7	62.4	-	30.5	10.6	24.2	-	131.3
Montana	0.1	96.5	0.2	4.1	1.9	3.1	-	105.9
Nebraska	-	86.0	-	12.0	1.0	6.4	-	105.3
Nevada	1.8	80.3	-	26.2	0.5	5.5	-	114.4
New Hampshire	2.7	86.2	-	8.4	1.5	8.7	-	107.5
New Jersey	1.9	79.7	-	13.5	0.6	10.0	-	105.6
New Mexico	3.7	81.4	-	12.4	23.5	2.6	-	123.6
New York	5.9	95.4	27.8	9.6	0.7	3.2	-	142.6
North Carolina	0.4	52.9	1.2	25.1	1.1	19.3	0.9	101.0
North Dakota	2.3	76.5	-	9.8	32.2	2.9	-	123.7
Ohio	1.8	44.3	-	45.4	3.4	19.0	-	114.0
Oklahoma	1.4	79.1	-	14.6	25.4	4.5	-	125.1
Oregon	1.3	53.0	48.7	10.7	2.1	8.9	-	124.6
Pennsylvania	4.6	5.9	1.4	42.0	1.6	48.0	-	103.6
Puerto Rico	-	-	-	-	-	-	-	-
Rhode Island	1.7	54.5	2.2	14.3	38.0	4.4	-	115.0
South Carolina	2.1	59.7	0.7	52.9	0.8	4.4	-	120.6
South Dakota	-	89.6	-	11.2	2.2	4.5	-	107.6
Tennessee	1.5	26.2	-	60.7	2.8	27.4	-	118.6
Texas	2.1	82.4	0.0	14.5	0.6	9.9	0.0	109.5
Utah	0.4	28.7	1.7	45.4	29.7	17.4	-	123.1
Vermont	1.3	1.5	-	53.0	0.1	46.1	-	102.1
Virginia	2.7	63.4	0.1	31.0	1.3	11.7	-	110.2
Washington	-	77.9	-	21.7	-	10.0	-	109.7
West Virginia	6.0	42.7	0.0	77.9	62.8	4.3	-	193.7
Wisconsin	-	67.1	-	17.4	0.5	20.8	-	105.7
Wyoming	0.3	74.7	0.9	3.1	23.2	8.0	-	110.2
National	**2.1**	**74.8**	**6.9**	**18.2**	**5.6**	**8.5**	**0.0**	**116.2**
Reporting States	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

Table 3–9 Maltreatment Type Combinations, 2016

MALTREATMENT TYPE COMBINATIONS	Maltreatment Type	Maltreatment Type Percent
SINGLE TYPE	-	-
Neglect includes Medical Neglect	423,007	63.0
Other/Unknown	20,258	3.0
Physical Abuse	74,548	11.1
Psychological or Emotional Maltreatment	15,504	2.3
Sexual Abuse	44,468	6.6
TWO TYPES	-	-
Neglect and "Other"/Unknown	23,182	3.5
Neglect and Physical Abuse	34,606	5.2
Neglect and Psychological Maltreatment[1]	12,858	1.9
Neglect and Sexual Abuse[2]	9,079	1.4
Physical Abuse and "Other"/Unknown	681	0.1
Physical Abuse and Psychological Maltreatment[3]	5,109	0.8
Physical Abuse and Sexual Abuse[4]	1,430	0.2
Sexual Abuse and Psychological Maltreatment[5]	425	0.1
THREE TYPES	-	-
Neglect, Physical Abuse, and Psychological Maltreatment	3,176	0.5
Neglect, Physical Abuse, and "Other"/Unknown	1,207	0.2
Neglect, Physical Abuse, and Sexual Abuse[6]	980	0.1
REMAINING COMBINATIONS	**1,104**	**0.2**
National	**671,622**	**100.0**

Based on data from 51 states.

[1] *Includes 155 victims with a combination of Neglect, Psychological Maltreatment, and "Other"/Unknown.*

[2] *Includes 359 victims with a combination of Neglect, Sexual Abuse, and "Other"/Unknown.*

[3] *Includes 24 victims with a combination of Physical Abuse, Psychological Maltreatment, and "Other"/Unknown.*

[4] *Includes 26 victims with a combination of Physical Abuse, Sexual Abuse, and "Other"/Unknown.*

[5] *Includes 9 victims with a combination of Sexual Abuse, Psychological Maltreatment, and "Other"/Unknown.*

[6] *Includes 1 victim with a combination of Neglect, Physical Abuse, Sexual Abuse, and "Other"/Unknown*

Table 3–10 Victims With Alcohol Abuse Caregiver Risk Factor, 2014–2016

State	2014 Victims	2015 Victims	2016 Victims	2014 Victims With an Alcohol Abuse Caregiver Risk Factor	2015 Victims With an Alcohol Abuse Caregiver Risk Factor	2016 Victims With an Alcohol Abuse Caregiver Risk Factor	2014 Victims With an Alcohol Abuse Caregiver Risk Factor Percent	2015 Victims With an Alcohol Abuse Caregiver Risk Factor Percent	2016 Victims With an Alcohol Abuse Caregiver Risk Factor Percent
Alabama	-	-	-	-	-	-	-	-	-
Alaska	2,484	2,898	3,142	427	535	705	17.2	18.5	22.4
Arizona	13,885	11,955	10,841	2,147	1,804	1,495	15.5	15.1	13.8
Arkansas	-	-	-	-	-	-	-	-	-
California	-	-	-	-	-	-	-	-	-
Colorado	-	-	-	-	-	-	-	-	-
Connecticut	-	-	7,803	-	-	319	-	-	4.1
Delaware	1,482	1,538	1,572	536	564	623	36.2	36.7	39.6
District of Columbia	-	-	-	-	-	-	-	-	-
Florida	-	-	-	-	-	-	-	-	-
Georgia	22,163	26,952	21,635	1,732	904	507	7.8	3.4	2.3
Hawaii	1,331	1,506	1,491	156	177	183	11.7	11.8	12.3
Idaho	-	-	-	-	-	-	-	-	-
Illinois	-	-	-	-	-	-	-	-	-
Indiana	23,334	26,397	28,430	1,013	1,124	1,154	4.3	4.3	4.1
Iowa	-	-	-	-	-	-	-	-	-
Kansas	-	-	-	-	-	-	-	-	-
Kentucky	17,932	18,897	20,010	2,343	3,125	3,079	13.1	16.5	15.4
Louisiana	-	-	-	-	-	-	-	-	-
Maine	3,823	3,372	3,446	731	660	611	19.1	19.6	17.7
Maryland	-	-	-	-	-	-	-	-	-
Massachusetts	-	-	-	-	-	-	-	-	-
Michigan	30,705	34,729	37,293	719	1,025	2,927	2.3	3.0	7.8
Minnesota	4,143	5,120	7,941	677	777	1,254	16.3	15.2	15.8
Mississippi	8,435	8,730	10,179	235	346	746	2.8	4.0	7.3
Missouri	5,322	5,699	5,481	553	473	467	10.4	8.3	8.5
Montana	1,191	1,868	3,116	63	102	176	5.3	5.5	5.6
Nebraska	-	3,483	2,783	-	206	265	-	5.9	9.5
Nevada	-	-	-	-	-	-	-	-	-
New Hampshire	646	745	905	73	88	106	11.3	11.8	11.7
New Jersey	11,586	9,689	8,264	1,752	1,527	1,201	15.1	15.8	14.5
New Mexico	7,606	8,701	7,526	2,843	3,262	2,684	37.4	37.5	35.7
New York	-	-	-	-	-	-	-	-	-
North Carolina	-	-	-	-	-	-	-	-	-
North Dakota	1,612	1,760	1,805	499	604	519	31.0	34.3	28.8
Ohio	-	23,006	23,635	-	880	1,261	-	3.8	5.3
Oklahoma	13,183	14,449	14,308	2,233	2,761	2,392	16.9	19.1	16.7
Oregon	10,088	10,428	11,851	4,247	4,628	5,719	42.1	44.4	48.3
Pennsylvania	-	-	-	-	-	-	-	-	-
Puerto Rico	7,683	6,950	-	661	566	-	8.6	8.1	-
Rhode Island	3,410	3,183	2,955	145	94	511	4.3	3.0	17.3
South Carolina	-	-	-	-	-	-	-	-	-
South Dakota	886	1,073	1,246	313	355	473	35.3	33.1	38.0
Tennessee	-	-	-	-	-	-	-	-	-
Texas	65,334	63,781	57,374	5,591	4,990	4,338	8.6	7.8	7.6
Utah	9,876	9,569	9,614	544	515	631	5.5	5.4	6.6
Vermont	-	-	-	-	-	-	-	-	-
Virginia	-	-	-	-	-	-	-	-	-
Washington	7,341	5,894	4,725	2,275	1,636	1,347	31.0	27.8	28.5
West Virginia	-	-	5,938	-	-	661	-	-	11.1
Wisconsin	4,642	4,840	4,822	209	177	225	4.5	3.7	4.7
Wyoming	861	968	977	217	226	240	25.2	23.3	24.6
National	**280,984**	**318,180**	**321,108**	**32,934**	**34,131**	**36,819**	**11.7**	**10.7**	**11.5**
Reporting States	**27**	**29**	**30**	**27**	**29**	**30**	**-**	**-**	**-**

Table 3–11 Victims With Drug Abuse Caregiver Risk Factor, 2014–2016

State	2014 Victims	2015 Victims	2016 Victims	2014 Victims With Drug Abuse Caregiver Risk Factor	2015 Victims With Drug Abuse Caregiver Risk Factor	2016 Victims With Drug Abuse Caregiver Risk Factor	2014 Victims With Drug Abuse Caregiver Risk Factor Percent	2015 Victims With Drug Abuse Caregiver Risk Factor Percent	2016 Victims With Drug Abuse Caregiver Risk Factor Percent
Alabama	8,697	8,466	10,157	478	465	565	5.5	5.5	5.6
Alaska	2,484	2,898	3,142	212	297	354	8.5	10.2	11.3
Arizona	13,885	11,955	10,841	7,366	6,156	5,371	53.1	51.5	49.5
Arkansas	8,971	9,204	9,707	278	257	274	3.1	2.8	2.8
California	-	-	-	-	-	-	-	-	-
Colorado	-	-	-	-	-	-	-	-	-
Connecticut	-	-	7,803	-	-	323	-	-	4.1
Delaware	1,482	1,538	1,572	489	533	584	33.0	34.7	37.2
District of Columbia	-	-	-	-	-	-	-	-	-
Florida	-	-	-	-	-	-	-	-	-
Georgia	22,163	26,952	21,635	5,870	4,068	2,988	26.5	15.1	13.8
Hawaii	1,331	1,506	1,491	543	695	706	40.8	46.1	47.4
Idaho	-	-	-	-	-	-	-	-	-
Illinois	-	-	-	-	-	-	-	-	-
Indiana	23,334	26,397	28,430	4,270	4,961	6,528	18.3	18.8	23.0
Iowa	-	-	-	-	-	-	-	-	-
Kansas	-	-	-	-	-	-	-	-	-
Kentucky	17,932	18,897	20,010	6,275	8,897	10,181	35.0	47.1	50.9
Louisiana	-	-	-	-	-	-	-	-	-
Maine	3,823	3,372	3,446	1,276	1,084	1,154	33.4	32.1	33.5
Maryland	9,119	6,790	6,993	424	383	377	4.6	5.6	5.4
Massachusetts	-	-	-	-	-	-	-	-	-
Michigan	-	-	37,293	-	-	6,314	-	-	16.9
Minnesota	4,143	5,120	7,941	964	1,227	1,750	23.3	24.0	22.0
Mississippi	8,435	8,730	10,179	689	1,729	4,270	8.2	19.8	41.9
Missouri	5,322	5,699	5,481	990	1,476	1,490	18.6	25.9	27.2
Montana	1,191	1,868	3,116	258	420	723	21.7	22.5	23.2
Nebraska	3,940	3,483	2,783	249	565	794	6.3	16.2	28.5
Nevada	-	-	-	-	-	-	-	-	-
New Hampshire	646	745	905	152	246	370	23.5	33.0	40.9
New Jersey	11,586	9,689	8,264	3,644	3,033	2,531	31.5	31.3	30.6
New Mexico	7,606	8,701	7,526	5,002	5,633	5,020	65.8	64.7	66.7
New York	-	-	-	-	-	-	-	-	-
North Carolina	-	-	-	-	-	-	-	-	-
North Dakota	1,612	1,760	1,805	794	851	994	49.3	48.4	55.1
Ohio	24,936	23,006	23,635	9,577	9,907	11,104	38.4	43.1	47.0
Oklahoma	13,183	14,449	14,308	6,015	6,693	7,000	45.6	46.3	48.9
Oregon	10,088	10,428	11,851	4,863	5,197	5,810	48.2	49.8	49.0
Pennsylvania	-	3,629	4,355	-	82	135	-	2.3	3.1
Puerto Rico	7,683	6,950	-	565	520	-	7.4	7.5	-
Rhode Island	3,410	3,183	2,955	323	198	543	9.5	6.2	18.4
South Carolina	-	-	-	-	-	-	-	-	-
South Dakota	886	1,073	1,246	324	488	598	36.6	45.5	48.0
Tennessee	11,695	11,362	9,665	1,229	1,254	1,400	10.5	11.0	14.5
Texas	65,334	63,781	57,374	18,884	17,332	15,305	28.9	27.2	26.7
Utah	9,876	9,569	9,614	926	899	1,311	9.4	9.4	13.6
Vermont	-	-	-	-	-	-	-	-	-
Virginia	-	-	-	-	-	-	-	-	-
Washington	7,341	5,894	4,725	3,420	2,724	2,293	46.6	46.2	48.5
West Virginia	4,962	-	5,938	357	-	3,107	7.2	-	52.3
Wisconsin	4,642	4,840	4,822	330	329	376	7.1	6.8	7.8
Wyoming	861	968	977	367	432	452	42.6	44.6	46.3
National	**322,599**	**322,902**	**361,985**	**87,403**	**89,031**	**103,095**	**27.1**	**27.6**	**28.5**
Reporting States	**33**	**33**	**35**	**33**	**33**	**35**	**-**	**-**	**-**

Table 3–12 Victims With Financial Problem Caregiver Risk Factor, 2016

State	Victims	Victims With Financial Problem Caregiver Risk Factor	Victims With Financial Problem Caregiver Risk Factor Percent
Alabama	-	-	-
Alaska	-	-	-
Arizona	10,841	5,626	51.9
Arkansas	9,707	1,394	14.4
California	-	-	-
Colorado	-	-	-
Connecticut	7,803	455	5.8
Delaware	1,572	39	2.5
District of Columbia	-	-	-
Florida	41,894	14,866	35.5
Georgia	21,635	664	3.1
Hawaii	1,491	40	2.7
Idaho	-	-	-
Illinois	29,059	652	2.2
Indiana	28,430	5,207	18.3
Iowa	8,555	315	3.7
Kansas	-	-	-
Kentucky	-	-	-
Louisiana	-	-	-
Maine	-	-	-
Maryland	6,993	2,554	36.5
Massachusetts	-	-	-
Michigan	37,293	1,054	2.8
Minnesota	7,941	1,434	18.1
Mississippi	10,179	1,339	13.2
Missouri	5,481	1,284	23.4
Montana	-	-	-
Nebraska	2,783	107	3.8
Nevada	-	-	-
New Hampshire	-	-	-
New Jersey	8,264	1,465	17.7
New Mexico	7,526	551	7.3
New York	-	-	-
North Carolina	-	-	-
North Dakota	1,805	511	28.3
Ohio	23,635	4,721	20.0
Oklahoma	14,308	1,033	7.2
Oregon	11,851	3,225	27.2
Pennsylvania	-	-	-
Puerto Rico	-	-	-
Rhode Island	2,955	205	6.9
South Carolina	17,331	3,905	22.5
South Dakota	1,246	492	39.5
Tennessee	-	-	-
Texas	57,374	4,942	8.6
Utah	9,614	1,993	20.7
Vermont	-	-	-
Virginia	-	-	-
Washington	4,725	1,059	22.4
West Virginia	-	-	-
Wisconsin	4,822	202	4.2
Wyoming	977	220	22.5
National	**398,090**	**61,554**	**15.5**
Reporting States	**30**	**30**	**-**

Table 3–13 Victims With Inadequate Housing Caregiver Risk Factor, 2016

State	Victims	Victims With Inadequate Housing Caregiver Risk Factor	Victims With Inadequate Housing Caregiver Risk Factor Percent
Alabama	10,157	616	6.1
Alaska	3,142	82	2.6
Arizona	10,841	3,673	33.9
Arkansas	9,707	509	5.2
California	-	-	-
Colorado	-	-	-
Connecticut	7,803	439	5.6
Delaware	1,572	37	2.4
District of Columbia	1,366	229	16.8
Florida	41,894	3,097	7.4
Georgia	21,635	907	4.2
Hawaii	1,491	122	8.2
Idaho	-	-	-
Illinois	-	-	-
Indiana	28,430	2,635	9.3
Iowa	8,555	192	2.2
Kansas	-	-	-
Kentucky	20,010	3,719	18.6
Louisiana	-	-	-
Maine	3,446	362	10.5
Maryland	6,993	253	3.6
Massachusetts	32,093	1,427	4.4
Michigan	37,293	1,283	3.4
Minnesota	7,941	1,252	15.8
Mississippi	10,179	2,107	20.7
Missouri	5,481	1,430	26.1
Montana	-	-	-
Nebraska	-	-	-
Nevada	-	-	-
New Hampshire	905	75	8.3
New Jersey	8,264	778	9.4
New Mexico	7,526	323	4.3
New York	-	-	-
North Carolina	-	-	-
North Dakota	1,805	482	26.7
Ohio	23,635	3,210	13.6
Oklahoma	-	-	-
Oregon	11,851	1,481	12.5
Pennsylvania	-	-	-
Puerto Rico	-	-	-
Rhode Island	2,955	67	2.3
South Carolina	17,331	2,986	17.2
South Dakota	1,246	253	20.3
Tennessee	9,665	342	3.5
Texas	-	-	-
Utah	9,614	1,523	15.8
Vermont	-	-	-
Virginia	-	-	-
Washington	4,725	1,116	23.6
West Virginia	-	-	-
Wisconsin	4,822	352	7.3
Wyoming	977	158	16.2
National	**375,350**	**37,517**	**10.0**
Reporting States	**34**	**34**	**-**

Table 3–14 Victims <1–11 Months With Alcohol Abuse Child Risk Factor, 2012–2016

Victim	2012	2013	2014	2015	2016
VICTIM BY AGE	-	-	-	-	-
<1 Month	17,975	20,945	22,776	23,329	24,954
1 Month	2,401	2,541	2,591	2,780	2,610
2 Months	2,296	2,447	2,585	2,676	2,591
3 Months	2,167	2,248	2,372	2,524	2,264
4 Months	2,078	2,124	2,238	2,277	2,188
5 Months	1,983	2,052	2,160	2,228	2,226
6 Months	1,846	2,003	2,107	2,178	2,060
7 Months	1,816	1,968	2,069	2,168	2,084
8 Months	1,914	1,995	2,069	2,149	2,076
9 Months	1,767	1,980	2,117	2,145	2,026
10 Months	1,839	1,963	2,037	2,080	1,971
11 Months	1,840	1,873	2,003	2,143	1,995
Total <1 Year	**39,922**	**44,139**	**47,124**	**48,677**	**49,045**
VICTIM BY AGE WITH ALCOHOL ABUSE RISK FACTOR	-	-	-	-	-
<1 Month With Alcohol Abuse Child Risk Factor	1,075	1,199	1,281	1,258	1,998
1 Month With Alcohol Abuse Child Risk Factor	29	34	35	33	43
2 Months With Alcohol Abuse Child Risk Factor	14	28	26	14	47
3 Months With Alcohol Abuse Child Risk Factor	11	21	18	13	40
4 Months With Alcohol Abuse Child Risk Factor	14	14	14	14	38
5 Months With Alcohol Abuse Child Risk Factor	16	15	10	12	32
6 Months With Alcohol Abuse Child Risk Factor	8	10	14	10	27
7 Months With Alcohol Abuse Child Risk Factor	15	8	13	13	28
8 Months With Alcohol Abuse Child Risk Factor	14	15	23	17	27
9 Months With Alcohol Abuse Child Risk Factor	11	26	12	16	18
10 Months With Alcohol Abuse Child Risk Factor	17	22	15	17	27
11 Months With Alcohol Abuse Child Risk Factor	11	11	10	15	32
Total <1 Year With Alcohol Abuse Child Risk Factor	**1,235**	**1,403**	**1,471**	**1,432**	**2,357**
VICTIM BY AGE WITH ALCOHOL ABUSE RISK FACTOR PERCENTAGE	-	-	-	-	-
<1 Month With Alcohol Abuse Child Risk Factor Percentage	6.0	5.7	5.6	5.4	8.0
1 Month With Alcohol Abuse Child Risk Factor Percentage	1.2	1.3	1.4	1.2	1.6
2 Months With Alcohol Abuse Child Risk Factor Percentage	0.6	1.1	1.0	0.5	1.8
3 Months With Alcohol Abuse Child Risk Factor Percentage	0.5	0.9	0.8	0.5	1.8
4 Months With Alcohol Abuse Child Risk Factor Percentage	0.7	0.7	0.6	0.6	1.7
5 Months With Alcohol Abuse Child Risk Factor Percentage	0.8	0.7	0.5	0.5	1.4
6 Months With Alcohol Abuse Child Risk Factor Percentage	0.4	0.5	0.7	0.5	1.3
7 Months With Alcohol Abuse Child Risk Factor Percentage	0.8	0.4	0.6	0.6	1.3
8 Months With Alcohol Abuse Child Risk Factor Percentage	0.7	0.8	1.1	0.8	1.3
9 Months With Alcohol Abuse Child Risk Factor Percentage	0.6	1.3	0.6	0.7	0.9
10 Months With Alcohol Abuse Child Risk Factor Percentage	0.9	1.1	0.7	0.8	1.4
11 Months With Alcohol Abuse Child Risk Factor Percentage	0.6	0.6	0.5	0.7	1.6
Total <1 Year With Alcohol Abuse Child Risk Factor Percentage	**3.1**	**3.2**	**3.1**	**2.9**	**4.8**
National <1 Year Child Population in Reporting States	**1,886,779**	**1,948,828**	**1,999,003**	**2,048,626**	**2,029,894**
National <1 Year With Alcohol Abuse Child Risk Factor Rate per 1,000	**0.7**	**0.7**	**0.7**	**0.7**	**1.2**
Reporting States	**22**	**23**	**23**	**24**	**23**

Table 3–15 Victims <1–11 Months With Drug Abuse Child Risk Factor, 2012–2016

Victim	2012	2013	2014	2015	2016
VICTIM BY AGE	-	-	-	-	-
<1 Month	22,609	26,275	33,251	34,240	36,767
1 Month	3,005	3,116	3,453	3,662	3,547
2 Months	2,833	3,055	3,421	3,546	3,491
3 Months	2,717	2,795	3,164	3,394	3,110
4 Months	2,544	2,691	3,011	3,116	2,998
5 Months	2,450	2,535	2,888	2,986	3,033
6 Months	2,270	2,502	2,812	2,931	2,835
7 Months	2,285	2,486	2,748	2,901	2,894
8 Months	2,363	2,470	2,785	2,867	2,905
9 Months	2,218	2,433	2,768	2,839	2,797
10 Months	2,287	2,409	2,706	2,738	2,716
11 Months	2,273	2,335	2,623	2,811	2,723
Total <1 Year	**49,854**	**55,102**	**65,630**	**68,031**	**69,816**
VICTIM BY AGE WITH DRUG ABUSE RISK FACTOR	-	-	-	-	-
<1 Month With Drug Abuse Child Risk Factor	5,549	6,355	6,394	6,928	9,191
1 Month With Drug Abuse Child Risk Factor	105	111	129	139	202
2 Months With Drug Abuse Child Risk Factor	64	86	107	74	163
3 Months With Drug Abuse Child Risk Factor	54	58	61	80	141
4 Months With Drug Abuse Child Risk Factor	53	53	53	68	122
5 Months With Drug Abuse Child Risk Factor	53	54	58	62	132
6 Months With Drug Abuse Child Risk Factor	27	44	46	55	102
7 Months With Drug Abuse Child Risk Factor	43	31	61	66	130
8 Months With Drug Abuse Child Risk Factor	43	52	54	67	103
9 Months With Drug Abuse Child Risk Factor	43	58	65	63	114
10 Months With Drug Abuse Child Risk Factor	59	57	52	57	111
11 Months With Drug Abuse Child Risk Factor	44	57	59	64	115
Total <1 Year With Drug Abuse Child Risk Factor	**6,137**	**7,016**	**7,139**	**7,723**	**10,626**
VICTIM BY AGE WITH DRUG ABUSE RISK FACTOR PERCENTAGE	-	-	-	-	-
<1 Month With Drug Abuse Child Risk Factor Percentage	24.5	24.2	19.2	20.2	25.0
1 Month With Drug Abuse Child Risk Factor Percentage	3.5	3.6	3.7	3.8	5.7
2 Months With Drug Abuse Child Risk Factor Percentage	2.3	2.8	3.1	2.1	4.7
3 Months With Drug Abuse Child Risk Factor Percentage	2.0	2.1	1.9	2.4	4.5
4 Months With Drug Abuse Child Risk Factor Percentage	2.1	2.0	1.8	2.2	4.1
5 Months With Drug Abuse Child Risk Factor Percentage	2.2	2.1	2.0	2.1	4.4
6 Months With Drug Abuse Child Risk Factor Percentage	1.2	1.8	1.6	1.9	3.6
7 Months With Drug Abuse Child Risk Factor Percentage	1.9	1.2	2.2	2.3	4.5
8 Months With Drug Abuse Child Risk Factor Percentage	1.8	2.1	1.9	2.3	3.5
9 Months With Drug Abuse Child Risk Factor Percentage	1.9	2.4	2.3	2.2	4.1
10 Months With Drug Abuse Child Risk Factor Percentage	2.6	2.4	1.9	2.1	4.1
11 Months With Drug Abuse Child Risk Factor Percentage	1.9	2.4	2.2	2.3	4.2
Total <1 Year With Drug Abuse Child Risk Factor Percentage	**12.3**	**12.7**	**10.9**	**11.4**	**15.2**
National <1 Year Child Population in Reporting States	**2,357,741**	**2,511,381**	**2,595,403**	**2,749,228**	**2,734,663**
National <1 Year With Drug Abuse Child Risk Factor Rate per 1,000	**2.6**	**2.8**	**2.8**	**2.8**	**3.9**
Reporting States	**32**	**34**	**35**	**36**	**35**

Table 3–16 Victims by Relationship to Their Perpetrators, 2016

PERPETRATOR	Victims	Reported Relationships	Reported Relationships Percent
PARENT	-	-	-
Father	-	136,734	21.7
Father and Nonparent(s)	-	7,277	1.2
Mother	-	254,231	40.3
Mother and Nonparent(s)	-	43,480	6.9
Mother and Father	-	129,165	20.5
Mother, Father, and Nonparent	-	6,173	1.0
Total Parents	**-**	**577,060**	**91.4**
NONPARENT	-	-	-
Child Daycare Provider	-	2,104	0.3
Foster Parent	-	1,539	0.2
Friend and Neighbor	-	4,822	0.8
Group Home and Residential Facility Staff	-	1,498	0.2
Legal Guardian	-	1,484	0.2
More Than One Nonparental Perpetrator	-	6,951	1.1
Other Professional	-	985	0.2
Partner of Parent (Female)	-	1,893	0.3
Partner of Parent (Male)	-	16,864	2.7
Relative (Female)	-	10,070	1.6
Relative (Male)	-	19,246	3.0
Other	-	17,175	2.7
Total Nonparents	**-**	**84,631**	**13.4**
UNKNOWN	**-**	**-**	**-**
Unknown	-	19,379	3.1
Total Unknown	**-**	**19,379**	**3.1**
National	**631,564**	**681,070**	**107.8**

Based on data from 48 states.

Fatalities

CHAPTER 4

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

Some child maltreatment deaths may not come to the attention of child protective services (CPS). 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. In addition to the sources mentioned in the law, some states also collect child fatality data from hospitals, health departments, juvenile justice departments, and prosecutor and attorney general offices. States that can provide these additional data do so as aggregate data via the Agency File.

Number of Child Fatalities

Forty-nine states reported 1,700 fatalities. Of those states, 44 reported case-level data on 1,447 fatalities and 42 reported aggregate data on 253 fatalities. Fatality rates by state ranged from 0.00 to 5.96 per 100,000 children in the population. The number of child fatalities reported by states in the Child File and Agency File has fluctuated during the past 5 years. (See tables 4–1, 4–2, and related notes.)

For FFY 2016, a nationally estimated 1,750 children died from abuse and neglect at a rate of 2.36 per 100,000 children in the population. The 2016 national estimate of 1,750 child deaths due to maltreatment is a 7.4 percent increase from the 2012 national estimate of 1,630. The percent change was calculated using the national estimates for FFY 2012 and FFY 2016. (See exhibit 4–A and related notes.) Due to the relatively low frequency of child fatalities, the national rate and national estimate are sensitive to which states report data and changes in the child population estimates produced by the U.S. Census Bureau.

With the passage of the Child and Family Services Improvement and Innovation Act in 2011, several states mentioned that they implemented new child death reviews or expanded the scope of existing reviews. Some states began investigating all unexplained infant deaths regardless of whether there was an allegation of maltreatment. Detailed explanations for data fluctuations may be found in the state

Exhibit 4–A Child Fatality Rates per 100,000 Children, 2012–2016

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
2012	51	74,277,427	1,621	2.18	74,542,811	1,630
2013	51	74,121,591	1,551	2.09	74,383,731	1,550
2014	51	74,086,682	1,588	2.14	74,346,098	1,590
2015	49	70,416,380	1,589	2.26	74,349,174	1,680
2016	49	72,009,469	1,700	2.36	74,338,157	1,750

Data are from the Child File and Agency File. 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 more or fewer fatalities than the actual reported number of fatalities.

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/cb/research-data-technology/statistics-research/child-maltreatment.

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. In FFY 2013, states began reporting the "maltreatment death date" to differentiate the year in which the death was reported to NCANDS in the Child File from the year in which the child died. More than 60.0 percent (62.3%) of the deaths reported in FFY 2016 occurred during FFY 2016 and 27.4% occurred during FFY 2015. Fewer than 8.0 percent (7.4%) occurred prior to FFY 2015 and fewer than 3.0 percent (2.8%) were reported with an unknown date of death. CPS agencies may need more time to determine a child died due to maltreatment. The time needed to conclude if a child was a victim of maltreatment often does not coincide with the timeframe for concluding that the death was a result of maltreatment due to multiple agency involvement and multiple levels of review for child deaths. (See table 4–3 and related notes.)

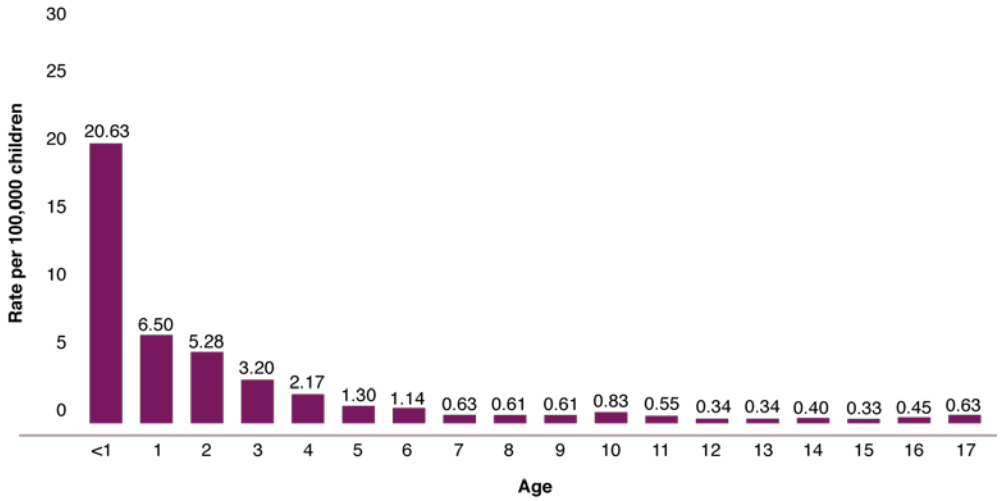
Child Fatality Demographics

Seventy percent of all child fatalities were younger than 3 years, and the child fatality rates mostly decreased with age. Children who were younger than 1 year died from maltreatment at a rate of 20.63 per 100,000 children in the population younger than 1 year. This is 3 times the fatality rate for children who were 1 year old (6.50 per 100,000 children in the population of the same age). As shown in exhibit 4–B, younger children are the most vulnerable to death as the result of child abuse and neglect. (See table 4–4, exhibit 4–B, and related notes.)

Boys had a higher child fatality rate than girls; 2.87 per 100,000 boys in the population, compared with 2.11 per 100,000 girls in the population. (See exhibit 4–C and related notes.) Eighty-seven percent (87.4%) of child fatalities were White (45.1%), African-American (28.5%), and Hispanic (13.8%). Using the number of victims and the population data to create rates highlights some racial disparity. The rate of African-American child fatalities (4.65 per 100,000 African-American children) is 2.2 times greater than the rate of White children (2.08 per 100,000 White children) and nearly 3 times greater than the rate of Hispanic children (1.58 per 100,000 Hispanic children). (See exhibit 4–D and related notes.)

Exhibit 4–B Child Fatalities by Age, 2016

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



Based on data from 44 states. See table 4–4.

Exhibit 4–C Child Fatalities by Sex, 2016

Sex	Child Population	Child Fatalities	Child Fatalities Percent	Child Fatalities Rate per 100,000 Children
Boys	29,586,447	848	58.6	2.87
Girls	28,345,887	597	41.3	2.11
Unknown	-	2	0.1	-
National	**57,932,334**	**1,447**	**100.0**	-

Based on data from 45 states. Data are from the Child File. 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.

Exhibit 4–D Child Fatalities by Race and Ethnicity, 2016

Race	Child Population	Child Fatalities	Child Fatalities Percent	Child Fatalities Rate per 100,000 Children
SINGLE RACE	-	-	-	-
African-American	8,627,798	401	28.5	4.65
American Indian or Alaska Native	489,595	16	1.1	3.27
Asian	2,243,711	13	0.9	0.58
Hispanic	12,316,877	194	13.8	1.58
Pacific Islander	89,152	3	0.2	3.37
Unknown	-	78	5.5	-
White	30,409,664	634	45.1	2.08
MULTIPLE RACE	-	-	-	-
Two or More Races	2,253,742	67	4.8	2.97
National	**56,430,539**	**1,406**	**100.0**	-

Based on data from 43 states. Data are from the Child File. 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 25 percent of victim 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 victim race and ethnicity.

Maltreatment Types

Of the children who died, 74.6 percent suffered neglect and 44.2 percent suffered physical abuse either exclusively or in combination with another maltreatment type. (See exhibit 4–E 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.

Exhibit 4–E Maltreatment Types of Child Fatalities, 2016

Maltreatment Type	Child Fatalities	Maltreatment Types	Maltreatment Types Percent
Medical Neglect	-	82	5.7
Neglect	-	1,079	74.6
Other	-	217	15.0
Physical Abuse	-	639	44.2
Psychological Abuse	-	19	1.3
Sexual Abuse	-	18	1.2
Unknown	-	1	0.1
National	**1,447**	**2,055**	**142.0**

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

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. Caregivers with these risk factors may or may not have been the perpetrator responsible for the child's death. Please see the Risk Factors section in chapter 3 or Appendix B, Glossary for more information and the NCANDS' definitions of these risk factors. Twenty-seven states reported that 5.7 percent of child fatalities were associated with a caregiver who had a risk factor of alcohol abuse. Thirty-one states reported that 15.1 percent of child fatalities were associated with a caregiver who had a risk factor of drug abuse. For 30 states, 9.9 percent of child fatalities had a caregiver with a financial problem, and in 32 states, 7.5 percent of fatalities had a caregiver who lived in inadequate housing. (See exhibit 4–F and related notes.)

Exhibit 4–F Child Fatalities with Selected Caregiver Risk Factors, 2016

Caregiver Risk Factor	Reporting States	Child Fatalities from Reporting States	Child Fatalities With a Caregiver Risk Factor	Child Fatalities With a Caregiver Risk Factor Percent
Alcohol Abuse	27	896	51	5.7
Drug Abuse	31	1,120	169	15.1
Financial Problem	30	1,156	114	9.9
Inadequate Housing	32	952	71	7.5

Data are from the Child File. For each caregiver risk factor, the analysis includes only those states that reported at least 1.0 percent of child victims' caregiver with the risk factor. States were excluded from these analyses if they were not able to differentiate between alcohol abuse and drug abuse caregiver risk factors and reported both risk factors for the same children in both caregiver risk factor categories. If a child was reported both with and without the caregiver risk factor, the child is counted once with the caregiver risk factor.

Perpetrator Relationship

Most perpetrators were caregivers of their victims. More than three-quarters (78.0%) of child fatalities involved parents acting alone, together, or with other individuals. Fewer (16.7%) fatalities did not have a parental relationship to their perpetrator. Child fatalities with unknown perpetrator relationship data accounted for 5.3 percent. (See table 4–5 and related notes.)

Prior CPS Contact

Some children who died from abuse and neglect were already known to CPS agencies. A new analysis was conducted to determine how many previous CPS contacts children had before they died due to maltreatment. To be included in this analysis, states had to report the child fatalities and the maltreatment death date in the Child File submission. For each child fatality, any record with a report date of up to 3 years prior to the maltreatment date of death was counted as a prior CPS contact. Nearly 30.0 (29.7%) percent of the fatalities in this analysis had at least 1 prior CPS contact in the 3 years prior to the date of death. Of those, 7.0 percent had at least one victim contact (meaning a previous report of maltreatment had a disposition of substantiated or indicated), 17.1 percent had at least one nonvictim contact, and 5.6 percent had both victim and nonvictim prior contacts. For the 35 states that reported these data, most fatalities (861 or 70.3%) did not have any previous CPS contacts. (See exhibit 4–G and related notes.)

Exhibit 4–G Fatalities by Number of Prior CPS Contacts, 2016

Number of Prior CPS Contacts	Fatalities with a Maltreatment Date of Death	Fatalities with Prior Victim Contact	Fatalities with Prior Victim Contact Percentage	Fatalities with Prior Nonvictim Contact	Fatalities with Prior Nonvictim Contact Percentage	Fatalities with Prior Victim and Nonvictim Contact	Fatalities with Prior Victim and Nonvictim Contact Percentage
1	-	79	6.5	143	11.7	0	0.0
2	-	6	0.5	45	3.7	37	3.0
3	-	0	0.0	12	1.0	17	1.4
>3	-	0	0.0	9	0.7	14	1.1
National	**1,223**	**85**	**7.0**	**209**	**17.1**	**68**	**5.6**

Based on data from 35 states. States must report both fatalities and maltreatment death date in the Child File to be included in this analysis. Only fatalities reported in FFY 2016 that had a maltreatment death date are included in this analysis. Prior CPS contacts with a report date of up to 3 years prior to the maltreatment death date were counted. States were excluded from this analysis if child IDs were not unique across years. A fatality record was excluded if the fatality was also reported in a prior year.

In 28 reporting states, 10.4 percent of child fatalities involved families who had received family preservation services in the previous 5 years. In 37 reporting states, 2.4 percent of child fatalities involved children who had been in foster care and were reunited with their families in the previous 5 years. (See tables 4–6, 4–7, and related notes.) Not all states are able to report these two services, and the national percentage is sensitive to which states report data. There may be additional children who died and who were previously known to CPS, but who did not receive either of these services.

Exhibit and Table Notes

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

General

- During data analyses, thresholds are set to ensure data quality is balanced with the need to report data from as many states as possible. States may be excluded from an analysis for data quality issues. Exclusion rules are listed in the table notes below.
- The data for all tables are from the Child File unless otherwise noted.
- All analyses use a unique count of fatalities (child fatality is counted once).
- 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 provided in appendix C.
- The row labeled Reporting States displays the count of states that provided data for that analysis.

- Child fatalities are reported during the federal fiscal year in which the death was determined to have been caused by maltreatment. This may not be the same year in which the child died.
- National totals and calculations appear in a single row labeled National instead of separate rows labeled total, rate, or percent.

Table 4–1 Child Fatalities by Submission Type, 2016

- 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, 2012–2016

- Data are from the Child File and Agency File.

Table 4–3 Child Fatalities by Maltreatment Death Year, 2016

- The maltreatment death year is displayed by FFY.

Table 4–4 Child Fatalities by Age, 2016

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

Table 4–5 Child Fatalities by Relationship to Their Perpetrators, 2016

- States were excluded from this analysis if more than 10.0 percent of perpetrators were reported without a coded relationship (blank), if more than 50.0 percent of perpetrators were reported with "other" or unknown relationship, or if the sex of the perpetrators was not reported.
- 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.
- Nonparent perpetrators counted in combination with parents (i.e., Mother and Nonparent(s); Father and Nonparent(s); or Mother, Father, and Nonparent) are not also counted in the individual relationship categories listed under Nonparent.
- The relationship categories listed under Nonparent perpetrator include any perpetrator relationship that was not identified as an adoptive parent, biological parent, or stepparent.
- The Unknown relationship category includes victims with an unknown perpetrator.
- Some states were not able to collect and report on group home and residential facility staff perpetrators due to system limitations or jurisdictional issues. More information may be found in appendix D.

Table 4–6 Child Fatalities Who Received Family Preservation Services Within the Previous 5 Years, 2016

- Data are from the Child File and Agency File.

Table 4–7 Child Fatalities Who Were Reunited With Their Families Within the Previous 5 Years, 2016

- Data are from the Child File and Agency File.

Table 4–1 Child Fatalities by Submission Type, 2016

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	26	0	26	2.37
Alaska	-	1	1	0.53
Arizona	48	0	48	2.94
Arkansas	42	-	42	5.96
California	-	137	137	1.51
Colorado	36	1	37	2.93
Connecticut	6	-	6	0.80
Delaware	0	0	0	0.00
District of Columbia	3	0	3	2.48
Florida	110	-	110	2.65
Georgia	97	0	97	3.86
Hawaii	4	0	4	1.30
Idaho	1	2	3	0.69
Illinois	64	0	64	2.19
Indiana	70	-	70	4.44
Iowa	12	0	12	1.64
Kansas	10	0	10	1.40
Kentucky	15	0	15	1.48
Louisiana	39	2	41	3.68
Maine	-	-	-	-
Maryland	13	19	32	2.37
Massachusetts	-	-	-	-
Michigan	85	0	85	3.88
Minnesota	28	0	28	2.17
Mississippi	41	0	41	5.68
Missouri	25	4	29	2.09
Montana	0	0	0	0.00
Nebraska	7	0	7	1.48
Nevada	10	3	13	1.92
New Hampshire	0	4	4	1.53
New Jersey	21	0	21	1.06
New Mexico	8	3	11	2.24
New York	86	9	95	2.27
North Carolina	-	32	32	1.39
North Dakota	4	0	4	2.27
Ohio	65	1	66	2.53
Oklahoma	31	0	31	3.22
Oregon	-	19	19	2.19
Pennsylvania	47	0	47	1.76
Puerto Rico	-	-	-	-
Rhode Island	4	-	4	1.92
South Carolina	21	1	22	2.00
South Dakota	4	-	4	1.88
Tennessee	41	0	41	2.73
Texas	217	0	217	2.97
Utah	12	0	12	1.30
Vermont	0	0	0	0.00
Virginia	45	0	45	2.41
Washington	-	15	15	0.92
West Virginia	20	0	20	5.33
Wisconsin	25	-	25	1.94
Wyoming	4	0	4	2.88
National	**1,447**	**253**	**1,700**	**2.36**
Reporting States	**44**	**42**	**49**	**-**

Table 4–2 Child Fatalities, 2012–2016

State	2012	2013	2014	2015	2016
Alabama	21	32	17	13	26
Alaska	4	1	3	5	1
Arizona	30	54	43	51	48
Arkansas	33	29	21	40	42
California	130	139	134	127	137
Colorado	39	21	20	19	37
Connecticut	6	5	13	11	6
Delaware	3	6	5	1	0
District of Columbia	2	3	3	3	3
Florida	179	121	138	124	110
Georgia	71	90	102	113	97
Hawaii	3	5	2	4	4
Idaho	6	5	4	6	3
Illinois	105	93	100	77	64
Indiana	23	28	49	34	70
Iowa	7	5	8	12	12
Kansas	8	7	13	8	10
Kentucky	26	23	15	16	15
Louisiana	42	43	31	39	41
Maine	-	-	-	-	-
Maryland	26	27	24	28	32
Massachusetts	20	30	26	-	-
Michigan	63	59	76	83	85
Minnesota	10	18	15	17	28
Mississippi	7	12	22	35	41
Missouri	20	39	36	35	29
Montana	2	1	4	2	0
Nebraska	6	6	5	3	7
Nevada	18	10	15	13	13
New Hampshire	1	3	1	4	4
New Jersey	16	18	9	23	21
New Mexico	16	7	7	14	11
New York	100	107	114	108	95
North Carolina	24	29	25	-	32
North Dakota	1	1	3	3	4
Ohio	70	48	51	74	66
Oklahoma	25	43	34	31	31
Oregon	17	10	13	27	19
Pennsylvania	38	34	34	31	47
Puerto Rico	19	10	11	7	-
Rhode Island	1	1	6	0	4
South Carolina	27	28	41	25	22
South Dakota	6	5	4	11	4
Tennessee	31	40	28	32	41
Texas	215	150	153	162	217
Utah	12	7	15	6	12
Vermont	0	0	1	3	0
Virginia	33	33	37	54	45
Washington	21	27	19	27	15
West Virginia	5	17	19	9	20
Wisconsin	31	21	18	17	25
Wyoming	2	0	1	2	4
National	**1,621**	**1,551**	**1,588**	**1,589**	**1,700**
Reporting States	**51**	**51**	**51**	**49**	**49**

Table 4–3 Child Fatalities by Maltreatment Death Year, 2016

State	2012 and prior years	2013	2014	2015	2016	Unknown	Total Child Fatalities
Alabama	1	3	6	7	9	-	26
Alaska	-	-	-	-	-	-	-
Arizona	-	-	-	19	12	17	48
Arkansas	-	-	1	9	32	-	42
California	-	-	-	-	-	-	-
Colorado	-	-	-	5	24	7	36
Connecticut	-	-	-	1	5	-	6
Delaware	-	-	-	-	-	-	0
District of Columbia	-	-	-	-	3	-	3
Florida	-	-	10	61	39	-	110
Georgia	-	-	-	11	86	-	97
Hawaii	-	-	-	2	2	-	4
Idaho	-	-	-	-	1	-	1
Illinois	-	1	-	24	37	2	64
Indiana	-	16	48	6	-	-	70
Iowa	-	-	-	-	12	-	12
Kansas	-	2	1	4	3	-	10
Kentucky	-	-	-	7	8	-	15
Louisiana	-	-	-	6	31	2	39
Maine	-	-	-	-	-	-	-
Maryland	-	-	-	4	9	-	13
Massachusetts	-	-	-	-	-	-	-
Michigan	-	-	-	21	62	2	85
Minnesota	-	-	-	12	16	-	28
Mississippi	-	-	-	5	36	-	41
Missouri	-	-	-	10	15	-	25
Montana	-	-	-	-	-	-	0
Nebraska	-	-	3	2	2	-	7
Nevada	-	-	-	1	6	3	10
New Hampshire	-	-	-	-	-	-	0
New Jersey	-	-	-	7	14	-	21
New Mexico	-	-	-	3	5	-	8
New York	3	1	-	27	55	-	86
North Carolina	-	-	-	-	-	-	-
North Dakota	-	-	-	2	2	-	4
Ohio	-	-	-	11	53	1	65
Oklahoma	-	2	5	20	4	-	31
Oregon	-	-	-	-	-	-	-
Pennsylvania	-	2	-	11	30	4	47
Puerto Rico	-	-	-	-	-	-	-
Rhode Island	-	-	-	-	4	-	4
South Carolina	-	-	-	2	19	-	21
South Dakota	-	-	-	-	4	-	4
Tennessee	-	-	-	13	28	-	41
Texas	-	1	-	47	167	2	217
Utah	-	-	1	-	11	-	12
Vermont	-	-	-	-	-	-	0
Virginia	-	-	-	25	20	-	45
Washington	-	-	-	-	-	-	-
West Virginia	1	-	-	2	17	-	20
Wisconsin	-	-	-	7	18	-	25
Wyoming	-	-	-	2	1	1	4
National	**5**	**28**	**75**	**396**	**902**	**41**	**1,447**
National Percent	**0.3**	**1.9**	**5.2**	**27.4**	**62.3**	**2.8**	**100.0**
Reporting States	**5**	**8**	**8**	**34**	**39**	**10**	**44**

Table 4–4 Child Fatalities by Age, 2016

Age	Child Population	Child Fatalities	Child Fatalities Percent	Child Fatalities Rate per 100,000 Children
<1	3,116,802	643	44.4	20.63
1	3,138,847	204	14.1	6.50
2	3,141,535	166	11.5	5.28
3	3,127,753	100	6.9	3.20
4	3,136,720	68	4.7	2.17
5	3,163,281	41	2.8	1.30
6	3,167,107	36	2.5	1.14
7	3,168,291	20	1.4	0.63
8	3,268,114	20	1.4	0.61
9	3,285,148	20	1.4	0.61
10	3,261,512	27	1.9	0.83
11	3,251,697	18	1.2	0.55
12	3,261,154	11	0.8	0.34
13	3,239,241	11	0.8	0.34
14	3,227,942	13	0.9	0.40
15	3,307,354	11	0.8	0.33
16	3,360,726	15	1.0	0.45
17	3,309,110	21	1.5	0.63
Unborn, Unknown, and 18–21	-	2	0.1	-
National	**57,932,334**	**1,447**	**100.0**	-

Based on data from 44 states.

Table 4–5 Child Fatalities by Relationship to Their Perpetrators, 2016

PERPETRATOR	Child Fatalities	Reported Relationships	Reported Relationships Percent
PARENT	-	-	-
Father	-	216	16.8
Father and Nonparent(s)	-	24	1.9
Mother	-	347	27.0
Mother and Nonparent(s)	-	137	10.7
Mother and Father	-	258	20.1
Mother, Father, and Nonparent	-	20	1.6
Total Parents	-	**1,002**	**78.0**
NONPARENT	-	-	-
Child Daycare Provider (Female)	-	23	1.8
Child Daycare Provider (Male)	-	1	0.1
Foster Parent	-	5	0.4
Friend or Neighbor	-	8	0.6
Group Home and Residential Facility Staff	-	-	-
Legal Guardian	-	1	0.1
More than One Nonparental Perpetrator	-	36	2.8
Other	-	45	3.5
Other Professional	-	1	0.1
Partner of Parent (Female)	-	3	0.2
Partner of Parent (Male)	-	31	2.4
Relative (Female)	-	35	2.7
Relative (Male)	-	26	2.0
Total Nonparents	-	**215**	**16.7**
UNKNOWN	-	-	-
Unknown	-	68	5.3
Total Unknown	-	**68**	**5.3**
National	**1,285**	**1,285**	**100.0**

Based on data from 41 states.

Table 4–6 Child Fatalities Who Received Family Preservation Services Within the Previous 5 Years, 2016

State	Child Fatalities	Child Fatalities Whose Families Received Preservation Services in the Previous 5 Years	Child Fatalities Whose Families Received Preservation Services in the Previous 5 Years Percent
Alabama	26	3	-
Alaska	-	-	-
Arizona	-	-	-
Arkansas	42	5	-
California	-	-	-
Colorado	-	-	-
Connecticut	-	-	-
Delaware	0	0	-
District of Columbia	3	0	-
Florida	110	10	-
Georgia	97	22	-
Hawaii	-	-	-
Idaho	3	1	-
Illinois	-	-	-
Indiana	-	-	-
Iowa	-	-	-
Kansas	10	2	-
Kentucky	15	0	-
Louisiana	41	2	-
Maine	-	-	-
Maryland	32	1	-
Massachusetts	-	-	-
Michigan	-	-	-
Minnesota	28	3	-
Mississippi	41	1	-
Missouri	29	0	-
Montana	0	0	-
Nebraska	7	0	-
Nevada	13	0	-
New Hampshire	4	0	-
New Jersey	21	0	-
New Mexico	11	0	-
New York	-	-	-
North Carolina	-	-	-
North Dakota	4	0	-
Ohio	-	-	-
Oklahoma	31	1	-
Oregon	19	6	-
Pennsylvania	-	-	-
Puerto Rico	-	-	-
Rhode Island	-	-	-
South Carolina	-	-	-
South Dakota	-	-	-
Tennessee	41	4	-
Texas	217	28	-
Utah	12	0	-
Vermont	0	0	-
Virginia	-	-	-
Washington	15	2	-
West Virginia	-	-	-
Wisconsin	-	-	-
Wyoming	-	-	-
National	**872**	**91**	**10.4**
Reporting States	**28**	**28**	**-**

Table 4–7 Child Fatalities Who Were Reunited With Their Families Within the Previous 5 Years, 2016

State	Child Fatalities	Child Fatalities Who Were Reunited With Their Families Within the Previous 5 Years	Child Fatalities Who Were Reunited With Their Families Within the Previous 5 Years Percent
Alabama	26	0	-
Alaska	1	0	-
Arizona	-	-	-
Arkansas	42	1	-
California	-	-	-
Colorado	37	2	-
Connecticut	-	-	-
Delaware	0	0	-
District of Columbia	3	0	-
Florida	110	3	-
Georgia	97	2	-
Hawaii	4	1	-
Idaho	3	0	-
Illinois	-	-	-
Indiana	70	4	-
Iowa	-	-	-
Kansas	10	1	-
Kentucky	15	0	-
Louisiana	41	3	-
Maine	-	-	-
Maryland	32	0	-
Massachusetts	-	-	-
Michigan	-	-	-
Minnesota	28	1	-
Mississippi	41	0	-
Missouri	29	0	-
Montana	0	0	-
Nebraska	7	1	-
Nevada	13	0	-
New Hampshire	4	0	-
New Jersey	21	0	-
New Mexico	11	0	-
New York	-	-	-
North Carolina	-	-	-
North Dakota	4	0	-
Ohio	66	3	-
Oklahoma	31	0	-
Oregon	19	0	-
Pennsylvania	-	-	-
Puerto Rico	-	-	-
Rhode Island	4	0	-
South Carolina	22	0	-
South Dakota	-	-	-
Tennessee	41	1	-
Texas	217	3	-
Utah	12	0	-
Vermont	0	0	-
Virginia	-	-	-
Washington	15	0	-
West Virginia	-	-	-
Wisconsin	25	1	-
Wyoming	4	0	-
National	**1,105**	**27**	**2.4**
Reporting States	**37**	**37**	**-**

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. This chapter includes perpetrators of children with substantiated and indicated dispositions (see chapter 3 for definitions). The majority of perpetrators were caregivers of their victims.

Number of Perpetrators (unique count of perpetrators)

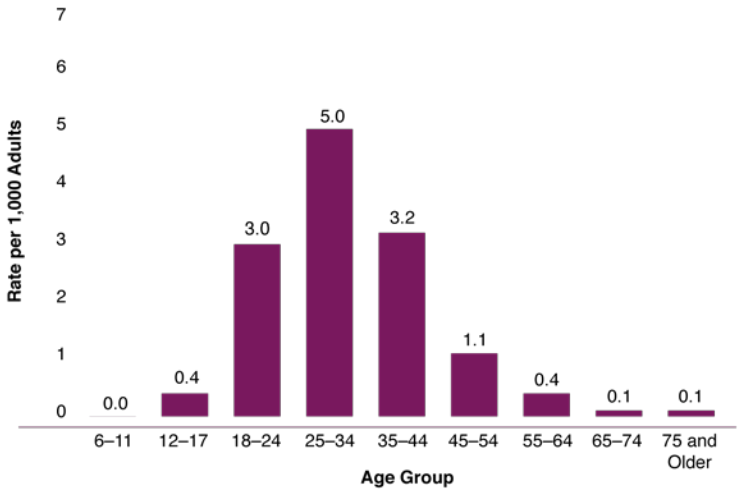
The analyses in this chapter use a unique count of perpetrators, which means identifying and counting a perpetrator once, regardless of the number of times the perpetrator was the subject of a report. For FFY 2016, 50 states reported a unique count of 518,136 perpetrators. (See table 5–1 and related notes.)

Perpetrator Demographics (unique count of perpetrators)

More than four-fifths (83.4%) of perpetrators were in the age group of 18–44 years. Perpetrators younger than 18 years accounted for 2.0 percent of all perpetrators. Some states have laws that limit the youngest age that a person can be considered a perpetrator (appendix D). 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. Older adults in the age group of 35–44 had the second highest rate at 3.2, which was higher than the age group of 18–24 with a rate of 3.0 per 1,000 adults in the population of the same age. (See table 5–2, exhibit 5–A, and related notes.)

Exhibit 5–A Perpetrators by Age, 2016

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

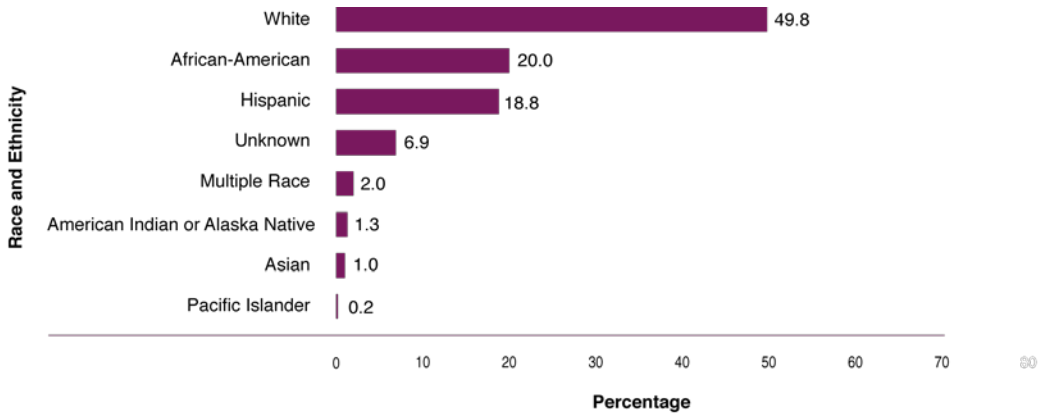


Based on data from 50 states. See table 5–2.

More than one-half (53.7%) of perpetrators were women and 45.3 percent of perpetrators were men; 1.0 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 White (49.8%), African-American (20.0%), and Hispanic (18.8%). Race or ethnicity was unknown or not reported for 6.9 percent of perpetrators. (See table 5–4, exhibit 5–B, and related notes.)

Exhibit 5–B Perpetrators by Race and Ethnicity, 2016

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



Based on data from 49 states. See table 5–4.

Perpetrator Relationship

(unique count of perpetrators and unique count of relationships)

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

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

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

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

The majority (77.6%) of perpetrators were a parent of their victim, 6.2 percent of perpetrators were a relative other than a parent, and 4.1 percent had a multiple relationship to either multiple victims in the same report or multiple victims across reports. Nearly 4.0 percent (3.8%) of perpetrators had an "other" relationship to their victims. According to states' commentary, the NCANDS category of "other" perpetrator relationship includes foster sibling, nonrelative, household staff, clergy, etc. Please refer to appendix D for more information. (See table 5–5 and related notes.)

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. Exclusion rules are listed in the table notes below.
- The data for all tables are from the Child File.
- Rates are per 1,000 adults 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.
- National totals and calculations appear in a single row labeled National instead of separate rows labeled total, rate, or percent.
- The row labeled Reporting States displays the count of states that provided data for that analysis.
- All tables use a unique count of perpetrators.

Table 5–1 Perpetrators, 2012–2016

- One state does not report perpetrator data.

Table 5–2 Perpetrators by Age, 2016

- Rates were calculated by dividing the perpetrator count by the adult population count and multiplying by 1,000.
- In NCANDS, valid perpetrator ages are 6–75 years old. If a perpetrator was reported with an age 76 years or older, the age is recoded to 75.
- Adult population estimates are provided in appendix C.
- 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, 2016

- States were excluded from this analysis if more than 20 percent of perpetrators were reported with unknown sex.
- The category of unknown sex may include not reported.

Table 5–4 Perpetrators by Race and Ethnicity, 2016

- The NCANDS category of multiple race is defined as any combination of two or more race categories.
- Counts associated with each racial group are exclusive and do not include Hispanic ethnicity.
- Perpetrators reported with Hispanic ethnicity are counted as Hispanic, regardless of any reported race.
- Only those states that reported both race and ethnicity separately are included in this analysis.
- States were excluded from this analysis if more than 45.0 percent of perpetrators were reported with as unknown or missing race or ethnicity.

Table 5–5 Perpetrators by Relationship to Their Victims, 2016

- 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 an "other" relationships or more than 50 percent were reported with an unknown relationship.
- States were excluded from this analysis if more than 10 percent of perpetrators were reported without coded relationships (meaning the relationship field was blank).

Table 5–1 Perpetrators, 2012–2016

State	2012	2013	2014	2015	2016
Alabama	8,115	6,259	6,278	6,075	7,280
Alaska	2,260	1,934	1,973	2,255	2,424
Arizona	10,709	13,901	14,788	12,232	11,107
Arkansas	9,318	8,735	7,570	7,831	8,221
California	59,793	59,772	59,291	57,344	55,304
Colorado	8,867	8,618	8,390	8,797	9,818
Connecticut	6,629	5,916	6,269	5,620	6,385
Delaware	1,832	1,465	1,175	1,202	1,281
District of Columbia	1,681	1,409	1,055	946	961
Florida	39,445	35,978	33,767	32,421	31,333
Georgia	-	-	-	-	-
Hawaii	1,184	1,156	1,100	1,235	1,195
Idaho	1,222	1,454	1,394	1,417	1,650
Illinois	14,776	13,585	18,322	21,571	20,668
Indiana	15,853	17,135	18,203	20,385	22,090
Iowa	8,476	8,744	6,121	5,919	6,437
Kansas	1,530	1,703	1,668	1,653	2,017
Kentucky	11,817	13,468	11,756	13,191	12,975
Louisiana	6,216	8,761	10,065	10,665	9,682
Maine	3,508	3,501	3,424	3,085	3,158
Maryland	10,742	9,885	7,507	5,700	5,869
Massachusetts	15,523	16,523	25,721	25,272	25,889
Michigan	27,274	27,715	25,344	28,753	30,957
Minnesota	3,394	3,227	3,179	4,013	5,792
Mississippi	5,967	5,577	6,294	6,726	8,368
Missouri	4,058	4,560	4,687	4,940	4,765
Montana	968	1,001	902	1,316	2,332
Nebraska	2,696	2,802	2,830	2,445	1,976
Nevada	4,519	4,394	3,728	3,975	3,998
New Hampshire	822	784	609	673	816
New Jersey	6,906	7,351	8,871	7,518	6,447
New Mexico	5,023	5,578	6,570	7,421	6,504
New York	55,009	51,985	51,955	52,852	51,199
North Carolina	4,679	4,099	4,254	4,110	3,710
North Dakota	1,005	1,085	1,196	1,276	1,344
Ohio	24,011	22,696	20,510	18,690	19,294
Oklahoma	9,205	10,682	12,019	12,807	12,323
Oregon	7,054	7,959	7,784	8,010	9,034
Pennsylvania	3,435	3,356	3,279	3,648	4,653
Puerto Rico	5,296	6,080	5,710	5,245	-
Rhode Island	2,555	2,510	2,622	2,464	2,309
South Carolina	8,677	8,001	9,497	11,418	13,210
South Dakota	839	691	645	694	881
Tennessee	8,764	9,100	10,280	9,881	9,611
Texas	49,779	51,376	52,226	50,880	45,926
Utah	7,057	6,955	7,447	7,303	7,284
Vermont	535	639	655	732	695
Virginia	4,883	4,775	5,392	5,014	4,901
Washington	5,621	6,108	6,156	5,044	4,207
West Virginia	4,171	4,245	4,472	4,402	5,242
Wisconsin	3,920	3,689	3,921	3,904	3,886
Wyoming	528	552	636	716	728
National	**508,146**	**509,474**	**519,507**	**521,686**	**518,136**
Reporting States	**51**	**51**	**51**	**51**	**50**

Table 5–2 Perpetrators by Age, 2016 *(continues next page)*

State	6–11	12–17	18–24	25–34	35–44	45–54	55–64	65–74	75 and Older	Unknown	Total Perpetrators
Alabama	-	309	1,439	2,949	1,445	434	143	43	518	-	7,280
Alaska	1	5	358	1,111	627	213	69	8	6	26	2,424
Arizona	5	67	2,169	5,064	2,613	847	195	52	95	-	11,107
Arkansas	154	387	1,671	3,156	1,608	553	202	69	30	391	8,221
California	79	694	8,876	22,671	14,735	5,381	1,571	425	126	746	55,304
Colorado	39	280	1,582	4,173	2,354	802	260	71	2	255	9,818
Connecticut	4	34	966	2,626	1,694	744	162	41	11	103	6,385
Delaware	3	35	163	574	329	132	37	8	-	-	1,281
District of Columbia	-	4	110	410	272	85	21	5	1	53	961
Florida	-	106	4,435	13,869	7,829	2,976	1,054	357	84	623	31,333
Georgia	-	-	-	-	-	-	-	-	-	-	-
Hawaii	-	5	169	517	324	107	35	3	5	30	1,195
Idaho	-	8	325	673	445	146	37	14	2	-	1,650
Illinois	33	522	4,025	8,633	4,805	1,672	471	147	31	329	20,668
Indiana	17	606	4,601	9,571	4,981	1,501	456	130	39	188	22,090
Iowa	5	101	1,178	2,963	1,536	458	127	48	10	11	6,437
Kansas	11	181	277	777	467	167	75	29	4	29	2,017
Kentucky	1	79	2,257	5,837	3,223	1,074	362	89	50	3	12,975
Louisiana	1	59	1,778	4,509	2,330	643	258	76	24	4	9,682
Maine	-	15	493	1,463	811	271	74	22	-	9	3,158
Maryland	44	221	801	2,067	1,316	604	216	71	511	18	5,869
Massachusetts	2	163	3,717	10,718	6,880	2,894	772	190	33	520	25,889
Michigan	28	173	6,194	13,717	7,442	2,500	675	172	34	22	30,957
Minnesota	18	201	884	2,546	1,451	508	147	31	6	-	5,792
Mississippi	28	216	1,422	3,476	2,128	688	292	79	16	23	8,368
Missouri	-	34	764	1,961	1,139	472	170	75	12	138	4,765
Montana	-	12	431	1,042	574	171	45	9	4	44	2,332
Nebraska	-	34	357	927	464	149	33	11	1	-	1,976
Nevada	-	23	680	1,768	1,050	331	113	31	2	-	3,998
New Hampshire	-	19	135	385	168	75	22	6	0	6	816
New Jersey	-	25	821	2,637	1,771	756	201	57	19	160	6,447
New Mexico	2	48	1,064	2,683	1,450	439	138	32	12	636	6,504
New York	7	241	7,284	19,481	14,673	6,979	1,919	466	116	33	51,199
North Carolina	1	15	565	1,634	978	336	135	32	14	-	3,710
North Dakota	-	5	221	621	327	103	34	3	-	30	1,344
Ohio	107	1,078	3,571	7,479	3,856	1,353	503	155	37	1,155	19,294
Oklahoma	-	77	2,379	5,591	2,798	888	309	77	27	177	12,323
Oregon	4	242	1,414	3,829	2,307	784	247	66	23	118	9,034
Pennsylvania	-	222	764	1,567	1,121	501	209	80	26	163	4,653
Puerto Rico	-	-	-	-	-	-	-	-	-	-	-
Rhode Island	6	58	427	986	557	193	47	16	3	16	2,309
South Carolina	-	51	1,938	6,154	3,488	1,094	333	128	23	1	13,210
South Dakota	-	5	157	412	191	71	18	7	-	20	881
Tennessee	26	442	1,604	3,405	1,697	700	267	98	17	1,355	9,611
Texas	156	1,598	10,175	19,829	9,394	3,111	1,157	380	85	41	45,926
Utah	60	605	1,246	2,772	1,823	544	164	51	16	3	7,284
Vermont	-	50	126	252	147	67	29	10	4	10	695
Virginia	1	50	749	1,999	1,145	442	156	42	16	301	4,901
Washington	-	11	539	1,801	1,212	424	130	29	7	54	4,207
West Virginia	1	12	882	2,175	1,232	376	115	40	4	405	5,242
Wisconsin	10	60	590	1,546	754	241	74	20	5	586	3,886
Wyoming	-	14	111	332	168	51	17	4	2	29	728
National	**854**	**9,502**	**88,884**	**217,338**	**126,129**	**46,051**	**14,296**	**4,105**	**2,113**	**8,864**	**518,136**
Reporting States	**30**	**50**	**50**	**50**	**50**	**50**	**50**	**50**	**45**	**42**	**50**

Table 5–2 Perpetrators by Age, 2016

State	6–11 Rate per 1,000 Children	12–17 Rate per 1,000 Children	18–24 Rate per 1,000 Adults	25–34 Rate per 1,000 Adults	35–44 Rate per 1,000 Adults	45–54 Rate per 1,000 Adults	55–64 Rate per 1,000 Adults	65–74 Rate per 1,000 Adults	75 and Older Rate per 1,000 Adults
Alabama	-	0.8	3.1	4.6	2.4	0.7	0.2	0.1	1.6
Alaska	0.0	0.1	4.8	9.2	6.8	2.3	0.7	0.2	0.2
Arizona	0.0	0.1	3.2	5.4	3.1	1.0	0.2	0.1	0.2
Arkansas	0.6	1.6	5.9	8.0	4.4	1.5	0.5	0.2	0.1
California	0.0	0.2	2.3	3.8	2.9	1.0	0.3	0.1	0.1
Colorado	0.1	0.7	3.0	5.0	3.2	1.1	0.4	0.2	0.0
Connecticut	0.0	0.1	2.7	5.9	4.0	1.4	0.3	0.1	0.0
Delaware	0.0	0.5	1.9	4.5	3.0	1.0	0.3	0.1	-
District of Columbia	-	0.1	1.4	2.6	2.8	1.1	0.3	0.1	0.0
Florida	-	0.1	2.5	5.2	3.2	1.1	0.4	0.2	0.0
Georgia	-	-	-	-	-	-	-	-	-
Hawaii	-	0.1	1.3	2.5	1.8	0.6	0.2	0.0	0.0
Idaho	-	0.1	2.1	3.0	2.2	0.7	0.2	0.1	0.0
Illinois	0.0	0.5	3.3	4.9	2.9	1.0	0.3	0.1	0.0
Indiana	0.0	1.1	7.0	11.1	6.1	1.7	0.5	0.2	0.1
Iowa	0.0	0.4	3.7	7.5	4.2	1.2	0.3	0.2	0.0
Kansas	0.0	0.8	0.9	2.0	1.3	0.5	0.2	0.1	0.0
Kentucky	0.0	0.2	5.4	10.1	5.8	1.8	0.6	0.2	0.2
Louisiana	0.0	0.2	4.0	6.6	4.1	1.1	0.4	0.2	0.1
Maine	0.0	0.2	4.5	9.3	5.4	1.4	0.4	0.1	-
Maryland	0.1	0.5	1.5	2.5	1.7	0.7	0.3	0.1	1.4
Massachusetts	0.0	0.3	5.3	11.3	8.3	3.0	0.8	0.3	0.1
Michigan	0.0	0.2	6.3	11.0	6.4	1.9	0.5	0.2	0.1
Minnesota	0.0	0.5	1.7	3.4	2.1	0.7	0.2	0.1	0.0
Mississippi	0.1	0.9	4.8	8.8	5.8	1.8	0.8	0.3	0.1
Missouri	-	0.1	1.3	2.4	1.6	0.6	0.2	0.1	0.0
Montana	-	0.2	4.3	7.8	4.8	1.4	0.3	0.1	0.1
Nebraska	-	0.2	1.9	3.7	2.0	0.6	0.1	0.1	0.0
Nevada	-	0.1	2.7	4.1	2.7	0.8	0.3	0.1	0.0
New Hampshire	-	0.2	1.1	2.4	1.1	0.4	0.1	0.0	-
New Jersey	-	0.0	1.0	2.3	1.5	0.6	0.2	0.1	0.0
New Mexico	0.0	0.3	5.3	9.6	6.0	1.7	0.5	0.2	0.1
New York	0.0	0.2	3.8	6.7	6.0	2.6	0.7	0.3	0.1
North Carolina	0.0	0.0	0.6	1.2	0.8	0.2	0.1	0.0	0.0
North Dakota	-	0.1	2.4	5.5	3.8	1.2	0.4	0.1	-
Ohio	0.1	1.2	3.3	5.0	2.8	0.9	0.3	0.1	0.0
Oklahoma	-	0.2	6.2	10.3	5.8	1.9	0.6	0.2	0.1
Oregon	0.0	0.8	3.9	6.7	4.3	1.5	0.5	0.2	0.1
Pennsylvania	-	0.2	0.6	0.9	0.8	0.3	0.1	0.1	0.0
Puerto Rico	-	-	-	-	-	-	-	-	-
Rhode Island	0.1	0.8	3.7	6.9	4.5	1.3	0.3	0.2	0.0
South Carolina	-	0.1	4.1	9.4	5.8	1.7	0.5	0.2	0.1
South Dakota	-	0.1	1.9	3.7	1.9	0.7	0.2	0.1	-
Tennessee	0.1	0.9	2.6	3.8	2.0	0.8	0.3	0.2	0.0
Texas	0.1	0.7	3.7	4.9	2.5	0.9	0.4	0.2	0.1
Utah	0.2	2.0	3.6	6.2	4.4	1.7	0.6	0.3	0.1
Vermont	-	1.2	1.9	3.5	2.1	0.8	0.3	0.1	0.1
Virginia	0.0	0.1	0.9	1.7	1.1	0.4	0.1	0.1	0.0
Washington	-	0.0	0.8	1.7	1.3	0.4	0.1	0.0	0.0
West Virginia	0.0	0.1	5.5	9.9	5.5	1.5	0.4	0.2	0.0
Wisconsin	0.0	0.1	1.1	2.1	1.1	0.3	0.1	0.0	0.0
Wyoming	-	0.3	2.0	4.1	2.4	0.7	0.2	0.1	0.1
National	**0.0**	**0.4**	**3.0**	**5.0**	**3.2**	**1.1**	**0.4**	**0.1**	**0.1**
Reporting States	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

Table 5–3 Perpetrators by Sex, 2016

State	Men	Women	Unknown	Total Perpetrators	Men Percent	Women Percent	Unknown Percent
Alabama	3,184	4,067	29	7,280	43.7	55.9	0.4
Alaska	1,062	1,338	24	2,424	43.8	55.2	1.0
Arizona	5,491	5,594	22	11,107	49.4	50.4	0.2
Arkansas	3,781	4,313	127	8,221	46.0	52.5	1.5
California	24,657	30,450	197	55,304	44.6	55.1	0.4
Colorado	4,689	5,072	57	9,818	47.8	51.7	0.6
Connecticut	2,947	3,400	38	6,385	46.2	53.2	0.6
Delaware	777	504	-	1,281	60.7	39.3	0.0
District of Columbia	287	653	21	961	29.9	68.0	2.2
Florida	14,819	15,946	568	31,333	47.3	50.9	1.8
Georgia	-	-	-	-	-	-	-
Hawaii	522	667	6	1,195	43.7	55.8	0.5
Idaho	671	979	-	1,650	40.7	59.3	-
Illinois	9,804	10,677	187	20,668	47.4	51.7	0.9
Indiana	9,829	12,235	26	22,090	44.5	55.4	0.1
Iowa	2,955	3,474	8	6,437	45.9	54.0	0.1
Kansas	1,205	808	4	2,017	59.7	40.1	0.2
Kentucky	5,315	7,564	96	12,975	41.0	58.3	0.7
Louisiana	3,527	6,128	27	9,682	36.4	63.3	0.3
Maine	1,652	1,503	3	3,158	52.3	47.6	0.1
Maryland	2,798	2,761	310	5,869	47.7	47.0	5.3
Massachusetts	10,610	14,250	1,029	25,889	41.0	55.0	4.0
Michigan	12,558	18,372	27	30,957	40.6	59.3	0.1
Minnesota	2,713	3,079	-	5,792	46.8	53.2	-
Mississippi	3,272	5,026	70	8,368	39.1	60.1	0.8
Missouri	2,639	2,030	96	4,765	55.4	42.6	2.0
Montana	927	1,306	99	2,332	39.8	56.0	4.2
Nebraska	907	1,069	-	1,976	45.9	54.1	-
Nevada	1,695	2,302	1	3,998	42.4	57.6	0.0
New Hampshire	381	431	4	816	46.7	52.8	0.5
New Jersey	2,785	3,647	15	6,447	43.2	56.6	0.2
New Mexico	2,522	3,865	117	6,504	38.8	59.4	1.8
New York	23,569	27,576	54	51,199	46.0	53.9	0.1
North Carolina	-	-	-	-	-	-	-
North Dakota	515	823	6	1,344	38.3	61.2	0.4
Ohio	9,502	9,458	334	19,294	49.2	49.0	1.7
Oklahoma	5,806	6,461	56	12,323	47.1	52.4	0.5
Oregon	4,952	4,041	41	9,034	54.8	44.7	0.5
Pennsylvania	3,022	1,567	64	4,653	64.9	33.7	1.4
Puerto Rico	-	-	-	-	-	-	-
Rhode Island	1,113	1,190	6	2,309	48.2	51.5	0.3
South Carolina	5,092	8,102	16	13,210	38.5	61.3	0.1
South Dakota	321	541	19	881	36.4	61.4	2.2
Tennessee	4,639	4,548	424	9,611	48.3	47.3	4.4
Texas	20,817	25,010	99	45,926	45.3	54.5	0.2
Utah	4,005	3,275	4	7,284	55.0	45.0	0.1
Vermont	469	226	-	695	67.5	32.5	-
Virginia	2,214	2,585	102	4,901	45.2	52.7	2.1
Washington	1,948	2,244	15	4,207	46.3	53.3	0.4
West Virginia	2,237	3,002	3	5,242	42.7	57.3	0.1
Wisconsin	1,719	1,719	448	3,886	44.2	44.2	11.5
Wyoming	313	414	1	728	43.0	56.9	0.1
National	**233,234**	**276,292**	**4,900**	**514,426**	**45.3**	**53.7**	**1.0**
Reporting States	**49**	**49**	**44**	**49**	**-**	**-**	**-**

Table 5–4 Perpetrators by Race and Ethnicity, 2016 *(continues next page)*

State	African-American	American Indian or Alaska Native	Asian	Hispanic	Multiple Race	Pacific Islander	White	Unknown	Total Perpetrators
Alabama	1,899	10	10	220	-	9	4,952	180	7,280
Alaska	75	1,187	24	60	98	46	602	332	2,424
Arizona	1,129	506	39	3,631	166	24	4,435	1,177	11,107
Arkansas	1,410	16	21	397	309	43	5,795	230	8,221
California	7,750	545	1,619	26,312	-	257	15,015	3,806	55,304
Colorado	746	39	51	2,273	123	14	3,821	2,751	9,818
Connecticut	1,491	10	45	1,930	82	3	2,644	180	6,385
Delaware	549	-	7	156	5	-	559	5	1,281
District of Columbia	587	-	2	101	4	1	15	251	961
Florida	9,089	44	153	4,488	254	13	15,778	1,514	31,333
Georgia	-	-	-	-	-	-	-	-	-
Hawaii	34	4	164	44	315	291	287	56	1,195
Idaho	12	32	2	145	5	7	1,353	94	1,650
Illinois	6,084	16	171	3,128	133	10	10,750	376	20,668
Indiana	3,605	16	51	1,080	366	11	16,782	179	22,090
Iowa	826	82	43	429	63	16	4,874	104	6,437
Kansas	203	11	5	184	28	3	1,479	104	2,017
Kentucky	1,382	7	22	275	214	11	10,716	348	12,975
Louisiana	4,038	20	22	245	29	9	4,955	364	9,682
Maine	69	34	6	77	61	2	2,200	709	3,158
Maryland	2,359	14	38	491	-	4	1,953	1,010	5,869
Massachusetts	3,192	53	385	5,348	326	13	10,587	5,985	25,889
Michigan	7,872	116	105	1,724	1,408	6	18,194	1,532	30,957
Minnesota	1,362	459	181	486	456	8	2,778	62	5,792
Mississippi	2,660	13	11	127	20	8	4,694	835	8,368
Missouri	818	8	8	154	11	3	3,470	293	4,765
Montana	26	371	-	77	42	3	1,592	221	2,332
Nebraska	258	118	16	282	40	2	1,133	127	1,976
Nevada	887	30	52	804	78	30	1,680	437	3,998
New Hampshire	17	2	4	30	7	1	673	82	816
New Jersey	1,944	4	87	1,577	29	4	2,611	191	6,447
New Mexico	161	505	6	3,664	67	3	1,636	462	6,504
New York	14,156	261	1,074	11,249	566	17	18,924	4,952	51,199
North Carolina	1,034	104	24	327	53	1	2,087	80	3,710
North Dakota	58	272	3	59	28	4	854	66	1,344
Ohio	4,717	14	37	631	530	9	12,233	1,123	19,294
Oklahoma	1,264	646	20	1,475	2,679	5	6,130	104	12,323
Oregon	381	221	62	821	154	42	6,215	1,138	9,034
Pennsylvania	1,081	5	13	348	87	-	2,719	400	4,653
Puerto Rico	-	-	-	-	-	-	-	-	-
Rhode Island	342	7	33	500	45	4	1,257	121	2,309
South Carolina	4,479	20	21	452	104	5	7,712	417	13,210
South Dakota	39	347	2	33	67	2	355	36	881
Tennessee	-	-	-	-	-	-	-	-	-
Texas	8,649	62	282	17,184	465	44	17,995	1,245	45,926
Utah	239	144	54	1,268	57	89	5,390	43	7,284
Vermont	19	-	2	1	-	1	642	30	695
Virginia	1,373	5	42	455	29	13	2,636	348	4,901
Washington	351	235	70	505	188	55	2,494	309	4,207
West Virginia	211	1	2	30	91	1	4,863	43	5,242
Wisconsin	661	163	48	238	50	2	2,183	541	3,886
Wyoming	12	22	1	68	-	-	600	25	728
National	**101,600**	**6,801**	**5,140**	**95,583**	**9,932**	**1,149**	**253,302**	**35,018**	**508,525**
Reporting States	**49**	**46**	**48**	**49**	**44**	**46**	**49**	**49**	**49**

Table 5–4 Perpetrators by Race and Ethnicity, 2016

State	African-American Percent	American Indian or Alaska Native Percent	Asian Percent	Hispanic Percent	Multiple Race Percent	Pacific Islander Percent	White Percent	Unknown Percent
Alabama	26.1	0.1	0.1	3.0	0.0	0.1	68.0	2.5
Alaska	3.1	49.0	1.0	2.5	4.0	1.9	24.8	13.7
Arizona	10.2	4.6	0.4	32.7	1.5	0.2	39.9	10.6
Arkansas	17.2	0.2	0.3	4.8	3.8	0.5	70.5	2.8
California	14.0	1.0	2.9	47.6	-	0.5	27.1	6.9
Colorado	7.6	0.4	0.5	23.2	1.3	0.1	38.9	28.0
Connecticut	23.4	0.2	0.7	30.2	1.3	0.0	41.4	2.8
Delaware	42.9	-	0.5	12.2	0.4	0.0	43.6	0.4
District of Columbia	61.1	-	0.2	10.5	0.4	0.1	1.6	26.1
Florida	29.0	0.1	0.5	14.3	0.8	0.0	50.4	4.8
Georgia	-	-	-	-	-	-	-	-
Hawaii	2.8	0.3	13.7	3.7	26.4	24.4	24.0	4.7
Idaho	0.7	1.9	0.1	8.8	0.3	0.4	82.0	5.7
Illinois	29.4	0.1	0.8	15.1	0.6	0.0	52.0	1.8
Indiana	16.3	0.1	0.2	4.9	1.7	0.0	76.0	0.8
Iowa	12.8	1.3	0.7	6.7	1.0	0.2	75.7	1.6
Kansas	10.1	0.5	0.2	9.1	1.4	0.1	73.3	5.2
Kentucky	10.7	0.1	0.2	2.1	1.6	0.1	82.6	2.7
Louisiana	41.7	0.2	0.2	2.5	0.3	0.1	51.2	3.8
Maine	2.2	1.1	0.2	2.4	1.9	0.1	69.7	22.5
Maryland	40.2	0.2	0.6	8.4	-	0.1	33.3	17.2
Massachusetts	12.3	0.2	1.5	20.7	1.3	0.1	40.9	23.1
Michigan	25.4	0.4	0.3	5.6	4.5	0.0	58.8	4.9
Minnesota	23.5	7.9	3.1	8.4	7.9	0.1	48.0	1.1
Mississippi	31.8	0.2	0.1	1.5	0.2	0.1	56.1	10.0
Missouri	17.2	0.2	0.2	3.2	0.2	0.1	72.8	6.1
Montana	1.1	15.9	0.0	3.3	1.8	0.1	68.3	9.5
Nebraska	13.1	6.0	0.8	14.3	2.0	0.1	57.3	6.4
Nevada	22.2	0.8	1.3	20.1	2.0	0.8	42.0	10.9
New Hampshire	2.1	0.2	0.5	3.7	0.9	0.1	82.5	10.0
New Jersey	30.2	0.1	1.3	24.5	0.4	0.1	40.5	3.0
New Mexico	2.5	7.8	0.1	56.3	1.0	0.0	25.2	7.1
New York	27.6	0.5	2.1	22.0	1.1	0.0	37.0	9.7
North Carolina	27.9	2.8	0.6	8.8	1.4	0.0	56.3	2.2
North Dakota	4.3	20.2	0.2	4.4	2.1	0.3	63.5	4.9
Ohio	24.4	0.1	0.2	3.3	2.7	0.0	63.4	5.8
Oklahoma	10.3	5.2	0.2	12.0	21.7	0.0	49.7	0.8
Oregon	4.2	2.4	0.7	9.1	1.7	0.5	68.8	12.6
Pennsylvania	23.2	0.1	0.3	7.5	1.9	0.0	58.4	8.6
Puerto Rico	-	-	-	-	-	-	-	-
Rhode Island	14.8	0.3	1.4	21.7	1.9	0.2	54.4	5.2
South Carolina	33.9	0.2	0.2	3.4	0.8	0.0	58.4	3.2
South Dakota	4.4	39.4	0.2	3.7	7.6	0.2	40.3	4.1
Tennessee	-	-	-	-	-	-	-	-
Texas	18.8	0.1	0.6	37.4	1.0	0.1	39.2	2.7
Utah	3.3	2.0	0.7	17.4	0.8	1.2	74.0	0.6
Vermont	2.7	-	0.3	0.1	-	0.1	92.4	4.3
Virginia	28.0	0.1	0.9	9.3	0.6	0.3	53.8	7.1
Washington	8.3	5.6	1.7	12.0	4.5	1.3	59.3	7.3
West Virginia	4.0	0.0	0.0	0.6	1.7	0.0	92.8	0.8
Wisconsin	17.0	4.2	1.2	6.1	1.3	0.1	56.2	13.9
Wyoming	1.6	3.0	0.1	9.3	-	-	82.4	3.4
National	**20.0**	**1.3**	**1.0**	**18.8**	**2.0**	**0.2**	**49.8**	**6.9**
Reporting States	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

Table 5–5 Perpetrators by Relationship to Their Victims, 2016 *(continues next page)*

State	Parent	Child Daycare Provider	Foster Parent	Friend and Neighbor	Legal Guardian	Other	Other Professional
Alabama	5,179	20	5	136	19	587	24
Alaska	2,040	-	23	-	5	63	-
Arizona	9,682	-	35	-	37	532	-
Arkansas	5,446	28	7	169	24	945	29
California	48,032	-	121	-	-	1	-
Colorado	7,158	52	18	4	8	441	15
Connecticut	4,951	15	2	39	104	288	8
Delaware	1,028	1	1	25	-	22	1
District of Columbia	887	1	2	-	4	19	-
Florida	22,079	55	13	-	37	971	176
Georgia	-	-	-	-	-	-	-
Hawaii	1,056	-	8	-	10	47	-
Idaho	1,390	2	1	1	31	-	-
Illinois	15,807	229	67	-	-	491	67
Indiana	16,610	68	33	494	69	1,358	16
Iowa	5,440	36	7	-	10	297	-
Kansas	1,236	-	16	12	-	381	-
Kentucky	10,338	19	32	235	185	-	-
Louisiana	-	-	-	-	-	-	-
Maine	2,586	6	9	-	3	37	-
Maryland	3,414	30	28	-	9	511	-
Massachusetts	21,016	63	89	-	150	474	54
Michigan	25,310	2	50	2,152	136	225	1
Minnesota	4,403	54	49	24	54	115	5
Mississippi	6,188	10	50	92	3	357	9
Missouri	2,845	25	19	182	-	429	14
Montana	2,082	7	9	2	9	10	-
Nebraska	1,651	7	6	-	2	60	-
Nevada	3,527	-	7	199	-	6	-
New Hampshire	690	-	-	-	6	-	-
New Jersey	5,197	57	18	73	-	101	34
New Mexico	5,546	-	2	7	31	51	-
New York	43,242	189	192	-	189	768	-
North Carolina	2,409	16	17	-	-	-	-
North Dakota	1,113	-	-	59	-	-	-
Ohio	11,447	32	75	100	-	3,015	41
Oklahoma	9,915	51	108	-	69	819	-
Oregon	6,703	21	42	103	27	184	-
Pennsylvania	2,496	17	20	77	9	486	101
Puerto Rico	-	-	-	-	-	-	-
Rhode Island	1,786	29	24	-	11	103	-
South Carolina	11,361	6	15	-	48	307	-
South Dakota	726	3	2	-	2	16	-
Tennessee	5,693	10	13	563	71	1,931	7
Texas	35,181	289	45	157	-	1,116	190
Utah	4,957	20	8	176	23	554	13
Vermont	370	5	-	112	-	58	4
Virginia	3,565	87	13	-	17	291	66
Washington	3,557	17	15	6	-	43	-
West Virginia	4,033	-	11	-	26	412	6
Wisconsin	2,480	25	7	31	4	311	19
Wyoming	586	4	4	-	10	40	1
National Total	**394,434**	**1,608**	**1,338**	**5,230**	**1,452**	**19,273**	**901**
National Percent	**77.6**	**0.3**	**0.3**	**1.0**	**0.3**	**3.8**	**0.2**
Reporting States	**49**	**39**	**46**	**27**	**36**	**44**	**24**

Table 5–5 Perpetrators by Relationship to Their Victims, 2016

State	Other Relative	Group Home and Residential Facility Staff	Unmarried Partner of Parent	Unknown	Multiple Relationships	Total Perpetrators
Alabama	553	6	262	155	334	7,280
Alaska	87	-	70	10	126	2,424
Arizona	468	22	240	1	90	11,107
Arkansas	862	6	173	210	322	8,221
California	2,336	8	3,005	-	1,801	55,304
Colorado	746	28	8	807	533	9,818
Connecticut	273	1	340	1	363	6,385
Delaware	92	1	109	-	1	1,281
District of Columbia	26	1	-	-	21	961
Florida	1,650	-	1,692	2,362	2,298	31,333
Georgia	-	-	-	-	-	-
Hawaii	25	1	-	2	46	1,195
Idaho	40	-	107	30	48	1,650
Illinois	1,400	25	1,116	239	1,227	20,668
Indiana	1,158	3	-	829	1,452	22,090
Iowa	216	9	267	5	150	6,437
Kansas	303	6	-	7	56	2,017
Kentucky	678	3	626	226	633	12,975
Louisiana	-	-	-	-	-	-
Maine	100	4	204	7	202	3,158
Maryland	481	14	-	1,176	206	5,869
Massachusetts	934	82	1,358	273	1,396	25,889
Michigan	1,008	7	64	45	1,957	30,957
Minnesota	417	16	359	9	287	5,792
Mississippi	699	11	316	292	341	8,368
Missouri	466	12	461	81	231	4,765
Montana	64	3	121	3	22	2,332
Nebraska	88	1	68	19	74	1,976
Nevada	95	15	1	10	138	3,998
New Hampshire	39	-	14	40	27	816
New Jersey	378	3	331	47	208	6,447
New Mexico	317	-	278	53	219	6,504
New York	3,206	643	207	2,014	549	51,199
North Carolina	161	24	186	707	190	3,710
North Dakota	27	-	-	54	91	1,344
Ohio	2,131	24	145	1,100	1,184	19,294
Oklahoma	510	49	46	80	676	12,323
Oregon	562	22	624	108	638	9,034
Pennsylvania	825	19	419	78	106	4,653
Puerto Rico	-	-	-	-	-	-
Rhode Island	32	43	132	3	146	2,309
South Carolina	466	9	433	1	564	13,210
South Dakota	29	2	39	19	43	881
Tennessee	1,064	6	101	6	146	9,611
Texas	4,759	100	3,281	111	697	45,926
Utah	708	-	299	111	415	7,284
Vermont	57	-	59	7	23	695
Virginia	367	9	145	134	207	4,901
Washington	152	-	293	21	103	4,207
West Virginia	253	-	9	182	310	5,242
Wisconsin	326	8	285	245	145	3,886
Wyoming	36	4	10	1	32	728
National Total	**31,670**	**1,250**	**18,303**	**11,921**	**21,074**	**508,454**
National Percent	**6.2**	**0.2**	**3.6**	**2.3**	**4.1**	**100.0**
Reporting States	**49**	**39**	**43**	**46**	**49**	**49**

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. (See chapter 1 for more information about what NCANDS collects.) In this chapter, services are examined from two perspectives:

(1) Prevention services–consists of aggregated data from states about the use of various funding streams for prevention services, which are provided to parents whose children are at-risk of abuse and neglect. These services are designed to improve child-rearing competencies of the parents and other caregivers via education on the developmental stages of childhood and provision of other types of assistance.
(2) Postresponse services–consists of case-level data about children who received services that were provided as a result of an investigation response or alternative response. Postresponse services address the safety of the child and usually are based on an assessment of the family's situation, including service needs and family strengths.

Prevention Services (duplicate count of children)

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

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

- Title II of CAPTA, as amended [P.L. 100-294]—The Community-Based Grants for the Prevention of Child Abuse and Neglect program (formerly the Community-Based Family Resource and Support program) provides funding to a lead state agency (designated by the governor) to develop, operate, expand, and enhance community-based, prevention-focused programs and activi-ties designed to strengthen and support families to prevent child abuse and neglect. This program is administratively known as the Community-Based Child Abuse Prevention (CBCAP) Program.
- Title IV–B, Subpart 2, as amended [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.

For FFY 2016, 45 states reported approximately 1.9 million children received prevention services. This is a decrease from FFY 2015 when 47 states reported approximately 2.3 million children received prevention services. The decrease can be explained in part by states that reported prevention data in 2015, but were not able to report prevention in 2016. Several states also mentioned in their commentary or during data submission that they improved reporting by correcting errors or are no longer reporting duplicated counts of children and families.

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 as a child may receive multiple services. Funding sources with the largest number of states reporting data are the Community-Based Child Abuse Prevention Grants with 36 states and Promoting Safe and Stable Families (35 states). "Other" funding source had the second largest number of recipients. 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 prevention services. 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. (See the Exhibit and Table Notes section).
- 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. Child welfare agencies may have difficulty collecting data from all funders or all funded agencies.

Postresponse Services (duplicate count of children)

All children and families who are involved with a child welfare agency receive services to some degree. NCANDS and the Child Maltreatment report focus on only those services that were initiated or continued as a result of the investigation response or alternative response. States continue to work on improving the ability to report postresponse services data. Some states indicated that they are only able to report on those services that the CPS agency provides and are not able to report on those services provided by an external agency or vendors. The NCANDS Technical Team is continuing to work with states on improving reporting in this area.

The analyses include those services that were provided between the report date (date the maltreatment report was received) and up to 90 days after the disposition date (date a determination about the maltreatment occurred). 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.

Approximately 1.3 million children received postresponse services from a CPS agency. More than three-fifths (60.6%) of duplicate victims and one-third (29.7%) of duplicate nonvictims received postresponse services. (See table 6–2 and related notes.) Children who received postresponse services are counted per response by CPS and may be counted more than once. States 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 47 days. (See table 6–3 and related notes.)

Table 6–4 displays the children who received foster care services and were removed from home. The method of this analysis was changed in 2015. Only the children who were removed from their home after the report date were counted. Previously, a child was counted if the service was initiated prior to the report date, but continued after the report disposition date. This change was mainly made because some children were already in foster care when the allegation of maltreatment was made. Readers and researchers wanted to know the number of children who were removed as a result of the investigation or alternative response. More than one-fifth (22.6%) of victims and fewer than 2.0 percent (1.9%) of nonvictims were removed from their homes. Some states reported low percentages of victims and nonvictims who received foster care services. The data suggest that those states may use non-CPS providers for services delivery and those providers have difficulty collecting and reporting data in an NCANDS format. (See table 6–4 and related notes.)

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

States also 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 court action while remaining at home. Based on 41 reporting states, 29.4 percent of victims had court actions. (See table 6–5 and related notes.)

Twenty-five states reported 22.2 percent of victims received court-appointed representatives. These numbers are likely to be an undercount given the statutory requirement in CAPTA that says, "in every case involving an abused or neglected child, which results in a judicial proceeding, a Guardian ad Litem...who may be an attorney or a court-appointed special advocate... shall be appointed to represent the child in such proceedings..." States have provided the following reasons for not reporting these data: the data were provided by contracted vendors and are not available at the child level, the court system is not able to interface with the child welfare system, and the court system does not record contacts at the child-level. (See table 6–6 and related notes.)

History of Receiving Services (unique count of children)

Two data elements in the Agency File collect information on histories of victims with prior CPS involvement. Based on data from 26 states, 14.8 percent of victims received family preservation services within the previous 5 years. (See table 6–7 and related notes.) Data from 35 states shows 5.1 percent of victims were reunited with their families within the previous 5 years. As noted in State Commentary, some states have revised or are in the process of revising their procedures for reporting these data, and reporting may improve in the future. Several states subcontract family preservation services to outside vendors and are not able to report these data to NCANDS. (See table 6–8 and related notes.)

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

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

> *16) The number of children determined to be eligible for referral, and the number of children referred, under subsection (b)(2)(B)(xxi), to agencies providing early intervention services under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.)*

Subsection(b)(2)(B)(xxi) says:

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

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

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

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

Federal guidance asks for states to report the number of victims who were younger than 3 years who were eligible for and were referred to these agencies; however, some states have policies in place to allow older children to be considered eligible for referral and receipt of these services and these states reported victims who were older than 3 years (see appendix D). Thirty states reported 90,043 victims who were eligible for referral to agencies providing early intervention services and 24 states reported 25,723 victims were referred. Of the states that were able to report both the victims who were eligible and referred (23 states), 67.0 of victims who were eligible were referred to the agencies. (See table 6–9 and related notes). This is the second year in which these data are presented in the Child Maltreatment report. States are continuing to improve their reporting in these fields. The 2016 analysis includes improved reporting from three additional states that were not able to pass data quality checks for FFY 2015. Technical assistance will continue to be provided to the states about reporting these data to NCANDS.

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. Exclusion rules are listed in the table notes below.
- The data for all tables are from the Child File unless otherwise noted.
- Due to the large number of categories, most services are defined in appendix B. The Child File Codebook, which includes the services fields, is located on the Children's Bureau website at https://www.acf.hhs.gov/cb/research-data-technology/reporting-systems/ncands
- States that did not report at least 1.0 percent of children with services were excluded from analyses.
- National totals and calculations appear in a single row labeled National instead of separate rows labeled total, rate, or percent.
- The row labeled Reporting States displays the count of states that provided data for that analysis.

Table 6–1 Children Who Received Prevention Services by Funding Source, 2016

- Data are from the Agency File.
- The number of total recipients is a duplicate count. Children may be counted more than once, under a single funding source and across funding sources. Children who received prevention services may have received them via CPS or other agencies.
- Some programs maintain their data as counts of families rather than counts of children. If a family count was provided, the number of families was multiplied by the average number of children per family (1.89) 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 April 2017 from https://www.census.gov/data/tables/2016/demo/families/cps-2016.html

Table 6–2 Children Who Received Postresponse Services, 2016

- A child is counted each time that a CPS response was completed and services were provided.
- The numbers of victims and nonvictims are duplicate counts.
- This analysis includes only those services that continued past or were initiated after the completion of the CPS response.
- 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 6–3 Average Number of Days to Initiation of Services, 2016

- 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.
- The number of children is a duplicate count.
- A zero represents a state average of less than 1 day.
- 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.
- The national average was calculated by summing the average number of days from the states and dividing the total by the number of states reporting. The result was rounded to the nearest whole day.
- States were excluded from this analysis for having more than 80.0 percent of records with a service that had a service date before the report date.
- States were excluded from this analysis if more than 40.0 percent of records had the same report date and service date.

Table 6–4 Children Who Received Foster Care Postresponse Services and Who had a Removal Date on or After the Report Date, 2016

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

Table 6–5 Victims With Court Action, 2016

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

Table 6–6 Victims With Court-Appointed Representatives, 2016

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

Table 6–7 Victims Who Received Family Preservation Services Within the Previous 5 Years, 2016

- Data are from the Child File and Agency File.
- The number of victims is a unique count.
- States are continuing their work to improve the data collection and reporting on this field.

Table 6–8 Victims Who Were Reunited With Their Families Within the Previous 5 Years, 2016

- Data are from the Child File and the Agency File.
- The number of victims is a unique count.
- States are continuing their work to improve the data collection and reporting on this field.

Table 6–9 IDEA: Victims Who Were Eligible and Victims Who Were Referred to Part C Agencies, 2016

- Data are from the Agency File.

Table 6–1 Children Who Received Prevention Services by Funding Source, 2016

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 of Prevention Services
Alabama	796	658	57,560	17,048	-	76,062
Alaska	-	274	264	273	336	1,147
Arizona	-	-	5,209	-	3,417	8,626
Arkansas	15,615	-	28,263	30,494	25,323	99,695
California	1,735	110,395	53,294	-	18,867	184,291
Colorado	-	2,022	61,777	-	-	63,799
Connecticut	801	1,699	-	-	43,377	45,878
Delaware	-	-	2,623	1,366	5,109	9,098
District of Columbia	153	-	42	-	1,226	1,421
Florida	-	-	23,119	-	-	23,119
Georgia	-	20,545	20,600	-	-	41,145
Hawaii	-	5,117	-	-	-	5,117
Idaho	-	6,750	935	1,720	109	9,514
Illinois	2,832	13,523	-	5,662	1,180	23,198
Indiana	33,814	2,237	495	422	11,951	48,919
Iowa	175	5,797	25,619	-	-	31,591
Kansas	-	43,031	3,961	-	255	47,247
Kentucky	-	1,117	1,086	-	3,358	5,561
Louisiana	-	18,627	4,491	8,304	10,751	42,173
Maine	-	-	-	-	-	-
Maryland	-	-	-	12,872	-	12,872
Massachusetts	-	-	-	-	-	-
Michigan	-	-	-	-	-	-
Minnesota	3,524	4,603	942	14,172	-	23,241
Mississippi	-	8,769	884	-	-	9,653
Missouri	-	1,046	1,669	-	4,998	7,713
Montana	-	5,687	1,426	-	-	7,113
Nebraska	-	2,323	7,564	-	-	9,887
Nevada	121	2,562	12,823	32,637	12,642	60,785
New Hampshire	-	41,979	1,177	4,121	-	47,277
New Jersey	4,130	5,073	5,269	170,725	7,494	192,691
New Mexico	-	165	235	-	418	818
New York	-	5,611	-	-	181,730	187,341
North Carolina	-	188	5,334	-	-	5,522
North Dakota	-	450	3,585	-	-	4,035
Ohio	-	-	-	37,993	-	37,993
Oklahoma	-	675	1,987	-	19,356	22,017
Oregon	-	-	7,779	6,857	3,820	18,456
Pennsylvania	-	38,971	-	-	13,083	52,054
Puerto Rico	-	-	-	-	-	-
Rhode Island	-	-	1,593	-	-	1,593
South Carolina	-	443	-	-	-	443
South Dakota	-	2,579	-	-	-	2,579
Tennessee	-	-	-	-	-	-
Texas	-	2,096	59,045	-	1,073	62,214
Utah	-	1,313	579	-	39,587	41,479
Vermont	-	-	-	-	-	-
Virginia	47,678	822	-	-	3,856	52,356
Washington	2,316	4,326	44,871	-	-	51,512
West Virginia	-	34,057	79,193	59,072	6,798	179,120
Wisconsin	-	-	-	-	-	-
Wyoming	-	1,872	1,672	4,778	-	8,322
National	**113,690**	**397,401**	**526,965**	**408,517**	**420,114**	**1,866,686**
Reporting States	**13**	**36**	**35**	**17**	**25**	**45**

Table 6–2 Children Who Received Postresponse Services, 2016

State	Victims	Victims Who Received Postresponse Services	Victims Who Received Postresponse Services Percent	Nonvictims	Nonvictims Who Received Postresponse Services	Nonvictims Who Received Postresponse Services Percent
Alabama	10,424	5,654	54.2	29,331	6,606	22.5
Alaska	3,739	2,039	54.5	11,403	1,636	14.3
Arizona	11,456	11,220	97.9	108,328	64,430	59.5
Arkansas	10,320	8,700	84.3	58,972	8,532	14.5
California	73,307	61,077	83.3	386,764	246,872	63.8
Colorado	11,943	3,020	25.3	38,828	1,527	3.9
Connecticut	8,488	8,243	97.1	18,122	16,659	91.9
Delaware	1,612	375	23.3	-	-	-
District of Columbia	1,446	411	28.4	13,659	676	4.9
Florida	44,155	18,165	41.1	307,695	13,556	4.4
Georgia	22,761	15,256	67.0	188,994	110,022	58.2
Hawaii	1,511	1,059	70.1	2,344	445	19.0
Idaho	1,931	1,363	70.6	12,429	3,190	25.7
Illinois	32,092	4,662	14.5	144,077	3,938	2.7
Indiana	30,460	22,682	74.5	168,021	41,961	25.0
Iowa	9,560	9,560	100.0	29,835	29,835	100.0
Kansas	2,492	1,462	58.7	32,045	9,115	28.4
Kentucky	22,031	15,453	70.1	66,909	3,961	5.9
Louisiana	11,968	6,230	52.1	26,114	2,121	8.1
Maine	3,609	1,254	34.7	9,999	372	3.7
Maryland	7,577	3,288	43.4	27,837	2,862	10.3
Massachusetts	36,228	34,157	94.3	60,481	42,804	70.8
Michigan	39,595	10,824	27.3	151,335	13,402	8.9
Minnesota	8,468	5,435	64.2	37,330	8,075	21.6
Mississippi	10,984	6,125	55.8	36,380	3,655	10.0
Missouri	5,741	3,703	64.5	95,535	26,768	28.0
Montana	3,315	1,992	60.1	14,223	1,251	8.8
Nebraska	2,899	2,416	83.3	25,348	11,981	47.3
Nevada	5,192	3,139	60.5	28,384	3,745	13.2
New Hampshire	929	603	64.9	16,429	1,036	6.3
New Jersey	8,670	5,703	65.8	79,940	22,474	28.1
New Mexico	8,646	3,691	42.7	21,081	2,659	12.6
New York	-	-	-	-	-	-
North Carolina	-	-	-	-	-	-
North Dakota	1,911	1,119	58.6	5,534	228	4.1
Ohio	25,569	16,571	64.8	99,057	33,547	33.9
Oklahoma	15,072	13,436	89.1	47,939	36,891	77.0
Oregon	13,582	5,753	42.4	54,239	5,409	10.0
Pennsylvania	4,542	1,344	29.6	38,722	2,928	7.6
Puerto Rico	-	-	-	-	-	-
Rhode Island	3,153	1,089	34.5	5,688	815	14.3
South Carolina	18,193	6,700	36.8	60,818	4,707	7.7
South Dakota	1,297	693	53.4	3,287	218	6.6
Tennessee	9,940	9,940	100.0	102,705	97,242	94.7
Texas	59,308	36,566	61.7	243,967	21,190	8.7
Utah	10,272	2,408	23.4	19,476	920	4.7
Vermont	911	269	29.5	4,568	871	19.1
Virginia	6,092	1,497	24.6	63,342	2,989	4.7
Washington	5,321	2,872	54.0	45,800	3,459	7.6
West Virginia	6,074	5,923	97.5	48,169	4,808	10.0
Wisconsin	5,045	2,173	43.1	36,401	2,757	7.6
Wyoming	1,004	816	81.3	5,069	3,934	77.6
National	**640,835**	**388,130**	**60.6**	**3,132,953**	**929,079**	**29.7**
Reporting States	**49**	**49**	**-**	**48**	**48**	**-**

Table 6–3 Average Number of Days to Initiation of Services, 2016

State	Children Who Received Services	Children Who Received Services On or After the Report Date	Average Number of Days to Initiation of Services
Alabama	12,260	6,056	103
Alaska	3,675	2,996	107
Arizona	75,650	74,337	119
Arkansas	17,232	16,484	39
California	307,949	289,561	22
Colorado	4,547	4,214	20
Connecticut	-	-	-
Delaware	443	370	58
District of Columbia	1,087	1,080	39
Florida	31,721	24,564	33
Georgia	125,278	121,579	11
Hawaii	1,504	1,310	19
Idaho	4,553	4,523	42
Illinois	8,600	4,117	24
Indiana	-	-	-
Iowa	39,395	39,395	22
Kansas	10,577	6,236	44
Kentucky	19,414	16,602	72
Louisiana	8,351	7,392	36
Maine	1,626	799	99
Maryland	6,150	4,754	54
Massachusetts	76,961	53,515	16
Michigan	24,226	12,983	41
Minnesota	13,510	13,510	48
Mississippi	9,780	9,686	27
Missouri	30,471	27,074	51
Montana	3,243	2,822	61
Nebraska	14,397	7,286	53
Nevada	6,884	3,486	39
New Hampshire	1,639	1,418	90
New Jersey	28,177	14,608	39
New Mexico	6,350	5,998	30
New York	-	-	-
North Carolina	-	-	-
North Dakota	1,347	1,313	64
Ohio	50,118	44,504	35
Oklahoma	50,327	50,094	51
Oregon	11,162	10,394	43
Pennsylvania	4,272	3,552	31
Puerto Rico	-	-	-
Rhode Island	1,904	1,117	30
South Carolina	11,407	8,478	35
South Dakota	-	-	-
Tennessee	107,182	39,103	20
Texas	57,756	57,024	58
Utah	-	-	-
Vermont	1,140	673	55
Virginia	4,486	3,249	71
Washington	6,331	5,152	29
West Virginia	10,731	7,368	47
Wisconsin	4,930	4,930	57
Wyoming	4,750	4,688	17
National	**1,223,493**	**1,020,394**	**47**
Reporting States	**45**	**45**	**-**

Table 6–4 Children Who Received Foster Care Postresponse Services and Who had a Removal Date On or After the Report Date, 2016

State	Victims	Victims Who Received Foster Care Postresponse Services	Victims Who Received Foster Care Postresponse Services Percent	Nonvictims	Nonvictims Who Received Foster Care Postresponse Services	Nonvictims Who Received Foster Care Postresponse Services Percent
Alabama	10,424	1,653	15.9	29,331	776	2.6
Alaska	3,739	152	4.1	11,403	71	0.6
Arizona	11,456	5,624	49.1	108,328	3,360	3.1
Arkansas	10,320	2,268	22.0	58,972	1,435	2.4
California	73,307	25,770	35.2	386,764	9,103	2.4
Colorado	11,943	1,756	14.7	38,828	444	1.1
Connecticut	8,488	1,471	17.3	18,122	609	3.4
Delaware	1,612	158	9.8	14,679	12	0.1
District of Columbia	1,446	347	24.0	13,659	66	0.5
Florida	44,155	13,803	31.3	307,695	4,585	1.5
Georgia	22,761	5,403	23.7	188,994	3,881	2.1
Hawaii	1,511	739	48.9	2,344	55	2.3
Idaho	1,931	937	48.5	12,429	137	1.1
Illinois	32,092	1,447	4.5	144,077	378	0.3
Indiana	30,460	10,974	36.0	168,021	2,509	1.5
Iowa	9,560	2,044	21.4	29,835	58	0.2
Kansas	2,492	246	9.9	32,045	796	2.5
Kentucky	22,031	834	3.8	66,909	111	0.2
Louisiana	11,968	3,013	25.2	26,114	386	1.5
Maine	3,609	600	16.6	-	-	-
Maryland	7,577	747	9.9	27,837	198	0.7
Massachusetts	36,228	5,207	14.4	60,481	1,210	2.0
Michigan	39,595	5,197	13.1	151,335	1,719	1.1
Minnesota	8,468	2,331	27.5	37,330	2,231	6.0
Mississippi	10,984	2,221	20.2	36,380	472	1.3
Missouri	5,741	1,994	34.7	95,535	4,692	4.9
Montana	3,315	1,679	50.6	14,223	696	4.9
Nebraska	2,899	1,451	50.1	25,348	1,088	4.3
Nevada	5,192	2,209	42.5	28,384	878	3.1
New Hampshire	929	387	41.7	16,429	437	2.7
New Jersey	8,670	2,055	23.7	79,940	1,931	2.4
New Mexico	8,646	1,380	16.0	21,081	493	2.3
New York	-	-	-	-	-	-
North Carolina	-	-	-	-	-	-
North Dakota	1,911	313	16.4	5,534	31	0.6
Ohio	25,569	5,327	20.8	99,057	2,768	2.8
Oklahoma	15,072	2,108	14.0	47,939	27	0.1
Oregon	13,582	4,008	29.5	54,239	1,597	2.9
Pennsylvania	-	-	-	-	-	-
Puerto Rico	-	-	-	-	-	-
Rhode Island	3,153	562	17.8	5,688	139	2.4
South Carolina	18,193	2,751	15.1	60,818	340	0.6
South Dakota	1,297	684	52.7	3,287	192	5.8
Tennessee	9,940	1,507	15.2	102,705	2,512	2.4
Texas	59,308	11,880	20.0	243,967	1,549	0.6
Utah	10,272	1,217	11.8	19,476	35	0.2
Vermont	911	139	15.3	4,568	220	4.8
Virginia	6,092	1,225	20.1	63,342	1,158	1.8
Washington	5,321	2,139	40.2	45,800	1,538	3.4
West Virginia	6,074	1,474	24.3	48,169	436	0.9
Wisconsin	5,045	1,952	38.7	36,401	2,357	6.5
Wyoming	1,004	483	48.1	-	-	-
National	**636,293**	**143,866**	**22.6**	**3,093,842**	**59,716**	**1.9**
Reporting States	**48**	**48**	**-**	**46**	**46**	**-**

Table 6–5 Victims With Court Action, 2016

State	Victims	Victims With Court Action	Victims With Court Action Percent
Alabama	-	-	-
Alaska	-	-	-
Arizona	11,456	5,402	47.2
Arkansas	10,320	2,576	25.0
California	73,307	26,010	35.5
Colorado	11,943	2,540	21.3
Connecticut	8,488	2,924	34.4
Delaware	1,612	291	18.1
District of Columbia	1,446	274	18.9
Florida	44,155	16,599	37.6
Georgia	22,761	5,403	23.7
Hawaii	1,511	969	64.1
Idaho	1,931	1,140	59.0
Illinois	-	-	-
Indiana	30,460	21,992	72.2
Iowa	9,560	3,623	37.9
Kansas	2,492	977	39.2
Kentucky	22,031	4,036	18.3
Louisiana	11,968	3,050	25.5
Maine	-	-	-
Maryland	7,577	1,239	16.4
Massachusetts	36,228	7,507	20.7
Michigan	39,595	5,915	14.9
Minnesota	8,468	2,409	28.4
Mississippi	-	-	-
Missouri	5,741	2,001	34.9
Montana	3,315	1,908	57.6
Nebraska	2,899	1,806	62.3
Nevada	5,192	2,769	53.3
New Hampshire	929	552	59.4
New Jersey	8,670	1,760	20.3
New Mexico	8,646	1,383	16.0
New York	-	-	-
North Carolina	-	-	-
North Dakota	1,911	324	17.0
Ohio	25,569	6,036	23.6
Oklahoma	15,072	4,293	28.5
Oregon	13,582	3,910	28.8
Pennsylvania	-	-	-
Puerto Rico	-	-	-
Rhode Island	3,153	933	29.6
South Carolina	18,193	2,904	16.0
South Dakota	-	-	-
Tennessee	-	-	-
Texas	59,308	11,943	20.1
Utah	10,272	2,144	20.9
Vermont	911	202	22.2
Virginia	6,092	1,328	21.8
Washington	5,321	2,128	40.0
West Virginia	6,074	1,500	24.7
Wisconsin	5,045	564	11.2
Wyoming	1,004	460	45.8
National	**564,208**	**165,724**	**29.4**
Reporting States	**41**	**41**	**-**

Table 6–6 Victims With Court-Appointed Representatives, 2016

	Victims	Victims With Court-Appointed Representatives	Victims With Court-Appointed Representatives Percent
Alabama	10,424	698	6.7
Alaska	-	-	-
Arizona	11,456	6,548	57.2
Arkansas	-	-	-
California	73,307	23,288	31.8
Colorado	-	-	-
Connecticut	-	-	-
Delaware	1,612	291	18.1
District of Columbia	-	-	-
Florida	-	-	-
Georgia	22,761	5,193	22.8
Hawaii	1,511	943	62.4
Idaho	-	-	-
Illinois	-	-	-
Indiana	30,460	7,946	26.1
Iowa	9,560	1,695	17.7
Kansas	-	-	-
Kentucky	-	-	-
Louisiana	-	-	-
Maine	3,609	997	27.6
Maryland	-	-	-
Massachusetts	36,228	6,780	18.7
Michigan	39,595	2,355	5.9
Minnesota	8,468	2,097	24.8
Mississippi	10,984	1,573	14.3
Missouri	-	-	-
Montana	3,315	877	26.5
Nebraska	2,899	1,513	52.2
Nevada	5,192	642	12.4
New Hampshire	929	552	59.4
New Jersey	-	-	-
New Mexico	8,646	1,383	16.0
New York	-	-	-
North Carolina	-	-	-
North Dakota	1,911	238	12.5
Ohio	25,569	4,127	16.1
Oklahoma	15,072	2,470	16.4
Oregon	-	-	-
Pennsylvania	-	-	-
Puerto Rico	-	-	-
Rhode Island	3,153	668	21.2
South Carolina	-	-	-
South Dakota	-	-	-
Tennessee	-	-	-
Texas	-	-	-
Utah	10,272	2,144	20.9
Vermont	911	202	22.2
Virginia	6,092	1,304	21.4
Washington	-	-	-
West Virginia	-	-	-
Wisconsin	-	-	-
Wyoming	-	-	-
National	**343,936**	**76,524**	**22.2**
Reporting States	**25**	**25**	**-**

Table 6–7 Victims Who Received Family Preservation Services Within the Previous 5 Years, 2016

State	Victims	Victims Who Received Family Preservation Services Within the Previous 5 Years	Victims Who Received Family Preservation Services Within the Previous 5 Years Percent
Alabama	-	-	-
Alaska	-	-	-
Arizona	-	-	-
Arkansas	9,707	1,962	20.2
California	-	-	-
Colorado	-	-	-
Connecticut	-	-	-
Delaware	-	-	-
District of Columbia	1,366	271	19.8
Florida	41,894	6,493	15.5
Georgia	21,635	3,142	14.5
Hawaii	-	-	-
Idaho	1,847	790	42.8
Illinois	-	-	-
Indiana	-	-	-
Iowa	-	-	-
Kansas	2,403	689	28.7
Kentucky	20,010	1,040	5.2
Louisiana	11,289	1,006	8.9
Maine	3,446	607	17.6
Maryland	6,993	2,673	38.2
Massachusetts	32,093	8,534	26.6
Michigan	-	-	-
Minnesota	7,941	2,725	34.3
Mississippi	10,179	148	1.5
Missouri	5,481	747	13.6
Montana	-	-	-
Nebraska	2,783	76	2.7
Nevada	4,891	54	1.1
New Hampshire	905	58	6.4
New Jersey	8,264	869	10.5
New Mexico	7,526	662	8.8
New York	-	-	-
North Carolina	-	-	-
North Dakota	-	-	-
Ohio	-	-	-
Oklahoma	14,308	600	4.2
Oregon	11,851	2,393	20.2
Pennsylvania	-	-	-
Puerto Rico	-	-	-
Rhode Island	-	-	-
South Carolina	-	-	-
South Dakota	-	-	-
Tennessee	9,665	1,076	11.1
Texas	57,374	8,503	14.8
Utah	9,614	148	1.5
Vermont	822	115	14.0
Virginia	-	-	-
Washington	4,725	289	6.1
West Virginia	-	-	-
Wisconsin	-	-	-
Wyoming	-	-	-
National	**309,012**	**45,670**	**14.8**
Reporting States	**26**	**26**	**-**

Table 6–8 Victims Who Were Reunited With Their Families Within the Previous 5 Years, 2016

State	Victims	Victims Who Were Reunited With Their Families Within the Previous 5 Years	Victims Who Were Reunited With Their Families Within the Previous 5 Years Percent
Alabama	-	-	-
Alaska	3,142	221	7.0
Arizona	-	-	-
Arkansas	9,707	226	2.3
California	-	-	-
Colorado	11,226	280	2.5
Connecticut	7,803	194	2.5
Delaware	1,572	12	0.8
District of Columbia	1,366	49	3.6
Florida	41,894	3,140	7.5
Georgia	21,635	881	4.1
Hawaii	1,491	62	4.2
Idaho	1,847	148	8.0
Illinois	-	-	-
Indiana	28,430	2,176	7.7
Iowa	-	-	-
Kansas	2,403	352	14.6
Kentucky	20,010	1,080	5.4
Louisiana	11,289	484	4.3
Maine	3,446	235	6.8
Maryland	6,993	767	11.0
Massachusetts	32,093	2,054	6.4
Michigan	-	-	-
Minnesota	7,941	632	8.0
Mississippi	10,179	46	0.5
Missouri	5,481	266	4.9
Montana	-	-	-
Nebraska	-	-	-
Nevada	4,891	349	7.1
New Hampshire	905	38	4.2
New Jersey	8,264	534	6.5
New Mexico	7,526	508	6.7
New York	-	-	-
North Carolina	-	-	-
North Dakota	-	-	-
Ohio	23,635	1,102	4.7
Oklahoma	14,308	741	5.2
Oregon	11,851	1,201	10.1
Pennsylvania	-	-	-
Puerto Rico	-	-	-
Rhode Island	2,955	375	12.7
South Carolina	17,331	203	1.2
South Dakota	-	-	-
Tennessee	9,665	335	3.5
Texas	57,374	1,172	2.0
Utah	9,614	272	2.8
Vermont	822	20	2.4
Virginia	-	-	-
Washington	4,725	505	10.7
West Virginia	-	-	-
Wisconsin	4,822	336	7.0
Wyoming	-	-	-
National	**408,636**	**20,996**	**5.1**
Reporting States	**35**	**35**	**-**

Table 6–9 IDEA: Victims Who Were Eligible and Victims Who Were Referred to Part C Agencies, 2016

State	Victims Who Were Eligible for Referral to Part C Agencies	Victims Who Were Referred to Part C Agencies	Victims Who Were Referred to Part C Agencies Percent
Alabama	2,846	829	29.1
Alaska	801	801	100.0
Arizona	1,530	377	24.6
Arkansas	2,928	-	-
California	19,976	-	-
Colorado	-	-	-
Connecticut	-	1,992	-
Delaware	-	-	-
District of Columbia	13	11	84.6
Florida	-	-	-
Georgia	5,431	-	-
Hawaii	-	-	-
Idaho	630	488	77.5
Illinois	-	-	-
Indiana	-	-	-
Iowa	2,470	2,470	100.0
Kansas	396	359	90.7
Kentucky	-	-	-
Louisiana	3,900	3,280	84.1
Maine	-	-	-
Maryland	-	-	-
Massachusetts	8,493	-	-
Michigan	-	-	-
Minnesota	1,974	1,909	96.7
Mississippi	981	168	17.1
Missouri	704	208	29.5
Montana	-	-	-
Nebraska	767	767	100.0
Nevada	244	243	99.6
New Hampshire	270	84	31.1
New Jersey	1,991	1,765	88.6
New Mexico	2,123	1,785	84.1
New York	14,232	-	-
North Carolina	-	-	-
North Dakota	509	470	92.3
Ohio	4,867	4,867	100.0
Oklahoma	4,600	847	18.4
Oregon	2,855	-	-
Pennsylvania	695	-	-
Puerto Rico	-	-	-
Rhode Island	911	301	33.0
South Carolina	-	-	-
South Dakota	-	-	-
Tennessee	-	-	-
Texas	-	-	-
Utah	-	-	-
Vermont	-	-	-
Virginia	-	-	-
Washington	1,174	203	17.3
West Virginia	-	-	-
Wisconsin	1,236	1,003	81.1
Wyoming	496	496	100.0
National	**90,043**	**25,723**	**-**
Reporting States	**30**	**24**	**-**
National for States Reporting Both Victims Eligible and Referred	**35,433**	**23,731**	**67.0**
Reporting States for States Reporting Both Victims Eligible and Referred	**23**	**23**	**-**

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.).
17) The number of children determined to be victims described in subsection (b)(2)(B)(xxiv).
18) The number of infants—
    a) identified under subsection (b)(2)(B)(ii);
    b) for whom a plan of safe care was developed under subsection (b)(2)(B)(iii); and
    c) for whom a referral was made for appropriate services, including services for the affected family or caregiver, under subsection (b)(2)(B)(iii).

** The items listed under number (10), (13), and (14) are not collected by NCANDS. Items (17) and (18) in bold were enacted with the Justice for Victims of Trafficking Act of 2015 (P.L. 114–22) and The Comprehensive Addiction and Recovery Act (CARA) of 2016 (P.L. 114-198). It is anticipated that states will begin reporting these new items with FFY 2018 data.*

Glossary

APPENDIX B

Acronyms

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

Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

BOY: A male child younger than 18 years.

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

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

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

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

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

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

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

CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) (P.L. 100-294): 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, includ-ing Tribes, for demonstration programs and projects; and the federal support for research, evaluation, technical assistance, and data collection activities.

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

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

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

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

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

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

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

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

CHILD PROTECTIVE SERVICES (CPS) RESPONSE: CPS agencies conduct a response for all reports of child maltreatment. The response may be an investigation, which determines whether a child was maltreated or is at-risk of maltreatment and establishes if an intervention is needed. The majority

of reports receive investigations. A small, but growing, number of reports receive an alternative response, which focuses primarily upon the needs of the family and usually does not include a determination regarding the alleged maltreatment(s).

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

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

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

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

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

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

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

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

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

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

DOMESTIC VIOLENCE, CAREGIVER RISK FACTOR: Any abusive, violent, coercive, forceful, or threatening act or word inflicted by one member of a family or household on another. In NCANDS, the caregiver may be the perpetrator or the victim of the domestic violence.

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

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

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

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

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

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

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

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

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

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

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

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

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

FINDING: See DISPOSITION.

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

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

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

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

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

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

GIRL: A female child younger than 18 years.

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

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

GUARDIAN AD LITEM: See COURT-APPOINTED REPRESENTATIVE.

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

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

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

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

IDEA: See Individuals with Disabilities Education Improvement Act.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

OTHER RELATIVE: A nonparental family member.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SERVICES: See POSTRESPONSE SERVICES and PREVENTION SERVICES.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

WORKFORCE: Total number of workers in a CPS agency.

State Characteristics

APPENDIX C

Administrative Structure

States vary in how they administer and deliver child welfare services. Forty states (including the District of Columbia and the Commonwealth of Puerto Rico) have a centralized system classified as state administered. Ten states are classified as state supervised, county administered; and two states are classified as "hybrid" meaning they are partially administered by the state and partially administered by counties. Each state's administrative structure (as submitted by the state as part of commentary in 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. For FFY 2016, 51 states submitted both a Child File and an Agency File.

Once validated, the Child Files and Agency Files are loaded into a multiyear, multistate data warehouse, the NCANDS DW. The FFY 2016 flat file dataset is available to researchers from the National Data Archive on Child Abuse and neglect (NDACAN).

Child Population Data

The child population data for years 2012–2016 are displayed by state in table C–2. The 2016 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 Data Files Submitted, State Administrative Structure, and Level of Evidence, 2016

State	Hybrid	State Administered	State Supervised, County Administered	Credible	Preponderance	Probable Cause	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**	**8**	**37**	**1**	**6**	**51**

Note: Level of evidence is listed in alphabetical order.

Table C–2 Child Population, 2012–2016

State	2012	2013	2014	2015	2016
Alabama	1,115,829	1,108,102	1,104,700	1,101,434	1,096,823
Alaska	188,446	188,118	186,980	186,413	187,327
Arizona	1,613,716	1,613,675	1,618,147	1,622,436	1,631,492
Arkansas	710,901	709,394	707,515	706,287	705,053
California	9,199,913	9,160,753	9,135,654	9,114,904	9,092,863
Colorado	1,233,921	1,238,411	1,245,647	1,255,032	1,261,372
Connecticut	794,966	784,050	773,848	762,837	753,294
Delaware	204,524	203,641	203,786	204,305	204,274
District of Columbia	107,735	111,745	115,069	118,260	120,893
Florida	4,009,471	4,023,512	4,054,764	4,100,495	4,146,712
Georgia	2,485,880	2,484,051	2,491,027	2,501,646	2,511,544
Hawaii	306,744	308,496	308,618	309,144	308,016
Idaho	427,710	428,348	430,596	432,740	437,173
Illinois	3,057,749	3,022,504	2,990,001	2,958,505	2,926,109
Indiana	1,589,479	1,585,690	1,582,085	1,578,774	1,575,452
Iowa	724,587	725,740	727,852	729,208	730,731
Kansas	726,430	724,014	721,463	719,120	714,951
Kentucky	1,018,185	1,016,227	1,014,113	1,011,692	1,010,629
Louisiana	1,114,689	1,113,574	1,115,012	1,115,779	1,113,949
Maine	265,384	262,140	259,416	256,665	254,714
Maryland	1,348,037	1,345,834	1,349,237	1,348,358	1,348,728
Massachusetts	1,402,459	1,396,786	1,390,829	1,384,851	1,378,102
Michigan	2,270,340	2,246,249	2,227,027	2,206,584	2,191,057
Minnesota	1,277,708	1,279,048	1,282,076	1,283,515	1,288,333
Mississippi	742,064	736,091	731,659	726,582	721,288
Missouri	1,405,119	1,398,316	1,394,278	1,390,333	1,386,863
Montana	222,892	223,993	225,152	226,270	227,611
Nebraska	462,968	465,058	467,656	470,781	473,325
Nevada	656,969	657,831	661,936	669,105	677,427
New Hampshire	275,550	270,897	266,872	263,461	260,588
New Jersey	2,035,165	2,021,113	2,011,539	1,997,348	1,984,752
New Mexico	512,070	507,036	501,482	496,107	490,663
New York	4,272,945	4,249,372	4,225,048	4,206,127	4,180,559
North Carolina	2,282,231	2,283,022	2,286,712	2,291,278	2,298,720
North Dakota	157,276	163,429	168,815	174,411	176,311
Ohio	2,668,994	2,652,685	2,640,987	2,627,298	2,612,172
Oklahoma	939,911	948,193	953,723	960,311	961,628
Oregon	860,085	857,254	858,992	862,586	868,727
Pennsylvania	2,740,436	2,717,946	2,703,150	2,689,712	2,674,805
Puerto Rico	835,456	804,307	768,944	732,415	695,872
Rhode Island	217,004	214,271	212,201	210,232	208,381
South Carolina	1,076,953	1,078,087	1,083,598	1,091,418	1,097,621
South Dakota	205,471	208,169	210,078	211,462	213,287
Tennessee	1,491,695	1,491,503	1,494,404	1,497,808	1,501,795
Texas	6,983,737	7,045,122	7,128,529	7,219,986	7,294,587
Utah	889,004	898,045	904,090	911,516	921,773
Vermont	124,864	123,202	121,786	120,116	118,528
Virginia	1,863,124	1,866,450	1,867,669	1,869,064	1,870,123
Washington	1,587,984	1,593,463	1,600,083	1,611,782	1,629,498
West Virginia	384,446	382,536	380,781	378,525	375,068
Wisconsin	1,317,070	1,308,546	1,302,021	1,294,611	1,287,693
Wyoming	136,525	137,692	138,451	139,545	138,901
National	**74,542,811**	**74,383,731**	**74,346,098**	**74,349,174**	**74,338,157**
Reporting States	**52**	**52**	**52**	**52**	**52**

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

Table C–3 Child Population Demographics, 2016 *(continues)*

State	<1	1	2	3	4	5	6	7	8
Alabama	58,269	58,884	58,980	57,778	58,654	59,413	59,729	60,127	62,104
Alaska	10,938	10,798	11,061	11,166	10,152	11,330	10,482	10,393	10,606
Arizona	87,702	88,450	87,328	87,798	88,041	87,129	87,993	90,192	93,651
Arkansas	37,737	38,010	38,064	37,943	38,523	38,723	38,399	38,817	40,026
California	498,832	499,652	495,608	498,302	494,978	509,354	498,601	497,148	516,395
Colorado	67,691	67,507	67,410	67,295	67,561	69,064	70,073	69,875	71,867
Connecticut	36,202	36,719	37,179	36,994	38,227	38,814	39,505	39,750	41,521
Delaware	10,817	10,896	10,995	10,969	11,157	11,451	11,381	11,094	11,404
District of Columbia	9,399	8,779	8,542	8,710	8,077	8,450	7,500	6,409	6,545
Florida	224,910	226,356	226,673	222,646	225,551	226,962	222,107	223,963	233,919
Georgia	130,675	132,835	131,714	130,893	134,722	135,952	137,315	138,418	143,667
Hawaii	18,376	17,752	18,545	18,705	18,157	18,352	17,201	17,215	17,445
Idaho	22,986	23,226	22,804	23,244	23,029	23,292	24,094	24,595	25,270
Illinois	153,482	155,042	154,540	153,769	155,678	157,443	159,802	158,795	164,185
Indiana	83,679	84,138	84,727	84,874	84,569	84,774	85,457	86,114	88,498
Iowa	39,600	40,059	40,325	39,829	39,602	39,105	40,634	40,507	41,672
Kansas	38,202	38,572	38,777	39,593	39,163	39,941	40,018	39,856	41,080
Kentucky	54,810	55,483	55,040	55,715	54,705	54,825	55,266	54,808	57,098
Louisiana	62,380	62,678	63,171	61,158	61,214	61,468	60,664	61,611	63,614
Maine	12,751	12,864	12,886	13,237	13,330	13,025	13,745	13,744	14,192
Maryland	72,580	73,906	73,570	73,160	73,879	75,613	74,471	74,042	75,976
Massachusetts	71,857	71,824	71,992	72,672	73,031	73,955	74,083	73,212	75,706
Michigan	113,865	114,571	116,041	114,966	114,980	115,761	116,877	116,708	120,385
Minnesota	69,937	70,370	71,135	71,182	69,880	70,596	71,285	70,826	73,133
Mississippi	37,310	37,659	37,969	37,578	38,185	38,583	39,113	40,255	42,656
Missouri	74,205	74,559	75,705	74,640	74,849	75,282	75,964	76,056	78,605
Montana	12,644	12,683	12,603	12,650	12,449	12,311	12,539	12,806	12,957
Nebraska	26,640	26,824	26,728	26,284	26,333	26,005	26,597	26,512	26,921
Nevada	36,972	37,097	36,932	36,679	36,782	37,079	37,491	37,756	39,415
New Hampshire	12,479	12,624	12,914	13,127	13,056	13,658	13,534	13,771	14,281
New Jersey	102,267	103,306	104,711	104,938	106,110	108,710	107,920	106,565	110,250
New Mexico	25,075	25,482	25,957	26,178	26,258	27,218	27,308	27,273	28,608
New York	233,692	232,647	229,937	232,293	231,488	235,003	229,543	222,723	228,433
North Carolina	120,842	121,976	121,168	121,420	120,904	123,328	125,504	127,739	131,432
North Dakota	11,505	11,432	11,246	10,525	10,528	10,112	9,923	9,939	9,912
Ohio	137,896	138,919	140,841	141,018	139,249	138,840	140,007	141,576	145,293
Oklahoma	52,409	53,454	53,251	54,172	53,624	53,514	53,727	53,720	54,795
Oregon	46,900	47,327	47,315	46,994	47,264	47,214	48,142	48,301	49,465
Pennsylvania	140,495	141,680	143,286	143,037	143,267	144,764	144,363	144,469	148,714
Puerto Rico	30,122	30,801	32,334	33,380	34,877	35,089	37,330	37,913	38,215
Rhode Island	10,846	10,989	10,776	10,906	11,191	10,982	11,011	10,883	11,442
South Carolina	58,245	58,704	58,783	58,062	59,340	59,599	60,620	61,783	63,501
South Dakota	12,217	12,156	12,542	12,377	12,077	12,066	12,030	11,906	12,202
Tennessee	81,020	82,015	81,083	81,024	82,457	80,211	81,555	82,372	85,420
Texas	405,899	408,699	406,396	400,103	398,074	404,997	403,653	404,226	413,435
Utah	51,162	51,065	50,419	51,077	49,727	50,541	52,444	52,797	53,837
Vermont	6,051	6,111	6,187	6,039	6,253	6,177	6,272	6,200	6,514
Virginia	101,443	102,266	101,937	101,872	102,983	103,321	102,665	101,744	105,700
Washington	91,223	91,720	90,589	90,530	91,277	91,028	91,991	91,163	93,204
West Virginia	19,645	19,815	20,182	20,689	20,688	20,466	20,225	20,335	21,146
Wisconsin	65,980	66,873	67,815	67,569	68,669	69,006	70,907	70,830	72,773
Wyoming	7,406	7,555	7,775	7,695	7,714	7,708	7,925	8,072	8,244
National	**4,000,267**	**4,025,809**	**4,024,488**	**4,015,454**	**4,022,533**	**4,067,604**	**4,066,985**	**4,067,904**	**4,197,329**
Reporting States	**52**	**52**	**52**	**52**	**52**	**52**	**52**	**52**	**52**

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

Table C–3 Child Population Demographics, 2016 *(continues)*

State	9	10	11	12	13	14	15	16	17
Alabama	62,244	61,435	61,009	61,318	60,927	61,692	64,400	65,951	63,909
Alaska	10,265	10,363	9,962	9,957	9,957	9,807	9,753	10,299	10,038
Arizona	95,192	93,576	92,868	90,402	91,911	90,267	92,733	94,180	92,079
Arkansas	40,578	40,065	39,669	39,655	39,300	38,829	40,022	40,727	39,966
California	518,128	510,902	508,649	505,998	500,697	496,229	510,524	518,946	513,920
Colorado	72,465	72,569	72,340	72,729	71,676	70,361	71,022	70,986	68,881
Connecticut	42,319	43,208	43,944	45,088	44,965	45,637	46,604	48,143	48,475
Delaware	11,462	11,507	11,441	11,587	11,640	11,102	11,709	11,911	11,751
District of Columbia	6,177	5,739	5,500	5,330	5,023	5,145	5,113	5,242	5,213
Florida	236,056	233,996	232,806	226,081	230,039	231,270	239,165	243,327	240,885
Georgia	145,231	143,928	143,401	142,789	142,005	142,332	145,604	146,924	143,139
Hawaii	16,873	16,642	16,498	16,700	16,236	15,639	16,034	15,960	15,686
Idaho	25,428	25,228	25,497	25,076	24,619	24,706	24,784	24,950	24,345
Illinois	165,780	165,566	166,352	168,245	167,155	166,582	170,351	173,032	170,310
Indiana	89,579	88,677	88,509	89,602	88,552	88,560	91,048	92,689	91,406
Iowa	42,020	41,504	40,720	41,004	40,415	40,024	41,081	41,586	41,044
Kansas	40,728	40,343	39,949	40,166	39,790	38,875	39,832	40,567	39,499
Kentucky	57,339	56,763	56,471	56,871	56,202	55,547	57,437	58,261	57,988
Louisiana	63,805	62,159	61,068	60,955	60,618	60,038	61,966	63,404	61,978
Maine	14,398	14,536	14,757	14,798	14,576	14,722	15,244	15,745	16,164
Maryland	76,094	75,416	74,742	75,317	74,227	74,104	76,760	77,757	77,114
Massachusetts	76,283	76,344	77,765	79,144	79,780	79,767	82,068	83,879	84,740
Michigan	122,134	122,736	124,023	126,307	125,633	126,490	131,767	134,215	133,598
Minnesota	73,619	72,732	72,946	73,394	71,641	70,322	71,819	72,217	71,299
Mississippi	43,229	41,577	40,982	40,750	40,049	39,844	41,651	42,550	41,348
Missouri	78,778	78,694	77,891	78,279	77,349	76,874	79,050	80,698	79,385
Montana	13,266	12,909	12,723	12,478	12,496	12,350	12,546	12,562	12,639
Nebraska	26,796	26,748	26,465	26,505	25,834	25,409	25,762	25,678	25,284
Nevada	39,333	38,580	37,606	37,996	37,310	37,033	37,845	38,249	37,272
New Hampshire	14,682	15,040	15,199	15,486	15,692	15,800	16,050	16,722	16,473
New Jersey	111,621	111,309	112,259	114,334	113,677	113,222	116,277	118,968	118,308
New Mexico	28,377	28,191	28,093	27,899	27,229	27,411	27,868	28,351	27,887
New York	228,940	227,929	229,115	231,319	231,622	231,647	237,450	244,054	242,724
North Carolina	132,166	131,304	130,436	131,026	129,649	130,289	133,824	134,819	130,894
North Dakota	9,913	9,659	9,312	9,123	8,778	8,596	8,501	8,640	8,667
Ohio	146,739	147,107	146,211	148,738	147,562	148,405	153,713	155,872	154,186
Oklahoma	54,809	53,652	53,659	53,520	52,618	52,317	52,454	53,066	52,867
Oregon	49,749	48,859	48,451	48,471	48,005	47,726	48,791	50,045	49,708
Pennsylvania	149,313	149,879	149,595	152,077	151,142	151,803	156,229	160,946	159,746
Puerto Rico	39,616	40,715	41,324	40,777	41,180	42,608	46,073	47,853	45,665
Rhode Island	11,515	11,871	11,805	12,135	11,940	12,103	12,231	12,772	12,983
South Carolina	64,181	62,349	61,512	61,464	60,621	60,813	62,469	63,602	61,973
South Dakota	12,273	12,039	11,873	11,701	11,332	10,897	11,091	11,343	11,165
Tennessee	85,267	84,690	83,583	84,421	83,691	83,998	85,784	87,141	86,063
Texas	412,008	409,351	408,192	407,754	403,484	400,281	405,090	407,170	395,775
Utah	53,515	52,433	52,420	51,616	51,136	49,508	49,763	49,882	48,431
Vermont	6,728	6,533	6,761	6,870	6,963	6,899	6,913	7,478	7,579
Virginia	105,626	104,759	104,870	104,859	104,296	103,399	105,812	107,165	105,406
Washington	92,387	90,199	89,505	89,010	87,798	87,249	89,433	90,765	90,427
West Virginia	21,088	20,858	21,024	21,146	21,138	21,174	21,516	22,122	21,811
Wisconsin	73,728	73,446	73,047	74,360	73,165	73,353	74,693	76,199	75,280
Wyoming	8,300	8,120	7,747	7,708	7,543	7,284	7,345	7,467	7,293
National	**4,218,140**	**4,184,734**	**4,172,546**	**4,180,335**	**4,150,883**	**4,136,339**	**4,243,064**	**4,313,077**	**4,250,666**
Reporting States	**52**	**52**	**52**	**52**	**52**	**52**	**52**	**52**	**52**

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

Table C–3 Child Population Demographics, 2016

State	Boy	Girl	African-American	American Indian or Alaska Native	Asian	Hispanic	Multiple Race	Pacific Islander	White
Alabama	558,628	538,195	322,950	5,306	15,405	79,966	34,232	670	638,294
Alaska	96,271	91,056	6,030	33,706	10,585	17,681	23,112	3,280	92,933
Arizona	831,671	799,821	76,322	83,088	44,300	715,299	62,429	2,872	647,182
Arkansas	360,793	344,260	126,979	5,051	10,741	84,505	25,649	3,032	449,096
California	4,643,422	4,449,441	475,093	33,609	1,031,199	4,724,915	430,891	32,490	2,364,666
Colorado	645,466	615,906	53,772	7,616	37,264	393,238	53,605	1,805	714,072
Connecticut	385,357	367,937	85,606	2,151	37,826	176,491	28,668	306	422,246
Delaware	103,663	100,611	51,521	523	7,858	31,617	10,694	96	101,965
District of Columbia	60,786	60,107	66,866	177	2,838	19,646	4,793	51	26,522
Florida	2,116,442	2,030,270	840,715	9,447	109,190	1,264,650	150,529	2,804	1,769,377
Georgia	1,278,704	1,232,840	845,003	4,791	95,145	359,671	89,914	1,631	1,115,389
Hawaii	158,306	149,710	5,752	504	73,887	55,316	94,760	35,056	42,741
Idaho	223,599	213,574	3,880	4,973	5,244	79,627	14,651	794	328,004
Illinois	1,493,524	1,432,585	448,880	3,926	144,979	720,598	97,198	818	1,509,710
Indiana	806,023	769,429	174,608	2,989	34,766	170,788	62,559	597	1,129,145
Iowa	373,985	356,746	35,871	2,564	18,915	72,216	27,741	1,026	572,398
Kansas	365,949	349,002	45,011	5,311	19,411	130,395	36,375	654	477,794
Kentucky	517,439	493,190	92,466	1,713	16,574	59,665	40,766	713	798,732
Louisiana	567,737	546,212	410,136	7,334	17,692	72,355	33,623	446	572,363
Maine	130,892	123,822	6,804	2,011	3,923	6,769	9,342	115	225,750
Maryland	687,341	661,387	419,653	2,984	83,715	196,003	68,066	610	577,697
Massachusetts	703,757	674,345	116,485	2,516	93,668	246,211	53,191	607	865,424
Michigan	1,120,643	1,070,414	349,960	13,063	70,100	179,528	101,352	563	1,476,491
Minnesota	658,303	630,030	113,487	18,325	77,724	112,613	63,516	719	901,949
Mississippi	367,677	353,611	305,662	4,340	6,726	31,916	17,180	239	355,225
Missouri	709,558	677,305	188,272	5,556	26,319	91,484	60,059	2,580	1,012,593
Montana	116,750	110,861	1,523	21,985	1,474	13,489	10,564	174	178,402
Nebraska	242,423	230,902	27,185	5,343	11,684	81,588	18,451	422	328,652
Nevada	346,353	331,074	64,903	5,474	39,988	276,849	42,845	4,483	242,885
New Hampshire	133,245	127,343	4,279	459	8,065	15,531	8,866	85	223,303
New Jersey	1,013,202	971,550	270,333	3,005	190,432	521,526	60,542	731	938,183
New Mexico	250,140	240,523	7,820	49,689	5,378	295,075	12,262	252	120,187
New York	2,136,402	2,044,157	645,242	13,085	334,120	1,026,530	145,010	1,808	2,014,764
North Carolina	1,170,974	1,127,746	526,812	27,727	70,722	363,788	94,743	2,098	1,212,830
North Dakota	90,390	85,921	6,541	13,899	2,425	10,777	7,142	117	135,410
Ohio	1,335,370	1,276,802	387,346	4,175	57,595	155,703	121,213	1,295	1,884,845
Oklahoma	491,652	469,976	76,896	94,652	19,307	160,013	91,413	1,970	517,377
Oregon	444,467	424,260	19,809	10,435	34,585	190,057	52,050	4,358	557,433
Pennsylvania	1,369,452	1,305,353	347,540	3,894	97,937	311,895	103,039	946	1,809,554
Puerto Rico	356,793	339,079	-	-	-	-	-	-	-
Rhode Island	106,630	101,751	15,179	1,152	7,358	51,212	9,582	167	123,731
South Carolina	557,888	539,733	332,934	3,762	16,698	98,767	41,726	704	603,030
South Dakota	109,639	103,648	5,538	27,234	3,322	13,437	9,477	87	154,192
Tennessee	765,988	735,807	290,049	3,151	27,168	137,897	55,321	939	987,270
Texas	3,717,875	3,576,712	853,962	18,140	302,096	3,596,109	184,732	6,076	2,333,472
Utah	473,208	448,565	10,784	8,863	15,993	160,474	31,808	9,625	684,226
Vermont	61,178	57,350	2,308	335	2,410	3,059	4,432	36	105,948
Virginia	954,775	915,348	377,403	4,142	121,185	247,936	103,939	1,350	1,014,168
Washington	832,985	796,513	69,683	23,398	120,382	341,547	128,159	13,897	932,432
West Virginia	192,005	183,063	13,713	600	2,745	9,140	14,766	80	334,024
Wisconsin	658,789	628,904	111,614	13,920	45,829	150,073	49,143	542	916,572
Wyoming	71,499	67,402	1,383	4,055	1,051	20,107	4,431	120	107,754
National	**37,966,008**	**36,372,149**	**10,138,563**	**626,148**	**3,635,943**	**18,345,742**	**3,100,551**	**146,936**	**37,648,402**
Reporting States	**52**	**52**	**51**	**51**	**51**	**51**	**51**	**51**	**51**

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

Table C–4 Adult Population by Age Group, 2016

State	18–24	25–34	35–44	45–54	55–64	65–75	75 and Older
Alabama	459,616	637,487	595,713	644,018	645,092	464,669	319,882
Alaska	75,274	120,453	92,145	94,167	95,322	52,387	24,819
Arizona	672,268	933,128	845,220	846,897	831,142	682,820	488,104
Arkansas	281,738	392,755	364,726	378,897	378,345	283,580	203,154
California	3,848,787	5,917,785	5,159,932	5,195,297	4,688,718	3,089,002	2,257,633
Colorado	534,131	842,409	742,076	717,723	699,310	457,780	285,744
Connecticut	352,024	442,021	423,005	524,150	504,555	323,968	253,435
Delaware	85,584	127,501	109,425	127,686	130,645	99,961	66,989
District of Columbia	80,141	154,991	98,889	77,521	70,044	45,559	33,132
Florida	1,739,623	2,683,425	2,464,289	2,756,310	2,727,163	2,277,584	1,817,333
Georgia	1,005,386	1,422,300	1,362,970	1,416,698	1,236,811	839,325	515,337
Hawaii	128,771	207,903	177,228	178,271	184,406	139,010	104,952
Idaho	156,563	221,561	205,995	198,609	208,250	153,740	101,249
Illinois	1,214,511	1,774,032	1,646,756	1,713,154	1,655,713	1,072,843	798,421
Indiana	661,254	859,672	814,899	865,746	864,467	576,378	415,185
Iowa	322,097	394,373	367,535	389,744	415,998	281,046	233,169
Kansas	297,133	384,606	347,089	354,323	372,194	244,996	191,997
Kentucky	419,965	575,311	553,030	596,852	590,470	411,687	279,030
Louisiana	442,533	681,658	574,245	591,817	603,021	401,909	272,534
Maine	110,283	156,994	150,767	190,748	210,290	152,331	105,352
Maryland	546,861	834,450	761,384	854,746	794,068	516,122	360,088
Massachusetts	704,251	952,329	825,013	961,116	917,004	612,531	461,433
Michigan	975,645	1,251,709	1,157,262	1,348,094	1,392,778	940,935	670,820
Minnesota	507,542	748,412	676,706	727,418	739,313	472,248	359,980
Mississippi	295,917	394,253	365,535	379,963	380,829	266,051	184,890
Missouri	578,691	812,868	731,038	789,759	815,760	559,973	418,048
Montana	99,302	132,974	119,445	125,674	152,474	110,127	74,913
Nebraska	192,718	252,946	230,528	229,683	241,172	159,561	127,183
Nevada	250,225	428,127	387,758	392,859	362,520	275,598	165,544
New Hampshire	127,516	160,604	152,181	200,946	206,156	135,668	91,136
New Jersey	786,743	1,162,064	1,146,197	1,296,291	1,195,810	776,619	595,993
New Mexico	200,362	279,900	242,692	251,742	273,230	203,298	139,128
New York	1,905,051	2,890,773	2,462,561	2,706,129	2,567,707	1,713,040	1,319,469
North Carolina	966,234	1,335,454	1,290,237	1,385,750	1,300,928	941,813	627,652
North Dakota	91,112	113,553	86,414	85,555	95,008	59,210	50,789
Ohio	1,075,485	1,506,910	1,380,120	1,547,688	1,605,369	1,081,030	805,599
Oklahoma	383,081	545,460	478,784	476,602	487,868	341,890	248,248
Oregon	365,578	574,842	531,899	515,568	547,973	415,647	273,231
Pennsylvania	1,187,598	1,677,711	1,481,167	1,735,172	1,804,053	1,237,006	986,715
Puerto Rico	335,328	424,554	428,760	448,612	432,294	364,768	281,119
Rhode Island	114,376	143,107	122,946	146,757	146,895	96,933	77,031
South Carolina	468,536	655,031	599,410	652,087	658,202	513,286	316,946
South Dakota	84,605	112,266	98,592	102,195	115,704	77,464	61,341
Tennessee	617,867	892,054	831,284	894,419	866,723	628,409	418,643
Texas	2,767,722	4,085,728	3,726,287	3,519,013	3,116,019	2,008,449	1,344,791
Utah	343,283	448,845	410,933	314,060	291,159	191,202	129,962
Vermont	67,743	72,709	69,504	86,287	96,891	67,676	45,256
Virginia	812,207	1,172,060	1,085,925	1,162,384	1,080,365	734,524	494,220
Washington	661,194	1,081,072	941,493	947,910	945,770	656,507	424,556
West Virginia	161,635	219,000	222,833	243,143	265,906	203,027	140,490
Wisconsin	561,861	727,719	686,760	779,989	806,268	530,671	397,747
Wyoming	55,188	81,948	71,334	69,052	81,266	53,240	34,572
National	**31,179,139**	**45,101,797**	**40,898,916**	**43,235,291**	**41,895,438**	**28,995,098**	**20,894,984**
Reporting States	**52**	**52**	**52**	**52**	**52**	**52**	**52**

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

State Commentary

APPENDIX D

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

Alabama

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General

Variances in data compared to previous years may occur as we have continued work to strengthen our data collection processes in the system. Enhancements are planned to improve reporting of services to children and families, child and caregiver risk factors, alternative responses, and mapping of NCANDS elements.

Alabama has two types of screened-in responses: child abuse and neglect investigations (CA/Ns) and prevention assessments (alternative response). For federal fiscal year (FFY) 2016, the Child File included only CA/Ns, which have allegations of abuse or neglect. Prevention assessments are reports that do not include allegations of abuse/neglect, but the potential risk for abuse may exist. A prevention assessment may be changed to a CA/N report if an allegation is added to the system. At that time, policy for CA/N investigations are in affect. The FFY 2016 submission does not include prevention assessment data.

Reports

For FFY 2016, the number of screened-in reports and children increased over the prior reporting year affecting the number of reports completed. Outreach efforts with medical personnel and education employees are major reasons. During FFY 2014, the department initiated an online mandatory reporter training for reporting of child abuse and neglect. The Governor, State Department of Education, Community-Based Child Abuse Prevention Program (CBCAP) as well as other partner agencies supported the rollout of this training and continued public awareness. Education staff statewide are required to complete the training. Agency staff also are required in their learning plan to complete this training.

For FFY 2016, the number of screened-out reports and children again increased. The increase is reflective of efforts in quality assurance to improved documentation by intake workers, who have been urged to enter all screened-out calls into our SACWIS system. The reported number of screened-out reports and children includes 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, which are screened in prevention assessments, but are not reported to NCANDS.

FFY 2016 screened-out children includes only those intakes that did not meet the definition of a CA/N report. This number does not include children in the state's alternative response program. FFY 2016 screened-out reports includes only reports that did not meet the definition of a CA/N report and do not include prevention assessments, Alabama's alternative response. Prevention assessments are screened-in assessments.

Alabama determines staff needs based on a 6- or 12-month average of different case types. Intake is one worker per county and more than one for larger counties, based on population. CA/N reports are counted at a 1:8 ratio for sexual abuse, 1:10 for children who enter foster care, and 1:12 ratio for all other maltreatment types. Prevention assessments are counted on a ratio of 1:12 and child protective services (CPS) ongoing cases are staffed at a ratio of 1:18 cases. Prevention assessments are not reported to NCANDS.

Response time as reported in the Agency File is taken from the calculated average response time reported in the Child File. Data shows an increase in response time for FFY 2016. A change in mapping has again resulted in improving the quality of these data.

Children

FFY 2012 was the first submission to report a maltreatment type of medical neglect. In prior submissions, this maltreatment type was captured under the broad category of neglect. For FFY 2013, a coding error occurred, and medical neglect was reported under the broad category of neglect. Medical neglect was reported separately for FFYs 2014–2016. Mapping was completed for race and is reflected in the FFY 2016 file; all races that apply are reported.

Fatalities

For FFY 2016, all child fatalities are reported in the Child File. The child death review process determined that there was no additional data to report in the Agency File.

The FFY 2016 number of child fatalities increased from FFY 2015. We have seen a fluctuation in the number of child fatalities from year-to-year and a decrease for the prior two years. The majority of child fatality investigations, which are indicated, are suspended for due process or criminal prosecution. This extends the length of the investigation, which can take several months or years to complete. For the reported fatalities, the date of deaths occurred in a 5-year range, from FFYs 2012–2016.

Perpetrators

An enhancement to Alabama's SACWIS system requiring the perpetrator relationship to be established to the child went into production mid-FFY 2014. The FFY 2016 submission shows improvement in data quality.

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

Services

Beginning in FFY 2010 and continuing through FFY 2012, Alabama only reported service data obtained from the state CBCAP grants lead agency for prevention services in the Agency File. Therefore, it is not advised to compare data to previous years. The FFY 2013 and FFY 2014 Agency Files include prevention service data for two additional service providers: family outcome-centered unification services and the parenting assistance line. Enhancements to our SACWIS system and mapping are planned to allow more complete reporting of services in future submissions. For FFYs 2015–2016, additional service data were provided in the Agency File.

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

The NCANDS category of the number of children eligible for referral to agencies providing early intervention services under Part C of the IDEA in the Agency File is the number of children who had indicated dispositions during FFY 2016 and were younger than 3 years. The NCANDS category of the number of children referred to agencies providing early intervention services under Part C of the IDEA in the Agency File is the number of referrals the agency providing services reported receiving during FFY 2016. Training provided to staff at supervisor's conferences during FFY 2013 and FFY 2014 on early intervention services and reporting appears to be the primary reason for the increase in number of referrals. The state also had an increase in the number of child victims for FFY 2016.

Alaska

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General

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

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

Reports

With the 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 will therefore be excluded from federal reporting. In recent years the trend has been toward creating a separate Protective Service Report when a report is received while an investigation is in progress, with its own corresponding investigation. Multiple investigations may be conducted concurrently. This practice is under examination.

Children

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

Alaska believes that caregiver risk factors of alcohol and drug abuse have been under-reported in the past. Toward the end of federal fiscal year (FFY) 2016, Alaska instituted an improved system for tracking Family Characteristics in Investigations. For FFY 2017, NCANDS syntax will be revised to harvest the benefits of these SACWIS upgrades.

Fatalities

In Alaska, the authority for child fatality determinations resides with the Medical Examiner's Office, not the child welfare agency. The Medical Examiner's Office assists the state's child fatality review team in determining if a child's death is due to maltreatment. A child fatality is reported only if the Medical Examiner's Office concludes that the fatality is 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. For FFY 2016, NCANDS services reporting methodology was enhanced to ensure that reported services are within the scope of mapping timelines.

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

Arizona

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General

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

Reports

A new tool was implemented at the Child Abuse Hotline call center to assist in decision making for child protective services (CPS) reports. This has had the effect of shifting reports from a lower priority to a somewhat higher one. In addition, legislation was enacted which places a limit on the length of time between the incident and the reporting of the incident.

Although the number of reports as recorded by NCANDS increased, the actual number of reports received in federal fiscal year (FFY) 2016 as counted by Arizona remained nearly the same as the previous year. Arizona counts reports in the period in which they are received, while NCANDS only includes reports when all findings are complete, regardless of when they are received. Normally, the difference between the two counts is not significant. However, for the past several years, Arizona has been in the process of investigating and closing backlogged reports. These are reports that may have been received in a prior period but the findings completed in the current period. As such, these reports are included in the current submission in addition to the "new" reports received during the submission period. Therefore, the number of reports as reported by NCANDS will include any report received and closed during the submission year plus any received in a prior submission year but close during the current submission year.

Children

The increase in the number of child victims is related to the increase in reports as explained in the previous section.

Fatalities

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

The Child Fatality Review Committee reviews all child deaths in the state, including deaths that would be identified through the sources listed above. If a local Child Fatality Review Team identifies an unreported child fatality believed to be due to maltreatment, that information is communicated to the Arizona Department of Child Safety (DCS). Through this process, DCS receives information on all child deaths that may have been caused by abuse or neglect.

Arkansas

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General

The following options are available when accepting a referral:

Referral/assessment (R/A) by the Division of Children and Family Services (DCFS) for Fetal Alcohol Spectrum Disorder (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 (FASD). The Department of Human Services (DHS) shall accept referrals, calls, and other communication from health care providers involved in the delivery or care of infants born and affected with FASD. The Department of Human Services shall develop a plan of safe care of infants born with FASD. The Arkansas State Police hotline staff will use the regular request for DCFS assessment for FASD. These will automatically be assigned to the DCFS Central Office FASD Project Unit to complete the assessment and closure. There were no R/A-FASD reports received in federal fiscal year (FFY) 2016.

R/A to the Arkansas State Police Crimes Against Children Division (CACD) for Death Assessment (DA): Arkansas FFY 2015 legislation mandated per Act 1211—DHS and CACD will conduct an investigation or DA upon receiving initial notification of suspected child maltreatment or notification of a child death. This was effective in the Statewide Automatic Child Welfare Information System (SACWIS) known as the Children's Reporting and Information System (CHRIS), on August 2, 2015. The Child Abuse Hotline will accept a report for a child death if a child has died suddenly and unexpectedly not caused by a known disease or illness for which the child was under a physician's care at the time of death, including, without limitation, child deaths as a result of the following:

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

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

Accept for Investigation: Reports of child maltreatment allegations will be assigned for child maltreatment investigation pursuant to Arkansas Code Annotated 12-18-601. Arkansas uses an established protocol when a DCFS family service worker or the CACD 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 that a DCFS family service worker

or CACD 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's 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 DR team to assess for safety, identify service needs, and arrange for the services to be put in place. DR began with five pilot counties on October 1, 2012 and was implemented statewide for all 75 counties by August 12, 2013 through a periodic schedule. FFY 2013 was the first year the state submitted DR data to NCANDS.

Reports

On May 14, 2014, a new way to capture the incident date was implemented. A new incident date information grouping was added that requires either a recent child maltreatment allegation incident date or an approximate incident date range to be entered for each child maltreatment allegation that is alleged by report and collected during investigation. The approximate incident date values that are available for selection include the following (only one value can be selected per allegation):

- 0–3 months ago
- 3–6 months ago
- 6–9 months ago
- 9–12 months ago
- 1–3 years ago
- 3–5 years ago
- 5–10 years ago
- 10+ years ago
- Unknown

This change was implemented because DCFS believes that unfortunately, often when people call in regarding alleged maltreatment that occurred years ago, they don't have an exact date, so the person entering the info either guesses a date or leaves it blank. We enhanced CHRIS so that it would allow the person entering the info a range of time rather than a specific date (e.g., abuse occurred 3 years ago, 2 years ago, 1 year ago, 6–12 months ago, etc.).

The child maltreatment allegations with an approximate date range value selected are mapped to the NCANDS category of blank=not collected/not applicable. This could lead to a lower percentage of children with incident date reported.

Fatalities

The substantiated fatalities increased from 40 in FFY 2015 to 42 in FFY 2016. This increase in substantiated fatalities can be attributed to the increased number of reported child fatalities as a result of severe physical abuse and unsafe sleep environments. This increase is also a result of the increased

number of child maltreatment reports in the state due to poverty, substance abuse, and the violence experienced in many Arkansas communities.

Arkansas also attributes the increased number of substantiated fatalities to the Arkansas Child Death Review Panels and the increased awareness and education stemming from it. To facilitate comprehensive death scene investigations, the Arkansas Commission on Child Abuse, Rape and Domestic Violence partnered with the Arkansas Child Death Review Panel, the Arkansas Medical Examiner's Office and the Coroners Association to provide sudden unexplained infant death investigation training to medical examiners and deputy coroners throughout the state. The additional training, along with the implementation of the sudden unexplained infant death protocol, assisted the agency in gathering pertinent information which has improved the quality of the death investigations.

Arkansas FFY 2015 legislation mandated per Act 1211, DHS and CACD will conduct an investigation or death assessment upon receiving initial notification of suspected child maltreatment or notification of a child death. All sudden and unexpected child deaths will be reported to the Child Abuse Hotline. DA reports are accepted by the Hotline and do not have allegations of maltreatment at the time of the referral. If the incident does rise to the level of a child maltreatment investigation, then the referral will be elevated to an investigation. An increase in child fatalities may be due to the number of DAs becoming an investigation that are founded true.

Arkansas DCFS receives notice of child fatalities through the Arkansas Child Abuse hotline. The reports include referrals from mandated reporters such as, physicians, medical examiners, law enforcement officers, therapists, and teachers, etc. A report alleging a child fatality can also be accepted from a nonmandated reporter. Nonmandated reporters include neighbors, family members, friends or members of the community. The guidelines for reporting is as follows: 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.

Arkansas DCFS 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.

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.

In Arkansas, all children younger than 3 with a true overall finding, regardless of role in referral, are referred to The Arkansas Division of Developmental Disabilities Services (DDS)/Part C for an early intervention screening. For FFY 2016, 2,928 child victims under age 3 were eligible for referral. Arkansas does not currently track how many children are actually referred to the agencies. The state is analyzing how to track this information in the future.

California

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General

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

- Path 1 community response—family problems as indicated by the referral to the child welfare system do not meet statutory definitions of abuse and neglect, and the referral is evaluated out by child welfare with no investigation. Based on the information given at the hotline, however, 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. It is investigated, and a child welfare services case is opened. Once an assessment is completed, these families may still be referred to an outside agency for some services, depending on their needs.

On June 1, 2015, California implemented a policy to track commercially sexually exploited (CSE) youth referrals with the state allegation of exploitation. On May 21, 2016, California implemented a new policy to track CSE youth referrals with the state allegation of exploitation with a sub-allegation of commercial sexual exploitation. The sub-allegation of CSE could be used to separate CSE from other exploitation referrals; however, the entry of a sub-allegation is optional, and the California Department of Social Services (CDSS) is still working toward uniform entry of this sub-allegation type for CSE referrals to improve data quality.

Reports

The report count includes both the number of child abuse and neglect reports that require, and then receive, an in-person investigation within the timeframe specified by the report response type. Reports are classified as either immediate response or 10-day response. For a report that is coded as requiring an immediate response to be counted in the immediate response measure, the actual visit (or attempted visit) must occur within 24 hours of the report receipt date. For a report that is coded as requiring a 10-day response to be counted in the 10-day response measure, the actual visit (or attempted visit) must occur within 10-days of the report receipt date. For the quarter ending September 2016, the immediate response compliance rate was 96.7 percent and the 10-day response compliance rate was 91.9 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 (SFY) 2015.

Fatalities

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

The data are used to meet the reporting mandates of the federal Child Abuse Prevention and Treatment Act (CAPTA) and for the Title IV-B, Annual Progress and Services Report (APSR). Calendar year (CY) 2015 is the most recent validated annual data, and is therefore reported for federal fiscal year (FFY) 2016. It is recognized that counties will continue to determine causes of fatalities to be the result of abuse and/or neglect that occurred in prior years. Therefore, the number reflected in this report is a point in time number for CY 2015 as of January 2017, and may change if additional fatalities that occurred in CY 2015 are later substantiated to be the result of abuse and/or neglect. Any changes to this number will be reflected in subsequent year's APSR reports.

Prior to CY 2011, the CDSS used data reconciled by the California Department of Public Health (CDPH) for submission to NCANDS. The data that were 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/Centers for Medicare and Medicaid Services (CMS). The audit was conducted in 2008 for child deaths occurring in CY 2005 and these data were used for multiple NCANDS data submissions as these were 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 in CY 2011, the CDSS changed the data source to the SB 39 data. It is important to note that while SB 39 data were used in the FFY 2016 NCANDS submission, the data were derived from CY 2015. Additionally, beginning in CY 2012 CDSS began to receive reports of fatalities determined to be the result of abuse and neglect and caused by an unknown third party. NCANDS submissions from FFY 2013 (CY 2012) forward include such fatalities.

CDSS will continue to look at how it might use other information sources to enrich the data gathered from the SOC 826 reporting process and reported to NCANDS. In September 2012, the CDSS issued a best practices all-county information notice to counties encouraging annual reconciliation of CWS child death information with other entities that review child deaths such as local child death review teams, and attendance at local child death review team meetings to participate in discussions regarding deaths which may have been the result of abuse and or neglect. As part of the technical assistance provided to counties regarding SB 39, the CDSS has also recently begun collecting information regarding county child welfare agencies' roles on local child death review teams and how their participation may lead to further identification and reporting of deaths that are a result of

abuse or neglect. Additionally, the CDSS continues to collaborate and share data with the CDPH, for purposes of the reconciliation audit of child death cases in California. The most recent information shared to date is 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

Prevention services in California exist in a state-supervised, county administered system. This system has the advantage of allowing the 58 counties in California flexibility to address child abuse prevention efforts through a local lens. This approach, however, results in 58 sets of challenges in program implementation, evaluation and reporting. The CDSS funded direct prevention services for children and families through the allocation of 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) to California counties.

This is the Office of Child Abuse Prevention's (OCAP's) second year of utilizing the Efforts to Outcomes software as the primary data collection and reporting tool. The OCAP has recognized inconsistencies during the data collection process and is working to resolve these issues by providing data collection technical assistance and tools to counties for direct service providers. In this reporting period, 11 counties reported a decrease in the number of families served with CAPIT funding, and 13 counties reported a decrease in the number of families served with PSSF funding. Additionally, 27 counties reported a decrease in the number of children served with CAPIT funding, and 31 counties reported a decrease in the total number of children served with PSSF funding. There was a decrease in the total number of children and families served by CAPIT and PSSF due to several factors including:

- Implementation of new programs
- Decrease in demand and less participation in services
- Staff turnover
- Recognized inaccuracies in reporting from counties in the prior fiscal year (FY)

Recognized inaccuracies in reporting CAPIT and PSSF included Mendocino County misreporting the number of children served by youth programs last year. This year, more accurate reporting was done, but as a result, there is an 80 percent decrease in the total number of children served in Mendocino this year.

Additionally, 22 counties reported an increase in the number of children served with CBCAP funding, and 12 counties reported an increase in the number of families served with CBCAP funding. An increase in the total number of children and families served by CBCAP funds occurred due to a variety of factors including:

- Reached more families and children through community outreach
- Increased the number of youth programs funded
- Increased collaboration with community partners
- Recognized inaccuracies in reporting from counties in the prior fiscal year

Recognized inaccuracies in reporting CBCAP counts included Monterey County misreporting the number of children served last FY. As a result, the number of children served with CBCAP funding increased by 3,022 children in this reporting period. Ventura County reported serving 0 children in the last FY, but this year, they reported serving 20,965; in this case, it may be a result of how they chose to count those served. Other contributing factors to the increase/decrease in children and families served include changing the funding sources of services. For example, Madera County utilized CBCAP funding instead of CAPIT funding to serve 25,000 families.

With CAPTA funding, the OCAP released a request for applications for the Community In Unity grants and Innovative Partnership Program grants. Eleven applications were funded. These grants have the intended purpose of providing money to communities utilizing a collective impact approach to strengthening families and reducing child maltreatment. Also with CAPTA funding, an online mandated reporter training was funded. In FFY 2016, over seventy-one thousand (71,697) professionals from varying disciplines including social workers, teachers, child care providers, mental health professionals and law enforcement completed the training. Mandated reporter training is essential to identifying the early signs of abuse and neglect and preventing further escalation of abuse and neglect issues. Not all families reported to CWS have a case opened, but families referred are given access to services that they may not have accessed otherwise.

Colorado

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General

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

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

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

As of federal fiscal year (FFY) 2016, FAR was implemented in 19 counties. Each year, more counties implement FAR which increases the number of reports with an alternative response disposition.

Reports

On January 1, 2015, the Colorado Department of Human Services (CDHS) launched a new statewide child abuse and neglect hotline: 1–844–CO–4–KIDS. Designed to provide an easy-to-remember phone number for individuals to use statewide, suspected child abuse and neglect is reported efficiently and directly to Colorado's 64 counties and two tribal nations. Each county and tribal nation is responsible for accepting and responding to child abuse and neglect inquiries and reports. All callers speak with a call-taker 24-hours a day, 365-days a year. The hotline system captures critical information and ensures that calls across the state are handled quickly and appropriately with the goal of ensuring that no child is harmed.

Fatalities

Colorado's Child Fatality Review Team (CFRT) has statutory authority to review information regarding child fatalities, egregious incidents, and near fatal incidents to gain a better understanding of the causes, trends, and system responses to child maltreatment and to develop recommendations in policy, practice, and systemic changes which improve the overall health, safety, and wellbeing of children in Colorado and mitigate future child fatalities. In addition to currently required child fatality reporting, at the beginning of August 2012, Colorado county human service agencies began

reporting all egregious and near fatal incidents that were suspicious for abuse and neglect within 24 hours of becoming aware of the incident.

A member of the state's Administrative Review Division is represented on the CFRT and works with county human services agencies to document these fatalities, egregious incidents, and near fatal incidents correctly and timely into the Statewide Automated Child Welfare Information System (SACWIS).

During FFY 2016, the marked increase in the number of Colorado fatalities is not due to a single event and remains in the range of recent fatality reports.

Connecticut

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General

The state of Connecticut Department of Children and Families (DCF) has continued to implement 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.

DCF has continued to pay particular attention to the quality our differential response system (DR) case practice this year. A well-defined quality assurance and improvement methodology also was prepared this year in collaboration with the DCF Court Monitor's office, and largely based on relevant items contained in the Child and Family Service Review On-Site Review Instrument, was implemented in most Regions during 2016. During 2017, the instrument will be utilized statewide and results will be discussed on a monthly basis between Regional managers and the Senior Administrative Management team.

To ensure the quality of practice for our Family Assessment Responses (FAR), or alternative response, DCF contracted with the University of Connecticut (UCONN) to provide a Performance Improvement Center (PIC). This program has conducted in-depth analyses of data from our practice, as well as providing expert technical assistance to our community partner agencies. During this past year, our memorandum of agreement (MOA) was amended to expand the scope of data provided to the PIC, allowing for a more robust and complete analysis of our differential response system. It should be noted that, as in the case of many other states, Connecticut is not yet reporting data from reports handled through our alternate response. Therefore, the decline in the total volume of reports documented in NCANDS is not indicative of the actual trend in reporting for Connecticut at this time. During federal fiscal year (FFY) 2016, DCF accepted 31,480 reports for a response, 12,007 (38.1%) of which were handled through our alternative response. A detailed analysis of data from our FAR and community partner agencies, the Community Supports for Families (CSF), can be found by on our website. Included in these analyses are findings that the rate of subsequent reports for families first referred to FAR has been decreasing and families served by CSF demonstrate improvement in outcomes.

DCF has also continued to strengthen the response to victims of human trafficking. There were at least 190 reports of children/youth trafficked in Connecticut during 2016. There are six Human Anti-Trafficking Response Teams (HART) in Connecticut. These are interdisciplinary teams lead by experienced HART Liaisons and includes the child's treatment team, specialized providers, and legal representation if indicated. The HART Liaison works with the local Multi-Disciplinary Team (MDT) ensuring the cases are afforded all resources to maximize prosecutions while ensuring the child and families are provided the appropriate medical and mental health services they are entitled to as victims. Further, CT PA 16-71 was enacted on 10/1/16 which established a Trafficking in Persons Council consisting of representatives from 15 different state and municipal agencies, and 9 members of the public. The council was established to identify criteria for providing services to child and

adult trafficking victims, to coordinate the collection, analysis and dissemination of data regarding human trafficking, and consult with governmental and non-governmental organizations in developing recommendations to strengthen state and local efforts to prevent trafficking, protect and assist victims of trafficking, and prosecute traffickers. Other provisions of the statute include required training for hotel or similar lodging staff in recognizing potential victims and/or trafficking activities.

Reports

DCF continued its tradition of focusing on staff training this year. We continued the Connecticut version of the Leadership Academy for Middle Managers (LAMM), through which an additional 14 managers were trained this year. Additionally, our first classes of the Leadership Academy for Supervisors (LAS) were completed this year. The LAS is a web-based leadership training for experienced child welfare supervisors. The curriculum consists of six online modules each based on the National Child Welfare Workforce Institute (NCWWI) Leadership Model. The LAS provides 21 contact hours of self-directed online learning with two tracks to enhance learning transfer; a personal learning plan to develop leadership skills and a change initiative project to contribute to systems changes within the agency. There were 21 supervisors that finished their LAS group, and an additional 19 who started a new group this year.

Children

Connecticut DCF has continued its evolution into a racial justice organization whereby the beliefs and values are embedded, and practices are developed to oppose and eliminate racism. It was, therefore, important for the Department to discuss its ongoing work through a racial justice lens. Consequently, it incorporated this work into its cross-cutting themes, as a performance expectation for each DCF, region, facility, and division for 2014, and created a standing statewide Racial Justice Workgroup to lead, guide, and support these efforts statewide. During FFY 2016, workgroups continued to develop and implement specific strategies to decrease disparities and improve overall outcomes. Each performance indicator was discussed at statewide and local committee meetings so management could obtain input on activities that might improve outcomes. Finally, regional management teams were required to present performance on outcome indicators by race/ethnicity, and ensure that efforts were made to improve outcomes for all racial/ethnic groups, to the Senior Administrative Management team on an ongoing basis.

Fatalities

DCF continued its focus on enhancing agency practices to prevent child fatalities this year with implementation of the Eckerd Rapid Safety Feedback (ERSF) process. ERSF is a process that utilizes predictive analytics to determine, and keep updated on an ongoing basis, the most significant correlates to specified child welfare events based on the data contained in our SACWIS. DCF has asked that the program be refined to identify cases at high risk of serious physical injury or fatality. ICARE™ is the Mindshare Predictive Analytics module that goes beyond data mining and statistical analysis. ICARE is a deterministic approach to identify the probability of a specific outcome at the child level. The outputs therefore will apply a probability of a certain outcome to an individual child and will enable the Connecticut Eckerd Rapid Safety Feedback (CT-ERSF) team to identify children with the likelihood of a poor outcome. The objective is to provide the CT-ERSF team early visibility of these children who may require increased oversight. These cases are targeted for an intensive quality assurance review and staffing process. During this year, the ICARE™ was tuned, staff completed their training, and began reviewing and staffing cases predicted to be at high risk for severe or fatal maltreatment.

The CT-ERSF reviews and staffings have several components. The qualitative reviews are done on all cases identified by the prediction and focus on three critical case practices that, when completed to standard, could reduce the probability of serious injury or death: quality safety planning, quality supervisory reviews, and quality and frequency of home visits. If there are unaddressed safety concerns identified during the review, a meeting is held between CT-ERSF staff and our Area Office Social Worker and Supervisor to ensure that those assigned to the case have a clear understanding of, and sufficient answers to, the following nine guiding questions:

- Is family history sufficiently assessed and incorporated into decision-making?
- Are face-to-face contacts with families made with sufficient frequency to assess family circumstances and emerging dangers?
- Are interviews and observations sufficient to assess child needs and how they contribute to family dynamics?
- Are initial and/or ongoing assessments sufficient to identify and address parent needs?
- Is communication and collaboration with partners/stakeholders sufficient to gather and share all pertinent information?
- Are safe sleep assessment and discussions of sufficient quality to protect children from unsafe sleep conditions?
- Do documented observations of interactions between the parent/caretaker and child sufficiently inform assessment of child safety?
- Are safety actions implemented which are sufficient to prevent maltreatment?
- Does the supervisory review identify gaps and provide appropriate and sufficient guidance regarding all of the above? Is accountability to that guidance ensured?

Services

Connecticut DCF has continued to make strides in its family teaming model of case planning and decision making that is anchored in the expansion of its Strengthening Families Practice Model to foster families as well as to families on the Department's caseloads. We have reformed the shape of the foster care system by greatly increasing the use of relatives and kin if a child still needs to be removed for his or her own protection. Currently, about 41 percent of children in state care live with a relative or kin––compared to just 21 percent in January 2011. The Considered Removal Child and Family Team Meetings (CR-CFTM) have continued to be an effective method to divert children from care. In fact, 87 percent of the children who were the subject of a CR-CFTM during 2016 were either not removed or placed with kin.

DCF has also continued efforts to limit the use of the permanency plan goal of Other Planned Permanent Living Arrangement (OPPLA) to children age 16 and over. The proportion of all children in care with this permanency goal has decreased from 17.8 percent on January 1, 2016, to 15.6 percent in January 1, 2017.

During 2016, DCF implemented a tier classification system for evaluating and monitoring contracted service providers. The Contract Management Unit has recently embarked on a comprehensive process, in partnership with other Department units, to develop a contracted program classification tool designed to enhance the Department's ability to evaluate contracted programs and create opportunities for ongoing quality improvement at a program and system level. The overarching goal of the tier classification system is to ensure the quality, accountability, and effectiveness of outcomes in all Purchase of Service Contract programs. Additionally, the classification of contracted programs

will enhance the Department's ability to support decision making toward the improvement of client outcomes while providing support to the contracted provider network. This year DCF also completed work on ensuring that all such contracts contain results-based accountability performance measures.

September 2016 marked the second progress update of the Connecticut Children's Behavioral Health Plan following its initial submission in October 2014. The plan represented 50 plus activities underway across 6 state agencies supporting the seven thematic areas. Some of these include:

- Expansion of intensive in-home services including:
  - Multisystemic Therapy (MST) Building Stronger Families
  - MST Transitioning Age Youth
  - Family-Based Recovery
  - Emergency Mobile Psychiatric Services
  - Intimate Partner-Violence—Family Assessment Intervention Response (FAIR)
- Trained over 200 people in the Circle of Security model
- Expanded Short-term Family Integrated Treatment (SFIT) Capacity for respite/crisis stabilization from 14 to 82 bed capacity
- Continued expansion of the Modular Approach to Therapy for Children (MATCH) to 15 agencies with an average of 5 trained clinicians per agency
- Continued expansion of Cognitive Behavioral Intervention for Trauma (CBITS) to over 90 school-based clinicians in 13 communities and multiple schools

Delaware

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General

For the past eight years, Delaware has received historical numbers of reports of child abuse, neglect, and dependency. Due to the steadily increasing amounts of hotline reports and investigation cases over the past few years, Delaware put into practice two strategies in federal fiscal year (FFY) 2012; Structured Decision Making® (SDM) at the report line and Tier 1 at investigation. These initiatives have been in place for four full FFYs, and Delaware has seen significant results. In FFY 2016, statistics indicate that although Delaware's hotline reports received continuously climbed, the percentage of screened-out reports compared to the prior FFY increased. The screen-out rate between FFYs increased by 3 percent, while the screen-in rate for investigations decreased at the same percentage. Overall, the implementation of both strategies has helped DFS to use resources and expertise more efficiently. Delaware is better able to determine which cases require full investigations from those needing referrals for services unrelated to child abuse and neglect.

In FFY 2013, Delaware implemented two additional initiatives; SDM at Investigation and 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. A qualitative study determined that 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

The state's intake unit uses a 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 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. The calculation of our average response time for FFY 2016 is 231.41 hours. Delaware's reported response time is made up of both family abuse (99.3%) and institutional abuse (0.7%) investigations. For FFY 2016, accepted referrals for family abuse cases are identified as 63 percent routine/Priority 3, 13 percent Priority 2, and 24 percent urgent/Priority1 in response.

From FFY 2015 to FFY 2016, 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 from the previous FFY. In FFY 2016, there was an increase of more than 12 percent in the number of referrals screened out from FFY 2015. Although the number of hotline referrals continues to rise each year, Delaware's acceptance rate as dropped from the rate that has been maintained the last three reporting years.

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

Children

The state uses 50 statutory types of child abuse, neglect, and dependency to substantiate an investigation. The state code defines the following terms:

- Abuse—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—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—a child under the age of 18 who does not have parental care because of the death, hospitalization, incarceration, residential treatment of the parent or because of the parent's inability to care for the child through no fault of the parent.

Under the Department of Services for Children, Youth and Their Families, children may be placed in residential care from the child welfare program, the juvenile justice program or the child mental health program. In calculating child victims reunited with their families in the previous 5 years, the state did not include placements from prevention and behavioral health or 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 prevention and behavioral health and juvenile justice placements alone are not the direct result of the caretaker's substantiation of abuse, neglect, or dependency.

Fatalities

The state does not report any child fatalities in the Agency File that are not reported in the Child File. For FFY 2016, the state reported zero fatalities as a result of child maltreatment.

Perpetrators

Delaware maintains a confidential Child Protection Registry for individuals who have been substantiated for incidents of abuse and neglect since August 1st, 1994. The primary purpose of the Child Protection Registry is to protect children and to ensure the safety of children in childcare, health care, and public educational facilities. The Child Protection Registry in Delaware does not include the names of individuals, who were substantiated for dependency; parent and child conflict,

adolescent problems, or cases opened for risk of child abuse and neglect. An adult Delaware intends to substantiate will receive a written notice of intent to substantiate at the conclusion of the investigation. The notification includes a hearing request form that must be returned within thirty days of the postmarked date of the notification. The hearing request form enables the individual to receive a substantiation hearing in Family Court. When the hearing request form is not returned within the specified timeframe, the individual will automatically be entered on the Child Protection Registry. A minor will receive a substantiation hearing without submitting a hearing request form. This registry is not available through the Internet and is not the same as the Sex Offender Registry maintained by the Delaware State Police State Bureau of Identification.

Services

During FFY 2016, Delaware's Children's Department saw a decline in the number of children receiving prevention services through the Promoting Safe and Stable Families funding sources. There also was a decline in families that received prevention services through the Social Services Block Grant (SSBG) and the NCANDS category of "other" funding sources. This decline was attributed to the loss of programs or contractors for service delivery. Delaware, however, saw a small increase in children who received prevention services through the NCANDS category of "other" funding source. Our K-5 Early Intervention Program focuses on supporting positive child behavior and strengthening skills of parents of at-risk children in elementary schools across the state of Delaware. This prevention program served more families than the prior fiscal year (FY).

In FFY 2014, Delaware's Child Welfare Agency has implemented several initiatives to improve our outcomes with families. One of our programs is Team Decision Making, which engages the family, informal supports and formal supports in planning for children who are at-risk of coming into care. This process has remained steady in diverting youth into kinship placements instead of foster care.

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

District of Columbia

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General

As previously reported, the District operates under a differential response (DR) protocol. All screened-in reports are directed to one of the following pathways.

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

As expected, the number of alternative response reports continues to increase. These are reports that were accepted for the family assessment pathway.

Reports

The NCANDS disposition of alternate response nonvictim represents the children of families that are reported in the District's family assessment reports.

Children

During the District's implementation of the evidenced based Structured Decision Making screening tool (SDM) in October 2013, the District added a new maltreatment type called suspicious child death. Currently suspicious child death is not a NCANDS value for maltreatment type. The District's logic for suspicious child death maltreatment type is mapped to the NCANDS category of "other" maltreatment type.

Fatalities

The Child and Family Services Agency (CFSA) participates on the District-wide Child Fatality Review committee and uses information from the Metropolitan Police Department and the District Office of the Chief Medical Examiner (CME) when reporting child maltreatment fatalities to NCANDS.

The District reports fatalities in the Child File when neglect and abuse are contributing factors to the death.

During the District's implementation of the evidenced based SDM in October 2013, the District added a new maltreatment type called suspicious child death. Currently suspicious child death is not an NCANDS maltreatment type. The District's logic for "suspicious child death maltreatment type is mapped to NCANDS category of "other." The District defines suspicious child death as a report of child death that is either unexplained, or concern exists that abuse or neglect by a caregiver contributed to or caused the child's death.

District of Columbia *(continued)*

Services

There were no Social Services Block Grant (SSBG) funds allocated for this reporting period.

It is the District's practice to refer children aged 0–5 for development screening. In federal fiscal year (FFY) 2016, the Individuals with Disabilities Education Act (IDEA) data reported to NCANDS by the District decreased due to a change in the reporting universe. For FFY 2016, the universe reflects children who are 0–3 years old whereas in FFY 2015, it consists of 0–5 years old.

Florida

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Reports

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

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

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

Florida maps all reports with a disposition of not substantiated to the NCANDS category of unsubstantiated.

Children

The Child File includes both children alleged to be victims and other children in the household.

The Adoption and Foster Care Analysis and Reporting System (AFCARS) identification number field is populated with the number that would be created for the child regardless of whether that child has actually been removed and/or reported to AFCARS.

Although the Florida Hotline uses the state maltreatment type of threatened harm only for narrowly defined situations, investigators may add this maltreatment to any investigation when they are unable to document existing harm specific to any maltreatment type, but the information gathered and documentation reviewed yields a preponderance of evidence that the plausible threat of harm to the child is real and significant. Threatened harm is defined as behavior which is not accidental and which is likely to result in harm to the child, which leads a prudent person to have reasonable cause to suspect abuse or neglect has occurred or may occur in the immediate future if no intervention is provided.

However, Florida does not typically add threatened harm if actual harm has already occurred due to abuse (willful action) or neglect (omission, which is a serious disregard of parental responsibilities).

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

Fatalities

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

Perpetrators

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

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

Services

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

Georgia

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General

The Statewide Automated Child Welfare Information System (SACWIS), SHINES, captures nearly all the data in the NCANDS files. Each year enhancements are made to improve accuracy and completeness. Comparing data from different years may lead to inaccurate conclusions.

In addition to enhancements in the SHINES database, changes in policy and practice also necessitate caution when comparing data from one year to another.

Two significant changes occurred in Georgia during federal fiscal year (FFY) 2016. The first was the creation of a Child Abuse Registry on July 01, 2016. The creation of the registry has been accompanied by a large decrease in the number of substantiated incidents. The second important change in Georgia in FFY 2016 was a new practice called the Initial Safety Assessment (ISA). Prior to ISA, the decision to investigate a case or choose alternative response (AR) was made by intake workers at the time of the maltreatment report. Now, that decision is generally made by ISA workers after visiting the home and the alleged victim(s). There are still some high-risk cases which may be assigned as investigations at intake, such as cases with allegations of serious injury or maltreatment in care. This change in policy has been accompanied by a large shift in the number of cases assigned as investigations and AR. Previously, about 60 percent of child protective services (CPS) cases were investigated, and the remaining 40 percent were AR. Since ISA began on August 06, 2016, between 60 percent and 70 percent of cases are AR.

Reports

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

This is the fifth year that Georgia has reported AR cases. Note that AR policy changed in April 2012.

The NCANDS report source category of social services personnel includes Department of Human Resources staff. The NCANDS category of "other" report source includes Georgia data categories: 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.

Perpetrators

Georgia's FFY 2016 Child File does not include perpetrator data. Prior to changes in legal processes made this year, perpetrator privacy was protected by the state constitution. New legislation enabled the creation of a Child Abuse Registry, which began July 01, 2016. It is possible that perpetrator data may become available to NCANDS in 2017.

Hawaii

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General

Reports to Child Welfare Services (CWS) are handled in one of three ways through our differential response (DR) 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 FSS and VCM. While VCM cases are documented in the Child Welfare database they are non-CPS cases. FSS reports/cases are not documented in the state CPS 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 the state categories threatened abuse or threatened neglect. Threatened harm does not meet the level of evidence for psychological abuse or physical abuse. "Threatened Harm means any reasonably foreseeable substantial risk of harm to a child", HRS §587a-4. Threatened harm is recognized in Hawaii Revised Statutes.

Hawaii uses three disposition categories: confirmed, unconfirmed, and unsubstantiated. A child is categorized in NCANDS as substantiated if one or more of the alleged maltreatments is confirmed with more than 50 percent certainty. A Child disposition is mapped to the NCANDS disposition of unsubstantiated if the maltreatment is not confirmed with 50 percent certainty or if it is an 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 Kapiolani Child Protection Center—Multidisciplinary Team conducts reviews on death or near death cases of maltreatment.

Perpetrators

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

Services

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

Idaho

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Reports

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

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

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

The investigation start date is defined as the date and time the child is seen by a child protective services (CPS) social worker. The date and time are compared against the report date and time when

CPS was notified about the alleged abuse. Idaho only reports substantiated, unsubstantiated: insufficient evidence, and unsubstantiated: erroneous report dispositions. Most regions are not large enough to dedicate staff separately into screening, intake, and assessment workers.

Children

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

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

Fatalities

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

Perpetrators

The NCANDS category of "other" perpetrator relationships includes the state categories of 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

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The state did not provide commentary in time for the release of the *Child Maltreatment 2016* report.

Indiana

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General

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

Reports

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

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

Based on findings from the Commission to Eliminate Child Abuse and Neglect Fatalities, beginning July 1, 2016, the Indiana Department of Child Services does not screen out reports that allege abuse or neglect against a child that is under the age of 3.

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).

Prior to federal fiscal year (FFY) 2013, The NCANDS category of screened-out referrals only included calls that were in the above state category of screen out. Beginning in FFY 2013, Indiana includes all four types of referrals not assigned for assessment in the NCANDS category of screened-out referrals.

Fatalities

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

Perpetrators

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

Services

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

Iowa

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General

Iowa implemented a differential response (DR) system in January 2014. At intake, families are assigned either to the family assessment path, or the child abuse assessment path, the latter being for more serious allegations. Families can be reassigned from the family assessment path to child abuse assessment path, but never reassigned from the child abuse assessment path to the family assessment path. Abuse findings are not made in family assessments. After a family assessment, families are referred to the Community Care program. First and foremost in Iowa's DR system is child safety, and Iowa's path reassignment rate continues to match recommended guidelines. Likewise, confirmed or founded abuse assessments remain at levels comparable to pre-differential response levels.

Reports

In federal fiscal year (FFY) 2016, the number of abuse and neglect reports increased slightly, likely reflecting an increase in Iowa's general youth population. Neglect or deprivation of necessities is the abuse category that saw an increase both at intake and in report disposition. 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 2016 the number of children involved in an abuse assessment increased slightly from FFY 2015. This is likely the result of a rise in Iowa's population, and the increase may be linked to the natural increase in youth population.

Fatalities

The number of child fatalities is the same in FFY 2016 as it was in FFY 2015. Starting in FFY 2015, child fatalities where abuse was a contributing factor were also reported. We work collaboratively with a multidisciplinary child death review team for all child deaths, not only those related to abuse and neglect.

Perpetrators

Iowa began reporting perpetrator fields in the Child File beginning with the FFY 2014 NCANDS submission. To be considered a perpetrator in Iowa, an individual must have had caretaker responsibilities at the time of the alleged abuse, and the assessment must conclude that the individual is responsible for the abuse.

Services

Iowa has both preventative and post-response services. Post-response services are under the state's pay-for-results model of child welfare, and are closely coordinated and linked with Child Protection Workers to enable a smooth transition of families from formal services to family-centered services after an assessment.

Kansas

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General

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

Reports

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

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

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

Children

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

Fatalities

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

Perpetrators

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

Services

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

Kentucky

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General

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

In federal fiscal year (FFY) 2016, Kentucky removed the state dispositional finding of services not needed from the standards of practice (SOP) and from SACWIS. Mapping has been reviewed and updated as appropriate. Kentucky currently has the following dispositional findings for investigations/assessments: death/near death substantiated, found/substantiated, substantiated, unsubstantiated, and services needed.

Kentucky has changed the way it collects information regarding an individual's military affiliation. This was previously captured on the case-level. However, it has been changed to be captured at the individual level to ensure accuracy for the individual. NCANDS mapping forms have been reviewed and updated as appropriate.

Coding has been changed to ensure that the child county of residence is coded as unknown when information regarding the county of report is missing and the county is coded as other if the county of report is out of state.

In previous submissions, child born exposed to drugs/and or alcohol was one value in Kentucky's SACWIS. To improve NCANDS reporting, these values have been split into two values: child born exposed to drugs and child born exposed to alcohol. This has the potential to cause a difference in these counts for this submission compared to previous submissions.

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

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

Reports

Kentucky has made changes to the reporting of screened-out children for this reporting period. The state does not collect in depth information regarding the number of children who are screened out for referrals that do not meet criteria for abuse or neglect.

Children

In previous submissions, Child born exposed to drugs and/or alcohol was one value in Kentucky's SACWIS. To improve NCANDS reporting, these values have been split into two values: child born exposed to drugs and child born exposed to alcohol. This has the potential to cause a difference in these counts for this submission compared to previous submissions.

In December 2015, race and ethnicity was made mandatory for all individuals in an assessment. This accounts for any differences in this submission for child victim and nonvictim race and ethnicity related elements.

Fatalities

Kentucky has confirmed the fatality count for the FFY 2016 submission.

Perpetrators

In December 2015 race and ethnicity was made mandatory for all individuals in an assessment. This would account for any differences in this submission for perpetrator race and ethnicity related elements.

Services

Kentucky reported service data for victims and nonvictims. In 2016, Kentucky used Social Services Block Grant (SSBG) funds for protective services and did not contribute to preventative services for families or children.

For FFY 2016, service provision was not interrupted during contract renewal as had occurred in previous years. As a result, this allowed for an increase in children served.

Kentucky has entered into a data exchange with the Kentucky Department and Education (KDE) and data collection has begun on IDEA eligible and referred children. The state does not have a sufficient amount of data to report with this submission. The state anticipates the ability to report these data with the next submission.

Louisiana

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General

As of August 2014, the state eliminated the Alternative Response Family Assessment (ARFA) program and revised its Child Protection Investigation Program (CPIP) into the Child Protection Assessment and Services Program (CPS). CPS uses the same safety and risk assessment instruments and documentation protocols for all screened-in reports. By implementing a unified assessment framework, it is no longer necessary to distinguish between alternative response and investigation cases at intake. Consequently, no ARFA cases were reported to NCANDS for federal fiscal year (FFY) 2016.

Reports

In Louisiana, all referrals of child abuse and neglect are 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 tool (SDM) to determine whether the case meets the legal criteria for 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. Some intake reports are neither screened out nor accepted. These are additional information reports related to active investigations. Generally, if a second report is received within 30 days of receipt of an initial report that is still under investigation, the second report is classified as an additional information report. In FFY 2016, more specialized training was provided to Centralized Intake Managers to aid in determining what cases should be accepted in accordance with the Louisiana Children's Code definition of Child Abuse and Neglect. There were already two review processes in place to provide additional oversight to assure that cases with a disposition of not accepted did not meet the definition of child abuse or neglect. It is believed that the additional training and quality assurance case review resulted in an increase in the number of screened-out reports of 10.52 percent over FFY 2015.

After the discontinuation of the ARFA program in 2014, a Priority tier system was implemented. In the past, Louisiana had 5 separate response—Immediate (contact within 24 hours), High-Priority (contact within 3 days), Non-Emergency (contact within 5 days), ARFA 3-day and ARFA 5-day. The new priority system was implemented with four separate priorities all routed to Investigation: priority 1 (contact within 24 hours), priority 2 (contact within 48 hours), priority 3 (contact within 3 days), and priority 4 (contact within 5 days).

Over the past several years, Louisiana has seen increased worker turnover. As a result, veteran caseworkers see an increased caseload as new staff are required to carry a reduced caseload during their first 6 months of service with the Department. Higher caseloads can lead to increased response time overall. Further, in FFY 2016, Louisiana experienced two significant flooding events in March and August of 2016. Though every effort was made to limit the number of Child Welfare staff pulled to work in Shelters and DSNAP (Disaster Food Stamp) locations, due to the magnitude of the disasters,

it was necessary to include some Child Welfare staff, in addition to other staff across the state. The reduction in Child Welfare staff during these disasters would also account for delayed response time seen in FFY 2016.

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

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

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

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

Children

In FFY 2016, there was a significant decrease in the number of victims (10.6%). The decrease in number of victims is proportionate to the reduced number of investigations, from 12,631 in FFY 2015 to 11,289 in FFY 2016.

Louisiana *(continued)*

Fatalities

For FFY 2016, there was an increase of 2 fatalities reported in the total number of validated (substantiated) child abuse or neglect fatalities.

Changes were implemented in our system of record to more accurately identify the maltreatment type related to the fatality by requiring staff to include an additional allegation signifying the type of abuse or neglect related to the fatality.

Perpetrators

The current method of extracting NCANDS data captures perpetrator involvement in family investigation cases but does not capture perpetrator relationship to child victims. Therefore, perpetrator relationship is reported as unknown for 99 percent of cases.

Services

The Child Welfare agency provides such postinvestigation services as foster care, adoption, in-home family services, protective daycare and family-in-need of services. Many services are provided through contracted providers and are not reportable in the Child File. To the extent possible, the number of families and children receiving services through Title IV-B funded activities are reported in the Agency File.

Maine

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General

Maine utilizes two methods for report of abuse and neglect assignment. One method is the assignment to State Child Welfare District staff for appropriate low/moderate and high severity reports. An additional method is for appropriate low/moderate severity reports to be assigned to the alternative response program under Department contract with community agencies. Alternative response agencies make no findings of maltreatment but will return a report to the State Child Welfare Intake if that determination is required. An alternative response program assessment and documentation is held in each agency's own system and do not interface with the State Automated Child Welfare Information System (SACWIS). The alternative response program assessments are not included in the NCANDS Child File. There were 2,206 low/moderate severity reports assigned to alternative response agencies during federal fiscal year (FFY) 2016.

Reports

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

Maine's reported investigation start date is defined as the date and time (in hours and minutes) of the first face-to-face contact with an alleged victim. Maine Child Welfare Policy requires this contact to occur within 72 hours of the approval of a report as appropriate for child protective services.

Children

The total number of victims associated with completed assessments in FFY 2016 increased by 2.2 percent from FFY 2015. The state documents all household members and other individuals involved in a report. Some children in the household do not have specific allegations associated with them, and so are not designated as alleged victims.

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

Maine *(continued)*

Fatalities

Maine has formulated a committee with other child fatality data sources to develop a process to begin to report child fatality data for the NCANDS Agency File. In coordination with the committee, an Agile approach is being utilized to develop the additions of functionality to Maine's SACWIS.

Perpetrators

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

Services

Only services that are paid for by Maine Care through a Child Welfare approved service authorization are included in the Child File. Our SACWIS currently does not have the ability to identify services provided to families when those services are paid for by other funding sources or are free. Maine does not currently have the capability to identify whether those services included in the NCANDS Child File are specifically preventative services.

Maryland

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General

Maryland has made several improvements to its NCANDS submissions from federal fiscal year (FFY) 2012 through FFY 2016. At this point, the state anticipates shifting its information technology resources to replacing its SACWIS, and additional updates to the NCANDS file will not be made until that work is completed.

Maryland completed the phased-in implementation of its alternative response program in July 2014, published its final evaluation and has been supporting the implementation over the past two years.

Maryland also began implementation of its IV-E Waiver Demonstration, known as Families Blossom, during the summer of 2015. Implementation of several evidence-based practices among eight local jurisdictions to reduce first time and re-entries into foster care services have been implemented over the last year: SafeCare and Solution-Based Casework (social services models); Incredible Years and Nurturing (parenting models); Family Functional Therapy, Parent-Child Interaction Therapy, Cognitive Behavior Therapy (child mental health/behavioral health models); as well as housing and substance abuse treatment geared for families receiving child welfare services.

Reports

Structured Decision Making (SDM) has improved the consistency of the state's screening and decision-making process. The CPS screening process was adjusted in 2013 as part of the implementation of alternative response in Maryland which is now fully operational across the state since 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 (AR) or investigative response (IR).

Maryland's current CPS response follows the same rules for AR and IR:

- Alleged perpetrators and alleged victims are noted in the record.
- Alleged child victims must be seen within 24 hours when abuse is alleged, and within 5 days when neglect is alleged.
- Child safety and risk of maltreatment must be assessed.
- The CPS response must be completed within 60 days.
- Additional services may be offered including in-home or out-of-home services.

The key differences between AR and IR are:

- AR targets low risk reports of child neglect and abuse, and although the alleged victims and alleged perpetrators are noted in the record, the case does not establish findings concerning maltreatment, nor are the children receiving AR coded as victims. Instead, AR allows local departments of social services to help Maryland families to access services, supports and other assistance that will address their concerns. Families screened in for CPS who are eligible but refuse to participate in AR are reassigned to IR.

- IR targets moderate to high risk reports of child neglect and abuse which results in a finding concerning maltreatment. This is Maryland's traditional CPS investigation.

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

Children

The population of children in foster care has been decreasing during the past several years, from 10,330 in 2007 to 4,700 in 2016, a 54 percent decrease.

The NCANDS category of neglect includes medical neglect as state statute and policy do not define them separately.

Fatalities

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

Perpetrators

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

Services

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

- Removal/considered removal
- Placement change
- Recommendation for permanency plan change
- Youth transition plan
- Voluntary placement

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

Massachusetts

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General

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

Reports

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

Screening

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

Investigative Response

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

- Enables response workers, for the first time, to search online sources for information relevant to assessing child safety.
- Includes an assessment of parental capacity by evaluating whether the parent understands how to keep the child safe, uses appropriate discipline methods and provides for the family's basic needs, among other criteria.
- Mandates use of the Department's Risk Assessment Tool to assess potential future risks to the child's safety.
- Response outcomes are mapped to NCANDS outcomes as follows:
  - Supported is mapped to substantiated.
  - Substantiated Concern is mapped to alternative response (AR) victim.
  - Concern (discontinued in February 2016) is mapped to AR nonvictim.
  - Low/No Concern (discontinued in February 2016) is mapped to AR nonvictim.

Unsupported is mapped to unsubstantiated at the report level and to unsubstantiated at the allegation level if the report decision is either supported or unsupported. If the report decision is substantiated concern, an allegation decision of unsupported is mapped to AR nonvictim.

The number of screening and initial assessment/investigation workers listed is the estimated full-time equivalents (FTE) based on the number of screenings and initial assessments/investigations completed during the federal fiscal year (FFY), divided by the monthly workload standard for the activity, divided by 12. The workload standards are 55 screenings per month and 10 initial assessments/investigations per month. The number includes both state staff and staff working for the Judge Baker Guidance Center, Massachusetts' hotline contractor. The hotline handles child protective service functions during night and weekend hours when state offices are closed. The number of workers completing assessments was not reported because assessments are case-management activities rather than screening, intake, and investigation activities. In FFY 2016, DCF social workers also performed screening and investigation/initial assessment functions in addition to ongoing casework.

The investigation or initial AR start date is defined as the date the intake is screened in for response and has not been reported. Massachusetts plans to start reporting response start dates in FFY 2017.

Children

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

Fatalities

Massachusetts reports child fatalities attributed to maltreatment only after information is received from the Registry of Vital Records and Statistics (RVRS). RVRS records for cases where child maltreatment is a suspected factor are not available until the medical examiner's office determines that child abuse or neglect was a contributing factor in a child's death or certifies that it is unable to determine the manner of death. Information used to determine if the fatality was due to abuse or neglect also include data compiled by DCF's Case Investigation Unit and reports of alleged child

abuse and neglect filed by the state and regional child fatality review teams convened pursuant to Massachusetts law and law enforcement. As these data are not available until after the NCANDS Child File must be transmitted, the state reports a count of child fatalities due to maltreatment in the NCANDS Agency File. Massachusetts only reports fatalities due to abuse or neglect if an allegation related to the child's death is supported.

Services

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

Michigan

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General

Michigan statute and corresponding child protective services (CPS) policy requires a preponderance of evidence of abuse or neglect must be determined by an investigator to confirm the abuse or neglect of a child. A preponderance of evidence is statutorily defined as evidence which is of greater weight or more convincing than evidence which is offered in opposition to it.

The Michigan Department of Health and Human Services (MDHHS) continues its commitment to improving the state's performance in outcomes related to child safety. Michigan has identified systemic factors with a focus on improving data collection and reporting. As a result, Michigan has improved reporting.

Michigan does not have a differential response or alternative response program.

Reports

Michigan's Child File data for the incident date and investigation start date may include data that appears unusable. However, Michigan's Child Protection Law and corresponding CPS policy allow for the first face-to-face contact to be conducted by law enforcement up to 24 hours ahead of the complaint report, based on exigent concerns and to immediately address child safety. These cases typically require follow-up collaboration between CPS and law enforcement based on the nature of the case. However, even if a coordinated investigation is not required, the CPS worker is required by policy to contact the reporter who made the initial face-to-face contact prior to case closure.

Children

Michigan's Statewide Automated Child Welfare Information System (MiSACWIS) allows for reporting on individual children. The system does not have specific child risk assessment factors. System enhancements have improved data collection.

Fatalities

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

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

In federal fiscal year (FFY) 2016, Michigan was able to report all child fatality data within the Child File due to system improvements.

Perpetrators

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

Services

Michigan does not currently have the capability to accurately report on prevention services in the Agency File. Michigan is working to implement changes that will improve reporting on prevention services.

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

Minnesota

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General

Currently, the two response paths are referred to as family assessment response and family investigative response. The 2015 Legislature removed the statutory preference for family assessment. Reports alleging substantial child endangerment or sexual abuse (as defined by Minnesota statute) require a family investigation response. Child protection workers must document the reason(s) for providing a family investigation response, and may include: statutorily required due to allegations of substantial child endangerment or sexual abuse, or discretionary use for reasons such as the frequency, similarity, or recentness of reports about the same family.

In September 2014, Governor Dayton issued an executive order creating a task force to review the child protection system and recommend improvements to place the protection of children as a top priority in Minnesota. Creation of the task force was prompted by the case of a Minnesota child who died after several reports were made to child protection. The Governor's Task Force on Protection of Children submitted final recommendations to the Governor and Minnesota Legislature about possible changes to Minnesota's child protection response continuum on March 31, 2015. Several recommendations resulted in legislation changes during the 2015 and 2016 legislative sessions. The increase in number of reports of maltreatment for federal fiscal year (FFY) 2016 may be due, in part, to the increased attention that the public gave to child maltreatment issues during these past years.

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

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

Significant changes to the reporting system to make recording of child maltreatment reports an easier task for workers, while allowing for more detail, are in design and should be available by mid-2017.

Reports

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

During FFY 2016, the number of reports rose again. This is likely in part a result of heightened scrutiny of CPS over the past two years.

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

Approximately 80 percent of screened-out referrals are screened out because the stated concerns do not meet the definitions of child abuse or neglect under Minnesota law. Other reasons to screen-out a referral include: children not in the county's jurisdiction, allegations have already been assessed or investigated, not enough identifying information was provided, or the incident did not occur within the family unit or a licensed facility. There is little variation in the proportion screened-out reports for each of the reasons across years.

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

Reports with either a determination of maltreatment (substantiation) or a determination of need for CPS are retained for 10 years. Reports with neither determination (including all family assessment response reports) are kept for 5 years. Screened-out child maltreatment reports are also now kept for 5 years. Timelines for record retention and destruction are set in Minnesota statutes.

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

Children

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

Fatalities

Minnesota's Child Mortality Review Panel is a multidisciplinary team including representatives from state, local, and private agencies. Disciplines represented include social work, law enforcement, medical, legal, and university-level educators. The primary source of information on child deaths resulting from child maltreatment is the local agency CPS staff; however, some reports originate with law enforcement or coroners/medical examiners. Local agencies also submit results of the required local child mortality review to the Minnesota DHS Child Mortality Review Team. The Minnesota DHS Child Mortality Review Team also regularly reviews death certificates filed with the Minnesota Department of Health (MDH) to ensure that all child deaths are reviewed. The Child Mortality Review Team directs the local agency to enter child deaths resulting from child maltreatment, but not previously recorded by CPS, into Minnesota's Statewide Automated Child Welfare Information System (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 the Child Mortality Review Team becomes aware of such a situation, information such as a police report is requested from law enforcement in the other state. The local agency in the Minnesota county of residence is asked to record the data in Minnesota's child welfare information system. The fatality data in this instance is delayed from the time of death, but eventually appears in Minnesota's NCANDS mortality counts.

For FFY 2016, the rise in fatalities compared with FFY 2015 is partly due to two incidents that involved multiple older children involved in murder-suicide situations.

Perpetrators

The NCANDS category of "other" perpetrator relationships includes the state category of 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 designated as age unknown are not included as specifically children or adults.

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

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

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

There was an increase in the number of children referred to a community early intervention agency largely because there was an increase in the number of reports and the number of determined (substantiated) reports received during FFY 2016.

Mississippi

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General

In July 2016, the Division of Family and Children's Services was transitioned to a free-standing agency no longer under the purview of the Mississippi Department of Human Services (MDHS). The title of the new agency was established as the Mississippi Department of Child Protection Services. The Mississippi Department of Child Protection Services carries on the responsibilities of the Division of Family and Children's Services.

The MDHS works with Social Work p.r.n. to provide services for the MDHS Mississippi Centralized Intake (MCI), 24-Hour Hotline (1–800–222–8000) as well as the Disaster Preparedness Plan.

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

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

The state utilizes a system of assigning screening levels, which is a form of alternative response. Level I includes reports that may not be appropriate for Division of Family and Children's Services (DFCS) investigation but may require referrals for information or services. Level II requires a response from a DFCS worker within 72 hours. Level III requires a response from a DFCS worker within 24 hours. Felonies and reports of children in custody are as assigned a Level III response.

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

Reports

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

A data report tracks the time elapsed between the date an intake was received by MCI and the date the investigation was initiated by the worker. The data report also tracks the elapsed time between the date an intake was received by MCI and when the investigation was assigned to a worker. In June

2013, the data report was modified to only show the date the intake was received and the date the investigation was initiated. When DFCS receives a report that a child has been abused by a person responsible for the care and/or support of the child, a determination must be made that the abuse was not committed or contributed to by a parent, legal guardian, primary caretaker, or relative.

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

- Dirty houses or dirty children and no indication of life or health endangering situation. If school/day care officials report dirty children, they should be requested to talk to parents first. If their attempts to meet with parents or to correct situation fail, then accept report.
- Children inappropriately dressed and no indication of neglect of a life or health endangering situation.
- Allegations that speak more to the parent's behaviors rather than the child's condition; (e.g., parent drinks beer or takes drugs; mother has boyfriend) and there is no indication of neglect or life or health endangering situation. – Exception: All reports of mother/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 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. Reporters should be referred to local Economic Assistance office.
- Reports which suggest a need to be addressed by another agency and there is no indication of a life or health endangering situation. (i.e., lack of school attendance, presence of lice, delinquency, lead/asbestos poisoning). These reports should be referred to the appropriate agency for handling (i.e., school attendance officer, health department).
- Reports on teen pregnancy where there is no suspicion of abuse/neglect.
- 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.
- Reports of incidents that occurred when a person now eighteen (18) or over was a child. When adults report that abuse/neglect was perpetrated on them as children, they must have some other information or reason to believe that children presently cared for by perpetrator are being abused/neglected.
- Reports on an unborn child and there are no other children at risk.
- Reports of sexual relations involving victims age 16 and over that meet all the criteria below. If any one criterion does not apply, the report should be considered for investigation:
  - Alleged victim was age sixteen (16) or over at the time incident occurred.
  - Alleged victim is a normally functioning child.
  - Alleged victim, age 16 or over, 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, or an employee of a residential child care facility licensed by MDHS, and or a person in a position of trust or authority.
  - No parental or caretaker neglect is suspected.

*NOTE: Investigations involving children in custody as a victim cannot be screened out for any reason.

If a report is considered outside the jurisdiction of the DFCS, the report shall be documented and be referred to law enforcement of proper jurisdiction for investigation. Other services of the Department may be provided.

- Reports of rape, sexual molestation, or exploitation of any age child that meet all the criteria below. If either (a) or (b) does not apply, the report should be considered for investigation:
  - Alleged perpetrator is not a caretaker, friend of caretaker, relative, other person living in the home, or employee of a child care facility where the child attends or lives.
  - No parental or caretaker neglect is suspected.
  - Law Enforcement has been informed of the report.

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.

- Reports of children who have not had their immunizations. Reporter 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 parental/caretaker abuse or neglect. If the nature of the report suggests that the child is in immediate danger of self-harm, a referral should be made immediately to Mental Health and/or Law Enforcement. If reporter 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 reporter is a non-professional, 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 the following criteria:
  - The child is not in a caretaking role over the other child.
  - No parental or caretaker neglect is suspected.
  - The child victim and perpetrator are not in a residential child caring facility or a home licensed or approved by DFCS.

Children

There has been an increase in public advertising of reporting methods, supported by CBCAP (Community Based Child Abuse Prevention) and the Children's Trust Fund. This public advertising has been utilized to promote knowledge and understanding to diverse populations in efforts to prevent child abuse and neglect.

Fatalities

Mississippi previously counted only those child fatalities where the medical examiner or coroner ruled the manner of death was a homicide. Mississippi counts 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. The number of fatalities reported for federal fiscal year (FFY) 2014 is significantly higher than the previous years. Starting in FFY 2014, the agency developed a Special Investigations Unit (SIU) that is responsible for investigating all reports of child fatalities that meet criteria for agency investigation. Previously, the investigations were conducted by regular workers in the field. The development of the SIU has standardized screening and decision-making processes in fatality investigations. In addition, the investigators that make up the unit are required to have an advanced level of licensure and experience. Having the dedicated, specialized investigators has contributed to the increase in the number of fatalities reported with substantiated findings of abuse or neglect.

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

Perpetrators

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

Services

In previous years, children who received prevention services for Promoting Safe and Stable Families Program (PSSF) during the year were utilized by the Families First Resources Centers with some of these funds. Currently, Economic Assistance (EA), a division of MDHS, has the taken over responsibility of Families First Resource Centers. Thus, MDCPS will no longer be able to report on the utilization of these services moving forward. PSSF funds the Comprehensive Family Support Services Program (CFFSP), also known as Family Preservation/Family Reunification/Family Support Services. These services are provided currently through a subgrantee, Mississippi Children's Home Services. The goals of the CFSSP are: (1) provide services that will protect children and allow them to safely remain in their own homes, avoiding out-of-home placement; (2) provide services to safely and expeditiously reunite children, who are in out-of-home placement, back with their families; and (3) provide the family support needed to stabilize families.

The NCANDS category of "other" funding sources for children who received prevention services from the state during the year includes Temporary Assistance for Needy Families (TANF), Children's Trust Fund of Mississippi and the Community Based Child Abuse Prevent Grant (CBCAP). Prevention services and support are provided via parenting programs, therapy, and other support services through subgrantees by means of the Children's Trust Fund and CBCAP monies.

Many substantiated investigations result in services being provided such as family preservation, protection, prevention or placement. However, a case is not opened on all substantiated investigations.

Missouri

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General

The Children's Division, under the Department of Social Services umbrella, is designated to direct and supervise the administration of child welfare services. The Children's Division works in partnership with families, communities, the courts and other governmental entities toward ensuring the safety, permanency, and well-being of Missouri children. The division works with all parties to safely maintain children in their homes whenever possible and to secure safe, permanent living arrangements when out-of-home placement is necessary. The Children's Division administers the Child Abuse/Neglect Hotline, School Violence Hotline, intensive in-home services, family centered services, adoption services, independent living, foster care, residential licensing and prevention services including Early Head Start, Home Visitation Program, Educare, Child Care Subsidy, and other early childhood and early intervention strategies. The division is responsible for the assessment and investigation of all reports to the Child Abuse/Neglect Hotline. These services are administered statewide within a centralized organizational framework.

Within the Department of Social Services, there are four Program Divisions, including the Children's Division.

Children's Division:

- Oversees a 24-hour child abuse and neglect hotline
- Investigates child maltreatment reports
- Provides foster care services for maltreated children
- Provides prevention services to at-risk families
- Provides intensive family supports for at-risk families
- Assists with children finding permanency with adoption and guardianship services

Missouri has 114 counties and the City of St. Louis which are grouped together using pre-established judicial circuit boundaries. Each circuit has oversight by a Circuit Manager. The state is divided into four regions with each governed by a Regional Director. In the Jackson County urban area, the Regional Director and the Circuit Manager position are held by the same person. The St. Louis Region includes the county and the city of St. Louis. Missouri's four regions are: St. Louis, Jackson County, Southern Region (East and West) and the Northern Region (East and West).

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

Investigations are conducted when the acts of the alleged perpetrator, if confirmed, are criminal violations; or where the action or inaction of the alleged perpetrator may not be criminal, but if continued, would lead to the removal of the child or the alleged perpetrator from the home. Investigations include but are not limited to child fatalities, serious physical, medical, or emotional abuse, and serious

neglect where criminal investigations are warranted, and sexual abuse. Law enforcement is notified of reports classified as investigations to allow for co-investigation.

Family assessment responses (alternative responses) are screened-in reports of suspected maltreatment. Family assessment reports include mild, moderate, or first-time noncriminal reports of physical abuse or neglect, mild or moderate reports of emotional maltreatment, and educational neglect reports. These include reports where a law enforcement co-investigation does not appear necessary to ensure the safety of the child. When a referral is classified as a family assessment, it is assigned to staff who conducts a thorough family assessment. The main purpose of a family assessment is to determine the child's safety and the family's needs for services. Taking a 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.

In the 2016 Missouri legislative session, House Bill 1877: SAFE CARE Evaluations or Case Reviews on All Investigations of Children under the Age of Four was passed. This bill requires either an examination of the child or a review of the child's case file and photographs by a SAFE-CARE provider for all investigations involving children under the age of four. Effective August 28, 2016, Children's Division must refer children under the age of four with an allegation of abuse or neglect that meets the definition of an investigation to one of three Child Abuse Resource Centers located in Missouri for review. Within 24 hours of receiving a referral from Children's Division, the assigned Child Abuse Resource Center must respond to Children's Division with one of the following recommendations: (1) a direct examination of the child by a SAFE-CARE provider is needed; (2) a direct examination of the child by a board certified child abuse pediatrician is needed due to complex needs of the child; (3) a review of the case file and photographs by a SAFE-CARE provider is needed, or 4. If further evaluation is not necessary. If a SAFE CARE provider makes a diagnosis that a child three years of age or younger has been subjected to physical abuse, including but not limited to symptoms indicative of abusive bruising, fractures, burns, abdominal injuries, or head trauma, and reports such diagnosis to the children's division, the division shall immediately submit a referral to the juvenile officer. The referral shall include the division's recommendations to the juvenile officer regarding the care, safety, and placement of the child and the reasons for those recommendations. If the SAFE-CARE provider determines further evaluation is not necessary, Children's Division assesses the family's situation and provides services as needed.

Reports

The state records the date of the first actual face-to-face contact with an alleged victim as the start date of the investigation. Therefore, the response time indicated is based on the time from the login of the call to the time of the first actual face-to-face contact with the victim for all report and response types, recorded in hours. State policy enables, in addition to child protective services (CPS) staff, multidisciplinary team members to make the initial face-to-face contact for safety assurance. The multidisciplinary teams include law enforcement, local public school liaisons, juvenile officers, juvenile court officials, or other service agencies. CPS staff will contact the multidisciplinary person to help with assuring safety. Once safety is assured, the multidisciplinary person will contact the assigned worker. The worker is then required to follow-up with the family and sees all household

children within 72 hours. Data provided for federal fiscal year (FFY) 2016 does not include initial contact with multidisciplinary team members.

Missouri uses Structured Decision Making (SDM) 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 2016 substantiated records, and dividing it by the total number of prior substantiated records, not including unsubstantiated or alternate response records.

The state does not retain the maltreatment type for alternate response reports as they are classified as alternative response nonvictims. For children in these reports, the maltreatment type is coded to the NCANDS category of "other" and the maltreatment disposition is assigned the value of the report disposition.

Fatalities

Missouri statute requires medical examiners or coroners to report all child deaths to the Children's Division Central Hotline Unit. Deaths due to alleged abuse or those which are suspicious are accepted for investigation, and deaths which are nonsuspicious, accidental, natural, or congenital are screened out as referrals. Missouri does determine substantiated findings when a death is due to neglect as defined in statute unlike many other states. Therefore, Missouri can 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 electronic case management system and the Bureau of Vital Records statistical database, the STAT has collaborative processes with the Bureau of Vital Records to routinely compare fatality information. STAT also has the capacity to make additional reports of deaths to the hotline to ensure all deaths are captured in Missouri's electronic case management system (FACES). The standard of proof for determining if child abuse and neglect was a contributing factor in the child's death is based on the preponderance of evidence.

Because Missouri's hotline (CPS) agency is the central recipient for fatality reporting, and 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.

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 (GAL) were not available for FFY 2016. The Children's Trust Fund provided supplemental data regarding prevention services.

Montana

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General

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

Reports

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

Children

The number of children in care has shown an ongoing increase in Montana. There was a 66.8 percent increase in victims in FFY 2016 that may be attributable to the increase in reports and the increase in parental drug use. Montana statute does not allow social workers to collect information on the financial status of a child's family, so the NCANDS risk factor of financial problem is not reported. Additionally, the NCANDS risk factor of domestic violence is included within Montana's definition of psychological abuse or neglect and physical neglect.

Fatalities

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

Perpetrators

Unknown perpetrators are assigned a common identifier within the state.

Services

Data for prevention services are collected by state fiscal year.

Nebraska

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General

During federal fiscal year (FFY) 2016, the state used Structured Decision Making (SDM), an evidence based practice (EBP) as the model used for assessment of reports of maltreatment. This is the fourth year for which SDM was implemented throughout the entire state. With the implementation of the SDM intake tool, the state believes consistency will continue to improve and screening decisions will be better supported.

In FFY 2016, Nebraska made improvements to its reporting of information to NCANDS related to post-response services, removals and discharges, alternative response disposition dates, adoption and foster care services, public assistance services, and reporting unknown or out of state counties.

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 the call 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 services are needed.

In FFY 2015, the state of Nebraska began a pilot project to implement an alternative response to reports accepted for assessment. This pilot initially consisted of 5 counties in the state, but expanded to include 57 counties by the end of FFY 2016. This pilot project is being evaluated by the University of Nebraska and will require legislative approval to continue beyond July 1, 2017.

In FFY 2016, Nebraska allocated 182 FTE positions for intake/investigation/assessment which include 33 positions for intake. Nebraska does not utilize the FTE formula to calculate this number based on the number of hours paid in the year for an employee. Instead, it is based on the staff allocated. This count no longer includes supervisors. Prior years' counts reported to NCANDS did include supervisors.

Children

In FFY 2016, Nebraska continued to see a decrease in the number of unique child victims. The number of unique child victims fell from 3,940 in FFY 2014 to 3,483 in FFY 2015 and to 2,783 in FFY 2016 a decrease of 29 percent in 2 years. There are several factors that influenced this drop in child victims including policy changes which provided more oversight to the disposition of reports of maltreatment, and the alternative response pilot project expanded which resulted in fewer substantiated child victims.

Fatalities

The state reports child fatalities in both the Child File and the Agency File. The FFY 2016 Child File includes seven children who died as a result of maltreatment with no children reported in the Agency

File. Child fatalities awaiting final disposition in Nebraska's child welfare information system who are not reported in this year's Child or Agency Files will be included in a future Child File that corresponds with the annual report submission when the disposition is completed.

The state continues to work closely with the state's Child and Maternal Death Review Team (CMDRT) to identify child fatalities that are the result of maltreatment, but are not included in the child welfare system. When a child fatality is not included in the Child File, the state determines if the child fatality should be included in the Agency File. The CMDRT'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 CMDRT final report.

Perpetrators

Nebraska collects information on perpetrators entered into the child welfare information system including the relationship to the child (a required data field) and demographic information. The relationship may be "other" or unknown if the relationship is not provided by the report source. In FFY 2015, Nebraska's enacted a new state statute which precludes any person under 12 years of age from being listed as a substantiated perpetrator in the child welfare information system. The maltreatment type will be listed, but there will be no finding entered to indicate if the maltreatment was substantiated or unfounded.

In FFY 2016, Nebraska saw a decrease in the number of perpetrators of 19.2 percent from FFY 2015. There are several factors that influenced this drop in perpetrators including policy changes which provided more oversight to the disposition of reports of maltreatment that could be substantiated, and the alternative response pilot project expanded, which resulted in fewer substantiated perpetrators.

Services

In FFY 2016, Nebraska made improvements to its service array for Family Preservation Services and began separating out reports of foster care services from adoption services. These changes have affected reporting for the FFY 2016 submission. For a period in FFY 2016, Family Preservation Services were not offered as the service array was changed and improvements made.

Nebraska refers all children who are under 3 years of age and a substantiated victim of maltreatment to the Early Childhood Development Network. Nebraska automated its referral system to its Early Childhood Development Network to automatically notify the network of children younger than 3 years who are victims of maltreatment.

The state believes that most of the services provided to families can be accomplished during the assessment phase, which is between the report date and final disposition. In many cases, these are the only services required to keep the child or victim safe. These services are not included in the NCANDS Child File; only the services that extend beyond the disposition are included.

Nevada

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General

Within the state, child protective services (CPS) functions in three regional service regions: Clark County, Washoe County, and Rural counties. All three service regions use a single data system under the Statewide Automated Child Welfare Information System (SACWIS) —also known as Unified Nevada Information Technology for Youth (UNITY).

Nevada's alternative response program is designated differential response (DR) and is implemented in all regions. Families referred under this policy are the subject of reports of child abuse and/or neglect which have been determined by the agency as likely to benefit from voluntary early intervention through assessment of their unique strengths, risks, and individual needs, rather than the more intrusive approach of investigation. The DR program has served a cumulative total of more than 10,254 families since 2007 with approximately 1,436 referrals received throughout the state from CPS in state fiscal year (SFY) 2016 (07/01/15–06/30/16).

All three child welfare service regions in Nevada are in the process of implementing the Safety Assessment and Family Evaluation (SAFE) model. While the primary focus in all three agencies has been on intake and assessment, or front-end services, the plan is to continue the rollout of the model to expand back-end services such as implementing conditions for return and the protective capacity of family assessment. This model has changed the state's way of assessing child abuse and neglect. It has enhanced the state's ability to identify appropriate services to reduce safety issues in the children's home of origin. Additionally, this model has unified the state's CPS process and standards regarding investigation of maltreatment.

The SAFE model supports the transfer of learning and ongoing assessment of safety throughout the life of the case. The model emphasizes the differences between identification of present and impending danger, assessment of how deficient caregiver protective capacities contribute to the existence of safety threats and safety planning/management services, assessment of motivational readiness, and utilization of the Stages of Change theory as a way of understanding and intervening with families.

Reports

For federal fiscal year (FFY) 2016, there was an overall decrease of 1.9 percent in reports of abuse or neglect as compared to the previous year (from 15,900 in FFY 2015 to 15,592 in FFY 2016).

Nevada has varying priority response timeframes for investigation of a report of child abuse or neglect, according to the age of the child and the severity of the allegations. Other reports are defined as follows: (1) information only, where there is insufficient information about the family or maltreatment of the child, or there are no allegations of child abuse/neglect; (2) information and referral, when an individual asks about services and there are no allegations of child abuse or neglect; and (3) 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.

Children

For FFY 2016, there was decrease in the number of children reported as possible abuse or neglect victims as compared to the previous year Further, the number of substantiated victims decreased compared to the previous year.

Fatalities

Fatalities identified in the SACWIS as maltreatment deaths are reported in the Child File. Deaths not included in the Child File, for which substantiated maltreatment was a contributing factor, are included in the Agency File as an unduplicated count. Reported fatalities can include deaths that occurred in prior periods for which the determination was completed in the next reporting period. The total number of NCANDS reported fatalities has remained the same since the last reporting period (13 in FFY 2015 and 13 in FFY 2016).

Nevada utilizes a variety of sources when compiling reports and data about child fatalities resulting from maltreatment. Any instance of a child suffering a fatality or near-fatality, who previously had contact with or was in the custody of a child welfare agency, is subject to an internal case review. Data are extracted from the case review reports and used for local, state, and federal reporting as well as to support prevention messaging. Additionally, Nevada has both state and local child death review (CDR) teams which review deaths of children (17 years or younger). The purpose of the Nevada CDR process is public awareness and prevention, enabling many agencies and jurisdictions to work together to gain a better understanding of child deaths.

Perpetrators

All perpetrator data are reported in accordance with instructions outlined in the NCANDS Child File mapping forms.

Services

Many of the services provided are handled through outside providers. Information on services received by families is reported through various programs. Services provided in conjunction with the new safety model are documented in the system, but these data are not readily reportable. The Child File contains some of the services from the Statewide Automated Child Welfare Information System, known as UNITY, and the state is investigating steps to bring more of that information into the NCANDS report.

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

New Hampshire

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General

New Hampshire does not have differential response in our child protective system.

Reports

New Hampshire has a 60-day timeframe to complete a protective assessment. This enables the assigned child protective services (CPS) worker to do a comprehensive assessment of the alleged maltreatment, family strengths and needs and as needed develop a plan with the family to assure child/youth safety. This could include facilitated referrals to community based services such as a family resource center, local mental health or other local supports.

New Hampshire uses a tiered system of required response time, ranging from 24 to 72 hours, depending on level of risk at the time of the referral.

The number of staff responsible for CPS functions includes assessment workers and workers who specialize in investigation of allegations of abuse and neglect in out-of-home placements. The number of screening and intake workers includes intake workers. The numbers are not duplicated.

New Hampshire has experienced a significant increase in the number of reports with substance use/abuse identified as risk factor due to increased use of opioid drugs by parents and parents' functional capacity being detrimentally impacted by substance use disorder. As a result, the number of founded reports and the number of children receiving services, including foster care services, has also increased.

While the number of reports has increased, the agency has experienced a decrease in the agency's average face-to-face response due to insufficient staff resources. Contributions to this insufficiency include: increases in staff turnover, staff on extended leave, including family leave through the Family and Medical Leave Act (FMLA), and the need to assure newly hired staff are fully trained prior to conducting protective assessments as primary workers. To assure child safety when timely face-to-face response cannot occur staff are in direct contact with collaterals (i.e. school, physician, reporter) to ascertain the immediate safety of the child, and face-to- face interviews follow when it is determined the child is conditionally safe. Although this increases the official response time, staff have taken timely action on assessments.

The following New Hampshire values are mapped to the NCANDS category of "other" report source:

- Private Agency
- Private Individual
- City, Town, County
- Clergy
- Community I&R
- Other Community Agency
- Camp

- Fire Department Staff
- Landlord
- Other state
- Utility Company
- Other

For the NCANDS element 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

New Hampshire does not capture data for the following elements:

- Living Arrangement at time of Incident
- Incident Date

Fatalities

Data for the Agency File are obtained from the New Hampshire Department of Justice as well as the New Hampshire SACWIS.

There is no use of "other" with regard to fatalities. The state reports fatalities (unduplicated) in both the Agency and Child Files.

Services

When an abuse/neglect assessment results in determination of founded, in-home services can 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, New Hampshire Division of Children, Youth and Families (DCYF) will remove the child and immediately begin the provision of services to achieve the primary goal of reunification.

The NCANDS category of "other" services includes the state category ISO in-home, an Individual Service Option that provides comprehensive services for children/youth with significant challenges, which may be medical, physical, behavioral or psychological. The service, therefore, fits into several different service categories, but not precisely into any one category.

New Hampshire is only able to report those services that are paid for directly by the child protection agency. Any services that are paid for by Medicaid or the family's own health insurance are not reported for:

- Counseling Services
- Health-Related and Home Health Services
- Substance Abuse Services

New Hampshire does not provide or collect data on the following services, as defined by NCANDS:

- Case Management Services
- Employment Services

New Hampshire *(continued)*

- Family Planning Services
- Home Based Services
- Information and Referral Services
- Housing Services
- Legal Services
- Respite Care Services

The Agency File children and families who received prevention services from the state during the year under the Child Abuse and Neglect State Grant are not reporting a count as the expenditures of the Child Abuse Prevention and Treatment Act (CAPTA) funds were removed from the Comprehensive Family Support Services (CFSS) program to be utilized in other areas of Division programming.

Children and families reported in the Agency File as receiving prevention services from the state during the year under the Promoting Safe and Stable Families Program and Social Services Block Grant (SSBG) are funded from the Child Abuse State Grant, PSSFP and SSBG. These funds are combined and awarded to agencies that provide prevention services in NH. The numbers of children and families are unduplicated, and represent the number of children and families served as a percentage of the total funding.

The New Hampshire SACWIS does not currently record referrals made to IDEA agencies in a way that can be queried. We must therefore rely on a report from another state agency which aggregates activities from of the area agencies that do the evaluations. Those agencies only maintain records for the children who completed an intake and/or evaluation. The report does not include any referrals for children whose parents did not respond to an invitation to have their child evaluated.

New Jersey

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General

Since the implementation of the Statewide Automated Child Welfare Information System (SACWIS), each NCANDS Child File data element is reported from the system.

The state has been making continuous enhancements toward improving the quality of NCANDS data.

Reports

The state Department of Children and Families (DCF), Division of Child Protection and Permanency (CP&P) formerly the Division of Youth and Family Services (DYFS) investigates all reports of child abuse and neglect.

The state system allows for linking multiple child protective services (CPS) reports to a single investigation.

The state has the capability to record the time and date of the initial face-to-face contact made to begin the investigation.

Structured Decision Making assessment tools (SDM), including safety and risk assessments, are incorporated within the investigation screens in the Statewide Automated Child Welfare Information System (SACWIS). These tools are required to be completed in the system prior to documenting and approving the investigation disposition.

On April 1, 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 system of investigative is based on a four-tier system of findings:

- Substantiated—A preponderance of the evidence establishes that a child is an abused or neglected child as defined by statute; 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 maintenance of all records in which children were harmed or exposed to risk of harm, even if the statutory definition of child abuse or neglect could not be met.

As indicated by definition, the finding of established is based on a preponderance of evidence establishing that the child is a victim of maltreatment. Therefore, reports with an established finding are categorized as substantiated in NCANDS.

The state data shows both a decrease in the number of reports and the number of substantiated victims resulting in 10.3 percent of reports substantiated in federal fiscal year (FFY) 2016 compared to 11.8 percent of reports substantiated in FFY 2015. While this indicates a decrease in the number of substantiated victims, it is consistent with prior years. NJ has seen some variation in the number of children substantiated in the past three years due to the implementation of the four-tier finding system in 2013.

Children

Children with allegations of maltreatment are designated as alleged victims in the CPS report and are included in the Child File.

The state SACWIS allows for reporting more than one race for a child. Race, Hispanic/Latino origin, and ethnicity are each collected in separate fields.

Fatalities

Child fatalities are reported to the NJ Department of Children and Families Fatality and Executive Review Unit by many different sources including law enforcement agencies, medical personnel, family members, schools, offices of medical examiners and occasionally child death review teams. The CP&P Assistant Commissioner makes a determination as to whether the child fatality was a result of child maltreatment.

The state NCANDS liaison consults with the Fatality and Executive Review Unit Coordinator and the Child Protection and Permanency (CP&P) Assistant Commissioner to ensure that all child maltreatment fatalities are reported in the state NCANDS files.

The state SACWIS (New Jersey Spirit) is the primary source of reporting child fatalities in the NCANDS Child File. Specifically, child maltreatment deaths reported in the NCANDS Child File field Maltreatment Death are from data collected and recorded by investigators in the investigation and person management screens in the SACWIS.

Other child maltreatment fatalities not reported in the Child File due to data anomalies, but which are designated child maltreatment fatalities by the Fatality and Executive Review Unit under the Child Abuse Prevention and Treatment Act (CAPTA), are reported in the NCANDS Agency File under child maltreatment fatalities not reported in the Child File.

New Jersey *(continued)*

New Jersey has maintained a stable annual child fatality rate for the last eight years. Fluctuations in the number of fatalities from year to year are likely due to random case-level variation and are monitored closely.

Perpetrators

New Jersey DCF's Institutional Abuse Investigation Unit continues with the case practice initiative implemented in 2012 to conference investigations with a representative from the Office of the Deputy Attorney General prior to rendering a finding. This practice is resulting in the strengthening of the investigation assessment.

Services

The state SACWIS reports those services specifically designated as Family preservation services, family support services, and foster care services as postinvestigation services in the Child File.

The Child Abuse and Neglect state Grant is one funding source for the Child Protection and Substance Abuse Initiative (CPSAI). We are able to report that with state Grant funding, CPSAI served 2,185 individuals.

The state is able to report the number of children eligible for a referral to Early Intervention Services and the number of children referred in FFY 2016. Compliance with this federal requirement is closely monitored by CP&P, and New Jersey has reached an 89 percent referral rate for FFY 2016.

New Mexico

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General

New Mexico does not have two types of responses to screened-in referrals. All screened-in reports are investigated.

Reports

New Mexico has reported the number of children identified as alleged victims in screened-out reports for the second time in federal fiscal year (FFY) 2016; the first time New Mexico reported alleged victims in screened-out reports was in FFY 2015. The number of reports investigated in FFY 2016 decreased from FFY 2015.

The New Mexico definition for investigation initiation differs from the NCANDS definition in requiring face-to-face contact with all alleged victims included in a report, rather than with individual alleged victim for whom the referral was made. New Mexico also measures investigation initiation from the point at which the report is accepted by Statewide Central Intake, rather than the point at which the report is received. Accepted reports designated as emergency status require a response time of less than 3 hours per state policy. Priority 1 reports require a 24-hour response time, and Priority 2 reports require a five-calendar day response time.

New Mexico does not currently report incident date. The alleged date of maltreatment (incident date) is complicated by the fact that the reporter may know only a general maltreatment timeframe, or the alleged maltreatment reported may be chronic in nature. Because of the known inherent inaccuracies in the reporting of chronic maltreatment and potential inaccuracies in the reporting of a general maltreatment-timeframe for a specific maltreatment event, New Mexico does not plan to modify the state's data collection system to capture incident information and will continue to use the current reporting approach.

Children

The number of substantiated victims decreased in FFY 2016 from the previous year. In FFYs 2014–2015, New Mexico experienced large backlogs of pending investigations and addressed this by assigning experienced staff in central office and less-populous counties to assist in a "blitz" to close cases. Because NCANDS assigns the submission year based on case disposition date, the years in which these closure blitzes occurred contained artificially high numbers of records. There was no blitz in FFY 2016, so the number of closed cases during the year more accurately reflects the actual number of reports accepted during the year. In FFY 2015, the number increased. New Mexico is aware that staff are substantiating at a higher rate and theorizes that this increase may be due to more child maltreatment occurring and/or to inconsistencies in substantiation practice. New Mexico established a team to evaluate these inconsistences and developed strategies to address inconsistencies in practice around substantiation. New Mexico has developed and implemented a statewide training component regarding substantiation versus unsubstantiation. The state is not able to report on the following

child data fields that are not captured in the Statewide Automated Child Welfare Information System (SACWIS):

- Child living arrangement
- Intellectual disability-caregiver
- Learning disability-caregiver
- Visually or hearing impaired-caregiver

Fatalities

The number of child fatalities decreased from FFY 2015 to FFY 2016. The state obtains a list of child deaths from the Office of the Medical Investigator (OMI) to compare OMI and Children Youth and Families Department (CYFD) data in the category of homicides. A follow-up, in-person review of OMI files is also conducted for any child not known to the state agency who is identified as a victim of homicide to determine the identity and relationship of the alleged perpetrator, if known. Only children known to have died from maltreatment by a parent or primary caregiver who are not included in the Child File are included in the Agency File.

Perpetrators

New Mexico attributes its low numbers of maltreatment in foster care to an improved training model implemented in 2012 that is described as a more realistic portrayal of the foster parent role. Placement staff are also available around the clock to respond to foster care incident reports which can address foster parent issues before situations escalate to the report level. 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 residential facility is screened out. CPS does not have jurisdiction via state law to investigate allegations of abuse and neglect in facilities; however, the following is done with the screened-out reports of child maltreatment in facilities:

- Any screened-out report is cross-reported to law enforcement having jurisdiction over the incident.
- Such reports are cross-reported to licensing and certification, the entity in New Mexico with administrative oversight of residential facilities.
- Upon request from law enforcement, an investigation worker may act in consultation with law enforcement in conducting investigations of child abuse and neglect in schools and facilities and may assist in the interview process.
- If an alleged maltreatment incident involves a child in the child welfare agency's custody, then a safety assessment is conducted for that child to ensure that the placement is safe.

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

New Mexico *(continued)*

Services

Postinvestigation services are reported for any child or family involved in a child welfare agency report that has an identified service documented in the SACWIS as: (1) a service delivered, (2) a payment for service delivered, or (3) a component of a service plan. Services must fall within the NCANDS date parameters to be reported. The state is not able to report on the following services data fields:

- Home-based services
- Information and referral services
- Respite care services
- Other services
- Special services-juvenile delinquent

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

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.

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 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:

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New York

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General

The state has continued to expand the number of local districts of social services using the alternative response (AR), known as family assessment response. New York's AR program has been implemented by a total of 32 local districts of social services. Ten of the local districts have since suspended implementation. However, several are in the planning stages to start or re-start.

A new state agency, the Justice Center for the Protection of People with Special Needs (Justice Center) was established via legislation and became operational on June 30, 2013. The purpose of this agency is to transform how the state protects over one million New Yorkers in state operated, certified or licensed facilities and programs. Investigative responsibility for all institutional abuse or neglect (IAB) allegations occurring on or after June 30, 2013, was transferred from the New York State Office of Children and Family Services to the new Justice Center. Given that these post June 30, 2013 investigations are captured in a newly created Justice Center database, extensive work had to be completed to map those data elements to NCANDS definitions. Given the extensive work, these data were not included in federal fiscal year (FFY) 2013 and 2014 submissions and were included in the FFY 2015 and 2016 submission. The Justice Center is working on improving some of the details associated with the data provided.

Reports

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

Children

Most reporting to the NCANDS maltreatment type of "other" can be accounted for by the state maltreatment type parent's drug/alcohol use.

The state is not able to report the NCANDS child risk factor fields at this time.

Not all children reported in the Child File have Adoption and Foster Care Analysis and reporting System (AFCARS) IDs because the state uses different data systems with different child identifiers for child protective services (CPS) and child welfare. The child welfare identifier (AFCARS ID) is only assigned if the child is receiving child welfare services and is inconsistently updated in the child protective system, which is the source of the NCANDS submission.

State statute and policy allow acceptance and investigation/assessment of child protective reports concerning certain youth over the age of 21.

Fatalities

State practice allows for multiple reports of child fatalities for the same child. The NCANDS Online Validation tool considers these duplicates and removes them from the Child File. These fatalities are reported in the Agency File.

By state statute, all child fatalities due to suspected abuse and neglect must be reported by mandated reporters, including but not limited to law enforcement, medical examiners, coroners, medical professionals, and hospital staff, to the Statewide Central Register of Child Abuse and Maltreatment (SCR). No other sources or agencies are used to compile and report child fatalities due to suspected child abuse or maltreatment. There was a decrease in fatalities from 96 to 86 from FFY 2015 to FFY 2016.

Perpetrators

Except for the domestic violence risk factor, the state is not able to report the NCANDS caretaker risk factors at this time.

Services

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

North Carolina

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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.

Children

North Carolina reports one type of maltreatment per child.

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 the state categories of: dependency, and "encouraging, directing, or approving delinquent acts involving moral turpitude committed by a juvenile."

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 2015. During calendar year (CY) 2015 there were 32 deaths classified as homicide by parent or caregiver.

Perpetrators

North Carolina associates one perpetrator per victim.

North Dakota

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General

There have not been recent changes in state policies, programs or procedures that may affect the federal fiscal year (FFY) 2016 submission to NCANDS.

North Dakota does not currently have a two-pathway system.

Reports

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

North Dakota does not report the number of screened-out reports. Under North Dakota law, all reports of suspected child abuse and neglect must be accepted. North Dakota has adopted an administrative assessment process to correctly triage reports received. Data regarding the number of children included in reports that are administratively assessed is not collected. An administrative assessment is defined as the process of documenting reports of suspected child abuse or neglect that do not meet the criteria for a child protection services (CPS) assessment. Under this definition, reports can be administratively assessed when the concerns in the report clearly fall outside of the state child protection law. Such circumstances include:

- The report does not contain a credible reason for suspecting the child has been abused or neglected.
- The report does not contain sufficient information to identify or locate the child.
- There is reason to believe the reporter is willfully making a false report (these reports are referred to the county prosecutor).
- The concern in the report has been addressed in a prior assessment.
- The concerns are being addressed through county case management or a Department of Human Services therapist.
- Reports of pregnant women using controlled substances or abusing alcohol (when there are no other children reported as abused or neglected) are also included in the category of administrative assessments, as state law doesn't allow for a decision of "services required" (substantiation) in the absence of a live birth.

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

number of administrative assessments or referrals in federal fiscal year (FFY) 2016 is 7,516. This total breaks down to 2,823 administrative assessments, 1,719 administrative referrals, 2,854 terminated in progress, and 120 pregnant woman assessments.

North Dakota's data for response time with respect to the initial assessment as defined in the Agency File does not present a true picture of practice. Data mapping and calculating the response time, both in the Agency File and in the Child File, has proved to be quite challenging as there is a significant divergence between the state's administrative rule and policies and the definitions required for NCANDS reporting. In the North Dakota data system, there is only a single code allowed to indicate initiation of an assessment. State administrative rule allows initiation of an assessment to be done by completing a check for records of past involvement, by contact with the subject of a report or with a collateral contact. In contradiction to the federal definition, the administrative rule does not list contact with a victim as an initiation activity. When a subsequent contact is made with a victim, there is not a separate code within the data system to indicate this action as initiation. Therefore, many assessments initiated under the state administrative rule do not meet the initiation definition in the Child File or Agency File.

Another complicating factor is that system codes for contacts with children are often indicated as worker/child or worker/family, which may or may not indicate contact with a victim. This is due to multiple programs using case activity codes, but does not allow specific NCANDS mapping for victim contacts. Additionally, the initial face-to-face contact with a victim for purposes of a safety assessment 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 worker, in order to assure safety in a rural environment where minimal staffing, weather and distance can delay a worker's ability to respond quickly. Given this policy, face-to-face contact by a partner may occur previous to the report received date/time. For example, law enforcement is called to a home in the evening for a welfare check and determines that the children are not in immediate danger, so does not remove, but does follow up with a written report the following day. Face-to-face contact with the victim has occurred by someone with authority to protect the child, but occurs prior to the report date/time, by someone other than the child welfare worker, but does not count under the definitions in the Child File or Agency File. State policy also specifies that the response time may vary by the category of the report. Response times may vary from 24 hours before or after a report for the most serious category to three days before or after a report for moderate risk reports, to as much as 14 days before or after the report for low risk reports. Given this possible variation, these timeframes also do not meet the NCANDS definitions.

When North Dakota's response time is calculated according to the state's policy and administrative rule, the state's response time is 155.8098 hours. (Note: 92 records were deleted from this calculation due to a missing date or contacts outside of the allowable time range.)

Because North Dakota is a county administered system, the state can only determine the numbers of full-time equivalents (FTEs) employed by a county for certain job titles, such as social worker or family service specialist. These FTEs may be employed in various county programs for varying portions of their FTE. For example, a county employee may be a full FTE, but a quarter of the time

will be CPS functions, a quarter of the time may be foster care, a quarter of the time may be in adult services, and a quarter of the time may be in in-home case management. The state has no independent way to determine what portions of the FTE are dedicated to CPS functions. Additionally, intake and report analysis functions are the responsibility of each county office. North Dakota does not have a centralized intake hotline. Additionally, counties may assign non-child welfare staff, such as clerical staff or economic assistance staff, to conduct CPS intake functions. These personnel are not included in the counts below.

To glean the required information for NCANDS reporting, the state has initiated a survey of the counties in which the counties are asked to report the number of FTEs in their agency dedicated to CPS functions.

An electronic survey was prepared in two sections, using Survey Monkey as the vehicle for collecting the data. This survey was transmitted via email to directors of all county social service agencies in the state. The survey was administered in two parts. The first part was completed by agency directors, listing the staff and percentage of FTE for each child welfare staff person for each function requested. Information on caseload or work load requirements, including the average number, were then calculated using the data provided in the survey and the caseload numbers extracted from the statewide data system for those county agencies which responded to the survey. The survey was administered in June 2016. The response rate for the director's portion of the survey was approximately 70 percent, with 37 of 53 counties reporting. Directors reported a total of 192 employees, including supervisors, responsible for intake and assessment. These were then reported as a corresponding portion of an FTE, resulting in a total of 96.9 FTEs. Based on the survey, there were 15 FTEs responsible for CPS Intake, 67 FTEs responsible for assessment functions, and 15 responsible for supervisory functions.

The second portion of the survey was forwarded to the workers by the director with a request for each worker listed by the director to complete the education/training and demographic portion of the survey. The worker demographic and training portion of the survey was completed by 84 of the workers/supervisors, for a response rate of approximately 44 percent. The worker response rate in 2015 was 56 percent and in 2016 is 44 percent. This represents a decrease by 21 percent in 2016. The results of the worker demographic portion of the report are included in the state's Child Abuse Prevention and Treatment Act (CAPTA) report.

Note: The two largest counties in the state, each representing a substantial portion of the total work force, did not participate in the survey. As a result, the above data may not be a true representation of the state's workforce.

Children

The number of victims increased from FFY 2015 to FFY 2016. This increase is consistent with the amount of increase between FFY 2014 and FFY 2015, and is believed to be related to an increase in

the overall child population combined with increased caregiver drug and alcohol abuse, based on the numbers of children entering foster care for the primary reason of caregiver substance abuse.

Child and caregiver risk factor reporting has been strengthened during this reporting period through data system changes. However, due to the changes being implemented after this reporting period, risk factor data for this reporting period is limited. Reporting is expected to improve when the revised risk factor changes are mapped for NCANDS reporting.

Fatalities

North Dakota's number of child fatalities did not increase or decrease by more than 10.

All fatalities were reported in the Child File.

The North Dakota Department of Human Services, Children and Family Services Division is the agency responsible for coordination of the statewide Child Fatality Review Panel as well as serving as the state's child welfare agency. The Administrator of Child Protection Services serves as the Presiding Officer of the Child Fatality Review Panel. This dual role provides for close coordination between these two processes and aides in the identification of child fatalities due to child abuse and neglect as a sub-category of child fatalities from all causes.

The North Dakota Child Fatality Review Panel coordinates with the North Dakota Department of Health Vital Records Division to receive death certificates for all children, ages 0–18 years, who receive a death certificate issued in the state. These death certificates are screened against the child welfare database, and any child who has current or prior CPS involvement as well as any child who it can be determined is in the custody of the Department of Human Services, county social services, or the Division of Juvenile Services at the time of the death is selected for in-depth review by the Child Fatality Review Panel, along with any child whose manner of death as listed on the death certificate as an accident, homicide, suicide or as undetermined. Any child for whom the manner of death is listed on the death certificate as natural, but whose death is identified as sudden, unexpected or unexplained, is also selected for in-depth review.

As part of these in-depth reviews, records are requested from any agency identified in the record as having involvement with the child in the recent period prior to death, including law enforcement, medical facilities, CPS, the County Coroner and the State Medical Examiner's Office for each death. Additionally, the State Medical Examiner's Office forensic pathologists participate in conducting the reviews. Data from each review are collected and maintained in a separate database. It is this database that is correlated with data extracted from the child welfare database for NCANDS reporting. Even though NCANDS data do not contain child welfare data concerning children in tribal jurisdiction, the state is confident that all deaths in the state from all causes are identified, reviewed and reported.

Perpetrators

North Dakota reports unknown perpetrators under the category of unknown within the state's data system (FRAME). Perpetrator IDs for unknown perpetrators are unique to each assessment.

Institutional Child Protection Services are addressed in a separate section of the state statute. Under state statute, institutional child abuse or neglect means situations of known or suspected child abuse

or neglect when the institution responsible for the child's welfare is a residential child care facility, a treatment or care center for individuals with intellectual disabilities, a public or private residential educational facility, a maternity home, or any residential facility owned or managed by the state or a political subdivision of the state. An individual working as facility staff is not held culpable within Institutional Child Protection Services; rather, the facility itself is considered to be a 'subject' (perpetrator) of the report. Assessments of institutional child abuse and neglect are assessed at the state-level by regional staff, rather than at the county level as are CPS reports that are noninstitutional. All reports of institutional child abuse and neglect are reviewed by a multidisciplinary Child Protection Team on a quarterly basis. Determinations of institutional child abuse and neglect are made by team consensus. A determination of indicated means that a child was abused or neglected by the facility. A decision of not indicated means that a child was not abused or neglected by the facility.

There were 157 reports of institutional child abuse or neglect in FFY 2016 resulting in 42 completed full assessments. Of these full assessments, 26 had a finding of not indicated and 16 had a finding of indicated. There were 62 assessments terminated in progress. There were 16 reports of institutional child abuse and neglect that were administratively assessed and 4 that were administratively referred (see above under Reports for definitions of administrative assessments and referrals). There remained 34 assessments open at the time of this report.

There was a 51 percent increase in reports of institutional child abuse and neglect this FFY. Possible explanations for this increase include an increase in the number of youth placed in facilities and increased training efforts for education and training for facility staff.

Training opportunities for facility include online mandated reporter training and state and regional trainings on how to recognize child abuse and neglect in a residential setting. Despite the increased number of reports, however, the number of full assessments completed has remained consistent. The number of assessments terminated in progress also increased by 88 percent.

There were 104 reports of institutional child abuse and neglect in FFY 2015 resulting in 43 completed full assessments. Of these full assessments, 33 had a finding of not indicated and 10 had a finding of indicated. There were 33 assessments terminated in progress. There were 4 reports of institutional child abuse and neglect that were administratively assessed and 4 that were administratively referred (see above under 'reports' for definitions of administrative assessments and referrals). There remained 20 assessments open at the time of this report.

Services

Agency File Data components regarding children eligible and referred to Individuals with Disabilities Education Act (IDEA) services include only children less than 3 years of age.

Ohio

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General

Ohio's federal fiscal year (FFY) 2016 data is the first submission to NCANDS in which Ohio has data from a fully implemented statewide DR system. Ohio implements a differential response (DR) system for screened in reports of alleged child abuse and/or neglect. The DR system is comprised of a traditional response (TR) pathway and an alternative response (AR) pathway. Children who are subjects of reports assigned to the AR pathway are mapped to NCANDS as AR nonvictim and have a disposition of AR. Children who are alleged child victims of reports assigned to the TR pathway receive one of the following dispositions:

- Unsubstantiated—The assessment/ investigation determined no occurrence of child abuse or neglect.
- Substantiated—There is an admission of child abuse or neglect by the person(s) responsible, an adjudication of child abuse or neglect, or other forms of confirmation deemed valid by the public children services agency (PCSA).
- Indicated—There is circumstantial or other isolated indicators of child abuse or neglect lacking confirmation; or a determination by the caseworker that the child may have been abused or neglected based upon completion of an assessment/investigation.

Reports

There was a 2.0 percent overall increase of the total number of screened in reports in FFY 2016 from FFY 2015. Additionally, in FFY 2016 there was an increase of alternative response nonvictim disposition from FFY 2015. Ohio had completed statewide implementation of a DR system in September 2014. FFY 2016 is the first reporting period Ohio has had DR implemented statewide.

Children

Requirements to record the race/ethnicity of children in Statewide Automated Child Welfare Information System (SACWIS) were in effect for the FFY 2015 and remained in effect for the FFY 2016 reporting year. 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 contain information only on those children whose deaths were reported to and investigated by a public children services agency (PCSA) or children involved in a child protective services (CPS) report who died during the assessment or investigation period. As a county administered CPS system, Ohio PCSAs have discretion in which referrals are accepted for assessment or investigation. In some cases, the PCSA will not investigate a child fatality report unless there are other children in the home who may be at risk of harm or require services. Referrals of child deaths due to suspected maltreatment not accepted by the PCSA are investigated by law enforcement.

There were multiple child fatalities not included in the child FFY 2015 reporting year. This was a result of multiple reports screened in and substantiated addressing the fatality incident. These were then reported in the Agency File. During FFY 2016 reporting year, one child was not included in the Child File as there were two reports substantiated regarding the fatality incident. This child is reported in the Agency File for the FFY 2016 reporting period.

Perpetrators

The NCANDS category of "other" perpetrator relationship includes the state categories of nonrelated (NR) child and NR adult. These are catch-all categories that can be used for any individual who is not a family member. Guidance was provided to agencies to select the most appropriate relationship code (e.g., neighbor) instead of using the nonrelated categories during the FFY 2016 reporting period. The data identifies that there has been a slight decrease in the use of "other" perpetrator for FFY 2016 when compared to the data from FFY 2015 reporting period. The "other" perpetrator relationship identifies 16 percent of alleged perpetrators and is the second-most identified value for Ohio; parent is the most identified value for perpetrator relationship.

Ohio has improved in reporting race of alleged perpetrators. The use of "unable to determine" has reduced 19.6 percent from FFY 2015. As a result, the race categories have increased respectively from FFY 2015. The only exception is native Hawaiian or other Pacific Islander, which remained the same from FFY 2015. The requirement for selection of the race field in SACWIS was the catalyst for this improvement. Ohio SACWIS requires race to be selected in to select a race value.

Services

Ohio is continually working to improve the recording of services data in the SACWIS. Federal grant funds are used for state level program development and support to county agencies providing direct services to children and families.

For FFY 2016, Ohio's reporting on prevention services funded through CBCAP was found to include public awareness campaign recipients, and therefore removed from reporting in this report. The state provides the following information on the 11,491 children and 11,302 families receiving direct services under this funding source. The overall number of children served represents a decrease from FFY 2015. This decrease can be attributed to several factors:

- Increased technical assistance and training to grantees concerning evaluation and reporting requirements.
- Increased investment in programs containing more intensive services resulting in fewer children served.
- During the FFY 2016 period, the Ohio Children's Trust Fund (OCTF) invested in a strategic planning process and needs assessments under a new regional model of funding that utilized funds that otherwise would have been directed towards child abuse prevention programming and services.
- Over 30% of local grantees utilized little to none of their available OCTF April Child Abuse and Neglect Prevention Month funds.

Ohio policy requires all children ages 0–3 with a substantiated report to be referred to Help Me Grow/Early Intervention. Ohio has established a referral form that is used exclusively by child protective services agencies to refer families and children to Help Me Grow. Ohio's Help Me Grow/Early Intervention program is supervised by the Ohio Department of Health and is administered through

county agencies. This is the number of unique children ages 0–3 with a substantiated report disposition. Although the state does not report AR victims, the data include children and siblings served through both the alternative response pathway and the traditional response pathway. All children determined eligible were referred to Help Me Grow. Ohio's SACWIS generates the Help Me Grow referral form.

Oklahoma

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General

The Pinnacle Plan details a five-year plan, beginning with state fiscal year (SFY) 2013, to address 15 performance areas identified in the agreement with plaintiffs in the class action litigation DG vs. Yarbrough, Case No. 08-CV-074. In September 2016, the co-neutrals (a group of three child welfare experts monitoring progress) agreed to extend the timeline to fully implement the agency's remover efforts. Public reporting related to specific performance areas can be accessed through the Department of Human Services (DHS) website.

Oklahoma has continued with the commitment and emphasis on trauma-informed care as a priority in the state. Because of leadership buy-in and through the Oklahoma Trauma Assessment and Service Center Collaborative (OK-TASCC) grant and other initiatives, Oklahoma is a leader in trauma-informed efforts in terms of knowledge, training, policy, and practice changes. The OK-TASCC is in its fifth year of a five-year demonstration grant through the Administration on Children, Youth and Families, Children's Bureau, "Initiative to Improve Access to Needs-Driven, Evidence-Based/ Evidence-informed Mental and Behavioral Health Services in Child Welfare." The goal of this project is to improve the social and emotional well-being and restore the developmentally appropriate functioning of children and youth in the child welfare system that have mental and behavioral health needs through helping the Oklahoma Department of Human Services-Child Welfare Services develop and implement comprehensive, integrated and reliable continuum of screening, assessment, and aligned service delivery.

The grant project aims to advance trauma-informed care efforts and be mutually supportive with initiatives in the Pinnacle Plan through the implementation of universal screening and functional assessment of behavioral health needs, the use of functional outcome oriented case planning to ensure those needs are met, and early access to evidence-based/evidence-informed service array that is aligned and responsive to the screening and functional assessment data. As of June 2016, the Child Behavioral Health Screener (CBHS) with child welfare (CW) staff was implemented statewide and expanded to include Family Centered Services, adoptions and post-adoptions programs. The CBHS, tailored to different developmental levels, is a brief measure designed to screen monthly for presence of behavioral and trauma-related symptoms that may be negatively impacting child functioning in youth ages birth through seventeen years old. The monthly administration is aimed at improving the timely identification of behavioral health needs of children within the Oklahoma child welfare system (CWS), improve quality of communication between child welfare staff and resource parents, and sustainably imbed this practice approach into CWS work processes. At the end of 2016, there were over 30,000 screeners administered on 11,830 children with the largest percentage of children having between 3 and 11 screeners completed. This will help in the utility of the CBHS for CW as well as achieving improved outcomes for children. The OK-TASCC team will continue efforts to sustain this new practice through a trauma-informed care framework and in collaboration with external parents and systems, including courts, schools, foster parents, and resource/service providers.

Oklahoma is currently participating in a pilot project involving Eckerd's Rapid Safety Feedback process. The process uses a combination of predictive analytics in combination with Continuous Quality Improvement (CQI) to provide support and monitoring of cases/intakes where a child has been evaluated by the predictive model to be high risk of death or near death. The pilot is currently implemented and ongoing in Oklahoma County. The project involves a partnership between Eckerd, Oklahoma Child Welfare, Mindshare, and Casey Family Programs. The Rapid Safety Feedback pilot is an effort to use advanced data analytics to identify the children who may be at-risk of serious injury or even fatality, and to use that information as part of a collaborative decision-making support system to intervene in a timely way to affect a much better outcome. The technology is a means of sorting the data, highlighting correlations, and identifying heightened probability. This identification engages a review process for safety analysis and staffing which is inclusive of frontline field staff and supervisory staff and CQI staff. A total of 112 families have been engaged through this review process between December 2015 and September 30, 2016.

Reports

The Oklahoma Department of Human Services has a statewide, centralized hotline to receive child abuse and neglect reports. An allegation of child abuse or neglect reported in any manner to a DHS county office is immediately referred to the Hotline.

Each report received at the Hotline is screened to determine whether the allegations meet the definition of child abuse or neglect and are within the scope of child protective services (CPS). DHS responds to an accepted report of child abuse or neglect by initiating an assessment of the family or an investigation of the report in accordance with priority guidelines. The primary purpose of the assessment or investigation is the protection of the child. For assessments or investigations, DHS gives special consideration to the risks of any minor child, including a child with a disability, who is vulnerable due to his or her inability to communicate effectively about abuse, neglect, or any safety threat.

A priority 1 report indicates the child is in present danger at-risk of serious harm or injury. Allegations of abuse and neglect may be severe and conditions extreme. The situation is responded to immediately, the same day the report is received. Priority 2 is assigned to all other reports. The response time is established based on the vulnerability and risk of harm to the child. Priority 2 assessments or investigations are initiated within two to 10 calendar days from the date the report is accepted for assessment or investigation.

An assessment is conducted when a report meets the abuse or neglect guidelines but does not allege a serious and immediate safety threat to a child. The assessment uses the same comprehensive review to address allegations, identifies behaviors and conditions in the home that lead to risk factors, and evaluates the protective capacities of the person responsible for the child's health, safety, or welfare to address the safety needs of each child in the family. Assessments do not have findings. When a child is determined unsafe in the initial stages of the assessment, and the family's circumstances or the person responsible for the child's (PRFC) behavior poses a risk to the child, an investigation is immediately initiated by the child welfare specialist. The family is told an investigation rather than an assessment is necessary, and the Child welfare specialist immediately follows investigation protocol.

Reports that are appropriate for screening out and are not accepted for assessment or investigation are reports:

- That clearly fall outside the definitions of abuse and neglect per OAC 340:75-3-120, including minor injury to a child 10 years of age and older who has no significant child abuse and neglect history or history of neglect that would be harmful to a young or disabled child, but poses less of a threat to a child 10 years of age and older
- Concerning a victim 18 years of age or older, unless the victim is in voluntary placement with DHS
- Where there is insufficient information to locate the family and child
- Where there is an indication that the family needs assistance from a social service agency but there is no indication of child abuse or neglect
- That indicate a child 6 years of age or older is spanked on the buttocks by a foster or trial adoptive parent with no unreasonable force used or injuries observed per OAC 340:75-3-410
- That indicate the alleged perpetrator of child abuse or neglect is not a PRFC, there is no indication the PRFC failed to protect the child, and the report is referred to local law enforcement

Children

Legislation passed in federal fiscal year (FFY) 2013 directed that an investigation, rather than an assessment, be completed whenever the department determines that a child is drug-endangered, which is defined as a child who is at-risk of suffering physical, psychological or sexual harm as a result of the use, possession, distribution, manufacture or cultivation of controlled substances. The term also includes newborns that test positive for a controlled dangerous substance, except for those substances administered under the care of a physician. The number of investigations in which a newborn tested positive at birth for a substance increased from 375 in SFY 2014 to 416 in SFY 2015, approximately 11 percent. In SFY 2016, this number increased to 517, a 24 percent increase. Of these 517 newborns that tested positive at birth, 99 experienced some signs of withdrawal.

Legislation effective in November of 2015 added sexual exploitation to the types of referrals received by the child abuse and neglect hotline, modified the definition of sexual exploitation, and added a definition of "trafficking in persons" to Oklahoma Title 10A, the Children and Juvenile Code. New law also went into effect requiring that DHS, in consultation with state and local law enforcement, juvenile justice systems, health care providers, education agencies, and organizations with experience in dealing with at-risk children and youth, establish policies and procedures including relevant training for caseworkers to identify, document in agency records, and determine appropriate services for children and youth at-risk of sex trafficking. Child welfare policy has been updated to include a specialized protocol for child abuse and neglect reports involving child victims of human trafficking.

In the last year, CPS Programs have worked with domestic violence partners to ensure consistent training was provided to all child welfare staff. Trainings were scheduled in each of the regions, and domestic violence advocates, as well as CPS Programs and Permanency Planning (PP), are in the process of facilitating those trainings across the state. The purpose of the training is to ensure staff are aware of the dynamics of domestic violence, as well as what the expected response to these specific cases should be by PP and CPS. CPS Programs have updated our training curriculum to match current policy and protocols related to domestic violence, educational neglect, substance exposed newborns, and the overall safety decision making process.

Fatalities

Oklahoma investigates all reports of child death and near death that are alleged to be the result of abuse or neglect. A final determination of death due or near-death due to abuse or neglect is not made until a report is received from the office of the medical examiner, which may extend beyond a 12-month period. Fatalities are not reported to NCANDS until the investigation and state office program review are completed.

The Oklahoma Child Death Review Board conducts a review of every child death and near death in Oklahoma (both attended and unattended). State office CPS staff work closely with the Child Death Review Board and are participating members. Legislation was introduced in FFY 2014 to allow the any city-county Fetal Infant Mortality Review board of the Health Department to have limited information concerning investigations of fetal and infant mortalities (effective 11/01/2014).

All child fatalities and near fatalities with findings in the State Automated Child Welfare System are reported in the Child File. As previously noted, the Child Death Review Board receives reports of all attended and unattended child fatalities and provides this information to the state office CPS programs staff.

Effective November 1, 2012, Oklahoma statute directs that all child deaths and near deaths in which the Oklahoma Department of Human Services (OKDHS) has reasonable cause to suspect are the result of abuse or neglect must be reported to the Governor's office within 24 hours. This same statute requires OKDHS to publicly report all deaths and near deaths that are the result of abuse or neglect. This statute requires a series of reports that go to the Governor's office and certain members of the legislative body, beginning with the first report within 24 hours and ending with the public reporting. In FFY 2014, this statute was amended to streamline and improve the process.

Increased communication with the Office of the Medical Examiner and the addition to the OKDHS staff responsible for final determination and documentation on all child deaths and near deaths has resulted in more timely documentation of child deaths.

Perpetrators

Oklahoma began reporting perpetrator relationships of group home or residential facility staff in the FFY 2013 Child File.

A prior perpetrator is defined as a perpetrator of a substantiated maltreatment within the reporting year who has also been a perpetrator in a substantiated maltreatment anytime back to 1995, the year of implementation of the State Automated Child Welfare Information System.

Oklahoma reports all unknown perpetrators.

Services

Oklahoma is participating in a Title IV-E Waiver Demonstration Project. While DHS services children in the home utilizing the evidence-based SafeCare model through a program entitled Comprehensive Home Based Services (CHBS), it is only appropriate for families with children are at moderate risk of removal. The DHS waiver demonstration project targets those families for whom the removal risk is higher and therefore not appropriate for CHBS. The flexible use of IV-E funds permits

DHS to shift funding to services, which safely prevent removals, allowing more children to remain in the home. This demonstration project has implemented the provision of Intensive Safety Services (ISS).

ISS is an intensive family preservation program that provides services in the home three to five times a week, eight to 10 hours per week for a duration of four to six weeks for families with children ages 0–12. These services are provided by a master's level licensed behavioral health professional, or one under supervision for licensure, who is trained in Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT). The ISS contracted worker connects the family to appropriate community resources, based on their needs, during that four-to six-week period for continued treatment. The ISS worker ensures that there are no barriers to accessing said services and, with MI, ensures that the families are engaged and stay engaged with the services.

The first ISS case began in late July 2015 in Region 3, Oklahoma County. ISS delivered services to 170 children as of June 2016. Although 45 of those children had to be subsequently taken into DHS custody, 125 remain in their parents' custody due to the creation and implementation of the ISS system of care under DHS. These cases will be reviewed after the completion of both ISS and CHBS and beyond to determine if these children remain out of custody and if there have been subsequent referrals on these children and families. Since July 1, 2016, the state has begun or continues to provide services to 108 more children as of January 3, 2017.

Postinvestigation services are services that are provided during the investigation and continue after the investigation, or services that begin within 90 days of closure of the investigation. In cases where the family would benefit from services and the child can be maintained safely in the home, DHS can refer to community services or refer the case to CHBS through a DHS contracted provider. If referred to community services, the DHS investigation can be closed, and DHS will determine within 60 days whether the family has accessed the recommended services and if the child remains safe. If the family is referred to CHBS, DHS will open a Family Centered Services case and follow the family for up to six months.

Oregon

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General

OR-Kids, Oregon's Statewide Automated Child Welfare Information System (SACWIS) collects data at the child level on nonvictims. The federal fiscal year (FFY) 2016 is Oregon's fourth Child File that shows child-level data for all children associated with screened-in referrals.

Oregon began a phased implementation of a two-track response system called differential response (DR) in May of 2014. As of September 30, 2016, there were nine of Oregon's 36 counties using the system. The two types of response tracks within the DR system are traditional response (TR) and alternative response (AR). Data are reported in the NCANDS Child File for all screened-in child protective services (CPS) reports, regardless of differential response track. Alternative response track CPS reports will have report and maltreatment dispositions of alternative response nonvictim as the response option.

All report, child, and victim counts are significantly higher due to an increased focus on completion of assessments in FFY 2016.

For the FFY 2016 NCANDS file, certain improvements have been made. Specifically, coding changes were made to correctly report the number of victims eligible for referral under the Individuals with Disabilities Education Act in the Agency File. In addition, coding was added to populate fields for families who received prevention services. Future changes will enhance reporting of services in the Child File.

Oregon will continue to work on improving the extraction procedures, as needed, to accurately report all NCANDS data.

Reports

The number of reports has increased significantly between FFY 2015 and FFY 2016 due to an increased focus on completion of assessments.

The investigation start date is the date of actual child or parental contact.

In Oregon, a report is screened out when:

- No report of child abuse/neglect has been made, but the information indicates there is risk present in the family, but no safety threat.
- A report of child abuse/neglect is determined to be third party child abuse, but the alleged perpetrator does not have access to the child, and the parent or caregiver is willing and able to protect the child.
- An expectant mother reports that conditions or circumstances would endanger the child when born.
- The child protection screener is unable to identify the family.

Oregon *(continued)*

Children

The number of children who were subjects of an investigation has increased significantly between FFY 2015 and FFY 2016 due to an increased focus on completion of assessments.

FFY 2016 is Oregon's fourth Child File that shows child-level data for all children associated with screened-in referrals rather than just for children with substantiated maltreatment.

The NCANDS category "other" maltreatment type includes the state designation threat of harm.

Fatalities

The number of fatalities decreased from FFY 2015 to FFY 2016. There is no systemic cause for this change.

The state reports fatalities in the Agency file. These cases are dependent upon medical examiner report findings, law enforcement findings, and completed CPS assessments, and the fatality cannot be reported as being due to child abuse/neglect until these findings are final. Reported fatalities due to child abuse/neglect for FFY 2016 represent deaths due to child abuse/neglect for cases where the findings were final as of January 25, 2017.

Perpetrators

Unique perpetrators between reports are assigned unique identification numbers.

Services

The state's SACWIS system does not collect data on prevention services; therefore, it does not currently have NCANDS child-level reporting on these services. Further, the NCANDS Child File information on services is not complete at this time.

Pennsylvania

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General

Upon receipt of a report of suspected child abuse, the department shall immediately transmit an oral notice or a notice by electronic technologies to the appropriate county agency that a report of suspected child abuse has been received and the substance of the report. If the report received does not suggest suspected child abuse, but does suggest a need for social services or other services or assessment, the department shall transmit the information to the county agency for appropriate action. These allegations or concerns are referred to as General Protective Services (GPS) and are not classified as child abuse in Pennsylvania. The information shall not be considered a child abuse report unless the agency to which the information was referred has reasonable cause to suspect after assessment that abuse occurred. If the agency has reasonable cause to suspect that abuse occurred, the agency shall notify the department, and the initial report shall be upgraded to a child abuse report.

In 2014, Pennsylvania enacted a comprehensive package of child welfare legislative reforms which enhanced our ability to better protect children. The legislation amended the definitions of child abuse and perpetrator and provided for the establishment of a Statewide Database for tracking child abuse and neglect data. To address these changes, Pennsylvania implemented a new Child Welfare Information Solution (CWIS) on December 27, 2014 and the amended definitions of child abuse and perpetrator took effect December 31, 2014. The 2015 NCANDS Child File incorporated three months of data collected under the previous statute and nine months of data under the new statute. The federal fiscal year (FFY) 2016 NCANDS Child File is the first file to collect all 12 months of data under the new statute. The changes now require Pennsylvania to collect data on GPS reports, Pennsylvania's alternative response, and Pennsylvania plans on reporting on that data in the future. Definitions outlined in this commentary reflect the amended statute that took effect December 31, 2014.

Pennsylvania defines child abuse as intentionally, knowingly or recklessly doing any of the following:

- Causing bodily injury to a child through any recent act or failure to act.
- Fabricating, feigning, or intentionally exaggerating or inducing a medical symptom or disease which results in a potentially harmful medical evaluation or treatment to the child through any recent act.
- Causing or substantially contributing to serious mental injury to a child through any act or failure to act, or a series of such acts or failures to act.
- Causing sexual abuse or exploitation of a child through any act or failure to act.
- Creating a reasonable likelihood of bodily injury to a child through any recent act or failure to act.
- Creating a likelihood of sexual abuse or exploitation of a child through any recent act or failure to act.
- Causing serious physical neglect of a child.
- Engaging in any of the following recent acts:
  - Kicking, biting, throwing, burning, stabbing, or cutting a child in a manner that endangers the child.
  - Unreasonably restraining or confining a child, based on consideration of the method, location, or the duration of the restraint or confinement.
  - Forcefully shaking a child under one year of age.

  - Forcefully slapping or otherwise striking a child under one year of age.
  - Interfering with the breathing of a child.
  - Causing a child to be present at a location while a violation of 18 Pa.C.S. §7508.2 (relating to operation of methamphetamine laboratory) is occurring, provided that the violation is being investigated by law enforcement.
  - Leaving a child unsupervised with an individual, other than the child's parent, who the actor knows or reasonably should have known:
- Is required to register as a Tier II or Tier III sexual offender under 42 Pa.C.S. Ch. 97 Subch. H (relating to registration of sexual offenders), where the victim of the sexual offense was under 18 years of age when the crime was committed.
- Has been determined to be a sexually violent predator under 42 Pa.C.S. §9799.24 (relating to assessments) or any of its predecessors.
- Has been determined to be a sexually violent delinquent child as defined in 42 Pa.C.S. §9799.12 (relating to definitions).
- Causing the death of the child through any act or failure to act.
- Engaging a child in a severe form of trafficking in persons or sex trafficking, as those terms are defined under Section 103 of the Trafficking Victims Protection Act of 2000 (114 Stat. 1466, 22 U.S.C. §7102).

Reports

In FFY 2016, the number of reports for suspected child abuse increased from FFY 2015. This increase is largely due to legislative changes enacted in late 2014 which expanded the definitions of child abuse and perpetrator, streamlined and clarified mandatory child abuse reporting processes, increased penalties for failure to report suspected child abuse, and protected persons who report child abuse. The law now requires a mandated reporter to make a direct report to the child abuse hotline rather than reporting up a chain of command within their organization. The amendments to the definition of child abuse, specifically the inclusion of additional categories of abuse and the lower threshold for substantiating a report of child abuse, have led to an increase in the number of reports being made, as well as the substantiation of these reports. Along with the amendments to the definition of child abuse, the definition of perpetrator has also been expanded to capture additional categories of individuals as perpetrators when they abuse a child.

Children

In FFY 2016 the number of victims increased by significantly from FFY 2015. This increase is likely due to the amendments to the law as described above.

Fatalities

Pennsylvania law requires that every child fatality and near fatality resulting from substantiated abuse, or on cases in which no status determination has been made within 30 days, be reviewed at the county level. A state level review is conducted on all fatalities and near fatalities where abuse is suspected, regardless of status determination. The information and data collected from both levels of review are analyzed for trends and risk factors across Pennsylvania. These reviews and analyses provide the foundation used for determining the root causes of severe child abuse and neglect. They are also used to better understand what responses or services can be used in the future to prevent similar occurrences.

Pennsylvania *(continued)*

Pennsylvania does not use data from sources and agencies other than child protective services to compile and report child fatalities.

Perpetrators

Pennsylvania defines a perpetrator as a person who has committed child abuse and is any of the following:

- A parent of the child
- A spouse or former spouse of the child's parent
- A paramour or former paramour of the child's parent
- A person 14 years of age or older and responsible for the child's welfare or having direct contact with children as an employee of child-care services, a school or through a program, activity or service
- An individual 14 years of age or older who resides in the same home as the child
- An individual 18 years of age or older who does not reside in the same home as the child but is related within the third degree of consanguinity or affinity by birth or adoption to the child
- An individual 18 years of age or older who engages in severe forms of trafficking in persons or sex trafficking, as those terms are defined under section 103 of the Trafficking Victims Protections Act of 2000 (114 Stat. 1466, 22 U.S.C. § 7102)

Additionally, only the following may be considered a perpetrator for failing to act:

- A parent of the child
- A spouse or former spouse of the child's parent
- A paramour or former paramour of the child's parent
- A person 18 years of age or older and responsible for the child's welfare
- A person 18 years of age or older who resides in the same home as the child

Services

Pennsylvania is reporting out on limited services data and plans on providing more complete services data in the future.

Puerto Rico

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General

The implementation of the integrated case management mechanized system (SIMCa) has had a significant impact on the production of the NCANDS Child File. The new system began on April 29, 2016. According to the time period established by NCANDS, most of the investigations included in the file come from the database that migrated from the old system to the new system. The process of migrating data resulted in the records of the legacy system confronting new rules and requirements. This affected the way the data were interpreted. The SIMCa system induced changes in the way information was collected to produce the NCANDS file. The errors identified in the federal fiscal year (FFY) 2016 Child File are mostly related to data that migrated from the SIRCSe system. It also includes errors due to data entry that the legacy system allowed without restrictions or requirements. These errors affected, among other things, the number of records that were accepted by NCANDS in the validation process.

Rhode Island

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General

In 2016, Rhode Island began the process of implementing Structured Decision Making (SDM) within the child protective services (CPS) Division. The Department has identified key decision points that significantly affect families: receipt of initial information, investigative determination, response priority and removal of a child. Consultations with industry professionals have confirmed the consistent use of structured assessments at each decision point would enhance safety, permanency and well-being of children and families, better support staff, and allow resources to be more effectively utilized.

Reports

The Department of Children, Youth and Families (DCYF) is required to investigate reports of child abuse and neglect. DCYF promulgated Policy 500.0010 to identify the five criteria for CPS investigations/alerts. The CPS criteria are as follows:

- Investigation Criteria 1: Child Abuse/Neglect (CA/N) Report-RIGL 40-11-3 requires DCYF to immediately investigate reports of child abuse and neglect. The circumstances reported, if true, must constitute child abuse/neglect as defined by RIGL 40-11-2.
- Investigation Criteria 2: Nonrelative Caregiver-RIGL 42-72.1-4 requires that no parent assigns or otherwise transfers to another, not related to him or her by blood or marriage, his or her rights or duties with respect to the permanent care and custody of his or her child under eighteen years of age unless duly authorized by an order or decree of the court.
- Investigation Criteria 3: Sexual Abuse of a Child by Another Child-RIGL 40-11-3 requires DCYF to immediately investigate sexual abuse of a child by another child.
- Investigation Criteria 4: Duty to Warn-RIGL 42-72-8 allows DCYF to release information if it is determined that there is a risk of physical injury by a person to himself/herself or others and that disclosure of the records is necessary to reduce that risk. If the hotline receives a report that a perpetrator of sexual abuse or serious physical abuse has access to another child in a family dwelling, that report is classified as an investigation and assigned for investigation.
- Investigation Criteria 5: Alert to Area Hospitals —Safety of Unborn Child—RIGL 42-72-8 allows DCYF to release information if it is determined that there is a risk of physical injury by a person to himself/herself or others and that disclosure of the records is necessary to reduce that risk. The department issues an alert to area hospitals when a parent has a history of substantiated child abuse/neglect or a child abuse/neglect conviction and there is concern about the safety of a child.

Those cases that do not meet the criteria for investigation and there is concern for the well-being of a child may be classified as an information and referral (I/R). This classification is a derivative of a previous protocol that DCYF had relating to classifying reports to the child abuse hotline as early warnings. The I/R process is not reflected in Rhode Island General Laws (RIGL). Rather, DCYF has promulgated a policy and published a protocol that codifies the informational and referral process. Pursuant to the department's I/R policy, when an I/R report is received by the child abuse hotline relating to a case that is not active with DCYF and it appears that there is a service need, a referral for service is made to CPS intake. When an I/R report is received on a case active to DCYF, a notification is made to the primary caseworker and supervisor.

While the Statewide Automated Child Welfare Information System (SACWIS), RICHIST, can link more than one report source per report, only one person can be identified as the person who actually makes the report. If more than one report is linked to an investigation, the person identified as the reporter in the first report is used in the Child File.

The total number of CPS workers is based upon currently occupied full-time equivalents (FTEs) for child protective investigators, child protective supervisors, intake social caseworkers II, and intake casework supervisors II. Supervisors accept, screen, and investigate reports meeting criteria for child abuse and child neglect. Intake and case monitoring social caseworkers II and intake casework supervisors II are responsible for screening all new cases entering the department via CPS investigations, intake service self-referrals, and family court referrals. Upon screening those cases, intake determines whether cases can be closed to the department upon referral to community-based services, or if the family warrants legal status or a higher level of DCYF oversight and permanency planning, which results in transfer to DCYF Family Service Units.

The investigation start date is defined as the date when CPS first had face-to-face contact with the alleged victim of the child maltreatment or attempted to have face-to-face contact. The data are recorded as a date/timestamp which includes the date and the time of the contact or attempted contact.

Children

The NCANDS category of "other" maltreatment type includes the state categories of institutional allegations such as corporal punishment, other institutional abuse, and other institutional neglect. The current policy is that only the named victim has an allegation, and the facility or home is referred to the licensing unit to look at licensing violations rather than child abuse or neglect.

Fatalities

The fatalities reported for child abuse and neglect in the Child and Agency Files only come from those reported to the department and recorded in RICHIST. By state law, all child maltreatment is required to be reported to DCYF, regardless of whether it results in a death. There are no other sources except RICHIST that collect fatality information.

South Carolina

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General

South Carolina has continued with Community Based Prevention Services (CBPS), which began in January 2012. This program serves as the South Carolina Department of Social Services' (DSS) alternative response program. DSS uses the Safety and Risk Matrix to assess intakes made to the Abuse and Neglect Hotline. Accepted intakes are assigned to investigation if safety or high-risk issues are present. Referral to CBPS is only for those cases in which the intake and resulting matrix assessment indicate low to moderate risk. These cases are not accepted by the Agency for investigation. CBPS is a contracted service with private providers and an interface for assessments and dictation which is populated in the Statewide Automated Child Welfare Information System (SACWIS, also known as CAPSS in South Carolina).

Reports

Referrals and screened-in referrals continued to substantially increase in federal fiscal year (FFY) 2016 as South Carolina operationalizes regionalized intake centers in a multi-year project. The implementation of regionalized intake staff and centralized intake practice and leadership is designed to increase the consistency across the state related to evaluation and assignment of CPS complaints. The increase in accepted referrals has resulted in increases in all categories of data.

Children

The children in families referred for CBPS are reported in FFY 2016 NCANDS data submission with a disposition of alternative response non-victim and the NCANDS category of "other" maltreatment type. The number of children increased as there were more referrals made to CBPS in FFY 2016 than in FFY 2015. All demographic information was reported on these children.

Fatalities

There was a slight decrease in child fatalities investigated by SCDSS from FFY 2015 to FFY 2016. No policy or legislative changes impacted child fatalities.

Law enforcement, the coroner, the medical examiner, and the Department of Health and Environmental Control (Bureau of Vital Statistics Division) report all child deaths that were not the result of natural causes, to the State Law Enforcement Division (SLED) for an investigation. SLED refers their findings to the State Child Fatality Committee for a review. The children whose deaths appear to have been a result of child maltreatment by a "person responsible for a child's welfare," including, but not limited to a parent, guardian, or foster parent are reported to DSS by SLED during their investigation. This list is compared to the agency SACWIS system by name, date of birth, date of death, and parents' names to ensure there is no duplication in reporting the fatalities in the NCANDS Child and Agency files. The Agency File includes all fatalities that occurred in FFY 2016 that were not included in the Child File and were reported to SCDSS by the State Child Fatality Committee.

South Dakota

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General

Child protection services (CPS) does not utilize the differential response model. CPS either screens in reports, which are assigned as initial family assessments, or the reports are screened out. However, the initial family assessment allows CPS to open a case for services based on safety threats without substantiation of an incident of abuse or neglect. South Dakota does refer reports to other agencies if the report does not meet the requirements for assignment, and it appears the family could benefit from the assistance of another agency.

Reports

CPS child abuse and neglect screening and response processes are based on allegations that indicate the presence of safety threats, which includes the concern for child maltreatment. CPS makes screening decisions using 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.

South Dakota Codified Law 26-8A-3 mandates which entities are required to report child abuse and neglect.

> *"26-8A-3. Persons required to report child abuse or neglected child-Intentional failure as misdemeanor. Any physician, dentist, doctor of osteopathy, chiropractor, optometrist, emergency medical technician, paramedic, mental health professional or counselor, podiatrist, psychologist, religious healing practitioner, social worker, hospital intern or resident, parole or court services officer, law enforcement officer, teacher, school counselor, school official, nurse, licensed or registered child welfare provider, employee or volunteer of a domestic abuse shelter, employee or volunteer of a child advocacy organization or child welfare service provider, chemical dependency counselor, coroner, or any safety-sensitive position as defined in § 3-6C-1, who has reasonable cause to suspect that a child under the age of eighteen has been abused or neglected as defined in § 26-8A-2 shall report that information in accordance with §§ 26-8A-6, 26-8A-7, and 26-8A-8. Any person who intentionally fails to make the required report is guilty of a Class 1 misdemeanor. Any person who knows or has reason to suspect that a child has been abused or neglected as defined in § 26-8A-2 may report that information as provided in § 26-8A-8."*

The NCANDS category of "other" report source in the Child File includes the state categories of clergy, community person, coroner, domestic violence shelter employee or volunteer, funeral director, other state agency, public official and tribal official.

Reports of abuse and neglect are categorized into four types: neglect, physical abuse, sexual abuse, and/or emotional maltreatment. Medical neglect is included in the neglect category.

Children

The data reported in the Child File includes children who were victims of substantiated reports of child abuse and neglect where the perpetrator is the parent, guardian or custodian.

Fatalities

Children who died due to substantiated child abuse and neglect by their parent, guardian or custodian are reported as child fatalities. The number reported each year are those victims involved in a report disposed during the report period, even if their date of death may have actually been in the previous year. The state of South Dakota reports child fatalities in the Child File and the Agency File.

South Dakota Codified Law 26-8A-4 mandates that anyone who has reasonable cause to suspect that a child has died as a result of child abuse or neglect must report. The reporting process required by SDCL 26-8A-4 stipulates that the report must be made to the medical examiner or coroner and in turn the medical examiner or coroner must report to the South Dakota Department of Social Services.

> *"26-8A-4. Additional persons to report death resulting from abuse or neglect––Intentional failure as misdemeanor. In addition to the report required under § 26-8A-3, any person who has reasonable cause to suspect that a child has died as a result of child abuse or neglect as defined in § 26-8A-2 shall report that information to the medical examiner or coroner. Upon receipt of the report, the medical examiner or coroner shall cause an investigation to be made and submit written findings to the state's attorney and the Department of Social Services. Any person required to report under this section who knowingly and intentionally fails to make a report is guilty of a Class 1 misdemeanor."*

When CPS receives reports of child maltreatment deaths as required under SDCL 26-8A-4 from any source, CPS documents the report in FACIS (SACWIS). Reports that meet the NCANDS data definition are reported to NCANDS.

The Justice for Children's Committee (Children's Justice Act Task Force) is also updated annually on the handling of suspected child abuse and neglect related fatalities.

Perpetrators

Perpetrators are defined as individuals who abused or neglected a child and are the child's parent, guardian or custodian. The state information system designates one perpetrator per child per allegation.

Services

The Agency File data includes services provided to children and families where funds were used for primary prevention from the Community Based Family Resource and Support Grant. This primarily involves individuals who received benefit from parenting education classes or parent aide services.

Data are not reported by South Dakota for those elements in Chapter 6 where South Dakota data are missing.

The state of South Dakota, Division of Child Protection Services with the consent of the parent, refers every child under the age of 3 involved in a substantiated case of child abuse or neglect to the

Department of Education's Birth to Three Connections program. This program is responsible for the IDEA services. The parent or guardian is advised by the Division of Child Protection Services that with their permission, a referral to Birth to Three Connections will be made for a developmental screening of their child. The parent or guardian needs to sign a DSS Information Authorization Form before the referral is made. The parent or guardian is also given a Birth to Three Connections brochure and provided the name of the service coordinator that will be contacting them to schedule the screening. The Birth to Three Connections intake form is then completed and faxed with the Information Authorization to the Birth to Three Connections coordinators to determine eligibility and write an individual family service plan for eligible children within 45 days of the receipt of the referral. Not all children referred by the Division of Child Protection Services to the Birth to Three program are eligible for services.

Tennessee

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General

Beginning with federal fiscal year (FFY) 2016, the state allegations of drug exposed child and drug exposed infant are mapped to the NCANDS maltreatment type of physical abuse. Previously, these 2 allegations were mapped to the NCANDS category of neglect.

In looking at the underlying data in the FFY 2016 Child File, almost 36 percent of the child protective services (CPS) cases reported, contain at least one alleged child victim (ACV) with an allegation of drug exposed child or drug exposed infant.

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—sudden infant death syndrome (sids)—nonsuspicious death
- Prenatal abuse and neglect

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.

The number of reported fatalities for FFY 2016 is 41. This increase represents a normal variance, and there has been no change in the Agency's practices or policies during FFY 2016 in regard to reporting child fatalities.

Perpetrators

The following perpetrators fields are captured by the SACWIS in the case recording narrative and cannot be extracted for reporting purposes. When possible, perpetrator as caregiver is indicated in the Child File, but should be deemed as unreliable:

- Perpetrator-1 as caregiver
- Perpetrator-2 as caregiver
- Perpetrator-3 as caregiver
- Incident date

Services

The following services fields are captured by the SACWIS in the case recording narrative and cannot be extracted for reporting purposes:

- Family preservation services
- Family planning services
- Housing services
- Information and referral services

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

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General

Alternative response (AR) is a new approach that responds differently than traditional investigations to reports of abuse/neglect. It allows for a more flexible, family engaging approach while still focusing on the safety of the children as much as in a traditional investigation. AR allows screened-in reports of low to moderate risk to be diverted from a traditional investigation and serviced through an alternative family centered assessment track. There will be no change in the number or type of clients served, but some alternative response clients will be served in a different manner. Generally, the alternative response track will serve accepted child abuse and neglect cases that do not allege serious harm. AR cases will differ from traditional investigations cases in that there will be no substantiation of allegations related roles or dispositions, the names of perpetrators will not be entered into the central registry (a repository for confirmed reports of child abuse and neglect), and there will be a heightened focus on guiding the family to plan for safety in a way that works for them.

Beginning in November 2014 portions of regions 1, 3, and 11 implemented and began practicing AR to develop experience and expertise. Implementation was staggered to allow for planning and training, with 5 of 12 regions implementing AR between May 2015 and May 2016. Statewide implementation is expected to be complete by December 31, 2018.

The Structured Decision Making® (SDM) system includes a series of evidenced-based assessments used at key points in child protection casework to support staff in making consistent, accurate, and equitable decisions throughout the course of their work with families. In Texas, select SDM assessments are being implemented across the state in two phases. Phase 1 began in January 2015 with the goal of implementing the SDM Safety Assessment and Risk Assessment in Investigations by September 2015. The safety assessment provides structured information concerning the danger of immediate harm/maltreatment to a child. This assessment guides and supports decisions about whether a child may remain in the home with no intervention, may remain in the home with a safety plan in place, or must be protectively placed. The second SDM assessment tool implemented by Texas was the family risk assessment. The risk assessment is a research-based assessment that estimates the likelihood that a family will again become involved with CPS due to a subsequent maltreatment incident. The risk assessment incorporates a range of family characteristics (e.g., number of prior referrals, children's ages, and caregiver behaviors) that all demonstrate a strong correlation with subsequent child abuse/neglect referrals. In September 2016, a third SDM tool, the family strengths and needs assessment, rolled out statewide and is used in Family Based Safety Services (FBSS) and conservatorship cases to assess family strengths and needs and to help inform the family plan of service. Phase II may include the roll out of two additional SDM tools, the risk reassessment and the family reunification assessment, which may occur in fiscal year (FY) 2018.

Reports

All reports of maltreatment within the jurisdiction of the Department of Family and Protective Services (DFPS) are investigated, excluding those which during the screening process are determined not to warrant an investigation based on reliable collateral information.

The state considers the start of the investigation to be the point at which the first actual or attempted contact is made with a principal in the investigation. In some instances, the worker will get a report about a new incident of abuse or neglect involving a family who is already being investigated or receiving services in an open child protective services (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, reason to believe (RTB), unable to determine (UTD), unable to complete (UTC), and ruled out (R/O). Mapping for NCANDS reporting is; RTB is coded to substantiated, UT is coded to other, UTC is coded to closed-no finding, and R/O is coded to unsubstantiated. An inconsistency in the hierarchies for the state and for NCANDS occurs in investigations where an alleged victim has multiple maltreatment allegations and one has a disposition of UTD while the other has a maltreatment disposition of R/O. According to the state's hierarchy, the overall disposition for these investigations is UTD. Mapping the report disposition to unsubstantiated as indicated in the NCANDS's Report Disposition Hierarchy report would be inconsistent with state policy.

There is no CPS program requirement or state requirement to capture incident date, so there is no data field in the SACWIS system for this information. This is a historical problem; the date that an abuse/neglect incident occurred does not conform to only one date if abuse/neglect is ongoing. Therefore, identifying one date would be inaccurate.

Children

The state does not make a distinction between substantiated and indicated victims.

A child has the role of designated victim when he or she is named as a victim in an allegation that has a disposition of reason to believe.

A child (age 10 or older) has the role of designated perpetrator when he or she is named as a perpetrator in an allegation that has a disposition of reason to believe.

A child (age 10 or older) has the role of designated both (i.e., designated victim and designated perpetrator in the same case) when he or she is named as a victim in an allegation that has a disposition of reason to believe and as a perpetrator in an allegation that has a disposition of reason to believe.

A person (child or adult) has the role of unknown (unable to determine) when he or she is named in an allegation that has a disposition of unable to determine but is not named in another allegation that has a disposition of reason to believe.

A person (child or adult) has the role of unknown (unable to complete) when he or she is named in an allegation that has a disposition of unable to complete but is not named in another allegation that has a disposition of reason to believe or unable to determine.

A person (child or adult) has the role of not involved when all the allegations in which the person is named have a disposition of ruled out, the overall disposition for the investigation is administrative closure, or the person was not named in an allegation as a perpetrator or victim.

The state can provide data for living arrangement at the time of the alleged incident of maltreatment only for children investigated while in a substitute care living situation. All others are reported as unknown.

Fatalities

The source of information used for reporting child maltreatment fatalities is the reason for death field contained in the DFPS IMPACT system. DFPS uses information from the state's vital statistics department, child death review teams, law enforcement agencies and medical examiners' offices when reporting fatalities. 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. Also, DFPS uses information gathered by law enforcement and medical examiners' offices to reach dispositions in the child fatalities investigated by DFPS. Other agencies, however, have different criteria for assessing and evaluating causes of death that may not be consistent with the child abuse/neglect definitions in the Texas Family Code and/or may not be interpreted or applied in the same manner as within DFPS.

During federal fiscal year (FFY) 2016, child fatalities due to abuse or neglect increased compared to the prior year. Trends noted include an increase in drownings and neglectful supervision-related vehicle accidents in the gulf bend area (Region 6) and increases in physical abuse and medical-related fatalities in the Dallas/Ft. Worth area (Region 3). Other factors impacting child fatalities include higher crime/domestic violence than in previous years reported in the Dallas/Ft. Worth area. Additional training has been provided with staff and community partners on reporting child fatalities where there are concerns for abuse or neglect, both during the child's life and as a component of the child's death. There have been no changes to policy or practice made during FFY 2016 that would impact this increase.

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 parent perpetrators does not distinguish between relative/nonrelative.

Utah

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General

Utah has one statewide centralized call-in center for intake functions. Department of Children and Family Services (DCFS) intake staff are available 24-hours a day, and having a centralized call-in center is meant to improve statewide consistency in screening functions.

Reports

The investigation start date is defined as the date a child is first seen by child protective services (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 (CPS) worker has followed the steps outlined in child and family services practice guideline and has made reasonable efforts, the child and family services CPS 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 federal fiscal year (FFY) 2016, the NCANDS category of "other" maltreatment type included the state categories of failure to protect, dependency, safe relinquishment of a newborn, and pediatric condition falsification. As of FFY 2016, the state category of failure to neglect is being mapped to the NCANDS category of neglect. 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.

In 2011–2012 Utah DCFS 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 have led to an increase in the number of sexual abuse cases investigated.

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

As of April 2015, Utah's CPS workers no longer screen for developmental delays. As a result, IDEA Part C referrals are no longer reported to NCANDS. DCFS now directly refers children to the Utah early intervention agency to better meet the requirements outlined in the Child Abuse Prevention and Treatment Act (CAPTA) regarding the "referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under part C of the Individuals with Disabilities Education Act." Since April, a list of every child 34 and a half months or younger, with a supported finding of abuse or neglect is sent to the Utah Department of Health's Baby Watch Early Intervention Program (BWEIP), which then contacts the family to offer their screening services. In addition, DCFS sends a letter to each family to inform them of this mandatory referral and encourage them to accept the screening.

In FFY 2016, Utah changed the way services are reported to NCANDS. Old services are no longer reported to NCANDS, and as a result, there was a decrease in the percentage of children with services for FFY 2016 as compared to FFY 2015.

Finally, prevention services in the Agency File are only reported in children served and not families served in order to avoid duplication; however, a child may be counted twice if they received services from different agencies receiving money from the same funding source.

Vermont

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General

Vermont has a differential response program with an assessment track and an investigation track. About 40 percent of cases are assigned to the assessment pathway.

In the assessment pathway, the disposition options are services needed and no services needed. Cases assigned to the assessment pathway may be switched to the investigation pathway, but not vice versa. Data from both pathways are reported to NCANDS. The Family Services Division is responsible for responding to allegations of child abuse or risk of harm by caregivers and sexual abuse by any person (not just caregivers). In addition to conducting our statutory child abuse investigations and assessments, we also have an option to conduct family assessments. These family assessments do not meet statutory requirements for abuse and neglect but provide an option to engage with families where there are concerns. Because these family assessments are not part of our abuse and neglect statute, they are not reflected in our data. However, it is important to acknowledge that on an annual basis, we conduct approximately 1,000–1,200 family assessments.

Reports

Vermont operates a statewide child protection hotline, available 24-hours a day, 7-days a week. All intakes are handled by social workers and screening decisions are handled by hotline supervisors. These same supervisors make the initial track assignment decision. All calls to the child abuse hotline are counted as referrals, resulting in a very high rate of referrals per 1,000 children, and making it appear that Vermont has a very low screen-in rate. Reasons for screening a report out include: (1) duplicate report (2) report does not concern child maltreatment as defined in state statute.

Children

The Family Services Division is responsible for investigating allegations of child abuse or neglect by caregivers and sexual abuse by any person. The department investigates risk of physical harm and risk of sexual abuse.

Fatalities

The department is an active participant in Vermont's Child Fatality Review Committee.

Perpetrators

For sexual abuse, perpetrators include noncaregiver perpetrators of any age.

Services

Following an investigation or assessment, a validated risk assessment tool is applied. If the family is classified as at high- or very high-risk for future child maltreatment, the family is offered in-home services, and may be referred to other community services designed to address risk factors and build protective capacities.

Virginia

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General

In accordance with Virginia Administrative Code 22VAC40-705-130(A)(3) the record of the unfounded case shall be purged one year after the date of the complaint or report if there are no subsequent founded or unfounded complaints and/or reports regarding the individual against whom allegations of abuse and/or neglect were made or regarding the same child in that one year. Therefore, with each subsequent data resubmission, there is a decrease in the number of unsubstantiated reports submitted.

The Virginia Administrative Code 22VAC40-705-10 defines family assessment as the collection of information necessary to determine:

- The immediate safety needs of the child
- The protective and rehabilitative services needs of the child and family that will deter abuse or neglect
- Risk of future harm to the child
- Alternative plans for the child's safety if protective and rehabilitative services are indicated and the family is unable or unwilling to participate in services. These arrangements may be made in consultation with the caretaker(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 to NCANDS as alternative response nonvictim.

Many family assessment cases were not reported to NCANDS because of unknown maltreatment type. An edit was applied in the case management system during federal fiscal year (FFY) 2014 to address the issue resulting in fewer errors.

The response time is determined by the priority assigned to the valid report based on the information collected at intake. It is measured from the date of the report. The department continues to seek improvements to the automated data system and to provide technical assistance to local departments of social services to improve documentation of the initial response to the investigation or family assessment.

Children

Virginia reports family assessment cases to NCANDS as alternative response nonvictim.

Washington

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General

A Structured Decision Making intake screening tool (SDM) was implemented in late 2013, which supported the development of a two-pathway response for child protective services (CPS) response when there are allegations of child abuse and neglect (CA/N) and clear definitions for CPS risk-only intakes.

CPS risk-only intakes involve a child whose circumstances places him or her at imminent risk of serious harm without any specific allegations of abuse or neglect. When CPS risk-only intakes are screened in: (1) the children must be seen by a CPS investigator within 24 hours, (2) a complete investigation is required, and (3) if the investigator finds evidence of abuse or neglect, a victim and findings will be recorded, and the record will be included in the NCANDS Child File. CPS risk-only intakes are not currently submitted to NCANDS because there is not a substantiation of maltreatment. It should be noted that since CPS risk-only intakes do receive a full investigation, it is requested that they be included in the federal fiscal year (FFY) 2017 report to provide an accurate reflection of the number of CPS cases being investigated and assessed. Adding CPS risk-only intakes would increase the total number of reports by 1,979.

During 2012, Washington's Children's Administration (CA) actively prepared for the start of a new CPS differential response pathway, called family assessment response (FAR), as the demonstration project for Washington's IVE Waiver. This preparation included eliminating the alternative response (10-day response intakes) and developing a two-pathway response for CPS intakes: investigation which requires a 24- or 72-hour response time, and FAR, requiring a 72-hour response. Intakes screened to FAR predominately contain allegations for neglect and are considered low risk, not requiring an immediate response. The SDM provides consistency in screening, and it guides intakes with neglect allegations considered low risk to the FAR pathway. Intakes with chronicity indicators or allegations of moderate to severe physical abuse and all sexual abuse allegations are screened to the investigation pathway. Intakes with any allegations for physical abuse for children ages 0 to 3 or on an active dependency are screened to investigation. This two-pathway response began in January 2014 in three offices and continues to be phased-in across the state. The department has implemented the FAR pathway in 43 offices. It is expected that FAR will be fully implemented in the remaining 3 offices by June of 2017.

Up until FFYs 2013–2014, alternative response (10-day response) was assigned to intakes containing low-risk allegations. Services were offered to families with children through community-based contracted providers.

Reports

To be screened in for CPS intervention, intakes must meet sufficiency. Washington's sufficiency screening consists of three criteria:

- Allegations must meet the Washington Administrative Code (WAC) for child abuse and neglect.
- The alleged victim of child abuse and neglect must be younger than 18 years.
- The alleged subject of child abuse or neglect has a role of parent, acting in loco parentis, or unknown.

Intakes that do not meet one of the above criteria are not screened in for a CPS response unless there is imminent risk of harm (CPS risk only) to the child. Intakes that allege a crime has been committed but do not meet Washington's screening criteria are referred to the law enforcement jurisdiction where the alleged crime occurred. CPS risk only intakes receive an investigation with a 24- or 72-hour response.

Intakes screened to the FAR pathway do not receive a CPS finding. Additionally, FAR intakes are mapped as alternative response (AR) nonvictim in NCANDS and don't receive findings on allegations, so the maltreatment types are currently mapped to the NCANDS category of "other" maltreatment types. In FFY 2015, there was a significant increase in intakes screened to the FAR pathway from FFY 2014, thus eliminating a large pool of victims receiving a finding. The increase in the number of intakes screened to the FAR pathway in FFY 2015 is a result of the staggered implementation of the FAR pathway across the state. In FFY 2016, there was a similar increase in intakes screened to the FAR pathway from FFY 2015 because of additional offices implementing FAR and due to additional training and consultation on the SDM intake screening tool and FAR pathway. In offices that have not launched FAR, intakes screened to FAR using the SDM are diverted back to an investigation pathway, allowed under the Washington state statute.

During FFYs 2014–2015, there was a significant increase noted for 24-hour emergent intakes, both with allegations of CA/N and CPS risk only. Also during FFYs 2014–2015, there was an enhanced focus on child safety related to children age 0–3. A new intake policy was implemented requiring that screened-in physical abuse intakes regarding children 0–3 would be investigated, and children would be seen within 24 hours. In FFY 2016, there was again an increase in CPS risk only and 24-hour emergent intakes.

The Department of Licensed Resources (DLR), CPS, and DLR-CPS risk-only intakes alleging, abuse or neglect of 18–21 year olds in facilities licensed or certified to care for children require a complete investigation. If, during the investigation, it is determined that a child younger than 18 also was allegedly abused by the same perpetrator, the investigation would then meet the criteria for a CPS investigation rather than a CPS risk only investigation. A victim and findings will be recorded, and the record will be included in the NCANDS Child File. For intakes containing child abuse and neglect allegations, response times are determined based on the sufficiency screen and intake screening tool. Response times of 24 hours or 72 hours are determined based on the imminent risk assessed by the intake worker.

Children

An alleged victim is reported as substantiated if any of the alleged child abuse or neglect was founded. The alleged victim is reported as unsubstantiated if all alleged child abuse or neglect identified was unfounded. The NCANDS category of "other" disposition previously included the number of children in inconclusive investigations. Legislative changes resulted in inconclusive no longer being a findings category. The NCANDS category of neglect includes medical neglect.

An analysis of common risk factors found for Washington state families involved in CPS since 2009 have shown an increase in negative outcomes over time. The risk factors are parent criminality, parent mental illness, parent substance abuse, family economic stress, domestic violence and family homelessness. In addition to the increase in negative outcomes, the families have more risk factors

per individual family than in previous years. Negative outcomes are recurrence, 90-day placement rate, founded rate and families with a new founded or child(ren) placed within 365 days of investigation completion. This may assist in explaining the increased number of CPS intakes overall and a substantial increase in the number of 24-hour response times for CPS investigations.

Fatalities

The state includes child fatalities that were determined to be the result of abuse or neglect by a medical examiner or coroner or if there was a CPS finding of abuse or neglect. The state previously counted only those child fatalities where the medical examiner or coroner ruled the manner of death was a homicide. Washington only reports fatalities in the Agency File.

Perpetrators

The perpetrator relationship value of residential facility provider/staff is mapped to the NCANDS value of group home or residential facility staff based on whether the child was in an open placement. When residential facility provider/staff is selected and the child is in foster care, then it is mapped to group home or residential facility staff. If the child was abused by residential facility provider/staff and the child was not in an open placement, the perpetrator relationship is mapped to the NCANDS category of "other" perpetrator relationship. The NCANDS category of "other" perpetrator relationship includes the state categories of other and babysitter.

The parental type relationship is a combined parent birth/adoptive value. Because the NCANDS field separates biological and adoptive parent and Washington's system does not distinguish between the two, parent birth/adoptive is mapped to the NCANDS category of unknown parent relationship.

Services

Families receive prevention and remedial services from the following sources: community based services such as public health nurses, infant mental health, Head Start and the Parent-Child Assistance Program, contracted services, including several evidence-based practices such as Homebuilders, Incredible Years, Safe Care, Triple P, Parent-Child Interaction Therapy, and Promoting First Relationships. Families can also receive CPS childcare, family reconciliation services, family preservation, and intensive family preservation services. The number of recipients of the community-based family resource and support grant is obtained from community-based child abuse prevention (CBCAP).

West Virginia

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General

West Virginia does not have a differential response program.

Reports

During this NCANDS reporting period, Centralized Intake instituted a change in screening policy regarding recurrent reports on the same family due to the high occurrence of substance abuse statewide. The new policy indicates when the allegations meet legal definition for acceptance of the report for assessment, subsequent recurrent reports on the same family within a 30-day period from the acceptance date are screened out. After the 30-day period, any additional reports on a family with an existing or open assessment are treated as a new report and will receive a screening decision based on the code requirements, without consideration of current, open assessments. This policy change produced a lower number of screened-out decisions, as prior to the 30-day time period being applied, the practice allowed any recurrent referrals to be screened out and added to the existing open assessment, even if the initial assessment had been opened over 30 days prior.

The increase in the number of hours for responding to the initial assessment during the current reporting period in comparison to last year was influenced by multiple contributing factors. These factors include an increase in the number of reports alleging abuse and neglect, staffing issues including turnover, backlogged assessments, difficulty locating the family, documentation entered into the system late, as well as both data entry and system errors.

Fatalities

In federal fiscal year (FFY) 2016, the Department made a policy change to include the investigation of child fatalities for which there were no other children in the home. As these fatalities would not have been included by the Department in prior FFYs, the fatality count for FFY 2016 displays an increase.

In 2016, West Virginia experienced ongoing and increased illegal drug use in our state. The review team data for critical incidents reflects the crisis West Virginia is experiencing with drug use. Of the 13 child fatality cases reviewed by our critical incident team, only one case did not have substance abuse as a factor either in the death or as a historical factor with the family. Of the 13 cases reviewed, 2 children died as a result of drug overdoses.

Wisconsin

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General

There were no significant state policy changes that affect the data submission. However, multiple revisions to the Statewide Automated Child Welfare Information System (SACWIS) were made recently to prevent some errors from occurring in the future. For example, our SACWIS system has been revised to better report on the investigation start time field which tracks instances of where an investigation start time was submitted, but the start date was not. This field had 1,056 errors in federal fiscal year (FFY) 2015 and no errors in FFY 2016. Wisconsin also began reporting on the questions related to the Individuals with Disabilities Education Act (IDEA) in the Agency File.

Reports

The state data are child-based where each report is associated with a single child. The report date refers to the date when the agency was notified of the alleged maltreatment and the investigation start date refers to the date when the agency made initial contact with the child or other family member. In Wisconsin's child protective services (CPS) system, several maltreatment reports for a single child may be assessed in a single investigation.

There are a variety of reasons why a report might be screened out. In most cases, screened-out reports are those reports where the information provided does not constitute maltreatment of a child or risk of maltreatment of a child. Additionally, when multiple reports are made about the same maltreatment, the subsequent reports may be screened out. In Wisconsin, CPS agencies are currently not required to investigate instances of abuse by noncaregivers, so those reports may be screened out. In rare instances cases may be screened out because there is not enough identifiable information to do an assessment. Finally, cases may be screened out because jurisdiction more properly rests with another state.

Certain counties in Wisconsin have implemented alternative response (AR). Maltreatment disposition for AR assessments result in identifying whether services are needed and will appear in NCANDS as alternative response nonvictim dispositions.

Children

A child is considered to be a victim when an allegation is substantiated. The NCANDS unsubstantiated maltreatment disposition includes instances where the allegation was unsubstantiated for that child, or when critical sources of information cannot be found or accessed to determine whether 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 Department of Children and Families is involved in compiling child maltreatment fatality information; all fatalities are reported in the Child File.

Perpetrators

Perpetrators and perpetrator detail is included for allegations in which the child was substantiated. The NCANDS category of "other" perpetrator relationship includes perpetrators who are not primary or secondary caregivers to the child (i.e. noncaregivers) such as another child or peer to the child victim or a stranger. As described above, there are no substantiations in AR cases, so the alleged perpetrators in AR cases will not show up as substantiated perpetrators. Services, if needed, are established through an assessment determination, not a determination about a specific perpetrator.

Services

The state continues to support data quality related to service documentation and ultimately to modify the NCANDS file to incorporate services reporting for future data submissions.

Wyoming

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The state did not provide commentary in time for the release of the *Child Maltreatment 2016* report.