Massachusetts Department of Children and Families

Annual Report FY2025

Descriptive and Outcome Data: FY2021 – FY2025

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EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CHILDREN AND FAMILIES

MAURA T. HEALEY
GOVERNOR

KIMBERLEY DRISCOLL
LIEUTENANT GOVERNOR

Central Office
Ashburton Place, 3rd Floor Boston, MA 02108
Tel: (617)748-2000 • Fax: (617) 261-7435
www.mass.gov/dcf

KIAME MAHANIAH, MD, MBA
SECRETARY

STAVERNE MILLER
COMMISSIONER

August 2026

On behalf of the Massachusetts Department of Children and Families (DCF), I am pleased to present the DCF Annual Report for State Fiscal Year 2025. DCF is filing this report pursuant to reporting requirements included in Item 4800-0015 of section 2 of chapter 140 of the acts of 2024, MGL c.18B, §7(e), c.18B §23, c.18B §24, c.18B §25, c.119 §23(f), c.119 §23(h), c.119 §39½, c.119 §51D. This report embodies our ongoing commitment to providing the public and the legislature with an expansive array of metrics that can help guide us in tackling the toughest challenges in child welfare together.

Throughout FY2025, the Department worked on a number of initiatives to enhance supportive programs for families and continue to prioritize the well-being of children and youth in our care. We proudly launched our new Support and Stabilization services network and have begun capturing vital data on the usage of these services. We have made significant strides in placement stability metrics due to our commitment to placing children with family members or someone that they know (we call Kinship). The Healey Driscoll Administration partnered with the Legislature to champion critical pieces of legislation this fiscal year that have updated the mandated reporter law for infants with prenatal substance exposure and their families, as well as codifying our practice of preserving Social Security benefits for children and youth in ABLE accounts.

As part of our strategic plan and commitment to transparency, we will look to expand our online interactive data dashboard on mass.gov in the upcoming fiscal year. These are effective tools not only for informing constituents and agency leadership about the children and families served by DCF, but also aid our efforts to publish ADA accessible materials on mass.gov.

Thank you to our staff, partners, and all those who support our mission. Your compassion and dedication make our work possible. Together, we will continue to pursue the safety, stability, and well-being of the Commonwealth's most vulnerable children and youth.

Sincerely,

Staverne Miller, Commissioner

DEPARTMENT OF CHILDREN AND FAMILIES

Mission

The Massachusetts Department of Children and Families strives to protect children from abuse and neglect and, in partnership with families and communities, provides supportive services to nurture their stability, growth, and development into adulthood.

Executive Summary

The FY2025 Annual Report of the Department of Children and Families (DCF) offers a comprehensive view of children and families involved with child protective services in Massachusetts from July 1, 2024, through June 30, 2025, and the four prior state fiscal years (FY2021-FY2024). It largely captures point-in-time data elements and metrics the federal government uses to evaluate child welfare agencies nationwide.

Highlights of the FY2025 annual report show increasingly fewer moves between foster homes and congregate care placements, consistently high placement rates in kin foster care, historically low caseloads, and, for the first time in several years, a decline in the number of months spent in foster care before children become adopted. The improvements mirror priorities set by the Executive Office of Health and Human Services' strategic plan, DCF's Agency Priority Initiative (API) team, and the federal government.

DCF strives to protect children from abuse and neglect and, in partnership with families and communities, provides supportive services to nurture their stability, growth, and development into adulthood. The most common factors that bring families to the Department's attention include parental substance misuse, domestic violence, and untreated mental health. On June 30, 2025, 28,975 Massachusetts children were receiving services from the Department. Most children lived at home with their families, with 22% placed in foster care because DCF and the juvenile court determined their safety was in danger.

The report shows a substantial 35% decline in the number of children involved with DCF between FY2021 and FY2025 and a concurrent decline in caseloads. To monitor the impact of case closings on child safety, the Department tracks the number of case reopenings, and those too continued to trend downward. As overall cases declined, social worker staffing held steady between FY2022 and FY2025 at just over 3,400 social workers. Average weighted caseload for FY2025 reached a five-year low of 13.55:1 and is below the threshold of 15 families per social worker, regarded as best practice nationally.

DCF learns of alleged abuse and neglect through reports known as 51As. Most originate with child-serving professionals legally required to notify the Department, who are also known as mandated reporters. All 51As are reviewed, or screened, by a social worker to determine whether they meet the legal threshold for abuse and/or neglect. Expectedly, reports spiked in FY2022 when COVID-19 restrictions began to lift. The 91,634 filings in FY2025 are more closely aligned with the annual number of filings prior to the pandemic.

At 47%, the rate of reports DCF investigated, or "screened in" remains fairly consistent year over year. In 33,465 investigations, the Department found at least one child had been abused or neglected and rendered a support decision. The vast majority of supported 51A report investigations are for neglect, followed by physical abuse and sexual abuse. Approximately 4% of support decisions involved newborns exposed to substances or with Neonatal Abstinence Syndrome (NAS), and just under 3% involved children who had been trafficked.

Every child is tracked for 12 months after the initial supported 51B to determine if there is a recurrence of abuse and neglect. Almost 85% of children abused or neglected in FY2024 did not experience a recurrence of maltreatment in FY2025, a rate that has remained steady over the last five years, after significant declines in repeat abuse and neglect between FY2015 and FY2020.

Prevention is among the Department's core priorities. A policy change in FY2026 incorporated a new Structured Decision Making (SDM) tool into practice that helps the clinical team assess whether or not a child can remain at home safely. The Department is in the late stages of revising its Case Practice Policy, which will increase the frequency of risk assessments throughout the course of a case.

DCF contracts with human services providers for Support and Stabilization (S&S) services designed to prevent future abuse and neglect and the need for foster care. Additionally, DCF funds 33 Family Resource Centers (FRCs). While S&S services are reserved for DCF-involved children and families, FRCs assist families in crisis or in need of community resources, whether they are DCF-involved or not.

Children in foster care gradually declined from 8,464 in FY2021 to 6,319 in FY2025. The drop coincided with increased stability in foster care. Stability is strongly associated with a child's well-being while they are in care and after they leave.

The federal government tracks two metrics to gauge placement stability: Moves per 1,000 Placement Days and Children in Placement Less than 12 Months with Two or Fewer Placement Settings. Moves per 1,000 placement days declined for the first time in four years, from 7.23 moves per 1,000 days in FY2024 to 6.45 moves per 1,000 days in FY2025. Almost 76% of children never changed foster homes or only moved once over the course of 12 months, a slight improvement during the same four-year period.

While the Department continues to work toward the national standard of 4.48 moves per 1,000 days and 83% of children with two or fewer placements in 12 months, progress remains notable. FY2025's 6.45 moves per 1,000 Placement Days is the lowest rate since FY2015, FY2020-FY2022 notwithstanding. During those years, fewer placement moves were likely associated with COVID-19-related shutdowns and a significant decline in reports to the Department. Prior to the pandemic, the rate of children with two or fewer placements was as low as 68.8% in FY2018.

In response, the Department launched a strategic initiative emphasizing placement with relatives or others considered family (kin). By the end of FY2025, 35% of children in foster care were immediately placed with kin, compared to 13.8% in July 2018. The percentage rises to 42% of children placed with kin if looking only at DCF family foster homes, which do not offer the specialized care of a comprehensive foster home or the intensive treatment offered in congregate care.

National research shows kin placements help maintain family connections and provide a stabilizing level of familiarity and comfort, and minimizes trauma. As kin foster caregivers climbed, disparities between white children and children of color became apparent, with 37% of white children going into initial kin placements in FY2023 compared to 19% of black children and 27% of Hispanic/Latinx children. This observation led to departmental practice changes. By FY2025, the gap began closing, with 34% of Black and 35% of Hispanic/Latinx children having a first placement with kin compared to 39% of white children. DCF remains attuned to stemming disproportionality in kin placements and, through ongoing work with the National Center for Diligent Recruitment, is embarking on a new effort to engage more Hispanic/Latinx communities regarding kinship foster care.

Once a child is placed in foster care, DCF immediately begins to develop a permanency plan for the child. Permanency is reunification with a biological parent, adoption, guardianship, or Another Planned Permanent Living Arrangement (APPLA). In FY2025, approximately 55% of children were reunified. The federal government requires child welfare agencies to assess the safety of children who return home by tracking how many children re-enter foster care during the following year. Since FY2021, the number of children returning to foster care within 12 months has declined from 465 children in FY2021 to 237 children in FY2025.

The Department achieved permanency through adoption for 759 children in FY2025. The decline in adoption finalizations compared to the three prior years is somewhat counterbalanced by more expeditious adoptions. A five-year high of 129 adopted children spent less than 24 months in foster care, the federal benchmark for timely adoption.

Other permanency metrics in FY2025 signal a strong need for improvement. While continuing to trend downward since FY2021, the median time to adoption was 38.4 months, well above the 24-month benchmark set by the federal government. Children in foster care for more than 24 months, regardless of permanency goal, was 37%, similar to prior years. Placement Length-of-Stay (LOS), which begins when a child enters custody and ends when they leave, increased to 20.9 months, five months longer than in FY2021.

Efforts to reverse these concerning trends continued through FY2025 and would not necessarily be seen in this report. In August 2025, the juvenile court, which schedules all legal hearings, introduced new rules addressing historic barriers to timely permanency. At DCF, a partnership with the Dave Thomas Foundation for Adoption resulted in thirty new child-focused recruiter positions devoted to finding adoptive parents for children in foster care for more than two years. Onboarding of these social workers began in FY2025 and was completed in FY2026. The Department continues to receive technical support from the National Center for Diligent Recruitment to improve foster care outcomes for children of all races, ages, and needs.

Well-being of children in foster care is measured in part by educational outcomes, and DCF takes its role in the educational success of children very seriously. In school year 2024-25, 98.8% of children in DCF custody were identified by the Department of Elementary and Secondary Education as High Needs students. DCF can access special education surrogates and education attorneys for children with especially acute needs and uses attendance, disciplinary action, and graduation rates to monitor academic performance.

The Department maintains an Education Unit consisting of a manager and five specialists, as well as 29 Education Coordinators to liaise with school systems, and continues to capitalize on its ability to directly access school districts' electronic records systems and DESE data that captures students who are struggling academically. Yet, improving graduation rates remains a perennial challenge. While graduation rates are below DCF targets, the four-year graduation rate for children in DCF custody improved by 17.5%—from 50.3% in the 2011-12 school year to 59.1% in the 2023-24 school year. The 2022-23 school year five-year graduation rate of 64.6% is a 5% decrease from the 2018-2019 school year, likely attributable to COVID-19-era disruptions.

DCF offers supportive services to youth who turn 18 in foster care until their 23rd birthday, including financial assistance, life skills development, employment facilitation, and access to education and vocational training support. Case practice enhancements completed during FY2025 will support stronger transition planning for youth. New training and best practice guidance, developed with feedback from youth, guides social workers through the transition planning process starting at age 14 and conversations to hopefully encourage more youth to stay engaged with the Department beyond their 18th birthdays.

Moving forward, the Department will continue to build data capacity and increase data sharing, which has increased the understanding of child safety and the needs of families. Data is a key informant of strengths and weaknesses and drives improvement. The annual report provides a window into that work and how DCF is doing in meeting its mandate. The public can use this data to learn about the needs of the children and families in their communities and inform their own interventions that assist the Department in preventing child abuse and neglect.

FY2025 Annual Report Data Summary

In this report, descriptive and outcome data are presented over rolling five-year time periods in both tabular and graphical formats.[1] Demographic stratification is provided for key variables, along with narrative statements that define and describe the data elements and observed trends.

[1] The FY2025 report incorporates reordering of descriptive and outcome metrics. Table/figure numbering reflects this change and may no longer align with prior annual reports (e.g., FY2025's Table 14a was Table 13a in the FY2024 report).

- **Cases and Consumers**

At the end of FY2025, 17,853 families were being served by DCF (15,976 clinical cases and 1,877 adoption cases). These cases involve 60,609 (unduplicated) children and adults: 28,975 children (0-17), 2,097 young adults (18 & older), and 29,567 adults.[2] (Table 1, p.1; Table 3, p.2)

The 2,097 young adults (18 & older) were served by the Department prior to their 18th birthday and continued to receive services from DCF after they turned 18. To remain open with DCF beyond age 18, these young adults signed a Voluntary Placement Agreement (VPA). A young adult can sign a VPA at age 18 and remain open with the Department through age 22. Young adults who decline DCF services at age 18 may later request services by signing a VPA prior to turning 23. In FY2025, 748 youth turned 18 while in care. Of these, 78% remained open with the Department. (Table 53, p.40)

White, Hispanic/Latinx, and Black children and adults account for most consumers served by the Department.[3] English is the primary language spoken amongst consumers, with Spanish being the next most prevalent language. (Table 7, p.4; Table 9, p.5)

- **Children in Placement**

The Department strives to safely stabilize families at home and 78% of children (0-17) open with the Department at the end of FY2025 safely remained at home. When this is not possible, children may be placed in out-of-home care (foster care or group care) to safeguard their safety and well-being. At the end of FY2025, DCF had 8,042 children and young adults in out-of-home placement. Of these, 6,319 (79%) were children (0-17) and 1,723 (21%) were young adults (18 & older). Between FY2021 and FY2025, children (0-17) in placement decreased by 25% (2,145). White (35%), Hispanic/Latinx (34%), and Black (15%) children (0-17) account for the majority of children in the Department's care. (Table 10, p.6; Figure 12, p.7; Table 15, p.9)

A permanency plan is established for children and young adults in the Department's care. This permanency plan seeks to ensure that each child has a nurturing family – preferably one that is permanent – within a timeframe supportive of their needs. At the end of FY2025, 89% of children (0-17) with a specified permanency plan goal who were in DCF placement had a permanency plan that met the federal standard for permanency (i.e., family reunification, adoption, guardianship, or stabilize intact family). The majority had a permanency plan of family reunification (33%) or adoption (41%). (Table/Figure 16, p.10)

At the end of FY2025, 77% of placed children (0-17) were living in family foster home settings: Departmental Foster Care (DFC) or Comprehensive Foster Care (CFC). DCF prioritizes kin placement. Accordingly, 60% of children (0-17) placed in DFC foster homes were placed with kin. The overall kinship placement rate for children (0-17) in out-of-home placement was 39%. Kinship placement rates have been increasing over the past several years. (Table/Figure 18; Figures 18a-b, p.13)

DCF keeps siblings together whenever possible. In 80% of cases with a minimum of two siblings placed in a DFC foster home at the end of FY2025, two or more of the siblings were placed together. Furthermore, 66% of those cases had all siblings placed in the same foster home—an increase of 4% compared to FY2021. (Table 23; Figures 23a-b, p.16)

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[2] Total families include all individuals with an active case status on the last day of the fiscal year and who were in a case with a family assessment or an action plan. These selection criteria exclude consumers not in placement who have an active case status that is pending the outcome of an investigation. The sum of the child, young adult, and adult counts may be greater than the unduplicated total count because a consumer may be open as an "Adult" in one case and a "Child" in another case.

[3] Following federal guidelines, DCF reports on the following broad racial/ethnic groupings: Asian, Black, Hispanic/Latinx, Multi-Racial, Native American, Pacific Islander, and White.

The Department tracks several placement-related metrics. An understanding of these metrics is dependent upon knowing two key terms-of-art: *Home Removal Episode* (HRE) is the period between the start and end of DCF placement custody. *Placement Length-of-Stay* (LOS) measures the time between the start and end of DCF custody in placement. The average LOS for children exiting care in FY2025 was 25.9 months. For children still in care at the end of FY2025, the average LOS at that point-in-time was 28.0 months. (Table 25, p.17)

- **Child Maltreatment (i.e., Child Abuse and/or Neglect)**

When DCF receives a report of abuse and/or neglect, called a 51A report, from either a mandated reporter or another concerned person, DCF is required to evaluate the allegations and determine the safety of the children. Some families come to the attention of the Department outside the 51A process: Children Requiring Assistance (CRA) cases referred by the Juvenile Court, cases referred by the Probate and Family Court, newborns surrendered under the Safe Haven Act, and voluntary requests for services by a parent or family. Cases that fall outside the 51A process are generally referred directly for Family Assessment and Action Planning and do not follow the protective intake protocol.

In FY2025, DCF received 91,634 intakes (i.e., Protective 51As, Safe Haven, Voluntary, and CRA/Court Referral), of which 99% (90,595) came to the attention of the Department through the 51A reporting process. A 51A may involve one or more children. Safe Haven, voluntary, CRA, and court referrals accounted for 1% (1,039) of all FY2025 intakes. This pattern of intake distribution was reflected throughout the FY2021-FY2025 reporting period and is comparable to the distribution observed in prior years. While intake counts are below those of FY2019 (95,661), intakes are up from the COVID-19 pandemic-related decreases observed from FY2020-FY2021. (Table 26; Figures 26a-b, p.20)

Upon receiving a 51A report, the Department must first gather sufficient information to determine whether the allegation meets DCF's criteria for suspected abuse and/or neglect, whether there is immediate danger to the safety of a child, whether DCF involvement is warranted, and, if so, the most appropriate approach to the investigation.

The Department begins its screening process immediately upon receipt of a report. During the screening process, DCF obtains information from the person filing the report and contacts professionals involved with the family, such as doctors or teachers, who may be able to provide information about the child's condition or well-being. DCF may also contact the family if appropriate.

If the report is "screened-in," it is assigned for a Child Protective Services (CPS) Response, also known as a 51B Response, to determine whether there is "reasonable cause to believe" that a child has been abused and/or neglected. "Screened-in" reports may require an immediate emergency response or a non-emergency response. Some 51A reports may not meet DCF's criteria for suspected abuse and/or neglect and are "screened out."

If the Department determines that a child has been sexually abused or sexually exploited, has been a victim of human trafficking, has suffered serious physical abuse and/or injury, or has died as a result of abuse and/or neglect, DCF must notify local law enforcement as well as the district attorney, who has the authority to file criminal charges.

Of the 90,595 protective intakes (51As) received in FY2025 alleging child maltreatment, 42,701 (47%) were "screened-in" for a CPS Response. Of the "screened out" 51As (47,894), 6,320 were referred to the district attorney where additional investigations may occur (e.g., the report did not involve a child, the allegations are not within the Department's mandate concerning child abuse and neglect, and/or an alleged perpetrator has been identified and was not a caregiver). It should be noted that "screened-in" 51As may also be referred to the district attorney.

Mandated reporters filed 86% of protective intakes in FY2025, followed by non-mandated reporters at 8%, and anonymous reports at 6%. Public safety personnel (27%) and school personnel (24%) accounted for the largest share of protective intake filings. (Table 27; Figures 27a-b, p.21; Tables 28a-c, p.22)

"Screened-in" 51As are assigned for a CPS Response to determine whether there is "reasonable cause to believe" that a child has been abused and/or neglected. "Reasonable cause to believe" means a collection of facts, knowledge, or observations that tend to support or are consistent with the allegations and, when viewed in light of the surrounding circumstances and the credibility of the persons providing the information, would lead a reasonable person to conclude that a child has been abused or neglected. The response includes an investigation of the validity of the allegations received, a determination of current danger and future risk to the child, and an assessment of the capacity of parents/caregivers to provide for the safety, permanency, and well-being of their child.

Given that an instance of alleged maltreatment may be referred to the Department by several mandated/non-mandated reporters, multiple 51A intakes may be rolled into one protective response. As such, the Department completed 33,465 responses involving one or more children in FY2025. Of these, there were 13,475 (40.3%) support decisions and 4,492 (13.4%) substantiated concern decisions. The remaining 15,498 (46.3%) were unsupported. These determinations are defined on page 24. (Table/Figure 30, p.24; Table/Figure 32, p.26)

A 51A report may contain one or more allegations of abuse and/or neglect and may involve one or more children. In FY2025, the most frequently present allegation types were neglect (72.1%), physical abuse (23.7%), and sexual abuse (10.5%). Human trafficking-labor and human trafficking-sexually exploited child were alleged in 1.7% of 51A reports. Substance Exposed Newborn (SEN) and SEN-Neonatal Abstinence Syndrome (SEN-NAS) were alleged in 1.0% of 51A reports.[4] (Table 35a, p.28)

During a 51B response, the Department determines whether there is "reasonable cause to believe" that a child has been a victim of maltreatment. Emergency responses must be completed within five business days. Non-emergency responses must be completed within 15 business days. Each of the abuse and/or neglect allegations within a 51A report is investigated and a decision is made for each allegation type. In FY2025, the most frequently supported allegations were neglect (87.3%), physical abuse (12.2%), and sexual abuse (4.3%). SEN/SEN-NAS accounted for 3.3%, and human trafficking accounted for 2.6% of support decisions. (Table 35b, p.28)

A child may have been a victim of one or more types of maltreatment. There were 19,816 children (unduplicated child count) found to have experienced maltreatment in FY2025. Of these unique child victims, 87.6% were victims of neglect, 9.2% were victims of physical abuse, 3.1% were victims of sexual abuse, 2.3% were SEN/SEN-NAS newborns, and 1.6% were victims of human trafficking. (Table 35c, p.28)

- **Performance/Process Outcome Metrics – Safety**

The reduction of the *Recurrence of Maltreatment* is an important federal measure of the safety and well-being of children and families. As such, the Department monitors the recurrence of maltreatment on open and closed cases on a quarterly and annual basis as a component of its performance management and accountability system. This indicator measures whether the agency was successful in preventing subsequent maltreatment of a child if the child was the subject of a supported report of maltreatment.

In the two-year period ending FY2025, 84.64% of the children who experienced an occurrence of maltreatment in FY2024 did not experience a recurrence of maltreatment within 12 months of their initial maltreatment. Of note,

[4] The Department plans to replace the Substance Exposed Newborn (SEN) allegation type with Infant with Prenatal Substance Exposure (IPSE) in the FY2026 report.

there were fewer child victims in the FY2024-25 cohort than in each of the four prior cohort years (i.e., FY2020-21 to FY2023-24). (Table/Figure 36, p.29)

The Department also tracks the number of children who experienced supported maltreatment while residing in an out-of-home placement setting. An additional federal measure is *Victimization Rate per 100,000 Days in Care.* In FY2025, data show that for every 100,000 days of placement, 22.16 maltreatment events were supported for DCF placed children. Maltreatment may occur after the child is reunified with parents while legal custody remains with the Department, while the child is visiting with parents within a placement episode, in the community, or in the placement setting. (Tables/Figures 37-38, p.30)

- **Performance/Process Outcome Metrics – Permanency**

The Department tracks the number of first-time entries into out-of-home care as well as re-entries into out-of-home care. In FY2025, 3,062 unique children (0-17) entered out-of-home care. Of these, 2,267 (74%) were first-time entries and 506 (17%) were re-entries beyond 12 months of their exit from care. Combined, DCF found that 90.6% of the children entering care had not been discharged from care during the prior 12 months. (Table/Figure 39, p.31)

In FY2025, 3,101 children exited from DCF out-of-home placement. Data reveal that 89% of children who exited out-of-home care in FY2025 achieved permanency. Of note, children who entered care at age 12 or younger achieved permanency at a significantly higher rate (97.9%) than children who entered out-of-home care at age 13 or older (63.5%). Children who were age 13 or older at the time of their entry into care were less likely to exit to adoption or guardianship. (Table/Figure 40; Tables/Figures 41a-b; Table/Figure 42, pp.32-33)

In FY2025, 11.8% of the children/youth reunified in FY2024 re-entered out-of-home care within 12 months of their reunification. This represents a 12.2% improvement compared to the FY2021 re-entry rate. (Table/Figure 45, p.36)

The Department actively works to achieve permanency through adoption when reunification cannot be safely accommodated. In FY2025, 759 adoptions were legalized. While this reflects fewer adoption legalizations compared to the prior three years, more children were adopted (timely) in FY2025 within 24 months of their entry into out-of-home care than in prior years. (Table/Figure 48, p.38)

Exits to guardianship are also a measure of permanency. Reflecting an 18% increase over FY2021, 296 guardianships were granted in FY2025. Guardianship counts should be viewed within the context of child placement counts. Of note, during the 5-year timespan of FY2021-25, child (0-17) placement counts decreased by 25%. (Table/Figure 50, p.39)

The Department provides outreach and transition services to young adults when they turn 18. DCF provided these services to 2,416 unique young adults in FY2025. In FY2025, 78% of youth who turned 18 chose to continue their engagement with the department, a 4.1% increase over FY2021. (Tables/Figure 52-53, p.40)

Children in placement may experience one or more moves during an HRE. The Department works to minimize a child's placement changes through the provision of community-based individual and family supportive services. Relative to FY2023, a larger share of the children entering care in FY2025 experienced placement stability (i.e., no more than two placement settings within the first 12 months of out-of-home care). The FY2025 placement stability rate of 75.6% is a 2.2% improvement over the FY2023 rate (74.0%). (Table/Figure 55, p.41)

The Department tracks a federal measure of *Placement Moves per 1,000 Placement Days* for children (0-17) who were in care at any time during the year. In FY2025, children (0-17) evidenced 6.45 *Placement Moves per 1,000*

Placement Days. This reflects a 10.8% improvement over FY2024, and a 30.8% improvement compared to FY2018 (9.32 placement moves per 1,000 placement days). (Table/Figure 56, p.41)

- **Performance/Process Outcome Metrics – Wellbeing**

Access to appropriate and timely medical services is important to child well-being. Data collected from FY2016-FY2024 reflect year-over-year progress through FY2019 toward meeting the agency's requirement that each child entering care should receive an initial medical screening and a comprehensive medical evaluation. FY2020-FY2022 medical visits were impacted by decreased access to medical care during the COVID-19 pandemic. Improvement was noted in FY2023-FY2025 with medical visits moving beyond pre-pandemic rates in FY2024 and FY2025.

Largely credited to the creation of a full-time DCF medical director position and the onboarding of medical social workers in all 29 DCF Area Offices, a significant increase in medical visit compliance has been observed. In FY2025, completion rates of medical screenings and comprehensive medical evaluations increased by 261% compared to FY2016. Timeliness of medical visits in FY2025 increased by 265% over FY2016. (Table/Figure 57, p.43)

The Massachusetts Department of Elementary and Secondary Education (DESE) calculates and reports on graduation rates as part of overall efforts to improve educational outcomes for students in the Commonwealth. Adopting DESE's methodology to calculate the four-year graduation rate, the Department tracks a cohort of students in custody from 9th grade through high school and then divides the number of students who graduate within four years by the total number in the cohort. This rate provides the percentage of the cohort that graduates in four years or less. While graduation rates are below DCF targets, the data reveal that the four-year graduation rate for children in DCF custody has improved by 17.5%—from 50.3% in the 2011-12 school year to 59.1% in the 2023-24 school year. Recognizing that many students need longer than four years to graduate from high school and that it is important to acknowledge this major accomplishment, the Department (and DESE) calculates a five-year graduation rate. The five-year graduation rate for children in DCF custody in the 2018-19 school year was 68.2%. In the 2019-20 and 2020-21 school years, the five-year graduation rates declined to 66.8% and 62.3% respectively, reflecting the impact of the COVID-19 pandemic on academic achievement. The 2022-23 school year five-year graduation rate of 64.6% continues to lag below the pre-pandemic rates. (Table/Figure 58, p.44)

DESE reports on students identified as High Needs. A student qualifies as High Needs if they are designated as either low income/economically disadvantaged, English learner/former English learner, or a student with disabilities/IEP. In school year 2024-25, 98.8% of children in DCF custody were identified by DESE as High Needs students. This contrasts with 55.8% for all Massachusetts students. (Table 59, p. 44)

In the 2024-25 school year, children in DCF custody attended 88.3% of their enrolled school days. This was somewhat comparable to the 91.8% attendance rate for Massachusetts students identified by DESE as High Needs students and within 5.3% of the 93.2% attendance rate for all Massachusetts students. Children in DCF custody had more school suspensions and emergency removals than other Massachusetts students. (Tables 60-61, p.45)

- **Child/Youth Fatalities**

DCF Area Offices may receive notification of child/youth deaths through a 51A intake or through other means. Area Offices proceed to collect available facts including DCF history (if any) and notify the DCF Central Office through the Department's *Central Office Incident Notification* (COIN) process. In FY2025, 96 child/youth fatalities were brought to the attention of the Department. Of these: 18 (19%) were open in a DCF case or a 51B response, 37 (39%) had a prior history with the Department, and 41 (43%) had no history with the Department. (Table 62a, p.46)

The majority of child/youth deaths that come to the attention of the Department are not determined to be the result of maltreatment. Manners of death include accidental, community violence, inflicted personal injury, chronic

or acute medical condition, neglect, overdose (alcohol and/or drugs), suicide, Sudden Unexpected Infant Death (SUID), and other/undetermined manner of death. (Table 62b, p.46)

- **Operations – Budget, Service Costs, Staffing Trends, and Caseload Workload**

Reversing an 11.9% downward trend in budgetary appropriations during the period of FY2010-FY2012, the DCF enacted budget began increasing in FY2013, and by FY2025 ($1,528,901,858) was 107% greater than FY2012 ($737,077,781). Reflecting a 3% decrease due to declining placement caseloads, the FY2026 ($1,478,748,864) enacted budget is 101% greater than FY2012 ($737,077,781). The steepest gains have been made in the past ten years. These budgetary appropriations have supported significant increases in staffing (25%) between FY2015 and FY2025 and increases in services (36%) between FY2021 and FY2025. (Table/Figure 63, p.47; Table 64, p.48; Tables/Figure 65-65a, p.49)

During FY2021-FY2025:

- Significant investments were made, including:
  - Foster care rate increase every year ($18.6M investment over the course of 5 years)
  - 766 Residential School rate increase every year ($18.0M investment over the course of 5 years)
  - Chapter 257 provider rate increases ($41.7M investment over the course of 5 years)
  - Expansion of Support and Stabilization services to include foster parents ($4.0M investment over the course of 5 years)

- There was also significant growth in services such as:
  - Adoption subsidy ($25.5M over the course of 5 years)
  - Guardianship subsidy ($5.0M over the course of 5 years)
  - Support and Stabilization services ($63.2M over the course of 5 years)

Current DCF staffing levels have significantly increased relative to July 2015 staffing levels. Social worker staffing levels have increased by 16% and staffing levels for all other bargaining units have increased by 71%. Recognizing that managerial oversight capacity had been decreasing since 2008, the Department engaged in a purposeful effort to re-establish managerial ratios to support agency operations. Accordingly, by July 2025, managerial staffing levels increased by 72% relative to July 2015. These managerial staffing levels were utilized to re-establish a fifth region (Central Region), decouple Area Offices, and appropriately staff the DCF Central Office. (Tables/Figure 65-65a, p.49)

Caseload is a proxy measure of workload. High caseloads can result in overburdened social workers and potentially underserved families. Increased budgetary appropriations have supported the Department's efforts to reduce staff workload by hiring additional clinical staff, including more than 600 frontline social workers since FY2015, and increasing the managerial and supervisory oversight essential for identifying cases appropriate for safe closing. The FY2021 12-month average weighted caseload ratio of 14.82:1 for DCF social workers (i.e., intake, response, ongoing, and adoption social workers) was below the negotiated caseload ratio of no more than 15.00:1 (15 families).

With shifting national workforce trends following the COVID-19 pandemic, the Department saw increases in worker caseloads, especially in the first half of FY2022. Year-over-year improvement has been made each year since FY2022, and by FY2025, the 12-month average weighted caseload ratio of 13.82:1 is now well below the negotiated ratio of no more than 15.00:1. (Tables 66-66a, p.50)

I. CASE COUNTS

• Case Counts Fiscal Year End

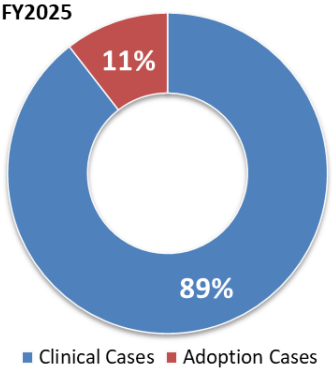
As summarized in Table/Figure 1 below, at the close of state FY2025 (6/30/2025), DCF had 17,853 open cases. Of these, 89% (15,976) were clinical cases and 11% (1,877) were adoption cases.

TABLE 1. Case Counts Fiscal Year End

	FY2021	FY2022	FY2023	FY2024	FY2025
Clinical Cases	23,938	22,232	20,686	18,324	15,976
Adoption Cases	2,369	2,361	2,227	2,087	1,877
Case Count Fiscal Year End	**26,307**	**24,593**	**22,913**	**20,411**	**17,853**

FY2025 case counts are 32% (8,454) below the FY2021 case counts.

FIGURE 1. Case Distribution FY2025



• Case Openings/Closings/Re-Openings

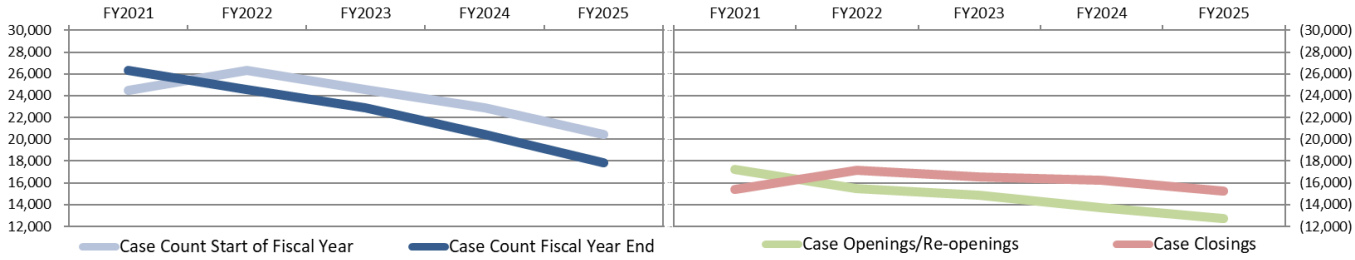
Table/Figure 2 present caseload over the past five fiscal years as a function of case openings, closings, and re-openings. DCF cases may remain open for a brief or extended period of time, during which the primary goal is to stabilize the family and mitigate risk of harm to children. During any given year, cases may close and subsequently re-open for either protective or non-protective reasons.

TABLE 2. Case Openings/Closings/Re-Openings

	FY2021	FY2022	FY2023	FY2024	FY2025
Case Count Start of Fiscal Year	**24,473**	**26,307**	**24,593**	**22,913**	**20,411**
Case Openings	9,347	8,577	8,228	7,607	7,007
Case Closings	(15,375)	(17,193)	(16,556)	(16,241)	(15,278)
Case Re-Openings	7,862	6,902	6,648	6,132	5,713
Case Count Fiscal Year End	**26,307**	**24,593**	**22,913**	**20,411**	**17,853**
Unduplicated Count of Cases Open at Any Time during the Fiscal Year	40,467	40,568	38,279	35,639	32,217

- ***Case Count Start of Fiscal Year:*** *Total count of cases open with DCF at the start of the fiscal year.*
- ***Case Openings:*** *Total count of cases that "open for the first time" with DCF at any time during the fiscal year. These are unique case counts.*
- ***Case Closings:*** *Total count of DCF cases that "close" at any time during the fiscal year. These may not be unique case counts, as a case may close, re-open, and subsequently close within a fiscal year.*
- ***Case Re-openings:*** *A case "re-opening" is defined as a DCF case that closed prior to or during the current fiscal year and subsequently re-opened during the current fiscal year. These may not be unique case counts, as a case may have re-opened multiple times during a given fiscal year.*
- ***Unduplicated Count of Cases Open at Any Time during the Fiscal Year:*** *Unique count of cases open for at minimum one day within the fiscal year.*

FIGURE 2. Case Count Trends – Openings/Closings/Re-Openings



II. CONSUMER COUNTS

• Consumer Counts Fiscal Year End

Table/Figure 3 show that at the end of FY2025, DCF had 60,609 open consumers (unduplicated). Consumers with the identified role type of "adult" (i.e., parent/caregiver) accounted for 29,567 of the total open consumers. Consumers with the identified role type of "child" accounted for 31,072 of the total open consumers and ranged from children aged 0-17 years (93%), to "young adults" (7%) who voluntarily remain open with DCF from the ages of 18-22 years.

FIGURE 3. Consumers FY2025

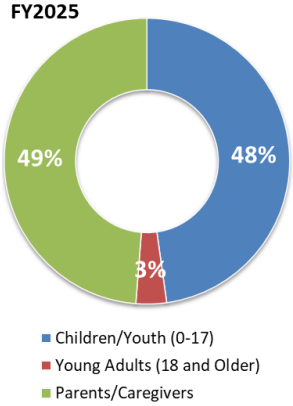


TABLE 3. Consumer Counts Fiscal Year End	FY2021	FY2022	FY2023	FY2024	FY2025
Consumer Role Type = Adult (i.e., Parents/Caregivers)	**47,066**	**42,996**	**39,398**	**34,383**	**29,567**
Consumer Role Type = Child	**46,736**	**43,457**	**40,621**	**35,730**	**31,072**
Children 0-17	44,465	41,263	38,548	33,743	28,975
Young Adults 18 & Older	2,271	2,194	2,073	1,987	2,097
Total Consumer Count Fiscal Year End	**93,802**	**86,453**	**80,019**	**70,113**	**60,639**
Unduplicated Consumer Count Fiscal Year End [(1)]	**93,385**	**86,093**	**79,980**	**70,086**	**60,609**

[(1)] ***Unduplicated Consumer Count Fiscal Year End:*** *A consumer may be open as an "Adult" in one case and a "Child" in another case. In FY2023, DCF updated its methodology to capture duplicated and unduplicated consumer counts. Previous fiscal years have been recast for consistency with this updated methodology.*

NOTE: Consumer counts are dependent on data entry. Minor fluctuations in point-in-time counts calculated immediately after a quarter and several months later are to be expected.

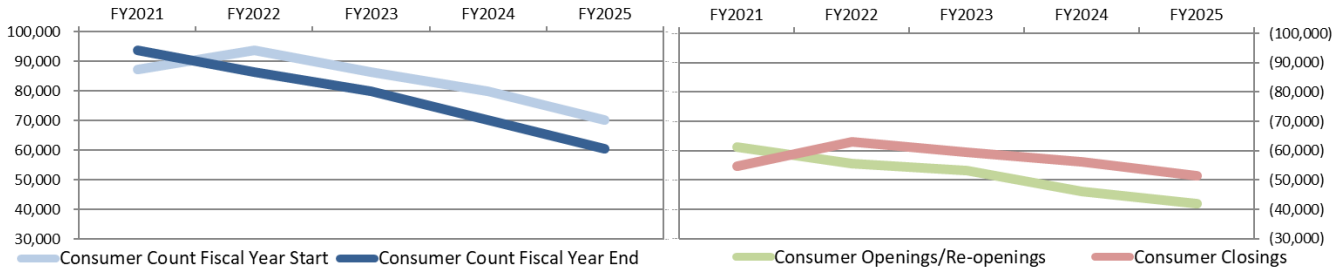
• Consumer Children, Young Adults, and Adults – Openings/Closings/Re-Openings

Table/Figure 4 present the consumer growth dynamics over the past five fiscal years as a function of consumer openings, closings, and re-openings.

TABLE 4. Consumer Openings/Closings/Re-openings	FY2021	FY2022	FY2023	FY2024	FY2025
Consumer Count Start of Fiscal Year	**87,384**	**93,802**	**86,453**	**80,019**	**70,113**
Consumer Openings	19,041	17,388	17,630	14,547	12,532
Consumer Closings	(54,829)	(62,965)	(59,586)	(56,095)	(51,292)
Consumer Re-Openings	42,206	38,228	35,522	31,642	29,286
Consumer Count Fiscal Year End	**93,802**	**86,453**	**80,019**	**70,113**	**60,639**
Unduplicated Count of Consumers Open at Any Time during the Fiscal Year [(1)]	120,362	116,641	108,680	98,647	86,575

[(1)] ***Unduplicated Count of Consumers Open at Any Time during the Fiscal Year:*** *Unique count of consumers open for at minimum one day within the year.*

FIGURE 4. Consumer Trends – Openings/Closings/Re-Openings



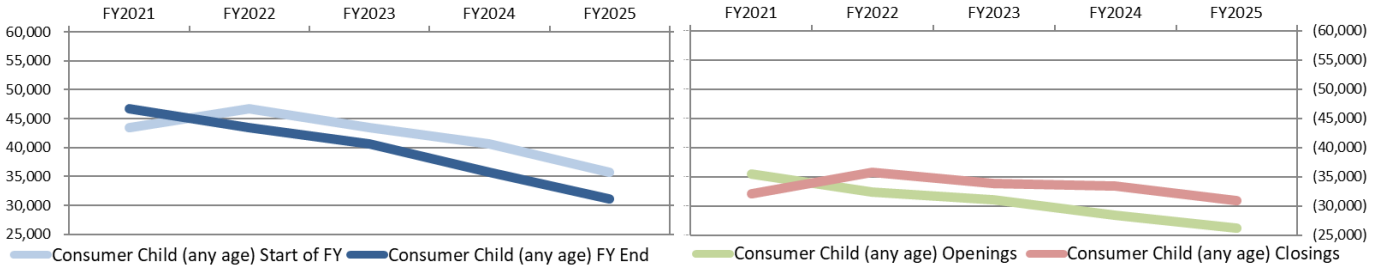
• Consumer Children (of any age) – Openings/Closings/Re-Openings

Table/Figure 5 present the consumer child (of any age) growth dynamics over the past five fiscal years as a function of consumer openings, closings, and re-openings.

TABLE 5. Consumer Child (of any age) Openings/Closings/Re-openings	FY2021	FY2022	FY2023	FY2024	FY2025
Consumer Child (of any age) Count Start of Fiscal Year	**43,469**	**46,736**	**43,457**	**40,621**	**35,730**
Consumer Child (of any age) Openings	12,746	11,687	11,199	10,077	8,848
Consumer Child (of any age) Closings	(32,175)	(35,732)	(33,888)	(33,375)	(30,883)
Consumer Child (of any age) Re-Openings	22,696	20,766	19,853	18,407	17,377
Consumer Children (of any age) Count Fiscal Year End	**46,736**	**43,457**	**40,621**	**35,730**	**31,072**
Unduplicated Count of Consumer Child (of any age) Open at Any Time during the Fiscal Year [(1)]	73,296	73,645	69,282	64,264	57,008

[(1)] ***Unduplicated Count of Consumer Child (of any age) Open at Any Time during the Fiscal Year:*** *Unique count of child consumers (of any age) open for services (i.e., open in an assessment or in a clinical/adoption case) at minimum one day within the Fiscal Year.*

FIGURE 5. Consumer Children (of any age) Trends – Openings/Closings/Re-Openings

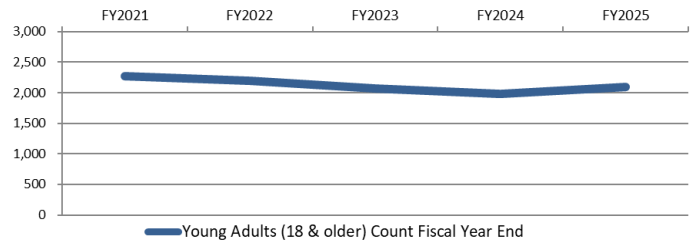


• Consumer Young Adults (18 & Older) Counts

Table/Figure 6 present the consumer young adults (18 & older) counts at the close of each of the past five fiscal years. Each of these young adults (18 & older) was served by the Department prior to their 18th birthday. In order to remain open with the Department beyond age 18, these young adults signed a Voluntary Placement Agreement (VPA). A young adult may sign a VPA at age 18 and remain open with the Department. Young adults who do not sign a VPA at age 18 can later receive services by signing a VPA prior to turning 23-years-old.

TABLE 6. Consumer Young Adults (18 & Older) Counts	FY2021	FY2022	FY2023	FY2024	FY2025
Consumer Young Adults (18 & older) Count Fiscal Year End	2,271	2,194	2,073	1,987	2,097

FIGURE 6. Consumer Young Adults (18 & Older) Trends



• Consumer Children, Young Adults, and Adults – Demographics-Race/Ethnicity

Table 7 shows that at the end of FY2025, White (33%), Hispanic/Latinx (36%), and Black (14%) children (0-17) accounted for the vast majority of children served by the Department. A somewhat comparable distribution is observed for young adults (18 & older) as well as adult consumers.

TABLE 7. Race/Ethnicity FY2025 [1]	Children (0-17)		Young Adults (18 & Older)		Adults	
White	9,517	33%	730	35%	11,944	40%
Hispanic/Latinx (of any race)	10,321	36%	679	32%	8,762	30%
Black	4,160	14%	397	19%	4,779	16%
Asian	337	1%	36	2%	423	1%
Native American	47	*	2	*	45	*
Pacific Islander	5	*	-	-	15	*
Multi-Racial (two or more races)	2,218	8%	175	8%	864	3%
Unable to Determine/Declined	975	3%	73	3%	1,444	5%
Missing	1,395	5%	5	*	1,291	4%
Total Consumers Fiscal Year End	**28,975**	**100%**	**2,097**	**100%**	**29,567**	**100%**

[1] All races exclude children of Hispanic/Latinx origin. *Less than 1% after rounding.

FIGURE 7. Consumer Children (0-17) Open with DCF by Race/Ethnicity FY2025

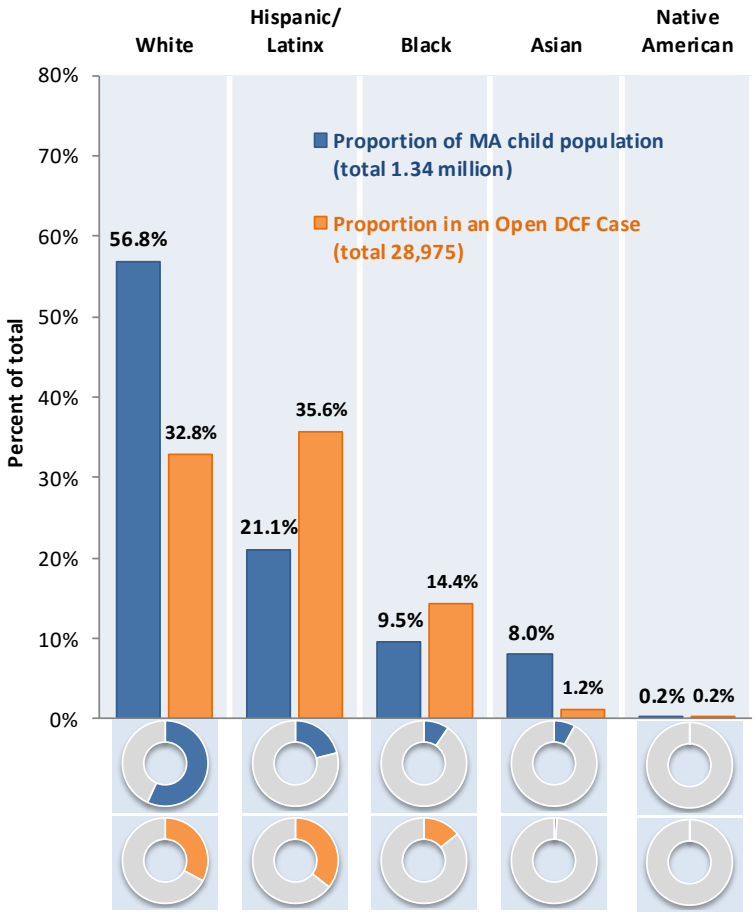


Figure 7 and Table 8 show the proportion of children open with the Department by race and ethnicity compared to the proportion of the child population in Massachusetts.

Rate-of-Disproportionality (RoD) is an indicator of inequality. In Table 8, RoDs are calculated by dividing the DCF open case rate for a given race /ethnicity by the MA child population rate for that specific race/ethnicity.

- *RoDs > 1.0 indicate overrepresentation.*
- *RoDs < 1.0 indicate underrepresentation.*

Relative Rate Index (RRI) compares the rate of White children to the rate for children of color.

TABLE 8. DCF Served Child Population

	ROD	RRI
White	0.6	n/a
Hispanic/Latinx	1.7	2.9x
Black	1.5	2.6x
Asian	0.1	0.3x
Native American	0.9	1.6x

- **Consumer Children, Young Adults, and Adults – Demographics-Primary Language**

Table 9 shows that at the end of FY2025, the vast majority of consumers open in a DCF case were primary English speakers. The next most commonly identified primary language was Spanish.

TABLE 9. Primary Language FY2025	Children (0-17)		Young Adults (18 & Older)		Adults	
American Sign Language	16	*	1	*	26	*
Arabic	59	*	7	*	92	*
Cape Verdean Creole	75	*	6	*	178	1%
Chinese	25	*	3	*	58	*
English	25,633	88%	1,792	85%	23,623	80%
French	5	*	9	*	25	*
Haitian Creole	349	1%	31	1%	640	2%
Khmer (Cambodian)	2	*	-	-	36	*
Portuguese	508	2%	20	1%	834	3%
Russian	33	*	1	*	42	*
Spanish	2,114	7%	188	9%	3,625	12%
Vietnamese	15	*	-	*	69	*
Other	141	*	39	2%	319	1%
Total Consumers Fiscal Year End	**28,975**	**100%**	**2,097**	**100%**	**29,567**	**100%**

*Less than 1% after rounding.

III. CONSUMERS IN PLACEMENT

The Department provides services to safely stabilize families (78% of children (0-17) caseload). When that is not possible, children (0-17) may be placed in out-of-home care (22% of caseload) to safeguard their safety and well-being. Table 10 shows that at the end of FY2025, DCF had 8,042 consumer children/young adults in out-of-home placement. Of these, 6,319 (79%) were children (0-17 years of age) and 1,723 (21%) were young adults (18 & older). Compared to FY2021, 25% (2,145) fewer children (0-17 years of age) were in out-of-home placement at the end of FY2025.

TABLE 10. Children/Young Adults in Placement	FY2021	FY2022	FY2023	FY2024	FY2025
Children (0-17)	8,464	8,143	7,692	6,953	6,319
Young Adults (18 & older)	1,706	1,632	1,605	1,619	1,723
Children/Young Adults in Placement Fiscal Year End	**10,170**	**9,775**	**9,297**	**8,572**	**8,042**

- **Age Group Distribution for Children and Young Adults in Placement**

Table 11 shows that children under the age of six years account for 31% of the children (0-17) in placement. For context, young children are the most at-risk for protective concerns.

TABLE 11. Age Group FY2025	Children (0-17)		Young Adults (18 & Older)		
0 – 2 Years Old	1,057	17%	18 – 19 Years Old	905	53%
3 – 5 Years Old	918	15%	20 – 21 Years Old	683	40%
6 – 11 Years Old	1,722	27%	22 – 23 Years Old	133	8%
12 – 17 Years Old	2,622	41%	24 and Older	2	*
Unspecified	-	-		-	-
Total in Placement Fiscal Year End	**6,319**	**100%**		**1,723**	**100%**

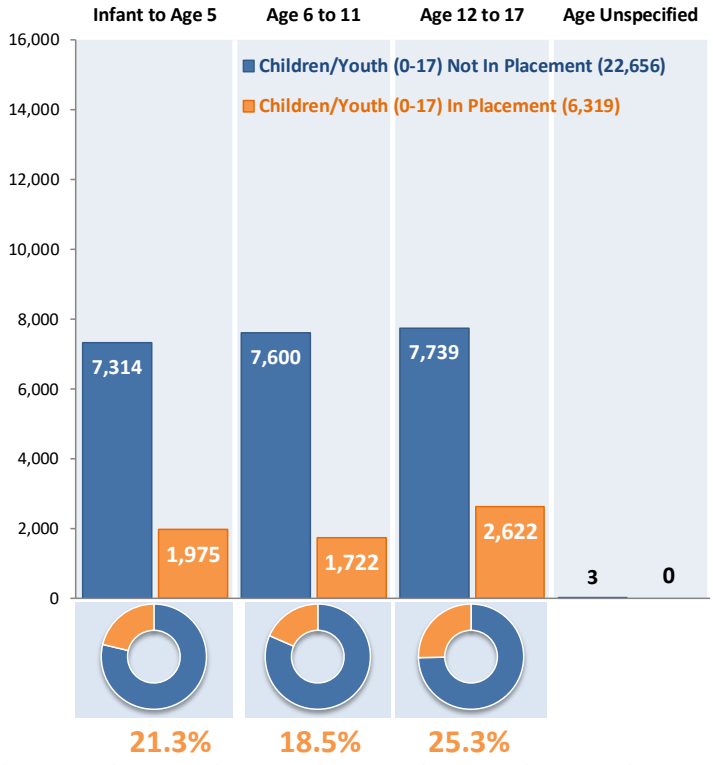
*Less than 1% after rounding.

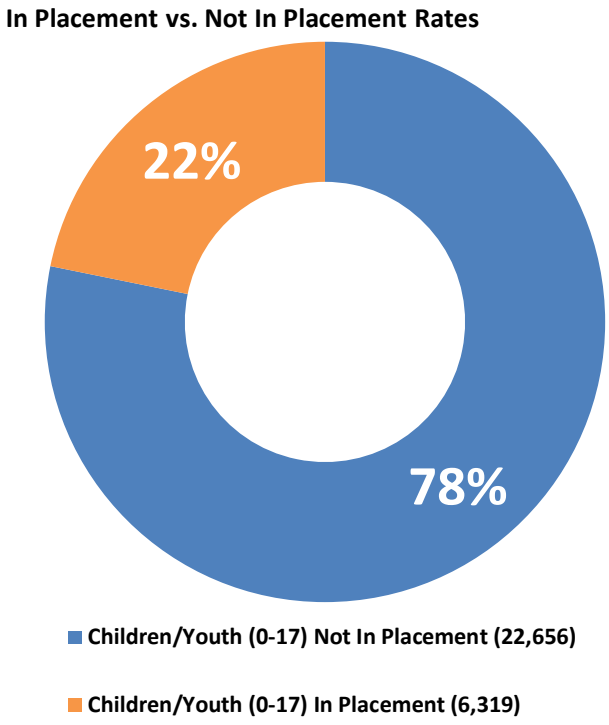
- **Children (0-17) in Placement as a Rate of Total Children Served**

Figure 12 shows that 22% (6,319/28,975) of children (0-17) in an open case were placed out-of-home at the end of FY2025.

- For children (0-5) in a DCF open case, 21% (1,975/9,289) were in an out-of-home placement.
- For children (6-11) in a DCF open case, 18% (1,722 /9,322) were in an out-of-home placement.
- For youth (12-17) in a DCF open case, 25% (2,622/10,361) were in an out-of-home placement.

FIGURE 12. Consumer Children (0-17) in Placement as a Percent of Total Children Served





- **Children and Young Adults in Placement – Demographics-Birth Sex**

Table 13 shows that children (0-17) in placement are fairly evenly distributed within the demographic of birth sex.

TABLE 13. Birth Sex FY2025	Children (0-17)		Young Adults (18 & Older)	
Female	3,137	50%	950	55%
Male	3,182	50%	771	45%
Intersex	-	*	2	*
Missing (not recorded)	-	*	-	-
Total in Placement Fiscal Year End	**6,319**	**100%**	**1,723**	**100%**

*Less than 1% after rounding.

• Children, Youth, and Young Adults in Placement – Gender Identity/Expression

Table 14a shows the documented gender identity/expression of children, youth, and young adults in placement at the end of FY2025.

TABLE 14a. Gender Identity/Expression of Children, Youth, and Young Adults in Placement	Children (5-10 yrs.)^	Early Adolescence (11-14 yrs.)	Middle Adolescence (15-17 yrs.)	Late Adolescence (18 & older)	All Age Groups^
Androgynous	-	.1%	-	-	*
Female	47.6%	44.5%	47.3%	49.9%	**47.5%**
Gender Nonconforming	.1%	.5%	.5%	.9%	**.5%**
Genderqueer	-	-	.2%	.1%	**.1%**
Male	46.0%	49.2%	43.3%	42.5%	**45.1%**
Non-Binary	.1%	.6%	1.7%	1.2%	**.9%**
Questioning	.1%	.3%	1.0%	.6%	**.5%**
Transgender (Female to Male)	.1%	.5%	.7%	1.6%	**.7%**
Transgender (Male to Female)	.1%	-	.4%	.5%	**.3%**
Two Spirit	-	-	-	-	-
Not Listed/Other	2.4%	1.1%	1.4%	.9%	**1.5%**
Does Not Wish to Answer	3.6%	3.0%	3.4%	1.9%	**2.9%**
Not Documented	.1%	.2%	-	.1%	**.1%**
Total in Placement (3 and older) FY2025 End	**1,732**	**1,318**	**1,604**	**1,723**	**6,377**

*Less than 0.1% after rounding. ^Excludes Pre-K children less than 5 years-of-age.

Gender identity is an individual's internal view of their gender, one's innermost sense of being male, female, both. or neither. Gender expression is the manner in which a person expresses their gender through clothing, appearance, behavior, speech, etc.

Note: The capacity to collect gender identity/expression as a structured data element was introduced in 2017 with the implementation of the Family Assessment and Action Planning Policy and became a mandatory field for children 3+ years of age in 2022. Gender identity/expression is self-reported. The Department is working to improve data collection quality.

• Children, Youth, and Young Adults in Placement – Sexual Orientation

Table 14b shows the documented sexual orientation of children, youth, and young adults in placement at the end of FY2025.

TABLE 14b. Sexual Orientation of Children, Youth, and Young Adults in Placement	Children (5-10 yrs.)^	Early Adolescence (11-14 yrs.)	Middle Adolescence (15-17 yrs.)	Late Adolescence (18 & older)	All Age Groups^
Asexual	.4%	.6%	1.4%	1.1%	**.9%**
Bisexual	.1%	1.6%	5.7%	7.0%	**3.7%**
Gay	.1%	.7%	.9%	1.8%	**.9%**
Lesbian	-	.2%	.9%	2.1%	**.9%**
Pansexual/Omnisexual	-	.2%	1.2%	1.2%	**.7%**
Queer	-	.2%	.4%	.3%	**.2%**
Questioning	.2%	2.0%	2.6%	1.9%	**1.6%**
Straight/Heterosexual	47.9%	51.0%	56.2%	60.4%	**54.0%**
Not Listed/Other	19.3%	15.0%	9.5%	7.8%	**12.8%**
Does Not Wish to Answer	32.2%	28.4%	21.2%	16.3%	**24.3%**
Not Documented	-	.2%	-	.1%	**.1%**
Total in Placement FY2025 End	**1,732**	**1,318**	**1,604**	**1,723**	**6,377**

*Less than 0.1% after rounding. ^Excludes Pre-K children less than 5 years-of-age.

Sexual orientation describes patterns of sexual, romantic, and emotional attraction—and one's sense of identity based on those attractions.

Note: The capacity to collect sexual orientation as a structured data element was introduced in 2017 with the implementation of the Family Assessment and Action Planning Policy and became a mandatory field for children 3+ years of age in 2022. Sexual Orientation is self-reported. The Department is working to improve data collection quality.

- **Children and Young Adults in Placement – Demographics-Race/Ethnicity**

Table 15 shows that at the end of FY2025, White (35%), Hispanic/Latinx (34%), and Black (15%) children (0-17) accounted for the majority of children in placement. A similar distribution is also observed for young adults (18 & older).

TABLE 15. Race/Ethnicity of Children, Youth, and Young Adults in Placement [1]

	Children (0-17)		Young Adults (18 & Older)	
White	2,186	35%	604	35%
Hispanic/Latinx (of any race)	2,126	34%	541	31%
Black	945	15%	332	19%
Asian	41	1%	32	2%
Native American	27	*	2	*
Pacific Islander	-	-	-	-
Multi-Racial (two or more races)	816	13%	148	9%
Unable to Determine/Declined	176	3%	64	4%
Missing	2	*	-	-
Total in Placement FY2025 End	**6,319**	**100%**	**1,723**	**100%**

[1] All races exclude children of Hispanic/Latinx origin. *Less than 1% after rounding.

FIGURE 15. Consumer Children (0-17) in Out-of-Home Placement by Race/Ethnicity

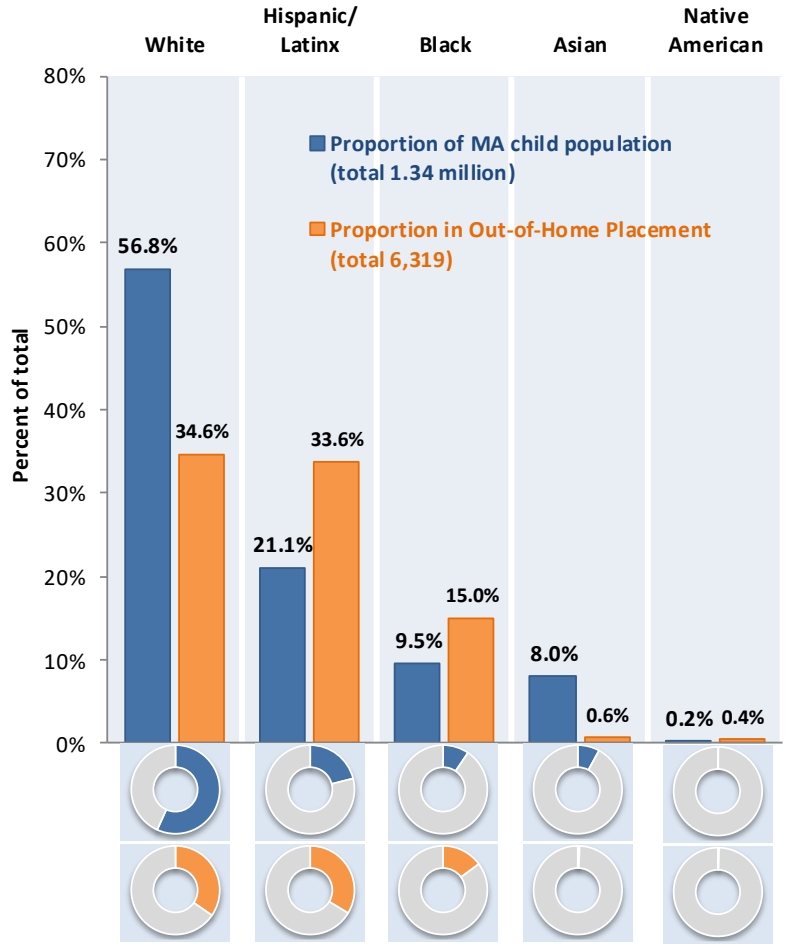


TABLE 15a. Out-of-Home Placement

	ROD	RRI
White	0.6	n/a
Hispanic/Latinx	1.6	2.6x
Black	1.6	2.6x
Asian	0.1	0.1x
Native American	2.5	4.0x

Refer to page 60 for a definition of RoD and RRI.

- **Permanency Plan Distribution for Children (0-17) in Placement**

Table/Figure 16 show that 89% (5,546) of children (0-17) with a specified permanency plan goal who were in placement at the end of FY2025 had a permanency plan goal that met the federal standard for permanency (i.e., Family Reunification, Adoption, Guardianship, or Stabilize Intact Family).

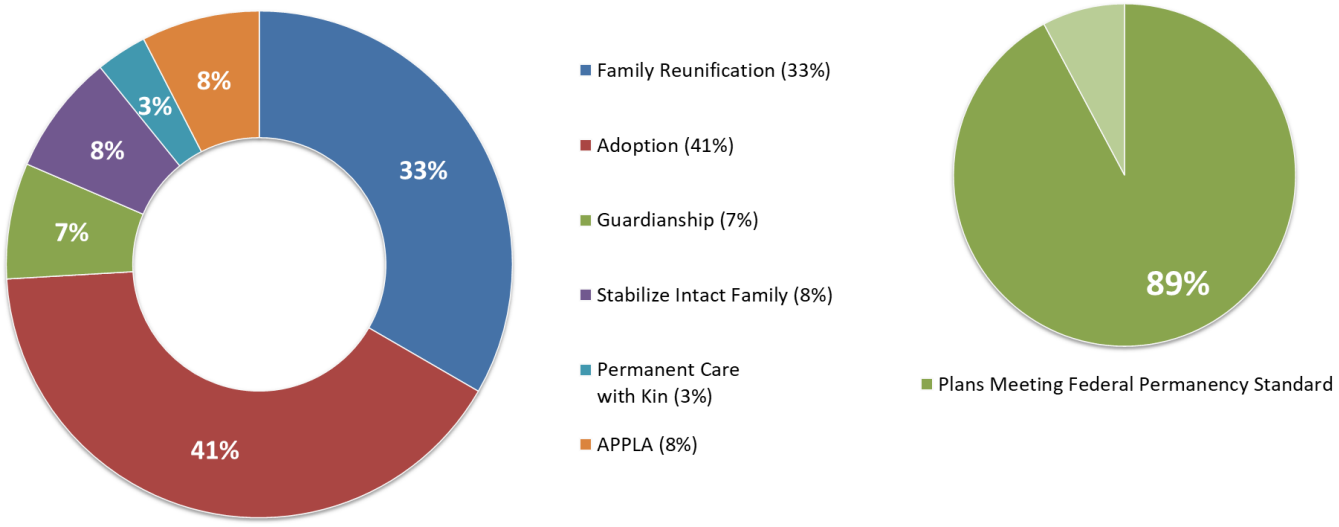
TABLE 16. Permanency Plan: Children (0-17)

	FY2021		FY2022		FY2023		FY2024		FY2025	
Family Reunification	3,094	37%	3,037	38%	2,717	36%	2,282	34%	2,074	33%
Adoption	3,184	38%	3,075	39%	3,058	41%	2,824	42%	2,533	41%
Guardianship	720	9%	632	8%	568	8%	493	7%	460	7%
Stabilize Intact Family	677	8%	612	8%	533	7%	525	8%	479	8%
Permanent Care with Kin	239	3%	234	3%	226	3%	207	3%	203	3%
APPLA	360	4%	390	5%	426	6%	471	7%	470	8%
Unspecified as of report run date (excluded from rate calculation)	190	n/a	163	n/a	164	n/a	151	n/a	100	n/a
Children in Placement Fiscal Year End	**8,464**		**8,143**		**7,692**		**6,953**		**6,319**	

(1) ***APPLA:*** *Another Planned Permanent Living Arrangement— The child welfare agency (DCF) maintains care and custody of the youth and arranges a living situation in which the youth is expected to remain until adulthood. APPLA is a permanency option considered only when other options such as reunification, relative placement, adoption, or legal guardianship have been ruled out.*

The summation of percentages may not equal 100% due to rounding in Table 16/Figure 16.

FIGURE 16. Permanency Plan for Children (0-17) FY2025



- **Racial/Ethnic Distribution by Permanency Plan for Children (0-17) in Placement**

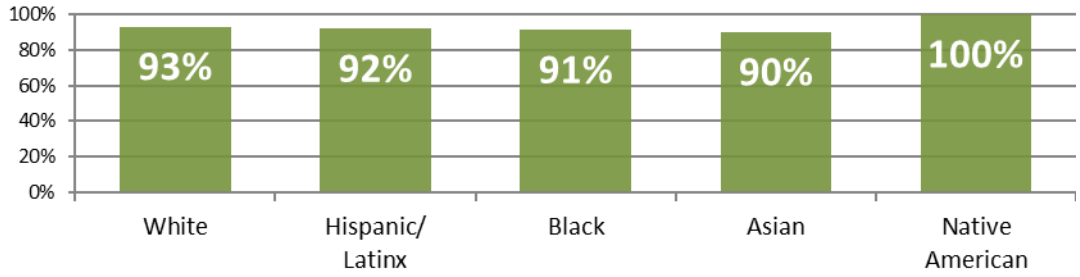
Table/Figure 16a show the racial/ethnic distribution by permanency plan for children in placement at the end of FY2025.

TABLE 16a. Permanency Plan Race/Ethnicity FY2025

	White		Hispanic /Latinx		Black		Asian		Native American	
Family Reunification	737	34%	725	35%	321	35%	18	45%	2	7%
Adoption	881	41%	804	38%	320	35%	10	25%	18	67%
Guardianship	165	8%	137	7%	87	9%	3	8%	5	19%
Stabilize Intact Family	151	7%	191	9%	83	9%	4	10%	-	-
Permanent Care with Kin	69	3%	70	3%	29	3%	1	3%	2	7%
APPLA	149	7%	169	8%	81	9%	4	10%	-	-
Unspecified as of report run date (excluded from rate calculation)	34	n/a	30	n/a	24	n/a	1	n/a	-	n/a
Children in Placement Fiscal Year End	**2,186**		**2,126**		**945**		**41**		**27**	

(1) All races exclude children of Hispanic/Latinx origin. *Less than 1% after rounding.

FIGURE 16a. Plans Meeting Federal Permanency Standard



• Permanency Plan Distribution for Young Adults (18 & Older) in Placement

Table 17 shows that 6% (97) of young adults (18 & older) with a specified permanency plan goal who were in placement at the end of FY2025 had a permanency plan goal that met the federal standard for permanency (i.e., Family Reunification, Adoption, Guardianship, or Stabilize Intact Family).

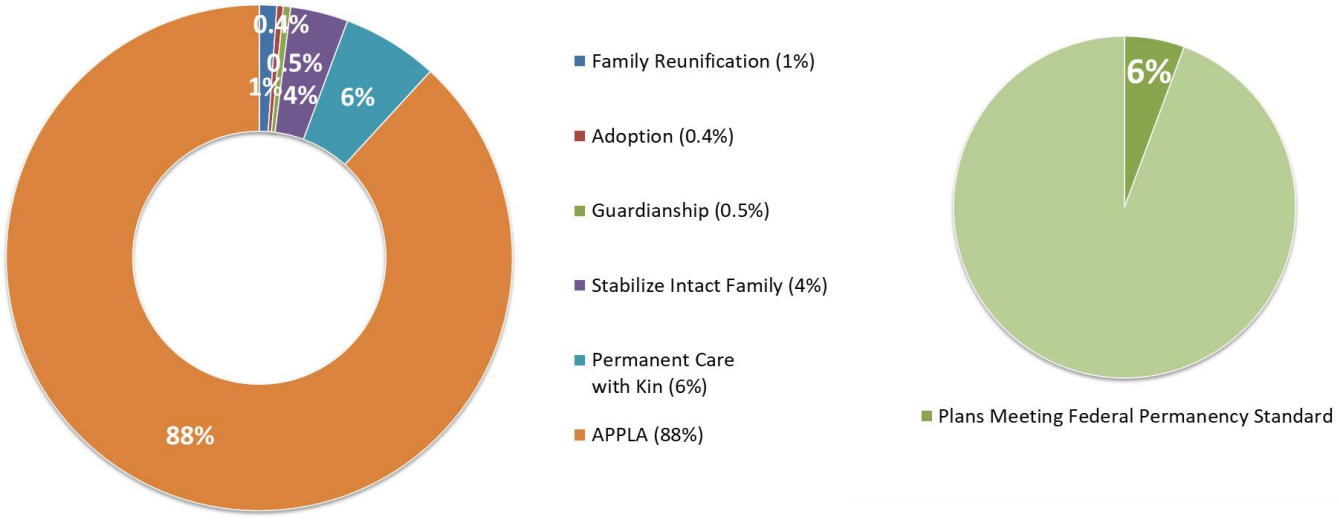
TABLE 17. Permanency Plan for Young Adults (18 & Older)

	FY2021		FY2022		FY2023		FY2024		FY2025	
Family Reunification	55	3%	51	3%	42	3%	28	2%	19	1%
Adoption	9	1%	8	*	8	*	9	1%	7	*
Guardianship	14	1%	12	1%	10	1%	7	*	8	*
Stabilize Intact Family	177	10%	111	7%	89	6%	77	5%	63	4%
Permanent Care with Kin	122	7%	142	9%	135	8%	115	7%	105	6%
APPLA	1,311	78%	1,291	80%	1,308	82%	1,370	85%	1,508	88%
Unspecified as of report run date (excluded from rate calculation)	18	n/a	17	n/a	13	n/a	13	n/a	13	n/a
Young Adults (18 & Older) in Placement Fiscal Year End	**1,706**		**1,632**		**1,605**		**1,619**		**1,723**	

*Less than 1% after rounding.

(1) ***APPLA:*** *Another Planned Permanent Living Arrangement— The child welfare agency (DCF) maintains care and custody of the youth and arranges a living situation in which the youth is expected to remain until adulthood. APPLA is a permanency option considered only when other options such as reunification, relative placement, adoption, or legal guardianship have been ruled out.*

FIGURE 17. Permanency Plan for Young Adults (18 & >) FY2025



- **Children and Young Adults by Placement Type**

Table/Figure 18 show that at the end of FY2025, 77% of placed children (0-17) were living in family-type settings: Departmental Foster Care (DFC) or Comprehensive Foster Care (CFC). Recognizing that children experience greater emotional and placement stability when safely placed with kin, DCF has prioritized kin placement. Accordingly, Figure 18a shows that 60% of children (0-17) placed in DFC foster homes were placed with kin. The overall kinship placement rate (Figure 18b) for all children (0-17) in out-of-home placement (of any type) was 39%.

TABLE 18. Placement Type FY2025	Children (0-17)		Young Adults (18 & Older)	
Departmental Foster Care (DFC) – Kinship	2,477	39%	135	8%
Departmental Foster Care (DFC) – Unrelated	1,312	21%	86	5%
Departmental Foster Care (DFC) – Pre-adoptive	310	5%	2	*
Departmental Foster Care (DFC) – Independent Living	2	*	824	48%
Comprehensive Foster Care (CFC) – Contracted	758	12%	123	7%
Congregate Care – Treatment Residence	571	9%	132	8%
Congregate Care – Medically Complex Residence	8	*	2	*
Congregate Care – Residential School	340	5%	103	6%
Congregate Care – Emergency Residence	238	4%	1	*
Congregate Care – Youth and Young Adult	18	*	264	15%
Non-Referral Location (e.g., hospital, other state agency)	160	3%	40	2%
Missing/Absent from Approved Placement	125	2%	11	1%
Total in Placement Fiscal Year End	**6,319**	**100%**	**1,723**	**100%**

*Less than 1% after rounding.

FIGURE 18. Placement Type for Children (0-17)

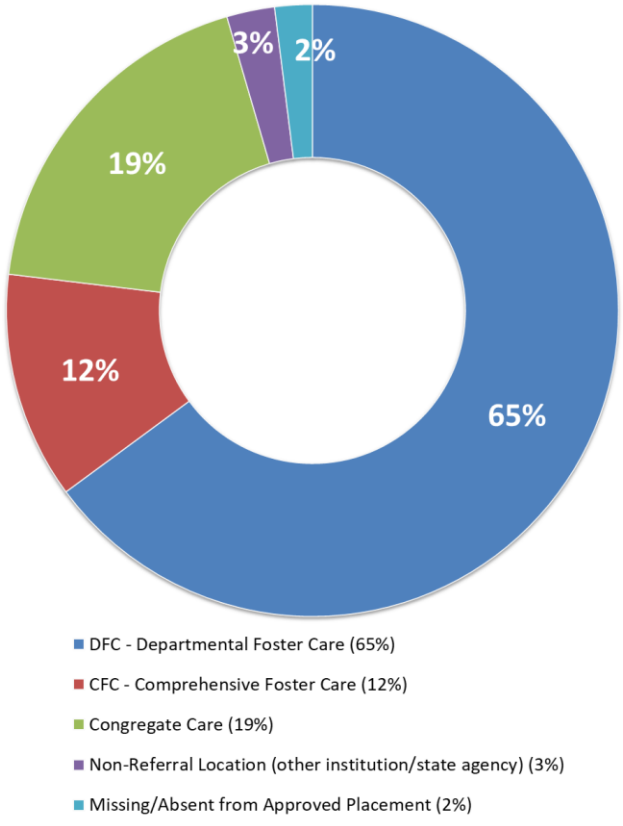


FIGURE 18a. Kin Placement as a % of DFC for Children (0-17)

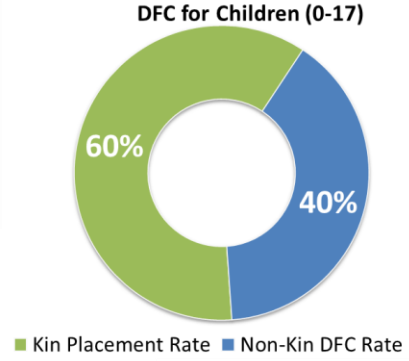
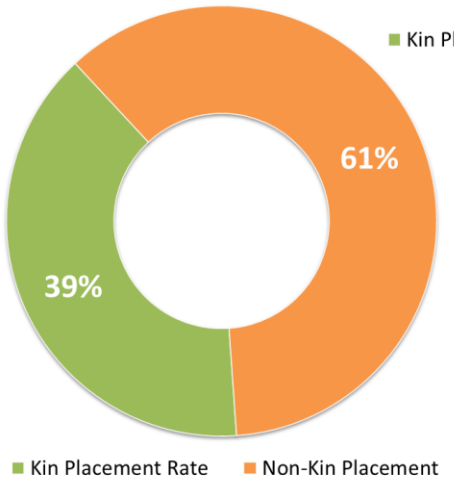


FIGURE 18b. Kin Placement as a % of ALL Placed Children (0-17)



• Children (0-17) Five-year Distribution by Placement Type

Table 19 shows that the utilization of Departmental and Comprehensive Foster Care placement compared to Congregate Care has been relatively stable within the past five years.

TABLE 19. Placement Type 5-Year	FY2021		FY2022		FY2023		FY2024		FY2025	
Departmental Foster Care (DFC) – Kinship	3,232	38%	3,169	39%	3,001	39%	2,788	40%	2,477	39%
Departmental Foster Care (DFC) – Unrelated	1,898	22%	1,886	23%	1,747	23%	1,484	21%	1,312	21%
Departmental Foster Care (DFC) – Pre-adoptive	503	6%	501	6%	457	6%	360	5%	310	5%
Departmental Foster Care (DFC) – Independent Living	2	*	2	*	3	*	3	*	2	*
Comprehensive Foster Care (CFC) – Contracted	1,190	14%	1,081	13%	962	13%	864	12%	758	12%
Congregate Care – Treatment Residence	693	8%	563	7%	583	8%	549	8%	571	9%
Congregate Care – Medically Complex Residence	9	*	8	*	7	*	10	*	8	*
Congregate Care – Residential School	364	4%	331	4%	351	5%	352	5%	340	5%
Congregate Care – Emergency Residence	281	3%	255	3%	232	3%	235	3%	238	4%
Congregate Care – Youth and Young Adult	7	*	20	*	22	*	23	*	18	*
Non-Referral Location (e.g., hospital, state agency)	175	2%	191	2%	186	2%	162	2%	160	3%
Missing/Absent from Approved Placement	110	1%	136	2%	141	2%	123	2%	125	2%
Total in Placement Fiscal Year End	**8,464**	**100%**	**8,143**	**100%**	**7,692**	**100%**	**6,953**	**100%**	**6,319**	**100%**

*Less than 1% after rounding.

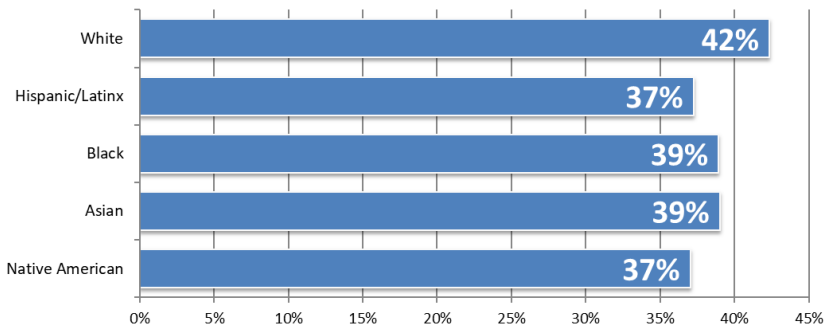
• Children (0-17) Racial/Ethnic Distribution by Placement Type

Table 20 presents the racial/ethnic distribution for children (0-17) by placement type at end of FY2025.

TABLE 20. Placement Type Race/Ethnicity FY2025	White		Hispanic /Latinx		Black		Asian		Native American	
Departmental Foster Care (DFC) – Kinship	926	42%	792	37%	368	39%	16	39%	10	37%
Departmental Foster Care (DFC) – Unrelated	440	20%	452	21%	177	19%	10	24%	9	33%
Departmental Foster Care (DFC) – Pre-adoptive	123	6%	81	4%	25	3%	-	-	1	4%
Departmental Foster Care (DFC) – Independent Living	1	*	-	-	-	-	-	-	-	-
Comprehensive Foster Care (CFC) – Contracted	198	9%	304	14%	118	12%	3	7%	2	7%
Congregate Care – Treatment Residence	192	9%	181	9%	107	11%	6	15%	4	15%
Congregate Care – Medically Complex Residence	3	*	5	*	-	-	-	-	-	-
Congregate Care – Residential School	136	6%	102	5%	46	5%	4	10%	-	-
Congregate Care – Emergency Residence	82	4%	79	4%	41	4%	-	-	1	4%
Congregate Care – Youth and Young Adult	1	*	10	*	6	1%	-	-	-	-
Non-Referral Location (e.g., hospital, state agency)	59	3%	65	3%	25	3%	2	5%	-	-
Missing/Absent from Approved Placement	25	1%	55	3%	32	3%	-	-	-	-
Total in Placement Fiscal Year End	**2,186**	**100%**	**2,126**	**100%**	**945**	**100%**	**41**	**100%**	**27**	**100%**

Figure 20 presents kin placement within race/ethnicity.

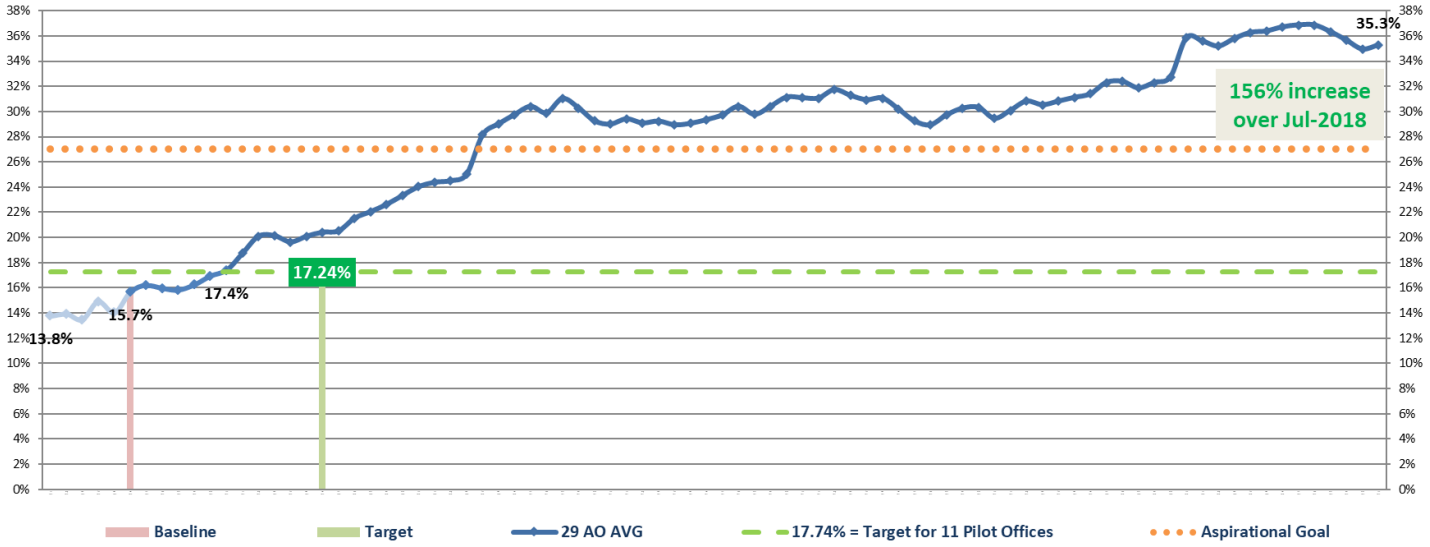
FIGURE 20. Kin Placement as a % of Placed Children (0-17) within Race/Ethnicity



- **Initial Placement with Kin – Kin First**

National research shows the most stable and successful foster care placements are children cared for by family. Since July 2018, the placement of children in kinship foster homes immediately following the home removal increased by 156% statewide (Figure 21). In FY2025, 60% of all children in Departmental Foster Care (DFC) were placed with kin (see Figure 18A).

Figure 21. Percent of Initial Placements with Kin (Jul-2018 through Jun-2025) - Statewide



- **Initial Placement with Kin by Race/Ethnicity**

Table 22 shows that 39% of White children (0-17) who entered out-of-home placement in FY2025 were placed with kin upon entry into care. This contrasts with 35% for Hispanic/Latinx, 34% for Black, and 27% for Asian children.

When narrowing the entry cohort to children (0-17) whose first placement setting was Departmental Foster Care (DFC), 47% of White children were placed with kin upon entry into care. This contrasts with 42% for Hispanic/ Latinx, 40% for Black, and 40% for Asian children.

TABLE 22. Kin as the Initial Placement Setting for Children Entering Care in FY2025	White	Hispanic /Latinx	Black	Asian	All Children
Entries who were placed with Kin as their Initial Placement	39%	35%	34%	27%	**35%**
Entries into DFC who were placed with Kin as their Initial Placement	47%	42%	40%	40%	**42%**

• Sibling Placements

Recognizing that co-location of siblings is generally best for child well-being, DCF keeps siblings together whenever possible. Table 23 and Figures 23a-b show that the "all DFC sibling placement rate" increased by 4% between FY2021 and FY2025.

TABLE 23. Sibling Placement Rates

	FY2021	FY2022	FY2023	FY2024	FY2025
Cases with 2 or More Siblings in DFC Placement (denominator)	1,213	1,196	1,099	951	850
Cases with 2 or More Siblings in Same DFC Home (numerator)	957	918	869	739	676
2 or more Sibling Placement Rate Fiscal Year End	**79%**	**77%**	**79%**	**78%**	**80%**
Cases with all Siblings in Same DFC Home (numerator)	767	762	721	626	558
ALL DFC Placed Sibling Placement Rate Fiscal Year End	**63%**	**64%**	**66%**	**66%**	**66%**

FIGURE 23a. 2+ Sibling Rate

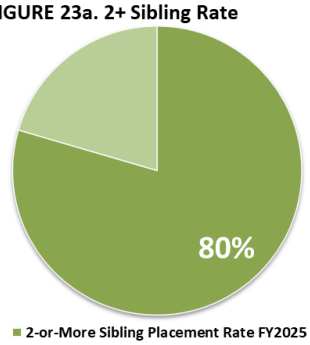
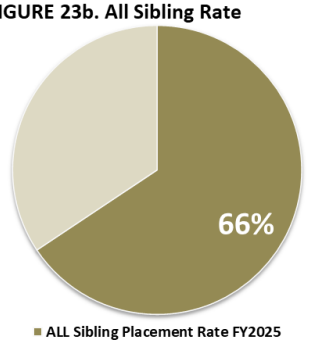


FIGURE 23b. All Sibling Rate



• Continuous Time in Placement

The period between the start and end of DCF placement custody is known as a *Home Removal Episode* (HRE). *Continuous Time in Placement* is defined as the timespan between the start and end of an HRE (see definition on p.57). Table 24 and Figures 24a-b-c reveal that at the end of FY2025, 63% of children (0-17) had a continuous time in out-of-home placement of two years or less.

TABLE 24. Continuous Time in Placement

	FY2021	FY2022	FY2023	FY2024	FY2025
0.5 years or less	1,846	1,718	1,722	1,495	1,449
> 0.5 years to 1 year	1,373	1,323	1,165	1,109	1,056
> 1 year to 2 years	1,987	1,990	1,846	1,662	1,462
> 2 years to 4 years	2,201	2,065	1,878	1,712	1,482
> 4 years	1,057	1,047	1,081	975	870
Total Children (0-17) in Placement Fiscal Year End	**8,464**	**8,143**	**7,692**	**6,953**	**6,319**

FIGURE 24b. FY2025

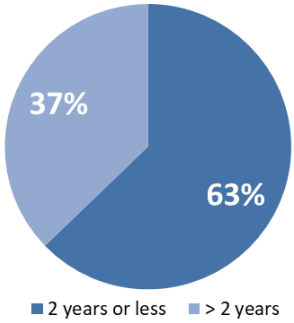


FIGURE 24a. Continuous Time in Placement for Consumer Children (0-17)

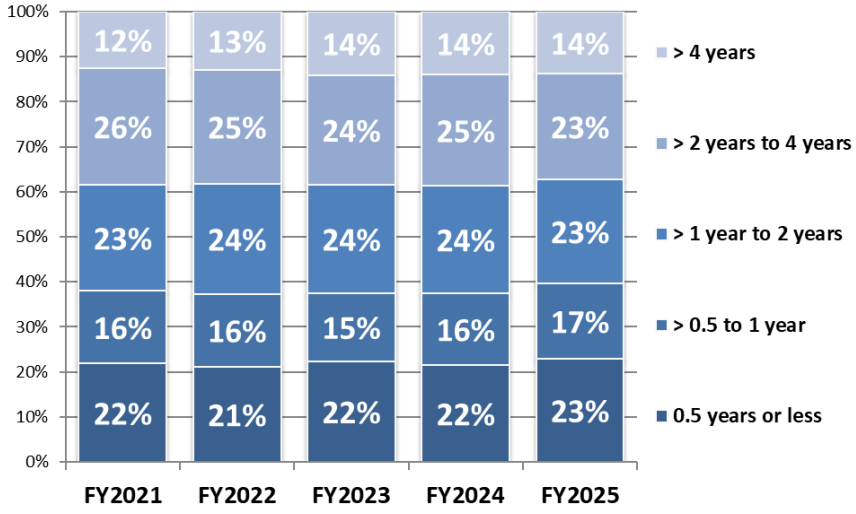
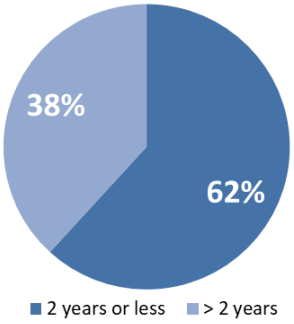


FIGURE 24c. FY2021-25

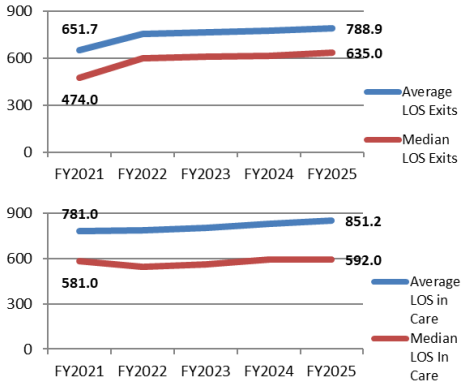


• Placement Length-of-Stay

Table/Figure 25 present the annual average/median *Placement Length-of-Stay* (LOS) in days for children who exited care (closed HRE) as well as for children who were in out-of-home care (open HRE) on the last day of the fiscal year. LOS increased in FY2025.

TABLE 25. Placement Length-of-Stay [1]	FY2021	FY2022	FY2023	FY2024	FY2025
Average LOS Days for Children Exiting Care by FY End	651.7	754.1	764.8	773.2	788.9
Average LOS in Months	21.4	24.8	25.1	25.4	25.9
Median LOS Days for Children Exiting Care by FY End	474	599.5	610	613.5	635
Median LOS in Months	15.6	19.7	20.0	20.2	20.9
Average LOS Days for Children in Care at FY End	781.0	789.5	804.5	832.3	851.2
Average LOS in Months	25.7	25.9	26.4	27.3	28.0
Median LOS Days for Children in Care at FY End	581	543	561	592	592
Median LOS in Months	19.1	17.9	18.4	19.4	19.4

[1] *Length-of-stay values exclude youth who turned 18 on or before their discharge from care and those who turned 18 before the end of the fiscal year and remained in care.*



• Placement Length-of-Stay by Race/Ethnicity

Table 25a presents the annual average/median Placement Length-of-Stay (LOS) in days for children who exited care (closed HRE) as well as for children who were in out-of-home care (open HRE) on the last day of the fiscal year by race/ethnicity.

TABLE 25a. Placement Length-of-Stay by Race/Ethnicity [1]	White	Hispanic /Latinx	Black	Asian	Native American
Average LOS Days for Children Exiting Care by FY End	777.0	815.5	756.7	750.9	975.9
Average LOS in Months	25.5	26.8	24.9	24.7	32.1
Median LOS Days for Children Exiting Care by FY End	641	627.5	620.0	582	712
Median LOS in Months	21.1	20.6	20.4	19.1	23.4
Children Exiting Care by FY End	**1,085**	**1,105**	**401**	**25**	**15**
Average LOS Days for Children in Care at FY End	834.2	831.5	858.2	666.2	770.6
Average LOS in Months	27.4	27.3	28.2	21.9	25.3
Median LOS Days for Children in Care at FY End	578	536	575	568	600
Median LOS in Months	19.0	17.6	18.9	18.7	19.7
Children in Care at FY End	**2,186**	**2,126**	**945**	**41**	**27**

[1] *Length-of-stay values exclude youth who turned 18 on or before their discharge from care and those who turned 18 before the end of the fiscal year and remained in care.*

IV. CHILD MALTREATMENT

The Department responds to allegations of abuse and neglect reported by professionals and the public. When a case is opened, DCF works collaboratively with families to assess their needs, connects families with services in the community, and works with them to ensure children can grow and thrive in a safe, supportive, and stable home.

When DCF receives a report of abuse and/or neglect, called a 51A report, from either a mandated reporter or another concerned person, DCF is required to evaluate the allegations and determine the safety of the children. Some families come to the attention of the Department outside the 51A process: Children Requiring Assistance (CRA) cases referred by the Juvenile Court, cases referred by the Probate and Family Court, babies surrendered under the Safe Haven Act, and voluntary requests for services by a parent/family. These cases are generally referred directly for Family Assessment and Action Planning and do not follow the protective intake protocol.

Defining Terms

Child Abuse

This definition is not dependent upon location. Abuse can occur while the child is in an out-of-home or in-home setting.

- The non-accidental commission of any act by a caregiver which causes or creates a substantial risk of physical or emotional injury or sexual abuse of a child.
- The victimization of a child through sexual exploitation or human trafficking, regardless if the person responsible is a caregiver.

Child Neglect

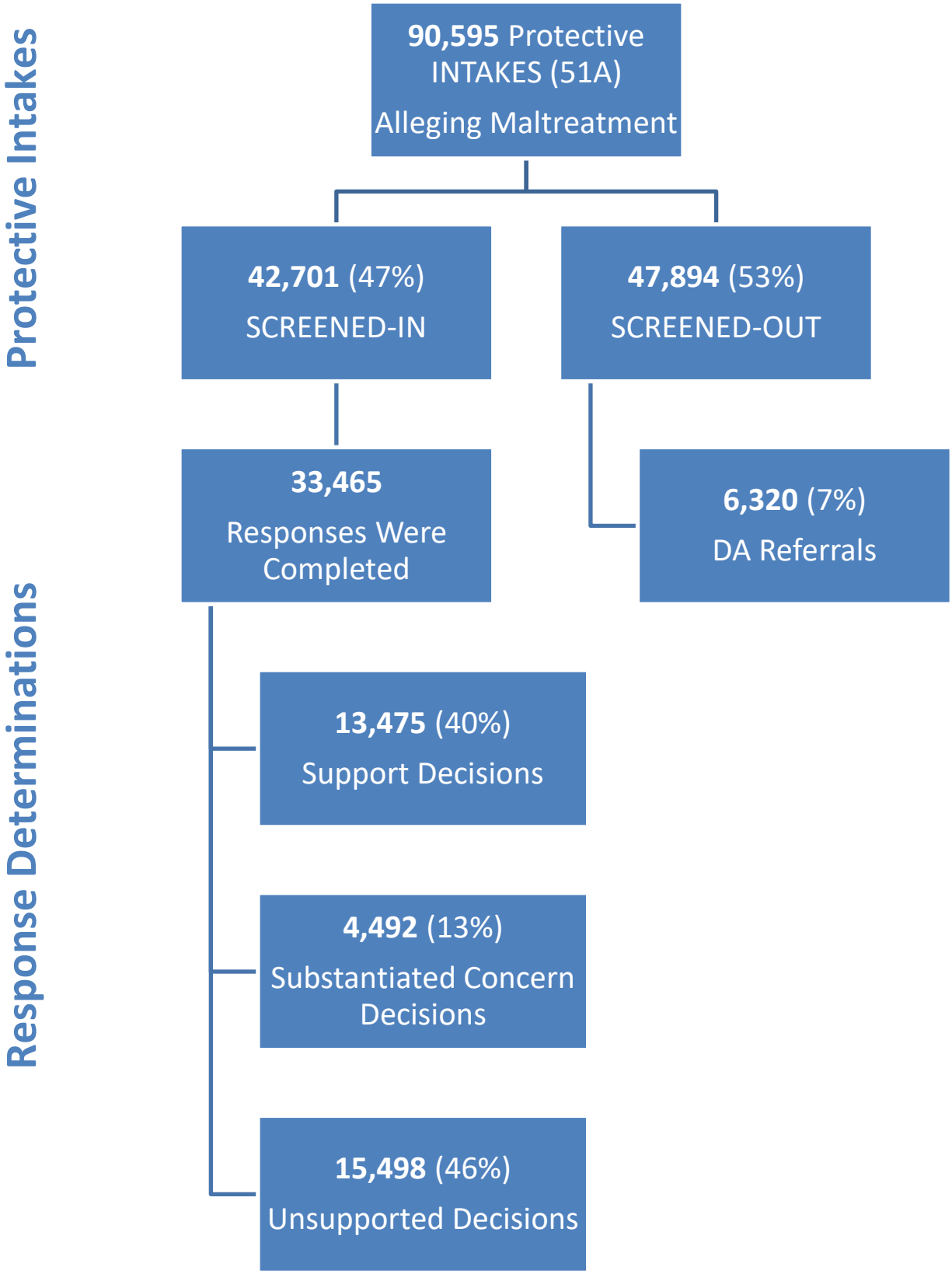
Failure by a caregiver, either deliberately or through negligence or inability, to take those actions necessary to provide a child with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability, and growth or other essential care, including malnutrition or failure to thrive; provided, however, that such inability is not due solely to inadequate economic resources or solely to the existence of a handicapping condition.

Caregiver

- A child's parent, stepparent, guardian, or any household member entrusted with responsibility for a child's health or welfare
- Any other person entrusted with responsibility for a child's welfare, whether in the child's home, a relative's home, a school setting, a childcare setting (including babysitting), a foster home, a group care facility, or any other comparable setting. As such "caregiver" includes, but is not limited to:
    - School teachers
    - Babysitters
    - School bus drivers
    - Camp counselors

  The "caregiver" definition should be construed broadly and inclusively to encompass any person who at the time in question is entrusted with a degree of responsibility for the child. This specifically includes a caregiver who is him/herself a child such as a babysitter under age 18.

- **Protective Intake (51A) Statistics at a Glance FY2025**



• Intake Distribution

Table 26 and Figures 26a-b present the DCF intake distribution for protective and non-protective intakes. Protective intakes decreased during the COVID-19 pandemic. In FY2025, DCF received 91,634 intakes, of which 99% (90,595) came to the attention of the Department through the 51A report process. Safe Haven, voluntary, Child Requiring Assistance (CRA) petitions, and court referrals accounted for 1% (1,039) of all FY2025 intakes.

TABLE 26. Intake Distribution	FY2021	FY2022	FY2023	FY2024	FY2025
Protective Intakes (51As)	83,644	90,558	92,758	92,819	90,595
Safe Haven	1	-	3	1	-
Voluntary	239	223	213	187	171
CRA and Court Referral	515	646	796	764	868
Intake Distribution FY End	**84,399**	**91,427**	**93,770**	**93,771**	**91,634**

FIGURE 26a. FY2025 Intake Distribution

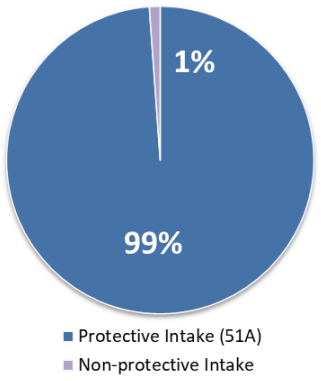
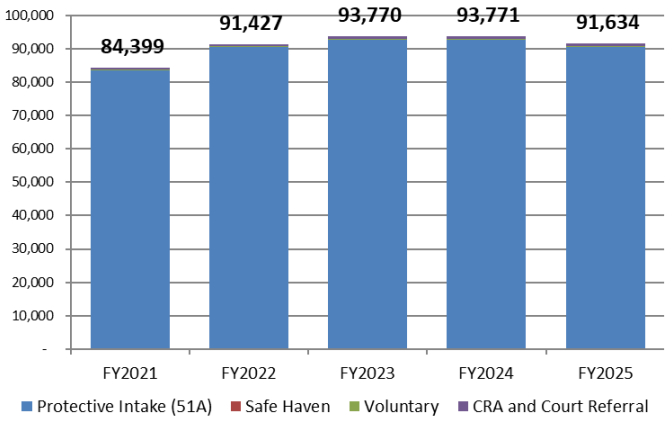


FIGURE 26b. Intake Distribution



• Protective Intakes (51A Reports)

Upon receiving a report of abuse and/or neglect (51A), the Department must first gather sufficient information to determine whether the allegation meets DCF's criteria for suspected abuse and/or neglect, whether there is immediate danger to the safety of a child, whether DCF involvement is warranted and how best to approach the Department's initial response.

The Department begins its screening process immediately upon receipt of a report. During the screening process DCF obtains information from the person filing the report and contacts professionals involved with the family, such as doctors or teachers who may be able to provide information about the child's condition. DCF may also contact the family if appropriate.

If the report is "screened-in," it is assigned for a Child Protective Services (CPS) Response to determine whether there is "reasonable cause to believe" that a child has been abused and/or neglected. "Screened-in" reports require either an immediate five-day emergency response, or a non-emergency response. Some 51A reports may not meet DCF's criteria for suspected abuse and/or neglect and are "screened out."

If the Department determines that a child has been sexually abused or sexually exploited, has been a victim of human trafficking, has suffered serious physical abuse and/or injury, or has died as a result of abuse and/or

neglect, DCF must notify local law enforcement as well as the district attorney, who has the authority to file criminal charges. A "screened out" report may also be referred to the district attorney (e.g., the report did not involve a child, or the allegations are not within the Department's mandate concerning child abuse and neglect, and/or an alleged perpetrator has been identified and was not a caregiver).

Timeframes for completing a 51A Screening:

- **Screening:** Begins immediately for all reports.
  - Screening for an emergency response is to be completed within two hours.
  - Screening for a non-emergency response is to be completed within one business day but may be extended for one additional business day in limited circumstances.

• Protective Intakes (51As) – Screening and District Attorney (DA) Referral Rates

Corresponding to a decrease in reporting by mandated reporters (e.g., school personnel) during the COVID-19 pandemic, Table 27 and Figures 27a-b reflect a 13% decrease in protective intakes in FY2021 (-12,017) relative to FY2019 (95,661). While below the FY2019 count, FY2025 protective intakes are within 1% (-1,088) of the FY2022-FY2025 average of 91,683 intakes.

TABLE 27. Protective Intakes (51As)	FY2021	FY2022	FY2023	FY2024	FY2025
Screen-In Emergency	9,629	8,785	8,638	7,924	6,833
Screen-In Non-Emergency	40,562	40,282	39,297	37,217	35,868
Screen-Out	28,661	34,512	38,130	41,230	41,574
Screen-Out DA Referral	4,792	6,979	6,693	6,448	6,320
Protective Intakes (51As) Fiscal Year End	**83,644**	**90,558**	**92,758**	**92,819**	**90,595**

FIGURE 27a. Screened-In 51a Intakes

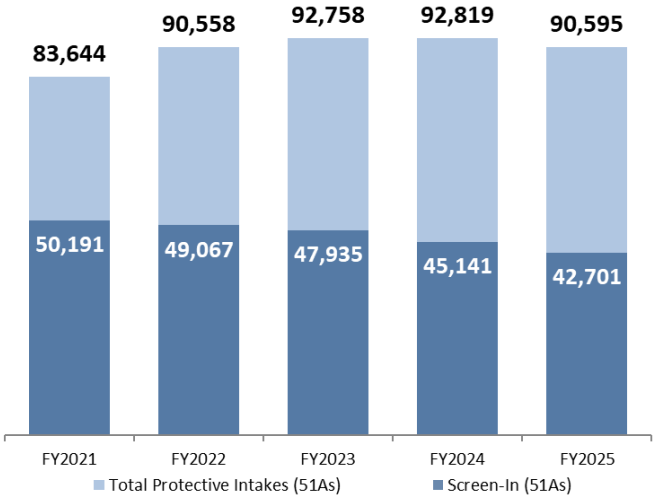
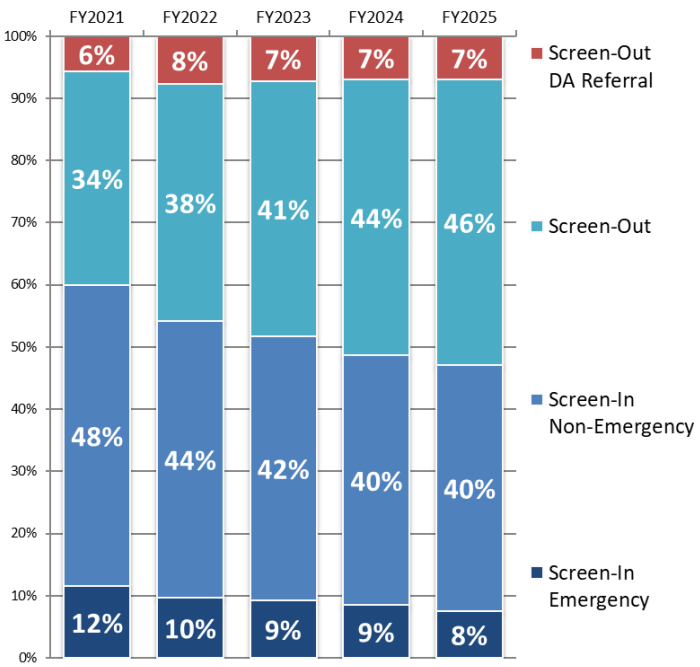


FIGURE 27b. Screening and DA Referral Rates



• Protective Intakes (51As) by Reporter Type and Screening Decision

Table 28a shows that mandated reporters accounted for 86% of the 90,595 protective intakes filed in FY2025.

TABLE 28a. 51As by Reporter Type	Unique Count of Intakes	
Mandated Reporter	77,820	86%
Non-Mandated Reporter	7,064	8%
Anonymous Reporter	5,711	6%
Protective Intakes (51As) Fiscal Year End	**90,595**	**100%**

Table 28b shows that 49% of protective intakes filed by mandated reporters were screened-in — higher rates than non-mandated (34%) and anonymous (36%) reporters.

TABLE 28b. 51As by Reporter Type and Screening Decision	Screened-In Emergency		Screened-In Non-Emergency		Screen-Out		Screen-Out DA Referral		Unique Count of Intakes	
Mandated Reporter	6,509	8.4%	31,678	40.7%	33,644	43.2%	5,989	7.7%	77,820	100%
Non-Mandated Reporter	173	2.4%	2,263	32.0%	4,405	62.4%	223	3.2%	7,064	100%
Anonymous Reporter	151	2.6%	1,927	33.7%	3,525	61.7%	108	1.9%	5,711	100%
Protective Intakes (51As) Fiscal Year End	**6,833**	**7.5%**	**35,868**	**40%**	**41,574**	**46%**	**6,320**	**7%**	**90,595**	**100%**

• Protective Intakes (51As) by Reporter Source and Screening Decision

Table 28c shows that public safety and school personnel filed 51% of the FY2025 protective intakes.

TABLE 28c. 51As by Reporter Source and Screening Decision	Screened-In Emergency		Screened-In Non-Emergency		Screen-Out		Screen-Out DA Referral		Unique Count of Intakes	
Child	8	0.1%	47	0.1%	109	0.3%	3	*	167	0.2%
Child Care Personnel	86	1.3%	599	1.7%	751	1.8%	55	0.9%	1,491	1.6%
Court Personnel	55	0.8%	793	2.2%	895	2.2%	97	1.5%	1,840	2.0%
DCF Personnel	281	4.1%	2,183	6.1%	831	2.0%	293	4.6%	3,588	4.0%
Foster Parent	4	0.1%	50	0.1%	45	0.1%	17	0.3%	116	0.1%
Hospital Personnel	1,268	18.6%	3,159	8.8%	2,267	5.5%	463	7.3%	7,157	7.9%
Institutional Substitute Care Personnel	4	0.1%	169	0.5%	153	0.4%	57	0.9%	383	0.4%
Medical Personnel	541	7.9%	1,680	4.7%	1,600	3.8%	351	5.6%	4,172	4.6%
Neighbor	25	0.4%	462	1.3%	935	2.2%	12	0.2%	1,434	1.6%
Other	234	3.4%	2,267	6.3%	3,522	8.5%	342	5.4%	6,365	7.0%
Other MA State Agency Personnel	73	1.1%	467	1.3%	542	1.3%	140	2.2%	1,222	1.3%
Out-of-State Agency Personnel	16	0.2%	216	0.6%	335	0.8%	80	1.3%	647	0.7%
Parent/Family Member	140	2.0%	2,040	5.7%	3,957	9.5%	187	3.0%	6,324	7.0%
Private Social Service Agency / Practitioner	262	3.8%	3,099	8.6%	3,742	9.0%	797	12.6%	7,900	8.7%
Public Safety Personnel	2,985	43.7%	9,394	26.2%	10,381	25.0%	1,497	23.7%	24,257	26.8%
Religious Institution Personnel	3	*	18	0.1%	26	0.1%	13	0.2%	60	0.1%
School Personnel	817	12.0%	8,801	24.5%	10,660	25.6%	1,891	29.9%	22,169	24.5%
(blank)	31	0.5%	424	1.2%	823	2.0%	25	0.4%	1,303	1.4%
Protective Intakes (51As) Fiscal Year End	**6,833**	**100%**	**35,868**	**100%**	**41,574**	**100%**	**6,320**	**100%**	**90,595**	**100%**

*Less than 0.1% after rounding.

- **Protective Intakes (51As) by Race/Ethnicity**

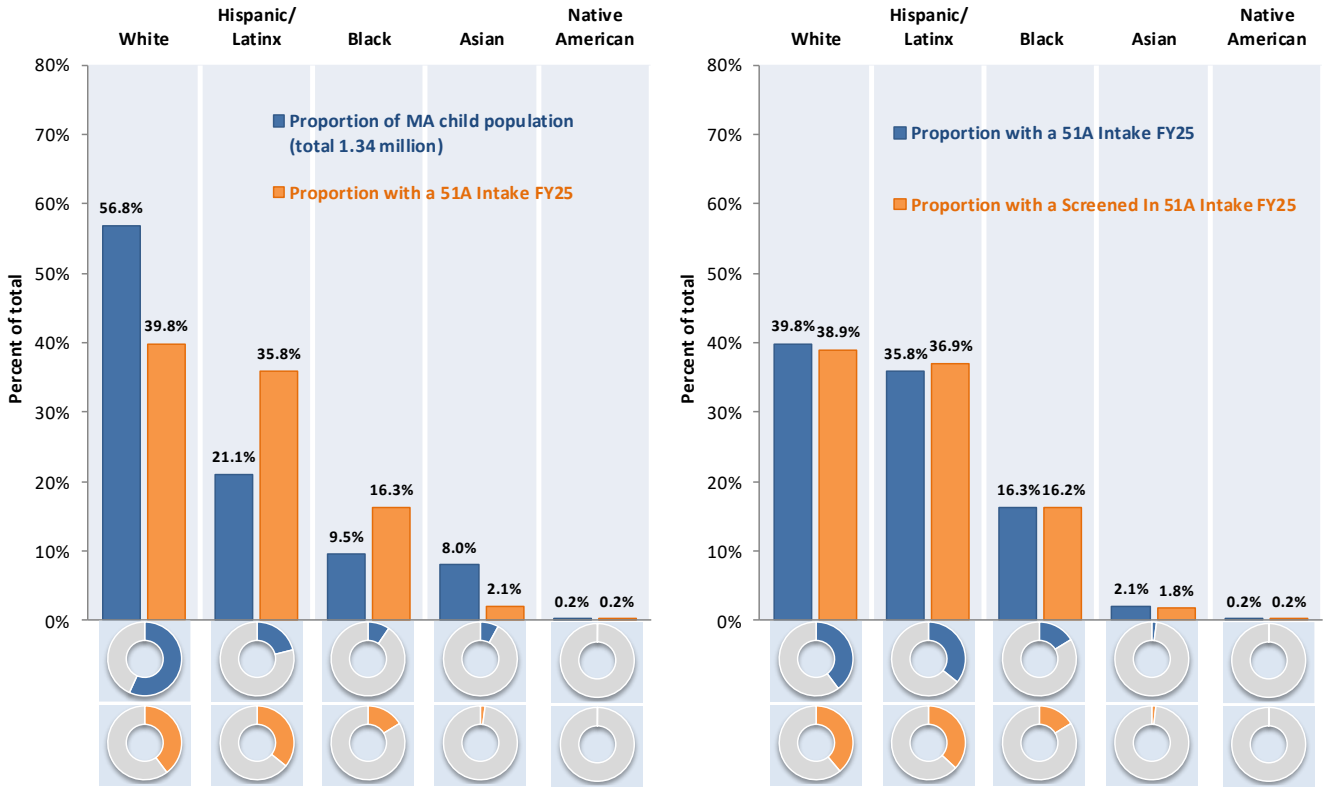
Table/Figure 29 show the proportion of children named in protective intakes by race/ethnicity compared to the proportion in the Massachusetts' child population. While Black and Hispanic/Latinx children are 2.4x more likely to be referred to the Department through a 51A report in comparison to White children, the screen-in rates are near equivalent across race and ethnicity when compared to relative rates of 51A reporting.

TABLE 29. Protective Intakes by Race/Ethnicity – Unduplicated by Child FY2025 [1]

	51A Intake Distribution	RoD	RRI	Screened In 51A Intake Distribution	RoD	RRI
White	39.8%	0.7	n/a	38.9%	1.0	n/a
Hispanic/Latinx (of any race)	35.8%	1.7	2.4x	36.9%	1.0	1.1x
Black	16.3%	1.7	2.4x	16.2%	1.0	1.0x
Asian	2.1%	0.3	0.4x	1.8%	0.9	0.9x
Native American	.2%	0.9	1.2x	.2%	1.1	1.1x
Pacific Islander	*	-	-	*	-	-
Multi-Racial (two or more races)	5.9%	-	-	6.0%	-	-
	100%			100%		

[1] All races exclude children of Hispanic/Latinx origin. *Less than 0.1% after rounding. Refer to page 60 for a definition of RoD and RRI.

FIGURE 29. Protective Intakes by Race/Ethnicity – Unduplicated by Child FY2025



• Protective Responses (51Bs)

"Screened-in" 51A reports are assigned for a Child Protective Services (CPS) Response (51B Response) to determine whether there is "reasonable cause to believe" that a child has been abused and/or neglected. "Reasonable cause to believe" means a collection of facts, knowledge, or observations which tend to support or are consistent with the allegations and when viewed in light of the surrounding circumstances and the credibility of the persons providing the information, would lead a reasonable person to conclude that a child has been abused or neglected. The response includes an investigation of the validity of the allegation(s) received, a determination of current danger and future risk to the child, and an assessment of the capacity of the parent(s)/caregiver(s) to provide for the safety, permanency, and well-being of their child.

At the conclusion of the CPS Response, a determination is made as to whether the report is:

- **Unsupported** – There is not "reasonable cause to believe" that a child was abused and/or neglected, or that the child's safety or well-being is being compromised; OR the person believed to be responsible for the abuse or neglect was not a caregiver, unless the abuse or neglect involves sexual exploitation and/or human trafficking where the caregiver distinction is not applied.
- **Supported** – There is "reasonable cause to believe" that a child was, or is at substantial risk of being abused and/or neglected; AND the actions or inactions by the parent(s)/caregiver(s) place the child in danger or present substantial risk to the child's safety or well-being; OR a person was responsible for the child being a victim of sexual exploitation and/or human trafficking.
- **Substantiated Concern** – There is "reasonable cause to believe" that a child was neglected; AND the parent(s)/caregiver(s) create moderate risk and there is a presence of contributing factors that increase the likelihood of being neglected.

Timeframes for completing a CPS Response:

- **Emergency Response** – Must begin within two hours and be completed within five business days of the report.
- **Non-emergency Response** – Must begin within two business days and be completed within 15 business days of the report.

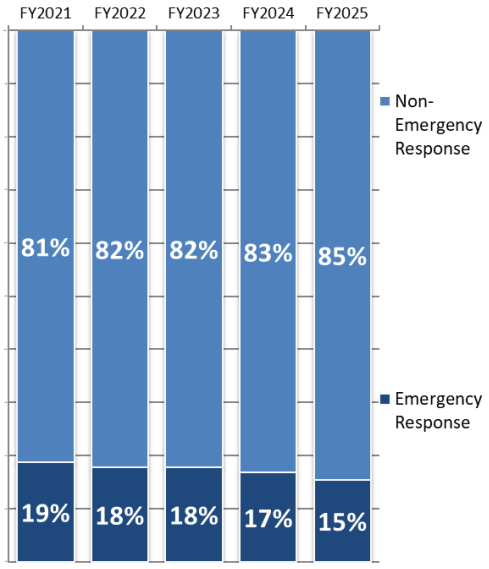
• Protective Responses (51Bs) – Emergency/Non-Emergency

Table/Figure 30 show response type for 51A reports.

TABLE 30. Protective Responses

	FY2021	FY2022	FY2023	FY2024	FY2025
Emergency Response	7,391	7,027	6,808	5,971	5,173
Non-Emergency Response	31,995	32,544	31,389	29,660	28,292
Protective Responses FY End	**39,386**	**39,571**	**38,197**	**35,631**	**33,465**

FIGURE 30. Response Type



- **Protective Responses (51Bs) – Emergency/Non-Emergency by Race/Ethnicity**

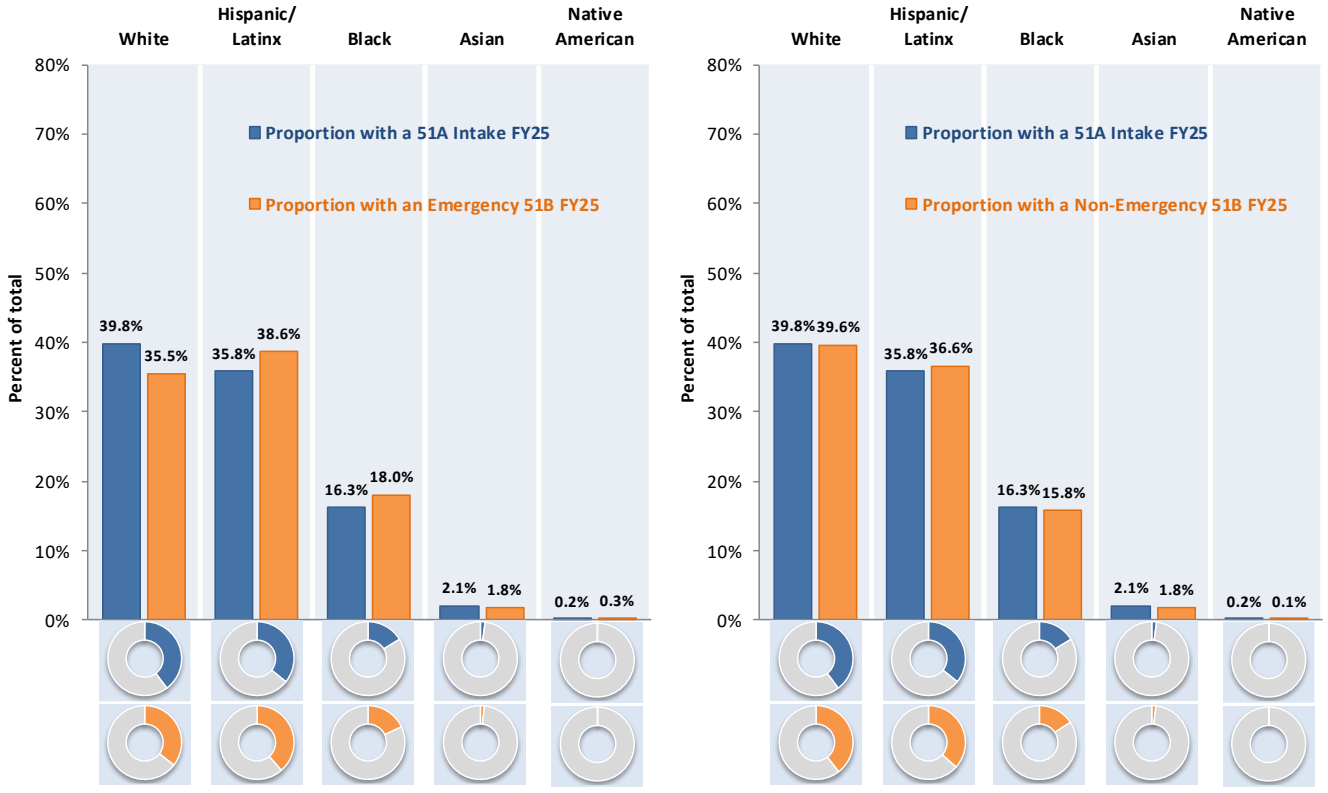
Table/Figure 31 display the proportion of children subject to an Emergency or a Non-Emergency protective response by race and ethnicity compared to the proportion of children with a protective intake (51A).

TABLE 31. Protective Responses (51Bs) – Emergency /Non-Emergency by Race/Ethnicity – Unduplicated by Child FY2024 [1]

	51B Response Emergency	RoD	RRI	51B Response Non-Emergency	RoD	RRI
White	35.5%	0.9	n/a	39.6%	1.0	n/a
Hispanic/Latinx (of any race)	38.6%	1.1	1.2x	36.6%	1.0	1.0x
Black	18.0%	1.1	1.2x	15.8%	1.0	1.0x
Asian	1.8%	0.9	1.0x	1.8%	0.9	0.9x
Native American	.3%	1.8	2.1x	.1%	1.1	1.0x
Pacific Islander	-	-	-	*	-	-
Multi-Racial (two or more races)	5.7%	-	-	6.0%	-	-
	100%			100%		

[1] All races exclude children of Hispanic/Latinx origin. *Less than 0.1% after rounding. Refer to page 60 for a definition of RoD and RRI.

FIGURE 31. Responses (51Bs) – Emergency/Non-Emergency by Race/Ethnicity – FY2025



• Protective Responses (51Bs) – Determinations

Table/Figure 32 show a 57.6% average combined support/substantiated-concern rate for screened-in reports over the five-year time span of FY2021-25. While support rates have stayed relatively stable over the past five years, substantiated concern rates have decreased by 33.3% compared to FY2021 (see Figure 32a).

TABLE 32. Protective Responses

Support/Concern Counts	FY2021		FY2022		FY2023		FY2024		FY2025	
Investigation – Support Decision	16,350	41.5%	16,151	40.8%	15,622	40.9%	14,884	41.8%	13,475	40.3%
Investigation – Substantiated Concern	7,929	20.1%	6,806	17.2%	6,508	17.0%	5,287	14.8%	4,492	13.4%
Total Supported/Substantiated-Concern	**24,279**	**61.6%**	**22,957**	**58.0%**	**22,130**	**57.9%**	**20,171**	**56.6%**	**17,967**	**53.7%**

FIGURE 32. Response Determinations

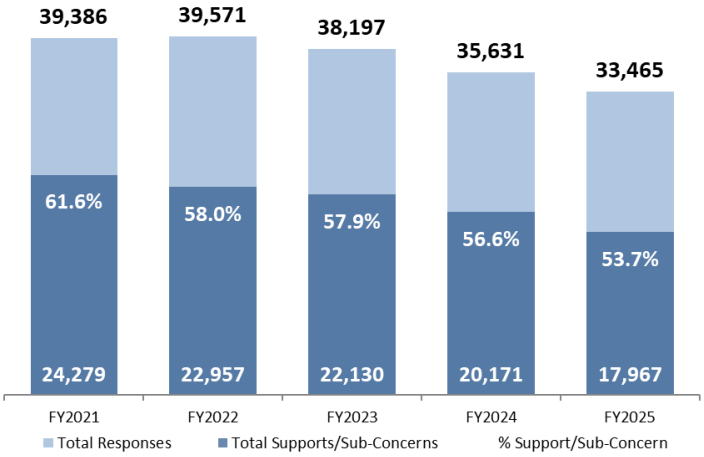
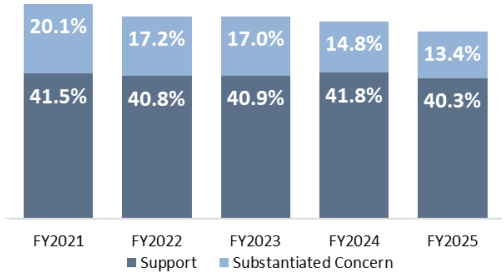


FIGURE 32a. Support and Substantiated Concern Rates



• Protective Response (51B) Determinations by Race/Ethnicity

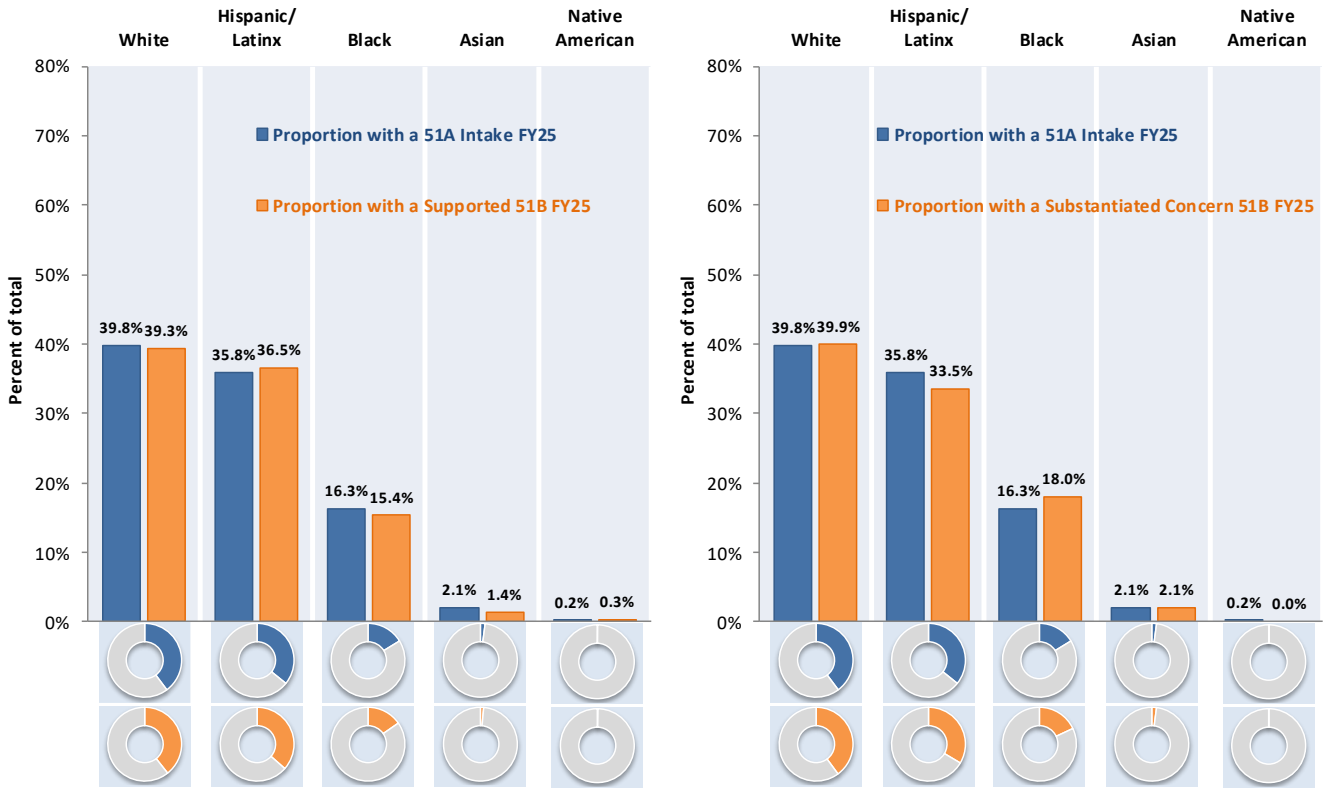
Table/Figure 33 display the proportion of response (51B) determinations of children subject to a protective response by race and ethnicity compared to the proportion of children with a protective intake (51A). While Black and Hispanic/Latinx children are 2.4x more likely to be referred to the Department through a 51A report in comparison to White children (see Table/Figure 29), support and substantiated concern rates are near equivalent across race and ethnicity when compared to relative rates of 51A reporting.

TABLE 33. Response Determinations by Race/Ethnicity – Unduplicated by Child FY2025 [1]

	51B Response Support Distribution	RoD	RRI	51B Response Substantiated Concern Distribution	RoD	RRI
White	39.3%	1.0	n/a	39.9%	1.0	n/a
Hispanic/Latinx (of any race)	36.5%	1.0	1.0x	33.5%	0.9	0.9x
Black	15.4%	0.9	1.0x	18.0%	1.1	1.1x
Asian	1.4%	0.7	0.7x	2.1%	1.0	1.0x
Native American	.3%	2.0	2.0x	-	-	-
Pacific Islander	-	-	-	-	-	-
Multi-Racial (two or more races)	7.1%	-	-	6.5%	-	-
	100%			**100%**		

[1] All races exclude children of Hispanic/Latinx origin. *Less than 0.1% after rounding. Refer to page 60 for a definition of RoD and RRI.

FIGURE 33. Response Determinations by Race/Ethnicity – FY2025



- **Protective Responses (51Bs) – Timeliness of Responses**

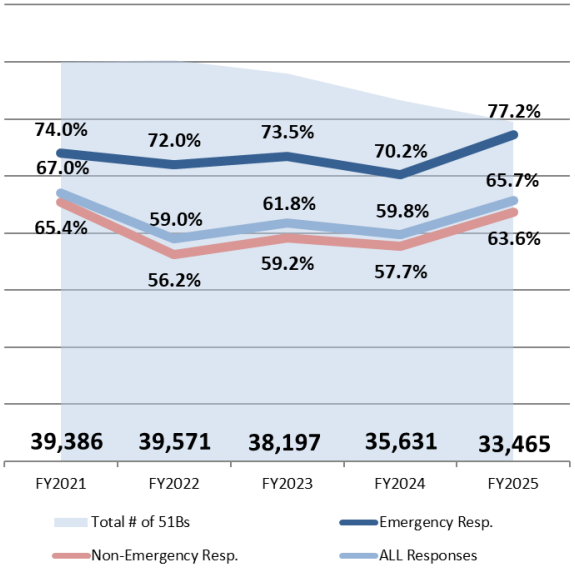
Table/Figure 34 show timeliness of completing emergency and non-emergency responses.

TABLE 34. Timeliness of Responses

	FY2021	FY2022	FY2023	FY2024	FY2025
Emergency Response	74.0%	72.0%	73.5%	70.2%	77.2%
Non-Emergency Response	65.4%	56.2%	59.2%	57.7%	63.6%
Timeliness of ALL Responses	**67.0%**	**59.0%**	**61.8%**	**59.8%**	**65.7%**

Higher rates are preferable.

FIGURE 34. Timeliness of Responses



- **Protective Intakes (51As), Responses (51Bs), and Child Victims – Allegations**[5]

TABLE 35a. Count of Intakes (51As) and Allegations

	FY2025	%
Neglect	65,351	72.1%
Physical Abuse	21,433	23.7%
Sexual Abuse	9,508	10.5%
Human Trafficking-Labor	24	*
Human Trafficking-Sexually Exploited Child	1,494	1.6%
Neglect-Substance Exposed Newborn (SEN)	835	.9%
Neglect-Substance Exposed Newborn (SEN) -Neonatal Abstinence Syndrome (NAS)	37	*
Invalid Allegation	1,321	1.5%
Total 51A Reports [(1)]	**90,595**	

[(1)] An Intake (51A) may include one-or-more allegations. *Less than 0.1% after rounding.

As evidenced in Table 35a, 72.1% of the 90,595 reports of child maltreatment included an allegation of neglect. Physical abuse was evident in 23.7% of reports, sexual abuse in 10.5%, human trafficking in 1.7%, and SEN/SEN-NAS in 1.0%.

TABLE 35b. Count of Supported Responses (51Bs) and Allegations

	FY2025	%
Neglect	11,760	87.3%
Physical Abuse	1,639	12.2%
Sexual Abuse	581	4.3%
Human Trafficking-Labor	5	*
Human Trafficking-Sexually Exploited Child	340	2.5%
Neglect-Substance Exposed Newborn (SEN)	410	3.0%
Neglect-Substance Exposed Newborn (SEN) -Neonatal Abstinence Syndrome (NAS)	34	.3%
Invalid Allegation	-	-
Total Supported 51B Responses [(2)]	**13,475**	

[(2)] A response (51B) may include one-or-more supported allegations. *Less than 0.1% after rounding.

Table 35b shows that 87.3% of the 13,475 supported responses included a finding of neglect. Physical abuse was evident in 12.2% of supported responses, sexual abuse in 4.3%, SEN/SEN-NAS in 3.3%, and human trafficking in 2.6%.

TABLE 35c. Unduplicated Child Victims by Supported Allegation [(3)]

	FY2025	%
Neglect	17,368	87.6%
Physical Abuse	1,828	9.2%
Sexual Abuse	620	3.1%
Human Trafficking-Labor	5	*
Human Trafficking-Sexually Exploited Child	313	1.6%
Neglect-Substance Exposed Newborn (SEN)	418	2.1%
Neglect-Substance Exposed Newborn (SEN) -Neonatal Abstinence Syndrome (NAS)	34	.2%
Invalid Allegation	-	-
Unduplicated Child Victims [(4)]	**19,816**	

[(3)] A child victim may have one or more supported allegations. *Less than 0.1% after rounding.
[(4)] A child victim may have one or more supported allegations within a specific allegation type. These counts are unduplicated (i.e., a child with 2 or more supported NEGLECT allegations is only counted once in this table.

Table 35c shows that 87.6% of the 19,816 unique children found to have experienced maltreatment were victims of neglect. Physical abuse was evidenced for 9.2% of the child victims, sexual abuse for 3.1%, SEN/SEN-NAS for 2.3%, and human trafficking in 1.6%.

[5] The Department plans to replace the Substance Exposed Newborn (SEN) allegation type with Infant with Prenatal Substance Exposure (IPSE) in the FY2026 report.

V. PERFORMANCE/PROCESS OUTCOME METRICS – SAFETY

- **Safety Outcome 1 - Recurrence of Maltreatment** – CFSR-3[6]

The reduction of the *Recurrence of Maltreatment* (i.e., abuse and/or neglect) is an important federal measure of the Departments' success in promoting the safety of children and families. As such, the Department monitors recurrence of maltreatment on open and closed cases on a quarterly basis as a component of its performance management and accountability system. This indicator measures whether the agency was successful in preventing subsequent maltreatment of a child if the child was the subject of a supported maltreatment report.

Safety Outcome 1 – *Recurrence of maltreatment* tracks a cohort of children (0-17) with an occurrence of substantiated maltreatment within the first 12 months of a 24-month reporting period and identifies those children (0-17) who experience a subsequent substantiated recurrence of maltreatment within 12 months of the initial maltreatment event.

Denominator: The number of children with at least one substantiated or indicated maltreatment report in a 12-month period.

Numerator: Of the children in the denominator, the number of children who had another substantiated or indicated maltreatment report within 12 months of their initial report.

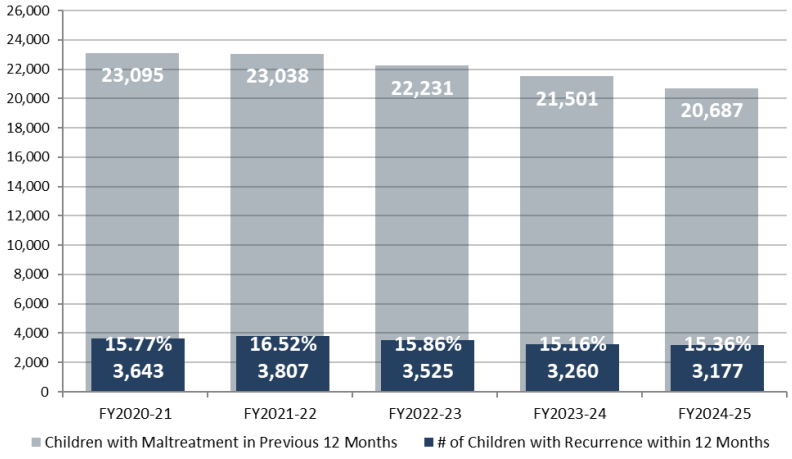
This federal CFSR-3 safety outcome measure includes children who are in an open DCF case as well as those not in open cases.

Table/Figure 36 reveal that in the two-year period ending FY2025, 15.36% (3,177) of the 20,687 children who experienced an occurrence of maltreatment in FY2024, experienced a recurrence of maltreatment within 12 months of their initial report. Alternatively, 84.64% did not experience recurrence of maltreatment.

TABLE 36. Recurrence of Maltreatment – CFSR3	FY2020-21	FY2021-22	FY2022-23	FY2023-24	FY2024-25
Children with Maltreatment during the Previous 12 months (denominator)	23,095	23,038	22,231	21,501	20,687
Children Who did not Experience Recurrence within 12 months	19,452	19,231	18,706	18,241	17,510
Children with Recurrence within 12 months (numerator)	3,643	3,807	3,525	3,260	3,177
% of Children Who Experienced Recurrence of Maltreatment within 12 Months	**15.77%**	**16.52%**	**15.86%**	**15.16%**	**15.36%**

National performance: 9.7% (lower rate is preferable) NOTE: This updated federal CFSR3 indicator replaces the CFSR2 indicator found in MA DCF Annual Reports prior to FY2023.

FIGURE 36. Children Who Experienced Recurrence of Maltreatment within 12 Months



[6] This updated federal CFSR3 indicator replaces the CFSR2 indicator found in MA DCF Annual Reports prior to FY2023.

- **Safety Outcome 2 – Maltreatment in Foster Care** – CFSR-2 & CFSR-3

This federal measure follows a cohort of children/youth (0-17) in the custody of the Department who resided in an out-of-home placement setting at any time during a specified 12-month period (denominator = unduplicated count of children in the cohort). The numerator consists of those children in the denominator who do not experience substantiated maltreatment (i.e., abuse and/or neglect) by a substitute care provider (e.g., foster parent or group care staff) during the 12-month period. Both numerator and denominator consist of unique child counts (i.e., children who experience multiple maltreatment events during the 12-month period are counted once in the denominator and once in the numerator).

Safety Outcome 2 – Maltreatment in Foster Care: Of all children in foster care during a 12-month period, what percentage were the subject of substantiated maltreatment by a foster parent/group care staff?

- **Denominator:** Number of children in foster care (i.e., out-of-home) at any time during a 12-month period.
- **Numerator:** Of the children in the denominator, the number with a substantiated maltreatment by a foster parent or group care staff within the 12-month period. For **absence of maltreatment in foster care** the numerator is the number without a substantiated maltreatment within the 12-month period.

This Federal CFSR-2 safety outcome measure includes only those children/youth who are in the custody and care (out-of-home placement) of the Department at the time of their maltreatment.

Table/Figure 37 reveal that 98.04% (10,326 / 10,532) of the children who were in an out-of-home placement at any time during FY2025 did not experience maltreatment by a substitute care provider.

TABLE 37. Maltreatment in Foster Care – CFSR2	FY2021	FY2022	FY2023	FY2024	FY2025
Children in Placement at Any Time During the Fiscal Year (denominator)	13,692	13,045	12,476	11,651	10,532
Children Who did not Experience Maltreatment in Foster Care (numerator)	13,531	12,838	12,262	11,481	10,326
Children Who Experienced Maltreatment in Foster Care	161	207	214	170	206
% of Children Who did not Experience Maltreatment in Foster Care	**98.82%**	**98.41%**	**98.28%**	**98.54%**	**98.04%**

FIGURE 37. Children Who Did Not Experience Maltreatment in Foster Care

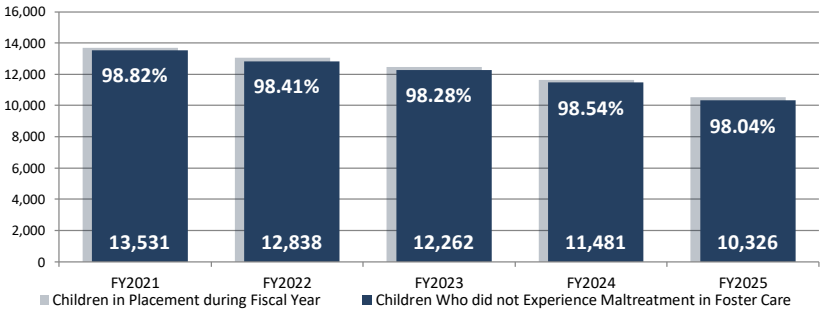


FIGURE 38. Victimization per 100K Days in Care

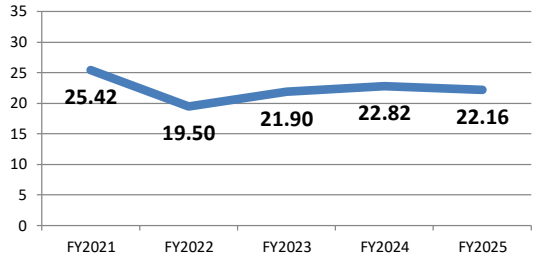


TABLE 38. Victimization* Rate per 100K Days in Care – CFSR3	FY2021	FY2022	FY2023	FY2024	FY2025
Total # of Placement Days (denominator)	3,363,334	3,297,648	3,164,175	2,989,042	2,662,671
Total # of Victimizations (numerator)	855	643	693	682	590
Victimization* per 100,000 Days in Care	**25.42**	**19.50**	**21.90**	**22.82**	**22.16**

Table/Figure 38 reflect an FY2025 victim rate of 22.16 per 100,000 days of DCF care.

Victimization may have been perpetrated by someone other than the resource provider (e.g., parent or other member of the community).

NOTE: Values were recast for FY2020-FY2024 to better align with federal CFSR3 syntax.

VI. PERFORMANCE/PROCESS OUTCOME METRICS – PERMANENCY

• Placement Entries/Re-entries Into Care for Children (0-17)

As found in Table/Figure 39, 3,062 unique children (0-17) entered out-of-home care during FY2025. Of these, 90.6% (2,773) were either:

- New entries who had never been in DCF out-of-home care (2,267), or
- Re-entered care more than 12 months after their most recent HRE (506)

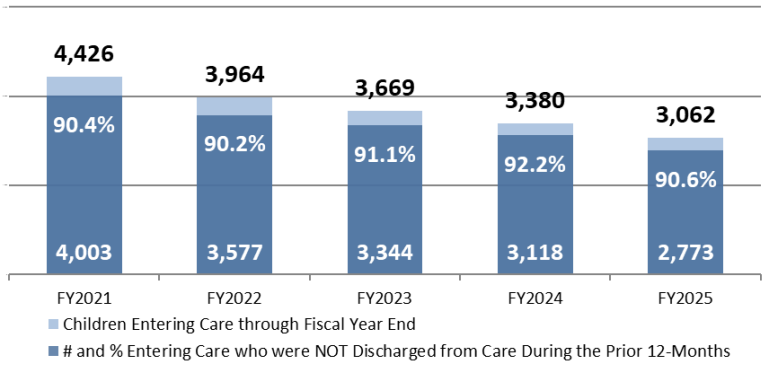
The remaining 9.4% (289) children re-entered care within 12 months of their most recent HRE.

TABLE 39. Children (0-17) Entering Care

	FY2021	FY2022	FY2023	FY2024	FY2025
Children Entering Care through Fiscal Year End (denominator)	**4,426**	**3,964**	**3,669**	**3,380**	**3,062**
First Time Entry into Care (numerator)	3,354	2,950	2,739	2,577	2,267
Re-Entry in More than 12 Months (numerator)	649	627	605	541	506
Re-Entry Within 12 Months	423	387	325	262	289
% of Children Entering Care who were NOT Discharged from Care During the Prior 12 Months. [1]	**90.4%**	**90.2%**	**91.1%**	**92.2%**	**90.6%**

[1] ***Higher rate is preferable.***

FIGURE 39. Children Entering Care and % NOT Discharged from Care during Prior 12 Months



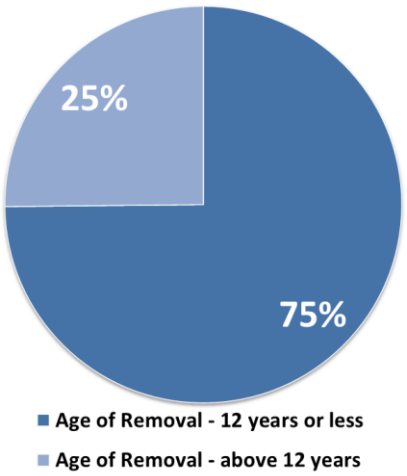
• Exits from Care for Children, Youth, and Young Adults

Table/Figure 40 show that 3,101 children, youth, and young adults exited out-of-home placement in FY2025. Of these 3,101 exits, 75% (2,321) were children who entered out-of-home care at 12 years of age or younger.

TABLE 40. Exits from Care

	FY2021	FY2022	FY2023	FY2024	FY2025
Age of Removal – 12-years or less	3,195	2,915	2,635	2,576	2,321
Age of Removal – above 12-years	1,271	1,183	898	781	780
ALL Exits from Care	**4,466**	**4,098**	**3,533**	**3,357**	**3,101**

FIGURE 40. Age of Removal - FY2025 Exits



• Exit Reasons for Children, Youth, and Young Adults that Exited from Care

When children enter DCF out-of-home care, concerted efforts are made to safely achieve permanency through reunification, adoption, and guardianship. Tables/Figures 41a-b reveal that 89% of children that exited out-of-home care in FY2025 achieved permanency.

TABLE 41a. Care Exit Reasons:

Age of Removal - ALL	FY2021	FY2022	FY2023	FY2024	FY2025
Reunification – *permanency*	63.3%	56.2%	57.7%	56.2%	55.2%
Adoption – *permanency*	16.1%	20.2%	23.3%	25.9%	24.5%
Guardianship – *permanency*	5.9%	7.8%	9.4%	10.0%	9.5%
Transfer to Other Agency	.2%	.1%	.1%	.1%	.4%
Emancipation	14.4%	15.6%	9.5%	7.7%	10.3%
Death of Child – *all causes*	.2%	<.1%	<.1%	<.1%	.1%
	100%	**100%**	**100%**	**100%**	**100%**

FIGURE 41a. Exits by Permanency Type

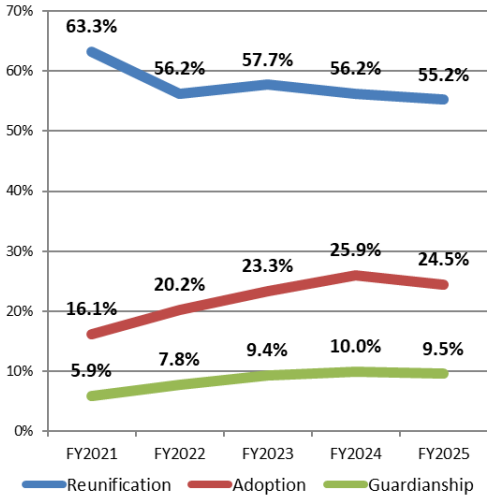


FIGURE 41b. Exits to Permanency

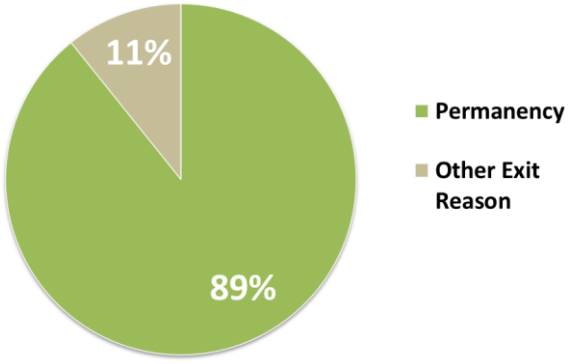


TABLE 41b. Care Exit Reasons:

Age of Removal	FY2021		FY2022		FY2023		FY2024		FY2025	
	12 or Less	Above 12	12 or Less	Above 12	12 or Less	Above 12	12 or Less	Above 12	12 or Less	Above 12
Reunification	66.4%	55.2%	58.1%	51.7%	56.3%	61.9%	54.0%	63.6%	55.0%	55.9%
Adoption	22.4%	.2%	28.3%	.4%	31.0%	.8%	33.6%	.8%	32.5%	.5%
Guardianship	7.1%	2.8%	9.1%	4.2%	10.6%	5.7%	10.8%	7.3%	10.4%	7.1%
ALL OTHER EXIT REASONS	4.0%	41.7%	4.6%	43.6%	2.1%	31.6%	1.7%	28.3%	2.1%	36.5%

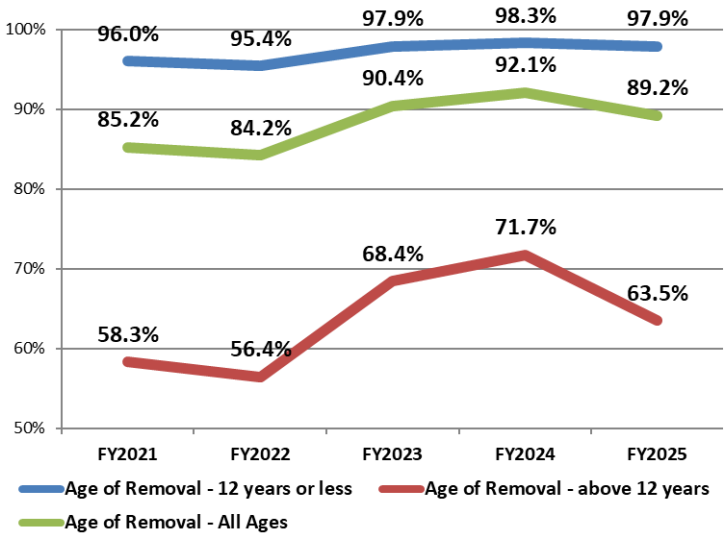
- **Exit to Permanency by Age of Removal**

TABLE 42. Exits to Permanency:

Reunification/Adoption/Guardianship	FY2021	FY2022	FY2023	FY2024	FY2025
Age of Removal –12 years or less	96.0%	95.4%	97.9%	98.3%	97.9 %
Age of Removal – above 12 years	58.3%	56.4%	68.4%	71.7%	63.5%
Age of Removal – All Ages	**85.2%**	**84.2%**	**90.4%**	**92.1%**	**89.2%**

Higher rate is preferable.

FIGURE 42. Permanency by Age of Removal



While 89.2% of children (of any age) that exited out-of-home care in FY2025 exited to permanency, Table /Figure 42 show that children who entered care at age 12 years or less achieved permanency at a higher rate (97.9%) than children who entered out-of-home care at age 13 or older (63.5%). Further, Table 41b (p.32) reveals that children ages 13 or older at the time of entry into care were less likely to exit to adoption or guardianship than children entering care at age 12 years or less.

- **Exits from Care by Race/Ethnicity**

Table 43 presents exits from care by race/ethnicity as a rate of children in placement at the start of the fiscal year.

TABLE 43. Exits from Care by Race/Ethnicity – RoD and RRI FY2025 [1]

	Children in Placement Start of FY2025		Children Exiting in FY2025		RoD	RRI
White	2,468	35.5%	1,085	35.0%	1.0	n/a
Hispanic/Latinx (of any race)	2,283	32.8%	1,105	35.6%	1.1	1.1x
Black	1,032	14.8%	401	12.9%	0.9	0.9x
Asian	51	.7%	25	.8%	1.1	1.1x
Native American	30	.4%	15	.5%	1.1	1.1x
Pacific Islander	2	*	1	*	1.1	1.1x
Multi-Racial (two or more races)	859	12.4%	378	12.2%	1.0	1.0x
Unable to Determine/Declined	222	3.2%	91	2.9%	n/a	n/a
Missing	6	.1%	-	-	n/a	n/a
Total	**6,953**	**100%**	**3,101**	**100%**		

[1] All races exclude children of Hispanic/Latinx origin. *Less than 0.1% after rounding. Refer to page 60 for a definition of RoD and RRI.

• Exits from Care to Reunification by Race/Ethnicity

Table 44a presents exits from care to reunification by race/ethnicity as a rate of all exits from placement in the fiscal year.

TABLE 44a. Exits to Reunification by Race/Ethnicity – RoD and RRI FY2025 [1]

	Children Exiting in FY2025		Exits to Reunification		RoD	RRI
White	1,085	35.0%	566	33.1%	0.9	n/a
Hispanic/Latinx (of any race)	1,105	35.6%	633	37.0%	1.0	1.1x
Black	401	12.9%	245	14.3%	1.1	1.2x
Asian	25	.8%	15	.9%	1.1	1.2x
Native American	15	.5%	10	.6%	1.2	1.3x
Pacific Islander	1	*	-	-	0.0	0.0x
Multi-Racial (two or more races)	378	12.2%	192	11.2%	0.9	1.0x
Unable to Determine/Declined	91	2.9%	51	3.0%	n/a	n/a
Missing	-	-	-	-	n/a	n/a
Total Fiscal Year End	**3,101**	**100%**	**1,712**	**100%**		

[1] All races exclude children of Hispanic/Latinx origin. *Less than 0.1% after rounding. Refer to page 60 for a definition of RoD and RRI.

• Exits from Care to Adoption by Race/Ethnicity

Table 44b presents exits from care to adoption by race/ethnicity as a rate of all exits from placement in the fiscal year.

TABLE 44b. Exits to Adoption by Race/Ethnicity – RoD and RRI FY2025 [1]

	Children Exiting in FY2025		Exits to Adoption		RoD	RRI
White	1,085	35.0%	306	40.3%	1.2	n/a
Hispanic/Latinx (of any race)	1,105	35.6%	250	32.9%	0.9	0.8x
Black	401	12.9%	66	8.7%	0.7	0.6x
Asian	25	.8%	4	.5%	0.7	0.6x
Native American	15	.5%	3	.4%	0.8	0.7x
Pacific Islander	1	*	1	.1%	4.1	3.5x
Multi-Racial (two or more races)	378	12.2%	100	13.2%	1.1	0.9x
Unable to Determine/Declined	91	2.9%	29	3.8%	n/a	n/a
Missing	-	-	-	-	n/a	n/a
Total Fiscal Year End	**3,101**	**100%**	**759**	**100%**		

[1] All races exclude children of Hispanic/Latinx origin. *Less than 0.1% after rounding. Refer to page 60 for a definition of RoD and RRI.

- **Exits from Care to Guardianship by Race/Ethnicity**

Table 44c presents exits from care to guardianship by race/ethnicity as a rate of all exits from placement in the fiscal year.

TABLE 44c. Exits to Guardianship by Race/Ethnicity – RoD and RRI FY2025 [1]

	Children Exiting in FY2025		Exits to Guardianship		RoD	RRI
White	1,085	35.0%	94	31.8%	0.9	n/a
Hispanic/Latinx (of any race)	1,105	35.6%	105	35.5%	1.0	1.1x
Black	401	12.9%	37	12.5%	1.0	1.1x
Asian	25	.8%	5	1.7%	2.1	2.3x
Native American	15	.5%	2	.7%	1.4	1.5x
Pacific Islander	1	*	-	-	0.0	0.0x
Multi-Racial (two or more races)	378	12.2%	49	16.6%	1.4	1.5x
Unable to Determine/Declined	91	2.9%	4	1.4%	n/a	n/a
Missing	-	-	-	-	n/a	n/a
Total Fiscal Year End	**3,101**	**100%**	**296**	**100%**		

[1] All races exclude children of Hispanic/Latinx origin. *Less than 0.1% after rounding. Refer to page 60 for a definition of RoD and RRI.

- **Exits from Care to Aging Out by Race/Ethnicity**

Table 44d presents exits from care to emancipation (i.e., aging out of foster care) by race/ethnicity as a rate of all exits from placement in the fiscal year.

TABLE 44d. Exits to Emancipation by Race/Ethnicity – RoD and RRI FY2025 [1]

	Children Exiting in FY2025		Exits to Emancipation		RoD	RRI
White	1,085	35.0%	112	35.2%	1.0	n/a
Hispanic/Latinx (of any race)	1,105	35.6%	110	34.6%	1.0	1.0x
Black	401	12.9%	52	16.4%	1.3	1.3x
Asian	25	.8%	1	.3%	0.4	0.4x
Native American	15	.5%	-	-	0.0	0.0x
Pacific Islander	1	*	-	-	0.0	0.0x
Multi-Racial (two or more races)	378	12.2%	36	11.3%	0.9	0.9x
Unable to Determine/Declined	91	2.9%	7	2.2%	n/a	n/a
Missing	-	-	-	-	n/a	n/a
Total Fiscal Year End	**3,101**	**100%**	**318**	**100%**		

[1] All races exclude children of Hispanic/Latinx origin. *Less than 0.1% after rounding. Refer to page 60 for a definition of RoD and RRI.

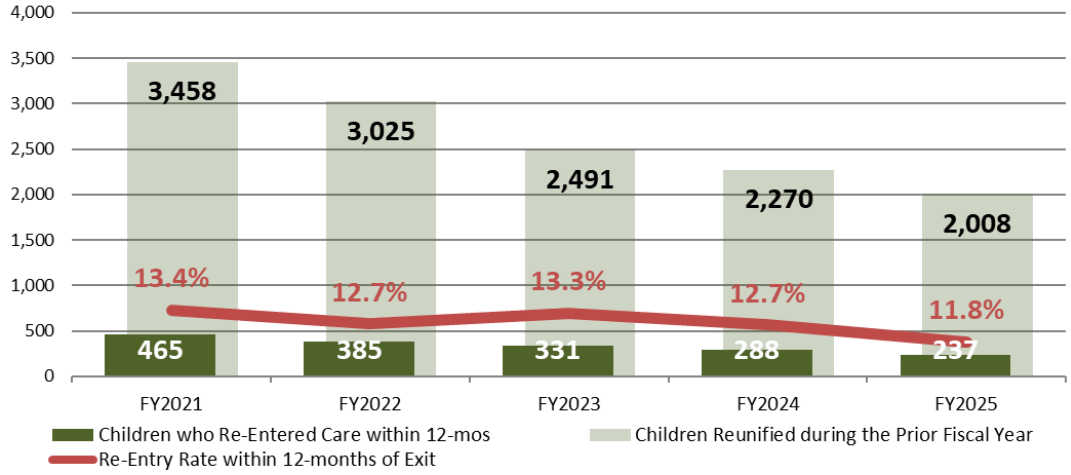
- **Permanency Outcome – Re-Entries** – CFSR-2

Table/Figure 45 show that 11.8% of the children/youth who reunified in FY2024 re-entered out-of-home care within 12 months of their reunification. This represents a 12.2% improvement compared to the FY2021 re-entry rate.

TABLE 45. Foster Care Re-Entries – CFSR2	FY2021	FY2022	FY2023	FY2024	FY2025
Children Reunified During the Prior Fiscal Year (denominator)	3,458	3,025	2,491	2,270	2,008
Children Who Re-Entered Foster Care within 12 months (numerator)	465	385	331	288	237
Measure 1.4: Of all children who were discharged from foster care to reunification in the 12-month period prior to the 12-month period ending with the selected fiscal year, what percent re-entered foster care in less than 12 months from the date of discharge?	**13.4%**	**12.7%**	**13.3%**	**12.7%**	**11.8%**

Measure 1.4 – National median: 15.0%, 25th percentile: 9.9% (lower rate is preferable)

FIGURE 45. Foster Care Re-Entries within 12 months of Reunification



• Permanency Outcome – Exits to Permanency by Race/Ethnicity

Table 46 shows exits from care to permanency by race/ethnicity as compared to children in placement at the start of the fiscal year.

TABLE 46. Exits to Permanency by Race/Ethnicity – RoD and RRI FY2025 [1]	Children in Placement Start of FY2025		Children Exiting to Permanency in FY2025		RoD	RRI
White	2,468	35.5%	966	34.9%	1.0	n/a
Hispanic/Latinx (of any race)	2,283	32.8%	988	35.7%	1.1	1.1x
Black	1,032	14.8%	348	12.6%	0.8	0.9x
Asian	51	.7%	24	.9%	1.2	1.2x
Native American	30	.4%	15	.5%	1.3	1.3x
Pacific Islander	2	*	1	*	1.3	1.3x
Multi-Racial (two or more races)	859	12.4%	341	12.3%	1.0	1.0x
Unable to Determine/Declined	222	3.2%	84	3.0%	n/a	n/a
Missing	6	.1%	-	-	n/a	n/a
Total	**6,953**	**100%**	**2,767**	**100%**		

[1] All races exclude children of Hispanic/Latinx origin. *Less than 0.1% after rounding. Refer to page 60 for a definition of RoD and RRI.

• Permanency Outcome – Reunification by Race/Ethnicity – Rate-of-Disproportionality

Table 47 shows exits to reunification by race/ethnicity as compared to children with a goal of reunification at the start of the fiscal year.

TABLE 47. Reunifications by Race/Ethnicity – RoD and RRI FY2025 [1]	Children with Goal of Reunification Start of FY2025		Children Reunified in FY2025		RoD	RRI
White	810	35.5%	566	33.1%	0.9	n/a
Hispanic/Latinx (of any race)	773	33.9%	633	37.0%	1.1	1.2x
Black	347	15.2%	245	14.3%	0.9	1.0x
Asian	20	.9%	15	.9%	1.0	1.1x
Native American	10	.4%	10	.6%	1.3	1.4x
Pacific Islander	1	*	-	-	0.0	0.0x
Multi-Racial (two or more races)	241	10.6%	192	11.2%	1.1	1.1x
Unable to Determine/Declined	80	3.5%	51	3.0%	n/a	n/a
Missing	-	-	-	-	n/a	n/a
Total	**2,282**	**100%**	**1,712**	**100%**		

[1] All races exclude children of Hispanic/Latinx origin *Less than 0.1% after rounding. Refer to page 60 for a definition of RoD and RRI.

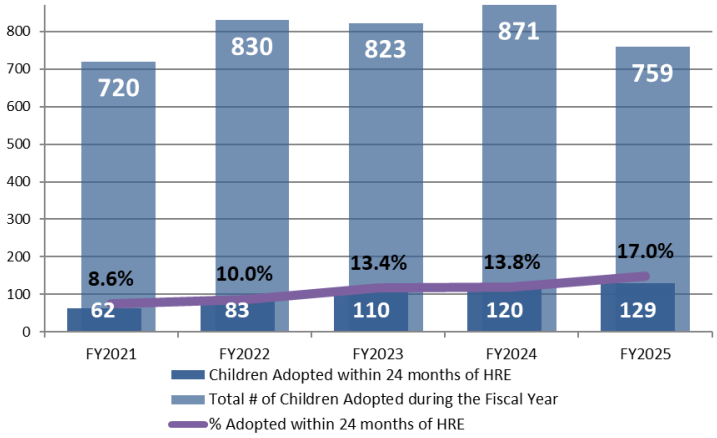
- **Permanency Outcome – Adoptions** – CFSR-2

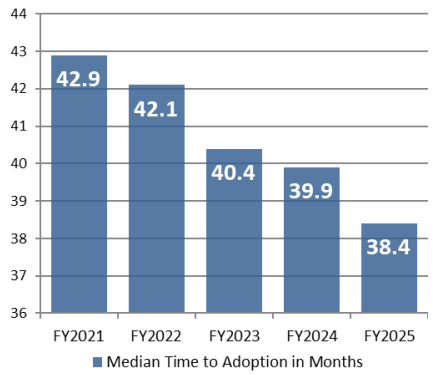
Table/Figure 48 show that 759 adoptions were legalized in FY2025. While this reflects fewer adoption legalizations compared to the past three years, more children were adopted in FY2025 within 24 months of their entry into out-of-home care than in prior years. NOTE: The 13% decrease in adoption legalizations in FY2025 compared to FY2024 is near-proportionate to the 11% decrease in number of children with the goal of adoption at the start FY2025 compared to FY2024 (i.e., the "pool of children" with a goal of adoption is going down year-over-year).

TABLE 48. Timeliness of Adoptions – CFSR2	FY2021	FY2022	FY2023	FY2024	FY2025
Total # of Children Adopted During the Fiscal Year (denominator)	720	830	823	871	759
Children Adopted within 24 Months of Home Removal (numerator)	62	83	110	120	129
Measure 2.1: Of all children who were discharged from foster care to a finalized adoption during the 12-month period ending with the selected Fiscal Year, what percent were discharged in less than 24 months from the date of the latest removal from home?	**8.6%**	**10.0%**	**13.4%**	**13.8%**	**17.0%**
Measure 2.2: Median Time to Adoption in Months	**42.9 mos.**	**42.1 mos.**	**40.4 mos.**	**39.9 mos.**	**38.4 mos.**

Measure 2.1 – National median: 26.8%, 75th percentile: 33.6% (higher rate is preferable)
Measure 2.2 – National median: 32.4 months, 25th percentile: 27.3 months (lower median is preferable)

FIGURE 48. Timeliness of Adoptions





- **Adoptions by Race/Ethnicity – Rate-of-Disproportionality**

Table 49 shows exits to adoption by race/ethnicity as compared to children with a goal of adoption at the start of the fiscal year.

TABLE 49. Adoptions by Race/Ethnicity – RoD and RRI FY2025 [1]	Children with Goal of Adoption Start of FY2025		Children Adopted in FY2025		RoD	RRI
White	1,003	35.5%	306	40.3%	1.1	n/a
Hispanic/Latinx (of any race)	911	32.3%	250	32.9%	1.0	0.9x
Black	367	13.0%	66	8.7%	0.7	0.6x
Asian	11	.4%	4	.5%	1.4	1.2x
Native American	15	.5%	3	.4%	0.7	0.7x
Pacific Islander	1	*	1	.1%	3.7	3.3x
Multi-Racial (two or more races)	425	15.0%	100	13.2%	0.9	0.8x
Unable to Determine/Declined	91	3.2%	29	3.8%	n/a	n/a
Missing	-	-	-	-	n/a	n/a
Total	**2,824**	**100%**	**759**	**100%**		

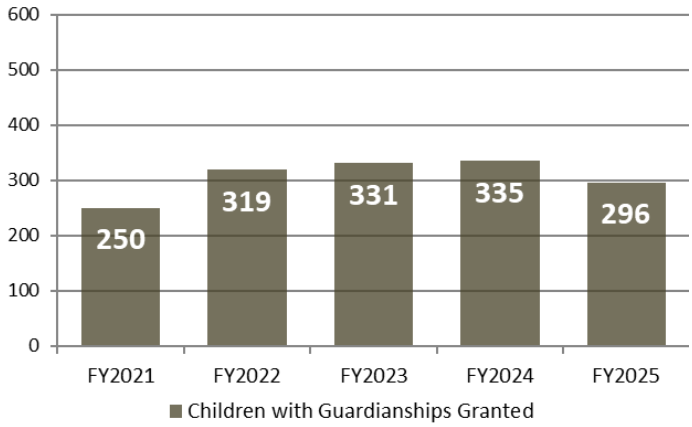
[1] All races exclude children of Hispanic/Latinx origin *Less than 0.1% after rounding. Refer to page 60 for a definition of RoD and RRI.

- **Permanency Outcome – Guardianships Granted**

As reflected in Table/Figure 50, 296 guardianships were granted in FY2025. While lower than pre-pandemic counts, the 296 guardianships in FY2025 reflect an 18% increase over FY2021. Guardianship counts should be viewed within the context of child placement counts. Of note, during the 5-year timespan of FY2021-25, child (0-17) placement counts decreased by 25%.

TABLE 50. Guardianships	FY2021	FY2022	FY2023	FY2024	FY2025
Children with Guardianships Granted	250	319	331	335	296

FIGURE 50. Guardianships Granted



- **Guardianships Granted by Race/Ethnicity – Rate-of-Disproportionality**

Table 51 shows exits to guardianship by race/ethnicity as compared to children with a goal of guardianship at the start of the fiscal year.

TABLE 51. Guardianships Granted by Race/Ethnicity – RoD and RRI FY2025 [1]	Children with Goal of Guardianship Start of FY2025		Children Granted Guardianships in FY2025		RoD	RRI
White	185	37.5%	94	31.8%	0.8	n/a
Hispanic/Latinx (of any race)	148	30.0%	105	35.5%	1.2	1.4x
Black	75	15.2%	37	12.5%	0.8	1.0x
Asian	7	1.4%	5	1.7%	1.2	1.4x
Native American	3	.6%	2	.7%	1.1	1.3x
Pacific Islander	-	-	-	-	-	-
Multi-Racial (two or more races)	70	14.2%	49	16.6%	1.2	1.4x
Unable to Determine/Declined	5	1.0%	4	1.4%	n/a	n/a
Missing	-	-	-	-	n/a	n/a
Total Fiscal Year End	**493**	**100%**	**296**	**100%**		

[1] All races exclude children of Hispanic/Latinx origin *Less than 0.1% after rounding. Refer to page 60 for a definition of RoD and RRI.

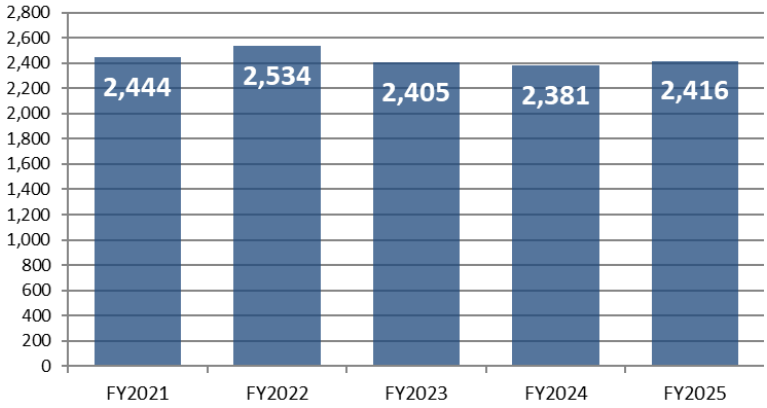
• Permanency Outcome – Young Adult Outreach/Transition Services

DCF provides outreach/transition services to young adults transitioning out of care. Table/Figure 52 show that DCF provided outreach/transition services to 2,416 unique young adults in FY2025.

TABLE 52. Young Adult (18 and older) Outreach/Transition Services	FY2021	FY2022	FY2023	FY2024	FY2025
Young Adults (18 and older) Provided Outreach/Transition Services	2,444	2,534	2,405	2,381	2,416

NOTE: Values were recast for FY2020-FY2023 to limit the counts to child consumers ages 18-24.

FIGURE 52. Young Adult Outreach/Transition Srvs.



Outreach/Transition Services include:

- Follow Along services
- Stepping Out services
- Independent Living services
- State College Preparation
- Teen Parenting services
- Support and Stabilization services

• Permanency Outcome – Transition Age Youth Remaining in Care After Turning 18

Table 53 shows that in FY2025, 78% of transition aged youth voluntarily remained in care at age 18 or returned to care within the fiscal year. As shown in Table 54, youth of color who turned 18 while in care were 1.0x – 1.3x as likely to remain/return to care and 0.0x – 0.9x as likely to leave care in FY2025 than White youth.

TABLE 53. Transition Age Youth Remaining In Care After Turning 18	FY2021		FY2022		FY2023		FY2024		FY2025	
Youth Who Turned 18 in Fiscal Year (denominator)	**674**		**700**		**692**		**707**		**748**	
Youth Who Turned 18 and Remained/Returned to Care in FY	507	75%	509	73%	539	78%	545	77%	586	78%
Youth Who Turned 18 and Left Care in FY	167	25%	191	27%	153	22%	162	23%	162	22%
Youth Who Turned 18 and Left Care in FY, Who Returned to Care in a Subsequent FY	15	9%	21	11%	14	9%	13	8%	*aging*	

TABLE 54. Transition Age Youth – RoD and RRI FY2025	Youth Who Turned 18 and Remained/Returned to Care in FY2025		Youth Who Turned 18 and Left Care in FY2025	
	RoD	RRI	RoD	RRI
White	1.0	n/a	1.1	n/a
Hispanic/Latinx (of any race)	1.0	1.0x	1.0	0.9x
Black	1.0	1.0x	1.0	0.9x
Asian	1.3	1.3x	0.0	0.0x
Multi-Racial (two or more races)	1.0	1.0x	1.0	0.9x

(1) All races exclude children of Hispanic/Latinx origin

Refer to page 60 for a definition of RoD and RRI.

NOTE: Low Ns for Native American and Pacific Islander.

Permanency Outcome – Placement Stability

Children in placement may experience one or more moves during an HRE. Placement instability is generally disruptive to a child's emotional, social, and academic well-being. Placement instability also tends to increase the time to permanency (i.e., reunification, adoption, guardianship, and permanent care with kin).

• Placement Stability for Children (0-17) in Placement for Less than 12 Months

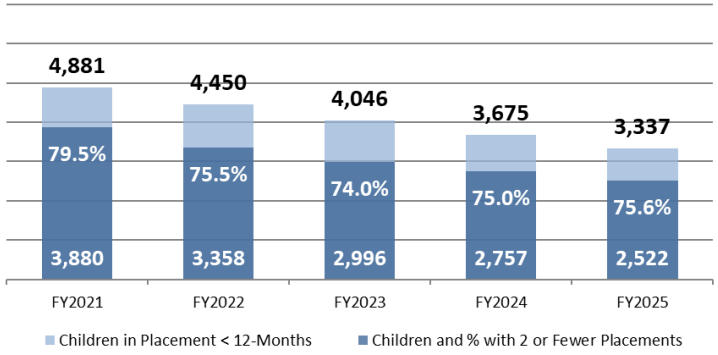
Table/Figure 55 show that, of all the children (0-17) served in a placement setting during FY2025 who were in placement for at least 8 days but less than 12 months, 75.6%, had two or fewer placement settings.

TABLE 55. Placement Stability for Children (0-17) in Placement Less Than 12 months

	FY2021	FY2022	FY2023	FY2024	FY2025
Children in Placement < 12 Months (denominator)	4,881	4,450	4,046	3,675	3,337
Children with 2 or Fewer Placements (numerator)	3,880	3,358	2,996	2,757	2,522
CFSR2 Measure 4.1: Of all children who were served in placement during the 12-month period ending with the Fiscal Year, and who were in placement for at least 8 days but less than 12 months, what percent had two or fewer placement settings?	**79.5%**	**75.5%**	**74.0%**	**75.0%**	**75.6%**

National median: 83.3%, 75th percentile: 86.0% (higher rate is preferable)

FIGURE 55. Children (0-17) in Placement Less Than 12 Months and % with Two or Fewer Placement Settings



• Placement Moves per 1,000 Placement Days for Children (0-17) In Care for Less than 12 Months

Table/Figure 56 show the number and rate per 1,000 placement days for children (0-17) who entered care during the specified fiscal year.

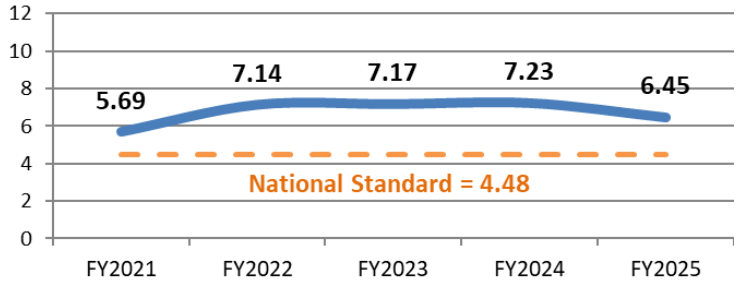
TABLE 56. Placement Moves per 1,000 Placement Days

	FY2021	FY2022	FY2023	FY2024	FY2025
Total Number of Placement Days (denominator)	642,653	622,966	558,562	521,235	468,909
Total Number of Placement Moves (numerator)	3,654	4,448	4,005	3,768	3,026
CFSR3 Placement Stability: Of all children (0-17) who enter foster care in a 12-month period, what is the rate of placement moves per 1,000 days of foster care?	**5.69**	**7.14**	**7.17**	**7.23**	**6.45**

National Standard: 4.48 (lower rate is preferable)

NOTE: Values for FY2019-20 were recast in FY2021 to correct a data issue.

FIGURE 56. Placement Moves per 1K Placement Days



• Placement Moves per 1,000 Placement Days by Race/Ethnicity

Table 56a shows the number of placement moves per 1,000 placement days for children (0-17) who entered care during FY2025 by race/ethnicity.

TABLE 56a. Placement Moves per 1,000 Placement Days by Race/Ethnicity	White	Hispanic /Latinx	Black	Asian	Native American
Total Number of Placement Days (denominator)	170,791	167,605	61,450	3,948	2,771
Total Number of Placement Moves (numerator)	933	1,167	530	28	23
CFSR3 Placement Stability: Of all children (0-17) who enter foster care in a 12-month period, what is the rate of placement moves per 1,000 days of foster care?	**5.46**	**6.96**	**8.62**	**7.09**	**8.30**

National Standard: 4.48 (lower rate is preferable)

• Placement Moves per 1,000 Placement Days by Birth Sex

Table 56b shows the number of placement moves per 1,000 placement days for children (0-17) who entered care during FY2025 by birth sex.

TABLE 56b. Placement Moves per 1,000 Placement Days by Birth Sex	Female	Male
Total Number of Placement Days (denominator)	233,377	235,532
Total Number of Placement Moves (numerator)	1,630	1,396
CFSR3 Placement Stability: Of all children (0-17) who enter foster care in a 12-month period, what is the rate of placement moves per 1,000 days of foster care?	**6.98**	**5.93**

National Standard: 4.48 (lower rate is preferable)

• Placement Moves per 1,000 Placement Days by Age Group

Table 56c shows the number of placement moves per 1,000 placement days for children (0-17) who entered care during FY2025 by age group.

TABLE 56c. Placement Moves per 1,000 Placement Days by Age Group	Children 0-5	Children 6-11	Youth 12-17
Total Number of Placement Days (denominator)	172,755	105,641	190,513
Total Number of Placement Moves (numerator)	923	729	1,374
CFSR3 Placement Stability: Of all children (0-17) who enter foster care in a 12-month period, what is the rate of placement moves per 1,000 days of foster care?	**5.34**	**6.90**	**7.21**

National Standard: 4.48 (lower rate is preferable)

VII. PERFORMANCE/PROCESS OUTCOME METRICS – WELL-BEING

- **Well-being – Medical (7 & 30 day) Rates & Timeliness**

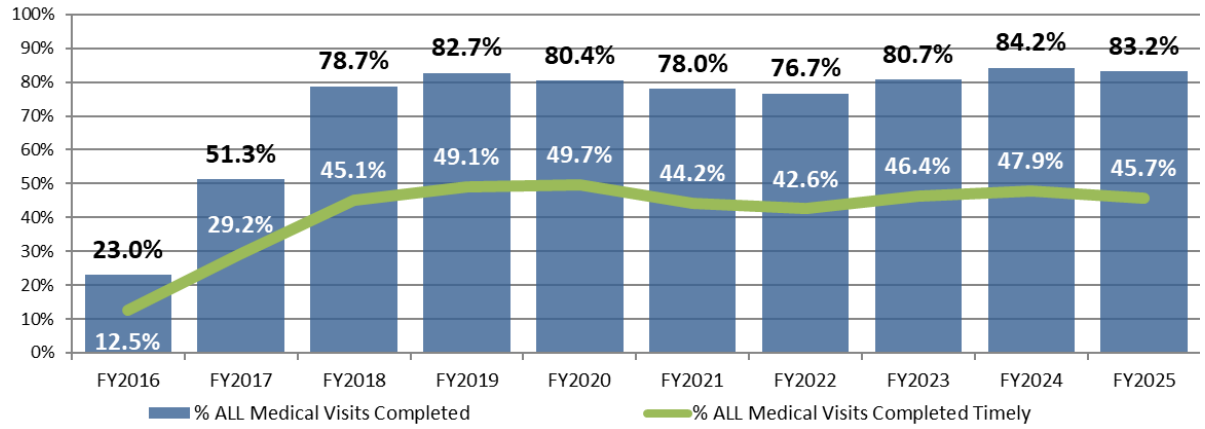
Table/Figure 57 reflect year-over-year progress through FY2019 toward meeting the agency's policy requirement that each child entering care should receive an initial screening and a comprehensive medical evaluation. FY2020-FY2022 medical visits were impacted by decreased access to medical care during the COVID-19 pandemic. Progress resumed starting in FY2023.

TABLE 57. Medical Visits (7 & 30 day)

	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY2025
Total Medical Visits Due (denominator)	**12,905**	**11,636**	**11,280**	**10,109**	**9,303**	**8,484**	**7,959**	**7,254**	**6,589**	**5,895**
Total Medical Visits Completed (numerator)	2,973	5,964	8,879	8,360	7,479	6,615	6,104	5,854	5,551	4,902
Medical Visits Completed Timely (numerator)	1,615	3,395	5,090	4,967	4,619	3,747	3,393	3,363	3,157	2,693
% of ALL Medical Visits Completed	**23.0%**	**51.3%**	**78.7%**	**82.7%**	**80.4%**	**78.0%**	**76.7%**	**80.7%**	**84.2%**	**83.2%**
% Medical Visits Completed Timely	**12.5%**	**29.2%**	**45.1%**	**49.1%**	**49.7%**	**44.2%**	**42.6%**	**46.4%**	**47.9%**	**45.7%**

Higher rates are preferable.

FIGURE 57. Medical Visits Completed & Timeliness



Though impacted by the COVID-19 pandemic, Figure 57 presents increased medical visit compliance in FY2025 compared to FY2016.

- Completion rates increased by 261%
- Timeliness of medical visits increased by 265%

Note: Creation of a full-time DCF Medical Director position and hiring Medical Social Workers for all 29 DCF Area Offices have contributed to this trend.

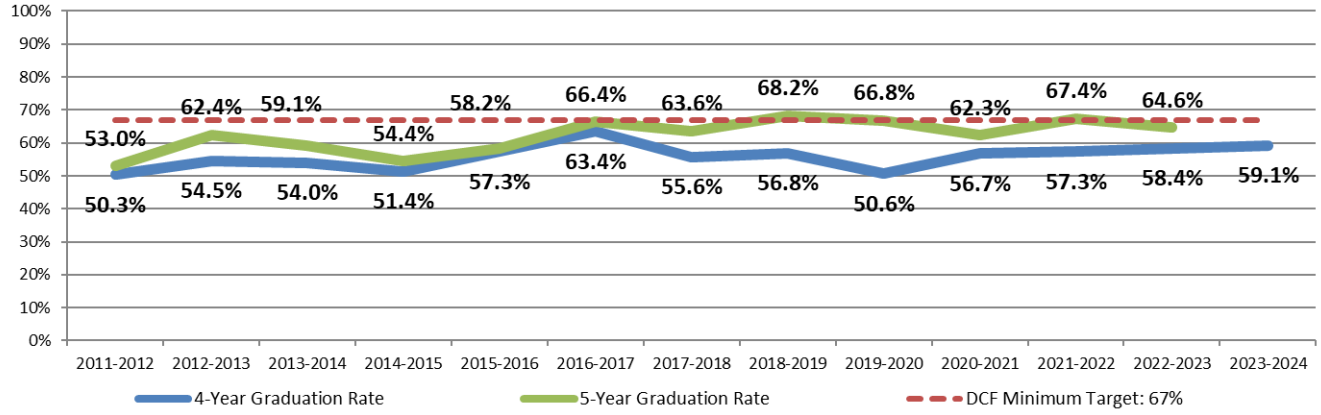
• Well-being – Education-Graduation Rates

The Massachusetts Department of Elementary and Secondary Education (DESE) calculates and reports on graduation rates as part of overall efforts to improve educational outcomes for students in the Commonwealth. Adopting DESE's methodology to calculate the four-year graduation rate, the Department tracks a cohort of students in custody from 9th grade through high school and then divides the number of students who graduate within four years by the total number in the cohort. This rate provides the percentage of the cohort that graduates in four years or less. Recognizing that many students need longer than four years to graduate from high school, and that it is important to recognize this major accomplishment regardless of the time to graduation, the Department (and DESE) calculates a five-year graduation rate.

TABLE 58. Graduation Rates

	DCF Minimum Target	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
Four-Year Rate	≥ 67.0%	50.3%	54.5%	54.0%	51.4%	57.3%	63.4%	55.6%	56.8%	50.6%	56.7%	57.3%	58.4%	59.1%
Five-Year Rate	*not established*	53.0%	62.4%	59.1%	54.4%	58.2%	66.4%	63.6%	68.2%	66.8%	62.3%	67.4%	64.6%	*aging*

FIGURE 58. Four- and Five-Year Graduation Rates



• Well-being – Education-Students with High Needs

Table 59 reveals that during school year 2024-25, 98.8% of children in DCF custody were identified by DESE as High Needs students. This is in contrast to 55.8% for all Massachusetts students.

TABLE 59. Students with High Needs

	Massachusetts All Students 2024-25	DCF Custody Students 2024-25
Students with High Needs	55.8%	98.8%
	High Need Factors	
Low Income/Economically Disadvantaged[1]	42.1%	96.5%
English Learner	13.9%	10.7%
Former English Learner	27.2%	17.9%
Student with Disability[2]	20.6%	53.6%

[1] As of SY22-23 a student qualifies as Economically Disadvantaged if they participate "in one or more of the following state-administered programs: the Supplemental Nutrition Assistance Program (SNAP); the Transitional Assistance for Families with Dependent Children (TAFDC); the Department of Children and Families' (DCF) foster care program."

[2] Indicates the percent of enrolled students with an Individualized Education Program (IEP).

- **Well-being – Education-School Attendance Rates**

Table 60 shows that children in DCF custody attended 88.3% of their enrolled school days during school year 2024-25. The attendance rate for all Massachusetts students was 93.2%, and 91.8% for Massachusetts students identified by DESE as High Needs students.

TABLE 60. School Attendance Rates	Massachusetts All Students 2024-25	Massachusetts Students with High Needs 2024-25	Students in DCF Custody 2024-25
Student Attendance Rates	93.2%	91.8%	88.3%

- **Well-being – Education-Safety Disciplinary Action**

Table 61 presents school year 2024-25 safety disciplinary actions for all Massachusetts students, Massachusetts students identified by DESE as High Needs students, and children in DCF custody.

TABLE 61. Safety Disciplinary Action	Massachusetts All Students 2024-25	Massachusetts Students with High Needs 2024-25	Students in DCF Custody 2024-25
In-School Suspension	1.3%	1.9%	4.1%
Out-of-School Suspension	2.3%	3.5%	10.7%
Expulsion	*	*	*
Removed to Alternate Setting	*	*	.1%
Emergency Removal	.4%	.7%	2.9%
Students with a School-Based Arrest	*	*	*
Students with a Non-Arrest Law Enforcement Referral	*	*	.1%

*Less than 0.1% after rounding.

VIII. CHILD/YOUTH FATALITIES

• Child/Youth Fatalities by Family History with DCF

DCF Area Offices may receive notification of child/youth deaths through a 51A intake or through other means. Area Offices proceed to collect available facts including DCF history (if any) and notify the DCF Central Office. Table 62a presents DCF history for child/youth fatalities reported to DCF. In FY2025, 96 child/youth fatalities were brought to the attention of the Department. Of these: 18 (19%) were open in a case or a response, 37 (39%) had a prior history with the Department, and 41 (43%) had no history with the Department.

TABLE 62a. Child/Youth Fatalities by Family History with DCF	FY2021	FY2022	FY2023	FY2024	FY2025
Open Case at Time of Fatality[1]	19	31	30	27	16
Open in a Response at Time of Fatality	3	1	-	1	2
Case Closed within 6 Months of Fatality	3	2	1	2	2
Case Closed more than 6 Months Prior to Fatality	13	13	8	18	19
Previous 51A or Response	9	7	14	19	16
No Previous DCF History at Time of Incident Leading to Fatality	40	40	31	39	41
Total Child/Youth (0-17) Fatalities	**87**	**94**	**84**	**106**	**96**

[1]Open Case at Time of Fatality includes Care and Protection, CRA, and Voluntary Cases.

• Child/Youth Fatalities by Manner of Death

The majority of child/youth deaths that come to the attention of the Department are not determined to be the result of maltreatment. Table 62b presents the manner of death for child/youth fatalities reported to DCF.

TABLE 62b. Child/Youth Fatalities by Manner of Death	FY2021	FY2022	FY2023*	FY2024	FY2025
Accidental – includes MV accidents, drownings, falls, fires, etc.	11	10	12	15	14
Community Violence	3	1	2	7	4
Inflicted Physical Injury	1	2	6	6	3
Medical – chronic or acute medical condition	12	21	22	29	17
Neglect	2	-	-	1	2
Overdose – includes alcohol and/or drugs	4	7	4	4	1
Suicide	7	3	3	-	8
Sudden Unexpected Infant Death (SUID) – includes unsafe sleep	25	15	15	24	16
Other – includes undetermined/pending medical examiner finding	22	35	20	20	31
Total Child/Youth (0-17) Fatalities	**87**	**94**	**84**	**106**	**96**

NOTE: Manner of death may or may not be based on the medical examiner's (ME) determination. Absent a clear determination by the ME, the manner of death is ascertained by a review of the conditions at the time of death.

*Additional information made available in FY2025 resulted in the reclassification of an FY2023 "SUID" to an "Inflicted Physical Injury."

IX. OPERATIONS

- **Budget**

Notwithstanding a 3% year-over-year decrease in FY2026, the trend revealed in Table/Figure 63 reflects a significant 101% increase in DCF funding compared to FY2012, with the steepest gains being made in the past three years. These increases supported increased service cost (p.48), staffing (p.49), and facilitated workload reduction for staff (p.50).

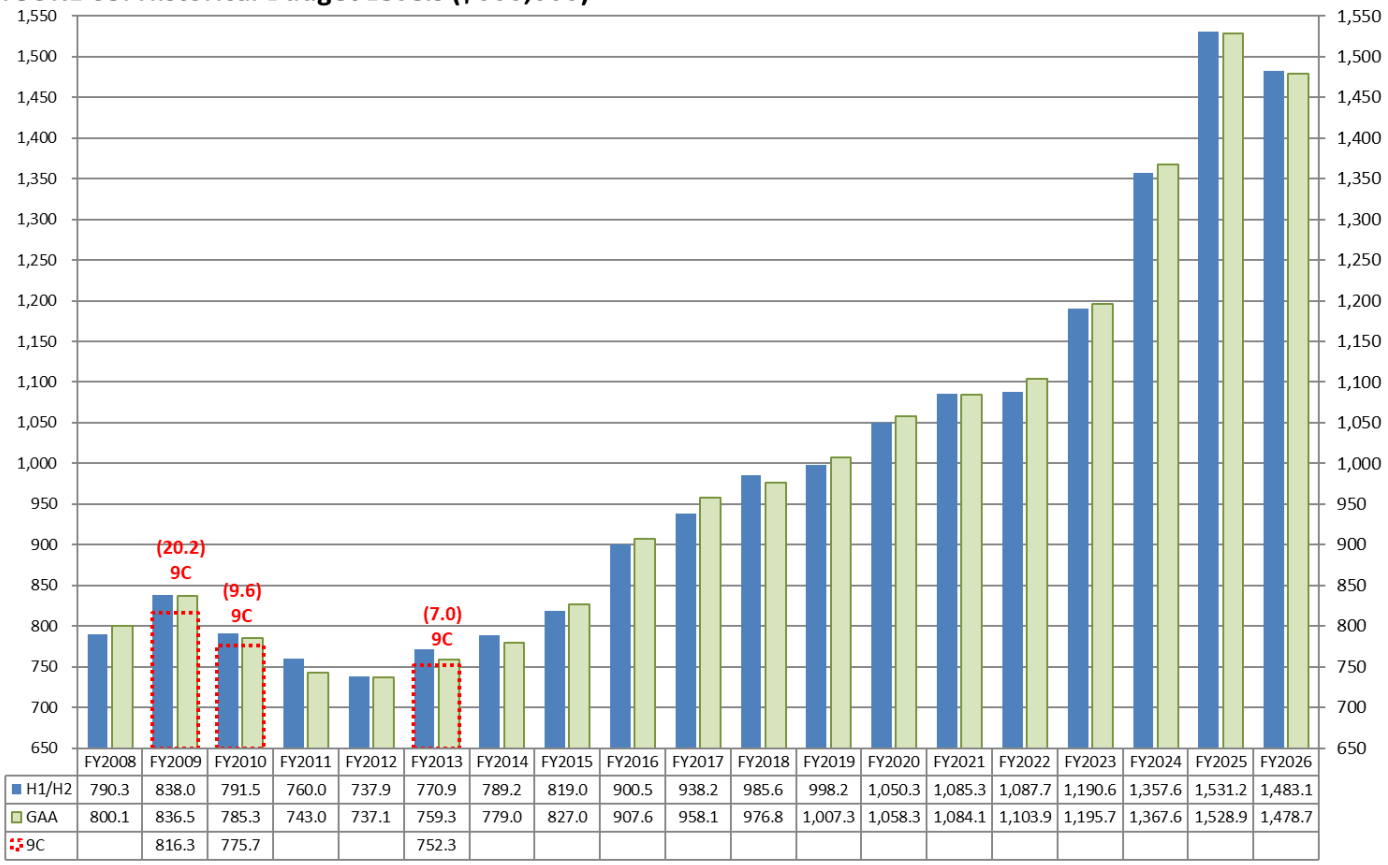
TABLE 63. Budget

	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015	FY2016	FY2017
H1/H2	790,253,582	837,971,012	791,463,548	759,968,559	737,860,098	770,874,703	789,244,696	818,984,881	900,518,423	938,191,906
GAA	800,095,093	836,477,528	785,259,603	742,987,038	737,077,781	759,310,881	778,991,325	827,008,493	907,625,914	958,081,728
9C		(20,185,196)	(9,583,245)			(7,043,000)				

	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY2025	FY2026
H1/H2	985,597,540	998,215,540	1,050,279,338	1,085,313,753	1,087,728,624	1,190,611,726	1,357,574,571	1,531,181,877	1,483,094,720
GAA	976,750,150	1,007,346,982	1,058,279,339	1,084,138,227	1,103,929,461	1,195,705,610	1,367,640,850	1,528,901,858	1,478,748,864
9C									

H1/H2: *Governor's proposed budget*
GAA: *General Appropriations Act – The budget for a fiscal year enacted by the legislature and signed into law by the governor. The Massachusetts General Laws require that annual budgets are in balance.*
9C: *MGL c.29, §9C requires that when projected revenue is less than projected spending, the governor must act to ensure that the budget is brought into balance. The administration may announce 9C cuts at any time that it determines that revenues are likely to be insufficient to pay for all authorized spending.*

FIGURE 63. Historical Budget Levels ($000,000)



	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY2025	FY2026
H1/H2	790.3	838.0	791.5	760.0	737.9	770.9	789.2	819.0	900.5	938.2	985.6	998.2	1,050.3	1,085.3	1,087.7	1,190.6	1,357.6	1,531.2	1,483.1
GAA	800.1	836.5	785.3	743.0	737.1	759.3	779.0	827.0	907.6	958.1	976.8	1,007.3	1,058.3	1,084.1	1,103.9	1,195.7	1,367.6	1,528.9	1,478.7
9C		816.3	775.7			752.3													

- **Service Costs**

Table 64 shows a 36% ($217.5M) increase in service expenditures between FY2021 and FY2025. During this time period:

- Significant investments were made including:
  - Foster care rate increase every year ($18.6M investment over the course of 5 years)
  - 766 Residential School rate increase every year ($18.0M investment over the course of 5 years)
  - Chapter 257 provider rate increases ($41.7M investment over the course of 5 years)
  - Expansion of Support and Stabilization services to include foster parents ($4.0M investment over the course of 5 years)
- There was also significant growth in services such as:
  - Adoption subsidy ($25.5M over the course of 5 years)
  - Guardianship subsidy ($5.0M over the course of 5 years)
  - Support and Stabilization services ($63.2M over the course of 5 years)

TABLE 64. Service Costs ($)	**FY2021**	**FY2022**	**FY2023**	**FY2024**	**FY2025***	**FY2021 to FY2025**
Placement	**386,384,438.83**	**393,905,301.90**	**432,949,251.63**	**509,976,062.95**	**505,076,442.67**	**31%**
Departmental Foster Care	83,055,835.67	85,452,561.02	94,252,052.68	92,572,616.04	87,198,019.57	5%
Foster Care – CFC-IFC (contracted)	65,130,030.42	59,532,613.13	58,771,165.67	53,316,300.13	55,471,145.94	-15%
FRFC – Complex Med. Foster Care	1,006,941.24	803,959.76	925,454.33	887,188.57	703,977.76	-30%
CC Network – Treatment Residence	-	68,136,522.44	133,388,853.95	170,825,990.92	171,166,386.44	**
CC Network – Medically Complex Res.	-	1,451,398.16	1,952,222.69	2,426,290.54	2,956,145.94	**
CC Network – Residential School	-	38,243,054.93	72,331,044.36	84,468,748.76	86,786,633.67	**
CC Network – Emergency Residence	-	26,636,819.29	52,908,033.93	80,863,808.42	75,454,143.94	**
CC Network – Youth and Young Adult	-	8,334,865.78	18,420,424.02	24,615,119.57	25,339,989.41	**
^Congregate Care – Group Home	114,729,899.77	51,066,547.66	-	-	-	**
^Congregate Care – Continuum	7,340,198.78	1,258,290.36	-	-	-	**
^Congregate Care – Res. School	71,143,366.80	30,505,748.54	-	-	-	**
^Congregate Care – STARR	43,307,379.45	22,192,957.00	-	-	-	**
^Congregate Care – Teen Parenting	670,786.70	289,963.83	-	-	-	**
Other	**212,737,260.69**	**234,404,348.89**	**253,359,620.23**	**279,870,907.34**	**311,501,134.91**	**46%**
Adoption Subsidies	81,193,563.81	85,373,546.69	90,472,238.09	98,802,163.23	106,664,395.99	31%
Guardianship Subsidies	33,412,044.18	33,958,108.91	34,955,010.43	37,163,614.77	38,411,234.45	15%
Foster Care Support Services	327,485.16	403,815.90	435,797.38	330,843.47	516,200.04	58%
CC Network – Child Specific Add-On	-	1,018,873.37	3,439,527.45	4,251,204.91	5,950,140.09	**
^Congregate Care – Placement Add-On	2,693,930.54	1,308,567.66				**
Parenting Capacity Evaluation	-	74,148.73	873,289.96	930,855.16	764,937.43	**
Respite	16,077.96	2,977.40				**
Support & Stabilization	91,556,403.40	107,639,389.36	118,285,308.11	134,208,966.86	154,777,415.37	69%
Support Services (other)	3,537,755.64	4,624,920.87	4,898,448.81	4,183,258.94	4,416,811.54	25%
TOTAL SERVICE COSTS	**599,121,699.52**	**628,309,650.79**	**686,308,871.86**	**789,846,970.29**	**816,577,577.58**	**36%**

***FY2025 service costs may not be final at time of report production and will be updated in the FY2026 report.**
^The congregate care placement taxonomy was replaced by the Congregate Care Network (CC Network) midyear FY2022.
****Year-over-year comparisons across these service costs are not possible given the midyear FY2022 taxonomy changes.**

• Staffing Trends

Tables 65/65a and Figure 65 show that DCF staffing has significantly increased relative to July 2015 staffing levels. Social Worker staffing levels increased by 16%, and staffing levels for all other bargaining units (BU) increased by 71%. Recognizing that managerial oversight capacity had been decreasing since 2008 and losing significant ground relative to the expanding non-managerial staffing levels, the Department engaged in a purposeful effort to re-establish managerial ratios which supported the agency's needs. Accordingly, by July 2025, managerial staffing levels increased by 72% relative to July 2015. These managerial staffing levels were utilized to re-establish a fifth region (Central MA Region), decouple Area Offices, and appropriately staff the DCF Central Office.

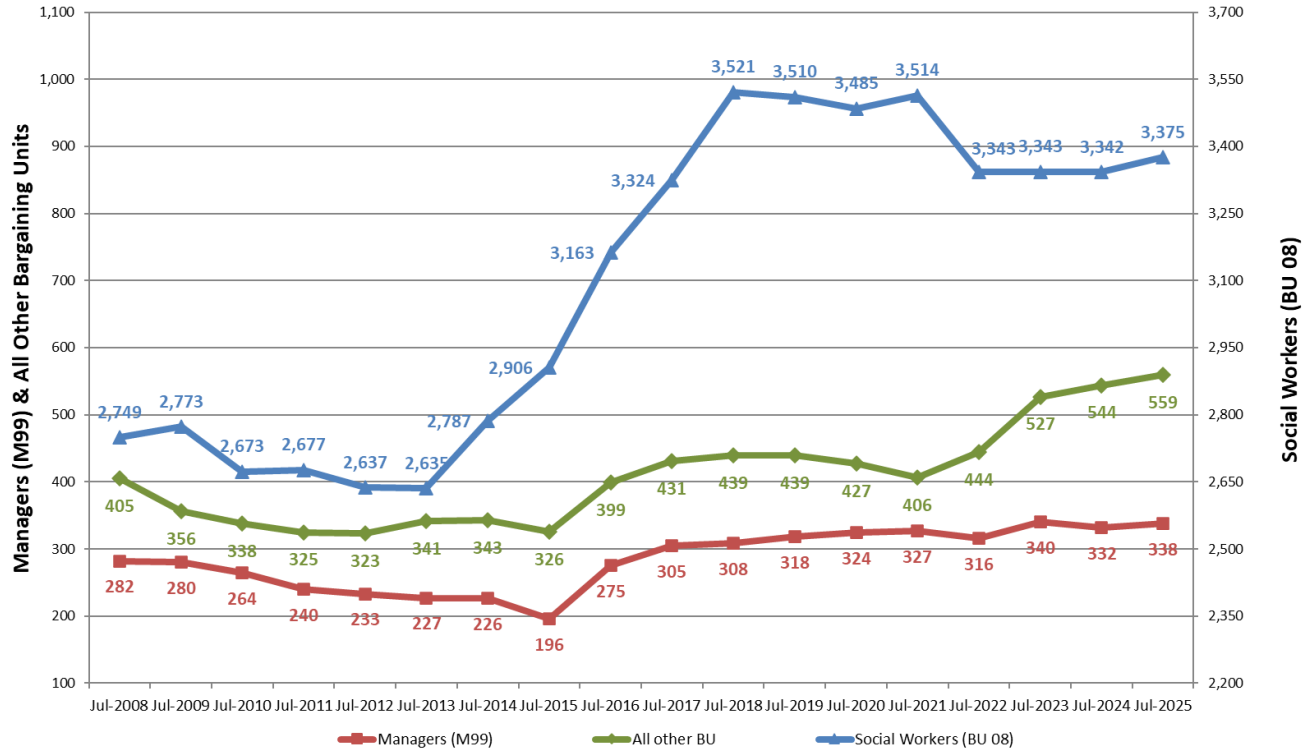
TABLE 65. Staffing	Managers (M99)	All Other Bargaining Units	Social Workers (Bargaining Unit 08)	TOTAL
Jul-2008	282	405	2,749	**3,436**
Jul-2009	280	356	2,773	**3,409**
Jul-2010	264	338	2,673	**3,275**
Jul-2011	240	325	2,677	**3,242**
Jul-2012	233	323	2,637	**3,193**
Jul-2013	227	341	2,635	**3,203**
Jul-2014	226	343	2,787	**3,356**
Jul-2015	196	326	2,906	**3,428**
Jul-2016	275	399	3,163	**3,837**
Jul-2017	305	431	3,324	**4,060**
Jul-2018	308	439	3,521	**4,268**
Jul-2019	318	439	3,510	**4,267**
Jul-2020	324	427	3,485	**4,236**
Jul-2021	327	406	3,514	**4,247**
Jul-2022	316	444	3,343	**4,103**
Jul-2023	340	527	3,343	**4,210**
Jul-2024	332	544	3,342	**4,218**
Jul-2025	338	559	3,375	**4,272**

Staffing counts are rounded FTEs.

TABLE 65a. Percent Change	Jul-2015 to Jul-2025
Managers (M99)	72%
All Other Bargaining Units (NAGE & MNA)	71%
Social Workers (BU 08)	16%
ALL DCF STAFF	**25%**

NOTE: DCF ramped up Social Worker FTEs over the past several years to meet identified staffing needs. Reaching appropriate FTE levels, hiring moved to a *maintenance mode* in FY2019. While the decrease is narrowing, the 139 social worker FTE delta between FY21 and FY25 reflects recruitment and retention challenges post COVID-19 pandemic.

FIGURE 65. Staffing Trends



- **Caseload/Workload**

Table 66 shows the total weighted caseloads and ratios for FY2021-FY2025. Improvement is noted in FY2024 and FY2025 compared to the prior two years. Statewide weighted caseload ratios were maintained below 15:1 throughout FY2025.

TABLE 66. Weighted Caseload [1] – excludes Family Resource	FY2021	FY2022	FY2023	FY2024	FY2025
Weighted Caseload Ratio – End of Fiscal Year	**16.73:1**	**16.55:1**	**16.39:1**	**14.89:1**	**13.55:1**
Total Weighted Caseload – End of Fiscal Year (denominator)	33,591.72	31,271.62	29,503.36	25,926.70	23,527.31
FTE Count of Case Carrying Workers – End of Fiscal Year (numerator)	2,007.66	1,889.80	1,799.84	1,741.42	1,735.77
Weighted Caseload Ratio – 12-Month Average	**14.82:1**	**16.36:1**	**15.92:1**	**15.40:1**	**13.82:1**
Total Weighted Caseload – 12-month average (denominator)	30,941.78	31,207.94	29,321.27	27,432.82	24,333.53
FTE Count of Case Carrying Workers – 12-month average (numerator)	2,088.30	1,907.13	1,842.30	1,781.90	1,760.97

[1] Weighted Caseloads (recast in FY2020 to 15:1) are pro-rated by each worker's FTE (full-time equivalency) value. **NOTE: 15:1 = 15 families**

Weighted caseloads represent the cumulative sum of workload values credited to the worker functions of intake worker (screeners), response worker (investigators), ongoing social workers, and adoption workers. Table 66a displays how weighted credit is assigned by function:

TABLE 66a. Weighted Credit by Agency Function	Full Caseload per 1.0 FTE	Credit	Ratio
Intake Worker	55 intakes per month	0.273	15.00:1
Response Worker	10 investigations per month	1.5	15.00:1
Ongoing Case Management	15 families at any time	1.0	15.00:1
Adoption Case Management	15 adoption cases at any time	1.0	15.00:1

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51A Report	A 51A is a report alleging maltreatment (abuse, neglect, sexual exploitation, and/or human trafficking) of one or more children under the age of 18 in the Commonwealth. The Department's hotline or intake units conduct a screening process to determine whether a report is appropriate for further action. There are two phases of protective intake: the screening of reports; and a response to any report that is "screened-in". The purpose of screening is to gather sufficient information to determine whether a DCF response is necessary or might be necessary to ensure a child's safety and well-being. Screening is a key part of the overall process of reporting, identifying, and assessing risks to child safety, permanency, and well-being. It is the first step in determining the Department's subsequent actions and intervention with the family. Activities for screening a report of child maltreatment are designed to determine, based on facts in the report and those gathered during screening: ● If there is an immediate concern for child safety ● If a "reportable condition" under MGL c. 119 § 51A exists A "reportable condition" exists when there is information that a child may have been abused and/or neglected or may be at risk of being abused and/or neglected by a caregiver, or that a child may have been or may be at risk of sexual exploitation or human trafficking. Reports determined to be emergencies must be "screened-in" immediately and a response must be initiated within two hours. The screening of reports determined not to be emergencies must be completed within one working day. In very limited circumstances, where it is necessary to complete activities critical to making the screening decision, screening of a non-emergency report may be extended for up to one additional working day with approval from a manager. Based on the information received, collected, and analyzed during the screening process the report will be: • "Screened-in" for response • "Screened out" • "Screened out" with a district attorney referral
9C	MGL c.29, §9C requires that when projected revenue is less than projected spending, the governor must act to ensure that the budget is brought into balance. The administration may announce 9C cuts at any time that it determines that revenues are likely to be insufficient to pay for all authorized spending.
Abuse (allegation)	Abuse means the non-accidental commission of any act by a caretaker upon a child under age 18 which causes or creates a substantial risk of physical or emotional injury or constitutes a sexual offense under the laws of the Commonwealth or any sexual contact between a caretaker and a child under the care of that individual. Abuse is not dependent upon location (e.g., abuse can occur while the child is in an out-of-home or in-home setting.)
Adoption (permanency through)	The purpose of permanency through adoption is to prepare a child to become a permanent member of a lifelong family other than the child's original birth family. Adoption is a process by which a court establishes a legal relationship of parent and child with the same mutual rights and obligations that exist between children and their birth parents. The permanency plan of adoption does not prevent maintaining valued, lifelong connections to birth parents/siblings/kin and other important individuals in children's' lives.
Adoptions Legalized	Adoption involves the creation of the parent-child relationship between individuals who are not naturally so related. The adopted child is given the rights, privileges, and duties of a child and heir by the adoptive family. • Finalized adoption (i.e., legalization)

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APPLA (permanency through)	Permanency through Another Planned Permanent Living Arrangement (APPLA): The purpose is to establish with the youth who is age 16 years or older a lifelong permanent connection, as well as life skills training and a stable living environment that will support his or her development into and throughout adulthood. This permanency plan is for youth (or young adults) whose best interests for achieving permanency would not be served through reunification, adoption, guardianship, or care with kin. Through this permanency plan, the youth will continue to achieve the highest possible level of family connection, including physical, emotional, and legal permanency. The Department will continue to provide services and support the youth's safety, permanency, and well-being.
Care with Kin (permanency through)	Permanency through Care with Kin: The purpose is to provide the child with a committed, nurturing, and lifelong relationship in a licensed kinship family setting. The Department defines kin as those persons related by either blood, marriage, or adoption (i.e., adult sibling, grandparent, aunt, uncle, first cousin) or significant other adult to whom the child and/or parent(s) ascribe the role of family based on cultural and affectional ties. The kinship family reinforces the child's racial, ethnic, linguistic, cultural, and religious heritage and strengthens and promotes continuity of familial relationships and will establish permanency for the child. The Department will continue to provide services to support the child's safety, permanency, and well-being until such time as the kin receives a permanent custody or other final custody order.

Caregiver / Caretaker	• A child's parent, stepparent, guardian, or any household member entrusted with the responsibility for a child's health or welfare
	• Any other person entrusted with responsibility for a child's welfare, whether in the child's home, a relative's home, a school setting, a childcare setting (including babysitting), a foster home, a group care facility, or any other comparable setting. As such "caregiver" includes, but is not limited to:
	  ◦ School teachers
	  ◦ Babysitters
	  ◦ School bus drivers
	  ◦ Camp counselors
	The "caregiver" definition should be construed broadly and inclusively to encompass any person who at the time in question is entrusted with a degree of responsibility for the child. This specifically includes a caregiver who is him/herself a child, such as a babysitter under age 18.

Caseload	The number of cases (children or families) assigned to an individual worker in a given time period. Caseload reflects a ratio of cases (or consumers) to staff members and may be measured for an individual worker, all workers assigned to a specific type of case, or all workers in a specified area (e.g., agency or region).
Case Management Services	Activities for the arrangement, coordination, and monitoring of services to meet the needs of children and their families.
Child and Family Services Review (CFSR)	The Federal Children's Bureau conducts the Child and Family Service Reviews (CFSRs), which are periodic reviews of state child welfare systems, to achieve three goals: • Ensure conformity with federal child welfare requirements • Determine what is actually happening to children and families as they are engaged in child welfare services • Assist states in helping children and families achieve positive outcomes After a CFSR is completed, states develop a Program Improvement Plan (PIP) to address areas in their child welfare services that need improvement.
Child Protective Services Agency (CPS)	An official agency of a state having the responsibility to receive and respond to allegations of suspected child abuse and neglect, determine the validity of the allegations, and provide services to protect and serve children and their families.

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Children Requiring Assistance (CRA) Intake	Courts can refer a child to DCF if a child is committed by the juvenile court and found in need of foster care or a Child Requiring Assistance (CRA) case. CRA cases involve youth that have committed status offenses such as repeatedly running away from home, disobeying school rules, or skipping school. Finally, if there is concern that a child may run away or otherwise not appear in court for their case, the judge can give temporary custody of the child to DCF.
Comprehensive Foster Care (CFC)	Foster homes that offer more intense therapeutic care and supports setting for children with more complex needs. This service is only provided by licensed foster care agencies in accordance with the licensing requirements of the Department of Early Education and Care (EEC) and DCF.
Clinical Case	A clinical case consists of all members of a family (e.g., parents and children) or young adult open with DCF and assigned to a social worker for an assessment or for case management.
Congregate Care	Congregate care is a term for placement settings that consists of 24-hour supervision for children in a varying degree of highly structured settings such as group homes, residential childcare communities, childcare institutions, residential treatment facilities, or maternity homes.
Congregate Care – Continuum	Provides an array of community-based wraparound services that are designed to maintain youth within their homes and support families as the primary caregivers. This includes in-home family treatment, parent support, youth mentoring, youth and family outreach, care coordination, and linkage with both formal and informal community resources and supports. For youth who cannot be maintained safely at home, services available within Continuum include long-term and short-term, out-of-home care (e.g., group home, pre-independent living, intensive foster care, or respite).
Congregate Care Network – Emergency Residence	Two congregate care, out-of-home treatment service models designed to accept emergency intakes on a 24/7 basis to meet the needs for immediate placement for youth with behavioral needs (moderate to severe) that reflect a lack of self-regulation.
Congregate Care – Group Home	Group homes provide an array of out-of-home treatment services supporting youth and their families (in cases where the families are available) when the youth cannot function safely at home or in a family setting. Group home services provide flexible individualized treatment, rehabilitation, and support/supervision services that vary in intensity based upon individual youth and family needs.
Congregate Care Network – Medically Complex Residence	Two congregate care, out-of-home treatment service models for youth with complex medical needs that cannot be managed in a home setting due to the need for 24/7 direct skilled nursing or medical equipment. Youth will have a range of other challenges, which may include sensory impairments, intellectual disabilities, or physical impairments. One of the models serves youth who also have behavioral health challenges.
Congregate Care Network – Residential School	Congregate care, out-of-home treatment services that are integrated with an on-site special education school. Youth receiving residential school services need a self-contained, integrated treatment, and educational program due to severity of behavioral risk to self or others preventing them from safely attending school off-site.

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Congregate Care – STARR	Stabilization and Rapid Reintegration (STARR) programs are for youth needing immediate/emergency temporary placement and/or stabilization services, as well as for youth who require more intense services. All youth referred will receive stabilization services, while some youth will require additional assessment, treatment, and family reintegration services
Congregate Care – Teen Parenting	Congregate Care program which provides teen parents and their children a safe place to reside where they are able to gain the skills and knowledge necessary to become competent parents and lead productive, independent lives. Program staff ensures that teen parents are connected with resources in the community such as education, medical care, childcare, and counseling.
Congregate Care Network – Residence	Four congregate care, out-of-home treatment service models for youth with behavioral needs (moderate to severe) that reflect a lack of self-regulation. Specialized models address a specific need or group (e.g., CSEC (Commercial Sexual Exploitation of Children), intellectual disabilities, Autism Spectrum).
Congregate Care Network – Youth and Young Adult	Four congregate care, out-of-home treatment service models for older adolescents and young adults to increase their skill set towards independently navigating community living and increasing self-sufficiency. Youth and Young Adult includes a model specifically for pregnant and parenting youth.
Consumer Role Type	Individuals involved with the Department are identified as consumers. There are two primary consumer types: • Consumers with the identified role type of "adult" • Consumers with the identified role type of "child." Consumers with the role type of "child" range from children ages 17 and under to "young adults" who voluntarily remain open with DCF from the ages of 18-22 years.
Continuous Time in Placement	The timespan between the start and end of a Home Removal Episode (HRE). The continuous time in placement is calculated from the current HRE start date and either the HRE end date or the last day of the quarter, whichever comes first. Breaks in service of less than 30 days are considered continuous and all days in placement are summed together by child. The days out of placement are not included in the sum. A child may have multiple placements during this period.
Court Referral Intake	Sometimes the courts refer children and families to DCF. Court referrals can come from cases where a parent voluntarily surrenders a child or if a child has been abandoned by a parent or guardian.
Custody	Child in the custody of the department means a child placed in the Department's custody through court order, including an order under a Child Requiring Assistance (CRA) petition, formerly known as CHINS, or through adoption surrender.
Danger	A condition in which a caregiver's actions or behaviors have resulted in harm to a child or may result in harm to a child in the immediate future.
Departmental Foster Care (DFC)	Foster care placements provide stability and safety for children/youth that have been brought into the protective care of the state. These foster care placements may be with family or extended family, or through unrelated caretakers who have completed training and are approved as licensed foster parents assigned to a DCF social worker.
DFC – Kinship Foster Care	Foster care placements provided by persons related by either blood, marriage, or adoption (e.g., adult sibling, grandparent, aunt, uncle, first cousin) or other adult to whom the child and/or parent(s) ascribe the role of family based on cultural and affectional ties or individual family values. This can include a person who the family or child has a strong bond with and is significant in their life (e.g., teacher or parent(s) of the placed child's friend).

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DFC – Independent Living	Services may be provided at either scattered or centralized (e.g., apartment) sites with staff that provide outreach and care coordination to young adults and are available for face-to-face crisis intervention 24 hours a day, seven days a week. This model serves young adults 17.5 or older who are not able to be served in a family setting due to their clinical needs, but who are able to live on their own with support; independently manage community access; have attained a sufficient level of independent living skills to enable them to live without on-site staffing; require and are able to utilize staff support to strengthen these independent skills; exhibit a strong level of self-regulation; are enrolled in school or a GED program; or have completed the above and are working or involved in vocational training.
DFC – Pre-Adoptive Foster Care	A resource that has been identified as the child's permanent family. The person(s) has been approved for the adoption and is a licensed adoptive family. The child is required to be in that specific home for a minimum of six months before the adoption can be finalized.
DFC – Unrelated Foster Care	An individual(s) who has been licensed by the Department as a partnership resource to provide foster/pre-adoptive care for a child usually not previously known to the individual(s).
District Attorney (DA) Referral	If the Department determines that a child has been sexually abused or sexually exploited, has been a victim of human trafficking, has suffered serious physical abuse and/or injury, or has died as a result of abuse and/or neglect, DCF must notify local law enforcement as well as the district attorney, who has the authority to file criminal charges.
Domestic Violence	Domestic violence is a pattern of coercive control that one partner exercises over another in an intimate relationship. While relationships involving domestic violence may differ in terms of the severity of abuse, control is the primary goal of offenders. Domestic violence is not defined by a single incident of violence or only by violent acts.
Family Assessment and Action Plan	The Family Assessment and Action Planning Policy provides guidance on conducting clinical assessments and creating "action plans." The policy went into effect on February 6, 2017 and replaces DCF's "Assessment Policy # 85-011" and "Service Planning and Referral Policy # 97-003." As part of the new policy, the term "action plan" replaces "service plan."
Fiscal Year	The Commonwealth's fiscal year begins July 1 and ends June 30 of the following calendar year (e.g., Fiscal Year 2024 ran from July 1, 2023, through June 30, 2024).
Five-Year Graduation Rate	The percentage of children in DCF custody who graduate from high school within five years.
Four-Year Graduation Rate	The percentage of children in DCF custody who graduate from high school within four years.
General Appropriations Act (GAA)	The budget for a fiscal year enacted by the legislature and signed into law by the governor. The Massachusetts General Laws require that annual budgets are in balance.
Gender Identity	Gender Identity is an individual's internal view of their gender, one's innermost sense of being male, female, both or neither. Gender Expression is the manner in which a person expresses their gender through clothing, appearance, behavior, speech, etc.

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Guardianship (permanency through)	Permanency through guardianship: The purpose is to obtain the highest level of permanency possible for a child when reunification or adoption is not possible. The Department sponsors an individual to receive custody of a child, pursuant to MGL c. 190B, § 5-206, who assumes authority and responsibility for the care of that child. When guardianship is identified as the permanency plan, the best interest of the child has been considered and guardianship has been identified as the highest level of permanency appropriate for the child. The permanency plan of guardianship does not prevent maintaining valued, lifelong connections to birth parents/siblings/kin.
Guardianships Legalized	Finalized guardianship (i.e., legalization)
H1/H2 Budget	Governor's proposed budget
Home Removal Episode (HRE)	The period between the start and end of DCF placement custody is known as a Home Removal Episode (HRE).
Human Trafficking (allegation)	Pursuant to MGL c.233, §20M and MGL c.265, §§50-51 a person who is subjected to harboring, recruitment, transportation, provision, obtaining, patronizing, or soliciting for the purpose of: • Sex trafficking (i.e., inducement to perform a commercial sex act, forced sexual services, and/or sexually explicit performance) • Labor trafficking (i.e., forced services, involuntary servitude, peonage, debt bondage, or slavery)
i-FamilyNet	The Department's web-based Statewide Automated Child Welfare Information System (SACWIS). DCF's i-FamilyNet serves as the agency's electronic case management system.
Juvenile Court	The Juvenile Court oversees civil and criminal matters statewide involving children including youthful offender, care and protection, and delinquency.
Maltreatment	The Child Abuse Prevention and Treatment Act (CAPTA) definition of child abuse and neglect is, at a minimum: Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation of a child, or an act or failure to act, which presents an imminent risk of serious harm to a child.
Mandated Reporter	Any person who suspects a child is being abused or neglected should call DCF to make a 51A report (named for its statute, MGL c.119, §51A), but mandated reporters are legally required to inform the Department. Mandated Reporters are defined by MGL c.119, §51A and include: any physician; medical intern; hospital personnel engaged in the examination, care or treatment of persons; medical examiner; psychologist; emergency medical technician; dentist; nurse; chiropractor; podiatrist; osteopath; public or private school teacher; educational administrator; guidance or family counselor; day care worker; any person paid to care for or work with a child in any public or private facility, home, or program funded by the Commonwealth or licensed pursuant to the provisions of MGL c.28A; voucher management agencies; family day care system; child care food program; probation officer; clerk/magistrate of the district courts; clergy; parole officer; social worker; foster parent; firefighter or police officer; school attendance officer; allied mental health and human services professional as licensed pursuant to the provisions of MGL c. 112, §165; drug and alcoholism counselor; psychiatrist; and clinical social worker.

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Missing/Absent from Approved Placement	Children are "missing" from Department care or custody if their whereabouts are unknown. These include: children who may have been abducted; children who may have run away or be "on the run" from a Department placement whose whereabouts are unknown; children whose whereabouts are unknown whether or not they make periodic contact with the Department, a placement resource, parent(s)/caregiver(s), or custodian; or a child who has come under Department jurisdiction on an emergency basis under MGL c.119, §51B and the child's whereabouts become unknown before the initial court hearing. Children are "absent from approved placement" if their whereabouts are known but they refuse to return to their approved DCF placement or family home.
Neglect (allegation)	Neglect means failure by a caretaker, either deliberately or through negligence or inability, to take those actions necessary to provide a child with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability, and growth, or other essential care, provided; however, that such inability is not due solely to inadequate economic resources or solely to the existence of a handicapping condition. This definition is not dependent upon location (i.e., neglect can occur while the child is in an out-of-home or in-home setting).
Neonatal Abstinence Syndrome (NAS) (allegation)	A Substance Exposed Newborn (SEN) may also be experiencing Neonatal Abstinence Syndrome (NAS), which are symptoms and signs exhibited by a newborn due to drug withdrawal. NAS is a subset of SEN.
Non-mandated Reporter	Non-mandated reporters are all persons who are not mandated reporters.
Non-Referral Location	Any location other than home in which a child remains in the custody of DCF, but either does not have or is not utilizing a paid placement service. Examples include: • Hospitalization • Other state agency
Ongoing Social Worker	Ongoing social workers provide the necessary services to help children who are abused and/or neglected. In many situations, social workers interact with children and family members, including siblings, parents, extended relatives, and guardians in order to assess the needs of each child and determine the best course of action for improving the child family environment. Duties and Responsibilities (these duties are a general summary and not all inclusive): • Assess, evaluate, conduct initial and ongoing case management of children and family services and needs. • Develop, review, update, and ensure implementation of strength-based service plans for each child in care or custody including risk assessment, safety plans, and goals. • Complete all documentation in accordance with agency and regulatory requirements. • Make home and foster care visits and transport children to healthcare, social services, or other agency-related appointments as required. • Maintain ongoing communication with DCF staff and other constituencies and initiate court action when necessary. • Empower families to make stable commitments to children by accessing counseling and coordinating visits with biological parents and/or guardians and other relatives, develop a helping relationship, and ensure needed supports and services are provided. • Attend weekly supervision, weekly staff meetings, in-service training, and team meetings. • Maintain a high degree of professionalism in the community with schools, courts and with referring agencies seeking to build and sustain positive relationships
Open Case	Child/family in the process of a family assessment or with an active action plan.

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Open Consumer	Children, young adults, and adults who are open in a family assessment or have an active action plan.
Outreach	Outreach means those Department activities conducted in the community to make the community aware of the philosophy of the Department, the variety of social services offered by the Department, the ways to obtain Department services, and the Department's desire to work in conjunction with other community resources and agencies to meet children's needs. Outreach activity provides a way for the Department to identify existing resources, duplications, gaps in services, and unmet service needs in the community.
Parental Capacities	The Department uses the Protective Factors Framework to help assess child safety. An understanding of the child(ren)'s age and developmental status as well as the parent/caregiver's culture, abilities and any disabilities (e.g., intellectual, physical, developmental) must be considered when assessing a parent/caregiver's capacity to safely parent their child(ren). The protective factors that must be considered in a determination of parental capacities are: • Knowledge of Parenting and Child Development: Parent/caregiver understands how to keep the child(ren) safe; uses age/developmentally appropriate discipline methods; and responds to the unique development of the child during different ages and stages. • Building Social and Emotional Competence of Children: Parent/caregiver, through a nurturing and responsive relationship, helps the child(ren) develop the ability to form safe and secure adult and peer relationships and to experience, regulate and express emotions. • Parental Resilience: Parent/caregiver has the ability to make positive changes that sustain child(ren)'s safety and well-being while managing stress and adversity. • Social Connections**:** Parent/caregiver maintains healthy, safe, and supportive relationships with people, institutions, and the community that provide a sense of belonging. • Concrete Support in Times of Need: Parent/caregiver provides for the family's basic needs and knows how to access and advocate for services that promote safety and well-being for their child(ren)
Permanency	Ensuring a nurturing family – preferably one that is legally permanent – for every child within a timeframe supportive of their needs.
Physical Injury (allegation)	Death, fracture of a bone, subdural hematoma, burns, impairment of any organ, soft tissue swelling, skin bruising, and any other such nontrivial injury depending upon such factors as the child's age, circumstances under which the injury occurred, and the number and location of bruises.
Placement Stability	Children in placement may experience one or more moves during a Home Removal Episode (HRE). Children with fewer moves are considered to have placement stability.
Probate and Family Court	The Probate and Family Court Department has jurisdiction over family-related and probate matters such as divorce, paternity, child support, custody, parenting time, adoption, termination of parental rights, and abuse prevention. The Probate and Family Court also handles wills, estates, trusts, guardianships, conservatorships, and changes of name. The court has 14 divisions.
Protective Case	A DCF "care and protection" case opened as a result of a supported 51A report.

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Protective Intake	Upon receiving a report of abuse and/or neglect (51A), the Department must first gather sufficient information to determine whether the allegation meets DCF's criteria for suspected abuse and/or neglect, whether there is immediate danger to the safety of a child, whether DCF involvement is warranted, and how best to target the Department's response. The Department begins its screening process immediately upon receipt of a report. During the screening process DCF obtains information from the person filing the report and also contacts professionals involved with the family, such as doctors or teachers who may be able to provide information about the child's condition or well-being. DCF may also contact the family if appropriate.
Protective Response (Investigation)	"Screened-in" 51A reports are assigned for a Child Protective Services (CPS) response to determine whether there is "reasonable cause to believe" that a child has been abused and/or neglected.
Rate-of-Disproportionality (RoD)	The Rate-of-Disproportionality (RoD) is an indicator of inequality. RoDs are calculated by dividing the percentage of children in a racial/ethnic group at a specific decision-making stage (e.g., 51A report, 51B investigation, foster care placement) by the percentage of children in that same racial/ethnic group in the Massachusetts child census population or in an earlier decision-making stage. • RoDs greater than 1.0 indicate overrepresentation • RoDs less than 1.0 indicate underrepresentation
Reasonable Cause to Believe	A collection of facts, knowledge, or observations which tend to support or are consistent with the allegations and when viewed in light of the surrounding circumstances and the credibility of persons providing relevant information, would lead a reasonable person to conclude that a child has been abused or neglected.
Referral (intake)	Notification to the CPS agency of suspected child maltreatment. This can include more than one child.
Relative Rate Index (RRI)	The RRI compares the observed rate of White children to the observed rate for children of color. • RRIs greater than 1.0 indicate overrepresentation • RRIs less than 1.0 indicate underrepresentation
Reportable Condition	Information indicating that a child may have been abused and/or neglected may be at risk of being abused and/or neglected by a caregiver, or that a child may have been or may be at risk of sexual exploitation and/or human trafficking.
Response (51B)	The Department assigns "screened-in" 51A reports for completion of a 51B response in accordance with MGL c. 119, § 51 B. Based on the facts gathered during the response, the assessment of parental capacities, the results of the risk assessment tool and clinical judgment, the response worker, in consultation with the supervisor, determines: • A finding on the reported allegation(s) or discovered conditions, including a finding on any person(s) responsible • Whether Department intervention is necessary to safeguard child safety and well-being
Response Worker	A social worker employed by the Department who conducts a response to allegations of abuse and/or neglect under MGL c. 119, § 51B and who has completed the Department's training for response workers.
Reunification of Family (permanency through)	Permanency through reunification of family: The purpose is to reunite the child in out-of-home placement with their parents/guardians. Parents/guardians are expected to maintain regular and frequent contact with their child and involvement in their child's educational, physical/mental health, and social activities.

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Risk	The potential for future harm to a child.
Safe Haven Act	Allows a parent to legally surrender newborn infants 7-days-old or younger at a hospital, police station, or manned fire station without facing criminal prosecution. See MGL c.119, §39½ (St. 2004, c.227; amended by St.2007, c.86).
Safety	A condition in which caregiver actions or behaviors protect children from harm.
Screen-In for Response	A 51A report that meets DCF's criteria for suspected abuse and/or neglect. If a 51A report is "screened-in" it is assigned for a Child Protective Services (CPS) response to determine whether there is "reasonable cause to believe" that a child has been abused and/or neglected. "Screened-in" reports may require an immediate emergency response or a non-emergency response.
Screen-In for Emergency Response	Screening for an emergency response is to be completed within two hours. The response must begin within two hours of the report and completed within five business days. This is a determination that the report involves a situation where the failure to take immediate action would pose a substantial risk of death, serious emotional or physical injury, or sexual abuse of a child.
Screen-In Non-Emergency Response	Screening for a non-emergency response is to be completed within one business day but may be extended for one additional business day in limited circumstances. The non-emergency response must begin within two days of the report and be completed within fifteen business days. This is a determination that a child(ren) may have been abused and/or neglected or may be at risk of being abused and/or neglected by a caregiver or that a child has been or may be at risk of sexual exploitation or human trafficking, and that the situation as reported does NOT pose a substantial risk of death, serious emotional, or physical injury, or sexual abuse to a child.
Screen-Out	A 51A report that does NOT meet DCF's criteria for suspected abuse and/or neglect. This is a determination that: • The report does not involve a child, or the allegations are not within the Department's mandate concerning child abuse and neglect. • There was no indication that a child(ren) has been or may have been abused or neglected or may be at risk of being abused and/or neglected by a caregiver. • The alleged perpetrator has been identified and was not a caregiver or the child(ren)'s caregiver is safely protecting the child(ren) from the alleged perpetrator, unless the allegations involve sexual exploitation or human trafficking. • The specific injury or specific situation being reported is so old that it has no bearing on the current risk to the reported or other child(ren) • There are NO other protective concerns, and the only issue is maternal use of appropriately prescribed medication resulting in a Substance Exposed Newborn (SEN), the only substance affecting the newborn(s) was appropriately prescribed medication, and the mother was using the medication(s) as prescribed which can be verified by a qualified medical or other provider
Screen-Out District Attorney Referral	51A reports that do NOT meet the standards for a Departmental response to ensure a child's safety and well-being. Nonetheless, the 51A Report involved (or may have involved) a crime that requires a mandatory (or discretionary) referral to the district attorney and local law enforcement agency.

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Sexual Abuse (allegation)	Any non-accidental act by a caregiver upon a child that constitutes a sexual offense under the laws of the Commonwealth or any sexual contact between a caregiver and a child for whom the caregiver is responsible.
Sexually Exploited Child	As defined under MGL c.119, §21, any person under the age of 18 who has been subjected to sexual exploitation because such person: • Is the victim of the crime of sexual servitude pursuant to section 50 of chapter 265 or is the victim of sex trafficking as defined in 22 United States Code 710 • Engages, agrees to engage or offers to engage in sexual conduct with another person in exchange for a fee, in violation of subsection (a) of section 53A of chapter 272, or in exchange for food, shelter, clothing, education, or care. • Is a victim of the crime of inducing a minor into prostitution under section 4A of chapter 272? • Engages in common night walking or common streetwalking under section 53 of chapter 272
Sexual Orientation	Sexual Orientation describes patterns of sexual, romantic, and emotional attraction—and one's sense of identity based on those attractions.
Sibling Placement Rate	Rate of siblings placed together (co-placed) in a foster care setting
Stabilization of Family (permanency through)	Permanency through stabilization of family is to strengthen, support, and maintain a family's ability to provide a safe and nurturing environment for the child and prevent out-of-home placement of the child. Families with children who have this permanency plan may include those situations in which a child or adolescent requires placement services for 30 calendar days or less or when longer placement is required due to the child's own developmental, medical, or behavioral needs rather than concerns about abuse or neglect by the parents/guardians.
Substance Exposed Newborn (SEN) (allegation)[7]	A newborn exposed to alcohol or other drugs in utero, whether or not this exposure is detected at birth through a drug screen or withdrawal symptoms. An SEN may also be experiencing Neonatal Abstinence Syndrome (NAS), which are symptoms and signs exhibited by a newborn due to drug withdrawal. NAS is a subset of SEN. Fetal Alcohol Syndrome (FAS) as diagnosed by a qualified licensed medical professional is also a subset of SEN.
Substantial Evidence	Such evidence as a reasonable mind might accept as adequate to support a conclusion.
Substantial Risk of Injury	A situation arising either through intentional act or omission which, if left unchanged, might result in physical or emotional injury to a child or which might result in sexual abuse to a child.

[7] The Department plans to replace the Substance Exposed Newborn (SEN) allegation type with Infant with Prenatal Substance Exposure (IPSE) in the FY2026 report.

Substantiated Concern Finding	At the conclusion of the CPS Response, a "determination" is made. A "substantiated concern" finding means that there is "reasonable cause to believe" that a child was neglected: AND the actions or inactions by the parent(s)/ caregiver(s) create moderate risk and there is a presence of contributing factors that increase the likelihood of being neglected. Department intervention is needed to safeguard child(ren) safety and well-being with one of the following results: • A new case is opened; or in limited circumstances with approval from a manager, the Department may determine that intervention is not necessary. • When there is a finding of substantiated concern on an open case, the information gathered during response is used by the currently assigned social worker, in consultation with the supervisor, to determine if there has been a change in risk level to the child(ren) that warrants an update to the family's current assessment or action plan and/or change to existing interventions/services.
Substitute Care	Substitute care means the provision of planned, temporary 24-hour care when the parent or principal caretaker is unable or unavailable to provide care on a daily basis. Substitute care encompasses the provision of foster care, community residential care, and supervised independent living. The Department shall protect and promote the basic principle that every child has a right to a permanent family by providing substitute care which is time-limited, community-based and in the least restrictive setting possible.
Supported Finding	At the conclusion of the CPS Response, a determination is made. A support finding means that there is "reasonable cause to believe" that a child was, or is at substantial risk of being abused and/or neglected; AND the actions or inactions by the parent(s)/caregiver(s) place the child in danger or present substantial risk to the child's safety or well-being; OR a person was responsible for the child(ren) being a victim of sexual exploitation or human trafficking. Department intervention is needed to safeguard child safety and well-being with one of the following results: • A new case is opened; or in limited circumstances*, with approval from a manager, the Department may determine that intervention is not necessary. • When allegations are supported on an open case, the information gathered during response is used by the currently assigned social worker, in consultation with the supervisor, to determine if there is a change in risk level to the child(ren) that warrants an update to the family's current Family Assessment and Action Plan and/or a change to existing interventions/ services. *In very limited circumstances, with approval from a manager, the Department may make a finding of support and determine that Department intervention is not necessary. For example, the alleged perpetrator was not a family member (e.g., babysitter, bus driver); the parent(s)/caregiver(s) had taken necessary action to keep the child safe; the alleged perpetrator poses no current or potential threat to the reported child(ren) and is out of the home; and the parent(s)/caregiver(s) has taken necessary action to keep the child(ren) safe.

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Unsupported Finding	At the conclusion of the CPS Response, a determination is made. An unsupported finding means that there is not “reasonable cause to believe” that a child was abused and/or neglected, or that the child's safety or well-being is being compromised; OR the person believed to be responsible for the abuse or neglect was not a caregiver, unless the abuse or neglect involves sexual exploitation or human trafficking where the caregiver distinction is not applied. Department intervention is not needed to safeguard the child's safety and well-being. Although the Department does not open a new case, the family may apply for voluntary services from the Department and/or the Department may refer the family for services in the community if needed. When allegations on an open case are "unsupported," the information gathered during response is used by the currently assigned social worker, in consultation with the supervisor, to determine if there has been a change in risk level to the child(ren) that warrants an update to the family's current assessment and action plan and/or change to existing interventions/services.
Victim (child)	A child for whom the state determined at least one maltreatment (allegation of abuse and/or neglect) was supported or indicated. This includes children who die of child abuse and neglect. This is a change from prior years when children with dispositions of alternative (i.e., differential) response victim were included as victims. It is important to note that a child may be a victim in one report and a non-victim in another report.
Voluntary Intake	In some cases, after an assessment or investigation, DCF finds no evidence for abuse or neglect. In these cases, families can request that DCF open a voluntary case for them so that they can still access services.
Voluntary Placement Agreement (VPA)	A young adult open with the Department prior to turning age 18 may sign a VPA at age 18 and remain open with the Department. Young adults who decline a VPA at age 18 may later request services by returning and signing a VPA prior to turning 23 years-of-age.
Well-Being	Healthy social, physical, and emotional functioning of children and their families. Safe, stable, and nurturing relationships between children, their siblings, and the adults who care for them are necessary cornerstones of their well-being and healthy development and shape how their physical, emotional, social, behavioral, and cognitive capacities will progress – all of which ultimately affect their health and functioning as adults.
Workload	The amount of work required to successfully manage assigned cases and bring them to resolution. Workload reflects the average time it takes a worker to do the work required for each assigned case and complete other non-casework responsibilities.

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