23rd YEAR OF REPORTING

Child Maltreatment 2012

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

ACF

Children's Bureau

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The NCANDS Contracting Officer's Representative may be reached at the following address:

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

Child Maltreatment 2012

DEPARTMENT OF HEALTH & HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES
Administration on Children, Youth and Families
1250 Maryland Avenue, SW, Washington, D.C. 20024

Letter from the Associate Commissioner:

I am pleased to present *Child Maltreatment 2012*. This is the 23rd edition of the annual report on child abuse and neglect data collected via the National Child Abuse and Neglect Data System (NCANDS). This report is based on federal fiscal year 2012 data submitted by 49 states, the District of Columbia, and the Commonwealth of Puerto Rico. The report reflects our commitment to provide the most complete national information about children and families known to states' child protective services (CPS) agencies. Key findings in this report include:

- From 2008 to 2012, overall rates of victimization declined by 3.3 percent, from 9.5 to 9.2 per 1,000 children in the population. This results in an estimated 30,000 fewer victims in 2012 (686,000) compared with 2008 (716,000).
- Since 2008, overall rates of children who received a CPS response increased by 4.7 percent, from 40.8 to 42.7 per 1,000 children in the population. This results in an estimated 107,000 additional children who received a CPS response in 2012 (3,184,000) compared to 2008 (3,077,000).
- Nationally, four-fifths (78.3%) of victims were neglected, 18.3 percent were physically abused, 9.3 percent were sexually abused and 8.5 percent were psychologically maltreated.
- For 2012, a nationally estimated 1,640 children died of abuse and neglect at a rate of 2.20 children per 100,000 children in the national population.

The *Child Maltreatment 2012* report includes national- and state-level findings about investigations and assessments, perpetrators of maltreatment, and prevention and postinvestigation services.

I hope you continue to find this report useful and informative. The document is available from the Children's Bureau website at http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment. If you have any questions or require additional information about either the *Child Maltreatment 2012* report or about child maltreatment in general, please contact the Child Welfare Information Gateway at info@childwelfare.gov or 1–800–394–3366.
Sincerely,

/s/
JooYeun Chang
Associate Commissioner
Children's Bureau

Acknowledgements

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

National and state statistics about child maltreatment are derived from the data collected by child protective services agencies and reported to NCANDS. The data are analyzed, disseminated, and released in an annual report. *Child Maltreatment 2012* marks the 23rd 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.

This year's national statistics were based upon receiving data from 51 states, including the District of Columbia and the Commonwealth of Puerto Rico. Case-level data were received from all 51 states that submitted data.

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

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

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Summary

Overview

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

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

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

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

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

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

The data are submitted voluntarily by the 50 states, the District of Columbia, and the Commonwealth of Puerto Rico. The first report from NCANDS was based on data for 1990. This report for federal fiscal year (FFY) 2012 data is the 23rd issuance of this annual publication.

How are the data used?

NCANDS data are used for the *Child Maltreatment* report. 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 2012, CPS agencies received an estimated 3.4 million referrals involving approximately 6.3 million children. Among the 46 states that reported both screened-in and screened-out referrals, 62.0 percent of referrals were screened in and 38.0 percent were screened out.

For FFY 2012, 2.1 million reports were screened in, had a CPS response, and received a disposition. The national rate of reports that received a disposition was 28.3 per 1,000 children in the national population. An analysis of 5 years' worth of data on reports that received a response and resulted in a disposition reveals a relatively stable number of reports, with a slight and gradual increase in the rate of these reports, owing in part to a decrease in the child population.

Who reported child maltreatment?

For 2012, professionals made three-fifths (58.7%) of reports of alleged child abuse and neglect. The term professional means that the person had contact with the alleged child maltreatment victim as part of his or her job. This term includes teachers, police officers, lawyers, and social services staff. Nonprofessionals—including friends, neighbors, and relatives—submitted one-fifth of reports (18.0%). Unclassified sources submitted the remainder of reports (23.3%). 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.

The three largest percentages of report sources were from such professionals as legal and law enforcement personnel (16.7%), education personnel (16.6%) and social services personnel (11.1%).

Who were the child victims?

Fifty-one states submitted data to NCANDS about the dispositions of children who received one or more CPS responses. For FFY 2012, approximately 3.8 million (duplicate count) children were the subjects of at least one report. The duplicate count of child victims tallies a child each time he or she was found to be a victim. Approximately one-fifth of these children were found to be victims with dispositions of substantiated (17.7%), indicated (0.9%), and alternative response victim (0.5%). The remaining four-fifths of the children were determined to be nonvictims of maltreatment.

For FFY 2012, 51 states reported 678,810 (unique count) victims of child abuse and neglect. The unique count of child victims tallies a child only once regardless of the number of times he or she was found to be a victim during the reporting year. The unique victim rate was 9.2 victims per 1,000 children in the population. Using this rate, the national estimate of unique victims for FFY 2012 was 686,000. Victim demographics include:

- Victims in their first year of life had the highest rate of victimization at 21.9 per 1,000 children of the same age in the national population.
- Boys accounted for 48.7 percent and girls accounted for 50.9 percent of victims. Fewer than 1.0 percent of victims were of unknown sex.
- The majority of victims were comprised of three races or ethnicities—White (44.0%), Hispanic (21.8%), and African-American (21.0%).

What were the most common types of maltreatment?

As in prior years, the greatest percentage of children suffered from neglect. A child may have suffered from multiple forms of maltreatment and was counted once for each maltreatment type. CPS investigations or assessments determined that for unique victims:

- more than 75 percent (78.3%) suffered neglect
- more than 15 percent (18.3%) suffered physical abuse
- fewer than 10 percent (9.3%) suffered sexual abuse

How many children died from abuse or neglect?

Child fatalities are the most tragic consequence of maltreatment. For FFY 2012, 49 states reported 1,593 fatalities. Based on these data, a nationally estimated 1,640 children died from abuse and neglect. Analyses were performed on the number of child fatalities for whom case-level data were obtained:

- The national rate of child fatalities was 2.20 deaths per 100,000 children.
- Nearly three-quarters (70.3%) of all child fatalities were younger than 3 years old.
- Boys had a higher child fatality rate than girls at 2.54 boys per 100,000 boys in the population. Girls died of abuse and neglect at a rate of 1.94 per 100,000 girls in the population.
- Nearly 90 percent (85.5%) of child fatalities were comprised of White (38.3%), African-American (31.9%), and Hispanic (15.3%) victims.
- Four-fifths (80.0%) of child fatalities were caused by one or both parents.

Who abused and neglected children?

A perpetrator is the person who is responsible for the abuse or neglect of a child. Fifty states reported 512,040 unique perpetrators. The unique count tallies a perpetrator only once, regardless of the number of times the perpetrator is associated with maltreating a child. The following analyses were conducted using a unique count of perpetrators:

- Four-fifths (82.2%) of perpetrators were between the ages of 18 and 44 years.
- More than one-half (53.5%) of perpetrators were women, 45.3 percent of perpetrators were men, and 1.1 percent were of unknown sex.

Using a duplicated count of perpetrators, meaning a perpetrator is counted each time the same perpetrator is associated with maltreating a child, the total duplicated count of perpetrators was 893,659. For 2012:

- Four-fifths (80.3%) of duplicated perpetrators were parents.
- Of the duplicated perpetrators who were parents, 88.5 percent were the biological parents.

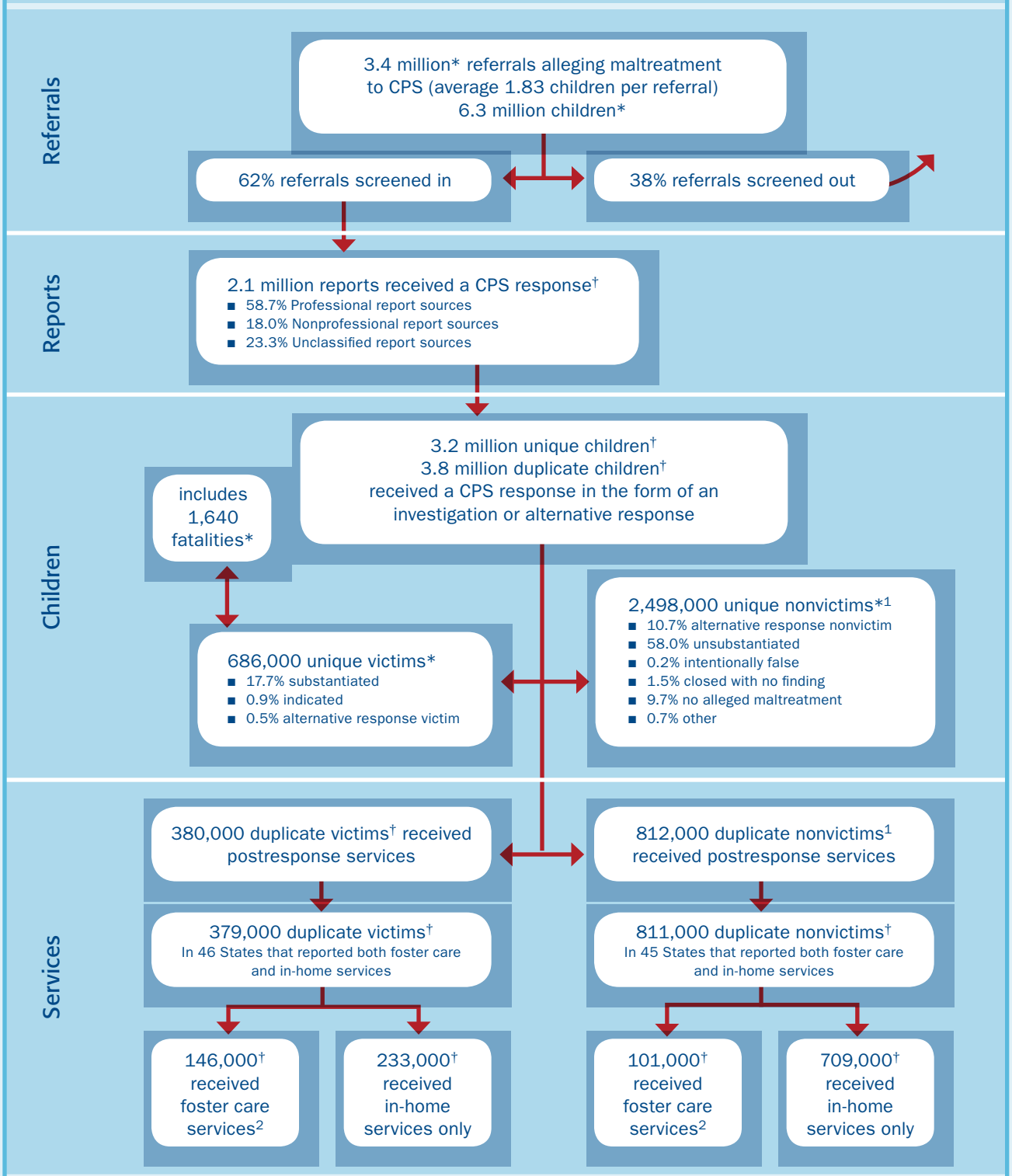
Who received services?

CPS agencies provide services to children and their families, both in their homes and in foster care. Reasons for the provision of 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 2012, for the duplicate count of children:

- Forty-five states reported approximately 3.2 million children received prevention services.
- Based on data from 48 states, 1,192,635 children received postresponse services from a CPS agency.
- Three-fifths (60.9%) of victims and 29.6% of nonvictims received postresponse services.

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

Exhibit S–1 Statistics at a Glance, 2012



* *Indicates a nationally estimated number. Please refer to the report* Child Maltreatment 2012 *http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment for information regarding how the estimates were calculated.*

† *Indicates a rounded number.*

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

2 *These children received foster care services and could have received in-home services.*

Introduction

CHAPTER 1

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

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

This *Child Maltreatment 2012* report presents national data about child abuse and neglect known to child protective services (CPS) agencies in the United States during federal fiscal year (FFY) 2012. 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 by CPS during FFY 2012, these data represent the universe of known child maltreatment cases.

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 has evolved from that initial report and is now in its 23rd 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 provided in appendix A.

CAPTA was most recently reauthorized and amended during December 2010. The CAPTA Reauthorization Act of 2010 added new data collection requirements, many of which will be addressed by NCANDS in the coming years.[2] NCANDS is subject to the Office of Management and Budget (OMB) approval process to renew existing data elements and to add new ones. This process occurs every 3 years.

A successful federal-state partnership is the core component of NCANDS. A State Advisory Group, comprised of state CPS program administrators and information systems managers, suggests strategies for improving the quality of data submitted by the states and reviews proposed modifications to NCANDS.

Annual Data Collection Process

The NCANDS reporting year is based on the FFY calendar; for *Child Maltreatment 2012* it was October 1, 2011 through September 30, 2012. 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 submited an aggregate data file called the Summary Data Component (SDC). As all states have the capacity to submit case-level data, the SDC was discontinued as of the 2012 data collection.

For FFY 2012, data were received from 51 states (unless otherwise noted, the term states includes the District of Columbia and the Commonwealth of Puerto Rico). All 51 reporting states submitted both a Child File and an Agency File.

Upon receipt of data from each state, a technical validation review is conducted to assess the internal consistency of the data and to identify probable causes for missing data. In some instances, the reviews concluded that corrections were necessary and the state was requested to resubmit its data.

Once a state's case-level data are finalized, counts are computed and shared with the state. The Agency File data also are subjected to various logic and consistency checks. (See appendix C for additional information regarding data submissions.)

With each *Child Maltreatment* report, the most recent population data from the U.S. Census Bureau are used to update all data years in each trend table.[3] Wherever possible, trend tables encompass 5 years of data. The most recent data submissions or data resubmissions from states also are included in trend tables. This may account for some differences in the counts from previously released reports. The population of the 51 states that submitted Child Files containing FFY 2012 data accounts for more than 74 million children or 99.4 percent of the Nation's child population younger than 18 years. (See table C–2.)

NCANDS as a Resource

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

The *Child Welfare Outcomes: Report to Congress* is an annual report based on state submissions to NCANDS. The report presents information pertaining to state performance on national child welfare outcomes that are based on accepted performance objectives for child welfare practice. NCANDS data also have been incorporated into the Child and Family Services Reviews (CFSR), which ensures conformity with state plan requirements in titles IV–B, and IV–E of the Social Security Act. NCANDS data are the basis for two of the CFSR national data indicators: absence of the recurrence of maltreatment and absence of maltreatment in foster care.

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

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

The National Data Archive on Child Abuse and Neglect (NDACAN) was established by the Children's Bureau to encourage scholars to use existing child maltreatment data in their research. As part of the Training and Technical Assistance Network, NDACAN acquires data sets from various national data collection efforts and from individual researchers, prepares the data and documentation for secondary analysis, and disseminates the data sets to 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 in their work.

Structure of the Report

Readers who are familiar with this report series will notice a change in the layout when compared to prior years. In several tables with multiple categories or years of data, counts are presented separately from percentages or rates to make it easier to compare numbers, percentages, or rates across columns or rows. Also, many tables now include additional years of data to facilitate trend analyses. To accommodate the additional space needed for this change, population data (when applicable) may not appear with the table and is instead available in Appendix C.

By making changes designed to improve the functionality and practicality of the report each year, the Children's Bureau endeavors to increase readers' comprehension and knowledge about child maltreatment. Feedback regarding changes made this year, suggestions for potential future changes, or other comments related to the *Child Maltreatment* report are encouraged. Feedback may be provided to the Children's Bureau's Child Welfare Information Gateway at info@childwelfare.gov.

The *Child Maltreatment 2012* report contains the additional chapters listed below. Large data tables and notes discussing methodology are located at the end of each chapter:

- Chapter 2, Reports—referrals and reports of child maltreatment
- Chapter 3, Children—characteristics of victims and nonvictims
- Chapter 4, Fatalities—fatalities that occurred as a result of maltreatment
- Chapter 5, Perpetrators—perpetrators of maltreatment
- Chapter 6, Services—services to prevent maltreatment and to assist children and families
- Chapter 7, Additional Research Related to Child Maltreatment—research activities that use NCANDS data or have special relevance to CPS

An NCANDS glossary of terms is provided in appendix B. The commentary section (appendix D) provides insights into policies and conditions that may affect state data. Readers are encouraged 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, reports, and responses of child protective services (CPS) agencies. CPS agencies use a two-stage process for handling allegations of child maltreatment: (1) screening and (2) response. During the screening stage, an initial notification—called a referral—alleging child maltreatment is received by CPS. In most states, a referral may include more than one child. Agency hotline or intake units conduct the screening process to determine whether the referral is appropriate for further action. Referrals that do not meet agency criteria are screened out or diverted from CPS to other community agencies.

CPS agencies conduct a response for all screened-in referrals—called reports. 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. Generally, this includes face-to-face contact with the victim and results in a disposition as to whether the alleged maltreatment occurred. In most states, the majority of reports receive investigations. An increasing number of reports are handled by an alternative response, which focuses primarily on the needs of the family. CPS systems that include both an investigation response and an alternative response are often referred to as differential response systems.

Screening of Referrals

A referral may be either screened in or screened out. Reasons for screening out a referral vary by state policy, but may include one or more of the following:

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

During FFY 2012, CPS agencies across the nation received an estimated 3.4 million referrals, an 8.3 percent increase since 2008. The estimate was based on a national referral rate of 46.1 referrals per 1,000 children in the population. The national estimate of 3.4 million referrals includes 6.3 million children. (See table 2–1, exhibit 2–A, and related notes.)

Exhibit 2–A Referral Rates, 2008–2012

Year	States Reporting	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		
2008	44	59,829,217	1,617,623	900,063	2,517,686	42.1	75,411,627	3,175,000
2009	47	64,780,672	1,715,604	978,463	2,694,067	41.6	75,512,062	3,141,000
2010	47	64,432,752	1,707,805	1,011,296	2,719,101	42.2	75,017,513	3,166,000
2011	47	64,263,576	1,767,236	1,057,136	2,824,372	43.9	74,783,810	3,283,000
2012	46	63,709,356	1,820,892	1,116,160	2,937,052	46.1	74,577,451	3,438,000

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

This table includes only those states that reported both screened-in and screened-out referrals. This is the first report for which states that reported 100.0 percent of referrals as screened in were included in this analysis.

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.

For FFY 2012, 46 states reported both screened-in and screened-out referral data (table 2–1). Those states screened in 62.0 percent and screened out 38.0 percent of referrals. Reviewing the percentages at the state level, 16 states screened in more than the national percentage, ranging from 64.7 to 100.0 percent. Thirty states screened out more than the national percentage, ranging from 39.2 to 77.8 percent. Three states do not screen out any referrals and report 100.0 percent of referrals screened in. Readers are encouraged to read state comments in appendix D for additional information about states' screening policies.

Report Dispositions

In most states, screened-in referrals (known as reports) receive an investigation response. This response includes assessing the allegation of maltreatment according to state law and policy. The primary purpose of an investigation is twofold: (1) to determine whether the child was maltreated or is at-risk of being maltreated and (2) to determine the child welfare agency's services response. In some states, an alternative response to an investigation is available. For those alternative responses, a determination about alleged maltreatment is not made.

For FFY 2012, more than 2 million reports received a disposition. In NCANDS, both types of CPS responses—investigation responses and alternative responses—receive dispositions. The national rate of reports that received a disposition was 28.3 per 1,000 children in the national population, a 5.6 percent increase since 2008 when the rate was 26.8 per 1,000 children in the population. (See exhibit 2–B and related notes.)

Exhibit 2–B Report Disposition Rates, 2008–2012

Year	States Reporting	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
2008	52	75,411,627	2,024,057	26.8	75,411,627	2,024,000
2009	52	75,512,062	2,000,508	26.5	75,512,062	2,001,000
2010	52	75,017,513	1,987,080	26.5	75,017,513	1,987,000
2011	52	74,783,810	2,047,167	27.4	74,783,810	2,047,000
2012	51	74,150,798	2,099,037	28.3	74,577,451	2,111,000

Data are from the Child File or the SDC.

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

If 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 1,000.

Report Sources

A report source is defined as the role of the person who notified a CPS agency of the alleged child maltreatment. 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, State Commentary, for additional information as to what is included in the category of "other" report source.

For FFY 2012, professionals submitted three-fifths of reports (58.7%). The highest percentages of reports came from legal and law enforcement personnel (16.7%), education personnel (16.6%), and social services personnel (11.1%). (See table 2–2 and related notes.) Nonprofessionals submitted one-fifth of reports (18.0%) and included mostly other relatives (6.7%), parents (6.5%), and friends and neighbors (4.5%). Unclassified sources submitted the remainder of reports (23.3%).

Examining 5 years of report source data shows that the distributions have been stable. The categories of professional, nonprofessional, and unclassified have fluctuated less than two percentage points across the years.

CPS Response Time

State policy usually establishes guidelines or requirements for initiating a CPS response to a report. The response time is defined as the time between the receipt of a referral alleging maltreatment to the state or local agency and face-to-face contact with the alleged victim (when appropriate), or with another person who can provide information on the allegation(s). States have either a single time-frame, which applies to responding to all reports, or different timeframes for responding to 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 screened-in report to the initiation of the investigation (or alternative response)." The national median for all reporting 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 percent from the prior year. Individual state data are not reported to OMB, but are presented here for the reader (See table 2–3 and related notes.).

Based on data from 34 states, the FFY 2012 average response time was 69 hours or 2.9 days; the median response time was 58 hours or 2.4 days (table 2–2). The response time data have fluctuated over the past 5 years, due in part to the number of states that reported data for each year.

CPS Workforce and Caseload

Given the large number and the complexity of CPS responses that are conducted each year, there is ongoing interest in the size of the workforce that performs CPS functions. In most agencies, screening, investigation response, and alternative response tasks are conducted by different groups of workers. In many rural and smaller 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 reported 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 report workers as full-time equivalents when possible and will continue to provide technical assistance.

For FFY 2012, 45 states reported a total workforce of 32,469. Thirty-nine states were able to report on 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 39 states that are able to report on workers with specialized functions, investigation and alternative response workers completed an average of 69 CPS responses per worker for FFY 2012. 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

- 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 (appendix C).

Table 2–1 Screened-in and Screened-out Referrals, 2012

- Screened-out referral data are from the Agency File and screened-in referral data are from the Child File.
- The layout of this table changed for *Child Maltreatment 2012*. The number columns and percentage columns are grouped together and the population data are no longer displayed on this table. Population data may be found in appendix C, table C–2.
- This table includes only those states that reported both screened-in and screened-out referrals. *Child Maltreatment 2012* is the first report for which states that reported 100.0 percent of referrals as screened in were included in this analysis.
- The national referral rate is based on the number of total referrals divided by the child population (table C–2) of reporting states and multiplying by 1,000.
- The national estimate of total referrals is based on the rate of referrals multiplied by the national child population of all 52 states. The result was divided by 1,000 and rounded to the nearest 1,000.
- The national estimate of children included in referrals was calculated by multiplying the average number of children included in a screened-in referral by the number of estimated referrals. The national estimate was rounded to the nearest 1,000.
- For FFY 2012, 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 children who received a CPS response (see table 3–1) by the number of reports with a disposition (see exhibit 2–B).

Table 2–2 Report Sources, 2008–2012

- Data are from the Child File or the SDC.
- The layout of this table was changed to group the number and percentage columns together.

Table 2–3 CAPTA Performance Measure: Response Time in Hours, 2008–2012

- Data are from the Agency File or the SDC.
- The development of estimates from Child File data also is being explored. If Child File data were used, all states could report on these data, but the precision of such estimates is unclear because data are collected in the Child File by date and not by time.
- Response time in hours was previously a Program Assessment Rating Tool (PART) measure

Table 2–4 Child Protective Services Workforce, 2012

- 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, 2012

- 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 39 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, 2012

State	Number			Percent		Rate per 1,000 Children Total Referrals
	Screened-In Referrals (Reports)	Screened-Out Referrals	Total Referrals	Screened-In Referrals (Reports)	Screened-Out Referrals	
Alabama	20,599	302	20,901	98.6	1.4	18.6
Alaska	7,048	9,940	16,988	41.5	58.5	90.8
Arizona	34,815	22,431	57,246	60.8	39.2	35.3
Arkansas	35,346	14,122	49,468	71.5	28.5	69.6
California	231,940	123,982	355,922	65.2	34.8	38.5
Colorado	31,066	43,171	74,237	41.8	58.2	60.3
Connecticut	24,646	18,133	42,779	57.6	42.4	53.9
Delaware	7,673	9,048	16,721	45.9	54.1	81.5
District of Columbia	6,647	845	7,492	88.7	11.3	68.4
Florida	167,742	60,032	227,774	73.6	26.4	56.9
Georgia	52,876	17,636	70,512	75.0	25.0	28.3
Hawaii						
Idaho						
Illinois	68,625	0	68,625	100.0	0.0	22.4
Indiana	73,007	48,062	121,069	60.3	39.7	76.1
Iowa	28,460	24,504	52,964	53.7	46.3	73.3
Kansas	22,096	14,299	36,395	60.7	39.3	50.2
Kentucky	51,296	18,749	70,045	73.2	26.8	68.8
Louisiana	24,650	21,565	46,215	53.3	46.7	41.3
Maine	7,782	9,772	17,554	44.3	55.7	66.0
Maryland	26,148	29,627	55,775	46.9	53.1	41.5
Massachusetts	37,678	37,761	75,439	49.9	50.1	53.8
Michigan	91,274	43,619	134,893	67.7	32.3	59.5
Minnesota	18,721	45,870	64,591	29.0	71.0	50.6
Mississippi	24,064	6,427	30,491	78.9	21.1	40.9
Missouri	62,880	16,857	79,737	78.9	21.1	56.8
Montana	7,593	5,577	13,170	57.7	42.3	59.3
Nebraska	12,730	17,960	30,690	41.5	58.5	66.2
Nevada	12,873	11,543	24,416	52.7	47.3	36.8
New Hampshire	9,089	4,954	14,043	64.7	35.3	51.1
New Jersey	60,615	0	60,615	100.0	0.0	29.9
New Mexico	16,279	16,236	32,515	50.1	49.9	63.2
New York						
North Carolina						
North Dakota	3,778	0	3,778	100.0	0.0	24.4
Ohio	81,036	79,257	160,293	50.6	49.4	60.2
Oklahoma	31,571	34,619	66,190	47.7	52.3	70.6
Oregon	23,972	37,930	61,902	38.7	61.3	71.9
Pennsylvania						
Puerto Rico						
Rhode Island	6,771	5,509	12,280	55.1	44.9	56.7
South Carolina	20,569	7,217	27,786	74.0	26.0	25.7
South Dakota	3,550	12,471	16,021	22.2	77.8	78.5
Tennessee	62,759	42,206	104,965	59.8	40.2	70.3
Texas	168,443	35,132	203,575	82.7	17.3	29.1
Utah	18,979	17,374	36,353	52.2	47.8	40.9
Vermont	3,508	11,106	14,614	24.0	76.0	117.9
Virginia	33,343	34,289	67,632	49.3	50.7	36.4
Washington	37,422	41,578	79,000	47.4	52.6	49.8
West Virginia	18,572	17,341	35,913	51.7	48.3	93.5
Wisconsin	27,122	43,868	70,990	38.2	61.8	53.9
Wyoming	3,239	3,239	6,478	50.0	50.0	47.8
Total	**1,820,892**	**1,116,160**	**2,937,052**			
Percent				**62.0**	**38.0**	
Rate						**46.1**
States Reporting	**46**	**46**	**46**			

Table 2–2 Report Sources, 2008–2012

Report Sources	Number				
	2008	2009	2010	2011	2012
PROFESSIONAL					
Child Daycare Providers	17,471	15,934	14,317	14,641	14,622
Education Personnel	337,888	329,825	315,359	327,824	348,667
Foster Care Providers	11,420	11,727	10,129	9,387	9,170
Legal and Law Enforcement Personnel	326,800	328,664	321,068	342,438	350,629
Medical Personnel	165,404	163,080	158,194	171,067	178,898
Mental Health Personnel	85,273	87,880	89,342	95,878	97,951
Social Services Personnel	228,563	228,754	221,659	216,987	232,761
Total Professionals	**1,172,819**	**1,165,864**	**1,130,068**	**1,178,222**	**1,232,698**
NONPROFESSIONAL					
Alleged Perpetrators	1,150	1,124	879	734	707
Alleged Victims	10,937	10,285	8,112	7,911	7,636
Friends and Neighbors	101,229	97,508	85,046	90,659	93,569
Other Relatives	146,250	141,037	133,975	138,149	139,990
Parents	133,526	135,375	131,386	134,381	136,101
Total Nonprofessionals	**393,092**	**385,329**	**359,398**	**371,834**	**378,003**
UNCLASSIFIED					
Anonymous Sources	176,637	177,367	173,601	183,617	179,853
Other	161,660	157,857	151,874	168,573	156,336
Unknown	119,849	114,091	112,652	144,921	152,147
Total Unclassified	**458,146**	**449,315**	**438,127**	**497,111**	**488,336**
Total	**2,024,057**	**2,000,508**	**1,927,593**	**2,047,167**	**2,099,037**
States Reporting	**52**	**52**	**51**	**52**	**51**

Table 2–2 Report Sources, 2008–2012

Report Sources	Percent				
	2008	2009	2010	2011	2012
PROFESSIONAL					
Child Daycare Providers	0.9	0.8	0.7	0.7	0.7
Education Personnel	16.7	16.5	16.4	16.0	16.6
Foster Care Providers	0.6	0.6	0.5	0.5	0.4
Legal and Law Enforcement Personnel	16.1	16.4	16.7	16.7	16.7
Medical Personnel	8.2	8.2	8.2	8.4	8.5
Mental Health Personnel	4.2	4.4	4.6	4.7	4.7
Social Services Personnel	11.3	11.4	11.5	10.6	11.1
Total Professionals	**57.9**	**58.3**	**58.6**	**57.6**	**58.7**
NONPROFESSIONAL					
Alleged Perpetrators	0.1	0.1	0.0	0.0	0.0
Alleged Victims	0.5	0.5	0.4	0.4	0.4
Friends and Neighbors	5.0	4.9	4.4	4.4	4.5
Other Relatives	7.2	7.1	7.0	6.7	6.7
Parents	6.6	6.8	6.8	6.6	6.5
Total Nonprofessionals	**19.4**	**19.3**	**18.6**	**18.2**	**18.0**
UNCLASSIFIED					
Anonymous Sources	8.7	8.9	9.0	9.0	8.6
Other	8.0	7.9	7.9	8.2	7.4
Unknown	5.9	5.7	5.8	7.1	7.2
Total Unclassified	**22.6**	**22.5**	**22.7**	**24.3**	**23.3**
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
States Reporting					

Table 2–3 CAPTA Performance Measure: Response Time in Hours, 2008–2012

State	Response Time Average				
	2008	2009	2010	2011	2012
Alabama	24	24	45	42	42
Alaska					
Arizona	70	80			
Arkansas	122	103	117	126	120
California					
Colorado					
Connecticut	46	26	25	24	25
Delaware	177	174	193	196	157
District of Columbia	26	25	25	18	16
Florida	11	9	9	10	9
Georgia					
Hawaii	119	124	155	161	169
Idaho	61	60	54	58	
Illinois	14	13	13	13	17
Indiana		44	77	73	69
Iowa	39	37	38	40	39
Kansas	71	70	68	67	76
Kentucky	29	30	41	48	48
Louisiana	179	153	167	196	118
Maine	72	72	72	72	72
Maryland					51
Massachusetts					
Michigan					
Minnesota	46	41	38	37	38
Mississippi	212	137	81	119	233
Missouri	35	26	25	26	22
Montana					
Nebraska	314	249	209	210	172
Nevada	26	15	13	13	15
New Hampshire	50	41	34	31	24
New Jersey	22	17	20	18	18
New Mexico		68			
New York					
North Carolina					
North Dakota	38	36			
Ohio		34	42	21	11
Oklahoma	85	81	79	80	77
Oregon	90	101	99		97
Pennsylvania					
Puerto Rico					
Rhode Island	21	13	13	15	19
South Carolina	80	66	68	72	68
South Dakota	112	116	125	98	105
Tennessee	63	33	13	92	
Texas	58	57	69	77	65
Utah	90	89	86	86	81
Vermont	105	127	131	89	96
Virginia					
Washington	82	61	49	45	44
West Virginia					
Wisconsin	157	161	133	130	106
Wyoming	24	24	24	24	24
Average	**79**	**69**	**70**	**71**	**69**
Median	**63**	**59**	**54**	**63**	**58**
States Reporting	**35**	**38**	**35**	**34**	**34**

Table 2–4 Child Protective Services Workforce, 2012

State	Intake and Screening Workers	Investigation and Alternative Response Workers	Intake, Screening, Investigation, and Alternative Response Workers
Alabama	84	469	553
Alaska	22	64	86
Arizona	70	973	1,043
Arkansas	36	442	478
California			4,949
Colorado			
Connecticut	63	632	695
Delaware	27	86	113
District of Columbia	58	87	145
Florida	195	1,422	1,617
Georgia			1,363
Hawaii	8	42	50
Idaho			
Illinois	87	711	798
Indiana	85	606	691
Iowa	29	214	243
Kansas	70	301	371
Kentucky	72	1,379	1,451
Louisiana	46	194	240
Maine	26	119	145
Maryland			
Massachusetts	93	262	355
Michigan	126	1,363	1,489
Minnesota	118	306	424
Mississippi	50	625	675
Missouri	47	487	534
Montana	18	163	181
Nebraska	36	117	153
Nevada	30	146	176
New Hampshire	10	67	77
New Jersey	108	1,134	1,242
New Mexico	40	182	222
New York			
North Carolina			
North Dakota			142
Ohio			
Oklahoma	64	410	474
Oregon	90	608	698
Pennsylvania			2,831
Puerto Rico	46	921	967
Rhode Island	26	67	93
South Carolina			
South Dakota	32	43	75
Tennessee	69	847	916
Texas	486	3,059	3,545
Utah	25	89	114
Vermont	23	59	82
Virginia	105	396	501
Washington	100	351	451
West Virginia			451
Wisconsin	165	275	440
Wyoming			130
Total	**2,885**	**19,718**	**32,469**
States Reporting	**39**	**39**	**45**

Table 2–5 Child Protective Services Caseload, 2012

State	Investigation and Alternative Response Workers	Completed Reports (Reports with a Disposition)	Completed Reports per Investigation and Alternative Response Worker
Alabama	469	20,599	44
Alaska	64	7,048	110
Arizona	973	34,815	36
Arkansas	442	35,346	80
California			
Colorado			
Connecticut	632	24,646	39
Delaware	86	7,673	89
District of Columbia	87	6,647	76
Florida	1,422	167,742	118
Georgia			
Hawaii	42	2,328	55
Idaho			
Illinois	711	68,625	97
Indiana	606	73,007	120
Iowa	214	28,460	133
Kansas	301	22,096	73
Kentucky	1,379	51,296	37
Louisiana	194	24,650	127
Maine	119	7,782	65
Maryland			
Massachusetts	262	37,678	144
Michigan	1,363	91,274	67
Minnesota	306	18,721	61
Mississippi	625	24,064	39
Missouri	487	62,880	129
Montana	163	7,593	47
Nebraska	117	12,730	109
Nevada	146	12,873	88
New Hampshire	67	9,089	136
New Jersey	1,134	60,615	53
New Mexico	182	16,279	89
New York			
North Carolina			
North Dakota			
Ohio			
Oklahoma	410	31,571	77
Oregon	608	23,972	39
Pennsylvania			
Puerto Rico	921	13,806	15
Rhode Island	67	6,771	101
South Carolina			
South Dakota	43	3,550	83
Tennessee	847	62,759	74
Texas	3,059	168,443	55
Utah	89	18,979	213
Vermont	59	3,508	59
Virginia	396	33,343	84
Washington	351	37,422	107
West Virginia			
Wisconsin	275	27,122	99
Wyoming			
Total	**19,718**	**1,367,802**	
Reports per Worker			**69**
States Reporting	**39**	**39**	

Children

CHAPTER 3

This chapter discusses the children who were the subjects of reports 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 that the allegation of maltreatment or risk of maltreatment was supported or founded by state law or policy.
- 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.

Less commonly used dispositions for investigation responses include:

- Indicated: A disposition that concludes that maltreatment could not be substantiated under state law or policy, but there was 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 indicates a conclusion that 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 also 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, often 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-risk of maltreatment. Alternative responses usually include the voluntary acceptance of CPS services and the mutual agreement of family needs. These cases usually do not result in a formal determination regarding the maltreatment allegation or alleged perpetrator.

While families who are assigned to an alternative response do not receive a finding on the allegations, in this report the term disposition is used for both investigation and alternative responses. Each state that uses alternative response decides how to map its codes for these programs to the National Child Abuse and Neglect Data System (NCANDS) codes:

- Alternative Response Victim: The provision of a response other than an investigation that determines that a child was a victim of maltreatment. Three states report children in this category, and it refers to cases where the CPS agency or the courts required the family to receive services.
- Alternative Response Nonvictim: The provision of a response other than an investigation that did not determine that 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. These states are Alabama, Arkansas, California, Connecticut, Hawaii, Maine, North Dakota, Pennsylvania, Rhode Island, and South Dakota. For some of these states, the alternative response programs provide services for families regardless of whether or not there were any allegations of child maltreatment.

Another 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. Two additional states—Iowa and Maryland—commented that an alternative response program is in development and may be implemented in the coming years; however, it is not yet known whether these two states will report the alternative response data to NCANDS. Readers are encouraged to review appendix D for more information about these programs.

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

As more states began reporting unique counts of children, the Child Maltreatment report series has transitioned from using duplicate counts to unique counts for most analyses. For FFY 2012, all reporting states (51) submitted unique counts of children. Unique counts were used for analyses in this chapter unless otherwise noted.

Children Who Received a CPS Response (unique count of children)

During FFY 2012, a nationally estimated 3.2 million children received either an investigation or alternative response at a national disposition rate of 42.7 children per 1,000 in the population. This is a 3.5 percent increase from 2008 when an estimated 3.1 million children received a CPS response at a rate of 40.8 per 1,000 children in the population. (See exhibit 3–A, table 3–1, and related notes.)

Exhibit 3–A Child Disposition Rates, 2008–2012

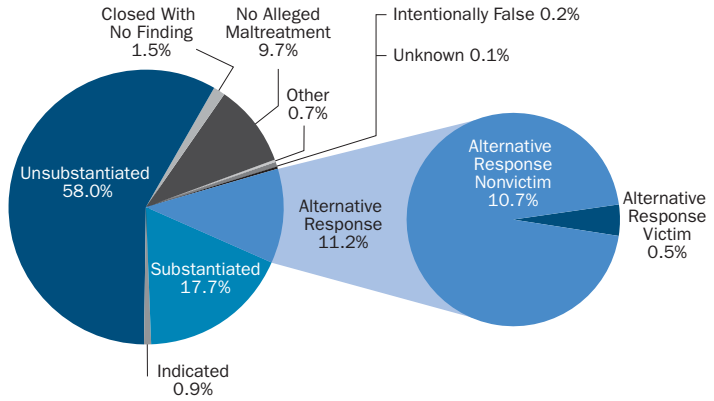
Year	States Reporting	Child Population of Reporting States	Reported Unique Children Who Received a CPS Response	National Disposition Rate per 1,000 Children	Child Population of all 52 States	National Estimate of Unique Children Who Received a CPS Response
2008	50	74,398,024	3,034,305	40.8	75,411,627	3,077,000
2009	50	74,495,280	3,003,142	40.3	75,512,062	3,043,000
2010	51	74,151,984	2,987,485	40.3	75,017,513	3,023,000
2011	51	73,921,000	3,049,871	41.3	74,783,810	3,089,000
2012	51	74,150,798	3,165,572	42.7	74,577,451	3,184,000

The national disposition rate was computed by dividing the number of reported duplicate children who received a CPS response by the child population of reporting states and multiplying by 1,000. Because fewer than 52 states reported data in a given year, the national estimate of children who received a CPS 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.

Children Who Were Subjects of a Report (duplicate count of children)

For FFY 2012, more than 3.8 million children were the subjects of at least one report. One-fifth of these children were found to be victims with dispositions of substantiated (17.7%), indicated (0.9%), and alternative response victim (0.5%). The remaining four-fifths of the children were found to be nonvictims of maltreatment. (See table 3–2, exhibit 3–B, and related notes.)

Exhibit 3–B Children Who Were Subjects of a Report by Disposition, 2012



Based on data from table 3–2.

For FFY 2012, 21 states reported 427,231 children who received an alternative CPS response. This is an increase from FFY 2011 when 18 states reported 361,907 children who received such a response.

A relational analysis was conducted on the report sources of children by disposition type. Among children who received an investigation and received a disposition type of substantiated, 71.0 percent were reported by professionals. Among children who received an alternative response nonvictim disposition, 41.9 percent were reported by unclassified report sources. (See table 3–3 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 was considered an alternative response victim. This includes a child who died 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.

Exhibit 3–C Child Victimization Rates, 2008–2012

Year	States Reporting	Child Population of Reporting States	Unique Victims from Reporting States	National Victimization Rate per 1,000 Children	Child Population of all 52 States	National Estimate of Unique Victims
2008	50	74,398,024	704,714	9.5	75,411,627	716,000
2009	50	74,495,280	693,485	9.3	75,512,062	702,000
2010	51	74,151,984	688,157	9.3	75,017,513	698,000
2011	51	73,921,000	676,545	9.2	74,783,810	688,000
2012	51	74,150,798	678,810	9.2	74,577,451	686,000

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

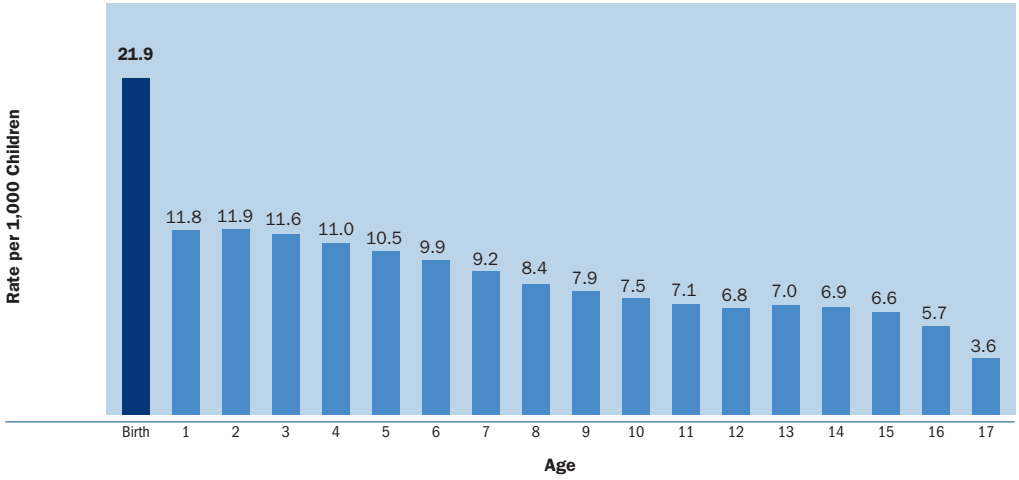
For FFY 2012, there were a nationally estimated 686,000 victims of abuse and neglect, resulting in a rate of 9.2 victims per 1,000 children in the population. This is a 4.2 percent decrease from the 2008 national estimate of 716,000 victims in 2008. Several states provided an explanation for the decrease in the number of reported victims (see appendix D). Those explanations include the implementation or expansion of alternative response programs and the introduction of a centralized intake system. (See exhibit 3–C, table 3–4, and related notes.)

Child Victim Demographics (unique count)

The youngest children are the most vulnerable to maltreatment. In FFY 2012, 51 states reported that more than one-quarter (26.8% or 181,493) of victims were younger than 3 years. Twenty percent (19.9%) of victims were in the age group of 3–5 years.

The victimization rate was highest for children younger than 1 year (21.9 per 1,000 children in the population of the same age). Victims aged 1, 2, or 3 years had victimization rates of 11.8, 11.9, and 11.6 victims per 1,000 children of those respective ages in the population. In general, the rate and percentage of victimization decreased with age. (See table 3–5, exhibit 3–D, and related notes.)

Exhibit 3–D Victims by Age, 2012



Based on data from table 3–5. The calculation of percentages on this table do not include unborn, children with unknown age, and children with ages 18–21.

The percentages of child victims were similar for both boys (48.7) and girls (50.9). Fewer than 1 percent of victims had an unknown sex. The FFY 2012 victimization rate for girls was slightly higher at 9.5 per 1,000 girls in the population than boys at 8.7 per 1,000 boys in the population. (See table 3–6 and related notes.)

The majority of victims were comprised of three races or ethnicities—White (44.0%), Hispanic (21.8%), and African-American (21.0%). However, victims of African-American, American Indian or Alaska Native, and multiple racial descent had the highest rates of victimization at 14.2, 12.4, and 10.3 victims, respectively, per 1,000 children in the population of the same race or ethnicity. (See table 3–7 and related notes.)

Maltreatment Types (unique count of child victims)

More than three-quarters (78.3%) of victims were neglected, 18.3 percent were physically abused, and 9.3 percent were sexually abused. In addition, 10.6 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 into one of the NCANDS categories. Readers are encouraged to review states' comments (appendix D) about what is included in the "other" maltreatment type category. (See table 3–8 and related notes.)

Maltreatment Types by Age (duplicate count of child victims)

Selected maltreatment types of victims were analyzed by age to examine the distribution of age within each selected maltreatment type. Except for sexual abuse, victims in the age group of <1 to 2 years had the largest percentages across all maltreatment types. Of the children who suffered medical neglect, one-third (33.2%) were younger than 3 years and the percentage was approximately twice as large as the next age group (victims ages 3–5 years). Of the victims who were sexually abused, 26.3 percent were in the age group of 12–14 years and one-third (33.8%) were younger than 9 years. (See exhibit 3–E and related notes.)

Exhibit 3–E Selected Maltreatment Types of Victims by Age, 2012

	Number					Percent				
Age	Medical Neglect	Neglect	Physical Abuse	Psychological Maltreatment	Sexual Abuse	Medical Neglect	Neglect	Physical Abuse	Psychological Maltreatment	Sexual Abuse
<1–2	5,212	157,713	30,689	12,371	1,660	33.2	29.7	24.6	21.4	2.6
3–5	2,456	111,770	21,327	11,518	8,802	15.6	21.0	17.1	19.9	14.0
6–8	2,157	88,314	20,883	10,331	10,827	13.7	16.6	16.8	17.8	17.2
9–11	1,925	68,383	17,619	9,280	11,600	12.3	12.9	14.1	16.0	18.4
12–14	2,097	58,491	18,308	8,229	16,560	13.4	11.0	14.7	14.2	26.3
15–17	1,806	44,800	14,887	5,936	13,133	11.5	8.4	12.0	10.3	20.9
Unborn, Unknown, and 18–21	52	1,770	831	215	354	0.3	0.3	0.7	0.4	0.6
Total	**15,705**	**531,241**	**124,544**	**57,880**	**62,936**					
Percent						**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

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

The categories of "other" and unknown maltreatment types were not included in this analysis.

Alleged maltreatments are not and never have been included in this analysis during prior years.

Risk Factors (unique count of child victims)

Risk factors are characteristics of a child or caregiver that may increase the liklihood of child maltreatment. Children who were reported with any of the following risk factors were considered to have a disability: intellectual disability, emotional disturbance, visual or hearing impairment, learning disability, physical disability, behavioral problems, or another medical problem. Children with risk factors may be undercounted as not every child receives a clinical diagnostic assessment.

Thirteen percent (13.3%) of victims were reported as having a disability. More than 4 percent (4.3%) of victims were reported as having a medical condition not classified in NCANDS, 3.2 percent of victims had behavior problems, and 2.5 percent had emotional disturbance. A victim could have been reported with more than one type of disability, but counted only once in each disability category. (See table 3–9 and related notes.)

The data were examined to determine the number of children whose caregiver had alcohol abuse, drug abuse, and domestic violence risk factors. With respect to domestic violence, the caregiver could have been either the perpetrator or the victim of the domestic violence. For the states that reported on the domestic violence caregiver risk factor, 28.5 percent of victims and 8.6 percent of nonvictims were exposed to domestic violence. (See table 3–10 and related notes.)

Fewer states reported data on the alcohol and drug abuse caregiver risk factors. Fewer than ten percent (8.8%) of victims and 4.9 percent of nonvictims were reported with the alcohol abuse caregiver risk factor and 20.0 percent of victims and 8.4 percent of nonvictims were reported with the drug abuse caregiver risk factor. Some states are not able to differentiate between alcohol abuse and drug abuse for some or all children. Those states reported the same children in both caregiver risk factor categories. (See tables 3–11, 3–12, and related notes.)

Perpetrator Relationship (duplicate count of child victims)

Victim data were analyzed by relationship of victims (duplicate count) to their perpetrators. Four-fifths (81.5%) of victims were maltreated by one or both parent(s). The parent(s) could have acted together, acted alone, or acted with up to two other people to maltreat the child. Nearly two-fifths

(36.6%) of victims were maltreated by their mother acting alone. One-fifth (18.7%) of victims were maltreated by their father acting alone. One-fifth (19.4%) of victims were maltreated by both parents. Twelve percent (12.0%) of victims were maltreated by a perpetrator who was not the child's parent. The largest categories in the nonparent group were male relatives and "other." (See table 3–13 and related notes.)

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

Each year during FFY 2008–2012, three-quarters of victims had no 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 3–14 and related notes.)

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

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

Standard compliance was determined by calculating the percentages of victims without another incident of maltreatment during a 6 month period. For FFY 2012, 27 states (52.9%) met the standard and were in compliance. The number of states in compliance with the standard has fluctuated during the past 5 years. The fewest number of states in compliance occurred during 2009 with 23 states and the most occurred during 2010 and 2012 with 27 states. (See table 3–15 and related notes.)

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

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

The number of states in compliance increased from 23 states for FFY 2008 to 24 states for FFY 2012. Standard compliance was determined by subtracting the count of children maltreated by foster care providers (from NCANDS) from the count of children placed in foster care (from the Adoption and Foster Care Analysis and Reporting System [AFCARS]). The observation period for this measure is 12 months. (See table 3–16 and related notes.)

Exhibit and Table Notes

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

General

- States may be excluded from an analysis for data quality issues.
- The data source for all tables was the Child File unless otherwise noted.
- A unique count of children was used unless otherwise noted.

- Rates are per 1,000 children in the population.
- National estimates were calculated by multiplying the rate by the population of all 52 states and dividing by 1,000. The total was rounded to the nearest 1,000.
- NCANDS uses the child population estimates that are released annually by the U.S. Census Bureau (appendix C).

Table 3–1 Children Who Received a CPS Response, 2008–2012

- The rate was computed by dividing the number of children who received a CPS response by the child population and multiplying by 1,000.
- This table was changed to a 5–year trend. Population data are located in appendix C.

Table 3–2 Children Who Received a CPS Response by Disposition, 2012 *(duplicate count)*

- Many states investigate all children in the family. In these states, a disposition of no alleged maltreatment is given to siblings who were not the subjects of an allegation and were not found to be victims.

Table 3–3 Report Sources of Children by Disposition, 2012 *(duplicate count)*

- This is a new table for *Child Maltreatment 2012*.
- The 41.9 percent of unclassified reporters of children who received an alternative response non-victim disposition are due to one state that did not submit report sources for alternative response cases.

Table 3–4 Child Victims, 2008–2012

- The rates were calculated by dividing the number of victims by the child population and multiplying by 1,000.
- This table was changed to a 5–year trend. Population data are located in appendix C.

Table 3–5 Victims by Age, 2012

- 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.
- The layout of this table changed for *Child Maltreatment 2012*. The number and rate columns are grouped together and the population data are no longer displayed on this table. Population data are located in appendix C.

Table 3–6 Victims by Sex, 2012

- 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 an unknown sex and therefore, no rates.
- The layout of this table changed for *Child Maltreatment 2012*. The number and rate columns are grouped together and the population data are no longer displayed on this table. Population data are located in appendix C.

Table 3–7 Victims by Race and Ethnicity, 2012

- Counts associated with each racial group are exclusive and do not include Hispanic ethnicity.
- Rates were computed by dividing the victim count by the child population count and multiplying by 1,000.
- Only those states that reported both race and ethnicity are included in this analysis.

- The layout of this table changed for *Child Maltreatment 2012*. The number and rate columns are grouped together and the population data are no longer displayed on this table. Population data are located in appendix C.

Table 3–8 Maltreatment Types of Victims, 2012

- A child may have been the victim of more than one type of maltreatment or the same maltreatment type reported several times and therefore, the maltreatment type count is a duplicate count.
- The percentages are calculated against the number of unique victims in the reporting states.
- Alleged maltreatments are not and never have been included in this analysis during prior years.
- The layout of this table changed for *Child Maltreatment 2012*. The number and percentage columns are grouped together and the population data are no longer displayed on this table. Population data are located in appendix C.

Table 3–9 Victims With a Reported Disability, 2012

- The number in the unique victims column is the number of all victims, regardless of whether they were reported with a disability.
- A victim may have been reported with more than one type of disability, but counted only once in each category.
- The percentages are calculated against the number of unique victims.
- States were excluded from this analysis if fewer than 1 percent of victims were reported with a disability.

Table 3–10 Children With a Domestic Violence Caregiver Risk Factor, 2012

- The percentages are calculated against the number of unique victims.
- States were excluded from this analysis if fewer than 1 percent of the victims or nonvictims were reported with this caregiver risk factor.

Table 3–11 Children With an Alcohol Abuse Caregiver Risk Factor, 2012

- Some states collect and report substance abuse data and are not able to differentiate between alcohol and drug abuse. Those states report both risk factors for the same children in both caregiver risk factor categories.
- The percentages are calculated against the number of unique victims.
- States were excluded from this analysis if fewer than 1 percent of the victims or nonvictims were reported with this caregiver risk factor.

Table 3–12 Children With a Drug Abuse Caregiver Risk Factor, 2012

- Some states collect and report substance abuse data and are not able to differentiate between alcohol and drug abuse. Those states report both risk factors for the same children in both caregiver risk factor categories.
- States were excluded from this analysis if fewer than 1 percent of the victims or nonvictims were reported with this caregiver risk factor.

Table 3–13 Victims by Perpetrator Relationship, 2012 *(duplicate count)*

- The categories "mother and other" and "father and other" include victims with one perpetrator identified as a mother or father and a second or third perpetrator identified as a nonparent.
- The category of "other" may include more than one person.
- The relationship categories listed under nonparent perpetrator include any relationship that was not identified as an adoptive parent, a biological parent, or a stepparent.

- 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 that did not report at least 70 percent of victims with perpetrators were excluded from this analysis.
- States that reported more than 50 percent of child victims with an "other" or unknown relationship were excluded from this analysis.

Table 3–14 CBCAP Federal Performance Measure: First Time Victims, 2008–2012

- States with 95 percent or more first-time victims were excluded from this analysis.
- The layout of this table changed for *Child Maltreatment 2012*. The number, percentage, and rate columns are grouped together and the population data are no longer displayed on this table. Population data are located in appendix C.

Table 3–15 CFSR: Absence of Maltreatment Recurrence, 2008–2012

- 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 3–16 CFSR: Absence of Maltreatment in Foster Care, 2008–2012

- States were excluded from this analysis if perpetrator information was provided for fewer than 75 percent of victims and if perpetrator relationship information was provided for fewer than 75 percent of perpetrators.

Table 3–1 Children Who Received a CPS Response, 2008–2012

State	Number				
	2008	2009	2010	2011	2012
Alabama	27,305	26,246	27,795	26,221	28,385
Alaska	10,725	8,816	7,533	7,989	9,794
Arizona	56,130	61,836	49,858	59,923	64,332
Arkansas	49,339	54,116	61,919	59,713	62,129
California	384,976	369,035	361,180	381,196	370,439
Colorado	45,143	44,741	43,665	42,099	41,284
Connecticut	31,581	31,667	32,910	37,073	30,709
Delaware	12,838	11,999	13,434	14,382	14,807
District of Columbia	10,472	14,544	12,463	13,187	13,812
Florida	302,066	274,267	269,689	291,929	293,839
Georgia	72,593	62,997	58,915	51,060	110,323
Hawaii	4,292	5,106	4,782	3,329	3,800
Idaho	8,907	9,201	8,848	9,018	
Illinois	124,461	127,550	121,882	114,849	123,620
Indiana	91,403	92,657	92,008	79,963	92,475
Iowa	27,145	30,870	31,427	31,143	29,441
Kansas	21,231	22,685	22,393	25,436	26,866
Kentucky	62,429	60,145	61,643	61,912	63,705
Louisiana	30,730	33,054	31,828	37,994	36,029
Maine	8,865	9,227	8,885	9,518	11,204
Maryland	34,415	36,501	33,302	32,950	31,436
Massachusetts	72,194	69,805	66,152	62,443	62,257
Michigan	137,869	142,945	146,135	156,168	171,608
Minnesota	23,801	22,531	22,815	23,016	23,635
Mississippi	25,881	26,964	26,875	27,138	32,829
Missouri	57,915	58,552	60,029	69,037	71,912
Montana	10,507	10,893	10,316	10,413	10,607
Nebraska	22,704	24,268	24,236	24,856	23,910
Nevada	24,838	21,353	20,881	23,515	22,070
New Hampshire	10,063	9,848	9,949	11,022	11,450
New Jersey	68,981	70,729	75,607	71,517	76,164
New Mexico	19,708	19,758	22,314	22,752	21,899
New York	213,121	224,541	224,410	222,195	217,663
North Carolina	118,400	118,040	117,166	123,198	125,062
North Dakota			6,350	6,146	6,172
Ohio	107,927	99,813	91,636	103,554	102,734
Oklahoma	51,898	44,307	42,113	44,188	45,539
Oregon					33,173
Pennsylvania	22,495	23,100	22,263	21,570	23,577
Puerto Rico	31,726	36,479	28,859	27,108	22,793
Rhode Island	8,060	7,813	8,559	8,263	8,571
South Carolina	37,861	37,369	38,953	36,011	40,732
South Dakota	6,068	6,385	6,315	6,334	5,716
Tennessee	82,083	75,570	80,125	80,005	85,180
Texas	257,431	260,486	267,823	272,553	250,623
Utah	27,089	27,732	27,827	25,571	24,500
Vermont	2,605	3,508	4,117	3,716	3,879
Virginia	55,986	58,599	64,849	61,602	62,805
Washington	43,048	37,596	41,713	42,554	43,730
West Virginia	40,633	40,811	34,073	33,816	37,082
Wisconsin	32,231	31,338	32,947	33,333	33,643
Wyoming	4,136	4,749	5,719	5,393	5,628
Total	**3,034,305**	**3,003,142**	**2,987,485**	**3,049,871**	**3,165,572**
Rate					
States Reporting	**50**	**50**	**51**	**51**	**51**

Table 3–1 Children Who Received a CPS Response, 2008–2012

State	Rate per 1,000 Children				
	2008	2009	2010	2011	2012
Alabama	24.2	23.2	24.6	23.2	25.2
Alaska	59.4	48.0	40.1	42.4	52.3
Arizona	32.7	35.7	30.6	37.0	39.7
Arkansas	69.8	76.2	87.0	84.0	87.4
California	40.9	39.1	38.9	41.1	40.1
Colorado	37.3	36.4	35.6	34.3	33.5
Connecticut	38.8	39.2	40.4	46.1	38.7
Delaware	62.1	58.0	65.4	70.1	72.2
District of Columbia	92.6	127.5	123.4	125.6	126.2
Florida	74.2	67.6	67.5	73.0	73.4
Georgia	28.3	24.4	23.6	20.5	44.3
Hawaii	14.8	17.6	15.7	10.9	12.5
Idaho	21.4	21.9	20.6	21.1	
Illinois	39.1	40.1	39.0	37.1	40.3
Indiana	57.4	58.3	57.3	50.0	58.1
Iowa	38.1	43.3	43.2	43.0	40.7
Kansas	30.3	32.2	30.8	35.1	37.1
Kentucky	61.4	59.3	60.2	60.6	62.6
Louisiana	27.4	29.4	28.5	34.0	32.2
Maine	32.1	34.0	32.5	35.3	42.1
Maryland	25.4	27.0	24.6	24.5	23.4
Massachusetts	50.2	48.7	46.6	44.3	44.4
Michigan	57.6	60.8	62.6	67.9	75.7
Minnesota	18.9	17.9	17.8	18.0	18.5
Mississippi	33.7	35.1	35.6	36.3	44.0
Missouri	40.4	40.9	42.2	48.8	51.2
Montana	47.7	49.6	46.2	46.8	47.8
Nebraska	50.6	53.7	52.8	53.9	51.6
Nevada	36.7	31.4	31.5	35.6	33.3
New Hampshire	34.2	34.1	34.7	39.3	41.7
New Jersey	33.6	34.6	36.7	35.0	37.6
New Mexico	38.9	38.7	43.0	44.0	42.6
New York	47.9	50.8	52.0	51.7	51.1
North Carolina	52.5	51.8	51.4	53.9	54.7
North Dakota			42.4	40.5	39.9
Ohio	39.4	36.8	33.6	38.5	38.6
Oklahoma	57.2	48.2	45.3	47.4	48.6
Oregon					38.5
Pennsylvania	8.0	8.3	8.0	7.8	8.6
Puerto Rico	32.3	37.8	32.2	31.1	26.8
Rhode Island	35.1	34.4	38.3	37.6	39.6
South Carolina	35.2	34.6	36.1	33.4	37.7
South Dakota	30.6	32.0	31.1	31.2	28.0
Tennessee	55.0	50.6	53.6	53.6	57.0
Texas	38.0	37.8	39.0	39.3	35.9
Utah	31.8	31.9	31.9	29.0	27.6
Vermont	20.3	27.8	32.0	29.4	31.3
Virginia	30.4	31.7	35.0	33.2	33.8
Washington	27.6	24.0	26.4	26.9	27.6
West Virginia	104.9	105.6	88.1	87.7	96.6
Wisconsin	24.5	23.9	24.6	25.1	25.5
Wyoming	32.1	36.0	42.3	40.0	41.5
Total					
Rate	**40.8**	**40.3**	**40.3**	**41.3**	**42.7**
States Reporting					

Table 3–2 Children Who Were Subjects of a Report by Disposition, 2012

State	Duplicate Victims			Duplicate Nonvictims							Total Duplicate Children Who Received a CPS Response
	Substan-tiated	Indicated	Alternative Response Victim	Alternative Response Nonvictim	Unsubstan-tiated	Intentionally False	Closed With No Finding	No Alleged Maltreat-ment	Other	Unknown	
Alabama	9,824				19,437		1,094			45	30,400
Alaska	3,417				8,203		702				12,322
Arizona	9,508	1,157			42,217		2,350	24,570			79,802
Arkansas	12,012				38,337		2,190	21,529			74,068
California	81,740				297,082			73,064		2	451,888
Colorado	10,933		20	4,627	32,750					1	48,331
Connecticut	8,735				27,720						36,455
Delaware	2,409				12,469	94	399	1,067	1,393		17,831
District of Columbia	2,236			280	7,462		303	5,943		1	16,225
Florida	57,263				222,516	150		91,165			371,094
Georgia	19,462			36,924	23,814			49,227			129,427
Hawaii	1,432				2,530					18	3,980
Idaho											
Illinois	29,854			3,088	78,218	577	6	36,279			148,022
Indiana	21,754				93,914						115,668
Iowa	12,264				26,081						38,345
Kansas	1,922				31,080						33,002
Kentucky	16,062		2,425	21,188	35,425		2,198		416		77,714
Louisiana	8,964			11,717	17,450		2,521		401	15	41,068
Maine	4,000				8,826			291			13,117
Maryland	7,375	6,821			20,865						35,061
Massachusetts	21,008			25,642	12,476			14,186			73,312
Michigan	21,724	15,386			192,459		12,865	7			242,441
Minnesota	4,421			17,683	3,343	5	912				26,364
Mississippi	8,188				31,834						40,022
Missouri	4,834			43,686	42,197		1,733			297	92,747
Montana	1,300	79			10,062		1,114	107	406		13,068
Nebraska	4,300				17,044		606	8,668			30,618
Nevada	5,724			1,623	12,735			6,089			26,171
New Hampshire	943				11,968		428	3		348	13,690
New Jersey	9,592				85,078						94,670
New Mexico	6,517				19,999						26,516
New York	78,724			18,279	173,041			3,226			273,270
North Carolina	9,258		15,888	96,842	24,814						146,802
North Dakota	1,442				5,414						6,856
Ohio	20,024	11,958		24,784	63,777		4,425				124,968
Oklahoma	10,331			12,479	27,240		3,915				53,965
Oregon	10,468				19,704		3,980		5,789	6	39,947
Pennsylvania	3,557				22,625				189		26,371
Puerto Rico	9,223				12,023	401	3,766			1,681	27,094
Rhode Island	3,456				6,791		119				10,366
South Carolina	11,827			11,648	13,371			9,090			45,936
South Dakota	1,295				4,962		277				6,534
Tennessee	9,884	537		20,250	62,078	7,505			2	5	100,261
Texas	64,689				187,916		5,625		17,834	1,759	277,823
Utah	9,982				17,587	35	1,125			1	28,730
Vermont	715			1,313	2,560	20					4,608
Virginia	5,959			37,493	6,066	114		17,845	27	182	67,686
Washington	7,159			11,395	33,553	128	2,910				55,145
West Virginia	4,716				24,364		2,564	9,890		57	41,591
Wisconsin	4,902			2,459	32,996					1	40,358
Wyoming	719			5,498	385						6,602
Total	**678,047**	**35,938**	**18,333**	**408,898**	**2,226,858**	**9,029**	**58,127**	**372,246**	**26,457**	**4,419**	**3,838,352**
Percent	**17.7**	**0.9**	**0.5**	**10.7**	**58.0**	**0.2**	**1.5**	**9.7**	**0.7**	**0.1**	**100.0**
States Reporting	**51**	**6**	**3**	**21**	**51**	**10**	**25**	**19**	**9**	**16**	**51**

Table 3–3 Report Sources of Children by Disposition, 2012

Report Sources	Number									
	Substan-tiated	Indicated	Alternative Response Victim	Alternative Response Nonvictim	Unsubstan-tiated	Intentionally False	Closed With No Finding	No Alleged Maltreat-ment	Other	Unknown
PROFESSIONAL										
Child Daycare Providers	2,912	150	126	1,935	15,163	42	288	3,284	202	15
Education Personnel	76,038	3,368	2,571	57,005	369,064	714	6,350	111,015	4,157	612
Foster Care Providers	2,312	60	5	691	9,380	33	166	773	121	30
Legal and Law Enforcement Personnel	216,067	8,019	3,775	46,609	288,302	1,044	7,277	60,310	5,421	601
Medical Personnel	68,922	2,100	1,993	20,365	147,241	807	3,171	40,583	3,371	361
Mental Health Personnel	22,315	1,254	92	11,300	110,734	17	2,047	24,070	1,100	139
Social Services Personnel	93,041	6,236	2,694	32,214	232,937	1,078	8,239	36,220	2,395	413
Total Professionals	**481,607**	**21,187**	**11,256**	**170,119**	**1,172,821**	**3,735**	**27,538**	**276,255**	**16,767**	**2,171**
NONPROFESSIONAL										
Alleged Perpetrators	415	3		219	500	3	15	82	2	
Alleged Victims	1,668	156	52	715	8,298	22	271	1,364	191	35
Friends and Neighbors	20,756	991	1,658	17,711	132,669	1,667	4,487	9,724	1,229	286
Other Relatives	41,020	2,144	2,249	24,143	172,470	168	5,911	14,941	2,202	286
Parents	26,358	2,364	964	24,621	169,934	296	4,219	19,664	2,096	381
Total Nonprofessionals	**90,217**	**5,658**	**4,923**	**67,409**	**483,871**	**2,156**	**14,903**	**45,775**	**5,720**	**988**
UNCLASSIFIED										
Anonymous Sources	36,605	1,599	1,729	30,807	264,445	503	9,323	18,819	1,175	788
Other	46,067	1,113	21	22,705	186,864	141	5,320	23,866	2,378	406
Unknown	23,551	6,381	404	117,858	118,857	2,494	1,043	7,531	417	66
Total Unclassified	**106,223**	**9,093**	**2,154**	**171,370**	**570,166**	**3,138**	**15,686**	**50,216**	**3,970**	**1,260**
Total	**678,047**	**35,938**	**18,333**	**408,898**	**2,226,858**	**9,029**	**58,127**	**372,246**	**26,457**	**4,419**
States Reporting	**51**	**6**	**3**	**21**	**51**	**10**	**25**	**19**	**9**	**16**

Table 3–3 Report Sources of Children by Disposition, 2012

Report Sources	Percent									
	Substan-tiated	Indicated	Alternative Response Victim	Alternative Response Nonvictim	Unsubstan-tiated	Intentionally False	Closed With No Finding	No Alleged Maltreat-ment	Other	Unknown
PROFESSIONAL										
Child Daycare Providers	0.4	0.4	0.7	0.5	0.7	0.5	0.5	0.9	0.8	0.3
Education Personnel	11.2	9.4	14.0	13.9	16.6	7.9	10.9	29.8	15.7	13.8
Foster Care Providers	0.3	0.2	0.0	0.2	0.4	0.4	0.3	0.2	0.5	0.7
Legal and Law Enforcement Personnel	31.9	22.3	20.6	11.4	12.9	11.6	12.5	16.2	20.5	13.6
Medical Personnel	10.2	5.8	10.9	5.0	6.6	8.9	5.5	10.9	12.7	8.2
Mental Health Personnel	3.3	3.5	0.5	2.8	5.0	0.2	3.5	6.5	4.2	3.1
Social Services Personnel	13.7	17.4	14.7	7.9	10.5	11.9	14.2	9.7	9.1	9.3
Total Professionals	**71.0**	**59.0**	**61.4**	**41.6**	**52.7**	**41.4**	**47.4**	**74.2**	**63.4**	**49.1**
NONPROFESSIONAL										
Alleged Perpetrators	0.1	0.0		0.1	0.0	0.0	0.0	0.0	0.0	
Alleged Victims	0.2	0.4	0.3	0.2	0.4	0.2	0.5	0.4	0.7	0.8
Friends and Neighbors	3.1	2.8	9.0	4.3	6.0	18.5	7.7	2.6	4.6	6.5
Other Relatives	6.0	6.0	12.3	5.9	7.7	1.9	10.2	4.0	8.3	6.5
Parents	3.9	6.6	5.3	6.0	7.6	3.3	7.3	5.3	7.9	8.6
Total Nonprofessionals	**13.3**	**15.7**	**26.9**	**16.5**	**21.7**	**23.9**	**25.6**	**12.3**	**21.6**	**22.4**
UNCLASSIFIED										
Anonymous Sources	5.4	4.4	9.4	7.5	11.9	5.6	16.0	5.1	4.4	17.8
Other	6.8	3.1	0.1	5.6	8.4	1.6	9.2	6.4	9.0	9.2
Unknown	3.5	17.8	2.2	28.8	5.3	27.6	1.8	2.0	1.6	1.5
Total Unclassified	**15.7**	**25.3**	**11.7**	**41.9**	**25.6**	**34.8**	**27.0**	**13.5**	**15.0**	**28.5**
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
States Reporting										

Table 3–4 Child Victims, 2008–2012

State	Number				
	2008	2009	2010	2011	2012
Alabama	9,011	8,123	9,367	8,601	9,573
Alaska	3,993	3,544	2,825	2,898	2,928
Arizona	3,450	3,803	6,023	8,708	10,039
Arkansas	8,759	9,926	11,729	11,105	11,133
California	78,421	73,962	76,758	80,100	76,026
Colorado	10,699	11,341	11,166	10,604	10,482
Connecticut	9,262	9,432	9,954	10,012	8,151
Delaware	2,226	2,015	2,125	2,466	2,335
District of Columbia	2,549	3,279	2,672	2,377	2,141
Florida	47,981	45,841	50,239	51,920	53,341
Georgia	25,716	23,249	19,976	18,541	18,752
Hawaii	1,828	2,007	1,744	1,346	1,398
Idaho	1,764	1,571	1,609	1,470	
Illinois	27,372	27,446	26,442	25,832	27,497
Indiana	20,367	22,330	21,362	17,930	20,223
Iowa	10,133	11,636	12,005	11,028	10,751
Kansas	1,629	1,329	1,504	1,729	1,868
Kentucky	16,835	16,187	17,029	16,994	17,054
Louisiana	9,533	9,063	8,344	9,545	8,458
Maine	3,716	3,809	3,269	3,118	3,781
Maryland	14,382	15,310	13,059	13,740	13,079
Massachusetts	36,772	34,639	24,428	20,262	19,234
Michigan	27,383	29,976	32,412	33,366	33,434
Minnesota	5,510	4,668	4,462	4,342	4,238
Mississippi	7,429	7,369	7,403	6,712	7,599
Missouri	5,324	5,226	5,313	5,826	4,685
Montana	1,538	1,521	1,383	1,066	1,324
Nebraska	4,190	4,871	4,572	4,307	3,888
Nevada	4,561	4,443	4,654	5,331	5,436
New Hampshire	1,063	924	851	876	901
New Jersey	8,588	8,725	8,981	8,238	9,031
New Mexico	5,164	4,915	5,440	5,601	5,882
New York	72,917	77,620	77,011	72,625	68,375
North Carolina	22,445	22,371	21,895	22,940	23,150
North Dakota			1,128	1,295	1,402
Ohio	33,331	31,270	31,295	30,601	29,250
Oklahoma	10,219	7,138	7,207	7,836	9,627
Oregon					9,576
Pennsylvania	3,872	3,913	3,555	3,287	3,416
Puerto Rico	13,196	11,136	11,030	10,271	8,470
Rhode Island	2,775	2,804	3,268	3,131	3,218
South Carolina	12,178	12,381	11,802	11,324	11,439
South Dakota	1,331	1,443	1,360	1,353	1,224
Tennessee	10,945	8,822	8,760	9,243	10,069
Texas	67,913	66,359	64,937	63,474	62,551
Utah	12,364	12,692	12,854	10,586	9,419
Vermont	638	696	658	630	649
Virginia	5,793	5,951	6,449	5,964	5,826
Washington	6,264	6,070	6,593	6,541	6,546
West Virginia	5,300	4,978	3,961	4,000	4,591
Wisconsin	5,407	4,654	4,569	4,750	4,645
Wyoming	678	707	725	703	705
Total	**704,714**	**693,485**	**688,157**	**676,545**	**678,810**
Rate					
States Reporting	**50**	**50**	**51**	**51**	**51**

Table 3–4 Child Victims, 2008–2012

State	Rate per 1,000 Children				
	2008	2009	2010	2011	2012
Alabama	8.0	7.2	8.3	7.6	8.5
Alaska	22.1	19.3	15.0	15.4	15.6
Arizona	2.0	2.2	3.7	5.4	6.2
Arkansas	12.4	14.0	16.5	15.6	15.7
California	8.3	7.8	8.3	8.6	8.2
Colorado	8.8	9.2	9.1	8.6	8.5
Connecticut	11.4	11.7	12.2	12.4	10.3
Delaware	10.8	9.7	10.3	12.0	11.4
District of Columbia	22.5	28.8	26.4	22.6	19.6
Florida	11.8	11.3	12.6	13.0	13.3
Georgia	10.0	9.0	8.0	7.5	7.5
Hawaii	6.3	6.9	5.7	4.4	4.6
Idaho	4.2	3.7	3.8	3.4	
Illinois	8.6	8.6	8.5	8.3	9.0
Indiana	12.8	14.0	13.3	11.2	12.7
Iowa	14.2	16.3	16.5	15.2	14.9
Kansas	2.3	1.9	2.1	2.4	2.6
Kentucky	16.6	16.0	16.6	16.6	16.7
Louisiana	8.5	8.1	7.5	8.5	7.6
Maine	13.5	14.0	12.0	11.6	14.2
Maryland	10.6	11.3	9.7	10.2	9.7
Massachusetts	25.6	24.2	17.2	14.4	13.7
Michigan	11.4	12.8	13.9	14.5	14.7
Minnesota	4.4	3.7	3.5	3.4	3.3
Mississippi	9.7	9.6	9.8	9.0	10.2
Missouri	3.7	3.7	3.7	4.1	3.3
Montana	7.0	6.9	6.2	4.8	6.0
Nebraska	9.3	10.8	10.0	9.3	8.4
Nevada	6.7	6.5	7.0	8.1	8.2
New Hampshire	3.6	3.2	3.0	3.1	3.3
New Jersey	4.2	4.3	4.4	4.0	4.5
New Mexico	10.2	9.6	10.5	10.8	11.4
New York	16.4	17.5	17.8	16.9	16.0
North Carolina	10.0	9.8	9.6	10.0	10.1
North Dakota			7.5	8.5	9.1
Ohio	12.2	11.5	11.5	11.4	11.0
Oklahoma	11.3	7.8	7.8	8.4	10.3
Oregon					11.1
Pennsylvania	1.4	1.4	1.3	1.2	1.2
Puerto Rico	13.4	11.6	12.3	11.8	10.0
Rhode Island	12.1	12.4	14.6	14.2	14.9
South Carolina	11.3	11.5	10.9	10.5	10.6
South Dakota	6.7	7.2	6.7	6.7	6.0
Tennessee	7.3	5.9	5.9	6.2	6.7
Texas	10.0	9.6	9.4	9.2	9.0
Utah	14.5	14.6	14.7	12.0	10.6
Vermont	5.0	5.5	5.1	5.0	5.2
Virginia	3.2	3.2	3.5	3.2	3.1
Washington	4.0	3.9	4.2	4.1	4.1
West Virginia	13.7	12.9	10.2	10.4	12.0
Wisconsin	4.1	3.6	3.4	3.6	3.5
Wyoming	5.3	5.4	5.4	5.2	5.2
Total					
Rate	**9.5**	**9.3**	**9.3**	**9.2**	**9.2**
States Reporting					

Table 3–5 Victims by Age, 2012

State	Number									
	<1	1	2	3	4	5	6	7	8	9
Alabama	1,182	546	625	638	608	555	516	467	465	434
Alaska	324	209	213	221	215	197	172	147	153	152
Arizona	2,094	699	689	678	639	546	559	485	429	391
Arkansas	1,306	599	677	663	701	748	714	635	565	522
California	10,481	5,197	5,049	4,845	4,825	4,718	4,444	4,009	3,852	3,527
Colorado	1,181	716	761	723	768	718	681	601	624	588
Connecticut	1,012	539	535	478	526	487	439	450	429	376
Delaware	230	158	173	171	136	129	150	140	124	123
District of Columbia	216	133	106	130	113	142	149	129	114	96
Florida	6,974	4,151	4,221	4,015	3,979	3,722	3,198	2,979	2,709	2,379
Georgia	2,544	1,237	1,286	1,243	1,238	1,233	1,180	1,122	954	908
Hawaii	208	104	88	102	83	98	78	74	63	56
Idaho										
Illinois	3,459	2,162	2,094	2,019	1,982	1,835	1,699	1,586	1,440	1,450
Indiana	2,710	1,370	1,362	1,375	1,350	1,290	1,246	1,153	1,039	958
Iowa	1,254	848	917	926	820	785	663	629	570	520
Kansas	126	105	103	129	128	127	133	111	111	98
Kentucky	2,353	1,350	1,267	1,224	1,213	1,103	1,099	889	844	785
Louisiana	1,543	558	547	592	531	500	500	437	382	371
Maine	514	308	265	277	241	257	225	236	193	192
Maryland	1,601	772	817	860	832	889	888	817	648	626
Massachusetts	2,476	1,415	1,379	1,285	1,288	1,230	1,103	1,052	966	929
Michigan	5,440	2,246	2,194	2,055	2,100	2,034	1,870	1,751	1,622	1,491
Minnesota	557	294	259	285	296	258	281	267	231	238
Mississippi	739	451	459	474	470	475	478	454	405	383
Missouri	359	275	325	306	314	354	260	262	227	231
Montana	140	106	108	95	109	85	79	74	65	72
Nebraska	428	310	319	308	257	256	269	220	208	189
Nevada	914	463	409	394	363	337	324	274	276	263
New Hampshire	114	62	53	67	37	37	45	48	46	45
New Jersey	1,314	625	599	575	564	558	513	531	478	401
New Mexico	658	416	384	404	397	378	413	342	325	301
New York	6,720	4,267	4,192	4,115	3,860	3,894	4,117	3,865	3,536	3,405
North Carolina	2,701	1,767	1,731	1,617	1,629	1,520	1,359	1,352	1,240	1,092
North Dakota	137	94	96	102	101	87	94	79	71	67
Ohio	3,755	1,785	1,982	1,918	1,929	1,845	1,703	1,573	1,465	1,365
Oklahoma	1,537	738	819	744	714	691	579	530	474	448
Oregon	1,121	733	697	714	657	668	572	521	491	431
Pennsylvania	2	123	118	141	189	175	165	158	155	167
Puerto Rico	177	484	618	530	515	494	534	477	439	424
Rhode Island	481	229	261	224	229	198	197	174	169	141
South Carolina	1,411	770	800	804	791	779	692	683	603	530
South Dakota	177	99	97	106	90	78	70	74	63	64
Tennessee	1,669	544	504	624	590	610	525	524	484	482
Texas	9,280	5,075	5,070	5,046	4,626	4,414	3,897	3,428	3,161	2,828
Utah	748	532	557	602	619	599	558	569	490	501
Vermont	35	35	36	35	32	27	36	41	18	36
Virginia	640	415	430	412	377	350	356	300	284	267
Washington	656	497	509	509	480	467	403	356	375	322
West Virginia	517	322	309	304	319	321	258	276	237	227
Wisconsin	455	300	305	301	336	300	283	240	257	216
Wyoming	77	44	55	60	55	52	37	48	32	39
Total	**86,747**	**47,277**	**47,469**	**46,465**	**45,261**	**43,650**	**40,803**	**37,639**	**34,601**	**32,147**
Rate										
Percent	**12.8**	**7.0**	**7.0**	**6.8**	**6.7**	**6.4**	**6.0**	**5.5**	**5.1**	**4.7**
States Reporting	**51**	**51**	**51**	**51**	**51**	**51**	**51**	**51**	**51**	**51**

Table 3–5 Victims by Age, 2012

State	Number									
	10	11	12	13	14	15	16	17	Unborn, Unknown, and 18–21	Total Unique Victims
Alabama	375	415	407	487	617	639	316	217	64	9,573
Alaska	119	129	151	140	104	114	74	51	43	2,928
Arizona	362	355	335	360	383	406	373	223	33	10,039
Arkansas	528	478	498	541	522	565	446	324	101	11,133
California	3,446	3,287	3,329	3,387	3,119	3,204	2,977	2,237	93	76,026
Colorado	470	470	428	424	442	335	310	192	50	10,482
Connecticut	397	356	366	439	373	382	329	187	51	8,151
Delaware	101	117	111	96	104	97	90	82	3	2,335
District of Columbia	111	104	89	117	129	103	86	69	5	2,141
Florida	2,195	2,283	2,011	1,971	1,867	1,807	1,594	1,202	84	53,341
Georgia	873	766	748	819	754	812	636	370	29	18,752
Hawaii	52	53	64	80	50	52	49	40	4	1,398
Idaho										
Illinois	1,289	1,156	1,128	1,059	1,050	888	706	464	31	27,497
Indiana	923	833	834	916	887	867	620	404	86	20,223
Iowa	467	441	436	413	342	301	240	172	7	10,751
Kansas	78	102	92	106	93	98	65	59	4	1,868
Kentucky	790	719	674	639	627	596	507	360	15	17,054
Louisiana	347	340	343	356	340	316	311	134	10	8,458
Maine	143	187	164	158	154	120	93	42	12	3,781
Maryland	619	589	540	595	568	553	449	364	52	13,079
Massachusetts	898	866	806	831	764	728	684	482	52	19,234
Michigan	1,495	1,506	1,402	1,504	1,443	1,291	1,231	721	38	33,434
Minnesota	216	182	161	164	171	154	119	99	6	4,238
Mississippi	410	391	379	378	372	386	283	195	17	7,599
Missouri	206	241	240	259	252	251	220	103		4,685
Montana	53	60	55	45	44	29	35	14	56	1,324
Nebraska	187	163	145	163	138	133	102	78	15	3,888
Nevada	220	204	177	190	189	195	149	80	15	5,436
New Hampshire	47	36	39	50	42	50	50	29	4	901
New Jersey	402	392	404	376	371	344	284	258	42	9,031
New Mexico	312	304	269	243	222	187	174	119	34	5,882
New York	3,293	3,175	3,316	3,341	3,536	3,766	3,713	2,127	137	68,375
North Carolina	1,113	1,081	1,009	1,026	991	913	687	282	40	23,150
North Dakota	58	69	57	65	58	71	43	34	19	1,402
Ohio	1,338	1,235	1,252	1,286	1,394	1,348	1,039	841	197	29,250
Oklahoma	400	354	332	338	306	270	198	133	22	9,627
Oregon	416	410	405	416	393	356	319	215	41	9,576
Pennsylvania	161	168	222	239	271	241	234	193	294	3,416
Puerto Rico	423	438	421	461	545	550	428	362	150	8,470
Rhode Island	159	140	129	111	111	113	87	49	16	3,218
South Carolina	518	492	449	462	423	452	382	162	236	11,439
South Dakota	52	41	47	41	49	27	29	13	7	1,224
Tennessee	445	447	502	461	441	402	368	292	155	10,069
Texas	2,572	2,510	2,303	2,132	1,962	1,740	1,466	741	300	62,551
Utah	429	464	431	523	514	549	408	306	20	9,419
Vermont	26	26	45	47	53	49	46	26		649
Virginia	277	242	225	238	273	252	198	160	130	5,826
Washington	288	271	261	273	263	254	234	120	8	6,546
West Virginia	212	228	188	216	172	141	124	88	132	4,591
Wisconsin	241	207	215	215	236	225	159	118	36	4,645
Wyoming	28	31	28	28	30	31	21	9		705
Total	**30,580**	**29,554**	**28,662**	**29,225**	**28,554**	**27,753**	**23,785**	**15,642**	**2,996**	**678,810**
Rate										
Percent	**4.5**	**4.4**	**4.2**	**4.3**	**4.2**	**4.1**	**3.5**	**2.3**	**0.4**	**100**
States Reporting	**51**	**51**	**51**	**51**	**51**	**51**	**51**	**51**	**48**	**51**

Table 3–5 Victims by Age, 2012

State	Rate per 1,000 Children								
	<1	1	2	3	4	5	6	7	8
Alabama	19.5	8.8	10.3	10.7	9.7	8.9	8.4	7.7	7.6
Alaska	28.7	18.3	20.3	20.5	20.0	18.6	16.4	14.5	15.0
Arizona	24.2	8.4	7.9	7.6	6.9	5.8	6.1	5.3	4.7
Arkansas	34.5	15.7	17.4	17.0	17.4	18.2	17.8	15.9	14.3
California	20.5	10.0	10.1	9.7	9.3	9.1	8.7	7.9	7.6
Colorado	17.9	10.9	11.2	10.6	11.0	10.1	9.6	8.5	8.8
Connecticut	27.6	14.3	13.8	12.2	12.8	11.6	10.2	10.3	9.6
Delaware	20.6	13.6	15.5	15.6	12.0	11.3	13.1	12.4	10.8
District of Columbia	24.7	14.8	14.3	19.2	16.3	22.2	25.1	22.4	20.9
Florida	32.8	19.5	19.9	18.9	17.9	16.7	14.5	13.6	12.5
Georgia	19.2	9.4	9.5	9.2	8.8	8.7	8.4	8.0	6.8
Hawaii	11.5	5.7	5.0	5.8	4.7	5.7	4.7	4.4	3.7
Idaho									
Illinois	21.5	13.2	12.9	12.4	11.8	10.9	10.0	9.4	8.4
Indiana	32.7	16.1	16.0	16.2	15.4	14.5	14.1	13.1	11.6
Iowa	33.0	22.3	23.1	23.3	20.0	19.0	16.1	15.6	14.1
Kansas	3.2	2.6	2.5	3.2	3.1	3.1	3.3	2.7	2.7
Kentucky	42.6	24.0	22.8	22.2	21.1	19.2	19.3	15.7	14.9
Louisiana	24.7	8.8	8.8	9.5	8.3	7.7	8.0	7.1	6.2
Maine	40.1	23.4	19.8	20.5	17.1	17.9	15.4	16.0	13.1
Maryland	22.2	10.5	11.2	11.9	11.1	11.9	12.0	11.1	8.8
Massachusetts	34.3	19.1	19.1	17.9	17.2	16.4	14.7	13.8	12.4
Michigan	49.1	19.6	19.0	17.7	17.6	16.7	15.3	14.2	12.9
Minnesota	8.2	4.3	3.7	4.1	4.1	3.5	3.9	3.7	3.2
Mississippi	18.6	11.5	11.4	11.5	10.8	10.8	11.4	10.9	9.9
Missouri	4.9	3.7	4.3	4.0	4.0	4.5	3.3	3.4	2.9
Montana	11.8	9.0	8.9	7.6	8.7	6.6	6.4	6.0	5.3
Nebraska	16.4	11.6	12.1	11.7	9.6	9.6	10.1	8.4	7.9
Nevada	25.5	12.8	11.2	10.8	9.5	8.9	8.7	7.5	7.5
New Hampshire	9.0	4.8	4.1	5.0	2.7	2.6	3.1	3.2	3.0
New Jersey	12.8	6.1	5.6	5.4	5.1	5.0	4.6	4.7	4.2
New Mexico	23.2	14.4	13.5	14.3	13.4	12.9	14.2	11.8	11.3
New York	28.3	17.5	18.2	18.2	16.7	16.9	18.0	16.8	15.2
North Carolina	22.4	14.7	13.9	12.9	12.6	11.7	10.5	10.6	9.6
North Dakota	15.0	10.2	10.4	10.9	10.9	9.4	10.5	9.1	8.4
Ohio	27.9	13.2	14.2	13.6	13.4	12.5	11.6	10.8	9.9
Oklahoma	29.9	14.7	15.5	14.0	13.2	12.7	10.9	10.0	9.0
Oregon	24.8	16.2	14.9	15.2	13.6	13.7	11.9	11.0	10.3
Pennsylvania	0.0	0.9	0.8	1.0	1.3	1.2	1.1	1.1	1.0
Puerto Rico	4.4	12.0	14.5	12.3	12.0	11.2	11.8	10.4	9.7
Rhode Island	44.8	21.1	23.9	20.5	19.7	17.2	16.4	14.7	13.7
South Carolina	24.5	13.5	13.4	13.3	12.8	12.4	11.4	11.4	10.1
South Dakota	15.2	8.4	8.3	8.9	7.4	6.4	5.9	6.4	5.5
Tennessee	21.1	6.8	6.3	7.7	7.0	7.3	6.3	6.4	5.8
Texas	24.0	13.3	13.0	13.0	11.6	11.1	9.8	8.7	8.0
Utah	14.9	10.7	10.7	11.5	11.7	11.3	10.7	11.0	9.6
Vermont	6.1	5.7	6.0	5.7	5.0	4.0	5.5	6.0	2.6
Virginia	6.3	4.1	4.2	4.1	3.6	3.4	3.4	2.9	2.7
Washington	7.5	5.7	5.7	5.7	5.3	5.2	4.6	4.1	4.3
West Virginia	25.7	15.7	15.2	14.8	14.9	15.2	12.3	13.1	11.2
Wisconsin	6.7	4.3	4.3	4.3	4.6	4.1	3.9	3.3	3.5
Wyoming	10.3	6.1	7.1	7.6	6.7	6.3	4.7	6.2	4.2
Total									
Rate	**21.9**	**11.8**	**11.9**	**11.6**	**11.0**	**10.5**	**9.9**	**9.2**	**8.4**
Percent									
States Reporting									

Table 3–5 Victims by Age, 2012

State	Rate per 1,000 Children								
	9	10	11	12	13	14	15	16	17
Alabama	7.1	6.1	6.4	6.2	7.6	9.5	10.1	5.0	3.3
Alaska	15.0	12.0	12.9	14.3	14.0	10.5	11.3	7.4	4.9
Arizona	4.3	4.1	3.8	3.6	4.0	4.3	4.5	4.2	2.5
Arkansas	13.2	13.5	11.9	12.3	13.6	13.1	14.2	11.4	8.4
California	7.0	7.0	6.5	6.5	6.6	6.0	6.1	5.6	4.1
Colorado	8.3	6.8	6.7	6.2	6.3	6.7	5.1	4.7	2.9
Connecticut	8.4	8.8	7.8	7.7	9.1	7.8	7.8	6.8	3.8
Delaware	10.9	9.2	10.2	9.5	8.4	9.0	8.7	7.8	6.9
District of Columbia	18.5	21.3	20.1	17.2	23.0	25.6	19.9	16.2	12.1
Florida	11.0	10.1	10.1	8.7	8.6	8.1	7.8	6.8	5.0
Georgia	6.5	6.3	5.4	5.2	5.9	5.5	5.9	4.7	2.7
Hawaii	3.4	3.3	3.2	3.9	4.9	3.2	3.3	3.0	2.4
Idaho									
Illinois	8.5	7.6	6.7	6.4	6.1	6.0	5.1	4.0	2.5
Indiana	10.9	10.5	9.2	9.0	10.1	9.8	9.7	6.9	4.4
Iowa	13.0	11.8	10.9	10.6	10.3	8.4	7.5	5.9	4.2
Kansas	2.4	2.0	2.5	2.2	2.7	2.3	2.5	1.7	1.5
Kentucky	14.0	14.2	12.5	11.6	11.1	11.0	10.6	9.1	6.3
Louisiana	6.1	5.7	5.4	5.4	5.7	5.6	5.2	5.2	2.2
Maine	13.1	9.7	12.3	10.5	10.0	9.8	7.6	5.7	2.5
Maryland	8.6	8.4	7.8	7.1	7.9	7.5	7.3	5.8	4.6
Massachusetts	11.9	11.6	10.9	10.0	10.3	9.4	8.8	8.1	5.6
Michigan	11.9	11.8	11.4	10.5	11.3	10.8	9.6	9.0	5.1
Minnesota	3.4	3.1	2.6	2.3	2.3	2.4	2.2	1.7	1.4
Mississippi	9.5	10.2	9.3	8.8	9.1	9.0	9.5	6.8	4.6
Missouri	3.0	2.7	3.0	3.0	3.3	3.2	3.2	2.8	1.3
Montana	5.9	4.4	4.9	4.5	3.6	3.6	2.3	2.8	1.1
Nebraska	7.3	7.4	6.4	5.7	6.6	5.6	5.5	4.2	3.1
Nevada	7.3	6.1	5.5	4.8	5.2	5.2	5.3	4.0	2.1
New Hampshire	2.9	3.0	2.3	2.4	3.1	2.5	2.9	2.8	1.6
New Jersey	3.6	3.6	3.4	3.4	3.2	3.2	2.9	2.4	2.1
New Mexico	10.7	11.0	10.7	9.3	8.5	7.9	6.8	6.2	4.1
New York	14.7	14.2	13.5	13.7	14.0	14.7	15.4	14.8	8.2
North Carolina	8.6	8.7	8.2	7.6	8.0	7.8	7.3	5.5	2.2
North Dakota	8.2	7.3	8.7	7.1	8.1	7.0	8.6	5.2	4.0
Ohio	9.3	9.0	8.0	8.0	8.4	9.0	8.8	6.7	5.3
Oklahoma	8.6	7.7	6.9	6.3	6.5	5.9	5.4	4.0	2.6
Oregon	9.1	8.8	8.5	8.2	8.6	8.1	7.2	6.5	4.3
Pennsylvania	1.1	1.1	1.1	1.4	1.5	1.7	1.5	1.4	1.1
Puerto Rico	9.3	9.0	8.7	8.0	9.1	10.4	10.4	8.0	6.6
Rhode Island	11.8	13.1	11.6	10.3	8.8	8.7	8.7	6.6	3.6
South Carolina	8.9	8.7	8.1	7.2	7.7	7.1	7.6	6.5	2.7
South Dakota	5.8	4.9	3.8	4.2	3.8	4.6	2.5	2.6	1.2
Tennessee	5.8	5.4	5.3	5.8	5.4	5.3	4.8	4.4	3.4
Texas	7.2	6.6	6.4	5.8	5.6	5.2	4.6	3.9	2.0
Utah	9.9	8.9	9.5	8.8	11.2	11.2	12.1	9.3	6.9
Vermont	5.1	3.8	3.7	6.1	6.3	7.0	6.5	6.1	3.2
Virginia	2.6	2.7	2.3	2.1	2.3	2.7	2.5	1.9	1.5
Washington	3.7	3.4	3.1	2.9	3.1	3.0	2.9	2.7	1.3
West Virginia	10.6	9.9	10.6	8.4	10.0	7.8	6.5	5.6	3.9
Wisconsin	3.0	3.3	2.8	2.8	2.9	3.2	3.0	2.1	1.5
Wyoming	5.2	3.9	4.3	3.8	3.9	4.1	4.3	3.0	1.2
Total									
Rate	**7.9**	**7.5**	**7.1**	**6.8**	**7.0**	**6.9**	**6.6**	**5.7**	**3.6**
Percent									
States Reporting									

Table 3–6 Victims by Sex, 2012

State	Number				Rate	
	Boy	Girl	Unknown	Total Unique Victims	Boy	Girl
Alabama	4,198	5,364	11	9,573	7.3	9.7
Alaska	1,393	1,516	19	2,928	14.5	16.7
Arizona	5,083	4,941	15	10,039	6.1	6.2
Arkansas	5,098	6,033	2	11,133	14.0	17.4
California	37,110	38,872	44	76,026	7.9	8.6
Colorado	5,152	5,330		10,482	8.2	8.9
Connecticut	3,973	4,138	40	8,151	9.8	10.7
Delaware	1,143	1,192		2,335	10.9	11.9
District of Columbia	1,039	1,100	2	2,141	18.8	20.3
Florida	26,719	26,471	151	53,341	13.1	13.5
Georgia	9,351	9,395	6	18,752	7.4	7.7
Hawaii	666	730	2	1,398	4.3	5.0
Idaho						
Illinois	13,488	13,839	170	27,497	8.6	9.2
Indiana	9,552	10,613	58	20,223	11.7	13.6
Iowa	5,518	5,230	3	10,751	14.9	14.8
Kansas	757	1,111		1,868	2.0	3.1
Kentucky	8,391	8,440	223	17,054	16.1	17.0
Louisiana	4,128	4,278	52	8,458	7.2	7.8
Maine	1,943	1,834	4	3,781	14.2	14.2
Maryland	6,294	6,755	30	13,079	9.2	10.3
Massachusetts	9,358	9,256	620	19,234	13.1	13.5
Michigan	16,541	16,890	3	33,434	14.3	15.3
Minnesota	2,025	2,213		4,238	3.1	3.5
Mississippi	3,466	4,133		7,599	9.1	11.3
Missouri	2,192	2,492	1	4,685	3.1	3.6
Montana	630	675	19	1,324	5.5	6.2
Nebraska	1,869	2,017	2	3,888	7.9	8.9
Nevada	2,746	2,690		5,436	8.1	8.3
New Hampshire	442	458	1	901	3.1	3.4
New Jersey	4,505	4,492	34	9,031	4.3	4.5
New Mexico	2,924	2,942	16	5,882	11.2	11.7
New York	34,375	33,774	226	68,375	15.8	16.2
North Carolina	11,726	11,424		23,150	10.0	10.2
North Dakota	683	718	1	1,402	8.6	9.5
Ohio	13,683	15,352	215	29,250	10.0	11.8
Oklahoma	4,675	4,952		9,627	9.7	10.8
Oregon	4,604	4,970	2	9,576	10.4	11.8
Pennsylvania	1,144	2,272		3,416	0.8	1.7
Puerto Rico	4,180	4,260	30	8,470	9.6	10.3
Rhode Island	1,702	1,511	5	3,218	15.3	14.3
South Carolina	5,581	5,688	170	11,439	10.1	10.7
South Dakota	610	614		1,224	5.8	6.2
Tennessee	4,435	5,615	19	10,069	5.8	7.7
Texas	30,342	32,115	94	62,551	8.5	9.4
Utah	4,347	5,063	9	9,419	9.5	11.7
Vermont	242	407		649	3.8	6.8
Virginia	2,682	3,141	3	5,826	2.8	3.5
Washington	3,273	3,256	17	6,546	4.0	4.2
West Virginia	2,281	2,301	9	4,591	11.6	12.3
Wisconsin	2,041	2,565	39	4,645	3.0	4.0
Wyoming	320	385		705	4.6	5.8
Total	**330,620**	**345,823**	**2,367**	**678,810**		
Rate					**8.7**	**9.5**
Percent	**48.7**	**50.9**	**0.3**	**100.0**		
States Reporting	**51**	**51**	**39**	**51**		

Table 3–7 Victims by Race and Ethnicity, 2012

State	Number								
	African-American	American Indian or Alaska Native	Asian	Hispanic	Multiple Race	Pacific Islander	White	Unknown	Total Unique Victims
Alabama	2,629	9	12	412	320	3	5,401	787	9,573
Alaska	75	1,481	19	82	202	37	643	389	2,928
Arizona	856	494	26	3,854	377	21	3,910	501	10,039
Arkansas	1,940	14	21	704	774	46	7,553	81	11,133
California	9,458	481	1,765	41,224	2,586	219	17,521	2,772	76,026
Colorado	884	66	70	3,852	356	41	4,961	252	10,482
Connecticut	1,776	17	61	2,535	402	1	3,122	237	8,151
Delaware	979		14	291	72	1	974	4	2,335
District of Columbia	1,106	2	2	230		1	10	790	2,141
Florida	15,667	90	208	9,165	1,932	26	25,187	1,066	53,341
Georgia	7,461	9	67	1,330	645	3	9,085	152	18,752
Hawaii	23	1	151	37	632	248	205	101	1,398
Idaho									
Illinois	8,856	19	183	3,871		18	13,969	581	27,497
Indiana	3,837	20	41	1,677	1,229	20	12,973	426	20,223
Iowa	1,193	90	92	986	442	28	7,548	372	10,751
Kansas	227	21	8	255	102	4	1,243	8	1,868
Kentucky	1,640	9	11	496	438	8	10,125	4,327	17,054
Louisiana	3,984	29	21	192	136	3	3,947	146	8,458
Maine	52	24	9	165	109	4	2,306	1,112	3,781
Maryland	5,720	10	137	895	252	1	4,559	1,505	13,079
Massachusetts	2,627	26	340	4,763	779	17	7,423	3,259	19,234
Michigan	7,821	172	88	1,594	2,596	5	20,622	536	33,434
Minnesota	777	351	114	472	563		1,913	48	4,238
Mississippi	3,238	18	10	206	122	1	3,756	248	7,599
Missouri	698	16	10	177	63	4	3,633	84	4,685
Montana	13	248	2	78	52	5	865	61	1,324
Nebraska	454	176	36	456	89	3	2,384	290	3,888
Nevada	1,103	40	62	1,486	400	67	2,173	105	5,436
New Hampshire	31		4	72	19	1	709	65	901
New Jersey	2,467	3	83	2,079	141	10	2,812	1,436	9,031
New Mexico	103	364	4	3,657	111	5	1,476	162	5,882
New York	19,620	253	1,157	17,148	1,469	25	22,296	6,407	68,375
North Carolina	6,980	696	64	2,218	1,097	28	11,865	202	23,150
North Dakota	45	290	5	107	91	8	813	43	1,402
Ohio	5,429	17	17	918	1,213	4	13,832	7,820	29,250
Oklahoma	955	574	26	1,437	2,484	6	4,145		9,627
Oregon	422	229	61	1,521	379	31	5,291	1,642	9,576
Pennsylvania									
Puerto Rico									
Rhode Island	390	21	23	818	199	2	1,527	238	3,218
South Carolina	4,055	15	30	464	581	11	5,962	321	11,439
South Dakota	39	568	3	74	94	1	418	27	1,224
Tennessee	1,019	5	8	273	181	5	4,101	4,477	10,069
Texas	10,066	49	237	29,118	1,974	54	19,499	1,554	62,551
Utah	255	162	68	1,957	135	102	6,686	54	9,419
Vermont	6		6	3	3		616	15	649
Virginia	1,583	2	41	615	319	21	3,081	164	5,826
Washington	449	375	97	982	589	51	3,651	352	6,546
West Virginia	121		2	63	254	2	3,961	188	4,591
Wisconsin	931	206	67	454	163	6	2,381	437	4,645
Wyoming	19	8	4	96	8		534	36	705
Total	**140,079**	**7,770**	**5,587**	**145,559**	**27,174**	**1,208**	**293,667**	**45,880**	**666,924**
Rate									
Percent	**21.0**	**1.2**	**0.8**	**21.8**	**4.1**	**0.2**	**44.0**	**6.9**	**100.0**
States Reporting	**49**	**45**	**49**	**49**	**47**	**46**	**49**	**48**	**49**

Table 3–7 Victims by Race and Ethnicity, 2012

State	Rate per 1,000 Children						
	African-American	American Indian or Alaska Native	Asian	Hispanic	Multiple Race	Pacific Islander	White
Alabama	7.8	1.5	0.9	5.6	10.8	4.7	8.2
Alaska	12.4	44.7	1.9	5.3	8.7	12.3	6.7
Arizona	12.4	6.1	0.6	5.5	6.7	7.3	5.9
Arkansas	14.8	2.5	2.1	8.9	34.2	17.1	16.4
California	18.7	13.2	1.8	8.6	6.3	6.7	7.1
Colorado	17.6	9.0	2.0	10.1	7.2	24.5	7.0
Connecticut	20.2	9.0	1.7	15.3	14.4	3.1	6.6
Delaware	19.1		1.9	10.1	7.2	12.7	9.1
District of Columbia	16.7	10.2	0.9	15.3		13.3	0.5
Florida	19.2	8.9	2.0	8.0	14.8	9.4	14.0
Georgia	9.0	1.8	0.8	3.9	8.3	1.9	7.9
Hawaii	4.1	1.6	2.0	0.8	6.6	6.8	5.0
Idaho							
Illinois	18.2	4.2	1.3	5.3		25.5	8.7
Indiana	22.0	6.3	1.5	10.4	21.4	39.8	11.1
Iowa	38.9	35.5	6.3	14.8	17.6	39.3	13.0
Kansas	4.9	3.6	0.4	2.0	2.9	6.5	2.5
Kentucky	17.6	5.8	0.8	9.2	11.9	11.4	12.4
Louisiana	9.5	3.6	1.2	3.2	4.7	7.0	6.7
Maine	8.1	11.6	2.3	24.8	12.6	34.8	9.7
Maryland	13.4	3.3	1.8	5.5	4.0	1.7	7.4
Massachusetts	23.8	9.6	4.0	21.8	16.1	30.0	7.9
Michigan	21.3	12.3	1.4	9.2	26.6	9.6	13.3
Minnesota	7.9	20.2	1.6	4.5	9.5		2.1
Mississippi	10.0	4.1	1.5	7.3	8.0	4.6	10.2
Missouri	3.6	2.8	0.4	2.1	1.2	2.0	3.5
Montana	9.6	11.9	1.3	6.7	5.4	31.3	4.9
Nebraska	17.2	34.6	3.9	6.2	5.3	9.5	7.2
Nevada	19.6	7.1	1.6	5.6	10.6	15.6	8.5
New Hampshire	6.9		0.5	5.1	2.3	13.7	3.0
New Jersey	8.7	0.9	0.5	4.3	2.4	17.0	2.8
New Mexico	12.3	6.9	0.7	12.1	8.8	17.5	11.1
New York	28.8	17.1	3.8	17.3	11.3	13.8	10.4
North Carolina	13.0	24.0	1.1	6.7	12.8	16.4	9.5
North Dakota	14.1	22.5	3.5	16.6	15.8	86.0	6.5
Ohio	14.1	4.1	0.3	6.5	10.8	3.7	7.0
Oklahoma	12.5	5.9	1.6	10.2	28.6	3.9	8.0
Oregon	23.5	21.6	1.9	8.2	7.7	7.6	9.4
Pennsylvania							
Puerto Rico							
Rhode Island	25.6	18.7	3.3	17.4	21.8	13.2	11.2
South Carolina	11.9	3.8	2.0	5.3	16.3	18.8	10.0
South Dakota	9.7	21.1	1.3	7.4	11.0	11.8	2.7
Tennessee	3.4	1.6	0.3	2.3	3.8	5.8	4.1
Texas	12.3	2.6	0.9	8.5	12.8	9.9	8.4
Utah	25.2	19.0	4.8	13.0	4.7	10.8	10.0
Vermont	2.9		2.8	1.0	0.7		5.5
Virginia	4.1	0.4	0.4	2.8	3.4	16.9	3.0
Washington	7.2	15.9	0.9	3.1	4.9	4.1	3.9
West Virginia	8.4		0.7	8.0	18.9	21.1	11.5
Wisconsin	8.2	14.9	1.6	3.2	3.6	15.2	2.5
Wyoming	13.7	2.0	4.5	5.1	2.0		5.0
Total							
Rate	**14.2**	**12.4**	**1.7**	**8.4**	**10.3**	**8.7**	**8.0**
Percent							
States Reporting							

Table 3–8 Maltreatment Types of Victims, 2012

State	Unique Victims	Number							
		Medical Neglect	Neglect	Other	Physical Abuse	Psychological Maltreatment	Sexual Abuse	Unknown	Total Maltreatments
Alabama	9,573	76	3,656		4,749	25	2,096		10,602
Alaska	2,928	79	2,804		449	525	171		4,028
Arizona	10,039		9,731		1,043	32	370		11,176
Arkansas	11,133	891	7,684	4	2,063	142	2,321		13,105
California	76,026		65,900	79	7,424	13,931	4,240		91,574
Colorado	10,482	182	8,655		1,293	332	1,037	68	11,567
Connecticut	8,151	215	7,026		505	2,720	455		10,921
Delaware	2,335	21	805	238	349	1,049	152		2,614
District of Columbia	2,141	128	1,364	840	317	33	56		2,738
Florida	53,341	1,226	30,357	26,653	5,590	732	2,529		67,087
Georgia	18,752	851	12,799		2,542	4,375	929		21,496
Hawaii	1,398	16	209	1,124	194	8	82		1,633
Idaho									
Illinois	27,497	638	19,370		6,945	48	4,985		31,986
Indiana	20,223	404	17,453		2,134	42	3,061		23,094
Iowa	10,751	109	10,053	951	1,361	58	533		13,065
Kansas	1,868	30	344	407	416	235	622		2,054
Kentucky	17,054		16,615		1,526	54	683		18,878
Louisiana	8,458		6,872	62	2,389	72	756		10,151
Maine	3,781		2,913		730	1,422	256		5,321
Maryland	13,079		9,597		3,062	29	1,803		14,491
Massachusetts	19,234		18,900	9	2,871	30	816		22,626
Michigan	33,434	1,060	31,115	13,750	8,507	14,581	1,258		70,271
Minnesota	4,238	51	3,070		815	30	854		4,820
Mississippi	7,599	287	5,543	23	1,462	1,032	1,090		9,437
Missouri	4,685	163	2,830	4	1,397	210	1,138		5,742
Montana	1,324	10	1,207	5	193	98	66		1,579
Nebraska	3,888		3,640		508	48	310		4,506
Nevada	5,436	137	4,117		1,887	90	267		6,498
New Hampshire	901	22	760		67	24	122		995
New Jersey	9,031	221	7,657		1,122	69	950		10,019
New Mexico	5,882	156	5,095	5	802	1,292	210		7,560
New York	68,375	4,093	74,055	20,780	7,312	554	2,278		109,072
North Carolina	23,150	503	20,152	131	2,173	120	1,887	180	25,146
North Dakota	1,402	32	992		201	515	60		1,800
Ohio	29,250	547	14,194		12,351	1,973	5,490		34,555
Oklahoma	9,627	196	5,255		5,589	2,155	611		13,806
Oregon	9,576	154	4,781	5,353	901	189	760	8	12,146
Pennsylvania	3,416	110	113		1,096	18	2,261		3,598
Puerto Rico	8,470	543	5,376	89	1,937	3,758	221	1,067	12,991
Rhode Island	3,218	79	2,942	50	430	7	166		3,674
South Carolina	11,439	431	7,848	50	4,597	156	684		13,766
South Dakota	1,224		1,160		134	17	53		1,364
Tennessee	10,069	193	6,365		1,372	296	2,986		11,212
Texas	62,551	1,649	52,062		11,876	489	5,928	3	72,007
Utah	9,419	23	2,529	683	3,932	2,671	2,005		11,843
Vermont	649	16	20		288	6	406		736
Virginia	5,826	96	3,783		1,662	62	883		6,486
Washington	6,546		5,735		1,396		418		7,549
West Virginia	4,591	63	2,484	545	1,565	1,323	248		6,228
Wisconsin	4,645		2,737		1,002	52	1,300		5,091
Wyoming	705	4	517	11	18	151	73		774
Total	**678,810**	**15,705**	**531,241**	**71,846**	**124,544**	**57,880**	**62,936**	**1,326**	**865,478**
Percent									
States Reporting	**51**	**40**	**51**	**24**	**51**	**50**	**51**	**5**	**51**

Table 3–8 Maltreatment Types of Victims, 2012

State	Percent							
	Medical Neglect	Neglect	Other	Physical Abuse	Psychological Maltreatment	Sexual Abuse	Unknown	Total Maltreatments
Alabama	0.8	38.2		49.6	0.3	21.9		110.7
Alaska	2.7	95.8		15.3	17.9	5.8		137.6
Arizona		96.9		10.4	0.3	3.7		111.3
Arkansas	8.0	69.0	0.0	18.5	1.3	20.8		117.7
California		86.7	0.1	9.8	18.3	5.6		120.5
Colorado	1.7	82.6		12.3	3.2	9.9	0.6	110.4
Connecticut	2.6	86.2		6.2	33.4	5.6		134.0
Delaware	0.9	34.5	10.2	14.9	44.9	6.5		111.9
District of Columbia	6.0	63.7	39.2	14.8	1.5	2.6		127.9
Florida	2.3	56.9	50.0	10.5	1.4	4.7		125.8
Georgia	4.5	68.3		13.6	23.3	5.0		114.6
Hawaii	1.1	14.9	80.4	13.9	0.6	5.9		116.8
Idaho								
Illinois	2.3	70.4		25.3	0.2	18.1		116.3
Indiana	2.0	86.3		10.6	0.2	15.1		114.2
Iowa	1.0	93.5	8.8	12.7	0.5	5.0		121.5
Kansas	1.6	18.4	21.8	22.3	12.6	33.3		110.0
Kentucky	0.0	97.4		8.9	0.3	4.0		110.7
Louisiana	0.0	81.2	0.7	28.2	0.9	8.9		120.0
Maine	0.0	77.0		19.3	37.6	6.8		140.7
Maryland	0.0	73.4		23.4	0.2	13.8		110.8
Massachusetts	0.0	98.3	0.0	14.9	0.2	4.2		117.6
Michigan	3.2	93.1	41.1	25.4	43.6	3.8		210.2
Minnesota	1.2	72.4		19.2	0.7	20.2		113.7
Mississippi	3.8	72.9	0.3	19.2	13.6	14.3		124.2
Missouri	3.5	60.4	0.1	29.8	4.5	24.3		122.6
Montana	0.8	91.2	0.4	14.6	7.4	5.0		119.3
Nebraska	0.0	93.6		13.1	1.2	8.0		115.9
Nevada	2.5	75.7		34.7	1.7	4.9		119.5
New Hampshire	2.4	84.4		7.4	2.7	13.5		110.4
New Jersey	2.4	84.8		12.4	0.8	10.5		110.9
New Mexico	2.7	86.6	0.1	13.6	22.0	3.6		128.5
New York	6.0	108.3	30.4	10.7	0.8	3.3		159.5
North Carolina	2.2	87.0	0.6	9.4	0.5	8.2	0.8	108.6
North Dakota	2.3	70.8		14.3	36.7	4.3		128.4
Ohio	1.9	48.5		42.2	6.7	18.8		118.1
Oklahoma	2.0	54.6		58.1	22.4	6.3		143.4
Oregon	1.6	49.9	55.9	9.4	2.0	7.9	0.1	126.8
Pennsylvania	3.2	3.3		32.1	0.5	66.2		105.3
Puerto Rico	6.4	63.5	1.1	22.9	44.4	2.6	12.6	153.4
Rhode Island	2.5	91.4	1.6	13.4	0.2	5.2		114.2
South Carolina	3.8	68.6	0.4	40.2	1.4	6.0		120.3
South Dakota	0.0	94.8		10.9	1.4	4.3		111.4
Tennessee	1.9	63.2		13.6	2.9	29.7		111.4
Texas	2.6	83.2		19.0	0.8	9.5	0.0	115.1
Utah	0.2	26.8	7.3	41.7	28.4	21.3		125.7
Vermont	2.5	3.1		44.4	0.9	62.6		113.4
Virginia	1.6	64.9		28.5	1.1	15.2		111.3
Washington	0.0	87.6		21.3		6.4		115.3
West Virginia	1.4	54.1	11.9	34.1	28.8	5.4		135.7
Wisconsin	0.0	58.9		21.6	1.1	28.0		109.6
Wyoming	0.6	73.3	1.6	2.6	21.4	10.4		109.8
Total								
Percent	**2.3**	**78.3**	**10.6**	**18.3**	**8.5**	**9.3**	**0.2**	**127.5**
States Reporting								

Table 3–9 Victims With a Reported Disability, 2012

State	Unique Victims	Number							
		Behavior Problem	Emotional Disturbance	Learning Disability	Intellectual Disability	Other Medical Condition	Physically Disabled	Visually or Hearing Impaired	Total Reported Disabilities
Alabama									
Alaska	2,928	47	20	34	4	17	2	4	128
Arizona	10,039	379	180	300	9	2,515	1	1,306	4,690
Arkansas	11,133	495	316	171	59	1,622	19	465	3,147
California	76,026	215	1,428	43	506	7,659	292	794	10,937
Colorado									
Connecticut	8,151	148	90	272	22	108	18	10	668
Delaware	2,335	99	311	74	30	242	5	8	769
District of Columbia	2,141		26			153			179
Florida	53,341	52	213	167	63	590	107	71	1,263
Georgia	18,752	992	1,736	278	89	693	103	87	3,978
Hawaii	1,398	80	44	4	5	89	5	10	237
Idaho									
Illinois	27,497		105	471	46	185	34	1,482	2,323
Indiana	20,223	2,382	953	446	194	254	190	47	4,466
Iowa									
Kansas	1,868		195	48	28	72	27	12	382
Kentucky	17,054	25	28	29	68	133	31	24	338
Louisiana									
Maine	3,781	5	568	1	1	5	1	1	582
Maryland	13,079	1,368	303	75	48	1,223	84	51	3,152
Massachusetts	19,234	27	100	106	37	366	23	23	682
Michigan									
Minnesota	4,238	618	377	61	111	245	33	17	1,462
Mississippi	7,599	342	25	90	30	451	11	13	962
Missouri	4,685	75	305	123	19	113	134	14	783
Montana	1,324	123	45	38	3	72	8	13	302
Nebraska	3,888	138	323	57	15	97	13	7	650
Nevada	5,436	378	337	10	44	34	37		840
New Hampshire	901	22	149	30	60	121	24	5	411
New Jersey	9,031	924	134	427	31	376	51	21	1,964
New Mexico	5,882	38	308	21	26	187	14	15	609
New York									
North Carolina									
North Dakota									
Ohio	29,250	1,259	1,108	274	392	766	75	124	3,998
Oklahoma	9,627	124	536	481	70	686	33	42	1,972
Oregon	9,576	131	218	60	60	167	17	17	670
Pennsylvania									
Puerto Rico	8,470	1,191	596	696	157	486	73	54	3,253
Rhode Island	3,218	81	146	19	21	136	13	5	421
South Carolina	11,439	1,871	303		99	912	1,871	79	5,135
South Dakota	1,224	107	41	50	8	64	10	13	293
Tennessee	10,069	155					5		160
Texas	62,551	381	1	145	55	523	50	96	1,251
Utah	9,419	1,148	373	133	239	187	28	57	2,165
Vermont	649		15	2		6	2	1	26
Virginia									
Washington	6,546	205	146	1	10	175	15	31	583
West Virginia	4,591	223	193	93	2				511
Wisconsin	4,645	48	245	143	27	143	26	23	655
Wyoming	705	36	13	20	14	18	2	2	105
Total	**503,943**	**15,932**	**12,553**	**5,493**	**2,702**	**21,891**	**3,487**	**5,044**	**67,102**
Percent									
States Reporting	**41**	**37**	**40**	**38**	**38**	**39**	**39**	**37**	**41**

Table 3–9 Victims With a Reported Disability, 2012

State	Percent							
	Behavior Problem	Emotional Disturbance	Learning Disability	Intellectual Disability	Other Medical Condition	Physically Disabled	Visually or Hearing Impaired	Total Reported Disabilities
Alabama								
Alaska	1.6	0.7	1.2	0.1	0.6	0.1	0.1	4.4
Arizona	3.8	1.8	3.0	0.1	25.1	0.0	13.0	46.7
Arkansas	4.4	2.8	1.5	0.5	14.6	0.2	4.2	28.3
California	0.3	1.9	0.1	0.7	10.1	0.4	1.0	14.4
Colorado								
Connecticut	1.8	1.1	3.3	0.3	1.3	0.2	0.1	8.2
Delaware	4.2	13.3	3.2	1.3	10.4	0.2	0.3	32.9
District of Columbia		1.2			7.1			8.4
Florida	0.1	0.4	0.3	0.1	1.1	0.2	0.1	2.4
Georgia	5.3	9.3	1.5	0.5	3.7	0.5	0.5	21.2
Hawaii	5.7	3.1	0.3	0.4	6.4	0.4	0.7	17.0
Idaho								
Illinois		0.4	1.7	0.2	0.7	0.1	5.4	8.4
Indiana	11.8	4.7	2.2	1.0	1.3	0.9	0.2	22.1
Iowa								
Kansas		10.4	2.6	1.5	3.9	1.4	0.6	20.4
Kentucky	0.1	0.2	0.2	0.4	0.8	0.2	0.1	2.0
Louisiana								
Maine	0.1	15.0	0.0	0.0	0.1	0.0	0.0	15.4
Maryland	10.5	2.3	0.6	0.4	9.4	0.6	0.4	24.1
Massachusetts	0.1	0.5	0.6	0.2	1.9	0.1	0.1	3.5
Michigan								
Minnesota	14.6	8.9	1.4	2.6	5.8	0.8	0.4	34.5
Mississippi	4.5	0.3	1.2	0.4	5.9	0.1	0.2	12.7
Missouri	1.6	6.5	2.6	0.4	2.4	2.9	0.3	16.7
Montana	9.3	3.4	2.9	0.2	5.4	0.6	1.0	22.8
Nebraska	3.5	8.3	1.5	0.4	2.5	0.3	0.2	16.7
Nevada	7.0	6.2	0.2	0.8	0.6	0.7		15.5
New Hampshire	2.4	16.5	3.3	6.7	13.4	2.7	0.6	45.6
New Jersey	10.2	1.5	4.7	0.3	4.2	0.6	0.2	21.7
New Mexico	0.6	5.2	0.4	0.4	3.2	0.2	0.3	10.4
New York								
North Carolina								
North Dakota								
Ohio	4.3	3.8	0.9	1.3	2.6	0.3	0.4	13.7
Oklahoma	1.3	5.6	5.0	0.7	7.1	0.3	0.4	20.5
Oregon	1.4	2.3	0.6	0.6	1.7	0.2	0.2	7.0
Pennsylvania								
Puerto Rico	14.1	7.0	8.2	1.9	5.7	0.9	0.6	38.4
Rhode Island	2.5	4.5	0.6	0.7	4.2	0.4	0.2	13.1
South Carolina	16.4	2.6		0.9	8.0	16.4	0.7	44.9
South Dakota	8.7	3.3	4.1	0.7	5.2	0.8	1.1	23.9
Tennessee	1.5					0.0		1.6
Texas	0.6	0.0	0.2	0.1	0.8	0.1	0.2	2.0
Utah	12.2	4.0	1.4	2.5	2.0	0.3	0.6	23.0
Vermont		2.3	0.3		0.9	0.3	0.2	4.0
Virginia								
Washington	3.1	2.2	0.0	0.2	2.7	0.2	0.5	8.9
West Virginia	4.9	4.2	2.0	0.0				11.1
Wisconsin	1.0	5.3	3.1	0.6	3.1	0.6	0.5	14.1
Wyoming	5.1	1.8	2.8	2.0	2.6	0.3	0.3	14.9
Total								
Percent	**3.2**	**2.5**	**1.1**	**0.5**	**4.3**	**0.7**	**1.0**	**13.3**
States Reporting								

Table 3–10 Children With a Domestic Violence Caregiver Risk Factor, 2012

State	Unique Victims	Unique Victims With a Domestic Violence Caregiver Risk Factor		Unique Nonvictims	Unique Nonvictims with Domestic Violence Caregiver Risk Factor	
		Number	Percent		Number	Percent
Alabama	9,573	147	1.5			
Alaska	2,928	170	5.8	6,866	234	3.4
Arizona						
Arkansas	11,133	898	8.1	50,996	791	1.6
California						
Colorado						
Connecticut						
Delaware	2,335	1,131	48.4	12,472	370	3.0
District of Columbia	2,141	362	16.9	11,671	433	3.7
Florida	53,341	22,465	42.1	240,498	11,133	4.6
Georgia	18,752	6,814	36.3	91,571	6,419	7.0
Hawaii	1,398	386	27.6	2,402	534	22.2
Idaho						
Illinois	27,497	8,864	32.2	96,123	10,594	11.0
Indiana	20,223	3,277	16.2	72,252	2,624	3.6
Iowa						
Kansas						
Kentucky						
Louisiana						
Maine	3,781	1,229	32.5	7,423	950	12.8
Maryland	13,079	4,557	34.8			
Massachusetts	19,234	1,291	6.7	43,023	962	2.2
Michigan	33,434	17,531	52.4	138,174	19,361	14.0
Minnesota	4,238	1,197	28.2	19,397	3,486	18.0
Mississippi	7,599	176	2.3			
Missouri	4,685	794	16.9	67,227	4,802	7.1
Montana						
Nebraska						
Nevada	5,436	77	1.4			
New Hampshire	901	382	42.4	10,549	2,672	25.3
New Jersey	9,031	2,087	23.1	67,133	7,634	11.4
New Mexico	5,882	1,432	24.3	16,017	1,372	8.6
New York	68,375	14,587	21.3	149,288	6,556	4.4
North Carolina						
North Dakota	1,402	569	40.6	4,770	1,118	23.4
Ohio	29,250	6,437	22.0	73,484	7,517	10.2
Oklahoma	9,627	2,822	29.3	35,912	2,834	7.9
Oregon	9,576	3,503	36.6	23,597	4,478	19.0
Pennsylvania	3,416	165	4.8			
Puerto Rico	8,470	1,863	22.0			
Rhode Island	3,218	1,350	42.0	5,353	1,316	24.6
South Carolina						
South Dakota	1,224	361	29.5	4,492	778	17.3
Tennessee						
Texas	62,551	23,954	38.3	188,072	27,342	14.5
Utah	9,419	2,601	27.6	15,081	460	3.1
Vermont						
Virginia						
Washington	6,546	1,232	18.8	37,184	1,769	4.8
West Virginia						
Wisconsin	4,645	447	9.6	28,998	1,573	5.4
Wyoming	705	132	18.7			
Total	**475,045**	**135,290**		**1,520,025**	**130,112**	
Percent			**28.5**			**8.6**
States Reporting	**35**	**35**		**28**	**28**	

Table 3–11 Children With an Alcohol Abuse Caregiver Risk Factor, 2012

State	Unique Victims	Unique Victims with Alcohol Abuse Caregiver Risk Factor		Unique Nonvictims	Unique Nonvictims with Alcohol Abuse Caregiver Risk Factor	
		Number	Percent		Number	Percent
Alabama						
Alaska	2,928	323	11.0	6,866	340	5.0
Arizona						
Arkansas	11,133	175	1.6			
California						
Colorado						
Connecticut						
Delaware	2,335	253	10.8			
District of Columbia	2,141	709	33.1	11,671	1,414	12.1
Florida						
Georgia	18,752	598	3.2			
Hawaii	1,398	227	16.2	2,402	292	12.2
Idaho						
Illinois						
Indiana	20,223	1,006	5.0			
Iowa						
Kansas						
Kentucky						
Louisiana						
Maine	3,781	760	20.1	7,423	497	6.7
Maryland	13,079	192	1.5			
Massachusetts						
Michigan	33,434	2,747	8.2			
Minnesota	4,238	491	11.6	19,397	1,494	7.7
Mississippi	7,599	172	2.3			
Missouri	4,685	388	8.3	67,227	1,778	2.6
Montana	1,324	112	8.5	9,283	194	2.1
Nebraska						
Nevada	5,436	599	11.0	16,634	470	2.8
New Hampshire	901	128	14.2	10,549	469	4.4
New Jersey	9,031	1,428	15.8	67,133	3,226	4.8
New Mexico	5,882	2,305	39.2	16,017	3,749	23.4
New York						
North Carolina						
North Dakota	1,402	554	39.5	4,770	924	19.4
Ohio	29,250	379	1.3	73,484	862	1.2
Oklahoma	9,627	1,718	17.8	35,912	1,805	5.0
Oregon	9,576	447	4.7	23,597	328	1.4
Pennsylvania	3,416	378	11.1			
Puerto Rico	8,470	806	9.5			
Rhode Island	3,218	113	3.5	5,353	79	1.5
South Carolina						
South Dakota	1,224	579	47.3	4,492	626	13.9
Tennessee						
Texas	62,551	5,726	9.2	188,072	8,014	4.3
Utah	9,419	454	4.8			
Vermont						
Virginia						
Washington	6,546	1,984	30.3	37,184	3,916	10.5
West Virginia						
Wisconsin	4,645	160	3.4	28,998	643	2.2
Wyoming	705	200	28.4	4,923	57	1.2
Total	**298,349**	**26,111**		**641,387**	**31,177**	
Percent			**8.8**			**4.9**
States Reporting	**31**	**31**		**21**	**21**	

Table 3–12 Children With a Drug Abuse Caregiver Risk Factor, 2012

State	Unique Victims	Unique Victims with Drug Abuse Caregiver Risk Factor		Unique Nonvictims	Unique Nonvictims with Drug Abuse Caregiver Risk Factor	
		Number	Percent		Number	Percent
Alabama	9,573	402	4.2			
Alaska	2,928	167	5.7	6,866	159	2.3
Arizona						
Arkansas	11,133	339	3.0	50,996	609	1.2
California						
Colorado						
Connecticut						
Delaware	2,335	453	19.4			
District of Columbia	2,141	709	33.1	11,671	1,414	12.1
Florida						
Georgia	18,752	3,855	20.6	91,571	4,416	4.8
Hawaii	1,398	562	40.2	2,402	662	27.6
Idaho						
Illinois						
Indiana	20,223	3,683	18.2	72,252	2,044	2.8
Iowa						
Kansas						
Kentucky						
Louisiana						
Maine	3,781	1,134	30.0	7,423	995	13.4
Maryland	13,079	563	4.3			
Massachusetts						
Michigan	33,434	2,747	8.2			
Minnesota	4,238	710	16.8	19,397	1,404	7.2
Mississippi	7,599	438	5.8			
Missouri	4,685	1,018	21.7	67,227	3,048	4.5
Montana	1,324	188	14.2	9,283	224	2.4
Nebraska						
Nevada	5,436	599	11.0	16,634	470	2.8
New Hampshire	901	151	16.8	10,549	580	5.5
New Jersey	9,031	2,750	30.5	67,133	6,722	10.0
New Mexico	5,882	3,685	62.6	16,017	5,732	35.8
New York						
North Carolina						
North Dakota	1,402	486	34.7	4,770	524	11.0
Ohio	29,250	9,616	32.9	73,484	9,380	12.8
Oklahoma	9,627	3,711	38.5	35,912	3,736	10.4
Oregon	9,576	887	9.3	23,597	610	2.6
Pennsylvania	3,416	378	11.1			
Puerto Rico	8,470	780	9.2			
Rhode Island	3,218	311	9.7	5,353	225	4.2
South Carolina						
South Dakota	1,224	310	25.3	4,492	303	6.7
Tennessee	10,069	1,036	10.3	75,111	1,835	2.4
Texas	62,551	18,254	29.2	188,072	24,594	13.1
Utah	9,419	727	7.7			
Vermont						
Virginia						
Washington	6,546	2,967	45.3	37,184	7,465	20.1
West Virginia	4,591	388	8.5			
Wisconsin	4,645	245	5.3	28,998	756	2.6
Wyoming	705	235	33.3	4,923	64	1.3
Total	**322,582**	**64,484**		**931,317**	**77,971**	
Percent			**20.0**			**8.4**
States Reporting	**34**	**34**		**25**	**25**	

Table 3–13 Victims by Perpetrator Relationship, 2012

	Duplicate Victims	
Perpetrator	Number	Percent
PARENT		
Father	127,654	18.7
Father and Other	6,399	0.9
Mother	250,553	36.6
Mother and Other	40,495	5.9
Mother and Father	132,557	19.4
Total Parents	**557,658**	**81.5**
NONPARENT		
Child Daycare Provider	2,541	0.4
Foster Parent (Female Relative)	287	0.0
Foster Parent (Male Relative)	61	0.0
Foster Parent (Nonrelative)	892	0.1
Foster Parent (Unknown Relationship)	304	0.0
Friend and Neighbor	2,161	0.3
Group Home and Residential Facility Staff	759	0.1
Legal Guardian (Female)	783	0.1
Legal Guardian (Male)	206	0.0
More than One Nonparental Perpetrator	6,746	1.0
Other Professional	936	0.1
Partner of Parent (Female)	1,953	0.3
Partner of Parent (Male)	15,880	2.3
Relative (Female)	10,436	1.5
Relative (Male)	20,245	3.0
Other	17,626	2.6
Total Nonparents	**81,816**	**12.0**
UNKNOWN		
Unknown	44,774	6.5
Total Unknown	**44,774**	**6.5**
Total	**684,248**	
Percent		**100.0**

Based on data from 47 States.

Table 3–14 CBCAP Federal Performance Measure: First-Time Victims, 2008–2012

State	Unique Victims					First-Time Victims Number				
	2008	2009	2010	2011	2012	2008	2009	2010	2011	2012
Alabama	9,011	8,123	9,367	8,601	9,573	6,902	6,828	7,883	7,186	7,965
Alaska	3,993	3,544	2,825	2,898	2,928	2,858	2,539	1,980	2,113	1,963
Arizona	3,450	3,803	6,023	8,708	10,039	2,995	3,323	5,271	7,604	8,766
Arkansas	8,759	9,926	11,729	11,105	11,133	7,177	8,110	9,660	9,022	8,962
California	78,421	73,962	76,758	80,100	76,026	66,097	62,410	65,070	68,112	64,057
Colorado	10,699	11,341	11,166	10,604	10,482	8,625	8,962	8,562	8,143	7,870
Connecticut	9,262	9,432	9,954	10,012	8,151	6,499	6,648	7,109	7,213	5,660
Delaware	2,226	2,015	2,125	2,466	2,335	1,837	1,627	1,746	2,018	1,823
District of Columbia					2,141					1,552
Florida	47,981	45,841	50,239	51,920	53,341	28,019	24,860	26,994	26,982	26,506
Georgia					18,752					15,883
Hawaii	1,828	2,007	1,744	1,346	1,398	1,389	1,582	1,342	1,028	1,102
Idaho	1,764	1,571	1,609	1,470		1,496	1,281	1,306	1,190	
Illinois	27,372	27,446	26,442	25,832	27,497	20,375	20,508	19,636	19,151	20,348
Indiana	20,367	22,330	21,362	17,930	20,223	18,075	19,877	18,694	15,068	18,250
Iowa	10,133	11,636	12,005	11,028	10,751	7,194	8,139	8,322	7,481	7,382
Kansas	1,629	1,329	1,504	1,729	1,868	1,401	1,181	1,337	1,559	1,707
Kentucky	16,835	16,187	17,029	16,994	17,054	11,754	11,338	11,869	12,032	12,068
Louisiana	9,533	9,063	8,344	9,545	8,458	7,317	6,765	6,228	7,101	6,318
Maine	3,716	3,809	3,269	3,118	3,781	1,816	1,804	1,488	1,444	1,699
Maryland	14,382	15,310	13,059	13,740	13,079	12,115	12,097	10,168	10,052	10,244
Massachusetts	36,772	34,639	24,428	20,262	19,234	21,359	19,780	13,270	11,359	10,947
Michigan	27,383	29,976	32,412	33,366	33,434	20,330	22,063	23,171	23,460	23,122
Minnesota	5,510	4,668	4,462	4,342	4,238	4,495	3,765	3,648	3,629	3,511
Mississippi	7,429	7,369	7,403	6,712	7,599	6,677	6,653	6,625	5,945	6,854
Missouri	5,324	5,226	5,313	5,826	4,685	4,402	4,315	4,503	5,002	3,971
Montana	1,538	1,521	1,383	1,066	1,324	1,173	1,192	1,013	820	1,031
Nebraska	4,190	4,871	4,572	4,307	3,888	3,248	3,763	3,483	3,285	2,918
Nevada	4,561	4,443	4,654	5,331	5,436	3,044	3,106	3,079	3,587	3,570
New Hampshire	1,063	924	851	876	901	283	228	196	270	276
New Jersey	8,588	8,725	8,981	8,238	9,031	7,268	7,324	7,459	6,739	7,310
New Mexico	5,164	4,915	5,440	5,601	5,882	3,982	3,840	4,151	4,209	4,372
New York	72,917	77,620	77,011	72,625	68,375	47,990	50,184	48,767	44,714	41,997
North Carolina	22,445	22,371	21,895	22,940	23,150	16,376	16,816	16,755	17,926	18,370
North Dakota				1,295	1,402				1,202	1,214
Ohio	33,331	31,270	31,295	30,601	29,250	28,080	27,802	26,746	21,511	20,453
Oklahoma	10,219	7,138	7,207	7,836	9,627	7,599	5,354	5,639	6,078	7,618
Oregon					9,576					6,740
Pennsylvania	3,872	3,913	3,555	3,287	3,416	3,583	3,636	3,326	3,074	3,198
Puerto Rico										
Rhode Island	2,775	2,804	3,268	3,131	3,218	1,900	1,990	2,287	2,198	2,264
South Carolina	12,178	12,381	11,802	11,324	11,439	9,687	1,005	9,241	8,589	8,556
South Dakota	1,331	1,443	1,360	1,353	1,224	997	1,060	1,023	986	933
Tennessee	10,945	8,822	8,760	9,243	10,069	9,345	7,847	7,104	7,852	8,494
Texas	67,913	66,359	64,937	63,474	62,551	56,207	54,382	52,205	51,235	50,153
Utah	12,364	12,692	12,854	10,586	9,419	8,343	8,390	8,547	6,856	6,845
Vermont	638	696	658	630	649	511	567	533	526	531
Virginia										
Washington	6,264	6,070	6,593	6,541	6,546	5,142	4,473	4,720	4,640	4,694
West Virginia	5,300	4,978	3,961	4,000	4,591	3,472	3,393	2,762	2,960	3,540
Wisconsin	5,407	4,654	4,569	4,750	4,645	4,458	3,895	3,826	4,058	3,936
Wyoming	678	707	725	703	705	547	597	604	590	616
Total	**657,460**	**649,870**	**646,902**	**639,392**	**664,514**	**494,439**	**477,299**	**479,348**	**467,799**	**488,159**
Percent										
Rate										
States Reporting	**46**	**46**	**46**	**47**	**49**	**46**	**46**	**46**	**47**	**49**

Table 3–14 CBCAP Federal Performance Measure: First-Time Victims, 2008–2012

State	First-Time Victims									
	Percent					Rate				
	2008	2009	2010	2011	2012	2008	2009	2010	2011	2012
Alabama	76.6	84.1	84.2	83.5	83.2	6.1	6.0	7.0	6.4	7.1
Alaska	71.6	71.6	70.1	72.9	67.0	15.8	13.8	10.5	11.2	10.5
Arizona	86.8	87.4	87.5	87.3	87.3	1.7	1.9	3.2	4.7	5.4
Arkansas	81.9	81.7	82.4	81.2	80.5	10.2	11.4	13.6	12.7	12.6
California	84.3	84.4	84.8	85.0	84.3	7.0	6.6	7.0	7.3	6.9
Colorado	80.6	79.0	76.7	76.8	75.1	7.1	7.3	7.0	6.6	6.4
Connecticut	70.2	70.5	71.4	72.0	69.4	8.0	8.2	8.7	9.0	7.1
Delaware	82.5	80.7	82.2	81.8	78.1	8.9	7.9	8.5	9.8	8.9
District of Columbia					72.5					14.2
Florida	58.4	54.2	53.7	52.0	49.7	6.9	6.1	6.8	6.7	6.6
Georgia					84.7					6.4
Hawaii	76.0	78.8	76.9	76.4	78.8	4.8	5.4	4.4	3.4	3.6
Idaho	84.8	81.5	81.2	81.0		3.6	3.1	3.0	2.8	
Illinois	74.4	74.7	74.3	74.1	74.0	6.4	6.5	6.3	6.2	6.6
Indiana	88.7	89.0	87.5	84.0	90.2	11.4	12.5	11.6	9.4	11.5
Iowa	71.0	69.9	69.3	67.8	68.7	10.1	11.4	11.4	10.3	10.2
Kansas	86.0	88.9	88.9	90.2	91.4	2.0	1.7	1.8	2.1	2.4
Kentucky	69.8	70.0	69.7	70.8	70.8	11.6	11.2	11.6	11.8	11.9
Louisiana	76.8	74.6	74.6	74.4	74.7	6.5	6.0	5.6	6.3	5.7
Maine	48.9	47.4	45.5	46.3	44.9	6.6	6.7	5.4	5.4	6.4
Maryland	84.2	79.0	77.9	73.2	78.3	8.9	8.9	7.5	7.5	7.6
Massachusetts	58.1	57.1	54.3	56.1	56.9	14.8	13.8	9.4	8.1	7.8
Michigan	74.2	73.6	71.5	70.3	69.2	8.5	9.4	9.9	10.2	10.2
Minnesota	81.6	80.7	81.8	83.6	82.8	3.6	3.0	2.8	2.8	2.8
Mississippi	89.9	90.3	89.5	88.6	90.2	8.7	8.7	8.8	7.9	9.2
Missouri	82.7	82.6	84.8	85.9	84.8	3.1	3.0	3.2	3.5	2.8
Montana	76.3	78.4	73.2	76.9	77.9	5.3	5.4	4.5	3.7	4.6
Nebraska	77.5	77.3	76.2	76.3	75.1	7.2	8.3	7.6	7.1	6.3
Nevada	66.7	69.9	66.2	67.3	65.7	4.5	4.6	4.6	5.4	5.4
New Hampshire	26.6	24.7	23.0	30.8	30.6	1.0	0.8	0.7	1.0	1.0
New Jersey	84.6	83.9	83.1	81.8	80.9	3.5	3.6	3.6	3.3	3.6
New Mexico	77.1	78.1	76.3	75.1	74.3	7.9	7.5	8.0	8.1	8.5
New York	65.8	64.7	63.3	61.6	61.4	10.8	11.3	11.3	10.4	9.9
North Carolina	73.0	75.2	76.5	78.1	79.4	7.3	7.4	7.4	7.8	8.0
North Dakota				92.8	86.6				7.9	7.9
Ohio	84.2	88.9	85.5	70.3	69.9	10.3	10.2	9.8	8.0	7.7
Oklahoma	74.4	75.0	78.2	77.6	79.1	8.4	5.8	6.1	6.5	8.1
Oregon					70.4					7.8
Pennsylvania	92.5	92.9	93.6	93.5	93.6	1.3	1.3	1.2	1.1	1.2
Puerto Rico										
Rhode Island	68.5	71.0	70.0	70.2	70.4	8.3	8.8	10.2	10.0	10.5
South Carolina	79.5	8.1	78.3	75.8	74.8	9.0	0.9	8.6	8.0	7.9
South Dakota	74.9	73.5	75.2	72.9	76.2	5.0	5.3	5.0	4.9	4.6
Tennessee	85.4	88.9	81.1	85.0	84.4	6.3	5.3	4.8	5.3	5.7
Texas	82.8	82.0	80.4	80.7	80.2	8.3	7.9	7.6	7.4	7.2
Utah	67.5	66.1	66.5	64.8	72.7	9.8	9.7	9.8	7.8	7.7
Vermont	80.1	81.5	81.0	83.5	81.8	4.0	4.5	4.1	4.2	4.3
Virginia										
Washington	82.1	73.7	71.6	70.9	71.7	3.3	2.8	3.0	2.9	3.0
West Virginia	65.5	68.2	69.7	74.0	77.1	9.0	8.8	7.1	7.7	9.2
Wisconsin	82.4	83.7	83.7	85.4	84.7	3.4	3.0	2.9	3.1	3.0
Wyoming	80.7	84.4	83.3	83.9	87.4	4.2	4.5	4.5	4.4	4.5
Total										
Percent	**75.2**	**73.4**	**74.1**	**73.2**	**73.5**					
Rate						**7.2**	**6.9**	**7.0**	**6.8**	**6.8**
States Reporting										

Table 3–15 CFSR: Absence of Maltreatment Recurrence, 2008–2012

State	Percentage of Unique Victims Without Another Incident of Maltreatment During a 6-month Period				
	2008	2009	2010	2011	2012
Alabama	98.7	98.8	98.8	98.9	98.4
Alaska	90.9	90.5	92.9	91.8	87.8
Arizona	98.3	98.5	96.7	95.4	95.4
Arkansas	94.7	94.5	93.8	92.3	93.6
California	92.7	93.2	93.2	93.0	93.3
Colorado	94.9	95.8	95.7	95.5	95.6
Connecticut	93.7	93.6	92.6	93.4	94.4
Delaware	98.2	97.9	97.1	97.8	97.5
District of Columbia	95.9	96.4	94.1	93.8	95.5
Florida	93.5	93.0	92.8	92.8	92.8
Georgia	97.8	97.8	97.2	96.8	96.7
Hawaii	96.7	96.1	97.6	97.6	98.1
Idaho	95.0	96.6	97.0	96.7	
Illinois	92.5	92.9	93.4	93.4	92.8
Indiana	93.6	92.7	93.2	93.3	93.2
Iowa	91.9	91.0	90.7	91.5	92.7
Kansas	96.5	98.5	97.3	94.0	96.6
Kentucky	94.2	94.7	94.7	94.9	93.8
Louisiana	93.5	94.0	95.4	94.8	94.7
Maine	92.3	92.8	93.8	95.7	93.7
Maryland	96.3	95.1	96.6	93.1	92.9
Massachusetts	88.1	88.6	91.5	91.9	91.5
Michigan	92.9	93.3	91.7	91.4	91.0
Minnesota	94.0	94.3	95.0	94.4	96.2
Mississippi	93.9	94.6	94.0	92.6	93.2
Missouri	97.1	96.1	97.3	96.7	97.9
Montana	94.8	94.1	96.3	96.2	96.6
Nebraska	89.4	90.4	92.1	92.3	92.6
Nevada	95.1	93.9	94.5	93.6	95.1
New Hampshire	95.8	92.2	97.2	95.3	98.3
New Jersey	95.4	94.4	94.3	94.8	94.9
New Mexico	91.8	91.4	91.7	90.1	91.0
New York	87.9	87.8	87.7	87.8	87.6
North Carolina	97.5	97.6	97.5	96.7	97.9
North Dakota			98.6	98.6	97.4
Ohio	93.7	92.7	93.0	92.3	92.4
Oklahoma	91.8	94.1	94.1	93.1	93.8
Oregon					92.9
Pennsylvania	97.6	97.4	97.4	98.0	97.4
Puerto Rico	97.7	97.2	97.3	95.5	94.9
Rhode Island	90.3	93.0	92.3	91.5	93.1
South Carolina	97.4	97.6	96.8	96.6	97.2
South Dakota	96.1	94.3	95.4	94.4	94.4
Tennessee	95.4	96.8	96.7	97.0	97.3
Texas	96.2	96.3	97.2	97.1	97.1
Utah	93.9	92.3	93.1	94.4	95.4
Vermont	98.4	96.2	98.4	95.2	93.7
Virginia	97.8	98.0	97.6	97.7	97.3
Washington	93.9	93.7	93.7	94.2	92.5
West Virginia	89.3	91.5	95.6	97.6	97.6
Wisconsin	94.3	95.4	94.4	95.4	95.6
Wyoming	95.0	97.1	98.0	99.0	98.6
States Reporting	**50**	**50**	**51**	**51**	**51**
Number Met 94.6% Standard	**26**	**23**	**27**	**26**	**27**
Percent Met Standard	**52.0**	**46.0**	**52.9**	**51.0**	**52.9**

Table 3–16 CFSR: Absence of Maltreatment in Foster Care, 2008–2012

State	Percentage of Foster Care Children Who Were Not Victimized by a Foster Care Provider				
	2008	2009	2010	2011	2012
Alabama	99.81	99.91	99.96	99.82	99.82
Alaska	99.54	98.93	99.49	99.59	99.09
Arizona	99.84	99.85	99.81	99.91	99.92
Arkansas	99.43	99.53	99.67	99.81	99.87
California	99.71	99.69	99.68	99.70	99.77
Colorado	99.46	99.61	99.46	99.34	99.59
Connecticut	99.34	98.76	99.11	99.27	99.51
Delaware	99.83	99.85	99.75	99.92	99.85
District of Columbia	99.86	99.72	99.72	99.81	99.65
Florida	98.66	99.67	99.18	99.34	99.39
Georgia					
Hawaii	99.82	99.55	99.26	99.41	99.86
Idaho	99.88	99.65	99.93	99.89	
Illinois	99.42	99.40	99.43	99.37	99.36
Indiana	99.58	99.56	99.63	99.77	99.87
Iowa	99.71	99.13	99.63	99.46	99.65
Kansas	99.99	99.95	99.91	99.89	99.80
Kentucky	99.76	99.55	99.53	99.66	99.50
Louisiana	99.53	99.29	99.52	99.28	99.56
Maine	99.96	99.88	99.45	99.66	99.86
Maryland	99.60	99.56	99.75	99.31	99.52
Massachusetts	98.93	99.16	99.22	99.30	99.07
Michigan	99.62	99.29	99.06	98.97	99.19
Minnesota	99.71	99.66	99.77	99.66	99.59
Mississippi	98.54	98.19	98.12	98.41	98.35
Missouri	99.64	99.66	99.58	99.78	99.75
Montana	99.74	99.53	99.89	99.82	99.70
Nebraska	99.45	99.69	99.61	99.72	99.54
Nevada	99.56	99.54	99.40	99.59	99.35
New Hampshire		99.93	100.00	100.00	100.00
New Jersey	99.91	99.84	99.85	99.87	99.77
New Mexico	99.56	99.76	99.68	99.64	99.38
New York	98.56	97.96	98.09	98.62	98.81
North Carolina	99.34	99.50			
North Dakota				99.94	99.41
Ohio	99.69	99.59	99.61	99.61	99.50
Oklahoma	99.08	99.43	99.21	99.52	99.11
Oregon					99.16
Pennsylvania	99.79	99.80	99.86	99.92	99.86
Puerto Rico	99.96	99.74	99.68	99.96	99.91
Rhode Island	99.28	98.65	99.03	98.77	98.96
South Carolina	99.93	99.89	99.57	99.59	99.57
South Dakota	99.93	99.72	99.90	100.00	100.00
Tennessee	99.48	99.58		99.89	99.93
Texas	99.64	99.80	99.90	99.81	99.73
Utah	99.55	99.45	99.45	99.61	99.92
Vermont	100.00	99.94	99.94	99.81	100.00
Virginia	99.75	99.75	99.82	99.74	99.84
Washington	99.62	99.82	99.80	99.81	99.67
West Virginia	99.91	99.75	99.70	99.81	99.80
Wisconsin	99.75	99.76	99.65	99.66	99.88
Wyoming	99.55	99.86	100.00	99.95	100.00
States Reporting	**48**	**49**	**47**	**49**	**49**
Number Met 99.68% Standard	**23**	**22**	**22**	**25**	**24**
Percent Met Standard	**47.9**	**44.9**	**46.8**	**51.0**	**49.0**

Fatalities

CHAPTER 4

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

The determination that a death is due to child maltreatment involves the submission of an initial referral of a child fatality to law enforcement or child protective services (CPS). Law enforcement and CPS agencies are dependent upon the public, medical professionals, and hospital staff for these referrals. Once an allegation of a suspicious death occurs, close coordination between CPS and law enforcement is necessary, with additional support from the office of the medical examiner or coroner. District attorneys and the courts make the final legal determination.

Some child maltreatment-related deaths may not come to the attention of CPS. Reasons for this include if there were no surviving siblings in the family, or if the child had not received child welfare services. To improve estimates of child fatality figures, states are increasingly consulting other data sources for deaths attributed to child maltreatment. The Child and Family Services Improvement and Innovation Act (P.L. 112–34) lists the following additional data sources, which states should include when reporting on child deaths due to maltreatment: state vital statistics departments, child death review teams, law enforcement agencies, and offices of medical examiners or coroners. States that are able to provide these additional data do so as aggregate data via the Agency File.

Number of Child Fatalities

Forty-nine states reported a total of 1,593 fatalities. Of those 49 states, 44 reported case-level data on 1,315 fatalities and 41 reported aggregate data on 278 fatalities. Fatality rates by state ranged from 0.00 to 4.64 per 100,000 children in the population. (See table 4–1 and related notes.)

For FFY 2012, a nationally estimated 1,640 children died from abuse and neglect at a rate of 2.20 per 100,000 children in the population. This is a 4.7 percent decrease from 2008 when an estimated 1,720 children died at a rate of 2.28 per 100,000 children. While the national estimate and rate are lower for 2012 than for 2008, both the number and rate have been increasing since 2010. (See exhibit 4–A, and related notes.)

Table 4–2 displays the reported number of fatalities for 5 years by state. There may be several reasons for the recent increase 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), many states that reported an increase in child fatalities from 2011 to 2012, attributed the increase to better reporting. For example, several states mentioned that they implemented new child death reviews or expanded the scope of existing reviews. Some states indicated that they recently began investigating all unexplained infant deaths regardless of whether there was an allegation of maltreatment. More detailed explanations for data fluctuations may be found in the state commentaries in appendix D.

Exhibit 4–A Child Fatality Rates per 100,000 Children, 2008–2012

Reporting Year	States Reporting	Child Population of Reporting States	Child Fatalities from Reporting States	National Rate Per 100,000 Children	Child Population of all 52 States	National Estimate of Child Fatalities
2008	51	73,157,339	1,666	2.28	75,411,627	1,720
2009	51	73,234,095	1,685	2.30	75,512,062	1,740
2010	52	75,017,513	1,563	2.08	75,017,513	1,560
2011	51	73,373,783	1,545	2.11	74,783,810	1,580
2012	49	72,483,465	1,593	2.20	74,577,451	1,640

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.

Child Fatality Demographics

Younger children are the most vulnerable to death as the result of child abuse and neglect. Nearly three-quarters (70.3%) of all child fatalities were younger than 3 years and in general, the child fatality rate decreased with age. Children who were younger than 1 year old died from abuse and neglect at a rate of 18.83 per 100,000 children in the population younger than 1 year. This is nearly 3 times the rate of children who were 1 year old (6.46 per 100,000 children in the population of the same age). Children who were older than 5 years died at a rate of less than 1.00 per 100,000 in the population. (See table 4–3 and related notes.)

Boys had a higher child fatality rate than girls; 2.54 per 100,000 boys in the population, compared to 1.94 per 100,000 girls in the population. (See exhibit 4–B and related notes.)

Exhibit 4–B Child Fatalities by Sex, 2012

Sex	Child Population	Child Fatalities		
		Number	Percent	Rate per 100,000 Children
Boys	29,812,183	758	57.6	2.54
Girls	28,511,844	553	42.1	1.94
Unknown		4	0.3	
Total	**58,324,027**	**1,315**		
Percent			**100.0**	

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

More than 85 percent (85.5%) of child fatalities were comprised of White (38.3%), African-American (31.9%), and Hispanic (15.3%). Comparing the number of victims to the population data to create rates by race or ethnicity highlights some racial disparity. Pacific Islander and African-American children had the highest rates of child fatalities at 4.69 and 4.67 per 100,000 Pacific Islander and African-American children, while White children had a

rate of 1.60 per 100,000 White children. (See exhibit 4–C and related notes.) For more information about racial disparity in the child welfare system, readers are encouraged to review some of the studies listed in chapter 7 of this report.

Maltreatment Types

Of the children who died, 69.9 percent suffered neglect and 44.3 percent suffered physical abuse either exclusively or in combination with another maltreatment type. (See exhibit 4–D and related notes.) Because a victim may have suffered from more than one type of maltreatment, every reported maltreatment type was counted and the percentages total to more than 100.0 percent.

Perpetrator Relationship

Four-fifths (80.0%) of child fatalities involved parents acting alone, together, or with other individuals. A child's mother acting alone perpetrated 27.1 percent, both parents were responsible for one-fifth (21.2%), and a father acting alone perpetrated 17.1 percent of child fatalities. Perpetrators without a parental relationship to the child accounted for 14.3 percent of fatalities. Child fatalities with unknown perpetrator relationship data accounted for 5.6 percent. (See Table 4–4 and related notes.)

Risk Factors

Some states are able to report whether certain caregiver risk factors contributed to the child fatality. Twenty-seven states reported that 6.3 percent of child fatalities were associated with a caregiver who had a risk factor of alcohol abuse. Thirty-one states reported 20.1 percent of child fatalities were exposed to domestic violence in the home. Thirty states reported 17.3 percent of child fatalities were associated with a caregiver who had a risk factor of drug abuse. The distributions of the risk factors for child fatalities are similar to the distribution of the risk factors for victims.

Exhibit 4–C Child Fatalities by Race and Ethnicity, 2012

Race	Child Population	Child Fatalities		
		Number	Percent	Rate per 100,000 Children
SINGLE RACE				
African-American	8,637,076	403	31.9	4.67
American Indian or Alaska Native	492,539	11	0.9	2.23
Asian	1,972,578	11	0.9	0.56
Hispanic	11,390,843	193	15.3	1.69
Pacific Islander	85,285	4	0.3	4.69
Unknown		109	8.6	
White	30,161,762	483	38.3	1.60
MULTIPLE RACE				
Two or more races	1,995,195	48	3.8	2.41
Total	**54,735,278**	**1,262**		
Percent			**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 each racial group are exclusive and do not include Hispanic.

The rates were calculated by dividing the number of child fatalities for each race or ethnicity by the child population for each race or ethnicity and multiplying by 100,000. This analysis includes only those states that reported both race and ethnicity.

Exhibit 4–D Maltreatment Types of Child Fatalities, 2012

Maltreatment Type	Child Fatalities	Reported Maltreatments	
		Number	Percent
Medical Neglect		117	8.9
Neglect		919	69.9
Other		329	25.0
Physical Abuse		582	44.3
Psychological Abuse		29	2.2
Sexual Abuse		10	0.8
Unknown			
Total	**1,315**	**1,986**	
Percent			**151.0**

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 and the total percentage of reported maltreatments exceeds 100.0 percent. The percentages are calculated against the total number of child fatalities in the reporting states.

Alleged maltreatments are not and never have been included in this analysis during prior years.

It is important to note that some states are not able to differentiate between alcohol abuse and drug abuse. Those states report the same children in both caregiver risk factor categories. (See exhibit 4–E and related notes.)

Exhibit 4–E Child Fatalities With Selected Caregiver Risk Factors, 2012

Caregiver Risk Factor	States Reporting	Child Fatalities from Reporting States	Child Fatalities With a Caregiver Risk Factor	
			Number	Percent
Alcohol Abuse	27	697	44	6.3
Domestic Violence	31	1,096	220	20.1
Drug Abuse	30	753	130	17.3

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.

Prior CPS Contact

Some children who died from abuse and neglect were already known to CPS agencies. In 30 reporting states, 8.5 percent of child fatalities involved families who had received family preservation services in the past 5 years. In 35 reporting states, 2.2 percent of child fatalities involved children who had been in foster care and were reunited with their families in the past 5 years. (See table 4–5, table 4–6, and related notes.)

Exhibit and Table Notes

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

General

- States may be excluded from an analysis for data quality issues.
- The data source for all tables was the Child File unless otherwise noted.
- Rates are per 100,000 children in the population.
- NCANDS uses the child population estimates that are released annually by the U.S. Census Bureau.
- Analyses for all tables are based on unique counts of children.

Table 4–1 Child Fatalities by Submission Type, 2012

- Data are from the Child File and Agency File.
- Fatality 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, 2008–2012

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

Table 4–3 Child Fatalities by Age, 2012

- There are no population data for unknown age and therefore, no rates.
- The rates were calculated by dividing the number of child fatalities for each age by the child population for each age and multiplying by 100,000.
- The increase in the number of child fatalities with an unknown age (from FFY 2011) is due to one state that misreported children younger than 1 year as unknown. The state will correct the problem prior to the FFY 2013 submission.

Table 4–4 Child Fatalities by Perpetrator Relationship, 2012

- The categories "mother and other" and "father and other" include victims with one perpetrator identified as a mother or father and a second or third perpetrator identified as a nonparent.
- The category of "other" may include more than one person.
- The relationship categories listed under nonparental perpetrator include any perpetrator relationship that was not identified as a biological parent, adoptive parent, or stepparent.
- The unknown relationship category includes victims with an unknown perpetrator.
- This analysis excludes states that reported more than 35 percent of child fatalities with an "other" or unknown relationship.
- Some states are not able to collect and report on group home and residential facility staff perpetrators due to system limitations or jurisdictional issues. More information may be found in appendix D.

Table 4–5 Child Fatalities Who Received Family Preservation Services Within the Past 5 Years, 2012

- Data are from the Child File and Agency File.

Table 4–6 Child Fatalities Who Were Reunited With Their Families Within the Past 5 Years, 2012

- Data are from the Child File and Agency File.

Table 4–1 Child Fatalities by Submission Type, 2012

State	Child Fatalities Reported in the Child File	Child Fatalities Reported in the Agency File	Total Child Fatalities	Child Fatality Rates per 100,000 Children
Alabama	21	0	21	1.87
Alaska		4	4	2.14
Arizona	27	3	30	1.85
Arkansas	33		33	4.64
California		128	128	1.39
Colorado	27	13	40	3.25
Connecticut	6		6	0.76
Delaware	3	0	3	1.46
District of Columbia	2	0	2	1.83
Florida	179	0	179	4.47
Georgia	71		71	2.85
Hawaii	3		3	0.99
Idaho				
Illinois	108		108	3.52
Indiana	18	5	23	1.45
Iowa	6	1	7	0.97
Kansas	8	0	8	1.10
Kentucky	22	4	26	2.55
Louisiana	41	1	42	3.76
Maine				
Maryland	14	12	26	1.93
Massachusetts				
Michigan	63	0	63	2.78
Minnesota	10	0	10	0.78
Mississippi	6	1	7	0.94
Missouri	16	4	20	1.43
Montana	0	2	2	0.90
Nebraska	3	3	6	1.29
Nevada	13	5	18	2.71
New Hampshire	1	0	1	0.36
New Jersey	14	2	16	0.79
New Mexico	16	0	16	3.11
New York	87	13	100	2.35
North Carolina		24	24	1.05
North Dakota	1	0	1	0.65
Ohio	70		70	2.63
Oklahoma	25	0	25	2.67
Oregon		17	17	1.98
Pennsylvania	38	0	38	1.39
Puerto Rico	15	4	19	2.24
Rhode Island	1	0	1	0.46
South Carolina	18	5	23	2.13
South Dakota	6	0	6	2.94
Tennessee	31		31	2.07
Texas	213	2	215	3.08
Utah	12	0	12	1.35
Vermont	0	0	0	0.00
Virginia	30	3	33	1.78
Washington		21	21	1.32
West Virginia	4	1	5	1.30
Wisconsin	31		31	2.35
Wyoming	2	0	2	1.48
Total	**1,315**	**278**	**1,593**	
Rate				**2.20**
States Reporting	**44**	**41**	**49**	

Table 4–2 Child Fatalities, 2008–2012

State	Child Fatalities				
	2008	2009	2010	2011	2012
Alabama	20	14	13	11	21
Alaska	2	1	3	3	4
Arizona	11	30	20	34	30
Arkansas	21	13	19	12	33
California	185	185	120	123	128
Colorado	32	36	27	31	40
Connecticut	8	4	4	8	6
Delaware	2	3	2	1	3
District of Columbia	8	5	2	3	2
Florida	185	156	180	133	179
Georgia	68	60	77	65	71
Hawaii	2	3	2	2	3
Idaho	2	4	2	3	
Illinois	69	77	73	82	108
Indiana	34	50	24	34	23
Iowa	11	10	7	10	7
Kansas	10	8	6	10	8
Kentucky	22	34	30	32	26
Louisiana	30	40	30	45	42
Maine	4	2	1	1	
Maryland	20	17	24	10	26
Massachusetts	21	17	17		
Michigan	59	58	71	75	63
Minnesota	16	21	14	15	10
Mississippi	17	14	17	13	7
Missouri	42	39	31	36	20
Montana	1	0	0	0	2
Nebraska	17	10	7	7	6
Nevada	17	29	15	19	18
New Hampshire	0	1	1	2	1
New Jersey	29	24	18	22	16
New Mexico	19	10	19	15	16
New York	100	99	114	83	100
North Carolina			17	19	24
North Dakota	3	2	1	1	1
Ohio	74	79	83	67	70
Oklahoma	31	23	27	38	25
Oregon	14	13	22	19	17
Pennsylvania	45	40	29	37	38
Puerto Rico	2	5	8	18	19
Rhode Island	0	2	2	3	1
South Carolina	21	28	25	15	23
South Dakota	2	4	2	3	6
Tennessee	55	46	38	29	31
Texas	223	279	222	246	215
Utah	15	8	13	11	12
Vermont	1	3	4	2	0
Virginia	37	28	38	36	33
Washington	23	21	12	20	21
West Virginia	5	6	8	16	5
Wisconsin	30	24	21	24	31
Wyoming	1	0	1	1	2
Total	**1,666**	**1,685**	**1,563**	**1,545**	**1,593**
States Reporting	**51**	**51**	**52**	**51**	**49**

Table 4–3 Child Fatalities by Age, 2012

		Child Fatalities		
Age	Child Population	Number	Percent	Rate per 100,000 Children
<1	3,101,762	584	44.4	18.83
1	3,128,258	202	15.4	6.46
2	3,145,391	138	10.5	4.39
3	3,146,360	88	6.7	2.80
4	3,246,836	71	5.4	2.19
5	3,265,659	32	2.4	0.98
6	3,243,500	23	1.7	0.71
7	3,234,584	23	1.7	0.71
8	3,244,875	17	1.3	0.52
9	3,220,920	11	0.8	0.34
10	3,212,289	22	1.7	0.68
11	3,290,571	26	2.0	0.79
12	3,342,706	6	0.5	0.18
13	3,280,113	15	1.1	0.46
14	3,278,047	11	0.8	0.34
15	3,277,679	13	1.0	0.40
16	3,297,054	4	0.3	0.12
17	3,367,423	11	0.8	0.33
Unborn, Unknown, and 18–21		18	1.4	
Total	**58,324,027**	**1,315**		
Percent			**100.0**	

Based on data from 44 states.

Table 4–4 Child Fatalities by Perpetrator Relationship, 2012

	Child Fatalities	
Perpetrator	Number	Percent
PARENT		
Father	200	17.1
Father and Other	25	2.1
Mother	318	27.1
Mother and Other	147	12.5
Mother and Father	248	21.2
Total Parents	**938**	**80.0**
NONPARENT		
Child Daycare Provider	14	1.2
Foster Parent (Female Relative)		
Foster Parent (Male Relative)	1	0.1
Foster Parent (Nonrelative)	2	0.2
Foster Parent (Unknown Relationship)		
Friend or Neighbor	2	0.2
Group Home and Residential Facility Staff	1	0.1
Legal Guardian (Female)	1	0.1
Legal Guardian (Male)		
More than One Nonparental Perpetrator	27	2.3
Other	33	2.8
Other Professional		
Partner of Parent (Female)	1	0.1
Partner of Parent (Male)	30	2.6
Relative (Female)	33	2.8
Relative (Male)	23	2.0
Total Nonparents	**168**	**14.3**
UNKNOWN		
Unknown	66	5.6
Total Unknown	**66**	**5.6**
Total	**1,172**	
Percent		**100.0**

Based on data from 41 states.

Table 4–5 Child Fatalities Who Received Family Preservation Services within the Past 5 Years, 2012

State	Child Fatalities	Child Fatalities Whose Families Received Preservation Services in the Past 5 Years	
		Number	Percent
Alabama	21	13	
Alaska			
Arizona			
Arkansas	33	5	
California			
Colorado			
Connecticut			
Delaware	3	0	
District of Columbia	2	0	
Florida	179	14	
Georgia			
Hawaii			
Idaho			
Illinois			
Indiana			
Iowa	7	0	
Kansas	8	3	
Kentucky	26	0	
Louisiana	42	4	
Maine			
Maryland	26	1	
Massachusetts			
Michigan	63	0	
Minnesota	10	3	
Mississippi	7	0	
Missouri	20	0	
Montana			
Nebraska	6	3	
Nevada	18	0	
New Hampshire	1	0	
New Jersey	16	4	
New Mexico	16	4	
New York			
North Carolina			
North Dakota			
Ohio			
Oklahoma	25	0	
Oregon	17	0	
Pennsylvania	38	0	
Puerto Rico	19	0	
Rhode Island	1	0	
South Carolina			
South Dakota			
Tennessee			
Texas	215	17	
Utah	12	1	
Vermont	0	0	
Virginia	33	0	
Washington	21	3	
West Virginia			
Wisconsin			
Wyoming	2	0	
Total	**887**	**75**	
Percent			**8.5**
States Reporting	**30**	**30**	

Table 4–6 Child Fatalities Who Were Reunited With Their Families Within the Past 5 Years, 2012

State	Child Fatalities	Child Fatalities Who Were Reunited With Their Families Within the Past 5 Years	
		Number	Percent
Alabama	21	0	
Alaska	4	0	
Arizona			
Arkansas	33	2	
California			
Colorado			
Connecticut			
Delaware	3	0	
District of Columbia	2	0	
Florida	179	6	
Georgia			
Hawaii	3	1	
Idaho			
Illinois			
Indiana	23	0	
Iowa			
Kansas	8	0	
Kentucky	26	2	
Louisiana	42	1	
Maine			
Maryland	26	0	
Massachusetts			
Michigan	63	0	
Minnesota	10	0	
Mississippi	7	0	
Missouri	20	0	
Montana			
Nebraska	6	0	
Nevada	18	0	
New Hampshire	1	0	
New Jersey	16	1	
New Mexico	16	0	
New York			
North Carolina			
North Dakota			
Ohio	70	0	
Oklahoma	25	0	
Oregon	17	0	
Pennsylvania	38	0	
Puerto Rico	19	0	
Rhode Island	1	0	
South Carolina	23	2	
South Dakota	6	0	
Tennessee			
Texas	215	5	
Utah	12	0	
Vermont	0	0	
Virginia	33	0	
Washington	21	2	
West Virginia			
Wisconsin			
Wyoming	2	0	
Total	**1,009**	**22**	
Percent			**2.2**
States Reporting	**35**	**35**	

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.

Number of Perpetrators

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

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

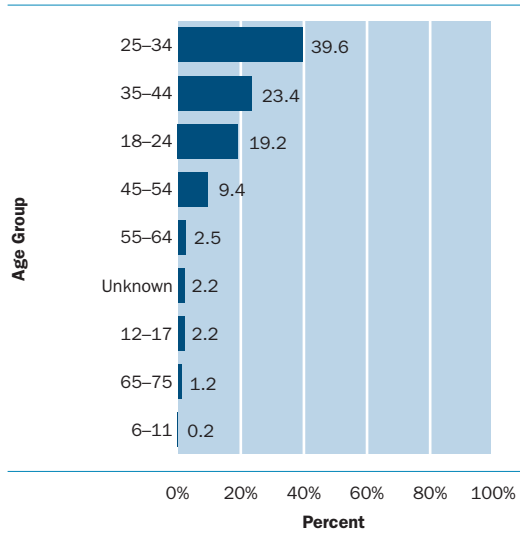
For FFY 2012, 50 states reported a unique count of 512,040 perpetrators. Demographic analyses (age, sex, and race) were conducted with these unique perpetrator counts. (See table 5–1 and related notes.)

Perpetrator Demographics (unique count of perpetrators)

For the *Child Maltreatment 2012* report, the perpetrator age groups were changed to display the proportions of perpetrators by age and to categorize perpetrators who were legal adults (meaning older than 17 years) from those who were minors. More than four-fifths (82.2%) of perpetrators were between the ages of 18 and 44 years inclusive. Two-fifths (39.6%) of perpetrators were in the 25–34 age group, 23.4 percent were in the 35–44 age group, and one-fifth (19.2%) were in the 18–24 age group. Perpetrators younger than 18 years accounted for fewer than 3 percent of all perpetrators. (See table 5–2, exhibit 5–A, and related notes.) More than one-half (53.5%) of perpetrators were women and 45.3 percent of perpetrators were men; 1.1 percent were of unknown sex. (See table 5–3 and related notes.)

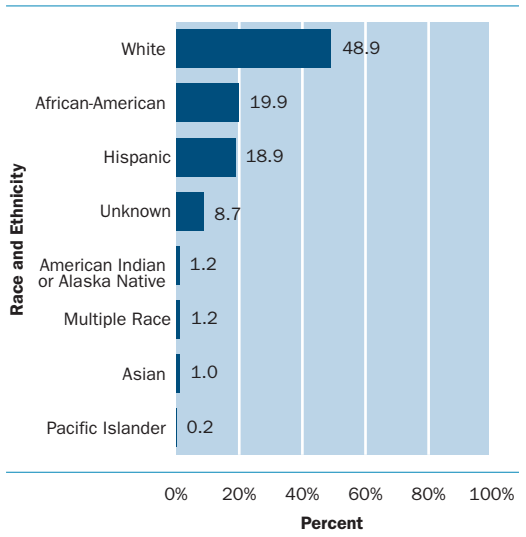
The racial distributions of perpetrators were similar to the race of their victims. The three largest percentages of perpetrators were of White (48.9 %), African-American (19.9%), and Hispanic (18.9%) racial or ethnic descent. Race or ethnicity was not reported for 8.7 percent of perpetrators. (See table 5–4, exhibit 5–B, and related notes.)

Exhibit 5–A Perpetrators by Age, 2012



Based on data from table 5–2.

Exhibit 5–B Perpetrators by Race and Ethnicity, 2012



Based on data from table 5–4.

For FFY 2012, 50 states reported a duplicated count of 893,659 perpetrators (see exhibit 5–C). For analyses where attributes of the perpetrators were examined in each event—such as maltreatment type and perpetrator relationship—a duplicated count was used.

Maltreatment Types (duplicated count of perpetrators)

In most instances, data records associate a perpetrator with one type of maltreatment per child, per report. Three-fifths (60.2%) of perpetrators neglected children, 10.2 percent of perpetrators physically abused children, and 6.3 percent sexually abused children. Another 15 percent (15.4%) were associated with more than one type of maltreatment. (See exhibit 5–C and related notes.)

Exhibit 5–C Perpetrators by Maltreatment Type, 2012

Maltreatment Type	Duplicated Perpetrators	
	Number	Percent
SINGLE MALTREATMENT TYPE		
Medical Neglect	7,739	0.9
Neglect	537,649	60.2
Other	36,645	4.1
Physical Abuse	91,288	10.2
Psychological Abuse	26,227	2.9
Sexual Abuse	56,514	6.3
Unknown	105	0.0
MULTIPLE MALTREATMENT TYPES		
Two or More Maltreatment Types	137,492	15.4
Total	**893,659**	
Percent		**100.0**

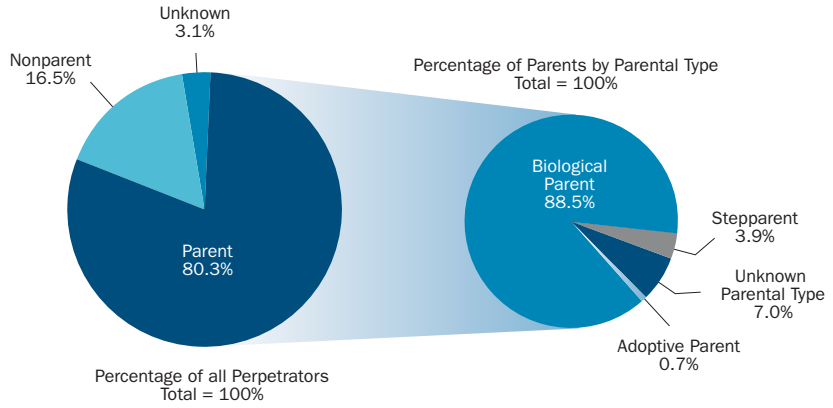
Based on data from 50 states. The multiple maltreatment category includes any perpetrator who committed more than one type of maltreatment to a child in a specific record.

Perpetrator Relationship (duplicated count of perpetrators)

Because a perpetrator may have a different relationship with different children in the same report or across multiple reports, the duplicated count was used for the perpetrator relationship analysis. For example, a perpetrator may be a mother to one victim and a neighbor to a second victim in the same report. That perpetrator would be counted once in the parent category and once in the friend and neighbor category.

Four-fifths (80.3%) of perpetrators were parents, 6.1 percent were relatives other than parents, and 4.2 percent were unmarried partners of parents. Perpetrators with an "other" relationship accounted for 4.6 percent and those with an unknown relationship to their victim accounted for 3.1 percent. The remaining relationship categories each accounted for less than 1 percent. According to comments provided by the states, the "other" perpetrator relationship may include sibling, victim's boyfriend or girlfriend, stranger, and babysitter. Readers are encouraged to review Appendix D, State Commentary for additional information as to what states include in the "other" perpetrator relationship category. (See table 5–5, exhibit 5–D, and related notes.)

Exhibit 5–D Perpetrators by Relationship to Their Victims, 2012



Based on data from tables 5-5 and 5-6.

Of the perpetrators who were parents, 88.5 percent were the biological parents, 3.9 percent were stepparents, and 0.7 percent were adoptive parents. The remaining 7.0 percent were of unknown parental relationship. (See table 5–6 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

- States may be excluded from an analysis for data quality issues.
- The data source for all tables was the Child File unless otherwise noted.
- A unique count of perpetrators was used unless otherwise noted.

Table 5–1 Perpetrators, 2012

- For FFY 2012, the average number of victims per perpetrator was 1.3.
- The number of victims per perpetrator was based on the number of unique victims who received a substantiated or indicated disposition. Children who received an alternative response victim disposition were not included in this calculation.
- A national estimate of 528,000 unique perpetrators was calculated by dividing the national estimate of unique victims (686,000) by the average number of victims per perpetrator (1.3). The results were rounded to the nearest 1,000.

Table 5–2 Perpetrators by Age, 2012

- Valid ages for a perpetrator are 6–75 years old.
- The perpetrator age groups were changed to better display the concentrations of perpetrators by age.
- The layout of this table was changed to group the number and percentages columns together.

Table 5–3 Perpetrators by Sex, 2012

- The layout of this table was changed to group the number and percentages columns together.

Table 5–4 Perpetrators by Race or Ethnicity, 2012

- 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.

Table 5–5 Perpetrators by Relationship to their Victims, 2012 *(duplicated count)*

- States were excluded from this analysis if more than 95 percent of perpetrators were reported with unknown relationships.
- Some states were not able to collect and report on group home and residential facility staff perpetrators due to system limitations or jurisdictional issues. More information may be found in appendix D.

Table 5–6 Perpetrators by Parental Type, 2012 *(duplicated count)*

- States were excluded from this analysis if more than 95 percent of perpetrators were reported with unknown relationships.
- This table displays the breakdown by parental type of the total number of parent perpetrators from table 5–5 Perpetrators by Relationship to their Victims.
- Some states were able to report that the perpetrator was a parent, but did not report a further breakdown of the type of parent.

Table 5–1 Perpetrators, 2012

State	Unique Perpetrators
Alabama	8,115
Alaska	2,260
Arizona	10,709
Arkansas	9,318
California	59,793
Colorado	8,867
Connecticut	6,629
Delaware	1,832
District of Columbia	1,681
Florida	39,445
Georgia	
Hawaii	1,184
Idaho	
Illinois	19,831
Indiana	15,853
Iowa	8,476
Kansas	1,530
Kentucky	11,817
Louisiana	6,216
Maine	3,508
Maryland	10,742
Massachusetts	15,523
Michigan	27,339
Minnesota	3,394
Mississippi	5,967
Missouri	4,058
Montana	968
Nebraska	2,696
Nevada	4,515
New Hampshire	822
New Jersey	6,906
New Mexico	5,023
New York	55,009
North Carolina	4,679
North Dakota	1,005
Ohio	24,011
Oklahoma	9,205
Oregon	7,054
Pennsylvania	3,435
Puerto Rico	5,296
Rhode Island	2,555
South Carolina	8,677
South Dakota	839
Tennessee	8,764
Texas	49,779
Utah	7,057
Vermont	535
Virginia	4,883
Washington	5,621
West Virginia	4,171
Wisconsin	3,920
Wyoming	528
Total	**512,040**
States Reporting	**50**

Table 5–2 Perpetrators by Age, 2012

State	Number									
	6–11	12–17	18–24	25–34	35–44	45–54	55–64	65–75	Unknown	Total Unique Perpetrators
Alabama		400	1,830	2,860	1,443	543	168	870	1	8,115
Alaska	2	16	371	933	521	263	65	16	73	2,260
Arizona	2	93	2,100	4,539	2,749	913	198	52	63	10,709
Arkansas	195	415	1,876	3,416	1,849	721	238	81	527	9,318
California	101	987	10,566	23,171	15,415	6,310	1,537	573	1,133	59,793
Colorado	37	272	1,613	3,569	2,043	804	210	47	272	8,867
Connecticut	2	86	1,166	2,451	1,756	840	154	46	128	6,629
Delaware	2	26	289	751	505	195	54	10		1,832
District of Columbia	3	12	238	662	420	171	36	6	133	1,681
Florida	6	149	6,972	16,794	9,671	4,149	1,207	449	48	39,445
Georgia										
Hawaii		9	204	460	305	136	35	7	28	1,184
Idaho										
Illinois	40	667	4,279	7,834	4,393	1,691	474	186	267	19,831
Indiana	38	609	3,692	6,246	3,180	1,046	283	136	623	15,853
Iowa	4	126	1,821	3,677	1,909	700	160	43	36	8,476
Kansas	18	174	280	528	293	148	47	18	24	1,530
Kentucky	1	86	2,581	5,233	2,483	836	242	105	250	11,817
Louisiana		40	1,290	2,810	1,388	480	151	56	1	6,216
Maine	1	19	680	1,606	812	308	59	19	4	3,508
Maryland	26	263	1,553	3,918	2,578	1,218	361	761	64	10,742
Massachusetts	1	134	2,825	6,151	3,822	1,718	348	108	416	15,523
Michigan	26	235	5,708	11,281	6,797	2,510	603	174	5	27,339
Minnesota	15	189	577	1,412	801	301	72	27		3,394
Mississippi	54	208	1,068	2,378	1,463	518	188	72	18	5,967
Missouri		39	762	1,579	1,006	379	128	56	109	4,058
Montana		6	233	373	221	77	17	3	38	968
Nebraska	2	66	563	1,143	635	187	59	21	20	2,696
Nevada		34	882	1,961	1,073	445	81	39		4,515
New Hampshire	1	29	142	312	225	85	18	6	4	822
New Jersey		48	1,074	2,676	1,803	782	194	59	270	6,906
New Mexico	2	47	927	2,009	1,036	342	98	40	522	5,023
New York	18	357	8,813	20,177	15,281	7,803	1,904	549	107	55,009
North Carolina	3	25	838	1,882	1,212	498	152	68	1	4,679
North Dakota		9	172	438	250	98	10	8	20	1,005
Ohio	157	1,194	4,960	8,728	4,547	1,598	496	172	2,159	24,011
Oklahoma		85	1,858	4,023	1,953	712	225	105	244	9,205
Oregon	15	150	1,429	2,872	1,671	639	149	52	77	7,054
Pennsylvania		299	637	1,018	757	425	172	83	44	3,435
Puerto Rico	1	58	739	1,606	1,135	392	113	54	1,198	5,296
Rhode Island	5	78	541	989	615	242	43	16	26	2,555
South Carolina	2	21	1,378	3,921	2,255	772	238	89	1	8,677
South Dakota		7	166	364	199	69	13	7	14	839
Tennessee	81	607	1,736	2,901	1,524	602	224	107	982	8,764
Texas	183	1,934	12,307	20,712	9,554	3,451	1,123	472	43	49,779
Utah	80	637	1,353	2,649	1,575	540	161	58	4	7,057
Vermont	7	82	85	172	116	44	14	8	7	535
Virginia	5	55	886	1,798	1,093	482	164	68	332	4,883
Washington	1	21	879	2,429	1,506	545	125	31	84	5,621
West Virginia		20	747	1,700	905	320	82	34	363	4,171
Wisconsin	15	155	688	1,297	722	278	79	22	664	3,920
Wyoming	1	9	104	223	132	44	7	1	7	528
Total	**1,153**	**11,287**	**98,478**	**202,632**	**119,597**	**48,370**	**12,979**	**6,090**	**11,454**	**512,040**
Percent										
States Reporting	**38**	**50**	**50**	**50**	**50**	**50**	**50**	**50**	**47**	**50**

Table 5–2 Perpetrators by Age, 2012

State	Percent								
	6–11	12–17	18–24	25–34	35–44	45–54	55–64	65–75	Unknown
Alabama		4.9	22.6	35.2	17.8	6.7	2.1	10.7	0.0
Alaska	0.1	0.7	16.4	41.3	23.1	11.6	2.9	0.7	3.2
Arizona	0.0	0.9	19.6	42.4	25.7	8.5	1.8	0.5	0.6
Arkansas	2.1	4.5	20.1	36.7	19.8	7.7	2.6	0.9	5.7
California	0.2	1.7	17.7	38.8	25.8	10.6	2.6	1.0	1.9
Colorado	0.4	3.1	18.2	40.3	23.0	9.1	2.4	0.5	3.1
Connecticut	0.0	1.3	17.6	37.0	26.5	12.7	2.3	0.7	1.9
Delaware	0.1	1.4	15.8	41.0	27.6	10.6	2.9	0.5	
District of Columbia	0.2	0.7	14.2	39.4	25.0	10.2	2.1	0.4	7.9
Florida	0.0	0.4	17.7	42.6	24.5	10.5	3.1	1.1	0.1
Georgia									
Hawaii		0.8	17.2	38.9	25.8	11.5	3.0	0.6	2.4
Idaho									
Illinois	0.2	3.4	21.6	39.5	22.2	8.5	2.4	0.9	1.3
Indiana	0.2	3.8	23.3	39.4	20.1	6.6	1.8	0.9	3.9
Iowa	0.0	1.5	21.5	43.4	22.5	8.3	1.9	0.5	0.4
Kansas	1.2	11.4	18.3	34.5	19.2	9.7	3.1	1.2	1.6
Kentucky	0.0	0.7	21.8	44.3	21.0	7.1	2.0	0.9	2.1
Louisiana		0.6	20.8	45.2	22.3	7.7	2.4	0.9	0.0
Maine	0.0	0.5	19.4	45.8	23.1	8.8	1.7	0.5	0.1
Maryland	0.2	2.4	14.5	36.5	24.0	11.3	3.4	7.1	0.6
Massachusetts	0.0	0.9	18.2	39.6	24.6	11.1	2.2	0.7	2.7
Michigan	0.1	0.9	20.9	41.3	24.9	9.2	2.2	0.6	0.0
Minnesota	0.4	5.6	17.0	41.6	23.6	8.9	2.1	0.8	
Mississippi	0.9	3.5	17.9	39.9	24.5	8.7	3.2	1.2	0.3
Missouri		1.0	18.8	38.9	24.8	9.3	3.2	1.4	2.7
Montana		0.6	24.1	38.5	22.8	8.0	1.8	0.3	3.9
Nebraska	0.1	2.4	20.9	42.4	23.6	6.9	2.2	0.8	0.7
Nevada		0.8	19.5	43.4	23.8	9.9	1.8	0.9	
New Hampshire	0.1	3.5	17.3	38.0	27.4	10.3	2.2	0.7	0.5
New Jersey		0.7	15.6	38.7	26.1	11.3	2.8	0.9	3.9
New Mexico	0.0	0.9	18.5	40.0	20.6	6.8	2.0	0.8	10.4
New York	0.0	0.6	16.0	36.7	27.8	14.2	3.5	1.0	0.2
North Carolina	0.1	0.5	17.9	40.2	25.9	10.6	3.2	1.5	0.0
North Dakota		0.9	17.1	43.6	24.9	9.8	1.0	0.8	2.0
Ohio	0.7	5.0	20.7	36.4	18.9	6.7	2.1	0.7	9.0
Oklahoma		0.9	20.2	43.7	21.2	7.7	2.4	1.1	2.7
Oregon	0.2	2.1	20.3	40.7	23.7	9.1	2.1	0.7	1.1
Pennsylvania		8.7	18.5	29.6	22.0	12.4	5.0	2.4	1.3
Puerto Rico	0.0	1.1	14.0	30.3	21.4	7.4	2.1	1.0	22.6
Rhode Island	0.2	3.1	21.2	38.7	24.1	9.5	1.7	0.6	1.0
South Carolina	0.0	0.2	15.9	45.2	26.0	8.9	2.7	1.0	0.0
South Dakota		0.8	19.8	43.4	23.7	8.2	1.5	0.8	1.7
Tennessee	0.9	6.9	19.8	33.1	17.4	6.9	2.6	1.2	11.2
Texas	0.4	3.9	24.7	41.6	19.2	6.9	2.3	0.9	0.1
Utah	1.1	9.0	19.2	37.5	22.3	7.7	2.3	0.8	0.1
Vermont	1.3	15.3	15.9	32.1	21.7	8.2	2.6	1.5	1.3
Virginia	0.1	1.1	18.1	36.8	22.4	9.9	3.4	1.4	6.8
Washington	0.0	0.4	15.6	43.2	26.8	9.7	2.2	0.6	1.5
West Virginia		0.5	17.9	40.8	21.7	7.7	2.0	0.8	8.7
Wisconsin	0.4	4.0	17.6	33.1	18.4	7.1	2.0	0.6	16.9
Wyoming	0.2	1.7	19.7	42.2	25.0	8.3	1.3	0.2	1.3
Total									
Percent	**0.2**	**2.2**	**19.2**	**39.6**	**23.4**	**9.4**	**2.5**	**1.2**	**2.2**
States Reporting									

Table 5–3 Perpetrators by Sex, 2012

	Number				Percent		
State	Men	Women	Unknown	Total Unique Perpetrators	Men	Women	Unknown
Alabama	4,145	3,909	61	8,115	51.1	48.2	0.8
Alaska	993	1,240	27	2,260	43.9	54.9	1.2
Arizona	5,422	5,277	10	10,709	50.6	49.3	0.1
Arkansas	4,320	4,859	139	9,318	46.4	52.1	1.5
California	26,561	32,996	236	59,793	44.4	55.2	0.4
Colorado	4,383	4,441	43	8,867	49.4	50.1	0.5
Connecticut	3,217	3,370	42	6,629	48.5	50.8	0.6
Delaware	1,006	823	3	1,832	54.9	44.9	0.2
District of Columbia	508	1,127	46	1,681	30.2	67.0	2.7
Florida	19,225	20,200	20	39,445	48.7	51.2	0.1
Georgia							
Hawaii	560	623	1	1,184	47.3	52.6	0.1
Idaho							
Illinois	9,500	10,143	188	19,831	47.9	51.1	0.9
Indiana	7,886	7,900	67	15,853	49.7	49.8	0.4
Iowa	4,082	4,391	3	8,476	48.2	51.8	0.0
Kansas	952	573	5	1,530	62.2	37.5	0.3
Kentucky	4,763	6,793	261	11,817	40.3	57.5	2.2
Louisiana	2,129	4,072	15	6,216	34.3	65.5	0.2
Maine	1,712	1,794	2	3,508	48.8	51.1	0.1
Maryland	4,325	5,962	455	10,742	40.3	55.5	4.2
Massachusetts	6,643	8,040	840	15,523	42.8	51.8	5.4
Michigan	11,106	16,231	2	27,339	40.6	59.4	0.0
Minnesota	1,614	1,780		3,394	47.6	52.4	
Mississippi	2,167	3,796	4	5,967	36.3	63.6	0.1
Missouri	2,181	1,794	83	4,058	53.7	44.2	2.0
Montana	400	545	23	968	41.3	56.3	2.4
Nebraska	1,366	1,329	1	2,696	50.7	49.3	0.0
Nevada	1,933	2,582		4,515	42.8	57.2	
New Hampshire	419	399	4	822	51.0	48.5	0.5
New Jersey	2,896	3,981	29	6,906	41.9	57.6	0.4
New Mexico	2,031	2,933	59	5,023	40.4	58.4	1.2
New York	24,180	30,807	22	55,009	44.0	56.0	0.0
North Carolina	1,501	1,887	1,291	4,679	32.1	40.3	27.6
North Dakota	420	583	2	1,005	41.8	58.0	0.2
Ohio	11,549	11,654	808	24,011	48.1	48.5	3.4
Oklahoma	4,281	4,851	73	9,205	46.5	52.7	0.8
Oregon	3,618	3,408	28	7,054	51.3	48.3	0.4
Pennsylvania	2,496	939		3,435	72.7	27.3	
Puerto Rico	1,816	3,471	9	5,296	34.3	65.5	0.2
Rhode Island	1,213	1,330	12	2,555	47.5	52.1	0.5
South Carolina	3,286	5,383	8	8,677	37.9	62.0	0.1
South Dakota	315	518	6	839	37.5	61.7	0.7
Tennessee	4,396	4,168	200	8,764	50.2	47.6	2.3
Texas	21,607	28,130	42	49,779	43.4	56.5	0.1
Utah	3,972	3,075	10	7,057	56.3	43.6	0.1
Vermont	381	154		535	71.2	28.8	
Virginia	2,259	2,534	90	4,883	46.3	51.9	1.8
Washington	2,483	3,124	14	5,621	44.2	55.6	0.2
West Virginia	1,834	2,334	3	4,171	44.0	56.0	0.1
Wisconsin	1,810	1,571	539	3,920	46.2	40.1	13.8
Wyoming	240	286	2	528	45.5	54.2	0.4
Total	**232,102**	**274,110**	**5,828**	**512,040**			
Percent					**45.3**	**53.5**	**1.1**
States Reporting	**50**	**50**	**46**	**50**			

Table 5–4 Perpetrators by Race and Ethnicity, 2012

State	Number								
	African-American	American Indian or Alaska Native	Asian	Hispanic	Multiple Race	Pacific Islander	White	Unknown	Total Unique Perpetrators
Alabama	2,087	12	21	250	23	5	4,502	1,215	8,115
Alaska	84	1,025	24	50	50	28	696	303	2,260
Arizona	981	476	48	3,463	157	26	4,600	958	10,709
Arkansas	1,576	10	24	496	310	59	6,591	252	9,318
California	8,116	533	1,788	27,366		247	17,755	3,988	59,793
Colorado	713	60	49	2,149	98	22	3,771	2,005	8,867
Connecticut	1,585	17	69	1,820	54	2	2,897	185	6,629
Delaware	772	3	12	180	3	2	851	9	1,832
District of Columbia	850		2	133		1	10	685	1,681
Florida	11,078	71	170	5,586	223	32	21,268	1,017	39,445
Georgia									
Hawaii	38	4	185	47	321	235	247	107	1,184
Idaho									
Illinois	5,714	9	127	2,616		13	10,676	676	19,831
Indiana	2,909	12	42	888	258	16	10,963	765	15,853
Iowa	881	81	72	519	65	27	6,586	245	8,476
Kansas	198	16	10	192	21	2	1,043	48	1,530
Kentucky	1,156	6	10	151	65	2	7,965	2,462	11,817
Louisiana	2,699	18	10	132	22	4	3,168	163	6,216
Maine	64	28	10	65	58	3	2,551	729	3,508
Maryland	4,474	20	97	688		6	4,109	1,348	10,742
Massachusetts	2,081	30	252	2,727	137	8	6,365	3,923	15,523
Michigan	6,632	172	102	984	265	11	18,901	272	27,339
Minnesota	692	282	88	264	210	2	1,830	26	3,394
Mississippi	2,265	11	7	128	10		3,074	472	5,967
Missouri	613	10	6	114	4	4	3,103	204	4,058
Montana	10	157	2	38	9	3	668	81	968
Nebraska	357	101	23	264	23	7	1,655	266	2,696
Nevada	965	42	79	998	82	51	2,163	135	4,515
New Hampshire	24	1	3	41	6	1	642	104	822
New Jersey	1,866	3	76	1,298	16	9	2,543	1,095	6,906
New Mexico	103	337	9	2,696	49	6	1,540	283	5,023
New York	15,916	231	1,047	12,887	307	18	20,098	4,505	55,009
North Carolina	1,297	203	15	418	41	1	2,634	70	4,679
North Dakota	29	194	3	38	21	7	669	44	1,005
Ohio	4,454	19	21	455	280	9	12,646	6,127	24,011
Oklahoma	1,044	406	27	1,018	1,707	10	4,888	105	9,205
Oregon	334	164	47	700	135	22	4,437	1,215	7,054
Pennsylvania									
Puerto Rico									
Rhode Island	381	20	25	531	41	1	1,396	160	2,555
South Carolina	2,830	12	16	241	60	4	5,263	251	8,677
South Dakota	30	372	4	35	40	1	328	29	839
Tennessee	898	7	5	109	31	2	3,851	3,861	8,764
Texas	8,642	64	273	19,758	393	54	19,168	1,427	49,779
Utah	189	107	46	1,225	59	93	5,303	35	7,057
Vermont	12		2	5			496	20	535
Virginia	1,295	4	44	466	19	23	2,742	290	4,883
Washington	417	312	107	637	223	58	3,450	417	5,621
West Virginia	145	1	2	29	66	4	3,729	195	4,171
Wisconsin	600	126	43	240	26	6	1,911	968	3,920
Wyoming	16	10	2	54			424	22	528
Total	**100,112**	**5,799**	**5,146**	**95,189**	**5,988**	**1,147**	**246,166**	**43,762**	**503,309**
Percent States Reporting	**48**	**46**	**48**	**48**	**42**	**45**	**48**	**48**	**48**

Table 5–4 Perpetrators by Race and Ethnicity, 2012

State	Percent							
	African-American	American Indian or Alaska Native	Asian	Hispanic	Multiple Race	Pacific Islander	White	Unknown
Alabama	25.7	0.1	0.3	3.1	0.3	0.1	55.5	15.0
Alaska	3.7	45.4	1.1	2.2	2.2	1.2	30.8	13.4
Arizona	9.2	4.4	0.4	32.3	1.5	0.2	43.0	8.9
Arkansas	16.9	0.1	0.3	5.3	3.3	0.6	70.7	2.7
California	13.6	0.9	3.0	45.8		0.4	29.7	6.7
Colorado	8.0	0.7	0.6	24.2	1.1	0.2	42.5	22.6
Connecticut	23.9	0.3	1.0	27.5	0.8	0.0	43.7	2.8
Delaware	42.1	0.2	0.7	9.8	0.2	0.1	46.5	0.5
District of Columbia	50.6		0.1	7.9		0.1	0.6	40.7
Florida	28.1	0.2	0.4	14.2	0.6	0.1	53.9	2.6
Georgia								
Hawaii	3.2	0.3	15.6	4.0	27.1	19.8	20.9	9.0
Idaho								
Illinois	28.8	0.0	0.6	13.2		0.1	53.8	3.4
Indiana	18.3	0.1	0.3	5.6	1.6	0.1	69.2	4.8
Iowa	10.4	1.0	0.8	6.1	0.8	0.3	77.7	2.9
Kansas	12.9	1.0	0.7	12.5	1.4	0.1	68.2	3.1
Kentucky	9.8	0.1	0.1	1.3	0.6	0.0	67.4	20.8
Louisiana	43.4	0.3	0.2	2.1	0.4	0.1	51.0	2.6
Maine	1.8	0.8	0.3	1.9	1.7	0.1	72.7	20.8
Maryland	41.6	0.2	0.9	6.4		0.1	38.3	12.5
Massachusetts	13.4	0.2	1.6	17.6	0.9	0.1	41.0	25.3
Michigan	24.3	0.6	0.4	3.6	1.0	0.0	69.1	1.0
Minnesota	20.4	8.3	2.6	7.8	6.2	0.1	53.9	0.8
Mississippi	38.0	0.2	0.1	2.1	0.2		51.5	7.9
Missouri	15.1	0.2	0.1	2.8	0.1	0.1	76.5	5.0
Montana	1.0	16.2	0.2	3.9	0.9	0.3	69.0	8.4
Nebraska	13.2	3.7	0.9	9.8	0.9	0.3	61.4	9.9
Nevada	21.4	0.9	1.7	22.1	1.8	1.1	47.9	3.0
New Hampshire	2.9	0.1	0.4	5.0	0.7	0.1	78.1	12.7
New Jersey	27.0	0.0	1.1	18.8	0.2	0.1	36.8	15.9
New Mexico	2.1	6.7	0.2	53.7	1.0	0.1	30.7	5.6
New York	28.9	0.4	1.9	23.4	0.6	0.0	36.5	8.2
North Carolina	27.7	4.3	0.3	8.9	0.9	0.0	56.3	1.5
North Dakota	2.9	19.3	0.3	3.8	2.1	0.7	66.6	4.4
Ohio	18.5	0.1	0.1	1.9	1.2	0.0	52.7	25.5
Oklahoma	11.3	4.4	0.3	11.1	18.5	0.1	53.1	1.1
Oregon	4.7	2.3	0.7	9.9	1.9	0.3	62.9	17.2
Pennsylvania								
Puerto Rico								
Rhode Island	14.9	0.8	1.0	20.8	1.6	0.0	54.6	6.3
South Carolina	32.6	0.1	0.2	2.8	0.7	0.0	60.7	2.9
South Dakota	3.6	44.3	0.5	4.2	4.8	0.1	39.1	3.5
Tennessee	10.2	0.1	0.1	1.2	0.4	0.0	43.9	44.1
Texas	17.4	0.1	0.5	39.7	0.8	0.1	38.5	2.9
Utah	2.7	1.5	0.7	17.4	0.8	1.3	75.1	0.5
Vermont	2.2		0.4	0.9			92.7	3.7
Virginia	26.5	0.1	0.9	9.5	0.4	0.5	56.2	5.9
Washington	7.4	5.6	1.9	11.3	4.0	1.0	61.4	7.4
West Virginia	3.5	0.0	0.0	0.7	1.6	0.1	89.4	4.7
Wisconsin	15.3	3.2	1.1	6.1	0.7	0.2	48.8	24.7
Wyoming	3.0	1.9	0.4	10.2			80.3	4.2
Total								
Percent	**19.9**	**1.2**	**1.0**	**18.9**	**1.2**	**0.2**	**48.9**	**8.7**
States Reporting								

Table 5–5 Perpetrators by Relationship to Victims, 2012

State	Parent	Nonparental Perpetrators				
		Child Daycare Provider	Foster Parent	Friend and Neighbor	Legal Guardian	Other
Alabama	8,302	19	23	33	50	263
Alaska	4,067		37		25	61
Arizona	15,857		11		89	771
Arkansas	10,950	64	12		94	2,164
California	93,969		257			6
Colorado	11,281	59	33	12	16	929
Connecticut	8,464	44	29	67	168	613
Delaware	2,368	7	1	53		25
District of Columbia	2,736		8		12	84
Florida	49,850	122	16			1,561
Georgia						
Hawaii	1,908		2		12	101
Idaho						
Illinois	28,353	575	171			1,089
Indiana	20,768	165	29	728	154	1,984
Iowa	11,863	104	38		71	1,116
Kansas	1,442		18	10		435
Kentucky	17,803	2	128			931
Louisiana						
Maine	5,053	12	7		12	74
Maryland	11,633	33	41		32	626
Massachusetts	22,484	119	107		111	640
Michigan	43,939	6	219	87	269	3,820
Minnesota	4,198	89	38	24	24	95
Mississippi	8,143	5	118	59	8	305
Missouri	4,221	29	14	225		350
Montana	1,411	3	17	2	1	24
Nebraska	4,174	48	66		15	199
Nevada	6,941		7	527	14	14
New Hampshire	1,055					53
New Jersey	9,643	92	38	115		163
New Mexico	7,869		47	6	59	103
New York	92,181	276	438		292	1,760
North Carolina	5,798	81	40			
North Dakota	1,659		16	86		
Ohio	26,464	17	119	149		5,978
Oklahoma	15,001	147	195		129	1,268
Oregon	9,861	12	143	81	27	607
Pennsylvania	1,887	464	28		16	393
Puerto Rico	9,817		10	3	30	24
Rhode Island	3,540	16	28			670
South Carolina	13,549	17	29	10	114	322
South Dakota	1,339	5			6	49
Tennessee	4,581	7	10	436	77	7,129
Texas	70,403	497	50	228		1,763
Utah	8,950	38	5	423	32	781
Vermont	391	5		124		64
Virginia	5,564	199	8		33	430
Washington	7,681	36	81	17		94
West Virginia	5,786	4	16		37	563
Wisconsin	3,814	70	14	85		318
Wyoming	750	23			4	39
Total	**709,761**	**3,511**	**2,762**	**3,590**	**2,033**	**40,851**
Percent	**80.3**	**0.4**	**0.3**	**0.4**	**0.2**	**4.6**
States Reporting	**49**	**38**	**45**	**25**	**32**	**47**

Table 5–5 Perpetrators by Relationship to Victims, 2012

State	Nonparental Perpetrators					
	Other Professional	Other Relative	Group Home and Residential Facility Staff	Unmarried Partner of Parent	Unknown	Total Duplicated Perpetrators
Alabama	8	686	7	112	2,814	12,317
Alaska		188		155	25	4,558
Arizona		471	28	283	1	17,511
Arkansas	67	1,298	3		278	14,930
California		4,345	15	7,236		105,828
Colorado	8	1,122	37	12	963	14,472
Connecticut	64	512	24	729	1	10,715
Delaware	2	197	1	242		2,896
District of Columbia		69				2,909
Florida	250	2,876	245	5,181	7,115	67,216
Georgia						
Hawaii		68	1		2	2,094
Idaho						
Illinois	97	3,002	42	2,771	435	36,535
Indiana	23	2,826	8		1,747	28,432
Iowa		601	3	1,196		14,992
Kansas		369	10		57	2,341
Kentucky		1,657		1,244		21,765
Louisiana						
Maine		220		482	33	5,893
Maryland		668	12		3,206	16,251
Massachusetts	75	960	51	2,484	205	27,236
Michigan	3	1,567	25		184	50,119
Minnesota	4	432	14	408	3	5,329
Mississippi	6	862	10	330	123	9,969
Missouri	29	582	30	556	155	6,191
Montana		63	1	113	4	1,639
Nebraska		299	7	390		5,198
Nevada		220	55	6	27	7,811
New Hampshire		5			93	1,206
New Jersey	78	644	3	625	51	11,452
New Mexico	1	467		506	34	9,092
New York	5	5,897	155	414	4,053	105,471
North Carolina		380	27	513	2,419	9,258
North Dakota		78			95	1,934
Ohio	39	3,795	29	244	1,681	38,515
Oklahoma		742		74	167	17,723
Oregon	3	1,416	25	750	102	13,027
Pennsylvania	21	627	16	539		3,991
Puerto Rico	35	296		5	70	10,290
Rhode Island		57	9		8	4,328
South Carolina		715	10	1,083	84	15,933
South Dakota		50		91	27	1,567
Tennessee	5	788	1	95	12	13,141
Texas	209	8,021	125	6,596	175	88,067
Utah	15	1,400	1	553	354	12,552
Vermont	4	90		55	14	747
Virginia	59	716	8	331	202	7,550
Washington		349		531	82	8,871
West Virginia	9	364	5	4	361	7,149
Wisconsin	21	645	2	460	258	5,687
Wyoming	1	45		14	3	879
Total	**1,141**	**53,747**	**1,045**	**37,413**	**27,723**	**883,577**
Percent	**0.1**	**6.1**	**0.1**	**4.2**	**3.1**	**100.0**
States Reporting	**28**	**49**	**36**	**39**	**42**	**49**

Table 5–6 Perpetrators by Parental Type, 2012

State	Adoptive Parent	Biological Parent	Stepparent	Unknown Parental Type	Total Duplicated Parents
Alabama	52	7,304	295	651	8,302
Alaska	103	3,773	191		4,067
Arizona	68	15,712		77	15,857
Arkansas	99	10,133	699	19	10,950
California	884	78,625	3,319	11,141	93,969
Colorado	100	10,109	1,014	58	11,281
Connecticut				8,464	8,464
Delaware	9	2,097	74	188	2,368
District of Columbia	10	2,669	53	4	2,736
Florida	285	47,437	2,128		49,850
Georgia					
Hawaii	35	1,771	102		1,908
Idaho					
Illinois	181	26,827	1,345		28,353
Indiana		20,765		3	20,768
Iowa	36	11,264	563		11,863
Kansas	18	1,282	142		1,442
Kentucky	99	16,952	738	14	17,803
Louisiana					
Maine	34	4,748	271		5,053
Maryland	59	11,340	226	8	11,633
Massachusetts	156	21,540	760	28	22,484
Michigan	774	40,987	2,178		43,939
Minnesota	47	3,986	165		4,198
Mississippi	58	7,738	347		8,143
Missouri	35	3,885	301		4,221
Montana	14	1,314	83		1,411
Nebraska	43	3,857	274		4,174
Nevada	78	6,448	240	175	6,941
New Hampshire	12	988	31	24	1,055
New Jersey	66	9,346	231		9,643
New Mexico	73	7,468	328		7,869
New York		71,241	236	20,704	92,181
North Carolina	86	5,276	436		5,798
North Dakota	26	1,515	118		1,659
Ohio	163	25,063	1,079	159	26,464
Oklahoma	304	13,548	951	198	15,001
Oregon		9,332	529		9,861
Pennsylvania		1,650	237		1,887
Puerto Rico		8,546	1,271		9,817
Rhode Island	46	3,432	62		3,540
South Carolina	139	12,932	452	26	13,549
South Dakota		1,300	39		1,339
Tennessee	53	4,285	243		4,581
Texas	194	66,481	3,728		70,403
Utah	106	8,303	541		8,950
Vermont	12	344	35		391
Virginia	57	5,133	328	46	5,564
Washington			368	7,313	7,681
West Virginia	64	5,282	408	32	5,786
Wisconsin	43	3,595	176		3,814
Wyoming	4	677	69		750
Total	**4,725**	**628,300**	**27,404**	**49,332**	**709,761**
Percent	**0.7**	**88.5**	**3.9**	**7.0**	**100.0**
States Reporting	**41**	**47**	**47**	**21**	**49**

Services

CHAPTER 6

The mandate of child protection is not only to investigate or assess maltreatment allegations, but also to provide services. Child protective services (CPS) agencies promote children's safety and well-being with a broad range of prevention activities and by providing services to children who were maltreated or are at-risk of maltreatment. CPS agencies may use several options for providing services: agency staff may provide services directly to children and their families; the agency may hire a service provider; or CPS may work with other agencies, such as 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. 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 assistance. Examples of prevention services include parent education, home visiting, family support, child daycare, employment, housing, and information and referral.

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

Prevention Services (duplicate count of children)

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

- Title I of the Child Abuse Prevention and Treatment Act (CAPTA), as amended [42 U.S.C. 5106 et seq.]—The Grants to States for Child Abuse or Neglect Prevention and Treatment Programs (State Grant) provides funds to states to improve CPS systems. The grant serves as a catalyst to assist states in screening and investigating child abuse and neglect reports, creating and improving the use of multidisciplinary teams to enhance investigations, improving risk and safety assessment protocols, training CPS workers and mandated reporters, and improving services to infants with life-threatening conditions.
- Title II of CAPTA, as amended [42 U.S.C. 5116 et seq.]—The Community-Based Grants for the Prevention of Child Abuse and Neglect program (formerly the Community-Based Family Resource

and Support program) provides funding to a lead state agency (designated by the governor) to develop, operate, expand, and enhance community-based, prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect. This program is administratively known as the Community-Based Child Abuse Prevention (CBCAP) Program.

- Title IV–B, Subpart 2, Section 430, of the Social Security Act, as amended [42.U.S.C. 629 et seq.] Promoting Safe and Stable Families—The goal of this legislation is to keep families together by funding such services as prevention intervention so that children do not have to be removed from their homes, services to develop alternative placements if children cannot remain safely in the home, and family reunification services to enable children to return to their homes, if appropriate.
- Title XX of the Social Security Act, [42. U.S.C. 1397 et seq.], Social Services Block Grant SSBG)—Under this grant, states may use funds for such prevention services as child daycare, child protective services, information and referral, counseling, and foster care, as well as other services that meet the goal of preventing or remedying neglect, abuse, or exploitation of children.

According to a report produced by the U.S. Government Accountability Office, for FFY 2012, Congress appropriated $730 million for title IV–B of the Social Security Act—the primary funding source for child welfare services. States may also use other funding sources to provide services. The GAO report titled CHILD WELFARE: *States Use Flexible Federal Funds, But Struggle to Meet Service Needs* discusses how states use various funds to help children and families and which services states struggle to provide.[6]

Forty-five states reported that approximately 3.2 million children received prevention services. The discussion of prevention services counts children by funding source and may include duplication across sources or within sources. Funding sources with the largest number of states reporting data are the Community-Based Child Abuse Prevention Grants (CBCAP) with 38 states and Promoting Safe and Stable Families (34 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 be provided.
- Prevention services are often provided by local community-based agencies, which may not be required to report on the number of clients they serve.
- Agencies that receive funding through different streams also may report to different agencies. CPS may have difficulty collecting data from all funders or all funded agencies

Postresponse Services (duplicate count of children)

A child and his or her family may receive CPS services prior to the start of an investigation response or alternative response. However, this report focuses on only those services that were initiated or continued as a result of the response. The analyses include mostly 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 47 days. (See table 6–2 and related notes.)

More than 1 million (1,192,635) children received postresponse services from a CPS agency. Three–fifths (60.9%) of duplicate victims and 29.6 percent of duplicate nonvictims received postresponse services. (See table 6–3 and related notes.) Children who received postresponse services are counted per response by CPS and so may be counted more than once.

NCANDS classifies children as having either received (1) only in-home services, meaning any service provided to the family while the child remains in the home, or (2) foster care services and possibly in-home services.

Among the states that report both foster care and in-home postresponse services, three-fifths (61.4%) of victims who received postresponse services received only in-home services. Two-fifths (38.6 %) of victims who received postresponse services received foster care services. For nonvictims who received postresponse services, 87.5 percent received only in home services and 12.5 percent received foster care services. Some states reported higher-than-the-national percentages of victims and nonvictims who received foster care services. For example, several states reported more than 75 percent (more than double the national percent of 38.6%) of children who received postresponse services were placed in foster care. For those states, the data suggest an underreporting of in-home services data, which may have been delivered via a non-CPS service provider. (See tables 6–4, 6–5, and related notes.)

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

As shown in exhibit 6–A, the percentage of victims who suffered from more than one type of maltreatment was higher for victims who received foster care services (18.3%) than for victims who received in-home services (13.8%). The combined percentage of victims who suffered physical abuse only, psychological abuse only, and sexual abuse only is twice as high for victims who received in-home services than for victims who received foster care services. These data suggest that children who suffer from a single form of maltreatment are more likely to remain in their home (and receive only in-home services), whereas children who suffer from multiple maltreatment types are more likely to be placed in foster care.

Exhibit 6–A Reported Maltreatment Types of Victims Who Received Foster Care and Only In-Home Services, 2012

Maltreatment Type	Number		Percent	
	Duplicate Victims Who Received Foster Care Services	Duplicate Victims Who Received Only In-Home Services	Duplicate Victims Who Received Foster Care Services	Duplicate Victims Who Received Only In-Home Services
SINGLE MALTREATMENT TYPE				
Medical Neglect	1,150	2,403	0.8	1.0
Neglect	97,219	140,865	66.6	60.6
Other Maltreatment	3,949	1,695	2.7	0.7
Physical Abuse	11,291	29,118	7.7	12.5
Psychological Maltreatment	2,256	11,663	1.5	5.0
Sexual Abuse	3,545	14,631	2.4	6.3
Unknown	7	5	0.0	0.0
MULTIPLE MALTREATMENT TYPES				
Any Two or More Types of Maltreatment	26,666	32,137	18.3	13.8
Total	**146,083**	**232,517**		
Percent			**100.0**	**100.0**

Based on data from 46 states. This table includes only those states that reported both foster care services and in-home services. The analysis excludes states that did not report at least 1 percent of victims with postresponse services. This is a new table.

States also reported on the number of victims for whom some court action had been undertaken. Court action may include any legal action taken by the CPS agency or the courts on behalf of the child, including authorization to place a child in foster care and applying for temporary custody, protective custody, dependency, or termination of parental rights. In other words, these include children who were removed, as well as other children who may have had petitions while remaining at home. Based on 47 reporting states, 21.4 percent of victims had court actions. (See table 6–6 and related notes.)

States were less able to report on the number of victims with court-appointed representatives. Thirty-five states reported that 17.1 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. . ."[7] Many states are working to improve the reporting of the court-appointed representative data element. (See table 6–7 and related notes.)

History of Receiving Services (unique count of children)

Two data elements in the Agency File collect information on histories of victims. Based on data from 21 states, 14.7 percent of victims received family preservation services within the previous 5 years. (See table 6–8 and related notes.) Data from 30 states shows that 5.2 percent of victims were reunited with their families within the previous 5 years. (See table 6–9 and related notes.)

Exhibit and Table Notes

The following pages contain the data tables referenced in Chapter 6. Specific information about state submissions can be found in appendix D. Additional information regarding the exhibits and tables is provided below.

General

- 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, Glossary. The Child File record layout and the field definitions are located on the Children's Bureau website at http://www.acf.hhs.gov/programs/cb/resource/about-ncands

Table 6–1 Children Who Received Prevention Services by Funding Source, 2012

- Data are from the Agency File.
- Children who received prevention services may have received them through CPS or through other agencies.
- Children may be counted more than once, under a single funding source and across funding sources.
- Some programs maintain their data in terms of families rather than in terms of children. If a family count was provided, the number of families was multiplied by the average number of children per family (1.88) and used as the estimate of the number of children who received services or added to any counts of children that were also provided. The average number of children per family was retrieved June 2013 from http://www.census.gov/hhes/families/data/families.html
- While states have improved reporting under these efforts, more work is needed and states will continue to be encouraged to improve these data.

Table 6–2 Average Days to Initiation of Services, 2012

- This analysis exludes 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 (subset was created by excluding any report with a service date prior to the report date). For these children, the average days to initiation of services was calculated by subtracting the report date from the initiation of services date for each report and calculating the average for each state. The state average was rounded to a whole day.
- A zero represents a state average of less than 1 day.
- The national average was calculated by summing the state averages and the resulting total was divided by the number of states that reported these data. The result was rounded to a whole day.

Table 6–3 Children Who Received Postresponse Services, 2012

- 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 a CPS response.
- The sum of the number of victims and nonvictims who received in-home services plus the number of victims and nonvictims who received foster care services do not total to the number of victims and nonvictims who received postresponse services on table 6–3. This is because one state reported only in-home services (but not foster care services) and another state reported only foster care services (but not in-home services).
- One state reports postresponse services for only victims and does not report on nonvictims who received such services.
- A few states reported that 100 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.
- For *Child Maltreatment 2012*, the layout of this table was changed to group the number and percentages columns together.

Table 6–4 Victims Who Received Foster Care and Only In-Home Postresponse Services, 2012

- A victim was counted each time that a CPS response was completed and only in-home services were provided or each time the victim was removed and received foster care services.
- Victims who received foster care services may also have received in-home services prior to the removal.
- This table includes only those states that reported both foster care services and in-home services.
- For *Child Maltreatment 2012*, the layout of this table was changed to group the number and percentages columns together.

Table 6–5 Nonvictims Who Received Foster Care and Only In-Home Postresponse Services, 2012

- A nonvictim was counted each time a CPS response was completed and only in-home services were provided, or each time the nonvictim was removed and received foster care services.
- Nonvictims who received foster care services may also have received in-home services.
- This table includes only those states that reported both foster care services and in-home services.
- For *Child Maltreatment 2012*, the layout of this table was changed to group the number and percentages columns together.

Table 6–6 Victims with Court Action, 2012,

- 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. Additional attention will be given to the relationship between reporting that a child had court action and that a child was removed or remained in the home.

Table 6–7 Victims with Court-Appointed Representatives, 2012

- Court-appointed representatives include attorneys and court-appointed special advocates (CASA), who represent the interests of the child in a maltreatment hearing.

- States are further examining the relationship between reporting that a child has a court-appointed representative and that the child was the subject of a court action. Variation in dates of activities and representation may contribute to data problems in some states.

Table 6–8 Victims Who Received Family Preservation Services Within the Previous 5 Years, 2012 *(unique count)*

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

Table 6–9 Victims Who Were Reunited With Their Families Within the Previous 5 Years, 2012 *(unique count)*

- Data are from the Child File and the Agency File.
- 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, 2012

State	Child Abuse and Neglect State Grant	Community-Based Child Abuse Prevention Grants	Promoting Safe and Stable Families	Social Services Block Grant	Other	Total Duplicate Recipients of Prevention Services
Alabama		1,366				1,366
Alaska		70	351	197	285	903
Arizona		365	1,927		2,893	5,185
Arkansas	3,728		24,616	20,833		49,177
California	16,642	167,144	418,067		165,471	767,324
Colorado			47,312			47,312
Connecticut	1,137	1,570			20,126	22,833
Delaware			985	718	5,501	7,205
District of Columbia	650		473		4,940	6,063
Florida		232,921				232,921
Georgia		2,862	306,600		17,387	326,849
Hawaii		8,205				8,205
Idaho						
Illinois	13,220	6,408	32,349	8,693	10,216	70,886
Indiana	25,709	1,158	3,656		33,260	63,784
Iowa	11,148	7,154	32,961			51,263
Kansas		30,457	3,405		79	33,941
Kentucky		2,789	9,060	19,501	7,925	39,275
Louisiana		126,643	2,757	14,597	20,285	164,281
Maine						
Maryland					4,370	4,370
Massachusetts						
Michigan						
Minnesota	2,954	3,240	3,537	59,832		69,563
Mississippi		527	1,806		47,587	49,920
Missouri		5,811	1,810		2,118	9,739
Montana		20,826	3,232			24,058
Nebraska		2,042	3,910			5,952
Nevada		6,200	13,787	40,607	12,397	72,991
New Hampshire	140		229	3,730		4,099
New Jersey		807	5,939	187,667		194,413
New Mexico		205	911		1,569	2,685
New York		12,141			24,766	36,907
North Carolina		1,853	8,395			10,248
North Dakota		2,980	3,705			6,686
Ohio		263,871		49,425		313,296
Oklahoma		9,037	6,188		13,459	28,684
Oregon						
Pennsylvania		18,474			10,284	28,758
Puerto Rico		2,720	1,814		64,398	68,932
Rhode Island			1,684			1,684
South Carolina		1,628				1,628
South Dakota		2,555				2,555
Tennessee						
Texas		1,314	21,865		389	23,568
Utah		3,161	3,828		81,764	88,753
Vermont		16,030			2,108	18,138
Virginia	52,184	2,360	34,221		5,198	93,963
Washington	2,759	691	36,987			40,437
West Virginia		12,460	36,641	51,268	5,393	105,762
Wisconsin						
Wyoming		1,670	1,285	7,213		10,168
Total	**130,270**	**981,714**	**1,076,292**	**464,281**	**564,169**	**3,216,727**
Percent	**4.0**	**30.5**	**33.5**	**14.4**	**17.5**	**100.0**
States Reporting	**11**	**38**	**34**	**13**	**26**	**45**

Table 6–2 Average Number of Days to Initiation of Services, 2012

State	Duplicate Children Who Received Services	Duplicate Children Who Received Services On or After the Report Date	Average Number of Days to Initiation of Services
Alabama	7,943	3,998	133
Alaska	2,389	1,157	80
Arizona	39,126	11,126	100
Arkansas	18,232	17,583	30
California	299,921	279,914	16
Colorado	8,037	4,136	21
Connecticut	3,288	979	5
Delaware	3,771	1,000	42
District of Columbia	681	8	4
Florida	30,863	2,048	45
Georgia	76,172	73,664	11
Hawaii	1,499	1,290	15
Idaho			
Illinois	26,843	15,789	37
Indiana	29,427	18,598	71
Iowa	38,345	34,963	32
Kansas	8,931	5,322	29
Kentucky	53,407	52,809	20
Louisiana	7,644	6,235	38
Maine	1,605	875	96
Maryland			
Massachusetts	40,434	27,096	19
Michigan	38,729	28,256	34
Minnesota	7,663	7,518	38
Mississippi	9,470	3,440	90
Missouri	40,727	5,470	30
Montana	2,141	1,378	47
Nebraska	8,845	2,087	20
Nevada	9,762	7,387	45
New Hampshire	13,690	1,562	89
New Jersey	34,028	28,357	81
New Mexico	5,362	4,978	31
New York			
North Carolina			
North Dakota	1,443	537	34
Ohio	34,575	31,937	42
Oklahoma	23,666	23,553	56
Oregon	7,504	2,718	89
Pennsylvania			
Puerto Rico	2,305	2,293	97
Rhode Island	3,090	2,005	27
South Carolina	29,688	29,688	0
South Dakota			
Tennessee	100,261	10,271	82
Texas	47,586	46,653	63
Utah	25,749	2,678	38
Vermont	1,111	546	69
Virginia	14,597	10,780	65
Washington	9,993	7,739	53
West Virginia	6,925	4,617	41
Wisconsin	7,995	7,259	54
Wyoming	579	60	18
Total	**1,186,042**	**832,357**	**2,177**
Average			**47**
States Reporting	**46**	**46**	

Table 6–3 Children Who Received Postresponse Services, 2012

State	Number				Percent	
	Duplicate Victims	Duplicate Victims Who Received Postresponse Services	Duplicate Nonvictims	Duplicate Nonvictims Who Received Postresponse Services	Duplicate Victims Who Received Postresponse Services	Duplicate Nonvictims Who Received Postresponse Services
Alabama	9,824	4,823	20,576	3,120	49.1	15.2
Alaska	3,417	1,275	8,905	1,114	37.3	12.5
Arizona	10,665	9,464	69,137	29,662	88.7	42.9
Arkansas	12,012	9,700	62,056	8,532	80.8	13.7
California	81,740	68,155	370,148	231,766	83.4	62.6
Colorado	10,953	3,109	37,378	4,928	28.4	13.2
Connecticut	8,735	1,858	27,720	1,430	21.3	5.2
Delaware	2,409	2,409	15,422	1,362	100.0	8.8
District of Columbia	2,236	459	13,989	222	20.5	1.6
Florida	57,263	15,210	313,831	15,653	26.6	5.0
Georgia	19,462	10,355	109,965	65,817	53.2	59.9
Hawaii	1,432	910	2,548	589	63.5	23.1
Idaho						
Illinois	29,854	12,659	118,168	14,184	42.4	12.0
Indiana	21,754	12,809	93,914	16,618	58.9	17.7
Iowa	12,264	12,264	26,081	26,081	100.0	100.0
Kansas	1,922	1,092	31,080	7,839	56.8	25.2
Kentucky	18,487	17,129	59,227	36,278	92.7	61.3
Louisiana	8,964	4,872	32,104	2,772	54.4	8.6
Maine	4,000	1,263	9,117	342	31.6	3.8
Maryland	14,196	5,665			39.9	
Massachusetts	21,008	18,357	52,304	22,077	87.4	42.2
Michigan	37,110	23,800	205,331	14,929	64.1	7.3
Minnesota	4,421	2,993	21,943	4,670	67.7	21.3
Mississippi	8,188	3,824	31,834	5,646	46.7	17.7
Missouri	4,834	3,538	87,913	37,189	73.2	42.3
Montana	1,379	814	11,689	1,327	59.0	11.4
Nebraska	4,300	2,259	26,318	6,586	52.5	25.0
Nevada	5,724	3,832	20,447	5,930	66.9	29.0
New Hampshire	943	943	12,747	12,747	100.0	100.0
New Jersey	9,592	7,284	85,078	26,744	75.9	31.4
New Mexico	6,517	2,611	19,999	2,751	40.1	13.8
New York						
North Carolina						
North Dakota	1,442	1,032	5,414	411	71.6	7.6
Ohio	31,982	15,191	92,986	19,384	47.5	20.8
Oklahoma	10,331	8,315	43,634	15,351	80.5	35.2
Oregon	10,468	4,801	29,479	2,703	45.9	9.2
Pennsylvania						
Puerto Rico	9,223	1,127	17,871	1,178	12.2	6.6
Rhode Island	3,456	1,429	6,910	1,661	41.3	24.0
South Carolina	11,827	11,509	34,109	18,179	97.3	53.3
South Dakota	1,295	632	5,239	296	48.8	5.6
Tennessee	10,421	10,421	89,840	89,840	100.0	100.0
Texas	64,689	35,806	213,134	11,780	55.4	5.5
Utah	9,982	9,685	18,748	16,064	97.0	85.7
Vermont	715	269	3,893	842	37.6	21.6
Virginia	5,959	3,222	61,727	11,375	54.1	18.4
Washington	7,159	3,683	47,986	6,310	51.4	13.1
West Virginia	4,716	4,060	36,875	2,865	86.1	7.8
Wisconsin	4,902	3,016	35,456	4,979	61.5	14.0
Wyoming	719	426	5,883	153	59.2	2.6
Total	**624,891**	**380,359**	**2,746,153**	**812,276**		
Percent					**60.9**	**29.6**
States Reporting	**48**	**48**	**47**	**47**		

Table 6–4 Victims Who Received Foster Care and Only In-Home Postresponse Services, 2012

State		Number		Percent	
	Duplicate Victims Who Received Postresponse Services	Duplicate Victims Who Received Foster Care Services	Duplicate Victims Who Received Only In-Home Services	Duplicate Victims Who Received Foster Care Services	Duplicate Victims Who Received Only In-Home Services
Alabama	4,823	2,050	2,773	42.5	57.5
Alaska	1,275	670	605	52.5	47.5
Arizona	9,464	7,639	1,825	80.7	19.3
Arkansas	9,700	2,231	7,469	23.0	77.0
California	68,155	30,738	37,417	45.1	54.9
Colorado	3,109	1,546	1,563	49.7	50.3
Connecticut	1,858	752	1,106	40.5	59.5
Delaware	2,409	247	2,162	10.3	89.7
District of Columbia	459	428	31	93.2	6.8
Florida	15,210	14,119	1,091	92.8	7.2
Georgia	10,355	2,370	7,985	22.9	77.1
Hawaii	910	700	210	76.9	23.1
Idaho					
Illinois	12,659	4,629	8,030	36.6	63.4
Indiana	12,809	7,751	5,058	60.5	39.5
Iowa	12,264	2,499	9,765	20.4	79.6
Kansas	1,092	242	850	22.2	77.8
Kentucky	17,129	3,480	13,649	20.3	79.7
Louisiana	4,872	2,416	2,456	49.6	50.4
Maine	1,263	880	383	69.7	30.3
Maryland	5,665	1,812	3,853	32.0	68.0
Massachusetts	18,357	3,955	14,402	21.5	78.5
Michigan	23,800	5,151	18,649	21.6	78.4
Minnesota	2,993	1,735	1,258	58.0	42.0
Mississippi	3,824	1,754	2,070	45.9	54.1
Missouri	3,538	1,622	1,916	45.8	54.2
Montana	814	711	103	87.3	12.7
Nebraska	2,259	1,302	957	57.6	42.4
Nevada	3,832	2,446	1,386	63.8	36.2
New Hampshire	943	180	763	19.1	80.9
New Jersey	7,284	3,559	3,725	48.9	51.1
New Mexico	2,611	1,186	1,425	45.4	54.6
New York					
North Carolina					
North Dakota	1,032	398	634	38.6	61.4
Ohio	15,191	5,035	10,156	33.1	66.9
Oklahoma	8,315	2,779	5,536	33.4	66.6
Oregon	4,801	3,757	1,044	78.3	21.7
Pennsylvania					
Puerto Rico					
Rhode Island	1,429	656	773	45.9	54.1
South Carolina	11,509	2,027	9,482	17.6	82.4
South Dakota					
Tennessee	10,421	1,528	8,893	14.7	85.3
Texas	35,806	11,589	24,217	32.4	67.6
Utah	9,685	1,056	8,629	10.9	89.1
Vermont	269	98	171	36.4	63.6
Virginia	3,222	976	2,246	30.3	69.7
Washington	3,683	2,425	1,258	65.8	34.2
West Virginia	4,060	872	3,188	21.5	78.5
Wisconsin	3,016	1,721	1,295	57.1	42.9
Wyoming	426	366	60	85.9	14.1
Total	**378,600**	**146,083**	**232,517**		
Percent				**38.6**	**61.4**
States Reporting	**46**	**46**	**46**		

Table 6–5 Nonvictims Who Received Foster Care and Only In-Home Postresponse Services, 2012

State	Duplicate Nonvictims Who Received Postresponse Services	Number: Duplicate Nonvictims Who Received Foster Care Services	Number: Duplicate Nonvictims Who Received Only In-Home Services	Percent: Duplicate Nonvictims Who Received Foster Care Services	Percent: Duplicate Nonvictims Who Received Only In-Home Services
Alabama	3,120	1,617	1,503	51.8	48.2
Alaska	1,114	343	771	30.8	69.2
Arizona	29,662	3,844	25,818	13.0	87.0
Arkansas	8,532	1,626	6,906	19.1	80.9
California	231,766	31,128	200,638	13.4	86.6
Colorado	4,928	587	4,341	11.9	88.1
Connecticut	1,430	243	1,187	17.0	83.0
Delaware	1,362	147	1,215	10.8	89.2
District of Columbia	222	114	108	51.4	48.6
Florida	15,653	10,818	4,835	69.1	30.9
Georgia	65,817	1,665	64,152	2.5	97.5
Hawaii	589	335	254	56.9	43.1
Idaho					
Illinois	14,184	2,489	11,695	17.5	82.5
Indiana	16,618	6,964	9,654	41.9	58.1
Iowa	26,081	1,512	24,569	5.8	94.2
Kansas	7,839	1,248	6,591	15.9	84.1
Kentucky	36,278	2,333	33,945	6.4	93.6
Louisiana	2,772	991	1,781	35.8	64.2
Maine	342	303	39	88.6	11.4
Maryland					
Massachusetts	22,077	2,783	19,294	12.6	87.4
Michigan	14,929	637	14,292	4.3	95.7
Minnesota	4,670	1,511	3,159	32.4	67.6
Mississippi	5,646	1,823	3,823	32.3	67.7
Missouri	37,189	3,806	33,383	10.2	89.8
Montana	1,327	784	543	59.1	40.9
Nebraska	6,586	1,027	5,559	15.6	84.4
Nevada	5,930	1,423	4,507	24.0	76.0
New Hampshire	12,747	69	12,678	0.5	99.5
New Jersey	26,744	3,203	23,541	12.0	88.0
New Mexico	2,751	552	2,199	20.1	79.9
New York					
North Carolina					
North Dakota	411	139	272	33.8	66.2
Ohio	19,384	3,810	15,574	19.7	80.3
Oklahoma	15,351	167	15,184	1.1	98.9
Oregon	2,703	1,998	705	73.9	26.1
Pennsylvania					
Puerto Rico					
Rhode Island	1,661	193	1,468	11.6	88.4
South Carolina	18,179	337	17,842	1.9	98.1
South Dakota					
Tennessee	89,840	1,948	87,892	2.2	97.8
Texas	11,780	1,790	9,990	15.2	84.8
Utah	16,064	56	16,008	0.3	99.7
Vermont	842	133	709	15.8	84.2
Virginia	11,375	850	10,525	7.5	92.5
Washington	6,310	1,721	4,589	27.3	72.7
West Virginia	2,865	288	2,577	10.1	89.9
Wisconsin	4,979	1,962	3,017	39.4	60.6
Wyoming	153	108	45	70.6	29.4
Total	**810,802**	**101,425**	**709,377**		
Percent				**12.5**	**87.5**
States Reporting	**45**	**45**	**45**		

Table 6–6 Victims With Court Action, 2012

State	Duplicate Victims	Duplicate Victims With Court Action	
		Number	Percent
Alabama	9,824	640	6.5
Alaska	3,417	746	21.8
Arizona	10,665	5,951	55.8
Arkansas	12,012	2,454	20.4
California	81,740	26,089	31.9
Colorado	10,953	2,146	19.6
Connecticut	8,735	1,840	21.1
Delaware	2,409	402	16.7
District of Columbia	2,236	381	17.0
Florida	57,263	3,011	5.3
Georgia	19,462	2,370	12.2
Hawaii	1,432	757	52.9
Idaho			
Illinois	29,854	3,519	11.8
Indiana	21,754	10,354	47.6
Iowa	12,264	3,796	31.0
Kansas	1,922	776	40.4
Kentucky	18,487	4,742	25.7
Louisiana	8,964	2,416	27.0
Maine	4,000	169	4.2
Maryland	14,196	1,812	12.8
Massachusetts	21,008	4,550	21.7
Michigan	37,110	8,149	22.0
Minnesota	4,421	1,508	34.1
Mississippi	8,188	265	3.2
Missouri	4,834	1,622	33.6
Montana	1,379	770	55.8
Nebraska	4,300	1,391	32.3
Nevada	5,724	2,694	47.1
New Hampshire	943	528	56.0
New Jersey	9,592	2,465	25.7
New Mexico	6,517	1,156	17.7
New York			
North Carolina			
North Dakota	1,442	397	27.5
Ohio	31,982	5,647	17.7
Oklahoma	10,331	1,950	18.9
Oregon	10,468	3,698	35.3
Pennsylvania			
Puerto Rico	9,223	305	3.3
Rhode Island	3,456	1,076	31.1
South Carolina	11,827	2,073	17.5
South Dakota			
Tennessee	10,421	1,148	11.0
Texas	64,689	10,762	16.6
Utah	9,982	1,860	18.6
Vermont	715	168	23.5
Virginia	5,959	682	11.4
Washington	7,159	2,332	32.6
West Virginia	4,716	779	16.5
Wisconsin	4,902	534	10.9
Wyoming	719	345	48.0
Total	**623,596**	**133,225**	
Percent			**21.4**
States Reporting	**47**	**47**	

Table 6–7 Victims With Court-Appointed Representatives, 2012

State	Duplicate Victims	Duplicate Victims With Court-Appointed Representatives	
		Number	Percent
Alabama	9,824	582	5.9
Alaska	3,417	446	13.1
Arizona	10,665	7,438	69.7
Arkansas	12,012	81	0.7
California	81,740	30,855	37.7
Colorado			
Connecticut			
Delaware	2,409	402	16.7
District of Columbia	2,236	103	4.6
Florida	57,263	369	0.6
Georgia	19,462	3,306	17.0
Hawaii	1,432	707	49.4
Idaho			
Illinois			
Indiana	21,754	1,864	8.6
Iowa	12,264	3,691	30.1
Kansas			
Kentucky	18,487	4,295	23.2
Louisiana			
Maine	4,000	885	22.1
Maryland	14,196	58	0.4
Massachusetts	21,008	4,068	19.4
Michigan			
Minnesota	4,421	1,330	30.1
Mississippi	8,188	2,644	32.3
Missouri			
Montana	1,379	380	27.6
Nebraska	4,300	1,405	32.7
Nevada	5,724	458	8.0
New Hampshire			
New Jersey	9,592	503	5.2
New Mexico	6,517	1,156	17.7
New York			
North Carolina			
North Dakota	1,442	273	18.9
Ohio	31,982	1,233	3.9
Oklahoma	10,331	1,950	18.9
Oregon			
Pennsylvania			
Puerto Rico	9,223	1	0.0
Rhode Island	3,456	1,048	30.3
South Carolina	11,827	165	1.4
South Dakota			
Tennessee	10,421	103	1.0
Texas			
Utah	9,982	1,860	18.6
Vermont	715	168	23.5
Virginia	5,959	41	0.7
Washington			
West Virginia	4,716	55	1.2
Wisconsin			
Wyoming	719	49	6.8
Total	**433,063**	**73,972**	
Percent			**17.1**
States Reporting	**35**	**35**	

Table 6–8 Victims Who Received Family Preservation Services Within the Previous 5 Years, 2012

State	Unique Victims	Unique Victims Who Received Family Preservation Services	
		Number	Percent
Alabama			
Alaska			
Arizona			
Arkansas	11,133	2,826	25.4
California			
Colorado			
Connecticut			
Delaware			
District of Columbia	2,141	438	20.5
Florida	53,341	6,465	12.1
Georgia			
Hawaii			
Idaho			
Illinois			
Indiana			
Iowa			
Kansas	1,868	484	25.9
Kentucky	17,054	770	4.5
Louisiana	8,458	1,381	16.3
Maine	3,781	741	19.6
Maryland	13,079	4,581	35.0
Massachusetts	19,234	5,811	30.2
Michigan			
Minnesota	4,238	1,308	30.9
Mississippi	7,599	83	1.1
Missouri	4,685	301	6.4
Montana			
Nebraska			
Nevada	5,436	125	2.3
New Hampshire	901	60	6.7
New Jersey	9,031	1,497	16.6
New Mexico			
New York			
North Carolina			
North Dakota			
Ohio			
Oklahoma	9,627	850	8.8
Oregon			
Pennsylvania			
Puerto Rico	8,470	46	0.5
Rhode Island			
South Carolina			
South Dakota			
Tennessee			
Texas	62,551	9,621	15.4
Utah	9,419	164	1.7
Vermont	649	142	21.9
Virginia			
Washington	6,546	396	6.0
West Virginia			
Wisconsin			
Wyoming			
Total	**259,241**	**38,090**	
Percent			**14.7**
States Reporting	**21**	**21**	

Table 6–9 Victims Who Were Reunited With Their Families Within the Previous 5 Years, 2012

State	Unique Victims	Unique Victims Who Were Reunited With Their Families	
		Number	Percent
Alabama			
Alaska	2,928	280	9.6
Arizona			
Arkansas	11,133	314	2.8
California			
Colorado			
Connecticut	8,151	298	3.7
Delaware	2,335	44	1.9
District of Columbia	2,141	0	0.0
Florida	53,341	3,514	6.6
Georgia			
Hawaii	1,398	77	5.5
Idaho			
Illinois			
Indiana	20,223	1,324	6.5
Iowa			
Kansas	1,868	257	13.8
Kentucky	17,054	730	4.3
Louisiana			
Maine	3,781	204	5.4
Maryland	13,079	1,157	8.8
Massachusetts	19,234	1,413	7.3
Michigan			
Minnesota	4,238	471	11.1
Mississippi	7,599	18	0.2
Missouri	4,685	104	2.2
Montana			
Nebraska			
Nevada	5,436	648	11.9
New Hampshire	901	33	3.7
New Jersey	9,031	568	6.3
New Mexico	5,882	438	7.4
New York			
North Carolina			
North Dakota			
Ohio	29,250	1,653	5.7
Oklahoma	9,627	735	7.6
Oregon			
Pennsylvania			
Puerto Rico	8,470	32	0.4
Rhode Island	3,218	642	20.0
South Carolina	11,439	144	1.3
South Dakota			
Tennessee			
Texas	62,551	1,290	2.1
Utah	9,419	218	2.3
Vermont	649	16	2.5
Virginia			
Washington	6,546	605	9.2
West Virginia			
Wisconsin	4,645	358	7.7
Wyoming			
Total	**340,252**	**17,585**	
Percent			**5.2**
States Reporting	**30**	**30**	

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

CHAPTER 7

This chapter describes additional activities related to understanding child maltreatment. These activities include technical reports, analytical research, and capacity building initiatives and may or may not use data from the National Child Abuse and Neglect Data System (NCANDS).

Reports on National Statistics

Child Welfare Outcomes Report

Child Welfare Outcomes 2007–2010: Report to Congress (Child Welfare Outcomes) is the 11th in a series of annual reports from the U.S. Department of Health and Human Services (HHS), Children's Bureau. This report series was developed in-accordance with section 479A of the Social Security Act (as amended by the Adoption and Safe Families Act of 1997) and provides information about states' performance on the following national child welfare outcomes:

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

The Child Welfare Outcomes reports provide state-level data as well as national trends on the outcome measures. Demographics such as race and ethnicity and age give a broader picture of state and national data. The report series incorporates data from NCANDS and the Adoption and Foster Care Analysis and Reporting System (AFCARS) on 12 original measures, as well as data on 15 additional measures that HHS adopted in 2006 to assess state performance during the second round of the Child and Family Services Reviews (CFSRs). The report also contains state data on the frequency and location of caseworker visits for children in foster care.

The Child Welfare Outcomes reports are available on the Children's Bureau's website at http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/cwo

The Children's Bureau also established a website where users can create their own custom reports from the Child Welfare Outcomes data. The custom reports may be displayed as a table, graph, or map, and can include demographic data. This site enables the data to be available to members of Congress and the public several months prior to the dissemination of the full report.

Currently, FFY 2011 data are available. The data site is available at
http://cwoutcomes.acf.hhs.gov/data/overview

For further information about the Child Welfare Outcomes 2007–2010: Report to Congress, contact:
Sharon Newburg-Rinn, Ph.D.
Social Science Research Analyst
Office of Data, Analysis, Research, and Evaluation /ACYF/ACF/HHS
1250 Maryland Avenue, 8th Floor
202–205–0749
sharon.newburg-rinn@acf.hhs.gov

America's Children Report

Each year since 1997, the Federal Interagency Forum on Child and Family Statistics has published a report on the well-being of children and families. Pending data availability, the Forum updates 41 indicators annually on its website http://childstats.gov and alternates publishing a detailed report, with a summary version, which highlights selected indicators. For 2013, the Forum released the detailed report—*America's Children: Key National Indicators of Well-Being, 2013*. The America's Children series provides federal data on children and families available in a nontechnical format to stimulate discussion among data providers, policymakers, and the public.

The Forum fosters coordination and integration among 22 federal agencies that produce or use statistical data on children and families, and seeks to improve the quality of data on children and families. The America's Children series provides accessible compendia of indicators drawn across topics from official statistics; it is designed to complement more specialized, technical, or comprehensive reports produced by various Forum agencies.

Indicators are chosen because they are easy to understand, are based on substantial research connecting them to child well-being, cut across important areas of children's lives, are measured regularly so that they can be updated and show trends over time, and represent large segments of the population. These child well-being indicators span seven domains: family and social environment, economic circumstances, health care, physical environment and safety, behavior, education, and health.

For further information about *America's Children: Key National Indicators of Well-Being, 2013* or the Federal Interagency Forum on Child and Family Statistics, contact:
Traci Cook, Forum Coordinator
Federal Interagency Forum on Child and Family Statistics
National Center for Health Statistics (NCHS)
3311 Toledo Rd., Room 6114
Hyattsville, Maryland 20782
301–458–4256
cot6@cdc.gov

Research on Child Maltreatment

National Survey of Child and Adolescent Well-Being

The National Survey of Child and Adolescent Well-Being (NSCAW) is a nationally representative, longitudinal survey that focuses on the well-being of children who have encountered the child welfare system. Two cohorts of children and families were included in the project. The NSCAW I core sample of 5,501 children in 36 states represented all children who were investigated for child maltreatment during the 15-month baseline period, which began in October 1999. Children were included whether or not the case was substantiated or founded and whether or not they received child welfare services as a result of the investigation. Children and families were followed for five waves of data collection that ended during 2006.

The NSCAW II baseline began in March 2008. The NSCAW II design and protocol are similar to the prior study. Data are collected from 5,873 children, current caregivers, caseworkers, and teachers sampled from the NSCAW I counties using similar measures.

A second wave of data collection (Wave 2) for the NSCAW II children and families occurred from October 2009 through January 2011. The children ranged in age from 16 months to 19 years. Several Wave 2 reports were released during 2013 and are available on the Children's Bureau website. Data collection for a 36-month follow-up (Wave 3) is scheduled for completion during early 2013.

The NSCAW data sets are archived for use by the research community, through licensing agreements, at the National Data Archive on Child Abuse and Neglect at Cornell University. The Archive also maintains a bibliography of publications using NSCAW data.

Study reports, research briefs, and information about NSCAW methods and measures are available at http://www.acf.hhs.gov/programs/opre/research/project/national-survey-of-child-and-adolescent-well-being-nscaw-1. For more information on accessing the NSCAW data sets, please see http://www.ndacan.cornell.edu.

For additional information about the National Survey of Child and Adolescent Well-Being contact:
Mary Bruce Webb, Ph.D.
Office of Planning, Research and Evaluation/ACF/HHS
370 L'Enfant Promenade, SW
Washington, DC 20447
202–205–8628
mbwebb@acf.hhs.gov

Have Sexual Abuse and Physical Abuse Declined Since the 1990's?

In this article released by the Crimes Against Children Research Center, University of New Hampshire, the authors examine whether declines in child physical and sexual abuse since the 1990's as reported to National Child Abuse and Neglect Data System (NCANDS) reflect a true decline in prevalence. The study compares data from a number of sources against NCANDS, which shows a 56 percent decline in physical abuse and 62 percent decline in sexual abuse from 1992 to 2010.

The decline in sexual abuse in NCANDS was consistent with other data sources, including the National Incidence Study, FBI data from the Uniform Crime Report, The National Crime Victimization Survey, the Minnesota Student Survey, the National Survey of Family Growth, and the National Survey of Children Exposed to Violence. All of these sources showed declines in child sexual abuse during one or more parts of the period 1992–2010.

Evidence to support the decline in physical abuse seen in NCANDS from 1995 to 2010 was mixed. Although the National Incidence Study (NIS) showed a similar decline in physical abuse, hospital data did not. Two national victim surveys also did not find decreases in caregiver abuse, while one state survey did. Other surveys have found that youth were exposed to less violence since the 1990's. In addition, maltreatment fatalities reported to NCANDS increased 46 percent from 1993–2007, but data on child homicides from the FBI and vital statistics have shown declines.

The article is available at: http://www.unh.edu/ccrc/pdf/CV267_Have%20SA%20%20PA%20Decline_FACT%20SHEET_11-7-12.pdf

For additional information about the Crimes Against Children Research Center, University of New Hampshire contact:
David Finkelhor, P.h.D.
Director, Crimes against Children Research Center
Professor of Sociology, University of New Hampshire
Co-Director, Family Research Laboratory
126 Horton Social Science Center
Durham, NH 03824

Local Macroeconomic Trends and Hospital Admissions for Child Abuse, 2000–2009

According to the authors of an article in *Pediatrics*, NCANDS data indicates a long trend of declining physical abuse since the 1990s. This downward persisted despite an economic downturn that began in 2007. This study was conducted in an attempt to address case reports and regional studies that indicated the decline may have slowed, stopped, or reversed.

A retrospective study was conducted of children admitted to the hospital for physical abuse and high risk of traumatic brain injury (TBI) for 10 years during 2000 to 2009. The data showed an increase of 0.79 percent and 3.1 percent per year respectively for children with physical abuse and TBI injuries, respectively. Notably, this was during a period when the overall injury rate for children decreased 0.8 percent. This study is of interest because housing concerns (defined as 90-day delinquency rates), and foreclosure, were associated with community maltreatment rates.

Until this study, the impact of housing instability on child well-being had been concerned with access to education and physical health, not with physical safety. Unemployment, however, did not show a consistent relationship with either physical abuse or TBI. These data may be more comparable to NCANDS when controlling for reporting and other policy changes, particularly differential response, or changing thresholds in the standard for substantiating abuse.

Hospital data indicate that rates of severe physical abuse increased over the period under study. Using these data in conjunction with other sources at the community level may inform a more comprehensive response to child maltreatment and illuminate connections among health care, safety, and housing for children and their families.

The full citation for the article is: Wood, J., Medina, S., Feudtner, C., Luan, X., Localio, R., Fieldston, E., and Rubin, D. (2012). Local macroeconomic trends and hospital admissions for child abuse, 2000–2009. *Pediatrics*,130, 358. doi: 10.1542/peds/2011-3755.

Capacity Building Activities

Maternal, Infant, and Early Childhood Home Visiting Program

The Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) was created from the Patient Protection and Affordable Care Act (P.L. 111–148), and receives its funding via the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA). HRSA and the Administration for Children and Families (ACF), partnered to implement the program. The purpose of MIECHV is to respond to the diverse needs of children and families in communities at-risk and to provide an opportunity for collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs.

Grantees from 50 states, the District of Columbia, six jurisdictions, Indian Tribes, tribal organizations, and Urban Indian organizations received funds to support evidence-based home visiting programs focused on improving the wellbeing of families with young children. In April 2012, HRSA awarded $71.9 million to 10 states to expand their home visiting services. The awards were given to states that demonstrated successful operations of early childhood systems for pregnant women, parents, caregivers, and children from birth to 8 years of age and are ready to expand home visiting services.

Program information and grant opportunities are available on the HRSA MIECHV website at http://mchb.hrsa.gov/programs/homevisiting/.

For additional information about MIECHV please contact:
Melissa Brodowski, P.h.D., M.S.W., M.P.H., Contracting Officer's Representative
Office on Child Abuse and Neglect
Children's Bureau/ACYF/ACF/HHS
1250 Maryland Avenue, 8th Floor
Washington, DC 20024
202–205–2629
melissa.brodowski@acf.hhs.gov

Tribal Home Visiting Technical Assistance Center

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

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

with home visiting model developers, facilitation of a grantee peer learning network, and the planning and facilitation of regular in-person grantee meetings.

For additional information about VisTA, please contact:
Jean F. Blankenship, M.S.W.
Child Welfare Program Specialist
Office on Child Abuse and Neglect
Children's Bureau/ACYF/ACF/HHS
1250 Maryland Ave., SW 8th Floor
Washington, DC 20024
202–401–2887
jean.blankenship@acf.hhs.gov

Community-Based Child Abuse Prevention (CBCAP) Grants

This grant program provides funding to states to develop, operate, expand, and enhance community-based, prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect. To receive funds, the governor of the state must designate a lead agency to receive the funds and implement the program. Program features include:

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

  (A) A reduction of the overall rate of children who become first-time victims each year of the reporting states' population of children (younger than 18 years).
  (B) A reduction in the overall rate of adults who become first-time perpetrators each year of the reporting states' population of adults (older than 18 years).

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

Rosie Gomez
Office on Child Abuse and Neglect
Children's Bureau, ACYF, ACF, HHS
1250 Maryland Ave., SW, 8th Floor
Washington, DC 20024
202–205–7403
rosie.gomez@acf.hhs.gov

Children's Bureau Training and Technical Assistance Network

The purpose of the Training and Technical Assistance (T&TA) Network is to build the capacity of state, local, tribal, and other publicly administered or publicly supported child welfare agencies and family and juvenile courts through the provision of training, technical assistance, research, and consultation on the full array of federal requirements administered by the Children's Bureau. T&TA Network members provide assistance to states and Tribes in improving child welfare systems and conformity with the outcomes and systemic factors defined in the Child and Family Services Reviews (CFSRs). Members also provide assistance with the results of other monitoring reviews conducted by the Children's Bureau to ensure the safety, permanency, and well-being of children and families. A full list of T&TA Network members and their contact information is available in the Children's Bureau Training and Technical Assistance Network 2013 Directory at https://www.acf.hhs.gov/sites/default/files/cb/tta_network_directory_2013.pdf.

For additional information about the T&TA Network, contact the Training and Technical Assistance Coordination Center (TTACC) at https://www.ttaccportal.org.

National Data Archive on Child Abuse and Neglect

The National Data Archive on Child Abuse and Neglect (NDACAN) was established by the Children's Bureau to encourage scholars to use existing child maltreatment data sources in their research. As part of the TTA Network, NDACAN acquires data sets from various national data collection efforts and from individual researchers, prepares the data and documentation for secondary analysis, and disseminates the data sets to researchers who qualified to use the data. NDACAN houses the NCANDS's Child Files and Agency Files and licenses qualified researchers to use the data in their work. Please note that NDACAN serves as the repository for the NCANDS data sets, but is not the author of the *Child Maltreatment* report series.

NDACAN also maintains the child abuse and neglect Digital Library (canDL), a database of publications and references related to NDACAN datasets and secondary research. Users can search for documents by topic (e.g., "Alternative Response"), dataset (e.g., "NCANDS"), or any keywords of interest. For more information about the database or to begin a search, go to http://www.ndacan.cornell.edu

For more information about access to NDACAN, researchers may contact:
John Eckenrode, Ph.D., Director

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

The National Resource Center for Child Welfare Data and Technology

The National Resource Center for Child Welfare Data and Technology (NRC-CWDT) is a service of the Children's Bureau and member of the T&TA Network. The NRC-CWDT provides a broad range of technical assistance to state and Tribal child welfare agencies and family and juvenile courts in the use of data and information technology to improve outcomes for children and families.

The center helps states, Tribes, and courts improve the quality of data collected, build the capacity to analyze and use data for decisionmaking in daily practice, and develop or improve automated case management and data collection systems. The NRC-CWDT provides technical assistance to IV–E agencies on the federal reporting requirements—AFCARS, NCANDS, and the National Youth in Transition Database (NYTD).

The Center also provides technical assistance for the CFSRs and other federal policies and initiatives. The NRC-CWDT is operated by the Child Welfare League of America (CWLA) and its partners, Westat, and the National Center for state Courts (NCSC).

For further information about the NRC-CWDT, contact:
Debbie Milner, Director
NRC-CWDT
850–622–1567
dmilner@cwla.org

Regional Partnership Grant (RPG) Program

The President signed the Child and Family Services Improvement and Innovation Act (Pub. L. 112–34) into law on September 30, 2011. This act includes a targeted grants program (section 437(f) of the Social Security Act), which directs the Secretary of Health and Human Services (HHS) to reserve a specified portion for Regional Partnership Grants, designed to improve the well-being of children affected by parental substance abuse. In 2007, the Children's Bureau within the Administration for Children, Youth, and Families (ACYF) funded 53 Regional Partnership Grants (RPG) to support interagency collaborations and the integration of programs, services, and activities designed to increase the well-being, improve the permanency, and enhance the safety of children who are in, or at risk of, out-of-home placements as a result of a parent or caregiver's substance abuse. Since that first round of RPG funding, Federal leaders and policymakers have intensified their focus on evidence-based and evidence-informed practices in budgeting and program decisions. In addition, scientific findings continue to emerge about the long-term neurological, behavioral, relational, and other impacts of maltreatment on children. In response, a second RPG funding opportunity required applicants to propose the use of evidence-based practices and do more to attend to children's behavioral, emotional, and social functioning, one component of which is

addressing the impact of trauma and its effect on the overall functioning of children and youth.

On September 28, 2012, CB/ACYF awarded new 5-year RPG grants to 17 partnerships in 15 states. CB/ACYF also funded 2-year extension grants to 8 of the regional partnership grants funded in 2007. The partnerships will implement varied interventions, such as family drug courts, comprehensive substance abuse treatment, or in-home parenting and child safety support for families. Grantees will:

- Use evidence-based or evidence informed programs or strategies that are also trauma-informed to provide services to the target populations they select.
- Address child well-being along with the more traditional goals of safety and permanency as part of their selected strategy or program.
- Conduct an evaluation sufficiently rigorous to contribute to the evidence base on service delivery and outcomes associated with their chosen interventions.
- Participate in the national cross-site evaluation, and collect and report performance and evaluation measures to increase the knowledge that can be gained from the RPG program.

The Children's Bureau has funded a conduct a 5-year evaluation of the new 5-year grantees that will 1) review proposed RPG programs, evidence-based practices, and evaluation designs; 2) provide evaluation-related technical assistance to strengthen grantee's local evaluations and support their participation in the national cross-site evaluation; 3) collect performance measures from grantees and report to Congress on their progress; and 4) conduct a cross-site evaluation to provide information on the effectiveness of RPG programs. In addition to the national evaluation the reauthorization language requires technical assistance to be provided to grantees to support implementation and operation of their programs. The National Center on Substance Abused and Child Welfare (NCSACW), funded by an intra-agency agreement between the Administration for Children, Youth, and Families (ACYF)/Children's Bureau and the Substance Abuse and Mental Health Services Administration (SAMHSA)/Center for Substance Abuse Treatment, is providing programmatic technical assistance to the RPGs on a variety of topics. This includes collaborative practice and policy, program sustainability, trauma-informed services, evidence-based and evidence-informed services to children, treatment and recovery support services, and family-centered substance abuse intervention and treatment practices for women and families. For information, please visit http://www.ncsacw.samhsa.gov/technical/ta-rpg.aspx.

For additional information about the Regional Partnership Grant (RPG) Program, contact:
Elaine Stedt, RPG Program Lead
Children's Bureau
1250 Maryland Ave, SW
Washington, DC 20024
202–205–7941
elaine.stedt@acf.hhs.gov

Melissa Lim Brodowski, P.h.D., M.S.W., M.P.H., Contracting Officer's Representative
Office on Child Abuse and Neglect
Children's Bureau, ACYF, ACF, HHS
1250 Maryland Ave, SW
8th Floor
Washington, DC 20024
202–205–2629
melissa.brodowski@acf.hhs.gov

Children's Bureau National Quality Improvement Centers

The National Quality Improvement Centers (QICs) are a critical component of the Children's Bureau's T&TA Network. The Children's Bureau funds three QICS that generate and disseminate research and knowledge in specific focus areas with the goal of helping agencies, managers, workers, and other child welfare professionals with service delivery. The QICs have the following roles and responsibilities:

- Develop knowledge about evidence-based and evidence-informed strategies that address a priority area identified by the Children's Bureau.
- Evaluate the impact of research and demonstration projects funded to address the QIC's focus area.
- Develop, implement, and support a national information-sharing network to disseminate evidence-based and evidence-informed practices.
- Provide national leadership by maintaining resource information on an identified focus topic.
- Collaborate and coordinate with other members of the TTA Network.

National QICs have two phases—planning and implementation. During the first year, or the planning phase, a national advisory committee is formed and a needs assessment on a specific area is conducted. Once the work and evaluation plans are finalized, the implementation plan is designed. During the implementation phase, the QIC awards, monitors, evaluates, and provides assistance to support 4-year research and demonstration projects. The projects are designed to test and evaluate a variety of models or hypotheses determined by the needs assessment.

Information about the National Quality Improvement Centers is available at http://www.acf.hhs.gov/programs/cb/assistance/quality-improvement-centers.

QIC Early Childhood

In FY 2009, the Children's Bureau funded the Center for the Study of Social Policy (CSSP) to create the National Quality Improvement Center on Preventing the Abuse and Neglect of Infants and Young Children, known as the QIC on Early Childhood (QIC-EC). The QIC-EC is a partnership of three national organizations in a cooperative agreement with the Children's Bureau:

- Center for the Study of Social Policy (lead organization)
- ZERO TO THREE: National Center for Infants, Toddlers and Families
- National Alliance of Children's Trust and Prevention Funds

The purpose of this 5-year project (October 2008–September 2013) is to generate and disseminate evidence and new knowledge about program and systems strategies that contribute to child maltreatment prevention and optimal developmental outcomes for children younger than 6 years and their families. The QIC-EC will support collaborative research and demonstration projects across the child abuse prevention, child welfare, early childhood, and other health, education, and social service systems. The projects will explore a broad range of issues about gathering child abuse and neglect prevention evidence, how to improve developmental outcomes for infants and young children, what kind of collaborations and systems are effective, and how these efforts can result in better outcomes for young children and their families at greatest risk for child maltreatment.

The new knowledge that emerges from the research and demonstration projects will be built around three key components:

- A social-ecological approach to prevention that addresses child maltreatment at multiple levels—individual, family, community, and policy.
- Evidence of a program's effectiveness that integrates professional experience and expertise in the context of families' culture, characteristics, and values with scientifically rigorous methodology.
- A more thorough understanding of how building protective factors, in addition to reducing risk factors, can reduce maltreatment for young children and their families.

During the current phase, Phase II, the QIC-EC will announce, award, monitor, provide technical assistance to, and evaluate 48-month research and demonstration projects. These projects will test and rigorously evaluate a variety of program and systems models or hypotheses related to improving the social, physical, cognitive, and emotional well-being of children younger than 6 years old—and their families—who are at the greatest risk of abuse, neglect, abandonment, and poor developmental outcomes. Supported projects will exhibit cross-agency partnerships that target young children and their caregivers, including those who are affected by substance abuse or HIV/AIDS.

The QIC-EC selected five doctoral students who are conducting research on preventing the abuse and neglect of infants and young children to serve as Doctoral Dissertation Research Fellows. Two Fellows were selected during the 2010–2012 funding period and three during the 2011–2013 funding period.

The QIC-EC will build a regional and national learning network of public and private organizations that are working to address child abuse and neglect prevention to ensure that they receive timely updates on lessons learned. The QIC-EC also will actively collaborate with the existing federal resource centers and the TTA network throughout the grant period to provide them with the latest knowledge emerging from the QIC-EC.

For further information about the QIC-EC, contact:
Melissa Lim Brodowski, P.h.D., M.S.W., M.P.H., Contracting Officer's Representative
Office on Child Abuse and Neglect
Children's Bureau, ACYF, ACF, HHS
1250 Maryland Ave, SW
8th Floor
Washington, DC 20024
202–205–2629
melissa.brodowski@acf.hhs.gov

Charlyn Harper Browne, Project Director
Senior Associate
Center for the Study of Social Policy
1575 Eye Street NW, Suite 500
Washington, D.C. 20005
charlyn.harperbrowne@cssp.org

QIC Differential Response in Child Protective Services

The National Quality Improvement Center on Differential Response in Child Protective Services (QIC-DR) is a 5-year, federally funded project with the purpose of studying differential response in three research and demonstration sites Colorado, Illinois, and Ohio. During 2012, the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect at the University of Colorado Denver (Kempe Center) assumed the leading role for the QIC-DR. Kempe Center partnered with Walter R. McDonald & Associates, Inc. (WRMA), and the Institute of Applied Research to operate the QIC-DR. The American Bar Association Center on Children and the Law and the National Conference of State Legislatures also contributed their expertise to the project. The purposes of the QIC-DR are to:

- Design and conduct evaluations and rigorously study the implementation, outcomes, and cost effects of differential response programs in research and demonstration sites in CPS.
- Learn if differential response is an effective approach in CPS.
- Build cutting-edge, innovative, and replicable knowledge about differential response, including guidance on best practices.

The QIC-DR has a two-phased approach. During Phase I, the QIC-DR, in cooperation with the Children's Bureau, completed a comprehensive review of existing knowledge on differential response in CPS through a literature review, legal and legislative analysis, information summits with experts in the field, interviews and focus groups, and listening sessions with families and tribal representatives. The Phase I products and an annotated bibliography are available at http://www.differentialresponseqic.org/

Phase II began October 2009 and focuses on the implementation in the three research and demonstration sites. Colorado, Illinois, and Ohio were selected through a competitive process to implement a differential response program, conduct local evaluations of their differential response model. Each site is conducting individual evaluations, with WRMA and Kempe Center leading a cross-site evaluation. The cross-site evaluation will include process, child, and family outcomes, and cost study components. The final evaluations are expected to be released during the Fall of 2013.

For further information about the QIC-DR, contact:
Dori Sneddon, M.S.W., Contracting Officer's Representative
Office on Child Abuse and Neglect
Children's Bureau ACYF, ACF, HHS
1250 Maryland Ave., SW
8th Floor
Washington, DC 20024
202–205–8024
dori.sneddon@acf.hhs.gov

QIC Representation of Children in the Child Welfare System

In October 2009, the U.S. Children's Bureau named University of Michigan Law School the National Quality Improvement Center on the Representation of Children in the Child Welfare System (QIC-ChildRep). The QIC-ChildRep is a 6-year project to gather, develop, and communicate knowledge on child representation, promote consensus on the role of the child's legal representative, and provide empirically based analyses of how legal representation for a child might best be delivered. QIC-ChildRep's mission is to improve justice for children through knowledge development and dissemination.

During the Needs Assessment Phase, the QIC-ChildRep team spoke with judges, attorneys, caseworkers, CASAs, state regional office directors, Tribes, and children. The participants raised similar issues and concerns, despite their varied backgrounds and experiences. The essential findings of this phase were:

- Attorneys must develop a bond with their client.
- Effective representation includes a thorough investigation in order to develop a clear theory of the case and effectively advocate in court.
- Attorneys effectively solve problems for their clients by engaging in active out-of-court advocacy.
- Attorneys should take a holistic view of the child's needs. A child in the dependency system often has needs that cannot be met by the dependency system alone. Often, an attorney must monitor a vast array of services, as well as coordinate other legal issues, such as financial assistance, or educational programs.
- Practice in this area requires comprehensive training, which includes child and family issues.
- Attorneys must meet initial and ongoing qualification standards.
- Supports help attorneys accomplish the multiple tasks, which allow them to be successful advocates.
- Caseloads must be reasonable in order for attorneys to accomplish the essential duties of their jobs.

From these findings a QIC Best Practice Model was developed and is available at http://www.improveChildRep.org/. Demonstration and research is now underway in Georgia and Washington. In each state, approximately 125 lawyers who represent children in child welfare cases were randomly assigned to an experimental group or a comparison group. The experimental group was trained in the QIC Best Practice Model focusing on six core child representation skills. The experimental group is receiving ongoing coaching to assist them in fidelity to the QIC Best Practice Model. Chapin Hall of the University of Chicago is managing the research component. Data are gathered from court and state agency administrative

data and from the lawyers. After 3 years of case handling, the QIC expects to have data from 250 lawyers and 3,600 to 5,000 children.

The QIC-ChildRep website also gathers available knowledge about child representation in child protection cases, provides state laws collected in a common format, abstracts of and links to research articles, and other information for states interested in improving their system of child representation.

For further information about the QIC-ChildRep, contact:
David P. Kelly, J.D., M.A., Contracting Officer's Representative
Child Welfare Program Specialist for Court Improvement
Children's Bureau, Administration for Children and Families, HHS
Portals Building, 8th Floor
1250 Maryland Avenue, SW
Washington, DC 20024-2141
202–205–8709
david.kelly@acf.hhs.gov

Donald N. Duquette, Clinical Professor of Law, Project Director
University of Michigan Law School
701 South State Street
Ann Arbor, MI 48109-1215
734–764–4000
qic-childrep@umich.edu

The Future of NCANDS and Suggestions for Future Research

As NCANDS moves toward case-level data from all 52 states more complex analyses may be performed. The underlying causes and effects of child maltreatment continue to be compelling research issues. The most effective programs to prevent child abuse and neglect or the recurrence of child abuse and neglect are also of interest. Research and evaluation studies are needed to provide the necessary information so that both public and private providers of services can address the needs of children and their families more effectively and efficiently.

Researchers interested in using the NCANDS data can apply to NDACAN for access to various data files. The NCANDS data are available for trend analyses; single state, single year analyses; and for use in conjunction with other data sets or data sources. Some suggestions for future research are listed below:

- How do the outcomes for children who receive an alternative response compare with the outcomes for children who receive an investigation response?
- Many states are placing greater emphasis on family preservation and in-home services. How is this shift affecting the characteristics and outcomes of children in the child welfare system? How do the characteristics of children who receive only in-home services differ from the characteristics of child who are removed from home and placed in foster care?
- Have the implementation of child death review teams had an effect on the prevention of child fatalities?
- To what extent are characteristics at the state level (e.g., county vs. state-administered policies and statutes) related to service delivery and outcomes for children?

Appendixes

Required CAPTA Data Items

APPENDIX A

Child Abuse Prevention and Treatment Act 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.

** Items in bold are new or modified with the CAPTA Reauthorization Act of 2010.*

(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 with 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
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 type of data file submitted by a state to NCANDS on a periodic 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. Includes 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.[8]

CHILD AND FAMILIY 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, a family provider, or a 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 individual 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 annually submitted by the states to NCANDS that 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.[9]

CHILD PROTECTIVE SERVICES AGENCY (CPS): An official agency of a state having the responsibility for receiving and responding to allegations of suspected child abuse and neglect, determining the validity of the allegations, and providing 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 are handled by 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. May be an attorney or a court-appointed special advocate (or both) 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 in a home, for a portion of a 24-hour day.

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

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

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

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

DUPLICATE COUNT OF CHILDREN: Counting a child each time he or she was a 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.

EMOTIONALLY DISTURBED: 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. The term includes schizophrenia and autism. This term 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 preparing to reunify or adopt, and assist families in obtaining services and other supports necessary to address their multiple needs 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 promote 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, foster homes of relatives, group homes, emergency shelters, residential facilities, childcare institutions, and pre-adoptive homes. 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 individual 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 in locating, obtaining, or retaining suitable housing.

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

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

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

INFORMATION AND REFERRAL SERVICES: Resources or activities that provide facts about services that are available from public and private providers. Information is provided after an assessment of client needs (not a diagnosis or evaluation) to facilitate appropriate referral to these community resources.

INDICATED OR REASON TO SUSPECT: A disposition that concludes that maltreatment could not be substantiated under state law or policy, but there was 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: In NCANDS, this means any service provided to the family while the child remains in the home. Services may be provided directly in the home or in 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.

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 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), which 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 by the caregiver to provide for the appropriate health care of the child although financially able to do so, or offered financial or other means 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.

MENTAL RETARDATION: 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.

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 TRANISITION DATABASE (NYTD) Public Law 106-169 established the John H. Chafee Foster Care Independence Program (CFCIP) at section 477 of the Social Security Act, providing states with flexible funding to carry out programs that assist youth in making the transition from foster care to self-sufficiency. The law required the Administration for Children and Families (ACF) to develop a data collection system to track the independent living services states provide to youth and develop outcome measures that may be used to assess states' performance in operating their independent living programs. In response, ACF established the National Youth in Transition Database that 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 will report data to ACF semiannually.[9]

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: Terminology used to indicate that the child was associated with a victim or nonvictim of child maltreatment and was the subject of an investigation or assessment, but was neither the subject of an allegation or any finding of maltreatment due to the investigation.

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 medical condition other than mental retardation, visual or hearing impairment, physical disability, or emotionally disturbed, that significantly affects functioning or development or requires special medical care such as chronic illnesses. Includes HIV positive or AIDS diagnoses. This term can 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.

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

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

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

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

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

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

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

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

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

PREVENTION SERVICES: Activities aimed at preventing child abuse and neglect. Such activities may be directed at specific populations identified as being at increased risk of becoming abusive and may be designed to increase the strength and stability of families, to increase parents' confidence and competence in their parenting abilities, and to afford children a stable and supportive environment. They include child abuse and neglect preventive services provided through such federal funds as the Child Abuse and Neglect Basic State Grant, Community-Based Family Resource and Support Grant, the Promoting Safe and Stable Families Program (title IV-B, subpart 2), Maternal and Child Health Block Grant, Social Services Block Grant (title XX), and state and local funds. Such activities do not include public awareness campaigns.

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

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

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

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

PSYCHOLOGICAL OR EMOTIONAL MALTREATMENT: Type of maltreatment that refers to 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: Participation in any of the following social services programs: Temporary Assistance for Needy Families, General Assistance, Medicaid, Social Security Income, WIC (food stamps), etc.

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

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

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

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. Reports receive a child protective services (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 day, month, and year that the report disposition was made.

REPORT DISPOSITION DATE: The point in time at the end of the investigation or assessment when a CPS worker declares a disposition to the child maltreatment report.

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, 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: A group 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-one states (including the District of Columbia and the Commonwealth of Puerto Rico) have a centralized system classified as state administered. Nine 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 2012 flat file dataset is available to researchers as of December 2013 from the National Data Archive on Child Abuse and Neglect (NDACAN).

Child Population Data

Readers who are familiar with this report series will notice a change in the layout compared to prior years in that child population data are not being displayed on certain tables. The child population data for years 2008–2012 are displayed by state in table C–2. The 2012 child population data for the demographics of age, sex, and race and ethnicity are displayed by state in table C–3.

Table C–1 State Administrative Structure, Level of Evidence, and Data Submissions, 2012

	Administrative Structure			Level of Evidence					Data Files
State	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		■					■		■
States Reporting	**2**	**41**	**9**	**2**	**8**	**1**	**36**	**5**	**51**

Table C–2 Child Population, 2008–2012

State	Child Population				
	2008	2009	2010	2011	2012
Alabama	1,129,522	1,128,864	1,130,694	1,129,772	1,124,406
Alaska	180,558	183,546	188,061	188,492	187,100
Arizona	1,717,156	1,732,019	1,629,537	1,617,596	1,620,894
Arkansas	706,653	709,968	711,318	710,903	710,881
California	9,424,028	9,435,682	9,292,540	9,268,531	9,240,219
Colorado	1,210,628	1,227,763	1,226,299	1,228,164	1,231,358
Connecticut	814,394	807,985	815,477	805,025	793,558
Delaware	206,820	206,993	205,523	205,107	205,050
District of Columbia	113,064	114,036	101,037	104,980	109,480
Florida	4,070,878	4,057,773	3,997,478	3,998,786	4,002,480
Georgia	2,565,577	2,583,792	2,491,348	2,486,405	2,490,125
Hawaii	289,851	290,361	304,365	304,215	303,011
Idaho	415,823	419,190	428,790	427,808	426,653
Illinois	3,182,952	3,177,377	3,123,377	3,094,699	3,064,065
Indiana	1,591,833	1,589,365	1,605,718	1,599,781	1,591,477
Iowa	712,516	713,155	727,277	725,087	722,953
Kansas	700,577	704,951	726,515	725,558	724,304
Kentucky	1,015,949	1,014,323	1,023,265	1,022,388	1,018,238
Louisiana	1,120,742	1,123,386	1,116,480	1,118,324	1,117,803
Maine	275,741	271,176	273,459	269,778	265,918
Maryland	1,356,198	1,351,935	1,352,035	1,347,206	1,343,800
Massachusetts	1,438,671	1,433,002	1,418,819	1,410,027	1,401,415
Michigan	2,392,899	2,349,892	2,335,244	2,300,057	2,266,870
Minnesota	1,262,103	1,260,797	1,282,736	1,279,142	1,276,148
Mississippi	767,660	767,742	753,951	748,627	745,333
Missouri	1,434,930	1,431,338	1,423,592	1,413,666	1,403,475
Montana	220,377	219,828	223,131	222,556	221,980
Nebraska	448,361	451,641	459,085	461,220	463,405
Nevada	676,837	681,033	663,895	661,309	663,583
New Hampshire	294,001	289,071	286,396	280,308	274,840
New Jersey	2,053,346	2,045,848	2,062,412	2,043,986	2,026,384
New Mexico	506,235	510,238	518,512	516,952	514,442
New York	4,453,218	4,424,083	4,317,147	4,294,690	4,263,154
North Carolina	2,254,288	2,277,967	2,279,191	2,283,980	2,286,528
North Dakota	143,017	143,971	149,907	151,600	154,608
Ohio	2,738,630	2,714,341	2,723,390	2,691,936	2,663,674
Oklahoma	907,488	918,849	929,615	932,634	937,363
Oregon	870,586	872,811	865,529	862,810	860,624
Pennsylvania	2,795,791	2,775,132	2,787,112	2,764,488	2,739,386
Puerto Rico	981,918	963,847	896,946	872,861	849,363
Rhode Island	229,788	226,825	223,573	219,848	216,474
South Carolina	1,075,249	1,080,732	1,078,918	1,077,159	1,080,090
South Dakota	198,582	199,616	202,866	203,234	204,169
Tennessee	1,491,242	1,493,252	1,494,687	1,493,623	1,494,016
Texas	6,765,835	6,895,969	6,875,476	6,928,953	6,985,639
Utah	850,682	868,824	872,542	880,290	887,972
Vermont	128,637	126,275	128,790	126,358	123,951
Virginia	1,838,921	1,847,182	1,853,725	1,854,930	1,856,737
Washington	1,558,023	1,569,592	1,580,896	1,580,315	1,584,967
West Virginia	387,394	386,449	386,618	385,372	384,041
Wisconsin	1,316,468	1,310,250	1,337,031	1,327,528	1,317,557
Wyoming	128,990	132,025	135,188	134,746	135,490
Total	**75,411,627**	**75,512,062**	**75,017,513**	**74,783,810**	**74,577,451**

Table C–3 Child Population Demographics, 2012

State	Child Population								
	Age								
	<1	1	2	3	4	5	6	7	8
Alabama	60,523	61,821	60,551	59,889	62,483	62,126	61,242	60,900	61,181
Alaska	11,303	11,433	10,516	10,779	10,760	10,617	10,490	10,139	10,168
Arizona	86,400	83,530	87,712	89,213	92,778	93,700	91,714	91,210	90,455
Arkansas	37,863	38,199	38,887	38,897	40,173	41,016	40,091	39,902	39,521
California	510,414	519,524	497,465	497,499	516,595	517,963	510,773	508,543	504,378
Colorado	66,093	65,531	67,713	68,275	69,956	71,043	70,708	70,692	71,242
Connecticut	36,714	37,777	38,710	39,297	40,958	42,146	43,011	43,795	44,487
Delaware	11,189	11,600	11,140	10,978	11,372	11,464	11,444	11,283	11,492
District of Columbia	8,757	9,009	7,401	6,764	6,945	6,402	5,939	5,747	5,444
Florida	212,315	213,307	211,942	212,057	221,842	222,866	221,167	219,140	215,870
Georgia	132,458	131,837	134,873	134,970	140,894	141,737	141,086	139,700	139,556
Hawaii	18,106	18,378	17,549	17,580	17,536	17,189	16,755	16,861	17,066
Idaho									
Illinois	160,697	163,849	161,814	162,253	167,665	168,693	169,254	169,508	171,594
Indiana	82,933	84,847	84,963	85,026	87,734	89,004	88,136	88,226	89,282
Iowa	37,948	37,954	39,618	39,812	41,034	41,387	41,054	40,301	40,507
Kansas	39,830	40,748	40,875	40,386	41,428	41,135	40,843	40,522	40,532
Kentucky	55,280	56,273	55,509	55,094	57,379	57,432	56,835	56,665	56,833
Louisiana	62,491	63,465	62,310	62,144	64,356	64,655	62,163	61,768	61,253
Maine	12,803	13,164	13,378	13,500	14,059	14,354	14,566	14,778	14,747
Maryland	71,976	73,341	72,681	72,468	74,758	74,693	74,148	73,593	74,005
Massachusetts	72,250	74,054	72,374	71,978	74,901	75,213	75,253	76,387	77,742
Michigan	110,762	114,320	115,262	115,845	119,525	122,126	122,508	123,566	126,149
Minnesota	67,535	68,554	69,902	69,883	72,464	72,991	71,905	72,286	72,744
Mississippi	39,651	39,265	40,274	41,275	43,363	43,933	41,768	41,486	40,973
Missouri	73,870	74,528	76,121	76,183	78,544	78,823	78,994	77,763	78,202
Montana	11,884	11,838	12,154	12,520	12,568	12,938	12,425	12,301	12,213
Nebraska	26,116	26,665	26,376	26,328	26,783	26,617	26,553	26,314	26,286
Nevada	35,877	36,127	36,456	36,434	38,407	37,993	37,396	36,734	36,844
New Hampshire	12,629	12,943	13,059	13,469	13,853	14,401	14,703	14,855	15,236
New Jersey	102,766	103,227	106,395	105,656	109,605	111,009	110,928	112,101	113,882
New Mexico	28,331	28,857	28,422	28,312	29,614	29,293	29,117	29,004	28,692
New York	237,068	243,174	230,320	225,583	231,040	230,938	229,266	230,412	232,139
North Carolina	120,328	120,322	124,558	125,774	128,958	129,900	129,068	127,755	128,500
North Dakota	9,122	9,213	9,194	9,324	9,256	9,255	8,913	8,655	8,432
Ohio	134,419	135,641	139,333	141,168	144,309	147,033	147,130	145,702	148,501
Oklahoma	51,481	50,375	52,875	53,127	54,100	54,409	52,990	52,951	52,636
Oregon	45,237	45,196	46,634	46,986	48,463	48,629	47,874	47,261	47,862
Pennsylvania	140,868	144,549	142,812	143,764	147,710	148,745	149,604	148,937	151,201
Puerto Rico	40,612	40,386	42,567	42,961	43,071	44,287	45,242	45,724	45,109
Rhode Island	10,729	10,865	10,926	10,941	11,607	11,509	12,011	11,868	12,295
South Carolina	57,557	57,177	59,572	60,413	61,682	62,947	60,502	59,903	59,518
South Dakota	11,682	11,747	11,687	11,849	12,237	12,207	11,812	11,649	11,386
Tennessee	78,976	79,993	80,071	80,758	84,178	83,606	83,373	82,246	82,982
Texas	385,930	381,791	389,283	387,569	397,272	397,104	396,093	396,099	394,517
Utah	50,276	49,804	52,182	52,572	53,014	52,808	51,957	51,742	50,841
Vermont	5,783	6,120	5,982	6,174	6,462	6,721	6,533	6,777	6,860
Virginia	100,810	102,056	101,495	100,519	104,722	104,249	104,205	103,848	103,848
Washington	87,402	87,872	88,823	88,641	90,419	90,000	87,933	87,542	86,784
West Virginia	20,152	20,552	20,390	20,508	21,469	21,178	21,056	21,040	21,242
Wisconsin	67,853	69,757	70,300	70,183	72,488	73,620	73,031	73,080	74,264
Wyoming	7,450	7,268	7,733	7,939	8,202	8,231	7,895	7,728	7,563
Total	**3,961,499**	**3,999,823**	**3,999,139**	**4,001,517**	**4,130,991**	**4,152,335**	**4,119,457**	**4,106,989**	**4,115,056**
States Reporting	**51**	**51**	**51**	**51**	**51**	**51**	**51**	**51**	**51**

Table C–3 Child Population Demographics, 2012

State	Child Population								
	Age								
	9	10	11	12	13	14	15	16	17
Alabama	60,931	61,747	64,964	65,714	63,911	64,752	63,038	62,667	65,966
Alaska	10,120	9,912	10,025	10,554	9,988	9,861	10,082	10,010	10,343
Arizona	90,891	89,074	92,233	92,529	90,366	89,796	89,767	89,160	90,366
Arkansas	39,500	38,968	40,166	40,570	39,848	39,883	39,715	39,144	38,538
California	500,861	493,938	508,369	515,463	510,496	515,673	526,085	536,017	550,163
Colorado	70,449	68,815	69,790	69,546	67,230	66,245	65,905	65,583	66,542
Connecticut	44,576	45,072	45,862	47,731	48,140	47,728	49,149	48,640	49,765
Delaware	11,309	11,011	11,503	11,737	11,388	11,500	11,193	11,487	11,960
District of Columbia	5,193	5,205	5,186	5,167	5,094	5,036	5,175	5,309	5,707
Florida	216,806	218,396	225,929	231,116	228,406	229,464	230,757	232,892	238,208
Georgia	138,806	139,219	142,296	144,069	139,264	137,820	137,300	135,920	138,320
Hawaii	16,644	15,870	16,426	16,310	16,212	15,759	15,904	16,272	16,594
Idaho									
Illinois	169,865	169,752	172,839	175,457	172,863	173,998	174,629	177,328	182,007
Indiana	88,022	88,308	90,907	92,398	90,461	90,079	89,125	90,470	91,556
Iowa	40,019	39,708	40,337	41,005	40,179	40,513	40,360	40,337	40,880
Kansas	40,453	39,300	40,364	40,910	39,612	39,670	38,603	39,389	39,704
Kentucky	56,149	55,765	57,441	58,246	57,537	56,834	56,252	55,897	56,817
Louisiana	60,822	60,422	62,589	63,690	62,031	61,174	60,686	60,388	61,396
Maine	14,659	14,734	15,196	15,557	15,743	15,779	15,883	16,265	16,753
Maryland	72,854	73,313	75,787	76,441	75,788	75,522	76,215	77,126	79,091
Massachusetts	78,170	77,397	79,260	80,755	80,920	81,371	82,565	84,112	86,713
Michigan	125,212	126,892	131,724	133,586	133,316	133,750	135,132	136,444	140,751
Minnesota	70,847	69,488	71,244	71,548	70,283	70,284	70,727	70,885	72,578
Mississippi	40,438	40,324	42,262	43,080	41,566	41,546	40,811	41,316	42,002
Missouri	77,207	76,671	79,297	80,170	79,008	79,603	78,613	79,240	80,638
Montana	12,194	12,123	12,292	12,157	12,333	12,296	12,385	12,570	12,789
Nebraska	25,812	25,368	25,481	25,343	24,782	24,432	24,378	24,549	25,222
Nevada	36,269	36,122	36,949	37,239	36,722	36,189	36,636	37,507	37,682
New Hampshire	15,536	15,724	15,840	16,512	16,308	16,910	17,195	17,766	17,901
New Jersey	112,806	112,355	114,803	117,510	116,643	117,198	118,348	118,898	122,254
New Mexico	28,130	28,467	28,506	28,880	28,503	27,959	27,595	27,962	28,798
New York	231,711	231,142	235,194	241,305	238,495	240,856	244,777	250,536	259,198
North Carolina	127,127	128,147	132,118	132,069	129,038	127,140	124,722	124,606	126,398
North Dakota	8,159	7,952	7,916	8,018	8,000	8,231	8,275	8,280	8,413
Ohio	147,306	148,844	153,698	155,662	153,525	154,752	152,641	155,785	158,225
Oklahoma	51,973	51,869	51,614	52,649	52,138	51,574	49,852	49,886	50,864
Oregon	47,415	47,072	48,073	49,222	48,623	48,405	49,109	48,788	49,775
Pennsylvania	150,497	150,380	154,574	158,739	156,637	158,136	159,677	163,805	168,751
Puerto Rico	45,491	46,976	50,540	52,486	50,515	52,211	53,076	53,596	54,513
Rhode Island	11,956	12,126	12,028	12,490	12,632	12,716	12,934	13,104	13,737
South Carolina	59,245	59,504	61,003	62,639	60,170	59,955	59,146	58,776	60,381
South Dakota	10,956	10,672	10,775	11,069	10,833	10,607	10,889	11,006	11,106
Tennessee	82,631	82,929	84,580	86,392	85,076	83,837	82,932	83,997	85,459
Texas	391,071	387,325	392,909	395,184	383,511	379,426	378,297	374,999	377,259
Utah	50,603	48,425	48,710	48,740	46,814	45,868	45,282	43,934	44,400
Vermont	7,043	6,854	6,985	7,415	7,410	7,557	7,536	7,508	8,231
Virginia	102,764	101,991	103,907	105,347	103,125	102,402	102,788	102,427	106,234
Washington	86,077	85,350	87,728	88,859	88,067	88,091	87,751	87,847	89,781
West Virginia	21,336	21,325	21,480	22,394	21,626	21,941	21,839	22,068	22,445
Wisconsin	72,960	73,282	74,429	76,151	74,637	74,718	74,885	75,084	76,835
Wyoming	7,478	7,214	7,212	7,365	7,175	7,320	7,260	7,117	7,340
Total	**4,085,349**	**4,068,839**	**4,171,340**	**4,235,185**	**4,162,988**	**4,164,367**	**4,173,876**	**4,204,699**	**4,297,349**
States Reporting	**51**	**51**	**51**	**51**	**51**	**51**	**51**	**51**	**51**

Table C–3 Child Population Demographics, 2012

State	Child Population								
	Sex		Race and Ethnicity						
	Boy	Girl	African-American	American Indian or Alaska Native	Asian	Hispanic	Multiple Race	Pacific Islander	White
Alabama	573,610	550,796	337,853	6,098	13,757	73,917	29,573	640	662,568
Alaska	96,388	90,712	6,067	33,103	9,994	15,391	23,127	3,007	96,411
Arizona	827,515	793,379	69,099	80,920	40,952	705,747	56,319	2,869	664,988
Arkansas	363,660	347,221	131,239	5,514	9,777	79,442	22,652	2,685	459,572
California	4,725,198	4,515,021	505,630	36,335	992,352	4,787,736	408,957	32,556	2,476,653
Colorado	630,923	600,435	50,172	7,299	34,212	382,450	49,393	1,676	706,156
Connecticut	405,672	387,886	87,890	1,894	36,051	166,226	27,857	323	473,317
Delaware	104,522	100,528	51,373		7,382	28,910	10,049	79	106,676
District of Columbia	55,208	54,272	66,102	197	2,303	15,066		75	21,945
Florida	2,045,179	1,957,301	816,761	10,103	102,935	1,141,848	130,858	2,766	1,797,209
Georgia	1,271,670	1,218,455	833,134	5,096	83,194	337,179	77,687	1,610	1,152,225
Hawaii	155,723	147,288	5,655	618	76,065	47,709	95,949	36,332	40,683
Idaho									
Illinois	1,563,708	1,500,357	487,787	4,506	136,954	733,805		705	1,607,925
Indiana	813,849	777,628	174,367	3,172	27,695	161,087	57,493	502	1,167,161
Iowa	370,195	352,758	30,666	2,535	14,509	66,554	25,144	713	582,832
Kansas	370,521	353,783	46,319	5,895	18,093	126,484	35,711	619	491,183
Kentucky	521,804	496,434	92,967	1,546	14,292	53,795	36,661	700	818,277
Louisiana	570,654	547,149	418,975	7,969	17,095	59,814	28,686	426	584,838
Maine	136,356	129,562	6,419	2,075	3,836	6,650	8,629	115	238,194
Maryland	685,762	658,038	425,308	3,056	76,780	162,374	63,014	598	612,670
Massachusetts	716,252	685,163	110,264	2,698	84,636	218,544	48,507	567	936,199
Michigan	1,159,942	1,106,928	367,603	13,941	64,914	173,982	97,437	523	1,548,470
Minnesota	652,235	623,913	98,200	17,361	70,072	105,925	59,574		924,463
Mississippi	380,802	364,531	322,790	4,444	6,462	28,142	15,180	218	368,097
Missouri	718,002	685,473	191,666	5,640	24,731	83,784	54,373	2,023	1,041,258
Montana	113,765	108,215	1,361	20,906	1,524	11,596	9,718	160	176,715
Nebraska	237,222	226,183	26,470	5,093	9,180	73,661	16,878	315	331,808
Nevada	339,368	324,215	56,393	5,667	38,845	266,495	37,714	4,306	254,163
New Hampshire	140,582	134,258	4,521		7,955	14,088	8,438	73	239,237
New Jersey	1,035,913	990,471	283,928	3,487	182,868	479,641	57,807	588	1,018,065
New Mexico	262,038	252,404	8,351	52,553	5,725	302,278	12,606	285	132,644
New York	2,179,108	2,084,046	681,183	14,795	306,728	991,478	130,027	1,811	2,137,132
North Carolina	1,168,294	1,118,234	534,867	28,984	59,760	329,913	85,569	1,712	1,245,723
North Dakota	79,067	75,541	3,197	12,903	1,435	6,465	5,761	93	124,754
Ohio	1,361,645	1,302,029	385,919	4,183	49,316	140,826	112,812	1,077	1,969,541
Oklahoma	479,975	457,388	76,520	97,809	16,383	140,232	86,940	1,521	517,958
Oregon	440,586	420,038	17,984	10,625	32,659	184,548	48,954	4,087	561,767
Pennsylvania	1,401,605	1,337,781							
Puerto Rico	435,661	413,702							
Rhode Island	111,032	105,442	15,210	1,123	6,973	47,037	9,141	151	136,839
South Carolina	550,301	529,789	341,190	3,919	15,123	87,684	35,583	584	596,007
South Dakota	104,783	99,386	4,016	26,903	2,330	10,031	8,509	85	152,295
Tennessee	763,225	730,791	296,370	3,220	24,812	119,003	47,831	855	1,001,925
Texas	3,568,508	3,417,131	820,314	19,136	251,786	3,422,743	154,733	5,454	2,311,473
Utah	456,058	431,914	10,113	8,531	14,135	150,097	28,988	9,437	666,671
Vermont	63,711	60,240	2,097		2,112	2,901	4,078		112,348
Virginia	947,362	909,375	384,322	4,578	111,068	221,585	94,670	1,239	1,039,275
Washington	811,332	773,635	62,588	23,586	108,883	313,786	121,030	12,474	942,620
West Virginia	196,609	187,432	14,333		2,675	7,920	13,427	95	345,016
Wisconsin	674,074	643,483	113,957	13,851	42,489	141,908	45,731	394	959,227
Wyoming	69,415	66,075	1,385	4,000	891	18,934	4,018		106,156
Total	**37,906,589**	**36,244,209**	**9,880,895**	**627,867**	**3,264,698**	**17,247,411**	**2,643,793**	**139,123**	**36,659,329**
States Reporting	**51**	**51**	**49**	**45**	**49**	**49**	**47**	**46**	**49**

State Commentary

APPENDIX D

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

Alabama

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

Child Welfare Administrative Structure

State Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Preponderance

General

The state has two types of screened in responses: child abuse and neglect investigations (CANS) and prevention assessments (AR). For federal fiscal year (FFY) 2012, the Child File included only CANS, which have allegations of abuse or neglect. Prevention assessments are reports that do not include allegations of abuse and neglect, but the risk for abuse may exist. The state plans to include prevention assessments or alternative response data in future submissions to NCANDS.

Reports

federal fiscal year (FFY) 2011 was the first submission to report referral incident dates. From FFY 2004 to 2010, the state incorrectly included alternative response data in the Agency File in the count of referrals and children screened out. This was corrected for the FFY 2011 submission. By state policy, screened-out reports do not include allegations of abuse and neglect or a situation of child risk. FFY 2012 saw an increase in the number of reports both received and completed.

Children

FFY 2012 is the first submission in which the maltreatment type of medical neglect is reported separately from neglect. In prior submissions, this maltreatment type was captured under the broad category of neglect.

Fatalities

For FFY 2012, all state child fatalities are reported in the Child File. The child death review process determined no additional data.

Perpetrators

State law does not allow a person younger than 14 years to be identified as a perpetrator. Perpetrator relationship data is not consistently collected as perpetrator role is not a mandatory field in the Statewide Automated Child Welfare Information Systems (SACWIS). A system enhancement is under consideration to improve the collection of perpetrator data.

Services

Beginning in FFY 2010, the state is only able to report service data from the state Community-Based Child Abuse Prevention Lead Agency for preventive services.

For foster care services, the SACWIS does not require the documentation of the petition or identify the court-appointed representative. Petitions are prepared and filed according to the procedure of each court district. All children entering foster care are appointed a guardian ad litim, who represents their interests in all court proceedings.

Alaska

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

Child Welfare Administrative Structure

State Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Preponderance

General

From April–August 2012, the state's Office of Children's Services cleaned up a backlog of completed assessment data into its system. Because assessments are reported to NCANDS for the year in which they are entered, this effort resulted in over reporting assessments in 2012 and underreporting in prior years. Year-to-year changes in the numbers of completed assessments, victims, and other data will be less reliable and should be interpreted with caution.

Reports

A report may be screened out for such reasons as:

- does not meet criteria
- insufficient information to locate
- law enforcement jurisdiction only
- referred to another state
- referred to another Tribe

The state is not able to report investigation start date at this time. While the information system has the capability to record time and date of initial face-to-face contact between investigators and alleged victim(s), documentation of this investigation start date is currently inconsistent. Also, one initial contact may be associated with multiple reports. The state is considering methodologies that will allow us to report accurate time to investigation data in the future.

Children

The state believes that caretaker risk factors of alcohol and drug abuse may be under reported.

Fatalities

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. The state reports all child fatalities due to maltreatment in the Agency File. Deaths are not reported in the Child File.

Services

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.

The number of child victims whose families received family preservation services in the previous 5 years is reported for state fiscal year. During state fiscal year 2012, the Family Preservation and Time Limited Family Reunification grant programs served 3,065 children. These referrals come exclusively from the Office of Children's Services, which has an open for services case. This status qualifies referrals as either victims or children residing in a home where a victim is present.

The state's courts assign a guardian ad litem to every child subject of a child-in-need-of-aid court proceeding. Data reported to NCANDS does not accurately reflect this service due to a combination of documentation practices by the courts and incomplete entry of court data.

Arizona

Contact	Nicholas Espadas	**Phone**	602–264–3319
Title	Manager	**Email**	nespadas@azdes.gov
Address	Reports and Statistics Unit Division of Children, Youth and Families Arizona Department of Economic Security 3443 N. Central Ave Phoenix, AZ 85005		

Child Welfare Administrative Structure

State Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Probable cause

General

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

Reports

There was an increase in the number of reports this year compared to last year. A SWAT "Social Worker Assessment Team" assisted in the backlog of reports using a temporarily alternative method of investigating and closing reports. This has resulted in many reports that were received and being closed for NCANDS purposes increasing the report count for the current submission year. In addition, there is likelihood that the ongoing financial challenges facing many of the state's accounts for a portion of the increase.

The state has three types of screened out reports:

- Reports in which the incident of maltreatment took place on an Indian reservation or military installation. Child Protective Services (CPS) has no jurisdiction in these situations, but does take the report. The data are available to provide for both the number of reports and the number of children involved.
- Low-priority referrals (less serious reports) that contain legitimate allegations of maltreatment, but are not assigned for investigation due to workload issues. The data is available to provide for both the number of reports and the number of children involved.
- Calls, or communications, to the CPS Hotline in which the source is alleging some type of maltreatment. However, after receiving the information, the CPS Hotline determines that the allegations do not meet the legal requirement necessary to constitute the CPS reports. These communications are recorded in the state automated system. The data is available to provide for the number of communications but not the number of children involved.

Children

For federal fiscal year 2012, the state had an increase in the number of reports and children included in reports of abuse and neglect when compared to FFY 2011.

Fatalities

Child fatalities reported to NCANDS come through the CPS Hotline and are recorded on the state's automated system. Because there is no specific source type for the Child Fatality Review Committee, the number of these received by CPS are not available. The state uses information from the Department of Vital Statistics, child death review teams, law enforcement agencies, and medical examiners' offices when reporting child 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 CPS, the Local Child Fatality Program notifies the CPS child abuse hotline of the team's assessment. The hotline determines if the information meets the statutory definition of a report for CPS investigation. Through this process, CPS receives information about all child deaths in the state that may have been caused by abuse or neglect.

Arkansas

Contact	Nellena Garrison	**Phone**	501–320–6503
Title	CHRIS (SACWIS) Information Systems Manager	**Email**	nellena.garrison@arkansas.gov
Address	Office of Systems and Technology (OST) Department of Human Services 108 E. 7th Street Donaghey Plaza North, !st Floor Little Rock, AR 72203		

Child Welfare Administrative Structure

State Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Preponderance

General

Differential response was implemented on October 1, 2012 with five pilot counties. On November 19, 2012, five more counties were added to accept DR. More counties will be added later with the goal of statewide implementation by October 1, 2013. The federal fiscal year 2013 NCANDS data, mapping forms, and state commentary will reflect the necessary changes and information about the differential response program.

Reports

A referral may be screened out for the following reasons:

- alleged offender is not a person responsible for the child
- cannot locate family
- child (alleged victim) is18 or older
- duplicate differential response (option added October 2012)
- duplicate referral
- not child abuse/neglect
- out of state report
- other

The following options are available when screening in a referral:

- Request for DCFS Assessment–Reports containing information that young children are behaving in a developmentally inappropriate sexual manner, but do not contain child maltreatment allegations of sexual abuse. These non-child maltreatment reports are referred to the Division of Child and Family Services (DCFS) for an assessment of the family's need for services. If the assessment results in an allegation of child sexual abuse as defined by statute, the DCFS worker will make a report to the Child Abuse Hotline, and if accepted, the report will be investigated by the Arkansas State Police (ASP) Crimes Against Children Division (CACD) or Division of Children and Family Services (DCFS), depending on the age of the named alleged offender.
- Refer to DCFS for FASD–Act 1143 of R/A-FASD requires health care providers involved in the delivery or care of infants to report infants born and affected by Fetal Alcohol Spectrum Disorder

(FASD). The Department of Human Services 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 regular R/A screen (Request for DCFS Assessment) will be used by the ASP Hotline staff to capture these. The value 'Refer to DCFS for FASD' will be selected as a Resolution. These will automatically be assigned to the DCFS Central Office FASD Project Unit to complete the Assessment and Closure. 'R/A-FASD' will also show on the Workload and Inbox 'Type' column. DCFS PROCEDURE II-C6: Referrals on Children Born with Fetal Alcohol Spectrum Disorder.

- Child maltreatment investigation– pursuant to state Code Annotated 12-18-601. The state uses an established protocol when a DCFS Family Service Worker (FSW) or the ASP Crimes Against Children Division (CACD) Investigator conducts a Child Maltreatment Assessment. The protocol was developed under the authority of the state legislator, (ACA 12-18-15). It identifies various types of child maltreatment a FSW/CACD Investigator may encounter during an assessment. The protocol also identifies when and from whom an allegation of child maltreatment may be taken. The FSW/CACD Investigator must show that a "preponderance of the evidence" supports the allegation of child maltreatment.

Fatalities

The state saw an increase in the number of substantiated child fatalities during FFY 2012. The increase can be attributed to the increased number of child maltreatment referrals in the state due to poverty, substance abuse, and the violence experienced in many of the state's communities. The state also attributes the increased number of substantiated fatalities to the implementation of the state's Child Death Review Panel and the increased awareness and education stemming from it. To facilitate comprehensive death scene investigations, the state's Commission on Child Abuse, Rape and Domestic Violence partnered with the coordinator of the state's Child Death Review Panel, the state's Medical Examiner's Office and the Coroners Association to provide Sudden Unexplained Infant Death Investigation training to medical examiners and deputy coroners throughout the state. The additional training, along with the implementation of the Sudden Unexplained Infant Death protocol, assisted DCFS in gathering better, more pertinent information and improving the quality of death investigations.

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

Services

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.

California

Contact	Deborah Williams	**Phone**	916–654–1192
Title	Chief	**Email**	deborah.williams@dss.ca.gov
Address	Child Welfare Data Analysis Bureau California Department of Social Services 744 P Street, MS 9-12-84 Sacramento, CA 95814		

Child Welfare Administrative Structure

State Supervised, County Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Preponderance

General

The state's Differential Response approach is comprised of three pathways:

- *Path 1:* Community Response–family problems as indicated by the referral to the child welfare system do not meet statutory definitions of abuse and neglect, and the referral is "evaluated out" by child welfare with no investigation. Based on the information given at the hotline, 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/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

For the Agency File, 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 an immediate response or a 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 2012, the immediate response compliance rate was 97.0 percent and the 10-day response compliance rate was 92.6 percent.

The state's Statewide Automated Child Welfare Information Systems (SACWIS) contains two medical neglect values that have never been accurately mapped. After further analysis, we have determined programming to add these additional values can be completed in 2013 and will be reflected in the federal fiscal year 2013 submission.

Children

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

Fatalities

The state currently uses data for submission to the National Child Abuse and Neglect Data System (NCANDS) which 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/or 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 utilized for NCANDS reporting purposes does reflect child death information derived from multiple sources. It does not, however, represent information directly received from either the state's Vital Statistics Agency or local child death review teams.

Prior to Calendar Year 2011, the CDSS used data reconciled by the California Department of Public Health (CDPH) for submission to the 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 the state than the reconciliation audit conducted by CDPH but would also provide data from multiple agency sources providing more reliable data for NCANDS. As a result, beginning with the FFY 2010 NCANDS data submission, the CDSS changed the data source to the SB 39 data. It is important to note that while SB 39 data was used in the FFY's 2010, 2011, and 2012 NCANDS submissions, the data was derived from CY's 2008, 2009 and 2010 fatalities, respectively.

Over the next year, the CDSS will be continuing to look at how it might utilize other information sources to continue to enrich the data gathered from the SOC 826 reporting process and reported to NCANDS. Recently, the CDSS issued a best practice 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. This practice will improve the ability for counties to properly identify and report all deaths that are the result of abuse and/or neglect. Additionally, the CDSS continues to collaborate and share data with the CDPH, which continues to conduct the reconciliation audit of child death cases in the state. Currently, the CDPH is completing a reconciliation audit of fatality data for CY 2009. We are hopeful that once the reconciliation audit data is for a more current time period similar to our SB 39 data reporting cycle, 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, etc. to help inform both our NCANDS and/or APSR submissions.

Services

Preventive services with other funding sources includes services with funding under the Community Based Child Abuse and Neglect Grant, Promoting Safe and Stable Families, Child Abuse Prevention and Treatment Act, Child Abuse Prevention and Treatment (state funds) and local funds. The number of families who received services under the Child Abuse and Neglect state Grant includes the number of families who participated in a randomized clinical study and received case management services and group intervention. In addition, the Family Development Matrix Project provides a comprehensive strength based assessment tool used to assess the family's situation, identify strengths and areas of concern, facilitate the family's plan and identify services and track changes in the family status.

Colorado

Contact	Kimberley Johnson	**Phone**	303–866–5976
Title	AFCARS/ NCANDS Federal Liaison	**Email**	kimber.johnson@state.co.us
Address	Division Child Welfare Colorado Department of Human Services 1575 Sherman Denver, CO 80203		

Child Welfare Administrative Structure

State Supervised County Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Preponderance

General

The state continues to work on improving the quality of the NCANDS data. The state has found that the alerts system that was activated into the Statewide Automated Child Welfare Information Systems (SACWIS) system on December 15, 2010 has improved the quality of data for NCANDS. These issues include modifications to improve the accuracy of maltreatment finding data elements. The state has identified the following areas of improvement for next year: fatalities as a result of maltreatment that are investigated by law enforcement and perpetrator relationships to victims.

The state has been participating in a differential response pilot program in five counties. In FFY 2011, cases were assigned to FAR using randomization techniques. In FFY 2012 there was a 60 percent increase in the number of cases referred to FAR because randomization procedures were no longer employed in case assignment. Cases are assigned to the following pathways:

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

Both services adhere to response times and the safety and risk assessments. Whether or not post assessment services are needed; based on comprehensive assessment of safety, risk, family needs and strengths.

Reports

The state's counties are using enhanced screening tools to make better decisions on which referrals to accept and which referrals to screen out. For example: Some of the large and medium size counties are

using "RED teams" (read, evaluate, direct) to make decisions about accepting and screening out the referrals that come into their hot lines.

Fatalities

All child fatality reports that occur as a result of maltreatment are recorded by county departments in the Statewide Automated Child Welfare Information System, Trails. In some specific instances (i.e.; no siblings in the home), law enforcement will investigate instead of county departments of human/social services, and investigation data will not be entered into Trails, although the findings may be documented in the referral information. In these instances, the NCANDS Child File will not include these children and they will be reported in the Agency File.

The state is doing a better job of identifying fatalities of children who die from maltreatment and where the investigation is completed by law enforcement. The state also had one motor vehicle accident lead to the death of five children due to the neglect of the driver.

Connecticut

Contact	Elizabeth Petroni	**Phone**	860–560–5015
Title	Director of Information Systems	**Email**	beth.petroni@ct.gov
Address	Department of Children and Families 505 Hudson Street Hartford, CT 06106		

Child Welfare Administrative Structure

State Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required

Preponderance

General

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

- family engagement
- purposeful visitation
- family centered assessments
- supervision and management
- initial and ongoing assessments of safety and risk
- effective case planning
- individualizing services

The model is grounded in beliefs about how the Department and its partners should work with children and families. These include:

- First and foremost, child safety is assured by all staff.
- Children do best when living safely at home with their family of origin.
- The interactions and resulting relationships of staff with children, parents, family members and foster parents have substantial consequences on the outcomes of our interventions. These interactions must take place with full respect for the individuals, with sensitivity to their perspectives, experiences, and culture.
- Safety, permanency, and well-being are achieved and considered for all children regardless of how they became involved with the Department.
- To achieve safety, permanency, and well-being of children, the Department must work collaboratively and effectively internally, and with the child's and family's community. This community includes the child and the extended family as well as private service providers, educators, and other public agencies.
- When living at home with a parent is not reasonably safe, the best alternative is to live in the home of another family member that can provide a safe and nurturing home.

- If no family member can provide a suitably safe home that meets the child's needs, the child should receive care and services in an appropriate and safe setting until timely permanency can be achieved, including reunification, subsidized guardianship, and adoption.
- Services should be individualized and must be based on a full assessment of the strengths and needs of children and families. This assessment must be made together with family members and age-appropriate children. A full assessment is inclusive of safety, risk, domestic violence, substance abuse, criminogenic needs, medical, dental, educational, and behavioral health needs.
- The goal of these individualized services is to enable the child to do well and thrive living in the family home of a parent, family member or another permanent family.

In addition, on March 3, 2012, the state's DCF launched its differential response system. Both the Department's Strengthening Families Practice Model and differential response system are based upon renewed efforts to positively engage and empower families using a team approach that emphasizes listening, discovering strengths and viewing family members as key to any solution. Four core principles serve as the framework for the DRS/Family Assessment Response (FAR) System:

- Children are safer and families are stronger when communities work together.
- Identifying family issues and stepping in early leads to better results than waiting until a family experiences a crisis.
- Families can more successfully resolve issues when they are viewed as part of the solution and where they voluntarily engage in problem solving and the identification of services and supports needed.
- Families who receive the supports and services they need are less likely to come to the repeat attention of a child welfare agency.

The FAR track is determined by DCF Careline (hotline) staff based on specific criteria. The steps in this process are outlined below:

- Once a report meets the statutory definition of abuse/neglect is an accepted for an agency response, Careline will determine how quickly a face-to face contact is necessary. Reports requiring an immediate or 24 hour response time will not be eligible for the Family Assessment Response Track.
- Reports receiving a 72-hour response time may be diverted to the Family Assessment Response as long as the circumstances of the report meet eligibility criteria. The Department has established specific Rule Outs that would prohibit a Family Assessment Response. If one of these rule outs were applicable, the case would be handled through a traditional investigative response.

The ongoing assessment of the child's safety and well-being is required throughout the FAR process. If no interventions are available that can provide appropriate protection of the children, removal is actively pursued. Cases in which a removal occurs are automatically transferred to the intake track. FAR cases are completed within 45 days of the CPS report's acceptance by the Careline. Rather than a formal determination of abuse or neglect, the disposition of a case is informed by the results of the Structured Decision Making Safety and Risk Assessments, the family's strengths and level of need, their connection to familial and community supports; case consultation recommendations; and the family's perception or preferred approach regarding continued DCF involvement and service provision.

Reports

During 2012, 36 percent of accepted reports were tracked to FAR.

Children

The Strengthening Families Practice Model, DRS, and other important reforms are making a dramatic impact on the state's system, and the progress made since January 2011 is as follows:

- There are fewer children in care.
- There are more children in care living with a relative and more living in a kinship home.
- There are more children in care living in a family setting.
- There are fewer children living in a congregate setting, and the percentage reductions for children 12 and younger are especially pronounced.
- There are fewer children in an out-of-state placement.

Perpetrators

The NCANDS category of "other" perpetrator relations includes "not related."

Services

Families diverted to the FAR track may receive services through the Community Support for Families program (CSF). This program works with families within a Wraparound Family Team Model approach, whereby all services and support provided to families are family-driven, strength-based, culturally and linguistically responsive, and delivered at a time and place convenient to the family. Families are seen as equal partners with expertise in the care of their children.

The Community Partner Agencies (CPA) provide an array of services and supports to the family based on their individual needs that builds upon the Strengthening Families protective factors framework. CSF staff are required to complete the Protective Factors Survey within 14 days of the referral to assess current strengths and needs of the family to help inform service delivery and will be re-administered prior to closing.

Delaware

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

Child Welfare Administrative Structure

State Administered and State Supervised

Data File(s) Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Preponderance

General

For the past 5 years, the state has received record reports of child abuse, neglect and dependency. In federal fiscal year 2012, the state's Division of Family Services (DFS) received more than 17,000 reports, an increase from FFY 2011 and conducted more than 7,700 child protective investigations. Due to the high volume of hotline reports and investigation cases, DFS leadership re-evaluated our policies and put into practice two new strategies; Structured Decision Making® (SDM) and Tier I. In May 2012, Structured Decision Making® (SDM) was implemented at the report line. The SDM approach gives report line staff a clearly defined and consistently applied decision-making criteria for investigation. It also allows staff to determine response priority, identify immediate threatened harm, and estimate of the risk of future abuse and neglect.

The second policy the state put into operation during FFY 2012 was altering our investigation practice into a two tiered approach known as Tier I and Tier II. This system was put into place to address the high volume of cases at investigation. Tier I is a management directive that allows investigative staff to bypass a full investigation based on certain criteria met. To make a recommendation for a Tier I response, the investigation worker has to consult with his or her supervisor within 3 working days of the initial interview, complete a safety assessment, history and criminal background review. Most importantly a family cannot have two or more unduplicated accepted reports within a 12 month period a result of which would require a Tier II Response. Tier II is the state's full investigation process based on policy. Lastly, any cases that are determined to be substantiated or unsubstantiated with risk will require a Tier II response.

The implementation of both strategies has helped DFS use resources and expertise more efficiently, because we are now better able to determine which cases require full investigations and not referrals for services unrelated to child abuse and neglect.

Reports

The state's intake unit uses the Structured Decision Making® (SDM) tool to collect sufficient information to access and determine the urgency to investigate child maltreatment reports. In May 2012, the state implemented SDM at the report line causing us to re-evaluate and change our response time for familial abuse investigations. Currently, all screened in reports are assessed in a three-tiered priority

process to determine the urgency of the workers first contact; Priority 1–Within 24 hours, Priority 2–Within 3 days and Priority 3–Within 10 days. The calculation of our average response time for FFY 12 will be split between our new SDM response time policy and our historical approach. The state reports response time for both family abuse (98.5 percent) and institutional abuse (1.5 percent) investigations. In FFY 2012, accepted referrals for family abuse cases were identified as 62 percent routine/Priority 3, 5 percent Priority 2, and 32 percent urgent/Priority1 in response. When comparing FFY 2011 and FFY 2012, the calculation of average response time decreased. This decrease has shown that the new initiatives and approaches that the state has put into place at report line and investigation have helped us to promote the safety and well-being of children and their families.

From FFY 2011 to FFY 2012, there was an increase in the total number of referrals received by our agency. The also state found that the number of referrals accepted for investigation over the 12-month period increased by less than 1 percent from the previous FFY. In FFY 2012, there was an increase in the number of referrals screened out than in the prior federal fiscal year. Although the number of hotline referrals continues to soar each year, the state's acceptance rate decreased from FFY 2011.

Management cites that the increasing number of referrals received have resulted from the public's awareness of child maltreatment and professionals mandatory reporting. Subsequent public service campaigns for reporting child abuse and neglect may also have had an impact in the number of reports received. In light of the vast increase in the number referrals coming in, the state has increased the number of staff responsible for hotline and investigation functions and in FFY 2013 plan to implement structured decision making at investigation.

A number of Tier I investigations were not reported to NCANDS due to the lack of any alleged maltreatments. The state will review the reporting of these investigations to NCANDS during FFY 2013 data collection.

Children

The state uses 50 statutory types of child abuse, neglect, and dependency to substantiate an investigation. The state code defines the following terms; "abuse" is any physical injury to a child by those responsible for the care, custody and control of the child, through unjustified force as defined in the state 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 five years, the state did not include placements from Prevention and Behavioral Health and Juvenile Justice as a previous placement in which the child was reunited with their family if there was no placement involvement with the child welfare agency. This is because the Juvenile Justice and Prevention and Behavioral Health placements alone are not the direct result of the caretaker's substantiation of abuse, neglect, or dependency.

The state 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.

Perpetrators

The state maintains a confidential Child Protection Registry for individuals who have been substantiated for incidents of abuse and neglect since August 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 state's Child Protection Registry 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 State Police State Bureau of Identification.

Services

Court-appointed representative data will not be reported for FFY 2012. The state is currently re-evaluating this data and working on ways to report more accurate information regarding court contacts and the number of children served. This data has been suspended until further notice.

All children are reported to have received case management services in FFY 2012. The state will review the reporting of services to NCANDS during FFY 2013 data collection and only include services for children who were transferred to treatment.

During FFY 2012, the state's Children's Department's Office of Prevention and Early Intervention lost one of its programs "All Stars" that served 1,104 children in the previous year. In addition, the Office of Prevention and Early Intervention changed from capturing children data to family data for their "FACET: Families and Center Empowered Together" program. Lastly, Separating and divorcing families served over 200 percent more families in FFY 2012, causing the number of families who received preventive services from the state during the year to spike.

District of Columbia

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

Child Welfare Administrative Structure

State Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Credible

General

The state continues to direct the Agency's data reporting errors and issues to the Data Reliability and Accountability Workgroup (DRAW) for resolution.

In September 2011, the state implemented a differential response protocol. Under this protocol, the state used multiple pathways for accepted reports of suspected abuse and neglect, as described below:

- Child Protect 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 state will conduct an investigation in accordance with the state law and determine whether maltreatment occurred or if the child is at risk of maltreatment.

- Family Assessment (FA) - Families who enter this pathway will have an allegation of a low- to moderate-risk situation (such as educational neglect, inadequate or dangerous shelter, clothing, inadequate food, inadequate physical care, etc.). The state will conduct a family assessment to evaluate and identify the current level of family functioning, current risk of abuse/neglect to children in the home, and the family's strengths and service needs. Through a Differential Response Conference, the family and pertinent service providers will meet to develop a service plan.

Reports

This is the first time the state reported data on the differential response known as FA reports. The children of the FA reports are counted in the Child File as alternate response nonvictims. A referral may be screened out for the following reasons:

- additional information only
- duplicate referral during initial assessment
- info does not meet def. child mal/risk
- insufficient information to locate family
- no children under age 18
- not a state resident
- other

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

The increase of screened out referrals is due to the increased number of hotlines calls received during this reporting period. The percentage of screened out referrals for FY 2012 is 11 percent out of 7,492 hotline calls.

Children

The NCANDS category of "other" maltreatment type includes: alcohol abuse—caretaker, alcohol abuse—child, alcohol use—caretaker, alcohol use—child, drug abuse—caretaker, drug abuse—child, drug use—caretaker, drug use—child, domestic violence, financial, physical disability—parent, physical disability—child, newborn with positive tox, newborn with addiction or depend, other, substance abuse (impacts parenting), domestic violence, controlled substance in system, regularly exposed to illegal drug activity. Because of the large number of children reported under this maltreatment category, the state remapped some of its maltreatment types (previously mapped to "other") to different NCANDS maltreatment categories. The modifications will be reflected in FFY 2013 NCANDS submission.

Fatalities

The Child and Family Services Agency (CFSA) participates on a statewide Child Fatality Review committee and it uses information from the Metropolitan Police Department and the state Office of the Chief Medical Examiner (CME) when reporting child maltreatment fatalities to NCANDS. CFSA interfaces with the Vital Records Division of the state Department of Health, but generally does not utilize this entity as a source for child maltreatment death information as it is generally redundant to the information that CFSA receives from the CME. The state reports fatalities in the Child File when neglect and abuse was a contributing factor to the death.

Services

The number of victims entering care is declining much in part to the Director's Four Pillar initiative. The components include: Narrowing the Front Door, Temporary Safe Haven, Well Being and Exit to Permanence. The values behind pillar one, Narrowing the Front Door, created a more seamless process of entry into and safe diversion from, the child welfare system while also paving the way to keep families together whenever possible and to remove children only as the last resort.

The state identified a data entry error with entering the SSBG funds. The correction was made and will be reflected in future NCANDS submissions.

Florida

Contact	Jason Gaitanis	**Phone**	850–717–4654
Title	Data Reporting Administrator	**Email**	jason_gaitanis@dcf.state.fl.us
Address	Office of Family and Community Services Florida Department of Children and Families 1317 Winewood Boulevard Tallahassee, FL 32399–0700		

Child Welfare Administrative Structure

State Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Preponderance

Reports

The criteria to accept a report include: 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.

Starting in FFY 2008 NCANDS submission, the state mapped all reports with a disposition of "some indication" to the NCANDS category of unsubstantiated. This is to be consistent with statutory intent of the state's Legislation to use only "verified" findings to document Substantiated Abuse and identify perpetrators of abuse. In December 2009, when the disposition of "not substantiated" replaced "some indication", "not substantiated" was also mapped to unsubstantiated. Starting in federal fiscal year 2010, the state mapped all reports with a disposition of "not substantiated" to the NCANDS category of unsubstantiated.

Children

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

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

The state 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, who 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, the state does not believe it is appropriate to include these with maltreatments where harm has already occurred due to abuse (willful action) or neglect (omission which is a serious disregard of parental responsibilities).

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

Fatalities

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

For FFY 2012 the number of fatalities was confirmed with the child death coordinator. There were a large number of reports received in FFY 2010 (27) that were disposed in FFY 2012. If you look at the number of children who actually died due to verified abuse during the FFY (based on date of death), there was a decrease from 147 to 105 from FFY 2011 to FFY 2012.

Perpetrators

By state Statue, perpetrators are only identified in verified cases of abuse or neglect reports. Licensed foster parents and non-finalized adoptive parents are mapped to the NCANDS category of nonrelative foster parents, although some may be related to the child. Approved relative caregivers (license not issued) are mapped to the NCANDS category of relative foster parent.

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

Services

In FFY 2009, the state started reporting services based on actual services provided. In prior years' submissions, the data reported in the Child File were those recommended by the Child Protective Investigator (CPI), based on their safety assessment, at the closure of the investigation. Referrals were made, but services may or may not actually be received.

Georgia

Contact	Steven Reed	**Phone**	404–657–3289
Title	Manager, Data Analysis Section	**Email**	skreed@dhr.state.ga.us
Address	Division of Family and Children Services Department of Human Services 2 Peachtree St Atlanta, GA 30303		

Child Welfare Administrative Structure

State Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Preponderance

General

On April 1, 2012, the state implemented a differential response system in which screened in reports can be placed on one of two tracks: Investigation or Family Support Services.

Reports

In September 2011, the state implemented a statewide after hours centralized call center to handle reports of abuse/neglect in the evenings, on weekends and holidays. Currently the call center receives about 10 percent of all reports made.

Screened-in referrals are accepted based on the referral containing a maltreatment allegation. As of April 2012, the state has two types of responses to screened-in referrals: noninvestigative response and investigative response. Referrals are assigned to a noninvestigative response, named family support, if the child is determined to be safe based on the referral content. Alleged victim children in the family support response are seen within five days to ensure child safety. Referrals are assigned to an investigative response, named investigation, if the child is determined to be unsafe based on the referral content and/or the history of the family with the state's Division of Family and Children Services (DFCS). Alleged victim children in the investigative response are seen within 24 hours or sooner if the situation demands, to ensure child safety. Both the investigative and family support cases are reported to NCANDS.

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

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

and/or juvenile delinquency issues. For many of these, referrals are made to other resources, such as early intervention or prevention programs.

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

Fatalities

The state relies upon partners in the medical field, law enforcement, Office of the Child Advocate, and other agencies in identifying and evaluating child fatalities. Since late 2011, the state has expanded the review process to better identify possible commonalities that will aid in our practice.

Perpetrators

The state law protects the identities of alleged perpetrators of child maltreatment as substantiation of an allegation through an investigation by DFCS is not a criminal conviction.

Hawaii

Contact	Ricky Higashide	**Phone**	808–586–5109
Title	Research Supervisor	**Email**	rhigashide@dhs.hawaii.gov
Address	Management Services Office Hawaii Department of Human Services 1390 Miller Street, Room 210 Honolulu, HI 96813		

Child Welfare Administrative Structure

State Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Reasonable

General

Reports to Child Welfare Services are handled in one of three ways through our Differential Response System (DRS) 1) reports assessed with low risk and no safety issues identified are referred to Family Strengthening Services (FSS), 2) moderate risk reports with no safety issues identified are diverted to Voluntary Case Management (VCM), and 3) the reports assessed with severe/high risk with safety issues identified are assigned to a CWS unit for investigation. There are no identified alleged victims of maltreatment in reports assigned to Family Strengthening Services (FSS) and Voluntary Case Management (VCM). While VCM cases are documented in the Child Welfare data base they are non-protective services cases. FSS reports/cases are not documented in the state Child Protection System. In FSS and VCM assessments, if maltreatment or a safety concern is indicated, the case will be returned to CWS for investigation.

Reports

This year's total number of duplicate children reported was 500 more than last year. The increase in intake mirrors the increase in the number of reports. We think that because there is more public awareness in the community regarding CWS, via stronger public partnership with stakeholders and community partners, such as One Strong Ohana through partnership with the Joyful Heart Foundation and the state's Children's Trust Fund; and CWS partnership with Case Family Foundation in holding of Community Aha (gathering), there is more public visibility; therefore, naturally, with increased awareness results in more reports are coming into CWS. We know that whenever there is more public awareness, more people know about CWS in the community; therefore, more calls to CWS. We also think the lasting effect of the economic recession continues to impact families; some delayed impact are finally showing when families have depleted their savings, creating more stress on the families; more likelihood of reports to CWS. We also think that for the past years, we have been able to maintain such low numbers, and naturally, increase will happen, at it is very difficult to maintain such low numbers.

The "other" maltreatment type category includes "threatened abuse" or "threatened neglect". The state uses three disposition categories, confirmed, unconfirmed and unsubstantiated. A child is categorized in NCANDS as substantiated if one or more of the alleged maltreatments is confirmed

with more than 50 percent certainty, as unsubstantiated if the alleged maltreatment is not confirmed or unsubstantiated.

Fatalities

CWS works collaboratively with the Medical Examiner's office, local law enforcement and our Kapiolani Child Protection Center (Multidisciplinary Team-MDT) who conducts our Child Protection Review Panel (CPRP) on death or near fatality cases as a result of acts or omissions of the child's legal caretaker. Representatives from the various agencies and service providers who were involved with the family are invited to attend the CPRP or information from all sources is provided to our MDT for the review. Also, internal procedures have been established regarding internal review of death, near fatality, and serious harm cases. A CWS program staff is also involved with the state's Child Death Review (CDR) Team in reviewing all children's death cases including CWS death cases.

Perpetrators

The state CPS system designates up to two perpetrators per child.

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

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

Child Welfare Administrative Structure

State Administered

Data Files Submitted

none

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Preponderance

The state was not able to submit FFY 2012 data for inclusion in the Child Maltreatment 2012 report.

Illinois

Contact	David C. Foust	**Phone**	217–558–5014
Title	ISA II	**Email**	david.foust@illinois.gov
Address	Office of Information Technology Services Illinois Department of Children and Family Services 1 N Old State Capitol Plaza, Station SACWIS Springfield, IL 62701		

Child Welfare Administrative Structure

State Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Credible

General

The state ended its differential response pilot program that deflects intakes from the traditional investigation route to the differential response route based on criteria established by the DCFS. If an intake meets the criteria then a randomizer selects intakes to go down the differential response route or the traditional investigation route.

Reports

The state does not screen out child abuse and neglect calls. The state had a differential response program, but the families were still seen by a field worker to assess the safety of the children.

Children

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

Fatalities

The state investigates all child abuse and neglect death calls and starting in December 2011 state policy was changed to create investigations on all unexplained infant deaths formally known as SIDS now referred to as Sudden Unexplained Infant Death Syndrome (SUIDS). The state only uses data from our Statewide Automated Child Welfare Information Systems (SACWIS) system when reporting child deaths to NCANDS.

Indiana

Contact	Lisa Rich	**Phone**	317–234–4497
Title	Deputy Director, Division Services and Outcomes	**Email**	lisa.rich@dcs.in.gov
Address	Indiana Department of Child Services 302 West Washington Street, E306 MS47 Indianapolis, IN 46204		

Child Welfare Administrative Structure

State Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Preponderance

General

In July 2012, the state instituted a new child welfare information system, MaGIK (Management Gateway for Indiana's Kids). The legacy information system, ICWIS, was a case-driven application, with direct, sequential connections between children, families, court actions, and case management. The new system was built to more closely mirror the work of the family case manager and the practice model so that the system is used as a tool to improve case management and not just a tool for collecting necessary data elements. As a result, MaGIK is more person-centered with activities connected primarily to individuals rather than family units. The new system resulted in a learning curve for users doing data entry. The new application required development of new extraction code and mapping documents for NCANDS. Data variances between federal fiscal year 2011 and FFY 2012 do not necessarily reflect changes in state practice or policy. The state will be working to further refine the data collection and mapping in FFY 2013.

The state does not have a differential/alternative response process.

Reports

The number of reports to the Centralized Hotline has increased, in all likelihood due to efforts to promote the hotline as the central way to report abuse or neglect. In April, 2012, the state began using a new Structured Decision-Making (SDM) tool in its Centralized Intake Unit, which is believed to have caused an increase in the number of reports sent for assessment (FFY 2011 = 90,578; FFY 2012 = 115,684 +27percent). At the same time, screen outs have decreased due to implementation of the SDM, which expanded the consideration of risk in addition to safety in the analysis.

In FFY 2011, the state reported assessments in which the family was unable to be located as "Closed No Finding." In FFY 2012, due to system changes, these are now reported as "Unsubstantiated."

The state's Department of Child Services (DCS) will not assign for assessment a Preliminary Report of Alleged Child Abuse or Neglect (SF 114/CW0310) (Child Abuse and/or Neglect (CA/N) intake reports) that do not:

(1) Meet the statutory definition of Child Abuse and/or Neglect (CA/N); and/or
(2) Contain sufficient information to either identify or locate the child and/or family and initiate an assessment

Children

Victims in FFY 2012 (RC pairs) increased from FFY 2011. This is likely due to the increased number of reports to the centralized hotline and the Structured Decision Making tool which has increased the number of reports sent to the local office to be assessed. Assessments in excess of 60 days are mostly due to appeals which overturned the original decision or assessments which could not be completed timely because the Department was unable to locate the family.

Fatalities

When DCS completes a child fatality assessment the Family Case Manager (FCM) will gather relevant data from a variety of sources, including, but not limited to, law enforcement, hospitals, pathologists, primary care physicians, schools, the state's vital statistics department and coroners. State law (IC 36-2-14-18) requires the county coroner to provide child death autopsy reports to DCS to help determine if the child died as a result of abuse or neglect. All data gathered by the Family Case Manger during the child fatality assessment is entered into MaGIK, the state's case management system. In order for DCS to substantiate allegations of abuse or neglect for any child death, the alleged perpetrator must meet the statutory definition of parent, guardian, or custodian. The state pulls data from MaGIK on all substantiated child fatalities to submit for the NCANDS child maltreatment fatality measure.

Currently, the state only has a few local child death review teams. However, as of July 1, 2012, changes to state law (IC 31-33-24) will mandate local child death review teams in each of the 18 DCS regions, and expand the criteria for what types of deaths will be reviewed. The new teams will review all child deaths that are sudden, unexpected, and unexplained, investigated by DCS, or are deaths that the Coroner has ruled due to homicide, suicide, or accident. The state initiated these changes to state law to expand the types of child deaths reviewed, the quality of the reviews, and to help inform future prevention efforts across the state. The implementation of these local child death review teams will further ensure that all child deaths suspect for abuse and neglect will be reported to DCS.

Perpetrators

With the transition to MaGIK, perpetrator relationship reporting has decreased. With the old system, workers were presented with a list of potential relationships, and they were trained to enter the relationship type. When MaGIK rolled out, they were no longer presented with logical relationships. There have been some enhancements with MaGIK, and it is now suggesting relationships. Therefore, with training and continued monitoring, this data will improve with future submissions.

Significant changes were made in perpetrator relationship choices in MaGIK, causing users to make selections not previously available. As a result, perpetrator relationship data for FFY 2012 may not be comparable to prior years. One specific example is that in the past "babysitters" were considered "other" and is now being reported under "child care provider."

Also, the new system allows for 'exceptions' to be entered when required data is not easily available. This has resulted in more 'unable to determine' responses than in previous years.

Services

Services data for 2012 is being drawn from the state's statewide accounting system, KidTraks. The number of victims receiving services is lower than anticipated (58 percent); primarily due to the

difficulty in matching the information and the way services are defined by NCANDS. It is believed that services are delivered to many more victims than are indicated here.

Services data being reported for prevention includes only families served through Healthy Families and Community Partners for Child Safety. Additional families are served, but not formally tracked through other programs. The reported number of child and families was calculated based on the proportion of each funding type in the program fund. This provided a more accurate unduplicated estimate of families and children.

Iowa

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

Child Welfare Administrative Structure

The state's child welfare system is administered at the state level. Counties provide some support in the form of office space and supplies and the state's interests are represented by the county attorney's office in each county.

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Preponderance

General

In federal fiscal year 2012, the state's economy was improving and no major policy initiatives were undertaken that would impact the child abuse counts. Currently the state utilizes a diversion process that occurs after a determination of substantiation during the assessment of abuse and neglect. Some families are referred to the Community Care program rather than having a formal case established with the Department of Human Services. The state has begun development of a differential response system that would divert families to a child abuse and neglect assessment in which substantiation would not occur and services would be provided if needed. Legislative authority will be needed before implementation can begin.

Reports

In 2012 the number of abuse reports is showing signs of leveling off or possibly declining. This can most likely be contributed to the stabilizing of the economy in the state during FFY 2012. Abuse reports are accepted for assessment based on whether they meet the requirements to be considered child abuse in the state.

The state reports the presence of illegal drugs in a child's body and the manufacture or possession of a dangerous substance in the "other" category for maltreatment types.

Children

The number of children involved in a child abuse report decreased when compared to FFY 2011. It is too soon to tell if this trend will continue.

Fatalities

The number of fatalities due to abuse fell again in 2012. We work collaboratively with a multidiscipline Child Death Review Team in regards to all child deaths, not necessarily related to "abuse". For reporting purposes, we rely on the data within our system.

Services

The state'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 in the state. Work to enhance the reporting capabilities of the system to account for these changes is still ongoing. This process may cause anomalies in the services related data as the reporting systems are improved.

New contracts were issued for services funded through the CBCAP, PSSF and SSBG in 2012 which resulted in changes in how we report the number of children and families served by these grant programs. These changes resulted in some significant differences in how these will be reported going forward and makes comparisons to prior year data unreliable.

Kansas

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

Child Welfare Administrative Structure

State Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Clear and convincing

General

The state does not have a differential response.

Reports

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.

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

- Initial assessment of reported information does not meet the statutory definition of a CINC or PPM directives: Report doesn't contain information that indicates abuse/neglect allegations according to state Law or agency policy.
- Report fails to provide the information necessary to locate a 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 and/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 and/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 and/or law enforcement: previous report with the same allegations, same victims and same perpetrators has been assessed or is currently being assessed by DCF or law enforcement.

Children

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

Fatalities

The state 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 state Child Death Review Board reviews all child deaths in the state. Child fatalities reported to NCANDS are child deaths as a result of maltreatment. Reviews completed by the state child death review are completed after all the investigations, medical examiner's results and any other information related to the death is made available. The review by this board does not take place at the time of death or during the investigation of death. The state's vital statistics reports on aggregate data and not information specific to an individual child's death. The state is using all information sources currently made available when child fatalities are reviewed by the state child death review board.

Perpetrators

The "other" perpetrator relationship category equals "not related."

Services

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

Kentucky

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

Child Welfare Administrative Structure

State Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Preponderance

General

Differential response in the state is called multiple response system. It provides for alternatives to the investigation track in Child Protective Services (CPS) cases by delineating reports for non-caretakers (Law Enforcement Track) and low risk reports (Family in Need of Services Assessments Track) where a perpetrator is not named.

The state has DR only for screened-in referrals and is provided by CPS.

Reports

Allegations may be screened out if the allegations do not rise to the threshold required by statute for a state response, i.e. the reporting source reports corporal punishment that doesn't result in injury or pose a risk of future injury; the alleged perpetrator wasn't in a caretaking role; or the reporting source reports general concern, but no specific allegations of abuse or neglect.

Fatalities

The state uses the Statewide Automated Child Welfare Information Systems (SACWIS) system 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 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 on the Child File. We include only the fatalities that are removed by EVVA in the Agency File.

Perpetrators

Perpetrator data were provided in the Child File for substantiated victims and indicated victims, but not for alternative response victims.

Louisiana

Contact	Walter Fahr	**Phone**	225–342-6832
Title	Child Welfare Consultant	**Email**	walter.fahr@la.gov
Address	Prevention and Protection Services Agency Department of Children and Family Services P.O. Box 3318 Baton Rouge, LA 70821		

Child Welfare Administrative Structure

State Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Reasonable

General

The state's data reflects a full year implementation of centralized intake during the past federal fiscal year (FFY), with all child abuse and neglect calls coming to a centralized 24 hour intake. The result has been fewer investigations, an increase in screened out reports and more alternative response interventions.

The state has two types of responses to screened-in reports. The two pathways are an investigation response and an alternative response. Reports for both pathways must meet the state's legal criteria for acceptance as a child abuse or neglect case. The data for both responses are reported to NCANDS. The alternative response cases are reported as alternative response-nonvictim cases, since a determination of validity for maltreatment is not made.

Article 612 of the state's Children's Code enables the agency to handle incoming referrals of abuse and neglect that are identified as low risk with an assessment of the family needs and referral for necessary services. If the report meets the state criteria for acceptance, is a low risk case at intake, and the Structured Decision Making (SDM) tool recommends that the case is appropriate for alternative response, then the case is opened in that program: Alternative Response-Family Assessment (ARFA). It is a safety focused, family centered, and strength-based approach to addressing reports. A thorough family assessment is completed with a pre-arranged, family interview to determine:

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

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. There is no finding of child abuse or neglect. Therefore, all of these cases are counted as alternate response nonvictim cases. No victim or perpetrator is identified. The ARFA cases are not maintained as part of the state Central Registry.

When determining a final finding for child abuse or neglect, the worker and supervisor review the information gathered during the investigation carefully, and use the following standards.

The state term for a substantiated case is "valid." The available facts when viewed in light of surround ing 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 caretaker as defined in the state's 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 caretaker or legal custodian who does not reside with the parent or caretaker or legal custodian.

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

The state term for unsubstantiated cases is "invalid." The definition of invalid is as follows:

- Cases with no injury or harm, no extreme risk of harm, insufficient evidence to meet validity standard, or a non-caretaker perpetrator. If evidence of abuse or neglect by a parent, caretaker, adult household occupant, or person who is dating or engaged to a parent or caretaker 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 caretaker or adult household occupant and there was no culpability by a parent or caretaker or adult household occupant, or person dating or engaged to parent or caretaker shall be determined invalid. Indicated is not a finding that is used.

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 the state, all reports of child abuse and neglect are currently received at a toll free, centralized intake center where the information is taken from the reporter on a 24 hour basis. The centralized intake worker and their supervisor review the information available and also utilize an intake Structured Decision Making (SDM) tool to determine whether the case meets the legal criteria for intervention, the type of intervention needed, and the response time for the intervention. The first option for intervention is a traditional Child Protective Services (CPS) investigation which involves contact with individual family member and collateral interviews, usually with an unannounced visit.

These interventions focus on child safety but with an outcome of determination if child abuse or neglect occurred and who is the perpetrator.

The investigation start date is the date and time of the initial face-to-face contact with each identified victim and the victim's parent or caretaker. 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 state's Children's Code, and the alleged perpetrator is the legal caretaker of the alleged victim. The primary reason referrals are screened out is because the allegation or the alleged caretaker does not meet the legal criteria.

Children

Data on victims of medical neglect was not included in the Child File. However, the state is able to determine that there were 335 substantiated allegations of medical neglect for FFY 2012.Alternative response nonvictim cases are mapped to other maltreatment types.

The NCANDS category "other" dispositions include:

- "Tracking only" for persons who are not subjects of an investigation but are included because of their relationship with a child. This may include parents who do not reside with a child victim, or others who may be contacted because of their knowledge of a child.
- "Transfer to other program" for when a case is transferred to another program or agency, usually because it is not a child protection investigation.
- "Noninvolved person responsible for the child" for a parent or guardian, who is not the subject of a child abuse or neglect investigation.

Fatalities

The total number of child deaths resulting from child abuse and neglect is 42. There was one fatality that was added to the total due to a coding error in the Child File. The agency is currently working with the state Child Death Review Panel on developing a more comprehensive listing of all unexpected child deaths which will be included in the 2013 NCANDS submission. Additionally, the agency is working with the Office of Vital Records to review records of possible suspicious deaths of children. The state does accept reports on child fatalities with no surviving siblings in the home.

Perpetrators

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

Services

The state provides the following post-investigation services: foster, adoptive, in-home family, and family in need of services. The state provides more post-investigation services than it is able to report to NCANDS. Almost all services provided by other agencies and offices are not reported. Data for post investigation or post response services are limited to cases which had a CPS intervention, a referral was made and a case was opened in in-home or family preservation services, foster or adoptive care.

Maine

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

Child Welfare Administrative Structure

State Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Preponderance

General

The state does not have two tracks. The state assigns some appropriate low severity reports to alternative response programs under contract with community agencies. There are alleged victims and alleged maltreatment in these reports but the alternative response agency makes no findings of maltreatment. Alternative response assessments are not documented in the Statewide Automated Child Welfare Information Systems (SACWIS) system and they are not included in the NCANDS Child File. During FFY 2012, 837 reports were assigned for alternative response. The state does not submit any records with alternative response assessment to NCANDS.

Reports

We have seen an increase in the number of reports/assessments during FY 2012 which is largely attributed to an increase in substance abuse.

All reports, including reports that are screened out, are documented in the SACWIS system. Investigation start date is defined as the date and time (in hours and minutes) of the first face-to-face contact with an alleged victim. Policy requires this contact to occur within 72 hours of the approval of a report as appropriate for Child Protective Services (CPS).

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

We have seen an increase in the number of reports/assessments during FY 2012 which is largely attributed to an increase in substance abuse.

The state documents all household members and other individuals involved in the report. All children living in the home are documented. Children with allegations of maltreatment are designated as alleged victims. Some children in the household do not have specific allegations associated with them, are not designated as alleged victims, and are not included in the NCANDS Child File.

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

Fatalities

The state does not include fatality as a finding in our SACWIS system. Fatalities are tracked and recorded in a separate database. Suspicious child deaths including child abuse/neglect deaths are reviewed by a Multidisciplinary Child Death and Serious Injury Review Board. The state reports all child deaths caused by a parent/caregiver in the NCANDS Agency File. The state 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

Perpetrators are identified in the SACWIS system. Relationships of perpetrators to victims are designated in the SACWIS system. 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 all due process.

Services

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

Maryland

Contact	David Ayer	**Phone**	410–767–8946
Title	Deputy Executive Director of Operations	**Email**	dayer@dhr.state.md.us
Address	Social Services Administration Department of Human Resources 311 W. Saratoga Street, 5th Floor Baltimore, MD 21201		

Child Welfare Administrative Structure

State Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Preponderance

General

The state continues improvements to its NCANDS (National Child Abuse and Neglect Data System) report based on technical assistance feedback—substantial improvements were made to the Child File in December 2012, and additional improvements are being planned for the Child and Agency Files for December 2013.

Based on earlier improvements, it should be noted that, starting with 2011, records are selected based on the investigation completion date, at which time investigator's finding(s) are approved by the supervisor, rather than the investigation finalization date (post-completion 60 day appeal time period, during which an appeal can be filed to challenge the investigation findings). This change has led to an improvement in the accuracy of the safety indicator absence of the recurrence of maltreatment.

The state currently does not have an alternative response program, although alternative response program is being implemented in the state on a phased-in basis from July 2013 through June 2014. Data concerning the state's alternative response program will not be fully available until the 2015 report.

Reports

A new documentation practice implemented in 2010 for CPS screening that uses structured decision-making should continue to be improving the consistency of the state's screening and decision-making process. Institutionalization of structured decision-making increases the likelihood that reports screened in for investigation meet the criteria for abuse and neglect at the outset.

Children

The number of children in foster care has been decreasing.
Neglect includes medical neglect as state statute and policy do not define them separately.

Fatalities

The state is reviewing the process of recording fatalities in its Statewide Automated Child Welfare Information Systems (SACWIS) to assure that fatality data in the NCANDS Child File submission is complete. The state will provide updated instructions based on this review to state and local staff.

Perpetrators

Further review is needed to pinpoint the problem associated with the state's file, which does not have perpetrator data for at least 95 percent of the victims.

Services

The state's family-centered practice uses family involvement meetings (FIMs) at various trigger points (removal/considered removal, placement change, recommendation for permanency plan change, youth transition plan and voluntary placement) which are expected to have positive impacts on the safety, permanency, and well-being of children receiving child welfare services.

Massachusetts

Contact	Rosalind Walter	**Phone**	617–748–2219
Title	Data Manager	**Email**	ros.walter@state.ma.us
Address	EHS Information Technology Department of Children and Families 24 Farnsworth Street Boston, MA 02210		

Child Welfare Administrative Structure

State Administered

Data File Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Reasonable

General

In August of 2009, the 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 allows reports to be screened-in for a CPS investigation or for an initial assessment response. An initial assessment response allows DCF to engage families more quickly when the reported concern does not warrant a formal investigation of an allegation. The initial assessment response cannot be used for reports alleging sexual abuse, serious physical abuse or serious neglect. From October of 2009 through September of 2011, the use of the initial assessment option increased from 20 percent of the combined CPS investigations and initial assessments to 41 percent. Initial assessments do not result in findings of support or nonsupport and were reported to NCANDS as "other" in 2010 and as alternative response nonvictim in 2011. This has resulted in declines in supported and unsupported reports and allegations as well as identified perpetrators.

Nonemergency reports are generally screened within 24 hours, however, in certain circumstances the time may be extended to up to three days. Emergency investigations must still be initiated within two hours but the time for completion has been extended from 24 hours to five business days. Nonemergency investigations and initial assessments must be initiated within two business days and completed within 15 business days.

Reports

A decision to screen out a report is based on a determination that:

- There is no reasonable cause to believe that a child(ren) has been or may have been abused or neglected, and/or
- The alleged perpetrator has been identified and was not a caretaker and the child's caretaker is safely protecting the child from the alleged perpetrator, and/or
- 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) , and/or
- The specific injury or incident currently being reported has already been referred for CPS investigation or assessment response, and/or

- The reporter is not credible; that is, there is a history of unreliability from the same reporter and/or the report includes sufficient contradictory information from collateral contacts to make the report implausible.

Reports alleging a fatality, sexual abuse, serious physical abuse and/or serious neglect are screened for an investigation response. The decision to screen a report for an initial assessment response should be based on information related to the current allegation(s) as well as a review of the family's prior involvement with the DCF. Allegations involving physical abuse of a child may be screened in for initial assessment response only if the allegation does not meet the criteria for an investigation response. An initial assessment response is considered when there is a reasonable cause to believe that the child(ren) are impacted by neglect of a caretaker, but there is no immediate danger to life, health or physical safety.

If the information obtained during screening indicates that the allegations do not require an investigation response, and further, that the child(ren) and family will benefit from an assessment of the need for DCF services, the case is assigned for an initial assessment response.

Examples of allegations that may be referred for an initial assessment response include:

- Neglect that does not pose an imminent danger or risk to the health and safety of a child
- Educational neglect
- Medical neglect (except in emergency situations)
- A report filed for physical abuse that involved the discipline of a child which did not result in serious injury,
- A single act of neglect by the caretaker that resulted in a minor injury to the child (e.g., failure to have monitored child's access to dangerous household appliance, leaving young children in the care of a sibling who is not mature enough to provide responsible caretaking,)

Emergency investigations must be initiated within two hours and completed within five business days. Non-emergency investigations and initial assessments must be initiated within two business days and completed within 15 business days.

Data for "report source" has improved since the type of mandated reporter became a required field in February 2012.

The number of screening and investigation/initial assessment workers is based on an estimated number of FTES, derived by dividing the number of intakes and investigations/initial assessments completed during the calendar year by the monthly workload standards. The number includes both state staff and staff working for the Judge Baker Guidance Center. The Judge Baker Guidance Center handles CPS functions during evening and weekend hours when 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.

The estimated FTE numbers were taken from Reports of Child Abuse/Neglect–Twelve Month Summary and Investigations Completed–Twelve Month Summary. DCF uses these numbers for its own management purposes, and they present a clearer picture than would a count of unique

individuals who performed these functions. Many (DCF) social workers perform screening, and investigation/initial assessment functions in addition to ongoing casework.

Living arrangement data are not collected during investigations/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/initial assessment. Data on caretaker health and behavior conditions are not usually collected. The investigation/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 state does not have a separate category of Medical Neglect. Allegations of medical neglect are categorized as neglect.

Fatalities

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

DCF can 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, but that data might not be recorded in FamilyNet.

Michigan

Contact	Cynthia Eberhard	**Phone**	517–896–6213
Title	NCANDS Representative	**Email**	eberhardc@michigan.gov
Address	One Michigan Building 120 N. Washington Square, 3rd Floor Lansing, MI 48933		

Child Welfare Administrative Structure

State Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Preponderance

General

Some of the factors which may have influenced these submissions would include, but not limited to an expansion of our child welfare staff and our centralized intake unit. The state will continue to monitor these trends to appropriately address these changes and their impact on child safety and well-being.

The state does not have a differential response or an alternative response program.

Reports

The state increased in the overall number of complaints, therefore, screen outs increased accordingly.

Fatalities

The state doesn't report on non-CPS child fatality cases.

Perpetrators

The perpetrators were listed multiple times due to having multiple victims within a single complaint as well as instances where the perpetrator is found on multiple complaints. This resulted in a single perpetrator ID being repeated multiple times. The state also uses an "unknown perpetrator" with the same ID which repeated multiple times. The state will review this process and consider any changes that may need to occur surrounding this issue.

Services

The state does not currently collect information on all services in a reportable fashion. While some services are reportable in NCANDS, others are collected in the state under the label of "other services" and are reported in NCANDS as "other services."

Minnesota

Contact	Jean Swanson Broberg	**Phone**	651–431–4746
Title	Systems Analysis Supervisor	**Email**	jean.swanson-broberg@state.mn.us
Address	SSIS (Social Services Information System) Minnesota Information Technology Services, Department of Human Services PO Box 64239 St Paul, MN 55164-0239		

Child Welfare Administrative Structure

State Supervised, County Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Preponderance

General

The state's Statewide Automated Child Welfare Information Systems (SACWIS) was fully implemented statewide in 2000, the same year that the state's first sent NCANDS Child File data.

The state began its differential or alternative response as a pilot program in selected counties in 2001. By federal fiscal year 2005, the program was implemented statewide. Currently the two tracks are referred to as family assessment response and investigative response. Family assessment is now the standard response to reports of alleged child abuse or neglect. Child protection workers must document the reason(s) why an investigative response was required if it was used. Reasons for an investigative response include severe maltreatment, actions that are criminal offenses, and the frequency, similarity or recentness of reports about the same family. Reports accepted for the family assessment response track represent lower risk to the children and currently comprise about two thirds of alleged maltreatment reports in the state.

Acceptance into either track means that a report has been screened in as meeting the state's statutory definition of alleged child maltreatment, so allegations accepted for both tracks or pathways are reported through NCANDS.

In the state, a family assessment response deals with the family system in a strengths-based approach and does not substantiate or make determinations of whether maltreatment occurred. Rather, parents are engaged in evaluating their own strengths and needs and working to reduce the risk of any future maltreatment of the children.

Reports

Each year, as a greater proportion of reports receive a family assessment response, rather than an investigative response, the number of determined (substantiated) victims and perpetrators goes down, even though the number of reports has remained relatively stable. At the same time, the unsubstantiated rate decreases. This is because the more serious reports that receive the investigative response are more likely to be substantiated than the low risk reports – which now receive a family assessment response.

Both family assessment and investigative responses apply to screened-in reports of alleged child maltreatment in the state. A separate program, the Parent Support Outreach Program (PSOP), offers preventive services to families when reports alleging child maltreatment are screened out.

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 the state's "Reporting of Maltreatment to Minors" law. Approximately 80 percent of the time a referral is screened out it is because the stated concerns are not considered child abuse or neglect under state 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

The NCANDS category of "other" report source includes "clergy," "Department of Human Services birth match," "other mandated" and "other nonmandated."

Children

Child living arrangement of type "independent living" and "other" are coded as "other."

Fatalities

The state's Child Mortality Review Committee is a multidisciplinary team including representatives from state, local and private agencies. Disciplines represented include social work, law enforcement, medical, legal, and university-level educators. While the primary source of information on child deaths resulting from child maltreatment is the local agency Child Protective Services (CPS) staff, some reports originate with law enforcement or coroners/medical examiners. The state's Department of Human Services Child Mortality Review Team Coordinator also regularly reviews death certificates filed with the Minnesota Department of Health (MDH) to ensure that all child deaths are reviewed. The Child Mortality Review Coordinator directs the local agency to enter child deaths resulting from child maltreatment, but not previously recorded by CPS, into the state's SACWIS, in order that complete data is available.

Occasionally, a child who was a resident of the state is killed in a child abuse incident out of state. When a Child Mortality Review staff member becomes aware of such a situation, information such as a police report is requested from law enforcement in the other state. The local agency in the state county of residence is asked to record the data in the state's child welfare information system. The fatality data in this instance is delayed from the time of death, but eventually appears in the state'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

The NCANDS category of "other" perpetrator relationship includes "other nonrelative."

Services

Primary prevention services are often provided without reference to individually identified recipients or their precise ages, so reporting by age is not possible. Clients with "age unknown," are not included as specifically children or adults.

Mississippi

Contact	Shirley Johnson	**Phone**	601–359–4679
Title	Program Manager	**Email**	shirley.johnson@mdhs.ms.gov
Address	Division of Family and Children's Services Mississippi Department of Human Services 750 North State Street Jackson, MS 39202		

Child Welfare Administrative Structure

State Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Credible

General

The state 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 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 with a staff of 50 licensed social workers. MCI accepts the following intake types:

- Abuse, Neglect and Exploitation (ANE)
- Information and Referral (I&R)
- Case Management
- Children in Need of Supervision (CHINS)/Unaccompanied Refugee Minors/Voluntary Placement/ Prevention Services
- Resource Inquires

The state does not have an alternative response program.

Reports

The number of investigations has increased due to the consistency in screening out reports through the implementation of Mississippi Centralized Intake (MCI). Centralized Intake enters every report alleging neglect and abuse on the front end and provides the information to the counties. The initiation of a report is calculated from the date and time that the initial report is received at intake. As part of the settlement agreement terms, reports were developed that track the time elapsed between the received date of the report and the date the investigation was initiated by the worker as well as the elapsed time between the received dates and when the investigation was assigned to a worker. Due to the Modified Settlement Agreement signed by the federal judge in July, 2012 we are modifying the report to just show the time lapse between the report date and the initiation date.

The Comprehensive Family Assessment (CFA) replaced the Strengths and Risk Assessment (SARA) in July, 2012. The CFA is family centered and consists of questions answered by the worker in narrative

form. The CFA is done in conjunction with the new Family Service Plan (FSP) which was deployed in MACWIS in December, 2012. The CFA is completed with an Initial, Custody Change, Review or Final FSP. The new practice coaches in the regions have trained the users on the CFA and the FSP.

When DFCS receives a report that a child has been abused by a person responsible for the care and/or support of the child, a determination must be made that the abuse was not committed or contributed to by a parent, legal guardian, primary caretaker, or relative.

Reports which may be screened out at intake:

- Dirty houses or dirty children and no indication of life or health endangering situation. If school/day care officials report dirty children, they should be requested to talk to parents first. If their attempts to meet with parents or to correct situation fail, then accept report.
- Children inappropriately dressed and no indication of neglect of a life or health endangering situation.
- Allegations that speak more to the parent's behaviors rather than the child's condition; (e.g., parent drinks beer or takes drugs; mother has boyfriend) and there is no indication of neglect or life or health endangering situation. Exception: All reports of mother/child testing positive for drugs will be screened in.
- Reports of crowded conditions or too many people living in a home and no indication of neglect or life or health endangering situation.
- Allegations that parent is not spending TANF, Food Stamps, Child Support or other income on children, and there is no indication of neglect of basic necessities, or of a life or health endangering situation. Reporters should be referred to local Economic Assistance office.
- Reports which suggest a need to be addressed by another agency and there is no indication of a life or health endangering situation. (i.e., lack of school attendance, presence of lice, delinquency, lead/asbestos poisoning). These reports should be referred to the appropriate agency for handling (i.e., school attendance officer, health department).
- Reports on teen pregnancy where there is no suspicion of abuse/neglect.
- Sufficient information is not provided to enable the Department to locate the family, and this information cannot be secured through other sources after all reasonable efforts have been made.
- Reports of incidents that occurred when a person now eighteen (18) or over was a child. When adults report that abuse/neglect was perpetrated on them as children, they must have some other information or reason to believe that children presently cared for by perpetrator are being abused/neglected.
- Reports on an unborn child and there are no other children at risk.
- Reports of sexual relations involving victims age 16 and over that meet all of the criteria below. If any one criterion does not apply, the report should be considered for investigation.
  - Alleged victim was age sixteen (16) or over at the time incident
  - occurred, and
  - Alleged victim is a normally functioning child, and
  - Alleged victim, age 16 or over, willfully consented, and
  - Alleged perpetrator is not a parent, guardian, relative, custodian or person responsible for the child's care or support and resides in the child's home, or an employee of a residential child care facility licensed by MDHS, and or a person in a position of trust or authority.
  - No parental or caretaker neglect is suspected.

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.
  - Alleged perpetrator is not a caretaker, friend of caretaker, relative, other person living in the home, or employee of a child care facility where the child attends or lives.
  - No parental or caretaker neglect is suspected.
  - Law Enforcement has been informed of the report.

If law enforcement has not been contacted, County DFCS will immediately make the report to them. Other services of County DFCS will be offered to law enforcement (i.e., interviewing children) and the family (i.e., mental health referrals, counseling) as needed.

- Reports of children who have not had their immunizations. Reporter should be referred to the County Health Department by County DFCS to contact a public health social worker or to the school attendance officer as appropriate.
- Threats or attempts of suicide by children if there is no suspicion of parental/caretaker abuse or neglect. If the nature of the report suggests that the child is in immediate danger of self harm, a referral should be made immediately to Mental Health and/or Law Enforcement. If reporter is a professional, they should be requested to refer the family to counseling. If family does not follow through, then case can be referred to DFCS for neglect. If reporter is a non-professional, the DFCS should determine if family is seeking counseling. If not, DFCS should investigate for neglect. If reporter feels suspicion exists just because suicide attempt was made, DFCS will investigate.
- Physical injury committed by one child on another that meet all of the following criteria:
  (A) Child is not in a caretaking role over the other child.
  (B) No parental or caretaker 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

DFCS classifies all reports as "substantiated" or "unsubstantiated". The state implemented the Screening Assessment Tool as a part of an ANE intake with three levels. Level 1 is screened out. Level 2 is screened in and a safety assessment is initiated within 72 hours. Level 3 is considered a felony or a child that is in DFCS custody and is screened in with a full investigation initiated within 24 hours. A Level 2 can escalate to a Level 3.

The intake supervisor has two hours from receipt of report to screen a report in or out (reports on children in DFCS custody cannot be screened-out and must be investigated).

Fatalities

The state previously counted only those child fatalities where the medical examiner or coroner ruled the manner of death was a homicide. During 2007, the state began counting those child fatalities that

were determined to be the result of abuse or neglect if there was a finding of maltreatment by a DFCS worker.

Other sources that compile and report child fatalities due to abuse and neglect are Serious Incident Reports (SIRs) and the Child Death Review Panel (CDRP) facilitated by the state's Department of Health.

Typically, all fatalities are reported in the Child File. Those fatalities not reported in the Child File are reported in the Agency File.

Perpetrators

In order for a child to be considered a perpetrator, he/she must be at least 12 years old and meets the following condition:

- They are in a caretaker role
- The MCI staff must assess the possibility of parental neglect having contributed to one child harming another.

Services

In previous years, children who received 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.The "other" funding source for children who received preventive services from the state during the year is Temporary Assistance for Needy Families (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

Contact	Carla Gilzow	**Phone**	573–751–1354
Title	Quality Assurance Program Development Specialist	**Email**	carla.r.gilzow@dss.mo.gov
Address	Children's Division Department of Social Services PO Box 88 Jefferson City, MO 65103–0088		

Child Welfare Administrative Structure

The state's Children's Division is comprised of one central office, five regions and within each region several circuits. The state has forty-five circuits which were developed based on juvenile court jurisdictions. Each Circuit encompasses several counties and has one Circuit Manager. The circuit and county level are responsible for administering day to day services to children and families. The state's central office is designed to create, implement and train policy, build statewide partnerships, work in conjunction with the state Legislature, address statewide issues, execute federal programs and regulations. Central office includes a director, deputy directors, unit managers and specialists who are assigned different program areas such as child abuse and neglect and preventive services.

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Preponderance

General

The state operates under a differential response program where each report of child abuse/neglect is screened by the centralized hotline system and assigned to one of two tracks; investigation or family assessment. Both types of reports are reported to NCANDS.

Investigations are those reports where the acts of the alleged perpetrator, if confirmed, are criminal violations and/or where the action/inaction of the alleged perpetrator may not be criminal, but which if continued, would lead to the removal of the child or the alleged perpetrator from the home. Investigations include but are not limited to child fatalities, serious physical, medical or emotional abuse, and serious neglect where criminal investigations are warranted and sexual abuse. Law enforcement is notified of reports classified as investigations to allow for co-investigation.

Family assessment responses are carefully screened reports of suspected maltreatment. Family assessment reports include mild, moderate or first-time non-criminal 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 staffs who conduct a thorough family assessment. The main purpose of a family assessment is to determine the child's safety and the family's needs for services. Taking a non-punitive assessment approach has created an environment which assists the family and the Children's Service worker in developing a rapport and building on existing strengths to create a mutually agreed upon plan. Law enforcement is generally not involved in family assessments unless a specific need exists.

In Fiscal Year 2012 the state observed an increase in the number of reports received by the centralized hotline system. Reports received have increased by 7 percent as compared to FY 2011. Typically reports increase a small amount per year. Within the increase number of reports, the majority of these reports have been assigned to the investigation track. Investigations typically lead to an unsubstantiated conclusion and the child is not counted as a victim for the reported incident. This is also the reason for the decrease in the percentage of victims for the state. The state has made a concerted effort to conclude reports within the state required time frame. This caused several delayed reports to be concluded in FY 2012. Reports can be delayed for multiple reasons such as awaiting documentation from law enforcement.

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.

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 log-in 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 allows multidisciplinary team members to make the initial face-to-face contact for safety assurance; however, Children's Division staff is required to have face-to-face contact with the alleged victim and all household children within 72 hours. Data provided for 2012 includes contacts made by multidisciplinary team members.

The state's response time improved for FY 2012. This is due to several initiatives occurring during the year. The state is participating in a Program Improvement Plan (PIP) after the Child Family Services Review. One of the strategies contained in the PIP is for each local team, comprised of staff and community stakeholders, to develop local strategies to improve timely contact for circuits performing below the state target. Timely initial contact is also a measure use to evaluate a worker's job performance. A case and unit level report was developed for use to support the PIP and staff performance evaluation. The report is provided on a quarterly basis. Assistance is provided to the local teams by the quality assurance and quality improvement specialists for the development and monitoring of related improvement plans for this area of practice.

The state uses structured decision-making protocols to classify hotline calls and to determine whether a call should be screened out or assigned. Structure decision-making protocols provide the hotline staff with key terms and definitions which allows each call to be screened consistently. 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 following a substantiated finding 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 2012 substantiated records, and dividing it by the total number of prior substantiated records, not including unsubstantiated or alternate response records.

Fatalities

All fatalities are reported in the Child File except for four which were included in the Agency File (due to duplicated reports received). The state statute requires medical examiners and/or coroners to report all child deaths to the Children's Division Central Hotline Unit. Deaths which are due to alleged abuse or suspicious are accepted for investigation, and deaths which are non-suspicious accidental, natural or congenital are screened out as referrals. The state does determine substantiated findings when a death is due to neglect as defined in statute unlike many other states. Therefore, the state is able to thoroughly track and report fatalities as compared to states which do not have similar statutes for reporting child deaths to the Child Welfare Agency. Through state statute, legislation created the State Technical Assistance Team (STAT) to review and assist law enforcement and CD with severe abuse of children.

While there is not currently an interface between the state's FACES system and the state's Department of Health and Senior Services (DHSS), Bureau of Vital Records statistical database, the State Technical Assistance Team (STAT) who tracks all deaths and oversees the state's child fatality review panels, has collaborative processes with the Bureau of Vital Records to routinely compare fatality information. STAT has the capacity to make additional reports of deaths to the hotline to assure all deaths not otherwise reported 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" evidentiary standard of proof.

It is noteworthy to mention that since the state captures 100percent of child abuse and neglect reports and referrals based on the hotline (CPS) agency being the central recipient for fatality reporting combined with the statute which requires coroners and medical examiners to report all fatalities, the state could appear worse; i.e., 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. The state is able to thoroughly report fatalities as compared to states which do not have similar statutes for reporting child deaths to the Child Welfare Agency.

In the state, agencies have a "check and balance" with each other to assure no child is overlooked in reporting of child deaths. Monthly, the DHSS Bureau of Vital Records reports child deaths to STAT. Additionally, CD keeps an internal log, maintained by Central Office and performs a comparison with STAT, annually.

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

Post investigation 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 MO Casa. Data regarding Guardians Ad Litem were not available for FFY 2012. The Children's Trust Fund provided supplemental data regarding preventive services.

Montana

Contact	Lou Walters	**Phone**	406–841–2415
Title	Child and Adult Protective Services System Liaison	**Email**	lwalters@state.mt.us
Address	Child and Family Services Montana Department of Public Health and Human Services Old Federal Bldg 5th floor PO Box 8005 Helena, MT 59604		

Child Welfare Administrative Structure

State Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Preponderance

General

Beginning in federal fiscal year 2011, the state began implementation of a family centered practice model under the state PIP.

At the present time we do not have a differential response. However we are in the process of applying for a grant and looking to head that direction.

Reports

The Child and Family Centralized Intake Unit screens each report of child abuse or neglect to determine if it requires investigation, services, placement, or information only. Reports requiring immediate assessment or investigation are immediately telephoned to the field office where by law they receive an assessment or investigation within 24 hours. All other child protective services (CPS) reports that require assessment or investigation are sent to the field within 24 hours or receipt of the call. The state does not track the time from receiving the referral until the beginning of the investigation in hours.

Due to the state's rural nature, the majority of workers perform both intake and assessment functions. This number includes social workers, case aides, permanency workers, and supervisors. The number of full-time equivalents was calculated by gathering data for a 2-week period as to the number of calls to each field office and the time of day those referrals were received. The state also gathered data as to the number or reports that were entered into the system during the same timeframe. The state developed a weighted formula to determine the number of individuals required to handle the number of referrals.

Children

The number of children in care has had a slow but steady increase.

Fatalities

There were no child fatalities for children in care of Child and Family Services. However, according to the Department of Justice there were two child deaths as the result of abuse in the state in FFY 2012. These are reported in the Agency File.

Due to lack of legal jurisdiction, information in the Statewide Automated Child Welfare Information Systems (SACWIS) system does not include child deaths that occurred in cases investigated by BIA, Tribal Social Services or Tribal Law Enforcement.

Services

Data for preventive services are collected by state fiscal year.

Nebraska

Contact	Greg Brockmeier	**Phone**	402–471–6615
Title	IT Business Systems Analyst	**Email**	greg.brockmeier@nebraska.gov
Address	DHHS, Children & Family Services 301 Centennial Mall South PO Box 95026 Lincoln, NE 68509–5026		

Child Welfare Administrative Structure

State Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Preponderance

General

During federal fiscal year (FFY) 2012, the state implemented Structured Decision Making (SDM) as the model to be used in assessing reports. SDM was developed by the Children's Research Center to improve decision-making for safety and risk with children and families throughout the state. The model is research-based and provides workers the tools needed to assist in making decisions regarding screening reports, child safety, future risk of maltreatment, if a case should be opened for on-going services, when reunification should occur (if out of home), and case closure based on reduced risk and no safety threats.

The state continues to utilize a centralized intake office which centralized in 2010. This action resulted in a more consistent process of determining which reports would be screened in or screened out for assessment. With the implementation of SDM the state believes this consistency will improve further and screening decisions will be better supported. For FFY 2012, the state did not have a statewide alternative response system in place.

Reports

All reports are received at a toll-free, 24-hour, Centralized Hotline. The intake workers at the hotline along with their supervisors use an SDM Intake tool to determine whether the report meets criteria for intervention and the response time for intervention. If the report meets the criteria for intervention, the report is assigned to a worker to conduct an initial assessment of the report which includes utilizing SDM Safety Assessments, Safety Plans (when needed), and Risk or Prevention Assessments. At the conclusion of the initial assessment the workers utilize the results from the SDM tools to determine when ongoing services are needed, if the case can be referred to a community resource, or close.

In FFY 2012, the number of reports increased slightly, however, the number of reports accepted for initial assessment decreased slightly. The increase in reports is likely due to heightened public awareness of child abuse and neglect that may be attributed to national and local media attention regarding child abuse as well as public awareness campaigns. The state has not studied the contributing factors to this decrease though it is possible that the decrease in the number of accepted reports during this

time may have been affected by the implementation of the SDM Intake tool which provides specific guidelines to intake workers to use when making screening decisions.

Children

The state had a slight increase in the results of absence of recurrence of maltreatment with an improvement of 0.3 percent since FFY 2011 and an improvement of 0.5 percent since FFY 2010. This improvement may be the result of its implementation of a process to identify reports of abuse and neglect that are a duplication of a report previously called in by a different report source.

Fatalities

The state reports child fatalities in both the Child File and the Agency File. The state ceased the process of removing records for the Child File fatality count. The FFY 2012 Child File fatality count is three (3), but two (2) of the three (3) records were included in previous years' Agency Files as a child fatality count. The actual years of death are as follows:

- 1 – Calendar Year 2010, included in the FFY 2010 Agency File and FFY 2012 Child File
- 1 – Calendar Year 2011, included in the FFY 2011 Agency File and FFY 2012 Child File
- 1 – Calendar Year 2011, included in the 2012 Child File

Child fatalities are awaiting final disposition in the child welfare information system are not reported in the Child or Agency Files and will be included in the Child File which corresponds to the disposition date.

The state continues to work closely with the state's Child Death Review Team (CDRT) to identify child fatalities that are the result of maltreatment, but are not included in the child welfare system. When a child fatality is not included in the Child File, the state determines if the child fatality should be included in the Agency File.

The state identified three (3) child fatalities, all in FFY 2012, that were a result of child maltreatment and those are reported in the FFY 2012 Agency File.

The CRDT's official report and final results are usually two to three years after the submissions of the NCANDS Child and Agency Files. The state will resubmit the Agency File for previous years when there is a difference in the count than was originally reported as a result of the CDRT final report. The state is also reviewing a process to determine if cases identified by the CRDT will be entered into the state's child welfare information system and if a formal assessment/investigation should be initiated.

The state has used multiple sources to identify child maltreatment deaths since 2005. These include vital records, law enforcement reports, and the state's Child Death Review Team, in addition to children listed on the Department's computer information system following a CPS investigation. If the child death has not been investigated by or entered into the Child File in the NCANDS system, the child is counted in the Agency File, when there is sufficient information that the death was the result of child abuse or neglect, or that child abuse or neglect contributed to the child's death.

Perpetrators

Perpetrator information is collected on all perpetrators entered into the child welfare information system:

- The relationship is a required data field.
- The relationship may be "other" or "unknown" if the relationship is not provided by the report source.

Services

The state has always presented the fact that a majority of the services provided to families are accomplished during the assessment phase which is between the report date and final disposition. In many cases these are the only services required to keep the child or victim safe. These services are not reflected in the NCANDS Child File.

Nevada

Contact	Shauna Tilley	**Phone**	775–684–7942
Title	Management Analyst	**Email**	stilley@dcfs.nv.gov
Address	Division of Child and Family Services Information Management Services 4126 Technology Way, Third Floor Carson City, NV 89706		

Child Welfare Administrative Structure

Clark County and Washoe County are state Supervised and County Administered. All other counties (rural) are state Administered.

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Credible

General

Within the state, CPS functions within three regional service regions: Clark County, Washoe County, and Rural Counties. All three service areas use a single data system under the state's Statewide Automated Child Welfare Information Systems (SACWIS) —the Unified Nevada Information Technology for Youth (UNITY).

The state's alternative response program is designated Differential Response (DR) and was implemented throughout all regions in 2007. DR is in place to provide services to families in which a report is made and there is no abuse or neglect allegation, but the family could benefit from services provided in their community such as parenting skills, therapeutic service referrals, and assistance in obtaining other community based services, like TANF, WIC, etc. The DR program has served a cumulative total of more than 4,957 families since 2007, with approximately 1,234 referrals received throughout the state from CPS in calendar year 2012 (DR Report 12/31/12.)

Washoe County and the Rural Region are in the final stages of implementing the Safety Assessment and Family Evaluation (SAFE) safety model, and Clark County is in the beginning stages of implementation. Future NCANDS files will include data derived from the SAFE model. This model has changed our state's way of assessing child abuse and neglect, and has enhanced the ability to identify appropriate services to reduce safety issues in the children's home of origin, and unified the state's CPS process and standards regarding investigation of maltreatment.

The SAFE model supports the transfer of learning and assessment of safety throughout the life of the case. The model emphasizes the differences between identification of present and impending danger, assessment of how deficient caregiver protective capacities contribute to the existence of safety threats and safety planning / management services, assessment of motivational readiness and utilization of the stages of change theory as a way of understanding and intervening with families, and on-going assessment of safety.

Reports

For 2012, there was a decrease of reports of abuse or neglect as compared to 2011. The state has varying priority response timeframes for investigation of a report of child abuse and neglect, according to the age of the child and the severity of the allegations. All other reports are defined as: information only, where there is insufficient information about the family or maltreatment of the child; information and referrals when an individual inquires about services and there are no allegations of child abuse/neglect; and differential response, 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 2012, there was a decrease of number of victims of abuse or neglect as compared to 2011, which is similar to the reduction in reports for the period.

Fatalities

Fatalities identified in the SACWIS system as maltreatment deaths are reported in the Child File. Deaths not included in the Child File, for which substantiated maltreatment was a contributing factor, are included in the Agency File (unduplicated). In past years, the method of gathering fatalities for the Agency File led to some duplication of reported fatalities. In 2010, six deaths were reported in the Agency File, and then appeared in the 2011 Child File, and were duplicated. This practice has been changed to avoid the duplication.

The number of NCANDS reported fatalities has increased since the last reporting period (from 13 to 18). Of these, one fatality resulted from injuries sustained in a prior year, and three resulted from a single incident. Drowning deaths continue a steady decline (n=1), which shows the effectiveness of prevention campaigns. Homicides are up (n=8), and account for 44percent of the reported deaths, and efforts to prevent these types of deaths continue. As parents' partners have historically been a factor, the state maintains its "Choose Your Partner Carefully" campaign, as well.

The state 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 is extracted from the case review reports and utilized for local, state and federal reporting as well as to support prevention messaging. Additionally, the state has both state and local child death review (CDR) teams which review deaths of children age 17 and younger. The purpose of the state's CDR process is prevention, and enables the many agencies and jurisdictions to come together in an effort to gain a better understanding of child deaths.

Services

Many of the services provided are handled through outside providers. Information on services received is reported through the various programs, but may not be fully contained within the SACWIS system. The Child File contains services that are included in the SACWIS system, and the state is investigating the steps to bring more of that information into the NCANDS reporting.

New Hampshire

Contact	Jane Whitney	**Phone**	603–271–6764
Title	System Analyst	**Email**	jmwhitney@dhhs.state.nh.us
Address	Bureau of Information Systems New Hampshire Division for Children, Youth and Families 129 Pleasant Street Concord, NH 03301		

Child Welfare Administrative Structure

State Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Preponderance

General

The state does not have differential response in our child protective system.

The state has a 60 day time frame to complete a protective assessment. This enables the assigned CPSW 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, the state Division for Children, Youth and Families will remove the child and immediately begin the provision of services to achieve the primary goal of reunification.

The state is aware of a number of issues with reporting, as outlined below. Implementation of changes and/or enhancements to the NCANDS extract is under review and a plan to make these changes will occur when resources are available to do so.

Reports

The number of screening and intake workers includes intake workers and supervisors. The number of investigation and assessment workers includes assessment workers and workers who specialize in investigation allegations of abuse and neglect in out-of-home placements.

In the Child File, the investigation start date is currently defined as the date the report is approved for assessment. Future data submissions will define the investigation start date as the date of the first interview. Dates and days are the smallest units of time maintained in the state's Statewide Automated Child Welfare Information Systems (SACWIS) for the purpose of NCANDS reporting.

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. Data reported is the average for all referrals.

The following state values are mapped to "other" for report source:

- private agency
- city, town, county
- clergy
- community I&R
- other community agency
- camp
- fore department staff
- guardian ad litem
- landlord
- other state
- utility company

For report disposition, the state does not use the following values, per division policy:

- Indicated or reason to suspect
- Alternative response victim
- Alternative response nonvictim
- Unsubstantiated due to intentionally false reporting

The state does not collect or report incident date.

Children

Because the state does not collect incident date, it is unable to report living arrangement, except for children who are in placement at the time of the report. For living arrangement, the state is only able to report the following values:

- Non-parent relative caregiver household
- Non-relative caregiver household
- Group home or residential treatment facility
- Other setting (which includes the state values of Nursing Home, Residential Treatment Facility, Rehabilitation Center, Shelter Care, Experiential Wilderness Facility and Independent Living Boarding Home.)

For prior victimization, the file currently reports prior allegations of abuse or neglect, regardless of whether they were substantiated. Changes will be implemented to rectify this anomaly in future submissions.

Fatalities

Data for the Agency File were obtained from the state's Department of Justice as well as the state SACWIS.

There is no use of "other" with regard to fatalities. The state reports fatalities (unduplicated) in both the Agency and Child Files.

Perpetrators

The state recognizes a high rate of "unknown" for perpetrator relationship, due to two factors and plans to address these issues in the changes to the extract.

- Not all of the relationship values in the NH SACWIS are currently mapped to an NCANDS value.
- The extract does not currently reciprocate relationships when only the victim's relationship to the perpetrator is entered into the SACWIS.

Services

The state currently reports that post-investigation services occurred for reports resulting in an open case stemming from the need for services to be provided and implies case management as a service, or if there are any open services within the referral approval date plus 90 days out timeframe.

Element 64: court-appointed representative is under reported. By law in the state, all assessments with court involvement have a guardian ad litem or Court Appointed Special Advocate (CASA) appointed to represent the children's interests. The state is in process of making changes to the extract to ensure complete reporting.

The state does not capture data for the following elements:

- Family Planning Services
- Housing Services

New Jersey

Contact	Linda Longo	**Phone**	609–888–7296
Title	Supervisor, Standards and Procedures	**Email**	linda.longo@dcf.state.nj.us
Address	Office of Research, Evaluation and Reporting Department of Children and Families 50 East State Street Trenton, NJ 08625		

Child Welfare Administrative Structure

State Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Preponderance

General

Since the 2007 implementation of the Statewide Automated Child Welfare Information Systems (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.

Reports

The state investigates all reports of child abuse and neglect. Investigative findings are determined by two categories, substantiated and unfounded, with substantiated findings based on a preponderance of evidence. The state system allows for linking multiple CPS Reports to a single investigation.

The state SACWIS has the capability to record the time and date of the initial face-to-face contact made to begin the investigation. The state has shown improvement in the average response time.

The state Institutional Abuse Investigation Unit addresses abuse and neglect allegations that take place in foster care settings. A recent 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 decisionmaking assessment tools, including safety and risk assessments, are incorporated within the investigation screens in the state SACWIS. These tools are required to be completed in the system prior to documenting and approving the investigation disposition.

Children

Children with allegations of maltreatment are designated as alleged victims in the CPS Report and are included in the Child File.

The state SACWIS allows for reporting more than one race for a child. Race, Hispanic/Latino origin, and ethnicity are each collected in separate fields.

Fatalities

Child fatalities are reported to the state Department of Children and Families Child Death Review Unit by many different sources including, law enforcement agencies, medical personnel, family members, schools, offices of medical examiners and occasionally child death review teams. The DYFS 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 to insure that all child maltreatment fatalities are reported in the state NCANDS files.

The state SACWIS (New Jersey Spirit) is the primary source of reporting child fatalities in the NCANDS Child File. Specifically, child maltreatment deaths 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.

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 are not reported in the Child File.

Services

The state SACWIS reports those services specifically designated as family preservation services, family support services, and foster care services as post investigation services in the Child File.

The Child Abuse and Neglect State Grant is one funding source for the Child Protection and Substance Abuse Initiative (CPSAI). We are able to report that with state Grant funding, CPSAI served 1,979 individuals.

New Mexico

Contact	Linnette D. Carlson	**Phone**	505–259-6661
Title	SACWIS/AFCARS/ NCANDS/FACTS	**Email**	linnetted.carlson@state.nm.us
Address	Protective Services Children, Youth & Families Department 300 San Mateo Blvd NE Suite 500 Albuquerque, NM 87108		

Child Welfare Administrative Structure

State Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Credible

General

There is an increase of less than two percent (1.83 percent) in the total numbers of reports received in federal fiscal year 2012 (32,515) compared with total reports received in FFY 2011 (31,932). Of the total reports received, there is an 8.67 percent increase in the percentage of reports not accepted in FFY 2012 (16,236) compared to FFY 2011 (14,940). There have been no major policies, programs or Statewide Automated Child Welfare Information Systems (SACWIS) system changes in FFY 2012 that are likely to have affected this year's NCANDS reporting.

The state does not have two types of responses to screened-in referrals (reports). All screened-in reports are investigated.

Reports

The total number of accepted reports in FFY 2012 decreased about 4 percent (4.19 percent) from FFY 2011. Under the definition of "screened out reports," a screened-out report is a report that has not met the state Children, Youth & Families Department's criteria for "Acceptance for Investigation" [8.10.2.7 NMAC – Rp, 8.10.2.7 NMAC, *11/15/05*]. Reports may be screened out for the following reasons:

- no specific allegation/risk of abuse/neglect
- insufficient information to locate family
- lack of jurisdiction/referral to another agency (e.g., tribal jurisdiction, out of state)
- perpetrator is non-caretaker/out of home; referral to law enforcement
- does not meet sufficiency screen criteria
- pending investigation of the same incident
- pending investigation or open case for similar allegation

Investigation Start Date: The state SACWIS application does capture the investigation start date; however, by state policy investigation initiation is defined as face-to-face contact with all alleged victims in the report, which is not consistent with the NCANDS definition. Furthermore, the state's response time is measured as the time from supervisor acceptance of a report for investigation to the time of the initiation of the investigation (i.e., face-to-face contact with *all* alleged victim(s) in the report.)

Because of differences in the federal and state definitions of investigation initiation and response time, the state is not providing the investigation start date for the period 10/01/11 – 09/30/12.

Incident Date: As noted in previous National Child Abuse and Neglect Data System (NCANDS) data submittals, the state 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 has no plans to modify the state's data collection system to capture incident information and will continue to utilize the current reporting approach.

Children

The number of unique victims in FFY 2012 increased five percent (5.01 percent) from 5,601 in FFY 2011 to 5,882 victims in FFY 2012.

- NCANDS Victim data not captured:
  - Child — Living Arrangement
  - Mental Retardation — Caregiver
  - Visually or Hearing Impaired — Caregiver
  - Learning Disability — Caregiver

State Definitions: The state administrative code does not use "alternate response victim." All child welfare agency "screened in" reports are addressed through an investigation. From the state Administrative Code (8.10.3.7 NMAC – Rp, 8.10.3.7 NMAC, 6/15/06) Child Protective Services (CPS) Investigation. "Substantiation" in a child abuse and/or neglect investigation means the victim(s) is under the age of 18, a caretaker/provider has been identified as the perpetrator and/or identified as failing to protect, and credible evidence exists to support the conclusion by the investigation worker that the child has been abused and/or neglected as defined by the state Children's Code. Credible evidence upon which to base a finding of substantiation includes:

- caretaker admission;
- physical facts/evidence;
- collateral and/or witness statements/observations;
- child disclosure; and/or
- investigation worker observation.

"Unsubstantiated" means that the information collected during the investigation does not support a finding that the child was abused and/or neglected.

Fatalities

For FFY 2012, the state is reporting sixteen (16) child maltreatment deaths in the Child File and no (0) deaths in the Agency File for a total of sixteen (16) child fatalities attributable to maltreatment during the submission year. There are two (2) additional child fatalities pending agency investigation and Office of the Medical Investigator (OMI) findings to determine if these deaths were the result of

maltreatment. If the deaths are determined to result from maltreatment, they will be reported in the FFY 2013 Child File submission.

For FFY 2011, the state reported fifteen (15) child maltreatment deaths in the Child File and no (0) deaths in the Agency File, for a total of fifteen (15) child fatalities attributable to maltreatment during the submission year. This represents a total increase of one (1) child maltreatment death reported in FFY 2012. This increase is less than 10 percent.

The state compared OMI and CYFD data for FY 2012 in the category of "homicides." OMI identified ten (10) child fatality homicides, two (2) of which are reported in the Child File; of the other eight (8) child fatalities reported by OMI, seven (7) were teenagers who died of gunshot or stab wounds allegedly perpetrated by unknown or unrelated assailants; the additional death was an infant who died of a gunshot wound by a parent on tribal land in a border state. OMI reported a slight increase in child homicides (including but not limited to child maltreatment deaths) in FFY 2012 (10) compared to FFY 2011 (7).

The other fourteen (14) of the sixteen (16) child fatalities reported in the FFY 2012 Child File were also known to OMI, but the manner of death for these children was determined by OMI to be either undetermined, accidental or findings are still pending.

Prior to August of 2010, investigations in which the only child in the home died as a result of abuse or neglect were typically conducted by law enforcement, with these fatalities identified by the OMI and reported by the state in the NCANDS Agency File. Beginning August 2010, the state CYFD began investigating these fatalities in conjunction with law enforcement and new maltreatment types of "physical neglect/no other child in home" and "physical abuse/no other child in home" were added. Both of these values are mapped to "maltreatment death" and were available for reporting in the NCANDS Child File for the first time in FFY 2011.

To obtain a more complete picture of child maltreatment fatalities in the state, the state reviews child fatality data from the OMI. A data file of all child fatalities is initially obtained from OMI and compared with child fatalities known to the state agency. Starting with the FFY 2010 submission, a follow-up in-person review of OMI files is also conducted for any child not known to the state agency who is identified as a victim of homicide to determine the identity of the alleged perpetrator, if known. Only children known to have died from maltreatment by a parent or primary caretaker, who are not included in the Child File, are counted for inclusion in the Agency File.

Perpetrators

The state does not report residential staff perpetrators, as the state screens out any report of alleged abuse/neglect that occurs at a facility. The Protective Services agency does not have jurisdiction via state law to investigate allegations of abuse/neglect in facilities; however the following is done with the screened-out reports of child maltreatment:

- 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 the state with administrative oversight of residential facilities.

If an alleged maltreatment incident involves a child in the child welfare agency's custody then a safety assessment is conducted for that child, to ensure that the placement is safe.

The NCANDS category of "other" perpetrator relationship includes:

- sibling's guardian
- nonrelative
- foster sibling
- reference person
- conservator
- caregiver
- surrogate parent
- perpetrator is a foster parent and the child is not under the care, placement, or supervision of the child welfare agency

Services

Post investigation services are reported for any child or family involved in a child welfare agency report that has an identified service documented in the SACWIS system as: 1) a service delivered; 2) a payment for service delivered; or 3) a component of a service plan. Services must fall within the NCANDS date parameters to be reported.

- NCANDS Service data not captured:
  - home-based services
  - information and referral services
  - respite care services
  - other services
  - special services-juvenile delinquent

New York

Contact	Paul Nance	**Phone**	518–402–3016
Title	Business Analyst	**Email**	paul.nance@ocfs.state.ny.us
Address	Strategic Planning and Policy Development New York State Office of Children and Family Services 52 Washington St, Room 323 North Rensselaer, NY 12144–2834		

Child Welfare Administrative Structure

State Supervised, County Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Credible

General

The state has continued to expand the number of local districts of social services using the alternative response, known as Family Assessment Response. Since it was first approved in 2008, the state's AR program has been implemented by a total of 27 local districts of social services. Three of the local districts have since suspended implementation. Three local districts now using the AR option implemented the program in FFY 2012.

Children

Most of the NCANDS maltreatment types "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 Adoption and Foster Care Analysis and Reporting System identifiers (AFCARS ID) because the state uses different data systems with different child identifiers for child protective services and child welfare. An AFCARS ID only is assigned when a child is receives child welfare services. AFCARS IDs are updated inconsistently in the child protective services system, which is the source of the NCANDS submission.

The state statute and policy allow acceptance and investigation or assessment of child protective services 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. All of these fatalities are reported in the Agency File.

By state statute, all child fatalities due to suspected abuse and neglect must be reported 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.

Perpetrators

With the exception of the domestic violence risk factor, the state is not able to report the NCANDS caretaker risk factors at this time.

Services

The state is not able to report the NCANDS services fields at this time. Title XX funds are not used for providing child preventive services in this state.

North Carolina

Contact	Kevin Kelley	**Phone**	919–334–1135
Title	Chief	**Email**	kevin.kelley@dhhs.nc.gov
Address	Child Welfare Services Section North Carolina Division of Social Services Department of Health and Human Services 325 North Salisbury Street Mail Service Center 2406 Raleigh, NC 27699–2406		

Child Welfare Administrative Structure

State Supervised, County Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Preponderance

Reports

The state 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 the state's 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 have met 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 maltreatment that would meet statutory definitions of neglect or dependency may be assigned as either family or investigative assessment at the county's discretion. The state defines a dependent child as one who has no parent or caretaker or if the parent or caretaker 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

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.

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 2011. During calendar year 2011 there were 24 deaths classified as "homicide by parent or caregiver."

North Dakota

Contact	Marlys Baker	**Phone**	701–328–1853
Title	Administrator, Child Protection Services	**Email**	mbaker@nd.gov
Address	Children and Family Services North Dakota Department of Human Services 600 East Boulevard Avenue Bismarck, ND 58505		

Child Welfare Administrative Structure

State Supervised, County Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Preponderance

General

In January 2011, several data validations related to NCANDS reporting were implemented within the state's data system. These validations were specifically implemented to improve the reporting on data elements such as child race and perpetrator relationship. The state has made substantial progress in reducing the number of errors in the data from 2011 to 2012.

These two pathways may be called investigation response and alternative response (alternative response also may be called family assessment response or differential response). If so, please provide the name of the two pathways, a brief description of the differences between the two, and whether the data from both pathways are reported to NCANDS.

The state does not have a dual-track alternative response program. However the state's Child Protection Program incorporates several components of alternative response into current policy and practice. Since 1996, the state child protection has utilized a family assessment process, rather than incident-based investigation of reports of suspected child abuse and neglect. A child protection services assessment assesses the safety of the child, incorporating the development of safety plans, while also assessing the family's strengths and the risks of future maltreatment in addition to concerns of abuse and neglect. An investigatory response is only made in conjunction with law enforcement in situations where there may have been a criminal violation. In these cases, law enforcement conducts the investigation and Child Protection Services (CPS) staff work jointly with the investigation process in conducting a CPS assessment. The state CPS also allows for an assessment to be terminated in progress when an assessment reveals that no abuse or neglect has occurred. These families may be referred to community resources, as appropriate and no determination of abuse or neglect is made.

Another component of alternative response allows new reports to be referred to case management for assessment where the case is currently opened for services. This process allows the family to work continuously with a social worker who is familiar with the family, the existing service plan and identified risks. No determination of abuse or neglect is made. This process involves staffing the case and report by a team of child protection staff, case management staff, supervisors and regional approval before referral to a case manager. By policy, reports that require law enforcement involvement (such as sexual abuse and serious physical abuse) or reports that require corroboration and collateral contacts are not

considered appropriate for referral to the case manager and are to be referred for a child protection assessment.

Reports

Under the state law, all reports of suspected child abuse and neglect must be accepted. The state has adopted an administrative assessment process to 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 child protection services 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; when the report does not contain sufficient information to identify or locate the child; when there is reason to believe the reporter is willfully making a false report (these reports are referred to the county prosecutor); the concern has been addressed in a prior assessment or the concerns are being addressed through case management or Department of Human Services therapist. Reports of pregnant women using controlled substances or abusing alcohol 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. 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, where the children are present or believed to be present). The 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 or to the Bureau of Indian Affairs child welfare office. Reports concerning sexual abuse or physical abuse by someone who is not a person responsible for the child's welfare (non-caregiver) are referred to law enforcement.

The total number of administrative assessments or referrals in FFY 2012 is 4,734; with 1,806 administrative assessments; 1,091 administrative referrals, 1,781 terminated in progress and 56 assessments of pregnant woman using controlled substances or abusing alcohol.

When a report is received and an assessment has been opened, subsequent reports are combined into the currently open assessment, rather than conducting separate assessments of each report. This process is less confusing for families and makes better use of resources. All reports are assessed and reported, but the practice of combining reports into a single assessment does impact the number of assessments related to the number of reports.

Children

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 state maintains a state-level Child Fatality Review Panel. Data from North Dakota issued death certificates is received directly from the Vital Records Division of the state Department of Health and are used to guide the process of child death reviews. Death certificates for all child deaths (birth to age 18 years) are reviewed. The state child welfare agency coordinates, staffs and maintains the data for Child Fatality Review Panel, which facilitates the coordination of data comparison between NCANDS data and child abuse and neglect deaths identified by the Child Fatality Review Panel.

Perpetrators

Institutional Child Protection Services are addressed in a separate section of the state statute. Within Institutional Child Protection Services, an individual facility staff person is not held culpable, rather, the facility itself is considered to be a perpetrator. 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. There were 78 reports of Institutional Child Abuse or Neglect in FFY 2012. There were 35 full assessments, with 24 determined "not indicated" and seven (7) determined "indicated", with four (4) assessments unresolved at the time of this report. Assessments Terminated in Progress numbered 26. There were 13 reports administratively assessed and four (4) reports administratively referred (see above under 'reports' for definitions of administrative assessments and referrals).

Services

The state's child welfare data system is able to provide data for the following service outcomes: CPS, foster care, in-home case management, independent living services, and family preservation/permanency safety. Information for NCANDS includes: service date, family preservation services, foster care services, removal date, juvenile court petition, petition date, court-appointed representative, case management services, and respite care services.

Ohio

Contact	Leslie McGee	**Phone**	614–466-1213
Title	Program Administrator	**Email**	leslie.mcgee@jfs.ohio.gov
Address	Office of Families and Children Ohio Department of Job and Family Services P. O. Box 182709 Columbus, OH 43218–0729		

Child Welfare Administrative Structure

State Supervised, County Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Credible

General

The state is continuing statewide implementation of a Differential Response (DR) system on a rolling schedule. The DR system is comprised of a Traditional Response (TR) Pathway and an Alternative Response (AR) Pathway. Child subjects of reports assigned to the AR Pathway are mapped to NCANDS as "AR Nonvictim". At the conclusion of federal fiscal year 2012, 48 of the state's 88 counties were implementing DR.

Reports

As a state supervised, county administered system, the state's 88 public children services agencies (PCSA) are responsible for all screening decisions. PCSA screening decisions are impacted by the state's statutory definitions of child maltreatment; internal policies and procedures; and local community standards.

The state changed how report initiation is documented and captured from the case activity log. In previous years, when the average initiation time was 11 hours, many records showed a zero ("0") hour initiation time. Now that initiation time is being captured more accurately, the average appears to have increased to slightly below 24 hours (23.6 hours). This average is heavily influenced by the high end outliers that are frequently data entry errors; the median report initiation time for the state is 18 hours.

Children

Reporting on race/ethnicity of children in the Child File is currently incomplete, because this information is currently not required. However, revisions to the state's Statewide Automated Child Welfare Information Systems (SACWIS) in the future will require a review of this field for the principals of the report prior to completing an assessment/investigation in SACWIS.

Fatalities

The state's Department of Health and the state's Children's Trust Fund Board jointly prepare and publish an annual report compiling the data collected by county and regional Child Fatality Review Boards (CFRB). Every county in the state is required by statute to have a local or regional CFRB with responsibility for reviewing the deaths of children in that country or region; recommending and

developing plans for program changes to prevent child deaths; and maintaining data on child deaths to develop an understanding of the causes and incidence of those deaths. The annual report published in September of each year includes data on child deaths as a result of maltreatment. The Board operates under rules established by the state's Department of Health.

Perpetrators

Almost all of the alleged perpetrators mapped to "other" are adults and other children who are not related to the alleged child victim (i.e., Non-related Adult; Non-related Child).

Services

Federal grant funds are used for state-level program development and support to county agencies providing direct services to children and families. The reporting dates for this information are federal fiscal year 2012. Child counts for preventive services are mutually exclusive.

Oklahoma

Contact	Elizabeth Roberts	**Phone**	405–522–3715
Title	Programs Manager II	**Email**	e.roberts@okdhs.org
Address	Child Welfare Services Oklahoma Department of Human Services P.O. Box 25352 Oklahoma City, OK 73125		

Child Welfare Administrative Structure

State Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Credible

General

On January 4, 2012, the Oklahoma Department of Human Services (OKDHS), jointly with the Governor's Office and the state's Commission for Human Services, reached an agreement with the plaintiffs in class action litigation DG vs. Yarbrough, Case No. 08-CV-074. As part of this agreement, OKDHS was to develop an improvement plan for child welfare services (Pinnacle Plan) with assistance of key internal and external stakeholders and approval of the Co-Neutrals. The Pinnacle Plan details a five-year plan, beginning with State Fiscal Year (SFY) 2013, to address 15 performance areas identified in the agreement.

The Pinnacle Plan establishes the direction, expectations, and values from which the workforce will operate, resulting in more empowered families and a more empowered agency that knows where it is going and why. We expect this will lead to better outcomes for children and families and a stronger and better-aligned workforce, a greater degree of internal and external collaboration, and greater service flexibility and innovation. OKDHS must instill a sense of hope and forward progress among our families, children, staff and community.

The Pinnacle Plan outlines the commitments and critical initiatives that will be implemented to better serve children and their families. Pinnacle Plan initiatives are based on a set of new core commitments that represent the foundation of reform. These include, but are not limited to: expansion of resource homes, new caseload standards, reduction in use of shelter care, termination of shelter care for young children, consistent and timely investigations and reporting of child maltreatment in care, and effective and streamlined staff hiring and training.

The state continued work with the Chadwick Trauma Informed Systems Project and determined to transform the state's Child Welfare System to a Trauma Informed System. Initial goals were set and priorities established as the state Trauma Informed System Implementation Plan was drafted.

Four major components were identified in the initial state Trauma-Informed System Implementation Plan. The Implementation Plan and each component support and reflect the values of the Pinnacle Plan and the Practice Model. The plan components for a five year roll out are identified below:

- training and development (staff and placement resources)
- provider identification, workforce development, and expansion of service array
- communication
- screening and assessment (children and adult)

A state developed learning collaborative set in six sites was a primary focus of this year's work. Those sites, in each of the then six geographical regions of the state, were given technical assistance to test and implement identified strategies. Each site leader identified a community team to collaborate with them in system transformation, participated in a kick-off February 2012 and began to identify strategies specific to their location, community system and children's needs. Staff from each site completed the National Child Traumatic Stress Network (NCTSN) developed Child Welfare Trauma Toolkit training and a training developed by the OKDHS on managing change. Each site completed a community/system self-assessment and identified goals specific to that community. Each site began to test/complete the Child Welfare Trauma Toolkit screening tool for an identified population of children served in their site. Site leaders participated in monthly leadership/development calls to discuss successes, challenges, and share ideas.

OKDHS CW implemented the NCTSN Trauma Toolkit training for all Child Welfare Staff. During this reporting year, trainers in each geographic area trained Child Welfare (CW) staff on the toolkit toward a goal of having all staff trained by December 31, 2012. As OKDHS CW staff have been trained and are becoming more knowledgeable about Trauma Informed Care, they are completing screenings and requesting assessments for children they serve.

Collaboration continued with the state Department of Mental Health and Substance Abuse Services who provided leadership on Workforce Development and Expansion of Service Array. OKDHS sponsored one training for Therapeutic Foster Care (TFC) and Group Home therapists and supported a community benefactor in providing training for TFC therapists serving children in the northeastern part of the state.

OKDHS staff has provided training for other community partners, via conference presentations and other events throughout the reporting year.

Reports

The state's Department of Human Services 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.

The state 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 is a comprehensive review of child safety and evaluation of family functions and protective capacities. Generally, 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.

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 definitions of abuse and neglect per OAC 340:75-3-2, including minor injury to a child older than ten years of age who has no significant child abuse and neglect history or neglect that would be harmful to a young child but poses less of a threat to a child older than ten years of age;
- concerning a victim age 18 or older, unless the victim is in voluntary placement with (OKDHS);
- in which the alleged perpetrator is not a person responsible for the child (PRFC), unless there is indication that the PRFC failed to protect the child (D) in which there is insufficient information to locate the family and child; and
- in which there is no information indicating that abuse or neglect has occurred, rather, the family needs assistance from a social service agency.

Children

For State Fiscal Year (SFY) 2012, the state has noted the following increases over SFY 2011:

- 2 percent increase in reports received
- 2 percent increase in reports completed
- 20 percent increase in reports substantiated
- 17 percent increase in the percentage of reports substantiated
- 11 percent increase in the number of children removed at the end of the SFY

As previously noted, the state continues with implementation of the practice model and Trauma Informed System; however, program staff note a shift within field staff back towards incident based practice rather than evidence based. Heightened scrutiny of the OKDHS Child Welfare system, due to the implementation of the improvement plan, as well as high profile cases in the state and from other states that received national attention are both contributing factors. The OKDHS Child Welfare workforce, both field staff and supervisory staff, as a result of high turnover, are relatively new. As the agency continues the process of restructuring to a vertically integrated alignment, the effort to fill vacancies, train staff and retain staff will continue to have an impact on day to day work.

Fatalities

The state 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 state's Child Death Review Board conducts a review of every child death and near death in the state (both attended and unattended). The state Office Child Protective Services (CPS) staff work closely with the Child Death Review Board and is a participating member.

All child fatalities and near fatalities with findings in the State Automated Child Welfare Information System (SACWIS) are reported in the Child File. The Office of Client Advocacy investigates child abuse reports in group homes and institutions and these reports/investigations are not entered into the state SACWIS system. 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. The Office of Client Advocacy staffs have confirmed that no child fatalities occurred in group homes or institutions in FFY 2012 due to abuse or neglect.

There has been a continued effort to increase communication with the office of medical examiner and refine the process for receipt of autopsy to facilitate mo re timely documentation of child fatalities.

Perpetrators

Reports of abuse and neglect in group homes and residential facilities are investigated by the Office of Client Advocacy and are not documented in the State Automated Child Welfare Information System.

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. The state reports all unknown perpetrators.

Services

Post investigation 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.

Oregon

Contact	Anna Cox	**Phone**	503–945–6510
Title	Data Collection and Reporting Manager	**Email**	anna.cox@state.or.us
Address	Office of Business Intelligence Department of Human Services 500 Summer Street NE Salem, OR 97301		

Child Welfare Administrative Structure

State Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Reasonable

General

OR-Kids, the state's Statewide Automated Child Welfare Information Systems (SACWIS) was implemented August 2011. As a result, the state now collects child-level data on nonvictims. This is the first comprehensive Child File submitted by the state.

Reports

The NCANDS Child File represents CPS investigations that are completed during the reporting period. Due to the transition to a new case management system and chronic under-staffing of child welfare position, the state currently has a large number of assessments that have not reached completion within policy guidelines. The impact on NCANDS is that the data reported under-represents the assessments worked during the year, particularly assessments that do not result in a founded disposition. The investigation start date is the date of actual child or parental contact.

In the state, 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

Due to the transition to a new case management system and chronic under-staffing of child welfare position, the state currently has a large number of assessments that have not reached completion within policy guidelines. The impact on NCANDS is that the data reported under-represents the children associated with assessments worked during the year, particularly assessments that do not result in a founded disposition.

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 and the fatality cannot be reported as being due to child abuse/neglect until these findings are final. Reported fatalities due to child abuse/neglect for FFY 2012 represent deaths due to child abuse/neglect for cases where the findings were final as of January 31, 2013.

Sources of fatality data include state and local law enforcement agencies, the office of vital statistics, and the state medical examiner.

Perpetrators

Unique perpetrators 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.

Pennsylvania

Contact	William Sunday	**Phone**	717–214–3809
Title	Human Services Program Specialist	**Email**	wsunday@pa.gov
Address	Department of Public Welfare Office of Children, Youth, and Families 625 Forster Street Harrisburg, PA 17105		

Child Welfare Administrative Structure

State Supervised, County Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Clear and convincing

General

Screened-in reports of child abuse are investigated by Child Protective Services (CPS). If screened-in reports do not meet the state's definition of child abuse they are forwarded to the appropriate county agency for a General Protective Service assessment. Those cases assessed by General Protective Services are not classified as child abuse in the state.

Reports

The state does not screen out reports of abuse and neglect. As mentioned above, reports that do not rise to the level of abuse or neglect per the CPS Law are forwarded to the appropriate county agency for General Protective Service assessments.

The state defines abuse as any of the following: any recent act or failure to act by a perpetrator that causes non-accidental serious physical injury to a child less than 18 years of age; an act or failure to act by a perpetrator that causes non-accidental serious mental injury to, or sexual abuse and/or exploitation of, a child less 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 less than 18 years of age; and, 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.

The state has three levels of report disposition:

(1) 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;
(2) Indicated—a child report in which it is determined that substantial evidence of the alleged abuse exists based on available medical evidence, the CPS investigation, and/or an admission of the acts of abuse by the perpetrator; and
(3) Unfounded—any report that is not founded or indicated.

For NCANDS reporting purposes, any founded and indicated reports are to be substantiated and any unfounded reports are to be unsubstantiated.

Response times are not reported in the state. 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.

The state 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.

The state's reported number of workers consists of the total number of caseworkers who perform any direct child welfare function.

Children

The state law prohibits the statewide central registry from retaining information related to the race and/or ethnicity of the subjects of a child abuse report.

Fatalities

The state law requires that every child fatality and near fatality, which resulted from substantiated abuse, be reviewed at both the state and local levels. Both levels of review provide detailed analysis of the child fatality and/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 and /or services can be used in the future to try and prevent similar situations.

Perpetrators

The state 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 by 14 years of age or older), or a paramour of a child's parent.

Puerto Rico

Contact	Lisa M. Agosto Carrasquillo	**Phone**	787–625–4900 x1218/1098
Title	Assistant Administration Child Protective Services	**Email**	rfuentes@adfan.gobierno.pr
Address	Department of the Family- Administration for Children and Families (ADFAN) PO Box 11398 San Juan, PR 00910–1398		

Child Welfare Administrative Structure

State Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Preponderance

General

The state Family Department (DF) is the agency of the state government responsible for the provision of the diversity and /or variety of social welfare services. Originally, state Law No. 171 of June 30, 1968 created the Department of Social Services, which was reorganized under state 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 (ADSEF, Spanish acronym)
- Child Support Administration (ASUME, Spanish acronym), enacted by PL 86, August 17, 1994
- Administration for Integral Development of Childhood (ACUDEN, Spanish acronym) PL-179, August 1, 2003

The administrations are agencies dedicated to execute the public policy established by the Secretary, in the different priority areas of services to children and their families including the elder population. Establishes the standards, norms and procedures to manage the programs and provide the operation and supervision of the Integrated Services Centers (ISC) at the local levels. The regional levels (10 regional offices) supervise the local offices.

They are also responsible for implementing and developing those functions delegated by the Secretary through the redefinition and reorganization of the variety of services for the families including traditional services and the creation of new methods and strategies for responding to the needs of families. Work plans are prepared in agreement with the directives and final approval of the Secretary.

Fatalities

The primary source of information for the child fatality data is SIRCSe, Spanish acronym for Information System for the Central Registry and Services.

Perpetrators

The list of items included within "other" maltreatment types are: "fatal (death)"; "muerte proxima (near death situation)"; "alcohol withdrawal syndrome"; "drug withdrawal syndrome"; "Munchausen Syndrome by proxy"; "failure to thrive"; and "shaken baby syndrome."

Rhode Island

Contact	David Allenson	**Phone**	401–528–3858
Title	Systems Administrator	**Email**	david.allenson@dcyf.ri.gov
Address	Department of Children, Youth and Families 101 Friendship Street–MIS Unit 5th Floor Providence, RI 02903		

Child Welfare Administrative Structure

State Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Preponderance

Reports

The exact criteria are below—we no longer refer to the "4 criteria." In order for a Child Protective Investigation to be initiated, a report must always involve a child under 18 years of age or under 21 years of age if the youth is residing in DCYF foster or institutional care or if the youth is in DCYF custody, regardless of placement.

A report made to the CPS Hotline that contains a concern about the well-being of a child, but does not meet the criteria for an investigation, may be classified as an Information/Referral (I/R) Report. If the report is classified as an I/R Report and the family is open to the Department, all staff involved with the case are notified and are required to review the report and respond.

A report made to the CPS Hotline that meets the criteria outlined in any one of the following situations (1, 2, 3, 4, or 5) is investigated.

Investigation Criteria 1—Child Abuse/Neglect (CA/N) Report requires the Department to immediately investigate reports of child abuse and neglect. The circumstances reported, if true, must constitute child abuse/neglect as defined by RIGL 40-11-2. To initiate a CPS investigation, there must be reasonable cause to believe that abuse/neglect circumstances exist. Reasonable cause to believe is defined as a suspicion founded upon circumstances sufficiently strong to warrant a reasonable person to believe that there is evidence of abuse and/or neglect. CA/N Reports that contain all of the following elements are investigated:

- Harm or substantial risk of harm to the child is present.
- A specific incident or pattern of incidents suggesting child abuse and/or neglect can be identified.
- A "person responsible for the child's welfare" has allegedly abused or neglected the child. RIGL 40-11-2 defines a "person responsible for child's welfare" as the child's parent, guardian, any individual, eighteen (18) years of age or older, who resides in the home of a parent or guardian and has unsupervised access to a child, foster parent, an employee of a public or private residential home or facility or any staff person providing out-of-home care, which includes family child care, group family child care and center-based child care.

Investigation Criteria 2—Non-Relative Caretaker—RIGL 42-72.1-4 requires that no parent shall assign or otherwise transfer to another, not related to him or her by blood or marriage, his or her

rights or duties with respect to the permanent care and custody of his or her child under eighteen (18) years of age unless duly authorized by an order or decree of the court.

Investigation Criteria 3—Sexual Abuse of a Child by Another Child—RIGL 40-11-3 requires the Department to immediately investigate sexual abuse of a child by another child.

Investigation Criteria 4—Duty to Warn—RIGL 42-72-8 allows the Department to release information if it is determined that there is a risk of physical injury by a person to himself/herself or others and that disclosure of the records is necessary to reduce that risk. If the Hotline receives a report that a perpetrator of sexual abuse or serious physical abuse has access to another child in a family dwelling, that report is classified as an investigation and assigned for investigation.

Investigation Criteria 5—Alert to Area Hospitals—Safety of Unborn Child—RIGL 42-72-8 allows the Department to release information if it is determined that there is a risk of physical injury by a person to himself/herself or others and that disclosure of the records is necessary to reduce that risk. The Department will issue 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. The Department will investigate when the Hotline receives a response to the alert upon the birth of the child.

While RICHIST (Statewide Automated Child Welfare Information Systems) can link more than one report source per report, only one person can be identified as the person who actually makes the report. If more than one report is linked to an investigation, the person identified as the reporter in the first report is used in the Child File.

The total number of CPS workers is based upon currently occupied FTEs for Child Protective Investigators, Child Protective Supervisors, Intake Social Caseworkers II and Intake Casework Supervisors II. Supervisors accept, screen, and investigate reports meeting criteria for child abuse and child neglect. Intake and Case Monitoring Social Caseworkers II and Intake Casework Supervisors II are responsible for screening all new cases entering the Department via Child Protective Investigations, Intake Service self-referrals and Family Court referrals. Upon screening those cases, Intake determines whether cases can be closed to the department upon referral to community-based services or if the family warrants legal status and/or a higher level of DCYF oversight and permanency planning which results in transfer to DCYF Family Service Units.

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. In 2004, there was a policy change for investigations of foster children. In the past, all the foster children in the home would be added as victims with a substantiated allegation of neglect even though the incident did not pertain to them. 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.

South Carolina

Contact	Lynn Horne	**Phone**	803–898–7784
Title	CAPSS Project Administrator	**Email**	lynn.horne@dss.sc.gov
Address	CAPSS IT DSS 1 P.O. Box 1520 Columbia, SC 29201		

Child Welfare Administrative Structure

State Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Preponderance

General

The state began a program of appropriate response in January 2012. DSS assesses referrals that are not screened out for safety and risk and assigns them for investigation or for preventative services in appropriate response. Appropriate response services are contracted to private providers with an interface for assessments and dictation to be populated in the state's SACWIS system (CAPSS). The children referred for appropriate response were reported in the federal fiscal year 2012 submission with a disposition of alternative response nonvictim and a maltreatment type of "other." Reporting alternative response nonvictims with a maltreatment of "other" resulted in an additional 11,648 maltreatments of "other."

All demographic information was reported on these appropriate response children. When the state has the capability to report additional information, such as services and allegations, it will be included in the report.

The investigation start date field was reported for appropriate response, in the FFY 2012 submission, as the date the report was received. The intake assessment begins with information gathered from the reporter. In the future the investigation start date field will be reported as the date the provider has the first contact with the family or a third party with knowledge of the family situation.

The state has two pathways for intakes that are not screened out. During intake, DSS completes an assessment to determine risk and safety. If there are safety factors and/or moderate to high risk factors then the intake is referred to CPS assessment for an investigation of child abuse and/or neglect.

If there are no safety factors and the risk is low to moderate then the intake is referred for preventative services (appropriate response). A contracted appropriate response provider completes a needs assessment on the family and arranges/provides appropriate services for stabilization and risk reduction. There is a liaison from DSS for the providers. If risk increases or safety concerns develop, the provider makes a new referral on the family to DSS intake.

Reports

The major reasons that intakes are screened out is because:

- there are no safety factors or
- the reporter cannot provide information sufficient to identify or locate the family or
- the alleged perpetrator(s) are not parents, guardians or persons responsible for the child's welfare, as defined in state law.

There were reports in the FFY 2012 NCANDS submission with response times greater than 30 days. Specific dictation "actions" determine when a response to a report has occurred. These reports did not have one of the specific dictation "actions" documented within the state's timeframe for response. Weekly, detailed case management reports have been developed to assist in review and correction.

Fatalities

The coroner, medical examiner, law enforcement, and DHHS (Bureau of Vital Statistics Division) reports all child deaths, which 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 committee then reviews the cases and makes any suggestions to members of the committee and agency they represent if any further action is needed, training for staff, public awareness issues, etc.

The children whose deaths appear to have been a result of child maltreatment are reported to DSS by SLED following their investigation. This list is compared to the agency SACWIS system by name, date of birth, date of death, and parents' names to ensure duplication of child maltreatment deaths are reported accurately and not duplicated.

South Dakota

Contact	Jaime Reiff	**Phone**	605–773–3227
Title	Program Specialist	**Email**	jaime.reiff@state.sd.us
Address	Division of Child Protection Services Department of Social Services 700 Governors Drive Pierre, SD 57501		

Child Welfare Administrative Structure

State Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Preponderance

General

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 does refer reports to other agencies if the report does not meet the requirements for assignment, and it appears the family could benefit from the assistance of another agency.

Reports

CPS child abuse and neglect screening and response processes are based on allegations that indicate the presence of safety threats, which includes the concern for child maltreatment. CPS makes screening decisions through the use of the screening guideline and response decision tool. Assignment is based on child safety and vulnerability. The response decision is related to whether the information reported indicates present danger, impending danger, or any other safety threat. A report is screened out if it does not meet the criteria in the screening guideline and response decision tool as described above.

The NCANDS category of "other" report source includes "clergy," "community person," "coroner," "domestic violence shelter employee or volunteer," "funeral director," "other state agency, public official, and tribal official."

Children

The data reported in the Child File includes children who were victims of substantiated reports of child abuse and neglect where the perpetrator is the parent, guardian or custodian.

Fatalities

Children who died due to substantiated child abuse and neglect by their parent, guardian or custodian are reported as child fatalities. The number reported each year are those victims involved in a report disposed during the report period, even if their date of death may have actually been in the previous year. The state reports child fatalities in the Child File and the Agency File.

Perpetrators

Perpetrators are defined as individuals who abused or neglected a child and are the child's parent, guardian or custodian. The state information system designates one perpetrator per child per allegation.

Services

The Agency File data includes services provided to children and families where funds were used for primary prevention from the community based family resource and support grant. This primarily involves individuals who received benefit from parenting education classes or parent aide services.

Tennessee

Contact	Jerry Imsand	**Phone**	615–532–2261
Title	Director of Data Management	**Email**	jerry.imsand@tn.gov
Address	Department of Children's Services 601 Mainstream Drive Nashville, TN 37228		

Child Welfare Administrative Structure

State Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Preponderance

General

The state implemented a new Statewide Automated Child Welfare Information Systems (SACWIS) during 2010. The SACWIS was piloted during the spring in one region and was implemented statewide during August 2010. Due to this implementation, 2010 and 2011 data may not be comparable to prior years.

Children

Prior to federal fiscal year 2011, all children who received a family assessment automatically received an alternative response nonvictim disposition. Currently, if a child received a family assessment, but the agency determined that services were not needed for the family, the child received an unsubstantiated dis¬position. If services were needed for the family, the child received an alternative response nonvictim disposition. In addition, if a family assessment were unable to be completed the child received a closed with no finding disposition.

Texas

Contact	Mark Prindle	**Phone**	512–929–6753
Title	System Analyst	**Email**	mark.prindle@dfps.state.tx.us
Address	Information and Technology Department of Family and Protective Services 2323 Ridgepoint Dr Austin, TX 78754		

Child Welfare Administrative Structure

State Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Preponderance

Reports

All reports of maltreatment within DFPS's jurisdiction are investigated, excluding those which during the screening process are determined not to warrant an investigation based on reliable collateral information.

The state considers the start of the investigation to be the point at which the first actual or attempted contact is made with a principal in the investigation. In some instances, the worker will get a report about a new incident of abuse or neglect involving a family who is already being investigated or receiving services in an open CPS case. There are also instances in which workers begin their investigation when families and children are brought to or walk-in an office or 24-hour shelter. In both situations, the worker would then report the maltreatment incident after the first face-to-face contact initializing the investigation has been made. Because the report date is recorded as the date the suspected maltreatment is reported to the agency, these situations would result in the report date being after the investigation start date.

The state's CPS schema regarding disposition hierarchy differs from NCANDS hierarchy. The state has "other" and "closed-no finding" codes as superseding "unsubstantiated" at the report level. The state 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 code hierarchy for overall disposition is, from highest to lowest, RTB-Reason to Believe, UTD-Unable to Determine, UTC-Unable to Complete, and R/O-Ruled Out. Mapping for NCANDS reporting is; RTB=01, UTD=88, UTC=07, and R/O=05. An inconsistency in the hierarchies for the state and for NCANDS occurs in investigations where an alleged victim has multiply maltreatment allegations and one has a disposition of UTD while the other has a maltreatment disposition of R/O. According to the state's hierarchy, the overall disposition for these investigations is UTD. Mapping the report disposition to "unsubstantiated" as indicated in the NCANDS's Report Disposition Hierarchy report would be inconsistent with state policy.

There is no CPS program requirement or state requirement to capture incident date so there is no data field in the Statewide Automated Child Welfare Information Systems (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 uses all of these listed sources. DFPS is the primary agency required by law to investigate and report on child maltreatment fatalities in the state 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 state Family Code and/or may not be interpreted or applied in the same manner as within DFPS. DFPS is using all sources of child maltreatment fatality data listed above.

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.

Utah

Contact	Navina Forsythe	**Phone**	801–538–4045
Title	Director of Information Systems, Data, Research	**Email**	nforsythe@utah.gov
Address	Division of Child and Family Services 195 North 1950 West Salt Lake City, UT 84116		

Child Welfare Administrative Structure

State Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Reasonable

General

In 2011, the state centralized their intake functions to one statewide call in center. The purpose of this was to be able to have DCFS intake staff available 24-hours a day and to improve statewide consistency in the screening functions.

Reports

The investigation start date is defined as the date a child is first seen by CPS. If this is not possible, the state records the date CPS initially contacted any party who could provide information essential to the investigation or assessment as the investigation start date. The data are captured in date, hours, and minutes.

A referral is screened out in situations including, but not limited to, any of the following:

- 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 determi¬nation that the allegation was actually without merit.
- "Without Merit" an affirmative finding at the completion of the investigation that the alleged abuse, neglect, or dependency did not occur, or that the alleged perpetrator was not responsible.

- "Unable to Locate" a category indicating that even though the Child and Family Services Child Protective Services (CPS) worker has followed the steps outlined in Child and Family services practice guideline and has made reasonable efforts, the Child and Family Services CPS worker has been unable to make face-to-face contact with the alleged victims to investigate an allegation of abuse, neglect, or dependency and to make a determination of whether the allegation should be classified as supported, nonsupported, or without merit.

Children

Prior to May 11, 2011 state law defined domestic violence in the presence of a child or a child's knowledge of domestic violence as abuse. This is mapped to the NCANDS category of psychological treatment. Changes in state statute affective May 11, 2011 altered when DCFS accepts investigations related to domestic violence. We have seen a reduction in domestic violence related cases investigated 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," "child endangerment" was mapped to "other" up until federal fiscal year 2011, however after consultation with the feds this category is now mapped to physical abuse which will show as an increase in 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:

1. State Code Ann. §76-5-112: recklessly engaging in conduct that creates a substantial risk of death or serious bodily injury to a child, or
2. State 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 as a result of the manufacture or production of a controlled substance.

The state DCFS recently reviewed sexual abuse definitions with our attorneys. This has led to additional cases being opened. Additionally changes to expungement laws have lead 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. The definition for sexual abuse in the state can be found at this website: http://hspolicy.utah.gov/files/dcfs/DCFSpercent20Practicepercent20Guidelines/Definitions.pdf. Rule changes are being proposed that may lead to further changes regarding sexual abuse in the future.

Fatalities

Concerns related to child abuse and neglect, including fatalities, are required to be reported to the state DCFS. Fatalities where the CPS investigation determined the abuse was due to abuse or neglect are reported in the NCANDS Child File.

Vermont

Contact	Karen Shea	**Phone**	802–769–2053
Title	Child Protection and Field Operations Director	**Email**	karen.shea@state.vt.us
Address	IFamily Services Division Department for Children and Families Osgood 3, 103 South Main St. Waterbury, VT 05671		

Child Welfare Administrative Structure

State Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Reasonable

General

On July 1, 2009, the state implemented differential response, 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 caretakers. We investigate sexual abuse by any person. The department investigates "Risk of Physical Harm" and "Risk of Sexual Abuse." Beginning with 2002, these are mapped to NCANDS terms physical abuse and sexual abuse respectively. In previous years, both were mapped to neglect.

Reports

The state operates a statewide Child Protection Hotline, available 24/7. All intakes are handled by social worker. 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 the state has a very low screen-in rate. Reasons for screen-out include: (1) duplicate report (2) report does not concern child maltreatment as defined in statute.

Fatalities

The Department for Children and Families are participants in the state's Child Fatality Review Committee.

Perpetrators

For sexual abuse, perpetrators included noncaretaker perpetrators of any age.

Services

Following an investigation or assessment, a validated risk assessment tool is applied. If the family is classified as at high or very high risk for future child maltreatment, the family is offered in-home services, and may be referred to other community services designed to address risk factors, and build protective capacities.

Virginia

Contact	David Bringman	**Phone**	804–726–7553
Title	Policy Analyst	**Email**	david.bringman@dss.virginia.gov
Address	Division of Family Services Virginia Department of Social Services 801 East Main Street, 11h floor Richmond, VA 23219		

Child Welfare Administrative Structure

State Supervised, County Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Preponderance

General

In accordance with state 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 state Administrative Code 22VAC40-705-10 defines family assessment as the collection of information necessary to determine:

a. The immediate safety needs of the child;
b. The protective and rehabilitative services needs of the child and family that will deter abuse or neglect;
c. Risk of future harm to the child; and
d. Alternative plans for the child's safety if protective and rehabilitative services are indicated and the family is unable or unwilling to participate in services. These arrangements may be made in consultation with the caretaker(s) of the child.

Reports

Reports placed in the investigation track receive a disposition of "founded" (substantiated) or "unfounded" (unsubstantiated) for each maltreatment allegation. Reports placed in the family assessment track receive a family assessment; no determination is made as to whether or not maltreatment actually occurred. The state reports these family assessment cases as "Alternative Response Nonvictim." A large number of family assessment cases were not reported to NCANDS because of unknown maltreatment type. The state will review the reporting of family assessment cases to NCANDS during federal fiscal year 2013 data collection.

The response time is determined by the priority assigned to the valid report based on the information collected at intake. It is measured from the date of the report. The department continues to seek improvements to the automated data system and to provide technical assistance to local departments

of social services to improve documentation of the initial response to the investigation or family assessment.

Children

The state reports family assessment cases as alternative response nonvictim.

Close to 97 percent of the victims are reported as first time victims in FFY 2012. This is in part due to workers not merging cases in the information system and therefore a consistent case record is not created. The state is currently working to address this better through a workgroup.

Fatalities

The state's Department of Social Services currently uses data from child deaths investigated by local departments of social services and determined to be founded when reporting the number of child maltreatment-related deaths to NCANDS. This data comes from information reported and documented into OASIS (Online Automated Services Information System) by local CPS workers in local departments of social services.

The main reason that the state does not use information from the state's vital statistics department, child death review teams, law enforcement agencies and medical examiner's offices when reporting child maltreatment fatality data to NCANDS, is because the persons who investigate these cases have very different roles, laws and policies governing these investigations. While the various investigators work together and clearly overlap, they do not duplicate each other's roles and tasks. The numbers will likely be different because the reporting entities have different tasks and responsibilities. The Department of Social Services is the only entity in the state charged by statute with determining whether or not a child was abused or neglect by a caretaker.

There were 3 children not reported in the Child File who were reported to the state. These children had a finding of founded that occurred during FFY 2012. They were not captured in the Child File because the worker did not check the fatality box in the OASIS system.

Services

The state is currently addressing the lack of reporting of child risk factors, caregiver risk factors, and services to NCANDS. Increased funding through the Community-Based Prevention of Child Abuse and Neglect Grant increased the number of programs and services available to children and families. The primary reason for the increase in families and children served through Promoting Safe and Stable Families is by the nine adoption contracts for the fatherhood initiative.

Washington

Contact	Lisa Barber	**Phone**	360–486–2328
Title	Reporting and Compliance Analyst	**Email**	lisa.barber@dshs.wa.gov
Address	Children's Administration Washington Department of Social and Health Services 7240 Martin Way Lacey, WA 98516		

Child Welfare Administrative Structure

State Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Preponderance

General

Implementation of a new intake type, Child Protective Services (CPS) Risk Only, during federal fiscal year 2009 resulted in fluctuation in total referrals reported to NCANDS in FFY09 – FFY10. These intakes are excluded because there are no identified victims or findings. CPS Risk Only intakes involve a child whose circumstances places him or her at imminent risk of serious harm but does not include CA/N allegations. A complete investigation is required and if the intake is later determined to meet criteria of CPS, a victim and findings will be recorded and the record included in the NCANDS Child File.

Department Licensed Resources (DLR),/CPS, 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 under the age of 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 CA/N 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 at 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.

Reports

The NCANDS term "other" disposition previously included the number of reports that resulted in inconclusive investigations. Legislative changes resulted in 'inconclusive' no longer being a findings category. Referrals that have been determined to be low risk are reported as alternative response non victim.

Intakes alleging child abuse and neglect must meet sufficiency. The state'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 under age 18; and
- 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 term "other" disposition previously included the number of children in inconclusive investigations. Legislative changes resulted in 'inconclusive' no longer being a findings category.

Fatalities

Beginning in 2006, the state included those 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.

Children's Administration (CA) began maintaining a separate database of child fatality data (AIRS) in 2002. At that time the CAMIS system used before the Statewide Automated Child Welfare Information Systems (SACWIS) system was implemented. CAMIS did not support a database of child fatality and other critical incident information. In February 2009, CA released a new SACWIS system (FamLink). The objective was to have all child fatality and other critical incident information stored in FamLink and the reporting of all critical incidents would be done through FamLink. However, this plan was 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" (05). 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 (88). This was not a distinction in the data reported 2008 and earlier.

The perpetrator relationship values of "other" and "babysitter" are also mapped to the NCANDS value of "other."

Services

Families received preventive services from the following sources: Community Networks, CPS Child Care, Family Reconciliation Services, Family Preservation, and Intensive Family Preservation Services. The number of recipients of the Community-Based Family Resource and Support Grant is obtained from Community-Based Child Abuse Prevention (CBCAP).

West Virginia

Contact	Brenda Howell	**Phone**	304–558–5869
Title	Director	**Email**	brenda.l.howell@wv.gov
Address	Office of Project Management Management Information Systems West Virginia Department of Health and Human Resources One Davis Square, Suite 200 Charleston, WV 25301		

Child Welfare Administrative Structure

State Administered

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Preponderance

General

There have been no recent changes that would affect NCANDS. The state does not have differential response.

Reports

When a report is received, the Child Protective Services (CPS) Supervisor examines the referral to determine if child abuse or neglect has occurred, or is likely to occur, as defined in state statute. If the allegations do not indicate that child abuse or neglect has occurred, or is likely to occur, the referral is screened out for Child Protective Services intervention. Referrals to more appropriate community resources may occur when reports are screened out.

Children

The increase in victims could have been affected by several factors:

- The statute on reporting child abuse and neglect was strengthened to include additional mandatory reporters. It also mandated that any person over the age of eighteen is required to report sexual abuse or sexual assault of a child.
- The SAMS (Safety Assessment and Management System) was fully implemented in 2011. Increased emphasis on identifying and managing safety threats and impending dangers to children could be resulting in increased identification of victims.
- Another factor to consider is the growing substance abuse problem in the state, resulting in the abuse and neglect of children.

Fatalities

There have been no recent changes in policy or record keeping that account for the decrease.

In addition to CPS reports, Agency File child maltreatment fatalities are those reported to the Bureau for Children & Families by the WV Child Fatality Review Team through the Chief Medical Examiner's Office. Maltreatment is defined per NCANDS and state code. Cases are reviewed to ensure no duplication with the Child File.

Services

Promoting safe and stable families increases were due to the reallocation of dollars from socially necessary services to community based grants. We provided funding to 15 Family Resource Centers last year either through the expansion of existing centers or the creation of new centers. The "other" numbers can be attributed to an increase in funding to Family Resource Centers using Children's Trust Fund dollars. Family Resource Centers have a more defined direct service role than Partners in Prevention, whose main thrust is public education and awareness. Also, In Home Family Education programs received additional funding last year from several sources, an additional appropriation and Affordable Care Act dollars. Plus, public education campaigns around In Home Family Education, the Children's Trust Fund, and other awareness promoting activities have contributed to this as well.

There were also reporting changes made with the Starting Points Family Resource Center grants, which improved our reporting.

Wisconsin

Contact	Michelle Rawlings	**Phone**	608–264–9846
Title	Division of Safety and Permanence	**Email**	michelle.rawlings@wisconsin.gov
Address	Wisconsin Department of Children and Families 201 East Washington Avenue Room E200 P.O. Box 8916 Madison, WI 53708–8916		

Child Welfare Administrative Structure

State Administered for Milwaukee County
State Supervised, County Administered for the rest of the state.

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Preponderance

General

There were no significant state policy changes that affect the data submission. Alternative response continues to be rolled out to more counties, which has created a shift in our maltreatment and child victim data. There was a system change related to Child Protective Services (CPS) and general service reports, i.e. non- CPS service requests and referral documentation. Under the old system, a report initiated as a CPS report could be changed to a service report at any time prior to the report being submitted a worker's supervisor for approval. This made it difficult to track how many reports were coming in as CPS reports which were being screened in or out versus being changed during the report documentation process to a general service report. Under the new system, if a report is started as a CPS report, it must be completed to the final screening as a CPS report at which point, a general service report can easily be generated. This creates an increase in screened out CPS reports, but a more accurate picture of agency contacts and workflow.

The state has substantially improved the time to investigation by strengthening policy, data collection and monitoring and technical assistance. The state'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. At the beginning of 2012, this threshold was met and accurately documented about half the time. By training on documentation and an increased focus on this measure, that performance improved to nearly 90 percent by the end of the Calendar Year 2012. In concert with these gains the hours until investigation begin have reduced.

Reports

The state data is child-based where each report is associated with a single child. The report date refers to the date when the agency was notified of the alleged maltreatment and the investigation begin date refers to the date when the agency made initial contact with the child or other family member.

Many instances were noted of the CPS report date prior to a year before period start date. This error reflects the tremendous effort that has been expended in the past year, especially in a few large counties, to move very old cases to resolution. From the beginning to the end of 2012, cases with incident dates over 90 days old were cut in half, from over 1,300 to just over 700. Because each report that

comes in must be resolved, this documentation is not errors, but reflects the work that is being done to conclude outstanding documentation on older cases.

There are a variety of reasons why a CPS 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 the state, CPS agencies are not required to investigate instances of abuse by non-caregivers, 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.

In the state's CPS system, several maltreatment reports for a single child may be assessed in a single investigation. As explained above, select counties have implemented AR. This data is a disposition of services needed or services not needed and will appear in NCANDS as "other" dispositions.

Children

A child is considered to be a victim when an allegation is substantiated or when the child is found to be at risk of maltreatment. The NCANDS "Unsubstantiated" maltreatment disposition includes instances where the allegation was unsubstantiated for that child, when that child was not found to be at risk or maltreatment, or when critical sources of information cannot be found or accessed to determine whether or not maltreatment as alleged occurred.

In federal fiscal year 2012, the state consolidated multiple CAN codes. Prior to that period, there were multiple subtypes of neglect and sexual abuse, including medical neglect; physical abuse and emotional abuse had and continue to have only one CAN code. The state moved to a model of only five CAN codes (physical abuse, sexual abuse, neglect, emotional abuse and unborn child abuse) along with an extensive list of descriptors. Medical neglect of a disabled infant can still be obtained from the data by using a combination of the abuse code (neglect) and the descriptor (medical neglect of a disabled infant). Under the new system functionality and CAN codes, the process for entering allegations of multiple abuse indicators within a category is more straightforward and consistent across types of maltreatment.

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 the state DCF is used to compile child maltreatment fatality information.

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. non-caregivers) 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 maltreaters in AR cases will not show up as substantiated maltreaters. If services are needed, that is an assessment level determination, not a determination about a specific perpetrator.

Services

The state continues to support data quality related to service documentation and ultimately to modify the NCANDS file to incorporate service reporting for future data submissions. The Integrated Case Plan, a Program Improvement Plan initiative, will streamline and consolidate data entry associated with services.

Wyoming

Contact	Lauri Lamm	**Phone**	307–777–5536
Title	Social Services Program Analyst	**Email**	lauri.lamm@wyo.gov
Address	Social Services Wyoming Department of Family Services 2300 Capital Ave. Hathaway Building, 3rd floor Cheyenne, WY 82009		

Child Welfare Administrative Structure

The state is a State Administered County Supervised/Administered Child Welfare Program that contains both Child and Adult Protection and Juvenile Justice Programs. The state office is charged with developing programs' policies and procedures; counties are charged with managing cases.

Data Files Submitted

Child File, Agency File

Level of Evidence Required *(to determine whether a child was a victim of maltreatment)*

Preponderance

General

Effective April 1, 2012, the Juvenile and Protective Services were merged into one division, the Social Services Division. The Divisions merged under the leadership of Debra Dugan-Doty at both the state and local levels. The existing Protective Services Districts and Juvenile Services Regions also merged and changed in geographical boundary and management to coincide with the nine (9) judicial districts. One district manager now has oversight of protective and juvenile services and is responsible for each new district. The change was to provide a more consistent management structure and allow easier access by stakeholders to district managers. Many of our smaller offices are being cross-trained to perform child and adult protective and juvenile services functions, while some larger offices remain specialized.

In December 2012, the social services division also made changes in policies to ensure consistency in practice. The goal was to streamline policies and provide direction for the social services division. There was also minor changes in the intake policy in May 2012 in regards to changing acceptance of a case from 7 days to 24 hours and response time to immediate to 24 hours to 7 days, depending on the criteria.

The state continues to make changes in the Statewide Automated Child Welfare Information Systems (SACWIS) to ensure certification, but more importantly, the programming duties have moved to another department in the state government called Enterprise Technology Services (ETS). All programming will now fall to a programmer at ETS.

The state continues to have a Multiple Track System, which includes the following:

- Prevention cases are when there are no allegations of abuse/neglect, but services may help the family prevent abuse/neglect.
- Assessment is when there are allegations of abuse/neglect, but the abuse does not rise to a level of an investigation.

- Investigations are assigned when the abuse/neglect is a major injury/fatality, law enforcement is involved and/or there is imminent danger.

Reports

The state did not have an increase or decrease of 10 percent or more of investigations or assessments in federal fiscal year 2012.

The state still requires immediate action on children in imminent danger (face-to-face- within 24 hours). Although the Statewide Automated Child Welfare Information Systems (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

The state did not have an increase or decrease of 10 percent or more child victims in FFY 2012 than FFY 2011.

Fatalities

The state uses several sources of information and data during the initial investigation to assist in the investigation and review which includes but not limited to

- autopsy report
- law enforcement reports
- medical reports, including those prior to death
- SACWIS-WYCAPS (history, narrative, placement screens, incident screens, and any other screens that would be helpful to this review)
- multidisciplinary team report
- reports from any other agency pertinent to this case, such as psychological, public health, etc.

Perpetrators

The state did not have an increase or decrease of 10 percent or more perpetrators in FFY 2012 than FFY 2011. The state did have one perpetrator that had 23 victims—it was in a daycare setting.

Services

The state 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/neglect or any risks that may be present in the family.

The state also receives Family Preservation and Community Based Child Abuse Prevention Funds, to serve families before abuse/neglect occurs. These grants are allocated to service providers who provide services to families. SACWIS does not calculate family or reunification services.

Endnotes

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).

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