



STATE OF RHODE ISLAND

Department of Children, Youth & Families



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

Annual Safety Report

October 1, 2022 – September 30, 2025
(FFY23 – FFY25)

Division of Performance Improvement

Data and Evaluation Unit

June 2026

Table of Contents

Introduction.....	3
Stats at a Glance.....	6
<u>Section 1: Investigations (Maltreatment), FFY23 – FFY25</u>	<u>7</u>
Key Statistics	8
Investigation by disposition	9
Reporter calls	10
CPS Screen-in time	11
CPS response time	12
CPS report disproportionality	13
Type of maltreatment	14
Indicated maltreatment disproportionality	15-16
Children investigated by disposition	17
Demographics of children	18
Where in Rhode Island	19
<u>Section 2: Repeat Maltreatment, FFY22 – FFY24</u>	<u>20</u>
Key Statistics	21
Repeat maltreatment.....	22
Repeat Maltreatment Type.....	23
Repeat maltreatment disproportionality	24-25
Demographics of children	26
Length of time to repeat maltreatment	27
<u>Section 3: Maltreatment in Foster Care (Out-of-Home Placement), FFY23 – FFY25</u>	<u>28</u>
Key Statistics	29
Demographics of children	30
Maltreatment type	31
Perpetrator relationships	32
Where in foster care	33
Placement types	34-35
Age of children	36
Appendices	37-40

Annual Safety Report FFY23 – FFY25

Introduction

The Rhode Island Department of Children, Youth & Families (RI DCYF) mission is to build a system of care where every child grows up in a safe and loving family environment that supports the development of strong, resilient families throughout the state of Rhode Island. 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 Rhode Island (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., religious leader, coach, teacher). There are four primary types of maltreatment:

- Neglect
- Physical Abuse
- Sexual Abuse
- Emotional Abuse

In the United States:

- ✓ An estimated 532,228 children were victims of abuse and neglect in 2024, 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 13.7% of all victims, and more than a quarter (26%) 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 1,773 children died from abuse or neglect in 2024.
- ✓ Child abuse and neglect is 5 times higher for children in families of low socioeconomic status.

National Statistics on Child Abuse - National Children's Alliance ([nationalchildrensalliance.org](https://www.nationalchildrensalliance.org))

Child Maltreatment 2024 ([hhs.gov](https://www.hhs.gov))

CDC Child Abuse and Neglect Prevention

Rhode Island

The rate of child maltreatment in RI in FFY25 was 10.3 per 1,000 children (children less than 18 years old). Most child maltreatment nationally and in RI is in the form of neglect. In FFY25 in RI, approximately 50% of maltreatment was in the form of neglect. Approximately 77% of children in RI who were victims of maltreatment in FFY25 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.

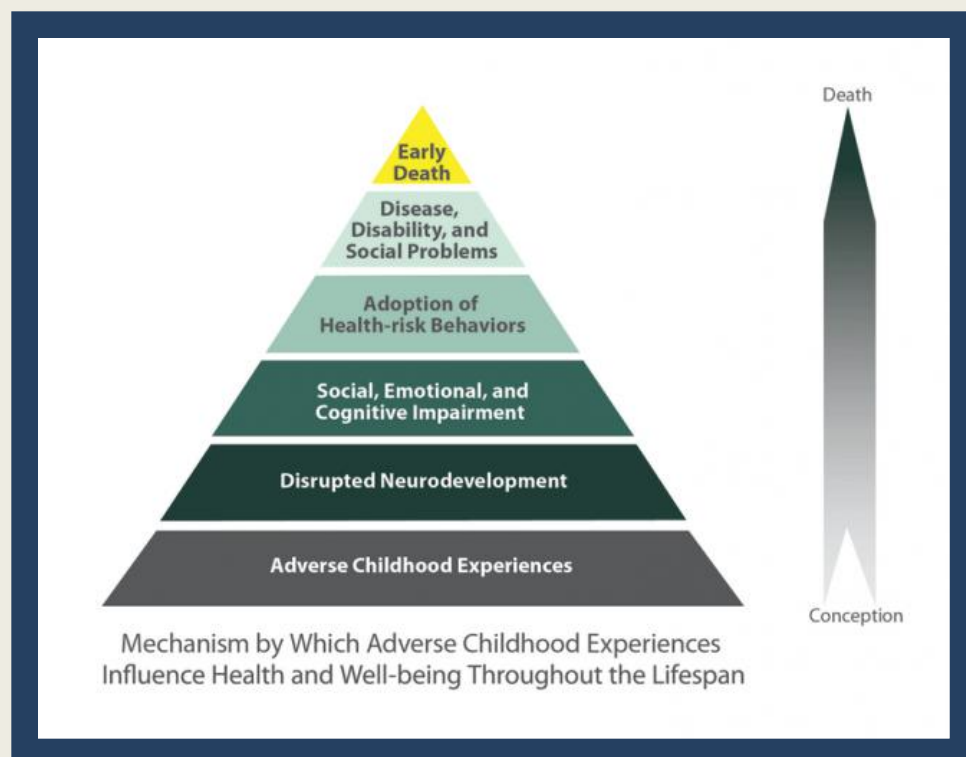
Adverse Childhood Experiences (ACEs)

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 course of life. Adverse Childhood Experiences have been linked to:

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

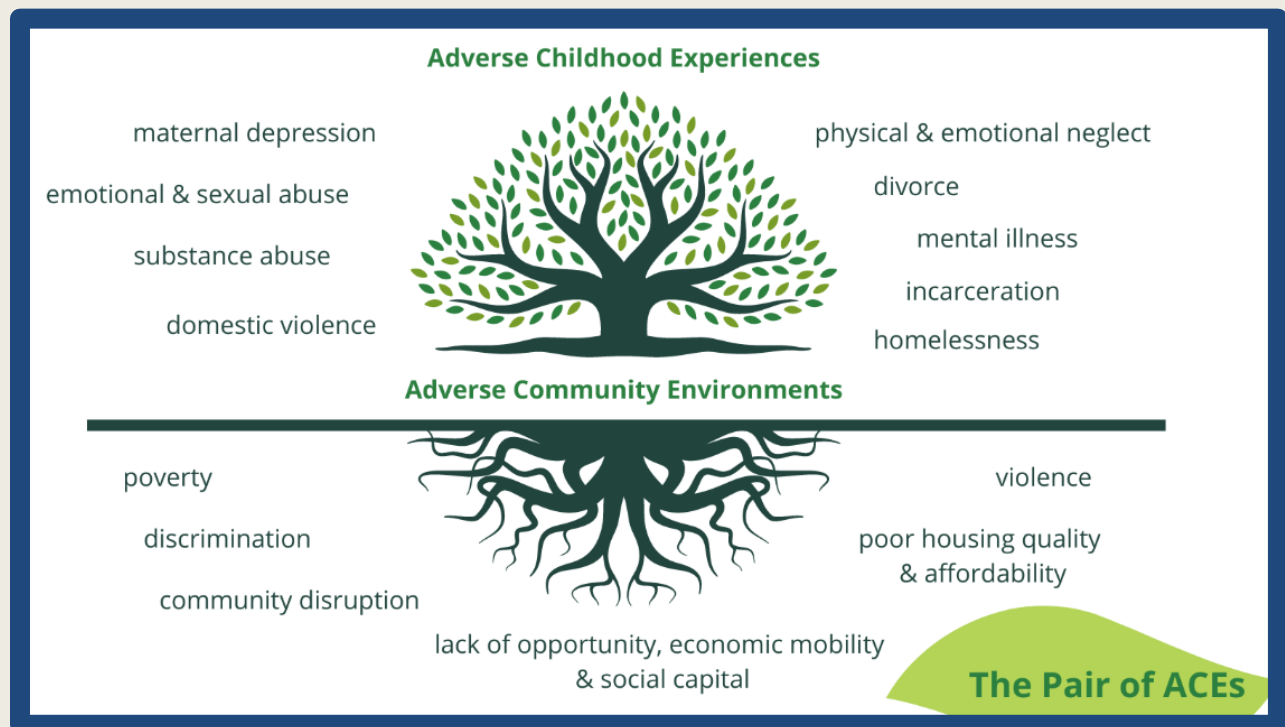


The Building Community Resilience Pair of ACEs

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 can 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 Protective 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 FFY24 to FFY25. The rate of indicated child victims increased from FFY24 to FFY25 and has been slightly over the national performance (7.2 per 1,000) for all years shown. The median age of indicated child victims across the 4 Federal Fiscal Years remained consistent.

A goal of 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 FFY24, 8.1% of children experienced repeat maltreatment. This has remained below the national performance percentage (9.7%) for all years shown. The median age at the time of the initial maltreatment was 5 years old and the median length of time between the two indicated events was 160 days, about 5 months.

The number of unique children with a report of maltreatment in foster care decreased from FFY24 to FFY25. Throughout this report, foster care is the Federal definition, all children in an out-of-home placement.

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

	FFY22	FFY23	FFY24	FFY25
Section 1: Investigations (Maltreatment)				
Number of children investigated	4,764	6,409	5,440	5,189
Among children investigated, percent of children indicated	39%	39%	41%	44%
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)	8.9	11.4	9.9	10.3
Section 2: Repeat Maltreatment*				
Percent of children who had repeat maltreatment within 12 months of the initial maltreatment	8.3%	7.8%	8.1%	
Median age at initial maltreatment (years)	6.0	6.0	5.0	
Median length of time between initial and repeat maltreatment (days)	146.0	201.0	160.0	
Section 3: Maltreatment in Foster Care**				
Number of victimizations of maltreatment in foster care	57	50	58	35
Number of unique child victims of maltreatment in foster care	55	46	54	33
Median age at CPS report (years)	13.0	14.0	14.0	15.0

*Unadjusted for age. Children's Bureau adjusts 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

Annual Safety Report

Section 1: Investigations (Maltreatment), FFY23-FFY25



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

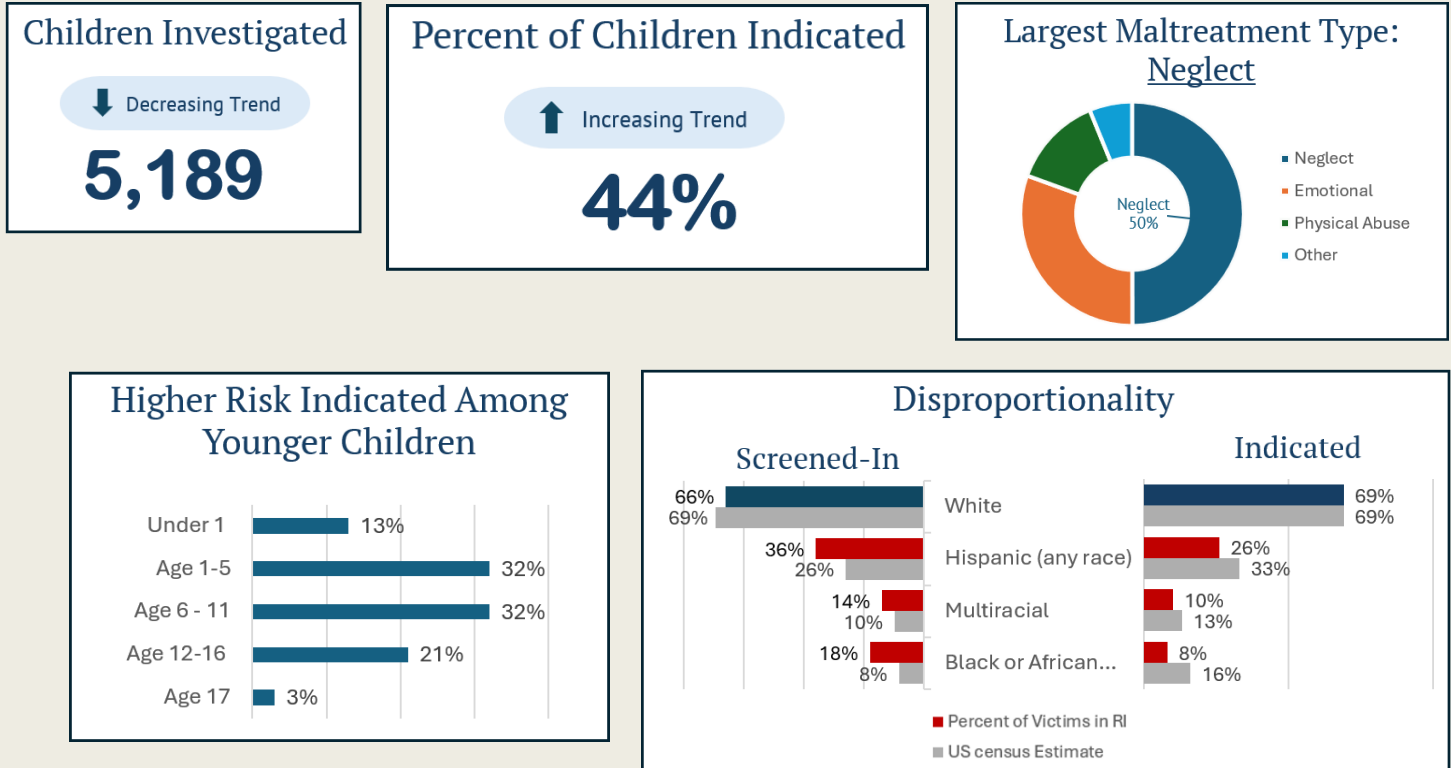
Data Presented in Section 1:

The data presented in Section 1 reflect CPS (Child Protective Services) investigations completed during October 1, 2022 – September 30, 2025 (FFY23-FFY25) by federal fiscal year. The data is *presented by investigation disposition year*, meaning that FFY25 data may include investigations reported in previous years like FFY24 or FFY23 but were completed in FFY25. Children aged 18 and older at the time of CPS report are excluded (consistent with Children's Bureau reporting).

KEY STATISTICS & RECOMMENDATIONS

INVESTIGATIONS (MALTREATMENT)

Key Statistics for FFY25



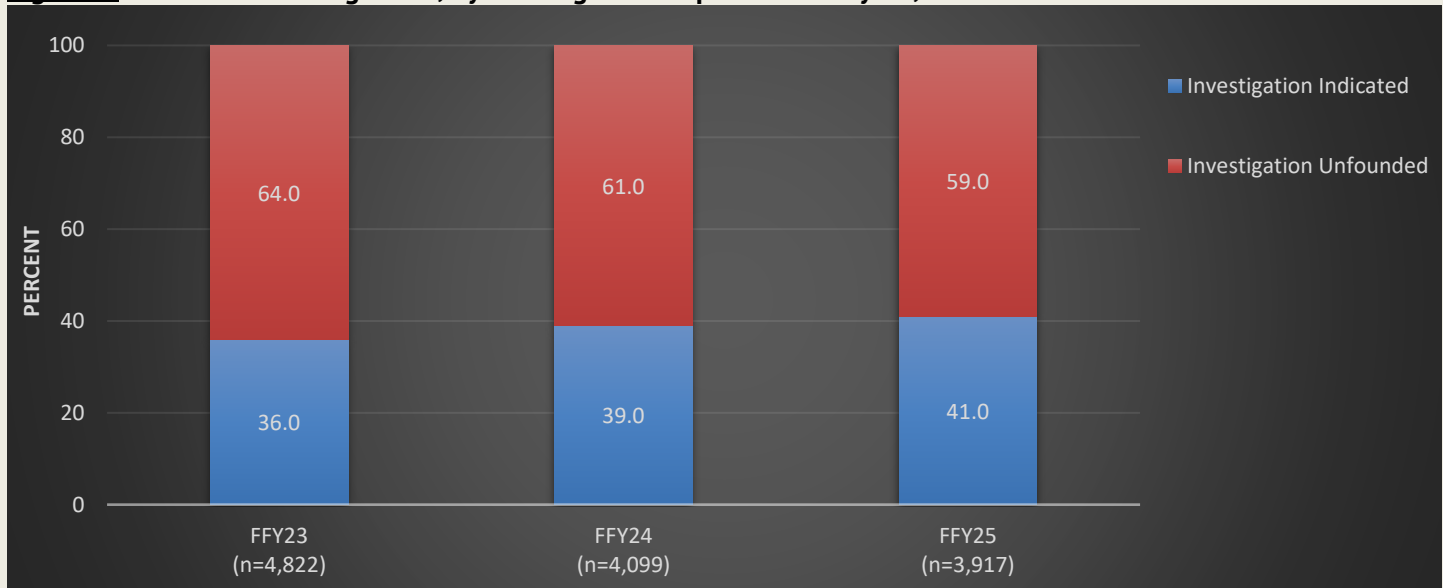
Recommendations

1	Strengthen Early Intervention Increase efforts to maximize utilization of early intervention programs for families with children 0-5, as this population makes up almost half of maltreatment victims.
2	Fidelity Monitoring and Ongoing SAFE Model Training Continue utilization and training of the SAFE model. The decrease in children investigated but the increasing indication rate suggests better screening by the CPS hotline. Use of fidelity review tools would show this increase reflects more accurate screening.

INVESTIGATION BY DISPOSITION

INVESTIGATIONS (MALTREATMENT)

Figure 1. Percent of investigations, by investigation disposition and year, FFY23-FFY25



The total number of investigations decreased from 4,099 in FFY24 to 3,917 in FFY25, while the percent of indicated investigations increased slightly from 39% in FFY24 to 41% in FFY25 (see figure 1).

RI DCYF categorizes the outcome of a CPS investigation as either indicated or unfounded. There is no differentiation made between substantiated and indicated in the RI DCYF CCWIS system or as it is reported to NCANDS. NCANDS often combines these two categories in reporting.

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 Safety Assessment through Family Engagement (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 (FFA) and On-going Family Functioning Assessment (OFFA) 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.

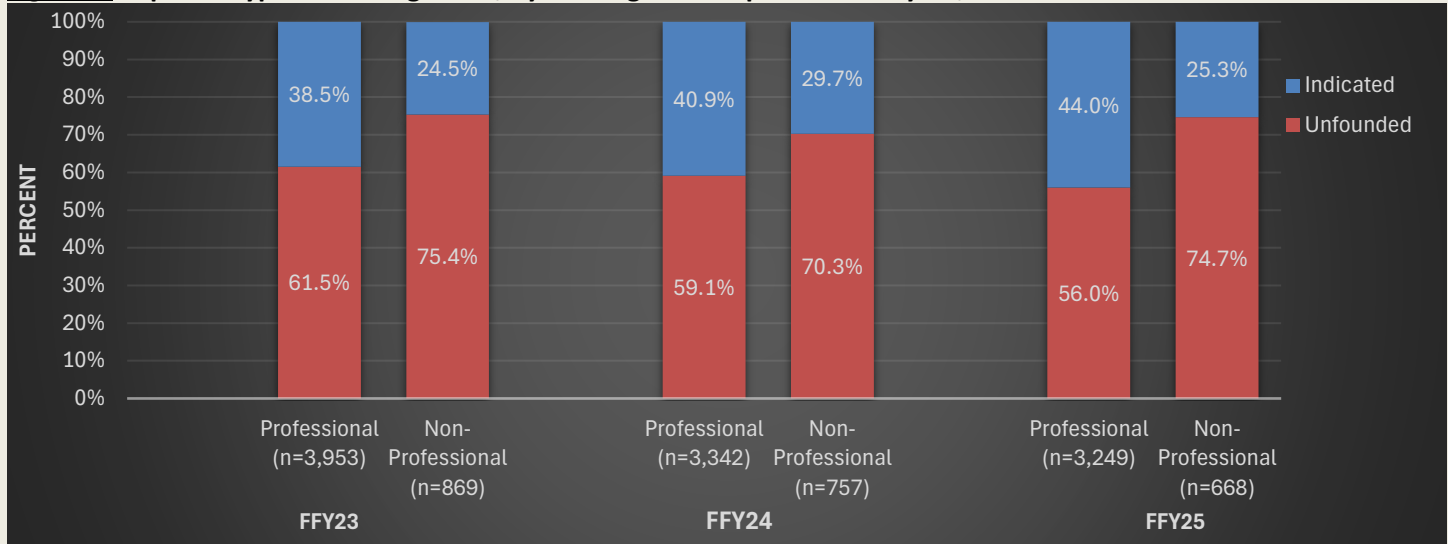
Data notes:

- 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, FFY23-FFY25



Rhode Island is a mandatory reporting state wherein any person witnessing or having suspicion of child maltreatment is required to notify RI DCYF ([RIGL §40-11-3](#)). Reporters are 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 resulting in an indicated finding compared to investigations reported by non-professional reporters (see Figure 2).

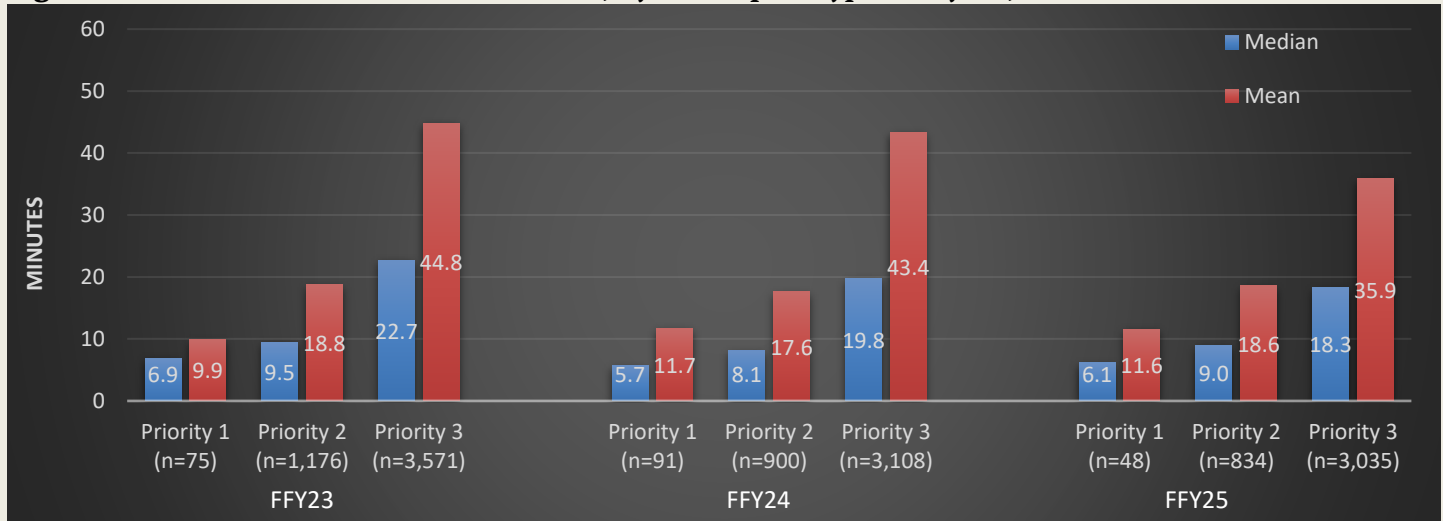
Data notes:

- 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

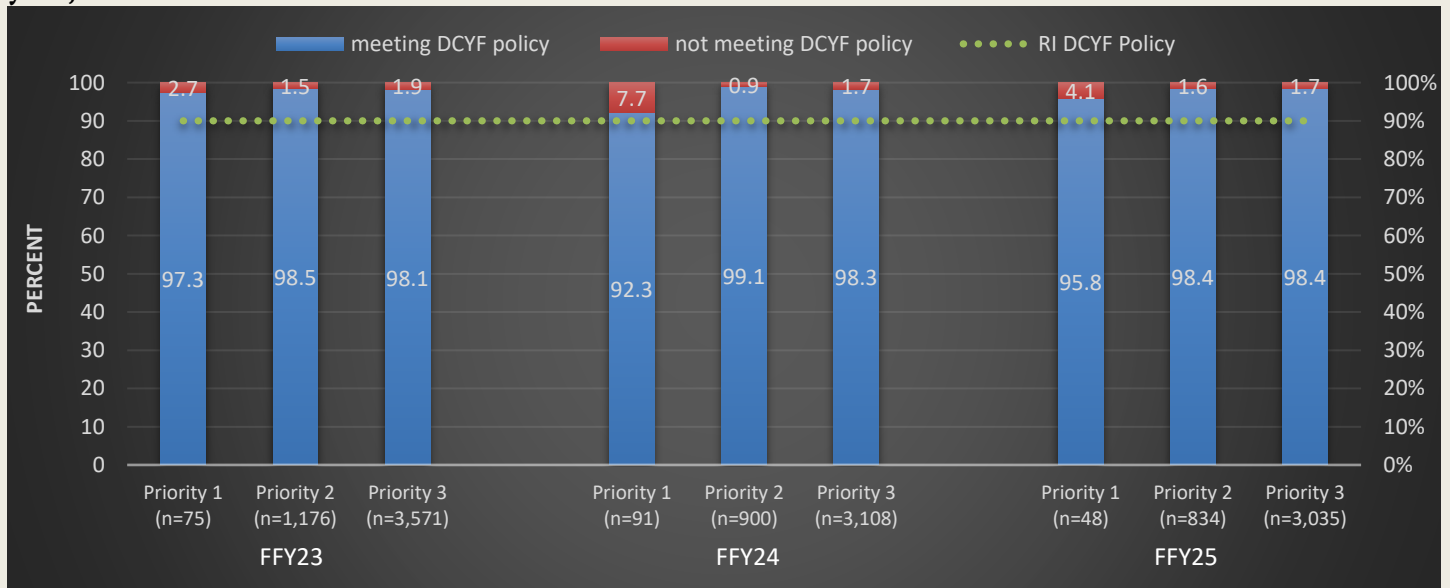
INVESTIGATIONS (MALTREATMENT), continued

Figure 3. Median and Mean screen-in time, by CPS report type and year, FFY23-FFY25



CPS 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 **priority 1 reports to be screened within 30 minutes, priority 2 reports in 120 minutes (2 hours) and priority reports in 240 minutes (4 hours)**. In FFY25, there was an increase from FFY24 in the median screen-in times for priority 1 and priority 2, and a slight decrease in priority 3 reports (see Figure 3). In FFY23-FFY25 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, FFY23-FFY25



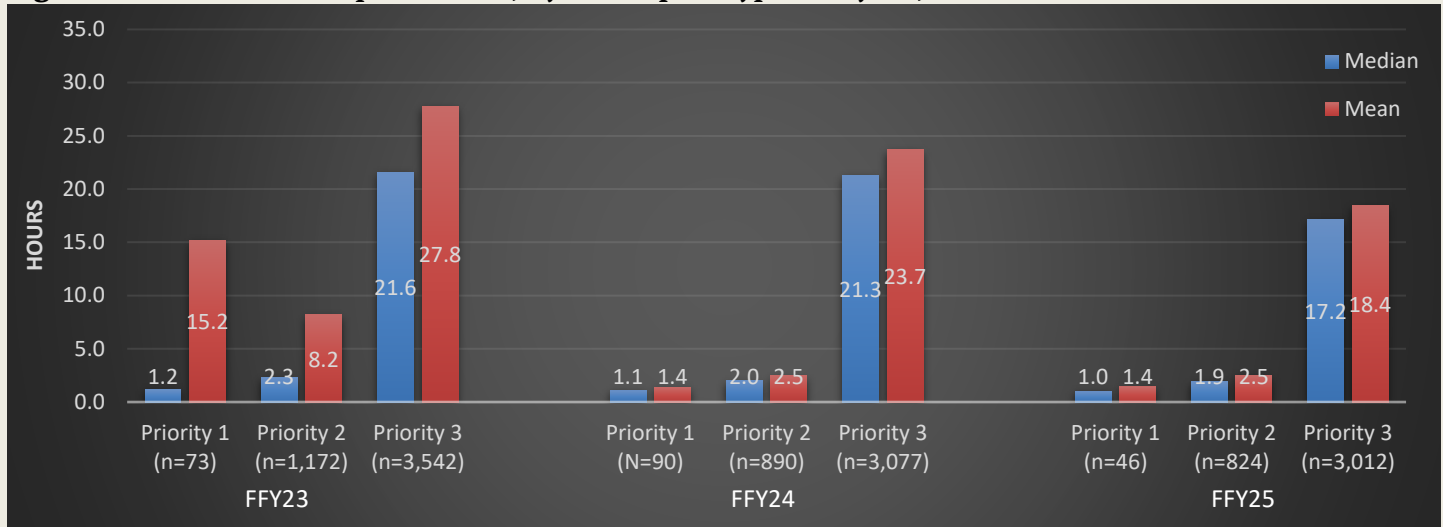
Data notes:

- 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

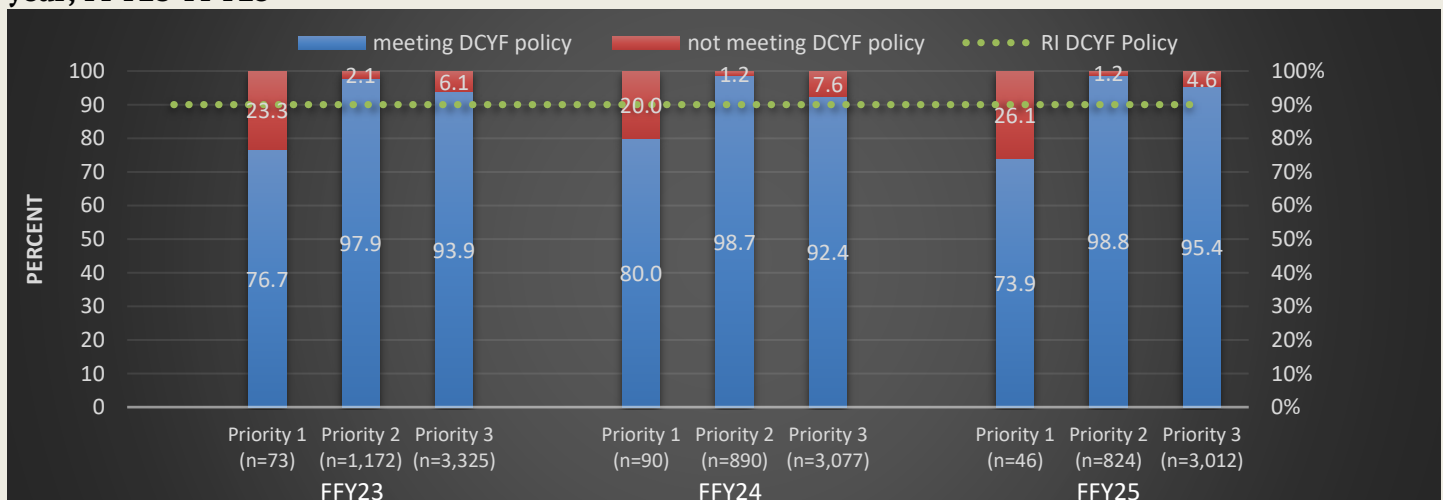
INVESTIGATIONS (MALTREATMENT), continued

Figure 5. Median CPS response time, by CPS report type and year, FFY23-FFY25



CPS 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 **priority 1 reports to be responded within 2 hours, priority 2 reports in 12 hours and priority 3 reports in 48 hours**. The median response times for all priority levels remained relatively constant from FFY23 to FFY25 (see Figure 5). In FFY25, priority 2 and priority 3 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, FFY23-FFY25

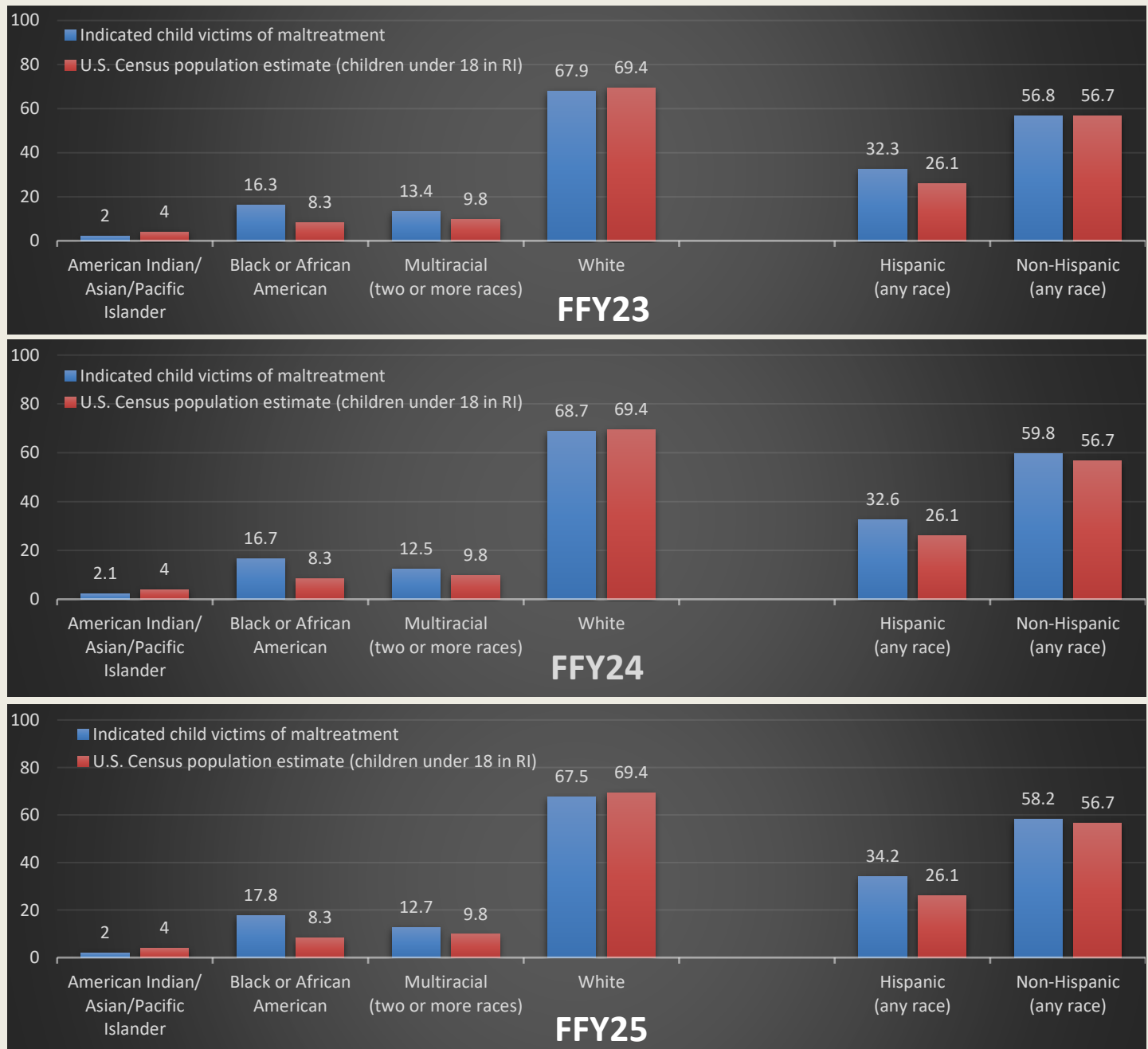


Data notes:

- 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 (35 in FFY23; 21 in FFY24, and 15 in FFY25) response time are excluded. Starting in 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, FFY23-FFY25



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.

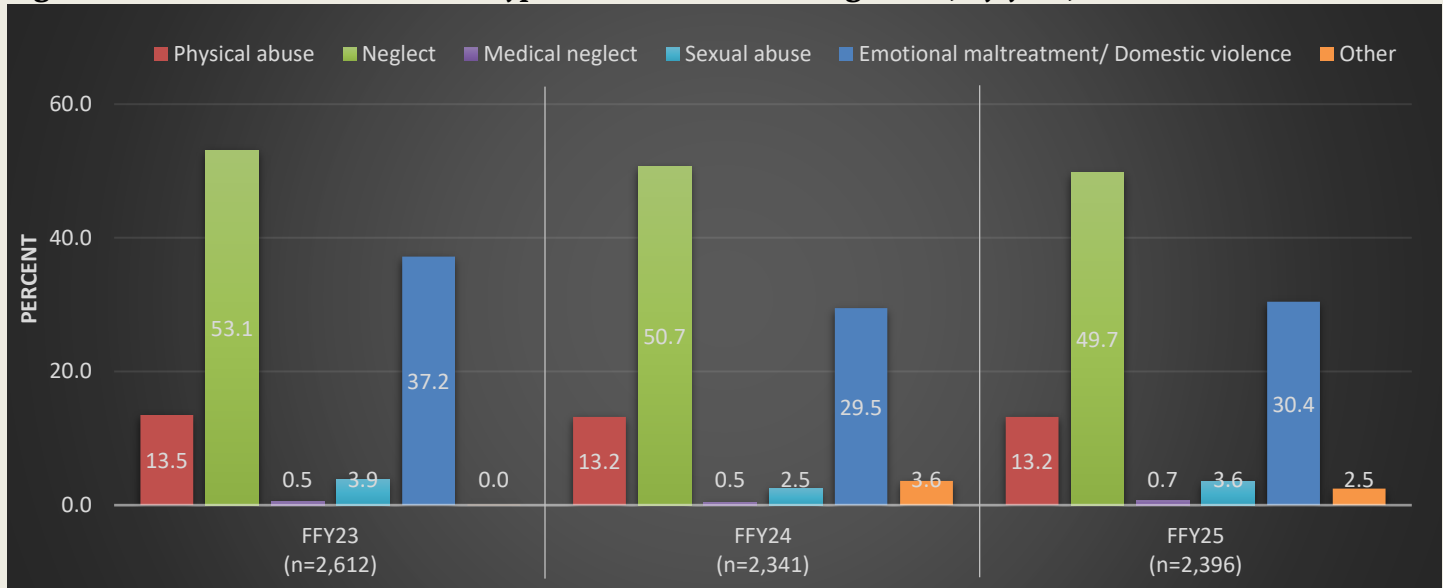
S0901: CHILDREN CHARACTERISTICS - Census Bureau Table

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, FFY23-FFY25



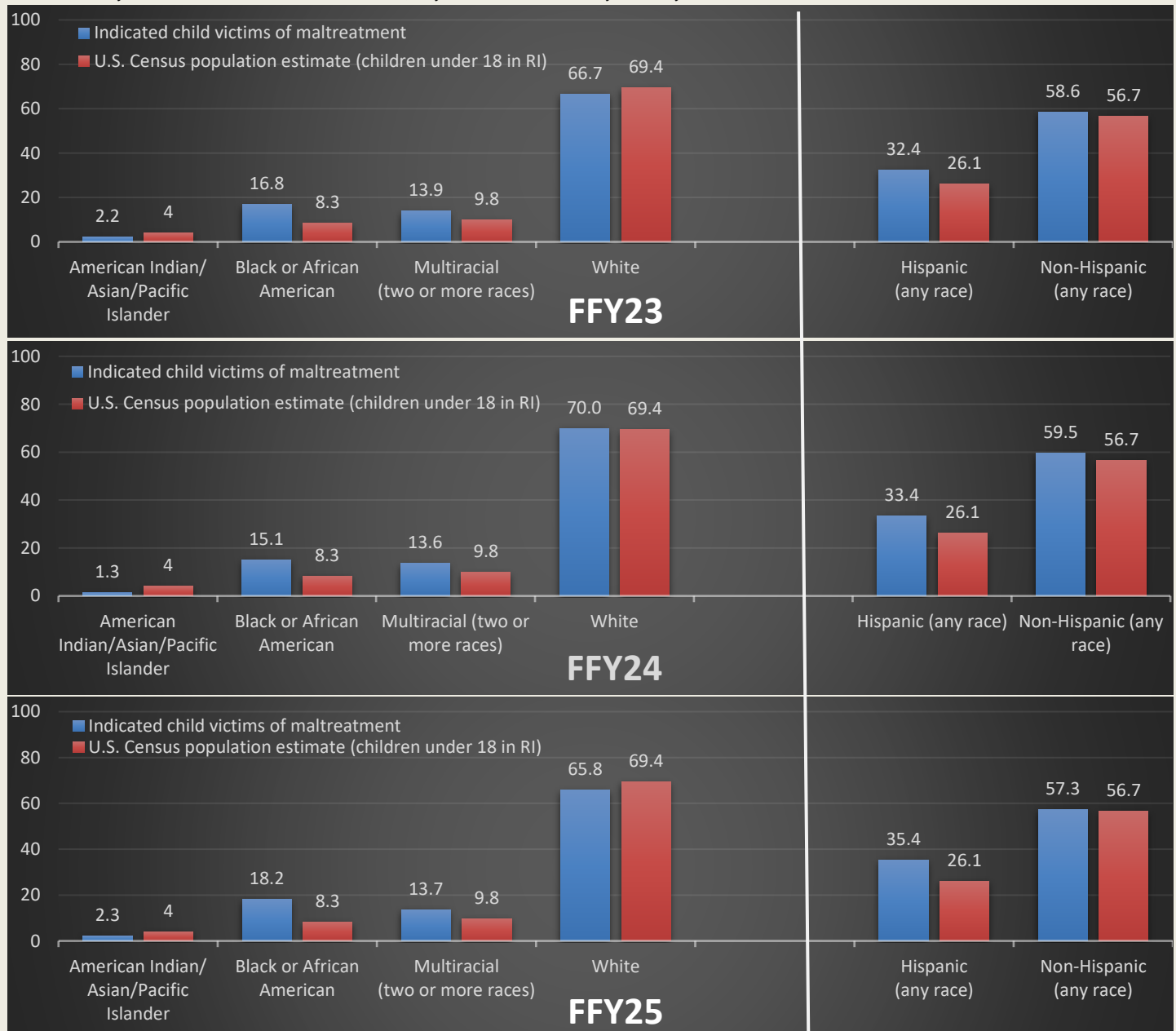
Maltreatment can range from neglect to medical neglect, emotional abuse, physical abuse, to sexual abuse. In a single investigation a child may be a victim of more than one type of indicated maltreatment. Over the three years, neglect continues to be the most frequent type of indicated maltreatment, remaining consistent across FFY23-FFY25 (see Figure 8). Emotional abuse was the second most frequent type 37% in FFY23, 29% in FFY24, and 30.4% in FFY25. In FFY23-FFY25 all of emotional abuse was domestic violence. The percentages across all maltreatment types remained relatively constant over the three years presented. Congruently, as maltreatment type is a multi-select variable, 20% of indicated investigations involved more than one maltreatment type.

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, FFY23-FFY25



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, 67.4% in FFY25 compared to comprising 53.4% of the RI population (see Figure 10).

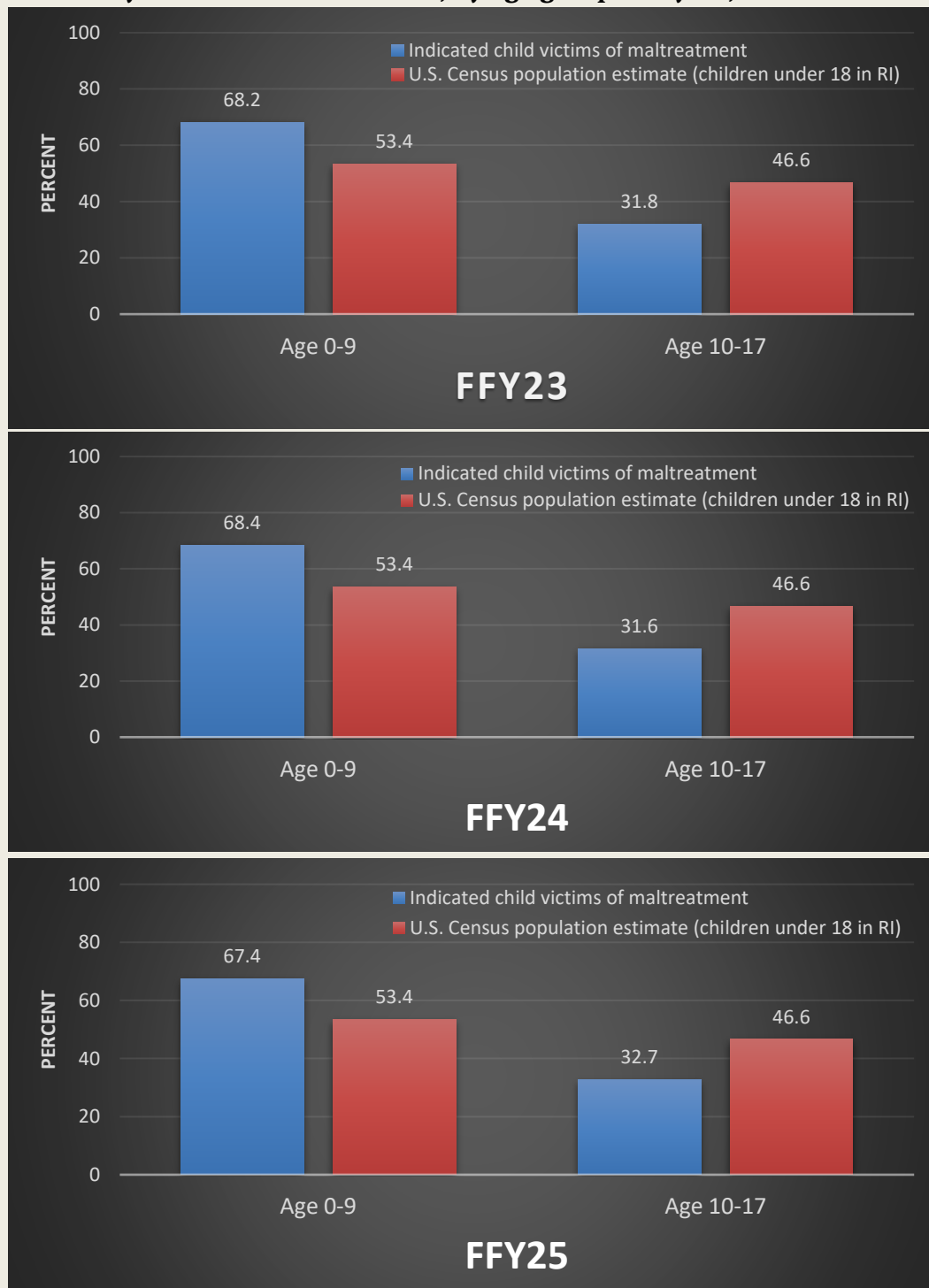
Data source: U.S. Census 2020 population estimate by sex, age, race and Hispanic for children under 18.

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, FFY23-FFY25



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](#)

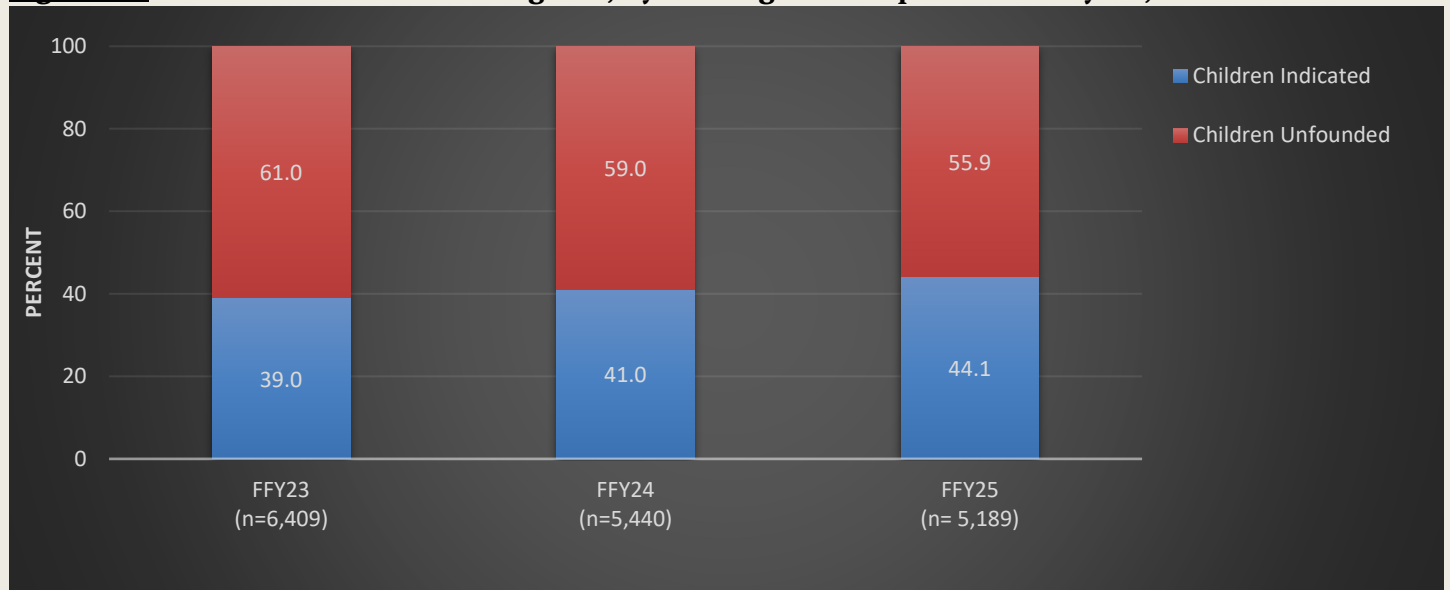
Data notes:

- 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, FFY23-FFY25



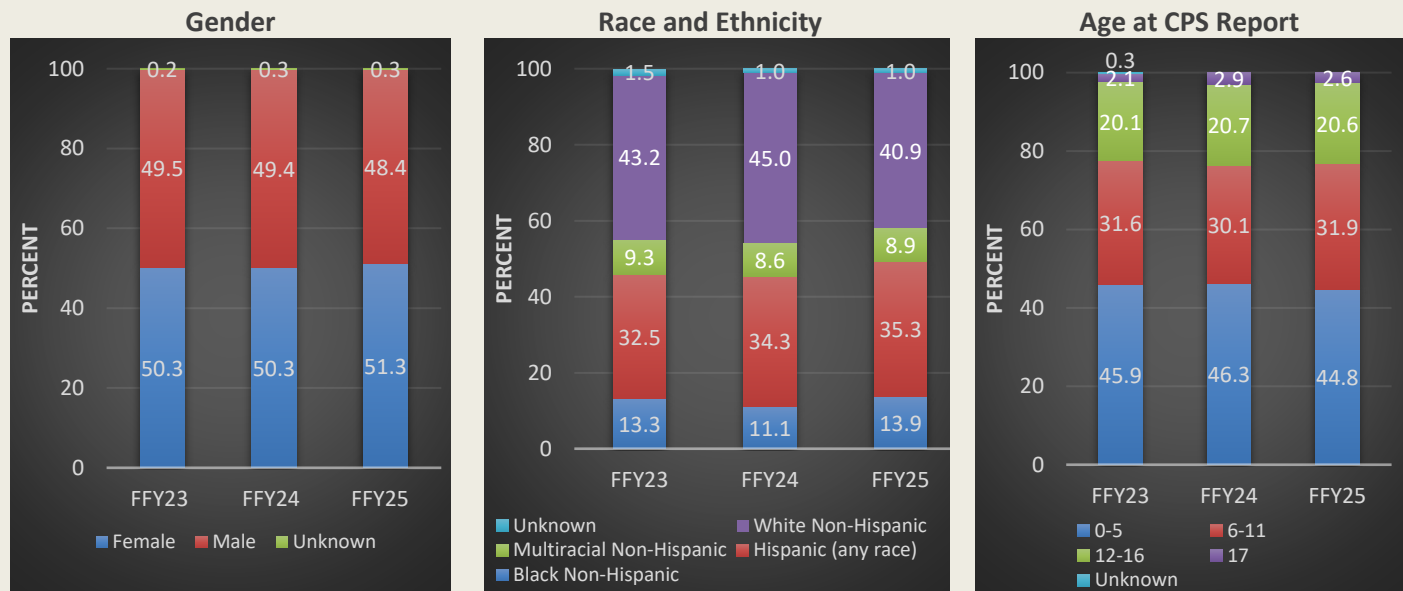
While the total number of children investigated decreased from FFY24 to FFY25, the percent of children indicated increased slightly from FFY24 to FFY25 (see Figure 11). The reasons for the slight increase in the percent of children identified as indicated may be a combination of factors of which may 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.

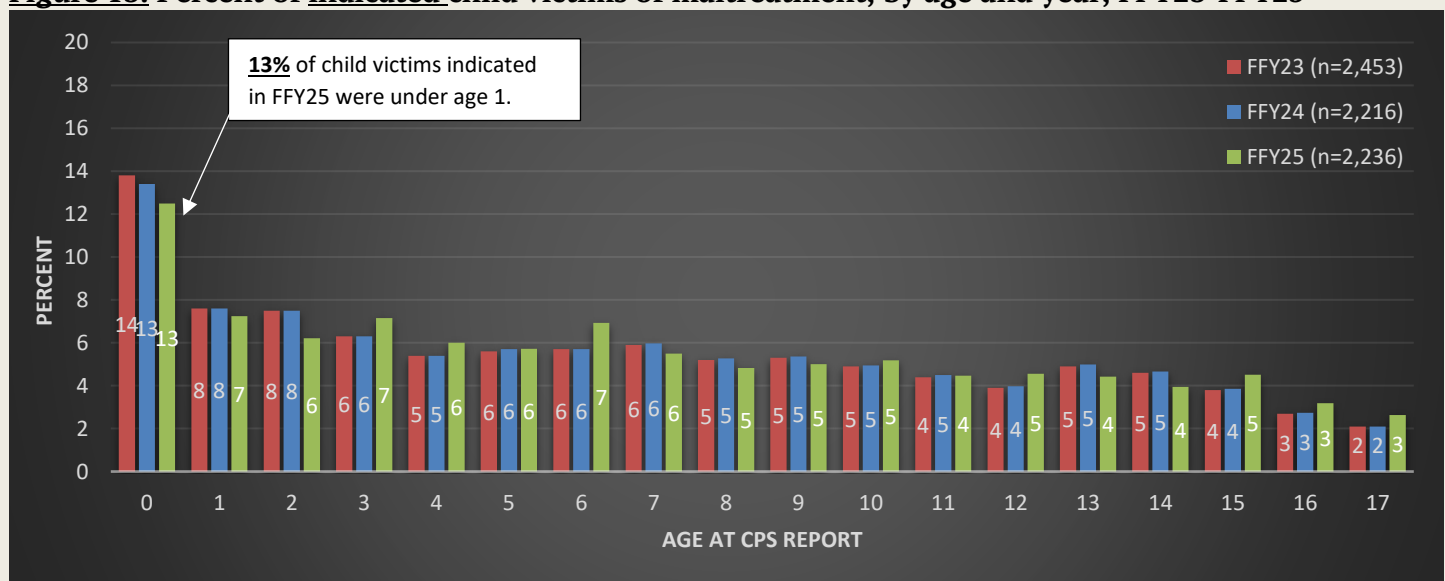
DEMOGRAPHICS OF CHILDREN INVESTIGATIONS (MALTREATMENT), continued

Figure 12. Demographics of indicated child victims of maltreatment, by year, FFY23-FFY25 (see Appendix Table 1)



The data represents 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 (see Figure 13).

Figure 13. Percent of indicated child victims of maltreatment, by age and year, FFY23-FFY25

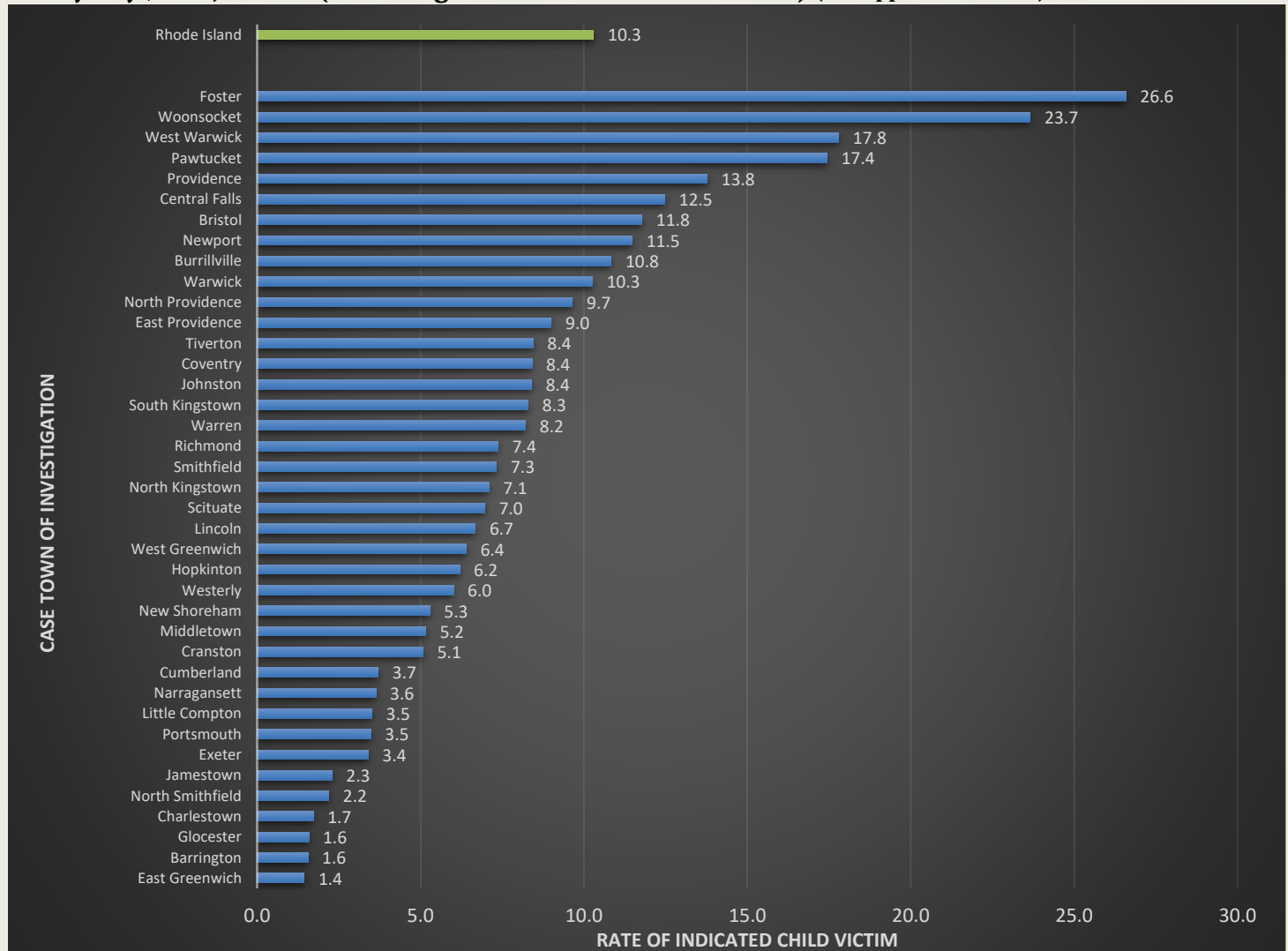


Data notes:

- 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, FFY25. (excluding maltreatment in foster care) (see Appendix Table 2)



The rate of child maltreatment increased slightly from FFY24 to FFY25. The rate of child maltreatment in RI per 1,000 children (children less than 18 years old) was:

- **FFY25: 10.3** and approximately **9** cities exceeded the RI rate of maltreatment. (see Figure 14)
- **FFY24: 9.9** and approximately **12** cities exceed the RI rate of maltreatment.
- **FFY23: 11.4** and approximately **11** cities exceeded the RI rate of maltreatment.

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

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.
- Excluded child victims with unknown or out of state case address.
- Excluded child victims of maltreatment in foster care.

Annual Safety Report

Section 2: Repeat Maltreatment, FFY22-FFY24



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, 2021 – September 30, 2024 (FFY22-FFY24) 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 FFY24 there are 2,216 unique child victims who completed investigation as shown in Section 1. There are **2,270** unique child victims who were reported for investigation in FFY24 and completed investigation in either FFY24 or FFY25 as presented in this section (see Table 2). The exclusion criteria and timeframe used to calculate repeat maltreatment are consistent with Children's Bureau reporting.

KEY STATISTICS & RECOMMENDATIONS

REPEAT MALTREATMENT

Key Statistics for FFY24

Repeat Maltreatment

↓ Decreasing Trend

184

child victims

Repeat Maltreatment

↑ Increasing Trend

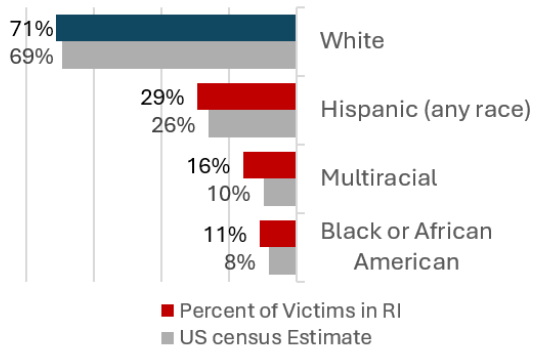
8.1%

Median Length of Time between initial and repeat maltreatment

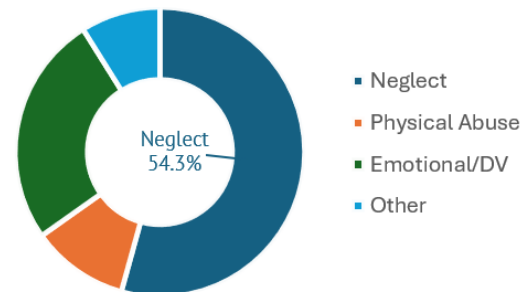
↓ Decreasing Trend

160 days

Disproportionality



Largest Maltreatment Type: Neglect



Recommendations

1

Services during critical period

Increase focus on family preservation services for the 4-8 months post initial maltreatment where repeat maltreatment risk is high. The median length of time to repeat maltreatment decreased, which shows that services might be crucial, additional targeted service at the highest risk time might help to lower the rate of repeat maltreatment.

2

Address disproportionality

Multiracial and Black or African American children are disproportionately represented. Identify if disparities exist as it relates to service access, case complexity or workforce practices.

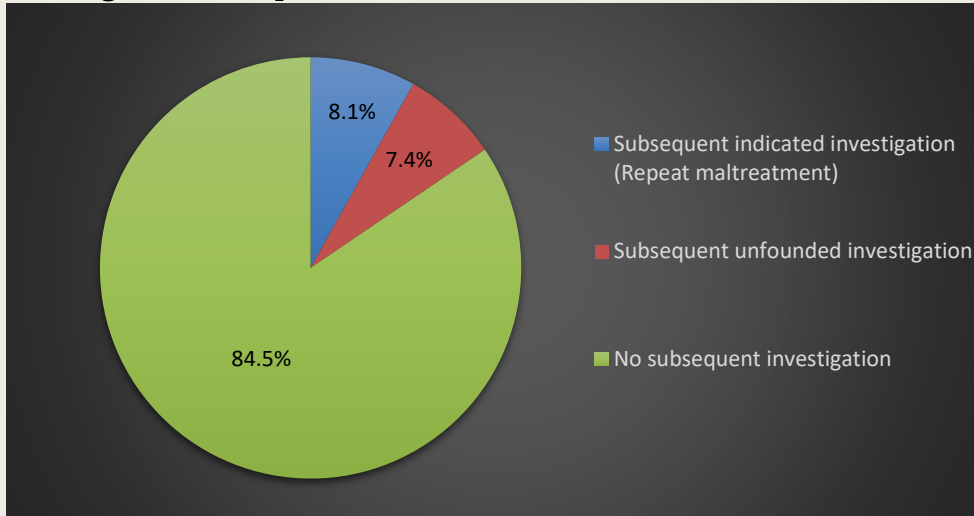
3

Continue Appropriate SAFE Model Screening

Sustain ongoing fidelity monitoring and training on the SAFE model's screening and assessment tools, with particular attention to cases involving a prior indicated finding, to support consistent identification of repeat maltreatment risk.

REPEAT MALTREATMENT

Figure 15. Among indicated child victims reported in FFY24, 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 FFY24.

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, FFY22-FFY24

	FFY22 (N=2,520)		FFY23 (N=2,509)		FFY24 (N=2,270)	
	N	%	N	%	N	%
Repeat maltreatment (Subsequent indicated investigation)	208	8.3%	195	7.8%	184	8.1%
Subsequent unfounded investigation	227	9.0%	211	8.4 %	168	7.4%
No subsequent investigation	2,085	82.7%	2,103	83.8%	1,918	84.5%

*Repeat maltreatment: report date of the first subsequent indicated investigation falls within 12 months of the initial indicated investigation reported in FFY24.

The number and percent of children who experienced repeat maltreatment*, increased slightly from 195 (7.8%) in FFY23 to 184 (8.1%) in FFY24. The number and percent of children who experienced a subsequent unfounded investigation decreased from 211 children (8.4%) in FFY23 to 168 (7.4%) in FFY24 (see Figure 15 & Table 2).

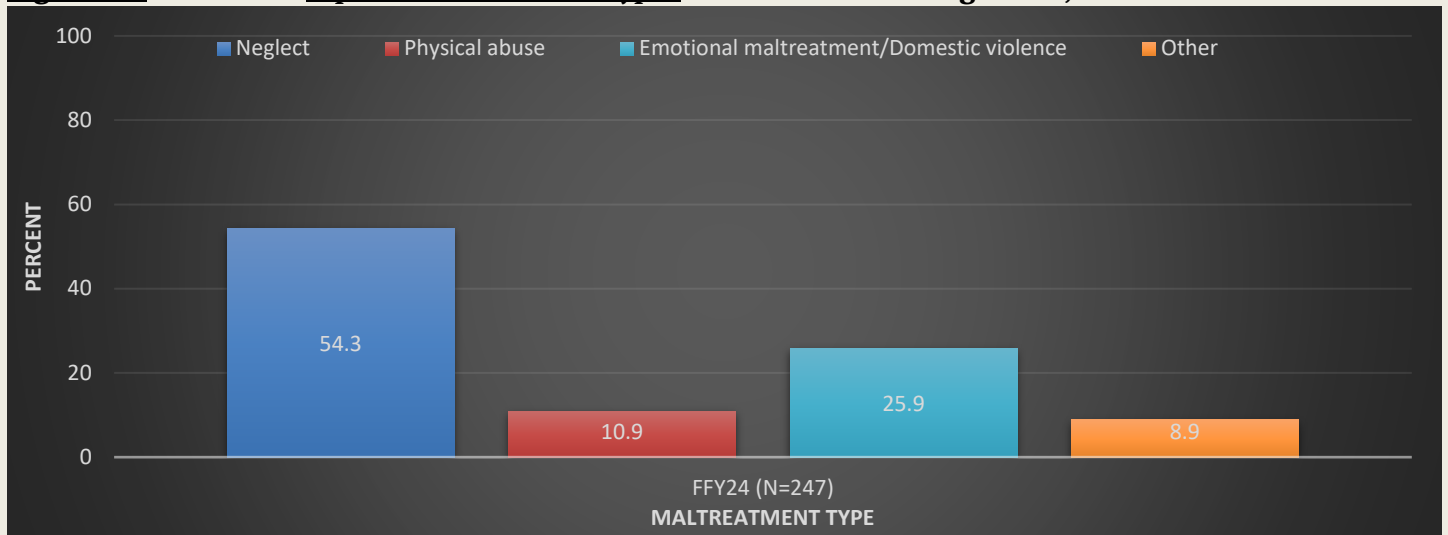
Data notes:

- 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 16. Percent of repeat maltreatment types of indicated investigations, FFY24



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, 54.3%. In repeat maltreatment, emotional abuse continues to be the second most frequent type, 25.9%. 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

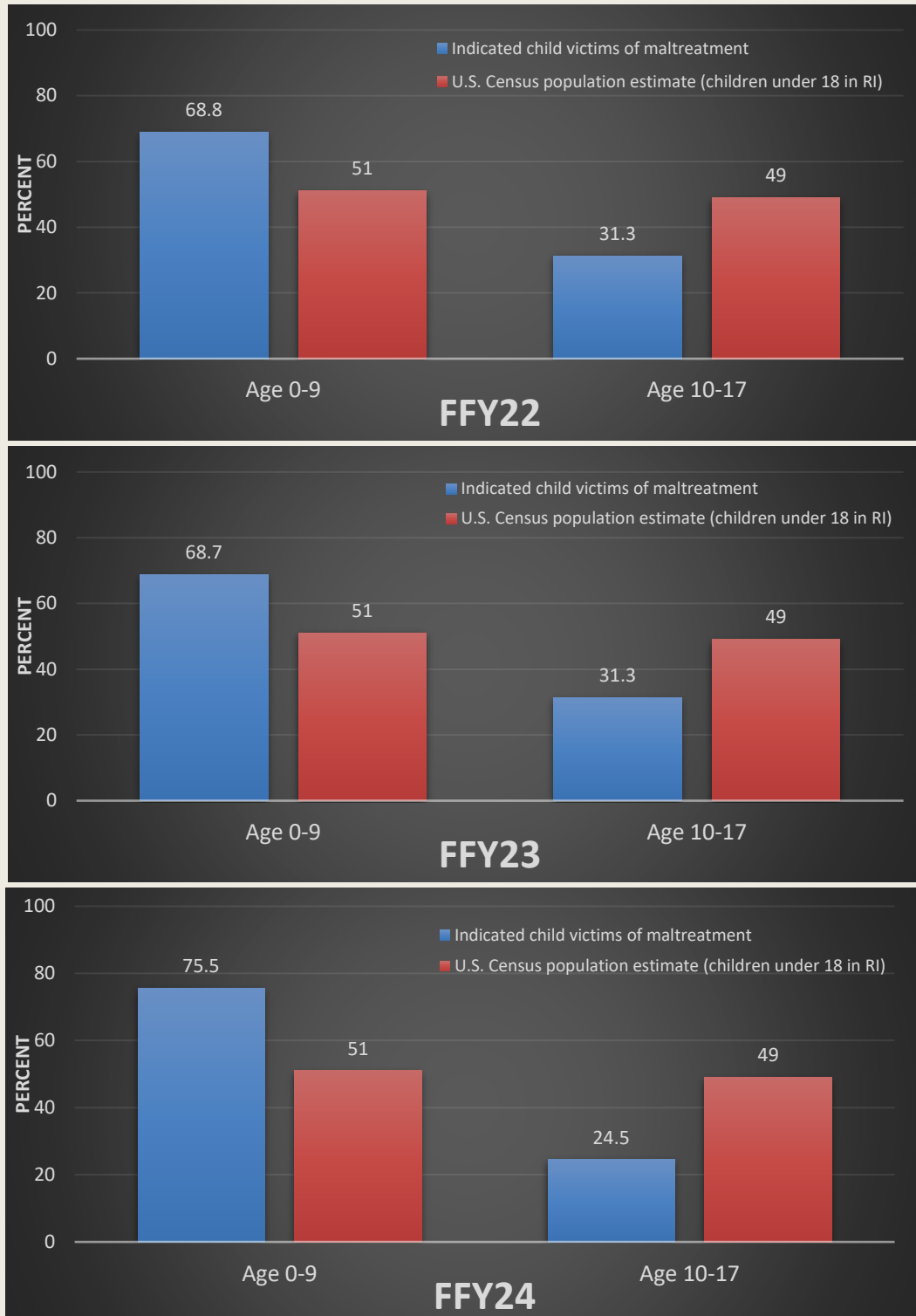
Figure 17. Percent of child victims of repeat maltreatment and population estimate of children under 18 years old in Rhode Island, by race, ethnicity, and year, FFY22-FFY24



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

Figure 17 and 18 compares U.S. Census estimates of children in RI to the proportion of children indicated with repeat maltreatment in FFY22, FFY23, and FFY24. 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 18. Percent of child victims of repeat maltreatment and population estimate of children under 18 years old in Rhode Island, by age group and year, FFY22-FFY24



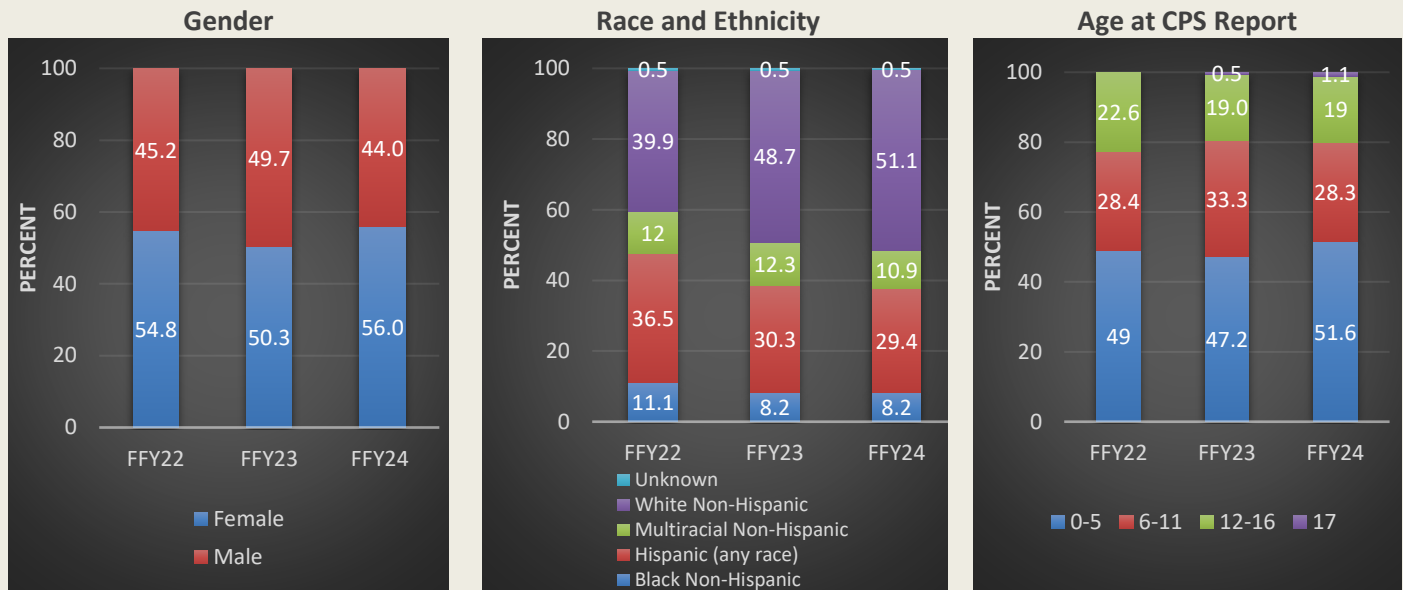
Data source: U.S. Census 2020 population estimate by sex, age, race and Hispanic for children under 18.

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

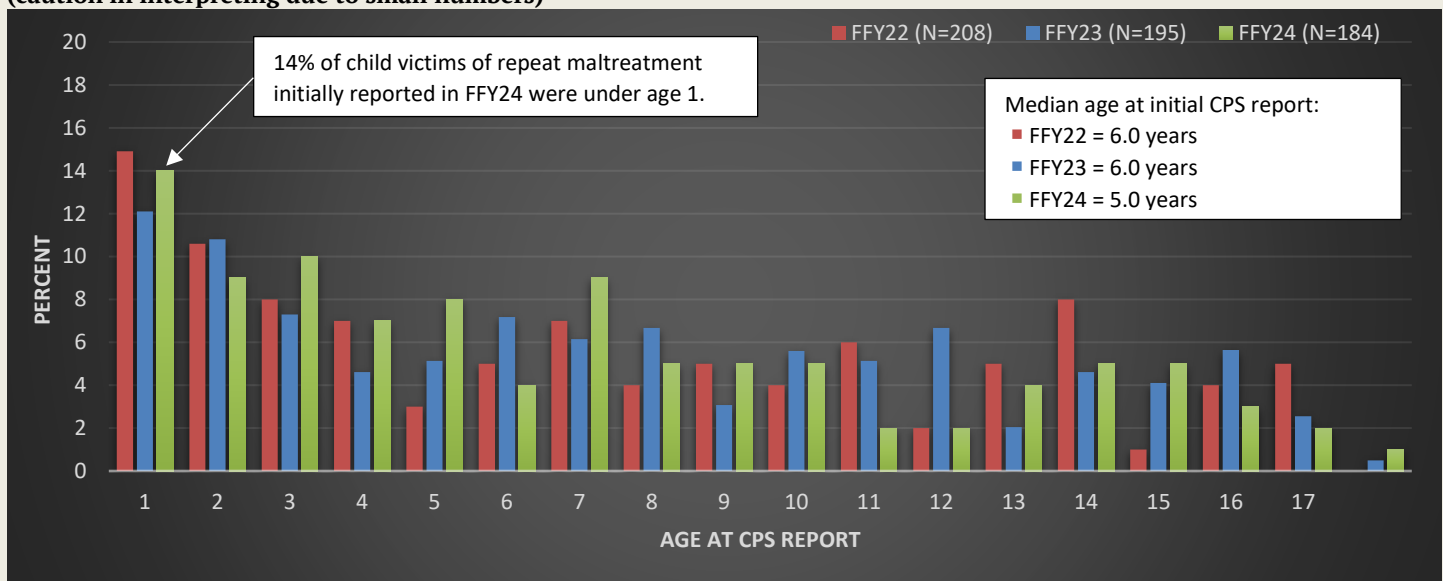
DEMOGRAPHICS OF CHILDREN REPEAT MALTREATMENT, continued

Figure 19. Demographics of child victims of repeat maltreatment, by year, FFY22-FFY24



In FFY24, there was an increase in female victims of repeat maltreatment compared FFY23. Among children of repeat maltreatment, Hispanic and Black non-Hispanic decreased from FFY22 to FFY24. Among child victims of repeat maltreatment, children between the ages of 0-11 were most frequently victimized. In FFY23, 81% of the victims were aged 0-11 and in FFY24, 80% of the victims were aged 0-11 (see Figure 19). 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 7 were under the age of 1 year old (see Figure 20).

Figure 20. Percent of child victims of repeat maltreatment, by age and year, FFY22-FFY24
(caution in interpreting due to small numbers)



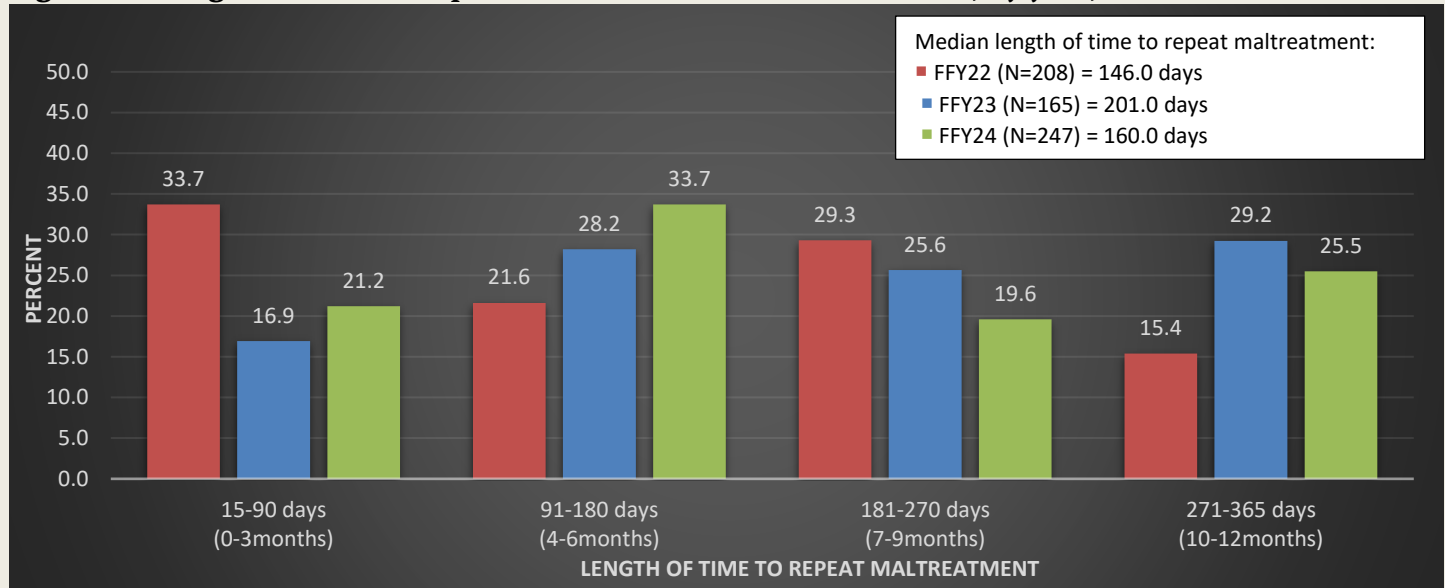
Data notes:

- 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 21. Length of time* to repeat maltreatment within 12 months, by year, FFY22-FFY24



*Length of time: number of days between the report date of first indicated maltreatment in FFY22-FY24 and the report date of first subsequent indicated maltreatment within 12 months of the initial.

The median length of time to repeat maltreatment decreased from 201 days in FFY23 to 160 days in FFY24. In FFY24, about 55% of children who experienced a repeat maltreatment did so within 6 months of the initial indicated maltreatment. In FFY23, about 45% 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), FFY23-FFY25



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, 2022, and September 30, 2025 (FFY23-FFY25). 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, FFY25 data includes child victims reported in FFY25 and reached disposition in FFY25. Child victims of maltreatment in foster care who were reported in FFY25 but did not complete investigation by the end of FFY25 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 4, the following rules are applied in the analysis:

- Maltreatment reported within 7 days of removal from home is 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.

In 2025, RI DCYF updated terminology, what was previously referred to as congregate care is now residential intervention.

KEY STATISTICS & RECOMMENDATIONS

MALTREATMENT IN FOSTER CARE, continued

Key Statistics

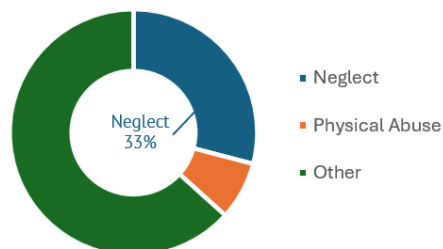
Maltreatment in Foster Care

↓ Decreasing Trend

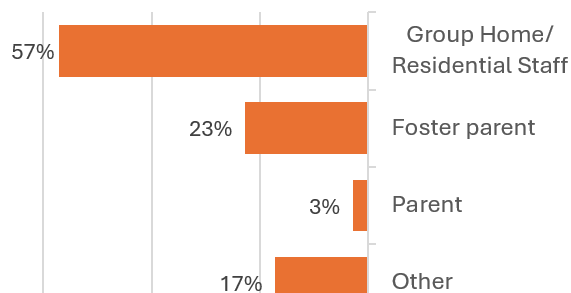
33

unique victims

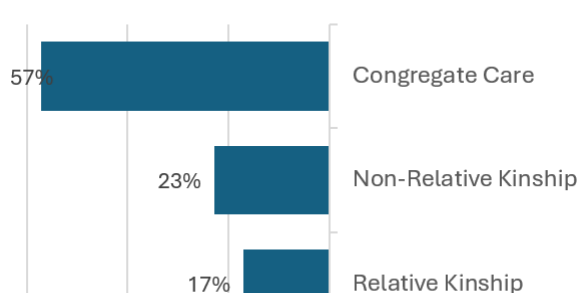
Largest Maltreatment Type: Neglect



Perpetrator



Placement Type



Recommendations

1

Prioritize Monitoring

Equal monitoring should occur within all placement type for residential intervention settings, as the placement types: assessment and stabilization, group home and residential facility were all represented equally.

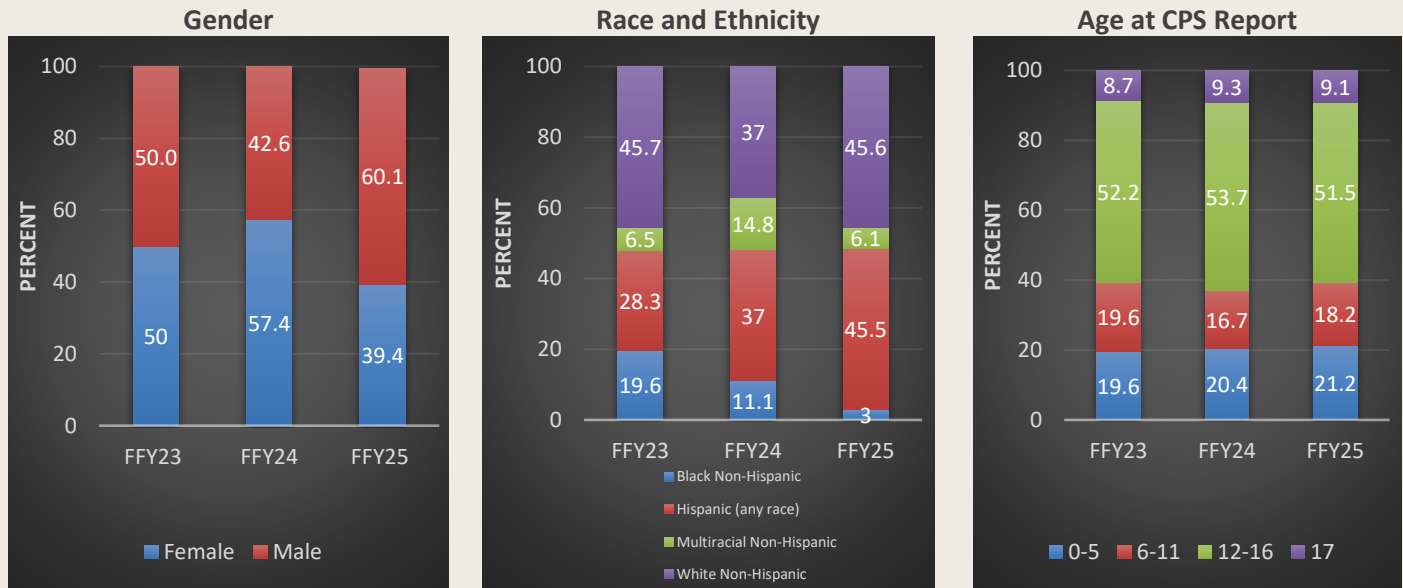
2

Tailored Prevention Strategies

The most common maltreatment type is different by placement type. A focus should be on neglect prevention in foster families, while a focus on institutional practices should occur for residential intervention staff.

DEMOGRAPHICS OF CHILDREN MALTREATMENT IN FOSTER CARE

Figure 22. Demographics of indicated child victims of maltreatment in foster care, by year, FFY23-FFY25 (caution in interpreting due to small numbers)



By gender, the percent of male victims increased from FFY24 to FFY25. Among child victims, multi-racial non-Hispanic and Hispanic (any race) group increased from FFY24 to FFY25. Among child victims, the percent of children aged 0-5 and 6-11, and 12-16 increased from FFY24 to FFY25, while the percent of children aged 17 decreased during the same time period (see Figure 22).

Data notes:

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

Data source: RICLIST; data are current as of 4/1/2026.

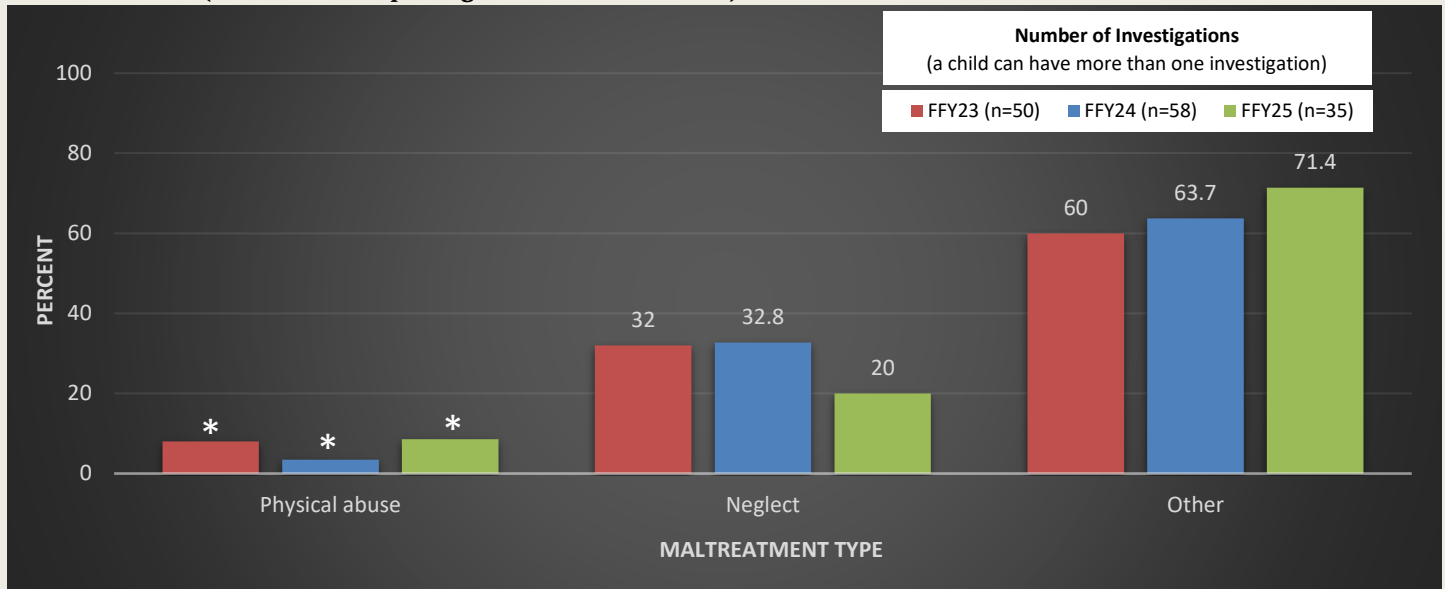
Page 30 of 40

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

MALTREATMENT TYPE

MALTREATMENT IN FOSTER CARE, continued

Figure 23. Percent of maltreatment types of indicated investigations in a foster care setting, by year, FFY23-FFY25 (caution in interpreting due to small numbers)



Over the three years presented, the most frequently indicated maltreatment types in foster care were “other” and “neglect”. “Neglect” has shown a decreasing trend from FFY24 to FFY25, while “physical abuse” and “other” has shown an increasing trend from FFY23 to FFY25. 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.

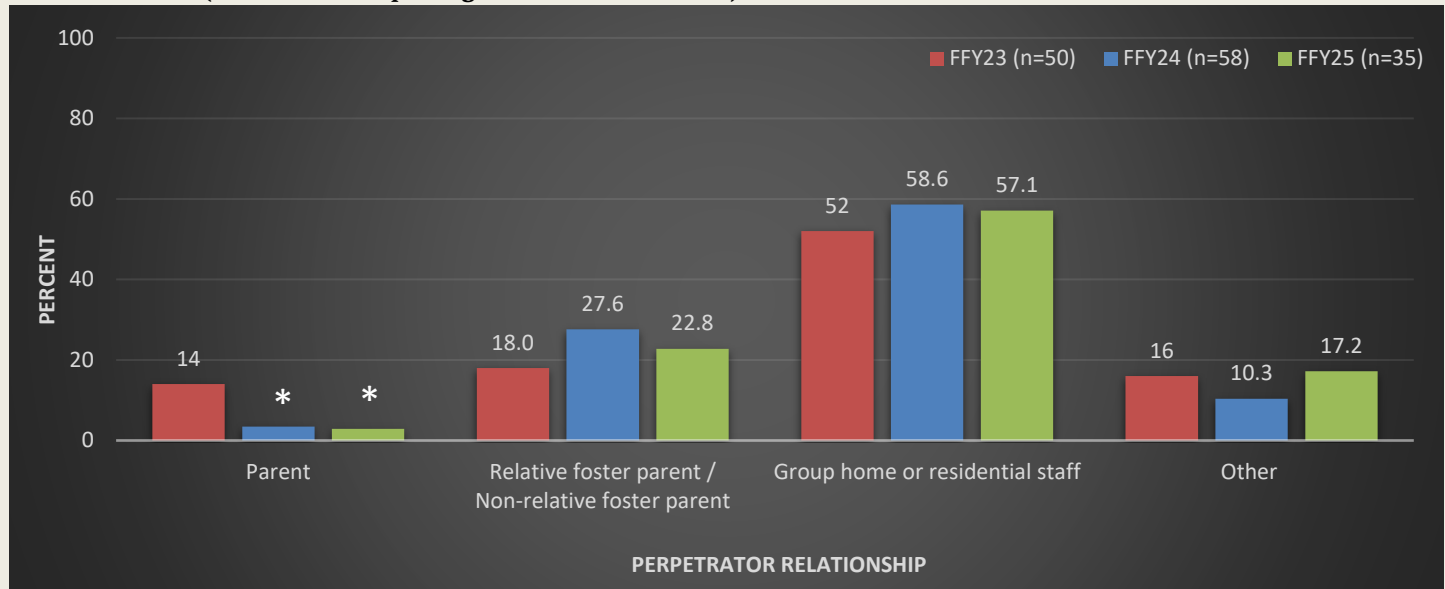
*data suppressed due to small numbers policy

- 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 24. Percent of perpetrator relationship of indicated maltreatment in foster care, by year, FFY23-FFY25 (caution in interpreting due to small numbers)



In FFY25, the most prevalent perpetrator relationships are group home or residential staff (57.1%). Relative foster parent/non-relative foster parent decreased from FFY24 to FFY25, while other perpetrator relationship decreased.

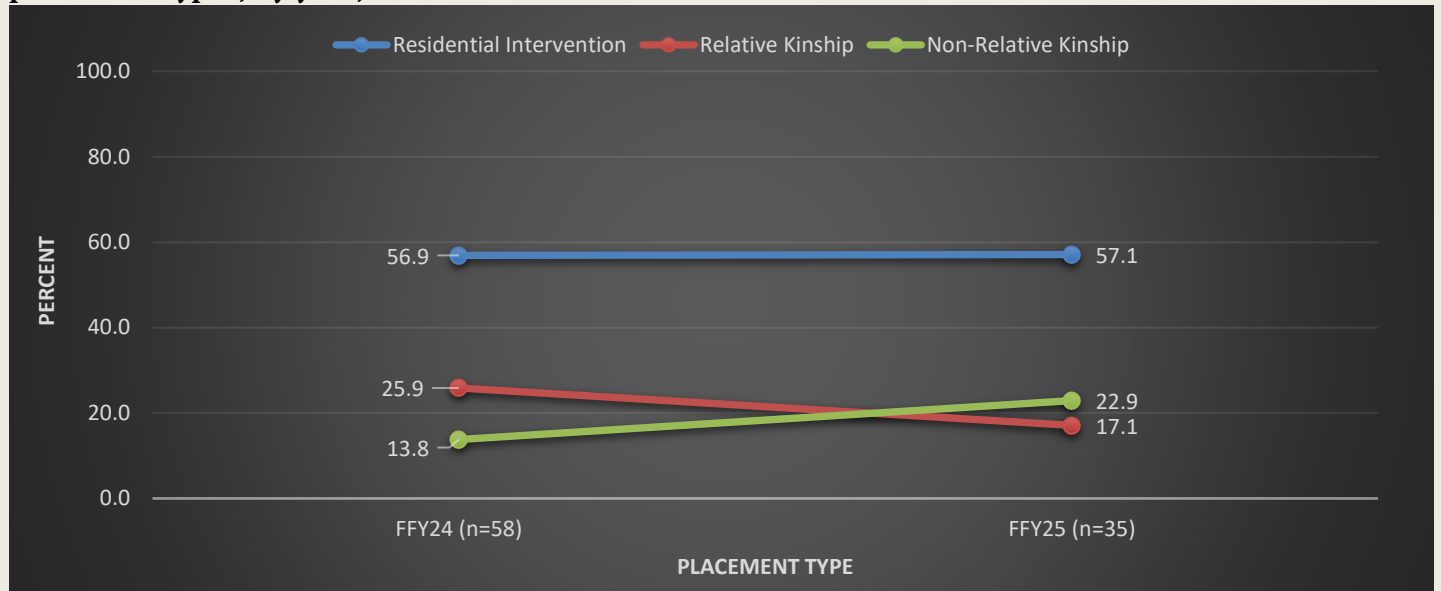
Data notes:

- 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.
- *data suppressed due to small numbers policy

WHERE IN FOSTER CARE

MALTREATMENT IN FOSTER CARE, continued

Figure 25. The percent of indicated investigations in foster care (out-of-home placement), across placement types, by year, FFY24-FFY25



*Not kinship and other categories suppressed due to small numbers.

Figure 25 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 residential intervention remained constant from FFY24 to FFY25. From FFY24 to FFY25, the percent of maltreatment decreased in relative kinship, but increased in non-relative kinship.

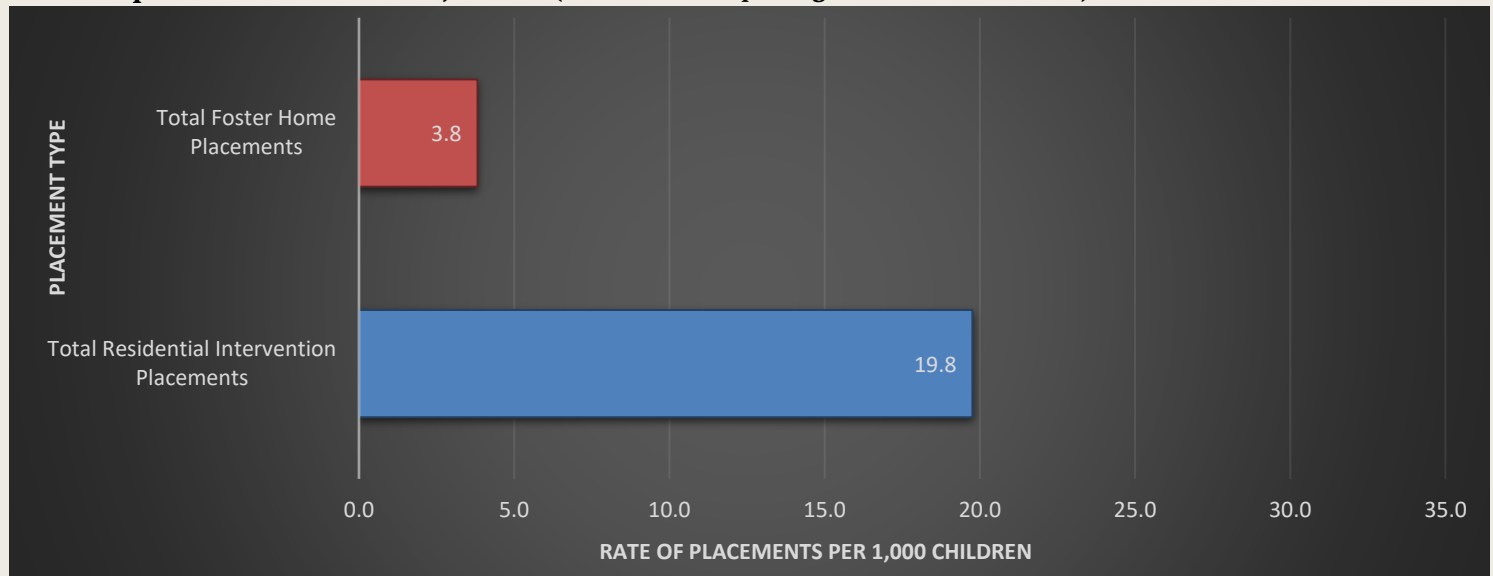
Data notes:

- Data shown in investigation level. An investigation may be counted more than once if multiple children indicated in investigation.
- Residential intervention 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 26. Rate of maltreatment per 1,000 placements by placement types in foster homes, by all out of home placement at RI DCYF, FFY25 (caution in interpreting due to small numbers)



The rate of maltreatment in both placement types decreased from FFY24 to FFY25. Foster home placements in FFY25 was 3.8 per 1,000, a decrease from 4.9 in FFY24. Residential intervention placements in FFY25 were 19.8 per 1,000, a decrease from 32.6 per 1,000 in FFY24 (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 (50%), while other is most frequent type of indicated maltreatment in residential intervention (100%).

Table 3. Rate of maltreatment per 1,000 placements by placement types in foster homes, by all out of home placement at RI DCYF, FFY23-FFY25

Placement Type	FFY23	FFY24	FFY25
Foster Family	4.3	4.9	3.8
Residential Intervention	27.0	32.6	19.8

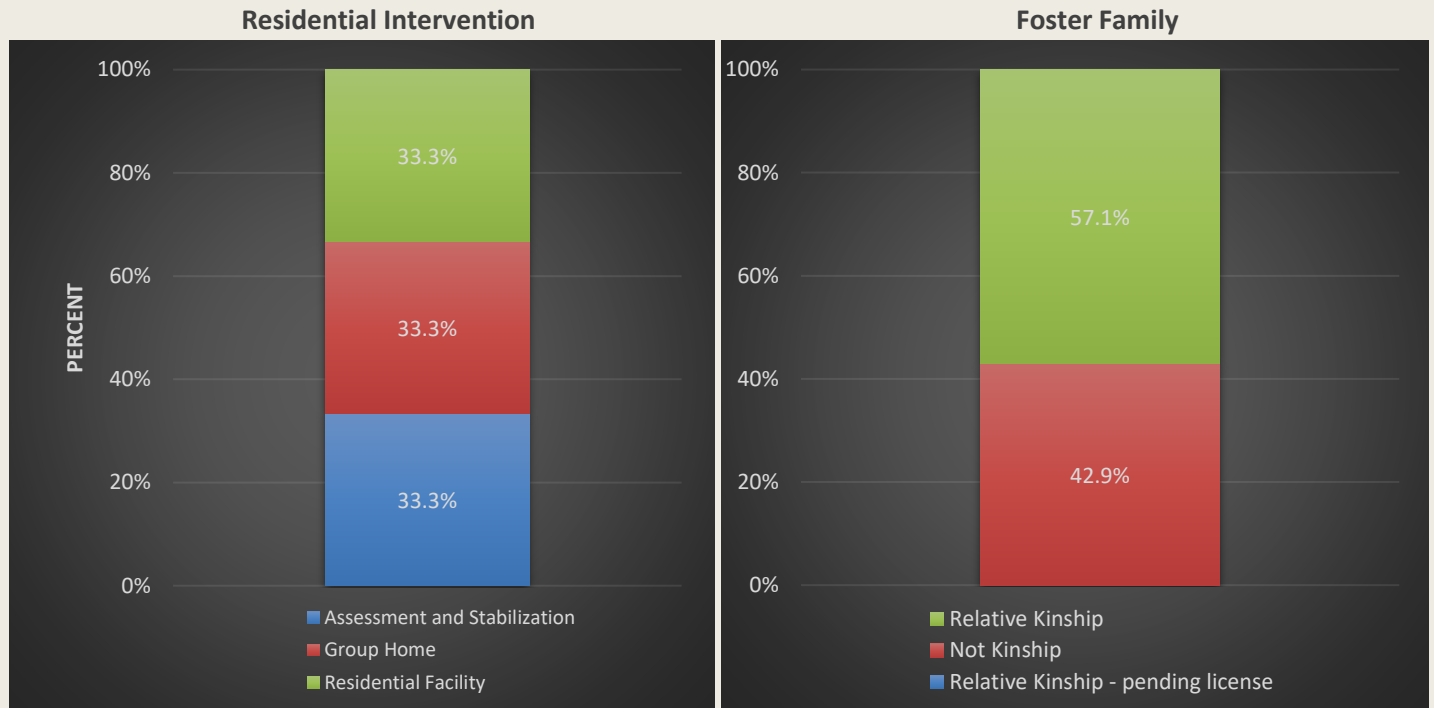
Data notes:

- 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 27. Percent of children with indicated maltreatment in foster care, placement types within residential intervention and foster family settings at RI DCYF, FFY25 (caution in interpreting due to small numbers)



In FFY25, of children with indicated maltreatment in foster care in the residential intervention setting, there was equal distribution across placement types assessment and stabilization, group home and residential facility (see figure 27). Children with indicated maltreatment in foster care in the foster family setting, majority were with a placement type relative kinship (57.1%) (see Table 4)

Table 4. Percent of children with indicated maltreatment in foster care, placement types within residential intervention and foster family settings, RI DCYF FFY23-FFY25

	FFY23	FFY24	FFY25
Residential Intervention	%	%	%
Residential Facility	42.3%	33.3%	33.3%
Group Home	30.8%	14.8%	33.3%
Assessment and Stabilization	23.1%	51.9%	33.3%
Foster Family	%	%	%
Relative Kin	57.9%	66.7%	57.1%
Not Kinship	36.8%	33.3%	42.9%
Relative Kinship – pending license	5.3%	0%	0%

Data notes:

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

AGE OF CHILDREN

MALTREATMENT IN FOSTER CARE, continued

Figure 28. Median, Mean age of children with an indicated maltreatment in foster care, family versus residential intervention, FFY25 (caution in interpreting due to small numbers)

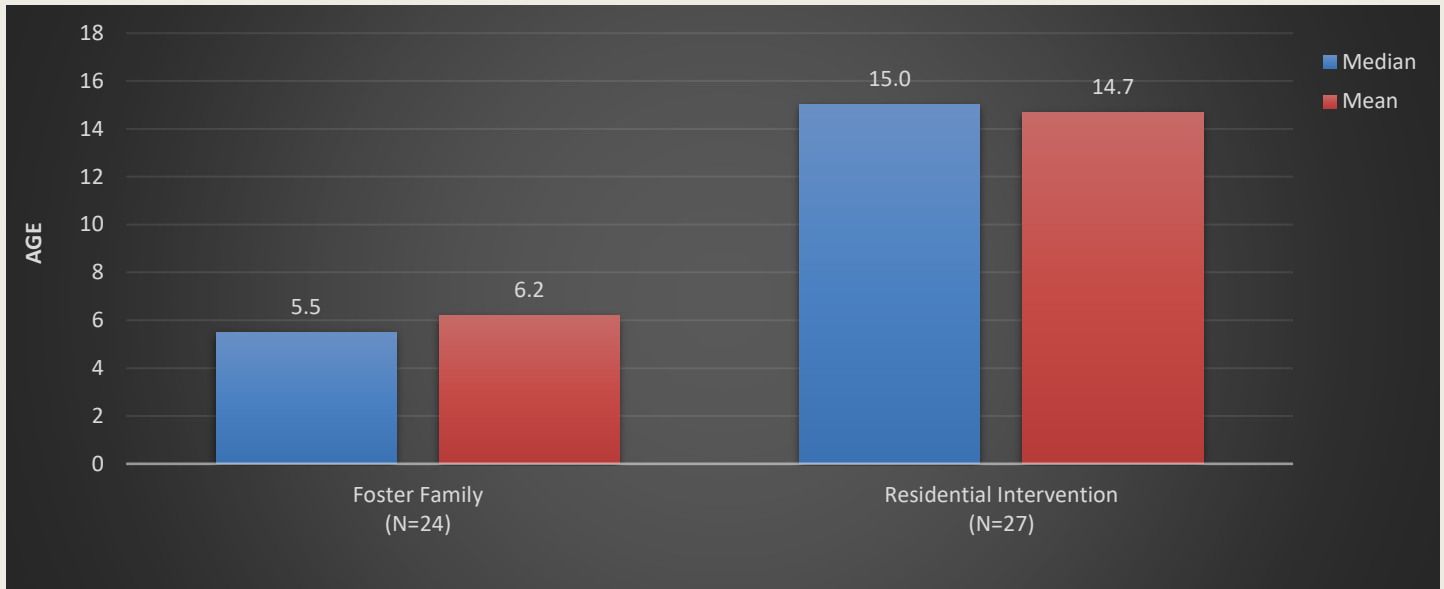


Figure 28 provides the median and mean age of children with an indicated maltreatment in foster families and in residential intervention settings. Foster families have a larger proportion of younger children compared to residential intervention.

Data notes:

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

Glossary of Abbreviations and Terms

ACEs: Adverse childhood experiences

AFCARS: Adoption and foster care analysis and reporting system

CFSR: Child and family services review

CPS: Child Protective Services

FFY: Federal fiscal year

NCANDS: national child abuse and neglect data system

RI DCYF: Rhode Island Department of Children, Youth and Families

RITS: Rhode Island Training School

SDM: Structured decision-making hotline screening tool

SAFE: Safety Assessment through Family Engagement

Appendix Table 1. Demographics of indicated child victims of maltreatment, by year, FFY23-FFY25.

	FFY23 (n=2,453)		FFY24 (n=2,216)		FFY25 (n=2,236)	
	n	%	n	%	n	%
Gender						
Female	1233	50.3%	1115	50.3%	1147	51.3%
Male	1180	49.5%	1095	49.4%	1083	48.4%
Unknown/Missing	6	0.2%	6	0.3%	6	0.3%
Race and Ethnicity						
Black non-Hispanic	327	13.3%	246	11.1%	310	13.9%
Hispanic (any race)	796	32.5%	761	34.3%	790	35.3%
Multiracial/other non-Hispanic	229	9.3%	191	8.6%	198	8.9%
White non-Hispanic	1059	43.2%	996	45.0%	915	40.9%
Unknown/Missing	37	1.5%	22	1.0%	23	1.0%
Age at CPS report						
0-5 years	1125	45.9%	1025	46.3%	1002	44.8%
6-11 years	776	31.6%	667	30.1%	714	31.9%
12-16 years	494	20.1%	459	20.7%	461	20.6%
17 years	51	2.1%	65	2.9%	59	2.6%
Unknown/Missing	7	0.3%	0	0.0%	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.

FFY23				FFY24				FFY25			
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	2384	11.4		Rhode Island	2080	9.9		Rhode Island	2171	10.3
1	Woonsocket	196	20.7	1	New Shoreham	6	31.7	1	Foster	21	26.6
2	Central Falls	120	18.7	2	Woonsocket	211	22.3	2	Woonsocket	224	23.7
3	West Warwick	104	18.0	3	Westerly	67	17.5	3	West Warwick	103	17.8
4	Newport	61	16.6	4	Warren	29	15.9	4	Pawtucket	287	17.4
5	Pawtucket	259	15.7	5	Pawtucket	230	14.0	5	Providence	565	13.8
6	Westerly	54	14.1	6	Newport	49	13.4	6	Central Falls	80	12.5
7	Providence	575	14.0	7	West Warwick	73	12.6	7	Bristol	34	11.8
8	North Providence	70	12.0	8	Providence	473	11.5	8	Newport	42	11.5
9	Coventry	79	11.8	9	Foster	9	11.4	9	Burrillville	35	10.8
10	Scituate	22	11.8	10	Central Falls	71	11.1	10	Warwick	144	10.3
11	Bristol	33	11.5	11	Exeter	13	11.1	11	North Providence	56	9.7
12	Foster	9	11.4	12	Warwick	142	10.1	12	East Providence	71	9.0
13	South Kingston	49	11.3	13	Richmond	16	9.8	13	Tiverton	23	8.4
14	Charlestown	13	11.2	14	East Providence	75	9.5	14	Coventry	56	8.4
15	Warren	20	11.0	15	Coventry	62	9.3	15	Johnston	43	8.4
16	Burrillville	34	10.6	16	Burrillville	30	9.3	16	South Kingstown	36	8.3
17	Richmond	17	10.4	17	Lincoln	43	9.3	17	Warren	15	8.2
18	East Providence	77	9.8	18	North Providence	53	9.1	18	Richmond	12	7.4
19	Cranston	151	9.6	19	North Kingstown	44	8.0	19	Smithfield	25	7.3
20	Warwick	133	9.5	20	Tiverton	19	7.0	20	North Kingstown	39	7.1
21	Narragansett	14	8.5	21	Cranston	105	6.7	21	Scituate	13	7.0
22	Lincoln	38	8.2	22	Portsmouth	22	6.4	22	Lincoln	31	6.7

Data source: RICHOST; data are current as of 4/1/2026.

Page 39 of 40

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

FFY23				FFY24				FFY25			
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)
23	Tiverton	22	8.1	23	South Kingstown	27	6.2	23	West Greenwich	8	6.4
24	Johnston	41	8.0	24	Johnston	31	6.1	24	Hopkinton	10	6.2
25	North Smithfield	18	7.9	24	Middletown	21	6.0	24	Westerly	23	6.0
26	North Kingstown	40	7.3	26	Bristol	17	5.9	26	New Shoreham	1	5.3
27	Portsmouth	24	7.0	27	North Smithfield	13	5.7	27	Middletown	18	5.2
28	Exeter	7	6.0	28	Cumberland	43	5.7	28	Cranston	80	5.1
29	Middletown	20	5.7	29	Hopkinton	9	5.6	29	Cumberland	28	3.7
30	Little Compton	3	5.3	30	Smithfield	19	5.6	30	Narragansett	6	3.6
31	Glocester	8	4.2	31	Glocester	10	5.3	31	Little Compton	2	3.5
32	Cumberland	30	4.0	32	Charlestown	6	5.2	32	Portsmouth	12	3.5
33	Smithfield	13	3.8	33	East Greenwich	17	4.9	33	Exeter	4	3.4
34	Jamestown	3	3.5	34	Narragansett	8	4.8	34	Jamestown	2	2.3
35	Barrington	13	2.9	35	Scituate	7	3.8	35	North Smithfield	5	2.2
36	East Greenwich	9	2.6	36	Jamestown	2	2.3	36	Charlestown	2	1.7
37	Hopkinton	4	2.5	37	West Greenwich	2	1.6	37	Glocester	3	1.6
38	West Greenwich	1	0.8	38	Barrington	6	1.3	38	Barrington	7	1.6
39	New Shoreham	0	0.0	39	Little Compton	0	0.0	39	East Greenwich	5	1.4

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.