

Alignment Between Early Childhood and Child Welfare Systems Benefits Children and Families

Elizabeth Jordan, Sharon Vandivere, and Esther Gross

Introduction

Both the child welfare and early childhood systems are investing in promising new ways to support families with young children, particularly as they strive to recover from the challenges of the COVID-19 pandemic and strive to become more equitable. Families with young children have faced a set of unique challenges during the pandemic, as already fragile [child care centers and family-based child care have faced obstacles in providing care, jobs have become less secure](#), inconsistent connection to [material supports has caused emotional strain for both children and parents](#), and [access to food](#) and [housing has destabilized](#). These challenges are even more deeply rooted for families of color, whose health is impacted by both [individual and systemic racism](#) and who have been systemically denied—both historically and in the present—equitable access to many [public support systems and opportunities](#).

The child welfare system, which includes both child protective services and out-of-home placements such as foster care and kinship care, has also faced a [myriad of challenges during the pandemic](#), many of which are unique to services and supports within this system—such as the need to adjust to virtual services, hurdles in accessing personal protective equipment for case workers, slowed processes for licensing and approving foster and adoptive homes, postponed visits for parents and siblings, and delayed services and court proceedings due to social distancing requirements. These challenges were also exacerbated for families of color, who are [disproportionately impacted by the pandemic](#). Even before the pandemic, there were disparities by race and ethnicity across each stage of child welfare involvement. Disproportionate numbers of families of color—particularly Black and Native American families—experience the trauma, stress, and stigma of child welfare investigations and family separation through foster care. (For more information on these issues, see the resources provided in the “Background resources on the child welfare system” box.)

Given new investments, there are new opportunities for child welfare and early childhood systems to align services and collaborate across both systems to better support children. Coordination can play a key role in both preventing the abuse and neglect of young children, and reducing harmful and unnecessary involvement with the child welfare system. The early childhood and child welfare systems must both act proactively to improve coordination. In this brief, we provide a rationale for

Spotlight on the data

In fiscal year (FY) 2020, child welfare agencies placed 135,500 children from birth to age 8 in foster care. **Nearly two out of three children who entered foster care in FY 2020 were age 8 or younger.**

Among the nearly 123,000 0- to 8-year-olds who **exited** foster care in FY 2020, **50% reunified with their family, 10% had a guardianship finalized, and 33% were adopted.**

better coordination between the two systems, followed by recommendations for alignment and examples of strong alignment in the field. Our recommendations are structured around three main areas of opportunity for coordination: preventing child abuse and neglect, supporting children and families with open child welfare cases, and creating stronger functionality and supports in both systems. Recommendations and examples can help leaders from both systems as they strive to create robust systems that address the critical needs of families.

Greater Coordination Will Support More Efficient and Effective Systems

The child welfare system intervenes in the lives of many young children who are already being served by the early childhood system, and coordination can help both systems achieve their goals around supporting families.

Compared to older children, the child welfare system [is more likely to identify young children](#)—especially infants under age 1—as victims of abuse or neglect (also known as substantiated cases), and young children are [more likely to be placed in foster care](#) than their older counterparts. In fact, children less than age 1 make up 7 percent of the total foster care population (birth to age 20) and half of all children who entered foster care in FY 2020 were age 5 or younger (51%). Maltreatment-related deaths are [more common among younger children](#) than among older children. Both before and during child welfare intervention, many of these young children and their families also access the services and supports provided by the early childhood system, including child care, mental and physical health services, and parental education and resources. Aligning these systems and coordinating services and workforce development would help streamline service access for families and increase workforce awareness of existing opportunities to support families. Alignment would also help leaders ensure that families can access a cohesive set of needed services that can reduce the need for child welfare involvement.

Background resources on the child welfare system

[How the Child Welfare System Works](#) (U.S. Children’s Bureau and the Child Welfare Information Gateway)

[Child Welfare Information Gateway: Glossary of Terms](#) (U.S. Children’s Bureau)

[State-level Data for Understanding Child Welfare in the United States](#) (Child Trends)

Strengthening the connection between child welfare and early childhood programs and systems can bolster efforts to rectify persistent inequities.

As with many other public service agencies, the child welfare system is struggling to rectify [its historic and ongoing role](#) in harming children and families and creating long-term inequitable outcomes for children and families of color. Many states and localities are striving to address these injustices through a variety of [policy](#) and [practice](#) strategies; these include creating commissions or committees ([New York City](#)), setting specific and actionable goals ([Washington](#)), and changing legislation (see this [catalogue of actions](#) in 19 states from the National Conference of State Legislatures). In much the same way, the early childhood field is striving to address structural racism and promote equity by [improving access to high-quality early care and education for Black families](#), addressing disparities in [maternal health](#), reducing [exclusionary disciplinary](#) practices and policies for young children, and [creating workforce development opportunities and providing appropriate compensation for the early childhood workforce \(among other strategies\)](#). Because both systems work with an overlapping population and are striving to become more equitable, coordination across systems can support both systems’ equity efforts. For example, new approaches to responding to suspected maltreatment, developed to address inequities in child welfare, will require a re-

examination of how mandated reporters (including child care providers) are trained and increasing access to effective parenting supports (such as home visiting). Coordinating with early childhood leaders in these shifts will open the door to more effective and long-lasting changes in child welfare.

Coordination can help child welfare systems benefit from early childhood leaders' expertise in meeting the unique development needs of young children and their families.

Early childhood stakeholders can play an important role in elevating the [developmental needs of young children](#) and [the ways in which trauma and stress can affect the developing brain to help craft stronger child welfare policies and practices for young children](#). Early childhood stakeholders also bring a wealth of strategies for supporting the parents of young children through [two-generation and family-focused approaches that allow relatives and other adults to provide consistent and loving support for young parents](#). These stakeholders understand the ways in which housing services, financial assistance, child tax credits, the Earned Income Tax Credit, and child care subsidies can reduce stress on caregivers and fuel early childhood development; this, in turn, [reduces the likelihood of substantiated maltreatment](#). Meaningful investments in concrete supports—such as federal or state Child Tax Credits; Supplemental Nutrition Assistance Program (SNAP); and Women, Infants, and Children (WIC)—can support young children and reduce child welfare involvement. In addition to informing work on behalf of young children who have experienced maltreatment, coordination can be valuable to former and current foster youth, who are [more likely to become young parents](#) themselves. Young parents who have been involved in the child welfare system may require additional supports to transition out of the child welfare system into adulthood and to address their own trauma-related needs, all while adapting to life as a new parent. One positive example comes from New Mexico, where [Infant and Early Childhood Mental Health services](#) were revitalized through the [coordinated and aligned efforts of a team of leaders](#) across early childhood, child welfare, health, and other departments.

Both systems can benefit from an aligned approach to addressing the potentially long-term and severe effects of trauma.

[Early childhood trauma](#) can be very harmful for young children, and can result in long-term [developmental and physical challenges](#). Both child welfare and early childhood offer a number of strategies and supports anchored in evidence that can [reduce or prevent long-term consequences](#) of trauma and enhance resilience, and coordination can increase the effectiveness of intervention. To be most effective, efforts to ameliorate trauma's effects must begin as early as possible and be grounded in early child development best practices. For example, while strong family relationships benefit children of all ages, young children's healthy development depends on a safe, stable, and nurturing bond with at least [one consistent caregiver](#). Child welfare policies and practices designed to meet the needs of young children—for example, facilitating daily

Neglect is the most reported form of maltreatment, especially among young children

Among the 380,500 children from birth to age 8 classified as maltreatment victims nationally in fiscal year 2020, the allegation was neglect for 69 percent of children, compared with 23 percent with physical abuse and 6 percent with sexual abuse.

Neglect can be extremely harmful to young children when it includes a lack of responsive interactions with a caregiver who consistently meets a young child's needs, a cornerstone for healthy brain development. In all states, inadequate supervision, harm due to inadequate supervision, or failure to meet parent/caretaker responsibilities is defined as maltreatment. Often, these conditions are linked to poverty, as families living in poverty may lack adequate child care, lack safe and affordable housing, and or be facing extreme financial stress. In fact, nearly all states also include [income-related factors in their neglect definitions](#). This means that families may be subject to neglect reports when they lack financial resources to care adequately for their children.

parental visitation or contact for children in out-of-home placements or ensuring a consistent child care provider when a young child is placed in foster care—can reduce the impacts of trauma for children and families who are involved with both systems.

Recommendations for Aligning Services and Supports

Both the early childhood and child welfare systems are fast-moving, rapidly changing fields. As of the date of this publication, we have identified several areas in which there are clear and actionable opportunities for the two systems to coordinate and collaborate. We recognize that other opportunities exist at the state and federal levels, and we are hopeful to learn about and share those stories in the future.

Recommendations for alignment to prevent child abuse and neglect

Both the early childhood and child welfare systems implement various strategies to prevent child maltreatment and avoid involvement with the child welfare system. Coordination between these efforts will allow a more streamlined and effective prevention infrastructure that can address the underlying inequities in both systems by supporting families before they face the trauma of maltreatment or placement in foster care. Below, we offer six recommendations for the two systems to align and coordinate to prevent abuse and neglect, accompanied by examples of current efforts from the field to adopt a coordinated approach.

Engage in or promote primary prevention strategies.

Despite wide variation by state, child welfare systems are increasingly considering ways to support primary prevention services—i.e., services designed to prevent child abuse and neglect. For example, [Thriving Families. Safer Children: A National Commitment to Well-being](#)—a joint partnership between the federal Children’s Bureau, Casey Family Programs, the Annie E. Casey Foundation, and Prevent Child Abuse America—focuses on helping systems support families and prevent the separation of families through foster care. The initiative currently [stretches across 22 states](#) and may provide opportunities for coordinated services and supports for families of young children, such as convening stakeholders from a diverse set of service areas, including early childhood. States can also leverage several federal funding sources, including [Title IV-B](#) and [Community Based Child Abuse Prevention \(CBCAP\)](#), to fund prevention services such as Developmental Understanding and Legal Collaboration for Everyone ([DULCE](#)), which provides wholistic services to families with infants.

Coordinate on prenatal substance abuse supports to help families access the services they need.

The federal [Child Abuse and Prevention Treatment Act](#) (CAPTA) requires child welfare agencies to create and implement Plans of Safe Care that describe the process for supporting children born with prenatal drug or alcohol exposure, and determine whether that support requires the opening of a child welfare case by the child welfare agency. Leaders in the early childhood and child welfare systems can coordinate on developing and implementing Plans of Safe Care for newborns who were born exposed to substances and can partner with families to access services in a non-punitive, strengths-based way. [This brief series](#) from the [National Center on Substance Abuse and Child Welfare \(NCSACW\)](#) provides a variety of examples of how states are developing targeted services to support infants and their families and prevent child welfare involvement.

Promote programs and policies that allow children to qualify for therapeutic services with their parents, including dyadic and family-focused treatment that supports positive interaction between parents/caregivers and young children.

[States vary](#) in how they use Medicaid to cover [dyadic treatment](#) (a type of therapy that supports both the young child and parent together) and models that focus on parents/caregivers, and on the process by which parents/caregivers can access treatment (e.g., qualification requirements and whether a referral is required). Recently, [California conducted an inventory](#) to understand available models and assess facilitators and barriers, with the ultimate goal of increasing families' access to services. The National Center for Children in Poverty's [PRISM Initiative](#) features policy strategies for connecting families to dyadic treatment in Arkansas, Colorado, Connecticut, Florida, New Mexico, and Oregon.

Coordinate with state efforts to implement the Family First Prevention Services Act Title IV-E Prevention Plans.

The federal [Family First Prevention Services Act](#) represents an opportunity for states to use federal child welfare dollars for qualifying [evidence-based prevention services](#), including mental health, substance use, and in-home parent skill-building programs for children at imminent risk of entering foster care. Because several home visiting programs have been approved by the [Title IV-E Prevention Services Clearinghouse](#) and are eligible for federal funding, early childhood leaders can be valuable partners for child welfare agencies in implementing the new law. To support alignment, some states include early childhood stakeholders on implementation teams—for example, [Hawai'i engages various early childhood stakeholders in](#) committees, exploration groups, and workgroups to develop its Family First Prevention Services Act implementation plan. In Hawai'i, state leaders from various agencies worked collaboratively to plan for coordinated service delivery across home visiting programs and maternal and child health programs, among others. Generally, early childhood leaders can provide unique insights that are valuable in the development and implementation of child welfare prevention plans beyond coordinating services: Their experience administering the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, which has similar evidence-based requirements, could support child welfare agencies as they tackle this new work. Early childhood leaders can [see whether their state has submitted a plan](#) and connect with state child welfare agency leadership to learn more.

Join efforts to reduce the number of child fatalities.

[Over three quarters of the 1,750 children who died](#) from child abuse or neglect in 2020 ([likely an undercount](#)) were ages 3 or younger. State child welfare agencies are adjusting policy and practice to reduce the number of child fatalities. They are required to create plans to reduce the numbers of child maltreatment fatalities, building on the work of a [federal Commission](#) to Eliminate Child Abuse and Neglect Fatalities and [state policies promoting child fatality reviews](#). Because the vast majority of maltreatment deaths are of young children, early childhood leaders should take part in developing strategies to address and eliminate child fatalities. Through policy or practice guidance, practitioners who work with families of young children could be better prepared to provide the supports families need. (See if your state has made any recent advances in this area here: [summary of changes by states](#).)

Educate mandated reporters, including early care and education providers, on how to identify maltreatment when appropriate—and to avoid reporting when child welfare intervention is not appropriate.

[There is great variation in state policy around who is considered a mandated reporter](#) (and therefore, on who is required to report suspected child abuse or neglect). Child care providers are mandated reporters in 49 out of 52 states (including Puerto Rico and Washington, DC), so it is essential to provide these

professionals with the training and education necessary to identify child abuse and neglect. However, in at least 30 states, training on identifying maltreatment is not required for child care providers. Early childhood workforce development efforts should include trainings that help providers understand when they are required to make a report and what community services might be available to families. [States' definitions of abuse and neglect](#) can [be complicated](#), but equipping providers may also protect families from unnecessary child welfare investigations. The [State Child Abuse and Neglect \(SCAN\) Policies Database](#) can help providers identify the current policy landscape in their state. Organizations like Evident Change have been supporting states in [updating and revising mandated reporting policies and trainings](#) to equip mandated reporters with community-level information and direct families to services and supports within communities.

Recommendations for alignment to support children and families with a substantiated maltreatment case

Ideally, a robust prevention system will provide families with the supports they need to thrive without opening a child abuse or neglect investigation. However, there are opportunities for coordination between early childhood and child welfare systems after a case of maltreatment has been substantiated. Below, we offer four recommendations for better alignment between child welfare and early childhood systems to support children and families who are involved in the child welfare system, accompanied by examples of current efforts in the field to adopt a coordinated response.

Create seamless referral mechanisms between the child welfare system and Part C Early Intervention Services.

Child welfare agencies [are required to refer](#) all potentially eligible young children to Part C Early Intervention Services. As states consider their strengths and gaps around Early Intervention, they should also consider whether and how children in the foster care system are engaged and supported. [In a 2019 survey](#) conducted by Child Trends and ZERO TO THREE, states reported barriers including a lack of familiarity with Part C and inadequate training of parents, caregivers, and court personnel in identifying children's developmental needs. Early childhood leaders and practitioners may also need to explore the policies and procedures in their state around whom to include (parents, foster parents, kinship caregivers, and/or social workers) in Individualized Education Program (IEP) or Individual Family Service Plan (IFSP) meetings, ensuring that all parties can fully participate in the meetings (such as providing materials in a language other than English or providing sufficient context about a child's circumstances), providing appropriate notification to all parties, and establishing resource parents as educational proxies when appropriate.

Advocate for the provision of trauma-informed trainings and resources for child care providers and other practitioners who work with young children who may have experienced maltreatment or foster care.

As described previously, abuse or neglect—as well as removal from home—may create [long-lasting developmental challenges](#) for young children. Professionals who support young children must be equipped with the skills to interact with children in positive, supportive ways that help them feel safe, and must have the ability to address any personal histories of trauma. A number of trainings—[like this training](#) from the [Child Care Resource Center](#)—may be good models for states to emulate. Initiatives like the [Safe Babies Court Team™](#), an evidence-based program designed to support young children who have experienced maltreatment, may be another option to meet a community's needs.

When promoting access to high-quality child care and child care subsidies, consider the needs of children who are in foster care or who have experienced maltreatment.

A consistent and high-quality child care arrangement supports both early childhood development and parental engagement with the workforce. Lack of care is a major challenge for all families that creates unique obstacles for those involved in the child welfare system. Lack of care can be a [challenge for parents](#) who need accessible and high-quality child care when participating in required services that are part of their reunification plan, and for [foster parents](#) who may struggle to find care and navigate state requirements in accessing subsidies. Inadequate access to child care can contribute to child protective services investigations if, for example, a parent with professional demands who lacks access to safe child care leaves a child unattended or in an unsafe child care situation. The state of Washington has created a new strategy for addressing this issue—a [Dual License Pilot Project](#) that will “assess the feasibility and ease for individuals to receive a combined foster care and child care license” to improve access to child care for children who are in foster care.

Provide robust parenting and developmental resources for young parents who have experienced maltreatment and who may or may not be in foster care.

Adolescents who are also parenting are experiencing their own season of significant [developmental change](#) while learning to care for a child. Young parents who are currently in foster care or who have experienced maltreatment need services to support the [parent-child relationship and healthy development](#) for both themselves and their child. Programs like [St. Anne’s](#) in Los Angeles and [Inwood House at The Children’s Village](#) in New York City are designed to meet the needs of young parents (including child care) and have promising evidence of effectiveness.

Recommendations for alignment to create stronger systems

In addition to the services and interventions described above, coordination can also support systems-level reform efforts designed to improve the ways in which both the early childhood and child welfare systems function and support families. Below, we offer three recommendations for system leaders to align and coordinate in ways that can enhance the abilities of both systems to support families, accompanied by examples of current efforts in the field to adopt a coordinated approach.

Include members of both systems in race equity efforts.

In many states and communities, both child welfare and early childhood systems are reflecting on their respective histories and striving to deconstruct systemic racism and make more equitable systems for families of color. While specific issues differ by field, state, and demographics, it will be critical that both systems combine their efforts. A joint equity agenda—such as the one laid out in CSSP’s [Supporting the First 1,000 Days of A Child’s Life: An Anti-Racist Blueprint for Early Childhood Well-Being and Child Welfare Prevention](#)—could be one strategy to advance this work. The blueprint includes both guiding principles and guiding questions to help leaders find common ground and a unified path forward.

Authentically include the voices and perspectives of parents working to reunify, relatives caring for children, young parents with foster care experience, and foster parents in early childhood equity efforts.

In many states, efforts to create a more equitable early care and education system are increasingly including the voices of parents, providers, and practitioners to ensure that new policies will truly address their needs.

Early care and education leaders should also include the perspectives of parents who have been investigated by child protective services or who have had their children removed—and who therefore understand the challenges created by system involvement for themselves and their children. The voices and perspectives of foster parents, kinship caregivers, and adoptive parents should also be included. All families who provide their insights and time to these efforts should be meaningfully engaged in a safe and accessible format and should be compensated for their time. Early childhood stakeholder groups may be able to coordinate with existing groups of parents and caregivers, such as the [Illinois Statewide Foster Care Advisory Council](#).

Invest in data that allow states to set goals toward more equitable access to services and a more equitable child welfare system, and then use the data to regularly monitor progress and adjust course when needed.

Integrating or connecting data between early childhood and child welfare systems is a valuable strategy for understanding how children are faring, and for learning which efforts are working for children and families. However, many states [struggle to connect data](#) across the diverse set of early childhood systems, and seeking access to child welfare data can raise a host of additional obstacles. A helpful initial step for leaders in both systems could be to identify and connect a set of data points to answer a key policy question, such as whether children in foster care are accessing high-quality child care. Both federal projects (such as the [Child and Caregiver Outcomes Using Linked Data Project](#)) and state efforts (such as [Rhode Island's work](#) to understand child care access issues for young children who have experienced maltreatment) show how connecting these data can help leaders better understand and meet the needs of families. Sharing data across agencies and linking records is complex and can raise multiple legal and privacy issues, so it is important to involve leaders from both systems early in these efforts. One way to do this is to include child welfare stakeholders in current efforts to improve data, such as [the federal Preschool Development Grants](#).

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State-level data on young children and child welfare involvement

Table 1. Maltreatment among children ages 0 through 8, Fiscal Year 2020

State	Number of children ages 0 to 8	Maltreatment reports		Maltreatment victims ¹	
		Number of children	Rate per 1,000 children	Number of children	Rate per 1,000 children
US	76,981,970	1,726,424	22.4	380,469	4.9
AK	187,111	8,442	45.1	1,952	10.4
AL	1,147,973	20,352	17.7	6,887	6.0
AR	737,933	28,709	38.9	5,905	8.0
AZ	1,743,261	41,364	23.7	6,846	3.9
CA	9,295,705	160,178	17.2	37,110	4.0
CO	1,322,470	24,529	18.5	7,050	5.3
CT	767,952	8,029	10.5	3,802	5.0
DC	138,281	5,164	37.3	971	7.0
DE	217,280	6,089	28.0	715	3.3
FL	4,489,471	141,882	31.6	18,495	4.1
GA	2,644,651	66,411	25.1	5,315	2.0
HI	310,135	2,768	8.9	734	2.4
IA	766,955	20,499	26.7	6,687	8.7
ID	475,293	6,785	14.3	1,229	2.6
IL	2,937,286	76,214	25.9	22,507	7.7
IN	1,652,259	77,699	47.0	14,653	8.9
KS	735,159	14,812	20.1	1,270	1.7
KY	1,057,634	38,551	36.5	10,463	9.9
LA	1,137,735	14,152	12.4	4,998	4.4
MA	1,437,809	33,354	23.2	12,981	9.0
MD	1,410,565	15,761	11.2	3,720	2.6
ME	263,713	10,603	40.2	2,873	10.9
MI	2,254,968	74,262	32.9	16,799	7.4
MN	1,370,406	20,904	15.3	3,975	2.9
MO	1,445,959	31,425	21.7	2,177	1.5
MS	731,558	18,014	24.6	4,494	6.1
MT	242,010	8,547	35.3	2,363	9.8
NC	2,445,969	61,814	25.3	13,697	5.6
ND	190,864	3,185	16.7	1,002	5.2
NE	500,543	13,744	27.5	1,458	2.9

State	Number of children ages 0 to 8	Maltreatment reports		Maltreatment victims ¹	
		Number of children	Rate per 1,000 children	Number of children	Rate per 1,000 children
US	76,981,970	1,726,424	22.4	380,469	4.9
NH	270,282	7,182	26.6	718	2.7
NJ	2,041,552	38,494	18.9	2,055	1.0
NM	499,880	13,846	27.7	4,192	8.4
NV	732,431	16,141	22.0	3,305	4.5
NY	4,226,326	102,472	24.2	33,318	7.9
OH	2,715,108	60,667	22.3	14,203	5.2
OK	1,005,075	34,353	34.2	9,534	9.5
OR	908,945	26,061	28.7	6,818	7.5
PA	2,781,719	15,351	5.5	1,951	0.7
RI	217,532	4,655	21.4	1,755	8.1
SC	1,183,011	34,137	28.9	8,861	7.5
SD	229,479	2,519	11.0	1,065	4.6
TN	1,595,480	45,891	28.8	5,331	3.3
TX	7,836,749	155,067	19.8	46,156	5.9
UT	978,895	12,547	12.8	4,929	5.0
VA	1,976,345	25,502	12.9	3,398	1.7
VT	122,169	1,886	15.4	288	2.4
WA	1,752,362	27,039	15.4	2,436	1.4
WI	1,332,429	18,809	14.1	2,490	1.9
WV	377,237	27,348	72.5	3,911	10.4
WY	140,056	2,214	15.8	626	4.5

¹“Maltreatment victims” are children who are subject to at least one substantiated or indicated maltreatment report.
Source: Child Trends analyses of data from the National Child Abuse and Neglect Data System (v. 1) data for federal fiscal year 2020. Data for the total population size come from the KIDS COUNT Data Center (<https://datacenter.kidscount.org/>), Table: Child population by single age in the United States.

Table 2. Types of maltreatment allegations, among children ages 0 through 8, Fiscal Year 2020

State	Percentage distribution of reports by type of allegation ¹			
	Neglect	Physical abuse	Sexual abuse	Other ²
US	69%	23%	6%	16%
AK	77%	23%	10%	43%
AL	56%	55%	7%	0%
AR	56%	17%	6%	3%
AZ	64%	16%	2%	0%
CA	66%	20%	6%	31%
CO	80%	15%	7%	2%
CT	86%	15%	4%	23%
DC	59%	18%	4%	0%
DE	47%	36%	7%	16%
FL	51%	14%	3%	35%
GA	58%	10%	2%	15%
HI	19%	11%	4%	95%
IA	65%	14%	4%	32%
ID	90%	26%	0%	0%
IL	61%	19%	10%	0%
IN	92%	17%	5%	0%
KS	60%	37%	8%	26%
KY	93%	14%	3%	1%
LA	85%	19%	4%	0%
MA	77%	13%	3%	0%
MD	72%	27%	8%	0%
ME	55%	25%	7%	34%
MI	68%	24%	3%	1%
MN	79%	20%	13%	3%
MO	5%	2%	1%	95%
MS	88%	25%	9%	29%
MT	99%	5%	2%	1%
NC	93%	6%	3%	1%
ND	73%	20%	4%	42%
NE	66%	12%	7%	1%
NH	85%	21%	8%	5%
NJ	85%	19%	6%	0%

State	Percentage distribution of reports by type of allegation ¹			
	Neglect	Physical abuse	Sexual abuse	Other ²
US	69%	23%	6%	16%
NM	91%	20%	4%	35%
NV	66%	20%	2%	0%
NY	95%	16%	3%	39%
OH	59%	58%	7%	7%
OK	82%	18%	5%	28%
OR	60%	21%	4%	52%
PA	16%	69%	17%	1%
RI	70%	18%	2%	31%
SC	50%	30%	5%	11%
SD	92%	13%	3%	22%
TN	51%	61%	11%	11%
TX	83%	22%	14%	1%
UT	42%	50%	10%	30%
VA	76%	26%	3%	8%
VT	11%	79%	15%	0%
WA	76%	24%	3%	18%
WI	80%	22%	10%	2%
WV	49%	66%	3%	56%
WY	72%	24%	5%	13%

¹ Percentages sum to more than 100 because the categories are not mutually exclusive.

² “Other maltreatment types” include psychological or emotional maltreatment, sex trafficking, and—as reported by states into NCANDS—“other.”

Source: Child Trends analyses of data from the National Child Abuse and Neglect Data System (v. 1) data for federal fiscal year 2020.

Table 3. Foster care among children ages 0 through 8, Fiscal Year 2020

State	Number of children ages 0 to 8	Foster care population			
		N entering during year	N in care at end of year	N in care during year	N exiting care during year
US	76,981,970	135,503	226,256	370,830	122,930
AK	187,111	859	1,649	2,582	748
AL	1,147,973	2,240	2,977	5,308	2,017
AR	737,933	2,128	2,520	4,474	1,710
AZ	1,743,261	6,026	7,927	13,747	5,111
CA	9,295,705	15,951	26,814	42,607	13,214
CO	1,322,470	1,987	2,322	4,551	1,977
CT	767,952	920	2,078	3,127	862
DC	138,281	120	276	453	142
DE	217,280	151	202	387	166
FL	4,489,471	9,299	14,673	24,603	8,643
GA	2,644,651	2,938	6,389	10,435	3,379
HI	310,135	564	836	1,497	582
IA	766,955	1,624	2,656	5,032	2,135
ID	475,293	661	839	1,568	631
IL	2,937,286	5,573	11,985	15,995	3,018
IN	1,652,259	5,673	8,987	15,477	5,620
KS	735,159	1,722	3,624	5,784	1,741
KY	1,057,634	2,816	4,178	7,307	2,640
LA	1,137,735	1,521	2,152	3,908	1,542
MA	1,437,809	2,559	4,760	7,472	2,223
MD	1,410,565	1,011	2,021	2,740	574
ME	263,713	821	1,512	2,181	537
MI	2,254,968	2,763	6,111	9,638	2,995
MN	1,370,406	2,741	4,110	7,257	2,700
MO	1,445,959	4,028	6,930	10,898	3,340
MS	731,558	1,143	2,020	3,466	1,255
MT	242,010	1,390	2,119	3,672	1,352
NC	2,445,969	3,197	5,802	9,063	2,673
ND	190,864	573	881	1,410	430
NE	500,543	1,182	1,852	2,998	961
NH	270,282	354	592	970	312
NJ	2,041,552	1,203	2,327	3,949	1,425
NM	499,880	785	1,205	2,084	738

State	Number of children ages 0 to 8	Foster care population			
		N entering during year	N in care at end of year	N in care during year	N exiting care during year
US	76,981,970	135,503	226,256	370,830	122,930
NV	732,431	1,895	2,784	4,839	1,795
NY	4,226,326	3,772	8,591	12,062	2,707
OH	2,715,108	5,922	8,342	14,526	5,357
OK	1,005,075	3,049	5,460	8,734	2,840
OR	908,945	1,863	3,377	5,734	2,006
PA	2,781,719	4,090	7,675	12,255	3,838
RI	217,532	521	1,147	1,698	447
SC	1,183,011	1,646	1,996	3,964	1,722
SD	229,479	736	1,021	1,775	650
TN	1,595,480	2,619	4,021	6,781	2,306
TX	7,836,749	11,712	18,408	31,172	11,125
UT	978,895	1,027	1,235	2,308	950
VA	1,976,345	1,331	2,138	3,561	1,195
VT	122,169	294	541	952	354
WA	1,752,362	3,001	5,560	9,415	3,330
WI	1,332,429	2,394	4,182	6,856	2,278
WV	377,237	2,664	3,994	6,602	2,191
WY	140,056	444	458	956	446

¹Percentages sum to more than 100 because the categories are not mutually exclusive.

Source: Child Trends analyses of data from the National Child Abuse and Neglect Data System (v. 1) data for federal fiscal year 2020. Data for the total population size come from the KIDS COUNT Data Center (<https://datacenter.kidscount.org/>), Table: Child population by single age in the United States.

Table 4. Experiences of children ages 0 through 8 in foster care, Fiscal Year 2020

State	Percentage distribution of children in care at end of year, by last placement type				Percentage distribution of children exiting care during year, by reason for exit				
	Nonrelative foster care	Relative foster care	Congregate care	Other ¹	Reunification	Adoption	Guardianship	Live with relatives	Other exit reason ²
US	50%	40%	1%	10%	50%	33%	10%	6%	1%
AK	30%	30%	1%	39%	54%	32%	7%	2%	5%
AL	77%	18%	1%	4%	34%	28%	5%	32%	1%
AR	54%	34%	2%	11%	47%	30%	5%	18%	1%
AZ	38%	59%	2%	1%	52%	41%	5%	0%	2%
CA	51%	42%	0%	8%	61%	32%	6%	0%	1%
CO	61%	37%	0%	2%	39%	27%	8%	26%	1%
CT	41%	47%	0%	12%	43%	34%	17%	1%	4%
DC	41%	30%	1%	29%	43%	46%	9%	1%	0%
DE	81%	11%	0%	8%	37%	46%	14%	2%	0%
FL	48%	49%	1%	2%	48%	37%	15%	0%	0%
GA	67%	29%	0%	4%	44%	30%	15%	9%	2%
HI	45%	54%	1%	0%	52%	30%	18%	0%	0%
IA	37%	47%	0%	16%	50%	44%	7%	0%	0%
ID	46%	38%	1%	15%	56%	38%	4%	0%	1%
IL	40%	51%	1%	8%	56%	38%	4%	1%	0%
IN	39%	38%	0%	22%	62%	27%	9%	2%	0%
KS	50%	37%	0%	13%	59%	37%	2%	1%	1%
KY	74%	19%	1%	7%	36%	32%	0%	31%	0%
LA	55%	36%	0%	8%	42%	37%	12%	9%	1%
MA	44%	32%	3%	22%	66%	27%	5%	1%	0%
MD	30%	60%	2%	8%	49%	24%	2%	25%	0%
ME	46%	43%	1%	10%	61%	33%	4%	2%	0%

State	Percentage distribution of children in care at end of year, by last placement type				Percentage distribution of children exiting care during year, by reason for exit				
	Nonrelative foster care	Relative foster care	Congregate care	Other ¹	Reunification	Adoption	Guardianship	Live with relatives	Other exit reason ²
US	50%	40%	1%	10%	50%	33%	10%	6%	1%
MI	43%	46%	0%	10%	50%	46%	3%	0%	1%
MN	28%	49%	1%	21%	55%	28%	12%	5%	1%
MO	30%	43%	1%	26%	48%	32%	19%	1%	1%
MS	61%	30%	1%	8%	51%	31%	8%	10%	0%
MT	37%	46%	2%	15%	63%	24%	10%	2%	1%
NC	62%	31%	2%	5%	37%	37%	22%	4%	1%
ND	68%	28%	0%	4%	57%	27%	6%	6%	4%
NE	43%	41%	0%	16%	63%	31%	4%	0%	2%
NH	57%	40%	3%	0%	52%	42%	2%	4%	0%
NJ	58%	41%	1%	1%	50%	41%	4%	4%	1%
NM	53%	33%	1%	13%	63%	29%	7%	0%	1%
NV	43%	46%	1%	10%	58%	33%	6%	0%	3%
NY	51%	36%	2%	12%	53%	26%	7%	14%	0%
OH	66%	28%	1%	6%	46%	19%	5%	30%	0%
OK	53%	34%	1%	12%	48%	43%	4%	2%	3%
OR	38%	36%	1%	25%	59%	33%	6%	1%	1%
PA	48%	48%	1%	3%	46%	41%	6%	5%	2%
RI	37%	43%	1%	18%	64%	26%	9%	0%	0%
SC	81%	11%	2%	6%	48%	23%	2%	25%	1%
SD	53%	30%	4%	14%	54%	23%	10%	3%	11%
TN	72%	19%	1%	9%	40%	33%	10%	16%	0%
TX	51%	38%	2%	9%	41%	35%	23%	0%	0%
UT	39%	40%	0%	21%	48%	37%	6%	8%	1%

State	Percentage distribution of children in care at end of year, by last placement type				Percentage distribution of children exiting care during year, by reason for exit				
	Nonrelative foster care	Relative foster care	Congregate care	Other ¹	Reunification	Adoption	Guardianship	Live with relatives	Other exit reason ²
US	50%	40%	1%	10%	50%	33%	10%	6%	1%
VA	86%	11%	1%	3%	31%	46%	2%	20%	1%
VT	53%	35%	1%	11%	47%	46%	2%	6%	0%
WA	44%	40%	1%	15%	64%	31%	5%	0%	0%
WI	51%	45%	0%	4%	52%	25%	22%	1%	1%
WV	37%	59%	1%	3%	40%	53%	6%	1%	0%
WY	46%	40%	1%	13%	69%	15%	11%	5%	0%

¹“Other placement types” include preadoptive home, supervised independent living, runaway, and trial home visit.

²“Other exit reasons” include transfer to another agency, runaway, death of child, and emancipation.

Source: Child Trends analyses of data from the National Child Abuse and Neglect Data System (v. 1) data for federal fiscal year 2020.

Additional resources

- [Collaborating for Better Outcomes in Early Intervention and Child Welfare: Developing Effective and Ethical Coordination of Services for Children and Families](#) (ZERO TO THREE)
- [Connecting the Dots: A Resource Guide for Meeting the Needs of Expectant and Parenting Youth, their Children, and their Families](#) (CSSP)
- [The Impact of Trauma and the Experience of Young Children in the Child Welfare System](#) (The National Child Traumatic Stress Network)
- [Infants and toddlers are more likely than older children to enter foster care because of neglect and parental drug abuse](#) (Child Trends)
- [Leveraging FFPSA to Support Young Children](#), webinar and [Family First Prevention Services Act: Alignment and Opportunities to Support Young Children and their Families](#), slide deck (CSSP)
- [A Project Years in the Making: Early Childhood and Child Welfare Working Together to Reach The Most Vulnerable Children In Time](#) (Build Initiative)
- [Recommendations for Trauma-Informed Care Under the Family First Prevention Services Act](#) (The National Child Traumatic Stress Network)
- [State Child Abuse and Neglect Policies Database](#) (Mathematica, OPRE, Child Trends, NDACAN)
- [States can improve supports for infants and toddlers who are in or at risk of entering foster care](#) (Child Trends, ZERO TO THREE)
- [Supporting the First 1,000 Days of A Child's Life: An Anti-Racist Blueprint for Early Childhood Well-Being and Child Welfare Prevention](#) (CSSP)
- [Working Together – A Roadmap to Human Services System Alignment for Young Families](#) (American Public Human Services Association)