



Rhode Island Department of Children, Youth & Families



Picture Source: Family Service of Rhode Island www.familyserveri.org

Safety Report

**October 1, 2021 – September 30, 2024
(FFY22 – FFY24)**

**Division of Performance Improvement
Data and Evaluation Unit**

April 2025

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Rhode Island Department of Children, Youth and Families (RI DCYF)
Safety Report
October 1, 2021 – September 30, 2024 (FFY22 – FFY24)

Introduction

The Rhode Island Department of Children, Youth & Families mission is to promote child safety, permanency and well-being as well as family and community well-being. Promoting safety and reducing the probability of child maltreatment is first and foremost. Child maltreatment can have adverse lifelong impacts as evidenced by the Adverse Childhood Experience (see page 4). This report provides information on child maltreatment in RI that can be used collaboratively among agencies and organizations whose efforts are aimed at promoting child and family safety and well-being throughout the State of RI.

National

Child maltreatment includes all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role (e.g., clergy, coach, teacher). There are four common types of maltreatment.

- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Neglect

In the United States:

- ✓ An estimated 549,159 children were victims of abuse and neglect in 2023, the most recent year for which there is national data.
- ✓ The youngest children are the most vulnerable. Children in the first year of their life are 15% of all victims, and more than a quarter (27%) of child maltreatment victims are no more than 2 years old.
- ✓ At least 1 in 7 children experience some form of child abuse or neglect in their lifetimes, likely an underestimate because many cases are unreported.
- ✓ About 2,000 children died from abuse or neglect in 2023.
- ✓ Child abuse and neglect is 5 times higher for children in families of low socioeconomic status.
- ✓ The total lifetime cost of child abuse and neglect was estimated at \$592 billion in 2018.

[National Statistics on Child Abuse - National Children's Alliance \(nationalchildrensalliance.org\)](https://www.nationalchildrensalliance.org/)
[Child Maltreatment 2023 \(hhs.gov\)](https://www.hhs.gov/child-maltreatment-2023/)
[CDC Child Abuse and Neglect Prevention](https://www.cdc.gov/ncj/vlbi/abuseandneglect/)

Rhode Island

The rate of child maltreatment in RI in FFY24 was 11.5 per 1,000 children (children less than 18 years old). Most child maltreatment nationally and in RI is in the form of neglect. In FFY24 in RI, approximately 51% of maltreatment was in the form of neglect. Approximately 76.3% of children in RI who were victims of maltreatment in FFY24 were age 11 and younger and children under the age of 1 had the highest prevalence of reported maltreatment. This report provides information on RI DCYF Child Protective Services (CPS) investigations, maltreatment, repeat maltreatment and maltreatment in foster care.

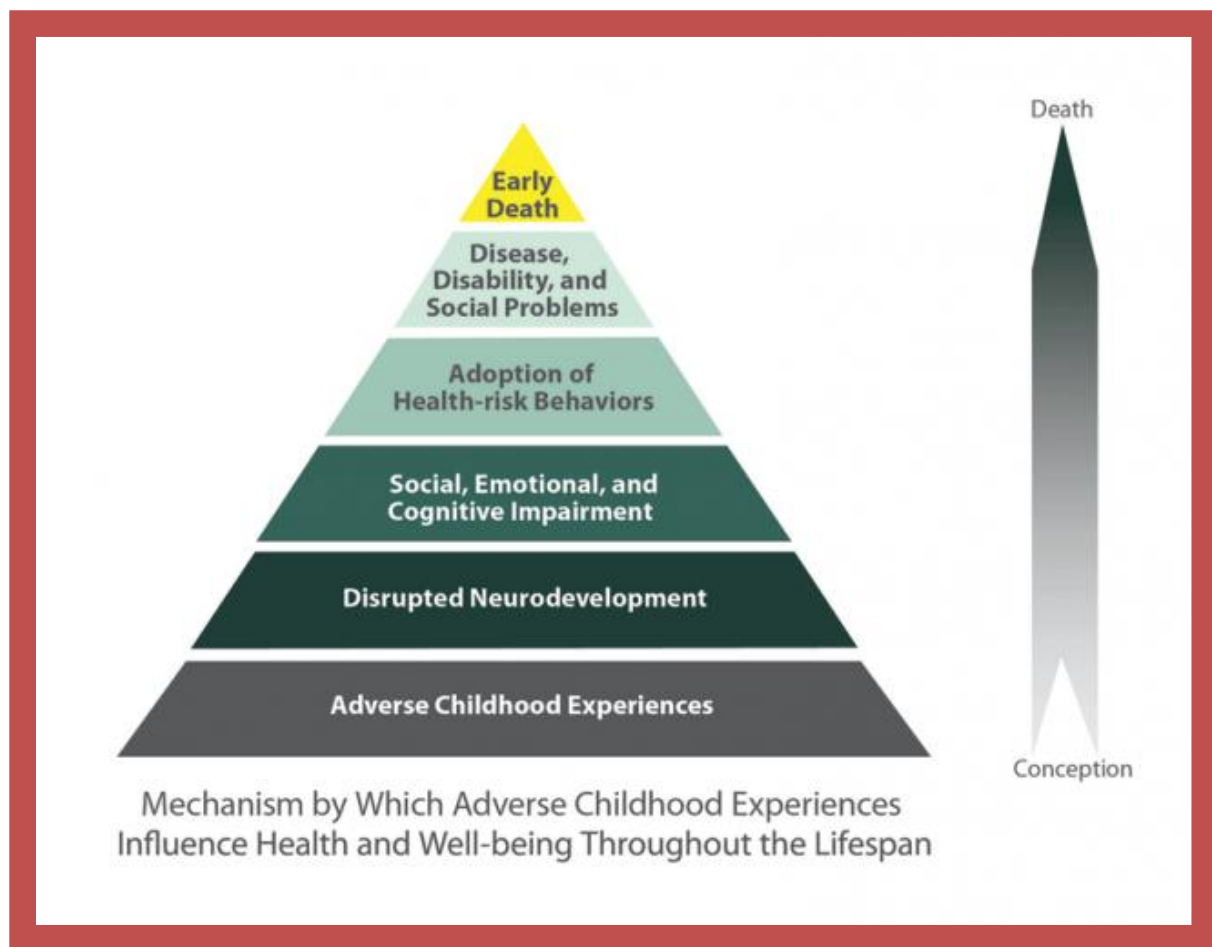
Adverse Childhood Experiences (ACEs)

Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. As such, early experiences are an important public health issue. Much of the foundational research in this area has been referred to as Adverse Childhood Experiences (ACEs).

The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study is one of the largest investigations of childhood abuse and neglect and later-life health and well-being. The original ACE Study was conducted at Kaiser Permanente from 1995 to 1997 with two waves of data collection. Over 17,000 Health Maintenance Organization members from Southern California receiving physical exams completed confidential surveys regarding their childhood experiences and current health status and behaviors. The CDC continues ongoing surveillance of ACEs by assessing the medical status of the study participants via periodic updates of morbidity and mortality data.

The ACE Pyramid represents the conceptual framework for the ACE Study. The ACE Study has uncovered how ACEs are strongly related to development of risk factors for disease, and well-being throughout the life course. Adverse Childhood Experiences have been linked to:

- risky health behaviors,
- chronic health conditions
- low life potential, and
- early death



The Building Community Resilience Pair of ACEs

The pair of ACEs tree was illustrated to communicate the relationship between adversity within a family and adversity within a community. Adverse childhood experiences (the leaves) can increase a person's risk for chronic stress and adverse coping mechanisms, and result in lifelong chronic illness such as depression, heart disease, obesity and substance abuse. Physical or sexual violence, and abuse or neglect are often less obvious but can exist as chronic stressors.

The tree is planted in poor soil that is steeped in systemic inequities, robbing it of nutrients necessary to support a thriving community. Adverse community environments (the roots) such as a lack of affordable and safe housing, community violence, systemic discrimination, and limited access to social and economic mobility compound one another, creating a negative cycle of worsening soil that results in withering leaves.

By addressing ACEs as pairs, we are able to more readily engage diverse stakeholders in developing policy goals – policies that will support efforts to address adversities that are embedded in communities but have their roots in systems.



https://publichealth.gwu.edu/sites/default/files/downloads/RedstoneCenter/Resource%20Description_Pair%20of%20ACEs%20Tree.pdf

Stats at a Quick Glance

Table 1. provides an overview of RI DCYF Child Protection Service (CPS) contact points with families. The overall aim is to leverage a surveillance system that can readily detect and respond to trends at the system level to better inform interventions aimed at promoting child safety as well as child and family well-being.

Percent and Rate of Indicated Maltreatment Trends

If the child and family present an elevated risk or safety concern, a CPS investigation is conducted that results in either an unfounded investigation or indicated investigation. Among families investigated, the percent of children indicated increased from FFY23 to FFY24. The rate of indicated child victims increased from FFY23 to FFY24. The median age of indicated child victims across the 4 Federal Fiscal Years remained consistent.

A goal in maintaining child safety is to mitigate the risk of a recurrence. The U.S. Children’s Bureau measure defines repeat maltreatment as a child indicated within 12 months of a previous indicated maltreatment. In FFY23, 7.2% of children experienced a repeat maltreatment. The median age at the time of the initial maltreatment was 6 years old and the median length of time between the two indicated events was 217 days, over 7 months.

The number of unique children with a report of maltreatment in foster care increased from FFY23 to FFY24. Throughout this report, foster care is the Federal definition, all children in an out-of-home placement.

Table 1. Stats at a Quick Glance, by Federal Fiscal Year (FFY).

	FFY21	FFY22	FFY23	FFY24
Section 1: Investigations (Maltreatment)				
Number of children investigated	6,938	4,764	6,409	6,070
Among children investigated, percent of children indicated	37%	39%	39%	42%
Median age at CPS report for indicated child victims (years)	6.0	6.0	6.0	6.0
Rate of indicated child victims (per 1,000 children under 18 years old in Rhode Island)	11.6	8.9	11.4	11.5
Section 2: Repeat Maltreatment*				
Percent of children who had repeat maltreatment within 12 months of the initial maltreatment	9.9%	8.3%	7.2%	
Median age at initial maltreatment (years)	5.0	6.0	6.0	
Median length of time between initial and repeat maltreatment (days)	168.0	146.0	217	
Section 3: Maltreatment in Foster Care**				
Number of victimizations of maltreatment in foster care	54	57	50	54
Number of unique child victims of maltreatment in foster care	52	55	46	53
Median age at CPS report (years)	10.5	13.0	14	14

*Unadjusted for age. Children’s Bureau adjust for age at initial victimization.

**At time of report, Children’s Bureau method of bed days calculations had not yet been released – subject to be revised

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Section 1: Investigations (Maltreatment), FFY22-FFY24



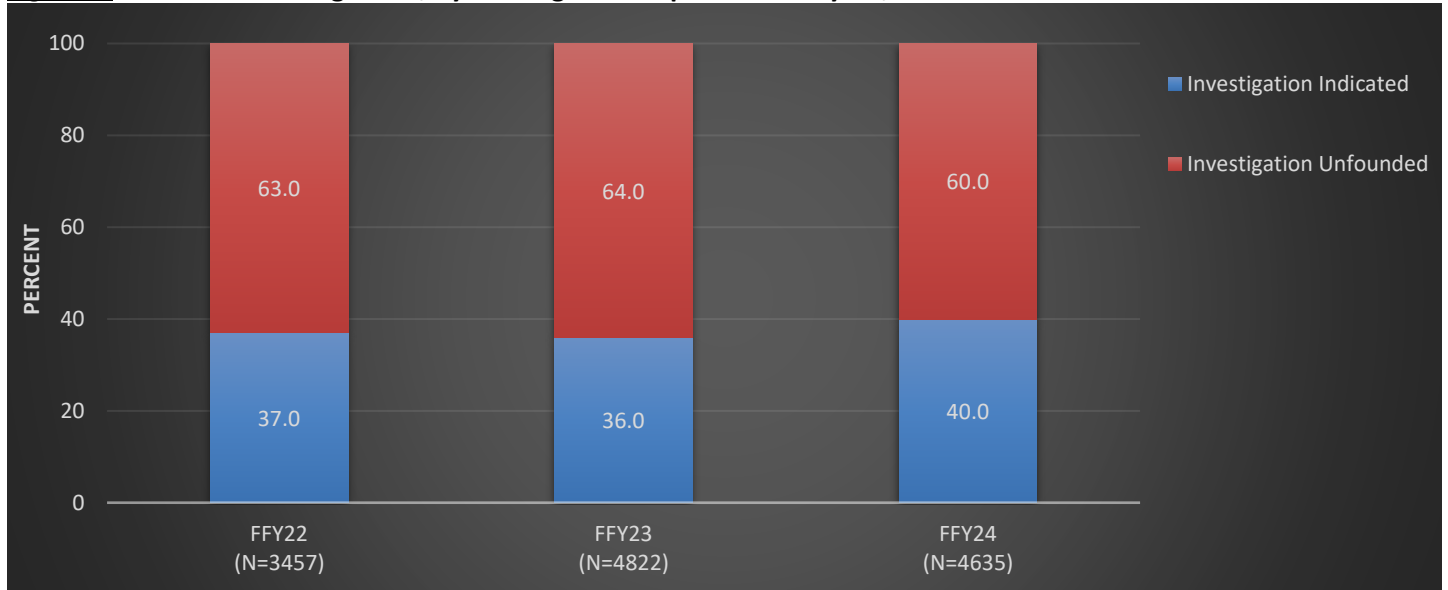
Picture source: Florida Coalition Against Domestic Violence (www.fcadv.org)

Data Presented in Section 1:

The data presented in Section 1 reflect CPS (Child Protection Service) investigations completed during October 1, 2021 – September 30, 2024 (FFY22-FFY24), by federal fiscal year. The data is *presented by investigation disposition year*, meaning that FFY24 data may include investigations reported in previous years like FFY23 or FFY22 but were completed in FFY24. Children aged 18 and older at the time of CPS report are excluded (consistent with Children’s Bureau reporting).

INVESTIGATIONS BY DISPOSITION INVESTIGATIONS (MALTREATMENT)

Figure 1. Percent of investigations, by investigation disposition and year, FFY22-FFY24



The total number of investigations decreased from 4,822 in FFY23 to 4,635 in FFY24, while the percent of indicated investigations increased slightly from 36% in FFY23 to 40% in FFY24 (see figure 1).

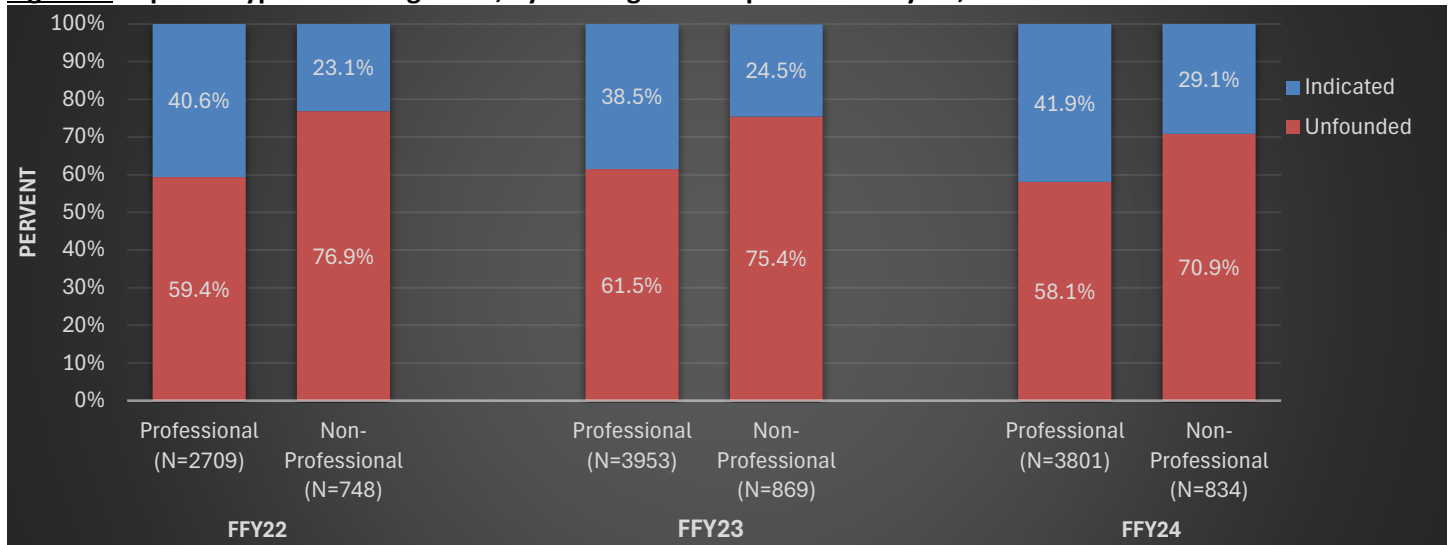
In July of 2019, the Structured Decision-Making (SDM) Hot Line Screening Tool was implemented to promote consistent practice related to the screening of CPS reports. These efforts were designed to improve efficiency and promote enhanced outcomes. In November of 2019, the SAFE Practice Model was implemented. SAFE shifts from an incident and compliance-based focus when assessing child-safety to the assessment of how a family functions on a day-to-day basis. The Family Functioning Assessment and On-going Family Functioning Assessment and Service Plan were launched in our electronic case record. The implementation of a Best Practice Model was designed to promote consistent and accurate decisions about child safety and well-being and improve outcomes for children and families. The tools associated with SAFE were implemented in the Department’s data system. Since implementation of the SDM tool and SAFE model, there has been a decrease in total number of reports screened in for investigation, and an increase in percent indicated investigations. This suggests there may be more precision and/or fidelity to the SDM tool for screening in investigations.

Data notes:

- Data unduplicated by investigation.
- Investigation level data reflect investigation level findings. A child may have indicated investigation even if all allegations are unfounded due to another child in the same investigation case being indicated.

REPORTER CALLS INVESTIGATIONS (MALTREATMENT), continued

Figure 2. Reporter type of investigations, by investigation disposition and year, FFY22-FFY24



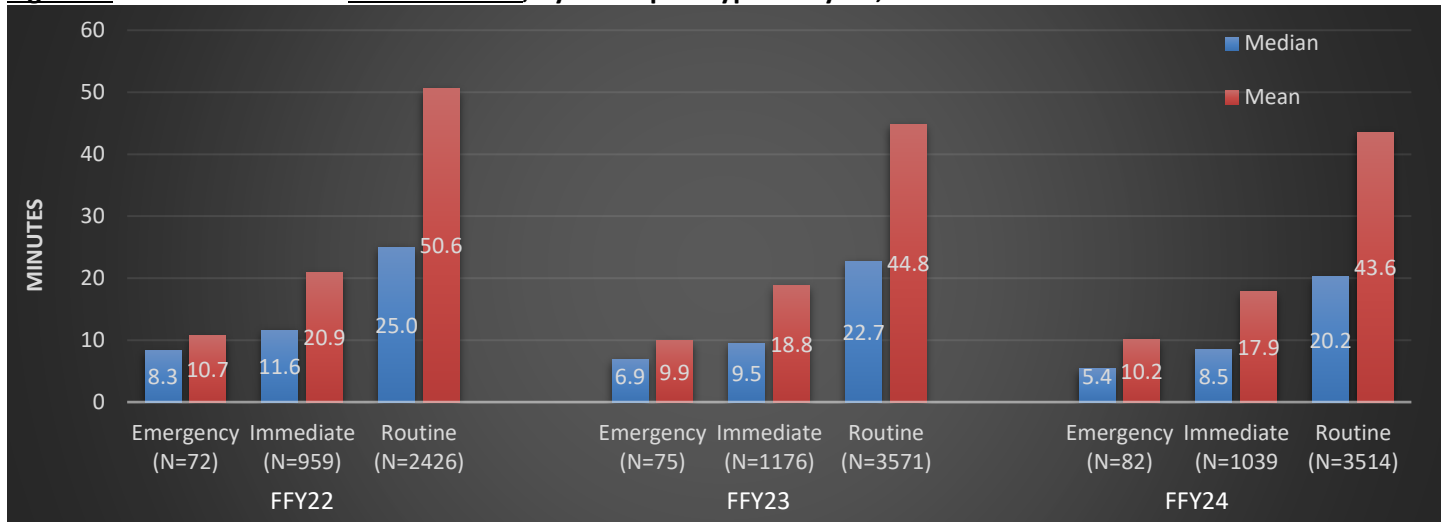
Rhode Island is a mandatory reporting state wherein any person witnessing or having suspicion of child maltreatment are required to notify RI DCYF ([RIGL §40-11-3](#)). Reporters can be classified into two subpopulations, reporters who are reporting in their professional role, “professional”, and reporters who are reporting not in a professional role, “non-professional”. Over the three years, investigations reported by a professional have a greater percentage of resulting in an indicated finding compared to investigations reported by non-professional reporters (see Figure 2).

Data Notes:

- Data unduplicated by investigation and duplicated by child. Each investigation is counted once, but a child may be counted more than once if had multiple investigations.
- Professional includes reporter type of assistant principal, attendance officer, CPI, child advocate office, child care, child day care center, child day care home, clinic or hospital physician counselor, courts, DCYF attorney, DCYF probation/parole officer, DCYF social worker, DHS personnel, dental professional, Department of Corrections personnel, emergency services personnel, hospital social worker, medical examiner, mental health personnel, nurse (LPN), nurse (RPN), other child care provider, other DCYF staff, other law enforcement personnel, other medical personnel, other school personnel, other social services personnel, police, pre-school/nursery school, principal, private agency social worker, private physician, psychologist, school nurse, school social worker and teacher.
- Non-professional includes reporter type of babysitter, father/father substitute, friend/neighbor, institutional staff personnel, landlord, mother/mother substitute, not noted by report taker, other reporting source, relative or family, sibling and victim.

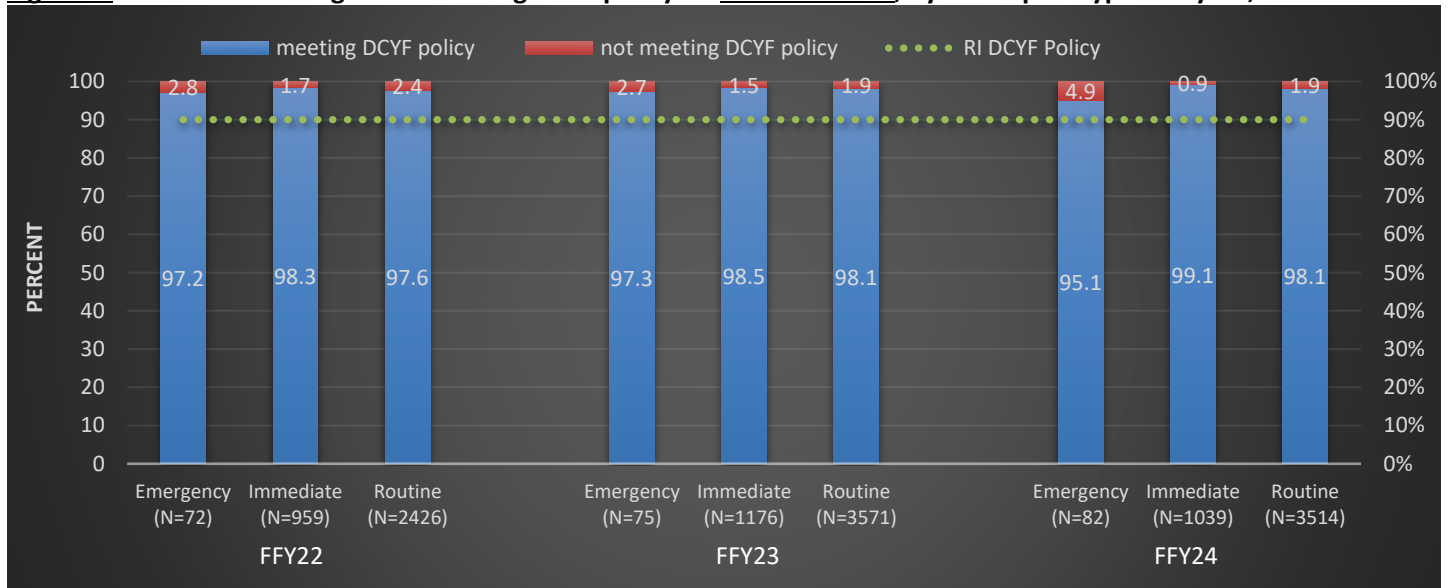
CPS SCREEN-IN TIME INVESTIGATIONS (MALTREATMENT), continued

Figure 3. Median and Mean screen-in time, by CPS report type and year, FFY22-FFY24



CPS (Child Protection Service) screen-in time reflects the time between when the CPS report was created by the CPS call floor and the time the CPS supervisor reviews and forwards the report to the Child Protective Investigator (CPI). The current DCYF policy requires **emergency reports to be screened within 30 minutes, immediate reports in 120 minutes (2 hours) and routine reports in 240 minutes (4 hours)**. In FFY24, there was a decrease in the median screen-in times for emergency, immediate, and routine reports (see Figure 3) from FFY23. In FFY22, FFY23, and FFY24 the percent of investigations meeting the DCYF policy on screen-in time met or exceeded the 90% target (see Figure 4). Median, the middle most count, references the separation of upper-half, longer time to screen versus lower-half, shorter time to screen. Mean is used to determine outliers of times to screen.

Figure 4. Percent of investigations meeting DCYF policy on screen-in time, by CPS report type and year, FFY22-FFY24



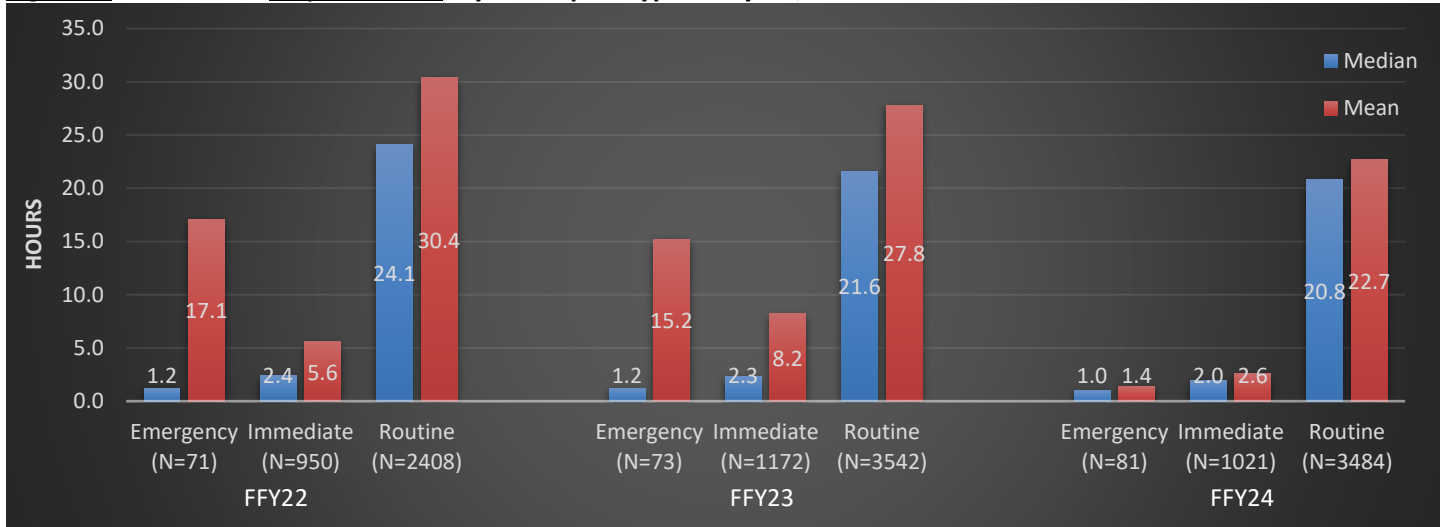
Data notes:

- Data unduplicated by investigation and duplicated by child. Each investigation is counted once, but a child may be counted more than once if had multiple investigations.

CPS RESPONSE TIME

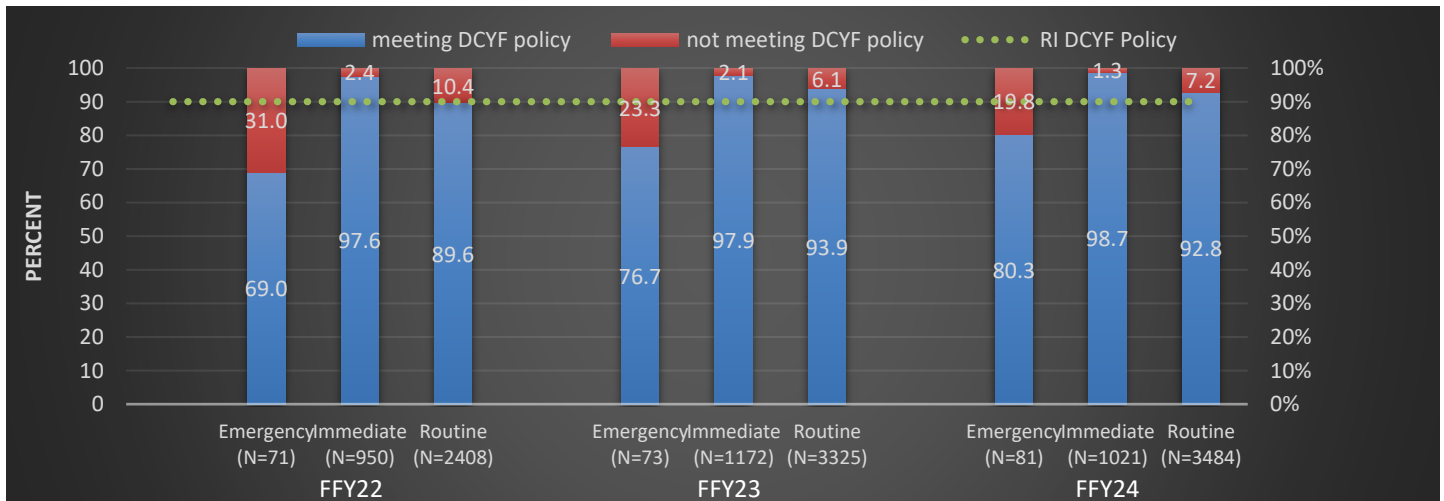
INVESTIGATIONS (MALTREATMENT), continued

Figure 5. Median CPS response time, by CPS report type and year, FFY22-FFY24



CPS (Child Protection Service) response time reflects time between the supervisor acceptance of the report and the first attempted, phone or face to face contact with any person in the investigation case. The current DCYF policy requires **emergency reports to be responded within 2 hours, immediate reports in 12 hours and routine reports in 48 hours**. The median response times for emergency, immediate, and routine reports remained relatively constant from FFY22 to FFY24 (see Figure 5). In FFY24, immediate and routine investigations met the DCYF policy on CPS response time (see Figure 6). Median, the middle most count, references the separation of upper-half, longer time to response versus lower-half, shorter time to response. Mean is used to determine outliers of times to report response. These CPS response times were revised in policy to align with the Structured Decision-Making Tool in July of 2019.

Figure 6. Percent of investigations meeting DCYF policy on CPS response time, by CPS report type and year, FFY22-FFY24



Data notes:

- Data unduplicated by investigation and duplicated by child. Each investigation is counted once, but a child may be counted more than once if had multiple investigations.
- Data missing (18 in FFY22; 35 in FFY23; and 21 in FFY24) response time are excluded. FFY24 extreme values were excluded.
- Data updated in previous years due to an update in methodology.

CPS REPORT DISPROPORTIONALITY INVESTIGATIONS (MALTREATMENT), continued

Figure 7. Percent of screened-in child victims of maltreatment and population estimate of children under 18 years old in Rhode Island, by race, ethnicity and year, FFY22-FFY24



Over the three years presented, children who are Black or African American, Multiracial, and Hispanic children are disproportionately represented with screened in CPS reports compared to RI 2020 population estimates (see Figure 7).

Data source: U.S. Census 2020 population estimate by sex, age, race and Hispanic for children under 18.

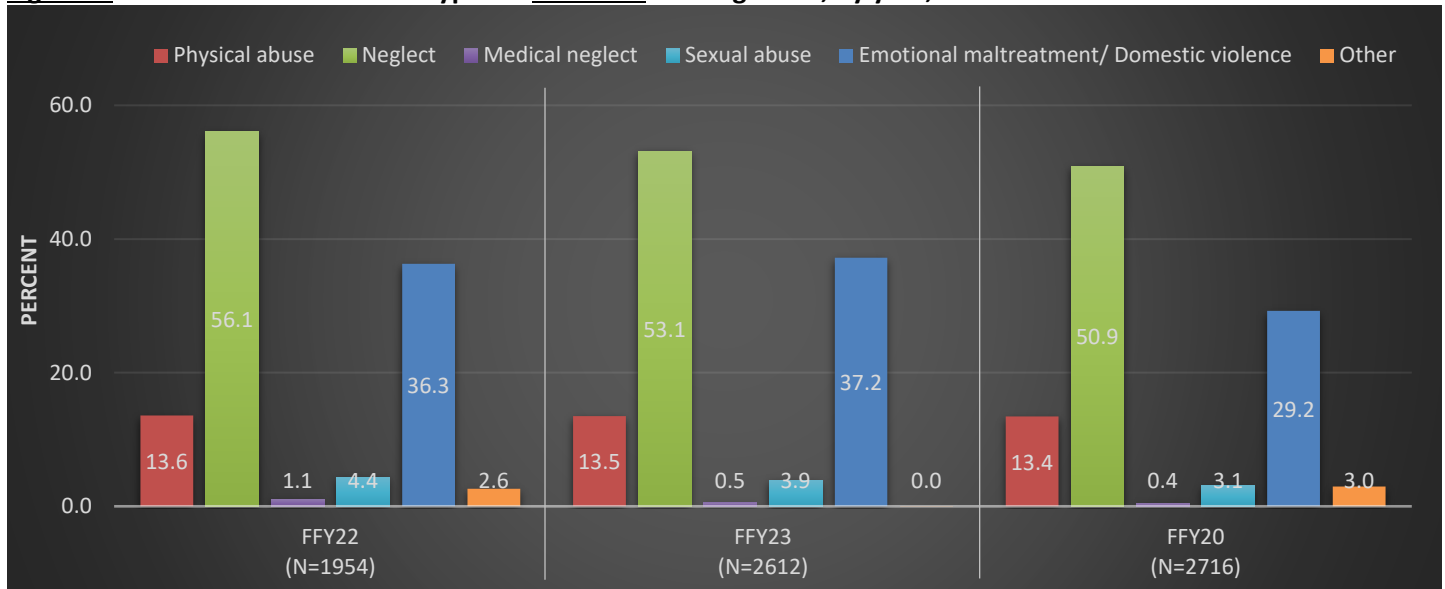
[S0901: CHILDREN CHARACTERISTICS - Census Bureau Table](#)

Data notes:

- Data unduplicated by child. If a child had multiple investigations in a fiscal year, perhaps one indicated and one unfounded, the child is counted once as indicated child victim.
- Children with unknown/missing race and unknown/missing ethnicity are not shown.

TYPE OF MALTREATMENT INVESTIGATIONS (MALTREATMENT), continued

Figure 8. Percent of maltreatment types of indicated investigations, by year, FFY22-FFY24



Maltreatment can range from neglect to medical neglect, emotional abuse, physical abuse, to sexual abuse. In a single investigation a child may be a victim of more than one type of indicated maltreatment. Over the three years, neglect continues to be the most frequent type of indicated maltreatment, remaining consistent across FFY22-FFY24 (see Figure 8). Emotional abuse was the second most frequent type 36% in FFY22, 37% in FFY23 and 29% in FFY24. In FFY23 and FFY24 all of emotional abuse were domestic violence. The percentages across all maltreatment types remained relatively constant over the three years presented. Congruently, of maltreatment -- as a multi-select variable, 22.5% of individual, indicated investigations had more than 1 type of maltreatment.

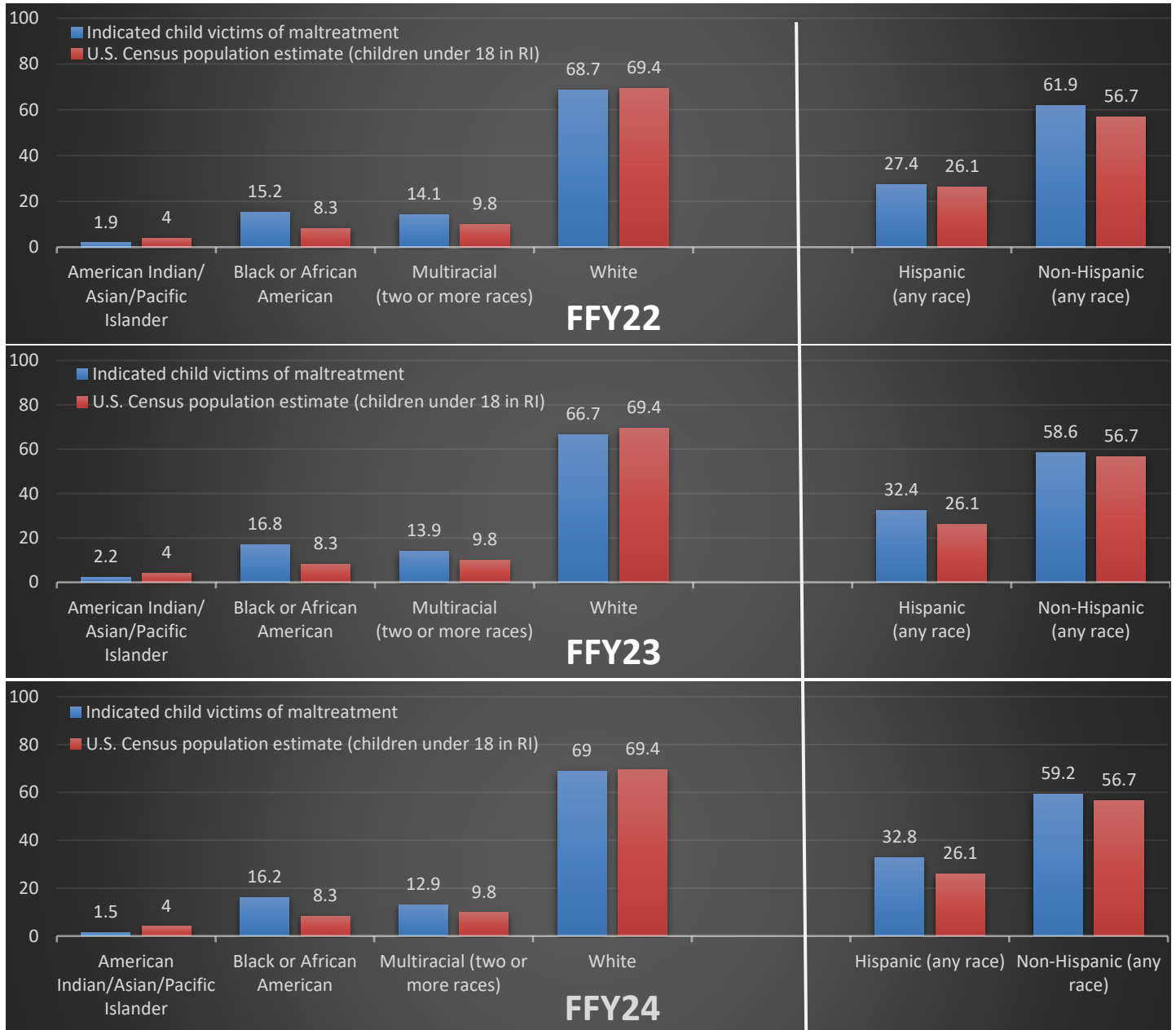
Data notes:

- Data shown in investigation level. An investigation may be counted more than once if multiple children indicated in investigation.
- Only the indicated allegations are reflected.
- Percentage may add up to more than 100% because a child may be a victim of multiple maltreatment types.
- NCANDS maltreatment categories may be different from RICHIST categories.
- NCANDS maltreatment type of "other" includes RICHIST allegation types of corporal punishment, inappropriate restraint, other institutional abuse and other institutional neglect under Institutional Abuse & Neglect.

INDICATED MALTREATMENT DISPROPORTIONALITY

INVESTIGATIONS (MALTREATMENT), continued

Figure 9. Percent of indicated child victims of maltreatment and population estimate of children under 18 years old in Rhode Island, by race, ethnicity and year, FFY22-FFY24



Over the three years presented, children who are Black or African American, Multiracial, and Hispanic are disproportionately represented with indicated maltreatment compared to RI 2020 population estimates (see Figure 9). Similarly, children aged 0-9 are disproportionately represented with indicated maltreatment, 68.7% in FFY24 compared to comprising 53.4% of the RI population (see Figure 10).

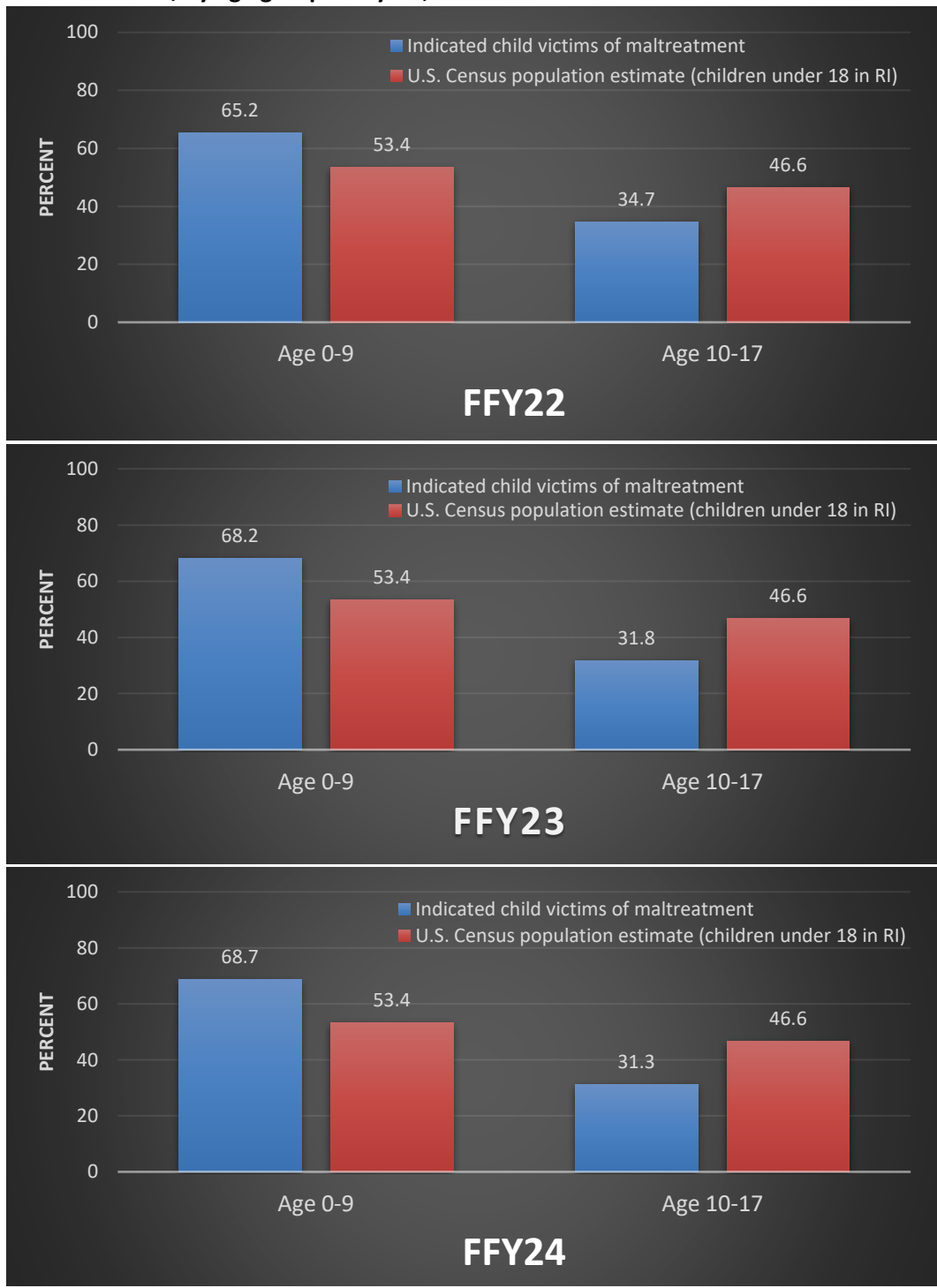
Data source: U.S. Census 2020 population estimate by sex, age, race and Hispanic for children under 18.

[S0901: CHILDREN CHARACTERISTICS - Census Bureau Table](#)

Data notes:

- Data unduplicated by child. If a child had multiple investigations in a fiscal year, perhaps one indicated and one unfounded, the child is counted once as indicated child victim.

Figure 10. Percent of indicated child victims of maltreatment and population estimate of children under 18 years old in Rhode Island, by age group and year, FFY22-FFY24



Data source: U.S. Census 2020 population estimate by sex, age, race and Hispanic for children under 18.

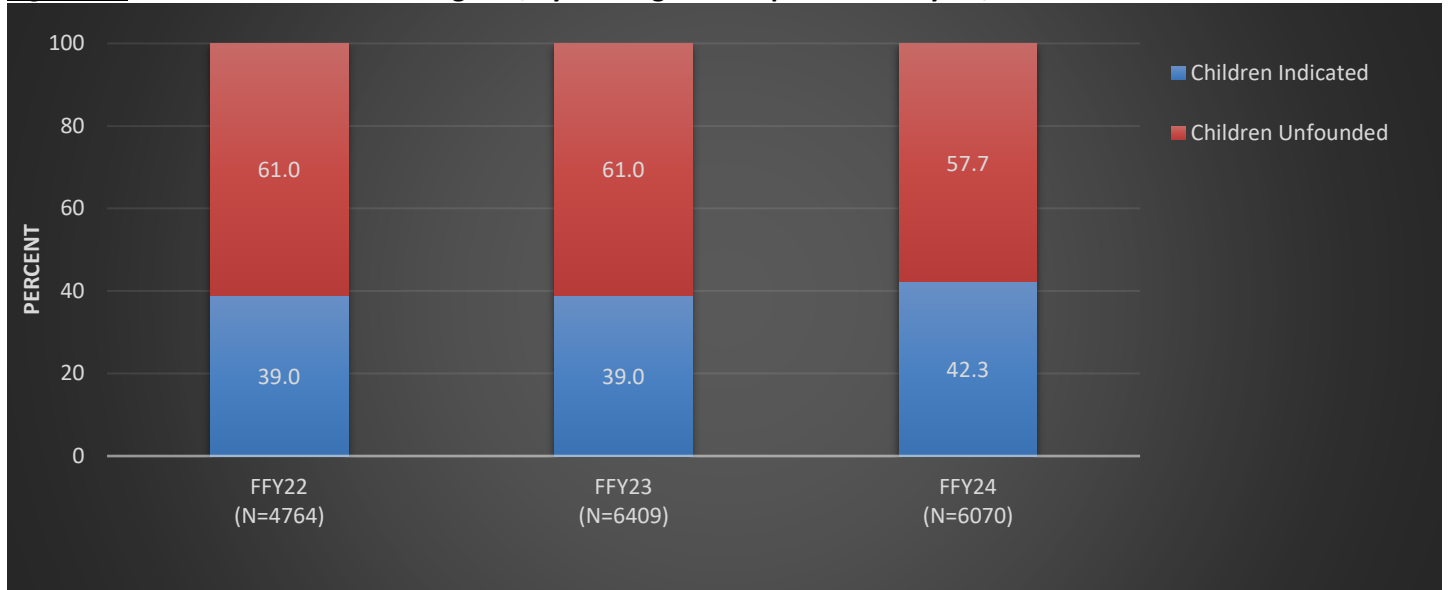
[Rhode island under 18 town - Census Bureau Tables](#)

Data notes:

- Data unduplicated by child. If a child had multiple investigations in a fiscal year, perhaps one indicated and one unfounded, the child is counted once as indicated child victim.
- Children with unknown/missing race and unknown/missing ethnicity are not shown.

CHILDREN INVESTIGATED BY DISPOSITION INVESTIGATIONS (MALTREATMENT), continued

Figure 11. Percent of children investigated, by investigation disposition and year, FFY22-FFY24



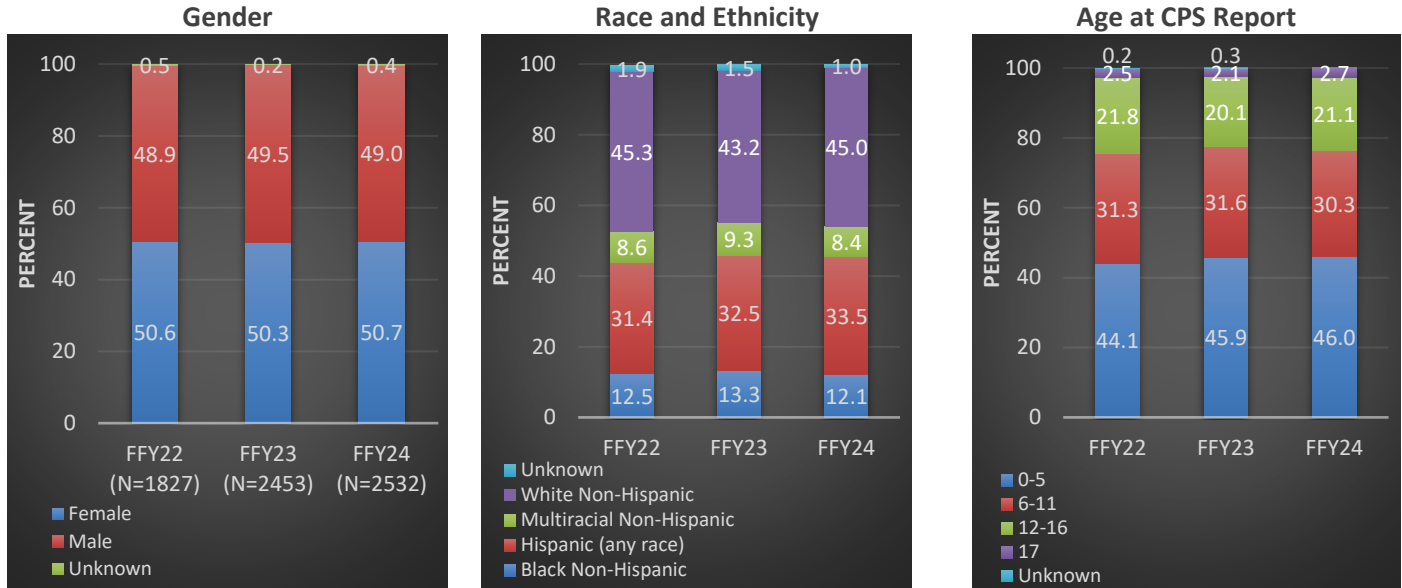
While the total number of children investigated decreased from FFY23 to FFY24, the percent of children indicated increased slightly from FFY23 to FFY24 (see Figure 11). The reasons for the slight increase in the percent of children identified as indicated may be a combination of factors of which may include greater fidelity over time with the SAFE model.

Data notes:

- Data unduplicated by child. If a child had multiple investigations in a fiscal year, perhaps one indicated and one unfounded, the child is counted once as indicated child victim.

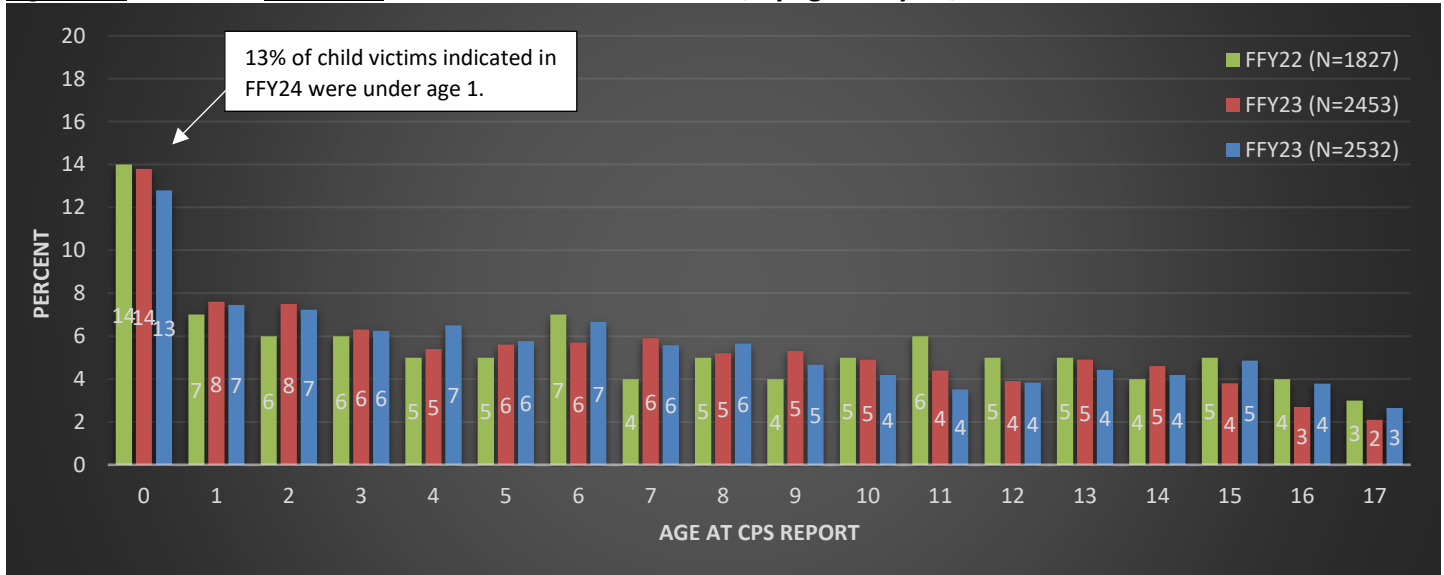
DEMOGRAPHICS OF CHILDREN INVESTIGATIONS (MALTREATMENT), continued

Figure 12. Demographics of indicated child victims of maltreatment, by year, FFY22-FFY24 (see Appendix Table 1)



The data represent an unduplicated number of child victims. If a child was indicated more than once within the 12-month period, the child would be counted once. There was relatively no change in the percent of children with indicated maltreatment in gender. There were small increases among Hispanic group across the three years presented (see Figure 12). Approximately 1 in 7 children aged 17 and younger who are indicated for maltreatment are under the age of 1 years old (see Figure 13).

Figure 13. Percent of indicated child victims of maltreatment, by age and year, FFY22-FFY24

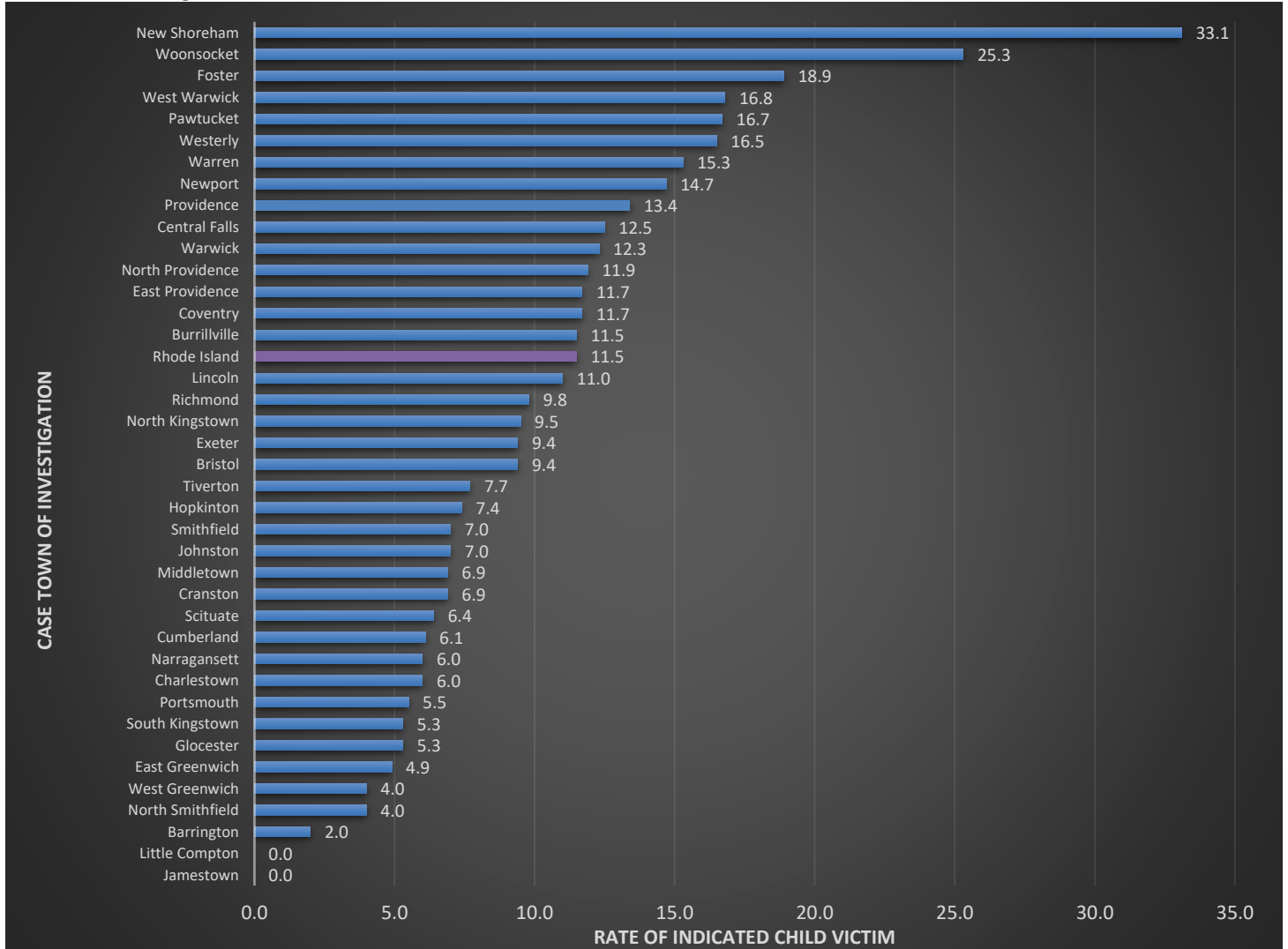


Data notes:

- Data unduplicated by child. If a child had multiple investigations in a fiscal year, perhaps one indicated and one unfounded, the child is counted once as indicated child victim.
- Children with unknown/missing age are not shown

WHERE IN RHODE ISLAND INVESTIGATIONS (MALTREATMENT), continued

Figure 14. Rate of indicated child victims per 1,000 children under 18-year-old in Rhode Island, by family city\town, FFY24. (excluding maltreatment in foster care) (see Appendix Table 2)



The rate of child maltreatment in RI in FFY24 was 11.5 per 1,000 children (children less than 18 years old). Approximately 15 cities exceeded the RI rate of maltreatment. The rate of child maltreatment increased slightly from FFY23 to FFY24. In FFY23 the rate of child maltreatment in RI was 11.4 per 1,000 children (children less than 18 years old) and approximately 11 cities exceeded the RI rate of maltreatment. In FFY22, the rate of child maltreatment in RI was 8.9 per 1,000 children (children less than 18 years old) and approximately 10 cities exceeded the RI rate of maltreatment (see Figure 14). In both FFY22 and FFY23, New Shoreham had a count of 0 indicated children, in FFY24 the count of indicated children was 6. Due to the small population of children under 18, in New Shoreham the rate can be distorted.

Data source: U.S. Census 2020 population estimate for children under 18.

Data note:

- Data unduplicated by child. If a child had multiple investigations in a fiscal year, perhaps one indicated and one unfounded, the child is counted once as indicated child victim.
- Excluded child victims with unknown or out of state case address.
- Excluded child victims of maltreatment in foster care.

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Section 2: Repeat Maltreatment, FFY21-FFY23



Picture source: Florida Coalition Against Domestic Violence (www.fcadv.org)

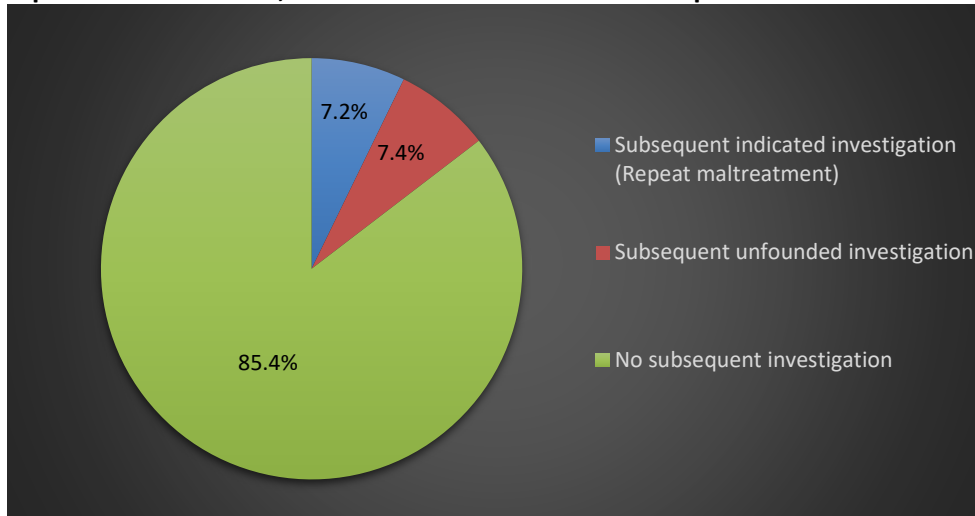
Data Presented in Section 2:

The data presented in Section 2 focus on children under 18 years of age who had indicated maltreatment between October 1, 2020 – September 30, 2023 (FFY21-FFY23) and had a subsequent indicated report within 12 months of their initial. A subsequent indicated report which occurred within 14 days of the initial indicated report is not counted as repeat maltreatment, rather it is seen as additional information on the investigation.

The total number of unique child victims presented in this section is slightly different from the number presented in previous section on maltreatment. Maltreatment section is presented by investigation disposition year whereas repeat maltreatment section is presented by investigation report year. In FFY23 there are 2,453 unique child victims who completed investigation as shown in Section 1. There are 2,288 unique child victims who were reported for investigation in FFY23 and completed investigation in either FFY22 or FFY23 as presented in this section (see Table 3). The exclusion criteria and timeframe used to calculate repeat maltreatment are consistent with Children’s Bureau reporting.

REPEAT MALTREATMENT

Figure 16. Among indicated child victims reported in FFY23, percent who had subsequent indicated investigation, or repeat maltreatment*, within 12 months of the initial report.



*Repeat maltreatment: report date of the first subsequent indicated investigation falls within 12 months of the initial indicated investigation reported in FFY23.

Table 2. Among indicated child victims, number and percent who had subsequent indicated investigation, or repeat maltreatment*, within 12 months of the initial report, by year, FFY21-FFY23

	FFY21 (N=2486)		FFY22 (N=2520)		FFY23 (N=2288)	
	N	%	N	%	N	%
Repeat maltreatment (Subsequent indicated investigation)	247	9.9%	208	8.3%	165	7.2%
Subsequent unfounded investigation	226	9.1%	227	9.0%	169	7.4%
No subsequent investigation	2013	81.0%	2085	82.7%	1954	85.4%

*Repeat maltreatment: report date of the first subsequent indicated investigation falls within 12 months of the initial indicated investigation reported in FFY23.

The number and percent of children who experienced repeat maltreatment*, shows a decreasing trend from FFY21 to FFY23 with the most recent decrease from 208 (8.3%) in FFY22 to 165 children (7.2%) in FFY23. The number and percent of children who experienced a subsequent unfounded investigation decreased from 227 children (9.0%) in FFY22 to 169 (7.4%) in FFY23 (see Figure 16 & Table 2).

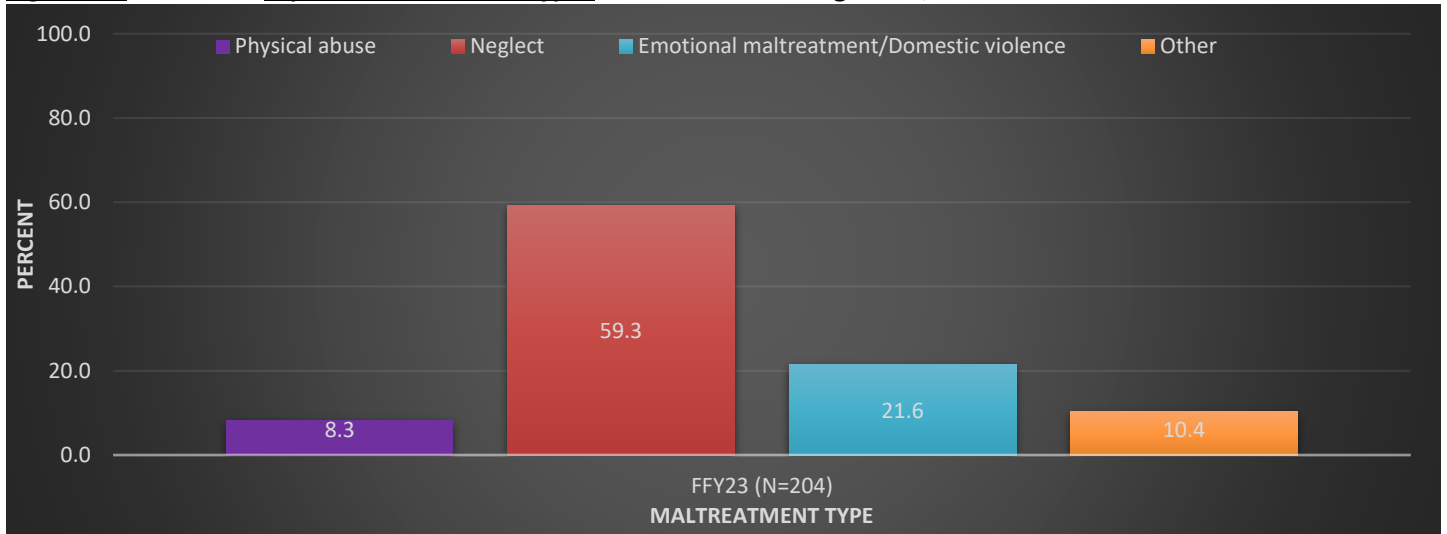
Data notes:

- Data reflect observed percentage, unadjusted for age. Children’s Bureau adjusts for age at initial victimization.
- Data unduplicated by keeping the first indicated report in a fiscal year as the initial. If a child had multiple subsequent investigations within 12 months, the first indicated investigation is counted.
- Subsequent investigations reported within 12 months but have not yet completed as of the last day of next fiscal year are not reflected. (example: for the initial investigation reported in FFY22, only the subsequent investigation reported within 12 months and completed in FFY23 are counted as repeat maltreatment)
- Subsequent indicated investigations occurring within 14 days of the initial indicated investigation are not counted as repeat maltreatment.

TYPE OF MALTREATMENT

REPEAT MALTREATMENT, continued

Figure 17. Percent of repeat maltreatment types of indicated investigations, FFY23



In a single investigation a child may be a victim of more than one type of indicated maltreatment. Like with first indicated maltreatment, neglect continued to be the most frequent type of indicated maltreatment when repeat maltreatment occurred, 59.3%. In repeat maltreatment, emotional abuse continues to be the second most frequent type, 21.6%. A large proportion of emotional abuse involves domestic violence. The percentages across all repeat maltreatment types remained relatively constant compared to initial maltreatment.

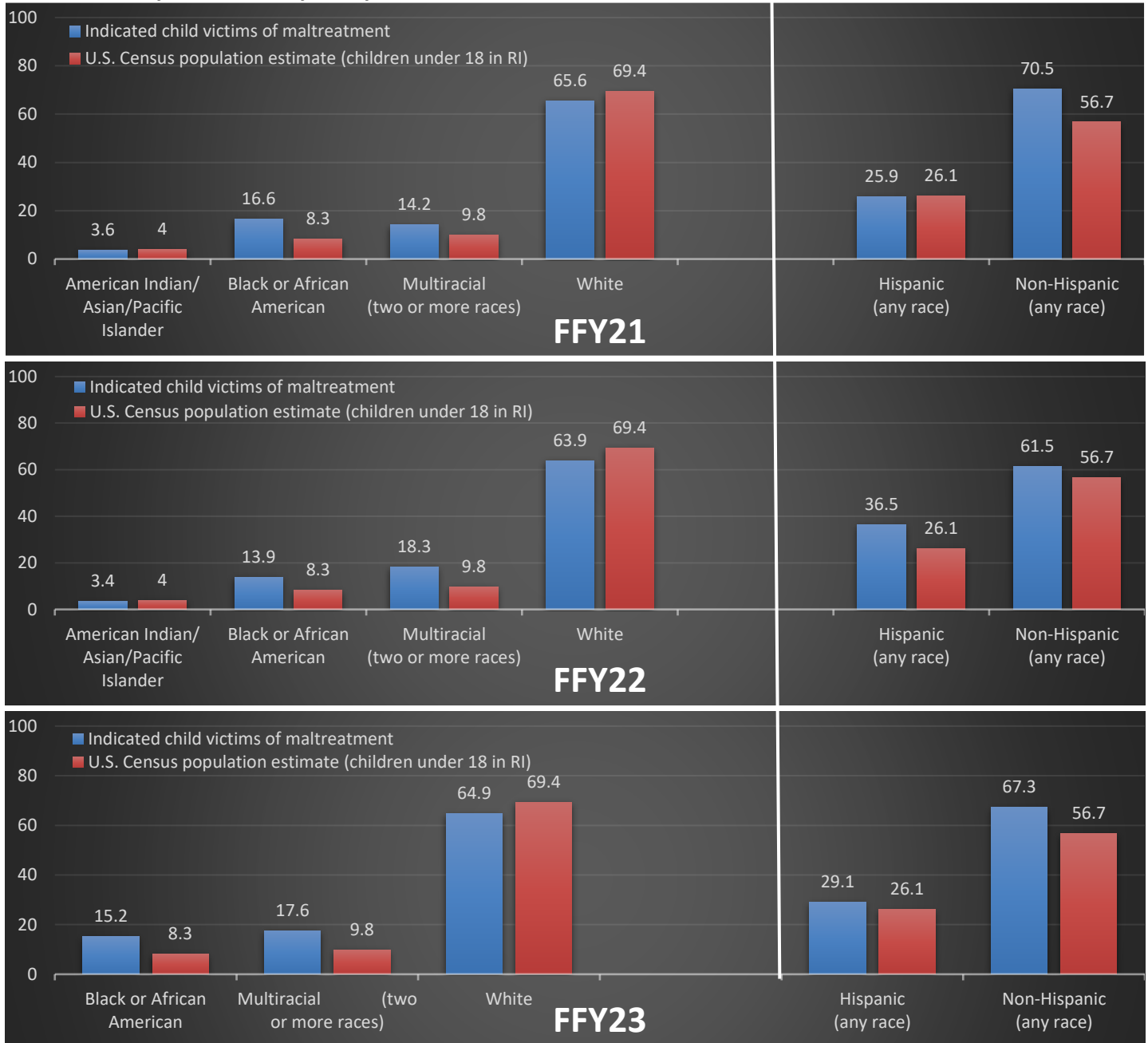
Data notes:

- Data shown in investigation level. An investigation may be counted more than once if multiple children indicated in investigation.
- Only the indicated allegations are reflected.
- Percentage may add up to more than 100% because a child may be a victim of multiple maltreatment types.
- NCANDS maltreatment categories may be different from RICHIST categories.
- NCANDS maltreatment type of "other" includes RICHIST allegation types of medical neglect, sexual abuse, corporal punishment, inappropriate restraint, other institutional abuse and other institutional neglect under Institutional Abuse & Neglect.

REPEAT MALTREATMENT DISPROPORTIONALITY

REPEAT MALTREATMENT, continued

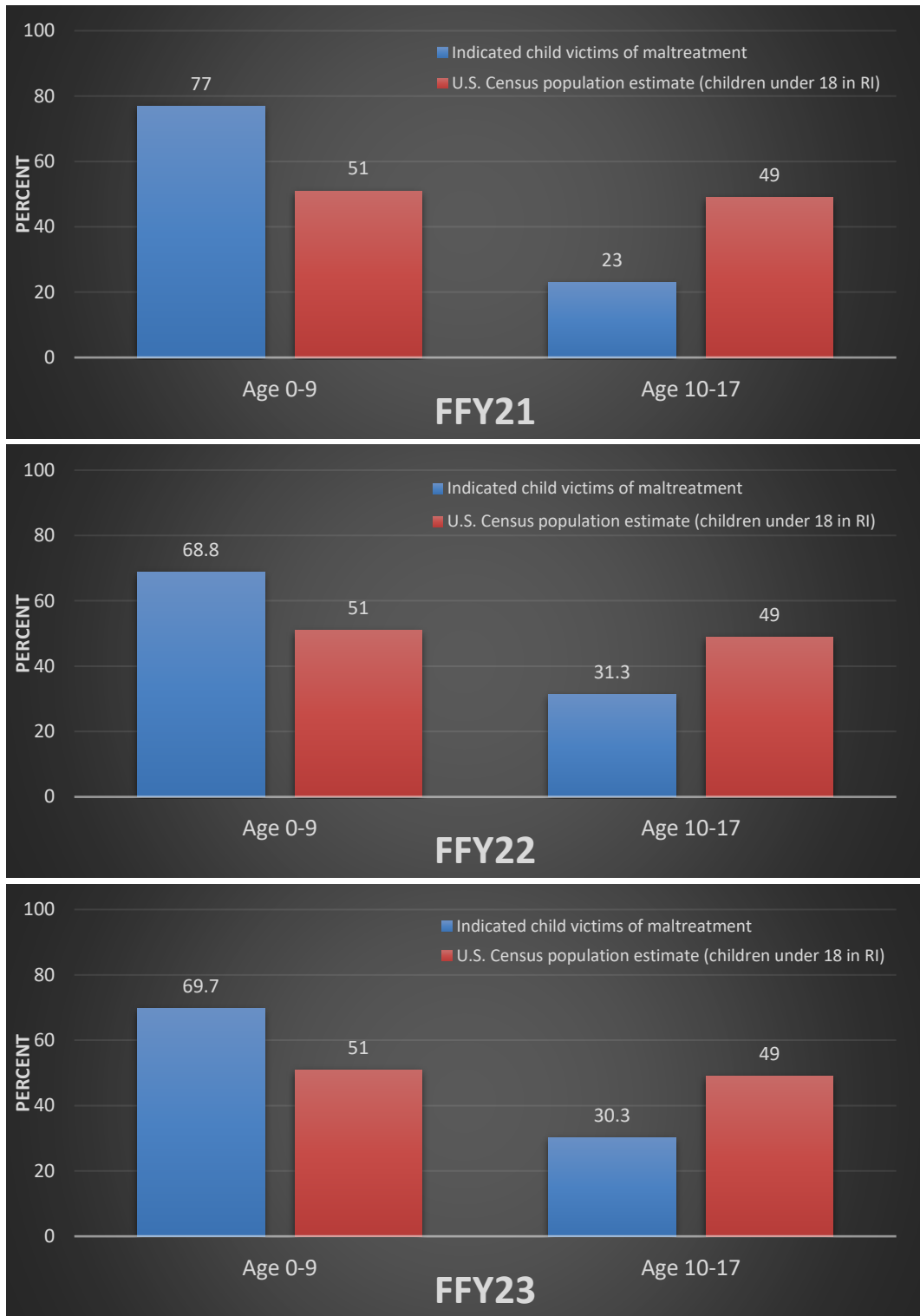
Figure 18. Percent of child victims of repeat maltreatment and population estimate of children under 18 years old in Rhode Island, by race, ethnicity, and year, FFY21-FFY23



* FFY23 data suppressed for American Indian/Asian/Pacific Islander due to small numbers

Figure 18 and 19 compares U.S. Census estimates of children in RI to the proportion of children indicated with repeat maltreatment in FFY21, FFY22, and FFY23. Children identified as Multiracial or Black Non-Hispanic were disproportionately represented with repeat maltreatment compared to the proportion of children in RI who are Multiracial or Black Non-Hispanic in all three years presented.

Figure 19. Percent of child victims of repeat maltreatment and population estimate of children under 18 years old in Rhode Island, by age group and year, FFY21-FFY23



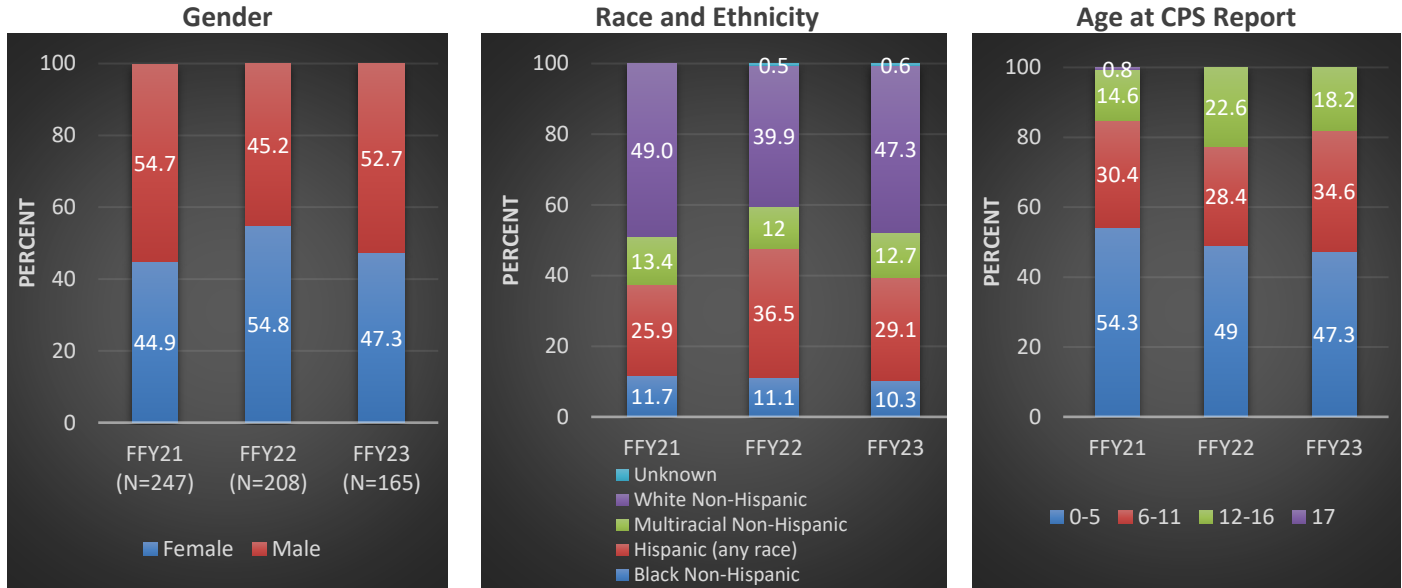
Data source: U.S. Census 2020 population estimate by sex, age, race and Hispanic for children under 18.

Data notes:

- FFY23 data suppressed for American Indian/Asian/Pacific Islander due to small numbers
- Data unduplicated by keeping the first indicated report in a fiscal year as the initial. If a child had multiple subsequent investigations within 12 months, the first indicated investigation is counted.
- Children with unknown/missing race and unknown/missing ethnicity are not shown

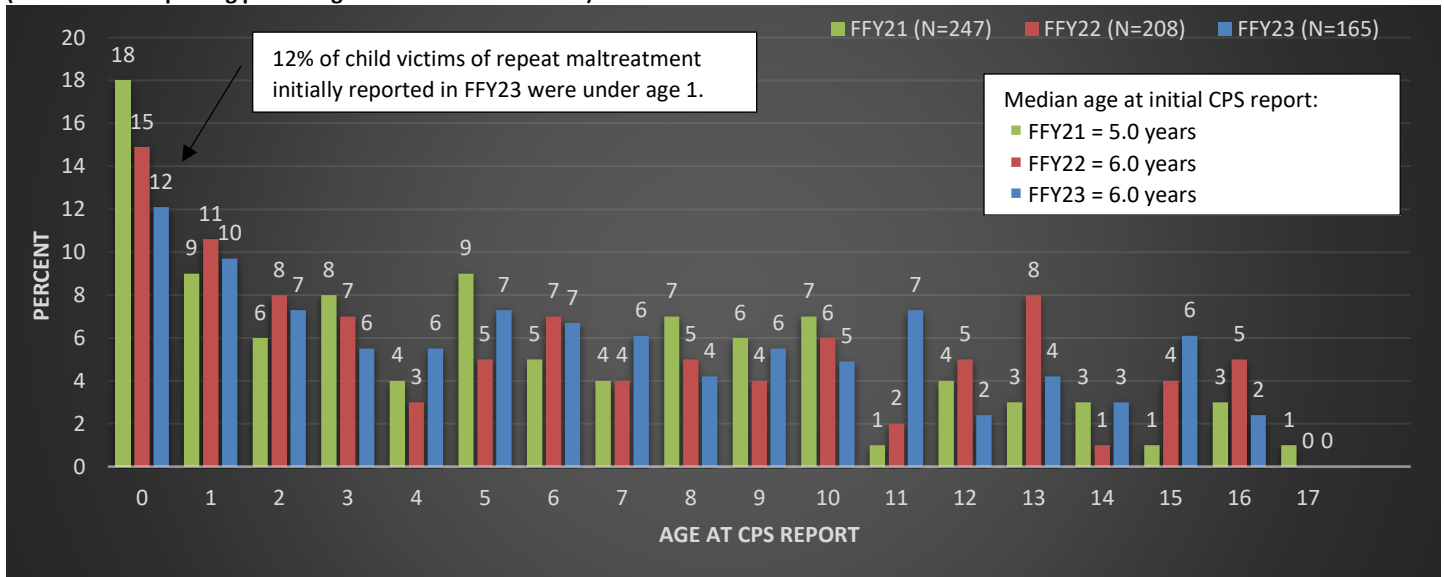
DEMOGRAPHICS OF CHILDREN REPEAT MALTREATMENT, continued

Figure 20. Demographics of child victims of repeat maltreatment, by year, FFY21-FFY23



In FFY23, there was an increase in male victims of repeat maltreatment compared FFY22. Among children of repeat maltreatment, Hispanic and Black non-Hispanic decreased from FFY22 to FFY23. Among child victims of repeat maltreatment, children between the ages of 0-11 were most frequently victimized. In FFY22 77% of the victims were age 0-11 and in FFY23 82% of the victims were age 0-11 (see Figure 20). It is important to note this sample size is small and small changes in the number of victims can translate into larger percentage changes. Among child victims of repeat maltreatment age 17 years and younger, approximately 1 in 8 were under the age of 1 year old (see Figure 21).

Figure 21. Percent of child victims of repeat maltreatment, by age and year, FFY21-FFY23 (caution in interpreting percentages due to small numbers)



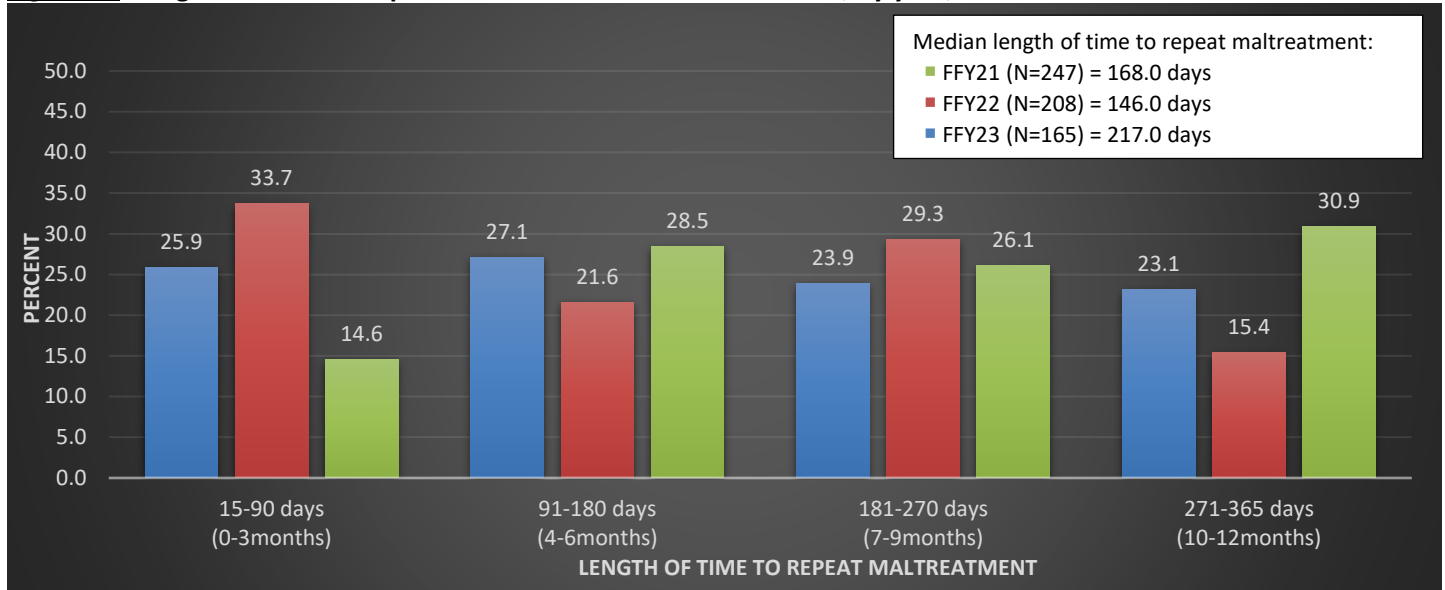
Data notes:

- Data unduplicated by keeping the first indicated report in a fiscal year as the initial. If a child had multiple subsequent investigations within 12 months, the first indicated investigation is counted.

LENGTH OF TIME TO REPEAT MALTREATMENT

REPEAT MALTREATMENT, continued

Figure 22. Length of time* to repeat maltreatment within 12 months, by year, FFY21-FFY23



*Length of time: number of days between the report date of first indicated maltreatment in FFY22 and the report date of first subsequent indicated maltreatment within 12 months of the initial.

The median length of time to repeat maltreatment increased from 146 days in FFY22 to 217 days in FFY23. In FFY23, about 29% of children who experienced a repeat maltreatment did so within 6 months of the initial indicated maltreatment. In FFY22, about 55% of children did so within 6 months.

Data notes:

- Data unduplicated by keeping the first indicated report in a fiscal year as the initial. If a child had multiple subsequent investigations within 12 months, the first indicated investigation is counted.
- Subsequent investigations reported within 12 months but have not yet completed as of the last day of next fiscal year are not reflected. (example: for the initial investigation reported in FFY22, only the subsequent investigation reported within 12 months and completed in FFY23 are counted as repeat maltreatment)
- Subsequent indicated investigations occurring within 14 days of the initial indicated investigation are not counted as repeat maltreatment.

Annual Safety Report

Section 3: Maltreatment in Foster Care (Out-of-Home Placements), FFY22-FFY24



Picture source: Florida Coalition Against Domestic Violence (www.fcadv.org)

Data Presented in Section 3:

The focus in Section 3 is the occurrence of indicated maltreatment of child victims in foster care in between October 1, 2021, and September 30, 2024 (FFY22-FFY24). NCANDS and AFCARS data are used to indicate child victims of maltreatment in foster care, and RICHIST data extract is used as a supplement to provide details on maltreatment and child victims. Data is presented by investigation report year. For example, FFY24 data includes child victims reported in FFY24 and reached disposition in FFY24. Child victims of maltreatment in foster care who were reported in FFY24 but did not complete investigation by the end of FFY24 are not reflected. The definition of foster care is consistent with the federal definition, any out of home placement including foster homes and congregate care. To stay consistent with the Children's Bureau Child and Family Services Review (CFSR) Round 3, the following rules are applied in the analysis: Maltreatment reported within 7 days of removal from home are not counted as maltreatment in foster care. Children aged 18 and older at the time of CPS report are excluded. A CPS report within 1 day of the previous report is excluded. Children in Independent Living Arrangement (funded) placements are excluded. Children who were AWOL are excluded.

The Children's Bureau classifies a child maltreated in foster care who had a report of maltreatment 8 days or after a removal and can include any perpetrators.

DEMOGRAPHICS OF CHILDREN MALTREATMENT IN FOSTER CARE

Figure 23. Demographics of indicated child victims of maltreatment in foster care, by year, FFY22-FFY24



By gender, the percent of female victims increased from FFY23 to FFY24. Among child victims, multi-racial non-Hispanic and Hispanic (any race) group increased from FFY23 to FFY24. Among child victims, the percent of children aged 0-5 and 12-16, and 17 increased from FFY23 to FFY24, while the percent of children aged 6-11 remained the same during the same time period (see Figure 23).

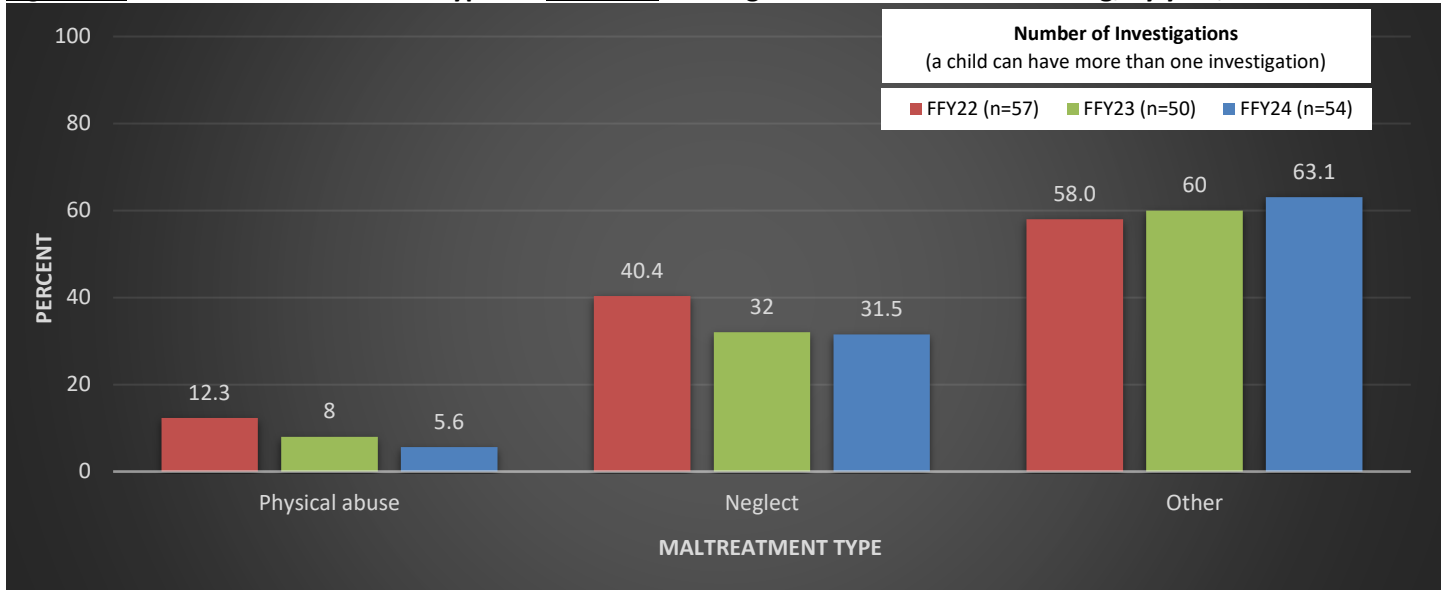
Data notes:

- Data unduplicated by child. A child victim of maltreatment in foster care counted once.

MALTREATMENT TYPE

MALTREATMENT IN FOSTER CARE, continued

Figure 24. Percent of maltreatment types of indicated investigations in a foster care setting, by year, FFY22-FFY24



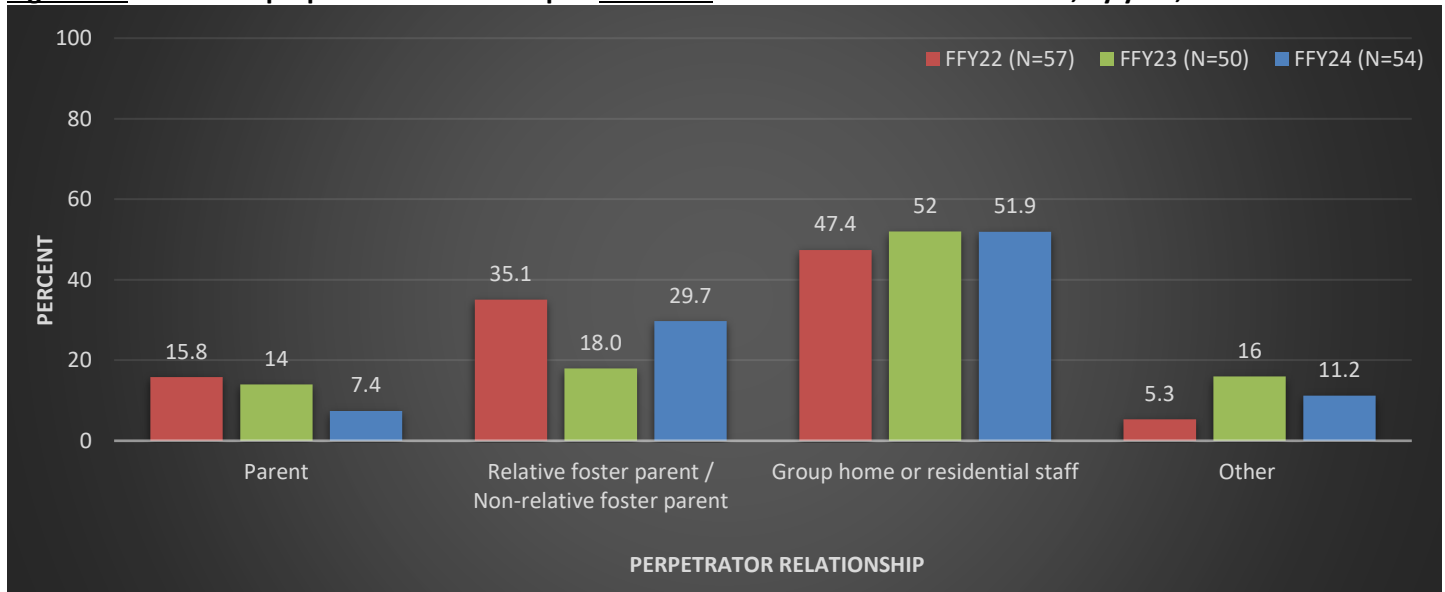
Over the three years presented, the most frequently indicated maltreatment types in foster care were “other” and “neglect”. Both “physical abuse” and “neglect” have shown a decreasing trend from FFY22 to FFY24. In contrast, “other” has shown an increasing trend from FFY22 to FFY24. NCANDS maltreatment type of “other” includes RICHIST allegation types of medical neglect, sexual abuse, emotional maltreatment, corporal punishment, inappropriate restraint, other institutional abuse and other institutional neglect under Institutional abuse & neglect.

Data notes:

- Data shown in investigation level. An investigation may be counted more than once if multiple children indicated in investigation.
- Only the indicated allegations are reflected.
- Percentage may add up to more than 100% because a child may be a victim of multiple maltreatment types.
- NCANDS maltreatment categories may be different from RICHIST categories.
- NCANDS maltreatment type of “other” includes RICHIST allegation types: Medical neglect, Sexual abuse, emotional maltreatment, corporal punishment, inappropriate restraint, other institutional abuse and other institutional neglect under Institutional Abuse & Neglect.

PERPETRATOR RELATIONSHIPS MALTREATMENT IN FOSTER CARE, continued

Figure 25. Percent of perpetrator relationship of indicated maltreatment* in foster care, by year, FFY22-FFY24



*a child may be indicated for more than one maltreatment type

In FFY24, the most prevalent perpetrator relationships are group home or residential staff (51.9%). Relative foster parent / non-relative foster parent increased from FFY23 to FFY24, while parent perpetrator relationship decreased.

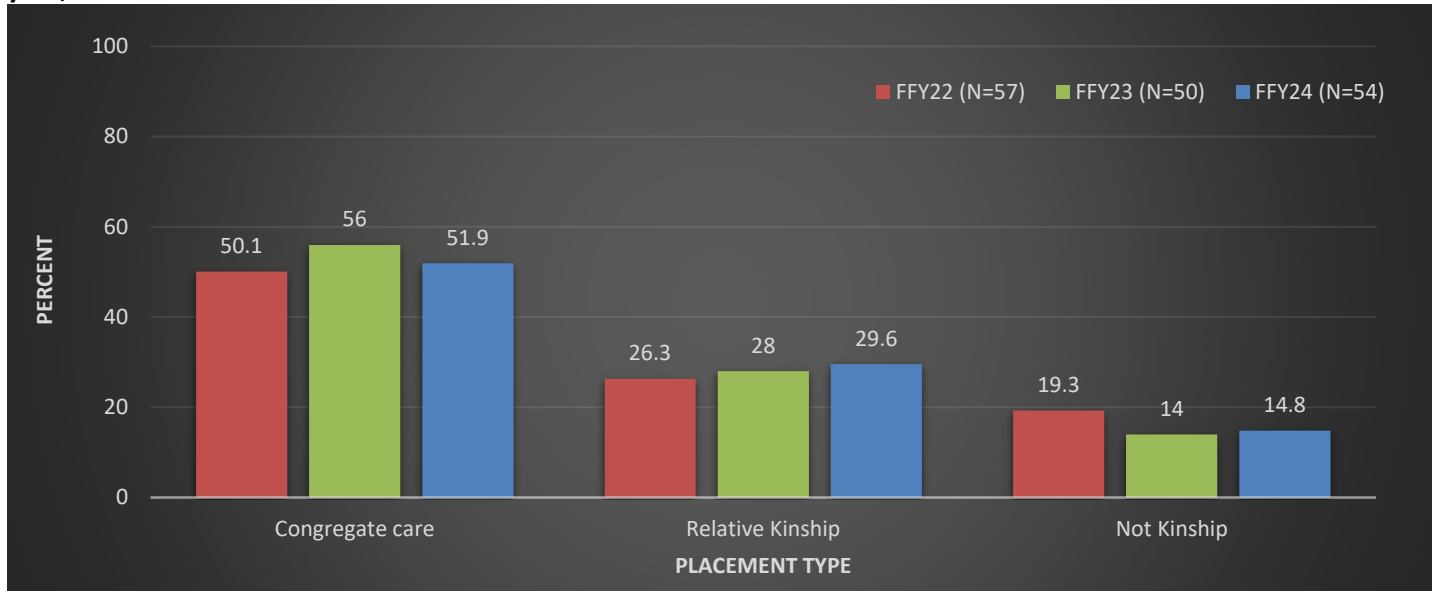
Data notes:

- Data shown in investigation level. An investigation may be counted more than once if multiple children indicated in investigation.
- Percentage may add up to more than 100% because a child may have had multiple allegations and/or multiple perpetrators for each allegation.
- Other/unknown includes NCANDS perpetrator relationship of relative (non-foster) / legal guardian, child daycare providers, unmarried partner of parent, other professionals, friends or neighbors, other and unknown or missing.
- Only the perpetrator relationship to indicated allegations in foster care are reflected.

WHERE IN FOSTER CARE

MALTREATMENT IN FOSTER CARE, continued

Figure 26. The percent of indicated investigations in foster care (out-of-home placement), across placement types, by year, FFY22-FFY24



*Non-relative kinship and other categories suppressed due to small numbers.

Figure 26 presents the distribution of indicated investigations in foster care across placement types to better understand the distribution and to design tailored interventions to mitigate the risk of maltreatment in foster care.

The percent of maltreatment in congregare care decreased from FFY23 to FFY24. The percent of maltreatment increased in relative kinship, and not kinship FFY23 to FFY24.

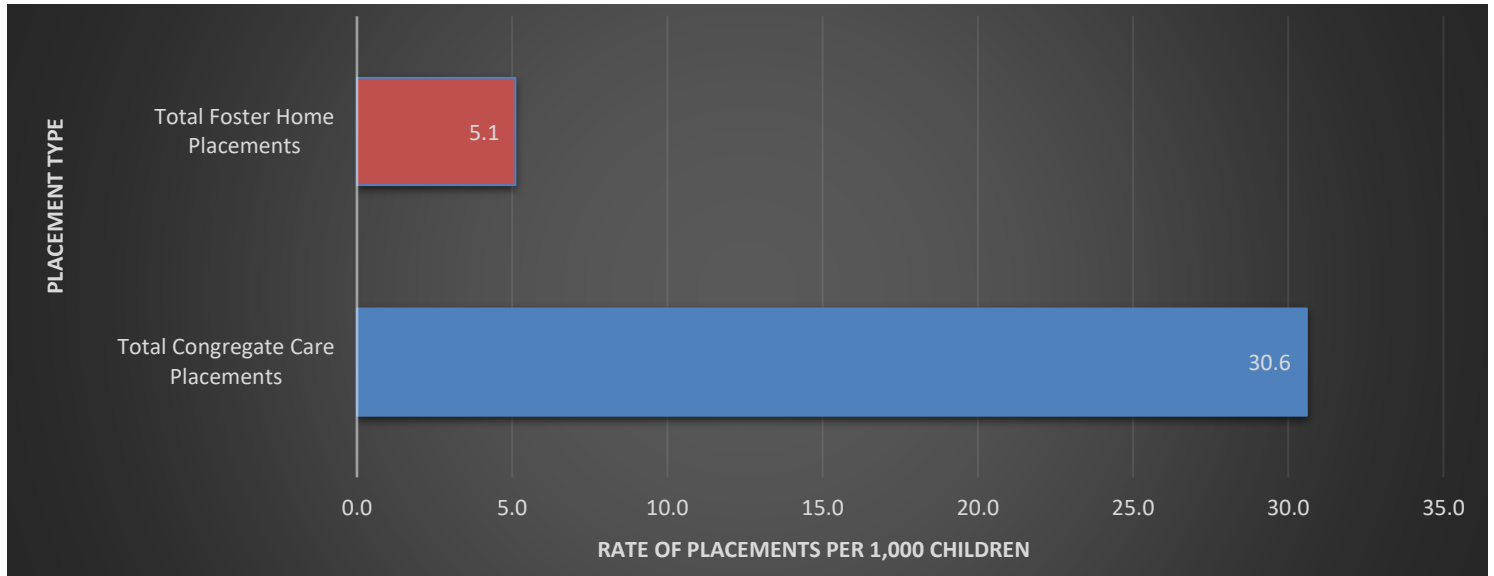
Data notes:

- Data shown in investigation level. An investigation may be counted more than once if multiple children indicated in investigation.
- Congregate care includes placement type of group homes, assessment and stabilization center, residential facility, medical hospital, and substance abuse facility.
- Other includes placement type of absent from care, independent living, psychiatric hospital, and RITS.

MALTREATMENT IN FOSTER CARE PLACEMENT TYPES

MALTREATMENT IN FOSTER CARE, continued

Figure 27. Rate of maltreatment per 1,000 placements by placement types in foster homes, by all out of home placement at RI DCYF, FFY24



The rate of maltreatment in both placement types increased from FFY23 to FFY24. Foster home placements in FFY24 was 5.1 per 1,000, an increase from 4.3 in FFY23. Congregate care placements in FFY24 were 30.6 per 1,000 an increase from 27 per 1,000 in FY23 (Table 3).

In a single investigation a child may be a victim of more than one type of indicated maltreatment. Neglect is the most frequent type of indicated maltreatment in Foster Families (70.8%), while institutional/other is most frequent type of indicated maltreatment in Congregate Care (92.6%).

Table 3 Rate of maltreatment per 1,000 placements by placement types in foster homes, by all out of home placement at RI DCYF, FFY22-FFY24

Placement Type	FFY22	FFY23	FFY24
Foster Family	5.2	4.3	5.1
Congregate Care	23.0	27.0	30.6

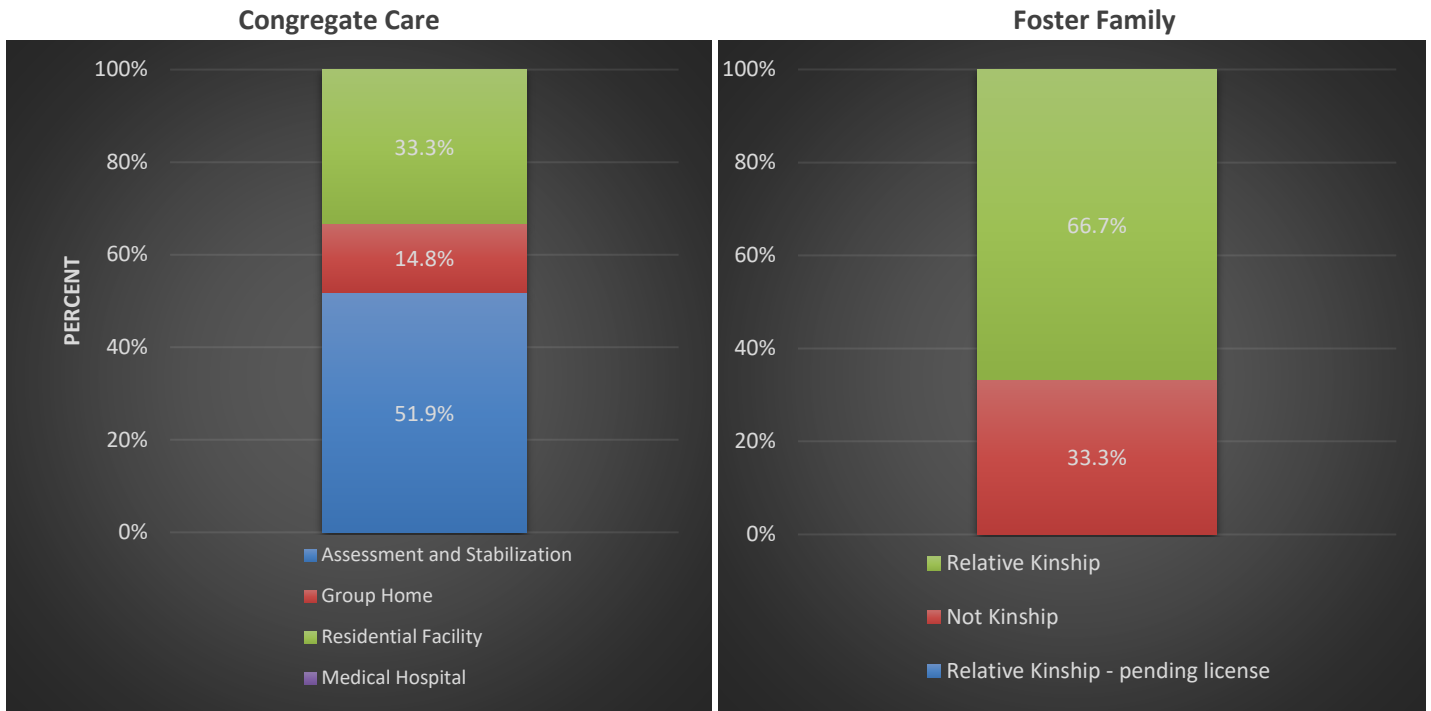
Data notes:

- Data duplicated at the placement level. This is a duplicated counted of children in all placements as a child may be maltreated more than once in a different placement.

MALTREATMENT IN FOSTER CARE PLACEMENT TYPES

MALTREATMENT IN FOSTER CARE, continued

Figure 28. Percent of children with indicated maltreatment in foster care, placement types within congregate care and foster family settings at RI DCYF, FFY24



In FFY24, of children with indicated maltreatment in foster care in the congregate care setting, the majority have a placement type of assessment and stabilization (51.9%), followed by residential facility (33.3%) and then group home (14.8%) (see figure 28). Children with indicated maltreatment in foster care in the foster family setting, majority were with a placement type relative kinship (66.7%) (see Table 4)

Table 4. Percent of children with indicated maltreatment in foster care, placement types within congregate care and foster family settings, RI DCYF FFY22-FFY24

	FFY22	FFY23	FFY24
Congregate Care	%	%	%
Medical Hospital	3.7%	3.9%	0%
Residential Facility	44.4%	42.3%	33.3%
Group Home	44.4%	30.0%	14.8%
Assessment and Stabilization	7.4%	23.1%	51.9%
Foster Family	%	%	%
Relative Kin	57.7%	57.9%	66.7%
Not Kinship	42.3%	36.8%	33.3%
Relative Kinship – pending license	0%	5.3%	0%

Data notes:

- Data unduplicated at the child level
- Children in "Other" placement types are excluded.
- Counts not included due to small numbers policy.

AGE OF CHILDREN MALTREATMENT IN FOSTER CARE, continued

Figure 29. Median, Mean age of children with an indicated maltreatment in foster care, family versus congregate care, FFY24

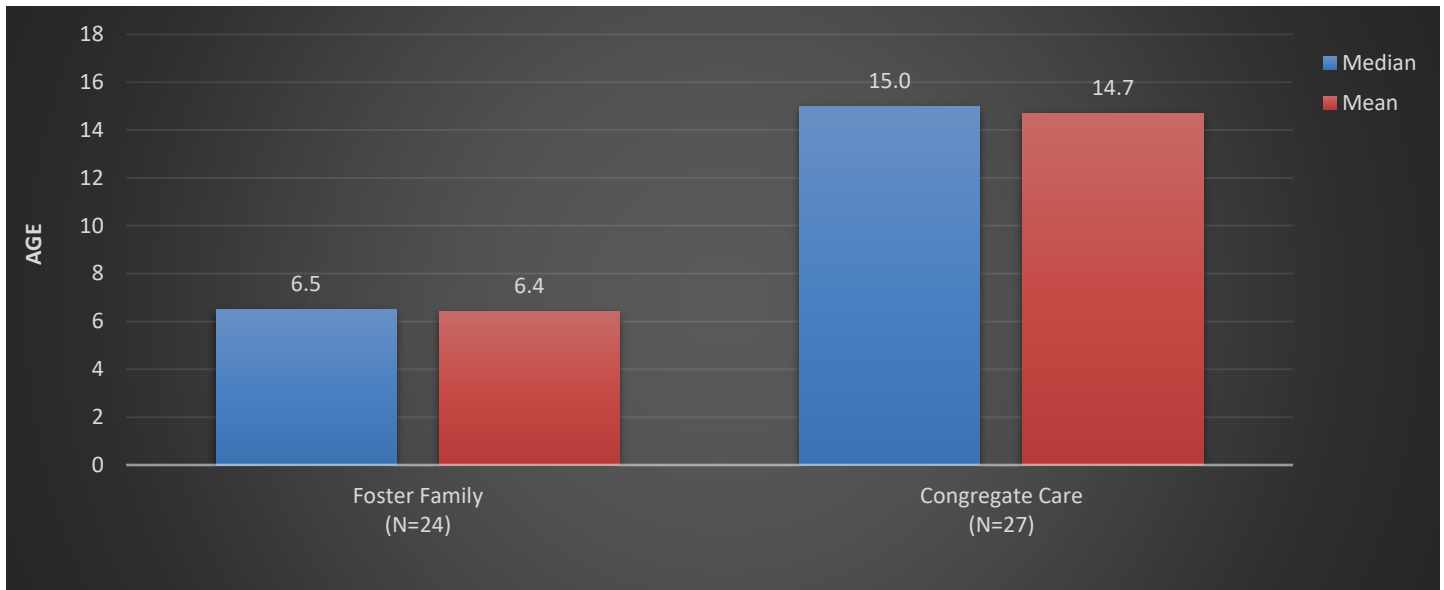


Figure 29 provides the median and mean age of children with an indicated maltreatment in foster families and in congregate care settings. Foster families have a larger proportion of younger children compared to congregate care.

Data notes:

- Data unduplicated at the child level
- Children in "Other" placement types are excluded.

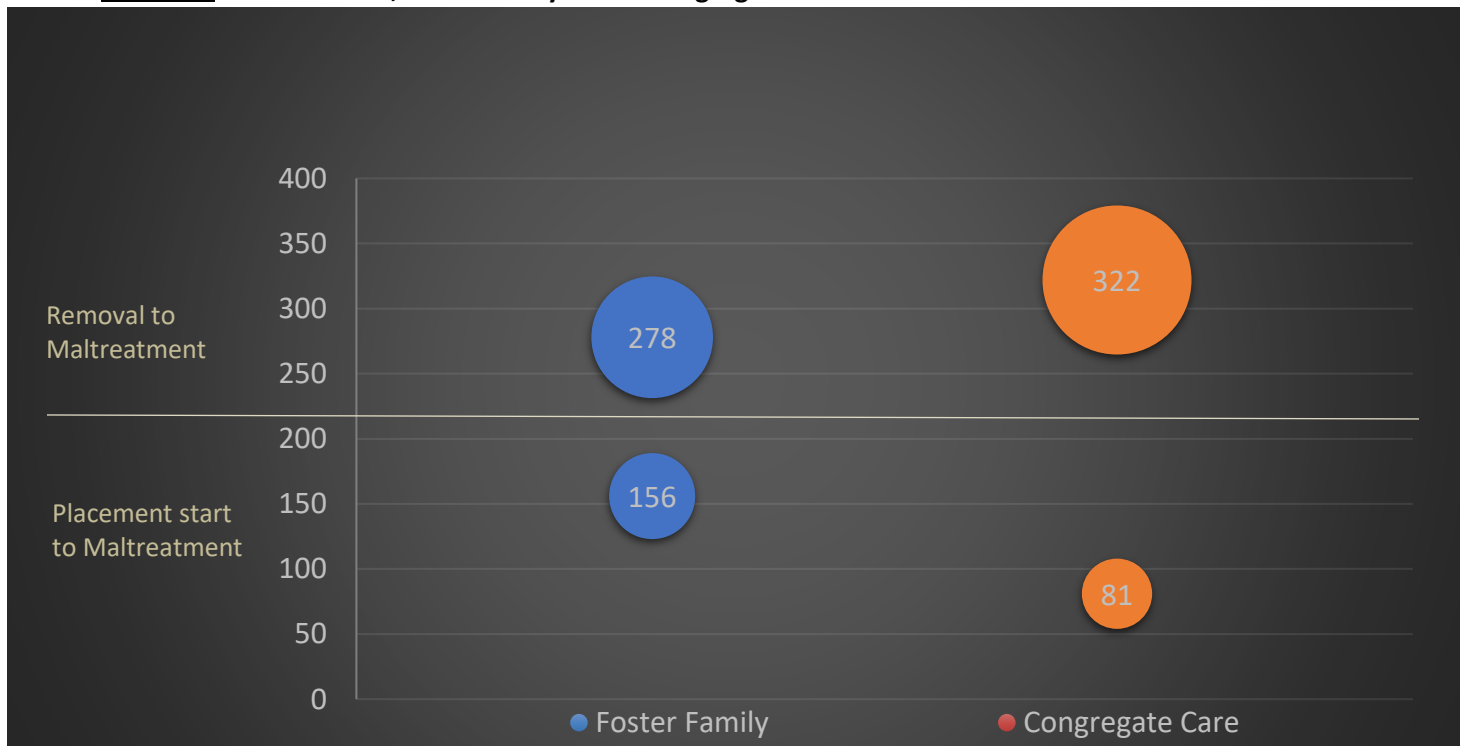
LENGTH OF TIME TO MALTREATMENT

MALTREATMENT IN FOSTER CARE, continued

The focus of this subsection is to evaluate the differences in length of time to *indicated* maltreatment in comparing two out of home placement types (i.e., foster families versus congregate care). Removal to maltreatment and placement to maltreatment times were calculated. Maltreatment was defined by CPS report date of an indicated investigation. Placement was defined by where the maltreatment occurred.

Among children in foster families, the **median** length of time from removal to indicated maltreatment was 278 days, while the median length of time from placement start to indicated maltreatment was 156 days. Among children in congregate care, the **median** length of time from removal to indicated maltreatment was **322 days**. While the **median** length of time from placement start to indicated maltreatment was **81 days**. This suggests most indicated maltreatment occurred post-first placement.

Figure 30. Median length of time (LOT) in days from removal to indicated maltreatment and from placement* start date to indicated maltreatment, foster family versus congregate care FFY24



*Placement where maltreatment occurred

Data notes:

- Data unduplicated at the child level
- Children in "Other" placement types are excluded.
- Use of incident date versus report date as the definition of maltreatment date was evaluated – decision to define maltreatment by report date

MALTREATMENT IN FOSTER CARE RECOMMENDATIONS

MALTREATMENT IN FOSTER CARE, continued

Qualitative Review Findings:

As part of the Department's efforts to better understand both breadth and depth of factors associated with maltreatment in foster care, the Department supplemented the quantitative analysis with a qualitative review of case records where children were indicated for maltreatment. A uniform case record review instrument was developed, and two experienced case reviewers were trained on the instrument.

The qualitative review generated opportunities where the Department could focus efforts as part of an overall strategy to mitigate factors associated with maltreatment in foster care.

The main themes emerging from the qualitative case review (specific to congregate care) are:

- Supervision by staff: Although no neglect occurred, staffing gaps where the staff – youth ratio, or short periods of time where there was a gap in staff supervision – was found.
- Restraint use: Staff did not consistently apply de-escalation techniques that may reduce the incident where an inappropriate restraint was used.
- Misclassifications: CPS allegations do not match the reported maltreatment type. Maltreatment was not classified as Institutional abuse and neglect when that was the maltreatment type.

Recommendations based on the qualitative case record reviews and quantitative analysis:

- Complete further data analysis of race and ethnicity of foster families, and correlation between maltreatment data to determine any system trends related to indications. The Licensing Unit continues to ensure that the race/ethnicity of all foster providers is updated in RICHIST to allow for better tracking and to note any trends, correlations. As of the development of this report, this recommendation has been executed and is monitored on a regular basis and is included in the Licensing race and ethnicity equity plan.
- Revision of regulations for foster families, congregate care, and agency level (last revised, 2017, 2013, and 1987 respectively). The changes will be informed more thoroughly by stakeholder feedback to ensure more effective provider-level understanding of the legal requirements of program delivery and care. *This has been on hold at the request of EOHHS. This will be revisited again in the upcoming year.* As of the development of this report, this recommendation has been amended and will move forward with this strategy. Note: The foster care regulations are pending promulgation; the regulations will be subject to public comment on April 15, 2025, barring any barriers, the regulations should be promulgated by June 30, 2025. To note, the process has taken almost two years to achieve promulgation. The Department has also begun to revise the residential regulations with the full intent of promulgation occurring in 2026.
- As informed by the previous year's Quality Review Findings, a "Comprehensive Congregate Care Review" process began with an interdisciplinary team from Licensing, Community Services, Behavioral Health, and Contracts & Compliance. This includes follow up efforts with provider agencies to discuss systemic elements that may contribute to maltreatment (specifically related to "institutional" findings). CSBH/Contracts and Licensing meet virtually at least every 3 weeks to ensure we are each aware of any "hot" program issues or concerns. As of the development of this report, this strategy is being met. In addition to virtual meetings, collaborative on-site monitoring visits are being conducted to ensure regulatory compliance; clinical services are being met in accordance with Medicaid requirements and the scope of work outlined in the contracts is being delivered.
- The Department purchased Foster Parent College, and such trainings are offered free to all foster families. Such on-line training is available to all kinship, traditional and private agency foster provider. In addition, trainings are also beginning resuming in-person/hybrid approach; many trainings were virtual due to COVID. The Department and partnering agencies utilize Basecamp to share monthly training being held.

- Expand kinship support programming such as peer-to-peer mentor opportunities, support groups, and grant-funded financial support to alleviate stressful situations. Division has implemented kinship specific peer to peer mentoring, support groups and facilitates the RI kinship Advisory Council. All supports are aimed to enhance system navigation, bridge support gaps, reduce stress and increase retention among our kinship family population. As of the development of this report, this recommendation has been executed and continues to be executed.
- Federal grant funding has allowed the expansion of mentors to our newly licensed DCYF traditional foster homes. Experienced foster/adoptive parents can provide guidance and assistance especially with first placements. Unfortunately, this may come to an end of August 2025 due to the grant funds coming to an end.
- Explore data related to the Level of Need of children and youth in care compared to the length of time to maltreatment in foster care (Figure 30), and placement type. As of the development of this report, this recommendation has been executed and is included in the Active Contract Management meetings with providers. Additionally, as part of DCYF's ongoing, collaborative congregate care active contract management (ACM) process, DCYF will begin to report on maltreatment rates by congregate care site and engage providers individually and collectively in date-driven conversations on practices and strategies to reduce institutional maltreatment within congregate care.
- Develop additional strategies to ensure that there are not unnecessary barriers in identifying kinship providers. The Administrators for the Divisions of Licensing, Family Services and Child Protective Services meet every other week to discuss specific kinship cases in which mitigation is required as to ones' criminal history and/or child protective services history. Such allows for otherwise disqualified individuals to come forth to care for their kin.
- CPS administrators provide onsite and virtual trainings to administrators, managers and direct care staff at congregate care facilities on maltreatment reporting laws and navigating child protective services and CSEC (Commercial Exploitation of Children).
- As part of Family First Prevention Service Act all program staff and youth will be provided enhanced training on CSEC.
- Increased monitoring of in-state congregate care facilities by the Division of Licensing. Increased to at least quarterly visits versus once yearly as required.
- CPS, Licensing and FSU met weekly to discuss investigative findings for every foster care investigation. A discussion of trends and themes are also discussed.
- The Division of Licensing now has a dedicated staff member who monitors to ensure licensing regulatory compliance of all out of state congregate care facilities where RI youth are placed. In the past not all programs were visited by RI Licensing rather only the assigned FSU caseworker. Prior to any home study for a non-kinship provider being approved, a peer review of the study is conducted.
- The Division of Licensing & Resource Families meets weekly to discuss any trends, barriers or concerns as it relates to non-kinship foster homes.
- CPS screens out are reviewed at the supervisory level daily to determine if Licensing should respond in-person to discuss allegations/concerns especially if patterns are noted.

APPENDIX

Appendix Table 1. Demographics of indicated child victims of maltreatment, by year, FFY22-FFY24.

	FFY22 (N=1858)		FFY23 (N=2453)		FFY24 (N=2532)	
	N	%	N	%	N	%
Gender						
Female	925	50.6%	1233	50.3%	1283	50.7%
Male	893	48.9%	1180	49.5%	1240	49.0%
Unknown/Missing	9	0.5%	6	0.2%	9	0.4%
Race and Ethnicity						
Black non-Hispanic	229	12.5%	327	13.3%	307	12.1%
Hispanic (any race)	573	31.4%	796	32.5%	848	33.5%
Multiracial/other non-Hispanic	158	8.7%	229	9.3%	213	8.4%
White non-Hispanic	828	45.3%	1059	43.2%	1140	45.0%
Unknown/Missing	34	1.9%	37	1.5%	24	1.0%
Age at CPS report						
0-5 years	807	44.2%	1125	45.9%	1165	46.0%
6-11 years	572	31.3%	776	31.6%	766	30.3%
12-16 years	388	21.8%	494	20.1%	534	21.1%
17 years	46	2.5%	51	2.1%	67	2.7%
Unknown/Missing	4	0.2%	7	0.3%	0	0.0
Median age at CPS report (years)	6.0		6.0		6.0	

Data notes:

- Data unduplicated by child. If a child had multiple investigations in a fiscal year, perhaps one indicated and one unfounded, the child is counted once as indicated child victim.

APPENDIX

Appendix Table 2. Rate of indicated child victims per 1,000 children under 18-year-old in Rhode Island, by family city\town and year.

FFY22				FFY23				FFY24			
Rank	Case Town	Number of indicated child victims	Rate of indicated child victims (per 1,000 children under 18 in RI)	Rank	Case Town	Number of indicated child victims	Rate of indicated child victims (per 1,000 children under 18 in RI)	Rank	Case Town	Number of indicated child victims	Rate of indicated child victims (per 1,000 children under 18 in RI)
	Rhode Island	1749	8.3		Rhode Island	2384	11.4		Rhode Island	2405	11.5
1	Woonsocket	215	22.7	1	Woonsocket	196	20.7	1	New Shoreham	6	33.1
2	Central Falls	90	14.0	2	Central Falls	120	18.7	2	Woonsocket	239	25.3
3	West Warwick	72	12.5	3	West Warwick	104	18.0	3	Foster	15	18.9
4	Westerly	45	11.8	4	Newport	61	16.6	4	West Warwick	97	16.8
5	Newport	41	11.2	5	Pawtucket	259	15.7	5	Pawtucket	275	16.7
6	Exeter	13	11.1	6	Westerly	54	14.1	6	Westerly	63	16.5
7	Pawtucket	181	11.0	7	Providence	575	14.0	7	Warren	28	15.3
8	Providence	415	10.1	8	North Providence	70	12.0	8	Newport	54	14.7
9	Burrillville	32	10.0	9	Coventry	79	11.8	9	Providence	551	13.4
10	Bristol	26	9.0	10	Scituate	22	11.8	10	Central Falls	80	12.5
11	North Providence	52	8.9	11	Bristol	33	11.5	11	Warwick	172	12.3
12	Warren	16	8.8	12	Foster	9	11.4	12	North Providence	69	11.9
13	Charlestown	10	8.6	13	South Kingston	49	11.3	13	Coventry	78	11.7
14	Richmond	14	8.6	14	Charlestown	13	11.2	14	East Providence	92	11.7
15	Narragansett	14	8.5	15	Warren	20	11.0	15	Burrillville	37	11.5
16	Foster	6	7.6	16	Burrillville	34	10.6	16	Lincoln	51	11.0
17	Lincoln	35	7.6	17	Richmond	17	10.4	17	Richmond	16	9.8
18	Tiverton	20	7.3	18	East Providence	77	9.8	18	North Kingstown	52	9.5
19	Coventry	46	6.9	19	Cranston	151	9.6	19	Exeter	11	9.4
20	Scituate	11	5.9	20	Warwick	133	9.5	20	Bristol	27	9.4
21	Cranston	92	5.8	21	Narragansett	14	8.5	21	Tiverton	21	7.7
22	Warwick	81	5.8	22	Lincoln	38	8.2	22	Hopkinton	12	7.4
23	East Providence	45	5.7	23	Tiverton	22	8.1	23	Smithfield	24	7.0
24	Smithfield	19	5.6	24	Johnston	41	8.0	24	Johnston	36	7.0

Data source: RICLIST; data are current as of 10/1/2024.

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RI Department of Children, Youth & Families
 Division of Performance Improvement
 Data and Evaluation Unit

FFY22				FFY23				FFY24			
Rank	Case Town	Number of indicated child victims	Rate of indicated child victims (per 1,000 children under 18 in RI)	Rank	Case Town	Number of indicated child victims	Rate of indicated child victims (per 1,000 children under 18 in RI)	Rank	Case Town	Number of indicated child victims	Rate of indicated child victims (per 1,000 children under 18 in RI)
25	Middletown	16	4.6	24	North Smithfield	18	7.9	24	Middletown	24	6.9
26	North Smithfield	10	4.4	26	North Kingstown	40	7.3	26	Cranston	108	6.9
27	Cumberland	33	4.4	27	Portsmouth	24	7.0	27	Scituate	12	6.4
28	Hopkinton	7	4.3	28	Exeter	7	6.0	28	Cumberland	46	6.1
29	Johnston	20	3.9	29	Middletown	20	5.7	29	Narragansett	10	6.0
30	South Kingstown	16	3.7	30	Little Compton	3	5.3	30	Charlestown	7	6.0
31	Glocester	7	3.7	31	Glocester	8	4.2	31	Portsmouth	19	5.5
32	North Kingston	20	3.6	32	Cumberland	30	4.0	32	South Kingstown	23	5.3
33	Jamestown	3	3.5	33	Smithfield	13	3.8	33	Glocester	10	5.3
34	Portsmouth	9	2.6	34	Jamestown	3	3.5	34	East Greenwich	17	4.9
35	Little Compton	1	1.8	35	Barrington	13	2.9	35	West Greenwich	5	4.0
36	West Greenwich	2	1.6	36	East Greenwich	9	2.6	36	North Smithfield	9	4.0
37	Barrington	7	1.6	37	Hopkinton	4	2.5	37	Barrington	9	2.0
38	East Greenwich	5	1.4	38	West Greenwich	1	0.8	38	Jamestown	0	0.0
39	New Shoreham	0	0	39	New Shoreham	0	0	39	Little Compton	0	0.0

Data source: U.S. Census 2020 population estimate for children under 18.

Data note:

- Data unduplicated by child. If a child had multiple investigations in a fiscal year, perhaps one indicated and one unfounded, the child is counted once as indicated child victim.
- Excluded child victims with unknown or out of state case address.
- Excluded child victims of maltreatment in foster care.

