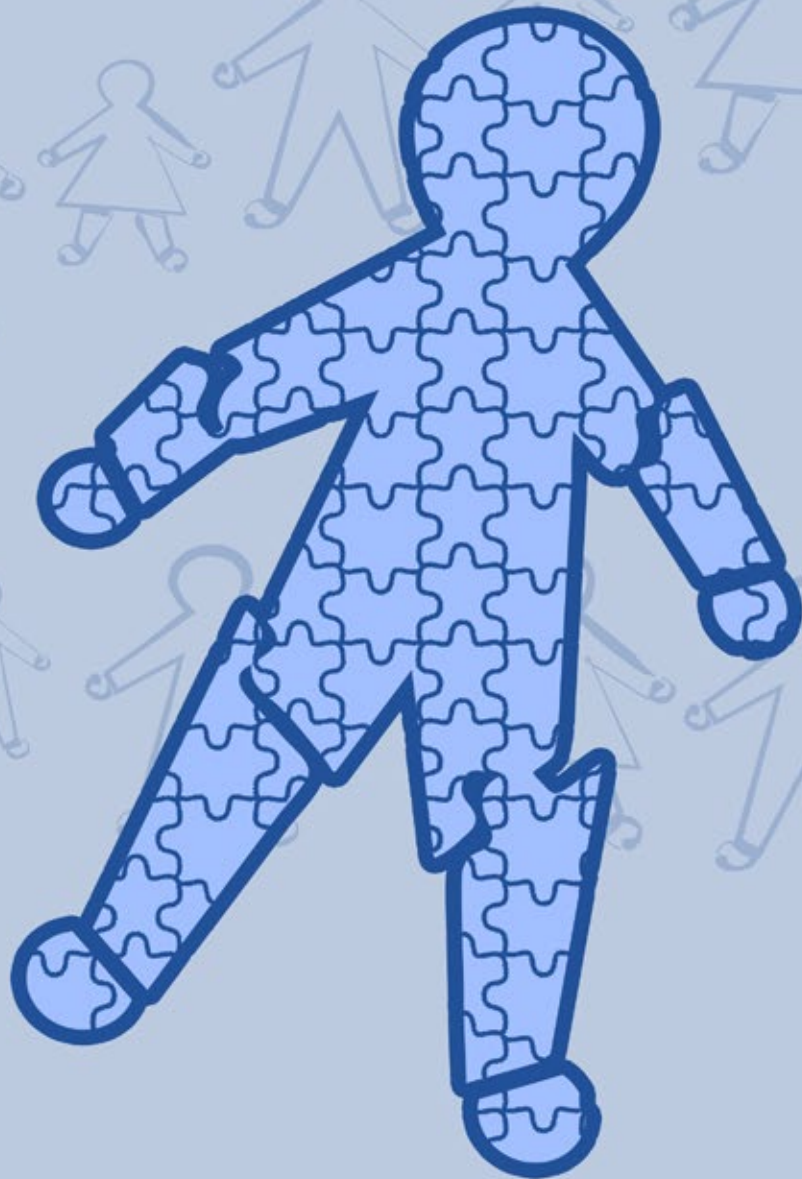


Child Maltreatment 2014



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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<http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>

Questions and More Information

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

Data Sets

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

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Child Maltreatment 2014





Letter from the Acting Assistant Secretary and Commissioner:

Child Maltreatment 2014 is the 25th edition of the annual Child Maltreatment report series. This report relies on data states provide through the National Child Abuse and Neglect Data System (NCANDS). NCANDS was established in 1988 as a voluntary national data collection and analysis program to make available state child abuse and neglect information. Data have been collected every year since 1991 and NCANDS now annually collects maltreatment data from child protective services agencies in the 50 states, the District of Columbia, and the Commonwealth of Puerto Rico. Key findings in this report include:

- The national estimates of children who received an investigation or alternative response increased 7.4 percent from 2010 (3,023,000) to 2014 (3,248,000).
- The number and rate of victims of maltreatment have fluctuated during the past 5 years. Comparing the national estimate of victims from 2010 (698,000) to 2014 (702,000) show an increase of less than 1 percent.
- Three-quarters (75.0%) of victims were neglected, 17.0 percent were physically abused, and 8.3 percent were sexually abused.
- For 2014, a nationally estimated 1,580 children died of abuse and neglect at a rate of 2.13 per 100,000 children in the national population.

What began as a small, working paper in 1992, the Child Maltreatment series has grown into an important resource relied upon by thousands of researchers, practitioners, and advocates throughout the world. The report is available from our website at <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>.

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

Sincerely,

/s/
Mark Greenberg
Acting Assistant Secretary
Administration for Children
and Families

/s/
Rafael J. López
Commissioner
Administration on Children, Youth,
and Families

Acknowledgements

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

National and state statistics about child maltreatment are derived from the data collected by child protective services agencies and reported to NCANDS. The data are analyzed, disseminated, and released in an annual report. *Child Maltreatment 2014* marks the 25th 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 2014 national statistics were based upon receiving data from the 50 states, the District of Columbia and the Commonwealth of Puerto Rico (commonly referred to as the 52 states). Case-level data were received from all 52 states.

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

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

Contents

LETTER FROM THE ACTING ASSISTANT SECRETARY AND COMMISSIONER	ii
ACKNOWLEDGEMENTS	iii
SUMMARY	viii
CHAPTER 1: Introduction	1
25 Years of States Reporting CPS Data to NCANDS	1
Background of NCANDS	2
Future Reporting to NCANDS	2
Annual Data Collection Process	3
NCANDS as a Resource	3
Structure of the Report	5
CHAPTER 2: Reports	7
Screening	7
Investigations and Alternative Responses	8
Report Sources	9
CPS Response Time	9
CPS Workforce and Caseload	10
Exhibit and Table Notes	10
CHAPTER 3: Children	17
Alternative Response	18
Unique and Duplicate Counts	19
Special Focus on Children With Known Ages: Age Groups	19
Children Who Received an Investigation or Alternative Response	19
Special Focus on Children With Known Ages: Children Who Received an Investigation or Alternative Response By Age Group	20
Children Who Received an Investigation or Alternative Response by Disposition	20
Number of Child Victims	21
Child Victim Demographics	22
Special Focus on Children With Known Ages: Child Victims by Age Group	23
Special Focus on Children With Known Ages: Child Victims by Age Group and Sex	24
Maltreatment Types	25
Risk Factors	25
Perpetrator Relationship	26
Federal Standards and Performance Measures	26
Exhibit and Table Notes	27

CHAPTER 4: Fatalities	51
Number of Child Fatalities	51
Special Focus on Children With Known Ages: Age Groups	52
Child Fatality Demographics	52
Special Focus on Children With Known Ages: Child Fatalities by Age Group	53
Special Focus on Children With Known Ages: Child Fatalities by Age Group and Sex	54
Maltreatment Types	55
Perpetrator Relationship	55
Risk Factors	55
Prior CPS Contact	56
Exhibit and Table Notes	56
CHAPTER 5: Perpetrators	63
Number of Perpetrators	63
Perpetrator Demographics	64
Perpetrator Relationship	64
Exhibit and Table Notes	65
CHAPTER 6: Services	76
Prevention Services	76
Postresponse Services	77
History of Receiving Services	79
Exhibit and Table Notes	79
APPENDIX A: Required CAPTA Data Items	90
APPENDIX B: Glossary	92
APPENDIX C: State Characteristics	108
APPENDIX D: State Commentary	116

Exhibits

Exhibit S-1 Statistics at a Glance, 2014	xii
Exhibit 2-A Referral Rates, 2010-2014	8
Exhibit 2-B Report Disposition Rates, 2010-2014	8
Exhibit 3-A Child Disposition Rates, 2010-2014	19
Exhibit 3-B Special Focus on Children With Known Ages: Children Who Received an Investigation or Alternative Response by Age Group	20
Exhibit 3-C Children Who Received an Investigation or Alternative Response by Disposition, 2014	21
Exhibit 3-D Child Victimization Rates, 2010-2014	21
Exhibit 3-E Children by Number of Screened-In Referrals (Reports), 2014	22
Exhibit 3-F Victims by Number of Screened-In Referrals (Reports), 2014	22
Exhibit 3-G Victims by Age, 2014	22
Exhibit 3-H Special Focus on Children With Known Ages: Child Victims by Age Group	23
Exhibit 3-I Special Focus on Children With Known Ages: Child Victims by Age Group and Sex	24
Exhibit 4-A Child Fatality Rates per 100,000 Children, 2010-2014	52
Exhibit 4-B Special Focus on Children With Known Ages: Child Fatalities by Age Group	53
Exhibit 4-C Child Fatalities by Sex, 2014	53
Exhibit 4-D Special Focus on Children With Known Ages: Child Fatalities by Age Group and Sex	54
Exhibit 4-E Child Fatalities by Race and Ethnicity, 2014	55
Exhibit 4-F Maltreatment Types of Child Fatalities, 2014	55
Exhibit 4-G Child Fatalities With Selected Caregiver Risk Factors, 2014	55
Exhibit 5-A Perpetrators by Number of Reports, 2014	63
Exhibit 5-B Perpetrators by Number of Victims, 2014	63
Exhibit 5-C Perpetrators by Age, 2014	64
Exhibit 5-D Perpetrators by Race and Ethnicity, 2014	64

Tables

Table 2-1 Screened-in and Screened-out Referrals, 2014	12
Table 2-2 Report Sources, 2010-2014	13
Table 2-3 CAPTA Performance Measure: Response Time in Hours, 2010-2014	14
Table 2-4 Child Protective Services Workforce, 2014	15
Table 2-5 Child Protective Services Caseload, 2014	16
Table 3-1 Children Who Received an Investigation or Alternative Response, 2010-2014	30
Table 3-2 Children Who Received an Investigation or Alternative Response by Disposition, 2014	32
Table 3-3 Child Victims, 2010-2014	33
Table 3-4 Victims by Age, 2014	35
Table 3-5 Victims by Sex, 2014	39
Table 3-6 Victims by Race and Ethnicity, 2014	40
Table 3-7 Maltreatment Types of Victims, 2014	42
Table 3-8 Children With an Alcohol Abuse Caregiver Risk Factor, 2014	44
Table 3-9 Children With a Drug Abuse Caregiver Risk Factor, 2014	45
Table 3-10 Victims by Relationship to Their Perpetrators, 2014	46
Table 3-11 CBCAP Federal Performance Measure: First-Time Victims, 2010-2014	47

Table 3–12 CFSR: Absence of Maltreatment Recurrence, 2010–2014	49
Table 3–13 CFSR: Absence of Maltreatment in Foster Care, 2010–2014	50
Table 4–1 Child Fatalities by Submission Type, 2014	58
Table 4–2 Child Fatalities, 2010–2014	59
Table 4–3 Child Fatalities by Age, 2014	60
Table 4–4 Child Fatalities by Relationship to Their Perpetrators, 2014	60
Table 4–5 Child Fatalities Who Received Family Preservation Services Within the Previous 5 Years, 2014	61
Table 4–6 Child Fatalities Who Were Reunited With Their Families Within the Previous 5 Years, 2014	62
Table 5–1 Perpetrators, 2014	67
Table 5–2 Perpetrators by Age, 2014	68
Table 5–3 Perpetrators by Sex, 2014	71
Table 5–4 Perpetrators by Race and Ethnicity, 2014	72
Table 5–5 Perpetrators by Relationship to Their Victims, 2014	74
Table 6–1 Children Who Received Prevention Services by Funding Source, 2014	81
Table 6–2 Average Number of Days to Initiation of Services, 2014	82
Table 6–3 Children Who Received Postresponse Services, 2014	83
Table 6–4 Children Who Received Foster Care Postresponse Services, 2014	84
Table 6–5 Victims With Court Action, 2014	85
Table 6–6 Victims With Court-Appointed Representatives, 2014	86
Table 6–7 Victims Who Received Family Preservation Services Within the Previous 5 Years, 2014	87
Table 6–8 Victims Who Were Reunited With Their Families Within the Previous 5 Years, 2014	88
Table C–1 State Administrative Structure, Level of Evidence, and Data Submissions, 2014	110
Table C–2 Child Population, 2010–2014	111
Table C–3 Child Population Demographics, 2014	112
Table C–4 Adult Population by Age Group, 2014	115



Summary

Overview

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

Each state has its own definitions of child abuse and neglect that are based on standards set by federal law. Federal legislation provides a foundation for states by identifying a set of acts or behaviors that define child abuse and neglect. The Child Abuse Prevention and Treatment Act (CAPTA), (42 U.S.C. §5101), as amended by the CAPTA Reauthorization Act of 2010, retained the existing definition of child abuse and neglect as, at a minimum:

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

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

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

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

The data are submitted voluntarily by the 50 states, the District of Columbia, and the Commonwealth of Puerto Rico. The first report from NCANDS was based on data for 1990. This report for federal fiscal year (FFY) 2014 data is the 25th issuance of this annual publication.

How are the data used?

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

What data are collected?

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

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

Where are the data available?

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

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

During FFY 2014, CPS agencies received an estimated 3.6 million referrals involving approximately 6.6 million children. Among the 46 states that reported both screened-in and screened-out referrals, 60.7 percent of referrals were screened in and 39.3 percent were screened out. For FFY 2014, 2.2 million referrals were screened in. The national rate of screened-in referrals (reports) was 28.9 per 1,000 children in the national population.

Who reported child maltreatment?

For 2014, professionals made three-fifths (62.7%) of reports of alleged child abuse and neglect. The three largest percentages of report sources were from such professionals as legal and law enforcement personnel (18.1%), education personnel (17.7%) and social services personnel (11.0%). The term professional means that the person had contact with the alleged child maltreatment victim as part of his or her job. This term includes teachers, police officers, lawyers, and social services staff.

Nonprofessionals—including friends, neighbors, and relatives—submitted one fifth of reports (18.6%). Unclassified sources submitted the remaining one-fifth of reports (18.7%). Unclassified includes anonymous, “other,” and unknown report sources. States use the code “other” for any report source that does not have an NCANDS designated code.

Who were the child victims?

Fifty-two states submitted data to NCANDS about the dispositions of children who received one or more CPS responses. For FFY 2014, approximately 3.2 million children were the subjects of at least one report. More than four-fifths of these children (83.7%) were the subject of only one report, 12.6% were the subject of two reports, and less than 4 percent (3.7%) were the subject of three or more reports. Approximately one-fifth of children were found to be victims with dispositions of substantiated (17.8%), indicated (0.8%), and alternative response victim (0.6%). The remaining four-fifths of the children were determined to be nonvictims of maltreatment. For FFY 2014, there were a nationally estimated 702,000 victims of child abuse and neglect. The victim rate was 9.4 victims per 1,000 children in the population. Victim demographics include:

- Victims in their first year of life had the highest rate of victimization at 24.4 per 1,000 children of the same age in the national population.
- The majority of victims consisted of three races or ethnicities—White (44.0%), Hispanic (22.7%), and African-American (21.4%).
- More than 90 percent (93.1%) of victims were found to be victims in one report, and less than seven percent of victims (6.8%) were found to be victims in more than one report.

What were the most common types of maltreatment?

As in prior years, the greatest percentages of children suffered from neglect (75.0%) and physical abuse (17.0%). A child may have suffered from multiple forms of maltreatment. A victim who suffered more than one type of maltreatment was counted only once per type.

How many children died from abuse or neglect?

Child fatalities are the most tragic consequence of maltreatment. For FFY 2014, 50 states reported 1,546 fatalities. Based on these data, a nationally estimated 1,580 children died from abuse and neglect. According to the analyses performed on the child fatalities for whom case-level data were obtained:

- The national rate of child fatalities was 2.13 deaths per 100,000 children.
- Nearly three-quarters (70.7%) of all child fatalities were younger than 3 years old.
- Boys had a higher child fatality rate than girls at 2.48 boys per 100,000 boys in the population. Girls died of abuse and neglect at a rate of 1.82 per 100,000 girls in the population.
- Almost 90 percent (88.4%) of child fatalities were comprised of White (43.0%), African-American (30.3%), and Hispanic (15.1%) victims.
- Four-fifths (79.3%) of child fatalities involved at least one parent.

Who abused and neglected children?

A perpetrator is the person who is responsible for the abuse or neglect of a child. Fifty-one states reported 522,945 perpetrators. According to the analyses performed on the perpetrators for whom case-level data were obtained:

- Four-fifths (83.2%) of perpetrators were between the ages of 18 and 44 years.
- More than one-half (54.1%) of perpetrators were women, 44.8 percent of perpetrators were men, and 1.1 percent were of unknown sex.
- The three largest percentages of perpetrators were White (48.8%), African-American (20.0%), or Hispanic (19.8%).
- Fewer than 8 percent (7.2%) of perpetrators were involved in more than one report.
- More than three-fifths (61.5%) of perpetrators maltreated one victim, more than one-fifth (22.5%) maltreated two victims, and the remaining 16 percent maltreated three or more victims.

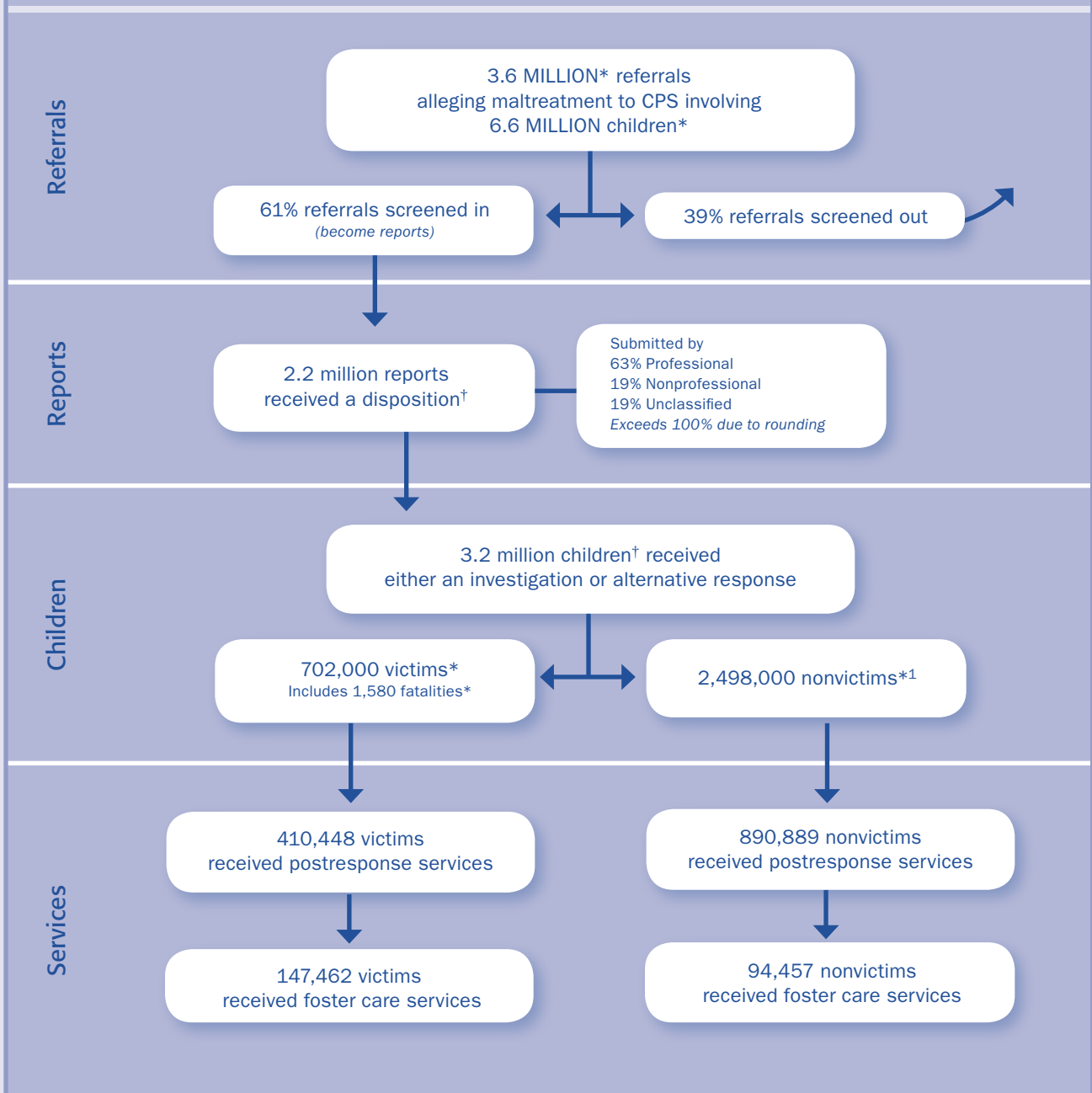
Who received services?

CPS agencies provide services to children and their families, both in their homes and in foster care. Reasons for providing services may include 1) preventing future instances of child maltreatment and 2) remedying conditions that brought the children and their family to the attention of the agency. During 2014:

- Forty-seven states reported approximately 2.9 million children received prevention services.
- Based on data from 48 states, approximately 1.3 million children received postresponse services from a CPS agency.
- Two-thirds (63.7%) of victims and one-third (32.0%) of nonvictims received postresponse services.

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

Exhibit S-1 Statistics at a Glance, 2014



* Indicates a nationally estimated number.

† Please refer to the report Child Maltreatment 2014 <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment> for information regarding how the estimates were calculated. Average 1.83 children per referral.

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



Introduction

CHAPTER 1

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

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

25 Years of States Reporting CPS Data to NCANDS

This edition marks the 25th time child maltreatment data from the National Child Abuse and Neglect Data System have been publically released in the Child Maltreatment report series. The first report, *National Child Abuse and Neglect Data System: Working Paper 1–1990 Summary Data Component* was released in April 1992 and was the result of 4 years of work to design and implement a national data collection and analysis system for state child protective services data. Data were collected from 49 states, the District of Columbia, the Territory of Guam, and all branches of the Armed Services. That first report was 80 pages long and contained mostly duplicated counts of key aggregate indicators. Twenty-four years later, the report is three times the size of the first edition (now more than 250 pages); contains data from 50 states, the District of Columbia, and the Commonwealth of Puerto Rico; and contains mostly unique counts of key case-level indicators. NCANDS has come a long way from

states completing hand-written surveys, which were faxed or mailed in, to submitting electronic data files to a Web portal.

Child Maltreatment 2014 presents national data about child abuse and neglect known to child protective services (CPS) agencies in the United States during federal fiscal year (FFY) 2014. The data were collected and analyzed through the National Child Abuse and Neglect Data System (NCANDS), which is an initiative of the Children’s Bureau. Because NCANDS contains all screened-in referrals to CPS agencies that received a disposition, including those that received an alternative response, these data represent the universe of known child maltreatment cases for FFY 2014.

Background of NCANDS

CAPTA was amended in 1988 to direct the Secretary of HHS to establish a national data collection and analysis program, which would make available state child abuse and neglect reporting information.¹ HHS responded by establishing NCANDS as a voluntary national reporting system. During 1992, HHS produced its first NCANDS report based on data from 1990. The Child Maltreatment report series evolved from that initial report and is now in its 25th edition. During 1996, CAPTA was amended to require all states that receive funds from the Basic State Grant program to work with the Secretary of HHS to provide specific data, to the extent practicable, about children who had been maltreated. These data elements were incorporated into NCANDS. The required CAPTA data items are listed in appendix A.

CAPTA was most recently reauthorized and amended during December 2010. The CAPTA Reauthorization Act of 2010 added new data collection requirements.² NCANDS is subject to the Office of Management and Budget approval process to renew existing data elements and to add new ones. This process occurs every 3 years. The most recent renewal occurred during September 2012 when six fields were added to NCANDS—four to the Child File and two to the Agency File. The six new fields were implemented to comply with CAPTA and improve data quality—two fields added time stamps, two fields added dates, and two fields asked for counts of children eligible and referred to early intervention services. As of FFY 2014, most states are reporting data in the new fields.

A successful federal-state partnership is the core component of NCANDS. Each state designates one person to be the NCANDS state contact. The NCANDS state contacts from all 52 states work with the Children’s Bureau and the NCANDS Technical Team to uphold the high-quality standards associated with NCANDS data. Webinars, technical bulletins, virtual meetings, email, and phone conferences are used regularly to facilitate information sharing and provision of technical assistance.

Future Reporting to NCANDS

In May 2015, President Obama signed into law the Justice for Victims of Trafficking Act of 2015 (P.L. 114–22). The new law includes an amendment to CAPTA that requires each state to report, to the maximum extent practicable, the number of children determined to be victims of sex trafficking. Within this new requirement, states are given the option to define a child as any person who has not reached the age of 24 years. This new requirement will be added to NCANDS and the NCANDS Technical Team will disseminate guidance from the Children’s Bureau and work with the states to implement this new field during the next few years.

¹ *Child Abuse Prevention, Adoption and Family Services Act of 1988*, 42 U.S.C. §5101 et seq.; 42 U.S.C. 5116 et seq. (1988).

² *The CAPTA Reauthorization Act of 2010*, 42 U.S.C. §5106a (2010).

Annual Data Collection Process

The NCANDS reporting year is based on the FFY calendar, which for *Child Maltreatment 2014* was October 1, 2013 through September 30, 2014. States submit case-level data by constructing an electronic file of child-specific records for each report of alleged child abuse and neglect that received a CPS response. Each state's file only includes completed reports that resulted in a disposition (or finding) as an outcome of the CPS response during the reporting year. The data submission containing these case-level data is called the Child File.

The Child File is supplemented by agency-level aggregate statistics in a separate data submission called the Agency File. The Agency File contains data that are not reportable at the child-specific level and are often gathered from agencies external to CPS. States are asked to submit both the Child File and the Agency File each year. In prior years, states that were not able to submit case-level data in the Child File submitted an aggregate data file called the Summary Data Component (SDC). Because all states now have the capacity to submit case-level data, the SDC was discontinued as of the 2012 data collection.

For FFY 2014, data were received from 52 states (unless otherwise noted, the term states includes the District of Columbia and the Commonwealth of Puerto Rico). All states submitted both a Child File and an Agency File.

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

With each Child Maltreatment report, the most recent population data from the U.S. Census Bureau are used to update all data years in each trend table. Wherever possible, trend tables encompass 5 years of data. The most recent data submissions or data resubmissions from states also are included in trend tables. This may account for some differences in the counts from previously released reports. The population of the 52 states that submitted FFY 2014 data accounts for more than 74 million children, which according to the U.S. Census Bureau, is 100.0 percent of the Nation's child population younger than 18 years. (See [table C-2](#).)

NCANDS as a Resource

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

- **Child Welfare Outcomes: Report to Congress**—This report presents information on state and national performance in seven outcome categories. The Child Welfare Outcomes Report originally reported on 12 measures established to assess performance on the seven outcome categories. In 2006, HHS added four permanency composites (composed of 15 individual measures) used as part of the second round of the Child and Family Services Reviews (CFSRs).

Data for the original Child Welfare Outcomes measures, the CFSR composite measures, and the majority of the context data in this report come from NCANDS and the Adoption and Foster Care Analysis and Reporting System (AFCARS). The reports are available on the Children’s Bureau’s website at <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/cwo>. The Children’s Bureau also established a website where users can create their own custom reports from the Child Welfare Outcomes data at <http://cwoutcomes.acf.hhs.gov/data/overview>.

- 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 2, NCANDS data are the basis for two of the CFSR national data indicators: Absence of Recurrence of Maltreatment and Absence of Maltreatment in Foster Care.
 - For CFSR Round 3, NCANDS data are the basis for two of the CFSR national data indicators: Recurrence of Maltreatment and Maltreatment in Foster Care.
- Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)—This program was created from the Patient Protection and Affordable Care Act (P.L. 111–148) and the Health Resources and Services Administration (HRSA) and the Administration for Children and Families (ACF), partnered to implement the program. The program’s goal is to provide an opportunity for collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs. Grantees must demonstrate improvement in several areas including prevention of child abuse and neglect.

Data are used to demonstrate improvement in three measures that are based on NCANDS reporting principles (1) suspected maltreatment, (2) child abuse and neglect victimization, and (3) first-time victimization. Program information and grant opportunities are available on the HRSA MIECHV website at <http://mchb.hrsa.gov/index.html>.

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

- Community-Based Child Abuse Prevention (CBCAP) Grants—provides funding to states to develop, operate, expand, and enhance community-based, prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect. To receive funds, the governor of the state must designate a lead agency to receive the funds and implement the program. NCANDS data are used to assess CBCAP’s performance on the effectiveness of CBCAP-sponsored primary prevention efforts with regard to:

- A reduction of the overall rate of children who become first-time victims each year of the reporting states' population of children (younger than 18 years).
 - A reduction in the overall rate of adults who become first-time perpetrators each year of the reporting states' population of adults (older than 18 years).
- Child Abuse Prevention and Treatment Act (CAPTA) Child Abuse Prevention and Treatment Act (CAPTA)—supports research and demonstration projects related to the identification, prevention, and treatment of child abuse and neglect. Grants are provided to states, local agencies, and university- and hospital-affiliated programs. Two measures use NCANDS data:
- Improvement in states' average response time between receipt of a maltreatment report and CPS response—this measure is based on the median of states' reported average response time, in hours, from screened-in reports to the initiation of the investigation or alternative response as reported in the NCANDS Agency File. The objective is to improve the efficiency of child protective services and to reduce the risk of maltreatment to potential victims.
 - Decrease in the percentage of children with substantiated reports of maltreatment who have a repeated substantiated report of maltreatment within 6 months—this measure is based on an analysis of the annual NCANDS Child File. The goal is to ensure children's safety by reducing the recurrence of maltreatment.

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

In addition, NCANDS data are provided to other agencies as part of federal initiatives, including Healthy People 2020, America's Children: Key National Indicators of Well-Being, and My Brother's Keeper Task Force.

Structure of the Report

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

By making changes designed to improve the functionality and practicality of the report each year, the Children's Bureau endeavors to increase readers' comprehension and knowledge about child maltreatment. Feedback regarding changes made this year, suggestions for potential future changes, or other

comments related to the Child Maltreatment report are encouraged. Feedback may be provided to the Children’s Bureau’s Child Welfare Information Gateway at info@childwelfare.gov. The *Child Maltreatment 2014* report contains the additional chapters listed below. Most data tables and notes discussing methodology are located at the end of each chapter:

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

The following resources also are included in this report:

- Appendix A, Required CAPTA Data Items—the list of data items from the CAPTA Reauthorization Act of 2010 that states submit to NCANDS
- Appendix B, Glossary—common terms and acronyms used in NCANDS and their definitions
- Appendix C, State Characteristics—child and adult population data and information about states’ administrative structures and levels of evidence
- Appendix D, State Commentary—information about state policies, procedures, and legislation that may affect data

Readers are urged to use state commentaries as a resource for additional context to the chapters’ text and data tables. Appendix D also includes phone and email information for each NCANDS state contact person. Readers who would like additional information about specific policies or practices are encouraged to contact the respective states.



Reports

CHAPTER 2

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

Screening

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

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

During FFY 2014, CPS agencies across the nation received an estimated 3.6 million referrals, a 14.6 percent increase since 2010. The percent change was calculated using the national estimates for FFY 2010 and FFY 2014. The national estimate of 3.6 million referrals (including approximately 6.6 million children) was based on a national referral rate of 48.8 referrals per 1,000 children in the population. (See exhibit 2–A and related notes.)

For FFY 2014, 46 states reported both screened-in and screened-out referral data. (See [table 2–1](#) and related notes.) Those states screened in 60.7 percent and screened out 39.3 percent of referrals. Seventeen states screened in more than the national percentage with screen-in rates ranging from 60.8 to 100.0 percent. Twenty-nine states screened out more than the national percentage with screen-out rates ranging from 39.5 to 82.5 percent. Two states do not screen out any referrals and report 100.0 percent of screened-in referrals. Readers are encouraged to view state comments in appendix D for additional information about states' screening policies.

Exhibit 2–A Referral Rates, 2010–2014

Year	Reporting States	Child Population of Reporting States	Screened-In Referrals (Reports)	Screened-Out Referrals	Total Referrals		Child Population of all 52 States	National Estimate of Total Referrals
			Number	Number	Number	Rate per 1,000 Children		
2010	47	64,432,594	1,707,439	1,011,296	2,718,735	42.2	75,020,077	3,166,000
2011	47	64,266,976	1,766,653	1,057,136	2,823,789	43.9	74,786,700	3,283,000
2012	47	64,112,641	1,826,639	1,123,550	2,950,189	46.0	74,549,295	3,429,000
2013	47	64,049,890	1,833,106	1,179,468	3,012,574	47.0	74,414,936	3,498,000
2014	46	63,889,299	1,892,231	1,227,078	3,119,309	48.8	74,356,370	3,629,000

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

This table includes only those states that reported both screened-in and screened-out referrals.

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

Investigations and Alternative Responses

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

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

In the National Child Abuse and Neglect Data System (NCANDS), both investigations and alternative responses receive dispositions. For FFY 2014, a nationally estimated 2.2 million reports (screened-in referrals) received dispositions. This is an 8.3 percent increase from the 2010 national estimate of 2.0 million reports that received dispositions. The percent change was calculated using the national estimates for FFY 2010 and FFY 2014. (See exhibit 2–B and related notes.)

Exhibit 2–B Report Disposition Rates, 2010–2014

Year	Reporting States	Child Population of Reporting States	Reports with a Disposition from Reporting States	National Disposition Rate per 1,000 Children	Child Population of all 52 States	National Estimate of Reports with a Disposition
2010	52	75,020,077	1,986,714	26.5	75,020,077	1,987,000
2011	52	74,786,700	2,046,584	27.4	74,786,700	2,047,000
2012	52	74,549,295	2,104,784	28.2	74,549,295	2,105,000
2013	52	74,414,936	2,102,659	28.3	74,414,936	2,103,000
2014	52	74,356,370	2,151,904	28.9	74,356,370	2,152,000

Data are from the Child File or the SDC.

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

Report Sources

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

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

For FFY 2014, professionals submitted three-fifths of reports (62.7%). The highest percentages of reports came from legal and law enforcement personnel (18.1%), education personnel (17.7%), and social services personnel (11.0%). (See [table 2–2](#) and related notes.) Nonprofessionals submitted one-fifth of reports (18.6%) and included other relatives (7.0%), parents (6.8%), and friends and neighbors (4.4%). Unclassified sources submitted the remaining one-fifth of reports (18.7%).

Examining 5 years of report source data shows that the distributions have been stable. The categories of professional, nonprofessional, and unclassified have fluctuated less than three percentage points across the years. The slight changes from 2010 to 2014 indicate better reporting as the percentages of unclassified decreased and the percentages of professionals increased.

CPS Response Time

States’ policies usually establish time guidelines or requirements for initiating a CPS response to a report. The response time is defined as the time from the CPS agency’s receipt of a referral to the initial face-to-face contact with the alleged victim. States have either a single response timeframe for all reports or different timeframes for different types of reports. High-priority responses are often stipulated to occur within 24 hours; lower priority responses may occur within several days.

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

Based on data from 38 states, the FFY 2014 average response time was 75 hours or 3.1 days; the median response time was 68 hours or 2.8 days. (See [table 2–3](#) and related notes.) The response time

data have fluctuated during the past 5 years, due in part to the number of states that submitted data for each year. In addition, some states made improvements to state systems that enabled a more accurate calculation of response time.

CPS Workforce and Caseload

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

For FFY 2014, 46 states reported a total workforce of 37,346. Forty-two states reported the number of specialized intake and screening workers. The number of investigation and alternative response workers was computed by subtracting the reported number of intake and screening workers from the reported total workforce number. (See [table 2-4](#) and related notes.)

Using the data from the same 42 states that can report on workers with specialized functions, investigation and alternative response workers completed an average of 67 CPS responses per worker for FFY 2014. As CPS agencies realign their workforce to improve the multiple types of CPS responses they provide, the methodologies for estimating caseloads may become more complex. (See [table 2-5](#) and related notes.)

Exhibit and Table Notes

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

General

- During data analyses, thresholds are set to ensure data quality is balanced with the need to report data from as many states as possible. States may be excluded from an analysis for data quality issues.
- Rates are per 1,000 children in the population.
- NCANDS uses the child population estimates that are released annually by the U.S. Census Bureau. These population estimates are provided in appendix C.
- National totals and calculations appear in a single row labeled "National" instead of separate rows labeled total, rate, or percent.

Table 2-1 Screened-In and Screened-Out Referrals, 2014

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

- This table includes only those states that reported both screened-in and screened-out referrals. States that reported 100.0 percent of referrals as screened in were included.
- The national referral rate is based on the number of total referrals divided by the child population ([table C-2](#)) of reporting states and multiplying by 1,000.
- The national estimate of total referrals is based on the rate of referrals multiplied by the national child population of all 52 states. The result was divided by 1,000 and rounded to the nearest 1,000.
- The national estimate of children included in referrals was calculated by multiplying the average number of children included in a screened-in referral (see next bullet) by the number of estimated referrals (see [exhibit 2-A](#)). The result was rounded to the nearest 1,000.
- For FFY 2014, the average number of children included in a referral was 1.83. The average number of children included in a referral was calculated by dividing the number of duplicate children who received a disposition (see [table 3-2](#)) by the number of reports with a disposition (see [exhibit 2-B](#)).

Table 2-2 Report Sources, 2010-2014

- Data are from the Child File or the SDC.

Table 2-3 CAPTA Performance Measure: Response Time in Hours, 2010-2014

- Data are from the Agency File or the SDC.
- Response time in hours was previously a Program Assessment Rating Tool (PART) measure.
- The national average response time was calculated by summing the response times from the states and dividing the total by the number of states reporting. The result was rounded to the nearest whole number.
- The national median was calculated by sorting the values and finding the middle point.

Table 2-4 Child Protective Services Workforce, 2014

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

Table 2-5 Child Protective Services Caseload, 2014

- Data are from the Child File and the Agency File.
- The number of completed reports per investigation and alternative response worker was based on the number of completed reports divided by the number of investigation and alternative response workers and rounded to the nearest whole number.
- The national number of reports per worker was based on the total of completed reports for the 42 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 and Screened-Out Referrals, 2014

State	Number			Percent		Total Referrals Rate per 1,000 Children
	Screened-In Referrals (Reports)	Screened-Out Referrals	Total Referrals	Screened-In Referrals (Reports)	Screened-Out Referrals	
Alabama	20,921	283	21,204	98.7	1.3	19.1
Alaska	7,344	7,697	15,041	48.8	51.2	80.6
Arizona	41,208	17,341	58,549	70.4	29.6	36.1
Arkansas	32,111	19,295	51,406	62.5	37.5	72.7
California	230,763	135,283	366,046	63.0	37.0	40.0
Colorado	28,580	47,447	76,027	37.6	62.4	61.0
Connecticut	19,966	19,147	39,113	51.0	49.0	50.4
Delaware	6,722	10,571	17,293	38.9	61.1	84.7
District of Columbia	5,452	4,692	10,144	53.7	46.3	88.0
Florida	162,550	60,170	222,720	73.0	27.0	54.9
Georgia	68,350	23,503	91,853	74.4	25.6	36.8
Hawaii						
Idaho	7,769	9,173	16,942	45.9	54.1	39.3
Illinois	67,002	0	67,002	100.0	0.0	22.4
Indiana	104,513	67,394	171,907	60.8	39.2	108.7
Iowa	23,620	24,532	48,152	49.1	50.9	66.3
Kansas	23,598	15,398	38,996	60.5	39.5	54.0
Kentucky	54,688	29,248	83,936	65.2	34.8	82.9
Louisiana	26,742	17,504	44,246	60.4	39.6	39.7
Maine	9,272	8,493	17,765	52.2	47.8	68.6
Maryland	22,793	28,559	51,352	44.4	55.6	38.0
Massachusetts	47,591	30,383	77,974	61.0	39.0	56.1
Michigan	78,930	55,426	134,356	58.7	41.3	60.4
Minnesota	20,792	51,184	71,976	28.9	71.1	56.2
Mississippi	22,706	5,261	27,967	81.2	18.8	38.2
Missouri	67,442	16,942	84,384	79.9	20.1	60.6
Montana	7,076	6,668	13,744	51.5	48.5	61.1
Nebraska	11,381	20,165	31,546	36.1	63.9	67.6
Nevada	14,058	14,849	28,907	48.6	51.4	43.6
New Hampshire	9,289	5,895	15,184	61.2	38.8	56.8
New Jersey	58,603	0	58,603	100.0	0.0	29.1
New Mexico	20,834	15,940	36,774	56.7	43.3	73.3
New York						
North Carolina						
North Dakota						
Ohio	79,241	90,567	169,808	46.7	53.3	64.4
Oklahoma	37,218	37,034	74,252	50.1	49.9	77.9
Oregon	27,082	37,772	64,854	41.8	58.2	75.6
Pennsylvania						
Puerto Rico						
Rhode Island	7,482	5,605	13,087	57.2	42.8	61.5
South Carolina	23,936	5,926	29,862	80.2	19.8	27.5
South Dakota	2,722	12,841	15,563	17.5	82.5	74.0
Tennessee	76,151	42,598	118,749	64.1	35.9	79.5
Texas	173,804	39,644	213,448	81.4	18.6	30.0
Utah	20,378	17,892	38,270	53.2	46.8	42.3
Vermont	3,919	13,405	17,324	22.6	77.4	142.5
Virginia	32,874	38,805	71,679	45.9	54.1	38.3
Washington	36,196	52,039	88,235	41.0	59.0	55.1
West Virginia	19,279	16,073	35,352	54.5	45.5	93.0
Wisconsin	26,078	44,828	70,906	36.8	63.2	54.5
Wyoming	3,205	3,606	6,811	47.1	52.9	49.2
National	1,892,231	1,227,078	3,119,309	60.7	39.3	48.8

Table 2–2 Report Sources, 2010–2014

Report Sources	Number					Percent				
	2010	2011	2012	2013	2014	2010	2011	2012	2013	2014
PROFESSIONAL										
Child Daycare Providers	14,189	14,494	14,545	13,863	13,974	0.8	0.7	0.7	0.7	0.7
Education Personnel	313,763	326,072	347,840	346,930	364,782	16.9	16.7	17.3	17.5	17.7
Foster Care Providers	10,130	9,380	9,189	9,181	9,324	0.5	0.5	0.5	0.5	0.5
Legal and Law Enforcement Personnel	318,347	339,428	349,168	347,892	372,750	17.1	17.4	17.4	17.6	18.1
Medical Personnel	156,675	169,424	177,802	178,650	190,298	8.4	8.7	8.9	9.0	9.2
Mental Health Personnel	89,335	95,809	97,914	108,597	116,148	4.8	4.9	4.9	5.5	5.6
Social Services Personnel	219,634	214,867	230,713	218,135	226,083	11.8	11.0	11.5	11.0	11.0
Total Professionals	1,122,073	1,169,474	1,227,171	1,223,248	1,293,359	60.3	60.0	61.1	61.7	62.7
NONPROFESSIONAL										
Alleged Perpetrators	879	734	708	788	1,129	0.0	0.0	0.0	0.0	0.1
Alleged Victims	8,047	7,847	7,643	6,477	6,432	0.4	0.4	0.4	0.3	0.3
Friends and Neighbors	83,962	89,594	92,981	92,723	89,759	4.5	4.6	4.6	4.7	4.4
Other Relatives	132,411	136,290	138,602	136,690	145,128	7.1	7.0	6.9	6.9	7.0
Parents	130,730	132,246	134,647	131,506	140,900	7.0	6.8	6.7	6.6	6.8
Total Nonprofessionals	356,029	366,711	374,581	368,184	383,348	19.1	18.8	18.6	18.6	18.6
UNCLASSIFIED										
Anonymous Sources	171,179	177,386	179,094	177,152	167,406	9.2	9.1	8.9	8.9	8.1
Other	151,836	157,463	156,723	148,892	157,260	8.2	8.1	7.8	7.5	7.6
Unknown	59,974	79,120	71,340	64,270	59,934	3.2	4.1	3.6	3.2	2.9
Total Unclassified	382,989	413,969	407,157	390,314	384,600	20.6	21.2	20.3	19.7	18.7
National	1,861,091	1,950,154	2,008,909	1,981,746	2,061,307	100.0	100.0	100.0	100.0	100.0
Reporting States	50	50	50	49	50					

**Table 2–3 CAPTA Performance Measure:
Response Time in Hours, 2010–2014**

State	Response Time Average				
	2010	2011	2012	2013	2014
Alabama	45	42	42	48	47
Alaska				241	321
Arizona					
Arkansas	117	126	120	114	115
California				143	144
Colorado				15	
Connecticut	25	24	25	26	40
Delaware	193	196	157	167	190
District of Columbia	25	18	16	17	20
Florida	9	10	9	10	10
Georgia					
Hawaii	155	161	169	115	113
Idaho	54	58	60	58	58
Illinois	13	13	17		
Indiana	77	73	69	85	109
Iowa	38	40	39	41	47
Kansas	68	67	76	61	76
Kentucky	41	48	48	54	83
Louisiana	167	196	118	70	76
Maine	72	72	72	72	72
Maryland			51	67	50
Massachusetts					
Michigan					
Minnesota	38	37	38	55	135
Mississippi	81	119	233	52	41
Missouri	25	26	22	25	24
Montana					
Nebraska	209	210	172		103
Nevada	13	13	15	12	16
New Hampshire					87
New Jersey	20	18	18	17	18
New Mexico				79	88
New York					
North Carolina					
North Dakota					
Ohio	42	21	11	25	22
Oklahoma	79	80	77	62	53
Oregon	99		97		
Pennsylvania					
Puerto Rico					
Rhode Island	13	15	19	13	20
South Carolina	68	72	68	20	24
South Dakota	125	98	105	74	76
Tennessee	13	92		141	134
Texas	69	77	65	63	63
Utah	86	86	81	82	81
Vermont	131	89	96	96	88
Virginia					
Washington	49	45	44	45	42
West Virginia					27
Wisconsin	133	130	106	108	127
Wyoming	24	24	24	24	24
National Average	71	73	70	67	75
National Median	61	67	62	60	68

Table 2–4 Child Protective Services Workforce, 2014

State	Intake and Screening Workers	Investigation and Alternative Response Workers	Intake, Screening, Investigation, and Alternative Response Workers
Alabama	84	428	512
Alaska	22	52	74
Arizona	78	1,231	1,309
Arkansas	39	463	502
California			5,019
Colorado			
Connecticut	64	850	914
Delaware	37	87	124
District of Columbia	72	83	155
Florida	230	1,496	1,726
Georgia			
Hawaii	10	44	54
Idaho			
Illinois	41	567	608
Indiana	125	726	851
Iowa	29	214	243
Kansas	66	273	339
Kentucky	106	1,270	1,376
Louisiana	45	204	249
Maine	26	119	145
Maryland			
Massachusetts	99	331	430
Michigan	135	1,255	1,390
Minnesota	136	300	436
Mississippi	48	542	590
Missouri	47	547	594
Montana	18	171	189
Nebraska	42	152	194
Nevada	46	184	230
New Hampshire	10	67	77
New Jersey	107	1,139	1,246
New Mexico	40	195	235
New York			
North Carolina	154	964	1,118
North Dakota	16	72	88
Ohio			3,611
Oklahoma	51	520	571
Oregon	97	654	751
Pennsylvania			2,803
Puerto Rico	48	1,092	1,140
Rhode Island	35	61	96
South Carolina			
South Dakota	30	45	75
Tennessee	70	854	924
Texas	514	3,495	4,009
Utah	29	104	133
Vermont	27	70	97
Virginia	83	514	597
Washington	100	351	451
West Virginia	30	442	472
Wisconsin	195	274	469
Wyoming			130
National	3,281	22,502	37,346

Table 2–5 Child Protective Services Caseload, 2014

State	Investigation and Alternative Response Workers	Completed Reports (Reports with a Disposition)	Completed Reports per Investigation and Alternative Response Worker
Alabama	428	20,921	49
Alaska	52	7,344	141
Arizona	1,231	41,208	33
Arkansas	463	32,111	69
California			
Colorado			
Connecticut	850	19,966	23
Delaware	87	6,722	77
District of Columbia	83	5,452	66
Florida	1,496	162,550	109
Georgia			
Hawaii	44	2,000	45
Idaho			
Illinois	567	67,002	118
Indiana	726	104,513	144
Iowa	214	23,620	110
Kansas	273	23,598	86
Kentucky	1,270	54,688	43
Louisiana	204	26,742	131
Maine	119	9,272	78
Maryland			
Massachusetts	331	47,591	144
Michigan	1,255	78,930	63
Minnesota	300	20,792	69
Mississippi	542	22,706	42
Missouri	547	67,442	123
Montana	171	7,076	41
Nebraska	152	11,381	75
Nevada	184	14,058	76
New Hampshire	67	9,289	139
New Jersey	1,139	58,603	51
New Mexico	195	20,834	107
New York			
North Carolina	964	67,804	70
North Dakota	72	3,809	53
Ohio			
Oklahoma	520	37,218	72
Oregon	654	27,082	41
Pennsylvania			
Puerto Rico	1,092	16,595	15
Rhode Island	61	7,482	123
South Carolina			
South Dakota	45	2,722	60
Tennessee	854	76,151	89
Texas	3,495	173,804	50
Utah	104	20,378	196
Vermont	70	3,919	56
Virginia	514	32,874	64
Washington	351	36,196	103
West Virginia	442	19,279	44
Wisconsin	274	26,078	95
Wyoming			
National	22,502	1,517,802	67



Children

CHAPTER 3

This chapter discusses the children who were the subjects of reports (screened-in referrals) and the characteristics of those who were found to be victims of abuse and neglect. The Child Abuse Prevention and Treatment Act (CAPTA), (42 U.S.C. §5101), as amended by the CAPTA Reauthorization Act of 2010 (P.L.111–320), retained the existing definition of child abuse and neglect as, at a minimum:

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

Each state defines the types of child abuse and neglect in its statutes and policies. Child protective services (CPS) agencies determine the appropriate response for the alleged maltreatment based on those statutes and policies. In most states, the majority of reports receive an investigation. An investigation response results in a determination (also known as a disposition) about the alleged child maltreatment. The two most prevalent dispositions are:

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

Less commonly used dispositions for investigation responses include:

- **Indicated:** A disposition that concludes maltreatment could not be substantiated under state law or policy, but there was a reason to suspect that at least one child may have been maltreated or was at-risk of maltreatment. This is applicable only to states that distinguish between substantiated and indicated dispositions.
- **Intentionally false:** A disposition that concludes the person who made the allegation of maltreatment knew that the allegation was not true.
- **Closed with no finding:** A disposition that does not conclude with a specific finding because the CPS response could not be completed. This disposition is often assigned when CPS is unable to locate the alleged victim.
- **Other:** States may use the category of “other” if none of the above is applicable. Several states use this disposition when the results of an investigation are uncertain, inconclusive, or unable to be determined.

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

Alternative Response

In some states, reports of maltreatment may not be investigated, but are instead assigned to an alternative track, called alternative response, family assessment response (FAR), or differential response (DR). Cases assigned this response often include early determinations that the children have a low or moderate risk of maltreatment. Alternative responses usually include the voluntary acceptance of CPS services and the mutual agreement of family needs. These cases do not result in a formal determination regarding the maltreatment allegation or alleged perpetrator. While most families who are assigned to an alternative response do not receive a finding on the allegations, in the National Child Abuse and Neglect Data System (NCANDS) the term disposition is used when referring to both investigation response and alternative response. Each state that uses alternative response decides how to map its codes to the two NCANDS codes:

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

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

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

Unique and Duplicate Counts

Ongoing interest in understanding the outcomes of children and their families—as well as advances in state child welfare information systems—has resulted in the ability to assign a unique identifier, within the state, to each child who receives a CPS response. These unique identifiers enable two ways to count children:

- **Duplicate count of children:** Counting a child each time he or she was the subject of a report. This count also is called a report-child pair.
- **Unique count of children:** Counting a child once, regardless of the number times he or she was the subject of a report.

As more states began submitting to NCANDS unique counts of children, the Child Maltreatment report series transitioned from using duplicate counts to unique counts for most analyses. For federal fiscal year (FFY) 2014, all states (52) submitted unique counts of children. Unique counts were used for analyses in this chapter unless otherwise noted.

Special Focus on Children With Known Ages: Age Groups

Throughout this chapter readers will see specialized analyses that illustrate how experiences differ for children in five age groups: <1 year, 1–5, 6–10, 11–17, and <1–17. These analyses were conducted for only those victims with known ages and who were younger than 18 during the reporting period. These analyses do not include children in the categories of unknown age, 18–21, unborn or were not reported with a unique count; therefore, these specialized analyses use a subgroup of the reported children and victims.

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

During FFY 2014, a nationally estimated 3.2 million children received either an investigation or alternative response at a national disposition rate of 43.7 children per 1,000 in the population. The number of children who received a CPS response increased by 7.4 percent from 2010 to 2014. The percent change was calculated using the national estimates for FFY 2010 and FFY 2014. (See exhibit 3–A, [table 3–1](#), and related notes.) Several states provided an explanation for the increase (see appendix D). Those explanations include the implementation of new intake (hotlines or call centers) and child welfare systems, and some high-profile cases that raised the public’s awareness of child maltreatment.

Exhibit 3–A Child Disposition Rates, 2010–2014

Year	Reporting States	Child Population of Reporting States	Reported Children (unique count) Who Received an Investigation or Alternative Response	National Disposition Rate per 1,000 Children	Child Population of all 52 States	National Estimate of Children (unique count) Who Received an Investigation or Alternative Response
2010	51	74,154,952	2,987,686	40.3	75,020,077	3,023,000
2011	51	73,924,391	3,049,838	41.3	74,786,700	3,089,000
2012	52	74,549,295	3,174,420	42.6	74,549,295	3,174,000
2013	52	74,414,936	3,183,786	42.8	74,414,936	3,184,000
2014	52	74,356,370	3,248,005	43.7	74,356,370	3,248,000

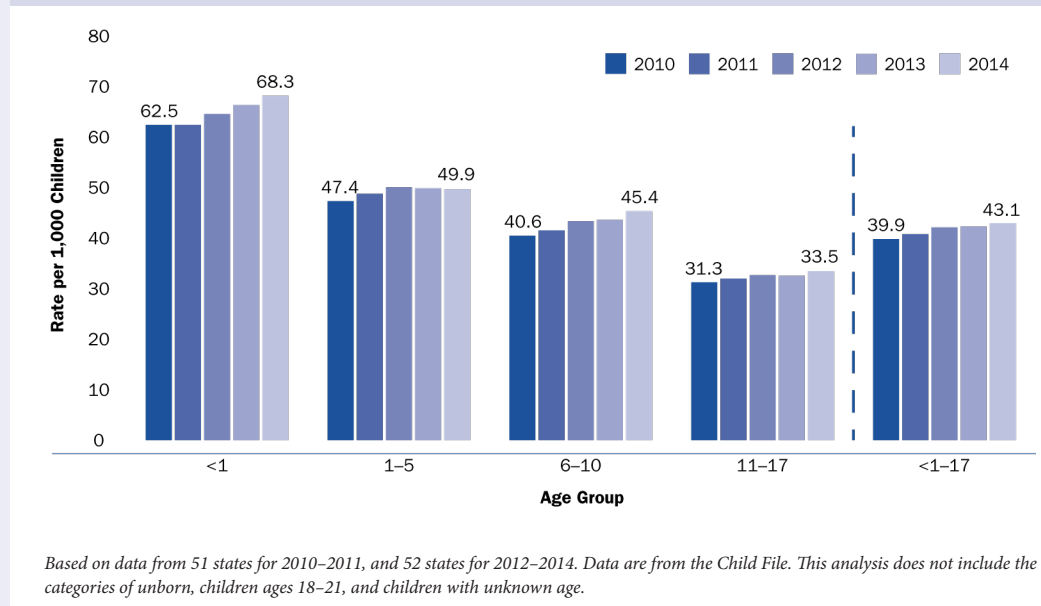
The national disposition rate was computed by dividing the number of reported children who received an investigation or alternative response by the child population of reporting states and multiplying by 1,000.

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

Special Focus on Children With Known Ages: Children Who Received an Investigation or Alternative Response by Age Group

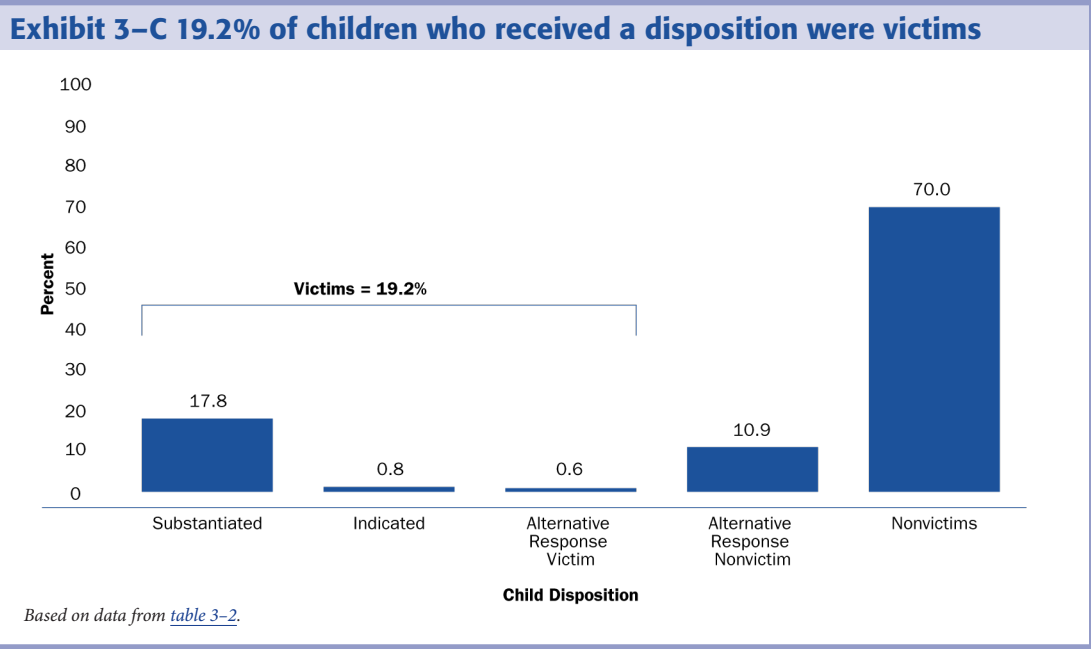
Analyzing the data by age groups show rates for all groups increased. The biggest rate increase occurred for the <1 age group—from 62.5 per 1,000 children of the same age group in 2010 to 68.3 per 1,000 children of the same age group in 2014. (See exhibit 3–B and related notes.)

Exhibit 3–B The rates of children who received an investigation or alternative response increased for all age groups



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

For FFY 2014, approximately 3.9 million children were the subjects of reports (screened-in referrals). A child may be a victim in one report and a nonvictim in another report and in this analysis, the child would be counted both times. One-fifth (19.2%) of these children were found to be victims with dispositions of substantiated (17.8%), indicated (0.8%), and alternative response victim (0.6%). The remaining four-fifths (80.9%) of the children were found to be nonvictims of maltreatment. (See [table 3–2](#), [exhibit 3–C](#), and related notes.)



Number of Child Victims (unique count of child victims)

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

For FFY 2014, there were a nationally estimated 702,000 victims of abuse and neglect, resulting in a rate of 9.4 victims per 1,000 children in the population. Two factors contributed to the increase in the national estimate for FFY 2014—an increase in the number of victims reported by states and a decrease in the child population. At the national level, the estimated number of victims increased less than 1 percent from 2010 to 2014. The percent change was calculated using the national estimates for FFY 2010 and FFY 2014. (See exhibit 3–D and related notes.)

At the state level, the percent change ranged from a 42.8 percent decrease to a 130.5 percent increase from 2010 to 2014. Several states provided an explanation for the change across years in the number of victims (see appendix D). Explanations for increases include systems improvements, improved intake centers, and increased public awareness contributing to an increase in reports. Explanations for decreases include addition of an alternative response program, and better staff training. Please note an explanation for a change may be in a previous year’s state commentary. (See [table 3–3](#) and related notes.)

Exhibit 3–D Child Victimization Rates, 2010–2014

Year	Reporting States	Child Population of Reporting States	Victims (unique count) from Reporting States	National Victimization Rate per 1,000 Children	Child Population of all 52 States	National Estimate of Victims (unique count)
2010	51	74,154,952	688,099	9.3	75,020,077	698,000
2011	51	73,924,391	676,505	9.2	74,786,700	688,000
2012	52	74,549,295	680,198	9.1	74,549,295	680,000
2013	52	74,414,936	682,307	9.2	74,414,936	682,000
2014	52	74,356,370	702,208	9.4	74,356,370	702,000

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

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

A common question when looking at child maltreatment data is how often is the same child included in a report (screened-in referral) within the same reporting period. Eighty-four percent, or 2.7 million children, were included in a single report and 12.6 percent (408,647) of children were in two reports. Fewer than 4 percent were in three or more reports within FFY 2014. (See exhibit 3–E and related notes.) A followup question is how often is a child determined to be a victim within the same reporting period. Ninety-three percent (654,105) of victims were included in a single report and 6.1 percent (43,183) of victims were in two reports. Fewer than 1 percent of victims were included in three or more reports. (See exhibit 3–F and related notes.)

Exhibit 3–E Children by Number of Screened-In Referrals (Reports), 2014

Number of Reports	Children (unique count)	
	Number	Percent
1	2,720,034	83.7
2	408,647	12.6
3	88,332	2.7
>3	30,992	1.0
National	3,248,005	100.0

Based on data from 52 states. Data are from the Child File.

Exhibit 3–F Victims by Number of Screened-In Referrals (Reports), 2014

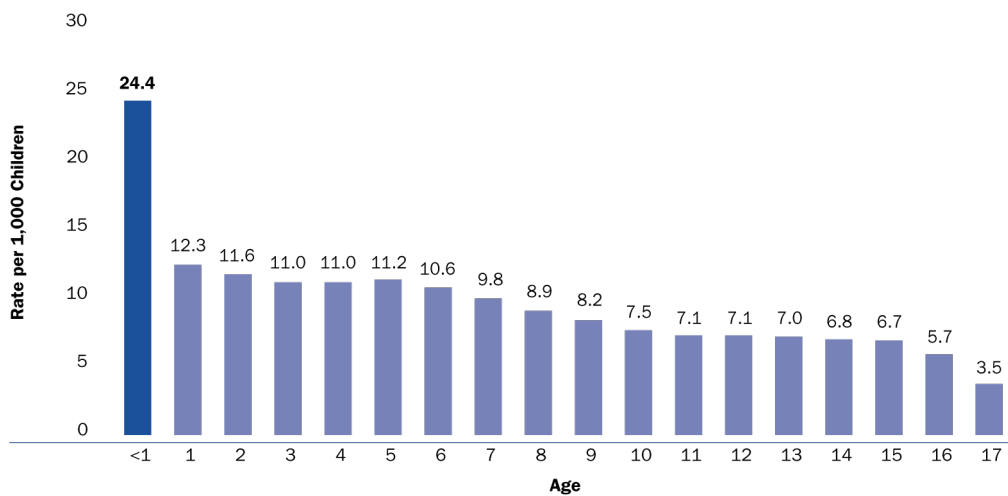
Number of Reports	Victims (unique count)	
	Number	Percent
1	654,105	93.1
2	43,183	6.1
3	4,242	0.6
>3	678	0.1
National	702,208	100.0

Based on data from 52 states. Data are from the Child File.

Child Victim Demographics (unique count of child victims)

The youngest children are the most vulnerable to maltreatment. In FFY 2014, 52 states reported that more than one-quarter (27.4%) of victims were younger than 3 years. The victimization rate was highest for children younger than 1 year (24.4 per 1,000 children in the population of the same age). Victims who were 1, 2, or 3 years old had victimization rates of 12.3, 11.6, and 11.0 victims per 1,000 children of those respective ages in the population. In general, the rate of victimization decreased with age. (See [table 3–4](#), exhibit 3–G, and related notes.)

Exhibit 3–G The youngest children were the most vulnerable to maltreatment

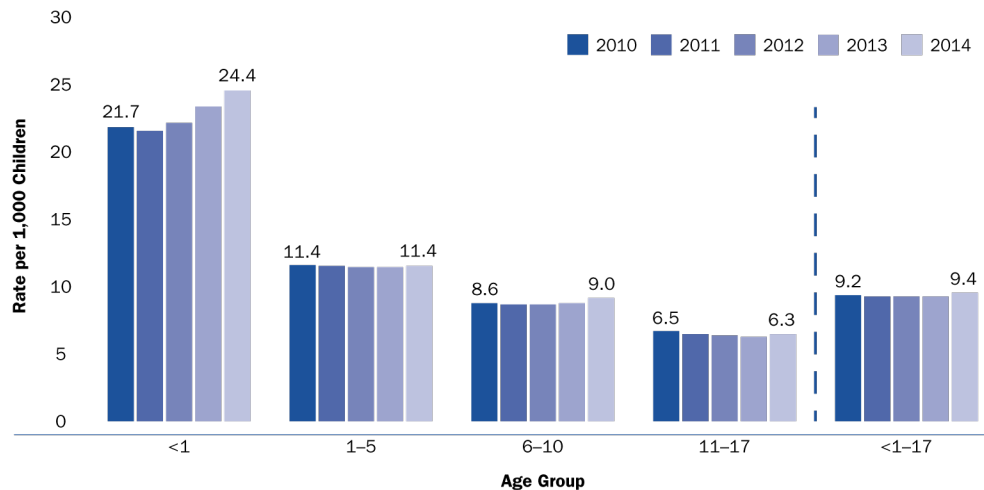


Based on data from [table 3–4](#).

Special Focus on Children With Known Ages: Child Victims by Age Group

The rate of victimization for all victims increased slightly from 9.2 per 1,000 children in the population in 2010 to 9.4 per 1,000 children in the population in 2014. However, examining the data by age group show that this increase is largely driven by victims in the <1 age group. Rates for the other age groups remained consistent across all 5 years. (See exhibit 3–H.)

Exhibit 3–H The victimization rate of children age <1 had the largest increase of all age groups for the past 5 years



Based on data from 51 states for 2010–2011, and 52 states for 2012–2014. Data are from the Child File. This analysis does not include the categories of unborn, children ages 18–21, and children with unknown age.

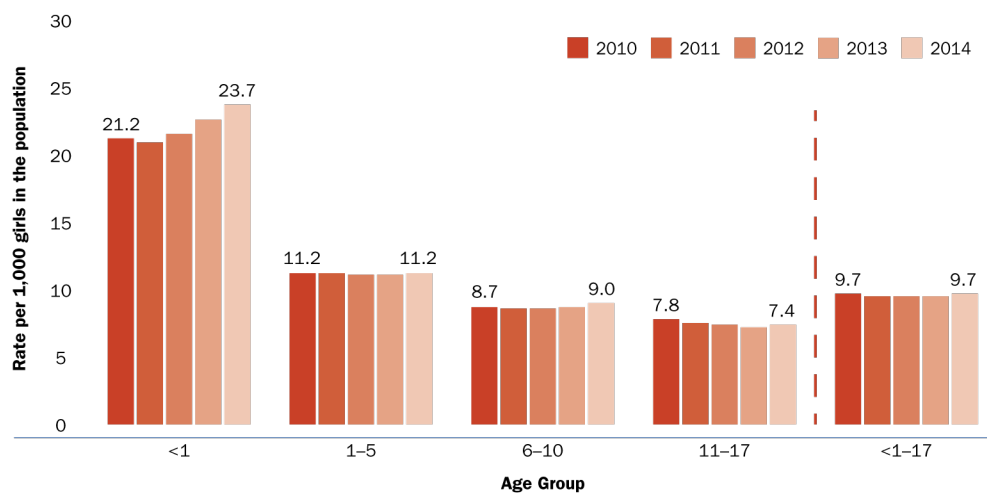
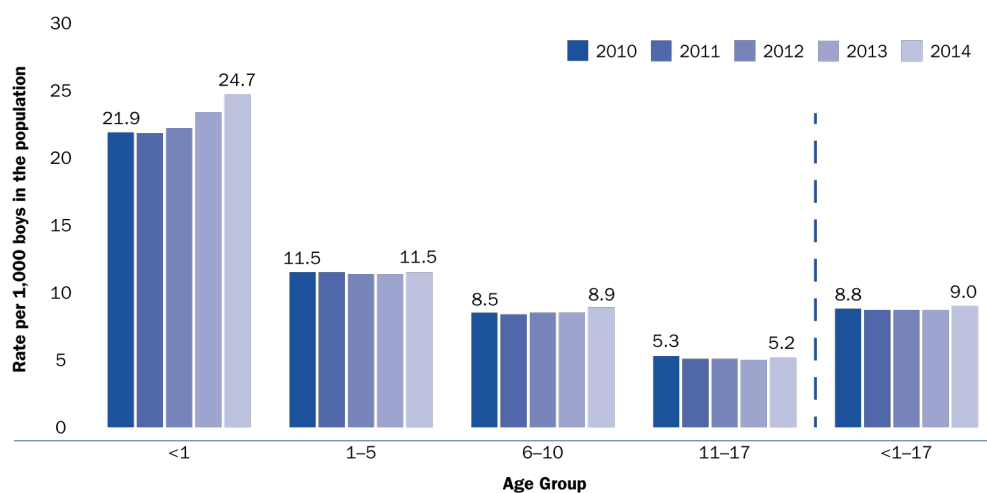
The percentages (not shown) of child victims were similar for both boys (48.9) and girls (50.7). Fewer than 1.0 percent of victims had an unknown sex. The FFY 2014 victimization rate for girls was slightly higher at 9.8 per 1,000 girls in the population than boys at 9.0 per 1,000 boys in the population. (See [table 3–5](#) and related notes.)

The majority of victims (percentages not shown) were of three races or ethnicities—White (44.0%), Hispanic (22.7%), and African-American (21.4%). African-American children had the highest rate of victimization at 15.3 per 1,000 children in the population of the same race or ethnicity and American-Indian or Alaska Native children had the second highest rate at 13.4 per 1,000 children. Hispanic and White children had lower rates of victimization at 8.8 and 8.4 per 1,000 children in the population of the same race or ethnicity. (See [table 3–6](#) and related notes.)

Special Focus on Children With Known Ages: Child Victims by Age Group And Sex

The victimization rate among children younger than age 18 was higher among girls overall, though sex patterns differ by age group. Boys in the age groups of <1 and 1–5 have consistently higher rates than girls in the same age groups. Girls in the age groups 6–10 and 11–17 have consistently higher rates than boys in the same age group, especially for girls ages 11–17. The victimization rates for these older girls are 35 percent higher than the rates for older boys. The rates of both boys and girls in the age group of <1 have been increasing for several years. (See exhibit 3–I and related notes.)

Exhibit 3–I The victimization rates for younger boys are consistently higher than girls of the same age, while the victimization rates for older girls are consistently higher than boys of the same age



Based on data from 51 states for 2010–2011, and 52 states for 2012–2014. Data are from the Child File. This analysis does not include the categories of unborn, children ages 18–21, and children with unknown age.

Maltreatment Types

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

The method for analyzing maltreatment types was changed slightly for FFY 2014. A victim who suffered more than one type of maltreatment was counted for each maltreatment type, but only once per type. This analysis answers the question of how many different types of maltreatment did victims suffer, rather than how many occurrences of each type, for example:

- Victim with one report of neglect–victim is counted once in neglect
- Victim with one (single) report of neglect and another (single) report of neglect–victim is counted once in neglect
- Victim with a one (single) report of both neglect and physical abuse–victim is counted once in neglect and once in physical abuse
- Victim with one (single) report of neglect and one (single) report of physical abuse–victim is counted once in neglect and once in physical abuse

Three-quarters (75.0%) of victims were neglected, 17.0 percent were physically abused, and 8.3 percent were sexually abused. In addition, 6.8 percent of victims experienced such “other” types of maltreatment as “threatened abuse,” “parent’s drug/alcohol abuse,” or “safe relinquishment of a newborn.” States may code any maltreatment as “other” if it does not fit in one of the NCANDS categories. Readers are encouraged to review states’ comments (appendix D) about what is included in the “other” maltreatment type category. (See [table 3–7](#) and related notes.)

The majority of victims (85.8%) suffered from a single type of maltreatment, however, the victims could have suffered from that single type more than once (data not shown). For example, many children were neglected, but were not found to have been maltreated in any other way by the child welfare agency. However, those children could have been neglected multiple times. The remaining 14.2 percent of victims were reported with two or more types of maltreatment.

Risk Factors (unique count of children)

Risk factors are characteristics of a child or caregiver that may increase the likelihood of child maltreatment. Risk factors can be difficult to accurately assess and measure, and therefore may go undetected among many children and caregivers. For these analyses, a caregiver with the risk factor does not have to be the perpetrator or alleged perpetrator of maltreatment. NCANDS examined two caregiver risk factors:

- **Caregiver alcohol abuse**—the compulsive use of alcohol that is not of a temporary nature.
- **Caregiver drug abuse**—the compulsive use of drugs that is not of a temporary nature.

For reporting states, 9.2 percent of victims and 3.8 percent of nonvictims were reported with the alcohol abuse caregiver risk factor and 26.0 percent of victims and 8.2 percent of nonvictims were reported with the drug abuse caregiver risk factor. (See [tables 3–8, 3–9](#), and related notes.)

Perpetrator Relationship

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

Victim data were analyzed by relationship of victims to their perpetrators. A victim may have been maltreated multiple times by the same perpetrator or by different combinations of perpetrators (e.g., mother alone, mother and nonparent(s), mother and father). In addition, a perpetrator who maltreats multiple children may have different relationships with the victims (parent, neighbor, etc.). This analysis counts every combination of relationships for each victim in each report and, therefore, the percentages total more than 100.0 percent. For FFY 2014, one or both parents maltreated 91.6 percent of victims. The parent(s) could have acted together, acted alone, or acted with up to two other people to maltreat the child. A perpetrator who was not the child's parent maltreated nearly 13 percent (12.6%) of victims. The largest categories in the nonparent group were male relative, male partner of parent, and "other." (See [table 3–10](#) and related notes.)

Federal Standards and Performance Measures

(unique count of child victims)

Each year during FFY 2010–2014, approximately three-quarters of victims did not have a prior history of victimization. Information regarding first-time victims is a Federal Performance measure. The Community-Based Child Abuse Prevention Program (CBCAP) reports this measure to the Office of Management and Budget (OMB) each year as an average of all states. Individual state data are not reported to OMB, but are presented here for the reader. (See [table 3–11](#) and related notes.)

For Round 2 of the Child and Family Services Reviews (CFSR), the Children's Bureau established the national standard for the absence of maltreatment recurrence as 94.6 percent, defined as:

"Of all children who were victims of substantiated or indicated abuse or neglect during the first 6 months of the reporting year, what percent did not experience another incident of substantiated or indicated abuse or neglect within a 6-month period?"¹

Standard compliance was determined by calculating the percentages of victims without another incident of maltreatment during a 6-month period. For FFY 2014, 28 states (53.8%) met the standard and were in compliance. The number of states in compliance with the standard has fluctuated during the past 5 years. The fewest number of states in compliance occurred during 2011 with 26 states and the most occurred during 2012 and 2014 with 28 states for each year. (See [table 3–12](#) and related notes.)

Also for Round 2 of the CFSR, the Children's Bureau established a national standard for the absence of maltreatment in foster care as 99.68 percent, defined as:

"Of all children in foster care during the reporting period, what percent were not victims of a substantiated or indicated maltreatment by foster parents or facility staff members?"²

The number of states in compliance increased from 23 states for FFY 2010 to 30 states (62.50%) for FFY 2014. Standard compliance was determined by calculating the percentages of children in care without an incident of maltreatment during a 12-month period. (See [table 3–13](#) and related notes.)

¹ *The Data Measure, Data Composites, and National Standards to be Used in the Child and Family Services Reviews*, 71 Fed. Reg. 109, 32973 (June 7, 2006).

² *Ibid.*

Exhibit and Table Notes

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

General

- During data analyses, thresholds are set to ensure data quality is balanced with the need to report data from as many states as possible. States may be excluded from an analysis for data quality issues.
- A unique count of children or victims was used unless otherwise noted.
- The data source for all tables was the Child File unless otherwise noted. States that submitted aggregate data via an SDC file for 2010–2011 were not included in trend analyses with unique counts of children or victims.
- Rates are per 1,000 children in the population.
- NCANDS uses the child population estimates that are released annually by the U.S. Census Bureau. These population estimates are provided in appendix C.
- National totals and calculations appear in a single row labeled “National” instead of separate rows labeled total, rate, or percent.

Table 3–1 Children Who Received an Investigation or Alternative Response, 2010–2014

- The rates are computed by dividing the number of children who received a CPS response by the child population and multiplying by 1,000.
- A state must have reported data for both 2010 and 2014 to have a percent change calculated.

Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2014

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

Table 3–3 Child Victims, 2010–2014

- The rates were calculated by dividing the number of victims by the child population and multiplying by 1,000.
- A state must have reported data for both 2010 and 2014 to have a percent change calculated.

Table 3–4 Victims by Age, 2014

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

Table 3–5 Victims by Sex, 2014

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

Table 3–6 Victims by Race and Ethnicity, 2014

- Rates are computed by dividing the victim count by the child population count and multiplying by 1,000.

- Counts associated with each racial group are exclusive and do not include Hispanic ethnicity.
- Only those states that reported both race and ethnicity are included in this analysis.
- States were excluded from this analysis if fewer than 70.0 percent of victims were reported with a race and ethnicity.

Table 3–7 Maltreatment Types of Victims, 2014

- The percentages are calculated against the number of unique victims in the reporting states.
- A child may have been the victim of more than one type of maltreatment, therefore, the maltreatment type count is a duplicate count.
- A child is counted in each maltreatment type category only once, regardless of the number of times the child is reported as a victim of the maltreatment type. This is a change from previous analyses where all instances were counted.

Table 3–8 Children With an Alcohol Abuse Caregiver Risk Factor, 2014

- The percentages are calculated against the number of unique victims in reporting states.
- States were excluded from this analysis if fewer than 1.0 percent of the victims or nonvictims were reported with this caregiver risk factor.
- States were excluded from this analyses if they were not able to differentiate between alcohol abuse and drug abuse caregiver risk factors and reported both risk factors for the same children in both caregiver risk factor categories.
- The counts on this table are exclusive and follow a hierarchy rule. If a child was reported both as a victim and a nonvictim, the child is counted once as a victim. If a child was reported both with and without the caregiver risk factor, the child is counted once with the caregiver risk factor.

Table 3–9 Children With a Drug Abuse Caregiver Risk Factor, 2014

- The percentages are calculated against the number of unique victims in reporting states.
- States were excluded from this analysis if fewer than 1.0 percent of the victims or nonvictims were reported with this caregiver risk factor.
- States were excluded from this analyses if they were not able to differentiate between alcohol abuse and drug abuse caregiver risk factors and reported both risk factors for the same children in both caregiver risk factor categories.
- The counts on this table are exclusive and follow a hierarchy rule. If a child was reported both as a victim and a nonvictim, the child is counted once as a victim. If a child was reported both with and without the caregiver risk factor, the child is counted once with the caregiver risk factor.

Table 3–10 Victims by Relationship to Their Perpetrators, 2014

- Alternative responses do not have a determination about the alleged maltreatment and alleged perpetrator. Therefore, children with alternative response victim dispositions are not included in the perpetrator relationship analysis.
- In NCANDS, a child may have up to three perpetrators. A few states' systems do not have the capability of collecting and reporting data for all three perpetrator fields. More information may be found in appendix D.
- The categories “mother and nonparent(s)” and “father and nonparent(s)” include victims with one perpetrator identified as a mother or father and a second or third perpetrator identified as a nonparent. A nonparent counted in the categories mother and nonparent(s); father and nonparent(s); or mother, father, and nonparent is counted only once and not in the individual categories of nonparent.

- This table was changed for *Child Maltreatment 2014*. A category of mother, father, and nonparent was added. These children were previously counted under the mother and father category.
- The relationship categories listed under nonparent perpetrator include any perpetrator relationship that was not identified as an adoptive parent, a biological parent, or a stepparent.
- The individual categories listed under the Nonparent heading are exclusive except for the category labeled “more than one nonparental perpetrator.”
- The unknown relationship category includes victims with an unknown perpetrator.
- Some states are not able to collect and report on group home and residential facility staff perpetrators due to system limitations or jurisdictional issues. More information may be found in appendix D.
- States were excluded from this analysis if fewer than 75.0 percent of perpetrators were reported without a relationship coded, if more than 50.0 percent of perpetrators were reported with an “other” or unknown relationship, or if the sex of perpetrators was not reported.

Table 3–11 CBCAP Federal Performance Measure: First-Time Victims, 2010–2014

- States with 95.0 percent or more first-time victims were excluded from this analysis.
- A stem and leaf analysis was performed to exclude outliers. This excluded one state from both 2010 and 2011.

Table 3–12 CFSR: Absence of Maltreatment Recurrence, 2010–2014

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

Table 3–13 CFSR: Absence of Maltreatment in Foster Care, 2010–2014

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

Table 3-1 Children Who Received an Investigation or Alternative Response, 2010-2014 *(continues next page)*

State	Children (unique count)					Percent Change from 2010 to 2014
	2010	2011	2012	2013	2014	
Alabama	27,795	26,221	28,385	27,861	29,342	5.6
Alaska	7,533	7,989	9,794	9,375	10,115	34.3
Arizona	49,858	59,923	64,332	75,722	73,141	46.7
Arkansas	61,919	59,713	62,129	61,025	57,886	-6.5
California	361,180	381,196	370,439	370,182	367,223	1.7
Colorado	43,665	42,099	41,284	39,725	38,159	-12.6
Connecticut	32,904	37,050	30,709	23,604	24,818	-24.6
Delaware	13,434	14,382	14,807	13,293	13,262	-1.3
District of Columbia	12,463	13,187	13,812	12,685	11,062	-11.2
Florida	269,689	291,929	293,839	284,658	288,551	7.0
Georgia	58,915	51,060	110,323	114,270	137,222	132.9
Hawaii	4,782	3,329	3,800	3,788	3,305	-30.9
Idaho	8,848	9,018	8,694	10,542	11,567	30.7
Illinois	121,881	114,848	123,619	122,223	124,763	2.4
Indiana	92,008	79,963	92,475	116,986	127,337	38.4
Iowa	31,427	31,143	29,441	29,124	28,348	-9.8
Kansas	22,393	25,436	26,866	27,756	27,711	23.7
Kentucky	61,643	61,912	63,705	70,908	71,674	16.3
Louisiana	31,828	37,994	36,029	37,728	38,952	22.4
Maine	8,885	9,518	11,204	12,295	13,286	49.5
Maryland	33,302	32,950	31,436	29,438	31,469	-5.5
Massachusetts	66,152	62,443	62,257	62,878	77,300	16.9
Michigan	146,124	156,153	171,585	170,290	152,411	4.3
Minnesota	22,815	23,016	23,635	25,742	26,395	15.7
Mississippi	26,875	27,138	32,829	30,194	31,504	17.2
Missouri	60,029	69,037	71,912	66,327	75,302	25.4
Montana	10,316	10,413	10,607	10,393	10,180	-1.3
Nebraska	24,236	24,856	23,910	21,180	22,439	-7.4
Nevada	21,105	23,515	22,246	23,633	24,726	17.2
New Hampshire	9,949	11,022	11,450	11,064	11,636	17.0
New Jersey	75,607	71,517	76,164	75,794	75,691	0.1
New Mexico	22,314	22,752	21,899	23,399	26,805	20.1
New York	224,410	222,195	217,663	205,424	188,058	-16.2
North Carolina	117,166	123,198	125,062	121,641	122,085	4.2
North Dakota	6,345	6,152	6,172	6,170	6,397	0.8
Ohio	91,636	103,554	102,734	103,381	102,512	11.9
Oklahoma	42,113	44,188	45,539	51,952	56,084	33.2
Oregon			33,173	40,047	37,613	
Pennsylvania	22,263	21,570	23,579	23,488	25,123	12.8
Puerto Rico	28,859	27,108	22,793	29,167	28,109	-2.6
Rhode Island	8,559	8,263	8,571	8,485	9,374	9.5
South Carolina	38,953	36,011	40,732	43,948	46,157	18.5
South Dakota	6,315	6,334	5,716	4,346	4,403	-30.3
Tennessee	80,125	80,005	85,180	81,715	94,657	18.1
Texas	267,823	272,553	250,623	238,706	252,773	-5.6
Utah	27,827	25,571	24,500	24,504	25,219	-9.4
Vermont	4,117	3,716	3,879	4,396	4,194	1.9
Virginia	64,849	61,602	62,805	61,527	61,029	-5.9
Washington	41,713	42,554	43,730	43,494	42,572	2.1
West Virginia	34,073	33,816	37,082	39,372	39,683	16.5
Wisconsin	32,947	33,333	33,643	32,309	32,751	-0.6
Wyoming	5,719	5,393	5,628	5,632	5,630	-1.6
National	2,987,686	3,049,838	3,174,420	3,183,786	3,248,005	N/A

Table 3–1 Children Who Received an Investigation or Alternative Response, 2010–2014

State	Rate per 1,000 Children				
	2010	2011	2012	2013	2014
Alabama	24.6	23.3	25.4	25.1	26.5
Alaska	40.1	42.4	52.0	49.9	54.2
Arizona	30.6	37.1	39.8	46.8	45.1
Arkansas	87.0	84.0	87.5	86.1	81.9
California	38.9	41.2	40.2	40.4	40.1
Colorado	35.6	34.2	33.5	32.1	30.6
Connecticut	40.4	46.0	38.6	30.1	32.0
Delaware	65.4	70.2	72.4	65.4	64.9
District of Columbia	123.0	126.8	128.2	113.6	95.9
Florida	67.4	72.9	73.2	70.6	71.2
Georgia	23.7	20.5	44.3	45.9	55.0
Hawaii	15.7	10.9	12.4	12.3	10.7
Idaho	20.6	21.0	20.3	24.6	26.8
Illinois	39.0	37.2	40.4	40.4	41.7
Indiana	57.3	50.0	58.2	73.8	80.5
Iowa	43.2	42.9	40.7	40.2	39.0
Kansas	30.8	35.0	37.0	38.3	38.3
Kentucky	60.2	60.6	62.6	69.9	70.8
Louisiana	28.5	34.0	32.3	33.9	35.0
Maine	32.5	35.4	42.3	47.0	51.3
Maryland	24.6	24.4	23.3	21.9	23.3
Massachusetts	46.7	44.3	44.4	45.0	55.6
Michigan	62.6	67.9	75.6	75.8	68.5
Minnesota	17.8	18.0	18.5	20.1	20.6
Mississippi	35.6	36.3	44.2	41.0	43.1
Missouri	42.2	48.8	51.2	47.5	54.1
Montana	46.2	46.7	47.6	46.4	45.2
Nebraska	52.7	53.9	51.7	45.6	48.1
Nevada	31.8	35.7	33.8	35.8	37.3
New Hampshire	34.8	39.3	41.5	40.9	43.6
New Jersey	36.7	34.9	37.4	37.5	37.6
New Mexico	43.0	44.0	42.8	46.1	53.4
New York	52.0	51.7	51.0	48.3	44.5
North Carolina	51.3	53.9	54.8	53.3	53.4
North Dakota	42.2	40.4	39.3	37.7	38.0
Ohio	33.7	38.4	38.5	39.0	38.9
Oklahoma	45.2	47.2	48.4	54.8	58.9
Oregon			38.6	46.8	43.8
Pennsylvania	8.0	7.8	8.6	8.6	9.3
Puerto Rico	32.2	31.2	27.2	36.2	36.4
Rhode Island	38.4	37.6	39.5	39.5	44.0
South Carolina	36.1	33.4	37.8	40.7	42.6
South Dakota	31.1	31.0	27.8	20.8	20.9
Tennessee	53.6	53.6	57.1	54.8	63.3
Texas	38.9	39.3	35.9	33.9	35.5
Utah	31.9	29.0	27.6	27.3	27.9
Vermont	32.0	29.4	31.1	35.7	34.5
Virginia	35.0	33.1	33.7	33.0	32.7
Washington	26.4	26.9	27.6	27.3	26.6
West Virginia	88.0	87.8	96.6	103.1	104.4
Wisconsin	24.7	25.1	25.6	24.7	25.2
Wyoming	42.3	39.8	41.2	40.9	40.7
National	40.3	41.3	42.6	42.8	43.7

Table 3–2 Children Who Received an Investigation or Alternative Response by Disposition, 2014

State	Victims (duplicate count)			Nonvictims (duplicate count)							Total Children (duplicate count)
	Substantiated	Indicated	Alternative Response Victim	Alternative Response Nonvictim	Unsubstantiated	Intentionally False	Closed With No Finding	No Alleged Maltreatment	Other	Unknown	
Alabama	8,895				21,186		1,316		1	52	31,450
Alaska	2,922				9,624		599		3		13,148
Arizona	12,243	2,500			47,544		2,671	28,224			93,182
Arkansas	9,517			5,963	29,688		1,393	21,005			67,566
California	80,644				300,413			67,686		2	448,745
Colorado	10,498			8,958	24,969					5	44,430
Connecticut	8,221				21,503						29,724
Delaware	1,523				10,652	200	2,286	774	105		15,540
District of Columbia	1,615			2,669	3,832		137	4,770		4	13,027
Florida	48,343				219,951	73		88,533			356,900
Georgia	23,387			47,837	35,686			59,875			166,785
Hawaii	1,373				2,091					14	3,478
Idaho	1,652				12,012	700					14,364
Illinois	32,555				75,804	276		42,450			151,085
Indiana	25,448				147,668						173,116
Iowa	9,076			9,830	17,360					2	36,268
Kansas	2,090				32,781		5				34,876
Kentucky	19,751		3,275	17,320	45,876		2,375		23	1	88,621
Louisiana	12,742			6,952	23,665		1,460				44,819
Maine	4,070				11,522			286			15,878
Maryland	4,712	5,176	6,936	4,503	13,674						35,001
Massachusetts	36,114			17,441	23,030			18,364			94,949
Michigan	18,809	14,207			88,867	258	4,739	72,656		34	199,570
Minnesota	4,294			20,085	3,808		1,371				29,558
Mississippi	9,044				28,915						37,959
Missouri	5,546			54,002	37,012		2,552			946	100,058
Montana	1,173	51			9,593		60	67	953		11,897
Nebraska	4,196				14,899		504	8,083			27,682
Nevada	4,532			1,964	16,095			6,886			29,477
New Hampshire	652				12,405		820			1	13,878
New Jersey	12,682				79,845						92,527
New Mexico	8,801				25,143						33,944
New York	74,794				154,044			2,534			231,372
North Carolina	8,718		13,948	95,466	24,592						142,724
North Dakota	1,668				5,362						7,030
Ohio	18,187	8,819		40,827	50,609		4,570				123,012
Oklahoma	14,131			3,405	45,079		4,278				66,893
Oregon	10,661			250	24,539		3,184		5,287	4	43,925
Pennsylvania	3,379				24,727				234		28,340
Puerto Rico	8,093				14,721	343	6,111				29,268
Rhode Island	3,702				7,546		126				11,374
South Carolina	12,821			19,893	12,518			8,352		25	53,609
South Dakota	923				3,801		276				5,000
Tennessee	11,351	791		21,364	78,528		8,526		1	22	120,583
Texas	67,525				188,393		5,323		18,873	2,056	282,170
Utah	10,579				18,313	29	1,258			1	30,180
Vermont	932			1,746	2,340	13					5,031
Virginia	6,624			35,983	7,431	122		17,530	47	3	67,740
Washington	8,286			2,701	39,432	228	3,176				53,823
West Virginia	5,056				25,564		1,943	10,477		40	43,080
Wisconsin	4,915			3,151	31,384					3	39,453
Wyoming	893			5,547	371						6,811
National	700,358	31,544	24,159	427,857	2,206,407	2,242	61,059	458,552	25,527	3,215	3,940,920

Table 3–3 Child Victims, 2010–2014 (continues next page)

State	Victims (unique count)					Percent Change from 2010 to 2014
	2010	2011	2012	2013	2014	
Alabama	9,367	8,601	9,573	8,809	8,697	-7.2
Alaska	2,825	2,898	2,928	2,448	2,484	-12.1
Arizona	6,023	8,708	10,039	13,171	13,885	130.5
Arkansas	11,729	11,105	11,133	10,370	8,971	-23.5
California	76,758	80,100	76,026	75,641	75,033	-2.2
Colorado	11,166	10,604	10,482	10,161	9,979	-10.6
Connecticut	9,954	10,005	8,151	7,287	7,651	-23.1
Delaware	2,125	2,466	2,335	1,915	1,482	-30.3
District of Columbia	2,672	2,377	2,141	2,050	1,528	-42.8
Florida	50,239	51,920	53,341	48,457	45,738	-9.0
Georgia	19,976	18,541	18,752	19,062	22,163	10.9
Hawaii	1,744	1,346	1,398	1,324	1,331	-23.7
Idaho	1,609	1,470	1,428	1,674	1,595	-0.9
Illinois	26,442	25,832	27,495	29,719	29,671	12.2
Indiana	21,362	17,930	20,223	21,755	23,359	9.3
Iowa	12,005	11,028	10,751	11,345	8,071	-32.8
Kansas	1,504	1,729	1,868	2,063	1,998	32.8
Kentucky	17,029	16,994	17,054	20,005	20,833	22.3
Louisiana	8,344	9,545	8,458	10,119	12,057	44.5
Maine	3,269	3,118	3,781	3,820	3,823	16.9
Maryland	13,059	13,740	13,079	12,397	15,762	20.7
Massachusetts	24,428	20,262	19,234	20,307	31,863	30.4
Michigan	32,390	33,333	33,394	33,938	30,705	-5.2
Minnesota	4,462	4,342	4,238	4,183	4,143	-7.1
Mississippi	7,403	6,712	7,599	7,415	8,435	13.9
Missouri	5,313	5,826	4,685	5,224	5,322	0.2
Montana	1,383	1,066	1,324	1,414	1,191	-13.9
Nebraska	4,572	4,307	3,888	3,993	3,940	-13.8
Nevada	4,624	5,331	5,437	5,438	4,297	-7.1
New Hampshire	851	876	901	822	646	-24.1
New Jersey	8,981	8,238	9,031	9,490	11,842	31.9
New Mexico	5,440	5,601	5,882	6,530	7,606	39.8
New York	77,011	72,625	68,375	64,578	65,655	-14.7
North Carolina	21,895	22,940	23,150	19,873	20,966	-4.2
North Dakota	1,122	1,295	1,402	1,517	1,616	44.0
Ohio	31,295	30,601	29,250	27,562	24,931	-20.3
Oklahoma	7,207	7,836	9,627	11,553	13,183	82.9
Oregon			9,576	10,280	10,088	
Pennsylvania	3,555	3,287	3,417	3,260	3,262	-8.2
Puerto Rico	11,030	10,271	8,470	8,850	7,683	-30.3
Rhode Island	3,268	3,131	3,218	3,132	3,410	4.3
South Carolina	11,802	11,324	11,439	10,404	12,439	5.4
South Dakota	1,360	1,353	1,224	984	886	-34.9
Tennessee	8,760	9,243	10,069	10,377	11,695	33.5
Texas	64,937	63,474	62,551	64,603	65,334	0.6
Utah	12,854	10,586	9,419	9,306	9,876	-23.2
Vermont	658	630	649	746	813	23.6
Virginia	6,449	5,964	5,826	5,863	6,464	0.2
Washington	6,593	6,541	6,546	7,132	7,341	11.3
West Virginia	3,961	4,000	4,591	4,695	4,962	25.3
Wisconsin	4,569	4,750	4,645	4,526	4,642	1.6
Wyoming	725	703	705	720	861	18.8
National	688,099	676,505	680,198	682,307	702,208	N/A

Table 3–3 Child Victims, 2010–2014

State	Rate per 1,000 Children				
	2010	2011	2012	2013	2014
Alabama	8.3	7.6	8.6	7.9	7.9
Alaska	15.0	15.4	15.6	13.0	13.3
Arizona	3.7	5.4	6.2	8.1	8.6
Arkansas	16.5	15.6	15.7	14.6	12.7
California	8.3	8.7	8.3	8.2	8.2
Colorado	9.1	8.6	8.5	8.2	8.0
Connecticut	12.2	12.4	10.3	9.3	9.9
Delaware	10.3	12.0	11.4	9.4	7.3
District of Columbia	26.4	22.8	19.9	18.4	13.3
Florida	12.6	13.0	13.3	12.0	11.3
Georgia	8.0	7.4	7.5	7.7	8.9
Hawaii	5.7	4.4	4.6	4.3	4.3
Idaho	3.8	3.4	3.3	3.9	3.7
Illinois	8.5	8.4	9.0	9.8	9.9
Indiana	13.3	11.2	12.7	13.7	14.8
Iowa	16.5	15.2	14.8	15.6	11.1
Kansas	2.1	2.4	2.6	2.8	2.8
Kentucky	16.6	16.6	16.8	19.7	20.6
Louisiana	7.5	8.5	7.6	9.1	10.8
Maine	12.0	11.6	14.3	14.6	14.8
Maryland	9.7	10.2	9.7	9.2	11.7
Massachusetts	17.2	14.4	13.7	14.5	22.9
Michigan	13.9	14.5	14.7	15.1	13.8
Minnesota	3.5	3.4	3.3	3.3	3.2
Mississippi	9.8	9.0	10.2	10.1	11.5
Missouri	3.7	4.1	3.3	3.7	3.8
Montana	6.2	4.8	5.9	6.3	5.3
Nebraska	9.9	9.3	8.4	8.6	8.4
Nevada	7.0	8.1	8.3	8.2	6.5
New Hampshire	3.0	3.1	3.3	3.0	2.4
New Jersey	4.4	4.0	4.4	4.7	5.9
New Mexico	10.5	10.8	11.5	12.9	15.2
New York	17.8	16.9	16.0	15.2	15.5
North Carolina	9.6	10.0	10.1	8.7	9.2
North Dakota	7.5	8.5	8.9	9.3	9.6
Ohio	11.5	11.4	11.0	10.4	9.4
Oklahoma	7.7	8.4	10.2	12.2	13.8
Oregon			11.1	12.0	11.8
Pennsylvania	1.3	1.2	1.2	1.2	1.2
Puerto Rico	12.3	11.8	10.1	11.0	9.9
Rhode Island	14.6	14.2	14.8	14.6	16.0
South Carolina	10.9	10.5	10.6	9.6	11.5
South Dakota	6.7	6.6	6.0	4.7	4.2
Tennessee	5.9	6.2	6.7	7.0	7.8
Texas	9.4	9.2	9.0	9.2	9.2
Utah	14.7	12.0	10.6	10.4	10.9
Vermont	5.1	5.0	5.2	6.1	6.7
Virginia	3.5	3.2	3.1	3.1	3.5
Washington	4.2	4.1	4.1	4.5	4.6
West Virginia	10.2	10.4	12.0	12.3	13.1
Wisconsin	3.4	3.6	3.5	3.5	3.6
Wyoming	5.4	5.2	5.2	5.2	6.2
National	9.3	9.2	9.1	9.2	9.4

Table 3–4 Victims by Age, 2014 (continues next page)

State	Victims (unique count)									
	<1	1	2	3	4	5	6	7	8	9
Alabama	1,227	597	538	509	543	528	482	448	434	385
Alaska	278	196	173	163	175	152	154	141	140	132
Arizona	2,892	999	903	877	823	802	791	734	648	570
Arkansas	1,373	523	531	585	568	551	551	518	419	409
California	11,213	5,373	4,899	4,623	4,579	4,605	4,530	4,423	3,858	3,532
Colorado	1,297	663	635	639	662	670	614	619	555	530
Connecticut	942	511	487	446	466	493	416	395	395	369
Delaware	134	96	85	93	90	100	75	108	88	71
District of Columbia	175	101	85	92	88	103	113	90	80	86
Florida	6,375	3,710	3,446	3,086	3,051	3,026	2,996	2,674	2,336	2,010
Georgia	2,768	1,447	1,442	1,370	1,370	1,416	1,457	1,406	1,234	1,152
Hawaii	270	90	84	87	73	76	77	63	59	68
Idaho	281	103	91	91	95	98	118	84	67	64
Illinois	3,740	2,269	2,068	1,999	2,006	1,934	1,906	1,814	1,644	1,548
Indiana	3,481	1,620	1,559	1,478	1,494	1,421	1,416	1,314	1,243	1,118
Iowa	1,108	606	617	572	532	554	580	480	438	392
Kansas	144	103	111	117	136	153	144	126	131	112
Kentucky	2,896	1,513	1,401	1,397	1,302	1,376	1,313	1,239	1,078	995
Louisiana	2,322	868	765	748	707	806	694	655	634	566
Maine	529	287	268	266	263	247	250	221	216	199
Maryland	1,225	864	934	907	989	1,183	1,159	1,112	942	810
Massachusetts	4,405	2,529	2,329	2,222	2,107	2,202	2,076	1,899	1,620	1,505
Michigan	5,936	2,108	1,965	1,782	1,817	1,797	1,793	1,652	1,485	1,426
Minnesota	608	279	238	239	262	306	279	262	219	243
Mississippi	865	468	433	482	489	556	539	557	462	432
Missouri	412	341	344	334	378	346	351	346	302	271
Montana	186	100	89	78	82	78	75	75	62	66
Nebraska	457	278	276	230	244	268	233	256	210	207
Nevada	721	296	335	310	301	273	251	259	198	178
New Hampshire	80	48	34	39	37	39	44	36	25	32
New Jersey	1,468	763	768	736	748	712	746	717	659	556
New Mexico	987	504	476	493	470	513	522	516	435	400
New York	6,466	4,134	3,852	3,730	3,772	4,066	4,198	3,849	3,653	3,417
North Carolina	2,654	1,584	1,418	1,344	1,410	1,408	1,344	1,274	1,120	1,083
North Dakota	198	102	90	113	105	102	93	107	96	92
Ohio	3,764	1,475	1,442	1,524	1,469	1,522	1,580	1,366	1,257	1,121
Oklahoma	2,216	998	949	918	877	866	817	795	672	634
Oregon	1,287	705	694	613	659	692	672	626	525	524
Pennsylvania	205	106	98	147	173	166	167	194	154	145
Puerto Rico	471	396	417	431	437	495	458	404	374	360
Rhode Island	499	251	242	243	231	222	236	186	181	156
South Carolina	1,603	901	814	785	867	831	847	766	664	626
South Dakota	134	71	86	62	55	63	64	49	50	48
Tennessee	2,665	817	631	614	629	661	614	518	474	452
Texas	10,360	5,250	4,829	4,697	4,614	4,588	4,152	3,793	3,423	3,042
Utah	943	518	591	548	607	623	591	541	548	505
Vermont	36	33	32	48	47	56	52	45	50	41
Virginia	725	454	451	456	376	455	378	382	348	309
Washington	688	530	529	525	494	521	512	461	430	355
West Virginia	733	301	304	302	330	319	301	289	267	252
Wisconsin	539	292	294	306	300	308	329	306	269	198
Wyoming	91	57	61	65	60	53	74	55	44	54
National	97,072	49,228	46,233	44,561	44,459	45,401	44,224	41,245	36,915	33,848

Table 3–4 Victims by Age, 2014 (continues next page)

State	Victims (unique count)									Total
	10	11	12	13	14	15	16	17	Unborn, Unknown, and 18-21	
Alabama	345	357	331	479	458	498	299	196	43	8,697
Alaska	119	116	108	99	94	87	72	60	25	2,484
Arizona	506	483	460	526	481	528	472	291	99	13,885
Arkansas	354	335	381	427	426	420	301	215	84	8,971
California	3,239	3,104	3,082	3,133	3,080	2,951	2,780	1,966	63	75,033
Colorado	481	421	434	410	417	368	316	195	53	9,979
Connecticut	369	341	337	370	367	374	318	202	53	7,651
Delaware	64	66	80	58	73	67	83	50	1	1,482
District of Columbia	72	71	70	71	65	59	57	45	5	1,528
Florida	1,970	1,800	1,740	1,724	1,662	1,537	1,417	1,000	178	45,738
Georgia	1,029	980	971	966	993	936	785	406	35	22,163
Hawaii	56	38	46	54	47	48	53	33	9	1,331
Idaho	71	60	65	64	78	82	55	28		1,595
Illinois	1,420	1,356	1,175	1,158	1,108	1,005	876	600	45	29,671
Indiana	1,002	903	1,070	1,025	1,021	963	723	481	27	23,359
Iowa	361	331	321	307	280	263	192	132	5	8,071
Kansas	112	91	102	99	112	85	72	45	3	1,998
Kentucky	953	875	865	816	836	799	672	463	44	20,833
Louisiana	489	418	447	460	487	426	387	166	12	12,057
Maine	173	177	153	148	148	122	98	48	10	3,823
Maryland	751	709	733	811	741	735	665	450	42	15,762
Massachusetts	1,404	1,275	1,247	1,133	1,109	1,100	983	671	47	31,863
Michigan	1,319	1,155	1,193	1,230	1,190	1,154	996	592	115	30,705
Minnesota	212	169	188	164	149	141	98	70	17	4,143
Mississippi	437	404	400	420	433	425	396	217	20	8,435
Missouri	233	256	236	274	279	265	250	104		5,322
Montana	49	45	41	38	42	36	28	5	16	1,191
Nebraska	208	200	186	170	166	153	113	70	15	3,940
Nevada	179	182	147	149	168	134	129	80	7	4,297
New Hampshire	39	18	26	31	30	36	21	26	5	646
New Jersey	546	497	537	532	555	511	422	333	36	11,842
New Mexico	344	337	327	325	306	247	223	124	57	7,606
New York	3,155	3,121	3,127	3,240	3,421	3,506	3,138	1,683	127	65,655
North Carolina	975	911	879	917	885	806	678	239	37	20,966
North Dakota	83	65	77	77	64	60	40	32	20	1,616
Ohio	1,094	1,026	1,132	1,162	1,195	1,215	911	593	83	24,931
Oklahoma	568	527	487	469	438	410	302	201	39	13,183
Oregon	491	436	419	405	401	369	301	199	70	10,088
Pennsylvania	171	159	202	241	230	263	228	162	51	3,262
Puerto Rico	333	368	359	374	408	409	348	191	650	7,683
Rhode Island	172	138	137	125	119	110	93	59	10	3,410
South Carolina	537	500	513	489	509	414	370	154	249	12,439
South Dakota	43	39	29	19	23	22	13	15	1	886
Tennessee	432	437	452	446	464	468	420	299	202	11,695
Texas	2,695	2,481	2,416	2,265	2,141	1,874	1,654	763	297	65,334
Utah	459	456	435	513	592	582	461	345	18	9,876
Vermont	40	45	41	59	51	66	40	29	2	813
Virginia	279	260	238	283	283	266	239	158	124	6,464
Washington	364	311	324	316	296	302	240	138	5	7,341
West Virginia	223	217	186	202	188	172	134	97	145	4,962
Wisconsin	208	185	200	210	189	204	170	96	39	4,642
Wyoming	42	33	32	31	34	33	24	17	1	861
National	31,270	29,285	29,184	29,514	29,332	28,106	24,156	14,834	3,341	702,208

Table 3–4 Victims by Age, 2014 (continues next page)

State	Rate per 1,000 Children								
	<1	1	2	3	4	5	6	7	8
Alabama	21.2	10.3	9.1	8.6	9.0	8.8	7.8	7.2	7.1
Alaska	24.9	17.7	16.1	14.3	16.9	14.4	14.5	13.6	13.4
Arizona	33.7	11.6	10.6	10.3	9.3	9.0	8.5	7.8	7.0
Arkansas	36.2	13.7	13.7	15.2	14.9	14.2	13.8	12.8	10.5
California	22.3	10.7	9.9	9.1	9.1	9.3	8.8	8.5	7.5
Colorado	19.5	10.0	9.6	9.4	9.7	9.7	8.7	8.6	7.7
Connecticut	25.6	13.8	12.9	11.5	12.0	12.5	10.1	9.3	9.2
Delaware	12.0	8.7	7.5	8.1	8.0	9.1	6.6	9.5	7.7
District of Columbia	19.1	11.3	10.2	10.6	11.4	15.4	17.0	14.3	13.8
Florida	29.6	17.3	15.8	14.1	14.0	13.9	13.2	11.7	10.3
Georgia	21.4	11.1	10.8	10.2	10.0	10.4	10.3	9.8	8.7
Hawaii	14.3	4.9	4.6	4.7	4.2	4.3	4.4	3.6	3.5
Idaho	12.3	4.5	4.1	4.0	4.1	4.1	4.8	3.3	2.7
Illinois	24.0	14.5	13.1	12.5	12.5	12.0	11.5	10.9	9.8
Indiana	41.9	19.4	18.6	17.6	17.6	16.6	16.0	14.7	14.0
Iowa	28.6	15.5	15.8	14.8	13.3	13.8	14.0	11.5	10.6
Kansas	3.6	2.6	2.8	2.9	3.4	3.8	3.5	3.1	3.2
Kentucky	52.6	27.2	25.4	25.4	23.6	25.1	23.0	21.7	19.0
Louisiana	37.7	14.1	12.4	12.1	11.4	13.0	10.9	10.2	10.2
Maine	41.6	22.3	20.5	20.6	19.9	18.2	17.8	15.5	14.9
Maryland	16.7	11.7	12.7	12.1	13.4	16.0	15.3	14.7	12.5
Massachusetts	60.2	34.5	31.9	29.9	29.1	30.3	27.6	25.1	21.4
Michigan	52.8	18.6	17.3	15.5	15.7	15.4	14.9	13.5	12.1
Minnesota	8.8	4.0	3.4	3.4	3.7	4.3	3.8	3.6	3.0
Mississippi	22.8	12.3	11.1	12.3	12.3	13.7	12.6	12.9	11.1
Missouri	5.6	4.6	4.6	4.4	5.0	4.6	4.5	4.4	3.8
Montana	15.2	8.2	7.3	6.4	6.6	6.2	5.8	5.7	4.9
Nebraska	17.6	10.7	10.6	8.9	9.3	10.2	8.7	9.6	7.9
Nevada	20.7	8.5	9.7	8.7	8.2	7.4	6.5	6.7	5.2
New Hampshire	6.4	3.8	2.7	2.9	2.8	2.9	3.1	2.5	1.7
New Jersey	14.1	7.2	7.2	6.8	7.0	6.7	6.8	6.4	5.9
New Mexico	36.7	18.5	17.4	17.7	16.8	18.6	18.0	17.9	15.3
New York	27.0	17.3	16.3	15.6	16.4	18.1	18.3	16.8	16.0
North Carolina	22.1	13.1	11.8	11.0	11.3	11.2	10.4	9.8	8.6
North Dakota	18.4	9.8	8.8	11.4	10.9	10.4	9.4	10.8	10.0
Ohio	27.4	10.7	10.5	11.0	10.5	10.7	10.9	9.3	8.5
Oklahoma	42.1	18.8	18.0	17.2	16.4	16.2	15.0	14.6	12.6
Oregon	28.4	15.5	15.2	13.2	14.1	14.6	13.8	12.8	10.9
Pennsylvania	1.4	0.7	0.7	1.0	1.2	1.2	1.1	1.3	1.0
Puerto Rico	13.1	11.0	11.1	11.4	10.9	12.3	11.3	9.7	8.7
Rhode Island	45.4	23.0	21.9	22.0	21.1	20.3	20.4	16.1	15.2
South Carolina	27.9	15.8	14.0	13.5	14.5	13.7	13.6	12.1	10.8
South Dakota	10.9	5.8	7.1	5.1	4.6	5.3	5.2	4.0	4.2
Tennessee	33.5	10.2	7.8	7.7	7.8	8.1	7.2	6.1	5.6
Texas	26.7	13.5	12.5	11.9	11.6	11.6	10.2	9.4	8.5
Utah	18.6	10.2	12.0	10.9	11.9	11.9	11.1	10.2	10.5
Vermont	6.0	5.5	5.2	7.8	7.8	9.0	8.0	6.6	7.6
Virginia	7.0	4.4	4.4	4.4	3.7	4.5	3.6	3.6	3.3
Washington	7.8	5.9	5.9	5.8	5.5	5.8	5.6	5.1	4.8
West Virginia	36.0	14.6	14.7	14.7	16.3	15.7	14.2	13.6	12.7
Wisconsin	8.1	4.3	4.3	4.5	4.3	4.4	4.5	4.2	3.7
Wyoming	12.0	7.5	8.1	8.5	7.7	6.6	9.0	6.7	5.5
National	24.4	12.3	11.6	11.0	11.0	11.2	10.6	9.8	8.9

Table 3–4 Victims by Age, 2014

State	Rate per 1,000 Children								
	9	10	11	12	13	14	15	16	17
Alabama	6.3	5.6	5.9	5.4	7.4	6.9	7.8	4.7	3.1
Alaska	13.2	11.9	11.7	11.0	10.1	9.2	8.6	7.2	5.9
Arizona	6.2	5.6	5.3	5.1	5.7	5.2	5.8	5.2	3.2
Arkansas	10.3	9.0	8.5	9.9	10.7	10.5	10.6	7.6	5.4
California	6.9	6.4	6.2	6.2	6.2	6.0	5.8	5.4	3.7
Colorado	7.4	6.7	5.9	6.2	5.8	5.9	5.4	4.7	2.9
Connecticut	8.4	8.2	7.6	7.4	8.0	7.6	7.7	6.6	4.1
Delaware	6.3	5.6	5.8	7.2	5.1	6.2	5.8	7.2	4.5
District of Columbia	15.3	13.3	14.0	13.8	13.8	12.8	11.7	11.0	8.4
Florida	8.9	8.9	8.1	7.8	7.4	7.0	6.6	6.0	4.2
Georgia	8.2	7.3	7.0	6.9	6.7	6.8	6.7	5.7	2.9
Hawaii	4.0	3.3	2.3	2.9	3.3	2.9	3.0	3.3	2.1
Idaho	2.6	2.9	2.5	2.7	2.6	3.2	3.4	2.3	1.2
Illinois	9.2	8.4	8.0	7.0	6.7	6.4	5.9	5.1	3.5
Indiana	12.6	11.2	10.2	12.1	11.3	11.0	10.6	8.0	5.3
Iowa	9.7	8.8	8.2	8.1	7.5	6.8	6.5	4.7	3.2
Kansas	2.8	2.8	2.3	2.6	2.5	2.8	2.1	1.8	1.1
Kentucky	17.7	16.8	15.6	15.6	14.2	14.4	13.9	11.8	8.2
Louisiana	9.2	8.0	6.9	7.4	7.4	7.7	6.9	6.3	2.8
Maine	13.5	11.7	12.1	10.4	9.7	9.5	7.7	6.1	3.0
Maryland	10.9	10.0	9.6	9.9	10.6	9.6	9.7	8.7	5.9
Massachusetts	19.5	17.9	16.2	15.9	14.1	13.5	13.4	11.8	7.9
Michigan	11.5	10.5	9.2	9.4	9.3	8.9	8.6	7.4	4.4
Minnesota	3.4	2.9	2.4	2.7	2.3	2.1	2.0	1.4	1.0
Mississippi	10.5	10.7	10.1	10.0	10.1	10.2	10.3	9.6	5.4
Missouri	3.5	3.0	3.3	3.1	3.5	3.5	3.4	3.2	1.3
Montana	5.3	3.9	3.6	3.3	3.0	3.4	2.9	2.2	0.4
Nebraska	7.8	7.9	7.7	7.3	6.6	6.5	6.1	4.6	2.8
Nevada	4.8	4.8	4.9	4.0	4.0	4.4	3.6	3.5	2.2
New Hampshire	2.1	2.5	1.1	1.7	1.9	1.8	2.2	1.2	1.5
New Jersey	5.0	4.8	4.4	4.8	4.6	4.7	4.4	3.6	2.8
New Mexico	14.1	12.2	12.2	11.8	11.6	10.8	8.9	8.1	4.5
New York	14.9	13.6	13.5	13.5	13.7	14.1	14.6	12.9	6.8
North Carolina	8.4	7.5	7.1	6.8	6.9	6.6	6.2	5.3	1.9
North Dakota	10.0	9.3	7.5	9.1	9.1	7.6	7.0	4.6	3.6
Ohio	7.7	7.4	6.9	7.6	7.5	7.6	7.9	5.9	3.8
Oklahoma	11.9	10.7	10.1	9.3	9.0	8.3	7.8	5.8	4.0
Oregon	11.0	10.2	9.2	8.9	8.4	8.1	7.5	6.2	4.0
Pennsylvania	1.0	1.1	1.1	1.3	1.6	1.4	1.7	1.4	1.0
Puerto Rico	8.3	7.8	8.5	8.1	7.8	8.2	8.5	7.0	3.8
Rhode Island	13.1	14.1	11.5	11.3	10.2	9.4	8.7	7.2	4.4
South Carolina	10.3	8.9	8.4	8.6	7.9	8.1	6.8	6.1	2.6
South Dakota	4.1	3.7	3.5	2.7	1.7	2.1	1.9	1.2	1.3
Tennessee	5.5	5.2	5.2	5.4	5.2	5.4	5.5	4.9	3.6
Texas	7.6	6.7	6.3	6.1	5.7	5.3	4.8	4.3	2.0
Utah	9.7	9.0	9.0	8.9	10.4	12.0	12.2	9.8	7.5
Vermont	6.0	5.8	6.4	5.9	8.4	6.9	8.8	5.2	3.7
Virginia	3.0	2.7	2.5	2.3	2.7	2.7	2.6	2.3	1.5
Washington	4.0	4.1	3.6	3.8	3.6	3.3	3.4	2.7	1.5
West Virginia	12.0	10.6	10.2	8.8	9.4	8.5	7.9	6.1	4.4
Wisconsin	2.7	2.8	2.5	2.7	2.8	2.5	2.7	2.3	1.3
Wyoming	7.0	5.5	4.4	4.4	4.2	4.6	4.3	3.1	2.3
National	8.2	7.5	7.1	7.1	7.0	6.8	6.7	5.7	3.5

Table 3–5 Victims by Sex, 2014

State	Victims (unique count)				Rate per 1,000 Children	
	Boy	Girl	Unknown	Total	Boy	Girl
Alabama	3,875	4,817	5	8,697	6.9	8.9
Alaska	1,237	1,231	16	2,484	12.9	13.6
Arizona	7,022	6,838	25	13,885	8.5	8.6
Arkansas	4,270	4,701		8,971	11.8	13.6
California	36,976	38,019	38	75,033	7.9	8.5
Colorado	4,845	5,134		9,979	7.6	8.4
Connecticut	3,693	3,917	41	7,651	9.3	10.3
Delaware	711	771		1,482	6.9	7.7
District of Columbia	741	786	1	1,528	12.7	13.8
Florida	22,801	22,754	183	45,738	11.0	11.5
Georgia	11,190	10,946	27	22,163	8.8	8.9
Hawaii	632	692	7	1,331	4.0	4.6
Idaho	802	793		1,595	3.6	3.8
Illinois	14,583	14,940	148	29,671	9.6	10.2
Indiana	11,158	12,199	2	23,359	13.8	15.8
Iowa	4,003	4,052	16	8,071	10.8	11.4
Kansas	855	1,143		1,998	2.3	3.2
Kentucky	10,275	10,337	221	20,833	19.8	20.9
Louisiana	5,965	5,993	99	12,057	10.5	11.0
Maine	1,925	1,897	1	3,823	14.5	15.0
Maryland	7,789	7,932	41	15,762	11.3	12.0
Massachusetts	15,850	15,129	884	31,863	22.3	22.2
Michigan	15,424	15,251	30	30,705	13.6	14.0
Minnesota	1,943	2,200		4,143	3.0	3.5
Mississippi	3,960	4,468	7	8,435	10.6	12.5
Missouri	2,328	2,994		5,322	3.3	4.4
Montana	594	590	7	1,191	5.2	5.4
Nebraska	1,938	2,002		3,940	8.1	8.8
Nevada	2,216	2,081		4,297	6.5	6.4
New Hampshire	320	325	1	646	2.3	2.5
New Jersey	5,745	6,040	57	11,842	5.6	6.1
New Mexico	3,875	3,698	33	7,606	15.2	15.0
New York	32,817	32,679	159	65,655	15.2	15.8
North Carolina	10,540	10,426		20,966	9.0	9.3
North Dakota	798	815	3	1,616	9.2	9.9
Ohio	11,729	13,168	34	24,931	8.7	10.2
Oklahoma	6,497	6,686		13,183	13.3	14.4
Oregon	4,929	5,154	5	10,088	11.2	12.3
Pennsylvania	1,145	2,117		3,262	0.8	1.6
Puerto Rico	3,804	3,857	22	7,683	9.6	10.3
Rhode Island	1,778	1,627	5	3,410	16.3	15.7
South Carolina	6,091	6,171	177	12,439	11.0	11.6
South Dakota	410	476		886	3.8	4.7
Tennessee	5,209	6,420	66	11,695	6.8	8.8
Texas	31,763	33,441	130	65,334	8.8	9.6
Utah	4,547	5,312	17	9,876	9.8	12.1
Vermont	327	486		813	5.2	8.2
Virginia	3,139	3,322	3	6,464	3.3	3.6
Washington	3,681	3,640	20	7,341	4.5	4.6
West Virginia	2,440	2,507	15	4,962	12.6	13.5
Wisconsin	2,097	2,495	50	4,642	3.2	3.9
Wyoming	402	459		861	5.7	6.8
National	343,684	355,928	2,596	702,208	9.0	9.8

Table 3–6 Victims by Race and Ethnicity, 2014 (continues next page)

State	Victims (unique count)								
	African-American	American Indian or Alaska Native	Asian	Hispanic	Multiple Race	Pacific Islander	White	Unknown	Total
Alabama	2,478	5	11	338		3	5,521	341	8,697
Alaska	40	1,315	11	71	189	23	472	363	2,484
Arizona	1,123	661	46	5,397	497	16	5,245	900	13,885
Arkansas	1,423	8	15	562	599	31	6,264	69	8,971
California	10,214	622	1,899	41,799	1,489	257	15,988	2,765	75,033
Colorado	861	83	48	3,796	394	14	4,510	273	9,979
Connecticut	1,556	13	45	2,417	383	8	2,925	304	7,651
Delaware	666		9	185	48		569	5	1,482
District of Columbia	977		3	176	16		13	343	1,528
Florida	14,379	53	159	8,379	2,011	8	19,518	1,231	45,738
Georgia	8,741	10	101	1,595	801	5	10,713	197	22,163
Hawaii	28	5	114	34	603	233	231	83	1,331
Idaho	15	80	2	236	19	1	1,194	48	1,595
Illinois	10,193	18	249	4,755		19	13,987	450	29,671
Indiana	4,333	10	60	2,037	1,621	12	15,259	27	23,359
Iowa	907	96	48	797	272	22	5,266	663	8,071
Kansas	174	13	8	268	106		1,420	9	1,998
Kentucky	2,257	11	27	822	877	9	15,234	1,596	20,833
Louisiana	5,331	42	22	298	256	4	5,756	348	12,057
Maine	63	29	10	168	118	5	2,288	1,142	3,823
Maryland	6,442	11	150	1,377	352	6	5,481	1,943	15,762
Massachusetts	4,232	54	392	8,338	1,267	11	12,241	5,328	31,863
Michigan	6,770	117	47	1,453	2,439	5	16,740	3,134	30,705
Minnesota	806	275	112	456	684	1	1,762	47	4,143
Mississippi	3,402	13	15	196	127		4,413	269	8,435
Missouri	881	4	16	217	83	7	3,936	178	5,322
Montana	22	225	5	71	78		778	12	1,191
Nebraska	591	208	24	673	223		2,021	200	3,940
Nevada	975	22	45	1,217	285	40	1,547	166	4,297
New Hampshire	14			41	14	1	538	38	646
New Jersey	3,639	6	138	2,759	229	12	3,732	1,327	11,842
New Mexico	195	636	8	4,556	165	8	1,792	246	7,606
New York	18,298	243	1,140	16,908	2,079	14	20,951	6,022	65,655
North Carolina	6,085	722	52	2,120	1,143	36	10,592	216	20,966
North Dakota	61	386	3	75	137	10	880	64	1,616
Ohio	6,117	8	60	1,271	1,772	9	15,262	432	24,931
Oklahoma	1,169	886	14	2,253	3,339	20	5,498	4	13,183
Oregon	445	236	85	1,348	397	44	6,047	1,486	10,088
Pennsylvania									
Puerto Rico									
Rhode Island	382	10	37	903	226		1,616	236	3,410
South Carolina	4,595	20	14	525	443	2	6,372	468	12,439
South Dakota	23	368	1	52	92	1	332	17	886
Tennessee									
Texas	11,024	80	253	28,909	2,293	58	21,437	1,280	65,334
Utah	235	163	53	2,034	180	143	6,987	81	9,876
Vermont	10		2	7			758	36	813
Virginia	1,697	1	42	698	368	28	3,404	226	6,464
Washington	529	417	111	1,114	713	95	3,906	456	7,341
West Virginia	115	2	5	55	272		4,281	232	4,962
Wisconsin	920	172	53	467	228	3	2,401	398	4,642
Wyoming	33	13	1	141	19		643	11	861
National	145,466	8,372	5,765	154,364	29,946	1,224	298,721	35,710	679,568

Table 3–6 Victims by Race and Ethnicity, 2014

State	Rate per 1,000 Children						
	African-American	American Indian or Alaska Native	Asian	Hispanic	Multiple Race	Pacific Islander	White
Alabama	7.5	0.9	0.8	4.4		4.8	8.5
Alaska	6.4	39.6	1.1	4.2	8.3	7.3	5.0
Arizona	15.4	8.1	1.1	7.7	8.3	5.7	8.0
Arkansas	11.1	1.4	1.4	6.9	24.1	10.0	13.8
California	20.9	17.8	1.9	8.8	3.5	7.9	6.6
Colorado	16.4	11.1	1.3	9.8	7.6	7.8	6.4
Connecticut	17.8	6.7	1.2	14.0	13.5	22.3	6.5
Delaware	13.0		1.1	6.2	4.6		5.5
District of Columbia	14.7		1.1	10.4	3.6		0.5
Florida	17.4	5.5	1.5	7.0	14.3	2.8	11.0
Georgia	10.5	2.0	1.1	4.6	9.5	3.0	9.5
Hawaii	4.3	7.6	1.5	0.6	6.4	6.6	5.4
Idaho	3.9	16.1	0.4	3.1	1.4	1.3	3.7
Illinois	21.9	4.2	1.7	6.5		21.9	9.0
Indiana	24.8	3.2	1.9	12.3	26.9	20.7	13.3
Iowa	27.5	37.9	2.9	11.5	10.1	27.3	9.1
Kansas	3.8	2.3	0.4	2.1	2.9		2.9
Kentucky	24.1	7.0	1.8	14.5	22.5	11.8	18.9
Louisiana	12.9	5.6	1.2	4.5	8.1	8.9	10.0
Maine	9.2	14.4	2.6	24.2	13.3	50.0	9.9
Maryland	15.2	3.7	1.8	7.6	5.3	9.1	9.2
Massachusetts	37.2	20.8	4.4	35.6	24.5	18.1	13.6
Michigan	18.9	8.7	0.7	8.2	24.6	8.4	11.1
Minnesota	7.6	15.3	1.5	4.2	11.1	1.6	1.9
Mississippi	10.9	2.9	2.3	6.7	7.7		12.2
Missouri	4.7	0.7	0.6	2.5	1.4	3.1	3.8
Montana	13.4	10.5	3.0	5.5	7.7		4.4
Nebraska	21.9	40.2	2.4	8.7	12.5		6.1
Nevada	16.8	3.9	1.1	4.5	7.2	9.4	6.2
New Hampshire	3.0			2.8	1.6	12.3	2.3
New Jersey	13.1	1.8	0.7	5.5	3.8	17.4	3.8
New Mexico	23.2	12.4	1.4	15.3	13.0	24.6	14.2
New York	27.5	17.3	3.5	16.7	14.9	7.2	10.1
North Carolina	11.5	25.6	0.8	6.1	12.6	18.7	8.6
North Dakota	13.4	28.2	1.8	8.5	20.6	88.5	6.6
Ohio	15.8	1.9	1.1	8.5	15.1	7.9	7.9
Oklahoma	15.1	9.2	0.8	14.9	37.5	12.2	10.6
Oregon	24.4	22.7	2.5	7.2	7.9	10.8	10.9
Pennsylvania							
Puerto Rico							
Rhode Island	25.0	8.7	5.1	18.3	24.4		12.4
South Carolina	13.6	5.2	0.9	5.7	11.4	3.0	10.7
South Dakota	4.7	13.6	0.4	4.2	10.2	11.6	2.2
Tennessee							
Texas	13.2	4.3	0.9	8.3	13.5	10.0	9.2
Utah	22.1	19.1	3.4	13.2	6.0	15.2	10.3
Vermont	4.4		0.9	2.3			6.9
Virginia	4.5	0.2	0.4	3.0	3.7	20.7	3.3
Washington	8.0	17.7	1.0	3.4	5.8	7.3	4.2
West Virginia	8.0	3.4	1.8	6.6	19.3		12.6
Wisconsin	8.2	12.4	1.2	3.2	4.8	6.5	2.6
Wyoming	16.7	3.1	1.0	7.2	4.4		6.0
National	15.3	13.4	1.7	8.8	10.6	8.6	8.4

Table 3–7 Maltreatment Types of Victims, 2014 (continues next page)

State	Victims (unique count)	Maltreatment Types (duplicate count)							Total Maltreatment Types
		Medical Neglect	Neglect	Other	Physical Abuse	Psychological Maltreatment	Sexual Abuse	Unknown	
Alabama	8,697	59	3,491		4,114	22	1,763		9,449
Alaska	2,484	74	2,006		340	546	137		3,103
Arizona	13,885		13,048		1,250	22	413		14,733
Arkansas	8,971	1,065	4,902	5	1,929	113	1,962		9,976
California	75,033		64,029	99	6,840	9,940	3,652		84,560
Colorado	9,979	142	7,949		1,166	288	984	44	10,573
Connecticut	7,651	302	6,297		470	2,504	408		9,981
Delaware	1,482	16	488	146	282	515	158		1,605
District of Columbia	1,528	39	1,213	6	300	115	75		1,748
Florida	45,738	1,023	23,973	21,582	4,596	786	2,498		54,458
Georgia	22,163	950	15,585		2,232	5,738	663		25,168
Hawaii	1,331	25	211	1,080	142	11	66		1,535
Idaho	1,595	14	1,205	16	369		78		1,682
Illinois	29,671	626	20,572		6,579	33	4,502		32,312
Indiana	23,359	425	19,618		2,187	73	2,658		24,961
Iowa	8,071	86	6,086	851	1,218	40	564		8,845
Kansas	1,998	53	419	516	424	262	575		2,249
Kentucky	20,833	295	19,020		1,998	81	875		22,269
Louisiana	12,057		10,300		2,011	60	605	31	13,007
Maine	3,823		2,560		935	1,354	278		5,127
Maryland	15,762		10,608		4,304	21	1,597		16,530
Massachusetts	31,863		29,888	19	3,451	36	841		34,235
Michigan	30,705	698	25,430	13	7,560	158	982		34,841
Minnesota	4,143	40	2,879		760	29	853		4,561
Mississippi	8,435	359	6,026	26	1,478	1,308	994		10,191
Missouri	5,322	213	3,296	1	1,685	477	1,368		7,040
Montana	1,191	12	1,097		109	48	66		1,332
Nebraska	3,940	3	3,318		499	38	302		4,160
Nevada	4,297	89	3,164		1,493	35	204		4,985
New Hampshire	646	22	511		56	6	100		695
New Jersey	11,842	237	9,402		1,747	55	1,111		12,552
New Mexico	7,606	248	6,265		1,021	1,661	250		9,445
New York	65,655	3,867	62,616	17,311	6,369	469	2,067		92,699
North Carolina	20,966	497	16,586	115	2,214	97	1,654	159	21,322
North Dakota	1,616	45	1,138		170	609	69		2,031
Ohio	24,931	465	10,838		10,838	1,097	4,610		27,848
Oklahoma	13,183	212	9,291		2,919	3,425	695		16,542
Oregon	10,088	142	5,371	4,767	928	200	816		12,224
Pennsylvania	3,262	128	110		1,063	28	2,014		3,343
Puerto Rico	7,683	619	4,736	79	2,080	3,886	201		11,601
Rhode Island	3,410	60	2,496		433	667	135		3,791
South Carolina	12,439	387	7,952	178	5,364	107	767		14,755
South Dakota	886		759		109	6	53		927
Tennessee	11,695	177	8,080		1,353	310	2,714		12,634
Texas	65,334	1,690	53,045		11,746	429	5,581	6	72,497
Utah	9,876	29	2,508	584	4,078	2,875	1,982		12,056
Vermont	813	21	14		374	1	442		852
Virginia	6,464	146	4,178	4	1,934	109	804		7,175
Washington	7,341		5,996		1,388		454		7,838
West Virginia	4,962	38	2,663	615	1,720	1,384	237		6,657
Wisconsin	4,642		2,881		869	33	1,127		4,910
Wyoming	861	7	630	3	23	183	101		947
National	702,208	15,645	526,744	48,016	119,517	42,290	58,105	240	810,557

Table 3–7 Maltreatment Types of Victims, 2014

State	Percent							Total Maltreatment Types
	Medical Neglect	Neglect	Other	Physical Abuse	Psychological Maltreatment	Sexual Abuse	Unknown	
Alabama	0.7	40.1		47.3	0.3	20.3		108.6
Alaska	3.0	80.8		13.7	22.0	5.5		124.9
Arizona		94.0		9.0	0.2	3.0		106.1
Arkansas	11.9	54.6	0.1	21.5	1.3	21.9		111.2
California		85.3	0.1	9.1	13.2	4.9		112.7
Colorado	1.4	79.7		11.7	2.9	9.9	0.4	106.0
Connecticut	3.9	82.3		6.1	32.7	5.3		130.5
Delaware	1.1	32.9	9.9	19.0	34.8	10.7		108.3
District of Columbia	2.6	79.4	0.4	19.6	7.5	4.9		114.4
Florida	2.2	52.4	47.2	10.0	1.7	5.5		119.1
Georgia	4.3	70.3		10.1	25.9	3.0		113.6
Hawaii	1.9	15.9	81.1	10.7	0.8	5.0		115.3
Idaho	0.9	75.5	1.0	23.1		4.9		105.5
Illinois	2.1	69.3		22.2	0.1	15.2		108.9
Indiana	1.8	84.0		9.4	0.3	11.4		106.9
Iowa	1.1	75.4	10.5	15.1	0.5	7.0		109.6
Kansas	2.7	21.0	25.8	21.2	13.1	28.8		112.6
Kentucky	1.4	91.3		9.6	0.4	4.2		106.9
Louisiana		85.4		16.7	0.5	5.0	0.3	107.9
Maine		67.0		24.5	35.4	7.3		134.1
Maryland		67.3		27.3	0.1	10.1		104.9
Massachusetts		93.8	0.1	10.8	0.1	2.6		107.4
Michigan	2.3	82.8	0.0	24.6	0.5	3.2		113.5
Minnesota	1.0	69.5		18.3	0.7	20.6		110.1
Mississippi	4.3	71.4	0.3	17.5	15.5	11.8		120.8
Missouri	4.0	61.9	0.0	31.7	9.0	25.7		132.3
Montana	1.0	92.1		9.2	4.0	5.5		111.8
Nebraska	0.1	84.2		12.7	1.0	7.7		105.6
Nevada	2.1	73.6		34.7	0.8	4.7		116.0
New Hampshire	3.4	79.1		8.7	0.9	15.5		107.6
New Jersey	2.0	79.4		14.8	0.5	9.4		106.0
New Mexico	3.3	82.4		13.4	21.8	3.3		124.2
New York	5.9	95.4	26.4	9.7	0.7	3.1		141.2
North Carolina	2.4	79.1	0.5	10.6	0.5	7.9	0.8	101.7
North Dakota	2.8	70.4		10.5	37.7	4.3		125.7
Ohio	1.9	43.5		43.5	4.4	18.5		111.7
Oklahoma	1.6	70.5		22.1	26.0	5.3		125.5
Oregon	1.4	53.2	47.3	9.2	2.0	8.1		121.2
Pennsylvania	3.9	3.4		32.6	0.9	61.7		102.5
Puerto Rico	8.1	61.6	1.0	27.1	50.6	2.6		151.0
Rhode Island	1.8	73.2		12.7	19.6	4.0		111.2
South Carolina	3.1	63.9	1.4	43.1	0.9	6.2		118.6
South Dakota		85.7		12.3	0.7	6.0		104.6
Tennessee	1.5	69.1		11.6	2.7	23.2		108.0
Texas	2.6	81.2		18.0	0.7	8.5	0.0	111.0
Utah	0.3	25.4	5.9	41.3	29.1	20.1		122.1
Vermont	2.6	1.7		46.0	0.1	54.4		104.8
Virginia	2.3	64.6	0.1	29.9	1.7	12.4		111.0
Washington		81.7		18.9		6.2		106.8
West Virginia	0.8	53.7	12.4	34.7	27.9	4.8		134.2
Wisconsin		62.1		18.7	0.7	24.3		105.8
Wyoming	0.8	73.2	0.3	2.7	21.3	11.7		110.0
National	2.2	75.0	6.8	17.0	6.0	8.3	0.0	115.4

Table 3–8 Children With Alcohol Abuse Caregiver Risk Factor, 2014

State	Victims (unique count)	Victims (unique count) With an Alcohol Abuse Caregiver Risk Factor		Nonvictims (unique count)	Nonvictims (unique count) With an Alcohol Abuse Caregiver Risk Factor	
		Number	Percent		Number	Percent
Alabama						
Alaska	2,484	427	17.2	7,631	415	5.4
Arizona	13,885	2,147	15.5	59,256	1,913	3.2
Arkansas						
California						
Colorado						
Connecticut						
Delaware	1,482	536	36.2	11,780	234	2.0
District of Columbia						
Florida						
Georgia	22,163	1,732	7.8	115,059	1,314	1.1
Hawaii	1,331	156	11.7	1,974	233	11.8
Idaho						
Illinois						
Indiana	23,359	1,042	4.5			
Iowa						
Kansas						
Kentucky	20,833	2,521	12.1	50,841	1,730	3.4
Louisiana						
Maine	3,823	731	19.1	9,463	522	5.5
Maryland	15,762	185	1.2			
Massachusetts						
Michigan	30,705	719	2.3			
Minnesota	4,143	677	16.3	22,252	1,712	7.7
Mississippi	8,435	235	2.8			
Missouri	5,322	553	10.4	69,980	1,611	2.3
Montana	1,191	63	5.3	8,989	98	1.1
Nebraska	3,940	45	1.1			
Nevada						
New Hampshire	646	73	11.3	10,990	358	3.3
New Jersey	11,842	1,783	15.1	63,849	2,570	4.0
New Mexico	7,606	2,843	37.4	19,199	3,545	18.5
New York						
North Carolina						
North Dakota	1,616	499	30.9	4,781	788	16.5
Ohio	24,931	423	1.7	77,581	922	1.2
Oklahoma	13,183	2,233	16.9	42,901	1,305	3.0
Oregon						
Pennsylvania						
Puerto Rico	7,683	661	8.6			
Rhode Island	3,410	145	4.3	5,964	75	1.3
South Carolina						
South Dakota	886	313	35.3	3,517	477	13.6
Tennessee						
Texas	65,334	5,591	8.6	187,439	7,351	3.9
Utah	9,876	544	5.5			
Vermont						
Virginia						
Washington	7,341	2,275	31.0	35,231	4,265	12.1
West Virginia	4,962	63	1.3			
Wisconsin	4,642	209	4.5	28,109	541	1.9
Wyoming	861	217	25.2			
National	323,677	29,641	9.2	836,786	31,979	3.8

Table 3–9 Children With Drug Abuse Caregiver Risk Factor, 2014

State	Victims (unique count)	Victims (unique count) With a Drug Abuse Caregiver Risk Factor		Nonvictims (unique count)	Nonvictims (unique count) With a Drug Abuse Caregiver Risk Factor	
		Number	Percent		Number	Percent
Alabama	8,697	478	5.5			
Alaska	2,484	212	8.5	7,631	249	3.3
Arizona	13,885	7,366	53.1	59,256	6,079	10.3
Arkansas	8,971	278	3.1			
California						
Colorado						
Connecticut						
Delaware	1,482	489	33.0	11,780	235	2.0
District of Columbia						
Florida						
Georgia	22,163	5,870	26.5	115,059	5,467	4.8
Hawaii	1,331	543	40.8	1,974	598	30.3
Idaho						
Illinois						
Indiana	23,359	4,365	18.7	103,978	3,307	3.2
Iowa						
Kansas						
Kentucky	20,833	6,815	32.7	50,841	3,561	7.0
Louisiana						
Maine	3,823	1,276	33.4	9,463	1,123	11.9
Maryland	15,762	566	3.6			
Massachusetts						
Michigan	30,705	8,499	27.7	121,706	7,727	6.3
Minnesota	4,143	964	23.3	22,252	1,784	8.0
Mississippi	8,435	689	8.2			
Missouri	5,322	990	18.6	69,980	2,754	3.9
Montana	1,191	258	21.7	8,989	195	2.2
Nebraska	3,940	249	6.3	18,499	644	3.5
Nevada						
New Hampshire	646	152	23.5	10,990	889	8.1
New Jersey	11,842	3,732	31.5	63,849	6,678	10.5
New Mexico	7,606	5,002	65.8	19,199	5,767	30.0
New York						
North Carolina						
North Dakota	1,616	794	49.1	4,781	803	16.8
Ohio	24,931	9,576	38.4	77,581	9,647	12.4
Oklahoma	13,183	6,015	45.6	42,901	3,911	9.1
Oregon						
Pennsylvania						
Puerto Rico	7,683	565	7.4			
Rhode Island	3,410	323	9.5	5,964	193	3.2
South Carolina						
South Dakota	886	324	36.6	3,517	376	10.7
Tennessee	11,695	1,229	10.5	82,962	1,527	1.8
Texas	65,334	18,884	28.9	187,439	23,486	12.5
Utah	9,876	926	9.4			
Vermont						
Virginia						
Washington	7,341	3,420	46.6	35,231	7,734	22.0
West Virginia	4,962	357	7.2			
Wisconsin	4,642	330	7.1	28,109	709	2.5
Wyoming	861	367	42.6			
National	353,040	91,903	26.0	1,163,931	95,443	8.2

Table 3–10 Victims by Relationship to Their Perpetrators, 2014

Perpetrator	Victims (unique count)	Reported Relationships (duplicate count)	
		Number	Percent
PARENT			
Father		124,870	20.5
Father and Nonparent(s)		6,592	1.1
Mother		247,616	40.7
Mother and Nonparent(s)		42,177	6.9
Mother and Father		129,599	21.3
Mother, Father, and Nonparent		5,946	1.0
Total Parents		556,800	91.6
NONPARENT			
Child Daycare Provider		2,474	0.4
Foster Parent (Female Relative)		280	0.0
Foster Parent (Male Relative)		65	0.0
Foster Parent (Nonrelative)		856	0.1
Foster Parent (Unknown Relationship)		155	0.0
Friend and Neighbor		2,307	0.4
Group Home and Residential Facility Staff		508	0.1
Legal Guardian (Female)		858	0.1
Legal Guardian (Male)		236	0.0
More than One Nonparental Perpetrator		6,333	1.0
Other Professional		1,035	0.2
Partner of Parent (Female)		1,816	0.3
Partner of Parent (Male)		15,669	2.6
Relative (Female)		10,429	1.7
Relative (Male)		18,375	3.0
Other		15,485	2.5
Total Nonparents		76,881	12.6
UNKNOWN			
Unknown Only		21,481	3.5
Total Unknown		21,481	3.5
National	607,851	655,162	107.8

Based on data from 47 states.

Table 3–11 CBCAP Federal Performance Measure: First-Time Victims, 2010–2014

(continues next page)

State	Victims (unique count)					First-Time Victims (unique count)				
						Number				
	2010	2011	2012	2013	2014	2010	2011	2012	2013	2014
Alabama	9,367	8,601	9,573	8,809	8,697	7,883	7,186	7,965	7,232	7,186
Alaska	2,825	2,898	2,928	2,448	2,484	1,980	2,113	1,963	1,634	1,546
Arizona	6,023	8,708	10,039	13,171	13,885	5,271	7,604	8,766	11,360	11,742
Arkansas	11,729	11,105	11,133	10,370	8,971	9,660	9,022	8,962	8,375	7,416
California	76,758	80,100	76,026	75,641	75,033	65,070	68,112	64,057	63,698	63,126
Colorado	11,166	10,604	10,482	10,161	9,979	8,562	8,143	7,870	7,651	7,417
Connecticut	9,954	10,005	8,151	7,287	7,651	7,109	7,210	5,660	5,071	5,346
Delaware	2,125	2,466	2,335	1,915	1,482	1,746	2,018	1,823	1,502	1,167
District of Columbia			2,141	2,050	1,528			1,552	1,457	1,074
Florida	50,239	51,920	53,341	48,457	45,738	26,994	26,982	26,506	23,785	22,088
Georgia			18,752	19,062	22,163			15,883	15,785	18,019
Hawaii	1,744	1,346	1,398	1,324	1,331	1,342	1,028	1,102	1,092	1,101
Idaho	1,609	1,470	1,428	1,674	1,595	1,306	1,190	1,169	1,452	1,351
Illinois	26,442	25,832	27,495	29,719	29,671	19,636	19,151	20,348	22,074	21,780
Indiana	21,362	17,930	20,223	21,755	23,359	18,694	15,068	18,250	16,566	17,471
Iowa	12,005	11,028	10,751	11,345	8,071	8,322	7,481	7,382	7,891	5,506
Kansas	1,504	1,729	1,868	2,063	1,998	1,337	1,559	1,707	1,846	1,802
Kentucky	17,029	16,994	17,054	20,005	20,833	11,869	12,032	12,068	14,200	14,576
Louisiana	8,344	9,545	8,458	10,119	12,057	6,228	7,101	6,318	7,741	9,494
Maine	3,269	3,118	3,781	3,820	3,823	1,488	1,444	1,699	2,475	2,585
Maryland	13,059	13,740	13,079	12,397	15,762	10,168	10,052	10,244	9,697	12,727
Massachusetts	24,428	20,262	19,234	20,307	31,863	13,270	11,359	10,947	11,926	19,491
Michigan	32,390	33,333	33,394	33,938	30,705	23,131	23,395	23,027	23,112	14,819
Minnesota	4,462	4,342	4,238	4,183	4,143	3,648	3,629	3,511	3,483	3,498
Mississippi	7,403	6,712	7,599	7,415	8,435	6,625	5,945	6,854	6,616	7,476
Missouri	5,313	5,826	4,685	5,224	5,322	4,503	5,002	3,971	4,439	4,582
Montana	1,383	1,066	1,324	1,414	1,191	1,013	820	1,031	1,148	958
Nebraska	4,572	4,307	3,888	3,993	3,940	3,483	3,285	2,918	2,872	2,858
Nevada	4,624	5,331	5,437	5,438	4,297	3,066	3,587	3,570	3,538	2,773
New Hampshire					646					552
New Jersey	8,981	8,238	9,031	9,490	11,842	7,459	6,739	7,310	7,689	9,688
New Mexico	5,440	5,601	5,882	6,530	7,606	4,151	4,209	4,372	4,824	5,680
New York	77,011	72,625	68,375	64,578	65,655	48,767	44,714	41,997	39,463	40,247
North Carolina	21,895	22,940	23,150	19,873	20,966	16,755	17,926	18,370	15,791	16,905
North Dakota		1,295	1,402	1,517	1,616		1,183	1,214	1,264	1,275
Ohio	31,295	30,601	29,250	27,562	24,931	26,746	21,511	20,453	19,244	17,582
Oklahoma	7,207	7,836	9,627	11,553	13,183	5,639	6,078	7,618	9,021	10,524
Oregon			9,576	10,280	10,088			6,740	7,119	6,805
Pennsylvania	3,555	3,287	3,417	3,260	3,262	3,326	3,074	3,199	3,047	3,055
Puerto Rico					7,683					6,502
Rhode Island	3,268	3,131	3,218	3,132	3,410	2,287	2,198	2,264	2,135	2,407
South Carolina	11,802	11,324	11,439	10,404	12,439	9,241	8,589	8,556	7,801	9,508
South Dakota	1,360	1,353	1,224	984	886	1,023	986	933	749	696
Tennessee	8,760	9,243	10,069	10,377	11,695	7,104	7,852	8,494	8,813	9,964
Texas	64,937	63,474	62,551	64,603	65,334	52,205	51,235	50,153	51,674	52,477
Utah	12,854	10,586	9,419	9,306	9,876	8,547	6,856	6,845	6,680	7,104
Vermont	658	630	649	746	813	533	526	531	633	678
Virginia										
Washington	6,593	6,541	6,546	7,132	7,341	4,720	4,640	4,694	4,856	4,052
West Virginia	3,961	4,000	4,591	4,695	4,962	2,762	2,960	3,540	3,795	3,984
Wisconsin	4,569	4,750	4,645	4,526	4,642	3,826	4,058	3,936	3,907	3,987
Wyoming	725	703	705	720	861	604	590	616	601	700
National	645,999	638,476	665,001	666,772	695,744	479,099	467,442	488,958	488,824	505,347

Table 3–11 CBCAP Federal Performance Measure: First-Time Victims, 2010–2014

State	First-Time Victims (unique count)									
	Percent					Rate per 1,000 Children				
	2010	2011	2012	2013	2014	2010	2011	2012	2013	2014
Alabama	84.2	83.5	83.2	82.1	82.6	7.0	6.4	7.1	6.5	6.5
Alaska	70.1	72.9	67.0	66.7	62.2	10.5	11.2	10.4	8.7	8.3
Arizona	87.5	87.3	87.3	86.3	84.6	3.2	4.7	5.4	7.0	7.2
Arkansas	82.4	81.2	80.5	80.8	82.7	13.6	12.7	12.6	11.8	10.5
California	84.8	85.0	84.3	84.2	84.1	7.0	7.4	7.0	6.9	6.9
Colorado	76.7	76.8	75.1	75.3	74.3	7.0	6.6	6.4	6.2	6.0
Connecticut	71.4	72.1	69.4	69.6	69.9	8.7	9.0	7.1	6.5	6.9
Delaware	82.2	81.8	78.1	78.4	78.7	8.5	9.9	8.9	7.4	5.7
District of Columbia			72.5	71.1	70.3			14.4	13.0	9.3
Florida	53.7	52.0	49.7	49.1	48.3	6.7	6.7	6.6	5.9	5.4
Georgia			84.7	82.8	81.3			6.4	6.3	7.2
Hawaii	76.9	76.4	78.8	82.5	82.7	4.4	3.4	3.6	3.5	3.6
Idaho	81.2	81.0	81.9	86.7	84.7	3.0	2.8	2.7	3.4	3.1
Illinois	74.3	74.1	74.0	74.3	73.4	6.3	6.2	6.7	7.3	7.3
Indiana	87.5	84.0	90.2	76.1	74.8	11.6	9.4	11.5	10.4	11.0
Iowa	69.3	67.8	68.7	69.6	68.2	11.4	10.3	10.2	10.9	7.6
Kansas	88.9	90.2	91.4	89.5	90.2	1.8	2.1	2.3	2.5	2.5
Kentucky	69.7	70.8	70.8	71.0	70.0	11.6	11.8	11.9	14.0	14.4
Louisiana	74.6	74.4	74.7	76.5	78.7	5.6	6.4	5.7	6.9	8.5
Maine	45.5	46.3	44.9	64.8	67.6	5.4	5.4	6.4	9.5	10.0
Maryland	77.9	73.2	78.3	78.2	80.7	7.5	7.4	7.6	7.2	9.4
Massachusetts	54.3	56.1	56.9	58.7	61.2	9.4	8.1	7.8	8.5	14.0
Michigan	71.4	70.2	69.0	68.1	48.3	9.9	10.2	10.1	10.3	6.7
Minnesota	81.8	83.6	82.8	83.3	84.4	2.8	2.8	2.7	2.7	2.7
Mississippi	89.5	88.6	90.2	89.2	88.6	8.8	7.9	9.2	9.0	10.2
Missouri	84.8	85.9	84.8	85.0	86.1	3.2	3.5	2.8	3.2	3.3
Montana	73.2	76.9	77.9	81.2	80.4	4.5	3.7	4.6	5.1	4.3
Nebraska	76.2	76.3	75.1	71.9	72.5	7.6	7.1	6.3	6.2	6.1
Nevada	66.3	67.3	65.7	65.1	64.5	4.6	5.4	5.4	5.4	4.2
New Hampshire					85.4					2.1
New Jersey	83.1	81.8	80.9	81.0	81.8	3.6	3.3	3.6	3.8	4.8
New Mexico	76.3	75.1	74.3	73.9	74.7	8.0	8.1	8.5	9.5	11.3
New York	63.3	61.6	61.4	61.1	61.3	11.3	10.4	9.8	9.3	9.5
North Carolina	76.5	78.1	79.4	79.5	80.6	7.3	7.8	8.0	6.9	7.4
North Dakota		91.4	86.6	83.3	78.9		7.8	7.7	7.7	7.6
Ohio	85.5	70.3	69.9	69.8	70.5	9.8	8.0	7.7	7.3	6.7
Oklahoma	78.2	77.6	79.1	78.1	79.8	6.1	6.5	8.1	9.5	11.0
Oregon			70.4	69.3	67.5			7.8	8.3	7.9
Pennsylvania	93.6	93.5	93.6	93.5	93.7	1.2	1.1	1.2	1.1	1.1
Puerto Rico					84.6					8.4
Rhode Island	70.0	70.2	70.4	68.2	70.6	10.2	10.0	10.4	10.0	11.3
South Carolina	78.3	75.8	74.8	75.0	76.4	8.6	8.0	7.9	7.2	8.8
South Dakota	75.2	72.9	76.2	76.1	78.6	5.0	4.8	4.5	3.6	3.3
Tennessee	81.1	85.0	84.4	84.9	85.2	4.8	5.3	5.7	5.9	6.7
Texas	80.4	80.7	80.2	80.0	80.3	7.6	7.4	7.2	7.3	7.4
Utah	66.5	64.8	72.7	71.8	71.9	9.8	7.8	7.7	7.4	7.9
Vermont	81.0	83.5	81.8	84.9	83.4	4.1	4.2	4.3	5.1	5.6
Virginia										
Washington	71.6	70.9	71.7	68.1	55.2	3.0	2.9	3.0	3.0	2.5
West Virginia	69.7	74.0	77.1	80.8	80.3	7.1	7.7	9.2	9.9	10.5
Wisconsin	83.7	85.4	84.7	86.3	85.9	2.9	3.1	3.0	3.0	3.1
Wyoming	83.3	83.9	87.4	83.5	81.3	4.5	4.4	4.5	4.4	5.1
National	74.2	73.2	73.5	73.3	72.6	7.0	6.8	6.8	6.8	7.0

Table 3–12 CFSR: Absence of Maltreatment Recurrence, 2010–2014

State	Percentage of Victims (unique count) Without Another Incident of Maltreatment During a 6-Month Period				
	2010	2011	2012	2013	2014
Alabama	98.8	98.9	98.4	98.3	98.3
Alaska	92.9	91.8	87.8	87.1	86.1
Arizona	96.7	95.4	95.4	94.6	96.2
Arkansas	93.8	92.3	93.6	94.3	94.5
California	93.2	93.0	93.3	93.7	93.6
Colorado	95.7	95.5	95.6	95.5	95.1
Connecticut	92.6	93.4	94.4	93.9	93.7
Delaware	97.1	97.8	97.5	96.9	97.9
District of Columbia	94.1	93.8	95.5	94.7	94.5
Florida	92.8	92.8	92.8	94.1	95.1
Georgia	97.2	96.8	96.7	95.8	95.1
Hawaii	97.6	97.6	98.1	98.9	97.9
Idaho	97.0	96.7	96.2	97.1	96.9
Illinois	93.4	93.4	92.8	93.0	92.3
Indiana	93.2	93.3	93.2	92.9	92.4
Iowa	90.7	91.5	92.7	92.0	92.6
Kansas	97.3	94.0	96.6	97.1	97.3
Kentucky	94.7	94.9	93.8	94.1	91.8
Louisiana	95.4	94.8	94.7	93.5	94.2
Maine	93.8	95.7	93.7	93.7	93.9
Maryland	96.6	93.1	92.9	92.8	93.0
Massachusetts	91.5	91.9	91.5	91.0	87.1
Michigan	93.4	93.2	92.8	93.3	93.5
Minnesota	95.0	94.4	96.2	96.5	96.1
Mississippi	94.0	92.6	93.2	93.5	93.8
Missouri	97.3	96.7	97.9	96.6	96.4
Montana	96.3	96.2	96.6	95.7	98.5
Nebraska	92.1	92.3	92.6	93.8	95.1
Nevada	94.5	93.6	95.2	96.2	95.2
New Hampshire	97.2	95.3	98.3	98.2	99.3
New Jersey	94.3	94.8	94.9	94.2	94.5
New Mexico	91.7	90.1	91.0	88.5	87.3
New York	87.7	87.8	87.6	88.3	88.4
North Carolina	97.5	96.7	97.9	98.1	97.1
North Dakota	98.6	98.6	97.4	95.4	97.2
Ohio	93.0	92.3	92.4	93.1	92.8
Oklahoma	94.1	93.1	93.8	91.5	93.1
Oregon			92.9	96.4	96.0
Pennsylvania	97.4	98.0	97.4	98.1	97.9
Puerto Rico	97.3	95.5	94.9	95.4	96.1
Rhode Island	92.3	91.5	93.1	91.8	91.2
South Carolina	96.8	96.6	97.2	97.5	97.1
South Dakota	95.4	94.4	94.4	95.5	96.3
Tennessee	96.7	97.0	97.3	97.6	97.2
Texas	97.2	97.1	97.1	97.0	97.2
Utah	93.1	94.4	95.4	93.7	93.7
Vermont	98.4	95.2	93.7	91.8	94.2
Virginia	97.6	97.7	97.3	96.9	98.0
Washington	93.7	94.2	92.5	92.1	90.3
West Virginia	95.6	97.6	97.6	97.7	98.4
Wisconsin	94.4	95.4	95.6	96.0	95.1
Wyoming	98.0	99.0	98.6	99.2	96.6
Reporting States	51	51	52	52	52
Number Met 94.6% Standard	27	26	28	27	28
Percent Met Standard	52.9	51.0	53.8	51.9	53.8

Table 3–13 CFSR: Absence of Maltreatment in Foster Care, 2010–2014

State	Percentage of Foster Care Children (unique count) Who Were Not Victimized by a Foster Care Provider				
	2010	2011	2012	2013	2014
Alabama	99.96	99.82	99.82		99.83
Alaska	99.49	99.59	99.08	99.01	99.61
Arizona	99.81	99.91	99.92	99.79	99.89
Arkansas	99.67	99.81	99.87	99.84	99.82
California	99.68	99.70	99.77	99.75	99.75
Colorado	99.46	99.34	99.59	99.26	98.58
Connecticut	99.10	99.27	99.51	99.07	99.12
Delaware	99.75	99.92	99.85	99.57	100.00
District of Columbia	99.72	99.81	99.65	99.48	99.58
Florida	99.18	99.34	99.39	99.02	99.94
Georgia				99.30	98.97
Hawaii	99.26	99.41	99.86	99.66	99.43
Idaho	99.93	99.89	99.83	99.63	
Illinois	99.61	99.55	99.57	99.12	99.43
Indiana	99.63	99.77	99.87	99.87	99.89
Iowa	99.63	99.46	99.65	99.65	99.75
Kansas	99.91	99.89	99.80	99.71	99.84
Kentucky	99.53	99.66	99.50	99.46	
Louisiana	99.52	99.28	99.56	99.78	99.70
Maine	99.45	99.66	99.86	99.51	99.70
Maryland	99.75	99.31	99.52	99.54	99.63
Massachusetts	99.22	99.30	99.07	98.95	98.73
Michigan	99.10	99.13	99.34	99.31	
Minnesota	99.77	99.66	99.59	99.75	99.69
Mississippi	98.12	98.41	98.40	99.05	98.93
Missouri	99.58	99.78	99.75	99.66	99.73
Montana	99.89	99.82	99.70	99.82	99.89
Nebraska	99.61	99.72	99.54	99.64	99.77
Nevada	99.74	99.59	99.34	99.53	99.73
New Hampshire	100.00	100.00	100.00	100.00	100.00
New Jersey	99.85	99.87	99.77	99.66	99.87
New Mexico	99.68	99.64	99.38	99.68	99.93
New York	98.09	98.62	98.81	99.10	99.30
North Carolina					
North Dakota	100.00	99.94	99.41	99.90	99.91
Ohio	99.61	99.61	99.50	99.44	99.60
Oklahoma	99.21	99.52	99.11	98.81	98.73
Oregon			99.16	99.36	99.26
Pennsylvania	99.86	99.93	99.86	99.89	99.88
Puerto Rico			99.91	98.66	98.82
Rhode Island	99.03	98.77	98.96	98.87	98.77
South Carolina	99.57	99.59	99.57	99.57	99.42
South Dakota	99.90	100.00	100.00	99.91	99.95
Tennessee		99.89	99.93	99.89	99.86
Texas	99.90	99.81	99.73	99.71	99.68
Utah	99.45	99.61	99.92	99.75	99.70
Vermont	99.94	99.81	100.00	99.88	100.00
Virginia	99.82	99.74	99.84	99.79	99.77
Washington	99.80	99.81	99.67	99.68	99.84
West Virginia	99.70	99.81	99.80	99.73	99.51
Wisconsin	99.65	99.66	99.88	99.93	99.88
Wyoming	100.00	99.95	100.00	100.00	99.95
Reporting States	47	48	50	50	48
Number Met 99.68% Standard	23	24	25	22	30
Percent Met Standard	48.94	50.00	50.00	44.00	62.50



Fatalities

CHAPTER 4

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

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

The child fatality count in this report reflects the federal fiscal year in which the deaths were determined as due to maltreatment. The year in which a determination was made may be different from the year in which the child died. For FFY 2012, NCANDS added a new field to the Child File called “maltreatment death date” to differentiate the year in which the death was reported to NCANDS and the year in which the child died. States began reporting this new field in 2013 and data analyses may be conducted on this field in future reports. Preliminary analyses (with not all states reporting) show approximately 70 percent (not shown) of reported fatalities occurred during the reporting period (meaning within the same federal fiscal year).

Number of Child Fatalities

Fifty states reported 1,546 fatalities. Of those 50 states, 45 reported case-level data on 1,239 fatalities and 39 reported aggregate data on 307 fatalities. Fatality rates by state ranged from 0.37 to 5.00 per 100,000 children in the population. (See [table 4–1](#) and related notes.) For FFY 2014, a nationally estimated 1,580 children died from abuse and neglect at a rate of 2.13 per 100,000 children in the population. The 2014 national estimate of 1,580 child deaths due to maltreatment is a 1.3 percent increase from the 2010 national estimate of 1,560. The percent change was calculated using the national estimates for FFY 2010 and FFY 2014. (See exhibit 4–A and related notes.)

Exhibit 4–A Child Fatality Rates per 100,000 Children, 2010–2014

Year	Reporting States	Child Population of Reporting States	Child Fatalities from Reporting States	National Fatality Rate Per 100,000 Children	Child Population of all 52 States	National Estimate of Child Fatalities
2010	52	75,020,077	1,563	2.08	75,020,077	1,560
2011	52	74,786,700	1,571	2.10	74,786,700	1,570
2012	51	74,284,172	1,622	2.18	74,549,295	1,630
2013	50	72,756,605	1,500	2.06	74,414,936	1,530
2014	50	72,706,925	1,546	2.13	74,356,370	1,580

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

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

The number of child fatalities reported by states in the Child File and Agency File has fluctuated for the past 5 years. (See [table 4–2](#) and related notes.) There may be several reasons for the fluctuations in reported child deaths. Due to the relatively low frequency of child fatalities, the national rate and national estimate are sensitive to which states report data and changes in the child population estimates produced by the U.S. Census Bureau. With the passage of the Child and Family Services Improvement and Innovation Act (P.L. 112–34) in 2010, many states reported increased counts of child fatalities from 2010 to 2012 and attributed the increase to better reporting. For example, several states mentioned that they implemented new child death reviews or expanded the scope of existing reviews. Some states indicated that they began investigating all unexplained infant deaths regardless of whether there was an allegation of maltreatment. Detailed explanations for data fluctuations may be found in the state commentaries in appendix D. An explanation for a change may be in an earlier edition of the Child Maltreatment report. Previous editions of the report are located on the Children’s Bureau website at <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>.

Special Focus on Children With Known Ages: Age Groups

Throughout this chapter readers will see specialized analyses that illustrate how experiences differ for children in five age groups: <1 year, 1–5, 6–10, 11–17, and <1–17. These analyses were conducted for only those victims with known ages and who were younger than 18 during the reporting period. These analyses do not include children in the categories of unknown age, 18–21, unborn or were not reported with a unique count; therefore, these specialized analyses use a subgroup of the reported children and victims.

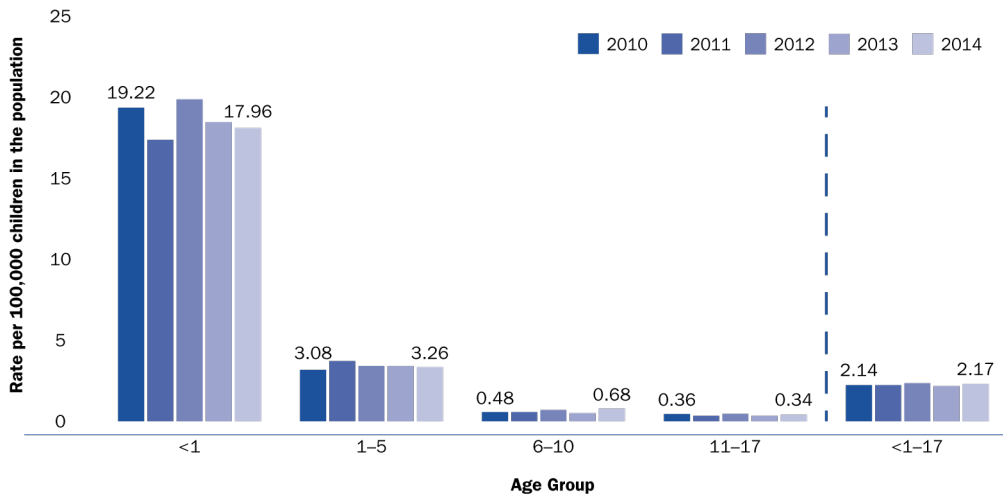
Child Fatality Demographics

Younger children are the most vulnerable to death as the result of child abuse and neglect. Seventy-one (70.7%) of all child fatalities were younger than 3 years and the child fatality rates mostly decreased with age. Children who were younger than 1 year old died from maltreatment at a rate of 17.96 per 100,000 children in the population younger than 1 year. This is nearly 3 times the fatality rate for children who were 1 year old (6.51 per 100,000 children in the population of the same age). (See [table 4–3](#) and related notes.)

Special Focus on Children With Known Ages: Child Fatalities by Age Group

The age data were further analyzed to see how the national rate of child fatalities was affected by the age of the fatality victim. (See exhibit 4–B and related notes.) The exhibit shows that the youngest children are the most vulnerable to maltreatment. This can be somewhat masked by a national rate.

Exhibit 4–B When calculating the national rate (age <1–17) of child deaths due to maltreatment, the rates of older child fatalities suppress the rates of the youngest child fatalities



Based on data from 44 states for 2010 and 2014; and 45 states for 2011, 2012, and 2013. Data are from the Child File. This analysis does not include the categories of unborn, children ages 18-21, and children with unknown age.

Boys had a higher child fatality rate than girls; 2.48 per 100,000 boys in the population, compared with 1.82 per 100,000 girls in the population. (See exhibit 4–C and related notes.)

Exhibit 4–C Child Fatalities by Sex, 2014

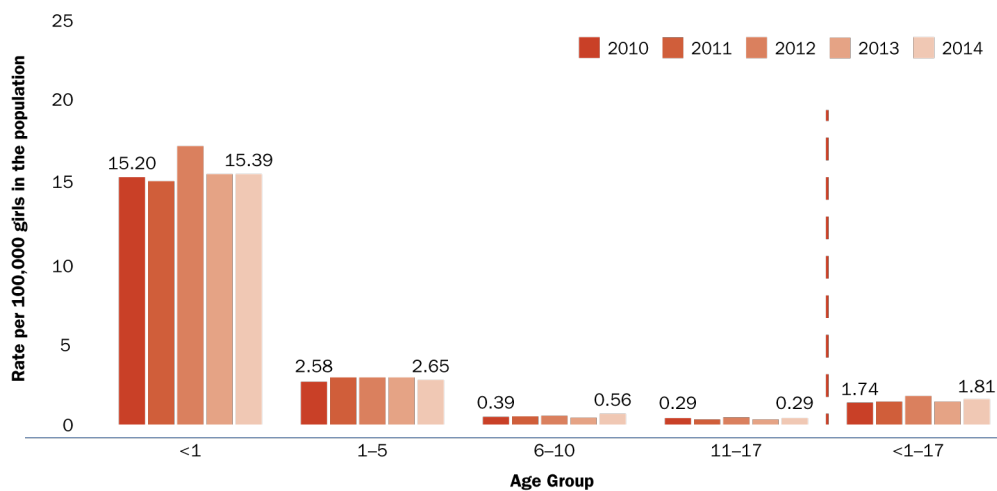
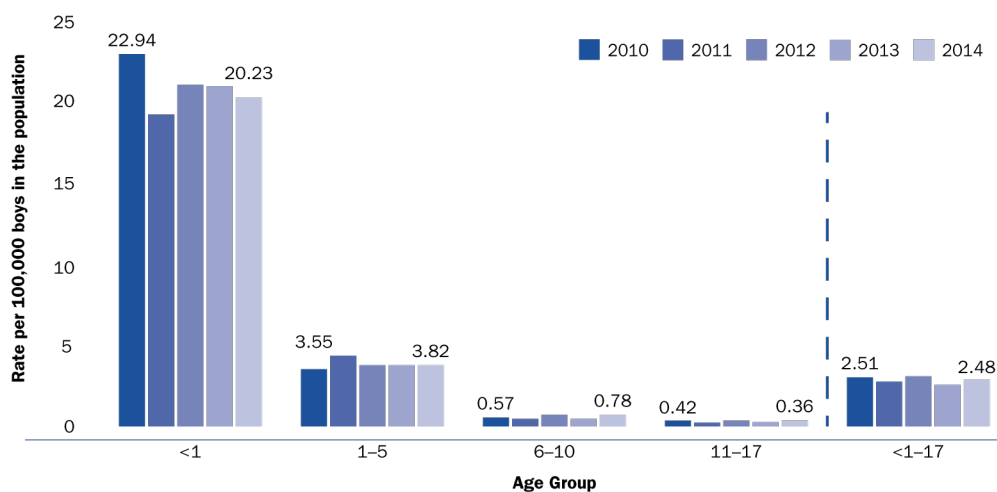
Sex	Child Population	Child Fatalities		
		Number	Percent	Rate per 100,000 Children
Boys	28,805,732	715	58.3	2.48
Girls	27,589,416	501	40.9	1.82
Unknown		10	0.8	
National	56,395,148	1,226	100.0	

Based on data from 44 states. Rates are calculated by dividing the number of male child fatalities and female child fatalities by the child population for each sex and multiplying by 100,000. There are no population data for unknown sex and therefore no rates.

Special Focus on Children With Known Ages: Child Fatalities by Age Group and Sex

The age data were analyzed by age group and sex to see whether the age group rates differed by sex of the fatality victim. The data show that boys died at a higher rate than girls, regardless of age group. (See exhibit 4–D and related notes.)

Exhibit 4–D Boys died at a higher rate than girls, regardless of age group



Based on data from 44 states for 2010 and 2014; and 45 states for 2011, 2012, and 2013. Data are from the Child File. Children reported in the categories of unborn, unknown age, and age 18 to 21 are not included in this analysis.

More than 88 percent (88.4%) of child fatalities were of White (43.0%), African-American (30.3%), and Hispanic (15.1%) descent. Using the number of victims and the population data to create rates highlights some racial disparity. The rate of African-American child fatalities (4.36 per 100,000 African-American children) is approximately three times greater than the rates of White or Hispanic children (1.79 per 100,000 White children and 1.54 per 100,000 Hispanic children). (See exhibit 4–E and related notes.)

Maltreatment Types

Of the children who died, 72.3 percent suffered neglect and 41.3 percent suffered physical abuse either exclusively or in combination with another maltreatment type. (See exhibit 4–F and related notes.) Because a victim may have suffered from more than one type of maltreatment, every reported maltreatment type was counted and the percentages total to more than 100.0 percent.

Perpetrator Relationship

Four-fifths (79.3%) of child fatalities involved parents acting alone, together, or with other individuals. Perpetrators without a parental relationship to the child accounted for 15.7 percent of fatalities. Child fatalities with unknown perpetrator relationship data accounted for 5.0 percent. (See [table 4–4](#) and related notes.)

Risk Factors

Risk factors are characteristics of a child or caregiver that may increase the likelihood of child maltreatment. Risk factors can be difficult to accurately assess and measure, and therefore may go undetected among many children and caregivers. Some states were able to report data on caregiver risk factors for children who died as a result of maltreatment. Caregivers with these risk factors may or may not have been the perpetrator responsible for the child's death. Twenty-six states reported that 6.9% of child fatalities were associated with a caregiver who had a risk factor of alcohol abuse. Twenty-nine states reported that 17.9% of child fatalities were associated with a caregiver who had a risk factor of drug abuse. (See exhibit 4–G and related notes.)

Exhibit 4–E Child Fatalities by Race and Ethnicity, 2014

Race	Child Population	Child Fatalities		
		Number	Percent	Rate per 100,000 Children
SINGLE RACE				
African-American	8,235,069	359	30.3	4.36
American Indian or Alaska Native	479,458	7	0.6	1.46
Asian	2,019,846	13	1.1	0.64
Hispanic	11,596,157	179	15.1	1.54
Pacific Islander	87,353	1	0.1	1.14
Unknown		70	5.9	
White	28,487,032	509	43.0	1.79
MULTIPLE RACE				
Two or More Races	2,016,588	45	3.8	2.23
National	52,921,503	1,183	100.0	

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

States with more than 49 percent of race or ethnicity as unknown or missing were excluded from this analysis. Rates were calculated by dividing the number of fatalities for each race or ethnicity by the child population for each race or ethnicity and multiplying by 100,000. This analysis includes only those states that reported both race and ethnicity.

Exhibit 4–F Maltreatment Types of Child Fatalities, 2014

Maltreatment Type	Child Fatalities	Maltreatment Types	
		Number	Percent
Medical Neglect		109	8.9
Neglect		886	72.3
Other		268	21.9
Physical Abuse		506	41.3
Psychological Abuse		14	1.1
Sexual Abuse		13	1.1
Unknown		31	2.5
National	1,226	1,827	

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

Exhibit 4–G Child Fatalities With Selected Caregiver Risk Factors, 2014

Caregiver Risk Factor	Reporting States	Child Fatalities from Reporting States	Child Fatalities With a Caregiver Risk Factor	
			Number	Percent
Alcohol Abuse	26	620	43	6.9
Drug Abuse	29	686	123	17.9

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

States were excluded from this analyses if they were not able to differentiate between alcohol abuse and drug abuse caregiver risk factors and reported both risk factors for the same children in both caregiver risk factor categories.

Prior CPS Contact

Some children who died from abuse and neglect were already known to CPS agencies. In 29 reporting states, 12.2 percent of child fatalities involved families who had received family preservation services in the previous 5 years. In 38 reporting states, 1.8 percent of child fatalities involved children who had been in foster care and were reunited with their families in the previous 5 years. (See [tables 4–5](#), [4–6](#), and related notes.)

Exhibit and Table Notes

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

General

- During data analyses, thresholds are set to ensure data quality is balanced with the need to report data from as many states as possible. States may be excluded from an analysis for data quality issues.
- A unique count of fatalities was used for all analyses.
- The data source for all tables was the Child File unless otherwise noted.
- Rates are per 100,000 children in the population.
- NCANDS uses the child population estimates that are released annually by the U.S. Census Bureau. These estimates are provided in appendix C.
- Child fatalities are reported during the federal fiscal year in which the death was determined to have been caused by maltreatment. This may not be the same year in which the child died.
- National totals and calculations appear in a single row labeled “National” instead of separate rows labeled total, rate, or percent.
- Alternative response programs are used for low or moderate risk cases. There are no alternative response victim fatalities reported in the Child File.

Table 4–1 Child Fatalities by Submission Type, 2014

- 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, 2010–2014

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

Table 4–3 Child Fatalities by Age, 2014

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

Table 4–4 Child Fatalities by Relationship to Their Perpetrators, 2014

- In NCANDS, a child fatality may have up to three perpetrators. A few states’ systems do not have the capability of collecting and reporting data for all three perpetrator fields. More information may be found in appendix D.
- The categories “mother and nonparent(s)” and “father and nonparent(s)” include victims with one perpetrator identified as a mother or father and a second or third perpetrator identified as a nonparent. A nonparent counted in the categories mother and nonparent(s); father and nonparent(s);

or mother, father, and nonparent is counted only once and not in the individual categories of nonparent.

- This table was changed for *Child Maltreatment 2014*. A category of mother, father, and nonparent was added. These children were previously counted under the mother and father category.
- The relationship categories listed under nonparent perpetrator include any perpetrator relationship that was not identified as an adoptive parent, biological parent, or stepparent.
- The individual categories listed under the Nonparent heading are exclusive except for the category labeled “more than one nonparental perpetrator.”
- The unknown relationship category includes victims with an unknown perpetrator.
- Some states are not able to collect and report on group home and residential facility staff perpetrators due to system limitations or jurisdictional issues. More information may be found in appendix D.
- States were excluded from this analysis if, for all victims, fewer than 68.0 percent of perpetrators were reported without a relationship coded, if more than 50.0 percent of perpetrators were reported with an “other” or unknown relationships, or if the sex of perpetrators was not reported.

Table 4–5 Child Fatalities Who Received Family Preservation Services Within the Previous 5 Years, 2014

- 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, 2014

- Data are from the Child File and Agency File.

Table 4–1 Child Fatalities by Submission Type, 2014

State	Child Population	Child Fatalities Reported in the Child File	Child Fatalities Reported in the Agency File	Total Child Fatalities	Child Fatality Rates per 100,000 Children
Alabama	1,107,571	17	0	17	1.53
Alaska	186,543		3	3	1.61
Arizona	1,621,692	43	0	43	2.65
Arkansas	707,019	21		21	2.97
California	9,153,152		131	131	1.43
Colorado	1,246,372	16	4	20	1.60
Connecticut	775,430	13	0	13	1.68
Delaware	204,247	5	0	5	2.45
District of Columbia	115,305	3	0	3	2.60
Florida	4,053,584	138		138	3.40
Georgia	2,493,282	99	4	103	4.13
Hawaii	308,444	2		2	0.65
Idaho	431,080	2	2	4	0.93
Illinois	2,988,474	105		105	3.51
Indiana	1,581,927	49		49	3.10
Iowa	725,954	8		8	1.10
Kansas	722,666	12	1	13	1.80
Kentucky	1,012,614	15	0	15	1.48
Louisiana	1,113,493	31	0	31	2.78
Maine					
Maryland	1,350,544	13	10	23	1.70
Massachusetts					
Michigan	2,223,790	13	63	76	3.42
Minnesota	1,281,826	15	0	15	1.17
Mississippi	731,269	22	0	22	3.01
Missouri	1,392,623	28	8	36	2.59
Montana	225,024	4		4	1.78
Nebraska	466,609	5	0	5	1.07
Nevada	663,225	11	3	14	2.11
New Hampshire	267,141	1	0	1	0.37
New Jersey	2,012,081	8	0	8	0.40
New Mexico	501,949	7	0	7	1.39
New York	4,228,906	102	12	114	2.70
North Carolina	2,287,549		25	25	1.09
North Dakota	168,527	2	0	2	1.19
Ohio	2,638,304	45		45	1.71
Oklahoma	952,699	34	0	34	3.57
Oregon	858,022		13	13	1.52
Pennsylvania	2,700,893	34	0	34	1.26
Puerto Rico	772,752	9	2	11	1.42
Rhode Island	212,852	6		6	2.82
South Carolina	1,084,748	28	4	32	2.95
South Dakota	210,407	4		4	1.90
Tennessee	1,494,526	28	0	28	1.87
Texas	7,115,614	152	1	153	2.15
Utah	904,115	15	0	15	1.66
Vermont	121,586	1	0	1	0.82
Virginia	1,869,115	36	1	37	1.98
Washington	1,602,721		19	19	1.19
West Virginia	380,147	19	0	19	5.00
Wisconsin	1,300,189	18		18	1.38
Wyoming	138,323	0	1	1	0.72
National	72,706,925	1,239	307	1,546	2.13

Table 4–2 Child Fatalities, 2010–2014

State	Child Fatalities from Reporting States				
	2010	2011	2012	2013	2014
Alabama	13	11	21	32	17
Alaska	3	3	4	1	3
Arizona	20	34	30	54	43
Arkansas	19	12	33	29	21
California	119	123	130	121	131
Colorado	30	32	39	21	20
Connecticut	4	8	6	5	13
Delaware	2	1	3	6	5
District of Columbia	2	3	2	3	3
Florida	180	133	179	121	138
Georgia	77	65	71	90	103
Hawaii	2	2	3	5	2
Idaho	2	3	6	5	4
Illinois	73	82	108	96	105
Indiana	24	34	23	28	49
Iowa	7	10	7	5	8
Kansas	6	10	8	7	13
Kentucky	30	32	26	23	15
Louisiana	30	45	42	43	31
Maine	1	1			
Maryland	24	10	26	27	23
Massachusetts	17	23	20		
Michigan	71	74	63	59	76
Minnesota	14	15	10	18	15
Mississippi	17	13	7	12	22
Missouri	31	36	20	39	36
Montana	0	0	2	1	4
Nebraska	7	7	6	6	5
Nevada	12	21	18	11	14
New Hampshire	1	2	1	3	1
New Jersey	18	22	16	18	8
New Mexico	19	15	16	7	7
New York	114	83	100	107	114
North Carolina	17	19	24	29	25
North Dakota	1	1	1	1	2
Ohio	83	67	70	48	45
Oklahoma	27	38	25	43	34
Oregon	22	19	17	10	13
Pennsylvania	29	37	38	34	34
Puerto Rico	8	18	19	10	11
Rhode Island	2	3	1	1	6
South Carolina	26	16	25	21	32
South Dakota	2	3	6	5	4
Tennessee	38	29	31	40	28
Texas	222	246	215	150	153
Utah	13	11	12	7	15
Vermont	4	2	0	0	1
Virginia	38	36	33	33	37
Washington	12	20	21	27	19
West Virginia	8	16	5	17	19
Wisconsin	21	24	31	21	18
Wyoming	1	1	2	0	1
National	1,563	1,571	1,622	1,500	1,546

Table 4–3 Child Fatalities by Age, 2014

Age	Child Population	Child Fatalities		
		Number	Percent	Rate per 100,000 Children
<1	3,017,714	542	44.2	17.96
1	3,027,792	197	16.1	6.51
2	3,033,612	128	10.4	4.22
3	3,061,060	88	7.2	2.87
4	3,069,006	51	4.2	1.66
5	3,070,911	34	2.8	1.11
6	3,168,027	29	2.4	0.92
7	3,184,184	28	2.3	0.88
8	3,160,678	18	1.5	0.57
9	3,150,500	16	1.3	0.51
10	3,157,901	16	1.3	0.51
11	3,136,742	13	1.1	0.41
12	3,126,702	13	1.1	0.42
13	3,202,872	13	1.1	0.41
14	3,251,924	9	0.7	0.28
15	3,191,371	8	0.7	0.25
16	3,189,362	12	1.0	0.38
17	3,194,790	8	0.7	0.25
Unborn, Unknown, and 18–21		3	0.2	
National	56,395,148	1,226	100.0	

Based on data from 44 states.

Table 4–4 Child Fatalities by Relationship to Their Perpetrators, 2014

Perpetrator	Child Fatalities	Reported Relationships	
		Number	Percent
PARENT			
Father		160	15.0
Father and Nonparent(s)		15	1.4
Mother		299	28.0
Mother and Nonparent(s)		116	10.9
Mother and Father		233	21.8
Mother, Father, and Nonparent		24	2.2
Total Parents		847	79.3
NONPARENT			
Child Daycare Provider		24	2.2
Foster Parent (Female Relative)			
Foster Parent (Male Relative)			
Foster Parent (Nonrelative)		7	0.7
Foster Parent (Unknown Relationship)		1	0.1
Friend or Neighbor		4	0.4
Group Home and Residential Facility Staff		1	0.1
Legal Guardian (Female)			
Legal Guardian (Male)			
More than One Nonparental Perpetrator		24	2.2
Other		27	2.5
Other Professional		1	0.1
Partner of Parent (Female)		1	0.1
Partner of Parent (Male)		31	2.9
Relative (Female)		20	1.9
Relative (Male)		27	2.5
Total Nonparents		168	15.7
UNKNOWN			
Unknown		53	5.0
Total Unknown		53	5.0
National	1,068	1,068	100.0

Based on data from 41 states.

Table 4–5 Child Fatalities Who Received Family Preservation Services Within the Previous 5 Years, 2014

State	Child Fatalities	Child Fatalities Whose Families Received Preservation Services in the Previous 5 Years	
		Number	Percent
Alabama	17	2	
Alaska			
Arizona			
Arkansas	21	4	
California			
Colorado			
Connecticut			
Delaware	5	0	
District of Columbia	3	0	
Florida	138	5	
Georgia	103	23	
Hawaii			
Idaho	4	0	
Illinois			
Indiana			
Iowa			
Kansas	13	5	
Kentucky	15	0	
Louisiana	31	10	
Maine			
Maryland	23	1	
Massachusetts			
Michigan			
Minnesota	15	6	
Mississippi	22	0	
Missouri	36	1	
Montana			
Nebraska	5	0	
Nevada	14	0	
New Hampshire	1	0	
New Jersey	8	0	
New Mexico	7	1	
New York			
North Carolina			
North Dakota	2	0	
Ohio			
Oklahoma	34	4	
Oregon	13	2	
Pennsylvania	34	0	
Puerto Rico	11	0	
Rhode Island			
South Carolina			
South Dakota			
Tennessee			
Texas	153	23	
Utah	15	2	
Vermont	1	0	
Virginia			
Washington	19	4	
West Virginia			
Wisconsin			
Wyoming	1	0	
National	764	93	12.2

Table 4–6 Child Fatalities Who Were Reunited With Their Families Within the Previous 5 Years, 2014

State	Child Fatalities	Child Fatalities Who Were Reunited With Their Families Within the Previous 5 Years	
		Number	Percent
Alabama	17	0	
Alaska	3	0	
Arizona			
Arkansas	21	2	
California			
Colorado	20	0	
Connecticut			
Delaware	5	0	
District of Columbia	3	0	
Florida	138	2	
Georgia	103	2	
Hawaii	2	0	
Idaho	4	0	
Illinois			
Indiana	49	2	
Iowa			
Kansas	13	0	
Kentucky	15	0	
Louisiana	31	1	
Maine			
Maryland	23	0	
Massachusetts			
Michigan			
Minnesota	15	1	
Mississippi	22	0	
Missouri	36	0	
Montana			
Nebraska	5	0	
Nevada	14	0	
New Hampshire	1	0	
New Jersey	8	1	
New Mexico	7	1	
New York	114	0	
North Carolina			
North Dakota	2	0	
Ohio	45	1	
Oklahoma	34	1	
Oregon	13	0	
Pennsylvania	34	0	
Puerto Rico	11	0	
Rhode Island	6	0	
South Carolina	32	0	
South Dakota			
Tennessee			
Texas	153	2	
Utah	15	0	
Vermont	1	0	
Virginia			
Washington	19	2	
West Virginia			
Wisconsin	18	1	
Wyoming	1	0	
National	1,053	19	1.8



Perpetrators

CHAPTER 5

The National Child Abuse and Neglect Data System (NCANDS) defines a perpetrator as a person who was determined to have caused or knowingly allowed the maltreatment of a child. NCANDS does not collect information about persons who were alleged to be perpetrators and not found to have perpetrated abuse and neglect. Alternative response programs do not make a determination about the maltreatment or a perpetrator. Therefore, this chapter includes perpetrators of children with substantiated and indicated dispositions. Because these data are from child protective services agencies (CPS), the majority of perpetrators were caregivers of their victims.

Number of Perpetrators

As states have improved their child welfare information systems, perpetrators have received unique identifiers within child protective services agency databases. This enables NCANDS to use a unique count of perpetrators, which means identifying and counting a perpetrator once, regardless of the number of children the perpetrator is associated with maltreating or the number of records associated with a perpetrator. For FFY 2014, 51 states reported a unique count of 522,945 perpetrators. (See [table 5-1](#) and related notes.)

Most perpetrators (92.9%) were included in a single report (screened-in referral) and 6.7 percent were included in two reports during FFY 2014. Fewer than 1.0 percent of perpetrators were involved in three or more reports during the reporting period. (See exhibit 5-A and related notes.) The data also were analyzed by the number of victims maltreated by perpetrator during the reporting period. Three-fifths (61.5%) of perpetrators maltreated a single victim, more than one fifth (22.5%) maltreated two victims, and 10.0 percent maltreated three victims. (See exhibit 5-B and related notes.)

Exhibit 5-A Perpetrators by Number of Reports, 2014

Number of Reports	Perpetrators (unique count)	
	Number	Percent
1	485,556	92.9
2	34,912	6.7
3	2,146	0.4
>3	331	0.1
National	522,945	100.0

Based on data from 51 states. A report (screened-in referral) may include more than one child.

Exhibit 5-B Perpetrators by Number of Victims, 2014

Number of Victims	Perpetrators (unique count)	
	Number	Percent
1	321,541	61.5
2	117,615	22.5
3	52,420	10.0
>3	31,369	6.0
National	522,945	100.0

Based on data from 51 states. A perpetrator may have maltreated the same victim more than once, but would be counted only once in this analysis.

Perpetrator Demographics (unique count of perpetrators)

The perpetrator age groups were categorized to display the proportions of perpetrators by age and to separate those who were legal adults (meaning 18 years and older) from those who were minors. More than four-fifths (83.2%) of perpetrators were in the age group of 18–44 years. Perpetrators younger than 18 years accounted for 2.0 percent of all perpetrators. The perpetrator age group of 25–34 had the highest rate at 5.0 per 1,000 adults in the population of the same age. Young adults in the age group of 18–24 had the second highest rate at 3.2, which was only slightly higher than the age group of 35–44 with a rate of 3.1 per 1,000 adults in the population of the same age. These findings are contrary to popular belief that young adults or teenage parents are the largest group of perpetrators of child abuse and neglect. (See [table 5–2](#), exhibit 5–C, and related notes.)

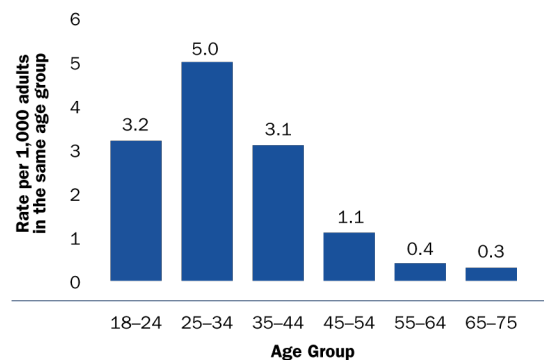
More than one-half (54.1%) of perpetrators were women and 44.8 percent of perpetrators were men; 1.1 percent were of unknown sex. (See [table 5–3](#) and related notes.) The racial distributions of perpetrators were similar to the race of their victims. The three largest percentages of perpetrators were of White (48.8%), African-American (20.0%), and Hispanic (19.8%) racial or ethnic descent. Race or ethnicity was unknown or not reported for 7.3 percent of perpetrators. (See [table 5–4](#), exhibit 5–D, and related notes.)

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

In this analysis, single relationships are counted only once per category. Perpetrators with two or more relationships are counted in the multiple relationships category. This is a different way of counting relationships from recent editions of Child Maltreatment reports. In the scenarios below, the perpetrator is counted once in the parent category:

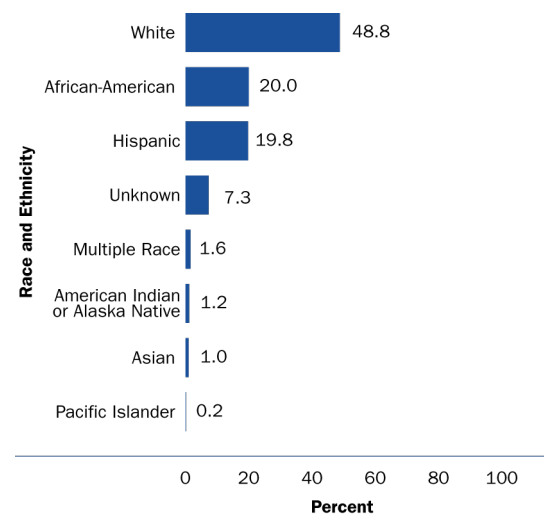
- perpetrator is a parent to one victim and in one report
- perpetrator is a parent to one victim and in two or more reports (one victim was reported at least twice)
- perpetrator is a parent to two victims and in one report
- perpetrator is a parent to two victims and in two or more reports

Exhibit 5–C Adults in the age group of 25–34 had the highest perpetrator rate



Based on data from [table 5–2](#).

Exhibit 5–D The three largest percentages of perpetrators were of White, African-American, and Hispanic racial or ethnic descent



Based on data from [table 5–4](#).

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

- Perpetrator is a parent to one victim and is an unmarried partner of parent to a second victim in the same report
- 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 (78.1%) of perpetrators were a parent of their victim, 6.3 percent of perpetrators were a relative other than a parent, and 4.1 percent had a multiple relationship to either multiple victims in the same report or multiple victims across reports. Nearly 4 percent (3.7%) of perpetrators were an unmarried partner to the victim's parent. (See [table 5-5](#) and related notes.)

Exhibit and Table Notes

The following pages contain the data tables referenced in Chapter 5. Specific information about state submissions can be found in appendix D. Additional information regarding the exhibits and tables is provided below.

General

- During data analyses, thresholds are set to ensure data quality is balanced with the need to report data from as many states as possible. States may be excluded from an analysis for data quality issues.
- The data source for all tables was the Child File.
- A unique count of perpetrators was used for all tables.
- Rates are per 1,000 adults in the population.
- NCANDS uses the population estimates that are released annually by the U.S. Census Bureau. These estimates are available in appendix C.
- National totals and calculations appear in a single row labeled "National" instead of separate rows labeled total, rate, or percent.

Table 5-2 Perpetrators by Age, 2014

- In NCANDS, valid perpetrator ages are 6-75 years old. If a perpetrator is reported with an age 76 years or older, the age is recoded to 75.
- Adult population estimates are provided in appendix C.
- Rates were calculated by dividing the perpetrator count by the adult population count and multiplying by 1,000.
- Some states have laws restricting how young a perpetrator can be. More information may be found in appendix D.

Table 5-3 Perpetrators by Sex, 2014

- The category of unknown sex may include not reported.

Table 5-4 Perpetrators by Race and Ethnicity, 2014

- The category multiple race is defined as any combination of two or more race categories.
- Counts associated with each racial group are exclusive and do not include Hispanic ethnicity.
- Only those states that reported both race and ethnicity separately were included in this analysis.
- States were excluded from this analysis if more than 40 percent of perpetrators were reported without a coded race or ethnicity, meaning the race or ethnicity was reported blank.

Table 5–5 Perpetrators by Relationship to Their Victims, 2014

- Some states were not able to collect and report on group home and residential facility staff perpetrators due to system limitations or jurisdictional issues. More information may be found in appendix D.
- States were excluded from this analysis if more than 50 percent of perpetrators were reported with “other” or unknown relationships.
- States were excluded from this analysis if more than 30 percent of perpetrators were reported without coded relationships, meaning the relationship field was blank.
- This table was changed for the *Child Maltreatment 2014* report. The analysis counts perpetrators and relationships only once, regardless of the number of times the perpetrator was reported. Previous reports counted each relationship and the percentages of relationships totaled more than 100 percent.

Table 5–1 Perpetrators, 2014

State	Perpetrators (unique count)
Alabama	6,278
Alaska	1,973
Arizona	14,788
Arkansas	7,570
California	59,291
Colorado	8,390
Connecticut	6,269
Delaware	1,175
District of Columbia	1,055
Florida	33,767
Georgia	
Hawaii	1,100
Idaho	1,394
Illinois	21,127
Indiana	18,232
Iowa	6,121
Kansas	1,668
Kentucky	11,756
Louisiana	10,065
Maine	3,424
Maryland	7,507
Massachusetts	25,721
Michigan	25,344
Minnesota	3,179
Mississippi	6,294
Missouri	4,687
Montana	902
Nebraska	2,830
Nevada	3,489
New Hampshire	609
New Jersey	9,094
New Mexico	6,570
New York	52,575
North Carolina	4,254
North Dakota	1,202
Ohio	20,504
Oklahoma	12,019
Oregon	7,784
Pennsylvania	3,279
Puerto Rico	5,710
Rhode Island	2,622
South Carolina	9,497
South Dakota	645
Tennessee	10,280
Texas	52,226
Utah	7,447
Vermont	655
Virginia	5,392
Washington	6,156
West Virginia	4,472
Wisconsin	3,921
Wyoming	636
National	522,945

Table 5–2 Perpetrators by Age, 2014 (continues next page)

State	Perpetrators (unique count)									Total
	6–11	12–17	18–24	25–34	35–44	45–54	55–64	65–75	Unknown	
Alabama	1	273	1,431	2,473	1,072	355	127	544	2	6,278
Alaska		5	301	822	492	213	73	24	43	1,973
Arizona	1	122	2,933	6,542	3,619	1,119	289	163		14,788
Arkansas	168	373	1,623	2,848	1,349	530	183	84	412	7,570
California	84	799	10,281	23,804	15,403	5,909	1,546	542	923	59,291
Colorado	23	270	1,449	3,500	1,946	684	209	56	253	8,390
Connecticut		32	1,016	2,419	1,635	796	167	70	134	6,269
Delaware	2	29	180	465	292	163	34	10		1,175
District of Columbia		6	165	462	266	92	22	6	36	1,055
Florida		137	5,467	14,564	8,341	3,268	1,086	396	508	33,767
Georgia										
Hawaii		4	188	422	324	93	36	11	22	1,100
Idaho		2	268	588	386	102	33	14	1	1,394
Illinois	2	583	4,369	8,568	4,805	1,806	496	184	314	21,127
Indiana	25	574	4,122	7,668	3,823	1,266	428	155	171	18,232
Iowa		98	1,215	2,730	1,420	448	140	58	12	6,121
Kansas	17	136	316	583	362	149	70	19	16	1,668
Kentucky		86	2,291	5,250	2,697	944	283	132	73	11,756
Louisiana		82	1,867	4,726	2,295	709	296	89	1	10,065
Maine		16	547	1,635	809	304	72	33	8	3,424
Maryland	19	268	911	2,716	1,809	817	296	653	18	7,507
Massachusetts		215	4,534	10,773	6,309	2,539	611	196	544	25,721
Michigan	9	187	5,432	10,889	6,040	1,986	545	149	107	25,344
Minnesota	18	174	506	1,390	740	255	64	32		3,179
Mississippi	25	161	1,123	2,636	1,504	536	221	73	15	6,294
Missouri		48	830	1,894	1,058	479	177	74	127	4,687
Montana		4	193	396	199	65	23	6	16	902
Nebraska		49	536	1,245	688	228	59	15	10	2,830
Nevada	1	10	615	1,555	893	342	61	12		3,489
New Hampshire		29	111	239	141	63	13	7	6	609
New Jersey		63	1,296	3,549	2,369	1,063	258	86	410	9,094
New Mexico	1	41	1,133	2,653	1,381	430	130	47	754	6,570
New York	6	275	8,124	19,570	14,867	7,158	1,938	622	15	52,575
North Carolina		20	665	1,790	1,145	420	145	67	2	4,254
North Dakota		6	214	534	287	103	17	1	40	1,202
Ohio	104	1,077	4,272	7,870	3,889	1,450	485	217	1,140	20,504
Oklahoma	1	90	2,390	5,399	2,603	860	321	122	233	12,019
Oregon	11	200	1,442	3,215	1,904	669	183	56	104	7,784
Pennsylvania		247	579	1,003	760	412	163	65	50	3,279
Puerto Rico		26	883	2,120	1,529	592	185	84	291	5,710
Rhode Island	6	63	492	1,128	602	239	53	14	25	2,622
South Carolina	14	35	1,550	4,337	2,394	794	245	82	46	9,497
South Dakota	1	5	116	309	150	36	14	2	12	645
Tennessee	39	536	2,294	3,724	1,688	612	244	1,120	23	10,280
Texas	18	1,736	12,345	22,227	10,331	3,610	1,258	485	216	52,226
Utah	57	635	1,456	2,831	1,729	517	154	64	4	7,447
Vermont	6	58	110	216	147	68	24	20	6	655
Virginia		69	896	2,078	1,190	488	179	79	413	5,392
Washington		19	772	2,690	1,706	680	138	51	100	6,156
West Virginia	2	18	799	1,879	1,016	286	97	30	345	4,472
Wisconsin	3	124	636	1,415	736	266	80	19	642	3,921
Wyoming		17	136	271	139	37	15	2	19	636
National	664	10,132	97,420	214,610	123,279	47,050	13,986	7,142	8,662	522,945

Table 5–2 Perpetrators by Age, 2014 *(continues next page)*

State	Percent								
	6–11	12–17	18–24	25–34	35–44	45–54	55–64	65–75	Unknown
Alabama	0.0	4.3	22.8	39.4	17.1	5.7	2.0	8.7	0.0
Alaska		0.3	15.3	41.7	24.9	10.8	3.7	1.2	2.2
Arizona	0.0	0.8	19.8	44.2	24.5	7.6	2.0	1.1	
Arkansas	2.2	4.9	21.4	37.6	17.8	7.0	2.4	1.1	5.4
California	0.1	1.3	17.3	40.1	26.0	10.0	2.6	0.9	1.6
Colorado	0.3	3.2	17.3	41.7	23.2	8.2	2.5	0.7	3.0
Connecticut		0.5	16.2	38.6	26.1	12.7	2.7	1.1	2.1
Delaware	0.2	2.5	15.3	39.6	24.9	13.9	2.9	0.9	
District of Columbia		0.6	15.6	43.8	25.2	8.7	2.1	0.6	3.4
Florida		0.4	16.2	43.1	24.7	9.7	3.2	1.2	1.5
Georgia									
Hawaii		0.4	17.1	38.4	29.5	8.5	3.3	1.0	2.0
Idaho		0.1	19.2	42.2	27.7	7.3	2.4	1.0	0.1
Illinois	0.0	2.8	20.7	40.6	22.7	8.5	2.3	0.9	1.5
Indiana	0.1	3.1	22.6	42.1	21.0	6.9	2.3	0.9	0.9
Iowa		1.6	19.8	44.6	23.2	7.3	2.3	0.9	0.2
Kansas	1.0	8.2	18.9	35.0	21.7	8.9	4.2	1.1	1.0
Kentucky		0.7	19.5	44.7	22.9	8.0	2.4	1.1	0.6
Louisiana		0.8	18.5	47.0	22.8	7.0	2.9	0.9	0.0
Maine		0.5	16.0	47.8	23.6	8.9	2.1	1.0	0.2
Maryland	0.3	3.6	12.1	36.2	24.1	10.9	3.9	8.7	0.2
Massachusetts		0.8	17.6	41.9	24.5	9.9	2.4	0.8	2.1
Michigan	0.0	0.7	21.4	43.0	23.8	7.8	2.2	0.6	0.4
Minnesota	0.6	5.5	15.9	43.7	23.3	8.0	2.0	1.0	
Mississippi	0.4	2.6	17.8	41.9	23.9	8.5	3.5	1.2	0.2
Missouri		1.0	17.7	40.4	22.6	10.2	3.8	1.6	2.7
Montana		0.4	21.4	43.9	22.1	7.2	2.5	0.7	1.8
Nebraska		1.7	18.9	44.0	24.3	8.1	2.1	0.5	0.4
Nevada	0.0	0.3	17.6	44.6	25.6	9.8	1.7	0.3	
New Hampshire		4.8	18.2	39.2	23.2	10.3	2.1	1.1	1.0
New Jersey		0.7	14.3	39.0	26.1	11.7	2.8	0.9	4.5
New Mexico	0.0	0.6	17.2	40.4	21.0	6.5	2.0	0.7	11.5
New York	0.0	0.5	15.5	37.2	28.3	13.6	3.7	1.2	0.0
North Carolina		0.5	15.6	42.1	26.9	9.9	3.4	1.6	0.0
North Dakota		0.5	17.8	44.4	23.9	8.6	1.4	0.1	3.3
Ohio	0.5	5.3	20.8	38.4	19.0	7.1	2.4	1.1	5.6
Oklahoma	0.0	0.7	19.9	44.9	21.7	7.2	2.7	1.0	1.9
Oregon	0.1	2.6	18.5	41.3	24.5	8.6	2.4	0.7	1.3
Pennsylvania		7.5	17.7	30.6	23.2	12.6	5.0	2.0	1.5
Puerto Rico		0.5	15.5	37.1	26.8	10.4	3.2	1.5	5.1
Rhode Island	0.2	2.4	18.8	43.0	23.0	9.1	2.0	0.5	1.0
South Carolina	0.1	0.4	16.3	45.7	25.2	8.4	2.6	0.9	0.5
South Dakota	0.2	0.8	18.0	47.9	23.3	5.6	2.2	0.3	1.9
Tennessee	0.4	5.2	22.3	36.2	16.4	6.0	2.4	10.9	0.2
Texas	0.0	3.3	23.6	42.6	19.8	6.9	2.4	0.9	0.4
Utah	0.8	8.5	19.6	38.0	23.2	6.9	2.1	0.9	0.1
Vermont	0.9	8.9	16.8	33.0	22.4	10.4	3.7	3.1	0.9
Virginia		1.3	16.6	38.5	22.1	9.1	3.3	1.5	7.7
Washington		0.3	12.5	43.7	27.7	11.0	2.2	0.8	1.6
West Virginia	0.0	0.4	17.9	42.0	22.7	6.4	2.2	0.7	7.7
Wisconsin	0.1	3.2	16.2	36.1	18.8	6.8	2.0	0.5	16.4
Wyoming		2.7	21.4	42.6	21.9	5.8	2.4	0.3	3.0
National	0.1	1.9	18.6	41.0	23.6	9.0	2.7	1.4	1.7

Table 5–2 Perpetrators by Age, 2014

State	Rate per 1,000 Adults					
	18–24	25–34	35–44	45–54	55–64	65–75
Alabama	3.0	3.9	1.8	0.5	0.2	1.2
Alaska	3.7	6.9	5.5	2.2	0.8	0.5
Arizona	4.4	7.3	4.3	1.3	0.4	0.2
Arkansas	5.7	7.4	3.7	1.4	0.5	0.3
California	2.6	4.2	3.0	1.1	0.3	0.2
Colorado	2.8	4.4	2.7	1.0	0.3	0.1
Connecticut	2.9	5.5	3.7	1.5	0.3	0.2
Delaware	2.0	3.8	2.6	1.3	0.3	0.1
District of Columbia	2.0	3.1	2.9	1.2	0.3	0.1
Florida	3.1	5.8	3.4	1.2	0.4	0.2
Georgia						
Hawaii	1.4	2.0	1.8	0.5	0.2	0.1
Idaho	1.7	2.7	1.9	0.5	0.2	0.1
Illinois	3.5	4.8	2.9	1.0	0.3	0.2
Indiana	6.2	9.1	4.6	1.4	0.5	0.3
Iowa	3.8	7.0	3.9	1.1	0.3	0.2
Kansas	1.0	1.5	1.1	0.4	0.2	0.1
Kentucky	5.3	9.3	4.8	1.5	0.5	0.3
Louisiana	4.0	7.1	4.1	1.2	0.5	0.2
Maine	4.9	10.7	5.2	1.5	0.3	0.2
Maryland	1.6	3.3	2.4	0.9	0.4	1.3
Massachusetts	6.5	11.6	7.5	2.6	0.7	0.3
Michigan	5.4	9.1	5.1	1.4	0.4	0.2
Minnesota	1.0	1.9	1.1	0.3	0.1	0.1
Mississippi	3.6	6.7	4.1	1.4	0.6	0.3
Missouri	1.4	2.4	1.4	0.6	0.2	0.1
Montana	1.9	3.1	1.7	0.5	0.2	0.1
Nebraska	2.8	4.9	3.1	1.0	0.3	0.1
Nevada	2.4	3.8	2.3	0.9	0.2	0.0
New Hampshire	0.9	1.6	0.9	0.3	0.1	0.1
New Jersey	1.6	3.1	2.0	0.8	0.2	0.1
New Mexico	5.4	9.5	5.7	1.6	0.5	0.2
New York	4.1	6.9	5.9	2.6	0.8	0.4
North Carolina	0.7	1.4	0.9	0.3	0.1	0.1
North Dakota	2.3	4.9	3.5	1.1	0.2	0.0
Ohio	3.9	5.4	2.8	0.9	0.3	0.2
Oklahoma	6.1	10.1	5.5	1.8	0.7	0.4
Oregon	4.0	5.9	3.7	1.3	0.3	0.1
Pennsylvania	0.5	0.6	0.5	0.2	0.1	0.1
Puerto Rico	2.4	4.7	3.4	1.3	0.4	0.2
Rhode Island	4.2	8.1	4.8	1.6	0.4	0.1
South Carolina	3.2	6.9	4.0	1.2	0.4	0.2
South Dakota	1.4	2.8	1.6	0.3	0.1	0.0
Tennessee	3.6	4.3	2.0	0.7	0.3	1.8
Texas	4.5	5.7	2.8	1.0	0.4	0.2
Utah	4.4	6.4	4.5	1.7	0.6	0.3
Vermont	1.6	3.0	2.1	0.7	0.2	0.3
Virginia	1.1	1.8	1.1	0.4	0.2	0.1
Washington	1.2	2.6	1.9	0.7	0.2	0.1
West Virginia	4.7	8.6	4.4	1.1	0.4	0.1
Wisconsin	1.1	1.9	1.1	0.3	0.1	0.0
Wyoming	2.4	3.3	2.0	0.5	0.2	0.0
National	3.2	5.0	3.1	1.1	0.4	0.3

Table 5–3 Perpetrators by Sex, 2014

State	Perpetrators (unique count)				Percent		
	Men	Women	Unknown	Total	Men	Women	Unknown
Alabama	2,905	3,352	21	6,278	46.3	53.4	0.3
Alaska	837	1,113	23	1,973	42.4	56.4	1.2
Arizona	7,513	7,252	23	14,788	50.8	49.0	0.2
Arkansas	3,515	3,919	136	7,570	46.4	51.8	1.8
California	26,141	32,944	206	59,291	44.1	55.6	0.3
Colorado	4,118	4,229	43	8,390	49.1	50.4	0.5
Connecticut	2,954	3,264	51	6,269	47.1	52.1	0.8
Delaware	694	481		1,175	59.1	40.9	
District of Columbia	312	732	11	1,055	29.6	69.4	1.0
Florida	16,452	16,955	360	33,767	48.7	50.2	1.1
Georgia							
Hawaii	467	630	3	1,100	42.5	57.3	0.3
Idaho	574	820		1,394	41.2	58.8	
Illinois	9,936	11,008	183	21,127	47.0	52.1	0.9
Indiana	8,624	9,571	37	18,232	47.3	52.5	0.2
Iowa	2,865	3,230	26	6,121	46.8	52.8	0.4
Kansas	1,007	656	5	1,668	60.4	39.3	0.3
Kentucky	4,632	6,979	145	11,756	39.4	59.4	1.2
Louisiana	3,610	6,433	22	10,065	35.9	63.9	0.2
Maine	1,725	1,697	2	3,424	50.4	49.6	0.1
Maryland	3,252	3,892	363	7,507	43.3	51.8	4.8
Massachusetts	10,450	14,184	1,087	25,721	40.6	55.1	4.2
Michigan	10,082	15,254	8	25,344	39.8	60.2	0.0
Minnesota	1,479	1,700		3,179	46.5	53.5	
Mississippi	2,243	4,040	11	6,294	35.6	64.2	0.2
Missouri	2,601	1,988	98	4,687	55.5	42.4	2.1
Montana	360	509	33	902	39.9	56.4	3.7
Nebraska	1,361	1,468	1	2,830	48.1	51.9	0.0
Nevada	1,438	2,051		3,489	41.2	58.8	
New Hampshire	300	304	5	609	49.3	49.9	0.8
New Jersey	3,824	5,211	59	9,094	42.0	57.3	0.6
New Mexico	2,562	3,892	116	6,570	39.0	59.2	1.8
New York	23,435	29,130	10	52,575	44.6	55.4	0.0
North Carolina	1,286	1,648	1,320	4,254	30.2	38.7	31.0
North Dakota	473	723	6	1,202	39.4	60.1	0.5
Ohio	9,924	10,243	337	20,504	48.4	50.0	1.6
Oklahoma	5,533	6,436	50	12,019	46.0	53.5	0.4
Oregon	4,099	3,654	31	7,784	52.7	46.9	0.4
Pennsylvania	2,369	907	3	3,279	72.2	27.7	0.1
Puerto Rico	2,115	3,593	2	5,710	37.0	62.9	0.0
Rhode Island	1,221	1,388	13	2,622	46.6	52.9	0.5
South Carolina	3,513	5,967	17	9,497	37.0	62.8	0.2
South Dakota	259	379	7	645	40.2	58.8	1.1
Tennessee	4,713	5,324	243	10,280	45.8	51.8	2.4
Texas	22,623	29,524	79	52,226	43.3	56.5	0.2
Utah	4,100	3,337	10	7,447	55.1	44.8	0.1
Vermont	470	185		655	71.8	28.2	
Virginia	2,437	2,858	97	5,392	45.2	53.0	1.8
Washington	2,781	3,355	20	6,156	45.2	54.5	0.3
West Virginia	1,928	2,544		4,472	43.1	56.9	
Wisconsin	1,711	1,713	497	3,921	43.6	43.7	12.7
Wyoming	275	361		636	43.2	56.8	
National	234,098	283,027	5,820	522,945	44.8	54.1	1.1

Table 5–4 Perpetrators by Race and Ethnicity, 2014 *(continues next page)*

State	Perpetrators (unique count)								
	African-American	American Indian or Alaska Native	Asian	Hispanic	Multiple Race	Pacific Islander	White	Unknown	Total
Alabama	1,599	4	13	172		2	4,011	477	6,278
Alaska	46	986	13	40	53	16	534	285	1,973
Arizona	1,335	592	50	4,742	203	37	6,375	1,454	14,788
Arkansas	1,193	8	17	378	255	24	5,480	215	7,570
California	8,169	540	1,698	27,897		280	16,723	3,984	59,291
Colorado	632	71	36	2,096	87	7	3,623	1,838	8,390
Connecticut	1,417	8	52	1,695	67	9	2,802	219	6,269
Delaware	507	1	8	133	2		517	7	1,175
District of Columbia	596	2	1	129	4		10	313	1,055
Florida	10,317	65	147	5,036	296	17	16,763	1,126	33,767
Georgia									
Hawaii	33	4	154	38	324	230	252	65	1,100
Idaho	19	45	3	154	5	3	1,109	56	1,394
Illinois	6,472	18	196	3,046		10	10,801	584	21,127
Indiana	3,404	14	82	1,030	267	14	13,256	165	18,232
Iowa	640	79	29	397	64	20	4,325	567	6,121
Kansas	170	18	7	177	17		1,206	73	1,668
Kentucky	1,280	2	19	206	158	3	9,465	623	11,756
Louisiana	4,152	30	22	256	33	12	5,161	399	10,065
Maine	67	29	17	78	53	2	2,391	787	3,424
Maryland	3,348	10	62	517		3	2,500	1,067	7,507
Massachusetts	3,310	61	402	4,934	264	8	10,577	6,165	25,721
Michigan	5,763	97	62	903	923	8	15,541	2,047	25,344
Minnesota	692	266	92	247	255	1	1,582	44	3,179
Mississippi	2,186	6	11	98	19	2	3,529	443	6,294
Missouri	782	13	17	150	5	8	3,445	267	4,687
Montana	15	176		38	21		567	85	902
Nebraska	411	127	20	327	60	2	1,640	243	2,830
Nevada	787	26	54	798	78	34	1,493	219	3,489
New Hampshire	13	1	1	27	11	1	490	65	609
New Jersey	2,654	11	121	1,789	25	16	3,199	1,279	9,094
New Mexico	166	507	11	3,432	86	11	1,899	458	6,570
New York	15,015	190	1,002	12,265	469	18	19,284	4,332	52,575
North Carolina	1,144	114	13	409	39	5	2,426	104	4,254
North Dakota	42	253	6	44	26	2	758	71	1,202
Ohio	4,988	11	54	659	375	11	13,174	1,232	20,504
Oklahoma	1,183	596	13	1,435	2,354	15	6,316	107	12,019
Oregon	372	186	75	662	152	35	5,193	1,109	7,784
Pennsylvania									
Puerto Rico									
Rhode Island	374	16	33	535	55		1,435	174	2,622
South Carolina	3,295	19	17	287	51	5	5,578	245	9,497
South Dakota	12	248	1	32	32		296	24	645
Tennessee									
Texas	9,344	87	256	19,713	526	52	20,887	1,361	52,226
Utah	198	142	56	1,318	52	108	5,527	46	7,447
Vermont	10	1	1	3			614	26	655
Virginia	1,373	3	43	502	41	24	3,056	350	5,392
Washington	455	324	116	710	211	85	3,750	505	6,156
West Virginia	151	2	3	30	58		4,005	223	4,472
Wisconsin	607	131	42	251	41	3	1,855	991	3,921
Wyoming	13	9		72			525	17	636
National	100,751	6,149	5,148	99,887	8,117	1,143	245,945	36,536	503,676

Table 5–4 Perpetrators by Race and Ethnicity, 2014

State	Percent							
	African-American	American Indian or Alaska Native	Asian	Hispanic	Multiple Race	Pacific Islander	White	Unknown
Alabama	25.5	0.1	0.2	2.7		0.0	63.9	7.6
Alaska	2.3	50.0	0.7	2.0	2.7	0.8	27.1	14.4
Arizona	9.0	4.0	0.3	32.1	1.4	0.3	43.1	9.8
Arkansas	15.8	0.1	0.2	5.0	3.4	0.3	72.4	2.8
California	13.8	0.9	2.9	47.1		0.5	28.2	6.7
Colorado	7.5	0.8	0.4	25.0	1.0	0.1	43.2	21.9
Connecticut	22.6	0.1	0.8	27.0	1.1	0.1	44.7	3.5
Delaware	43.1	0.1	0.7	11.3	0.2		44.0	0.6
District of Columbia	56.5	0.2	0.1	12.2	0.4		0.9	29.7
Florida	30.6	0.2	0.4	14.9	0.9	0.1	49.6	3.3
Georgia								
Hawaii	3.0	0.4	14.0	3.5	29.5	20.9	22.9	5.9
Idaho	1.4	3.2	0.2	11.0	0.4	0.2	79.6	4.0
Illinois	30.6	0.1	0.9	14.4		0.0	51.1	2.8
Indiana	18.7	0.1	0.4	5.6	1.5	0.1	72.7	0.9
Iowa	10.5	1.3	0.5	6.5	1.0	0.3	70.7	9.3
Kansas	10.2	1.1	0.4	10.6	1.0		72.3	4.4
Kentucky	10.9	0.0	0.2	1.8	1.3	0.0	80.5	5.3
Louisiana	41.3	0.3	0.2	2.5	0.3	0.1	51.3	4.0
Maine	2.0	0.8	0.5	2.3	1.5	0.1	69.8	23.0
Maryland	44.6	0.1	0.8	6.9		0.0	33.3	14.2
Massachusetts	12.9	0.2	1.6	19.2	1.0	0.0	41.1	24.0
Michigan	22.7	0.4	0.2	3.6	3.6	0.0	61.3	8.1
Minnesota	21.8	8.4	2.9	7.8	8.0	0.0	49.8	1.4
Mississippi	34.7	0.1	0.2	1.6	0.3	0.0	56.1	7.0
Missouri	16.7	0.3	0.4	3.2	0.1	0.2	73.5	5.7
Montana	1.7	19.5		4.2	2.3		62.9	9.4
Nebraska	14.5	4.5	0.7	11.6	2.1	0.1	58.0	8.6
Nevada	22.6	0.7	1.5	22.9	2.2	1.0	42.8	6.3
New Hampshire	2.1	0.2	0.2	4.4	1.8	0.2	80.5	10.7
New Jersey	29.2	0.1	1.3	19.7	0.3	0.2	35.2	14.1
New Mexico	2.5	7.7	0.2	52.2	1.3	0.2	28.9	7.0
New York	28.6	0.4	1.9	23.3	0.9	0.0	36.7	8.2
North Carolina	26.9	2.7	0.3	9.6	0.9	0.1	57.0	2.4
North Dakota	3.5	21.0	0.5	3.7	2.2	0.2	63.1	5.9
Ohio	24.3	0.1	0.3	3.2	1.8	0.1	64.3	6.0
Oklahoma	9.8	5.0	0.1	11.9	19.6	0.1	52.6	0.9
Oregon	4.8	2.4	1.0	8.5	2.0	0.4	66.7	14.2
Pennsylvania								
Puerto Rico								
Rhode Island	14.3	0.6	1.3	20.4	2.1		54.7	6.6
South Carolina	34.7	0.2	0.2	3.0	0.5	0.1	58.7	2.6
South Dakota	1.9	38.4	0.2	5.0	5.0		45.9	3.7
Tennessee								
Texas	17.9	0.2	0.5	37.7	1.0	0.1	40.0	2.6
Utah	2.7	1.9	0.8	17.7	0.7	1.5	74.2	0.6
Vermont	1.5	0.2	0.2	0.5			93.7	4.0
Virginia	25.5	0.1	0.8	9.3	0.8	0.4	56.7	6.5
Washington	7.4	5.3	1.9	11.5	3.4	1.4	60.9	8.2
West Virginia	3.4	0.0	0.1	0.7	1.3		89.6	5.0
Wisconsin	15.5	3.3	1.1	6.4	1.0	0.1	47.3	25.3
Wyoming	2.0	1.4		11.3			82.5	2.7
National	20.0	1.2	1.0	19.8	1.6	0.2	48.8	7.3

Table 5–5 Perpetrators by Relationship to Their Victims, 2014 *(continues next page)*

State	Nonparental Relationships						
	Parent	Child Daycare Provider	Foster Parent	Friend and Neighbor	Legal Guardian	Other	Other Professional
Alabama	4,118	4	9	48	31	283	8
Alaska	1,670		13		4	53	
Arizona	13,010		28		63	774	
Arkansas	4,975	38	5	84	22	1,093	21
California	51,455		126			2	
Colorado	6,127	58	31	4	8	404	
Connecticut	4,772	28	23	39	106	315	47
Delaware	913	2	1	28		14	2
District of Columbia	975		6		4	27	
Florida	23,617	77	12		37	830	202
Georgia							
Hawaii	985		5		11	31	
Idaho	1,170			4	12	2	
Illinois	15,894	269	57			517	80
Indiana	12,469	52	13	215	76	1,173	13
Iowa	4,992	48	16		19	282	
Kansas	1,004		16	9		344	
Kentucky							
Louisiana							
Maine	2,767	9	3		9	46	
Maryland	4,766	30	23		7	436	
Massachusetts	20,946	66	61		125	456	54
Michigan	20,581		53	530	76	101	
Minnesota	2,358	42	12	11	31	69	3
Mississippi	4,958	4	47	42	8	188	1
Missouri	2,850	24	19	188		257	29
Montana	805	4	3	2	1	9	
Nebraska	2,202	22	7		6	124	
Nevada	3,091		1	162	2	4	
New Hampshire	485				1		
New Jersey	7,382	74	15	80		134	42
New Mexico	5,516		5	3	37	77	
New York	45,146	174	174		158	823	2
North Carolina							
North Dakota	996			44			
Ohio	12,434	22	61	95		3,158	44
Oklahoma	9,783	42	130		82	721	4
Oregon	5,842	11	47	98	16	170	
Pennsylvania	1,544	363	10		13	321	12
Puerto Rico	5,280	3	33	2	25	25	71
Rhode Island	2,093	9	21			295	
South Carolina	7,814	39	22	6	88	162	
South Dakota	527	1	1		7	9	
Tennessee							
Texas	40,806	278	43	191		1,150	147
Utah	4,883	12	4	249	33	585	9
Vermont	325			101		46	
Virginia	3,827	146	15		19	322	65
Washington	5,219	30	25	4		51	
West Virginia	3,530	6	13		20	294	3
Wisconsin	2,482	27	9	46	5	332	11
Wyoming	501	5	1		4	44	
National Total	379,885	2,019	1,219	2,285	1,166	16,553	870
National Percent	78.1	0.4	0.3	0.5	0.2	3.4	0.2

Table 5–5 Perpetrators by Relationship to Their Victims, 2014

State	Nonparental Relationships			Unknown	Multiple Relationships	Perpetrators (unique count)
	Other Relative	Group Home and Residential Facility Staff	Unmarried Partner of Parent			
Alabama	400	8	105	985	279	6,278
Alaska	94	1	59	8	71	1,973
Arizona	502	17	252	3	139	14,788
Arkansas	788	7	87	219	231	7,570
California	2,522	15	3,205		1,966	59,291
Colorado	697	52	6	557	446	8,390
Connecticut	254	24	309	1	351	6,269
Delaware	111	1	97		6	1,175
District of Columbia	21	2			20	1,055
Florida	1,846		2,197	2,405	2,544	33,767
Georgia						
Hawaii	31			5	32	1,100
Idaho	34		109	26	37	1,394
Illinois	1,544	22	1,192	196	1,356	21,127
Indiana	1,439	1		1,360	1,421	18,232
Iowa	265	4	316	13	166	6,121
Kansas	244	2		8	41	1,668
Kentucky						
Louisiana						
Maine	132	2	216	12	228	3,424
Maryland	516	14		1,460	255	7,507
Massachusetts	960	36	1,357	203	1,457	25,721
Michigan	806		15	1,634	1,548	25,344
Minnesota	298	14	212	6	123	3,179
Mississippi	595	4	190	79	178	6,294
Missouri	509	19	433	142	217	4,687
Montana	26	1	42		9	902
Nebraska	150	3	157	9	150	2,830
Nevada	79	7	2	5	136	3,489
New Hampshire	38		13	58	14	609
New Jersey	516	6	417	93	335	9,094
New Mexico	363		311	47	211	6,570
New York	3,412	1	222	1,955	508	52,575
North Carolina						
North Dakota	32			40	90	1,202
Ohio	2,277	22	167	1,010	1,214	20,504
Oklahoma	491	48	26	89	603	12,019
Oregon	486	11	571	92	440	7,784
Pennsylvania	496	18	423	1	78	3,279
Puerto Rico	184	9	4	6	68	5,710
Rhode Island	20	7		4	173	2,622
South Carolina	356	2	429	3	576	9,497
South Dakota	22	1	36	13	28	645
Tennessee						
Texas	5,067	105	3,489	133	817	52,226
Utah	811	3	315	141	402	7,447
Vermont	77		51	15	40	655
Virginia	474	9	159	133	223	5,392
Washington	216		362	61	188	6,156
West Virginia	189	20	2	123	272	4,472
Wisconsin	409	3	262	219	116	3,921
Wyoming	39	2	12		28	636
National Total	30,838	523	17,829	13,572	19,831	486,590
National Percent	6.3	0.1	3.7	2.8	4.1	100.0



Services

CHAPTER 6

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

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

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

NCANDS also collects case-level data about children who received services that were provided as a result of an investigation response or alternative response. Postresponse services (also known as postinvestigation services) address the safety of the child and usually are based on an assessment of the family's situation, including service needs and family strengths.

Prevention Services (duplicate count of children)

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

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

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

For FFY 2014, 47 states reported that approximately 2.9 million children received prevention services. This is a reduction from FFY 2013 when 47 states reported approximately 3.1 million children received prevention services. More information about increases and decreases in recipients and funding may be found in appendix D. The discussion of prevention services counts children by funding source and may include duplication across sources or within sources. Funding sources with the largest number of states reporting data are the Community-Based Child Abuse Prevention Grants (CBCAP) with 41 states and Promoting Safe and Stable Families (35 states). Fewer states reported data for the Child Abuse and Neglect Basic State Grant and the Social Services Block Grant. States continue to work to improve reporting on these funding sources. (See [table 6–1](#) and related notes.)

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

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

Postresponse Services (duplicate count of children)

All children and families who are involved with a child welfare agency receive services to some degree. If NCANDS collected and reported data for services that were needed to conduct an investigation or alternative response, all children would have 100 percent services receipt. Therefore 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. The NCANDS Technical Team is continuing to work with states on improving reporting in this area.

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

States provided data on the start of postresponse services. For those children who were not already receiving services at the start of the report, the average number of days from receipt of a report to initiation of services was 49 days. (See [table 6-2](#) and related notes.)

Approximately 1.3 million children received postresponse services from a CPS agency. Two-thirds (63.7%) of duplicate victims and one third (32.0%) of duplicate nonvictims received postresponse services. (See [table 6-3](#) and related notes.) Children who received postresponse services are counted per response by CPS and may be counted more than once.

A child who received foster care services was removed from his or her home. Nationally, one-fourth (23.0%) of victims and 3.4% of nonvictims received foster care services. Some states reported low percentages of victims and nonvictims who received foster care services. For example, four states reported fewer than 10 percent of all victims were placed in foster care. The data suggest those states may use non-CPS providers for services delivery and those providers have difficulty collecting and reporting data in an NCANDS format. (See [table 6-4](#) and related notes.)

There may be several explanations as to why more than 94,000 nonvictims were removed from home. The first has to do with states' policies. If one child in a household is deemed to be in danger or at-risk of maltreatment, the state may remove all of the children in the household to ensure their safety. For example, if a CPS worker finds a drug lab in a house or finds a severely intoxicated caregiver, the worker may remove all children even if there is only a maltreatment allegation for one child in the household. Another reason for a nonvictim to be removed has to do with voluntary placements. This is when a parent voluntarily agrees to place a child in foster care even if the child was not determined to be a victim of maltreatment.

States also reported on the number of victims for whom some court action had been undertaken. Court action may include any legal action taken by the CPS agency or the courts on behalf of the child, including authorization to place a child in foster care and applying for temporary custody, protective custody, dependency, or termination of parental rights. In other words, these include children who were removed, as well as other children who may have had petitions while remaining at home. Based on 46 reporting states, 26.0 percent of victims had court actions. (See [table 6-5](#) and related notes.)

States were less able to report on the number of victims with court-appointed representatives. Thirty states reported that 23.4 percent of victims received court-appointed representatives. These numbers are likely to be an undercount given the statutory requirement in CAPTA, "in every case involving an abused or neglected child, which results in a judicial proceeding, a Guardian ad Litem... who may be an attorney or a court-appointed special advocate... shall be appointed to represent the child in such proceedings..." Many states are working to improve the reporting of the court-appointed representative data element. (See [table 6-6](#) and related notes.)

History of Receiving Services (unique count of children)

Two data elements in the Agency File collect information on histories of victims. Based on data from 25 states, 17.3 percent of victims received family preservation services within the previous 5 years. (See [table 6-7](#) and related notes.) Data from 33 states shows that 4.8 percent of victims were reunited with their families within the previous 5 years. (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. Additional information regarding the exhibits and tables is provided below.

General

- During data analyses, thresholds are set to ensure data quality is balanced with the need to report data from as many states as possible. States may be excluded from an analysis for data quality issues.
- The data source for all tables was the Child File unless otherwise noted.
- A duplicate count of children was used unless otherwise noted.
- Due to the large number of categories, most services are defined in appendix B. The Child File record layout, which includes the services fields, are located on the Children’s Bureau website at <http://www.acf.hhs.gov/programs/cb/resource/about-ncands>.
- States that did not report at least 1.0 percent of children with services were excluded from analyses.
- National totals and calculations appear in a single row labeled “National” instead of separate rows labeled total, rate, or percent.

Table 6-1 Children Who Received Prevention Services by Funding Source, 2014

- Data are from the Agency File.
- Children who received prevention services may have received them via CPS or other agencies.
- Children may be counted more than once, under a single funding source and across funding sources.
- Some programs maintain their data in terms of families rather than in terms of children. If a family count was provided, the number of families was multiplied by the average number of children per family (1.87) and used as the estimate of the number of children who received services or added to any counts of children that were also provided. The average number of children per family was retrieved April 2015 from <https://www.census.gov/hhes/families/data/cps2014AVG.html>.
- While states have improved reporting under these efforts, more work is needed and states will continue to be encouraged to improve these data.

Table 6-2 Average Number of Days to Initiation of Services, 2014

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

Table 6–3 Children Who Received Postresponse Services, 2014

- A child was counted each time that a CPS response was completed and services were provided. The child was classified as a victim or nonvictim based on the findings of the response.
- This analysis includes only those services that continued after or were initiated after the completion of the CPS response.
- One state reports postresponse services for only victims and does not report on nonvictims who received such services.
- A few states reported that 100.0 percent of its victims, nonvictims, or both received services. These states may be reporting case management services and information and referral services for all children who received a CPS response. Technical assistance will be provided to these states to improve the quality of reporting services data.

Table 6–4 Children Who Received Foster Care Postresponse Services, 2014

- A child was counted each time that a CPS response was completed and services were provided.

Table 6–5 Victims With Court Action, 2014

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

Table 6–6 Victims With Court-Appointed Representatives, 2014

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

Table 6–7 Victims Who Received Family Preservation Services Within the Previous 5 Years, 2014

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

Table 6–8 Victims Who Were Reunited With Their Families Within the Previous 5 Years, 2014

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

Table 6–1 Children Who Received Prevention Services by Funding Source, 2014

State	Child Abuse and Neglect State Grant	Community-Based Child Abuse Prevention Grants	Promoting Safe and Stable Families	Social Services Block Grant	Other	Total Recipients (duplicate count) of Prevention Services
Alabama	60,395	1,699	2,010			64,104
Alaska		278	163	161	321	923
Arizona		329	2,467		3,510	6,306
Arkansas	6,147	433	23,365	26,017	21,366	77,330
California	10,622	48,234	345,025		116,911	520,792
Colorado		2,708	40,753			43,461
Connecticut	1,597	1,933			45,601	49,130
Delaware			2,194	942	4,173	7,310
District of Columbia	233		269		1,408	1,910
Florida		27,640				27,640
Georgia		4,872	216,578	158,049	5,482	384,981
Hawaii		589				589
Idaho		431	853	1,547	89	2,920
Illinois	2,910	6,587		5,055	766	15,318
Indiana	29,682	997	2,681	327	13,484	47,171
Iowa	184	4,776	26,968			31,929
Kansas		47,405	4,011		294	51,710
Kentucky		1,146	1,886		2,069	5,101
Louisiana		44,750	2,864	10,103	3,952	61,669
Maine						
Maryland				12,849		12,849
Massachusetts						
Michigan						
Minnesota	3,174	2,348	3,673	15,995		25,190
Mississippi		761	1,346	6,301	55,390	63,798
Missouri		2,195	1,563		9,396	13,154
Montana		18,166	2,979			21,146
Nebraska		2,444	6,882			9,326
Nevada		2,284	20,661	12,096	15,970	51,011
New Hampshire			740	2,574		3,314
New Jersey		4,024	5,154	194,622		203,800
New Mexico		199	257		900	1,356
New York		6,111		77,503	18,483	102,097
North Carolina		344	6,257			6,601
North Dakota		2,466	4,318			6,784
Ohio		457,861				457,861
Oklahoma		277	3,252		9,985	13,515
Oregon						
Pennsylvania		51,660			10,449	62,109
Puerto Rico		2,932	2,855			5,788
Rhode Island			1,505			1,505
South Carolina		264				264
South Dakota		2,454				2,454
Tennessee	243			2,319	7,719	10,281
Texas		1,906	51,808		886	54,601
Utah		2,691	568		63,017	66,276
Vermont		5,635			6,558	12,193
Virginia	44,209	1,253	28,137		3,965	77,564
Washington	3,804	3,251	36,847			43,902
West Virginia		14,067	37,907	55,771	5,537	113,283
Wisconsin						
Wyoming		2,040	1,569	5,883		9,492
National	163,200	782,442	890,366	588,115	427,681	2,851,805

Table 6–2 Average Number of Days to Initiation of Services, 2014

State	Children (duplicate count) Who Received Services	Children (duplicate count) Who Received Services On or After the Report Date	Average Number of Days to Initiation of Services
Alabama	8,643	4,923	110
Alaska	2,867	1,303	80
Arizona	57,453	56,329	115
Arkansas	15,651	15,102	37
California	297,707	276,919	17
Colorado	8,045	3,514	22
Connecticut			
Delaware	1,009	859	53
District of Columbia	915	900	41
Florida	28,121	22,116	31
Georgia	103,735	101,499	14
Hawaii	1,403	1,182	21
Idaho	4,358	4,327	39
Illinois	28,013	18,765	33
Indiana	47,549	23,310	34
Iowa	36,268	36,268	23
Kansas	10,642	6,383	32
Kentucky	20,558	12,484	104
Louisiana	9,262	8,060	34
Maine	1,809	861	99
Maryland			
Massachusetts	93,989	73,563	11
Michigan	34,527	14,749	45
Minnesota	8,426	8,426	46
Mississippi	16,875	8,535	40
Missouri			
Montana	2,034	1,388	56
Nebraska			
Nevada	8,862	5,932	45
New Hampshire	1,089	935	75
New Jersey	36,297	19,616	41
New Mexico	6,593	6,267	37
New York			
North Carolina			
North Dakota	1,163	1,125	74
Ohio	45,254	39,705	38
Oklahoma	27,568	27,487	58
Oregon			
Pennsylvania			
Puerto Rico	1,561	1,561	69
Rhode Island	3,392	2,226	22
South Carolina			
South Dakota			
Tennessee			
Texas	51,639	50,785	59
Utah			
Vermont	1,028	551	54
Virginia	10,700	7,810	67
Washington	10,617	8,559	44
West Virginia	7,747	5,291	33
Wisconsin	4,554	4,554	61
Wyoming	396	325	29
National	1,058,319	884,494	49

Table 6–3 Children Who Received Postresponse Services, 2014

State	Victims (duplicate count) Who Received Postresponse Services			Nonvictims (duplicate count) Who Received Postresponse Services		
	Victims (duplicate count)	Number	Percent	Nonvictims (duplicate count)	Number	Percent
Alabama	8,895	4,700	52.8	22,555	3,943	17.5
Alaska	2,922	1,386	47.4	10,226	1,481	14.5
Arizona	14,743	14,509	98.4	78,439	42,944	54.7
Arkansas	9,517	8,031	84.4	58,049	7,620	13.1
California	80,644	67,236	83.4	368,101	230,471	62.6
Colorado	10,498	3,137	29.9	33,932	4,908	14.5
Connecticut	8,221	7,986	97.1	21,503	19,762	91.9
Delaware	1,523	670	44.0	14,017	339	2.4
District of Columbia	1,615	376	23.3	11,412	539	4.7
Florida	48,343	15,813	32.7	308,557	12,308	4.0
Georgia	23,387	14,322	61.2	143,398	89,413	62.4
Hawaii	1,373	930	67.7	2,105	473	22.5
Idaho	1,652	1,161	70.3	12,712	3,197	25.1
Illinois	32,555	13,846	42.5	118,530	14,167	12.0
Indiana	25,448	16,645	65.4	147,668	30,904	20.9
Iowa	9,076	9,076	100.0	27,192	27,192	100.0
Kansas	2,090	1,280	61.2	32,786	9,362	28.6
Kentucky	23,026	17,661	76.7	65,595	2,897	4.4
Louisiana	12,742	6,617	51.9	32,077	2,645	8.2
Maine	4,070	1,328	32.6	11,808	481	4.1
Maryland	16,824	5,048	30.0	18,177	708	3.9
Massachusetts	36,114	36,072	99.9	58,835	57,917	98.4
Michigan	33,016	11,925	36.1	166,554	22,602	13.6
Minnesota	4,294	2,944	68.6	25,264	5,482	21.7
Mississippi	9,044	6,489	71.7	28,915	10,386	35.9
Missouri	5,546	3,426	61.8	94,512	21,729	23.0
Montana	1,224	813	66.4	10,673	1,221	11.4
Nebraska	4,196	3,922	93.5	23,486	19,958	85.0
Nevada	4,532	3,049	67.3	24,945	5,813	23.3
New Hampshire	652	386	59.2	13,226	703	5.3
New Jersey	12,682	8,748	69.0	79,845	27,549	34.5
New Mexico	8,801	3,503	39.8	25,143	3,090	12.3
New York						
North Carolina						
North Dakota	1,668	970	58.2	5,362	193	3.6
Ohio	27,006	15,138	56.1	96,006	30,116	31.4
Oklahoma	14,131	10,327	73.1	52,762	17,241	32.7
Oregon						
Pennsylvania						
Puerto Rico	8,093	1,354	16.7			
Rhode Island	3,702	1,504	40.6	7,672	1,888	24.6
South Carolina	12,821	12,690	99.0			
South Dakota	923	461	49.9	4,077	229	5.6
Tennessee	12,142	12,142	100.0	108,441	108,441	100.0
Texas	67,525	38,487	57.0	214,645	13,152	6.1
Utah	10,579	10,177	96.2	19,601	16,546	84.4
Vermont	932	289	31.0	4,099	739	18.0
Virginia	6,624	2,723	41.1	61,116	7,977	13.1
Washington	8,286	4,197	50.7	45,537	6,420	14.1
West Virginia	5,056	4,462	88.3	38,024	3,285	8.6
Wisconsin	4,915	2,192	44.6	34,538	2,362	6.8
Wyoming	893	300	33.6	5,918	96	1.6
National	644,561	410,448	63.7	2,788,035	890,889	32.0

Table 6–4 Children Who Received Foster Care Postresponse Services, 2014

State	Victims (duplicate count) Who Received Foster Care Postresponse Services			Nonvictims (duplicate count) Who Received Foster Care Postresponse Services		
	Victims (duplicate count)	Number	Percent	Nonvictims (duplicate count)	Number	Percent
Alabama	8,895	1,901	21.4	22,555	1,963	8.7
Alaska	2,922	791	27.1	10,226	765	7.5
Arizona	14,743	8,807	59.7	78,439	3,550	4.5
Arkansas	9,517	1,955	20.5	58,049	1,396	2.4
California	80,644	32,816	40.7	368,101	32,401	8.8
Colorado	10,498	1,428	13.6	33,932	446	1.3
Connecticut	8,221	1,218	14.8	21,503	671	3.1
Delaware	1,523	147	9.7	14,017	5	0.0
District of Columbia	1,615	302	18.7	11,412	94	0.8
Florida	48,343	12,691	26.3	308,557	7,605	2.5
Georgia	23,387	4,928	21.1	143,398	2,939	2.0
Hawaii	1,373	626	45.6	2,105	111	5.3
Idaho	1,652	787	47.6	12,712	109	0.9
Illinois	32,555	554	1.7	118,530	913	0.8
Indiana	25,448	7,549	29.7	147,668	2,359	1.6
Iowa	9,076	2,169	23.9	27,192	57	0.2
Kansas	2,090	234	11.2	32,786	1,427	4.4
Kentucky	23,026	1,522	6.6	65,595	251	0.4
Louisiana	12,742	3,335	26.2	32,077	807	2.5
Maine	4,070	956	23.5	11,808	446	3.8
Maryland	16,824	1,182	7.0	18,177	41	0.2
Massachusetts	36,114	5,968	16.5	58,835	3,193	5.4
Michigan	33,016	5,792	17.5	166,554	2,615	1.6
Minnesota	4,294	1,324	30.8	25,264	1,462	5.8
Mississippi	9,044	2,346	25.9	28,915	2,111	7.3
Missouri	5,546	1,847	33.3	94,512	4,664	4.9
Montana	1,224	740	60.5	10,673	709	6.6
Nebraska						
Nevada	4,532	2,069	45.7	24,945	1,527	6.1
New Hampshire	652	219	33.6	13,226	343	2.6
New Jersey	12,682	3,117	24.6	79,845	3,739	4.7
New Mexico	8,801	1,608	18.3	25,143	643	2.6
New York						
North Carolina						
North Dakota	1,668	264	15.8	5,362	21	0.4
Ohio	27,006	5,151	19.1	96,006	3,725	3.9
Oklahoma	14,131	2,925	20.7	52,762	126	0.2
Oregon						
Pennsylvania						
Puerto Rico	8,093	810	10.0			
Rhode Island	3,702	793	21.4	7,672	221	2.9
South Carolina	12,821	2,462	19.2			
South Dakota	923	461	49.9	4,077	229	5.6
Tennessee	12,142	1,557	12.8	108,441	2,180	2.0
Texas	67,525	13,395	19.8	214,645	1,809	0.8
Utah	10,579	1,114	10.5	19,601	46	0.2
Vermont	932	129	13.8	4,099	170	4.1
Virginia	6,624	1,282	19.4	61,116	1,672	2.7
Washington	8,286	2,897	35.0	45,537	2,254	4.9
West Virginia	5,056	1,031	20.4	38,024	364	1.0
Wisconsin	4,915	2,002	40.7	34,538	2,217	6.4
Wyoming	893	261	29.2	5,918	61	1.0
National	640,365	147,462	23.0	2,764,549	94,457	3.4

Table 6–5 Victims With Court Action, 2014

State	Victims (duplicate count)	Victims (duplicate count) With Court Action	
		Number	Percent
Alabama	8,895	603	6.8
Alaska	2,922	816	27.9
Arizona	14,743	8,047	54.6
Arkansas	9,517	2,400	25.2
California	80,644	29,105	36.1
Colorado	10,498	2,020	19.2
Connecticut	8,221	2,131	25.9
Delaware	1,523	212	13.9
District of Columbia	1,615	273	16.9
Florida	48,343	14,294	29.6
Georgia	23,387	4,928	21.1
Hawaii	1,373	820	59.7
Idaho	1,652	952	57.6
Illinois			
Indiana	25,448	15,709	61.7
Iowa	9,076	3,274	36.1
Kansas	2,090	929	44.4
Kentucky	23,026	5,652	24.5
Louisiana	12,742	3,306	25.9
Maine	4,070	119	2.9
Maryland	16,824	1,557	9.3
Massachusetts	36,114	7,361	20.4
Michigan			
Minnesota	4,294	1,575	36.7
Mississippi	9,044	238	2.6
Missouri	5,546	1,858	33.5
Montana	1,224	791	64.6
Nebraska	4,196	1,719	41.0
Nevada	4,532	2,414	53.3
New Hampshire	652	341	52.3
New Jersey	12,682	2,473	19.5
New Mexico	8,801	1,539	17.5
New York			
North Carolina			
North Dakota	1,668	264	15.8
Ohio	27,006	5,860	21.7
Oklahoma	14,131	1,985	14.0
Oregon	10,661	2,845	26.7
Pennsylvania			
Puerto Rico	8,093	188	2.3
Rhode Island	3,702	1,222	33.0
South Carolina	12,821	2,814	21.9
South Dakota			
Tennessee	12,142	1,068	8.8
Texas	67,525	11,334	16.8
Utah	10,579	2,032	19.2
Vermont	932	211	22.6
Virginia	6,624	1,214	18.3
Washington	8,286	2,959	35.7
West Virginia	5,056	1,023	20.2
Wisconsin	4,915	567	11.5
Wyoming	893	241	27.0
National	588,728	153,283	26.0

Table 6–6 Victims With Court-Appointed Representatives, 2014

State	Victims (duplicate count)	Victims (duplicate count) With Court-Appointed Representatives	
		Number	Percent
Alabama	8,895	698	7.8
Alaska	2,922	799	27.3
Arizona	14,743	9,847	66.8
Arkansas			
California	80,644	34,309	42.5
Colorado			
Connecticut			
Delaware	1,523	212	13.9
District of Columbia	1,615	59	3.7
Florida			
Georgia	23,387	4,711	20.1
Hawaii	1,373	768	55.9
Idaho			
Illinois			
Indiana	25,448	4,792	18.8
Iowa	9,076	1,737	19.1
Kansas			
Kentucky			
Louisiana			
Maine	4,070	990	24.3
Maryland			
Massachusetts	36,114	6,779	18.8
Michigan	33,016	1,631	4.9
Minnesota	4,294	1,441	33.6
Mississippi	9,044	2,922	32.3
Missouri			
Montana	1,224	336	27.5
Nebraska	4,196	1,767	42.1
Nevada	4,532	597	13.2
New Hampshire	652	341	52.3
New Jersey	12,682	268	2.1
New Mexico	8,801	1,539	17.5
New York			
North Carolina			
North Dakota	1,668	194	11.6
Ohio	27,006	3,168	11.7
Oklahoma	14,131	1,985	14.0
Oregon			
Pennsylvania			
Puerto Rico			
Rhode Island	3,702	1,136	30.7
South Carolina	12,821	135	1.1
South Dakota			
Tennessee			
Texas			
Utah	10,579	2,032	19.2
Vermont	932	211	22.6
Virginia			
Washington			
West Virginia	5,056	65	1.3
Wisconsin			
Wyoming	893	30	3.4
National	365,039	85,499	23.4

Table 6–7 Victims Who Received Family Preservation Services Within the Previous 5 Years, 2014

State	Victims (unique count)	Victims (unique count) Who Received Family Preservation Services Within the Previous 5 Years	
		Number	Percent
Alabama			
Alaska			
Arizona			
Arkansas	8,971	1,934	21.6
California			
Colorado			
Connecticut			
Delaware			
District of Columbia	1,528	311	20.4
Florida	45,738	6,842	15.0
Georgia	22,163	7,837	35.4
Hawaii			
Idaho	1,595	544	34.1
Illinois			
Indiana			
Iowa			
Kansas	1,998	626	31.3
Kentucky	20,833	998	4.8
Louisiana	12,057	1,937	16.1
Maine	3,823	629	16.5
Maryland	15,762	7,937	50.4
Massachusetts	31,863	9,479	29.7
Michigan			
Minnesota	4,143	1,349	32.6
Mississippi	8,435	78	0.9
Missouri	5,322	474	8.9
Montana			
Nebraska	3,940	322	8.2
Nevada	4,297	68	1.6
New Hampshire	646	39	6.0
New Jersey	11,842	1,486	12.5
New Mexico	7,606	696	9.2
New York			
North Carolina			
North Dakota			
Ohio			
Oklahoma	13,183	894	6.8
Oregon			
Pennsylvania			
Puerto Rico	7,683	18	0.2
Rhode Island			
South Carolina			
South Dakota			
Tennessee			
Texas	65,334	9,600	14.7
Utah	9,876	175	1.8
Vermont	813	150	18.5
Virginia			
Washington	7,341	440	6.0
West Virginia			
Wisconsin			
Wyoming			
National	316,792	54,863	17.3

Table 6–8 Victims Who Were Reunited With Their Families Within the Previous 5 Years, 2014

State	Victims (unique count)	Victims (unique count) Who Were Reunited With Their Families Within the Previous 5 Years	
		Number	Percent
Alabama			
Alaska	2,484	186	7.5
Arizona			
Arkansas	8,971	204	2.3
California			
Colorado			
Connecticut	7,651	248	3.2
Delaware	1,482	36	2.4
District of Columbia	1,528	72	4.7
Florida	45,738	3,268	7.1
Georgia	22,163	1,039	4.7
Hawaii	1,331	64	4.8
Idaho	1,595	104	6.5
Illinois			
Indiana	23,359	1,351	5.8
Iowa			
Kansas	1,998	271	13.6
Kentucky	20,833	860	4.1
Louisiana			
Maine	3,823	220	5.8
Maryland	15,762	1,209	7.7
Massachusetts	31,863	2,133	6.7
Michigan			
Minnesota	4,143	345	8.3
Mississippi	8,435	22	0.3
Missouri	5,322	105	2.0
Montana			
Nebraska			
Nevada	4,297	515	12.0
New Hampshire	646	32	5.0
New Jersey	11,842	716	6.0
New Mexico	7,606	495	6.5
New York			
North Carolina			
North Dakota			
Ohio	24,931	1,068	4.3
Oklahoma	13,183	650	4.9
Oregon			
Pennsylvania			
Puerto Rico	7,683	5	0.1
Rhode Island	3,410	463	13.6
South Carolina	12,439	148	1.2
South Dakota			
Tennessee	11,695	646	5.5
Texas	65,334	1,228	1.9
Utah	9,876	234	2.4
Vermont	813	24	3.0
Virginia			
Washington	7,341	608	8.3
West Virginia			
Wisconsin	4,642	342	7.4
Wyoming			
National	394,219	18,911	4.8

Appendixes





Required CAPTA Data Items

APPENDIX A

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

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

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

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



Glossary

APPENDIX B

Acronyms

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

Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

BOY: A male child younger than 18 years.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CHILD VICTIM: In NCANDS, a victim is a child for whom the state determined at least one maltreatment was substantiated or indicated; and a disposition of substantiated, indicated, or alternative response victim was assigned for a child in a specific report. This includes a child who died and the death was confirmed to be the result of child abuse and neglect. It is important to note that a child may be a victim in one report and a nonvictim in another report.

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

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

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

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

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

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

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

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

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

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

DISABILITY: A child is considered to have a disability if one or more of the following risk factors has been identified: child is intellectually disabled, child is emotionally disturbed, child is visually impaired, child is learning disabled, child is physically disabled, child has behavioral problems, or child has some other medical problem. In general, children with such conditions are undercounted as not every child receives a clinical diagnostic assessment.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FINDING: See DISPOSITION.

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

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

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

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

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

GIRL: A female child younger than 18 years.

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

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

GUARDIAN AD LITEM: See COURT-APPOINTED REPRESENTATIVE.

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

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

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

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

IDEA: See Individuals with Disabilities Education Improvement Act.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

LEARNING DISABILITY: A clinically diagnosed disorder in basic psychological processes involved with understanding or using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or use mathematical calculations. The term includes conditions

such as perceptual disability, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. This term can be applied to a caregiver or a child.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

OTHER RELATIVE: A nonparental family member.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SERVICES: See POSTRESPONSE SERVICES and PREVENTION SERVICES.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

WORKFORCE: Total number of workers in a CPS agency.



State Characteristics

APPENDIX C

Administrative Structure

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

Level of Evidence

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

Data Submissions

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

The Child File is supplemented by agency-level aggregate statistics in a separate data submission called the Agency File. The Agency File contains data that are not reportable at the child-specific level and often gathered from agencies external to CPS. States are asked to submit both the Child File and the Agency File each year. In prior years, states that were not able to submit case-level data in the Child File submitted an aggregate-only data file called the Summary Data Component (SDC). As all states have the capacity to submit state-level data, the SDC was discontinued as of the 2012 data collection. Each state’s submitted data files is provided in table C-1.

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

Child Population Data

The child population data for years 2010–2014 are displayed by state in table C-2. The 2014 child population data for the demographics of age, sex, and race and ethnicity are displayed by state in table C-3. The adult population is displayed in table C-4.

Table C-1 State Administrative Structure, Level of Evidence, and Data Submissions, 2014

State	Administrative Structure			Level of Evidence					Data Files
	Hybrid	State Administered	State Supervised, County Administered	Clear and Convincing	Credible	Probable Cause	Preponderance	Reasonable	Agency File and Child File
Alabama		■					■		■
Alaska		■					■		■
Arizona		■				■			■
Arkansas		■					■		■
California			■				■		■
Colorado			■				■		■
Connecticut		■					■		■
Delaware		■					■		■
District of Columbia		■			■				■
Florida		■					■		■
Georgia		■					■		■
Hawaii		■						■	■
Idaho		■					■		■
Illinois		■			■				■
Indiana		■					■		■
Iowa		■					■		■
Kansas		■		■					■
Kentucky		■					■		■
Louisiana		■						■	■
Maine		■					■		■
Maryland		■					■		■
Massachusetts		■						■	■
Michigan		■					■		■
Minnesota			■				■		■
Mississippi		■			■				■
Missouri		■					■		■
Montana		■					■		■
Nebraska		■					■		■
Nevada	■				■				■
New Hampshire		■					■		■
New Jersey		■					■		■
New Mexico		■			■				■
New York			■		■				■
North Carolina			■				■		■
North Dakota			■				■		■
Ohio			■		■				■
Oklahoma		■			■				■
Oregon		■						■	■
Pennsylvania			■				■		■
Puerto Rico		■					■		■
Rhode Island		■					■		■
South Carolina		■					■		■
South Dakota		■					■		■
Tennessee		■					■		■
Texas		■					■		■
Utah		■						■	■
Vermont		■						■	■
Virginia			■				■		■
Washington		■					■		■
West Virginia		■					■		■
Wisconsin	■						■		■
Wyoming			■				■		■
Reporting States	2	40	10	1	8	1	36	6	52

Table C-2 Child Population, 2010–2014

State	Child Population				
	2010	2011	2012	2013	2014
Alabama	1,130,952	1,125,724	1,117,177	1,110,376	1,107,571
Alaska	187,894	188,439	188,259	188,011	186,543
Arizona	1,628,591	1,616,308	1,616,300	1,616,836	1,621,692
Arkansas	711,953	710,522	709,999	708,906	707,019
California	9,284,166	9,251,755	9,204,524	9,173,636	9,153,152
Colorado	1,226,604	1,230,529	1,233,118	1,238,534	1,246,372
Connecticut	814,275	805,306	795,099	785,189	775,430
Delaware	205,494	204,834	204,543	203,318	204,247
District of Columbia	101,340	104,038	107,713	111,700	115,305
Florida	4,000,362	4,006,089	4,016,874	4,031,576	4,053,584
Georgia	2,491,027	2,489,532	2,487,776	2,487,656	2,493,282
Hawaii	303,829	305,631	306,644	308,276	308,444
Idaho	428,961	428,430	427,345	428,449	431,080
Illinois	3,122,255	3,089,976	3,056,178	3,021,643	2,988,474
Indiana	1,605,943	1,598,293	1,589,273	1,585,779	1,581,927
Iowa	727,725	725,615	724,177	725,027	725,954
Kansas	727,724	726,780	726,480	724,608	722,666
Kentucky	1,023,731	1,022,060	1,017,544	1,015,089	1,012,614
Louisiana	1,118,618	1,116,710	1,115,252	1,114,105	1,113,493
Maine	273,052	268,833	265,123	261,792	258,977
Maryland	1,352,096	1,349,741	1,347,566	1,346,614	1,350,544
Massachusetts	1,416,232	1,408,806	1,401,183	1,396,539	1,390,468
Michigan	2,333,158	2,299,429	2,269,216	2,245,326	2,223,790
Minnesota	1,282,777	1,280,333	1,277,480	1,279,597	1,281,826
Mississippi	754,115	747,829	742,467	736,020	731,269
Missouri	1,424,045	1,414,590	1,404,815	1,397,620	1,392,623
Montana	223,294	222,965	222,836	224,014	225,024
Nebraska	459,632	460,965	462,678	464,672	466,609
Nevada	663,401	658,934	658,229	659,275	663,225
New Hampshire	285,699	280,596	275,626	270,727	267,141
New Jersey	2,062,235	2,049,972	2,034,493	2,022,236	2,012,081
New Mexico	518,762	516,525	512,098	507,094	501,949
New York	4,318,715	4,298,308	4,271,049	4,250,790	4,228,906
North Carolina	2,282,310	2,283,969	2,282,465	2,284,079	2,287,549
North Dakota	150,182	152,444	157,101	163,467	168,527
Ohio	2,722,594	2,693,720	2,668,384	2,651,920	2,638,304
Oklahoma	931,517	935,842	939,980	947,808	952,699
Oregon	865,125	862,309	859,215	856,595	858,022
Pennsylvania	2,785,593	2,762,375	2,739,027	2,717,172	2,700,893
Puerto Rico	897,036	869,441	837,469	804,729	772,752
Rhode Island	223,132	219,983	217,012	214,562	212,852
South Carolina	1,080,009	1,076,630	1,077,271	1,079,016	1,084,748
South Dakota	203,140	204,074	205,686	208,592	210,407
Tennessee	1,495,090	1,491,716	1,492,454	1,491,334	1,494,526
Texas	6,878,896	6,932,332	6,985,284	7,045,275	7,115,614
Utah	873,003	881,375	887,985	897,143	904,115
Vermont	128,608	126,602	124,698	123,039	121,586
Virginia	1,855,111	1,858,523	1,862,371	1,867,110	1,869,115
Washington	1,581,384	1,584,395	1,587,206	1,594,841	1,602,721
West Virginia	387,235	385,325	384,046	381,938	380,147
Wisconsin	1,336,102	1,325,845	1,315,886	1,307,425	1,300,189
Wyoming	135,353	135,403	136,621	137,861	138,323
National	75,020,077	74,786,700	74,549,295	74,414,936	74,356,370

Table C-3 Child Population Demographics, 2014 *(continues)*

State	Child Population								
	Age								
	<1	1	2	3	4	5	6	7	8
Alabama	57,854	58,028	58,953	59,449	60,421	60,219	62,116	62,265	61,528
Alaska	11,157	11,048	10,713	11,413	10,377	10,536	10,640	10,352	10,418
Arizona	85,876	85,845	85,064	85,368	88,735	89,584	93,286	94,257	92,781
Arkansas	37,936	38,151	38,827	38,481	38,226	38,748	40,033	40,491	39,952
California	502,993	504,342	496,348	510,260	501,784	497,786	516,713	518,757	511,339
Colorado	66,471	66,335	66,169	67,645	68,311	68,921	70,967	71,739	71,939
Connecticut	36,771	37,081	37,861	38,784	38,940	39,590	41,360	42,382	43,084
Delaware	11,122	11,092	11,347	11,523	11,267	11,043	11,343	11,389	11,409
District of Columbia	9,147	8,966	8,372	8,714	7,695	6,685	6,640	6,315	5,811
Florida	215,254	214,944	217,766	218,654	217,731	217,220	227,018	229,167	227,040
Georgia	129,104	129,915	132,990	133,811	136,855	136,509	141,802	143,139	141,870
Hawaii	18,853	18,462	18,117	18,597	17,451	17,479	17,624	17,303	16,862
Idaho	22,805	22,721	22,211	22,744	23,351	24,078	24,829	25,085	24,771
Illinois	156,134	156,360	158,115	159,663	160,413	160,525	165,901	167,073	167,057
Indiana	82,993	83,660	83,634	84,197	85,003	85,603	88,344	89,522	88,551
Iowa	38,771	39,007	39,077	38,605	39,880	40,168	41,459	41,695	41,347
Kansas	39,922	40,353	39,784	39,973	40,575	40,082	41,406	40,976	40,551
Kentucky	55,075	55,600	55,238	55,082	55,238	54,744	57,008	57,198	56,687
Louisiana	61,601	61,670	61,775	61,750	61,838	62,019	63,957	64,117	62,346
Maine	12,709	12,872	13,051	12,909	13,238	13,557	14,034	14,275	14,541
Maryland	73,284	73,552	73,825	75,016	74,077	73,855	75,892	75,770	75,070
Massachusetts	73,200	73,225	72,928	74,279	72,423	72,560	75,291	75,699	75,766
Michigan	112,448	113,175	113,750	115,039	115,880	116,553	120,068	122,129	122,779
Minnesota	69,399	69,915	69,150	69,972	70,207	70,441	72,745	73,335	72,452
Mississippi	37,872	38,086	39,143	39,193	39,814	40,630	42,826	43,312	41,686
Missouri	74,184	74,647	74,602	75,090	75,795	76,020	78,448	78,759	78,698
Montana	12,269	12,207	12,147	12,234	12,337	12,664	12,847	13,126	12,776
Nebraska	25,903	26,012	26,007	25,955	26,301	26,397	26,861	26,748	26,575
Nevada	34,862	34,778	34,452	35,645	36,660	37,009	38,832	38,679	37,803
New Hampshire	12,561	12,765	12,703	13,391	13,125	13,512	14,067	14,550	14,862
New Jersey	104,144	105,577	106,408	109,009	107,381	106,407	109,721	111,430	111,174
New Mexico	26,870	27,192	27,301	27,786	27,984	27,571	29,027	28,795	28,496
New York	239,804	238,674	236,580	239,574	229,959	224,161	229,386	229,297	228,161
North Carolina	119,904	120,678	120,244	121,904	124,746	126,215	129,798	130,534	129,641
North Dakota	10,788	10,400	10,239	9,915	9,674	9,798	9,908	9,895	9,565
Ohio	137,250	138,067	137,573	138,135	139,551	141,933	145,353	147,075	147,378
Oklahoma	52,631	52,975	52,808	53,484	53,576	53,617	54,556	54,550	53,517
Oregon	45,383	45,482	45,662	46,333	46,603	47,257	48,680	48,946	48,227
Pennsylvania	141,898	143,046	143,081	144,165	142,894	143,945	148,173	148,922	149,402
Puerto Rico	35,820	36,161	37,625	37,854	39,911	40,374	40,544	41,819	42,818
Rhode Island	10,981	10,891	11,061	11,038	10,925	10,942	11,549	11,539	11,872
South Carolina	57,439	57,076	57,999	58,030	59,975	60,673	62,456	63,155	61,415
South Dakota	12,313	12,291	12,034	12,127	11,845	11,900	12,257	12,247	11,960
Tennessee	79,506	79,722	80,822	79,294	81,087	81,504	84,792	84,590	83,965
Texas	387,632	389,728	387,232	394,377	397,244	395,842	406,018	404,886	402,292
Utah	50,629	50,858	49,147	50,373	51,124	52,285	53,101	52,876	52,082
Vermont	6,023	6,053	6,171	6,165	6,005	6,190	6,511	6,770	6,607
Virginia	103,122	103,214	103,381	103,250	101,926	101,142	105,010	104,877	104,259
Washington	88,662	89,670	89,089	89,847	89,302	89,857	91,645	90,943	88,953
West Virginia	20,347	20,610	20,689	20,568	20,271	20,347	21,271	21,222	20,994
Wisconsin	66,880	67,497	68,626	68,738	69,627	70,551	72,533	73,585	73,195
Wyoming	7,614	7,608	7,506	7,642	7,801	7,984	8,250	8,262	8,018
National	3,984,170	3,998,284	3,995,397	4,043,044	4,043,359	4,045,232	4,174,896	4,195,819	4,162,342

Table C-3 Child Population Demographics, 2014 *(continues)*

State	Child Population								
	Age								
	9	10	11	12	13	14	15	16	17
Alabama	60,922	61,414	60,933	61,672	64,515	65,920	64,079	64,179	63,104
Alaska	9,987	9,970	9,915	9,844	9,798	10,255	10,065	9,944	10,111
Arizona	91,801	90,290	91,257	89,854	92,426	93,347	90,592	90,421	90,908
Arkansas	39,659	39,366	39,187	38,646	39,891	40,390	39,616	39,691	39,728
California	509,275	505,790	500,694	494,968	508,480	516,473	511,647	517,878	527,625
Colorado	71,425	71,896	71,156	69,736	70,504	70,336	68,259	67,405	67,158
Connecticut	43,750	44,889	44,905	45,487	46,501	48,040	48,262	48,316	49,427
Delaware	11,325	11,466	11,473	11,036	11,470	11,727	11,602	11,494	11,119
District of Columbia	5,637	5,405	5,058	5,061	5,147	5,095	5,045	5,183	5,329
Florida	225,667	220,691	222,958	224,468	232,519	237,438	234,616	234,243	236,190
Georgia	141,223	140,969	139,981	140,191	143,387	145,183	140,328	138,000	138,025
Hawaii	17,015	17,153	16,700	16,060	16,441	16,451	16,111	15,883	15,882
Idaho	24,990	24,584	24,361	24,382	24,500	24,659	24,163	23,442	23,404
Illinois	167,770	169,693	168,463	168,009	171,752	174,134	171,302	172,641	173,469
Indiana	88,539	89,578	88,468	88,418	91,110	92,629	90,891	90,550	90,237
Iowa	40,580	40,796	40,267	39,874	40,873	41,302	40,518	40,788	40,947
Kansas	40,240	40,350	40,030	39,122	40,128	40,663	39,578	39,749	39,184
Kentucky	56,343	56,647	56,053	55,523	57,340	58,182	57,279	56,741	56,636
Louisiana	61,431	61,150	60,562	60,248	62,117	63,452	61,959	61,179	60,322
Maine	14,774	14,772	14,630	14,735	15,192	15,615	15,759	16,066	16,248
Maryland	74,391	74,863	74,066	74,055	76,578	77,224	76,151	76,158	76,717
Massachusetts	77,006	78,351	78,865	78,514	80,492	81,941	82,203	83,033	84,692
Michigan	123,888	126,112	125,582	126,759	131,750	134,158	133,533	134,410	135,777
Minnesota	72,529	73,011	71,457	70,158	71,586	72,102	70,763	70,994	71,610
Mississippi	41,087	40,739	40,049	39,973	41,720	42,626	41,307	41,044	40,162
Missouri	77,830	78,088	77,304	76,727	79,043	80,471	78,715	79,246	78,956
Montana	12,547	12,424	12,448	12,311	12,561	12,381	12,432	12,595	12,718
Nebraska	26,383	26,409	25,905	25,435	25,655	25,582	24,997	24,761	24,723
Nevada	37,324	37,599	36,824	36,459	37,296	37,837	37,057	37,078	37,031
New Hampshire	15,061	15,374	15,683	15,747	15,980	16,613	16,646	17,294	17,207
New Jersey	112,117	113,962	113,445	113,003	115,537	117,977	117,071	118,292	119,426
New Mexico	28,468	28,203	27,556	27,754	28,010	28,234	27,716	27,610	27,376
New York	229,158	231,483	231,546	231,472	236,825	242,279	240,576	242,974	246,997
North Carolina	128,707	129,294	128,013	128,730	132,432	133,395	129,456	127,669	126,189
North Dakota	9,227	8,931	8,707	8,498	8,425	8,474	8,512	8,643	8,928
Ohio	146,395	148,835	147,792	148,944	154,075	156,493	154,084	155,156	154,215
Oklahoma	53,409	53,216	52,355	52,132	52,265	52,710	52,258	51,915	50,725
Oregon	47,774	47,989	47,557	47,138	48,253	49,391	48,883	48,818	49,646
Pennsylvania	149,241	151,442	150,855	151,179	155,202	159,350	157,791	159,203	161,104
Puerto Rico	43,341	42,738	43,124	44,582	48,110	50,012	47,981	49,590	50,348
Rhode Island	11,900	12,209	12,048	12,144	12,219	12,596	12,684	12,918	13,336
South Carolina	60,512	60,375	59,820	59,939	61,650	62,829	61,027	60,445	59,933
South Dakota	11,784	11,601	11,190	10,874	10,958	11,184	11,294	11,215	11,333
Tennessee	82,835	83,586	83,253	83,393	85,217	86,681	85,414	84,884	83,981
Texas	401,808	401,115	396,355	393,698	398,765	400,638	389,146	384,697	384,141
Utah	51,852	51,206	50,689	48,996	49,110	49,158	47,568	46,830	46,231
Vermont	6,804	6,881	7,056	6,956	7,048	7,440	7,470	7,659	7,777
Virginia	104,472	104,431	103,666	102,897	105,004	106,230	103,976	103,735	104,523
Washington	88,262	87,813	86,762	85,982	88,187	89,340	88,787	89,644	89,976
West Virginia	21,037	21,135	21,208	21,215	21,562	22,243	21,775	21,845	21,808
Wisconsin	72,939	74,081	73,043	73,086	74,551	76,212	75,123	74,928	74,994
Wyoming	7,732	7,627	7,486	7,288	7,299	7,400	7,637	7,748	7,421
National	4,150,173	4,157,992	4,128,760	4,113,372	4,217,456	4,282,492	4,211,704	4,216,824	4,235,054

Table C-3 Child Population Demographics, 2014

State	Child Population								
	Sex		Race and Ethnicity						
	Boy	Girl	African-American	American Indian or Alaska Native	Asian	Hispanic	Multiple Race	Pacific Islander	White
Alabama	564,367	543,204	329,108	5,664	14,534	76,360	32,224	629	649,052
Alaska	96,197	90,346	6,211	33,228	10,370	16,982	22,882	3,135	93,735
Arizona	826,882	794,810	73,014	81,315	43,185	703,487	60,140	2,820	657,731
Arkansas	361,383	345,636	128,589	5,593	10,365	81,711	24,805	3,115	452,841
California	4,673,459	4,479,693	489,362	34,968	1,008,116	4,751,484	420,482	32,524	2,416,216
Colorado	638,500	607,872	52,374	7,467	35,924	388,169	51,654	1,788	708,996
Connecticut	396,302	379,128	87,237	1,946	37,909	172,130	28,298	358	447,552
Delaware	103,673	100,574	51,206	534	7,866	29,799	10,435	91	104,316
District of Columbia	58,161	57,144	66,492	218	2,725	16,854	4,449	51	24,516
Florida	2,070,989	1,982,595	827,589	9,687	106,062	1,192,384	140,894	2,909	1,774,059
Georgia	1,270,064	1,223,218	834,042	4,973	89,969	345,071	83,938	1,640	1,133,649
Hawaii	158,101	150,343	6,491	655	75,520	52,570	94,877	35,525	42,806
Idaho	220,606	210,474	3,825	4,962	5,113	77,271	13,948	743	325,218
Illinois	1,523,493	1,464,981	464,420	4,267	143,259	726,982	95,427	869	1,553,250
Indiana	809,002	772,925	174,786	3,094	31,185	165,757	60,180	579	1,146,346
Iowa	371,245	354,709	33,005	2,535	16,632	69,574	26,822	807	576,579
Kansas	370,409	352,257	46,332	5,628	18,672	129,538	36,355	639	485,502
Kentucky	518,344	494,270	93,610	1,581	15,274	56,648	38,906	761	805,834
Louisiana	567,842	545,651	413,915	7,532	17,932	66,057	31,568	449	576,040
Maine	132,841	126,136	6,845	2,016	3,842	6,935	8,865	100	230,374
Maryland	688,879	661,665	422,472	2,957	81,874	180,695	65,803	659	596,084
Massachusetts	710,424	680,044	113,640	2,593	89,815	234,121	51,669	609	898,021
Michigan	1,137,811	1,085,979	357,927	13,441	68,767	177,599	99,067	596	1,506,393
Minnesota	654,961	626,865	105,447	17,940	74,050	109,476	61,496	620	912,797
Mississippi	373,855	357,414	113,145	4,433	6,640	29,434	16,462	231	360,924
Missouri	712,792	679,831	189,202	5,610	25,586	88,476	57,473	2,224	1,024,052
Montana	115,046	109,978	1,647	21,351	1,661	12,841	10,091	171	177,262
Nebraska	238,635	227,974	27,015	5,177	10,090	77,002	17,801	331	329,193
Nevada	338,950	324,275	57,867	5,613	39,666	268,449	39,475	4,256	247,899
New Hampshire	136,374	130,767	4,654	526	8,190	14,855	8,785	81	230,050
New Jersey	1,027,175	984,906	277,396	3,301	189,162	504,276	60,110	690	977,146
New Mexico	255,484	246,465	8,407	51,132	5,551	297,412	12,694	325	126,428
New York	2,161,356	2,067,550	666,587	14,020	322,366	1,010,601	139,485	1,954	2,073,893
North Carolina	1,166,773	1,120,776	529,746	28,254	64,303	346,528	90,420	1,925	1,226,373
North Dakota	86,298	82,229	4,556	13,664	1,653	8,844	6,635	113	133,062
Ohio	1,348,772	1,289,532	386,306	4,107	53,412	149,131	117,104	1,142	1,927,102
Oklahoma	487,040	465,659	77,347	96,110	18,012	151,247	89,070	1,646	519,267
Oregon	438,635	419,387	18,271	10,412	33,926	186,928	50,020	4,065	554,400
Pennsylvania	1,381,977	1,318,916							
Puerto Rico	398,119	374,633							
Rhode Island	108,971	103,881	15,308	1,144	7,305	49,284	9,253	151	130,407
South Carolina	551,736	533,012	336,730	3,883	15,806	92,796	38,714	677	596,142
South Dakota	108,262	102,145	4,931	27,070	2,822	12,251	8,986	86	154,261
Tennessee	761,984	732,542							
Texas	3,628,527	3,487,087	833,676	18,791	274,699	3,491,607	170,003	5,812	2,321,026
Utah	464,164	439,951	10,645	8,512	15,427	154,419	30,246	9,435	675,431
Vermont	62,576	59,010	2,284	341	2,241	3,073	4,345	31	109,271
Virginia	954,297	914,818	381,172	4,372	117,275	236,259	99,908	1,352	1,028,777
Washington	819,794	782,927	66,421	23,610	114,769	329,223	123,909	13,038	931,751
West Virginia	194,344	185,803	14,456	597	2,719	8,342	14,068	89	339,876
Wisconsin	664,953	635,236	112,720	13,917	43,974	147,121	47,737	463	934,257
Wyoming	70,842	67,481	1,976	4,149	1,000	19,594	4,327	102	107,175
National	37,981,666	36,374,704	9,530,404	624,890	3,387,215	17,517,647	2,832,305	142,406	35,353,332

Table C-4 Adult Population by Age Group, 2014

State	Adult Population					
	18-24	25-34	35-44	45-54	55-64	65-75
Alabama	479,836	626,387	605,590	656,585	629,476	465,532
Alaska	81,767	118,396	89,980	97,583	93,050	49,007
Arizona	671,820	897,745	836,593	839,503	793,914	666,179
Arkansas	286,564	386,530	364,642	385,750	369,673	288,903
California	3,994,433	5,723,386	5,175,338	5,243,544	4,519,600	3,024,062
Colorado	523,398	798,927	722,553	714,315	670,286	435,239
Connecticut	350,052	441,312	439,446	547,253	487,261	324,672
Delaware	89,714	123,681	110,441	129,592	124,032	96,949
District of Columbia	80,563	149,921	92,726	76,624	69,000	45,155
Florida	1,783,370	2,532,017	2,421,949	2,737,087	2,573,746	2,235,664
Georgia	1,021,569	1,383,437	1,369,784	1,398,530	1,179,203	818,004
Hawaii	138,127	211,196	175,652	178,199	179,789	134,679
Idaho	156,039	215,372	199,791	199,241	199,565	148,035
Illinois	1,252,160	1,780,945	1,679,806	1,771,582	1,619,080	1,070,130
Indiana	669,383	845,927	824,681	891,112	842,381	572,514
Iowa	320,437	392,294	363,219	406,732	407,141	278,653
Kansas	302,135	387,893	344,667	368,739	362,462	241,033
Kentucky	430,215	565,862	561,197	610,933	578,122	411,654
Louisiana	466,593	669,628	565,948	613,254	587,866	395,491
Maine	112,622	152,659	155,439	200,510	206,375	149,390
Maryland	562,215	829,223	769,047	877,727	765,391	507,967
Massachusetts	698,660	930,402	837,732	986,611	885,298	599,070
Michigan	1,003,659	1,201,043	1,189,201	1,395,800	1,366,332	929,602
Minnesota	507,489	747,441	669,946	758,493	711,836	461,186
Mississippi	311,100	391,730	368,864	389,738	372,995	266,940
Missouri	593,858	802,552	731,526	820,286	790,529	562,004
Montana	100,985	129,177	115,765	131,079	150,394	106,341
Nebraska	191,618	253,066	225,333	238,996	234,892	155,515
Nevada	254,965	406,913	382,743	383,865	345,541	267,302
New Hampshire	128,406	154,082	158,491	209,935	197,695	131,440
New Jersey	797,166	1,148,422	1,173,603	1,339,172	1,154,228	776,016
New Mexico	208,435	279,697	243,181	264,055	269,400	199,607
New York	1,975,382	2,847,373	2,507,973	2,788,889	2,499,610	1,710,658
North Carolina	987,888	1,292,250	1,302,758	1,367,565	1,242,592	924,221
North Dakota	93,952	107,968	82,076	89,729	92,232	57,991
Ohio	1,099,710	1,470,692	1,407,057	1,602,965	1,576,266	1,074,933
Oklahoma	392,303	533,110	471,644	490,546	475,218	345,384
Oregon	364,879	544,037	516,534	512,246	540,634	397,821
Pennsylvania	1,226,409	1,640,158	1,512,781	1,804,769	1,767,678	1,232,175
Puerto Rico	361,611	447,666	451,759	463,863	433,739	379,466
Rhode Island	117,130	138,771	125,259	152,630	142,384	95,467
South Carolina	481,976	628,071	595,609	648,906	631,307	495,820
South Dakota	85,678	111,934	95,716	107,422	111,795	74,105
Tennessee	631,656	858,325	840,148	896,731	842,266	625,381
Texas	2,747,682	3,925,657	3,634,885	3,471,743	2,962,296	1,952,411
Utah	333,388	440,622	386,350	306,598	276,569	183,788
Vermont	67,545	71,786	71,584	91,638	96,224	66,160
Virginia	829,381	1,175,262	1,088,765	1,176,456	1,040,424	722,973
Washington	668,570	1,021,309	918,559	945,765	911,851	626,974
West Virginia	170,509	218,869	229,785	251,912	270,492	204,015
Wisconsin	563,324	730,422	690,846	816,544	780,371	517,331
Wyoming	57,443	82,625	69,930	73,372	80,819	51,444
National	31,825,769	43,964,170	40,964,892	43,922,714	40,511,320	28,552,453



State Commentary

APPENDIX D

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

Alabama

Contact	Janet Winningham	Phone	334-353-4898
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Address	Family Services Division Alabama Department of Human Resources 50 Ripley Street Montgomery, AL 36130-4000		

General

Federal fiscal year (FFY) 2014 is the sixth NCANDS submission from our Statewide Automated Child Welfare Information System (SACWIS). Variances in data compared to previous years may occur as we have continued work to strengthen our data collection processes in the system. Enhancements are planned to improve reporting of perpetrator relationships, services to children, child and caregiver risk factors and alternative response reports. Mapping of the elements is an ongoing effort.

Alabama has two types of screened-in responses: child abuse and neglect investigations (CA/Ns) and prevention assessments (alternative response). For FFY 2014, 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. The FFY 2014 submission does not include prevention assessments data.

There are no values represented in the category of “other” for reports, children, perpetrators, or services. Alabama plans to review the values available to determine need for additions for these categories.

For FFY 2014, the number of screened-out reports and children increased significantly. The increase may be due to improved documentation by intake workers, who have been urged to enter all screened out calls into our SACWIS system. The reported number of screened out reports and children includes only those intakes that did not meet the definition of a CA/N report. This number does not include

Alabama *(continued)*

children in Alabama's alternative responses, which are screened in prevention assessments, but are not reported to NCANDS.

Reports

During FFY 2014 the department initiated an online mandatory reporter training for reporting of child abuse and neglect. The Governor, State Department of Education, Community-Based Child Abuse Prevention Program (CBCAP) as well as other partner agencies supported the rollout of this training. Education staff statewide will be required to complete the training. Alabama saw an increase in the number of reports received and completed in FFY 2014. The increase in screened out reporting may also be partially attributed to this training.

FFY 2011 was the first submission to include referral incident dates. Prior to that submission, alternative response date was incorrectly included in the Agency File under number of referrals and children screened out. This was corrected for the FFY 2011 and subsequent submissions.

FFY 2014 screened-out children include only those intakes that did not meet the definition of a CA/N report. This number does not include children in the state's alternative responses.

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

Response time as reported in the Agency File is taken from the calculated average response time reported in the Child File.

Children

FFY 2012 was the first submission to report a maltreatment type of medical neglect. In prior submissions this maltreatment type was captured under the broad category of neglect. For FFY 2013 a coding error occurred and medical neglect was reported under the broad category of neglect. Medical neglect was reported separately for FFY 2014.

For FFY 2014, Alabama is no longer reporting multiple race for children; all races that apply are reported.

Training—which was provided to staff at a supervisors conference during FFY 2013 and FFY 2014 on early intervention services and reporting—appears to be the primary reason for the increase in the number of children referred under the Individuals with Disabilities Education Act (IDEA) during FFY 2014.

Fatalities

For FFY 2014 all state child fatalities are reported in the Child File. Our state child death review process determined no additional data to report in the Agency File. Our state agency is represented in the

local and state child death review process along with the Department of Public Health, Department of Mental Health, law enforcement agencies, and District Attorney representatives.

The FFY 2014 number of child fatalities was 17, a decrease of 15 from the 32 reported in FFY 2013. We have seen a fluctuation in the number of child fatalities from year to year. The majority of child fatality investigations which are indicated are suspended for due process or criminal prosecution. This extends the length of the investigation, which can take several months or years to complete. The number for FFY 2014 is in line with numbers from FFY 2012.

Perpetrators

An enhancement to Alabama's SACWIS system requiring the perpetrator relationship to be established to the child went into production mid-fiscal year. This improved the data for a portion of reports. The FFY 2015 submission should show continued improvement in data quality. Alabama state statutes do not allow a person under the age of 14 years to be identified as a perpetrator. These reports are addressed in an alternant response. On-going services are provided as needed to the child victim and the child identified as the person alleged responsible.

The FFY 2014 Child File does not report multiple race for perpetrators. All races that apply are reported.

Services

Beginning in FFY 2010 and continuing until FFY 2012, Alabama only reported service data obtained from our state CBCAP grants lead agency for preventive services in the Agency File. Therefore, it is not advised to compare data to previous years. FFY 2013 and FFY 2014 Agency Files include preventive service data for two additional service providers, family outcome-centered unification services and parenting assistance line.

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

The NCANDS category of the number of children eligible for referral to agencies providing early intervention services under Part C of the IDEA is the number of children who had indicated dispositions during FFY 2014 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 2014. Training which was provided to staff at supervisors conference during FFY 2013 and FFY 2014 on early intervention services and reporting appears the primary reason for the increase in number of referrals.

Alaska

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General

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

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

Reports

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

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

Children

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

Fatalities

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

Perpetrators

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

Services

Methodology changes in 2013 improved the accuracy of services data. For juvenile court petition and court-appointed representative, data are more complete; for family support services and home-based services, data are now reported as not collected rather than as missing.

Many services are provided through contracting providers; therefore analysis of the services array with the state's NCANDS Child File is not advised.

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

Arizona

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General

Child protective services (CPS) has now separated from being a division within the Department of Economic Security to being its own separate department now called the Department of Child Safety on May 29, 2014.

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

Reports

There were several prior years' reports that had been deemed not investigated prior to November of 2013. These reports had been received prior to March of 2009. After November 2013 these reports were reopened and investigated. As a result, many of these older reports are excluded or aged out of the NCANDS data.

During this reporting period Arizona had two types of screened out reports. The first are those reports in which the incident of maltreatment took place on an Indian reservation or military installation. DCS has no jurisdiction in these situations but does take the report. The data on this type of report is available to provide for both the number of reports and the number of children involved.

The last group is incoming calls (communications) to the hotline call center in which the source is alleging some type of maltreatment. However, after receiving the information, the hotline call center determines that the allegations do not meet the legal threshold necessary to constitute a report of abuse or neglect. These communications are recorded in the Arizona automated system. The data are available to provide for the number of communications but not the number of children involved. We will continue to work on possible methods for reporting the number of children in these calls.

Children

There has been no change in state policies that would have affected our submission of 2014 child data to NCANDS. The NCANDS category of neglect includes medical neglect.

Fatalities

Child fatalities reported to NCANDS come through the hotline call center and are recorded on the Arizona automated system. Arizona uses information from the state's Department of Vital Statistics, child death review teams, law enforcement agencies, and medical examiners' offices when reporting child maltreatment fatality data to NCANDS. The Child Fatality Review Committee reviews all child deaths in the state, including all deaths that would be identified through the sources listed above. When a local Child Fatality Review Team identifies a death due to maltreatment that has not been previously reported to DCS, the local child fatality program notifies the DCS child abuse hotline of the team's assessment. The hotline call center determines if the information meets the statutory definition of a report for DCSFS investigation. Through this process, DCS receives information about

Arizona *(continued)*

all child deaths in Arizona that may have been caused by abuse or neglect. Because there is no specific source type for the committee, the number of these received by DCS is not available.

Perpetrators

There has been no change in state policies that would have affected our submission of 2014 perpetrator data to NCANDS.

Services

There has been no change in state policies that would have affected our submission of 2014 services data to NCANDS.

Arkansas

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General

The following options are available when accepting a referral:

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

Reports

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

- cannot locate family
- child 18 or over
- duplicate differential response
- duplicate referral
- not child abuse and neglect

Arkansas *(continued)*

- other
- out of state report

The child abuse hotline documented an increase in the number of calls screened out during federal fiscal year 2014 can be attributed to Request for DCFS Assessment (R/A) no longer being accepted beginning January 2014. R/As were reports containing information that young children were behaving in a developmentally inappropriate sexual manner, but did not contain child maltreatment allegations of sexual abuse. These nonmaltreatment reports were referred to DCFS for an assessment of the family's need for services. If the assessment resulted in an allegation of child sexual abuse as defined by statute, the DCFS worker would make a report to the child abuse hotline, and if accepted, the report would be investigated by the Arkansas State Police CACD or DCFS, depending on the age of the named alleged offender. The data for these R/A reports were not submitted to NCANDS previously.

In addition, the majority of screen outs were due to the allegations not meeting child maltreatment protocol. The remainder were screened out as duplicated, unable to locate, out of state, or victim is over 18 – offender not a caregiver.

On May 14, 2014, a new way to capture the incident date was implemented. A new incident date information grouping was added that requires either a recent child maltreatment allegation incident date or an approximate incident date range to be entered for each child maltreatment allegation that is alleged by report and collected during investigation.

The approximate incident date values that are available for selection include the following (only one value can be selected per allegation):

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

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

The child maltreatment allegations with an approximate date range value selected are mapped to blank=not collected/not applicable. This led to the decreases in percentages for NCANDS supplemental tests for children and records with incident date reported.

Children

There was a decrease of victims by more than 10 percent (FFY 2013: 11,096; FFY 2014: 9,517; difference: 1,579), that can be due to the increase of DR reports that were accepted in comparison to the last FFY. DR began with five pilot counties on October 1, 2012 and was implemented statewide for all 75 counties by August 12, 2013 through a periodic schedule. FFY 2013 was the first year the state submitted DR data to NCANDS. For the FFY 2013 submission, there were 1,889 DRs and for the FFY 2014 submission, there were 3,757 DRs. For element 9-report disposition, DR reports are mapped to 04-alternative response nonvictim.

The decrease of victims can also be attributed to the number of unique report IDs accepted. In FFY 2013, 34,267 were accepted, and in FFY 2014, 32,111 were accepted.

Fatalities

The Arkansas DCFS receives notice of child fatalities through the state's child abuse hotline. The reports include referrals from mandated reporters such as physicians, medical examiners, law enforcement officers, therapists, and teachers. A report alleging a child fatality can also be accepted from a nonmandated reporter. Nonmandated reporters include neighbors, family members, friends, or members of the community. The guidelines for reporting is mandated and nonmandated persons are asked to contact the child abuse hotline if they have reasonable cause to believe that a child has died as a result of child maltreatment.

The Arkansas DCFS continues to receive child fatality data from the Arkansas Infant and Child Death Review Panel. The statewide fatality statistics are compiled by the Arkansas Department of Health's vital records division. The information is submitted to the Arkansas Child Death Review Panel annually. According to FFY 2014 statistical data, there were 449 pediatric fatalities in Arkansas during this last federal fiscal year.

Services

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

In Arkansas, all children younger than 3 with a true overall finding, regardless of role in referral, are referred to social services/Part C for an early intervention screening. For FFY 2014, 3,440 children were eligible for referral. Arkansas does currently track how many children are actually referred to the agencies. The state is analyzing how to track this information in the future.

California

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General

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

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

Reports

The report count includes both the number of child abuse and neglect reports that require, and then receive, an in-person investigation within the time frame specified by the report response type. Reports are classified as either immediate response or 10-day response. For a report that was coded as requiring an immediate response to be counted in the immediate response measure, the actual visit (or attempted visit) must have occurred within 24 hours of the report receipt date. For a report that was coded as requiring a 10-day response to be counted in the 10-day response measure, the actual visit (or attempted visit) must have occurred within 10 days of the report receipt date. For the quarter ending September 2014, the immediate response compliance rate was 96.5 percent and the 10-day response compliance rate was 92.1 percent.

The number of staff budgeted for screening, intake, and investigation (emergency response and emergency response assessment) was based on 58 counties for state fiscal year 2014.

Children

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

Fatalities

Fatality data submitted to NCANDS is derived from notifications (SOC 826 forms) submitted to the California Department of Social Services (CDSS) from county child welfare services (CWS) agencies when it has been determined that a child has died as the result of abuse and neglect, as required by SB 39, Chapter 468, Statutes of 2007. The abuse and neglect determinations reported by CWS agencies

can be and are made by local coroner/medical examiner offices, law enforcement agencies, and/or county CWS/probation agencies. As such, the data collected and reported via SB 39 and used for NCANDS reporting purposes does reflect child death information derived from multiple sources. It does not, however, represent information directly received from either the state's vital statistics agency or local child death review teams.

The data are used to meet the reporting mandates of the federal Child Abuse Prevention and Treatment Act (CAPTA) and for the Title IV-B, Annual Progress and Services Report (APSR). Calendar year (CY) 2013 is the most recent validated annual data, and is therefore reported for federal fiscal year (FFY) 2014. 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 2013 as of January 2015 and may change if additional fatalities that occurred in CY 2013 are later substantiated to be the result of abuse and/or neglect. Any changes to this number will be reflected in subsequent year's APSR reports.

Prior to CY 2011, the CDSS used data reconciled by the California Department of Public Health (CDPH) for submission to NCANDS. The data that was used for prior NCANDS submissions was based on a reconciliation audit conducted by the CDPH which examined data from five data sources: local county child death review teams, Child Abuse Central Index, Vital Statistics, Department of Justice, and the CWS/CMS. The audit was conducted in 2008 for child deaths occurring in CY 2005 and that data was used for multiple NCANDS data submissions as it was the most reliable data available at that time. However, with the enactment of SB 39, the CDSS determined that the data provided through the SB 39 reporting process would provide not only more current information regarding child maltreatment deaths in California than the reconciliation audit conducted by CDPH but would also provide data from multiple agency sources providing more reliable data for NCANDS. As a result, beginning with the FFY 2010 NCANDS data submission in CY 2011, the CDSS changed the data source to the SB 39 data. It is important to note that while SB 39 data were used in the FFY 2014 NCANDS submission, the data were derived from CY 2013.

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

Services

Direct prevention services for children and families include those funded by Community-Based Child Abuse Prevention (CBCAP), Promoting Safe and Stable Families (PSSF), Child Abuse Prevention and Treatment Act (CAPTA), and Child Abuse Prevention, Intervention and Treatment (CAPIT, state funds). More than 227,000 parents also received services under these funding streams, including 134 parents participating in the Leaders for Change parent training academies provided by Parent Services Project. This training is designed to help parents become advocates for their families and their communities by developing their voice and leadership style, build positive relationships, and enhance their own internal strengths to create change. Under CAPTA, the Family Development Matrix reported data from 23 collaborative groups comprised of 140 agencies. The Family Development Matrix Project is a comprehensive strength-based assessment tool used to assess a family's presenting situation, identify strengths and areas of concern, develop service plans, and track progress over time.

There was a significant decrease in preventive services provided to families by other funding sources (CAPIT, state funds); The majority of the decrease over the previous year is due to a reduction in the number of service providers and services in San Luis Obispo and Solano Counties. Services also changed with more intensive services being offered which had an impact on the number of families that can be serviced. Fresno and Contra Costa Counties reported that their reduction in the family counts reflects a more accurate number than in previous years. Contra Costa County also reported a shift in service providers mid-year.

All child victims younger than 3 years are considered eligible for referral for Individuals with Disabilities Education Act.

Colorado

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General

Colorado continues to work to improve the quality of NCANDS data in the areas of perpetrator relationships and perpetrator demographics. The Institutional Abuse Review Team reviews all reports and is working with counties to consistently report victim and perpetrator data.

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

- High Risk Assessment
 - The children are interviewed separately from the person responsible for the abuse and neglect.
 - A formal determination of whether or not abuse and neglect occurred is documented.
 - Postassessment services may be provided via transfer to either voluntary (noncourt-involved) or court-involved traditional services case.
- Family Assessment Response
 - The caseworker has the option to meet with whole family together at initial contact.
 - No official determination of whether or not abuse and neglect occurred is documented.
 - Families understand the assessment is not voluntary, but that postassessment services are available and voluntary.

Reports

The Colorado Department of Human Services (DHS) launched a new statewide child abuse and neglect hotline – 1-844-CO-4-KIDS on January 1, 2015. Designed to provide one, easy-to-remember phone number for individuals to use statewide to report suspected child abuse and neglect, the hotline serves as a direct, immediate and efficient route to Colorado’s 64 counties and two tribal nations, which are responsible for accepting and responding to child abuse and neglect inquiries and reports. All callers will be able to speak with a call-taker 24 hours-a-day, 365 days-a-year and have their call routed to the appropriate county or tribal nation. The new hotline system will capture critical information and ensure that calls across the state are handled quickly and appropriately with the ultimate goal of ensuring that no child is harmed.

Fatalities

Colorado’s Child Fatality Review Team (CFRT) has statutory authority to review information regarding child fatalities, egregious incidents, and near fatal incidents to gain a better understanding of the causes, trends, and system responses to child maltreatment and to develop recommendations in policy, practice and systemic changes to improve the overall health, safety, and wellbeing of children in Colorado and mitigate future child fatalities. Beginning August 1, 2012, Colorado county DHS agencies began reporting all egregious and near fatal incidents (in addition to the already required child fatalities) suspicious for abuse and neglect, within 24 hours of becoming aware of the incident.

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

Connecticut

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General

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

Connecticut DCF has continued to make strides in its family teaming model of case planning and decision making that is anchored in the expansion of its Strengthening Families Practice Model to foster families as well as to families on the department's caseloads. The implementation of Considered Removal-Child and Family Team (CR-CFT) has resulted in the majority of children who would otherwise have come into care, not enter and of those who did enter care, many went to family and fictive kin.

As part of the department's growth in this family teaming model, its Foster and Adoption Service Unit (FASU) staff are expected to be invited to the table at every considered removal meeting because FASU can be an integral part of the teaming process, helping to access the family, the potential resources and eligible caregivers should the parents not be able to keep the child safe. Though cognizant of staff's concern about keeping the number of DCF employees to a minimum, the department took the position that procedure should never trump substance because working together, staff can better support families, each other and the children they serve.

Additionally, this year, the department expanded its teaming continuum and initiated the use of permanency teaming to convene all the people in the child's life who may help establish permanent relationships for the child. Identifying and connecting with people who have a history of involvement with the child is the focus of permanency teaming as well as Wendy's Wonderful Kids (WWK), a program sponsored by the Dave Thomas Foundation (more information presented below in the section entitled Services). Training will be finished by early 2015, and the practice of permanency teaming is underway throughout the department.

Connecticut DCF has continued its evolution into a racial justice organization whereby the beliefs and values are embedded, and practices are developed to oppose and eliminate racism. It was therefore important for the department to discuss its ongoing work through a racial justice lens. Consequently, it incorporated this work into its cross-cutting themes, as a performance expectation for each DCF, region, facility, and division for 2014, and created a standing statewide racial justice workgroup to lead, guide, and support these efforts statewide. In January 2014, the racial justice workgroup presented a strategic plan for the ongoing work to be done at every office and facility in the department. The overall goal is to understand the impacts of racism and bias in the work we do with families by reviewing trends in our data using race-ethnicity as cross tabs for key decision points in child welfare. Based on this understanding, the department hope to implement changes in practice that decrease disparities and improve overall outcomes. In an effort to integrate the themes and lessons related to racial justice, the department needed to take a closer look at agency's practices, beliefs, and actions

at every level including central office. To this end, discussions were held with staff including central office throughout the year. The department understood that these conversations may sometimes be uncomfortable, but recognized the need to challenge ourselves to identify and correct inequities found within the department at every level to achieve its desired outcomes.

Fatalities

The department deepened its focused on child fatalities with its Office for Research and Evaluation in partnership with other divisions and the court monitor's office, conducting a study with respect to maltreatment fatalities for children ages 0–3 that occurred between January 1, 2005 and May 31, 2014. The department presented before the Committee on Children at the informational forum on July 31, 2014 for the Child Fatality Report issued by the Office of the Child Advocate and shared its commitment and efforts to reduce child fatalities, particularly those due to maltreatment and unsafe sleep. An overview of a study was also given with the department noting the importance of these ongoing quality assurance and improvement efforts as a means to identify and better yield best practice.

Services

Connecticut DCF expanded its partnership with the Dave Thomas Foundation for Adoption through the Foundation's signature Wendy's Wonderful Kids recruitment program, which is a curriculum-based best-practice program for foster care adoption. Since 2007, DCF has had one Wendy's Wonderful Kids recruiter who has worked alongside of the department in locating family options for 44 youth and has successfully helped find family resources for over 20 youth. As of July 1, 2014, DCF increased from one to four recruiters working across the state with about 50 of our most challenging children and youth to help find the best family-based options, i.e., permanent resources among the people who know or have a connection with the specific child or youth.

This opportunity is particularly important because as the department makes the state foster care system smaller and healthier. With fewer children in care overall and fewer children in group care, teenagers become an increasingly vital focus for continued improvements. Teenagers now comprise about 50 percent of all children in care and more than 90 percent of the children in congregate care. This program and other efforts serve to help sharpen the department's attention on this critical group of older youths.

In addition, the department opened a secure girls program (the Pueblo Unit) at its Connecticut Juvenile Training School in March for a very small and specific group of youths whose trauma and resulting emotional disorder and behaviors made it impossible to treat them in the clinical settings that existed in Connecticut. They were either running away or were so disruptive that the programs were unable to function effectively for the other youths they were serving. So the girls unit was opened to offer a treatment option for girls for whom the existing options were inappropriate given the department's responsibility to maintain safety and treat other youths.

By mid-September 2014, 19 girls received clinical treatment and there had been 16 discharges from care. When these girls arrived, they brought with them all the trauma they had experienced and its effects, including very difficult behaviors that require both treatment and management. Therefore, it was anticipated that the girls would require treatment to help them regulate their emotions and behaviors. Clinical staffing exists at a relatively intensive level with a maximum of five girls per

clinician. This is a level that few programs of this type can come close to matching and is considerably higher than the nine to one that the boys at the Connecticut Juvenile Training School receive.

Lastly, the state is undergoing a major change in how it serves children with mental health and substance abuse treatment needs. Connecticut has significantly enhanced and expanded its capacity to get these children help without major disruptions to living arrangements. The department submitted a plan to the Legislature to further reform the children's behavioral health system. Much of that plan calls for integrating behavioral health services into school and pediatric settings to make services more accessible to families. The department looks forward to working with lawmakers, sister state agencies, and stakeholders to move this plan forward. The plan's goal is to improve outcomes for children by decreasing displacement from their homes and communities, and only removing them if it is absolutely necessary.

With that goal in mind, the department continued its rigorous review of congregate care requests. Following protocol, staff were advised to submit requests when that level of care was appropriate and in the best interest of the child under the circumstances. Reviews of requests ensured all requests meeting those requirements were granted. The department realizes that there will always be some level of congregate care that our system requires but also recognizes the importance of placing children in homes whenever possible.

DCF continued to focus on staff and youth training. For youth in foster care, the department collaborated for its second year with the University of Connecticut (UConn) First Star Academy. The UConn Academy provides a twelve month program for youth entering the 10th or 11th grade during the upcoming fall. Youth can participate for up to three years, and for each year they complete, youth acquire three college credits. The twelve month program includes an annual four-week residential summer immersion, Saturday sessions during the school year to keep the youth engaged while honing their academic skills, and year round activities that include visiting other campuses, touring businesses, and going on motivational trips with the First Star UConn staff. Each summer youth increase their knowledge regarding college application and admission processes. They receive instruction in math, literacy, science, engineering, and technology. Additionally, youth learn self-advocacy, communication, and other important life skills. Youth also have the opportunity to meet successful UConn students who themselves have been foster children.

The 2014 cohort represents the second group. Selection criteria for incoming youth include their educational ability and desire to pursue a college education; i.e., review of grades, CMT (Connecticut Mastery Test) and/or CAPT scores, and standardized assessment scores, teacher/ social worker recommendations. Of the 19 youth who participated last summer, 18 youth finish the program and all 18 earned the three college credits. Given this success, the department offered again this opportunity to 22 new DCF youth. Besides this new cohort of youth, the first cohort returned during the summer as well.

For staff, the DCF Workforce Development Academy, in partnership with the UConn School of Social Work, initiated its first cohort of the Connecticut Partnership for The Child Welfare Excellence grant. The goal of the grant is to train Master Level casework and group work method students to work effectively with vulnerable children and families. This partnership demonstrates the department's ongoing commitment in supporting the professional development of its workforce.

Connecticut (continued)

The partnership will result in 35 Master of Social Work (MSW) graduates over a five year period, who are either currently employed at the department or who will receive priority consideration for employment. This year's cohort included one DCF employee.

Delaware

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General

For the past five years, Delaware has received record referrals of child abuse, neglect and dependency. In federal fiscal year (FFY) 2014, Delaware’s Division of Family Services (DFS) received more reports than FFY 2013 and conducted over 6,700 child protective investigations. Due to the steadily increasing amounts of hotline reports and investigation cases over the past few years, Delaware put into practice two strategies; Structured Decision Making (SDM) at the report line and Tier 1 at investigation in FFY 2012. These initiatives have now been in place for two full FFYs and Delaware has seen significant results. In FFY 2014, statistics indicate that although Delaware’s hotline referrals received continuously climb, we are remaining consistent in the percentage of referrals being screened out. Specifically in FFY 2014, Delaware screened out more than 10,500 referrals which was an increase of 2.1 percent compared to FFY 2013. However, the screen-out rate for both FFY periods remained steady at around 60 percent. Additionally, during this period Delaware only saw a decrease of 2.8 percent in the number of cases accepted for investigation. Overall, the implementation of both strategies has helped DFS to use resources and expertise more efficiently. Delaware is better able to determine which cases require full investigations from those needing referrals for services unrelated to child abuse and neglect.

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

Reports

The state’s intake unit uses the SDM tool to collect sufficient information to access and determine the urgency to investigate child maltreatment reports. In May 2012, Delaware implemented SDM at the report line causing us to reevaluate and change our response time for familial abuse investigations. Currently, all screened-in reports are assessed in a three-tiered priority process to determine the urgency of the workers first contact: Priority 1: within 24 hours, Priority 2: within 3 days, and Priority 3: within 10 days. The calculation of our average response time for FFY 2014 was 189.54 hours. Delaware’s reported response time is made up of both family abuse (99.2 percent) and institutional abuse (0.8 percent) investigations. In FFY 2014, accepted referrals for family abuse cases were

identified as 63 percent routine/Priority 3, 12 percent Priority 2, and 25 percent urgent/Priority 1 in response.

From FFY 2013 to FFY 2014, there was an increase in the total number of referrals received by our agency. Delaware found that the number of referrals accepted for investigation over the 12 month period decreased by 2.8 percent from the previous FFY. In FFY 2014, there was a 2.1 percent increase in the number of referrals screened out than in the prior FFY. Although the number of hotline referrals continues to rise each year, Delaware's acceptance rate remains steady at around 40 percent in the last two FFYs. Delaware experienced a decrease in the number of substantiated investigations between state FFY 2013 and FFY 2014.

Management cites that the increasing number of referrals received have resulted from the public's awareness of child maltreatment and professionals mandatory reporting. Subsequent public service campaigns for reporting child abuse and neglect may also have had an impact in the number of referrals received. In light of the vast increase in the number referrals coming in, Delaware has increased the number of staff responsible for hotline and investigation functions and implemented SDM at investigation in FFY 2014.

Children

The state uses 50 statutory types of child abuse, neglect, and dependency to substantiate an investigation. The state code defines abuse as any physical injury to a child by those responsible for the care, custody and control of the child, through unjustified force as defined in the Delaware Code Title II §468, including emotional abuse, torture, criminally negligent treatment, sexual abuse, exploitation, maltreatment, or mistreatment. Neglect is defined as the failure to provide, by those responsible for the care, custody, and control of the child, the proper or necessary: education as required by law; nutrition; or medical, surgical, or any other care necessary for the child's well-being. Dependent child is defined as a child under the age of 18 who does not have parental care because of the death, hospitalization, incarceration, residential treatment of the parent, or because of the parent's inability to care for the child through no fault of the parent.

Under the Department of Services for Children, Youth and Their Families, children may be placed in residential care from the child welfare program, the juvenile justice program, or the child mental health program. In calculating child victims reunited with their families in the previous 5 years, the state did not include placements from prevention and behavioral health and juvenile justice as a previous placement in which the child was reunited with their family if there was no placement involvement with the child welfare agency. This is because the juvenile justice and prevention and behavioral health placements alone are not the direct result of the caregiver's substantiation of abuse, neglect, or dependency.

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

Fatalities

The state does not report any child fatalities in the Agency File that are not reported in the Child File. For FFY 2014 the state reported five fatalities as a result of child maltreatment.

Perpetrators

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

Delaware experienced a decrease in the number of substantiated investigations between FFY 2013 and FFY 2014. Since there was less cases being substantiated, the number of perpetrators also declined.

Services

During FFY 2014, the Delaware's Children's Department's Office of Prevention and Early Intervention was able to resume providing data for Separating and Divorcing Families and Promoting Safe and Stable Families (PSSF) in the Agency File. However during the current FFY, Delaware saw a 32 percent decrease in the number of children who received preventive services from our K-5 Early Intervention Program. This trend occurred as a result of a number of vacant staff positions during the period. In addition, no data was provided for the Life Skills Substance Abuse prevention program. More families were served with "other" funding sources. Overall this caused the number of children reported to receive prevention services with "other" funding sources to increase by 35 percent.

Delaware's child welfare agency has implemented several indicatives' to improve our outcomes with families. One of our programs is Team Decision Making, which engages the family, informal supports, and formal supports in planning for children who are at risk of coming into care. This process has increased the number of children who were diverted to kinship placement instead of foster care.

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

District of Columbia

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General

In October 2013, the District implemented the evidenced-based Structured Decision Making (SDM) Screening Tool used at the hotline. This tool helped to standardize the screening process and promote attention on report criteria when rendering decisions about child welfare responsiveness that includes referrals requiring an immediate response (response within 2 hours) and other referrals requiring responses within 24–48 hours.

The District’s Child and Family Services Agency (CFSA) uses two pathways to accept reports of suspected abuse and neglect. The two pathways are described below.

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

Reports

The considerable increase of alternative response nonvictim reports was due to an expansion of allegations (except alleged sexual abuse) eligible for the FA pathway in October 2013 as well as increasing the FA program units.

The increase in the number of screened out referrals are due to the implementation of the information sharing and consultation framework to assist with the RED (Review, Evaluate, and Direct) Team process. The RED Team is comprised of an diverse group of staff charged with reviewing intake referrals and making a determination of whether a referral should be screened in for a child welfare response or screened out (no child welfare response is needed). The RED Team utilizes the SDM Screening Tool to guide this process.

Children

The increase of alternate response nonvictim disposition is based on the children of families that are counted in the district’s FA referrals.

Fatalities

CFSA participates on the districtwide child fatality review committee and uses information from the Metropolitan Police Department and the District Office of the Chief Medical Examiner when reporting child maltreatment fatalities to NCANDS.

District of Columbia *(continued)*

The District reports fatalities in the Child File when neglect and abuse was a contributing factor to the death.

Services

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

Florida

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General

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

- **No Indication:** As a result of an investigation, a determination that there is no credible evidence to support the allegations of abuse, neglect or threatened harm.
- **Not Substantiated:** As a result of an investigation, a determination that there is credible evidence which does not meet the standard of being a preponderance to support that the specific injury, harm or threatened harm was the result of abuse or neglect that occurred.
- **Verified:** As a result of an investigation, a determination that a preponderance of the credible evidence supports the conclusion that the specific injury, harm, or threatened harm was the result of abuse or neglect that occurred.

Reports

The criteria to accept a report are that a child be younger than 18 years old, who has not been not emancipated by marriage or other order of a competent court, is a victim of known or suspected child abuse, abandonment, or neglect by a parent, legal custodian, caregiver, or other person responsible for the child's welfare, or is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care. The child must be either a resident or can be located in the state. Screened-out referrals reflect phone calls received about situations that did not meet the statutory criteria.

The response commences when the assigned child protective investigator attempts the initial face-to-face contact with the victim. The system calculates the number of minutes from the received date and time of the report to the commencement date and time. The minutes for all cases are averaged and converted to hours. An initial onsite response is conducted immediately in situations in which any one of the following allegations is made: (1) a child's immediate safety or well-being is endangered; (2) the family may flee or the child will be unavailable within 24 hours; (3) institutional abuse or neglect is alleged; (4) an employee of the department has allegedly committed an act of child abuse or neglect directly related to the job duties of the employee, or when the allegations otherwise warrant an immediate response as specified in statute or policy; (5) a special condition referral for emergency services is received; or (6) the facts otherwise so warrant. All other initial responses must be conducted with an attempted on-site visit with the child victim within 24 hours.

In December 2009, the disposition of not substantiated replaced the disposition of some indication. The criteria for a finding of not substantiated is the same as the criteria for some indication.

Starting with the federal fiscal year (FFY) 2010 NCANDS submission, Florida mapped all reports with a disposition of not substantiated to the NCANDS category of unsubstantiated.

Children

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

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

Florida continues to translate threatened harm, including domestic violence situations, as “other” maltreatment. Threatened harm is defined as behavior which is not accidental and which is likely to result in harm to the child, which leads a prudent person to have reasonable cause to suspect abuse or neglect has occurred or may occur in the immediate future if no intervention is provided. However, Florida does not believe it is appropriate to include these with maltreatments where harm has already occurred due to abuse (willful action) or neglect (omission which is a serious disregard of parental responsibilities).

Fatalities

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

Perpetrators

By Florida statute, perpetrators are only identified in verified cases of abuse or neglect reports.

Licensed foster parents and nonfinalized adoptive parents are mapped to nonrelative foster parents, although some may be related to the child. Approved relative caregivers (license not issued) are mapped to 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 “other.”

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

Services

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

Florida *(continued)*

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

The Statewide Automated Child Welfare Information System, SHINES, was phased in by regions from September 2007 through June 2008. It captures nearly all the data in the NCANDS files. Each year enhancements are made to improve accuracy and completeness. Comparisons between different years' data should be viewed with this in mind.

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

The transition to a centralized call intake center that occurred from federal fiscal year (FFY) 2011 to FFY 2014 was accompanied by a large increase in the number of child protective services (CPS) cases. The call center receives and dispositions all reports of abuse and neglect in the state. Previously, this work was performed by county offices. Initially, the call center was responsible for all intakes in the state received on week-ends, holidays, and after-hours. The responsibility for business hours intakes was assimilated county by county over a year and half. At the beginning of FFY 2014, the call center was receiving about half of all reports made. By the end of the year, all of Georgia's 159 counties were using the call center. The shift in responsibility and the availability of a 24/7 child abuse hotline has been accompanied by a great increase in the number of maltreatment reports.

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

Reports

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

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

A large increase in child maltreatment reports appeared in each of the last two years. This may be due to the introduction and phase-in of the after-hours centralized call center that began operation in September 2011. The increase in reports has precipitated increases in screen-outs, AR cases, and investigations.

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

Fatalities

Georgia relies upon partners in the medical field, law enforcement, Office of the Child Advocate, and other agencies in identifying and evaluating child fatalities. In the 2014 Agency File, there are four fatalities that were not included in the Child File. These included two children whose cases were not substantiated for maltreatment by the original investigators, but were later determined to be related to maltreatment by a review team. Another incident involved a child in an AR case, but the death was determined after the NCANDS reporting period. And the fourth incident involved a child death that came to the attention of the reviewers but had no other involvement with the Division of Family and Children Services.

Perpetrators

This is the second year that Georgia is providing perpetrator ID fields; however, the values in these fields do not represent individual perpetrators. In 1998, The Georgia Supreme Court determined it would be unconstitutional to create a registry of alleged offenders (See *State v. Jackson*, 496 S.E.2d 912, 269 Ga. 308 (1998)). To provide the most information possible without identifying individuals, the 2013 and 2014 NCANDS files include values for the perpetrator ID fields, but these values are randomly assigned for each instance of maltreatment and do not identify any individual persons. The values for the three perpetrator ID fields are not consistent across years. Each perpetrator ID appears only once in the NCANDS file for this year, but is likely to also be used in prior or future years and will not be linked to the same individual perpetrator. The perpetrator ID fields cannot be used to identify perpetrators when doing research with NCANDS files.

Services

In the Agency File, counts of families that received services from Promoting Safe and Stable Families Program grants contain duplication. The data are stored in monthly aggregates, so families that receive services in more than one month are counted in each month. Also, families that receive more than one type of service in a month are counted in each type of service.

The Agency File asks for the number of full-time equivalents (FTEs) who worked on screening, intake, and investigations of reports. In Georgia, most staff work many different parts of a CPS case. During FFY 2014, a total of 2,054 staff worked on investigations and 2,283 worked on investigations and/or intakes. This number counts unique individuals who have performed the job, not FTEs. The Agency File also asks for the number of FTEs that worked at screening and intake of reports. Georgia utilized 1,243 individual workers for screening and intakes.

Hawaii

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General

Reports to Child Welfare Services (CWS) are handled in one of three ways through our differential response system:

- Reports assessed with low risk and no safety issues identified are referred to family strengthening services (FSS).
- Reports with moderate risk and no safety issues identified are diverted to voluntary case management (VCM).
- Reports assessed with severe/high risk and safety issues identified are assigned to a CWS unit for investigation.

There are no identified alleged victims of maltreatment in reports assigned to FSS and VCM. While VCM cases are documented in the child welfare database they are non-child protective services (CPS) cases. FSS reports/cases are not documented in the state CPS system. In FSS and VCM assessments, if maltreatment or a safety concern is indicated, the case will be returned to CWS for investigation.

Reports and Children

The “other” maltreatment type category includes threatened abuse or threatened neglect. Hawaii uses three disposition categories: confirmed, unconfirmed and unsubstantiated (frivolous report of abuse or neglect). A child is categorized in NCANDS as substantiated if one or more of the alleged maltreatments is confirmed with more than 50 percent certainty and as unsubstantiated if the alleged maltreatment is unconfirmed with more than 50 percent certainty or unsubstantiated (frivolous report of abuse or neglect).

Fatalities

The state reports all child fatalities as a result of maltreatment in the state CPS system. In the past, the Medical Examiner’s Office, local law enforcement, and Kapiolani Child Protection Center-Multidisciplinary Team conducted reviews on death or near death cases of maltreatment. The team is not active at this time. In the past Hawaii felt confident that our mandatory reporters were reporting all child fatalities due to abuse/neglect and so were included in our files. Because this team is no longer operating we are no longer reporting fatality information in the Agency File.

Perpetrators

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

Services

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

Idaho

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General

Idaho has a centralized intake unit, established in October of 2012, which includes a 24 hour telephone line for child welfare referrals; specially trained staff to answer, document, and prioritize calls; and documentation systems that enable a quicker response and effective quality assurance.

Reports

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

Allegations are screened out and not assessed when:

- The alleged perpetrator is not a parent or caregiver for a child, the alleged perpetrator no longer has access to the child, the child's parent or caregiver is able to be protective of the child to prevent the child from further maltreatment, 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 CFS recognizes the emotional impact of domestic violence on children, due to capacity we can only respond to referrals of domestic violence that involve a child's safety. 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.

Idaho *(continued)*

- 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 describing the identical issues or concerns as described in a previous referral. Multiple duplicate referrals made by the same referent should be staffed with the local county Multi-disciplinary Team for recommendations in planning a response.

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

Children

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

Fatalities

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

Perpetrators

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

Services

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

Illinois

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General

Illinois did not implement or end any policies, programs, or procedures that affected our submission.

Reports

Illinois does not currently screen out any child abuse and neglect calls.

For federal fiscal year (FFY) 2014, the State of Illinois excluded both the investigation start date and the investigation start time. Illinois defines any attempted contact as the point to mark the beginning of an investigation. This does not meet the rules set forth in the instructions of the NCANDS Child Mapping Form(s).

Children

“Other” report disposition refers to noninvolved children (i.e. children not suspected of being abuse or neglected) who are recorded on a child abuse or neglect report. Because there are no allegations of abuse or neglect for these children, there are no specific dispositions.

Fatalities

The state investigates all child abuse and neglect deaths. Illinois only uses data from our Statewide Automated Child Welfare Information System when reporting child deaths to NCANDS. The state reports children who died as a result of maltreatment in a separate report to more accurately capture the relationship of the indicated perpetrator.

Indiana

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General

In July 2012, Indiana instituted a new child welfare information system: the Management Gateway for Indiana's Kids or MaGIK. Coinciding with the implementation of MaGIK, the department also had to develop a new extraction code and mapping documents to pull data for NCANDS. Indiana continues to refine the data collection and mapping process through system modifications and improvements. To assist with and facilitate this effort, Indiana sought out technical assistance through the National Resource Center for Child Welfare Data and Technology.

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).

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

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

Prior to federal fiscal year (FFY) 2013, submissions from Indiana reported data surrounding calls that were only in the category of screened-out. Beginning in FFY 2013, Indiana included all four types of referrals not assigned for assessment in the NCANDS category of screened-out referrals.

Indiana *(continued)*

Fatalities

All data regarding child fatalities are submitted exclusively in the Child File. There are data variances between FFY 2013 and FFY 2014 which do not necessarily reflect changes in state policies, procedure, or legislation to account for the increase in the number of fatalities.

Perpetrators

Indiana has launched an overhaul of its current intake system that will better align it to the system used for completing assessments and case management cases. This will allow for more accurate data entry of perpetrator data.

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.

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General

Iowa implemented a differential response system on January 1, 2014. The new system is the next step in the evolving process of improving our services to children and families in Iowa. Prior to implementation of this system in situations assessed as low risk, a determination was made that services would be beneficial to the family, and the family wanted the service a referral was made to the community care program. Under the new system a family assessment (alternative response or AR) is completed in these same types of low risk cases. A finding of abuse is not made in an AR. The outcome of an AR may be a referral to the community care program or other services if a need is identified and the family wants the service. Iowa's AR system continues to keep safety first and foremost. If at any time during the course of an AR a child is determined to be unsafe the family is reassigned to the child abuse assessment pathway where a determination of abuse is made. Because of the implementation of our AR system, the counts of victims and perpetrators have decreased significantly in federal fiscal year (FFY) 2014.

Reports

In 2014, the number of abuse and neglect reports continued to decrease. This can most likely be contributed to the continued strength of the economy in Iowa during FFY 2014. Abuse and neglect reports are accepted for assessment based on whether they meet the requirements to be considered child abuse in the state.

Children

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

Fatalities

The number of fatalities due to abuse increased in 2014 but is still in line with the average for the last 5 years. We work collaboratively with a multidiscipline child death review team in regards to all child deaths, not necessarily related to abuse and neglect. For reporting purposes, we rely on the data within our system.

Perpetrators

Starting with the 2014 NCANDS submission Iowa is now capable of reporting information in the perpetrator fields in the Child File. To be considered a perpetrator in Iowa an individual must have had caregiver responsibilities at the time of the alleged abuse and the assessment must conclude that the individual was responsible for the abuse.

Services

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

Kansas

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General

Kansas does not have a differential response program.

Reports

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

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

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

Children

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

Fatalities

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

Kansas *(continued)*

statistics reports on aggregate data and not information specific to an individual child's death. Kansas is using all information sources currently made available when child fatalities are reviewed by the state child death review board.

Perpetrators

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

Services

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

Kentucky

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General

Effective January 17, 2014, Kentucky made several revisions to business practice and modifications to the state information system (SACWIS) that have affected the federal fiscal year (FFY) 2014 NCANDS data submission. Kentucky implemented a new investigation and assessment approach and created a new tool to assist staff in completing more thorough assessments. With the implementation of the new assessment and documentation tool, Kentucky now collects data in a different manner, as well as collecting new data. Medical neglect is now collected and reported separately from basic neglect, providing a more accurate portrayal of maltreatment throughout the state. Race and age/date of birth reporting are now mandatory in the SACWIS.

Additionally, the state began utilizing a new approach to the investigation response (IR) and the alternative response (AR). Before the change in the business process, the intake worker made the decision regarding IR/AR at intake. With the new approach, the assessment worker makes the IR/AR determination at the completion of the assessment. In other words, IR/AR is now a finding, rather than an assessment path. Kentucky's name for the IR is investigation and for AR is family in need of services.

The dispositions, or findings, based on these responses are substantiated/unsubstantiated for IR and services needed/services not needed for AR. Kentucky's business practice does allow for multiple maltreatment levels to be present in a single report. For example, one report could have a finding of unsubstantiated and services needed if it was determined that maltreatment did not occur, but the family needed services from the agency.

Kentucky also now more accurately reports the true maltreatment level between the individual victim and the individual perpetrator, rather than the maltreatment level for one victim being spread across all victims in a case (based on a hierarchy).

The above changes have affected the data submitted to NCANDS for FFY 2014 in regards to report disposition, maltreatment values, child dispositions, medical neglect, psychological or emotional abuse, race values, and age values.

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

Reports

Kentucky's data regarding dispositions of child abuse and neglect (CAN) reports in the field of "other" showed a 26 percent decrease when compared to FFY 2013. The decrease is related to the modifications to the SACWIS and the change in the business process regarding how reports are investigated or assessed.

Kentucky maps the friends/neighbors category under the relationship of the reporting source to nonrelative in the SACWIS to provide simplicity for field staff to ensure that appropriate selections are chosen regarding reporting sources. This has caused differences in data for the FFY 2014 submission compared to the FFY 2013 submission.

Kentucky does not expunge unsubstantiated reports. Kentucky only expunges records following a court proceeding, usually initiated by the alleged perpetrator, where the court specifically orders the expungement of a record.

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

Children

Petition data entry is not a mandatory field and is not consistently updated in the SACWIS, therefore, does not present a reliable picture of court activity within the agency. Kentucky does not require that a juvenile receive foster care service due solely on the filing of a petition. On many occasions, petitions are filed so that the court can order a family/juvenile to cooperate with needed services.

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

Fatalities

There was a decrease in fatality counts between FFY 2014 (15) and FFY 2013 (22). This decrease can be contributed to fewer assessments being finalized during FFY 2014 than in FFY 2013.

The state uses the SACWIS 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. The investigator uses this information to make a determination of findings as well as case disposition and a discussion of the contents of these documents is included in the assessment entered into the SACWIS. These documents as well as any additional documents such as those produced by law enforcement are maintained in the case file. Child fatalities are all reported in the Child File. The state includes only the fatalities that are removed by EVAA in the Agency File.

The agency utilizes a child fatality or near fatality review process for every active case involving a subsequent referral and substantiation of maltreatment as a result of fatality or near fatality. The child fatality or near fatality review process occurs in a meeting involving the central office child fatality liaison as well as the identified child fatality review team. In most cases, the meeting occurs 60 calendar days from maltreatment finding. The goal of the meeting is to assist with the assessment, make recommendations for the family, assess the agency's previous involvement with the family, identify regional and systemic areas for improvement, and determine if there are opportunities for staff training. Effective July 1, 2013, the department enhanced the internal review process. This was done by asking the individual regions to utilize continuous quality improvement (CQI) strategies to track improvement in practice. The areas for improvement are identified during the internal review

and the region then identifies the corresponding CQI case review tool questions or management reports to identify if the intervention implemented was successful.

On June 25, 2013, KRS 620.055 went into effect, establishing the Child Fatality and Near Fatality External Review Panel. The panel receives and reviews all referrals that met the department's criteria for a fatality or near fatality investigation. The cases that are reviewed are un-redacted per KRS 620.055; however, the panel is prohibited from releasing them publically. The panel provides a report of the summary of the findings of the reviews completed in December of each year. The department has established a process for releasing all records to include the use of SharePoint for transfer of records, protocol for requesting case files from the field, establishing a protocol for case file organization, and a collaborative process with the Justice Department liaison to the panel for requesting additional records the panel requires.

Perpetrators

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

Services

Kentucky reported service data for victims and nonvictims. Regarding prevention services throughout Kentucky, more families are now being served that have fewer children (families with one or two children instead of three or more children). In 2014, Kentucky used Social Services Block Grant funds for protective services and did not contribute to preventative services for families or children.

Kentucky showed a 60 percent decrease of child victims entering care based on a CAN report. In prior submissions, Kentucky reported all foster care episodes, regardless of when the services ended. With this submission, Kentucky only reported, per guidance, foster care episodes that lasted 90 days or more past the report disposition date, not those episodes that ended before the report disposition date. These data more accurately reflect this service, per NCANDS guidance, than in prior submissions.

Prior to FFY 2014, Kentucky was reporting both child and family counts for preventive services funding in the Agency File. Upon review, the state determined that these were not mutually exclusive and will submit only child counts beginning with FFY 2014.

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

Louisiana

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General

Louisiana has used a dual-track response to screened-in reports of child abuse or neglect. The two responses have been a child protective services investigation or an Alternative Response Family Assessment (ARFA). Intake reports must meet the state's legal criteria for acceptance as a child abuse or neglect case before determining if the report would receive the investigation or ARFA response. Data for both responses are reported to NCANDS. Children in ARFA cases are reported to NCANDS as alternative response-nonvictim because a determination of validity for maltreatment is not made and members of the case are not identified as alleged victims or alleged perpetrators.

Article 612 of the Louisiana Children's Code authorizes the agency to assign accepted reports for an assessment of family needs and referral for necessary services if the reported abuse or neglect is identified as low risk. If the report meets the state criteria for acceptance, is classified as low risk, and the intake Structured Decision Making (SDM) tool indicates the case is appropriate for ARFA, the case is opened as an ARFA case. ARFA is a safety-focused, family-centered, and strength-based approach to addressing reports. A thorough family assessment is completed during a prearranged family interview. At the completion of the ARFA, the case is closed and the closure code only reflects the results of the intervention—whether services were provided or not. ARFA case members are not maintained as part of the state central registry.

As of August 2014, as part of the implementation of Advanced Safety Focused Practice (ASFP), the state eliminated ARFA and revised its child protection investigation program into the child protection assessment and services program (CPS) using the same safety and risk assessment instruments and documentation protocols for all screened-in reports. All cases, regardless of risk level, are now assessed using the ASFP framework to determine safety, risk and service needs of the family. By implementing a unified assessment framework, it is no longer necessary to distinguish between alternative response and investigation cases at intake. The result is a reduction of ARFA cases for federal fiscal year (FFY) 2014. The FFY 2015 NCANDS report will include the final remaining ARFA cases.

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

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

in which the child victim normally resides; or, a person who maintains an interpersonal dating or engagement relationship with the parent or caregiver or legal custodian who does not reside with the parent or caregiver or legal custodian.

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

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

It is expected that the worker and supervisor will determine a finding of invalid or valid whenever possible. For cases in which the investigation findings do not meet the standard for invalid or valid additional contacts or investigative activities should be conducted to determine a finding. When a finding cannot be determined following such efforts, an inconclusive finding is considered. It is appropriate when there is some evidence to support a finding that abuse or neglect occurred but there is not enough credible evidence to meet the standard for a valid finding. The inconclusive finding is only appropriate for cases in which there are particular facts or dynamics that give the worker or supervisor a reason to suspect child abuse or neglect occurred. Staff is expected to use caution when using this finding as it not to be used as a catchall finding.

Reports

In Louisiana, all referrals of child abuse and neglect are received at a toll free, centralized intake center that operates on a 24-hour basis. The centralized intake worker and supervisor review the information and use an intake SDM tool to determine whether the case meets the legal criteria for intervention, the type of intervention needed, and the response time for the intervention. Referrals are screened in if they meet the three primary criteria for case acceptance: a child victim younger than 18 years, an allegation of child abuse or neglect as defined by the Louisiana Children's Code, and the alleged perpetrator meets the legal definition of a caregiver of the alleged victim. The primary reason for screened-out referrals is that either the allegation or the alleged perpetrator does not meet the legal criteria. Some intake reports are neither screened out nor accepted. These are additional information reports related to active investigations or alternative response cases. Generally, a report received within 30 days of a report accepted for intervention is classified as an additional information report.

Children

The NCANDS category of neglect includes medical neglect. However, the state is able to determine that there were 364 substantiated allegations of medical neglect for FFY 2014.

Fatalities

For FFY 2014, all child abuse or neglect fatalities are reported in the Child File. The agency is working with the Louisiana Child Death Review Panel to develop a more comprehensive listing of all unexpected child deaths for the FFY 2015 NCANDS submission.

Louisiana *(continued)*

Perpetrators

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

Services

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

Maine

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General

Maine has two tracks. The state assigns some appropriate low severity reports to alternative response programs under contract with community agencies. There are alleged victims and alleged maltreatment in these reports but the alternative response agency makes no findings of maltreatment. Alternative response assessments are not documented in the Statewide Automated Child Welfare Information System (SACWIS) and they are not included in the NCANDS Child File. There were 1,673 reports assigned for alternative response assessment during federal fiscal year (FFY) 2014.

Reports

The overall number of reports received increased slightly from FFY 2013 to FFY 2014. There was also an increase in the number of child protective assessments that were completed. All reports, including reports that are screened out, are documented in the SACWIS. Investigation start date is defined as the date and time (in hours and minutes) of the first face-to-face contact with an alleged victim. Policy requires this contact to occur within 72 hours of the approval of a report as appropriate for child protective services.

Reports that do not meet the statutory definition of child abuse and/or neglect and do not meet the appropriate to accept for assessment criteria are screened out at the intake level. Abuse or neglect means a threat to a child's health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these, or failure to ensure compliance with school attendance requirements under Title 20-A, section 3272, subsection 2, paragraph B or section 5051-A, subsection 1, paragraph C, by a person responsible for the child.

Children

The number of victims associated with assessments completed increased slightly from FFY 2013 to FFY 2014. The state documents all household members and other individuals involved in a report. Some children in the household do not have specific allegations associated with them, are not designated as alleged victims, and are not included in the NCANDS Child File.

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

Fatalities

The state does not currently include fatality as a finding in the SACWIS. Fatalities are tracked and recorded in a separate database which does not interface with the SACWIS at this time and is not currently utilized for its maximum capabilities. Suspicious child deaths including child abuse and neglect deaths are reviewed by a multidisciplinary child death and serious injury review board. This review board and Maine Office of Child and Family Services staff are actively working together to improve

Maine *(continued)*

the process and use of this database. The Maine Medical Examiner's Office also compiles data on child fatalities due to abuse and neglect, but their format does not show if the death is from maltreatment.

Perpetrators

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

Services

Only services that are paid for by a MaineCare service authorization approval are included in the Child File. Maine's SACWIS currently does not have the ability to identify services provided to families when those services are paid for by another funding source, or are free. Of the services included in the NCANDS Child File, we currently do not have the capability to identify if a service is preventative or not.

Maryland

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General

The state continues improvements to its NCANDS submission: Child File updates were made in 2012 and 2013; Agency File updates are planned in 2015. Maryland completed the phased-in implementation of its alternative response program in July 2014. It should also be noted that Maryland has obtained a IV-E Waiver Demonstration Grant and is planning to begin implementation during the summer of 2015.

Reports

Major updates in the documentation of child protective services (CPS) screening were implemented in 2010 using Structured Decision Making, which has improved the consistency of the state's screening and decision-making process. The CPS screening process was adjusted again in 2013 as part of the implementation of alternative response in Maryland which is now fully operational across the state as of July 2014. The rules and procedures for screening in a report remain the same; however, the CPS supervisor considers specific factors concerning the report in making the assignment to alternative response or investigative response.

Maryland's current CPS response follows the same rules for alternative or investigative response:

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

The key differences between alternative response and investigative response are:

- Alternative response targets low risk reports of child neglect and abuse, and although the alleged victims and alleged perpetrators are noted in the record, the case does not establish findings concerning maltreatment. Instead, alternative response allows local departments of social services to help Maryland families to access services, supports and other assistance that will resolve their concerns.
- Investigative response targets moderate to high risk reports of child neglect and abuse which results in a finding concerning maltreatment. This is Maryland's traditional CPS investigation.

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

Children

The population of children in foster care has been decreasing during the past several years. The NCANDS category of neglect includes medical neglect as state statute and policy do not define them separately.

Fatalities

Maryland has made some improvement to assure that child fatalities where child maltreatment is a factor are fully documented in its NCANDS Child File. Child fatalities where child maltreatment is a factor are usually reported by the local departments of social services. In addition, DHR and local departments also get information about these fatalities from local interagency fatality review teams and from the Department of Health and Mental Hygiene's Child Fatality Review Team, and the Office of the Chief Medical Examiner.

Perpetrators

To address the issue that Maryland's file does not have perpetrator relationship data for at least 95 percent of the victims, updates in Statewide Automated Child Welfare Information System are being planned to reduce or eliminate missing relationships and to eliminate the use of "other" as a relationship choice.

Starting October 2013, the state shifted its response to children identified as substance exposed newborns by addressing them as in-home cases. This has been the main reason for the decrease in parents named as perpetrators.

Services

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

- removal/considered removal,
- placement change,
- recommendation for permanency plan change,
- youth transition plan, and
- voluntary placement.

The children and families counts for preventive services include all of children and families receiving at least one of the following in-home/family preservation services: consolidated in-home services, interagency family preservation services, and services to families with children-intake.

Massachusetts

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General

In August 2009, the Massachusetts Department of Children and Families (DCF) implemented a differential response process for handling reports of child maltreatment in its Statewide Child Welfare Information System (hereinafter FamilyNet). The differential response enables reports to be screened in for a child protection services (CPS) investigation or for an initial assessment response (AR). Not all reports of abuse or neglect require the same type of intervention. An initial AR allows DCF to engage families more quickly when the reported concern does not warrant a formal investigation of an allegation. The initial AR cannot be used for reports alleging sexual abuse, serious physical abuse, or serious neglect.

Following several tragic, publicized child welfare cases in 2013, the number of child abuse and neglect reports rose while the percentage and count screened out decreased, resulting in an increase in the overall number of responses. In response to these events the Commissioner issued a directive to screen reportable conditions for an investigation response if there was a child in the home under age 6 and where specific clinical indicators were present (i.e., parental substance abuse, mental health issues, domestic violence, prior report history, parent/caregiver history with the child welfare system as a child, presence of an unrelated adult in household without a biological or emotional connection to the child(ren) and/or prenatal substance exposure). This resulted in a decrease in the reports screened for AR.

Reports

A decision to screen out a report is based on a determination that:

- There is no reasonable cause to believe a child(ren) has been or may have been abused or neglected.
- The alleged perpetrator has been identified and was not a caregiver and the child's caregiver is safely protecting the child from the alleged perpetrator.
- The specific injury or incident being reported is outdated; that is, a determination is made that the information included in the report has no bearing on the current risk to the child(ren).
- The specific injury or incident currently being reported has already been referred for CPS investigation or assessment response.
- The reporter is not credible; that is, there is a history of unreliability from the same reporter or the report includes sufficient contradictory information from collateral contacts to make the report implausible.

Reports alleging a fatality, sexual abuse, serious physical abuse, or serious neglect are screened in for an investigation response. The decision to screen a report for an initial AR should be based on information related to the current allegation(s) as well as a review of the family's prior involvement with DCF. Allegations involving physical abuse of a child may be screened in for initial AR only if the allegation does not meet the criteria for an investigation response. An initial AR is considered when there is a reasonable cause to believe that the child(ren) are affected by neglect of a caregiver, but there is no immediate danger to life, health, or physical safety.

Massachusetts *(continued)*

If the information obtained during screening indicates that the allegations do not require an investigation response, and further, that the child(ren) and family will benefit from an assessment of the need for DCF services, the case is assigned for an initial AR. Examples of allegations that may be referred for an initial AR include:

- neglect that does not pose an imminent danger or risk to the health and safety of a child
- educational neglect
- medical neglect (except in emergency situations)
- physical abuse that involved the discipline of a child and did not result in serious injury
- a single act of neglect by the caregiver that resulted in a minor injury to the child (e.g., failure to have monitored child's access to dangerous household appliance)

Emergency investigations must be initiated within 2 hours and completed within 5 business days. Nonemergency investigations and AR must be initiated within 2 business days and completed within 15 business days. Data for report source has improved since the type of mandated reporter became a required field in February 2012.

The number of screening and investigation/initial assessment workers is based on an estimated number of full time equivalents, derived by dividing the number of intakes and investigations/initial assessments completed during the calendar year by the monthly workload standards. The number includes both state staff and staff working for the Judge Baker Guidance Center. The Judge Baker Guidance Center handles CPS functions during evening and weekend hours when DCF offices are closed. Because assessments are case-management activities rather than screening, intake, and investigation activities, the number of workers completing assessments was not reported. Many DCF social workers perform screening, and investigation/initial assessment functions in addition to ongoing casework.

Living arrangement data are not collected during investigations or initial assessments with enough specificity to report except for children who are in placement. Data on child health and behavior are collected, but it is not mandatory to enter the data during an investigation or initial assessment. Data on caregiver health and behavior conditions are not usually collected. The investigation or initial assessment start date is defined as the date that the intake is screened in for investigation and has not been reported.

Children

The disposition of an initial assessment was reported as alternative response nonvictim. The NCANDS category of neglect includes medical neglect.

Fatalities

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

Massachusetts *(continued)*

law and law enforcement. As these data are not available until after the NCANDS Child File must be transmitted, the state reports counts of child fatalities due to maltreatment in the NCANDS Agency File.

Services

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

Michigan

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General

Michigan does not have a differential response or alternative response program.

Michigan had some initial difficulties in reporting the number of children screened out. These issues were identified and resolved within the application.

Implementation of Michigan's state information system (MiSACWIS) application occurred in April 2014. Therefore, the federal fiscal year (FFY) 2014 NCANDS file consisted of converted data from our legacy system as well as our new MiSACWIS application.

Michigan anticipates that our reporting will improve each year.

Reports

Changes to mapping report source resulted in a decrease in anonymous reporters and increase in unknown reporters.

Children

For FFY 2014, the new MiSACWIS allows for reporting on individual children, whereas the old child protective services (CPS) information system application could not differentiate which maltreatment went to which child. This has resulted in a significant increase in no alleged maltreatment levels (previously unsubstantiated).

Michigan was unable to accurately obtain the number of children that were maltreated in foster care; therefore, the state hand counted and screened cases to ensure an accurate submission. Michigan is working to correct this issue in future submissions. The Child File contains 74 maltreatment in care cases and Michigan is reporting 122 victims of maltreatment in care.

The state's MiSACWIS does not have specific child risk assessment factors but does have child characteristics which were mapped to the child risk assessment factors for FFY 2014.

Fatalities

Michigan receives reports on child fatalities from a number of sources including law enforcement agencies, medical examiners/coroners, and child death review teams. Because fatality reports are obtained from these sources in their role as mandated reporters, the reports are not inserted into the state's NCANDS submission until a link between the child fatality and maltreatment is established after completion of a CPS investigation.

Michigan's vital statistic department, the Department of Community Health, provides child death information to the Department of Human Services. The determination of whether maltreatment occurred depends on completion of a CPS investigation, with abuse or neglect confirmed. The data

Michigan *(continued)*

on child fatalities from the Department of Community Health is utilized by local review teams to provide recommendations to raise awareness and encourage initiatives to decrease child deaths.

For FFY 2014, Michigan was unable to accurately report all child fatalities in the Child File. The state reported additional fatalities in the Agency File.

Services

Michigan previously did not collect information on all services in the Child File; this is the first submission in which Michigan can use data from our new SACWIS system to report on services.

Michigan does not currently have the capability to accurately report on prevention services in the Agency File.

Michigan does not refer children to the programs under the Individuals with Disabilities Education Act, and therefore does not provide Agency File data on these items.

Minnesota

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General

Minnesota's Statewide Automated Child Welfare Information System (SACWIS) was fully implemented statewide in 2000, the same year that Minnesota first sent NCANDS Child File data. (Summary Data Component data were sent during the 1990s.)

Minnesota began its alternative response demonstration pilot project in selected counties in 2000. By federal fiscal year (FFY) 2005, family assessment, previously known as alternative response, was legislated and implemented statewide as the preferred response for all reports not involving substantial child endangerment. Currently the two response paths are referred to as family assessment response and family investigative response. Family assessment has remained the statutorily preferred response to reports of child maltreatment; however, reports alleging substantial child endangerment (as defined by Minnesota statute) require a family investigation response. Child protection workers must document the reason(s) why family investigative response is used, and may include: statutorily required due to allegations of substantial child endangerment, or discretionary use for reasons such as the frequency, similarity or recentness of reports about the same family. Reports accepted for the family assessment response path represent approximately seventy percent of alleged maltreatment reports in Minnesota.

In September, 2014, the Governor created a Task Force on the Protection of Children. The Task Force will make recommendations to the Governor and Minnesota Legislature about possible changes to Minnesota's child protection response continuum by March 31, 2015. Commentary for the FFY 2015 files from Minnesota will likely have more detail on changes implemented by the Minnesota Legislature resulting from Task Force recommendations.

Acceptance into either response path means that a report has been screened in as meeting Minnesota's statutory definition of alleged child maltreatment, so allegations accepted for either response are reported through NCANDS.

Family assessment response deals with the family system in a strengths-based approach and does not substantiate or make determinations of whether maltreatment occurred; however a determination is made as to whether child protective services (CPS) are needed to reduce the risk of any future maltreatment of the children.

Data on CPS staff represent the full time equivalency number of staff as reported by the local agencies (counties, combined agencies, and two tribal agencies). In Minnesota, CPS staff are employees of the local agencies rather than the state.

Reports

Each year, as a greater proportion of reports receive family assessment response, rather than family investigative response, the number of determined (substantiated) victims and perpetrators goes down,

Minnesota *(continued)*

even though the number of reports remains relatively stable. At the same time, the unsubstantiated rate decreases.

Both responses (investigative and family assessment) apply to screened-in reports of alleged child maltreatment in Minnesota. A separate program, Parent Support Outreach Program (PSOP), offers early intervention supports and services to families when reports alleging child maltreatment are screened out. The number of children served under this program is reported under preventive services in the Agency File, and is noted below in the Services section of this Commentary.

The state collects reasons why reports are screened out and has found that the most common reason why a report is screened out is that none of the allegations met the statutory definitions in Minnesota's Reporting of Maltreatment to Minors law. Approximately 80 percent of the time a referral is screened out it is because the stated concerns do not meet the definitions of child abuse or neglect under Minnesota law. Other reasons to screen a referral out include: children not in the county's jurisdiction, allegations have already been assessed or investigated, not enough identifying information was provided, or the incident did not occur within the family unit or a facility required to be licensed. There is little variation in the proportion screened out for each of the reasons across years.

Reports alleging substantial child endangerment must be responded to within 24 hours. Other reports must be responded to within 5 days or 120 hours under Minnesota statutes. Large changes in the average response time are due to a small number of extremely tardy investigation start times (time to first contact with alleged victims.) There are several reasons for delayed investigation start times, including coordination with other agencies and inability to locate families.

Reports with either a determination of maltreatment (substantiation) or a determination of need for child protective services are retained for ten years. Reports with neither determination (including all family assessment track reports) are kept for four years. Screened out child maltreatment reports are kept for one year (365 days). Timelines for record retention and destruction are set in Minnesota statutes.

"Other" report sources include report source of clergy, Department of Human Services (DHS) Birth Match, other mandated, and other nonmandated.

Children

Child living arrangement of type independent living and "other" are coded as "other."

The average number of out-of-court contacts between the court-appointed representatives and the child victims they represent is not available as the court-appointed representatives report to the Courts rather than to the local social services agencies.

The significant increase in the number of children referred to a community early intervention agency is because referral data was available from Minnesota's SACWIS very late in FFY 2013, so the 2013 referrals were significantly under-reported. FFY 2014 data better represent the actual level of referrals (96.5 percent of children eligible for referral) to early intervention services.

Fatalities

Minnesota's Child Mortality Review Panel is a multidisciplinary team including representatives from state, local, and private agencies. Disciplines represented include social work, law enforcement, medical, legal, and university-level educators. The primary source of information on child deaths resulting from child maltreatment is the local agency child protective services staff; however, some reports originate with law enforcement or coroners/medical examiners. Local agencies also submit results of the required local child mortality review to the Minnesota DHS Child Mortality Review Coordinator. The Minnesota DHS Child Mortality Review Coordinator also regularly reviews death certificates filed with the Minnesota DHS to ensure that all child deaths are reviewed. The Child Mortality Review Coordinator directs the local agency to enter child deaths resulting from child maltreatment, but not previously recorded by child protective services, into Minnesota's SACWIS, in order that complete data are available.

Occasionally, a child who was a resident of Minnesota is killed in a child abuse incident out of state. When the Child Mortality Review Coordinator becomes aware of such a situation, information such as a police report is requested from law enforcement in the other state. The local agency in the Minnesota county of residence is asked to record the data in Minnesota's child welfare information system. The fatality data in this instance is delayed from the time of death, but eventually appears in Minnesota's NCANDS mortality counts. (All NCANDS reports are based on the date that the state *completed* its investigation of child maltreatment, so that the disposition of each report is available.)

Perpetrators

"Other nonrelative" perpetrator relationships are coded as "other."

Services

Primary prevention services are often provided without reference to individually identified recipients or their precise ages, so reporting by age is not possible. Clients with "age unknown," 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 PSOP, including a specialized program for American Indian children. Services in this program are provided to children and families who were reported as having an allegation of child maltreatment, but where the reported allegation was screened out and did not receive a child protective response. This program is completely voluntary. For FFY 2013, the proportion of PSOP funded with CBCAP and IV-B was different. The total children served with *both* categories of funding, 6,021, represents a .4 percent increase for FFY 2014 over FFY 2013.

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 vendors who must serve large geographic areas that are sparsely populated.

Mississippi

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General

Mississippi Department of Human Services (MDHS) entered into a contract with Social Work p.r.n. to provide service for the MDHS Mississippi Centralized Intake (MCI), 24-hour hotline (1-800-222-8000), and disaster preparedness plan on November 1, 2009. The service consists of receiving, entering, and screening to the appropriate county all incoming reports of maltreatment of children and vulnerable adults. The service operates 24 hours a day, seven days a week. Intake types are as follows:

- abuse, neglect and exploitation (ANE),
- information and referral (I&R),
- case management,
- children in need of supervision (CHINS)/unaccompanied refugee minors/voluntary placement/prevention services, and
- resource inquires.

The state utilizes a system of assigning screening levels, which is a form of alternative response. Level I includes reports that may not be appropriate for Division of Family and Children's Services (DFCS) investigation but may require referrals for information or services. Level II requires a response from a DFCS worker within 72 hours. Level III requires a response from a DFCS worker within 24 hours. Felonies and reports of children in custody are as assigned a Level III response.

Reports

The number of investigations has increased due to consistency in the screening process and availability of MCI. MCI documents every report alleging neglect and abuse on the front end and provides the information to the counties for the appropriate response.

The initiation of an investigation is calculated from the date and time that the initial report is received at intake to the date and time contact is made with the alleged victim. The response time to the initiation of an investigation has improved 78 percent due to the increased management oversight of statewide performance in this area and the implementation of the practice model in more regions. To support these efforts, DFCS has increased the number of frontline workers in the more populated counties. The state has also instituted a new training curriculum over the past few years that include an on-going supervisory training program requiring the area social work supervisors (ASWS) to do weekly case staffings that include investigations. Regional Directors or regional ASWS's are required to have at least monthly meetings with individual ASWS's to model discussion on investigations/case progress.

As part of the Olivia Y. Settlement Agreement terms, a data report was developed to track the time elapsed between the date an intake was received by MCI and the date the investigation was initiated by the worker. The data report also tracked the elapsed time between the date an intake was received by MCI and when the investigation was assigned to a worker. In July of 2012, the federal judge signed

the Modified Settlement Agreement. The data report was modified to only show the date the intake was received and the date the investigation was initiated. This change went into effect June 2013.

When DFCS receives a report that a child has been abused by a person responsible for the care and/or support of the child, a determination must be made that the abuse was not committed or contributed to by a parent, legal guardian, primary caregiver, or relative.

Reports which may be screened out as Level I at intake:

- Dirty houses or dirty children and no indication of life or health endangering situation. If school/day care officials report dirty children, they should be requested to talk to parents first. If their attempts to meet with parents or to correct situation fail, then accept report.
- Children inappropriately dressed and no indication of neglect of a life or health endangering situation.
- Allegations that speak more to the parent's behaviors rather than the child's condition; (e.g., parent drinks beer or takes drugs; mother has boyfriend) and there is no indication of neglect or life or health endangering situation with the exception that all reports of mother/child testing positive for drugs will be screened in.
- Reports of crowded conditions or too many people living in a home and no indication of neglect or life or health endangering situation.
- Allegations that parent is not spending TANF (Temporary Assistance for Needy Families), food stamps, child support or other income on children, and there is no indication of neglect of basic necessities, or of a life or health endangering situation. Reporters should be referred to local Economic Assistance office.
- Reports which suggest a need to be addressed by another agency and there is no indication of a life or health endangering situation. (i.e., lack of school attendance, presence of lice, delinquency, lead/asbestos poisoning). These reports should be referred to the appropriate agency for handling (i.e., school attendance officer, health department).
- Reports on teen pregnancy where there is no suspicion of abuse/neglect.
- Sufficient information is not provided to enable the department to locate the family, and this information cannot be secured through other sources after all reasonable efforts have been made.
- Reports of incidents that occurred when a person now eighteen (18) or over was a child. When adults report that abuse/neglect was perpetrated on them as children, they must have some other information or reason to believe that children presently cared for by perpetrator are being abused/neglected.
- Reports on an unborn child and there are no other children at risk.
- Reports of sexual relations involving victims age 16 and over that meet all of the criteria below. If any one criterion does not apply, the report should be considered for investigation.
 - a) Alleged victim was age sixteen (16) or over at the time incident occurred, and
 - b) Alleged victim is a normally functioning child, and
 - c) Alleged victim, age 16 or over, willfully consented, and
 - d) Alleged perpetrator is not a parent, guardian, relative, custodian, or person responsible for the child's care or support and resides in the child's home, or an employee of a residential child care facility licensed by MDHS, and or a person in a position of trust or authority, and
 - e) No parental or caregiver neglect is suspected.

NOTE: Investigations involving children in custody as a victim cannot be screened out for any reason.

Mississippi *(continued)*

If a report is considered outside the jurisdiction of the DFCS, the report shall be documented and be referred to law enforcement of proper jurisdiction for investigation. Other services of the department may be provided.

- Reports of rape, sexual molestation, or exploitation of any age child that meet all of the criteria below. If either (a) or (b) does not apply, the report should be considered for investigation.
 - a) Alleged perpetrator is not a caregiver, friend of caregiver, relative, other person living in the home, or employee of a child care facility where the child attends or lives.
 - b) No parental or caregiver neglect is suspected.
 - c) Law enforcement has been informed of the report.

If law enforcement has not been contacted, county DFCS will immediately make the report to them. Other services of county DFCS will be offered to law enforcement (i.e., interviewing children) and the family (i.e., mental health referrals, counseling) as needed.

- Reports of children who have not had their immunizations. Reporter should be referred to the county health department by county DFCS to contact a public health social worker or to the school attendance officer as appropriate.
- Threats or attempts of suicide by children if there is no suspicion of parental/caregiver abuse or neglect. If the nature of the report suggests that the child is in immediate danger of self-harm, a referral should be made immediately to mental health and/or law enforcement. If reporter is a professional, they should be requested to refer the family to counseling. If family does not follow through, then case can be referred to DFCS for neglect. If reporter is a nonprofessional, the DFCS should determine if family is seeking counseling. If not, DFCS should investigate for neglect. If reporter feels suspicion exists just because suicide attempt was made, DFCS will investigate.
- Physical injury committed by one child on another that meet all of the following criteria:
 - a) Child is not in a caretaking role over the other child.
 - b) No parental or caregiver neglect is suspected.
 - c) Child victim and perpetrator are not in a residential child caring facility or a home licensed or approved by DFCS.

Children

There has been an increase in public advertising of reporting methods, supported by CBCAP (Community-Based Child Abuse Prevention) and the Children's Trust Fund.

Fatalities

Mississippi previously counted only those child fatalities where the medical examiner or coroner ruled the manner of death was a homicide. In 2007, Mississippi began counting those child fatalities that were determined to be the result of abuse or neglect if there was a finding of maltreatment by a DFCS worker.

Other sources that compile and report child fatalities due to abuse and neglect are Serious Incident Reports and the Child Death Review Panel facilitated by the Mississippi Department of Health.

Typically, all fatalities are reported in the Child File. Those fatalities not reported in the Child File are reported in the Agency File. The number of fatalities reported for 2014 is significantly higher than

the previous years. In federal fiscal year (FFY) 2014, the agency developed a Special Investigations Unit (SIU) that is responsible for investigating all reports of child fatalities that meet criteria for agency investigation. Previously, the investigations were conducted by regular workers in the field. The development of the SIU has standardized screening and decision-making processes in fatality investigations. In addition, the investigators that make up the unit are required to have an advanced level of licensure and experience. Having the dedicated, specialized investigators has contributed to the increase in the number of fatalities reported with substantiated findings of abuse or neglect.

In addition, the agency has collaborated with other agencies to continue public awareness campaigns aimed at death from heat stroke from leaving children in hot cars, and death from unsafe sleeping conditions. Although currently anecdotal, the agency has seen an increase in the number of reports from law enforcement and medical personnel when a fatality occurs and it is believed to have been caused, or contributed to by either of these events. Child fatalities previously labeled by law enforcement or medical professionals as accidental are now more frequently being reported as abuse or neglect; contributing to the agency's higher reported numbers.

Perpetrators

In order for a child to be considered a perpetrator, the child must be in a caregiver role.

The MCI staff must assess the possibility of parental neglect having contributed to one child harming another.

Services

In previous years, children who received preventive services for Promoting Safe and Stable Families Program (PSSF) during the year were utilized by the Families First Resources Centers with some of these funds. Currently, Economic Assistance (EA) has the responsibility of Families First Resource Centers. PSSF funds the family preservation/family reunification/family support services provided currently through a subgrantee.

The "other" funding source for children who received preventive services from the state during the year is TANF.

Many substantiated investigations result in services being provided such as family preservation, protection, prevention, or placement. However, a case is not opened on all substantiated investigations.

Missouri

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General

Missouri operates under a differential response program where each referral of child abuse and neglect is screened by the centralized hotline system and assigned to either investigation or family assessment. Both types are reported to NCANDS.

Investigations are conducted when the acts of the alleged perpetrator, if confirmed, are criminal violations; or where the action or inaction of the alleged perpetrator may not be criminal, but if continued, would lead to the removal of the child or the alleged perpetrator from the home. Investigations include but are not limited to child fatalities, serious physical, medical, or emotional abuse, and serious neglect where criminal investigations are warranted, and sexual abuse. Law enforcement is notified of reports classified as investigations to allow for co-investigation.

Family assessment responses (alternative responses) are screened-in reports of suspected maltreatment. Family assessment reports include mild, moderate, or first-time noncriminal reports of physical abuse or neglect, mild or moderate reports of emotional maltreatment, and educational neglect reports. These include reports where a law enforcement co-investigation does not appear necessary to ensure the safety of the child. When a referral is classified as a family assessment, it is assigned to staff who conducts a thorough family assessment. The main purpose of a family assessment is to determine the child's safety and the family's needs for services. Taking a nonpunitive assessment approach has created an environment which assists the family and the children's service worker in developing a rapport with the family and building on existing family strengths to create a mutually agreed-upon plan. Law enforcement is generally not involved in family assessments unless a specific need exists.

In federal fiscal year (FFY) 2014, Missouri reviewed the impact of improvements made to the state's FACES system (the state's information system) which unknowingly caused errors in the 2013 NCANDS submission. These errors have been resolved. As a result, Missouri, in contrast to the 2013 submission, appears to have had an increase in substantiated reports, victim counts and perpetrator counts.

Reports

The state records the date of the first actual face-to-face contact with an alleged victim as the start date of the investigation. Therefore, the response time indicated is based on the time from the login of the call to the time of the first actual face-to-face contact with the victim for all report and response types, recorded in hours. State policy enables multidisciplinary team members to make the initial face-to-face contact for safety assurance. The multidisciplinary teams include law enforcement, local public school liaisons, juvenile officers, juvenile court officials, or other service agencies. Child protective services (CPS) staff will contact the multidisciplinary person to help with assuring safety. Once safety is assured, the multidisciplinary person will contact the assigned worker. The worker is then required to follow-up with the family and see all household children within 72 hours. Data provided for 2014 includes contacts made by multidisciplinary team members.

Missouri uses Structured Decision Making protocols to classify hotline calls and to determine whether a call should be screened out or assigned. If a call is screened out, all concerns are documented by the division and the caller is provided with referral contact information when available.

Children

The state counts a child as a victim of abuse or neglect based on a preponderance of evidence standard or court-adjudicated determination. Children who received an alternative response are not considered to be victims of abuse or neglect as defined by state statute. Therefore, the rate of prior victimization, for example, is not comparable to states that define victimization in a different manner, and may result in a lower rate of victimization than such states. For example, the state measures its rate of prior victimization by calculating the total number of 2014 substantiated records, and dividing it by the total number of prior substantiated records, not including unsubstantiated or alternate response records.

The state does not retain the maltreatment type for alternate response reports as they are classified as alternative response nonvictims. For children in these reports, the maltreatment type was coded as “other” and the maltreatment disposition was assigned the value of the report disposition.

Fatalities

Missouri statute requires medical examiners or coroners to report all child deaths to the Children’s Division Central Hotline Unit. Deaths due to alleged abuse or that are suspicious are accepted for investigation, and deaths that are nonsuspicious, accidental, natural, or congenital are screened out as referrals. Missouri does determine substantiated findings when a death is due to neglect as defined in statute unlike many other states. Therefore, Missouri is able to thoroughly track and report fatalities as compared to states without similar statutes. Through Missouri statute, legislation created the Missouri State Technical Assistance Team (STAT) to review and assist law enforcement and the Children’s Division’s with severe abuse of children.

While there is not currently an interface between the state’s FACES system and the Bureau of Vital Records statistical database, the STAT has collaborative processes with the Bureau of Vital Records to routinely compare fatality information. STAT also has the capacity to make additional reports of deaths to the hotline to ensure all deaths are captured in FACES. The standard of proof for determining if child abuse and neglect was a contributing factor in the child’s death is based on the preponderance of evidence.

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.

Recently Missouri completed a comprehensive analysis of how fatality data was being entered, collected and extracted in the FACES system. To ensure accuracy of the data and to allow for meaningful comparison, the Children’s Division revised the process for compilation, verification and reporting of these data resulting in an increase of fatalities compared to FFY 2013.

Perpetrators

The state retains individual findings for perpetrators associated with individual children. For NCANDS, the value of the report disposition is equal to the most severe determination of any perpetrator associated with the report.

Services

Children younger than 3 years are required to be referred to the First Steps program if the child has been determined abused or neglected by a preponderance of evidence in a child abuse and neglect investigation. Referrals are made electronically on the First Steps website or by submitting a paper referral via mail, fax, or email. First Steps reviews the paper or electronic referral and notifies the primary contact to initiate the intake and evaluation process.

Postinvestigation services are reported for a client who had intensive in-home services or alternative care opening between the report date and 90 days post disposition date or an active family-centered services case at the time of the report. Data for child contacts with court-appointed special advocates (CASA) were provided by Missouri CASA. Data regarding guardians ad litem were not available for FFY 2014. The Children's Trust Fund provided supplemental data regarding preventive services.

Montana

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General

Beginning in federal fiscal year (FFY) 2011, Montana began implementation of a family centered practice model under the state Program Improvement Plan. Montana does not have a differential response track for investigations. However, as part of the Title IV-E Waiver Demonstration Project, Montana will implement a nontraditional differential response unit in January 2015.

Reports

The Child and Family Services Division's Centralized Intake Bureau screens each referral of child abuse or neglect to determine if it requires investigation, assistance, or referral to another entity. Referrals requiring immediate assessment or investigation are immediately telephoned to the field office. By policy, these Priority 1 reports receive an assessment or investigation within 24 hours. All other child protective services reports that require assessment or investigation are sent to the field within 24 hours. This has resulted in improved response times. The state does not track the time from receiving the referral until the beginning of the investigation in hours.

Children

The number of children in care has shown an ongoing increase in Montana.

Fatalities

Due to the lack of legal jurisdiction, information in the State Automated Child Welfare Information System does not include child deaths that occurred in cases investigated by the Bureau of Indian Affairs, Tribal Social Services, or Tribal Law Enforcement.

Perpetrators

Unknown perpetrators are assigned a common identifier within the state.

Services

Data for preventive services are collected by state fiscal year.

Nebraska

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General

During federal fiscal year (FFY) 2014, the state used Structured Decision Making (SDM), an evidence-based practice, as the model used for assessment of reports of maltreatment. This is the second year for which SDM was implemented throughout the entire state. The state centralized its intake office during 2010. This action resulted in a more consistent process of determining which referrals would be screened in or screened out. With the implementation of the SDM intake tool, the state believes this consistency will continue to improve and screening decisions will be better supported.

Reports

All referrals are received at a toll-free, 24-hour, centralized hotline. The intake workers at the hotline along with their supervisors use SDM to determine whether the referral meets criteria for intervention and the response time for intervention. If the call meets the criteria for intervention, it is screened in and assigned to a worker to conduct an initial assessment, which includes using SDM safety assessments, safety plans (when needed), and risk or prevention assessments. At the conclusion of the initial assessment, the workers use the SDM results to determine if services are needed.

In FFY 2014, the number of referrals to the hotline and reports accepted for initial assessment increased slightly. The increase in referrals is likely due to heightened public awareness of child abuse and neglect that may be attributed to national and local media attention regarding child abuse as well as public awareness campaigns.

Children

Nebraska has seen improvements over the last several years in the results of absence of recurrence of maltreatment with a reduction each year since FFY 2008. Nebraska has not specifically studied the cause of the reduction in maltreatment recurrence, but during this timeframe the state implemented a centralized hotline, implemented a process to identify reports of abuse and neglect that are a duplication of previously called in reports, implemented SDM, and implemented a statewide continuous quality assurance (CQI) process. Each of these changes may have played a role in the reduction of maltreatment recurrence in Nebraska from FFY 2008 to FFY 2014. Nebraska's maltreatment recurrence decreased from 10.6 percent in FFY 2008 to 4.9 percent in FFY 2014. Nebraska has also made significant improvement upon absence of maltreatment in foster care with a decrease in the number of children experiencing maltreatment in foster care.

There have been legislative efforts that require reporting of habitually truant children. This maltreatment is mapped to the NCANDS maltreatment type of psychological/emotional abuse.

Fatalities

The state reports child fatalities in both the Child File and the Agency File. The FFY 2014 Child File fatality count is five. Child fatalities awaiting final disposition in the child welfare information system

Nebraska *(continued)*

are not reported in the Child or Agency Files and will be included in a future Child File that corresponds with the annual report submission when the disposition is completed.

The state continues to work closely with the state's Child and Maternal Death Review Team (CMDRT) to identify child fatalities that are the result of maltreatment, but are not included in the child welfare system. When a child fatality is not included in the Child File, the state determines if the child fatality should be included in the Agency File. The CMDRT's official report and final results are usually 2 to 3 years after the submissions of the NCANDS Child and Agency Files. The state will resubmit the Agency File for previous years when there is a difference in the count than was originally reported as a result of the CMDRT final report.

Perpetrators

Perpetrator information is collected on all perpetrators entered into the child welfare information system. The relationship is a required data field. The relationship may be "other" or unknown if the relationship is not provided by the report source.

Services

Nebraska refers all children who are under 3 years of age and a substantiated victim of maltreatment to the Early Childhood Development Network. Nebraska automated its referral system to its Early Childhood Development Network to automatically notify the network of children younger than 3 years who are victims of maltreatment.

The state believes that a majority of the services provided to families are accomplished during the assessment phase which is between the report date and final disposition. In many cases, these are the only services required to keep the child or victim safe. These services are not included in the NCANDS Child File. Nebraska is working on improving the accuracy of postresponse services reported in the NCANDS Child File including the counts of foster care services for children entering care.

Nevada

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General

Within the state, child protective services (CPS) functions in three regional service regions: Clark County, Washoe County, and rural counties. All three service areas use a single data system under the Statewide Automated Child Welfare Information System (SACWIS) — the Unified Nevada Information Technology for Youth (UNITY).

Nevada’s alternative response program is designated differential response (DR) and was implemented throughout all regions in 2007. Families referred under this policy are the subject of reports of child abuse and/or neglect which have been determined by the agency as likely to benefit from voluntary early intervention through assessment of their unique strengths, risks, and individual needs, rather than the more intrusive approach of investigation. The DR program has served a cumulative total of more than 7,033 families since 2007 with approximately 1,381 referrals received throughout the state from CPS in calendar year 2014.

All three child welfare agencies in Nevada are in the process of implementing the Safety Assessment and Family Evaluation (SAFE) model. While the primary focus in all three agencies has been on intake and assessment, or front end services, the plan is to continue the rollout of the model to expand back end services such as implementing conditions for return and the protective capacity of family assessment. This model has changed the state’s way of assessing child abuse and neglect. It has enhanced the state’s ability to identify appropriate services to reduce safety issues in the children’s home of origin. Additionally, this model has unified the state’s CPS process and standards regarding investigation of maltreatment.

The SAFE model supports the transfer of learning and ongoing assessment of safety throughout the life of the case. The model emphasizes the differences between identification of present and impending danger, assessment of how deficient caregiver protective capacities contribute to the existence of safety threats and safety planning/management services, assessment of motivational readiness and utilization of the Stages of Change theory as a way of understanding and intervening with families.

Reports

For 2014, there was an overall increase of 8.4 percent in reports of abuse or neglect as compared to the previous year (from 12,970 in 2013 to 14,058 in 2014).

Nevada has varying priority response timeframes for investigation of a report of child abuse or neglect, according to the age of the child and the severity of the allegations. All other reports are defined as: information only, where there is insufficient information about the family or maltreatment of the child, or there are no allegations of child abuse/neglect; information and referral, when an individual inquires about services and there are no allegations of child abuse/neglect; and differential response (DR), when a report is made and there are no allegations of maltreatment, and/or the allegations do not rise to the level of an investigation, but the family could benefit from community services.

Children

For 2014, there was an increase of 4.6 percent in the number of children reported as receiving an abuse or neglect response as compared to the previous year (from 23,633 in 2013 to 24,726 for 2014).

Fatalities

Fatalities identified in the SACWIS as maltreatment deaths are reported in the Child File. Deaths not included in the Child File, for which substantiated maltreatment was a contributing factor, are included in the Agency File (unduplicated). Reported fatalities can include deaths that occurred in prior periods, for which the determination has just been completed. The number of NCANDS reported fatalities has increased since the last reporting period (from 10 in 2013 to 14 in 2014).

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 had previously had contact or custody by a child welfare agency, is subjected to an internal case review. Data are extracted from the case review reports and utilized for local, state, and federal reporting as well as to support prevention messaging. Additionally, Nevada has both state and local child death review (CDR) teams which review deaths of children age 17 and younger. The purpose of the Nevada CDR process is public awareness and prevention, enabling many agencies and jurisdictions to come together in an effort to gain a better understanding of child deaths.

Perpetrators

All perpetrator data are reported in accordance with the instructions outlined in the NCANDS Child File mapping forms.

Services

Many of the services provided are handled through outside providers. Information on services received by families is reported through the various programs, and services provided in conjunction with the new safety model are documented in the system, but these data are not readily reportable. The Child File contains some of the services from the SACWIS system, and the state is investigating the steps to bring more of that information into the NCANDS reporting.

New Hampshire

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General

New Hampshire has completed a comprehensive rewrite of the NCANDS Child File extract, which modified many elements to reflect current practices and new sources of data. Significant changes over previous years' data include:

- County of report is now the FIPS code for county where the district office that is investigating the report is located, rather than the county where the family resides.
- Investigation start date now reflects the first face-to-face contact with alleged victim, or other significant collateral contact, rather than referral acceptance date. The increase in this year's average response time is due to this change.
- Prior victims now counts only clients in previous substantiated reports.
- Postinvestigation services now reflects only the paid/contracted services provided, rather than the case management services of the agency.

The following elements are now reported more completely, using improved logic and/or additional data sources:

- maltreatment disposition levels
- perpetrator relationships
- perpetrator maltreatment
- court-appointed representative
- risk factors and services

New Hampshire does not have differential response under our child protective services (CPS).

The state has a 60 day time frame to complete a protective assessment. This enables the assigned CPS workers to do a comprehensive assessment of the alleged maltreatment, family strengths and needs and, as needed, develop a plan with the family to assure child/youth safety. This could include facilitated referrals to community based services such as a family resource center, local mental health or other local supports.

Due to legislative budget changes the state is no longer able to offer short term voluntary services paid for through the agency's child protection system.

When an abuse/neglect assessment results in determination of founded, in-home services can be offered to maintain the child safely in the home. If the child is in danger and this cannot be mitigated with in-home services, DCYF will remove the child and immediately begin the provision of services to achieve the primary goal of reunification.

New Hampshire *(continued)*

Reports

The number of screening and intake workers includes intake workers and supervisors. The number of investigation and assessment workers includes assessment workers and workers who specialize in investigation allegations of abuse and neglect in out-of-home placements.

The state uses a tiered system of required response time, ranging from 24 to 72 hours, depending on level of risk at the time of the referral.

Currently any blanks in the investigation start date/time are due to data entry errors, where workers begin the investigation on the same day as the report date, but leave the default am switch on interview time (e.g. 4:00 am instead of 4:00 pm). This results in the investigation start date/time appearing to be earlier than report date, in which case the field is blanked by the NCANDS validator.

New Hampshire has recognized a downward trend in substantiation rate for reports for the past 3 years, and is currently engaged in a root cause analysis of that trend.

The following the state values are mapped to “other” for element 8 report source:

- private agency
- private individual
- city, town, county
- clergy
- community I&R
- other community agency
- camp
- fire department staff
- guardian ad litem
- landlord
- other state
- utility company
- other

For element 9 report disposition, the state does not use the following values, per division policy:

- 02=indicated or reason to suspect
- 03=alternative response victim
- 04=alternative response nonvictim
- 06=unsubstantiated due to intentionally false reporting

New Hampshire does not capture data for the following elements:

- 23: living arrangement at time of incident
- 146: incident date

Fatalities

Data for the Agency File were obtained from the state Department of Justice as well as the state’s information system (SACWIS). There were no child fatalities whose death was founded to be via maltreatment in the Agency File that was not reported in the Child File.

New Hampshire *(continued)*

There is no use of “other” with regard to fatalities. The state reports fatalities (unduplicated) in both the Agency and Child Files.

Services

“Other” services in element 85 includes ISO in-home, an individual service option that provides comprehensive services for children/youth with significant challenges, which may be medical, physical, behavioral or psychological. The service therefore fits into several different service categories, but not precisely into any one category.

The state is only able to report those services that were paid for directly by the CPS agency. Any services that were paid for by Medicaid or the family’s own health insurance are not reported for:

- 67: counseling services
- 72: health-related and home health services
- 83: substance abuse services

The state does not provide or collect data on the following services, as defined by NCANDS:

- 66: case management services
- 70: employment services
- 71: family planning services
- 73: home based services
- 76: information and referral services
- 74: housing services
- 77: legal services
- 80: respite care services

The Agency File children and families who received preventive services from the state during the year under the Child Abuse and Neglect State Grant (CAN) are not reporting a count as the budget planning for expenditures of CAPTA funds were removed from the Comprehensive Family Support Services program to be utilized in other areas of division programming.

The Agency File children and families who received preventive services from the state during the year under the Community-Based Child Abuse Prevention Program are not reporting a count due to the New Hampshire Children’s Trust no longer funding direct services.

The Agency File children and families who received preventive services from the state during the year were funded by the CAN, Promoting Safe and Stable Families Program (PSSFP) and Social Services Block Grant (SSBG). The CAN, PSSFP and SSBG and are combined to fund one primary agency that provides preventive services in the state. The numbers of children and families are unduplicated, and represent the number of children and families served as a percentage of the total funding.

The Agency File count of unduplicated number of victims actually referred for referral to agencies providing early intervention services increased due to improved monitoring methods.

New Jersey

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General

Since the 2007 implementation of the Statewide Automated Child Welfare Information System (SACWIS), New Jersey Spirit, each NCANDS Child File data element is reported from the system.

The state has been making continuous enhancements toward improving the quality of NCANDS data.

System enhancements in federal fiscal year (FFY) 2013 allow for reporting the new Child File elements 147-150 and the new Agency File element 5.1. Further enhancements in FFY 2014 allow for reporting Agency File element 5.2. Compliance with the federal requirement to refer eligible children is closely monitored by the Division of Child Protection & Permanency (CP&P) with data collection and quality steadily improving since implementation of the system enhancements.

Reports

The state Department of Children and Families (DCF) and CP&P, formerly the Division of Youth and Family Services (DYFS), investigates all reports of child abuse and neglect.

The state system allows for linking multiple child protective services (CPS) reports to a single investigation.

The state has the capability to record the time and date of the initial face-to-face contact made to begin the investigation.

The State Institutional Abuse Investigation Unit addresses abuse and neglect allegations that take place in foster care settings. Beginning in FFY 2012, a case practice initiative to conference these investigations with a representative from the Office of the Deputy Attorney General prior to rendering a finding demonstrates improvement in investigation assessments. Structured Decision Making assessment tools, including safety and risk assessments, are incorporated within the investigation screens in the SACWIS. These tools are required to be completed in the system prior to documenting and approving the investigation disposition.

On April 1, 2013, new regulations took effect modifying DCF's dispositions following child abuse and neglect investigations. Previously, DCF had two disposition categories, unfounded and substantiated.

The new system of investigative is based on a four tier system of findings:

- **Substantiated:** A preponderance of the evidence establishes that a child is an abused or neglected child as defined by statute; and either the investigation indicates the existence of any of the absolute conditions; or substantiation is warranted based on consideration of the aggravating and mitigating factors.

New Jersey *(continued)*

- **Established:** A preponderance of the evidence establishes that a child is an abused or neglected child as defined by statute; but the act or acts committed or omitted do not warrant a finding of substantiation upon consideration of aggravating and mitigating factors.
- **Not Established:** There is not a preponderance of the evidence that the child is an abused or neglected child as defined by statute, but evidence indicates that the child was harmed or placed at risk of harm.
- **Unfounded:** There is not a preponderance of the evidence indicating that a child is an abused or neglected child as defined by statute, and the evidence indicates that a child was not harmed or placed at risk of harm.

This new system allows for more specific investigation disposition categories to more appropriately reflect the particular circumstances present in each investigation, allowing for better partnership with families and better outcomes for children. This change also provides fairness in the operation of the Child Abuse Record Information System and allows DCF to better protect children by requiring the maintenance of all records where children were harmed or exposed to risk of harm, even where the statutory definition of child abuse or neglect could not be met.

As indicated by definition, the finding of established is based on a preponderance of evidence establishing that the child is a victim of maltreatment. Therefore, reports with an established finding are categorized as substantiated in NCANDS. As such, with the implementation of the four tier system, an anticipated increase in substantiations occurred. The state data show the increase in the number of substantiated reports in the CFSR data comparison, with 11.2 percent of reports substantiated in FFY 2013 and 14.1 percent of reports substantiated in FFY 2014.

Children

Children with allegations of maltreatment are designated as alleged victims in the CPS report and are included in the Child File.

The SACWIS allows for reporting more than one race for a child. Race, Hispanic/Latino origin, and ethnicity are each collected in separate fields.

Fatalities

Child fatalities are reported to the New Jersey DCF Child Death Review Unit by many different sources including law enforcement agencies, medical personnel, family members, schools, offices of medical examiners and occasionally child death review teams. The CP&P Director makes a determination as to whether the child fatality was a result of child maltreatment.

The state NCANDS liaison consults with the Child Death Review Unit Coordinator and the Director of the Division of CP&P to insure that all child maltreatment fatalities are reported in the state NCANDS files.

The SACWIS 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 data element 34, maltreatment death, from data collected and recorded by investigators in the investigation and person management screens in the SACWIS.

New Jersey *(continued)*

Other child maltreatment fatalities not reported in the Child File due to data anomalies, but which are designated child maltreatment fatalities by the Child Death Review Unit under the Child Abuse Prevention and Treatment Act (CAPTA), are reported in the NCANDS Agency File in data element 4.1, child maltreatment fatalities not reported in the Child File.

Perpetrators

New Jersey DCF's Institutional Abuse Investigation Unit continues with the case practice initiative implemented in 2012 to conference investigations with a representative from the Office of the Deputy Attorney General prior to rendering a finding. This practice is resulting in the strengthening of the investigation assessment.

Services

The SACWIS reports those services specifically designated as family preservation services, family support services, and foster care services as postinvestigation services in the Child File.

The Child Abuse and Neglect State Grant is one funding source for the Child Protection and Substance Abuse Initiative (CPSAI). We are able to report that with this funding, CPSAI served 1,797 individuals.

The state is able to report the number of children eligible for referral to Early Intervention Services and the number of children referred in FFY 2014. Compliance with this federal requirement is closely monitored by the Division of CP&P with data collection and quality steadily improving since implementation of the system enhancements.

New Mexico

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General

New Mexico does not have two types of responses to screened-in referrals. All screened-in reports are investigated.

Reports

The number of screened-in referrals and completed reports increased 15 percent in federal fiscal year (FFY) 2014. Intense media attention on a high profile child death in December 2013 led to a surge in reporting that remained high through the end of the federal fiscal year. This surge in reporting contributed to an increase in back-logged cases and extended initiation times in some cases.

New Mexico and NCANDS definitions of investigation initiation differ. New Mexico policy defines investigation initiation as face-to-face contact with all alleged victims in the report; NCANDS defines initiation as when child protective services (CPS) first had face-to-face contact with the alleged victim of child maltreatment or attempted to have face-to-face contact. New Mexico reports the investigation start date, using the state definition, with the knowledge that time to initiation may appear to be of greater duration for this state than the national average due to differences in definition.

New Mexico does not currently report incident date. The alleged date of maltreatment (incident date) is complicated by the fact that the reporter may know only a general maltreatment timeframe, or the alleged maltreatment reported may be chronic in nature. Because of the known inherent inaccuracies in the reporting of chronic maltreatment and potential inaccuracies in the reporting of a general maltreatment timeframe for a specific maltreatment event, the state does not plan to modify the state's data collection system to capture incident information and will continue to use the current reporting approach.

Children

A 16 percent increase in the number of unique child victims for FFY 2014 correlates with the increase in the number of screened-in referrals, as described above. The state is not able to report on the following child data fields:

- child living arrangement
- intellectual disability–caregiver
- learning disability–caregiver
- visually or hearing impaired–caregiver

Fatalities

The number of child fatalities reported in the Child File increased by one from FFY 2013 to FFY 2014. Because the numbers of child fatalities are low, it is difficult to attribute the variation to any changes in practice, policy, or other identifiable phenomena.

New Mexico *(continued)*

Each year the state obtains a list of child deaths from the Office of the Medical Investigator (OMI) to compare OMI and Children, Youth, and Families Department (CYFD) data in the category of homicides. Starting with the FFY 2010 submission, a follow-up, in-person review of OMI files also is conducted for any child not known to the state agency who is identified as a victim of homicide to determine the identity and relationship of the alleged perpetrator, if known. Only children known to have died from maltreatment by a parent or primary caregiver who are not included in the Child File are included in the Agency File. There were no additional child deaths reported in the FFY 2014 Agency File.

Prior to August 2010, investigations in which the only child in the home died as a result of abuse or neglect were typically conducted by law enforcement. These fatalities were identified by the OMI and reported by the state in the NCANDS Agency File. Beginning August 2010, New Mexico CYFD began investigating these fatalities in conjunction with law enforcement and data have been available for reporting in the NCANDS Child File since FFY 2011.

Perpetrators

New Mexico attributes its low numbers of maltreatment in foster care to an improved training model implemented in 2012 that is described as a more realistic portrayal of the foster parent role. Placement staff are also available around the clock to respond to foster care incident reports which can address foster parent issues before situations escalate to the report level. Family support services for foster parents and foster parent support groups also are available in some areas of the state.

The state does not report information on residential staff perpetrators, as any report of alleged abuse and neglect that occurs at a facility is screened out. CPS does not have jurisdiction via state law to investigate allegations of abuse and neglect in facilities; however, the following is done with the screened-out reports of child maltreatment in facilities:

- Any screened out report is cross-reported to law enforcement having jurisdiction over the incident; and
- Such reports are cross-reported to licensing and certification, the entity in New Mexico with administrative oversight of residential facilities.
- Upon request from law enforcement, an investigation worker may act in consultation with law enforcement in conducting investigations of child abuse and neglect in schools and facilities and may assist in the interview process.
- If an alleged maltreatment incident involves a child in the child welfare agency's custody then a safety assessment is conducted for that child, to ensure that the placement is safe.

The NCANDS category of "other" perpetrator relationship includes:

- sibling's guardian
- nonrelative
- foster sibling
- reference person
- conservator
- caregiver
- surrogate parent

New Mexico *(continued)*

- perpetrator is a foster parent and the child is not under the care, placement, or supervision of the child welfare agency

Services

Postinvestigation services are reported for any child or family involved in a child welfare agency report that has an identified service documented in the Statewide Automated Child Welfare Information System (SACWIS) as: a service 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 services data fields:

- home-based services
- information and referral services
- respite care services
- other services
- special services-juvenile delinquent

Whenever there is a child younger than 3 years in a family involved in a substantiated investigation, policy states that the investigation worker refers that child to the Family Infant Toddler (FIT) Program for a diagnostic assessment. The referral occurs within 2 days of the substantiation. The date of this referral is documented in the SACWIS prior to approval of the investigation results. The worker also notifies the family of the referral and provides them with a copy of the FIT Fact Sheet.

New York

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General

The state has continued to expand the number of local districts of social services using the alternative response (AR), known as family assessment response. Since it was first approved in 2008, New York’s AR program has been implemented by a total of 30 local districts of social services. Seven of the local districts have since suspended implementation.

A new state agency, the Justice Center for the Protection of People with Special Needs (Justice Center) was established via legislation and became operational on June 30, 2013. The purpose of this agency is to transform how the state protects over one million New Yorkers in state operated, certified or licensed facilities and programs. Investigative responsibility for all institutional abuse or neglect allegations occurring on or after June 30, 2013, was transferred from the New York State Office of Children and Family Services to the new Justice Center. Given that these post June 30, 2013 investigations are captured in a newly created Justice Center database, extensive work had to be completed to map those data elements to NCANDS definitions. These mappings have been completed; however, there are challenges in extracting the data from the Justice Center databases and testing could not be completed in time for the federal fiscal year (FFY) 2014 submission. It is estimated that the number of determined reports that were excluded from the FFY 2014 submission was approximately 1,083 of which 270 were children with indicated reports. Justice Center anticipates testing to be completed in time for the FFY 2015 NCANDS submission.

Reports

New York State does not collect information about calls not registered as reports.

Children

Most of the NCANDS maltreatment type “other” is accounted for by the state maltreatment type parent’s drug/alcohol use.

The state is not able to report the NCANDS child risk factor fields at this time.

Not all children reported in the Child File have AFCARS IDs because the state uses different data systems with different child identifiers for child protective services and child welfare. The child welfare identifier (AFCARS ID) is only assigned if the child is receiving child welfare services and is inconsistently updated in the child protective system, which is the source of the NCANDS submission.

State statute and policy allow acceptance and investigation/assessment of child protective reports concerning certain youth over the age of 21.

Fatalities

State practice allows for multiple reports of child fatalities for the same child. NCANDS validation software considers these duplicates and removes them from the Child File. These fatalities are reported in the Agency File.

By state statute, all child fatalities due to suspected abuse and neglect must be reported by mandated reporters, including, but not limited to, law enforcement, medical examiners, coroners, medical professionals, and hospital staff, to the Statewide Central Register of Child Abuse and Maltreatment. No other sources or agencies are used to compile and report child fatalities due to suspected child abuse or maltreatment. There was a nonsignificant increase in fatalities from 107 to 114 from 2013 to 2014, we believe maybe due to more reporting on deaths stemming from unsafe sleeping practices. New York State has focused on extensive education on the dangers of co-sleeping with young infants, as well as unsafe sleep environments which we may have contributed to more reporting.

Perpetrators

With the exception of the domestic violence risk factor, the state is not able to report the NCANDS caregiver risk factors at this time.

Services

The state is not able to report the NCANDS services fields in the Child File at this time. Title XX funds are not used for providing child preventive services in this state.

Data on preventive services funded through the Social Services Block Grant include all children that received payments through the state system for preventive services. Those services do not include protective/intervention services.

North Carolina

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Reports

North Carolina maintains a statewide differential response to allegations of child maltreatment. Following the receipt of the reports of alleged child maltreatment, these allegations are screened by the local child welfare agency against North Carolina general statute using a structured intake rubric to determine if the allegations meet the statutory definition of abuse, neglect, or dependency. Once reports are accepted by the local child welfare agency because the allegations, (if found to be true), would meet statutory definitions, the report is then assigned to one of the two tracks: either investigative assessment or a family assessment. Accepted reports of child abuse (and certain types of special neglect cases such as conflicts of interest, abandonment, or alleged neglect of a foster child) are mandatorily assigned as investigative assessments, while accepted reports of child neglect or dependency may be assigned as either family or investigative assessment at the county's discretion. North Carolina, defines a dependent child as one who has no parent or caregiver or if the parent or caregiver is unable to provide for the care or supervision of the child.

Family assessments place an emphasis on globally assessing the underlying issues of maltreatment rather than focusing solely on determining whether the incident of maltreatment occurred. In a family assessment, the family is engaged using family-centered principles of partnership throughout the entire process. Case decision findings at the conclusion of a family assessment do not indicate whether a report was substantiated (founded) or not, rather a determination of the level of services a family may need is made. A perpetrator is not listed in the state's Central Registry for Family Assessments. The staffing numbers were provided by an annual survey of the local child welfare agencies within the state.

Children

North Carolina reports one type of maltreatment per child.

Fatalities

Data about child fatalities are only reported via the Chief Medical Examiner's Office. Due to the process in which this information is reported, the most recent data available is for 2013. During calendar year 2013, there were 25 deaths classified as homicide by parent or caregiver.

Perpetrator

North Carolina associates one perpetrator per victim.

Services

Legislation requires that for all allegations of abuse, neglect, or dependency, all minors living in the home must be treated as alleged victims. The NCANDS category of "other" maltreatment type includes: dependency and encouraging, directing, or approving delinquent acts involving moral turpitude committed by a juvenile.

North Dakota

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General

Data fields for the new data rules required in 2013 (date of death, report time and investigation start time, foster care discharge date) have been incorporated into the state's data system. These changes were put into place late in the reporting year for 2013, resulting in incomplete data in that report, but now include data for the full reporting period in 2014.

North Dakota does not have a true differential response program; however the North Dakota Child Protection Program incorporates several components of differential response into current policy and practice. Since 1996, North Dakota child protection has utilized a family assessment process, rather than incident-based investigation of reports of suspected child abuse and neglect. This is the result of state legislative action. A child protection services (CPS) assessment assesses the safety of the child, incorporating the development of safety plans, while also assessing the family's strengths and the risks of future maltreatment in addition to concerns of abuse and neglect. An investigatory response is only made in conjunction with law enforcement in situations where there may have been a criminal violation. In these cases, law enforcement conducts a criminal investigation and CPS staff work jointly with the investigation process in conducting the CPS assessment. North Dakota CPS also allows for an assessment to be terminated in progress when an assessment reveals that no concern in the report reaches the definitions of child abuse or neglect in state law. These families may be referred to community resources, as appropriate, and no determination of abuse or neglect is made.

Reports

The number of investigations or alternative responses (assessments in North Dakota) did not increase or decrease by 10 percent or more.

North Dakota encompasses four American Indian Reservations. These reservations are sovereign nations, each of whom maintains the reservation's own child welfare system. Because of this, the state's NCANDS data do not include child abuse and neglect data nor data on child deaths from abuse or neglect which occurred in a tribal jurisdiction.

Under state law, all reports of suspected child abuse and neglect must be accepted. Reports are not screened out. North Dakota has adopted an administrative assessment process to correctly triage reports received. An administrative assessment is defined as the process of documenting reports of suspected child abuse or neglect that do not meet the criteria for a CPS assessment. Under this definition, reports can be administratively assessed when the concerns in the report clearly fall outside of the state child protection law when:

- the report does not contain a credible reason for suspecting the child has been abused or neglected;
- the report does not contain sufficient information to identify or locate the child;
- there is reason to believe the reporter is willfully making a false report (these reports are referred to the county prosecutor);
- the concern in the report has been addressed in a prior assessment; or

North Dakota *(continued)*

- the concerns are being addressed through county case management or a Department of Human Services therapist.

Reports of pregnant women using controlled substances or abusing alcohol (when there are no other children reported as abused or neglected) are also included in the category of administrative assessments, since state law doesn't allow for a decision of services required (substantiation) in the absence of a live birth.

Assessments that are already initiated when information indicates the report falls outside of the child abuse and neglect law may be terminated in progress. This is another type of administrative assessment, since a decision whether services are required (substantiation) is not made. Reports may also be referred to another jurisdiction when the children of the report are not physically present in the county receiving the report (these reports are referred to another jurisdiction (county or state), where the children are present or believed to be present). This administrative referral process is defined as the process of documenting the referral of reports of suspected child abuse or neglect that falls outside the jurisdiction of the county social services agency where the report is received. Reports involving a Native American child living on an Indian Reservation are referred to tribal child welfare systems or to the Bureau of Indian Affairs child welfare office. Reports concerning sexual abuse or physical abuse by someone who is not a person responsible for the child's welfare (noncaregiver) are referred to law enforcement.

The total number of administrative assessments or referrals in federal fiscal year (FFY) 2014 is 6,657; with 2,491 administrative assessments; 1,651 administrative referrals; 2,424 terminated in progress and 91 pregnant woman assessments.

The total number of administrative assessments or referrals in FFY 2013 is 5,682; with 2,068 administrative assessments; 1,361 administrative referrals, 2,165 terminated in progress and 90 pregnant woman assessments.

Children

The number of victims in 2014 did not increase or decrease 10 percent or more than FFY 2013.

The state uses dispositions of services required or no services required. The state maps services required dispositions to the NCANDS disposition of substantiated. The no services required dispositions are mapped to the NCANDS disposition of unsubstantiated.

Fatalities

The FFY 2014 number of child fatalities did not increase or decrease by more than 10 than the number reported in FFY 2013.

North Dakota uses Child Fatality Review Panel (CFRP) data to compile and report child fatalities in addition to the child welfare system data. The North Dakota CFRP is a state level multidisciplinary panel. CFRP data are based on data from Vital Records death certificates for deaths of all children from birth to age 18. All child death certificates are reviewed. Any death in which the manner of death is indicated as accident, suicide, homicide, undetermined or pending investigation is selected for in-depth review by the panel. Death certificates in which the manner of death is indicated as natural are

North Dakota *(continued)*

reviewed to determine whether the cause of death listed on the death certificate qualifies as sudden, unexpected, or unexplained. These deaths, then, are also selected for in-depth review by the panel and include all deaths where the cause of death is Sudden Infant Death Syndrome or Sudden Unexpected Infant Death. Additionally the CFRP coordinates with the state Medical Examiner's Office, state and local law enforcement agencies and medical facilities, statewide to accomplish these reviews.

Perpetrators

The state reports unknown perpetrators as unknown within the state's data system (FRAME). Perpetrator IDs for unknown perpetrators are unique to each assessment.

Institutional CPS are addressed in a separate section of the state statute. Under state statute, an individual facility staff person is not held culpable within Institutional CPS, rather, the facility itself is considered to be a perpetrator ('subject' in North Dakota). Assessments of institutional child abuse or neglect are assessed at the state level, by regional staff, rather than at the county level as are CPS report that are noninstitutional. All reports of institutional child abuse and neglect are reviewed by a multi-disciplinary Child Protection Team on a quarterly basis. Determinations of institutional child abuse and neglect are made by team consensus. A determination of indicated means that a child was abused or neglected by the facility. A decision of not indicated means that a child was not abused or neglected by the facility.

There were 145 reports of institutional child abuse or neglect in FFY 2014 resulting in 51 completed full assessments, with 41 determined not indicated and 10 determined indicated. There remain 30 assessments open at the time of this report. Assessments terminated in progress numbered 32. There were 21 reports administratively assessed and 11 reports administratively referred (see above under Reports for definitions of administrative assessments and referrals).

Services

Data for tracking the provision of preventive services by child, by funding stream are not collected within the state's current database and there is no plan to expand the current database to include these functions due to limited resources, competing priorities, and current database limitations. The state updated how postresponse services are reported in 2014. "Other" services now reported would include safety permanency funds provided to the family for the purposes of clothing, recreational needs, food, or visits between child in out of home care and parents or other family member.

Ohio

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General

Ohio completed statewide implementation of a differential response (DR) system in September 2014. The DR system is comprised of a traditional response (TR) pathway and an alternative response (AR) pathway. Children who were subjects of reports assigned to the AR pathway are mapped to NCANDS as AR nonvictim and included in “other.”

Reports

The number of reports with a disposition of AR nonvictim increased from federal fiscal year (FFY) 2013 to FFY 2014. This increase is attributed to the statewide implementation of DR.

The response requirements for initiation identified in Ohio policy is determined by the priority assigned to the report. The report priorities per Ohio’s policy are emergency and nonemergency.

Children

Requirements to record the race/ethnicity of children in Statewide Automated Child Welfare Information System (SACWIS) were in effect for the FFY 2013 and remained in effect for the FFY 2014 reporting year. As a result, there was a decrease in the number of records where race and ethnicity were reported as unknown. Child victims as reported by Ohio are children who have received a disposition of substantiated or indicated in the traditional response pathway.

Fatalities

Child maltreatment deaths reported in Ohio’s NCANDS submission are compiled from the data maintained in the SACWIS. The SACWIS data contain information only on those children whose deaths were reported to and investigated by a public children services agency (PCSA) or children involved in a child protective services (CPS) report who died during the assessment or investigation period. As a county administered CPS system, Ohio PCSAs have discretion in which referrals are accepted for assessment or investigation. In some cases, the PCSA will not investigate a child fatality report unless there are other children in the home who may be at risk of harm or require services. Referrals of child deaths due to suspected maltreatment not accepted by the PCSA are investigated by law enforcement.

There were six (6) children removed from the child fatality data submitted in Ohio’s Child File for the FFY 2014 reporting year. Ohio completed a case review for each child and determined that each of the six (6) children had two (2) screened in reports of abuse/neglect that resulted in the recording of his/her fatality. The duplicate reports were typically created to record a different alleged perpetrator (AP), e.g., the original report may have listed an unknown AP and second report may record the parent as AP. This anomaly resulted in EVAA removing both reports from the Ohio’s Child File and excluding these children from the total fatality count. For the FFY 2015 reporting year, Ohio will review the fatality records in the Child File prior to submission to avoid this occurring again.

Perpetrators

The NCANDS category of “other” perpetrator relationship includes nonrelated (NR) child and NR adult. These are catch-all categories that can be used for any individual who is not a family member. Guidance will be provided to agencies to select the most appropriate relationship code (e.g., neighbor) instead of using the nonrelated categories.

Services

Ohio is continually working to improve recording of services data in the SACWIS. Federal grant funds are used for state level program development and support to county agencies providing direct services to children and families.

The Ohio Children’s Trust Fund identified several factors that may have contributed to the significant increases in the numbers of children and families served through Community-Based Child Abuse Prevention funds:

- a considerable increase in the number of grantees
- enhanced provision of evidence-based prevention programming
- increased technical assistance and training to grantees concerning evaluation and reporting requirements
- improved collection and reporting of outcome and evaluation data

Ohio policy requires all children ages 0–3 with a substantiated report to be referred to Help Me Grow/Early Intervention. Ohio has established a referral form that is used exclusively by child protective services agencies to refer families and children to Help Me Grow. Ohio’s Help Me Grow/Early Intervention program is supervised by the Ohio Department of Health and is administered through county agencies. This is the number of unique children ages 0–3 with a substantiated report disposition. Although the state does not report AR victims, the data include children and siblings served through both the alternative response pathway and the traditional response pathway. All children determined eligible were referred to Help Me Grow. Ohio’s SACWIS generates the Help Me Grow referral form.

Oklahoma

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General

The Pinnacle Plan details a five-year plan, beginning with state fiscal year (SFY) 2013, to address 15 performance areas identified in the agreement with plaintiffs in the class action litigation DG vs. Yarbrough, Case No. 08-CV-074. Public reporting related to specific performance areas can be accessed through the Department of Human Services (DHS) website at <http://www.okdhs.org>.

An ongoing initiative of DHS is Oklahoma's work with the Chadwick Trauma Informed Systems Project. The Oklahoma Trauma Assessment & Service Center Collaborative is in its third year of a five-year demonstration grant through the Administration on Children, Youth and Families, Children's Bureau, "Initiative to Improve Access to Needs-Driven, Evidence-Based/Evidence-informed Mental and Behavioral Health Services in Child Welfare" (HHS-2012-ACF-ACYF-CO-0279). The goal of this project is to improve the social and emotional well-being and restore the developmentally appropriate functioning of children and youth in the child welfare system that have mental and behavioral health needs through helping the Oklahoma DHS-Child Welfare Services (CWS) develop and implement comprehensive, integrated and reliable continuum of screening, assessment, and aligned service delivery. The grant project aims to advance work that began with Chadwick in 2010 and be mutually supportive with initiatives in the Pinnacle Plan through the implementation of universal screening and functional assessment of behavioral health needs, the use of functional outcome oriented case planning to ensure those needs are met, and early access to evidence-based/evidence-informed service array that is aligned and responsive to the screening and functional assessment data.

The project team finalized the pilot and validation of the Child Behavioral Health Screener, an adapted version of the Pediatric Systems Checklist-17, for the 4-17 year old population and is in the process to pilot and validate the Survey of Well-Being of Young Children for the birth through three year old population. The project team continues to collaborate with state Medicaid, the state Department of Mental Health and Substance Abuse Services, and other partners to achieve the goals of this grant.

Reports

Oklahoma DHS responds to reports of child abuse or neglect by initiating an investigation of the report or an assessment of the family in accordance with priority guidelines. The primary purpose of the assessment or investigation is the protection of the child.

Oklahoma has an alternative response nonvictim disposition. Assessments are conducted when a report of abuse or neglect does not indicate a serious and immediate threat to the child's health or safety. The assessment uses the same comprehensive review of child safety and evaluation of family functions and protective capacities as is used in an investigation; however, assessments are conducted when it appears that the concerns outlined in the report indicate inadequate parenting or life management rather than very serious, dangerous actions and parenting practices. Assessments do not have

findings. When a child is determined unsafe in the initial stages of the assessment and the family's circumstances or the safety threats or risk to the child meet the guidelines for an investigation, an investigation is initiated by the same child welfare worker immediately and the family is told that an investigation rather than an assessment is necessary.

Legislation passed in federal fiscal year (FFY) 2013 directed that an investigation, rather than an assessment, be completed whenever the department determines that a child is drug-endangered, which is defined as a child who is at risk of suffering physical, psychological or sexual harm as a result of the use, possession, distribution, manufacture, or cultivation of controlled substances. The term also includes newborns that test positive for a controlled dangerous substance, with the exception of those substances administered under the care of a physician. The number of investigations in which a newborn tested positive at birth for a substance increased from 322 in SFY 2013 to 375 in SFY 2014, approximately 16 percent.

Oklahoma passed legislation in FFY 2014 which mandates that CWS set a protocol on how it investigates cases where the subject child is a child with a disability who is unable to communicate effectively. This legislation also gives law enforcement the right to take into custody without a court order, a child who has a disability, who is unable to communicate effectively, and is unsafe or in a vulnerable position due to the inability to communicate effectively and is in need of immediate protection. This legislation passed and was effective on May 14th, 2014, but to date CWS has not seen a large increase in investigations due to this law.

Legislation regarding human trafficking victims, passed in FFY 2013, directed law enforcement to immediately notify CWS if they encountered a child victim of human trafficking or sexual abuse and that said child be remanded to the custody of the DHS. To date, this has not dramatically increased the number of investigations.

A Priority I report indicates the child is in imminent danger of serious physical injury. Allegations of abuse and neglect may be severe and conditions extreme. Response is immediate, the same day of receipt of the report. A Priority II report indicates there is no imminent danger of severe injury, but without intervention and safety measures it is likely the child will not be safe. Priority II assessments or investigations are initiated no less than within 2 to 10 calendar days from the date the report is accepted for 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 per OAC 340:75-3-120, including minor injury to a child 10 years of age and older who has no significant child abuse and neglect history or history of neglect that would be harmful to a young or disabled child, but poses less of a threat to a child 10 years of age and older;
- concerning a victim 18 years of age or older, unless the victim is in voluntary placement with DHS;
- where there is insufficient information to locate the family and child;
- where there is an indication that the family needs assistance from a social service agency but there is no indication of child abuse or neglect;
- that indicate a child 6 years of age or older is spanked on the buttocks by a foster or trial adoptive parent with no unreasonable force used or injuries observed per OAC 340:75-3-410; and

- 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.

Late in FFY 2013, DHS developed a child protective services (CPS) Backlog Reduction Plan in response to the growing number of CPS cases that were pending over 60 days. The plan outlined a strategy to achieve a reduction of cases with a focused effort of CWS staff at all levels to ensure children were safe. Staff from other divisions within DHS with child welfare work experience assisted with backlog reduction. In addition, DHS contracted with a private agency to complete backlog cases. While the plan only continued through the first few months of FFY 2014, the contract with the private agency continued throughout the year and was renewed. As a result of the lessons learned from the initial backlog plan, some permanent changes were made in documentation requirements which were seen as duplicative and a new plan instituted to address backlog on an on-going basis.

Children

For FFY 2014, the state notes the following increases and decreases compared to FFY 2013:

- 13.94 percent increase in unique child victims
- Less than 1 percent decrease in victims of medical neglect
- 24.64 percent increase in victims of neglect
- 30.60 percent decrease in victims of physical abuse
- 31.45 percent increase in victims of emotional maltreatment
- 9.65 percent increase in victims of sexual abuse

Fatalities

Oklahoma investigates all reports of child death and near death that are alleged to be the result of abuse or neglect. A final determination of death due or near death due to abuse or neglect is not made until a report is received from the office of the medical examiner which may extend beyond a 12-month period. Fatalities are not reported to NCANDS until the investigation and State Office review are completed.

The Oklahoma Child Death Review Board conducts a review of every child death and near death in Oklahoma (both attended and unattended). State Office CPS staff work closely with the Child Death Review Board and is a participating member. Legislation was introduced in FFY 2014 to allow the any city-county Fetal Infant Mortality Review Board of the Health Department to have limited information concerning investigations of fetal and infant mortalities (effective November 1, 2014).

All child fatalities and near fatalities with findings in the State Automated Child Welfare System (SACWIS) are reported in the Child File. As previously noted the Child Death Review Board receives reports of all attended and unattended child fatalities and provides this information to the State Office CPS programs staff.

Effective November 1, 2012, Oklahoma statute directs that all child deaths and near deaths in which OKDHS has reasonable cause to suspect are the result of abuse or neglect must be reported to the Governor's office within 24 hours. This same statute requires OKDHS to publically report all deaths and near deaths that are the result of abuse or neglect. This statute requires a series of reports that go to the Governor's office and certain members of the legislative body, beginning with the first report

Oklahoma *(continued)*

within 24 hours and ending with the public reporting. In FFY 2014, this statute was amended to streamline and improve the process.

Increased communication with the Office of the Medical Examiner and the addition to the OKDHS staff responsible for final determination and documentation on all child deaths and near deaths has resulted in more timely documentation of child deaths.

Perpetrators

Oklahoma began reporting perpetrator relationships of group home or residential facility staff in the FFY 2013 Child File.

A prior perpetrator is defined as a perpetrator of a substantiated maltreatment within the reporting year who has also been a perpetrator in a substantiated maltreatment anytime back to 1995, the year of implementation of the SACWIS.

Oklahoma reports all unknown perpetrators.

Services

Postinvestigation services are services that are provided during the investigation and continue after the investigation, or services that begin within 90 days of closure of the investigation. In cases where the family would benefit from services and the child can be maintained safely in the home, DHS can refer to community services or refer the case to comprehensive home-based services through a DHS contracted provider. If referred to community services, the DHS investigation can be closed and DHS will determine within 60 days whether the family has accessed the recommended services and if the child remains safe. If the family is referred to comprehensive home-based services, DHS will open a family centered services case and follow the family for up to six months.

Oregon

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General

OR-Kids, which is the name for Oregon's SACWIS (Statewide Automated Child Welfare Information Systems), was implemented in August of 2011. As a result, Oregon now collects data at the child level on nonvictims. The FFY 2014 will be Oregon's second Child File that shows child-level data for all children associated with screened-in referrals.

For the federal fiscal year (FFY) 2014 NCANDS file certain improvements have been made. All child/report pairs are included, and are reported within the correct maltreatment categories. The child's living arrangement, child risk factors, family risk factors and services and removal fields are also reported correctly. One new issue has been identified: at the report-level some reports are mapping to unsubstantiated instead of "other," which is Oregon's "unable to determine." Note that the specific child-level maltreatment levels are correct, as are substantiated dispositions at the report-level.

Oregon will continue to work on improving the extraction procedures, as needed, to accurately report all NCANDS data.

Reports

The investigation start date is the date of actual child or parental contact.

In Oregon, a report is screened out when:

- No report of child abuse/neglect has been made but the information indicates there is risk present in the family, but no safety threat.
- A report of child abuse/neglect is determined to be third party child abuse, but the alleged perpetrator does not have access to the child, and the parent or caregiver is willing and able to protect the child.
- An expectant mother reports that conditions or circumstances would endanger the child when born.
- The child protection screener is unable to identify the family.

Children

FFY 2014 will be Oregon's second Child File that shows child-level data for all children associated with screened-in referrals, rather than just for children with substantiated maltreatment.

The NCANDS category "other" maltreatment type includes threat of harm.

Fatalities

The state reports fatalities in the Agency File. These cases are dependent upon medical examiner report findings, law enforcement findings, and completed CPS assessments. The fatality cannot be reported as being due to child abuse/neglect until these findings are final. Reported fatalities due

Oregon *(continued)*

to child abuse/neglect for FFY 2014 represent deaths due to child abuse/neglect for cases where the findings were final as of January 27, 2014.

Perpetrators

Unique perpetrators between reports were assigned unique identification numbers starting in 2008.

Services

The state's SACWIS system does not collect data on preventive services; therefore, it does not currently have NCANDS child-level reporting on these services. Further, the NCANDS Child File information on services is not correct at this time.

Pennsylvania

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General

During April 2014, the Supreme Court of Pennsylvania changed the standard of proof for child maltreatment cases from clear and convincing (the highest level for child abuse and neglect) to substantial evidence (a lower level of evidence). See *G.V. v. DPW*, 91 A.3d 667 (Pa. 2014). For NCANDS, substantial was mapped to preponderance, which is the most common level of evidence and is used by the majority of states.

Upon receipt of a complaint of suspected child abuse, the department shall immediately transmit orally to the appropriate county agency notice that the complaint of suspected child abuse has been received and the substance of the complaint. If the complaint received does not suggest suspected child abuse but does suggest a need for social services or other services or investigation, the department shall transmit the information to the county agency or other public agency for appropriate action. These complaints are referred to as general protective services and are not classified as child abuse in Pennsylvania. The information shall not be considered a child abuse report unless the agency to which the information was referred has reasonable cause to suspect after investigation that abuse occurred. If the agency has reasonable cause to suspect that abuse occurred, the agency shall notify the department, and the initial complaint shall be considered to have been a child abuse report.

Reports

Pennsylvania defines abuse as any of the following:

- Any recent act or failure to act by a perpetrator that causes nonaccidental serious physical injury to a child younger than 18 years of age.
- An act or failure to act by a perpetrator that causes nonaccidental serious mental injury to, or sexual abuse and/or exploitation of, a child younger than 18 years of age.
- Any act or failure to act or series of such acts or failure to act by a perpetrator which creates an imminent risk of serious physical injury to, or sexual abuse and/or exploitation of, a child younger than 18 years of age.
- Any serious physical neglect by a perpetrator constituting a prolonged or repeated lack of supervision, or the failure to provide the essentials of life, including adequate medical care, which endangers a child's life and/or development, or impairs the child's functioning.

Pennsylvania has three levels of report disposition:

- **Founded**—a child abuse report with a judicial adjudication based on a finding that a child who is a subject of the report has been abused, including entry of a guilty plea, a nolo contendere, or a finding of guilt related to a criminal charge involving the same factual circumstances involved in the allegation of child abuse.
- **Indicated**—a child report in which it is determined that substantial evidence of the alleged abuse exists based on available medical evidence, the child protective services (CPS) investigation, and/or an admission of the acts of abuse by the perpetrator.
- **Unfounded**—any report that is not founded or indicated.

Pennsylvania *(continued)*

For NCANDS, founded and indicated dispositions are reported as substantiated and unfounded dispositions are reported as unsubstantiated. Response times are not reported in Pennsylvania. The CPS law does, however, require that the agency immediately open an investigation into the suspected child abuse and actually see the child in person if it is determined that emergency protective custody is required, has already been taken, or is unable to be determined from the report. If the agency determines there is not a need for emergency protective custody, the investigation shall commence within 24 hours of receipt of the report. County agencies are responsible for the investigation and are required to document all contact with the alleged victim.

Pennsylvania has a state supervised and county administered child welfare system. Some counties have caseworkers who specialize in CPS investigations and general protective services assessments only, while other counties have caseworkers that perform both child protective and general protective services investigations and assessments. Pennsylvania's reported number of workers consists of the total number of caseworkers who perform any direct child welfare function.

Children

Pennsylvania law prohibits the statewide central registry from retaining information related to the race or ethnicity of the subjects of a child abuse report.

Fatalities

Pennsylvania law requires that every child fatality and near fatality, which resulted from substantiated abuse or on cases in which no status determination has been made within 30 days, be reviewed at the local level while a state level review occurs on all fatalities and near fatalities where abuse is suspected, regardless of status determination. Both levels of review provide detailed analysis of the child fatality or near fatality. These reviews and analysis provide the foundation used for determining the root causes of severe child abuse and neglect; they are also used to better understand what responses or services can be used in the future to prevent similar situations.

Perpetrators

Pennsylvania law defines a perpetrator as the following: a person who has committed child abuse and is a parent of a child, a person responsible for the welfare of a child, an individual residing in the same home as the child (the individual must be 14 years of age or older), or a paramour of a child's parent.

Puerto Rico

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General

The Puerto Rico Department of the Family is the agency of the Government of Puerto Rico responsible for the provision of the variety of social welfare services. Originally, Puerto Rico Law No. 171 of June 30, 1968, created the Department of Social Services, which was reorganized under Puerto Rico Law No. 1 of July 28, 1995, as the Department of the Family. As an umbrella agency, four Administrations operate with fiscal and administrative autonomy.

The Department of the Family composition is as follows:

- Office of the Secretary
- Administration for Children and Families—ACF (ADFAN, Spanish acronym)
- Administration of the Socioeconomic Development of the Family
- Child Support Administration, enacted by PL 86, August 17, 1994
- Administration for Integral Development of Childhood, PL-179 August 1, 2003

The administrations are agencies dedicated to execute the public policy established by the Secretary, in the different priority areas of services to children and their families including the elderly population. It establishes the standards, norms and procedures to manage the programs and provide the operation and supervision of the integrated services centers at the local levels. The regional levels (10 regional offices) supervise the local offices.

They are also responsible for implementing and developing those functions delegated by the Secretary through the redefinition and reorganization of the variety of services for the family including traditional services and the creation of new methods and strategies for responding to the needs of families. Work plans are prepared in agreement with the directives and require final approval of the Secretary.

The functions and responsibilities of ADFAN are executed through the following programmatic and administrative components:

- Administrator's Office
- Assistant Administration for Adults and Community Services
- Assistant Administration for Prevention and Community Services
- Assistant Administration for Child Protective Services
- Family Preservation and Support Services
- Assistant Administration for Foster Care and Adoption

The Assistant Administration for Child Protective Services (CPS) is responsible for the investigation of intra-familial and institutional child abuse and neglect (CAN) 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

Puerto Rico *(continued)*

central registry, which maintains updated statistical and programmatic information about the movement of CAN referrals and cases receiving services by ADFAN.

As part of the PIP efforts, ADFAN established as a priority the punctual and continuous data entry efforts to have readily available information.

Puerto Rico only has the investigation pathway.

In federal fiscal year (FFY) 2014, there was an overall decrease in the number of staff responsible for CPS functions (screening, intake, and investigation of reports) because of retirements, resignations and transfers to other government agencies. This is masked in year to year comparisons because the number of hotline staff were previously not reported in the total.

Children

The list of items included within “other” maltreatment types are fatal (death), muerte próxima (near death situation), alcohol withdrawal syndrome, drugs withdrawal syndrome, munchausen syndrome by proxy, failure to thrive, and shaken baby syndrome.

Fatalities

The primary source of information for the child fatality data are the Sistema de Información para el Registro Central y Servicios (Spanish for Information System for the Central Registry and Services).

In FFY 2014, there was a decrease in the number of fatalities reported in the Agency File. ADFAN implemented different initiatives to prevent child maltreatment. This initiatives were executed on communities with high risk factors for child maltreatment.

Services

In 2014, there was a significant increase in the number of families who received preventive services from the state during the year through other funding sources. This increased all types of activities such as: information desk; prevention training workshops for the communities and education professionals; Family Market Project, a collaboration between the Department of Agriculture, the Administration for Agricultural Business Development, and the Administration of the Socioeconomic Development of the Family that promotes the purchase of minimally processed agricultural products by Nutritional Assistant Program participants; the REDES Project, a secondary-prevention project located in high-risk communities; Espacios de Paz, a project that builds nonviolent interpersonal relationships among children, teens and adults; workshops focusing on preventing sexual abuse among the elderly; and School for Family Life.

Rhode Island

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Reports

The Department of Children, Youth and Families (DCYF) is required to investigate reports of child abuse and neglect pursuant to Rhode Island General Law (RIGL) 40-11-6 and RIGL 40-11-7. The law authorizes DCYF to promulgate rules that define the rules with respect to the investigation of reports of child abuse and neglect.

DCYF promulgated Policy 500.0010 to identify the five criteria for child protective services (CPS) investigations/alerts. The CPS criteria are as follows:

- Investigation Criteria 1 - Child Abuse/Neglect (CA/N) Report - RIGL 40-11-3 requires DCYF to immediately investigate reports of child abuse and neglect. The circumstances reported, if true, must constitute child abuse/neglect as defined by RIGL 40-11-2.
- Investigation Criteria 2 - Nonrelative Caregiver - RIGL 42-72.1-4 requires that no parent assigns or otherwise transfers to another, not related to him or her by blood or marriage, his or her rights or duties with respect to the permanent care and custody of his or her child under eighteen years of age unless duly authorized by an order or decree of the court.
- Investigation Criteria 3 - Sexual Abuse of a Child by Another Child - RIGL 40-11-3 requires DCYF to immediately investigate sexual abuse of a child by another child.
- Investigation Criteria 4 - Duty to Warn - RIGL 42-72-8 allows DCYF to release information if it is determined that there is a risk of physical injury by a person to himself/herself or others and that disclosure of the records is necessary to reduce that risk. If the hotline receives a report that a perpetrator of sexual abuse or serious physical abuse has access to another child in a family dwelling, that report is classified as an investigation and assigned for investigation.
- Investigation Criteria 5 - Alert to Area Hospitals – Safety of Unborn Child - RIGL 42-72-8 allows DCYF to release information if it is determined that there is a risk of physical injury by a person to himself/herself or others and that disclosure of the records is necessary to reduce that risk. The department issues an alert to area hospitals when a parent has a history of substantiated child abuse/neglect or a child abuse/neglect conviction and there is concern about the safety of a child.

Those cases that do not meet the criteria for investigation and there is concern for the well-being of a child may be classified as an information and referral (I/R). This classification is a derivative of a previous protocol that DCYF had relating to classifying reports to the child abuse hotline as early warnings. The I/R process is not reflected in RIGL. Rather, DCYF has promulgated a policy and published a protocol that codifies the informational and referral process. Pursuant to the department's I/R policy, when an I/R report is received by the child abuse hotline relating to a case that is not active with DCYF and it appears that there is a service need, a referral for service is made to CPS Intake. When an I/R report is received on a case active to DCYF, a notification is made to the primary caseworker and supervisor.

While RICHIST (the Statewide Automated Child Welfare Information System) can link more than one report source per report, only one person can be identified as the person who actually makes the

Rhode Island *(continued)*

report. If more than one report is linked to an investigation, the person identified as the reporter in the first report is used in the Child File.

The total number of CPS workers is based upon currently occupied full time equivalents (FTEs) for child protective investigators, child protective supervisors, intake social caseworkers II, and intake casework supervisors II. Supervisors accept, screen, and investigate reports meeting criteria for child abuse and child neglect. Intake and case monitoring social caseworkers II and intake casework supervisors II are responsible for screening all new cases entering the department via CPS investigations, intake service self-referrals and family court referrals. Upon screening those cases, intake determines whether cases can be closed to the department upon referral to community-based services or if the family warrants legal status or a higher level of DCYF oversight and permanency planning which results in transfer to DCYF Family Service Units.

The investigation start date is defined as the date when CPS first had face-to-face contact with the alleged victim of the child maltreatment or attempted to have face-to-face contact. The data are recorded as a date/timestamp which includes the date and the time of the contact or attempted contact.

Children

The NCANDS term “other” maltreatment type includes institutional allegations such as corporal punishment, other institutional abuse, and other institutional neglect. The current policy is that only the named victim has an allegation, and the facility or home is referred to the licensing unit to look at licensing violations rather than child abuse or neglect.

Fatalities

The fatalities reported for child abuse and neglect in the Child and Agency Files only come from those reported to the department and recorded in RICHIST. By state law, all child maltreatment is required to be reported to DCYF, regardless of whether it results in a death. There are no other sources except RICHIST that collect fatality information.

South Carolina

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General

South Carolina has continued with Community-Based Prevention Services (CBPS), which began in January 2012. This program serves as the South Carolina Department of Social Services' (DSS) alternative response program. DSS utilizes the Safety and Risk Matrix to assess intakes made to the abuse and neglect hotline. Accepted intakes are assigned to investigation if safety or high risk issues are present. Referral to CBPS is only for those cases in which the intake and resulting matrix assessment indicate low to moderate risk. These cases are not accepted by the agency for investigation. CBPS is a contracted service with private providers with an interface for assessments and dictation which is populated in the Statewide Automated Child Welfare Information System (SACWIS). The families referred for CBPS were reported in the submission 2014 NCANDS, with a disposition of alternative response nonvictim and a maltreatment type of "other." All demographic information was reported on these children. When the state has the capability to report additional information, such as services and allegations, it will be included in the report.

Reports

In 2014, additional training was implemented in conjunction with the Center for Child and Family Studies to increase the skill set of dedicated intake staff who receive calls on the abuse and neglect hotline. Counties were instructed to have dedicated intake staff. Several counties had also begun to cluster intake and focus on using skilled, dedicated practitioners. These actions resulted in:

- more appropriate decision making, including screening out those cases that do not need an agency response;
- increasing the reports that were accepted for investigation;
- increasing the number of investigations that were unsubstantiated;
- increasing the workload of the investigative staff which would contribute to the response time increase on investigations; and
- decreasing the number of children and families referred to CBPS.

Children

In 2014, DSS, in conjunction with the Children Law Center, implemented regionally based trainings that focused on improving skills related to child abuse investigations. Enhanced training on more specific notation of typology or maltreatment types to note all types of abuse alleged in a case, not just the primary type, which would result in an increase in the number and types of maltreatments recorded. The decrease in maltreatment type of "other" is due to the decrease in the number of children and families referred to CBPS.

Additional training and supervision was provided to the unit that is responsible for investigation of abuse and neglect in foster care. Some additional changes to the intake of this unit also contributed to the increase in substantiated allegations of abuse and neglect of children in foster care.

South Carolina *(continued)*

Fatalities

The coroner, medical examiner, law enforcement, and the Department of Health and Environmental Control (Bureau of Vital Statistics Division) report all child deaths that were not the result of natural causes, to the State Law Enforcement Division (SLED) for an investigation. SLED refers their findings to the State Child Fatality Committee for a review. The children whose deaths appear to have been a result of child maltreatment by someone acting in the role of loco parentis are reported to DSS by SLED during their investigation. This list is compared to the agency SACWIS system by name, date of birth, date of death, and parents' names to ensure there is no duplication in reporting the fatalities in the NCANDS Child and Agency Files.

During FFY 2014 there was an increase in child fatalities. While there was no policy or legislative changes that impacted child fatalities, there was one case that included the death of five children. The Agency File includes only child fatalities that occurred in FFY 2014.

South Dakota

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General

Child protective services (CPS) does not utilize the differential response model. CPS either screens in reports, which are assigned as initial family assessments, or the reports are screened out. However, the initial family assessment allows CPS to open a case for services based on safety threats without substantiation. The state refers reports to other agencies if the report does not meet the requirements for assignment, and it appears the family could benefit from the assistance of another agency.

Reports

CPS child abuse and neglect screening and response processes are based on allegations that indicate the presence of safety threats, which includes the concern for child maltreatment. CPS makes screening decisions through the use of the Screening Guideline and Response Decision Tool. Assignment is based on child safety and vulnerability. The response decision is related to whether the information reported indicates present danger, impending danger, or any other safety threat. A report is screened out if it does not meet the criteria in the Screening Guideline and Response Decision Tool as described above.

The 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 four types: neglect, physical abuse, sexual abuse, and emotional maltreatment. Medical neglect is included in the neglect category.

Children

The data reported in the Child File include children who were victims of substantiated reports of child abuse and neglect where the perpetrator is the parent, guardian, or custodian.

There is a 10.0 percent decrease in child victims from federal fiscal year (FFY) 2013 as a result of fewer substantiated findings of child abuse and neglect. CPS will consider an analysis of the reasons for the decrease after review of more data.

There is also a 3.6 percent increase in response time from FFY 2013. CPS trainers are always training workers to respond within the designated timeframes. To assure the safety of children, CPS provides ongoing attention to the response time and seeing the child right away.

Fatalities

Children who died due to substantiated child abuse and neglect by their parent, guardian or custodian are reported as child fatalities. The number reported each year are those victims involved in a report disposed during the report period, even if their date of death may have actually been in the previous year. The state reports child fatalities in the Child File and the Agency File.

South Dakota Codified Law (SDCL) 26-8A-3 mandates which entities are required to report child abuse and neglect..

“26-8A-3. Persons required to report child abuse or neglected child--Intentional failure as misdemeanor. Any physician, dentist, doctor of osteopathy, chiropractor, optometrist, mental health professional or counselor, podiatrist, psychologist, religious healing practitioner, social worker, hospital intern or resident, parole or court services officer, law enforcement officer, teacher, school counselor, school official, nurse, licensed or registered child welfare provider, employee or volunteer of a domestic abuse shelter, chemical dependency counselor, coroner, or any safety-sensitive position as defined in subdivision 23-3-64(2), who have reasonable cause to suspect that a child under the age of eighteen has been abused or neglected as defined in § 26-8A-2 shall report that information in accordance with §§ 26-8A-6, 26-8A-7, and 26-8A-8. Any person who intentionally fails to make the required report is guilty of a Class 1 misdemeanor. Any person who knows or has reason to suspect that a child has been abused or neglected as defined in § 26-8A-2 may report that information as provided in § 26-8A-8.”

SDCL 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 (the Statewide Automated Child Welfare Information System). 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.

South Dakota *(continued)*

Services

The Agency File data include services provided to children and families where funds were used for primary prevention from the Community-Based Family Resource and Support Grant. This primarily involves individuals who received benefit from parenting education classes or parent aide services.

Data are not reported by the state for those elements where state data are missing.

Tennessee

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Reports

A referral may be screened out for the following reasons:

- allegation previously investigated
- alleged victim is 18 years or older
- duplicate referral
- family resides out of state
- illegal placement; no services to be provided
- incomplete referral packet
- no allegation of harm or imminent harm
- no identifying information available
- out of state incident—no one in Tennessee
- preliminary report—SIDS—nonsuspicious death
- prenatal abuse and neglect

Children

The NCANDS category of “other” report source includes when a licensed person from a social services agency makes the referral.

Fatalities

All child maltreatment fatalities are extracted from the Statewide Automated Child Welfare Information System (SACWIS) and reported in the Child File.

Perpetrators

The following perpetrators fields are captured by the SACWIS in the case recording narrative and cannot be extracted for reporting purposes:

- perpetrator-1 as caregiver
- perpetrator-2 as caregiver
- perpetrator-3 as caregiver
- incident date

As part of the agency’s investigation (the state’s definition) related to the allegation[s] for a given intake, both investigation and assessment activities may occur during the agency’s evaluation of a single intake.

In submissions prior to federal fiscal year (FFY) 2014, both investigation and assessment maltreatments were reported in the same report-child (RC)-pair. This resulted in numerous data validation errors and records being discarded by EVAA.

Starting with the FFY 2014 reporting period, investigations and assessments, related to the same intake, are reported as two separate records. This has the effect of increasing the number of RC-pairs

Tennessee *(continued)*

being reported and reducing the number of records being discarded by EVAA, but does not affect the number of unique child victims or unique perpetrators being reported.

Services

The following services fields are captured by the SACWIS in the case recording narrative and cannot be extracted for reporting purposes:

- family preservation services
- family planning services
- housing services
- information and referral services

The following services fields are not collected and cannot be reported:

- number of out-of-court contacts between the court-appointed representatives and the child victims they represent
- unique child victims eligible for referral to agencies providing early intervention services
- unique child victims actually referred to agencies providing early intervention services under Part C of the Individuals with Disabilities Education Act.

Texas

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Reports

All reports of maltreatment within the Department of Family and Protective Services' (DFPS) jurisdiction are investigated, excluding those which during the screening process are determined not to warrant an investigation based on reliable collateral information.

The state considers the start of the investigation to be the point at which the first actual or attempted contact is made with a principal in the investigation. In some instances, the worker will get a report about a new incident of abuse or neglect involving a family who is already being investigated or receiving services in an open child protective services (CPS) case. There are also instances in which workers begin their investigation when families and children are brought to or walk-in an office or 24-hour shelter. In both situations, the worker would then report the maltreatment incident after the first face-to-face contact initializing the investigation has been made. Because the report date is recorded as the date the suspected maltreatment is reported to the agency, these situations would result in the report date being after the investigation start date.

The state's CPS schema regarding disposition hierarchy differs from NCANDS hierarchy. The state has "other" and closed-no finding codes as superseding unsubstantiated at the report level. Texas works on the principle that the two ends of the disposition spectrum are founded and unfounded with all else in the middle. NCANDS takes a slightly different view that the two sure points are founded and unfounded and everything else is less than either of these two points. The state's hierarchy for overall disposition is, from highest to lowest, "reason to believe," "unable to determine," "unable to complete," and "ruled out." An inconsistency in the hierarchies for the state and for NCANDS occurs in investigations where an alleged victim has multiply maltreatment allegations and one has a disposition of unable to determine while the other has a maltreatment disposition of ruled out. According to the state's hierarchy, the overall disposition for these investigations is unable to determine. Mapping the report disposition to unsubstantiated as indicated in the NCANDS's Report Disposition Hierarchy report would be inconsistent with state policy.

There is no CPS program requirement or state requirement to capture incident date so there is no data field in the Statewide Automated Child Welfare Information System (SACWIS) system for this information. Historical problem: the date when an abuse/neglect incident happened does not conform to only one date when abuse/neglect is ongoing. Therefore identifying one date would be inaccurate.

Children

The state does not make a distinction between substantiated and indicated victims.

A child has the role of designated victim when he or she is named as a victim in an allegation that has a disposition of reason to believe.

A person (child or adult) has the role of unknown (unable to determine) when he or she is named in an allegation that has a disposition of unable to determine but is not named in another allegation that has a disposition of reason to believe.

A person (child or adult) has the role of unknown (unable to complete) when he or she is named in an allegation that has a disposition of unable to complete but is not named in another allegation that has a disposition of reason to believe or unable to determine.

A person (child or adult) has the role of not involved when: all the allegations in which the person is named have a disposition of ruled out, the overall disposition for the investigation is administrative closure, or the person was not named in an allegation as a perpetrator or victim.

The state can provide data for living arrangement at the time of the alleged incident of maltreatment only for children investigated while in a substitute care living situation. All others are reported as unknown.

Fatalities

The source of information used for reporting child maltreatment fatalities is the reason for death field contained in the DFPS IMPACT system.

DFPS is the primary agency required by law to investigate and report on child maltreatment fatalities in Texas when the perpetrator is a person responsible for the care of the child. Information from the other agencies/entities listed above is often used to make reports to DFPS that initiate an investigation into suspected abuse or neglect that may have led to a child fatality. Also, DFPS uses information gathered by law enforcement and medical examiners' offices to reach dispositions in the child fatalities investigated by DFPS. Other agencies, however, have different criteria for assessing and evaluating causes of death that may not be consistent with the child abuse/neglect definitions in the Texas Family Code and/or may not be interpreted or applied in the same manner as within DFPS.

Perpetrators

Relationships reported for individuals are based on the person's relationship to the oldest alleged victim in the investigation. The state is unable to report the perpetrator's relationship to each individual alleged victim but rather reports data as the perpetrator relates to the oldest alleged victim.

Currently the state's relationship code for foster parents does not distinguish between relative/non relative.

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General

In 2011, Utah centralized their intake functions to one statewide call-in center. The purpose of this was to be able to have Division of Child and Family Services (DCFS) intake staff available 24 hours a day and to improve statewide consistency in the screening functions.

Reports

The investigation start date is defined as the date a child is first seen by child protection services (CPS). The data are captured in date, hours, and minutes. A referral is screened out in situations including, but not limited to:

- The minimum required information for accepting a referral is not available.
- As a result of research, the information is found not credible or reliable.
- The specific incidence or allegation has been previously investigated and no new information is gathered.
- If all the information provided by the referent were found to be true and the case finding would still be unsupported.
- The specific allegation is under investigation and no new information is gathered.

The state uses the following findings:

- Supported—a finding, based on the information available to the worker at the end of the investigation, that there is a reasonable basis to conclude that abuse, neglect, or dependency occurred, and that the identified perpetrator is responsible.
- Unsupported—a finding based on the information available to the worker at the end of the investigation that there was insufficient information to conclude that abuse, neglect, or dependency occurred. A finding of unsupported means that the worker was unable to make a positive determination that the allegation was actually without merit.
- Without merit—an affirmative finding at the completion of the investigation that the alleged abuse, neglect, or dependency did not occur, or that the alleged perpetrator was not responsible.
- Unable to locate—a category indicating that even though the DCFS CPS worker has followed the steps outlined in DCFS practice guideline and has made reasonable efforts, the DCFS CPS worker has been unable to make face-to-face contact with the alleged victims to investigate an allegation of abuse, neglect, or dependency and to make a determination of whether the allegation should be classified as supported, nonsupported, or without merit.

Children

Prior to May 2011, state law defined domestic violence in the presence of a child or a child's knowledge of domestic violence as abuse. This was mapped to the NCANDS category of psychological maltreatment. Changes in state statute effective May 2011, altered when DCFS accepts investigations related to domestic violence. We have seen a reduction in domestic violence related cases since that time.

The state's category of "other" maltreatment type includes failure to protect, dependency, safe relinquishment of a newborn, and pediatric condition falsification. Prior to federal fiscal year (FFY)

2011, child endangerment also was mapped to “other” maltreatment. This category is now mapped to physical abuse. The definition of child endangerment is subjecting a child to threatened harm. This also includes, but is not limited to, conduct described in:

- Utah Code Ann. §76-5-112: recklessly engaging in conduct that creates a substantial risk of death or serious bodily injury to a child, or
- Utah Code Ann. §76-5-112.5: knowing or intentionally causing or permitting a child to be exposed to, inhale, ingest, or have contact with a controlled substance, chemical substance, or drug paraphernalia (as these terms are defined in this section). “Exposed to” means the child is able to access or view an unlawfully possessed controlled substance or chemical substance, has reasonable capacity to access drug paraphernalia, or is able to smell an odor produced during or because of the manufacture or production of a controlled substance.

In 2011–2012, Utah DCFS reviewed sexual abuse definitions with our attorneys. This has led to additional cases being opened. Additionally changes to expungement laws have led to separate cases being opened if there were multiple perpetrators involved in one incident to facilitate the ability to expunge cases. Both of these have led to an increase in the number of sexual abuse cases investigated. Rule changes are being proposed that may lead to further changes regarding sexual abuse in the future.

A group of IDs have been identified for unknown or purged children. These IDs are valid for FFY 2009 forward. Cases may be purged when the maltreatment was without merit.

Fatalities

Concerns related to child abuse and neglect, including fatalities, are required to be reported to the Utah DCFS. Fatalities where the CPS investigation determined the abuse was due to abuse or neglect are reported in the NCANDS Child File.

Perpetrators

A group of IDs have been identified for unknown or purged perpetrators. These IDs are valid for FFY 2009 forward. Cases may be purged when the maltreatment was without merit.

Services

During the home visit and with the parent’s permission, the CPS caseworker completes the developmental screening tool on the identified child using the Nipissing screening tool. If the screening indicates a need for further assessment, the CPS caseworker will either leave a pamphlet with the contact information for early intervention services or the worker will contact early intervention for them. The caseworker also leaves the screening tool with the caregiver for follow up purposes. The caseworkers document in Statewide Automated Child Welfare Information System whether they completed the screening, whether a need for further assessment was identified, and whether the parent requested help with the referral.

Vermont

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General

In July 2009, Vermont implemented a differential response program, with an assessment track and an investigation track. About 40 percent of cases are assigned to the assessment pathway. In the assessment pathway, the disposition options are services needed and no services needed. Cases assigned to the assessment pathway may be switched to the investigation pathway, but not vice versa. Data from both pathways are reported to NCANDS. The Family Services Division is responsible for investigating allegations of child abuse or neglect by caregivers and investigate sexual abuse by any person (not just caregivers). The department investigates risk of physical harm and risk of sexual abuse.

Reports

Vermont operates a statewide child protection hotline, available 24/7. All intakes are handled by social workers and screening decisions are handled by hotline supervisors. These same supervisors make the initial track assignment decision. All calls to the child abuse hotline are counted as referrals, resulting in a very high rate of referrals per 1,000 children, and making it appear that Vermont has a very low screen-in rate. Reasons for screen out include: (1) duplicate report and (2) report does not concern child maltreatment as defined in state statute.

Children

The Family Services Division is responsible for investigating allegations of child abuse or neglect by caregivers and sexual abuse by any person. The department investigates risk of physical harm and risk of sexual abuse.

Fatalities

The department is an active participant in Vermont's Child Fatality Review Committee.

Perpetrators

For sexual abuse, perpetrators include noncaregiver perpetrators of any age.

Services

Following an investigation or assessment, a validated risk assessment tool is applied. If the family is classified as at high or very high risk for future child maltreatment, the family is offered in-home services, and may be referred to other community services designed to address risk factors and build protective capacities.

Virginia

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General

In accordance with Virginia Administrative Code 22VAC40-705-130(A)(3) the record of the unfounded case shall be purged one year after the date of the complaint or report if there are no subsequent founded or unfounded complaints and/or reports regarding the individual against whom allegations of abuse and/or neglect were made or regarding the same child in that one year. Therefore, with each subsequent data resubmission there is a decrease in the number of unsubstantiated reports submitted.

The Virginia Administrative Code 22VAC40-705-10 defines family assessment as the collection of information necessary to determine:

- the immediate safety needs of the child;
- the protective and rehabilitative services needs of the child and family that will deter abuse or neglect;
- risk of future harm to the child; 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 caregiver(s) of the child.

Reports

Reports placed in the investigation track receive a disposition of "founded" (substantiated) or "unfounded" (unsubstantiated) for each maltreatment allegation. Reports placed in the family assessment track receive a family assessment; no determination is made as to whether or not maltreatment actually occurred. Virginia reports these family assessment cases as alternative response nonvictim.

A number of family assessment cases were not reported to NCANDS because of unknown maltreatment type. An edit was applied in the case management system to address the issue and it took effect about half way during the reporting period.

The response time is determined by the priority assigned to the valid report based on the information collected at intake. It is measured from the date of the report. The department continues to seek improvements to the automated data system and to provide technical assistance to local departments of social services to improve documentation of the initial response to the investigation or family assessment.

Due to a change among Virginia's position tracking system, the state adopted a new methodology to compute the number of staff responsible for child protective services (CPS) functions.

Virginia has placed a tremendous amount of effort in training and educating the general public, specifically mandated reporters, in recognizing and reporting suspected child abuse and neglect. In

Virginia *(continued)*

2012, the law added many additional mandated reporters. Additionally, there has been a substantial increase in national, state, and local media interest in CPS.

Children

Virginia reports family assessment cases as alternative response nonvictim.

Fatalities

There was one child fatality not reported in the Child File. This child had a finding of founded that occurred during federal fiscal year (FFY) 2014. It was not captured in the case management system at the time the Child File was extracted and hence not reported in the Child File. The number of reported fatalities increased in FFY 2014 due to improved reporting and management related to child fatalities.

Washington

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General

Implementation of a new intake type, child protective services (CPS) risk only, during federal fiscal year (FFY) 2009 resulted in fluctuation in total referrals reported to NCANDS in FFY 2009 and FFY 2010. These intakes are excluded because there are no identified victims or findings. CPS risk only intakes involve a child whose circumstances places him or her at imminent risk of serious harm but does not include CA/N allegations. A complete investigation is required and if the intake is later determined to meet criteria of CPS, a victim and findings will be recorded and the record included in the NCANDS Child File.

Department Licensed Resources, CPS, and CPS risk only intakes can also involve the alleged abuse or neglect of 18–21 year olds in facilities licensed or certified to care for children. A complete investigation is required. If during the course of the investigation it is determined that a child younger than 18 was also allegedly abused, the investigation would then meet the criteria for a CPS investigation rather than a CPS risk only investigation. A victim and findings will be recorded and the record included in the NCANDS Child File. For intakes containing child abuse and neglect allegations, response times are determined based on a sufficiency screen. Response times may be 24 hours, 72 hours or 10 days for alternate intervention. For families with children determined to be of low risk of harm, alternative intervention services are offered. Alternative response services are offered by community-based contracted providers to families in conflict but needing the least intrusive intervention to ensure child safety.

During calendar year (CY) 2012, Washington's Children's Administration (CA) has been actively preparing for the start of the new CPS differential response program (FAR). This program began January 2014 and will be phased in across the state over a 2-year period. To prepare for this program, the CA's current alternate intervention program (10-day response time) will be going away and will be replaced by the FAR program. We have been diligently working our quality assurance measures for this specific program area and have seen an increase in intakes being screened in at a higher level or being screened out completely.

Reports

The NCANDS category of "other" disposition previously included the number of reports that resulted in inconclusive investigations. Referrals that have been determined to be low risk are reported as alternative response nonvictim. Intakes alleging child abuse and neglect must meet sufficiency.

Washington's sufficiency screening consists of three points:

- Allegations must meet the Washington Administrative Code (WAC) for child abuse and neglect.
- The alleged victim of child abuse and neglect must be younger than 18 years.
- The alleged subject of child abuse or neglect has a role of parent, acting in loco parentis, or unknown.

Intakes that do not meet one of the above criteria do not screen in for investigation. Intakes that allege a crime has been committed but not meeting the state's screening criteria are referred to the law enforcement jurisdiction where the alleged crime occurred.

Children

An alleged victim is substantiated if any of the alleged child abuse or neglect was founded; the alleged victim is reported as unsubstantiated if all alleged child abuse or neglect identified was unfounded. The NCANDS category of "other" disposition previously included the number of children in inconclusive investigations. Legislative changes resulted in inconclusive no longer being a findings category. The NCANDS category of neglect includes medical neglect.

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

CA began maintaining a separate database of child fatality data (AIRS) in 2002. At that time the CAMIS system was used before the State Automated Child Welfare Information System (SACWIS) was implemented. CAMIS did not support a database of child fatality and other critical incident information. In February 2009, CA released a new SACWIS system (FamLink). The objective was to have all child fatality and other critical incident information stored in FamLink and the reporting of all critical incidents would be done through FamLink. However, this plan was shelved due to budgetary considerations. FamLink does identify child fatalities and other critical incidents, but it does not include the level of detail necessary to determine whether the fatality was the result of abuse and neglect. This information continues to be maintained in the AIRS database.

Perpetrators

The perpetrator relationship value of residential facility provider/staff is mapped to the NCANDS value of group home or residential facility staff based on whether or not the child was in an open placement. When residential facility provider/staff is selected and the child is in foster care then it is mapped to group home or residential facility staff. If the child was abused by residential facility provider/staff and the child was NOT in an open placement the perpetrator relationship is mapped to "other." This was not a distinction in the data reported 2008 and earlier. The NCANDS category of "other" perpetrator relationship includes "other" and babysitter.

The parental type relationship is a combined parent birth/adoptive value. Because the NCANDS field separates biological and adoptive parent and Washington's system does not distinguish between the two, parent birth/adoptive is mapped to the NCANDS category of unknown parent relationship.

Services

Families received preventive services from the following sources: community networks, CPS child care, family reconciliation services, family preservation, and intensive family preservation services. The number of recipients of the community-based family resource and support grant is obtained from the Community-Based Child Abuse Prevention Program.

West Virginia

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General

West Virginia does not have a differential response program.

Reports

Receipt of a report is defined as the login of a call to the agency from a reporter alleging child maltreatment. Initial investigation is defined as face-to-face contact with the alleged victim, when this is appropriate, or contact with another person who can provide information essential to the disposition of the investigation or assessment. The response time is exclusive to the alleged victim and contact with another person is not a factor in determining response time. On July 1, 2014, West Virginia began operation of a centralized intake unit for abuse and neglect complaints to improve consistency in evaluation and decisions related to reports of abuse and neglect. The central intake unit is operated seven days a week, 24 hours a day by staff employed by the Bureau for Children and Families, which replaced the former system of abuse and neglect reports being taken by staff at county offices during the day and a contract agency after regular business hours. The new intake/assessment unit that took effect included new, more specific reporter types. In addition to this, a policy change was implemented where the time to first contact on accepted referrals was reduced and should occur within 72 hours of the referral being accepted rather than in 14 days or less.

Fatalities

Prior to the operation of the new intake/assessment tool, child fatality was its own maltreatment type and not associated with any of the other options, i.e. physical abuse, neglect, etc. As such, these were always reported in the “other” maltreatment type. With the new assessment tool, child fatalities will be correctly reported in the corresponding maltreatment type, i.e. physical abuse, neglect, etc.

Services

Over the past year the department has collaborated with other state agencies, such as Birth to Three and Right from the Start, which resulted in increased referrals to agency programs. Economic factors over the past year have also increased the number of families accessing Family Resource Centers for assistance with diapers, clothing, and food.

Wisconsin

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General

There were no significant state policy changes that affect the data submission. However, multiple revisions to the Statewide Automated Child Welfare Information System (SACWIS) were made recently to prevent some errors from occurring in the future. For example, our SACWIS system has been revised to require the race and ethnicity of victims and perpetrators to be reported. Alternative Response (AR) continues to be rolled out to more counties; however, Milwaukee County, the largest county in the state, scaled back AR in order to focus on closing investigations in a timely manner. This has created a shift in our maltreatment and child victim data.

Wisconsin has substantially improved the time to the investigation start by strengthening policy, data collection, monitoring, and technical assistance. Wisconsin's standard is that investigations must begin on the same day, within 48 hours, or within 5 days, depending on present or impending danger threats to the alleged child victim.

Reports

The state data are child-based where each report is associated with a single child. The report date refers to the date when the agency was notified of the alleged maltreatment and the investigation start date refers to the date when the agency made initial contact with the child or other family member. In Wisconsin's child protective services (CPS) system, several maltreatment reports for a single child may be assessed in a single investigation.

There are a variety of reasons why a report might be screened out. In most cases screened-out reports are those reports where the information provided does not constitute maltreatment of a child or risk of maltreatment of a child. Additionally, when multiple reports are made about the same maltreatment, the subsequent reports may be screened out. In Wisconsin, CPS agencies are not required to investigate instances of abuse by noncaregivers, so those reports may be screened out. In rare instances cases may be screened out because there is not enough identifiable information to do an assessment. Finally, cases may be screened out because jurisdiction more properly rests with another state.

Select counties in Wisconsin have implemented AR. Maltreatment disposition for AR assessments result in identifying whether services are needed and will appear in NCANDS as alternative response nonvictim dispositions.

Children

A child is considered to be a victim when an allegation is substantiated. The NCANDS unsubstantiated maltreatment disposition includes instances where the allegation was unsubstantiated for that child, or when critical sources of information cannot be found or accessed to determine whether or not maltreatment as alleged occurred.

Fatalities

The count of fatalities includes only those children who were subjects of reports of abuse or neglect in which the maltreatment allegation was substantiated. No agency other than Wisconsin Department of Children and Families is used to compile child maltreatment fatality information; all fatalities are reported in the Child File.

Perpetrators

Perpetrators and perpetrator detail is included for allegations where the child was substantiated. The NCANDS category “other” perpetrator relationship includes perpetrators who are not primary or secondary caregivers to the child (i.e. noncaregivers) such as another child or peer to the child victim or a stranger. As described above, there are no substantiations in AR cases, so the alleged perpetrators in AR cases will not show up as substantiated perpetrators. If services are needed, that is an assessment level determination, not a determination about a specific perpetrator.

Services

The state continues to support data quality related to service documentation and ultimately to modify the NCANDS file to incorporate services reporting for future data submissions.

Wyoming

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General

The Wyoming Department of Family Services (DFS) strives to ensure the safety, permanency, and well-being for all children and families through community efforts as demonstrated in the vision and mission of DFS.

The DFS organizational structure includes the Director's Unit and two service divisions. The Assistance Division includes Child and Home Support and Family Assistance, and the Services Division houses Social Services and Clinical Services. Social Services is established to administer and supervise all child welfare, juvenile probation, and adult protection services, with the functions of policy development, training, strategic planning, and continuing quality improvement centralized at the state level. Policy and practice standards are uniform across the state, and the state utilizes a centralized State Automated Child Welfare Information System (SACWIS) known as Wyoming Children's Assistance and Protection System (WYCAPS) for the purposes of case management and documentation.

The state is comprised of 23 counties and the Wind River Reservation. Through contract, DFS provides technical assistance and funding for the two Tribal social services programs which administer their own social services programs.

At least one DFS county field office is located in each county. DFS divides Wyoming into nine social service districts to coincide with the nine judicial districts. The Services Division Administrator oversees eight District Managers. These District Managers are in turn responsible for the direct supervision of staff within their district.

Although the Social Services programs are state administered, the services and case management functions are managed and provided at the county field office level. Services are provided directly through DFS or can be purchased on behalf of eligible clients under the supervision of the state office. These services are administered through county field offices or through the Wyoming Boys School and Wyoming Girls School. DFS does not contract for any primary casework functions and is responsible for conducting and managing intakes, assessments, investigations, and on-going family-based and foster care services.

Reports

Wyoming did not have an increase or decrease of 10 percent or more of investigations or assessments in federal fiscal year (FFY) 2014

Wyoming continues to have a multiple track system, which includes the following:

- Prevention cases are reports in which there are no allegations of abuse/neglect, but services may assist the family in an effort to prevent abuse and/or neglect.

Wyoming *(continued)*

- Assessment cases are reports in which allegations of abuse and/or neglect exist, but the abuse does not rise to a level of an investigation.
- Investigations are assigned when the abuse and/or neglect is a major injury or fatality, imminent danger exists, protective custody was taken, and/or criminal charges are likely.

Wyoming still requires immediate action on children in imminent danger (face-to-face within 24 hours). Although the SACWIS will show minutes and hours, the data measure is kept in days units.

The state has an “incident base” SACWIS, therefore, it does not provide information regarding the number of children screened out.

Children

Wyoming did not have an increase or decrease of 10 percent or more child victims in FFY 2014 than FFY 2013.

Fatalities

Wyoming did have an increase in child fatalities in FFY 2014 as compared to the number reported in FFY 2013.

Perpetrators

Wyoming did not have an increase or decrease of 10 percent or more perpetrators in FFY 2014 than FFY 2013.

Services

Wyoming allows families to receive services on the voluntary basis through Prevention Track and Assessment Track. Families may receive services through this process to prevent abuse and/or neglect or any risks that may be present in the family.

Wyoming also receives Family Preservation and Community-Based Child Abuse Prevention Funds, to serve families before abuse and/or neglect occurs. These grants are allocated to service providers who provide services to families. SACWIS does not calculate data on the number of children/families served through these programs.

Wyoming reports the number of children eligible and the number of children referred to services under the Individuals with Disabilities Education Act. These include victims age 0 to 6 years.

