

Child Maltreatment 2024



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



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Child Maltreatment

2024



Questions and More Information

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

Data Sets

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

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Acknowledgements

The Children’s Bureau in the Administration on Children, Youth and Families (ACYF), the Administration for Children and Families (ACF), within the U.S. Department of Health and Human Services (HHS), strives to ensure the wellbeing of our Nation’s children through many programs and activities. One such activity is the National Child Abuse and Neglect Data System (NCANDS) of the Children’s Bureau. National and state statistics about child maltreatment are derived from the data collected by child protective services agencies and reported to NCANDS. The data are analyzed, disseminated, and released in an annual report. *Child Maltreatment 2024* marks the 35th 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 2024 national statistics are based upon receiving case-level and aggregate data from 50 states, the Commonwealth of Puerto Rico, and the District of Columbia. CB/ACYF/ACF/HHS wishes to thank the many people who made this publication possible. The Children’s Bureau has been fortunate to collaborate with informed and committed state personnel who work hard to provide comprehensive data, which reflects the work of their agencies.

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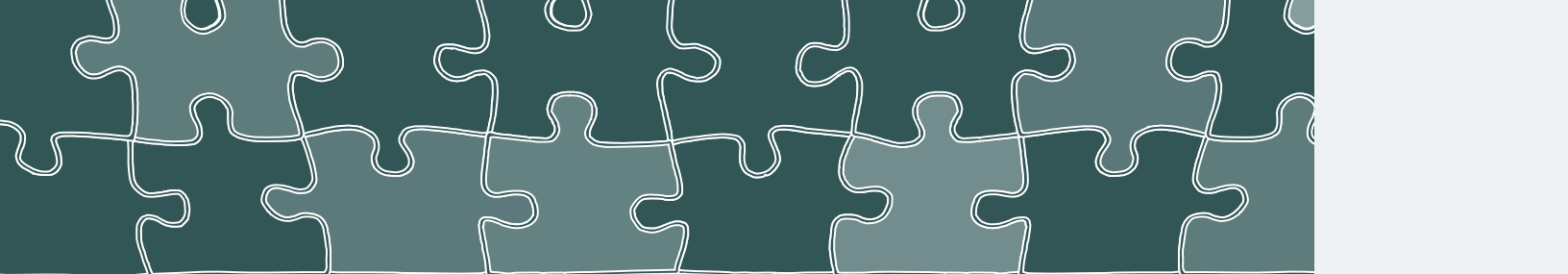
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Summary

Overview

All 50 states, the Commonwealth of Puerto Rico, and the District of Columbia 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.

CAPTA recognizes individual state authority by providing this minimum federal definition of child abuse and neglect. Each state defines child abuse and neglect in its own statutes and policies and the child welfare agencies determine the appropriate response for the alleged maltreatment based on those statutes and policies. While the purpose of the National Child Abuse and Neglect Data System (NCANDS) is to collect nationally standardized aggregate and case-level child maltreatment data, readers should exercise caution in making state-to-state comparisons. States map their own codes to the NCANDS codes.

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 amendment 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 (ACYF), the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS). NCANDS was established and remains as a voluntary system, meaning there are not

any fines or penalties for not submitting one or more fields or even an entire submission. The data are submitted each January by the 50 states, the Commonwealth of Puerto Rico, and the District of Columbia (referred to as the 52 states in NCANDS). The first report from NCANDS was based on data for 1990.

How are the data used?

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

What data are collected?

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

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

Where are the data available?

The Child Maltreatment reports from this edition back to 1995 are available on the Children's Bureau website at <https://acf.gov/cb/data-research/child-maltreatment>. If you have questions or require additional information about this report, please contact the Child Welfare Information Gateway at info@childwelfare.gov or 1-800-394-3366.

Restricted use files of NCANDS submissions are archived at the National Data Archive on Child Abuse and Neglect (NDACAN) at Cornell University <https://www.ndacan.acf.hhs.gov>. Researchers who are interested in using these files for statistical analyses may contact NDACAN by phone at 607-255-7799 or by email at ndacan@cornell.edu. See chapter 1 for more information about NCANDS and the data collection.

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

For 2024, CPS agencies received a national estimate of 4,365,000 total referrals alleging child abuse and neglect. These referrals include approximately 7,693,000 children. The national rate of screened-in referrals (reports) is 28.0 per 1,000 children in the national population. Among the 48 states that report both screened-in and screened-out referrals, 47.1 percent of referrals are screened-in and 52.9 percent are screened-out.

Who reported child maltreatment?

For 2024, professionals submitted 70.9 percent of reports alleging child abuse and neglect. The term professional means that the person has contact with the alleged child maltreatment victim as part of his or her job. This term includes teachers, police officers, lawyers, and social services staff. The highest percentages of reports are from legal and law enforcement personnel (21.8%), education personnel (20.8%), and medical personnel (11.0%).

Nonprofessionals, including friends, neighbors, and relatives, submitted fewer than one-fifth of reports (14.7%). Unclassified sources submitted the remaining reports (14.4%). Unclassified includes anonymous, “other,” and unknown report sources. States use the code “other” for any report source that does not have an NCANDS designated code. See Appendix D, State Commentary, for additional information provided by the states as to what is included in “other.” See chapter 2 for more information about referrals and reports.

Who were the child victims?

For FFY 2024, there are 532,228 victims of child abuse and neglect nationally. The victim rate is 7.2 victims per 1,000 children in the population. (See chapter 3.) Victim demographics include:

- Children younger than 1 year old have the highest rate of victimization at 20.1 per 1,000 children of the same age in the national population.
- The victimization rate for girls is 7.6 per 1,000 girls in the population, which is higher than boys at 6.8 per 1,000 boys in the population.
- American Indian or Alaska Native children have the highest rate of victimization at 13.3 per 1,000 children in the population of the same race or ethnicity.
- Black or African-American children have the second highest rate at 11.8 per 1,000 children of the same race or ethnicity.

What were the most common types of maltreatment?

NCANDS collects all maltreatment type allegations, however only those maltreatments with a disposition of substantiated or indicated are included in the Child Maltreatment report. A child may be determined to be a victim multiple times within the same FFY and up to four different maltreatment types in each victim report. In this report, maltreatment type data were analyzed two different ways: using a duplicate count of victims to focus on single types of maltreatment and using a unique count of victims with a duplicate count of maltreatment types to focus on substantiations. For both

analyses, the majority of victims experience neglect. For FFY 2024, 63.3 percent of victims experience neglect only and 79.3 percent experience neglect either alone or in combination with another maltreatment type.

How many infants with prenatal substance exposure are there?

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

FFY 2024 data shows 45,645 infants in 48 states being referred to CPS agencies as infants with prenatal substance exposure. The majority (69.0%) of IPSE were screened-in to CPS to receive either an investigation or alternative response. For FFY 2024, 35 states reported 21,092 screened-in IPSE (69.9%) have a plan of safe care and 34 states reported 19,597 screened-in IPSE (65.9%) have a referral to appropriate services.

What risk factors do caregivers have?

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

In 39 reporting states, 101,059 victims (25.1%) have the drug abuse caregiver risk factor and in 36 reporting states, 109,772 victims (27.6%) have the domestic violence caregiver risk factor. See chapter 3 for more information about maltreatment victims.

How many children died from abuse or neglect?

Child fatalities are the most tragic consequence of maltreatment. For FFY 2024, 52 states reported 1,773 children died from abuse and neglect at a rate of 2.41 per 100,000 children in the population. See chapter 4 for more information about child fatalities. The child fatality demographics show:

- The youngest children are the most vulnerable to maltreatment, with children younger than 1 representing 44.5 percent of child fatalities; a fatality rate of 22.65 per 100,000 children in that age range.
- Boys have a higher child fatality rate at 2.87 per 100,000 boys in the population when compared with girls at 2.13 per 100,000 girls in the population.
- The rate of Black or African-American child fatalities (6.11 per 100,000 Black or African-American children) is 3.5 times greater than the rate of White children (1.75 per 100,000 White children) and 4.4 times greater than the rate of Hispanic children (1.39 per 100,000 Hispanic children).

Who abused and neglected children?

A perpetrator is the person who is responsible for the abuse or neglect of a child. Fifty-two states reported 410,676 perpetrators. See chapter 5 for more information about perpetrators of maltreatment. The analyses of case-level data show:

- The majority (69.4%) of perpetrators are between the ages of 25 and 44 years old.
- More than one-half (51.9%) of perpetrators are female, 47.0 percent of perpetrators are male, and 1.1 percent have an unknown sex.
- The three largest percentages of perpetrators are White (45.1%), Hispanic (21.8%), and Black or African-American (21.7%).
- The majority (76.3%) of perpetrators are parents to their victim.

Who received services?

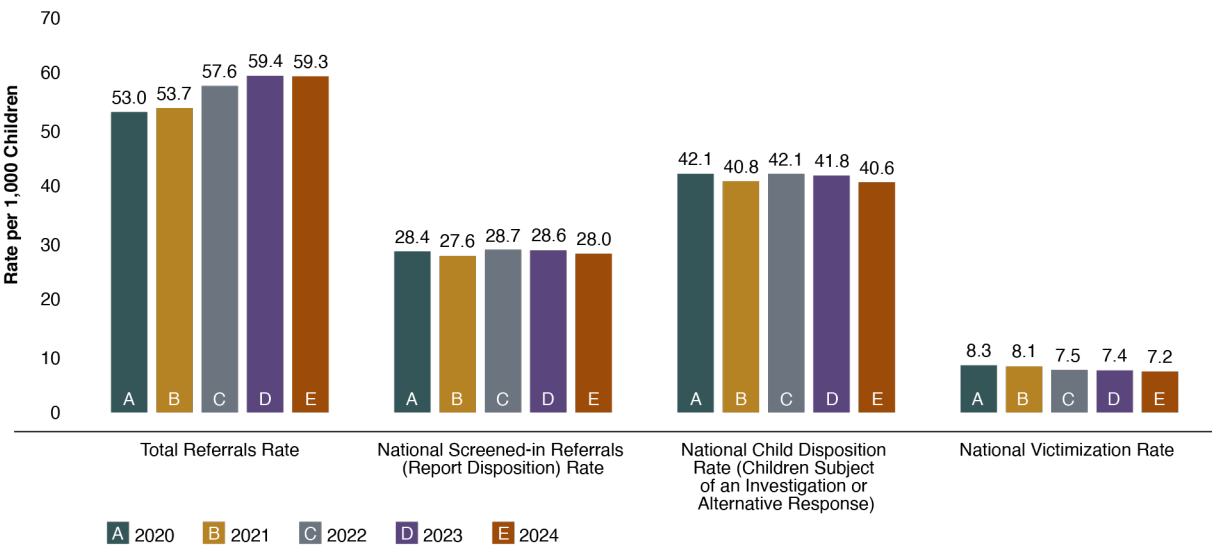
CPS agencies provide services to children and their families, both in their homes and in foster care. Reasons for providing services may include (1) preventing future instances of child maltreatment and (2) remedying conditions that brought the children and their family to the attention of the agency. See chapter 6 for more information about children and their families who received services. During 2024:

- Forty-six states reported an estimated (2,230,175) children received prevention services.
- Fifty-one states reported 880,436 children (both victims and nonvictims) received postresponse services from a CPS agency.
- More than one-half (56.8%) of victims and one-fifth (20.4%) of nonvictims received postresponse services.

National Summary

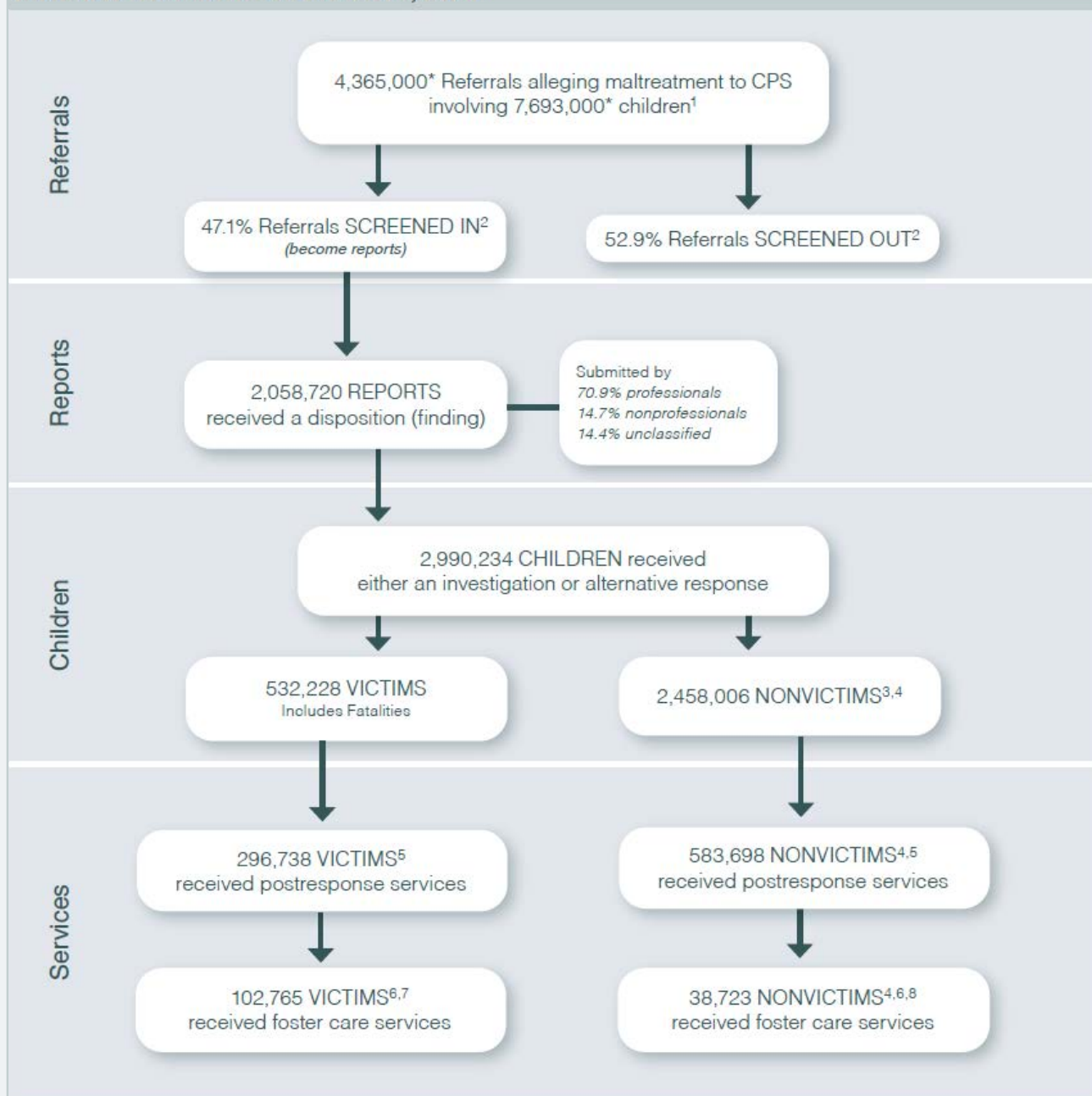
A summary of national rates per 1,000 children is provided below (S–1) and a one-page chart of key statistics from the annual report is on the following page (S–2). Please refer to the individual chapters for more information about these statistics.

Exhibit S–1 Summary Child Maltreatment Rates per 1,000 Children, 2020–2024



Based on data from 52 states for FFY 2020–2024.

Exhibit S–2 Statistics at a Glance, 2024



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

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

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

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

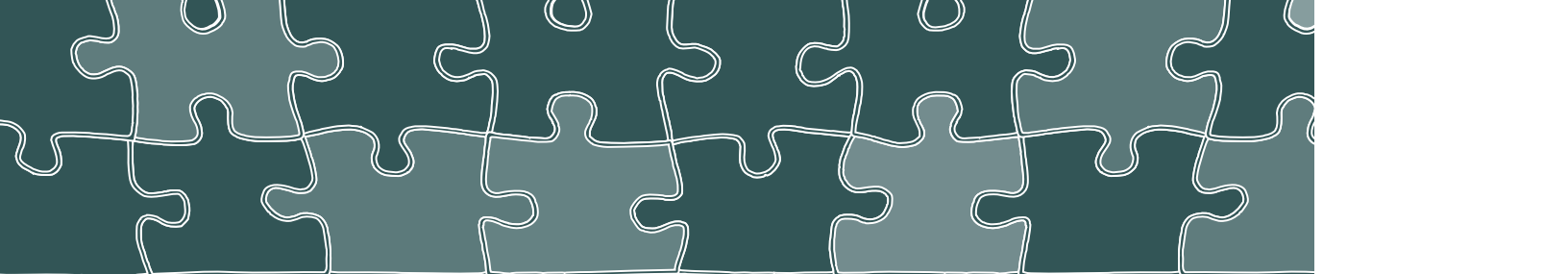
⁴ Includes children who received an alternative response.

⁵ Based on data from 51 states. These are duplicate counts.

⁶ These are duplicate counts. Only the children who are removed from their home on or after the report date and up to 90 days after the disposition date are counted.

⁷ Based on data from 50 states.

⁸ Based on data from 48 states.



Introduction

CHAPTER 1

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

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

Child Maltreatment 2024 presents national data about child abuse and neglect known to child protective services (CPS) agencies in the United States during federal fiscal year (FFY) 2024. The data are collected and analyzed through the National Child Abuse and Neglect Data System (NCANDS), which is an initiative of the Children’s Bureau.

Approximately 50 data tables and exhibits are included in the Child Maltreatment report each year. Certain analyses are determined by federal legislation, while others are in response to the needs of federal agencies, policy decision makers, child welfare professionals, and researchers.

Background of NCANDS

The Child Abuse Prevention and Treatment Act (CAPTA) was amended in 1988 (P.L. 100–294) to direct the Secretary of HHS to establish a national data collection and analysis program, which would make available state child abuse and neglect reporting information. NCANDS was established and remains 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 35th edition. During 1996, CAPTA was amended to require all states that receive funds from the Basic State Grant program to work with the Secretary of HHS to provide specific data, to the maximum extent practicable, about children who had been maltreated. Subsequent CAPTA amendments added data elements and readers are encouraged to review Appendix A, CAPTA Data Items, most of which are reported by states to NCANDS.

A successful federal-state partnership is the core component of NCANDS. The 50 states, the Commonwealth of Puerto Rico, and the District of Columbia (referred to as the 52 states in NCANDS and in this report) each designate one person to be the NCANDS state contact. The 52 state contacts work with the Children’s Bureau and the NCANDS Technical Team to uphold the high-quality standards associated with NCANDS data. Webinars, technical bulletins, virtual meetings, email, and phone conferences are used regularly to facilitate information sharing and provision of technical assistance.

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

Annual Data Collection Process

The NCANDS reporting year is based on the FFY calendar, which for Child Maltreatment 2024 is October 1, 2023, through September 30, 2024. States submit case-level data by constructing an electronic file of child-specific records for each report of alleged child abuse and neglect that received a CPS response. Each state’s file only includes completed reports with a disposition (or finding) as an outcome of the CPS response during the reporting year. The data submission containing the case-level data are 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 is 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 January. For more information about the Child File and Agency File please go to the Children’s Bureau website at <https://acf.gov/cb/data-research/ncands>.

Upon receipt of data from each state, a technical validation review assesses internal consistency and identifies probable causes for any missing data. If the reviews conclude that corrections are necessary, the state may be asked to resubmit its data.

As part of their annual submission, states also have the opportunity to give context to their data by providing information about policies, procedures, and legislation. An explanation about a change in state data may be provided in an earlier edition of the Child Maltreatment report. When states make major system changes, such as implementing a new Comprehensive Child Welfare Information System (CCWIS), new screening tools, additional functionality, etc., the state may not have the ability to report some or all fields for a time. States are encouraged to submit or resubmit data to correct errors or report data that were not able to be reported previously. At times, the level of evidence needed to determine maltreatment occurred may change for a state. This type of change affects which referrals alleging maltreatment are screened in for a CPS response. Information about states’ structure and level of evidence are provided in Appendix C, State Characteristics and context about states’ data are provided in Appendix D, State Commentary.

For FFY 2024, 52 states submitted both a Child File and an Agency File. A state may resubmit prior years' data for multiple reasons including:

- To fix incorrect data.
- To report data that were not previously available due to system, personnel, policy, or legislative reasons.
- To reflect changes in policy, practice, and legislation (for example, implementing or phasing out an alternative response program, changing dispositions, etc.).
- Pending court cases were resolved or new cases overturned previous determinations.

The most recent data submissions or resubmissions from states are included in trend tables and this may account for some differences in the counts from previous reports. All 52 states submitted data to NCANDS for FFYs 2020–2024 and the *Child Maltreatment 2024* report displays most 5-year trend analyses at the state level. Some national level data are presented with estimates for missing data. These tables are discussed in each chapter.

2020 Census

With each Child Maltreatment report, the most recent population data from the U.S. Census Bureau are used. *Child Maltreatment 2024* uses population estimates based on the 2020 Census. The population estimates for 2020–2024 are the most recently updated estimates based on the 2020 census.¹ See [table C–2](#). Information about the population estimates may be found at <https://www.census.gov/>.

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 is available on the Children's Bureau website at <https://www.acf.gov/cb>.

- **Child Welfare Outcomes: Report to Congress:** This annual report presents information on state and national performance in seven outcome categories. Data for the Child Welfare Outcomes measures and the majority of the context data in this report come from NCANDS and the Adoption and Foster Care Analysis and Reporting System (AFCARS). The reports are available on the Children's Bureau's website at <https://acf.gov/cb/data-research/child-welfare-outcomes>.
- **Child and Family Services Reviews (CFSRs):** The Children's Bureau conducts periodic reviews of state child welfare systems to ensure conformity with federal requirements, determine what is happening with children and families who are engaged in child welfare services, and assist states with helping children and families achieve positive outcomes. States develop Program Improvement Plans to address areas revealed by the CFSR as in need of improvement. For CFSR Round 4, NCANDS data are the basis for two of the CFSR national data indicators, Recurrence of Maltreatment and Maltreatment in Foster Care. NCANDS data are also used for data quality checks and context data.

¹ U.S. Census Bureau, Population division. (2024). *Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2024; (SC-EST2024-ALLDATA6) [data file]*. Retrieved June 2025 <https://www.census.gov/newsroom/press-kits/2025/2024-population-estimates-characteristics.html> and *Annual Estimates of the Resident Population by Single Year of Age and Sex for the Puerto Rico Commonwealth: April 1, 2020 to July 1, 2024 (PRC-EST2024-SYASEX) [data file]*. Retrieved June 2025 from <https://www.census.gov/newsroom/press-kits/2025/2024-population-estimates-characteristics.html>

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

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

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

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

Structure of the Report

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

By making changes designed to improve the functionality and practicality of the report each year, the Children's Bureau endeavors to increase readers' comprehension and knowledge about child maltreatment. Feedback regarding changes, suggestions for potential future changes, or other comments related to the Child Maltreatment report are encouraged. Please provide feedback to the Children's Bureau's Child Welfare Information Gateway at info@childwelfare.gov. The *Child Maltreatment 2024* report contains the additional chapters listed below.² Most data tables and notes discussing methodology are at the end of each chapter:

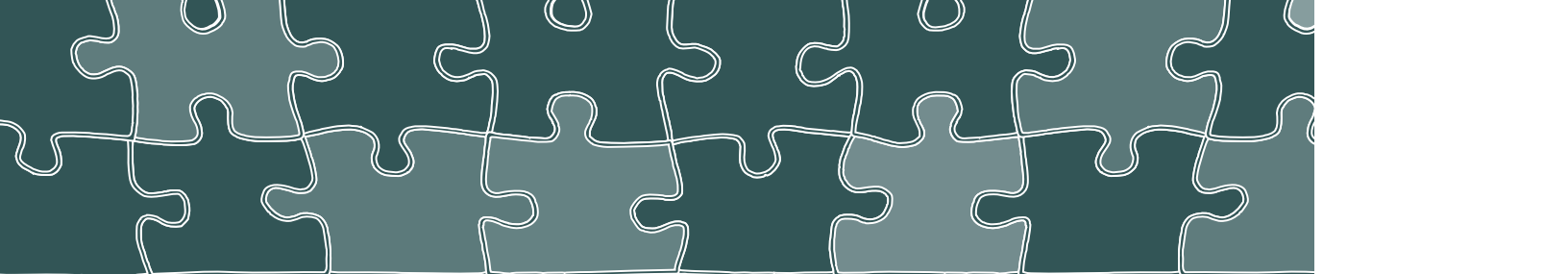
- **Chapter 2, Reports**—referrals and reports of child maltreatment.
- **Chapter 3, Children**—characteristics of victims and nonvictims.
- **Chapter 4, Fatalities**—fatalities that occurred as a result of maltreatment.
- **Chapter 5, Perpetrators**—characteristics of perpetrators of maltreatment.
-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

² A *Special Focus* chapter is not included in the *Child Maltreatment 2024* report.

The report includes the following resources:

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

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



Reports

CHAPTER 2

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

Screening

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

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

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

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

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

The number and rate per 1,000 children of screened-in referrals (reports) have fluctuated during the past 5 years, even though data was submitted by all 52 states for each of the 5 years of this analysis. (See [table 2–1](#) and related notes.) States reported the largest number of screened-in referrals at 2,123,934 in FFY 2020 and the lowest at 2,045,884 during FFY 2021. The COVID-19 Pandemic was the number one reason cited by states for the decrease in screened-in referrals during FFY 2021 (see prior editions of Child Maltreatment). For FFY 2024, states screened in 2,058,720 referrals which is a 3.1 percent decrease from FFY 2020. Comparing states' FFY 2020 to FFY 2024 percent change reveals a decrease in 33 states. Some states with the largest decreases attributed them to more consistent screening processes. Other states implemented new screening tools, such as a Structured Decision Making (SDM) model or new call center during the past few years.

The number and rate per 1,000 children of screened-out referrals has increased during the past 5 years. (See [table 2–2](#) and related notes.) States screened out the lowest number of referrals at 1,615,190 during FFY 2020 and the highest at 2,028,776 during FFY 2024. This is a 25.6 percent increase from FFY 2020. The states with the largest numbers of screened-out referrals attribute it to the increase in allegations and to better consistency with screening.

After accounting for not reported or missing screened-out referral data by estimating screened-out referrals, the national estimate of screened-out referrals for FFY 2024 is 2,306,000.⁴ One state began reporting screened-out referrals in FFY 2024 and resubmitted Agency File data back to FFY 2014 to include the screened-out referrals.⁵

Overall for FFY 2024, CPS agencies received 4,087,496 total referrals (the sum of screened-in and screened-out referrals). See [table 2–3](#) and related notes. The national estimate of total referrals for FFY 2024 is 4,365,000, a 10.1 percent increase from the FFY 2020 estimated referrals of 3,964,000. The 2024 estimated total referrals (a rate of 59.3 per 1,000 children in the population) alleging maltreatment includes approximately 7,693,000 children.^{6,7} Many states have seen the number of referrals increase since the end of COVID lockdowns.

As shown in [exhibit 2–A](#), the estimated number of total referrals received by CPS agencies have been increasing since the lowest point in FFY 2020. The gap between the screened-in and screened-out referrals narrowed over the years until FFY 2022, when more referrals were screened-out. The gap increased for FFY 2024. According to states' comments in Appendix D, State Commentary, several states changed to centralized intakes or implemented structured intakes that led to a decrease in the percentage of referrals screened in for a CPS response when compared to FFY 2020.

⁴ See the table notes at the end of this chapter for information about how the rates and estimates are calculated.

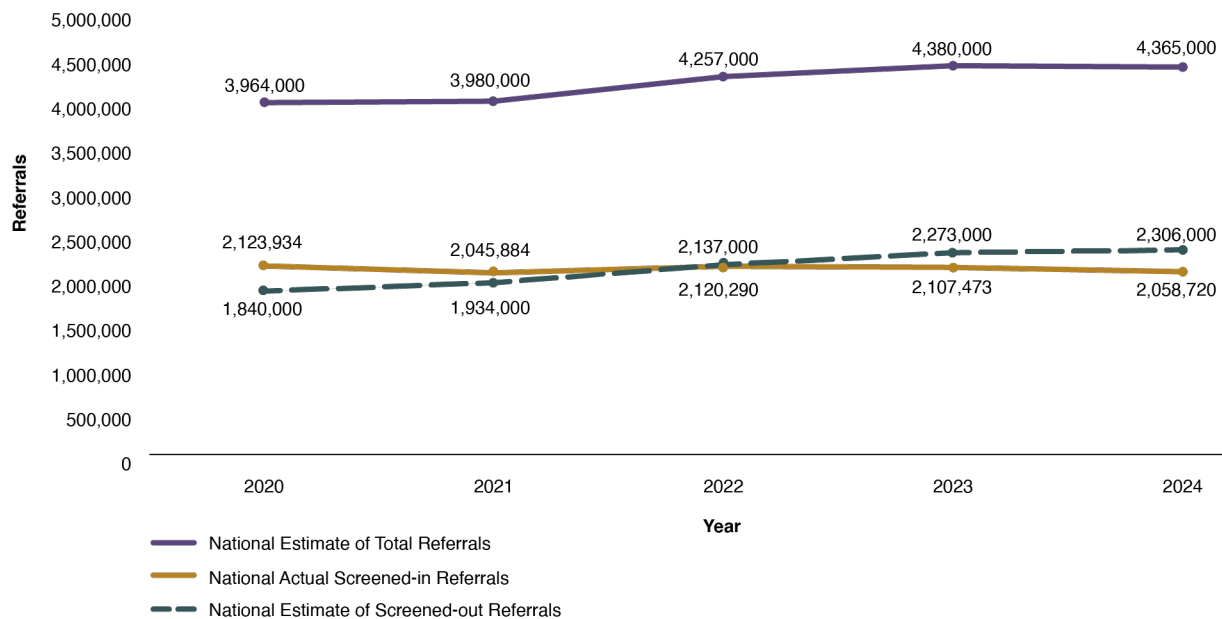
⁵ Illinois

⁶ Dividing the number of duplicate children with dispositions (3,628,283 from [table 3–2](#)) by the number of screened-in referrals (2,058,720, from [table 2–1](#)) results in the average number of children included in a screened-in referral (1.8 displayed as rounded).

⁷ The average number of children included in a screened-in referral (1.8) multiplied by the national estimate of total referrals (4,365,000 from [table 2–3](#)) results in an estimated 7,693,000 (rounded) children included in total referrals.

Exhibit 2–A Total Referrals 2020–2024

Prior to 2022 more referrals were screened in and beginning with 2022 more referrals were screened out



Based on screened-in referral data for 52 states for FFYs 2020–2024. Based on screened-out referral data for 47 states for FFYs 2021 and 2023, and 48 states for FFYs 2020, 2022 and 2024. See [Tables 2–1, 2–2, and 2–3](#).

Report Sources

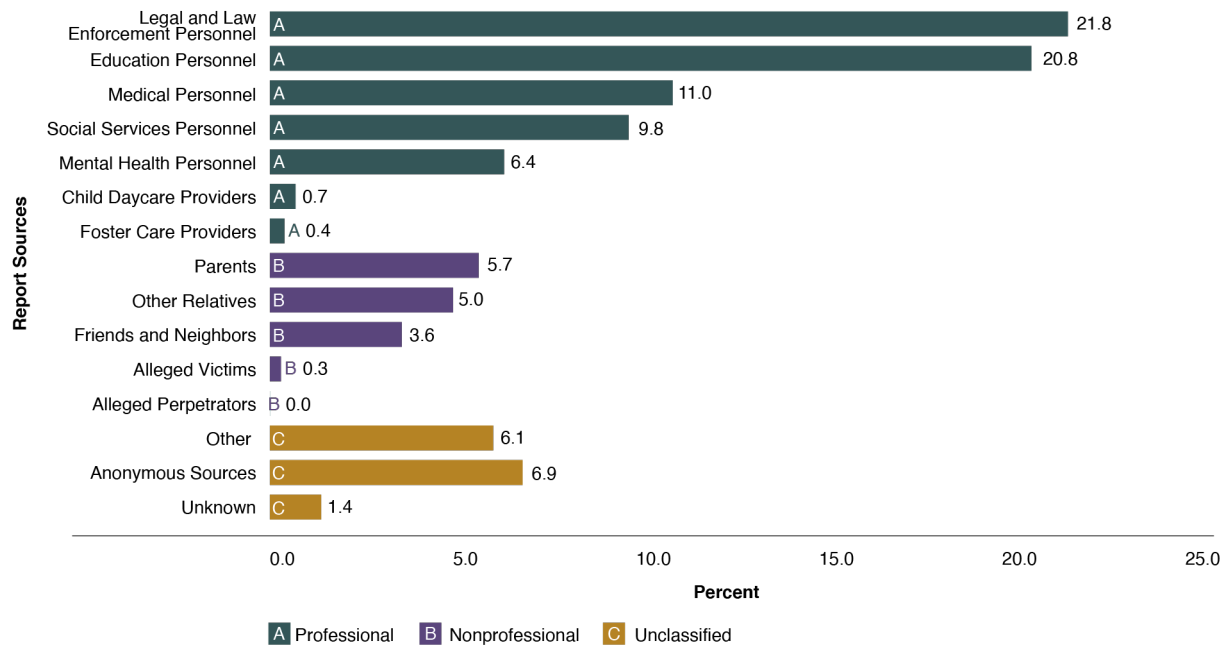
The report source is the role of the person who notified a CPS agency of the alleged child abuse or neglect in a referral. Only those sources in reports (screened-in referrals) that receive an investigation response or alternative response are submitted to NCANDS. To aid with comparisons, report sources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

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

FFY 2024 data show professionals submit 70.9 percent (rounded) of reports. The highest percentages of reports are from legal and law enforcement personnel (21.8%), education personnel (20.8%), and medical personnel (11.0%). Nonprofessionals submit 14.7 percent (rounded) of reports with the largest category of nonprofessional reporters being parents (5.7%), other relatives (5.0%), and friends and neighbors (3.6%). Unclassified sources submit the remaining 14.4 percent. See [exhibit 2–B](#) and related notes.

Exhibit 2–B Report Sources, 2024

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



Data are from the Child File. Based on data from 51 states. States are excluded from this analysis if more than 20.0 percent are reported as Other. Supporting data not shown.

CPS Response Time

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

Based on data from 46 states, the FFY 2024 mean response time of state averages is 104 hours or 4.3 days; the median response time of state averages is 82 hours or 3.4 days. See [table 2–4](#) and related notes. States that provided comments about the increase times cited a change in the calculation or conversion to a new system that led to more accurate data and staff turnover or staff shortages. Two states began reporting in FY 2024.⁸ Some states' explanations for long response times are related to the geography of the state, meaning the distance from the agency to the alleged victim, difficulties related to the terrain, and weather-related delays during certain times of the year (for example, winter or hurricane season).

⁸ Maryland and Virginia

CPS Workforce and Caseload

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

For FFY 2024, 44 states reported a total workforce of 30,883 and 41 states reported 4,567 specialized intake and screening workers. This is a decrease from FFY 2023 when 46 states reported a total workforce of 32,685 and 43 states reported 5,936 specialized intake and screening workers. The number of investigation and alternative response workers—21,444—is computed by subtracting the reported number of intake and screening workers from the total workforce number in the 41 reporting states. See [table 2–5](#) and related notes.

Using the data from the same 41 states that report on workers with specialized functions, investigation and alternative response workers completed 61.1 CPS responses per worker for FFY 2024. See [table 2–6](#) and related notes. This is a decrease from 65.9 responses per worker for FFY 2023.

Exhibit and Table Notes

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

General

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

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

Table 2–1 Screened-in Referrals, 2020–2024

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

Table 2–2 Screened-out Referrals, 2020–2024

- Screened-out referral data are from the Agency File.
- The screened-out referral rate is calculated for each year by dividing the number of screened-out referrals from reporting states by the child population in reporting states, multiplying the result by 1,000, and displayed as rounded to the tenth.
- The national estimate of screened-out referrals is based upon the rate (displayed as rounded) of referrals multiplied by the national population of all 52 states. The result is divided by 1,000 and rounded to the nearest 1,000.

Table 2–3 Total Referrals, 2020–2024

- Screened-in referral data are from the Child File and screened-out referral data are from the Agency File.
- The national estimate of total referrals is the sum of the actual reported number of screened-in referrals (from [table 2–1](#)) and the number of estimated screened-out referrals (from [table 2–2](#)). The sum is rounded to the nearest 1,000. The national total referral rate is calculated for each year by dividing the national estimate of total referrals by the child population of all 52 states, multiplying the result by 1,000, and displayed as rounded to the tenth.
- The state total referral rate is based on the number of total referrals divided by the child population (see [table C–2](#)) of states reporting both screened-in and screened-out referrals, multiplying the result by 1,000, and displayed as rounded to the nearest 1,000.

Table 2–4 Average Response Time in Hours, 2020–2024

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

Table 2–5 Child Protective Services Workforce, 2024

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

Table 2–6 Child Protective Services Caseload, 2024

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

Table 2–1 Screened-in Referrals 2020–2024 *(continues next page)*

State	2020 Screened-in Referrals (Reports)	2021 Screened-in Referrals (Reports)	2022 Screened-in Referrals (Reports)	2023 Screened-in Referrals (Reports)	2024 Screened-in Referrals (Reports)	Percent Change from 2020 to 2024
Alabama	26,667	26,116	26,837	26,397	24,811	-7.0
Alaska	11,433	7,167	6,627	6,452	6,063	-47.0
Arizona	41,986	36,981	45,317	44,804	40,763	-2.9
Arkansas	31,429	30,592	31,923	34,677	29,681	-5.6
California	199,749	178,996	192,197	193,617	179,101	-10.3
Colorado	33,453	33,362	31,792	31,403	28,635	-14.4
Connecticut	11,030	10,626	12,709	14,062	14,447	31.0
Delaware	4,845	4,729	5,697	5,319	5,015	3.5
District of Columbia	4,283	3,897	4,039	3,176	2,323	-45.8
Florida	140,639	143,105	138,711	139,213	135,011	-4.0
Georgia	62,675	54,463	52,994	50,787	55,447	-11.5
Hawaii	2,716	2,829	2,897	2,317	1,896	-30.2
Idaho	9,454	9,121	7,465	7,457	7,991	-15.5
Illinois	79,944	83,116	94,433	93,342	94,554	18.3
Indiana	111,868	111,495	102,320	99,718	99,132	-11.4
Iowa	30,684	34,938	34,900	33,668	30,731	0.2
Kansas	28,343	24,604	23,095	22,013	24,413	-13.9
Kentucky	46,270	38,253	37,894	39,506	44,353	-4.1
Louisiana	17,232	15,188	17,742	25,959	22,365	29.8
Maine	11,292	10,488	9,289	9,960	8,827	-21.8
Maryland	19,997	17,289	19,629	17,668	19,180	-4.1
Massachusetts	37,505	39,811	39,075	37,685	34,887	-7.0
Michigan	72,953	65,277	68,359	67,331	72,137	-1.1
Minnesota	28,329	25,724	25,662	24,823	23,533	-16.9
Mississippi	24,405	26,155	28,282	24,826	25,649	5.1
Missouri	55,303	52,157	54,386	60,613	68,784	24.4
Montana	10,120	8,691	7,301	6,978	6,455	-36.2
Nebraska	13,194	15,035	13,845	14,499	13,779	4.4
Nevada	14,739	15,941	16,117	15,091	14,883	1.0
New Hampshire	10,816	9,595	10,183	10,318	9,931	-8.2
New Jersey	52,853	48,781	57,068	60,869	61,859	17.0
New Mexico	22,128	18,846	20,743	19,118	21,759	-1.7
New York	145,129	141,745	148,956	148,838	147,263	1.5
North Carolina	63,886	60,318	62,304	60,441	57,660	-9.7
North Dakota	3,231	2,715	2,808	2,643	3,202	-0.9
Ohio	81,183	81,355	79,081	72,709	69,364	-14.6
Oklahoma	37,398	36,005	33,529	34,139	32,674	-12.6
Oregon	35,461	32,061	36,247	35,847	35,979	1.5
Pennsylvania	35,865	34,607	39,775	39,138	40,455	12.8
Puerto Rico	6,999	7,948	7,701	10,307	12,208	74.4
Rhode Island	5,966	5,314	4,597	4,839	4,130	-30.8
South Carolina	34,078	35,106	36,620	37,670	36,226	6.3
South Dakota	2,449	2,280	2,496	2,618	2,819	15.1
Tennessee	68,813	68,212	71,046	66,495	62,499	-9.2
Texas	186,660	194,256	207,429	202,139	178,221	-4.5
Utah	19,997	19,721	21,590	21,506	22,193	11.0
Vermont	2,730	2,490	3,457	3,600	3,219	17.9
Virginia	33,216	32,013	33,801	34,852	34,871	5.0
Washington	41,795	38,405	41,645	41,840	41,428	-0.9
West Virginia	24,104	23,066	22,354	20,873	23,906	-0.8
Wisconsin	24,159	22,427	23,009	21,270	20,145	-16.6
Wyoming	2,481	2,472	2,317	2,043	1,863	-24.9
National for states reporting screened-in referrals	2,123,934	2,045,884	2,120,290	2,107,473	2,058,720	-3.1
Reporting States for states reporting screened-in referrals	52	52	52	52	52	-
Child Population of 52 States	74,832,659	74,183,794	73,920,885	73,766,582	73,613,449	-

Table 2–1 Screened-in Referrals 2020–2024

State	2020 Rate per 1,000 Children	2021 Rate per 1,000 Children	2022 Rate per 1,000 Children	2023 Rate per 1,000 Children	2024 Rate per 1,000 Children
Alabama	23.6	23.1	23.8	23.3	21.9
Alaska	63.4	40.1	37.4	36.7	34.7
Arizona	26.2	23.1	28.4	28.1	25.7
Arkansas	44.5	43.4	45.1	49.1	42.3
California	22.4	20.5	22.3	22.8	21.3
Colorado	26.6	26.8	25.9	25.7	23.6
Connecticut	14.9	14.5	17.4	19.3	19.8
Delaware	23.1	22.5	26.9	25.0	23.5
District of Columbia	33.9	31.1	31.9	24.7	17.9
Florida	32.9	33.4	31.7	31.3	30.0
Georgia	24.6	21.5	20.8	19.9	21.8
Hawaii	8.9	9.4	9.8	7.9	6.5
Idaho	20.6	19.6	15.9	15.9	17.1
Illinois	27.9	29.6	34.2	34.3	35.1
Indiana	69.8	69.8	64.1	62.7	62.5
Iowa	41.3	47.4	47.6	46.0	42.1
Kansas	39.8	34.9	33.0	31.6	35.2
Kentucky	45.1	37.4	37.1	38.6	43.2
Louisiana	15.6	13.9	16.4	24.2	21.0
Maine	44.4	41.5	37.0	39.9	35.7
Maryland	14.4	12.6	14.3	12.9	14.0
Massachusetts	27.0	29.1	28.8	27.8	25.7
Michigan	33.4	30.3	32.0	31.7	34.2
Minnesota	21.3	19.5	19.6	19.0	18.1
Mississippi	34.9	37.8	41.2	36.4	38.0
Missouri	39.7	37.6	39.4	44.0	50.1
Montana	43.2	36.9	30.9	29.7	27.7
Nebraska	27.0	31.0	28.6	29.9	28.5
Nevada	21.1	22.9	23.3	21.9	21.6
New Hampshire	41.7	37.3	40.0	40.9	39.8
New Jersey	25.8	24.0	28.2	29.9	30.2
New Mexico	46.4	40.3	45.1	42.1	48.6
New York	34.4	34.5	36.9	37.3	37.0
North Carolina	27.5	26.0	26.7	25.7	24.4
North Dakota	17.3	14.7	15.2	14.3	17.3
Ohio	30.8	31.1	30.5	28.1	26.9
Oklahoma	38.8	37.4	34.7	35.2	33.8
Oregon	40.6	37.2	42.8	42.9	43.5
Pennsylvania	13.3	12.9	15.0	14.8	15.4
Puerto Rico	12.4	14.6	14.9	20.7	25.4
Rhode Island	28.2	25.5	22.2	23.5	20.2
South Carolina	30.5	31.3	32.2	32.8	31.4
South Dakota	11.2	10.4	11.3	11.8	12.8
Tennessee	44.3	43.8	45.3	42.1	39.5
Texas	25.0	26.0	27.5	26.5	23.3
Utah	21.1	20.8	22.9	22.9	23.8
Vermont	23.0	21.2	29.7	31.4	28.5
Virginia	17.4	16.9	17.9	18.5	18.5
Washington	24.6	22.8	25.0	25.3	25.0
West Virginia	66.5	64.3	63.0	59.3	68.6
Wisconsin	18.7	17.6	18.2	17.0	16.2
Wyoming	18.5	18.7	17.7	15.7	14.6
National for states reporting screened-in referrals	28.4	27.6	28.7	28.6	28.0
Reporting States for states reporting screened-in referrals	-	-	-	-	-
Child Population of 52 States	-	-	-	-	-

Table 2–2 Screened-out Referrals 2020–2024 *(continues next page)*

State	2020 Screened-out Referrals (Reports)	2021 Screened-out Referrals (Reports)	2022 Screened-out Referrals (Reports)	2023 Screened-out Referrals (Reports)	2024 Screened-out Referrals (Reports)	Percent Change from 2020 to 2024
Alabama	352	407	348	341	294	-16.5
Alaska	11,254	11,001	12,674	13,694	15,079	34.0
Arizona	34,348	-	39,924	46,028	48,956	42.5
Arkansas	22,922	24,518	25,416	29,055	27,690	20.8
California	159,950	159,190	189,948	203,173	215,058	34.5
Colorado	64,620	66,451	77,321	79,961	81,995	26.9
Connecticut	32,756	31,261	35,971	36,843	35,893	9.6
Delaware	13,395	13,965	15,617	17,608	18,521	38.3
District of Columbia	8,514	11,612	11,029	14,372	14,577	71.2
Florida	89,959	98,312	103,799	107,565	111,637	24.1
Georgia	47,552	59,797	70,465	73,720	59,261	24.6
Hawaii	2,641	2,602	3,365	3,524	3,733	41.3
Idaho	11,935	12,387	13,741	15,061	14,629	22.6
Illinois	51,089	55,224	63,182	68,235	72,267	41.5
Indiana	53,837	63,348	68,765	72,289	70,920	31.7
Iowa	16,941	17,116	18,372	19,336	20,533	21.2
Kansas	19,870	20,360	22,394	25,742	26,489	33.3
Kentucky	49,108	45,856	56,974	55,625	46,881	-4.5
Louisiana	29,078	30,871	31,197	25,160	22,739	-21.8
Maine	11,591	14,276	17,465	16,676	18,317	58.0
Maryland	38,152	33,759	41,512	46,225	47,967	25.7
Massachusetts	34,313	34,544	42,206	45,776	48,245	40.6
Michigan	67,795	94,564	105,910	110,984	103,865	53.2
Minnesota	52,238	53,161	55,983	57,308	57,552	10.2
Mississippi	7,595	8,250	8,183	8,097	7,144	-5.9
Missouri	27,866	33,673	27,791	26,416	24,863	-10.8
Montana	4,266	4,489	4,296	3,654	3,619	-15.2
Nebraska	20,695	18,602	23,348	25,857	26,223	26.7
Nevada	23,234	23,663	25,804	25,919	25,596	10.2
New Hampshire	8,009	7,821	8,089	8,212	9,219	15.1
New Jersey	-	-	-	-	-	-
New Mexico	18,253	20,211	17,992	18,598	17,732	-2.9
New York	-	-	-	-	-	-
North Carolina	44,890	45,566	45,232	45,790	51,155	14.0
North Dakota	-	-	-	-	-	-
Ohio	100,853	105,779	116,517	127,684	129,176	28.1
Oklahoma	38,911	42,178	47,899	50,080	50,882	30.8
Oregon	36,095	35,327	37,104	47,269	48,981	35.7
Pennsylvania	-	-	-	-	-	-
Puerto Rico	8,238	6,952	6,272	7,192	8,400	2.0
Rhode Island	9,850	8,662	8,529	9,365	12,059	22.4
South Carolina	19,436	29,144	30,717	30,708	31,497	62.1
South Dakota	11,682	12,658	12,317	12,630	12,163	4.1
Tennessee	57,625	63,789	71,500	82,607	84,086	45.9
Texas	46,002	33,884	38,001	47,144	54,891	19.3
Utah	19,501	21,124	22,689	25,720	26,803	37.4
Vermont	12,848	13,539	14,981	16,024	15,888	23.7
Virginia	48,651	40,458	49,869	56,100	57,882	19.0
Washington	60,847	60,529	67,974	74,965	76,364	25.5
West Virginia	13,591	13,419	13,296	-	16,812	23.7
Wisconsin	47,905	48,769	52,396	51,707	50,820	6.1
Wyoming	4,137	4,652	4,969	3,668	3,423	-17.3
National for states reporting screened-out referrals	1,615,190	1,657,720	1,879,343	1,989,707	2,028,776	25.6
Reporting States for states reporting screened-out referrals	48	47	48	47	48	-
Child Population of 52 States	74,832,659	74,183,794	73,920,885	73,766,582	73,613,449	-
National Estimate Screened-out Referrals	1,840,000	1,934,000	2,137,000	2,273,000	2,306,000	-

Table 2–2 Screened-out Referrals 2020–2024

State	2020 Rate per 1,000 Children	2021 Rate per 1,000 Children	2022 Rate per 1,000 Children	2023 Rate per 1,000 Children	2024 Rate per 1,000 Children
Alabama	0.3	0.4	0.3	0.3	0.3
Alaska	62.4	61.5	71.5	77.9	86.2
Arizona	21.5	-	25.0	28.9	30.8
Arkansas	32.4	34.8	35.9	41.2	39.5
California	18.0	18.2	22.1	23.9	25.5
Colorado	51.3	53.4	62.9	65.6	67.6
Connecticut	44.3	42.7	49.3	50.6	49.3
Delaware	63.8	66.5	73.8	82.6	86.7
District of Columbia	67.4	92.7	87.0	112.0	112.3
Florida	21.0	23.0	23.7	24.2	24.8
Georgia	18.7	23.6	27.7	28.9	23.3
Hawaii	8.6	8.6	11.3	11.9	12.7
Idaho	26.0	26.6	29.3	32.1	31.2
Illinois	17.8	19.6	22.9	25.0	26.8
Indiana	33.6	39.7	43.1	45.4	44.7
Iowa	22.8	23.2	25.0	26.4	28.1
Kansas	27.9	28.9	32.0	36.9	38.2
Kentucky	47.8	44.8	55.8	54.3	45.7
Louisiana	26.3	28.3	28.9	23.5	21.3
Maine	45.6	56.6	69.5	66.8	74.1
Maryland	27.5	24.5	30.2	33.7	35.0
Massachusetts	24.7	25.3	31.1	33.8	35.6
Michigan	31.1	43.9	49.6	52.3	49.2
Minnesota	39.2	40.3	42.7	43.9	44.3
Mississippi	10.9	11.9	11.9	11.9	10.6
Missouri	20.0	24.3	20.1	19.2	18.1
Montana	18.2	19.1	18.2	15.5	15.6
Nebraska	42.4	38.3	48.3	53.4	54.1
Nevada	33.3	34.0	37.2	37.6	37.2
New Hampshire	30.9	30.4	31.7	32.6	37.0
New Jersey	-	-	-	-	-
New Mexico	38.3	43.2	39.1	41.0	39.6
New York	-	-	-	-	-
North Carolina	19.4	19.7	19.4	19.5	21.7
North Dakota	-	-	-	-	-
Ohio	38.3	40.5	44.9	49.4	50.2
Oklahoma	40.4	43.8	49.5	51.7	52.7
Oregon	41.4	41.0	43.9	56.6	59.3
Pennsylvania	-	-	-	-	-
Puerto Rico	14.6	12.8	12.1	14.4	17.5
Rhode Island	46.5	41.5	41.1	45.5	58.9
South Carolina	17.4	26.0	27.0	26.8	27.3
South Dakota	53.3	57.6	55.7	57.1	55.1
Tennessee	37.1	41.0	45.6	52.3	53.1
Texas	6.2	4.5	5.0	6.2	7.2
Utah	20.5	22.3	24.0	27.4	28.7
Vermont	108.3	115.3	128.7	139.6	140.6
Virginia	25.5	21.3	26.4	29.8	30.7
Washington	35.8	36.0	40.8	45.2	46.1
West Virginia	37.5	37.4	37.5	-	48.3
Wisconsin	37.1	38.2	41.5	41.3	41.0
Wyoming	30.9	35.1	37.9	28.3	26.7
National for states reporting screened-out referrals	24.6	26.1	28.9	30.8	31.3
Reporting States for states reporting screened-out referrals	-	-	-	-	-
Child Population of 52 States	-	-	-	-	-
National Estimate Screened-out Referrals	-	-	-	-	-

Table 2–3 Total Referrals, 2020–2024 *(continues next page)*

State	2020 Screened-in Referrals (Reports)	2020 Screened-out Referrals	2020 Total Referrals from Reporting States	2020 Rate per 1,000 Children	2021 Screened-in Referrals (Reports)	2021 Screened-out Referrals	2021 Total Referrals from Reporting States	2021 Rate per 1,000 Children
Alabama	26,667	352	27,019	23.9	26,116	407	26,523	23.5
Alaska	11,433	11,254	22,687	125.9	7,167	11,001	18,168	101.6
Arizona	41,986	34,348	76,334	47.7	36,981	-	36,981	-
Arkansas	31,429	22,922	54,351	76.9	30,592	24,518	55,110	78.1
California	199,749	159,950	359,699	40.4	178,996	159,190	338,186	38.7
Colorado	33,453	64,620	98,073	77.9	33,362	66,451	99,813	80.2
Connecticut	11,030	32,756	43,786	59.2	10,626	31,261	41,887	57.2
Delaware	4,845	13,395	18,240	86.8	4,729	13,965	18,694	89.1
District of Columbia	4,283	8,514	12,797	101.2	3,897	11,612	15,509	123.7
Florida	140,639	89,959	230,598	53.9	143,105	98,312	241,417	56.4
Georgia	62,675	47,552	110,227	43.3	54,463	59,797	114,260	45.0
Hawaii	2,716	2,641	5,357	17.5	2,829	2,602	5,431	18.0
Idaho	9,454	11,935	21,389	46.7	9,121	12,387	21,508	46.2
Illinois	79,944	51,089	131,033	45.7	83,116	55,224	138,340	49.2
Indiana	111,868	53,837	165,705	103.3	111,495	63,348	174,843	109.5
Iowa	30,684	16,941	47,625	64.2	34,938	17,116	52,054	70.6
Kansas	28,343	19,870	48,213	67.7	24,604	20,360	44,964	63.8
Kentucky	46,270	49,108	95,378	92.9	38,253	45,856	84,109	82.3
Louisiana	17,232	29,078	46,310	41.9	15,188	30,871	46,059	42.2
Maine	11,292	11,591	22,883	90.1	10,488	14,276	24,764	98.1
Maryland	19,997	38,152	58,149	41.9	17,289	33,759	51,048	37.1
Massachusetts	37,505	34,313	71,818	51.7	39,811	34,544	74,355	54.4
Michigan	72,953	67,795	140,748	64.5	65,277	94,564	159,841	74.1
Minnesota	28,329	52,238	80,567	60.5	25,724	53,161	78,885	59.8
Mississippi	24,405	7,595	32,000	45.8	26,155	8,250	34,405	49.7
Missouri	55,303	27,866	83,169	59.7	52,157	33,673	85,830	61.9
Montana	10,120	4,266	14,386	61.5	8,691	4,489	13,180	56.0
Nebraska	13,194	20,695	33,889	69.4	15,035	18,602	33,637	69.3
Nevada	14,739	23,234	37,973	54.5	15,941	23,663	39,604	57.0
New Hampshire	10,816	8,009	18,825	72.6	9,595	7,821	17,416	67.6
New Jersey	52,853	-	52,853	-	48,781	-	48,781	-
New Mexico	22,128	18,253	40,381	84.7	18,846	20,211	39,057	83.5
New York	145,129	-	145,129	-	141,745	-	141,745	-
North Carolina	63,886	44,890	108,776	46.9	60,318	45,566	105,884	45.7
North Dakota	3,231	-	3,231	-	2,715	-	2,715	-
Ohio	81,183	100,853	182,036	69.1	81,355	105,779	187,134	71.6
Oklahoma	37,398	38,911	76,309	79.2	36,005	42,178	78,183	81.2
Oregon	35,461	36,095	71,556	82.0	32,061	35,327	67,388	78.2
Pennsylvania	35,865	-	35,865	-	34,607	-	34,607	-
Puerto Rico	6,999	8,238	15,237	26.9	7,948	6,952	14,900	27.4
Rhode Island	5,966	9,850	15,816	74.7	5,314	8,662	13,976	67.0
South Carolina	34,078	19,436	53,514	47.8	35,106	29,144	64,250	57.2
South Dakota	2,449	11,682	14,131	64.5	2,280	12,658	14,938	68.0
Tennessee	68,813	57,625	126,438	81.3	68,212	63,789	132,001	84.8
Texas	186,660	46,002	232,662	31.2	194,256	33,884	228,140	30.6
Utah	19,997	19,501	39,498	41.6	19,721	21,124	40,845	43.1
Vermont	2,730	12,848	15,578	131.3	2,490	13,539	16,029	136.5
Virginia	33,216	48,651	81,867	42.9	32,013	40,458	72,471	38.2
Washington	41,795	60,847	102,642	60.5	38,405	60,529	98,934	58.8
West Virginia	24,104	13,591	37,695	104.1	23,066	13,419	36,485	101.8
Wisconsin	24,159	47,905	72,064	55.8	22,427	48,769	71,196	55.8
Wyoming	2,481	4,137	6,618	49.5	2,472	4,652	7,124	53.8
National	2,123,934	1,615,190	3,739,124	-	2,045,884	1,657,720	3,703,604	-
Reporting States	52	48	52	-	52	47	52	-
National for states reporting both screened-in and screened-out referrals	1,886,856	1,615,190	3,502,046	-	1,781,055	1,657,720	3,438,775	-
National Percent for states reporting both screened-in and screened-out referrals	53.9	46.1	100.0	-	51.8	48.2	100.0	-
Child Population of 52 States	-	-	74,832,659	-	-	-	74,183,794	-
National Estimate of Total Referrals	-	-	3,964,000	53.0	-	-	3,980,000	53.7

Table 2–3 Total Referrals, 2020–2024 *(continues next page)*

State	2022 Screened-in Referrals (Reports)	2022 Screened-out Referrals	2022 Total Referrals from Reporting States	2022 Rate per 1,000 Children	2023 Screened-in Referrals (Reports)	2023 Screened-out Referrals	2023 Total Referrals from Reporting States	2023 Rate per 1,000 Children
Alabama	26,837	348	27,185	24.1	26,397	341	26,738	23.6
Alaska	6,627	12,674	19,301	108.8	6,452	13,694	20,146	114.6
Arizona	45,317	39,924	85,241	53.4	44,804	46,028	90,832	57.1
Arkansas	31,923	25,416	57,339	81.1	34,677	29,055	63,732	90.3
California	192,197	189,948	382,145	44.4	193,617	203,173	396,790	46.7
Colorado	31,792	77,321	109,113	88.8	31,403	79,961	111,364	91.3
Connecticut	12,709	35,971	48,680	66.7	14,062	36,843	50,905	69.9
Delaware	5,697	15,617	21,314	100.8	5,319	17,608	22,927	107.6
District of Columbia	4,039	11,029	15,068	118.9	3,176	14,372	17,548	136.7
Florida	138,711	103,799	242,510	55.4	139,213	107,565	246,778	55.5
Georgia	52,994	70,465	123,459	48.5	50,787	73,720	124,507	48.8
Hawaii	2,897	3,365	6,262	21.1	2,317	3,524	5,841	19.8
Idaho	7,465	13,741	21,206	45.2	7,457	15,061	22,518	48.0
Illinois	94,433	63,182	157,615	57.1	93,342	68,235	161,577	59.3
Indiana	102,320	68,765	171,085	107.3	99,718	72,289	172,007	108.1
Iowa	34,900	18,372	53,272	72.6	33,668	19,336	53,004	72.4
Kansas	23,095	22,394	45,489	65.0	22,013	25,742	47,755	68.5
Kentucky	37,894	56,974	94,868	92.9	39,506	55,625	95,131	92.9
Louisiana	17,742	31,197	48,939	45.3	25,959	25,160	51,119	47.7
Maine	9,289	17,465	26,754	106.5	9,960	16,676	26,636	106.7
Maryland	19,629	41,512	61,141	44.5	17,668	46,225	63,893	46.6
Massachusetts	39,075	42,206	81,281	59.9	37,685	45,776	83,461	61.6
Michigan	68,359	105,910	174,269	81.5	67,331	110,984	178,315	84.0
Minnesota	25,662	55,983	81,645	62.2	24,823	57,308	82,131	63.0
Mississippi	28,282	8,183	36,465	53.1	24,826	8,097	32,923	48.3
Missouri	54,386	27,791	82,177	59.5	60,613	26,416	87,029	63.2
Montana	7,301	4,296	11,597	49.1	6,978	3,654	10,632	45.2
Nebraska	13,845	23,348	37,193	76.9	14,499	25,857	40,356	83.4
Nevada	16,117	25,804	41,921	60.5	15,091	25,919	41,010	59.4
New Hampshire	10,183	8,089	18,272	71.7	10,318	8,212	18,530	73.5
New Jersey	57,068	-	57,068	-	60,869	-	60,869	-
New Mexico	20,743	17,992	38,735	84.2	19,118	18,598	37,716	83.1
New York	148,956	-	148,956	-	148,838	-	148,838	-
North Carolina	62,304	45,232	107,536	46.1	60,441	45,790	106,231	45.2
North Dakota	2,808	-	2,808	-	2,643	-	2,643	-
Ohio	79,081	116,517	195,598	75.3	72,709	127,684	200,393	77.5
Oklahoma	33,529	47,899	81,428	84.2	34,139	50,080	84,219	86.9
Oregon	36,247	37,104	73,351	86.7	35,847	47,269	83,116	99.6
Pennsylvania	39,775	-	39,775	-	39,138	-	39,138	-
Puerto Rico	7,701	6,272	13,973	27.0	10,307	7,192	17,499	35.1
Rhode Island	4,597	8,529	13,126	63.3	4,839	9,365	14,204	69.1
South Carolina	36,620	30,717	67,337	59.3	37,670	30,708	68,378	59.6
South Dakota	2,496	12,317	14,813	67.0	2,618	12,630	15,248	68.9
Tennessee	71,046	71,500	142,546	90.8	66,495	82,607	149,102	94.5
Texas	207,429	38,001	245,430	32.6	202,139	47,144	249,283	32.7
Utah	21,590	22,689	44,279	46.9	21,506	25,720	47,226	50.3
Vermont	3,457	14,981	18,438	158.3	3,600	16,024	19,624	170.9
Virginia	33,801	49,869	83,670	44.3	34,852	56,100	90,952	48.2
Washington	41,645	67,974	109,619	65.7	41,840	74,965	116,805	70.5
West Virginia	22,354	13,296	35,650	100.5	20,873	-	20,873	-
Wisconsin	23,009	52,396	75,405	59.7	21,270	51,707	72,977	58.2
Wyoming	2,317	4,969	7,286	55.6	2,043	3,668	5,711	44.0
National	2,120,290	1,879,343	3,999,633	-	2,107,473	1,989,707	4,097,180	-
Reporting States	52	48	52	-	52	47	52	-
National for states reporting both screened-in and screened-out referrals	1,871,683	1,879,343	3,751,026	-	1,835,112	1,989,707	3,824,819	-
National Percent for states reporting both screened-in and screened-out referrals	49.9	50.1	100.0	-	48.0	52.0	100.0	-
Child Population of 52 States	-	-	73,920,885	-	-	-	73,766,582	-
National Estimate of Total Referrals	-	-	4,257,000	57.6	-	-	4,380,000	59.4

Table 2–3 Total Referrals, 2020–2024

State	2024 Screened-in Referrals (Reports)	2024 Screened-out Referrals	2024 Total Referrals from Reporting States	2024 Rate per 1,000 Children	Percent Change from 2020 to 2024 for states that report both screened-in and screened-out for both years
Alabama	24,811	294	25,105	22.1	-7.1
Alaska	6,063	15,079	21,142	120.8	-6.8
Arizona	40,763	48,956	89,719	56.5	17.5
Arkansas	29,681	27,690	57,371	81.7	5.6
California	179,101	215,058	394,159	46.8	9.6
Colorado	28,635	81,995	110,630	91.2	12.8
Connecticut	14,447	35,893	50,340	69.2	15.0
Delaware	5,015	18,521	23,536	110.1	29.0
District of Columbia	2,323	14,577	16,900	130.2	32.1
Florida	135,011	111,637	246,648	54.8	7.0
Georgia	55,447	59,261	114,708	45.1	4.1
Hawaii	1,896	3,733	5,629	19.2	5.1
Idaho	7,991	14,629	22,620	48.3	5.8
Illinois	94,554	72,267	166,821	61.8	27.3
Indiana	99,132	70,920	170,052	107.2	2.6
Iowa	30,731	20,533	51,264	70.2	7.6
Kansas	24,413	26,489	50,902	73.5	5.6
Kentucky	44,353	46,881	91,234	89.0	-4.3
Louisiana	22,365	22,739	45,104	42.3	-2.6
Maine	8,827	18,317	27,144	109.9	18.6
Maryland	19,180	47,967	67,147	49.0	15.5
Massachusetts	34,887	48,245	83,132	61.3	15.8
Michigan	72,137	103,865	176,002	83.4	25.0
Minnesota	23,533	57,552	81,085	62.4	0.6
Mississippi	25,649	7,144	32,793	48.6	2.5
Missouri	68,784	24,863	93,647	68.3	12.6
Montana	6,455	3,619	10,074	43.3	-30.0
Nebraska	13,779	26,223	40,002	82.6	18.0
Nevada	14,883	25,596	40,479	58.8	6.6
New Hampshire	9,931	9,219	19,150	76.8	1.7
New Jersey	61,859	-	61,859	-	-
New Mexico	21,759	17,732	39,491	88.2	-2.2
New York	147,263	-	147,263	-	-
North Carolina	57,660	51,155	108,815	46.1	0.0
North Dakota	3,202	-	3,202	-	-
Ohio	69,364	129,176	198,540	77.1	9.1
Oklahoma	32,674	50,882	83,556	86.5	9.5
Oregon	35,979	48,981	84,960	102.8	18.7
Pennsylvania	40,455	-	40,455	-	-
Puerto Rico	12,208	8,400	20,608	42.9	35.2
Rhode Island	4,130	12,059	16,189	79.1	2.4
South Carolina	36,226	31,497	67,723	58.8	26.6
South Dakota	2,819	12,163	14,982	67.9	6.0
Tennessee	62,499	84,086	146,585	92.6	15.9
Texas	178,221	54,891	233,112	30.4	0.2
Utah	22,193	26,803	48,996	52.5	24.0
Vermont	3,219	15,888	19,107	169.1	22.7
Virginia	34,871	57,882	92,753	49.2	13.3
Washington	41,428	76,364	117,792	71.2	14.8
West Virginia	23,906	16,812	40,718	116.9	8.0
Wisconsin	20,145	50,820	70,965	57.2	-1.5
Wyoming	1,863	3,423	5,286	41.3	-20.1
National	2,058,720	2,028,776	4,087,496	-	9.3
Reporting States	52	48	52	-	-
National for states reporting both screened-in and screened-out referrals	1,805,941	2,028,776	3,834,717	-	-
National Percent for states reporting both screened-in and screened-out referrals	47.1	52.9	100.0	-	-
Child Population of 52 States	-	-	73,613,449	-	-
National Estimate of Total Referrals	-	-	4,365,000	59.3	10.1

Table 2–4 Average Response Time in Hours, 2020–2024

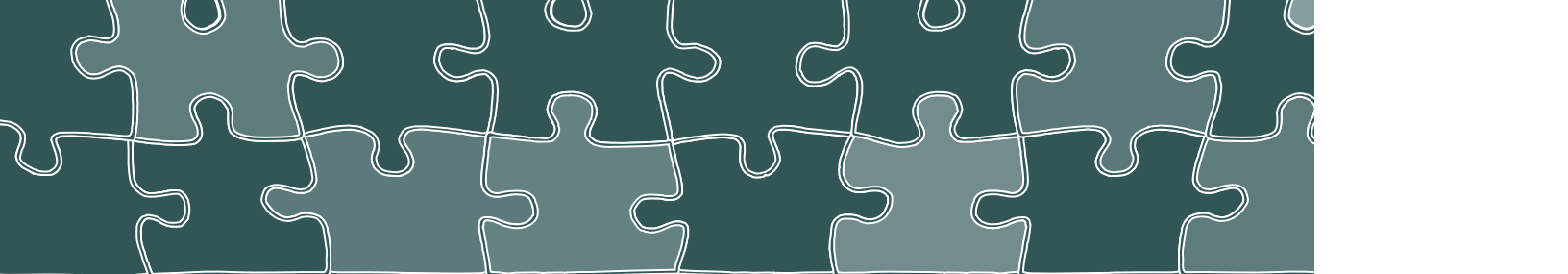
State	2020	2021	2022	2023	2024
Alabama	48	51	60	73	100
Alaska	576	219	223	244	309
Arizona	31	-	35	33	32
Arkansas	98	104	114	153	120
California	141	-	-	-	-
Colorado	116	114	117	117	118
Connecticut	31	32	30	36	34
Delaware	296	174	380	358	394
District of Columbia	15	15	16	18	27
Florida	9	10	11	11	12
Georgia	-	-	-	-	-
Hawaii	269	322	304	208	233
Idaho	62	69	107	209	85
Illinois	-	-	-	-	-
Indiana	63	60	53	46	45
Iowa	55	56	53	50	51
Kansas	125	88	81	86	103
Kentucky	200	172	221	246	263
Louisiana	-	119	208	197	202
Maine	61	58	-	69	63
Maryland	-	-	-	-	88
Massachusetts	-	-	-	-	-
Michigan	42	41	39	42	47
Minnesota	84	89	41	37	30
Mississippi	30	33	37	45	103
Missouri	-	44	49	118	186
Montana	-	-	-	136	106
Nebraska	121	124	150	139	102
Nevada	64	68	56	69	56
New Hampshire	92	74	64	67	62
New Jersey	18	21	22	22	22
New Mexico	73	55	50	53	50
New York	10	11	14	13	12
North Carolina	-	-	-	-	-
North Dakota	-	-	-	145	79
Ohio	24	24	24	21	19
Oklahoma	50	53	55	56	56
Oregon	157	166	168	178	191
Pennsylvania	-	-	-	-	-
Puerto Rico	141	152	157	162	177
Rhode Island	19	17	19	20	22
South Carolina	33	37	39	33	35
South Dakota	33	41	42	34	36
Tennessee	-	-	167	223	195
Texas	50	56	64	67	56
Utah	81	93	93	100	99
Vermont	107	129	126	110	120
Virginia	-	-	-	-	101
Washington	35	34	32	33	30
West Virginia	309	174	147	292	377
Wisconsin	111	109	112	113	106
Wyoming	15	11	13	18	28
National Average	97	83	93	102	104
National Median	62	59	56	69	82
Reporting States	40	40	41	44	46

Table 2–5 Child Protective Services Workforce, 2024

State	Intake and Screening Workers	Investigation and Alternative Response Workers	Intake, Screening, Investigation, and Alternative Response Workers
Alabama	87	432	519
Alaska	20	249	269
Arizona	98	392	490
Arkansas	46	373	419
California	-	-	2,216
Colorado	-	-	-
Connecticut	60	391	451
Delaware	32	130	162
District of Columbia	35	105	140
Florida	-	-	-
Georgia	-	-	-
Hawaii	15	22	37
Idaho	17	206	223
Illinois	227	1,211	1,438
Indiana	121	689	810
Iowa	45	188	233
Kansas	80	274	354
Kentucky	83	986	1,069
Louisiana	47	188	235
Maine	35	188	223
Maryland	708	1,134	1,842
Massachusetts	141	291	432
Michigan	161	1,485	1,646
Minnesota	506	501	1,007
Mississippi	31	369	400
Missouri	-	-	-
Montana	27	225	252
Nebraska	46	193	239
Nevada	57	159	216
New Hampshire	25	135	160
New Jersey	125	1,287	1,412
New Mexico	51	173	224
New York	-	-	-
North Carolina	199	848	1,047
North Dakota	-	-	-
Ohio	-	-	-
Oklahoma	90	535	625
Oregon	177	513	690
Pennsylvania	-	-	2,496
Puerto Rico	37	294	331
Rhode Island	19	77	96
South Carolina	125	469	594
South Dakota	17	46	63
Tennessee	109	1,016	1,125
Texas	531	3,928	4,459
Utah	39	132	171
Vermont	31	49	80
Virginia	100	631	731
Washington	119	606	725
West Virginia	48	324	372
Wisconsin	-	-	-
Wyoming	-	-	160
National	4,567	21,444	30,883
Reporting States	41	41	44

Table 2–6 Child Protective Services Caseload, 2024

State	Investigation and Alternative Response Workers	Completed Reports (Reports with a Disposition)	Completed Reports per Investigation and Alternative Response Worker
Alabama	432	24,811	57.4
Alaska	249	6,063	24.3
Arizona	392	40,763	104.0
Arkansas	373	29,681	79.6
California	-	-	-
Colorado	-	-	-
Connecticut	391	14,447	36.9
Delaware	130	5,015	38.6
District of Columbia	105	2,323	22.1
Florida	-	-	-
Georgia	-	-	-
Hawaii	22	1,896	86.2
Idaho	206	7,991	38.8
Illinois	1,211	94,554	78.1
Indiana	689	99,132	143.9
Iowa	188	30,731	163.5
Kansas	274	24,413	89.1
Kentucky	986	44,353	45.0
Louisiana	188	22,365	119.0
Maine	188	8,827	47.0
Maryland	1,134	19,180	16.9
Massachusetts	291	34,887	119.9
Michigan	1,485	72,137	48.6
Minnesota	501	23,533	47.0
Mississippi	369	25,649	69.5
Missouri	-	-	-
Montana	225	6,455	28.7
Nebraska	193	13,779	71.4
Nevada	159	14,883	93.6
New Hampshire	135	9,931	73.6
New Jersey	1,287	61,859	48.1
New Mexico	173	21,759	125.8
New York	-	-	-
North Carolina	848	57,660	68.0
North Dakota	-	-	-
Ohio	-	-	-
Oklahoma	535	32,674	61.1
Oregon	513	35,979	70.1
Pennsylvania	-	-	-
Puerto Rico	294	12,208	41.5
Rhode Island	77	4,130	53.6
South Carolina	469	36,226	77.2
South Dakota	46	2,819	61.3
Tennessee	1,016	62,499	61.5
Texas	3,928	178,221	45.4
Utah	132	22,193	168.1
Vermont	49	3,219	65.7
Virginia	631	34,871	55.3
Washington	606	41,428	68.4
West Virginia	324	23,906	73.8
Wisconsin	-	-	-
Wyoming	-	-	-
National	21,444	1,309,450	61.1
Reporting States	41	41	-



Children

CHAPTER 3

This chapter discusses the children who are the subjects of reports (screened-in referrals) and the characteristics of those who are determined to be victims of abuse and neglect. The Child Abuse Prevention and Treatment Act (CAPTA), (P.L. 100–294), 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.

CAPTA recognizes individual state authority by providing this minimum federal definition of child abuse and neglect. Each state defines child abuse and neglect in its own statutes and policies and the child welfare agencies determine the appropriate response for the alleged maltreatment based on those statutes and policies. While the purpose of the National Child Abuse and Neglect Data System (NCANDS) is to collect nationally standardized aggregate and case-level child maltreatment data, readers should exercise caution in making state-to-state comparisons. States map their own codes to the NCANDS codes.

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

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

Less commonly used NCANDS dispositions for investigation responses include:

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

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

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

Alternative Response

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

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

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

Unique and Duplicate Counts

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

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

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

For FFY 2024, 2,990,234 children received either an investigation or alternative response at a rate of 40.6 children per 1,000 in the population. This is a 5.1 percent decrease in the number of children from FFY 2020 when 3,151,631 children received an investigation or alternative response at a rate of 42.1 per 1,000 children. See [table 3–1](#) and related notes.

At the state level, the percent change for FFY 2020 to FFY 2024 ranged from a 41.9 percent decrease to a 66.2 percent increase.⁹ State explanations for changes in the number of children who received a CPS response across the 5 years include changes to screening and assessment tools and policies for better reporting and consistency, reducing backlog, no longer accepting anonymous maltreatment reports, new Comprehensive Child Welfare Information System (CCWIS) updates to improve reporting, decreases in mandated reporting due to COVID-19, and increased number of completed investigations due to hiring private companies and outsourcing to a private task force. Please see Appendix D, State Commentary, for state-specific information about changes. Information about a change may be in an earlier edition of Child Maltreatment.

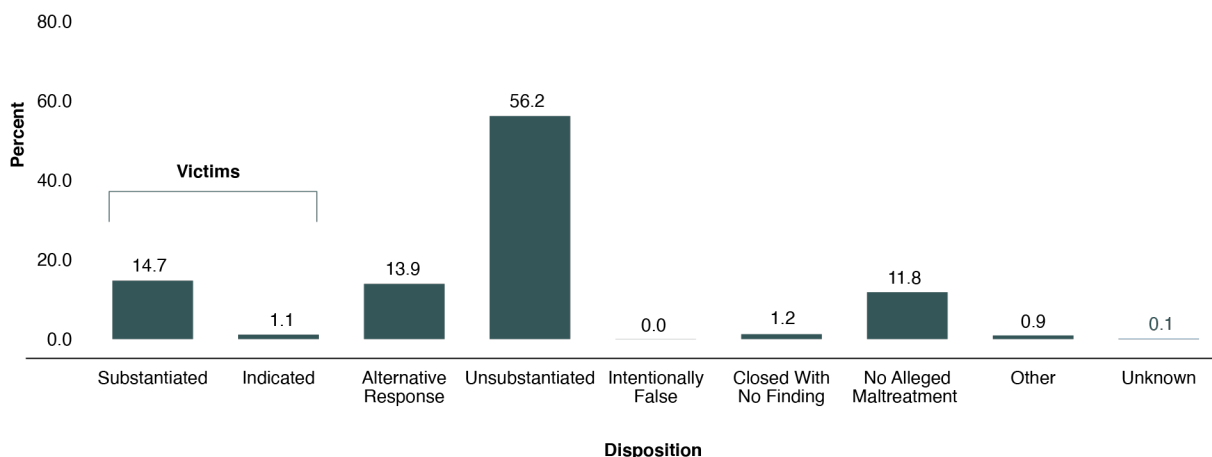
Children Who Received an Investigation or Alternative Response by Disposition (duplicate count of children)

For FFY 2024, 3,628,283 children (duplicate count) are the subjects of reports (screened-in referrals). A child may be a victim in one report and a nonvictim in another report, and in this analysis, the child is counted both times. Of these children, 15.8 percent are classified as victims with dispositions of substantiated (14.7%) and indicated (1.1%). The remaining children are not determined to be victims or have received an alternative response. More than one-half (56.2%) of children have unsubstantiated dispositions. See [table 3–2](#), [exhibit 3–A](#), and related notes.

⁹ Alaska and Puerto Rico, respectively.

Exhibit 3–A Children Who Received an Investigation or Alternative Response by Disposition, 2024

Fewer than 16 percent of children received a disposition of substantiated or indicated and are counted as maltreatment victims



Based on data from 52 states. See [table 3–2](#).

Number of Child Victims (unique count of child victims)

In NCANDS, a victim is defined as:

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

For FFY 2024, 52 states reported 532,228 victims of child abuse and neglect. This equates to a national rate of 7.2 victims per 1,000 children in the population. The FFY 2024 state victimization rates range from a low of 1.2 to a high of 15.4 per 1,000 children in the population.¹⁰ The FFY 2024 number of victims is a 14.1 percent decrease from the FFY 2020 number of victims 619,480 reported by 52 states.

Looking at the most recent 5 years of data, the largest number of victims was for FFY 2020, and the number of victims has been decreasing since that year. See [table 3–3](#) and related notes. States have different policies about what is considered child maltreatment, the type of CPS responses (alternative and investigation), and different levels of evidence required to substantiate an abuse allegation, all or some of which may account for variations in victimization rates.

At the state level, the percent change in the number of victims of abuse and neglect from FFY 2020 to 2024 ranges from a 58.1 percent decrease to a 47.7 percent increase.¹¹ Comments about changes to legislation, child welfare policy, and practice that may contribute to an increase or decrease in the number of victims are provided by states in Appendix D, State

¹⁰ New Jersey and Maine, respectively.

¹¹ North Dakota and Puerto Rico, respectively.

Commentary. Reasons for differences across the 5 years as provided by states include: one state changed its dispositions from alternative response victims to indicated, one state changed its definition of neglect, resolving an investigation or assessment backlog, CCWIS implementation, new screening and intake tools and procedures, alternative response program implementation, and a number of states cited the multiyear effects of the COVID-19 pandemic. Information about a change may be in an earlier edition of Child Maltreatment.

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

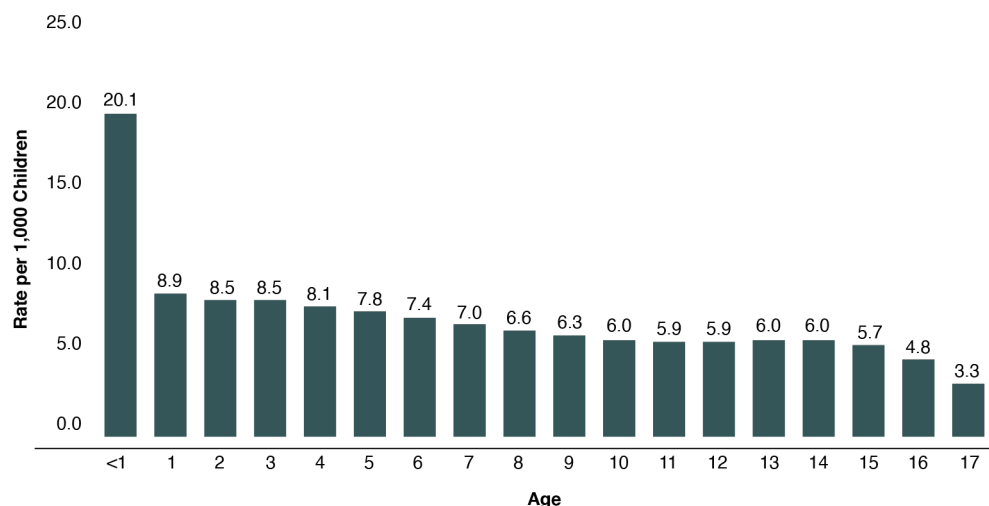
Based on data from 52 states, the FFY 2024 rate of first-time victims is 5.1 per 1,000 children in the population. When compared to all victims, 70.8 percent are first-time victims. First-time victim rates ranged from a low of 0.9 per 1,000 children to a high of 14.1 per 1,000 children.¹² States use the disposition date of prior substantiated or indicated maltreatments to determine whether the victim is a first-time victim. See [table 3–4](#) and related notes.

Child Victim Demographics (unique count of child victims)

The youngest children are the most vulnerable to maltreatment. More than one-quarter (26.0%) of victims are in the age range of birth through 2 years old. Infant victims younger than 1 year are 13.7 percent of all victims. The victimization rate is highest for infant victims younger than 1 year at 20.1 per 1,000 children in the population of the same age, which is 2.3 times the rate of victims who are 1 year at 8.9 per 1,000 children. Victims who are 2 or 3 years old have victimization rates of 8.5 and 8.5 victims per 1,000 children of those respective ages in the population. Readers may notice some states have lower rates across age groups than other states. The states with lower rates may assign low-risk cases to alternative response or have other state policies or programs in place for maltreatment allegations. In general, the rate of victimization decreases with the child's age. See [table 3–5](#), [exhibit 3–B](#), and related notes.

Exhibit 3–B Victims by Age, 2024

The youngest children are the most vulnerable to maltreatment



Based on data from 52 states. See [table 3–5](#).

¹² Washington and West Virginia, respectively.

The percentages of child victims by sex are 51.6 percent for girls and 48.0 percent for boys. The sex is unknown for 0.3 percent of victims. The FFY 2024 victimization rate for girls is 7.6 per 1,000 girls in the population, which is higher than the rate for boys at 6.8 per 1,000 boys in the population. See [table 3–6](#) and related notes.

Most victims are one of three races or ethnicities—White 40.8 percent, Hispanic 23.8 percent, and Black or African-American 22.7 percent. The racial distributions for all children in the population are 47.5 percent White, 26.9 percent Hispanic, and 13.9 percent Black or African-American. See [table C–3](#) and related notes. For FFY 2024, American Indian or Alaska Native children have the highest rate of victimization at 13.3 per 1,000 children in the population of the same race or ethnicity and Black or African-American children have the second highest rate at 11.8 per 1,000 children in the population of the same race or ethnicity. See [table 3–7](#) and related notes.

Maltreatment Types

NCANDS collects all maltreatment type allegations, however only those maltreatment types with a disposition of substantiated or indicated are included in the Child Maltreatment report. A child may be determined to be a victim multiple times within the same FFY and up to four different maltreatment types in each victim report. A child also may be determined to be a victim of the same maltreatment type multiple times in the same FFY, just not in the same report. For example, a child may be the victim of neglect twice in the same year, but the neglect maltreatment type cannot be present twice in the same victim report. This section discusses two ways of analyzing maltreatment types that answer different questions about which types of maltreatments do victims suffer and whether victims suffer from single or multiple maltreatment types.

Focus on Single Types of Maltreatments

(duplicate count of victims)

As discussed in *Child Maltreatment 2022* in the maltreatment type combinations analysis (pp 94–95), the majority of victims experience a single maltreatment type.¹³ The purpose of this analysis is to count FFY 2024 victims for each investigation that resulted in a substantiation and display the victims with a single type of maltreatment at the state level. If a victim has two or more substantiated maltreatment types in the same report, the victim is counted in the multiple maltreatment type category. For example:

- A victim with two separate substantiated reports of neglect in FFY 2024 is counted twice in neglect only.
- A victim with one substantiated report with both neglect and physical abuse is counted once in the multiple maltreatments category.
- A victim with two separate substantiated reports in FFY 2024, one with neglect and a second report with physical abuse, is counted once in neglect only and once in physical abuse only.

¹³ <https://acf.gov/cb/data-research/child-maltreatment>

The FFY 2024 data shows nearly two-thirds (63.3%) of duplicate victims experience neglect only and 11.4 percent experience physical abuse only. Fewer than 10.0 percent of duplicate victims have sexual abuse only (6.9%) or psychological maltreatment only (3.9%) substantiated maltreatment types. Slightly more than 10 percent (11.3%) of duplicate victims have an investigation that results in multiple substantiated maltreatment types. In addition, 2.1 percent of duplicate victims are substantiated with the “other” type of maltreatment. See [table 3–8–1](#) and related notes.

States may code any maltreatment as “other” if it does not fit in one of the NCANDS categories. States with larger than average numbers or percentages of victims with the NCANDS “other” maltreatment type may map state categories of threatened harm, threatened abuse, and threat of family violence to the NCANDS “other” category. A few states have policies about conducting investigations into specific maltreatment types. Readers are encouraged to review states’ comments (appendix D) about what is included in the “other” maltreatment type category and for additional information on state policies related to maltreatment types.

Focus on Substantiations

(unique count of child victims and a duplicate count of maltreatment type substantiations)

In this analysis, percentages are calculated against a unique count of victims and a victim who has more than one type of maltreatment is counted for each maltreatment type and for each allegation that is substantiated with either a substantiated or indicated disposition. This answers the question of how many occurrences of each maltreatment type did victims have. For example:

- A victim with three separate substantiated reports of neglect in FFY 2024 is counted three times in neglect.
- A victim with one substantiated report with both neglect and physical abuse is counted once in neglect and once in physical abuse.
- A victim with two separate substantiated reports in FFY 2024, one with neglect and a second report with physical abuse, is counted once in neglect and once in physical abuse.

The FFY 2024 data show 79.3 percent of victims experience neglect. Nearly one-fifth (19.0 %) of victims were physically abused and 9.4 percent were sexually abused. Victims experienced the “other” maltreatment type 3.3 percent. See [table 3–8–2](#) and related notes.

Perpetrator Relationship

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

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

The FFY 2024 data shows 89.1 percent of victims are maltreated by one or both parents. The parent(s) could have acted together, acted alone, or acted with up to two other people to maltreat the child. The parent categories with the largest percentages are victims maltreated by a mother acting alone (37.0%), victims maltreated by a father acting alone (25.0%), and victims maltreated by both parents (19.3%). See [table 3–9](#) and related notes.

Perpetrators who are not the victim's parent maltreated 15.2 percent of victims. The largest categories in the nonparent group are relative(s) (5.4%), unmarried partner(s) of parent (3.2%), and "other(s)" (3.5%). The NCANDS category of "other(s)" perpetrator relationship includes any relationship that does not map to one of the NCANDS relationship categories. According to states' commentary, this category includes nonrelated adult, nonrelated child, foster sibling, babysitter, household staff, clergy, and school personnel. See appendix D for more information on what states include as "other" perpetrator relationship.

Risk Factors

Risk factors are characteristics of a child or caregiver that may increase the likelihood of child maltreatment. NCANDS collects data for 9 child risk factors and 12 caregiver risk factors. Risk factors can be difficult to accurately assess or may require clinical diagnosis and therefore be undetected or unknown during the investigation or alternative response. Some states may not have the resources to gather information from other sources or agencies or the ability to collect or store certain information in their child welfare system. If the case is closed prior to the diagnosis, the CPS agency may not be notified and the information will not be reported to NCANDS. Caregivers with these risk factors who are included in each analysis may or may not be the perpetrators responsible for the maltreatment. For FFY 2024, data are analyzed for caregiver risk factors with the following NCANDS definitions:

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

Please see Appendix B, Glossary for these and additional NCANDS definitions.

As not every state is able to report on every caregiver risk factor, the national percentages are calculated only on the number of victims in states reporting each individual risk factor. The largest percentages of victims with caregiver risk factors are those reported with domestic violence and drug abuse. In 39 reporting states, 101,059 victims (25.1%) have the drug abuse caregiver risk factor and in 36 reporting states, 109,772 victims (27.6%) have the domestic violence caregiver factor. See [table 3–10](#) and related notes.

Reporting Infants with Prenatal Substance Exposure Data to NCANDS¹⁴

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

- Infant: The child must be in the age range of birth to 1 year old.
- Referred to CPS by health care provider: The child must have the medical personnel report source.

¹⁴ The Comprehensive Addiction and Recovery Act (CARA) of 2016 amended CAPTA by adding a requirement to report the number of infants with prenatal substance exposure (IPSE), the number of IPSE with a plan of safe care, and the number of IPSE with a referral to appropriate services. States began reporting the new fields with their FFY 2018 NCANDS submissions. Children's Bureau Program Instruction ACYF-CB-PI-17-02 dated January 17, 2018, <https://www.acf.gov/cb/policy-guidance/pi-17-02>.

- Born with and identified as being affected by substance abuse or withdrawal symptoms: The child must have the alcohol abuse, drug abuse, or both alcohol and drug abuse child risk factors.

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

NCANDS uses the following definitions when discussing IPSE¹⁵:

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

Number of Infants with Prenatal Substance Exposure

(unique count of child victims)

FFY 2024 data from 48 states shows 45,645 children referred to CPS agencies as infants with prenatal substance exposure. See [table 3–11](#) and related notes. For FFY 2024, 43 states reported the majority (31,490 or 69.0%) of IPSE are screened-in to CPS to receive either an investigation or alternative response.

For FFY 2024, 39 states reported nearly one-third (31.0%) of IPSE are screened-out. Some states have policies and legislation prohibiting certain referrals from being screened-out and some states have special programs or agencies specifically for certain referrals. For example, a state may routinely screen-out IPSE referrals to a special agency or program unless there are additional maltreatment allegations that require an investigation. See Appendix D, State Commentary, for more information about states' screening policies and additional information about states' capabilities to collect and report data on these IPSE children.

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

CAPTA Section 106 (d) Annual State Data Reports 18 (B) asks for the number of screened-in IPSE who also have a plan of safe care as developed under subsection (b)(2)(B)(iii). For FFY 2024, 35 states report 21,092 screened-in IPSE (69.9%) have a plan of safe care. See [table 3–12](#) and related notes. States that have programs outside of CPS may have plans of safe care for IPSE, but they would not be included in the NCANDS submission.

¹⁵ CAPTA uses terms infants affected by substance abuse, prenatal drug exposure, infants affected by withdrawal symptoms, and Fetal Alcohol Spectrum Disorder. In NCANDS, the term infants with prenatal substance exposure includes all of the terms used by CAPTA.

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

CAPTA Section 106(d) Annual State Data Reports 18 (C) asks for the number of screened-in IPSE who also had a referral to services as described under subsection (b)(2)(B)(iii). For FFY 2024, 34 states report 19,597 screened-in IPSE (65.9%) have a referral to appropriate services. See [table 3–13](#) and related notes.

States that have programs outside of CPS may have referrals for IPSE, but they would not be included in the NCANDS submission. What is considered an appropriate service is up to each state's determination and may depend on the needs of the specific case. According to comments provided by the states, some examples of services that these children and families were referred to include mental and behavioral health, foster care, substance abuse assessment and treatment, and other programs that facilitate early identification of at-risk children and caregivers and link them with early intervention services, public health services, and community-based resources.

Exhibit and Table Notes

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

General

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

- The data for all tables are from the Child File unless otherwise noted.
- Rates are per 1,000 children in the population. Rates are calculated by dividing the relevant reported count (child, victim, first-time victim, etc.) by the child population count (children, by age, etc.) and multiplying by 1,000. The rates are displayed as rounded to the tenth.
- Percentages are displayed as rounded to the tenth.
- Unless otherwise noted, the number of children and victims are unique counts.
- The count of victims includes children with dispositions of substantiated or indicated.
- NCANDS uses the child population estimates that are released annually by the U.S. Census Bureau. These population estimates are provided in Appendix C, State Characteristics.
- The row labeled Reporting States displays the count of states that provided data for the analysis, which also met validation criteria.
- National totals and calculations appear in a single row labeled National instead of separate rows labeled total, rate, or percent.
- Dashes are inserted into cells without any data.

Table 3–1 Children Who Received an Investigation or Alternative Response, 2020–2024

- The percent change was calculated by subtracting 2020 data from 2024 data, dividing the result by 2020 data, and multiplying by 100.

Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2024

- The number of children is a duplicate count.

Table 3–3 Child Victims, 2020–2024

- The percent change was calculated by subtracting 2020 data from 2024 data, dividing the result by 2020 data, and multiplying by 100.

Table 3–4 First-time Victims, 2024

- States are instructed to check whether there was a disposition date of substantiated or indicated associated with the same child prior to the disposition date of the current victim report. States may have different abilities and criteria for how far back they check for first-time victims.

Table 3–5 Victims by Age, 2024

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

Table 3–6 Victims by Sex, 2024

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

Table 3–7 Victims by Race or Ethnicity, 2024

- Counts associated with each racial group are exclusive and do not include Hispanic ethnicity.
- Only those states that have both race and ethnicity population data are included in this analysis.

Table 3–8–1 Duplicate Victims by Maltreatment Type, 2024

- The number of victims is a duplicate count.
- Combinations are at the record level to show the result of the investigation.
- Percentages are calculated against the duplicate count of victims in each state.

Table 3–8–2 Maltreatment Types of Victims, 2024

- A victim who experiences more than one type of maltreatment is counted for each maltreatment type and for each allegation with either a substantiated or indicated disposition.
- Percentages are calculated against the unique count of victims in each state. Percentages total to more than 100.0 as a child may be a victim of more than one maltreatment type.

Table 3–9 Victims by Relationship to Their Perpetrators, 2024

- The percentages are calculated using a duplicate count of relationships and a unique count of victims and total more than 100.0 percent.
- States are excluded from this analysis if fewer than 85.0 percent of duplicate victims are associated with a perpetrator(s).
- States are excluded from this analysis if more than 25.0 percent of duplicate perpetrators have an unknown relationship.
- In NCANDS, a child victim may have up to three perpetrators. A few states' systems do not have the capability of collecting and reporting data for all three perpetrator fields. More information may be found in Appendix D, State Commentary.

- The two parents of known sex category includes mother and father, two mothers, and two fathers.
- The other parents category includes the categories of two parents of known sex with non-parent; three parents of known sex; two parents of known sex and one parent of unknown sex; and one or more parents of unknown sex.
- Nonparent perpetrators counted in combination with parents (e.g., mother and nonparent(s)) 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 a parent.
- Multiple nonparent perpetrators that are in the same category are counted within that category. For example, two child daycare providers are counted as child daycare providers.
- Multiple nonparent perpetrators that are in different categories are counted in the multiple nonparents category (previously called the more than one nonparental perpetrator category). For example, one other relative relationship and one unknown relationship.
- 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. See also [table 5–5](#).

Table 3–10 Victims with Selected Caregiver Risk Factors, 2024

- The national percentages are calculated only on those states able to report the specific risk factor as shown in the column labelled Victims in Reporting States.
- A victim is counted only once if there is more than one report in which the victim is reported with the caregiver risk factor.
- If a victim is reported both with and without the caregiver risk factor, the victim is counted once with the caregiver risk factor.
- States are excluded from this analysis if fewer than 2.0 percent of victims are reported with each specific caregiver risk factor.
- States are included in this analysis if they are not able to differentiate between alcohol abuse and drug abuse caregiver risk factors and reported both risk factors for the same children in both caregiver risk factor categories.

Table 3–11 Infants with Prenatal Substance Exposure by Submission Type, 2024

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

Table 3–12 Screened-in Infants with Prenatal Substance Exposure Who Have a Plan of Safe Care, 2024

- If a screened-in IPSE is reported with and without a plan of safe care, the infant is counted once with the plan of safe care.
- States may be excluded from the count of screened-in referrals for incomplete reporting.

Table 3–13 Screened-in Infants with Prenatal Substance Exposure Who Have a Referral to Appropriate Services, 2024

- If a screened-in IPSE is reported with and without the referral to appropriate services, the infant is counted once with the referral to appropriate services.
- States may be excluded from the count of screened-in referrals for incomplete reporting.

**Table 3–1 Children Who Received an Investigation or Alternative Response,
2020–2024** *(continues next page)*

State	2020	2021	2022	2023	2024	Percent Change from 2020 to 2024
Alabama	36,931	36,139	36,538	36,326	34,588	-6.3
Alaska	15,460	10,816	9,799	9,591	8,977	-41.9
Arizona	77,146	57,942	71,670	71,896	59,933	-22.3
Arkansas	54,775	52,887	55,674	58,280	51,447	-6.1
California	306,919	271,487	292,782	294,325	268,439	-12.5
Colorado	43,483	43,197	41,159	40,912	37,211	-14.4
Connecticut	14,135	13,416	15,561	16,757	17,339	22.7
Delaware	10,672	10,006	12,014	11,133	10,218	-4.3
District of Columbia	8,651	7,824	8,211	6,621	5,127	-40.7
Florida	251,149	256,060	251,757	251,995	247,390	-1.5
Georgia	121,595	106,948	104,979	100,192	109,236	-10.2
Hawaii	4,938	4,845	5,193	4,209	3,512	-28.9
Idaho	12,769	12,850	10,666	10,566	11,337	-11.2
Illinois	140,762	142,309	158,622	157,150	160,006	13.7
Indiana	139,343	135,799	123,644	123,428	123,786	-11.2
Iowa	35,469	38,953	38,790	37,455	34,885	-1.6
Kansas	29,552	26,134	24,366	23,037	25,008	-15.4
Kentucky	67,066	55,547	52,816	50,479	54,624	-18.6
Louisiana	23,553	20,623	23,633	33,998	29,975	27.3
Maine	18,871	17,524	16,008	17,062	16,046	-15.0
Maryland	29,852	21,367	23,038	20,647	21,932	-26.5
Massachusetts	62,829	65,918	65,920	64,062	59,314	-5.6
Michigan	129,271	127,759	138,996	138,899	145,107	12.3
Minnesota	36,274	32,919	32,958	31,465	29,881	-17.6
Mississippi	33,450	34,732	36,698	32,398	34,367	2.7
Missouri	62,059	59,129	60,422	67,085	75,674	21.9
Montana	15,528	13,484	11,158	10,462	9,641	-37.9
Nebraska	25,964	29,093	27,634	28,622	27,867	7.3
Nevada	27,980	29,351	29,963	28,339	28,332	1.3
New Hampshire	13,336	11,816	12,742	12,838	12,439	-6.7
New Jersey	70,179	66,321	74,766	78,929	79,120	12.7
New Mexico	25,980	23,281	24,529	22,176	24,983	-3.8
New York	194,127	189,559	192,737	192,039	188,750	-2.8
North Carolina	115,472	109,236	113,162	111,443	106,717	-7.6
North Dakota	5,570	4,598	4,764	4,560	5,497	-1.3
Ohio	104,750	106,012	102,858	94,718	90,992	-13.1
Oklahoma	58,379	55,518	51,985	53,127	51,511	-11.8
Oregon	48,161	43,312	47,707	45,504	45,421	-5.7
Pennsylvania	35,447	34,167	39,414	38,751	40,078	13.1
Puerto Rico	12,510	13,646	12,956	17,231	20,791	66.2
Rhode Island	8,062	6,967	6,160	6,442	5,497	-31.8
South Carolina	63,067	63,842	65,470	67,467	66,184	4.9
South Dakota	4,032	3,800	3,987	4,122	4,567	13.3
Tennessee	86,109	85,534	88,309	83,431	78,422	-8.9
Texas	263,493	278,119	289,231	280,483	245,536	-6.8
Utah	25,860	25,642	26,819	26,790	27,330	5.7
Vermont	3,178	2,902	3,790	3,857	3,439	8.2
Virginia	44,902	44,037	44,896	45,994	45,799	2.0
Washington	47,375	43,474	45,834	45,354	44,201	-6.7
West Virginia	49,128	46,595	46,198	37,350	31,496	-35.9
Wisconsin	32,062	30,191	30,556	28,489	27,176	-15.2
Wyoming	4,006	3,801	3,642	3,229	3,089	-22.9
National	3,151,631	3,027,428	3,113,181	3,081,715	2,990,234	-5.1
Reporting States	52	52	52	52	52	-

Table 3–1 Children Who Received an Investigation or Alternative Response, 2020–2024

State	2020 Rate per 1,000 Children	2021 Rate per 1,000 Children	2022 Rate per 1,000 Children	2023 Rate per 1,000 Children	2024 Rate per 1,000 Children
Alabama	32.7	32.0	32.3	32.0	30.5
Alaska	85.8	60.5	55.3	54.6	51.3
Arizona	48.2	36.3	44.9	45.2	37.7
Arkansas	77.5	75.0	78.7	82.6	73.3
California	34.5	31.1	34.0	34.6	31.9
Colorado	34.5	34.7	33.5	33.5	30.7
Connecticut	19.1	18.3	21.3	23.0	23.8
Delaware	50.8	47.7	56.8	52.2	47.8
District of Columbia	68.4	62.4	64.8	51.6	39.5
Florida	58.7	59.8	57.5	56.6	55.0
Georgia	47.7	42.2	41.2	39.3	43.0
Hawaii	16.1	16.1	17.5	14.3	12.0
Idaho	27.9	27.6	22.7	22.5	24.2
Illinois	49.1	50.6	57.5	57.7	59.3
Indiana	86.9	85.1	77.5	77.6	78.0
Iowa	47.8	52.8	52.9	51.2	47.8
Kansas	41.5	37.1	34.8	33.1	36.1
Kentucky	65.3	54.3	51.7	49.3	53.3
Louisiana	21.3	18.9	21.9	31.7	28.1
Maine	74.3	69.4	63.7	68.3	64.9
Maryland	21.5	15.5	16.8	15.0	16.0
Massachusetts	45.2	48.3	48.6	47.3	43.8
Michigan	59.3	59.2	65.0	65.5	68.8
Minnesota	27.2	24.9	25.1	24.1	23.0
Mississippi	47.8	50.1	53.4	47.5	50.9
Missouri	44.5	42.6	43.7	48.7	55.2
Montana	66.3	57.3	47.2	44.5	41.4
Nebraska	53.2	60.0	57.1	59.1	57.5
Nevada	40.1	42.2	43.2	41.1	41.2
New Hampshire	51.4	45.9	50.0	50.9	49.9
New Jersey	34.2	32.7	36.9	38.8	38.7
New Mexico	54.5	49.7	53.3	48.9	55.8
New York	46.1	46.1	47.8	48.1	47.4
North Carolina	49.8	47.1	48.5	47.4	45.2
North Dakota	29.9	24.9	25.8	24.6	29.7
Ohio	39.8	40.6	39.6	36.6	35.3
Oklahoma	60.6	57.6	53.7	54.8	53.3
Oregon	55.2	50.3	56.4	54.5	55.0
Pennsylvania	13.1	12.8	14.8	14.7	15.2
Puerto Rico	22.1	25.1	25.0	34.6	43.2
Rhode Island	38.1	33.4	29.7	31.3	26.9
South Carolina	56.4	56.9	57.6	58.8	57.4
South Dakota	18.4	17.3	18.0	18.6	20.7
Tennessee	55.4	55.0	56.3	52.9	49.6
Texas	35.3	37.3	38.4	36.8	32.0
Utah	27.2	27.0	28.4	28.5	29.3
Vermont	26.8	24.7	32.5	33.6	30.4
Virginia	23.5	23.2	23.8	24.4	24.3
Washington	27.9	25.8	27.5	27.4	26.7
West Virginia	135.6	130.0	130.2	106.1	90.4
Wisconsin	24.8	23.7	24.2	22.7	21.9
Wyoming	29.9	28.7	27.8	24.9	24.1
National	42.1	40.8	42.1	41.8	40.6
Reporting States	-	-	-	-	-

Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2024 *(continues next page)*

State	Substantiated	Indicated	Alternative Response	Unsubstantiated	Intentionally False
Alabama	11,482	-	-	24,120	-
Alaska	2,468	-	-	7,069	-
Arizona	10,988	72	-	46,992	-
Arkansas	6,903	-	8,293	24,508	-
California	47,381	-	-	229,277	-
Colorado	8,776	-	18,017	17,120	-
Connecticut	6,031	-	-	14,480	-
Delaware	797	-	596	6,283	-
District of Columbia	1,046	-	-	2,526	-
Florida	19,206	-	-	192,384	-
Georgia	13,281	-	34,792	35,496	-
Hawaii	799	-	-	2,929	-
Idaho	1,816	-	-	11,895	-
Illinois	35,981	-	-	115,272	355
Indiana	22,612	-	-	141,256	-
Iowa	11,042	-	12,228	25,715	-
Kansas	2,120	-	-	30,610	-
Kentucky	16,663	-	3,908	46,453	-
Louisiana	8,572	-	-	22,925	-
Maine	2,699	1,339	-	10,123	-
Maryland	4,172	2,580	12,019	5,424	-
Massachusetts	22,433	-	-	22,714	-
Michigan	13,470	10,381	-	81,208	10
Minnesota	4,831	-	20,594	7,535	-
Mississippi	10,821	-	-	29,464	-
Missouri	4,640	-	58,692	29,925	-
Montana	2,631	11	-	8,500	-
Nebraska	2,804	-	5,572	15,125	-
Nevada	6,169	-	888	17,143	-
New Hampshire	1,358	-	-	12,854	-
New Jersey	2,554	-	-	94,046	-
New Mexico	7,387	-	-	25,682	-
New York	52,508	-	26,321	158,686	-
North Carolina	7,860	19,691	72,716	23,083	-
North Dakota	684	-	-	5,065	-
Ohio	15,338	5,748	47,275	35,400	-
Oklahoma	13,870	-	569	37,872	-
Oregon	12,164	-	-	37,844	-
Pennsylvania	4,761	-	-	35,694	-
Puerto Rico	5,926	271	-	11,093	104
Rhode Island	2,374	-	-	3,745	-
South Carolina	13,345	-	-	44,452	-
South Dakota	1,848	-	-	3,284	-
Tennessee	8,708	821	59,437	15,558	-
Texas	51,905	-	42,446	160,194	-
Utah	9,189	-	-	20,389	49
Vermont	700	-	1,289	2,209	11
Virginia	4,604	-	37,382	8,448	-
Washington	4,197	-	33,237	20,184	55
West Virginia	6,095	-	-	34,606	-
Wisconsin	3,580	-	5,024	23,077	-
Wyoming	733	-	2,526	252	-
National	534,322	40,914	503,821	2,038,188	584
National Percent	14.7	1.1	13.9	56.2	0.0
Reporting States	52	9	22	52	6

Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2024

State	Closed With No Finding	No Alleged Maltreatment	Other	Unknown	Total Children
Alabama	1,709	-	-	98	37,409
Alaska	1,621	-	-	-	11,158
Arizona	1,231	12,102	-	-	71,385
Arkansas	1,182	20,467	-	-	61,353
California	-	44,210	-	-	320,868
Colorado	-	-	-	677	44,590
Connecticut	-	-	-	-	20,511
Delaware	2,894	945	-	-	11,515
District of Columbia	151	1,872	-	2	5,597
Florida	-	83,755	-	602	295,947
Georgia	-	47,353	-	-	130,922
Hawaii	-	-	-	26	3,754
Idaho	-	-	-	-	13,711
Illinois	-	59,372	-	-	210,980
Indiana	-	-	-	-	163,868
Iowa	-	-	-	-	48,985
Kansas	236	-	-	-	32,966
Kentucky	1,076	-	130	-	68,230
Louisiana	2,111	-	-	-	33,608
Maine	-	5,980	-	-	20,141
Maryland	-	-	-	-	24,195
Massachusetts	-	17,944	7,839	-	70,930
Michigan	755	81,193	-	-	187,017
Minnesota	1,443	-	-	-	34,403
Mississippi	1,189	-	-	-	41,474
Missouri	3,721	-	779	47	97,804
Montana	278	11	73	-	11,504
Nebraska	237	11,462	-	-	35,200
Nevada	831	8,923	-	-	33,954
New Hampshire	227	-	-	545	14,984
New Jersey	-	-	-	-	96,600
New Mexico	-	-	-	-	33,069
New York	-	1,984	-	-	239,499
North Carolina	-	-	188	-	123,538
North Dakota	227	-	-	-	5,976
Ohio	3,644	-	-	-	107,405
Oklahoma	5,689	-	-	-	58,000
Oregon	-	-	5,265	-	55,273
Pennsylvania	-	-	-	-	40,455
Puerto Rico	1,896	3,680	-	-	22,970
Rhode Island	36	-	-	-	6,155
South Carolina	-	25,950	-	-	83,747
South Dakota	135	-	-	-	5,267
Tennessee	5,166	-	2	13	89,705
Texas	2,375	-	18,299	2,905	278,124
Utah	2,234	-	-	-	31,861
Vermont	-	-	-	-	4,209
Virginia	44	500	-	4	50,982
Washington	1,878	-	-	-	59,551
West Virginia	1,041	-	-	-	41,742
Wisconsin	-	-	-	-	31,681
Wyoming	-	-	-	-	3,511
National	45,257	427,703	32,575	4,919	3,628,283
National Percent	1.2	11.8	0.9	0.1	100.0
Reporting States	29	18	8	10	52

Table 3–3 Child Victims, 2020–2024 *(continues next page)*

State	2020	2021	2022	2023	2024	Percent Change from 2020 to 2024
Alabama	11,663	11,840	11,618	11,636	11,205	-3.9
Alaska	3,212	2,733	2,581	2,424	2,266	-29.5
Arizona	9,954	11,037	11,541	11,624	9,776	-1.8
Arkansas	9,241	9,616	8,927	7,842	6,657	-28.0
California	60,317	55,503	50,869	47,824	44,943	-25.5
Colorado	11,615	11,147	9,777	9,868	8,185	-29.5
Connecticut	6,346	5,570	5,032	5,227	5,576	-12.1
Delaware	1,200	1,131	1,077	882	788	-34.3
District of Columbia	1,568	1,647	1,574	1,269	1,012	-35.5
Florida	28,268	27,394	24,505	22,842	18,455	-34.7
Georgia	8,690	9,643	10,524	11,435	12,803	47.3
Hawaii	1,294	1,322	1,228	831	769	-40.6
Idaho	1,958	2,268	2,005	2,017	1,775	-9.3
Illinois	35,437	35,841	32,433	32,054	31,611	-10.8
Indiana	22,648	21,556	19,185	18,267	21,314	-5.9
Iowa	10,600	11,271	11,150	10,789	9,395	-11.4
Kansas	2,386	2,140	1,861	1,807	2,008	-15.8
Kentucky	16,748	14,963	12,340	14,484	14,505	-13.4
Louisiana	6,859	6,422	7,572	8,971	8,254	20.3
Maine	4,726	4,228	3,792	3,741	3,800	-19.6
Maryland	7,242	6,303	6,564	6,074	6,272	-13.4
Massachusetts	22,538	22,654	22,075	21,710	20,196	-10.4
Michigan	26,932	24,515	23,500	22,728	22,634	-16.0
Minnesota	6,647	5,544	5,299	4,988	4,645	-30.1
Mississippi	8,136	8,526	9,028	8,781	10,029	23.3
Missouri	4,449	4,262	3,932	4,419	4,545	2.2
Montana	3,777	3,077	2,714	2,628	2,492	-34.0
Nebraska	2,376	2,471	2,026	2,228	2,645	11.3
Nevada	5,016	5,547	5,851	6,496	5,778	15.2
New Hampshire	1,182	985	1,034	1,276	1,328	12.4
New Jersey	3,655	3,188	3,146	2,951	2,466	-32.5
New Mexico	7,050	5,964	5,817	5,670	6,293	-10.7
New York	59,126	56,760	50,056	46,431	45,746	-22.6
North Carolina	23,480	21,643	23,134	23,737	25,478	8.5
North Dakota	1,614	1,349	1,132	898	677	-58.1
Ohio	23,691	24,267	22,439	20,598	19,381	-18.2
Oklahoma	14,685	13,719	13,546	13,198	13,192	-10.2
Oregon	11,487	10,573	10,479	10,773	11,251	-2.1
Pennsylvania	4,582	4,683	5,005	4,455	4,516	-1.4
Puerto Rico	3,572	4,753	4,320	4,446	5,277	47.7
Rhode Island	2,743	2,588	2,444	2,514	2,274	-17.1
South Carolina	14,263	15,307	14,572	13,628	12,442	-12.8
South Dakota	1,570	1,459	1,451	1,445	1,679	6.9
Tennessee	8,687	7,739	6,924	7,638	9,364	7.8
Texas	65,116	65,253	54,207	54,476	50,040	-23.2
Utah	9,694	9,233	8,765	8,640	8,742	-9.8
Vermont	530	392	672	660	607	14.5
Virginia	5,658	4,944	4,563	4,342	4,484	-20.7
Washington	3,967	3,487	3,389	3,194	3,427	-13.6
West Virginia	6,116	6,094	5,510	4,850	5,110	-16.4
Wisconsin	4,177	4,229	4,082	3,694	3,407	-18.4
Wyoming	992	886	821	762	714	-28.0
National	619,480	599,666	558,088	546,162	532,228	-14.1
Reporting States	52	52	52	52	52	-

Table 3–3 Child Victims, 2020–2024

State	2020 Rate per 1,000 Children	2021 Rate per 1,000 Children	2022 Rate per 1,000 Children	2023 Rate per 1,000 Children	2024 Rate per 1,000 Children
Alabama	10.3	10.5	10.3	10.3	9.9
Alaska	17.8	15.3	14.6	13.8	13.0
Arizona	6.2	6.9	7.2	7.3	6.2
Arkansas	13.1	13.6	12.6	11.1	9.5
California	6.8	6.4	5.9	5.6	5.3
Colorado	9.2	9.0	8.0	8.1	6.7
Connecticut	8.6	7.6	6.9	7.2	7.7
Delaware	5.7	5.4	5.1	4.1	3.7
District of Columbia	12.4	13.1	12.4	9.9	7.8
Florida	6.6	6.4	5.6	5.1	4.1
Georgia	3.4	3.8	4.1	4.5	5.0
Hawaii	4.2	4.4	4.1	2.8	2.6
Idaho	4.3	4.9	4.3	4.3	3.8
Illinois	12.3	12.7	11.8	11.8	11.7
Indiana	14.1	13.5	12.0	11.5	13.4
Iowa	14.3	15.3	15.2	14.7	12.9
Kansas	3.3	3.0	2.7	2.6	2.9
Kentucky	16.3	14.6	12.1	14.1	14.1
Louisiana	6.2	5.9	7.0	8.4	7.7
Maine	18.6	16.7	15.1	15.0	15.4
Maryland	5.2	4.6	4.8	4.4	4.6
Massachusetts	16.2	16.6	16.3	16.0	14.9
Michigan	12.3	11.4	11.0	10.7	10.7
Minnesota	5.0	4.2	4.0	3.8	3.6
Mississippi	11.6	12.3	13.1	12.9	14.9
Missouri	3.2	3.1	2.8	3.2	3.3
Montana	16.1	13.1	11.5	11.2	10.7
Nebraska	4.9	5.1	4.2	4.6	5.5
Nevada	7.2	8.0	8.4	9.4	8.4
New Hampshire	4.6	3.8	4.1	5.1	5.3
New Jersey	1.8	1.6	1.6	1.5	1.2
New Mexico	14.8	12.7	12.6	12.5	14.0
New York	14.0	13.8	12.4	11.6	11.5
North Carolina	10.1	9.3	9.9	10.1	10.8
North Dakota	8.7	7.3	6.1	4.8	3.7
Ohio	9.0	9.3	8.6	8.0	7.5
Oklahoma	15.2	14.2	14.0	13.6	13.7
Oregon	13.2	12.3	12.4	12.9	13.6
Pennsylvania	1.7	1.7	1.9	1.7	1.7
Puerto Rico	6.3	8.7	8.3	8.9	11.0
Rhode Island	13.0	12.4	11.8	12.2	11.1
South Carolina	12.7	13.6	12.8	11.9	10.8
South Dakota	7.2	6.6	6.6	6.5	7.6
Tennessee	5.6	5.0	4.4	4.8	5.9
Texas	8.7	8.7	7.2	7.2	6.5
Utah	10.2	9.7	9.3	9.2	9.4
Vermont	4.5	3.3	5.8	5.7	5.4
Virginia	3.0	2.6	2.4	2.3	2.4
Washington	2.3	2.1	2.0	1.9	2.1
West Virginia	16.9	17.0	15.5	13.8	14.7
Wisconsin	3.2	3.3	3.2	2.9	2.7
Wyoming	7.4	6.7	6.3	5.9	5.6
National	8.3	8.1	7.5	7.4	7.2
Reporting States	-	-	-	-	-

Table 3–4 First-time Victims, 2024

State	First-time Victims	First-time Victims Rate per 1,000 Children
Alabama	8,894	7.8
Alaska	1,470	8.4
Arizona	5,300	3.3
Arkansas	5,485	7.8
California	35,637	4.2
Colorado	5,547	4.6
Connecticut	4,073	5.6
Delaware	638	3.0
District of Columbia	645	5.0
Florida	8,343	1.9
Georgia	10,709	4.2
Hawaii	602	2.1
Idaho	1,445	3.1
Illinois	19,387	7.2
Indiana	15,098	9.5
Iowa	6,429	8.8
Kansas	1,797	2.6
Kentucky	9,377	9.1
Louisiana	6,586	6.2
Maine	2,118	8.6
Maryland	4,459	3.3
Massachusetts	11,419	8.4
Michigan	14,427	6.8
Minnesota	4,463	3.4
Mississippi	8,856	13.1
Missouri	3,958	2.9
Montana	2,079	8.9
Nebraska	2,100	4.3
Nevada	3,684	5.4
New Hampshire	1,035	4.2
New Jersey	2,012	1.0
New Mexico	4,299	9.6
New York	27,326	6.9
North Carolina	18,409	7.8
North Dakota	506	2.7
Ohio	14,009	5.4
Oklahoma	10,241	10.6
Oregon	7,039	8.5
Pennsylvania	4,192	1.6
Puerto Rico	4,803	10.0
Rhode Island	1,540	7.5
South Carolina	8,669	7.5
South Dakota	1,297	5.9
Tennessee	5,505	3.5
Texas	40,119	5.2
Utah	6,168	6.6
Vermont	494	4.4
Virginia	4,253	2.3
Washington	1,481	0.9
West Virginia	4,902	14.1
Wisconsin	2,930	2.4
Wyoming	564	4.4
National	376,818	5.1
Reporting States	52	-

Table 3–5 Victims by Age, 2024 *(continues next page)*

State	<1	1	2	3	4	5	6	7	8	9
Alabama	1,806	700	705	657	669	612	569	531	524	531
Alaska	305	153	153	132	124	134	154	123	126	124
Arizona	1,807	620	579	560	542	527	497	491	479	401
Arkansas	1,643	340	365	333	319	323	304	280	259	253
California	6,591	2,738	2,628	2,480	2,494	2,369	2,478	2,338	2,319	2,276
Colorado	1,044	536	484	506	509	484	461	452	466	389
Connecticut	613	334	316	332	276	277	333	263	304	281
Delaware	79	51	40	44	46	33	49	51	42	46
District of Columbia	99	59	54	66	66	68	83	56	78	56
Florida	2,662	1,272	1,179	1,125	1,100	1,034	1,095	949	975	874
Georgia	1,894	678	689	650	709	727	757	718	696	669
Hawaii	94	37	40	39	36	42	45	44	44	38
Idaho	356	82	79	80	86	83	83	87	83	91
Illinois	3,614	2,090	2,200	2,106	2,073	2,062	1,963	1,871	1,762	1,694
Indiana	4,130	1,247	1,240	1,234	1,146	1,163	1,122	1,129	1,015	1,010
Iowa	1,549	557	548	594	527	531	525	487	510	471
Kansas	185	128	122	114	109	117	107	106	125	96
Kentucky	1,756	911	887	856	893	818	784	835	764	727
Louisiana	2,487	483	448	395	426	382	365	350	316	342
Maine	403	186	214	203	217	236	256	236	231	230
Maryland	439	332	317	328	374	358	359	353	296	322
Massachusetts	1,922	1,179	1,103	1,116	1,134	1,097	1,136	1,192	1,099	1,080
Michigan	2,450	1,473	1,493	1,459	1,415	1,303	1,252	1,296	1,231	1,169
Minnesota	608	287	256	283	287	251	264	273	243	253
Mississippi	1,512	505	507	536	541	573	532	453	455	473
Missouri	312	276	262	265	229	234	218	241	240	216
Montana	310	182	153	141	174	155	165	134	141	156
Nebraska	328	170	166	154	152	176	167	153	118	141
Nevada	751	411	366	367	376	337	362	350	343	300
New Hampshire	157	72	81	61	71	82	86	67	75	72
New Jersey	307	143	126	143	130	124	126	127	127	124
New Mexico	708	325	310	324	334	391	371	387	410	380
New York	4,055	2,648	2,585	2,584	2,511	2,637	2,590	2,596	2,569	2,452
North Carolina	2,710	1,499	1,491	1,481	1,512	1,452	1,454	1,492	1,418	1,367
North Dakota	140	56	55	55	38	36	40	41	22	36
Ohio	2,733	1,078	1,081	1,134	1,036	1,085	1,005	1,028	941	940
Oklahoma	1,826	840	884	833	867	778	793	711	686	662
Oregon	1,001	620	642	625	647	634	628	662	643	604
Pennsylvania	375	237	251	230	235	232	208	176	188	194
Puerto Rico	295	247	243	252	321	317	306	299	288	285
Rhode Island	292	160	174	135	151	131	151	133	115	104
South Carolina	1,678	770	753	706	717	729	755	646	681	619
South Dakota	254	120	118	113	105	82	94	105	95	72
Tennessee	3,230	420	387	367	371	357	301	296	309	330
Texas	8,883	4,280	4,006	3,786	3,503	3,412	2,542	2,391	2,256	2,093
Utah	626	392	426	435	432	437	454	460	446	490
Vermont	37	34	22	28	24	22	34	30	37	34
Virginia	530	312	272	307	236	261	226	213	226	199
Washington	348	268	232	254	212	223	198	191	191	169
West Virginia	707	272	291	309	306	296	273	289	283	286
Wisconsin	366	220	205	190	230	213	206	186	188	164
Wyoming	80	69	47	46	38	42	41	45	31	46
National	73,087	33,099	32,275	31,553	31,076	30,479	29,367	28,413	27,509	26,431
Reporting States	52	52	52	52	52	52	52	52	52	52

Table 3–5 Victims by Age, 2024 *(continues next page)*

State	10	11	12	13	14	15	16	17	Unborn, Unknown, and 18–21	Total Victims
Alabama	509	453	467	494	587	568	442	302	79	11,205
Alaska	117	108	114	92	79	90	77	50	11	2,266
Arizona	400	423	406	418	445	436	418	319	8	9,776
Arkansas	240	208	270	289	372	338	282	196	43	6,657
California	2,097	2,109	2,211	2,107	2,056	2,051	2,062	1,513	26	44,943
Colorado	391	386	400	398	380	377	301	200	21	8,185
Connecticut	259	270	315	324	302	295	288	163	31	5,576
Delaware	36	40	43	41	50	44	36	16	1	788
District of Columbia	63	58	46	50	32	36	20	19	3	1,012
Florida	832	778	836	822	820	842	698	495	67	18,455
Georgia	688	625	606	625	648	667	482	267	8	12,803
Hawaii	47	31	56	44	38	38	30	21	5	769
Idaho	93	83	89	94	81	86	76	63	-	1,775
Illinois	1,546	1,437	1,371	1,417	1,312	1,236	1,080	741	36	31,611
Indiana	951	943	956	923	929	859	779	511	27	21,314
Iowa	450	428	404	437	383	400	356	226	12	9,395
Kansas	103	88	100	112	130	103	98	60	5	2,008
Kentucky	732	693	679	701	719	681	626	420	23	14,505
Louisiana	307	312	309	301	313	306	249	143	20	8,254
Maine	214	225	217	192	169	156	131	51	33	3,800
Maryland	344	339	338	361	388	411	343	259	11	6,272
Massachusetts	1,040	1,128	1,029	1,102	1,059	1,085	939	728	28	20,196
Michigan	1,106	1,047	1,124	1,102	1,122	1,033	905	629	25	22,634
Minnesota	232	235	217	204	221	203	195	127	6	4,645
Mississippi	422	473	488	503	592	584	511	328	41	10,029
Missouri	199	208	237	266	321	307	322	190	2	4,545
Montana	132	107	118	104	98	79	87	46	10	2,492
Nebraska	126	105	118	119	141	94	106	94	17	2,645
Nevada	263	263	217	229	239	220	203	168	13	5,778
New Hampshire	55	66	54	57	88	74	67	39	4	1,328
New Jersey	97	128	127	112	153	156	122	81	13	2,466
New Mexico	365	352	315	305	294	242	257	162	61	6,293
New York	2,341	2,445	2,429	2,473	2,630	2,650	2,120	1,350	81	45,746
North Carolina	1,294	1,266	1,211	1,314	1,319	1,301	1,057	733	107	25,478
North Dakota	19	22	26	22	17	21	14	7	10	677
Ohio	908	933	994	993	1,030	988	835	588	51	19,381
Oklahoma	640	567	558	582	610	555	424	338	38	13,192
Oregon	578	592	597	560	559	648	518	441	52	11,251
Pennsylvania	180	209	229	321	305	334	327	229	56	4,516
Puerto Rico	324	297	332	316	371	294	261	197	32	5,277
Rhode Island	107	72	88	93	101	101	86	66	14	2,274
South Carolina	597	541	590	571	547	558	482	285	217	12,442
South Dakota	79	67	78	72	63	68	50	34	10	1,679
Tennessee	318	343	416	407	372	395	388	298	59	9,364
Texas	1,835	1,815	1,726	1,756	1,754	1,523	1,477	839	163	50,040
Utah	455	494	468	540	562	582	570	464	9	8,742
Vermont	35	34	30	40	50	50	36	27	3	607
Virginia	187	195	190	206	196	204	209	152	163	4,484
Washington	159	151	156	184	158	159	114	55	5	3,427
West Virginia	262	254	222	242	240	229	205	123	21	5,110
Wisconsin	156	162	160	193	183	151	143	88	3	3,407
Wyoming	37	39	38	30	30	23	21	10	1	714
National	24,967	24,647	24,815	25,260	25,658	24,931	21,925	14,951	1,785	532,228
Reporting States	52	52	52	52	52	52	52	52	51	52

Table 3–5 Victims by Age, 2024 *(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	31.5	11.8	11.9	11.1	11.1	10.1	9.2	8.5	8.2
Alaska	33.9	16.9	16.9	14.5	13.4	14.7	16.4	12.4	12.3
Arizona	23.2	7.8	7.2	7.1	6.7	6.4	5.9	5.7	5.3
Arkansas	47.3	9.6	10.0	9.3	8.7	8.6	7.9	7.2	6.5
California	16.3	6.6	6.1	6.0	5.8	5.4	5.5	5.0	4.9
Colorado	16.8	8.6	7.7	8.2	8.2	7.7	7.1	6.8	6.8
Connecticut	17.5	9.2	8.4	9.0	7.3	7.3	8.6	6.7	7.5
Delaware	7.5	4.6	3.5	4.1	4.1	2.9	4.2	4.4	3.5
District of Columbia	12.4	7.3	6.7	8.5	8.8	9.1	10.8	7.4	10.4
Florida	11.9	5.5	5.0	4.9	4.7	4.3	4.5	3.8	3.8
Georgia	15.2	5.3	5.4	5.1	5.4	5.5	5.5	5.2	4.9
Hawaii	6.4	2.4	2.6	2.5	2.3	2.6	2.8	2.6	2.6
Idaho	15.7	3.6	3.5	3.5	3.7	3.5	3.3	3.4	3.1
Illinois	28.7	16.2	16.7	15.8	14.8	14.4	13.3	12.4	11.4
Indiana	52.3	15.6	15.1	15.4	13.6	13.7	12.9	12.9	11.3
Iowa	42.7	15.0	14.6	16.1	13.7	13.7	13.2	12.0	12.3
Kansas	5.5	3.7	3.5	3.3	3.0	3.2	2.9	2.8	3.2
Kentucky	33.4	17.1	16.5	16.2	16.5	14.8	13.9	14.7	13.2
Louisiana	46.6	8.6	7.9	7.0	7.6	6.7	6.2	5.9	5.2
Maine	34.9	15.5	17.6	17.0	16.8	18.0	19.4	17.4	16.5
Maryland	6.7	4.8	4.4	4.7	5.1	4.8	4.8	4.6	3.8
Massachusetts	27.8	16.9	15.4	16.3	16.0	15.5	15.5	16.1	14.6
Michigan	24.7	14.4	14.0	13.8	12.7	11.6	10.8	11.0	10.3
Minnesota	9.9	4.5	3.8	4.3	4.2	3.6	3.7	3.8	3.3
Mississippi	45.3	14.4	14.6	15.3	15.3	16.1	14.7	12.5	12.2
Missouri	4.6	4.0	3.7	3.8	3.1	3.2	2.9	3.2	3.1
Montana	27.5	16.5	13.5	12.6	14.8	12.9	13.2	10.4	10.4
Nebraska	13.5	6.8	6.7	6.1	6.0	6.8	6.3	5.7	4.3
Nevada	23.5	12.3	10.5	10.6	10.5	9.2	9.7	9.1	8.7
New Hampshire	13.3	5.8	6.4	4.9	5.5	6.3	6.6	5.0	5.5
New Jersey	3.0	1.4	1.2	1.4	1.2	1.1	1.1	1.1	1.1
New Mexico	34.2	15.0	14.5	15.0	15.2	17.0	15.8	16.1	16.3
New York	19.3	12.6	12.3	12.8	11.8	12.2	11.8	11.8	11.5
North Carolina	22.3	12.2	11.8	12.1	12.2	11.6	11.4	11.5	10.8
North Dakota	14.6	5.7	5.6	5.6	3.8	3.5	3.9	3.8	2.0
Ohio	21.7	8.3	8.2	8.6	7.6	7.8	7.1	7.2	6.4
Oklahoma	38.6	17.1	18.0	17.1	17.3	15.2	15.1	13.2	12.5
Oregon	25.9	15.8	15.5	15.6	15.4	15.0	14.4	14.6	13.7
Pennsylvania	2.9	1.8	1.9	1.7	1.7	1.7	1.5	1.2	1.3
Puerto Rico	16.3	13.2	12.5	13.8	16.3	15.0	14.4	12.9	11.3
Rhode Island	29.3	15.7	16.0	12.9	13.9	11.8	13.4	11.7	9.9
South Carolina	29.0	13.1	12.6	11.9	12.0	12.1	12.2	10.3	10.6
South Dakota	22.3	10.6	10.3	10.1	8.9	6.8	7.7	8.5	7.6
Tennessee	38.9	5.0	4.6	4.5	4.4	4.2	3.5	3.4	3.5
Texas	22.8	10.7	10.0	9.7	8.8	8.4	6.2	5.6	5.1
Utah	13.7	8.6	9.3	9.5	9.0	9.0	9.3	9.1	8.5
Vermont	7.4	6.5	4.0	5.3	4.2	3.8	5.7	4.8	5.8
Virginia	5.7	3.3	2.8	3.2	2.4	2.6	2.2	2.0	2.1
Washington	4.2	3.2	2.7	3.0	2.4	2.5	2.2	2.1	2.0
West Virginia	42.8	16.1	16.9	17.7	17.0	16.4	14.8	15.5	14.6
Wisconsin	6.2	3.6	3.3	3.1	3.5	3.2	3.1	2.7	2.7
Wyoming	13.4	11.4	7.6	7.5	5.9	6.5	6.1	6.4	4.2
National	20.1	8.9	8.5	8.5	8.1	7.8	7.4	7.0	6.6
Reporting States	-	-	-	-	-	-	-	-	-

Table 3–5 Victims by Age, 2024

State	9 Rate per 1,000 Children	10 Rate per 1,000 Children	11 Rate per 1,000 Children	12 Rate per 1,000 Children	13 Rate per 1,000 Children	14 Rate per 1,000 Children	15 Rate per 1,000 Children	16 Rate per 1,000 Children	17 Rate per 1,000 Children
Alabama	8.3	8.1	7.2	7.4	7.7	8.9	8.4	6.3	4.3
Alaska	12.1	11.6	10.6	11.4	9.1	7.9	9.0	7.6	5.0
Arizona	4.4	4.4	4.7	4.5	4.6	4.8	4.5	4.1	3.1
Arkansas	6.3	6.1	5.3	6.8	7.2	9.2	8.1	6.5	4.5
California	4.7	4.3	4.4	4.6	4.3	4.1	4.0	3.9	2.8
Colorado	5.6	5.7	5.7	5.8	5.7	5.3	5.2	4.0	2.6
Connecticut	6.9	6.4	6.6	7.7	7.7	7.0	6.6	6.2	3.4
Delaware	3.8	3.0	3.3	3.5	3.3	4.0	3.5	2.7	1.2
District of Columbia	7.4	8.8	8.2	6.6	7.4	5.2	6.0	3.3	3.0
Florida	3.4	3.3	3.1	3.3	3.2	3.2	3.2	2.5	1.8
Georgia	4.6	4.8	4.4	4.2	4.2	4.3	4.3	3.0	1.7
Hawaii	2.2	2.7	1.8	3.3	2.6	2.3	2.4	1.8	1.3
Idaho	3.4	3.5	3.1	3.3	3.4	2.9	3.0	2.5	2.1
Illinois	10.9	10.1	9.4	8.9	9.0	8.2	7.5	6.3	4.3
Indiana	11.2	10.6	10.5	10.7	10.3	10.1	9.1	8.0	5.2
Iowa	11.3	10.8	10.4	9.9	10.7	9.0	9.1	7.8	4.9
Kansas	2.5	2.6	2.2	2.5	2.8	3.1	2.4	2.3	1.4
Kentucky	12.5	12.6	12.0	11.8	12.2	12.3	11.3	10.0	6.7
Louisiana	5.6	5.1	5.3	5.2	5.1	5.2	4.9	3.8	2.2
Maine	16.4	15.2	15.9	15.4	13.5	11.5	10.2	8.2	3.2
Maryland	4.1	4.5	4.4	4.3	4.6	4.8	5.1	4.1	3.1
Massachusetts	14.3	13.8	14.8	13.4	14.2	13.4	13.4	11.1	8.4
Michigan	9.7	9.2	8.7	9.4	9.1	9.0	8.2	6.9	4.7
Minnesota	3.4	3.1	3.2	2.9	2.7	2.9	2.6	2.4	1.6
Mississippi	12.7	11.3	12.7	13.0	13.3	15.1	14.1	11.7	7.4
Missouri	2.8	2.5	2.7	3.1	3.4	4.0	3.8	3.8	2.2
Montana	11.4	9.7	7.9	8.6	7.7	7.1	5.6	5.9	3.2
Nebraska	5.1	4.5	3.8	4.3	4.4	5.0	3.3	3.6	3.2
Nevada	7.6	6.7	6.7	5.5	5.7	5.9	5.3	4.7	3.9
New Hampshire	5.2	3.9	4.7	3.8	3.9	5.8	4.8	4.1	2.4
New Jersey	1.1	0.8	1.1	1.1	1.0	1.3	1.3	1.0	0.6
New Mexico	14.8	14.1	13.5	12.1	11.5	10.7	8.6	8.7	5.5
New York	10.9	10.5	10.9	10.8	10.9	11.5	11.6	8.9	5.7
North Carolina	10.3	9.8	9.7	9.2	9.9	9.6	9.2	7.2	5.0
North Dakota	3.3	1.8	2.1	2.5	2.2	1.7	2.0	1.3	0.7
Ohio	6.4	6.2	6.4	6.8	6.8	6.9	6.5	5.3	3.7
Oklahoma	12.0	11.5	10.2	10.1	10.5	10.8	9.7	7.1	5.7
Oregon	12.7	12.0	12.4	12.5	11.6	11.3	12.8	9.7	8.3
Pennsylvania	1.3	1.2	1.4	1.5	2.1	2.0	2.1	2.0	1.4
Puerto Rico	10.4	11.1	9.7	10.4	9.6	10.7	8.3	7.3	5.3
Rhode Island	9.1	9.4	6.3	7.7	8.0	8.7	8.4	6.7	5.1
South Carolina	9.5	9.2	8.4	9.1	8.7	8.1	8.0	6.7	4.0
South Dakota	5.7	6.3	5.3	6.3	5.8	5.0	5.3	3.8	2.6
Tennessee	3.7	3.6	3.9	4.7	4.6	4.1	4.2	4.0	3.1
Texas	4.7	4.2	4.2	4.0	4.0	3.9	3.4	3.2	1.8
Utah	9.2	8.5	9.2	8.8	10.0	10.0	10.1	9.5	7.7
Vermont	5.2	5.2	5.2	4.5	6.0	7.3	7.1	4.9	3.6
Virginia	1.9	1.8	1.8	1.8	1.9	1.8	1.8	1.8	1.3
Washington	1.8	1.7	1.6	1.7	2.0	1.6	1.6	1.1	0.6
West Virginia	14.4	13.0	12.4	11.0	11.9	11.6	10.7	9.2	5.5
Wisconsin	2.3	2.2	2.3	2.3	2.7	2.4	2.0	1.8	1.1
Wyoming	6.2	5.0	5.3	5.2	4.0	3.8	2.8	2.5	1.2
National	6.3	6.0	5.9	5.9	6.0	6.0	5.7	4.8	3.3
Reporting States	-	-	-	-	-	-	-	-	-

Table 3–6 Victims by Sex, 2024

State	Boys	Girls	Unknown	Total Victims	Boys Rate per 1,000 Boys	Girls Rate per 1,000 Girls
Alabama	5,207	5,980	18	11,205	9.0	10.8
Alaska	1,109	1,153	4	2,266	12.3	13.5
Arizona	4,664	4,993	119	9,776	5.7	6.4
Arkansas	3,010	3,647	-	6,657	8.4	10.7
California	21,866	23,021	56	44,943	5.1	5.6
Colorado	3,958	4,227	-	8,185	6.4	7.1
Connecticut	2,646	2,866	64	5,576	7.1	8.1
Delaware	360	427	1	788	3.3	4.1
District of Columbia	460	549	3	1,012	7.0	8.6
Florida	8,644	9,662	149	18,455	3.8	4.4
Georgia	6,249	6,541	13	12,803	4.8	5.3
Hawaii	384	378	7	769	2.5	2.7
Idaho	845	930	-	1,775	3.5	4.1
Illinois	15,743	15,751	117	31,611	11.4	11.9
Indiana	10,196	11,111	7	21,314	12.5	14.4
Iowa	4,606	4,784	5	9,395	12.3	13.5
Kansas	876	1,132	-	2,008	2.5	3.3
Kentucky	7,177	7,238	90	14,505	13.7	14.5
Louisiana	4,017	4,213	24	8,254	7.4	8.1
Maine	1,871	1,917	12	3,800	14.7	16.0
Maryland	2,748	3,500	24	6,272	3.9	5.2
Massachusetts	9,673	10,014	509	20,196	14.0	15.1
Michigan	11,302	11,287	45	22,634	10.5	11.0
Minnesota	2,190	2,455	-	4,645	3.3	3.9
Mississippi	4,671	5,338	20	10,029	13.6	16.1
Missouri	2,019	2,526	-	4,545	2.9	3.8
Montana	1,208	1,283	1	2,492	10.1	11.3
Nebraska	1,218	1,427	-	2,645	4.9	6.1
Nevada	2,874	2,904	-	5,778	8.2	8.6
New Hampshire	642	686	-	1,328	5.0	5.7
New Jersey	1,120	1,342	4	2,466	1.1	1.3
New Mexico	3,072	3,188	33	6,293	13.4	14.6
New York	22,523	23,200	23	45,746	11.1	11.9
North Carolina	12,691	12,778	9	25,478	10.5	11.1
North Dakota	328	349	-	677	3.5	3.8
Ohio	8,915	10,429	37	19,381	6.8	8.3
Oklahoma	6,490	6,701	1	13,192	13.1	14.2
Oregon	5,264	5,963	24	11,251	12.4	14.8
Pennsylvania	1,800	2,716	-	4,516	1.3	2.1
Puerto Rico	2,569	2,707	1	5,277	10.5	11.5
Rhode Island	1,116	1,150	8	2,274	10.7	11.5
South Carolina	6,165	6,233	44	12,442	10.5	11.0
South Dakota	835	839	5	1,679	7.4	7.8
Tennessee	4,023	5,284	57	9,364	5.0	6.8
Texas	23,712	26,073	255	50,040	6.1	7.0
Utah	4,056	4,686	-	8,742	8.5	10.3
Vermont	225	382	-	607	3.9	7.0
Virginia	2,134	2,349	1	4,484	2.2	2.6
Washington	1,606	1,809	12	3,427	1.9	2.2
West Virginia	2,578	2,523	9	5,110	14.4	14.9
Wisconsin	1,571	1,812	24	3,407	2.5	3.0
Wyoming	368	346	-	714	5.6	5.6
National	255,594	274,799	1,835	532,228	6.8	7.6
Reporting States	52	52	38	52	-	-

Table 3–7 Victims by Race or Ethnicity, 2024 *(continues next page)*

State	American Indian or Alaska Native	Asian	Black or African-American	Hispanic	Native Hawaiian or Other Pacific Islander	Two or More Races	White	Unknown	Total Victims
Alabama	7	12	3,540	659	7	333	6,501	146	11,205
Alaska	1,178	14	62	81	53	320	411	147	2,266
Arizona	554	51	1,015	3,791	28	460	2,962	915	9,776
Arkansas	16	20	1,402	524	42	520	3,956	177	6,657
California	389	1,109	5,793	26,932	136	1,137	7,575	1,872	44,943
Colorado	57	70	993	3,552	34	377	2,803	299	8,185
Connecticut	6	53	1,267	1,819	3	359	1,849	220	5,576
Delaware	0	7	389	98	0	21	272	1	788
District of Columbia	1	0	763	92	1	8	9	138	1,012
Florida	36	79	5,640	2,018	13	1,229	8,426	1,014	18,455
Georgia	2	36	5,780	1,000	5	809	4,865	306	12,803
Hawaii	2	51	7	18	192	331	107	61	769
Idaho	21	5	5	225	2	47	874	596	1,775
Illinois	24	347	9,975	6,528	7	1,148	13,354	228	31,611
Indiana	17	91	3,730	2,183	20	1,858	13,378	37	21,314
Iowa	95	60	1,451	1,182	72	299	6,209	27	9,395
Kansas	9	6	221	319	1	191	1,220	41	2,008
Kentucky	4	26	1,593	783	9	1,002	10,520	568	14,505
Louisiana	15	17	4,044	406	5	265	3,284	218	8,254
Maine	32	16	118	127	5	136	2,717	649	3,800
Maryland	7	68	2,607	953	4	333	1,553	747	6,272
Massachusetts	34	267	2,587	6,987	1	1,287	7,022	2,011	20,196
Michigan	101	54	7,594	1,759	15	2,236	10,844	31	22,634
Minnesota	383	122	559	685	5	1,006	1,664	221	4,645
Mississippi	10	14	4,666	314	2	291	4,380	352	10,029
Missouri	20	10	886	395	4	86	2,664	480	4,545
Montana	352	5	19	206	4	205	1,689	12	2,492
Nebraska	121	27	393	554	11	260	1,115	164	2,645
Nevada	36	65	1,592	1,850	70	466	1,265	434	5,778
New Hampshire	1	7	46	154	1	49	961	109	1,328
New Jersey	4	32	765	879	6	71	663	46	2,466
New Mexico	703	6	141	3,279	4	109	1,017	1,034	6,293
New York	203	1,149	11,502	14,789	34	2,591	15,114	364	45,746
North Carolina	375	183	9,281	3,383	19	1,321	10,389	527	25,478
North Dakota	147	3	68	36	3	52	312	56	677
Ohio	5	64	4,914	1,465	5	2,223	10,558	147	19,381
Oklahoma	879	62	1,317	2,563	34	3,601	4,683	53	13,192
Oregon	264	56	407	1,517	74	527	5,396	3,010	11,251
Pennsylvania	4	43	893	716	7	266	2,348	239	4,516
Puerto Rico	-	-	-	-	-	-	-	-	-
Rhode Island	13	11	254	753	0	186	1,029	28	2,274
South Carolina	11	18	4,712	890	4	504	5,139	1,164	12,442
South Dakota	611	1	69	120	0	286	524	68	1,679
Tennessee	3	16	2,344	740	10	495	5,427	329	9,364
Texas	63	317	11,291	23,577	45	1,968	11,958	821	50,040
Utah	158	68	291	2,359	243	269	5,225	129	8,742
Vermont	1	2	17	7	0	7	501	72	607
Virginia	5	28	1,149	582	7	310	2,179	224	4,484
Washington	112	29	215	730	52	459	1,586	244	3,427
West Virginia	0	1	228	130	0	371	4,230	150	5,110
Wisconsin	145	32	874	489	1	187	1,617	62	3,407
Wyoming	20	0	42	108	0	7	408	129	714
National	7,256	4,830	119,511	125,306	1,300	32,879	214,752	21,117	526,951
Reporting States	51	51	51	51	51	51	51	51	51

Table 3–7 Victims by Race or Ethnicity, 2024

State	American Indian or Alaska Native Rate per 1,000 Children	Asian Rate per 1,000 Children	Black or African- American Rate per 1,000 Children	Hispanic Rate per 1,000 Children	Native Hawaiian or Other Pacific Islander Rate per 1,000 Children	Two or More Races Rate per 1,000 Children	White Rate per 1,000 Children
Alabama	1.9	0.7	11.1	5.6	9.8	7.4	10.3
Alaska	38.0	1.3	12.2	4.2	11.7	12.9	5.2
Arizona	8.0	0.9	11.0	5.4	8.8	6.2	5.0
Arkansas	3.2	1.5	11.5	5.2	7.4	17.2	9.3
California	13.6	1.0	14.0	6.2	4.6	2.4	3.8
Colorado	9.1	1.5	17.1	8.6	12.8	6.2	4.5
Connecticut	3.2	1.3	14.3	8.6	8.3	11.8	5.2
Delaware	0.0	0.7	7.0	2.4	0.0	1.7	2.9
District of Columbia	5.4	0.0	11.9	3.8	17.2	1.2	0.3
Florida	4.0	0.6	6.5	1.3	3.8	6.8	4.7
Georgia	0.5	0.3	6.8	2.4	2.2	7.4	4.7
Hawaii	3.9	0.8	1.4	0.3	5.9	3.4	2.6
Idaho	5.2	0.7	1.0	2.3	2.2	2.5	2.6
Illinois	6.5	2.1	24.4	9.4	9.4	11.0	10.1
Indiana	7.2	1.8	19.5	10.2	22.7	25.5	12.7
Iowa	39.7	2.9	30.9	13.2	19.0	9.3	11.6
Kansas	2.1	0.3	5.2	2.2	0.9	5.0	2.8
Kentucky	3.1	1.2	16.0	8.7	6.1	20.7	13.8
Louisiana	2.6	0.9	10.8	3.5	13.6	7.2	6.4
Maine	18.0	4.8	10.8	13.3	41.7	13.4	12.9
Maryland	2.9	0.8	6.4	3.4	7.2	4.4	3.0
Massachusetts	15.1	2.4	19.3	23.5	1.4	21.0	9.4
Michigan	9.2	0.6	22.3	9.0	23.2	20.1	7.9
Minnesota	22.4	1.4	3.6	5.1	4.0	14.3	2.0
Mississippi	2.6	1.9	17.1	7.4	8.4	14.3	13.4
Missouri	4.4	0.3	4.9	3.4	1.0	1.2	2.8
Montana	17.8	2.6	12.9	11.0	23.5	17.5	9.4
Nebraska	25.4	1.8	12.7	5.5	24.1	12.1	3.6
Nevada	7.9	1.3	19.9	6.4	12.4	8.8	6.2
New Hampshire	2.6	0.8	7.9	7.3	11.2	5.5	4.7
New Jersey	1.2	0.1	2.8	1.4	5.2	1.0	0.8
New Mexico	16.1	0.9	15.4	12.0	14.2	8.3	9.9
New York	16.8	3.1	19.9	14.2	15.3	16.2	8.3
North Carolina	15.3	1.9	18.1	7.3	10.3	11.5	9.1
North Dakota	12.1	0.8	6.9	2.3	5.5	5.6	2.3
Ohio	1.4	0.8	12.2	7.2	3.2	15.9	6.1
Oklahoma	10.2	2.6	17.4	12.8	11.0	34.9	9.9
Oregon	33.5	1.4	19.5	7.3	16.1	9.1	11.1
Pennsylvania	1.2	0.4	2.7	1.8	6.9	2.2	1.4
Puerto Rico	-	-	-	-	-	-	-
Rhode Island	15.2	1.4	16.5	11.8	0.0	18.0	9.7
South Carolina	3.6	0.8	14.9	6.2	4.2	9.4	8.4
South Dakota	25.1	0.2	8.9	5.9	0.0	25.0	3.4
Tennessee	1.0	0.5	8.3	3.5	9.1	7.2	5.5
Texas	3.6	0.8	11.4	6.3	6.1	8.3	5.3
Utah	22.3	3.2	23.6	11.7	21.1	6.8	8.2
Vermont	4.1	0.7	7.1	1.7	0.0	1.5	5.1
Virginia	1.4	0.2	3.1	1.8	5.6	2.6	2.3
Washington	6.1	0.2	2.8	1.8	3.1	3.1	1.9
West Virginia	0.0	0.3	17.1	10.7	0.0	22.1	14.0
Wisconsin	12.0	0.6	7.9	2.8	1.6	3.4	1.9
Wyoming	6.0	0.0	35.4	5.0	0.0	1.5	4.2
National	13.3	1.1	11.8	6.4	7.9	9.2	6.2
Reporting States	-	-	-	-	-	-	-

Table 3–8–1 Duplicate Victims by Maltreatment Type, 2024 *(continues next page)*

State	Medical Neglect Only	Neglect Only	Other Only	Physical Abuse Only	Psychological Maltreatment Only	Sexual Abuse Only	Sex Trafficking Only	Unknown Only	Multiple Maltreatments	Total Duplicate Victims
Alabama	49	3,552	-	4,942	11	1,392	6	-	1,530	11,482
Alaska	34	1,134	-	122	271	102	1	-	804	2,468
Arizona	10	8,698	-	909	8	455	1	-	979	11,060
Arkansas	-	4,007	46	873	73	1,269	1	-	634	6,903
California	16	38,058	151	1,704	1,232	1,672	62	-	4,486	47,381
Colorado	57	7,078	-	653	97	473	-	18	400	8,776
Connecticut	69	3,779	-	134	370	239	-	-	1,440	6,031
Delaware	7	193	87	149	148	104	-	-	109	797
District of Columbia	-	891	-	84	-	17	4	4	46	1,046
Florida	502	8,329	4,208	1,162	84	1,696	-	-	3,225	19,206
Georgia	247	8,317	1	1,611	1,427	524	13	-	1,141	13,281
Hawaii	1	25	518	13	1	25	4	-	212	799
Idaho	7	1,269	1	308	-	150	4	-	77	1,816
Illinois	538	26,434	4	3,856	51	2,798	3	-	2,297	35,981
Indiana	-	18,980	-	895	-	1,754	12	-	971	22,612
Iowa	50	9,103	6	906	29	505	22	-	421	11,042
Kansas	29	921	-	427	207	389	13	-	134	2,120
Kentucky	243	8,052	2	3,569	1,190	1,094	25	-	2,488	16,663
Louisiana	-	7,183	-	589	10	317	4	-	469	8,572
Maine	-	1,780	-	364	812	204	-	-	878	4,038
Maryland	-	3,846	-	1,030	8	1,510	-	-	358	6,752
Massachusetts	-	19,795	2	810	-	324	272	-	1,230	22,433
Michigan	442	17,358	1	3,129	181	938	75	-	1,727	23,851
Minnesota	-	2,746	-	405	30	1,165	3	-	482	4,831
Mississippi	188	6,653	10	863	810	718	6	-	1,573	10,821
Missouri	19	1,528	-	733	104	1,007	5	-	1,244	4,640
Montana	2	2,351	1	74	9	34	-	-	171	2,642
Nebraska	-	1,792	-	450	80	152	4	-	326	2,804
Nevada	31	5,069	-	354	1	245	12	-	457	6,169
New Hampshire	8	890	-	63	66	57	32	-	242	1,358
New Jersey	35	1,609	-	356	9	389	-	-	156	2,554
New Mexico	106	4,620	-	456	486	117	-	-	1,602	7,387
New York	236	42,325	191	373	31	338	-	-	9,014	52,508
North Carolina	773	16,701	312	3,535	3,539	1,315	1	284	1,091	27,551
North Dakota	5	579	-	39	27	24	-	-	10	684
Ohio	201	7,167	-	6,891	561	3,138	-	-	3,128	21,086
Oklahoma	63	6,663	-	909	2,380	384	6	-	3,465	13,870
Oregon	-	2,323	6,080	947	172	851	-	-	1,791	12,164
Pennsylvania	125	558	1	2,012	28	1,735	29	-	273	4,761
Puerto Rico	155	1,821	11	235	1,353	138	-	-	2,484	6,197
Rhode Island	11	1,045	93	221	692	60	-	-	252	2,374
South Carolina	124	5,971	-	4,296	380	463	70	-	2,041	13,345
South Dakota	-	1,554	-	102	-	65	-	-	127	1,848
Tennessee	26	723	-	5,108	221	2,012	188	-	1,251	9,529
Texas	365	39,914	-	3,664	91	4,349	6	-	3,516	51,905
Utah	24	1,452	66	2,337	2,543	1,125	3	-	1,639	9,189
Vermont	21	6	-	367	-	281	-	-	25	700
Virginia	44	2,772	-	819	44	552	-	-	373	4,604
Washington	-	2,926	-	587	-	322	13	-	349	4,197
West Virginia	94	1,078	225	425	2,303	163	2	-	1,805	6,095
Wisconsin	-	2,212	-	451	3	655	-	-	259	3,580
Wyoming	4	497	-	3	115	29	-	-	85	733
National	4,961	364,327	12,017	65,314	22,288	39,834	902	306	65,287	575,236
Reporting States	39	52	22	52	45	52	32	3	52	52

Table 3–8–1 Duplicate Victims by Maltreatment Type, 2024

State	Medical Neglect Only Percent	Neglect Only Percent	Other Only Percent	Physical Abuse Only Percent	Psychological Maltreatment Only Percent	Sexual Abuse Only Percent	Sex Trafficking Only Percent	Unknown Only Percent	Multiple Maltreatments Percent
Alabama	0.4	30.9	-	43.0	0.1	12.1	0.1	-	13.3
Alaska	1.4	45.9	-	4.9	11.0	4.1	0.0	-	32.6
Arizona	0.1	78.6	-	8.2	0.1	4.1	0.0	-	8.9
Arkansas	-	58.0	0.7	12.6	1.1	18.4	0.0	-	9.2
California	0.0	80.3	0.3	3.6	2.6	3.5	0.1	-	9.5
Colorado	0.6	80.7	-	7.4	1.1	5.4	-	0.2	4.6
Connecticut	1.1	62.7	-	2.2	6.1	4.0	-	-	23.9
Delaware	0.9	24.2	10.9	18.7	18.6	13.0	-	-	13.7
District of Columbia	-	85.2	-	8.0	-	1.6	0.4	0.4	4.4
Florida	2.6	43.4	21.9	6.1	0.4	8.8	-	-	16.8
Georgia	1.9	62.6	0.0	12.1	10.7	3.9	0.1	-	8.6
Hawaii	0.1	3.1	64.8	1.6	0.1	3.1	0.5	-	26.5
Idaho	0.4	69.9	0.1	17.0	-	8.3	0.2	-	4.2
Illinois	1.5	73.5	0.0	10.7	0.1	7.8	0.0	-	6.4
Indiana	-	83.9	-	4.0	-	7.8	0.1	-	4.3
Iowa	0.5	82.4	0.1	8.2	0.3	4.6	0.2	-	3.8
Kansas	1.4	43.4	-	20.1	9.8	18.3	0.6	-	6.3
Kentucky	1.5	48.3	0.0	21.4	7.1	6.6	0.2	-	14.9
Louisiana	-	83.8	-	6.9	0.1	3.7	0.0	-	5.5
Maine	-	44.1	-	9.0	20.1	5.1	-	-	21.7
Maryland	-	57.0	-	15.3	0.1	22.4	-	-	5.3
Massachusetts	-	88.2	0.0	3.6	-	1.4	1.2	-	5.5
Michigan	1.9	72.8	0.0	13.1	0.8	3.9	0.3	-	7.2
Minnesota	-	56.8	-	8.4	0.6	24.1	0.1	-	10.0
Mississippi	1.7	61.5	0.1	8.0	7.5	6.6	0.1	-	14.5
Missouri	0.4	32.9	-	15.8	2.2	21.7	0.1	-	26.8
Montana	0.1	89.0	0.0	2.8	0.3	1.3	-	-	6.5
Nebraska	-	63.9	-	16.0	2.9	5.4	0.1	-	11.6
Nevada	0.5	82.2	-	5.7	0.0	4.0	0.2	-	7.4
New Hampshire	0.6	65.5	-	4.6	4.9	4.2	2.4	-	17.8
New Jersey	1.4	63.0	-	13.9	0.4	15.2	-	-	6.1
New Mexico	1.4	62.5	-	6.2	6.6	1.6	-	-	21.7
New York	0.4	80.6	0.4	0.7	0.1	0.6	-	-	17.2
North Carolina	2.8	60.6	1.1	12.8	12.8	4.8	0.0	1.0	4.0
North Dakota	0.7	84.6	-	5.7	3.9	3.5	-	-	1.5
Ohio	1.0	34.0	-	32.7	2.7	14.9	-	-	14.8
Oklahoma	0.5	48.0	-	6.6	17.2	2.8	0.0	-	25.0
Oregon	-	19.1	50.0	7.8	1.4	7.0	-	-	14.7
Pennsylvania	2.6	11.7	0.0	42.3	0.6	36.4	0.6	-	5.7
Puerto Rico	2.5	29.4	0.2	3.8	21.8	2.2	-	-	40.1
Rhode Island	0.5	44.0	3.9	9.3	29.1	2.5	-	-	10.6
South Carolina	0.9	44.7	-	32.2	2.8	3.5	0.5	-	15.3
South Dakota	-	84.1	-	5.5	-	3.5	-	-	6.9
Tennessee	0.3	7.6	-	53.6	2.3	21.1	2.0	-	13.1
Texas	0.7	76.9	-	7.1	0.2	8.4	0.0	-	6.8
Utah	0.3	15.8	0.7	25.4	27.7	12.2	0.0	-	17.8
Vermont	3.0	0.9	-	52.4	-	40.1	-	-	3.6
Virginia	1.0	60.2	-	17.8	1.0	12.0	-	-	8.1
Washington	-	69.7	-	14.0	-	7.7	0.3	-	8.3
West Virginia	1.5	17.7	3.7	7.0	37.8	2.7	0.0	-	29.6
Wisconsin	-	61.8	-	12.6	0.1	18.3	-	-	7.2
Wyoming	0.5	67.8	-	0.4	15.7	4.0	-	-	11.6
National	0.9	63.3	2.1	11.4	3.9	6.9	0.2	0.1	11.3
Reporting States	-	-	-	-	-	-	-	-	-

Table 3—8—2 Maltreatment Tyes of Victims, 2024 *(continues next page)*

State	Victims	Medical Neglect	Neglect	Other	Physical Abuse	Psychological Maltreatment	Sexual Abuse	Sex Trafficking	Unknown	Total Maltreatments
Alabama	11,205	107	4,997	-	6,339	24	1,587	7	-	13,061
Alaska	2,266	59	1,859	-	538	740	174	1	-	3,371
Arizona	9,776	14	9,668	-	1,729	21	622	4	-	12,058
Arkansas	6,657	-	4,544	67	1,371	158	1,434	21	-	7,595
California	44,943	47	42,171	320	3,702	3,374	2,509	81	-	52,204
Colorado	8,185	119	7,455	-	897	145	551	-	29	9,196
Connecticut	5,576	184	5,146	-	311	1,567	426	1	-	7,635
Delaware	788	28	255	111	212	199	126	-	-	931
District of Columbia	1,012	-	936	-	126	-	22	5	4	1,093
Florida	18,455	800	11,296	6,562	1,839	234	1,960	-	-	22,691
Georgia	12,803	466	9,335	1	2,069	1,884	699	28	-	14,482
Hawaii	769	12	-	725	71	5	41	4	-	1,030
Idaho	1,775	9	1,344	3	360	-	175	4	-	1,895
Illinois	31,611	724	28,575	5	5,642	88	3,312	14	-	38,360
Indiana	21,314	-	19,903	-	1,601	-	2,031	63	-	23,598
Iowa	9,395	87	9,488	24	1,132	64	661	36	-	11,492
Kansas	2,008	41	1,002	-	500	280	426	15	-	2,264
Kentucky	14,505	488	9,953	4	5,394	2,063	1,462	64	-	19,428
Louisiana	8,254	-	7,625	62	908	23	433	19	-	9,070
Maine	3,800	-	2,472	-	924	1,347	317	1	-	5,061
Maryland	6,272	-	4,186	-	1,310	10	1,607	-	-	7,113
Massachusetts	20,196	-	20,983	4	1,797	-	559	349	-	23,692
Michigan	22,634	713	18,982	3	4,269	287	1,283	116	-	25,653
Minnesota	4,645	-	3,181	-	640	119	1,399	7	-	5,346
Mississippi	10,029	417	7,876	22	1,460	1,838	990	15	-	12,618
Missouri	4,545	107	2,504	1	1,445	733	1,336	10	-	6,136
Montana	2,492	14	2,521	2	199	18	65	1	-	2,820
Nebraska	2,645	1	2,061	-	699	210	187	4	-	3,162
Nevada	5,778	63	5,510	-	614	3	419	30	-	6,639
New Hampshire	1,328	50	1,115	-	145	207	76	33	-	1,626
New Jersey	2,466	65	1,749	-	454	30	422	1	-	2,721
New Mexico	6,293	292	6,128	-	923	1,667	186	-	-	9,196
New York	45,746	2,538	51,313	1,112	5,062	328	1,772	21	-	62,146
North Carolina	25,478	1,092	17,755	441	3,801	3,941	1,356	3	284	28,673
North Dakota	677	5	586	-	45	31	27	-	-	694
Ohio	19,381	336	9,712	-	9,582	1,273	3,439	22	-	24,364
Oklahoma	13,192	224	9,901	-	1,915	4,954	671	11	-	17,676
Oregon	11,251	47	3,620	7,396	1,586	431	1,114	33	-	14,227
Pennsylvania	4,516	180	716	1	2,226	30	1,831	66	-	5,050
Puerto Rico	5,277	975	3,807	25	1,105	3,071	370	3	-	9,356
Rhode Island	2,274	19	1,274	95	314	851	86	1	-	2,640
South Carolina	12,442	282	7,846	-	5,975	668	644	89	-	15,504
South Dakota	1,679	-	1,677	-	180	43	81	1	-	1,982
Tennessee	9,364	107	1,806	-	6,185	345	2,247	219	-	10,909
Texas	50,040	797	43,243	-	6,239	264	5,082	24	2	55,651
Utah	8,742	42	2,341	127	3,595	3,485	1,426	20	-	11,036
Vermont	607	28	14	-	392	4	287	-	-	725
Virginia	4,484	91	3,128	4	1,079	73	615	2	-	4,992
Washington	3,427	-	3,265	-	847	-	413	25	-	4,550
West Virginia	5,110	360	2,274	553	849	3,849	230	3	-	8,118
Wisconsin	3,407	60	2,413	2	567	18	746	55	-	3,861
Wyoming	714	9	581	-	4	193	33	-	-	820
National	532,228	12,099	422,264	17,672	101,168	41,190	49,967	1,532	319	646,211
Reporting States	52	42	52	26	52	47	52	44	4	52

Table 3—8—2 Maltreatment Tyes of Victims, 2024

State	Medical Neglect Percent	Neglect Percent	Other Percent	Physical Abuse Percent	Psychological Maltreatment Percent	Sexual Abuse Percent	Sex Trafficking Percent	Unknown Percent	Total Maltreatments Percent
Alabama	1.0	44.6	-	56.6	0.2	14.2	0.1	-	116.6
Alaska	2.6	82.0	-	23.7	32.7	7.7	0.0	-	148.8
Arizona	0.1	98.9	-	17.7	0.2	6.4	0.0	-	123.3
Arkansas	-	68.3	1.0	20.6	2.4	21.5	0.3	-	114.1
California	0.1	93.8	0.7	8.2	7.5	5.6	0.2	-	116.2
Colorado	1.5	91.1	-	11.0	1.8	6.7	-	0.4	112.4
Connecticut	3.3	92.3	-	5.6	28.1	7.6	0.0	-	136.9
Delaware	3.6	32.4	14.1	26.9	25.3	16.0	-	-	118.1
District of Columbia	-	92.5	-	12.5	-	2.2	0.5	0.4	108.0
Florida	4.3	61.2	35.6	10.0	1.3	10.6	-	-	123.0
Georgia	3.6	72.9	0.0	16.2	14.7	5.5	0.2	-	113.1
Hawaii	1.6	22.4	94.3	9.2	0.7	5.3	0.5	-	133.9
Idaho	0.5	75.7	0.2	20.3	-	9.9	0.2	-	106.8
Illinois	2.3	90.4	0.0	17.8	0.3	10.5	0.0	-	121.4
Indiana	-	93.4	-	7.5	-	9.5	0.3	-	110.7
Iowa	0.9	101.0	0.3	12.0	0.7	7.0	0.4	-	122.3
Kansas	2.0	49.9	-	24.9	13.9	21.2	0.7	-	112.7
Kentucky	3.4	68.6	0.0	37.2	14.2	10.1	0.4	-	133.9
Louisiana	-	92.4	0.8	11.0	0.3	5.2	0.2	-	109.9
Maine	-	65.1	-	24.3	35.4	8.3	0.0	-	133.2
Maryland	-	66.7	-	20.9	0.2	25.6	-	-	113.4
Massachusetts	-	103.9	0.0	8.9	-	2.8	1.7	-	117.3
Michigan	3.2	83.9	0.0	18.9	1.3	5.7	0.5	-	113.3
Minnesota	-	68.5	-	13.8	2.6	30.1	0.2	-	115.1
Mississippi	4.2	78.5	0.2	14.6	18.3	9.9	0.1	-	125.8
Missouri	2.4	55.1	0.0	31.8	16.1	29.4	0.2	-	135.0
Montana	0.6	101.2	0.1	8.0	0.7	2.6	0.0	-	113.2
Nebraska	0.0	77.9	-	26.4	7.9	7.1	0.2	-	119.5
Nevada	1.1	95.4	-	10.6	0.1	7.3	0.5	-	114.9
New Hampshire	3.8	84.0	-	10.9	15.6	5.7	2.5	-	122.4
New Jersey	2.6	70.9	-	18.4	1.2	17.1	0.0	-	110.3
New Mexico	4.6	97.4	-	14.7	26.5	3.0	-	-	146.1
New York	5.5	112.2	2.4	11.1	0.7	3.9	0.0	-	135.9
North Carolina	4.3	69.7	1.7	14.9	15.5	5.3	0.0	1.1	112.5
North Dakota	0.7	86.6	-	6.6	4.6	4.0	-	-	102.5
Ohio	1.7	50.1	-	49.4	6.6	17.7	0.1	-	125.7
Oklahoma	1.7	75.1	-	14.5	37.6	5.1	0.1	-	134.0
Oregon	0.4	32.2	65.7	14.1	3.8	9.9	0.3	-	126.5
Pennsylvania	4.0	15.9	0.0	49.3	0.7	40.5	1.5	-	111.8
Puerto Rico	18.5	72.1	0.5	20.9	58.2	7.0	0.1	-	177.3
Rhode Island	0.8	56.0	4.2	13.8	37.4	3.8	0.0	-	116.1
South Carolina	2.3	63.1	-	48.0	5.4	5.2	0.7	-	124.6
South Dakota	-	99.9	-	10.7	2.6	4.8	0.1	-	118.0
Tennessee	1.1	19.3	-	66.1	3.7	24.0	2.3	-	116.5
Texas	1.6	86.4	-	12.5	0.5	10.2	0.0	0.0	111.2
Utah	0.5	26.8	1.5	41.1	39.9	16.3	0.2	-	126.2
Vermont	4.6	2.3	-	64.6	0.7	47.3	-	-	119.4
Virginia	2.0	69.8	0.1	24.1	1.6	13.7	0.0	-	111.3
Washington	-	95.3	-	24.7	-	12.1	0.7	-	132.8
West Virginia	7.0	44.5	10.8	16.6	75.3	4.5	0.1	-	158.9
Wisconsin	1.8	70.8	0.1	16.6	0.5	21.9	1.6	-	113.3
Wyoming	1.3	81.4	-	0.6	27.0	4.6	-	-	114.8
National	2.3	79.3	3.3	19.0	7.7	9.4	0.3	0.1	121.4
Reporting States	-	-	-	-	-	-	-	-	-

Table 3–9 Victims by Relationship to Their Perpetrators, 2024

Perpetrator	Victims	Reported Relationships	Reported Relationships Percent
PARENT	-	-	-
Father Only	-	122,220	25.0
Father and Nonparent	-	5,101	1.0
Mother Only	-	181,024	37.0
Mother and Nonparent	-	26,477	5.4
Two Parents of Known Sex	-	94,452	19.3
Other Parents	-	6,116	1.3
Total Parents	-	435,390	89.1
NONPARENT	-	-	-
Child Daycare Provider(s)	-	2,341	0.5
Foster Parent(s)	-	1,988	0.4
Friend(s) and Neighbor(s)	-	3,685	0.8
Group Home and Residential Facility Staff	-	1,082	0.2
Legal Guardian(s)	-	2,064	0.4
Other Professional(s)	-	1,849	0.4
Relative(s)	-	26,351	5.4
Unmarried Partner(s) of Parent	-	15,648	3.2
Other(s)	-	17,301	3.5
Multiple Nonparents	-	2,173	0.4
Total Nonparents	-	74,482	15.2
Total Unknown	-	18,273	3.7
National	488,705	528,145	108.1
<i>Based on data from 47 states.</i>			

Table 3–10 Victims With Selected Caregiver Risk Factors, 2024 *(continues next page)*

State	Victims in Reporting States	Alcohol Abuse	Alcohol Abuse Percent	Victims in Reporting States	Domestic Violence	Domestic Violence Percent
Alabama	11,205	779	7.0	-	-	-
Alaska	2,266	1,201	53.0	2,266	1,037	45.8
Arizona	9,776	1,406	14.4	9,776	3,804	38.9
Arkansas	-	-	-	6,657	620	9.3
California	44,943	11,142	24.8	44,943	17,003	37.8
Colorado	-	-	-	-	-	-
Connecticut	5,576	1,237	22.2	5,576	2,263	40.6
Delaware	788	115	14.6	788	320	40.6
District of Columbia	1,012	277	27.4	1,012	197	19.5
Florida	-	-	-	18,455	6,698	36.3
Georgia	-	-	-	-	-	-
Hawaii	-	-	-	769	232	30.2
Idaho	1,775	266	15.0	-	-	-
Illinois	-	-	-	-	-	-
Indiana	21,314	1,010	4.7	21,314	2,396	11.2
Iowa	-	-	-	-	-	-
Kansas	-	-	-	-	-	-
Kentucky	14,505	2,488	17.2	-	-	-
Louisiana	-	-	-	-	-	-
Maine	3,800	489	12.9	3,800	691	18.2
Maryland	6,272	164	2.6	6,272	185	2.9
Massachusetts	20,196	9,155	45.3	20,196	9,700	48.0
Michigan	-	-	-	22,634	1,222	5.4
Minnesota	4,645	394	8.5	4,645	1,123	24.2
Mississippi	10,029	627	6.3	10,029	1,135	11.3
Missouri	4,545	444	9.8	4,545	337	7.4
Montana	2,492	162	6.5	2,492	102	4.1
Nebraska	2,645	386	14.6	2,645	133	5.0
Nevada	5,778	1,937	33.5	5,778	1,191	20.6
New Hampshire	1,328	131	9.9	1,328	647	48.7
New Jersey	2,466	325	13.2	2,466	624	25.3
New Mexico	6,293	1,187	18.9	-	-	-
New York	45,746	8,776	19.2	45,746	11,687	25.5
North Carolina	25,478	1,534	6.0	25,478	3,601	14.1
North Dakota	-	-	-	-	-	-
Ohio	-	-	-	19,381	4,746	24.5
Oklahoma	13,192	3,061	23.2	13,192	5,281	40.0
Oregon	11,251	5,270	46.8	11,251	4,635	41.2
Pennsylvania	-	-	-	-	-	-
Puerto Rico	5,277	631	12.0	5,277	1,676	31.8
Rhode Island	2,274	203	8.9	2,274	931	40.9
South Carolina	-	-	-	-	-	-
South Dakota	1,679	708	42.2	1,679	589	35.1
Tennessee	-	-	-	-	-	-
Texas	50,040	2,371	4.7	50,040	19,309	38.6
Utah	8,742	966	11.1	8,742	2,476	28.3
Vermont	-	-	-	-	-	-
Virginia	-	-	-	4,484	854	19.0
Washington	3,427	914	26.7	3,427	520	15.2
West Virginia	5,110	311	6.1	5,110	1,464	28.6
Wisconsin	3,407	78	2.3	3,407	343	10.1
Wyoming	714	61	8.5	-	-	-
National	359,986	60,206	16.7	397,874	109,772	27.6
Reporting States	35	35	-	36	36	-

Table 3–10 Victims With Selected Caregiver Risk Factors, 2024

State	Victims in Reporting States	Drug Abuse	Drug Abuse Percent	Victims in Reporting States	Inadequate Housing	Inadequate Housing Percent
Alabama	11,205	5,775	51.5	11,205	811	7.2
Alaska	2,266	735	32.4	2,266	164	7.2
Arizona	9,776	3,018	30.9	9,776	2,207	22.6
Arkansas	-	-	-	6,657	186	2.8
California	44,943	13,133	29.2	44,943	2,061	4.6
Colorado	-	-	-	-	-	-
Connecticut	5,576	1,189	21.3	5,576	221	4.0
Delaware	788	262	33.2	788	194	24.6
District of Columbia	1,012	277	27.4	1,012	121	12.0
Florida	-	-	-	18,455	1,950	10.6
Georgia	12,803	507	4.0	-	-	-
Hawaii	769	46	6.0	769	51	6.6
Idaho	1,775	663	37.4	1,775	304	17.1
Illinois	-	-	-	-	-	-
Indiana	21,314	3,478	16.3	21,314	1,694	7.9
Iowa	-	-	-	9,395	331	3.5
Kansas	-	-	-	-	-	-
Kentucky	14,505	5,575	38.4	-	-	-
Louisiana	-	-	-	-	-	-
Maine	3,800	677	17.8	3,800	183	4.8
Maryland	6,272	349	5.6	6,272	382	6.1
Massachusetts	20,196	9,155	45.3	20,196	1,420	7.0
Michigan	-	-	-	-	-	-
Minnesota	4,645	740	15.9	4,645	600	12.9
Mississippi	10,029	3,700	36.9	10,029	1,612	16.1
Missouri	4,545	831	18.3	4,545	713	15.7
Montana	2,492	439	17.6	-	-	-
Nebraska	2,645	643	24.3	-	-	-
Nevada	5,778	1,879	32.5	5,778	409	7.1
New Hampshire	1,328	379	28.5	1,328	99	7.5
New Jersey	2,466	473	19.2	2,466	224	9.1
New Mexico	6,293	1,524	24.2	6,293	227	3.6
New York	45,746	7,421	16.2	-	-	-
North Carolina	25,478	3,294	12.9	25,478	1,284	5.0
North Dakota	-	-	-	-	-	-
Ohio	19,381	9,459	48.8	19,381	2,574	13.3
Oklahoma	13,192	4,428	33.6	13,192	527	4.0
Oregon	11,251	5,285	47.0	11,251	972	8.6
Pennsylvania	-	-	-	-	-	-
Puerto Rico	5,277	782	14.8	5,277	601	11.4
Rhode Island	2,274	249	10.9	2,274	47	2.1
South Carolina	-	-	-	12,442	1,682	13.5
South Dakota	1,679	697	41.5	1,679	368	21.9
Tennessee	9,364	1,057	11.3	-	-	-
Texas	50,040	8,162	16.3	50,040	2,388	4.8
Utah	8,742	1,600	18.3	8,742	498	5.7
Vermont	-	-	-	-	-	-
Virginia	-	-	-	-	-	-
Washington	3,427	1,586	46.3	3,427	591	17.2
West Virginia	5,110	1,192	23.3	5,110	191	3.7
Wisconsin	3,407	181	5.3	3,407	142	4.2
Wyoming	714	219	30.7	-	-	-
National	402,303	101,059	25.1	360,983	28,029	7.8
Reporting States	39	39	-	36	36	-

Table 3–11 Infants With Prenatal Substance Exposure by Submission Type, 2024

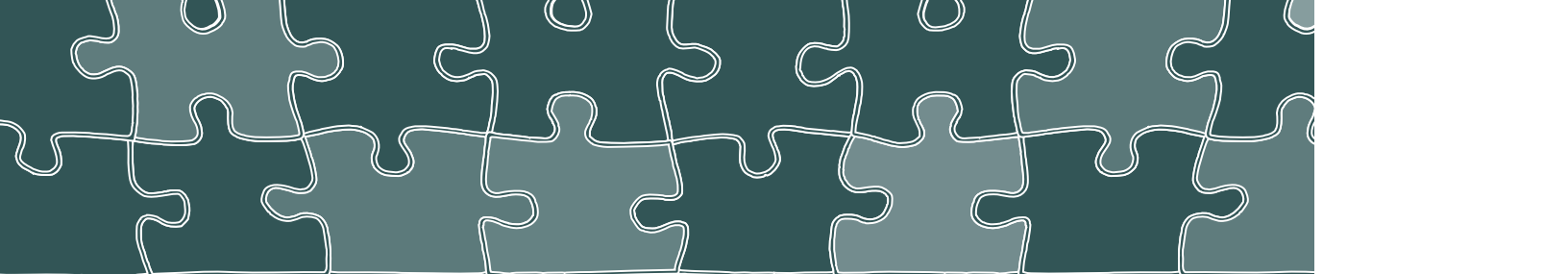
State	Screened-in IPSE	Screened-out IPSE	Total IPSE
Alabama	471	5	476
Alaska	63	76	139
Arizona	2,722	120	2,842
Arkansas	1,391	2	1,393
California	2,121	505	2,626
Colorado	20	367	387
Connecticut	-	71	71
Delaware	122	58	180
District of Columbia	50	-	50
Florida	-	205	205
Georgia	1,924	646	2,570
Hawaii	-	-	-
Idaho	169	2	171
Illinois	565	-	565
Indiana	536	31	567
Iowa	46	2	48
Kansas	39	41	80
Kentucky	481	77	558
Louisiana	2,037	60	2,097
Maine	125	343	468
Maryland	869	-	869
Massachusetts	917	156	1,073
Michigan	5,525	792	6,317
Minnesota	1,108	226	1,334
Mississippi	109	162	271
Missouri	10	956	966
Montana	28	-	28
Nebraska	126	51	177
Nevada	469	1,020	1,489
New Hampshire	84	-	84
New Jersey	267	-	267
New Mexico	144	92	236
New York	161	-	161
North Carolina	489	548	1,037
North Dakota	-	-	-
Ohio	3,844	1,930	5,774
Oklahoma	2,049	20	2,069
Oregon	-	-	-
Pennsylvania	-	-	-
Puerto Rico	12	1	13
Rhode Island	61	1	62
South Carolina	424	218	642
South Dakota	20	119	139
Tennessee	191	-	191
Texas	976	2	978
Utah	102	-	102
Vermont	-	141	141
Virginia	12	78	90
Washington	301	41	342
West Virginia	310	4,945	5,255
Wisconsin	-	33	33
Wyoming	-	12	12
National	31,490	14,155	45,645
National Percent	69.0	31.0	100.0
Reporting States	43	39	48

Table 3–12 Screened-in Infants With Prenatal Substance Exposure Who Have a Plan of Safe Care, 2024

State	Screened-in IPSE	Screened-in IPSE Who Have a Plan of Safe Care	Screened-in IPSE Who Have a Plan of Safe Care Percent
Alabama	471	191	40.6
Alaska	-	-	-
Arizona	2,722	1,805	66.3
Arkansas	1,391	914	65.7
California	2,121	890	42.0
Colorado	20	4	20.0
Connecticut	-	-	-
Delaware	122	120	98.4
District of Columbia	50	26	52.0
Florida	-	-	-
Georgia	1,924	1,448	75.3
Hawaii	-	-	-
Idaho	169	142	84.0
Illinois	-	-	-
Indiana	536	249	46.5
Iowa	46	46	100.0
Kansas	-	-	-
Kentucky	481	114	23.7
Louisiana	2,037	1,599	78.5
Maine	125	53	42.4
Maryland	869	434	49.9
Massachusetts	917	581	63.4
Michigan	5,525	5,380	97.4
Minnesota	1,108	924	83.4
Mississippi	-	-	-
Missouri	-	-	-
Montana	-	-	-
Nebraska	126	81	64.3
Nevada	469	210	44.8
New Hampshire	84	51	60.7
New Jersey	267	169	63.3
New Mexico	144	49	34.0
New York	161	138	85.7
North Carolina	489	468	95.7
North Dakota	-	-	-
Ohio	3,844	3,325	86.5
Oklahoma	2,049	84	4.1
Oregon	-	-	-
Pennsylvania	-	-	-
Puerto Rico	12	12	100.0
Rhode Island	-	-	-
South Carolina	-	-	-
South Dakota	20	17	85.0
Tennessee	191	190	99.5
Texas	976	976	100.0
Utah	102	30	29.4
Vermont	-	-	-
Virginia	12	10	83.3
Washington	301	134	44.5
West Virginia	310	228	73.5
Wisconsin	-	-	-
Wyoming	-	-	-
National	30,191	21,092	69.9
National Percent	35	35	-

Table 3–13 Screened-in Infants With Prenatal Substance Exposure Who Have a Referral to Appropriate Services, 2024

State	Screened-in IPSE	Screened-in IPSE Who Have a Referral to Appropriate Services	Screened-in IPSE Who Have a Referral to Appropriate Services Percent
Alabama	471	337	71.5
Alaska	-	-	-
Arizona	2,722	1,367	50.2
Arkansas	1,391	913	65.6
California	2,121	685	32.3
Colorado	20	1	5.0
Connecticut	-	-	-
Delaware	122	121	99.2
District of Columbia	50	25	50.0
Florida	-	-	-
Georgia	1,924	1,448	75.3
Hawaii	-	-	-
Idaho	169	140	82.8
Illinois	-	-	-
Indiana	536	127	23.7
Iowa	46	30	65.2
Kansas	-	-	-
Kentucky	481	142	29.5
Louisiana	2,037	1,776	87.2
Maine	125	15	12.0
Maryland	869	258	29.7
Massachusetts	917	885	96.5
Michigan	5,525	4,895	88.6
Minnesota	1,108	246	22.2
Mississippi	-	-	-
Missouri	-	-	-
Montana	-	-	-
Nebraska	126	87	69.0
Nevada	-	-	-
New Hampshire	84	44	52.4
New Jersey	267	169	63.3
New Mexico	144	56	38.9
New York	161	144	89.4
North Carolina	489	157	32.1
North Dakota	-	-	-
Ohio	3,844	3,030	78.8
Oklahoma	2,049	991	48.4
Oregon	-	-	-
Pennsylvania	-	-	-
Puerto Rico	12	12	100.0
Rhode Island	-	-	-
South Carolina	-	-	-
South Dakota	20	17	85.0
Tennessee	191	190	99.5
Texas	976	901	92.3
Utah	102	30	29.4
Vermont	-	-	-
Virginia	12	12	100.0
Washington	301	134	44.5
West Virginia	310	212	68.4
Wisconsin	-	-	-
Wyoming	-	-	-
National	29,722	19,597	65.9
National Percent	34	34	-



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. The national number of child fatalities is the sum of the fatalities reported in the Child File and Agency File.

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

The child fatality count in this report reflects the federal fiscal year (FFY) in which the deaths are determined as due to maltreatment. The year in which a determination is made may be different from the year in which the child died. CPS agencies may need more time to determine a child died due to maltreatment than the time it takes to determine a child was a victim of maltreatment. The additional time may be needed for court proceedings, multiple agency involvement (such as law enforcement, medical examiner, etc.), and child death reviews. The “date of death” field in the NCANDS Child File indicates the day, month, and year in which the child died. All states are required to confirm child fatality counts during the annual data submission and validation process. States also may resubmit prior years’ data for multiple reasons, please see the Annual Data Collection Process section in chapter 1 for more information.

Number of Child Fatalities

For FFY 2024, 52 states reported 1,773 children who died from abuse and neglect at a rate of 2.41 per 100,000 children in the population. The 2024 national number of child fatalities is a 3.2 percent decrease from the 2020 national number of child fatalities 1,832 reported by 52 states.¹⁶ See [exhibit 4–A](#) and [table 4–1](#) and related notes. Due to the relatively low frequency of child fatalities, the national rate is sensitive to changes in the child population estimates produced by the U.S. Census Bureau.

Exhibit 4–A Child Fatality Rates per 100,000 Children, 2020–2024

Year	Reporting States	Child Population	National Number of Child Fatalities	National Fatality Rate Per 100,000 Children
2020	52	74,832,659	1,832	2.45
2021	52	74,183,794	1,888	2.55
2022	52	73,920,885	2,032	2.75
2023	52	73,766,582	1,979	2.68
2024	52	73,613,449	1,773	2.41

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

Looking at the most recent 5 years of data, the largest number of child fatalities was for FFY 2022, and the number of reported fatalities has been decreasing since that year. States have different policies about what is considered a child fatality and the methods for determining the death as due to maltreatment. Detailed explanations about states’ processes for child fatality reviews and data sources may be found in Appendix D, State Commentary. An explanation for a change may be in an earlier edition of the Child Maltreatment report. Previous editions of the report are located on the Children’s Bureau website.¹⁷

The number and rate of child fatalities have fluctuated over the past 5 years, both at the state and national level. While not every state had an explanation for the change in fatalities across several years, some of the states with the largest fluctuations provided the following explanations: one state noted improved reporting and resubmitted multiple prior years to include additional fatalities; one state cited increased violence; one cited a policy change updating the definition for neglect that requires the presence of blatant disregard as well as resulting harm, and one added a new review process for sleep-related deaths prior to making a final finding.¹⁸ Of those 52 states that reported 1,773 fatalities, 46 states reported case-level data on 1,480 fatalities and 38 states reported aggregate data on 293 fatalities. Fatality rates by state range from 0.00 to 9.78 per 100,000 children in the population.¹⁹

Child Fatality Demographics

Younger children are the most vulnerable to death as the result of child abuse and neglect. See [table 4–2](#), [exhibit 4–B](#), and related notes. FFY 2024 data shows that 65.7 percent of child fatalities are younger than 3 years. Close to one-half (44.5%) of child fatalities are younger than 1 year, with a fatality rate of 22.65 per 100,000 children in that age range. This is 3.7 (rounded) times the fatality rate for 1-year-old children (6.17 per 100,000 children in the population of the same age). The child fatality rates mostly decrease with age.

¹⁶ The percent change was calculated by subtracting 2020 data from 2024 data, dividing the result by 2020 data, and multiplying by 100.

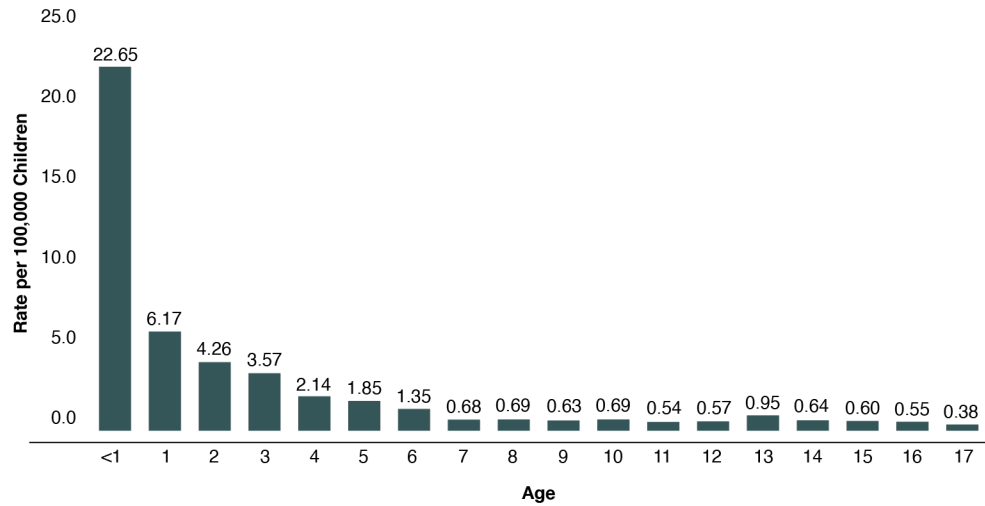
¹⁷ <https://acf.gov/cb/data-research/child-maltreatment>.

¹⁸ North Carolina, Ohio, Texas, and Illinois, respectively.

¹⁹ Wyoming and Mississippi, respectively.

Exhibit 4–B Child Fatalities by Age, 2024

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



Based on data from 46 states. See [table 4–2](#).

Boys have a higher child fatality rate than girls at 2.87 per 100,000 boys in the population, compared with 2.13 per 100,000 girls in the population. Boys are 58.3 percent of child fatalities and girls are 41.4 percent. See [exhibit 4–C](#) and related notes.

Exhibit 4–C Child Fatalities by Sex, 2024

Sex	Child Population	Child Fatalities	Child Fatalities Percent	Child Fatalities Rate per 100,000 Children
Boys	30,081,065	863	58.3	2.87
Girls	28,741,612	612	41.4	2.13
Unknown	-	5	0.3	-
National	58,822,677	1,480	100.0	N/A

Based on data from 46 states. Data are from the Child File. Dashes are inserted into cells without any data included in this analysis.

The majority (85.3%) of child fatalities are one of three races: Black or African-American (37.2%), White (35.0%), or Hispanic (13.2%). Population-based rates show some racial disparity. The rate of Black or African-American child fatalities (6.11 per 100,000 Black

Exhibit 4–D Child Fatalities by Race or Ethnicity, 2024

Race or Ethnicity	Child Population	Child Fatalities	Child Fatalities Percent	Child Fatalities Rate per 100,000 Children
American Indian or Alaska Native	434,341	8	0.5	1.84
Asian	2,713,534	11	0.7	0.41
Black or African-American	8,973,914	548	37.2	6.11
Hispanic	13,918,796	194	13.2	1.39
Native Hawaiian or Other Pacific Islander	106,723	3	0.2	2.81
Unknown	-	89	6.0	-
White	29,508,083	516	35.0	1.75
Two or More Races	2,686,557	105	7.1	3.91
National	58,341,948	1,474	100.0	N/A

Based on data from 45 states. Data are from the Child File. Counts associated with specific racial groups (e.g., White) are exclusive and do not include Hispanic.

States with 35.0 percent or more of victim race or ethnicity reported as unknown or missing are excluded from this analysis. This analysis includes only those states that have both race and ethnicity population data. Dashes are inserted into cells without any data included in this analysis.

or African-American children) is 3.5 (rounded) times greater than the rate of White child fatalities (1.75 per 100,000 White children) and 4.4 (rounded) times greater than the rate of Hispanic child fatalities (1.39 per 100,000 Hispanic children). Children of two or more races who died due to maltreatment had the second highest rate at 3.91 per 100,000 multi-racial children, which is 2.2 (rounded) times greater than the rate of White child fatalities. American Indian or Alaska Native children had a fatality rate of 1.84 per 100,000 children. See [exhibit 4–D](#) and related notes.

Maltreatment Types

This report only includes victim maltreatment types. It is important to note that while these maltreatment types likely contributed to the cause of death, NCANDS does not have a field for collecting the official cause of death. Of the children who died, 77.6 percent experienced neglect and 39.9 percent suffered physical abuse either exclusively or in combination with another maltreatment type. See [exhibit 4–E](#) and related notes.

Exhibit 4–E Maltreatment Types of Child Fatalities, 2024

Maltreatment Type	Child Fatalities	Maltreatment Type	Maltreatment Type Percent
Medical Neglect	-	103	7.0
Neglect	-	1,148	77.6
Other	-	1	0.1
Physical Abuse	-	591	39.9
Psychological Maltreatment	-	11	0.7
Sexual Abuse	-	9	0.6
Sex Trafficking	-	-	-
Unknown	-	5	0.3
National	1,480	1,868	N/A

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

Exhibit 4–F Child Fatalities With Selected Caregiver Risk Factors, 2024

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	29	762	44	5.8
Drug Abuse	33	1,036	248	23.9

Data are from the Child File. For each caregiver risk factor, the analysis includes only those states that report at least 2.0 percent of victims with the caregiver risk factor as shown in table 3–10. States are counted as reporting if the state has victims with the caregiver risk factor and reports fatalities in the Child File, even if the state did not have any fatalities with the risk factor.

Risk Factors

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

For FFY 2024, 29 states report that 44 (5.8%) children who died due to maltreatment had a caregiver with a risk factor of alcohol abuse. Thirty-three states report that 248 (23.9%) children who died due to maltreatment had a caregiver with a risk factor of drug abuse. See [exhibit 4–F](#) and related notes.

Perpetrator Relationship

Based on data from 42 states, the FFY 2024 data shows that most perpetrators are caregivers of their victims. More than 80 percent (81.4%) of child fatalities involve a parent either acting alone, with another parent(s), or with a nonparent. Nonparents are 13.9 percent of fatality perpetrators. Similar to all victims, the largest categories in the nonparent group are relative(s) (4.7%), “other(s)” (3.0%), and unmarried partner(s) of parent (2.2%). The NCANDS category of “other(s)” perpetrator relationship includes any relationship that does not map to one of the NCANDS relationship categories. According to states’ commentary, “other” includes nonrelated adult, nonrelated child, foster sibling, babysitter, household staff, clergy, and school personnel. Please see Appendix D, State Commentary, for additional information on what states include in this category. Child fatalities with unknown perpetrator relationship data account for 4.7 percent. See [table 4–3](#) and related notes.

Prior CPS Contact

Some children who die from abuse and neglect are already known to CPS agencies. Not all states that report child fatalities are able to report family preservation or reunification services. In the states reporting both child fatalities and family preservation services, 112 (13.0%) of the 859 Child File fatalities reported by 29 states and 40 (14.3%) of the 280 Agency File fatalities reported by 30 states had family preservation services within the previous 5 years. In the states reporting both child fatalities and family reunification services, 27 (2.4%) of the 1,139 Child File fatalities and 11 (3.9%) of the 285 Agency File fatalities were removed from home and subsequently reunited with their families prior to their death within the previous 5 years. See [tables 4–4](#), [4–5](#), and related notes.

Exhibit and Table Notes

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

General

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

- The data for all tables are from the Child File unless otherwise noted.
- All analyses use a unique count of fatalities (each child fatality is counted once).
- Rates are per 100,000 children in the population.
- Rates are calculated by dividing the relevant reported count (fatalities, by age, by race, etc.) by the relevant child population count (by age, by race, etc.), multiplying by 100,000 and displayed as rounded to the hundredth.
- NCANDS uses the child population estimates that are released annually by the U.S. Census Bureau. These estimates are in Appendix C, State Characteristics.
- The row labeled Reporting States displays the count of states that provide data for that analysis. States that do not have a child maltreatment related death and report a zero are included in the count of reporting states and the state’s child population is included in tables with rate calculations.
- Child fatalities are reported during the FFY in which the death was determined as due to maltreatment. This may not be the same year in which the child died.

- National totals and calculations appear in a single row labeled National instead of separate rows labeled total, rate, or percent.
- Dashes are inserted into cells without any data.

Table 4–1 Child Fatalities by Submission Type, 2020–2024

- 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 by Age, 2024

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

Table 4–3 Child Fatalities by Relationship to Their Perpetrators, 2024

- States are excluded from this analysis if fewer than 85.0 percent of duplicate victims are associated with a perpetrator(s).
- States are excluded from this analysis if more than 25.0 percent of duplicate perpetrators have an unknown relationship.
- In NCANDS, a child victim may have up to three perpetrators. A few states' systems do not have the capability of collecting and reporting data for all three perpetrator fields. More information may be found in Appendix D, State Commentary.
- The two parents of known sex category includes mother and father, two mothers, and two fathers.
- The other parents category includes the categories of two parents of known sex with nonparent, three parents of known sex, and one or more parents of unknown sex.
- Nonparent perpetrators counted in combination with parents (e.g., mother and nonparent(s)) 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 a parent.
- Multiple nonparent perpetrators that are in the same category are counted within that category. For example, two child daycare providers are counted as child daycare providers.
- Multiple nonparent perpetrators that are in different categories are counted in the multiple nonparents category (previously called the more than one nonparental perpetrator category). For example, one other relative relationship and one unknown relationship.
- 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. See also [table 5–5](#).

Table 4–5 Child Fatalities Who Received Family Preservation Services within the Previous 5 Years, 2024

- Data are from the Child File and Agency File.

Table 4–6 Child Fatalities Who Were Reunited with Their Families within the Previous 5 Years, 2024

- Data are from the Child File and Agency File.

Table 4–1 Child Fatalities by Submission Type, 2020–2024 *(continues next page)*

State	2020 Fatalities Reported in the Child File	2021 Fatalities Reported in the Child File	2022 Fatalities Reported in the Child File	2023 Fatalities Reported in the Child File	2024 Fatalities Reported in the Child File
Alabama	47	36	38	43	36
Alaska	-	-	-	-	-
Arizona	18	21	38	43	36
Arkansas	30	36	39	33	27
California	-	-	-	-	-
Colorado	24	31	40	32	28
Connecticut	8	12	15	9	16
Delaware	5	7	6	7	8
District of Columbia	4	2	3	5	7
Florida	101	84	86	75	72
Georgia	83	88	109	85	93
Hawaii	0	2	5	2	4
Idaho	5	2	7	5	7
Illinois	100	86	110	83	64
Indiana	56	57	62	65	56
Iowa	9	12	18	14	12
Kansas	10	10	8	12	16
Kentucky	6	6	12	5	16
Louisiana	18	23	28	47	31
Maine	1	-	3	1	7
Maryland	32	74	68	83	45
Massachusetts	-	-	-	-	-
Michigan	43	35	57	40	52
Minnesota	21	22	25	32	30
Mississippi	38	48	69	75	62
Missouri	41	75	56	61	89
Montana	5	2	1	2	2
Nebraska	2	1	3	0	3
Nevada	10	25	14	17	13
New Hampshire	1	3	0	2	4
New Jersey	16	9	19	14	11
New Mexico	10	9	16	14	14
New York	105	126	105	123	108
North Carolina	-	-	-	-	-
North Dakota	5	4	6	2	2
Ohio	94	96	111	137	130
Oklahoma	42	15	29	17	26
Oregon	-	-	-	-	-
Pennsylvania	67	65	80	50	71
Puerto Rico	5	7	4	5	6
Rhode Island	2	2	2	1	4
South Carolina	24	30	34	36	27
South Dakota	12	9	13	7	3
Tennessee	34	32	34	31	47
Texas	255	206	175	187	106
Utah	6	4	15	17	7
Vermont	0	1	0	3	2
Virginia	39	51	39	55	40
Washington	-	-	-	-	-
West Virginia	11	9	8	7	13
Wisconsin	32	22	21	22	27
Wyoming	3	2	2	0	0
National	1,480	1,499	1,633	1,606	1,480
Reporting States	46	45	46	46	46

Table 4–1 Child Fatalities by Submission Type, 2020–2024 *(continues next page)*

State	2020 Fatalities Reported in the Agency File	2021 Fatalities Reported in the Agency File	2022 Fatalities Reported in the Agency File	2023 Fatalities Reported in the Agency File	2024 Fatalities Reported in the Agency File
Alabama	-	0	0	0	0
Alaska	2	6	8	5	13
Arizona	-	-	-	-	-
Arkansas	-	-	-	-	-
California	150	159	176	150	144
Colorado	-	0	0	0	0
Connecticut	1	2	0	2	0
Delaware	-	0	0	0	0
District of Columbia	0	0	0	0	0
Florida	-	-	-	-	-
Georgia	2	4	5	18	11
Hawaii	-	0	0	0	0
Idaho	5	1	1	3	1
Illinois	2	3	0	0	2
Indiana	-	-	-	-	-
Iowa	-	-	-	-	-
Kansas	0	0	0	0	0
Kentucky	3	5	0	0	0
Louisiana	-	-	1	0	0
Maine	0	8	7	6	-
Maryland	18	10	0	0	1
Massachusetts	14	15	9	11	6
Michigan	-	-	4	3	2
Minnesota	0	0	0	0	0
Mississippi	-	1	3	1	4
Missouri	3	0	1	0	1
Montana	0	0	0	-	-
Nebraska	0	0	0	0	0
Nevada	4	2	1	4	6
New Hampshire	1	0	2	0	-
New Jersey	1	1	0	0	3
New Mexico	3	1	3	2	3
New York	-	-	-	-	-
North Carolina	99	121	106	107	46
North Dakota	0	0	0	0	0
Ohio	-	2	4	3	4
Oklahoma	0	0	0	0	0
Oregon	17	18	19	19	16
Pennsylvania	-	-	-	-	-
Puerto Rico	-	-	0	0	0
Rhode Island	-	-	-	-	-
South Carolina	12	11	4	7	5
South Dakota	-	-	-	-	0
Tennessee	-	0	0	0	0
Texas	0	0	1	0	1
Utah	-	-	-	0	0
Vermont	-	-	-	-	-
Virginia	-	-	12	-	-
Washington	14	19	31	31	24
West Virginia	1	0	0	1	0
Wisconsin	-	-	-	-	-
Wyoming	0	0	1	0	0
National	352	389	399	373	293
Reporting States	29	36	40	39	38

Table 4–1 Child Fatalities by Submission Type, 2020–2024 *(continues next page)*

State	2020 Total Fatalities	2021 Total Fatalities	2022 Total Fatalities	2023 Total Fatalities	2024 Total Fatalities
Alabama	47	36	38	43	36
Alaska	2	6	8	5	13
Arizona	18	21	38	43	36
Arkansas	30	36	39	33	27
California	150	159	176	150	144
Colorado	24	31	40	32	28
Connecticut	9	14	15	11	16
Delaware	5	7	6	7	8
District of Columbia	4	2	3	5	7
Florida	101	84	86	75	72
Georgia	85	92	114	103	104
Hawaii	0	2	5	2	4
Idaho	10	3	8	8	8
Illinois	102	89	110	83	66
Indiana	56	57	62	65	56
Iowa	9	12	18	14	12
Kansas	10	10	8	12	16
Kentucky	9	11	12	5	16
Louisiana	18	23	29	47	31
Maine	1	8	10	7	7
Maryland	50	84	68	83	46
Massachusetts	14	15	9	11	6
Michigan	43	35	61	43	54
Minnesota	21	22	25	32	30
Mississippi	38	49	72	76	66
Missouri	44	75	57	61	90
Montana	5	2	1	2	2
Nebraska	2	1	3	0	3
Nevada	14	27	15	21	19
New Hampshire	2	3	2	2	4
New Jersey	17	10	19	14	14
New Mexico	13	10	19	16	17
New York	105	126	105	123	108
North Carolina	99	121	106	107	46
North Dakota	5	4	6	2	2
Ohio	94	98	115	140	134
Oklahoma	42	15	29	17	26
Oregon	17	18	19	19	16
Pennsylvania	67	65	80	50	71
Puerto Rico	5	7	4	5	6
Rhode Island	2	2	2	1	4
South Carolina	36	41	38	43	32
South Dakota	12	9	13	7	3
Tennessee	34	32	34	31	47
Texas	255	206	176	187	107
Utah	6	4	15	17	7
Vermont	0	1	0	3	2
Virginia	39	51	51	55	40
Washington	14	19	31	31	24
West Virginia	12	9	8	8	13
Wisconsin	32	22	21	22	27
Wyoming	3	2	3	0	0
National	1,832	1,888	2,032	1,979	1,773
Reporting States	52	52	52	52	52

Table 4–1 Child Fatalities by Submission Type, 2020–2024 *(continues next page)*

State	2020 Fatality Rates per 100,000 Children	2021 Fatality Rates per 100,000 Children	2022 Fatality Rates per 100,000 Children	2023 Fatality Rates per 100,000 Children	2024 Fatality Rates per 100,000 Children
Alabama	4.16	3.19	3.36	3.79	3.17
Alaska	1.11	3.36	4.51	2.84	7.43
Arizona	1.12	1.31	2.38	2.70	2.27
Arkansas	4.25	5.10	5.51	4.68	3.85
California	1.68	1.82	2.04	1.77	1.71
Colorado	1.91	2.49	3.25	2.62	2.31
Connecticut	1.22	1.91	2.06	1.51	2.20
Delaware	2.38	3.33	2.84	3.28	3.74
District of Columbia	3.16	1.60	2.37	3.90	5.39
Florida	2.36	1.96	1.97	1.69	1.60
Georgia	3.34	3.63	4.48	4.04	4.09
Hawaii	0.00	0.66	1.68	0.68	1.36
Idaho	2.18	0.64	1.70	1.71	1.71
Illinois	3.55	3.16	3.99	3.05	2.45
Indiana	3.49	3.57	3.89	4.08	3.53
Iowa	1.21	1.63	2.45	1.91	1.64
Kansas	1.40	1.42	1.14	1.72	2.31
Kentucky	0.88	1.08	1.18	0.49	1.56
Louisiana	1.63	2.11	2.69	4.38	2.91
Maine	0.39	3.17	3.98	2.80	2.83
Maryland	3.60	6.11	4.95	6.05	3.35
Massachusetts	1.01	1.10	0.66	0.81	0.44
Michigan	1.97	1.62	2.85	2.03	2.56
Minnesota	1.58	1.67	1.91	2.45	2.31
Mississippi	5.43	7.07	10.48	11.15	9.78
Missouri	3.16	5.40	4.12	4.43	6.56
Montana	2.14	0.85	0.42	0.85	0.86
Nebraska	0.41	0.21	0.62	0.00	0.62
Nevada	2.01	3.88	2.16	3.04	2.76
New Hampshire	0.77	1.17	0.79	0.79	1.60
New Jersey	0.83	0.49	0.94	0.69	0.68
New Mexico	2.73	2.14	4.13	3.53	3.80
New York	2.49	3.06	2.60	3.08	2.71
North Carolina	4.27	5.22	4.54	4.55	1.95
North Dakota	2.68	2.16	3.25	1.08	1.08
Ohio	3.57	3.75	4.43	5.41	5.21
Oklahoma	4.36	1.56	3.00	1.75	2.69
Oregon	1.95	2.09	2.25	2.28	1.94
Pennsylvania	2.48	2.43	3.01	1.89	2.70
Puerto Rico	0.88	1.29	0.77	1.00	1.25
Rhode Island	0.94	0.96	0.96	0.49	1.96
South Carolina	3.22	3.65	3.35	3.75	2.78
South Dakota	5.48	4.09	5.88	3.16	1.36
Tennessee	2.19	2.06	2.17	1.96	2.97
Texas	3.42	2.76	2.34	2.46	1.40
Utah	0.63	0.42	1.59	1.81	0.75
Vermont	0.00	0.85	0.00	2.61	1.77
Virginia	2.04	2.69	2.70	2.92	2.12
Washington	0.82	1.13	1.86	1.87	1.45
West Virginia	3.31	2.51	2.25	2.27	3.73
Wisconsin	2.48	1.72	1.66	1.76	2.18
Wyoming	2.24	1.51	2.29	0.00	0.00
National	2.45	2.55	2.75	2.68	2.41
Reporting States	-	-	-	-	-

Table 4–2 Child Fatalities by Age, 2024

Age	Child Population	Child Fatalities	Child Fatalities Percent	Child Fatalities Rate per 100,000 Children
<1	2,931,922	659	44.5	22.65
1	2,965,796	184	12.4	6.17
2	2,907,619	129	8.7	4.26
3	3,016,930	106	7.2	3.57
4	3,068,368	66	4.5	2.14
5	3,136,172	58	3.9	1.85
6	3,191,082	43	2.9	1.35
7	3,276,201	22	1.5	0.68
8	3,302,555	23	1.6	0.69
9	3,293,024	21	1.4	0.63
10	3,279,763	23	1.6	0.69
11	3,285,878	18	1.2	0.54
12	3,320,160	19	1.3	0.57
13	3,392,105	32	2.2	0.95
14	3,465,951	22	1.5	0.64
15	3,594,013	21	1.4	0.60
16	3,590,074	20	1.4	0.55
17	3,533,427	14	0.9	0.38
Unborn, Unknown, and 18–21	-	0	0.0	N/A
National	58,551,040	1,480	100.0	N/A

Based on data from 46 states.

Table 4–3 Child Fatalities by Relationship to Their Perpetrators, 2024

Perpetrator	Child Fatalities by Reported Relationships	Child Fatalities by Reported Relationships Percent
PARENT	-	-
Father Only	197	13.7
Father and Nonparent	25	1.7
Mother Only	456	31.8
Mother and Nonparent	126	8.8
Two Parents of Known Sex	322	22.4
Other Parents	43	3.0
Total Parents	1,169	81.4
NONPARENT	-	-
Child Daycare Provider(s)	20	1.4
Foster Parent(s)	10	0.7
Friend(s) or Neighbor(s)	6	0.4
Group Home and Residential Facility Staff	1	0.1
Legal Guardian(s)	5	0.3
Other Professional(s)	1	0.1
Relative(s)	68	4.7
Unmarried Partner(s) of Parent	32	2.2
Other(s)	43	3.0
Multiple Nonparents	14	1.0
Total Nonparents	200	13.9
TOTAL UNKNOWN	67	4.7
National	1,436	100.0

Based on data from 42 states.

Table 4–4 Child Fatalities Who Received Family Preservation Services Within the Previous 5 Years, 2024

State	Child File Fatalities	Child File Fatalities Whose Families Received Preservation Services in the Previous 5 Years	Agency File Fatalities	Agency File Fatalities Whose Families Received Preservation Services in the Previous 5 Years
Alabama	36	5	0	0
Alaska	-	-	13	1
Arizona	-	-	-	-
Arkansas	27	2	-	-
California	-	-	144	27
Colorado	-	-	-	-
Connecticut	16	2	0	0
Delaware	-	-	-	-
District of Columbia	7	0	0	0
Florida	72	2	-	-
Georgia	93	12	11	1
Hawaii	-	-	-	-
Idaho	7	2	1	0
Illinois	64	13	0	0
Indiana	-	-	-	-
Iowa	-	-	-	-
Kansas	16	0	0	0
Kentucky	16	2	0	0
Louisiana	31	4	0	0
Maine	7	0	-	-
Maryland	45	15	1	0
Massachusetts	-	-	6	1
Michigan	-	-	-	-
Minnesota	30	4	0	0
Mississippi	62	7	4	0
Missouri	89	6	1	0
Montana	-	-	-	-
Nebraska	3	1	0	0
Nevada	13	1	6	0
New Hampshire	-	-	-	-
New Jersey	11	0	3	0
New Mexico	14	0	3	0
New York	-	-	-	-
North Carolina	-	-	46	3
North Dakota	2	0	0	0
Ohio	-	-	-	-
Oklahoma	26	1	0	0
Oregon	-	-	16	6
Pennsylvania	-	-	-	-
Puerto Rico	6	2	0	0
Rhode Island	4	2	-	-
South Carolina	-	-	-	-
South Dakota	-	-	-	-
Tennessee	47	11	0	0
Texas	106	18	1	0
Utah	7	0	0	0
Vermont	2	0	-	-
Virginia	-	-	-	-
Washington	-	-	24	1
West Virginia	-	-	-	-
Wisconsin	-	-	-	-
Wyoming	0	0	0	0
National	859	112	280	40
National Percent	-	13.0	-	14.3
Reporting States	29	29	30	30

Table 4–5 Child Fatalities Who Were Reunited With Their Families Within the Previous 5 Years, 2024

State	Child File Fatalities	Child File Fatalities Who Were Reunited With Their Families in the Previous 5 Years	Agency File Fatalities	Agency File Fatalities Who Were Reunited With Their Families in the Previous 5 Years
Alabama	36	3	0	0
Alaska	-	-	13	0
Arizona	-	-	-	-
Arkansas	27	0	-	-
California	-	-	144	9
Colorado	28	1	-	-
Connecticut	16	0	0	0
Delaware	8	0	0	0
District of Columbia	7	0	0	0
Florida	72	1	-	-
Georgia	93	2	11	0
Hawaii	4	0	0	0
Idaho	7	1	1	0
Illinois	64	4	-	-
Indiana	56	1	-	-
Iowa	-	-	-	-
Kansas	16	0	0	0
Kentucky	16	0	0	0
Louisiana	31	0	0	0
Maine	7	0	-	-
Maryland	45	1	1	0
Massachusetts	-	-	6	0
Michigan	-	-	-	-
Minnesota	30	0	0	0
Mississippi	62	0	4	0
Missouri	89	5	1	0
Montana	-	-	-	-
Nebraska	3	0	0	0
Nevada	13	1	6	0
New Hampshire	-	-	-	-
New Jersey	11	0	3	0
New Mexico	14	0	3	0
New York	-	-	-	-
North Carolina	-	-	46	0
North Dakota	2	0	0	0
Ohio	130	2	-	-
Oklahoma	26	1	0	0
Oregon	-	-	16	1
Pennsylvania	-	-	-	-
Puerto Rico	6	0	0	0
Rhode Island	4	0	-	-
South Carolina	27	1	5	0
South Dakota	-	-	0	0
Tennessee	47	0	0	0
Texas	106	1	1	0
Utah	7	0	0	0
Vermont	2	0	-	-
Virginia	-	-	-	-
Washington	-	-	24	1
West Virginia	-	-	-	-
Wisconsin	27	2	-	-
Wyoming	0	0	0	0
National	1,139	27	285	11
National Percent	-	2.4	-	3.9
Reporting States	36	36	33	33

Perpetrators

CHAPTER 5

NCANDS defines a perpetrator as a person who is determined to have caused or knowingly allowed the maltreatment of a child. This definition means the perpetrators must be associated with at least one child victim who has a substantiated or indicated disposition (see chapter 3 for definitions). NCANDS does not collect information about people who are alleged to be perpetrators and not found to have perpetrated abuse and neglect. Most perpetrators are caregivers of their victims.

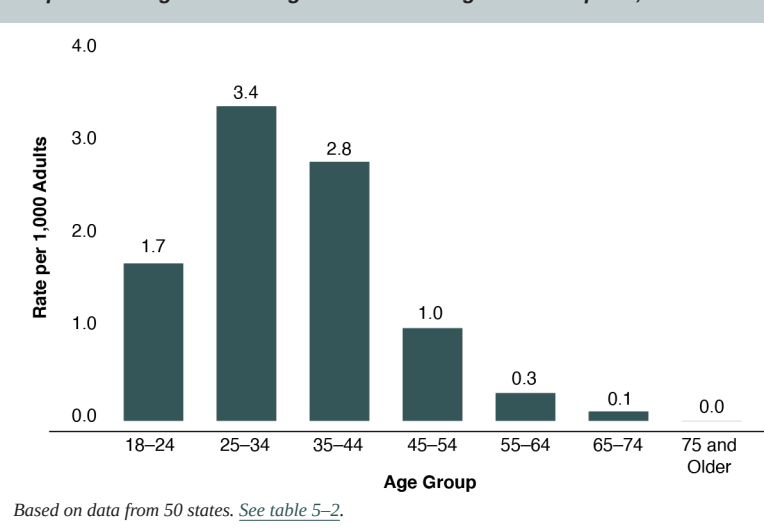
Number of Perpetrators (unique count of perpetrators)

The analyses in this chapter use a unique count of perpetrators, which means identifying and counting a perpetrator once, regardless of the number of times the perpetrator is the subject of a report. For FFY 2024, 52 states reported a unique count of 410,676 perpetrators. This is a 14.8 percent decrease from FFY 2020 when 52 states reported 481,762 unique perpetrators. See [table 5–1](#) and related notes.

Perpetrator Demographics (unique count of perpetrators)

The majority (69.4%) of perpetrators are between the age of 25 and 44 years old. Perpetrators in the age group of 25–34 are 38.7 percent of all perpetrators. Perpetrators younger than 18 years old accounted for 1.7 percent of all perpetrators. Some states have laws that limit the youngest age that a person can be considered a perpetrator. (See Appendix D, State Commentary.) The perpetrator age group of 25–34 has the highest rate at 3.4 per 1,000 adults in the population of the same age. Adults in the age group of 35–44 have the second highest rate at 2.8, while young adults in the age group of 18–24 have a rate of 1.7 per 1,000 adults in the population of the same age.²⁰ See [table 5–2](#), [exhibit 5–A](#), and related notes.²¹

Exhibit 5–A Adult Perpetrators by Age, 2024
Perpetrators ages 25 through 44 have the highest rates per 1,000

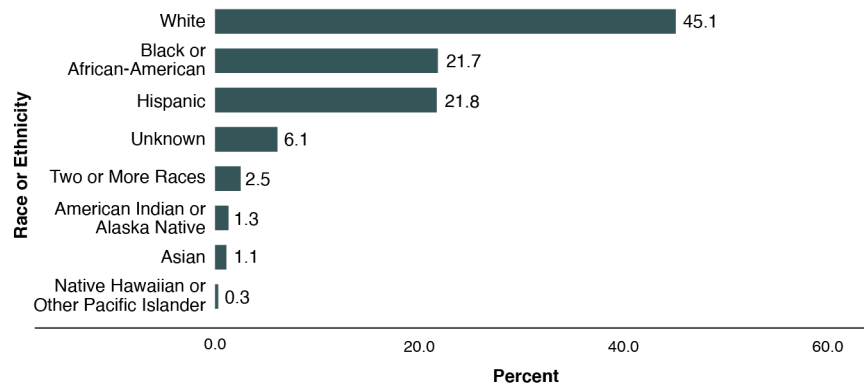


²⁰ Rates are not calculated for perpetrators younger than 18 years due to the variations in state policy as to how young a perpetrator can be.

²¹ North Carolina resubmitted FFYs 2020–2022 data when the state recoded the disposition of children who would have previously received an alternative response victim disposition to an indicated disposition. Children with alternative response dispositions are not considered maltreatment victims and do not have perpetrators. Children with indicated dispositions are considered maltreatment victims. North Carolina was not able to include perpetrators for indicated dispositions in its FFY 2020–2024 data submissions and is excluded from analyses in this chapter.

Based on data from 50 reporting states, more than one-half (51.9%) of perpetrators are women and 47.0 percent of perpetrators are men; 1.1 percent of perpetrators are of unknown sex. See [table 5–3](#) and related notes. The three largest percentages of perpetrators are White (45.1%), Black or African-American (21.7%), and Hispanic (21.8%). Race or ethnicity is unknown or not reported for 6.1 percent of perpetrators. (See [table 5–4](#), [exhibit 5–B](#), and related notes.)

Exhibit 5–B Perpetrators by Race or Ethnicity, 2024
The largest percentages of perpetrators are White, Black or African-American, and Hispanic



Based on data from 50 states. See [table 5–4](#).

Perpetrator Relationship

(unique count of perpetrators and unique count of relationships)

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

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

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

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

The majority (76.3%) of perpetrators are the parent of their victim, 6.6 percent of perpetrators are relatives other than a parent, 4.1 percent have an “other” relationship to their victims, and 4.0 percent have multiple relationships. See [table 5–5](#) and related notes. According to comments provided by states in Appendix D, State Commentary, the NCANDS category of “other” perpetrator relationship includes foster sibling, clergy, babysitter, etc.

Exhibit and Table Notes

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

General

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

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

Table 5–2 Perpetrators by Age, 2024

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

Table 5–3 Perpetrators by Sex, 2024

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

Table 5–4 Perpetrators by Race or Ethnicity, 2024

- 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 are excluded from this analysis if more than 30.0 percent of perpetrators have an unknown or missing race or ethnicity.
- States are excluded from this analysis if fewer than 85.0 percent of victims are associated with one or more perpetrators.

Table 5–5 Perpetrators by Relationship to Their Victims, 2024

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

Table 5–1 Perpetrators, 2020–2024

State	2020	2021	2022	2023	2024
Alabama	8,432	8,387	8,162	8,275	7,800
Alaska	2,425	2,023	1,964	1,850	1,710
Arizona	9,684	11,264	11,497	11,398	9,291
Arkansas	7,809	8,138	7,635	6,631	5,729
California	53,124	49,073	45,289	42,991	40,678
Colorado	9,820	9,416	8,080	8,008	6,679
Connecticut	5,171	4,541	4,090	4,256	4,462
Delaware	919	896	829	740	642
District of Columbia	1,054	1,059	1,016	832	660
Florida	21,599	20,933	18,647	17,010	11,889
Georgia	6,730	7,344	7,897	8,658	9,719
Hawaii	1,150	1,220	1,144	824	673
Idaho	1,764	2,016	1,702	1,790	1,489
Illinois	25,303	25,475	23,359	23,081	22,815
Indiana	18,036	17,185	15,302	14,516	16,527
Iowa	7,625	8,158	8,003	7,775	6,784
Kansas	1,998	1,786	1,551	1,531	1,715
Kentucky	12,443	11,303	9,399	11,126	11,212
Louisiana	6,091	5,659	6,565	7,706	7,077
Maine	4,030	3,693	3,258	3,227	3,263
Maryland	6,424	5,715	5,967	5,622	5,737
Massachusetts	17,947	18,261	17,811	17,139	16,180
Michigan	21,484	19,348	18,417	17,961	17,674
Minnesota	4,709	4,000	3,768	3,537	3,347
Mississippi	6,812	7,107	7,611	7,352	8,330
Missouri	4,015	3,945	3,625	3,812	3,999
Montana	2,630	2,142	1,870	1,807	1,747
Nebraska	1,648	1,684	1,338	1,589	1,837
Nevada	4,094	4,465	4,643	5,143	4,561
New Hampshire	1,008	875	913	1,090	1,106
New Jersey	2,826	2,517	2,434	2,188	1,980
New Mexico	5,852	4,848	4,668	4,726	5,286
New York	45,922	43,478	38,597	35,819	35,282
North Carolina	3,891	3,635	3,752	4,221	7,608
North Dakota	1,200	1,037	852	701	534
Ohio	19,599	19,772	18,424	16,923	15,999
Oklahoma	12,487	11,595	11,332	10,926	10,833
Oregon	8,541	7,964	7,938	8,183	8,439
Pennsylvania	4,615	4,765	5,040	4,442	4,530
Puerto Rico	2,734	3,786	3,472	3,348	3,968
Rhode Island	2,141	2,023	1,948	1,956	1,824
South Carolina	10,727	11,501	10,930	10,208	9,291
South Dakota	1,097	992	1,028	1,043	1,129
Tennessee	8,493	7,608	6,828	7,589	9,201
Texas	50,567	50,820	42,240	41,808	38,451
Utah	7,197	6,676	6,387	6,213	6,346
Vermont	419	308	556	531	511
Virginia	4,728	4,180	3,882	3,684	3,752
Washington	3,315	3,036	2,986	2,815	3,012
West Virginia	5,359	5,475	4,821	3,932	4,073
Wisconsin	3,345	3,431	3,325	3,008	2,825
Wyoming	729	652	613	576	470
National	481,762	467,210	433,405	422,117	410,676
Reporting States	52	52	52	52	52

Table 5–2 Perpetrators by Age, 2024 *(continues next page)*

State	6–11	12–17	18–24	25–34	35–44	45–54	55–64	65–74	75 and Older	Unknown	Total Unique Perpetrators
Alabama	-	216	1,310	2,995	1,937	546	208	83	13	492	7,800
Alaska	-	5	203	675	578	143	61	29	5	11	1,710
Arizona	-	29	1,016	3,866	2,912	900	253	97	23	195	9,291
Arkansas	99	286	1,209	2,011	1,242	402	174	79	17	210	5,729
California	33	323	4,068	15,932	13,530	4,258	1,324	448	160	602	40,678
Colorado	2	35	807	2,625	2,142	662	215	70	44	77	6,679
Connecticut	-	21	363	1,494	1,650	596	171	60	18	89	4,462
Delaware	-	15	53	223	217	86	35	9	4	-	642
District of Columbia	-	7	52	317	204	32	18	6	0	24	660
Florida	15	46	1,161	4,438	4,007	1,217	484	182	49	290	11,889
Georgia	-	96	1,167	4,027	3,054	851	378	111	24	11	9,719
Hawaii	1	3	45	257	239	77	25	8	7	11	673
Idaho	-	3	238	564	479	147	44	13	1	-	1,489
Illinois	27	350	3,036	9,377	6,798	2,038	698	207	48	236	22,815
Indiana	11	296	2,848	6,824	4,496	1,294	424	165	45	124	16,527
Iowa	-	138	1,016	2,643	2,065	627	197	66	27	5	6,784
Kansas	2	79	235	619	484	181	73	12	3	27	1,715
Kentucky	-	47	1,339	4,315	3,522	1,188	552	190	58	1	11,212
Louisiana	1	55	1,229	3,013	2,020	484	190	68	14	3	7,077
Maine	-	10	265	1,230	1,241	340	108	36	5	28	3,263
Maryland	-	-	-	-	-	-	-	-	-	-	-
Massachusetts	2	47	1,411	5,638	5,834	2,016	617	169	35	411	16,180
Michigan	1	47	1,959	7,424	5,681	1,770	571	166	45	10	17,674
Minnesota	16	134	366	1,228	1,109	332	116	41	5	-	3,347
Mississippi	48	195	1,161	3,230	2,354	808	369	110	36	19	8,330
Missouri	-	38	529	1,347	1,202	409	172	63	12	227	3,999
Montana	-	6	221	688	596	171	38	15	3	9	1,747
Nebraska	-	27	248	746	586	168	50	9	3	-	1,837
Nevada	-	17	468	1,985	1,475	439	122	42	13	-	4,561
New Hampshire	-	7	82	390	455	119	37	7	4	5	1,106
New Jersey	-	8	151	694	716	270	78	25	6	32	1,980
New Mexico	3	24	500	1,933	1,602	467	155	62	7	533	5,286
New York	5	111	3,258	12,808	12,506	4,448	1,573	464	104	5	35,282
North Carolina	-	-	-	-	-	-	-	-	-	-	-
North Dakota	-	3	85	222	147	30	11	2	0	34	534
Ohio	49	596	2,222	5,677	4,349	1,361	531	210	69	935	15,999
Oklahoma	-	62	1,511	4,353	3,212	976	369	134	19	197	10,833
Oregon	2	120	894	3,050	2,822	918	260	90	37	246	8,439
Pennsylvania	-	169	642	1,461	1,303	472	239	97	30	117	4,530
Puerto Rico	4	15	452	1,589	1,233	450	133	66	10	16	3,968
Rhode Island	-	32	222	709	590	174	49	11	1	36	1,824
South Carolina	18	34	1,026	3,688	3,124	880	340	117	37	27	9,291
South Dakota	-	5	154	486	349	93	17	5	1	19	1,129
Tennessee	23	377	1,763	3,298	1,721	518	280	86	23	1,112	9,201
Texas	159	1,336	7,135	16,252	9,415	2,658	1,006	385	96	9	38,451
Utah	4	501	750	2,020	2,061	730	198	61	18	3	6,346
Vermont	-	43	67	146	148	54	30	9	3	11	511
Virginia	1	19	465	1,313	1,113	347	178	52	22	242	3,752
Washington	1	1	248	1,149	1,128	337	90	27	7	24	3,012
West Virginia	2	12	440	1,587	1,300	457	180	75	12	8	4,073
Wisconsin	4	24	291	986	805	201	67	19	5	423	2,825
Wyoming	-	1	53	178	149	29	6	2	0	52	470
National	533	6,071	50,434	153,720	121,902	38,171	13,514	4,560	1,228	7,198	397,331
Reporting States	26	50	50	50	50	50	50	50	50	45	50

Table 5–2 Perpetrators by Age, 2024

State	18–24 Rate per 1,000	25–34 Rate per 1,000	35–44 Rate per 1,000	45–54 Rate per 1,000	55–64 Rate per 1,000	65–74 Rate per 1,000	75 and Older Rate per 1,000
Alabama	2.7	4.5	3.0	0.9	0.3	0.1	0.0
Alaska	3.0	6.0	5.3	1.7	0.7	0.4	0.1
Arizona	1.4	3.7	3.0	1.0	0.3	0.1	0.0
Arkansas	4.2	5.0	3.2	1.1	0.5	0.2	0.1
California	1.1	2.8	2.4	0.9	0.3	0.1	0.1
Colorado	1.5	2.8	2.4	0.9	0.3	0.1	0.1
Connecticut	1.0	3.2	3.4	1.4	0.3	0.1	0.1
Delaware	0.6	1.7	1.7	0.7	0.2	0.1	0.0
District of Columbia	0.7	2.1	1.7	0.4	0.3	0.1	0.0
Florida	0.6	1.5	1.3	0.4	0.2	0.1	0.0
Georgia	1.1	2.6	2.0	0.6	0.3	0.1	0.0
Hawaii	0.4	1.4	1.2	0.5	0.1	0.0	0.0
Idaho	1.2	2.2	1.8	0.6	0.2	0.1	0.0
Illinois	2.6	5.4	4.0	1.3	0.4	0.2	0.1
Indiana	4.2	7.5	5.1	1.6	0.5	0.2	0.1
Iowa	3.1	6.5	5.1	1.7	0.5	0.2	0.1
Kansas	0.8	1.6	1.3	0.5	0.2	0.0	0.0
Kentucky	3.2	7.1	6.1	2.1	1.0	0.4	0.2
Louisiana	2.9	5.0	3.3	0.9	0.3	0.1	0.0
Maine	2.3	7.3	7.0	2.1	0.5	0.2	0.0
Maryland	-	-	-	-	-	-	-
Massachusetts	2.0	5.7	6.1	2.4	0.7	0.2	0.1
Michigan	2.1	5.5	4.5	1.5	0.4	0.1	0.1
Minnesota	0.7	1.6	1.4	0.5	0.2	0.1	0.0
Mississippi	4.0	8.6	6.4	2.3	1.0	0.4	0.2
Missouri	0.9	1.6	1.5	0.6	0.2	0.1	0.0
Montana	2.2	4.6	4.0	1.3	0.3	0.1	0.0
Nebraska	1.2	2.9	2.2	0.8	0.2	0.0	0.0
Nevada	1.8	4.2	3.2	1.1	0.3	0.1	0.1
New Hampshire	0.7	2.2	2.5	0.7	0.2	0.0	0.0
New Jersey	0.2	0.6	0.6	0.2	0.1	0.0	0.0
New Mexico	2.4	6.9	5.8	2.0	0.6	0.3	0.0
New York	1.8	4.6	4.8	1.9	0.6	0.2	0.1
North Carolina	-	-	-	-	-	-	-
North Dakota	0.9	2.0	1.4	0.4	0.1	0.0	0.0
Ohio	2.1	3.6	2.9	1.0	0.4	0.2	0.1
Oklahoma	3.7	7.9	5.9	2.1	0.8	0.3	0.1
Oregon	2.4	5.1	4.7	1.7	0.5	0.2	0.1
Pennsylvania	0.5	0.9	0.8	0.3	0.1	0.1	0.0
Puerto Rico	1.6	3.6	3.3	1.1	0.3	0.2	0.0
Rhode Island	2.0	4.7	4.0	1.4	0.3	0.1	0.0
South Carolina	2.1	5.2	4.5	1.4	0.5	0.2	0.1
South Dakota	1.8	4.2	3.0	0.9	0.2	0.0	0.0
Tennessee	2.7	3.3	1.8	0.6	0.3	0.1	0.0
Texas	2.3	3.6	2.1	0.7	0.3	0.1	0.1
Utah	1.8	3.8	4.4	1.8	0.6	0.2	0.1
Vermont	1.1	1.9	1.8	0.7	0.3	0.1	0.0
Virginia	0.6	1.1	0.9	0.3	0.2	0.1	0.0
Washington	0.4	0.9	1.0	0.4	0.1	0.0	0.0
West Virginia	2.8	7.4	6.2	2.1	0.8	0.3	0.1
Wisconsin	0.5	1.3	1.1	0.3	0.1	0.0	0.0
Wyoming	1.0	2.4	1.9	0.4	0.1	0.0	0.0
National	1.7	3.4	2.8	1.0	0.3	0.1	0.0
Reporting States	-	-	-	-	-	-	-

Table 5–3 Perpetrators by Sex, 2024

State	Men	Women	Unknown	Total Perpetrators	Men Percent	Women Percent	Unknown Percent
Alabama	3,321	4,444	35	7,800	42.6	57.0	0.4
Alaska	745	958	7	1,710	43.6	56.0	0.4
Arizona	4,720	4,435	136	9,291	50.8	47.7	1.5
Arkansas	2,409	3,208	112	5,729	42.0	56.0	2.0
California	18,850	21,508	320	40,678	46.3	52.9	0.8
Colorado	3,590	3,050	39	6,679	53.8	45.7	0.6
Connecticut	2,165	2,247	50	4,462	48.5	50.4	1.1
Delaware	357	285	-	642	55.6	44.4	0.0
District of Columbia	199	451	10	660	30.2	68.3	1.5
Florida	5,182	6,385	322	11,889	43.6	53.7	2.7
Georgia	3,360	6,336	23	9,719	34.6	65.2	0.2
Hawaii	290	376	7	673	43.1	55.9	1.0
Idaho	607	882	-	1,489	40.8	59.2	0.0
Illinois	10,684	11,957	174	22,815	46.8	52.4	0.8
Indiana	7,403	9,065	59	16,527	44.8	54.8	0.4
Iowa	3,066	3,707	11	6,784	45.2	54.6	0.2
Kansas	960	739	16	1,715	56.0	43.1	0.9
Kentucky	5,117	6,044	51	11,212	45.6	53.9	0.5
Louisiana	2,282	4,784	11	7,077	32.2	67.6	0.2
Maine	1,676	1,587	-	3,263	51.4	48.6	0.0
Maryland	2,913	2,666	158	5,737	50.8	46.5	2.8
Massachusetts	7,381	8,083	716	16,180	45.6	50.0	4.4
Michigan	8,901	8,753	20	17,674	50.4	49.5	0.1
Minnesota	1,795	1,552	-	3,347	53.6	46.4	0.0
Mississippi	3,173	5,098	59	8,330	38.1	61.2	0.7
Missouri	2,369	1,471	159	3,999	59.2	36.8	4.0
Montana	787	954	6	1,747	45.0	54.6	0.3
Nebraska	891	946	-	1,837	48.5	51.5	0.0
Nevada	2,198	2,363	-	4,561	48.2	51.8	0.0
New Hampshire	551	550	5	1,106	49.8	49.7	0.5
New Jersey	939	1,038	3	1,980	47.4	52.4	0.2
New Mexico	2,244	2,910	132	5,286	42.5	55.1	2.5
New York	17,469	17,805	8	35,282	49.5	50.5	0.0
North Carolina	-	-	-	-	-	-	-
North Dakota	175	338	21	534	32.8	63.3	3.9
Ohio	7,707	7,923	369	15,999	48.2	49.5	2.3
Oklahoma	5,531	5,280	22	10,833	51.1	48.7	0.2
Oregon	4,906	3,367	166	8,439	58.1	39.9	2.0
Pennsylvania	2,833	1,607	90	4,530	62.5	35.5	2.0
Puerto Rico	1,528	2,440	-	3,968	38.5	61.5	0.0
Rhode Island	853	954	17	1,824	46.8	52.3	0.9
South Carolina	3,578	5,705	8	9,291	38.5	61.4	0.1
South Dakota	442	677	10	1,129	39.1	60.0	0.9
Tennessee	3,653	4,992	556	9,201	39.7	54.3	6.0
Texas	19,016	19,198	237	38,451	49.5	49.9	0.6
Utah	3,660	2,685	1	6,346	57.7	42.3	0.0
Vermont	365	146	-	511	71.4	28.6	0.0
Virginia	1,784	1,869	99	3,752	47.5	49.8	2.6
Washington	1,469	1,522	21	3,012	48.8	50.5	0.7
West Virginia	1,792	2,277	4	4,073	44.0	55.9	0.1
Wisconsin	1,346	1,138	341	2,825	47.6	40.3	12.1
Wyoming	-	-	-	-	-	-	-
National	189,232	208,755	4,611	402,598	47.0	51.9	1.1
Reporting States	50	50	42	50	-	-	-

Table 5–4 Perpetrators by Race or Ethnicity, 2024 *(continues next page)*

State	American Indian or Alaska Native	Asian	Black or African-American	Hispanic	Two or More Races	Native Hawaiian or Other Pacific Islander	White	Unknown	Total Perpetrators
Alabama	10	16	2,288	357	64	2	4,844	219	7,800
Alaska	894	16	58	37	84	43	446	132	1,710
Arizona	485	61	1,000	2,947	170	21	3,059	1,548	9,291
Arkansas	5	16	1,144	379	344	46	3,471	324	5,729
California	349	1,223	5,596	20,013	0	153	9,990	3,354	40,678
Colorado	50	34	717	1,884	96	25	2,168	1,705	6,679
Connecticut	10	52	1,124	1,240	85	4	1,758	189	4,462
Delaware	0	4	297	79	2	0	260	0	642
District of Columbia	1	1	476	58	2	0	12	110	660
Florida	24	45	3,613	1,182	171	6	6,090	758	11,889
Georgia	10	40	4,269	631	123	11	4,176	459	9,719
Hawaii	3	83	12	32	178	159	136	70	673
Idaho	32	4	21	149	15	5	845	418	1,489
Illinois	15	275	6,856	4,133	248	8	10,855	425	22,815
Indiana	23	78	3,059	1,272	426	17	11,475	177	16,527
Iowa	77	44	1,003	604	93	54	4,839	70	6,784
Kansas	12	8	223	186	38	1	1,130	117	1,715
Kentucky	4	22	1,251	413	360	5	8,930	227	11,212
Louisiana	16	18	3,282	305	32	4	3,137	283	7,077
Maine	45	13	95	87	83	2	2,520	418	3,263
Maryland	8	71	2,305	775	50	3	1,548	977	5,737
Massachusetts	23	273	2,357	4,701	414	7	6,435	1,970	16,180
Michigan	74	67	5,959	1,170	879	14	9,443	68	17,674
Minnesota	231	73	512	415	381	4	1,650	81	3,347
Mississippi	10	12	3,425	187	32	5	3,827	832	8,330
Missouri	15	4	848	281	22	6	2,433	390	3,999
Montana	273	7	24	105	48	5	1,216	69	1,747
Nebraska	102	24	272	280	89	5	880	185	1,837
Nevada	44	82	1,323	1,163	121	61	1,372	395	4,561
New Hampshire	5	8	35	78	15	1	859	105	1,106
New Jersey	4	29	632	600	14	3	633	65	1,980
New Mexico	547	10	136	2,562	74	5	1,084	868	5,286
New York	160	918	9,367	10,040	780	23	13,617	377	35,282
North Carolina	-	-	-	-	-	-	-	-	-
North Dakota	120	3	49	22	8	3	264	65	534
Ohio	13	67	4,149	850	513	6	9,512	889	15,999
Oklahoma	547	45	1,120	1,672	2,571	19	4,704	155	10,833
Oregon	212	83	367	884	199	45	4,902	1,747	8,439
Pennsylvania	3	45	946	599	57	2	2,451	427	4,530
Puerto Rico	2	0	69	3,527	6	1	199	164	3,968
Rhode Island	10	18	279	520	40	1	876	80	1,824
South Carolina	11	21	3,359	564	97	6	4,540	693	9,291
South Dakota	394	2	53	71	135	1	428	45	1,129
Tennessee	-	-	-	-	-	-	-	-	-
Texas	61	325	9,274	15,986	453	62	11,247	1,043	38,451
Utah	119	53	241	1,524	80	158	4,114	57	6,346
Vermont	0	4	20	11	0	0	412	64	511
Virginia	1	38	928	440	41	8	1,898	398	3,752
Washington	122	33	234	469	174	50	1,628	302	3,012
West Virginia	0	3	217	0	64	0	3,665	124	4,073
Wisconsin	105	23	572	267	22	5	1,384	447	2,825
Wyoming	12	0	18	58	0	0	317	65	470
National	5,293	4,394	85,474	85,809	9,993	1,075	177,679	24,150	393,867
Reporting States	50	50	50	50	50	50	50	50	50

Table 5–4 Perpetrators by Race or Ethnicity, 2024

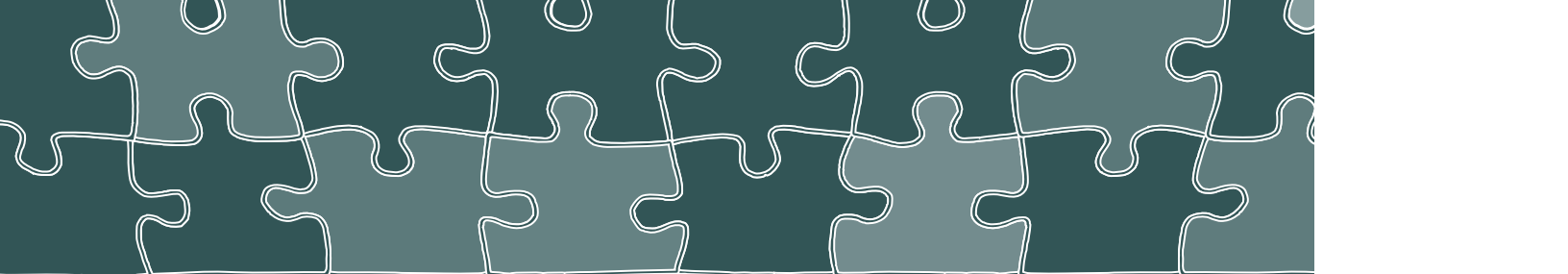
State	American Indian or Alaska Native Percent	Asian Percent	Black or African-American Percent	Hispanic Percent	Two or More Races Percent	Native Hawaiian or Other Pacific Islander Percent	White Percent	Unknown Percent
Alabama	0.1	0.2	29.3	4.6	0.8	0.0	62.1	2.8
Alaska	52.3	0.9	3.4	2.2	4.9	2.5	26.1	7.7
Arizona	5.2	0.7	10.8	31.7	1.8	0.2	32.9	16.7
Arkansas	0.1	0.3	20.0	6.6	6.0	0.8	60.6	5.7
California	0.9	3.0	13.8	49.2	0.0	0.4	24.6	8.2
Colorado	0.7	0.5	10.7	28.2	1.4	0.4	32.5	25.5
Connecticut	0.2	1.2	25.2	27.8	1.9	0.1	39.4	4.2
Delaware	0.0	0.6	46.3	12.3	0.3	0.0	40.5	-
District of Columbia	0.2	0.2	72.1	8.8	0.3	0.0	1.8	16.7
Florida	0.2	0.4	30.4	9.9	1.4	0.1	51.2	6.4
Georgia	0.1	0.4	43.9	6.5	1.3	0.1	43.0	4.7
Hawaii	0.4	12.3	1.8	4.8	26.4	23.6	20.2	10.4
Idaho	2.1	0.3	1.4	10.0	1.0	0.3	56.7	28.1
Illinois	0.1	1.2	30.1	18.1	1.1	0.0	47.6	1.9
Indiana	0.1	0.5	18.5	7.7	2.6	0.1	69.4	1.1
Iowa	1.1	0.6	14.8	8.9	1.4	0.8	71.3	1.0
Kansas	0.7	0.5	13.0	10.8	2.2	0.1	65.9	6.8
Kentucky	0.0	0.2	11.2	3.7	3.2	0.0	79.6	2.0
Louisiana	0.2	0.3	46.4	4.3	0.5	0.1	44.3	4.0
Maine	1.4	0.4	2.9	2.7	2.5	0.1	77.2	12.8
Maryland	0.1	1.2	40.2	13.5	0.9	0.1	27.0	17.0
Massachusetts	0.1	1.7	14.6	29.1	2.6	0.0	39.8	12.2
Michigan	0.4	0.4	33.7	6.6	5.0	0.1	53.4	0.4
Minnesota	6.9	2.2	15.3	12.4	11.4	0.1	49.3	2.4
Mississippi	0.1	0.1	41.1	2.2	0.4	0.1	45.9	10.0
Missouri	0.4	0.1	21.2	7.0	0.6	0.2	60.8	9.8
Montana	15.6	0.4	1.4	6.0	2.7	0.3	69.6	3.9
Nebraska	5.6	1.3	14.8	15.2	4.8	0.3	47.9	10.1
Nevada	1.0	1.8	29.0	25.5	2.7	1.3	30.1	8.7
New Hampshire	0.5	0.7	3.2	7.1	1.4	0.1	77.7	9.5
New Jersey	0.2	1.5	31.9	30.3	0.7	0.2	32.0	3.3
New Mexico	10.3	0.2	2.6	48.5	1.4	0.1	20.5	16.4
New York	0.5	2.6	26.5	28.5	2.2	0.1	38.6	1.1
North Carolina	-	-	-	-	-	-	-	-
North Dakota	22.5	0.6	9.2	4.1	1.5	0.6	49.4	12.2
Ohio	0.1	0.4	25.9	5.3	3.2	0.0	59.5	5.6
Oklahoma	5.0	0.4	10.3	15.4	23.7	0.2	43.4	1.4
Oregon	2.5	1.0	4.3	10.5	2.4	0.5	58.1	20.7
Pennsylvania	0.1	1.0	20.9	13.2	1.3	0.0	54.1	9.4
Puerto Rico	0.1	0.0	1.7	88.9	0.2	0.0	5.0	4.1
Rhode Island	0.5	1.0	15.3	28.5	2.2	0.1	48.0	4.4
South Carolina	0.1	0.2	36.2	6.1	1.0	0.1	48.9	7.5
South Dakota	34.9	0.2	4.7	6.3	12.0	0.1	37.9	4.0
Tennessee	-	-	-	-	-	-	-	-
Texas	0.2	0.8	24.1	41.6	1.2	0.2	29.3	2.7
Utah	1.9	0.8	3.8	24.0	1.3	2.5	64.8	0.9
Vermont	0.0	0.8	3.9	2.2	0.0	0.0	80.6	12.5
Virginia	0.0	1.0	24.7	11.7	1.1	0.2	50.6	10.6
Washington	4.1	1.1	7.8	15.6	5.8	1.7	54.1	10.0
West Virginia	0.0	0.1	5.3	0.0	1.6	0.0	90.0	3.0
Wisconsin	3.7	0.8	20.2	9.5	0.8	0.2	49.0	15.8
Wyoming	2.6	0.0	3.8	12.3	0.0	0.0	67.4	13.8
National	1.3	1.1	21.7	21.8	2.5	0.3	45.1	6.1
Reporting States	-	-	-	-	-	-	-	-

Table 5–5 Perpetrators by Relationship to Their Victims, 2024 *(continues next page)*

State	Parent	Child Daycare Provider	Foster Parent	Friend and Neighbor	Group Home and Residential Facility Staff	Legal Guardian	Multiple Relationships
Alabama	5,644	27	16	102	12	39	374
Alaska	1,439	-	26	-	-	14	76
Arizona	6,802	-	42	15	-	65	443
Arkansas	3,841	41	11	88	11	12	196
California	35,279	-	241	-	20	391	1,288
Colorado	4,929	19	6	2	11	4	403
Connecticut	3,421	13	15	27	18	94	241
Delaware	472	2	1	-	-	3	18
District of Columbia	629	-	1	-	-	1	4
Florida	8,387	13	2	-	-	20	802
Georgia	7,907	37	40	47	13	63	190
Hawaii	580	-	1	-	-	14	31
Idaho	1,335	-	5	18	-	11	11
Illinois	18,668	152	124	-	38	-	1,013
Indiana	12,707	55	26	296	1	52	1,000
Iowa	5,251	71	10	-	18	30	253
Kansas	1,172	-	11	3	18	-	32
Kentucky	6,651	12	9	211	-	212	889
Louisiana	-	-	-	-	-	-	-
Maine	-	-	-	-	-	-	-
Maryland	3,472	32	43	47	76	17	187
Massachusetts	12,919	116	69	-	81	91	788
Michigan	13,236	-	96	845	18	71	1,296
Minnesota	2,439	28	36	17	9	26	196
Mississippi	6,199	18	69	87	16	17	297
Missouri	2,260	16	19	139	40	26	181
Montana	1,578	7	12	-	-	5	19
Nebraska	1,491	5	17	-	-	3	69
Nevada	3,744	-	7	111	28	5	250
New Hampshire	933	-	-	-	1	6	58
New Jersey	1,533	10	7	18	7	-	53
New Mexico	4,465	-	5	1	-	78	181
New York	29,390	313	121	-	62	160	393
North Carolina	-	-	-	-	-	-	-
North Dakota	435	-	-	18	-	-	18
Ohio	10,187	40	87	183	36	-	839
Oklahoma	8,598	55	69	-	14	58	698
Oregon	5,738	1	6	6	-	41	601
Pennsylvania	2,560	34	11	100	21	11	87
Puerto Rico	-	-	-	-	-	-	-
Rhode Island	1,457	39	14	-	51	15	84
South Carolina	7,960	1	16	-	8	92	354
South Dakota	921	5	1	-	1	6	79
Tennessee	5,875	15	23	344	17	76	86
Texas	29,126	376	99	174	133	-	591
Utah	4,117	49	5	186	24	28	355
Vermont	266	2	3	75	-	-	14
Virginia	2,589	94	13	-	14	17	142
Washington	2,559	20	21	1	-	-	78
West Virginia	3,330	3	-	-	5	18	245
Wisconsin	1,788	26	11	23	5	6	102
Wyoming	393	-	6	-	-	-	29
National Total	296,672	1,747	1,473	3,184	827	1,898	15,634
National Percent	76.3	0.4	0.4	0.8	0.2	0.5	4.0
Reporting States	48	35	45	28	32	39	48

Table 5–5 Perpetrators by Relationship to Their Victims, 2024

State	Other	Other Professional	Relative	Unmarried Partner of Parent	Unknown	Total Perpetrators
Alabama	497	28	611	283	167	7,800
Alaska	29	-	67	56	3	1,710
Arizona	48	-	68	64	1,744	9,291
Arkansas	508	43	634	172	172	5,729
California	1,029	-	1,656	695	79	40,678
Colorado	258	2	418	3	624	6,679
Connecticut	208	58	175	191	1	4,462
Delaware	27	-	85	34	-	642
District of Columbia	12	-	12	-	1	660
Florida	402	134	470	397	1,262	11,889
Georgia	475	87	702	158	-	9,719
Hawaii	23	-	22	-	2	673
Idaho	-	-	55	35	19	1,489
Illinois	402	104	1,297	801	216	22,815
Indiana	913	25	850	-	602	16,527
Iowa	260	-	424	458	9	6,784
Kansas	237	-	216	-	26	1,715
Kentucky	70	-	571	493	2,094	11,212
Louisiana	-	-	-	-	-	-
Maine	-	-	-	-	-	-
Maryland	524	154	738	-	447	5,737
Massachusetts	449	71	529	696	371	16,180
Michigan	238	7	1,038	824	5	17,674
Minnesota	76	1	307	194	18	3,347
Mississippi	287	17	757	281	285	8,330
Missouri	440	24	396	283	175	3,999
Montana	14	1	58	53	-	1,747
Nebraska	65	-	84	87	16	1,837
Nevada	5	-	150	252	9	4,561
New Hampshire	-	-	35	21	52	1,106
New Jersey	48	62	107	126	9	1,980
New Mexico	40	-	252	201	63	5,286
New York	491	-	2,266	2,055	31	35,282
North Carolina	-	-	-	-	-	-
North Dakota	-	-	9	-	54	534
Ohio	1,743	116	1,802	-	966	15,999
Oklahoma	713	-	564	25	39	10,833
Oregon	435	-	601	708	302	8,439
Pennsylvania	510	91	718	300	87	4,530
Puerto Rico	-	-	-	-	-	-
Rhode Island	59	-	29	74	2	1,824
South Carolina	231	-	371	257	1	9,291
South Dakota	13	-	30	48	25	1,129
Tennessee	1,717	7	967	72	2	9,201
Texas	935	254	3,980	2,692	91	38,451
Utah	608	14	655	226	79	6,346
Vermont	56	4	40	28	23	511
Virginia	241	82	331	114	115	3,752
Washington	31	-	107	195	-	3,012
West Virginia	173	9	154	-	136	4,073
Wisconsin	214	15	219	200	216	2,825
Wyoming	17	-	9	-	16	470
National Total	15,771	1,410	25,636	13,852	10,656	388,760
National Percent	4.1	0.4	6.6	3.6	2.7	100.0
Reporting States	45	25	48	39	44	48



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).

NCANDS collects data for 26 types of services including adoption, employment, mental health, and substance abuse.²² States have their own typologies of services, which they map or crosswalk to the NCANDS services categories. In this chapter, services are examined from two perspectives:

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

Prevention Services (duplicate count of children)

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

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

²² For a listing of all 26 services categories and definitions, please see the NCANDS Child File Codebook on the Children's Bureau website at <https://www.acf.gov/cb/training-technical-assistance/ncands-child-file-codebook>

- Title II of CAPTA, as amended [P.L. 100–294]: The Community-Based Child Abuse Prevention Grants (CBCAP) provides funding to a lead state agency (designated by the governor) to support community-based efforts to develop, operate, expand, enhance, and support the coordination of resources and activities; and to foster understanding, appreciation and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.
- Title IV–B, Subpart 2, as amended [P.L. 107–133]: Promoting Safe and Stable Families²³: The primary goals of Promoting Safe and Stable Families (PSSF) are to prevent the unnecessary separation of children from their families, improve the quality of care and services to children and their families, and ensure permanency for children by reuniting them with their parents, by adoption, or by another permanent living arrangement. States are to spend most of the funding for services that address family support, family preservation, time-limited family reunification, and adoption promotion and support. The services are designed to help state child welfare agencies and eligible Indian tribes establish and operate integrated, preventive family preservation services and community-based family support services for families at risk or in crisis.
- Title IV–E of the Social Security Act as amended [P.L. 115–123]: Family First Prevention Services Act (FFPSA): This act authorized new optional title IV–E funding for time-limited prevention services for mental health, substance abuse, and in-home parent skill-based programs for children or youth who are candidates for foster care, pregnant or parenting youth in foster care, and the parents or kin caregivers of those children and youth. States do not report these services to NCANDS.
- Title XX of the Social Security Act, [P.L. 93–647]: Social Services Block Grant (SSBG): This grant is a flexible funding source that allows states and territories to tailor social service programming to their population’s needs. Through the SSBG, states provide essential social services that help achieve goals to reduce dependency and promote self-sufficiency; protect children and adults from neglect, abuse and exploitation; and help individuals who are unable to take care of themselves to stay in their homes or to find the best institutional arrangements.

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

The estimated total child recipient count by funding source is a sum of the reported child count and the calculated child count. The calculated child count is computed by multiplying the family count by the average number of children in a family. According to the U.S. Census Bureau, the average number of own children under 18 in families is 1.94.²⁴ States are asked to provide unique and mutually exclusive counts (e.g., if reporting a child in the child count, the child is not also included in the family count) within each source. However, because a child or family may receive multiple services, there may be duplication across funding sources.

²³ P.L. 116–94 Family First Transition Act of 2020 renamed this program to Marylee Allen Promoting Safe and Stable Families.

²⁴ Source: U.S. Census Bureau, Current Population Survey. (2023). Annual Social and Economic Supplement AVG3. Average Number of People per Family Household with Own Children Under 18, by Race and Hispanic Origin, Marital Status, Age, and Education of Householder: 2023 [data file]. Retrieved April 2024 from <https://www.census.gov/data/tables/2023/demo/families/cps-2023.html>

Based on data from 46 states, the FFY 2024 estimated total child recipients of prevention services is 2,230,175. See [table 6–1](#) and related notes. This is an increase from the FFY 2023 estimated total child recipients of 1,762,516 based on data from 45 states.

The funding source with the largest number of estimated total child recipients is the Community-Based Child Abuse Prevention Grants (CBCAP) with 40 states reporting 813,365 estimated recipients. The second largest is the Promoting Safe and Stable Families (PSSF) with 38 states reporting 642,188 estimated recipients. Due to the nature of these funds and the ways states use them, the number of recipients fluctuates from one year to the next. Information about state increases and decreases in recipients and funding may be found in Appendix D, State Commentary. States continue to work on improving the ability to measure prevention services. Some of the difficulties with collecting and reporting these elements are listed below:

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

Postresponse Services (duplicate count of children)

All children and families who are involved with a child welfare agency receive services to some degree. NCANDS and the Child Maltreatment report focus on only those services that were initiated or continued as a result of the investigation response or alternative response. NCANDS collects data for 26 services categories; states have their own service categories which they crosswalk (map) to the NCANDS categories. Not every state reports data for every service. Readers should see Appendix B, Glossary, for definitions of service categories and Appendix D, State Commentary, for state-specific information on services reporting. States continue to work on improving the ability to report postresponse services data. Some states say they are only able to report on those services that the CPS agency provides and are not able to report on those services provided by an external agency or vendors. The analyses include those services that were provided between the report date (date the maltreatment report is received) and up to 90 days after the disposition date (date of determination about whether the maltreatment occurred). For services that began prior to the report date, if they continue past the report disposition date, this would imply that the investigation or alternative response reaffirmed the need and continuation of the services, and they should be reported to NCANDS as postresponse services. Services that do not meet the definition of postresponse services are those that:

- began prior to the report date, but did not continue past the disposition date
- began more than 90 days after the disposition date.

During FFY 2024, 880,436 children received postresponse services from a CPS agency. Fifty-one states reported 56.8 percent of duplicate victims received postresponse services and 20.4 percent of duplicate nonvictims received postresponse services. See [table 6–2](#) and related notes. This is a slight decrease from FFY 2023 when 51 states reported 887,274 children who received postresponse services. Children who received postresponse services are counted per response by CPS and may be counted more than once. States provide data on the start of postresponse services.

Table 6–3 calculates the national average by dividing the total number of days to services by the number of children who received services on or after the report date. Based on data from 44 states, the average (mean) number of days from receipt of a report to initiation of services for FFY 2024 is 42 days and a midpoint (median) of 28 days. See [table 6–3](#) and related notes.

Table 6–4 displays the number of children who received foster care services and are removed from home. Only the children who are removed from their home on or after the report date are counted. This is because some children were already in foster care when the allegation of maltreatment was made, and readers and researchers want to know the number of children who were removed as a result of the investigation or alternative response. Readers interested in more complete adoption and foster care statistics should refer to the Adoption and Foster Care Analysis and Reporting System (AFCARS) data.²⁵ AFCARS collects case-level information on all children in foster care and those who are adopted with title IV–E agency involvement.

Based on FFY 2024 data, 50 states reported 102,765 victims (19.8%) and 48 states reported 38,723 nonvictims (1.5%) were removed from their homes. This is similar to FFY 2023, when 50 states reported 105,153 victims (19.8%) and 50 states reported 40,076 nonvictims (1.4%) were removed. Some states report low percentages of victims and nonvictims who received foster care services due to system limitations or other difficulties with collecting and reporting the data as mentioned above. See [table 6–4](#) and related notes. There may be several explanations as to why nonvictims are placed in foster care. Such as 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. Another reason for a nonvictim to be removed has to do with voluntary placements. This is when a parent voluntarily agrees to place a child in foster care even if the child was not determined to be a victim of maltreatment.

Twenty-five states reported 50,627 victims (19.5%) have court-appointed representatives. See [table 6–5](#) and related notes. This is similar to FFY 2023 when 25 states reported 50,329 victims (19.0%) had court-appointed representatives. The representatives act on behalf of a child in court proceedings and make recommendations to the court in the best interests of the child. According to states, Guardians ad Litem, children’s attorneys, and Court Appointed Special Advocates (CASAs) are included in these counts to NCANDS.

These numbers are likely to be an undercount given the statutory requirement in CAPTA that says, “in every case involving a victim of child abuse or neglect which results in a judicial proceeding, a guardian ad litem who has received training appropriate to the role, including training in early childhood, child and adolescent development, and who may be an attorney or a court-appointed special advocate who has received training appropriate to that role (or both), shall be appointed to represent the child in such proceedings...” States provide the following possible reasons for not reporting data:

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

²⁵ <https://acf.gov/cb/data-research/adoption-fostercare>

History of Receiving Services (unique count of victims)

Two data elements in the Agency File collect information on histories of victims with prior CPS involvement—family preservation and family reunification services. For FFY 2024, 32 states reported 48,799 victims (13.9%) received family preservation services within the previous 5 years. This is similar to FFY 2023 when 31 states reported 46,979 victims (13.6%) received family preservation services. See [table 6–6](#) and related notes. Several states subcontract family preservation services to outside vendors and are not able to report this data to NCANDS.

FFY 2024 data from 39 states show 19,162 victims (4.5%) were reunited with their families within the previous 5 years. This is similar to FFY 2023 when 38 states reported 17,859 victims (4.3%) were reunited. See [table 6–7](#) and related notes.

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

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

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

Thirty-seven states reported 81,614 victims who are eligible for referral to agencies providing early intervention services and 32 states reported 36,345 victims as referred to these services. Of the states that are able to report both the victims who are eligible and referred (31 states), 59.9 percent of victims who are eligible are referred to the agencies. See [table 6–8](#) and related notes.

Exhibit and Table Notes

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

General

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

- The data for all tables are from the Child File unless otherwise noted.
- Due to the large number of categories, most services are defined in Appendix B, Glossary.

- The row labeled Reporting States displays the count of states that provide data for that analysis.
- The Child File Codebook, which includes the services fields, is located on the Children’s Bureau website at <https://www.acf.gov/cb/training-technical-assistance/ncands-child-file-codebook>.
- National totals and calculations appear in a single row labeled National instead of separate rows labeled total, rate, or percent.
- Dashes are inserted into cells without any data.

Table 6–1 Children Who Received Prevention Services by Funding Source, 2024

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

Table 6–2 Children Who Received Postresponse Services, 2024

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

Table 6–3 Average and Median Number of Days to Initiation of Services, 2024

- The number of children is a duplicate count.
- This analysis uses subset of children whose service date is the same day or later than the report date. The subset is created by excluding any report with a service date prior to the report date.
- The average is displayed at the state and national level. The state average is rounded to a whole day. The national average is calculated by dividing the total number of days to services by the number of children who received services on or after the report date. The total number of days to the initiation of services is not shown.
- The median is displayed for both the national and the state level. The median is determined by finding the midpoint of the number of days to services for children who received services on or after the report date.

- States are excluded from this analysis if they report fewer than 1.0 percent of victims or fewer than 1.0 percent of nonvictims with postresponse services.
- States are excluded from this analysis if fewer than 75.0 percent of records with a service have a service date.
- States are excluded from this analysis if fewer than 40.0 percent of records with a service have a service date after the report date.
- States are excluded from this analysis if more than 35.0 percent of records have the same report date and service date.

Table 6–4 Children Who Received Foster Care Postresponse Services and Who Had a Removal Date on or After the Report Date, 2024

- The numbers of victims and nonvictims are a duplicate count.
- A child is counted each time that a CPS response is completed and services are provided.
- Only the children who are removed from their home on or after the report and up to 90 days after the disposition date are counted.
- States were excluded from this analysis if fewer than 75.0 percent of nonvictims with foster care services have a removal date. No victim data were excluded.

Table 6–5 Victims with Court-Appointed Representatives, 2024

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

Table 6–6 Victims Who Received Family Preservation Services within the Previous 5 Years, 2024

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

Table 6–7 Victims Who Were Reunited with Their Families within the Previous 5 Years, 2024

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

Table 6–8 IDEA: Victims Who Were Eligible and Victims Who Were Referred to Part C Agencies, 2024

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

Table 6–1 Children Who Received Prevention Services by Funding Source, 2024

(continues next page)

State	Child Abuse and Neglect State Grant (State Grant) Children	State Grant Calculated Child Count	State Grant Estimated Total Child Recipients	Community-Based Child Abuse Prevention Grants (CBCAP) Children	CBCAP Calculated Child Count	CBCAP Estimated Total Child Recipients
Alabama	-	1,042	1,042	2,511	-	2,511
Alaska	-	-	-	387	-	387
Arizona	-	-	-	-	9,807	9,807
Arkansas	12	49	61	885	2,247	3,132
California	-	3,265	3,265	1,229	3,228	4,457
Colorado	-	-	-	-	-	-
Connecticut	3,640	7,325	10,965	-	634	634
Delaware	-	-	-	-	-	-
District of Columbia	22	-	22	-	-	-
Florida	-	-	-	-	-	-
Georgia	37,705	19,887	57,592	18,174	30,435	48,609
Hawaii	-	-	-	-	9,225	9,225
Idaho	-	-	-	2,633	3,917	6,550
Illinois	3,463	7,355	10,818	6,326	12,061	18,387
Indiana	27,172	-	27,172	720	-	720
Iowa	-	118	118	-	1,164	1,164
Kansas	-	-	-	-	-	-
Kentucky	-	-	-	1,933	-	1,933
Louisiana	-	-	-	28,918	17,850	46,768
Maine	-	-	-	-	-	-
Maryland	-	-	-	-	-	-
Massachusetts	-	-	-	-	-	-
Michigan	3,994	4,592	8,586	123,369	213,010	336,379
Minnesota	3,134	-	3,134	9,430	-	9,430
Mississippi	-	-	-	3,406	7,065	10,471
Missouri	-	-	-	8,595	1,806	10,401
Montana	-	-	-	1,074	1,257	2,331
Nebraska	-	-	-	5,010	-	5,010
Nevada	445	-	445	841	-	841
New Hampshire	-	-	-	2,918	-	2,918
New Jersey	-	1,602	1,602	66,051	8,065	74,116
New Mexico	-	-	-	87	-	87
New York	-	-	-	3,761	5,987	9,748
North Carolina	-	-	-	460	371	831
North Dakota	-	-	-	209	3,236	3,445
Ohio	-	-	-	14,437	8,528	22,965
Oklahoma	-	-	-	-	3,851	3,851
Oregon	-	-	-	-	-	-
Pennsylvania	-	-	-	5,090	-	5,090
Puerto Rico	2,483	48,570	51,053	1,290	4,945	6,235
Rhode Island	1,053	1,511	2,564	917	1,296	2,213
South Carolina	-	-	-	-	1,036	1,036
South Dakota	-	-	-	1,391	892	2,283
Tennessee	-	-	-	-	-	-
Texas	-	-	-	820	1,637	2,457
Utah	-	-	-	72,322	-	72,322
Vermont	-	-	-	-	-	-
Virginia	14,353	-	14,353	1,362	2,221	3,583
Washington	5,222	-	5,222	-	10,982	10,982
West Virginia	-	-	-	57,711	-	57,711
Wisconsin	-	-	-	-	-	-
Wyoming	-	-	-	2,345	-	2,345
National	102,698	95,316	198,014	446,612	366,753	813,365
Reporting States	13	11	17	33	27	40

Table 6–1 Children Who Received Prevention Services by Funding Source, 2024*(continues next page)*

State	Promoting Safe and Stable Families (PSSF) Children	PSSF Calculated Child Count	PSSF Estimated Total Child Recipients	Social Services Block Grant (SSBG) Children	SSBG Calculated Child Count	SSBG Estimated Total Child Recipients
Alabama	-	36,588	36,588	13,880	-	13,880
Alaska	24	74	98	232	3,052	3,284
Arizona	-	11,138	11,138	-	-	-
Arkansas	15	405	420	12	66,866	66,878
California	4,445	43,140	47,585	-	-	-
Colorado	-	-	-	-	-	-
Connecticut	55,339	2,850	58,189	-	-	-
Delaware	182	-	182	-	246	246
District of Columbia	97	-	97	-	-	-
Florida	35,290	-	35,290	-	-	-
Georgia	17,471	-	17,471	-	-	-
Hawaii	-	-	-	-	-	-
Idaho	523	-	523	198	-	198
Illinois	-	17,285	17,285	7,347	11,607	18,954
Indiana	310	-	310	72	-	72
Iowa	-	1,046	1,046	-	-	-
Kansas	1,798	1,926	3,724	-	-	-
Kentucky	474	-	474	-	-	-
Louisiana	5,892	6,466	12,358	7,357	-	7,357
Maine	-	-	-	-	-	-
Maryland	-	-	-	12,577	-	12,577
Massachusetts	-	-	-	-	-	-
Michigan	9,288	8,348	17,636	-	-	-
Minnesota	1,937	-	1,937	11,728	-	11,728
Mississippi	-	-	-	-	-	-
Missouri	2,489	2,363	4,852	10,646	9,601	20,247
Montana	1,794	2,204	3,998	-	-	-
Nebraska	-	13,202	13,202	-	-	-
Nevada	8,002	-	8,002	20,894	-	20,894
New Hampshire	97	-	97	335	-	335
New Jersey	-	6,107	6,107	-	-	-
New Mexico	1,889	-	1,889	-	-	-
New York	-	-	-	-	-	-
North Carolina	1,679	2,481	4,160	-	-	-
North Dakota	-	4,051	4,051	-	-	-
Ohio	-	-	-	-	-	-
Oklahoma	246	320	566	-	-	-
Oregon	-	1,608	1,608	-	3,213	3,213
Pennsylvania	5,139	-	5,139	156,750	-	156,750
Puerto Rico	1,767	2,344	4,111	2,866	8,759	11,625
Rhode Island	561	1,001	1,562	-	-	-
South Carolina	-	-	-	-	-	-
South Dakota	-	-	-	-	-	-
Tennessee	-	-	-	-	-	-
Texas	19,872	32,904	52,776	-	-	-
Utah	-	-	-	-	-	-
Vermont	-	-	-	-	-	-
Virginia	17,654	29,350	47,004	-	-	-
Washington	3,558	30,986	34,544	-	-	-
West Virginia	57,711	126,608	184,319	-	-	-
Wisconsin	-	-	-	-	-	-
Wyoming	1,850	-	1,850	3,422	-	3,422
National	257,393	384,795	642,188	248,316	103,344	351,660
Reporting States	30	25	38	15	7	17

Table 6–1 Children Who Received Prevention Services by Funding Source, 2024

State	Other Funding (Other) Children	Other Calculated Child Count	Other Estimated Total Child Recipients	Estimated Total Child Recipients (duplicate)
Alabama	-	-	-	54,021
Alaska	119	70	189	3,957
Arizona	-	8,146	8,146	29,090
Arkansas	-	-	-	70,490
California	2,721	13,326	16,047	71,354
Colorado	-	-	-	-
Connecticut	3,486	-	3,486	73,275
Delaware	8,861	4,082	12,943	13,371
District of Columbia	1,085	-	1,085	1,204
Florida	-	-	-	35,290
Georgia	-	-	-	123,672
Hawaii	-	-	-	9,225
Idaho	332	-	332	7,603
Illinois	-	-	-	65,444
Indiana	7,740	-	7,740	36,014
Iowa	-	-	-	2,328
Kansas	4	4	8	3,732
Kentucky	235	-	235	2,642
Louisiana	1,551	4,204	5,755	72,238
Maine	-	-	-	-
Maryland	-	-	-	12,577
Massachusetts	-	-	-	-
Michigan	-	-	-	362,601
Minnesota	-	-	-	26,229
Mississippi	3,024	-	3,024	13,495
Missouri	1,589	3,176	4,765	40,265
Montana	-	-	-	6,329
Nebraska	-	-	-	18,212
Nevada	11,493	-	11,493	41,675
New Hampshire	1,010	-	1,010	4,360
New Jersey	-	3,250	3,250	85,075
New Mexico	73	5,118	5,191	7,167
New York	62,636	-	62,636	72,384
North Carolina	5,384	8,967	14,351	19,341
North Dakota	-	-	-	7,496
Ohio	-	-	-	22,965
Oklahoma	4,224	7,376	11,600	16,017
Oregon	-	305	305	5,125
Pennsylvania	9,447	-	9,447	176,426
Puerto Rico	427	5,149	5,576	78,599
Rhode Island	4,398	4,317	8,715	15,054
South Carolina	-	-	-	1,036
South Dakota	-	-	-	2,283
Tennessee	-	-	-	-
Texas	-	-	-	55,234
Utah	15,245	-	15,245	87,567
Vermont	-	-	-	-
Virginia	4,902	7,475	12,377	77,317
Washington	-	-	-	50,748
West Virginia	-	-	-	242,030
Wisconsin	-	-	-	-
Wyoming	-	-	-	7,617
National	149,986	74,962	224,948	2,230,175
Reporting States	23	15	26	46

Table 6–2 Children Who Received Postresponse Services, 2024

State	Victims	Victims Who Received Postresponse Services	Victims Who Received Postresponse Services Percentage	Nonvictims	Nonvictims Who Received Postresponse Services	Nonvictims Who Received Postresponse Services Percentage
Alabama	11,482	6,833	59.5	25,927	4,317	16.7
Alaska	2,468	1,332	54.0	8,690	362	4.2
Arizona	11,060	6,680	60.4	60,325	8,166	13.5
Arkansas	6,903	4,919	71.3	54,450	7,316	13.4
California	47,381	30,713	64.8	273,487	57,360	21.0
Colorado	8,776	1,488	17.0	35,814	787	2.2
Connecticut	6,031	5,876	97.4	14,480	13,509	93.3
Delaware	797	349	43.8	10,718	1,282	12.0
District of Columbia	1,046	212	20.3	4,551	100	2.2
Florida	19,206	6,499	33.8	276,741	8,838	3.2
Georgia	13,281	10,114	76.2	117,641	66,938	56.9
Hawaii	799	509	63.7	2,955	340	11.5
Idaho	1,816	968	53.3	11,895	1,036	8.7
Illinois	35,981	15,918	44.2	174,999	28,174	16.1
Indiana	22,612	13,825	61.1	141,256	10,523	7.4
Iowa	11,042	11,042	100.0	37,949	37,949	100.0
Kansas	2,120	1,089	51.4	30,846	7,269	23.6
Kentucky	16,663	11,855	71.1	51,567	805	1.6
Louisiana	8,572	4,508	52.6	25,036	1,896	7.6
Maine	4,038	1,147	28.4	16,103	489	3.0
Maryland	6,752	1,906	28.2	17,443	2,110	12.1
Massachusetts	22,433	19,958	89.0	48,497	27,822	57.4
Michigan	23,851	8,980	37.7	163,166	19,245	11.8
Minnesota	4,831	2,893	59.9	29,572	7,303	24.7
Mississippi	10,821	5,234	48.4	30,653	1,931	6.3
Missouri	4,640	2,858	61.6	93,164	28,412	30.5
Montana	2,642	1,175	44.5	8,862	649	7.3
Nebraska	2,804	2,096	74.8	32,396	12,706	39.2
Nevada	6,169	3,113	50.5	27,785	4,655	16.8
New Hampshire	1,358	772	56.8	13,626	2,130	15.6
New Jersey	2,554	1,378	54.0	94,046	15,622	16.6
New Mexico	7,387	2,186	29.6	25,682	1,746	6.8
New York	-	-	-	-	-	-
North Carolina	27,551	17,383	63.1	95,987	11,538	12.0
North Dakota	684	352	51.5	5,292	692	13.1
Ohio	21,086	12,956	61.4	86,319	23,128	26.8
Oklahoma	13,870	11,929	86.0	44,130	30,847	69.9
Oregon	12,164	3,997	32.9	43,109	3,637	8.4
Pennsylvania	4,761	862	18.1	35,694	1,833	5.1
Puerto Rico	6,197	5,360	86.5	16,773	5,543	33.0
Rhode Island	2,374	828	34.9	3,781	596	15.8
South Carolina	13,345	4,419	33.1	70,402	7,833	11.1
South Dakota	1,848	821	44.4	3,419	231	6.8
Tennessee	9,529	9,529	100.0	80,176	75,358	94.0
Texas	51,905	23,542	45.4	226,219	13,801	6.1
Utah	9,189	7,250	78.9	22,672	13,086	57.7
Vermont	700	193	27.6	3,509	516	14.7
Virginia	4,604	1,457	31.6	46,378	2,139	4.6
Washington	4,197	2,103	50.1	55,354	3,819	6.9
West Virginia	6,095	3,391	55.6	35,647	3,041	8.5
Wisconsin	3,580	1,490	41.6	28,101	1,982	7.1
Wyoming	733	451	61.5	2,778	2,291	82.5
National	522,728	296,738	56.8	2,866,062	583,698	20.4
Reporting States	51	51	-	51	51	-

Table 6–3 Average and Median Number of Days to Initiation of Services, 2024

State	Children Who Received Services	Children Who Received Services on or After the Report Date	Average Number of Days to Initiation of Services	Median Number of Days to Initiation of Services
Alabama	11,150	11,071	42	34
Alaska	1,694	1,635	45	26
Arizona	14,846	14,757	49	35
Arkansas	12,235	11,515	38	41
California	88,073	83,105	56	42
Colorado	2,275	2,032	24	16
Connecticut	-	-	-	-
Delaware	1,631	1,631	99	67
District of Columbia	312	310	72	55
Florida	15,337	9,084	34	18
Georgia	77,052	75,820	14	7
Hawaii	849	568	25	1
Idaho	2,004	2,000	34	26
Illinois	44,092	23,459	52	35
Indiana	24,348	24,334	35	25
Iowa	48,991	48,991	24	27
Kansas	8,358	4,971	59	34
Kentucky	12,660	11,352	85	72
Louisiana	6,404	5,803	48	26
Maine	1,636	1,084	39	19
Maryland	-	-	-	-
Massachusetts	47,780	33,271	12	10
Michigan	28,225	14,228	43	36
Minnesota	10,196	10,196	60	45
Mississippi	7,165	7,165	39	31
Missouri	31,270	28,634	81	51
Montana	1,824	1,457	44	26
Nebraska	14,802	6,526	49	26
Nevada	7,768	7,495	66	58
New Hampshire	2,902	2,359	60	43
New Jersey	17,000	11,367	55	48
New Mexico	3,932	3,297	38	12
New York	-	-	-	-
North Carolina	-	-	-	-
North Dakota	1,044	1,028	55	37
Ohio	36,084	29,251	39	31
Oklahoma	42,776	42,693	51	51
Oregon	7,634	6,435	50	22
Pennsylvania	2,695	1,864	27	26
Puerto Rico	10,903	9,061	110	44
Rhode Island	1,424	941	40	26
South Carolina	12,252	7,039	38	43
South Dakota	-	-	-	-
Tennessee	-	-	-	-
Texas	37,343	36,680	35	22
Utah	-	-	-	-
Vermont	709	392	40	18
Virginia	3,596	2,056	41	20
Washington	5,922	4,488	38	23
West Virginia	-	-	-	-
Wisconsin	3,472	3,472	50	55
Wyoming	2,742	2,520	19	5
National	715,407	607,437	42	28
Reporting States	44	44	44	44

Table 6–4 Children Who Received Foster Care Postresponse Services and Who Had a Removal Date on or After the Report Date, 2024

State	Victims	Victims Who Received Foster Care Postresponse Services	Victims Who Received Foster Care Postresponse Services Percent	Nonvictims	Nonvictims Who Received Foster Care Postresponse Services	Nonvictims Who Received Foster Care Postresponse Services Percent
Alabama	11,482	2,020	17.6	25,927	635	2.4
Alaska	2,468	591	23.9	8,690	184	2.1
Arizona	11,060	4,500	40.7	60,325	565	0.9
Arkansas	6,903	1,110	16.1	54,450	812	1.5
California	47,381	15,193	32.1	273,487	4,600	1.7
Colorado	8,776	806	9.2	35,814	268	0.7
Connecticut	6,031	1,105	18.3	14,480	331	2.3
Delaware	797	150	18.8	10,718	37	0.3
District of Columbia	1,046	171	16.3	4,551	24	0.5
Florida	19,206	5,815	30.3	276,741	1,803	0.7
Georgia	13,281	2,709	20.4	117,641	1,248	1.1
Hawaii	799	342	42.8	2,955	36	1.2
Idaho	1,816	547	30.1	11,895	224	1.9
Illinois	35,981	5,453	15.2	174,999	2,120	1.2
Indiana	22,612	7,026	31.1	141,256	1,641	1.2
Iowa	11,042	1,429	12.9	37,949	47	0.1
Kansas	2,120	149	7.0	30,846	575	1.9
Kentucky	16,663	1,049	6.3	51,567	32	0.1
Louisiana	8,572	2,479	28.9	25,036	433	1.7
Maine	4,038	866	21.4	16,103	45	0.3
Maryland	6,752	596	8.8	17,443	116	0.7
Massachusetts	22,433	2,595	11.6	48,497	634	1.3
Michigan	23,851	2,717	11.4	163,166	994	0.6
Minnesota	4,831	1,271	26.3	29,572	1,650	5.6
Mississippi	10,821	1,662	15.4	30,653	308	1.0
Missouri	4,640	1,381	29.8	93,164	3,241	3.5
Montana	2,642	993	37.6	8,862	236	2.7
Nebraska	2,804	1,197	42.7	32,396	1,036	3.2
Nevada	6,169	2,180	35.3	27,785	573	2.1
New Hampshire	1,358	485	35.7	13,626	257	1.9
New Jersey	2,554	493	19.3	94,046	1,343	1.4
New Mexico	7,387	1,035	14.0	25,682	428	1.7
New York	-	-	-	-	-	-
North Carolina	27,551	3,487	12.7	95,987	562	0.6
North Dakota	684	198	28.9	5,292	137	2.6
Ohio	21,086	4,850	23.0	86,319	2,351	2.7
Oklahoma	13,870	2,913	21.0	44,130	29	0.1
Oregon	12,164	2,198	18.1	43,109	654	1.5
Pennsylvania	-	-	-	-	-	-
Puerto Rico	6,197	316	5.1	16,773	21	0.1
Rhode Island	2,374	377	15.9	3,781	71	1.9
South Carolina	13,345	1,919	14.4	70,402	522	0.7
South Dakota	1,848	767	41.5	3,419	181	5.3
Tennessee	9,529	1,681	17.6	80,176	3,002	3.7
Texas	51,905	6,015	11.6	-	-	-
Utah	9,189	756	8.2	22,672	20	0.1
Vermont	700	90	12.9	3,509	115	3.3
Virginia	4,604	1,208	26.2	-	-	-
Washington	4,197	1,307	31.1	55,354	1,143	2.1
West Virginia	6,095	3,089	50.7	35,647	1,806	5.1
Wisconsin	3,580	1,296	36.2	28,101	1,589	5.7
Wyoming	733	183	25.0	2,778	44	1.6
National	517,967	102,765	19.8	2,557,771	38,723	1.5
Reporting States	50	50	-	48	48	-

Table 6–5 Victims with Court-Appointed Representatives, 2024

State	Victims	Victims With Court-Appointed Representatives	Victims With Court-Appointed Representatives Percent
Alabama	11,482	769	6.7
Alaska	2,468	588	23.8
Arizona	11,060	947	8.6
Arkansas	-	-	-
California	47,381	13,407	28.3
Colorado	-	-	-
Connecticut	-	-	-
Delaware	797	177	22.2
District of Columbia	-	-	-
Florida	-	-	-
Georgia	13,281	2,335	17.6
Hawaii	799	474	59.3
Idaho	-	-	-
Illinois	-	-	-
Indiana	22,612	3,520	15.6
Iowa	11,042	1,711	15.5
Kansas	-	-	-
Kentucky	16,663	4,597	27.6
Louisiana	-	-	-
Maine	-	-	-
Maryland	-	-	-
Massachusetts	22,433	3,668	16.4
Michigan	-	-	-
Minnesota	4,831	980	20.3
Mississippi	10,821	1,047	9.7
Missouri	-	-	-
Montana	2,642	358	13.6
Nebraska	2,804	1,284	45.8
Nevada	6,169	2,324	37.7
New Hampshire	1,358	648	47.7
New Jersey	-	-	-
New Mexico	7,387	1,000	13.5
New York	-	-	-
North Carolina	-	-	-
North Dakota	-	-	-
Ohio	21,086	4,034	19.1
Oklahoma	13,870	931	6.7
Oregon	12,164	2,876	23.6
Pennsylvania	-	-	-
Puerto Rico	-	-	-
Rhode Island	2,374	420	17.7
South Carolina	-	-	-
South Dakota	-	-	-
Tennessee	-	-	-
Texas	-	-	-
Utah	9,189	1,132	12.3
Vermont	700	149	21.3
Virginia	4,604	1,251	27.2
Washington	-	-	-
West Virginia	-	-	-
Wisconsin	-	-	-
Wyoming	-	-	-
National	260,017	50,627	19.5
Reporting States	25	25	-

Table 6–6 Victims Who Received Family Preservation Services within the Previous 5 Years, 2024

State	Victims	Victims Who Received Family Preservation Services Within the Previous 5 Years	Victims Who Received Family Preservation Services Within the Previous 5 Years Percent
Alabama	11,205	1,343	12.0
Alaska	-	-	-
Arizona	-	-	-
Arkansas	6,657	1,254	18.8
California	44,943	6,286	14.0
Colorado	-	-	-
Connecticut	5,576	596	10.7
Delaware	-	-	-
District of Columbia	1,012	218	21.5
Florida	18,455	2,891	15.7
Georgia	12,803	1,846	14.4
Hawaii	-	-	-
Idaho	1,775	875	49.3
Illinois	31,611	7,958	25.2
Indiana	-	-	-
Iowa	-	-	-
Kansas	2,008	431	21.5
Kentucky	14,505	616	4.2
Louisiana	8,254	1,334	16.2
Maine	3,800	472	12.4
Maryland	-	-	-
Massachusetts	20,196	6,880	34.1
Michigan	-	-	-
Minnesota	4,645	1,508	32.5
Mississippi	10,029	32	0.3
Missouri	4,545	498	11.0
Montana	-	-	-
Nebraska	2,645	447	16.9
Nevada	5,778	309	5.3
New Hampshire	1,328	271	20.4
New Jersey	2,466	175	7.1
New Mexico	6,293	345	5.5
New York	-	-	-
North Carolina	25,478	1,310	5.1
North Dakota	677	160	23.6
Ohio	-	-	-
Oklahoma	13,192	376	2.9
Oregon	11,251	333	3.0
Pennsylvania	-	-	-
Puerto Rico	5,277	1,098	20.8
Rhode Island	2,274	417	18.3
South Carolina	-	-	-
South Dakota	-	-	-
Tennessee	9,364	1,430	15.3
Texas	50,040	6,811	13.6
Utah	8,742	15	0.2
Vermont	-	-	-
Virginia	-	-	-
Washington	3,427	264	7.7
West Virginia	-	-	-
Wisconsin	-	-	-
Wyoming	-	-	-
National	350,251	48,799	13.9
Reporting States	32	32	-

Table 6–7 Victims Who Were Reunited with Their Families within the Previous 5 Years, 2024

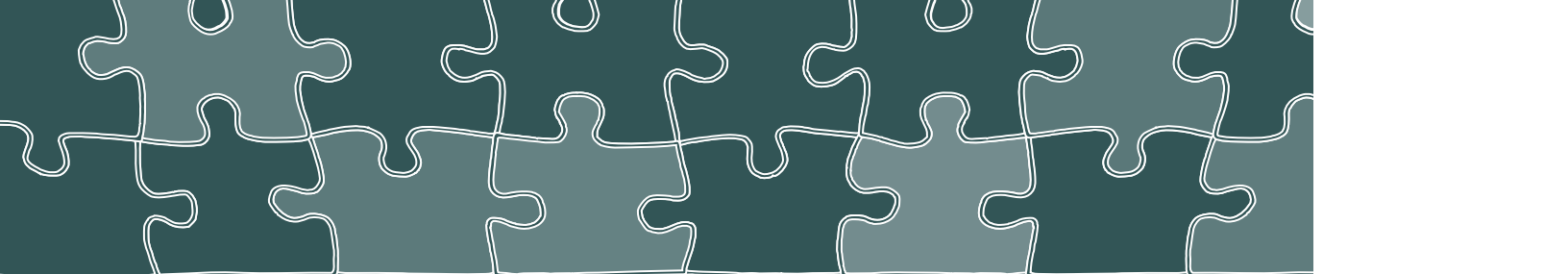
State	Victims	Victims Who Were Reunited With Their Families Within the Previous 5 Years Number	Victims Who Were Reunited With Their Families Within the Previous 5 Years Percent
Alabama	11,205	249	2.2
Alaska	2,266	216	9.5
Arizona	-	-	-
Arkansas	6,657	148	2.2
California	44,943	2,719	6.0
Colorado	8,185	244	3.0
Connecticut	5,576	222	4.0
Delaware	788	12	1.5
District of Columbia	-	-	-
Florida	18,455	1,477	8.0
Georgia	12,803	424	3.3
Hawaii	769	33	4.3
Idaho	1,775	122	6.9
Illinois	31,611	1,331	4.2
Indiana	21,314	1,212	5.7
Iowa	-	-	-
Kansas	2,008	332	16.5
Kentucky	14,505	933	6.4
Louisiana	8,254	354	4.3
Maine	3,800	208	5.5
Maryland	6,272	189	3.0
Massachusetts	20,196	1,366	6.8
Michigan	-	-	-
Minnesota	4,645	347	7.5
Mississippi	10,029	18	0.2
Missouri	4,545	218	4.8
Montana	-	-	-
Nebraska	2,645	253	9.6
Nevada	5,778	493	8.5
New Hampshire	1,328	99	7.5
New Jersey	2,466	89	3.6
New Mexico	6,293	336	5.3
New York	-	-	-
North Carolina	25,478	587	2.3
North Dakota	-	-	-
Ohio	19,381	1,096	5.7
Oklahoma	13,192	445	3.4
Oregon	11,251	924	8.2
Pennsylvania	-	-	-
Puerto Rico	5,277	76	1.4
Rhode Island	2,274	171	7.5
South Carolina	12,442	206	1.7
South Dakota	-	-	-
Tennessee	9,364	282	3.0
Texas	50,040	859	1.7
Utah	8,742	221	2.5
Vermont	-	-	-
Virginia	-	-	-
Washington	3,427	417	12.2
West Virginia	-	-	-
Wisconsin	3,407	234	6.9
Wyoming	-	-	-
National	423,386	19,162	4.5
Reporting States	39	39	-

Table 6–8 IDEA: Victims Who Were Eligible and Victims Who Were Referred to Part C Agencies, 2024

State	Victims Who Were Eligible for Referral to Part C Agencies	Victims Who Were Referred to Part C Agencies	Victims Who Were Referred to Part C Agencies Percent
Alabama	3,127	412	13.2
Alaska	583	583	100.0
Arizona	3,004	1,000	33.3
Arkansas	2,316	-	-
California	11,955	1,724	14.4
Colorado	2,020	1,275	63.1
Connecticut	1,263	477	37.8
Delaware	-	-	-
District of Columbia	212	15	7.1
Florida	-	-	-
Georgia	7,051	6,816	96.7
Hawaii	-	-	-
Idaho	517	472	91.3
Illinois	-	-	-
Indiana	-	-	-
Iowa	3,113	3,113	100.0
Kansas	204	177	86.8
Kentucky	3,567	-	-
Louisiana	3,123	2,709	86.7
Maine	803	803	100.0
Maryland	-	-	-
Massachusetts	4,204	-	-
Michigan	-	-	-
Minnesota	1,341	1,291	96.3
Mississippi	653	484	74.1
Missouri	526	232	44.1
Montana	-	-	-
Nebraska	663	663	100.0
Nevada	1,116	1,091	97.8
New Hampshire	-	-	-
New Jersey	535	435	81.3
New Mexico	1,389	952	68.5
New York	9,235	-	-
North Carolina	-	835	-
North Dakota	240	237	98.8
Ohio	3,580	3,580	100.0
Oklahoma	3,504	589	16.8
Oregon	2,268	-	-
Pennsylvania	-	-	-
Puerto Rico	590	331	56.1
Rhode Island	546	537	98.4
South Carolina	3,203	2,500	78.1
South Dakota	492	416	84.6
Tennessee	-	-	-
Texas	-	-	-
Utah	1,416	1,416	100.0
Vermont	-	-	-
Virginia	-	-	-
Washington	847	221	26.1
West Virginia	1,451	763	52.6
Wisconsin	761	-	-
Wyoming	196	196	100.0
National	81,614	36,345	-
Reporting States	37	32	-
National for States Reporting Both Victims Eligible and Referred	59,263	35,510	59.9
Reporting States for States Reporting Both Victims Eligible and Referred	31	31	-

Appendixes





CAPTA Data Items

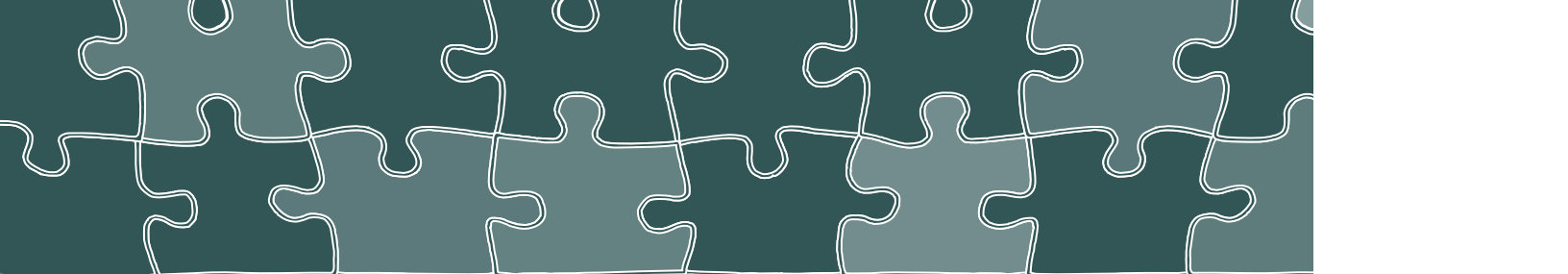
APPENDIX A

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

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

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

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



Glossary

APPENDIX B

Acronyms

AFCARS:	Adoption and Foster Care Analysis and Reporting System
AFCARS ID:	Adoption and Foster Care Analysis and Reporting System identifier
CAPTA:	Child Abuse Prevention and Treatment Act
CARA:	Comprehensive Addiction and Recovery Act
CASA:	Court Appointed Special Advocate
CBCAP:	Community-Based Child Abuse Prevention
CFSR:	Child and Family Services Reviews
CHILD ID:	Child identifier
CPS:	Child protective services
FFY:	Federal fiscal year
FIPS:	Federal Information Processing Standards
FTE:	Full-time equivalent
GAL:	Guardian ad litem
IDEA:	Individuals with Disabilities Education Act
IPSE:	Infants with prenatal substance exposure
NCANDS:	National Child Abuse and Neglect Data System
NYTD:	National Youth in Transition Database
MIECHV:	Maternal, Infant, and Early Childhood Home Visiting
OMB:	Office of Management and Budget
PERPETRATOR ID:	Perpetrator identifier
PSSF:	Promoting Safe and Stable Families
REPORT ID:	Report identifier
SDM:	Structured Decision Making
SSBG:	Social Services Block Grant
TANF:	Temporary Assistance for Needy Families
WORKER ID:	Worker identifier

Definitions

ADOPTION AND FOSTER CARE ANALYSIS AND REPORTING SYSTEM

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

BOY: A male child younger than 18 years.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

during the 15-month period that begins on the date that the child returns home. These services include: individual, group, and family counseling; inpatient, residential, or outpatient substance abuse treatment services; mental health services; assistance to address domestic violence, services designed to provide temporary child care and therapeutic services for families, including crisis nurseries; peer-to-peer mentoring and support groups for parents and primary caregivers; services and activities designed to facilitate access to and visitation of children by parents and siblings; and transportation to or from any of these services and activities.

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

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

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

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

FINDING: See DISPOSITION.

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

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

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

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

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

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

GIRL: A female child younger than 18 years.

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

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

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

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

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

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

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

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

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

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

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

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

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

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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

OTHER RELATIVE: A nonparental family member.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SERVICES: See POSTRESPONSE SERVICES and PREVENTION SERVICES.

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

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

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

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

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

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

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

STRUCTURED DECISION MAKING® (SDM): A model of decision-support tools that promote safety and well-being for children and adults. The model is an evidence- and research-based system that identifies the key points in the life of a child welfare case and uses structured assessments to improve the consistency of decisions.

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.

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

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

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

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

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

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

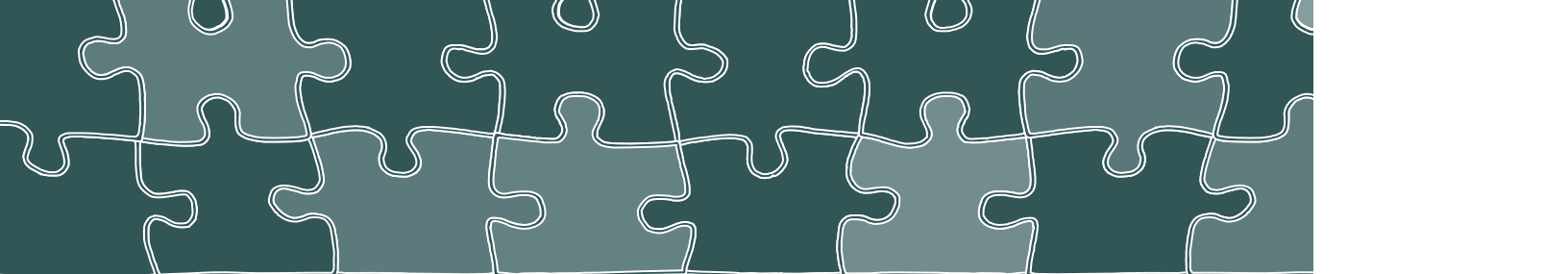
VISUAL OR HEARING IMPAIRMENT: A clinically diagnosed condition related to a visual impairment or permanent or fluctuating hearing or speech impairment that may affect functioning or development. This term can be applied to a caregiver or a child.

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

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

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

WORKFORCE: Total number of workers in a CPS agency.



State Characteristics

APPENDIX C

Administrative Structure

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

Level of Evidence

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

Data Submissions

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

The Child File is supplemented by agency-level aggregate statistics in a separate data submission called the Agency File. The Agency File contains data that are not reportable at the child-specific level and often gathered from agencies external to CPS. States are asked to submit both the Child File and the Agency File each year. For FFY 2024, 52 states submitted both a Child File and an Agency File.

Once validated, the Child Files and Agency Files are loaded into the multiyear, multistate NCANDS Data Warehouse. The FFY 2024 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 2020–2024 are displayed by state in [table C–2](#). The 2024 child population data for the demographics of age, sex, and race and ethnicity are displayed by state in [table C–3](#). The adult population is displayed in [table C–4](#).

Table C–1 State Administrative Structure, Level of Evidence, and Data Files Submitted, 2024

State	Hybrid	State Administered	State Supervised, County Administered	Credible	Preponderance	Probable Cause	Reasonable	Agency File and Child File
Alabama	-	1	-	-	1	-	-	1
Alaska	-	1	-	-	1	-	-	1
Arizona	-	1	-	-	-	1	-	1
Arkansas	-	1	-	-	1	-	-	1
California	-	-	1	-	1	-	-	1
Colorado	-	-	1	-	1	-	-	1
Connecticut	-	1	-	-	-	-	1	1
Delaware	-	1	-	-	1	-	-	1
District of Columbia	-	1	-	1	-	-	-	1
Florida	-	1	-	-	1	-	-	1
Georgia	-	1	-	-	1	-	-	1
Hawaii	-	1	-	-	-	-	1	1
Idaho	-	1	-	-	1	-	-	1
Illinois	-	1	-	1	-	-	-	1
Indiana	-	1	-	-	1	-	-	1
Iowa	-	1	-	-	1	-	-	1
Kansas	-	1	-	-	1	-	-	1
Kentucky	-	1	-	-	1	-	-	1
Louisiana	-	1	-	-	-	-	1	1
Maine	-	1	-	-	1	-	-	1
Maryland	-	1	-	-	1	-	-	1
Massachusetts	-	1	-	-	-	-	1	1
Michigan	-	1	-	-	1	-	-	1
Minnesota	-	-	1	-	1	-	-	1
Mississippi	-	1	-	1	-	-	-	1
Missouri	-	1	-	-	1	-	-	1
Montana	-	1	-	-	1	-	-	1
Nebraska	-	1	-	-	1	-	-	1
Nevada	1	-	-	-	1	-	-	1
New Hampshire	-	1	-	-	1	-	-	1
New Jersey	-	1	-	-	1	-	-	1
New Mexico	-	1	-	1	-	-	-	1
New York	-	-	1	-	1	-	-	1
North Carolina	-	-	1	-	1	-	-	1
North Dakota	-	-	1	-	1	-	-	1
Ohio	-	-	1	1	-	-	-	1
Oklahoma	-	1	-	1	-	-	-	1
Oregon	-	1	-	-	-	-	1	1
Pennsylvania	-	-	1	-	1	-	-	1
Puerto Rico	-	1	-	-	1	-	-	1
Rhode Island	-	1	-	-	1	-	-	1
South Carolina	-	1	-	-	1	-	-	1
South Dakota	-	1	-	-	1	-	-	1
Tennessee	-	1	-	-	1	-	-	1
Texas	-	1	-	-	1	-	-	1
Utah	-	1	-	-	-	-	1	1
Vermont	-	1	-	-	1	-	-	1
Virginia	-	-	1	-	1	-	-	1
Washington	-	1	-	-	1	-	-	1
West Virginia	-	1	-	-	1	-	-	1
Wisconsin	1	-	-	-	1	-	-	1
Wyoming	-	-	1	-	1	-	-	1
States Reporting	2	40	10	6	39	1	6	52

Note: Level of evidence is listed in alphabetical order.

Table C–2 Child Population, 2020–2024

State	2020	2021	2022	2023	2024
Alabama	1,129,676	1,128,147	1,129,696	1,133,918	1,134,857
Alaska	180,249	178,830	177,354	175,776	174,947
Arizona	1,600,315	1,597,833	1,596,929	1,592,019	1,588,175
Arkansas	706,557	705,226	707,275	705,643	701,844
California	8,903,902	8,736,022	8,609,612	8,498,523	8,418,552
Colorado	1,259,539	1,244,438	1,229,088	1,219,816	1,213,165
Connecticut	739,819	732,551	729,707	728,222	727,827
Delaware	210,100	209,920	211,530	213,166	213,713
District of Columbia	126,410	125,330	126,742	128,332	129,831
Florida	4,276,669	4,280,716	4,374,802	4,449,689	4,499,692
Georgia	2,548,315	2,537,257	2,545,137	2,548,962	2,540,751
Hawaii	306,353	301,209	297,097	294,941	293,349
Idaho	458,339	465,785	469,475	468,871	468,447
Illinois	2,869,719	2,812,108	2,758,686	2,724,267	2,697,461
Indiana	1,603,815	1,596,584	1,595,065	1,591,556	1,586,086
Iowa	742,058	737,291	733,621	732,163	730,575
Kansas	712,508	705,062	699,303	696,849	692,579
Kentucky	1,026,410	1,022,446	1,021,129	1,023,846	1,025,672
Louisiana	1,104,415	1,092,358	1,079,237	1,071,963	1,066,394
Maine	254,041	252,440	251,265	249,655	247,082
Maryland	1,388,379	1,375,607	1,374,207	1,372,027	1,371,237
Massachusetts	1,388,829	1,366,005	1,357,206	1,353,880	1,355,719
Michigan	2,181,321	2,156,405	2,137,001	2,121,946	2,109,343
Minnesota	1,331,261	1,319,490	1,311,687	1,304,537	1,299,057
Mississippi	699,231	692,593	686,901	681,620	674,622
Missouri	1,393,777	1,387,651	1,381,859	1,377,875	1,372,092
Montana	234,057	235,328	236,333	235,147	232,655
Nebraska	488,188	485,069	483,808	484,120	484,312
Nevada	697,363	695,106	693,199	690,040	688,436
New Hampshire	259,293	257,462	254,776	252,070	249,364
New Jersey	2,051,090	2,031,023	2,027,213	2,034,657	2,044,983
New Mexico	476,697	467,960	460,109	453,844	447,903
New York	4,213,101	4,111,450	4,034,760	3,991,763	3,982,279
North Carolina	2,319,365	2,318,360	2,333,772	2,349,452	2,360,302
North Dakota	186,422	185,019	184,669	185,416	185,263
Ohio	2,632,728	2,612,547	2,596,686	2,587,303	2,574,370
Oklahoma	963,106	963,416	967,220	969,299	966,214
Oregon	872,829	861,205	845,963	834,674	826,215
Pennsylvania	2,702,399	2,678,966	2,655,655	2,641,295	2,629,821
Puerto Rico	565,888	544,410	517,697	498,167	480,729
Rhode Island	211,710	208,611	207,405	205,629	204,591
South Carolina	1,118,900	1,122,929	1,135,894	1,147,322	1,152,071
South Dakota	219,128	219,786	221,160	221,354	220,706
Tennessee	1,554,819	1,556,391	1,569,128	1,578,450	1,582,517
Texas	7,462,660	7,458,999	7,537,169	7,615,821	7,665,223
Utah	949,887	948,611	944,462	938,753	933,629
Vermont	118,659	117,450	116,442	114,813	112,974
Virginia	1,908,109	1,895,555	1,889,233	1,885,248	1,883,431
Washington	1,697,420	1,682,115	1,667,255	1,656,959	1,655,037
West Virginia	362,212	358,501	354,772	351,869	348,364
Wisconsin	1,290,799	1,275,717	1,263,371	1,253,259	1,240,999
Wyoming	133,823	132,504	131,123	129,796	127,992
National	74,832,659	74,183,794	73,920,885	73,766,582	73,613,449
States Reporting	52	52	52	52	52

Table C–3 Child Population Demographics, 2024 *(continues next page)*

State	<1	1	2	3	4	5	6	7	8
Alabama	57,258	59,191	59,463	59,317	60,217	60,733	62,071	62,690	63,614
Alaska	9,004	9,059	9,078	9,125	9,270	9,091	9,407	9,933	10,248
Arizona	77,871	79,209	80,927	78,390	80,563	82,752	84,477	86,884	89,595
Arkansas	34,746	35,317	36,586	35,663	36,855	37,532	38,484	39,004	39,906
California	403,878	415,484	427,365	410,989	429,961	438,539	449,364	466,182	477,905
Colorado	62,268	62,351	62,769	61,982	62,288	62,539	64,563	66,248	68,348
Connecticut	34,968	36,497	37,777	36,709	37,583	38,103	38,906	39,442	40,481
Delaware	10,512	11,049	11,542	10,796	11,177	11,273	11,646	11,606	11,988
District of Columbia	8,013	8,074	8,029	7,808	7,514	7,436	7,652	7,589	7,479
Florida	224,172	231,613	234,901	227,751	235,949	241,323	245,555	248,088	254,818
Georgia	124,703	127,316	128,765	126,518	130,668	133,202	136,772	139,090	142,245
Hawaii	14,644	15,145	15,660	15,388	15,787	16,191	16,295	16,848	17,124
Idaho	22,669	22,720	22,828	22,778	23,519	23,876	24,792	25,740	26,822
Illinois	126,023	128,942	131,709	133,166	140,540	143,175	147,353	150,334	153,977
Indiana	78,935	80,144	82,162	80,341	84,314	85,039	86,944	87,671	89,581
Iowa	36,272	37,012	37,656	36,853	38,597	38,783	39,780	40,417	41,447
Kansas	33,889	34,667	34,600	34,811	36,105	36,642	37,062	37,828	39,022
Kentucky	52,554	53,333	53,787	52,763	54,274	55,201	56,276	56,723	57,670
Louisiana	53,388	56,412	56,391	56,193	56,181	56,940	58,470	59,462	61,151
Maine	11,539	12,015	12,177	11,936	12,883	13,131	13,202	13,563	13,965
Maryland	65,992	68,976	71,542	69,551	73,470	74,401	75,577	75,995	77,699
Massachusetts	69,047	69,954	71,482	68,528	70,747	70,958	73,109	74,243	75,295
Michigan	99,339	102,229	106,947	105,949	111,710	112,663	115,678	117,408	120,015
Minnesota	61,413	63,845	66,512	65,193	68,817	69,587	70,682	72,620	74,136
Mississippi	33,395	35,018	34,787	35,050	35,362	35,644	36,166	36,146	37,156
Missouri	67,214	68,988	70,078	70,136	73,090	73,864	75,305	75,897	77,364
Montana	11,285	11,031	11,327	11,182	11,787	12,032	12,458	12,913	13,581
Nebraska	24,343	24,908	24,777	25,064	25,507	25,826	26,329	27,062	27,640
Nevada	31,955	33,499	34,702	34,675	35,697	36,773	37,342	38,384	39,445
New Hampshire	11,838	12,377	12,592	12,436	12,854	12,991	13,019	13,432	13,709
New Jersey	102,387	105,679	107,997	103,769	108,820	110,758	112,768	113,034	114,796
New Mexico	20,675	21,709	21,333	21,581	22,023	22,954	23,502	24,032	25,113
New York	209,647	210,072	210,537	201,396	212,159	215,877	219,298	220,549	223,894
North Carolina	121,300	123,270	125,921	122,829	124,235	124,919	127,996	129,425	131,475
North Dakota	9,574	9,764	9,763	9,787	10,106	10,153	10,364	10,777	10,928
Ohio	126,011	129,709	131,457	131,252	137,098	138,753	141,982	143,079	146,202
Oklahoma	47,258	48,983	49,036	48,716	50,140	51,085	52,393	53,809	55,072
Oregon	38,672	39,155	41,306	40,131	42,135	42,376	43,723	45,280	46,934
Pennsylvania	127,300	130,397	133,868	133,335	139,030	140,427	142,889	145,297	148,037
Puerto Rico	18,128	18,766	19,413	18,261	19,678	21,087	21,280	23,106	25,561
Rhode Island	9,966	10,202	10,877	10,458	10,897	11,114	11,283	11,331	11,621
South Carolina	57,766	58,898	59,647	59,439	59,972	60,443	61,902	62,662	64,231
South Dakota	11,392	11,371	11,500	11,231	11,850	11,998	12,256	12,360	12,565
Tennessee	83,031	83,406	83,776	82,036	83,933	85,092	86,476	86,636	88,558
Texas	388,999	399,498	402,054	389,818	397,105	404,485	412,992	423,687	438,331
Utah	45,749	45,426	46,027	45,693	48,092	48,359	48,842	50,509	52,573
Vermont	5,028	5,194	5,559	5,307	5,706	5,799	6,011	6,190	6,414
Virginia	93,267	95,549	97,588	96,469	100,009	102,037	104,193	104,694	107,382
Washington	82,846	83,739	85,712	84,818	87,618	87,580	89,726	92,703	95,371
West Virginia	16,528	16,921	17,192	17,467	18,012	18,038	18,427	18,685	19,347
Wisconsin	59,096	60,458	61,781	61,402	65,131	65,594	66,703	68,337	69,816
Wyoming	5,979	6,049	6,163	6,154	6,394	6,455	6,686	7,009	7,411
National	3,633,726	3,720,590	3,787,425	3,708,390	3,843,429	3,901,623	3,986,428	4,062,633	4,165,058
Reporting States	52	52	52	52	52	52	52	52	52

Table C–3 Child Population Demographics, 2024 *(continues next page)*

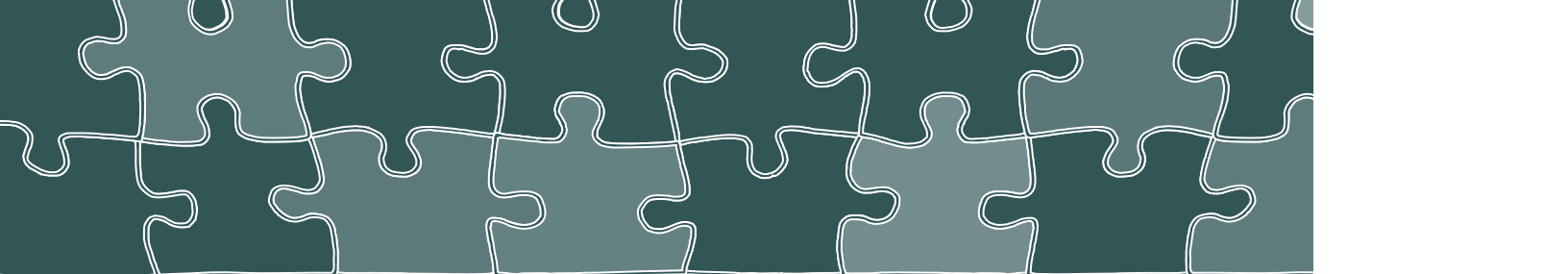
State	9	10	11	12	13	14	15	16	17
Alabama	64,076	63,229	62,786	63,342	63,907	65,786	67,623	70,102	69,452
Alaska	10,288	10,078	10,210	10,003	10,162	9,957	10,042	10,087	9,905
Arizona	91,206	91,007	90,554	90,525	91,471	93,470	96,531	100,857	101,886
Arkansas	39,942	39,667	39,158	39,479	39,886	40,621	41,728	43,644	43,626
California	484,913	484,240	484,396	484,525	492,083	498,165	507,414	530,952	532,197
Colorado	68,885	68,347	68,123	68,392	69,980	71,642	73,081	75,743	75,616
Connecticut	40,865	40,611	40,675	40,959	42,208	43,162	44,707	46,722	47,452
Delaware	12,033	12,026	12,011	12,237	12,349	12,451	12,721	13,161	13,135
District of Columbia	7,591	7,145	7,095	6,937	6,729	6,183	6,046	6,143	6,368
Florida	256,546	255,438	253,372	254,280	256,112	259,103	264,793	277,178	278,700
Georgia	143,934	143,570	143,604	145,075	147,214	150,329	154,892	161,263	161,591
Hawaii	17,177	17,303	17,268	17,011	16,719	16,375	16,061	16,403	15,950
Idaho	27,153	26,858	26,901	26,807	27,345	28,369	29,098	30,029	30,143
Illinois	154,987	153,332	152,647	154,061	156,642	160,824	164,554	172,095	173,100
Indiana	90,186	89,795	89,613	89,588	89,943	92,086	94,282	97,661	97,801
Iowa	41,849	41,697	41,108	40,783	40,899	42,511	43,857	45,397	45,657
Kansas	39,084	39,504	39,791	39,775	40,187	41,293	42,109	43,047	43,163
Kentucky	58,071	58,002	57,764	57,610	57,473	58,659	60,164	62,610	62,738
Louisiana	61,074	60,527	59,180	59,056	59,144	60,667	62,537	65,047	64,574
Maine	14,036	14,076	14,134	14,068	14,221	14,759	15,290	15,908	16,179
Maryland	77,781	77,254	77,080	77,710	78,964	80,247	81,108	84,258	83,632
Massachusetts	75,556	75,524	76,122	76,598	77,590	79,095	80,970	84,366	86,535
Michigan	121,136	120,648	119,870	119,866	121,175	124,046	126,570	131,524	132,570
Minnesota	74,865	74,649	74,281	74,025	74,222	76,154	77,685	80,196	80,175
Mississippi	37,224	37,232	37,110	37,572	37,904	39,306	41,522	43,791	44,237
Missouri	77,942	78,046	77,363	77,633	78,257	79,732	81,698	84,738	84,747
Montana	13,710	13,606	13,486	13,642	13,449	13,764	14,087	14,774	14,541
Nebraska	27,805	27,717	27,337	27,216	27,205	28,174	28,744	29,404	29,254
Nevada	39,437	39,306	39,362	39,287	40,201	40,623	41,468	43,308	42,972
New Hampshire	13,891	14,031	14,193	14,264	14,733	15,062	15,385	16,174	16,383
New Jersey	115,126	114,478	114,284	115,227	117,007	118,669	120,335	124,596	125,253
New Mexico	25,713	25,945	25,987	26,059	26,611	27,415	28,246	29,490	29,515
New York	225,114	223,782	224,168	224,988	227,624	228,372	229,069	237,105	238,628
North Carolina	132,568	131,577	131,011	131,555	132,665	137,136	140,763	146,101	145,556
North Dakota	10,880	10,830	10,487	10,348	10,081	10,129	10,257	10,532	10,503
Ohio	146,887	146,578	146,006	145,184	145,340	148,941	153,094	158,151	158,646
Oklahoma	55,372	55,605	55,534	55,410	55,532	56,322	57,410	59,451	59,086
Oregon	47,642	48,022	47,640	47,939	48,330	49,630	50,745	53,286	53,269
Pennsylvania	149,733	149,889	149,336	149,965	151,060	154,258	157,578	163,415	164,007
Puerto Rico	27,495	29,224	30,680	32,005	32,939	34,565	35,442	35,974	37,125
Rhode Island	11,486	11,354	11,501	11,455	11,568	11,674	12,027	12,811	12,966
South Carolina	65,077	64,928	64,439	64,819	65,464	67,798	70,158	72,406	72,022
South Dakota	12,537	12,579	12,536	12,432	12,382	12,632	12,808	13,217	13,060
Tennessee	89,162	88,734	88,249	88,042	88,019	90,199	93,361	97,253	96,554
Texas	442,633	440,137	433,895	430,211	435,947	445,291	451,763	465,729	462,648
Utah	53,229	53,455	53,890	53,247	54,259	56,263	57,895	60,011	60,110
Vermont	6,488	6,684	6,519	6,624	6,701	6,813	7,053	7,397	7,487
Virginia	107,220	106,557	105,926	106,422	107,064	108,405	110,486	115,155	115,008
Washington	95,395	94,203	94,216	93,598	93,833	96,296	97,646	100,046	99,691
West Virginia	19,853	20,176	20,427	20,183	20,337	20,778	21,403	22,352	22,238
Wisconsin	70,241	70,119	70,066	70,759	71,351	74,972	76,663	79,166	79,344
Wyoming	7,365	7,385	7,381	7,334	7,470	7,826	8,168	8,438	8,325
National	4,200,459	4,186,706	4,170,772	4,176,132	4,219,958	4,306,999	4,399,137	4,568,664	4,575,320
Reporting States	52	52	52	52	52	52	52	52	52

Table C–3 Child Population Demographics, 2024

State	Boy	Girl	American Indian or Alaska Native	Asian	Black or African-American	Hispanic	Native Hawaiian or Other Pacific Islander	Two or More Races	White
Alabama	578,712	556,145	3,713	17,274	318,444	118,073	715	44,875	631,763
Alaska	89,830	85,117	31,007	10,526	5,087	19,402	4,524	24,781	79,620
Arizona	811,172	777,003	69,022	54,845	92,552	703,834	3,181	73,708	591,033
Arkansas	359,646	342,198	5,022	13,449	121,608	101,084	5,652	30,218	424,811
California	4,308,940	4,109,612	28,679	1,134,913	414,421	4,376,512	29,509	464,788	1,969,730
Colorado	620,789	592,376	6,275	47,338	57,949	411,709	2,651	60,910	626,333
Connecticut	372,586	355,241	1,863	40,494	88,449	210,317	363	30,302	356,039
Delaware	108,801	104,912	447	9,925	55,685	41,638	109	12,479	93,430
District of Columbia	65,693	64,138	186	3,754	64,269	23,925	58	6,496	31,143
Florida	2,300,845	2,198,847	9,016	136,075	862,429	1,515,433	3,463	180,382	1,792,894
Georgia	1,295,869	1,244,882	4,244	122,363	851,198	423,926	2,291	109,807	1,026,922
Hawaii	150,916	142,433	510	64,749	4,914	53,320	32,670	96,590	40,596
Idaho	239,982	228,465	4,003	7,021	5,122	97,001	907	18,491	335,902
Illinois	1,378,156	1,319,305	3,707	163,226	409,515	690,957	741	104,492	1,324,823
Indiana	812,676	773,410	2,348	49,873	190,879	214,271	882	72,916	1,054,917
Iowa	374,972	355,603	2,391	20,906	47,023	89,363	3,790	32,107	534,995
Kansas	354,479	338,100	4,203	20,347	42,289	143,076	1,053	38,541	443,070
Kentucky	525,335	500,337	1,311	22,312	99,717	90,123	1,464	48,362	762,383
Louisiana	544,633	521,761	5,785	18,000	374,196	117,518	367	36,869	513,659
Maine	127,370	119,712	1,774	3,343	10,906	9,552	120	10,177	211,210
Maryland	699,940	671,297	2,395	89,801	409,509	278,411	553	75,938	514,630
Massachusetts	693,022	662,697	2,259	111,448	134,155	297,106	740	61,236	748,775
Michigan	1,079,658	1,029,685	10,969	83,690	340,679	195,568	646	111,111	1,366,680
Minnesota	663,539	635,518	17,124	89,288	153,507	134,321	1,260	70,298	833,259
Mississippi	342,949	331,673	3,789	7,527	273,592	42,503	238	20,290	326,683
Missouri	703,514	668,578	4,553	30,364	182,421	116,982	3,848	72,479	961,445
Montana	119,482	113,173	19,796	1,918	1,471	18,706	170	11,737	178,857
Nebraska	248,699	235,613	4,767	15,298	30,892	101,160	456	21,403	310,336
Nevada	352,040	336,396	4,569	49,955	80,172	289,218	5,633	53,246	205,643
New Hampshire	127,977	121,387	388	8,681	5,813	21,150	89	8,864	204,379
New Jersey	1,045,929	999,054	3,352	214,196	272,661	628,391	1,161	68,477	856,745
New Mexico	228,870	219,033	43,665	6,555	9,136	272,145	281	13,064	103,057
New York	2,037,929	1,944,350	12,085	367,403	577,002	1,041,081	2,223	160,248	1,822,237
North Carolina	1,205,305	1,154,997	24,490	98,875	513,675	464,185	1,837	115,180	1,142,060
North Dakota	94,587	90,676	12,123	3,746	9,860	15,834	548	9,327	133,825
Ohio	1,316,221	1,258,149	3,454	80,087	403,820	204,577	1,578	139,930	1,740,924
Oklahoma	495,067	471,147	86,424	23,830	75,614	200,913	3,081	103,201	473,151
Oregon	423,154	403,061	7,880	40,812	20,840	208,541	4,593	57,640	485,909
Pennsylvania	1,346,474	1,283,347	3,331	121,873	334,367	399,712	1,021	118,534	1,650,983
Puerto Rico	244,972	235,757	-	-	-	-	-	-	-
Rhode Island	104,597	99,994	856	7,813	15,415	63,670	143	10,356	106,338
South Carolina	586,899	565,172	3,081	23,455	316,340	144,257	953	53,391	610,594
South Dakota	113,072	107,634	24,362	4,106	7,711	20,329	299	11,424	152,475
Tennessee	809,155	773,362	3,024	34,150	280,939	213,883	1,096	68,369	981,056
Texas	3,914,362	3,750,861	17,609	420,572	987,132	3,732,618	7,415	236,370	2,263,507
Utah	479,464	454,165	7,081	21,410	12,333	201,525	11,515	39,474	640,291
Vermont	58,246	54,728	244	2,764	2,400	4,191	28	4,666	98,681
Virginia	964,154	919,277	3,658	132,176	368,369	316,884	1,249	119,409	941,686
Washington	848,911	806,126	18,468	159,613	76,155	404,305	16,814	148,118	831,564
West Virginia	178,625	169,739	449	2,974	13,353	12,135	61	16,762	302,630
Wisconsin	636,241	604,758	12,057	53,488	111,075	172,027	622	55,686	836,044
Wyoming	65,771	62,221	3,316	1,120	1,187	21,485	79	4,781	96,024
National	37,650,227	35,963,222	547,124	4,269,721	10,138,247	19,688,847	164,740	3,558,300	34,765,741
Reporting States	52	52	51	51	51	51	52	52	52

Table C–4 Adult Population by Age Group, 2024

State	18–24	25–34	35–44	45–54	55–64	65–75	75 and Older
Alabama	488,175	667,496	641,915	619,567	649,788	560,133	395,768
Alaska	67,634	112,431	109,068	83,311	83,536	70,578	38,628
Arizona	727,663	1,054,834	974,538	867,692	881,030	822,752	665,700
Arkansas	289,139	404,804	392,801	364,398	372,526	324,479	238,363
California	3,651,201	5,716,113	5,588,789	4,857,450	4,677,285	3,745,476	2,776,397
Colorado	551,003	939,025	886,315	720,539	671,545	585,678	390,223
Connecticut	347,520	463,780	478,268	441,393	502,078	405,911	308,292
Delaware	89,979	129,574	130,914	116,290	142,419	136,512	92,516
District of Columbia	70,089	152,290	120,161	74,767	64,153	51,215	39,744
Florida	1,901,378	2,953,920	3,039,219	2,830,182	3,056,562	2,743,555	2,347,707
Georgia	1,063,702	1,542,809	1,507,297	1,411,788	1,354,190	1,046,673	713,668
Hawaii	116,860	186,489	195,117	169,695	174,312	166,481	143,843
Idaho	199,067	261,030	262,350	229,990	226,328	210,493	143,914
Illinois	1,175,497	1,737,246	1,702,062	1,560,375	1,566,219	1,318,035	953,263
Indiana	672,597	913,801	881,598	822,243	834,040	716,763	497,147
Iowa	327,279	409,039	408,222	364,934	389,060	352,879	259,500
Kansas	306,571	384,991	383,823	332,665	341,800	308,702	219,475
Kentucky	418,240	608,729	576,243	558,151	574,642	491,266	335,429
Louisiana	423,036	599,799	612,955	525,959	555,070	486,302	328,225
Maine	112,833	169,308	177,316	165,719	202,489	193,229	137,036
Maryland	535,704	808,313	865,677	769,025	811,264	637,105	464,895
Massachusetts	710,415	997,076	954,284	845,976	935,767	769,946	566,988
Michigan	937,461	1,343,069	1,254,067	1,190,388	1,320,208	1,178,712	807,211
Minnesota	517,817	748,414	791,496	666,586	712,634	618,099	439,048
Mississippi	286,671	374,486	365,496	350,697	362,286	313,279	215,508
Missouri	571,880	822,309	810,239	723,935	775,428	681,952	487,631
Montana	102,571	148,095	148,654	127,759	138,148	142,778	96,573
Nebraska	201,031	259,234	262,147	223,293	225,999	204,717	144,732
Nevada	261,935	470,691	464,139	405,126	401,174	337,988	237,978
New Hampshire	119,795	179,129	180,342	166,985	210,073	180,642	122,702
New Jersey	804,545	1,235,264	1,274,066	1,193,096	1,242,795	976,703	729,399
New Mexico	204,285	280,468	277,484	237,034	253,501	247,437	182,144
New York	1,788,344	2,798,580	2,610,723	2,360,563	2,572,207	2,124,587	1,629,965
North Carolina	1,051,378	1,494,638	1,427,182	1,358,773	1,379,682	1,159,483	814,586
North Dakota	90,723	111,765	105,116	80,582	85,355	79,506	58,258
Ohio	1,058,339	1,575,762	1,514,345	1,395,739	1,495,210	1,335,065	934,474
Oklahoma	404,558	554,443	544,229	468,545	465,521	405,202	286,681
Oregon	366,720	593,377	606,689	527,967	500,599	492,629	358,175
Pennsylvania	1,185,695	1,675,945	1,694,931	1,517,511	1,708,916	1,536,095	1,129,837
Puerto Rico	280,845	440,512	376,963	405,147	430,312	386,582	402,205
Rhode Island	111,508	152,318	148,111	127,479	149,702	126,561	92,038
South Carolina	499,753	703,289	692,449	648,117	706,207	635,076	441,869
South Dakota	86,464	115,661	117,702	99,310	111,026	105,740	68,060
Tennessee	647,077	1,003,483	932,419	880,780	903,515	756,187	521,772
Texas	3,072,175	4,549,530	4,451,213	3,820,067	3,369,911	2,615,776	1,746,936
Utah	417,924	532,051	472,629	401,768	312,539	261,550	171,523
Vermont	63,480	77,063	81,886	76,024	89,445	86,678	60,943
Virginia	814,730	1,183,908	1,207,640	1,079,002	1,095,371	894,161	652,952
Washington	675,175	1,214,807	1,171,359	943,217	918,996	813,059	566,530
West Virginia	156,303	215,471	209,822	221,143	231,430	223,947	163,499
Wisconsin	564,553	754,684	755,004	689,311	787,691	696,633	472,100
Wyoming	54,709	73,033	78,713	67,450	70,053	70,557	45,111
National	31,644,026	46,894,376	45,916,187	41,185,503	42,092,037	35,831,544	26,137,161
Reporting States	52	52	52	52	52	52	52



State Commentary

APPENDIX D

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

Alabama

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General

There were no changes in policies, programs or procedures that affected the FFY 2024 submission of NCANDS data. Variances in data compared to previous years may occur as we have continued work to strengthen our data collection processes in the system. Enhancements are completed each year to continue efforts to improve reporting of services to children and families, perpetrator data and mapping of NCANDS elements.

Alabama has two types of screened-in responses: child abuse and neglect investigations (CA/Ns) and prevention assessments (alternative response). For FFY 2024, the Child File included only CA/Ns, which have allegations of abuse or neglect. Prevention Assessments are reports that do not include allegations of abuse/neglect, but the potential risk for abuse may exist. A Prevention Assessment may be changed to a CA/N report if an allegation is added to the system. At that time, policy for CA/N Investigations are in effect. The FFY 2024 submission does not include prevention assessment data in the Child File.

Reports

The state did not change its screening protocol due to the pandemic that began in 2020. The state has maintained the same policy and requirements for in-person investigations. No policies or procedures were changed related to the screening or completion of reports. Response time, as reported in the Agency File, is taken from the calculated average response time reported in the Child File.

Alabama *(continued)*

Children

During FFY 2019, the mapping for caregiver and child risk factors was modified to improve NCANDS reporting accuracy and completeness. During FFY 2019 additional fields were added to the SACWIS system and NCANDS data extraction codes were modified to further improve accuracy and completeness of CARA related data. Fields to document CARA related services are available on the system. Workers are required to document plans of safe care in the system. Reports are generated to monitor the completion of these requirements.

During FFY 2021, coding and mapping updates were completed for child and caregiver risk factors. And more work that was initiated in FFY 2020 was completed around capturing appropriate service referrals. Alcohol abuse and drug abuse can both be documented independently as a child risk factor and as a caregiver risk factor in the CCWIS system.

Also, coding was updated to improve reporting around perpetrator prior abuse. During FFY 2024, coding and mapping updates were completed to improve reporting for CARA related services and allegation incident dates.

During FFY 2024, the state did not modify its policies related to conducting investigations and assessments. The state has continued to conduct face-to-face assessments and investigations. The policy requirements regarding timeframes to complete investigations did not change during FY 2024.

Fatalities

During FFY 2022, coding and mapping updates were completed for reporting deaths due to maltreatment. Also, coding was updated to improve reporting around child risk factors. Child maltreatment fatalities reported to NCANDS are those children for which the Department has investigated the child death. The circumstances of the child fatality are entered into our CCWIS system as a CA/N report. Coroners, LEA and Medical Examiners are legislatively mandated reporters.

For FFY 2024 all state child fatalities are reported in the Child File. Alabama's Child Death Review Team continued to meet during the pandemic. The meetings had been conducted virtually prior to the pandemic, so no interruption due to social distancing requirements occurred.

The FFY 2024 number of child fatalities decreased from FFY 2023. Child fatality investigations are often 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 fatalities reported in FFY 2024, the actual dates of death occurred in a four-year range, from FFY 2020 – FFY 2024.

Perpetrators

Alabama state statutes do not allow a person under the age of 14 years to be identified as a perpetrator. These reports are addressed in an alternate response. Ongoing services are provided as needed to the child victim and the child identified as the person allegedly responsible. Alabama reports both caregiver and noncaregiver perpetrators of sex trafficking to NCANDS.

Services

During FFY 2020, mapping updates were focused around improving reporting for services for clients. Additionally, updates were created for the service date code in order to successfully report service dates within the timeframe specified by NCANDS. During FFY 2024, coding and mapping updates were completed to improve reporting for CARA related services and allegation incident dates.

During FFY 2023, coding was modified around CARA related services to enhance reporting of services provided. The additional code looks in multiple fields to determine if a service was provided.

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

The NCANDS category of the number of children eligible for referral to agencies providing early intervention services under Part C of the IDEA is the number of children who had indicated dispositions during FFY 2024 and were younger than 3 years. The NCANDS category of the number of children referred to agencies providing early intervention services under Part C of the IDEA is the number of referrals the agency providing services reported receiving during FFY 2024.

Many services are provided through contract providers and may not be documented through our CCWIS system. However, enhancements were made to the system in FFY 2019, FY2020 and again in FFY 2021 to better capture services provided, including those that may not use the system to initiate payments.

Alaska

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General

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

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

Alaska does not utilize differential response, however, we work closely with our Tribal partners on every protective service report received that includes an Alaska Native or American Indian Child. Participating tribes are able to receive Protective Services Report (PSR) on their Tribal members through an automated subscription process that is run daily.

Reports

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

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

NCANDS data from the past five years continues to show a consistent decrease.

Children

Alaska completes a safety assessment on all child victims, their siblings, and any other children in the home, regardless of whether they were noted as victim or not.

In alignment with federal guidance, in 2020, specific data indicators on sex trafficking were added to both the initial PSR and the Initial Assessment. Reports are made to law

Alaska *(continued)*

enforcement if any sex trafficking is suspected and all youth who go on runaway status are then assessed for potential trafficking once found. Furthermore, Alaska has a process for reporting to the National Center for Missing and Exploited Children (NCMEC) and the National Crime Information Center (NCIC).

Fatalities

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

In December 2023, OCS introduced a new policy requiring staff to investigate child fatalities where maltreatment was suspected regardless of if there were surviving children in the home. Since this policy was introduced, there were 13 investigations in families where a child fatality occurred with only three of them being in families where there were no other children. Due to multiple factors, OCS does not have a way of reporting on individual children when there are multiple children in the home when maltreatment decisions are determined. There is a plan to develop additional functionality in ORCA to allow more concrete data points to be captured.

Perpetrators

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

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

Services

Alaska does not document services provided to families in the CCWIS, however, we partner with our Tribal entities to provide preventative and ongoing services to the families we serve. The State continues to expand the Alaska Tribal Child Welfare Compact signed in 2017, and now has 19 Tribal Co-signers, representing a total of 162 tribes. Services provided via the Compact include Initial Diligent Relative Searches, Ongoing placement searches, Licensing Assistance, Safety Evaluation of an Unlicensed Relative Home, Family Contact, Primary and Secondary Prevention.

A pilot program for Plans of Safe Care with the Department of Public Health is currently underway. The pilot program completed its third year of functioning and targeted infants born exposed to substances. The pilot program continues to operate in two communities with one of the larger Tribal institutions joining the workgroup in 2024 with a framework in place for adopting Plans of Safe Care.

Arizona

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General

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

Reports

The number of unique reports decreased. The CPS workforce data calculated using full-time equivalents (FTEs).

The decision to take a report for investigation by the hotline is dependent upon meeting criteria that is based on state statutes. Any incoming communication, or intake, that meets the criteria for a DCS report shall be taken as a Report. The Hotline Intake Specialist gathers information from reporting sources using the Department's standardized interview questions and operating guide to determine if criteria are met. An intake meets Report criteria when the identity or current location of the child victim, the child victim's family, or the person suspected of abuse or neglect is known or can be reasonably ascertained and the source alleges all of the following:

- The victim is currently under the age of 18;
- The victim has been physically, emotionally or sexually abused, neglected, abandoned or exploited;
- The person suspected of committing the abuse or neglect is a parent, guardian, custodian or an adult member of the victim's household; and
- The victim is a resident of or present in Arizona.

Children

There was a decrease in the number of unique child victims. This is the result of a decrease in the total number of unique reports received. There were 4,041 less unique reports in FFY24 than in FFY23, which resulted in 1,848 less unique child victims.

DCS policy states that in addition to the alleged child victim, the Department shall interview other children residing in the household of the alleged abuse or neglect. This policy mirrors statute requirements to interview all child victims, siblings and other children in the household.

Allegations of substance abuse (whether prenatal exposure or caregiver allows/provides/causes harm) does not distinguish between drug or alcohol abuse, however there are NCANDS questions on each assessment that distinguishes between drug or alcohol abuse. The only potential reporting limitation is that these questions are dependent on the field specialist completing these fields accurately.

Allegations of substance abuse (whether prenatal exposure or caregiver allows/provides/causes harm) does not distinguish between drug or alcohol abuse, however there are

Arizona *(continued)*

NCANDS questions on each assessment that distinguishes between drug or alcohol abuse. The only potential reporting limitation is that these questions are dependent on the field specialist completing these fields accurately.

This was the first year of reporting IPSE with referral to appropriate services and the data reported was for the entire FFY 2024. The only potential barrier to reporting is the reliance of field investigators to accurately document referrals to services on the NCANDS screen within the Guardian source system.

Fatalities

The number of child fatalities decreased for FFY 2024.

DCS does not review fatality data with external agencies. There must be an allegation of abuse or neglect for DCS to investigate a child fatality.

Perpetrators

State statute and DCS policy does not provide a limitation on the age of an alleged perpetrator if the individual is the parent, guardian, or custodian. If the alleged perpetrator is another household member without that relationship, then the person must be an adult.

State statute and policy provide for other to be an adult member of the household who is not the parent, guardian or custodian. Arizona does not take reports on noncaregivers.

Services

DCS receives federal SSBG pass-through funding through an Interagency Agreement with the Arizona Department of Economic Security of approximately \$33 million each fiscal year. During the time period of this report, DCS elected to utilize these funds in allowable areas other than direct provision of prevention services. These allowable activities include support in areas of legal services; native American/American Indian tribal consultation; foster care services, and case management.

HFAz served 4,199 families through the MIECHV, SOR, CBCAP, DCS General Fund, and Lottery funds. In addition, 19 parents through the Parent Advisory Collaborative received prevention training and resources; 35 expecting or parenting youth, in foster care or the community received preventative services through the Young Parent University. Using funds from the American Rescue Plan Act, in its second year, the Dad Together program has provided ongoing supportive services to 510 fathers. In its first year, a pilot to assist families in need with auto repairs, vocational school, pediatric dentistry, and mental health services has been able to provide financial assistance to 1,479 families. DCS has also distributed 1,574 car seats to community agencies to provide to families in need using funds from the State Child Restraint Fund and American Rescue Plan Act.

The Department has a mix of contracted and direct services provided by DCS.

Arkansas

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Reports

The number of referrals decreased from FFY 2023 to FFY 2024. There was a large percentage decrease of Anonymous Reporter referrals from FFY 2023 to FFY 2024. Effective August 1, 2023, due to legislation, reports with an Anonymous Reporter were no longer accepted which could have led to the reduction in the number of Referrals for FFY 2024.

On September 6, 2022, the Arkansas Mandated Reporter Portal (MRP) went live. The MRP is a public-facing website that enables mandated reporters to create an account and submit a child maltreatment report using a secure online portal. The website is designed to be user-friendly and easy to learn. If there are any questions, the portal includes a step-by-step video to walk the user through the process of submitting online. This portal has been created in addition to the Hotline for reporting suspected child abuse and neglect. The Arkansas Child Abuse Hotline remains accessible. For FFY 2024, once a referral was submitted through the MRP, the information was transferred directly into the CCWIS system ARfocus for the Arkansas State Police (ASP) Child Abuse Hotline staff to complete the referral determination.

Effective as of May 30, 2023, all new Referrals were entered in the CCWIS system ARfocus by the ASP Child Abuse Hotline. All Referrals for FFY 2024 were completed in ARfocus. The ARfocus Intake Referral information was auto populated to CHRIS (transitioned CCWIS system) to complete the Referral. The SDM Hotline Assessment Tool was incorporated in ARfocus. This tool is a screening tool that assists with determining if the referral should be Screened Out or Accepted; if Accepted, then the Priority level (1 or 2) and which Agency (DCFS or CACD).

Children

The number of unique child victims decreased from FFY 2023 to FFY 2024. State policy requires staff to assess safety and risk for all children in the household where there is a maltreatment allegation. Staff utilize the SDM Safety and Risk Assessment Tools.

There are limitations with the state's data for child and caregiver alcohol abuse and drug abuse due to the SDM Safety and Risk Assessments being completed by staff in another application outside of CHRIS. The Health and Safety Assessments that were completed by staff in CHRIS were discontinued in January 2023. The state is assessing if there are any other ways to improve data for related elements.

Fatalities

The Arkansas Division of Children and Family Services (DCFS) receives notice of child fatalities through the Arkansas State Police 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

Arkansas *(continued)*

from a non-mandated reporter. Non-mandated reporters include neighbors, family members, friends, or members of the community. The guidelines for reporting are mandated and non-mandated persons are asked to contact the child abuse hotline if they have reasonable cause to believe that a child has died as a result of child maltreatment.

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

The Agency reviews reports on all deaths from cases of children with whom the agency has been involved in any way during the twenty-four months prior to the child's death. The DCFS Internal Child Death Committee reviews DCFS actions and prior involvement to make recommendations to improve child safety and investigative practices both locally and statewide. The Prevention and Reunification Assistance Director along with the Prevention Program Manager reviews those recommendations. The Assistance Director reports the implementation of the recommended actions to the DCFS Executive staff. In addition, DCFS policy and procedures are updated as needed to reflect changes identified through the reviews. As a result of the internal child death review process, additional training, coaching, and technical assistance has been provided to staff to improve the quality of the investigations and case work. DCFS believes these initiatives have contributed to a decrease in child fatalities.

Perpetrators

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

The following values are validated as other perpetrator relationships and are mapped to NCANDS code value '88- Other': Client, Life Connection, Live-In, No Relation, Peer, Significant Other, and Student.

Arkansas accepts reports of Sex Trafficking by adult non-caregiver Offenders 18 years of age or older. This data is reported to NCANDS in the Child File. Sex trafficking referrals increased from FFY 2023 to FFY 2024. The state made efforts during FFY 2024 to increase awareness and reporting of sex trafficking of including joining the Arkansans Human Trafficking Council on a statewide basis and providing trainings to victim service providers.

Services

Arkansas continued to use the additional funding provided through the Relief Bill for all prevention services in FFY 2024. The state outsources contracted services such as parenting education, counseling, and substance abuse treatment.

California

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General

In February 2023, California implemented changes in our statewide child welfare information system to capture more complete data on child and caregiver risk factors of alcohol use, drug use, diagnosed mental health needs, and domestic violence. Data reported in the child risk factors and caregiver risk factors sections of the Child File have changed the most over the past two years as a result of these changes. We have seen a decrease in rates of unknown or missing an increase in rates of yes and no for these risk factors.

California has two overlapping types of responses to reports of child welfare or neglect: investigative response and differential response. Not all counties utilize differential response. Only the data from the investigative response pathway/Paths 2 and 3 of differential response are reported to NCANDS.

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

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

Reports

The number of reports to the child abuse hotline were already decreasing in California before the COVID-19 pandemic, but we saw a more drastic drop in reports during the pandemic. With the easing of COVID-19 restrictions and children returning to in-person learning, the number of calls to the child abuse hotline increased in Federal Fiscal Year (FFY) 2022 but was still below pre-pandemic levels. Reports in FFY 2023 increased minimally over FFY 2022 but did not reach pre-pandemic levels, and reports in FFY 2024 decreased compared to FFY 2023. If we look at the decreasing trend we were observing prior to the pandemic, the number of reports in FFY 2023 and FFY 2024 follow what we would expect based on this trend.

California *(continued)*

In California, when a report is made to the child abuse hotline, the hotline social worker uses the Structured Decision Making hotline tool to determine if the report should be investigated and how quickly a response should be made. The report count includes both the number of child abuse and neglect reports that require, and then receive, an in-person investigation within the time frame specified by the report response type. Reports are classified as either immediate response or 10-day response. For a report that was coded as requiring an immediate response, the actual visit (or attempted visit) must have occurred within 24 hours of the report receipt date. For a report that was coded as requiring a 10-day response, the actual visit (or attempted visit) must have occurred within 10 days of the report receipt date. For the quarter ending September 2024, the immediate response compliance rate was 95.8 percent, and the 10-day response compliance rate was 89.3 percent.

Children

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

In February 2023, California implemented changes in our statewide child welfare information system to capture more complete data on child and caregiver risk factors of alcohol and drug use. Prior to these changes, there were various fields that could capture alcohol and drug use, but those fields were not required and therefore rarely used. This resulted in very low rates of caregiver risk factors especially. With the recent system changes, a social worker must indicate, with a yes, no, or unable to determine response, whether every client in an investigated referral has alcohol or drug use in order to close the referral. Since these changes were implemented, we have seen significant increases in the number of caregivers identified with alcohol and drug use. We have also seen significant increases in the number of children and caregivers identified as not having these risk factors, because the updates to the system allow a social worker to definitively say the risk factor is not present.

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

California *(continued)*

While the system changes to capture CARA related data improved NCANDS reporting of alcohol and drug abuse child risk factors for infants, there are instances where we cannot separate alcohol abuse from drug abuse. When our data indicates that an infant has a substance exposure type of Substance Abuse, Withdrawal Symptoms, or Other, the child is reported as having both Alcohol Abuse and Drug Abuse, as instructed in the Child File Codebook. We hope to address this limitation and other opportunities for data improvement in the building of our new child welfare information system, which is scheduled to be ready in the coming years.

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. The abuse and neglect determinations reported by CWS agencies are made by local coroner/medical examiner offices, law enforcement agencies, and/ or county CWS/probation agencies. As such, the data collected and reported for NCANDS reflects child death information derived from multiple sources. It does not represent information directly received from either the state's vital statistics agency or local child death review teams.

The data is used to meet the reporting mandates of the federal Child Abuse Prevention and Treatment Act (CAPTA) and for the Title IV-B, Annual Progress and Services Report (APSR). Calendar Year (CY) 2023 is the most recent validated annual data and is therefore reported for FFY 2024. 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 2023 as of December 2024 and may change if additional fatalities that occurred in CY 2023 are later determined to be the result of abuse and/or neglect. For fatalities that occurred while the child was in foster care, the perpetrator information is unavailable until full case reviews of CY 2023 critical incidents are concluded. Any changes to this number will be reflected in NCANDS trends analyses, through resubmissions, as well as subsequent year's APSR reports.

It is important to note that while SB 39 data were used in the FFY 2024 NCANDS submission, the data were derived from CY 2023. Additionally, CDSS receives reports of fatalities determined to be the result of abuse and neglect and caused by an unknown third party where a parent or caretaker did not contribute to the child's death. NCANDS submissions include such fatalities.

Perpetrators

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

Circumstances may arise where the abuse or neglect occurs within the home, but the perpetrator is a non-parent under the age of 18. The county hotline screener must still assess any referral indicating a possible failure or inability to protect involving the parent that places the child at risk. The county, in consultation with county counsel and at its discretion, may

California *(continued)*

choose to investigate and substantiate an allegation involving a minor perpetrator. When doing so, best practice indicates that the county considers several factors including, but not limited to, the following:

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

Relationship types of Indian Custodian (where the child is an Indian Child), Live In, and No Relation are included in other perpetrator relationship. Perpetrators who are the substitute care provider of a child placed by an Out of State Agency, Mental Health, or Kin-GAP are also included under other perpetrator relationship.

Services

Prevention services in California are implemented through a state-supervised, county administered system. This system has the advantage of allowing the 58 counties in California flexibility to address child abuse prevention efforts through a community based local lens. This approach, however, results in 58 sets of challenges in program implementation, evaluation, data collection, and reporting. Federal funding is allocated to each county to support a variety of prevention services. Federal funding streams targeted for prevention services include Community-Based Child Abuse Prevention (CBCAP), Promoting Safe and Stable Families (PSSF), Child Abuse Prevention and Treatment Act (CAPTA), and Child Abuse Prevention, Intervention and Treatment (CAPIT). The Office of Child Abuse Prevention (OCAP) is responsible for monitoring federal expenditures as well as ensuring counties are evaluating the quality of programs consistently. Since the State Fiscal Year (SFY) and the FFY are not aligned, information for SFY 2023-24 is representative of FFY 2024.

Each year the CDSS also allocates prevention funding directly to counties for disbursement. This information is gathered in a data collection system funded by the OCAP called Apricot. Counties continue to make active efforts to improve data collection methods and evaluation processes. Over the past several years, the OCAP requested counties select one unit of measure (children, parents/caregivers, or families) for service counts instead of multiple units of measure for one service activity to reduce duplicative service counts. This request has led to some improvements in the way information is captured, however, in some instances counties are changing the unit of measure collected from year to year so it is difficult to compare service counts. Discrepancies between service counts from year to year may also be attributed to changes in vendor contracts, evaluation methodologies, and/or a change in prevention programming.

The OCAP continues to provide technical assistance support to counties and Tribes with a Title IV-E Agreement with the State of California (known as Title IV-E Tribes) related

California *(continued)*

to effective evaluation tools and practices. Technical assistance support includes one on one discussions with counties and Title IV-E Tribes on best practices for collecting data and available tools and resources to measure outcomes. Additionally, virtual trainings and a webinar were offered to counties and Title IV-E Tribes on data entry techniques and processes, the importance of effective and accurate data collection, and state and federal reporting requirements.

There was an increase in children and families being served utilizing CBCAP funds in SFY 2023–24. In SFY 2023–24, there was an increase in children being served utilizing CAPIT funding: In SFY 2023–24 there was a slight decrease in children and families being served utilizing PSSF funds.

The OCAP funded a parent leadership program via a grant utilizing CAPTA funds. Funds were utilized to work with parents/caregivers by providing trainings and healthy parenting/caregiver programming in Alameda, Colusa, Imperial, Sacramento, San Diego, Siskiyou, and Yolo counties.

The Strategies Technical Assistance (TA) grant was funded through a combination of CAPTA, CBCAP, and State Children's Trust Funds in SFY 2023–24. In SFY 2023–24, Strategies TA focused efforts on supporting a variety of counties developing and submitting Comprehensive Prevention Plans by July 1, 2024.

Prevention Partnership International and Community Solutions launched the Celebrating Families! (CF!) inclusion and expansion project during SFY 2023–24. The purpose of the project is gather information and update the CF! curriculum to ensure it (1) aligns with the current research as it relates to substance use and resiliency factors for children and families; (2) is informed by those with lived experience who have implemented the program to ensure the content is relevant and inclusive; and (3) to transfer the CF! curriculum to an online web-based platform in partnership with the National Association for Children of Addiction

The Father Engagement grant is one of OCAP's newest grants that began in State Fiscal Year 2022–23. The Father Engagement Program will support evidence based or evidence informed/promising practice father engagement activities through the following three broad categories: fatherhood education, case management, and peer-to-peer support.

Colorado

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General

Colorado continues to implement requirements and practice improvements related to child abuse and maltreatment. This includes refinements to Colorado's Comprehensive Child Welfare Information System (CCWIS) and data submitted to the National Child Abuse and Neglect Data System (NCANDS). As CCWIS is modernized and mapping of services and risk factors are refined, NCANDS reporting will better reflect Colorado's services and supports.

Safety and risk assessments are completed for all screened-in referrals. Colorado has two referral options including a traditional High-Risk Assessment (HRA) and a Family Assessment Response (FAR) for low and moderate-risk referrals. Both tracks are reported to NCANDS. As Colorado has a state supervised and county administered structure, counties not utilizing the FAR alternative use only high-risk assessments.

Reports

The number of referrals has stabilized from the fluctuations seen during the pandemic. Colorado's hotline system was part of a system upgrade and modernization in the summer of 2024.

Children

Colorado county agencies conduct face-to-face investigations and assessments as required to accurately determine safety and risk of children. NCANDS data mapping of child and caregiver risk factor data as well as substance exposure and referral are undergoing improvement in federal reporting.

Fatalities

The Colorado Child Fatality Review Team (CFRT), which consists of a multidisciplinary team, was able to perform reviews of egregious, near fatal or fatal incidents.

Perpetrators

Colorado does not make findings on third party perpetrators of sex trafficking; instead, the caretakers are evaluated to see if their behaviors are providing access to the third-party perpetrators. The other perpetrator relationships include live-in partners, no relation, significant other, significant other, foster son, foster daughter, teacher, school counselor, spouse (ex), restitution recipient, child under guardianship, significant other (ex), neighbor, self, and host home provider.

Services

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

Colorado *(continued)*

and mapping refinements of services and risk factors. Colorado does not outsource any direct child welfare protection services. Some services that help to support families are community-based.

Connecticut

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General

The State of Connecticut (CT) Department of Children and Families (DCF) continues to operate a Differential Response System (DRS). DRS is comprised of two tracks: Child Protective Services (CPS) Investigations for moderate to high-risk cases (see Child Protective Investigations Policy for details), and Family Assessment Responses (FAR) for low to moderate risk cases (exceptions apply, see FAR Policy and Practice Guide for details). Currently, CT does not report data concerning reports handled through a FAR response to NCANDS. This means that the total number of abuse/neglect reports observed in the NCANDS data is far lower than the total that we actually receive, accept and respond to each year. We have also been increasingly utilizing the FAR response, to the point where during FFY 2024 we again used FAR to respond to about 59 percent of all accepted reports, although only 52.7 percent remained solely a FAR response and did not change tracks to Investigation. During FFY 2024 DCF leadership prioritized additional focus regarding the 0–5 population across the operation, including a change to investigate all accepted reports of abuse/neglect concerning children ages 0-5 rather than allowing some of them to receive an alternate response. This resulted in an increase in reports being investigated, and in the number of alleged victims ages 0–5 being reported in the NCANDS Child File.

DCF policy did not change with regards to commencement within the designated response time determined at time of acceptance, or for completion of DRS response within 33 business days. Inconsistencies with that expectation were documented accordingly. According to our data over the course of FFY 2024, Investigation and FAR responses have continued to meet our commencement measure. Overall rates for response completion stayed essentially the same this year from FFY 2023 to FFY 2024, which still continues to meet our somewhat different outcome measure expectation of greater than or equal to 85 percent completion in less than or equal to 45 calendar days).

Reports

There was a decrease in overall CPS reports received during FFY 2024 compared to FFY 2023. While the first quarter continued a trend of increased reporting compared to the same month the prior year, seven of the following nine months showed decreases based on the same comparison. The month of March tends to be a peak month for reporting, and while April saw a modest increase over April of 2023, this year the highest volume of reports was not observed until June. The volume of reports received in November and December 2023, and January and February of 2024 exceeded that of the same pre-pandemic months in FFY 2019, but all other months were lower than the same months in FFY 2019. Please note the number of reports Investigated increased at a higher proportion as seen in the Child File results due to a mid-year change in policy to handle all reports with alleged victims ages 0–5 through Investigation, rather than allowing some to receive an alternate FAR response.

Connecticut *(continued)*

The rate of accepting reports for a differential response (whether for Investigations or FAR) had been declining across FFY 2018–FFY 2020 as call volume increased, but then increased considerably during FFY 2021, so monthly rates were on average about 6 points higher than rates observed in FFY 2020. This trend reversed again in FFY 2022, with most months less than during FFY 2021. However, in FFY 2023 the rates increased in all but one month compared to the previous year, and in FFY24 the rates increased further in all months during the school year but one (February) while rates during summer months decreased. Overall, the annual rate stayed about the same during FFY 2024 compared to FFY 2023.

The CT DCF Careline is the agency’s 24/7 centralized point of contact for reporting concerns of child abuse and neglect. The Careline has maintained continuous operations 24/7/365 throughout the course of the year. During FFY 2024, Careline continued utilizing a modern cloud-based call center system (Five9) that allows for social worker screeners to work remotely. Careline social work screening staff are comprised of 56 full-time staff, and 7 part-time staff. Agency File responses are calculated using Full-Time Equivalents.

Appropriately screening reports of suspected abuse/neglect is the top priority of the DCF Careline. The Careline has thorough information on their methods for screening calls found in both policy and a related practice guide. During FFY 2023 the Careline expanded the focus of qualitative reviews beyond screened out (non-accepted) reports to include a review of appropriate use of Structure Decision Making (SDM), evidence of critical thinking, proper identification of the subject child/ren (alleged victim/s) and correct response time and response type. The Careline continues to partner with the DCF Bureau of Continuous Quality Improvement to continuously review a large sample of report decisions to ensure quality and identify areas where additional training is needed.

The Careline’s public facing non-emergent mandated reporter portal was implemented in June 2022 and subsequent enhancements were completed in March 2023. This portal allows all mandated reporters the ability to file non-emergent reports of abuse/neglect online, and a training video explaining its use was posted online to help reporters understand the system. DCF received 14,336 reports through the portal during FFY24, receiving an average of 1,195 per month, ranging from a high of 1,542 in May to a low of 557 in August. The non-emergent mandated reporter portal has subsequently reduced call waiting times during peak times (8am - 4pm).

The CAPTA Notification/CPS portal allows birthing hospitals the ability to file online reports of abuse or neglect to DCF OR to create a CAPTA Notification for those newborns identified as substance exposed and consistent with the criteria associated with a notification. Careline together with the office of Substance Use & Intimate Partner Violence, local and state partners and CT-KIND made enhancements to the CAPTA/Abuse & Neglect Portal which launched on 8/21/24. These enhancements were made to improve ease of use for birthing hospitals submitting CAPTA notifications, CPS Reports, as well as updates to capture new data points. Additionally, improvements were made to questions, workflow and language.

Children

During FFY 2024, there was an increase in the number of unique children who were alleged victims, compared to FFY23. This is consistent with the increase in the number of reports accepted for Investigation observed during this year as reporting continues to increase but at a slower rate than prior years. The change in handling all reports with children ages 0–5 as investigations also contributed to the increase in alleged victims this year.

Policies and procedures (DCF Policy Manual concerning the conducting of differential responses did not change during the course of the year. Efforts to respond to the ongoing fentanyl problem continue, including the launch of Project Naloxone. The goal of the project is to help prevent opioid overdose in Connecticut. A multidisciplinary project team comprised of DCF staff, persons with lived experience and external subject matter experts from other state agencies was gathered to guide the project. The scope of the project included policy and procedural updates regarding response to opioid overdose, to develop and deliver training for staff on how to respond to an opioid overdose including use of Naloxone, to make Naloxone available to DCF staff and visitors in all offices, facilities and state vehicles, and to develop guidelines regarding availability of Naloxone in DCF-licensed facilities and foster homes. Providers also began using an FDA CLIA waived rapid screening test for Fentanyl in February 2024, and our Family-Based Recovery (FBR) program began testing for Fentanyl as well.

Public Act 22-187 also became effective on 7/1/23 and requires that school employees complete training every three years on the 1) prevention and identification of, and response to, child sexual abuse and assault; 2) bystander responsibility and; 3) appropriate interaction with children training programs. Additional content was added to the online Mandated Reporter Training offered by DCF to incorporate this material and satisfy the requirement of the statute.

DCF received 1,617 notifications through the CAPTA portal during FFY 2024, of which 29.7 percent resulted in an actual abuse/neglect report. Further, 82.7% indicated that a Plan of Safe Care had been developed for the child, and 82.7% (overlapping but not always when Plan was developed) referred to appropriate services, as of the time of the notification. Data collected by the portal is de-identified but does include required elements regarding development of a Plan of Safe Care and Referral to Appropriate Services. These fields have not been incorporated into our legacy SACWIS system, as they are planned to be developed in our upcoming CCWIS system.

Fatalities

CT DCF continues to have appointed representatives that are members of, and regularly attend, the CT Statewide Child Fatality Review Panel meetings. Other members include representatives from the Office of the Chief State's Attorney, Chief Medical Examiner, Child Advocate, and more. Per CT General Statutes, the panel is required to investigate child deaths of children in out-of-home care or whose death was due to unexpected or unexplained causes. The Child Fatality Review Panel has remained operational, and no changes were made to policy regarding its operation. The Panel has maintained monthly meetings, reviews data, specific circumstances related to fatalities and systematic issues. From these meetings,

recommendations are generated for communications, dissemination of information and other actions as a result. The receipt of child fatality data by the Panel has also continued from the Office of the Chief State's Attorney, Chief Medical Examiner, Child Advocate, CT Department of Public Health and other law enforcement or medical entities without interruption.

Perpetrators

CT Statute defines abuse and neglect as having been committed by a parent/guardian or entrusted caretaker. Most of Connecticut's child trafficking cases are the result of non-caregiver perpetrators and, therefore, are not accepted by DCF Careline. The new DCF Human Trafficking Policy and Practice Guide that went into effect in August 2021 created a new pathway for non-accept cases. All calls of suspected child trafficking that are called into the DCF Careline are reviewed by the HART director and are automatically sent to the state's seventeen Multidisciplinary Teams (MDTs) and Human Trafficking Task Force.

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

Please note that significant changes were made to coding for some of the caregiver risk factors fields to take advantage of data documented in several Structured Decision-Making assessment instruments. In addition to looking for such information documented in the person's Medical Profile, the code now also looks for such information in relevant fields found in the most recent of either a Family Strengths and Needs Assessment (FSNA), Risk Assessment and Safety Assessment. Further, an erroneous piece of conditional logic was found and removed that had been incorrectly setting many risk factor values to unknown. As this has increased our confidence in the data, if no indicator is found relevant to a given Caregiver Risk Factor, then the value is now set to no instead of to unknown. these changes mean that there are far more yes and no, and far fewer unknown, results observed in the Child File.

Services

CT DCF directly provides all Differential Response Services, as well as ongoing Child Protective and Foster Care/Adoption services. DCF also funds a wide array of contracted services to meet the ongoing needs of children, youth and families, and are aimed at both prevention of abuse/neglect, and treatment of behavioral health, parenting skills, independent living skills and many more. DCF funds two services that specifically serve families coming through each track of the differential response system, Community Supports for Families (CSF) for Family Assessment Responses and Integrated Family Care and Support (IFCS) for Investigations, that need continued case management and are willing to engage in the service.

The State of Connecticut has also continued the process of implementation of our Family First Prevention Plan, developed in partnership with over 400 individuals from state

Connecticut *(continued)*

agencies, community-based providers, advocates, youth and families with lived experiences. Connecticut's vision is to expand upon its collaborative child well-being system through enhanced focus on prevention and early intervention. What makes this prevention plan unique is that CT has taken a bold approach to expand access to prevention services to children and their caregivers upstream who present with particular needs or characteristics that ultimately may result in DCF involvement, as identified through a community pathway. During FFY 2024 a Prevention Care Management Entity (PCME) contract was implemented to staff the community pathway, and to ensure that a Child-Specific Prevention Plan is created and monitored for all eligible youth receiving a service on the approved plan. Family First is being utilized as a tool, as part of Connecticut's overall prevention strategy, to assist in building upon an existing infrastructure and its already diverse array of services and evidence-based programs (EBPs), with the goal to prevent maltreatment and children entering foster care. DCF has already been funding two of the services on the approved plan (Multi-Systemic Therapy and Functional Family Therapy), and our partner agency the Office of Early Childhood (OEC) has been funding three others (Healthy Families America, Nurse Family Partnership and Parents as Teachers).

DCF also continues to strengthen its response to child victims of human trafficking. Each of the six DCF Regions has a Human Antitrafficking Response Team (HART) team consisting of a HART Lead and Liaison(s) that partner with law enforcement, service providers and the identified Multidisciplinary Team(s) (MDT). These partnerships ensure a collaborative response and coordinate services for child victims and their families. Human trafficking cases, which do not meet the statutory definition of abuse and neglect, receive a response coordinated by the Department's HART Director in partnership with the relevant MDT(s). The Department's Human Trafficking Policy and Practice Guide allows for all cases of suspected child trafficking to be sent directly to the MDT Coordinators. During 2024, DCF provided 278 HART consults on new cases with concerns of child trafficking, down by 25 from the previous year. Youth referred are mostly between ages 13 and 17, with a range from ages 10 to 19. Online grooming continues to be the primary means of luring in vulnerable children.

Delaware

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General

Delaware's Division of Family Services (DFS) has remained stable in the number of reports received. Delaware continues to use Structured Decision Making® (SDM) at the report line, in Investigation, and in Family Assessment Intervention Response (FAIR). By the use of this evidence-and research-based tool, Delaware is better able to distinguish between cases that require a full investigation and those that require an assessment or referrals for services unrelated to child abuse and neglect, to consistently determine safety threats, and to make decisions using the same set of standards. Delaware has maintained and is expanding our external FAIR contracts. Near the end of the FFY 2023 NCANDS reporting period, Delaware began adding external FAIR case data to our data system via a provider portal. All FAIR cases are included in FFY 2024 NCANDS report. Delaware also instituted an administrative Review, Evaluate, Decide (RED) team in October 2022 to review all risk of abuse/neglect reports received at our hotline. This process has allowed us to refine our maltreatment definitions to ensure we are screening in reports appropriately. Delaware has also increased our referrals to other prevention pathways to better serve our families.

Delaware obtained Dialpad, a cloud-based communication platform to be used for intakes. This allows hotline staff to have remote capability and ensure that all calls will be answered by a live hotline worker, eliminating Delaware's need for an answering service.

Our SACWIS system called FOCUS (For Our Children's Ultimate Success) is implemented but improvements continue to be made. During FFY 2023, we added validations to our system to improve data quality and more accurate reporting. For example, we built a validation to ensure updated demographics are completed on all investigation/FAIR case participants prior to case closure. After determining that the NCANDS child and caregiver risk factor events were not being completed on abridged cases, in FFY 2024, we had the event generated with the creation of a new assessment/ investigation case and added validation that it must be completed before case closure. This will improve data quality on the child and caregiver risk factors, Plan of Safe Care, and other items. Delaware has also added validations to ensure more accurate reporting of initial response times include removing default date and time upon event creation.

Reports

In FFY 2023, Delaware received 25,036 hotline reports- 24,334 family and 702 institutional abuse (IA) reports. Of the reports received, 26 percent were screened in for an assessment or investigation, a decrease as compared to FFY 2023.

In FFY 2024, 5,327 family and institutional abuse investigations were completed as compared to 6,036 in FFY 2023. Of these, 10 percent were substantiated for abuse, neglect, or dependency, the same percentage from FFY 2023 with 10 percent total cases substantiated.

Delaware *(continued)*

Delaware has overall completed less investigations than FFY 2023 which can be contributed to the continued use of RED team and increased use of prevention pathways.

The State's intake unit has used the Structured Decision Making® (SDM) tool to collect sufficient information to access and determine the urgency to investigate or assess child maltreatment reports. Currently, all screened-in reports are assessed in a three-tiered priority process to determine the urgency of the workers first contact; Priority 1 - Within 24 hours, Priority 2 - Within 3 days and Priority 3 - Within 10 days. In FFY 24, accepted referrals for family abuse cases were identified as 60 percent routine/Priority 3, 16 percent Priority 2, and 24 percent urgent/Priority 1 in response; nearly identical to FFY 2023. Delaware is making great efforts to improve our timeliness response to investigations. We are using data informed practice and reports are sent out weekly. Delaware recently began piloting an initial response unit in Sussex County with plans to expand it county wide within the year. The initial response unit makes the initial response on all screened in hotline reports creating a new investigation. They then determine if further investigation/assessment is needed or if case can be Tier 1 abridgement not requiring a full investigation or additional response. Despite our efforts to improve timeliness of response, our continued high vacancy rate has led to increase caseloads and an increase in response time, particularly on our priority 3 reports.

Children

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

Delaware is able to capture specific information related to caregiver and child risk factors, including the separation of alcohol and drug abuse. Delaware has been reporting infants with prenatal substance exposure for a number of years and includes this information on Plans of Safe Care. During FFY 2024, Delaware stopped screening in cases of alcohol or marijuana only positive infants for investigation or assessment.

Fatalities

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

Delaware *(continued)*

Perpetrators

Delaware maintains a confidential Child Protection Registry for individuals who were substantiated for incidents of abuse and neglect since August 1, 1994. The primary purpose of the Child Protection Registry is to protect children and to ensure the safety of children in childcare, health care, and public educational facilities. The Child Protection Registry in Delaware does not include the names of individuals who were substantiated for dependency; parent and child conflict, adolescent problems, or cases opened for risk of child abuse and neglect. An adult Delaware intends to substantiate will receive a written notice of intent to substantiate at the conclusion of the investigation. The notification includes a hearing request form that must be returned within thirty days of the postmarked date of the notification. The hearing request form enables the individual to receive a substantiation hearing in Family Court. When the hearing request form is not returned within the specified timeframe, the individual will automatically be entered on the Child Protection Registry. There is no stipulation on age of a perpetrator; however, a minor will automatically 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.

Delaware does include non-caregiver perpetrators of sex trafficking to NCANDS.

Services

During FFY 2024, Delaware's Children's Department saw a decrease in the number of children and families served in Agency File elements 1.1.C-C and 1.1 D-F. This was due to the staffing shortages for many provider services. The state was also working on an RFP to obtain additional services. Delaware did see an increase in services falling in 1.1.E-C.

In FFY 14, Delaware's Division of Family Services implemented several initiatives to improve our outcomes with families. These initiatives continue to have a strong presence in our practice. One of our programs is Team Decision Making, which engages the family, informal supports and formal supports in planning for children who are at risk of coming into care. This process has remained steady in diverting youth into kinship placements instead of Foster Care. Family Team Meetings is a growing component of our casework practice. Delaware has enhanced its partnerships with community organizations to provide community-based preservation and reunification services including family interventionists and kinship navigators. Delaware has expanded our contracts with post adoptive services, now post-permanency services, to now include guardianship families. Delaware has collaborated with numerous community partners to provide better services and plans of safe care for infants with prenatal substance exposure. We have partnerships with domestic violence and substance abuse agencies that provide intervention services in conjunction with agency case management. Delaware plans to continue to build on our service array for prevention services in the upcoming years.

Delaware has added additional fields to capture information on services provided in our FOCUS system. These service fields were newly built into our data system as of February 2018. They were intended to be mandatory fields, however there was a defect allowing supervisors to complete the event without adding any services. A validation was added and

Delaware *(continued)*

improvements on data entry were seen. Although improvements were made, there remains a data entry and completion delay due to high caseloads and supervisor vacancy rates.

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

District of Columbia

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The state did not provide commentary in time for the *Child Maltreatment 2024* report.

Florida

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General

There were no significant changes to our policies that would impact NCANDS data for FFY 2024. Florida is currently in the process of transitioning from SACWIS to CCWIS. Fully finalized data elements will not be available until the transition to CCWIS is completed and an associated CCWIS NCANDS file is generated.

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

Reports

For FFY 2024 there were 2,630 investigators (which may include Child Protective Investigators and Supervisors) who conducted investigative activities, and an average of 140 Hotline Staff Intake Counselors, and 25 Hotline Staff Intake Supervisors that were responsible for the screening of intake reports during the year.

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

- Is younger than 18 years.
- Is a resident of Florida or is located within 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), or
- Needs supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care, or
- Is suspected to be a victim of human trafficking by either a caregiver or non-caregiver.

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

Florida *(continued)*

but the child's circumstances require an immediate response such as emergency hospitalization of a parent, etc.); for services; or (6) the facts of the report otherwise so warrant. All other initial responses must be conducted with an attempted onsite visit with the child victim within 24 hours.

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

Children

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

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

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

Child maltreatment reporting has remained relatively stable at the overall level, with a slight decrease in the number of investigations completed compared to the prior year. Florida has three possible findings for maltreatments: verified, not substantiated, or no indicator. Verified maps to 10-substantiated, and not substantiated and no indicator map to 05-unsubstantiated. There has been a decrease in verified findings and an increase in not substantiated findings. This has resulted in a decrease in the number of children identified as victims within the NCANDS extract.

Fatalities

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

Florida *(continued)*

Perpetrators

There is no limitation on how young a perpetrator can be if they meet the jurisdictional criteria to be considered an alleged perpetrator: a parent, legal custodian, caregiver, or other person responsible for the child's welfare (including a babysitter or teacher), or in the case of human trafficking allegations, the perpetrator can be a caregiver or a noncaregiver.

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

Allegations of noncaregiver sex trafficking are included in the Child File data submitted to NCANDS.

Services

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

Georgia

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General

In the 2023 file we noted that the agency had begun to apply stricter criteria for accepting allegations of abuse related to domestic partner violence. This circumstance resulted in a significant decline of allegations in the NCANDS emotional abuse category from the 2022 to the 2023 file.

Georgia uses two types of responses to screened-in reports. These two pathways are investigation and Family Support (alternative response)

Risk is assessed, and the case is then directed either to Investigation or, if risk appears low, to Family Support (alternative response). Investigations conclude with a disposition of either substantiated or unsubstantiated, indicating whether a preponderance of evidence supports the allegation(s) or not. Family Support Services receive no disposition. Family Support cases can be re-assigned to Investigation if safety threats are observed or closed if no threats exist. Assignment of a Family Support case back to an investigation would result in a new referral.

Both Investigations and Family Support are included in the NCANDS Child File.

Reports

CPS workforce data cannot be calculated using full-time equivalents (FTEs). Some staff work in a centralized intake center, but other staff throughout the state work on many phases of a case including intakes. It is not possible to separate the hours spent on intakes from the total workload.

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

Special Investigation (Maltreatment in Care and Child Death, Near Fatality and Serious Injury) cases are immediately assigned to the Investigation stage with either an immediate or a 24-hour response time threshold.

Special Circumstances - No Maltreatment Alleged Intakes are also assigned to the Investigation track, but with a five-business-day response time instead of immediate or one-day.

Cases with allegations that are considered dangerous (sexual abuse, physical abuse, maltreatment in care) are directed immediately to the investigation pathway. Cases with other

Georgia *(continued)*

allegations undergo an Initial Safety Assessment (ISA). A case worker interviews in person the alleged victim(s) and the alleged perpetrator(s) at the home. Risk is assessed, and the case is then directed either to an investigation or, if risk appears low, to the Family Support pathway. Investigations conclude with a disposition of either substantiated or unsubstantiated, indicating whether a preponderance of evidence supports the allegation(s) or not. Family Support Services cases can be track assigned to Investigation if safety threats are observed or closed if no threats exist.

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

Both tracks - Investigations and Family Support - are included in the NCANDS Child File.

Children

The number of unique child victims increased from 2023 to 2024. All children in the household are interviewed and assessed by the investigating caseworker. There are no limitations on reporting alcohol abuse child risk factors or drug abuse child risk factors.

Infants with prenatal substance exposure continue to be of great interest and concern to the federal government, child welfare field, and researchers. In Georgia, prenatal exposure for alcohol or drugs has been an allegation code predating the inception of the present SACWIS system. For any child with an allegation of IPSE, we create a Plan of Safe Care and referral to Babies Can't Wait, an early intervention program of the Georgia Department of Public Health.

We have noticed inconsistencies in the documentation of Plans of Safe Care in the SACWIS.

In the Agency File Question 23.5 We report the number of infants with prenatal exposure screened out. When an infant is reported with prenatal exposure and no other signs of maltreatment, an investigation is assigned and the child is referred to the Babies Can't Wait program. In the state data system, this is not recorded as a screened-out referral, but in NCANDS, we do report it as a screened-out referral because no true investigation occurs.

Fatalities

Georgia receives information from partners in the medical field, law enforcement, Office of the Child Advocate, other agencies, and the public to identify and evaluate child fatalities.

Infant/child deaths without an allegation of maltreatment are not necessarily investigated.

Perpetrators

Georgia has no limitation in the state policy on how young a perpetrator can be.

The Child File perpetrator relationship other generally includes bystanders, anonymous or unknown reporters; also, other rarely used miscellaneous reporter types in our system that

Georgia *(continued)*

do not subsume under any of the NCANDS categories. Some examples would be the victim child, an unspecified institution, volunteer or intern, or a case reading.

Georgia reports noncaregiver perpetrators of sex trafficking to NCANDS.

Services

The agency does not provide Educational and Training, Family Planning, Daycare, Information and Referral, or Pregnancy Planning Services for clients. These services are provided by referrals to other agencies or community resources. Our SACWIS would only track those services paid for by agency funds. However, most services are provided through referrals to other agencies or community resources.

Hawaii

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The state did not submit commentary in time for the *Child Maltreatment 2024* report.

Idaho

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General

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

Reports

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

- The alleged perpetrator is not a parent or caregiver of a child, the alleged perpetrator no longer has access to the child, the child's parent or caregiver is able to be protective of the child to prevent the child from further maltreatment, and all allegations that a criminal act may have taken place have been forwarded to law enforcement.
- The alleged victim is under 18 years of age and is married.
- The alleged victim is unborn.
- The alleged victim is 18 years of age or older at the time of the report, even if the alleged abuse occurred when the individual was under 18 years of age. If the individual is over 18 years of age, but is vulnerable (physically or mentally disabled), all pertinent information should be forwarded to Adult Protective Services and law enforcement.
- There is no current evidence of physical abuse or neglect and/or the alleged abuse, neglect, or abandonment occurred in the past and there is no evidence to support the allegations.
- Although Child and Family Services (CFS) recognizes the emotional impact of domestic violence on children, due to capacity of intake, we 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.

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

Children

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

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

Idaho implemented data collection for prenatal substance exposure in April 2019. When our centralized intake unit receives a report regarding concerns of a substance affected infant information is collected regarding the plan of care and services provided.

All children ages birth to three years old who are involved in cases substantiated for abuse, neglect and/or abandonment are referred to early intervention services through the Idaho Infant and Toddler Program.

Fatalities

The Division of Vital Statistics confirms all fatalities reported by child welfare via the state's CCWIS and provides the number of fatalities for all children for whom the cause of death is homicide. CFS investigates only those deaths which are alleged to be due to physical abuse or neglect by the caregivers, and information received indicates there are other children in the home. CFS does not investigate those deaths which are not reported to the agency via the Centralized Intake Unit. The statewide Idaho Child Fatality Review (CFR) Team reviews all child fatality cases regardless of whether they were the result of abuse/neglect, and CFS considers information provided by the CFR Team for the purpose of policy and procedural change in relation to child fatalities. There were no changes to policy or procedures in FFY 2024 regarding fatality reviews.

Perpetrators

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

Idaho *(continued)*

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

Illinois

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General

There were no changes to how Illinois submitted its FFY 2024 data to NCANDS. Currently Illinois does not have a Differential Response pathway.

Reports

The Illinois NCANDS Child File contains reports of child abuse/neglect that resulted from a hotline call meeting the standards of abuse/neglect as defined in department procedure 300.30(a)(1) - *Criteria for a Report of Abuse or Neglect*.

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

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

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

The number of unique reports for FFY2024 shows an increase compared to FFY 2023.

Per federal guidance, if a state considers Good Faith Attempts (i.e., the investigator attempted to see the alleged child victim at the location they were believed to be but did not see the alleged victim) when establishing Investigation Start Date and Time then the state should not report this data element. Illinois does consider Good Faith Attempts when establishing the Investigation Start Date and Time, so this data element is not reported.

Children

The state is currently unable to report caregiver risk factors. Compared with FFY 2023, Illinois has seen an increase in NCANDS child data (number of unique children and number

Illinois *(continued)*

of duplicate nonvictims). Illinois has seen a decrease in NCANDS child data (number of unique child victims and /number of duplicate victims) in the FFY 2024 data.

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

Until September 16, 2022, Illinois' definition for the abuse/neglect allegation of sex trafficking was a part of a broader definition of human trafficking that also included labor exploitation and blatant disregard of a caregiver's responsibilities that resulted in a child being trafficked. Illinois procedure was updated to collect data specific to human labor trafficking (allegation #40, Option A), human sex trafficking (allegation #40, Option B), blatant disregard of a caregiver's responsibilities that resulted in human labor trafficking (allegation #90, Option A), and blatant disregard of a caregiver's responsibilities that resulted in human sex trafficking (allegation #90, Option B). Illinois has been collecting and producing data on these new elements from SACWIS since July 17, 2023.

According to Illinois' Abused and Neglected Child Reporting Act (ANCRA) – a person who engages a minor in human trafficking is considered an eligible perpetrator for abuse or neglect even if there is not a verbal or written agreement from the parent or primary caregiver for the trafficker to be in a caretaker role of the minor.

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

Fatalities

Compared to FFY 2023, Illinois notes a decrease in unique child fatalities in FFY 2024. In Previously, Illinois noted a decrease from FFY 2022 to FFY 2023. Over the course of the two fiscal years, this represents a decrease in indicated fatalities.

The Division of Child Protection (DCP) has continued its administrative review process for sleep-related deaths prior to determining a final finding. (For any sleep-related death (allegation 51), prior to final finding of indicated or unfounded, a senior DCP administrator reviews the investigation to ensure consistent evaluation of whether the sleep-related death included evidence of blatant disregard.) Blatant disregard has been clearly defined and communicated to DCP staff to use as a guideline for determining a final finding. This review process has continued to result in fewer indicated sleep-related deaths, for situations where there was no evidence of blatant disregard.

Illinois DCFS procedures allow for multiple reports on the same child abuse and neglect incident (fatal incidents included) to be taken when there are multiple perpetrators that either do not reside in the same residence or reside in the same residence as the child victim but are of separate and independent families. In these situations, there are separate reports taken for each perpetrator. This policy has the potential to report the same child fatality in multiple reporting cycles if the disposition (final finding) dates occur in different reporting cycles. No other data system or agencies are used to compile and report child fatalities due to suspected abuse or neglect.

Illinois *(continued)*

In Illinois, mandated reporters are required to report suspected child abuse or neglect immediately (fatal incidents included) when they have reasonable cause to believe that a child known to them in their professional or official capacity may be an abused or neglected child. (325 ILCS 5/4) Reports are made by calling the DCFS Child Abuse Hotline. Mandated reporters include, but are not limited to, medical personnel, law enforcement personnel, coroners, medical examiners, and funeral home directors.

Perpetrators

Compared to FFY 2023, Illinois notes a decrease in the number of unique perpetrators in FFY 2024. The state makes a dispositional allegation-based determination for perpetrators for alleged victims.

The *Illinois Abused and Neglected Child Reporting Act (ANCRA) [325 ILCS 5/5] and Rule 300, Reports of Child Abuse and Neglect*, does not set a minimum age for a perpetrator, except for Allegation #10 – Substantial Risk of Physical Injury (minimum age of 16), therefore any case involving a young perpetrator must be assessed on an individual basis according to the dynamics of the case.

Services

Illinois case-management services include intact family and foster care services. The state contracts 70–80 percent of its casework to community-based provider agencies.

The Intact Family Services program is designed to work with families voluntarily who have come to the attention of the Department of Children and Family Services: 1) as a result of an indicated finding from a child abuse/neglect investigation, 2) as a result of an unfounded investigation if approved by the Office of Intact Family Services, or 3) involuntarily when ordered by the court to provide services as defined in Procedures 302.388. There are 5 target populations served by Family First Prevention Services and intact family services is the largest group.

Indiana

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General

Indiana has engaged in continuous improvement efforts to refine the data collection and mapping process through system modifications and overall enhancements. The Management Gateway for Indiana’s Kids (MaGIK). is an ever-evolving, umbrella system which has further incorporated services, billing, case management, and the overall data management, organization, and extraction components.

Reports

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

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

As of January 1, 2018, the Hotline ceased automatically recommending assessment of all reports with alleged victims under the age of three years old.

As of July 1, 2019, a change in legislation increased the 1-hour response time to 2-hours.

Effective June 1, 2021, DCS Hotline modified its standardized worker safety questions. DCS also partnered with the Capacity Building Center for States as well as ran internal events targeted at reducing our screen-in rate. DCS made decision modifications on types of reports that include, but are not limited to:

- Sexting concerns among adolescents, effective October 1, 2020.
- Pre-adolescent children exhibiting potentially sexually maladaptive behaviors, effective January 1, 2021.
- Marijuana use only reports with children 3 and older, effective April 1, 2021.
- Educational neglect, effective August 16, 2021.

Effective June 1, 2021, every screen-out report (including child fatalities and near fatalities) will be reviewed by one hotline supervisor, then sent to the local DCS offices, where one member of management will be designated to make the final determination within 24 hours.

Effective February 28, 2022, a practice change was implemented where DCS Hotline would no longer document certain reports that provide no value. Examples include wrong numbers, immediate disconnects, internal DCS conversations, or simply transferring a call to another worker within the Hotline.

In FFY 2023, a practice change was implemented regarding linking a new Preliminary Report of Alleged Child Abuse or Neglect (310) to an open assessment or withdrawing a 310, when used appropriately, may avoid duplication of effort.

Children

Indiana continues to work with its field staff responsible for entering reports and completing assessments and emphasizing the importance of entering all applicable data, including child risk factors. Indiana completes daily Assessment Staffings between field workers and supervisors, which emphasizes ensuring the safety of children as quickly as possible.

In FFY 2021, Indiana streamlined their assessment completion processes for SafeACT assessments (where all children in the assessment are deemed clearly safe). Streamlining these processes should allow workers to initiate and complete all assessments more timely.

Fatalities

All data regarding child fatalities are submitted exclusively in the Child File. Fatality counts for the FFY are based on the date of an approved, substantiated, fatality assessment. DCS completes a review of all child fatalities that fit the following circumstances:

- children under the age of 3: the child's death is sudden, unexpected or unexplained, or there are allegations of abuse or neglect;
- children age 3 or older: the child's death involves allegations of abuse or neglect.

Reports for fatalities can be made from multiple sources, including DCS, law enforcement, fire investigator, emergency medical personnel, coroners, the health department, or hospitals. Reports can be made from these sources related to drownings, poisonings/overdoses, asphyxiation, etc., which may include accidents. It is the intention for these reporting standards not only to be used to determine if abuse or neglect was involved but also as an evaluation tool to inform practice.

Services

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

In FFY 2021, a CBCAP COVID grant was added as a separate federal funding source and, in FFY 2023, an NCAN COVID grant was added. These supplemental grants allowed Indiana to serve more children. On June 1, 2020, Indiana Family Preservation Service was launched. This service is required to be referred on all new in-home Children In Need Of Services (CHINS) and program of Informal Adjustment (IAs) after this date. This service is a per diem that encompasses all services that the family needs to remain safely in the home with their caregivers.

Iowa

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General

Iowa's child welfare system incorporates two distinct pathways for responding to reports of suspected child abuse:

- **Child Abuse Assessment Pathway**
 - Requires a formal determination of whether abuse occurred.
 - Includes an evaluation of whether criteria for placement on the Child Abuse Registry are met.
- **Family Assessment Pathway**
 - Focuses on identifying family strengths and needs.
 - Connects families with appropriate support services.
 - Does not involve a determination of abuse or registry placement criteria.

Both pathways contribute to data reporting for the NCANDS, ensuring comprehensive insights into child welfare outcomes.

A 90-day pilot was conducted during which all reports from mandatory reporters were accepted. This pilot allowed us to review data to ensure that our standard acceptance practices accurately captured cases requiring assessment and addressed concerns about potentially overlooking such cases. The data collected during the pilot did not indicate a need to modify our current acceptance practices.

Legislative Changes Impacting FFY 2024 Data: Effective Monday, July 1, 2024, several legislative changes went into effect. There were two categories of abuse added:

- Grooming is to be considered when an a child is groomed for the purposes of unlawful sexual conduct. This law has an enactment date of 7/1/2024.
- Continuous Sexual Abuse of a Child was enacted on 7/1/2020. It is now to be considered when assessing multiple sex acts perpetrated against a minor by a person who is at least 18 years of age or who is a caretaker. This category of abuse has occurred when 3 or more sex acts were perpetrated with at least 30 days' time lapse between the first and last sex act.

The following are a list of 2024 law changes impacting child welfare:

- **Mandatory Reporting in Schools:** This bill modifies mandatory reporting of certain school employees to the board of educational examiners, complaints against school employees and the investigation of complaints against school employees, and the responsibilities of the Department of Education and the Board of Educational Examiners.
- **Mandatory Reporter Training:** This bill omits the one-hour recertification courses for both child and dependent adult abuse and requires all mandatory reporters of child and dependent adult abuse to complete, every three years, the core training curriculum provided by HHS.

- **Access to Juvenile Court Social Records:** This bill requires the court to disclose records that are confidential if the records were filed in a Child In Need of Assistance (CINA), Termination of Parent-Child Relationship (TPR), or Family In Need of Assistance (FINA) proceeding to which HHS is a participant.
- **Internal Adoption Information Sharing:** This bill authorizes HHS personnel to disclose information to personnel within HHS for the purposes of ensuring continuity of the Department's services to the child.
- **Dependent Adult Abuse Information to Tribal Courts:** This bill provides authorization for Tribal courts, a Tribal prosecutor, or Tribal services to access both founded and unfounded dependent adult abuse information.
- **Minor Guardianship and Conservatorship:** This bill provides for the creation, administration and termination of adult and minor guardianships and conservatorships.
- **Sexual Exploitation of a Minor:** This bill amends sexual exploitation of a minor to define visual depiction of a minor as any visual depiction that has been created, adapted, or modified to give the appearance that an identifiable minor is engaged in a prohibited sexual act or the simulation of a prohibited sexual act; identifiable minor is defined as a person who was a minor at the time the visual depiction was created, adapted, or modified, or whose image as a minor was used in creating, adapting, or modifying the visual depiction and is recognizable as an actual person by the person's face, likeness, or other distinguishing features; and to clarify that proof of the actual identity of the identifiable minor is not required.
- **Grooming:** This bill establishes a criminal offense of grooming and provides penalties.
- **Bestiality:** This bill modifies the definition of sex act as it relates to bestiality.
- **Boards and Commissions Review :** This bill merges the Iowa child death review team and the domestic abuse death review team into one state mortality review committee, along with elimination or merger of other boards and commissions.
- **Elimination of Certain Required Reports:** This bill eliminates certain required reports by and duties of HHS.

These updates reflect Iowa's commitment to evolving its child welfare system to better serve children and families, enhance legal representation, and address critical safety and permanency issues. The adjustments are anticipated to influence how data is reported to NCANDS and how services are delivered statewide.

Reports

The number of suspected abuse reports in FFY 2024 when compared to FFY 2023.

Children

The number of abuse victims in FFY 2024 decreased slightly, from FFY 2023. Policies and procedures regarding the referral of infants with prenatal substance exposure remain unchanged. However, efforts to ensure affected infants are identified and receive Safe Plans of Care continue to grow, including increased conversations with medical provider partners and expanded training for child welfare staff.

Fatalities

While Iowa's Child Death Review Team reviews all sudden, unexpected, or nonnatural child fatalities, Iowa Agency File fatalities are specifically derived from data maintained internally by the Iowa Department of Health and Human Services (HHS). HHS assesses infant and child deaths only when there is an allegation of abuse.

In FFY 2024, the number of child maltreatment fatalities decreased, the majority of these cases were related to:

- Physical abuse causing deaths which were ruled a homicide: In each of these cases, the caregiver was charged with murder.
- Unsafe sleep practices: Fatalities occurred in childcare settings where providers, despite being trained in safe sleep practices, failed to implement them properly.

Perpetrators

In Iowa, perpetrators of child abuse are defined as individuals of any age with caregiver responsibilities at the time of the alleged abuse, persons 14 years or older who sexually abuse a child they live with, or individuals who engage in or allow child sex trafficking. In alignment with federal regulations, anyone involved in child sex trafficking is considered a perpetrator of child abuse and is included in NCANDS reporting, even if they are not traditional caregivers.

In FFY 2024, the largest percentage increase in abuse incidents was observed among childcare providers. Conversely, the most significant decrease was among group home or residential facility staff. Parents also decreased.

Other decreases included incidents involving legal guardians, parents' unmarried partners and perpetrators categorized as missing or unknown. Notably, for the second consecutive year, no assessments identified perpetrators as relative foster parents, nonrelative foster parents, other professionals, friends, or neighbors.

Services

Iowa provides both preventive and postresponse services to support families and protect children.

Preventive services, known as Non-Agency Voluntary Services, are offered voluntarily to families following an assessment where the abuse allegation is either unsubstantiated or confirmed (substantiated but not placed on the central abuse registry) with a low or moderate risk of abuse. Delivered through contracts with external partners, these services aim to keep children safe, maintain family integrity, prevent future child welfare involvement, and connect families to community-based resources.

Postresponse services referred to as Family-Centered Services (FCS), are required for families where the abuse allegation is confirmed (substantiated but not placed on the central abuse registry) with a high risk of abuse or where the abuse allegation is founded (substantiated and placed on the central abuse registry), regardless of risk level. Managed by Iowa's child welfare agency and provided through external partners, these services offer culturally

sensitive interventions. The goal is to ensure child safety, promote permanency, and support family well-being. These services include:

- **Family Casework:** The primary in-home service, incorporating Motivational Interviewing to engage families effectively.
- **SafeCare:** A standalone evidence-based intervention available for both Agency and Non-Agency cases, focusing on building parenting skills and ensuring child safety.
- **Family Preservation Services:** A 10-day intensive service designed to maintain family unity when children are at imminent risk of being removed from the home.
- **Family Interactions:** Services supporting meaningful and structured interactions between family members during periods of separation.
- **Kinship Navigator Services:** Support services that assist kinship caregivers in accessing resources and navigating systems.

Kansas

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General

Kansas has had recent changes in policies, programs and procedures impacting the FFY 2024 NCANDS data submission. For example, regarding the Protection Reporting Center, screening tools for new reports were adjusted in an effort to further align with the Kansas Practice Model. Additionally, Kansas has made efforts to educate mandated reporters and communities so that there was more awareness surrounding the availability of community services. We believe this may have contributed to seeing more reports, more alleged victims, and more perpetrators in the NCANDS data.

Kansas has four types of screened-in reports in Kansas. Three of which are not included in the NCANDS file as they are not related to maltreatment. Report types in Kansas:

- Family In Need of Assessment (FINA) report types are assigned to assess a family for services and refer to services if needed or provide other resources to the family. These are not maltreatment reports and are not reported with the NCANDS file. These reports do not have an alleged victim or alleged perpetrator and there is no safety determination, but contact is made with the child(ren) and family.
- Interstate Compact for the Placement of Children (ICPC) report types are assigned when another state requests a home study on a potential placement for a child in their custody in the state of Kansas and that child is subsequently placed in Kansas.
- Independent Living Services (ILS) reports are assigned when a young adult is referred to Independent Living Services.
- Abuse/Neglect (AN) reports require an investigation to determine the validity of the report and an assessment to determine if further action may be needed. This report type does have an alleged victim, alleged perpetrator, and a finding decision is made. These are maltreatment reports and are reported in the NCANDS file.

Reports

Kansas workforce data are calculated using full-time equivalents (FTEs). The Protection Reporting Center updated screening tools to further align with the Kansas Practice Model. Calls or Web Reports are made to the Kansas Protection Reporting Center. Utilizing the Kansas Intake Guidance, the screener conducts an initial assessment based on information gathered to determine if there are reasonable grounds to believe abuse/neglect exists, if immediate steps are needed to protect the health and welfare of the child, and/or if the family is in need of assessment to determine if services to the child and family are indicated. At that point, the determination is made if the report is Not Assigned for Further Assessment or An Investigation and/or further assessment is indicated. If it is the latter, that report is then sent to the region of the state the family resides in for assignment to a practitioner who will then make contact with the family for further assessment.

Children

During FFY 2024, there was an increase in victims. This is due to various reasons such as an overall increase in reports, service awareness in the community, etc. Per state policy, Kansas

Kansas *(continued)*

requires interviews with siblings residing in the same home, facility or placement with the alleged victim. If the sibling is pre-verbal or non-verbal and not interviewed, the child shall be observed for harm.

Kansas does not differentiate between alcohol abuse from drug abuse risk factors in reporting.

This is not the first year of reporting IPSE with a plan of safe care to NCANDS. There are barriers for criteria to be met and the plan of safe care are to be completed on a report that is reported to NCANDS. Plans of safe care are often referred on FINA reports, which are not reported to NCANDS as they are not considered maltreatment reports. This is not the first year of reporting IPSE with referral to services to NCANDS. There are barriers for criteria to be met and the plans of safe care are to be completed on a report that is reported to NCANDS. Appropriate services are often referred on FINA reports, which are not reported to NCANDS as they are not considered maltreatment reports.

Fatalities

The Kansas State Child Death Review Board (SCDRB) is administered by the Office of the Kansas Attorney General. Membership includes: one member each from the Office of the Attorney General, the Kansas Bureau of Investigation, the Department for Children and Families, the Kansas Department of Health and Environment, and the Department of Education; four members appointed by the Board of Healing Arts: a district coroner, a pathologist, and two pediatricians; one representative of a child advocacy group appointed by the Attorney General; and one county or district attorney appointed by the Kansas County and District Attorneys Association.

The SCDRB is unique in its duties as it is the only entity in the state of Kansas that conducts a thorough review of each child death by analyzing medical records, law enforcement reports, child welfare histories, school records, and other pertinent information including birth certificate, death certificate and autopsy findings. The information collected is maintained confidentially and is used to review and analyze the circumstances of each child's death. This review allows the Board to assist other agencies in prioritizing education and prevention efforts. The Board members and staff collaborate with other agencies including the Kansas Department for Children and Families (DCF) on child safety issues, testify on pertinent legislation, conduct trainings, and serve on committees and task forces to support the work of protecting Kansas children.

Perpetrators

A child must be 10 years old to be considered a perpetrator. Not related (NR) is used for the Other perpetrator relationship. Kansas includes noncaregiver perpetrators of sex trafficking in the submission to NCANDS.

Services

Kansas outsources all services.

Kentucky

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General

The department has begun the tasks associated with the implementation of a true alternative response system. With full implementation of an alternative response statewide, the department anticipates a decrease in the number of past due investigations/assessments. Northeastern and Two Rivers service regions implemented Alternative Response in the fall of 2023. In 2024, alternative response rolled out to Jefferson, Northern Bluegrass, Cumberland, Eastern Mountain, and Salt River Trail service regions. Full statewide implementation is expected by summer 2025.

Kentucky's business practice allows multiple maltreatment levels to be present in a single report. For example, one report could have a disposition/finding of unsubstantiated and services needed if it was determined that maltreatment did not occur, but the family needed services from the agency. In FFY 2018, Kentucky altered NCANDS reporting to reflect this policy change. However, during NCANDS data submission and validation any mixed investigation/assessment reports are removed. NCANDS guidance is to report separately.

Reports

Each of the nine service regions in Kentucky houses a central intake (CI) team which operates the statewide abuse and neglect reporting system. Due to the high volume of reports and population size, Jefferson County has two CI teams. All ten CI teams are housed under one statewide branch focused on serving their respective service region. The statewide call platform was implemented in July 2019 with all teams online by March 2020. A partnership with Seven Counties Services, Kentucky's after-hours hotline operator, began in 2022 and was implemented January 2023. This expanded the number of employees and ensured more calls were answered in a timely manner.

To slow down the intake process and gather the information needed to make better decisions for assessing reports for acceptance, the Department took steps to enhance the skills of intake staff through the implementation of the Structured Decision Making® (SDM®) Intake Assessment Tool. The SDM® Intake Assessment Tool was released for staff use on April 2, 2022.

Efforts to address staff turnover and decrease caseloads to stabilize the workforce have continued. CPS workforce data for Kentucky only includes full-time equivalents (FTEs).

The state does not collect in-depth information regarding the number of children who are in screened-out referrals that do not meet criteria for abuse or neglect. However, with the implementation of community response, it is the goal to improve data collection for every individual in referrals that are screened out to provide the information to community response partners.

Kentucky *(continued)*

In January 2018, the state implemented new response times based upon the safety threats and risk factors identified by the reporting source. Prior to this change, each maltreatment type had a single response time, e.g., all reports alleging sexual abuse had a response time of one hour. The response times were overall increased with this change, which likely is the cause of the continued increase to average response time in this submission. In addition, the responsibility of determining response times during normal business hours was transferred from field staff supervisors to central intake supervisors. With the addition of alternative response in early implementation sites throughout Kentucky, came an increase in response time, as those reports are allowed up to five business days for initiation. This led to an overall increase in initiation hours in the FFY 2024 submission.

Kentucky has the following disposition findings for investigations/assessments: fatality/near fatality substantiated, found/substantiated, substantiated, unsubstantiated, and services needed. For the purposes of NCANDS reporting, services needed is mapped to the NCANDS disposition of alternative response nonvictim.

Children

The Child Protection Branch completed revisions to Intake and Investigation procedures to align with changes resulting from the new intake tool release and to better align with current regulations. This may have played a role in the increase of victims reported in FFY 2023. This number stabilized in FFY 2024.

Kentucky's Investigation Protocol indicates unannounced face-to-face interviews should be completed with all household members including all other children in the home.

The Department updated its Comprehensive Child Welfare Information System (CCWIS) screens in 2022 to indicate whether an individual is a victim of human trafficking, and to distinguish between labor and sex trafficking. The Department publishes an annual human trafficking report to the Legislative Research Commission (LRC), which includes data on demographics, trends, and case findings regarding human trafficking reports. Across the state, community partners utilize the report to guide practice for service delivery to victims of human trafficking.

Fatalities

Kentucky has a systems safety review (SSR) team that reviews all cases involving a child fatality in an active CPS case and/or accepted as an investigation with the fatality/near fatality designation. An initial review is completed by a system safety analyst and is then presented to the multidisciplinary team (MDT) for consideration of a comprehensive analysis. The state investigates only child fatalities that are a result of maltreatment.

The state uses CCWIS to capture information on child fatalities related to maltreatment. For every fatality investigated as a possible death caused by maltreatment, the investigator obtains a copy of the official death certificate and autopsy conducted by the medical examiner from the Department of Public Health. The state noted an increase in accidental overdose death from FFY 2023 to FFY 2024.

Perpetrators

The number of perpetrators in Kentucky stayed relatively the same from FFY 2023 to FFY 2024. Kentucky has worked diligently over the past several years to implement a safety model which includes the implementation of SDM® Intake Assessment Tool and a thorough review and modification of the state's acceptance criteria to ensure a focus upon children and families with true safety threats versus risk factors.

Kentucky's Acceptance Criteria states: *A report that meets child abuse, neglect, or dependency criteria which involves an alleged perpetrator between the age of twelve (12) and seventeen (17) years old who is in a caretaking role will be accepted. If substantiated, the child aged twelve (12) to seventeen (17) will be identified as the perpetrator.*

In 2022, Kentucky revised program areas specifically related to human trafficking allegations to ensure noncaretaker reports were accepted. The revised program/subprograms are now

- human trafficking-sexual-caretaker,
- human trafficking-labor-caretaker,
- human trafficking-sexual-noncaretaker, and
- human trafficking-labor-noncaretaker.

Findings of human trafficking confirmed or human trafficking not confirmed are associated with noncaretaker reports of human trafficking.

Acceptance Criteria also states: *Child sex trafficking when a noncaretaker is the alleged perpetrator involves any sex act involving a minor in exchange for anything of value. This includes but is not limited to cash, drugs, jewelry, clothing, food, shelter, protection, or transportation. This could also include the offer or intent to exchange something of value for sexual favors.*

Services

Many of Kentucky's prevention services are provided by contracted service providers. As identified in the five-year FFPSA Prevention Plan, children meeting Kentucky's foster care candidacy definition total over 27,000, with Kentucky having the capacity to meet 1/5 of the need with contracted prevention services. Kentucky continues to pursue diligent efforts to expand child welfare contracted prevention services, including stakeholder partnership and advocacy for additional funding from the legislature.

Kentucky invested over \$9.5 million in tertiary prevention services from SFY 2019 to present, along with leveraging partnerships with other agencies to serve target populations. START and KSTEP both expanded through partnership with KORE through funding from the DBHDID Substance Abuse and Mental Health Services Administration (SAMHSA) grant to serve geographic areas of need and additional families. Both programs were sustained beyond the title IV-E waiver demonstration project to assist Kentucky families affected by substance use disorder; cases often resulting in removal absent these services. KSTEP expanded from four counties to four regions since SFY 2019. Kentucky also expanded in CY 2021 to include an additional prevention pilot to deliver Multisystemic Therapy (MST) in two service regions.

Kentucky *(continued)*

The Department is utilizing supplemental funding to provide additional services and supports to families across the state. Supplemental CBCAP funding has been used to expand services under Community Collaboration for Children (CCC), which is available in all parts of the state but especially critical in rural areas where other services may be sparse. The goal is to decrease CCC in-home services waitlists, provide concrete supports for families, expand PEMs, and enhance primary prevention efforts through the local regional networks.

In addition, Kentucky is one of the jurisdictions selected for the Thriving Families, Safer Children initiative. These supplemental CBCAP funds will support this initiative. CBCAP aligns with Thriving Families, Safer Children for primary and secondary prevention. The goal in Kentucky will be to increase the availability of supports, services, and resources within local communities to assist families in becoming successful in raising safe and healthy children, while enhancing the well-being of families.

Kentucky had the opportunity to expand the Family Preservation Program (FPP) to serve more families and train further in Family First Prevention Services Act (FFPSA) evidence-based practices (EBPs), through use of state general funds in calendar year (CY) 2022. FPP expanded in CY 2022 to serve additional families through an open solicitation, allowing for providers to submit proposals including budgetary needs to address barriers to staffing capacity.

As a result of advocacy efforts for greater focus on prevention, DCBS received an additional \$20 million appropriation of state general funds to be utilized for prevention services in SFY 2022, allowing expansion of the Kentucky Strengthening Ties and Empowering Parents (KSTEP) program. KSTEP has expanded from four counties to four service regions since SFY 2019. All KSTEP service areas are now sustained through state funding and federal reimbursement through FFPSA. The average cost per child served by KSTEP in CY 2022 was \$9,104.00. The current average cost per child in out-of-home care (OOHC) is \$59,027.00. This is a cost savings of almost \$50,000 per child by utilizing programs like KSTEP that prevent children from entering OOHC.

Parent engagement meetings (PEMs) were implemented in 11 rural areas in calendar year 2022 thanks to additional prevention state general funds and Community-Based Child Abuse Prevention (CBCAP) funding through the American Rescue Plan Act (ARPA). Discussions among DCBS leadership continue regarding the prioritization of funding for all prevention services, including PEMs. In FFY 2024, PEMs were increased to include 18 sites. As a result of the PEM program, 85% of families served were not referred to the child welfare system for educational neglect.

A reorganization occurred in 2022 that created a division within DCBS focused on prevention and community efforts. The Division of Prevention and Community Well Being (DPCW) houses three branches, Primary Prevention, Community Response and Well-Being, and Prevention Evidence-Based Practices, that focus on primary, secondary, and tertiary prevention efforts.

For tertiary prevention, Sobriety Treatment And Recovery Teams (START) and KSTEP both expanded through a partnership with the Department for Behavioral Health, Development

Kentucky *(continued)*

and Intellectual Disabilities’ (DBHDID) Kentucky Opioid Response Effort (KORE), to serve geographic areas in of need of services, and additional families. Both programs were sustained beyond the title IV-E waiver demonstration project to assist Kentucky families affected by substance use disorders (SUD). Families with these risk factors often experience removal absent these services. DCBS received an additional \$20 million appropriation of state general funds to be utilized for prevention services in SFY 2022. In CY 2022, DCBS completed an RFP for the FPRP, which included adding an additional 25% of funding statewide. In addition to increasing flexible funding to meet concrete needs from \$500 to \$1000 per family.

Kentucky expanded FPP to serve more families and train further in FFPSA EBPs, through use of State General Funds in CY 2022. A Title IV-E Five-Year Prevention Plan amendment was approved in CY 2021, to include expanded use of Motivational Interviewing (MI) and use of High-Fidelity Wraparound. Another amendment was submitted to the Children’s Bureau in March 2022 to add Intercept® as an EBP. This amendment was approved in September 2022. Intercept® is an EBP through Youth Villages piloting in Cumberland, Southern Bluegrass, and The Lakes service regions. A third amendment has been submitted for review to include KSTEP as an EBP for transitional claiming, to expand the definition for candidates for foster care to include children who have come to the attention of the child welfare agency, and child welfare workers utilizing MI as an EBP.

The additional contracting of a FPP agency in Northern Kentucky has been successful in serving an additional 74 families, targeting older youth to mitigate congregate care placement. In January 2023, a third pilot began in Southern Bluegrass Service Region with KVC. The department requested an additional \$10 million for SFY 2025 and \$10 million for SFY 2026 for the next budget biennium.

Louisiana

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General

The Louisiana Department of Children and Family Services (DCFS) continues to review and revise the extraction methodology used to extract the Child File. These changes often reflect system enhancements that were completed since the previous submission, requiring updates to how DCFS data is mapped. Further, the Department revises the extraction process to address identified gaps in reporting as well possible corrections to errors identified during the extraction process in an attempt to improve overall data quality. The Department is currently in the planning phase of implementing a new CCWIS system to capture all NCANDS requirements in an effective and efficient manner.

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

Reports

During FFY 2024, Louisiana saw a decrease in reports in the Child File as compared to FFY 2023. This is due to a decrease in the number of reports received that met the legal requirement to open an investigation.

In Louisiana, referrals of child abuse and neglect are received through a centralized intake center that operates on a 24-hour basis. The centralized intake worker and supervisor review the information using a structured, safety model tool to determine whether the case meets the legal criteria for intervention. Referrals are screened in if they meet three primary criteria for case acceptance:

- A child victim younger than 18 years
- An allegation of child abuse or neglect as defined by the Louisiana Children’s Code
- The alleged perpetrator meets the legal definition of whom the agency is authorized to investigate.

The primary reason for screened-out referrals is that either the allegation or the alleged perpetrator does not meet the legal criteria. Newborns affected by the mother’s use of a controlled dangerous substance taken in a lawfully prescribed manner are also screened out, and reported in the Agency file. Some intake reports are neither screened-out nor accepted. These additional information reports are often related to active investigations, in-home services cases, or out-of-home services cases. Generally, if a second report is received and is still under investigation, the second report is classified as an additional information report.

The Department uses a 4-pronged Response Priority system; the four separate priorities are Priority 1 (contact within 24 hours), Priority 2 (contact within 48 hours), Priority 3 (contact within calendar 3 days), and Priority 4 (contact within 5 calendar days). Louisiana no longer employs the Alternative Response model.

Louisiana *(continued)*

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

- An act or a physical or mental injury which seriously endangered a child's physical, mental or emotional health and safety; or
- A refusal or unreasonable failure to provide necessary food, clothing, shelter, care, treatment or counseling which substantially threatened or impaired a child's physical, mental, or emotional health and safety; or a newborn identified as exposed to chronic or severe use of alcohol; or, the unlawful use of any controlled dangerous substance or in a manner not lawfully prescribed; and,
- The direct or indirect cause of the alleged or other injury, harm or extreme threat of harm is a parent; a caretaker as defined in the Louisiana Children's Code; a person who maintains an interpersonal dating or engagement relationship with the parent/caretaker/legal custodian; or a person living in the same residence with the parent/caretaker/legal custodian as a spouse, whether married or not.

The NCANDS disposition of unsubstantiated investigation case is coded in the state as having a disposition of invalid. This disposition is defined as a case with no injury or harm, no extreme risk of harm, insufficient evidence to meet validity standard, or a non-caretaker perpetrator. If there is insufficient evidence to meet the agencies standard of abuse or neglect by a parent, caretaker as defined in the Louisiana Children's Code; a person who maintains an interpersonal dating or engagement relationship with the parent/caretaker/legal custodian; or a person living in the same residence with the parent/caretaker/legal custodian as a spouse, whether married or not, the allegation shall be found invalid. If there is evidence that any person other than the parent, caretaker as defined in the Louisiana Children's Code; a person who maintains an interpersonal dating or engagement relationship with the parent/caretaker/legal custodian; or a person living in the same residence with the parent/caretaker/legal custodian as a spouse, whether married or not, the case will be determined invalid.

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

Louisiana also employs the use of an Unable to Locate finding and a Client Non-Cooperation finding. The Unable to Locate finding is used when the Department has made extensive efforts to locate the alleged victim and their family – for example, attempted in-person contact at the address supplied by the reporter and other addresses found via a global record search (SNAP, FITAP, Medicaid, etc.) and Consolidated Lead Evaluation and Reporting search (CLEAR); attempted contact via phone; or a neighbor or relative is unable to provide

Louisiana *(continued)*

information on the client's whereabouts. If the Department is unable to locate the family after these efforts, this finding may be used.

A finding of Client Non-Cooperation shall be used only in instances in which the Department is completely thwarted in attempts to complete the investigation by the parents' refusal to participate in the investigation. Several conditions need to be met to use this finding: (1) the worker has made reasonable effort to interview the client; (2) Law enforcement has not been able to assist or refused to assist with efforts to interview the client; and, (3) the district attorney has chosen not to pursue further action; or, (4) the court has refused to order the client to cooperate.

Children

Increased focus has gone to drug and alcohol affected newborns. However, reporting in this area has been difficult due to a number of Plan of Safe Care and Referral cases were dropped as a result of staff not accurately documenting the plan of safe care. Further, staff will be given additional guidance regarding when to identify a plan of safe care as being in place.

The agency has provided more guidance on public awareness on Human Trafficking due to Act 622 that was passed during the 2022 Regular Legislative Session which resulted in more Human Trafficking reports. The law went into effect January 1, 2023 and requires that Mandatory reporters shall report all alleged child sex trafficking to DCFS regardless of whether there is alleged parental or caretaker culpability.

During FFY 2024 Louisiana saw a decrease in children reported in the Child File as compared to FFY 2023. This is proportional to the decrease in the number of reports received that met the legal requirement to open an investigation.

Fatalities

Louisiana saw a decrease in the number of fatalities reported in the Child File from FFY 2023 to FFY 2024. Policies around child fatality reviews did not change in 2024. The State Child Death Review panel continues to meet on a regular basis.

The State Child Death Review panel consists of the state health officer or his designee, the secretary of the Louisiana Department of Health or his designee, the secretary of the Department of Children and Family Services or his designee, the superintendent of the office of state police or his designee, the state registrar of vital records in the office of public health or his designee, the attorney general or his designee, a member of the Senate appointed by the president of the Senate, a member of the House of Representatives appointed by the speaker of the House of Representatives, the commissioner of insurance or his designee, the executive director of the Highway Safety Commission of the Department of Public Safety and Corrections or his designee, the state fire marshal or his designee, the assistant secretary of the office of behavioral health of the Louisiana Department of Health or his designee, a representative of the Louisiana Partnership for Children and Families, a district attorney appointed by the Louisiana District Attorneys Association, a sheriff appointed by the Louisiana Sheriff's Association, a police chief appointed by the Louisiana Association of Chiefs of Police, a forensic pathologist certified by the American Board of Pathology and licensed to practice medicine in the state appointed by the chairman of the Louisiana State

Louisiana *(continued)*

Child Death Review Panel subject to Senate confirmation, a pathologist experienced in pediatrics appointed by the Louisiana Pathology Society, a coroner appointed by the president of the Louisiana Coroner's Association, the state superintendent of education or his designee, the director of the bureau of emergency medical services of the Louisiana Department of Health or his designee, and six persons appointed by the governor, subject to Senate confirmation, for a term of three years as follows:

- A health professional with expertise in Sudden Infant Death Syndrome appointed from a list of three names submitted by the Louisiana State Medical Society.
- A pediatrician with experience in diagnosing and treating child abuse and neglect appointed from a list of three names submitted by the state chapter of the American Academy of Pediatrics.
- Four citizens from the state at large who represent different geographic areas of the state.

Perpetrators

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

Services

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

Maine

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General

Maine continues to utilize the Structured Decision Making (SDM) Intake Screening and Response Priority Tool. It ensures that all reports received are investigated for meeting the statutory threshold for an in-person Office of Child and Family Services (OCFS) response. It identifies how quickly to respond, and the path of response.

Reports

The number of alleged abuse and neglect reports received by Maine's Intake Unit increased slightly in FFY 2024 from FFY 2023, however the number of reports assigned to investigation decreased. All reports, including reports that are not appropriate, and are referred to as screened out, are documented in the Comprehensive Child Welfare Information System (CCWIS). The screening decision is performed at the Intake Unit using the SDM Tool. Reports that do not meet the statutory definition of child abuse and/or neglect and which the criteria for appropriateness of child abuse /neglect report for response is not met, are preliminarily screened out. The Maine statutory definition of child abuse and/or neglect is a threat to a child's health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these or failure to ensure compliance with school attendance requirements by a person responsible for the child.

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

Children

The total number of victims associated with completed investigations in FFY 2024 decreased slightly from FFY 2023 due to the overall decrease investigations assigned. The state documents all household members and other individuals involved in a report. Some children in the household do not have specific allegations associated with them and so are not designated as alleged victims. These children are now included in the NCANDS Child File for Maine.

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

Fatalities

In FFY 2019 Maine began the collection and ability to track child deaths at time of report, during investigation or while in care. This information is now available in the Child File for

Maine *(continued)*

deaths that occurred after June 2019. Various state offices, along with the multidisciplinary child death and serious injury review board continue to share and compile child fatality data.

Perpetrators

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

Services

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

Maryland

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General

In 2024 there were new state laws passed impacting Child Welfare which may affect data submitted to NCANDS:

- In 2024 Maryland passed House Bill 0508 which categorizes Child Labor Trafficking as a form of child physical abuse which will be investigated by Child Protective Services (CPS) across its 24 jurisdictions.
- The Definition of Kin was updated. Kin is now defined as an individual who is related to the child through blood or marriage, adoption, tribal law or custom, or cultural custom or practice; an individual who is unrelated to the child but has a strong familial or other significant bond with the child; or a person identified by the child's parent. This law states: In selecting a placement that is in the best interests of a child in need of out-of-home placement, in the absence of good cause to the contrary, the local department shall give preference to placement with a kinship caregiver. The local department shall exhaust all reasonable resources to make proactive, thorough, and timely efforts to locate a kinship caregiver for initial placement of the child. The Department of Human Services (DHS) released an updated Kinship Care policy and regulations because of this law.
- The updated Safe Haven law was enacted. This law mandates that DHS create, implement, maintain, and distribute public information regarding Safe Haven. Additionally, DHS is required to regularly provide Safe Haven program information to designated Safe Haven facilities, health departments (both state and local), Local Departments of Social Services (LDSS), and publicly funded educational institutions. This may lead to an increase in the number of babies relinquished to the department.

There are no other major state policies, programs or procedures that impact this submission.

Maryland has two types of responses to screened-in referrals: Alternative Response and Investigative Response. Maryland's current CPS response has the following rules for Alternative or Investigative Response:

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

Alternative Response targets low risk reports of child neglect and abuse, and although the alleged victims and alleged perpetrators are noted in the record, the case does not establish findings concerning maltreatment, nor are the children receiving Alternative Response

Maryland *(continued)*

coded as victims. Instead, alternative response allows local departments of social services to help Maryland families to access services, supports and other assistance that will address their concerns. Families screened in for CPS who are eligible but refuse to participate in Alternative Response are reassigned to Investigative Response.

Investigative Response targets moderate- to high-risk reports of child neglect and abuse which results in a finding concerning maltreatment.

Both pathways are reported to NCANDS.

Children

Maryland regulations require that all children in a household are interviewed/assessed during an investigation or alternative response. The time frame for these interviews/assessments of children not initially identified as victims vary depending on the type of response. Maryland has now mapped its infants with prenatal substance exposure (IPSE) population correctly to report to NCANDS from our CCWIS. The state is reporting a full year of data, and there are no barriers within our CCWIS for reporting the IPSE population accurately.

Fatalities

Previous NCANDS submissions from Maryland included fatalities with investigation findings that were indicated, unsubstantiated, and ruled out. On closer review of the definitions and legal implications, Maryland has determined that only fatalities with an indicated finding for Neglect or Abuse should be included in the state's maltreatment fatality counts. Maryland has updated its NCANDS mapping to identify whether or not maltreatment was a factor in the child's death by verifying the maltreatment types and disposition levels.

Additionally, Maryland's NCANDS submissions were incorrectly mapped by including the initial disposition findings for cases that had been changed on appeal. Maryland reconciled these data discrepancies to report the most accurate child fatalities.

Perpetrators

Maryland currently does not have a minimum age for a perpetrator, however the age difference and difference in ability would be taken into consideration and often in the finding; the perpetrator would be unnamed and indicated more often than naming the youth offender. Maryland does report noncaregiver perpetrators of labor and sex trafficking to NCANDS.

Services

Changes in Preventive Services Funding: Maryland continues to prioritize funding for preventive services to support family stability and reduce foster care placements. While ongoing state and federal funding remains the foundation for these efforts, Maryland has also leveraged one-time federal funding through the American Rescue Plan Act (ARPA) to enhance child protective services, interagency collaboration, and community-based partnerships. This funding supported Child Advocacy Centers, providing direct assistance such as temporary aid for at-risk families, housing, transportation, and other essential needs. Additionally, ARPA funding expanded counseling and therapeutic services, parent education and training programs, emergency crisis intervention services, and mental health services.

Maryland *(continued)*

Outsourcing of Services: Yes, Maryland outsources services. The Social Services Administration (SSA), in partnership with local departments of social services, contracts with community-based organizations to provide family support and prevention programs. To meet the diverse needs of families, the agency collaborates with evidence-based service providers offering in-home parent skill-building programs, mental health services, and substance abuse treatment. These include Functional Family Therapy (FFT), Parent-Child Interactive Therapy (PCIT), Multisystemic Therapy (MST), Healthy Families America (HFA), and Sobriety Treatment and Recovery Teams—all identified in Maryland’s Family First Prevention Services Act (FFPSA) Prevention Plan to support a comprehensive, holistic approach to family well-being.

Through these efforts, Maryland remains dedicated to expanding access to preventive services, strengthening families, and ensuring child safety.

Massachusetts

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Reports

The Department's Protective Intake Policy requires non-emergency reports of abuse and neglect to be reviewed and screened in or out in one business day. Emergency reports require an immediate screening decision and an investigatory response within 2 to 4 hours.

Massachusetts uses a single child protection response, with all screened in reports of suspected child abuse and neglect assigned to investigation-trained response workers. This places the decision making regarding the appropriate level of departmental intervention after the response – the point at which the Department has interviewed the child and caregiver involved, contacted collaterals, and substantially investigated the report of abuse or neglect. Emergency responses must be completed in 5 working days; non-emergency responses must be completed in 15 working days. To complete an investigation, the policy mandates the use of the Department's Risk Assessment Tool to assess potential future safety risks to the child. In October 2019, the Department updated its Risk Assessment Tool to incorporate the latest validated research to assess child safety risk more effectively and reliably.

The number of screening and initial assessment/investigation workers listed is the estimated full-time equivalents (FTE) based on the number of screenings and initial assessments/investigations completed during the federal fiscal year (FFY), divided by the monthly workload standard for the activity, divided by 12. The workload standards are 55 screenings per month and 10 investigations per month.

Children

In Massachusetts, screening and response decisions require the lowest legal threshold, or level of proof, of reasonable cause, as required by Massachusetts state law. This allows for the capture of a broader view of children potentially in need of protective services. Response outcomes are mapped to NCANDS outcomes as follows:

- Supported is mapped to Substantiated
- Substantiated Concern is mapped to Other
- Unsupported is mapped to Unsubstantiated at the report level and to Unsubstantiated at the allegation level if the report decision is either Supported or Unsupported. If the report decision is Substantiated Concern, an allegation decision of Unsupported is mapped to Other.

Living arrangement data are not collected during investigations with enough specificity to report, except for children who are in placement. Data on child health and behavior are collected, but these data need not be entered during an investigation. Data on caregiver health and behavior conditions are not usually collected during an investigation. For both the alcohol and drug abuse elements, the indicator is marked as a yes for any information found in the health and behavior sections of the case record and for any infant with a reported allegation of Substance Exposed Newborn or Substance Exposed Newborn-Neonatal Abstinence Syndrome.

Massachusetts *(continued)*

Massachusetts has engaged in a comprehensive approach to address Human Trafficking and Sexual Exploitation of children and youth that has included:

- Updating multiple policies to integrate understanding, identifying and responding to child trafficking.
 - Accepting reports of allegations against noncaretaker alleged perpetrators.
 - Since the implementation of the new protective intake policy in 2016, the identified perpetrators have mostly been non-relatives—the relationships are identified in the Department’s system as unknown or other person.
- Training of child welfare staff and community partners.
- Maintaining an internal intranet page (available to all child welfare staff) that provides tip and fact sheets related to Human Trafficking and Sexual Exploitation of children.
- Implementing a Multi-Disciplinary Team model that primarily consists of Child Advocacy Centers, the Department, and law enforcement representatives, and includes numerous community partners.
 - Child Advocacy Centers cover the entire state and there is a Human Trafficking Coordinator within each Center.

The documentation of the presence of Plans of Safe Care and Referrals to Appropriate Services (for families of infants with prenatal substance exposure) may occur during the initial 51A report or investigation. Additionally, this information can also be captured and detailed during the Family Assessment and Action Plan that occurs on cases open for services.

Fatalities

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

As these data are not available until after the NCANDS Child File must be transmitted, the state reports a count of child fatalities due to maltreatment in the NCANDS Agency File. Massachusetts only reports fatalities due to abuse or neglect if an allegation related to the child’s death is supported. Additionally, annual counts should be considered preliminary; Massachusetts will resubmit the Agency File for prior years, if necessary, once all information from RVRS is received.

Services

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

Michigan

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General

The Michigan Department of Health and Human Services (MDHHS) is responsible for the investigation of complaints of child abuse and neglect allegedly committed by a person responsible for the child's health and welfare. MDHHS has one response to a screened-in referral. Michigan does not operate a differential or an alternate response program.

Michigan updated the maltreatment types in federal fiscal year 2024:

- Child Abuse is harm or threatened harm to a child's health or welfare that occurs through nonaccidental physical or mental injury, sexual abuse, sexual exploitation, or maltreatment by a parent, a legal guardian, any other person responsible for the child's health or welfare or by a teacher, a teacher's aide, a member of clergy, or an individual 18 years of age or older who is involved with a youth program.
- Child Neglect is harm or threatened harm to a child's health or welfare by a parent, legal guardian, or any other person responsible for the child's health or welfare that occurs through either of the following:
 - Negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care, though financially able to do so, or by the failure to seek financial or other reasonable means to provide adequate food, clothing, shelter, or medical care.
 - Placing a child at an unreasonable risk to the child's health or welfare by failure of the parent, legal guardian, or any other person responsible for the child's health or welfare to intervene to eliminate that risk when that person is able to do so and has, or should have, knowledge of the risk.
 - Threatened Harm is an action, inaction or credible verbal threat by a person responsible and absent intervention, there is a high probability that harm will occur.

Reports

Michigan did not see substantive changes to the number of referrals screened out nor amongst referrals assigned for an investigation nor was there substantive change within reporting sources.

Michigan utilizes a Structured Decision-Making protocol at the statewide Centralized Intake Division, the twenty-four-hour hotline responsible for taking all child and adult abuse or neglect concerns. The decision tool routes families to prevention services when the complaint does not rise to the level for concern of child abuse or neglect per state law to keep children and youth safe in their own communities by establishing a system rooted in family well-being, prevention, and equity.

Children

Michigan did not see a substantive change to the number of victims compared to the previous reporting period. The state can differentiate between alcohol use and drug use. Michigan's state policy indicates that CPS will investigate complaints alleging that an infant was born

Michigan^(continued)

exposed to substances not attributed to medical treatment and subsequent requirements for confirming abuse/neglect must find that a parent's substance use/abuse impacts child safety/well-being. Michigan reports infants with prenatal substance exposure and continues to collaborate with the medical community, staff, and Governor's appointed task force to ensure families impacted are offered a Plan of Safe Care through either public health or child welfare.

Fatalities

Michigan does not request child fatality data from external agencies as all child fatality records are maintained internally within the Michigan Department of Health and Human Services either through Vital Records or through referrals received by a centralized intake division involving all child fatalities when there is a concern of abuse or neglect. Michigan's Office of Family Advocate has an alert process to receive notification of all child fatalities reported and is to review the information and report to the state legislature a count of all fatalities. Michigan cross references the child fatality data from the information system with the state vital records process. Michigan receives notification of all child fatalities and investigates those where there is a concern of child maltreatment. Michigan experiences change in the number of child fatalities caused by abuse or neglect each year. If the FFY 2024 number of child fatalities increased by 12 more than the number reported in FFY 2023. To understand more about child fatalities and critical incidents, Michigan participates in an interagency and cross jurisdictional collaborative aimed at systemic improvements within child welfare systems.

Perpetrators

Perpetrators are defined as persons responsible for a child's health or welfare who have abused or neglected a child. An individual under the age of 10 years cannot be considered a perpetrator.

Michigan does not report non-caregiver perpetrators of sex trafficking referring these adults to law enforcement. This population does not meet criteria of nonparent adult or person responsible as defined in Michigan's Child Protection Law. The exception to this is when law enforcement is the reporting source, and they are reporting child trafficking concerns. In these instances, Centralized Intake is required to assign the referral for investigation and the field determines if the person is responsible and can be confirmed.

Services

Michigan continues to provide prevention and preservation services through statewide and local programing through the state prevention model, MiFamily Stronger Together. Michigan refers children birth through age three to programs under the Individuals with Disabilities Education Act (IDEA). IDEA is managed within the Michigan Department of Education and data is not available to report within the Agency File.

Minnesota

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General

Minnesota has three response paths to reports of alleged child maltreatment, currently referred to as family assessment response, family investigative response, and facility investigative response. Reports alleging substantial child endangerment or sexual abuse, as defined by Minnesota statute, require an investigative response. Child protection workers must document the reason(s) for providing an investigative response which may include statutorily required due to allegations of substantial child endangerment or sexual abuse, or discretionary use for reasons such as the frequency, similarity, or recentness of reports about the same family. Family assessment response deals with the family system in a strengths-based approach and does not substantiate or make determinations of whether maltreatment occurred; however, a determination is made as to whether child protective services (CPS) are needed to reduce the risk of any future maltreatment of the children. Acceptance into either response path, family assessment or investigative, means that a report has been screened in as meeting Minnesota's statutory definition of alleged child maltreatment, so allegations accepted for either response are reported through NCANDS.

Reports

In Minnesota, child protection staff are employees of the local agencies rather than the state. Overall, local agencies reported a slight decrease in the number of child protection staff compared to last year, while the number of supervisory staff remained the same.

Reports of child maltreatment are made directly to local child welfare agencies (counties and three tribal agencies). All three responses (family and facility investigations, and family assessment) apply to screened-in reports of alleged child maltreatment in Minnesota. There was not a significant difference in the proportion of reports screened to each type of response. A separate program, Parent Support Outreach Program (PSOP), offers early intervention supports and services to families when reports alleging child maltreatment are screened out or a family is voluntarily referred into the program. The number of children served under this program is reported under preventive services in the Agency File.

Most referrals are screened out because the stated concerns do not meet established criteria in Minnesota's Child Maltreatment Intake, Screening, and Response Path Guidelines or the definitions of child abuse or neglect under Minnesota law. Other reasons to screen out a referral include children not in the county's jurisdiction, allegations have already been assessed or investigated, not enough identifying information was provided, or the incident did not occur within the family unit or a licensed facility. There is little variation in the proportion of screened out referrals for each of the reasons across years. In addition, Minnesota Screening and Response Path Guidelines and statute apply screen-in requirements to children who were born. Screened in reports alleging substantial child endangerment or sexual abuse must be responded to within 24 hours. Other reports must be responded to within 5 days or 120 hours under Minnesota statutes.

Minnesota^(continued)

Reports with either a determination of maltreatment (substantiation) or a determination of need for child protective services are retained for 10 years. Reports with neither determination (including all family assessment response reports) are kept for 5 years. Screened out child maltreatment reports are also kept for 5 years. Timelines for record retention and destruction are set in Minnesota statutes.

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

Children

During FFY 2024 the number of victims decreased by 6.9%. The numbers of victims are based on determined/substantiated child victims in child maltreatment investigations. To ensure the safety of all children who have or had contact with an alleged offender, Minnesota statute requires other children who currently reside with, or who have resided with, an alleged offender to be interviewed in the early stages of an assessment or investigation. These children are subject to the same protections and provisions as the alleged victim.

The State currently collects and reports data related to infants with prenatal substance exposure. While there were no policy changes during FFY 2024, the State has taken efforts to improve its response through partnerships and communications. The State has also created a dashboard to monitor data timelier to support strategies for improvements.

Minnesota currently collects and reports data related to children determined to have been victims of sex trafficking. Mandated reporters must report all known or suspected sex trafficking of children to local child protection agencies, regardless of relationship to alleged offenders. All screened-in reports of sex trafficking must be investigated by child protection, regardless of alleged offender relationship. The focus of the child welfare system response to children and youth who experience human trafficking and sexual exploitation is securing safety and access to services. Service planning for trafficked or exploited youth can be complex and may include coordination with community partners, including advocates or Safe Harbor. Minnesota uses a No Wrong Door model to respond to sexual exploitation of youth and to provide services to victims. This model includes Safe Harbor regional navigators, specialized service providers, and specialized shelter and housing providers who collaborate to provide a network of services for sexually exploited youth. The No Wrong Door model also involves professionals and community members through training, outreach, and protocol development. The state has created a dashboard to monitor data timelier to support strategies for improvements.

Fatalities

The primary source of information on child deaths resulting from child maltreatment is local agency child protective services staff; however, some reports originate with law enforcement or coroners/medical examiners. Local agencies also submit the results of any local child mortality review to the department's critical incident review team. The department's critical incident review team also regularly reviews death certificates filed with the Minnesota Department of Health (MDH) and directs local agencies to enter child deaths resulting from child maltreatment, but not previously recorded by child protective services, into Minnesota's

Minnesota *(continued)*

Comprehensive Child Welfare Information System, to ensure that complete data are available.

Occasionally, a child who is a resident of Minnesota becomes the subject of an alleged CA/N related fatality in another jurisdiction. When the department's critical incident review team becomes aware of such an incident, documentation, including police reports, are requested from law enforcement in the other state. The local agency within Minnesota is asked to record the data in Minnesota's Comprehensive Child Welfare Information System.

Minnesota has a critical incident review team that conducts reviews of maltreatment related child fatalities. The review process, based on human factors and safety science, is a robust, thorough and time intensive endeavor that includes a review of the child and family's history of involvement with the child welfare system. This process results in the identification of systemic barriers and influences that impact work occurring in Minnesota's child welfare system; this information is used to inform the state's broader continuous quality improvement efforts. In addition to the critical incident review team, Minnesota has a State Child Mortality Review Panel. The multidisciplinary team include representatives from state, local, and private agencies; disciplines represented include social work, law enforcement, medical, legal, and educators.

Perpetrators

The NCANDS category of other perpetrator relationships includes other nonrelative. In Minnesota, maltreatment determinations can be made against children age 10 and older, as long as there is a preponderance of evidence. Noncaregiver perpetrators of sex trafficking are included.

Services

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

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

Services offered by local agencies vary greatly in availability between rural and metropolitan areas of the state. Although all agencies use a statewide service listing, resource development without a large customer base can be difficult. Cost effectiveness is an issue for providers who must serve large geographic areas that are sparsely populated.

Mississippi

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General

Mississippi does not have two types of responses to screened-in referrals (reports). During FFY 2024, there was no alternative response implemented for intakes.

Reports

Mississippi has a statewide, centralized hotline for receipt, assessment, and initial screening of intakes. A secondary level of screening was conducted at the county level prior to assignment by supervisors who also supervised cases. The agency developed a new centralized screening process in September 2023 with fourteen staff and one supervisor dedicated to the secondary screening of intakes statewide with no case supervision responsibilities. This has provided a much more consistent, centralized statewide screening process prior to assignment. The agency has been working to develop a Structured Decision-Making Tool, but it has not yet been implemented.

The majority of the staff handling the intake process are full-time employees. However, there are thirteen part-time MDCPS employees and three part-time staff under contract that work varying amounts of part-time hours on the weekends and holidays. The part-time staff were calculated as FTEs, depending on the number of hours worked in the fiscal year and added to the number of full-time staff performing intake functions. The supervisors were not included in this count.

Children

The Comprehensive Addiction and Recovery Act continues to assist mothers and infants affected by substance use exposure. For FFY 2024, there were 162 referrals received for CARA services. MDCPS continued the Memorandum of Understanding (MOU's) with the Mississippi Department of Mental Health, Mississippi Department of Health, and the Department of Human Services. Services for mothers and infants include community support, Medicaid, SNAP, WIC, Health education for depression, anxiety, and healthy infant development. CARA referrals are tracked through a software called Smartsheet. The providers, Mississippi Department of Health, Mississippi Department of Mental Health, and the Mississippi Department of Human Services are sent referrals through DocuSign. All comments and information are sent through Smartsheet. The information consists of successful/unsuccessful contact with the mother and/or medical provider, and if the mother accepts or denies services. Plans of safe care are completed through each provider upon receiving the referral. There are no alcohol abuse child risk factors or drug abuse child risk factor reporting limitations. The reporting period was October 1, 2023 - September 30, 2024. There were also no challenges or barriers in reporting for infants with prenatal substance exposure. Increased efforts were made to screen out intakes that are not allegations of abuse or neglect by caregivers but are situations that need to be addressed by Mississippi Department of Child Protection Services staff on active cases. Efforts and collaboration are undertaken to support and engage mothers in services that prioritize the safety and well-being of both infants and mothers, ensuring they can remain together whenever possible. Parenting Education

and Support, Substance Use Treatment and Recovery Programs, Mental Health Services, Healthcare Access, and Community-Based Support programs are aimed at addressing and strengthening the mother's ability to care for her infant safely.

Fatalities

Under Mississippi law, there is no external agency or group of agencies that report child fatalities to Mississippi Department of Child Protection Services for investigation. Instead, MS Code requires that all child fatalities be reported to the Mississippi Department of Child Protection Services child abuse hotline by mandatory reporters. Under this statute, all law enforcement officers, firefighters, child protection service employees, medical care personnel, doctors, nurses, medical examiners, coroners, health care providers, and all agents and employees of the State Medical Examiner's office, and any other persons who are designated as mandatory reporters who have knowledge or information concerning a child fatality or child near fatality must make a report to the State Child Abuse Hotline.

Further, a mandatory reporter must make a report if it would be reasonable for the mandatory reporter to suspect that a child death or child near fatality was caused by abuse, neglect, or occurred unexpectedly due to an unexplained cause.

Mississippi Department of Child Protection Services relies on mandatory reporters to inform the agency via the child abuse hotline of any deaths that may require the agency to investigate. If an employee of the Mississippi Department of Child Protection Services receives information regarding child fatality with indicators of abuse or neglect, MDCPS policy requires that employees make a report to the child abuse hotline. All infant/child deaths are not investigated. If child maltreatment is not indicated, then the report is screened out.

There was a decrease in numbers for fatalities for 2024 compared to 2023. The Mississippi Department of Child Protection Services recently made some changes to its organizational structure and practices. The structural changes included specialized investigative and well-being casework. Fatality reports are screened by the Social Service Managers in each county and assigned to a trained investigation specialist when an investigation is warranted. Fatality reports are investigated when the fatality meets statutory requirements for an investigation to occur or if there was already an open foster care or service case. The managers that screen these reports are required to have an advanced level of licensure and experience. The agency believes that recent changes in structure and improvements in practice contributed to the decrease in the number of fatalities investigated for FFY 2024.

Mississippi counts those child fatalities that are determined to be the result of abuse or neglect, that has been substantiated by MDCPS. Other sources that compile and report fatalities due to abuse and neglect are Serious Incident Reports (SIRs) and the Child Death Review Panel (CDRP) facilitated by the Mississippi Department of Health. The Child Death Review meetings are attended by a member of the MDCPS executive leadership team.

Perpetrators

MDCPS does report noncaregiver perpetrators of sex trafficking to NCANDS. Other perpetrator relationship would be selected when the alleged perpetrator's relationship to the victim is known but it does not fit into the other categories listed.

Mississippi *(continued)*

Human Trafficking laws in Mississippi stipulate that child abuse has occurred when a child is trafficked by any person, whether or not that person is the child's caregiver. Therefore, the non-relative perpetrators of Human Trafficking would be included in reporting.

Services

All prevention services are outsourced through contractual agreements to provide prevention services to children and families. Prevention and in-home services are included. In-Home services are provided through Canopy and Youth Villages. Primary prevention services are offered through Starkville Oktibbeha Discovery Center (Parent Café's and Project CARE), Health Connect America, Southern Christian Services for Children & Youth (Parent Strong), and Catholic Charities (Kinship Navigator). When a service case is opened and maintained by Mississippi Department of Child Protection Services staff, it is referred to as an In-Home service case. These cases are opened to either maintain successful reunifications after a foster care episode or prevent the need for initial removals from home into foster care.

There were funding changes for In Home Services under Preventive Services, as Intercept is being funded through American Rescue Plan Act (ARPA). Some Prevention services are contracted to two Providers. One is funded privately through Baptist Children's Village (BCV) as a support to our Preventive programs. This Preventive service through BCV is a no cost to our families as it is provided pro bono. Two Providers offer Preventive services, and these services are outsourced to the two Providers. In previous years, children who received Preventive services covered under the Promoting Safe and Stable Families Grant (PSSF) during the year were utilized by the Families First Resources Centers with some of these funds. The PSSF grant funds in-CIRCLE Family Support Services Program, or Family Preservation/Family Reunification/Family Support Services through Youth Villages. In-CIRCLE Family Support Services Program by the Provider, Canopy Children's Solution is funded through State General Funds. Canopy Children's Solutions utilized these state general funds to provide services. Youth Villages also has another Preventive Program which began services in our state November 2022. This Program is funded through the American Rescue Plan Act (ARPA).

- in-CIRCLE is an intensive, home and community-based family preservation, reunification, and support services program for families with children who are at risk of out-of-home placement. It is designed and implemented to help break the cycle of family dysfunction by strengthening families, keeping children safe, and reducing foster care and other forms of out-of-home placements. Services are also offered to families with pregnant mothers who are at high risk of the child being removed due to substance use issues once the child is born. The primary goal of the program is to remove the risk of harm to the child rather than removing the child by (1) reducing unnecessary out-of-home placements, (2) preventing and/or reducing child abuse and neglect, (3) improving family and informal concrete supports, (6) addressing mental health and substance use issues, (7) reducing child behavior problems, and (8) safely reunifying families.
- Intercept is an evidence-based program that provides intensive in-home parenting skill development to meet the individualized needs of a family and young person. Intercept is appropriate for families with children of all ages who have serious emotional and behavioral symptoms or have experienced abuse and/or neglect.

Mississippi *(continued)*

- The Dorcas In-Home Family Support Program is also another program that provides family-driven, youth-guided interventions to improve the stability of enrolled families and their ability to provide adequate care for the children for whom they are responsible. The Dorcas In-Home Family Support Program interventions increased families' access to and utilization of community resources and assistance.

For FFY 2024, In Home Services served 1,382 children through the general fund, 240 families/children were served through the No Cost funds, and 1,402 children were served through ARPA funds.

Services to child victims outside of a service case are provided through the Family Reunification and Preservation Program within the In-Home Services Unit of the Agency through Promoting Safe and Stable Families, General State Funds, ARPA, and No Cost Services.

Subgrantees have continued services for this contract year to provide step-down and soft support; whereby, it promotes less probability of reentry into the program.

Missouri

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General

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

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

Family assessment responses (alternative responses) are screened-in reports of suspected maltreatment. Family assessment reports include mild, moderate, or first-time noncriminal reports of physical abuse or neglect, mild or moderate reports of emotional maltreatment, and educational neglect reports. These include reports where a law enforcement co-investigation does not appear necessary to ensure the safety of the child. When a report is classified as a family assessment, it is assigned to staff who conducts a thorough family assessment. The main purpose of a family assessment is to determine the child's safety and the family's needs for services. Taking a non-punitive assessment approach has created an environment in which the family and the children's service worker are able to develop a rapport and build on existing family strengths to create a mutually agreed-upon plan. Law enforcement is generally not involved in family assessments unless a specific need exists.

Reports

The response time indicated is based on the time from the login of the call at the Child Abuse and Neglect Hotline Unit (CANHU) to the time of the first actual face-to-face contact with one victim identified. This is the criteria 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 followup with the family and sees all household children within 72 hours.

Missouri uses structured decision-making protocols to classify hotline calls and to determine whether a call should be screened out or assigned. If a call is screened out, all concerns are documented by the Division and the caller is provided with referral contact information when available.

The FFY 2024 referrals increase from FFY 2023. Part of the increase is due to the clean up of overdue reports. The number of reports alerted for response can vary from fiscal year based on the number of calls received, the number accepted, and the number concluded.

Children

The Division 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

Changes were made to our states' calculation initial contact using the Call being time at the Child Abuse and Neglect Hotline Until (CANHU) contact with the first victim for the Agency file by mirroring the same logic used in the Child File. Contact times have increased for the FFY 2024 submission due to this change as it was previously calculated from the alert of the report to the field. The time between the call time at CANHU and the alert time can be a significant amount of time. Most reports are alerted to the county within 20 minutes of the call received.

Missouri complies with the requirements of the 2017 Preventing Sex Trafficking and Strengthening Families Act and with the state's expansion of the definition of care, custody, and control in Missouri Children's Division policy to include those who take control of a child by deception, force, or coercion, we were able to identify any perpetrator of sex trafficking as a caregiver and include them in NCANDS data. Missouri's concern with barriers is the current lack of an evidence-based model specific to assessing, identifying, and responding to trafficking as it relates to working with children through the child welfare system. CD has worked with other states to develop a comprehensive assessment tool for child victims of both labor and sex trafficking. This new tool was incorporated into CD policy and supported by Advanced Human Trafficking training.

Missouri collects data on Plans of Safe Care in the instance of a Newborn Crisis Assessment Referral. Newborn Crisis Assessments in Missouri are not considered reports of abuse or neglect and there are no plans, in Missouri, to change the way Newborn Crisis Referrals are categorized. They will continue to be considered referrals and not reports of abuse/neglect.

Missouri statute requires medical examiners or coroners to report all child deaths to the Children's Division Central Hotline Unit. Deaths due to alleged abuse or those which are suspicious in nature are accepted for investigation, and deaths which are nonsuspicious, accidental, natural, or congenital are screened out as referrals. Missouri does determine substantiated findings when a death is due to neglect as defined in statute, unlike many other states. Therefore, Missouri is able to thoroughly track, and report fatalities as compared to states without similar statutes. Through Missouri statute, legislation created the Missouri State Technical Assistance Team (STAT) to review and assist law enforcement and the Children's Division in instances of severe abuse of children.

While there is not currently an interface between the state's electronic case management system and the Bureau of Vital Records statistical database, STAT has collaborative processes with the Bureau of Vital Records to routinely compare fatality information. STAT also has the capacity to make additional reports of deaths to the hotline to ensure all deaths are captured in Missouri's electronic case management system (FACES). The standard of proof for determining if child abuse and neglect was a contributing factor in the child's death is based on the preponderance of evidence.

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.

In the 2019 Missouri legislative session, a statutory addition to the definition of those responsible for the care, custody and control of a child was enacted. Current statutory definition of care, custody and control of a child which includes:

- The parents or legal guardians of a child.
- Other members of the child's household.
- Those exercising supervision over a child for any part of a twenty-four-hour day.
- Any adult person who has access to the child based on relationship to the parents of the child or members of the child's household or the family.
- Any person who takes control of the child by deception, force, or coercion; or
- School personnel, contractors, and volunteers, if the relationship with the child was established through the school or through school-related activities, even if the alleged abuse or neglect occurred outside of school hours or off school grounds.

The last bullet was added to the definition to provide the Children's Division an enhanced ability to investigate child abuse/neglect when the alleged perpetrator has a relationship with the victim child through school.

Missouri made a policy change to the category of other that changed the wording paramour to partner which added additional coding that fell to the other category. In FFY 2020, Missouri updated coding on our mapping document to capture partner which resulted in an elevated percent change from the other category. The other category also includes reports where the perpetrator is coded as self for the victim. These are instances usually involving older victim children that are also perpetrators themselves, to younger children on the same report, which puts them in the other category.

Missouri *(continued)*

Services

Children younger than 3 years are required to be referred to the First Steps program if the child has been determined abused or neglected by a preponderance of evidence in a child abuse and neglect investigation. Referrals are made electronically on the First Steps website or by submitting a paper referral via mail, fax, or email. First Steps reviews the paper or electronic referral and notifies the primary contact to initiate the intake and evaluation process.

Montana

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General

Montana does not have a differential response track for investigations. The state continues to make improvements to the existing case management system and has secured funding for a full CCWIS replacement in upcoming years. Montana is currently in the planning, requirement gathering, and procurement stages of this project.

Reports

Montana Child and Family Services has a Centralized Intake Bureau or call center that 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 called out to the field office. By policy, these are Priority 1 reports and require contact with alleged victims within 24 hours. All other CPS reports that require an assessment or investigation are sent to the field within 24 hours. In general, this has resulted in improved response times. Montana has had a decrease in the number of CPS reports over the past few years, reducing the total number of victims.

Children

Montana continues to conduct all investigations per policy and did not make any modifications to timeframes. Montana has not experienced any delays in investigation decisions/outcomes. Investigative procedure dictates that all children in a home are seen/assessed. There have not been any alcohol abuse or drug abuse child risk factors reporting limitations changes in Montana. There have not been any alcohol abuse or drug abuse caregiver risk factors reporting limitations changes in Montana.

Fatalities

Due to the lack of legal jurisdiction, information in our system does not include child deaths that occurred in cases investigated by the Bureau of Indian Affairs, Tribal Social Services or Tribal Law Enforcement. Not all infant/child deaths are investigated, it is dependent on if a report is made to Child and Family Services where maltreatment is suspected.

Perpetrators

Unknown perpetrators are given a common identifier within the state's data system. If a CPS report is made, Montana reports noncaregiver perpetrators of sex trafficking to NCANDS.

Services

Data for prevention services are collected by state fiscal year (SFY). the majority of preventative services are outsourced through our child welfare prevention support services

Nebraska

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General

During FFY 2024, Nebraska continued to utilize the Structured Decision Making (SDM®) model, to assess reports of child safety and risk. utilization of SDM® provides consistency in the decision-making of protective services staff from the point of accepting reports of abuse and neglect through the assessment of child safety and risk levels.

Nebraska has a two-tiered system of responding to accepted reports of abuse and neglect. Reports are assigned to a Traditional assessment or an Alternative Response. Alternative Response (AR) is an approach to keep children safe in a family-friendly way by doing things such as making appointments to see the family, asking the parents or caregivers for permission to talk to their children and other collaterals, not entering abuse or neglect findings, and offering concrete supports, among other things. AR has expanded statewide as of October 2018. Data for traditional and AR cases are reported to NCANDS.

The Division of Children and Family Services introduced Safety Organized Practice (SOP) to our staff beginning in April 2019. SOP is an approach to child welfare casework designed to help all key stakeholders—the family and professionals—involved with a child keep a clear focus on assessing and enhancing safety at all points in the case process. By employing solution-focused interviewing, proven strategies for meaningful child and youth participation, and a common language for concepts like safety, danger, and risk, SOP compliments SDM® to create a rigorous child welfare practice model that is neither too naïve nor negative in its view of families. The tools utilized in SOP are proven to enhance the development of good working relationships and create detailed practical, achievable safety plans. In the last five years, CFS has completed the roll-out of all 12 modules of SOP training statewide and is developing ongoing refresher training for staff across Nebraska.

Reports

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

Screened-out reports to the Hotline in FFY 2024 remained stable in comparison to FFY 2023. To ensure the safety of Nebraska’s most vulnerable population, in June 2019, a policy was enacted whereby all reports made by medical professionals that involve an identified child or child victim age five and under are accepted for assessment. This policy was changed in July 2023 and an override is no longer used to automatically accept these reports. In June

Nebraska *(continued)*

of 2019, Central Office program policy staff began performing second-level reviews of all reports screened out at the Hotline. The Hotline Supervisors began completing these reviews in November of 2021 and continue to complete these reviews. These reviews ensure the correct screening decisions concerning reports not accepted for assessment are made. In August 2023, an updated SDM intake screening manual was implemented. As part of this update, changes were made in how referrals containing reports of domestic violence are categorized. Previously, domestic violence was categorized as physical neglect. Now domestic violence is categorized as physical and/or emotional abuse. This resulted in an increase in physical and emotional abuse allegations during FFY 2024 as well as a decrease in physical neglect allegations.

Children

In FFY 2024, Nebraska saw an increase in unique child victims. All Agency Substantiated findings are reviewed and entered by supervisors who have administrative oversight of this process. The supervisor considering a finding of Agency Substantiated and the entry of the alleged perpetrator's name on the Central Registry must find sufficient evidence to support that the subject of the report, the alleged perpetrator, committed child abuse or neglect as outlined in state statute and determine that the evidence meets statutory requirements.

CFS experienced a decrease in the average response time. In July 2022, Nebraska changed policy to eliminate its lowest response priority timeframe, which was ten days. Nebraska now prioritizes reports as needing a 24-hour or five-day response. FFY 2023 was the first full year with this policy change in place. Nebraska has continued to focus on decreasing average response time in FFY 2024 through the development and implementation of a Work in Progress (WIP) board to assist in identifying roadblocks and/or bottlenecks in the initial assessment process.

As of August 2019, Nebraska accepts all reports of trafficking without regard to the subject (the alleged perpetrator) of the report for assessment of child safety. Findings allow for differentiation between labor and sex trafficking. However, the finding is not an accurate indication of who is a trafficking victim since often the identity of the subject is not known, and CFS cannot substantiate an unknown perpetrator or list them on the Central Registry. Most victims of sex trafficking engage in survival sex, and thus far, there is no mechanism for tracking these cases.

Beginning on April 1, 2021, CFS entered into a contract with HTI Labs to include the Providing Avenues for Victim Empowerment (PAVE) tool in the intake and assessment processes. PAVE is a screening, assessment, and referral process that connects trafficking victims to services. PAVE provides a no wrong door entry to Children and Family Services for victims of labor and sex trafficking. Any provider participating in PAVE completes the PAVE screening and forwards it to the Abuse and Neglect Hotline. The Hotline receives the report and refers it to field staff for investigation and assessment. The level of trafficking risk is assessed, and appropriate next steps and services that law enforcement and CFS Specialists can implement for victims are recommended. This will result in increased reporting, ensuring that those at risk of being trafficked, were trafficked, or are survivors of trafficking are connected with the appropriate services.

Nebraska *(continued)*

Nebraska Children continues to partner with Nebraska DHHS Children and Family Services to lead the Statewide Plan of Safe Care Core Group and the North Platte Prenatal Plan of Safe Care group, providing strategic guidance and support. In the Hastings area, the Central Navigator has taken on the initiative's leadership role within the community. Prenatal Plan of Safe Care surveys were finalized, distributed, and organized into four distinct phases: Initial, Second Trimester, Third Trimester, and Postpartum. Nebraska Children manages the collection of survey data to ensure the appropriate subsequent survey is distributed at each stage. The insights gathered from these surveys will be instrumental in guiding discussions and presentations with other communities exploring implementation of the Prenatal Plan of Safe Care binders to support healthy pregnancies and infants.

Nebraska Children has expanded awareness of the Prenatal Plan of Safe Care initiative through conference presentations. In June 2024, the initiative was presented at the Nebraska Young Child Institute, followed by a presentation in October 2024 at the Eliminating Health Disparities Conference hosted by the Division of Public Health. Plans for additional presentations in 2025 are underway, including co-presentations with mothers who have successfully utilized the binder, given birth, and taken their babies home.

Nebraska continues to prioritize the accurate identification of substance-exposed infants and the development of a Plan of Safe Care in collaboration with families to promote safety, health, and well-being of the infant and the family. This year, the state's focus has been on ensuring accuracy in identifying affected infants and developing robust, family-centered Plans of Safe Care to address their needs. Focus has also been on engaging families in a collaborative approach to planning, building trust, and tailoring services to meet their unique individual needs. Nebraska continues to strengthen collaboration between healthcare providers, DHHS, and local organizations to deliver seamless care and support to families throughout the state.

Collaboration with Nebraska DHHS Children and Family Services remains a cornerstone of this work, ensuring families are provided with resources such as the Prenatal Plan of Safe Care Binder during the prenatal period. Nebraska Children and Nebraska DHHS Children and Family Services remain committed to supporting families and communities through this initiative, leveraging technical expertise and community partnerships to make a lasting impact.

Looking ahead, efforts will focus on expanding peer support networks, analyzing survey data to refine the Binder Model, and fostering collaboration in Dakota County and beyond. The continued dedication of community partners remains instrumental in advancing the Prenatal Plans of Safe Care and making a meaningful impact on mothers, children, and families across Nebraska.

Fatalities

Nebraska reports child fatalities in both the Child File and the Agency File. While there are additional child fatalities currently under investigation in Nebraska, the investigation findings were not entered or complete during the FFY 2024. Nebraska continues to work with the state's Child and Maternal Death Review Team (CMDRT) to identify child fatalities resulting

Nebraska *(continued)*

from maltreatment but not included in the child welfare system. The CMDRT includes members from Child Welfare agencies, law enforcement, Child Advocacy Centers, County Attorney Offices, Public Health, mental/behavioral health agencies, the State Legislative Council, and medical providers, including a forensic pathologist, pediatricians, neonatologist/primatologist, behavior and development pediatrician, nurses, psychiatrists, cardiologist, and obstetrician-gynecologists. Nebraska also works with vital statistics, law enforcement, county attorney offices, hospitals, and the health department. When a child fatality is not included in the Child File, the state determines if the child fatality should be included in the Agency File. The official report from CMDRT with final results is usually made available two to three years after submitting the NCANDS Child and Agency files. Nebraska will resubmit the Agency File for previous years when there is a difference in the count than was initially reported due to the CMDRT final report. No policies were changed concerning child fatality reviews.

Perpetrators

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

In FFY 2024, Nebraska saw an increase in unique perpetrators compared to FFY 2023.

Nebraska reports noncaregiver perpetrators of sex trafficking to NCANDS. Nebraska Revised Statutes 28-710 and 28-713 require DHHS to conduct in-person investigations of trafficking regardless of the alleged perpetrator's relationship to the alleged victim. This legislation was effective in August 2019. Nebraska reports Other relationships for perpetrators of sex trafficking, including nonrelatives and other people who are not professional caregivers.

Services

Nebraska refers children younger than three years old to the Early Development Network (EDN) in a substantiated case or a case referred by the county attorney for prosecution. Nebraska has automated its referral system to its Early Childhood Development Network and automatically notified the network of these children.

Nebraska believes most of the services provided to families can be accomplished during the assessment phase, between the report date and the final disposition. When a case disposition is delayed due to awaiting a court disposition, services are provided to the family. Case management, supervised visitation, family support services, and addiction services are only a few of the services frequently utilized by families during the pendency of their court cases. Some or all of the services may often be concluded before the disposition. In many cases, these are the only services required to keep the child or victim safe. Services provided before disposition are not included in the NCANDS Child File; only those services that extend beyond the disposition are included.

Nebraska *(continued)*

Nebraska DHHS Division of Children and Family Services provides child welfare services to the citizens of Nebraska. The statewide Hotline is centralized in Omaha but serves the entire state. Initial Assessment (investigation) is conducted by State of Nebraska Child and Family Services Specialists (CFS Specialists). Before FFY 2022, CFS Specialists conducted case management in all but one service area. In the Eastern Service Area, the privatization of case management ended during FFY 2022 and the transition continued into FFY 2023. St. Francis Ministries was the contractor performing case management duties in the Eastern Service Area until that contract ended. In FFY 2024 all child welfare services to the citizens of Nebraska were provided by DHHS.

Nevada

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General

Nevada child welfare agencies use a single statewide child welfare information system known as UNITY - Unified Nevada Information Technology for Youth. UNITY is now governed by federal Comprehensive Child Welfare Information System (CCWIS) regulations. Child Protective Services (CPS) provided by child welfare agencies in Nevada follow the Nevada child welfare safety model known as the Safety Assessment and Family Evaluation (SAFE) model. The SAFE model supports the transfer of learning and ongoing assessment of safety throughout the life of the case. The model emphasizes the differences between identification of present and impending danger, assessment of how diminished caregiver protective capacities contribute to the existence of safety threats and safety planning/management services, assessment of motivational readiness, and utilization of the Stages of Change theory as a way of understanding and intervening with families. All child welfare agencies in Nevada have implemented this model, which has changed the state's way of assessing child abuse and neglect and has enhanced the state's ability to identify appropriate services to reduce safety issues in the children's home of origin. Additionally, this model has unified the state's CPS processes and standards regarding investigation of maltreatment.

In addition to CPS services, Nevada has an alternative response program, called Differential Response (DR). Families referred to the program are the subject of reports of child abuse and/or neglect which were determined by the agency as likely to benefit from voluntary early intervention through assessment of their unique strengths, risks, and individual needs, rather than the more intrusive approach of investigation. Nevada has modified the DR program to better meet the needs of the child welfare agencies and the communities in which the agencies operate.

Each child welfare agency now provides DR services differently through their agency. CCDFS modified its DR program to a Community Collaborative Program designed to serve as a neighborhood-based family support system. The agency conducts an initial assessment of a report that has been received through its intake hotline. Based on the assessment, the agency will either continue to work with the family or request the Community Collaborative to continue to work with the family based on the families needs. WCHSA established an agency-based DR program. The agency serves screened-in maltreatment reports and utilizes internal staff to conduct the assessment and provide services to the family. DCFS Rural Region transitioned DR from a program that responds to screened-in CPS reports to a program that serves families in the context of a more traditional prevention model. DR will serve families brought to the agency's attention through CPS intake that do not meet criteria for a screened-in maltreatment report but do meet agency criteria that indicate the family is at risk for future involvement with the CPS system and needs services to reduce the likelihood of future involvement with the public child welfare system. Additionally, DCFS Rural Region envisions future development of a referral process for families to receive voluntary services following CPS case closure.

Reports

In FFY 2024, there was a decrease in reports of abuse or neglect completed or dispositioned in the year as compared to the previous year. Nevada has established intake processes, governed by the SAFE model, to determine if CPS referrals constitute reports of abuse or neglect. Referrals that contain insufficient information about the family or maltreatment of the child and no allegations of child abuse are screened-out. Referrals that meet criteria are screened-in. Based on various factors associated with the report, CPS supervisors decide what type of response the report merits, assign the report to either Investigation or Differential Response, and assign a response time according to policy.

The statewide Intake Policy was updated in April 2020. One adjustment made was that some response times to make face-to-face contact with children were modified. Report response times are one of the following:

- Priority 1: respond within 6 hours when the identified danger is urgent or of emergency status, there is present danger, and safety factors are identified; this response type requires face-to-face contact attempt by CPS with all alleged child victims identified in the report.
- Priority 2: respond within 24 hours with any maltreatment of impending danger and safety factors identified including child fatality; this response type requires face-to-face contact attempt by CPS with all alleged child victims identified in the report.
- Priority 3: respond within 72 hours when maltreatment is indicated, but no safety factors are identified; this response type requires face-to-face contact attempt by CPS with all alleged child victims identified in the report.

Nevada conducts face-to-face investigations and assessments for all screened-in reports of child abuse and neglect. The only exception to initiating a case by attempted face-to-face contact is if there are no known locations where the child may be present, and it is not possible to attempt a face-to-face contact. In this circumstance the investigation may be initiated by collateral contacts and/or case review. The DR program has a required report response time of Priority 3.

Over the last year, Nevada continued various Continuous Quality Improvement (CQI) initiatives. One ongoing CQI initiative is related to improving the timeliness of initial contact with all alleged child victims identified on screened-in reports. A monitoring and oversight report continues to be utilized as a tool for field supervisors as well as CQI and QA units to track adherence to processes and policies in this area, including identification of trends and further training needs.

The statewide CPS Hotline for child maltreatment referrals did not go through any changes to the hours of operation or staffing levels during FFY 2024. Rural Region child welfare opened a new centralized Intake unit during FFY 2021 and are fully staffed through FFY 2024.

Children

In FFY 2024, the number of unique children reported as possible abuse or neglect victims as compared to the previous year were similar. Further, the number of confirmed unique victims decreased compared to the previous year. We reviewed the data and are not sure why the number of duplicate victims decreased compared to the previous year. We wonder if perhaps

Nevada *(continued)*

the various economic, educational, mental-health, and other related pressures that followed the pandemic may have negatively affected children and families over previous years have now subsided.

Nevada child welfare policy requires that all children in a household are assessed for safety and well-being if any child in the household has a maltreatment allegation. Regarding alcohol and drug abuse risk factors for both children and caregivers, some reporting limitations exist in our data. For example, there are several places in the statewide child welfare information system where data related to NCANDS alcohol or drug abuse risk factors for children or caregivers can be captured. Depending on how and where data is entered, the value for both the alcohol abuse and drug abuse risk factors for a child or caregiver may be reported as 1-yes or only one risk factor may be set to 1-yes. For example, if there is documented substance abuse but it is not clear whether the substance abuse is related to alcohol or drugs.

Programmatically, Nevada has been serving substance-exposed infants and their families per CARA requirements for several years. FFY 2024 will be the second full year of reporting substance exposed infants but Nevada has limitations on reporting elements 151, Has a Plan of Safe Care, and 152, Referral to Appropriate Services. Data completeness on element 151 is contingent upon program data entry practices but Nevada is working on quality improvement for this measure. Regarding element 152 service referral is occurring in practice but processes to collect the data in the CCWIS and report it to NCANDS is still being developed.

Over the last several years, Nevada established the criteria for collecting and documenting Commercial Sexual Exploitation of Children (CSEC), and in the past year, functionality was added to the state's child welfare information system for this data entry. However, this documentation does not always involve a screened-in CPS report with allegations of maltreatment, as perpetrators may often be noncaregivers or may be unknown. When CSEC is identified for a child and no maltreatment is alleged against the child's known caregiver, then Nevada's coordinated model response protocol may be initiated. Staff will input CSEC information into the child welfare information system, but not necessarily as a report requiring a traditional CPS Investigation; in those instances, because there is no maltreatment allegation or investigation initiated, these youth and the CSEC data cannot be reported in the NCANDS Child File. Regarding instances where CSEC-related maltreatment is alleged against the child's caregiver, then a report and investigation will be initiated. Nevada included these circumstances in the NCANDS Child File in the FFY 2024 submission. However, youth in these circumstances will likely represent a very small subset of the CSEC population known to child welfare and served in Nevada.

Fatalities

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

Nevada *(continued)*

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 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 (fields 88-144).

Services

Many of the services provided to children and families served by CPS agencies are handled through outside providers. Information on services received by families is reported through various programs. Each child welfare jurisdiction manages its service array differently. Services provided in conjunction with the new safety model are documented in the UNITY system, but these data are not always readily reportable as they may be documented as text in lengthy case notes instead of in easily query-able data fields. The state is continuing to investigate how to improve reporting of services-related data.

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

New Hampshire

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The state did not provide commentary in time for the *Child Maltreatment 2024* report.

New Jersey

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General

Each NCANDS Child File data element is reported from New Jersey's system, called NJ SPIRIT. The state is continuously making enhancements toward improving the quality of the NCANDS data. New Jersey has declared that NJ SPIRIT will be its Comprehensive Child Welfare Information System (CCWIS) and plans to achieve compliance.

Reports

New Jersey's Department of Children and Families' (DCF) Division of Child Protection and Permanency (CP&P) investigates reports of child abuse and neglect that meet statutory criteria for investigation. New Jersey does not use a differential response protocol. In New Jersey, the category of neglect includes allegations of medical neglect. NJ SPIRIT allows the linking of multiple CPS Reports to a single investigation. The state system also allows for documenting the date and time of the initial face-to-face contact that began the investigation.

In FFY 2024, New Jersey received 61,859 CPS Reports. This represents a 1.6% increase compared to the CPS Reports received in FFY 2023. With the onset of COVID-19 in FFY 2020, New Jersey saw a decrease in the number of phone calls to the State Central Registry (SCR). Since FFY 2021, New Jersey call volume has steadily increased, and there has been a 7.4% increase in calls to SCR in FFY 2024, as compared to FFY 2020.

New Jersey's screening is centralized; all reports are screened via the State Central Registry. In order for a CPS report to be accepted, four criteria must be met:

- The alleged child victim is a born child, under 18 years of age.
- The alleged perpetrator(s) is the child's parent, guardian, or other person in a caregiving role, who has custody or control of the child.
- The child victim(s) was harmed or placed at substantial risk of harm; meeting criteria specified in the Allegation Based System.
- There is a specific incident or set of circumstances that suggest the harm or substantial risk of harm was caused by the child's parent, guardian or other person having custody or control of the child.

New Jersey investigates allegations of commercial sexual exploitation for alleged victims under the age of 18 when the alleged perpetrator is in a caregiving role. For FFY 2024, there were 34 CPS reports of sex trafficking investigated. There were additional children subject to human trafficking by a non-caregiver who received services from DCF; however, they are not included in the CPS report count.

Children

Children with allegations of maltreatment are designated as alleged victims in the CPS Report and are included in the NCANDS Child File. NJ SPIRIT allows for reporting more than one race for a child. Race, Hispanic/Latino origin, and ethnicity are each collected in

New Jersey *(continued)*

separate fields. Despite the number of CPS referrals increasing from FFY 2023 to FFY 2024, the number of child victims continues to decrease. In FFY 2024, New Jersey identified a decrease in victims from FFY 2023. Substantiation of abuse/neglect reports also decreased by in FFY 2024. For FFY 2024, New Jersey identified 1,284 substance exposed newborns reported to CP&P; 1,135 (88%) had a Plan of Safe Care and 931 (73%) were referred to appropriate services.

Fatalities

The number of child fatalities decreased from FFY 2023 to FFY 2024 and remains low. Fluctuations in the number of fatalities from year to year are likely due to random case-level variation and are monitored closely. Child fatalities are reported to New Jersey DCF by many different sources including law enforcement agencies, medical personnel, family members, schools, offices of medical examiners and, occasionally child death review teams. The CP&P Assistant Commissioner ultimately determines if the child fatality was the result of child maltreatment. The Office of Quality manages a critical incident review process that uses safety science approaches, including human factors debriefing to identify contributing systemic factors. The State NCANDS liaison consults with the Office of Quality and CP&P to ensure that all child maltreatment fatalities are reported in the state NCANDS files.

NJ SPIRIT is the primary source of reporting child fatalities in the NCANDS Child File. Specifically, child maltreatment deaths are reported in the NCANDS Child File in the field Maltreatment Death. The data is collected and recorded by investigators and the person management screens are updated in NJ SPIRIT. Other child maltreatment fatalities not reported in the Child File due to data anomalies, but which are designated child maltreatment fatalities by the Office of Quality under the Child Abuse Prevention and Treatment Act (CAPTA), are reported in the NCANDS Agency File under Child Maltreatment Fatalities Not Reported in the Child File. New Jersey only investigates child deaths if there is a reported allegation of abuse or neglect.

Perpetrators

In New Jersey, perpetrators are defined as persons responsible for a child's welfare who have engaged in the abuse or neglect of that child. Minors shall be considered caregivers to their own children and may be considered caregivers to other children if caring for that child at the time of an alleged act of abuse or neglect and of sufficient age and maturity to reasonably be expected to provide such care. New Jersey does accept perpetrator relationship types that are categorized as other, including but not limited to: child in foster/adoptive home, child in other licensed care, and other. For sex trafficking, New Jersey only investigates child abuse and neglect allegations in which the alleged perpetrator is in a caregiving role.

Services

New Jersey aims to preserve children in their own home for support services whenever possible. New Jersey continues to observe a decline in the volume of children separated from their family as a child welfare intervention. Data regarding the volume of children separated from their family as a child welfare intervention is available on the New Jersey Child Welfare Data Hub (www.njchilddata.rutgers.edu).

New Jersey *(continued)*

New Jersey contracts for all direct services except for case management services, which are provided by CP&P workers. NJ SPIRIT reports those services specifically designated as Family Preservation Services, Family Support Services, and Foster Care Services as post investigation services in the Child File. Many additional services that are provided to families, such as supportive housing, home visiting, counseling, and in-home treatment are not captured in the NJ SPIRIT system and are not reported in the Child File.

New Mexico

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General

There were no recent changes in the state's policies, programs, or procedures that would affect New Mexico's FFY 2024 NCANDS submission.

Currently, New Mexico does not have more than one type of response for screened-in reports. All screened-in reports are investigated. Screened-out reports are cross-reported to local law enforcement. The differential response program, Family Outreach, was implemented in a limited scope during FFY 2020 (to support families with allegations of educational neglect during widespread remote schooling). Referral criteria expanded, and the program is now operating as envisioned to support families with a wider variety of risk factors and needs. Since the full implementation of Family Outreach reports have increased. Families are able to access services via a Screened-Out report that SCI refers to Family Outreach.

Reports

The number of screened-in referrals in FFY 2024 increased from New Mexico's FFY 2023 NCANDS submission. The inception of Family Outreach attributes to much of the increase of CPS reports for FFY24. Families can access services via a Screened-Out report that SCI refers to Family Outreach. In addition to reports initiated by families, teachers of youth who do not meet the criteria for PS intervention in educational neglect contact SCI with the intention of seeking Family Outreach services for the youth. Occasionally these meet criteria for CPS investigation but largely they are referred over to Family Outreach. The REACH NM program also can be attributed to an increase in reports. The Governor teamed up with CYFD to create REACH NM — a number which New Mexican children and teens can text for help. Whether it's struggles with bullying, depression, food scarcity or they just need an empathetic ear, the REACH NM text line will connect NM youth to the trained professionals and resources they need.

The New Mexico definition for the investigation start date (initiation) is defined as the caseworker making face-to-face contact with each alleged victim identified in the report, rather than the individual child referenced in the child file. New Mexico also measures initiation time frames from the point at which the report is accepted by Statewide Central Intake, rather than the point at which the report is received or assigned to a worker in the county where the family resides.

Children

The total number of unique children FFY 2024 increased and the number of unique child victims in FFY 2024 increased from New Mexico's FFY 2023 NCANDS submission. The implementation of REACH NM and the Family Outreach programs, attributes to the increase in the unique number of children and in turn, the unique number of child victims.

New Mexico *(continued)*

New Mexico investigation procedures do include face-to-face assessment of all children living in the household, regardless of whether they are identified as an alleged victim in the initial report. New Mexico began tracking the sex trafficking as an allegation type during FFY 2024 reporting period. As New Mexico transitions to a CCWIS, this change will be fully implemented.

Fatalities

New Mexico reported no change in the percentage of child fatalities in FFY 2024 as compared to FFY 2023. Historically, percent differences in fatalities from year-to-year are highly susceptible to broad fluctuation due to the overall low numbers of applicable fatalities occurring in the population. New Mexico's overall child population is small compared to many other states. The total number of fatalities from year to year is proportionately small, so even incrementally small increases in the number of fatalities from one year to the next impact the data but do not necessarily indicate systemic changes in agency practice. Because these records are included in the submission that corresponds with the investigation closure date, the length of time that some of these cases must remain open to allow for thorough investigation can also create year-over-year variation.

New Mexico identifies applicable child fatalities for inclusion in the Agency File by comparing homicides in the Child File with homicides identified by the state Office of the Medical Investigator (OMI). Any child victims who do not already appear in the agency's Child File are reviewed to determine the identity and relationship of the perpetrator. Only children known to have died due to maltreatment by a parent or primary caregiver, not already included in the child file, are then included in the agency file.

The agency does not investigate all child fatalities. Only fatalities reported to the agency by law enforcement, medical personnel, or other reporting sources are investigated.

Perpetrators

The state only investigates and reports maltreatment allegations in which the alleged perpetrator is a parent or other caregiver such as a relative, other household member, stepparent, guardian, foster parent, sibling, or any individual with responsibility for the care, supervision, and safety of a child. However, the agency does not report information on residential staff perpetrators, as CPS does not have jurisdiction under state law to investigate allegations of abuse and neglect in facilities. If such allegations are reported to Statewide Central Intake, the following procedures are followed:

- The report is screened out to CPS but cross-reported to the law enforcement agency that has jurisdiction over the facility/incident.
- The report is cross reported to the Licensing and Certification Authority, which has administrative oversight of residential facilities.
- Upon request from law enforcement, CPS investigation staff may act in consultation in conducting investigations of child abuse and neglect in schools and facilities and may assist in the interview process.

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: a service

New Mexico *(continued)*

delivered, a payment for service delivered, or 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 service data fields regarding information and referral services:

- Special services-juvenile delinquency
- Employment services
- Family planning
- Housing services
- Independent and transitional living services
- Legal services
- Pregnancy/parenting services for young parents
- Respite care

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

New Mexico no longer offers Family Preservation services per the Family Preservation Model. New Mexico offers In-Home Services, which is a clinical intervention aimed at reducing safety threats and enhancing parental protective capacities. In-Home Services is a 4-to-6-month intervention, specifically geared toward families who are at risk of child removal. New Mexico's In-Home Services clinicians are all licensed social workers or licensed clinical counselors.

For FFY 2024, 92 CYFD Statewide Central Intake (SCI) reports were screened out that alleged concerns of the abuse or neglect allegation, Infants with Prenatal Substance Exposure by Health Care Providers.

Plans of care are tracked by CYFD and the New Mexico Department of Health, in partnership with the Early Childhood Education & Care Division and the New Mexico Health Care Authority. The plans of safe care are completed primarily in the hospital setting and are received through the CARA portal. In FFY 2025, the management of CARA cases will be transferred to the Department of Health whereas previously, the Department of Health as well as CYFD both had CARA navigators. CYFD will continue to screen calls received by health care professionals reporting allegations of Infants with Prenatal Substance Exposure by Health Care Providers as well as note if a plan of safe care is present.

New York

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Policy, Procedural or Program Changes

In 2023, OCFS revised and released the training for mandated reporters. The revisions to the training were made to comply with statutory requirements and to strengthen the skills of mandated reporters in making informed decisions about identifying potential abuse or maltreatment of a child. The new training helps mandated reporters identify when concerns do not rise to a level legally requiring a report be made to the Statewide Central Register of Child Abuse and Maltreatment (SCR). The training will help mandated reporters determine whether a family could instead be supported by directing them to culturally responsive, effective, and community-based programs. Another key focus of the new training is an implicit bias training component to explore the impact of implicit bias on decision making and to reduce the number of SCR reports influenced by bias about race or poverty.

General Information

Beginning on January 1, 2022, the level of evidence required was raised to a fair preponderance of the evidence standard. New York State Office of Children and Family Services (OCFS) regulations (18 New York Code Rules and Regulations-NYCRR, section 434.10) define these terms as follows:

- Some credible evidence is evidence that is worthy and capable of being believed.
- A fair preponderance of the evidence is evidence that outweighs other evidence that is offered to oppose it.

A core component of the legislative intent behind raising the evidentiary standard was to address disparities. Overrepresentation of low-income individuals and those of color in the child welfare system is well documented. The enacted statutory changes will work to rectify potential employment consequences for allegations of child maltreatment that are not supported by a fair preponderance of the evidence. The new law does not change the criteria to be utilized when determining whether to register a report of suspected child abuse or maltreatment.

The NYS SCR operates 24/7. It is staffed by trained Child Protective Specialists who conduct a focused interview with the caller and use the information to determine if a report of suspected abuse or maltreatment can be registered, or if other action is necessary and appropriate, such as a Law Enforcement Referral (LER). New York State does not collect information about calls not registered as reports.

In March 2021, the Marijuana Regulation and Taxation Act (MRTA) was signed into law legalizing adult-use cannabis (commonly referred to as recreational marijuana) in the state. In response to this change, OCFS notified local districts in April 2022 that the Statewide Central Register of Child Abuse and Maltreatment (SCR) will not register a report of suspected child abuse or maltreatment when the only reported concern is that a birthing parent

New York *(continued)*

and/or an infant tested positive for the presence of cannabis. Additionally, the SCR continues to not register a report when the only reportable concern is that a parent uses cannabis products.

Reports

While NYS maintains a statewide hotline for CPS referrals, response to accepted referrals is handled at the county level. New York State law requires that each local department of social services (LDSS) establish a Child Protective Services unit (CPS) within the LDSS to investigate suspected child abuse and maltreatment, provide protection from further abuse or maltreatment and offer rehabilitative services for the child or children and parents or caregivers involved. Investigations must start within 24 hours of receipt of the report and caseworkers are required to conduct a safety assessment within 7 days of an accepted referral to determine whether the child named in the report or any other children in the household are in immediate danger of serious harm.

To allow for a more flexible response to families reported to the SCR, New York State has a Family Assessment Response (FAR) and allows LDSSs that are authorized to establish a FAR program, considerable flexibility to develop approaches that best match local resources, staffing capacity, and needs of families. The law excludes reports containing allegations of sexual abuse, physical abuse, severe or repeated abuse, abandonment, and failure to thrive from consideration for FAR [SSL §427-a(3)(a)-(i)]. It also requires an initial assessment of child safety, and if a child is deemed unsafe, the report may not be handled using FAR [SSL §427-a(4)(c)]. LDSSs can opt to impose more restrictive eligibility criteria for assignment to FAR than those required by the statute [SSL §427-a(3), 18 NYCRR 432.13(b)(4)(ii)]. During the Covid-19 pandemic, some LDSSs established a FAR program and opted to use FAR to handle educational neglect cases only.

Accepted referrals handled on the CPS track receive a CPS investigation and are determined to be indicated or unfounded. Data from both traditional Child Protective Services path and FAR path are reported in NCANDS.

Prior to FFY 2021, approximately 10 percent of NYS reports submitted to NCANDS were mapped to the Other report source category. To address this concern, NYS revised its report source mapping rules beginning with the FFY 2021 submission. Under these new rules several report sources previously attributed to Other were reassigned to existing NCANDS categories. For example, reporters from shelters, community agencies or service providers were reassigned to the Social Service Personnel category. Additional changes included moving Substance Abuse Counselors to the Mental Health Personnel category; Parent Substitute and Guardian to the Parent category; and Godparent, Non-relative, Concerned Citizens, and Unrelated Household Members to the Friends and Neighbors category. These changes significantly reduced the percentage of reports attribute to the Other reporter source.

Children

Reporting of sex trafficking is provided for the entire FFY 2024. NYS has an allegation type of Parent Drug/Alcohol Use. During the investigation, CPS caseworkers can document the drug or alcohol use of the caregivers, giving the State the capability to separate caregivers use of drugs from use of alcohol. This allegation does not directly correspond to any of the

New York *(continued)*

predefined NCANDS maltreatment type categories. Beginning with the FFY 2021 file, NYS changed its mapping rules to move this allegation from Other to Neglect or Deprivation of Necessities.

Information on child alcohol and drug abuse risk factors was reported for the first time in FFY 2020. In NYS accepted allegations include child drug or alcohol abuse and parent drug or alcohol abuse. If a child is over the age of one and named as an alleged victim of an allegation of child drug or alcohol abuse, the child is identified in the NCANDS file as having a drug or alcohol risk. If a child is under the age of one and named as an alleged victim of parent drug or alcohol abuse and one or more additional risk factors are checked (positive tox, withdrawal, Fetal Alcohol Spectrum) the child is identified in NCANDS as having a drug or alcohol risk.

Not all children reported in the Child File have AFCARS IDs because the State uses different child identifiers for child protective service cases and child welfare cases. If a child's system involvement is limited to CPS investigation, the child will not be assigned a child welfare identifier (i.e., AFCARS ID). Additionally, the Justice Center for the Protection of People with Special Needs which investigates reports of institutional abuse uses a different child identifier.

Ideally a child should have a single child protective services case id that spans across all CPS reports. However, in some instances a child is assigned a new child protective services case ID when a new report is received, resulting in some children having more than one child protective services case ID. New York State is exploring ways to detect and reduce the circumstances that lead to multiple child protective case ids per child.

Perpetrators

In NYS, any of the following persons who are allegedly responsible for causing injury, abuse or maltreatment to, or allowing injury, abuse or maltreatment to be inflicted on, a child named in a report to the SCR may be a subject of a report:

- A child's parent or guardian; or other persons legally responsible
- A director, operator, employee or volunteer of a home operated or supervised by an authorized agency, OCFS, a family day-care home, a day-care center, a group family day-care home, or a school-age child care program; who allegedly is responsible for causing injury, abuse, or maltreatment to a child who is reports to the Statewide Central Register of child abuse or maltreatment, or who allegedly allows such injury, abuse or maltreatment to be inflicted on such child.

There is no age limitation for parents.

Noncaregivers are not considered legally responsible individuals, and thus do not meet the criteria to named as a subject in a registered report.

Prior to FFY 2022, perpetrator relationship was missing or unknown in approximately six percent of cases submitted to NCANDS. For the FFY 2022 submission, NYS revised the programming used to determine perpetrator relationship. As result of this change, there is a noticeable increase in the unmarried partner of parent relationship category.

New York *(continued)*

For every child younger than one year old named as an alleged victim of parent drug or alcohol abuse, where one or more additional risk factors are checked (positive tox, withdrawal, Fetal Alcohol Spectrum), NYS requires that information on plans of safe care and service referral be completed – regardless of reporter type. This differs from NCANDS rules, which state that information on plans of safe care and referral only be provided when the reporter was classified as medical personnel. In NYS, many reporters identify by professional qualification (e.g., social worker) rather than setting (e.g., medical personnel). As a result, while NYS maintains information on the plan of safe care and referral for all children identified in the NCANDS file as substance exposed, the plan of safe care and referral numbers reported in the NCANDS file are limited to those cases in which the report source identified as medical personnel, under reporting the number of children in each category. Information on Plans of Safe Care and service referral is reported for the entire FFY 2024.

Fatalities

Between FFY 2022 and FFY 2023 the number of substantiated fatalities increased. During that same time frame, the number of infants that died in unsafe sleep environments (in substantiated cases) increased by 100%. Between FFY 2023 and FFY 2024, the number of child fatalities declined and fell back in line with the numbers seen in FFY 2022.

By state statute, all child fatalities due to suspected abuse and neglect must be reported by mandated reporters, including, but not limited to, law enforcement, medical examiners, coroners, medical professionals, and hospital staff, to the Statewide Central Register of Child Abuse and Maltreatment. No other sources or agencies are used to compile and report child fatalities due to suspected child abuse or maltreatment. NYS also has a state Child Fatality Review Team that fulfills State's oversight and reporting roles.

State practice allows for multiple reports of child fatalities for the same child and deaths that occurred in previous years to be reported to the State Central Register (SCR). These fatalities are then investigated, and dispositions made. This practice allows for reporting of fatalities reported in previous NCANDS files to be reported again. However, starting in FFY 2021 a new fatality report will not be registered by the SCR if one had already been registered and investigated with a disposition made in the past and no new information is provided regarding maltreatment or abuse concerns associated with the child's death.

After further review of reporting instruction and clarification with NCANDS technical assistance, New York State revised how it reports fatalities within NCANDS starting in FFY 2020. New York State now includes all fatalities regardless the date of death to NCANDS fatality reporting, as long as the fatality report investigation ended during the reporting period and the fatality had not been reported in a prior NCANDS submission.

Services

The state is not currently able to report the NCANDS services fields. Title XX funds are not used for providing child preventive services in this State. Local departments of social services provide all services, and many of those services are contracted services with various preventive agency providers. New York State does provide funding for primary prevention programs such as the Healthy Families New York home visiting program.

North Carolina

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The state did not submit commentary in time for the *Child Maltreatment 2024* report.

North Dakota

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General

North Dakota implemented a central hotline, the Child Abuse and Neglect Reporting Line, for the receipt of reports of suspected child abuse and neglect in January 2021. Since the inception of this centralized process, the number of reports received had steadily increased. The increase may be attributed to recent legislation requiring child abuse and neglect mandated reporter training for licensed childcare providers and educators.

In August 2021, there was a change to state law and policy that provides for a definition of impending danger. North Dakota defines impending danger as a foreseeable state of danger in which a behavior, attitude, motive, emotion, or situation can be reasonably anticipated to have severe effects on a child according to criteria developed by the department. Two determinations are made upon the conclusion of a child protection assessment, one that determines if a child meets the definition of an abused or neglected child and another that determines if impending danger threats are present. The presence of impending danger threats mandate child welfare involvement through case management, either in-home or out-of-home. The provision of protective services is no longer directed by substantiated maltreatment, but rather the presence of impending danger threats to a child's safety. Substantiated child victims remain those with identified maltreatment. Once case management begins, the caseworker must continually assess the parents/caregivers, children, and alternate caregivers on an ongoing basis. The state's decrease in child victims and perpetrators is likely due to the above-mentioned changes to statute and policy, which allow for protective services without a maltreatment substantiation.

Reports

State law defines three types of assessments that may be carried out in response to a report of suspected child abuse and neglect:

- Alternative response assessment means a child protection response involving substance exposed infants which is designed to provide referral services to and monitor support services for a person responsible for the child's welfare and the substance exposed infant; and to develop a plan of safe care for the substance exposed infant.
- Child protection assessment means a factfinding process designed to provide information that enables a determination of whether a child meets the definition of an abused or neglected child, including instances that may not identify a specific person responsible for the child's welfare which is responsible for the abuse or neglect.
- Family services assessment means a child protection services response to reports of suspected child abuse or neglect in which the child is determined to be at low risk and safety concerns for the child are not evident according to guidelines developed by the department.

The alternative response assessments are exclusive to substance exposed infants. The assessments are considered voluntary; however, prenatal substance exposure is a form of

North Dakota *(continued)*

neglect as identified in state law. Caregivers who decline to participate in an alternative response assessment receive a CPS assessment response. Other reasons for an alternative response assessment to revert to a CPS assessment include a violation of the plan of safe care that places the infant in danger and the receipt of new reports that allege a different maltreatment or victims.

The family services assessment was implemented statewide in March 2022. The primary suspected maltreatment receiving a family services assessment is educational neglect. There was a 50 percent increase in the family services assessment and may also account for the decrease in maltreatment victims. Data elements for the Alternative Response Assessment and Family Services Assessment response were added to the child welfare data management system, however, they are not yet reported to NCANDS. The total number of completed Alternative Response Assessments in FFY 2024 is 135. The total number of completed Family Services Assessments in FFY 2024 is 131.

North Dakota requires all reports of suspected child abuse and neglect be reported to the Department of Health and Human Services through its authorized agent and requires that any report must be accepted: The department or authorized agent, in accordance with rules adopted by the department, immediately shall initiate a child protection assessment, alternative response assessment, or family services assessment or cause an assessment, of any report of child abuse and neglect, including, when appropriate, the child protection assessment, alternative response assessment, or family services assessment of the home or the residence of the child, any school or child care facility attended by the child, and the circumstances surrounding the report of abuse or neglect.

The statute for child abuse and neglect provides for the following CPS decisions:

- Confirmed means that upon completion of a child protection assessment, the department determines, based upon a preponderance of the evidence, that a child meets the definition of an abused or neglected child, and the department confirms the identity of a specific person responsible for the child's welfare which is responsible for the abuse or neglect.
- Confirmed with unknown subject means that upon completion of a child protection assessment, the department determines, based upon a preponderance of the evidence, that a child meets the definition of an abused or neglected child, but the evidence does not confirm the identity of a specific person responsible for the child's welfare which is responsible for the abuse or neglect.
- Unable to determine means insufficient evidence is available to enable a determination whether a child meets the definition of an abused or neglected child. These assessments are coded as closed with no finding.
- Unconfirmed means that upon completion of a child protection assessment, the department has determined, based upon a preponderance of the evidence, that a child does not meet the definition of an abused or neglected child.

North Dakota encompasses four American Indian Reservations. These reservations are sovereign nations, each of whom maintains the reservation's own child welfare

North Dakota *(continued)*

system. Because of this, North Dakota's NCANDS data does not include child abuse and neglect data, or data on child deaths from abuse or neglect or near deaths from abuse or neglect which occurred in a tribal jurisdiction.

North Dakota statute does not allow referrals to be screened out. All referrals must be accepted and assessed to some degree. Data regarding the number of children included in reports that are administratively assessed is not collected. An administrative assessment is defined as the process for documenting the disposition of CPS Intakes that fall outside the criteria for a report of suspected child abuse or neglect. Under this definition, reports can be administratively assessed when the concerns in the report clearly fall outside of the state child protection law. Such circumstances include:

- The report does not contain a credible or causal reason for suspecting the child has been abused or neglected.
- The report does not contain sufficient information to identify or locate the child or family
- There is reason to believe the reporter is willfully making a false report
- The concern in the report has been addressed in a prior assessment.
- The concerns are being addressed through Human Service Zone case management, a Department of Health and Human Services therapist or through Human Service Center services resulting from child protection services involvement.
- Reports of pregnant women using controlled substances or misusing alcohol are also included in the category of administrative assessments, as state law doesn't allow for a decision of confirmed (substantiation) in the absence of a live birth.

Assessments that are in progress when information found during the assessment indicates the reported concerns fall outside the definitions in the child abuse and neglect law are then terminated in progress. Reports may also be referred to another jurisdiction when the children of the report are not physically present in the Human Service Zone are referred to another jurisdiction. 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 are referred to law enforcement. The total number of administrative assessments or referrals in FFY 2024 is 11,398. This breaks down to 4,580 administrative assessments; 2,328 administrative referrals; 4,163 reports (3,206 assessments) terminated in progress; and 320 reports making up 245 pregnant woman assessments. Multiple reports may be combined into one assessment. In FFY 2024, there were 3,466 completed full assessments (6,051 reports) for a determination.

The number of referrals (reports) received in FFY 2024 increased from FFY 2023. A new statute went into effect requiring annual training for all educators and early childhood service providers on mandated reporting of child abuse and neglect. The department in partnership with Prevent Child Abuse and Neglect ND developed mandated reporter training which was released statewide in December 2023. Notably, the reporting sources of educators and childcare providers increased during this reporting period.

The timeline for contact with victims does not exceed 3 days, except in Family Services Assessments, which allow for 14 days. When response time is calculated according to state policy and administrative rule during FFY 2024, the response time decreased from FFY

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2023. The decrease can be attributed to increased oversight. Assessment timeliness measurement data is now being provided to Human Service Zones in real time. During this reporting period, there was increased collaboration among the Human Service Zones to achieve face-to-face contact with suspected victims within three days, even during workforce shortages, inclement weather and including travel time. The department completed site visits with specific Human Service Zones where the response time was higher than average; tools and resources were provided to reduce the initiation time so that suspected victims would be seen sooner.

North Dakota is a county administered system; the state can only determine 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 half-time will be CPS functions, quarter-time maybe foster care and quarter-time may be in-home case management. The state has no independent way to determine what portions of the FTE are dedicated to CPS functions. North Dakota implemented a centralized intake hotline for reporting suspected child abuse and neglect in January 2021. The workforce for this unit is comprised of county FTE's. The state is currently unable to report the number of staff responsible for assessments. As a result of workforce shortages, supervisors were assisting with assessments, thus it is not currently possible to estimate the amount of time they contributed. Workforce challenges are present statewide with the primary impact being higher caseloads than desired and decreased expertise at the county level requiring increased oversight. Turnover has been high in CPS and vacancies are being filled with a younger, less experienced workforce, increasing the need for training and supervision.

Children

There was a decrease in child victims this reporting period and this is likely the result of the state's Safety Framework Practice Model. The state statute and child welfare policy were changed in 2021, adding the presence of impending danger as the determining factor in accessing post assessment protective services, rather than substantiated maltreatment. When children do not meet the definition of an abused or neglected child, yet there is identified impending danger, protective services to address child safety is now mandated, even without the maltreatment substantiation. The decrease in victims may also be the result of workforce challenges impacting comprehensive assessments and thus the evidence required for a preponderance to meet a definition of maltreatment substantiation. This decrease in child victims, specifically in those under one year of age, may also be reflective of a recent legislative change defining an alternative response assessment as a child protection response involving substance exposed infants rather than substance exposed newborns as had previously been defined. This change has allowed for additional children to be eligible for the alternative response, now allowing children up to 12 months of age from the previous maximum of 28 days and thus lowering the substantiated victims for prenatal substance exposure.

Data fields have been added to capture the maltreatment type of sex trafficking as well as sex trafficking as a child risk factor. This data has not yet been mapped for NCANDS reporting. In FFY 2024, there were 72 reports received with a suspected maltreatment type of sex trafficking. Of these, 2 children were identified with a confirmed maltreatment of sex trafficking. There were 14 children with an identified child risk factor for sex trafficking. An identified

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suspected maltreatment or child risk factor indicates that trafficking may have occurred by someone who is not a person responsible for a child's welfare under state law.

Data fields were added to capture the child and caregiver risk factors, is not reported to NCANDS. Per guidance, the state is providing these counts here. Child Risk Factor Data for FFY 2024: Alcohol Use by Child (73 children, 5 of which were victims), Methamphetamine Use by Child (15 children, 4 victims), Opioid Use by Child (7 children, 1 victim), Other Drug Use by Child (109 children, 12 victims), Intellectual Disability (318 children, 46 victims), Emotionally Disturbed (1,000 children, 158 victims), Vision or Hearing Impaired (8 children, 2 victims), Learning Disabled (137 children, 16 victims), Physically Disabled (25 children, 5 victims), Child Behavior Problem (636 children, 56 Victims), Other Medical Condition (158 children, 36 victims); Caregiver Risk Factors data is limited to only the count of caregivers with such identified risk factors and does not include the number of children or victims specific to certain caregiver risk factors. Alcohol Misuse (789 caregivers, 150 substantiated assessments), Methamphetamine Use (517 caregivers, 230 substantiated assessments), Intellectual Disability (57 caregivers, 8 substantiated assessments), Emotionally Disturbed (1,638 caregivers, 357 substantiated assessments), Vision or Hearing Impaired (4 caregivers, 0 substantiated assessments), Learning Disability (55 caregivers, 16 substantiated assessments), Physical Disability (33 caregivers, 6 substantiated assessments), Other Medical Condition (90 caregivers, 15 substantiated assessments), Domestic Violence (829 caregivers, 115 substantiated assessments), Inadequate Housing (162 caregivers, 73 substantiated assessments), Financial Problems (382 caregivers, 100 substantiated assessments), Public Assistance (unable to report).

Child victim risk factor counts for prenatal exposure to alcohol is 18, prenatal exposure to methamphetamine is 90, to opioids is 21, and to other drugs is 112. The child victim risk factors for environmental exposure to methamphetamine is 220, to alcohol is 116, to opioids is 59 and to all other drugs is 209.

The lead agency completed the design process for adding prenatally substance exposed infants, however appropriate mapping for NCANDS continues to be delayed. Prior to August 2023, a Substance Exposed Newborn was defined as an infant younger than 28 days at the time of the initial report of maltreatment and who is identified as being affected by substance abuse or withdrawal symptoms or by a fetal alcohol spectrum disorder. The law was changed to substance exposed infant which is defined as an infant under twelve months of age at the time of the initial report. The state law requires referral services and monitoring of support services for caregivers as well as a plan of safe care for the substance exposed infant, mirroring the federal CARA legislation amending CAPTA.

Notification of substance exposed infants by health care providers are reported as child maltreatment. State statute defines a neglected child as subject to prenatal exposure to alcohol misuse or any controlled substance in a manner not lawfully prescribed by a practitioner. There were 155 substance exposed infants identified during FFY 2024. Of those, 141 of them had a plan of safe care (91%); and the 141 infants and their caregivers received some appropriate services. The reasons for lack of a plan of safe care included: toxicology testing confirmed the infant was not drug exposed and lack of cooperation from the caregiver.

North Dakota *(continued)*

Fatalities

All fatalities were reported in the Child File. The North Dakota Department of Health and Human Services, Children and Family Services is the agency responsible for coordination of the statewide Child Fatality Review Panel as well as serving as the state's child welfare agency. The Child Maltreatment and Fatality Administrator 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 subcategory of child fatalities from all causes.

The North Dakota Child Fatality Review Panel coordinates with the North Dakota Department of Health and Human Services Vital Records to receive death certificates for all children, ages 0–17 years, who receive a death certificate issued in the state. These death certificates are screened against the state's child welfare database and any child who has current or prior CPS involvement and any child who is in the custody of county Human Service Zones or the Division of Juvenile Services at the time of the death is selected for in-depth review by the Child Fatality Review Panel, along with any child whose Manner of Death as listed on the Death Certificate is Accident, Homicide, Suicide or Undetermined. Any child for whom the Manner of Death is listed on the Death Certificate as Natural, but whose death is identified as sudden, unexpected, or unexplained is also selected for in-depth review. As part of these in-depth reviews, records are requested from any agency identified in the record as having involvement with the child in the recent period prior to death, including law enforcement, medical facilities, Child Protection Services, the County Coroner, and the State Medical Examiner's Office for each death.

Under North Dakota law, any hospital, physician, medical professional, medical facility, mental health professional, mental health facility, school counselor, or division of juvenile services employee shall disclose all records of that entity with respect to any child who has or is eligible to receive a certificate of live birth and who died. Additionally, the State Medical Examiner's Office forensic pathologists participate in conducting the reviews. Data from each review is collected and maintained in a separate database. It is this database that is correlated with data extracted from the child welfare database for NCANDS reporting. Even though the NCANDS data does not contain child welfare data concerning children in tribal jurisdiction, the state is confident that all deaths in the state from all causes are identified, reviewed, and reported. Another safeguard in data reporting is that the child welfare agency is also the entity that convenes the Child Fatality Review Panel, reviews the records for each death, compiles that data following the reviews and publishes the annual Child Fatality Review Panel Data report as well as being responsible for NCANDS reporting.

Perpetrators

State law limits CPS actions to reports involving a person responsible for a child's welfare, defined as an individual who has responsibility for the care or supervision of a child and who is the child's parent, an adult family member of the child, any member of the child's household, the child's guardian, or the child's foster parent; or an employee of, or any person providing care for the child in, a child care setting. Reports which do not meet statutory definitions mandated to CPS, but which may be a potential violation of criminal law are to be disposed through referral to law enforcement. For the purposes of institutional child abuse

North Dakota *(continued)*

and neglect, a person responsible for the child's welfare means an institution that has responsibility for the care or supervision of a child.

Under state statute, Institutional child abuse or neglect means situations of known or suspected child abuse or neglect when the institution responsible for the child's welfare is a public or private school, a residential facility or setting either licensed, certified, or approved by the department, or a residential facility or setting that receives funding from the department. The following are excluded: correctional, medical, home and community based residential rehabilitation and educational boarding care settings. An individual working as facility staff is not held culpable within Institutional Child Protection Services, rather, the facility itself is considered the perpetrator of the report. Assessments of institutional child abuse or neglect are assessed at the state level as are CPS reports that are non-institutional. All reports of institutional child abuse and neglect are reviewed by a multidisciplinary State Child Protection Team at least quarterly. 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 313 reports of institutional child abuse or neglect in FFY 2024, comprising 28 completed assessments. Of these 28 assessments, 22 had a finding of not indicated and 6 had a finding of indicated. Thirty-two assessments remain open.

North Dakota reports unknown perpetrators as unknown within FRAME. Perpetrator IDs for unknown perpetrators are unique to each assessment. State law allows for a CPS assessment determination of confirmed with an unknown subject, which means that at assessment completion, the department determines that a child meets the definition of an abused or neglected child, but the evidence does not confirm the identity of a specific person responsible for the child's welfare. Data fields were added to the child welfare data system to capture the maltreatment type of sex trafficking as well as sex trafficking by a non-caregiver. This data has not yet been mapped for NCANDS reporting. There were 16 reported perpetrators of sex trafficking that were identified as non-caregivers in FFY 2024.

Services

The methods for Agency File Data components 5.1 and 5.2 include only children less than 3 years of age. Of the 3 children eligible and not referred, two had moved out of the service area and one had died. The state has limitations when reporting reunification services. Case management services Additionally, services provided through referral to service providers outside the county agency may only be documented in narrative form, which prohibits data extraction.

Ohio

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General

Ohio implements a Differential Response (DR) System for screened-in reports of alleged child abuse and/or neglect. The DR system is comprised of a traditional response (TR) pathway and an alternative response (AR) pathway. Children who are subjects of reports assigned to the AR pathway are mapped to NCANDS as AR nonvictims and have a disposition of AR. Those who are alleged child victims of reports assigned to the TR pathway receive a disposition:

- Unsubstantiated - the assessment/investigation determined no occurrence of child abuse or neglect.
- Substantiated - there is an admission of child abuse or neglect by the person(s) responsible; an adjudication of child abuse or neglect; or other forms of confirmation deemed valid by the Public Children Services Agency (PCSA).
- Indicated - there are 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

As a state-supervised, county-administered child protection services program, Ohio does not operate a state referral hotline. Instead, Ohio maintains a centralized state referral hotline that provides referents with contact information for the local county Public Children Services Agency (PCSA). Each county PCSA is responsible for receiving referrals.

The requirements for recording referral information, making screening decisions, and conducting assessments/investigations of alleged abuse or neglect are outlined in the Ohio Administrative Code (OAC) rules. The Screening and Investigation OAC rules were revised and became effective on September 1, 2024. Additionally, a new rule was established to consolidate all requirements for determining the lead PCSA for screening and assessments/investigations.

The Ohio Child Protective Services Screening Guidelines were updated to align with the changes in OAC Chapter 5101:2-36 rule revisions. The last major revision and reformatting of this guide took place in September 2022. These updates were made to enhance the guidance provided to child welfare professionals by offering clearer screening examples and a more streamlined document flow to aid in decision-making. References to the Ohio Administrative Code (OAC) and Ohio Revised Code (ORC) are provided at the beginning of each section and sub-section within the categories, to support informed decision-making. Each category includes considerations to promote critical thinking during intake and screening processes. These revised guidelines aim to foster statewide consistency and serve as a valuable training resource.

Ohio *(continued)*

A mandated reporter portal (Taking Early Action Matters (TEAM Ohio)) is currently being piloted in several counties throughout the state consisting of the PCSA with some of their local partners (i.e., children's hospitals, school districts, law enforcement) entering referrals into the system. TEAM Ohio is slated to be implemented statewide in February 2025.

Regarding Ohio's CPS workforce, Ohio does not capture full time or part time status in Ohio SACWIS or any other state automated system. As such, Ohio does not report in the Agency File field 2.3 or 2.4. However, it is important to note Ohio SACWIS identifies 3,440 staff responsible for multiple child protective services functions including screening, intake, and assessment/ investigation of reports. Ohio SACWIS identifies 1,157 staff responsible for CPS functions of screening and intake.

Children

Assessments/investigations of alleged abuse or neglect are outlined in the Ohio Administrative Code (OAC) rules. The rules require the PCSA to complete face-to-face contact and interview all children residing in the home with the alleged child victim/child subject of the report.

Ohio has limitations on the reporting of alcohol abuse child risk factors and drug abuse child risk factors. Functionality is included in Ohio SACWIS to require data entry of a substance-related characteristic if an infant was identified as being exposed or affected, however, Ohio SACWIS does not prompt users to enter characteristics for older youth unless the youth enters custody.

There are data fields in Ohio SACWIS that capture information on children alleged at the time of the referral to be affected by illegal substance abuse, withdrawal symptoms, or Fetal Alcohol Spectrum Disorder (FASD).

Data collected from CASA volunteers is not consistently entered into the programs' system. A new reporting format and process was implemented in early 2024; however, the changes to the data collection did not achieve the intended results. Ohio's vendor for the CASA program advised the CASA directors agree and are willing to accept a new process for data collection in addition to data security and cleanup. There are CASA programs in Ohio that do have information recorded and samples were collected from various directors. In a major metro county, the CASA volunteers are averaging just under 33 contacts per case they represent.

Fatalities

Child maltreatment deaths reported in Ohio's NCANDS submission are compiled from the data maintained in Ohio SACWIS. Ohio SACWIS data contains information on those children whose deaths were reported to a PCSA, or children involved in a child protective services (CPS) report who died during the assessment or investigation period. As a county-administered CPS system, Ohio PCSAs have discretion of which referrals are accepted for assessment or investigation. Ohio does not mandate investigations into infant or child deaths if there's no suspicion of maltreatment. In some cases, the PCSA will not investigate a child fatality report unless it is deemed there was suspected abuse or neglect or other children in the home who may be at risk of harm or require services.

Ohio *(continued)*

Ohio made changes to its Child Fatality Review Process and has joined the National Partnership for Child Safety (NPCS), to improve efforts in child safety and preventing child maltreatment fatalities. In FFY 2024, Ohio began using a new tool to review child fatalities – the Safe Systems Improvement Tool (SSIT) National Partnership for Child Safety Version. The SSIT is specifically designed for use in reviewing child fatalities or serious incidents.

Perpetrators

Ohio does not have a policy on age limitations for an alleged perpetrator. However, Ohio's Child Protective Services Screening Guidelines provide the guidance that a child under the age of ten should not be named as an alleged perpetrator unless the PCSA determines otherwise based on the severity of the allegations and/or history. The PCSA can also consider serving a child as a victim of suspected sexual abuse with an unknown perpetrator who does not meet the screening guidelines criteria as an alleged perpetrator of sexual abuse.

The NCANDS category of other perpetrator relationship includes non-related (NR) child and NR adult. These are catch-all categories that can be used for an individual who is not a family member. Guidance continues to be provided to agencies to select the most appropriate relationship code (e.g., neighbor) instead of using the nonrelated categories. Ohio does report non-caregiver perpetrators of sex trafficking to NCANDS in the other category as described above. These cases are also tracked at disposition and the date they were referred to law enforcement.

Services

The FFY 2024 number of children served represents nearly a large increase in the number of children served compared with prior years. This is attributed to a grant project funded specifically for several child advocacy centers to provider child sexual abuse prevention programming within a school-based setting in compliance with a new Ohio law. Ohio is continually working to improve the recording of service data in Ohio SACWIS. Federal grant funds are used for state-level program development and support to county agencies providing direct services to children and families.

Oklahoma

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General

In FFY 2023, OKDHS was released from 23 of 30 performance measures as required through the Pinnacle Plan, the Oklahoma’s Child Welfare System reform plan from the settlement agreement reached in the class action litigation *DG vs. Yarbrough*, Case No. 09-CV-074. The agency continues to receive good faith efforts on the remaining seven performance areas related to permanency timeliness and therapeutic foster home capacity, with expected release from these in 2025.

Several bills related to Child Welfare Services were passed during the 2024 legislative session: HB 3367 requires Children’s Specialty Plans which cover Medicaid services to provide coverage to children who are in the custody of OKDHS or in its administered reunification and welfare services; HB 3774 adjusts the standards for admissible statements and evidence in juvenile deprived proceedings; and, HB 3936 which adjusts provisions related to child pornography to refer to child sexual abuse material and expands materials which qualify for related criminal charges to include digital and AI-generated content indistinguishable from or depicting real children.

Reports

The Oklahoma Department of Human Services has a statewide, centralized hotline to receive child abuse and neglect reports. Each report received at the Hotline is screened to determine whether the allegations meet the definition of child abuse or neglect and are within the scope of child protective services (CPS) assessment or investigation. 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, including minor injury to a child 10 years of age and older who has no significant child abuse and neglect history or history of neglect that would be harmful to a young or disabled child, but poses less of a threat to a child 10 years of age and older;
- concerning a victim 18 years of age or older, unless the victim is in voluntary placement with DHS;
- where there is insufficient information to locate the family and child;
- where there is an indication that the family needs assistance from a social service agency but there is no indication of child abuse or neglect;
- that indicate a child 6 years of age or older is spanked on the buttocks by a foster or trial adoptive parent with no unreasonable force used or injuries observed;
- that indicate the alleged perpetrator of child abuse or neglect is not a PRFC, there is no indication the PRFC failed to protect the child, and the report is referred to local law enforcement; and
- the family resides on tribal land includes tribal members or the family is a tribal foster home with placement of only tribal custody children and the tribe accepted jurisdiction of the investigation.
- Allegations of abuse or neglect by a safety plan monitor for a child in an out-of-home safety plan are screened-out and assigned to the county of jurisdiction as a Safety Plan Alert;

- Concerns for a newborn who is experiencing symptoms of, or is diagnosed with, withdrawal or symptoms of Fetal Alcohol Syndrome, but the allegations do not require a coinciding CPS Investigation, are screened-out as a Plan of Safe Care and assigned to the county of residence as a Plan of Safe Care.

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. For assessments or investigations, DHS gives special consideration to the risks of any minor child, including a child with a disability, who is vulnerable due to his or her inability to communicate effectively about abuse, neglect, or any safety threat. A Priority I report indicates the child is in present danger and at risk of serious harm or injury. Allegations of abuse and neglect may be severe and conditions extreme. The situation is responded to immediately, the same day the report is received. Priority II is assigned to all other reports. Priority II assessments or investigations are initiated within two – to 10-calendar days from the date the report is accepted for assessment or investigation. An investigation is conducted when:

- a report meets the abuse or neglect guidelines and constitutes a serious and immediate threat to the safety of a child;
- there have been three or more reports accepted for assessment or investigation regarding the family;
- the family has been the subject of a deprived petition; or
- the child was diagnosed with fetal alcohol syndrome or DHS determines the child meets the definition of drug-endangered child.

An assessment is conducted when a report meets the abuse or neglect guidelines but does not constitute a serious and immediate safety threat to a child. An assessment is a comprehensive review of child safety and evaluation of family functioning and protective capacities conducted in response to a child abuse or neglect report. When a child is determined unsafe in the initial stages of the assessment and the family's circumstances or the person responsible for care's (PRFC) behavior poses a risk to the child, an investigation is immediately initiated by the Child Welfare specialist.

Allegations concerning the same incident received from the same or a different reporter are considered duplicate reports and may be screened out and associated with the original assigned assessment or investigation. Allegations concerning the same child and family received within 45 calendar days of a previously accepted and assigned report are considered subsequent reports and may be screened out and the allegations addressed in the on-going report, unless the subsequent report contains allegations of a child death, child near death, child trafficking, or sexual abuse to a child by a PRFC or other adult who has close contact or access to the child. These are not screened out as subsequent and the allegations are investigated in a new report.

Children

Oklahoma defines a child as any unmarried person younger than 18 years of age, including an infant born alive.

A drug endangered child is defined as a child who is at risk of suffering physical, psychological, or sexual harm as a result of the use, possession, distribution, manufacture, or cultivation of controlled dangerous substances or the attempt of any of these acts by a PRFC.

- This term includes circumstances wherein the PRFC's substance use or abuse interferes with his or her ability to parent and provide a safe and nurturing environment for the child.
- Every physician, surgeon, or other health care professional including doctors of medicine, licensed osteopathic physicians, residents and interns, any other health care professional, or midwife involved in the pre-natal care of expectant mothers or the delivery or care of infants who test positive for alcohol or a controlled dangerous substance, must promptly report the matter to the DHS. This includes infants who are diagnosed with neonatal abstinence syndrome or fetal alcohol spectrum disorder.
- Whenever DHS determines that a child meets the definition of a drug-endangered child or was diagnosed with neonatal abstinence syndrome or fetal alcohol spectrum disorder, and the referral is assigned, DHS conducts an investigation of the allegations and does not limit the evaluation of the circumstances to an assessment.
- Whenever DHS determines an infant is diagnosed with neonatal abstinence syndrome or fetal alcohol spectrum disorder, DHS develops a plan of safe care that addresses the infant and affected family member or caregiver and, at a minimum, their health and substance use or abuse treatment needs.

Oklahoma defines a plan of safe care as a plan developed for an infant with neonatal abstinence syndrome or a fetal alcohol spectrum disorder, upon release from healthcare provider care that addresses the infant's and mother's or caregiver's health and substance use or abuse treatment needs.

Oklahoma defines a substance exposed infant as a newborn who tests positive for alcohol or a controlled dangerous substance with the exception of substances administered under the care of a physician. Oklahoma defines substance affected infant as one who was born experiencing withdrawal symptoms as a result of prenatal drug exposure or fetal alcohol spectrum disorder as determined by the direct health care provider.

Fatalities

Oklahoma investigates all reports of child death and near death that are alleged to be the result of abuse or neglect. When DHS has reasonable cause to suspect that a child death or near-death is the result of abuse or neglect, DHS notifies the Governor, the President Pro Tempore of the Senate, and the Speaker of the House of Representatives of the initial investigative findings of the child protective services review. Notice is communicated securely no later than 24 hours after the reasonable determination of suspicion.

A final determination of death or near death due to abuse or neglect is made after a report is received from the office of the medical examiner which may extend beyond a 12-month period. Fatalities are not reported to NCANDS until both the investigation and CPS program review, are completed. The Child Protective Services Programs Unit program review includes:

Oklahoma *(continued)*

- a review of the case record which is inclusive of the Report to District Attorney; law enforcement reports; medical examiner's Report of Autopsy; medical records pertaining to the death or near-death and previous records when applicable; all pertinent case information
- an assessment of compliance of findings with CPS standards
- requests for additional information when determined necessary

The Oklahoma Child Death Review Board conducts a review of every child death and near death in Oklahoma. The Bureau of Vital Statistics forwards all death certificates of persons under 18 years of age to the Office of the Chief Medical Examiner monthly, received during the preceding month. The Office of the Chief Medical Examiner conducts an initial review of death certificates in accordance to the criteria established by the Child Death Review Board and refers to the Board cases that meet the criteria. The Child Death Review Board is composed of 27 members or designees.

Perpetrators

Oklahoma defines a person responsible for the child's health, safety, or welfare (PRFC) as:

- the child's parent, legal guardian, custodian, or foster parent;
- a person 18 years of age or older with whom the child's parent cohabitates or any other adult residing in the home of the child;
- an agent or employee of a public or private residential home, institution, facility, or day treatment program;
- an owner, operator, or employee of a child care facility whether the home is licensed or unlicensed; or
- a foster parent maintaining a therapeutic, emergency, specialized-community, tribal, kinship, or foster family home responsible for providing care, supervision, guidance, rearing, and other foster care services to a child.

A referral to law enforcement is immediately made either verbally or in writing for the purpose of conducting a possible criminal investigation when, upon receipt of a report alleging abuse, neglect, or during the assessment or investigation, DHS determines:

- the alleged perpetrator is someone other than a PRFC (third-party perpetrator)
- abuse or neglect of the child does not appear attributable to failure on the part of a PRFC to provide protection for the child

After making the referral to the appropriate law enforcement jurisdiction, DHS is not responsible for further investigation unless:

- DHS has reason to believe, or law enforcement has determined that the alleged perpetrator is a parent of another child, not the subject of the criminal investigation, or is a PRFC of another child;
- The appropriate law enforcement jurisdiction requests DHS participate in the investigation. When funds and personnel are available, as determined by the DHS Director or designee, DHS may assist law enforcement in interviewing children alleged to be victims of physical or sexual abuse.

Oklahoma *(continued)*

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.

Oklahoma reports all unknown perpetrators. Other perpetrator relationship includes those with no relation to the alleged victim and includes roommate.

Services

In addition to the safety net programs offered through OKDHS and the TANF Investment Strategy (TIS) programs, OKDHS CWS provides direct child abuse and neglect prevention and intervention-related services by a combination of state agencies and community-based contract provider agencies. Within the broader service array are statewide core services provided by a number of provider agencies to children and families. These services are available to all children and families residing in Oklahoma to prevent entry into the CW system as well as to provide ongoing support while in foster care and at the time of reunification to prevent re-entry into care. These core services include in-home parent skill-based programs, mental health and substance abuse prevention and treatment services, domestic violence and sexual assault intervention programs, batterer's intervention programs, and sexual abuse treatment services.

Oklahoma continues with an early childhood care and education system through state appropriations, and increased federal investments through the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) and Community Based Prevention of Child Abuse and Neglect (CBCAP), to support and sustain home visitation programs available to families involved and not involved in the CW system. Oklahoma continues three evidence-based models of home visiting: Parents As Teachers (PAT), Nurse-Family Partnership (known as Children First), and SafeCare®-Augmented with varying levels of service intensity targeted to meet specific family needs and risk factors. OKDHS continues two evidence-based models of home visiting: SafeCare® and Intercept®; which are the in-home parent skill-based Title IV-E prevention services in the Oklahoma Title IV-E Prevention Program Plan. OKDHS has also continues two other in-home parent skill-based programs, Intensive Safety Services (ISS) and Parent Aide Services (PAS) for families involved in the CW system.

Parent Assistance Services and Sexual Abuse Treatment services are available for families and children involved in the CW system or are at-risk for child abuse and neglect to promote the health, safety and wellness of Oklahoma's children and families preventatively, as well as to help reunite families whose children are in out-of-home care. The Sexual Abuse Treatment services are administered through individual, family, and group counseling format and are specialized and comprehensive to victims of child sexual abuse and their families.

OKDHS CWS contracts with eligible Tribes to provide State Title IV-B Promoting Safe and Stable Families (PSSF) funds to assist Tribes in preventive family preservation services and community-based family support services to prevent the unnecessary separation of children from their families and improving the quality of care and services to children and their families. Throughout FFY 2024 OKDHS continued to collaborate with Tribes in creating a

Oklahoma *(continued)*

comprehensive continuum of prevention and community-based supports and resources for children and families that includes culturally-relevant prevention services to promote safe, healthy, and culturally strong environments for Native American children, their families, and their tribes.

The OCS Programs services are available statewide in every CWS region. OKDHS CWS continues to collaborate with OSDH on primary and secondary prevention efforts, the Oklahoma Department of Mental Health and Substance Abuse Treatment Services (ODMHSAS), the state's safety net mental health and substance abuse treatment services system, and the Office of the Oklahoma Attorney General Victim Services Unit, to administer the domestic violence and sexual assault intervention programs, toward a unified and integrated system of care for all Oklahoma's children, youth and families involved with or at risk for involvement in the CW system Oklahoma also awarded managed care contracts for its Medicaid program in 2023, including a specialty program for children and youth in the state's custody which is aimed to expand the provider capacity to be able to meet the identified needs of children and families served by the CW system.

Oregon

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General

OR-Kids, is currently transitioning to a CCWIS and is under CCWIS regulations. Oregon will continue to work on improving the extraction procedures, as needed, to accurately report all NCANDS data.

Reports

Prior to 2020 Oregon had a de-centralized hotline system with screeners in each branch to receive calls of child abuse and neglect. By February 2020, the state had moved to a centralized system known as ORCAH, for Oregon Child Abuse Hotline, where all calls were routed to a single hotline. At that same time the state transitioned from its former screening process within OR-Kids to a new module known as ODG, or ORCAH Documentation Guide. Oregon also implemented Structured Decision Making on August 1, 2022.

Fatalities

The State reports fatalities in the Agency file. These cases are dependent upon medical examiner report findings, law enforcement findings and completed CPS assessments and the fatality cannot be reported as being due to child abuse/neglect until these findings are final. Reported fatalities due to child abuse for FFY 2024 represent deaths due to child abuse for cases where the findings were final and are correct as of January 22, 2025. Child maltreatment death information in Oregon is gathered from multiple sources including:

- Sensitive Issue Report data
- Child abuse reports from mandatory and voluntary reporters
- Child Protective Services assessments (including observations and interviews of parents, children, and others familiar with the family)
- Child Welfare electronic case record (OR-Kids)
- Critical Incident Review Team (CIRT) data
- Safe Systems Improvement Tool data
- Law enforcement investigations (collaboration and reports)
- Medical examiner reports and toxicology
- Medical and mental health records
- Vital records
- Oregon Health Authority, Division of Public Health data
- Oregon Health Authority, Division of Behavioral Health data
- State Child Death Review and Prevention Team data (an inter-disciplinary team of state-level representation)
- Local Child Death Review Team data (county multi-disciplinary teams including local representation from the community where the death occurred)
- National Fatality Review Case Reporting System data

Perpetrators

A child may only be named as an alleged perpetrator of child abuse when:

- A child uses force, threats, weapons, trickery or coercion to sexually abuse another child.
 - Descriptors of impact to the child victim are not required to determine a sexual abuse allegation exists.
 - Age of the child cannot be a determining factor in decision making as we must assign based on the above definition.
- When a child reports rape by another child.
 - In the absence of information about what rape means, ORCAH screening must assign.
 - If child discloses rape but then describes contact that does not indicate rape or behaviors that meet the definition above, use professional discretion and/or consult with an ORCAH supervisor.
- When the child is also the parent of the alleged child victim all allegations under ORS 419B.005 apply.

At times there may be an assignment for a child as an alleged perpetrator and an assignment for neglect by the parents/caregivers of this child. Screening practice includes a consideration of all the information to determine whether criteria is met for an allegation.

It is also necessary to consider the SDM definition of Sexual abuse: Physical or behavioral indicators consistent with sexual abuse when the child's behavior is outside the realm of age or developmentally appropriate behavior. This consideration is only to be applied to children who chronologically or developmentally are under the age of 12.

For the child to be identified as perpetrator of physical abuse, they must have been or be in a position of caregiving or authority over the alleged victim. The impact to the alleged victim must be severe harm (Severe harm means: (a) Life-threatening damage; or (b) Significant or acute injury to a person's physical, sexual, or psychological functioning.) When the child is also the parent of the alleged child victim all allegations apply.

Concerns regarding child-on-child behavior (that is not severe, and no child will be listed as an AP) will be documented under the child who is displaying concerning behavior on their familial case as neglect by parents. By doing so we are better able to understand patterns in OR-Kids for this child. The child who experienced the harm should not be included as a participant on the screening report. Their information is included in the narrative. We don't want to link a child who has experienced harm by another child to other cases within OR-Kids in these situations. We considered workload and unnecessary duplication of work in the decision as well.

There may be times when it is appropriate to document on both children's families when the behavior seems more significant but still not severe, such as multiple incidents, he said/she said was the instigator, etc. Developmentally appropriate exploratory behavior in itself should not be documented.

Oregon does report noncaregiver perpetrators of sex trafficking.

Services

The State's CCWIS system does not collect data on preventive services; therefore, it does not currently have NCANDS child-level reporting on these services.

Pennsylvania

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A report of suspected child abuse is considered substantiated if it has an outcome that is either Indicated or Founded. Definitions as per the Pennsylvania Child Protective Services Law are noted below.

Founded report-A child abuse report involving a perpetrator that is made pursuant to this chapter, if any of the following applies:

- There has been a judicial adjudication based on a finding that a child who is a subject of the report has been abused and the adjudication involves the same factual circumstances involved in the allegation of child abuse. The judicial adjudication may include any of the following:
 - The entry of a plea of guilty or nolo contendere.
 - A finding of guilt to a criminal charge.
 - A finding of dependency (relating to adjudication) if the court has entered a finding that a child who is the subject of the report has been abused.
 - A finding of delinquency under if the court has entered a finding that the child who is the subject of the report has been abused by the child who was found to be delinquent.
- There has been an acceptance into an accelerated rehabilitative disposition program and the reason for the acceptance involves the same factual circumstances involved in the allegation of child abuse.
- There has been a consent decree entered in a juvenile proceeding (relating to juvenile matters), the decree involves the same factual circumstances involved in the allegation of child abuse and the terms and conditions of the consent decree include an acknowledgment, admission or finding that a child who is the subject of the report has been abused by the child who is alleged to be delinquent.
- A final protection from abuse order has been granted (relating to relief), when the child who is a subject of the report is one of the individuals protected under the protection from abuse order and:
 - only one individual is charged with the abuse in the protection from abuse action;
 - only that individual defends against the charge;
 - the adjudication involves the same factual circumstances involved in the allegation of child abuse; and
 - the protection from abuse adjudication finds that the child abuse occurred.

Indicated report-

- Subject to paragraphs (2) and (3), a report of child abuse made pursuant to this chapter if an investigation by the department or county agency determines that substantial evidence of the alleged abuse by a perpetrator exists based on any of the following:
 - Available medical evidence.
 - The child protective service investigation.
 - An admission of the acts of abuse by the perpetrator.

Pennsylvania (continued)

- A report may be indicated for any child who is the victim of child abuse, regardless of the number of alleged perpetrators.
- A report may be indicated listing the perpetrator as unknown if substantial evidence of abuse by a perpetrator exists, but the department or county agency is unable to identify the specific perpetrator.

Reports

In Pennsylvania, only General Protective Services (GPS) referrals may be screened out. GPS data is not currently included in Pennsylvania's NCANDS submission. Reports of suspected child abuse are not able to be screened out.

Fatalities

Pennsylvania's Child Welfare Information System (CWIS) only contains the child abuse investigation outcome for the referral involving the fatality. The fatality records in the NCANDS populations all rise to the level of suspected child abuse under the Child Protective Services Law (CPSL). A death which does not rise to the level of a suspected child abuse referral may be captured in the system under a different referral type if it does not rise to the level of suspected child abuse, but it is not tracked as a fatality by our system.

Perpetrators

The Pennsylvania Child Protective Services Law (CPSL) defines perpetrators as noted below. Perpetrator-A person who has committed child abuse as defined in this section. The following shall apply:

- The term includes only 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 a child in severe forms of trafficking in persons or sex trafficking, as those terms are defined in the Trafficking Victims Protection Act of 2000.
- Only the following may be considered a perpetrator for failing to act, as provided in this section:
 - 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.

Pennsylvania *(continued)*

Services

Pennsylvania opted into the Family First Prevention Services Act Title IV-E Prevention Program effective October 1, 2021. Pennsylvania continues to incentivize use of evidence-based services to support prevention through the existing special grants initiative. This initiative provides a higher state funding match for county use of evidence-based programs, truancy prevention programs, housing support and other promising practices when compared for the state funding match made available for other service categories. However, these plans do not impact NCANDS submission data, as preventative service data is maintained at the county level, and therefore not included in the state NCANDS submission.

Pennsylvania is state supervised, and county administered for child welfare. As such, services are provided by the counties and not by the state. Pennsylvania's Child Protective Services Law allows for counties to outsource nearly all services except for child abuse investigation and general protective services assessments. There are many counties within Pennsylvania who select to outsource services and the counties hold the contracts for these services, not the state. Again, NCANDS data is not impacted by this information, due to the fact that this data is currently maintained within the county systems and not the state Child Welfare Information System, and therefore is not currently part of Pennsylvania's NCANDS data submission.

Puerto Rico

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The Puerto Rico Department of the Family (DF) is the agency of the Government of Puerto Rico responsible for the provision of the diversity and /or a variety of social welfare services. As an umbrella agency, four Administrations operate with fiscal and administrative autonomy. The Department of the Family composition is as follows:

- Office of the Secretary
- Administration for Children and Families- ACF (ADFAN)
- Administration of the Socioeconomic Development of the Family (ADSEF)
- Child Support Administration (ASUME)
- Administration for Integral Development of Childhood (ACUDEN)

The Administrations are agencies dedicated to executing the public policy established by the Secretary, in the different priority areas of services to children and their families including the elderly population in Puerto Rico. It establishes the standards, norms, and procedures to manage the programs and provide the operation and supervision of the Integrated Services Centers (ISC) at the local levels. The regional levels (10 regional offices) supervise the local offices.

They are also responsible for implementing and developing those functions delegated by the Secretary through the redefinition and reorganization of the variety of services for the family including traditional services and the creation of new methods and strategies for responding to the needs of families. Work plans are prepared in agreement with the directives and require the final approval of the Secretary.

Administration for Children and Families (ADFAN) The functions and responsibilities of ADFAN are executed through the following programmatic and administrative components:

- Administrator's Office
- Assistant Administration for Adults and Community Services
- Assistant Administration for Prevention and Community Services
- Assistant Administration for Child Protective Services,
- Family Preservation and Support Services
- Assistant Administration for Foster Care and Adoption

Assistant Administration for Child Protective Services The Assistant Administration for Child Protective Services is responsible for the investigation of intra-familial and institutional CA/N referrals. As one of its primary components, the State Center for the Protection of Children is responsible for the operation of the Child Abuse and Neglect Hotline and the Orientation and Family Support Hotline. Both lines are responsible for providing an expedited system of communication to receive family and/or institutional referrals and to provide orientation and crisis intervention in different areas of family life. It also operates the Central Registry, which maintains updated statistical and programmatic information about the movement of CAN referrals and cases receiving services by ADFAN.

General

On May 11, 2023, a new law for child protection was adopted, law 57 May 11, 2023, known as the Law for the Prevention of Abuse, Preservation of Family Unity and for the Safety, Welfare and Protection of Children. The public policy of Law 57 focuses on providing and making reasonable efforts to avoid the removal of children from their homes and to maintain family unity or reunify the child with his or her family. It encourages the provision of reasonable opportunities and efforts to preserve family and community ties to the extent that the child is not harmed, avoiding the trauma of unnecessary separation of parents and children.

Although we have a new law, it is recent and does not impact the data in the file. Probably in the next few years we will have policy changes that will impact the process of investigating abuse referrals. Currently we continue using the procedure established in the Manual of Norms, Procedures and Rules of Execution of the Investigation Security Model. The manual standardizes the processes to be able to evaluate safety areas and make decisions to protect children if necessary. Puerto Rico does not have an alternative response to child abuse investigations.

Reports

This year reflect a significant change compared to the previous year; the agency implemented Work plan to meet reports needs and improve response times. Puerto Rico has human resources for the investigation of referrals that come from contracts with private agencies to meet the objectives of work plans to improve the response in our investigations.

The number of employees is calculated using the equivalent of full time. This calculation is used in the direct line and with all staff dedicated to reports investigation in the agency.

The screening of calls received on the hotline is based on the processes established in the agency's security model. The protocol of the Manual of norms, procedures and rules of execution of the investigation security model in the investigation, describes the entire procedure for handling calls received on the hotline. It includes questions to improve the screening process when accepting calls that become child abuse referrals for social investigation. Stage One: The process, which involves the collection of information at the Hotline or local office, screening which requires that it meets the criteria, priority of response and transfer to the appropriate work unit, this process should not exceed two (2) hours from the receipt of the call.

Children

The number of victims increased as a result of Work plan to meet reports needs and improve response times. As we have more attention in the reports we have a greater number of child victims.

The investigation of child abuse reports has as essential objectives:

- To assess the safety of the child:
- To take immediate protective actions as necessary
- Determine the disposition of the referral

Puerto Rico *(continued)*

The investigation is organized in two principal stages

- Initial Contact Stage: Assessment of the Present Danger
- Appraisal Stage: Imminent Danger Assessment

This process involves the assessment of all children in a family reported for child maltreatment. The interview protocol establishes the parties to be interviewed and the children to be assessed, considering the essential objectives of the investigation.

Our system includes data related to prenatal substance exposure of children. This data has been reported in recent years and regulations were created that instruct social workers to identify these cases and follow the necessary protocol to assist these affected children.

Fatalities

Puerto Rico works in collaboration with other agencies such as police and justice department, forensic sciences for the collection of information on child deaths. Generally, it is the external agencies that validate child abuse deaths and collaborate with our agency in this area.

In PR, infant/child deaths are generally reported through the hotline even when there is no suspected allegation of abuse or neglect. In the absence of a direct allegation of an abuse or neglect death, a social emergency is activated for appropriate intervention and, if an allegation of abuse or neglect is identified, a report referral is generated.

Perpetrators

In PR there is no policy as to how young a perpetrator can be. We included the perpetrators who are other caregivers; staff of institution for children, school, foster care, childcare and others institution responsibility for the care, education, supervision, and treatment of physical and emotional needs, as defined by our protection law.

Our system has the capacity to collect data related to sex trafficking, these data are catalogued in the typologies, however, our protection law only catalogues situations of sex trafficking when the perpetrator is a parent or caregiver, but not a third party or non-caregiver

As part of a new prevention initiative under the Auxiliary Administration of Community Preventive Services, the Fundamentals of Parenting Program was developed to offer participants effective and positive parenting strategies to improve family relationships and encourage their children to lead full, responsible and happy lives. This program consists of 10 group workshops on different topics, once a week, with a duration of two hours and at the end of the program, participants receive a certificate in recognition of their participation. The workshops are directed to parents, caregivers of children and young people between the ages of 12 and 18 years old. This year this prevention program was extended to the 10 regions of the agency.

Not all services, only some support services are contracted, for example, for coaching and training, technical assistance, and investigation of reports.

Rhode Island

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Reports

Rhode Island has two types of response to screened-in referrals – screened in and prevention response to Support and Response Unit (SRU). All reports meeting criteria for a CPS investigation are screened in for investigation. DCYF is not reporting SRU data to NCANDS at this time.

In September 2020, DCYF launched a new Support and Response Unit (SRU) to better connect families and their children to support services. DCYF recognizes that many families struggle sometimes and could benefit from accessing services and supports that were traditionally only available to families with formal DCYF or Rhode Island Family Court involvement.

The SRU provides assistance by identifying each family’s needs and provides the necessary supports to help families thrive. The unit, which is located within DCYF’s Division of Family Services (DFS), helps families navigate services in their own communities. Also, the unit is a resource families who are feeling overwhelmed or who need assistance with accessing home and community-based services for a variety of needs. SRU staff are able to offer:

- Assessments for families using established screening and assessment tools;
- Short-term, home- and community-based services for families and children who need support;
- Assistance for families when their older youth are exhibiting wayward or disobedient behavior; and
- Local resources to better support families whose children have behavioral health needs.

DCYF Child Protective Services in Rhode Island has made significant updates to our call center, known as the Call Floor. We now utilize the Verizon Call Center, which allows us to record phone calls remotely. This new system also provides supervisors with the ability to listen in on calls and offer guidance without the caller’s awareness. This enhances our capacity for real-time supervision and improves the quality of service. Additionally, the system enables us to track and collect data more efficiently, such as monitoring the number of calls each investigator handles and the duration of these calls.

RI updated the Structured Decision Making Tool in August 2023 with the help of Evident Change. This tool assists our investigators in making informed, consistent decisions regarding child safety and welfare.

Rhode Island CPS is committed to ongoing staff training. We have a dedicated Training Supervisor who closely oversees the onboarding process for new employees. This ensures that all staff members are well-prepared to handle their responsibilities effectively. Our hiring of new CPI’s has been ongoing. Workforce data are calculated using full-time equivalents

Rhode Island *(continued)*

(FTEs). This approach provides a more accurate representation of our staffing levels and helps us allocate resources efficiently.

In Rhode Island, the screening process is thorough and systematic. Trained child protective investigators answer incoming calls, and each investigator receives daily supervision from their supervisor, both individually and in groups. Investigators use the Structured Decision Making Tool to guide their decisions on whether to screen in or out cases, ensuring consistency and accuracy in our assessments.

Children

Rhode Island had a decrease in victim counts. The state has increased training for mandated reporters with emphasis on the definitions of maltreatment and an emphasis on prevention services before maltreatment occurs. This training and access to prevention services has reduced the number of reports to the child abuse hotline. The Department continues to promote prevention efforts through the Family Care Community Partnerships the Department's contracted network prevention support providers, the establishment of the Department's support and response unit warm line, and collaborations with the RI Department of Health home visiting programs.

Rhode Island has a policy to investigate and assess all children in a household if any child in the household has a maltreatment allegation. When a report of suspected child abuse or neglect is made, the Department of Children, Youth & Families (DCYF) is required to investigate the entire household to ensure the safety and well-being of all children involved. This means that investigators will meet with all children in a safe environment, not just the child who was the subject of the initial report.

In Rhode Island, there are no specific reporting limitations that prevent us from separating alcohol abuse from drug abuse when it comes to child risk factors. Our reporting system allows for detailed documentation of each type of substance abuse, ensuring that we can accurately identify and address the unique risks associated with alcohol and drug abuse separately.

In Rhode Island, there are no specific reporting limitations that prevent us from separating alcohol abuse from drug abuse when it comes to caregiver risk factors. Our reporting system allows for detailed documentation of each type of substance abuse, ensuring that we can accurately identify and address the unique risks associated with alcohol and drug abuse separately.

Rhode Island began reporting infants with prenatal substance exposure (IPSE) data for the entire Federal Fiscal Year (FFY). This means that our data covers the full reporting period without any gaps. This data is tracked by the RI Department of Health. The Rhode Island Department of Health reported that there were 405 IPSE that were delivered at Rhode Island birthing hospitals. Of those IPSE newborns 78 had an established Plan of Safe Care. Of the 405 IPSE newborns 147 had a referral to appropriate services meaning that 69 IPSE newborns were referred to appropriate services without the presence of a Plan of Safe Care. The Rhode Island Department of Health has diligent data tracking systems available that allows

Rhode Island *(continued)*

for identification of supportive referrals both within and outside of the formal Plan of Safe Care system.

Fatalities

Child fatalities are reported to the DCYF Hotline and all infant and child deaths are investigated, regardless of whether there is a child maltreatment allegation. The state's medical examiner's office, in conjunction with other agencies, conducts thorough investigations to determine the cause and manner of death. This ensures that every child death is reviewed to identify any potential risks and to prevent future tragedies.

An increase in these reports may include fatalities not related to abuse or neglect, such as co-sleeping incidents. The Department has observed an increase in child deaths due to co-sleeping, which is not attributed to abuse or neglect but rather a lack of parental education. Additionally, some child deaths are due to significant medical issues. The increase in reported fatalities is also linked to the Department's community engagement efforts, including CPS providing community-based trainings on suspected child abuse or neglect.

DCYF Child Death Review Team conducts comprehensive reviews of child deaths to identify factors and trends that can help prevent future fatalities. Hospitals: Medical facilities report fatalities that occur within their care, providing crucial information for investigations. Law Enforcement Agencies: Police departments and other law enforcement agencies report fatalities that involve criminal activities or suspicious circumstances. Medical Examiner's Office: The office investigates and determines the cause and manner of death, contributing essential data to the overall understanding of child fatalities. The Rhode Island Department of Health notifies the Child Abuse Hotline of child deaths.

Perpetrators

In Rhode Island, there is no specific age limitation for perpetrators of child maltreatment. The state's laws focus on the nature of the offense and the circumstances surrounding it, rather than setting a minimum age for perpetrators. This means that individuals of any age can be held accountable for child maltreatment if they are found to have committed the offense.

DCYF does not use other perpetrator. In Rhode Island a perpetrator needs to meet the criteria as follows: In Rhode Island, a perpetrator is defined as any person who commits an act of child maltreatment, which includes abuse or neglect. This can be a parent, guardian, foster parent, relative, or any other individual who has responsibility for the child's care.

Rhode Island reports noncaregiver perpetrators of sex trafficking to the National Child Abuse and Neglect Data System (NCANDS). This includes individuals who are not the child's caregiver but are involved in trafficking activities. The state's efforts to combat human trafficking involve collaboration with various agencies and task forces to ensure comprehensive reporting and victim protection.

Services

Funding for preventive services can vary each year based on budget allocations, federal grants, and other sources of revenue. Rhode Island does outsource some services.

South Carolina

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The state did not submit commentary in time for the *Child Maltreatment 2024* report.

South Dakota

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General

Child Protection Services (CPS) does not utilize the Differential Response Model. CPS either screens in reports, which are assigned as Initial Family Assessments, or the reports are screened out. However, the Initial Family Assessment allows CPS to open a case for services based on danger threats without substantiation of an incident of abuse or neglect. South Dakota does refer reports to other agencies if the report does not meet the requirements for assignment, and it appears the family could benefit from the assistance of another agency.

Reports

CPS child abuse and neglect screening and response processes are based on allegations that indicate the presence of danger threats, which includes the concern for child maltreatment. CPS makes screening decisions using the Screening Guideline and Response Assessment. Assignment is based on child safety and vulnerability. The response decision is related to whether the information reported indicates present danger, impending danger, or any other danger threat. A report is screened out if it does not meet the criteria in the Screening Guideline and Response Assessment as described above.

The reporter types listed as other in the Child File include clergy, community person, coroner, domestic violence shelter employee or volunteer, funeral director, other state agency, public official and tribal official.

Reports of abuse and neglect are categorized into five types: neglect, physical abuse, sexual abuse, sex trafficking, and/or emotional maltreatment. Medical neglect is included in the neglect category.

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

South Dakota (continued)

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.

Children

The data reported in the Child File includes children who were victims of substantiated reports of child abuse and neglect where the perpetrator is the parent, guardian, or custodian.

Fatalities

Children who died due to substantiated child abuse and neglect by their parent, guardian or custodian are reported as child fatalities. The number reported each year are those victims involved in a report disposed during the report period, even if their date of death may have actually been in the previous year. South Dakota reports child fatalities in the Child 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.

South Dakota *(continued)*

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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The state did not submit commentary in time for the *Child Maltreatment 2024* report.

Texas

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General

Child Protective Investigations (CPI) examines reports of child abuse or neglect to determine if any child in the family has been abused or neglected. There are two response types for investigation through CPI, Traditional Investigation and Alternative Response.

Traditional investigation (INV) investigates reports of child abuse or neglect to determine if any child in the family has been abused or neglected. Investigators decide if there are any threats to the safety of all children in the home. If so, they determine whether the parents are willing and able to adequately manage those threats to keep children safe. If DFPS decides that children aren't safe, the investigator starts protective services. A finding is made that determines if the allegations are substantiated and the person's name will be entered into the Central Registry (a repository for confirmed reports of child abuse and neglect).

Alternative Response (AR) is an approach that responds differently than traditional investigations to reports of abuse/neglect. It allows for a more flexible approach while still focusing on the safety of the children as much as in a traditional investigation. Alternative Response allows screened-in reports of low to moderate risk to be diverted from a traditional investigation and serviced through an alternative family centered assessment track. There will be no change in the number or type of clients served but alternative response clients will be served in a different manner. Generally, the Alternative Response track will serve accepted child abuse and neglect cases that do not allege serious harm. AR cases will differ from traditional investigations cases in that there will be no substantiation of allegations, dispositions will not be used, names of perpetrators will not be entered into the Central Registry (a repository for confirmed reports of child abuse and neglect), and there will be a heightened focus on guiding the family to plan for safety in a way that works for them and therefore sustains the safety.

Reports

The number of reports referred for investigation in FFY 2024 did see a slight decrease. Several factors may contribute to the decline in reports referred for investigation, including but not limited to: increased training and support on report assessment to hotline staff, increased awareness and education of professional mandatory reporters, and the implementation of law prohibiting anonymous reports of child and abuse and neglect aimed at curbing malicious reporting.

Initial report assessment occurs when a report is received via phone, online, or mail/fax at Statewide Intake, the abuse and neglect hotline for the state of Texas. Intake specialists use statute and policy to determine whether referral to DFPS field for investigation is supported. After the initial assessment, a subset of referred reports is reviewed by screening staff prior to progressing to alternative response or investigation. Reports going through the additional screening process do not indicate an immediate or imminent threat of substantial bodily

harm or death of a child as a result of abuse or neglect. After making additional contacts, reviewing any case history of prior intervention by DFPS, using statutory definitions of abuse or neglect and policy, procedures, and job aids, screeners determine whether a child's safety can be assured without further DFPS involvement, or the appropriate DFPS response. Screeners then close or progress intakes to the alternative response or investigation stage.

Children

The passage of HB63 (88R), which prohibited almost all anonymous reporting, decreased the number of intakes compared to last year's numbers. There has also been a decrease in the number of reports made by school professionals. Thus, this has had an effect on the number of intakes assigned to staff. Furthermore, since the implementation of HB 567 (87R), which revised the statutory definition of neglect, the percentage of completed investigations which are substantiated (or found Reason to Believe) has shown a decrease in confirmed neglect reports over the past three fiscal years.

During the course of an investigation or alternative response case, the caseworker continuously assesses for any safety threat/danger to every child in a household where abuse or neglect is alleged.

We have no reporting limitations as we are able to report the type of substance use alleged to have been a reason for the abuse or neglect of the child. We have no reporting limitations as we are able to report the risk factor on the type of substance use alleged to have been a reason for the abuse or neglect of the child.

The state reviewed several prenatal substance exposure records and identified multiple reasons as to why the state is not reaching its goal. In some scenarios, cases that were closed "Unable to Complete", or where services were identified differently than expected caused them to be counted without an appropriate referral. In some circumstances, issues with documenting the services correctly under the Services and Referrals section caused a case to not be counted even though those services did occur. The state will continue improving our training, so these cases are documented properly. Recent updates to our case management system does allow tracking of this data regarding the type of substance use identified at time of birth.

Fatalities

The source of information used for reporting child maltreatment fatalities is the "reason for death" field contained in the DFPS IMPACT system plus a child fatality investigation with a reason to believe – fatal finding for an allegation.

DFPS uses information from the State's vital statistics department, child death review teams, law enforcement agencies and medical examiners' offices when reporting child maltreatment fatality data to NCANDS. DFPS is the agency required by law to investigate and report on child maltreatment fatalities in Texas when the perpetrator is a person responsible for the care of the child. Information from the other agencies/entities listed above is often used to make reports to DFPS that initiate an investigation into suspected abuse or neglect that may have led to a child fatality. Also, DFPS uses information gathered by law enforcement and medical examiners' offices to reach dispositions in the child fatalities investigated by DFPS.

Texas *(continued)*

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.

DFPS does not investigate child deaths where maltreatment is not suspected. However, Texas does require a medical investigator to complete an inquest on all deaths of children under the age of six (6) years old. Texas is also a mandatory reporter state.

Perpetrators

Texas has a limitation on how young a perpetrator can be, the perpetrator must be at least 10 years old. The NCANDS category of “other” perpetrator relationship includes the state code of fictive kin or unrelated household member.

The state only reports on human trafficking perpetrators who meet the Texas Family Code definition of a person responsible for a child’s care, custody, and welfare.

Services

The Prevention and Early Intervention (PEI) division, which was previously part of the Department of Family and Protective Services (DFPS), was transferred to the Texas Health and Human Services Commission (HHSC). This transition was mandated by Senate Bill 24, passed during the 88th Texas Legislative Session. The transfer took effect on September 1, 2024, and the PEI division has been renamed the Family Support Services (FSS) division within HHSC.

The Texas Department of Family and Protective Services (DFPS) does outsource some of its family services through a program called Community-Based Care (CBC). Under CBC, DFPS contracts with non-profit and local government entities, known as Single Source Continuum Contractors (SSCCs), to provide child welfare services, including finding foster homes and providing case management.

Utah

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The state did not submit commentary in time for the *Child Maltreatment 2024* report.

Vermont

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General

Due to the passage of Act 154 in 2024, Vermont now uses the preponderance of evidence standard for substantiating allegations of abuse and/or neglect. Vermont has an assessment track and an investigation track. About 35 percent of cases are assigned to the assessment track. In the assessment track, the disposition options are services needed and no services needed. Cases assigned to the assessment track may be switched to the investigation track, but not vice versa. Data from both tracks are reported to NCANDS.

Vermont's Family Services Division (FSD) is responsible for responding to allegations of child abuse and neglect by parents or persons responsible for the child's welfare, and sexual abuse by any person (including out-of-home perpetrators). In addition to conducting our statutory child abuse investigations and assessments, we also have an option to conduct family assessments. These family assessments do not meet statutory requirements for abuse and neglect but provide an option to engage with families where there are concerns. The focus of the assessment is on whether a child may need care or supervision and are referred to as CHINS assessments. Because these family assessments are not part of our abuse and neglect statute, they are not reflected in this dataset. We conduct approximately 500–1,000 family assessments annually.

Reports

Vermont operates a statewide child protection hotline, available 24/7. All intakes are handled by family services workers and screening decisions are handled by hotline supervisors. These same supervisors make the initial track assignment decision. Vermont's CPS workforce data is calculated using FTEs and has experienced some fluctuation in capacity since the COVID-19 pandemic. Some of the changes can be attributed to the reduction in the workforce itself, as well as a reduction in the number of accepted child safety interventions since the pandemic. Vermont did see an increase in the number of reports made to the child protection hotline each year post-pandemic, which reached pre-pandemic volumes by FFY 2023. However, there was a slight reduction in the number of reports in FFY 2024.

All calls to the child abuse hotline are counted as referrals, resulting in a very high rate of referrals per 1,000 children, and making it appear that Vermont has a very low screen-in rate. Although Vermont has not conducted a thorough analysis, some of the contributing factors leading to our increasing number of referrals include: reports where child abuse/neglect are not present and issues include truancy, delinquent behavior, mental health crises, out-of-home sexual abuse reports including teen sexting with or without consent, teen sexual harassment, as well as family configuration and our practice of entering reports under the primary caretaker when there are multiple children involved. This often results in multiple reports for the same incident. Further, mandated reporting statute requires reporters to make a report within 24 hours of the time they first observed or received information about the suspected abuse/neglect; there is no exception for situations known to have already been reported,

which increases duplicate reports due to fear of liability. In situations where multiple reports are made for the same incident, it is Vermont's practice to screen in only one of those reports.

Vermont continues to utilize the SDM Safety Assessment and Risk Assessment tools in our child safety interventions. In 2022, we added language into the Safety Assessment to better capture human trafficking as a danger item and we shifted our practice to give families a choice in whether they engage in prevention-based services with the Division. In 2024, VT made changes to policy, mandating teaming between the investigative family services worker and ongoing family services worker during all child safety interventions for families who score high or very high on the SDM Risk Assessment tool. This allows the family to meet the family support worker, allowing them to make an informed decision about whether or not to agree to engage in a family support case.

Children

The Family Services Division is responsible for investigating allegations of child abuse or neglect by caregivers and sexual abuse by any person. The Division investigates risk of physical harm and risk of sexual abuse. Statute allows the Division to identify other children living in the same home as the identified child victim, and states that the investigator shall consider the physical and emotional condition of those children and may interview them, unless the child is the person who is alleged to be responsible for such abuse or neglect. Unless unreasonable within the context of the child safety intervention, division policy requires staff to evaluate the safety of any other children living in the same home. The evaluation should include an interview or observation of the other child(ren) and occurs with the permission of the child's parent, guardian or custodian.

Vermont faces a few challenges regarding collecting and reporting data to NCANDS for some data elements, including child and caregiver risk factors, and infants with prenatal substance exposure. We will continue to have limitations until the state can successfully implement a new CCWIS system. Until that time we will continue to make system enhancements to our legacy system when IT resources are available. This work needs to be prioritized against other department-wide initiatives. As an example of a system limitation regarding prenatal substance exposure, when child protection services (CPS) or Family Services (FSD) are not involved, meaning the child does not meet the criteria for making a report to the child abuse and neglect hotline, we are currently relying on hospital staff to remember to fax a notification to us at FSD. This information is then tracked in an Excel spreadsheet. Vermont has considered making enhancements to the state's database where our centralized intake data lives to better track this data; however, the state continues to lack IT resources to move this work forward. Vermont participated in the 2023 Policy Academy: *Advancing Collaborative Practice and Policy: Promoting Healthy Development and Family Recovery for Infants, Children, Parents, and Caregivers Affected by Prenatal Substance Exposure*, and we have since applied for and been accepted to receive In Depth Technical Assistance (IDTA) from Children and Family Futures, which is now underway. Through this collaborative process, we will continue to revisit our approach to supporting families affected by substance use disorders and substance-exposed newborns. Related to data collection, one of our goals within this work is to improve data collection as a strategy to apply quality

Vermont *(continued)*

improvement methods in clinical and community care towards the goal of increased care coordination a systems integration, including:

- Understand the number of infants who are born affected by substance use who needed a POSC
- Explore the development of the portal to collect notification data
- Expand the use of the CAPTA flow sheet in electronic health records across the state
- Subgroup (PLSB Workgroup) continues to meet to address data concerns
- Determine where the redcap database/portal data will live
- Implement data collection measures as possible within CHARM teams

When CPS/FSD are involved due to safety issues, our current antiquated data system has many limitations and we currently are not able to capture all cases that would fall into this category, therefore we are under-reporting. One system enhancement that Vermont was able to successfully implement was having sex trafficking reported as its own maltreatment type. Substantiation data as a means of tracking and reporting sex trafficking is an inaccurate measure because there are many contributing factors that could lead to decisions to unsubstantiate (rights of the accused and risks to victims of retaliation or harm, lengthy criminal prosecutions taking priority, unwillingness of victims to proceed, and so on). Through manual notifications and tracking in Excel spreadsheets, Vermont tracks both accepted and unaccepted reports involving human trafficking.

A statement was added to the definition of human trafficking to acknowledge that in addition to child protection definitions a definition of human trafficking, aggravated human trafficking, and companion definitions of other terms exists within Title 13 (Crimes and Criminal Procedure), Chapter 60 (Human Trafficking) of the Vermont Statutes. Additional definitions pertaining to human trafficking exist within federal law.

Fatalities

DCF FSD is part of Vermont's Child Fatality Review Team (CFRT), which is housed under the Vermont Department of Health (VDH). This team reviews all unnatural child fatalities and provides annual data to the legislature, striving to make recommendations related to themes which arise.

DCF FSD is a member of the National Partnership for Child Safety, which is now a 37-jurisdiction collaborative with support from Casey Family Programs. As part of our collaboration with NPCS, Vermont is in the process of developing the Safe System Learning Review; a child death review process which utilizes the Safe Systems Improvement Tool and seeks to create a psychologically safe process for staff as well as one that promotes system wide improvement over individually based fault finding.

Perpetrators

Division policy defines a perpetrator as an individual of any age who is determined to have committed child abuse or neglect. Perpetrators of sexual abuse include non-caregiver perpetrators of any age. Perpetrators of all other types of abuse must be a person responsible for the child's welfare (includes the child's parent; guardian; foster parent; any other adult residing in the child's home who serves in a parental role; an employee of a public or private residential home, institution or agency; or other person responsible for the child's welfare

while in a residential, educational, or child care setting, including any staff person. Young people may be identified as a perpetrator of sexual abuse on another youth as young as age 6; however, according to our differential response track assignment, those allegations would be assigned as an assessment up until age 14, at which point the case would be assigned as an investigation. Perpetrators that fall into the other relationship category for the purposes of NCANDS reporting include stepparent, foster sibling, and grandparent. In addition, any perpetrator that is captured using the stand-alone code of OO (other relationship) within the database will fall into this category. Vermont does report non-caregiver perpetrators of sex trafficking to NCANDS.

In 2019, The Vermont Children's Justice Act Task Force began conversations about investigative practices and substantiations which had been overturned during due process registry reviews. In response to these conversations Vermont Family Services Division completed three layers of analysis, including 33 cases where substantiations were overturned by the Commissioner's Registry Review Unit, 104 Human Services Board review decisions regarding substantiations and an in-depth review and analysis of 41 other states substantiation processes and use of child protection registries. From this analysis, we came away with three areas for further exploration: moving from the reasonable person standard to a preponderance of the evidence for name placement on the child protection registry; instituting an internal and centralized layer of oversight and review for all substantiations, applying a secondary layer of consideration to all substantiations prior to name placement on the child protection registry (an assessment which looks not just at whether the alleged incident occurred, but if the incident that occurred equates to an individual posing a significant risk to children and vulnerable adults in the community) and expansion of time frames for requesting and holding due process reviews.

Services

In September 2023, Vermont's Court Improvement Program began hosting what is becoming an annual Child Welfare Summit bringing together judges, family services workers, attorneys, and advocates to take a close look at the decisions which might lead a child to be removed from their home due to concerns of abuse and neglect. Over 240 people representing parties in a Family Court matter learn about the Structured Decision Making tools utilized by Family Services Division to assess safety and risk, and a newly released guide for courts designed to unify language and understanding across disciplines. The guides, titled The Vermont Court SDM Guide and Guide and the SDM Court Reference Sheet, developed by a collaborative workgroup consisting of judges, FSD, and Evident Change, were born from recommendations from the legislatively commissioned UVM study on the drivers of custody rates in Vermont, and are designed to unify language around safety and risk and to increase objectivity and consistency around the state.

Vermont continues to make practice changes related to our use of the SDM Risk Assessment and determination of service need to give families a choice in whether they engage in prevention-based services with the division. Following an investigation or assessment, a validated risk assessment tool is applied. If the family is classified as at high- or very-high-risk for future child maltreatment, the family is offered in-home services, and may be referred to other community services designed to address risk factors and build protective capacities. State statute dictates that families have the option of declining services offered because of

Vermont *(continued)*

the division's assessment. Prior to case closure, staff should be assisting the family in making referrals and connections to community providers, and having a conversation with the family about why they are declining services and how they plan to partner with family, friends, and/or services providers in their local community to mitigate the risks. We have referred to these conversations or meetings as Safe Closure Meetings, where we support families in developing their own plan.

Vermont chose two evidence-based practices to implement in our Prevention Plan. We decided to start with a small number of EBPs initially to support a successful implementation and reliable CQI processes. Each of these practices have at least a small foothold in Vermont. Because these practices are already known and adopted as beneficial interventions by our greater system, there was a lot of support from our stakeholders for these practices. Additionally, these practices have high efficacy ratings, which also enhanced support for them. Vermont's two selected EBPs are Motivational Interviewing (MI) and Child Parent Interactive Therapy (PCIT). Specific to MI, contracts have been amended for Intensive Family Based Services (IFBS) and Balanced and Restorative Justice (BARJ). We are partnering closely with the Department of Mental Health (DMH) regarding PCIT.

Vermont will begin by providing preventive services to candidates involved with the division through open Family Support Cases and Conditional Custody Orders (CCOs). Over time, our vision is to collaborate with and support our key community stakeholders so that in the future, the funding would follow the child/youth/family regardless of the division's involvement or case status. This will mean that their needs can be met without ever having to enter the child welfare system. We also recognize the need to expand our array of prevention-based services over time.

Virginia

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General

There were not any substantial changes to the Code of Virginia in 2023.

Section 63.2-1504 of the Code of Virginia provides Virginia with a differential response system. The differential response system allows local departments to respond to valid reports or complaints of child abuse or neglect by conducting either an investigation or a family assessment. Virginia reports data from both pathways to NCANDS.

The Virginia Administrative Code 22VAC40-705-10 defines Family assessment as the collection of information necessary to determine:

- 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; and
- Alternative plans for the child's safety if protective and rehabilitative services are indicated and the family is unable or unwilling to participate in services. These arrangements may be made in consultation with the caretaker of the child.

The Virginia Administrative Code 22VAC40-705-10 defines Investigation as the collection of information to determine:

- 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;
- Whether or not abuse or neglect has occurred;
- If abuse or neglect has occurred, who abused or neglected the child; and
- A finding of either founded or unfounded based on the facts collected during the investigation

Reports

The FFY 2024 number of referrals and number of screened in referrals remained consistent with the number of referrals and number of screened in referrals FFY 2023. As a state supervised locally administered system, referral validity is determined by the local department of jurisdiction. Local departments assess the validity criteria of age, caretaker, and jurisdiction and are required to use the Structured Decision Making (SDM) Intake Tool to determine if the allegations meet a definition of abuse or neglect. The SDM Intake Tool is also used to determine the referral track (family assessment or investigation) and response priority (R1, R2, or R3).

Virginia *(continued)*

Children

Child victims increased from FFY 2023 to FFY 2024. Virginia does not include all children in the household as victims. To be identified as a victim, the child must be directly associated with a maltreatment allegation. Virginia captures alcohol and drug child risk factors; however, when both risk factors are indicated the system only reports one risk factor. There were no changes in the methodologies of our reporting from FFY 2023 to FFY 2024 for sex trafficking victims and infants with prenatal substance exposure.

Fatalities

Virginia investigated fewer child fatalities in FFY 2024 than in FFY 2023. The decrease is believed to be the result of more local agencies having overdue investigations that were not closed timely or in accordance with VDSS guidance. VDSS is addressing overdue child fatality referrals with our local departments of social services.

Virginia does not collect child fatality data from external agencies. Virginia only investigates infant and child deaths when there is a child maltreatment allegation.

Virginia did not make any policy or guidance related changes to the child fatality review process; however, we significantly revised our guidance around the investigation of child deaths in 2022.

Virginia continues to prepare an annual report on child deaths investigated for abuse or neglect across the Commonwealth.

Perpetrators

The number of perpetrators increased. In Virginia, any individual who is in a caretaking role of a child can be identified as a perpetrator of abuse or neglect, this includes individuals under the age of eighteen. Consideration is given to the amount of authority delegated to the individual for the care, control, and discipline of the child. Virginia reports noncaretaker perpetrators of sex trafficking to NCANDS. Section 63.2-1509 of the Code of Virginia says:

- B. A valid report or complaint regarding a child who has been identified as a victim of sex trafficking or severe forms of trafficking as defined in the federal Trafficking Victims Protection Act of 2000 (22 U.S.C § 7102 et seq.) and in the federal Justice for Victims of Trafficking Act of 2015 (P.L. 114-22) may be established if the alleged abuser is the alleged victim child's parent, other caretaker, or any other person suspected to have caused such abuse or neglect.

Services

Virginia implemented Family First on July 1, 2021. This implementation included the alignment of Prevention, CPS Ongoing, and Family First to create In-Home Services, and the utilization of IV-E Prevention Services funding for evidence-based programs (EBPs). VDSS continues to expand access to title IV-E prevention services funding for certain trauma-informed, evidence-based programs (EBPs) to serve families involved in In-Home Services cases, keeping children and youth safe at home or with a relative/fictive kin caregiver and preventing entry into foster care. Foundational continuous quality improvement (CQI) and quality assurance and accountability (QAA) processes will support continuing efforts to improve service delivery, ensure effective use of resources, and achieve desired outcomes.

Virginia *(continued)*

VDSS planning efforts will continue to align with Virginia's overall movement toward EBPs and programming, while implementing additional services that are approved for title IV-E funding in the Title IV-E Prevention Services Clearinghouse and the identified needs in Virginia. Virginia's implemented EBPs include Multisystemic Therapy (MST), Functional Family Therapy (FFT), Parent-Child Interaction Therapy (PCIT), Brief Strategic Family Therapy (BSFT), Family Check-Up (FCU), Homebuilders (HB), High Fidelity Wraparound (HFW), and Motivational Interviewing (MI). VDSS is working towards increasing title IV-E eligible services and has continued its partnership with the Center for Evidence-based Partnerships in Virginia (CEP-Va) to assist in expanding service eligibility and availability. CEP-Va's Needs Assessment and Gaps Analysis (NAGA) process is an ongoing assessment approach that targets the identification of barriers and facilitators to inform implementation of new and pre-existing title IV-E programs. Studies are determined in collaboration with state partners and findings from ongoing projects.

The next phase of Family First in Virginia is the expansion of EBPs and title IV-E prevention services funding to a larger population through primary and secondary prevention services, known as Community Pathways, serving families upstream and outside of the child welfare system. This will allow title IV-E prevention services funding to be utilized in areas that might otherwise rely on 100% state or local funding sources. In addition to community-based EBPs, VDSS is continuing with the implementation of Motivational Interviewing among LDSS In-Home Services staff as a case management engagement strategy that will intersect with substance use disorder, mental health, and parent skill building. Studies have shown that MI may help support workforce capacity by providing staff with skills to increase job satisfaction, which may reduce burnout and turnover.

Relative Maintenance Support Payment (RMP) is financial assistance to families who are providing relative or fictive kin care to children to avoid placement into foster care. When families are receiving services and supports from local departments of social services (LDSS), they may make safety decisions for their child(ren) to live temporarily with relatives or fictive kin caregivers in order to prevent placement into foster care. In these cases, the relative or fictive kin caregiver would be eligible for this available financial assistance. The 2022 Special Session of the Virginia General Assembly authorized a change in funding source for RMP to eligible relatives and fictive kin from Temporary Assistance for Needy Families (TANF) federal block funds to 100 percent state general funds. The Relative Maintenance Support Payment aligns with the Virginia Department of Social Services (VDSS) Kin-First culture and is a state supported approach to providing needed financial assistance and promotes concerted efforts that honors and maintains family connections. This appropriation of general funds presented VDSS with the opportunity to provide support payments for children who do not meet the TANF child-only requirements and are being cared for by fictive kin to avoid placement into foster care. This support payment was incorporated into the Virginia Case Management System (VaCMS) to manage and disperse payments with payments to eligible relative and fictive kin caregivers beginning December 19, 2022.

Promoting Safe and Stable Families (PSSF) Virginia continues to value and support usage of PSSF funds for preventive services. There continues to be a targeted focus on the technical assistance provided to LDSS to increase the use of PSSF funds to ensure children and

Virginia *(continued)*

families receive appropriate and necessary wrap around services across the continuum and/or that PSSF funds be used to complement other funding streams to ensure there are no gaps in services when working with families. Another targeted focus has been to increase the use of PSSF funds to provide supportive services to relatives and fictive kin caring for children as a result of CPS involvement to reduce the risk of entry or re-entry into foster care. The primary services being housing/material assistance, case management, information and referrals, parent-family resource center, assessments, transportation, parenting education and counseling services.

Washington

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General

The state uses a Structured Decision Making intake screening tool (SDM) which supports a two pathway response for CPS responses when there were allegations of child abuse and neglect (CA/N) and clear definitions for CPS risk-only intakes. CPS risk-only intakes involve a child whose circumstances places him or her at imminent risk of serious harm without any specific allegations of abuse or neglect. When CPS risk-only intakes are screened in, children must be seen by a CPS investigator within 24 hours and a complete investigation is required. If child abuse or neglect is found during the response to a CPS risk-only intake, a new CPS intake is created regarding the allegation, the case worker records the findings and the record is included in the NCANDS Child File. CPS risk-only intakes were not historically submitted to NCANDS because of no substantiation of maltreatment. However, because CPS risk-only intakes receive a full investigation, it has been requested that they be included to provide an accurate reflection of the number of CPS cases being investigated and assessed. CPS risk-only intakes are now included as of FFY 2019. Historical counts of CPS risk-only intakes were provided in each year s state commentary.

Intakes screened to FAR predominately contain allegations for physical abuse and neglect that were and still are considered low risk, not requiring an immediate response. The SDM provides consistency in screening, and it guides intakes with neglect allegations considered low risk to the FAR pathway. Intakes involving cases that have had three or more screened in CPS intakes within the last 12 months or allegations of moderate to severe physical abuse and all sexual abuse allegations are screened to the investigation pathway. Intakes with any allegations of physical abuse for children under age 4, with a dependency within the last 12 months or an active dependency are screened to investigation. This two-pathway response was phased-in across the state as of June 2017.

Reports

To be screened-in for CPS intervention, intakes must meet sufficiency. Washington s sufficiency screening consists of three criteria:

- Allegations must meet the Washington Administrative Code (WAC) for child abuse and neglect.
- The alleged victim of child abuse and neglect must be younger than 18 years.
- The alleged subject of child abuse or neglect has a role of parent, acting in loco parentis, or unknown.

Intakes that do not meet all three of the above criteria do not screen in for a CPS response, unless there is imminent risk of harm (CPS risk-only) to the child. Intakes that allege a crime has been committed but do not meet Washington s screening criteria are referred to the law enforcement jurisdiction where the alleged crime occurred. CPS risk-only intakes receive an investigation with a 24 or 72-hour response, when protective factors are in place

Washington *(continued)*

mitigating the imminent risk of harm to the child for the 72 hours following the intake (e.g. hospitalization).

Intakes screened to the FAR pathway do not receive a CPS finding. Additionally, FAR intakes are mapped as alternative response nonvictim in NCANDS and do not receive findings on allegations.

The Licensing Division (LD), formally known as the Department of Licensed Resources (DLR), complete DLR-CPS risk-only intakes alleging, abuse or neglect of 18–21-year olds in facilities licensed or certified to care for children require a complete investigation. If, during the course of the investigation, it is determined that a child younger than 18 was also allegedly abused by the same perpetrator, the investigation would then meet the criteria for a CPS investigation rather than a CPS risk-only investigation. A victim and findings will be recorded, and the record will be included in the NCANDS Child File. For intakes containing child abuse and neglect allegations, response times of 24 hours or 72 hours are determined based on the sufficiency screen and the SDM intake screening tool.

Children

An alleged victim is reported as substantiated if any of the alleged child abuse or neglect was founded. The alleged victim is reported as unsubstantiated if all alleged child abuse or neglect identified was unfounded. The NCANDS category of other disposition previously included the number of children in inconclusive investigations. Legislative changes resulted in inconclusive no longer being a findings category. The NCANDS category of neglect includes medical neglect.

A new team has been formed to spearhead DCYF's effort to build out a robust secondary prevention system supporting families with high needs in the perinatal through early childhood developmental age range. Components of this team include Plan of Safe Care and the Pregnancy Support Hub for those experiencing perinatal substance use, Child Welfare Early Learning Navigators, specialized referral pathways through Help Me Grow Washington, and systems work to bridge health, early learning, and child welfare. The focus is to provide upstream prevention and early intervention strategies for Washington's youngest children and their families, as part of DCYF's strategic priority to reduce out-of-home placement rates. We continue to use data to monitor DCYF's capacity to connect families with young children to services as well as the rapid changes in placements of infants and children since implementation of Plan of Safe Care. Data shows a rise in critical incidents among children related to the fentanyl crisis.

Fatalities

The state includes child fatalities that were determined to be the result of abuse or neglect by a medical examiner or coroner or if there was a CPS finding of abuse or neglect. The state previously counted only those child fatalities where the medical examiner or coroner ruled the manner of death was a homicide. Washington only reports fatalities in the Agency File. Information about fatalities is also requested from the County Coroners/Medical Examiner's Offices, Law Enforcement departments, and the Washington State Department of Health, which maintains vital statistics data, including child deaths.

Washington *(continued)*

The numbers of fentanyl and opioid related fatalities and near fatalities remains high, though decreased in 2024:

- In 2022, 44% of the fatality and near fatalities that qualified for a review were the result of fentanyl and opioid overdose/ingestion. Fentanyl and opioid overdose/ingestion deaths accounted for 23% of the child fatalities that year.
- In 2023, 60% of the reviewed fatality and near fatalities were fentanyl/opioid related. Fentanyl and opioid related incidents accounted for 32% of the child fatalities that year.
- In 2024, 45% of the fatalities and near fatalities reviewed per state law were fentanyl/opioid related. 21% of the child fatalities were fentanyl/opioid related

Note: per Washington State law, DCYF is required to conduct child fatality and near fatality reviews when the child's death or near fatal injury is the result of abuse or neglect and the department provided services to the child within 12 months of the fatal or near fatal injury.

Perpetrators

The perpetrator relationship value of residential facility provider/staff is mapped to the NCANDS value of group home or residential facility staff when the child is in care. This value is mapped to other when maltreatment occurred and the child was not in care. The NCANDS category of other perpetrator relationship also includes the state categories of other and babysitter.

The parental type relationship is a combined parent birth/adoptive value. Because the NCANDS field separates biological and adoptive parent and Washington's system does not distinguish between the two, parent birth/adoptive is mapped to the NCANDS category of unknown parent relationship.

Washington does not report noncaregiver perpetrators of sex trafficking. These are screened out as a 3rd party report to law enforcement.

Services

Families receive preventive and remedial services from the following sources: community-based services such as Public Health Nurses, Infant Mental Health, Early Intervention, Head Start and other early learning programs, the Parent-Child Assistance Program, and referrals for Mental Health, Domestic Violence, and/or Substance Use Disorder treatment. Contracted services, including several evidence-based practices such as Homebuilders, Incredible Years, Safe Care, Triple P, Parent-Child Interaction Therapy, and Promoting First Relationships. Families can also receive CPS childcare, family reconciliation services, family preservation, and intensive family preservation services. The number of recipients of the community-based family resource and support grant is obtained from community-based child abuse prevention (CBCAP).

West Virginia

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The state did not submit commentary in time for the *Child Maltreatment 2024* report.

Wisconsin

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General

There were no significant state policy changes that affected the data submission. Certain counties in Wisconsin have implemented the Alternative Response (AR) approach. The maltreatment disposition for AR assessments identifies whether services are needed and will appear in NCANDS as alternative response nonvictim dispositions.

Reports

The state data are child-based, with each report associated with a single child. The report date is the date when the agency was notified of the alleged maltreatment, and the investigation start date is the date when the agency made initial contact with the child or other family member. In Wisconsin's child protective services (CPS) system, multiple maltreatment reports for a single child may be assessed during a single investigation.

There are a variety of reasons why a report might be screened out. In most cases screened-out reports are those reports where the information provided does not constitute maltreatment of a child or risk of maltreatment of a child. Additionally, when multiple reports are made about the same maltreatment, the subsequent reports may be screened out. In Wisconsin, CPS agencies are currently not required to investigate instances of abuse by non-caregivers, so those reports may be screened out, except under certain circumstances defined by statute. In rare instances, cases may be screened out because there is insufficient identifiable information available. Finally, cases may be screened out because jurisdiction more properly rests with another state.

While there is no significant difference in the number of referrals between FFY 2023 and FFY 2024, there is a decrease in screened-in referrals (reports).

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.

Our state continued to conduct investigations and assessments through face-to-face contact, as well as a combination of phone and video calls. All initial contact for investigations and any contact necessary for ensuring children's safety was expected to be face-to-face. Workers continued to gather information per requirements laid out in the state's Initial Assessment Standards, Ongoing Services Standards, and Safety Intervention Standards.

Fatalities

The number of fatalities includes only those children who were reported as subjects of abuse or neglect and the maltreatment allegation was substantiated. Only the Wisconsin

Wisconsin *(continued)*

Department of Children and Families is involved in compiling information on child maltreatment fatalities, and all fatalities are reported in the Child File.

Perpetrators

Details of the perpetrators is included for allegations in which the child was substantiated. The NCANDS category other perpetrator relationship includes perpetrators who are not primary or secondary caregivers to the child (such as noncaregivers) for example, another child or peer of the child victim or a stranger. As mentioned previously, there are no substantiations in AR cases, so the alleged perpetrators in AR cases will not be recorded as substantiated perpetrators. Services, if needed, are established based on the assessment determination, not the determination of a specific perpetrator.

Services

Wisconsin is currently not able to report prevention services. The state continues to support data quality related to service documentation and ultimately to modify the NCANDS file to incorporate services reporting for future data submissions.

Wyoming

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General

Wyoming has three (3) types of responses to child protection referrals. There is an Investigation Track, Assessment Track, and a Prevention Track. The Investigation Track is assigned as described in the Level of Evidence section. Victims that were substantiated or unsubstantiated are identified and reported to NCANDS through the Investigation Track. The Assessment Track gets assigned if the referral alleges abuse and /or neglect but does not meet the criteria for the Investigation Track. The Prevention Track is assigned when there is no allegation of abuse and/or neglect, but there are identified risk factors that indicate the need for services to prevent abuse and/or neglect. Nonvictims are identified and reported to NCANDS through the Assessment and Prevention Tracks.

Reports

The Department saw a large decrease of reports in FFY 2023 and that trend continued into FFY 2024, however, it was less significant. This also led to fewer reports being screened out. There were no changes to our screening process, aside from additional training and guidance provided to staff during FFY24, however we have transitioned into our new CCWIS. We did note an increase to our responses time, however this is likely due to the information being captured in a different way in our new system. This information should be consistent and more accurate moving forward. We also reported fewer prenatal substance exposure reports by health care providers. The State enacted a law requiring health care providers to report (through other mechanisms) mothers or infants who are identified as meeting this criteria. Health care providers are also required to develop a plan of safe care for the mother and child.

Children

There was a decrease in victims during FFY 2024, however there was also a decrease in the number of reports received. There were no changes to policy or procedure related to assessments or investigations, however a law pertaining to infants prenatally substance exposed was passed in the spring of 2023 and went into effect on January 1, 2024. This law prescribes that all pregnant women using substances or infants prenatally exposed shall receive a plan of safe care that is to be developed by the medical care team associated with the family.

Fatalities

There were no substantiated or indicated child maltreatment related fatalities during FFY24.

Wyoming did not change any policies related to child fatality reviews. Wyoming has a major injury and fatality review team that is comprised of the Department of Family Services, the Wyoming Citizen Review Panel, the Wyoming Children's Trust Fund, the Wyoming Department of Health, the Wyoming Department of Corrections, the Wyoming Division of Victim Services, the Wyoming Department of Education as well as members

Wyoming *(continued)*

representing the disciplines of judges, mental health, local medical professionals and local law enforcement.

Perpetrators

There was a decrease in overall perpetrators during FFY24. Again, we are seeing decreases across the board as well as having transitioned into our new CCWIS and reporting. There were no changes to policy, procedure or state laws as it pertains to perpetrators or the collection of this information.

Services

Due to Wyoming transitioning from a SACWIS to the new CCWIS there are differences in how this information is collected, therefore we reported fewer services. We will monitor these differences to ensure the appropriate information is collected and/or reported.

